



TRUST BOARD COVER SHEET

	<p><i>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</i></p> <p><i>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</i></p>	
Meeting and Date of meeting	Trust Board 26 th June 2025	
Title of paper	Executive Director of Nursing, Midwifery, AHPs, IPC Report	
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This paper sits within the Trust Board role of:	Accountability	
This paper is presented for:	Assurance	
Links to Trust Strategic Priorities 	<input checked="" type="checkbox"/>	Collaborative Working
	<input checked="" type="checkbox"/>	Learning Organisation
	<input checked="" type="checkbox"/>	Safety, Quality & Experience
	<input type="checkbox"/>	Community First
	<input checked="" type="checkbox"/>	Whole-Life Approach

1. Reason for Presentation of Paper / Report

This paper provides assurance of the professional and educational requirements that underpin the competence and continued development of Nurses, Midwives and Allied Health Professionals (AHPS) within the Trust.

2. Detailed summary of paper contents:

This report will give an overview of professional and educational requirements that underpin the competence and continued development of Nurses, Midwives and Allied Health Professionals (AHPS) within the Trust.

With the introduction of Encompass in May 25 this report will also outline the extensive work carried out by the Corporate Digital, Nursing and AHP team in preparation for the successful Go live.

Further detail on Infection Prevention Control (IPC) Measures that was requested at a previous Trust Board meeting (03/04/25) will be provided.

In summary the report covers the areas of Supervision, Revalidation, workforce updates, training and education, Infection Prevention and Control and Encompass

3. Areas of improvement/achievement:

- Increased compliance against the standards for Reflective Supervision for Nurses and Midwives
- Continued good attendance to training via CEC SLA and ECG for Nursing Midwifery and AHP staff
- The Trust continues to attract relatively high numbers of pre registered nurses seeking a band 5 post

4. Areas of concern/risk/challenge:

- Challenge to receive some Quarterly Reflective Supervision Activity spreadsheets
- Compliance against 2nd Reflective Supervision for Specialist Nurses and Radiography Professional Supervision standards requires a focus
- Diminished recruitment pool for Band 3 workforce
- Continued recruitment challenge for Physiotherapy staff

5. Impact on Statutory Duties: Provide details on the impact of the following and how.

<i>Financial Impact</i>	<i>Safety and Quality Impact</i>
Yes, there are Financial Impacts	Yes, there are Quality, Safety or Experience Impacts

6. Risk Assessment (Risk level and state if a risk assessment be completed)	
<i>Physiotherapy recruitment on directorate risk register</i>	
7. Other Business Intelligence/data (If appropriate)	
8. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.	
Corporate Risk Register	NA
Board Assurance Framework	NA
Equality and Human Rights	NA

Trust Board Role Fulfilment

Strategy	<i>Papers in this category should address forward-looking priorities, long-term objectives, or service transformation. These are typically focused on shaping the future of the organisation and will often involve decisions on direction, investment, or innovation.</i>
Culture	<i>These papers aim to influence or reflect the values, behaviours, and staff or patient experiences within HSC. They may relate to leadership development, equality, diversity and inclusion, staff engagement, or initiatives intended to reinforce our organisational ethos.</i>
Accountability	<i>Papers falling into this area relate to governance, assurance, performance monitoring, compliance, and risk. They provide evidence that responsibilities are being fulfilled, standards are being met, and corrective actions are being taken where necessary.</i>

Reasons for Paper Presentation

Approval	<i>Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.</i>
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Assurance	<i>Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.</i>
Information	<i>Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.</i>
Discussion	<i>Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.</i>

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Section 1 - Nursing and Midwifery

Reflective Supervision

The Clinical Education Centre (CEC) continues to provide 'A Pathway to Reflective Supervision practice-based programme'. This programme provides practical experience of reflective supervision for new and existing nursing and midwifery supervisors in keeping with NIPEC Reflective Supervision Guidance 2022. Registrants new to the supervisor role must complete pre-course eLearning. This eLearning is also open to current supervisors prior to attending this practice-based programme.

Trust-wide Compliance - January 2025 – March 2025 (Quarter 4)

484 SHSCT Registered Nurses/Midwives have attended this training, an increase of 26 since quarter three.

Reflective Supervision

Standard: *All Nurses and Midwives should have two Reflective Supervision sessions annually.*

Ideally the first session is completed by 30th September 2024, leaving the latter months to facilitate session two by 31st March 2025.

Trust wide Compliance (end of Quarter 4)	
Session 1	Session 2
86%	60%
5% increase from Quarter 3	16% increase from Quarter 3

The Senior Appraisal and Revalidation Manager continues to liaise with all managers who are non-compliant with reflective supervision returns, to improve compliance with our policy and procedures.

Targeted work undertaken during Quarter 4:

- Continued facilitation of the Trusts Supervisors quarterly network meetings, dates for 2025 have been agreed and circulated.
- Review of Specialist Nurses aligned to Mental Health Services and Integrated Maternity and Women's Health.

- Face to face/virtual meetings with Service Leads including key stakeholders aligned to directorates. The purpose of these meetings is to update staff with salient information and support with standardising information aligned to the collation of Reflective Supervision quarterly activity data.

Improvements:

- Overall compliance compared to the same period last year indicates a 1% increase in 1st Reflective Supervision session and an 8% increase in a 2nd Reflective Supervision session.
- There is an overall improvement in returns received within the agreed timeframe.
- Continuation of Formal evaluation (surveys) of Reflective Supervision both from Supervisor and Supervisee perspective is underway. Feedback to date has been positive.
- Continuation of updating the Reflective Supervisor database.
- Continuation of updating the Reflective Supervision returns spreadsheet.

Issues and concerns:

- Not all wards/departments return their Quarterly Reflective Supervision activity spreadsheet within the agreed timeframe, the Senior Manager continues to follow-up with non-complaint wards/depts.
- HRPTS should reflect Staff in Post. We continue to ask Ward Sisters/Charge Nurses to review and cleanse the Managers self-service section on HRPTS.

Trust-wide Reflective Supervision data for session one:

The table below outlines the Nursing and Midwifery Directorate position for Reflective Supervision **session one** for Q1, Q2, Q3 & Q4.

	Q1	Q2	Q3	Q4
DIRECTORATE	April 2024 – June 2024	April 2024 – Sept 2024	April 2024 – Dec 2024	April 2024 – March 2025
MUSC	69%	75%	75%	78%
SCS	44%	67%	77%	82%
IMWH	100%	33%	62%	74%
ACS	58%	72%	85%	86%
CYP	57%	85%	92%	97%
MHD	62%	82%	95%	97%
NM&AHP	85%	97%	95%	100%
HROD	100%	100%	100%	100%
Medical	25%	75%	100%	100%
Trust-wide	59%	72%	81%	86%

Trust-wide Reflective Supervision data for session two:

The table below outlines the Nursing and Midwifery Directorate position for Reflective Supervision session two for Q1, Q2, Q3 & Q4.

	Q1	Q2	Q3	Q4
DIRECTORATE	April 2024 – June 2024	April 2024 – Sept 2024	April 2024 – Dec 2024	April 2024 – Mar 2025
MUSC	25%	33%	43%	52%
SCS	9%	28%	38%	50%
IMWH	49%	11%	28%	40%
ACS	12%	25%	43%	62%
CYP	24%	31%	53%	76%
MHD	24%	41%	57%	73%
NM&AHP	15%	32%	51%	86%
HROD	88%	88%	95%	94%
Medical	0%	25%	33%	75%
Trust wide	20%	30%	44%	60%

Trust-wide Specialist Nurses Reflective Supervision data

The table below outlines the Trust wide Specialist Nurses/Midwives position for Reflective Supervision session one and two for Q1, Q2, Q3 & Q4.

	Available number of staff	1st Supervision Met	1st Supervision Total %	Available number of staff	2nd Supervision Met	2nd Supervision Total %
MUSC	35	32	91%	35	17	49%
SCS	35	33	94%	35	24	69%
IMWH	13	13	100%	13	11	85%
ACS	76	74	97%	76	51	67%
CYP	24	23	96%	24	18	75%
MHD	37	37	100%	37	14	38%
HROD	10	9	90%	10	6	60%
TRUSTWIDE	230	221	96%	230	141	61%

Revalidation

Trust-wide Revalidation Status of Nurses and Midwives

Based on Quarter 4 figures (January 2025 – March 2025):

- **223** Staff were due their Revalidation.
- **215** (96%) Staff completed their Revalidation.
- **8** (4%) staff did not complete their revalidation due to reasons below:

Further detail:

4 extensions were granted. 3 staff members have since successfully revalidated

1 staff member's extension period ends on 28/04/2025.

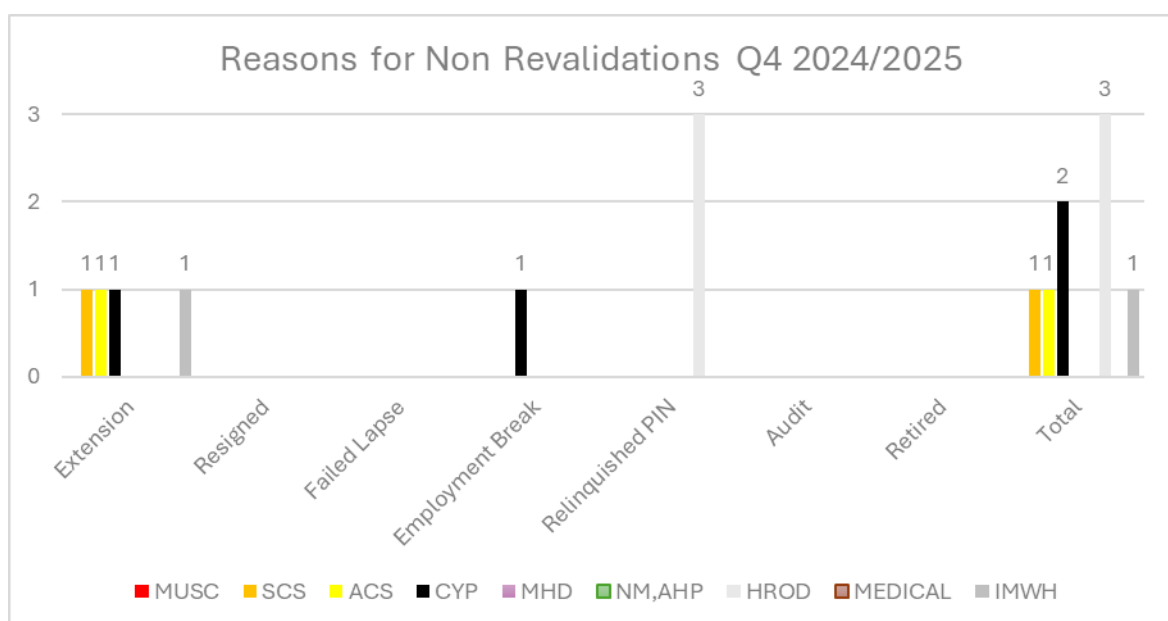
3 staff members relinquished their PIN.

1 staff member has chosen to take an employment break in March.

	Total	Total Revalidated	Total Not Revalidated
MUSC	39	39	0
SCS	53	52	1
ACS	47	46	1
CYP	20	18	2
MHD	14	14	0
NM & AHP	1	1	0
HROD	37	34	3
MEDICAL	0	0	0
IMWH	12	11	1
Total	223	215	8

Reasons for Non-Revalidations

	Extension	Resigned	Failed Lapse	Employment Break	Relinquished PIN	Audit	Retired	Total
MUSC	0	0	0	0	0	0	0	0
SCS	1	0	0	0	0	0	0	1
ACS	1	0	0	0	0	0	0	1
CYP	1	0	0	1	0	0	0	2
MHD	0	0	0	0	0	0	0	0
NM,AHP	0	0	0	0	0	0	0	0
HROD	0	0	0	0	3	0	0	3
MEDICAL	0	0	0	0	0	0	0	0
IMWH	1	0	0	0	0	0	0	1
Total	4	0	0	1	3	0	0	8



Nursing and Midwifery Workforce Update

Band 5 Nursing and Midwifery Vacancies (June 25)

Branch of nursing	Number of permanent vacancies
Adult	8
Mental Health	21
Learning Disability	5
Children's	2
Midwifery	13

Further actions:

- Targeted recruitment campaigns for specialist areas including ED, Theatres, Mental Health and Midwifery.

Band 3 Nursing Assistant Vacancies

There has been considerable work in addressing Band 3 Nursing Assistant vacancies. Vacancies per directorate are as follows:

Directorate	Number of vacant posts
MUSC	9
SCS	9
ACS	9
MHD	1
CYPS	0
TOTAL	28

Recruitment campaigns are ongoing, and details of applications are as follows:

Craigavon, STH and Lurgan 105 applications	82 shortlisted for interview Interviews 1st July	we have 17 duplicate candidates in the shortlisted figures Therefore, total invited for interview is 111
Daisy Hill Hospital 53 applications	46 shortlisted for interview Interviews 1st July	

Attracting Final Placement Students as Band 5 Registrants

The Trust continues to attract a substantial number of nursing students due to qualify as registrants. As previously agreed in July 2024 the flexible pool continues to help reduce spend on nursing agencies and over reliance on bank staff for temporary maternity leave cover.

The Trust was successful in securing an additional 32 Adult nursing students from the February 2025 regional recruitment campaign. These staff were offered Flexible Pool posts with 8 of these remaining on the waiting list hoping for a post in an area of their first preference.

It is anticipated that a further invest to save initiative this year utilising the flexible pool model will further target the reduction and potential elimination of agency spend in many nursing teams.

Recruitment of Midwives

There have been ongoing targeted recruitment campaigns within the last year. Since August 2024 there have been approximately 39 staff successful at interview with 10 in post and a further 14 commencing in post presently.

Challenges in Midwifery recruitment:

- A high number of retirements, partial retirements and requests through Work Life Balance requests to reduce hours.
- Approximately 15 staff who have been successful at interview are not due to qualify in September 2025, therefore unable to take up post until then

HSC Clinical Education Centre (CEC) Service Level Agreement (SLA) usage (as of March 2025)

The table below illustrates the Trust's usage of CEC programmes in Quarter 4 and includes the 'did not attend' (DNA)/ 'late cancellation' rate (LC), where staff booked onto a programme but either did not attend or cancelled their place late. Overall, for Quarter 4 DNA percentages have remained consistent.

CEC SLA 24/25 January 25 – March 25			
	Usage at end March 2025	DNA	Total applications per quarter
Programme Completions (includes face to face and eLearning)	16,442	259	1,489
SLA Usage	129.17%		17%

Nurses and midwives have accessed a wide range of courses through the Nursing and Midwifery Education Commissioning Group (ECG) plan 2024/25 and the education training plan for 2025/26 is complete.

Going forward a particular focus is the development of advanced practice. The corporate nursing team continue to work collaboratively with operational teams to identify training needs to ensure the Nursing and Midwifery workforce are adequately prepared for their roles.

Section 2 - Allied Health Professionals (AHP)

AHP Workforce Professional Registration with the Health and Care Professions Council (HCPC)

All AHP professional groups have completed their renewal cycles with HCPC and twice-yearly monitoring checks to provide assurance that all AHP Registrants employed in the SHSCT fully meet the requirements for professional registration.

AHP Professional Supervision Standards

Average compliance with monthly supervision across all professions is 82% which remains below the trust threshold of 85%. A decrease in overall compliance is noted for Podiatry, Physiotherapy, Dietetics and Speech and Language therapy at the end of March 2025. This has been largely due to a combination of staff leave and operational pressures. In this timeframe Encompass meetings took precedence across diaries in the lead up to go live and this has further impacted as staff try to balance core activity levels and Encompass training and preparation. This will be shared at our next Senior governance Forum on 24th June and monitored for improvement going forward.

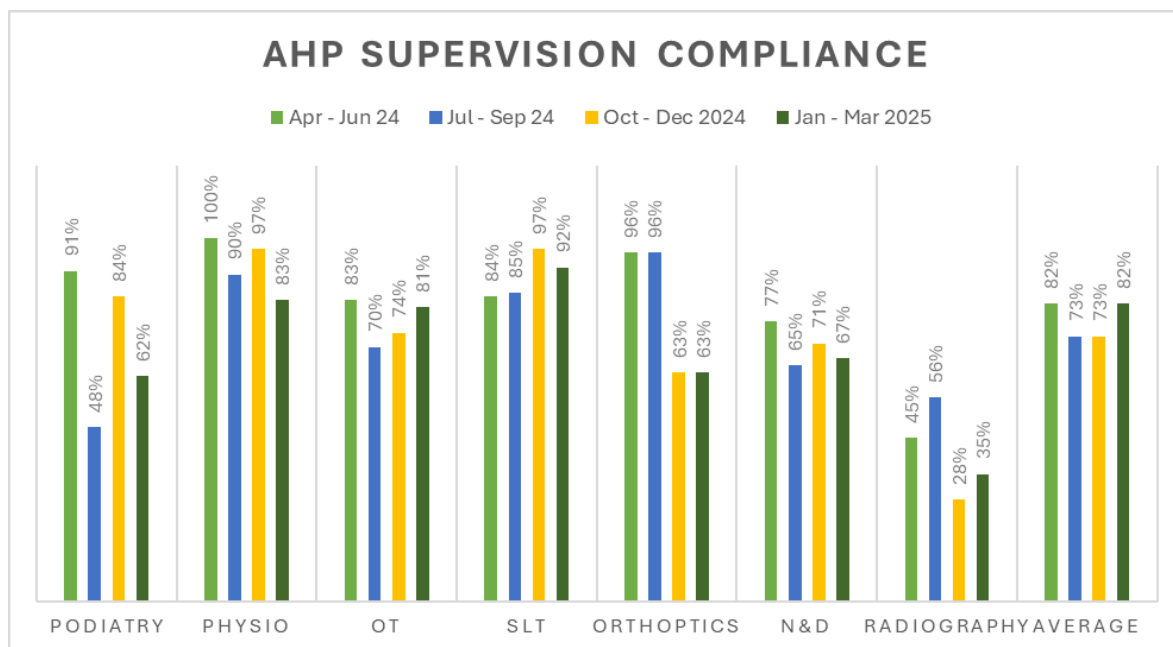
Overall lower compliance in Radiography has been noted and whilst there is a slight improvement from last quarter and good compliance of over 80 % in some areas such as nuclear medicine, mammography and radiography reporting, zero compliance in other areas brings the overall average down. We are working now to address this. Some of the factors impacting this noted to date are:

- Change of management in areas – embedding into new roles
- Shortness of staffing in areas has demonstrated the impact on supervision – required time out to have supervision conversations limited in relation to the service needs.

Future actions:

- Raising awareness/understanding to Line managers of importance of supervision

- Ensuring supervision is accurately recorded on the mandatory radiology training matrix
- Ensuring time is organised to fulfil the aspect and requirement of the Line manger's role
- Fairness, equality and equity across the sites, modalities and leads to be supported to ensure supervision can be achieved in all areas.



Professional Education, Training and Development

AHP staff avail of training provided through CEC and ECG commissioned training through academic institutes.

HSC CEC AHP Unit attendance report 1st April 2024 – 31st March 2025

Total AHP Attendances at CEC programmes	1456
Total AHP Attendance on Teacher Led Programmes	539
Total AHP Attendance on CEC eLearning Programmes	654

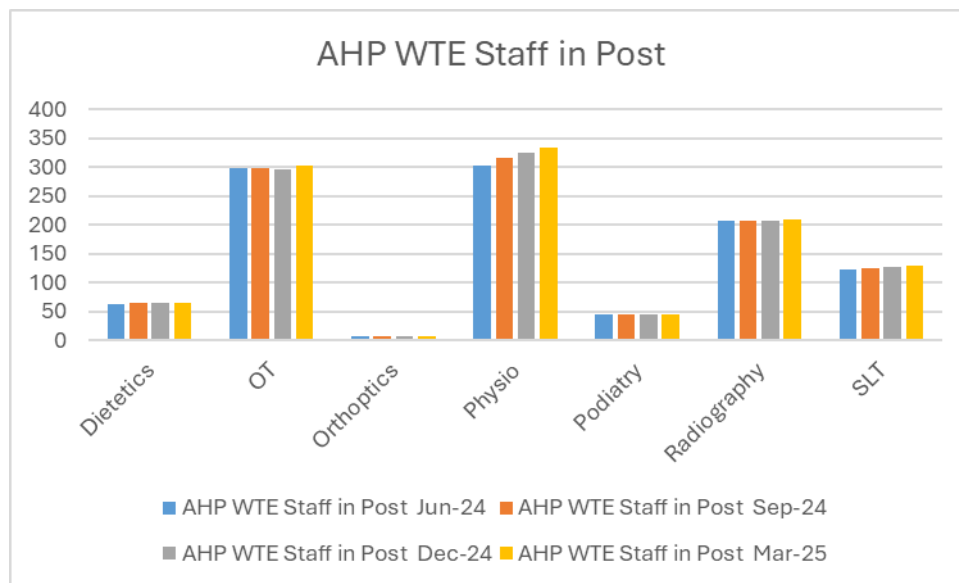
DNA Rate – The average DNA rate for 24/25 = 5.6%

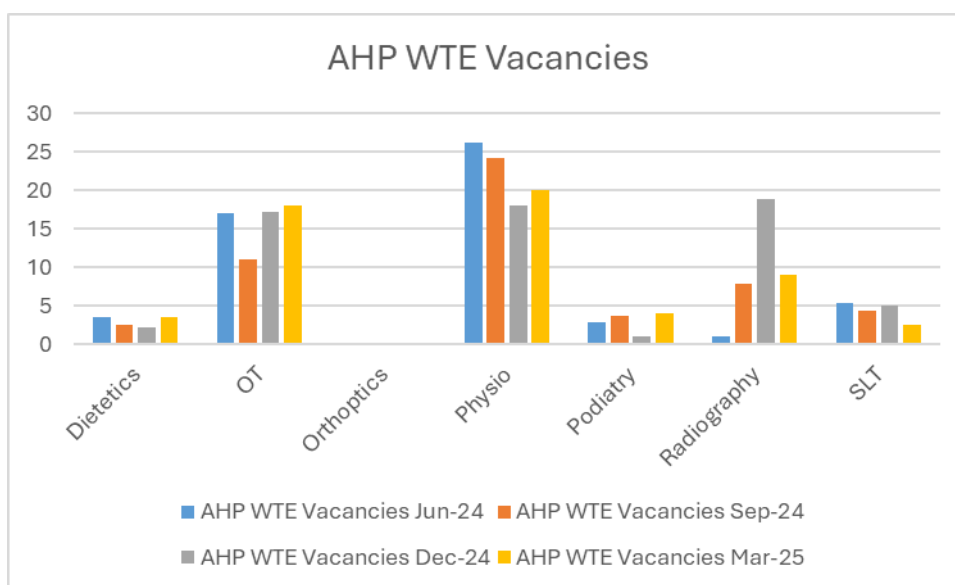
The ECG plan for 2025/26 is complete and now includes commissioned Final Masters Modules which enables our staff a smoother pathway to advanced practice.

This has been a very welcome development this year and recognises the need for commissioned support for career pathway development.

AHP Workforce Update

The graphs below indicate a relatively static position across AHP workforce 24/25 with slight improvements across Physiotherapy, Occupational therapy, Speech & Language Therapy and Radiography. This has mainly been due to positive uptake of posts through the regional recruitment process with more staff opting to take posts in Southern Trust. We continue to remain challenged at our Band 6 level of staffing particularly with physiotherapy where we have an average vacancy rate of 30- 35%. The availability of these senior staff across all the professional groups is essential to the support and retention of the new starts especially in the absence of an AHP learning and development structure which continues to be an ongoing risk to all services going forward with an agreed increase in undergraduate places across physiotherapy, Occupational therapy and Radiography.





It's important to note that the vacancy rate only reflects those posts that have made it to e-req for recruitment and therefore will not be reflective of internal EOI processes and posts that have not been passed through scrutiny at this stage.

The AHP workforce also operates a flexible pool model. They backfill fully funded positions and are a valuable component of the workforce given our lack of AHP bank and limited use of agency. Our current flexible pool staffing indicates that for Occupational therapy, Physiotherapy and Speech & Language therapy there is a significant level of unmet need within the flexible pool. Further analysis will be progressed to align this with service gaps and vacancies.

It is recognised regionally that AHP workforce is a key area for review and development. The Advisory council for AHPs is reestablished and has a Workforce subcommittee progressing the following key priority areas:

- Recruitment & Retention including regional recruitment
- Workload planning – regional job planning for AHPs
- International recruitment
- Widening access – Radiography as agreed pilot area for apprenticeship model commencing Jan 26
- AHP Learning & development infrastructure

In addition, regional work has commenced with DoH, SPPG and PHA in relation to workforce for our CYP population with emphasis on our increasing SEN demand. With AHP identified as a central component to SEN provision in the programme for government this is a priority area for transformation. The first meeting is due to take place on 9th June.

Section 3 - Encompass Activity

During this first quarter of the year, encompass go-live readiness activities continued at pace with the main activities centred on the training and support for the Nursing, Midwifery and AHP workforce.

The Corporate Nursing Team stood down their work from February 2025 to support the Nursing and AHP Digital teams to deliver on key training and readiness activities

Activities included:

- Training for Super Users commenced in early February
- Weekly support meetings for super users established until Go live - 1200 staff attended the weekly super user group which included staff from all areas and was well over the 358 nominated AHP super users.
- End users commenced training in late February
- User lab training for critical nursing and AHP workflows also commenced in February. There were over 2000 Nursing and Midwifery attendees and 1822 AHP attendees in the first six weeks, covering a wide range of critical clinical workflows.
- Encompass AHP Cross Context training commenced at the start of February and continued up to go live. The curriculum, schedules, feedback forms and a plethora of resources were developed, and SharePoint and Teams channels provided a central storage point with 4305 page views since its launch
- Change Impact Assessments for 13 critical nursing workflows were also completed during this period.
- Patient Flow readiness events - a total of over 250 attendees, both in-person and virtual.
- Nursing and Midwifery teams across all areas involved in a range of manual data migration activities were supported by the digital practice team during this quarter.
- Bar Code Medicine Administration (BCMA) preparation work across all inpatient wards for go-live.
- AHP digital team supported bedded cutover and manual data migration.

Up until go-live, further extensive work with the Nursing, Midwifery, and AHP workforce continued. The contribution and reach of the corporate digital team and

corporate nursing team across the Nursing Midwifery and AHP workforce must be recognised for their invaluable contribution to the organisation's readiness and success at Encompass Go live.

Section 4 - Infection Prevention & Control

Additional information on strategies to reduce infections (*request of Trust Board members meeting 03/04/25*)

Reducing avoidable healthcare infections, including *C.difficile* Infection (CDI) and MRSA bacteraemia, remains a key priority for the Trust. The '*Infection Prevention and Control (IPC) & Antimicrobial Stewardship (AMS) plan 2024-2030*' was launched in September 2024 which sets out overarching requirements and strategies for reducing infection (see embedded document below).



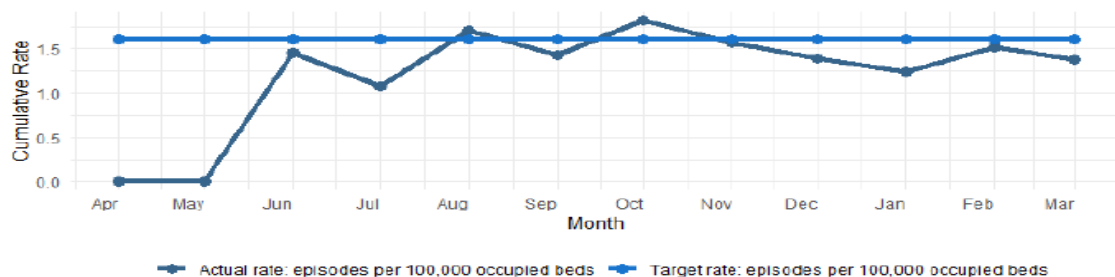
IPC_AMS plan
2024-2030 Final_V1_1

HCAI performance: Year-end position 2024/25

- MRSA - ended the year within the target set by PHA

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total Number of MRSA Cases 2024/25	Total Number of MRSA Cases in previous year (2023/24)
MRSA Bacteraemia	1		1		1		1				1		5	3
Preventable			(1)								(1)		(2)	0

Monthly MRSA incidence per 100,000 occupied beds v.s Target

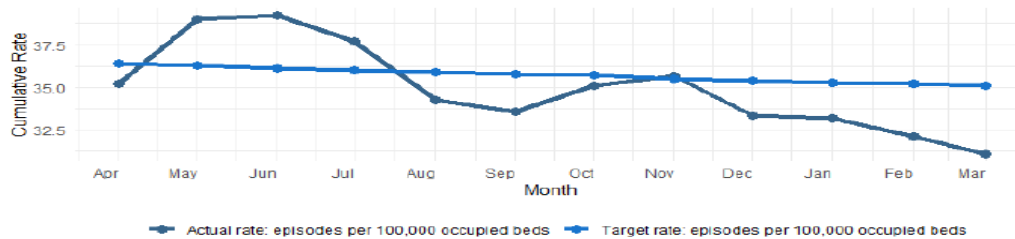


- C.difficile* - ended the year within the target set by PHA (reduction of 10 cases from 2023/24)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Number of C.diff Cases 2024/25	Number of C.diff Cases in previous year (2023/24)
C.diff *	8	10	9	8	5	7	11	9	4	7	5	6	89	99
Healthcare Associated >=48hrs	(6)	(8)	(9)	(4)	(2)	(5)	(11)	(7)	(3)	(6)	(5)	(5)	(71)	77

*Cumulative monthly total CDI cases <48hrs & >=48hrs inpatient

Monthly C.difficile incidence per 100,000 occupied beds v.s Target



Work is ongoing with the aim to further reduce the incidence of *C.difficile*, which includes the following measures:

- Maintaining a safe environment:
 - Ensuring wards / departments are ‘clutter-free’
 - Routine cleaning (with chlorine releasing agent) of all clinical areas, with particular attention to areas deemed higher risk e.g. toilets and high footfall areas
 - Terminal cleaning of areas where patients with suspected/ confirmed CDI have been nursed
 - Enhanced cleaning (increased frequency) of areas where patients with suspected/ confirmed CDI are being nursed (checklist available to guide staff)
 - Environmental auditing:
 - Departmental environmental audits by functional support services (FSS) monthly
 - Managerial audits by multidisciplinary team (MDT) annually (or more frequent if required)

- Effective decontamination of equipment
 - Routine decontamination of shared equipment between all patients (including mattresses)
 - Decontamination of reusable sanitary ware, such as bedpans (via thermal disinfection). Guidance is available for staff on maintenance of bedpan washers and contingency in the event of breakdown

- Embedding IPC principles into routine clinical practice
 - Promotion of effective hand hygiene, appropriate use of personal protective equipment (PPE) and adherence to standard precautions (as a minimum) for all patients
 - Hand hygiene and PPE is a component of mandatory IPC training

- o Additional support and bespoke training available from the IPC team as required
- o Utilising global campaigns such as World hand hygiene day/ Glove awareness week
- o Regular programme of audit in relation to hand hygiene, PPE and commodes via
 - (a) self-audit [weekly for most clinical areas]
 - (b) independent audit by IPC team periodically [aiming monthly]
 - Where non-compliance identified, activation of an 'audit trigger' which requires more frequent auditing until compliance achieved
 - Oversight of audit findings at directorate assurance meetings
 - Overall/ Trust compliance discussed at various forums including: HCAI Clinical Forum and HCAI & antimicrobial stewardship (AMS) Strategic Forum
 - Additionally, sluice rooms and equipment audited bi-annually by the IPC team (or more frequently if deemed necessary).
- Prompt recognition and appropriate management of suspected cases
 - o Prompt isolation (aiming within 2 hours of symptom onset)
 - Completion of IPC risk assessments on admission
 - Routine / ongoing vigilance for gastrointestinal (GI) symptoms
 - Utilising ensuite rooms where possible
 - Risk assessment of available single rooms where required
 - o Implementation of contact precautions for patients presenting with unexplained diarrhoea
 - o Prompt testing on suspicion of CDI
 - o Ensuring appropriate clinical management
 - Reviewing current medication (PPI, laxatives, antimicrobials)
 - Liaison with medical microbiology for clinical advice as required
 - Close monitoring of symptoms
 - Timely commencement of CDI treatment
 - o Ensuring patients with suspected/ known CDI are informed of the infection (leaflet available) and the importance of complying with IPC advice

- o Educational resources for staff available on IPC SharePoint site - Trust CDI guideline currently being updated
- Identifying and sharing learning
 - o IPCN team review IPC management of all C.difficile cases and provide a feedback report to wards, which includes positive findings and any learning points
 - o C.difficile cases and identified learning is a standing agenda item at HCAI Clinical Forum and HCAI & AMS Strategic Forum (learning is also shared via the IPC Link member's meeting)
 - o Undertaking a Post Infection Review (PIR) for all CDI related deaths (within 30 days of positive sample) & for cases where CDI has resulted in colectomy. Any learning from this is shared with others.
- Prompt recognition of potential transmission episodes
 - o Ongoing surveillance of C.difficile cases
 - o Ongoing ribotyping of all C.difficile toxin positive results
- Appropriate management of suspected / confirmed transmission events
 - o Where transmission is suspected (i.e. 2 or more epidemiologically linked cases within 28 days), wards commenced on CDI 'trigger' and additional measures implemented which include:
 - decluttering of the environment
 - terminal clean of entire ward
 - completion of mattress/pillow audit
 - review of bedpan washer to ensure in good working order and appropriately maintained
 - vigilance for any further symptomatic patients
 - forwarding samples for ribotyping (request made for results to be expedited) & whole genome sequencing (WGS)
- Antimicrobial stewardship factors are also core, however, are not included in this report

HCAI performance continues to be monitored, with regular reporting to HCAI & AMS Strategic Forum and Safety & Quality Steering Group.