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

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| **1. Date of CGOG Meeting where reporting template to be considered** | 11 September 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"** |
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| DCO<br>- 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<br><br>Hill/McBride<br>- 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.<br>- 7: The Belfast Trust should review its Board structure, membership, reporting and consider a programme of Board development.<br>- 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.** | (*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 – absorbed into Business as Usual**<br>*Refer to completion update provided on 15.06.2026* |
| 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 02.02.2026.*<br>- 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.<br>- 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 | | | Update at 04.09.2026: **COMPLETE**<br>- The Patient Safety & Quality Committee met for the second time on 28.08.2026 (not 18.08.2026 as previously reported; diary challenges required amendment to the date) |

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| | | Board sub-committee and templated highlight reports from its Executive led reporting committees. | | | - The Committee agreed its Terms of Reference, including its sub-structure and meeting frequency.<br>- To note: it has been agreed that the Committee will meet bi-monthly. It is agreed at present that the relevant teams and personnel simply do not have capacity to adequately service a Committee of this nature every four weeks and also deliver meaningful work between meetings, in the context of wider obligations and competing priorities. This will be kept under review. |
| | | 7.3 There should be a review and rationalisation of reporting groups into a new Quality and Safety Executive committee. | | | Update at 04.09.2026: **ONGOING**<br>- The Care Quality Steering Group met for the first time on 29 July 2026 and submitted its first Assurance Report to the Patient Safety & Quality Committee on 28 August 2026.<br>- The Steering Group has reviewed a draft Terms of Reference, including the groups reporting to it. This draft is being updated and is due to be approved at the next meeting scheduled for 30 September 2026.<br>***Target completion date: 30/09/2026*** |
| | | 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.<br>***Target completion date: 31/03/2027*** |

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| | | 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 04.09.2026 – as per previous update:<br>- 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.<br>- 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.<br>- 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.<br>- 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").<br>***Target completion date: 31/03/2027*** |
| | | 7.7 There should be timely publication of accessibly named board papers on the public facing | | | Update as at 02.06.2026:<br>**COMPLETE**<br>*Refer to:* |

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| | | website to demonstrate transparency. | | | *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 04.09.2026 –<br>- On 04.12.2025, Trust Board reviewed and approved the revised Integrated Governance and Assurance Framework.<br>On 08.01.2026 it was reported to Trust Board that:<br>1. The Trust would aim to go-live with the new Framework in April 2026.<br>**Update: COMPLETE: The transition commenced as planned in April 2026.**<br>And that the Risk & Governance Divison of the Medical Director's office would:<br>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.<br>**Update: PARTIALLY COMPLETE: it is being delivered via a workplan delivered in three broad phases:**<br>**(1) 21.01.2026-31.03.2026:** Detailed slide deck outlining the journey to date and key |

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| | | | | | 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.**<br>**(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, engagment ongoing. **COMPLETE**<br>**(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.**<br><br>**This phase remains behind schedule; while previously aiming for completion by 14.08.2026, it is now anticipated this will only be possible by the overall target completion date of 30.09.2026.**<br>**Reason for delay:** staff resouces stretched incontext of publication of MAH Inquiry report, unplanned and unavoidable staff absences over |

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| | | | | | June-Aug 2026. Mitigations in place, on track to deliver by 30.09.2026.<br><br>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**<br><br>Key external dependencies that continue to impact on the timeline for completion of the updated formal Framework document will include:<br>- Completion of a Trust Board workshop on Risk Appetite (see **item 7.6** above)<br>**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. |
| | | 8.2 Discuss and review the threshold for declaring a serious | | | Update at 04.09.2026 – as per previous update: |

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| | | incident with the Department of Health. | | | - 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.<br>- 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 04.09.2026 – as per previous update:<br>- Refer to reports presented at meeting on 2 February 2026 and 13 April 2026.<br>- Benchmarking will be a standing item at the Patient Safety & Quality Committee meeting.<br>- 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.<br>- 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.**<br>***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 04.09.2026 – as per previous update:<br>- 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 appropriate learning from deaths report to be |

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| | | | | | submitted to the Patient Safety & Quality Committee.<br>- The new Mortality Review Assurance Group is scheduled to meet for the first time on 08.09.2026<br>***Target completion date: 31/03/2027*** |

| 7. New risks identified, including controls and mitigating actions discussed |
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| None identified since last meeting. |

| 8. Issues requiring escalation to CGOG (if any) and actions proposed for consideration by CGOG |
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| None identified since last meeting. |

| 9. CGOG consideration of the Reporting Template |
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| CGOG noted in particular the further updates on the implementation of the revised integrated governance and assurance framework. |

| 10. Trust Board consideration of the Reporting Template |
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