Cardiac Surgery Action Plan Closing Report

Closing Report on DCO Recommendations prior to the Integration of Governance Structures to Incorporate the Hill/McBride Recommendations

Original Draft 24 February 2026, updated 02 June 2026

Contents

1.0 Executive summary

In response to the DCO Partners external review (May 2025) and the Minister's decision to place the Trust under the Support & Intervention Framework Level 5, the Trust launched a comprehensive Cardiac Surgery Action Plan organised under four themes: **Clinical Safety & Patient Outcomes; Culture & Civility; Raising Concerns; and Trust Governance.**

Over 2025–26 the programme established strengthened governance, introduced external clinical and cultural expertise, and delivered substantive improvements in safety assurance, waiting list oversight, transparency, and staff engagement, while embedding regular reporting to the Strategic Planning and Performance Group (SPPG) and the Public Health Agency (PHA) and the Minister. By January 2026, the majority of DCO recommendations had either been completed or were on track for achievement, with ongoing items having been addressed and transitioned to *business-as-usual* (BAU) governance between February and April 2026.

1.1 Headline outcomes

1.1.1 Cardiac Surgery Oversight Group

Service safety and outcomes

According to reports from the National Institute for Cardiovascular Outcomes Research (NICOR), validated mortality outcomes remain within national norms. Cumulative Summation (CUSUM) technique plots are available to leadership and are scheduled for routine anonymised consultant-group review within the new monthly governance cycle from February 2026. Annual analysis and reporting of waiting-list deaths are now in place, with standard operating procedures (SOPs) for monthly validation, verification and notification through the Waiting-List Office found in Appendix A.

Access and performance

Immediate stabilisation actions were delivered in 2025 (e.g., no outpatient wait exceeding nine weeks and reduced reliance on Independent Sector), with ongoing tracking to Ministerial targets sent to the Strategic Planning and Performance Group (SPPG) on a weekly basis.

Workforce and Training

NIMDTA Quality Monitoring Visits to Cardiac Surgery will monitor trainee feedback going forward; feedback to date has been positive. Resulting in the reinstatement of the Specialty Trainee (ST1) post for Cardiac Surgery as of February 2026; a second ST post is also due to start in August 2026.

1.1.2 Culture & Civility Task and Finish Group

The Trust-wide Leadership Academy was launched in November 2025 and has seen uptake by staff from across the organisation. Within Cardiac Surgery, the delivery of Respect & Civility/Bystander training has reached over 75% of the staff directly affected by the DCO outcome report and the organisation continues to work towards the goal of 100% attendance by Summer 2026. Both Executive Team and Trust Board Non-Executive Directors also attended Respect and Civility/Bystander training on the 4 August 2025 and 25 November 2025 respectively. A digital solution is being developed to ensure all existing staff are able to access training on Respect and Civility. All BHSCT new starts within the organisation attend a session on openness which reflects the Trust values and desired behaviours. Trust Senior Leadership invited staff from Cardiac Surgery to attend five townhalls to discuss the outcome report, which provided an update on the progress made against each of the recommendations and allowed time for staff questions. Staff across the organisation, are being given the opportunity to contribute to the development of a new People and Culture Strategy, including through townhalls with the Chief Executive. The Trust continues to develop its response to the Being Open Framework which includes a new Being Open Matrix to support the work of managers and staff. Since September 2025, a new monthly Cardiac Surgery newsletter has been published via the Loop (Trust Intranet) and emailed to staff with features like: Meet the Team, Real-time Patient Feedback, Service Improvement Updated, Take-Five activities and periodic Performance updated. A Staff Reference Group was established along with a Patient Involvement Group.

1.1.3 Raising Concerns Task and Finish Group

Raising Concerns policy focus groups were established with a Non-Executive Director (NED) appointed as Whistleblowing Lead. Cardiac Surgery daily huddles now include a standing agenda item to allow any staff member to raise questions or concerns they may have in an open forum. The Trust continues to monitor Whistleblowing levels and have evidenced a return to baseline figures after noticing a spike in numbers over the summer months of 2025. The Raising Concerns (Whistleblowing) Policy has been reviewed through various staff engagement session with the aim of strengthening understanding and improving resources for staff, it is anticipated Trust-wide procedural flow-charts are in the process of being updated and feeding into the regional review of the policy.

Feedback will also be sent to the Department of Health in the hopes of strengthening and clarifying the regional policy for all Trusts.

1.1.4 Governance & Assurance Task and Finish Group

A revised Integrated Governance & Assurance Framework was drafted by the Risk & Governance Division of the Medical Director's Office in consultation with key clinical and service leads and was approved by Trust Board in December 2025. Over January-March 2026, the Risk & Governance Division engaged with Directorates to share the revised Framework and consult with relevant staff on the detail of the necessary assurance groups and reporting arrangements; transition to the new Framework commenced in April 2026 and is anticipated to complete by end June 2026.

The Workforce, Education, Research & Development Division of the Medical Director's Office continues to work with other professions to develop a comprehensive dashboard to oversee professional staff across all directorates of the Trust.

1.2 Recommendation for consideration

Recommend closure of the Cardiac Surgery Steering Group's current programme of work, as it stands now, with the understanding it will be taken forward and monitored under the auspices of the new Culture and Governance Oversight Group structure established in response to the Hill/McBride Report. The illustration below is a visual representation of how the Trust will continue to manage these programmes of work.

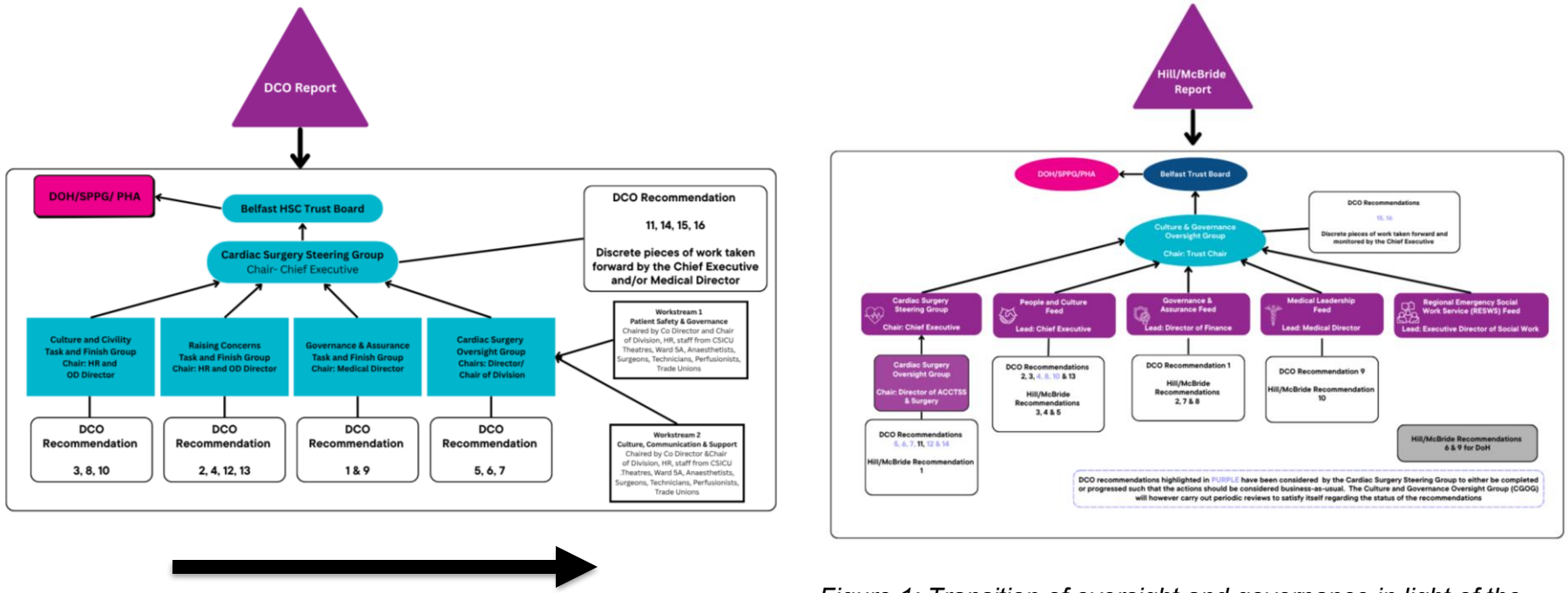

Figure 1: Transition of oversight and governance in light of the Hill/McBride outcome report.

2.0 Background & Mandate

In 2019, the Trust commissioned the Royal College of Surgeons (RCS) to conduct a service review which, while confirming service safety, highlighted serious cultural problems within the Cardiac Surgery unit. Subsequent Trust actions improved the environment, and the General Medical Council (GMC) removed enhanced monitoring.

In 2024, emerging concerns prompted the SPPG and PHA to commission the DCO Partners to assess and review the unit between the months of January–April 2025. The resulting report (May 2025) once again confirmed the service was clinical safety, with good patient satisfaction scores, but identified persistent cultural and behavioural concerns and a lack of confidence in Trust processes to address such. Consequently, the Health Minister, Mr Mike Nesbitt, escalated the Trust to Level 5 of the Safety and Intervention Framework, and appointed of two external experts to oversee the Trust's response to the report and facilitate a period of engagement with all staff on their experience of the Trust culture and governance processes.

The Trust grouped 16 recommendations (15 DCO recommendations plus one relating to NIMDTA engagement) under four programme themes and established a formal assurance and accountability structure. This included reporting from individual workstreams to a Cardiac Surgery Steering Group, chaired by the Chief Executive, with onward reporting to Trust Board, SPPG, PHA and Department of Health (DoH). A list of all 16 recommendations is provided below.

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.
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.
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.
4. Raising of concerns should be encouraged as an accepted practice within all management and teaching meetings.
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.
6. Deaths on Cardiac Waiting Lists 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.
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.
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.**
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".**
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 Freedom To Speak Up**
13. Given the behaviours directed at those raising concerns, they should be considered as whistleblowers in order to protect them in law.
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.
15. There should be a rapid review of the return-to-work process that was conducted for the former Clinical Director (CD), and the impact it caused.
16. The Trust needs to engage and work closely with NIMDTA.

3.0 Delivering against Objectives

3.1 Clinical Safety & Patient Outcomes

Objective: Provide demonstrable assurance on safety, robust outcome monitoring, and effective waiting-list oversight.

3.1.1 Outcomes Delivered

Recommendation 5 refers to establishing better connectivity with other UK Cardiac Surgery centres and refocusing on benchmarking. Formal links have been reinforced with other UK centres, specifically: Newcastle Transplant Centre, St Bartholomew's Hospital, Liverpool Transplant Centre, and Guys and St Thomas Hospital. A visit to Sheffield Teaching Hospital Foundation Trust is planned for June 2026 with the purpose of establishing a more formal and collaborative relationship. The Cardiac Surgery unit is an extremely data-rich service due to its participation in National Institute for Cardiovascular Outcomes Research (NICOR) and National Cardiac Benchmarking Collaborative (NCBC) benchmarking practices. This data will be formally reviewed and analysed by the team through the new monthly Patient Safety and Governance meetings to ensure its accuracy, enabling the team to identify emerging trends requiring action. Additionally, the Cardiac Surgery Intensive Care Unit (CSICU) submitted their first benchmarking report to Intensive Care National Audit & Research Centre (ICNARC) encompassing data between 1 October 2025 to 31 December 2025. In March 2026, the first quarterly quality report was received by the Trust and was discussed at the May Culture and Governance Oversight Group meeting. For these reasons the Cardiac Surgery Steering Group have accepted that this recommendation is closed, and the practices described are subsumed into business as usual.

Recommendation 6 refers to the ongoing oversight and frequency of review of patient deaths on the waiting-list. Firstly, the DCO outcome report narrative did not align with the information that was submitted annually to NCBC; regardless of this fact, an extensive validation of the waiting list completed in September 2025. This validation exercise confirmed there had been no deaths associated with waiting on the Cardiac Surgery waiting list between April – August 2025. The service developed and implemented a standard operating procedure (SOP) regarding continued monthly validation of the Cardiac Surgery waiting list to ensure all deaths were captured, escalated through governance processes and any patient case discussed at the Mortality and Morbidity meetings to address any arising service improvements or issues. Subsequently, two deaths on the waiting list have been identified, escalated appropriately and discussed in line with internal policy. In January 2026, the external interim Clinical Director presented to Trust Board to enhance oversight and share improvements made within the service regarding governance and accountability structures, featured in Appendix B. During this presentation, the interim Clinical Director was able to evidence inaccuracies in the DCO

Partners' narrative regarding deaths on the Belfast Trust waiting list and showed this was not in line with what he had witnessed during his time in the Trust. For these reasons the Cardiac Surgery Steering Group have accepted that this recommendation is closed, and practices are subsumed into business as usual.

Recommendation 7 refers specifically to need for regular Surgeon outcome reviews as another way of measuring the quality of the overall service. Traditionally, these outcome reviews were accessible to the Clinical Director and Governance Lead and if issues were identified, a governance process was commenced and an action plan devised to address them. In February 2026, the Consultant team agreed to move to regular anonymised group review of their CUSUM plots within the new monthly patient safety and governance meetings to allow an opportunity for open and transparent discussion, while facilitating identification of any risks associated with practice. The CUSUM plot is a qualitative overview of the process being monitored and relies on comparison between computed values and a delivery tolerance. When and if issues are identified as requiring intervention, it will still be the responsibility of the Clinical Director and Governance Lead to address individual practice and devise an action plan for improvement. For these reasons the Cardiac Surgery Steering Group have accepted that this recommendation is closed, and practices are subsumed into business as usual.

3.1.2 Impact indicators

Within the Cardiac Surgery Unit, clinical outcomes remain within national norms and will continue to be monitored through the monthly patient safety and governance meetings. Also, monthly safety data packs (including surgeon-specific outcomes and WL deaths) are now configured and will be discussed at these meetings. Real-time Patient experience scores in Ward 5A/CSICU remain between 99–100% (Sep 2025–May 2026), with one transient dip (92% in Ward 5A in July 2025) which was addressed through proactive nursing reassurance and a formal Frequently Asked Questions (FAQ) document developed and disseminated on the ward and through the Patient and Client Council. Additionally, the ward staff updated a patient leaflet for all those transferring to the Royal Victoria Hospital from another district general hospital. The Cardiac Surgery Pre-Assessment nursing team also worked to update their pre-assessment documentation, "The Road to Recovery: A guide for patient waiting for Cardiac Surgery"; which was reviewed by the Cardiac Surgery Patient Involvement Group and the Trust Reader Panel to ensure it was accessible to the general public. The revised Road to Recovery booklet will go to print in May 2026. The interhospital transfer documentation is in the final stages of review and will also go to print Summer 2026. Workforce resilience was also highlighted as a vulnerability in the DCO outcome report, the Trust has various business continuity and contingency plans in place to ensure service provision is prioritised and delivered. In the event that these plans could not be delivered, this was escalated to the SPPG through the operational service management. An additional step is a consultant surgeon has agreed to co-ordinate the theatre rota and facilitate

enhanced communication between consultants, the waiting list office and theatre team to coordinate theatre slots for effectively. A Surgeon of the Week model continues to be under discussion within the Consultant team to strengthen ward based cover and resilience within the wider Cardiac Surgery Service.

3.1.3 Transition to Business as Usual

The Cardiac Surgery Steering Group have agreed the three recommendations are closed and are now within the monitoring phase. Specifically, assurances regarding the monthly Patient Safety and Governance meetings will be reported to the Culture and Governance Oversight Group with a follow-up presentation to Trust Board, in either September or October 2026, on progress to date.

3.2 Culture & Civility

Objective: Embed shared values, respectful behaviours, psychological safety, and visible leadership engagement.

3.2.1 Outcomes Delivered

One of the immediate actions in response to the DCO Partners' Outcome report, the Trust offered Respect & Civility/Bystander Training to all staff within Cardiac Surgery; at the time of this report 75% of staff have completed the training. Additional mop up sessions were offered in February and March for any staff who could not avail of the training prior to December 2025. Due to the nature of the work in CSICU and the staffing model of one-to-one patient care, it proved difficult for staff to be released for the 3-hour training. HR colleagues have agreed to facilitate CSICU specific training over the summer months when services downturn for the Trust rolling audit days. The BHSCT Leadership Academy was launched via Learn HSCNI in November 2025, which allows staff to undertake additional leadership training through an online modular format at their convenience. Participants in this programme are expected to complete all modules within a 6-month period; to date there are 555 staff, all at different stages of completion, who have availed for this training. New starts are required to attend a welcome event that is structured around the shared HSC values and expected behaviours. Due to this progress the Cardiac Surgery Steering Group agree that recommendation 3 is on track for achievement and will continue to be monitored through the Culture and Governance Oversight Group to confirm full delivery against the recommendation.

In response to the DCO Partners outcome report Senior Leadership provided five town hall forums for staff to discuss the report in an open and transparent manner. At the first of these meetings in May 2025, the DCO report was printed and provided to staff in attendance. Senior Leadership answered questions and queries in relation to the report and provided staff with an update on progress to date. In September 2025, a staff

newsletter was also launched and continues to run monthly to update staff on progress against the escalation for Cardiac Surgery under the Support and Intervention Framework (SIF). It also provided wider insight of all the work facilitated throughout the department. There is a dedicated page on the Trust intranet, the Loop, comprising the published Cardiac Surgery newsletters and in-depth SIF progress reports, that are submitted to SPPG and PHA for monitoring. This means that there is greater transparency for the service and all Trust staff. Additionally, the effectiveness of the staff newsletter was evaluated, between December 2025 and January 2026, by the staff to ensure its relevance and to provide an opportunity for staff to feedback on other content of interest. Based on this feedback, a feature titled 'A Day in the Life Of', where a member of staff provides an in-depth look at their role and responsibilities while on shift, was added and corporate updates were removed. A People and Culture Strategy is well under development and there is ongoing engagement for staff and stakeholder views through surveys, focus groups, meetings and planned town hall meetings with the Chief Executive. All feedback will be centrally collated through the Trust's Human Resources department to inform the strategy going forward. The Cardiac Surgery Steering Group considered recommendations 8 and 10 closed and subsumed the practice into business as usual.

3.2.2 Impact indicators (to date)

One of the most significant positive impact indicators from the work done by the Trust to date is the reinstatement of Cardiac Surgery ST1 Trainee from Feb 2026 by NIMDTA, with another ST post to start in August 2026. Additionally, NIMDTA have been reassured of the calibre of the trainee experience given positive feedback during Quality Monitoring visits to the unit.

3.2.3 Transition to Business as Usual

To deliver the Respect & Civility/Bystander training to the final cohort of staff in Cardiac Surgery and to fully implement this training across the whole Trust. To continue to promote new training opportunities for all staff such as the Leadership Academy and Coaching for Managers. Publication and implementation of a five-year People & Culture Strategy aligned with the Trust's Being Open framework.

3.3 Raising Concerns

Objective: Create a trusted, transparent, and effective Freedom to Speak Up approach with strong protections.

3.3.1 Outcomes Delivered

A Raising Concerns Task and Finish group was established with an external facilitator and the appointment of a Non-Executive Director lead for whistleblowing. Across the Anaesthetics, Critical Care, Theatres and Sterile Service and Surgery (ACCTSS) directorate the ability to the raise concerns during safety huddles and team meetings has been fully implemented as a standing agenda item. Coaching courses for managers have been made available to all members of the organisation through the HSC Learn Portal and are delivered through MS Teams. BHSCT Psychological Services is working to develop a Trust specific programme around psychological safety in the workplace which will be built on Professor Gilbert's Compassionate Mind Model. Based on the evidence provided, the Cardiac Surgery Steering Group have considered recommendation 4 closed and subsumed into business as usual with onward monitoring through the Culture and Governance Oversight Group.

Recommendation 12 queried if the Clinical Director was the sole determinant of escalation, and therefore a single point of failure. This was refuted early on as the Trust practices a model of Collective Leadership where queries, issues and concerns can be raised through the Clinical Director, Co-Director and Divisional Nurses; this model does not determine with whom staff must interact but rather provides various perspectives and options for staff to engage with to address concerns. This practice is in line with the HSC Collective Leadership Strategy which was published following the publication of the Health Minister's 10-year transformation approach, Health and Wellbeing 2026: Delivering Together. An external interim Clinical Director was appointed for 6 months from Sheffield Teaching Hospitals NHS Foundation Trust to help stabilise consultant leadership within the unit and drive necessary changes forward. Based on the action taken, the Cardiac Surgery Steering Group considered the recommendation closed and subsumed into business as usual with onward monitoring through the Culture and Governance Oversight Group.

3.3.2 Transition to Business as Usual

With reference to recommendations 2 and 13, the Trust considers both recommendations to be on track for achievement with onward referral for the Culture and Governance Oversight Group to see through to completion. The publication and implementation of BHSCT procedures based on feedback Raising Concerns (Whistleblowing) Policy is depended on the regional reform of this policy under the leadership of the Department of Health. Development of a communication strategy for the onward management of the action plan in relation to the Hill/McBride outcome report is underway and reviewed through the Culture and Governance Oversight Group at each meeting.

3.4 Trust Governance

Objective: Ensure Ward-to-Board assurance over safety, culture, and professional standards.

3.4.1 Outcomes Delivered

In December 2025, the Trust Board approved a new Integrated Governance & Assurance Framework.

3.4.2 Transition to Business as Usual

A revised Integrated Governance & Assurance Framework was drafted by the Risk & Governance Division of the Medical Director's Office in consultation with key clinical and service leads and was approved by Trust Board in December 2025. Over January-March 2026, the Risk & Governance Division engaged with Directorates to share the revised Framework and consult with relevant staff on the detail of the necessary assurance groups and reporting arrangements; transition to the new Framework commenced in April 2026 and is anticipated to complete by end June 2026. As part of this process, a dedicated page has been created on The Loop providing all staff with access to key resources and information, including a comprehensive schedule of all meetings listed within the Framework, to enhance visibility and transparency across all levels of the organisation.

In addition, the Risk & Governance Division has developed a comprehensive Risk Appetite Framework and Statement for the Trust, taking BSO Internal Audit advice and modelling the document on national best practice guidance. The intention is to conduct a workshop in Summer/Autumn 2026 to introduce Trust Board to this material and develop shared understanding and agreement at Non-Executive and Director level of the principles underpinning it (date to be confirmed, pending review of the material by new Trust Chair and consideration of an appropriately skilled facilitator for the workshop).

The Culture and Governance Oversight Group's Governance and Assurance feed will drive forward the monitoring and oversight of these workstreams.

For these reasons the Cardiac Surgery Steering Group has listed recommendation 1 as on track for achievement with onward monitoring until complete to the responsibility of the Culture and Governance Oversight Group.

In terms of recommendation 9, a power BI Medical leadership dashboard is in the build phase and is anticipated to provide a comprehensive overview of the status of consultant job planning, appraisals, concerns or disciplinary procedures in order to provide assurance across the medical profession. This dashboard is built off the Corporate Nursing model that has been in place for a number of years; The Executive Director of

Social Work is also working to implement a similar dashboard for their professional colleagues. It is anticipated this will be operational by August 2026 which is why the Cardiac Surgery Steering Group have agreed this recommendation is on track for achievement.

3.5 Discrete Actions Overseen by Chief Executive/Medical Director

Due to the sensitive nature of some recommendations, included in the DCO outcome report, specific elements were specifically overseen by the Chief Executive and/or the Medical Director.

In terms of recommendation 11, the ongoing management of complex relationships with the current leadership team, arrangements were made in August 2025 for external responsible officers to provide support to five Cardiac Surgeons in relation to ongoing disciplinary, grievance and legal proceedings; these arrangements were formally reviewed in March 2026 and will continue with a further review in 6 months' time.

In response to recommendation 14, the assessment of current and ongoing litigation as well as the longer-term implications, a Risk Summit was held in October 2025 to map ongoing litigation/grievances proceedings and downstream impacts on the unit and wider Trust. This level of risk monitoring is essential and highly confidential due to the nature of the cases and will be monitored six monthly going forward. The most recent Risk Summit took place in March 2026 and for this reason, the recommendation is considered closed and subsumed into business as usual with ongoing monitoring arrangements through the Culture and Governance Oversight Group

Concerning recommendation 15, the rapid review of the return-to-work process was completed by external Human Resources agency, and the learning was shared with Medical Director and Human Resources Director and embedded in business as usual. This recommendation is deemed closed.

Due to recommendation 16 and the work completed by the Trust to date, NIMDTA have agreed to reinstatement of Cardiac Surgery ST1 Trainee from February 2026. Additionally, NIMDTA were reassured of the trainee experience, given positive feedback during Quality Monitoring visits to the unit and will continue to utilise these visits to monitor trainee feedback. The Cardiac Surgery Steering Group consider this recommendation closed and subsumed into business as usual with onward monitoring through the Culture and Governance Oversight Group

4.0 Financial Resources & Enablers

Financial resources have been targeted to stabilise leadership, protect service delivery, and enable improvement. This includes investment in temporary external capacity, notably the appointment of an interim external Clinical Director for six months and a Cardiac Surgery Improvement Service Manager for eleven months, alongside the use of

external Senior Responsible Officers to support five Consultants during a period of sustained pressure. To mitigate workforce risk, particularly within perfusion where the rota has been impacted by long-term absence, a business case has been supported by SPPG to over-recruit by two posts, ensuring resilience and continuity. The Trust's Whistleblowing Team also received investment for two additional post to support the ongoing work regarding raising concerns across the Trust, which have now been made permanent.

Capital and infrastructure funding was deployed, with approximately £30k allocated for essential instrument replacement within the theatre environment. While updating the Ward 5A Nurse call system, Estates colleagues took the opportunity to invest in some environment upgrades, such as painting and the install of new floors to enhance patient experience and maintain high hygiene standards in the area. In parallel, informatics resources are being sustained through a small specialist team responsible for data entry and validation, with planned migration to the Encompass system acting as a key enabler to improve data quality, reporting efficiency, and overall service oversight.

5.0 Risks Issues & Mitigations

Risk	Residual Rating	Current Mitigation	BAU Owner
Service sustainability (workforce, perfusion, theatre capacity)	Med	Contingency plan; IS utilisation 2–5 cases/wk as needed; commissioning review with SPPG	Divisional Leadership (ACCTSS & Surgery)
Litigation & ER cases	Very High	External RO/HR oversight; risk conference complete; routine legal/HR review	CE/MD/HRD
Milestone slippage (policy/dashboard)	Med	Clear critical path to Mar–Apr 2026; Board schedule aligned	MD/HRD
Cultural regression	High	Leadership Academy; Civility training to 100%; townhalls/newsletters; SRG	HRD + Divisional Team
Trainee experience	Med	Ongoing NIMDTA liaison; quality visits; ST1 return Feb 2026	MD (with NIMDTA)

6.0 Benefits Realisation

6.1 Patient safety & outcomes

- Continued NICOR and NCBC benchmarked outcomes; structured M&M and audit with standardised datasets; Cardiac Surgery Unit (CSU) safety dashboard and quarterly safety data reporting to Board/SPPG/PHA in operation.

- Strengthening and building relationships with other UK Centres: Liverpool Chest Heart and Stroke, Sheffield Teaching Hospital NHS Foundation Trust , Guys and St Thomas, St Bartholomew's, Sheffield Teaching Hospital NHS Foundation Trust and Edinburgh/Glasgow hospitals
- New Patient Safety and Governance meetings in line with Trust audit cycle to encourage attendance, transparency and enhance multidisciplinary working.

6.2 Patient experience & flow

- Work undertaken by the Trust Estates Department to improve the physical environment on Ward 5A has had a positive impacted ward cleanliness audits.
- Ward 5A/CSICU real-time feedback at 99–100% throughout September 2025 - May 2026
- Targeted communications and intentional rounding in the ward setting to answer patients' questions or queries.
- Inter-hospital transfer guidance and updated "Road to Recovery" booklet co-produced with the Patient Involvement Group/ Trust Reader Panel.

6.3 Culture & workforce

- BHSCT Leadership Academy launched
- Respect and Civility/Bystander training penetration at 75% (Dec 2025) and climbing
- Speaking up and raising concerns normalised in daily practice
- Town hall events, staff newsletter, enhanced senior leadership visibility and staff feedback loops.
- People and Culture Strategy under development
- Response to Being Open Framework underway

6.4 Governance & transparency

- Integrated governance approved; external experts embedded across programme delivery; standardised progress reporting to oversight bodies; Board seminars/presentations delivered

7.0 Support and Intervention Framework De-escalation

In April 2026, the Trust welcomed the Health Minister's announcement of formal de-escalation from Level 5 and separation of Cardiac Surgery (to Level 3) and People and Culture (to Level 4) of the Support and Intervention framework, the Trust is committed to delivering the following:

- Evidence of three consecutive CSU governance cycles completed with actions tracked/closed.
- Raising Concerns materials live; early usage & timeliness KPIs reported; staff communication strategy completed and implemented.
- Medical leadership dashboard operational; Board receiving routine oversight highlighting any emergent safety trends.
- NIMDTA confirms sustained positive trainee environment post-ST1 return.

The Trust will continue to provide assurance to the recently established Cardiac Surgery Performance Management and Clinical Quality Group, which is co-chaired by the Director of Acute Planning & Performance and the Director of Public Health.

8.0 Lessons Learned

A key lesson learned through the work done to date is that transparency directly builds confidence and accelerates improvement. The early and open sharing of the DCO report, combined with visible leadership and engagement through staff townhalls and the routine sharing dissemination of departmental safety data, creates a shared understanding of risk and progress. This approach reinforced the Belfast Trust's lived values of **openness and honesty**, demonstrating that authentic dialogue, even when challenging, strengthens trust and collective ownership of change.

Experience has confirmed the need for individual and organisational behaviour change to bring about the desired changes to culture. We strengthened our messaging around the importance of respect and civility through the development of a workshop that reinforced the values and behaviours that we expect to see as an organisation as well as those that we refuse to accept. Using external, subject matter experts helped create safe spaces for discussion and demonstrated to our staff our commitment to improve. Teams were encouraged to work to embedding expectations around respect, civility and speaking up into daily huddles, induction, and routine practice for a more sustained impact than one-off initiatives. This strengthened the value of **compassion;** specifically respect, understanding, and inclusion, ensuring that staff feel safe, heard, and supported to raise concerns in the interests of patient safety.

The combination of data and disciplined cadence emerged as a critical enabler of assurance. Standardising datasets for morbidity and mortality review and audit and aligning these to a consistent monthly cycle with Board-level reporting, maintained focus on outcomes rather than opinion. This approach embedded the Belfast Trust value of **excellence**; particularly in learning and accountability, enabling continuous improvement through evidence-based decision-making and shared responsibility for performance.

Finally, the fragility of the specialist workforce has been a stark lesson, with pressures in perfusion and other critical roles demonstrating how quickly progress can be undermined without sufficient resilience. Proactive over-recruitment and strengthened regional collaboration have been identified as essential to sustaining safe delivery. This learning reinforces the value of **working together** in a collaborative and responsible way to recognise that protecting patients and staff requires forward planning, partnership working, and investment in the people who deliver care.

9.0 Formal Closing & Next Steps

While further work is required to strengthen culture and governance across the Trust as a whole, this report sets out clearly the actions already taken and those planned to drive continued improvement. The governance and oversight arrangements established through the Culture and Governance Oversight Group are intended to ensure that progress is sustained, built upon, and consistently embedded in practice for the benefit of all. The Trust's commitment and renewed focus on its people, population health, performance and potential reinforces its ambition to be a world-class health service delivering the highest possible quality care to all.

Appendix A:

Standard Operating Procedure (SOP) to monitor deaths on the waiting list in Cardiac Surgery

Cardiac Surgery waiting list SOP.doc

Appendix B:

Recommendation Tracker & RAG as of February 2026

Cardiac Surgery Belfast Trust Action