Belfast Health and Social Care Trust
Culture and Governance Oversight Committee Action Plan
The Hill/McBride Report was published in October 2025 by the Minister for Health. The report made 10 recommendations in addition to the 16 DCO recommendaitons.
The Trust has taken time to reflect on the recommendations and is fully committed to develop and deliver on the necessary actions to fully implement the suite of recommendations.

Action Plan

Version Last Updated	10/06/2026	Last Update By:	CMCC			

Rec No	Recommendation	Pillar/Feed	Sponsoring Organisation	Accountable Executive	Accountable Pillar Chair	Current RAG Status	Agreed Actions	Current Summary Position	Key Actions Outstanding
1	The Belfast Trust should monitor the Cardiac Surgery Consultant team relationships and their impact on service delivery and patient safety in Cardiac surgery.	Cardiac Surgery Steering Group	BHCST	Chief Executive	Chief Executive	Complete	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	1. Deaths on the waiting list- a robust standard operating procedues has been put in place for reviewing the waiting list on a monthly basis, clear protocol for escalating a death on the waiting list through the clinical and management lines, all deaths are discussed at the monthly Cardiac Surgery Patient Safety and Governance meeting. There 2 deaths on waiting list as at March 2026. 2. Links with other Trusts remain strong (Newcastle Transplant Centre, St Bartholomews Hospital, Liverpool Transplant Centre, and Guys and St Thomas Hospital), a small team will be visiting Sheffield Trust 18 June 2026 to strengthen relationships- coordination through the Cardiac Surgery Service Manager 3. Monitoring of Consultant performance has been built into the Cardiac Surgery Patient Safety and Governance monthly meetings, if an issue is identified this is to be taken forward with the Clinical Lead for governance and the Clinical Director; management will then be notified of any actions following. 4. Well established Cardiac Surgery benchmarking history through NICOR and NCBC. Quarterly Report for CSICU ICNARC data for has been published and the team is reviewing this to identify any actions or improvements. The ICNARC data was reviewed by CGOG on 14 May 2026 and shared with Trust Board, SPPG and PHA. 5. Arrangements are in place and will continue regarding the External Responsible Officers in place for 5 consultants. This will be monitored by the Chief Executive and the Medical Director's office going forward. 6. The collective leadership model is in situ in Cardiac Surgery 7. Second Risk Summit took place on the 23/03/2026 and the team are working through key agreed actions. Chief Executive and Interim Director have agreed another summit will take place in September or October 2026 8. New Chair of Division has been successful at interview- start date 29 June 2026. Interim Clinical Director, Mr Blair, remains in post. Recruitment for a new permanent Clinical Director will be taken forward by new Chair of Division.	Complete - subsumed into business as usual with arrangements for onward monitoring in place
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.	Governance & Assurance Feed	BHCST	Chief Executive & External Independent Support	Director of Finance	Complete	(Belfast Trusts defined action as) Develop “Organisational Conflict Risk Register” yielding quarterly Board updates; integrate risk review into Assurance Committee (or new People & Culture Committee) agenda.	1. 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. 2. 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. 3. 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
3	The Belfast Trust should commit to the development of a comprehensive 5 year “People and Culture” strategy. Devise meaningful accountability processes that reflect the central importance of the People and Culture strategy to the success of the organisation.	People & Culture Feed	BHCST	Chief Executive & External Independent Support	Chief Executive	On Track for achievement	1. 5 Year People and Culture Strategy 2. meaningful engagement/listening exercises with all staff groups 3. Co-design and co-productions of the P&C strategy and mechanism for dealing with the past 4. Non-Executive Director chair of subcommittee 5. Standardised reporting template for P&C to Board 6. Standardised metrics to monitor culture 7. Staff engagement groups across the organisation 8. Building capacity in management to deal with difficult situations effectively	1. Draft People and Culture strategy is being developed using a number of sources, including: Feedback from People and Culture Townhalls, People and Culture Strategy Survey feedback, Previous Staff Experience Survey results and Feedback from external reviews including DCO and Hill McBride. 2. Belfast Trust Staff Survey closed on 31 May. Results from the survey will inform the development of local People and Culture plans as well as track progress of ongoing Culture change efforts. This includes matters relating to raising concerns. 3. Non-Executive Director in place to chair the new People and Culture Committee- first quarterly meeting to be held in June 2026. 4. Internal consultation across the Trust on the draft Respect and Civility Framework and the draft Belfast Trust Being Open Matrix (for staff) has been completed and final changes are being made ahead of presentation to Exec Team and Trust Board in June.	1. Consult on the new People and Culture Stategy projects for end of June 2026. 2. Update and Launch People and Culture Strategy based on consultation feedback. 3. Further work is underway to consider appropriate mechanisms to acknowledge and address past experience using a restorative justice lens.
4	The Belfast Trust should review its Human Resource function considering structure, capacity and resourcing.	People & Culture Feed	BHCST	Chief Executive & External Independent Support	Chief Executive	On Track for achievement	1. Formal analysis based on aspirations of People and Culture strategy 2. HR equipped with expertise and resources to deliver their function 3.Medical HR evaluation- oversight of people issues amount medical staff 4. Celar accountability when it comes to people issues	1. The independent review of the HR/OD function, commenced in January 2026 and is complete. 2. Chief Executive has received the independent report of HR/OD with recommendations April 2026 and has met with the three HR Co-Directors to review the findings. 4. Mr Royles has agreed to provide support to the Trust and the HR Co-Directors circa 5 days per month in order to deliver on the action plan from his review. 5. Townhall event with HR staff to share the findings of the review and share next steps took place on Friday 5 June 2026	1. Trust to respond by creating action plan based on the recommendations with specific agreed actions and timeline for delivery

5	The Belfast Trust should review, clarify and improve the mechanisms for staff to raise concerns.	People & Culture Feed	BHCST	Chief Executive	Chief Executive	On Track for achievement	1. Raising concerns central to the People & Culture Strategy 2. Review and updated raising concerns policy, greivance/disciplinary/conflict/bully/harassment and whistleblowing 3. Clarification of when whistleblowing is appropriate and most effective 4. Listening to staff should be a cultural norm 5. Responsibility of line managers to listen to and respond to concerns raised with them 6. 360 review for managers in annual review process	1. Developing the infrastructure, training and support mechanisms to enable staff to raise concerns will be a key component of our new People and Culture Strategy. 2. The Grievance and Conflict Bullying and Harassment policies have both been reviewed regionally and implemented within the Trust. 3. The Disciplinary policy is currently under review regionally and is in the final stages of consultation. 4. Whistleblowing is now included in the New Manager Toolkit training- four workshops were held with staff in October and December 2025 to seek feedback on the existing WB policy and procedure and to highlight areas of improvements. 5. Staff views on leadership are actively and routinely captured through the annual staff engagement survey, where experiences of leadership are the basis for a number of questions, with results fed back at service and team level and are completely anonymous. 6.Three Staff Experience metrics that relate to psychological safety 1) knowing how to raise concerns 2) feeling safe to raise concerns and 3) a belief that the organisation will act on concerns when raised have all increased over the past 5 years. 7. Options to introduce 360° feedback for managers as part of the annual appraisal process are currently being explored by the Enhancing Leadership Assurance Group with a focus on ensuring the approach is supportive, constructive and scalable for those in formal leadership roles. 8. Multiple Trust wide communications have been issued to encourage staff to speak up if they have a concern, how to do so, and the appropriate policy. These communications will continue on a rolling basis going forward. 9. Discussions are ongoing regionally in relation to the Hill/McBride Freedom to Speak up recommendations. In addition, the Trust have undertaken benchmarking of other raising concerns services to help inform the future structure going forward. 10. 2026 Staff Experience Survey now closed with ongoing analysis- results will be shared with teams across the organisation in due time. 11. The Trust have increased the resources within the Whistleblowing team by recruiting an additional band 7. Further funding has also been received to recruit a band 4 and this is currently being processed. The additional resource within the team will strengthen the ability to respond to concerns that are raised and the ability to process these in a more timely way.	1. Regional consideration of the mechanisms to Raise Concerns with wide communication to Trust Staff 2. Trend analysis of the Psychological Safety metrics- long term goals 3. Ongoing communication to staff regarding raising concerns - in place for rolling communication 4. Continuation of the yearly staff survey and analysis by directorate, division and department 5. Roll out of 360 feedback for managers and follow up analysis of the '... so what?' or impact of this feedback loop. 6. Regular updates to Trust staff on the regionally agreed actions regarding Freedom to Speak Up
6	The Department of Health should introduce regional services that provide independent mechanisms for staff to raise concerns	Department of Health	Department of Health	Minister for Health/Permanent Secretary	Minister for Health	Recommendation/Action is Outwith the Control of Trust			
7	The Belfast Trust should review its structure, membership, reporting and consider a programme of Board development	Governance & Assurance Feed	BHCST	Chief Executive & Board Chair	Director of Finance	On Track for achievement	1. Consider reduction of ET 2. Board sub-committee structure and meeting frequency 3. Identification of groups reporting to the Quality and Safety Board 4. Aligning strategic risks to BAF review 5. Formal oversight of corporate governance 6. Board papers published in a timely manner	1. Chief Executive will continue to review board and executive team structures and take into consideration the Korn Ferry review 2. Integrated Governance and Assurance Framework has been ratified by Trust Board and has moved to the implementation phase. 3.Renewed Trust Corporate Plan and Objectives has been ratified by Trust Board and will be published in June 2026 for all staff. 4. A Trust Board workshop is being organised in August 2026 to address the Trust's Risk Appetite Statement as this will support the new Integrated Governance and Assurance Framework 5. Board papers are now published in a timely manner, and ordering issues on the website have been resolved 6. First meeting of the Patient Safety & Quality Committee took place on 29.05.2026	1. Presentation and approval of Trust Risk Appetite Statement to go to Trust Board 2. Date of workshop to address the Risk Appetite Framework and statement to be determined. 3. Review of responsibility and oversight of corporate governance.
8	The Belfast Trust should review and streamline (clinical) governance reporting and improve the reporting of outcomes	Governance & Assurance Feed	BHCST	Medical Director	Director of Finance	On Track for achievement	1. Consider if the review of comprehensive governance report could release time for analysis of data 2. Thresholds of Serious Incidents with DoH 3.regular reporting of national audit data to Quality and Safety committee 4. Quarterly learning from deaths for Board reports bringing together all sources of learning from deaths.	1. New Integrated Governance & Assurance Framework went live in April 2026 2. The Trust continues to engage with the DoH on the redesign of the SAI Programme - timeline for this work currently outstanding 3. The Trust continues to engage with SPPG on a bi-monthly basis regarding the management of SAIs, with targets having been set. 4. Medical Director has agreed that benchmarking will be a standing item at the Patient Safety & Quality Committee meeting 5. Benchmarking was included in the Trust Board meeting in April 2026 - March 2026 saw Stroke and Snapp benchmarking discussed. Benchmarking will remain as a standing item on the Patient Safety & Quality Committee meetings going forward. 6. The 'Mortality Review Assurance Group' will replace 'Outcomes Review Assurance Group' at Tier 3 of the integrated Board Assurance Structure and will work to establish how the whole Trust learns from deaths	1.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 has obtained BSO Internal Audit Advisory support in relation to the draft document, and the workshop will be scheduled for a Trust Board meeting. 2. SAI Programme with DoH will continue and implications to the Trust processes will be filtered through the appropriate governance structures. Trust colleagues continue to engage with this process but it is not within the Trust's gift to deliver. 3. Full implementation of the dedicated sharepoint page for the Integrated Governance & Assurance Framework commenced and on target for end of June 2026 4. Medical Director will consider the extent to which benchmarking information can be made publicly available on the Trust website.
9	Department of Health Should review policies in relation to patient safety, mortality and audit.	Department of Health	Department of Health	Minister for Health/Permanent Secretary	Minister for Health	Recommendation/Action is Outwith the Control of Trust			
10	The Trust should strengthen its Medical Leadership	Medical Leadership Feed	BHCST	Medical Director	Medical Director	On Track for achievement	For the benefit of Chairs and CDs: 1. Access to aspiring leadership training 2. Review time and resources for these positions 3. Face to face meeting with Executive Team 4. Coaching provision 5. Time limited role rules	1. PowerBI dashboard underway to track medical compliance with things like appraisal - launch timeline to be updated at the next meeting 2. Medical Leadership has been included in The People and Culture Strategy and engagement will continue. 3. Quarterly Clinical Council has been established and terms of reference are in place. 4. Medical Manager annual review document developed based on Sheffield model and shared for comment with SML. Proposal to be brough to executive team for to timetable the first reviews. 5. Clinical leaders development programme has completed first cohort with second cohort in April/June 26 6. T&F group established which are developing Process for appointment of medical managers 7. Updated record of all chairs and clinical directors compiled. 8. Contemplative Spaces beginning development programme with coaching offer to SML in June 26; ongoing conversations with HR regarding coaching for CDs	1. Review of time and resources for clinical leadership to go to Executive Team 2. Implementation of the PowerBI dashboard for Medical Director's oversight and timeline to be confirmed regarding delivery. 3. Updated HR policy regarding the role and time span of the Chair and CD role under review. 4. Communication of all changes to Medical Leadership to Doctors and Service leadership 5. First quarterly MDO report (details of disciplinary/professional reviews) to Chief Executive to be provided in June 2026