

REPORTING TEMPLATE FOR FEED TO CULTURE AND GOVERNANCE OVERSIGHT GROUP (CGOG)

(NB report updated following CGOG meeting on 14 May 2026)

1. Date of CGOG Meeting where reporting template to be considered	14 May 2026
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2. Reporting from: Feed name (IE CSSG, People & Culture, Governance & Assurance, Medical Leadership)	Governance & Assurance
3. Date of Meeting of Feed (if relevant)	n/a
4. Lead Director for “feed”	Director of Finance

5. Recommendations within “Feed”
<p>DCO</p> <ul style="list-style-type: none"> - 1: Trust Board should consider whether its current governance arrangements provide for a clear enough picture to be built of clinical risk and patient safety <p>Hill/McBride</p> <ul style="list-style-type: none"> - 2: The Belfast Trust must ensure that the Board has clear visibility of areas within the organisation in which there are significant ongoing conflicts, with associated assessments of risk and oversight of the interventions and their effectiveness. - 7: The Belfast Trust should review its Board structure, membership, reporting and consider a programme of Board development. - 8: The Belfast Trust should review and streamline its (clinical) governance reporting and improve the reporting of outcomes.

6. Summary Progress to date against “Feed” recommendations and colour coding for each

Recommendation	Action	Update	RAG status
DCO 1	Trust Board should consider whether its current governance arrangements provide for a clear enough picture to be built of clinical risk and patient safety.	<p>The transition to the new Integrated Governance & Assurance Framework, agreed at Trust Board on 4 December 2025, commenced as planned in April 2026.</p> <p>On 17 April (immediately following the Easter break) the Risk & Governance Division of the Medical Director’s Office published a page on The Loop sharing:</p> <ul style="list-style-type: none"> - a schedule of the agreed meetings dates for the period 2026/27 and 2027/28 - template documents for Terms of Reference, Agenda, Minutes, etc. and - practical guidance notes on the use of these templates and administration of meetings. <p>The publication of these materials is intended to enhance visibility and transparency across all levels of the organisation. They have been shared as <u>draft</u> and all staff have been asked to share feedback in relation to their usability and completeness, while the new framework beds in over Q1 (Apr-Jun 2026).</p> <p>As previously reported, external dependencies that will impact on the completion of the updated Framework document itself include:</p> <ul style="list-style-type: none"> - Completion of a Trust Board workshop on Risk Appetite and revision of the Board Assurance Framework to align with the renewed Trust Corporate Plan and Objectives: the team has obtained BSO Internal Audit Advisory support in relation to the 	<p>ON TRACK</p> <p><i>Target completion date:</i> 30/09/2026</p>

Recommendation	Action	Update	RAG status
		<p>draft document, and the workshop is now scheduled for April 2026 Trust Board meeting.</p> <ul style="list-style-type: none"> - DOH Guidance on Integrated Governance and the new Patient Safety and Quality Committee (unknown release date). 	
Hill/McBride 2	The Belfast Trust must ensure that the Board has clear visibility of areas within the organisation in which there are significant ongoing conflicts, with associated assessments of risk and oversight of the interventions and their effectiveness.	<i>Refer to report presented at meeting on 2 February 2026.</i>	COMPLETE
Hill/McBride 7	7.1 The CEO should review and consider reduction in size of the Executive team.	<p><i>Refer to report presented at meeting on 2 February 2026.</i></p> <ul style="list-style-type: none"> - The Chief Executive will continue to review structures over the coming months, taking account of the recommendations of the recent Korn Ferry review and assessment of HSC Trust executive director structures when these are issued. - This action to remain open / green pending resolution of this key external dependency. 	ON TRACK <i>Completion dependent on external dependencies detailed in update column</i>
	7.2 There should be a review of the Board sub-committee structure and meeting frequency, specifically to ensure that there is a monthly meeting of the Quality and Safety Board sub-committee and templated highlight reports from its Executive led reporting committees.	<p>These actions are incorporated into the implementation of the revised Integrated Governance and Assurance Framework and Risk Appetite Statement, and publication of renewed Trust Corporate Plan and Objectives, referred to at DCO 1 above.</p> <p>Detailed updates will be provided as the dependencies described above are resolved.</p>	ON TRACK <i>Target completion date: 30/09/2026</i>

Recommendation	Action	Update	RAG status
	7.3 There should be a review and rationalisation of reporting groups into a new Quality and Safety Executive committee.		
	7.4 The board assurance framework (BAF) should be reviewed and revised to ensure that it links to the principal strategic risks of the organisation.		
	7.5 There should be a review of the responsibility for and oversight of corporate governance.	To be confirmed – delivery of DCO 1 taking priority at this point in time.	
	7.6 The Board should commence a programme of externally supported development, specifically to revise the BAF, and address risk appetite and board assurance and challenge.	<p>Refer to update re: DCO 1 above.</p> <p>Over February-April 2026, the Risk & Governance Division of the Medical Director’s Office developed a comprehensive draft Risk Appetite Framework and Statement for the Trust. The document is modelled on national best practice guidance. Advice has been sought from BSO Internal Audit on the draft: the advisory opinion received is very positive, and all of the (minor) recommendations have been adopted into the draft.</p> <p>The intention is to conduct a Trust Board workshop will be held in Summer / Autumn 2026 to introduce Trust Board to this material and develop shared understanding and agreement at Non-Executive and Director level of the principles underpinning it this piece of work.</p>	<p>ON TRACK</p> <p><i>Target completion date:</i> 30/09/2026</p>

Recommendation	Action	Update	RAG status
		Workshop date to be confirmed, pending review of the material by new Trust Chair and consideration of an appropriately skilled facilitator for the workshop.	
	Action 7.7 There should be timely publication of accessibly named board papers on the public facing website to demonstrate transparency.	Board papers are now published on the Trust website; issues in relation to accessibility are being reviewed. Action to remain open pending resolution of these issues.	ON TRACK – POTENTIAL DELAY <i>Completion dependent on external dependencies as issue with the system which uploads papers to website</i>
Hill/McBride 8	Action 8.1 Consider whether review of its comprehensive governance reporting could release time for analysis of data for improvement and reporting of outcomes.	To be confirmed – delivery of DCO 1 taking priority at this point in time.	
	Action 8.2 Discuss and review the threshold for declaring a serious incident with the Department of Health.	The Trust continues to engage with the Department of Health in relation to its ongoing regional <i>SAI Redesign Programme</i> ; whereas the Hill/McBride Report indicated this Programme should complete within 6 months, achieving that timescale does not seem feasible at this juncture, but remains within the responsibility of DOH to deliver.	ON TRACK – POTENTIAL DELAY <i>Completion dependent on external</i>

Recommendation	Action	Update	RAG status
		<p>The Trust continues to cooperate with SPPG bi-monthly performance management meetings in relation to management of SAls.</p> <p>This action to be kept under review, pending outcome of the DOH-led <i>SAI Redesign Programme</i>.</p>	<p><i>dependencies detailed in update column</i></p>
	<p>Action 8.3 Ensure that there is regular reporting of benchmarked national audit data to the Quality and Safety committee of the Board.</p>	<p><i>Refer to reports presented at meeting on 2 February 2026 and 13 April 2026.</i></p> <p>Benchmarking will be a standing item at the Patient Safety & Quality Committee meeting. This will ensure greater visibility for Trust Board members, with high level information provided to facilitate enhanced understanding by the Board and the public of the measurement of outcomes. The Medical Director will continue to consider the extent to which benchmarking information could be made publicly available on the Trust website.</p>	<p>ON TRACK Target completion date: 31/03/2027</p>
	<p>Action 8.4 Introduce a quarterly learning from deaths Board report bringing together all sources of learning from deaths.</p>	<p>Within the new Integrated Governance and Assurance Framework, the existing 'Outcomes Review Assurance Group' has been renewed as a 'Mortality Review Assurance Group' at Tier 3.</p> <p>As of May 2026, this Group is revising and updating its Terms of Reference and standard reports; as part of that work, it will oversee the development and submission of an appropriate learning from deaths report to be submitted to the Patient Safety & Quality Committee at Tier 1 (Board Committee). Further update to be provided in July 2026.</p>	<p>ON TRACK Target completion date: 31/03/2027</p>

7. New risks identified, including controls and mitigating actions discussed

None identified since last meeting.

8. Issues requiring escalation to CGOG (if any) and actions proposed for consideration by CGOG

None identified since last meeting.

9. CGOG consideration of the Reporting Template

The Group queried the timeframe for the receipt of guidance from the Department of Health regarding the SAI process. The Trust remains unclear as to this timeframe.

The Group also queried the outstanding issue regarding publication of Board papers, being advised of the ongoing technical issue in the order of presentation, and the action to address this.

10. Trust Board consideration of the Reporting Template