



**Belfast Health and
Social Care Trust**

caring supporting improving together

Paper Ref. Num. P164-2025

Note:- To be completed by HQ meeting organiser

Belfast Health & Social Care Trust Meeting Template Sheet

| | | | |
|--|--|-----------------------------|--------------|
| Purpose of paper | | For Oversight | |
| If other purpose please specify | | Please enter text here | |
| Meeting TB Confidential | | | |
| If other meeting please specify | | Please enter text here | |
| Presenter | | Alastair Campbell | Tara Clinton |
| Date of meeting | | 06/11/2025 | |
| Title of paper (Maximum of 300 characters) Support and Intervention Level 5 Escalation Cardiac Surgery Review Action Plan Progress Report as of 28 October 2025 | | | |
| Background (Maximum of 1500 characters) BHSC has been placed on Level 5, the highest escalation of the Support and Intervention Framework in response to the DCO Review Report. The Trust and the Cardiac Surgery Unit (CSU) are committed to fully address the 16 recommendations - some are pertinent to the CSU, whilst others have broader connotations for the wider Trust. The attached report encompasses the current status of work being done to address these recommendations. | | | |
| Date considered at Exec Team (If Applicable) | | Enter Date Here | |
| Options for consideration (Maximum of 1500 characters) | | | |
| Recommendations (Maximum of 1500 Characters) Trust Board are asked to consider the contents of the report in terms of their oversight and to provide assurance. Additionally, The Trust Board are asked to approval the sharing of the Cardiac Surgery Action Plan (Approved by TB 04/09/2025, attached Annex 1), Progress Report 1 (approved by TB on 02/10/2025, attached in Annex 2), and Progress Report 2 (below) to Belfast Trust staff. | | | |
| Proposed Onward Consideration | | Please click here to select | |
| 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 as separate attachments
- (3) Append any papers to this coversheet starting on the next page

Introduction

In May 2025, DCO Partners delivered their final outcome report on Cardiac Surgery to the Belfast Health and Social Care Trust. The report provided assurance regarding clinical performance and safety, while also making recommendations to further strengthen clinical assurance and enhance oversight at Trust Board level. Notably, the report highlighted significant concerns related to culture, behaviours, and teamwork within the service, and identified a lack of staff confidence in Trust processes and in the Trust's response to concerns raised by staff.

It has been agreed that the Trust will submit an update on progress to SPPG and Trust Board following each meeting of the Cardiac Surgery Steering Group. This progress report represents the position as of 28th October 2025.

Headline Updates

- Overall progress against the recommendations continues
- Work on a safety report is well advanced and is expected in the middle of November 2025, with the start of a new interim Clinical Director, the service requires more time to review and agree.
- Intensive engagement with Cardiac Surgery staff continues through daily huddles, the Cardiac Surgery Newsletter, introductory meetings with the new interim Clinical Director, a visit from the New Chief Executive, and weekly Mortality and Morbidity (M&M) meetings. While there is positive progress, there also continue to be issues that impact on working relationships within the team. This is being closely monitored.
- A governance oversight group chaired by the Medical Director has been meeting and addressing the appropriate recommendations. Progress will continue to be monitored through these structures and reported into the Steering Group, which is chaired by the Chief Executive.
- The 163 staff members from Cardiac Surgery have attended Respect and Civility, Bystander Training, which equates to: 100% Admin and Clerical, 66% Medical and Dental, 62% Nursing and Midwifery, and 72% Professional and Technical. Additional dates in November 2025 have been identified and will be shared with staff in due course.

Risks and Issues

At this point, there are no new risks or escalations of existing risks beyond those included in the original action plan.

A number of staff members have queried why the action plan has not been shared more widely. The Trust are awaiting confirmation from the Minister for Health on the release of this document for public consumption.

1.0 Cardiac Surgery Oversight Group

Recommendations

Recommendation 5: The Cardiac Unit would benefit from greater connectivity with another unit of similar or larger size. This is to facilitate shared learning, to encourage exchanges and create effective mechanisms to avoid issues or poor practice becoming entrenched.

Recommendation 6: Deaths on Cardiac Waiting Lists should be regularly analysed and included in formal data reviewed by the Board, Health Authority and also externally.

Recommendation 7: Cardiac Surgeons should regularly review their own outcome data in the form of VLAD or CUSUM plots. This in turn should form part of a broader set of analytical data to monitor effectiveness of the Unit including Waiting List deaths.

Progress update

- **Recommendation 5**
 - The team have identified some key areas for benchmarking including the perfusion workforce. Currently there are staffing challenges within the perfusion team, the CD has discussed perfusion workforce shortfalls as not unique to Northern Ireland, suggesting links should be established with the main training facility for perfusion staff in Bristol. This will support the development of training and development strategies, workforce models and registration discussion.
 - The Cardiac Surgery team has welcomed the new interim Clinical Director, he has been meeting staff, attending safety briefs, M&M meetings, visiting clinical areas, and has agreed three key areas of focus for the team which will be incorporated into the Cardiac Surgery service vision. **Safety, Efficiency and Building Trust.**
 - On 15/10/2025 the consultant team met with the CD to further discuss and agree the monthly governance template which will include activity data, quality audit data (deaths on the waiting list, M&M, incidents, complaints/compliments, staff safety metrics and learning).
 - Review of NICOR data (UK wide benchmarking) remains a key focus.
- **Recommendation 6:** A review of deaths on the Cardiac Surgery Waiting list has been completed.

- **Recommendation 7**

- ICNARC data collection commenced in CSICU on 1 October 2025, 1st report will be available for review in January 2026.
- A monthly am or pm Mortality and Morbidity (M&M) meeting has been proposed, a monthly business meeting will also be established for MDT attendance followed by a consultants meeting.
 - Variable Life-Adjusted Display (VLAD) plots and individual outcomes at the monthly meeting
 - Individual surgeon outcome data will be anonymised to support open discussion whilst embedding trust within the team
 - Review of re-admissions within 30 days post discharge, and utilisation of EPIC to review regionally.

2.0 Culture and Civility

Recommendations

Recommendation 3: The Trust should deliver a campaign to emphasise the risks to patient safety from poor behaviours in the workplace.

Recommendation 8: The Trust Board should review how staff are communicated with and steps taken to ensure more opportunities for staff to hear about developments and to contribute their views (focus groups, "town hall" meetings etc.), as well as more time being spent in assessing and thus managing likely reactions to announcements, thus mitigating their effect.

Recommendation 10: There is a pattern of external reviews not being shared widely with staff, possibly due to the mistaken notion that this will stop enmities developing.

Progress update

Group established with clear linkage back to the People & Culture Steering Group to ensure long term embedding of work started by this task and finish group.

- **Recommendation 3**

- Development of an organisation-wide Respect and Civility Framework continues
- Supporting development of a three-year People and Culture Strategy and Plan in partnership with the People & Culture Steering Group.
 - Engagement with a Staff Reference Group to seek input to the Respect and Civility framework and the People & Culture Strategy
- Development of a Belfast Being Open Matrix, adapted from the Department of Health model.
- Development of multi-resource materials to support an open, just and learning culture
- BHSC Leadership Academy is set to launch on 10 November 2025, this resource will be available to all staff in the organisation and will have a wealth of online resource.
- Training and Development

- Targets agreed: 75% of Cardiac Surgery staff trained in Respect and Civility, Bystander training by end October. Final analysis of the current percentage against this target is ongoing and additional training session will be offered in November 2025 to facilitate those who were unable to attend previously.
 - Resources and training opportunities will be extended to the wider Trust following completion of targeted CSU sessions.
 - Trainee Feedback
 - GMC National Training Survey results from 2022–2025 are being analysed to track progress in trainee satisfaction and inform targeted actions.
 - Supervision arrangements reviewed to further strengthen trainee support.
 - Additional information regarding to progress these items will be shared at the next meeting on the 10 November 2025.
- **Recommendation 8:** Future engagement events (including Town Halls) will share updates on the action plan and progress.
- **Recommendation 10**
 - A communications plan is in development, with principles to ensure openness, transparency and clear governance around what is shared and when.
 - This work is currently with stakeholders for review and a specific meeting will be held with the Staff Reference Group for input into this plan, unfortunately the last group meeting was cancelled, it is hoped this will progress in November 2025

3.0 Raising Concerns

Recommendations

Recommendation 2: The Trust should create an equivalent Freedom of Speak Up (FTSU) process across the Trust, with an individual specifically appointed to lead it and overseen by a nominated NED.

Recommendation 4: Raising of concerns should be encouraged as an accepted practice within all management and teaching meetings.

Recommendation 12: Is the Clinical Director role a sole determinant of escalation, in effect a single point of failure still (this was an RCS ISR Conclusion in 2020) in terms of reflecting concerns or raising issues with higher management? If so, this must be changed to allow more than one point of referral for concerns - a key principle of Freedom to Speak Up.

Recommendation 13: Given the behaviours directed at those raising concerns, they should be considered as whistleblowers in order to protect them in law.

Progress Update

- **Recommendation 2**
 - The Raising Concerns policy & associated procedures previously established for Raising Concerns remain in operation while the formal review process

continues. No interim changes have been made to ensure continuity and clarity for staff.

- Resourcing for Raising Concern
 - The ongoing challenges in resourcing the management of Raising Concerns have been recognised. Approval has been secured for the establishment of temporary posts to provide additional capacity. While initial recruitment exercise was unsuccessful, and a further recruitment was undertaken and a member of staff has been appointed to take up post in November 2025. In respect of longer-term resourcing, this is contingent upon the outcome of the policy and procedure review. It is therefore not expected that a sustainable resourcing model will be in place before the end of the current calendar year.
- **Recommendation 4**
 - Engagement and feedback on policy and procedures
 - Feedback on the existing Raising Concerns framework has already been gathered from the BMA and a number of individual staff members. Further structured engagement is planned through other unions, focus groups and wider consultation, including with the Patient and Client Council.
 - Given the significance of this policy, the task and finish group agreed that it is essential to ensure robust and inclusive consultation. This means taking the necessary time to engage fully with staff at all levels and with key stakeholders. Meaningful engagement will not only strengthen the policy but also build trust and confidence in its implementation.
 - In light of this, and in recognition of the recommendations of the DCO report and the importance of raising concerns and whistleblowing, it is now anticipated that the revised policy and procedures will not be finalised until December 2025. The group emphasised that this extended timeline reflects a deliberate choice to prioritise thorough engagement over speed, ensuring that the final policy is credible, trusted, and fit for purpose.
 - Two engagement workshops have been arranged to facilitate feedback: 20 & 29 October 2025
 - We remain on track to conclude the work by January 2026.
 - The Trust Board and SPPG have received a formal presentation on the findings of the most recent Trust staff engagement survey. Results confirm that while staff are generally clear on how to raise concerns, there remains a lack of confidence in how those concerns are subsequently managed. Notably, the Trust's overall engagement score is 3.8 which is the highest recorded to date and this representing a positive development in overall staff engagement.
 - Civility and Bystander Training
 - As of 13th October 2025, a total of 337 staff have completed Civility and Bystander Training. This includes 163 staff within Cardiac Surgery and 102 staff within Neurology, representing significant engagement

from these priority areas. New training date for November 2025 are to be confirmed.

- **Recommendation 12:** An external CD who is a Cardiac Surgeon has been appointed & is now in place. This is a three month contract and the CD will have a presence in Belfast Monday-Wednesday
- **Recommendation 13**
 - Whistleblowing Activity Data
 - A review of whistleblowing activity data has been undertaken. A notable spike in referrals was observed in August 2025; however, levels appear to have stabilised and returned to the baseline trend during September 2025. The group will continue to monitor activity levels closely to ensure early identification of any emerging patterns.
 - Civility and Bystander Training
 - As of 13th October 2025, a total of 337 staff have completed Civility and Bystander Training. This includes 163 staff within Cardiac Surgery and 102 staff within Neurology, representing significant engagement from these priority areas. New training date for November 2025 are to be confirmed.

4.0 Governance and Assurance

Recommendations

Recommendation 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.

Recommendation 9: Board knowledge of medical leadership needs to be improved, with more effective oversight by Board committee. The Board should have visibility of all disciplinary processes and internal/external professional reviews against doctors and nurses, to be able to discern patterns and to form a review about improving behaviours, and to ensure that these are not used inappropriately.

Recommendation 14: Current and ongoing litigation within the Trust should be the subject of a risk conference at a higher level, in order to map the extent of the problem and its likely effects on behaviours. – **This recommendation now sits with the Chief Executive of the Belfast Trust**

Progress update

- **Recommendation 1:** 4 September 2025: Medical Director presented outline draft revised framework to Trust Board for initial discussion. The Medical Director's Office presented the proposed changes with the new Chief Executive on the 6 October 2025. While it was hoped the revised Integrated Governance and Assurance Framework will be presented to the Executive Team in November 2025, with onward presentation to Trust board in December 2025 or January 2026.
- **Recommendation 9:** Work is underway to adopt a similar dashboard to the one in Corporate Nursing for the Medical Directors' Office and to work with other professional leadership, such as social work, to ensure transparency of all processes is consistent across the Trust.

- **Recommendation 14:** HR and Legal Advisors met with new Chief Executive in order to bring them up to speed with all cases regarding Cardiac Surgery. All parties assure legal matters were in hand with reputational and financial risks well understood.

5.0 Other Recommendations

Recommendations

Recommendation 11: The current leadership team has so much history of being involved in these complex relationships that the only sensible course is to use unconnected (possibly external) individuals to supervise any further disciplinary processes in the Cardiac Unit.

Recommendation 14: Current and ongoing litigation within the Trust should be the subject of a risk conference at a higher level, in order to map the extent of the problem and its likely effects on behaviours.

Recommendation 15: There should be a rapid review of the return-to-work process that was conducted for the former Clinical Director, and the impact it caused.

Recommendation 16: (added after publication of the DCO report). The Trust needs to engage and work closely with NIMDTA.

Progress update

- **Recommendation 11:** Arrangements ongoing with external medical responsible officers with HR input and legal advice where appropriate.
- **Recommendation 14:** HR and Legal Advisors met with new Chief Executive in order to bring them up to speed with all cases regarding Cardiac Surgery. All parties assure legal matters were in hand with reputational and financial risks well understood.
- **Recommendation 15:** An external review of the return to work process has been completed.
- **Recommendation 16:** Action complete and subsumed into business as usual with NIMDTA

Annex 1: Summary Table of recommendations and progress

Each action is accompanied by a RAG rating.

These are defined as:

| | |
|--|--|
| | On track for achievement |
| | On track for achievement with some delay |
| | Off track – intervention needed |
| | Complete |

| Recommendation | Date Commenced | Target Date | RAG rating |
|--|----------------|------------------|---|
| <p>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.</p> <p><i>Work linked to RCS Recommendation 1.</i></p> <p><i>Worked linked with McBride/Hill report Recommendation 2</i></p> | 4 August 2025 | 31 December 2025 | <p>The revised Integrated Governance and Assurance Framework was shared in draft with the new Chief Executive on 6 October 2025, the Task and Finish Group hope to have a final version of Executive Team in November 2025.</p> <p>Medical Director will then aim to present the revised document to Trust Board for discussion in December 2025 or January 2026.</p> |
| <p>2. The Trust should create an equivalent Freedom of Speak Up (FTSU) process across the Trust, with an individual specifically appointed to lead it and overseen by a nominated NED.</p> | 1 August 2025 | 31 December 2025 | <p>Requirement for an additional Band 7 resource due to the additional administrative work as a result of the DCO Partners Report. Band 7 will take up post in November 2025.</p> <p>Continuing to scoping of models in NHS England and Scotland is well underway for the purpose of establishing potential gaps within the existing Whistleblowing and Speaking Up processes within the Trust. Longer term plans surrounding this work will directly correlate to Mr Peter McBride work in the organisation.</p> <p>Two engagement workshops have been arrange to facilitate feedback on the current Whistleblowing policy and procedures: 20 & 29 October 2025</p> |

| | | | |
|--|----------------------|--------------------------|--|
| <p>3. The Trust should deliver a campaign to emphasise the risks to patient safety from poor behaviours in the workplace - see NHS Civility and Respect campaign.</p> <p><i>Work linked to RCS Recommendation 6.</i></p> <p><i>Work links to McBride/Hill recommendation 3</i></p> | <p>12 June 2025</p> | <p>30 December 2025</p> | <p>As of 13 October 2025, Civility and bystander pilot delivered to 337 staff with 163 of those work in Cardiac Surgery. New training date for November 2025 will be available in due course.</p> <p>The Trust will launch its Leadership Academy in 10 November 2025. This has been advertised through the Trust Intranet, emails and the Cardiac Surgery newsletter</p> <p>Work has commences on the People and Culture Strategy and Plan through the People & Culture Steering Group</p> <p>The development of multi resources as part of the open, just and learning culture has commenced</p> |
| <p>4. Raising of concerns should be encouraged as an accepted practice within all management and teaching meetings.</p> <p><i>Work linked to RCS Recommendation 2 & 3.</i></p> <p><i>Work links to McBride/Hill recommendation 5</i></p> | <p>1 August 2025</p> | <p>31 December 2025</p> | <p>Leadership Academy will be launched on 10 November 2025 which will support staff in leadership positions and those who are aspiring leaders.</p> <p>Specialist Psychological Input currently being explored to understand the psychological impact and longer-terms outworking's of dealing with conflict. The Programme will draw on Professor Paul Gilbert's Compassionate Mind model</p> <p>Continuing to engage with the PCC on services user engagement.</p> |
| <p>5. The Cardiac Unit would benefit from greater connectivity with another unit of similar or larger size. This is to facilitate shared learning, to encourage exchanges and create effective mechanisms to avoid issues or poor practice becoming entrenched.</p> | <p>12 May 2025</p> | <p>30 September 2025</p> | <p>Connections have been made and will continue to be developed and fostered by the Cardiac Surgery Team.</p> <p>Review of NICOR data (UK wide) will remain a key focus.</p> <p>ICNARC reporting to started in CSICU on 1 October 2025.</p> |
| <p>6. Deaths on Cardiac Waiting Lists should be regularly analysed and included in</p> | <p>12 May 2025</p> | <p>31 October 2025</p> | <p>Validation complete and ongoing monitoring of the</p> |

| | | | |
|---|-----------------------|-------------------------|---|
| <p>formal data reviewed by the Board, Health Authority and also externally.</p> | | | <p>waiting list managed by the waiting list office.</p> <p>All Deaths (pre-, peri- and post-surgery) will be discussed at M&M meetings and incorporated and monitored through the analytical data gathered by the service</p> <p>Waiting list numbers will continue to be monitored through the weekly Sit Reps to SPPG</p> <p>Consultant-led subgroup for Workstream 1 established.</p> |
| <p>7. Cardiac Surgeons should regularly review their own outcome data in the form of VLAD or CUSUM plots. This in turn should form part of a broader set of analytical data to monitor effectiveness of the Unit including Waiting List deaths.</p> <p><i>Work links to McBride/Hill recommendation 1</i></p> | <p>12 May 2025</p> | <p>31 October 2025</p> | <p>Proposed move from weekly to monthly M&M meeting, with the inclusion of a service business meeting and a closed confidential consultant meeting to follow.</p> <p>QI project commenced in Cardiac Surgery – telephone follow up with patients 3 days post hospital discharge to discuss any issues and wound care. Readmission rates and patient feedback will inform the level of success with reference to this initiative.</p> <p>The Surgeon of the Week model has been accepted by all Cardiac Surgeons and job planning will commence to account for this new management arrangement.</p> |
| <p>8. The Trust Board should review how staff are communicated with and steps taken to ensure more opportunities for staff to hear about developments and to contribute their views (focus groups, "town hall" meetings etc.), as well as more time being spent in assessing and thus managing likely reactions to announcements, thus mitigating their effect.</p> | <p>01 August 2025</p> | <p>30 November 2025</p> | <p>Five town hall events with staff happened: 21/05, 22/05, 11/06, 03/09 and 05/09.</p> <p>Second Cardiac Surgery Newsletter issues and well received by all staff.</p> <p>Additional input on the communication plan will be informed from the Staff Reference Group.</p> |

| | | | |
|---|-----------------------|-------------------------|--|
| <p>9. Board knowledge of medical leadership needs to be improved, with more effective oversight by Board committee.</p> <p>The Board should have visibility of all disciplinary processes and internal/external professional reviews against doctors and nurses, to be able to discern patterns and to form a review about improving behaviours, and to ensure that these are not used inappropriately.</p> | <p>04 August 2025</p> | <p>31 October 2025</p> | <p>Medical Directors Office are working with the Corporate Nursing to adopt and develop a similar dashboard model but for doctors.</p> <p>The Medical Directors Office has also invited to Executive Director of Social Work to the next meeting in order to find a consistent reporting for all three professions.</p> |
| <p>10. There is a pattern of external reviews not being shared widely with staff, possibly due to the mistaken notion that this will stop enmities developing.</p> <p>Our view is that failure to share such reports has the effect of reducing learning and inhibits the ability to "move on".</p> | <p>23May 2025</p> | <p>30 November 2025</p> | <p>Additional input on the communication plan will be informed from the Staff Reference Group</p> |
| <p>11. The current leadership team has so much history of being involved in these complex relationships that the only sensible course is to use unconnected (possibly external) individuals to supervise any further disciplinary processes in the Cardiac Unit.</p> | <p>12 May 2025</p> | <p>TBC</p> | <p>External ROs appointed</p> <p>HR and Legal advice taken where appropriate.</p> |
| <p>12. Is the Clinical Director role a sole determinant of escalation, in effect a single point of failure still (this was an RCS ISR Conclusion in 2020) in terms of reflecting concerns or raising issues with higher management?</p> <p>If so, this must be changed to allow more than one point of referral for concerns - a key principle of FTSU.</p> | <p>01 August 2025</p> | <p>31 October 2025</p> | <p>A collective leadership team is in situ and concerns or issues can be raised to any of the team – Clinical Director, Divisional Nurse, Co-Director, Ward managers, or service managers.</p> <p>External CD appointed and is now in place; working on site Monday- Wednesday</p> <p>The unit is currently promoting and supporting staff to raise any</p> |

| | | | |
|---|-----------------------|-------------------------|---|
| <p><i>Work linked to RCS Recommendation 4 & 5.</i></p> | | | <p>issues or concerns at their regular safety huddles.</p> <p>The Raising Concerns Task and Finish Group will develop a robust communication campaign to ensure staff across the Trust understand how to raise concerns.</p> |
| <p>13. Given the behaviours directed at those raising concerns, they should be considered as whistleblowers in order to protect them in law.</p> | <p>01 August 2025</p> | <p>30 January 2026</p> | <p>Focus groups established to input into the updated of the whistleblowing policy and procedure</p> |
| <p>14. Current and ongoing litigation within the Trust should be the subject of a risk conference at a higher level, in order to map the extent of the problem and its likely effects on behaviours.</p> <p><i>Work linked to RCS Recommendation 4 & 7.</i></p> | <p>01 August 2025</p> | <p>31 December 2025</p> | <p>HR and Legal Advisors met with new Chief Executive in order to bring them up to speed with all cases regarding Cardiac Surgery. All parties assure legal matters were in hand with reputational and financial risks well understood.</p> |
| <p>15. There should be a rapid review of the return-to-work process that was conducted for the former CD, and the impact it caused.</p> | <p>18 July 2025</p> | <p>31 August 2025</p> | <p>Review completed and outcome report to Interim CEO</p> |
| <p>16. The Trust needs to engage and work closely with NIMDTA.</p> | <p>19 June 2025</p> | <p>31 July 2025</p> | <p>Ongoing engagement.</p> <p>NIMDTA have indicated that they are satisfied with the work that is currently underway. NIMDTA will progress entering x 1NTN into national recruitment for intake into the ST1 programme in August 26.</p> |

Annex 2: Supporting Documents for Context Cardiac Surgery Action Plan



Final Cardiac
Surgery Action Plan

Cardiac Surgery Progress Report

Trust Board Submission



BHSCT Cardiac
Action Plan Progress

SPPG Submission



BHSCT Cardiac
Action Plan Progress

Cardiac Surgery Newsletter: Issue 3



Cardiac Surgery
Newsletter- Issue 3.i