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 Gillian Traub, Director of Operations
Lead Director:	Gillian Traub, Director of Operations
Presented By:	Carol Diffin, Non-Executive Director
Date of Meeting:	22nd October 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 June 2026 are enclosed for noting.

20260618_Outcomes and Assurance Cor

A copy of the draft minutes of the Outcomes and Assurance Committee meeting held on 17th September 2026 are enclosed.

20260917_Outcomes 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 17th September 2026.

The Committee reviewed and approved the Terms of Reference

The Committee received a presentation from Maternity Services regarding the increase in C Section infections. The Committee requested further detail and it was agreed that this would be brought into the Patient Safety Committee in October.

The following items were deferred to the December 2026 meeting:

- **Annual Adoption Report 2025-2026.** This report was deferred due to the delay in finalising a new regional template.
- **Complaints and Compliments Annual Report 2025-2026.** This report was deferred due to a delay in agreeing a regional reporting template which will take into account the change on Policy and Procedure mid-year.

It was agreed by the Committee that the following report would be stood down

- Cervical Screening Annual Report.

  Dr Gardiner advised the Committee that due to significant changes to data collection, regional pathology arrangements and HPV screening processes, the historical annual cervical screening report could no longer be produced in a meaningful or comparable format. The Public Health Agency has confirmed that laboratory performance assurance should now be managed through regional arrangements.

The following reports were approved by the Committee:

- Principal Risk Document- There are 11 Principal Risks all of which had been reviewed and updated since the previous Committee meeting. Two risks were presented for de-escalation although it was agreed that the decision in respect of these would be deferred until the next meeting. It was agreed that any risk being presented for either escalation to or de-escalation from the Principal Risk Register should have an accompanying explanation outlining the reason.
- The following two Corporate Risks were discussed in detail
  - Corporate Risk ID 1287 Assessments under the MHO undertaken by RESWS
  - Corporate Risk ID 1347 Delays in Implementation of Cellular Pathology Contract

- Corporate Risk Register – two new risks were approved by the Committee for adding to the Corporate Risk Register
  - ID 1491 - If encompass is unavailable during unplanned downtime and Nursing and Midwifery preparedness is low, then staff may lack clear processes and access to information, resulting in delayed care leading to harm to patients and patient record IG risks.
  - ID 1492 - If BAU pressures and limited backfill reduce the availability of key HR and Finance staff to support the Equip Programme, then the Trust may be unable to effectively prepare for and implement Equip releases, resulting in reduced organisational readiness.

- Medicines Optimisation Innovation Centre Annual Report 2025-2026
- Involvement and Experience Annual Report 2025-2026
- Fire Safety Annual Report 2025-2026
- Emergency Preparedness & Response- Annual Report to PHA/SPPG 2025-2026

The following reports were presented to the Committee for Assurance:

- Cycle of Reports
- Quarterly Risk Management Data Report, Quarter 1: 2026-2027
- Model of Complaints Handling Performance Quarterly Report, Quarter 1 2026-2027
- Annual Quality Assurance Report: Independent Sector Home Care Provision 2025-2026
- Annual Quality Assurance Report: Independent Sector Care Home Provision 2025-2026
- Annual Quality Assurance Report Community and \voluntary Sector and other Unregulated Services 2025-2026
- Waiting List Initiative (Independent Sector and In-House) End of Year Report 2025-2026)
- Waiting List Initiative Governance Report (Independent Sector) 2025-2026
- Patient Involvement and Experience Quarterly Report, Quarter 1 2026-2027
- MBRRACE Perinatal Biennial 2 yearly report
- MBRRACE Maternity Mortality Annual Report
- 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

Items for Escalation to Trust Board

There were no items identified for escalation to Trust Board. The extensive assurance provided throughout the meeting and the work undertaken by staff to manage identified risks was acknowledged.