

Infection Prevention & Control Report to Trust Board

Meeting Date – 5th June 2025

1. Target Organisms Performance

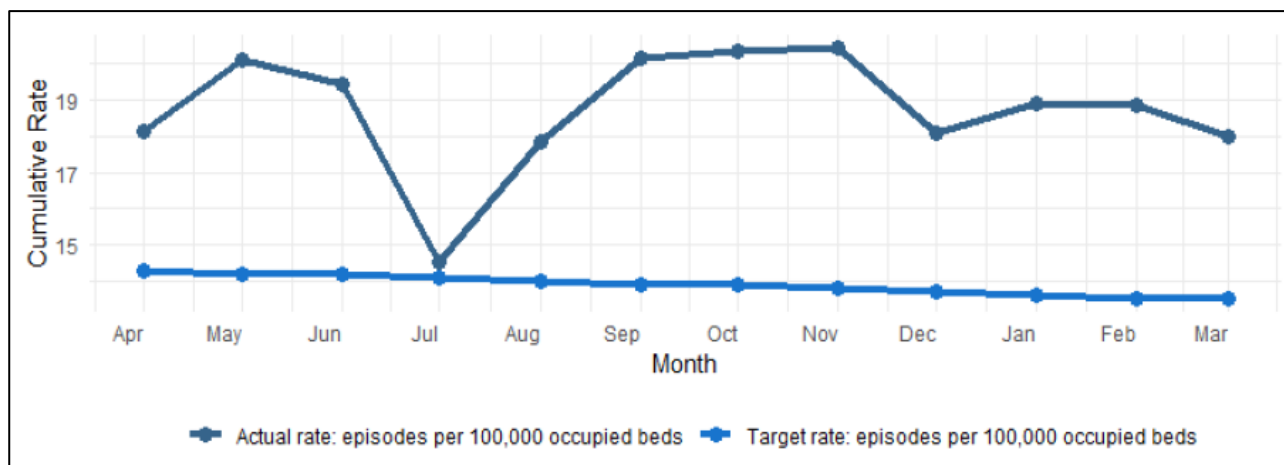
***Clostridium difficile* (C. difficile)**

End of Year Position 2024/25

In 2024/25 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 13.5 per 100,000 occupied bed days. This amounted to a reduction of 0.9 (or 6.25%) on the baseline rate of 14.4 in 2023/24.

In the year to the end of March 2025 the Trust actually reported 49 cases, equating to a rate of 17.99. As such, the reduction target was not met and there was an increase of 24.93% compared to the baseline rate.

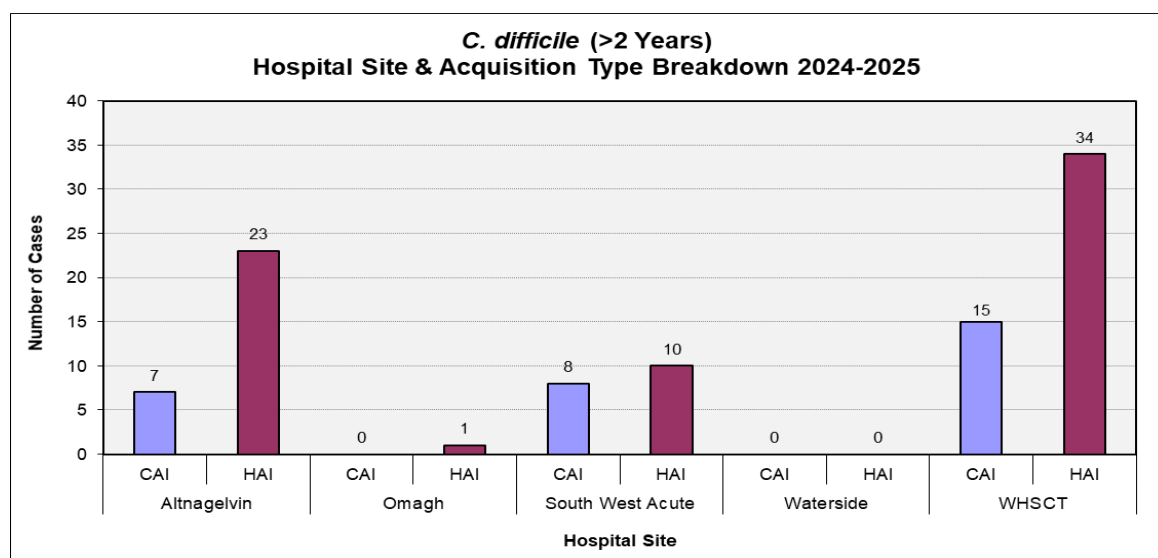
The Trust has raised concerns with the DoH NI and the Public Health Agency (PHA) regarding this very challenging reduction target due to the choice of 2023/24 as the baseline year. 2023/24 was an exceptional year for the Western Trust in terms of *C. difficile* case numbers as significant reductions 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 was not achievable. This issue does not affect the other target organism as a different year, 2019/20, was used as the baseline for Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia.



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)



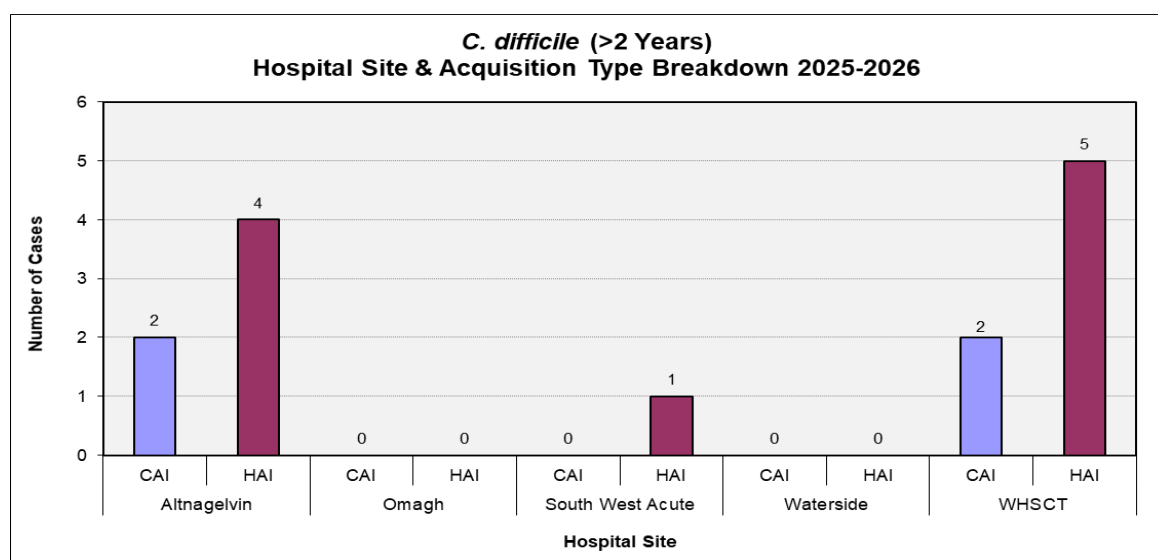
Current Performance 2025/26

The new reduction target for *C. difficile* associated disease ($\geq$ two years of age) in 2025/26 is an incidence rate of 12.5 per 100,000 occupied bed days. That is a reduction of 1.9 (or 13.19%) on the baseline rate of 14.4 in 2023/24.

Since the beginning of April 2025 seven 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 2024. 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.

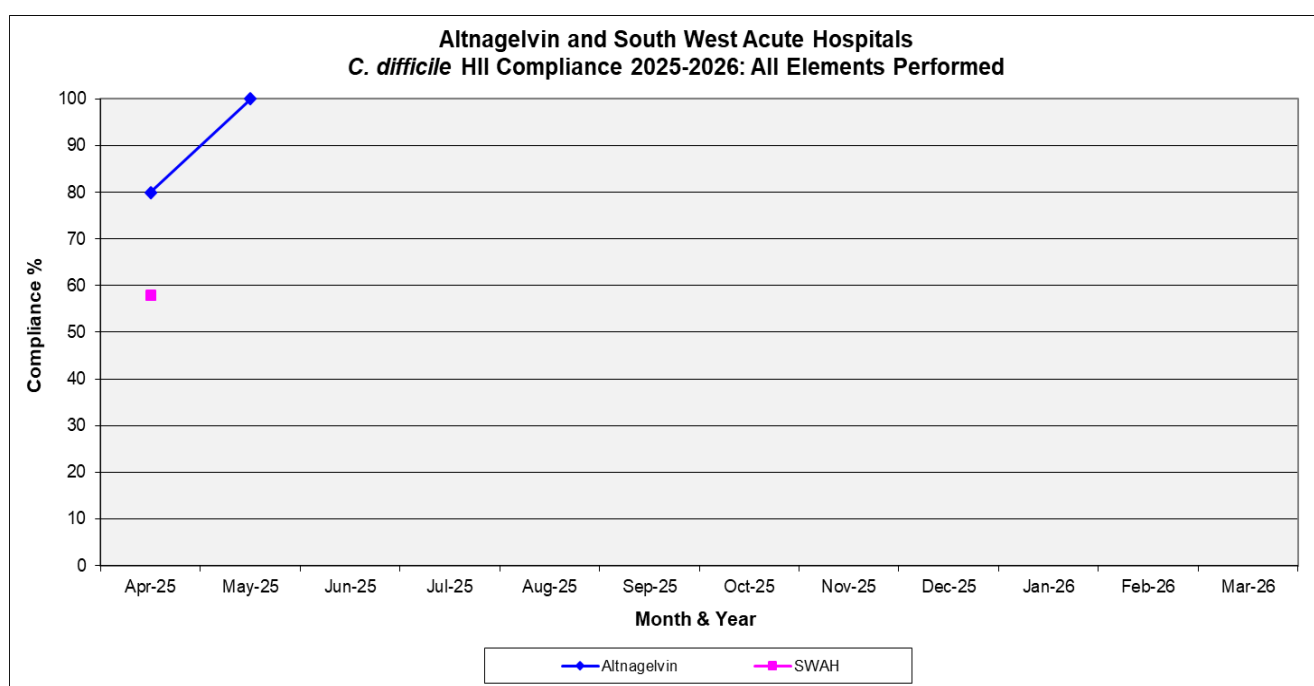
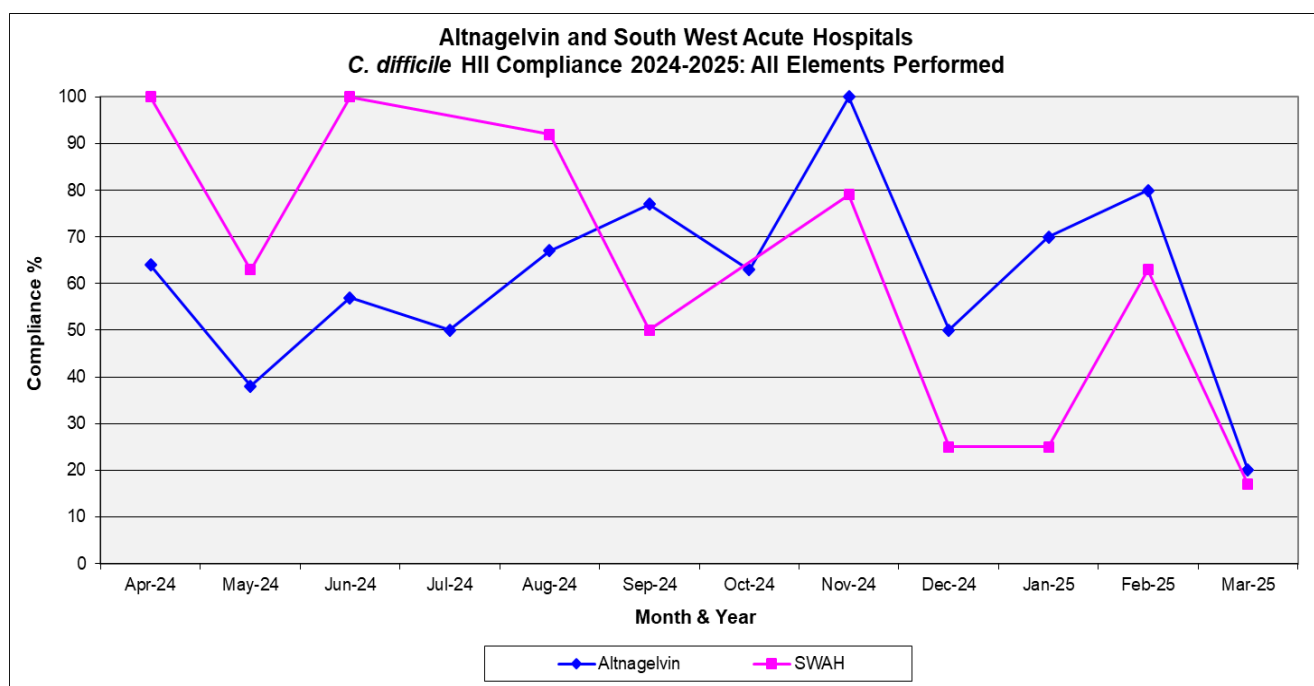
In October-December 2024, the Western Trust saw a decrease in both the number of *C. difficile* cases and the corresponding rate. This followed a period of successive increases in the three prior quarters. The Trust is currently reporting its lowest rate in a year and the lowest rate in NI. All four other Trusts saw increased rates in the most recent quarter.

	January-March 2024		April-June 2024		July-September 2024		October-December 2024	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	11	16.26	13	19.44	14	20.83	10	14.54
Southern Trust	25	33.89	27	37.32	20	28.00	24	32.41
South Eastern Trust	12	19.01	21	29.26	24	33.07	26	41.19
Northern Trust	6	7.94	8	8.01	10	13.20	12	16.16
Belfast Trust	41	28.66	31	22.80	29	21.77	37	26.22
Northern Ireland	95	22.45	100	22.38	97	23.08	109	25.87

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 prudent antibiotic prescribing and isolation/ cohort nursing. The introduction of Encompass may assist in improving compliance and the Infection Prevention & Control (IP&C) Team will continue to work with ward teams to identify the impact of this.

The graphs below illustrate 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).

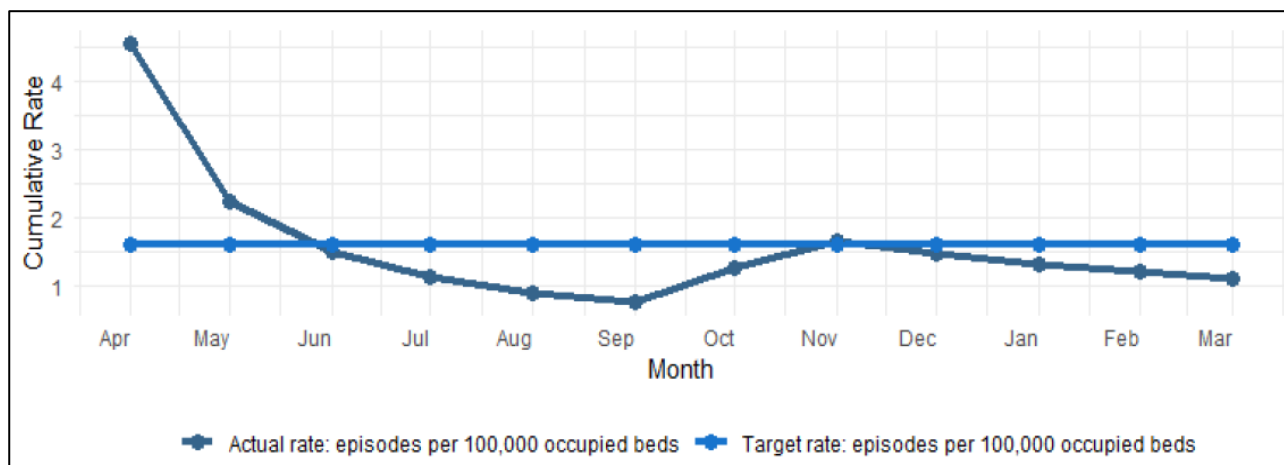


MRSA Bacteraemia

End of Year Position 2024/25

In 2024/25 the DoH NI set a reduction target for MRSA bacteraemia. This was an incidence rate of 1.613 per 100,000 occupied bed days. This represented no change compared to the 2019/20 baseline rate.

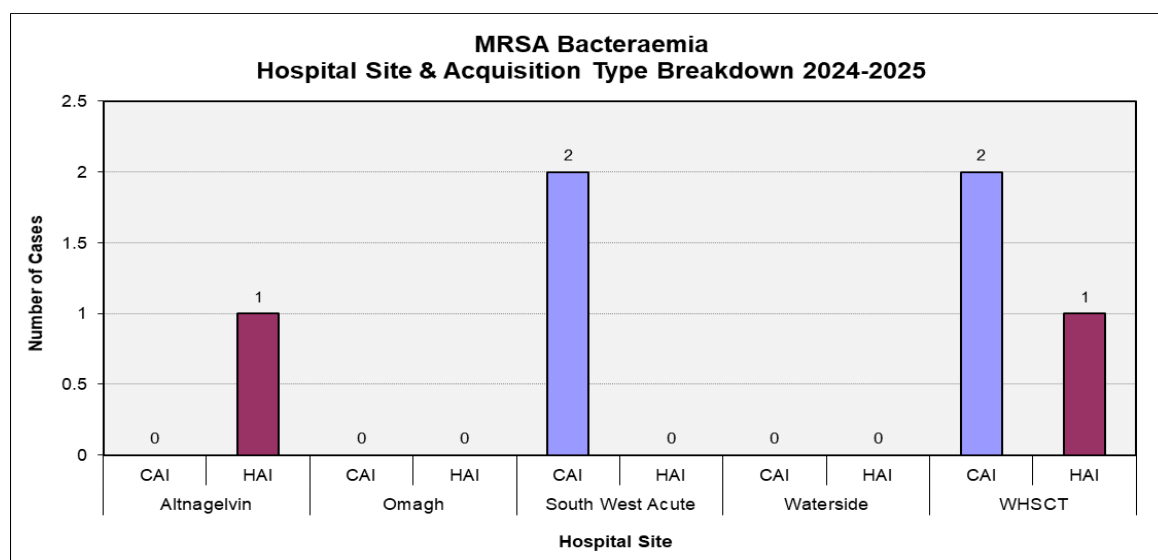
In the year to the end of March 2025 the Trust actually reported three cases, equating to a rate of 1.102. As such, the reduction target was met and a decrease of 31.68% compared to the baseline rate was achieved.



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 2025/26

The new reduction target for MRSA bacteraemia in 2025/26 is the same as for the previous 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 2025 no new cases have been reported.

As of 22nd May 2025, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

Altnagelvin – 391 days	(Last recorded case was in Ward 32 ESU)
SWAH – 1802 days	(Last recorded case was in Ward 8)
Tyrone County Hospital/ Omagh Hospital & Primary Care Complex – 3774 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 2024. 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 2024, as did two other Trusts, and it currently ranks middle of the table in comparison with the region. On average across the year, however, the rate remains low and stable.

	January-March 2024		April-June 2024		July-September 2024		October-December 2024	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
Western Trust	1	1.48	1	1.50	0	0.00	2	2.91
Southern Trust	0	0.00	1	1.40	1	1.40	1	1.35
South Eastern Trust	3	4.75	2	2.79	2	2.76	4	6.34
Northern Trust	2	2.65	1	1.00	2	2.64	3	4.04
Belfast Trust	2	1.40	6	4.41	6	4.50	2	1.42
Northern Ireland	8	1.89	11	2.46	11	2.62	12	2.85

2. Coronavirus (COVID-19)

Outbreak Management

COVID-19 outbreaks continue to be declared in Trust wards, departments and facilities. Between February and mid-May 2025, a total of three 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 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. This frequency is currently being reviewed by the Regional IP&C Lead Nurse Forum

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.

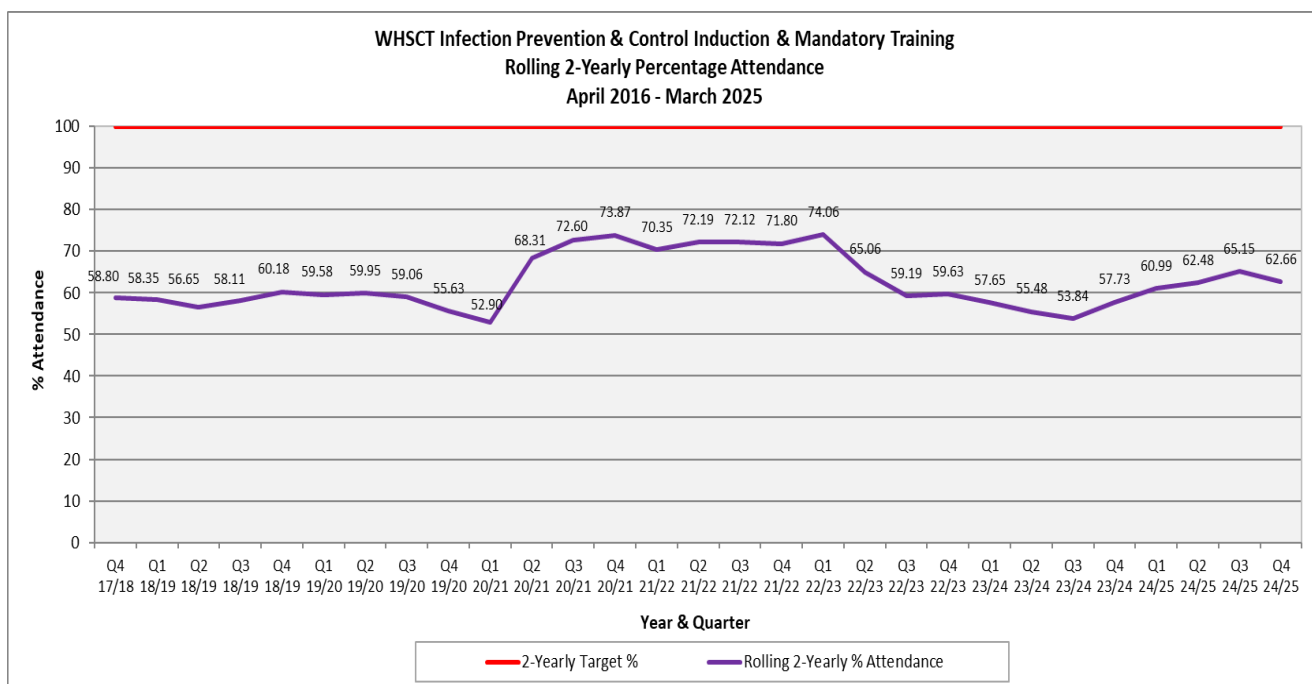
Between 1st April 2024 and 31st March 2025, a total of 5101 staff completed the training. The attendance target for each year is 50% of the total number of staff who require training (i.e. 7201 out of 14,402 applicable staff). For 2024/25 the actual percentage stands at 35.42%.

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

NB: The attendance figures in this table relate to the IP&C Tiers 1 & 2 e-learning modules, Training Tracker Online e-learning module (used by trainee doctors) and Specialist Groups training sessions (where it is possible to determine an individual's staff group allocation). They do not include General training sessions, which are open to various/ all staff groups, thus making it difficult to determine an individual's allocation. The number of General training sessions undertaken is limited so the discrepancies arising from their omission should be minimal.

	Annual Target Percentage	Rolling Annual Percentage Attendance				
		Jul 2023-Jun 2024	Oct 2023-Sep 2024	Jan 2024-Dec 2024	Apr 2024-Mar 2025	
Nursing & Midwifery	50%	39.90%	46.90%	49.49%	48.48%	↓
Medical & Dental	50%	27.85%	28.25%	31.54%	30.15%	↓
Professional & Technical	50%	30.10%	28.24%	24.09%	20.04%	↓
Social Services	50%	20.20%	26.66%	30.26%	30.29%	↑
Support Services/ User Experience	50%	35.12%	35.63%	42.28%	25.85%	↓
Admin & Clerical	50%	9.77%	12.88%	12.78%	12.38%	↓

The attendance target for a two-year period is 100%. As of the end of March 2025, the actual attendance rate is 62.66%.



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 31st March 2025:

	Total Number of Trainees	Number of Trainees Up-to-Date	Percentage of Trainees Up-to-Date
Altnagelvin Hospital	188	154	81.91%
South West Acute Hospital	37	33	89.19%
Tyrone & Fermanagh Hospital	8	6	75.00%
Gransha	13	8	61.54%
Western Trust	246	201	81.71%

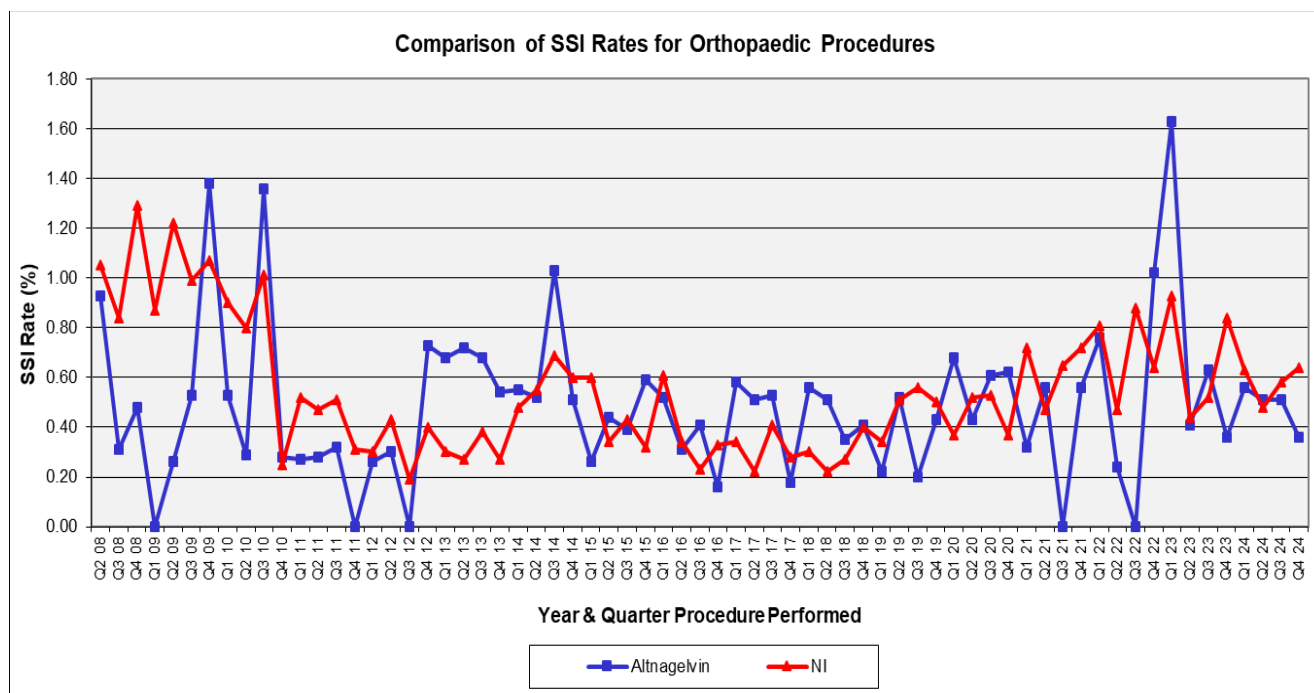
The IP&C Team have focused recent efforts with Professional Leads and Managers to aid in improving attendance, e.g. through the Accountability & Assurance process and by accommodating training sessions for specific staff groups. The responsibility for ensuring attendance, however, lies with the individual 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. Orthopaedic Surgical Site Infection (SSI) Surveillance

In quarter four of 2024 the Trust's SSI rate was 0.36% of all orthopaedic surgery; below the NI average of 0.64%.

Multi-disciplinary team work is ongoing with regard to validation and assurance of the surveillance information and to continue driving forward improvements. Evidence based care bundles are in place for orthopaedic surgery.



5. 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 March 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

6. 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.

October – December 2024

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	82%	93%	85%
PPE	85%	100%	86%
<i>C. difficile</i>	69%	61%	67%
<i>C. difficile</i> Care Pathway	Pass x 10 Fail x 6	Pass x 6 Fail x 0	Pass x 16 Fail x 6
Peripheral Line Ongoing Care	50%	80%	78%
Urinary Catheter Ongoing Care	50%	94%	91%
Central Line Ongoing Care	No audits completed	100%	100%
ANTT	93%	No audits completed	93%
Commode	60%	No audits completed	60%
4 Cloth Cleaning	98%	No audits completed	98%
Cleaning & Decontamination	50%	No audits completed	50%
Mattress	86%	No audits completed	86%
MRSA	89%	73%	75%
SSI Preoperative Actions	100%	No audits completed	100%
SSI Intraoperative Actions	0%	No audits completed	0%

January – March 2025

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	84%	84%	84%
PPE	86%	97%	88%
<i>C. difficile</i>	57%	38%	49%
<i>C. difficile</i> 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

**** Includes data up to 20th May 2025 only ****

	Northern Sector Average Compliance	Southern Sector Average Compliance	Trust Average Compliance
Hand Hygiene	76%	76%	76%
PPE	90%	91%	90%
<i>C. difficile</i>	86%	58%	78%
<i>C. difficile</i> Care Pathway	Pass x 7 Fail x 0	Pass x 1 Fail x 2	Pass x 8 Fail x 2
Peripheral Line Ongoing Care	51%	74%	61%
Urinary Catheter Ongoing Care	35%	95%	63%
ANTT	100%	100%	100%
Commode	92%	78%	80%
Cleaning & Decontamination	58%	88%	77%
MRSA	54%	67%	61%