

Infection Prevention & Control Report to Trust Board

Meeting Date – 5th February 2026

1. Executive Summary

Healthcare-Associated Infection (HCAI) Reduction Targets

Current *C. difficile* Performance

As of 20th January 2026, 27 cases of *C. difficile* have been reported. 20 of the cases are classified as healthcare-associated as they occurred two or more days after admission to hospital (definition used by the Public Health Agency [PHA]). However, this is not always an accurate predictor of being healthcare-associated. The remainder (7) are classified as community-associated as the patients presented with symptoms within a two-day period after admission.

The most recent incidence rate available is for November 2025 and it is 13.2. As such, the Trust is off track for meeting the reduction target.

Current MRSA Bacteraemia Performance

Since the beginning of April 2025 one MRSA bacteraemia case has been reported. This was classified as community-associated as the patient presented with symptoms within a two-day period after admission.

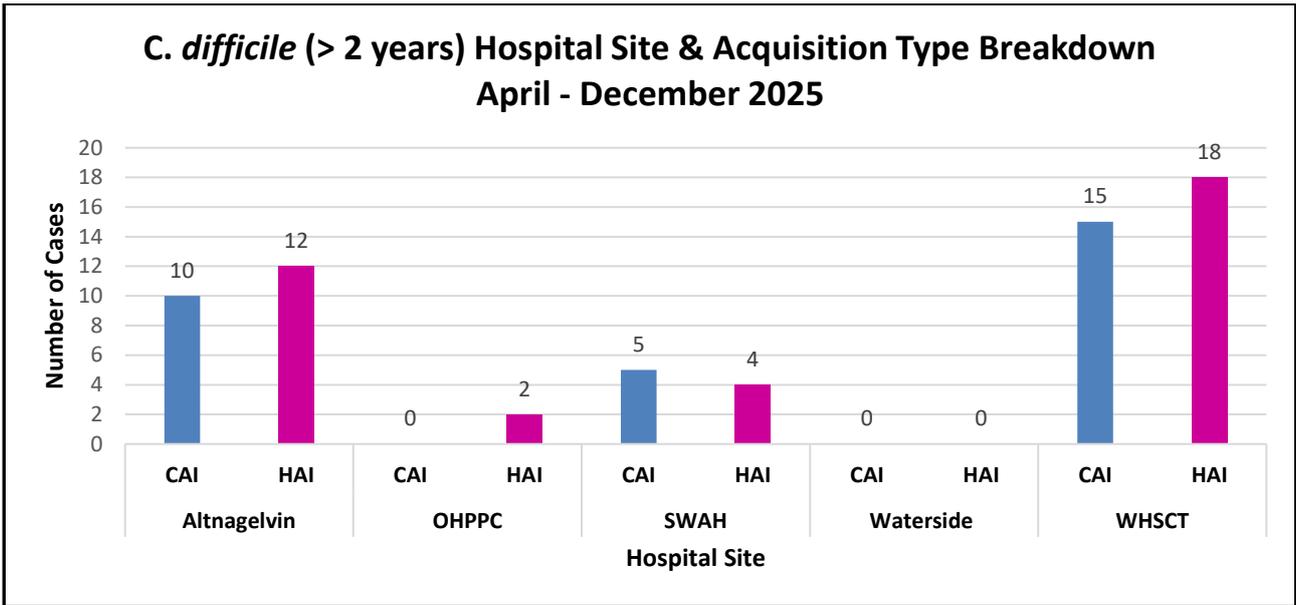
The most recent incidence rate available is for November 2025 and it is 0.552. As such, the Trust is on track to achieve the reduction target.

2. Target Organisms Performance

C. difficile

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

Between 1st April to 31st December 2025, 24 cases were reported. A breakdown of the cases by hospital site and acquisition type is given in the chart below.

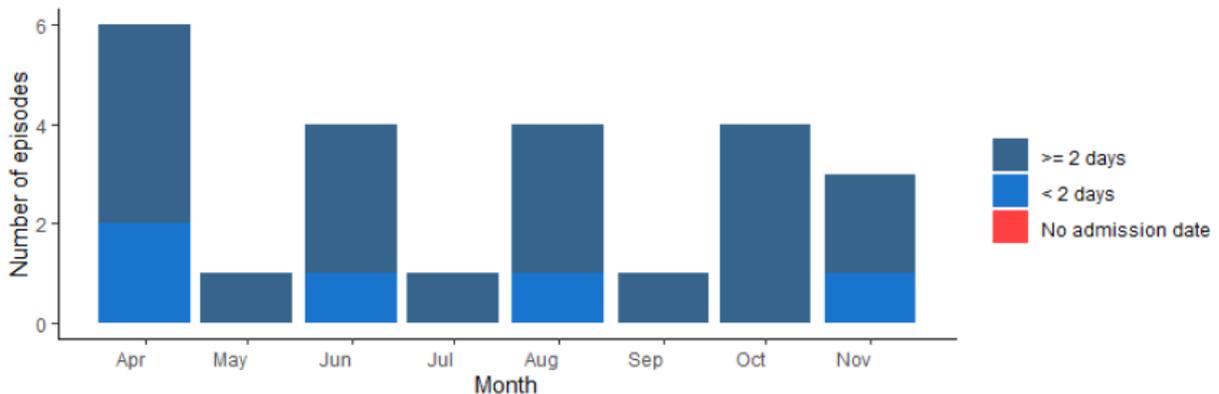


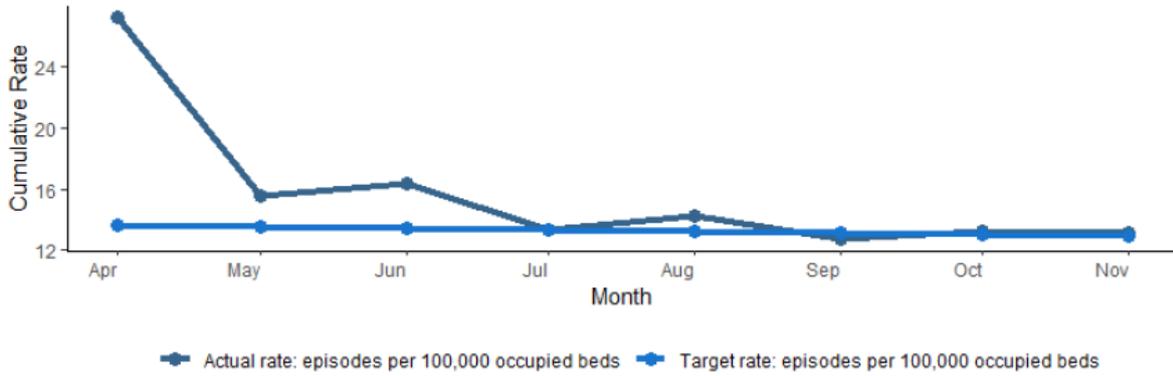
Key:
 CAI Community-associated infection
 HAI Hospital-associated infection

Since occupied bed days denominator data is released several months in arrears it is not possible to provide an up-to-date incidence rate. However, the most recent target monitoring report from the PHA includes data up to the end of November 2025, as follows:

Attribution	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Cumulative
<2 days	2	0	1	0	1	0	0	1	5
>=2 days	4	1	3	1	3	1	4	2	19
No admission date*	0	0	0	0	0	0	0	0	0
Cases	6	1	4	1	4	1	4	3	24

*No Admission Date refers to cases where the Decision to Admit field was blank on Hi-Surv. These cases cannot be apportioned to < 2 or >= 2 days.



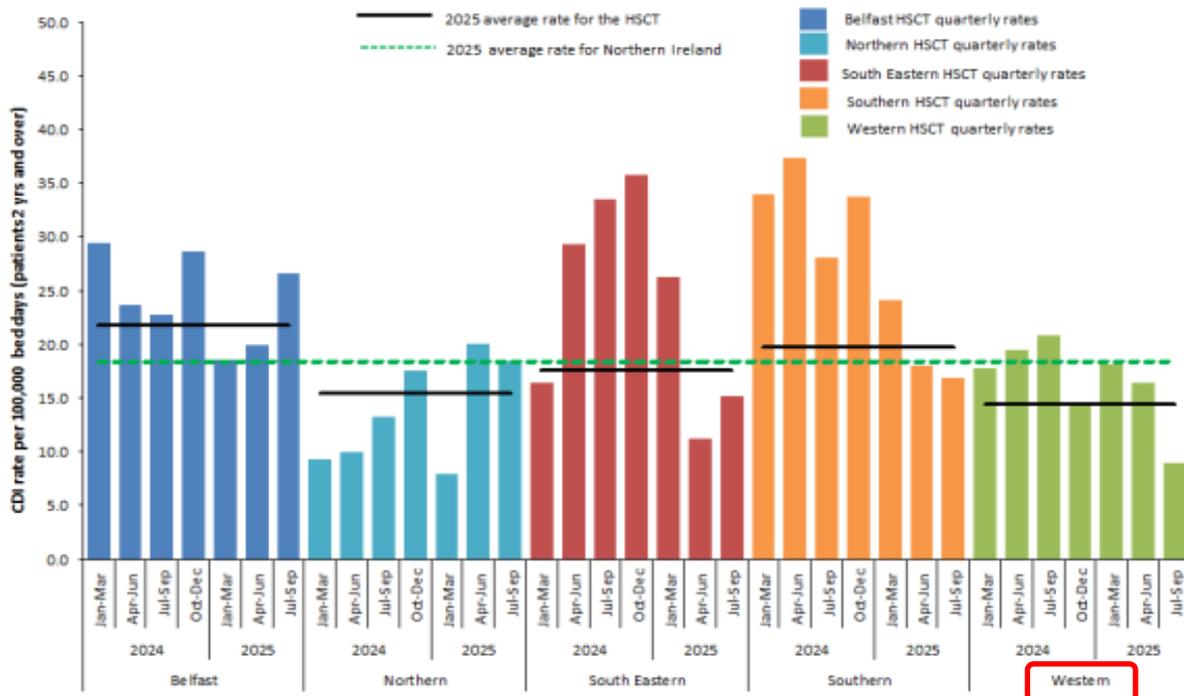


*CDI target was based on the 2023/24 baseline, a year in which the Trust observed a substantial reduction in CDI episodes in comparison to previous years.

As of November 2025, the Trust was not meeting the reduction target set for *C. difficile*, having a cumulative rate of 13.2.

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 September 2025. The chart and 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. For Q3 2025 (July-September) the Western Trust had the lowest CDI rate per 100,000 bed days in NI.



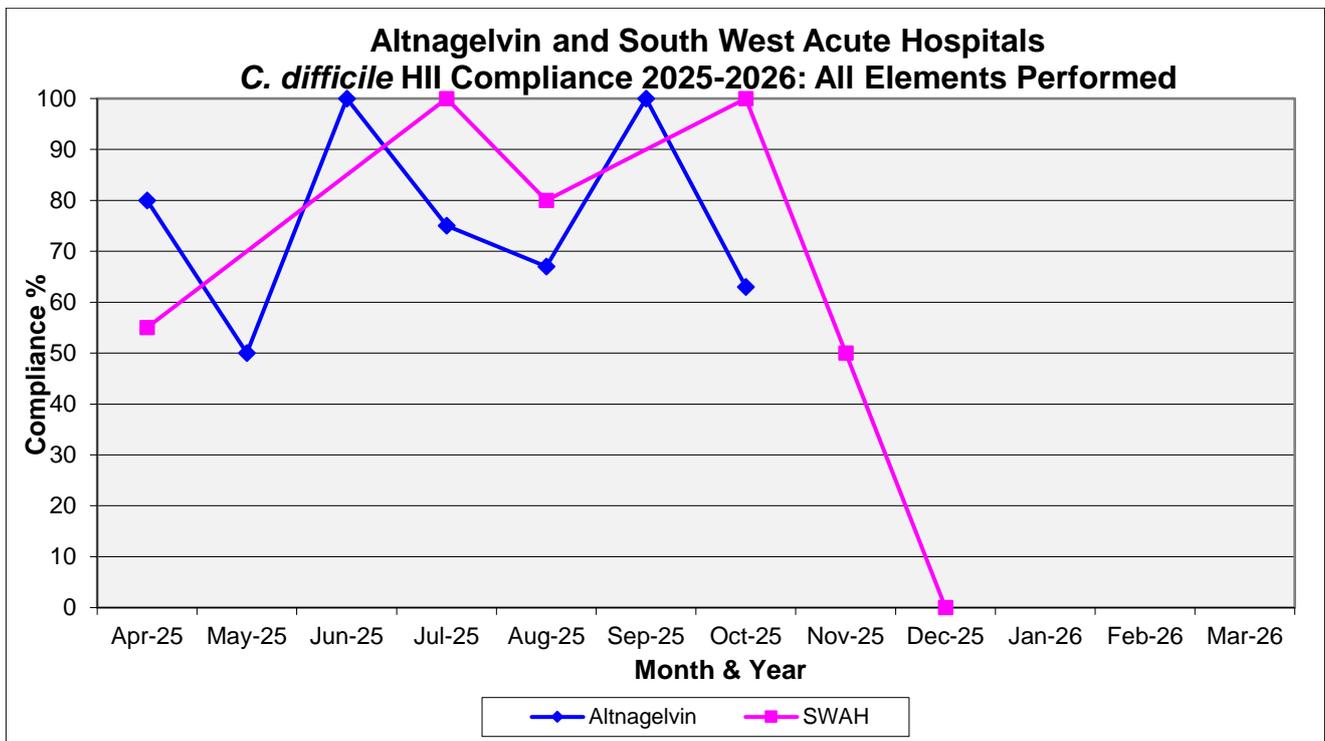
Quarterly rates of *C. difficile* among inpatients aged 2 years and over, by HSC, January 2024 – September 2025, compared with annual Northern Ireland and HSC rates for 2025

	October-December 2024		January-March 2025		April-June 2025		July-September 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	10	14.54	12	18.05	11	16.45	6	8.93
Southern Trust	25	33.77	18	24.13	13	17.97	12	16.80
South Eastern Trust	26	35.79	19	26.29	8	11.16	11	15.25
Northern Trust	13	17.5	6	7.94	15	20.04	14	18.48
Belfast Trust	37	28.66	24	18.55	27	19.88	38	26.54
Northern Ireland	111	26.50	79	18.99	74	17.55	81	18.84

C. difficile Care Bundle and Care Pathway Audits

Evidence based care bundles are effective when all elements of care are performed consistently. Therefore, scores are represented as either Pass (100%) or Fail (anything less than 100%). Consistent compliance with the *C. difficile* care bundle remains a challenge and is currently poor across both acute sites. The findings indicate issues around correct hand hygiene and isolation/cohort nursing.

The graph below illustrates the overall compliance with all of the elements of the *C. difficile* high impact intervention (HII) care bundle for Altnagelvin Hospital and the South West Acute Hospital (SWAH) from April to December 2025.



For noting: No *C. difficile* audits were completed for the months of November and December 2025 on the Altnagelvin site. The December score for SWAH is in relation to two observations of one patient. One observation stated non-compliance with elements related to hand hygiene, personal

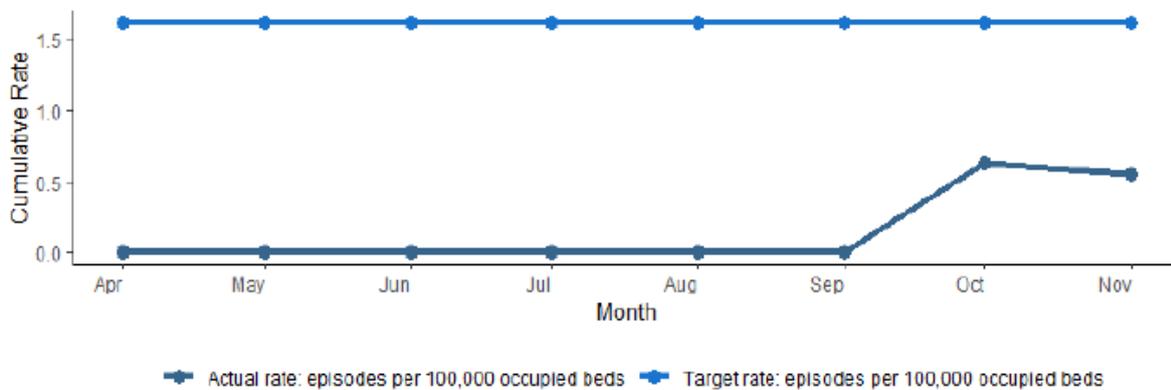
protective equipment and isolation (due to room door open). The second observation non-compliance was related again to isolation (due to room door open).

MRSA Bacteraemia

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

Since the beginning of April 2025 to November 2025 one case has been reported, which equates to a rate of 0.552.

The following graph is extracted from the PHA’s most recent Target Monitoring Report, which includes data up to the end of November 2025 only.



As of November 2025, the Trust was achieving and exceeding the reduction target set for MRSA bacteraemia with a cumulative rate of 0.552.

Since occupied bed days denominator data is released several months in arrears it is not possible to provide an up-to-date incidence rate. However, the most recent target monitoring report from the PHA includes data up to the end of November 2025, as follows:

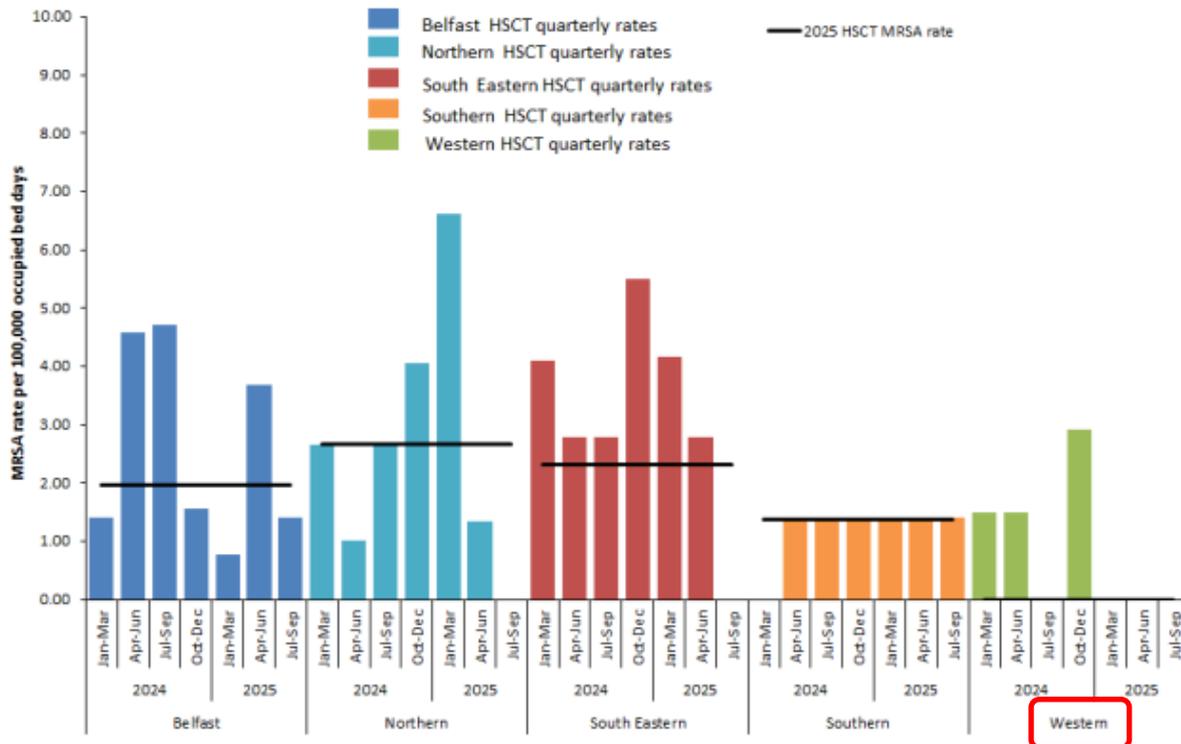
Attribution	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Cumulative
<2 days	0	0	0	0	0	0	1	0	1
>=2 days	0	0	0	0	0	0	0	0	0
No admission date*	0	0	0	0	0	0	0	0	0
Cases	0	0	0	0	0	0	1	0	1

*No Admission Date refers to cases where the Decision to Admit field was blank on Hi-Surv. These cases cannot be apportioned to < 2 or >= 2 days.

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 September 2025. The chart and 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 was the only Trust to remain at zero for Q1 to Q3 in 2025.



MRSA quarterly rate Jan 2024 – Sept 2025, by HSCT, with 2025 HSCT MRSA rate

	October-December 2024		January-March 2025		April-June 2025		July-September 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	2	2.91	0	0.00	0	0.00	0	0.00
Southern Trust	1	1.35	1	1.34	1	1.38	1	1.40
South Eastern Trust	4	5.51	3	4.15	2	2.79	0	0.00
Northern Trust	3	4.04	5	6.62	1	1.34	0	0.00
Belfast Trust	2	1.55	1	0.77	5	3.68	2	1.40
Northern Ireland	12	2.87	10	2.39	9	2.13	3	0.70

3. Coronavirus (COVID-19) and Influenza

Outbreak Management

COVID-19 and Influenza outbreaks continue to be declared in Trust wards, departments and facilities. Between October and December 2025, a total of nine Influenza and seven COVID-19 outbreaks occurred. The Infection Prevention & Control (IP&C) Team led on the management of these incidents as applicable. Incident meetings took place when required and all IP&C measures were instigated as necessary.

4. Pseudomonas

Pseudomonas aeruginosa is an opportunistic pathogen or coloniser, well known in the hospital environment. *Pseudomonas* is predominantly an environmental organism and is highly attracted to water sources. *Pseudomonas* is ubiquitous in the alimentary tract of humans and, therefore, carriage is normal and its presence is not indicative of infection. The term 'colonisation' is used to describe the identification of any organism without signs of infection. Specific groups of patients who are immunocompromised are at a higher risk of colonisation or infection than the normal population. The Trust has stringent measures in place regarding the surveillance and management of *Pseudomonas* in augmented care areas and participates in the PHA surveillance as detailed below.

Pseudomonas Surveillance (Augmented Care* Areas Only)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2022/23	1	1	0	0	0	0	0	1	2	0	1	0	6
2023/24	0	0	0	0	0	1	0	0	0	0	0	0	1
2024/25	0	0	0	0	0	0	1	0	1	1	2	1	6
2025/26	1	0	0	1	0	0	0	1	0	0†			3†

* The PHA defines augmented care as NNICU, Adult ICU/ HDU, Renal, Oncology/ Haematology.

† These values are subject to change as the report was compiled prior to the end of the month/ year.

Since the beginning of April 2025 three *Pseudomonas* cases have been reported. Two were categorised as healthcare-associated and one as community-acquired (November 2025).

The last healthcare-associated positive blood culture in an augmented care area pertains to an inpatient admission in Ward 50 Sperrin, Altnagelvin, in July 2025. Applicable IP&C measures were put in place. There have been no other positive patients in this area since December 2022. Water sampling was carried out and the result was negative for *Pseudomonas aeruginosa*.

5. 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.

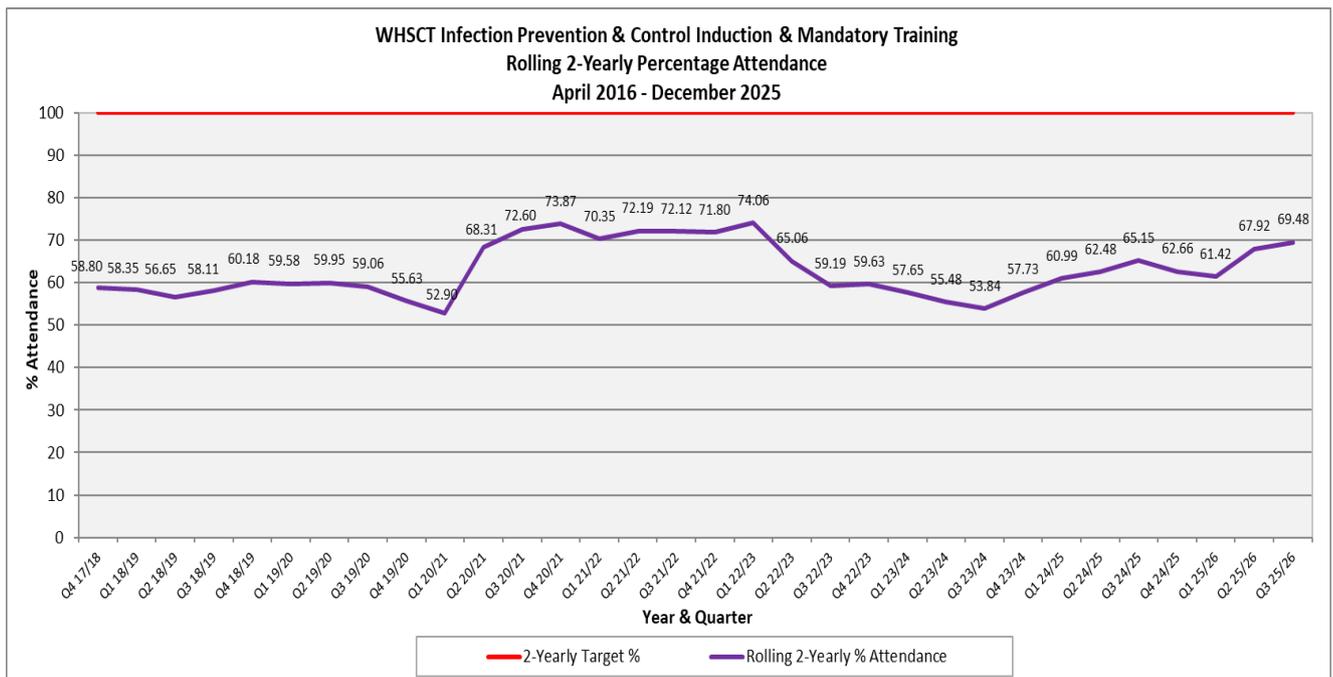
Training must be completed every two years.

Between 1st April and 31st December 2025, a total of 3490 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 December 2025, the actual percentage stands at 30.86%.

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

	Annual Target Percentage	Rolling Annual Percentage Attendance				
		Apr 2024-Mar 2025	Jul 2024-Jun 2025	Oct 2024-Sep 2025	Jan 2025-Dec 2025	
Nursing & Midwifery	50%	48.48%	38.32%	42.50%	41.60%	↓
Medical & Dental	50%	30.15%	31.12%	33.14%	31.39%	↓
Professional & Technical	50%	20.04%	19.89%	26.06%	32.99%	↑
Social Services	50%	30.29%	24.75%	21.54%	18.71%	↓
Support Services/ User Experience	50%	25.85%	30.99%	36.47%	32.40%	↓
Admin & Clerical	50%	12.38%	12.46%	8.65%	11.23%	↑

The attendance target for a two-year period is 100%. As of the end of December 2025, the actual attendance rate is 69.48%.



6. Aseptic Non-Touch Technique (ANTT)

ANTT is a technique to prevent micro-organisms from being introduced to sterile/ susceptible body sites during any invasive procedure that bypasses the body’s natural defences, such as wound care or when handling/ manipulating medical devices (urinary catheters, peripheral and central venous cannulas).

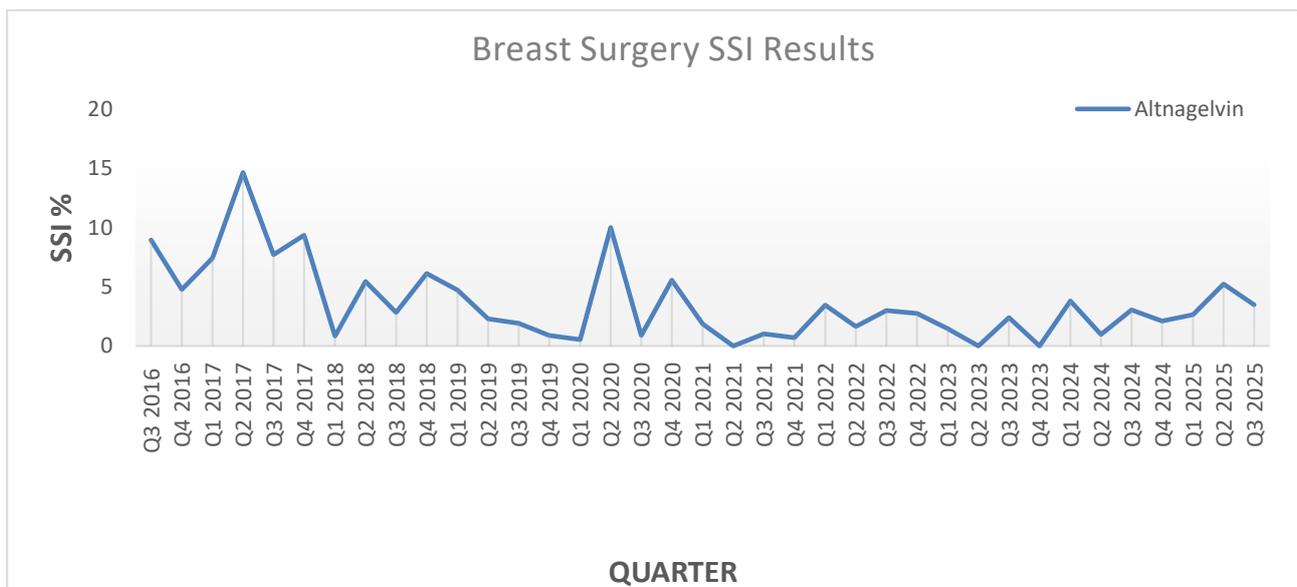
An ANTT e-learning programme is available on the regional learning management system, LearnHSCNI (<https://learn.hscni.net/>), which is available to all Western Trust staff. The website can be accessed from any internet-enabled Trust or personal device (PC/ laptop/ mobile phone/ tablet). Relevant staff (e.g. those with responsibility for the insertion and management of invasive devices) should update their ANTT training every two years. Between 1st April and 31st December 2025, a total of 515 staff completed this training.

7. Breast Surgical Site Infection (SSI) Surveillance

A pilot surveillance programme for breast SSI commenced in July 2016. As the Western Trust is the only one undertaking this at present there is no comparator data for the rest of NI. Multi-disciplinary team work is ongoing with regard to validation and assurance of the surveillance information and to continue driving forward improvements.

The SSI rate for Quarter 3 2025 is as follows:

		Year and Quarter Procedure Performed						
Number of Procedures/SSI Rate	Altnagelvin	Q1 24	Q2 24	Q3 23	Q4 23	Q1 25	Q2 25	Q3 25
			132	102	99	143	114	134
		3.79	0.98	3.03	2.1	2.63	5.22	3.48 (4 SSIs)



8. IP&C Nurse Independent Audits

The tables below show average compliance per quarter on a number of IP&C key performance indicators where audits have been completed by the IP&C Team. The audit results are discussed at the time with each staff member and used as learning opportunities. The audits are also shared with the Ward/ Department Manager and Professional Lead responsible for the area. If compliance is suboptimal it is the responsibility of the Professional Lead and Ward Manager to develop an action plan and this can be supported by the IP&C Team. This should also form part of their normal governance arrangements and is included in the Accountability & Assurance Meetings and the Corporate Management Team HCAI Accountability Forum.

As the information in the tables is average compliance per quarter it is difficult to identify specific improvement plans as different wards/ departments are captured within each quarter and the improvement plans are owned by the individual areas concerned.

Key:

80-100%	Green
60-79%	Amber
0-59%	Red

No audits completed – This is risk assessed and audits may not be completed due to a range of factors, e.g. none required, no identified triggers, a focus on other improvement work and other competing IP&C demands.

April – June 2025

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	73%	77%	74%
PPE	85%	91%	86%
<i>C. difficile</i>	77%	55%	71%
<i>C. difficile</i> Care Pathway	Pass x 11 Fail x 2	Pass x 2 Fail x 3	Pass x 13 Fail x 5
Peripheral Line Ongoing Care	51%	73%	61%
Urinary Catheter Ongoing Care	35%	95%	63%
ANTT	93%	100%	96%
Commode	96%	80%	83%
Cleaning & Decontamination	47%	89%	71%
MRSA	54%	67%	61%

July – September 2025

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	68%	70%	76%
PPE	85%	100%	93%
<i>C. difficile</i>	81%	75%	78%
<i>C. difficile</i> Care Pathway Completed	Pass x 4 Fail x 3	Pass x 5 Fail x 2	Pass x 9 Fail x 5
ANTT	56%	No audits completed	56%
Commode	80%	100%	90%
Cleaning & Decontamination	36%	75%	56%

October – December 2025

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	83%	79%	81%
PPE	91%	77%	84%
<i>C. difficile</i>	63%*	50%	57%
Commode	59%	48%	55%
Cleaning & Decontamination	74%	39%	57%
Peripheral Insertion	59%	100%	79%
Peripheral Ongoing	71%	No audits completed**	71%
Urinary Catheter ongoing	50%	No audits completed	50%
Urinary Catheter Insertion	31%	No audits completed	31%
Peripherally inserted Central Catheter PICC Dressing Change	No audits completed	100%	100%

* *C. difficile* audits only completed in October.

** Southern Sector focused on education of audit tool with staff via MS Teams and at ward level. Audits to be completed throughout January-March 2026.