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|  <b>Belfast Health and Social Care Trust</b><br>caring supporting improving together   |  | <b>Paper Ref. Num.</b><br>2026.05.28_TBP_AgendaItem9.1_P202-2026_QuestionsToThe BoardV2<br><br><i>Note:- To be completed by HQ meeting organiser</i> |
| <b>Belfast Health &amp; Social Care Trust Meeting Template Sheet</b> (v050526)  |  |  |
| <b>Title of paper (Maximum of 300 characters)</b><br><br>Questions to the Board   |  |  |
| <b>Purpose of paper</b>   |  | For Oversight  |
| <b>If other purpose please specify</b>  |  |  |
| <b>Meeting</b> TB Public  |  |  |
| <b>If other meeting please specify</b>  |  | N/A  |
| <b>Rationale for confidential consideration (if applicable)</b>   |  | N/A  |
| <b>Presenter</b>  |  | Peter Watson   |
| <b>Date of meeting</b>  |  | 28 May 2026  |
| <b>Background (Maximum of 1500 characters)</b><br><br>The Board will note that at its meeting on 5 March 2026, a number of questions from members of the public were referenced.<br>These were :- <ol style="list-style-type: none"> <li>1. from Mr Alan Roberts who attended the meeting on 5 March 2026</li> <li>2. from Mr Stanford Smith via email on 2 March 2026.</li> <li>3. from Mrs Angela Haughey via email on 2 March, and in the weeks subsequent to the Board meeting of 5 March 2026</li> <li>4. from Mr John Collins via on 27 February 2026.</li> </ol> |  |  |
| <b>Date considered at Exec Team (If Applicable)</b>   |  | N/A  |
| <b>Options for consideration (Maximum of 1500 characters)</b><br><br>N/A  |  |  |
| <b>Recommendations (Maximum of 1500 Characters)</b><br><br>Trust Board are asked to :- <ol style="list-style-type: none"> <li>1. Note the questions and responses provided to date.</li> <li>2. Note that the questions and responses provided to date will now be placed within the Board papers on the Trust website</li> </ol>   |  |  |

|                                      |                    |
|--------------------------------------|--------------------|
| <b>Proposed Onward Consideration</b> | Remove from Agenda |
| <b>If other</b>                      |                    |

**Note:-**

***Any papers accompanying this template should not exceed 10 pages in length.***

***Please ensure when submitting papers that***

- (1) Orientation of paper is set so that the content of the paper can be read***
- (2) Embedded documents should be [provided a separate attachments***
- (3) Append any papers to this coversheet starting on the next page***



## 1.1 Questions from Mr Alan Roberts at Trust Board on 5 March 2026

1. Following publication of the Public Inquiry Report into Hyponatraemia-related Deaths in January 2018 the Belfast Trust set up an Advisory Group. This Advisory Group commissioned an independent expert report and obtained guidance '*in relation to the actions which should be taken at this time*' from Professor John Woodhouse. Was this decision by the Advisory Group fully compliant with:

i) The Trust procedural document Maintaining High Professional Standards in the Modern HPSS?

ii) The Trust '*Being Open*' policy?

iii) The General Medical Council Good Medical Practice policy?

iv) The Trust statutory, legal and accountability codes of conduct?

2. Is the Belfast Trust currently investigating how it conducted investigations, between 2018 and 2020, into doctors criticised in the Public Inquiry Report?

3. Did any member of the Belfast Trust Advisory Group or the Trust Board know, at any time between 2018 and 2020, that Professor Woodhouse was the Responsible Officer for Dr Michael McBride?

4. Was the action of the Trust Advisory Group, when commissioning a report from Professor Woodhouse, compliant with the Trust statutory, legal and accountability codes of conduct in regard to an actual or perceived conflict of interest?

5. In accordance with the Trust procedural document Maintaining High Professional Standards in the Modern HPSS can the Trust Board please confirm the **actual** number of doctors, that being any former or present doctor employed by the Belfast Trust, currently under investigation by the Trust?"

## 1.2 Response to date to Mr Roberts

**From:** Watson, Peter

**Sent:** 20 May 2026 09:40

**To:** Alan Roberts <alanroberts14@icloud.com>

**Cc:** Elborn, Stuart <Stuart.Elborn@belfasttrust.hscni.net>; Welsh, Jennifer <Jennifer.Welsh@belfasttrust.hscni.net>

**Subject:** Correspondence from Professor Elborn

Dear Mr Roberts,

Thank you again for taking the time to attend and speak at our Public Trust Board on 5 March 2026. Board members took time after you had attended to pause and reflect on the moving account which you had provided of your experience across the past 30 years. I am deeply sorry.

I am very grateful to you for your understanding of our wishing to take time to respond to the questions you have raised at this time. I would reiterate the assurance that I provided to you when we met, that we will seek to be as open and transparent as possible, and address the questions in as clear a way as possible.

In relation to your questions 1, 3 and 4 we have considered it best that these matters are considered independently of the Belfast Trust. This may take a little time and I would ask for your continuing patience.

In relation to questions 2 and 5, I can advise as follows :-

***2. Is the Belfast Trust currently investigating how it conducted investigations, between 2018 and 2020, into doctors criticised in the Public Inquiry Report?***

The Trust is not currently reviewing investigations carried out between 2018 and 2020 into doctors criticised in the Public Inquiry Report.

***5. In accordance with the Trust procedural document Maintaining High Professional Standards in the Modern HPSS can the Trust Board please confirm the actual number of doctors, that being any former or present doctor employed by the Belfast Trust, currently under investigation by the Trust?***

I can confirm that as at 12 May 2026, the number was less than 5.

I would again thank you for attending to speak with us, and for your patience as we seek to respond as openly and fully as possible to the questions which you have raised.

Should you have any queries in the meantime, please do not hesitate to contact me.

Yours sincerely,

J Stuart Elborn CBE, MD, FMedSci

DRAFT

## 2.1 Questions from Mr Stanford Smith

**From:** Stanford smith <stanleycoogee@gmail.com>

**Sent:** 02 March 2026 09:57

**To:** TrustHQ-SM <trusthq@belfasttrust.hscni.net>; Watson, Peter <peter.watson@belfasttrust.hscni.net>

**Subject:** QUESTIONS FOR BOARD MEETING

I WISH TO SUBMIT THE FOLLOWING QUESTIONS FOR THE BOARD MEETING.

I am asking the Board to respond directly to the Department of Health's recent correspondence to me regarding governance arrangements across Trusts.

The Department has stated that it "continues to monitor governance arrangements across all Trusts" and that it "will consider the issues I have raised within its existing oversight framework." It also stated that it "will engage with the Trust where clarification is required."

In light of that, I would be grateful if the Board could address the following points:

### 1. Departmental engagement with this Trust

Has the Department contacted this Trust to seek clarification on the governance issues I raised, and if so, what clarification has been provided? If not, can the Board explain why no clarification has been sought, given the Department's stated intention?

### 2. Executive oversight of high-risk services

Given the Department's reference to enhanced oversight of Belfast Trust, what assurance can this Board provide that executive visibility and oversight of high-risk services — including community placements for resettled Muckamore patients — is documented, monitored, and reported to the Board?

### 3. Transparency commitments

Will the Board commit to publishing a clear, accessible policy on how public questions and executive oversight activity are recorded and reported? This would support transparency and ensure consistency with the Department's expectations.

Section 16 of the Board papers.

## " Being Open"

### 1. Definition and scope

"Can the Board explain what it understands 'Being Open' to mean in the context of governance, transparency, and public accountability?"

### 2. Practical application

"How does the Trust operationalise 'Being Open' in day-to-day governance — for example, in how public questions, executive oversight activity, and assurance processes are recorded and reported?"

### 3. Standards and measurement

"What standards or metrics does the Board use to assess whether it is meeting its 'Being Open' commitments?"

### 4. Consistency across Trusts

"Is the Trust's interpretation of 'Being Open' aligned with other NI Trusts, and what benchmarking has been undertaken to ensure consistency?"

### 5. Gaps and improvement

"What gaps has the Board identified in its current approach to Being Open, and what improvement actions are planned?"

### 6. Public participation

"How does the Being Open framework inform the Trust's approach to recording, responding to, and tracking public questions at Board meetings?"

### 7. Departmental oversight

"Given the Department's statement that it monitors governance arrangements across all Trusts, how does the Board demonstrate compliance with Being Open to the Department?"

RVH Maternity Hospital.

Can the Board provide an update on the delays to it opening ?

Damage to Queen Victoria's Statue.

Can the Board provide the costs for cleaning up the Statue ?

Lastly can I welcome Caroline Leonard back to the Trust.

Thank you.

S. S

## 2.2 Response to Mr Stanford Smith

**From:** Watson, Peter

**Sent:** 21 May 2026 15:54

**To:** Stanford smith <stanleycoogee@gmail.com>

**Cc:** TrustHQ-SM <trusthq@belfasttrust.hscni.net>

**Subject:** Response to questions of 2 March 2026

Dear Mr Smith,

I am writing following your email below of 2 March 2026 and the acknowledgement provided by myself that day.

I can confirm that at the public Trust Board meeting on 5 March 2026, I advised the Board that, on 2 March 2026 at 0957, you had emailed me, raising questions on a range of matters including Governance arrangements, Being Open, the Maternity Hospital and the damage caused to the statue of Queen Victoria. I advised the Board that I had acknowledged receipt of your email on 2 March, initiated enquiries from colleagues, and would in due course ensure that the Board were provided with the questions asked, and answers provided.

I have now provided answers below (in green shading), again including these answers immediately beneath your questions, for your convenience.

I can confirm that this correspondence has been agreed with the Chair and Chief Executive, and will now be shared with the Trust Board, while also referenced at the next public meeting of the Trust Board on 28 May 2026.

Kind regards,

Peter Watson

Head of Office of the Chief Executive

**From:** Watson, Peter

**Sent:** 02 March 2026 11:09

**To:** 'Stanford smith' <[stanleycoogee@gmail.com](mailto:stanleycoogee@gmail.com)>

**Cc:** TrustHQ-SM <[trusthq@belfasttrust.hscni.net](mailto:trusthq@belfasttrust.hscni.net)>

**Subject:** RE: QUESTIONS FOR BOARD MEETING

Dear Mr Smith,

I write to acknowledge receipt of your email below.

I can confirm that I will note receipt of the email at the Board meeting, and ensure a response is provided to the questions which you have raised, as soon as possible.

Kind regards,

Peter Watson

Head of Office of the Chief Executive



Trust Headquarters

Tel: 028 9504 0122

2<sup>nd</sup> Floor

Non Clinical Support  
Building

Royal Victoria Hospital  
Belfast, BT12 6BA



**From:** Stanford smith <[stanleycoogee@gmail.com](mailto:stanleycoogee@gmail.com)>

**Sent:** 02 March 2026 09:57

**To:** TrustHQ-SM <[trusthq@belfasttrust.hscni.net](mailto:trusthq@belfasttrust.hscni.net)>; Watson, Peter <[peter.watson@belfasttrust.hscni.net](mailto:peter.watson@belfasttrust.hscni.net)>

**Subject:** QUESTIONS FOR BOARD MEETING

I WISH TO SUBMIT THE FOLLOWING QUESTIONS FOR THE BOARD MEETING.

I am asking the Board to respond directly to the Department of Health's recent correspondence to me regarding governance arrangements across Trusts.

The Department has stated that it "continues to monitor governance arrangements across all Trusts" and that it "will consider the issues I have raised within its existing oversight framework." It also stated that it "will engage with the Trust where clarification is required."

In light of that, I would be grateful if the Board could address the following points:

1. Departmental engagement with this Trust

Has the Department contacted this Trust to seek clarification on the governance issues I raised, and if so, what clarification has been provided? If not, can the Board explain why no clarification has been sought, given the Department's stated intention?

I am not aware of the Trust being in receipt of correspondence from the Department of Health to yourself regarding governance arrangements across Trusts. The Trust is however in continuing dialogue with the Department of Health on a range of governance matters. These are reported to the Trust Board and are available in the Board minutes.

## 2. Executive oversight of high-risk services

Given the Department's reference to enhanced oversight of Belfast Trust, what assurance can this Board provide that executive visibility and oversight of high-risk services — including community placements for resettled Muckamore patients — is documented, monitored, and reported to the Board?

The Belfast Trust Board obtains assurance of Executive oversight and management of all services by means of reporting that flows from service level upwards, which is structured within the Trust's Integrated Governance and Assurance Framework. This Framework is the system of communication through various groups and committees which are established to enable staff at every level to alert, advise, and assure the tiers of operational and strategic oversight above them, about issues that are deemed to be of importance and relevant to risk management.

The Integrated Governance and Assurance Framework is subject to periodic review, to ensure it is operating as effectively as possible. Currently, the Belfast Trust is implementing significant adjustments to the Framework, both to align its key

Committees to new regional requirements, and to strengthen the reporting and oversight arrangements that it enables.

Within the Framework, up to now, Executive visibility and oversight of high-risk services have been documented, monitored, and reported to Trust Board via the Assurance Committee. As part of the changes that are currently underway, the functions of the Assurance Committee that relate to reporting and assurance in relation to high-risk services will be absorbed into a new Patient Safety & Quality Committee and Social Care Committee.

### 3. Transparency commitments

Will the Board commit to publishing a clear, accessible policy on how public questions and executive oversight activity are recorded and reported? This would support transparency and ensure consistency with the Department's expectations.

I would refer you to the response provided to you on 23 January in relation to questions, which I have replicated below for your convenience.

"Commitment to Openness Going Forward.

Will the Board commit to a clear, published protocol for public questions — including submission deadlines, reading procedures, recording requirements, and response timelines — to prevent future ambiguity and ensure consistent transparency?

As noted above, while it has already been confirmed with you at numbered point 3 in FOI 35722 that there is currently no policy or guidance in relation to the

management, acknowledgement and recording of questions at Board meetings, we will consider your suggestion.”

Section 16 of the Board papers.

" Being Open"

In response to questions 1 to 6 below, the Chairman of the Trust has asked that I provide assurance to you that in all its actions the Trust will seek to be open, transparent and accountable.

In his opening remarks at the public Trust Board on 5 March the Chairman spoke of the importance of facing the past with honesty, and moving forward with purpose. Full details of the Chairman’s remarks will be included in the minutes of that meeting, which are to be considered at the Board’s next public meeting on 28 May.

Furthermore, Being Open will be embedded further as the revised integrated governance and assurance framework is implemented across the Trust.

#### 1. Definition and scope

“Can the Board explain what it understands ‘Being Open’ to mean in the context of governance, transparency, and public accountability?”

#### 2. Practical application

“How does the Trust operationalise ‘Being Open’ in day-to-day governance — for example, in how public questions, executive oversight activity, and assurance processes are recorded and reported?”

### 3. Standards and measurement

“What standards or metrics does the Board use to assess whether it is meeting its ‘Being Open’ commitments?”

### 4. Consistency across Trusts

“Is the Trust’s interpretation of ‘Being Open’ aligned with other NI Trusts, and what benchmarking has been undertaken to ensure consistency?”

### 5. Gaps and improvement

“What gaps has the Board identified in its current approach to Being Open, and what improvement actions are planned?”

### 6. Public participation

“How does the Being Open framework inform the Trust’s approach to recording, responding to, and tracking public questions at Board meetings?”

### 7. Departmental oversight

“Given the Department’s statement that it monitors governance arrangements across all Trusts, how does the Board demonstrate compliance with Being Open to the Department?”

The Trust has ensured that its interpretation of the Being Open framework is aligned with colleagues across the region through close engagement with Department of Health representatives throughout its development. Consistency with other NI Trusts is being ensured by participation in the regional Being Open Group. Brendan McConaghy (Co-Director Human Resources and Organisational Development) is the representative for the Belfast Trust on this group.

This regional group will agree the mechanisms for tracking progress against the Being Open framework that will allow for structured benchmarking to take place. BHSCT staff are due to attend a Department of Health hosted workshop (in June) with HSC Trust colleagues, to consider structures and planning to support implementation of the Department’s Being Open Framework.

RVH Maternity Hospital.

Can the Board provide an update on the delays to it opening ?

In summary, Belfast Trust has recently received the Stage 1 design report from the consultant design team appointed to deliver the agreed remediation works to the water systems within the building. This report covers the stage 1 design work for the new domestic water system within the neo-natal unit and the localised remediation work being undertaken within the other areas of the building. The report contains a number of recommendations from the consultant design team which could have a positive impact on water safety, however they would also have an impact on cost

and programme. The Trust is currently reviewing these as a matter of urgency to conclude the Stage 1 report.

Subject to the closure of these options, the final stage 1 report will be completed by 28 May 2026, and the final stage 1 programme and cost estimates will be available for update to Trust Board on 28 May 2026.

Damage to Queen Victoria's Statue.

Can the Board provide the costs for cleaning up the Statue ?

The paint has been removed from the statue at a cost of £1597.50, however damage has been caused to the surface of the statue and restoration works are now required.

Following the removal of the paint a condition survey of the statue has been undertaken by specialists and the Trust are now waiting for a restoration specification and budget costs based on the specialist survey.

Lastly can I welcome Caroline Leonard back to the Trust.

Thank you.

S. S

### 3.1 Questions from Mrs Haughey

Extensive correspondence has been received from Mrs Haughey and consideration is being given as to how best this is responded to.

DRAFT

#### 4.1 Correspondence from Mr John Collins and response to Mr John Collins

From: Watson, Peter  
Sent: 14 April 2026 13:30  
To: john collins <johncollins511@hotmail.com>  
Subject: Board questions

Dear Mr Collins,

I am writing further to the questions you have posed below, and would firstly wish to apologise for the delay in my providing responses to you.

Answers are now provided below, in yellow shading, to each of the questions you have asked.

I can confirm that I have shared draft responses with the Chair of the Trust Board, and with the Chief Executive, while this response will now be shared with the full Trust Board, and referenced at the next public meeting of the Board.

Again, my apologies for the delay in providing this response to you.

Should you have any further queries, please do not hesitate to contact me.

Kind regards,

Peter Watson

Head of Office of the Chief Executive

From: Watson, Peter  
Sent: 27 February 2026 09:06  
To: 'john collins' <[johncollins511@hotmail.com](mailto:johncollins511@hotmail.com)>; TrustHQ-SM <[trusthq@belfasttrust.hscni.net](mailto:trusthq@belfasttrust.hscni.net)>  
Subject: RE: Board questions

Dear Mr Collins,

I write to acknowledge receipt of your email below.

I will seek to obtain answers to the questions you have raised, and respond to you as soon as possible.

Kind regards,

Peter Watson

Head of Office of the Chief Executive



Trust Headquarters  
2<sup>nd</sup> Floor  
Non Clinical Support  
Building  
Royal Victoria Hospital  
Belfast, BT12 6BA

Tel: 028 9504 0122



From: john collins <[johncollins511@hotmail.com](mailto:johncollins511@hotmail.com)>  
Sent: 27 February 2026 08:26  
To: Watson, Peter <[peter.watson@belfasttrust.hscni.net](mailto:peter.watson@belfasttrust.hscni.net)>; TrustHQ-SM <[trushq@belfasttrust.hscni.net](mailto:trushq@belfasttrust.hscni.net)>  
Subject: Board questions

Could the Board please provide me with answers to these questions.

Referral Pathways and Access to Abiraterone for Prostate Cancer Patients.

The National Institute for Health and Care Excellence (NICE) approved the use of Abiraterone for the treatment of prostate cancer in 2016, and it has been available for use in patient care since that time. The Trust does not need to apply to the Department of Health for approval for Abiraterone.

Referral Volumes and Outcomes *“Can the Trust provide the total number of referrals submitted to the Department of Health for abiraterone approval in each of the last three years?”*

Not applicable given answer above.

Refusal Rates *“Of those referrals, how many were approved, how many were refused, and how many required resubmission or additional information?”*

Not applicable given answer above.

Reasons for Refusal “Where referrals were refused by the Department of Health, what were the stated reasons, and has the Trust identified any patterns or systemic issues?”

Not applicable given answer above.

Timeliness of Approval “What is the average and longest waiting time for Department of Health approval, and what impact does this have on treatment timelines?”

Not applicable given answer above.

Patient Communication “Are patients who may be clinically eligible for abiraterone routinely informed that this treatment exists, including the fact that it requires Department of Health approval?”

The clinical team follows Northern Ireland Cancer Network (NICaN) clinical guidelines and protocols to ensure that all patients are informed of the full range of evidence-based treatment options available to them.

Transparency and Equity “What assurance can the Board give that all eligible patients are being informed consistently about abiraterone, regardless of clinical team or site?”

Please see answer immediately above.

Focal therapy treatment freedom of information request “35949”

Can the Board explain why the Trust’s response to my recent Freedom of Information request on focal therapy did not address the specific questions asked, and instead provided a general statement about service availability?

I am advised that a general response was issued on 4 February 2026 to the FOI request (FOI 35949). I would wish to apologise for the generic nature of that reply. By way of context, when a request relates to a service that Belfast Trust does not provide, it is standard practice to advise the requestor to refer their query to the Strategic Planning and Performance Group (SPPG) within the Department of Health, as the commissioners of the services we deliver.

Following your request for an internal review of the FOI response, I am advised that the review found that, although the Trust’s original response outlined the current service position, it did not explicitly address each of your questions or clearly indicate whether the Trust held the specific information requested. I understand that a response relating to each of the points raised was issued to you by the Trust’s Public Liaison department to you by email on 24 March 2026. Where the Trust does not

hold the information, this has been confirmed under Section 1(1)(a) of the Freedom of Information Act 2000.

The National Institute for Health Care Excellence (NICE) has issued guidance on HIFU (High-Intensity Ultrasound) for prostate cancer, now included under HealthTech guidance 70. NICE concludes that HIFU is safe enough to use in controlled settings, but there is insufficient evidence on long term survival and quality of life benefits compared with established treatments. Consequently, NICE recommends that HIFU should only be offered within clinical trials or specialist centres, not as standard treatment for localised or locally advanced prostate cancer. Oncologists do not deliver HIFU. It is typically delivered by Urologists or Interventional Radiologists.

The Trust's position remains unchanged. Belfast Trust is not a specialised centre for focal therapy/HIFU and therefore does not provide this service locally. Patients who are clinically suitable are referred, on a case-by-case basis, to specialist centres in Great Britain.

#### NICaN Membership

Can the Trust provide a full list of current Belfast Trust representatives on the NICaN Urology CRG, including their roles, tenure, and the process by which they were selected ?

I would refer you to the link here to the NICaN website <https://nican.hscni.net/wp-content/uploads/2019/03/Urology-TOR-2018.pdf> which provides details of the current membership and Terms of Reference of the group.

I am advised that tenure is not formally defined for members, it is only defined for CRG clinical leads. The Trust nominates members who are replaced by equivalent professional representatives as and when required.

NICaN Urology CRG has said that service planning

- Is in line with national guidelines and standards
- Considers the full patient pathway
- Promotes high quality care and reduces inequality
- Takes account of patient and carers views

How does the Trust ensure that patients are represented within the CRG, and can it provide evidence of how those views have shaped service planning?

NICaN is keen to ensure that the perspective of patients and carers is central to all aspects of cancer services and cancer care in Northern Ireland. Public Involvement Representatives can get the opportunity to be a part of NICaN and have a voice in shaping cancer services, making a difference to the lives of many people affected by cancer.

NICaN rather than individual Trusts ensures patient representation on CRGs, while work has proceeded on a new set of PPI standards with DoH policy colleagues. Calls have now been issued to recruit new patient representatives for all CRGs.

The Belfast Trust has also completed a urology patient experience survey. A total of 250 surveys were posted to patients who have been cared for by the urology team over the last year 2025/2026. 95 surveys have been returned (31% response rate).

In the absence of the Cancer Patient Experience Survey (CPES), we have been piloting a new survey and reporting format. This version is shorter and includes questions which we are required to evidence in relation to Peer Review, CNS KPIs and Cancer Strategy actions as well as other patient experience metrics (Picker Principles). The questions are suitable for any tumour site and, in time, will support additional benchmarking.

Inequality in access to systemic therapies and drugs

Can the Trust confirm which urology-related cancer drugs or treatments approved by NICE or SMC remain unavailable to NI patients, and what steps it has taken to escalate these gaps?

The following systemic treatment regimens are available for prescription for prostate cancer patients within Northern Ireland:

- Abiraterone
- Apalutamide
- Cabazitaxel & Prednisolone
- Darolutamide
- Docetaxel & Darolutamide
- Docetaxel & Prednisolone

- Enzalutamide
- Olaparib
- Olaparib & Abiraterone

Thank you.

**John Collins**

DRAFT