

Infection Prevention & Control Report to Trust Board

Meeting Date – 4th September 2025

1. Target Organisms Performance

***Clostridium difficile* (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.

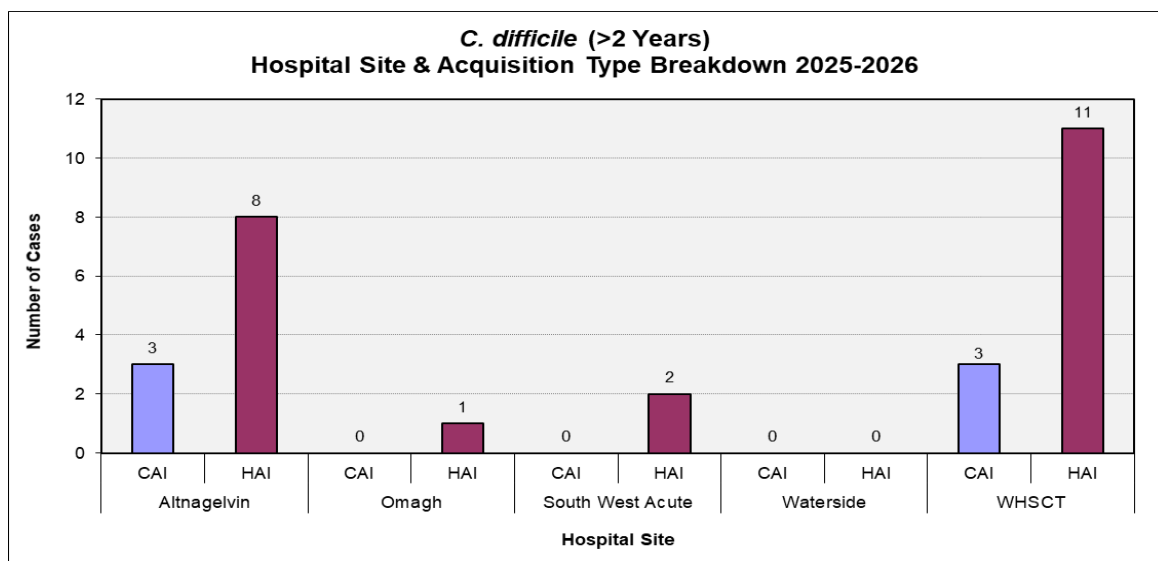
The Trust has raised concerns with the DoH NI and the Public Health Agency (PHA) regarding this very challenging reduction target due to the choice of 2023/24 as the baseline year. 2023/24 was an exceptional year for the Western Trust in terms of *C. difficile* case numbers as significant reductions were made. Consequently, it was not representative of a normal year's performance. This has resulted in the Trust being tasked with making further challenging reductions against an already unusually low baseline. As such, the expected target reduction is not achievable. Trust representatives met with the PHA on 18th August 2025 to discuss the matter but little in the way of mitigation was available. 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.

Between 1st April and 22nd August 2025, 14 *C. difficile* cases were reported. A breakdown of the cases by hospital site and acquisition type is given in the chart below.

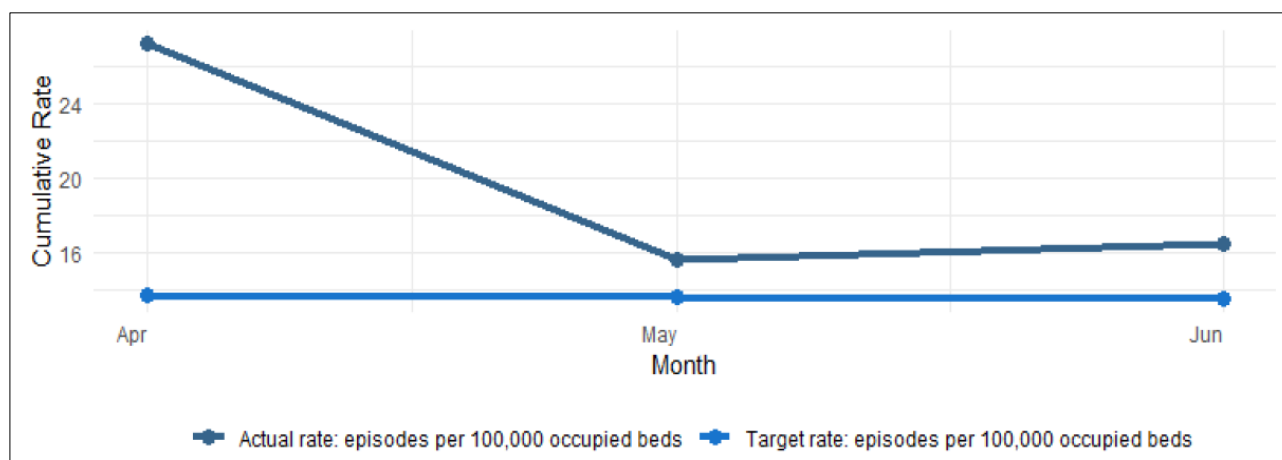
Key:

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)



Since occupied bed days denominator data is released several months in arrears it is not possible

to provide an up-to-date incidence rate. The following graph is extracted from the PHA's most recent Target Monitoring Report, which includes data up to the end of June 2025 only, at which point there were 11 cases and the rate was 16.45.



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 March 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 January-March 2025, the Western Trust saw a slight increase in both the number of *C. difficile* cases and the corresponding rate, whilst all four other Trusts saw decreased case numbers and rates. This is the inverse of the situation in the prior quarter. The Western Trust is currently reporting the second lowest rate in NI.

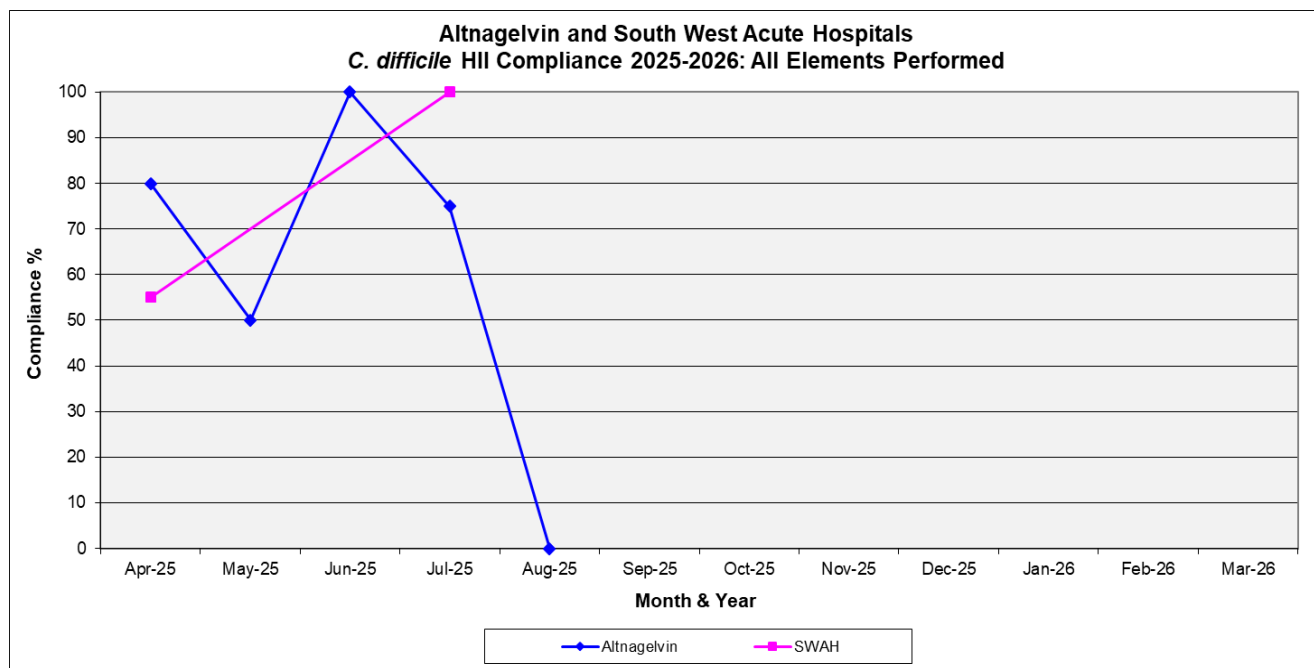
	April-June 2024		July-September 2024		October-December 2024		January-March 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	13	19.44	14	20.83	10	14.54	12	18.05
Southern Trust	27	37.32	20	28.00	25	33.77	18	24.13
South Eastern Trust	21	29.26	24	33.49	26	35.79	19	26.29
Northern Trust	10	10.01	10	13.20	13	17.51	6	7.94
Belfast Trust	31	23.60	29	22.71	37	28.66	24	18.55
Northern Ireland	102	23.06	97	23.44	111	26.50	79	18.89

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).



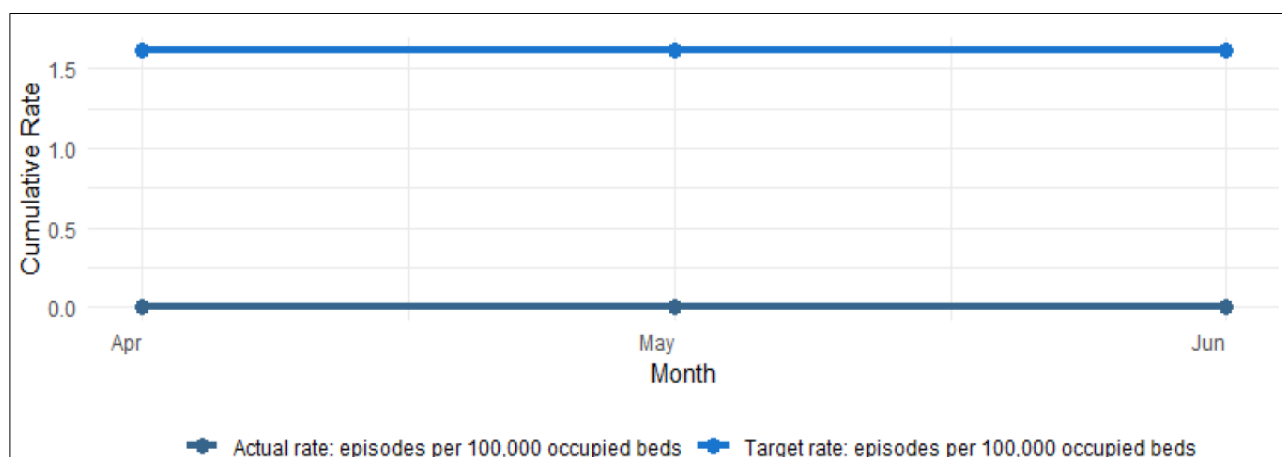
NB: The Aug-25 average score for Altnagelvin is based on one audit only.

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 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 June 2025 only.



As of 22nd August 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)

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 March 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 remains very low and stable. As of January-March 2025, the Trust was reporting the lowest rate in NI.

	April-June 2024		July-September 2024		October-December 2024		January-March 2025	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	1	1.50	0	0.00	2	2.91	0	0.00
Southern Trust	1	1.40	1	1.40	1	1.35	1	1.34
South Eastern Trust	2	2.79	2	2.79	4	5.51	3	4.15
Northern Trust	1	1.00	2	2.64	3	4.04	5	6.62
Belfast Trust	6	4.57	6	4.70	2	1.55	1	0.77
Northern Ireland	11	2.49	11	2.66	12	2.87	10	2.39

2. Coronavirus (COVID-19)

Outbreak Management

COVID-19 outbreaks continue to be declared in Trust wards, departments and facilities. Between May and mid-August 2025, a total of nine 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. 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.

The IP&C Team is currently working with Support Services colleagues to develop a new Tier 1B IP&C e-learning programme utilising PageTiger. The aim will be for Support Services staff to complete this programme in a classroom environment as part of Induction Training. This could be undertaken with large groups and so help to improve attendance numbers.

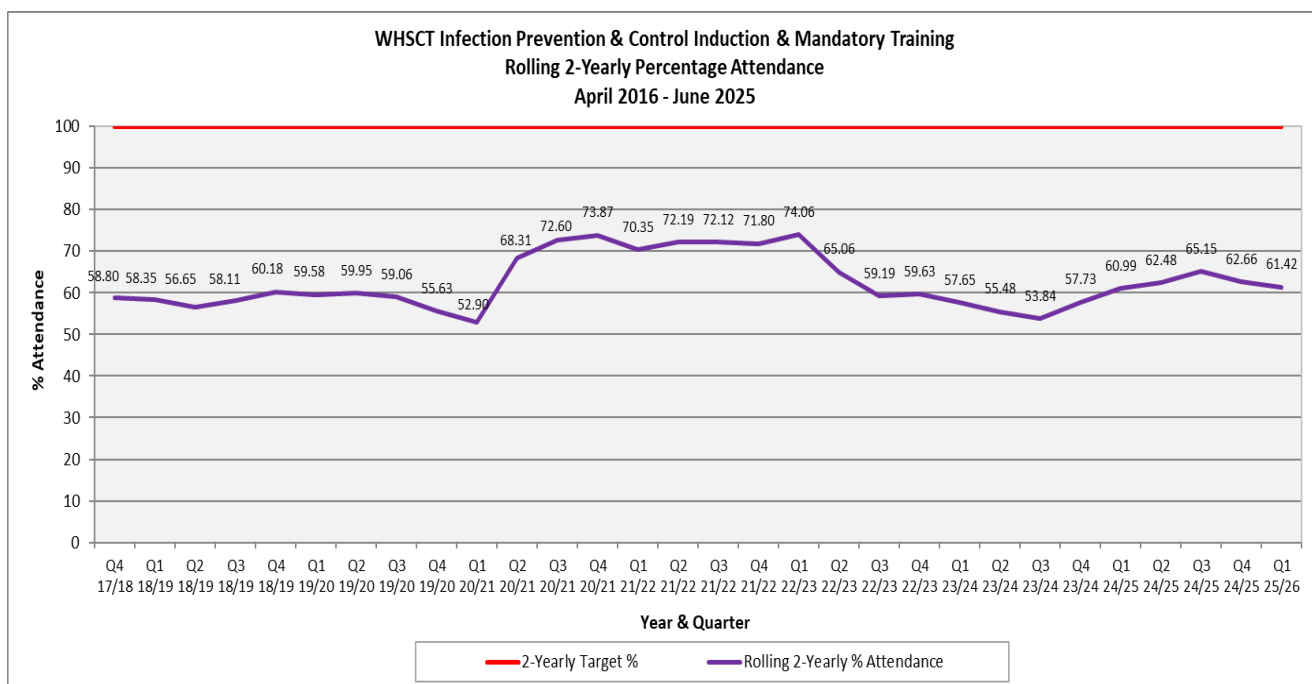
Training must be completed every two years.

Between 1st April and 30th June 2025, a total of 736 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 June 2025, the actual percentage stands at 29.87%.

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

	Annual Target Percentage	Rolling Annual Percentage Attendance				
		Oct 2023-Sep 2024	Jan 2024-Dec 2024	Apr 2024-Mar 2025	Jul 2024-Jun 2025	
Nursing & Midwifery	50%	46.90%	49.49%	48.48%	38.32%	
Medical & Dental	50%	28.25%	31.54%	30.15%	30.63%	
Professional & Technical	50%	28.24%	24.09%	20.04%	19.89%	
Social Services	50%	26.66%	30.26%	30.29%	24.75%	
Support Services/ User Experience	50%	35.63%	42.28%	25.85%	30.99%	
Admin & Clerical	50%	12.88%	12.78%	12.38%	12.46%	

The attendance target for a two-year period is 100%. As of the end of June 2025, the actual attendance rate is 61.39%.



In terms of trainee doctors, who utilise a different regional e-learning system called Training Tracker Online, the following were up-to-date with their IP&C Induction Training as of 30th June 2025:

	Total Number of Trainees	Number of Trainees Up-to-Date	Percentage of Trainees Up-to-Date
Altnagelvin Hospital	189	151	79.89%
South West Acute Hospital	37	33	89.19%
Tyrone & Fermanagh (T&F) Hospital	8	5	62.5%
Gransha	12	6	50%
Western Trust	246	195	79.27%

The IP&C Team have focused recent efforts with Professional Leads and Managers to aid in improving attendance, e.g. through the Accountability & Assurance process and by accommodating training sessions for specific staff groups. The responsibility for ensuring attendance, however, lies with the individual Directorates and should form part of their normal governance arrangements.

The need for staff to complete Encompass Training ahead of Go-Live and the downturn of other types of mandatory training during the early months of 2025 may have contributed to the decrease in completion of IP&C Training in the most recent quarter.

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†								2†

* 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 two *Pseudomonas* cases have been reported. Both are categorised as healthcare-associated.

The most recent 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. Legionella

Water testing continues throughout key Trust owned facilities and a range of mitigating actions are in place as per the Trust Water Safety Plan. A planned *Legionella* and *Pseudomonas aeruginosa* testing programme is also in place for PFI buildings, including the SWAH and the Labs & Pharmacy Building, Altnagelvin. The process is managed by Mitie FM and Integral FM respectively. All positive results and proposed actions are reported to core members of the Trust's Water Safety Group (WSG) on an ongoing basis. Exceptions are discussed at the WSG meetings.

The WSG, which is a multi-disciplinary group, is responsible for ensuring the Trust's water systems are safe for all patients, staff and visitors at point of use. In order to ensure the Trust has safe, clean water systems the WSG has a robust process in place to monitor all water sampling results.

There has been a significant reduction overall in the number of outlets testing positive on the Altnagelvin site, with a 61% reduction from January 2024. The Tower Block continues to be an area requiring focus and a long term plan is needed to engineer out issues with the current water infrastructure on Floors 5 to 10.

The outlets which test positive are mainly those that are underused. These are managed as per the Water Safety Plan by utilising point-of-use filters. This ensures the safety of users and allows facilities to remain operational, with no adverse effect on services. The Trust's Water Safety Team continues to proactively work on reducing the number of positives. A planned programme of work is in place to improve the water system infrastructure, including exploring automated flushing options.

The Health & Safety Executive (HSE) plan to carry out a *Legionella* assessment in Western Trust facilities during 2025/26. It is likely that the HSE will visit Trust teams and facilities in September/

October 2025.

Increasing Compliance

The Estates' Water Safety Team continues to build compliance and demonstrate this via the Zetasafe compliance database tool. The Trust's compliance position is risk based and, although not 100% compliant, it is currently stable and high risks are being managed appropriately. The Trust's current compliance level is >99%.

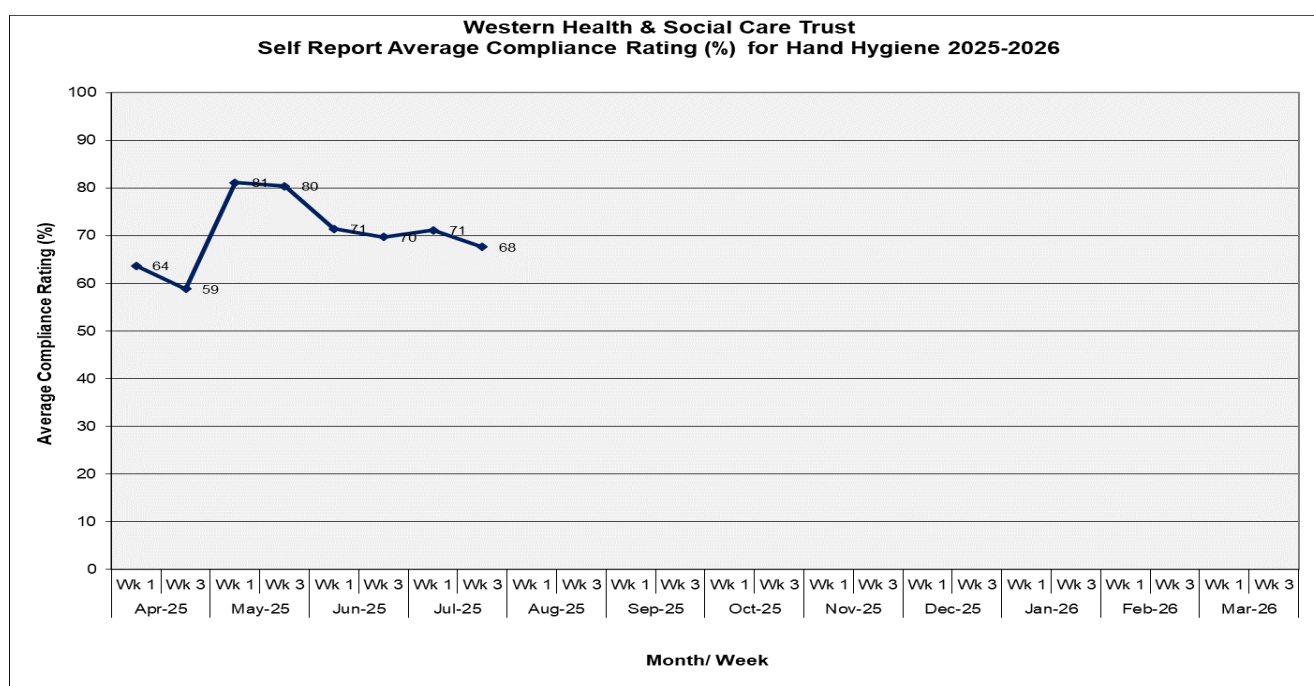
6. Hand Hygiene Compliance

The Trust's overall average self-reported hand hygiene score is 70% when non-submission areas are included. These areas score an automatic 0%. 56 areas out of 192 applicable areas failed to submit scores for July 2025. They are as follows:

Site	Ward/ Department/ Facility
Altnagelvin	Ward 3 Ward 4 * Ward 9 Rheumatology * Ward 21 EOU * Ward 23 TOU * Ward 26 ARM Ward 31 Ward 41 AMU * Ward 42 * Ward 43 Ward 45 Ward 50 Sperrin ACU Antenatal Clinic * Breast Screening Unit * DCU Theatre 9 * Fracture Clinic GUM Clinic * Main Theatre 4 Physiotherapy Outpatients Department * Pre-Operative Assessment
SWAH	Ward 1 MSAU * Ward 2 * Ward 5 * Ward 6 * Ward 7 * Ward 8 * Ward 9 Cardiac Unit Emergency Department * Labour Ward Maternity Ward Physiotherapy Outpatients Department * Pre-Operative Assessment
OHPCC	Cardiac Investigations * Outpatients Department * Palliative Care Ward Physiotherapy Outpatients Department *

	Pre-Operative Assessment Rehabilitation Unit
T&F	Ash Villa * Elm Villa * Lime Villa * Oak Villa *
Waterside Hospital	Ward 1 * Ward 2 * Ward 4 *
Lakeview Hospital	Berryburn Centre * Melvin Lodge * Ralph's Close * Strule Lodge *
Day Care	Creamery House Dromore Day Centre Foyleville Day Centre Glen Oaks Day Centre *
Other Community	Rapid Response Team, Derry *

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 99%.

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 July 2025 and the scores obtained compared with self-reported scores for the same areas.

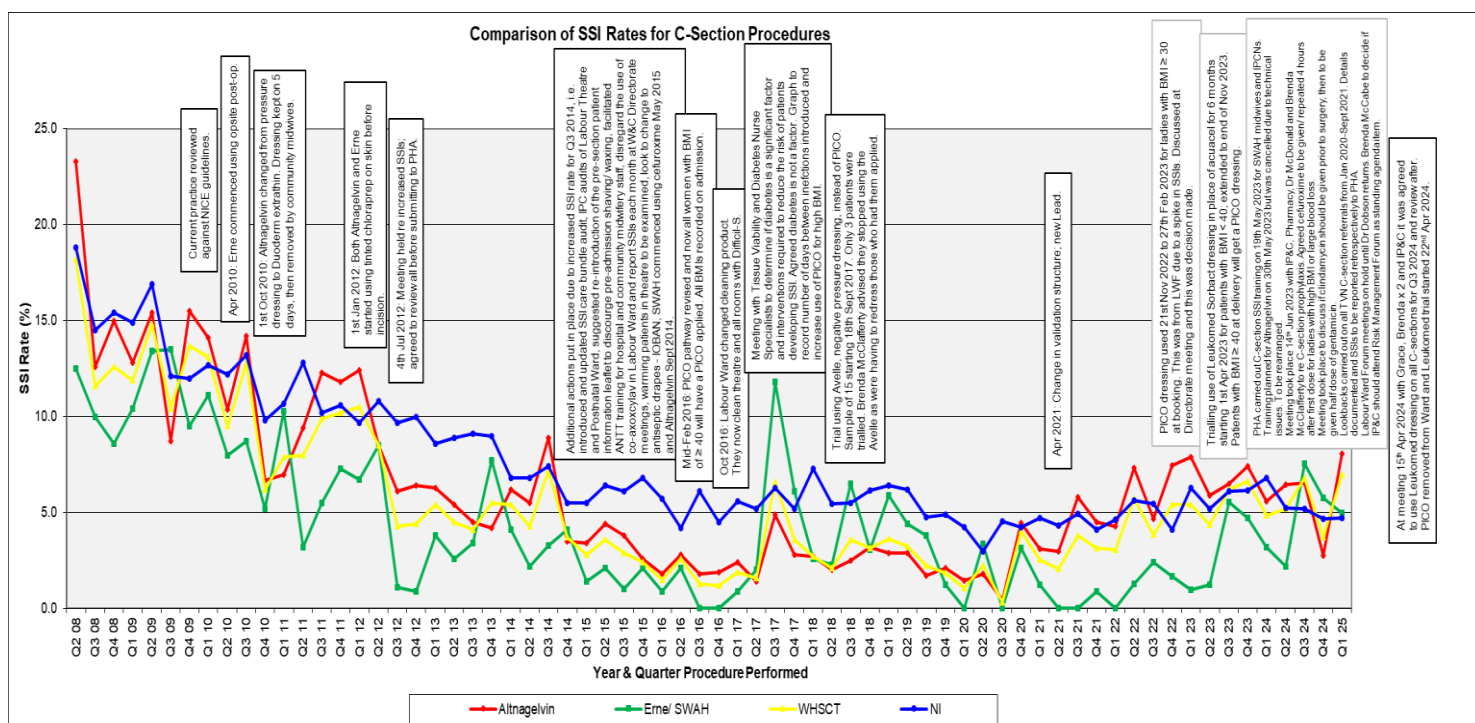
Ward/ Department/ Facility	IP&C Team Validation Score	Self-Reported Score
Ward 3, Altnagelvin	89% (Pass)	1) Not submitted 2) Not submitted
Ward 4, Altnagelvin	90% (Pass)	1) Not submitted 2) 100%
Ward 6 Children's, Altnagelvin	70%	1) 97% 2) 100%
Ward 9 Rheumatology, Altnagelvin	100%	1) Not submitted 2) Not submitted
Ward 21 EOU, Altnagelvin	50%	1) 50% 2) Not submitted
Ward 22 ASM, Altnagelvin	70%	1) 100% 2) 100%
Ward 23 TOU, Altnagelvin	100%	1) Not submitted 2) 100%
Ward 24 AGM, Altnagelvin	90% (Pass)	1) 100% 2) 100%
Ward 25 FOU, Altnagelvin	69%	1) N/A 2) 100%
Ward 26 ARM, Altnagelvin	82%	1) Not submitted 2) 100%
Ward 32 ESU, Altnagelvin	64%	1) 100% 2) 100%
Ward 41 AMU, Altnagelvin	100%	1) Not submitted 2) Not submitted
Ward 42, Altnagelvin	100%	1) Not submitted 2) Not submitted
Ward 43, Altnagelvin	79%	1) Not submitted 2) Not submitted
Ward 44, Altnagelvin	90% (Pass)	1) 100% 2) 100%
Ward 50 Sperrin, Altnagelvin	36%	1) Not submitted 2) 90%
ACU, Altnagelvin	40%	1) 100% 2) Not submitted
CCU, Altnagelvin	80%	1) 100% 2) 100%
Emergency Department, Altnagelvin	64%	1) 100% 2) 93%
ICU, Altnagelvin	75%	1) 100% 2) 100%
Spruce House, Altnagelvin	78%	1) 100% 2) 100%
CCU, SWAH	100%	1) 100% 2) Not submitted
Emergency Department, SWAH	38%	1) 95% 2) Not submitted
Ward 3, Waterside	82%	1) 100% 2) 100%
Ward 4, Waterside	80%	1) Not submitted 2) Not submitted

7. Caesarean Section Surgical Site Infection (SSI) Surveillance

During quarter one of 2025 the Trust achieved 77.7% compliance with surveillance related documentation, compared to a 63.9% average compliance rate in NI as a whole.

There has been an increase in the C-section SSI rate for Altnagelvin this quarter; 8.06% compared to 2.75% in quarter four 2024. However, the SWAH's rate has decreased slightly from 5.75% in quarter four 2024 to 5.00% in quarter one 2025. The overall Western Trust SSI rate is 6.99%, above the NI rate of 4.74%.

Multi-disciplinary team work is ongoing with regard to validation and assurance of the surveillance information and to continue driving forward improvements.



8. 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. The Trust's SSI rate has fallen significantly since the pilot began and is sitting at 2.63% (equating to three SSIs) in quarter one 2025. Whilst this is a slight increase when compared to the previous quarter (2.10%), it is well down from the peak of 14.63% in quarter two 2017.

Multi-disciplinary team work is ongoing with regard to validation and assurance of the surveillance information and to continue driving forward improvements.

