

 Belfast Health and Social Care Trust caring supporting improving together		Paper Ref. Num. P174-2026 A <i>Note:- To be completed by HQ meeting organiser</i>
Belfast Health & Social Care Trust Meeting Template Sheet (v11.25)		
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
Presenter		Alastair Campbell Tara Clinton
Date of meeting 08/01/2025		
Title of paper (Maximum of 300 characters) Support and Inteventon Level 5 Escalation Cardiac Surgery Review Action Plan Progress Report as of 25 November 2025		
Background (Maximum of 1500 characters) BHSCT 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) Please enter text here		
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.		
Proposed Onward Consideration		Choose an item.
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***

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 25th November 2025.

Headline Updates

- Overall progress against the recommendations continues, with 4 recommendations now closed.
 - Previous closed, recommendation 6 reopened: Clinical Director to present performance and safety metrics and provide assurance to Trust Board on at 8 January 2026. Chief Executive will extend an invite to the PHA and SPPG to attend this meeting
- A detailed draft of the revised Integrated Governance and Assurance Framework was presented to the Executive Team on the 17 November 2025, with a few minor adjustment the document will be included in the papers for the 4 December 2025 Trust Board
- The Clinical Director and Governance Lead for Cardiac Surgery continue to work on finalising the Safety Indicator Dashboard, which will be presented to Trust Board on 8 January 2026.
- Decision taken to stand down the Cardiac Surgery Staff Reference Group in favour for a Trust-wide staff reference group to ensure the staff voice represents an organisational view
 - Additional detailed conversations required to understand how to best organise this new approach to work in light of the McBride/Hill report

- The new Belfast Trust Leadership Academy was launched on the 10 November 2025.
- NIMDTA provided positive feedback at a recent Quality Management Visit to Cardiac Surgery and approve the reinstatement of the Cardiac Surgery ST1 post from February 2026.
- 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.

Risks and Issues

Two specific risks were discussed at the recent Cardiac Surgery Steering Group meeting.

- Significant work has been completed to improve team dynamics across the Cardiac Surgery Team. However, there remains a risk as these issues may reoccur.
- Perfusion Workforce issues and requirement of funding from commissioner to commence the additional recruitment exercise

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:** Action closed and subsumed into Business As Usual
- **Recommendation 6:** Action was closed but reopened after the November Cardiac Surgery Steering Group Meeting
 - Clinical Director to present performance and safety metrics and provide assurance to Trust Board on at 8 January 2026; it is hoped the recommendation will revert to closed following this presentation
- **Recommendation 7**
 - ICNARC data collection commenced in CSICU on 1 October 2025, 1st report will be available for review in January 2026.
 - Clinical Director and Governance Lead have drafted a governance structure to provide assurance and oversight of the whole service and will be presenting this to colleagues in December 2026.
 - This will align Cardiac Surgery with the Trust wide audit cycle and ensure attendance of all consultants as activity will be downturned in line with policy.

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 enemies developing.

Progress update

- **Recommendation 3**
 - Development of an organisation-wide Respect and Civility Framework continues
 - People and Culture Strategy and Plan in partnership with the People & Culture Steering Group will now be a five year plan instead of three years based on staff feedback and one of the Hill/McBride report recommendations.
 - 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 was launched on 10 November 2025, which aim to:

- Build confident, compassionate, and capable leaders
 - Foster a culture of openness, trust, and collective learning
 - Create consistent leadership expectations across the organisation
 - Support aspiring leaders and those already in formal roles to grow
 - Training and Development
 - Targets agreed: 75% of Cardiac Surgery staff trained in Respect and Civility, Bystander training by end October.
 - Resources and training opportunities will be extended to the wider Trust following completion of targeted CSU sessions.
 - Trainee Feedback
 - NIMDTA provided positive feedback after a recent quality monitoring visit to Cardiac Surgery; the ST1 position within Cardiac Surgery will be reinstated as of February 2026.
- **Recommendation 8:**
 - Action Plan will be shared with staff via the December Cardiac Surgery newsletter with three opportunities to meet with the Director and Co-Directors to address any issues, concerns or questions. These session will provide an opportunity for all staff, irrespective of banding, to engage with senior leaders in a small group setting to encourage more discussion.
 - **Recommendation 10**
 - A communications plan is in development, with principles to ensure openness, transparency and clear governance around what is shared and when.
 - Decision to stand down the Cardiac Surgery Staff Reference Group in favour for a Trust-wide representative group.

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.
 - Workshops to review these document have been established with a total of four being delivered by December 2025.
- 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 Band 7 and Band 4 posts and both posts are now filled through the Trust's Expression of Interest process. 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 remains on track to conclude the work by January 2026.
 - Work is ongoing to develop a BHSCT Compassionate Mind Model based on Professor Paul Gilbert.
- **Recommendation 12:**
 - An external CD who is a Cardiac Surgeon has been appointed & is now in place. This is a six month contract and the CD will have a presence in Belfast Monday-Wednesday
- **Recommendation 13**
 - Whistleblowing activity levels have stabilised back to pre-August 2025 levels
 - The Trust will continue to monitor this activity as pre-existing levels metrics alone does not necessarily indicate a positive change with regard to Raising Concerns within the Trust

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.

Progress update

- **Recommendation 1:** The Medical Director's Office presented the proposed changes to the Integrated Governance and Assurance Framework to the Executive Team in November 2025, with onward presentation to Trust board in December 2025.
- **Recommendation 9:** Work is ongoing to develop a dashboard for the Medical Directors Office, and to extend the approach to other professional leadership. The team aims to provide a substantive update in this regard at the next meeting on 15 December 2025.

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:** Action complete and will be revisited in 6 months' time to ensure the risk continue to be understood by all parties
- **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 due to be shared with Trust Board in December 2025</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>Additional resource of Band 7 and Band 4 in position to support the BHSCT Whistleblowing activity</p> <p>Four engagement workshops (October & December) to facilitate feedback on the current Whistleblowing policy and procedures</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>	12 June 2025	30 December 2025	<p>Respect and Civility Training provided to Cardiac Surgery colleagues and a plan to roll out to the organisation is ongoing</p> <p>Leadership Academy launched on 10/11/2025</p> <p>NIMDTA colleagues satisfied with ongoing Quality Monitoring visits as mechanism for feedback from trainees, Resident doctor forums to focus on free text feedback for ongoing monitoring</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 and Coaching for Manager course established in the Trust</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>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>Complete per the October 2025 Progress Report.</p>
<p>6. Deaths on Cardiac Waiting Lists should be regularly analysed and included in formal data reviewed by the Board, Health Authority and also externally.</p>	<p>12 May 2025</p>	<p>31 October 2025</p>	<p>Action to be reopened based on Cardiac Surgery Clinical Directors presentation to Trust Board on 8 January 2025.</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>New Audit structure to be introduced into Cardiac Surgery to ensure good governance and attendance of all key staff members.</p> <p>Ongoing discussions relating to the Surgeon of the Week model with the Consultant group. Dysfunctional Team dynamics continue to pose a risk to this programme of work.</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</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</p>

thus managing likely reactions to announcements, thus mitigating their effect.			informed from the Staff Reference Group.
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.	04 August 2025	31 October 2025	Work ongoing to develop a dashboard for the Medical Directors Office and to extend to other professional leadership.
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. Our view is that failure to share such reports has the effect of reducing learning and inhibits the ability to "move on".	23May 2025	30 November 2025	Agreed methodology to sharing the action plan with Cardiac Surgery staff agreed and will happen in December 2025
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.	12 May 2025	TBC	External ROs appointed HR and Legal advice taken where appropriate.
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?	01 August 2025	31 October 2025	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>If so, this must be changed to allow more than one point of referral for concerns - a key principle of FTSU.</p> <p><i>Work linked to RCS Recommendation 4 & 5.</i></p>			<p>External CD appointed and in place; working on site Monday-Wednesday</p> <p>The unit is currently promoting and supporting staff to raise any issues or concerns at their regular safety huddles.</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>	01 August 2025	30 January 2026	<p>Whistleblowing activity reverted to pre-August 2025 levels and will continue to be monitored going forward.</p> <p>Staff continue to be encouraged to raise concerns utilising the current Trust policy and procedures while ongoing review is facilitate through workshops</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>	01 August 2025	31 December 2025	<p>Complete per the October 2025 Progress Report.</p> <p>Risks will be revisited in 6 months (April 2026)</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>	18 July 2025	31 August 2025	<p>Complete per the October 2025 Progress Report.</p>
<p>16. The Trust needs to engage and work closely with NIMDTA.</p>	19 June 2025	31 July 2025	<p>Complete per the October 2025 Progress Report.</p>

