

## **Infection Prevention & Control Report to Trust Board**

**Meeting Date – 6<sup>th</sup> March 2025**

### **1. Executive Summary**

#### **Healthcare-Associated Infection (HCAI) Reduction Targets**

##### **Reduction Targets**

The Department of Health for Northern Ireland (NI) has issued new HCAI reduction targets covering a five-year period from 2024/25 to 2028/29. These targets relate to *Clostridium difficile* (*C. difficile*) associated disease and Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia. A new methodology has been adopted for setting the targets in line with the new UK Antimicrobial Resistance National Action Plan, which was launched in May 2024. Changes include:

- Targets will now be measured as an incidence rate per 100,000 occupied bed days instead of the previous count of cases.
- The Decision to Admit Date will be used as the starting point of admission for categorising cases as either healthcare-associated or community-associated instead of the Inpatient Admission Date. (Where a Decision to Admit Date is unavailable, the Inpatient Admission Date will continue to be used).
- Attribution of *C. difficile* cases to healthcare-associated or community-associated categories will be based on a two-day timeframe from admission instead of the previous three-day timeframe. (The two-day rule is already in use for MRSA bacteraemia so that definition has not changed).

The latter two changes have the potential to increase the proportion of cases being categorised as healthcare-associated compared to previous years.

The new reduction targets are:

Organism	Year	Maximum target incidence rate, measured as cases per 100,000 occupied beds
<i>C. difficile</i>	2024/25	13.5
	2025/26	12.5
	2026/27	11.6
	2027/28	10.6
	2028/29	9.7
MRSA	2024/25	1.613
	2025/26	1.613
	2026/27	1.613
	2027/28	1.613
	2028/29	1.613

The baseline years against which the targets are measured are different for the two organisms. For MRSA, the baseline figure is taken from 2019/20, prior to the impact of the COVID-19 pandemic, and this is set out in the National Action Plan. For *C. difficile*, however, the National Action Plan includes no directive so last year, 2023/24, has been chosen as the baseline.

The Trust has raised concerns regionally regarding the new methodologies being used and the use of a single year's performance as the baseline. A meeting was held with the Public Health Agency

(PHA) on 16<sup>th</sup> December 2024 where the Trust reiterated concerns regarding the current target setting. The PHA Surveillance Team have now agreed to explore epidemiological reasons for the decrease in incidence in 2023/24. An analysis of data from a number of years is to be undertaken to see if there are any trends which may be identified to provide some rationale for the reduction and which may bring to light possible options to sustain this improvement.

Surveillance of Meticillin-Sensitive *Staphylococcus aureus* (MSSA) bacteraemia and gram-negative bacteraemia (GNB), specifically *Escherichia coli*, *Klebsiella species* and *Pseudomonas aeruginosa*, remains mandatory but there are no targets associated with these organisms.

#### Current *C. difficile* Performance

So far this year 46 cases of *C. difficile* have been reported. 32 of the cases are classified as healthcare-associated as they occurred two or more days after admission to hospital (definition used by the PHA). However, this is not always an accurate predictor of being healthcare-associated. The remainder (14) 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 December 2024 and it is 18.5. As such, the Trust is off track for meeting the reduction target.

#### Current MRSA Bacteraemia Performance

Since the beginning of April 2024 three MRSA bacteraemia cases have been reported. One is categorised as healthcare-associated as it occurred two or more days after admission to hospital (definition used by the PHA). The other two 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 December 2024 and it is 1.5. As such, the Trust is on track to achieve the reduction target.

## **2. Coronavirus (COVID-19)**

### **Outbreak Management**

The number of COVID-19 outbreaks has fallen significantly in recent months. No new outbreaks have been declared in Trust wards, departments or facilities between December 2024 and mid-February 2025.

## **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).

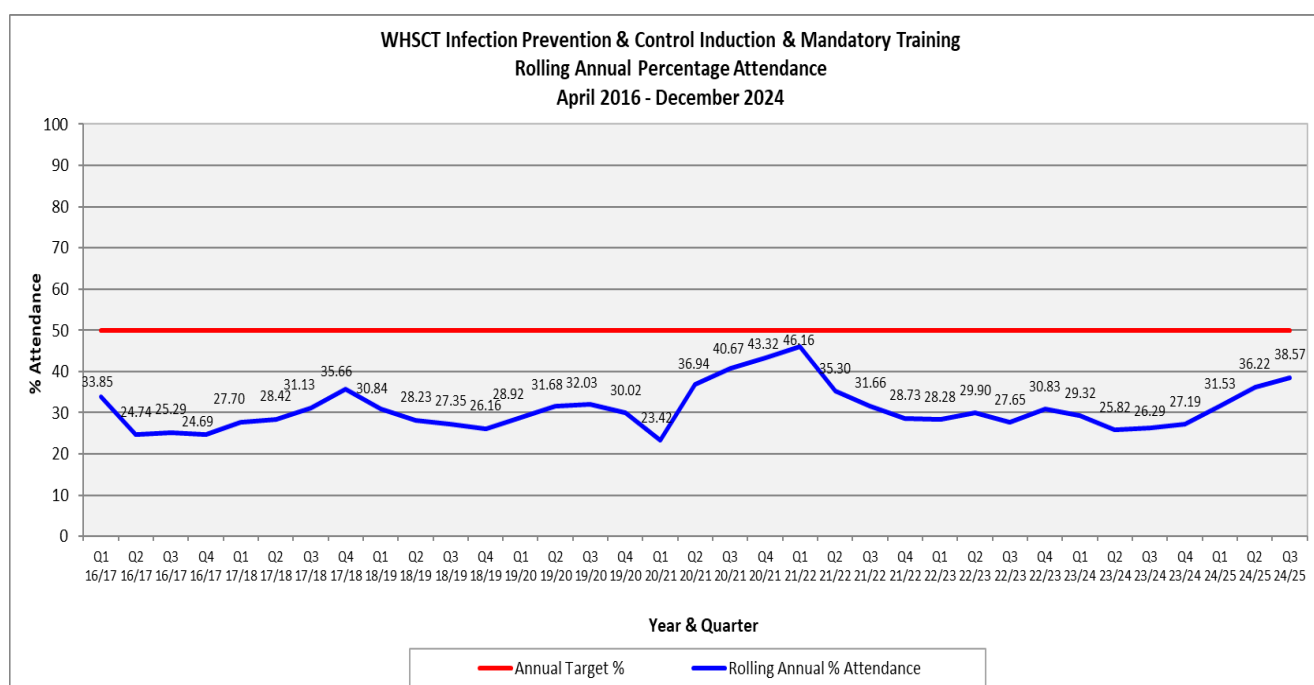
The IP&C Team also deliver a series of bespoke training sessions virtually via the Microsoft Teams

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.

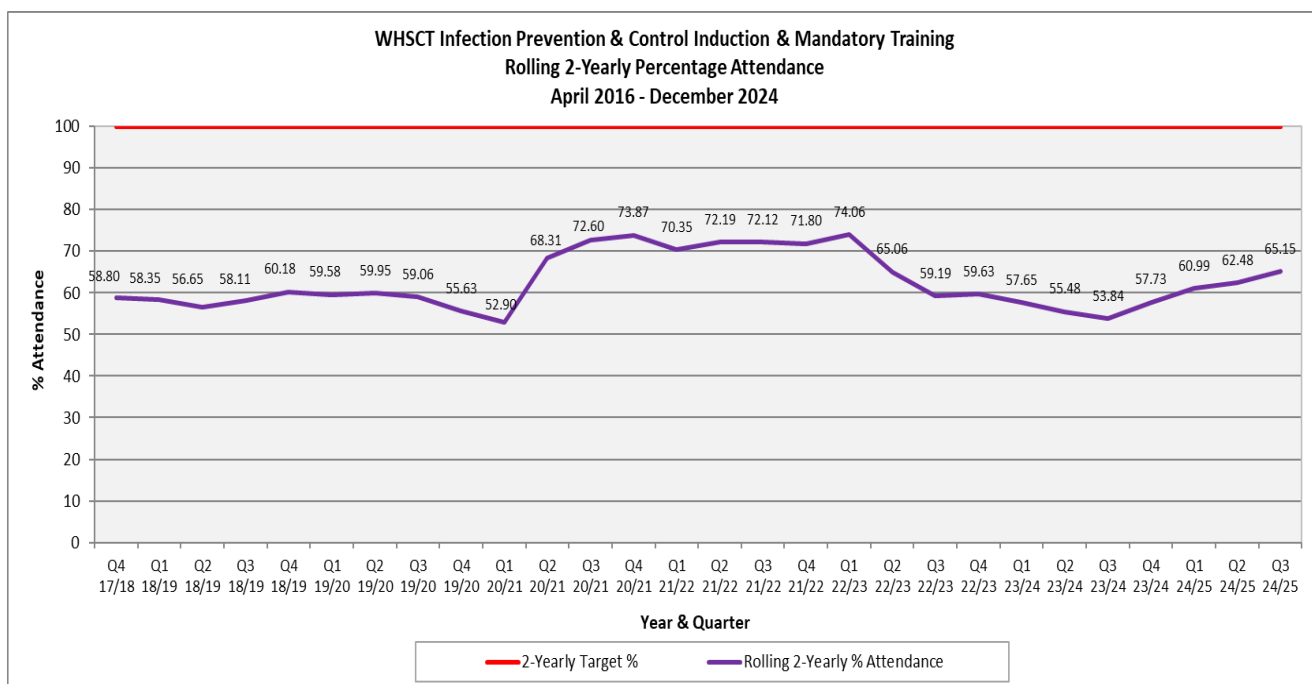
Training must be completed every two years.

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 1<sup>st</sup> April and 31<sup>st</sup> December 2024, a total of 4209 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 the 12 months ending December 2024, the percentage stands at 38.57%. That is 11.43% less than required.



As attendance at IP&C Training is required on a biennial basis, the attendance rate over a 24-month period has also been calculated. As of the end of December 2024, it is 65.15%.



The table below shows the rolling annual attendance rate broken down by staff group. This level of detail only became available from January 2023, so this is the fifth occasion that a full year's worth of information is able to be reported. The IP&C Team have focused recent efforts with Professional Leads and Managers to improve attendance, which has shown an increase as detailed in the table. The push to complete other types of mandatory training prior to the launch of Encompass Training may also have contributed.

*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				
		Apr 2023-Mar 2024	Jul 2023-Jun 2024	Oct 2023-Sep 2024	Jan 2024-Dec 2024	
<b>Nursing &amp; Midwifery</b>	50%	32.31%	39.90%	46.90%	49.49%	↑
<b>Medical &amp; Dental</b>	50%	26.75%	27.85%	28.25%	31.54%	↑
<b>Professional &amp; Technical</b>	50%	34.06%	30.10%	28.24%	24.09%	↓
<b>Social Services</b>	50%	13.77%	20.20%	26.66%	30.26%	↑
<b>Support Services/ User Experience</b>	50%	33.29%	35.12%	35.63%	42.28%	↑
<b>Admin &amp; Clerical</b>	50%	9.27%	9.77%	12.88%	12.78%	↓

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 31<sup>st</sup> December 2024:

	Total Number of Trainees	Number of Trainees Up-to-Date	Percentage of Trainees Up-to-Date
Altnagelvin Hospital	229	130	56.77%
South West Acute Hospital (SWAH)	58	32	55.17%
Tyrone & Fermanagh (T&F) Hospital	7	5	71.43%
Gransha	13	5	38.46%
Western Trust	307	172	56.03%

#### 4. Target Organisms Performance

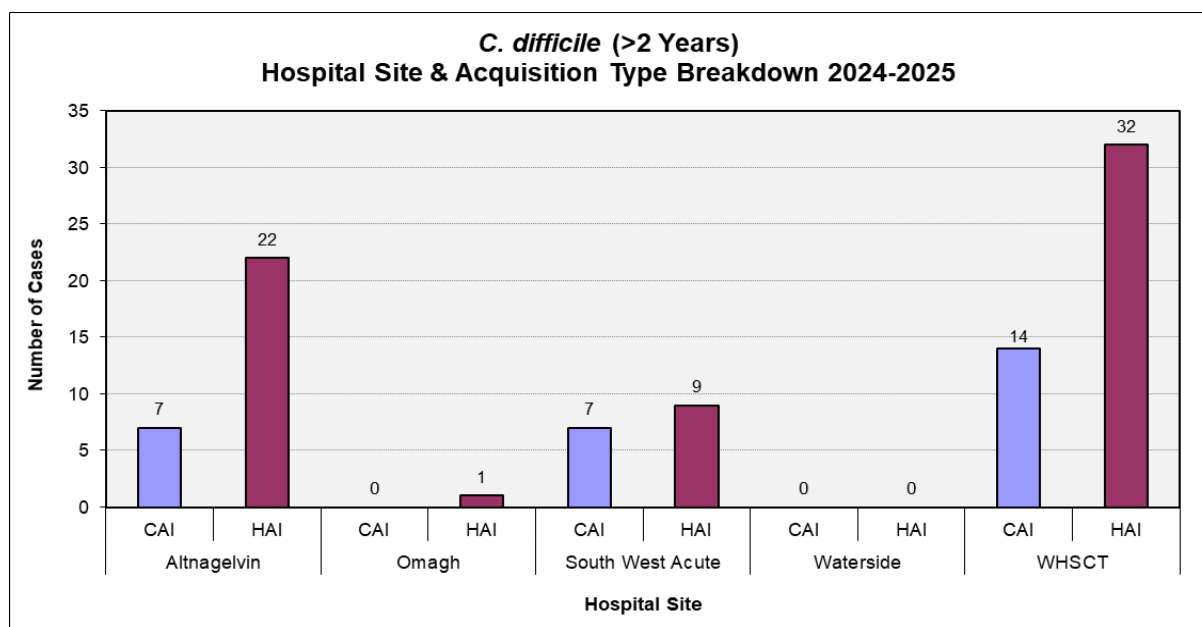
##### C. difficile

The 2024/25 target for *C. difficile* ( $\geq$  two years of age) is an incidence rate of 13.5 per 100,000 occupied bed days. This is a reduction of 0.9 on the baseline of 14.4 in 2023/24.

Between 1<sup>st</sup> April 2024 and 19<sup>th</sup> February 2025 46 cases were reported. A breakdown of the cases by hospital site and acquisition type is given in the chart below.

**Key:**

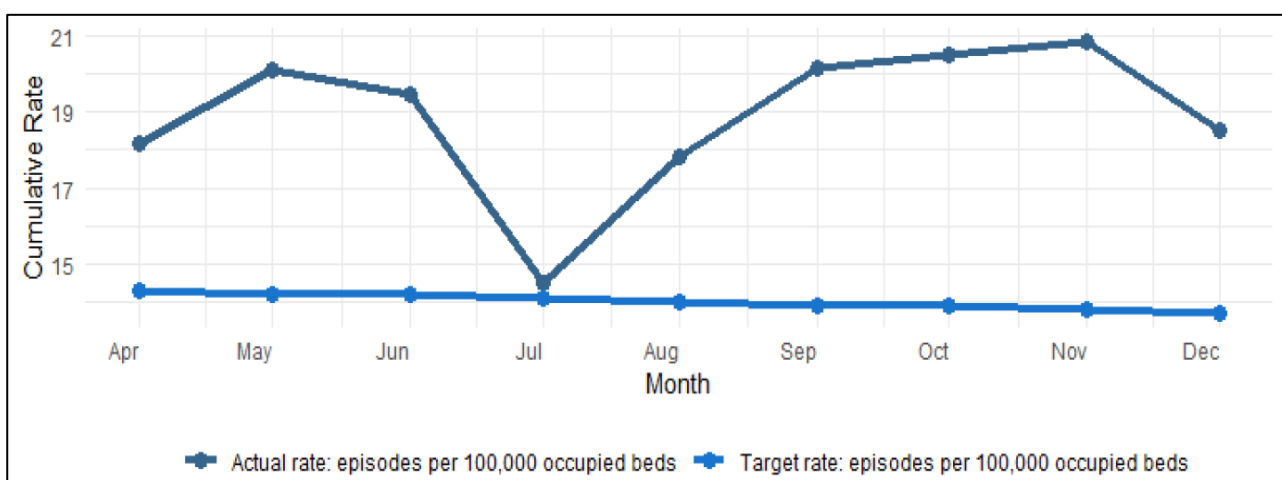
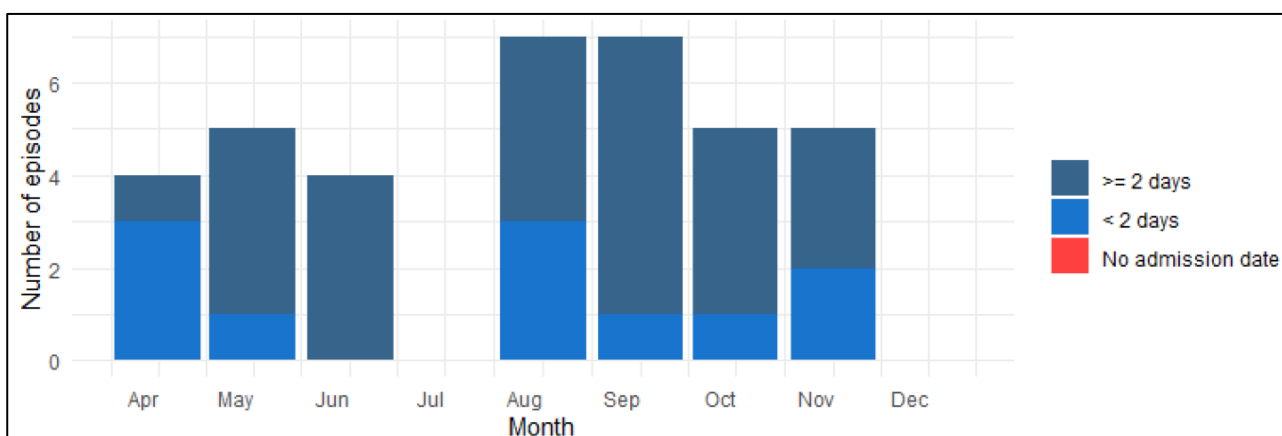
CAI Community-associated infection  
HAI Hospital-associated infection



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 December 2024, as follows:

Attribution	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative
<2 days	3	1	0	0	3	1	1	2	0	11
>=2 days	1	4	4	0	4	6	4	3	0	26
No admission date*	0	0	0	0	0	0	0	0	0	0
Cases	4	5	4	0	7	7	5	5	0	37

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

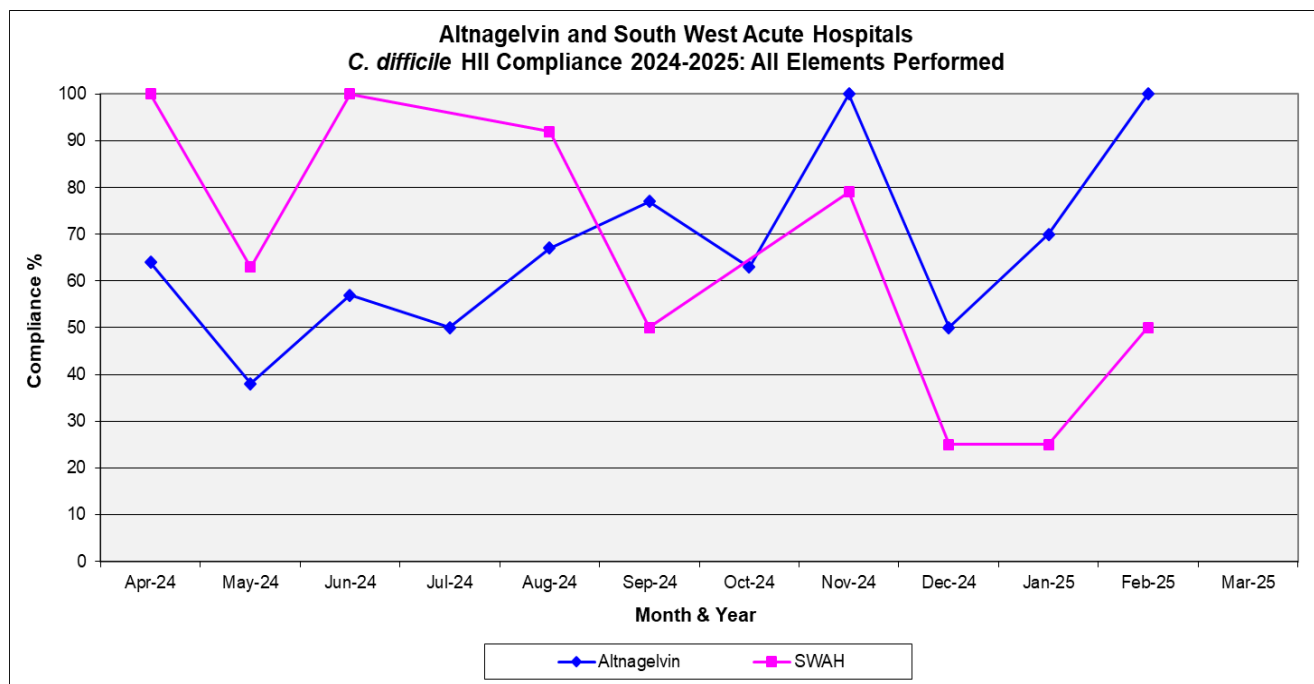


As of December 2024, the Trust was not meeting the reduction target set for *C. difficile*, having a cumulative rate of 18.5.

### *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. Whilst there has been a recent improvement in average scores for Altnagelvin, compliance continues to be poor in the SWAH. The findings indicate issues around prudent antibiotic prescribing 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 and the SWAH.

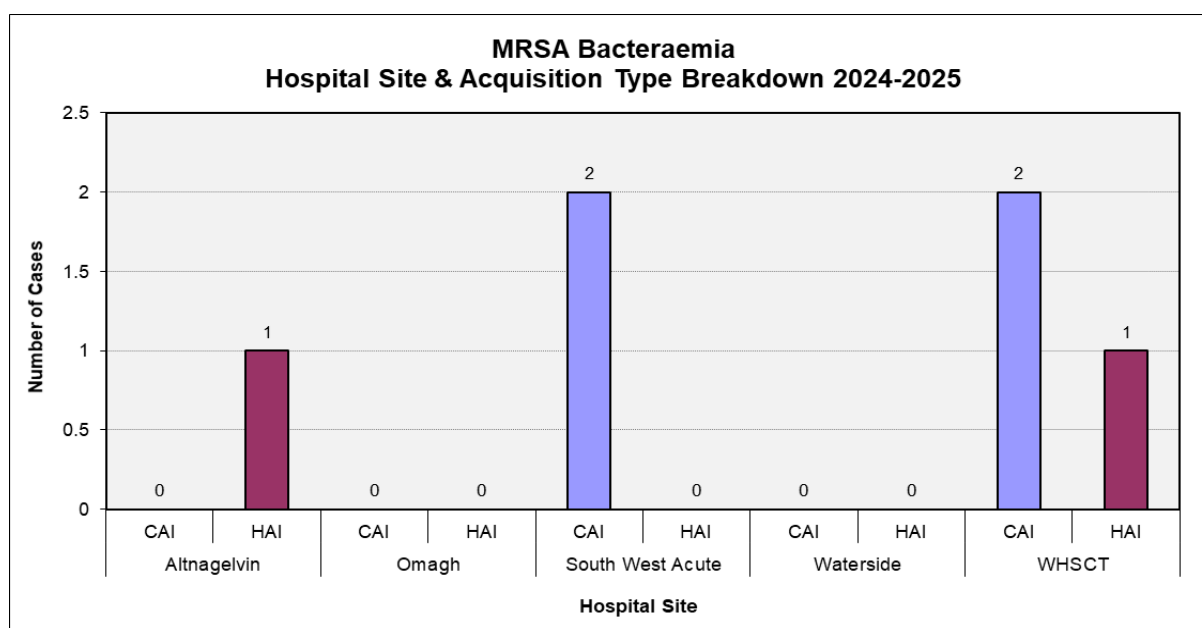


### **MRSA Bacteraemia**

The 2024/25 target for MRSA bacteraemia is an incidence rate of 1.613 per 100,000 occupied bed days. This represents no change compared to the 2019/20 baseline.

Between 1<sup>st</sup> April 2024 and 19<sup>th</sup> February 2025 three 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



As of 19<sup>th</sup> February 2025, the total number of days since the last Trust hospital-associated MRSA bacteraemia is:

Altnagelvin – 299 days

(Last recorded case was in Ward 32 ESU)

SWAH – 1710 days

(Last recorded case was in Ward 8)

Tyrone County Hospital/ Omagh Hospital

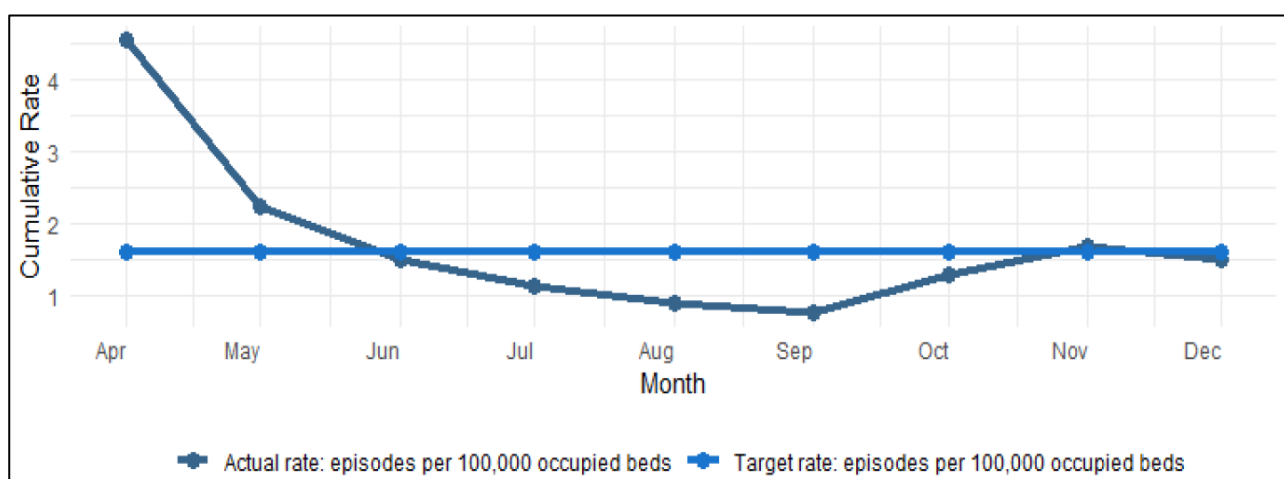
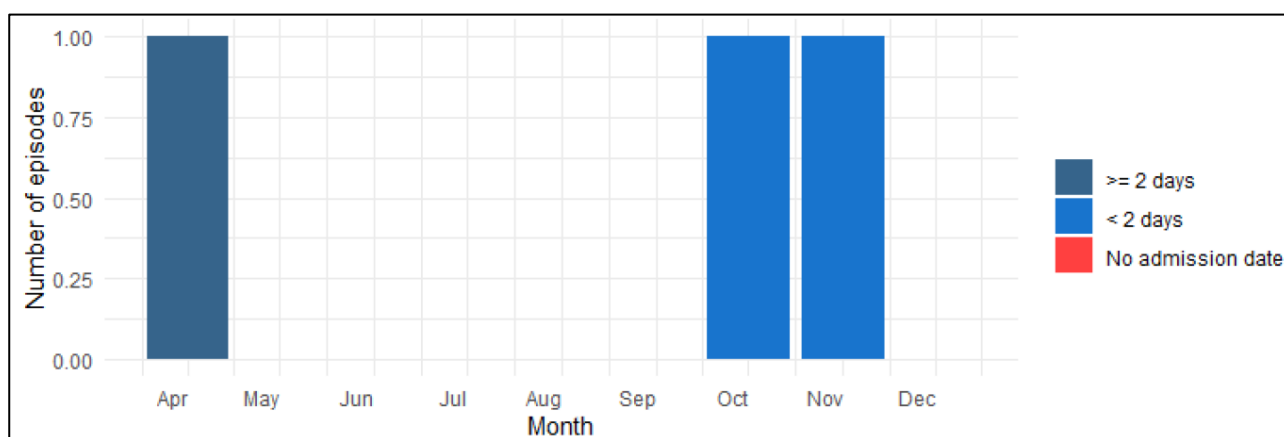
& Primary Care Complex (OHPCC) – 3682 days

(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. However, the most recent target monitoring report from the PHA includes data up to the end of December 2024, as follows:

Attribution	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Cumulative
<2 days	0	0	0	0	0	0	1	1	0	2
>=2 days	1	0	0	0	0	0	0	0	0	1
No admission date*	0	0	0	0	0	0	0	0	0	0
Cases	1	0	0	0	0	0	1	1	0	3

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



As of December 2024, the Trust was achieving and exceeding the reduction target set for MRSA bacteraemia with a cumulative rate of 1.5.

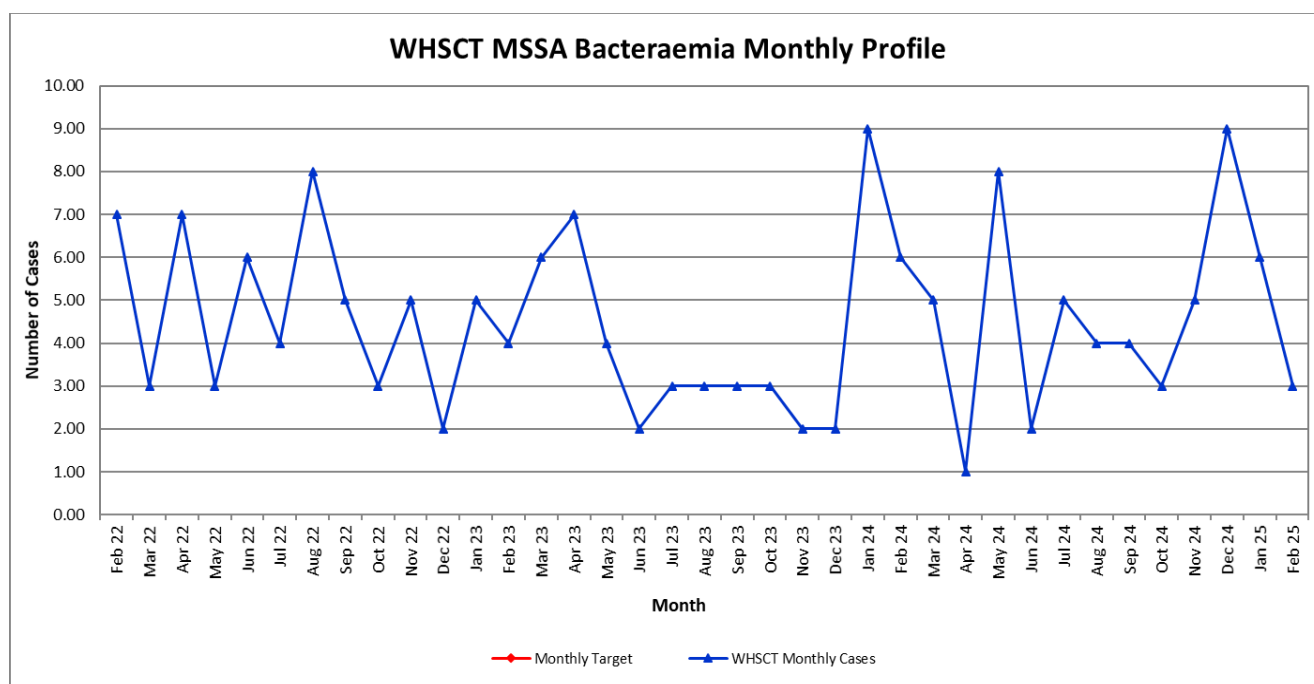


## 5. Non-Target Organisms Performance

### MSSA Bacteraemia

There is no reduction target associated with MSSA bacteraemia for 2024/25, 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.

So far this year the Trust has reported 50 cases.

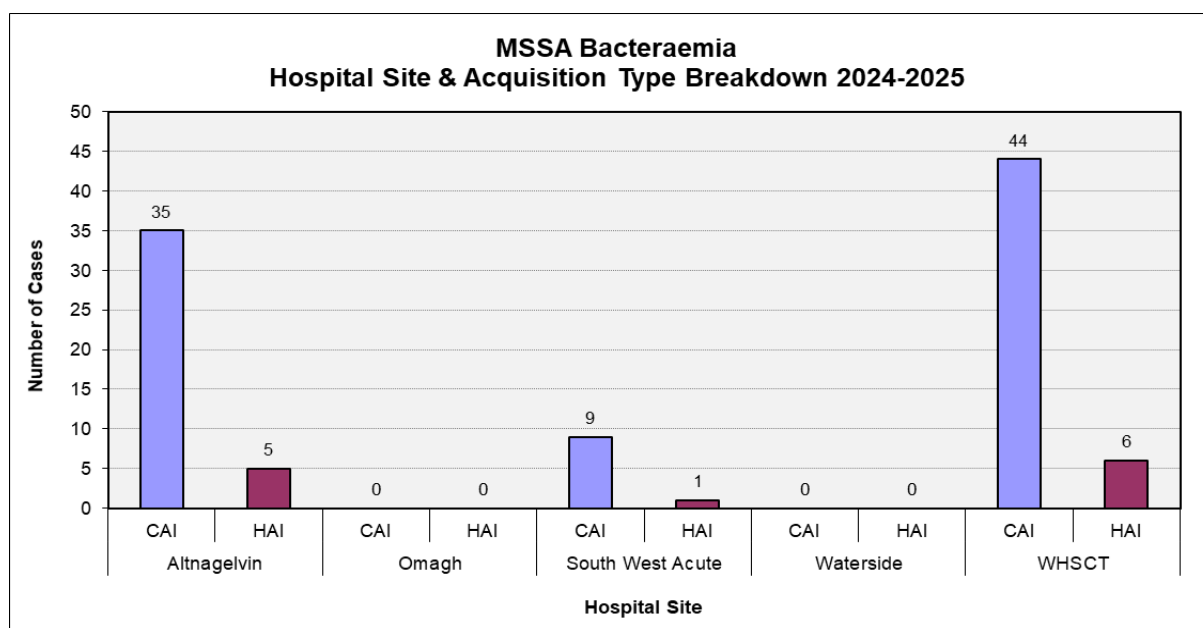


\* The value for Feb 25 is subject to change as the report was compiled prior to the end of the month.

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

**Key:**

CAI Community-associated infection  
HAI Hospital-associated infection



As of 19<sup>th</sup> February 2025, the total number of days since the last Trust hospital-associated MSSA bacteraemia is as follows:

Altnagelvin – 12 days

(Last recorded case was in Ward 25 FOU)

SWAH – 202 days

(Last recorded case was in Ward 8)

OHPCC – 2683 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 September 2024. 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.

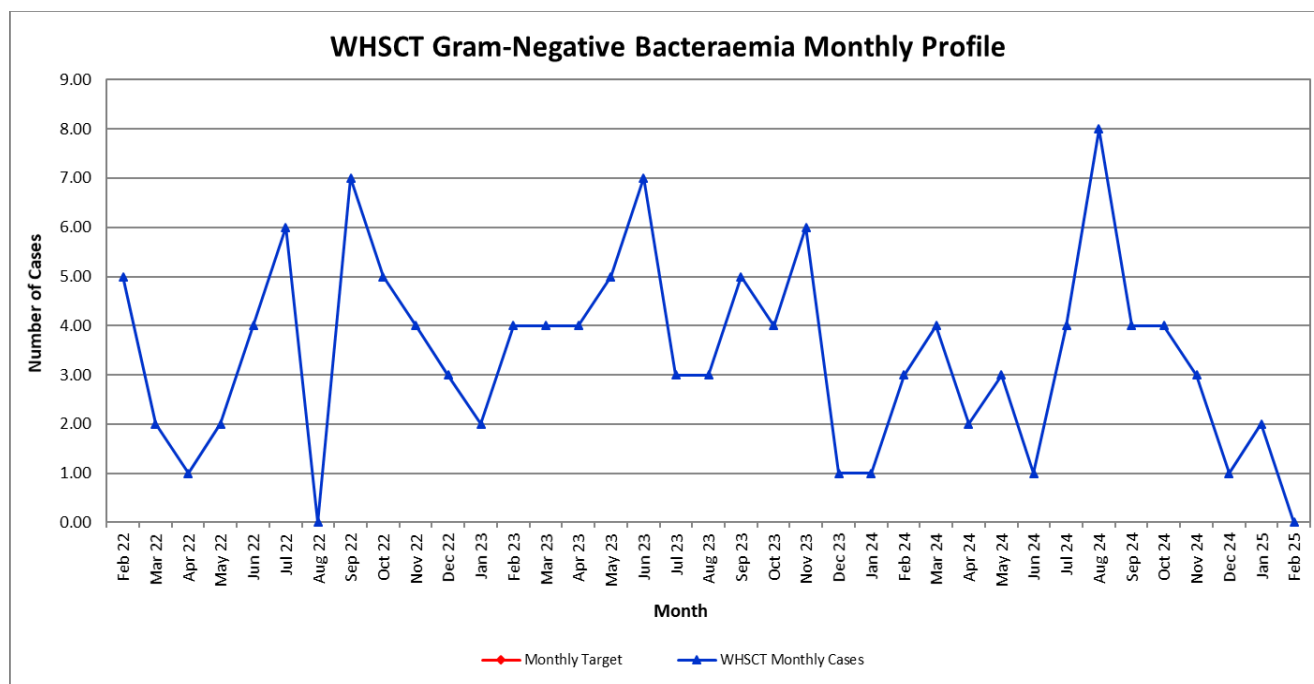
Case numbers in the Western Trust increased between the end of 2023 and the first three months of 2024. They have reduced somewhat since then and, as of September 2024, the Trust was reporting the lowest rate in the region.

	October-December 2023		January-March 2024		April-June 2024		July-September 2024	
	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate	Number of Cases	Rate
<b>Western Trust</b>	7	10.62	20	29.56	11	16.45	13	19.34
<b>Southern Trust</b>	17	23.95	15	20.33	19	26.26	14	19.60
<b>South Eastern Trust</b>	38	60.21	31	49.10	25	34.83	23	31.69
<b>Northern Trust</b>	25	33.67	18	23.83	15	15.01	20	26.40
<b>Belfast Trust</b>	36	25.51	49	34.26	50	36.77	59	44.28
<b>Northern Ireland</b>	123	29.61	133	31.43	120	26.85	129	30.70

## **GNB**

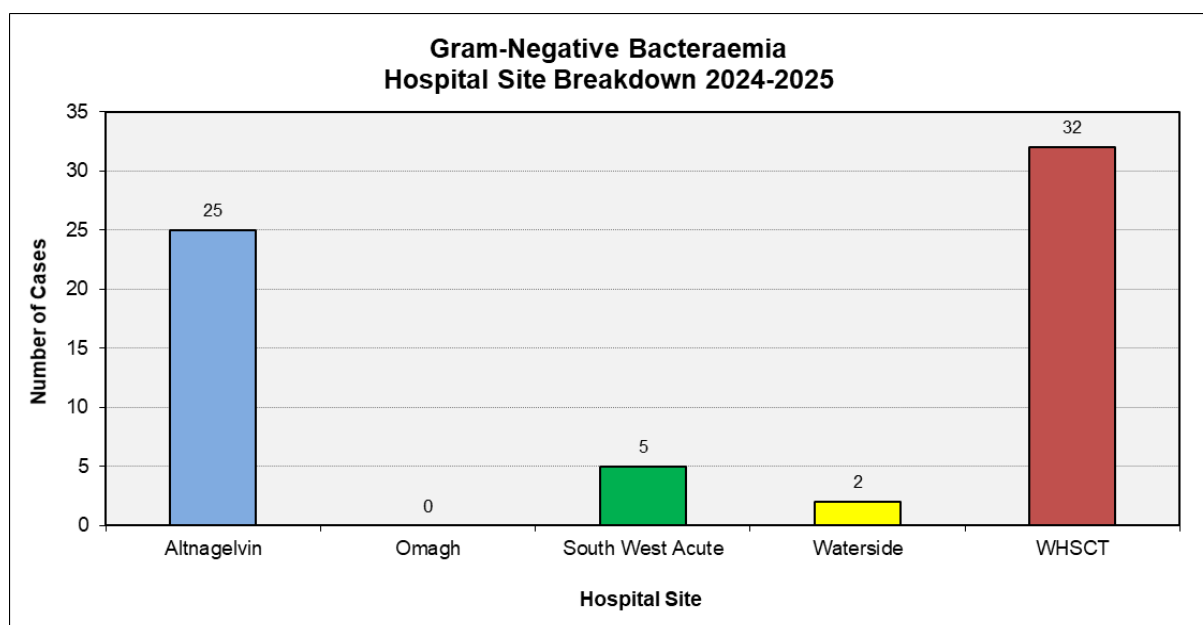
Due to the challenges associated with reducing GNBs to date, no target has been set for 2024/25. Rather Trusts are encouraged to minimise risk factors for infections where possible and to be supported to do this. Surveillance remains mandatory, however.

As of 19<sup>th</sup> February 2025, 32 healthcare-associated GNB cases have been reported.



\* The value for Feb 25 is subject to change as the report was compiled prior to the end of the month.

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



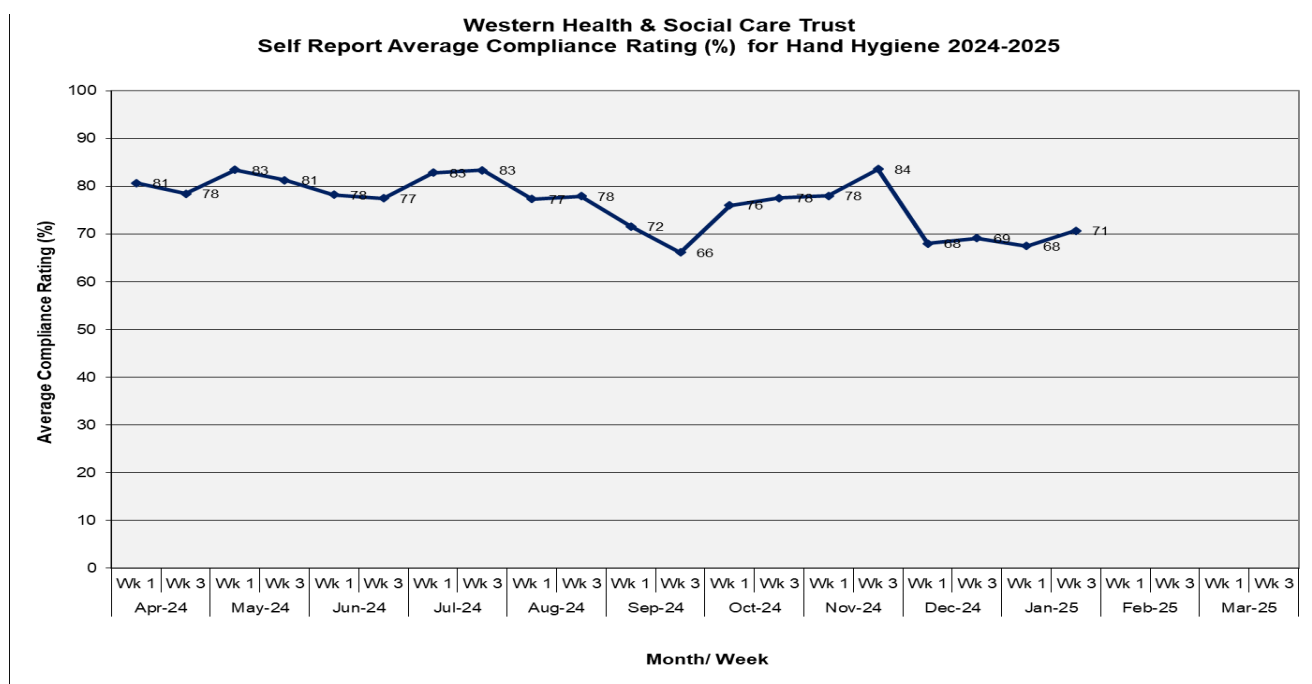
## 6. Hand Hygiene Compliance

The Trust's overall average self-reported hand hygiene score is 70% when non-submission areas are included. These areas score an automatic 0%. 57 areas out of 194 applicable areas failed to submit scores for January 2025. They are as follows:

Site	Ward/ Department/ Facility
Altnagelvin	Ward 9 Rheumatology * Ward 3 Ward 4 Ward 40 * Ward 42 * Ward 43 Anderson House/ Dermatology * Antenatal Clinic * Breast Screening Unit Cardiac Investigations * DCU Ophthalmic Theatre Emergency Department * GUM Clinic * OPALS South Wing Clinics * Physiotherapy Outpatients Department * Pre-Operative Assessment
SWAH	Ward 1 MSAU * Ward 2 * Ward 5 * Ward 6 * Ward 7 * Ward 8 Ward 9 * Cardiac Investigations Emergency Department * Labour Ward Maternity Ward Physiotherapy Outpatients Department * Pre-Operative Assessment Radiology Department Women's Health Centre *
OHPCC	Cardiac Investigations * Outpatients Department * Palliative Care Ward Physiotherapy Outpatients Department * Pre-Operative Assessment Theatres * Women's Centre *
T&F	Ash Villa Elm Villa Lime Villa Oak Villa
Lakeview Hospital	Berryburn Centre * Melvin Lodge * Strule Lodge *
Grangewood Hospital	Evish Ward *
Residential Homes	Thackeray Place Residential Home *
Day Care	Benbradagh ATC

	Beragh Day Centre Foyleville Day Centre * Glen Oaks Day Centre * Newtownstewart Day Centre Tempo Road Day Centre
Other Community	Avalon House * The Cottages Children's Respite * Long Term Conditions 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 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 January 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 23 TOU, Altnagelvin	79%	1) 100% 2) 100%
Ward 41 AMU, Altnagelvin	90% (Pass)	1) 100% 2) 100%
Ward 46, Altnagelvin	50%	1) 100% 2) 100%
Ward 49 NNICU, Altnagelvin	90% (Pass)	1) 100% 2) 100%

Ward 50 Sperrin, Altnagelvin	55%	1) N/A 2) 100%
Emergency Department, Altnagelvin	78%	1) Not submitted 2) 95%
ICU, Altnagelvin	100%	1) 100% 2) 100%
Ward 1 MSAU, SWAH	82%	1) Not submitted 2) 95%
Ward 2, SWAH	57%	1) Not submitted 2) 100%
Ward 3, SWAH	74%	1) 100% 2) 100%
Ward 6, SWAH	1) 73% 2) 100%	1) Not submitted 2) Not submitted
Ward 7, SWAH	100%	1) 100% 2) Not submitted
Ward 8, SWAH	100%	1) 100% 2) Not submitted
Maternity Ward, SWAH	100%	1) 99% 2) Not submitted
Neonatal Unit, SWAH	100%	1) 100% 2) 100%
Rehabilitation Unit, OHPCC	50%	1) N/A 2) 90%

## 7. Caesarean Section Surgical Site Infection (SSI) Surveillance

During quarter three of 2024 the Trust achieved 83.7% compliance with surveillance related documentation, compared to a 68.1% average compliance rate in NI as a whole.

There has been a decrease in the C-section SSI rate for Altnagelvin this quarter; 5.95% compared to 6.45% in quarter two 2024. However, the SWAH's rate has increased from 2.20% in quarter two to 5.49% in quarter three 2024, having been on a downward trend for the previous three quarters. The overall Western Trust SSI rate is 5.83%, slightly above the NI rate of 5.19%.

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

Comparison of SSI Rates for C-Section Procedures

