South Eastern Health and Social Care Trust

ANNUAL REPORT OF BOARD COMMITTEE EFFECTIVENESS: GOVERNANCE ASSURANCE COMMITTEE 2025/26

1.0 Introduction

1.1 As part of the Governance Assurance Committee's Annual Programme of Work, the Committee is required to review its Terms of Reference under which it operates as well as consider its overall effectiveness. The Committee is also required to review the operation of its Programme of Work.

1.2 This Annual Report brings together an overview of the outcome of the Committee's work including a summary of key achievements throughout 2025/26.

1.3 The Report was presented to Members for their consideration at the Committee meeting held on 29 April 2026. Following feedback and approval, the final Report will be tabled at the Trust Board meeting on 27 May 2026.

2.0 Chairperson's Foreword: Mr Norman McKinley MBE (Non-Executive Director)

2.1 At the outset, I wish to commend the dedication and diligence of Trust staff for their individual and collective contribution to safe and effective healthcare delivery over the course of 2025/26. As Chair of the Trust's Governance Assurance Committee, I wish to record my thanks to Committee Members and staff colleagues who continue to make a valuable contribution to our important work.

2.2 During 2025/26, the Governance Assurance Committee further strengthened Board assurance arrangements through improvements to the operation and presentation of the Board Assurance Framework and Corporate Risk Register (BAF/CRR). At the Trust Board meeting held on 28 May 2025, Members approved the 2024/25 Year-End BAF and approved a new draft BAF Risk Document for 2025/26. As Chair, I welcome agreement that – going forward – Trust Board will receive the BAF Risk Document bi-annually – at its May and November scheduled meetings. A key development was the agreement of a Risk Appetite Statement as part of our BAF considered approved for 2025/26 by Members on 30 April 2025 following a Trust Board Development Day held on 20 March 2025. This had been an outstanding element of our overall Risk Management arrangements for some time so was a very welcome achievement. From Q3 2025/26, Directorates have been required to provide a clear rationale for any BAF risks that have achieved their target score but remain on the Register to ensure the BAF continues to reflect only the most appropriate strategic risks. Enhancements also included the development of an Assurance heat map covering all BAF risks to strengthen oversight. Alongside continued embedding of the Integrated Governance & Assurance Framework (IGAF) and improved alignment across Committees, this represents a further maturation of the Trust's governance and assurance arrangements.

2.3 In other developments, 2025/26 saw the implementation of NIPSO's MCHP Model for Complaints Handling as of 1 January 2026. As Chair, I wish to record thanks to the Risk Management and Governance Team for the preparation and ongoing implementation of the MCHP which has been a significant piece of work with no corresponding additional resource. It is my hope the MCHP will prove beneficial to service users in their engagement with the Trust going forward. As a Committee, we also successfully revisited the Scheme of Delegation to confirm our delegated responsibility and clarify our remit in supporting the Board. The Committee welcomed the Independent Verification of the Board Governance Self-Assessment Tool (BGSAT) tabled at Trust Board on 27 August 2025. The Committee also welcomed the launch of RQIA's Being Human Framework (noted at our meeting on 5 November 2025) and will note DoH's Being Open Framework published on 19 February 2026 – both of which have been added to the Trust's External Report Register.

2. 4 Directorate Risk Registers (DRRs) continue to be reviewed by Members on an agreed annual schedule as a means of providing a deep dive and insights into key risk areas across the Trust.

2.5 The Committee is enabled by the detailed work of its primary Sub-Committees – the Corporate Governance Sub-Committee (CGC) and the Safety, Quality, Innovation & Improvement Sub-Committee (SQIIC). I am particularly grateful for the contribution of their respective Chairs throughout 2025/26. I would also like to express my thanks to those Directors who have retired from Trust Board during this past year – namely Mr Charlie Martyn as Medical Director in November 2025, Ms Maggie Parks as Director of Surgery, Elective Care, Maternity & Paediatrics and Mrs Lyn Preece as Director of Children's Services & Executive Director of Social Work as of 31 March 2026. We are delighted to welcome our new Director colleagues – Professor Stephen Kirk, Mr Brian McFetridge and Ms Marie-Louise Sloan respectively – the latter two taking up post at the start of 2026/27. I would also like to acknowledge the important interdependence and collaboration with colleagues on the Audit Committee which has ensured stronger governance as well as effective integrated risk management throughout the year.

2.6 I am satisfied the Governance Assurance Committee has discharged its duties in line with its agreed Terms of Reference and Programme of Work. The Committee will continue to review and refine its Programme of Work to ensure it continues to remain on a strong footing to provide robust assurances to Trust Board and to the Accounting Officer that a sound system of internal control is in place.

3.0 Membership of Committee

3.1 Membership of the Committee comprises all Executive Management Team (EMT) members (11 in total) together with 8 Non-Executive Directors

3.2 The Board Secretary (or their nominee) is in attendance at all meetings to provide the secretariat to the Committee and the Head of Internal Audit is invited to attend meetings as an observer up to twice a year.

3.3 Appendix 1 hereto details the membership of the Committee and their attendance at meetings during 2025/26. 75% attendance is expected of all Members (as per the Governance Controls Assurance KPI).

3.4 Members can be absent for unavoidable reasons. When an EMT member has agenda items before the Committee and has submitted an apology in advance, tabled written briefings are still made available for consideration at the relevant meeting in agreement with the Chairperson and facilitated by the Board Secretary.

4.0 Frequency of Meetings

4.1 Meetings are held on a quarterly basis. During 2025/26, four meetings were held: 30 April 2025, 13 August 2025, 5 November 2025 and 21 January 2026.

5.0 Remit of Committee

5.1 The Committee's remit is reviewed on an annual basis. SEHSCT attended an Accountability meeting with DoH on 3 July 2025 regarding the Governance Assessment of Independent Neurology Inquiry (INI) Recommendations. At this meeting, SEHSCT was advised all Trusts would need a Patient Safety & Quality Committee with the same standing as our Risk and Audit Committee as per the INI recommendations. Following review and in order that the Committee can support Trust Board in obtaining objective assurance that there is a culture of openness, learning and adaptation through the embedding of continuous improvement processes across the Trust, the Committee agreed to seek the renaming of the Committee to the Patient Safety & Quality Assurance Committee as part of the annual review of its Terms of Reference.

A revised Terms of Reference was first considered at the Committee meeting held on 13 August 2025 with a verbal update provided to Trust Board at its meeting on 26 November 2025. A final draft will be tabled at the Committee meeting on 29 April 2026 for approval before being tabled for approval by Trust Board on 27 May 2026.

During the period under review, the Committee agreed to transition from reporting on a calendar-year basis to a financial-year cycle. This change has strengthened the Committee's effectiveness by aligning its reporting, work programme and assurance outputs with the Trust's statutory planning, performance and financial reporting frameworks. As a result, year-end reporting now more clearly reflects the Committee's contribution to corporate assurance, risk oversight and Board decision-making across the full financial year.

A copy of the Programme of Work 2025/26 is attached at Appendix 2 hereto.

Remit	How is this discharged by the Committee	When last performed
The Committee will review the maintenance of an effective system of integrated governance and internal control across the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives. This will include regular review of governance infrastructure (including recommendations where appropriate to ensure on-going efficiency and effectiveness The Committee holds delegated authority to approve named strategies & documents listed in its Terms of Reference	Implementation of the Committee's annual Programme of Work (PoW) including receipt of quarterly reports on Risk Management incorporating detail on Complaints received. Preparation of an Annual Report on the Committee's work and effectiveness. Embedding of Integrated Governance & Assurance Framework (IGAF). Risk Management Strategy Sub-Committee End-Year Reports 2025/26 & PoWs 2025/2026 Revised BAF Risk Document Governance Statement Information Governance Annual Report 2024/25 Coronial & Litigation Services Annual Report 2024/25 Complaints & Compliments Annual Report 2024/25 (also to be approved by Trust Board) Risk Management Annual	PoW considered and approved by the Committee on 22 January 2025 (for 2025) and considered for approval on 29 April 2026/27 (for 2026). Presented to Members on 5 June 2025 and approved by email on 14 June 2025 The IGAF will be reviewed and updated in April 2026. The Strategy had minor revisions made during 2024/25 and full review of the Strategy will be undertaken during 2025/26. End-Year Reports & PoWs approved by Committee on 22 January 2025 Considered in detail and approved at each Committee meeting. Mid-Year Assurance Statement 2025/26 presented on 5 November 2025. Approved by Committee on 13 August 2025 Approved by Committee on 13 August 2025 Approved by Committee on 13 August 2025 and Trust Board on 27 August 2025. Approved by Committee on 13

	Report 2024/25	August 2025
	Health & Safety Annual Report 2024/25	Approved by Committee on 13 August 2025
The Committee will report to Trust Board annually	Preparation of an Annual Report 2024/25 on the Committee's work and effectiveness	Presented to Members on 5 June 2025 and approved by email on 14 June 2025.
<u>The Committee will review</u>:		
The adequacy of the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of Principal Risks & the appropriateness of the disclosure statements.	Quarterly Review of BAF Risk Document/ Corporate Risk Register (CRR) Reports.	Members review and approve the BAF Risk Document/CRR Quarterly Update at each meeting.
	Review of Directorate Risk Register (DRR) Reports on an annual schedule so each Directorate is reviewed.	Members review DRR Reports at each meeting to allow for a 'deep dive' review of Directorate-specific risks.
This will also include the adequacy of the Board Assurance Framework (BAF) Risk Document, the control and assurance mechanism in place, and additional action taken to address gaps in controls and in assurance.		The Committee received quarterly written updates on activity within Care Homes, Home Care, Supported Living, Community Voluntary and Independent Sector. An Escalation Pro-Forma has been in place and rolled out to all other Board Committees.
	Appropriate escalation measures in place.	Examples of the use of escalation was CGC escalating Medical Devices (SET/GAC/42/25) and SQIIC escalating Rise in Pressure Ulcers (SET/GAC/43/25) to the Committee for consideration on 30 April 2025. At the Committee meeting on 13 August 2025, Members considered an Early Alert Notification in relation to Healthcare in Prison and over-population. In addition, the DHIG Sub-Committee escalated Progress of NIS Regulations recommendations (SET/GAC/82/25).

The adequacy of all governance and risk management and control related disclosure statements (including the Governance Statement).	Input to the Mid-Year Assurance Statement and Governance Statement	The Mid-Year Assurance Statement 2025/26 was considered on 5 November 2025 and presented to Trust Board on 26 November 2025. Members welcomed Office of Chief Executive (OCE) commencement of tabling a bi-annual Report on the use of the Trust Common Seal at Trust Board having previously been reviewed for information purposes at CGC. The first Report was tabled at the Board meeting held on 27 August 2025 with the Register scheduled to be tabled in November and May of each year so Members have a mid-year and year-end overview of all relevant transactions.
The adequacy of the policies for ensuring compliance with the relevant regulatory, legal and Code of Conduct requirements (including the Trust's Standing Orders).	Review of Standing Orders Monitoring compliance with the DoH Partnership Agreement.	An agreed final version of the Partnership Agreement was signed in June 2024. The Committee noted the first Engagement Plan covering 2024/25 received from DoH in August 2024 and the 2025/26 Plan in June 2025. Members noted DoH amended its requirement during 2025/26 to see the Annual Statements of Compliance with the Code of Conduct & Code of Accountability for HSC Board Members but SEHSCT will continue to observe the practice for good governance purposes. Members also welcomed the receipt of Board training on Equality & Good Relations obligations undertaking as part of the Trust Board Development Day on 20 March 2025 and notes training on both Raising Concerns and Domestic Violence & Sexual Abuse will be delivered during Q1 2026/27. Members also noted receipt of DoF's Revised Corporate Governance in Central Government Departments – Code of Good Practice NI tabled at Trust Board on 28 May 2025 and HSC Circular (F) 19-2025: Revised Guidance on the

		Acceptance of Gifts and Hospitality tabled at Trust Board on 24 September 2025.
The adequacy of strategies for integrated governance	Embedding the Integrated Governance & Assurance Framework (IGAF).	Following ToR changes anticipated in 2026/27 for this Committee, the IGAF will be updated. Members were briefed on 30 October 2024 on the work of the Sharing the Learning Group established on foot of the IGAF to identify and share learning from a patient safety concern or near miss. Members received updates during 2025/26 including a briefing paper on the identification of QI initiatives from SAIs on 21 January 2026. The Committee sought and received regular updates on progress to ensure the Trust was fully prepared for the implementation of NIPSO's Model Complaints Handling Procedure with effect from 1 January 2026.
The annual PoWs for both the Corporate Governance Sub-Committee (CGC) and Safety, Quality Improvement & Innovation Sub-Committee (SQIIC).	Approval of Sub-Committee annual PoWs.	Both PoWs approved by Committee on 30 April 2025
In carrying out its work, the Committee will primarily utilise the work of Internal Audit. It will also seek reports and assurances from other Committees, Directors and Assistant Directors concentrating on the overarching systems of integrated governance, risk management and internal control together with indicators of their effectiveness.	Receipt and review of relevant Internal Audit Reports on Governance & Risk Management. Via Chair of Governance Assurance Committee (Mr McKinley) and Chair of Audit Committee (Mrs Henderson) sitting on both Governance Assurance & Audit Committees.	Members received a written briefing on an ICO Audit Report of Lakewood Secure Children's Centre (SET/GAC/07&08/26) at the Committee meeting on 21 January 2026. The Report provided only limited assurance on Governance & Accountability and reasonable assurance in relation to Information & Cyber-Security. Members agreed that following the ICO reaudit the finding will be brought back to the Committee The Committee recognised that the management of Clinical Audit and

		Quality Assurance work represented an area of ongoing concern. While actions were being developed to strengthen governance, oversight, and assurance arrangements and to address identified gaps, the Committee acknowledged that further sustained improvement would be required to achieve an acceptable level of assurance. Attendance at Governance Assurance and Audit Committee meetings during 2025/26.
This will be evidenced through the Committee's use of an effective Board Assurance Framework (BAF) to guide its work. The Committee shall have the flexibility to scrutinise in depth particular high risk areas identified through the BAF or other assurance functions.	Embedding the Integrated Governance & Assurance Framework (IGAF).	The Committee received regular updates from the Maternity Services Oversight Group as part of their request for assurance on implementation of the recommendations contained with the Maternity Services Composite Action Plan (CAP). Regular updates were also provided to Trust Board. The Committee sought and received updates how SET is meeting its obligations under the Mental Capacity Act throughout 2025/26 including a written briefing at the meeting held on 5 November 2025 (SET/GAC/92/25) and 21 January 2026 (SET/GAC/20/26).
Other Assurance Functions The Committee shall review the findings of other significant assurance functions (both internal and external to SET) and consider the implications for its governance.	Receipt and review of relevant Internal Audit Reports on Governance & Risk Management. via Chair of Governance Assurance Committee (Mr McKinley) and Chair of Audit Committee (Mrs Henderson) sitting on both Governance Assurance & Audit Committees.	The Committee recognised that the management of Clinical Audit and Quality Assurance work represented an area of ongoing concern. While actions were being developed to strengthen governance, oversight and assurance arrangements and to address identified gaps, the Committee acknowledged further sustained improvement would be required to achieve an acceptable level of assurance.

		Following Member feedback, the Committee established the Independent Inquiry Recommendations Implementation Oversight Group in September 2024 to co-ordinate oversight of the Trust's engagement with recommendations arising from previous independent inquiries including the Hyponatraemia-related Deaths (IHRD) Inquiry and the Independent Neurology Inquiry (INI). During 2025/26, the Committee received regular composite update reports, replacing the separate inquiry-specific updates previously provided, thereby strengthening clarity and assurance. Updates were also provided to Corporate Governance Committee including confirmation in January 2026 that the Trust was fully compliant with the majority of INI recommendations with any remaining actions subject to external or regional dependencies. A Trust Board update was tabled at its meeting on 26 November 2025.
These will include, but will not be limited to, any reviews by DoH commissioned bodies, the Regulation and Quality Improvement Authority (RQIA) or professional bodies with responsibility for the performance of staff or functions.	Consideration to relevant reviews as they become available.	The Framework for Learning and Improvement from Patient Safety Incidents Consultation was launched in March 2025. The Trust responded in June 2025 following and engagement event held on 13 May 2025 with key staff. The Publication of Consultation Analysis Report was shared with the Committee on 29 April 2026. Relevant updates regarding SAI Redesign Framework for Learning and Improvements from Patient Safety Incidents continued to be provided relevant updates throughout 2025/26. A Ministerial Statement was delivered to the NI Assembly in Spring 2026 outlining how the Being Open Framework and RQIA's Being

		Human Framework would be taken forward. During 2025/26, the Committee received regular assurance on the Trust's management of the Serious Adverse Incident (SAI) backlog. Assurance was provided that enhanced executive oversight, agreed submission trajectories with Directorates, and prioritisation of the most overdue cases had strengthened grip, accountability and oversight. While acknowledging ongoing challenges associated with complex and externally dependent investigations, the Committee remained concerned about the scale of the outstanding backlog and the need for further sustained improvement to deliver against DHSS targets. Members were, assured that focused action had improved visibility and control of outstanding SAIs, closed key governance gaps, and put strengthened arrangements in place to support continued improvement into 2026/27. A briefing paper was tabled with Trust Board at its meeting on 28 May 2025.
The Committee will review the work of other Trust Committees whose work can provide relevant assurance to the Committee's own work.	Consideration of approved minutes & End-Year Reports from both Corporate Governance Sub-Committee (CGC) & Safety, Quality Improvement & Innovation (SQIIC) Sub-Committee.	Approved Minutes of each Sub-Committee tabled for noting at the next Committee meeting. 2024/25 End-Year Reports were tabled at Committee on 13 August 2025. Following review, it has been agreed that – for 2026/27 – consideration of the NME Assurance Quarterly Reports and the Social Work Assurance Newsletters would be taken forward by the People & Culture Committee. The Committee's POW for 2026/27 will be updated to

		reflect this change.

5.0 Reporting Arrangements

Reporting Arrangements	How Discharged
Committee deliberations formally recorded and submitted to Trust Board.	Yes: Minutes documented by the Board Secretary (or nominee). Approved Minutes submitted for noting at the next scheduled Trust Board meeting following Committee approval.
Committee Annual Report/Review of Effectiveness submitted to Trust Board commenting on: All items below in section 5.0 of this Report included in Annual Report:	Yes: included in Committee PoW. Presented to Members on 5 June 2025 and approved by email on 14 June 2025.
• Fitness for purpose of the BAF Risk Document	Yes With effect from 2025/26, the Board Assurance Framework and Corporate Risk Register (the Trust's Principal Risk Document) commenced being tabled for approval at Trust Board on a bi-annual basis, to ensure Board visibility and oversight of the Trust's principal risks.
• Completeness and embeddedness of Risk Management	Yes
• Integration of governance arrangements	Yes.
• Appropriateness of self-assessment of Organisational Controls Assurance (OCAG) & other relevant standards.	Yes: OCAG End-Year Position 2025/26 will be presented to the Committee for review at its meeting on 29 April 2026

6.0 Other Matters

Committee should be supported by the Board Secretary Papers and agenda issued in sufficient time for consideration by Members in advance of each meeting.	Yes: Board Secretary (or their nominee) in attendance at all meetings. Yes: Papers issued no later than five days prior to each scheduled meeting date.

7.0 Conclusion

Following discussion at the Governance Assurance Committee on 29 April 2026 and based on the information presented in this Report, Members concluded they were satisfied the Committee had carried out its duties appropriately during the year 1 April 2025 to 31 March 2026.

8.0 Recommendations

There were no recommendations for action following discussion of this report by Members at the Committee meeting held on 29 April 2026-TBC

Appendix 1

Table 1 – Summary of Members attending Governance Assurance Committee Meetings 2025/26

Members		KPI - 75% attendance (2/3 meetings) **Dates realigned to address reporting lag**				
		30/04/25	13/08/25	05/11/25	21/01/26	%
Non-Executive Directors						
Norman McKinley	Chair of Governance Assurance Committee	✓	✓	✓	✓	100
Jonathan Patton	Chair of Trust Board	Apology	Apology	Apology	✓	25
Sheryl Henderson	Chair of Audit Committee /Non-Executive Director	✓	Apology	✓	✓	75
Kieran Donaghy	Non-Executive Director	✓	✓	✓	✓	100
Raymond Havlin	Non-Executive Director	✓	✓	✓	✓	100
Kevin McMahon	Non-Executive Director	✓	✓	✓	✓	100
Siobhan McCauley	Non-Executive Director	✓	✓	✓	Apology	75
Anne Quirk	Non-Executive Director	✓	✓	✓	✓	100
Executive Management Team						
Charlie Martyn *(April & August meetings)* Professor Stephen Kirk *(January 2026 meeting)*	Medical Director	✓ -	✓ -	Apology -	- ✓	50 25
Professor David Robinson	Deputy Chief Executive, Executive Director of Nursing, Midwifery & AHPs and Director of Support Services	✓	✓	Apology	✓	75
Maggie Parks	Director of Surgery, Elective Care, Maternity & Paediatrics	✓	Apology	Apology	✓	50
Clare-Marie Dickson *(April meeting)* Veronica Clelland *(Aug meeting onwards)*	Director of Primary Care & Older People's Services Interim Director of Primary Care & Older People's Services	✓	Apology	✓	Apology	50
Rachel Gibbs	Director of Adult Services & Healthcare in Prison	✓	✓	Apology	✓	75

Claire Smyth	Director of People & Organisational Development	Apology	Apology	✓	✓	50
Roisin Coulter	Chief Executive	Apology	Apology	Apology	Apology	0
Lyn Preece	Director of Children's Services & Executive Director of Social Work	Apology AD attended	Apology	✓	Apology	25
Helen Moore	Director of Planning, Performance & Informatics	✓	✓	Apology	Apology	50
Wendy Thompson	Deputy Chief Executive, Director of Finance, Contracts & Estates	✓	✓	✓	✓	100
Marc Neil	Director of Unscheduled Care, Medicine & Cancer	✓	✓	Apology	✓	75
In Attendance:						
Martine McNally	Assistant Director, Risk Management & Governance/Board Secretary	Apology	✓	✓	✓	75
Valerie Walker	Head of Risk Management Advisory Services	✓	✓	✓	✓	100
Lynda McAree	Head of Information Governance & Litigation Services	✓				25
Fiona Gunn	Assistant Director, Social Work Learning & Improvement	✓				25
Catherine McKeown	Head of Internal Audit		✓		✓	50
Tracey Glover	Risk Management & Governance Adviser (minute taker)		✓	✓	✓	75
Dr Shane McCarney	Assistant Director – Head of Psychological Services, Mental Health – Clinical Psychology/Psychological Therapies			✓		25
Professor Stephen Kirk	Incoming Medical Director			✓		25
Marie-Louise Sloan	Assistant Director, Lakewood, Residential & Leaving Care Services				✓	25

South Eastern Health and Social Care Trust

GOVERNANCE ASSURANCE COMMITTEE PROGRAMME OF WORK – 2025/26

MONTH	COMMIITTEE STANDING AGENDA ITEMS	OTHER ACTVITY
January 2025	**Corporate Risk Register** - Board Assurance Framework (BAF) Risk Document & CRR Q3 24/25 Report **Directorate Risk Registers** - As per schedule **Risk Management** - Quarterly Report - IS Quarterly Report **Governance Assurance Committee** - Programme of Work 2025 **Sub Committees** - SQIIC minutes - CGC minutes - Summary Action plan updates **Updates** - Independent Inquiry Recommendations Implementation Oversight Meeting Group	Approved Minutes to Trust Board
February 2025		
March 2025		
April 2025	**Corporate Risk Register** - Board Assurance Framework (BAF) Risk Document & CRR Q4 24/25 Report **Directorate Risk Registers** - As per schedule **Risk Management** - Quarterly Report - IS Quarterly Report **Sub Committees** - SQIIC minutes - CGC minutes - Summary Action plan updates **Updates** - Independent Inquiry Recommendations Implementation Oversight Group	***Internal Audit to attend meeting*** Consideration of Internal Audit Plan (Governance & Risk Management issues) with Internal Audit Input into the draft Governance Statement Approved Minutes to Trust Board

	- Organisational Controls Assurance (End year position)	
May 2025		
June 2025		
July 2025	**Corporate Risk Register** - Board Assurance Framework (BAF) Risk Document & CRR Q1 25/26 Report **Directorate Risk Registers** - As per schedule **Governance Assurance Committee** - Annual Report of Board committee Effectiveness - Terms of Reference - Board Governance Self-Assessment Tool **Risk Management** - Quarterly Report - IS Quarterly Report - Annual Report **Sub Committees** - SQIIC minutes - CGC minutes - Summary Action plan updates - Annual Work Plans 2025/26 - 2024/25 End of Year Position Reports (including outcomes) - **Updates** - Independent Inquiry Recommendations Implementation Oversight Group	
August 2024		
September 2024		

October 2025	**Corporate Risk Register** - Board Assurance Framework (BAF) Risk Document CRR Q2 25/26 Report **Directorate Risk Registers** - As per schedule **Risk Management** - Quarterly Report - IS Quarterly Report - Risk Management Strategy - Integrated Governance and Assurance Framework **Sub Committees** - SQIIC minutes - CGC minutes - Summary Action plan updates **Updates** - Independent Inquiry Recommendations Implementation Oversight Group - Mid-Year Assurance Statement - Organisational Controls Assurance (Mid-year position)	Comment and input to the Mid-Year Assurance Statement ***Internal Audit to attend meeting*** Approved Minutes to Trust Board
November 2025		
December 2025		
January 2026	**Corporate Risk Register** - Board Assurance Framework (BAF) Risk Document & CRR Q3 25/26 Report **Directorate Risk Registers** - As per schedule **Risk Management** - Quarterly Report - IS Quarterly Report **Sub Committees** - SQIIC minutes - CGC minutes - Summary Action plan updates **Updates** - Independent Inquiry Recommendations Implementation Oversight Meeting Group	Approved Minutes to Trust Board
February 2026		
March 2026		