Present:

Mr Pat McCartan  Chairman
Mr Colm Donaghy  Chief Executive
Ms Joy Allen  Non Executive Director
Professor Eileen Evasin  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
Dr Val McGarrell  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

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

The Chairman welcomed everyone to the meeting.

TB56/10  Minutes of Previous Meeting

The minutes of the previous meeting held on 7 October, 2010 were considered and approved by members.

TB57/10  Matters Arising

There were no matters arising.
Chairman’s Business

a. Conflict of Interests

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

b. Dr Graeme McDonald

It was with regret that Mr McCartan advised members of the recent untimely death of Associate Medical Director and Clinical Psychiatrist, Dr Graeme McDonald.

Mr McCartan agreed to write to Dr McDonald’s wife and family expressing sympathy on behalf of the Trust.

c. Patient and Client Council Representative

Mr McCartan advised that following recent discussions with the Chairman and Chief Executive of the Patient and Client Council it had been agreed that Dr Sheila Kelly, Council representative for Belfast Trust, would sit with Board members when attending public meetings, but would not have voting rights.

Mr McCartan then invited Dr Kelly to take a seat with Board members.

d. Director of Finance

Mr McCartan was delighted to welcome Mr Martin Dillon, recently appointed Director of Finance, to his first Trust Board meeting. Speaking on behalf of the Board he wished, Mr Dillon every success in his new role and wished him well.

Mr Dillon thanked the Chairman and members for their kind welcome.

e. Joint Meeting with HSC Board

Mr McCartan advised the proposed joint meeting with the HSC Board would be scheduled in late January/early February 2011.

f. Mullen Mews

Mr McCartan was pleased to report that Mullen Mews had recently won first place in the “Pleasures of Eating” category in the International Dementia Excellence Awards, in recognition of work to enhance the quality and experience of meal times and food associated activities for people with dementia.
f. (Contd.)

The tenants grow vegetables in their own gardens, plan menus and regularly go grocery shopping and prepare meals. The scheme was also shortlisted in the Dementia Design Innovation of the Year category of the awards.

Eileen Evason paid tribute to the Mullen Mews scheme and the excellent care provided.

Mr Donaghy said that the scheme demonstrated the ethos of how such services should be delivered in partnership with housing associations.

Chief Executive’s Business

a. Winter Period

Mr Donaghy paid tribute to staff who had continued to deliver care in during the recent difficult weather conditions. Many had gone the ‘extra mile’ to ensure minimal disruption to services by staying overnight in hospitals and by walking to remote areas.

b. Financial Stability

Mr Donaghy referred to the Financial Stability Report, compiled for the Health and Social Care Board 2010/11 programme and advised that Belfast Trust had been assessed as Amber/Red. However, members were reassured that the HSC Board was confident that with sustained effort the Trust would balance income with expenditure for the current financial year.

Mr Dillon advised that the Trust was continuing to work closely with the HSC Board to address any issues.

In response to a question from Mr Hartley regarding winter pressures, Ms Donnelly advised that during the recent bad weather there had been an increase of almost one hundred percent in the number of people attending emergency departments as a result of falls. To cope with this increase in demand an escalation plan had been put in place, which dealt with the initial pressures and the sustained pressure during the cold spell.

Report of Director of Finance

a. Finance Report

Mr Dillon presented the financial position for the period ended 31 October 2010, advising of an overspend of £9.85m, comprising an income deficit of approximately £0.54m, a salaries and wages overspend of £9.62m and goods and services underspend of £0.31m.
This position reflected the fact the Trust is in line to achieve the anticipated MORE plan of £98m this year and at this stage has made some contributions towards the £7m contingency savings.

Members noted that it was anticipated that the full value of the contingency savings would be achieved by the end of the year, which would bring the Trust into line with the control total deficit.

In relation to the financial stability exercise carried out by the HSC Board, concern had been expressed at the Trust’s ability to achieve the full MORE programme savings identified for 2010/11. This related mainly to the additional workforce reductions and potential further targets around charging. Hence the Trust being awarded the amber/red status and as a consequence would be provided additional support by the HSC Board financial stability team. A report of a follow-up assessment carried out in November was currently awaited from the HSC Board, however the Trust believed that, given progress in identifying contingency measures of £7m, together with a continued increase in the amount of savings achieved, the status would change to at least amber.

In relation to workforce issues, Mrs Mallon advised that the Trust’s approach had been clear. The organisation had recognised there would be an impact on staff and was committed to trying to secure the employment of staff who wanted to work in Belfast. She advised that a number of options had been considered, including staff turnover, a limited voluntary early redundancy scheme, reducing backfill and the need for modernisation and reform of services. Mrs Mallon highlighted the importance of working in partnership with the trade unions. Mr Donaghy emphasised the need to ensure safe services.

Members discussed pending industrial action by NIPSA, who had presented concerns about frontline services in relation to Child Protection at the previous Trust Board meeting. Ms McNally confirmed the Trust had always tried to protect frontline child protection posts. She highlighted some of the issues leading to increased referrals including the impact of Baby P, better relationships, increased reporting to PSNI and the economic downturn. Ms McNally also confirmed that the service had developed contingency plans to minimise the impact of proposed industrial action.

*Decision: Finance Report for period 31 October 2010 noted.*
b. Charitable Trust Funds Accounts 2009/10

Mr Dillon presented the Charitable Trust Funds Accounts 2009/10 for approval. It was pointed out that the accounts had been considered by the Audit Committee on 11 October, 2010, and had received an unqualified audit opinion by the Northern Ireland Office.

Members approved the accounts for formal signature by the Chairman, Chief Executive and Director of Finance.

*Decision: Charitable Trust Funds Accounts 2009/10 approved.*

c. Bank Mandate

Mr Dillon advised that due to recent staff changes there was a need to revise the Bank Mandate and sought approval for Mr Donaghy, Chief Executive and himself as Director of Finance, to be the signatories for the Trust.

Members approved these revisions to the Bank Mandate.

*Decision: Bank Mandate to be revised to take account of recently appointed Chief Executive and Director of Finance to be Trust signatories*

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(a) Performance Report – October 2010

Ms McNicholl, Director of Performance and Service Delivery presented the performance report, for the period ending 31 October 2010.

Ms McNicholl drew attention to the summary of activity and highlighted some key statistics, i.e. A&E had dealt with over 14,000 attendances, there had been 630 births and approximately 33,000 outpatient attendances in this period.

In relation to outpatient and inpatient/day cases the Trust had confirmed with the HSC Board the projected position in relation to speciality waiting times at March 2011. These projections included the impact of additional clinics/IPDC lists the Trust was planning to deliver with an additional £3.3m which the HSC Board had allocated non-recurrently to support waiting list initiatives. Members were advised that within acute outpatients, 23 specialties were expected to have patients waiting over 13 weeks at March 2011, out of a total of 46 specialties). The issue of backlog outpatient reviews remains a high priority and working is ongoing to address this matter.
The Trust had submitted a proposal to the HSC Board for £1m for additional backlog review outpatient clinics, this would assist in reducing the backlog at March 2011.

Ms McNicholl advised that the performance in relation to fractures had dropped from 85% to 80%, due to the increase in demand over one weekend. It was pointed out that a plan had been developed for the anticipated increase over the winter months.

The A+E performance had not improved towards the 95% target, during October 82% of non-admitted patients had been treated within the 4 hours, but only 40% requiring a bed had been admitted within 4 hours. Ms McNicholl pointed out that this was a regional issue. Members noted that Dr Sturgess, Associated Medical Director of East Kent Hospitals University NHS Foundation Trust, had provided some useful insights following his visit to the Trust. This included the need for more focus/leadership when expediting patient flows/pathways Dr Sturgess would be revisiting the Trust in December to meet with the Executive Team and hold a series of clinical workshops.

Following a request by Mr Drew it was agreed that Trust Board would receive a report on Dr Sturgess work at a future workshop.

In response to a question from Professor Evason regarding the use of consultants, Mr Donaghy advised that Dr Sturgess had been engaged by the Trust for his renowned skills in this particular area of work and he understand that the engagement of Dr Sturgess was in line with normal protocols.

Ms McNicholl indicated that the Trust would be continuing to focus on how improvements could be achieved and advised the HSC Board had indicated that all sites should be performing at 90% by April 2011. The HSC Board had also advised of the introduction of financial incentives and sanctions regarding any breaches to the target from April 2011.

Members were referred to the Quality and Safety section of the report particularly the MRSA and C.Difficile section which demonstrated the number of Trust cases was broadly in line with the target, which is a significant further reduction from previous years. Ms McNicholl was also pleased to report that the Renal Unit, Belfast City Hospital had been MRSA free for 365 days.

Mrs Welsh paid tribute to the staff in the Renal Unit for this significant achievement, and advised that she and the Chief Executive would be visiting the unit to thank staff personally. Ms Creaney advised that the nursing teams had developed robust action plans, which had included continuous training and assessment for staff as well as standardising policies and procedures and changing some clinical practice.
TB61/10  (Contd.)

In relation to mortality rates Dr Stevens briefed members on new reporting arrangements which would be introduced in the new year.

Ms McNicholl referred to the section dealing with Service and Budget Agreement (SBA) and pointed out that overall within elective and non-elective activity the Trust had performed at 1% under SBA, daycase performance had been 10% over, orthopaedic inpatient and daycases was 14% above contract, with outpatient at 6% under SBA.

Members noted the Trusts position in relation to targets set out in Priorities for Action and Corporate Plan.

Decision: Performance Report noted for assurance

TB62/10  Report of the Director of Planning and Redevelopment

Ms Stockman, Director of Planning and Redevelopment presented the report of the response to the Excellence and Choice Right Treatment Right Place – A consultation on proposals to reorganise the delivery of acute services in Belfast.

At the outset of her presentation Ms Stockman wished, on behalf of the Trust, to record her thanks and appreciation to all those who had taken the time to respond to the consultation exercise, which had been the most wide ranging consultation undertaken by the Trust.

Ms Stockman went on to explain that the proposals would result in reorganising the delivery of some acute services in Belfast, to build on the strategic direction outlined in the New Direction document.

Members were reminded that ‘Right Treatment, Right Place builds on the strategic direction for acute services and focused on service areas, as listed below, as well as detailing the future location for a range of Children’s services:

- General Surgery
- Vascular Surgery
- Gynaecology
- Urology
- ENT
- Ophthalmology
- Adult Rheumatology and Dermatology
- Cardiology
- Children’s services – Paediatric ENT, Rheumatology and Orthopaedics
Maternity services and emergency departments had largely been excluded from this review.

The key drivers for change identified in the review of acute services were to:

- meet patient and public expectation for improved service quality;
- improve clinical linkages, where possible;
- address current duplication and service efficiency;
- act on staff support;
- drive forward service modernisation;
- deliver compliance on medical staff rotas;
- deliver compliance on Working Time Regulations (NI) Order 1998;
- enable delivery of services on reduced capital and revenue budget;
- reduce the risks associated with the estate.

There had been a 16 week consultation period from 5 July to 31 October. Ms Stockman advised that the Trust had embarked on an extensive pre-consultation process between March and June, which had included sessions with clinical and administrative staff, service users, carers, Public Health Agency, HSC Board, DHSSPS, Local Commissioning Group, Patient and Client Council and staff side. During the formal consultation process sessions had been held with a number of organisations, including Belfast City Council, GPs, local Partnership Boards and voluntary groups, with over 1500 copies of the document distributed to interested bodies/stakeholders. Sixty four written responses had been received from various groups, details of which were included in the report. There had also been an internal consultation process to ensure the proposals were communicated widely within the Trust.

Ms Stockman outlined the following comments received in relation to the services.

- **General Surgery**

Overall, there was agreement in principle to the proposal to provide emergency general surgery at the Royal Hospitals, and provide elective surgical services at the Belfast City Hospital and Mater Hospital. Whilst there had had been no major concerns raised, there had been some operational issues, regarding the impact on gastroenterology services. The Trust confirms that endocrine surgery will be sited at the Mater site.
Vascular Surgery

Generally again there had been agreement in principle to the proposal to provide inpatient and day case vascular services at the Royal Hospitals. There had been some concerns expressed regarding the impact on renal services, an operational issue which the Trust will address.

Gynaecology

Regarding the proposal to locate gynaecology services at the Belfast City Hospital, as part of the major elective centre, again there had been overall agreement, subject to some concerns regarding the management of women who experience loss of pregnancy, which will be addressed by the clinical team when dealing with the management arrangements for such cases.

Urology

There had been very limited response. However, those responses received had been positive regarding the proposal to locate urology services at the Belfast City Hospital as part of the major elective centre.

ENT

In relation to the proposal to locate Adult ENT services at the Royal Hospital, there had been mixed views, however, the Trust believes it is right to bring clinical teams together on the Royal site and create a centre of excellence for ENT. Comments regarding the transfer of Paediatric ENT to Ward 31 at the Royal Hospital were positive.

Ophthalmology

Generally there had been agreement in principle to bring ophthalmology services (inpatient and day case surgical and medical intervention and some outpatient’s clinics) onto a single acute hospital site, with support for the Mater Hospital. Concerns raised related to operational issues, which would be addressed by the Clinical Team as part of the implementation process.

Adult Rheumatology and Dermatology

The proposal to bring adult rheumatology inpatient, day care and biologic therapies into the Belfast City Hospital alongside dermatology, received agreement in principle, subject to issues surrounding the provision of a hydrotherapy pool and physiotherapy, which would be addressed as part of the implementation planning.
Paediatric Rheumatology

The proposal to bring together paediatric rheumatology to the Royal Belfast Hospital for Sick Children had not received positive responses. Therefore the Trust was proposing not to proceed with this transfer and discuss the matter further with the Commissioner and a view to holding a further review to agree the way forward.

Cardiology

In relation to the proposal to provide all tertiary cardiology services at the Royal site, there had been agreement in principle although some concerns had been expressed across the region that plans should not impact on capital investment in cardiology elsewhere.

Ms Stockman outlined following themes which had emerged during the consultation process:

- Concern had been expressed on the impact of the proposals on the Mater Hospital. The Trust recognises the essential role of the Mater and is committed to providing a sustainable profile of services for the future

- There had been comments received in relation to links with other Trust services. The Trust is confident that the proposals for general surgery can deliver an improved clinical service by bringing together the Emergency team at the Royal and by working in partnership with the NI Ambulance Service for patient transport

- In relation to the impact on regional services, the Trust will continue to work with the HSC Board and the other Trusts to ensure a coordinated approach to the provision of services across all areas

- Comments had been made regarding transport and car parking, members noted that the Trust had arrangements in place to provide an additional 200+ car parking spaces on the Royal Hospitals site.

- A number of parties highlighted the growing importance of developing close working relationships with primary care and General Practitioners colleagues to ensure a seamless service for patients. The Trust and Primary Care/General Practitioner colleagues will further develop existing engagement processes and seek to formalise these arrangements.
In response to an issue raised regarding communication, the Trust will continue to work to ensure we communicate effectively with all our service users and the general public.

In relation to concerns raised regarding the current financial climate, the Trust would advise that the acute service reorganisation proposals were developed for key clinical and organisational reasons, including the need to deliver value for money services. The Trust is confident that these proposals can be delivered in an environment of constrained capital and revenue funding.

In concluding her presentation Ms Stockman asked Trust Board to approve the following proposals:

**General Surgery** - to provide all emergency general surgery at the Royal Hospitals and provide elective surgical services at the Belfast City Hospital and Mater Hospital.

**Vascular Surgery** - to provide all inpatient emergency and elective vascular services at the Royal Hospitals.

**Gynaecology** - to locate gynaecology services at the Belfast City Hospital.

**Urology** - to locate urology services at the Belfast City Hospital.

**ENT** - to locate Adult ENT services in the ENT Building at the Royal Hospitals.

**Ophthalmology** - The proposal to locate ophthalmology services (inpatient and day case surgical and medical intervention and some outpatient clinics) at the Mater Hospital, as the Regional Ophthalmic Centre.

**Adult Rheumatology and Dermatology** - The proposal to bring together adult rheumatology inpatient, day care and biologic therapies into the Belfast City Hospital alongside dermatology.

**Cardiology** - The proposal to provide all tertiary cardiology services at the Royal Hospitals.

**Children’s Services – Paediatric ENT** - The proposal to transfer children’s ENT services at the Belfast City Hospital to Ward 31 in the EENT Building at the Royal Hospitals.
Paediatric Rheumatology - The Trust maintains its commitment to bring all children's acute services into the Royal Belfast Hospital for Sick Children. In light of the concerns expressed during the consultation process, the service will work with commissioners to review the paediatric rheumatology service and make appropriate recommendations for its future service delivery arrangements.

- Equality Impact Assessment

Ms Mallon Director of Human Resources presented the report of the Equality Impact Assessment carried out on the Excellence and Choice Right Place A Consultation to Reorganise the Delivery of Acute Services in Belfast. She advised that the Trust had undertaken an Equality Impact Assessment in accordance with its Statutory Duties under Schedule 9 and Section 75 of the Northern Ireland Act 1988.

Mrs Mallon outlined the process of the Equality Impact Assessment. She advised that the report detailed the equality considerations, the consultation process, a summary of responses from consultees, key findings and conclusions, the Trust response and recommendations on the decisions to be made and improved.

Mrs Mallon reported that the findings and conclusions of the EQIA, taking account of the implementation mitigation measures, had identified no significant adverse impact on the Section 75 requirements.

In response to a question from Mr Hartley, Ms Mallon advised that there would be no compulsory redundancies in relation to proposals outlined by Ms Stockman.

Non Executive Directors shared Professor Evason's views that all involved should be congratulated in what had been a very thorough process.

Mr Donaghy said that he had not been in post when the consultation had begun, and paid tribute to all those involved, he pointed out that the proposals were about improving services and not cost related.

Following discussion members approved the proposals as outlined above.

Ms Stockman advised that The Acute Services Steering Group would oversee the implementation planning phase and review its membership and terms of reference for this role.

Decision: Members approved Excellence and Choice Right Treatment Right Place – A consultation on proposals to reorganise the delivery of acute services in Belfast.
Ms Mallon, Director of Human Resources presented the Under Article 55 of the Fair Employment and Treatment (NI) Order 1998. Members were reminded that the Trust had a statutory duty to carry out a review of the workforce composition and employment practices. The purpose of this Review is to enable the Trust to determine whether or not Protestants and Roman Catholics were enjoying, and likely to continue to enjoy, fair participation in the Trust.

Members noted that the report outlined a detailed analysis of workforce composition, applicants and appointees; details of promotions, leavers, training and Trust policies and practices in relation to recruitment and selection and equality of opportunity; an outline of what was considered to be the relevant catchment areas and comparators for the groups it employs; an assessment of fair participation; the details of the affirmative action measures implemented over the last three years and the proposals for further action for the next three year period.

Ms Mallon advised that the Review had been undertaken during a period of significant change and in a challenging financial environment including the impact of the Review of Public Administration, the Competitive Spending Review, efficiency savings targets and significant changes in both the organisation and delivery of health and social care services. The effect of these in terms of reconfiguration of Trust services, transfers of groups of staff, reviews of skill mix and workforce utilisation, low turnover, vacancy controls and redeployments had been highlighted as they had limited the Trust’s ability to influence its workforce composition and applicants to it.

Having undertaken the detailed analysis and review it is the conclusion of the Trust that it has complied with the requirements of the Article 55 Review.

The Trust had succeeded in maintaining the same workforce composition throughout the review period. While it is likely that the number of staff employed by the Trust will decrease during the next review period the Trust hopes to increase the Protestant applicant rate to Band 1 – 4 posts in the North and West of Belfast by continuing to use its affirmative action measures which include a “Welcome Statement” in advertisements for posts and employability initiatives.
The Trust will continue to audit the composition of the workforce and applicants and appointees to it and review the baseline figures produced for this Review against the 2011 census data when it becomes available, as the comparator data used in the Review is based on 2001 census information.

The Trust has noted traditional areas of employment imbalances in the nursing and social services professions where there is a fairly consistent higher level of Roman Catholic representation and would aim to monitor this against the 2011 census information and access up to date comparator information for these specific groups following the 2011 census.

In concluding Ms Mallon stressed the Trust was committed to providing fair participation within its workforce and welcomes applicants from all communities. The Trust has been involved in two major Employability Initiatives - the West Belfast and Greater Shankhill Health Employment Partnership, and the Public Employment Partnership, specifically working to assist and progress the long term unemployed from all communities into the workforce. Affirmative action will continue and progress will be monitored over the next three year period.

Following discussion members approved the Review, which was required by the Equality Commission for NI by 1 January 2011.

*Decision: Approval of the Article 55 Review under the Fair Employment and Treatment (NI) Order 1998*

**b. Draft Action Plan based on Trust’s Audit of Inequalities**

Ms Mallon advised that the Equality Commission for Northern Ireland recommended that Public Authorities undertake an audit of inequalities to inform the identification and development of action measures for their Section 75 action based plans to be incorporated within the new revised Trust Equality Schemes.

Mrs Orla Barron, Health and Social Inequalities Manager gave a presentation outlining the process. Members were advised that an inequalities audit was a systematic review and analysis of inequalities, which persist for Section 75 Service Users and those affected by Trust policies, despite ten years of equality legislation.

The inequalities audit had been undertaken at a regional and local level led by Equality leads within HSC Trusts. The findings of this approach have been analysed and prioritised for inclusion in the action plan. This action plan was in addition to the compliance with and mainstreaming of Section 75.
Ms Barron explained that the draft Trust Equality Scheme Section 75 Action Plan sets out the key inequalities identified, actions measures, performance indicators and proposed timescales for implementation. In short, a programme of action measures to be undertaken by Trusts, working collaboratively with Regional colleagues and Locally, with a number of identified local action.

The sections included within the plan were:

- Cross Cutting Themes
- Service Related issues
- Employment
- Procurement

It was proposed the draft action plan would be incorporated with the New Equality Scheme for consultation, however unlike the Scheme, the Equality Commission would not approve the plan formally. The Regional and Trust representatives are meeting with the Equality Commission on 7 December 2010 to table the action plan and Equality Scheme for feedback prior to formal consultation in January 2010.

Decision: Draft Action Plan based on Trust’s Audit of Inequalities - Approved

c. Draft Equality Scheme for Belfast HSC Trust

Ms Mallon advised that the Trust had received formal notification from the Equality Commission for Northern Ireland (ECNI) on 1 November requesting a revised/new Equality Scheme be submitted to the Equality Commission by 1 May 2011.

Members noted that the draft Belfast Trust Equality Scheme being presented was based on the model Equality Scheme issued by the Equality Commission, setting out the legal requirements of Schedule 9 of the NI Act 1998 and recommendations contained within the new Section 75, Guide for Public Authorities.

It addition it had been set within the context of the Belfast Trust Organisational and Operational arrangements.

The draft scheme outlines how the Trust intends to fulfil its statutory duties in terms of compliance, consultation, equality Screening and impact assessment, monitoring, training, access to information and services, a timetable of measures proposed, complaints procedure and publication of the scheme.
Ms Mallon pointed out that a significant difference to the new scheme was the inclusion of a Section 75 Action Based Plan, based on an Inequalities Audit which had been undertaken. The Equality Commission recommended Public Authorities undertake an Audit of Inequalities to inform the identification and development of action measures, as presented to the meeting earlier.

Members approved the Draft Equality Scheme for public consultation, commencing early January.

Decision Draft Equality Scheme Approved.

d. Equality Impact Assessment on the Proposal to co-locate Children’s and Adolescent Mental Health Outpatient Services for Belfast at Refurbished Accommodation at Forster Green site and to Develop an Outreach Service with Local Communities – Update

Ms Mallon reminded members the Trust had commenced public consultation the above document on 9 March closing on 28 May 2010.

The proposal was to relocate Children and Adolescent Mental Health Out-patient Services from three existing sites –

- the Child and Family Clinic located at the Royal Belfast Hospital for Sick Children
- the Adolescent outpatient service currently located at 10 College Gardens and 88 Lisburn Road.

The preferred model was to move to a central location at the Foster Green site with Outreach facilities and services provided at Health and Wellbeing Clinics across Belfast and other facilities. A total of 33 written responses had been received on the EQIA consultation document.

Having carefully considered the submissions made in response to the EQIA and in consideration of all information available it is felt this proposal should be subject to review and that further engagement with key stakeholders.

A number of issues have been raised, including the need for more pre-consultation, available data and disability access issues that the Trust considers requires more preparatory work.
Miss McNally, Director of Primary and Social Care emphasised that the Trust remained committed to:

- Further developing an Outreach Child and Adolescent Mental Health Service within local communities across Belfast in order to provide more accessible services and enhance choice for children and their carers;

- Providing improvement accommodation for the multi-disciplinary team and a single point of access to Child and Adolescent Mental Health Services, within Greater Belfast.

- Improving transition between Child and Adolescent Services through shared learning and experiences within a single multi-disciplinary team.

Members approved the recommendation for further consultation and engagement with key stakeholders and to formally review the current proposals and to bring forward revised service proposals and equality Impact Assessment during 2011.

Decision: Further consultation on the Proposal to co-locate Children’s and Adolescent Mental Health Outpatient Services for Belfast at Refurbished Accommodation at Forster Green site and to Develop an Outreach Service with Local Communities

**Audit Committee**

Members noted the minutes of the Audit Committee meeting held on 24 May 2010.

**Assurance Committee**

Members noted the minutes of the Assurance Committee meeting held on 2 June 2010.

**Any Other Business**

a. Chairman of MORE Programme Assurance Board

In response to a question from the Chairman, Mr Donaghy advised that he was reviewing the MORE Programme Assurance Board.

**Date of Next Meeting**

Members were asked to note the next public meeting would be held at 10.00 am on 3 February, 2011.