Northern Health and Social Care Trust

Minutes of the 2nd meeting of the Outcomes and Assurance Committee meeting held on Thursday 13th March 2025 at 9.00am
Hybrid Meeting held via Teams and
Boardroom, Trust Headquarters, Bretten Hall

Present	Mr S Armstrong, Non-Executive Director Ms C Diffin, Non-Executive Director (Chair) Ms K Mackenzie, Non-Executive Director	
In attendance	Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing Ms J Crowe, Assistant Director, HR (OBO Mrs J Reid) Ms Dargan, Director Children & Young People Mr P Graffin, Director of Infrastructure Mr O Harkin, Deputy Chief Executive/Director Finance Mrs A Harris, Divisional Director Medicine & Emergency Medicine Mr N Martin, Director Strategic Planning, Performance and ICT Mr D McAleese, Quality, Standards & Learning Manager Ms L McCartney, Director of Surgery & Clinical Services Mrs S Pullins, Executive Director of Nursing, Midwifery and AHPs Mrs D Spence, Director of Community Care Ms G Traub, Director of Operations (Lead Director) Dr D Watkins, Medical Director Mrs J Welsh, Chief Executive Ms J Patterson, Assistant Director, Corporate Parenting (attended to Present Item 6.2) Mrs L Craig, Governance Admin Officer (minute taker)	
1. Apologies	Mr G Houston, Non-Executive Director Mrs M McAleese, Assurance Data & Systems Manager Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications Mrs M West, Assistant Director Governance & Risk Management	
2.	**CONFLICTS OF INTEREST** Ms Diffin asked if there were any conflicts of interest, none were declared, and reminded everyone that if anything arose throughout the meeting to highlight same.	
3.	**MINUTES OF MEETING HELD ON 19th SEPTEMBER 2024** The minutes of the last meeting held on 19th September 2024 were approved.	

4.	**MATTERS ARISING**	
4.1	**ACTION LOG** With regard to the Action Log all actions, with the exception of 2, were recorded as being completed prior to the meeting. The Action log will be amended with the following updates. **Principal Risk Document ID952 To Be Escalated To Trust Board -** Ms Diffin confirmed Ms Traub raised this Principal Risk at a Trust Board meeting. **Review absence data to see if there is a correlation between violence and aggression incidents and staff absence –** Ms Crowe advised a review has been conducted regarding untoward events in the workplace and absences. There were 4 staff identified as being absent from work following an untoward event. Human Resources will work closely with Governance colleagues to review the RIDDOR incidents, the quarterly RIDDOR report and subsequent absences. It was confirmed all other Actions listed at the meeting in September have now been closed.	
5.	**ASSURANCE FRAMEWORK** Mrs Welsh explained historically the Assurance Framework was reviewed and approved at this meeting. However following the recent changes to the Committee Structures and the fact that not all NEDs attend the Outcome and Assurance Committee, the Assurance Framework document will need to be shared at Trust Board level. Mrs Welsh advised that there will be a requirement for all Trusts to have a Patient Safety Committee in their assurance arrangements and this will need to be considered once the detail is confirm. Mrs Welsh will meet with and discuss the amended Assurance Framework with Ms Anne O'Reilly before presenting at the Reserved Section of Trust Board. Mrs Welsh will share in advance of being presented at Trust Board.	**Mrs Welsh**
5.1	**Cycle of Reports for Outcomes and Assurance Committee** Ms Traub presented the Cycle of Reports with a number of amendments highlighted in Red. Work continues to review the presentation of Annual Reports at this group, it is hoped to bring forward some of the reports from the September to the June meeting to balance the number of reports being brought to each meeting. Ms Traub noted the Risk and Assurance Group is still recorded within the cycle, in light of RAG being removed from the Assurance Framework she will ask for this to be deleted from the Cycle of Reports. Ms Diffin explained there had been some discussion outside this group regarding the DSF reporting approach and this would need to be reflected	**Ms Traub/Ms Diffin**

	in the Cycle of Reports. Ms Diffin and Ms Traub will meet with Mrs West to discuss further and update the Cycle of Reports which will then be brought back to the next meeting by way of an update. Ms Diffin asked for clarification on the reports being presented for Approval and those being brought for Noting. It was explained reports being brought for Noting have been to Steering Group meetings and approved at that time. Those for Approval at this Committee are reports which are then shared externally to the Trust and require formal approval by this Committee. Ms Diffin advised these will be reviewed once the Committee has met for 1 year. There was discussion regarding the use of the word Noting and it was agreed these reports should be brought to the Committee for Discussion to provide assurance discussion has been undertaken for each report.	
6.	**RISK MANAGEMENT**	
6.1	**Principal Risk Register** Dr Watkins presented this report for approval, highlighting 2 new Principal Risks have been added since the last meeting. 1 of which ID 902 Lack of available Care Placements has been escalated from the Corporate Risk Register and ID 1327 Neurology Service is new to the Register. All Risks have been reviewed since the last meeting, with 3 being Risk Rated as Extreme, 7 High and 1 Medium. ID 28 – Failure to Breakeven, Risk Rating has changed from 15 to 20. Mr Harkin highlighted the continued risk moving into 2025/26 financial year. Dr Watkins highlighted following review of the encompass Risk it was felt to be too soon after Go Live to reduce the Risk Rating, however it is expected to reduce prior to next quarter. Ms Traub asked if the Target Risk Ratings are truly what we are aiming to achieve given that it appears that the Target for some is High which, is the same level as the current risk rating. Mr Martin noted that the actual score of the Target Risk Rating is lower than the Current score albeit it remains within the 'High' category. The Committee members confirmed approval of the report subject to completion of the actions in respect of PR ID902.	
6.2	**Principal Risk ID 902 Lack of available Care Placements** Maura Dargan explained Ms Julie Patterson has been invited to this meeting to present an overview, provide assurance and	

	garner additional views on the Lack of Available Care Placements. Ms Patterson explained the concern regarding the lack of available care placements for children being placed into care, was noted and added to the Corporate Risk Register in June 2017. Since this time the situation has continued to deteriorate due to an increase in the number of Children and a decrease in the number of available foster carers. Ms Patterson gave further background information, details of the RQIA Improvement Notice received in August 2024 and the Trust's Action Plan with progress notes for each action. Ms Patterson provided an update on the Emergency Unregistered Placements since August 2024, alternative accommodation the Trust has organised and the Governance arrangements which have been put in place. Maura Dargan explained following a number of Foster Carer Breakdowns especially in the first year, a Pilot had been trialled to provide new Foster Carers additional support. Initially the Trust had 3 workers however this reduced to 2. The Trust worked with Foster Carers and provided support, and this improved the outcome. Maura Dargan advised as this proved very successful the service are now preparing a Business Case to provide a permanent support service for Foster Carers. Mr Armstrong asked for more information regarding the loss of Foster Carers. Ms Patterson explained that when Foster Carers have had a child for a significant length of time and the Child turns 18 the Foster Carers keep supporting that young person post them turning 18, or they may move to care for them through the Going the Extra Mile (GEM) scheme. This has proven beneficial for that young person however leaves the Trust without these Foster Carers for another young person under 18. Ms Diffin acknowledged the Pathway is working well with 72% of children coming into care having been on the Child Protection Register, however queried the current Risk Rating and asked if this should be higher given the extreme challenge to provide placements. Ms Patterson agreed and felt the Trust will be in this position for quite some time. Maura Dargan agreed to review the Risk Rating and change as necessary. Ms Dargan and Ms Patterson were commended on the work they had done in extending the range of accommodation for the LAC population	**Ms Dargan**

	Mrs Welsh highlighted a recent media release with regard to the lack of available respite facilities for Children with Autism and Severe Learning Difficulties. Maura acknowledged this lack of respite and advised this has been due to the full time placement of young people on a medium/long term basis within the respite accommodation and staffing challenges. Ms Patterson advised at a Fostering Workshop in Manchester, they advocated the use of a Fostering Ambassador for the first year, providing support for new foster carers during this challenging time, then the Fostering Ambassador moves into a mentoring role. Ms Patterson advised that this was something that they would be keen to implement in NHSCT. A copy of the presentation is available in the meeting shared folder. Maura Dargan asked if the escalation of this risk from the Corporate Risk Register to the Principal Risk Register could be brought to Trust Board's attention. Ms Patterson and Maura Dargan had to leave the meeting at this point to attend another commitment.	
6.3	**<u>Principal Risk ID 1327 Neurology Service</u>** Mrs Harris explained unfortunately due to the short notice that this Principal Risk was to be reviewed she was unable to arrange to have the official Risk Mapping completed for this morning's meeting. Mrs Harris explained the Mapping will be completed and she would bring to the next meeting. Mrs Harris explained the ongoing challenges the Trust is facing with regard to recruiting Consultant Neurologists – the service currently has 0.5 wte of Consultant Neurologist and 2 wte Consultant Neurologist vacancies. There are challenges for the Region as a whole in relation to the neurology service. Some Trusts have recently agreed to provide help to the Northern Trust in areas including Triage, Headaches, and Movement Disorders. Mrs Harris noted that there is now a regional group involving all Trusts, chaired by SPPG, who are developing a regional approach to the service and Mrs Harris and her colleagues attend to represent the interests of the Northern Trust. Ms Traub noted that the Trust has previously submitted an Early Alert to the Department of Health in view of the vulnerability of the Northern Trust service and the challenges of being able to secure either Locum Consultants or substantive Consultants. The recent offer of support from other Trusts is helpful in mitigating the risk of delayed care for patients who were previously under the care of a Locum Consultant who has since left the Trust.	**Mrs Harris**

	Mrs Harris will bring an update on the regional discussions and the Assurance Mapping to the next Outcomes and Assurance Committee meeting. Mrs Harris asked if the addition of this new risk to the Principal Risk Register could be brought to Trust Board's attention.	**Ms Diffin**
6.4	**<u>Quarterly Risk Management Data Report Q3 2024/25</u>** Dr Watkins presented the Q3 Report ie October to December 2024 for approval, providing an overview of the Headline Analysis. Dr Watkins noted the number of Claims received have remained static, with the expected value of the Medical Negligence (MN) Claims being significantly higher than the Employers Liability, Occupiers Liability (ELOL) claims received. Dr Watkins advised of those MN Claims received only 42 % have associated Incidents recorded for these. Ms Mackenzie queried if only 42% of claims have an incident completed, how can the Trust move forward with the claim. Dr Watkins explained the incident isn't the only element reviewed in the event of a claim, all evidence is reviewed including the patient's records. Dr Watkins advised claims are often received a significant period of time after an incident has occurred. Ms Diffin asked Dr Watkins to review those claims which do not have an incident linked to the claims to understand the rationale as to why incidents have not been logged and/or to identify if the issue is known to the Trust in another way, such as via a complaint or an SAI. Dr Watkins agreed to look into this as requested. With regard to the Incidents Section of the Report Ms Traub asked if the slight reduction in incident reporting in Q3 could be attributed to the organisation's focus on encompass implementation and noted that post go live we may start to say more digital incidents being reported as a new category. Dr Watkins advised there were 21 SAIs notified between October and December 2024, with 13 SAI reports being submitted to SPPG. Further to this report, SPPG had set a target of 69 reports to be submitted by the end of January, however the Trust negotiated a staged approach for these 69 reports. The first target was for 43 reports by the end of January, 9 for the end of February, 8 at the end of March and 9 by the end of April. To date, these submissions are on track with the exception of 1 which has been delayed due to challenges achieving suitable review panel. Mrs Harris noted the Interface Incidents with regard to Northern Ireland Ambulance Service (NIAS) and explained the Trust has set up a NIAS Service Improvement Group in an attempt to	**Dr Watkins**

	resolve the issues being raised. Dr Jenkins is repeating an audit into Emergency Department (ED) Deaths and Mortality, working alongside Nursing colleagues to include the review of Nursing Care. Ms Diffin noted recent Media Reports on the increasing number of deaths due to the time patients are waiting for and waiting in ambulances. Mrs Harris confirmed she currently has 2 SAI Reviews relating to patients waiting, these SAI Reviews will include whether the outcome would have been the same for the patients. Mrs Harris advised these concerns were highlighted and resulted in the request for Dr Jenkins to audit the deaths and morality rates in ED. Ms Traub noted the Medication Incidents are still being recorded under the Medical and Governance Division and referred to previous discussion at SMT where it was agreed that these incidents need to be reported by the Division where the incident occurred. She recalled that it was agreed that this issue would be revisited following encompass go live. Dr Watkins agreed to provide an update at the next Outcomes and Assurance Committee meeting. The Committee members confirmed approval of the report.	**Dr Watkins**
7. **7.1**	**<u>REFORM AND QI PROGRAMME BOARD</u>** **<u>Feedback Report</u>** Mrs Welsh presented the Feedback Report and provided a detailed overview of the Reform North Projects including the focus of Transformation of Change Initiatives 2025-26. Mrs Welsh explained this group does not have any reports to review, it is an oversight group reviewing the work being conducted throughout the Trust. Mrs Diffin noted that the Feedback Report provided the Committee with a very helpful overview of all of the Trust's major Transformational Projects. There were no questions or further comments regarding the detail contained in this feedback report.	
8. **8.1**	**<u>STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP</u>** **<u>Feedback Report</u>** Mr Harkin presented the Feedback Report and provided an update on each of the Groups which feed into the Steering Group.	

	Ms Diffin asked who determines what should be audited. Mr McAleese explained Audits are derived from a number of different areas including SAIs, Safety Alerts, Clinical Guidelines and external sources. The Divisional Priorities which in turn develops the Divisional Audit Plan for the year ahead. Ms Mackenzie asked why there had been a delay in the Cervical Screening Programme in 2023. Dr Watkins explained the retrospective audit of the Cervical Screening had been delayed due to an oversight however the 2024 audit has been completed. Ms Diffin asked with regard to the Cervical Screening Programme is the backlog of Colposcopy's impacting on the Urgent or Red Flag referrals. Dr Watkins explained the move to encompass and the additional administration requirements, has had an impact on the number of patients being seen however Urgent and Red Flag referrals are progressing well. Dr Watkins advised the Trust has commenced the recruitment process to appoint a Colposcopy Nurse Specialist. With regard to accreditation of Psychological Services, Ms Traub noted that a recent Internal Audit recommendation has been made with regard to the need for the Trust to strengthen its reporting and oversight of all Licences and Accreditations. The Trust is reviewing this recommendation and acknowledged this is a broader issue, beyond PTS and a group has been agreed to review Licences and Accreditations.	
8.2	**<u>Nursing & Midwifery Quality Annual Report, 2023-2024</u>** Mrs Pullins presented this report for noting, advising the report provides an oversight into the activity across Nursing and Midwifery against the Trust's Corporate Objectives and Principles. Mrs Pullins confirmed there are no areas or concerns for escalation to Trust Board. Ms Diffin acknowledged that the Report was very comprehensive and noted in particular the work being progressed by the Bereavement Comfort Call (BCC) Service, the Resuscitation Officers providing training, the focus on Falls and the Tissue Viability Nursing Team. Mrs Pullins wished to highlight the BCC service received a national Volunteer Award in 2023.	
8.3	**<u>Breast Screening Annual Report, 2023-2024</u>** Ms McCartney presented this report for approval, advising the Breast Screening team performs extremely well against the Key Performance Indicators set by the NHS Screening Programme Screening Standards.	

	All other performance indicators were above achievable standard except standardised detection ratio (SDR) for Prevalent/Incident invasive cancer, small cancer and uptake. SDR invasive cancer Prevalent screen 1.34 below achievable >1.4, but improved from 2022/2023 1.17. SDR invasive cancer Incident screen 1.24 below achievable >1.4, but improved from 2022/2023 0.99. SDR invasive small cancer 1.16 below achievable >1.4, but improved from 2022/2023 0.86 Uptake 77.31% below achievable 80%, but slightly down on 77.58% last year. Uptake remains highest in regionally and nationally. It was noted that SDR are very high targets and that cancer rates in NI are a bit lower than mainland UK. There are some challenges including replacing mammography equipment, encompass implementation, refurbishing buildings and attempting to recruit an additional Breast Care Nurse. Overall there are no issues to escalate as Breast Care Screening is a very high performing service. Ms Diffin noted the report is very positive and reassuring with the service achieving high KPIs. Ms Diffin asked for clarification that 25% of ladies are waiting more than 62 days for surgery. Ms McCartney confirmed there is an issue with access to red flag breast appointments although additional funding has been allocated through Waiting List Initiative monies to clear the Trust's current waiting lists so that a regional waiting list can be established with no backlog. Ms Mackenzie asked what the longest waiting time for surgery is. Ms McCartney confirmed at present the waiting time can be up to 6 weeks. Ms Diffin noted the trend of an increasing number of self-referrals of those over 70 years old and would be interested to review these numbers again going forward. Mr Armstrong asked with regard to uptake, how is this encouraged. Ms McCartney explained there has been increased PHA public messaging with the latest radio advertising for the 3 main screening areas and encouraging members of the public to attend their screening appointments, when called.	

	Ms Traub asked if there is anything the Trust can do to improve the detection rates. Ms McCartney explained there isn't anything the Trust can do to improve the detection rates and reassured the group members that the Northern Trust is not an outlier in that regard and noted that there has been an improvement year on year. The Committee members confirmed approval of the report.	
8.4	**<u>Clinical and Social Care Audit (inc NICE) Annual Report, 2023-2024</u>** Dr Watkins presented this report for noting. He highlighted the robust programme of Audits the Trust conduct. Of the 110 Audits registered on the Corporate Programme 75% have been completed with findings and recommendations being shared. The Standards, Compliance and Regulations Committee (SCR) review the process for the NICE implementation and compliance however this remains an ongoing challenge for the Trust. Dr Watkins explained further details and figures are available within the report. Ms Traub noted on Page 3 it is stated there are 131 Guidelines however the table states 133, could this be amended. Dr Watkins agreed to review and amend as necessary. Ms Traub asked if the NICE TAs, are monitored through the SCR group. Dr Watkins advised that they are, and the report is submitted to SPPG on a regular basis. Ms Traub requested that the report include the status of our NICE TA implementation going forward for completeness. Dr Watkins agreed to include more detailed information in relation to NICE TAs in future reports. Mr McAleese agreed to add more detailed information as requested. Mrs Harris raised a concern that some NICE Guidance Recommendations are sent directly to teams and felt a more robust process is required to ensure those which cannot be implemented due to not being commissioned are not missed. Dr Watkins agreed to add to the agenda of the next CASCNI meeting to review the process. Dr Watkins reassured the Committee there is regular communication highlighting updates and non-compliance. Dr Watkins explained the NICE Guidance Process is currently under review by the Region and the Trusts should receive the outcome of the review in the next few months. Ms Diffin noted there are currently 113 items recorded as Red, whereby the Trust is unable to fully implement the guidance without regional co-ordination or additional resources. Ms	**Dr Watkins** **Dr Watkins / Mr McAleese** **Dr Watkins**

	Diffin asked if there are implications for the Trust if these NICE Guidelines are not implemented. Dr Corr advised there are a number of the NICE Guidelines within her Division which cannot be implemented, the Division continue to report regularly these are Red and note this is as a result of not being Commissioned. Mrs Welsh agreed with Dr Corr and highlighted decisions are being made regionally which impacts on the Trust, with no funding to support the Trust in making the changes being set out. There are implications for the Trust, not fulfilling the recommendations however this is raised regularly with the Department of Health.	
9. **9.1**	**<u>SAFETY AND CARE QUALITY STEERING GROUP</u>** **<u>Feedback Report</u>** Dr Watkins presented the Feedback Report and provided an update on each of the Groups which feed into the Steering Group. Ms Traub raised her concern on the lack of medical representation on the PEN Group noting that this has been the position for at least the last 12 months. Dr Watkins explained he has approached the GI team in order to identify a medical lead without success to date. Dr Watkins will review further, discuss offline and provide an update at the next meeting. Ms Diffin asked if the Northern Trust is the only Trust without a Nutrition Support Team. Mrs Pullins explained this has been a gap for the Trust for a number of years; the Trust doesn't have a Specialist Nurse, there is a gap for Enteral Feeding, it remains a concern and the Enteral Feeding Group has progressed as much as they can. It was noted that this is an example of the Trust being unable to fully implement the relevant NICE Guideline due to a lack of funding to create a Nutrition Support Team and Mrs Pullins noted that the relevant Guideline has been reported as red status. There also remains a need for a medical lead.	**Dr Watkins**
9.2	**<u>Resuscitation Annual Report, 2023-2024</u>** Dr Watkins presented this report for noting, explaining there has been a lot of training within the Trust, which is detailed within the Report. Dr Watkins shared information relating to Cardiac Arrest Audit Data which shows survival rates following cardiac arrest has been 50 - 60% for immediate resus, and depending on underlying medical conditions this can be 20%	

	survival to discharge. Dr Watkins advised the software currently used is outdated and work is ongoing to update same. Ms Diffin wished to commend staff on the training provision. Ms Diffin noted the higher number of over 75s and asked if this is above average. Dr Watkins explained the demographic of the Northern Trust is an older population with a high number of patients being received from nursing homes.	
9.3	**<u>Compliments and Complaints Performance Quarterly Report October to December 2024</u>** Dr Watkins presented this report for noting, highlighting the number of complaints received in Q3. The compliance rate for responding to complaints within 20 days has increased from 50% in Q2 to 55% in Q3. There were 1428 compliments received in Q3, 4 complaints escalated to SAIs and 41 Ombudsman cases. Dr Watkins commended the Community Care Division on achieving an excellent response rate to complaints. Dr Watkins explained further details are included within the report. Dr Corr wished to highlight to the Committee, with regard to one particular complaint, the Trust has self-referred to NIPSO and await a response from NIPSO. Ms Diffin welcomed this update and would be keen to hear how it has progressed. Ms Mackenzie acknowledged the impact on all staff involved in such cases. Ms Diffin asked if it would be possible to include areas of learning from compliments that could be shared. Dr Watkins explained this learning is shared in the Annual Report.	**Dr Corr**
9.4	**<u>Infection Prevention and Control Annual Report (incorporating Water Safety Plan), 2023 - 2024</u>** Mrs Pullins presented this Annual Report for approval. Mrs Pullins highlighted the Trust undergoes a lot of scrutiny with regard to operational preparedness for public health threats. The Trust's IPC Team has an on-call service covering Out-of-Hours and weekends. Following a peer review in January and December 2024, three actions have been identified relating to Antimicrobial Prescribing. The improvement work will be progressed and reported through to SIPC. Mrs Pullins shared the details of the MRSA and C Diff figures in 2023/24 and the work the Trust has undertaken to control these cases.	

	Mrs Pullins advised the report includes details of COVID-19 outbreaks and the number of deaths within 28 days of a positive COVID-19 test. Mrs Pullins wished to highlight issues to escalate to Trust Board, including the Measles Pathway and Clade 1 Monkey Pox, PPE and training. Ms Diffin and Mrs Pullins will discuss offline to prepare the Trust Board report. Ms Diffin acknowledged the comprehensive report and huge amount of work within a small team. The Committee members confirmed approval of the report.	
9.5	**<u>Transfusion Annual Report, 2023-2024</u>** Ms McCartney presented the Transfusion Annual Report for noting and provided a summary of the Blood Transfusion Committee with the implementation of NG24 which has been incorporated into the Blood Transfusion Manual. • Roll out of single-person checking of blood components which has shown to be more efficient and safer than co-checking • Cessation of the use of the SABTS system in Causeway for delivery of blood products due to an increase in associated incidents • Preliminary ratification (including discussion with Infection Control) of laminated "Take-Down" tags to be hung with packed cell transfusions to ensure they are completed within 4 hours of the bag's removal from temperature control. This in turn reduces wastage. • A change in the dose of Anti-D prophylaxis used in pregnant women • Development of a Maximum Surgical Blood Ordering Schedule (MSBOS) with surgery, obstetrics and anaesthetics to avoid unnecessary wastage • Community transfusion remains under discussion. Ms McCartney confirmed there were no items for escalation to Trust Board. There were no comments or queries regarding this report.	
10.	**<u>GOOD GOVERNANCE STEERING GROUP</u>**	
10.1	**<u>Feedback Report</u>** Mr Harkin presented the Feedback Report, providing an update around each of the groups.	

	Ms Diffin asked with regard to Fire Safety, is this issue relating to car parking a new issue, and if so when will the new car park be open. Mr Graffin confirmed the new car park has opened and it is one or two specific individuals who continue to park in unauthorised areas. Mr Graffin advised enforcement services have been arranged and it is hoped issues will be resolved quickly. Ms Diffin asked if there are any items for escalation, especially with regards to the replacement of Medical Devices given the reduced amount of available capital. Mr Graffin advised there is a small amount of capital to be used at year-end and a prioritised list is being prepared.	
11.	**ITEMS FOR ESCALATION AND FEEDBACK REPORT TO TRUST BOARD** Ms Diffin noted the following are to be added to the Feedback Report • Principal Risk 902 • Principal Risk 1327 • Lack of PPE and Training for MPox	**Ms Traub / Ms Diffin**
12. **12.1** **12.2**	**ANY OTHER BUSINESS** **Patient Safety Committee** Ms Diffin noted Mrs Welsh had referred to the potential for a Patient Safety Committee to be added to the assurance arrangements as part of the update on the Assurance Framework and the Committee will be kept updated in relation to this work. **Quality Management System/Outcomes** Ms Diffin acknowledged Outcomes is an essential part of this Committee however to date focus has been on Assurance and reviewing reports. Ms Diffin asked Committee members if they had any Outcomes work they could share at upcoming meetings. Dr Corr offered to bring an update on the work currently being undertaken in Psychological Therapies. Mr Martin advised the launch of the quality strategy which includes the Trust's plan to progress a quality management system (QMS) will take place next week and he offered to provide an update on progress with the QMS at the next meeting. Ms Diffin welcomed these offers and will add to the agenda for the next meeting.	**Dr Corr** **Mr Martin** **Ms Diffin**

	Trust Workshop on Risk Management Ms Traub queried if there were next steps regarding the Trust Workshop on Risk Management. Mrs Welsh advised this will be discussed within the Reserved Section of the next Trust Board meeting and an update will be shared at the next Outcomes and Assurance Committee meeting.	**Mrs Welsh**
13.	**Date of next meeting** Thursday, 12th June 2025 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall	
14.	**Close**	