

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

1. Date of CGOG Meeting where reporting template to be considered	13 August 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 (30/07/2026 for meeting on 13/08/2026)
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.	<i>(Belfast Trusts defined action as)</i> 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 – absorbed into Business as Usual <i>Refer to completion update provided on 15.06.2026</i>
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. 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	Director of Finance	On Track for achievement	<i>Refer to report presented at meeting on 02.02.2026.</i> - The Chief Executive will continue to review structures, 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. Update at 30.07.2026: - As previously reported, the Patient Safety & Quality Committee met for the first time on 29.05.2026 to consider its Terms of Reference and reporting lines. It was agreed a bi-monthly

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
		Board sub-committee and templated highlight reports from its Executive led reporting committees.			meeting schedule should be established initially and kept under review. - Given the range of demands on Non Executive, Executive, and Service Directors' time, it has proved challenging to secure the bi-monthly meeting dates; nonetheless, next meeting is now scheduled for 19.08.2026, with consistent bi-monthly dates thereafter. - Work is ongoing to establish information and documentation flows to this meeting. In doing so, the following important developments are being taken into account: - On 18.06 2026 The MAH Inquiry published its final report and recommendations, which include considerations relevant to Clinical and Social Care Governance. - On 29.06.2026 DoH wrote to all Trusts, directing the establishment of the Patient Safety & Quality Committee, enclosing a standardised Terms of Reference. - On 30.06.2026 DoH convened a Quality & Safety Summit. - On 22.07.2026 DoH circulated notes of the Summit, including detailed commitments extending from immediate actions to longer-term ambitions over three to five years. In broad terms, the commitments appear to align with the development of Patient Safety & Quality Committees, and include for example: - o Gap analysis activities.

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
					○ Data quality improvement. ○ The development of assurance reporting capability. - Co-Director for Risk & Governance is reviewing this information in conjunction with what we know about our current resource and capabilities, with a view to providing the Medical Director and Chief Executive with proposals for how to deliver on key commitments and expectations arising from the Summit. 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.			Update at 30.07.2026: The CGOG is asked to note the following points of clarification: - Hill/McBride recommended we establish a <i>Quality & Safety Executive Committee</i>. - We have established this meeting with the name <i>Care Quality Steering Group</i>, to align to the disciplined naming convention of our meetings at Tier 1, 2 and 3 of the new Integrated Governance and Assurance Framework. - The Care Quality Steering Group <u>is</u> an Executive-led meeting as envisaged by Hill/McBride. - The review and rationalisation of groups reporting to this Committee is ongoing, to ensure no inadvertent elimination of key reporting into Q2 2026/27. Target completion date: 30/09/2026

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
		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. 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.
		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 30.07.2026 – 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-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 (the "5 Ps").

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
					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 30.07.2026 – - On 04.12.2025, Trust Board reviewed and approved the revised Integrated Governance and Assurance Framework. On 08.01.2026 it was reported to Trust Board that: - The Trust would aim to go-live with the new Framework in April 2026. Update: COMPLETE: The transition commenced as planned in April 2026. And that the Risk & Governance Divison of the Medical Director's office would: - 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.

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
					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 elements 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 Chairs and Co-Chairs and other key details), draft guidance documents, and draft templates (agendas, minutes, assurance reports). Feedback sought on these resources, engagement 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. This phase is behind schedule, aiming for completion by 14.08.2026 Reason for delay: staff resources stretched in context of publication of MAH Inquiry report,

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
					unplanned and unavoidable staff absences over July-July 2026. Mitigations in place, on track to deliver by 14.08.2026. 3. Begin work to update to the current Integrated Governance and Assurance Framework document (<i>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</i>). 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: - Completion of a Trust Board workshop on Risk Appetite (see item 7.6 above) Update: Workshop date 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.

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
		8.2 Discuss and review the threshold for declaring a serious incident with the Department of Health.			Update at 30.07.2026: - The Trust continues to engage with DoH in relation to its ongoing regional SAI Redesign Programme; whereas it was indicated next steps would be published in June 2026, it is hoped there will be an update in Autumn 2026. - This action remains under review, pending outcome of the DoH SAI Redesign Programme.
		8.3 Ensure that there is regular reporting of benchmarked national audit data to the Quality and Safety committee of the Board.			Update at 30.07.2026 – 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. Update to be provided October 2026. 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 30.07.2026: - Within the new Integrated Governance and Assurance Framework, the existing ‘Outcomes Review Assurance Group’ has been renewed as a ‘Mortality Review Assurance Group’. This group will oversee development and submission of an

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Action Owner	Summary RAG status	Action Update & RAG Status (30/07/2026 for meeting on 13/08/2026)
					appropriate learning from deaths report to be submitted to the Patient Safety & Quality Committee. - The new Mortality Review Assurance Group is scheduled to meet for the first time on 08.09.2026, with a pre-meeting scheduled 11.08.2026 to approve Terms of Reference Target completion date: 31/03/2027

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
Discussion took place in relation to the implementation of the revised integrated governance and assurance framework, including in relation to the Social Care Committee, and the oversight and assurance of safeguarding.

10. Trust Board consideration of the Reporting Template