HSC Public Health Agency

ANNUAL QUALITY REPORT

2023/24

QUALITY 2020

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

As Chief Executive of the Public Health Agency I am delighted to share this report outlining how the PHA has continued to improve the quality of health and social care services in line with our commitments set out in the Q2020 Strategy, a 10-year strategy to protect and improve quality in Health and Social Care in Northern Ireland.

This report covers the period 1st April 2023 to 31st March 2024, the second year since the dissolution of the Health and Social Care Board and the creation of the Strategic Planning and Partnership Group (SPPG). Moving forward, the SPPG has continued to carry out the roles and responsibilities previously undertaken by the HSCB, working closely with PHA in all elements of Safety, Quality and Experience to improve outcomes for residents of Northern Ireland, but as of last year, no longer contributes to this Annual Quality Report.

While it is impossible to include information about every service the PHA provides, this report seeks to demonstrate, using the Q2020 strategy as the driver, our commitment to delivering improvements in safety, outcomes, access, efficiency and patient satisfaction throughout health and social care.

During 2023/24 there was an important focus on transforming the culture as part of the PHAs ongoing Reshape Refresh Programme, which is necessary to evolve the PHA into a stronger organisation, to provide the public health leadership and expertise to deal with and advise on the ongoing wider public health and healthcare needs of the population. In early 2023 the Agency established an Organisational Development Engagement Forum (ODEF), as it was recognised that engagement of staff at all levels across the organisation was key to ensuring their co-design and ownership of the new service model.

There was also a continuing focus on collaboration and partnership working and I am delighted to share a variety of examples within the report, such as partnership working with staff, patients and carers to support decision making in both reducing inpatient falls and also improving the management of pressure ulcers.

Regionally, we have continued to provide support and improvements in the areas of palliative care, swallowing awareness, non-medical prescribing, early intervention, complex disabilities and meal times matter to name but a few.

This report has afforded the Agency the opportunity to reflect on our successes over the past year and demonstrate not only how far we have come, but also our continued collective drive to improve outcomes for residents of Northern Ireland; against a backdrop of an aging population, increased demand for services and unprecedented challenges across the Health and Social Care sector. Looking to the future we are committed to delivering the highest standard of services, designed and implemented in partnership with service users, our teams and the wider community of stakeholders.

Finally, we would like to thank all our staff for their efforts over the past year, we are proud of what we have achieved together through these challenging times. We will continue to strive for the highest quality standards in the care and services we provide and put the residents of Northern Ireland at the heart of everything we do.

Thank you

Aidan Dawson

Transforming the Culture

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

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

INTRODUCTION

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

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

1. Engaging our People through our People

As part of the PHA Reshape Refresh Programme it was recognised that change was required in relation to the organisational culture and staff experience which engaged staff and gave them ownership of the future.

In early 2023 the Agency established an Organisational Development Engagement Forum (ODEF) with 3 key workstreams:

- Culture;
- Staff Experience and
- Workforce Development.

Each workstream was sponsored by two members of staff who were passionate about the particular area and began to map out what was needed to make an impactful change for the better within the organisation.

It was agreed that engagement of staff at all levels across the organisation was key and through networks and organisational communications over 50 members of staff got involved.

We then identified the need for development of a structure which was outcomes based and in so doing agreed 3 key underpinning targets which could be set against the respective workstreams. These were to ensure our staff;

- are inspired with a shared sense of purpose - to improve and protect the Health of our population (Culture);
- feel valued, supported and engaged in all they do (Staff Experience);
- are knowledgeable, skilled and competent (Workforce Development).

Our approach has been shaped and influenced by a number of drivers at regional level as well as locally through engagement with staff who are at the heart of the whole change programme.

Outcomes

ODEF main forum and workstreams have delivered or input to the development and implementation of a vast array of approaches for engaging staff and setting organisational direction which demonstrates a commitment to the change of culture including;

- **Communication** – Revised approach to communication including implementation of a new weekly Staff News bulletin; Monthly virtual engagement event led by a member of the Senior Leadership Team; introduction of Mural a virtual whiteboard tool for sharing information and introduction of quarterly face to face staff engagement events led by the Chief Executive.
- **Our People Plan** – development and launch of the Agency's first ever People Plan.
- **Skills Development Framework** – development and 'soft' launch of a bespoke Skills Development Framework for the PHA. Feedback through 24/25 will inform the refinement of this working draft document to support the building of career pathways in the PHA.

- **Health & Wellbeing Plan** – completion of a Work Well Live Well Survey to inform how the organisation can best support the Health & Wellbeing of all its staff.
- **Implementation of a range of approaches and tools to support the Workforce**;

  - Annual staff event – in 2023 this was entitled ‘Take 5’;
  - Refreshed Induction Pack to include Manager toolkits; A Corporate Welcome event and new pre-boarding and on-boarding materials to support new staff;
  - Benefits Brochure for all staff to understand the ‘perks’ of working for the PHA;
  - Refreshed Assistance to Study Policy;
  - Launch and embedding of Learn HSCNI;
  - Implementation of a new Internal Talent Mobility Scheme;
  - Introduction of a new Exit Survey to capture feedback to inform the future;
  - Continual feedback to ensure staff understand what is happening with their suggestions through a ‘You said we did’ approach.

2. Leveraging Artificial Intelligence to enhance Medication Adherence, improve Patient Outcomes, and reduce Healthcare costs

An AHP Consultant with support from his line manager has been accepted on to cohort 8 of the NHS Clinical Entrepreneur Programme. This programme allows entrepreneurs to pursue their innovation without having to leave the health service, it aims to provide the commercial skills, experience and knowledge to accelerate innovations in healthcare. Since 2016 it has supported over 1200 innovators.

The innovation being progressed is using AI to offer a telephone-based system designed to improve medication and treatment plan adherence among patients with chronic conditions. Unlike app-based solutions, which can be challenging to navigate, the system will utilise advanced AI technology and insights from the behavioural psychology behind non-adherence, to deliver personalised medication reminders and empathetic patient support through telephone calls. This approach ensures that even the most technologically adverse patients receive the assistance they need to adhere to their medication schedules.

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

Outcomes

- Medical AI Solutions (MAIS) has been formed as a company
- A website has been created (Medical AI Solutions | Transforming Healthcare with Cutting-Edge AI Solutions) and domain name secured
- MAIS moves towards the completion of its proof of concept in collaboration with the Medicines Optimisation Innovation Centre (MOIC) with a focus on validating the product with real users.
- Post-validation, MAIS plans to secure additional funding to advance the development of its system and create a Minimum Viable Product (MVP). This next phase will be crucial in refining the technology, enhancing its features, and preparing for broader market entry.

For more information on the NHS Clinical Entrepreneur Programme please visit www.nhscep.com.

3. Partnership working with Staff, Patients and Carers to support decision-making with regards to reducing Inpatient Falls

A Patient Safety, Quality and Innovation Nursing Consultant chairs the Regional Inpatient Falls Prevention Group, which incorporates multidisciplinary staff from all Trusts and was formed to set direction and inform strategy on falls prevention for adult inpatient wards. Through partnership working the group provide advice, support and share regional learning as well as lead on the development of regional tools/pathways, regarding falls prevention and management across Northern Ireland.

The Regional Inpatient Falls Prevention Group focuses on areas that reduce the incidence of inpatient falls, this includes:

1. Reviewing current guidance documents for staff and patients and creating new or amended guidance where necessary.
2. Analysis of learning from falls incidents resulting in moderate/major/catastrophic harm and linking this learning with sustainable strategies for falls prevention and management across acute hospital settings and commissioned services.
3. Any additional areas not covered above that may arise, where the Regional Inpatient Falls Team as a group, agree they can add value and where the focus of the work will be the reduction of inpatient falls.

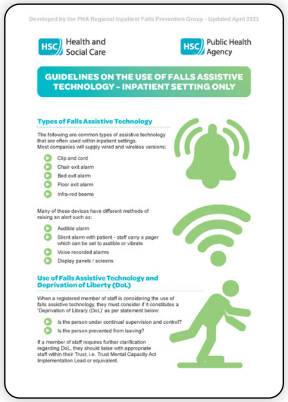
Outcomes

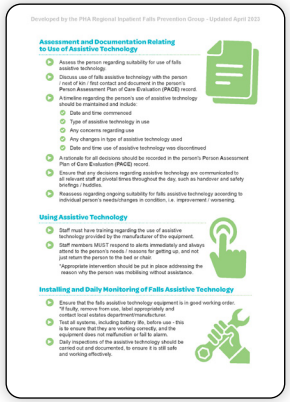
- The Regional Inpatient Falls Prevention Group updated the assistive technology guideline, to include additional advice regarding the maintenance and testing of assistive technology that is currently used in inpatient care. The amended document 'Guidelines on the use of Falls Assistive Technology - Inpatient setting only', was produced in April 2023.
- The Group agreed amendments to the Shared Learning from Incidents of Inpatient Falls resulting in Moderate/Major/Catastrophic Harm form, to provide additional guidance on completion and improve the quality of the data being provided.
- Learning from the analysis of submitted Shared Learning from Incidents of Inpatient Falls resulting in Moderate/Major/Catastrophic Harm forms for April 2022- March 2023 was shared and discussed with the group for action to be taken forward within the Trusts. This information was also shared with frontline staff in the form of a newsletter (more detail in a later article).
- A regionally agreed *Falls Prevention in Hospital; Information for Patients and Visitors leaflet* was developed, agreed and produced. Each Trust was provided with 1000 copies and a stock code to order more as required.

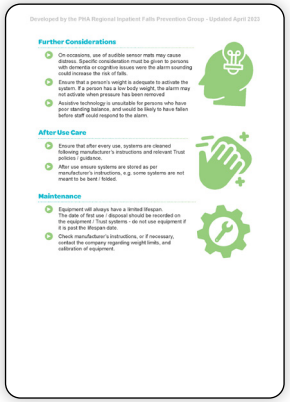
The purpose of this leaflet is to inform patients and their visitors of the steps they can take to reduce the incidence of falls. This leaflet works in tandem with the previously produced Falls Poster, which promoted the use of the Call Button by patients, to reduce the incidence of patients inappropriately attempting to mobilise without the required assistance of hospital staff.

- Grading the severity of harm to a person from a fall incident can be a challenge for reporters. During 2023 -2024 the Regional Falls Co-Ordinators developed and agreed Falls Grading definitions in partnership with The Regional In-patient Falls Prevention Group. A Falls Severity Grading of Injury guidance document was finalised in April 2024 and agreed for use within all HSC inpatient settings. The purpose of these definitions is to provide additional guidance for staff when using the HSC regional risk matrix to grade the severity of harm following a fall.

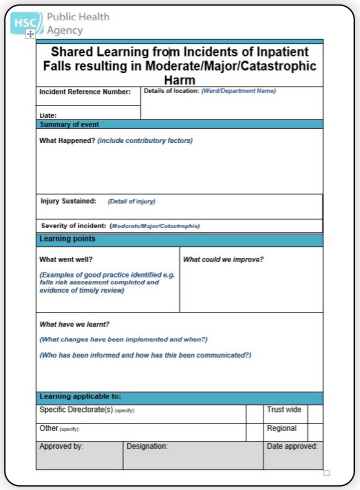
Guidelines on the use of Falls Assistive Technology - Inpatient setting only

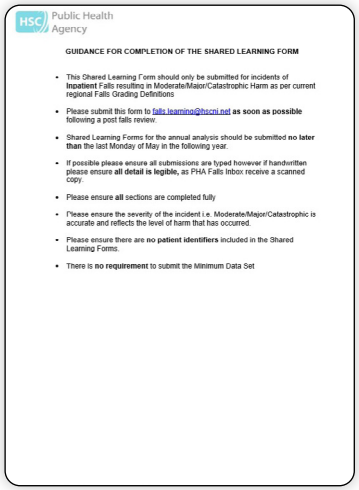






Shared Learning from Incidents of Inpatient Falls resulting in Moderate/Major/Catastrophic Harm Form





Falls Prevention in Hospital; Information for Patients and Visitors Leaflet

Don't Fall Poster

4. Partnership working with Staff, Patients and Carers to support decision making, regarding Pressure Ulcer Management

A Patient Safety, Quality and Innovation Nursing Consultant chairs the Regional Inpatient Pressure Ulcer Prevention Group, which incorporates multidisciplinary staff from all Trusts and has been formed to provide pressure ulcer prevention and management advice, support and to share learning across the HSC in Northern Ireland.

The Regional Inpatient Pressure Ulcer Prevention Group focuses on areas that reduce the incidence of inpatient pressure ulcers. The group:

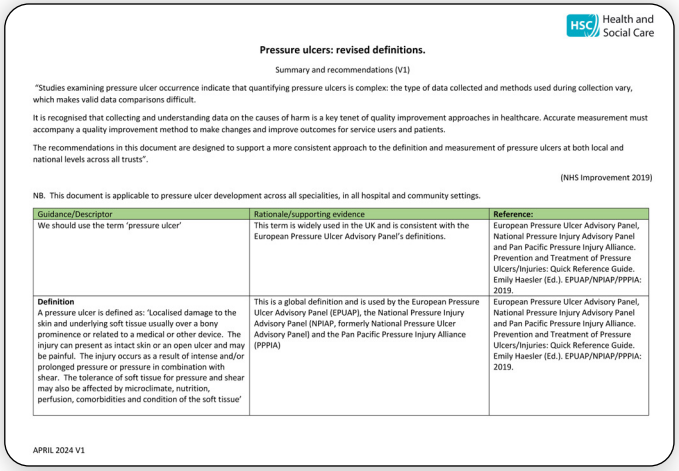
- Advise on, influence and evaluate the strategic direction of the inpatient Pressure Ulcer Prevention programme within Northern Ireland, considering regional priorities
- Evaluate guidance and make recommendations with regards to pressure ulcer prevention and management in hospital settings within Northern Ireland
- Share learning and evidence-based practice
- Advise and evaluate education development for pressure ulcer prevention
- Advise on Key Performance Indicators for pressure ulcer prevention
- Advise on and influence data collection, analysis, reporting and research requirements
- Ensure a regionalised approach to recording and analysing pressure ulcer data
- Support and influencing the quality improvement agenda for pressure ulcer prevention and management across the region

During 2023 -2024 the Tissue Viability Nurse Leads from each Trust worked in partnership with the Regional Inpatient Pressure Ulcer Prevention Group to develop regionally agreed Pressure Ulcer definitions for use within all HSC inpatient and community settings.

Outcomes

Regionally agreed Pressure Ulcer definitions are now available for use within all HSC inpatient and community settings. The recommendations in this document are designed to support a more consistent approach to the definition and measurement of pressure ulcers at both local and national levels across all Trusts.

Pressure Ulcers Definition Document



Health and Social Care

Pressure ulcers: revised definitions.

Summary and recommendations (V1)

"Studies examining pressure ulcer occurrence indicate that quantifying pressure ulcers is complex: the type of data collected and methods used during collection vary, which makes valid data comparisons difficult.

It is recognised that collecting and understanding data on the causes of harm is a key tenet of quality improvement approaches in healthcare. Accurate measurement must accompany a quality improvement method to make changes and improve outcomes for service users and patients.

The recommendations in this document are designed to support a more consistent approach to the definition and measurement of pressure ulcers at both local and national levels across all trusts".

(NHS Improvement 2019)

NB. This document is applicable to pressure ulcer development across all specialities, in all hospital and community settings.

Guidance/Descriptor	Rationale/supporting evidence	Reference:
We should use the term 'pressure ulcer'	This term is widely used in the UK and is consistent with the European Pressure Ulcer Advisory Panel's definitions.	European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019.
Definition A pressure ulcer is defined as: 'Localised damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, comorbidities and condition of the soft tissue'	This is a global definition and is used by the European Pressure Ulcer Advisory Panel (EPUAP), the National Pressure Injury Advisory Panel (NPIAP, formerly National Pressure Ulcer Advisory Panel) and the Pan Pacific Pressure Injury Alliance (PPPIA)	European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019.

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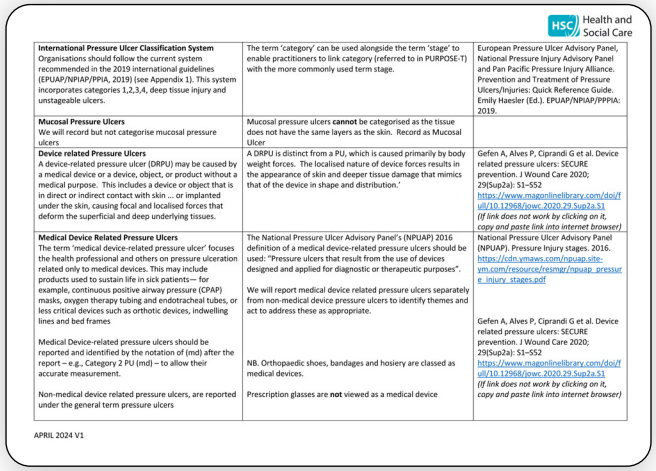

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International Pressure Ulcer Classification System Organisations should follow the current system recommended in the 2019 international guidelines (EPUAP/NPIAP/PPIA, 2019) (see Appendix 1). This system incorporates categories 1,2,3,4, deep tissue injury and unstageable ulcers.	The term 'category' can be used alongside the term 'stage' to enable practitioners to link category (referred to in PURPOSE-T) with the more commonly used term stage.	European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019.
Mucosal Pressure Ulcers We will record but not categorise mucosal pressure ulcers	Mucosal pressure ulcers **cannot** be categorised as the tissue does not have the same layers as the skin. Record as Mucosal Ulcer	
Device related Pressure Ulcers A device-related pressure ulcer (DRPU) may be caused by a medical device or a device, object, or product without a medical purpose. This includes a device or object that is in direct or indirect contact with skin … or implanted under the skin, causing focal and localised forces that deform the superficial and deep underlying tissues.	A DRPU is distinct from a PU, which is caused primarily by body weight forces. The localised nature of device forces results in the appearance of skin and deeper tissue damage that mimics that of the device in shape and distribution.'	Gefen A, Alves P, Ciprandi G et al. Device related pressure ulcers: SECURE prevention. J Wound Care 2020; 29(Sup2a): S1–S52 https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2020.29.Sup2a.S1 *(If link does not work by clicking on it, copy and paste link into internet browser)*
Medical Device Related Pressure Ulcers The term 'medical device-related pressure ulcer' focuses the health professional and others on pressure ulceration related only to medical devices. This may include products used to sustain life in sick patients— for example, continuous positive airway pressure (CPAP) masks, oxygen therapy tubing and endotracheal tubes, or less critical devices such as orthotic devices, indwelling lines and bed frames Medical Device-related pressure ulcers should be reported and identified by the notation of (md) after the report – e.g., Category 2 PU (md) – to allow their accurate measurement. Non-medical device related pressure ulcers, are reported under the general term pressure ulcers	The National Pressure Ulcer Advisory Panel's (NPUAP) 2016 definition of a medical device-related pressure ulcers should be used: "Pressure ulcers that result from the use of devices designed and applied for diagnostic or therapeutic purposes". We will report medical device related pressure ulcers separately from non-medical device pressure ulcers to identify themes and act to address these as appropriate. NB. Orthopaedic shoes, bandages and hosiery are classed as medical devices. Prescription glasses are **not** viewed as a medical device	National Pressure Ulcer Advisory Panel (NPUAP). Pressure Injury stages. 2016. https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/npuap_pressure_injury_stages.pdf Gefen A, Alves P, Ciprandi G et al. Device related pressure ulcers: SECURE prevention. J Wound Care 2020; 29(Sup2a): S1–S52 https://www.magonlinelibrary.com/doi/full/10.12968/jowc.2020.29.Sup2a.S1 *(If link does not work by clicking on it, copy and paste link into internet browser)*

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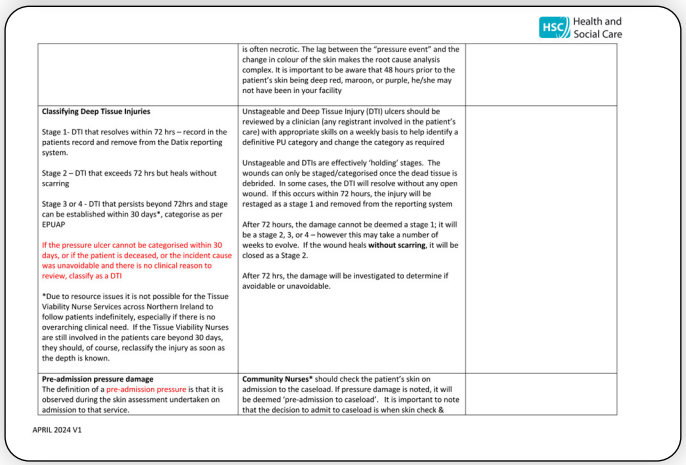

Health and Social Care

	is often necrotic. The lag between the "pressure event" and the change in colour of the skin makes the root cause analysis complex. It is important to be aware that 48 hours prior to the patient's skin being deep red, maroon, or purple, he/she may not have been in your facility	
Classifying Deep Tissue Injuries Stage 1- DTI that resolves within 72 hrs – record in the patients record and remove from the Datix reporting system. Stage 2 – DTI that exceeds 72 hrs but heals without scarring Stage 3 or 4 - DTI that persists beyond 72hrs and stage can be established within 30 days*, categorise as per EPUAP If the pressure ulcer cannot be categorised within 30 days, or if the patient is deceased, or the incident cause was unavoidable and there is no clinical reason to review, classify as a DTI *Due to resource issues it is not possible for the Tissue Viability Nurse Services across Northern Ireland to follow patients indefinitely, especially if there is no overarching clinical need. If the Tissue Viability Nurses are still involved in the patients care beyond 30 days, they should, of course, reclassify the injury as soon as the depth is known.	Unstageable and Deep Tissue Injury (DTI) ulcers should be reviewed by a clinician (any registrant involved in the patient's care) with appropriate skills on a weekly basis to help identify a definitive PU category and change the category as required Unstageable and DTIs are effectively 'holding' stages. The wounds can only be staged/categorised once the dead tissue is debrided. In some cases, the DTI will resolve without any open wound. If this occurs within 72 hours, the injury will be restaged as a stage 1 and removed from the reporting system After 72 hours, the damage cannot be deemed a stage 1; it will be a stage 2, 3, or 4 – however this may take a number of weeks to evolve. If the wound heals **without scarring**, it will be closed as a Stage 2. After 72 hrs, the damage will be investigated to determine if avoidable or unavoidable.	
Pre-admission pressure damage The definition of a pre-admission pressure is that it is observed during the skin assessment undertaken on admission to that service.	**Community Nurses*** should check the patient's skin on admission to the caseload. If pressure damage is noted, it will be deemed 'pre-admission to caseload'. It is important to note that the decision to admit to caseload is when skin check &	

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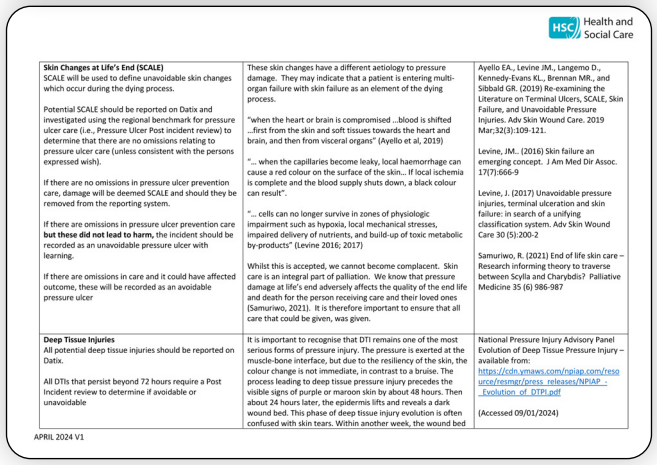

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Skin Changes at Life's End (SCALE) SCALE will be used to define unavoidable skin changes which occur during the dying process. Potential SCALE should be reported on Datix and investigated using the regional benchmark for pressure ulcer care (i.e., Pressure Ulcer Post incident review) to determine that there are no omissions relating to pressure ulcer care (unless consistent with the persons expressed wish). If there are no omissions in pressure ulcer prevention care, damage will be deemed SCALE and should they be removed from the reporting system. If there are omissions in pressure ulcer prevention care **but these did not lead to harm,** the incident should be recorded as an unavoidable pressure ulcer with learning. If there are omissions in care and it could have affected outcome, these will be recorded as an avoidable pressure ulcer	These skin changes have a different aetiology to pressure damage. They may indicate that a patient is entering multi-organ failure with skin failure as an element of the dying process. "when the heart or brain is compromised …blood is shifted …first from the skin and soft tissues towards the heart and brain, and then from visceral organs" (Ayello et al, 2019) "… when the capillaries become leaky, local haemorrhage can cause a red colour on the surface of the skin… If local ischemia is complete and the blood supply shuts down, a black colour can result". "… cells can no longer survive in zones of physiologic impairment such as hypoxia, local mechanical stresses, impaired delivery of nutrients, and build-up of toxic metabolic by-products" (Levine 2016; 2017) Whilst this is accepted, we cannot become complacent. Skin care is an integral part of palliation. We know that pressure damage at life's end adversely affects the quality of the end life and death for the person receiving care and their loved ones (Samuriwo, 2021). It is therefore important to ensure that all care that could be given, was given.	Ayello EA., Levine JM., Langemo D., Kennedy-Evans KL., Brennan MR., and Sibbald GR. (2019) Re-examining the Literature on Terminal Ulcers, SCALE, Skin Failure, and Unavoidable Pressure Injuries. Adv Skin Wound Care. 2019 Mar;32(3):109-121. Levine, JM.. (2016) Skin failure an emerging concept. J Am Med Dir Assoc. 17(7):666-9 Levine, J. (2017) Unavoidable pressure injuries, terminal ulceration and skin failure: in search of a unifying classification system. Adv Skin Wound Care 30 (5):200-2 Samuriwo, R. (2021) End of life skin care – Research informing theory to traverse between Scylla and Charybdis? Palliative Medicine 35 (6) 986-987
Deep Tissue Injuries All potential deep tissue injuries should be reported on Datix. All DTIs that persist beyond 72 hours require a Post Incident review to determine if avoidable or unavoidable	It is important to recognise that DTI remains one of the most serious forms of pressure injury. The pressure is exerted at the muscle-bone interface, but due to the resiliency of the skin, the colour change is not immediate, in contrast to a bruise. The process leading to deep tissue pressure injury precedes the visible signs of purple or maroon skin by about 48 hours. Then about 24 hours later, the epidermis lifts and reveals a dark wound bed. This phase of deep tissue injury evolution is often confused with skin tears. Within another week, the wound bed	National Pressure Injury Advisory Panel Evolution of Deep Tissue Pressure Injury – available from: https://cdn.ymaws.com/npiap.com/resource/resmgr/press_releases/NPIAP_-_Evolution_of_DTPI.pdf (Accessed 09/01/2024)

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5. Mealtimes Matter – Regional Resources

With choking related harm being a significant patient safety issue in Northern Ireland, a Safety and Quality Reminder (SQR) of Best Practice Guidance letter titled: *Risk of serious harm or death from choking on foods* (2021), was issued to a wide range of key stakeholders across the HSC Trusts and the RQIA who were asked to disseminate the letter to all relevant Independent Sector Providers. The letter outlined five choking serious adverse incidents attributed to a failure to recognise and support the needs of people with eating, drinking and swallowing difficulties and at risk of choking. **Six key learning points/recommendations** for all health and social care staff involved with supporting the care of adults and children who present at risk of eating, drinking and swallowing (EDS) difficulties were highlighted. In October 2021 HSC Trusts were asked to provide an urgent 3rd Line of Assurance to HSCB/PHA to ensure actions as detailed within the SQA had been taken forward to prevent and mitigate the risk of this type of incident recurring.

The Regional Mealtimes Matter Group, chaired by the Public Health Agency Safety/Quality and Innovation Team, is key to supporting key stakeholders with the implementation of the recommendations of the SQR Letter noted above. The multidisciplinary group aims to maximise patient safety and ensure a high-quality patient experience ***always*** occurs at every meal, drink and snack time. Based on the feedback received from monitoring the patient and client experience, including the increasing number of Adverse Incidents and Serious Adverse Incidents in recent years, ensuring safe meal and snack times was identified as a key area for improvement on ongoing monitoring.

Outcomes

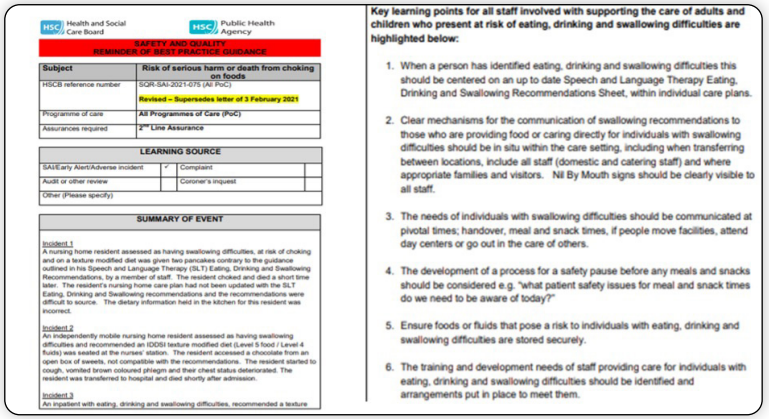
To date, the Group have co-produced and implemented a number of excellent resources to support healthcare staff to provide safe meal, drink and snack times such as;

- Regional Mealtimes Matter Framework
- Regional Mealtimes Matter Assurance Questionnaire and Audit Tool
- Guidance Notes on the Assurance and Audit Tool
- Two Food and Drink Safety Pause Posters
- Regional Nil by Mouth Signage and Guidance
- Regional Food Allergen Signage
- Regional ‘Mealtimes Coordinator’ uniform badge

Mealtimes Matter

Putting People First at Mealtimes

Safety and Quality Reminder (SQR) of Best Practice Guidance letter titled: Risk of serious harm or death from choking on foods (2021)



HSC Health and Social Care Board | HSC Public Health Agency

SAFETY AND QUALITY
REMINDER OF BEST PRACTICE GUIDANCE

Subject	Risk of serious harm or death from choking on foods
HSCB reference number	SQR-SAI-2021-075 (AI PoC) Revised – Supersedes letter of 3 February 2021
Programme of care	All Programmes of Care (PoC)
Assurances required	2nd Line Assurance

LEARNING SOURCE			
SAI/Early Alert/Adverse incident	✓	Complaint	
Audit or other review		Coroner's inquest	
Other (Please specify)			

SUMMARY OF EVENT

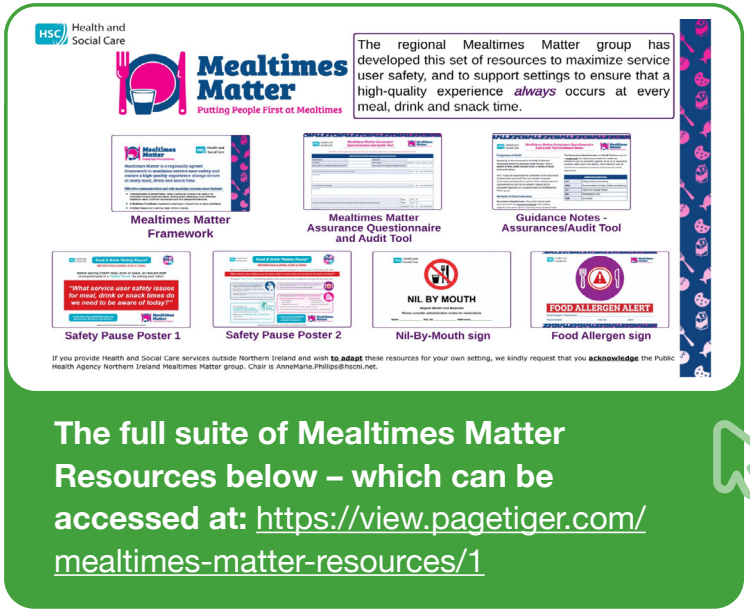
Incident 1
A nursing home resident assessed as having swallowing difficulties, at risk of choking and on a texture modified diet was given two pancakes contrary to the guidance outlined in his Speech and Language Therapy (SLT) Eating, Drinking and Swallowing Recommendations, by a member of staff. The resident choked and died a short time later. The resident's nursing home care plan had not been updated with the SLT Eating, Drinking and Swallowing recommendations and the recommendations were difficult to source. The dietary information held in the kitchen for this resident was incorrect.

Incident 2
An independently mobile nursing home resident assessed as having swallowing difficulties and recommended an IDDSI texture modified diet (Level 5 food / Level 4 fluids) was seated at the nurses' station. The resident accessed a chocolate from an open box of sweets, not compatible with the recommendations. The resident started to cough, vomited brown coloured phlegm and their chest status deteriorated. The resident was transferred to hospital and died shortly after admission.

Incident 3
An inpatient with eating, drinking and swallowing difficulties, recommended a texture

Key learning points for all staff involved with supporting the care of adults and children who present at risk of eating, drinking and swallowing difficulties are highlighted below:

1. When a person has identified eating, drinking and swallowing difficulties this should be centered on an up to date Speech and Language Therapy Eating, Drinking and Swallowing Recommendations Sheet, within individual care plans.
2. Clear mechanisms for the communication of swallowing recommendations to those who are providing food or caring directly for individuals with swallowing difficulties should be in situ within the care setting, including when transferring between locations, include all staff (domestic and catering staff) and where appropriate families and visitors. Nil By Mouth signs should be clearly visible to all staff.
3. The needs of individuals with swallowing difficulties should be communicated at pivotal times; handover, meal and snack times, if people move facilities, attend day centers or go out in the care of others.
4. The development of a process for a safety pause before any meals and snacks should be considered e.g. "what patient safety issues for meal and snack times do we need to be aware of today?"
5. Ensure foods or fluids that pose a risk to individuals with eating, drinking and swallowing difficulties are stored securely.
6. The training and development needs of staff providing care for individuals with eating, drinking and swallowing difficulties should be identified and arrangements put in place to meet them.



HSC Health and Social Care

Mealtimes Matter
Putting People First at Mealtimes

The regional Mealtimes Matter group has developed this set of resources to maximize service user safety, and to support settings to ensure that a high-quality experience *always* occurs at every meal, drink and snack time.

Mealtimes Matter Framework

Mealtimes Matter Assurance Questionnaire and Audit Tool

Guidance Notes - Assurances/Audit Tool

"What service user safety issues for meal, drink or snack times do we need to be aware of today?"

Safety Pause Poster 1

Safety Pause Poster 2

NIL BY MOUTH

Nil-By-Mouth sign

FOOD ALLERGEN ALERT

Food Allergen sign

If you provide Health and Social Care services outside Northern Ireland and wish to adapt these resources for your own setting, we kindly request that you acknowledge the Public Health Agency Northern Ireland Mealtimes Matter group. Chair is AnneMarie.Phillips@hscni.net.

The full suite of Mealtimes Matter Resources below – which can be accessed at: https://view.pagetiger.com/mealtimes-matter-resources/1

The new Regional Mealtimes Coordinator uniform badge

Certificate of Recognition for Mealtimes Matter Early-Stage Patient Safety Innovation of the Year Award

HSJ PATIENT SAFETY AWARDS 2023

EARLY-STAGE PATIENT SAFETY INNOVATION OF THE YEAR

FINALIST

The Public Health Agency Northern Ireland in collaboration with the 5 Health and Social Care Trusts in Northern Ireland

Mealtimes Matter

Presented at the Patient Safety Awards on the 18th of September 2023

Alastair McLellan
Editor
HSJ

Our work in action !!!

Mealtimes Matter
Putting People First at Mealtimes
Mealtimes Coordinator

Mealtimes Matter
Putting People First at Mealtimes

Strengthening the Workforce

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

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

INTRODUCTION

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

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

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

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

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

1. A Skills Development Framework

As part of the PHA (*hereafter referred to as 'the Agency'*) Reshape Refresh Programme it was recognised that in designing and developing the new organisation attention was needed towards building career pathways for staff at all levels across the Agency.

Consideration of this and reviewing the existing Public Health Skills & Knowledge Framework (PHSKF), it was identified that whilst this PHSKF provided a useful resource, for this to work for the Agency required a bespoke product which would align to the new organisational structures.

Against this background consideration was given as to how the Agency might develop a skills framework of its own to define the skills and competencies required at various levels of the organisation, map these to the wide range of roles and provide a career pathway toolkit for staff to be intentional about their career choices.

Whilst a variety of approaches were considered, a review of existing frameworks provided a resource which were used to inform the design of the Agency's own Framework which would set out:

- **Skills for All** which articulates the common set of skills expected of all staff across the Agency creating the foundation for the Agency to deliver efficient and effective services which promote and protect the public's health.
- **Skill Profiles** specifically per band in each functional area.

'Soft launched' in 24/25, staff across the Agency are now encouraged to familiarise themselves with the framework and feedback to inform a further iteration for more formal launch in 25/26.

Outcomes

A bespoke Skills & Development Framework has been developed for the PHA which;

- Aims to provide a practical framework and reference point to empower PHA staff in their continuous professional development.
- It articulates PHA's Learning and Development culture and behaviours.
- It outlines the knowledge and skill expectations for PHA staff members, both at a generic and role specific level.
- It provides insight on the career pathways existing within PHA and empowers staff to be proactive in identifying and pursuing the options available to them.
- The Framework is for every member of staff across PHA, no matter their role, band, experience or area of specialism.
- Some sections are universally applicable to all staff members while other sections are tailored to specific roles.
- The Framework provides clarity and transparency on key topics relating to culture, skills, capability and progression.
- It empowers staff with information, so they can be intentional in their career planning and aligned L&D activity.
- It drives focus on learning, development and progression, emphasising the availability and importance of opportunities for all staff.

2. Preparation for Practice Event for Critical Care Advanced Nurse Practitioners

The Public Health Agency (PHA) facilitated a Preparation for Practice Event for Critical Care Advanced Nurse Practitioners (CCANP) on the 5th of March 2024.

In line with the Chief Nursing Officer's five-year vision for nursing and midwifery in Northern Ireland (NI)[1], to maximise the potential of the nursing and midwifery workforce and the Advanced Nursing Practice for NI[2] report, the aim of the event was to:

'Provide a forum to support planning for the first cohort of CCANPs, qualifying in September 2024, through the presentation of different expert perspectives, local and national, experienced in implementing the role into the workforce to practice autonomously, and positively impact services and person-centred outcomes. '

To meet the aim the underpinning objectives were; from different expert perspectives:

- Describe how the CCANP role within the team functions in practice.
- Discuss support structures to develop the role in practice.
- Give examples of challenges and how they were overcome.

The programme plan was designed to optimise the practical exchange of knowledge and facilitate insightful discussion.

Participants included key stakeholders from across the Health & Social Care (HSC) System; including trainee CCANPs, Consultant Clinical Supervisors and Corporate Nursing from HSC.

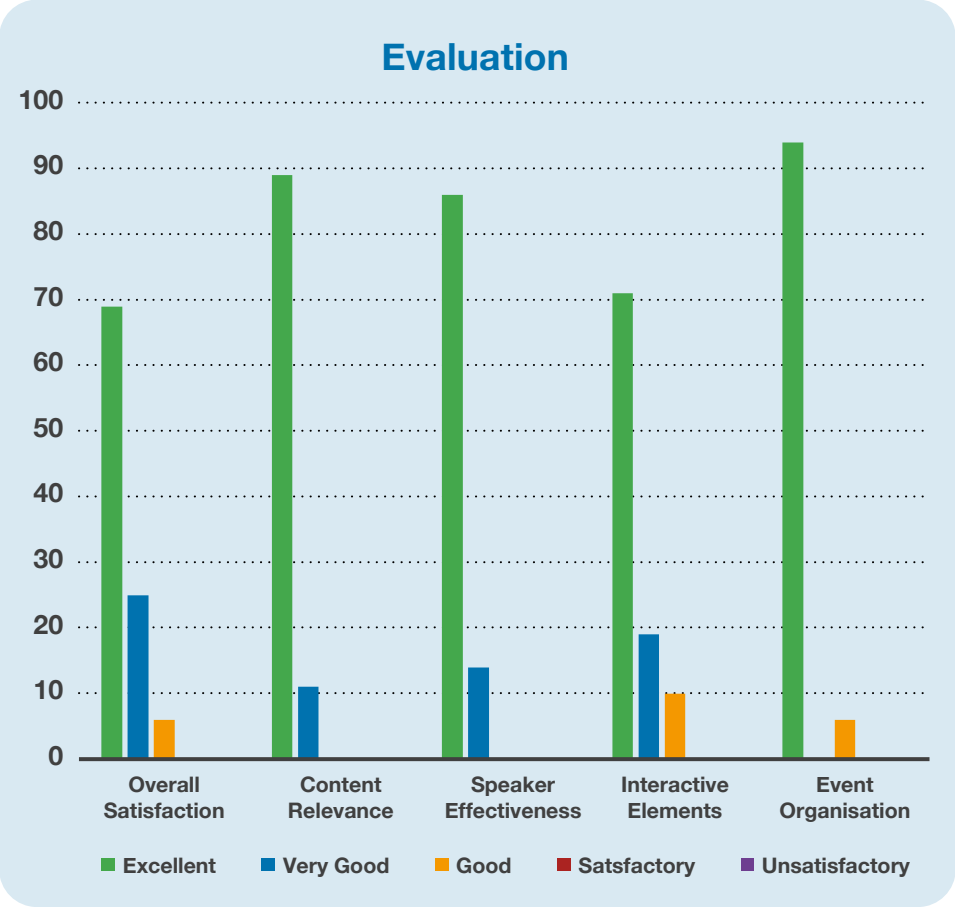
Outcomes

The CCANP Preparation for Practice Event was positively evaluated, as illustrated in Table 1 below. Fifty percent (approximately) of attendees completed evaluation forms.

Proposed Next Steps included:

- To suggest a system's approach to enhancing existing numbers of CCANPs through Strategic Workforce Planning informed by local HSC Trust Population Health need.
- Align CCANP development needs with evolving service/ population health need through ongoing:
  - Individual professional development and impact on addressing evolving population need.
  - Professional development within the team.
  - Building and networking with the wider Advanced Practice Community.
- Further discussions in relation to the suggestion for a regional forum/faculty in terms of; purpose, role, responsibilities, resource, leadership, governance, accountability and lines of communication.
- To utilise FICM guides and resources.
- For participants to consider the generous offers made by English and Scottish counterparts for follow-up sessions and or shadowing in units.
- Consider how to measure the impact of the CCANP role in relation to patient outcomes, patient experience and staff experience.

Table 1: Evaluation Forms Satisfaction Scale (n=17, 36 participants)



1 Department of Health. 2024. Five-year vision outlined for Nursing & Midwifery | Department of Health (health-ni.gov.uk). Accessed on 09.08.24.

3. Workforce Development within the Substance Use Sector

The Public Health Agency's programme of Workforce Development focusses on the development and delivery of training for those working in substance use services and other related service areas where substance use is pertinent.

Workforce Development training was a PHA tendered service from 2015 to 2020. Since 2020 PHA have awarded two successive Direct Award Contracts to ensure continuity of service until the re-procurement of Workforce Development is completed. In 2018, the PHA completed a Training Needs Analysis (TNA) to assess the uptake, usefulness, and suitability of the commissioned substance use training courses and their delivery formats. The publication of a new substance use strategy, an increased focus on trauma-informed practice, and some recent changes in drug use patterns required a refresh of the TNA which was commissioned in March 2024.

As part of the Workforce Development programme, the PHA has commissioned Motivational Interviewing (MI) training for those employed within the substance use workforce. There is a strong evidence base for the use of MI in addressing problematic substance use and some training in MI is a requirement for staff in some of the PHA commissioned substance use services.

The Workforce Development programme also provides a wide range of training for those employed in the substance use sector and those who come into contact with substance use related issues in their work.

These range from half-day, introductory courses to a 12-day advanced module.

The PHA also funds **15 places** on QUB's PG Certificate and PG Diploma in Substance Use and Substance Use Disorders for individuals working within the substance use sector.

Outcomes:

In 2023/2024;

- **43 people** received training in Introduction to Motivational Interviewing.
- **16 people** received training in Advanced Motivational Interviewing (including mentoring).
- **1,618 people** received training on a range of substance use related issues through the delivery of **175 training courses**, including Working with substance use in homeless settings, providing support to family members, Supporting Children, Young People and Families Affected by Problematic Parental Substance Use, and, Young People, Mental Health and Substance Use.
- **7** people completed the QUB PG Diploma in Substance Use and Substance Use Disorders
- **8** people completed the QUB PG Certificate in Substance Use and Substance Use Disorders

Measuring Improvement

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

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

INTRODUCTION

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

1. Primary Care Nursing Workforce Data Quality

Primary Care nursing workforce data is not routinely or consistently collected for the Primary Care Nursing workforce in Northern Ireland as it is for the other UK nations.

The PHA led on a Primary Care nursing workforce data census on 14th February, 2024 with the aim of determining a baseline position and assist with future workforce planning. PHA wanted to capture the funded establishment and staff in post for the following roles:

- Phlebotomist.
- Nursing assistant/health care assistant.
- Treatment room nursing roles (Trust and GP employed).
- General Practice Nurses.
- Nurse Practitioners/Advanced Nurse Practitioners.
- Federation lead nurses.

This involved engaging GP practices, GP Federations and Health and Social Care Trusts to complete a workforce data collection template. The workforce template included data set descriptors to improve the accuracy of the data returned. PHA staff collaborated with Trusts and GP Practice staff at the outset to assist with the development of the template, to explain how to complete and for some, assisted with the actual completion.

Templates were returned and analysed by the PHA. Information was triangulated to enhance credibility. Where data was not returned, extrapolation is ongoing to make an overall assumption for the entire workforce. The extrapolation is based on GP practice size, rurality and deprivation indices.

Outcomes

- This is the first time that the three employers of Primary Care nursing have collaborated to determine a baseline workforce figure which will inform future workforce planning to meet the health needs of the population.
- It may also inform how this data is captured going forward.
- It will inform decisions regarding the numbers of Primary Care nurses who require education
- 100% response rate from the GP Federations and the Trusts.
- Initial 68% response, increasing to an 83% response rate from GP practices.
- A workforce census report (in progress)
- Baseline measurement to predict and measure against the Primary Care nursing workforce required to meet population health needs and care for patients closer to their home.

2. Ensuring Northern Ireland adopted the District Nursing Palliative Care Nursing Quality Indicator.

An increasing number of people are dying at home each year often supported by District Nursing Services. Many of these patients have complex symptoms and their District Nurse (DN) is their Palliative Care Keyworker and therefore instrumental in supporting their holistic care needs. To assess and measure the quality of this care the NI District Nursing Quality Indicator (NQI) Group developed a regionally agreed Palliative Care NQI for use within DN commencing January 2023.

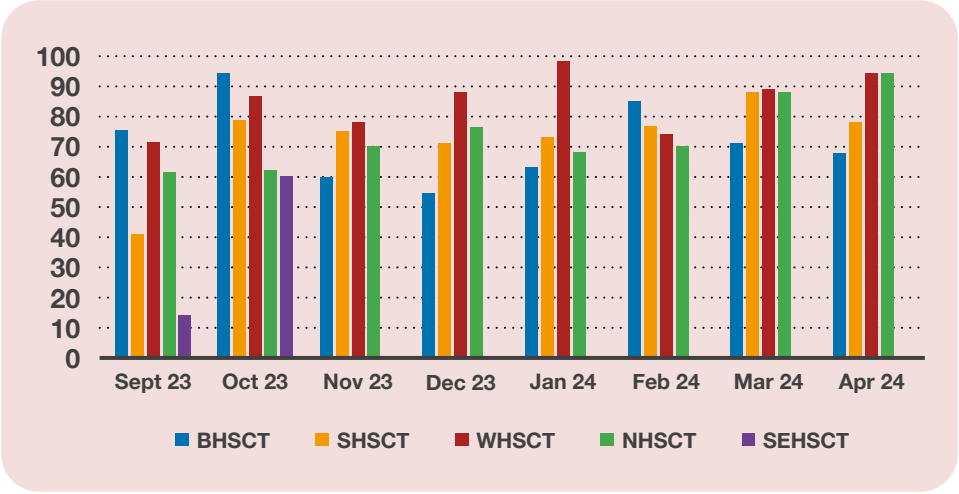
Lead by the PHA, the five HSC Trusts co-designed and co-produced a Palliative Care NQI. This NQI was evidence based with seven measurement descriptors indicative of quality care such as explanation of the role of the Palliative Care Keyworker, identification of the patients' stage on their journey using the End of Life Care Operational System (ELCOS) End of Life Care Operational System (ELCOS) (youtube.com) and provision of anticipatory medications.

Outcomes

Overall compliance with all seven elements across the Trusts audited have increased since January 2023. All HSC Trusts are working towards a regionally agreed target of 85%.

Following implementation of HSC Trust DN quality improvement plans and initiatives the compliance with this NQI average has been measured at 83.5% in April 2024. This evidences the significant improvement to date but also further work required which is planned based on audit findings. This NQI demonstrates the significant and pivotal role of the District Nurse as Palliative Care Keyworker for patients during their palliative and end of life journey on district nursing caseloads. The chart below illustrates and celebrates the excellent work carried out by district nursing teams regionally.

District Nursing Palliative Care Nursing Quality Indicator Compliance



(The SEHSCT are not included after October 2023 due to the launch of Encompass and the associated challenge to extract the necessary data at this time).

3. Early Intervention Support Service

Health inequalities in the earlier years have lifelong impacts. It is the period of life when interventions to disrupt inequalities are most effective. Evidence informed early intervention approaches have been shown to produce positive impacts throughout childhood and into young adulthood and have also been shown to be cost-effective and to produce significant returns on investment, where substantial public spending savings can be made.

The Early Intervention Support Service EISS was developed by the Public Health Agency in 2015 under workstream 2 of the Early Intervention Transformation Programme (EITP) at a time when there was no timely access to a consistent model which explicitly aimed to work with families to offset emerging vulnerabilities. The EISS was purposely designed in order to create a regional integrated pathway for early intervention focussed family support and to improve outcomes for families with emerging vulnerabilities.

The EISS supports and empowers approx. 800 families per year with CYP (0-18 years) by intervening early with personalised, evidence-informed services before difficulties become intractable and the need for statutory involvement is required (Tier 2 of Hardiker's Family Support Model). There are five EISS operating across Northern Ireland which are delivered by our partners in the community and voluntary sector. Each EISS covers a defined geographic area closely aligned to Family Support Hubs in areas of highest deprivation.

The project was successfully re-tendered in Summer 2023, with new contracted services commencing from 1st October 2023.

Additional funding from the Department of Health was allocated to enable service enhancement/expansion from 1st October 2023.

Outcomes

How much did we do?

- 938 referrals received
    - 16 x inappropriate
    - 167 x on waiting list
    - 754 x service offered
    - 717 x offer accepted
    - 36 x declined service
    - 1 x awaiting decision from family
    - 0 x no capacity to provide service

How well did we do it?

- Number of closed cases x 730.
- Number of families successfully completing intervention x 593.
- Number of families no visits did not progress x 36.
- Number of families first visit received but did not progress x 26.
- Number of families disengaged from service between 2 & 4 sessions x 54.
- Number of families disengaged from service after 5 or more sessions x 13.
- Number of families disengaged from service as escalated to Gateway x 8.
- Number of families disengaged from service as moved out of area x 0.

The Graphics below show the benefits to service users.

(Please note some figures are based on estimates due to a change in recording/reporting systems in 2023/24)

Are people making progress?

93%

In 1+ outcome areas

Percentage of people making progress in at least one outcome area

63%

In 3+ outcome areas

Percentage of people making progress in at least three outcome area

85%

In 2+ outcome areas

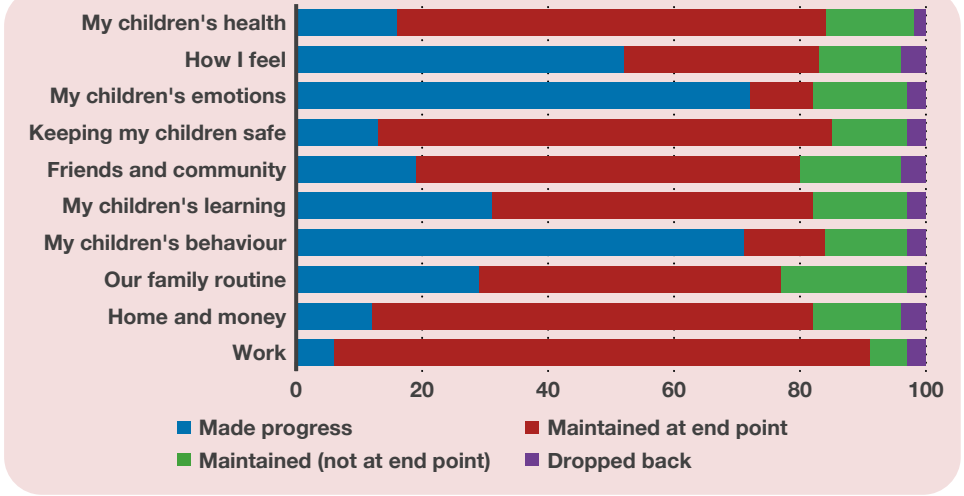
Percentage of people making progress in at least two outcome area

3.2

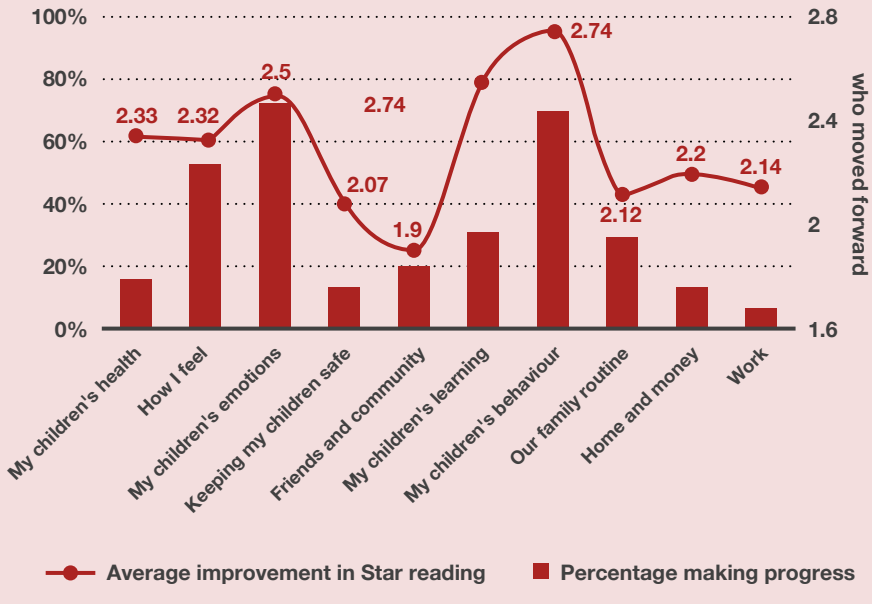
Outcome areas showing progress

Average number of outcome areas in which someone is making progress

How much progress are people making in each outcome area?



How much progress are people making in each outcome area?



Raising the Standards

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

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

Introduction

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

1. Learning from Hospital Inpatient Falls

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

A **Shared Learning Form** (SLF) following a Post Fall Review is then submitted to the PHA falls inbox falls.learning@hscni.net. This allows for a regional analysis of incidences were falls have occurred and for the sharing of this regional overview. The Safety Quality and Patient Experience Team between June and August 2023, carried out a detailed analysis of all the forms submitted to the PHA Falls Inbox in the period April 2022 to March 2023.

Outcomes

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

- 156 falls reported this year (1st April 2022 to 31st March 2023) compared with 123 falls reported last year (1st April 2021 to 31st March 2022), a 27% increase.
- Inpatient falls were analysed under 5 themes:
  - What happened.
  - What went well before the fall
  - What went well after the fall
  - What we could Improve.
  - What we can learn?
- This year's results were compared with last year's to assist with areas of good practice and areas for improvement.
- A newsletter was produced and shared with HSC colleagues during Falls Week, in September 2023.
- The Regional Inpatient Falls group chaired by the PHA discussed learning from the analysis and agreed areas to take forward for improvement in the next year.
- A falls advice leaflet was designed for patients and visitors to address many of the contributing factors identified in the analysis.

Number of Shared Learning Forms submitted per Trust April 2022 - March 2023

NHSCT	BHSCT	WHSCT	SHSCT	SEHSCT	Total
40	36	32	26	22	156

Table 1: What could we improve?

What could we improve?	Number of patients
Poor terminology/documentation/Updating notes	87
CNS assessment post fall/not in line with policy	76
Fall risk assessments not completed/reviewed or updated	75
Moving and Handling assessment needs updated	71
The patient was not assessed for harm/spinal fracture/injury before moving them from floor/Major trauma not involved if C-spine damage expected/not noted	60
No lying and standing BP on falls assessment documented and reason not given	44
Cognitive assessment should be completed/updated	43
There was no/poor documented verbal or written advice given to the patient about the risk of falling while in hospital	32
Medical assessment post fall/falls algorithm not completed	32
Patients footwear was not assessed	30
Bed rail usage post fall	32
CNS Observation must be completed	34
Did not use/consider Falls Assistive Technologies	25
Urinalysis not recorded	22
Staffing issues on ward	21
Remind all patients to use call bell/wear glasses not documented	20
Bedrail usage reviewed post fall/no rational	19
Update Datix report for all incidents of falls	19
Record Blood Glucose post fall	18
Use Close Observation Form	17
Improvement in communication, reporting and action taken in a timely manner	16

What could we improve?	Number of patients
Staff to Complete 'Fear of Falling' assessment	12
Patient should have been on 1:1/but not assessed/did not have available staff and did not ask family.	11
1:1 staffing requested but not available	9
The FallSafe coordinator was not informed of incident	8
Ensure NOK is informed/documented	7
Patient placed in side room without 1:1 or adequate checks	7
Investigation info including X-rays faster turnaround/available for post fall review	6
Posey/Protab Alarm detached	5
Ensure access to walking aid if had previously	4
post falls update NEWS2 as well as PARIS	2
Ensure nursing staff made aware of falls risk at safety brief	2
Dementia Champions not/undocumented as used	1
Consider use of EPCO	1
Improve admission doc/to include history falling/fear falling	1
Assistive tech used but didn’t work	1

Table 2: What have we learnt?

What have we learnt?	Number of patients
Learning from falls shared: at the 'patient safety quality network'/staff briefing/newsletter	116
Risk assessments should be repeated if there is any change in patient's status and correctly documented	73
Falls training/update sessions to be provided/staff encouraged to attend	59
Action plan completed (but not included with report)	40
importance of using/documenting appropriate post fall lifting equipment	37
importance of documenting factually in nursing notes and datix	36
All patients above the age of 65 should have a Lying/Standing blood pressure, recorded at the time of admission and if not then reason why noted	31
Remind all patients to use call bell and document	29
To remind staff to utilise resources available for patients who are high risk of falling. E.g. monitor or low entry beds.	28
Assistive Technology should have been considered/always connected up	26
Medical/OT staff need to complete cognitive screening	22
The importance of communication and relaying information promptly	15
Inform ward fall prevention champions/identify new champions	11
Appropriate pain medication post fall	11
Falls notice board/posters to be created	9
Encourage ward to use falls signage/Board to identify patients at risk of falls	9
Overcrowding of wards/ED increases the risks of falls	9
Audit to ensure completion of nursing assessments/Bed rail usage	8
Ensure Staff have access to updated Trust falls policies	8
All risk assessments must be completed within 6 hours of admission.	8
Ensure at risk Patients most visible from Nurse Stations	7
Ensure all staff have completed Datix training	7
Encourage staff to attend PACE training update.	7

What have we learnt?	Number of patients
Close Observation form needs to be completed re supervision	5
Dementia tool needs to be used/staff trained	3
A Falls care plan should have been implemented	3
RITA to be rolled out	2
Importance of notifying family/NOK/and documenting	2
Role for family with confused patients in ED	2
Use or training on Cohort Batton scheme	4
Use fall stickers on notes	2
Importance of reporting if patient later in pain post fall	1
Falls co-ordinators to develop CNS observation post fall for nurse	1
SQE project taking place in this ward to improve falls prevention	1
Need for 1:1 staff ED	1
Family may need assistance if taking patient of ward	1

2. Getting everyone round the table: Swallow Awareness in the Hospitality Industry

A key driver for the work of Dysphagia NI is listening and responding to the voices of people with lived experience along with those who provide care to people living with eating, drinking and swallowing difficulties (dysphagia). Through the use of online surveys and focus groups, PHA identified a gap in knowledge and awareness of dysphagia within hospitality. Qualitative and quantitative feedback was analysed to identify key trends/themes to inform this work. 86% of focus groups members identified challenges with eating out.

Eating out in restaurants and cafes plays a significant role in socialisation for many people providing a platform for people to connect with family, friends, and colleagues, fostering relationships and social bonds promoting a sense of belonging. Regular social interactions in public settings can reduce feelings of loneliness and social isolation.

Outcomes

Through the focus groups a number of ideas were generated and collectively we decided to progress work on a factsheet for hospitality alongside a swallow aware wallet card.

The next stage identified key stakeholders including:

- people living with dysphagia and their families
- clinicians including SLTs and dietitians
- Hospitality Ulster
- RCSLT
- Senior leadership (PHA)

Stakeholders contributed to the content and agreed the format as “10 top tips” ensuring a succinct and useful resource which provided simple solutions and support to address the challenges identified. The factsheet was tested with a group of restaurant owners/chefs, voluntary group members. A template facilitated collection of feedback informing changes and quotes from people living with dysphagia.

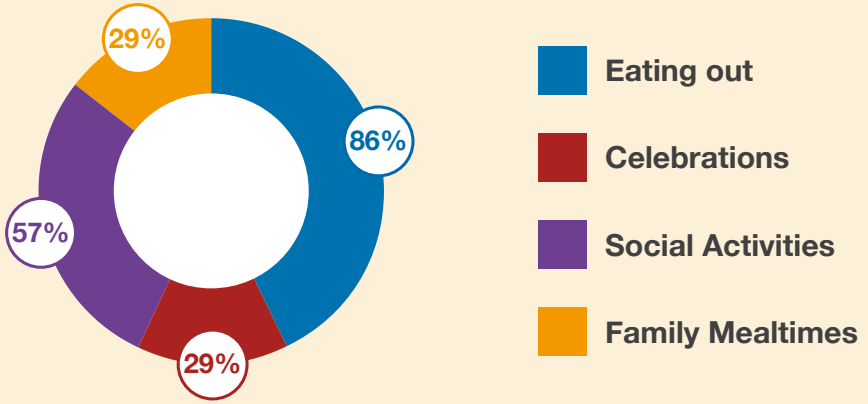
The launch took place on 6th June in Coppi restaurant, Belfast. This was covered widely across social media and print media.

Work continues to ensure the factsheet is embedded with further publicity events planned. We continue to engage with key stakeholders to evaluate the work to:

- Determine if awareness of dysphagia and support has increased
- Gather qualitative/quantitative data to ascertain if experiences of people living with dysphagia while accessing hospitality has improved.

Improving experience for customers with swallowing difficulties - top tips for hospitality | HSC Public Health Agency (hscni.net)

The focus groups members identified challenges under these themes



Aidan Dawson, Chief Executive PHA, with a service user and the Operations Director Hospitality Ulster

Feedback from the service user/carer experience survey

> Sometimes I feel self-conscious when I am in a restaurant or cafe, especially when it is busy. Offering a table at a quiet corner of the restaurant would help ease this feeling.

> I was invited to a family wedding recently but I made an excuse not to go. I don't find eating out enjoyable anymore. It causes me stress so I would rather just stay at home.

> We tend not to eat out as a family as it is difficult to find restaurants to cater for our child's needs.

> I make small snack like meals as I cannot manage large meals and the food goes cold quickly anyway.

> I make excuses to avoid social events with peers and work colleagues.

> Eating out used to be so enjoyable but I just find it a chore now so tend to avoid social situations

3. Regional Learning Matters Newsletters

The regional PHA/SPPG Learning Matters Newsletter provides a method of sharing learning relating to SAIs, complaints and patient experience across Northern Ireland. The Safety, Quality and Innovation Nursing Team in the PHA led on the development and design of several Regional 'Learning Matters'/'Learning From' Newsletters, which were issued to a wide range of key stakeholders, including all staff across the 5 Health and Social Care Trusts, Education providers for Healthcare and the private and independent health care sector.

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Outcomes

During the period 2023 to 2024 3 editions were distributed electronically:

- Learning from Palliative Care – September 2023- Prioritising patient safety when using syringe pumps
- Learning from Falls – September 2023 – Launched on National Falls Awareness Week
- Learning Matters Edition 24 September 2024

Learning from Palliative Care – September 2023: Prioritising patient safety when using syringe pumps

Learning from Falls – September 2023: Launched on National Falls Awareness Week

LEARNING FROM FALLS

SEPTEMBER 2023

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Key findings in relation to Inpatient Falls across HSC Trusts which resulted in Moderate/Major or Catastrophic Harm April 2022 to March 2023 4
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The purpose of this Learning from Falls Newsletter, is to share information and key learning derived from adverse incidents of inpatient falls across HSC Trusts, which have been identified from post fall reviews. HSC Trusts are required to undertake a post fall review and submit a Shared Learning Form to the Public Health Agency (PHA), for any fall that has resulted in **moderate, major** or **catastrophic harm**.

HSC Public Health Agency

A thematic analysis was carried of all submitted Shared Learning Forms by HSC Trusts between the dates 1st April 2022 and 31st March 2023, received by the closing date of the 26th May 2023. Key themes have been identified and results compared with the results from a similar analysis last year, covering the period 1st April 2021 to the 31st March 2022.

Falls and fractures in older people are a costly and often preventable health issue. Reducing falls and fractures is important for maintaining health, wellbeing and independence amongst older people.

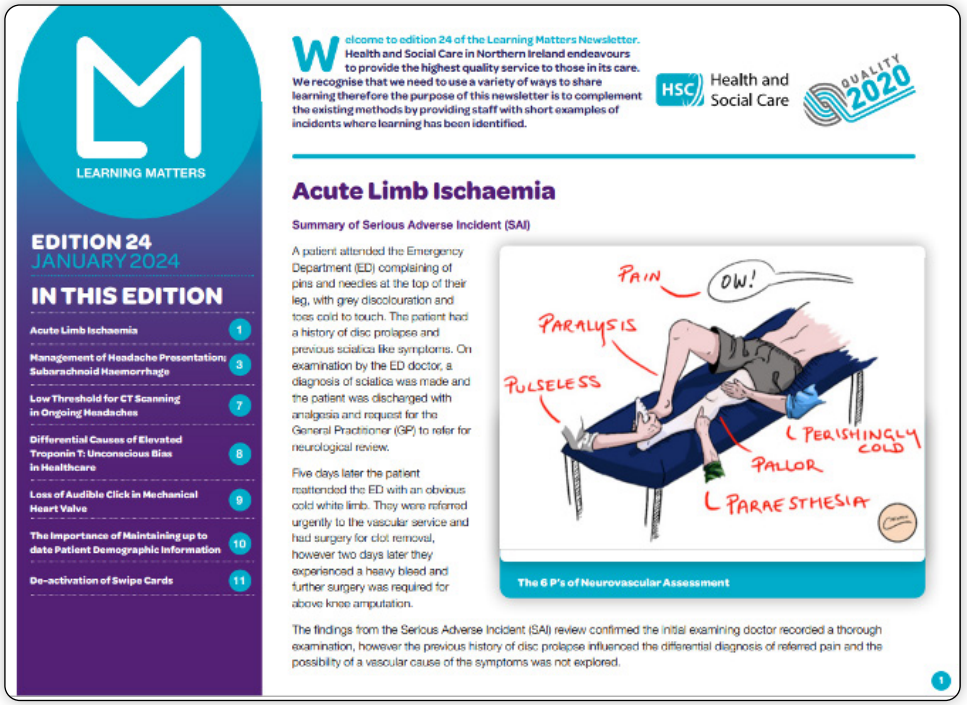
A fall is defined as an event which causes a person to, unintentionally, rest on the ground or lower level, and is not a result of a major intrinsic event (such as a stroke) or overwhelming hazard. Having a fall can happen to anyone; it is an unfortunate but normal result of human anatomy. However, as people get older, they are more likely to fall over. Falls can become recurrent and result in injuries including head injuries and hip fractures. A fall can lead to pain, distress, loss of confidence and lost independence.

Patient falls have both human and financial costs. For individual patients, the consequences range from distress and loss of confidence, to injuries that can cause pain and suffering, loss of independence and occasionally death. The costs to NHS organisations include additional treatment, increased lengths of stay, complaints and, in some cases, litigation. Falls are a major cause of disability and mortality. In addition, falls frequently bring about a fear of falling which increases risk and reduces independence.

KEY FACT

Falls are among the top 5 most frequent Adverse Incidents reported across Health and Social Care Trusts.

Learning Matters Edition 24 September 2024: Acute Limb Ischaemia



LEARNING MATTERS

EDITION 24
JANUARY 2024

IN THIS EDITION

Acute Limb Ischaemia 1
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Welcome to edition 24 of the Learning Matters Newsletter. Health and Social Care in Northern Ireland endeavours to provide the highest quality service to those in its care. We recognise that we need to use a variety of ways to share learning therefore the purpose of this newsletter is to complement the existing methods by providing staff with short examples of incidents where learning has been identified.

HSC Health and Social Care

QUALITY 2020

Acute Limb Ischaemia

Summary of Serious Adverse Incident (SAI)

A patient attended the Emergency Department (ED) complaining of pins and needles at the top of their leg, with grey discolouration and toes cold to touch. The patient had a history of disc prolapse and previous sciatica like symptoms. On examination by the ED doctor, a diagnosis of sciatica was made and the patient was discharged with analgesia and request for the General Practitioner (GP) to refer for neurological review.

Five days later the patient reattended the ED with an obvious cold white limb. They were referred urgently to the vascular service and had surgery for clot removal, however two days later they experienced a heavy bleed and further surgery was required for above knee amputation.

The 6 P's of Neurovascular Assessment

The findings from the Serious Adverse Incident (SAI) review confirmed the initial examining doctor recorded a thorough examination, however the previous history of disc prolapse influenced the differential diagnosis of referred pain and the possibility of a vascular cause of the symptoms was not explored.

Integrating the Care

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

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

INTRODUCTION

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

1. Hospital at Home Review

Phase 1 of the Intermediate Care Project was undertaken between January 2021 and September 2022. Focus: The development and design of Intermediate Care service delivery model for Northern Ireland. Strategic oversight of the implementation of a standardised approach is provided by the Urgent and Emergency Care Implementation Board. Phase 2 work had been prioritised to focus on two of the four pillars of Intermediate Care.

- Hospital at Home (HaH)
- Bed based Intermediate Care.

April 2023-Jan 2024: The PHA and the Department of Health (DoH) co-chaired on a Task & Finish Group to focus on the Hospital at Home (HaH) pillar to standardise current HaH working practices across Northern Ireland.

- Reviewed the findings of Phase 1 of the Intermediate Care project in relation to hospital at home services;
- Assessed current service provision within Trusts.
- Reviewed the models of Hospital at Home services across NI.
- Benchmarked Nationally to identify best practice.
- Reviewed enablers including professional and clinical care governance, digital, workforce and education;
- Design a consistent approach to measuring impact of hospital at home services in reducing avoidable admissions to unscheduled care, discharge from hospital and outcomes;
- Health Economist assessment.
- Defined hospital at home intermediate care services across NI in terms of admission criteria, flow through services, measurements of outcomes;

The Task & Finish group had representation from all 6 HSC Trusts, Independent provider representatives, Patient and Client Council and Public Health Agency colleagues. A final report was published in April 2024 and presented to:

- Chief Nursing Officer of Northern Ireland.
- Urgent and Emergency Care Implementation Board.

Outcomes

1. 4 key agreements have been secured across Northern Ireland Hospital at Home (HaH) services:

- Priority Patient Group for HaH services in Northern Ireland:
  - Older adults with frailty symptoms, significant learning disabilities or chronic neurological conditions whose acute medical needs can be met in their home environment.
- Competent decision maker for accepting a patient admission into HaH services in Northern Ireland is:
  - A Consultant Physician, Specialty Doctor or Associate Specialist, or nominated equivalent.

- Priority referral sources for Hospital at Home services:
  - The Priority referral sources for Hospital at Home services in Northern Ireland are jointly GP and NIAS referrals, then Emergency Departments, then inpatient units.
- Quantitative and Qualitative Metrics:
  - Care Opinion and current HaH data returns are the primary generator of qualitative and quantitative evidence to provide quality assurance and identify areas for improvement.

2. The commissioning of services, and the strategic focus of provider organisations, need to better reflect the emerging local and international evidence of the patient groups who benefit most from investment in Hospital at Home services compared to historic acute hospital-based care models. This may require an intentional redirection of staffing and other resources away from traditional inpatient models in a planned and managed manner.

3. There should be an identified lead within the Strategic Planning and Performance Group (SPPG) for data management and liaison with provider organisations to support assurance and development opportunities.

4. A regional learning community for Hospital at Home peer support, innovation and service development should be established and jointly led by the Public Health Agency (PHA)/ SPPG and a Health and Social Care (HSC) Trust on a rotating basis.

5. Digital tools and infrastructure must be levered to optimise the effectiveness and efficiency of teams designing and delivering HaH services.

6. A comprehensive workforce planning exercise should be progressed using the six-step methodology and benchmarking evidence using learning from Health Improvement Scotland.

2. Non-Medical Prescribing Allied Health Professionals and Nurses

A PHA Nurse Consultant and Allied Health Professions (AHP) Consultant are the regional leads for non-medical prescribing for Nursing and AHPs respectively and work closely to promote non-medical prescribing as enhanced practice to meet population health need.

There are three types of non-medical prescribing;

- **Community Practitioner Nurse Prescribing (CPNP).**
- **Independent prescribing.**
- **Supplementary prescribing.**

Nurses and AHPs are responsible and accountable for the assessment of patients with undiagnosed and diagnosed conditions and for decisions about the clinical management required, including prescribing. The medication prescribed will depend on the prescribing type e.g. CPNPs can only prescribe from the Nurse Prescribers Formulary (NPF) for Community Practitioners.

As independent prescribers, Nurses, Physiotherapists, Paramedics, Radiographers and Podiatrists can prescribe any licensed medicine provided it falls within their individual area of competence and respective scope of practice. Physiotherapists, Paramedics, Radiographers and Podiatrists can only prescribe from a limited range of controlled drugs. Nurses can prescribe all controlled drugs in schedules two – five of the British National Formulary.

As supplementary prescribers, Nurses, Physiotherapists, Podiatrists, Paramedics, Radiographers, Dietitians and Optometrists may prescribe any medicine (including controlled drugs), within the framework of a patient-specific clinical management plan, which has been agreed with a doctor.

Controlled Drugs

Controlled drugs are subject to additional legal controls, including restrictions on who can prescribe them, as they carry a higher risk of being misused or causing harm. Supplementary prescribers can prescribe controlled drugs, but only in accordance with a service user's clinical management plan. Independent prescribers cannot prescribe controlled drugs unless specified in the Misuse of Drugs Regulations (Northern Ireland) 2002, as amended.

Amendments introduced on 15 November 2019 allow Podiatrist and Physiotherapist Independent Prescribers to prescribe from a limited list of controlled drugs for the treatment of organic disease or injury. Amendments introduced on 31 December 2023 also allow Paramedic and Therapeutic Radiographer Independent Prescribers to prescribe and administer a limited number of controlled drugs.

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

Outcomes

- Establishment of regional Nursing Non-Medical Prescribing Forum.
- Re-establishment of regional AHP Non-Medical Prescribing Forum.
- The PHA, in conjunction with the SPPG and in partnership with the Trusts, have taken forward the implementation of the amended legislation to ensure that the necessary governance is in place to support the continued safe and effective prescribing and supply of medications across the AHP workforce.
- New models of prescribing have resulted in benefits to patients, healthcare professions and the healthcare system. Patient benefits include quicker access to medicines in the outpatient setting, fewer risks with medication due to less need for transcription between professions and optimal titration to therapeutic doses of treatment. More than 97% of patients surveyed across the four pilot projects reported high levels of satisfaction with the new models.
- Qualified physiotherapist and nurse prescribers working in the outpatient setting are utilising their prescribing qualification for the first-time. This has encouraged professional autonomy, clinical responsibility and increased professional standing leading to improved job satisfaction.
- The opportunity to roll out physiotherapist prescribing and Heart Failure Nurse Specialist prescribing is being offered to ALL Trusts.
- Prescribing activity has been displaced from GPs at a time when GP practices are struggling to manage their increased workload. For example, 61% of heart failure patients surveyed reported that a GP appointment was no longer required.
- GP Federations will benefit from the processes that have been established to widen access to HS21 prescribing to paramedics to increase skill mix and displacement of activity from other prescribers.
- The sharing of evidence-based guidance, feedback and learning from adverse incidents and a review of policy, legislation and governance relating to non-medical prescribing will promote implementation of best practice by those attending the training to the benefit of patients.
- Efficiencies to the healthcare system were achieved due to;
  - fewer transcription errors e.g. £3.8k saved per lymphoedema physiotherapist prescriber per annum.
  - prescribing savings.
  - reduced need for community nursing resource e.g.£15k-£22k per lymphoedema physiotherapist prescriber per annum.
- Implementation of robust governance systems and standardisation of processes resulted in improved time management and avoidance of duplication of effort. For example, the Dietetic ordering of ONS for care home patients reduced the time take for community pharmacy supply of the product by 10 days.
- Electronic treatment advice notes and digital interfaces have been developed and are now being used by other patient-facing services in Trusts.

3. Engaging with Children and Young People with complex and profound disabilities

The Department of Health (DoH) and the Department of Education (DE) recognised the need to engage with Special Schools in a meaningful way to enhance the supports around children and young people (CYP) with Special Educational Needs and Disabilities. A jointly funded Partnership Lead post was appointed to develop enhanced partnerships and develop innovative ways to capture the voices of the CYP. Subsequently 7 pilot projects were established across 7 Special Schools in Northern Ireland. This pilot developed partnerships with key stakeholders including parents, health colleagues and community and voluntary sector to develop a collective approach and understand the needs of CYP and their families.

These partnerships recognised the critical need to hear the voices of children with a range of complex disabilities to ensure that their unique perspectives and needs were recognized and reflected at a policy, service and practice level to make a positive impact on their lives. To do so, active listening and focused attention would be required to empower the children, enhance their self-esteem, and promote their right to participate fully in social, educational, and community activities.

This ambitious and innovative pilot created the opportunity for alternative and tailored communication methods to be used to enable children whose voices are 'seldom heard' to express themselves and improve their wellbeing.

To explore how to overcome barriers of communication for CYP with complex disabilities, funding was secured from the PHA for Music, Art, Drama and Play Therapists to creatively engage with 80 CYP attending 7 Special Schools in a conversation about what is important to them.

Outcomes

- This work has provided a medium for CYP to portray their feeling of isolation from opportunities outside the school environment and, importantly to communicate their love for their family.
- With specialist support, CYP with complex needs and disabilities had time set aside to have fun, communicate with peers, have their voices heard and have opportunities to make meaningful choices.
- Enhanced levels of participation in meaningful activities and interactions, with pupil engagement in therapy sessions and a reduction in school avoidant behaviour being noted.
- Parents and teaching staff reported that CYP showed improved confidence, self-expression and emotional wellbeing.
- CYP's responses and decisions were communicated via facial expressions, vocalisations and pad-switch systems. This holds immense significance, empowering children to express consent, preferences and needs.

- Partnerships with staff, parents and other AHPs maximised impact, with positive outcomes reported at school and home.
- Some CYP who have been unable to engage in classroom activities for more than a few minutes have been engaging in therapy for 45-50mins and enjoying it.
- Through these conversations we have become better informed of the CYPs experiences, supported their wellbeing and improved their ability to engage both at home and school.

4. HSC Quality Improvement

Health and Social Care Quality Improvement (HSCQI) is a Network of Quality Improvement experts and enthusiasts which was established by the Department of Health in 2019 in order to support transformation of the Northern Ireland Health and Social Care system.

This HSCQI Annual Report 2023/24 highlights the range of work undertaken by the HSCQI Network during 2023/24. It is divided into four main sections, each section being aligned to one of the four key drivers stated within the HSCQI Strategy *Moving Forward, Shaping the Journey 2022–2024*.

The four sections are:

- Developing Leadership for Improvement;
- Building a Learning System;
- Quality Improvement Methodologies and Building QI Capability;
- Partnership working and Co-Production.

You can read the HSCQI Annual Report 2023/24 here.