

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

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

<b>1. Date of CGOG Meeting where reporting template to be considered</b>	14 <sup>th</sup> May 2026
<b>2. Reporting from: Feed name (IE CSSG, People &amp; Culture, Governance &amp; Assurance, Medical Leadership)</b>	Medical Leadership
<b>3. Date of Meeting of Feed (if relevant)</b>	
<b>4. Lead Director for “feed”</b>	Chris Hagan

<b>5. Recommendations within “Feed”</b>
<p>Hill/ McBride Recommendation 10: The Trust should strengthen its medical leadership.</p> <p>DCO 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.</p>

**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)
10	The Trust should strengthen its medical leadership.	<p><b>DCO 9.</b> 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.</p>	On Track for achievement	<p>A benchmarking exercise with the Southern Trust was completed in April to review their reporting arrangements to the Trust Board and Chief Executive. Work has commenced on providing a similar report for BHSCT The first report from the MDO in Belfast to the Chief Executive will be provided in June 2026. This report will include details of all open MHPS cases and any internal or external professional reviews.</p>
		<p>10.1 Ensure that there are regular face to face meetings between CDs, Chairs and the Executive team.</p>		<p>Clinical Council meeting has now been established to ensure regular meetings with CD’s Chairs and the Executive team. It is envisaged that this meeting will be face to face on a quarterly basis and on MS teams for other monthly meetings.</p>

		10.2 Ensure that there is annual appraisal of Divisional Chairs and CDs in their leadership roles.		Annual Appraisal Document for Medical Leadership has been devised and approved by Senior Medical Leaders for role out within BHSCT for those in medical leadership positions.
		10.3 Consider providing an offer of coaching to Chairs / CDs in their roles.		Charitable Funds have been secured to provide bespoke coaching for the Divisional Chair group. A date for the first session is currently being confirmed.
		10.4 Review time and resource allocation for CDs and Chairs.		Medical Director is reviewing time and resource allocation for CD and Chair of Division Roles.
		10.5 Consider how aspiring leaders can access training and development before taking on leadership roles.		<b>COMPLETE</b> Clinical leaders development programme has completed first cohort with second cohort in April/June 26
		10.6 Ensure that Chair and CD roles are time limited		An updated record of all Chair and CD posts has been compiled. An updated HR policy has been developed to guide the recruitment of medical leadership positions. The Medical Director will meet with the senior team and HR to finalise the policy on tenure for these roles.

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

None

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

None

**9. CGOG consideration of the Reporting Template**

Reference was made to the dashboard to be part of the People and Culture Report and to the preparation of a quarterly report for the Chief Executive.

Further update was provided on the Clinical Council meeting and the positive feedback on this.

Further update was provided on the ongoing considerations regarding succession planning, recruitment and appraisal for clinical leadership roles, which will be brought to the Culture and Governance Oversight Group.

**10. Trust Board consideration of the Reporting Template**