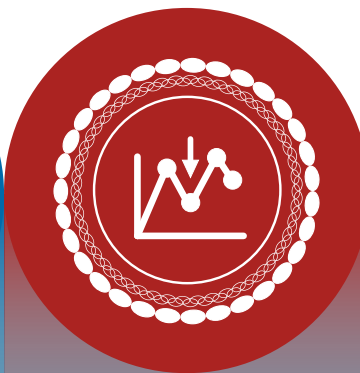




Transforming
the Culture



Strengthening
the Workforce



Measuring
Improvement



Raising the
Standards



Integrating
the Care



ANNUAL QUALITY REPORT

2024/25



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Welcome to the Twelfth Annual Quality Report of the Public Health Agency (PHA)

I am pleased to present the twelfth Annual Quality Report of the Public Health Agency (PHA), covering the period from 1 April 2024 to 31 March 2025. This report reflects our continued commitment to improving the quality of health and social care services across Northern Ireland, guided by the principles of the Q2020 Strategy—a ten-year vision to protect and enhance quality in Health and Social Care.

While it is not possible to capture every aspect of our work, this report highlights key achievements and developments that demonstrate our dedication to improving safety, outcomes, access, efficiency, and patient experience. This year, we have aligned each article not only with the strategic themes of Quality 2020, but also with the priorities outlined in our new Corporate Plan 2025–2030 (<https://www.publichealth.hscni.net/publications/pha-corporate-plan-2025-2030>). This plan sets our strategic direction for the next five years, informed by evidence, stakeholder engagement, and aligned with the Programme for Government and Department of Health priorities.

A major focus during 2024/25 was the implementation of the Reshape and Refresh Programme, aimed at strengthening the PHA's leadership and capacity to meet evolving public health needs. As part of this transformation, we undertook a review of our organisational structure, resulting in the creation of a new Assistant Director framework, the establishment of a Population, Data & Intelligence Directorate, and the appointment of a Director of Finance and Corporate Services to enhance our financial and operational capabilities.

In June 2024, we launched our first People Plan, laying the foundation for improved staff development and engagement. Since then, we have made significant progress, including:

- ▶ Development of a PHA Skills Framework
- ▶ Establishment of Health & Wellbeing and Culture Champions across all sites
- ▶ Introduction of an Organisational Culture Work Programme
- ▶ Enhanced focus on key metrics such as appraisal rates, mandatory training, and internal communications

This report provides an opportunity to reflect on our achievements and reaffirm our commitment to continuous improvement—especially in the face of growing demand, an aging population, and the unprecedented challenges facing the health and social care system.

Finally, I want to extend my sincere thanks to all our staff for their dedication and resilience over the past year. Your efforts have been instrumental in driving progress and delivering high-quality care. Together, we will continue to place the people of Northern Ireland at the heart of everything we do.

Thank you

Aidan Dawson
Chief Executive
Public Health Agency



Transforming the Culture

Objective 1: We will make achieving high quality the top priority at all levels in health and social care.

Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

INTRODUCTION

The Public Health Agency (PHA) recognises that, for the quality of care and services to be of the highest standard, the culture of an organisation must be open, honest, and transparent and, in particular, patient and client focused.

Key to transforming organisational culture is the willingness of the senior team to lead from the front in motivating staff, prioritising patient and client care, while embracing change in the rapid moving climate of Health and Social Care (HSC).



1. Developing an Organisation Fit for Future Healthcare Demands: PHA Reshape and Refresh Programme

The PHA continue to implement a major transformation programme which will lead to a new model for operational delivery within the PHA. The programme, entitled Reshape & Refresh, will support the Agency in ensuring it is well placed to deliver its functions, implement its corporate plan and to deal with ongoing and future public health needs of the population. During 2024/25 the Programme has focused on implementation of the approved target operating model, which is on course for completion within 25/26. Last year there were notable achievements across a range of areas including:

Outcomes

1. A review of the PHA organisational structures was undertaken with the establishment of a new Assistant Director structure in December 2024/January 2025 and progress underway to support the design of tier 4 roles within the new organisational structure.
2. Establishment of a new Directorate – Population, Data & Intelligence. Work has been progressing to develop this Directorate alongside its Director role.
3. Finance was identified as a function which should be developed within the Agency. A new director of Finance and Corporate services was appointed and took up post in March 2024 alongside a finance team transferring to the PHA to support the development of this function.
4. A number of functions were identified as being better strategically aligned with other parts of the HSC. In November 2025 HSCQI successfully transferred to RQIA which will support strategic alignment due, in part, to explicit mandate for Quality Improvement.
5. Work to develop a range of Public Health planning teams across the Agency was progressed last year. These cross organisational, multi-disciplinary teams will provide a corporate oversight of planning and performance across the Agency, facilitate financial planning and support the implementation of the Agency's five-year Corporate Plan.
6. The Agency launched their first People Plan which provided a platform of improvements relating to staff development and engagement. Improvements include:
 - a. The development of a PHA Skills Framework,
 - b. Establishment of Health & Wellbeing and Culture Champions across all sites.



Corporate Plan Strategic Theme: Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years.

2. Working Together to Improve Outcomes and Opportunities for Children and Young People with Special Educational Needs and Disability

It is well documented that Children with Special Educational Needs and Disabilities and their families experience multiple disadvantage and inequities, and can be additionally vulnerable due to poverty, family instability, hidden harm, mental health etc.

This initiative, led by PHA, aims to improve outcomes for Children with Special Educational Needs and Disability in Special Schools in N.I. through creating and testing a model of Partnership and Collaboration across professions, services, organisations and sectors to address the intersectional barriers these children face. The initiative strives to include the voices of these children and young people and places them at the centre of this work.

7 Special School Partnerships have been set up and have agreed a shared vision that “Special Schools become visible, vibrant and connected hubs within our local communities and our places, spaces and services will be equipped to include our Children and Young People in all aspects of daily living”.

To date this initiative has:

- ▶ Forged links across Health, Education and Community and Voluntary sectors with over 30 organisational stakeholders.

- ▶ Engaged the voices of over 130 CYP through Music, Art and Play Therapy.
- ▶ Led the development of a regional, cross-sectoral Visual Impairment Collaboration to identify and address unmet need in Special Schools and to develop and deliver collaborative approach to vision impairment training in Special Schools.
- ▶ Led the development of a regional cross-sectoral collaboration to improve summer and out-of-school opportunities for children with complex disabilities.

Outcomes

- ▶ Delivering joined-up, evidence-based, child-centred approaches which safeguard the rights of the child.
- ▶ Children and young people have had their voices heard in an authentic way and developed skills and tools to express themselves.
- ▶ Their voices and lived experiences have been embedded in work plans.
- ▶ Maximised access and choices by increasing the number and range of programmes, services and opportunities available at school and within their communities.

- ▶ Forged strategic alliances to build relationships, trust and confidence across sectors.
- ▶ From these alliances we have harnessed opportunities to expand training, skills, expertise and resources from outside of the education sector.
- ▶ School staff have connected with and become aware of a wide range of supports within their communities.

“We observed what you could only describe as moments of pure joy and happiness, which created the most wonderful atmosphere within our classroom and let each and every one of our amazing children shine in their own individual special way.”

Classroom assistant re Music, Art and Play Therapy





Corporate Plan Strategic Theme: Living well

Ensuring that people have the opportunity to live and work in a healthy way

3. Improving Communication in Cancer Care Through Investment, Collaboration and Co-design.

Communication underpins safe, quality health and social care¹. Good communication builds relationships and trust, facilitates shared decision making, increases patient satisfaction and improves health outcomes². Poor communication can fracture relationships, contribute to mistakes and errors, increase treatment non-compliance and diminishes health outcomes³. Poor communication costs money in time, treatments and care, complaints management and litigation outcomes⁴. It also contributes to professional stress.

The need for skilled communication is required in all areas of health and social care, as reflected in numerous guidance documents, strategies and inquiry reports^{5,6}. Of note, the NI Cancer Strategy⁷, acknowledged the need for communication to improve and called for:

“All healthcare professionals who are expected to carry out sensitive communication must complete an advanced communication skills training programme (ACST)” (Action 53)

Stating this requirement as an action provided a catalyst for change in cancer care.

A scoping project⁸ undertaken in 2022 with HSC Trusts, Hospices and people with lived experience highlighted:

- ▶ The importance and impact of skilled communication.
- ▶ The model of delivery within HSC Trusts was failing to meet workforce needs.
- ▶ The extent of the workforce requiring training, with 702 professionals identified within, or closely aligned to cancer/ specialist palliative care multi-disciplinary teams alone.

In response we:

- ▶ Appointed a regional co-ordinator and established a model of regional oversight to support local delivery.
- ▶ Established robust governance structures.
- ▶ Invested in training.
- ▶ Drove sustainability and value for money by building the facilitator pool and reducing course costs.
- ▶ Standardised training content through co-design with people with lived experience.



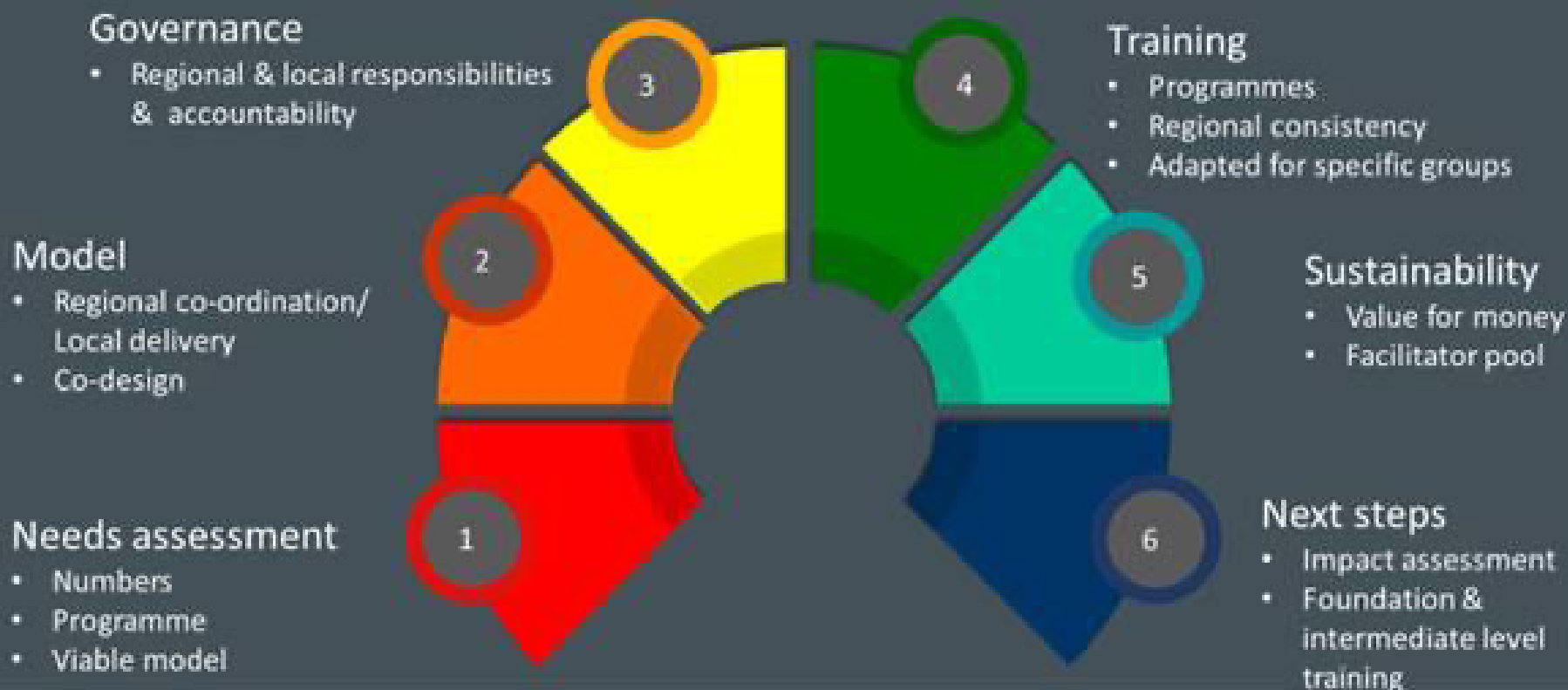
Outcomes

- ▶ Enacted governance structures with terms of reference and clear lines of reporting and accountability:
 - a regional oversight group sets direction, and approves the annual workplan.
 - operational groups within each HSC Trust responsible for assess training needs, plan training and action items within the regional work plan.
 - A regional facilitator forum to promote excellence and equity in ACST delivery across NI and to support ACST facilitators in their role.
- ▶ Investment in training
 - 48 ACST courses delivered and 270 professionals trained across the multi-professional team (01.01.2024-31.03.2025). This compares with the baseline of 23 courses and 125 trained professionals and 23 courses delivered in the 3+ year period between 04.2019 and 01.2023).
 - All HSC Trusts are now delivering courses (one HSC Trust had not delivered any courses between 2019 and 2023).
- ▶ Quality assurance: Course quality maintained through continued delivery of the licenced 2-day Wilkinson ACST model with facilitators trained and competency assessed in line with this model.

- ▶ Sustainability: additional facilitators trained in all HSC Trusts increasing the baseline from 27 (2023) to 41 (2024). This reduces the use of independent providers (retired ACST facilitators), paid on a consultancy basis, to deliver courses in HSC Trusts with no, or few, facilitators.
- ▶ Value for money: using 'no cost' venues away from the clinical setting and increasing the facilitator pool within each HSC Trust has reduced course costs to £150.00 per head (courses delivered by 2 HSC employed facilitators) compared with £650.00 per head if accessed through a training company/ independent provider.
- ▶ Refreshed course materials co-designed with people with lived experience and new training videos.
- ▶ Adapted course for professionals working with children, adolescents and young adults with courses funded by the Children's Cancer Unit Charity.

Next steps

- ▶ Maintain and grow current activities.
- ▶ Develop and implement a robust evaluation framework (Workshop September 2025).
- ▶ Commence work on foundation and intermediate communication skills training (Workshop September 2025) to meet the needs of the wider cancer workforce.
- ▶ Forward plan for financial and facilitator sustainability.
- ▶ Engage with others to promote spread beyond cancer care.



NI Cancer Strategy (2022) Action 53: All healthcare professionals who are expected to carry out sensitive communication must complete an advanced communication skills training programme.



References

1. CRICO (2017) *Malpractice risks in communication failures: 2015 Annual benchmarking report*. Boston: CRICO
2. Coles, C.E., Earl, H., Anderson, B.O., Barrios, C.H., Bienz, M., Bliss, J.M., Cameron, D.A., Cardoso, F., Cui, W., Francis, P.A. and Jagsi, R. (2024) The Lancet Breast Cancer Commission. *The Lancet*, 403(10439), pp.1895-1950.
3. Tingle, J. (2022) Avoiding litigation and complaints through good communication practices *British Journal of Nursing* 31 (19) 1006-1007
4. McDonald, A. (2016). *A long and winding road: Improving communication with patients in the NHS*. England: Marie Curie
5. O'Hara, J. (Chair) *Inquiry into hyponatraemia related deaths report* Available at www.ihrdni.org
6. National Institute for Health and Care Excellence. (2021a). *Patient experience in adult NHS Services: improving the experience of care for people using adult NHS services* [NICE Guideline No. CG 138]. <https://www.nice.org.uk/guidance/cg138>
7. DoH (2022) *A cancer strategy for Northern Ireland 2022-2032* Belfast: Department of Health.
8. McCloskey, S. (2023) *Advanced communication skills training in the cancer workforce* (internal report) DoH: Belfast



4. Learning from Adverse Incidents in PHA Commissioned Services

During 2024/25 the PHA reviewed its processes to ensure we were maximising opportunities to identify and share learning in relation adverse incidents.

A new internal PHA group called the 'Adverse Incident Review Team' (AIRT) was established to review adverse incidents arising within PHA commissioned services in order to identify and share learning across Public Health Planning teams within PHA, with provider organisations, and where appropriate across the wider HSC.

The aim is to prevent recurrence of similar incidents and to ensure continuous improvement in quality and safety of PHA commissioned services.

The AIRT will undertake surveillance and monitoring of incidents reported to the PHA to identify recurring issues, with a view to identifying and sharing learning and informing preventative actions.

The AIRT will liaise with SPPG as required in relation to incidents where there are interfaces with HSC services commissioned by SPPG.

Initially the scope of the AIRT will relate to incidents related to PHA contracts delivered by the Community and Voluntary sector, and managed by the Health Improvement team. However the scope will be reviewed and may potentially extend to other areas of PHA business in future.

Outcome

- The new Adverse Incident Review Team has been established and new arrangements are beginning to be implemented



5. Dying for Change: A Shared Commitment to Understanding and Meeting the Health Needs of People with Learning Disabilities in Northern Ireland

The PHA hosted the first conference focusing on the health inequalities experienced by people with learning disabilities.

The conference was held on Thursday 6th March 2025, in Riddel Hall, Queens University, Belfast. The title of the conference was:

Dying for Change: A shared commitment to understanding and meeting the health needs of people with learning disabilities in Northern Ireland

The event was aimed at policy makers and key senior decision makers across the NI Health and Social Care system.

It is estimated that there are over 40,000 people with a learning disability living in Northern Ireland. Research has shown that people with learning disabilities have multiple health needs and experience significant health inequalities, leading to lower life expectancy and more avoidable deaths than the general population. Studies in England have demonstrated that the life expectancy for someone with a learning disability is 23 years shorter for women, and 20 years shorter for men. People with learning disabilities receive care from a wide range of health and social care services, but often experience challenges and barriers to accessing these.

Risk factors which result in poorer health, including poverty, unemployment, poor housing, social isolation, and experience of abuse and discrimination, are over-represented in people with learning disabilities which further exacerbates the health inequities experienced by this group.

Outcomes

- ▶ This event hosted a range of speakers from across the UK and Ireland to share research and practice, and provided an opportunity for policy makers and senior Health and Social Care leaders to come together to focus on working collectively as a system to reduce health inequalities and meet the health and social care needs of people with learning disabilities in Northern Ireland.
- ▶ Speakers focused on areas to reduce health inequalities including:
 - Perspective provided from a parent and carer.
 - Evidence from the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDS-TILDA).
 - Epilepsy and Intellectual Disability.
 - Improving the clinical care of people with a learning disability in primary care.
 - The mental health needs of people with intellectual disability.

- Learning from Lives and Deaths (LeDeR) – people with a learning disability and autistic people.
 - Audiological care for individuals with intellectual disabilities.
 - **STOMP** - Stopping Over Medication of People with a learning disability and/or autistic people and **STAMP** - Supporting Treatment and Appropriate Medication in Paediatrics campaign, aiming to stop the overuse of psychotropic medicines. Lessons learnt from NHS England in the last 10 years.
- ▶ Overall, the conference reinforced that the health and social care needs and health inequalities faced by people with learning disabilities need to be better understood and addressed across all programmes of work in Northern Ireland.
 - ▶ The PHA will continue to play a significant role in improving services and addressing health inequalities experienced by people with learning disabilities. This commitment is demonstrated through ongoing partnership working within and across organisations and workstreams.
 - ▶ PHA has made it a key priority within the Annual Business Plan 2025/2026 to launch a constipation campaign to promote the prevention, recognition and treatment of constipation across the lifespan for people with a learning disability.



L – R Dr Siobhan Brennan, Dr Kirsten Lambe, Dr Rory Sheehan, Mrs Martine Madden, Dave Gerrard, Professor Mary McCarron (Missing from photo Professor Rohit Shankar)



L-R Mrs Heather Reid, Health Minister Mike Nesbitt, Colin Coffey, Aidan Dawson



Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

6. Embedding System Learning to Reduce Harm from Inpatient Falls

Falls prevention work continues to evolve regionally, aligning with the PHA's Corporate Plan 2025-2030 and its commitment to improving safety, outcomes, and learning through system-wide collaboration. Aligned with the new **System Learning, Transformation and Governance** team, this work focuses on embedding consistent high practice that can be measured, shared and sustained.

The Regional Inpatient Falls Prevention Group brings together multidisciplinary teams from all Trusts. It sets strategic direction on falls prevention for adult inpatient care, supports the development of regional pathways, and strengthens data-informed decision-making.

The group's work supports transformation by;

- ▶ Reviewing and updating regional guidance.
- ▶ Thematic analysis of falls incidents to inform strategy.
- ▶ Using regional learning to inform QI and address emerging system issues.

The Adult Inpatient Falls Key Performance Metric has been reviewed and refreshed by the Regional Nursing and Midwifery Quality and Assurance Network (NMQAN).

Outcomes

Work is ongoing to embed this metric into the Encompass system to enable high-quality, patient-centred care to be tracked reliably and consistently against regional key metrics. This collaborative work has been developed with input from the Falls Leads within the Regional Adult Inpatient Falls Prevention Group, supported by a robust, digital-first approach to assurance and improvement.

This work directly contributes to PHA Corporate Plan priorities by:

- ▶ Reducing preventable harm through improved fall surveillance.
- ▶ Building internal capability in Trusts to lead and sustain improvements.
- ▶ Embedding evidence - informed practice through digital assurance methods.



7. Partnering for Change: Pressure Ulcer Prevention and System Learning in Action

The Regional Adult Inpatient Pressure Ulcer Prevention Group plays a key role in transforming the culture of pressure ulcer prevention across Northern Ireland. It brings together multidisciplinary representatives from all Trusts to promote consistent, evidence-based practice.

Aligned with the PHA Corporate Plan 2025-2030 and working within the System Learning, Transformation and Governance Team, the group supports safer systems of care by:

- ▶ Advising on strategic direction and regional priorities.
- ▶ Updating guidance and training.
- ▶ Promoting Key Performance Metrics.
- ▶ Supporting regional data collection and standardisation.
- ▶ Collaborating with Tissue Viability Nurses to sustain delivery.

Outcomes

- ▶ The group fosters a culture of learning through peer support, shared expertise, and evidence use. In November 2024, a regionally agreed **Information leaflet for patients and carers** was produced to support awareness and self-management of pressure ulcer prevention.

- ▶ Tissue Viability Nurse Leads from each Trust have partnered with the Regional Group to develop **Regionally Agreed Pressure Ulcer Definitions** for use within all HSC inpatient and community settings from April 2024. This resource is already helping to improve consistency in recognition, reporting, and data quality at both local and regional levels.
- ▶ A pilot project involving a wider group of stakeholders is underway to explore system learning opportunities and strengthen improvement work for adults with a learning disability, supporting the PHA's commitment to equitable care. The group are currently developing regional resources.
- ▶ **The Adult Inpatient Pressure Ulcer Prevention Key Performance Metric** has been reviewed and refreshed (by the Regional Nursing and Midwifery Quality and Assurance Network (NMQAN), co-chaired by the PHA and Belfast Trust) and is being embedded into the Encompass system. Shaped by Tissue Viability Nurse and governance input, this work enables reliable tracking and assurance, strengthening regional improvement and transparency.



Pressure ulcer prevention

Information for patients
and carers



HSC Health and
Social Care

Pressure ulcer prevention | HSC Public Health Agency

Pressure Ulcers – Definitions Document April 2024



Strengthening the Workforce

Objective 3: We will provide the right education, training and support to deliver high quality service.

Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

INTRODUCTION

The PHA is determined to invest in the development of their staff and the creation of a working environment that enables everyone to make their best contribution.

Health and Wellbeing 2026: Delivering Together asks HSC organisations to become exemplars of good practice in supporting staff health and wellbeing. The HSC Workforce Strategy 2026: delivering for our people also sets out ambitious goals for a workforce that will match the requirements of a transformed health and social care system.

The World Health Organisation (WHO) defines what is meant by workplace health:

A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace...”

The PHA is committed to supporting staff health and wellbeing particularly over the last few years during the COVID-19 pandemic, and currently during the Reshape Refresh programme of work. The PHA has introduced a number of initiatives to listen to and engage with staff and promote best practice through investing in training and education, and ensuring that the perspectives from all staff are heard and incorporated into the future of the Agency.



8. Designing a Mandatory E-Learning Programme on the Core Knowledge of the PHA and Public Health

Under the Organisation Development and Engagement Forum (ODEF), an in-house e-learning programme was designed and developed to support induction and facilitate learning for Public Health Agency (PHA) personnel. The resulting module, *Core Knowledge of the PHA and Public Health* (available on LearnHSCNI), was co-produced in collaboration with key stakeholders across all PHA directorates and professions. The approach was designed to maximise the breadth of internal expertise within the agency.

Grounded in adult learning theory¹ the programme was designed to keep learners actively engaged. Adult learners prefer to direct their own learning, so interactive elements were used to connect new information to existing knowledge. Case studies were included to highlight relevance and support intrinsic motivation to learn.

The aim was to create a high quality, evidence-based learning resource to align with the PHA *Skills and Development Framework (Skills for All)*,² enabling staff to meet core Public Health competencies. Content was also linked to Public Health curricula,³ the *Corporate Plan 2025-2030*⁴ and nursing educational standards.⁵

The programme provides a structured, interactive learning experience that covers:

- ▶ PHA vision, values, and statutory responsibilities.
- ▶ Overview of organisational structure and directorates.
- ▶ Key public health issues, outcomes, concepts and guidelines.
- ▶ How the PHA collaborates with key partners at regional and national levels.
- ▶ Access to additional reading and resources.

Outcomes

- ▶ *Core Knowledge of the PHA and Public Health* was endorsed by the PHA Agency Management Team (AMT) and launched on LearnHSCNI.
- ▶ The majority of PHA staff have now completed the module.
- ▶ The programme directly supports the PHA Corporate Plan 2025-2030 by helping staff meet core Public Health competencies outlined in the *Skills and Development Framework (Skills for All)*.
- ▶ Feedback has been consistently positive, with user groups and evaluating data indicating the programme is meeting its intended learning outcomes.
- ▶ An evaluation mechanism was embedded from the outset, to ensure staff feedback is collated and acted on.
- ▶ Some areas for improvement have been identified, and suggestions will be used to inform updates.
- ▶ A review meeting is scheduled for September 2025 to consider feedback and revise content as needed.

To provide core knowledge of the Public Health Agency (PHA) and key public health issues.

- 1 Knowles, M.S., 1970. *The Modern Practice of Adult Education: Andragogy versus Pedagogy*. New York: Association Press.
- 2 Public Health Agency. 2024. *Skills and Development Framework*. Available at: [PHA Skills Development Framework](#) [Accessed 31 July 2025]
- 3 Faculty of Public Health. No date. Available at: [What is Public Health? - FPH - Faculty of Public Health](#) [Accessed 31 July 2025]
- 4 Public Health Agency. 2025. *Corporate Plan 2025-2030*. Available at: [PHA corporate plan 2025-2030 - preventing, protecting, improving: better health for everyone | HSC Public Health Agency](#) [Accessed 31 July 2025] PHA: Belfast
- 5 Northern Ireland Practice & Education Council for Nursing and Midwifery. 2013. *In-House Teaching Activities Quality Assurance Process Self-Assessment Tool*. Available at: [In-house-Teaching-Activities-Final-QA-Process-Oct-13-1.pdf](#) [Accessed 31 July 2025]



Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

9. Infection Prevention and Control (IPC) Water Safe Care Event - March 2025

The PHA hosted a regional educational event on water safe care in acute care facilities targeted to colleagues with expertise in Infection Prevention and Control, microbiology and estates from all Trusts. A range of internationally renowned experts delivered a series of presentations on updated building regulations and guidance for the construction of healthcare facilities, Infection Prevention and Control and the built environment, delivering water safe care in intensive care units (ICU), water safe care in clinical practice, and practical application and risk assessments for IPC in estates.

The event provided an opportunity to develop local and national networks to establish the foundations of developing water safe care space in ICU currently under development in Northern Ireland.

Outcome

- Work underway to scope the implementation of a water safe augmented care area in BHSCT.



10. Prevention and Control (IPC)/Antimicrobial Resistance (AMR) Quality Improvement Workshop - March 2025

A regional quality improvement workshop was delivered to colleagues with expertise in Infection Prevention and Control, microbiology and pharmacy leads from all Trusts. The event offered an opportunity to present local quality improvement initiatives piloted in individual Trusts that could be rolled out regionally to reduce healthcare associated infections and antimicrobial consumption.

Quality Improvement initiatives included in the workshop agenda are outlined below:

- ▶ Reduction in the use of carbapenems 2019-2020 (Southern Health and Social Care Trust) - introduction of weekly bedside review of all patients prescribed carbapenems by Infection Control Doctor/Microbiology consultant and AMS pharmacist.
- ▶ Improving Urinary catheter care through patient involvement (South Eastern Health and Social Care Trust) – improvement of patient education on catheter management pre - discharge and introduction of “Grab and Go” catheter packs distributed to patients upon discharge with overall aim to reduce catheter associated urinary tract infections (CAUTIs).

- ▶ Regional rollout of the “Hydration Project¹” - potential rollout of low-cost, care home-based intervention aimed at increasing the hydration of care home residents to reduce gram negative infections/UTIs and reduce burden of AMR in this setting.

Outcomes

- ▶ Agreement was made to host this as a regular event to share learning and promote a QI culture within Infection Prevention and Control teams across the region.
- ▶ Development of Urinary Catheter Care bundle including “My Catheter Care” educational resource and “Grab and Go” catheter packs for distribution through specialty services in Trusts e.g. urology.
- ▶ PHA to lead the regional roll-out of the “Hydration Project” to all independent care homes.



11. Building a Resilient Workforce for Health Protection Acute Response

Following the COVID-19 pandemic, the PHA Health Protection Acute Response service required additional staff to manage the continued increased number of outbreaks, particularly in care homes. Many of these staff had previously worked in the contact tracing service, which had recently been stood down. Given their relevant skills, it was decided to retain them on an ad hoc basis. This group primarily consisted of Band 6 contact tracers, supported by a small management structure.

Over the past three years, this ad hoc team has continued to support the Acute Response Service, contributing to various outbreak scenarios such as measles, pertussis, and care home incidents, as well as providing information through advice lines.

Recognising the need for a more resilient and sustainable workforce, as recommended by the World Health Organization, steps were taken to formalise the service in 2024. This included the development of protocols, HR processes, staff training, cleansing of retained staff lists, and the preparation of a business case to secure financial support.

In the last year, the team has become increasingly integrated into the core Acute Response Service. This integration ensures that staff maintain up-to-date skills and are embedded within the wider team, enabling rapid scaling of response capacity as needed. The team has demonstrated flexibility and effectiveness, with staffing levels adjusted in response to public health threats.

This model has proven that a resilient workforce can be successfully embedded within existing services, providing vital surge capacity, a key step in strengthening the region's acute response capability.

Outcomes

- ▶ Between April 2024 and March 2025, the bank/resilience workforce supported 12 acute response challenges.
- ▶ A Resilience Workforce Protocol has been developed to standardise staff deployment practices.
- ▶ New job descriptions have been created for resilience roles integrated within the Health Protection Service.
- ▶ Tailored training packages support the ongoing development of current staff and enable rapid onboarding in response to future public health threats.
- ▶ Existing team members are now embedded in the Acute Response Service's daily duty room operations ensuring seamless transition into surge response.



Resilience Workforce – Support to Acute Response April 2024 – March 2025

Dates	Situations	Support Provided
April 2024	MMR Advice line Pertussis Surge Spike in Covid-19	Vaccination programme Outgoing calls to cases Care home support
May 2024	Pertussis Surge Measles Increase Covid-19	Outgoing calls/texts to cases Flight contact tracing Care home support
June 2024	Measles Increase Advice line Covid-19	Flight contact tracing Measles exposure Care home support
July 2024	Covid-19	Care home support
August 2024	Covid-19	Care home support
September 2024	Covid-19	Care home support
October 2024	Covid-19	Care home support
November 2024	Covid-19	Care home support
December 2024	Spike in Flu A Covid-19	Care home support Care home support
January 2025	Avian Influenza	Contact tracing
February 2025	Gov Notify follow up	Avian Influenza close contacts
March 2025	GI seasonal increase Nursing vacancies	Supporting duty room Support from resilience RN's



Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

12. Empowering the Primary Care Nursing Workforce

The PHA facilitated two Primary Care nursing engagement events.

- ▶ June 2024: Primary Care Nursing Roles Now and in the Future.
- ▶ January 2025: Primary Care Nursing Roles Now and in the Future: The next steps.

Primary care is the bedrock of our health and social care system and provides around 95% of the care people need throughout their life. General Practitioners (GPs) and multidisciplinary Primary Care teams have a key role to play in improving population health and wellbeing, as well as developing care pathways and services to meet the population needs (DOH, 2017). Nursing is integral to this wider multidisciplinary Primary Care team. Primary Care straddles all PHA public health strategic focus areas.

The aim of the events was to explore the current Primary Care nursing roles and look at the future landscape and opportunities and how they contribute to the wider health and social care system, positive population health outcomes and quality person-centred care closer to the patient's own home.

The evolving role of the Primary Care nursing workforce, equipped with generalist and specialist knowledge, experience and skills, is pivotal in contributing to the success of the transformation of Primary Care services in Northern Ireland. The voice of frontline practitioners is key to understanding current roles and shaping those of the future.

Frontline practitioners employed by GP practices, GP Federations and Trusts were invited to answer a series of questions. A panel discussion made up of senior professional and policy leaders from PHA, Department of Health, Strategic Planning and Performance Group and General Practice was facilitated.



Outcomes

- ▶ Overall attendees = 79.
- ▶ Showcasing frontline Primary Care nurses' contribution to population health.
- ▶ Hearing the voice of frontline Primary Care nurses which will shape, stabilise and maximise the nursing contribution to population health.
- ▶ Engagement with, and influencing of, policy and decision-makers that Primary Care nursing is part of the solution to an effective and efficient health and care system for Northern Ireland.
- ▶ Opportunity for policy makers to hear from frontline Primary Care nurses.
- ▶ Exploration of the current range of Primary Care nursing roles which are essential to support the transformational changes required for the world class service described in Health and Well Being: Delivering Together.
- ▶ Agreed actions to inform future work.
- ▶ Two event reports published.



13. Stabalising Critical Care Nursing Workforce

A regional career pathway was developed for nurses and nursing assistants working in adult and cardiac critical care settings across Northern Ireland (NI). While the pathway was designed primarily for these areas, the development process was also informed by contributions from paediatric critical care. The levels of practice are broadly comparable, and the principles outlined are transferable across these service areas.

The methodology aligned to the Northern Ireland Practice & Education Council for Nursing and Midwifery's (NIPEC) regional Guidance Framework.¹ The development of the career pathway was led by NIPEC, with professional advice and support from the Public Health Agency (PHA). It was chaired by a representative from the Belfast Trust, with representation from the Department of Health (DoH), all Health and Social Care (HSC) Trusts, education providers, professional bodies, Human Resources, and trade unions.

The pathway is intended to support career planning which meets population health need, by articulating the roles, levels of practice, and potential progression opportunities available to critical care nurses, as identified through local critical care service workforce and workload planning exercises. In addition, it provides clarity and consistency, and acts as a practical guide for nurses, providers and commissioners, supporting the CNO's vision for NI to build strong foundations that maximise the potential of nurses and midwives in a safe, inclusive and healthful culture.²

This programme of work aligns with the Corporate Plan 2025-2030.³ While its focus sits within the Living Well theme, which aims to ensure that all people in NI can live longer, healthier and more independent lives, critical care, though only one part of the wider health system, remains central to the functioning of acute hospitals. It supports both emergency and elective surgery, as well as all medical specialities. As such, critical care services and the development of a regional, population health focused, evidence-based nursing career pathway to support them, have a cross-cutting impact across the lifespan, aligning with both the Starting Well and Ageing Well themes. In addition, it supports the Protecting Health theme by helping to ensure a responsive and capable workforce to respond effectively to major incidents or mass casualty events.



Outcomes

- ▶ A regional, population health focused, evidence-based nursing career pathway for critical care nursing has been finalised and agreed by all HSC Trusts.
 - ▶ The career pathway has been endorsed by the CNO for NI.
 - ▶ It is scheduled for official launch at the Paediatric Critical Care Society (PCCS) Conference on 11th September 2025.
 - ▶ It will be published as an electronic document and will be available on the NIPEC website to support accessibility.
 - ▶ When used in conjunction with workforce and workload planning tools the career pathway will serve as a practical resource for a range of stakeholders, including nurses, providers and commissioners, across the system. By clearly outlining the core competencies and education requirements, it provides a regional benchmark to support decision-making and help ensure that staffing is suitably competent and qualified to meet care and treatment needs safely and effectively.
- 1 Northern Ireland Practice & Education Council for Nursing and Midwifery. 2022. *Guidance Framework to Support the Development of Nursing & Midwifery Career Pathways in NI*. Available at: [Guidance Framework to Support the Development of Nursing & Midwifery Career Pathways in NI | Department of Health](#) [Accessed 31 July 2025]
 - 2 Department of Health. 2023. *Shaping our Future: A Vision for Nursing and Midwifery in Northern Ireland: 2023-2028*. Available at: [Five-year vision outlined for Nursing & Midwifery | Department of Health](#) [Accessed 31 July 2025]
 - 3 Public Health Agency. 2025. *Corporate Plan 2025-2030*. PHA: Belfast

14. A Tiered Approach to Swallow Awareness Training

We have led the way across the UK to develop training resources for both the public and healthcare staff to increase awareness/support management of dysphagia (eating, drinking and swallowing difficulties). This innovative, interagency approach harnessed service-user experience, clinical, educational and digital expertise in response to the Thematic Review of Choking (DoH).

A training needs analysis identified some existing pockets of local training with inconsistencies noted regarding standard and key messages. Our training provides consistent, evidence-based, quality-assured content to provide awareness and training which spans paediatric and adult caseloads. Different audiences were identified with different levels of training needs, this resulted in development of 2 training packages

1. awareness training for the public and non-clinical staff.
2. targeted training for healthcare staff.

This project embraced a collaborative approach involving

- ▶ service users with lived experience,
- ▶ trust Dysphagia Coordinators as subject matter experts,
- ▶ PHA to coordinate the patient voice with the clinical voice,
- ▶ HSC Clinical Education Centre to provide education and digital expertise
- ▶ independent sector to ensure the training reflected local context.

The training adopts multi-modal teaching optimising digital technology including videos from a service user which highlights the impact of dysphagia on daily life alongside animations, examples of good practice initiatives, practical demonstrations from clinicians as well as inbuilt assessment and feedback.

Throughout all phases, PDSA cycles ensured that the resource was extensively tested with public, care staff and professional staff, with constructive feedback influencing the final resources.

The need for awareness in relation to mouthcare was identified, an education resource for adults with dysphagia and their carers was taken forward in partnership with dental colleagues regionally and was launched as an eLearning resource in September 2024.

Outcome

- ▶ Universal swallow awareness which is aimed at the public and non-clinical staff is available on PHA website, NISCC learning Zone and on the LearnHSCNI platform, and has been completed by 2678 learners since it was launched in October 2023 until June 2025. <https://cec.hscni.net/learningcontent/universal-swallow-awareness/#/>
- ▶ The universal awareness package is accessible outside Northern Ireland and has been used by organisations in Scotland to raise awareness for people in volunteering roles.

- ▶ The targeted swallow awareness eLearning is available on LearnHSCNI platform and has been completed by 10,133 learners since it was launched in March 2024 until June 2025.
- ▶ 505 completions of the mouthcare aware education eLearning which is hosted on PHA website <https://www.publichealth.hscni.net/publications/mouth-care-awareness-video-people-who-care-adults-dysphagia>
- ▶ The training has an integrated evaluation form facilitating ongoing feedback influencing amendments and updates. 99% of learners responded that they would recommend the training to others and there are high levels of satisfaction noted in relation to content and amount of learning from the programme.
- ▶ This training stepped beyond normal boundaries and education commissioning frameworks and provides a cost-effective way of providing training packages to the public and healthcare staff which frees clinicians to optimise clinical time and address caseload demands and waiting lists.

2,678 Completions • Universal Swallow Awareness eLearning
October 23 – June 25

10,133 Completions • Swallow Awareness (Dysphagia) for Clinical
Staff eLearning March 24 – June 25

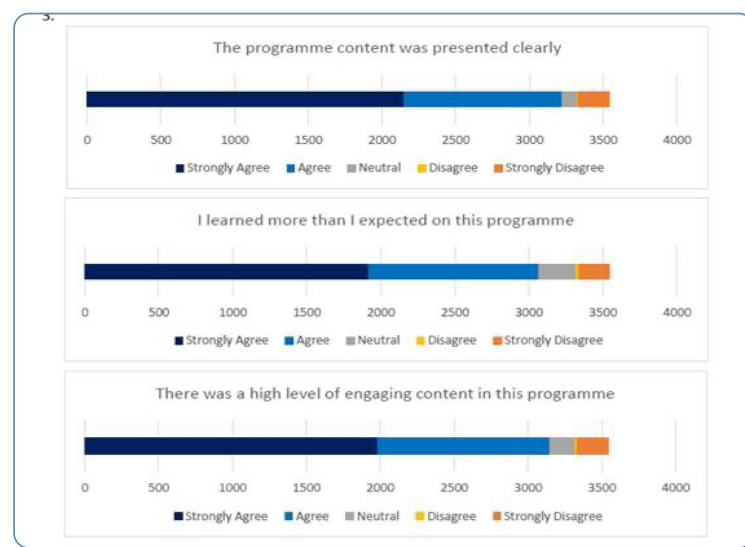
505 Completions • Mouthcare Aware Education Resource
September 24 – present

“For the care of patients who attend the emergency department. This is particularly important due to high turnover of patients with differing needs”

“I am more aware that a client may have Dysphagia. I will check care plans and guidance laid out by Professionals in relation to this.”

“As a Catholic Chaplain, the course has increased my awareness of this issue, particularly among patients who request Holy Communion”.

“More aware of patients with eating, drinking and swallowing issues always ensuring they are sitting upright when eating and drinking.”



15. District Nursing (DN) Service Overview Report (2025)

The PHA led a review of district nursing services in 2024, which included demography and strategic context, current model of care, investment into district nursing, measurement of quality, Care Opinion, digital innovations, career pathway alongside all aspects of workforce including funded whole time equivalent, bank & agency usage, absence and sickness rates. It was a complete picture of the service unlike any done previously and it allowed each Trust to benchmark their service against each other to support improvements in a number of areas.

All the regional workforce data within the report was supplied and quality assured by the five HSCTs; Human Resources, Finance departments and DN Leads with oversight from all Executive Directors of Nursing (EDoNs). In addition, each Trust now has their own individual DN workforce data to inform service review at local level. The information, discussion and recommendations within this paper will support Health and Social Care Trusts, Strategic Planning and Performance Group, PHA and the DoH with future service planning decisions within the context of District Nursing Services.

Workforce data collection for 2024/25 is currently underway to update this report with plans to continue this yearly.

Outcomes

- ▶ Comprehensive overview of amount of investment into DN service since 2018-2022.
- ▶ Overview of the DN workforce regionally including vacancies, sickness, absences etc.
- ▶ Bank & Agency usage within the DN service regionally.
- ▶ Updated age profile of all staff to inform succession planning.
- ▶ Regional variation in service delivery & caseload sizes noted.
- ▶ Quality measurement within DN highlighted.
- ▶ Care Opinion feedback within DN noted.
- ▶ Digital opportunities yet to be realised emphasised.
- ▶ Number of community nursing staff with DN Specialist Practice Programmes (SPQ) not working as DNs regionally highlighted.
- ▶ Progress of implementation of the DN Career Pathway to date discussed.

Main Recommendations/Actions moving forward

1. Patient outcome focused performance.
2. Promotion of service user engagement.
3. Improved data and intelligence.
4. Review of District Nursing Framework (2018-2026).



Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

16. NI Frailty Network Fundamentals of Frailty Education

Education has been a priority of the Frailty Network since its inception. Educating the workforce about prevention, identification and management of Frailty will lead to improved outcomes and experience of service users and staff and can have a positive impact on system pressures.

Following a scoping study, the Education Task and Finish Group concluded that whilst there were some programmes available to provide training in some of the Frailty syndromes, there was little available in terms of dedicated Frailty education. This resulted in collaboration with HSE Ireland to secure access to the Fundamentals of Frailty Programme which was operating across Ireland. In order to improve access to the content, a series of online modules have been developed in collaboration with the HSC Clinical Education Centre. The aim is to roll out a tiered education programme across the HSC and Primary Care in the first instance.

- ▶ Tier 1 – general awareness (1 e-learning module).
- ▶ Tier 2 – Non-registered or pre-registered staff working with older adults (Tier 1 + 4 additional e-learning modules).
- ▶ Tier 3 – Registered clinical staff working with older adults (Tier 2 plus 3 Face-to-Face modules with case studies and group work).

Outcomes

- ▶ From the Period October 2024 to May 2025, over 500 staff accessed and completed these online modules, which would equate to Tier 2 learning.
- ▶ Facilitators have been identified who are equipped to deliver face to face training to those identified as having Tier 3 learning needs.
- ▶ Through NIMDTA, over 80 trainee GPs received the full Tier 3 learning programme. Evaluations for the programme have always been extremely positive in all settings. Below highlights some of the responses when asked how trainees will put learning into practice:

“This was a really good teaching that applies to daily practice. Thank you”

“It was a good event, learnt how to recognise frailty, different scoring systems and community resources for helping people with frailty”

“Really brought the need to address frailty and not just accept it as an expected state”

“I will feel much more confident in providing a comprehensive assessment during Geriatric patient interaction”



Measuring Improvement

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

Objective 6: We will promote the use of accredited improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively.

INTRODUCTION

The PHA recognise the importance of measuring progress for safety, effectiveness and the patient/client experience in order to improve. The PHA promote the use of accredited improvement techniques when gathering information or examining data, and recognise the importance of ensuring that lessons from the information and data are learned.



Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

17. Leveraging Automation to Enhance Information Sharing During Pertussis Case Surge

In early 2024, pertussis notifications increased significantly, with case numbers peaking in May and June. Each case was contacted by phone to conduct a risk assessment, in many cases multiple calls were required. During these calls, essential public health advice was provided and, for higher risk cases, contact was made with the patient's general practitioner to recommend chemoprophylaxis when indicated.

To improve efficiency and manage the growing workload, a service improvement initiative was launched using the SMART framework:

- ▶ **Specific:** Introduce automation to support risk assessment for a high volume of cases.
- ▶ **Measurable:** Compare the time required for manual phone calls versus automated bulk messaging.
- ▶ **Achievable:** Ensure risk assessments are completed promptly, infection control guidance is delivered, and high-risk cases are escalated within 24 hours.
- ▶ **Relevant:** Automation was implemented specifically to address the temporary surge in workload.
- ▶ **Time-bound:** The process remained active until notification volumes decreased to manageable levels.

This approach introduced the use of text messaging to enable faster dissemination of information to all patients, improved response times, maintenance of clinical records, and efficient use of administrative resources. Tangible benefits were realised, including more efficient use of staffing resources by introducing non-clinical, operational personnel to manage the workflow process thus enabling the nursing team to focus on high-risk cases, speed of delivery of public health information, and reassurance that all patients were contacted within recommended timeframes. Overall, the service improvement ensured continuity of public health response during a period of increased demand, while maintaining quality and timeliness of care.

Outcomes

Before text messaging

- ▶ All cases notified to acute response duty room were called by bank personnel under supervision of a Health Protection Nurse.
- ▶ On average 30 mins spent per call to complete risk assessment.
- ▶ If no response to initial call then 3 attempts were made to contact the case – if these calls were all unsuccessful then IPC & exclusion advice was posted to case and records system was updated accordingly.
- ▶ May 2024 – 971 cases notified requiring telephone assessment.



After text messaging was launched (June 2024)

- ▶ All cases notified to acute response duty room received a text message incorporating the risk assessment question to identify vulnerable groups, IPC advice and exclusion information were embedded in text (see appendix).
- ▶ June 2024 > August 2024– 1500 cases received messages from the automated system, failure to respond generated a second text message 24 hours later. No further follow up was required as each text message contained IPC & exclusion advice.
- ▶ The response from cases were filtered by the bank team – any responding “yes” was contacted for further information as these indicated a positive link to a vulnerable cohort.
- ▶ If chemoprophylaxis was indicated this was escalated to the Health Protection Nurse who liaised with case & GP.
- ▶ In June, 55 cases responded “yes” to the text message – these cases received a call from a member of the bank team for risk assessment.
- ▶ Of these calls 5 cases were escalated to Health Protection Nurse for further follow up with GP and recommendation for antibiotic chemoprophylaxis.

Measurement of improvement

- ▶ The team demonstrated a significant improvement in managing a surge of cases that required prompt public health input and infection control advice, all while working within the constraints of finite staffing resources.

- ▶ To address the demand efficiently and reduce the risk of transmission to vulnerable populations, an innovative approach was implemented, incorporating automation tools and streamlined workflow processes.
- ▶ This approach led to a reduction in the need for resilience staffing by at least 50% in the initial phase, without compromising the quality, consistency, or timeliness of public health messaging.
- ▶ The success of this improvement was further highlighted in July 2024, when the team effectively applied the same automated process to manage a concurrent surge in cases alongside a separate outbreak incident. This dual-response capacity underscored the scalability and adaptability of the approach.
- ▶ The automated workflow is now formally recognised as a valuable asset in supporting the management of outbreak incidents and ensuring sustained public health responsiveness under pressure.

3 Pertussis notifications, 2024-2025

The number of notified clinically suspected pertussis cases from the start of 2024 until the report date (30 June 2025) are shown (Table 3.1).

Table 3.1: Counts of pertussis notifications, 2024-2025.

	2024	2025
Case category	2024 (N=3612)	2025 (N=63)
Confirmed	3061 (84.7%)	47 (74.6%)
Probable	551 (15.3%)	16 (25.4%)

Please note: in the table above data for 2025 is up to 30 June

Template of text message sent by GovNotify service:

To: **phone number**

Public Health Agency NI: PHA has received a health notification that the person born on ((Date of Birth)) has pertussis (whooping cough).

Antibiotics could help some groups of people who have been in close contact with this person. These groups are identified below.

Did this person have any close contacts (such as someone in the household) who is:

- a. A baby or infant who has not yet had 3 doses of pertussis vaccine (primary childhood vaccinations)
- b. A woman over 32 weeks pregnant
- c. A person in regular contact with babies or women over 32 weeks pregnant such as a health care worker or nursery staff

If any of the above apply, please respond YES, if none apply, please respond NO.
Thank you for your time.

INFECTION CONTROL ADVICE

<https://www.publichealth.hscni.net/sites/default/files/2019-11/Do%20I%20need%20to%20keep%20my%20child%20off%20school.pdf>

<https://www.publichealth.hscni.net/information-and-advice-about-pertussis>

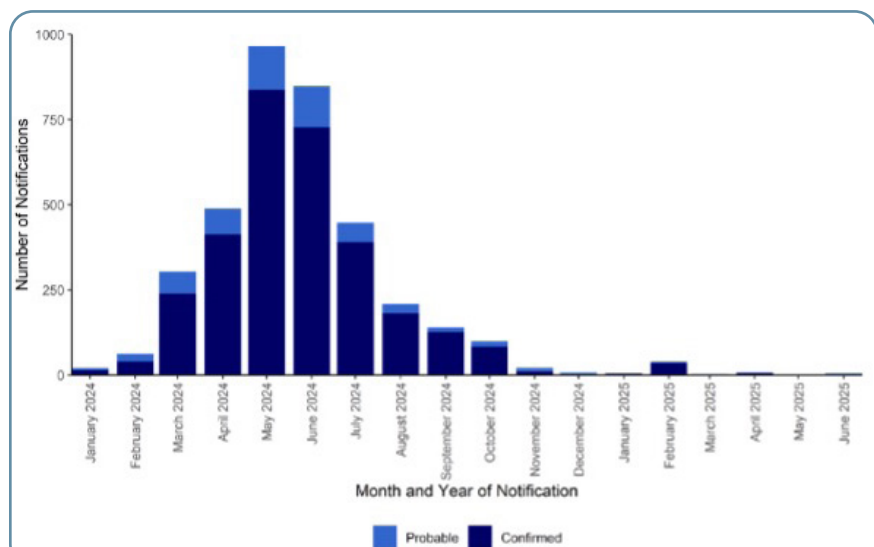
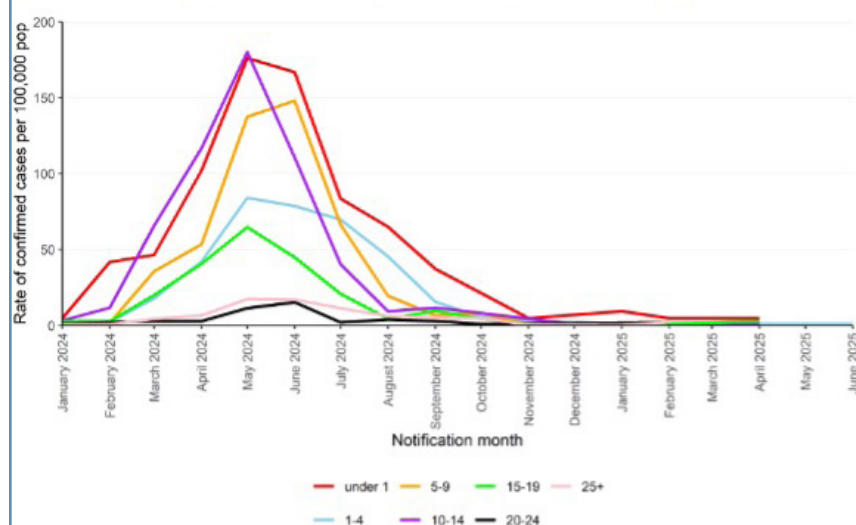


Figure 3.1: Incidence of pertussis notifications, by month of notification, all ages, 2024-2025.



18. Iterative Development of Trust Antimicrobial Consumption Dashboards for Antimicrobial Stewardship (AMS) Activities

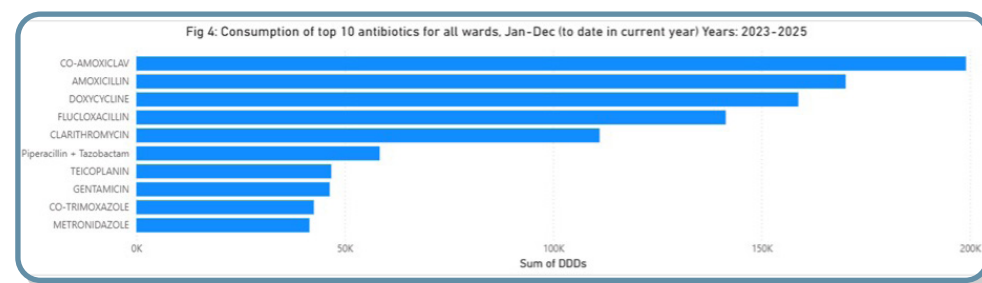
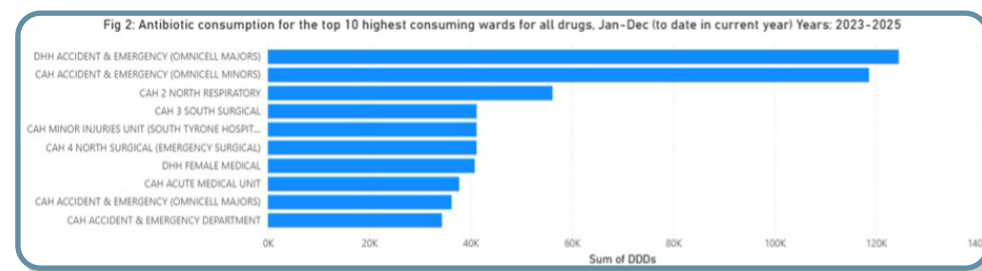
As part of the surveillance commitments in the NI Antimicrobial Resistance (AMR) Implementation plan 2025-2029, the Healthcare Associated Infection/AMR surveillance team used Power BI to transform existing AMC dashboards to a more user friendly and impactful visualisation. These new dashboards allow Trust pharmacists to view antibiotic consumption in their own Trust at ward and antibiotic level, allowing them to develop interventions or local policies targeted to high prescribing wards, and antimicrobials with highest consumption as part of their AMS activity.

The development of these dashboards aligns to the PHA objective “Our organisation works effectively” and supports healthcare services to deliver high quality, safe and effective care. As these dashboards provide information on antimicrobial stewardship activity, they can be used to support a reduction in antimicrobial consumption in secondary care, thereby reducing the burden of antimicrobial resistance in Northern Ireland and improving public health outcomes.

Outcome

- Iterative development of antimicrobial stewardship dashboards in Trusts to enhance the application of data and improve healthcare services.

** Snapshot of new Trust antimicrobial prescribing dashboard **





Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

19. Addressing Vulnerable Cancer Clinical Nurse Specialist Posts

The Cancer Strategy for Northern Ireland 2022 – 2032¹ recognises the significant impact of cancer across the population. Evaluations and patient feedback have established Clinical Nurse Specialists (CNSs) as vital members of the multidisciplinary team, leading improvements in cancer care². They provide person-centred care through holistic assessments, including diagnosing and treating individuals living with cancer while also contributing to education, audit and research³.

Each year approximately 10,000 people are diagnosed with cancer. Responsive surgery, advances in treatment, and lifestyle adaptations enable more people to live well. Data from 2021 identified 71,412 people living between 1 – 10 years following diagnosis⁴. As the first point of contact for individuals receiving their diagnosis the CNS ensures continuity of care, undertakes holistic assessments, providing specialist advice, managing symptoms, and connecting patients to essential services for self-empowerment.

To meet rising demand and improve cancer services, HSC Trusts were incurring cost pressures which could not be sustained in the current financial climate. Nor could they rely on short term funding from charitable funds to deliver cancer services. In collaboration

with the NICaN Nurse Leaders Reference Group a stocktake across all HSC Trusts identified 20 whole-time equivalent CNS posts vulnerable due to non-recurrent funding.

In March 2025 a Special Edition NICaN Newsletter, celebrating National Cancer CNS Day, put a spotlight on the incredible work of Cancer CNSs across Northern Ireland [NICaN News - Spring2025](#).

A strategic paper⁵ was prepared to inform senior leadership and policy makers of the risks to service. It articulated how losing experienced CNSs would affect patient care experience and equity of access to care, staff wellbeing, retention, succession planning and achievement of strategic actions⁶. The document was shared with senior professional leaders in PHA and DOH and presented to the Cancer Programme Board.

Outcomes

- ▶ The profile and contribution of the Cancer CNS was raised across Northern Ireland.
- ▶ Feedback from CNSs reflected their sense of feeling valued but highlighted aspects of burn out and limited succession planning.

- ▶ The membership of the Cancer Programme Board, including HSC, Voluntary sector, people living with cancer, DOH policy, SPPG and PHA senior leadership supported the prioritisation of a recurrent investment for vulnerable CNS posts.
- ▶ Sustainable funding made available for 20 CNS posts reducing the risk of losing their expertise or contribution to patient care.
- ▶ Timely contact and support to people who receive a cancer diagnosis.
- ▶ Active engagement across Trusts to demonstrate impact of the Cancer CNS through capturing key performance indicator data for quarterly and annual reviews and alignment of job plans.
- ▶ Evidence of response to population need targeting through increasing uptake of holistic needs assessment and care planning from point of diagnosis of cancer.
- ▶ The further development and impact of nurse-led clinics relative to the keyworker role.

Next steps

- ▶ Ongoing process to enable accuracy of data recording and extraction of CNS KPIs using encompass.

References

1. DoH (2022) *A cancer strategy for Northern Ireland 2022-2032* Belfast: Department of Health.
2. Kerr , H., Donovan, M., & McSorley, O. (2021). Evaluation of the role of the Clinical Nurse Specialist in Cancer Care: an integrative literature review. *European Journal of Cancer Care*, 30(3), Article e13415.4
3. National Cancer Action Team (2010). *Excellence in Cancer Care: the contribution of the Clinical Nurse Specialist*. NCAT.
4. NI Cancer Registry (2023), Cancer Incidence Projections in Northern Ireland by HSC Trust (2025-2040)
5. Nevin,L (2025) NI Cancer Nurse Workforce, Areas of Significant Vulnerability & financial cost pressure paper for presentation
6. [Challinor, J..M.](#), [Alqudimat, M,R.](#), [Teixeira,T.O.A ..](#), [Oldenmenger,W.H.](#) (2020) *Oncology nursing workforce: challenges, solutions, and future strategies “ The Lancet, Oncology Nursing Series 21 (12) pp564-574*



Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

20. Learning from Hospital Inpatient Falls

Health and Social Care Trusts (HSCTs) are no longer required to report inpatient falls that have resulted in moderate, major or catastrophic harm as a Serious Adverse Incident (SAI), unless serious care or service delivery issues are identified from the initial post-fall review. Instead inpatient falls are classed as **Adverse Incidents** and a timely Post-Fall Review is completed internally. The aim of this is to allow for local learning resulting in a change in practice to reduce the incidence of future falls.

A **Shared Learning Form** (SLF) following a Post-Fall Review is then submitted to the PHA Falls Inbox falls.learning@hscni.net. This allows the PHA to complete a regional analysis of incidents where falls have occurred between April 2024 and March 2025 and for the sharing of learning from analysis of a sample of 94 forms submitted to the PHA Falls Inbox.

Outcomes

A newsletter was created to share all this information with HSC colleagues with the intention of improving future practice.

- ▶ 181 completed Shared Learning Forms were provided to the PHA this year (1st April 2024 to 31st March 2025) compared with 148 provided last year (1st April 2023 to 31st March 2024).
- ▶ 94 Inpatient falls were analysed in depth under 5 themes:
 - What happened.
 - What went well before the fall.
 - What went well after the fall.
 - What we could improve.
 - What we could learned.
- ▶ This year's results were further analysed used Pareto principles to identify key areas for improvement.
- ▶ A newsletter has been produced and shared with HSC colleagues during Falls Week, in September 2025.
- ▶ The Regional Inpatient Falls group chaired by the PHA will discuss learning from the analysis and agree areas to take forward for improvement.



Approximate Financial Cost of a Fall with a Hip Fracture

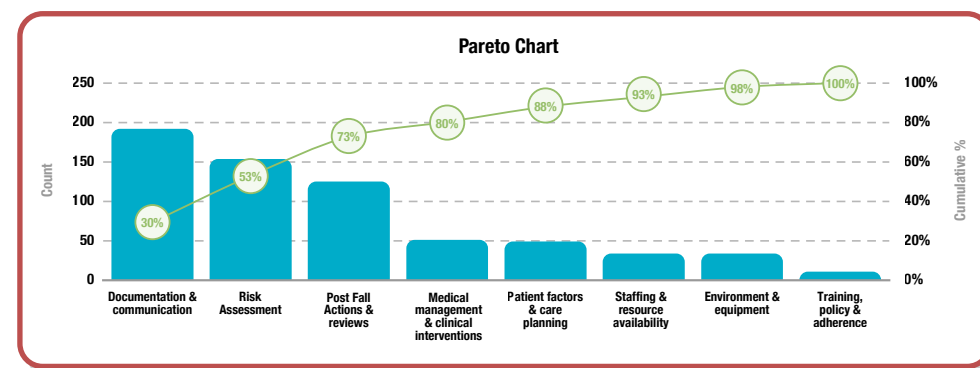
Activity	Cost
Ambulance transport	£460
ED attendance	£380
Hip Replacement	£10,000
Rehabilitation	£14,000
Community Physio * 4	£344
Community OT * 1	£140
	£25,324

Assigned themes “What went well after the Fall”

Assigned Theme	No of times this was reported	Cumulative %	Cumulative Count
Risk Assessment and Care Planning	355	56%	355
Leadership, Roles & Responsibilities	106	72%	461
Communication, Learning & Patient Engagement	105	89%	566
Environment, Staffing & Systems	70		636

Assigned themes “What could we Improve”

Assigned Theme	No of times this was reported	Cumulative %	Total %
Documentation & communication	210	31%	31%
Risk Assessment	154	54%	23%
Post Fall Actions & reviews	125	73%	19%
Medical management & clinical interventions	51	81%	8%
Patient factors & care planning	49	88%	7%
Staffing & resource availability	34	93%	5%
Environment & equipment	34	98%	5%
Training, policy & adherence	11	100%	2%





Assigned themes 'What we have Learnt'

Assigned Theme	No of times this was reported	Cumulative %	Cumulative Count
Communication, Learning & Dissemination	181	48%	181
Leadership, Roles & Responsibility	85	70%	266
Training & Competency	64	87%	330
Risk Assessment & Care Planning	34	96%	364
Environment, Staffing & Systems	14	100%	378

LEARNING FROM FALLS

SEPTEMBER 2025

IN THIS EDITION

- Causes of Falls in Hospital setting 3
- Risk Assessments and Plans of Care 3
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The purpose of this Learning from Falls Newsletter, is to share information and key learning from inpatient falls across Health and Social Care (HSC) Trusts', which are classified as Adverse Incidents identified from post fall reviews.



Any inpatient fall that has resulted in moderate, major or catastrophic harm (see table 1 below) is reported to the Public Health Agency using the Shared Learning Form (SLF) following a post fall review.

Grading the severity of harm to a person from a fall incident can be challenging for reporters. The aim of the Falls Severity Grading Document is to provide additional guidance for staff when using the HSC regional risk matrix. Examples provided are not exhaustive nor should be substituted for clinical decisions and **each case should be dealt with on an individual basis.**

KEY FACT

The consequences of fractures are significant, with a 1-year mortality rate of 31% after a hip fracture. NICE 2025

Table 1: FALLS Severity Grading of Injury: Moderate, Major and Catastrophic are reported using Shared Learning Forms¹

DOMAIN	MODERATE	MAJOR	CATASTROPHIC
PEOPLE (Impact on the Health/ Safety/ Welfare of any person affected: e.g. Patient/ Service User, Staff, Visitor, Contractor)	The fall has resulted in: - Injuries causing semi-permanent harm/ disability. (Consider physical/emotional injuries/trauma). - A full recovery is expected within one year. - Injuries have resulted in harm that requires a moderate increase in treatment and follow up. - The person may require a prolonged length of hospital stay or care provision (between 5 and 14 days).	The fall has resulted in: - long-term permanent harm/ permanent disability, i.e. the person is unlikely to regain their former level of independence. - The person may require an increased length of hospital stay/care provision (>14 days).	The fall has resulted in death: - Falls resulting in death must be discussed with the coroner by the relevant medical practitioner. - OR - The fall results in permanent harm/disability. This could be physical/emotional trauma which impacts on more than the person injured. - If the fall resulted in death, details recorded on death certificate should be recorded on the Datix system, including coroner ref number, date and time of discussion and by whom.
EXAMPLES OF POSSIBLE INJURIES	Fracture to wrist/fingers/toes; facial fractures. Surgery may or may not be required where falls result in moderate harm.	Intracranial bleed, fracture of long bones, fractured neck of femur (intracapsular/ extracapsular), pelvis and ankle.	Spinal cord injuries, Catastrophic Brain Injuries. The person requires long term care/admission to a care facility beyond 1 year because of the fall.

¹ Guidance regarding the grading of inpatient falls was updated and agreed by the Inpatient Regional Falls Group, which is chaired by the PHA and has representatives from the 5 HSC Trusts, this can be accessed at [FALLS SEVERITY GRADING OF INJURY: APRIL 2024.pdf@hsc.ni.net](#).

21. NI Frailty Network Conference 2024

Every year since the launch of the Network we have held an annual conference, bringing members together to enable networking, support learning and share good practice. During Covid-19 these were moved to online events but were still very well supported by members and non-members. On 1st October 2024, to mark International Day for Older Persons we were delighted to host a conference the theme of which was “Understanding Frailty: The Part We Play”. Topics covered included:

- ▶ Frailty and Sarcopenia
- ▶ South Eastern HSC Trust – The Frailty Board: Our Journey
- ▶ British Geriatric Society ‘Reablement, Rehabilitation, Recovery: Everyone’s Business’
- ▶ Dementia and Frailty: The Importance of Inclusion
- ▶ Lived Experience: What matters to older people in Northern Ireland- with a focus on support, health & social care, communication & connection
- ▶ Building Stronger Communities: Asset-Based Approaches to Falls Prevention

Outcomes

- ▶ Attendance was from a range of disciplines, organisations and sectors.
- ▶ Very positive feedback (see word cloud below). When asked if there was anything attenders had taken away from the day that would change their practice, the following are some of the responses:

‘It has made me think of how I can incorporate Frailty awareness in my every day work’

‘To review Lived Experience Survey completed by Age NI to see what Older Peoples issues are’

‘Inspired to bring more training to the ward’

‘Discuss Frailty training with Senior Management for all staff’

‘Medication Management within Nursing Homes’

‘Feedback to AD and Director regarding information- particularly holistic approach to Frailty’

‘Thought of the interaction between Pharmacy and Dietetics in Frailty which I wouldn’t have considered before’



22. Leveraging Artificial Intelligence to Improve Medication Adherence and Patient Outcomes, while Reducing Healthcare Costs

A service focused on improving medication adherence supports the Public Health Agency by reducing the burden of preventable diseases and improving health outcomes, thereby decreasing healthcare costs and enhancing the efficiency of healthcare systems.

An AHP Consultant was accepted on to the NHS Clinical Entrepreneur Programme in September 2023. This programme allows entrepreneurs to pursue their innovation without having to leave the health service, it aims to provide the commercial skills, experience and knowledge to accelerate innovations in healthcare.

Medical AI Solutions (MAIS) aims to significantly reduce healthcare costs associated with medication non-adherence, support patient independence, and improve overall health outcomes, particularly among older and digitally-excluded populations.

Medication non-adherence is a significant issue in healthcare, it can take many forms, including missed doses, incorrect dosing, or prematurely stopping a medication regimen. This behaviour significantly impacts patient health, leading to the worsening of chronic conditions, increased hospitalisations, and higher mortality rates.

Outcomes

- ▶ **Product Development:** Completed the first version, featuring AI-powered telephone reminders and a user-friendly portal providing real time insights to care providers.
- ▶ **Cyber Security:** Successfully obtained Cyber Essentials Plus certification, demonstrating robust security practices.
- ▶ **Validation:** Conducted usability and functionality testing in collaboration with MOIC (Medicines Optimisation Innovation Centre), receiving positive feedback on the usability of the solution.
- ▶ **Partnerships:** Collaborations established with prominent care providers and academic institutions, enhancing our product with insights from various stakeholders.

Upcoming Pilot

We have secured a pilot partnership starting in late July 2025, aimed at reducing unnecessary care visits and supporting patient independence through proactive medication management support.

Academic Collaboration

Ongoing research collaboration with Queen's University Belfast focuses on integrating behavioural psychology insights into our AI system, further enhancing patient engagement.



Next Steps

- ▶ Successfully complete and evaluate the upcoming pilot project.
- ▶ Continue refining our technology and enhancing the user experience based on pilot outcomes.
- ▶ Pursue relevant regulatory pathways and compliance standards to prepare for wider adoption.





Raising the Standards

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance.

Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

Introduction

The PHA has established a framework of clear evidence-based standards and best practice guidance which is used in the planning, commissioning and delivery of services in Northern Ireland. The PHA is continuously striving for excellence and raising the standards of care and the quality of services delivered.



Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

23. Generating Valuable Health Protection Surveillance Insights to Meet Stakeholder and Public Demand for Timely, Detailed Infectious Disease Epidemiology

Public Health Agency (PHA) staff working within Health Protection Surveillance have been building capability and capacity in order to support public health professionals, policy-makers, partner organisations, the media and the public expectations for near real-time insights into an increasing number of infections and situations.

Staff have collaborated with others to complete a range of courses building digital health skills and enhancing epidemiology knowledge and practice. These include partnerships with the Digital Health Hub for Antimicrobial resistance (AMR) UK Health Security Agency (UCL, University of Sheffield, United Kingdom Health Security Agency (UKHSA)), Field Epidemiology Training Programme colleagues and wider HSCT colleagues.

Delivered by research technology professionals one training workshop has equipped epidemiologists with key tools for storing, manipulating and retrieving data in databases. A further outbreak investigation training programme was delivered using R, with a focus on the epidemiological approach to outbreak investigations.

Within the past year this training has been utilised with staff developing various new reports: for both stakeholders and public use. The team have also developed capability to detect public health threats to Northern Ireland leading to a Health Protection Situational Awareness Report (HPSAR). This report synthesises regional, national and international epidemic intelligence signals to support situational awareness in Northern Ireland for decision-makers and the public.

Outcomes

The team have created many new reports and outputs that serve to raise the standards of intelligence provided. These include the following;

- ▶ A dashboard that allows users to explore the epidemiology of causative agents from the main health protection data system (HP Zone).
- ▶ Further to this a daily multi-pipeline exceedance detection process has been established to evaluate potential abnormal infectious disease activity. To enhance its functionality, we developed an interactive application, that allows us to simultaneously process and monitor infectious diseases through a user-friendly interface. The system currently incorporates all the agents in HP Zone, respiratory virus cases and admissions. Additionally, we have expanded its scope to include GP consultation data for syndromic surveillance and reported Covid-19 outbreaks in care homes.
- ▶ The surveillance team rapidly and efficiently stood-up daily epidemiological reporting arrangements and provided out-of-hours access to surveillance information to support a major international sporting event in NI.
- ▶ Two HPSAR weekly reports; an internal version for PHA and Department of Health, and a public-facing summary for healthcare providers, media and public. The public-facing report summarises the internal version, linking to published NI surveillance reports and reports of international incidents.

- ▶ A revised public-facing, weekly respiratory report that includes additional information on testing and positivity extended to include rhinovirus, adenovirus, parainfluenza and human metapneumovirus. This report also includes some visual edits to improve readability.

This work and these reports all align with the protecting health objective within PHA corporate plan. The reports provide timely information about regional, UK and international public health threats, facilitating early preparedness work.

The integrated reporting provides data-driven information for public health practice.

The public have available to them current health intelligence in an accessible and transparent manner.

Two sample reports linked here:

- ▶ [Respiratory infections | HSC Public Health Agency](#)
- ▶ [Health protection situational awareness \(HPSA\) report | HSC Public Health Agency](#)

24. Infection Prevention Control Manual

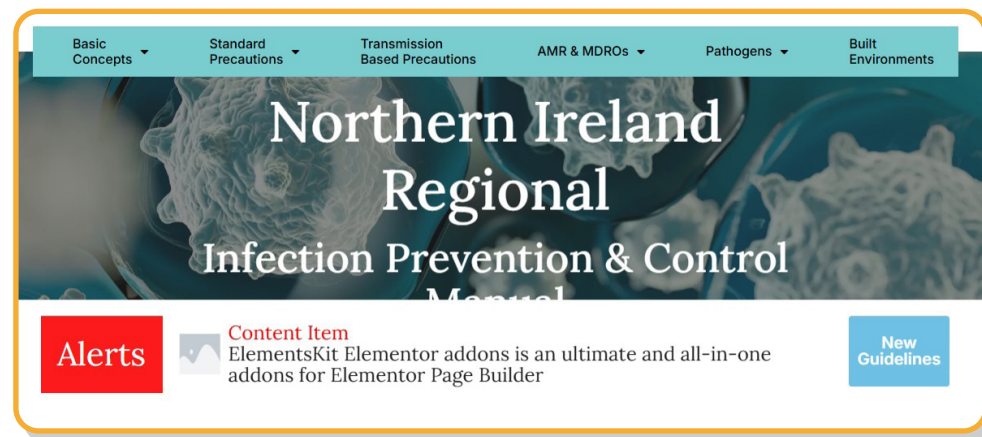
Investment was made to update and refresh the Northern Ireland Infection Control Manual and the revised site was launched at the Antimicrobial resistance (AMR) event for healthcare leaders in Riddell Hall in April 2024.

This invaluable reference source outlines the founding principles for infection prevention and control (IPC) as well as guidance for standard precautions, transmission-based precautions and detailed advice for a number of specific pathogens.

The site is regularly reviewed and updated to reflect changes in this rapidly evolving specialty and hosts best practice guidance on new and emerging infections. With over 67,500 views since it has been relaunched, the site has been widely recognised across the UK as a trusted source of information.

Outcomes

- ▶ Trusted regional reference source providing accurate and up-to-date information on IPC.
- ▶ Traffic to the site has seen approximately 4,500 visitors per month on average.





25. Transformation of data collection tools for gram negative bacteraemia

As part of the surveillance commitments in the NI Antimicrobial Resistance Implementation Plan 2025-2029 the Healthcare Associated infection (HCAIs)/AMR surveillance team have led on the transformation/improvement of existing surveillance tools. The initial focus of this work was the data collection tools for gram negative bacteraemia's (GNB) and following its implementation, the intention is to complete a similar programme of work for *Clostridium difficile* infection.

The remodelled data collection tool is ready to be piloted across Trusts and will collect enhanced risk factor information on GNBs. This new data collection tool was peer reviewed by Healthcare Associated Infections/Antimicrobial Resistance workstream colleagues, working together to improve the existing process and ensure it is streamlined and accessible for stakeholders to capture the information in an efficient and user-friendly manner.

Outcomes

- ▶ Development of improved data collection tool to enhance surveillance of gram negative bacteriaemia's across primary and secondary care.
- ▶ Revised tool being piloted in one Trust for evaluation prior to regional roll out.



Corporate Plan Strategic Theme: Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years.

26. Co-Production in the Development and Monitoring of Regional Standards of Care for Adolescents and Young Adults (AYA) Living with Cancer in Northern Ireland

- ▶ Whilst all the actions of the Northern Ireland Cancer Strategy are applicable across the life span one particular action 33 is dedicated to Teenagers and Young Adults (TYA) and it called for a review of services for this age group.
 - ▶ This independent external review by expert colleagues from across the UK took place in 22/23. Whilst acknowledging the commitment and dedication of current staff and services, the review gave 21 recommendations and above all called for the establishment of a robust framework for service delivery with regional standards of care that would ensure that ALL young people aged 13-24 had equitable access to specialised clinical and developmentally appropriate care that is person-centred and meets their holistic needs.
 - ▶ An oversight group was set up by DoH in 2023 to develop with key stakeholders, evidence-based standards of care for TYA with cancer in Northern Ireland which would be enabled through both clinical and strategic leadership at a regional level. The appointment of a Service Improvement Lead for TYA was established within PHA as an interim post to develop and enable delivery of the workplan.
 - ▶ Co-production, embedded in the development of the Cancer Strategy has continued with close collaboration continuing with health professionals, charities and most importantly with young people and their families who have first-hand experience of living with cancer.
- #### Outcomes
- During the process the name of the service was changed to **Adolescent and Young Adult (AYA)** cancer service, reflecting the importance of developmental stage in an individual's life journey
- #### What were the results?
- 12 Regional standards of care** for AYA living with cancer in N Ireland have been co-produced.
- ▶ Resonating a global evidence base.
 - ▶ Reflecting the voices, experiences and dedication of patients, families, healthcare professionals and advocates who have shaped them.



- ▶ Providing an essential step in ensuring that patients and families have equitable access to holistic care that is tailored to their needs.
- ▶ Allowing performance to be monitored through Key Performance Indicators (KPIs).
- ▶ Enabling the foundations of a regional networked service model.

A regional networked service model has been agreed.

- ▶ The goal of the service model is to enable service users to access the right care in the right place and at the right time including clinical trials, while benefiting from coordinated holistic and psychosocial support.
- ▶ Principal Treatment Centres (PTCs) for both Paediatric and Adult services are situated within the Belfast HSC Trust, with Designated Hospitals (DHs) in each of the 4 other HSC Trusts.
- ▶ At the point of their cancer diagnosis all AYA (13th to 25th birthday) will be referred to the Regional AYA multidisciplinary meeting (MDM) at the PTC to have their holistic needs assessed and care coordinated by a regional AYA Multidisciplinary Team (MDT).
- ▶ A Lead Director, Lead Nurse and Lead Clinician will ensure both clinical governance and strategic direction of this regional model.

A developmentally appropriate Holistic Needs Assessment (HNA) tool will

- ▶ Enable collaborative working across the region.
- ▶ Maximise AYA involvement and decision making in their own care.
- ▶ Ensure psychosocial needs of AYA are considered alongside clinical needs.

Full details of the Regional standards of care for AYA cancer can be found at:

<https://www.health-ni.gov.uk/sites/default/files/2025-04/AYA%20NI.pdf>



27. Regional Commissioning of the Self-Harm Intervention Programme

The PHA has commissioned the Self-Harm Intervention Programme (SHIP) regionally since 2015. The service provides step-2 support for those aged 11 and over who have self-harmed and who do not require the support of Step 3/4 Trust Mental Health Services.

Following the publication of updated NICE guidance in 2022 (NG 225 Self-harm: assessment, management and preventing recurrence) work commenced on re-commissioning the SHIP service in line with the NICE guidance.

A multi-disciplinary project team involving representation from various directorates in PHA drawn from the Mental Health and Suicide Prevention Public Health Planning Team. This team considered a broad range of relevant information to inform the development of a Business Case and Service Specification which took into consideration:

- ▶ NICE guideline 225
- ▶ Service performance monitoring and outcome data
- ▶ Feedback from stakeholders, including Trusts, service providers and through collated service user feedback.

To ensure quality and safety within the tendered service and ensure consistent standards of delivery across multiple service providers, regional protocols were developed including:

- ▶ Referral and engagement protocols for those who self-harm
- ▶ Referral and engagement protocols for support persons (parent/carer/friend)
- ▶ Minimum engagement protocols
- ▶ Step up processes to Trust services for patients engaged with SHIP
- ▶ Minimum protocol for the management of DNAs
- ▶ Managing contact made by clients outside office hours of SHIP
- ▶ In addition, a robust performance management tool was developed.

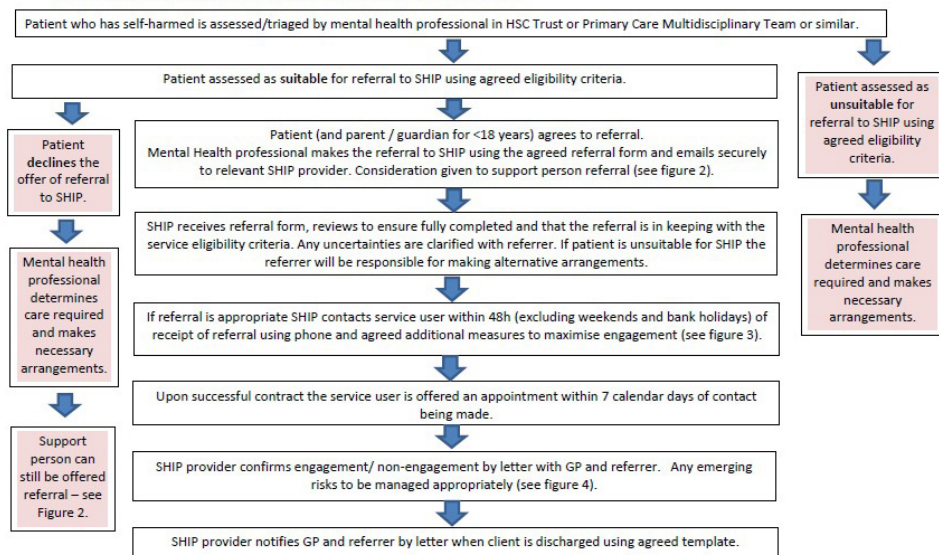
Outcomes

- ▶ Five contracts were awarded for delivery of the SHIP service in line with NG225
- ▶ Implementation of engagement protocols has ensured consistency in service user and referrer experience
- ▶ Improved performance management data enables identification of issues and opportunities to improve quality and safety within the service
- ▶ Quarterly Regional SHIP Network meetings provide the forum for shared learning and service and quality improvement discussions.

Regional SHIP protocols

Final. 21/10/2024

Figure 1: Referral and engagement processes for person who has self-harmed





Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

28. New Models of Prescribing (NMOP): Implementation of HS21 Prescribing by Foyle Hospice Community Prescribers Pathfinder

Timely access to medicines both within and outside of normal working hours remains challenging due to workforce pressures and the lack of process to enable voluntary and independent sector medical and non-medical prescribers to issue HS21 prescriptions in the community. Under New Models of Prescribing, Non-Medical Prescribers can use a HS21 prescription pad to prescribe medication for patients. They therefore rely on GPs or OOH services to implement their prescribing recommendations.

There are a growing number of qualified non-medical prescribers (NMPs) working in the community setting. However, the process to support both hospice-employed medical and non-medical prescribers to issue HS21 prescriptions in the community continues to be limited. It is essential that additional prescribing models are considered and developed to ensure this patient population with specialist palliative care needs are adequately met by maximise capacity as far as possible within existing resource. A pathfinder was established in 2024 to address these challenges by facilitating hospice-employed specialist palliative care nurse and specialty doctor prescribers to issue HS21 prescriptions to patients living in their own homes or a care home.

A Task and Finish (T&F) group oversaw the pathfinder, developing a standard operating procedure (SOP) which detailed both governance frameworks and training and competency arrangements. The Foyle Hospice cipher number was used alongside HS21 triplicate prescription pads for the purposes of the pathfinder.

An independent evaluation was carried out by the Medicines Optimisation and Innovation Centre (MOIC) and data was collected at baseline, midway and at the end of the pathfinder.

Outcomes included:

- ▶ Timely access to medicines for patients and therefore prompt symptom management, increasing patient/family satisfaction.
- ▶ Timely review of symptoms to support the safe and effective titration of palliative medications.
- ▶ Reduced pressures on other services such as the GP, District Nursing and Western HSC Trust Urgent Care, thereby increasing their capacity for other clinical duties.
- ▶ Development & implementation of robust governance systems and standardisation of processes.



- ▶ Proficient time management for Hospice clinicians and improved clinic efficiency due to the reduction in the number of steps needed and time taken to access prescriptions.
- ▶ Encouragement of professional autonomy, clinical responsibility, and increased professional standing leading to increased job satisfaction.

Data shows that HS21 prescribing in the community reduced the number of steps and time required for a patient to obtain a prescription and their medicines:

- ▶ The baseline data confirmed that an average time of 4 hours and 43 minutes was calculated from the start of a typical homecare visit until the new HS21 was available for collection from the GP.
- ▶ Upon introduction of the pathfinder this time was reduced to 30 minutes until the new HS21 was written by the Hospice prescriber.
- ▶ The pathfinder has influenced positive partnership working and as a result of the pathfinder's success, it has been recommended that HS21 prescribing is adopted incrementally into standard practice by all Hospice settings throughout Northern Ireland.

List of Key Stakeholders Involved

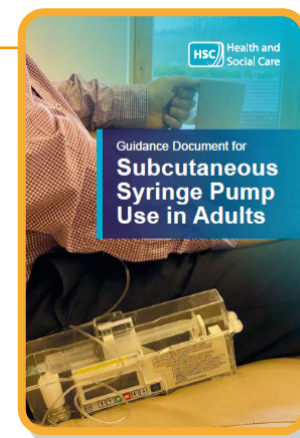
Foyle Hospice, the Strategic Planning and Performance Group (SPPG), the Public Health Agency (PHA), Northern Ireland General Practitioners Committee (NIGPC), the Western Health and Social Care Trust (WHSCT), the Medicines Optimisation Innovation Centre (MOIC)

29. Development of a Guidance Document for Subcutaneous Syringe Pump Use in Adults

Over the years syringe pumps have changed in design and technology, but their ability to administer subcutaneous medications, particularly within the fields of oncology and palliative care, is of key significance. The syringe pump continues to assist in the management of symptoms and may support individuals to retain their independence and maintain their quality of life. The benefits of controlled delivery of medications subcutaneously, when they can no longer be tolerated or absorbed orally, has been particularly helpful for patients receiving oncology treatment and for those nearing the end of life.

A regional Guidance Document to support the use and standardisation of Subcutaneous Syringe Pump Use in Adults in Northern Ireland has been developed. It was co-produced by a regional multi-professional group from across all care settings and provides regional direction on the required knowledge and skills for the safe prescribing, administering, monitoring and discontinuing of medication delivered by a subcutaneous syringe pump for patients with oncology and palliative conditions across all care setting. The guidance will reduce variation in practice and increase consistency in processes throughout Northern Ireland to support safe and effective care to this patient group. There has been extensive engagement including feedback from patients, relatives and staff. This collaborative approach has enabled regional agreement on many topics including the development of robust educational, audit and governance processes for all organisations. In addition, a regional syringe pump information leaflet for patients and carers has been developed to complement the guidance.

This means that each patient receiving oncology treatment or palliative end of life care who require a subcutaneous syringe pump in Northern Ireland, regardless of where they live or access care, will receive the same information about their syringe pump. A similar document is being finalised for Children to use a Subcutaneous Syringe Pump and it is hoped that both documents will be officially launched during palliative care week in September.



Outcomes

- ▶ All organisations will have access to the regional guidance which will inform local organisational policies regarding the use of a subcutaneous syringe pump to deliver medications at a pre-determined rate in a continuous subcutaneous infusion to patients with oncology and palliative conditions.
- ▶ Patients will experience improved consistency in care delivery across care settings thus ensuring they receive their medication in a safe and effective way.
- ▶ There will be improved standardisation in relation to prescribing, administration, education & training and audit and governance.
- ▶ The guidance has been shared as an example of good practice with the Republic of Ireland and Hospice UK.
- ▶ A similar document is being finalised for Children to use a Subcutaneous Syringe Pump which will ensure there is similar standards of care delivery for all those requiring a syringe pump regardless of their age.



30. Ask Me!! Review of Routine Enquiry Into Domestic Abuse by Midwives, Health Visitors and Family Nurses

27 women have been murdered in Northern Ireland since 2020 and domestic violence and abuse (DVA) has been identified as a government priority. This particular work is aligned to one of the key priorities of the Public Health Agency (PHA) Corporate Plan which is to “*Work with others to promote the safeguarding, and protection of children and young people*” and delivery against the Domestic Abuse Strategy for NI 2024- 2031- to support practitioners to deliver person-centred care.

Routine Enquiry (RE) involves asking all women about domestic abuse, regardless of the presence of any indicators and should be offered in pregnancy and postnatally by healthcare practitioners. It aims to identify women with current or past experience of DVA so they and their children can be offered supportive interventions including information, safety planning and referral.

Learning from local internal review processes and Case Management Reviews (CMRS)/homicide reviews highlighted regional issues in relation to the implementation of RE. The PHA Children and Young People’s team completed a project specifically to review the screening processes by midwives, health visitors and family nurses with the following aims and objectives to:

- ▶ review the available evidence on RE,
- ▶ review the current approach in relation to impact/outcomes and
- ▶ develop a revised model that supports the rollout of Routine Enquiry to other professional groups.
- ▶ review and update professional support, guidance and training.

A mixed methodological approach was used to undertake the review including:

- ▶ A detailed literature review,
- ▶ A regional clinical audit,
- ▶ A service evaluation and
- ▶ 4 focus groups to ensure the voices of survivors of DVA were heard and considered.

Key Stakeholders

PHA, HSC Trusts, Woman’s Aid, Survivors, DOH, University of Ulster, Clinical Education Centre (CEC).

Outcomes

The regional audit highlighted missed opportunities to complete RE.

The service evaluation demonstrated

- ▶ A lack of confidence among practitioners in asking and responding.
- ▶ Regional variation in training and responses to disclosure.
- ▶ A desire for more training.



The focus groups highlighted

- ▶ Inconsistencies when women recall being asked about domestic abuse.
- ▶ The wish to be asked at every opportunity.
- ▶ The need for meaningful conversations and information to help people understand/recognise when behaviours are unacceptable.
- ▶ The need for women to feel confident in the professional's understanding of domestic abuse and coercive control.
- ▶ Cultural sensitives- issues around the appropriate use of interpreters.
- ▶ Conducive safe environments and the need for privacy.
- ▶ The need for discreet information on where to get help.

The impact and recommendations of this review are ongoing and include:

- ▶ Development and promotion of a consistent regional approach by nurses, midwives and health visitors- New Guidance document pending and Healthy Child, Healthy Future (HCHF) programme updated.
- ▶ Development and implementation of workforce education and training to enhance confidence and competence in completion of RE.
- ▶ Review and updating of relevant DVA information provided in existing PHA resources to ensure discretion, with attention to health literacy, language and culture.
- ▶ Development of a revised guidance policy for other relevant professionals that will be implemented regionally.

Corporate Plan Strategic Theme: Ageing Well

Supporting people to age healthily throughout their lives

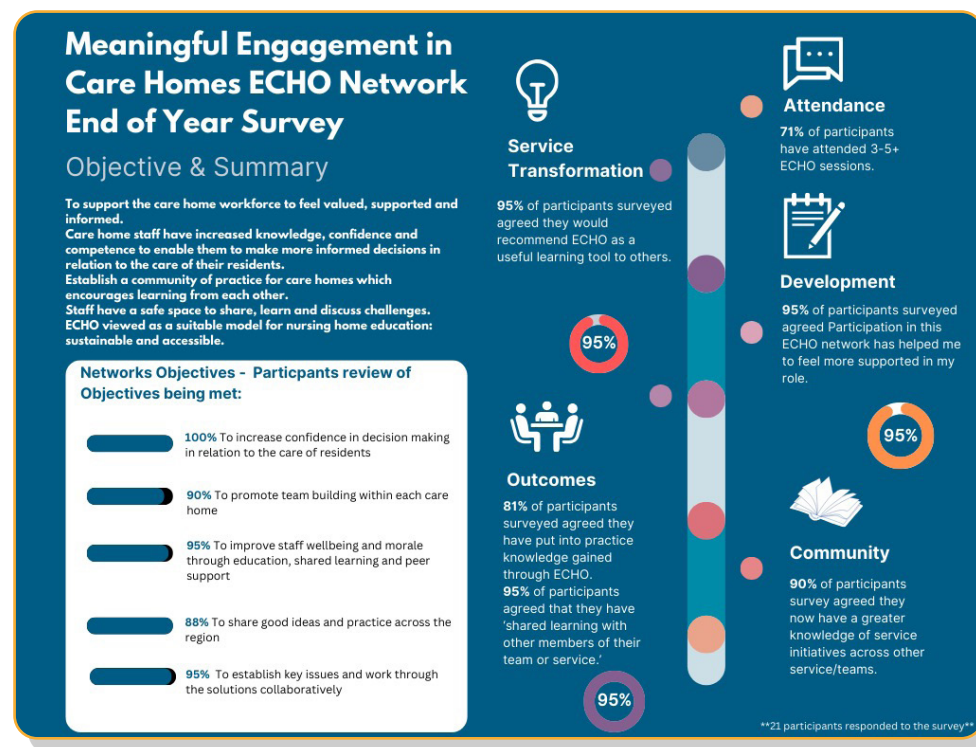
31. Meaningful Engagement in Care Homes - ECHO

A key element in the promotion of safer mobility and falls prevention in care homes is ensuring residents are engaged with and motivated on a daily basis. Central to this is a culture of providing engagement and activities to support meaningful connections. This approach has been supported by the Meaningful Engagement in Care Homes ECHO. This ECHO network is led by the Public Health Agency and brings together care home and activity staff, occupational therapists, physiotherapists, Linking Generations, Age NI and service users to share learning and explore opportunities for building connections in care homes.

Outcomes

ECHO programme participants surveyed reported:

- ▶ 100% increased confidence in decision making in relation to the care of residents.
- ▶ 95% of participants surveyed said they felt an improvement their wellbeing and morale through the education, shared learning and peer support.
- ▶ 90% of participants surveyed said the programme helped promote team building within each care home.





Integrating the Care

Objective 9: We will develop integrated pathways of care for individuals.

Objective 10: We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

INTRODUCTION

The PHA is committed to supporting an integrated HSC system in Northern Ireland, which will enable the seamless movement across all professional boundaries and sectors of care. A number of key improvements were led by the PHA last year which contributed to raising the quality of care and outcomes experienced by patients, clients and their families.



Corporate Plan Strategic Theme: Protecting Health

Protecting the population from serious health threats, such as infectious disease outbreaks or major incidents.

32. Promote One Health Collaboration: Foster Collaboration Between Public Health, Animal Health, and Environmental Sectors to Address The Interconnected Risks of Zoonotic and Gastrointestinal (GI) Diseases by Establishing a Northern Ireland Gastrointestinal and Zoonotic Network

We scoped the possibility of having a one health group situated in Northern Ireland, chaired by PHA and representative of key stakeholders in One Health. This would offer infrastructure to support human, animal and environmental health and a framework to build for sustainable long-term goals and outcomes in protecting the population, aligning to global strategies that other nations are beginning to implement.

Why it's necessary: The increasing frequency and complexity of zoonotic and gastrointestinal (GI) disease outbreaks — often driven by environmental change, global travel, and antimicrobial resistance — highlight the urgent need for integrated approaches to health protection. A One Health group would provide a coordinated infrastructure to detect, prevent, and respond to these threats more effectively.

Who is at risk and who benefits: The population of Northern Ireland stands to benefit, particularly vulnerable groups such as immunocompromised individuals, children, and older adults. Farmers, pet owners, healthcare workers, and those living in proximity to wildlife or agricultural settings are also at elevated risk. A One Health approach ensures that interventions are holistic, equitable, and sustainable.

What is One Health?

One Health is a collaborative, multisectoral, and transdisciplinary approach — working at the local, regional, national, and global levels — to achieve optimal health outcomes by recognising the interconnection between people, animals, plants, and their shared environment.



Outcomes:

- ▶ The scoping exercise highlighted that UK Health Security Agency (UKHSA) currently coordinates some One Health issues and strategies indirectly through proxy groups such as the National Biosurveillance Network (NBN). However, there is currently no dedicated One Health group.
- ▶ A recent Four Nations oversight group discussed the feasibility of establishing a dedicated One Health group with representation from all four nations. While this could reduce the need for a separate Northern Ireland-specific group, there may still be value in forming a smaller internal group to address local issues.
- ▶ At present, the oversight group is proposing a gap mapping exercise to assess the potential value of a One Health group and to explore what its membership might look like.
- ▶ The gap mapping will consider issues already being addressed by other groups, such as the NBN, to avoid duplication of agendas or work.

33. Human Health Antimicrobial Resistance (AMR) Implementation Plan for Northern Ireland

To galvanise commitment from regional stakeholders to ensure delivery of the UK Antimicrobial Resistance (AMR) National Action Plan 2024 – 2029 and to develop an implementation plan for Northern Ireland, PHA hosted an Antimicrobial Resistance Healthcare Leaders event in Riddell Hall in April 2024.

This meeting provided a forum to bring healthcare leaders together, to develop ideas and create the foundations of the Human Health AMR Implementation Plan for Northern Ireland.

Over the following 10 months stakeholders worked collaboratively to produce a roadmap of the local response to AMR. The human health implementation plan outlines the local deliverables to be taken forward by stakeholders across the health and social care matrix.

Action against these deliverables are being progressed through a series of five workstreams including:

- ▶ Infection prevention and control,
- ▶ Engagement, communications and campaigns,
- ▶ Surveillance,
- ▶ Primary care antimicrobial stewardship,
- ▶ Secondary care antimicrobial stewardship.

The implementation plan has been approved and ratified by the Department of Health, and work is ongoing in response to this global threat.

Outcome

- ▶ Production of the Human Health AMR Implementation Plan for Northern Ireland outlining the actions and deliverables in response to AMR over the next 5 years.





Corporate Plan Strategic Theme: Starting Well

Laying the foundations for a healthy life from pre-birth, infancy, early years, childhood to adolescent years.

34. Strengthening Perinatal Mental Health Services for Women and Families

In December 2021, the Health Minister announced funding to support the development of multidisciplinary Community Perinatal Mental Health Teams within each of the five Health and Social Care Trusts. These teams were established to deliver specialist care for women experiencing moderate to severe mental health challenges from 12 weeks gestation through to one year postpartum. Their approach centres on holistic assessment and the provision of tailored treatment plans.

The Public Health Agency (PHA) led on the revision of the Regional Perinatal Mental Health Pathway, in collaboration with multidisciplinary services. The pathway clearly sets out the referral criteria for the newly established Community Perinatal Mental Health Teams and provides guidance to all Health and Social Care professionals who come into contact with women in the antenatal and postnatal period across all settings. The ethos of the service is embedded in the Think Family approach.

The Pathway was launched at the first all island Perinatal Mental Health Conference, which was held in Belfast in March 2025. This brought together experts from across the UK and Ireland including parents with lived experience who provided insightful and compelling personal reflections. The mothers' experiences formed the fundamentals of the Service User Guide which is now given to all mothers who are accepted into Perinatal Mental Health services.

The PNMH service is aligned to the key priorities of the PHA's Corporate Plan to support families to take care of their physical and mental health, and emotional wellbeing, with a particular focus on the first 1,001 days.

Outcomes

- ▶ Multidisciplinary Perinatal Mental Health Teams established in each Trust area.
- ▶ Clear criteria agreed for referral to PNMH specialist services.
- ▶ Consistency of service provision agreed across all five Health and Social Care Trusts.
- ▶ Developed strong links with PNMH Teams in UK and Republic of Ireland.
- ▶ Integrated service users into shaping and developing the service.
- ▶ Developed proposal for a Mother and Baby Unit in Northern Ireland which will enable mothers to receive inpatient treatment while remaining involved in their baby's care.
- ▶ Development of online Perinatal Mental Health training resources, ensuring training is more accessible to a wider range of professional groups.



"I cannot speak highly enough of the care and support I received from the perinatal mental health team. They provided me with care, compassion, support and guidance through two of my three pregnancies and without them things would have been a lot different."



"When I was told social services were coming to see my family I had thought they were going to separate my family, but the social worker told me that they didn't want to separate families, they were there to keep my family together."



Source - Perinatal Mental Health Service User Guide



Corporate Plan Strategic Theme: Living Well

Ensuring that people have the opportunity to live and work in a healthy way

35. Re-development of the PHA's 'Minding Your Head' website

A project team was established comprising the Mental Health and Suicide Prevention Health Improvement Team and Communications Team to review the Minding Your Head website and make recommendations for the site. This review was necessary to bring the information provided up-to-date to improve quality and safety of the website for the population and also to address IT security risks associated with the existing website. A business case and service specification was developed for the redevelopment of the Minding Your Head site, the scope of the re-development was a 'like-for-like' purpose to provide:

- ▶ information on suicide prevention, mental health and emotional wellbeing for the general population
- ▶ a service directory for suicide prevention, mental health and emotional wellbeing services
- ▶ information on suicide prevention, mental health and emotional wellbeing training
- ▶ information on suicide prevention, mental health and emotional wellbeing campaigns

The project team undertook stakeholder engagement involving other PHA staff, C&V sector and HSC Trusts. They also reviewed the learning from the Mental Health Strategy Early Intervention and Prevention Digital Discovery project.

A design refresh was undertaken and new content was developed. The project team focused on user journeys, health literacy and embedding clear calls to action in site. The Minding Your Head website integrates the continuum of care needs that an individual may have in relation to mental health, emotional wellbeing and suicide prevention by enabling users to:

- ▶ Learn how to protect their wellbeing
- ▶ Identify if the symptoms they are experiencing could be a mental health condition
- ▶ Understand what they can do to help themselves
- ▶ Find out what local services are available – filtering to their specific needs
- ▶ Understand when they should contact their GP
- ▶ Know what to do/who to contact if they need immediate help.

The site also integrates to other sources of support including Youth Wellness Web, Family Support NI, Bereaved NI and more to ensure the public can access the right support at the right time.

Outcomes

- ▶ The new Minding Your Head site launched in December 2024
- ▶ 78 services are registered on the site
- ▶ User feedback on the site:
 - 'I'm really impressed. It makes me feel warm, feels very familiar'
 - 'The content is really good. It will be able to reach out to lots of different people and age groups'
 - 'I would definitely recommend it and use it myself'
- ▶ In the three-month period following launch on the site there were 3,600 users of the site, with an average event count of 10 compared 4 in the same time period in 23/24. The majority of users of the site were first time visitors. 50% of visitors used a mobile phone to access the site and the most popular page was 'Finding help'.
- ▶ The website is being promoted by a broad range of stakeholders including HSC Trusts, Government Departments, Community and Voluntary Sector and community groups including sports clubs.

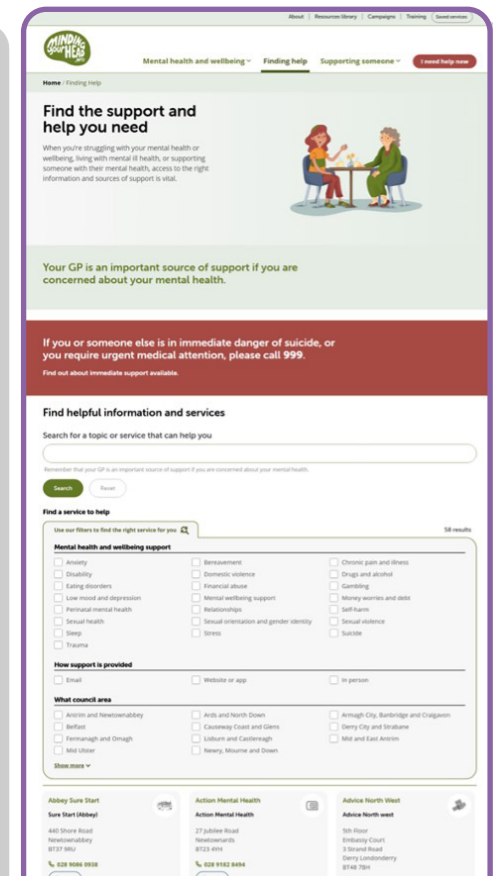
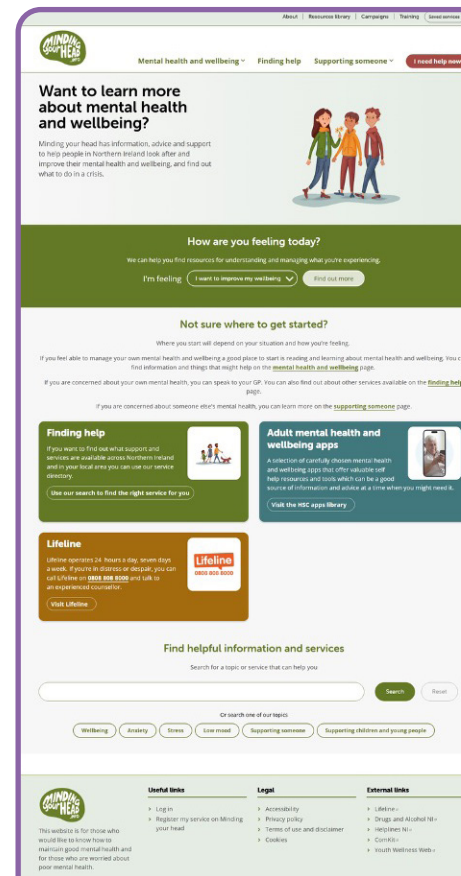


Find the support and help you need

When you're struggling with your mental health or wellbeing, living with mental ill health, or supporting someone with their mental health, access to the right information and sources of support is vital.



Your GP is an important source of support if you are concerned about your mental health.





36. Non-Medical Prescribing Allied Health Professionals and Nurses

The Public Health Agency (PHA) working closely with colleagues in the Strategic Planning and Performance Group (SPPG) provides guidance, standards, and frameworks for non-medical prescribing (NMP) in Northern Ireland, ensuring patient safety and effective use of skills.

A Public Health Agency Allied Health Professions (AHP) Consultant and Consultant Nurse are the regional leads for non-medical prescribing for AHPs and Nurses respectively and promote non-medical prescribing as enhanced practice to meet the populations health need.

As independent prescribers, Nurses, Physiotherapists, Paramedics, Radiographers and Podiatrists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice. Physiotherapists, Paramedics, Radiographers and Podiatrists can only prescribe from a limited range of controlled drugs. Nurses can prescribe all controlled drugs in schedules two – five of the British National Formulary. As supplementary prescribers, Nurses, Physiotherapists, Podiatrists, Paramedics, Radiographers, Dietitians and Optometrists may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan, which has been agreed with a doctor.

Controlled Drugs

Amendments to controlled drug legislation has allowed Podiatrists, Physiotherapists, Paramedics and Therapeutic Radiographers Independent Prescribers to prescribe and administer a limited number of controlled drugs.

The PHA supported SPPG with the introduction of New Models of Prescribing which allows prescribers working at interfaces between HSC Trusts and General Practice to prescribe a medication directly to the patient which can then be dispensed in the community.



Outcomes

- ▶ New models of prescribing has resulted in benefits to patients, healthcare professions and the healthcare system. Patient benefits include quicker access to medicines in the outpatient setting, fewer risks with medication due to less need for transcription between professions and optimal titration to therapeutic doses of treatment.
 - ▶ Regular meetings of the regional Nursing Non-Medical Prescribing Forum and the regional AHP Non-Medical Prescribing Forum, chaired by the PHA to:
 - Share and discuss regional and local NMP developments.
 - Share best practice.
 - Raise the profile of NMP and
 - Promote NMP as a valuable service delivery option.
 - ▶ Paramedics registered as non-medical prescribers for the first time in Northern Ireland.
 - ▶ The implementation of the Foyle Hospice Pathfinder Project which is included in more detail elsewhere in this Annual Quality report.
- Other outcomes PHA contributed to:
- ▶ The development of SPPG guidance and risk assessment relating to prescribing and dispensing/supply/administration by the same healthcare professional.
 - ▶ NMP Data Review Group which is responsible for ensuring that the prescribing information relating to NMPs is adequate, relevant, in line with current evidence and guidance and will support and monitor work to effect change in NMP practice.
 - ▶ Ongoing work to improve electronic application for NMP prescribing ciphers.
 - ▶ Transition for the application and approval process for NMP from SPPG to Trusts.
 - ▶ Various medicine management, safety and optimisation groups.
 - ▶ Efficiencies to the healthcare system were achieved due to:
 - fewer transcription errors e.g. £3.8k saved per lymphoedema physiotherapist prescriber per annum,
 - prescribing savings, and
 - reduced need for community nursing resource e.g. £15k-£22k per lymphoedema physiotherapist prescriber per annum.
 - ▶ Implementation of robust governance systems and standardisation of processes resulted in improved time management and avoidance of duplication of effort. For example, the Dietetic ordering of ONS for care home patients reduced the time take for community pharmacy supply of the product by 10 days.