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

1. Date of CGOG Meeting where reporting template to be considered	10 Sep 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)	24 Aug 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.

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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 (02/06/2026 for meeting 15/06/2026)
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**	Formal links established with other UK centers: Guys and St Thomas, St Barts, Liverpool Transport Centre and Newcastle Transport Centre. Connections continue to be strengthened by a mixture of MDT meetings and ad hoc improvement work. Participation in NICOR and NCBC national benchmarking will continue **in line with the submission date prescribed by these organisations.** • NCBC submissions are yearly • NICOR are monthly submissions. Visit to Sheffield Teaching Hospital NHS Foundation Trust took place 18 June 2026 to develop more formal links and sharing of best practice. The visit was positive, and the possibility of a future follow-up visits by clinicians was discussed. • Ongoing work to provide assurance regarding networking and collaboration with other cardiac surgery centres. • Learning from the Sheffield visit and wider engagement with UK cardiac centres is being incorporated into an assurance paper. • This recommendation is close to closure pending submission of final supporting evidence

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		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- Subsumed into Business as usual** **By September 2025**, the service did a full evaluation of the current waiting list and confirmed there had been no death of patients on the waiting list. Standard Operating Procedures in place for the monitoring and validation of the Cardiac Waiting list and escalation principles when a death is identified – **delivered December 2025** The service is committed to continue to submit yearly numbers to the National Cardiac Benchmarking Collaborative for deaths on the waiting list. **As of June 2026,** there have been two deaths on the waiting list which were escalated according to the standard operating procedure in place with Cardiac Surgery. Interim Clinical Director's presentation to Trust Board regarding Cardiac Surgery benchmarking and the new governance and assurance structures was **delivered in January 2026** and again to SPPG in **March 2026**. The Cardiac Surgery service will present again to Trust board to provide assurance and accountability in either **September or October 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.	**On Track for achievement**	Patient Safety and Governance Meetings continue on a monthly basis in line with the Trust audit schedule. Theatre activity on these days is downturned to allow as many members of the MDT to attend as possible. Meeting dates to date: **13 February 2026 (inaugural meeting), 13 March 2026, 14 April 2026, 12 May 2026 and 10 June 2026**. Dr Chris Nutt attended CGOG meeting in **May 2026** to present the finding of the ICNARC Benchmarking data Quarterly report. Dr Nutt and the team will continue to monitor the submission and feedback. Based on the first quarterly report the overall assessment is that Belfast Trust CSICU data is within national norms. As the data submission continues, the service will continue to build a true reflection of overall yearly performance against other Trusts. **Submissions will be completed by staff on a 3-monthly cycle as is dictated by the organisation.** Mr Peter Braidley provide assurance to the Trust Board in January 2026 regarding the review of consultant CUSUM plots and other data arrangements within Cardiac Surgery. An updated Cardiac Surgery accountability and assurance presentation to Trust Board will be scheduled for either the **September or October 2026** • Further assurance is being prepared outlining governance structures, quality indicators, outcomes monitoring, M&M arrangements and reporting mechanisms. • Katie O'Sullivan and governance colleagues are supporting completion of this work. • The group expects this action to be capable of closure following submission and review of the assurance paper

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		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.		**COMPLETE- Subsumed into Business as usual** External Senior Responsible Officers are in place for 5 consultants. Arrangements to continue until the conclusion of disciplinary proceedings. All members of the CSSG in agreements this recommendation should be closed given the fact that is likely to be a number of months before any arrangements will change. All Maintaining High Professional Standards (MHPS) cases are currently at the formal investigation stage. One investigation is ongoing, while another was delayed due to the withdrawal of the original case investigator for pre-arranged commitments. This has now been resolved, and a new investigator is in place. **Will remain under review, target to standdown arrangements 31 March 2027.**
		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- Subsumed into Business as usual** 1. Collective Leadership model in situ within the Trust (Co-Director, Divisional Nurse and part time Clinical Director)- leadership model mitigates “single point of failure” in escalation of concerns 2. Part-time Interim Clinical Director in place 3. Raising concerns added as a standard agenda items on all daily teams safety huddles 4. Non-Executive Director appointed as Whistleblowing lead for the Trust 5.Ongoing monitoring of interim CDs progress and proactive assessment of on-going risk within Cardiac Surgery 6. Appointment of a new Chair of Division of Surgery was announced in **May 2026,** Mr A Armstrong commenced role **on 29 June 2026** Ms K O’Sullivan was appointed as second clinical lead on **17 July 2026**. When two clinical leads are in post recruitment to

Commented [MT1]: Kevin, do you not want to update with the appointment of Dr O’Sullivan?

				secure a more permanent arrangement for the Cardiac Surgery Clinical Director will commence. 7. Conversations regarding Freedom to Speak up is being taken forward at a Department of Health level given the regional implications. This is outside the scope of the Trust for updates
		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- Subsumed into Business as usual** Risk summit held (Oct 2025) to map litigation/grievances and downstream impacts; moving to BAU risk monitoring. Six Monthly review of formal risk summit completed in March 2026 with dates being explored for **September 2026**
		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- Subsumed into Business as usual** Risk Summit in October 2025 and March 2026 and formal feedback meeting with the Interim Clinical Director during his time in Belfast Trust. Director and Chief Executive have tentatively agreed **September 2026** for the next Risk summit checkpoint.

Other Service Level Updates:

- Ms Katie O'Sullivan has been appointed as Clinical Lead and has now been in post for several weeks.
- Mr Gwyn Beattie is established in post as Governance Lead for Cardiac Surgery.
- Mr Aidan Armstrong remains in post as Chair of Division for Surgery and continues to support service leadership arrangements.
- Mr Paul Blair will conclude his interim Clinical Director appointment at the end of August 2026.
- Following Mr Blair's departure, the Clinical Director role will become vacant. The Trust intends to allow recent leadership appointments to embed before determining future arrangements for the post.
- Positive discussions have taken place with SPPG regarding the Cardiac Surgery DCO closure report. The recommendation relating to deaths on the cardiac waiting list has now been formally closed.
- Two assurance actions remain outstanding.
- Additional assurance papers are being developed to support closure of the remaining actions and there is confidence that both actions can be closed following submission.

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- The Sheffield visit and wider engagement with UK cardiac centres continue to provide evidence of external collaboration, benchmarking and shared learning.
- The recent Patient Safety and Governance Meeting was positively received. A new venue has improved attendance, engagement and multidisciplinary discussion.

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7. New risks identified, including controls and mitigating actions discussed
Ongoing Challenges in Terms of Professional Relationships This remains a recognised risk within the service. Ongoing monitoring continues through leadership oversight, governance arrangements and workforce processes. Continued focus is being placed on multidisciplinary working, staff engagement, governance participation and positive cultural behaviours. **Vacancy in the Clinical Director Role** The Clinical Director position will become vacant at the end of August 2026 following the departure of Mr Paul Blair. Mitigating actions include: ▪ Leadership support provided through Mr Aidan Armstrong as Chair of Division. ▪ Appointment of Ms Katie O'Sullivan as Clinical Lead. ▪ Governance oversight provided through Mr Gwyn Beattie. ▪ Continued support and oversight from the Co-Directors and Divisional leadership team. Longer-term arrangements for the Clinical Director role will be reviewed once the current leadership structure has had an opportunity to embed.

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

9. CGOG consideration of the Reporting Template
CGOG noted the update provided and in particular discussed the ongoing information requests from SPPG. Mr Campbell is to continue discussions with SPPG regarding how best to provide assurance.

10. Trust Board consideration of the Reporting Template

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