Belfast Health and Social Care Trust
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REPORTING TEMPLATE FOR FEED TO CULTURE AND GOVERNANCE OVERSIGHT GROUP (CGOG)

(NB report updated following CGOG meeting on 14 May 2026)

1. Date of CGOG Meeting where reporting template to be considered	14 May 2026

2. Reporting from: Feed name IE CSSG, People & Culture, Governance & Assurance, Medical Leadership)	Cardiac Surgery Steering Group
3. Date of Meeting of Feed (if relevant)	20 April 2026
4. Lead Director for "feed"	Tara Clinton

5. Recommendations within "Feed"

Hill/McBride

1. The Belfast Trust should monitor the Cardiac Surgery Consultant team relationships and their impact on service delivery and patient safety in Cardiac surgery.

DCO Report

5. The Cardiac Unit would benefit from greater connectivity with another Unit of similar or larger size.

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

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.

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. 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 FTSU. This recommendation is linked to RCS 5 which is closed.

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 is linked to RCS 7 which is closed.

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

Rec No	Hill/McBride Recommendation	Associated DCO Recommendations and Hill/McBride Actions	Summary RAG status	Action Update & RAG Status (05/05/2026 for meeting 14/05/2026)
1	**The Belfast Trust should monitor the Cardiac Surgery Consultant team relationships and their impact on service delivery and patient safety in Cardiac surgery.**	**DCO 5.** The Cardiac Unit would benefit from greater connectivity with another Unit of similar or larger size.	On Track for achievement	**COMPLETE**- Formal links established with other UK centers: Guys and St Thomas, St Barts, Liverpool Transport Centre and Newcastle Transport Centre Participation in NICOR and NCBC national benchmarking extended Visit to Sheffield Teaching Hospital planned for June 2026 to develop more formal links. Formation of Relationship with Papworth
		DCO 6. Deaths on the Cardiac Waiting List should be regularly analysed and included in formal data reviewed by the Board, Health Authority and also externally		**COMPLETE**- Yearly submissions to the National Cardiac Benchmarking Collaborative for deaths on the waiting list. To date there have been two deaths on the waiting 2025.26 Standard Operating Procedures in place for the monitoring and validation of the Cardiac Waiting list Interim Clinical Directors Presentation to Trust Board regarding Cardiac Surgery benchmarking and the new

				governance and assurance structures starting in February 2026 and again to SPPG in March 2026
		DCO 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.		**COMPLETE-** Second Patient Safety and Governance Meeting occurred on 13 March 2026 Discussions ongoing regarding Surgeon of the Week ICNARC Benchmarking Data sent back to Belfast Trust- Dr Chris Nutt will be in attendance at the May meeting to discuss the report at CGOC
		DCO 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.		The arrangements for external Senior Responsible Officers for the 5 consultants are all still in place and will remain so until the conclusion of disciplinary proceedings
		DCO 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 FTSU. This recommendation is linked to RCS 5 which is closed.		**COMPLETE** 1. Collective Leadership model in situ within the Trust (Co-Director, Divisional Nurse and Clinical Director)- leadership model mitigates “single point of failure” in escalation 2. Interim Clinical Director in place until 31 March, Recruitment for 3rd Chair of Division underway and hope are this will lead to the recruitment of a Clinical Director for Cardiac Surgery 3. Raising concerns added as a standard agenda items on all teams meetings within the unit and the new Patient safety and governance meeting 4. NED appointed as Whistleblowing lead for the Trust

		DCO 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 is linked to RCS 7 which is closed.		**COMPLETE** Risk summit held (Oct 2025) to map litigation/grievances and downstream impacts, moving to BAU risk monitoring. Second Risk Summit held in March 2026 to review the
		The CEO should formally review the impact of the Cardiac surgery Consultants team relationship on service delivery and patients' safety at 3 and 6 months with the interim Cardiac CD		**COMPLETE** Risk Summit in October 2025 and March 2026 and formal feedback meeting within the Interim Clinical Director during his time in Belfast Trust.

Other Service Level Updates:

- The Trust Power BI Team have pulled together the metrics from various sources (i.e. Encompass, Datix, Real-time patient feedback and complaints) which are going to be quality assured by the internal ACCTSS & Surgery Information Team in a meeting in the coming weeks.
- Chair of Division for ACCTSS & Surgery will be interviewed on 20 May 2026
- New Theatres Schedule in place for Cardiac Surgery. This is a pilot and will be formally reviewed by the team in the next 2-3 weeks.
    - Rota coordinator, Ms O'Sullivan, is in place
- Positive feedback on improvements made to the service from Steve Livesley during the Cardiac Surgery Performance Management and Clinical Quality Group meeting (24/04/2026)

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

• Ongoing Challenges in terms of professional relationships
  ○ This remains a risk within the service- ongoing monitoring is in place
• The absence of Clinical Director within the Cardiac Surgery service
  ○ New Chair of Division has been advertised in order to bring the consultant caseload for ACCTSS and Surgery inline with other Chairs of Division within the Trust. Interviews have been scheduled for the 20 May 2026
  ○ It is anticipated a Clinical Director post will be advertised after this appointment.

8. Issues requiring escalation to CGOG (if any) and actions proposed for consideration by CGOG
None

9. CGOG consideration of the Reporting Template
The continuing progress within this feed was commended by the Oversight Group. It was noted that where actions were not yet fully complete it would be best to report these as a work in progress and to add in target dates for completion. The Oversight Group was advised of the expectation that Mr Steve Livesey would review the unit again and report to SPPG and PHA.

10. Trust Board consideration of the Reporting Template