Belfast Health and Social Care Trust
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MEETING ASSURANCE REPORT

Report for:	Trust Board
Date of meeting:	24 September 2026

Report from:	Patient Safety & Quality Committee
Report date:	28 August 2026
Chair:	Professor Stuart Elborn
Lead Officer / Author:	Sara Templer, Co-Director, Risk & Governance, Quality Improvement
Was the meeting quorate	Yes

Purpose: For Approval / Direction / Oversight / Other	Oversight
If 'Other' please specify:	Not applicable

Aligning to the Belfast Trust Corporate Priorities:

PATIENTS & SERVICE USERS	Being caring and open	✓
PEOPLE	Being kind, professional, and respectful	✓
POPULATION HEALTH & PARTNERS	Being collaborative and inclusive	✓
PERFORMANCE	Being effective and safe	✓
POTENTIAL	Being curious and embracing innovation	✓

Background
Summarise Agenda items as bullet point list, to provide context

- The Patient Safety & Quality Committee met for its second formal meeting and considered assurance, gaps requiring action and matters potentially requiring escalation to Trust Board.
- The Committee reviewed Department of Health correspondence and the updated Terms of Reference, including membership, quorum, meeting frequency and regional alignment.
- The Committee considered the reporting architecture for the new Social Care & Safeguarding Committee, the Patient Safety & Quality Committee forward meeting schedule, transferred Assurance Committee actions and the Patient Safety & Quality Committee workplan.
- Substantive assurance reports were considered from the Medical Director's Office Risk & Governance Division and the Care Quality Steering Group. A readiness update was received from the Health & Safety Steering Group.

- The Committee also considered shared learning, the Board Assurance Framework and Corporate Risk Register extract, and noted that clarification is required in relation to cardiac surgery reporting arrangements.

Decisions and approvals made

Clarify any actions and next steps agreed

- Approved the draft Patient Safety & Quality Committee workplan, subject to small amendments and receipt of a clean dated version on that basis.
- Agreed that the Committee will meet bi-monthly, with six meetings in each calendar year and flexibility for additional meetings where required.
- Agreed amendments to the Terms of Reference, including clarification of membership, Ellen Finlay as
- Deputy Chair, quorum of six comprising three executive and three non-executive members, and reviews after six and 12 months in the first year.
- Agreed that revised Terms of Reference should be circulated for approval by email and then shared with the Department of Health together with the meeting schedule.
- Agreed to retain quarterly MDO Risk & Governance and BAF / Corporate Risk reporting, using April and October meetings for intelligence-led deep dives.
- Agreed that transferred actions from the former Assurance Committee will remain open until each has an owner, due date, clear governance destination and evidence of completion.
- Agreed to revise the February 2027 meeting date because the proposed date would not achieve quorum.
- Agreed that the September 2026 Trust Board assurance report should record the assurance judgements and areas of concern from this meeting.

Important issues discussed

Using the 3-A Assurance Model (Alert, Advise, Assure): separate urgent issues, routine updates, and positive assurance to support decision making and assurance

Alert

Highlight matters requiring immediate attention or escalation

- The Committee recorded PARTIAL ASSURANCE on the BAF and Corporate Risk Register discussion, particularly in relation to Emergency Department pressures and Regional Medical Physics Services.
- The Medical Director's Office Risk & Governance report provided PARTIAL ASSURANCE.
- Continuing gaps include SAI timeliness, completion of related action plans, demonstration of learning, data quality, recovery plans and evidence of impact.
- The Committee noted four wrong-site surgery cases and discussed non-adherence with the WHO checklist and other human factors influencing such errors. No confirmed systemic link was identified, and local work with teams continues.

- The Committee noted that 56 SAIs remained outstanding, with focus on those over 12 months. Some reports submitted to SPPG remained open because associated action plans are outstanding.
- The Committee identified continuing inconsistency in distinguishing assurance ratings from residual risk and in applying risk methodology across strategic and corporate risks.
- A potential disconnect with SPPG was noted, regarding the reporting and closure arrangements for cardiac surgery. Clarification is required before the next meeting.

Assure

Confirm where the committee has received positive assurance

- The Committee received positive assurance that the revised governance framework has established clearer routes for risk review, including the new monthly Risk Validation Assurance Group.
- The Committee welcomed improvement in the MDO report's direction of travel from descriptive activity towards analytical assurance and triangulation.
- The Committee noted focused action on SAIs outstanding for more than 12 months and ongoing work to complete associated action plans.
- The Committee noted successful implementation of model complaints handling, including positive correspondence from the Northern Ireland Public Services Ombudsman, and that compliments significantly outnumber complaints.
- The Care Quality Steering Group has reviewed inherited actions, agreed its Terms of Reference and forward dates, and retained established action-tracking arrangements. The Committee welcomed use of the Alert, Advise, Assure model.
- The Health & Safety Steering Group had established feeder structures around patient risk areas, agreed Terms of Reference and planned its first meeting for 9 September 2026. No specific matter for escalation was identified at this stage.
- The Committee approved a structured workplan that retains existing assurance sources while creating space for deep dives, emerging risks and regulator reports.

Advise

Inform the receiving committee or board of matters that require awareness, but not immediate action

- The Care Quality Steering Group report provided PARTIAL ASSURANCE. Further work is required on medical representation, independent-sector pathways and cross-charging, safety and quality visits, and stronger data, trend analysis and sense-making.
- No assurance judgement was made on the Health & Safety Steering Group because its first meeting had not yet taken place. A substantive assurance report will follow.
- The new Social Care & Safeguarding Committee will meet on 9 September 2026. Its reporting architecture and non-executive input to feeder groups require further definition.
- Work is beginning on a Trust-wide shared learning strategy linked to safety intelligence. The intended approach will map learning sources, metrics and corporate priorities and seek evidence that learning changes practice.
- The Committee supported the suggestion of working towards regional alignment around a core safety and quality data set and learning across Trusts, while retaining a locally effective governance

model. This will be enabled in the medium to longer term by actions committed to by stakeholders to the 30 June 2026 Ministerial Summit on Safety and Quality.
- Whistleblowing will normally report through People & Culture Committee, with patient safety implications referred horizontally to PSQC.
- The next meeting is Thursday 15 October 2026, 14:00–16:00.

New risks identified, including controls and mitigations discussed Record any new risks identified or added to the risk register
No new risk was formally added to the risk register at this meeting. Existing controls and mitigations discussed included the Risk Validation Assurance Group, planned Trust Board work on risk appetite, focused SAI review activity, local work on WHO checklist compliance, and proposed deep dives into areas of heightened pressure or scrutiny.

Issues escalated or referred to another committee or group Identify the name of the receiving forum and detail the issues escalated or referred
• Trust Board: this report records the Committee's partial and limited assurance judgements and the principal areas of concern. No single matter was identified for immediate standalone escalation. • Department of Health: following Committee approval, the revised Terms of Reference and meeting schedule will be shared and comment invited. • Social Care & Safeguarding Committee: RQIA reports relating to social care facilities and relevant safeguarding assurance will follow the agreed social care governance route, with cross-committee visibility where required. • People & Culture Committee: whistleblowing remains within that Committee's route, with patient safety issues referred horizontally to PSQC. This will be facilitated by the non-executive director involvement in these Committees. • SPPG: reporting and closure arrangements for cardiac surgery require clarification.

Recommendations
• Trust Board is asked to NOTE the Committee's assurance judgements: partial assurance for the MDO Risk & Governance Division and Care Quality Steering Group reports; no judgement yet for the Health & Safety Steering Group; and limited assurance for the BAF / Corporate Risk Register discussion, particularly Emergency Department pressures and Regional Medical Physics Services. • Trust Board is asked to NOTE the ongoing work to strengthen SAI timeliness and action-plan closure, assurance reporting, horizontal escalation, shared learning and data triangulation. • Trust Board is asked to SUPPORT progression of a facilitated workshop on risk appetite and core risk-management principles. • Trust Board is asked to NOTE that a revised PSQC Terms of Reference and clean workplan will be finalised through the agreed Committee process.

ENDS