**Northern Health and Social Care Trust**
**Feedback Report to Trust Board**

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| **Report from:** | Outcomes and Assurance Committee |
| **Author of Report:** | Carol Diffin, Chair of Outcomes and Assurance Committee |
| **Lead Director:** | Gillian Traub, Director of Operations |
| **Presented By:** | Carol Diffin, Non-Executive Director |
| **Date of Meeting:** | 23rd October 2025 |

**Purpose**

The purpose of this report is to provide a summary of the business undertaken by the Outcomes and Assurance Committee and to offer the views of and the advice of the Committee to Trust Board.

**Strategic Objectives (select)**

| ***Build Northern Partnerships and Integrate Care*** | ***Continue to improve Outcomes & Experience*** | ***Deliver value by optimising Resources*** | ***Nurture our people, enable our talent and build our Teams*** | ***Improve population Health and address health and social care inequalities*** |
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**Summary of Committee Business**

A copy of the approved minutes of the Outcomes and Assurance Committee meeting held on 12th June 2025 are enclosed for noting.

A copy of the draft minutes of the Outcomes and Assurance Committee meeting held on 18th September 2025 are enclosed for noting.

The final minutes will be tabled for noting at a future Trust Board meeting after approval by the Committee.

**Reports Approved by the Committee**

**Included below is a summary of the Committee Business for the meeting held on 18th September 2025.**

**The following reports were deferred to the December 2025 meeting:**

- Annual Adoption Report 2024/2025
- Safety and Quality Improvement Plan

**The following reports were approved by the Committee:**

- Principal Risk Document, including detailed discussion on:
  - Principal Risk ID 905 Unscheduled Care Demand

- Principal Risk ID 67 Information Governance

- Annual Risk Management Data Report
- Medicines Optimisation Innovation Centre Annual Report
- Licences and Accreditation Report
- Complaints and Service Users Feedback Annual Report
- MBRRACE Maternal Mortality Report 2024
- Fire Safety Annual Report
- Emergency Planning & Business Continuity Annual Report
- Emergency Preparedness & Response Annual Report to PHA/SPPG

The updated Terms of Reference were approved to reflect membership of all NEDs.

**Items for Escalation to Trust Board**

- **The Trust's ability to respond to a Major Incident if required**

It was noted that during the recent major incident declared by the Southern Health and Social Care Trust which was caused by an IT outage, it was necessary to redirect ambulances away from the Southern Trust's Emergency Departments. Antrim Emergency Department was unable to offer assistance due the large number of patients in the ED in particular the numbers awaiting admission. This highlighted the challenge of offering assistance to other Trusts experiencing major incidents.

- **Limitations in availability of KPIs from encompass**

It was noted that there are a number of KPIs for which information is not currently available from encompass, for example, patient falls and pressure ulcers. These would have been routinely available and monitored as part of the Trust's safety and quality performance report prior to encompass go live. The Committee was concerned that some KPIs may not be available for at least another year which would leave a sustained gap in the Trust's assurance.

**Minutes of the 3rd meeting of the Outcomes and Assurance Committee meeting held on Thursday 12th June 2025 at 9.00am**
**Hybrid Meeting held via Teams and Boardroom, Trust Headquarters, Bretten Hall**

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| **Present** | Ms C Diffin, Non-Executive Director (Chair)<br>Mr S Armstrong, Non-Executive Director<br>Ms J Gray, Non-Executive Director<br>Mr G Platt, Non-Executive Director | |
| **In attendance** | Ms G Traub, Director of Operations (Lead Director)<br>Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing<br>Mr P Graffin, Director of Infrastructure<br>Mr O Harkin, Deputy Chief Executive/Director Finance<br>Mrs A Harris, Divisional Director Medicine & Emergency Medicine<br>Mr N Martin, Director Strategic Planning, Performance and ICT<br>Mr D McAleese, Quality, Standards & Learning Manager<br>Mrs M McAleese, Assurance Data & Systems Manager<br>Ms L McCartney, Director of Surgery & Clinical Services<br>Mrs S Pullins, Executive Director of Nursing, Midwifery and AHPs<br>Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications<br>Mrs D Spence, Director of Community Care<br>Dr D Watkins, Medical Director<br>Mrs M West, Assistant Director Governance & Risk Management<br>Mr L Wilson, Assistant Director (obo M Dargan)<br><br>Dr R Whitehouse, Head of Psychological Therapies Services (attended to Present Item 5.1)<br>Mrs L Craig, Governance Admin Officer (minute taker) | |
| **1. Apologies** | Mr P Turley, Non-Executive Director<br>Mr P Douglas, Non-Executive Director<br>Ms K Mackenzie, Non-Executive Director<br><br>Ms M Dargan, Director Children & Young People<br>Mrs J Welsh, Chief Executive | |
| **2.** | **CONFLICTS OF INTEREST**<br>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 13th MARCH 2025**<br>The minutes of the last meeting held on 13th March 2025 were approved. | |

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| **4.**<br><br>**4.1** | **MATTERS ARISING**<br><br>**ACTION LOG**<br>With regard to the Action Log all actions, with the exception of 4, were recorded as being completed prior to the meeting. The Action log will be amended with the following updates.<br><br>**Quarterly Risk Report Q3, Claims without a Linked Incident to be reviewed to understand why there is no incident logged –** Dr Watkins explained a large percentage of medical negligence claims are closed without settlement and it would not be expected for these to have incidents recorded on Datix. Following analysis of ELOL cases the majority are due to stress, bullying and working conditions, again these types of claims do not have specific incidents recorded on Datix. Dr Watkins advised there are a number of cases linked to long-term illnesses such as asbestosis again these are not logged as an incident on Datix. There were 10 incidents were found to have been recorded on Datix but not linked to the claim, and these have since been linked. There were 16 incidents not recorded at the time of the incident.<br>Ms Diffin thanked Dr Watkins for the update, the assurance and confirmed this action can now be closed.<br><br>**Quarterly Risk Report Q3, Medication Incidents to be reviewed to identify where the incident is occurring –** Dr Watkins explained a review of the Incident Management Process for medication incidents is being undertaken and a further paper is being prepared to share with SMT in the coming weeks. Dr Watkins is content this action can be closed for this committee and taken forward through SMT, Ms Diffin agreed.<br><br>**Safety and Care Quality FB Report, Dr Watkins to review the Medical Representation for PEN group and provide feedback at the next meeting -** Dr Watkins confirmed he has received a response from the Gastroenterology team, who have advised they do not have capacity at present to take on this role. Dr Watkins suggested he would discuss this issue further with Ms Lynne McCartney as operational Director to agree a way forward, Ms McCartney agreed and Dr Watkins will provide an update at the next meeting.<br><br>**Compliments and Complaints Performance Quarterly Report October to December 2024, Dr Corr to further update O&A with regard to the NIPSO (the Ombudsman) self-referral –** Dr Corr<br>updated the Committee regarding this case. Due to the volume and continuous nature of the correspondence being received from the complainant, the Trust had suggested to the | **Dr Watkins** |

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| | complainant that they refer their complaints to the Ombudsman. This suggestion was not taken up by the complainant. The Trust subsequently took steps to self-refer their handling of the complaints to the Ombudsman on 20 September 2024. To date, there has been no determination from the Ombudsman. The Trust has asked NIPSO for updates in January and April, however, the Ombudsman's office has advised the Trust that they cannot review a case without the consent of the complainant, which remains outstanding.<br><br>Dr Corr explained the Trust has set up an Oversight Group, currently chaired by Mr Harkin, Deputy Chief Executive, as an independent person to oversee the Trust's handling of any and all correspondence. The group meets on a fortnightly basis to review correspondence received between meetings and to ensure any issues, not previously answered, are responded to.<br><br>Dr Corr highlighted the experience has been very demanding on senior managers and their teams and is extremely challenging for staff, including those continuing to provide care to the Service User. Dr Corr advised the Division has a single point of contact and if anyone in the Committee receives correspondence directly to send it through to ensure it is kept in line with all other correspondence being received. Ms Diffin advised that recently, as Chair of the Outcomes and Assurance Committee, she has received correspondence from the individual and a response is being considered.<br><br>Ms Diffin asked Dr Corr to bring back an update to the committee when a response has been received from the Ombudsman.<br><br>Mr Platt asked if the Trust has a Vexatious Complaints Policy. Mrs West advised this is contained with the Complaints Policy.<br><br>It was confirmed all other Actions listed at the meeting in March have now been closed. | **Dr Corr** |
| **5.**<br><br>**5.1** | **<u>Outcomes</u>**<br><br>**Psychological Services Outcomes Framework Presentation**<br>Ms Diffin welcomed and thanked Dr Whitehouse for attending to present the Psychological Services Outcomes framework.<br><br>Dr Whitehouse shared the presentation, a copy of which is available in the shared folder for the meeting.<br><br>Dr Whitehouse acknowledged the current report is for 2022/2023, which is due to the delay in retrieving and | |

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| | verifying the information. Dr Whitehouse advised the Psychological Therapies service is working with Epic in the hope that the information being inputted into Encompass can be extracted to allow the annual reports to be produced in a timelier way.<br><br>Ms Diffin thanked Dr Whitehouse for the detailed and interesting presentation and acknowledged both the challenges and positives. Ms Diffin asked whether psychological therapies staff are benefitting from the positive outcomes being recorded. Dr Whitehouse explained the initial change to processes was very challenging but now that this work has been ongoing for over 12 years, it has become the norm. The regular reviews of the Service Users' progress have been very helpful for clinicians.<br><br>Dr Corr explained with the strong robust approach to outcomes in Psychological Therapies, this has attracted new graduates, who are keen to work for the Northern Trust. Dr Corr advised the Trust gains a greater number of the students qualifying on an annual basis.<br><br>Mr Armstrong referred to Slide 11, which provides access figures for referrals, and noted it would be helpful to have previous annual figures, to see comparisons. Dr Whitehouse advised that additional services are being included in the report each year, so comparison between years may be difficult. Dr Whitehouse explained since Covid-19 attendance rates have increased and it would be interesting to know whether this is due to accessibility or an increase in Mental Health issues.<br><br>Mr Platt highlighted the higher number of referrals than the number of discharges and asked if the Trust is capturing the risk and is it possible to see the waiting times in the report. Dr Corr noted the risk from the excess demand for the service is recorded on the risk register.<br><br>Mrs Reid recognised the positive multi-disciplinary working within the Psychological Therapies services and asked if this learning is being shared with other services throughout the Trust.<br><br>Ms Diffin noted that the Family Support Hubs in Children's Services work similarly. Mrs Reid felt there is a learning opportunity for the Trust to adopt this model across teams. Dr Corr advised work is ongoing to move other areas of Mental Health, Learning Disability and Community Wellbeing to similar approaches although the challenges of implementing these changes are significant. | |

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| **5.2** | Ms Diffin asked if the Region is linking outcomes work into the SOF framework. Dr Corr confirmed engagement is ongoing with regard to the Mental Health Strategy Outcomes Framework which is based on this model. Trusts are working with the DoH and SPPG in an attempt to record outcomes on Encompass and MyChart and ensure information is not duplicated. Dr Corr is optimistic this work can be implemented although it will take time.<br>Ms Diffin asked Mr Martin if outcomes are discussed at meetings he attends for SOP and SOMs with SPPG. Mr Martin advised the groundwork is still being completed before more sophisticated work can be progressed.<br><br>Ms Traub on reflection felt that outcomes data will already be being captured in other specialities such as rehabilitation, surgical services and with clinicians submitting to regional or national audits. Ms Traub agreed to discuss this further with Ms Diffin to agree next steps.<br><br>**QMS update within Maternity, Paediatrics and Public Health Nursing**<br>Mrs Pullins provided a verbal update, explaining the paper included in the shared folder sets out the 5 strategic priorities. Strategic Priority Number 5 has been included within the People and Culture Committee therefore this will not be duplicated.<br>With regard to the QMS within Maternity, Paediatrics and Public Health Nursing, the group has reviewed outcomes, patient safety, experience, equity and the key risks and issues. Robust work has been undertaken to review 3 services with the production of a Heat Map (an accountability system). This is a pilot in order to inform next steps and potential roll out across all operational Divisions.<br>Maternity - the group focused on areas of patient safety concern such as the MBRRACE Report, the number of peri-natal mortality rates being higher than national rates as stated in the Renfrew report. Since the introduction of Encompass there have been significant challenges on the antenatal outpatient capacity.<br>Paediatrics – a concern is the ADHD service as review waiting times are significant. Children who are on stimulant medication need to have their height and weight measured on a regular basis. Another risk for Paediatrics is the NISTAR service as it only runs from 8-8 and the Trust has had to put another system in place to cover when NISTAR is not available, which is also an additional cost pressure.<br>Public Health Nursing – increase in complexity of family dynamics and vulnerabilities. This is challenging for Health Visitors. Another challenge is that the Health Visitors programme takes one year to complete and in September all newly qualified Health Visitors are recruited. This means that | **Ms Traub/ Ms Diffin** |

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| | subsequently when temporary vacancies arise these are extremely difficult to fill.<br><br>Ms Diffin thanked Mrs Pullins and acknowledged the huge amount of work being progressed.<br><br>Mr Platt asked how QMS compares for other Trusts. Mrs Pullins will ask Mrs Williamson who works closely with HSCQI colleagues. | **Mrs Pullins** |
| **6.** | **ASSURANCE FRAMEWORK**<br><br>**Cycle of Reports**<br>Ms Traub presented the Cycle of Reports with a number of amendments highlighted in Red. Ms Traub explained there are 3 reports due to be presented this quarter however these have been delayed and will be brought to the next meeting. There are 3 new reports added to the Cycle of Reports. Ms Traub explained, in order to evenly spread the number of reports being presented across the four meetings each year, 3 annual reports have been brought forward to the June agenda. Ms Diffin requested that Directed Statutory Functions reports to be updated on cycle.<br><br>Ms Diffin recognised the huge number of reports on today's agenda, the reading and retention on the contents of each has been challenging. Ms Diffin noted they may need to consider the increasing the number of meetings per year to manage the volume of reports. Mr Armstrong and Ms Gray agreed and Ms Gray asked if there is any possibility of receiving the papers at an earlier stage. Ms Traub noted the possibility of combining some of the reports.<br><br>Ms Traub advised a further review meeting has been scheduled with herself, Ms Diffin and Mrs West to discuss the cycle of reports. | **Ms Diffin/ Ms Traub / Mrs West** |
| **7.**<br><br>**7.1** | **RISK MANAGEMENT**<br><br>**Principal Risk Register**<br>Dr Watkins presented this report for approval, highlighting the cover sheet has been amended to reduce the number of columns and detail how the Risk Rating has been calculated. All Risks have been reviewed since the last meeting, with 3 being Risk Rated as Extreme, 7 High and 1 Medium. There are no new risks or de-escalated risks this quarter.<br><br>Ms Diffin noted a number of the risks have been on the register for quite some time, although all had been subject to review since the last meeting. The challenge for the Trust is moving to a position to remove or reduce these risks. | |

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| | The Committee members confirmed approval of the report. | |
| **7.2** | **Update on Principal Risk ID 851 Dysphagia**<br>Mrs Pullins presented an update to the Dysphagia Principal Risk, which is available in the shared folder. Mrs Pullins acknowledged this risk has been on the Risk Register since 2016 following an incident of choking. Since this time there have been a range of recommendations issued regionally. Mrs Pullins gave an overview of the Trust's Action Plan, discussion points and items for escalation to Trust Board.<br><br>Ms Diffin asked what the next steps to help reduce this risk are, and Mrs Pullins advised the implementation of the Safety Pause in both EDs and recording Eating and Drinking Recommendations at the time of admission.<br><br>86% of Internal audit recommendations have been implemented, the one outstanding relates to reporting of training compliance.<br><br>The key action is the food and drink safety pause, assessment of eating drinking and swallowing at the time of admission and Mealtime Matters audit.<br><br>Ms Traub asked if the Mealtimes Matters audit provides any assurance. Mrs Pullins confirmed the audit gives assurance however it was identified that this did not capture the frequency of audits which is also important to understand. Mrs Pullins and Ms Traub agreed a consistent approach to the frequency of audits may assist. | |
| **7.3** | **Principal Risk ID 1327 Neurology Service**<br>Ms Diffin noted Mrs Harris provided an overview in detail at the previous meeting and asked if there are any changes Mrs Harris wished to highlight.<br><br>Mrs Harris explained the Trust is still working with SPPG to adopt a regional alliance, unfortunately SPPG cancelled the last meeting, delaying progress. A further meeting has been scheduled for 3rd July when SPPG will meet with all Trusts individually. In the meantime, the Northern Trust is working together with the South Eastern Trust (SET) who have agreed to see approximately 100 Northern Trust patients. SET also have 2 Consultant Neurologists who will see patients who are on Sodium Valproate and another who will assist with those suffering from Headaches.<br><br>Mrs Harris advised the Committee that the Belfast Trust had raised a governance concern with regard to a Northern Trust Locum Consultant whose practice it was to discharge patients, pending results. Mrs Harris reviewed the concern, sought | |

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| | regional advice from colleagues regarding this practice and subsequently has written to the Belfast Trust to address the concern. It was the view of colleagues regionally that this was not outwith normal practice.<br><br>The Northern Trust has received CVs for 2 Locum Consultant Neurologist and these have been reviewed by the SET Medical Director who has confirmed at least one of the candidates had relevant training and experience for a position. This post will require management under SET's Clinical Governance arrangements. | |
| **7.4** | Mrs Harris highlighted the Trust has no patients waiting on triage.<br><br>It was agreed Ms Harris would provide a brief to Ms Diffin to inform Trust Board of the ongoing high-risk status. | |
| **7.5** | **<u>Assurance Mapping - Principal Risk ID 780 Nurse Staffing and Utilisation</u>**<br>Ms Pullins presented the Assurance Map for ID 780 and explained initially this risk was in relation to the vacancy rates in nursing. However, this has now changed to the high reliance on agency nurses both registered and non-registered. Mrs Pullins provided a detailed overview of this document.<br><br>Ms Diffin thanked Mrs Pullins for this comprehensive account of the Risk and the mitigations which are in place. | **Mrs Harris** |
| **7.6** | **<u>Corporate Risk Document – for Approval</u>**<br>Dr Watkins presented the Corporate Risk Document for annual review and approval by Outcomes and Assurance Committee. Dr Watkins highlighted changes in red; there have been 3 encompass risks opened and closed within this reporting period. 14 Risks have been removed, 2 of which were escalated to Principal Risk Register and 12 de-escalated. There were 35 new Corporate Risks added with the majority relating to encompass and 1, Mental Capacity Act, being de-escalated from the Principal Risk Register.<br><br>The Committee members confirmed approval of the report.<br><br>**<u>Quarterly Risk Management Data Report Q4 2024/25</u>**<br>Dr Watkins presented the Q4 Report i.e. January to March 2025 for approval, providing an overview of the Headline Analysis. Dr Watkins noted the number of Claims received has reduced to under 500, with the expected value of the Medical Negligence (MN) Claims being significantly higher than the Employers Liability, Occupiers Liability (ELOL) claims received. | |

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| **7.7** | Dr Watkins advised the number of Incidents recorded in Q4, are slightly reduced for the first time.<br><br>Dr Watkins advised there were 26 SAIs notified between January and March 2025, 23 were Level 1s, 2 Level 2s and 1 Level 3. There were 57 SAI reports submitted to SPPG, with a further target of 30 reports to be submitted by the end of July.<br><br>Ms Diffin asked if the Trust has any concerns about our ability meet the targets set by SPPG to submit SAI Reports by the end of July. Dr Watkins advised the targets have been very challenging and the Divisions have worked extremely hard to get close to the targets. Of the 43 which had been expected, to date 30 were submitted, with the remaining 13 plus an additional 17 expected by the end of July<br><br>Dr Corr asked if the Trust had been involved in setting the target. Mrs West advised that the July target had been set by SPPG. Dr Corr raised concern on the number of reports that MHLDCW were required to submit.<br><br>Ms Diffin asked if there are potential consequences for the Trust if the SAI submission targets are not meet. Dr Corr noted there is the potential to be moved from Level 2 escalation to Level 3 which would be concerning for the Trust. Mr Martin explained the support intervention framework has 5 Levels which start at Level 1 escalating to Level 5 and the Trust would prefer not to escalate beyond Level 2.<br><br>Ms Diffin asked if the Committee felt this required escalation to Trust Board. Mr Harkin felt this should be discussed further at SMT level and progressed through the appropriate channels.<br><br>Ms Diffin noted an SAI summary which highlighted that a swab had not been located following surgery. The incident report recorded that a theatre nurse had attempted to highlight this to the doctor during the surgery but the doctor had continued to finish the procedure. The swab was subsequently located inside the patient. Dr Watkins explained this issue has been escalated and further meetings are being arranged and a learning alert is being considered.<br><br>The Committee members confirmed approval of the report.<br><br>**<u>Governance Statement</u>**<br>Mr Harkin presented the Governance Statement explaining this will be shared at Trust Board meeting on 26 June 2025, when this has been approved it will be included within the Annual Quality Report. This version has been reviewed at Executive Team, Audit Committee and submitted to DoH who have returned a number of comments. | **Mr Harkin/ Dr Watkins**<br><br>**Dr Watkins** |

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| | The Committee members confirmed approval of the report. | |
| **8.**<br><br>**8.1** | **<u>Directed Statutory Functions</u>**<br><br>Mr Wilson presented the Directed Statutory Functions (DSF) documentation on behalf of Maura Dargan to provide a brief overview to this group. Mr Wilson explained the Directed Statutory Functions has a 1-hour workshop session at the next Trust Board meeting when a detailed presentation will be shared. Mr Wilson highlighted the main report is over 300 pages and Datasets for each area are also available in the shared folder, which illustrates how the Trust delivers, monitors and reviews our legal obligations in relation to the DSF. Mr Wilson explained a Cover Sheet is also available in the shared folder which provides a brief overview. Mr Wilson highlighted the 3 core themes which are incorporated across all areas of social work and social care services, these include workforce, inappropriate placements and unallocated placements. There is a workforce supply issue, increased demand for social work and social care service with no investment and operating at a deficit with vacancies.<br><br>Mr Wilson advised the process of DSF is heavily focussed on deficits, weaknesses and compliance issues. However, to note within the report there are also many examples of great work and practices throughout social work and social care teams.<br><br>Ms Diffin explained for the new NEDs on the Committee that the Trust has Corporate Parenting responsibilities to ensure all Looked after Children are treated as though they are our own children. Ms Diffin noted Section 10 which relates to the Children's Data which provides a breakdown of the statutory activity. The DSF report will be presented at Trust Board for approval then submitted to SPPG and the DoH who will produce a composite report for the region and publish.<br><br>Mr Wilson highlighted the report has been requested earlier than usual, there had been an interface meeting late yesterday afternoon and following a number of queries, amendments will be made to the versions held in the shared folder. A further meeting has been arranged with the Directors and SPPG on the 19 June 2025. Therefore, the papers and action plan being presented at Trust Board meeting on 26 June may differ.<br><br>Ms Diffin asked if the developments around the ASW work will be covered in more detail at Trust Board, Mr Wilson confirmed Amanda will present this section.<br><br>Ms Diffin thanked Mr Wilson and all the Assistant Directors for the report which gives a good overview of the work being carried out across the Trust. | |

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| | Ms Diffin noted the inclusion of unallocated cases in Older Peoples Services within the report. Mrs Spence confirmed that the focus on unallocated cases in Older People Services is a new addition which is now being recorded and it highlights the focus on workforce issues in this area. Mr Wilson advised Mr Harvey will be in attendance at the Trust Board workshop and will provide full details of mitigations which have been put in place to manage the unallocated cases.<br><br>Ms Gray asked if the shortage of care workers has had an impact on effective hospital discharges. Mrs Spence explained Service Users waiting on discharge from hospital are awaiting a care home placement, the care home sector are struggling with their workforce. There is a good discharge strategy for those who require packages of care however this can be impacted if the service user requires a period of rehabilitation in a community bed. Mrs Spence acknowledged that the Trust, Care Homes and the Independent Sector are all experiencing difficulty recruiting staff. Discussions continue at a Regional level to attract people of social care. | |
| **9.** | **STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP** | |
| **9.1** | **Feedback Report**<br>Mrs Pullins presented the Feedback Report and provided an update on each of the Groups which feed into the Steering Group. Mrs Pullins highlighted the expected direction to audit the Trust's compliance of the NICE Guidelines. If this work does progress this will be a very significant task. In relation to Policies there are approximately 250 policies due for review by 30 September 2025 which will be a challenge for the Trust. With regard to Pharmacy Standards, Ms Tolan has added a new corporate risk to the risk register. The AHP group continue to have concerns about the workforce capacity gaps which impact on children with SEN accessing services in a timely way.<br><br>Ms Diffin asked if there is a plan in place to address the number of policies which will fall overdue. Mrs Pullins explained each Division is working alongside the Policy Team, however acknowledged there is a risk with having out of date policies. | |
| **9.2** | **Cervical Screening Annual Report**<br>Dr Watkins presented this report for noting, the Trust provides cervical cytology, High Risk Human Papilloma Virus (HRHPV) testing, colposcopy and histopathology for all Service Users in the Northern Trust area. The service continues to perform strongly in the key performance indicators with the department to be above the acceptable standard. | |

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| | Ms Diffin asked if the issue with Belfast Trust's accreditation has been resolved, or are there any concerns with regard to the quality of their work given Northern Trust Service Users are being sent to Belfast.<br>Dr Watkins confirmed there are no concerns as all the work is being processed by a lab in England which is accredited. | |
| **9.3** | **Pharmacy Services Assurance Annual Report**<br>Dr Watkins presented this report for noting, highlighting the issues for escalation. Pharmacy Services are working alongside Estate Services on the Tardree Pharmacy Store. The service capacity plans for the aseptic facilities in Antrim pharmacy and Laurel House show that pharmacist capacity is consistently above 100% for each facility.<br><br>There were no comments or queries regarding this report. | |
| **9.4** | **RQIA Activity Bi-Annual Report**<br>Dr Watkins explained this report is deferred to next quarter. | |
| **10.** | **SAFETY AND CARE QUALITY STEERING GROUP** | |
| **10.1** | **Feedback Report**<br>Dr Watkins presented the Feedback Report and provided an update on each of the Groups which feed into the Steering Group.<br><br>Ms Diffin asked what is a Bugsy build. Mrs Pullins explained it is a programme within Encompass where bugs/infections are detailed. | |
| **10.2** | **Resuscitation Annual Report, 2024-2025**<br>Dr Watkins presented this report for noting, highlighting the training being completed within the Trust, which is detailed within the Report. Dr Watkins shared information relating to Cardiac Arrest Audit Data detailing the 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.<br><br>Ms Diffin acknowledged the amount of training being conducted by such a small team.<br><br>There were no comments or queries regarding this report. | |
| **10.3** | **Compliments and Complaints Performance Quarterly Report January to March 2025**<br>Mrs Pullins presented this report for noting, highlighting the number of complaints received in Q4. There were 267 complaints received and the compliance rate for responding within 20 days was 52% in Q4 which is a slight reduction on | |

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| | Q3. There were 1714 compliments received in Q4, 6 complaints escalated to SAIs, 41 ongoing Ombudsman cases and 3 Children's Orders. There were 19 cases which remained open beyond 40 days.<br><br>Ms Diffin asked for assurance that those which remained open for more than 40 days still remain closely monitored.<br>Mrs Pullins explained that those complaints that remain open in her Division were complex complaints which may require 1 or 2 face to face meetings in order to ensure a detailed investigation is carried out.<br><br>Mr Wilson explained the 3 Children's Order cases will be delayed as the Trust is unable to progress until the court process has been completed.<br><br>Mr Platt asked if the Complaints process is managed by the same teams of staff who are also dealing with grievances and Raising Concerns processes or are they handled separately.<br><br>Mrs Pullins clarified complaints, SAIs and incidents are managed through the line management structure with Assistant Director oversight who triangulate the information. With regard to the Raising Concerns these are through the HR Department and HR arrange for an investigating officer outside of the Division or organisation. Oversight for Raising Concerns will be the responsible Director and the HR Director. Staff grievances are reported and managed through the HR Department who arrange a team to review. | |
| **10.4** | **<u>Transfusion Annual Report, 2024-2025</u>**<br>Ms McCartney presented the Transfusion Annual Report for noting. Ms McCartney highlighted following a delay in sending blood by Taxi to Whiteabbey Hospital site, stock will be returned and stored at both Whiteabbey and Mid-Ulster Hospital site. Ms McCartney explained there has been a regional issue with regard to scanning patient wristbands for Encompass and a tip sheet has been developed for this process. This process helps with barcode scanning for blood components and medication. There are 2 areas, the Renal Unit and Laurel House do not have this facility and Encompass have been asked to develop software however this will be some time. Due to this issue this has been added to the Corporate Risk Register.<br><br>Mrs Diffin enquired who has the final sign off for the decision taken by the Renal Unit given the risk rests with the Trust. A meeting has been organised with Mrs Harris, the renal team, the transfusion team and Ms McCartney to review the detail. Mrs Pullins suggested a discussion is required outside this meeting with Mrs McCartney to agree a way forward. Mrs Diffin asked if members were content to approve the report with the | **Mrs Pullins / Mrs McCartney** |

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| **10.5** | caveat that this action would be taken forward. Members confirmed approval.<br><br>Ms McCartney confirmed there were no items for escalation to Trust Board.<br><br>**Safety & Quality Performance Report**<br>Mrs Pullins presented this report for noting and highlighted the data is from April 2024 to January 2025. There will be 2 Audits carried out, Mealtimes Matter and a Controlled Drug audit. Mrs Pullins explained following the implementation of Encompass the group is trying to expediate the KPI reporting. As reporting on Encompass has changed this has impacted on access to the information required. | |
| **10.6** | Ms Diffin asked if the reporting is not available how are Divisions keeping up to date with KPIs. Mrs Pullins confirmed IPC are reviewing the details on a daily basis, divisions are updated through their Governance meetings, Incident reporting and supervision sessions.<br><br>**Safety & Quality Improvement Plan**<br>Mrs Pullins advised this report has been deferred to the next meeting. | |
| **11.** | **GOOD GOVERNANCE STEERING GROUP** | |
| **11.1** | **Feedback Report**<br>Mr Harkin presented the Feedback Report, providing a brief overview of the groups.<br><br>Mr Platt queried the 75% compliance rate to response times for FOIs and asked what the benchmark is for these. Mr Martin explained there is a statutory requirement to respond to FOIs within 20 working days, he noted the number of FOIs being submitted have doubled within the last 4 years and are more complex in nature. Mr Martin explained he is unsure how the Trust compliance rate compares against other Trusts in the Region.<br><br>Ms Diffin asked if the fire safety parking issue remains unchanged. Mrs Pullins explained the Trust has attempted to resolve the lack of parking spaces and has provided a substantial number of additional parking spaces around the hospital grounds. However there remains a number of staff members who continue to park in unsuitable areas. Parking enforcement has been arranged to ensure Disabled parking spaces are used appropriately. Ms Diffin asked if in the case of a fire, would the fire service, have difficulty gaining access. Mr Graffin advised the fire service would not hesitate to remove any vehicle blocking their access. | |

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| **11.2**<br><br>**11.3 & 11.4** | **<u>Internal Controls Assurance Compliance Report -</u>**<br>This report has been deferred to the next meeting.<br><br>**<u>Research & Development Performance Report</u>**<br>**<u>Research & Development Annual Report</u>**<br>Dr Watkins presented these reports for noting, he highlighted the robust governance and focus on building a research culture. There were 29 research studies approved during the year. There are regional supports available to the R&D team and the Trust continues to advertise PHD opportunities and have successful candidates each year.<br><br>Ms Diffin asked if it is an option to amalgamate these reports into one and whether these are shared externally.<br>Dr Watkins will consider along with the team and confirmed these reports are not shared beyond the Trust. | **Dr Watkins** |
| **12.** | **<u>REFORM AND QI PROGRAMME BOARD</u>**<br><br>**<u>Feedback Report</u>**<br>Mr Martin presented the Feedback Report on behalf of Mrs Welsh. which provides oversight of the Reform North portfolio of programmes and projects.<br><br>Ms Diffin acknowledged the good work being undertaken by this group.<br><br>There were no questions or further comments regarding the detail contained in this feedback report. | |
| **13.** | **<u>ITEMS FOR ESCALATION AND FEEDBACK REPORT TO TRUST BOARD</u>**<br><br>Ms Diffin noted the following are to be added to the Feedback Report<br>• Principal Risk 1327<br><br>Approved Reports will be added to the Feedback Report<br>• Principal Risk Register<br>• Corporate Risk Document<br>• Quarterly Risk Management Data Report Q4 2024/25<br>• Governance Statement | **Ms Traub / Ms Diffin** |
| **14.** | **<u>ANY OTHER BUSINESS</u>**<br><br>**<u>Terms of Reference</u>** | |

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| | Ms Diffin highlighted this is the first meeting with all NEDs invited with the exception of Ms O'Reilly. Therefore, the Terms of Reference will need to be amended to reflect the change in membership and the quorate requires amendment. Ms Diffin and Ms Traub will meet to amend same. | **Ms Diffin / Ms Traub** |
| **15.** | **Date of next meeting**<br><br>Thursday, 11th September 2025 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall | |
| **16.** | **Close** | |

Northern Health and Social Care Trust

**Minutes of the 4th meeting of the Outcomes and Assurance Committee meeting held on Thursday 18th September 2025 at 9.00am**
**Hybrid Meeting held via Teams and**
**Boardroom, Trust Headquarters, Bretten Hall**

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| **Present** | Ms C Diffin, Non-Executive Director (Chair)<br>Mr S Armstrong, Non-Executive Director<br>Mr P Douglas, Non-Executive Director<br>Ms J Gray, Non-Executive Director<br>Ms K Mackenzie, Non-Executive Director<br>Ms A O'Reilly, Chair (observing) | |
| **In attendance** | Ms G Traub, Director of Operations (Lead Director)<br>Ms F Bryne, Assistant Director Organisational Development, Workforce Governance and Analytics (obo Mrs J Reid)<br>Dr P Corr, Director Mental Health, Learning Disability & Community Wellbeing<br>Ms M Dargan, Director Children & Young People<br>Ms M Donaghy, Divisional Nurse Surgery & Clinical Services (obo Ms L McCartney)<br>Mr P Graffin, Director of Infrastructure<br>Mrs A Harris, Divisional Director Medicine & Emergency Medicine<br>Dr M Jenkins, Deputy Medical Director<br>Mrs T Magill, Interim Director Children & Young People<br>Mr N Martin, Director Strategic Planning, Performance and ICT<br>Mrs M McAleese, Assurance Data & Systems Manager<br>Mrs S Pullins, Executive Director of Nursing, Midwifery and AHPs<br>Mrs D Spence, Director of Community Care<br>Mrs M West, Assistant Director Governance & Risk Management<br>Mr F Rice, Independent Advisor to Trust Board<br>Ms Kerrie Hughes, Governance Admin Officer (minute taker) | |
| **17. Apologies** | Mr G Platt, Non-Executive Director<br>Mr P Turley, Non-Executive Director<br><br>Mr O Harkin, Deputy Chief Executive/Director Finance<br>Mr D McAleese, Quality, Standards & Learning Manager<br>Ms L McCartney, Director of Surgery & Clinical Services<br>Mrs J Reid, Director Human Resources, Organisational Development & Corporate Communications<br>Mrs J Welsh, Chief Executive<br>Dr D Watkins, Medical Director | |

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| **18.** | **CONFLICTS OF INTEREST**<br>Ms Diffin asked if there were any conflicts of interest, none were declared. She reminded everyone that if anything arose throughout the meeting to highlight same. | |
| **3.** | **MINUTES OF MEETING HELD ON 12th JUNE 2025**<br>The minutes of the last meeting held on 12th June 2025 were approved. | |
| **4.**<br>**4.1** | **MATTERS ARISING**<br>**ACTION LOG**<br><br>Ms Diffin and Ms G Traub have discussed Action 84, and reached a decision that, as both SOMs (system oversight measures) and QMS (Quality Management System) are in early development, it would be more useful to wait until this work is more progressed to determine what needs to be brought to Outcomes and Assurance committee. The work currently progressing and presented through the reports being brought to committee is sufficient for now. This action is closed.<br><br>Mrs Pullins updated on Action 85, Mrs Pullins advised that Southern Trust is also progressing QMS. Mrs Pullins advised that update on the pilot of a QMS approach within her Division could be shared in December 2025. This action is closed<br><br>Action 88, Ms Taub updated that progress towards SAI targets set by SPPG is discussed at SMT. Escalation is in place through SIF (Support and Intervention Framework) meetings. Ms Traub advised that Directors had assessed the ability to achieve the target set by SPPG of no more than 50% of open SAIs overdue at September 24t h. Progress on SAI reviews will continue to be closely monitored. This action is closed.<br><br>Action 89, Ms Donaghy provided an update on the actions being taken following two Never Events of a retained swab in two separate surgical procedures. The SAI reviews are ongoing and once completed a learning alert will be considered. Ms Donaghy confirmed that early learning had already been shared across the team and that a workshop is being arranged with the surgical team. Mrs Pullins confirmed that retained swabs following surgical procedure have been added as a learning theme for the Learning for Improvement group to consider. Mrs Pullins also noted that there had been a further incident of a retained swab in a gynaecological procedure in recent weeks.<br><br>Action 92, Terms of Reference updated to reflect the change in membership to all Non-Executive Directors. Ms Diffin noted that | |

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| | the quorate remains the same. All members in agreement that this item can be closed. | |
| **5.**<br>**5.1** | **ASSURANCE FRAMEWORK**<br>**Cycle of Reports**<br>The Cycle of Reports has been updated and all agreed that this item can be closed.<br><br>Ms Diffin requested that the Report Cover Sheet be amended to remove the 'for noting' box as all reports are presented to provide assurance to the committee, with some reports requiring the committee's approval. Discussed that an Executive Summary would be required for each report presented, highlighting any particular issues to be brought to the attention of the Non-Executive Directors. | **Mrs West** |
| **6.0**<br>**6.1** | **RISK MANAGEMENT**<br>**Principal Risk Document**<br>Dr Jenkins stated that there are 11 Principal Risks.<br><br>Further to discussion it was agreed to present the risks in the report in the order of the current risk rating commencing with the highest rated current risk. An arrow to be added into the table to indicate if the Risk Rating has changed and the category of each risk to be written in addition to colour coding.<br><br>Ms Traub asked that work continue to refine the risk titles. . Ms Diffin asked that Principal Risks 1281 (Encompass) & 324 (Healthcare Associated Infections) be amended to reflect the risk to patients.<br><br>Mrs Pullins updated the committee on the challenges of the information available from Encompass. Mrs Pullins confirmed that this has been a challenge when measuring Nursing KPIs as information including Patient Falls and Pressure Ulcers has not been available. Trends cannot be identified as the information is incomplete. Mr Rice agreed that this is a patient safety issue and asked how long this is likely to be an issue for. Mr Martin advised that this could be the case for another year or so. He advised that there are 67 high priority returns that are affected and that this has regional focus as it impacts across all Trusts.<br><br>Mr Martin advised that both DoH and SPPG have been notified of this issue and that they are aware of the measures that are being taken to work around this. Mrs Pullins requested that this issue concerning Nursing KPIs and the ongoing delay in providing reports from Encompass be escalated to Trust Board. Ms Diffin noted this for escalation.<br><br>Mrs Pullins provided an update on Risk 851 regarding Dysphagia. A second incident is being investigated by the Health and Safety | **Mrs West**<br><br>**Ms Pullins/Mr Martin** |

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| **6.2** | Executive. A Trust representative is to be interviewed under caution on behalf of the Trust. The appropriate representative is being considered.<br><br>**<u>Assurance Mapping -Principal Risk ID 905 Unscheduled Care Demand</u>**<br>Mrs Harris presented an assurance map for this risk. Mrs Harris updated on the capacity issues which impact on the Trust's ability to maintain patient flow through the hospitals. Mrs Harris advised that an Hospital Early Warning score (HEWS) algorithm is routinely used to determine the level of escalation and to inform additional steps required to be taken. There is a minimum of a once daily regional call with the Regional Coordination Centre to share the Trust's position alongside other Trusts, including NIAS.<br><br>The Site Co-ordination Model involves a daily site safety brief and stakeholders meeting throughout the day to discuss Patient Flow and capacity. The Site Co-ordinator will complete the HEWS which determines the level of escalation and associated actions. They communicate across all divisions internally and externally withthe Regional Co-ordination Centre to manage demands on services and capacity in the Community and Acute setting. NIAS turnaround times are also discussed.<br><br>Measures have been introduced to divert patients away from ED. They include the Phone First Service, the use of same day emergency care pathways as well as an acute take model which puts the Consultant as the key decision maker early in each patient's journey.<br><br>Mrs Spence advised that Community Capacity is influenced by the availability of Home Care and Care Home Capacity in the independent sector. Capacity within social care teams to manage the demand is also an issue.<br><br>Mrs Harris highlighted the risk to patient safety due to increased waiting times and overcrowding in the emergency departments and due to availability of community services. Mrs Harris noted the role of the Unscheduled Care Programme Board in providing an Acute and Community Interface to facilitate decision making.<br><br>Mrs Harris and Mrs Spence to update the Assurance Map to include the assurances provided on the discharge / community care elements of unscheduled care. To also reflect regional reporting.<br><br>Mrs Spence advised that she will consider the risk to patient safety from the availability of community services and whether it is addressed adequately through the Trust's risk registers. | **Mrs Harris/Mrs Spence**<br><br>**Mrs Spence** |

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| **6.3** | **Assurance Mapping**<br>**- Principal Risk ID 67 Information Governance**<br>Mr Martin gave a presentation to the committee on Risk 67 and presented an assurance map for this risk. Mr Martin highlighted the importance of adhering to Information Governance regulations. Breaches and inappropriate use of information can result in fines and prosecution. Mr Martin advised that Encompass has increased the risk of inappropriate access due to the ability staff now have to access large volumes of information stored on the system from across the region. In 2025 year to date there were 6 instances of information governance breaches notified by the Trust to the Information Commissioners Office. Mr Martin confirmed that this was an increased rate of notification, with inappropriate access to Encompass a new theme. Mr Martin noted that breaches such as mis-filing of hard copy records have understandably ceased with Encompass.<br><br>Mr Martin advised that the Chief Executive recorded a message for all staff regarding inappropriate access of Encompass and this included the professional and criminal sanctions. This was broadcast Trust wide and screen savers with this message were placed on all Trust PCs. Mrs Pullins assured the committee that in her executive role she had robust processes in place to manage professional misconduct and potential misconduct.<br><br>Mr Martin advised the committee that the Trust was retaining records beyond the timeframe of the Trust's retention and disposal schedule due to the requirements of inquiries such as the Historical Institutional Abuse Inquiry and the Infected Blood Inquiry.<br><br>Mr Martin updated that in 2024/2025 the Trust achieved 72% compliance with FOI response timeframes and 80% compliance with SAR response timeframes. | |
| **6.4** | **Quarterly Risk Management Data Report Q1 2024/25**<br><br>Dr Jenkins presented the Quarterly Risk Management Report. Dr Jenkins advised that the themes and trends within the Quarterly report were reflective of those in the Annual Risk Management Data Report.<br><br>Dr Jenkins noted that a second Never Event of a retained foreign object following a surgical procedure was notified to SPPG for SAI review in Q1. A Never Event for a retained foreign object after surgical procedure was also noted to SPPG in the previous quarter. | |

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| **6.5** | **<u>Annual Risk Management Data Report 2024/25</u>**<br>Dr Jenkins provided an overview of the Annual Report.<br><br>Dr Jenkins noted a 20% increase in Reported Incidents across a 3-year reporting period with the top 5 reporting incidents types remaining largely the same. There were 89 SAIs notified to SPPG in 2024/2025, with 46% of these from MHLDPS Division. There are 74 overdue SAIs at the close of 2024/2025, with the longest of these overdue by 104 weeks.<br><br>58 Medical and Professional Negligence Claims were received during 2024/2025with 29 claims settled at a cost of £9.7 million. The highest damages paid were for the incident types of pregnancy and childbirth, medication errors and failure to act on abnormal blood test results.<br><br>39 Employer Liability claims were received during 2024/2025. 28 Employer Liability claims were settled with damages of £770,000. 45 Coroner's Cases were opened in 2024/2025.<br><br>Dr Jenkins highlighted that a number of complaints had converted to SAI review which was encouraging as it demonstrated a culture of openness and a commitment to learning fully from complaints. Mr Rice noted that a significant number of complaints are in relation to the administration and prescribing of medications and the failure to react to the deteriorating patient<br><br>Mrs Pullins advised that a Deteriorating Patient Group was established and commenced work last year. This group has been revigorated. The Deteriorating Patient Group has developed an Early Warning Score skill programme which should address this area. The Resus Training Officer is also involved in this training and this is linked to the Safety Quality Improvement Plan (SQIP).<br><br>Mr Rice asked if failure to react to the deteriorating patient was related to inability or nervousness in escalating concerns when required. Mrs Pullins advised that this was not a reason for the delay but rather research shows an inability to calculate the Early Warning score or that often staff underestimate the seriousness of a situation. She felt that Encompass will improve this as patient data will be easier to interpret and more comprehensive than the previous written record.<br><br>Mr Rice asked in terms of Medical Professional Negligence is there an understanding of who has been involved in a case for accountability. Dr Jenkins advised that a systems approach is taken and the events leading to an incident are assessed in identifying learning. Processes are in place to manage gross professional negligence. | |

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| | Ms Diffin asked if there was any concern regarding the increase in Surgical and Clinical Division coroner's cases in 2024/25. Dr Jenkins advised that there was no particular concern. | |
| **7.0** | **STANDARDS, COMPLIANCE AND REGULATION STEERING GROUP**<br>**Steering Group Feedback Report** | |
| **7.1** | Mrs Pullins presented this report to the committee. Mrs Pullins highlighted the Licenses and Accreditations Report. It was discussed and agreed that in future this report would be considered in detail at the Standards, Compliance and Regulation Committee and only reported by exception to the Outcomes and Assurance Committee. | |
| **7.2** | **RQIA Bi- Annual Report**<br>Dr Jenkins presented this report to the committee.<br><br>Mrs Diffin noted there were recurring themes in areas for improvement across Care Homes and asked if it was possible for Care Homes to work together on these. Mrs Spence advised that changes made to the management structure within the Community Care division has allowed clear lines to be established to identify and share learning across homes.<br><br>It was noted that an area for improvement was the processes in place for implementation and review of restrictive practices. Ms Dargan stated that this was wider than physical restraint and practices such as withholding a patient's mobile phone would be included in this.<br><br>With regard to radiology inspections, it was noted that radiology currently has 12 unfilled Consultant posts and this has resulted in a reporting delay. Steps are being taken to recruit additional Consultants, including consideration of expanding international medical recruitment efforts. | |
| **7.3** | **Medicines Optimisation Innovation Centre Annual Report**<br>Dr Jenkins presented this report and commended the work of the team and approach to collaborative working. Dr Jenkins noted that the team had presented their work at the All-Ireland Medicines Safety Conference. The group contributed to regional work in the area of heart failure that has led to recommendations for the heart failure service in NI. All members agreed that this report should be approved.<br><br>Ms Diffin noted that this was an outcomes focussed report, with outcomes for the population of Northern Ireland and asked that the thanks of the committee be passed to the team. | |

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| **7.4** | **Annual Adoption Report**<br>This report has been deferred to the next quarter. | |
| **7.5** | **Annual Assurance Report on Independent Sector Domiciliary Care**<br>Mr Martin presented this report and referenced the Block Pilot project and explained in this pilot that contracts are based on home care outcomes rather than tasks and times. Mrs Spence advised that the upcoming Trust Board workshop will focus on Home Care reform which will include an update on the Block Pilot. | |
| **7.6** | **Acute IS Contracts Annual Report and Waiting List Initiative. (Independent Sector and In-House) End of Year Report**<br>Mr Martin summarised the report and key points. He advised that the Trust's funding in 2024/2025 for waiting list initiative (WLI) work was £17 million. Ms Gray asked if this £17 million is ring fenced. Mr Martin confirmed that this funding was protected and that the total value of the Direct Award Contracts (DACs) was 26.5 million.<br><br>Mr Martin directed the committee's attention to the Risks and Issues set out in the report. The Trust's procurement of Independent Sector healthcare services is completed by Direct Award Contracts in the absence of the formal Pseudo Dynamic Purchasing System, previously in place by the DoH. Mr Martin advised that the Trust is at risk of legal challenge and this has been raised with the DoH at the Procurement and Supply Chain Partnership Board. | |
| **7.7** | **Quality Assurance Report on Independent Care Home Provision**<br>Mr Martin presented this report. Mr Martin noted that this sector is under significant pressure due to the availability of Nursing Homes, with the closure of a further 2 homes during this reporting period. The Trust completed 47 high-cost placement agreements during 2024/2025.<br><br>It was confirmed following discussion that the complaint figures set out in Table 7 of the report were the formal complaints received in the Trust with regard to Care Homes. It was noted that families may raise a complaint or concern directly with the Care Home and these are discussed at contract review meetings. Ms Traub asked that this be clarified in future reports. Mr Martin noted that he would advise the report authors<br><br>Mrs Spence updated the committee on the work of the Care Homes of Concern Group. This group meets fortnightly to consider data from the Care Homes and assesses the performance of Care Homes against indicators such as quality of care, financial accounting and governance. Mrs Spence | |

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| | discussed the Qlik platform and its purpose in using Care Home Data to identify Care Homes of Concern. The Group liaises with RQIA. | |
| **7.8** | **Quality Assurance Annual Report on Community & Voluntary Sector and other Unregulated Services**<br>Mrs Spence presented this report. | |
| **7.9** | **Licences and Accreditation**<br>Dr Jenkins presented the Trust Register for Licences and Accreditations in place in the Trust. He noted that this register has been introduced in response to an Internal Audit recommendation that information on licences and accreditations is reported into the Assurance Framework. This register is presented and discussed at the Standards, Compliance and Regulation (SCR) Steering Group. Ms Diffin noted that she was content that the register is considered at SCR and reported by exception to this committee. | |
| **8** | **SAFETY AND CARE QUALITY STEERING GROUP** | |
| **8.1** | **Feedback Report**<br>Dr Jenkins presented this report and highlighted the key feedback report areas. Dr Jenkins updated that Encompass are continuing work on the build to address risk with regard to resuscitation status and DNACPR (Do Not Attempt Cardiopulmonary Resuscitation).<br><br>It is expected that the Encompass Morbidity and Mortality (M&M) Pathway should be completed by the middle of November.<br><br>Dr Jenkins noted the RQIA recommendation that a NED be nominated to act as a Maternity Services Champion is outstanding. Ms O'Reilly agreed to take forward to seek a nomination.<br><br>Dr Jenkins advised the PEN (Parenteral and Enteral Nutrition) group still does not have a sub-chair due to lack of capacity within job plans. Mrs Pullins advised that in terms of NICE Guidelines a Nutrition Nurse Specialist should be in post. In the meantime, a Gastroenterology Consultant is advising regarding Policy and Standards and the Biochemistry Lab can assist. | **Ms O'Reilly** |
| **8.2** | **Complaints and Compliments Quarterly Report**<br>Dr Jenkins noted this report. | |
| **8.3** | **Complaints and Service User Feedback Annual Report**<br>Dr Jenkins presented this report for the approval of the committee.<br><br>Dr Jenkins advised that from the period 1 Apr 24 - 31 Mar 25 there were a total of 7,067 compliments received, an increase from the | |

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| | previous year (5827). 979 complaints were received across the same period (854 previous year). 20 complaints were escalated to SAI and 100% of complaints were acknowledged within the 2 working days timescale. There were 12 Independent Sector Complaints, 3 Children's Order Complaints and 41 Ombudsman Cases.<br><br>Dr Jenkins acknowledged the fact that 20 complaints had converted to SAI compared to the year before (3). This suggests a positive learning culture.<br><br>Dr Corr felt that the number of Independent Sector Provider Complaints was low. Mrs McAleese advised that in the case of Independent Sector Provider complainants have the opportunity to resolve the complaint at the first line instead of going down the formal complaint process route.<br><br>Mr Turley asked if complainants are entitled to go to the Ombudsman if they are not satisfied with the response from the Trust. Mrs Pullins confirmed this. It was agreed that the Annual report would be updated to reflect this. It was agreed this report was approved subject to this amendment. | |
| **8.4** | **<u>Safety & Quality Improvement Plan</u>**<br>Mrs Pullins advised this has been deferred to the next meeting in December. There is a workshop planned for October and 11 themes have been identified from the Learning for Improvement Group meetings. | |
| **8.5** | **<u>Safety and Quality Letters / Correspondence Annual Report</u>**<br>Dr Jenkins summarised the report. Dr Jenkins noted that 55 of the Safety and Quality Letters/correspondence had been closed, with a further 12 to be closed. Outstanding items including the Valproate action which has been challenging to close. Mrs West noted that regular updates are provided to SPPG on outstanding items. | |
| **8.6** | **<u>Patient Involvement and Experience Quarterly Report</u>**<br>Mr Martin shared the report for noting and advised that workshops are planned for the year end. | |
| **8.7** | **<u>MBRRACE Maternal Mortality Report 2024.</u>**<br>Mrs Pullins presented the report and its findings. The report looked at UK and Ireland trends in Maternal death 2020-2022. VTE continues to be the leading cause of maternal death and is now more than twice that of any other direct cause of maternal death.<br><br>Mortality rates amongst expectant mothers are significantly higher for those living in areas of deprivation. Mothers of ethnic | |

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| | backgrounds are also at greater risk of Maternal death. Health inequalities should be addressed to enable improved access to healthcare for these vulnerable groups.<br><br>The majority of women who died of Thrombosis were in their first trimester of pregnancy so early intervention and care are crucial to prevention.<br><br>Mrs Pullins advised that there have been two maternal deaths in the Trust, and the Renfrew Report addressed these and recommended actions. Mrs Diffin agreed that the rising maternal death rate is concerning. She commented that maternity care is something that is well highlighted by the media. Mrs Pullins advised that due to the increased complexity of births there are challenges to be aware of. Mothers now have increased choice regarding their births and some can involve a doula. These rights have to be respected in line with the regulatory guidance. | |
| **9**<br>**9.1** | **GOOD GOVERNANCE STEERING GROUP**<br>**Feedback Report**<br>Mr Graffin presented this report and highlighted the key points. There has been substantial work completed by Emergency Planning and IT teams to design a Business Impact Analysis template and process.<br>Transport have reduced their carbon output by 70% since introducing vehicle tracking.<br>Body Worn Cameras have been introduced in ED to reduce the risk of violence against staff. These haven't as yet had to be switched on.<br><br>Information Governance Action Plan for 2025/27 will address 6 areas of improvement.<br><br>The Trust has submitted the Cyber Assessment Framework (CAF) return. The Competent Authority (CA) has returned queries to the Trust.<br><br>NI Adverse Incident Centre is closing and reporting for medical devices is moving to MHRA (Medicines and Healthcare products Regulatory Agency)<br><br>Annual audits of endoscopy decontamination processes are underway with Causeway DPU completed and awaiting their report. Research and Development have presented a paper to SMT in relation to the future plans for a research centre.<br><br>Civil Aviation Publication 1264 Standard regarding search and rescue is being reviewed to consider if the Trust will adopt it. A Policy is being developed for Search and Rescue. | |

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| | The Trust's Climate Change Risk Assessment is due in March 2026. Further guidance is needed to determine the Executive Director Lead. | |
| **9.2** | **Fire Safety Annual Report**<br>Mr Graffin advised that the Trust has a legal duty to ensure that premises and staff are compliant with fire safety legislation. The Trust Fire Safety and Evacuation Planning Group meet regularly to ensure standards are met.<br><br>The Evacuation Exercise Programme recommenced during the period of the report with several successfully completed across acute and community facilities. Overall Fire Drill compliance across all facilities increased significantly from 68 to 92% during the period. The Trust are working closely with NIFRS to complete site visits and to benchmark against other Trusts.<br><br>Any areas with low Fire Training compliance will be offered Out of Hours Training. Walk in Wednesdays have also been introduced to improve awareness. | |
| **9.3** | **Emergency Planning & Business Continuity Annual Report and Emergency Preparedness and Response Annual Report to PHA/SPPG**<br>Dr Jenkins presented these reports. It was discussed if these reports could be amalgamated in future. Dr Jenkins will discuss this with the team. Dr Jenkins highlighted his concern in relation to the impact of current service delivery pressures on the Trusts ability to implement its Major Incident Plan if required to do so. It was agreed that this matter would be escalated to Trust Board.<br><br>Ms Mackenzie asked if the new standard for 2024/25 relating to a Chemical, Biological, Radiological and Nuclear (CBRN) attack could be clarified as to whether the Trust is Non-Complaint or Partially Complaint. This query will go back to the authors of the report.<br><br>Ms Diffin asked if there was any learning for the Trust from the Southern Trust's recent Major Incident. Mr Martin advised that there will be learning for the Trust in how the Southern Trust's Encompass Business Continuity Planning arrangements worked. This will be discussed regionally.<br><br>The Emergency Preparedness and Response Annual Report to PHA/SPPG report was approved. | **Dr Jenkins**<br><br>**Dr Jenkins** |
| **10**<br>**10.1** | **REFORM AND QI PROGRAMME BOARD**<br>**Feedback Report** | |

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| | Mr Martin presented this report. Mr Martin advised that the Reform Programme is progressing well.<br><br>Mr Martin advised that a proposal for an additional 20 bed ward in Whiteabbey hospital for intermediate care will not progress this year. Mrs Spence advised that she will provide an update on this at the Trust Board workshop. Mrs Spence was asked to provide information on the impact and risk regarding this. | |
| **11**<br>**11.1** | **ITEMS FOR ESCALATION AND FEEDBACK REPORT TO TRUST BOARD**<br>It was agreed that two matters will be escalated;<br>Encompass Reports and the challenges this presents to the Trust and the Trust's ability to manage a Mass Casualty Incident given the level of sustained pressures. | **Mrs Diffin**<br>**Ms Traub** |
| **12.** | **ANY OTHER BUSINESS**<br>Mrs Pullins mentioned that the pH code for Low Molecule Heparin needs amended for reporting Inappropriate Prescribing Incidents. This will be notified to Pharmacy | |
| **13.** | **Date of next meeting**<br>Thursday, 11th December 2025 at 09.00 in the Boardroom, Trust Headquarters, Bretten Hall | |
| **14.** | **Close** | |

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