Belfast Health and Social Care Trust caring supporting improving together	**Paper Ref. Num.** 2026.09.24_TBP_AgendaItem12_P254-UpdateonImplementationOfIGAF ***Note:- To be completed by HQ meeting organiser***

Belfast Health & Social Care Trust Meeting Template Sheet (v050526)

Title of paper (Maximum of 300 characters) **Progress Update: Implementation of the Revised Integrated Governance and Assurance Framework – as at 11.09.2026**		
Purpose of paper	For Oversight	
If other purpose please specify	Please enter text here	
Meeting TB Public		
If other meeting please specify	Please enter text here	
Rationale for confidential consideration (if applicable)		
Presenter	**Chris Hagan**	
Date of meeting	24 September 2026	
Background (Maximum of 1500 characters) Please refer to the attached paper.		
Date considered at Exec Team (If Applicable)	n/a	
Options for consideration (Maximum of 1500 characters) n/a		
Recommendations (Maximum of 1500 Characters) Trust Board are asked to note the update report		
Proposed Onward Consideration	Later Agenda	
If other		

Note:-
Any papers accompanying this template should not exceed 10 pages in length.
Please ensure when submitting papers that

1. ***Orientation of paper is set so that the content of the paper can be read***
2. ***Embedded documents should be [provided a separate attachments***
3. ***Append any papers to this coversheet starting on the next page***

Insert/Copy/Paste any additional information from this point

Progress update: Implementation of the Revised Integrated Governance and Assurance Framework

1. The Trust continues to make good progress in implementing the revised Integrated Governance and Assurance Framework approved by Trust Board at its workshop on 4 December 2025.

2. Since implementation commenced in April 2026, the proposed structure has been tested through engagement with Executive Directors, Co-Directors, Service Directors and governance leads across the organisation. As a result, a number of practical refinements have been made to the original design to reflect operational learning and to ensure that governance arrangements support effective oversight, assurance and escalation rather than simply replicate historic structures. The most recent iterations of the framework reflect these developments, including clearer articulation of Executive Team oversight arrangements and the addition of governance routes identified through consultation and implementation activity.

3. The revised architecture remains aligned to the principles approved by Trust Board in December 2025 and is continuing to evolve as part of a planned implementation and learning process. The current framework is illustrated in the latest governance diagrams, which are included overleaf.

4. All Tier 1 committees and oversight groups within the revised framework have now met at least once, including the newly established Patient Safety & Quality Committee, which has met twice since May 2026.

5. The introduction of this Committee, together with the stand-alone Social Care and Safeguarding arrangements and supporting executive steering groups, represents a significant step towards clearer governance structures, stronger assurance processes and improved visibility of risk, quality and patient safety matters.

6. The Trust notes that formal Department of Health direction regarding establishment of a Patient Safety & Quality Committee was not received until late June 2026, following publication of the MAH Inquiry Report on 18 June 2026. In line with that direction, and the discussions held at the 30 June 2026 Ministerial Summit on Patient Safety and Quality, the Trust has established the Committee well within the Department's expectation that these arrangements be in place by December 2026 and continue to mature during their first year of operation. The Committee itself has recognised that the wider governance framework remains a work in progress and will continue to develop through 2026/27.

7. Alongside governance redesign, significant work has been undertaken to strengthen assurance and risk management arrangements. This includes the introduction of standardised governance documentation and assurance reporting based on the Alert, Advise, Assure (AAA) model; establishment of the Risk Validation Assurance Group to strengthen scrutiny of corporate risks; and development of a draft Trust Risk Appetite Framework which will inform future refinement of the Board Assurance Framework and risk escalation processes.

8. The Medical Director's Office is currently working with all Tier 1, Tier 2 and Tier 3 groups to finalise governance arrangements, including Terms of Reference, reporting routes and meeting schedules. Subject to completion of this work, the Trust intends to publish an updated governance resource on The Loop by the end of Financial Quarter 2 (30 September 2026), providing staff with a single accessible source of information on the revised governance structure, meeting schedules, reporting arrangements and supporting guidance documentation.

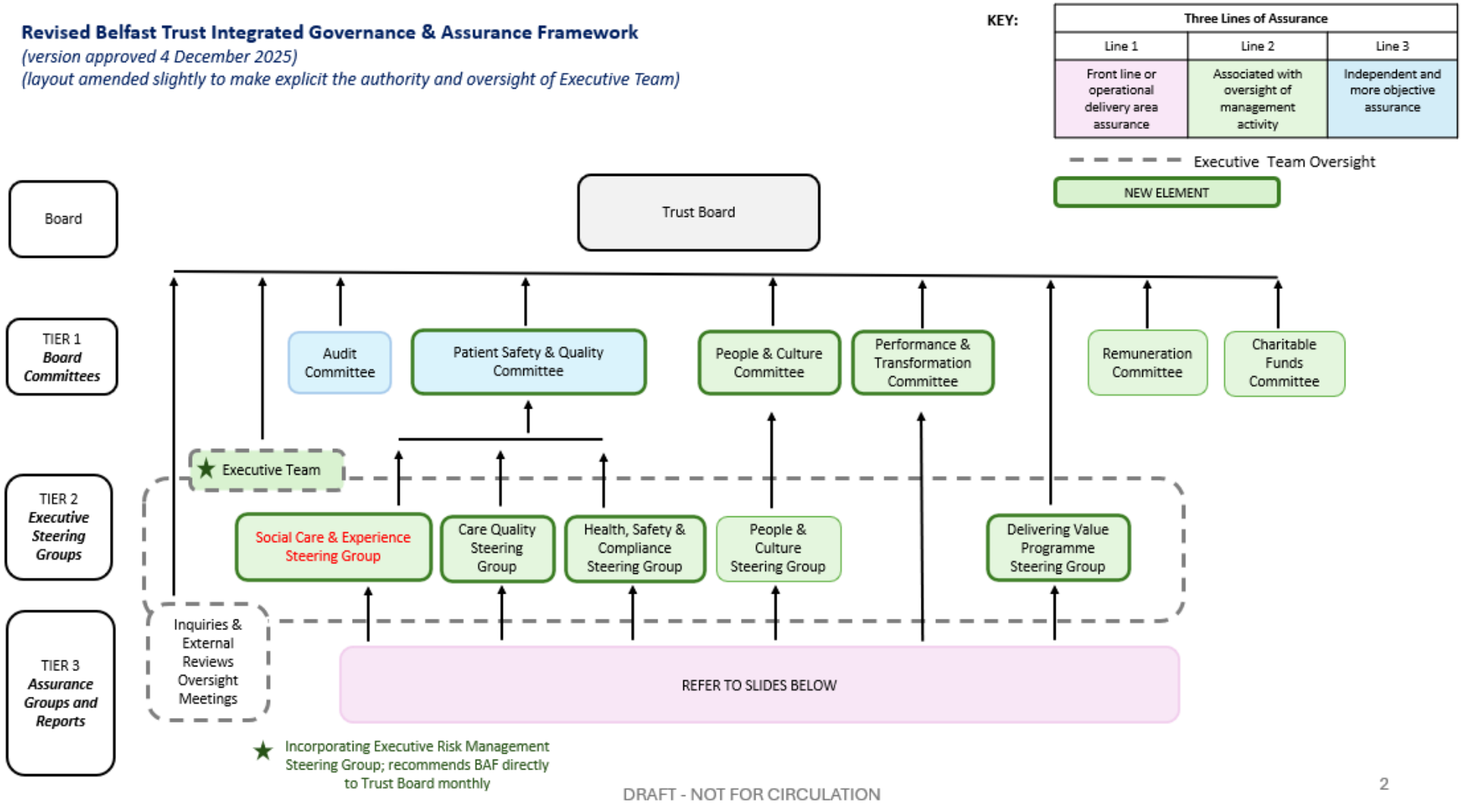
9. Overall, implementation remains on track and is supporting the Trust's wider objective of developing a more disciplined, transparent and learning-focused approach to assurance, governance and risk management, informed by the recommendations of the Hill/McBride Review, the MAH Inquiry and emerging regional patient safety requirements.

PLEASE TURN OVER THE PAGE TO REVIEW THE UPDATED STRUCTURE DIAGRAMS

Revised Belfast Trust Integrated Governance & Assurance Framework

(version approved 4 December 2025)

(layout amended slightly to make explicit the authority and oversight of Executive Team)



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Revised Belfast Trust Integrated Governance & Assurance Framework 2026/2027

Version: 3b

(version 1: approved 4 December 2025)

(version 2: layout amended slightly to make explicit the authority and oversight of Executive Team, and incorporating tweaks further to consultation with Service Directors over Jan-Mar 2026)

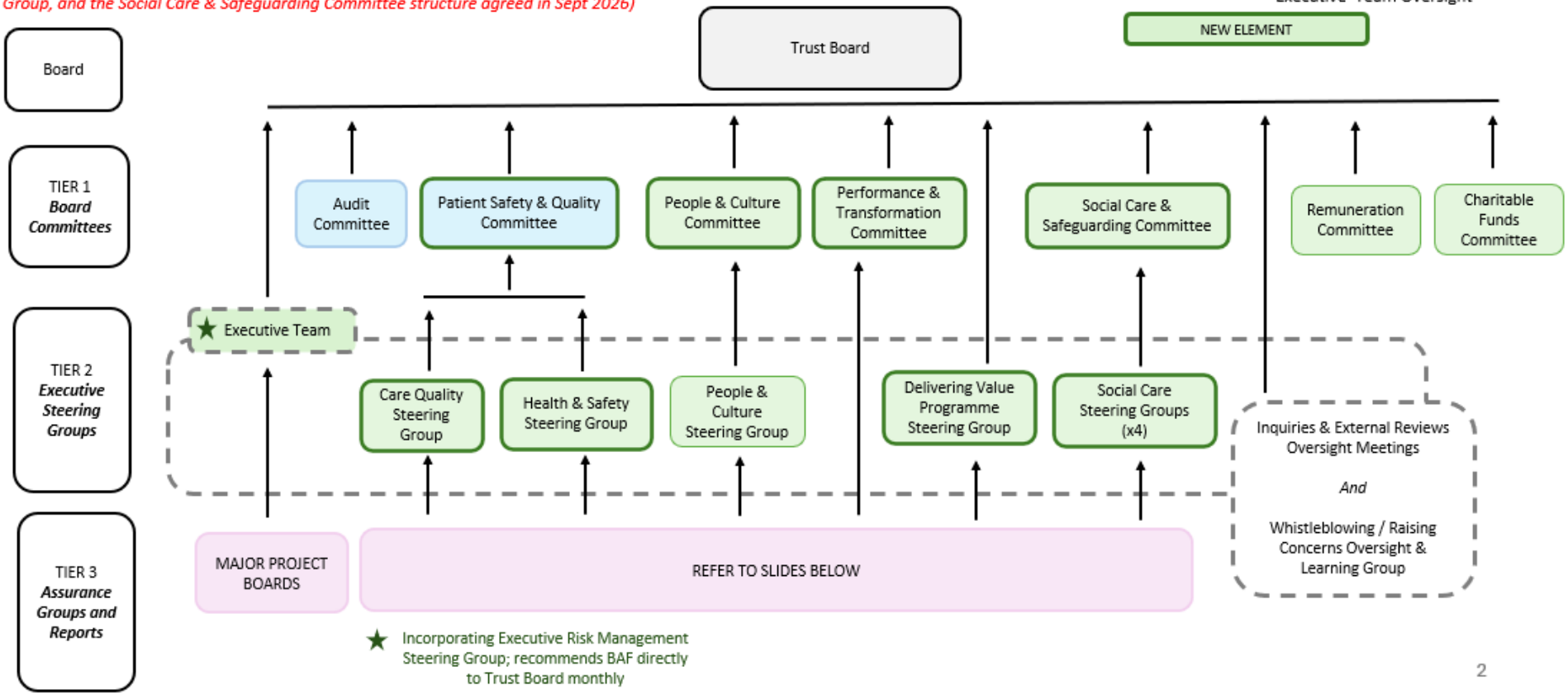
*(version 3: incorporating Major Project Boards, chaired by Senior Responsible Owners (SROs) appointed by DOH via Accounting Officer, which report via Director of Strategic Development **i.e. Exec Team** to Trust Board; and reference to Whistleblowing/Raising Concerns Oversight & Learning Group, and the Social Care & Safeguarding Committee structure agreed in Sept 2026)*

KEY:

Three Lines of Assurance		
Line 1	Line 2	Line 3
Front line or operational delivery area assurance	Associated with oversight of management activity	Independent and more objective assurance

Executive Team Oversight

NEW ELEMENT



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