Northern Health and Social Care Trust
Feedback Report to Trust Board

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:	22nd January 2026

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***
	X			

Summary of Committee Business

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

20250918_Minutes Outcomes and Assu

A copy of the draft minutes of the Outcomes and Assurance Committee meeting held on 11th December 2025 are enclosed.

20251211_Outcome s and Assurance Cor

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 11th December 2025.

The following report was deferred until the March 2026 meeting:

- Nursing and Midwifery Quality Report.

The following reports were deferred for a second time for the following reasons:

- Annual Adoption Report 2024/2025: the Department of Health has asked for a revised layout for this report. This report will be presented to the Committee once the new format has been agreed regionally.
- Safety and Quality Improvement Plan: following implementation of encompass it has not been possible as yet, to download the information required onto a dashboard to complete this report.

The following reports were approved by the Committee:

- Principal Risk Document, including detailed discussion on:
  - Principal Risk ID 324 Healthcare Associated Infections
  - Corporate Risk ID 700 Radiology

- Clinical and Social Care Audit (Including NICE) Annual Report

The following reports were presented to the Committee for Assurance:

- Cycle of Reports
- Quarterly Risk Management Data Report, Quarter 2: 2025-2026
- RQIA Activity Bi-Annual Report
- Complaints and Compliments Quarterly Report
- Safety and Quality Performance Report
- Patient Involvement and Experience Quarterly Report
- Infection Prevention and Control Annual Report (including Water Safety Plan)
- Standards, Compliance and Regulation Steering Group Feedback Report
- Safety and Care Quality Steering Group Feedback Report
- Good Governance Steering Group Feedback Report
- Reform and QI Programme Board feedback Report

An updated Cover Sheet was approved for use with Reports being presented to the Committee.

Items for Escalation to Trust Board

Cervical Screening

The Committee noted the update from the Standards, Compliance and Regulation Steering Group in respect of the Trust's Cervical Screening Programme. The following concerns were noted :

- Growth in colposcopy waiting list backlog with WLI funding not available due to deficits in core capacity following encompass implementation. Recurrent funding is being sought via the SPPG's Elective Care Framework.
- Lack of Cervical Screening Programme Lead has arisen since the retirement of the previous postholder coupled with the retraction of the funding as part of the move of the laboratory element of the service to BHSCT. Repatriation of the funding to the gynae service is being requested by NHSCT.
- The lack of a Cervical Screening Programme Lead means
  - Multi Disciplinary Meetings have been stood down contributing to a backlog of cases

- the Cervical Screening Programme Board has been stood down with the potential for a gap in oversight

The Committee noted the plan for the Director of Surgery and Clinical Services and the Director for Womens Health and Paediatrics to meet urgently to develop a short-term action plan.

Escalation Beds to Support Unscheduled Care Pressures

The Committee noted that a risk assessed decision had been made at a time of extreme escalation in Antrim Emergency Department to temporarily create a small number of inpatient beds (n=5) adjacent to fire doors. The decision was risk assessed jointly by the Executive Director of Nursing and Director of Operations and was continued to be risk assessed daily. The beds were utilised for the shortest time possible and on one side of a fire door, ensuring that the other side remained clear to support evacuation in the event of a fire. Daily checks were undertaken to ensure that there are no obstructions that would prevent horizontal evacuation in the event of a fire.