HSC Public Health Agency

ANNUAL QUALITY REPORT 2025/26

QUALITY 2020



Transforming the Culture



Strengthening the Workforce



Measuring Improvement



Raising the Standards



Integrating the Care

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

I am pleased to present our thirteenth Annual Quality Report, covering the period from 1 April 2025 to 31 March 2026.

This report highlights the significant work undertaken across the Agency to improve the quality, safety and effectiveness of health and social care services for the population of Northern Ireland. It demonstrates our continued commitment to supporting improvement, reducing harm and delivering better outcomes through partnership working, innovation and evidence-based practice.

Throughout the year, PHA has worked closely with the Department of Health, Strategic Planning and Performance Group, Health and Social Care Trusts, local government, community and voluntary organisations, and service users to drive improvements across a wide range of programmes. The achievements outlined in this report reflect the dedication of our staff and partners in addressing both current challenges and future priorities.

We continue to operate within a complex and demanding environment, characterised by increasing demand, workforce pressures and financial constraints. Despite these challenges, our focus remains on delivering high quality services, supporting learning and improvement, and placing the needs of patients, service users and communities at the centre of everything we do.

I would like to thank all staff, partners, carers, volunteers and service users who have contributed to the achievements described within this report. Their commitment and collaboration have been instrumental in helping us improve health and wellbeing outcomes across Northern Ireland.

As we look ahead, we remain committed to working together to improve quality, strengthen services and support better outcomes for the people we serve.

Thank you



Aidan Dawson
Chief Executive
Public Health Agency



Transforming the culture

INTRODUCTION

The 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.

PHA continue to work in partnership with SPPG, DoH policy leads and HSC Trusts the redesign the current SAI Procedure. The project will seek to address the recommendations from the Inquiry into Hyponatraemia-related Deaths and the Independent Neurology Inquiry alongside recommendations from the RQIA Review of Systems and Processes for Learning from SAIs.

The recommendations from these reports have provided a strong evidence base to support the development and introduction of a new framework which will support the identification, review, capture and embedding of learning from healthcare incidents or events.

1. Serious Adverse Incidents: Monitoring, Learning and Improving Together

The PHA and the Strategic Planning and Performance Group (SPPG) continue to work collaboratively to monitor, review and learn from Serious Adverse Incidents (SAIs) across Health and Social Care services in Northern Ireland. Through the analysis of SAI data and the dissemination of learning identified through reviews, both organisations support a culture of openness, learning and continuous improvement. This work helps identify emerging risks, strengthen systems and improve the safety and quality of care for patients and service users.

What We Did

During 1 April 2025 to 31 March 2026, 479 SAI notifications were reported across HSC organisations. Learning was shared on recognition and management of deteriorating patients, delayed diagnosis and treatment, medication safety, medical device issues, communication and documentation failures, and escalation of care. This learning was promoted through publications, presentations, networks and quality improvement forums to support safer practice across the system.



Table 1. SAIs by Reporting Organisation

Category	Number
BHSCT	107
NHSCT	90
NIAS	45
PCARE	6
SEHSCT	94
SHSCT	66
WHSCT	71
TOTAL	479

Table 2. SAIs by Level of Review

Category	Number
Level 1	427
Level 2	47
Level 3	5
TOTAL	479

Table 3. SAIs by Programme of Care

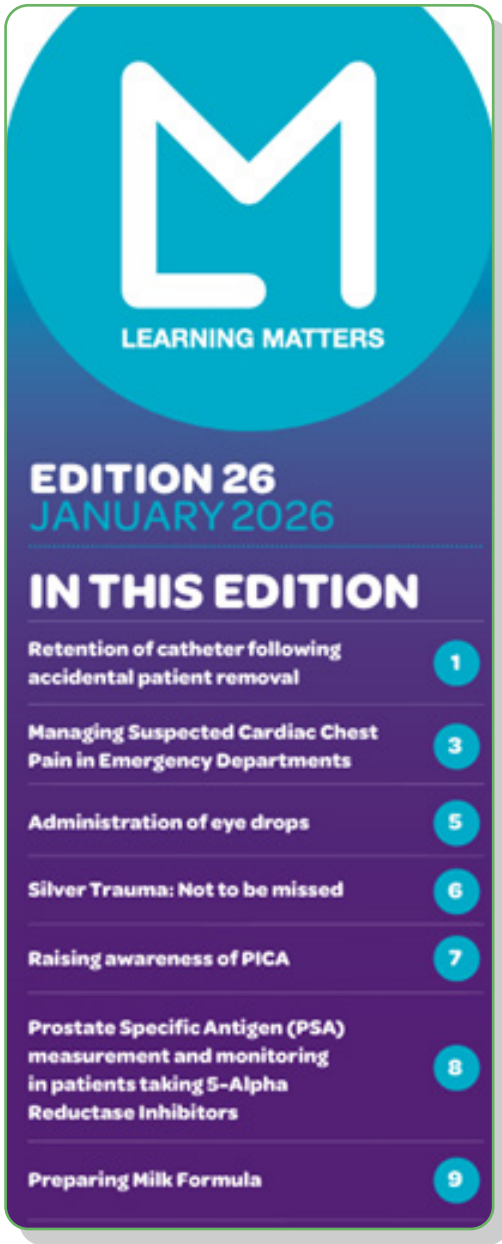
Category	Number
Acute Services	228
Maternity and Child Health	50
Family and Childcare (inc CAMHS)	23
Older People	33
Mental Health	119
Learning Disability	16
Physical Disability and Sensory Impairment	1
Primary Health and Adult Community	6
Corporate Business/Other	2
Health Promotion and Disease Prevention	1
TOTAL	479

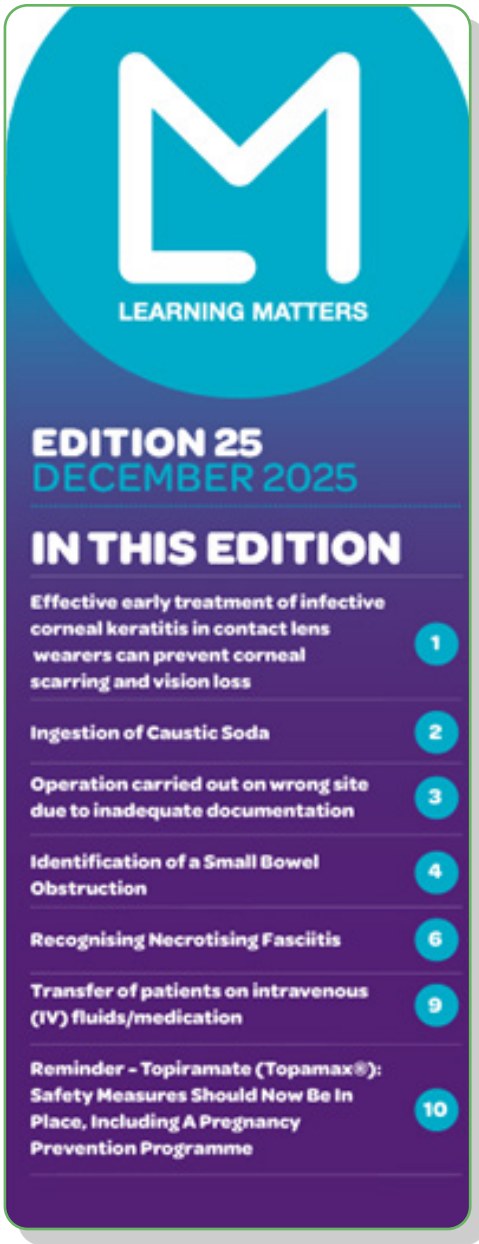
Outcomes

- Learning from SAIs was shared widely through newsletters, presentations, networks and quality improvement forums.
- Staff were provided with accessible case-based examples to support safer practice.
- Learning identified in one organisation was shared across the wider HSC system.
- Awareness of evidence-based guidance and patient safety resources was increased.
- A culture of openness, reflection and continuous improvement was reinforced.
- Regional collaboration between PHA, SPPG and HSC organisations was strengthened.

Looking Ahead

PHA and SPPG will continue to review SAI data, identify emerging trends and share learning across the HSC system. Future work will focus on enhancing the accessibility of learning resources, increasing staff engagement with safety learning and strengthening evidence of how shared learning leads to safer outcomes.





2. Strengthening Complaints Handling and Learning Through Implementation of the Model Complaints Handling Procedure

Northern Ireland Public Services Ombudsman

A significant milestone for Health and Social Care (HSC) during 2025/26 was the introduction of the new Model Complaints Handling Procedure (MCHP), published by the Northern Ireland Public Services Ombudsman (NIPSO) on 1 July 2025 and fully implemented across Health and Social Care from 1 January 2026. The MCHP establishes a consistent, accessible and transparent approach to complaints handling, with a strong emphasis on early resolution, learning and service improvement.

The introduction of the MCHP provided an opportunity not only to align local complaints processes with the new statutory requirements, but also to strengthen regional arrangements for the oversight, analysis and use of complaints information to support quality improvement and patient safety. The MCHP reinforces the principle that complaints are a valuable source of insight and should be used proactively to identify opportunities for learning and improvement across the health and social care system.

As a HSC organisation in its own right, the PHA reviewed and strengthened its own complaints handling processes to ensure they reflected the standards, governance requirements and learning-focused approach set out within the MCHP. Alongside this in preparation for implementation, the PHA worked collaboratively with Strategic Planning and Performance Group (SPPG) as leads, HSC Trusts, Primary Care colleagues and other stakeholders to develop a new regional complaints dataset. Introduced from April 2025, the dataset established a consistent approach to the recording and reporting of complaints across all organisations.

Key enhancements included the introduction of standardised complaint categories and sub-categories, improved speciality and programme of care coding, and the collection of additional information relating to complaint outcomes, extensions, links to adverse incidents and referrals to NIPSO.

The dataset has strengthened the quality of information available at both local and regional levels. Complaints can be analysed consistently across organisations, enabling the identification of emerging themes, trends and areas of concern. This has improved the ability to triangulate complaints data with information from other governance and safety processes, supporting a more comprehensive understanding of service quality and patient experience.

The strengthened arrangements reflect a wider commitment across HSC to fostering a culture in which complaints are welcomed, valued and used as a catalyst for improvement. Through improved data quality, enhanced analysis and stronger governance processes, organisations are better positioned to identify learning, understand patient and service user experiences, and inform improvement activity. These developments support the overarching aims of the MCHP and contribute to ongoing efforts to improve safety, quality and person-centred care across the HSC system.

For more information - Model Complaints Handling Procedures | NIPSO

3. Strengthening the culture of person – centred care

Patient Quote "*Our world shattered into a million pieces, all within a few seconds of hearing the one word – Cancer!"*

The PHA nurse consultant for cancer led a Test of Change project introducing the role of the Macmillan Personalised Care Support Worker (PCSW). The project commenced in January 2025 for 14 months exploring how a dedicated cancer support worker role could strengthen the cancer workforce and improve delivery of personalised care. The PCSW worked alongside Cancer Nurse Specialists and the wider multidisciplinary team to support people living with and beyond cancer.

The role focused on providing proactive person-centred support, undertaking holistic needs assessments, supporting care planning, facilitating health and wellbeing conversations, signposting to community and voluntary sector services, and helping patients navigate the cancer pathway. These actions help address the strategic theme of Living Well, ensuring that people with a cancer diagnosis can access local community support to maximise their wellbeing. This strongly enables several actions within the Northern Ireland Cancer Strategy and aligns to the principles of the RESET and the Neighbourhood model. The PCSW provided practical and emotional support to people living with cancer whilst enabling registered professionals to work at the top of their scope of practice.

Throughout the Test of Change, activity data, patient feedback and staff feedback were collected to evaluate the impact of the role on workforce capacity, patient experience and service delivery. The evaluation examined how the PCSW contributed to service efficiency, addressed unmet needs and strengthened multidisciplinary working across the cancer pathway.

Outcomes:

- **2,026 patients** were offered a Holistic Needs Assessment across participating Trusts.
- **570 personalised care plans** were generated, supporting delivery of personalised care.
- The most common non-clinical concerns identified were **fatigue, anxiety/worry, sleep difficulties, financial concerns and uncertainty about the future**, enabling earlier intervention and support.
- **65% of interventions (308 patients)** required Level 3 or Level 4 support, demonstrating significant unmet psychosocial and practical needs.
- Delivery of HNAs by PCSWs released an estimated **570 hours of CNS time** for complex clinical care.

- Completing HNAs through the PCSW model cost approximately **£13 per hour compared with £24 per hour for CNS delivery**, providing an estimated workforce efficiency benefit of **£6,270**
- CNSs reported increased capacity for face-to-face clinical care, treatment discussions and key worker responsibilities.
- Patients reported feeling more supported, informed and in control of their care, with feedback highlighting the value of personalised conversations and ongoing support.

Patient Quote *"HNA – Excellent service…. One of the most important calls I have ever received"*

The evaluation provided sufficient evidence for Macmillan, in line with their strategic vision for personalised care, to commit **£1.6 million of investment** to support regional rollout of the model, funding 2 whole time equivalent PCSWs per HSC Trust.

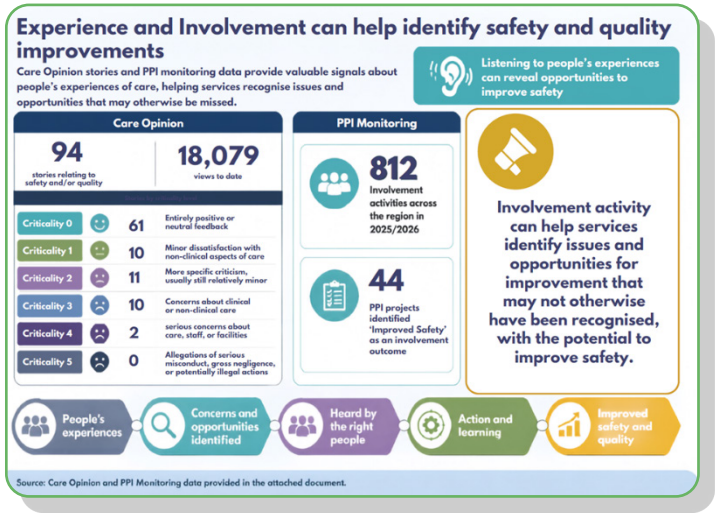


4. Experience and Involvement: Using People's Voices to Improve Safety and Quality

During 2025/26, the PHA continued to gather and review feedback from service users, carers and families through Patient and Client Experience (PCE), and to monitor Personal and Public Involvement (PPI) activity across Health and Social Care organisations.

These sources provide valuable insight into people's experiences of care and help identify areas of good practice, concerns requiring attention and opportunities for improvement that may not otherwise be recognised.

Care Opinion stories relating to safety and/or quality were reviewed to understand the nature of people's experiences, ranging from positive and neutral feedback through to concerns about clinical and non-clinical care.



Alongside this, regional PPI monitoring provided information on involvement activity across HSC organisations and the outcomes being reported as a result of involving service users, carers and communities in the development and improvement of services.

Taken together, experience and involvement data provide an additional source of intelligence about quality and safety from the perspective of people who use services. This helps ensure that the voices of service users and carers form part of wider learning and improvement across Health and Social Care.

5. Age Friendly Awareness Training

Between 16 and 31 March 2026, PHA commissioned Delivering Options through Tailored Solutions (DOTS) to deliver an Age Friendly Awareness Training Programme across Northern Ireland to increase understanding of ageing, challenge ageism, and strengthen the ability of organisations to provide age-friendly services. Four face-to-face workshops were held in Ballymena, Derry/Londonderry, Lisburn and Omagh, bringing together participants from statutory, community and voluntary, and local business sectors. The programme was aligned with the World Health Organisation (WHO) Age-Friendly Framework and used an interactive learning approach. Participants took part in reflective discussions, organisational self-assessment activities, and experiential exercises focused on communication, accessibility and inclusion. To deepen understanding, the sessions included ageing simulation suits, visual impairment simulation tools, and lived-experience vox pop videos. Supporting resources, including a workshop booklet, presentation materials and a pre-recorded webinar, were provided to all participants. The webinar was also developed as a sustainable learning resource to support ongoing staff development, induction and organisational learning beyond the workshop programme.

Outcomes:

- 89 individuals registered for the training programme and 70 attended in person.
- An additional 101 online webinar views were recorded by 31 March 2026.
- Total programme engagement reached 171 individuals across in-person and online learning opportunities.
- Participants reported increased understanding of ageing and age-related challenges.
- Hands-on simulation activities improved empathy and awareness of barriers experienced by older people.
- Participants identified practical actions to improve age friendliness within their own services and organisations.
- Organisations reported increased staff confidence and capacity to deliver inclusive, age-friendly services.
- Feedback was overwhelmingly positive, highlighting the quality of facilitation, interactive learning methods, networking opportunities and practical relevance of the programme.

6. e-Bug and STEM Ambassador Collaboration

e-Bug is a health education programme for infection prevention and antimicrobial resistance (AMR) and is available for free to teachers and community educators.

The e-Bug platform was actively promoted across the region through a collaborative initiative between PHA and Science, Technology, Engineering or Mathematics (STEM) Ambassadors, with the aim of increasing awareness and understanding of antimicrobial resistance (AMR) and infection prevention among school-aged children. As part of this initiative, STEM Ambassadors delivered engaging and interactive e-Bug lessons to pupils in 15 schools, reaching a diverse audience across primary and post-primary education settings.

The lessons were designed to introduce key concepts relating to microbes, the spread of infection, appropriate hygiene practices, and the responsible use of antibiotics. Through practical activities, discussions, and age-appropriate educational resources, pupils gained a greater understanding of how infections can be prevented and why antibiotics should be used responsibly. Educating our children and young people about the threat from AMR and the actions they can take to prevent it is crucial to building a health literate population who can take actions to protect antimicrobials for future use.

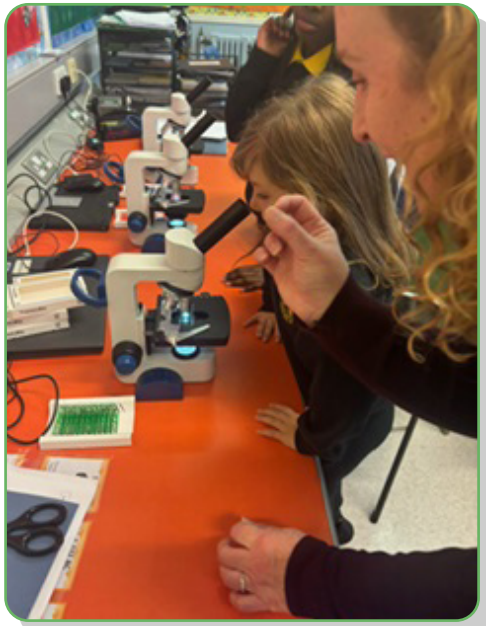
The involvement of STEM Ambassadors brought real-world scientific knowledge and expertise into the classroom, helping to inspire interest in science while reinforcing important public health messages. Their participation also supported teachers in delivering curriculum-linked learning on health, hygiene, and microbiology.

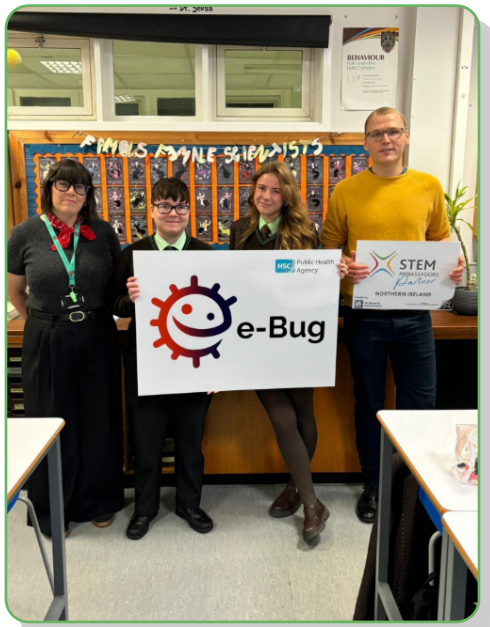
Due to the success of the collaboration, the initiative was submitted into a competitive tender for a National Institute Health Research funded Public Health Interventions Responsive Studies Team evaluation which has been successfully awarded and will start in August 2026.

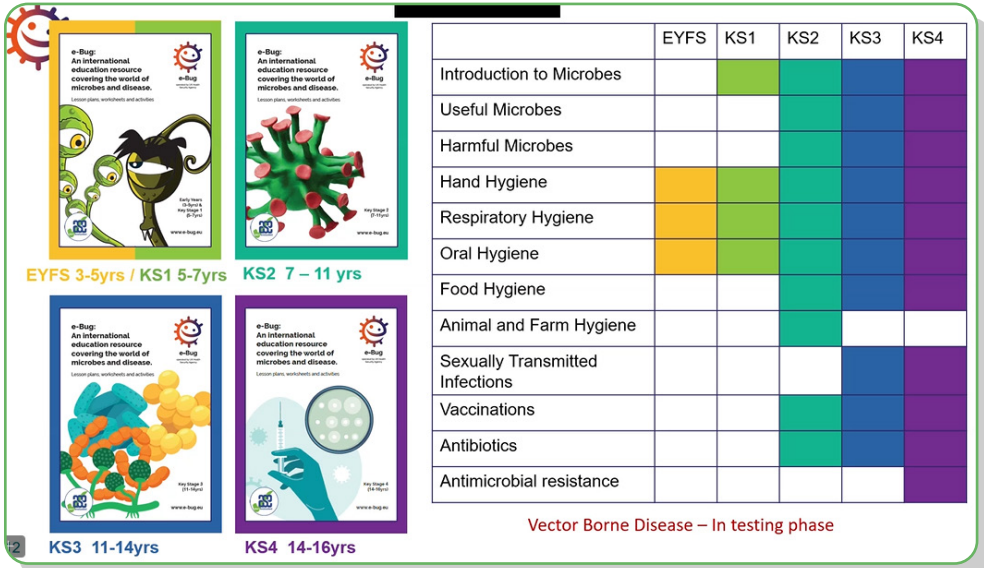


Outcomes:

- AMR and infection prevention principles were taught to approximately **450 primary and post primary pupils**
- Feedback from STEM ambassadors and participating schools was overwhelmingly positive, and especially where STEM ambassadors from Key Stage 4 delivered lessons to primary school pupils.
- The initiative successfully raised the profile of the e-Bug platform as a valuable educational resource.
- The programme strengthened efforts to embed antimicrobial resistance (AMR) awareness within school communities.
- Early engagement with young people helped build long-term understanding of: Infection prevention, and responsible use of antibiotics







	EYFS	KS1	KS2	KS3	KS4
Introduction to Microbes					
Useful Microbes					
Harmful Microbes					
Hand Hygiene					
Respiratory Hygiene					
Oral Hygiene					
Food Hygiene					
Animal and Farm Hygiene					
Sexually Transmitted Infections					
Vaccinations					
Antibiotics					
Antimicrobial resistance					

Vector Borne Disease – In testing phase



7. Pioneering Clinical Trials Centre increases opportunities for people to take part in research

HSC Public Health Agency
Research and Development

Research is at the heart of transforming our Health and Social Care system, improving patient outcomes and supporting economic growth; evidence shows that research active hospitals have better patient outcomes.

Following an investment from the Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG) Investment Programme, the South Eastern Health and Social Care Trust (SEHSCT) in partnership with HSC Research & Development Division launched a new Clinical Trial Centre at the Ulster Hospital site.

Equipped with 23 rooms, the Ulster Hospital Clinical Trials Centre includes consultation examination rooms, a meeting room, a dedicated drug dispensary, a central observation unit for drug monitoring (including overnight stays), an infusion suite and an onsite laboratory testing area linked to the hospital's core laboratory.

Through taking part in clinical trials research participants often receive cutting-edge medications at no cost to the NHS, while helping accelerate the development of new therapies and medical technologies that improve outcomes for future generations.

The research taking place at the new Centre will benefit patients directly, targeting the conditions that affect them most and attracting research that will provide them with faster access to life-changing treatments.

Outcomes:

- A new 23 room Clinical Trial Centre was launched at the Ulster Hospital site.
- The facility will significantly broaden the scope and scale of research available to patients in the South Eastern Trust and beyond.
- Among the first to benefit from the new Centre is cardiology research patient, Moya Gibson from Groomsport, who is taking part in the VICTORION-1-PREVENT study. Moya has been identified as being at very high risk for future heart disease. Traditional risk factors such as high blood pressure and cholesterol can be easily identified and treated. Her condition causes her to have episodes of dizziness.
- VICTORION-1-PREVENT is a pivotal Phase III global clinical trial that assesses the effectiveness of the investigational drug, Inclisiran. This is a brand-new type of drug for cholesterol reduction and it may help prevent cardiovascular events in adults at high risk for heart disease. The study involves around 14,000 participants across 45 countries, aiming to better understand how the drug may help reduce "bad" LDL cholesterol levels and prevent heart attacks or strokes.
- Clinical research within Health and Social Care offers significant benefits, giving patients early access to medical breakthroughs, innovative treatments and improved care



Opening the new centre is L/R: Roisin Coulter (Chief Executive, South Eastern Trust), Health Minister, Mike Nesbitt, MLA, Professor Patrick Donnelly (Clinical Research Director and Consultant Cardiologist, South Eastern Trust), Dr Rhonda Campbell (Assistant Director of Health and Social Care Research & Development (HSC R&D)) & Professor Ian Young, (Chief Scientific Officer, Department of Health)



Aaron McGibbon (Research & Development Governance Co-Ordinator, South Eastern Trust) and Stephanie Kelly (Research Manager, South Eastern Trust) with Health Minister, Mike Nesbitt MLA

8. Roadshows for World Antimicrobial resistance Awareness Week

The health protection team, with support from colleagues across PHA and other partner organisations, went on a roadshow across the region to increase public awareness and understanding of antimicrobial resistance (AMR), infection prevention, and the responsible use of antibiotics. The roadshow visited five different venues, with one event taking place in each Health and Social Care Trust area, ensuring broad geographical coverage and providing opportunities to engage with a diverse range of communities.

The events were designed to raise the profile of AMR as a significant public health issue and to encourage individuals to take simple but effective actions to help prevent the spread of infection. Educational resources and engagement activities were used to communicate key messages about hand hygiene, respiratory etiquette, and the importance of using antibiotics only when prescribed by a healthcare professional.

Members of the public were able to speak directly with healthcare professionals and public health representatives, providing an opportunity to ask questions and gain a better understanding of how antimicrobial resistance develops and why it poses a growing threat to healthcare systems worldwide. Resources were also distributed to signpost individuals to reliable sources of information and to support ongoing learning beyond the events.

A key feature of the roadshow was an interactive AMR quiz, which encouraged participants to test their knowledge and challenge common misconceptions about antibiotics and antimicrobial resistance. The quiz provided an engaging and accessible way to learn, prompting discussion around topics such as the differences between bacterial and viral infections, and the actions individuals can take to prevent the spread of infection. The quiz proved popular with attendees of all ages and helped reinforce key educational messages in a memorable way.



Outcomes:

- The roadshow was delivered across all five Trust areas, helping to ensure equitable access to public health information.
- The initiative facilitated engagement with a wide range of audiences, including:
  - Families
  - Older adults
  - Students
  - Community groups
- The roadshow successfully increased awareness of antimicrobial resistance (AMR).
- Key infection prevention messages were reinforced through the initiative.
- The programme contributed to wider regional and national efforts to tackle antimicrobial resistance.
- By bringing public health messages directly into community settings, the roadshow:
  - Increased understanding of AMR and infection prevention
  - Encouraged positive behaviour change
  - Strengthened community awareness of this important public health challenge







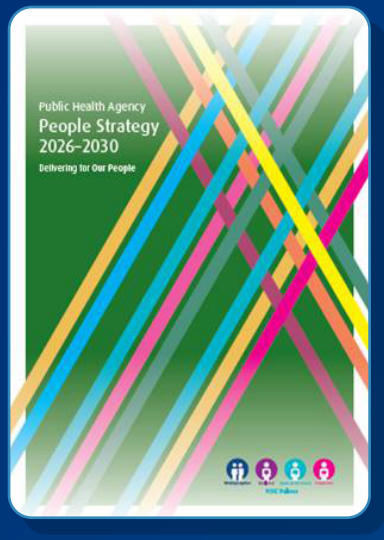
Strengthening the Workforce

INTRODUCTION

The Public Health Agency has approximately 417 staff working collaboratively to deliver a vast Public Health Agenda. To underpin this, a new four year People Strategy has been developed which outlines a clear ambition:

"To create a compassionate and inclusive workplace which builds on then dedication, expertise and commitment already demonstrated by our staff. By continuing to nurture compassionate relationships, proactive support, and understanding of diverse needs, we aim to empower our people through openness, collaboration, and excellence to improve health and wellbeing foreveryone in Northern Ireland."

The PHA will work to implement the People Strategy, its goals and objectives over the coming years, building a workplace culture that attracts, retains, and develops talented individuals, enabling us to meet current and future public health needs with compassion and excellence. [link to people strategy]



9. Strengthening cancer workforce communication capability through the development of a tiered communication skills training framework.

Effective communication is central to safe, person-centred, high-quality care, yet communication quality is inconsistent. In an endeavour to improve communication in cancer services, the NI Cancer Strategy (DoH, 2022), set out, in Action 53 that:

All healthcare professionals who are expected to carry out sensitive communication must complete an advanced communication skills training (ACST) programme. (p.106)

Since 2024, PHA Regional Advanced Communication Skills Training Programme Lead has been instrumental in enabling the a response with 500 professionals completing ACST over 27 months.

While investment in Advanced Communication Skills Training has strengthened specialist capability, stakeholders consistently report that:

- ACST is reaching a small percentage of professionals and it alone cannot meet the needs of the wider workforce.
- Sensitive cancer-related conversations occur across all settings, not only within cancer MDTs.
- All Health and Social Care staff require communication skills training, but not the same training.
- A tiered, scalable, evidence-based model is required to build required skills across the workforce, ensure consistency and reach to staff within statutory, independent and voluntary services.

A regional stakeholder workshop, bringing together 49 stakeholders including people with lived experience, healthcare professionals, university educators, policymakers and workforce development leaders took place in November 2025 to explore how communication skills could be strengthened across the cancer workforce and wider Health and Social Care system.

Outcomes:

Stakeholders strongly supported the development of a tiered communication skills framework (the Framework) comprising Foundation, Intermediate and Advanced levels aligned with agreed core principles, defined critical skills and experiential learning methods to maximise skill development over awareness raising or knowledge growth. The Framework was viewed as a practical and scalable approach to ensuring communication training is aligned to workforce needs while maintaining consistency but flexibility across organisations and professions. The development and implementation of the framework will be rolled out during 2026.

10. Advancing Advance Care Planning: Three Levels of ACP Education Now Available for Staff

For Now and For the Future Advance Care Planning (ACP) for Adults in Northern Ireland is underpinned by education and training. ACP is a key component of person-centred care, enabling individuals to express their wishes, values and preferences for future care and treatment.

At the launch of the policy, a three-tiered ACP Capabilities Framework was developed to support and strengthen staff knowledge, confidence and capability in undertaking ACP conversations. PHA has worked alongside colleagues from the Clinical Education Centre (CEC) to ensure that three levels of ACP training are available to staff across health and social care services.

The programme offers a progressive learning pathway that supports staff according to their role and level of involvement in ACP discussions:

- **Level 1: ACP Awareness and ReSPECT** is available to all staff and members of the public. It provides foundational knowledge on the principles of ACP, the benefits for patients and families, and the role everyone can play in supporting person-centred conversations.
- **Level 2: ACP Conversations** is designed for staff and community leads involved in supporting, encouraging and providing care to a person who may have, or require, a ReSPECT Plan. It equips participants with the skills and confidence to initiate and engage in meaningful ACP discussions.
- **Level 3: ACP Facilitation and Leadership** supports experienced practitioners who have a significant role in leading, facilitating, documenting and sharing ReSPECT conversations. These practitioners will also mentor colleagues and champion ACP within their teams and organisations.

The availability of these three levels of training supports the implementation of regional ACP standards, promotes a consistent approach to ACP practice, and ensures that patients, families and carers are offered opportunities to discuss and record what matters most to them. As awareness of the programme increases, it is anticipated that training uptake across all levels will continue to grow over the coming months, further strengthening workforce capability and confidence in Advance Care Planning.

Outcomes:

- Three levels of ACP education are now available through a structured learning pathway. Levels 1 and 3 are available via eLearning, while Level 2 is delivered through the Clinical Education Centre.
- Supports regional standardisation by ensuring staff can access training appropriate to their role, experience and responsibilities.
- Increases opportunities for staff to develop confidence and competence in ACP conversations.
- Supports earlier and more meaningful person-centred conversations about future care preferences.

- Promotes consistency in ACP practice across services and care settings.
- Enhances person-centred care by ensuring patients' values, wishes and preferences are recognised and respected.
- Builds organisational capacity through the development of ACP champions and leaders.
- Contributes to improved communication between patients, families and healthcare professionals.
- Supports implementation of regional and organisational ACP priorities.
- Training uptake is expected to continue to increase over the coming months as awareness of the programme grows and organisations embed ACP training within workforce.

CEC attendance figures

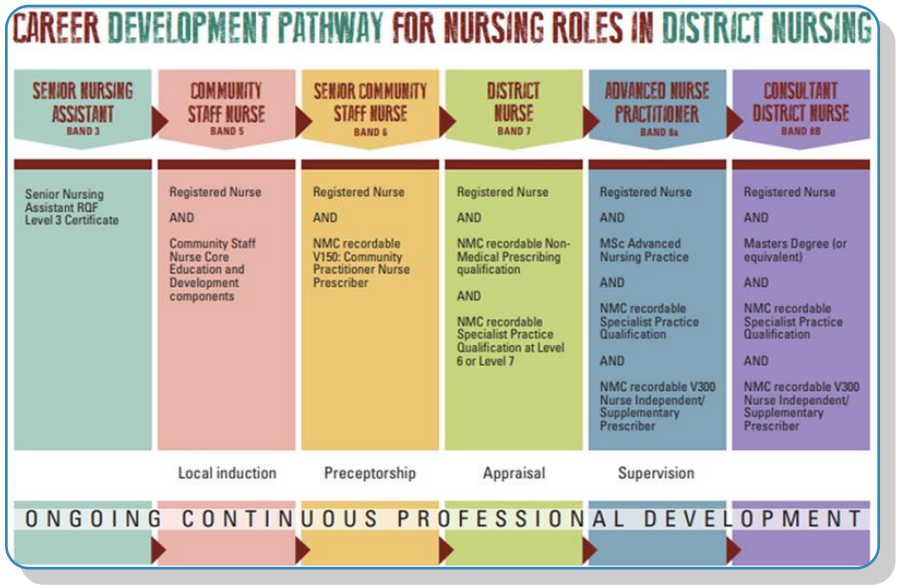
Application status	Number of Applications
Attended	1,045
Did Not Attend	100
Late Cancellation	84
Did Not Complete	110
Yet To Run	84
Total	**1,423**



11. Exploring the Role of the Advanced Nurse Practitioner within District Nursing (DN) in Northern Ireland (2026)

The Nursing and Midwifery Task Group Report (DoH 2020) highlighted that significant transformation of nursing and midwifery services was essential to the stability and sustainability of the Northern Ireland HSC system. Similar to many other countries NI is experiencing an increasing demand for healthcare services with more older individuals with co-morbidities and polypharmacy often requiring more complex care.

The District Nursing Career Pathway (2022) below was a key outcome in realising this vision in relation to the funding and recruitment of Advanced Nurse Practitioners (ANP) within the District Nursing Service in NI.



Each HSC Trust was funded for one ANP within District Nursing at that time, this was progressed and from 2024-2026 a focus was placed on the development of these ANP roles by all Trusts lead & monitored by the PHA.

Outcomes:

- The ANPs within DN are a critical asset to the delivery of integrated, person-centred, high-quality care in the community. With autonomous practice, leadership and cross-boundary collaboration they improve patient experiences through timely assessment and treatment.
- The ANPs within DN improve clinical outcomes with reduced admissions to hospital, a reduction in the need for GP home visits, and contribute overall to the transformation and modernisation of community services.
- As the NI Neighbourhood Model develops further and the demand for complex community care increases, the ANP (DN) role will continue to be central to person-centred patient care; prevention of ill-health and promotion of well-being within communities, new innovative treatments/practice, workforce development and the provision of sustainable health and social care within the community.
- The PHA are now progressing Key Performance Indicators for this role to ensure regional standardisation and reporting.

12. High Consequence Infectious Disease PPE Training Event

PHA organised and hosted a 3-day High Consequence Infectious Disease (HCID) Train the Trainer (TTT) programme, delivered by 5 specialist HCID trainers from Sheffield. The event trained 60 clinical staff and educators from across Northern Ireland, including representatives from all Health and Social Care Trusts and the Northern Ireland Ambulance Service (NIAS).

The HCID Network has extensive experience in delivering TTT programmes in line with the National Infection Prevention and Control Manual (NIPCM) for England. National guidance states that all clinical medical and nursing staff who may be required to wear Personal Protective Equipment (PPE) when assessing or caring for suspected or confirmed HCID cases must be trained, practised and competent in the use of the HCID assessment ensemble.

The programme was designed to standardise training delivery and ensure consistency in both educator and learner outcomes. Through this approach, local trainers, educators and healthcare workers identified by the Northern Ireland team are now equipped to cascade HCID PPE training across relevant healthcare settings within their organisations.

To support implementation and ongoing development, the HCID Network has committed to providing quarterly virtual meetings with trainers over the next 12 months and will continue to offer additional support as required.

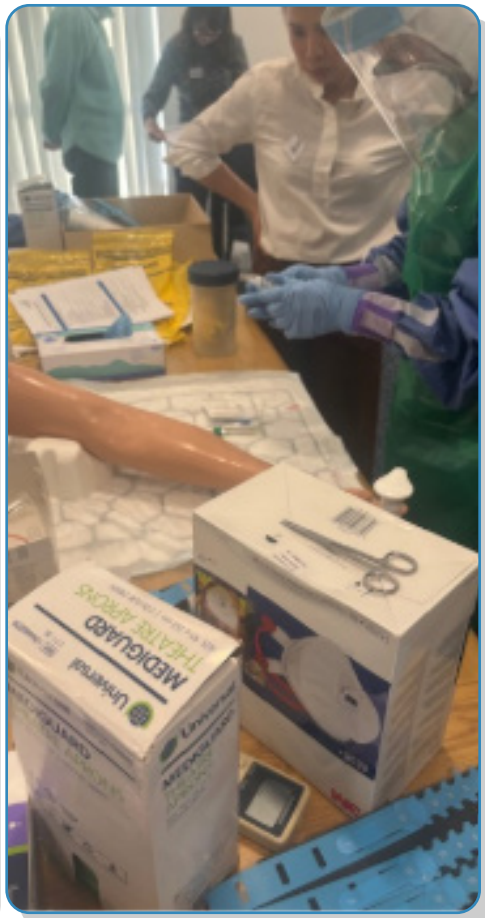
This training has strengthened Northern Ireland's preparedness and response capability, ensuring that healthcare staff across the region are trained and competent in the appropriate infection prevention and control measures, including the correct use of PPE, should a suspected or confirmed HCID case arise.



Outcomes:

- Trainers made the content engaging, encouraged participation and fostered discussion throughout the programme.
- The hands-on practical sessions were identified as one of the most valuable aspects of the training.
- Participants found the donning and doffing PPE exercises particularly beneficial in building confidence and competence.
- Waste management discussions were highlighted as an important and useful component of the programme.
- Attendees valued the opportunity to learn from trainers with first-hand HCID experience and expertise.
- Increased knowledge and understanding of HCID preparedness and response requirements.
- Improved confidence and competence in the correct use of HCID PPE.
- Established a network of trained educators able to cascade training across Northern Ireland organisations.
- Enhanced regional preparedness and resilience in the event of a suspected or confirmed HCID case.
- Ongoing collaboration with the HCID Network will help maintain competencies and strengthen HCID response arrangements across Northern Ireland.





13. Pressure Ulcer Prevention and System Learning in Action

The Regional Adult Inpatient Pressure Ulcer Prevention Group continued to provide strategic leadership for pressure ulcer prevention across Northern Ireland. Coordinated by the PHA, the multidisciplinary group brings together representatives from all Health and Social Care Trusts and regional partners to strengthen system learning, support evidence - informed practice and reduce unwarranted variation.

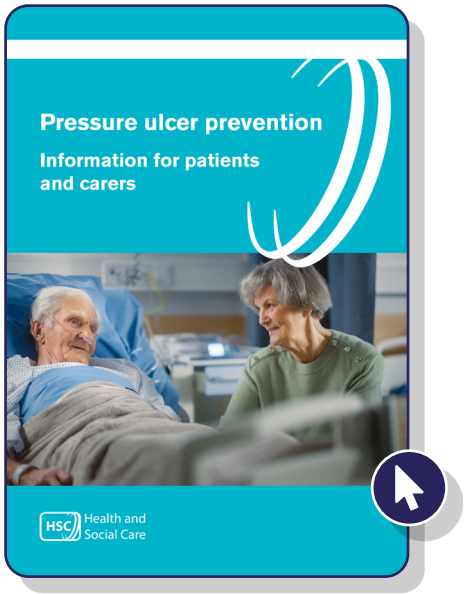
Key areas of work included:

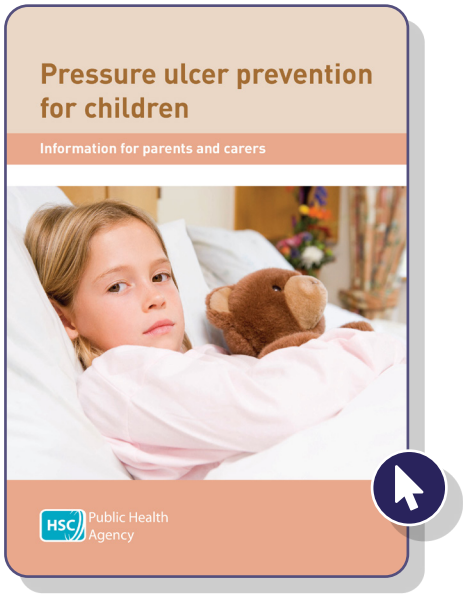
- sharing learning from incidents, emerging evidence and regional practice to inform continuous improvement;
- reviewing and updating regional pressure ulcer prevention guidance and resources
- strengthening collaboration through regional networks; and
- using data and quality improvement principles to inform regional priorities.

A key focus was improving accessible information for patients and carers. The Group also continued to oversee the review and development of regional resources for children, contracture prevention and palliative care ensuring these reflect current evidence and support consistent practice across Northern Ireland.

Outcomes:

- Updated regional **Pressure ulcer prevention Information leaflet for patients and carers**
- Updated regional **Pressure Ulcer Prevention for Children**
- New **Accessible Information/ Easy Read Pressure Ulcer Prevention leaflet**
- Review and development of **Prevention of Contractures guidance**
- Review and development of the **SCALE (Palliative Care Advice Leaflet)**





14. Making Pressure Ulcer Prevention Information More Accessible

During 2025/26, the PHA worked with Trust Tissue Viability Nurses, TILLI Translates and regional partners to improve the accessibility of information available to patients and carers on pressure ulcer prevention.

The existing regional Pressure Ulcer Prevention Information Leaflet was reviewed and updated, alongside the development of a new Easy Read version.

The work recognised that written health information does not work equally well for everyone. Providing information in a clearer and more accessible format helps widen access to important prevention messages and supports patients, carers and families to understand what they can do to reduce the risk of pressure ulcers.

The Easy Read resource was developed collaboratively and approved through the relevant regional group, helping ensure a consistent approach across Northern Ireland.

The leaflet also signposts users, through a QR code, to an existing Easy Read video developed by Trust colleagues, a service user and Queen's University Belfast. This provides another way for people to access the same key information in a format that may better suit their individual needs.

The work demonstrates how collaboration across organisations, professions and service users can help make patient safety information more inclusive and easier to use.



Video link: how to look after your skin.



Measuring Improvement

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.

15. Adult In-patient Falls Prevention

Aligned with the **PHA Corporate Plan 2025-2030**, the Regional Adult Inpatient Falls Prevention Group continued to provide strategic leadership for falls prevention across Northern Ireland. The multidisciplinary group, representing all Health and Social Care Trust and regional partners, worked collaboratively to improve patient safety, strengthen system learning and support evidence informed practice.

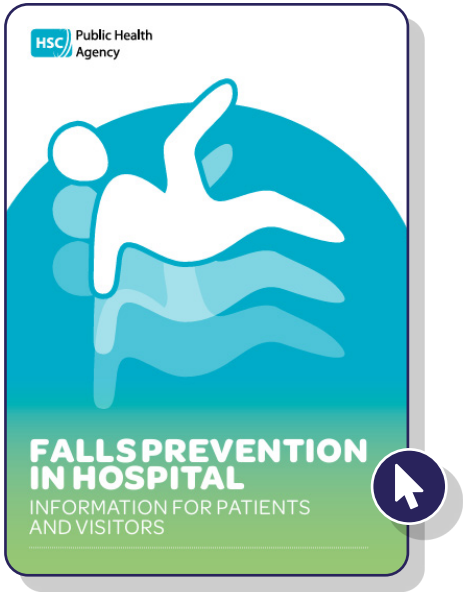
Key areas of work included:

- reviewing and updating regional falls prevention guidance;
- sharing learning from incidents and improvement activity across organisations;
- promoting evidence-based practice;
- supporting quality improvement approaches; and
- strengthening collaboration across regional networks.

To further support system wide learning, the PHA brought together colleagues from the Regional Adult Inpatient Falls Prevention Group, Safer Mobility, the Safety Executive Northern Ireland, Mental Health and Learning Disability Services, and the Nursing, Midwifery Quality Assurance Network (NMQAN) for a regional workshop focused on learning from falls data across Northern Ireland. The workshop enabled multidisciplinary discussion, shared good practice and identified priorities for improvement.

The Regional Adult Inpatient Falls Prevention Group also reviewed existing Trust guidance on bedrails and agreed that a consistent regional approach was required. This work has informed the development of new regional bed rails guidance to promote safer, evidence-based practice and reduce unwarranted variation across organisations.





Outcomes:

- Strengthened regional collaboration through multidisciplinary partnerships and shared learning.
- Delivered a regional workshop bringing together clinical, safety and quality improvement expertise to identify priorities from falls data.
- Developed a Regional Adult Inpatient Falls Prevention Action Plan to support improvement priorities across Northern Ireland.
- Completed **Regional Learning from Falls** analysis resource to support dissemination of learning across Health and Social Care organisations.
- Developed **Regional Guidance on the Safe Use of Bed Rails**, promoting a consistent evidence-based approach across Northern Ireland.
- Refreshed **Falls Prevention Advice Leaflet for Patients and Visitors** leaflet to maintain readability and accessibility.

16. Better information, better decisions: improving data and communications quality in Health Protection

HPZone is the case management system where every gastrointestinal infection notified in NI is recorded. Most surveillance, reporting and outbreak decisions rely on this information, so complete and accurate records are essential.

We have established a rolling programme of data quality improvement, with regular reviews of HPZone records to ensure critical exposure information such as food, travel, contact and clinical details are recorded consistently.

Missing information is identified and completed where possible, improving the quality of datasets used for surveillance and public health decision-making. Alongside this, we are developing standard operating procedures (SOPs) and a core minimum dataset to support consistent data collection and recording. We are also working with the system supplier (InFact) to introduce improvements such as prompts, additional fields and mandatory data entry requirements.

Alongside, we have reviewed the quality of information issued from the Health Protection duty room, particularly for STEC investigations. Standard letters and templates are being revised using Plain English and GOV.UK style principles to improve clarity, consistency and accessibility for cases and families. The introduction of GOV.Notify email and SMS messaging is helping deliver information more quickly and consistently, particularly for exclusion advice and case updates. Future developments include exploring digital self-completed questionnaires for selected infections, reducing administrative burden while improving the completeness and timeliness of information collected.

Outcomes:

- Regular review of HPZone records to improve completeness and accuracy of key surveillance data.
- Development of a core minimum dataset and improved SOPs to support consistent data collection.
- New and improved standard operating procedures (SOPs) so key fields are recorded correctly first time and not missed in future.
- System improvement requests submitted to InFact, including prompts and mandatory fields for key information.
- Review and standardisation of STEC correspondence using Plain English and GOV.UK style principles.
- Introduction of GOV.Notify email and SMS messaging to improve the speed and consistency of communications.
- Improved quality assurance of information provided to cases, parents and professionals.
- Exploration of digital self-completed questionnaires to support future service improvement.
- Active duty room presence and targeted staff training to embed good data practice day to day.
- Better, more complete and more reliable data, supporting stronger public health decisions, outbreak detection and case management (status: Green, in progress; scheduled look backs also help complete the annual report)

17. Digitalising the Palliative Care Nursing Quality Indicator (NQI) within District Nursing in Northern Ireland

As patients' conditions deteriorate the need for them to be assessed holistically and their care planned; delivered and evaluated with skill and compassion is essential. This requires significant co-ordination and District Nurses have been recognised, as best placed to be the Palliative Care Keyworkers (PCKW) for patients in their homes. There is a requirement to ensure that this pivotal work is quality assured and subsequently a District Nursing Palliative Care Nursing Quality Indicator (NQI) was introduced in January 2023.

Aim of Project

To ensure that the effectiveness, safety and standard of that, often complex care is provided for each patient, regardless of what life-limiting condition they have or where they live in Northern Ireland.

Objectives

To collaboratively update the key elements of the Palliative Care Nursing Quality Indicator to enable digitalisation and reporting within the District Nursing Service and to the DoH.

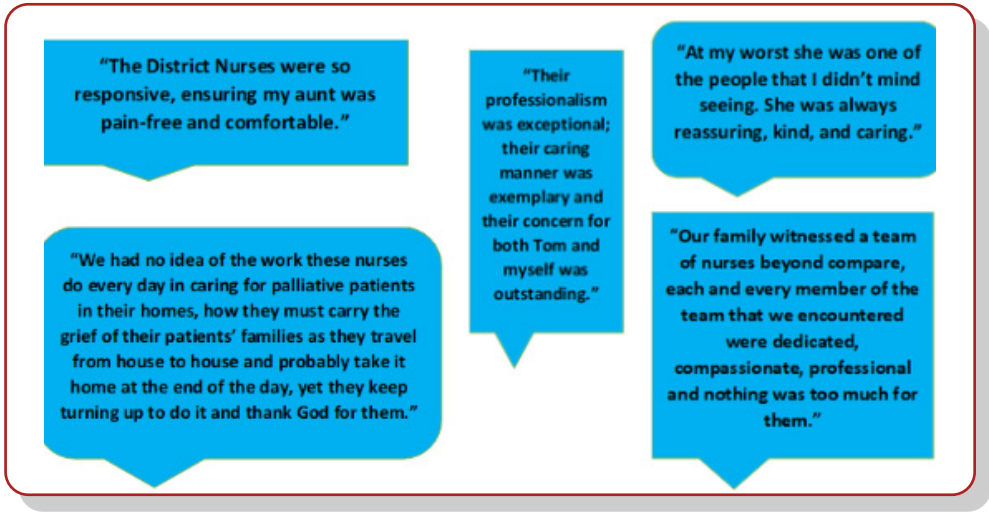
To review the current quality indicator with the Nursing & Midwifery Quality Assurance Network (NMQAN) and Encompass to ensure digital reliability and validity.

To establish a regional implementation plan which embeds digital technology, continuous quality improvement methodology and data-driven learning to improve palliative care outcomes for patients in their own homes.

Design/Methods

Using Encompass, the following information which relates to this NQI was collated from Palliative Care Flowsheets from those patients who had died on the caseload:

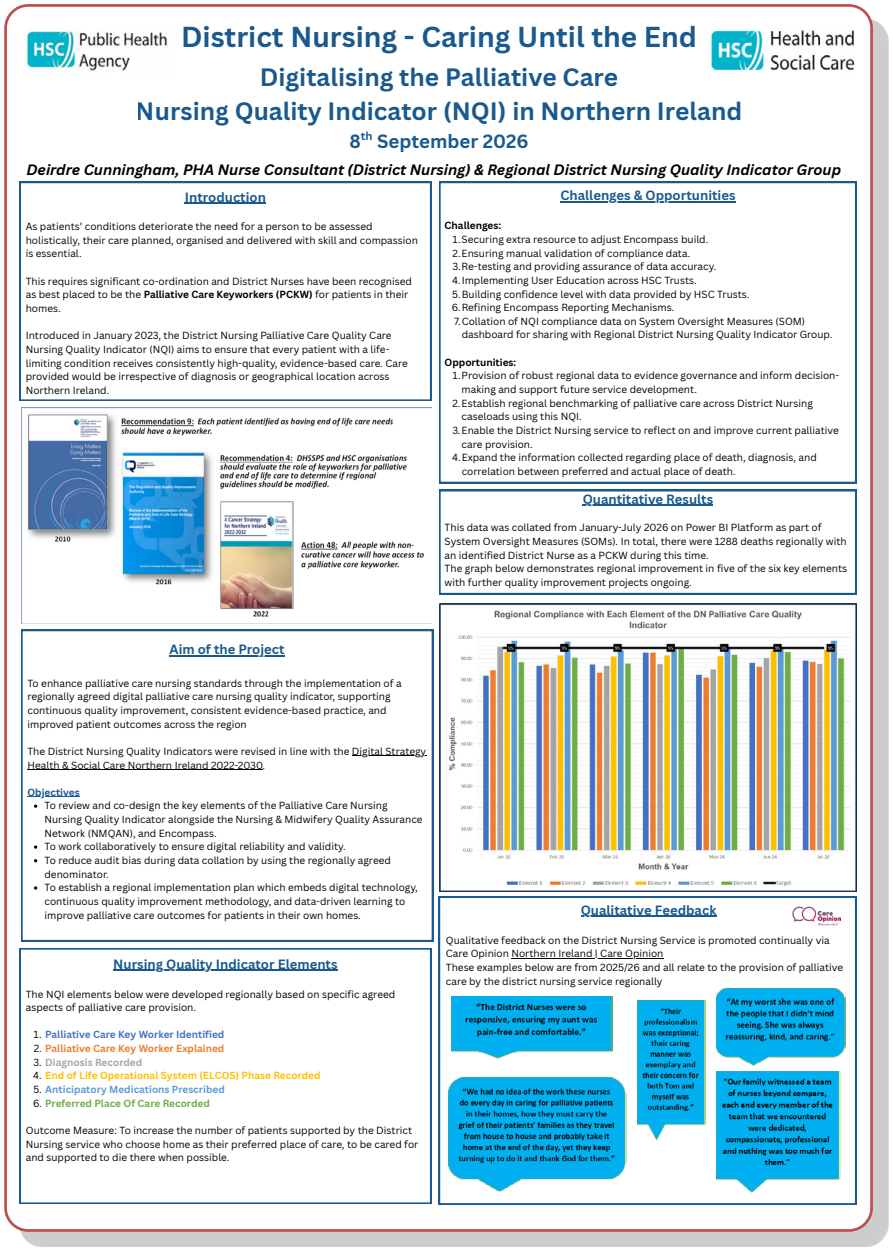
1. Was the Palliative Care Key Worker Identified?
2. Was the role of the Palliative Care Key Worker explained to the patient and family/carers?



3. Was the patients' diagnosis recorded?
4. Was the End of Life Operational System (ELCOS) phase recorded?
5. Were Anticipatory Medications prescribed?
6. Was the Preferred Place of Care recorded?

Outcomes:

- The target compliance for each element is 95% and improvement was noted in five of the six key elements from Jan-July 2026 however there is further quality improvement ongoing within all HSC Trusts and this is monitored monthly by PHA & DoH.
- Audit bias was minimised through the inclusion of all patients encompass records enabling a comprehensive assessment of compliance (N=1288).
- HSC Trusts now noting high level of confidence in the data submitted as encompass build has been refined
- Timely quality improvement progressed within HSC Trusts depending on compliance levels supporting safe, effective and quality outcomes for patients.
- Regional poster presentation accepted by the AIIHPC for Conference in Sept 2026



HSC Public Health Agency

District Nursing - Caring Until the End

HSC Health and Social Care

Digitalising the Palliative Care Nursing Quality Indicator (NQI) in Northern Ireland

8th September 2026

Deirdre Cunningham, PHA Nurse Consultant (District Nursing) & Regional District Nursing Quality Indicator Group

Introduction

As patients' conditions deteriorate the need for a person to be assessed holistically, their care planned, organised and delivered with skill and compassion is essential.

This requires significant co-ordination and District Nurses have been recognised as best placed to be the **Palliative Care Keyworkers (PCKW)** for patients in their homes.

Introduced in January 2023, the District Nursing Palliative Care Quality Care Nursing Quality Indicator (NQI) aims to ensure that every patient with a life-limiting condition receives consistently high-quality, evidence-based care. Care provided would be irrespective of diagnosis or geographical location across Northern Ireland.

Recommendation 9: *Each patient identified as having end of life care needs should have a keyworker.*

Recommendation 4: *DHSSPS and HSC organisations should evaluate the role of keyworkers for palliative and end of life care to determine if regional guidelines should be modified.*

Action 48: *All people with non-curative cancer will have access to a palliative care keyworker.*

Aim of the Project

To enhance palliative care nursing standards through the implementation of a regionally agreed digital palliative care nursing quality indicator, supporting continuous quality improvement, consistent evidence-based practice, and improved patient outcomes across the region

The District Nursing Quality Indicators were revised in line with the Digital Strategy Health & Social Care Northern Ireland 2022-2030

Objectives

- To review and co-design the key elements of the Palliative Care Nursing Nursing Quality Indicator alongside the Nursing & Midwifery Quality Assurance Network (NMQAN), and Encompass.
- To work collaboratively to ensure digital reliability and validity.
- To reduce audit bias during data collation by using the regionally agreed denominator.
- To establish a regional implementation plan which embeds digital technology, continuous quality improvement methodology, and data-driven learning to improve palliative care outcomes for patients in their own homes.

Nursing Quality Indicator Elements

The NQI elements below were developed regionally based on specific agreed aspects of palliative care provision.

1. Palliative Care Key Worker Identified
2. Palliative Care Key Worker Explained
3. Diagnosis Recorded
4. End of Life Operational System (ELCOS) Phase Recorded
5. Anticipatory Medications Prescribed
6. Preferred Place Of Care Recorded

Outcome Measure: To increase the number of patients supported by the District Nursing service who choose home as their preferred place of care, to be cared for and supported to die there when possible.

Challenges & Opportunities

Challenges:

1. Securing extra resource to adjust Encompass build.
2. Ensuring manual validation of compliance data.
3. Re-testing and providing assurance of data accuracy.
4. Implementing User Education across HSC Trusts.
5. Building confidence level with data provided by HSC Trusts.
6. Refining Encompass Reporting Mechanisms.
7. Collation of NQI compliance data on System Oversight Measures (SOM) dashboard for sharing with Regional District Nursing Quality Indicator Group.

Opportunities:

1. Provision of robust regional data to evidence governance and inform decision-making and support future service development.
2. Establish regional benchmarking of palliative care across District Nursing caseloads using this NQI.
3. Enable the District Nursing service to reflect on and improve current palliative care provision.
4. Expand the information collected regarding place of death, diagnosis, and correlation between preferred and actual place of death.

Quantitative Results

This data was collated from January-July 2026 on Power BI Platform as part of System Oversight Measures (SOMs). In total, there were 1288 deaths regionally with an identified District Nurse as a PCKW during this time.
The graph below demonstrates regional improvement in five of the six key elements with further quality improvement projects ongoing.

Qualitative Feedback

Care Opinion

Qualitative feedback on the District Nursing Service is promoted continually via Care Opinion Northern Ireland | Care Opinion
These examples below are from 2025/26 and all relate to the provision of palliative care by the district nursing service regionally

"The District Nurses were so responsive, ensuring my aunt was pain-free and comfortable."

"We had no idea of the work these nurses do every day in caring for palliative patients in their homes, how they must carry the grief of their patients' families as they travel from house to house and probably take it home at the end of the day, yet they keep turning up to do it and thank God for them."

"Their professionalism was exceptional; their caring manner was exemplary and their concern for both Tom and myself was outstanding."

"At my worst she was one of the people that I didn't mind seeing. She was always reassuring, kind, and caring."

"Our family witnessed a team of nurses beyond compare, each and every member of the team that we encountered were dedicated, compassionate, professional and nothing was too much for them."

18. Early Intervention Support Service (EISS)

The EISS provides personalised, evidence-based support for families with children and young people aged 0 – 18 years to offset emerging vulnerabilities for up to 12 weeks. It offers a regional integrated pathway for early intervention focussed family support and improves outcomes for Tier 2 families.

How much did we do?

- 1000 referrals received
- 655 families offered support with 545 accepting the service
- 96 families to make their decision
- 14 families declined service
- 8 inappropriate referrals
- 258 families on waiting list up to 8 weeks
- 79 referrals received where there was no capacity to provide service

How well did we do it?

- 99% families received contact within first 10 working days from referral
- 8 weeks average length of intervention
- 754 families successfully completed the intervention
- 116 families did not progress with the service
- 103 families disengaged from the service
- 87% parents/carers rated the service as excellent, 11% rated the service as very good & 2% rated the service as good
- 82% children/young people rated the service as excellent, 13% rated the service as very good & 5% rated the service as good or fair.

Parent feedback: *"This has really helped me and my son learn new ways and techniques on how to cope with his behaviour and also helped me along the way with my own emotions. You have been amazing and I couldn't have asked for anyone better to help us you've done amazing from start to finish with us all."*

Outcomes:

Case Study Summaries (Is anyone better off?)

- **Northern EISS:** Support for a 7-year-old child focused on anxiety, emotional regulation and bedtime routines, helping the child feel calmer and more secure, with positive changes at home and an excellent service rating from both child and parent.
- **Belfast EISS:** A 10-year-old child experiencing behavioural difficulties received emotional awareness and parenting support, leading to improved emotional regulation, stronger family relationships and access to appropriate onward support.
- **Southern EISS:** One-to-one support helped a school-aged child manage emotions linked to bullying, alongside parent and school engagement, strengthening coping skills, reducing family stress and improving communication with school.
- **South Eastern EISS:** Early, parent-focused support for a 4-year-old child-built confidence in managing emotions, behaviour and communication, with clear progress shown across Family Star outcomes.
- **Western EISS:** Practical emotional regulation work with a child across home and school settings reduced defiance and improved cooperation, with positive outcomes achieved within EISS timescales.

19. From paper to digital: automating Environmental Health exposure questionnaires

When someone in Northern Ireland gets a gastrointestinal infection such as Salmonella, E. coli or Cryptosporidium, Environmental Health Officers (EHOs) at the 11 local councils interview them about what they ate, where they travelled and who they had been in contact with. These “exposure questionnaires” help us find the source of an infection and prevent outbreaks.

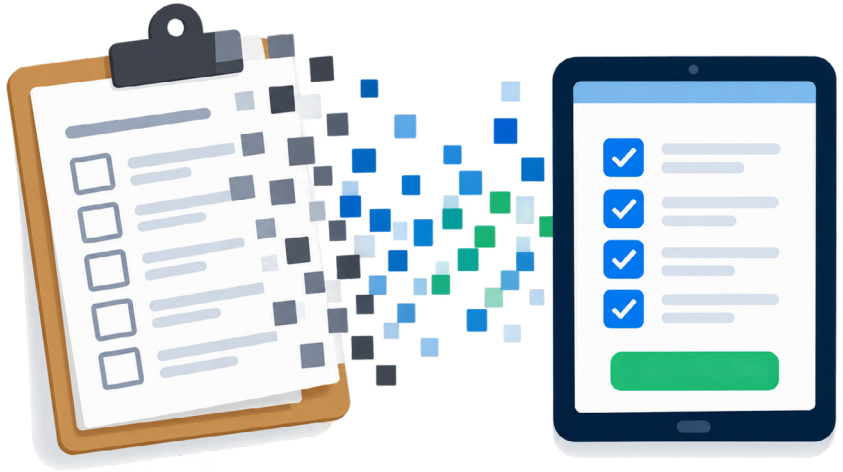
Forms are filled in by hand on paper or typed into a word document, scanned and emailed, then retyped into our systems. This is slow, prone to gaps and errors, and makes it hard to bring the information together quickly when time matters.

We are replacing the paper forms with a digital questionnaire, built using Microsoft and SharePoint tools. EHOs will complete it online and the answers will flow straight into a digital format on a PHA dedicated SharePoint, where it can be entered into our case management system and into surveillance, without any retyping. This gives faster more accurate data that provides consistency and efficiency through the process.

To do this safely we have completed a Data Protection Impact Assessment (required before any new system handling personal data goes live), designing the online form and its links to our systems, and working closely with council EHOs and our information governance and digital teams so the tool fits how officers actually work.

Outcomes:

- A digital gastro exposure questionnaire designed for EHOs across all 11 NI councils, replacing today’s paper and scanned forms.
- Answers feed directly into SharePoint and surveillance, removing manual retyping and the delays and errors that come with it.
- Faster, more complete and more consistent case information, improving detection of outbreaks sooner.
- A Data Protection Impact Assessment has been approved and signed off.
- Further engagement to start with local councils on a pilot to test the process and streamline the questionnaire.



20. Transforming Caesarean Section Surgical Site Infection Surveillance Through Digital Innovation

Surgical Site Infection (SSI) Health Protection Surveillance at the PHA, in collaboration with colleagues from encompass, HSC Trusts, maternity service leads, surgeons, midwives, Infection Prevention and Control (IPC) staff, transformed the regional C-section SSI surveillance programme from a paper-based process to an infection-only electronic reporting model.

Historically, surveillance required the completion and submission of paper forms for every C-section undertaken across HSC Trust hospitals. This resource-intensive process relied on manual paper-based forms that created a significant administrative burden for frontline staff, and become redundant with the introduction of encompass. Our “lite” surveillance model uses an infection-only electronic webform supported by routinely collected encompass procedure data. Automated extraction of denominator data removes the need for manual recording of every C-section while maintaining the ability to identify, monitor and investigate SSI events.

The transformation strengthened collaboration across stakeholders and aligned surveillance activity with continuous quality improvement by enabling staff to focus on infection prevention, investigation and service improvement rather than administrative data collection. By leveraging digital technology and existing clinical information systems, the programme has modernised surveillance practice, improved data quality and enhanced the ability to monitor trends, benchmark performance and support evidence-based interventions aimed at reducing SSI rates.

A key component of implementation was the delivery of regional training and engagement sessions for midwives, surveillance staff and IPC teams across all HSC Trusts by PHA staff. Ongoing training, stakeholder engagement and data quality assurance will support continued refinement of the electronic surveillance system and ensure the accuracy, completeness and consistency of C-section SSI data regionally across HSC Trusts.

Outcomes:

- Successfully transitioned from a paper-based surveillance process requiring reporting of all C-sections to an electronic infection-only reporting model.
- Established stronger collaborative working relationships between PHA Health Protection, the Bugsy Team (encompass), maternity services, IPC teams, surgeons and midwives across HSC Trust hospitals.
- Reduced the administrative burden associated with manual completion, submission and processing of paper surveillance forms.
- Improved surveillance efficiency through automated capture of procedure denominator data from encompass.
- Enhanced data quality by reducing duplication, improving completeness (for some information but not all) and minimising transcription errors.
- Standardised regional surveillance processes across HSC Trusts, supporting greater consistency in data collection and reporting.

21. Personal and Public Involvement: Regional Monitoring and Impact 2025/26

During 2025/26, the PHA Partnership and Engagement Team continued to collect, analyse and report on Personal and Public Involvement (PPI) activity across all six HSC organisations in Northern Ireland.

Information was collected twice during the year through a consistent regional framework, providing a regional picture of how service users, carers, members of the public and staff are involved in shaping health and social care services.

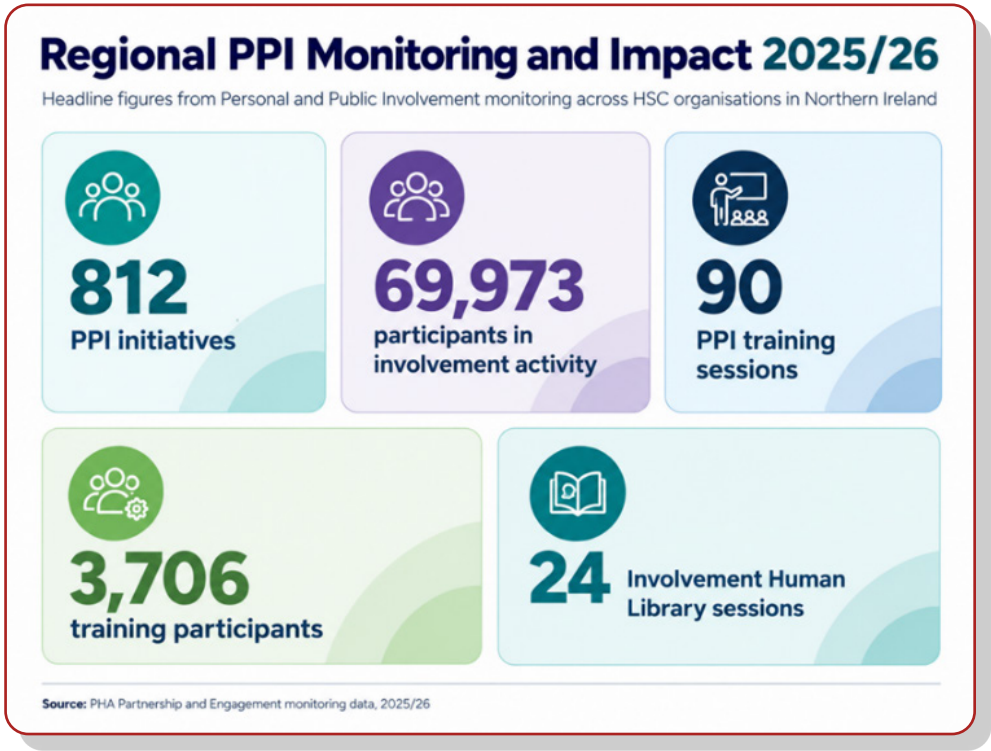
The monitoring captures involvement activity, participation levels, training delivery, reported outcomes, impact measures, assurance information and implementation of PPI standards and recommendations.

The team combines quantitative analysis, including participation levels, involvement trends and training uptake, with qualitative information on impact, service user and carer feedback, emerging good practice and learning from the Involvement Human Library model.

This intelligence supports regional learning, planning and decision-making and provides assurance to the Department of Health on how involvement is being embedded across HSC organisations.

The PHA has also progressed the digital development of its involvement data infrastructure through regional Power BI dashboards and interfaces, improving the visibility and accessibility of involvement information and supporting more informed use of the data.

- Reported outcomes associated with involvement included 242 improvements in service user and carer experience, 184 better health outcomes, 177 improvements in communication, 172 quality improvement outcomes, 114 improved relationships between services and stakeholders, 108 more service user and carer-centred services, and 95 increased involvement opportunities.
- Monitoring also identified reported improvements in service access, health literacy, organisational culture, awareness of rights and entitlements, and patient safety.



Raising the 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.

22. CHROMagar STEC: Local detection of high-risk E. coli in Northern Ireland

Some types of E. coli, known as STEC (Shiga toxin producing E. coli), can cause serious illness, especially in vulnerable people and young children. Knowing exactly which type a patient has helps quickly identify the strain and act proportionately, for example deciding how long a child should stay off school or whether further spread is likely.

The majority of laboratories in Northern Ireland cannot identify these high-risk types locally. Samples are sent to the national reference laboratory in England, which delays answers and, as a precaution, often means people are excluded from school or work for longer than may be necessary.

We are introducing CHROMagar STEC, a specialised specific culture plate that changes colour to flag the high-risk E. coli types (O157, O26 and O145) in all five Trust laboratories. This allows local labs to spot these cases earlier, without waiting for results from England.

To get here we produced a business case, secured agreement on funding, and, working with Trust microbiology leads through the MVSF group, will design a clear risk-based referral system so that only a small number of urgent samples are sent away.

Outcomes:

- Local testing will be established across all five HSC Trust laboratories, so most high-risk E. coli can be identified in Northern Ireland rather than sent to England. In 2025, 68% of typed cases were types CHROMagar can detect (257 STEC cases were reported in NI that year).
- Faster diagnostic certainty, supporting earlier, evidence-based decisions on clinical care, school and work exclusions, and outbreak response.
- A fairer, more consistent service across all Trusts, replacing today's uneven access to local testing.
- Fewer costly urgent referrals to the UKHSA reference laboratory (~ £406 each), with a regional target of fewer than 30 urgent faecal referrals per year.
- An "equity dividend": earlier confirmation means children get back to school sooner, and families and employers face less disruption.

23. Development of the 5 National Bereavement Care Pathways in Partnership with SANDS

In partnership with SANDS and HSC Trusts, 3rd Sector Organisations and Professional Bodies, the PHA supported the development of five bespoke National Bereavement Care Pathways to improve the quality and consistency of care for families experiencing:

- Miscarriage, Ectopic Pregnancy or Molar Pregnancy
- Termination of Pregnancy for Fetal Anomaly (ToPFA)
- Stillbirth
- Neonatal Death (NND)
- Sudden and Unexpected Death in Infancy (SUDI) up to 24 months

Alongside these pathways, we developed three cross-cutting supporting guidance documents focusing on themes relevant across all pathways, including language and communication, staff wellbeing and training, and memory making. National bereavement care standards and a suite of supporting digital resources were also developed to support implementation and practice.

Lived experience was embedded throughout the programme. Six listening events and numerous individual engagement sessions involved over 100 parents. A Parent Advisory Group, chaired by the White Butterfly Foundation, met five times and made a significant contribution to pathway and standards development.

Extensive multidisciplinary engagement included visits to all five HSCTs, engaging around 80 staff working in areas affected by pregnancy loss and baby death. Over 50 staff participated in pathway development groups, while more than 150 staff received regular programme updates. Collaboration with Queen's University Belfast, Ulster University and Trust bereavement forums supported awareness, education and service improvement.

Strong strategic partnerships were maintained regionally and nationally through engagement with SANDS, the NI Bereavement Network, the Royal College of Midwives, universities, policymakers and government stakeholders. This included contributions to baby loss certificates, maternal death protocols, staff resources and research initiatives.

A comprehensive learning programme reached over 300 staff through pathway-specific education, multidisciplinary study days and bespoke training sessions.

Outcomes:

A suite of accessible digital resources (Padlets) have been developed to provide staff with immediate access to information, guidance and practical support at the point of care. Available on any device, including personal mobile phones, these resources support staff in delivering compassionate, evidence-based bereavement care.

Key Padlets include:

- **Memory Making**: offering practical ideas and approaches to discuss with families, extending beyond traditional memory boxes and supporting personalised bereavement care.
- **Reviews, Investigations and Feedback**: providing up-to-date guidance on review processes, investigations and the Perinatal Mortality Review Tool (PMRT).

These resources will increase the availability of consistent information across services and will help improve staff confidence in navigating sensitive and complex discussions with families, including conversations about post-mortem examinations, investigations, and funeral and burial options. By providing easy access to guidance and support “in the moment”, the resources will strengthen staff capability to deliver high-quality bereavement care and support informed decision-making for families.

sands

24. Review of Population Health Needs of Children with Complex Medical Needs Attending Special Schools in Northern Ireland

The PHA was commissioned by the Chief Nursing Officer, in partnership with the Department of Health, Department of Education and Education Authority, to undertake the first regional Review of Population Health Needs of Children with Complex Medical Needs attending Special Schools in Northern Ireland. The review aimed to understand the health and nursing needs of this vulnerable population, examine current models of care delivery, and identify opportunities to improve support for children, families and school staff.

A mixed-methods approach was used, combining analysis of population and workforce data from the Education Authority and Community Children's Nursing (CCN) services across all five HSC Trusts, alongside extensive stakeholder engagement with parents, education staff and healthcare professionals. The review explored current governance arrangements, service models, training provision, workforce capacity and the interface between health and education systems.

The work highlighted the increasing complexity of health needs among children attending Special Schools and examined how services currently respond to ensure safe access to education. The findings have informed a series of strategic recommendations to support future service planning, improve consistency across Northern Ireland, strengthen partnership working between health and education, and ensure that children with complex medical needs continue to receive safe, timely and person-centred care within school settings.

Outcomes:

- The first population health needs assessment of children with complex medical needs attending special schools in Northern Ireland of its kind
- It identified children on the Community Children's Nursing caseload requiring complex healthcare interventions to access education.
- It noted regional variation in healthcare support models, training arrangements and governance structures across Special Schools.
- It ensured stakeholder input that highlighted the importance of safe, child-centred healthcare support to enable children to attend school and participate fully in education.
- It gave an opportunity for parents to engage in the review, and their feedback reported high levels of satisfaction with care provision but emphasised the importance of confidence and reassurance.
- Engagement with education and nursing staff resulted in the identification of increasing complexity of need, workforce pressures, training demands and role ambiguity as key challenges.
- The review recognised the need for stronger joint working between health and education and more consistent regional approaches to policy, training, governance and service delivery.
- Key recommendations were developed focusing on workforce development, collaborative care models, improved data collection, cross-departmental policy and funding arrangements, and strengthening the voice of children and young people in future service planning.
- Recommendations are being taken forward by a joint health and education working group.

25. Rigorous Wastewater Pilot Programme Identifies Most Useful Use-case for Wastewater based surveillance

Between October 2025 and June 2026, we delivered a pilot wastewater pathogen surveillance programme across Northern Ireland. The programme undertook fortnightly surveillance of COVID-19 and influenza and monthly surveillance of poliovirus across six sites, with reporting developed using R and modern analytical methods. The work was undertaken alongside NHS Lothian Molecular Lab and Northern Ireland Water.

A key objective was to evaluate the public health value of wastewater-based surveillance and identify where it could most effectively support decision-making. A Field Epidemiology Training Programme (FETP) fellow undertook a structured review of the programme, including stakeholder engagement with consultants and other users of the surveillance outputs. This provided a practical assessment of the benefits, limitations and cost-effectiveness of different surveillance approaches.

Poliovirus surveillance was considered a valuable early warning system because positive detections would trigger well-established public health responses. The findings informed the implementation of a more sustainable surveillance model based on monthly monitoring at a single site. The evaluation found that more frequent sampling for COVID-19 and influenza would have been preferred and the public health actions to changes in wastewater activity of these pathogens was not as clear compared to Poliovirus.

Alongside informing future surveillance practice, the programme maintained critical relationships and operational capability with laboratories and Northern Ireland Water, ensuring Northern Ireland retains the capacity to rapidly scale up wastewater surveillance during future public health emergencies or pandemics.

Outcomes:

- Identified poliovirus as the most valuable and cost-effective application of wastewater surveillance in Northern Ireland.
- Demonstrated the limitations of fortnightly COVID-19 and influenza wastewater monitoring for routine public health use considering available resources.
- Supported evidence-based decision-making through a formal service evaluation.
- Developed workforce capability through involvement of an FETP fellow and use of modern analytical methods.
- Strengthened collaboration between PHA teams, laboratories and Northern Ireland Water.
- Established and maintained infrastructure, expertise and partnerships required for future pandemic preparedness.
- Improved understanding of when wastewater surveillance can deliver meaningful public health benefit and support public health action.

26. Routine Enquiry into Domestic Abuse

This particular work is aligned to one of the they key priorities of the 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 and Sexual 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 domestic abuse so they and their children can be offered supportive interventions including information, safety planning and referral.

In the 2024/2025 report, we described the work to review how midwives, family nurses and specialist community public health nurses strengthen their practice in this area.

This work has now concluded and Routine Enquiry into Domestic Abuse: Guidance for Midwives, Health Visitors, School Nurses and Family Nurses in Northern Ireland | HSC Public Health Agency was launched on 3rd March by the Ministers of Health and Justice. Their comments can be read here: Guidance published for nurses & midwives to help identify domestic abuse | Department of Health.

The guidance was implemented on 1st April, 2026 and was a collaboration between PHA, HSC Trusts, Woman's Aid, Survivors, DOH, University of Ulster, Clinical Education Centre (CEC).

Next steps include the DOH-led extension of Routine Enquiry in other HSC settings and by additional health professionals. This also aligns to Ending Violence Against Women and Girls | The Executive Office and The Katie Simpson Review | Department of Justice.

Outcomes:

- Literature search completed
- Regional service evaluation completed
- Regional clinical audit completed
- Women's Aid focus groups facilitated and report developed
- Routine Enquiry Review Report developed
- Regional Routine Enquiry guidance launched and implemented
- Awareness training delivered to 149 Trust staff
- PowerPoint presentation developed to assist with cascade awareness and implementation





27. Updated Regional Nutrition Guidelines for Care Homes

The updated Nutrition Guidelines for Residential and Nursing Homes were developed to reflect the significant changes that have taken place since the previous guidance was published in 2014. Over the past decade, society has evolved, our understanding of nutrition and hydration has advanced, and the evidence base underpinning best practice has strengthened considerably. These developments highlighted the need for revised guidance that supports the delivery of high-quality, person-centred nutrition and hydration care for residents living in care homes.

The PHA led the review and development of the updated guidelines through a collaborative regional partnership. This work brought together dietitians, speech and language therapists, the Regulation and Quality Improvement Authority (RQIA), and care home staff, including managers and catering teams. Their collective expertise ensured that the guidelines are practical, evidence-based, and relevant to everyday care home practice.

The guidelines were officially launched at Somme Care Home on 24 June by the Health Minister. The launch was further strengthened through endorsements from the Commissioner for Older People, the Chief Nursing Officer, and the Chief Allied Health Professions Officer, demonstrating broad commitment across health and social care to improving nutritional care for older people throughout Northern Ireland.

To support implementation and raise awareness of the updated guidance, a regional webinar was held on 25 June, followed by an ECHO learning session on 2 July. These events provided opportunities to share key messages, outline changes within the guidance, and engage with stakeholders from across the region. Following the launch, each HSC Trust has begun work to embed the guidelines locally, ensuring a consistent

"We all like to eat and enjoy it, and not only enjoy the food but enjoy the service of the people bringing it to us and the opportunity to spend time with other residents" (Tom, care home resident)



Outcomes:

- Regional evidence-based Nutrition Guidelines for Residential and Nursing Homes were successfully developed in partnership with key stakeholders.
- The updated guidelines were formally launched and made available to every residential and nursing care home across Northern Ireland, ensuring consistent access to current best practice guidance on nutrition and hydration.
- The guidelines are available to download from the PHA website: https://www.publichealth.hscni.net/publications/nutrition-guidelines-and-menu-checklist-care-homes

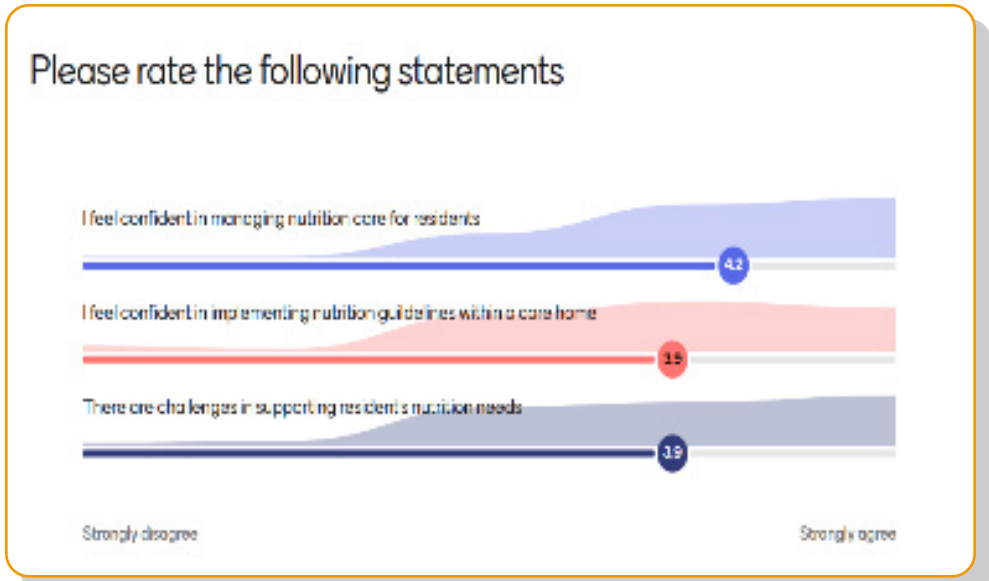


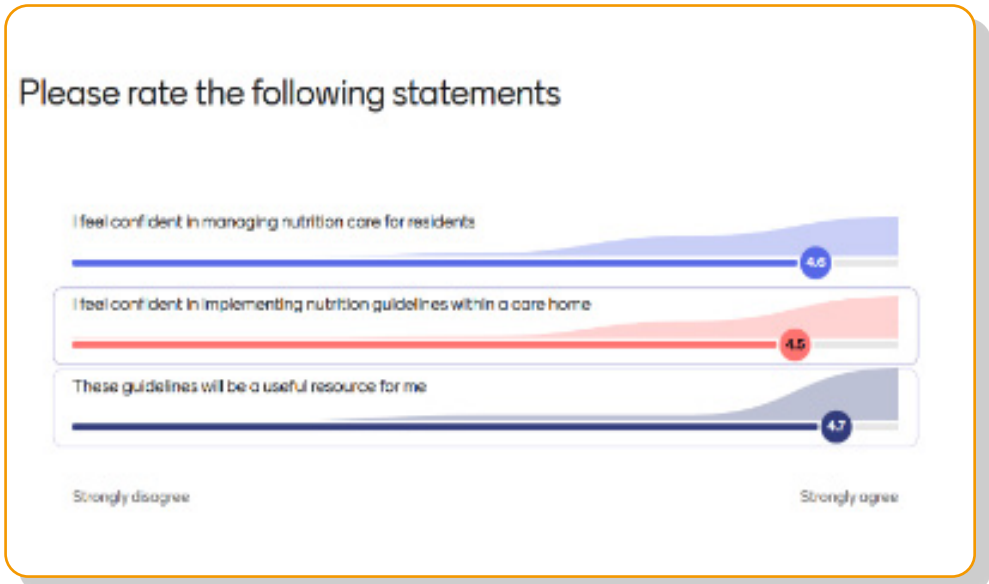
- The guidelines aim not only to improve residents' nutrition and hydration but also to enhance the overall mealtime experience, supporting dignity, choice, enjoyment, wellbeing, and person-centred care.
- The updated guidance is also being incorporated into the revised Nursing Home Care Standards, which are currently under review, helping to strengthen and embed good nutritional care across the sector.
- The launch raised awareness of the importance of high-quality, person-centred nutrition and hydration care and secured support from key leaders across the health and social care system.
- A total of 243 staff from across the care home sector attended a regional webinar to support implementation of the updated guidelines.
- Webinar evaluation findings demonstrated an improvement in participants' confidence and knowledge. Average confidence in managing nutrition care for residents increased from 4.2 to 4.6 out of 5, while confidence in implementing nutrition guidelines within a care home increased from 3.9 to 4.5 out of 5 following the session.
- Participants rated the updated guidelines as being a highly useful resource for practice, with an average score of 4.7 out of 5.
- An ECHO learning session was delivered to further support implementation, providing practical advice and scenario-based learning to help care home staff apply the guidance in real-life situations.
- The engagement activities provided opportunities for staff to ask questions, share experiences, and increase confidence in implementing the updated recommendations.
- HSC Trusts have commenced local implementation planning to embed the guidelines within routine practice, supporting a consistent and sustainable approach to nutrition and hydration care across Northern Ireland's care home sector.



"...nutritious meals are far more than just food - they are a cornerstone of dignity, health and quality of life"

Care home executive chef







Integrating the Care

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.

Our success depends on strong partnerships across government, health providers, and communities, underpinned by a culture of collaboration, resilience, and continuous learning.

28. Changing How We Listen: Making Every Voice Count for Children with Complex Disabilities

During 2025/26, the PHA strengthened how children and young people with profound and complex disabilities can be involved in shaping the services and support that affect their lives.

Traditional engagement methods can unintentionally exclude children who communicate in different ways. During 2025/26, PHA committed £78,000 of non-recurrent funding to a further phase of innovative involvement work across seven special schools in Northern Ireland, with delivery commencing in October 2025.

Schools were supported to use individually tailored creative approaches, including art, music and play, to provide children with alternative ways to communicate their experiences, preferences and what matters to them.

Importantly, this was not simply about providing therapeutic activity. The improvement was the creation of a structured and more equitable route for children whose voices may be missed through conventional engagement to contribute to partnership working and future service development.

The work brought together schools, parents and carers, Health professionals and wider partners, supported by clear safeguarding, professional standards and monitoring arrangements.

During the year, governance for the wider Special Schools Partnership Programme was also strengthened, reinforcing cross-sector collaboration, child and parent voice, shared learning and an outcomes-based approach.

This work supports PHA's wider focus on reducing inequalities, strengthening partnership working and ensuring that children with additional and complex needs are meaningfully included in decisions that affect them.

Outcomes:

- Delivery commenced across seven special schools covering all five HSC Trust areas, creating a regional platform for partnership working between Health, Education, schools and families.
- The programme set a minimum planned reach of 70 children and young people, with approaches tailored to children with complex communication needs.
- By 31 March 2026, all participating schools had drawn down their allocated funding for the year, with delivery and agreed reporting requirements continuing.
- A consistent monitoring framework was established to measure participation, sessions delivered, age and stage, impact for pupils and schools, and expenditure.

- The programme created a measurable improvement in inclusion by providing a funded and structured route for children who may be unable to participate through conventional verbal engagement methods to communicate what matters to them.
- Children's communication could be captured through case studies, pictures and video, subject to appropriate consent, helping ensure that non-verbal communication and individual expression could form part of the evidence used to inform future learning.
- Strengthened governance during 2025/26 embedded child and parent voice, cross-sector collaboration, shared learning and measurable improvement within the wider Special Schools Partnership Programme.
- An evaluation is being undertaken to assess outcomes, impact and learning from the programme. This will help identify and evidence the benefits of meaningful participation for children and young people with complex communication needs, including improvements in inclusion, service experience, engagement, and the ability of services to capture and respond to the voices of children who may not communicate through conventional verbal methods.



29. Farm Families Health Checks Programme

The **Farm Families Health Checks Programme (FFHCP)** is a regional health improvement initiative that aims to improve the health and social wellbeing of farmers, their families and rural dwellers across Northern Ireland by increasing access to preventative health services, health information and support. The programme was developed in recognition of the importance of providing accessible preventative health services within rural settings and supports early identification of health risks through health screening, personalised advice and signposting to appropriate support services.

The FFHCP is funded by the Department of Agriculture, Environment and Rural Affairs (DAERA) and the PHA, and delivered regionally by the Northern Health and Social Care Trust (NHSCT). A shared leadership model is applied between these organisations in providing the strategic direction of the FFHCP, with PHA leading on the commissioning and contract management processes.

The FFHCP brings health services directly to rural communities through a bespoke mobile health unit and attendance at livestock marts, agricultural shows, agri-food businesses and community events. Trained nurses provide health assessments including blood pressure, cholesterol, body mass index (BMI), diabetes risk and mental wellbeing screening. Participants receive tailored lifestyle advice and, where appropriate, are referred or signposted to relevant health and support services.

Follow-up contact is also undertaken with individuals advised to attend their GP. In 2025/26 the FFHCP also included information sharing on the risks of Bovine Tuberculosis and measures to reduce risk of human infection.

Outcomes:

- Attended 148 Marts, Agricultural Business events and Community events across Northern Ireland;
- Completed health assessments on 2420 individuals (1634 males and 796 females);
- Identified 1449 individuals with high or out of range blood pressure;
- Identified 1229 individuals at an increased or high risk of diabetes;
- Identified 200 individuals with high or very high blood pressure;
- Supported 1109 individuals to try healthier lifestyle changes;

Delighted with ffhc and so glad she attended when she did as highlighted need to see gp, make lifestyle changes and commence medication. Has told many people since about this service.

30. Living Well Community Pharmacy Campaigns

The Living Well community pharmacy service is a partnership between the Public Health Agency (PHA), Community Pharmacy Northern Ireland and the Strategic Planning and Performance Group of the Department of Health (SPPG). The service is offered in over 500 pharmacies across Northern Ireland. It provides information and advice on a range of public health issues, helping address risk factors that contribute to ill health. With footfall in pharmacies averaging 130,000 daily, pharmacists are well placed to provide public health advice, reducing pressure on our healthcare system, particularly in primary care. The campaign schedule aligns with PHA priorities and six campaigns are delivered annually.

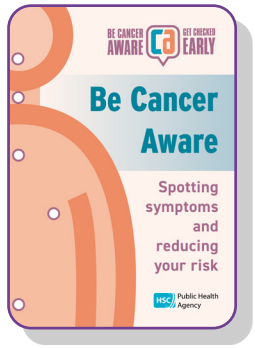
Standard materials include a campaign leaflet, posters and a briefing newsletter for pharmacy teams with ideas on activities to engage the public, appropriate signposting, training opportunities for pharmacy staff and useful questions and answers. Additional promotional items are often included as an engagement tool.

In 2025/2026, campaigns were delivered on cancer signs and symptoms, the low risk drinking guidelines, physical activity and deconditioning, staying well in winter, looking after your mental health and childhood immunisation.

Every Living Well campaign is evaluated through an online survey. Survey results are based on estimated figures. Results include quantitative and qualitative data. The summary reports for 2025/2026 are available at https://bso.hscni.net/living-well

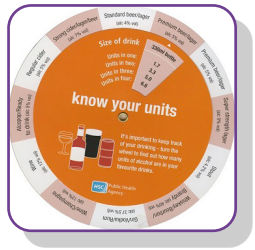
Outcomes

'Be cancer aware' campaign



- 128 pharmacies referred patients into the community pharmacy Stop Smoking service.
- The campaign led to early detection of skin cancer, along with investigations for possible prostate cancer, as well as other conditions linked to cancer.

'Know your units' campaign



- 73 pharmacies used the Alcohol MOT brief intervention tool with over 550 patients.
- A number of pharmacies reported referrals to the GP and to support groups.

'Move more, feel better' campaign

- 56 pharmacies referred patients into the community pharmacy Stop Smoking service.
- 26 pharmacies referred patients to Physical Activity or Walking for Health Coordinators.

'Stay well this winter' campaign

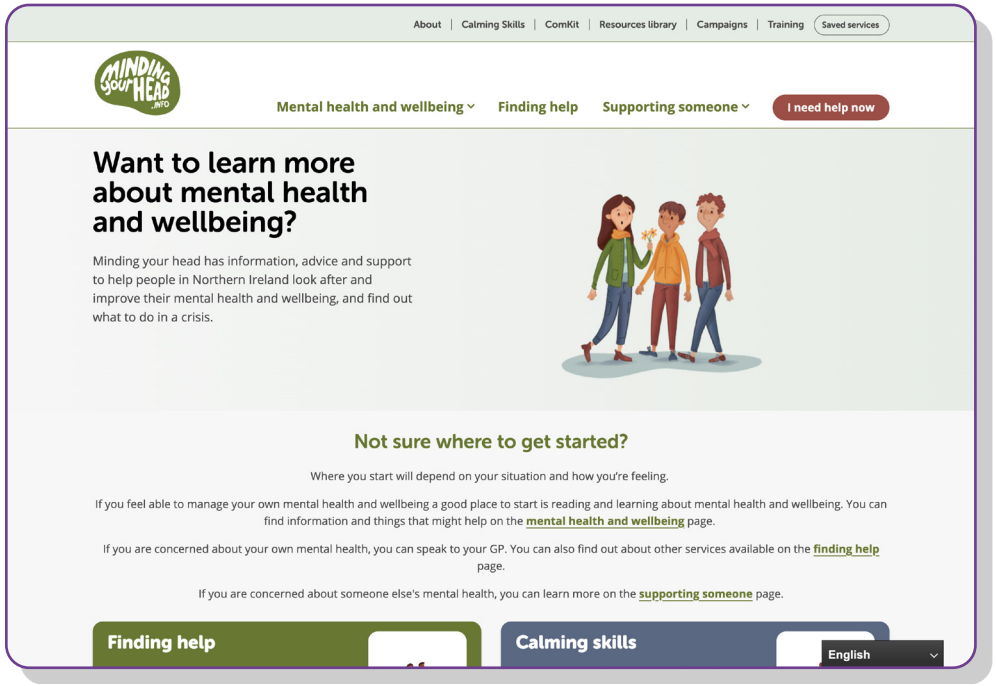


- 297 pharmacies reported the campaign encouraged people to get or book a winter vaccination.
- 213 pharmacies reported an increase in flu vaccinations instore.
- 122 pharmacies reported an increase in COVID-19 vaccinations instore.

- 142 referrals were made into Pharmacy First services.
- During the 'Stay well this winter' campaign, 375 pharmacies also took part in a TARGET Antibiotic Checklist Brief Intervention service. Over 8,900 TARGET Antibiotic Checklists were completed with patients.

'How are you feeling?' campaign

- 125 pharmacies signposted people to the Minding your head website.
- 142 referrals were made into Pharmacy First services.



'Immunise, protect, thrive' campaign

- 245 pharmacies signposted people to the NI Direct childhood immunisation webpage.
- 114 referrals were made to GP practices to book both childhood and adult immunisations.
- 54 pharmacy staff attended a bespoke webinar 'What you need to know: childhood vaccinations schedule changes.

