

Infection Prevention & Control Report to Trust Board

Meeting Date – 7th May 2026

1. Target Organisms Performance

Clostridium difficile (C. difficile)

End of Year Position 2025/26

In 2025/26 the Department of Health for Northern Ireland (DoH NI) set a reduction target for *C. difficile* associated disease (\geq two years of age). This was an incidence rate of 12.7 cases per 100,000 occupied bed days. This amounted to a reduction of 2.2 (or 14.77%) on the baseline rate of 14.9 in 2023/24.

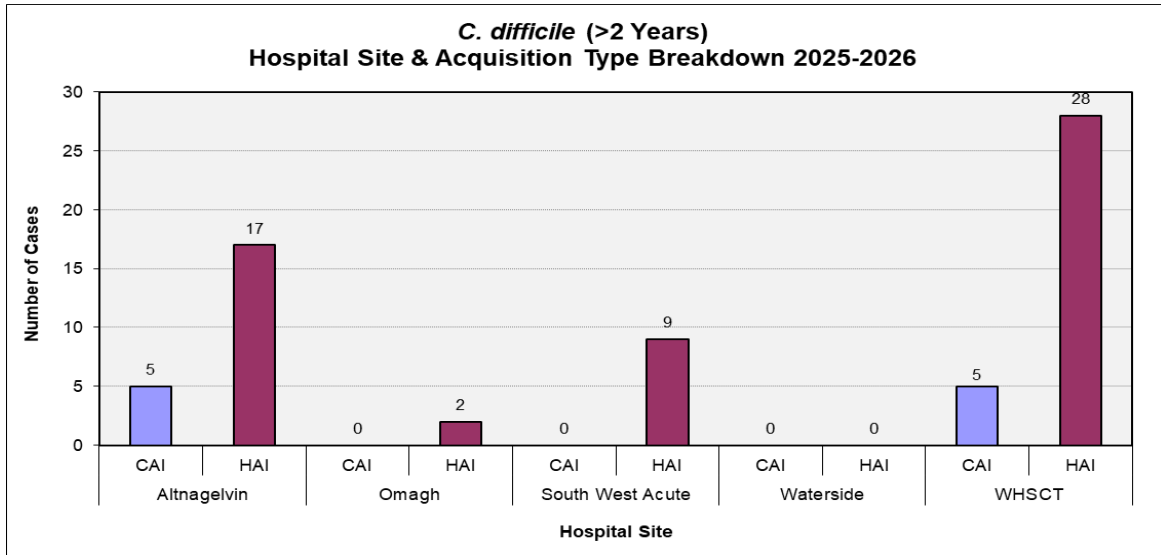
In the year to the end of March 2026 the Trust actually reported 33 *C. difficile* cases, which was 16 fewer than the previous year (49 in 2024/25) and six fewer than the baseline year (39 in 2023/24). The Public Health Agency (PHA) has not released the cumulative incidence rate for March yet but performance remained at or below target since September 2025 and, at the end February 2026, the Trust's rate was sitting at 11.6. As such, it is believed that the reduction target can be achieved.



A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:

- CAI Community-associated infection (positive test occurring less than two days after decision to admit/ admission date)
- HAI Hospital-associated infection (positive test occurring two or more days after decision to admit/ admission date)



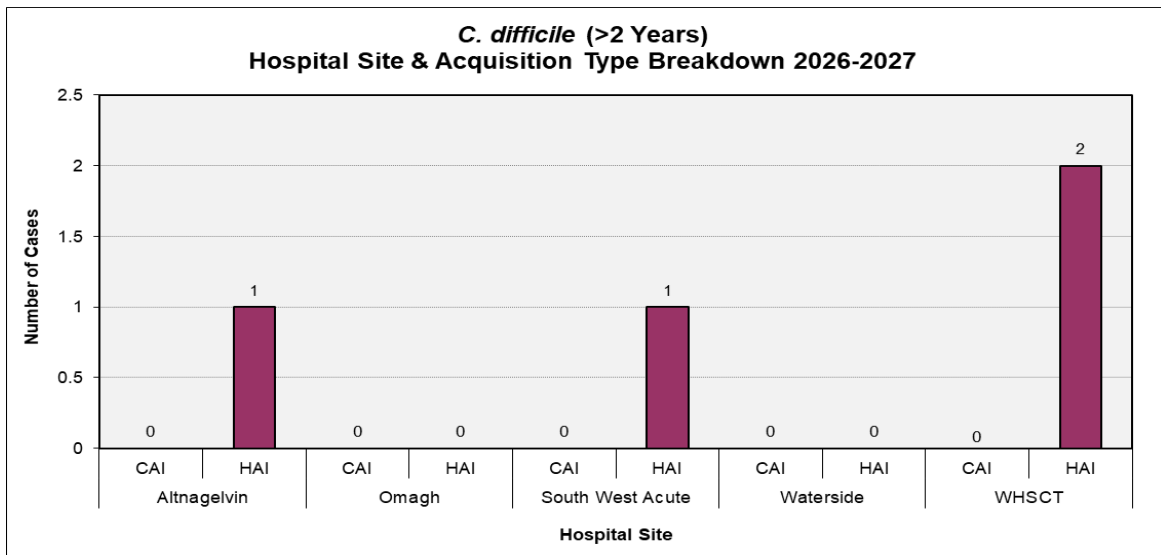
Current Performance 2026/27

The new reduction target for *C. difficile* associated disease (\geq two years of age) in 2026/27 is an incidence rate of 11.5 cases per 100,000 occupied bed days. That is a reduction of 3.4 (or 22.82%) on the baseline rate of 14.9 in 2023/24.

Since the beginning of April 2026 two new cases have been reported. A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:

- CAI Community-associated infection (positive test occurring less than two days after decision to admit/ admission date)
- HAI Hospital-associated infection (positive test occurring two or more days after decision to admit/ admission date)



Since occupied bed days denominator data is released several months in arrears it is not possible to provide an up-to-date incidence rate.

Comparison with Other Trusts

The PHA releases regional comparator information on a quarterly basis. The most recent data available covers up to the end of December 2025. The table below summarises the number of *C. difficile* cases and the rate per 100,000 occupied bed days for each Trust, plus NI averages, for each of the last four quarters.

In October-December 2025, the Western Trust saw a slight increase in both the number of *C. difficile* cases and the corresponding rate. All but one of the other four Trusts also experienced increases. The Western Trust is currently reporting the second lowest rate in NI, and has reported either the lowest or second lowest for each of the three preceding quarters as well.

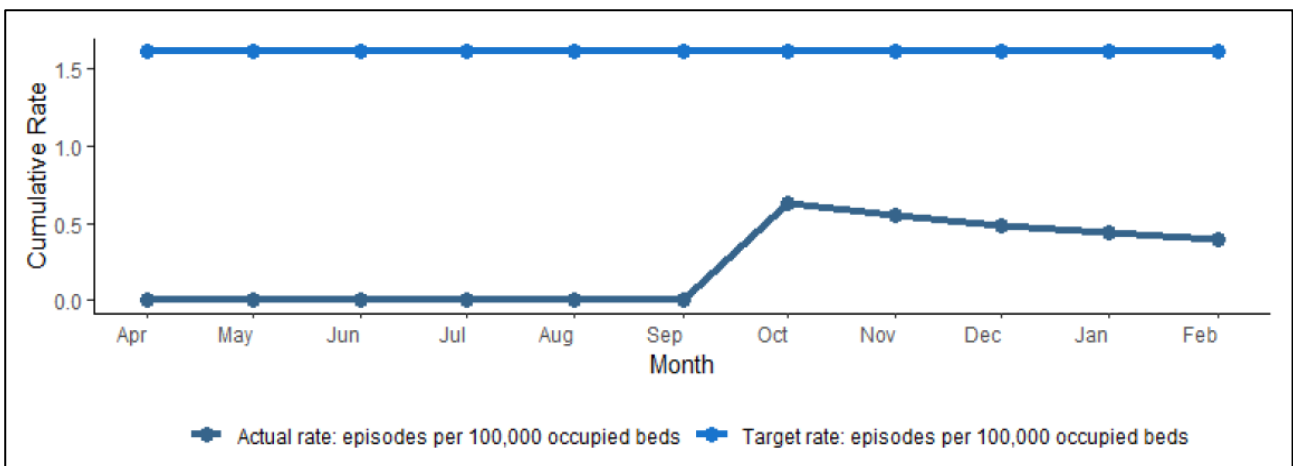
	January-March 2025		April-June 2025		July-September 2025		October-December 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	12	18.05	11	16.45	6	8.93	7	10.18
Southern Trust	18	24.13	13	17.97	12	16.80	15	20.26
South Eastern Trust	19	26.29	8	11.16	11	15.21	21	29.13
Northern Trust	6	7.94	15	20.04	14	18.48	6	8.08
Belfast Trust	24	18.55	27	19.88	38	26.54	47	33.93
Northern Ireland	79	18.89	74	17.55	81	18.84	96	22.45

Meticillin-Resistant Staphylococcus aureus (MRSA) Bacteraemia

End of Year Position 2025/26

In 2025/26 the DoH NI set a reduction target for MRSA bacteraemia. This was an incidence rate of 1.613 cases per 100,000 occupied bed days. This represented no change compared to the 2019/20 baseline rate.

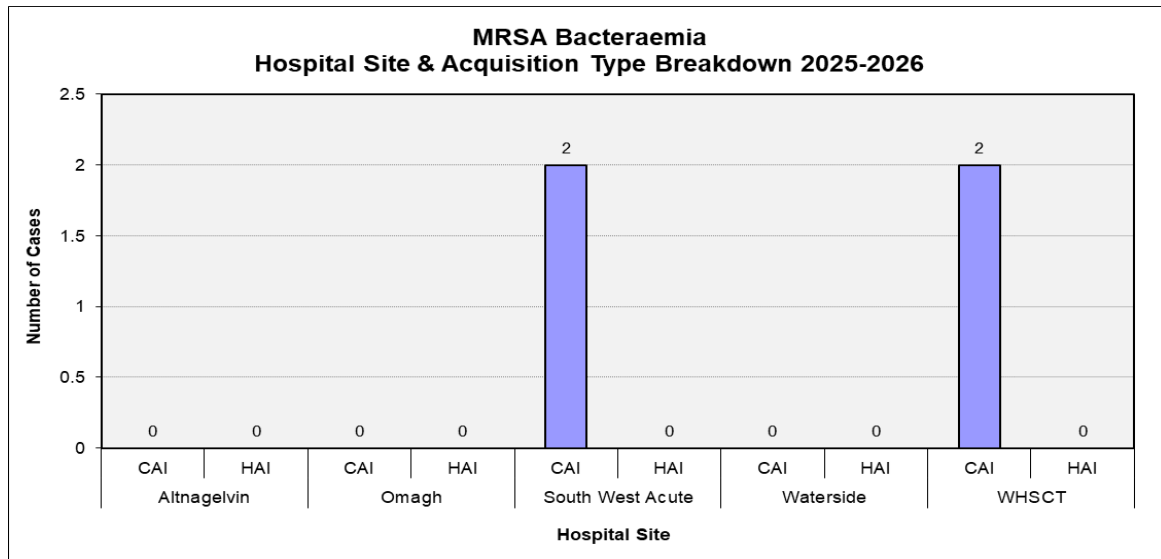
In the year to the end of March 2026 the Trust actually reported two MRSA bacteraemia cases, which was one fewer than the previous year (three in 2024/25) and two fewer than the baseline year (four in 2019/20). The PHA has not released the cumulative incidence rate for March yet but performance remained well below the target throughout the year and, at the end February 2026, the Trust's rate was sitting at 0.401. As such, it is expected that the reduction target has been met.



A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:

CAI Community-associated infection (positive test occurring less than two days after decision to admit/ admission date)
HAI Hospital-associated infection (positive test occurring two or more days after decision to admit/ admission date)



Current Performance 2026/27

The new reduction target for MRSA bacteraemia in 2026/27 is the same as for last year, an incidence rate of 1.613 per 100,000 occupied bed days. Again this represents no change compared to the 2019/20 baseline rate.

Since the beginning of April 2026 no new cases have been reported.

As of 22nd April 2026, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

Altnagelvin Hospital – 726 days	(Last recorded case was in Ward 32 ESU)
South West Acute Hospital (SWAH) – 2137 days	(Last recorded case was in Ward 8)
Tyrone County Hospital/ Omagh Hospital & Primary Care Complex (OHPCC) – 4109 days	(Last recorded case was in the Rehab Unit)

Since occupied bed days denominator data is released several months in arrears it is not possible to provide an up-to-date incidence rate.

Comparison with Other Trusts

The PHA releases regional comparator information on a quarterly basis. The most recent data available covers up to the end of December 2025. The table below summarises the number of MRSA bacteraemia cases and the rate per 100,000 occupied bed days for each Trust, plus NI averages, for each of the last four quarters.

The Western Trust's rate saw an increase in October-December 2025, as did all other Trusts, and it currently ranks second lowest in comparison with the region. This followed a sustained period of ten months with no cases and a rate of 0.00.

	January-March 2025		April-June 2025		July-September 2025		October-December 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	0	0.00	0	0.00	0	0.00	1	1.45
Southern Trust	1	1.34	1	1.38	1	1.40	2	2.70
South Eastern Trust	3	4.15	2	2.79	0	0.00	1	1.39
Northern Trust	5	6.62	1	1.34	0	0.00	3	4.04
Belfast Trust	1	0.77	5	3.68	2	1.40	3	2.17
Northern Ireland	10	2.39	9	2.13	3	0.70	10	2.34

2. Non-Target Organisms Performance

Meticillin-Sensitive Staphylococcus aureus (MSSA) Bacteraemia

There is no reduction target associated with MSSA bacteraemia, however surveillance remains mandatory. MSSA is part of the skin normal flora of approximately 25-30% of the well population. It is, therefore, more difficult to control endogenous (self) exposure, which is the reason for removing the target associated with this organism. The controls in place for MRSA will go some way to also protect patients from MSSA, but do not provide the same level of safeguard because of the ubiquitous nature of the organism.

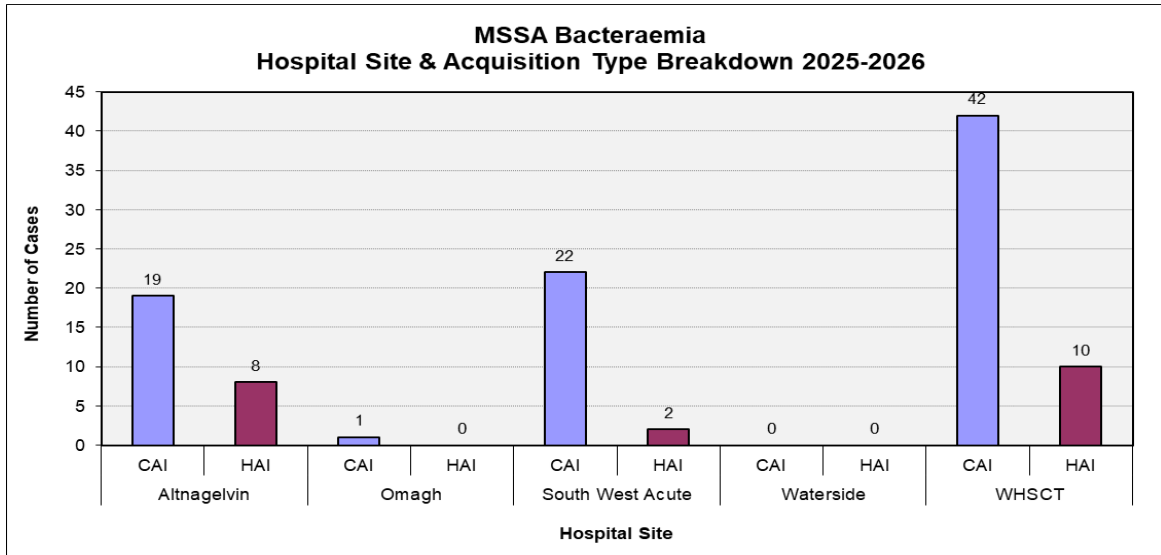
End of Year Position 2025/26

In the year to the end of March 2026 the Trust reported a total of 52 MSSA bacteraemia cases. This was the same number as the previous year (52 in 2024/25).

A breakdown of the cases by hospital site and acquisition type is given in the chart below.

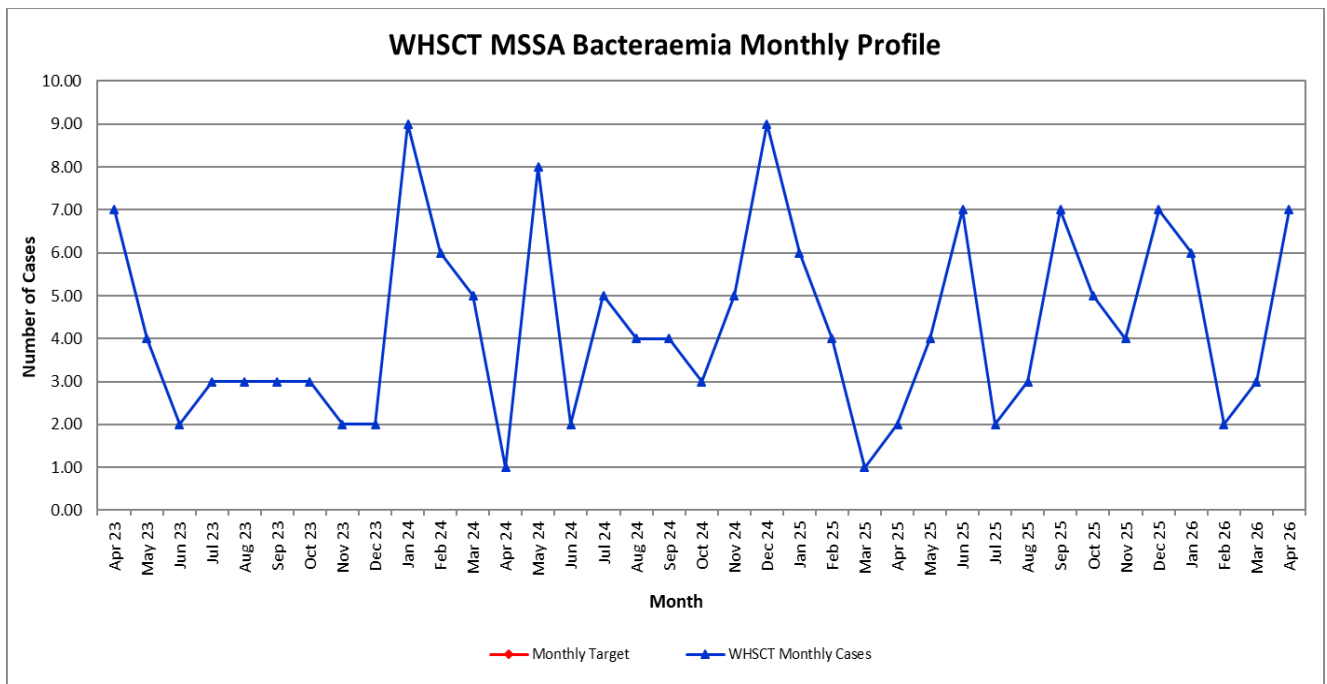
Key:

CAI Community-associated infection (positive test occurring less than two days after decision to admit/ admission date)
HAI Hospital-associated infection (positive test occurring two or more days after decision to admit/ admission date)



Current Performance 2026/27

Since the beginning of April 2026 seven new cases have been reported.

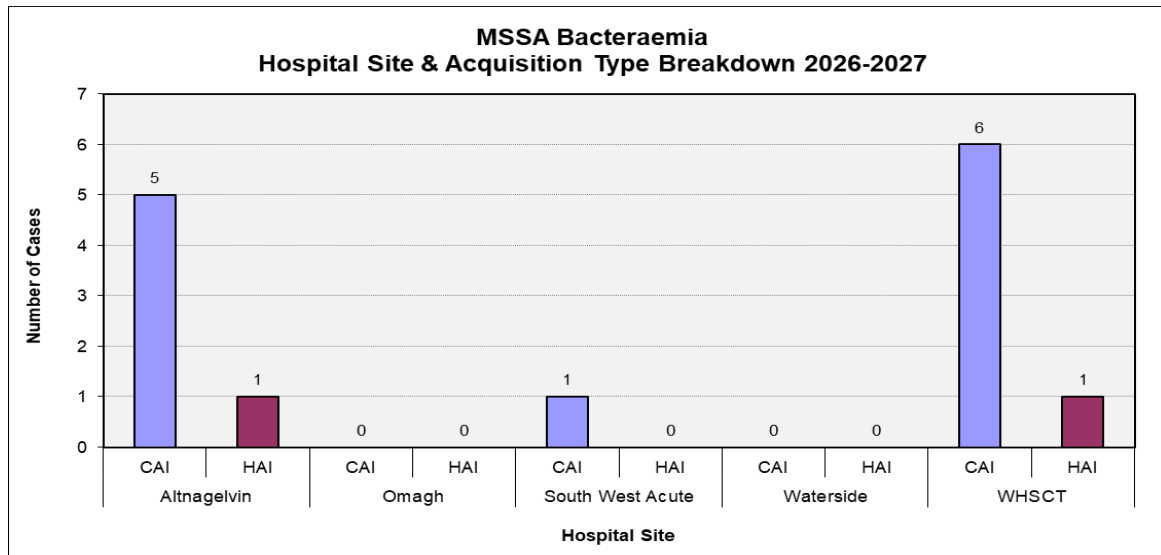


* The value for Apr 26 is subject to change as the report was compiled prior to the end of the month.

A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:

- CAI Community-associated infection (positive test occurring less than two days after decision to admit/ admission date)
- HAI Hospital-associated infection (positive test occurring two or more days after decision to admit/ admission date)



As of 22nd April 2026, the total number of days since the last Trust hospital-associated MSSA bacteraemia is as follows:

Altnagelvin – 20 days	(Last recorded case was in the Short Stay Unit)
SWAH – 92 days	(Last recorded case was in Ward 1 MSAU)
OHPCC – 3109 days	(Last recorded case was in the Rehab Unit)

Comparison with Other Trusts

The PHA releases regional comparator information on a quarterly basis. The most recent data available covers up to the end of December 2025. The table below summarises the number of MSSA bacteraemia cases and the rate per 100,000 occupied bed days for each Trust, plus NI averages, for each of the last four quarters to that point.

Case numbers and rates in the Western Trust have increased over the last four quarters, with the highest rate in a year recorded in the most recent quarter, October-December 2025. Despite this, the Trust is also currently reporting the lowest rate in NI and has done so every quarter for the past year.

	January-March 2025		April-June 2025		July-September 2025		October-December 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	11	16.55	13	19.44	12	17.85	16	23.26
Southern Trust	24	32.17	20	27.65	23	32.20	19	25.66
South Eastern Trust	27	37.37	25	34.87	29	40.10	17	23.58
Northern Trust	19	25.15	28	37.40	18	23.76	26	35.02
Belfast Trust	36	27.83	36	26.50	43	30.03	49	35.37
Northern Ireland	117	27.97	122	28.94	125	29.08	127	29.69

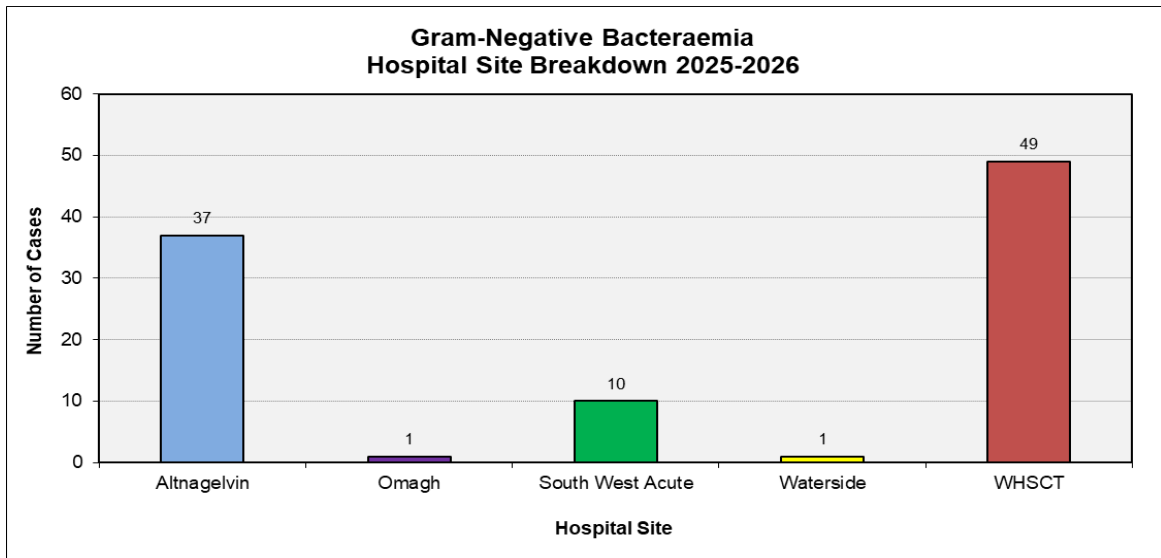
Gram-Negative Bacteraemia (GNB)

Due to the challenges associated with reducing GNBs to date, no target has been set. Rather Trusts are encouraged to minimise risk factors for infections where possible and to be supported to do this. Surveillance remains mandatory, however.

End of Year Position 2025/26

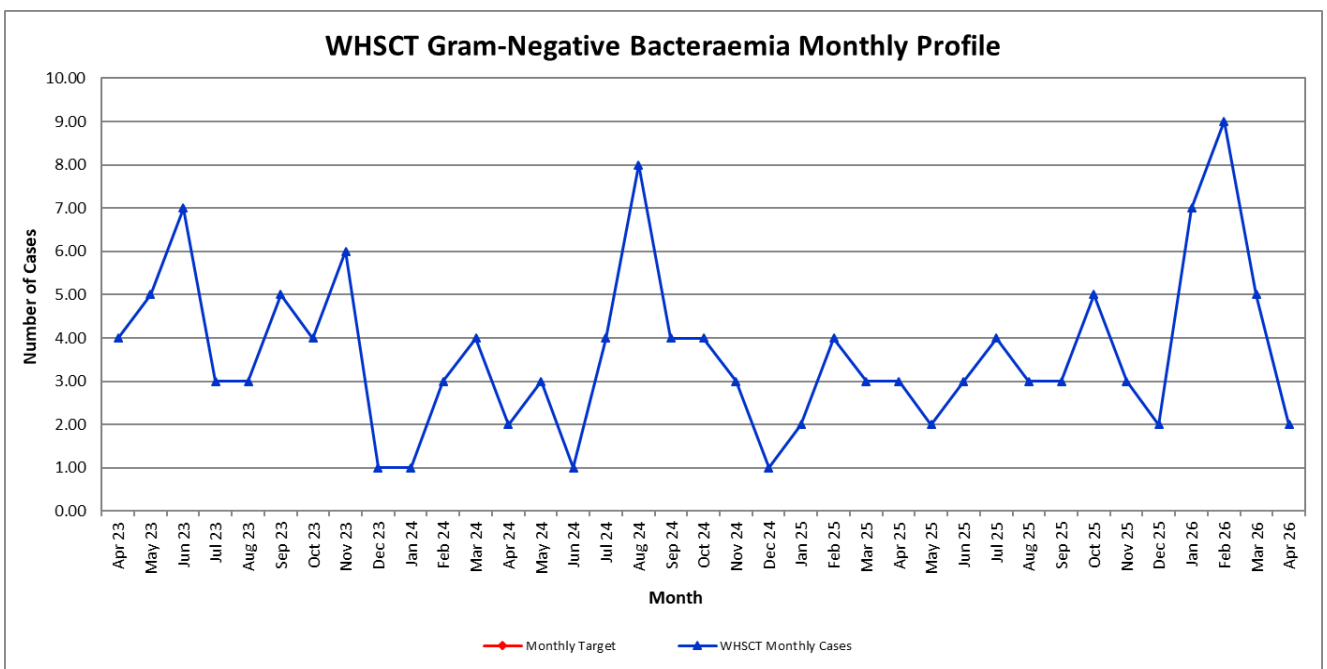
In the year to the end of March 2026 the Trust reported a total of 49 healthcare-associated GNB cases. This was 10 more than the previous year (39 in 2024/25).

A breakdown of the cases by hospital site is given in the chart below.



Current Performance 2026/27

Since the beginning of April 2026 two new cases have been reported. Both occurred in Altnagelvin Hospital.



* The value for Apr 26 is subject to change as the report was compiled prior to the end of the month.

3. Respiratory Infections

Outbreak Management

Respiratory infection outbreaks continue to occur across Trust wards, departments and facilities. Between December 2025 and March 2026, four outbreaks were declared: one associated with Influenza A and three associated with Respiratory Syncytial Virus (RSV). The Infection Prevention and Control (IP&C) Team led on the management of these incidents. Incident Management meetings were convened as required, and all appropriate IP&C measures were implemented in line with established guidance.

4. Infection Prevention & Control Induction and Mandatory Training

IP&C Induction and Mandatory Training is delivered online via an e-learning programme. This was developed regionally for use by all health and social care organisations in NI.

The e-learning programme comprises two tiers – Tier 1 and Tier 2. Staff only need to complete one of the tiers. Clarification on which tier each staff member should complete is provided via a Tier Matrix. The e-learning includes a short assessment to test understanding and awareness, with a certificate available to be printed after successful completion.

Access to the e-learning is through the regional learning management system, LearnHSCNI (<https://learn.hscni.net/>), which is available to all Western Trust staff. The website can be accessed from any internet-enabled Trust or personal device (PC/ laptop/ mobile phone/ tablet).



The content of the e-learning modules has recently been reviewed by the Regional IP&C Lead Nurses Forum. This is now with the Leadership Centre to implement the changes and updated versions will be forthcoming.

The IP&C Team also deliver a series of bespoke training sessions virtually via the Microsoft Teams app and face-to-face. These sessions are aimed at staff who come under Tier 1B of the Tier Matrix (i.e. “healthcare staff with minimal or no patient/ client contact or healthcare staff with patient contact who require role specific training”), such as Support Services, HSDU, Estates, Transport, Social Workers, Chaplains, etc. The Team also facilitate face-to-face Induction Training for large groups of new staff in departments, e.g. Support Services staff.

Training must be completed every two years.

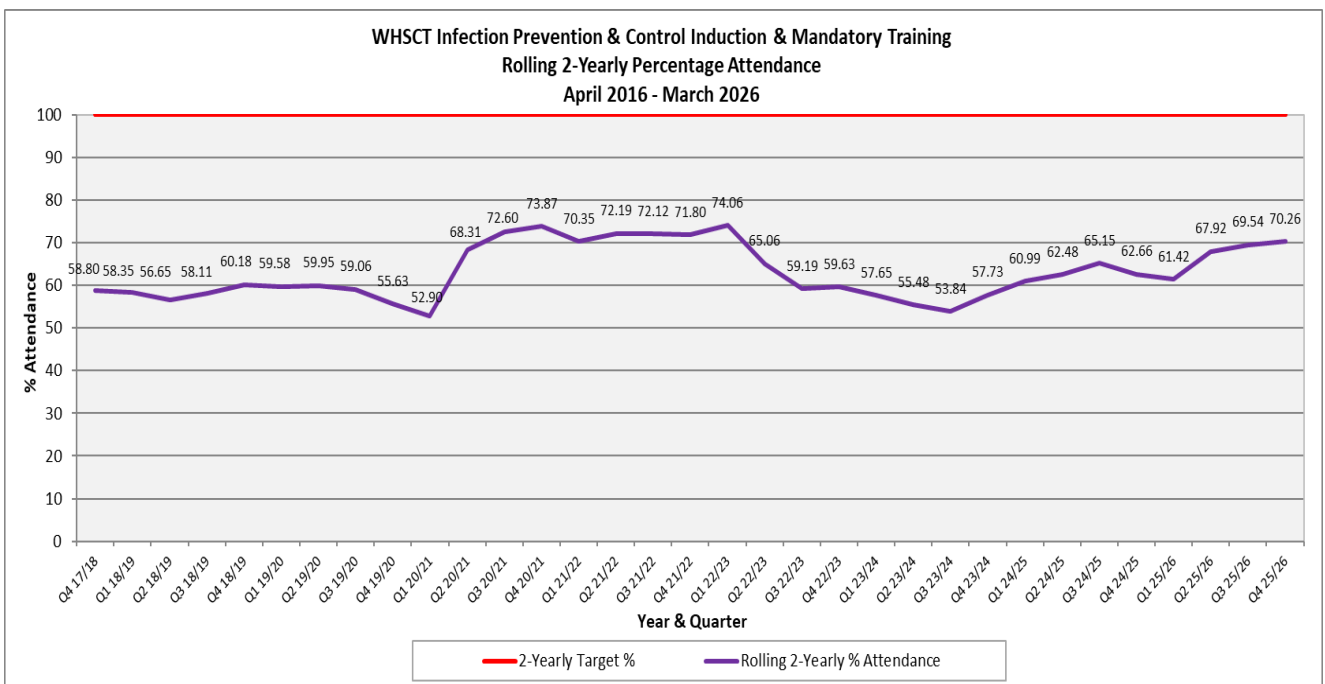
Between 1st April 2025 and 31st March 2026, a total of 4922 staff completed the training. The attendance target for each year is 50% of the total number of staff who require training (i.e. 7065 out of 14,129 applicable staff). For the 12 months ending March 2026, the actual percentage stands at 34.83%.

The table below shows the rolling annual attendance rate broken down by staff group.

	Annual Target Percentage	Rolling Annual Percentage Attendance			
		Jul 2024-Jun 2025	Oct 2024-Sep 2025	Jan 2025-Dec 2025	Apr 2025-Mar 2026
Nursing & Midwifery	50%	38.32%	42.50%	41.60%	44.38% 
Medical & Dental	50%	31.12%	33.14%	32.42%	34.03% 

Professional & Technical	50%	19.89%	26.06%	32.99%	44.04%	↑
Social Services	50%	24.75%	21.54%	18.71%	25.94%	↑
Support Services/ User Experience	50%	30.99%	36.47%	32.40%	41.15%	↑
Admin & Clerical	50%	12.46%	8.65%	11.23%	11.50%	↑

The attendance target for a two-year period is 100%. As of the end of March 2026, the actual attendance rate is 70.26%.



5. Hand Hygiene Compliance

The Trust's overall average self-reported hand hygiene score is 64% when non-submission areas are included. These areas score an automatic 0%. 66 areas out of 192 applicable areas failed to submit scores for March 2026. They are as follows:

Site	Ward/ Department/ Facility
Altnagelvin	Ward 3 *
	Ward 4 *
	Ward 6 Children's
	Ward 9 Rheumatology *
	Ward 21 EOU *
	Ward 25 FOU *
	Ward 40 *
	Ward 41 AMU
	Ward 42 *
	Ward 43 *
	Ward 48 Birthing Suite/ Labour
	ACU *

	<p>Antenatal Clinic *</p> <p>Cardiac Investigations *</p> <p>DCU Theatre 9</p> <p>Emergency Department *</p> <p>GUM Clinic *</p> <p>Main Theatre 3</p> <p>Outpatients Department</p> <p>Physiotherapy Outpatients Department</p> <p>Radiology Department *</p> <p>Roe Valley Outpatients Department *</p> <p>Spruce House *</p>
SWAH	<p>Ward 1 MSAU *</p> <p>Ward 2 *</p> <p>Ward 5 *</p> <p>Ward 6 *</p> <p>Ward 7 *</p> <p>Ward 8 *</p> <p>Cardiac Unit</p> <p>Emergency Department *</p> <p>Maternity Ward</p> <p>Outpatients Department</p> <p>Physiotherapy Outpatients Department</p> <p>Women's Health Centre *</p>
OHPCC	<p>Cardiac Investigations *</p> <p>Outpatients Department *</p> <p>Physiotherapy Outpatients Department</p> <p>Women's & Family Health Centre *</p>
T&F	<p>Ash Villa *</p> <p>Elm Villa</p> <p>Lime Villa</p> <p>Oak Villa *</p>
Lakeview Hospital	<p>Berryburn Centre *</p> <p>Melvin Lodge *</p> <p>Ralph's Close *</p> <p>Strule Lodge *</p>
Grangewood Hospital	<p>Carrick Ward</p> <p>Evish Ward</p>
Residential Homes	<p>Greenfield Residential Home</p> <p>Thackeray Place Residential Home</p>
Day Care	<p>Benbradagh Adult Training Centre *</p> <p>Beragh Day Centre</p> <p>Creggan Day Centre</p> <p>Dromore Day Centre *</p> <p>Drumhaw Day Centre</p> <p>Evergreen Centre *</p> <p>Foyleville Day Centre *</p> <p>Glen Oaks Day Centre *</p> <p>Lackaboy 2</p> <p>Lisnaskea</p> <p>Newtownstewart Day Centre</p> <p>Omagh Centre</p>
Other Community	<p>Community Learning Disability Nursing *</p> <p>The Cottages Adults' Respite *</p>

	Rapid Response Team, Derry *
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A number of the areas also did not submit scores for the previous month. These are marked with an asterisk on the above table.

However, when adjusted for non-submission areas, the Trust’s overall self-reported hand hygiene score improves to 100%.

The hand hygiene dashboard has been circulated to Directors for action through their governance arrangements.

It is important to note that scores from independent audits conducted by the IP&C Team and Lead Nurses tend to be lower than self-reported scores. The table below shows the wards/ departments where the IP&C Team undertook validation audits during March 2026 and the scores obtained, compared with self-reported scores for the same areas.

Ward/ Department/ Facility	IP&C Team Validation Score	Self-Reported Score
Ward 3, Altnagelvin	90% (Pass)	1) Not submitted 2) 100%
Ward 5, Altnagelvin	80%	1) 100% 2) 100%
Ward 32 ESU, Altnagelvin	94% (Pass)	1) 100% 2) 100%
Emergency Department, Altnagelvin	50%	1) 90% 2) Not submitted
Ward 7, SWAH	50%	1) Not submitted 2) 95%
CCU, SWAH	80%	1) 100% 2) Not submitted
Emergency Department, SWAH	19%	1) Not submitted 2) Not submitted
Ward 3, Waterside	82%	1) 100% 2) 100%

6. Orthopaedic Surgical Site Infection (SSI) Surveillance

Orthopaedic SSI cases are reviewed at Multi-Disciplinary Team meetings and, where confirmed as true SSIs, are further reviewed by the IP&C Team for validation and learning.

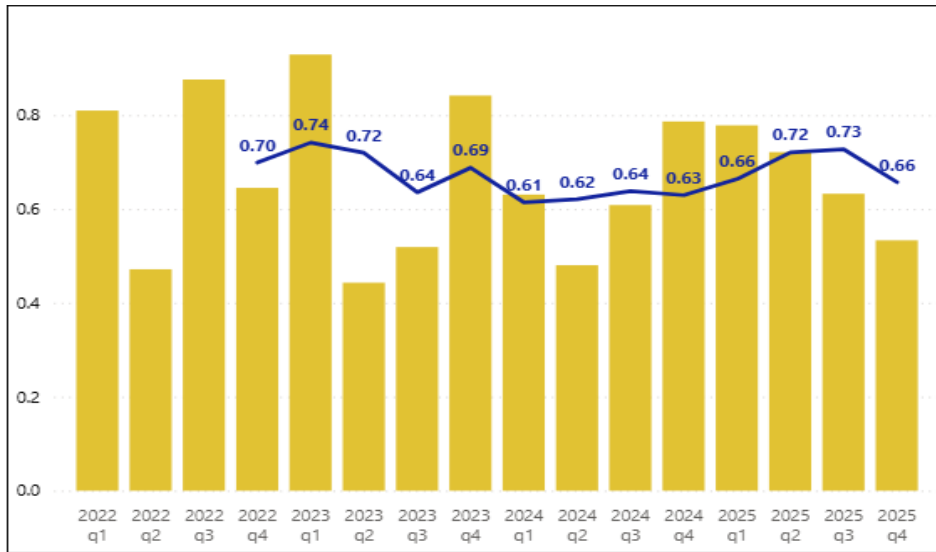
A total of three SSIs were reported for quarter four of 2025. The Trust’s SSI rate was 0.65% of all orthopaedic surgery; slightly below the NI average of 0.66%.

The previous quarter one 2025 increase was reviewed jointly by Orthopaedics and the IP&C Team and was discussed with the PHA. No concerns, trends or recurring issues were identified.

Quarterly Rate Annual Rolling Average

Northern Ireland All

Quarterly Infection Rates and Annual (Four Quarter) Rolling Average



Altnagelvin Area Hospital

Quarterly Infection Rates and Annual (Four Quarter) Rolling Average

