Belfast Health and Social Care Trust
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REPORTING TEMPLATE FOR FEED TO CULTURE AND GOVERNANCE OVERSIGHT GROUP (CGOG)

1. Date of CGOG Meeting where reporting template to be considered	15 June 2026

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"
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 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. - 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

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (02/06/2026 for meeting on 15/06/2026)
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.**	(*Belfast Trusts defined action as*) Develop "Organisational Conflict Risk Register" yielding quarterly Board updates; integrate risk review into Assurance Committee (or new People & Culture Committee) agenda.	Director of Finance	Complete	**COMPLETE – Subsumed into Business as Usual** The Chief Executive and the Medical Director met with Dr Hill and Mr McBride in late 2025. All were satisfied that all areas of concern arising through the Hill/McBride review had been identified and referenced at confidential Trust Board. At the CGOG meeting on 22 January 2025, it was noted that there is now a process in place for the Chief Executive to provide briefings (both public and confidential) to Trust Board, demonstrating that the actions taken on foot of this recommendation are now incorporated into business as usual. By way of illustration, an emerging issue, RESWS, has been discussed at a number of recent Trust Boards, demonstrating that issues are being escalated appropriately to Trust Board.

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7	**The Belfast Trust should review its Board structure, membership, reporting and consider a programme of Board development.**	7.1 The CEO should review and consider reduction in size of the Executive team.	Director of Finance	On Track for achievement	*Refer to report presented at meeting on 2 February 2026.* - 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.
		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.			Refer also to detail provided in relation to **DCO 1** below, regarding implementation of the revised Integrated Governance and Assurance Framework and Risk Appetite Statement, and publication of renewed Trust Corporate Plan and Objectives. Update at 02.06.2026: - New Patient Safety & Quality Committee met for the first time on 29.05.2026 to consider its Terms of Reference and the volume and mode of reporting via its designated Care Quality or *Quality and Safety Executive Committee*. - It was noted that while a monthly meeting may be the suggestion, the inevitable time resource required by the administration of this group and those reporting to it must be taken into account, and realistically it may only be possible to commit to a bi-monthly meeting. It

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					was agreed a b-monthly meeting schedule will be established initially, and kept under review. ***Target completion date: 30/09/2026***
		7.3 There should be a review and rationalisation of reporting groups into a new Quality and Safety Executive committee.			Refer to the update at 7.2 above, and also to detail provided in relation to **DCO 1** below, regarding implementation of the revised Integrated Governance and Assurance Framework and Risk Appetite Statement, and publication of renewed Trust Corporate Plan and Objectives. Update at 02.06.2026: - At the first meeting of the Patient Safety & Quality Committee on 29.05.2026 there was discussion of the appropriate name for the Executive Committee reporting to it; the MDO Risk & Governance Team had erroneously suggested 'Care Quality Committee' on the draft revised Integrated Governance and Assurance Framework structure diagram, but on review and by cross-checking with this recommendations tracker, that has now been corrected to 'Quality and Safety Executive Committee'. - The review and rationalisation of groups reporting to this Committee is well advanced and will be kept under review, to ensure no inadvertent elimination of key reporting into Q2 2026/27.

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		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.			Refer to detail provided in relation to **item 7.6 and DCO 1** below, regarding implementation of the revised Integrated Governance and Assurance Framework and Risk Appetite Statement, and publication of renewed Trust Corporate Plan and Objectives. ***Target completion date: 31/03/2027***
		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.			Update at 02.06.2026 – as per previous update: - 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. - The intention is to conduct a Trust Board workshop in Autumn 2026 to introduce Trust Board to this material and develop shared understanding and agreement at Non-

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					Executive and Director level of the principles underpinning this piece of work. - This will trigger the key next steps, which will be to review and revise the BAF, to align to the new Trust Organisational Priorities (or, the 5 Ps). ***Target completion date: 31/03/2027***
		7.7 There should be timely publication of accessibly named board papers on the public facing website to demonstrate transparency.			Update as at 02.06.2026: **COMPLETE** *Refer to:* *Meetings and minutes | Belfast Health & Social Care Trust website*
8	**The Belfast Trust should review and streamline its (clinical) governance reporting and improve the reporting of outcomes.**	**DCO 1.** The Trust Board should consider whether its current governance arrangements provide for a clear enough picture to be built of clinical risk and patient safety. This is linked to RCS Recommendation 1	Director of Finance	On Track for achievement	Update at 02.06.2026 – consolidating the position described in previous update, and setting direction for coming weeks: At the Corporate Planning workshop that took place on 4 December 2025, Trust Board reviewed and approved a proposed new version of the Integrated Governance and Assurance Framework. On 8 January 2026 it was reported to Trust Board that: 1. The Trust would aim to go-live with the new Framework in April 2026.

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					Update: COMPLETE: The transition commenced as planned in April 2026. And that the Risk & Governance Divison of the Medical Director's office would: 2. Develop a communication resource for chairs, co-chairs, the Executive Team, and Collective Leadership teams inviting engagement on the approved redesign and its planned implementation. This will incorporate the key slides approved by the Trust Board on 4 December, tailoring some content to support the information sharing and implementation process. **Update: PARTIALLY COMPLETE: it is being delivered via a workplan delivered in three broad phases:** **(1) 21.01.2026-31.03.2026:** Detailed slide deck outlining the journey to date and key revisions/new elemets of the framework shared with all directorates, supporting engagement and consultation conducted via presentation and attendance at directorate and divisional meetings and small-group conversations and follow up. **COMPLETE.** **(2) 17.04.2026-30.05.2026: Informed by the feedback gleaned in Phase (1):** New dedicated page published on The Loop, making available draft schedule of meetings for 2026/7-2027/28 (including

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					Chairs and Co-Chairs and other key details), draft guidance documents, and draft templates (agendas, minutes, assurance reports). Feedback sought on these resources, engagment ongoing. **COMPLETE** **(3) 08.06.2026-30.06.2026: Informed by the feedback gleaned in Phase (2):** The Loop will be updated with the confirmed schedule of meetings, and updated guidance documents and templates. **Target for completion: 30.06.2026.** 3. Begin work to update to the current Integrated Governance and Assurance Framework document *(the current version is available on The Loop at the link below,* as a reminder to the team of the document we have in mind)*. This will involve aligning the document to the 5 Corporate Objectives/Priorities (or, 'the 5 Ps') and reaching out to Executive Team members to ask them to re-draft their specific sections of the document. **Update: NOT YET COMMENCED.** It will begin following completion of point 2(3) above. **Target for completion: 31.12.2026** Key external dependencies that continue to impact on the timeline for completion of the updated formal Framework document will include:

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					- Completion of a Trust Board workshop on Risk Appetite (see **item 7.6** above) and - DOH Guidance on Integrated Governance and the new Patient Safety and Quality Committee (unknown release date) **Update:** release date still to be confirmed.
		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.
		8.2 Discuss and review the threshold for declaring a serious incident with the Department of Health.			Update at 02.06.2026 – as per previous update: - The Trust continues to engage with the Department of Health in relation to its ongoing regional SAI Redesign Programme; 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. - The Trust continues to cooperate with SPPG bi-monthly performance management meetings in relation to management of SAIs. - This action to be kept under review, pending outcome of the DOH-led SAI Redesign Programme.

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		8.3 Ensure that there is regular reporting of benchmarked national audit data to the Quality and Safety committee of the Board.			Update as at 02.06.2026 – as per previous update: - Refer to reports presented at meeting on 2 February 2026 and 13 April 2026. - 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. ***Target completion date: 31/03/2027***
		8.4 Introduce a quarterly learning from deaths Board report bringing together all sources of learning from deaths.			Update as at 02.06.2026 – as per previous update: - 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. - 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.

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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
CGOG noted the need for a focus on ensuring specific dates against actions, work which was being progressed in relation to “risk appetite” and the progress which had been made in progressing Trust Board sub-committees within the revised Integrated Governance and Assurance Framework.

10. Trust Board consideration of the Reporting Template