

TBP Agenda Item 12 P 191-2026 BHSCT Board Update

Date of Trust Board for consideration of this report.	5 March 2026
Name of Trust Board Committee	Culture and Governance Oversight Group
Chair of Trust Board committee (as at date of the report)	The Acting Chair
Required frequency of meetings (as indicated by Terms of Reference for the Group)	Monthly meetings
Meeting dates in the year prior to the Trust Board meeting	13 November 2025 11 December 2025 22 January 2026 19 February 2026 Compliant with requirement in the draft Terms of Reference
Date of last review of the Terms of Reference of the Group	<p>The Trust Board approved the Terms of Reference for the Group at the Public Board meeting on 8 January 2026. The Terms of Reference will therefore need to be reviewed no later than 8 January 2027, in accordance with the review requirements outlined in the Terms of Reference.</p> <p>The Chair of Staffside Mrs Margaret McKee has agreed to join the Group, and attended the meeting on 19 February 2026. The Terms of Reference will be amended to reflect this.</p>

Summary Report from the Chair of the Trust Board Committee	

As advised in the January update to the Trust Board, a reporting structure has been developed which facilitates four themes (referenced below) being considered by the Culture and Governance Oversight Group.

These themes are as follows:-

People and Culture – Hill/McBride Recommendations 3, 4 and 5, DCO Recommendations 2,3,4,8,10 & 13

Governance and Assurance – Hill/McBride Recommendations 2,7 and 8, DCO Recommendation 1

Medical Leadership and Development – Hill/McBride Recommendation 10, DCO Recommendation 9

Cardiac Surgery – Hill/McBride Recommendation 1, DCO Recommendations 5,6,7,11,12 & 14

The Culture and Governance Oversight Group then reports to Trust Board. This is reflected in the organogram attached at Annex 1.

Further to consideration by the Trust Board of this report from the Culture and Governance Oversight, update reports will then be provided within the Support and Intervention Framework, to the SPPG PHA BHSCT Assurance and Accountability meeting, the next meeting of which is scheduled for 13 March 2026.

Within this update, the Trust Board are firstly asked to note the updates which were received and considered by the Culture and Governance Oversight Group at its meeting on Thursday 19 February 2026. It should be noted that the scheduling of the Cardiac Surgery Steering Group 72 hours prior to CGOG meant that a written update report in the format used for other themes, was not available to CGOG. The update reports are attached at Annex 2 below, and at numbered item 9 on each update, include the draft notes of consideration of each of the themes by CGOG.

The tracker document (separate Annex 3) which has been used to track the activities of the “old” Cardiac Surgery Steering Group is also provided. Trust Board are asked to focus on the summary Action Plan Dashboard, and approve the work which is now moving to the consideration of the CGOG. The next update to the Trust Board will include a tracker of the activities of CGOG (and its four themes) in this format.

The Culture and Governance Oversight Group also received briefing following the recently received report in relation to the Regional Emergency Social Work Service (RESWS). Ms Weatherall noted the recent background, including engagement events hosted for staff, which included the reviewers and representative of SPPG. Ms Weatherall noted that she was completing a round of follow-up events to engage with staff. Staff engagement has been largely positive. Ms Weatherall noted that a formal response from trade unions to the report was anticipated shortly.

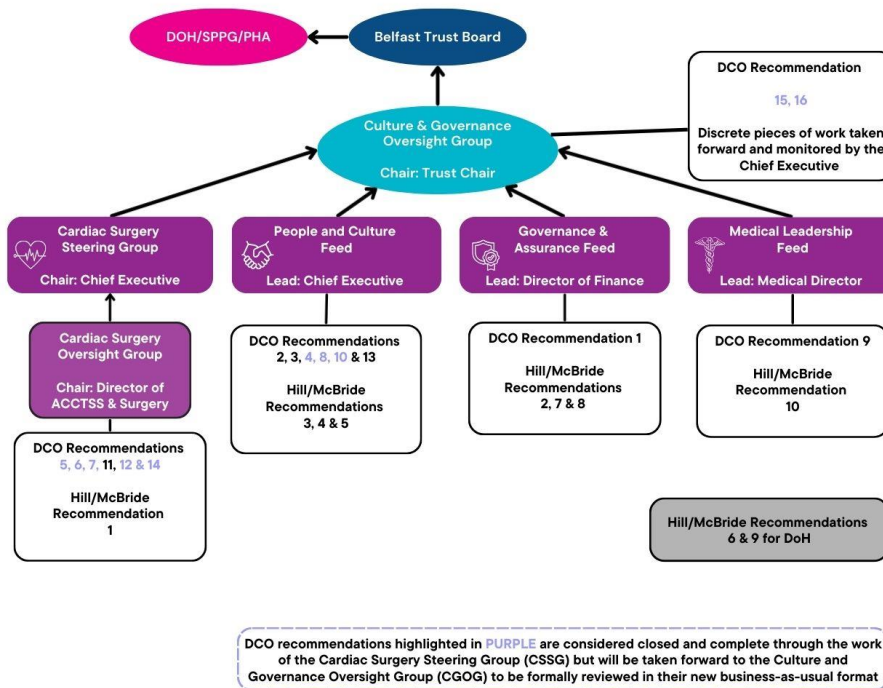
Ms Weatherall noted that the next steps were for a Steering Group to be set up at BHSCT with trade unions and managerial colleagues, supported by external facilitation. It was clear that staff were committed to considering cultural issues, and to look at how best to build communication and trust.

The Chief Executive noted that work in response to the RESWS report would sit separately from the wider CGOG work across the organisation, with actions taken to closure or subsumed into other groups in the organisation.

Professor Ross enquired as to whether there was appropriate support for Ms Weatherall. Ms Weatherall noted that with the confidence she had in staff supporting the work in this area, with external facilitation support secured, and with support to her from other senior staff, she was content with the support at present. The Chief Executive assured Professor Ross that Ms Weatherall would continue to be supported in this work by senior colleagues.

Annual Reports for consideration by the Trust Board (if any).	N/A
Matter(s) for consideration by the Trust Board and recommended actions for the Trust Board (if any).	It is recommended that the Trust Board accept the updates which were received in relation to: governance of CGOG (Annex 1) , the CSSG themes (Annex 2), CSSG Action Tracking Dashboard (Annex 3), and the update regarding RESWS , and approve these for consideration at the SPPG PHA BHSCT Assurance and Accountability meeting. -
Date of report	23 February 2026

Annex 1 Culture and Governance Oversight Group Organogram



PEOPLE AND CULTURE

REPORTING TEMPLATE FOR FEED TO CULTURE AND GOVERNANCE OVERSIGHT GROUP (CGOG)

1. Date of CGOG Meeting where reporting template to be considered	19/2/26
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2. Reporting from: Feed name IE CSSG, People & Culture, Governance & Assurance, Medical Leadership)	People & Culture
3. Date of Meeting of Feed (if relevant)	
4. Lead Director for “feed”	Jennifer Welsh, Chief Executive

5. Recommendations within “Feed”
<ul style="list-style-type: none"> • Recommendations 3,4 and 5 from the Hill/McBride Report (see below) • Any “open” recommendations from DCO or Cardiac Surgery Groups pertaining to People & Culture will be captured in this “feed”, following the Cardiac Surgery Steering Group meeting of 16/2/26. <p>The Belfast Trust should commit to the development of a comprehensive 5 year “People and Culture” Strategy (H/McB 3).</p> <p>In order to achieve this the Trust should:</p> <ul style="list-style-type: none"> • Engage in a meaningful engagement/listening exercise that includes all staff in setting out the ambition of the People and Culture strategy. • Communicate widely to staff that the People and Culture strategy will be co-designed and co-produced with them, agree a mechanism to “deal with the past”, and set up the structures within the organisation that facilitate involvement and engagement. • Devise meaningful accountability processes that reflect the central importance of the People and Culture strategy to the success of the organisation: <ul style="list-style-type: none"> ○ Create a NED chaired People and Culture Board Sub-Committee ○ Ensure that a reporting template provides updates from the People and Culture sub-committee to the Board, concerning people issues as a standing agenda item. ○ Devise metrics to monitor “culture” within the organisation. RQIA’s “Being Human” document may be helpful. • Create staff engagement groups throughout the organisation to feed “soft intelligence” into formal People and Culture reports.

- Incorporate a clear plan to build capacity among those with management responsibilities to support them to manage and challenge inappropriate behaviours.

The Belfast Trust should review its Human Resource function considering structure, capacity and resourcing (H/McB 4).

In order to achieve this the Trust should:

- Undertake a formal analysis of need based on the aspirations of the People and Culture strategy and the appropriate prioritisation of people issues.
- Ensure that Human Resources is properly equipped with expertise and resources to undertake its function.
- Evaluate the need for Medical HR expertise and ensure that HR has meaningful oversight of all “people issues” involving medical staff including active involvement with the application of MHPS.
- Ensure that there is clear accountability for people issues at senior executive level to the Board.

The Belfast Trust should review, clarify and improve the mechanisms for staff to raise concerns (H/McB 5)

In order to achieve this the Trust should:

- Incorporate this as a central enabling tenet of the People and Culture strategy.
- Review and update all policies and procedures relevant to raising concerns – grievance raising, disciplinary procedures, conflict, bullying and harassment and whistleblowing.
- Provide clarification to staff on the circumstances in which whistleblowing is appropriate, and the external organisations they can approach if they do not trust internal processes.
- As part of the People and Culture strategy embed “Listening to staff as a cultural norm in the Belfast Trust”.
- Clarify the responsibility of line managers to listen to and to respond to staff who raise concerns.
- Introduce 360 review of managers as a standard part of annual appraisals and ensure that staff views are actively sought and provided without fear of identification or negative repercussions.

6. Summary Progress to date against “Feed” recommendations and colour coding for each

Development of a comprehensive 5 year “People and Culture” Strategy (H/McB 3).

- Engagement pack has been developed to support managers to facilitate team discussions.
- Staff Survey inviting staff to help shape the People & Culture Strategy has been launched.
- To note work also arising from CSSG re Task & Finish Groups, which will transfer to this group from next month.
- Draft ToR prepared for a NED Chaired People and Culture Board Sub-Committee

The Belfast Trust should review its Human Resource function considering structure, capacity and resourcing (H/McB 4).

- Formal External Review of the HR Function is underway with a report due in March.

The Belfast Trust should review, clarify and improve the mechanisms for staff to raise concerns (H/McB 5)

- To note work arising from CSSG re Task & Finish Groups, which will transfer to this group from next month.

7. New risks identified, including controls and mitigating actions discussed

8. Issues requiring escalation to CGOG (if any) and actions proposed for consideration by CGOG

9. CGOG consideration of the Reporting Template

The Chief Executive referred to the report provided, highlighting that any “open” recommendations from DCO or Cardiac Surgery Groups pertaining to People and Culture would be captured in this “feed” along with consideration of recommendations 3, 4 and 5 from the Hill/McBride report.

The Chief Executive also highlighted that central to the work in this area was the development of a comprehensive 5 year People and Culture Strategy, with engagement in the development of the strategy being of critical importance. The Chief Executive noted the work on the engagement pack, and the approach to seeking to engage with as many staff as possible.

The Chief Executive also noted that she would be liaising with the Acting Chair and incoming chair regarding Terms of Reference for a NED chaired People and Culture Board Committee (which committee was one of the seven committees within the new Board Assurance Framework).

In relation to the reference to the work of Dean Royles, the Chief Executive noted that while she continues to have regular “check-in” meetings with Mr Royles, a formal report is expected in March 2026. This report will be submitted to the Chief Executive who will then determine the appropriate next steps. The Chief Executive advised the Group that she continued to have discussions in relation to the provision of external support, including from the Leadership Centre.

Professor Ross enquired in relation to the timeline for the establishment of the new structures, inclusive of the People and Culture Committee. The Chief Executive emphasised the need to take time to engage widely, and the group discussed how best to encourage all to be involved in the development of the People and Culture strategy, including support from trade unions, popup survey stands, manager-run workshops, and the sharing of QR codes in hard copy. Dr Stevens noted the opportunity created by the arrival of a new Chair to further boost this engagement work.

10. Trust Board consideration of the Reporting Template

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GOVERNANCE AND ASSURANCE

REPORTING TEMPLATE FOR FEED TO CULTURE AND GOVERNANCE OVERSIGHT GROUP (CGOG)

1. Date of CGOG Meeting where reporting template to be considered	19 February 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”
<p>DCO</p> <ul style="list-style-type: none">- 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>Hill/McBride</p> <ul style="list-style-type: none">- 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.- 7: The Belfast Trust should review its Board structure, membership, reporting and consider a programme of Board development.- 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

Recommendation	Action	Update	RAG status
DCO 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>Work continues to prepare for the implementation of the new Integrated Governance & Assurance Framework, agreed at Trust Board on 4 December 2025, from the start of the new financial year in April 2026. This includes:</p> <ul style="list-style-type: none"> - Engaging with teams across the Trust on the approved redesign and its planned implementation. This was slightly delayed due to staff sickness over Christmas/New year but is ongoing and remains broadly on track for completion in March. - Engaging with the Performance and Planning Directorate, to workshop the definitions of each of the 5 new Corporate Objectives, exploring how they link to the Corporate Risk and Governance infrastructure and information management systems, identifying alignment and changes required - 11 February 2026. - Updating the formal Integrated Governance and Assurance Framework document for publication. <p>External dependencies that will impact on the completion of the updated Framework document itself include:</p> <ul style="list-style-type: none"> - Completion of a Trust Board workshop on Risk Appetite and revision of the Board Assurance Framework to align with the renewed Trust Corporate Plan and Objectives: the team is currently obtaining BSO Internal Audit Advisory support in relation to the draft document, and the workshop is scheduled for March 2026 Trust Board meeting. 	ON TRACK

Recommendation	Action	Update	RAG status
		<ul style="list-style-type: none"> - DOH Guidance on Integrated Governance and the new Patient Safety and Quality Committee (unknown release date). 	
Hill/McBride 2	<p>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.</p>	<ul style="list-style-type: none"> - The Chief Executive and the Medical Director met with Dr Hill and Mr McBride in late 2025. All were satisfied that all areas of concern arising through the Hill/McBride review had been identified and referenced at confidential Trust Board. - At the CGOG meeting on 22 January 2025, it was noted that there is now a process in place for the Chief Executive to provide briefings (both public and confidential) to Trust Board, demonstrating that the actions taken on foot of this recommendation are now incorporated into business as usual. - By way of illustration, an emerging issue, RESWS, has been discussed at a number of recent Trust Boards, demonstrating that issues are being escalated appropriately to Trust Board. 	COMPLETE
Hill/McBride 7	<p>7.1 The CEO should review and consider reduction in size of the Executive team.</p>	<ul style="list-style-type: none"> - The Chief Executive has considered the recommendations made by Dr Hill and Mr McBride regarding structures, taking advice and learning from HSC colleagues and other NHS Trusts. - The Chief Executive has had discussions with Dr Hill, reflecting on the complexity of BHSCT given the additional responsibilities for mental health, learning disability and adult and children’s community services, when compared with NHS organisations elsewhere in the UK. She has reviewed structures in similarly sized organisations (albeit focused solely on the health aspect of health and social care), including Guys and St Thomas where there is a structure of a Group Chief Executive with site Chief Executive reports and has noted that in large organisations in England it is not uncommon for there to be 12-15 directors. 	ON TRACK

Recommendation	Action	Update	RAG status
		<ul style="list-style-type: none"> - The Chief Executive will continue to review structures over the coming months, taking account of the recommendations of the recent Korn Ferry review and assessment of HSC Trust executive director structures when these are issued. - 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 Board sub-committee and templated highlight reports from its Executive led reporting committees.	<p>These actions are incorporated into the implementation of the revised Integrated Governance and Assurance Framework and Risk Appetite Statement, and publication of renewed Trust Corporate Plan and Objectives, referred to at DCO 1 above.</p> <p>Detailed updates will be provided as the dependencies described above are resolved.</p>	ON TRACK
	7.3 There should be a review and rationalisation of reporting groups into a new Quality and Safety Executive committee.		
	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.		
	7.5 There should be a review of the responsibility for and oversight of corporate governance.	To be confirmed.	

Recommendation	Action	Update	RAG status
	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.	<p>This action is incorporated into the implementation of the revised Risk Appetite Statement, and publication of renewed Trust Corporate Plan and Objectives referred to at DCO 1 above.</p> <p>Detailed updates will be provided as the dependencies described above are resolved.</p>	ON TRACK
	Action 7.7 There should be timely publication of accessibly named board papers on the public facing website to demonstrate transparency.	<p>Board papers are now published on the Trust website; issues in relation to accessibility are being reviewed.</p> <p>Action to remain open pending resolution of these issues.</p>	ON TRACK – POTENTIAL DELAY
Hill/McBride 8	Action 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.	
	Action 8.2 Discuss and review the threshold for declaring a serious incident with the Department of Health.	<ul style="list-style-type: none"> - The Trust continues to engage with the Department of Health in relation to its ongoing regional <i>SAI Redesign Programme</i>; whereas the Hill/McBride Report indicated this Programme should complete within 6 months, achieving that timescale does not seem feasible at this juncture, but remains within the responsibility of DOH to deliver. - The Trust continues to cooperate with SPPG bi-monthly performance management meetings in relation to management of SAIs; at these meetings, SPPG continues to monitor and seek assurance that that Trust continues to adhere to the extant SAI procedure. This assurance was last provided by the Co-Director for Risk & Governance 	ON TRACK – POTENTIAL DELAY

Recommendation	Action	Update	RAG status
		<p>on 11 February 2026 in the written update to the Support and Intervention Framework reporting cycle.</p> <ul style="list-style-type: none"> - To be kept under review. 	
	<p>Action 8.3 Ensure that there is regular reporting of benchmarked national audit data to the Quality and Safety committee of the Board.</p>	<ul style="list-style-type: none"> - Medical Director has agreed that benchmarking will be a standing item at the Patient Safety & Quality Committee meeting. 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. - By way of example, Mr Peter Braidley presented a report on benchmarked outcome measures in Cardiac Surgery at the January 2025 Trust Board which had been well received by Trust Board members. - At that meeting, the Medical Director agreed to prepare a high level report to Trust Board detailing all of the specialties where there is national benchmarking within BHSCT – examples of benchmarking organisations are NICOR, NCBC, Cancer Registry, National Hip Joint Register (anticipated delivery: May 2026). - The Medical Director has also agreed to provide a detailed analysis on two of the benchmarking areas at the March 2026 Trust Board meeting (reference: ‘Stroke’ and ‘Snapp’) – deferred to April 2026 to allow for Risk Appetite discussion to take precedence. - The Medical Director will consider the extent to which benchmarking information could be made publicly available on the Trust website. 	ON TRACK
	<p>Action 8.4 Introduce a quarterly learning from deaths Board report bringing together all sources of learning from deaths.</p>	<ul style="list-style-type: none"> - Within the new Integrated Governance and Assurance Framework, the existing ‘Outcomes Review Assurance Group’ will be renewed as a ‘Mortality Review Assurance Group’ at Tier 3. - Its first task in April 2026 will be to revise and update its Terms of Reference and standard reports. This Group will oversee the 	ON TRACK

Recommendation	Action	Update	RAG status
		development and submission of an appropriate learning from deaths report to be submitted to the Patient Safety & Quality Committee at Tier 1 (Board Committee).	

7. New risks identified, including controls and mitigating actions discussed

None identified since last meeting.

8. Issues requiring escalation to CGOG (if any) and actions proposed for consideration by CGOG

None identified since last meeting.

9. CGOG consideration of the Reporting Template

In the absence of Mrs Edwards, the Chief Executive spoke to the report which had been included in the meeting papers.

The Chief Executive noted that work in relation to the new Assurance Framework was already well advanced prior to the work of Dr Hill and Mr McBride.

The Chief Executive noted that in relation to recommendation 7.1, regarding the size of the Executive Team, her views had now “landed”, and there will now be engagement with Executive Team on the next steps.

The Chief Executive noted that in relation to recommendations 7.2 to 7.4, it was anticipated that the Minister would make an announcement in early March regarding Quality and Patient Safety. It was also noted that there may be reference to the SAI process (re action 8.2)

In relation to recommendation 7.6, it was noted that with Professor Elborn commencing in post on 1 March, there would be a need as part of handover to consider the best distribution of non-executive directors through the revised committee structure. Dr Templer indicated that it would be best to consider the new structures as going live from 1 April 2026, as distinct from going live at 1 April 2026.

Professor Ross noted that there was a wish to move quickly into the new structures.

The Chief Executive noted that while there may be some practical issues with availability and diary management in establishing the new committee structure, she was confident that improved systems for assurance were already in place.

10. Trust Board consideration of the Reporting Template

MEDICAL LEADERSHIP



REPORTING TEMPLATE FOR FEED TO CULTURE AND GOVERNANCE OVERSIGHT GROUP (CGOG)


1. <u>Date of CGOG Meeting where reporting template to be considered</u>	<u>19 February 2026</u>
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2. <u>Reporting from: Feed name</u> <u>IE CSSG, People & Culture, Governance & Assurance, Medical Leadership)</u>	<u>Medical Leadership</u>
3. <u>Date of Meeting of Feed (if relevant)</u>	<u>n/a</u>
4. <u>Lead Director for "feed"</u>	<u>Chris Hagan</u>

5. <u>Recommendations within "Feed"</u>
<p><u>DCO 9</u></p> <ul style="list-style-type: none">- <u>Board knowledge of medical leadership needs to be improved, with more effective oversight by Board Committee.</u>- <u>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 view about improving behaviours, and to ensure that these are not used inappropriately.</u> <p><u>Hill/McBride 10</u></p> <ul style="list-style-type: none">- <u>Ensure that there are regular face to face meetings between CDs, Chairs and the Executive team.</u>- <u>Ensure that there is annual appraisal of Divisional Chairs and CDs in their leadership roles.</u>- <u>Consider providing an offer of coaching to Chairs / CDs in their roles.</u>- <u>Review time and resource allocation for CDs and Chairs.</u>- <u>Consider how aspiring leaders can access training and development before taking on leadership roles.</u>- <u>Ensure that Chair and CD roles are time limited.</u>

6. Summary Progress to date against “Feed” recommendations and colour coding for each

<u>Recommendation</u>	<u>Action</u>	<u>Update</u>	<u>RAG status</u>
<u>DCO 9</u>	<u>9.1 Board knowledge of medical leadership needs to be improved, with more effective oversight by Board Committee</u>	- <u>Medical Director’s office to modify people and culture report to ensure better visibility of medical leadership</u>	<u>ON TRACK</u>
<u>DCO 9</u>	<u>9.2 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 view about improving behaviours, and to ensure that these are not used inappropriately.</u>	- <u>Power BI training has been completed by the MDO to allow for implementation of a dashboard depicting all disciplinary matters and reviews. This is based on the current Corporate Nursing dashboard.</u>	<u>ON TRACK</u>
<u>Hill/McBride 10</u>	<u>10.1 Ensure that there are regular face to face meetings between CDs, Chairs and the Executive team.</u>	- <u>Clinical Council ToR being shared with SML with plans to commence meetings in March 26</u>  <u>2026_02_13_Clinical Council_TOR_v1.doc</u>	<u>ON TRACK</u>
	<u>10.2 Ensure that there is annual appraisal of Divisional Chairs and CDs in their leadership roles.</u>	- <u>Medical Manager annual review document developed based on Sheffield model and shared for comment with SML</u>  <u>Medical Manager Annual Review.docx</u>	<u>ON TRACK</u>

Recommendation	Action	Update	RAG status
	<u>10.3 Consider providing an offer of coaching to Chairs / CDs in their roles.</u>	- <u>Charitable funds application submitted to engage Vijaya Nath in development/coaching programme</u>	
	<u>10.4 Review time and resource allocation for CDs and Chairs.</u>	- <u>To be confirmed- ?SMT then SML discussion and then paper to ET</u>	<u>ON TRACK</u>
	<u>10.5 Consider how aspiring leaders can access training and development before taking on leadership roles.</u>	- <u>Clinical leaders development programme has completed first cohort with second cohort in April/June 26</u>	<u>COMPLETE</u>
	<u>10.6 Ensure that Chair and CD roles are time limited.</u>	- <u>T&F group established which are developing Process for appointment of medical managers which will include standard appointment process, letters of appointment stating timelines, annual review etc. Central list to ensure time expired roles re-advertised.</u>  <u>Clinical Leadership Positions Appointm</u>	<u>ON TRACK</u>

7. New risks identified, including controls and mitigating actions discussed

None identified since last meeting.

8. Issues requiring escalation to CGOG (if any) and actions proposed for consideration by CGOG

None identified since last meeting.

9. CGOG consideration of the Reporting Template

Professor Ross noted the report which had been separately received on Tuesday 17 February following Mr Hagan's return from leave.

The Chief Executive noted that DCO recommendation 9 and McBride/Hill recommendation 10, were included for consideration within this theme of work.

The Chief Executive referenced the background to the recommendations from Mr McBride and Dr Hill and the plans for the establishment of a Clinical council. The Chief Executive noted that she had already met with Medical Staff Committee and would continue to do so each quarter.

Reference was also made to the annual appraisal of Chairs and Clinical Directors, the benefits of coaching, the need for similar sized patches and the need for ongoing development of clinical leaders.

The group discussed the proposals for the Clinical Council, with some concern expressed that its membership appeared to be restricted to medical staff, as distinct from a cross-section of all clinical professions. The Chief Executive provided reassurance that Heads of Professions would be included, but that it was important to have cognisance to the background to the recommendation and the identification by Dr Hill and Mr McBride of the need for improved engagement with medical staff.

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10. <u>Trust Board consideration of the Reporting Template</u>

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Annex 3 – Action Plan Dashboard



Cardiac Surgery
Belfast Trust Action
