Western Health and Social Care Trust

Infection Prevention & Control Report to Trust Board

Meeting Date – 4th December 2025

1. Target Organisms Performance

UPDATE ON HCAI REDUCTION TARGETS PERFORMANCE

On 2nd July 2025, the Trust received a letter and supporting surveillance/ statistical information from the PHA regarding re-calculation of the HCAI reduction targets. The letter advised that incidence rates for both Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia and *Clostridium difficile* (*C. difficile*) associated disease had been updated to take account of the most recently available occupied bed days (OBD) data from 2023-24. The *C. difficile* baseline rate for 2023-24 was also intended to have been re-calculated to include any Emergency Department (ED) cases where the patient tested positive two or more days after the decision to admit date. The purpose of this was to ensure that the baseline reflected the surveillance definition now in use, which had changed during 2024-25, so that the Trust was being measured against the same standard. These re-calculations had resulted in no change to the Trust's MRSA targets, which remained at 1.613 cases per 100,000 OBD for each year between 2024-25 and 2028-29. The *C. difficile* baseline rate and subsequent target rates, however, had been lowered.

It was identified by the Trust that the method, used by the PHA to identify the additional cases in ED for inclusion in the C.*difficile* baseline, did not match the number of cases identified by the WHSCT IPCT. As such three relevant cases had not been included, meaning the incidence rate was not aligned with the intended approach. PHA were informed and the WHSCT requested that the figures would be amended appropriately. Following a meeting with the PHA, it was agreed the C. difficile incidence rate would be revised. The incidence rate has been altered from 12.5 cases per 100,000 OBD to 12.7, to represent the additional 3 cases. The Trust has been tasked with a very challenging reduction target due to the choice of 2023/24 as the baseline year. For the WHSCT this was an exceptional year in terms of C.*difficile* case numbers, and not a representative of a normal year's performance. The Trust has raised concerns with the DoH NI and the Public Health Agency (PHA) regarding this very challenging reduction target. The PHA have advised that they will include reference to 2023/24 being an exceptional year in future performance monitoring reports in order to provide additional context. The PHA are also keen to analyse the Trust's C. *difficile* positivity rate during 2023/24 to see if it can give any insight as to why case numbers were so low that year. However, there are capacity issues with producing the data needed to enable this analysis.

These concerns do not affect the other target organism as a different year, 2019/20, was used as the baseline for Meticillin-Resistant Staphylococcus aureus (MRSA) bacteraemia.

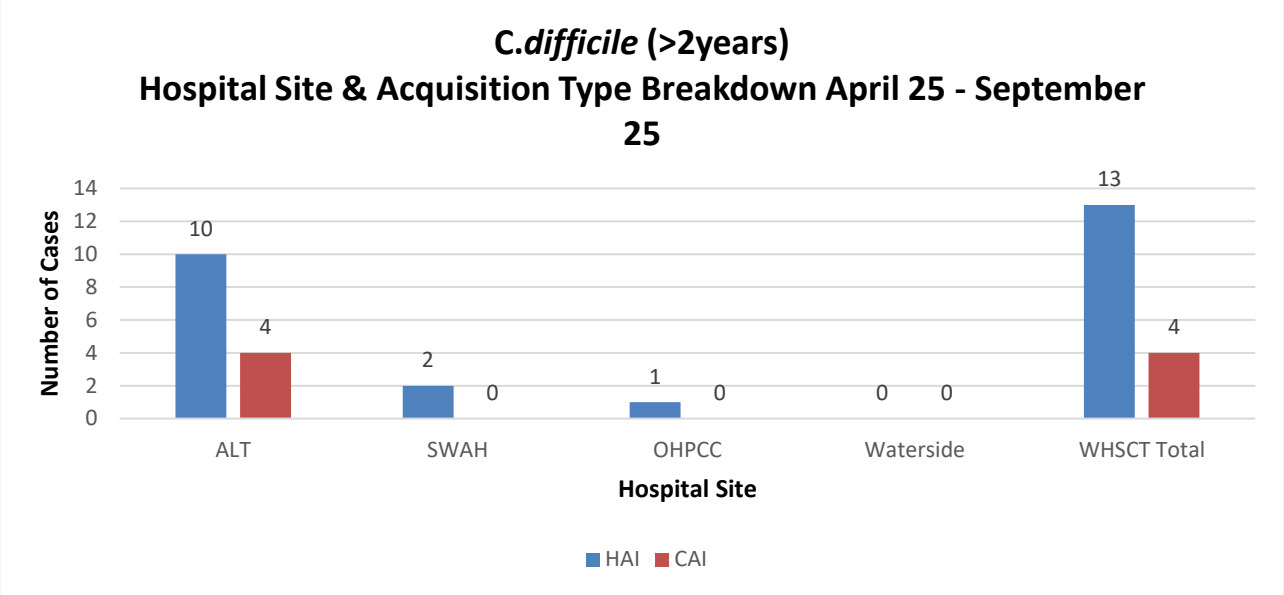
Surveillance of healthcare-associated gram-negative bacteraemias (GNBs) (specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*), and MSSA bacteraemia remained mandatory, the Department of Health NI had decided not to set targets for these. Rather Trusts were being encouraged to minimise the risk factors for infection where possible.

Clostridium difficile (C. difficile)

The Department of Health for Northern Ireland (DoH NI) has set a reduction target for *C. difficile* associated disease (≥ 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.

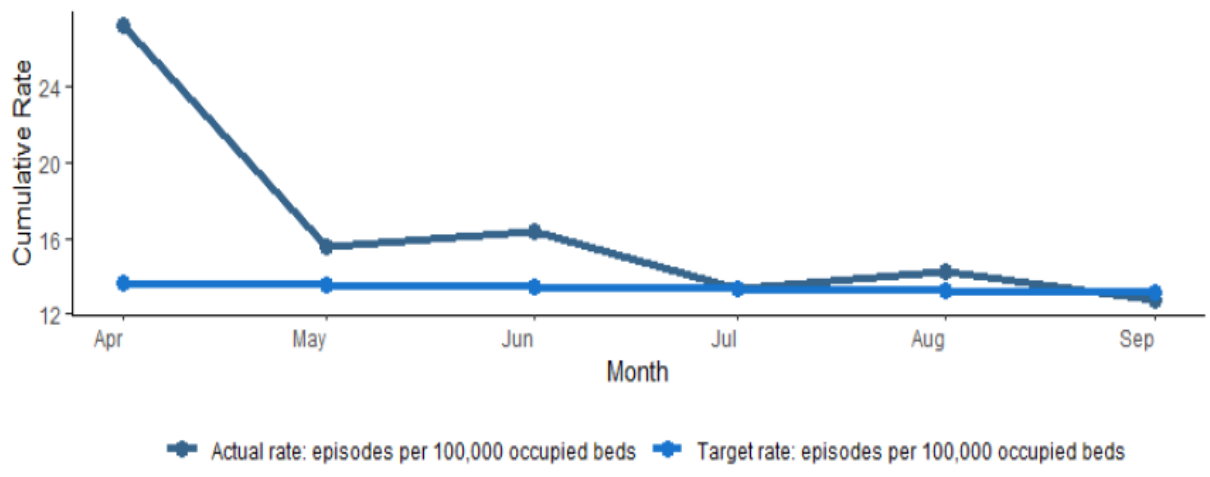
Between 1st April and 30th September 2025, 17 *C. difficile* cases were reported. A breakdown of the cases by hospital site and acquisition type is given in the chart below.

Key:
CAI Community-associated infection (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)



The most recent Monthly Target Monitoring Report from the PHA covers the period from 01/04/2025 to 30/09/2025. The cumulative rate at this time for C. difficile infections was reported as 12.7.

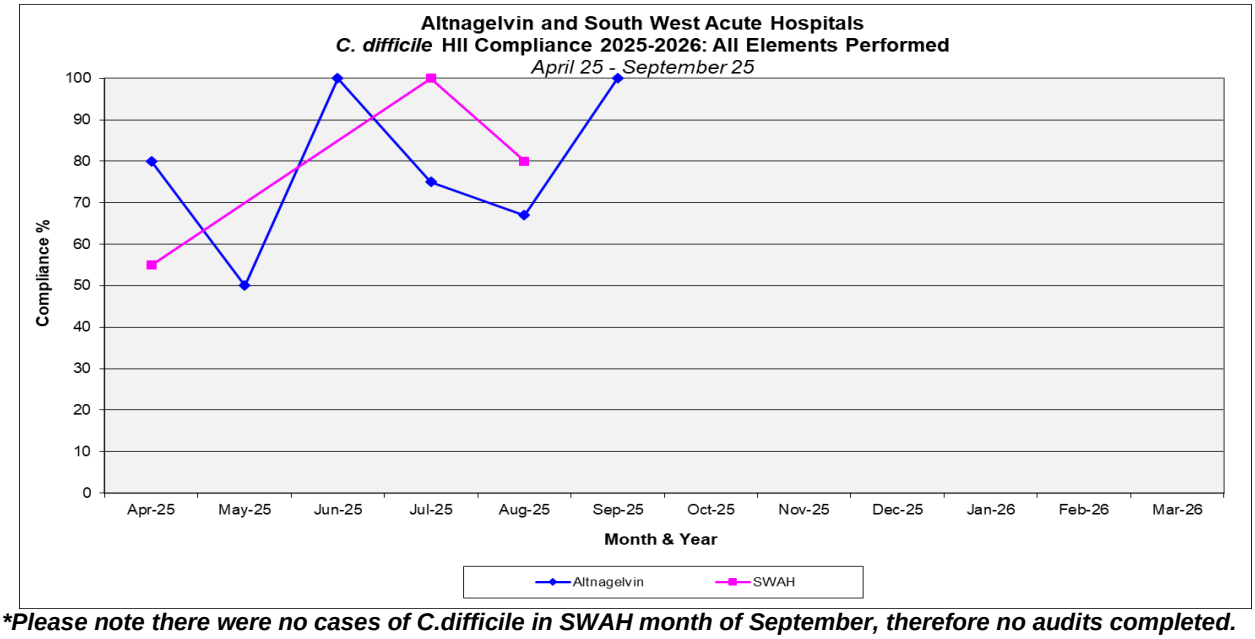
Monthly CID incidence per 100,000 occupied beds v.s Target



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 assessed as either Pass (100%) or Fail (anything less than 100%). Consistent compliance with the *C. difficile* care bundle remains a challenge across both acute sites. Recent findings indicate issues around correct hand hygiene and use of personal protective equipment. The introduction of Encompass, however, appears to be having a positive effect on compliance with the prudent antimicrobial prescribing element of the bundle and the Infection Prevention & Control (IP&C) Team will continue to work with ward teams to examine the impact of this.

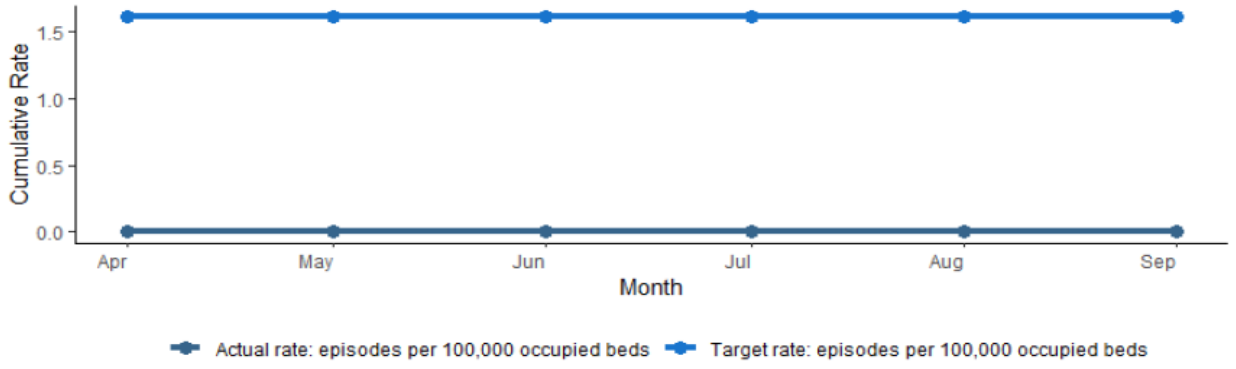
The graph below illustrates the overall compliance with all of the elements of the *C. difficile* high impact intervention (HII) care bundle for Altnagelvin Hospital and the South West Acute Hospital (SWAH).



Please note there were no cases of C.difficile in SWAH month of September, therefore no audits completed.

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 September 2025 no new cases have been reported, which equates to a rate of 0.00. The following graph is extracted from the PHA's most recent Target Monitoring Report, which includes data up to the end of September 2025 only.



As of 18th November 2025, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

Altnagelvin – 483 days (Last recorded case was in Ward 32 ESU)
SWAH – 1894 days (Last recorded case was in Ward 8)
Tyrone County Hospital/ Omagh Hospital & Primary Care Complex (OHPCC) – 3866 days (Last recorded case was in the Rehab Unit)

Gram Negative Bacteraemias (GNB)

While data for three key gram-negative bacteraemias (E.coli, Pseudomonas aeruginosa and Klebsiella spp) is included within this report, there have been no targets set for GNB incidence due to the challenges associated with reducing GNBs in secondary care. Instead, Trusts are encouraged to minimise risk factors for infections where possible and are supported to do this. Surveillance remains mandatory, however.

Figure 1: Healthcare-associated GNB to date

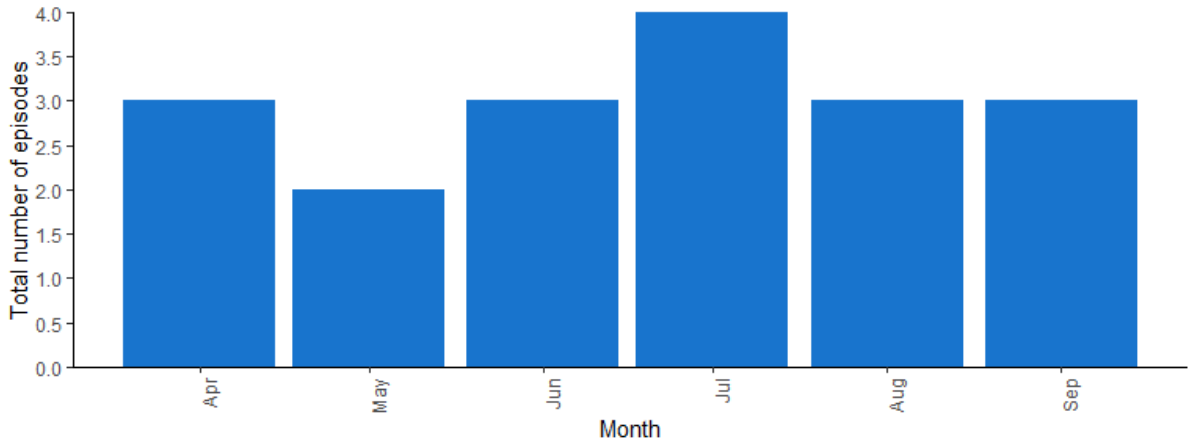
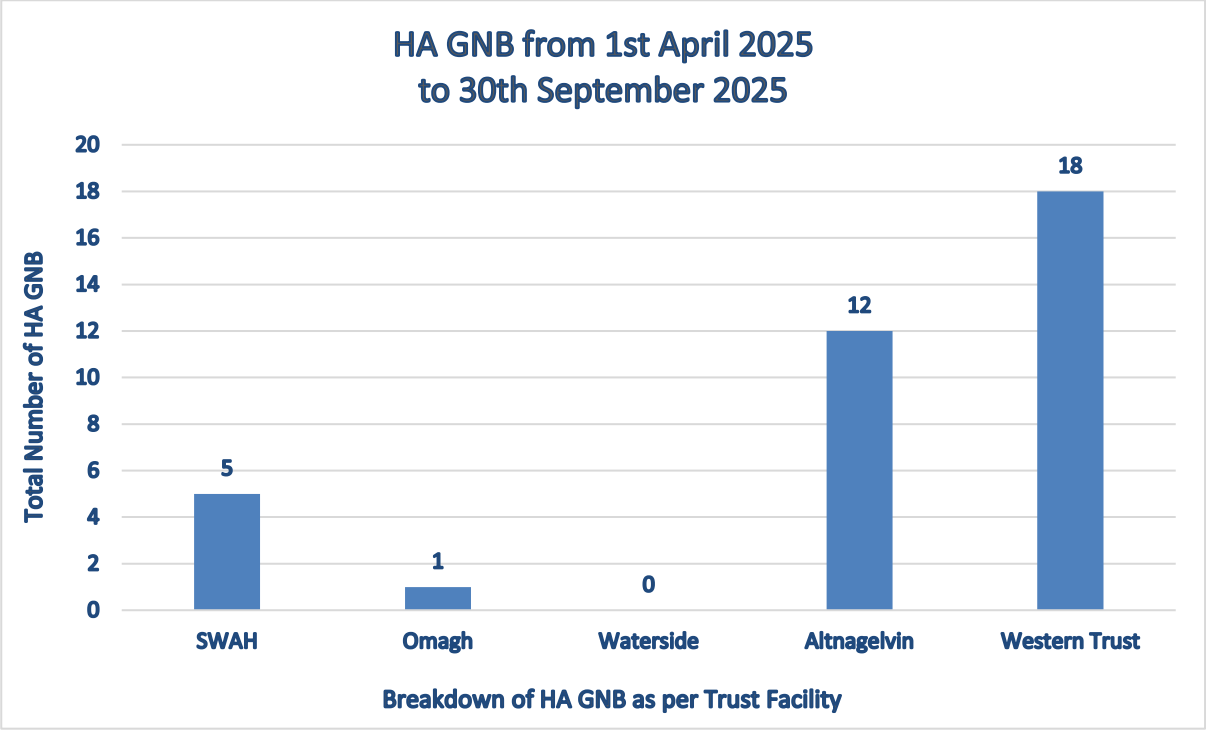


Figure 2: Western Trust Healthcare-associated GNB episodes (1st April 2025 to 30th September 2025)

A breakdown of the cases by hospital site, from 1st April 2025 to 30th September is given in the chart below.



2. Coronavirus (COVID-19)

Outbreak Management

COVID-19 outbreaks continue to be declared in Trust wards, departments and facilities. Between August – end of October 2025, a total of eight outbreaks occurred. The IP&C Team are leading on the management of these incidents as applicable. Incident meetings are taking place when required and all IP&C measures have been instigated as necessary.

3. Orthopaedic Surgical Site Infection Surveillance

Orthopaedic update for Q3 2025 (July to September)

A total of three SSIs were reported for Q3 2025. SSI results for Q3 2025 are available from 15th January 2026 via a report from the PHA. All SSIs reported for 2025 are discussed at M&M and verified by Orthopaedic Consultant and Lead. There is a robust and meticulous reporting structure and quarterly meetings take place with Orthopaedics, where all SSIs are discussed.

4. Critical Care Device-Associated Infection Surveillance

Critical care device-associated infection surveillance commenced in June 2011. There have been no infections in the Trust for over six and a half years. The most recent infection recorded was a ventilator-associated pneumonia, which occurred in ICU, Altnagelvin, in October 2018.

Results, as of September 2025, are shown in the table below.

	Date of Last Recorded Case in Hospital		Hospital Rolling Average Infection Rate Per 1000 Device Utilisation Days		NI Rolling Average Infection Rate Per 1000 Device Utilisation Days
	Altnagelvin	**SWAH**	**Altnagelvin**	**SWAH**	
Ventilator-Associated Pneumonia	11/10/2018	21/09/2016	0.00	0.00	0.55
Catheter-Associated Urinary Tract Infection	Zero to date	23/07/2011	0.00	0.00	0.23
Central Line Associated Blood Stream Infection	Zero to date	11/03/2012	0.00	0.00	0.16

5. 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 Committee Meetings and the Chief Executive 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.

January – March 2025

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	84%	84%	84%
PPE	86%	97%	88%
C. difficile	57%	38%	49%
***C. difficile* Care Pathway**	Pass x 10 Fail x 5	Pass x 9 Fail x 1	Pass x 19 Fail x 6
Peripheral Line Ongoing Care	63%	82%	70%
Urinary Catheter Insertion Actions	0%	No audits completed	0%

Urinary Catheter Ongoing Care	61%	98%	74%
Central Line Ongoing Care	No audits completed	100%	100%
ANTT	99%	No audits completed	99%
Commode	100%	100%	100%
Cleaning & Decontamination	36%	85%	60%
MRSA	57%	55%	56%
SSI Preoperative Actions	100%	No audits completed	100%
SSI Intraoperative Actions	0%	No audits completed	0%
SSI Postoperative Actions	100%	No audits completed	100%

April – June 2025

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	73%	77%	74%
PPE	85%	91%	86%
C. difficile	77%	55%	71%
***C. difficile* 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%
C. difficile	81%	75%	78%
***C. difficile* 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%