Business Services Organisation

Directorate of Legal Services

PRACTITIONERS IN LAW TO THE HEALTH & SOCIAL CARE SECTOR

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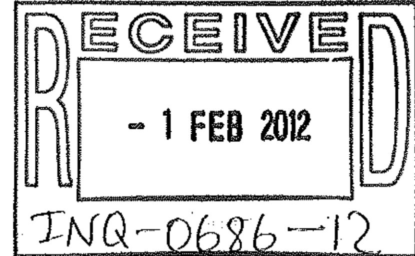
Your Ref: JOH – 0196 -12   Our Ref: HYP B04/1   Date: 1st February 2012



Mr John O'Hara
Chairman of the Inquiry
Arthur House
41 Arthur Street
Belfast
BT1 4GB

Dear Sir,

RE: INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to the above and your letter of 27th January 2012 in response to our letter of 8th December 2012.

I note that it is your understanding that the private and confidential review conducted by Professor Forsythe is already within the public domain. I am instructed that the review document is not and never has been within the public domain nor has it been discussed at any public meetings. Although the report was considered during the private and closed part of the meeting of the Health and Social Care Board on 31 March 2011 and the private and closed part of the meeting of the Belfast HSC Trust Board on 7 April 2011, the report was not disclosed during the public parts of either meeting. An oral presentation of the key recommendations of the review was made during the open and public parts of the said Health and Social Care Board meeting and the said Belfast Health and Social Care Trust meeting. I enclose a copy of the minutes of the public sessions of said meetings for your information.

With regard to the report itself, it should be appreciated by you that this report was commissioned on a private and confidential basis. The authors of the report were fully aware of the confidential nature of the report from the outset. All staff who were interviewed and who provided input during the review process did so on the understanding that they could provide information and express opinions on an entirely open and frank basis because their views, opinions and the information provided would remain private and confidential. If this report were to make its way into the public domain, it would be in breach of the promise of confidentiality afforded to the persons who provided information to the review team and whose views and expressions of opinion formed the basis of the report. It would seriously jeopardise the ability of the Board to conduct such reviews in the future as all prospective participants in such future reviews would be aware that any promise of confidentiality would be empty and that any information freely given or views or opinions openly expressed might well be subsequently publicised and this possibility of publication might act as a significant impediment to the free and frank exchange of information, views and opinion which is essential to the success of any such review process. It is for this reason that the Board has objected to the release of this report to the Inquiry.

Having considered your letter of 27th January 2012 which refers to a section in the report relating to paediatric renal transplantation the Health and Social Care Board is content to release those sections of the report, which you have stated are in your opinion relevant to the Inquiry's terms of reference. The relevant sections of the report, section 14, "Paediatric Renal Transplantation" and paragraph 18.3 "Recommendations concerning paediatric renal transplantation" are attached hereto.

Providing Support to Health and Social Care

The Health and Social Care Board remains of the view that it would not be appropriate to disclose the remainder of the report for the following reasons: -

1) The report was commissioned on a "private and confidential" basis. All those who participated in the review were aware of the private and confidential nature of the review process and the resulting report. Staff were encouraged to enter into full and frank discussion on the basis that that any information provided by them and any views or opinions expressed by them would be treated in the strictest confidence and would not be attributed to them. The opinions of staff had been given in a free and frank manner with the intention of improving a service. To put such a report into the public domain would discourage individuals from participating in future reviews of this nature, the sole intention of which is to improve health services for the people of Northern Ireland. In this way its issue could be prejudicial to the good administration of the health service.

2) The report writing style of the two authors was to accept the subjective views and opinions given to them during confidential discussions as evidence, without challenge and without the need for objective verification. When the report was privately considered by the relevant HSCB/PHA and BHSC Trust staff it was debated whether it was appropriate to accept individual opinions expressed in the report as fact in the manner in which the authors of the report had done. However, despite the lack of objective verification and the lack of a strong evidence base for the views and opinions expressed in the report, the authors of the report wished to retain all those comments as in their view perception was as important as reality. The report also contained detailed comments on the personalities and medical history of some of the senior staff.

3) It would be customary in service reviews to issue a draft report and allow a period of time for correction of factual inaccuracies. In this instance, given the very subjective nature of the views and opinions expressed in the report, this was not considered appropriate. Indeed, one section of the report was not distributed even to the senior clinicians involved, on the recommendation of Professor Forsythe in an email dated 9 February 2011 a copy of which is enclosed for your reference. In this email Professor Forsythe advises *"Please note the private and confidential appendices. We feel that these should not be made widely available as they contain personal/HR issues. The version which will be sent to clinical colleagues in Belfast City Trust will not contain these appendices. Clearly it is up to you to decide who requires access to these given their strategic importance to put in the service on a stronger footing".*

4) Although there were reservations about the writing style and the degree to which individuals were identifiable it is important to say that the HSCB and Public Health Agency (PHA) and BHSC Trust staff accepted the general thrust of the report and appreciated the expertise of the reviewers. It was therefore decided not to focus on the style of the report but to instead take forward the recommendations.

5) It is the view of the HSCB/PHA that to put the full report in the public domain would cause prejudice to individual senior clinicians. Even with significant redaction it would still be possible to identify individuals given the very small numbers of senior staff involved in this service.

6) The HSC Board is also concerned that release of the full report would jeopardise the usefulness of service reviews in Northern Ireland in the future.

I note that the Inquiry has been aware of Professor Forsythe's previous engagement by the HSC Board and BHSC Trust since as early as June 2011. Furthermore I note that it is the Inquiry's position that the report is relevant to its Terms of Reference. In those circumstances, Professor Forsythe, as the author of the report cannot provide Independent expert evidence to the Inquiry as he had already been engaged to provide expert input to the BHSC Trust and the HSC Board on a matter now judged to be relevant to the Inquiry's terms of reference.

As you are aware the issue of Professor Forsythe's ability to act as an Independent expert was raised in our letter of 8th December 2011. However, it is not clear from your reply to same dated 27th January 2012 whether you intend to continue to rely on Professor Forsythe's evidence. You have not addressed this point in your letter.

Therefore, I would be obliged if you could kindly confirm in writing in advance of the preliminary hearing or, failing that, orally at the preliminary hearing whether you still intend to rely upon the evidence of Professor Forsythe. Both the Board and the Trust are firmly of the view that Professor Forsythe cannot provide independent expert testimony to this Inquiry because of his perceived or actual lack of independence, having previously advised the Board and Trust on matters which are now considered to be within the remit and scope of the Inquiry. If you do intend to rely upon Professor Forsythe's evidence I would be grateful if you could explain why you consider that Professor Forsythe can continue to act as an independent expert for the Inquiry having regard to the fact that he was previously instructed by the Health and Social Care Board to provide a Private and Confidential Review of Renal Transplantation Services including Paediatric Renal Transplantation Services in Northern Ireland which is now considered to be relevant to the Terms of Reference of the Inquiry.

Yours faithfully,

Wendy Beggs
Assistant Chief Legal Adviser
Direct Line:
Email:

Minutes of a meeting of the Health and Social Care Board held on Thursday 31 March 2011 at 10.00am in the Great Hall, the Tara Centre,
11 Holmview Terrace, Omagh, BT79 0AH

PRESENT:
Dr Ian Clements, Chair
Mr John Compton, Chief Executive
Mr Paul Cummings, Director of Finance
Mrs Fionnuala McAndrew, Director of Social Care and Children's Services
Mr Dean Sullivan, Director of Commissioning
Ms Louise McMahon, Director of Performance and Service Improvement
Mr Robert Gilmore, Non Executive Director
Mrs Lily Kerr, Non Executive Director
Mr Stephen Leach, Non Executive Director
Mr John Mone, Non Executive Director
Mr Brendan McKeever, Non Executive Director
Dr Robert Thompson, Non Executive Director

IN ATTENDANCE:
Mr Michael Bloomfield, Head of Corporate Services
Dr Sloan Harper, Director of Integrated Care
Dr Nigel Campbell, Chair, South Eastern Local Commissioning Group
Dr Brian Hunter, Chair, Northern Local Commissioning Group
Mr Sheelin McKeagney, Chair, Southern Local Commissioning Group
Dr Brendan O'Hare, Chair, Western Local Commissioning Group
Dr George O'Neill, Chair, Belfast Local Commissioning Group
Dr Carolyn Harper, Director of Public Health/Medical Director, Public Health Agency
Mrs Mary Hinds, Director of Nursing and AHPs, Public Health Agency
Mrs Helena Doherty, Corporate Services, Western Office
Mrs Carol Mooney, Corporate Services, Western Office

APOLOGIES:
Mrs Louise Skelly, Patient and Client Council
Dr Melissa McCullough, Non Executive Director

32/11 CHAIR'S REMARKS

In his opening remarks, the Chair welcomed representatives from HSC organisations and members of the public. He welcomed Mr Michael Bloomfield who had recently taken up post as Head of Corporate Services.

He advised Members that, since the last meeting, the DHSSPS had placed the work undertaken by McKinsey into the public domain and had issued a consultative document on an HSC Framework Document – both of which would be discussed at today's meeting. He advised that the Chief Executive, in his report, would update members on a number of issues relating to health and social care which had received recent media coverage.

The Chair reminded Members that the formal election period commenced on 25 March 2011 and that it would be important for members and Board officers to be mindful of the election guidance issued by the Head of the Civil Service.

The Chair also reminded Members that the next meeting of the HSCB would be held on 10 May 2011 and not on 3 May 2011 as originally scheduled.

33/11 MINUTES OF THE MEETING HELD ON THURSDAY 24 FEBRUARY 2011

The minutes of the meeting held on 24 February 2011 were agreed and signed by the Chair.

34/11 MATTERS ARISING FROM THE MINUTES

It was noted that any Matters Arising would be dealt with on the main agenda.

35/11 CHIEF EXECUTIVE'S REPORT

The Chief Executive advised Members that the HSCB had just received a letter advising of its budget

allocation for 2011/12 and this would be discussed further in the meeting.

In relation to the review of the Belfast Dental School, he reported that, along with colleagues, he had attended a preparatory meeting at which the process for the review was outlined. An interim report is expected by the end of May. He reported that correspondence had been received from the Review Group and a response issued by HSCB officers.

In relation to recent media coverage about A&E and the proposed introduction of financial penalties where performance fell below the required standard, the Chief Executive reminded Members that this proposal had been discussed at the November 2010 meeting, and that an options paper is being prepared for consideration by the DHSSPS. He highlighted that this proposal may be one of the measures that could be applied if the service is not provided to an acceptable level.

In response to concern expressed by Mrs Kerr that the Board had not discussed the decision to implement financial sanctions, the Chief Executive emphasised that no decision had yet been taken and that subject to consideration of the options paper by the Department, a proposal will be brought to a future Board meeting for consideration by Members.

In relation to the Review of Health and Social Care recently announced by the Minister, the Chief Executive reported that the DHSSPS is preparing a paper on how the Review will be organised. He undertook to keep members apprised.

Referring to the recent Ministerial announcement on the capital budget, the Chief Executive welcomed the clarity that this had provided. As the Board was meeting in Omagh, he highlighted that the Minister had confirmed that the Omagh Local Enhanced Hospital would be proceeding.

In relation to the media coverage following the announcement about the Radiotherapy Unit at Altnagelvin Hospital, the Chief Executive confirmed that this scheme remains a priority for the Board. He explained that the Ministerial statement made it clear that the Unit also remains a priority for the Minister, but that the Minister had expressed concern about the availability of revenue funding for the Unit. He advised that it is necessary to await the detail behind the statement and undertook to keep the Board informed.

While welcoming the fact that the Radiotherapy Unit at Altnagelvin remained a priority for the Board, Mr McKeever expressed his strong concern about the postponement of what had been deemed as a priority. The Chief Executive restated the Board's commitment to the development of this Unit and confirmed that until it received the detailed information from the DHSSPS in relation to the announcement, that remained the commissioning intent in order to meet the required expansion in capacity.

Mrs Kerr indicated her support for Mr McKeever's view, and advised of the need for clarity on this important issue.

36/11 PERFORMANCE REPORT

Ms McMahon gave members a presentation on the Performance Report which provided an update on performance to the end of February 2011 across a range of areas.

In relation to elective care, Ms McMahon advised that there had been a considerable reduction in the number of patients waiting longer than nine weeks for a first outpatient appointment during February. Similarly, the number of patients waiting longer than nine weeks for a diagnostic test has reduced since January. However it was noted that, in relation to inpatient or day case treatment, the number of patients waiting longer than 13 weeks has continued to increase while the number waiting longer than 36 weeks for treatment has reduced slightly. Ms McMahon reported that, in order to ensure that there is sufficient capacity to meet future elective demand, the Board was currently undertaking a detailed examination of each elective specialty to establish a robust baseline of the level of current capacity, taking into account agreed levels of productivity and efficiency. The outcome of this exercise will inform decisions on where available recurrent funding should be targeted in order to address identified capacity gaps.

Turning to A&E, Ms McMahon reported that performance against the 4-hour and 12-hour A&E standards continued to be below the level required in the majority of Trusts. During February, regionally 76% of patients were treated and discharged home, or admitted, within four hours of arrival in A&E and over 1300 patients waited longer than 12 hours.

In relation to cancer services, Ms McMahon advised that regionally during February, 99% of urgent breast cancer referrals were seen within 14 days. To the end of January, 98% of cancer patients

commenced treatment within 31 days of the decision to treat, and 85% of patients commenced treatment within 62 days from referral. Ms McMahon noted that the Board is working with Trusts to improve the timeliness of transfers to Belfast.

Referring to Healthcare Associated Infections (HCAI), Ms McMahon reported that, regionally, progress is on track to achieve the target reduction for C-difficile. She indicated that there remained a significant risk to the achievement of the target reduction for MRSA by March 2011. Ms McMahon stated that the Public Health Agency continued to work closely with all Trusts to take forward work to reduce the number of healthcare associated infections. Dr Harper confirmed that the PHA has obtained from the Health protection Agency and has also secured services from an external expert.

With regard to mental health access, Ms McMahon reported that the majority of breaches for those waiting longer than the 9 week standard continued to be in the Southern Trust. The Southern Trust has advised that it has plans in place to achieve the standard by the end of March 2011. In relation to psychological therapies, Ms McMahon advised that the majority of the breaches of the 13-week standard were within the Western Trust, and that the Trust expected the position to improve by the end of March as additional staff were appointed.

Miss McMahon reported that the position in relation to autism had much improved with a reduction in the number of children waiting longer than 13 weeks from referral to assessment for autism.

With regard to ambulance service response times, it was noted that the Trust was continuing to implement the actions set out in its Performance Improvement Plan. However it did not expect to achieve the target for responding to 75% of Cat A calls within 8 minutes regionally and not less than 67.5% in each LCG area during March 2011.

There was detailed discussion on the issues impacting on performance across a number of the target areas and the actions being taken to address these. Following discussion, Members noted the contents of the Performance Report.

37/11 FINANCIAL PERFORMANCE REPORT

The Director of Finance summarised the Financial Report to 31 January 2011. He advised that the HSCB had received its allocation letter from the DHSSPS advising that the 2010/11 funding will amount to £3,786million. However it was noted that, within this was funding for FHS services which devolved to the HSCB on 1 July 2010.

In response to a query from Mr Leach, the Director of Finance clarified that Directors were required to check the accuracy of a report on staff in post to ensure only current employees are on the payroll.

Referring to the overspend on General Dental Services, Dr Harper confirmed that increasing numbers of patients were returning to NHS dental services and therefore the service was very much demand led. He said that it was intended to move to a more managed approach to the commissioning of dental services.

Members welcomed a presentation by the Director of Finance summarising the main points in the McKinsey report. It was agreed that hard copies of the presentation would be provided to members.

38/11 CONSULTATION DOCUMENT: QUALITY 2020

Head of Corporate Services advised Members that the DHSSPS had issued a 10 year Quality Strategy for Health and Social Care for consultation in January 2011. He provided an overview of a proposed HSCB response to the consultation document which was generally supportive of the document but identified a number of issues in relation to the practicality of some of the objectives and the limited information provided in relation to the sections on equality and human rights.

Members made a number of comments on the proposed response to the consultation document, including the need to highlight the importance of, and benefit from user and carer involvement, the need for the strategy to be adequately resourced, and the need to standardise the terms used to describe service users and carers.

The Chair thanked members for their comments, and it was agreed to approve the consultation response, subject to the inclusion of the above comments.

39/11 PROPOSED EXTENSION TO TERM OF OFFICE FOR LCG CHAIRS AND INDEPENDENT CONTRACTOR MEMBERS

LCG Chairs withdrew from the meeting during this discussion.

The Director of Commissioning advised that the terms of office for those Independent Contractor members of LCGs, including LCG Chairs, were due to expire on 31 March 2011. He explained that there was a need to ensure business continuity for LCGs and advised that the paper being considered by Members sought approval to extend the terms of office.

The meeting noted that the Chair had met with LCG Chairs collectively to discuss this issue and had written to them seeking an indication as to their intention for continued membership as Chair. Similarly, each LCG Chair had contacted Independent Contractor LCG members to establish their intentions and ensure that a managed phased turnover of members was in place.

The meeting **APPROVED** the extensions of the terms of office of Independent Contractor members in line with the governing regulations.

LCG Chairs rejoined the meeting.

40/11 FEE RATES FOR INDEPENDENT SECTOR, RESIDENTIAL AND NURSING HOME CARE 2011/12

The Director of Finance presented a proposed tariff structure for independent sector, residential and nursing home care for 2011/12, reflecting a nil uplift.

Members **APPROVED** the proposed tariff rates which Trusts will pay for independent sector provision during the 2011/12 financial year.

41/11 SERVICE REVIEWS WITHIN SPECIALIST ACUTE MEDICAL SERVICES

The Director of Commissioning provided members with the background, issues identified and recommendations from two service reviews within specialist acute medical services – Paediatric Congenital Cardiac Surgery and Renal Transplantation Services.

Referring to the Renal Transplantation Services review, the Director of Commissioning agreed to bring an update to a future meeting of the Board.

Members welcomed both reviews which provided a comprehensive examination of both services.

Following discussion, the Chair thanked members of the commissioning team for their work on these important issues.

42/11 HSCB PROCESS FOR INITIATING SERVICE REVIEWS

The Head of Corporate Services presented a proposed protocol for the management of service reviews undertaken or commissioned by the HSCB to bring greater transparency to the process and ensure a common understanding of the mechanism whereby such reviews are commissioned and managed. The protocol sought to distinguish between those service reviews that are routinely conducted as normal business and those that are of potential public interest.

It was noted that, if approved, the operation of the protocol would be monitored with a formal review after twelve months.

It was clarified that the need to initiate a service review could be identified from a number of sources, including the Patient Client Council, LCGs and the Governance and Audit Committee.

It was agreed that the protocol should reflect the role of the Governance and Audit Committee at appropriate stages both as part of routine business and service reviews carried out under the protocol.

The meeting **APPROVED** the protocol for the management of reviews for immediate implementation, subject to the above comments.

Dr O'Neill left the meeting at this point.

43/11 PHARMACEUTICAL EFFICIENCY PROGRAMME 2010/11

The Chair welcomed Mr Joe Brogan, Assistant Director of Pharmacy and Medicine Management, and

Mrs Kathryn Turner, Pharmacy Lead Medicines Management, to the meeting to present on the pharmaceutical efficiency programme for 2010/11.

Mr Brogan and Mrs Turner's presentation highlighted the progress being made in relation to the increased use of generic drugs and the efficiencies that this can deliver.

Members noted the importance of patient engagement and ensuring that patients were fully aware of the reasons supporting the prescription of certain medication/switches to generic drugs.

Members thanked Board officers for their presentation and commended them for the progress to date.

44/11 CONSULTATION ON LEGISLATION TO ENABLE PILOTING OF THREE NEW DENTAL CONTRACTS

Director of Integrated Care provided an update on the outcome of the consultation on legislation to enable piloting of three new dental contracts, namely General Dental Services, Oral Surgery and Orthodontics.

He advised that the overall responses to the consultation had been supportive of the proposal to use PDS legislation to test new contracting arrangements with primary care dentists, and that the HSCB, along with the DHSSPS, will continue to progress the development of new contracts. It was anticipated that the oral surgery contract would be the first to be piloted with expressions of interest being requested by the HSCB in April 2011.

Members noted this update.

45/11 CONSULTATION – HSC FRAMEWORK DOCUMENT

The Head of Corporate Services informed Members that in accordance with the statutory duty set out in the Health and Social Care (Reform) Act (NI) 2009, the DHSSPS had prepared an HSC Framework Document which has been issued for consultation for comments by 6 May 2011.

Members were asked to note that a draft response to the HSC Framework Document would be prepared for consideration at the meeting of the Board scheduled for 10 May 2011. The Department has been asked for an extension to 11 May 2011 to facilitate Board approval and submission to the response.

The Chair asked that members should contact Mr Bloomfield directly should they wish to offer any comments regarding the content of the document.

46/11 BALLYMONEY HEALTH CENTRE

The Head of Corporate Services explained the background to this item which relates to the ownership of Ballymoney Health Centre. He advised that recent legal opinion had concluded that in respect of the legal title the Health Centre is now in the ownership of the Northern Trust.

Departmental Solicitor's Office have advised that a deed should be executed by the Department to convey its interest in the Health Centre to the Northern Trust and that the HSC Board, as successor to the Northern Board, should join in that deed to release any interest it may have in the Health Centre.

In accordance with Standing Order 3.3.2 'Sealing of Documents', the Board **APPROVED** the application of the HSC Board Seal to a deed releasing any interest in Ballymoney Health Centre.

47/11 LOCAL COMMISSIONING GROUP MINUTES

Members noted the contents of the minutes of the meetings of the Local Commissioning Groups held during February 2011.

48/11 ANY OTHER BUSINESS

There was no other business to conduct.

49/11 DATE AND VENUE OF NEXT MEETING

It was agreed that the next meeting of the Health and Social Care Board will be held on Tuesday 10 May 2011 at 10.00am in HSCB Headquarters, 12-22 Linenhall Street, Belfast, BT2 8BS.

Belfast Health and
Social Care Trust

Minutes of the Trust Board Meeting held on Thursday 7 April 2011 at 11.00 am, in Room One, Staff Restaurant, Knockbracken Helathcare Park

Present:

Mr Pat McCartan	Chairman
Mr Colm Donaghy	Chief Executive
Ms Joy Allen	Non Executive Director
Professor Eileen Evason	Non Executive Director
Mr Les Drew	Non Executive Director
Mr Tom Hartley	Non Executive Director
Mr Charlie Jenkins	Non Executive Director
Mr James O'Kane	Non Executive Director
Ms Brenda Creaney	Director of Nursing
Mr Martin Dillon	Director of Finance
Ms Bernie McNally	Director of Social and Primary Care
Dr Tony Stevens	Medical Director

Apology :

Dr Val McGarrell	Non Executive Director

In attendance:

Mrs Marie Mallon	Director Human Resources
Mr Brian Barry	Director Specialist Hospitals, Women's and Children's Health (Acting)
Mrs Patricia Donnelly	Director of Acute Services
Ms Denise Stockman	Director Planning and Redevelopment
Mrs Jennifer Welsh	Director Cancer and Specialist Services
Ms Catherine McNicholl	Director Performance and Service Delivery
Mrs June Champion	Head of Office (Acting)
Ms Dympna Curley	Head of Communications.
Dr Sheila Kelly	Patient and Client Council Representative

Mr McCartan welcomed everyone to the meeting and made a special welcome to Dr Sheila Kelly, the representative of the Patient and Client Council.

TB79/11 Minutes of Previous Meeting

The minutes of the previous meeting held on 3 February, 2011 were considered and approved by members.

TB80/11 Matters Arising

a. Min TB71/11a - Draft Budget 2011/15 – Trust Response to the NI Executive's Consultation

Mr Hartley referred to the discussion at the previous meeting regarding the serious implications of the 2011/15 budget and said the Trust should be working with stakeholders and communities to make them aware of the difficult times ahead.

Mr Donaghy reassured members that the Trust had ongoing dialogue across a number of forums across Service Groups to discuss the way ahead. The Trust had established a 'Belfast Trust Health Inequalities Forum' to drive forward the implementation of the 'Not Just Health' strategy and to ensure it played its role in addressing inequalities in health, working in partnership with other agencies and sectors. Mr Donaghy further advised that in recent dialogue with local communities in West Belfast there had been discussion regarding inappropriate attendances at A+E departments, local community representatives had undertaken to try and address this within their areas.

Mrs Mallon said the Trust had ongoing consultation with colleagues in the voluntary and public sectors, local communities and trade unions, she pointed out that the Equality Scheme being considered later in the meeting had been issued to 700 consultees.

Ms McNally referred to the negative media stories and anxieties within communities and the voluntary sector and said it was important that the Trust continued to work closely with them in redesigning and maintaining services for the future.

Dr Kelly, PCC, advised that the Patient and Client Council would be able to support the Trust in liaising with the public. The Chairman thanked Dr Kelly for this offer.

TB81/11 Chairman's Business

a. Conflicts of Interest

Mr McCartan requested Trust Board members to declare any potential conflicts of interest in relation to any matters within the agenda. There were no conflicts of interest reported.

b. Joint Meeting with HSCB

Mr McCartan advised that there had been no contact from the HSC Board regarding a joint meeting and undertook to follow this up and report back to the next meeting.

TB81/11 (Contd.)

c. Non Executive Directors' Reappointments

Mr McCartan was pleased to report that all Non Executive Directors' had been reappointed for a further four years, with effect from 1 April 2011.

d. Chairman's Awards

Mr McCartan advised that he had presented the Chairman's Awards at a reception in Knockbracken Hall on 29 March, 2011. He was pleased to report that more than 70 entries and been received in the five categories, which reflected the Trust's corporate objectives. The winning projects each received a trophy, certificate and a cheque for £10,000 to reinvest in their service, with second and third placed projects receiving a cheque for £3,000 and £2,000 respectively, to reinvest in their service.

The full list of winners in each of the five categories :

Safety and Quality
1st Place – Nights in White Satin - Home Haemodialysis team
2nd Place – Battling the Bugs - Infection Prevention and Control Nurses
3rd Place - Support Services, to the Patients for the Patients

Modernisation
1st Place – Gynae R Us - Gynaecological service
2nd Place – The Users Missing Link - Medical Physics
3rd Place - Mending Broken Hearts – Cardiology

Partnerships
1st Place – Employability Service for Looked After Children – Family/Childcare Services
2nd Place – Hurler Disease - Medical Genetics
3rd Place - A Dramatic Journey - Learning Disability Services

Our People
1st Place – Here 4 U - HR/Chaplaincy Service
2nd Place – Induction and Preceptor ship for Newly Registered Nurses – Nursing/Midwifery
3rd Place - We Believe in Our Ideal; Learning Together - Stroke Unit, BCH

Resources
1st Place – Down to the Bare Bones - Fracture Clinic, RVH
2nd Place – Dial Taxi - Renal Unit
3rd Place - A Good Use of Resources - Estates/IT

e. Diary Commitments

Mr McCartan advised on a number of events he had attended on behalf of Trust Board since the previous meeting, a copy of which is available on request.

TB81/11 (Contd.)

f. Schedule of Meetings 2011/12

Mr McCartan referred the schedule of 2011/12 meetings tabled at the previous meeting, and Mr Hartley's request for an alternative date for the May workshop. Unfortunately this has proved problematic and the workshop would go ahead on the original date of 5 May, 2011.

TB82/11 Chief Executive's Report

a. 2011/15 Budget

Mr Donaghy referred to the discussion at the previous meeting regarding the draft budget for 2011/15 and advised that the Trust's response to the N.I. Executive had been redrafted following the meeting to reflect members' views.

Mr Donaghy advised that the Minister of Finance and Personnel had since announced the budget for 2011/15 and had indicated that the Performance, Efficiency and Delivery Unit (PEDU) had been asked to carry out a review of the DHSSPS. If the PEDU work concluded that the financial allocations were insufficient to run a viable health service the Executive will then top slice all departments to provide additional funding for the DHSSPS.

TB83/11 Director of Finance's Report

Mr Dillon reported that as at the end of October 2010 a control total of £12m had been provisionally agreed with the HSCB. This had been reduced in March to a figure of around £3.6m, the Trust had envisaged that this might fall if the downwards trend in spend in the second half of the year had continued and if further contingency measures were implemented.

Members were pleased to note that it would appear from the February reports that expenditure had indeed fallen considerably, due in part to the shorter month which explains substantial monthly expenditure reductions in backfill and care management costs in particular.

Mr Dillon advised that at month 11, the Trust was reporting a deficit of £0.7m, comprising an income deficit of £0.5m and an expenditure deficit of £0.2m. Members noted that there had been a general reduction in expenditure across the services groups, a result of a reduction in backfill cots. In addition, the provision of nurse training monies had helped the position in a number of areas.

TB83/11 **(Contd.)**

Members noted remaining adverse variances related, mainly to MORE targets not being achieved, although there had been an improvement in the position in February as a result of the reduced backfill.

Mr Dillon was pleased to report, on the basis of the month 11 position, the Trust would project a year-end deficit in the region of £1m. However, it was expected that with the downward trend in expenditure, the Trust would achieve a balanced position by the end of the financial year without a control total, subject to the reduced expenditure trend being maintained. The HSCB had been advised of this revised position.

Members noted that the Trust Capital Resource Limit (CRL) for 2010/11 was £87.6m, expenditure to the end of month 11 had been £56m which, was in line with the expenditure profile previously submitted by the Trust to DHSSPS. Mr Dillon advised that the anticipated year end position was breakeven.

Mr Dillon reported that the Trust was continuing to liaise with the HSCB in relation to the recurrent financial position which had previously identified as £35m. Although some additional income had been agreed recently, including strategic services reform and demographics funding, clarity was still being sought in relation to a number of assumed income streams included in the opening deficit.

Mr Dillon advised that service groups had submitted plans aimed at addressing their share of the £35m deficit and these were currently being reviewed. Indications were that it was unlikely, at this stage, that sufficient plans would be produced to address the opening recurrent gap even with non-recurrent contingency measures next year. Members noted that the Trust was continuing to liaise with the HSCB regarding the position and the potential for any bridging. However it was likely that the HSCB will expect the Trust to close this gap next year within available resources.

In addition to the recurrent deficit, the Trust had identified a range of FYE and 2011/12 pressures including, for example, energy and high cost drugs increases and incremental pay costs. The Trust expects that those pressures have been included in the HSCB's overall financial plan for 2011/12. The HSCB had indicated that some funding will be allocated to Trusts to meet various cost pressures but no details have been shared at this stage.

TB83/11 (Contd.)

In concluding his report Mr Dillon said, the Trust's recurrent plan would need to be viewed in light of the overall plan for Health and Social Care in 2011/12. Given the size of the HSC gap regionally in relation to CSR10, as outlined in the HSCB's recent financial plan, there was a risk that Trusts could be asked to achieve further savings although at this stage the Trust has been told that this will not be the case. The Trust was continuing to liaise with the HSCB regarding the overall regional position.

Mr O'Kane said the projected breakeven end of year position was an excellent achievement given the challenges which the Trust had faced during the year.

Following a question from the Chairman regarding the MORE targets not being met Mr Dillon advised he would present an update of the MORE programme to the next Trust Board Workshop and undertook to have the Service Directors' present details of their plans.

In response to a query from Mr. O'Kane Mr Dillon advised that the reason some performance targets were unmet was not always finance related, but could for example be due to insufficient capacity.

Decision : Finance Report Noted

TB84/11 Director of Performance and Service Delivery Report

a. Performance Report – February 2011

Ms McNicholl, Director of Performance and Service Delivery presented the Performance Report for the period February 2011.

Ms McNicholl reported that the Trust was achieving, or on course to achieve or marginally behind target, in relation to 25 of the 35 performance areas. In 8 of the reported performance areas achieving the targets would remain a significant challenge.

In relation to elective access Ms McNicholl advised that the Trust had submitted details of the projected waiting time positions by speciality at March 2011 to the HSCB. In relation to outpatients the waiting time would exceed 9 weeks in 22 of the 42 specialties. She explained that the Trust had not been able to secure additional capacity in the 22 specialties. Members were advised that in some specialties the longer waiting times related to capacity issues outside the control of the Trust and this had been raised with the HSCB.

TB84/11 (Contd.)

Ms McNicholl referred members to the diagnostic section of the report and advised that in neurophysiology a new system had been introduced to improve the way in which urgent reports are managed, this should improve the turnaround times for reporting.

Work was underway to clear the backlog of routine reports. In relation to cardiology perfusion studies 2 urgent patients breached the 2 day target as a result of their procedure being carried out on a Friday afternoon and then, due to the weekend, not reported until Monday.

Referring to the Allied Health Professions target that no patient should wait longer than 9 weeks from referral to commencement of treatment, Ms Nicholl wished to commend staff who had worked really hard to reduce the number of patients awaiting treatment. Members noted that breeches tended to relate to capacity issues.

In relation to fractures, Ms McNicholl referred to the prolonged adverse cold weather conditions and the significant increase in admissions throughout December and January, resulting in an increased number of patients waiting at home for fracture surgery. Members were pleased to note that the February position reflected that the backlog had been cleared. Ms McNicholl was pleased to report that the Fractures Services, RVH had won first place in the resource category of the Chairman's Awards.

Ms McNicholl referred to the 62 day target within Cancer Services and explained that achieving this target continued to be a challenge. There had been 36 patients breeching the target due to a number of reasons including capacity issues, complex pathways and late inter-Trust transfers.

The A&E performance targets continue to be challenging, Ms McNicholl advised that the Trust's Unscheduled Care Working Group had been leading the reform programme, the Executive Team recently reviewed the position and a workshop had been held in March. As a result of this a way forward was currently being agreed to accelerate the pace and sustainability of the reform and modernisation programme, resulting in improved performance standards.

To support the reform and modernisation programme Dr Ian Sturgess Associate Medical Director of East Kent Hospitals University NHS Foundation had facilitated workshops in December, with very positive clinical engagement. It was anticipated Dr Sturgess would provide further input over the coming months in relation to progressing actions required and continuing clinical engagement sessions with consultants.

TB84/11 **(Contd.)**

Ms McNicholl advised that whilst the HSCB 90% performance of the 4 hour target by April remained a challenge, the Trust was committed to improving performance. Members noted that the HSCB had confirmed the intention to proceed with the introduction of financial penalties from April 2011.

With regard to Autism targets, Ms McNicholl pointed out that the report demonstrated the significant effort by the multi-disciplinary team within the service to deliver such an improvement in performance, it was projected that the waiting time standard of 13 weeks would be achieved by April 2011.

Dr Stevens, Medical Director referred to the Healthcare Associated Infections section of the report and advised that the Trust had remained within the accepted targets for the period.

In relation to the Service Level Budget Agreement (SBA) Ms McNicholl advised that the HSSB review of acute capacity to inform the SBA baseline volumes for 2011/12 was continuing. The exercise had included reviewing clinical staffing and theatre capacity levels and setting this alongside peer comparisons. When the data analysis had been completed recommendations would be made in relation to levels of activity for the 2011/12 SBA. The process would also assist the HSCB in decisions concerning investment in specialties in 2011/12 to support the achievement of the 9/13 week waiting time targets.

The Trust had submitted the data on clinical staffing levels to the HSCB. The HSCB had also identified a wide range of planning assumptions to be used in the calculation of capacity for outpatient, inpatients and daycases expected from the Trust. Ms McMicholl gave a number of examples of these assumptions, i.e. the number of new and review appointments expected for each clinic, DNA rates (5% allowed) theatre capacity, day surgery rates, length of stay expected for patients within the same healthcare resource groups, working weeks available. The HSCB had used a wide range of national clinical evidence to support the planning assumptions. The Trust had provided comments back to the HSCB on a number of the assumptions. The Trust will face a significant challenge meeting the requirement to achieve best practice in all areas associated with the planning assumptions.

Members noted that the HSCB had arranged a series of meetings, during April, with Trusts to outline the outcomes of the exercise and set out the HSCB proposals for the basis of the SBA from April 2011.

In concluding her presentation Ms McNicholl referred members to the section of the report detailing SBA targets in relation to RVH/BCH/ MIH, which indicated that overall inpatient elective activity was performing 10% under, non-elective activity was 6% over.

TB84/11 (Contd.)

Within elective and non-elective activity overall the Trust was 0.4% over, daycase performance was 12% over and outpatient activity was in line with contact volume. Regarding MPH (Orthopaedics) inpatient and daycase activity was 19% above contract and overall outpatient performance was 7% under.

Professor Evason welcomed the progress within Children's Services. In relation to the DNA rates within the HSCB planning assumptions, Professor Evason pointed out that DNAs are planned for within the Service, therefore if there were no DNAs the system could not cope. She went on to suggest that members would find it useful to discuss the HSCB planning assumptions in more detail at a future Trust Board workshop.

The Chairman supported Professor Evason's suggestion that HSCB planning assumptions be on the agenda of a Trust Board workshop and emphasised the importance of the HSCB taking account of the challenges faced by the Trust across services, i.e. A&E and Cancer Services.

The Chairman referred to the improvements within both the fractures and autism targets and wished to acknowledge staffs input to this remarkable achievement.

Mr Donaghy explained the improvements in Autism waiting times was the result of significant efforts by the multidisciplinary team within the service.

Miss McNally reported that the Trust had worked in partnership with parents and users to ensure a good model of care was in place to address their needs.

Mr Hartley referred to Summary of Activity within the report and commented on the significant volume of work being delivered by the Trust. He referred specifically to the section regarding District Nursing Visits and sought an explanation for the increase in numbers during the first six months of the year.

Miss McNally advised that she would seek clarification, but it may be due to vacancies being filled within the department.

Miss Creaney advised the discharge of patients with complex needs could impact on the number of visits within the service.

Decision : Performance Reported Noted for Assurance

TB85/11 **Director of Acute Services/Director of Cancer and Specialist Services Report**

a. Paediatric Congenital Cardiac Surgery Report and Action Plan

Mrs Donnelly, Director of Acute Services advised that the Trust provided regional services for approximately 150 children each year who require cardiac surgery for congenital conditions.

She went on to explain the Trust was carrying out a review in partnership with the HSC Board, Department of Health in both North and South of Ireland and Mater Hospital Crumlin to develop a networked service to ensure sustainability and resilience

Members noted that following the retirement of the only Paediatric Cardiac Surgeon in 2010 the Trust had been unsuccessful in recruiting a substantive replacement. Arrangements had been made for a locum consultant, supported by two part time visiting consultants from Dublin to provide the service. In addition to this some children had been transferred for treatment to Birmingham and Dublin.

Mrs Donnelly advised the review had also considered the governance arrangements in place to ensure the safety and quality of this interim service. The review had concluded that the arrangements for supervision, types of cases undertaken and audit of practice was generally well defined, thorough and safe; the review team also identified broader issues with the long term sustainability of the service.

Mrs Donnelly stated that the Trust was assured by the report of the robustness of the current arrangements. Members noted an action plan had been agreed with the PHA and HSC Board to address any of the issues raised, which will be monitored on an ongoing basis while the interim arrangement are in place

In concluding Mrs Donnelly advised that the Trust was in the process of making a substantive appointment.

b. Review of Renal Transplantation Services in Northern Ireland

Mrs Welsh, Director of Cancer and Specialist Services advised that the Trust would provide approx 50 Live (kidney) Donor Transplants (LDTs) and 35 cadaveric transplants in 2010/11, a marked increase in LDTs from 2009/10 and was supported in part by travelling staff from tertiary centres in Great Britain. Mrs Welsh explained that there had been difficulty in scaling up to this level of provision and there was a need for assurance in relation to longer term safety and sustainability of the local service.

TB85/11 **(Contd.)**

Member were advised that the HSC Board and PHA, together with DHSSPS and the Trust had agreed to commission an independent assessment (2 UK based transplant surgeons) of current arrangements with a specific remit *"To determine if the population of Northern Ireland is sufficient to sustain a standalone renal transplantation service for both cadaveric and living donors and if so what organisation and delivery arrangements are required to deliver the service safely and effectively".*

Mrs Welsh stated that the review report had identified a number of strengths with the current service, but also a range of issues requiring action and investment to ensure delivery of safe, effective and sustainable transplant programmes. An action plan has been agreed with PHA and HSCB to address any issues raised and which would be monitored on an ongoing basis.

Following discussion members noted the position in relation to Paediatric Congenital Cardiac Surgery and the Renal Transplantation Services.

In conclusion Mr McCartan welcomed progress being made in both of these important regional services.

Decision : Paediatric Congenital Cardiac Surgery Report and Action Plan and Review of Renal Transplantation Services in Northern Ireland Approved

TB86/11 **Director of Acute Services**

a. **Strategic Outline Business Case for the Replacement of Belfast City Hospital Cardiac Catheterisation Laboratory 2 at the Royal Group of Hospitals**

Mrs Donnelly reminded members that the Strategic Plan set out in New Directions and in the Excellence and Choice consultation was for the centralisation of all diagnostic and interventional cardiac catheterisation on the Royal Hospitals site.

Mrs Donnelly explained that currently there were 7 Cath Labs within the Trust, for regional and local needs, each with a recommended life span of 7 years. Cath Lab 2 in the Belfast City Hospital site was 14 years old and due to its failing condition was listed as high on the Trust Risk Register. A number of options had been reviewed with a preferred option identified as a replacement with a bi-plane cath lab on the Royal site.

TB86/11 **(Contd.)**

In conjunction with this the Trust wished to take the opportunity to complete estate works in adjacent shell space in preparation for the eventual relocation of Cath Labs 1 and 3 in the BCH when funding becomes available.

Members were advised that the cost would be approximately £1.8 million, of which £1.1m building work and £0.7m equipment. In relation to revenue costs, these would remain largely unchanged apart from a slight increase in heating and lighting due to the slight increase in footprint.

Having considered the outline business case members approved the replacement of BCH Cardiac Catheterisation Laboratory 2 at the RVH.

Decision : Outline Business Case for the Replacement of Belfast City Hospital Cardiac Catheterisation Laboratory 2 at the Royal Group of Hospitals Approved

TB87/11 **Director of Cancer and Specialist Services Report**

a. Business Case for the Expansion of Radiotherapy Capacity

Mrs Welsh, Director of Cancer and Special Services presented a business case for the expansion of Radiotherapy Capacity.

Members noted an original Business Case for additional radiotherapy had been submitted to Commissioners in April 2009 and there had been ongoing discussions as to the preferred option .

Mrs Welsh advised that the Cancer Centre had bunkers for 10 linear accelerators, 8 of which are currently in clinical use. The business case had been developed to address the annual 5% rise in demand for radiotherapy and the current technology deficit. It was pointed out that the demand/capacity assumptions had been endorsed by an external review.

Members noted that the business case set out an option appraisal with particular emphasis on meeting demand and achieving cost effectiveness, and all options, apart from do nothing option, supported the purchase of the ninth and tenth linear accelerators. The business case had included staffing requirements to support the expansion in capacity and reflect the need to expand the multi professional team. In relation to costs the approximate revenue cost of the expansion in capacity would be £3,000,000, phased over financial years 2011/12 to 2014/15, with capital costs of approximately £350,000.

TB87/11 (Contd.)

In response to a question from Mr O'Kane, Mrs Welsh advised that the additional equipment would create capacity to meet increasing demand. With demand increasing at a rate of 5%, there was an urgent need for investment.

Members approved the business case for the expansion of the Radiotherapy Capacity.

Decision : Business Case for the Expansion of Radiotherapy Capacity Approved

TB88/11 Director of Human Resources Report

a. Draft Equality Scheme for Belfast HSC Trust and Consultation and Action Plan

Mrs Mallon, Director Human Resources reminded members the Equality Commission had notified the Trust in October 2010 of the requirement to produce a revised Equality Scheme as per Schedule 9 3 (1) (b) of the Northern Ireland Act 1998 on or before the 1 May 2011. The draft Equality Scheme and Action-Based Plan had been presented to Trust Board in December 2010, when members had approved a formal consultation of both documents.

Mrs Mallon advised the formal thirteen week consultation had taken place from 10 December 2010 to 11 March 2011. Members were referred to the Consultation Outcome Report, which outlined details of the process undertaken. Some 700 stakeholders had been notified of the consultation and a number of events had been held both regionally and locally. Following the consultation the Equality Scheme and Action Plan had been revised to reflect feedback received.

The Chairman acknowledged the huge amount of work staff had invested in this exercise which emphasised the importance of "equality" across the Trust.

Mr O'Kane paid tribute to staff for the very impressive documents and said it was unfortunate that "equality" was often seen as negative, and in fact was something to be celebrated.

Following consideration and discussion members approved the Equality Scheme and Action Plan, for submission to the Equality Commission by 1 May, 2011.

Decision : Equality Scheme and Action Plan Approved

TB89/11 **Director of Nursing and User Experience**

a. Public Inquiry into the Outbreak of *Clostridium Difficle* in Northern Trust Hospitals Northern Ireland

Ms Creaney, Director of Nursing and User Experience presented the Executive Summary of the report of the Public Inquiry into the Outbreak of Clostridium Difficle in Northern Trust Hospitals Northern Ireland.

In noting the recommendations outlined in the report members noted those specific referring to Trust Board. These included the need for Trust Boards to receive regular feedback on patient experience, views on staff attitude and the effectiveness of communications; and the need for a review of governance arrangements in relation to patient safety, quality of care and record keeping.

In response to a question from Mr McCartan, Dr Stevens advised that the Assurance Framework was currently being reviewed in relation to the governance issues and would be presented to a future meeting of the Assurance Committee.

Ms Creaney reassured members that the Trust would be reviewing the report in detail to take account of the need to implement the recommendations.

Mr McCartan asked for a more detailed presentation to be made at a future Trust Board Workshop.

Decision : Public Inquiry into the Outbreak of Clostridium Difficle in Northern Trust Hospitals Northern Ireland Noted

TB90/11 **Director of Planning and Re-development Report**

a. Disposal of Assets

Miss Stockman, Director of Planning and Redevelopment sought approval for the disposal of the following sites, both of which had the potential to be redeveloped as supported housing schemes:

- 29 Annadale Avenue, Belfast
- Properties in Abbey Road, Muckamore Abbey Hospital

Members noted that the Annadale property had the capacity to provide a further 15 units of supported housing for adults being resettled from Muckamore Abbey Hospital. However, there would have to be consultation with two residents with a learning disability currently in the property, which would include an offer of an apartment in the new development. The Abbey Road site comprised a number of vacant buildings, which had not been used for several years.

TB90/11 (Contd.)

Approval was given to the disposal of both sites, i.e.29 Annadale Avenue and Abbey Road.

Decision : Disposal of Assets Approved

TB91/11 Assurance Committee

The Chairman presented the minutes of the Assurance Committee meeting held on 20 October 2010.

Members noted the content of the minutes.

Decision : Assurance Committee Minutes Noted

TB92/11 Audit Committee

Mr O'Kane, Chair of the Audit Committee presented the minutes of a meeting held on 11 January, 2011.

Members noted the content of the minutes.

In response to a question from Mr O'Kane regarding an anonymous letter alleging misuse of NHS staff for private clinics, Mr Donaghy advised that the issue had been investigated and he had had discussion with the Medical Director. Mr Dillon agreed to report back to the next meeting of the Audit Committee.

Decision : Audit Committee Minutes Noted

TB93/11 Any other Business

There were no items raised under any other business.

TB94/11 Date of Next Meeting

The Chairman asked members to note the next meeting of Trust Board would be held on 2 June at 10.00 am in the Knockbreda Health and Wellbeing Centre.

14 Paediatric Renal Transplantation

14.1 Demand

We were told that at present there are 8 patients on dialysis, and that in the last year there had been 12 live donor transplants into children, although in the previous 4 years the numbers had varied from 1 to 5.

14.2 National Deceased Donor allocation

Paediatric recipients receive priority on national allocation algorithms, and centres can inform NHSBT of any restrictions they may wish to place on the donor. Historical opinion in the H&I laboratory had avoided HLA-A2 mismatches, although national opinion has changed on this; it remains local policy. National data suggest the results of the paediatric renal transplants from deceased donors are not out with the national average.

14.3 Current provision

We heard evidence that the paediatric renal transplant service is provided at the Royal Victoria Hospital, approximately 1 mile from the Belfast City Hospital. Most transplants occurred at the Royal with a couple in the last 3 years performed at Great Ormond Street when the very complex problems of the patient necessitated this. We heard that transplants on small children tended to be carried out by one surgeon. He would travel across to the Royal Victoria and either try to arrange to bring his own surgical assistant with him or the paediatric nephrologists would endeavour to get an assistant from the Children's Hospital. At times it sounded quite difficult to get such assistance which is very regrettable in a very difficult and important operation.

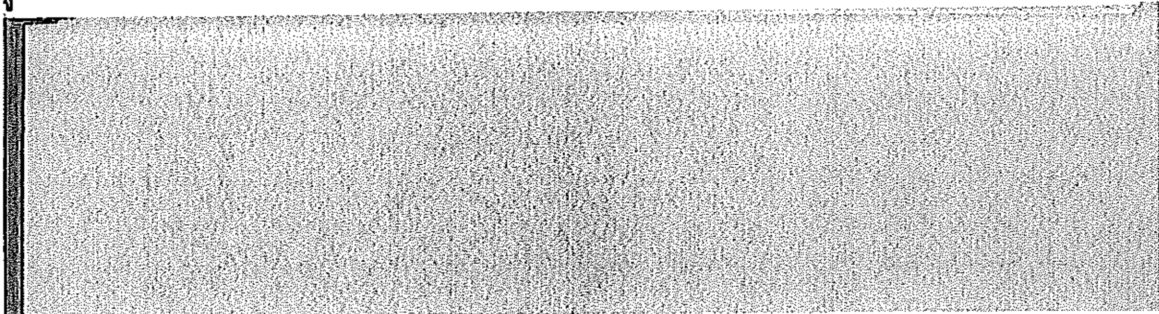
We were also told that there was no perfusion fluid or ice and this had to be brought over from the City Hospital for each case, and some surgical instruments may also need to be brought across.

Live donor transplants were carried out across the two hospitals, such that an adult donor was operated upon at Belfast City Hospital and the kidney transported across town to be transplanted into a child recipient at the Royal. This was said to work relatively well with good liaison between the adult and paediatric nephrologists. It was noted that the success of the adult live donor transplant programme (as mentioned above) had been similarly successful within the paediatric population.

There were 2.5 consultant equivalent paediatric nephrologists. However one had resigned and was moving to Dublin while another was due to retire this year. Potential appointees have been identified, and it has to be hoped that the two posts are filled since without them the paediatric nephrology service is in jeopardy.

18.3 Recommendations concerning paediatric renal transplantation

We saw figures concerning the number of young patients who required dialysis and then renal transplantation. It is **unlikely** that new transplant surgical appointments will have much expertise in performing such transplants in small children. Sadly it is hard to see how the renal transplant service for children can be put onto a robust footing for the future. It would appear unacceptable to rely on one surgeon performing the renal transplant operation in small children. Therefore **consideration** may wish to be given as to whether such a service could be run in one venue for the whole island of Ireland.



From: Forsythe, John [mailto
Sent: 09 February 2011 14:38
To: Magirr, Teresa; Gillen, Veronica; Diane Corrigan; miriam.mccarthy@
Cc: Chris Watson
Subject:

Please find enclosed the report prior to tomorrow.

Please note the private and confidential appendices. We feel that these should not be made widely availa they contain personal/HR issues. The version which will be sent to clinical colleagues in Belfast City Trus contain these appendices. Clearly it is up to you to decide who requires access to these given their strate importance to put in the service on a stronger footing.

With kind regards.

John

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