



**Business Services
Organisation**

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

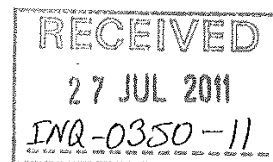
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Ms Bernie Conlon
Secretary to the Inquiry
Inquiry into Hyponatraemia Related Deaths
Arthur House
41 Arthur Street
Belfast
BT1 4BG

Date:
22 July 2011

Our Ref:
NSC B04/1

Your Ref:
BC-0037-11



Dear Madam

INQUIRY INTO HYPONATRAEMIA RELATED DEATHS

I refer to your letter dated 25 May 2011.

I enclose the current Job Descriptions which detail the roles of the Clinical Directors (Paediatrics (Jan 2003), and Anaesthetics (Nov. 2010), Chief Executive (2010 undated) and Medical Director (Jan. 2002) of the Belfast Health and Social Care Trust.

The Belfast Health and Social Care Trust was established in 2007 as an amalgamation of a number of Trusts, one being the Royal Group of Hospitals Trust. Previously the Royal Group of Hospitals Trust had been created a self governing Trust under the chairmanship of Sir George Quigley on devolvement from direct administration by the Eastern Health & Social Services Board on 1st April 1993. The posts of Clinical Directors, Unit General Manager, and Unit Clinician were rolled over into their new nominated positions without creation of new posts requiring Job Descriptions. The Trust therefore does not hold Job Descriptions pertaining to the posts in 1995. The Trust has consulted with the post-holders at the time and they have confirmed that they were not issued with Job Descriptions.

I enclose an extract from The Royal Group of Hospitals Annual Report for 1995 which details the management structure as it was then, and I also enclose details of the current management structure of the Belfast Health and Social Care Trust under the headings (as available on the Trust website) About the Trust, How the Trust is Structured and Service Groups.

Yours faithfully

Wendy Beggs (Ms)
Assistant Chief Legal Adviser

Direct Line: [REDACTED]

Email: [REDACTED]

Providing Support to Health and Social Care
Enc.



INVESTOR IN PEOPLE

**ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL HEALTH AND
SOCIAL SERVICES TRUST**

TITLE OF POST: Clinical Director

LOCATION: Royal Hospitals

RESPONSIBLE TO: Divisional Director

REPORTS TO: Divisional Manager

JOB DESCRIPTION

Main Purpose of Job

The clinical director is a member of the senior management team of the clinical services division and hospital council and as such undertakes a corporate responsibility for the management of the Division and Trust.

The clinical director will provide clinical leadership for all services within the sub-division for which s/he is responsible. S/he will be responsible for ensuring there are appropriate management arrangements and systems in place to meet the Trusts and Division's obligations.

New Responsibilities

1. To contribute to the corporate management of the Division as a member of the senior management team of the clinical services division and to the Trust through hospital council.
2. To provide effective clinical leadership for all services within the sub-division.
3. To have overall responsibility for the management of all staff within the sub-division
4. To give effective leadership in all areas relating to clinical governance.
5. To have overall leadership responsibility for the effective planning and management of systems and arrangements within the sub-division, including the development of the sub-division's management plan and appropriate arrangements for service planning.
6. To ensure there is a robust system and culture of performance management within the sub-division based upon the Division's management plan and the Trusts agreed performance indicators.

7. To take lead responsibility for medical staffing issues within the sub-division including:
 - an effective system of appraisal for consultants
 - ensuring all appointments are made in line with Trust Policy
 - an effective system for consultant role planning within the sub-division.
8. To take lead responsibility in building a strong management team within the sub-division.
9. To ensure there is an effective communication system and network within the sub-division.
10. To determine and promote an agreed strategic direction for services within the sub-division.
11. To take a lead responsibility in promoting service change and modernisation in line with Trust Policy.
12. To lead the development and promotion of clinical networks for services within the sub-division.
13. To ensure there is a robust system and culture of financial control and management within the division.
14. To ensure there is an appropriate system of complaint investigations and management within the division.
15. With the assistance of the directors of education and research to ensure the coordination and promotion of education and research within the sub-division.
16. To ensure that all relevant professional, statutory, departmental and trust policies and requirements are met.

GENERAL MANAGEMENT RESPONSIBILITIES

He/she will

Review individually, at least annually, the performance of immediate subordinate staff, provide guidance on personal development required and advise and initiate, where appropriate further training;

Ensure that the review of performance identified above is performed for all levels of staff for whom he/she has professional management authority;

Maintain staff relationships and morale among the staff reporting to him/her;

Review the organisational plan and establishment level of the service for which he/she is responsible to ensure that each is consistent with achieving objectives and recommend changes when appropriate.

Delegate appropriate responsibility and authority to the level of staff within his/her control, consistent with effective decision making, while retaining overall responsibility and accountability for results.

Participate in the selection and appointment of staff to the sub-division in accordance with the Royal Group of Hospitals procedures.

Take such action as may be necessary in disciplinary and grievance matters, in accordance with the Royal Group of Hospitals and;

Ensure compliance with the Royal Group of Hospitals Health and Safety Policy.

THIS JOB DESCRIPTION IS NOT MEANT TO BE DEFINITIVE AND MAY BE AMENDED TO MEET THE CHANGING NEEDS OF THE ROYAL HOSPITALS.

THE ROYAL HOSPITALS

Employees of The Royal Hospitals are required to support its Mission which states:-

“It is our fundamental purpose in the Royal Hospitals to provide the highest quality cost effective health care, as an outstanding acute general hospital and tertiary referral centre, through exceptional service to our patients, staff and community in an environment of education, teaching and research.”

GENERAL RESPONSIBILITIES:

Members of staff are expected at all times to provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner.

Staff are expected to demonstrate their commitment to The Royal Hospitals by their regular attendance and the efficient completion of all tasks allocated to them.

All staff must comply with The Royal Hospitals' No Smoking Policy.

All duties must be carried out in compliance with The Royal Hospitals' Health and Safety Policy and statutory regulations.

The Royal Hospitals are an Equal Opportunities Employer. You are required to adhere to The Royal Hospitals' Equal Opportunities Policy throughout the course of your employment.

To ensure the ongoing confidence of the public in officers of The Royal Hospitals and to maintain high standards of personal accountability, staff must abide by the Code of Business Conduct.



Belfast Health and
Social Care Trust

JOB DESCRIPTION

Title of Post:	Clinical Director for Anaesthetics
Service Group:	Acute Services
Responsible to:	Director of Acute Services
Reports to:	Co Director
Professionally Accountable to:	Associate Medical Director
Programmed Activities:	To be determined

JOB SUMMARY

The appointee will provide clinical leadership and contribute to the strategic development of the Service Group across the Trust and participate as a member of the clinical service senior management team. He/ she will provide professional advice to the Co-Director and Associate Medical Director on professional medical issues of the service.

He/she will have a key role in developing clinical leadership and ensuring ownership of new strategies and policies within the clinical service area and of ensuring excellent communications between clinicians and the management team of the clinical service area as well as the Service Group.

The appointee will be professionally accountable to the Associate Medical Director for medical professional regulation within the service.

KEY RESULT AREA:

Setting direction

- Contribute to strategy development and implementation of the service.
- Contribute to the development of a service management plan, which is consistent with long term strategies and achievable within anticipated income levels.
- Provide leadership and direction to consultants and other medical staff within the service.

Service delivery

- Undertake annual job planning for medical staff, ensuring the job plans support modernisation, quality improvement and achievement of patient access and other targets.
- Work as a member of the senior management team in the clinical service area for the delivery and development of safe and effective services.
- Provide clinical leadership in developing responses to specific patient access and other targets.
- Ensure the promotion and delivery of Education and Research within the Service Group, ensuring the appropriate Governance arrangements are in place.
- Support the Associate Medical Director of the Service Group in the effective monitoring of EWTD for junior doctors.
- Ensure the Service Group can effectively respond to major incidents and outbreaks.

Communication and information management

- Contribute to the development, verification and reporting of robust clinical indicators and outcome measures relevant to the service.
- Implement Trust initiatives to develop and quality assure risk adjusted benchmarking data to assess the efficiency and effectiveness of clinical activity.
- Contribute to, and support, a system and culture of performance management based upon the annual Service Group Management Plan and agreed performance indicators.
- Ensure the proper and timely reporting and investigation of adverse incidents by all clinical staff.

Collaborative working

- Actively promote the development of and participate in clinical and professional networks across primary, secondary and social care.
- Ensure effective communication between clinicians and the management team of the Service Group, and between Service Groups and other internal and external stakeholders.

- Promote and develop effective multi-professional team working and communication within the service.
- Promote inter-professional learning and development.

Quality, development and innovation

- Provide clinical leadership to ensure the implementation of patient safety initiatives.
- Work as a member of the senior management team in the delivery and development of quality stands and service innovation.
- Ensure clinical engagement and compliance with the Trust's complaints management arrangements and targets.
- Work with colleagues in supporting the modernisation of services.
- Support continual improvement and compliance against controls assurance and health care standards.
- Ensure a programme of multi-professional clinical audit is implemented that effectively supports clinical and social care governance.

Financial and resource management

- Work with the senior management team in the delivery of efficient effective services within the agreed financial limitations and in providing advice on the costs and benefits of planned developments.
- Support the senior management team in implementing medical workforce requirements within the budget.
- Support the service arrangements for research governance in line with Trust Policy

People management and development

- Ensure a system of local induction is in place for all doctors within the clinical service.
- Ensure that doctors within the clinical service area comply with arrangements for the assessment of fitness for clinical work.

- Participate in the Trust's Performance Review Scheme and review the performance of direct reports on a regular basis and provide direction on personal development requirements and appropriate action.
- Support the process in place within the Service Group for proper appraisal of all grades of doctors, including locum tenens, in line with regional guidance.
- Ensure the management of the study leave process meets the development needs of the medical workforce within the Trust, ensuring it is equitable, fair, meets the needs of the service and leads to improved patient and organisational outcomes.
- Ensure annual leave for medical staff is effectively managed to ensure an equitable distribution across the working weeks to maintain a planned level of service provision.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision-making whilst retaining responsibility and accountability for results.
- Take responsibility for his/her own performance and take action to address identified personal developments areas.
- Participate as required in the selection and appointment of staff in accordance with procedures laid down by the Trust.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the Trust.
- Promote the Trust's policies on "Equality of Opportunity" and the promotion of "good relations" through his/her own actions and ensure that these policies are adhered to by staff for whom he/she has responsibility.

November 2010

JOB SUMMARY- CHIEF EXECUTIVE

The Chief Executive is the most senior Executive Member of the Trust Board and leads the development of the vision for the strategic direction of the Trust in line with the overall policies and priorities of the Department of Health, Social Services and Public Safety (DHSSPS) and the Health and Social Care Board (HSCB) and the Public Health Agency (PHA). As the Accountable Officer for the Trust, the Chief Executive is accountable to the Trust Board, DHSSPS, HSCB, PHA and ultimately the Minister for the performance and governance of the Trust in the delivery of high quality care, responsive to the needs of the population in line with performance targets established.

The Chief Executive has overall responsibility for the management and performance of the Trust, including meeting Ministerial priorities as defined by the DHSSPS and HSCB and PHA, statutory requirements, achieving performance targets, securing continuous improvement and for providing high quality and effective services within a clear financial framework.

The Chief Executive will lead reform within the Trust including the achievement of all organisational objectives, ensuring that appropriate, robust systems are in place and necessary changes are achieved.

The Chief Executive is responsible for ensuring that the organisation makes progress and acts in line with "The Belfast Way" a vision of sustainable excellence in health and social care for citizens 2008 – 2013.

This is a highly challenging and demanding post requiring strategic vision and outstanding leadership qualities.

KEY RESULT AREAS

DELIVERY

Lead the development of the annual business plan for the provision of services in partnership with key stakeholders. In particular, work with the HSCB to ensure that the business plan fully reflects the priorities of the Board and its expectations in terms of delivery.

Deliver against Ministerial priorities as established in Departmental strategies and policies and translated into targets. In particular, the Chief Executive will be expected to deliver against all targets which are identified as critical and mandatory by the DHSSPS and HSCB and PHA.

Ensure that the needs of patients, clients and their carers are at the core of the way that the Trust delivers services and that human, physical, capital and

financial resources are effectively deployed to meet those needs, in line with targets, and achieve the best outcomes possible.

Manage an effective process to ensure the continuing, objective and systematic evaluation of clinical and social care services offered by the Trust and ensure rapid and effective implementation of indicated improvements.

Lead the Trust in making an effective contribution to education, teaching and research.

Ensure that systems to provide high standards of care are based on good practice, research evidence, national standards and in accordance with guidelines, and to audit compliance to those standards and the statutory duty of care.

Achieve high levels of performance and excellence against Controls Assurance and other standards required.

Achieve and sustain high level of public confidence in the appropriateness, priority, safety and effectiveness of services provided by the Trust.

Ensure that effective systems are in place to take learning from complaints and other actions against the Trust and translate these into action for improvement.

STRATEGIC LEADERSHIP

Provide clear leadership for the Trust in the development of business plans, ensuring these reflect and contribute to meeting targets set by the HSCB and DHSSPS.

Development of a common understanding of the vision and strategic aims of the Trust.

Provision of clear and positive leadership, motivation and development to all staff throughout the Trust to ensure their engagement with and commitment to achieving the business plan.

Work with the Trust Board, staff and partners in the local health economy to ensure delivery against the agreed business plan.

THE ROYAL HOSPITALS AND DENTAL HOSPITAL HSS TRUST

JOB DESCRIPTION

Title of Post: MEDICAL DIRECTOR

Location: ROYAL HOSPITALS

Responsible To: CHIEF EXECUTIVE

Reports To: CHIEF EXECUTIVE

Job Summary: The medical director is an Executive member of the Trust Board, accountable to the Chief Executive, and as such is the principal source of professional advice on medical issues. The medical director plays a full role in the general management of the Royal Hospitals. This will include sharing in corporate responsibility for policy-making, decision taking and the development of the Royal Hospital's aims and objectives. The medical director shares a responsibility for driving forward a culture of change and innovation, of development and modernisation in the current environment. The medical director has three specific areas of responsibility: professional standards and practices; oversight of clinical functions discharged by the Royal Hospitals; and, management or development issues relating to medical services generally.

Main Duties: To be responsible for the following areas:

1. to give advice and assistance to the Royal Hospitals in determining its policies and strategies for medical services and for executing those strategies;
2. to give effective leadership in all areas relating to clinical governance;
3. to ensure that systems to ensure that all doctors in the Royal Hospitals are fully familiar with both Royal Hospitals procedures and with the GMC's guidance 'Duties of a Doctor', are in place;
4. to give advice on medical workforce policy including staffing levels, changes in working patterns and skill mix which will ensure the delivery of effective and efficient clinical services to the patient;
5. guidance in the selection of clinical directors, supporting them and leading them in managing clinical services, and to assist them with their development needs;

6. to be responsible for medical staffing issues including:
 - an effective system of appraisal of consultants and career grade doctors
 - appraise clinical directors and agree their job plans
 - appointments procedures
 - disciplinary matters;
7. to advise and assist the Royal Hospitals in determining its expenditure on clinical services;
8. to oversee the administration of the Discretionary Points scheme, and to advise on Distinction and Meritorious Service awards;
9. to work with the Director of Nursing, and Clinical Directors in ensuring that all aspects of clinical governance are embraced by management and membership of clinical directorates;
10. to ensure the implementation of an effective process of professional self-regulation for doctors employed by the Royal Hospitals;
11. to ensure the aims and targets of the New Deal for Junior Doctors' hours are pursued and maintained;
12. with the assistance of an Associate Medical Director:
 - provide a claims investigation and management service on behalf of the Royal Hospitals in relation to claims of litigation in respect of employer liability, occupier liability, clinical negligence and associated matters;
 - assist HM Coroner with enquiries and the preparation of statements prior to inquests;
13. to assist with complaints management where appropriate;
14. with the assistance of an Associate Medical Director:
 - ensuring that professional standards are maintained in the provision of medical services within the general guidance issued by the Department of Health, Social Services and Public Safety;
 - ensuring that an appropriate system of clinical audit is in place for assessing and reviewing the quality of services provided;
15. with the assistance of the Director of Occupational Health and Risk Management ensure an effective system of clinical risk management, adverse event reporting and that there is a major incident policy in place in the Royal Hospitals, and monitoring these procedures

16. with the assistance of the Director of Education and Development ensure the co-ordination and promotion of high standards at all stages of medical education including:
 - undergraduate education in association with the Dean of the Faculty of Medicine;
 - postgraduate education in association with the Postgraduate Dean; and
 - continuing medical education and development where appropriate in association with other clinical professions;
17. with the assistance of the Director of Research and Development ensure the encouragement and support of clinical research, under-pinned by a sound system of research management and research governance;
18. the encouragement of the development and maintenance of relationships with the voluntary and private sectors in fostering constructive and collaborative working relationships;
19. liaison with key doctors outside the Royal Hospitals, including the CMO, DPHs, other medical directors and GPs;
20. taking responsibility for some aspects of the public image of the Royal Hospitals, dealing with media and the local community particularly where clinical matters are to the fore.
21. Must ensure that their clinical CPD is undertaken and that their folder for revalidation is up to date.

January 2002

medical, surgical and dental specialty services for the province are provided by the Royal Group.

In a typical year some 380,000 patients are treated and around 90,000 of these are casualties seen in the accident and emergency departments. About one quarter of all the acute hospital beds in Northern Ireland are on the Royal site.

The hospitals have an annual budget of over £120 million and employ around 5,500 staff, making the group the largest employer in West Belfast and the second biggest in the province.

The estate features extensive state of the art clinical laboratories, recently upgraded dental accommodation, and a £10m extension to the Royal Belfast Hospital for Sick Children. A major £65m rebuilding project at the Royal Victoria Hospital is due to start in April 1997 with the first phase planned to open in the year 2000.

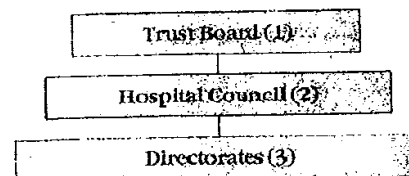
The Royal Hospitals Trust is the largest and best known hospital complex in Northern Ireland.

With an international reputation gained through innovation, research and teaching, the group comprises the Royal Victoria Hospital, the Royal Maternity Hospital, the Royal Belfast Hospital for Sick Children and the Dental Hospital. The hospitals are the focal point for medical and nursing training in Northern Ireland.

Situated on 70 acre site, only a few minutes from Belfast city centre, the hospitals combine to promote a unique comprehensive range of health care services. One million people in Northern Ireland are within 40 minutes drive of the Royal Hospitals. Almost all the regional

Management

The Royal Hospitals were among the first to involve clinicians in management. The management structure is:



1. Members are listed on page 7.
2. All clinical directors and non clinical directors are members. See page 8.
3. The directorates section commences on page 17.

For the third successive year the Trust has increased the number of patients treated. A tremendous achievement, thanks to the efforts of staff who, yet again, were faced with severe financial pressures, mainly brought about by the problems faced by the Eastern Health and Social Services Board and the largely inappropriate contracting systems which currently operate throughout Northern Ireland.

It was another difficult year with Board members consistently tackling difficult financial matters. So it is with pride that I can report that thanks to the combined expertise of Board members and the skill and dedication of officers, that the Royal Hospitals have again met all the financial tests imposed by Government.

As the year ended I was honoured to accept an invitation from the Minister of Health to succeed as Chairman, Sir George Quigley, who led the Royal Hospitals with such outstanding vigour and distinction since 1992. I inherited from George a rich legacy of expertise, a dedicated Trust Board, a superb workforce and formidable challenges to face in the run up to the year 2000.

Our most pressing task was achieving balance in bringing to a conclusion the work of the Acute Hospitals Reorganisation Project - the McKenna Committee. We agreed with many of the recommendations produced, but could not see how the controversial proposal to move services from the Royal Maternity Hospital to the Tower Block of the Belfast City Hospital would be in the best interests of women and babies, and the community in general.



Chairman Paul McWilliams, OBE

Considered from all perspectives, this AHRP proposal just did not make sense. It was and is our belief, that a realistic social and economic appraisal will confirm our views.

On a more positive note, we treated more patients than ever, continued to develop services and training expertise, and spent the least proportion of all Northern Ireland Trusts budgets on management costs. We also worked hard to develop stronger relationships with all our purchasers, our patients and most importantly within the community. We value the support given by so many different organisations and communities to our everyday work.

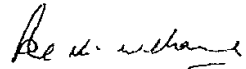
The announcement by the Government of the final approval for the £64.5m redevelopment for the Royal Victoria Hospital was widely welcomed by staff and the community. This commitment by the Government was due in no small way to the tremendous efforts of Sir George Quigley and was a clear signal for the future success of the Royal Hospitals.

There was also considerable delight for patients and staff when our Patron, the Duchess of Kent, visited the Royal on a day which marked major progress in the exciting building development at the Children's Hospital.

I am delighted to acknowledge the invaluable support which charities associated with the Royal Hospitals continued to provide. We value their generosity and that of others from throughout the province. They do much to enhance the environment for our patients and provide much needed additional equipment for our staff.

Looking forward we have a strong and resourceful Trust Board. We have a skilled workforce. Soon we will have buildings worthy of the expertise of our staff. Yet we have the capacity to do more. We want to treat greater numbers of patients, to continue the development of education and research of the highest quality. We are anxious to strengthen our alliances with people and organisations throughout Northern Ireland. We are on the threshold of a new era.

As we look forward to celebrating the bicentenary of the Royal Victoria Hospital next year, we are poised to enter the next millennium as a unique centre of excellence. What we require are the resources to allow us to fulfil our potential.



Chairman

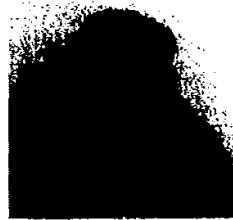
Another successful year. What a tribute to staff, who, in spite of continuous financial pressure, have again met and exceeded many of the targets set by Government and purchasers. Well done everyone.

The key to the success of any organisation is the calibre of its staff. Here in the Royal Hospitals we thrive on an ethos of enquiry and research, in an atmosphere where creative action is the norm and where the impossible often becomes a reality.

That is perhaps why we were able to treat more patients than ever. And increasingly our patients are those with the most complex conditions. We are a centre of excellence and proud of our ability to treat all who need our expertise. We have tradition, backed by innovation. Like those who first laid the foundation for our success some 200 years ago, we must today show that same determination and foresight in our aspirations for the next millennium.

The new building programme for the Royal Victoria Hospital, bringing different dimensions and vivid imagination into hospital design, must keep to its demanding and standard setting schedule. With plans influenced by those who will work in the new complex, we are determined that the care systems we will provide will be those which put the needs of the patients first, rather than build such services around the professionals who give the care. And soon, most of our staff will at last be able to work and treat patients in an environment worthy of their skills.

The treatment of patients however, cannot be given in isolation from our colleagues in other hospitals throughout the province.



Chief Executive William McKerr

Clearly there are changes ahead in where and how hospital services will be provided. We have an important role in developing alliances with colleagues throughout Northern Ireland to bring about new patterns of care. We seek new partnerships but not at the expense of quality and choice.

In supporting the objectives of the Acute Hospitals Review Project - the McKenna Committee - we see many advantages for the public in closer relationships with the Belfast City Hospital. But we see no justification in centralising maternity services between the two Trusts within the upper floors of the Tower Block on the Lishburn Road. To do so will not improve the quality of care for women and babies. It goes against the wishes of the majority of

those who use the service. In times of financial constraint it will cost many millions of pounds more to centralise at the City rather than the modest sums necessary to upgrade the Royal Maternity Hospital. Quite simply the proposal doesn't make sense.

Thus we ended the year as we began, facing uncertainty and challenges, and this is why our staff are so important. But there are limits to what hard-pressed professionals can endure. We look to Government to resolve those pressures which are rightly its responsibility and not that of the dedicated staff who provide the healthcare which has given the Royal Hospitals a distinguished and international reputation.

William McKee

Chief Executive

TRIBUTE TO SIR GEORGE

Sir George Quigley's resignation on 31st December '95, as Chairman of the Trust, brought to an end a four year association with the Royal Hospitals during which there were significant and dramatic advances.

As Chairman, Sir George had played a major role in negotiating the funding to rebuild the Royal Victoria Hospital and he guided the Trust to the achievement of all the Government's finance targets. During his time as Chairman, the number of patients treated increased, a range of new facilities opened, and in comparison with hospitals throughout the United Kingdom, the Royal Hospitals demonstrated unquestionable value for money.

Trust Board Declarations of Interest

Board members are required to declare interests which are relevant to the HPSS Board of which they are a member.

The relevant information about members of the Royal Hospitals Trust Board are as follows:

Chairman

Sir George Quigley
(until 31 December '95).

Chairman of:

Ulster Bank;
NI Economic Council;
Co-operation North;
Director of Shorts PLC;
Director of Nat West PLC;
Honorary president NI Council for Voluntary Action.

Chairman

Mr Paul McWilliams, OBE
(from 1 January '96)

Chairman of:

Parity Solutions (Ireland) Ltd;
CCC Technology (NI) Ltd;
Link Training NI;
Compen Management Consultants Ltd;
LEDU;
Life Enrichment Centres (Ireland) Ltd;

Dr George Baird

Secretary of the Academic Council, QUB

Mr John Carson, CBE

Member of Belfast City Council;
Vice president of Marie Curie Cancer Care;
Member, Salvation Army Advisory Board;
Owner of fast food outlet & drapery shop;
Joint chairman, City Central Partnership;
Vice president Northern Ireland Hospice.

Sister Mary Turley

Member of the Order of the Presentation

Sisters. Director of:

Flax Trust - Belfast, Dublin and North America;
Brookfield Business School Ltd;
Brookfield Business Centre Ltd;
Community Aid Ltd;
Bannside Development Agency Ltd;
Greater Craigavon Partnership;
Bannside Community Trust;
Belfast International Trade Centre Ltd.

Dr W Ben Wilson

Chairman of:

Northern Ireland Centre Europe Ltd;
Bemac Engineering Ltd;

Non-executive director of:

Denroy Plastics Group Ltd;
Strathroy Dairy Ltd;
Haldane & Shiels Ltd.

Trustee of:

NI Voluntary Trust;
NI Children's Cancer Unit.

Executive Directors

Mr William McKee (Chief Executive)

no relevant interests

Mr Norman Bennett (Director of Finance)

no relevant interests

Dr Ian Carson (Medical Director)

no relevant interests

Miss Elizabeth Duffin (Director of Nursing & Patient Services)

no relevant interests

Clinical

Anaesthetics, Theatres & Intensive Care
Cardiology
Clinical Professions
Dental
ENT
Laboratories
Medical
Neurosciences
Nursing and Patient Services
Obstetric, Gynaecology & Neonatology
Occupational Health Services
Ophthalmology
Paediatric
Radiology
Surgical

Non-clinical

Corporate Affairs
Development, Information Systems
& Patient Records
Facilities
Finance
Medical Administration
Personnel
Pharmacy
Planning, Contracting & Information

Dr Joseph Gaston
Dr Connor Mulholland
Dr Patricia Donnelly
Mr Ian Saunders
Mr Peter Walby
Prof Peter Toner
Prof Gary Love
Mr Tom Fannin
Miss Elizabeth Duffin
Dr Harith Lamki
Dr Tony Stevens
Prof Desmond Archer
Dr Connor Mulholland (acting)
Dr James Laird
Mr John Hood

Mr Gerry Carson

Mr Evan Bates
Ms Christine Burns
Mr Norman Bennett
Dr George Mumaghan
Mrs Theresa Hughes
Dr Sean O'Hare
Mr Hugh McCaughey



About the Trust

Belfast Health and Social Care Trust delivers integrated health and social care to 340,000 people in Belfast and part of the Borough of Castlereagh. It also provides specialist services to all of Northern Ireland.

With an annual budget of approximately £1bn (spending about £3m each day) and a staff of 20,000, it is one of the largest Trusts in the United Kingdom.

What we do

In our **hospitals**, we treat approximately 210,000 inpatient and day patients a year, see 680,000 outpatients and more than 200,000 people at our A&E departments.

In the **community** we are corporate parent to 600 children in care – the majority in foster care. We are also responsible for between 500 and 550 children on the child protection register – and every year receive 800 referrals for children in need of support – mostly in their own home.

We provide services for **older people** through nine residential homes and also commission services from the independent and voluntary sector to support older people who wish to remain in their own homes.

Improving health and wellbeing

Alongside our commitment to delivering safe, timely, high quality and cost-effective care, our Trust has a higher purpose – to improve health and wellbeing and reduce inequalities by using our size as a force for good and working in partnerships with other organisations such as those responsible for housing and education.

Our History

The Trust came into existence on 1 April 2007. It was formed under the Belfast Health and Social Services Trust Establishment Order Northern Ireland 2006 – and is responsible for the services formerly delivered by six Trusts which were merged on 31 March 2007.

These Trusts were

- the Royal Group of Hospitals and Dental Hospital Health and Social Services Trust
- the Mater Hospital Health and Social Services Trust
- North and West Belfast Health and Social Services Trust
- South and East Belfast Health and Social Services Trust
- Green Park Health and Social Services Trust
- Belfast City Hospital Health and Social Services Trust.

- © Copyright
- Disclaimer
- Freedom of Information



How the Trust is Structured

In a large organisation, like the Trust it can be difficult to know who is responsible for what. This page explains the overall structure of the Belfast Trust and how it is managed.

Learn about the:

- Board of Directors
- Executive Team
- Service Groups

Board of Directors

The Board of the Belfast Trust is responsible for the strategic direction and management of the Trust's activities. It is accountable, through the chairman, to the Permanent Secretary at the Department of Health Social Services and Public Safety, and ultimately to the Minister for Health.

It is made up of a Chairman, seven non Executive Directors, five Executive Directors and seven other Directors. The Department of Health, Social Services and Public Safety appoints non-executive directors, with the approval of the Minister for Health, Social services and Public Safety.

The Trust Board meets approximately 6 times per year and anyone can attend.

The Board exercises strategic control over the operation of the organisation through a system of corporate governance which includes:

- A schedule of matters reserved for Board decisions
- A scheme of delegation, which delegates decision-making authority within set parameters to the Chief Executive and other officers
- Standing Orders and Standing Financial Instructions. An Audit Committee and an Assurance Committee have also been established.

The Assurance Framework of the Trust sets out the committee structures for clinical and social care governance and risk management. This framework describes the mechanisms to address weaknesses and ensure continuous improvement, including the delivery of the delegated statutory functions and corporate parenting responsibilities.

[Read details of the Chairman](#)
[Read details of Trust Board](#)
[See a Schedule of Trust Board Meetings this year](#)
[Read minutes from Trust Board Meetings](#)

Executive Team

The Trust's Executive Team is responsible to the Trust Board for the day to day operational management and development of the Trust.

It is led by the Trust Chief Executive Colm Donaghy and includes the following Trust Directors:

- Deputy Chief Executive and Director of Finance: Martin Dillon
- Director of Acute Services: Patricia Donnelly
- Director of Social and Primary Care Services : Bernie McNally
- Director of Cancer and Specialist Services: Jennifer Welsh
- Director of Specialist Hospitals and Childcare : Brian Barry (Acting)
- Medical Director: Dr Tony Stevens
- Director of Nursing: Brenda Creaney
- Director of Planning and Redevelopment: Denise Stockman
- Director of Performance and Delivery: Catherine McNicholl
- Director of Human Resources: Marie Mallon
- Head of Communications: Dympna Curley

[Read details of the Chief Executive](#)
[Read details of the Executive Team](#)

Service Groups - Delivering Integrated care

The Belfast Trust provides integrated care. This means that we provide both acute services (hospital based) and community services (in your own home or local health centre) In order to deliver these services in the best way they have been grouped into 4 key Service Groups which are then supported by 6 Corporate Services.

[Learn more about theses service groups](#)

- © Copyright
- Disclaimer
- Freedom of Information

<http://www.belfasttrust.hscni.net/about/TrustStructure.htm>

01/07/2011



Service Groups

Delivering Integrated care

The Belfast Trust provides integrated care. This means that we provide both acute services (hospital based) and community services (in your own home or local health centre) in a joined up way. In order to deliver these services in the best way they have been grouped into 4 key Service Groups which are then supported by 6 Corporate Services.

Service Groups

Acute Services

This service group provides a range of hospital based services to the greater Belfast population and, on a regional basis, to the Northern Ireland population, including:

- Cardiovascular and Specialist Surgery
- Trauma and Orthopaedics
- Imaging
- Neurosciences and ENT
- Medicine and Surgery

Director: Patricia Donnelly

Social and Primary Care Services

This group provides the following services:

- Mental Health services for young people, adults and older people.
- Learning Disability services which assist adults with a learning disability to have control over their own lives and the support they receive, enabling them to live healthy active lives involved in their local communities; they include Day Support

<http://www.belfasttrust.hscni.net/about/ServiceGroupOverview.htm>

01/07/2011

Services, Day Centres, Supported Living as well as inpatient assessment at Muckamore Abbey Hospital.

- Physical Disability Services which include Sensory Support and Day Care Centres
- A range of older peoples services including services for people with dementia, Community Nursing Services and residential care
- Family and Childcare Services, including children's social work services, residential care, and Child Protection services

Director: Bernie McNally

Specialist Hospital and Child Health Services

This group provides a range of services specifically for women and children including:

- Women's and maternity services range from Community midwifery, sexual and reproductive health services, to hospital-based maternity, and gynae services
- Child Health services are provided in the children's hospital, local health centres and your own home.
- Dental Services are also provided in the Specialist Dental Hospital and in a community setting.

Director: Brian Barry (Acting)

Cancer Therapy and Specialist Services

This service group provides specialist services to the greater Belfast population and, on a regional basis, for the Northern Ireland population. It incorporates:

- Cancer Treatment and Management
- Specialist Medical services such as rheumatology, dermatology and nephrology as well as the Cancer Centre and Chemotherapy Day Hospital.
- Allied Health Professions such as Physiotherapy and Occupational Therapy who work in both hospital and community settings.
- Laboratory, Genetics and Mortuary Services

Director: Jennifer Welsh

Corporate Services

<http://www.belfasttrust.hscni.net/about/ServiceGroupOverview.htm>

01/07/2011

Communications

This service group incorporates the Media office, public liaison, design services, events and e-communications

Head of Communications: Dympna Curley

Finance

In common with all health and social care organisations a key objective is to achieve and maintain sound "financial health".

Overall responsibility for overseeing the Trust's finances lies with the Director of Finance, with the corporate finance group taking responsibility for all aspects of finance including accounting and financial management, commissioning, capital and investment for the Trust.

Read more about the Trust's Financial Activities

Director: Martin Dillon

Human Resources

The Belfast Trust is the biggest employer in Northern Ireland, employing more than 22,000 staff. To provide the best possible health and social care for the people we serve it is essential that the Trust attracts and retains staff who are appropriately qualified, professional in the service that they deliver, happy and productive in their work and committed to learning and developing in their role.

Human Resources provides a range of services to do this including employment relations, resourcing, utilisation and productivity, learning and development and employment equality. The Health and Social Inequality team also resides in this group. Read more about working for the Belfast Trust

Director: Marie Mallon

Medical Directors Group

This service group includes responsibility for safety, quality and standards, public and occupational health, research, complaints and litigation.

Medical Director: Tony Stevens

<http://www.belfasttrust.hscni.net/about/ServiceGroupOverview.htm>

01/07/2011

Nursing and User Experience

This service group works to develop nursing and midwifery services in the Trust, and involve the public in the planning and delivery of services. Key areas of work include Patient and Public Involvement, nurse education, workforce modernisation, nursing governance and nursing research.

Director of Nursing : Brenda Creaney

Performance and Delivery

This service group includes responsibility for service planning, performance management, reform and service improvement

Director: Catherine McNicholl

Planning and Redevelopment

This service group includes responsibility for capital planning and business cases, capital redevelopment, PFI information management, information technology (IT) and estates.

Director: Denise Stockman

- © Copyright
- Disclaimer
- Freedom of Information