



Northern Ireland  
Assembly

**Committee for Health, Social Services and Public Safety**

**Legacy Report 2011 - 2016**

**Report: NIA 311/11-16 (Committee for Health, Social Services and  
Public Safety)**

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# COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

## LEGACY REPORT: 2011/2016 MANDATE

### MEMBERSHIP AND POWERS

The Committee for Health, Social Services and Public Safety is a Statutory Departmental Committee established in accordance with paragraphs 8 and 9 of the Belfast Agreement, section 29 of the Northern Ireland Act 1988 and under Standing Order 48.

The Committee has the power to:

- Consider and advise on Departmental budgets and annual plans in the context of the overall budget allocation;
- Consider relevant secondary legislation and take the Committee stage of primary legislation;
- Call for person and papers;
- Initiate inquiries and make reports; and
- Consider and advise on any matters brought to the Committee by the Minister for Health, Social Services and Public Safety.

The Committee has 11 members including a Chairperson and Deputy Chairperson and a quorum of 5.

The current membership of the Committee is as follows:

Ms Maeve McLaughlin (Chairperson)  
Mr Alex Easton (Deputy Chairperson)  
Mrs Pam Cameron  
Mrs Jo-Anne Dobson  
Mr Thomas Buchanan  
Mr Kieran McCarthy  
Ms Rosaleen McCorley  
Mr Michael McGimpsey  
Mr Daithí McKay  
Mr Fearghal McKinney  
Mr Gary Middleton

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## COMMITTEE ACHIEVEMENTS

1. Throughout the 2011/2016 mandate, the Committee made a range of recommendations to the Department of Health, Social Services and Public Safety as result of its scrutiny of primary and secondary legislation, and through carrying out a number of reviews on a range of policy areas.

### Scrutiny of Primary Legislation

2. Seven bills were referred to the Committee for Committee Stage; six departmental bills and one Private Members' Bill.
3. As a result of the Committee's scrutiny of the **Tobacco Retailer's Bill**, the Department agreed to make a significant number of amendments to strengthen the sanctions contained in the legislation in relation to retailers who sell tobacco to under 18s, by lowering the threshold for and duration of banning orders. In addition, the amendments resulted in illicit tobacco offences being included as relevant offences for the purpose of the Bill, and the creation of the offence of proxy purchasing as a deterrent against adults purchasing tobacco for under 18s.
4. As a result of the Committee's scrutiny of the **Food Hygiene Rating Bill**, the Department agreed to make a number of significant amendments. The Food Standards Agency's intention had been that businesses would only be required to display a ratings sticker at the physical location of their premises. However, the Committee's view was that given the widespread use of the internet for ordering food, customers should be able to access a business's rating on those websites which allow for the direct ordering of food online. The Department accepted the Committee's rationale and made the amendment.
5. Other amendments which came about as a result of the Committee's scrutiny include a requirement for timescales in relation to the notification and publication of hygiene ratings to be included in the Bill, and more limited powers for the Department to be able to amend the legislation in the future following any review of the Act.



*Committee Members attending a food hygiene inspection to inform their scrutiny of the Food Hygiene Rating Bill*

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6. The **Health and Social Care (Control of Data Processing) Bill** was significantly improved and strengthened because of the amendments which the Committee persuaded the Department to make, and by two substantial amendments the Committee made itself. The amendments included provision for more stringent and robust safeguards in relation to the processing of identifiable personal information and a mechanism to allow individuals to 'opt-out' of having their personal information shared for secondary processing purposes.
7. As a result of its scrutiny of the **Health (Miscellaneous Provisions) Bill**, the Committee came to the view that the tobacco retailers register should be extended to include e-cigarette retailers, thus future proofing the legislation should issues arise in relation to nicotine product retailers. The Committee also supported a departmental amendment to provide the Department with regulation-making powers to allow for the creation of offences in relation to smoking in a smokefree private vehicle; and, failing to prevent smoking in a smokefree private vehicle where under 18s are present, and for fixed penalty notices to be applied to the offences.
8. The Committee completed its scrutiny of a Private Members' Bill, the **Human Transplantation Bill**, on 3 February 2016. The Bill sought to change organ donation law by moving to a new "soft opt-out" system of deemed consent with family safeguards. Following consideration of the written and oral evidence, Committee Members came to opposing conclusions on the issue of deemed consent, with the majority position being opposition to the proposed change in the law.
9. However, Members who opposed the introduction of deemed consent, nevertheless believed that there was merit in keeping the other aspects of the Bill which do not touch on the issue of consent. These matters were the creation of a duty on the Department to promote and raise public awareness on organ donation, and a duty to undertake a review of the law in this area every five years. The majority Committee position was to retain the clauses, with amendments, which dealt with these matters.
10. The Bill Sponsor wrote to the Committee on 10 February 2016 to advise that she was not going to advance the Bill to Consideration Stage.

#### Scrutiny of Secondary Legislation

11. Throughout the mandate the Committee played an important role in scrutinising the Department's proposals for secondary legislation. For example, as a direct result of Committee scrutiny, the **Provision of Health Services to Persons Not Ordinarily Resident Regulations** were significantly amended by the Department to widen the definition of asylum seeker to include all those who have sought or have been granted asylum. Furthermore, a change was made which entitles all the groups exempt
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from charges to access to free primary healthcare, as well as free secondary health care, while they are in Northern Ireland.

### Budget Scrutiny

12. In September 2014, the Committee identified a review into the Department's approach to Budget 2015/2016 as one of its key priorities and produced a report in December 2014. It contained 12 key findings, including a concern that the Department's emphasis appeared to be more on using the budget to maintain existing services, rather than reflecting the top two strategic priorities as identified by the Minister – namely, the provision of high-quality front line care and the implementation of Transforming Your Care. Furthermore, the Committee was concerned that the Department did not have a definition of "front line services". Without such a definition, the Committee was not clear how the Department will ensure that resources are directed to that end, both in terms of the 2015/2016 budget and in subsequent years. The report was submitted by the Committee as its response to the Committee for Finance and Personnel's consultation on the draft Budget 2015/16.

### Policy Scrutiny

13. In the course of the 2011/2016 mandate, the Committee carried out six reviews on specific policy areas.
14. **Review of supported living for older people in the context of Transforming Your Care** – this review looked at the structure and availability of supported living, and its capacity to meet the policy objective set out in Transforming Your Care of reducing the need for statutory residential homes.
15. The Committee made 11 recommendations, the majority of which the Department accepted. For example, the Department acknowledged that the definition it was using of "supported living" was not appropriate and agreed to establish a working group to examine the matter.
16. **Review of Waiting Times for Elective Care** – this review looked at the effectiveness of the Department's current approach to reducing waiting times, and identified effective approaches which have been used in other countries and regions which could be applied in Northern Ireland.
17. The key Committee recommendation was the introduction of a system to measure Referral-to-Treatment Times for elective care with corresponding targets. The Department is still considering the introduction of such a system but has highlighted a lack of money as a barrier to progress.
18. **Review of Workforce Planning in the Context of Transforming Your Care** - this review looked at the level of progress that has been made in relation to workforce planning at both a regional and Trust level. The
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Committee made 18 recommendations. One of the most significant was for the Department to create an additional 15 GP training places in order to address the pressure on primary care services. The Minister announced in early 2016 that he would fund 15 extra GP training places going forward.

19. **Benefits Management Framework for Transforming Your Care** – this review looked at the appropriateness of the Department’s approach to benefits management in relation to Transforming Your Care, as the Committee was concerned that there was a not clear outcomes framework in place.
20. The Committee appointed an expert adviser who produced a report which identified a total of 14 challenges for consideration by the Department. The Department agreed to address a number of the challenges identified.
21. **Review of Health Inequalities** - this Review looked at effective interventions to address health inequalities in other countries and regions which could be applied in Northern Ireland, with a particular focus on early years interventions.
22. The Committee held evidence sessions with a range of expert witnesses, including the World Health Organisation. The Chairperson and Deputy Chairperson also undertook a study visit to Cuba to obtain information on its approach to early years interventions. The Committee made nine recommendations, some of which influenced the new public health strategy launched in 2014 “Making Life Better”.
23. **Review of health inequalities experienced by people with a learning disability in the context of Transforming Your Care** – this review examined the Transforming Your Care Strategic Implementation Plan in relation to learning disabilities. In particular, the Committee investigated how effective the future service model plan for learning disability will be in terms of tackling health inequalities suffered by that section of the population. The Committee gathered evidence by holding a stakeholder event which included learning disability groups/charities, people with learning disabilities, and families and carers. The Department accepted the majority of the eight recommendations.

*Other examples of the Committee influencing Departmental policy*

24. The Committee raised the issue of Community Meals provision with the Department. During its scrutiny the Committee discovered that a departmental circular in relation to charging for meals was not being applied uniformly across all Trust areas. As a result of the Committee’s work the departmental circular was enforced, and the relevant Trusts brought their charges into line with the circular.
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25. The Committee wrote to the Department expressing concern that the draft Commissioning Plan Direction 2015 did not contain a target in relation to substance misuse, unlike the Direction for 2014. In response to the Committee's concerns, the Department revised the Direction and included a target to require the HSCB to build on existing service developments to work towards the provision of seven day substance misuse liaison services.
26. At times the Committee focused its work on particular policy areas that were the subject of considerable public concern. For example, in 2011 the Committee became aware that there were concerns about the processes by which pregnant women are informed about and screened for Group B Streptococcus. The Committee invited academics and medical professionals to give evidence, as well as hearing first hand from parents who had lost a baby through Group B Streptococcus. As a result of the Committee's work, the Department substantially increased its focus on this topic and undertook a range of measures to address the issue.
27. The Committee adopted similar approaches in areas such as the pseudomonas outbreaks in the neo-natal units; increases in accident and emergency waiting times in various hospitals; cancelled outpatient appointments; and issues relating to the Northern Ireland Fire and Rescue Service.

## **COMMITTEE APPROACH**

### *Gathering evidence*

28. The Committee adopted an evidence-based approach to its work which allowed Members to reach informed positions on both legislation and its own reviews of policy areas. In addition to following the conventional approach of publicly calling for written evidence and holding oral evidence sessions with stakeholders and interested parties, the Committee directly sought evidence from expert witnesses, both locally and from other countries. It also made use of video-conferencing, when it was not practical for witnesses to attend Committee meetings.
  29. One approach which was particularly useful was that used as part of the review into health inequalities experienced by people with a learning disability. The Committee held an event in Carrickfergus Town Hall to which learning disability charities and people with a learning disability and their carers were invited. There were three tables, each co-chaired by a Committee Member and a research officer, who discussed a range of issues with participants. This allowed the Committee to gather first hand experiences of a wide range of people affected by the issues.
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*Stakeholder event on Transforming Your Care and health inequalities experienced by people with a learning disability: 2012*

30. The Committee also undertook study visits to inform their views – for example in terms of the issue of health inequalities, Members visited Scotland to meet with representatives of Scottish Communities for Health and Wellbeing to hear about the work being undertaken to in disadvantaged communities across Scotland. The Chair and deputy Chair attended a public health conference in Cuba, where they met Health Ministers from across the world, and learned about various approach to health inequalities elsewhere.

#### *Research and specialist advice*

31. The Committee commissioned Assembly research papers for all of its reviews and in relation to primary legislation. One of the key benefits of these papers was identifying relevant evidence from other jurisdictions and potential expert witnesses.
32. The Committee commissioned a specialist adviser to examine the appropriateness of the Department's approach to benefits management in relation to Transforming Your Care, as the Committee was concerned that there was a not clear outcomes framework in place. The adviser produced a report within a month of being appointed, which the Committee then used as the basis of its scrutiny of the Department through further evidence sessions. The key benefit of this approach was that it allowed the Committee to scrutinise a technical issue within a relatively short period of time.

#### *Interaction with other legislatures*

33. During a visit to Edinburgh the Committee met with Members of the Scottish Parliament's Health and Sport Committee to discuss areas of mutual interest such as the approach to tackling health inequalities.
  34. The Committee also hosted a meeting with the Oireachtas Joint Committee on Health and Children and discussed a range of cross-border
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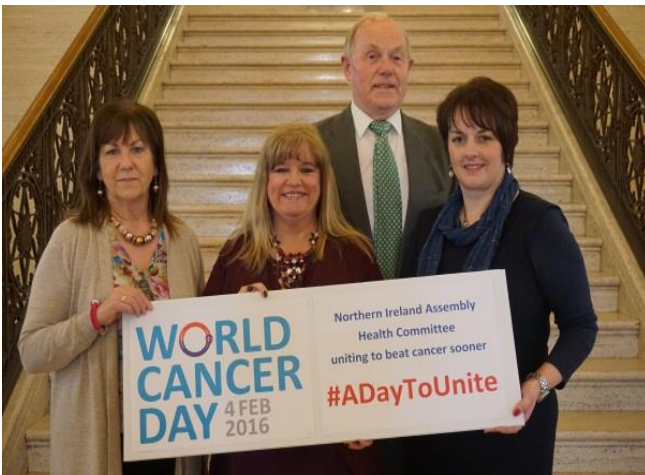
issues including children's heart surgery and the radiotherapy centre at Altnagelvin.

### *Engaging with interest groups*



*Former Chairperson, Ms Sue Ramsey at the Youth Talks event*

35. The Committee also held an innovative event to mark Word Suicide Day in 2012. Eighty young people linked to various suicide prevention charities were invited to Parliament Buildings to talk to political representatives about the issues that concern them.
36. The event called 'Youth Talks' had eight 'bus stops' with Ministers, Committee Chairs and MLAs at each stop. The young people had the opportunity to engage with a range of politicians.
37. Throughout the mandate the Committee sponsored numerous health related events in Parliament Buildings.



*Committee Members at the launch of World Cancer Day: 2016*

## **ISSUES THE INCOMING COMMITTEE MAY WISH TO EXAMINE**

38. The incoming Committee may wish to examine the following issues:

- The reform of the Health and Social Care system, including the output of the expert panel appointed to lead the debate on the best configuration of Health and Social Care services in Northern Ireland.
  - The current status of Transforming Your Care and how it relates to the reform of Health and Social Care.
  - The implementation of the Autism Act (Northern Ireland) 2011.
  - Suicide prevention and mental health.
  - Culture of care for older people.
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## Appendix 1

### Committee for Health, Social Services and Public Safety

The Committee has 11 Members. The membership of the Committee throughout the current mandate was as follows:

Ms Maeve McLaughlin (Chairperson)  
Mr Alex Easton (Deputy Chairperson)  
Mrs Pam Cameron  
Mrs Jo-Anne Dobson  
Mr Thomas Buchanan  
Mr Kieran McCarthy  
Ms Rosaleen McCorley  
Mr Michael McGimpsey  
Mr Daithí McKay  
Mr Fearghal McKinney  
Mr Gary Middleton

<sup>1</sup>With effect from 23 January 2012 Ms Sue Ramsey replaced Ms Michaela Boyle

<sup>2</sup> With effect from 06 February 2012 Ms Sue Ramsey replaced Ms Michelle Gildernew as Chairperson

<sup>3</sup> With effect from 23 April 2012 Mr Conall McDevitt replaced Mr Mark Durkan

<sup>4</sup> With effect from 02 July 2012 Ms Michelle Gildernew is no longer a Member

<sup>5</sup> With effect from 10 September 2012 Ms Maeve McLaughlin was appointed as a Member

<sup>6</sup> With effect from 15 October 2012 Mr Roy Beggs replaced Mr John McCallister

<sup>7</sup> With effect from 04 September 2013 Mr Conall McDevitt resigned as a Member

<sup>8</sup> With effect from 16 September 2013 Mr David McIlveen replaced Ms Paula Bradley

<sup>9</sup> With effect from 16 September 2013 Ms Maeve McLaughlin replaced Ms Sue Ramsey as Chairperson

<sup>10</sup> With effect from 30 September 2013 Mr Fearghal McKinney was appointed as a Member

<sup>11</sup> With effect from 04 July 2014 Mrs Jo-Anne Dobson replaced Mr Samuel Gardiner

<sup>12</sup> With effect from 23 September 2014 Ms Paula Bradley replaced Mr Jim Wells as Deputy Chairperson

<sup>13</sup> With effect from 06 October 2014 Ms Rosaleen McCorley was appointed to the Committee

<sup>14</sup> With effect from 06 October 2014 Mr George Robinson replaced Mr David McIlveen

<sup>15</sup> With effect from 06 October 2014 Mr Michael McGimpsey replaced Mr Roy Beggs

<sup>16</sup> With effect from 01 December 2014 Mr Paul Givan replaced Mr Gordon Dunne

<sup>17</sup> With effect from 11 May 2015 Mr Alex Easton replaced Ms Paula Bradley as Deputy Chairperson

<sup>18</sup> With effect from 03 June 2015 Mr Mickey Brady resigned as a Member

<sup>18</sup> With effect from 14 September 2015 Mr Daithí McKay was appointed as a Member

<sup>20</sup> With effect from 5 October 2015 Mr Thomas Buchanan replaced Mr Paul Givan

<sup>21</sup> With effect from 9 November 2015 Mr Gary Middleton replaced Mr George Robinson

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## Appendix 2

### Committee for Health, Social Services and Public Safety

#### Committee meetings & visits

Session	Number of meetings held	Percentage minutes public / closed	Number of meetings held outside Parliament Buildings	Number of committee visits
2011/2012	43	99/1	3	8
2012/2013	34	96/4	1	3
2013/2014	31	94/6	2	3
2014/2015	33	95/5	1	2
2015/2016	22	90/10	1	2

#### Bills

Session	Name of Bill	Committee report (Ordered to print)
2013/2014	Tobacco Retailer's Bill	9 October 2013
	Health and Social Care (Amendment) Bill	4 December 2013
2014/2015	Food Hygiene Rating Bill	29 April 2013
2015/2016	Health and Social Care (Control of Data Processing) Bill	18 November 2015
	Health(Miscellaneous Provisions) Bill	3 February 2016
	Human Transplantation Bill	3 February 2016
	Health and Personal Social Services (Amendment) Bill	3 February 2016

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## Statutory Rules

Session	Number agreed by Committee
2011/2012	37
2012/2013	25
2013/2014	36
2014/2015	37
2015/2016	17

## Committee Reports (excluding Bill and Inquiry reports)

Session	Name of report	Date <small>(date approved by Committee)</small>	Date debated in Plenary (if appropriate)
2011/2012	Report of the Protection of Freedoms Bill (LCM)	23 June 2011	N/A
2012/2013	End of Session Report 2011/12	12 November 2012	N/A
	Review of Health Inequalities Report	14 January 2013	18 February 2013
	Report on the Care Bill 2013 (LCM)	13 June 2013	11 November 2013
2013/2014	End of Session Report 2012/13	19 November 2013	N/A
	Report on the Children and Families Bill (LCM)	29 January 2014	3 February 2014
	Report on Transforming Your Care: Health Inequalities and Learning Disability	18 July 2014	3 February 2014

2014/2015	End of Session Report 2013/14		N/A
	Report on the Review of Waiting Times	22 September 2014	3 November 2014
	Report on the Review of Supported Living for Older People in the context of Transforming Your Care	22 September 2014	13 October 2014
2015/2016	End of Session Report 2014/15	16 September 2015	N/A
	Review of Workforce Planning in the context of Transforming Your Care	23 September 2015	13 October 2015

### Witnesses

Session	Number of Organisations who give evidence to the committee
2011/2012	49
2012/2013	36
2013/2014	43
2014/2015	40
2015/2016	40

### Summary of the Committee's work during the 2015/16 session

#### MEETINGS

The Committee held 22 meetings, one of which took place outside Parliament Buildings at Altnagelvin Area Hospital on 14 October 2015.

The Committee went into closed session during 8 of its meetings when it was either considering legal advice or deliberating on a Bill.

#### PRIMARY LEGISLATION

##### **Health and Social Care (Control of Data Processing) Bill**

The Committee completed its scrutiny of the Health and Social Care (Control of Data Processing) Bill on 18 November 2015. The Bill was significantly improved and strengthened because of the amendments which the Committee persuaded the Department to make, and by two substantial amendments the Committee made itself. The amendments included provision for more stringent and robust safeguards in relation to the processing of identifiable personal information and the committee established to authorise the processing of such information; a mechanism to allow individuals to 'opt-out' of having their personal information shared for secondary processing purposes; and, provision for a court or tribunal to take into account a breach of the Code in any proceedings where it considers relevant.

##### **Health (Miscellaneous Provisions) Bill**

The Committee completed its scrutiny of the Health (Miscellaneous Provisions) Bill on 3 February 2016. Having considered the written and oral evidence received in relation to the regulation of the sale of nicotine products and tobacco, the Committee was of the view the tobacco retailers register should be extended to include e-cigarette retailers. The Committee believed that this would future proof the legislation should evidence emerge of difficulties in enforcing the age of sale provisions in relation to e-cigarettes. In response to the views expressed by the Committee, the Department made an amendment that would allow it to amend the provisions of the Tobacco Retailers Act (Northern Ireland) 2014 relating to the register of tobacco retailers, to apply them in relation to nicotine product retailers as well as tobacco retailers.

The Committee also supported a departmental amendment to provide the Department with regulation-making powers to allow for the creation of offences in relation to smoking in a smokefree private vehicle; and, failing to prevent smoking in a smokefree private vehicle where under 18s are present, and for fixed penalty notices to be applied to the offences.

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### **Health and Personal Social Services (Amendment) Bill**

The Committee completed its scrutiny of the Health and Personal Social Services (Amendment) Bill on 3 February 2016. Clause 2 of the Bill provides NISCC with an explicit power to disclose information about a registrant's fitness to practise. Given the importance of data protection, particularly in relation to personal or sensitive data, the Committee sought and received a Ministerial assurance that the powers contained in Clause 2 are in line with a person's data protection rights under other pieces of legislation.

### **Human Transplantation Bill**

The Committee completed its scrutiny of a Private Members' Bill, the Human Transplantation Bill, on 3 February 2016. The Bill sought to change organ donation law by moving away from the current "opt-in" to a new "soft opt-out" system of deemed consent with family safeguards.

Following consideration of the written and oral evidence, Committee Members came to opposing conclusions on the issue of deemed consent which was set out in clause 4 of the Bill. Fundamentally, some believed that introducing deemed consent would result in an increase in organ donations in Northern Ireland, while others believed that it could result in a reduction in the number of organ donations. A view was also expressed that a robust evidence base did not exist to demonstrate a positive or negative impact of deemed consent.

Members who supported Clause 4 proposed amendments to it that would require that deemed consent can only be effective if contact has been made with a family member who confirms that they have no objection to donation. These Members were of the view that the amendments would serve as a 'double lock' in that the retrieval of organs could not take place unless the family or a person in a qualifying relationship had confirmed that they had no objections. However, other Members felt that these amendments did not address the fundamental concerns around deemed consent, as expressed by local clinicians and others.

The Committee divided on the proposed amendments to Clause 4, with the majority opposing the amendments. The Committee then considered Clause 4 as drafted, and again divided, with the majority position being opposition to Clause 4 forming part of the Bill.

While the key purpose of the Bill is to change the law governing consent for organ donation, Members who opposed to the introduction of deemed consent, nevertheless believed that there was merit in keeping the other aspects of the Bill which do not touch on the issue of consent.

Clause 1 places a duty on the Department of Health, Social Services and Public Safety to promote and raise public awareness on organ donation. Members who were opposed to Clause 4 supported the retention of these duties, and therefore supported an amended form of Clause 1, which left out the reference to an annual promotional campaign on deemed consent. Members who supported Clause 4 were content with Clause 1 as drafted. The majority Committee position was to agree Clause 1 as amended.

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Members who were opposed to Clause 4 also supported the retention of Clause 14 which places obligations on the Department to both report the statistics on transplantation activities and to undertake a wider review on the law once every five years. These Members voted in favour of an amendment to Clause 14 to broaden the scope of the wider report so that it would also cover the Human Tissue Act 2004. This was because if deemed consent is not introduced, then the Human Tissue Act 2004 will continue to be the key piece of legislation in terms of consent. Members who supported Clause 4 were content with Clause 14 as drafted. The majority Committee position was to agree Clause 14 as amended.

The Bill Sponsor subsequently wrote to the Committee on 10 February to advise that she was not going to advance it to Consideration Stage.

## **POLICY SCRUTINY**

### **Review of Workforce Planning in the Context of Transforming Your Care**

In September 2015, the Committee published a report on its review of Workforce Planning in the Context of Transforming Your Care. The purpose of the review was to find out what level of progress has been made in relation to workforce planning at both a regional and Trust level. This involved scrutinising some of the original assumptions in relation to the projected size of the workforce, looking at the difficulties around recruitment and retention of staff, and examining the Department's approach to involving staff, professional bodies and trade unions in workforce planning.

The Committee made 18 recommendations. One of the most significant was for the Department to create an additional 15 GP training places in order to address the pressure on primary care services. The Committee therefore welcomed the Minister's announcement in early 2016 that he would fund 15 extra GP training places going forward.

## **ENGAGEMENT**

On 14 October 2015, the Committee visited the site of the new Radiotherapy Unit at Altnagelvin Hospital. During the visit, Members met with the Radiotherapy Unit



Project Team and heard about the progress of the new cancer facility, due to open in autumn 2016.

*Committee Members at the site of the new Radiotherapy Unit at Altnagelvin Hospital.*

On 24 February 2016, the Committee visited the North and West Belfast Protect Life Implementation Group premises in Belfast to meet with the Group and others key stakeholders who work in the area of suicide prevention and crisis support throughout the city of Belfast.

## Committee for Health, Social Services and Public Safety

**Expenditure for the period 1 September 2015 – 29 March 2016**

Budget area	Details	Expenditure
Committee Travel - committee members and staff travel and subsistence in relation to visits and meetings outside Parliament Buildings	Committee visits to: <ul style="list-style-type: none"> <li>• Altnagelvin Hospital</li> <li>• North and West Belfast Protect Life Implementation Group</li> </ul>	£300.00*(TBC)
Advertising – the cost of public notices relating to committee inquiries, the committee stage of Bills and meetings held outside Parliament Buildings	Public notices in relation to the : <ul style="list-style-type: none"> <li>• Human Transplantation Bill</li> <li>• Health and Personal Social Services (Amendment) Bill</li> <li>• Health (Miscellaneous Provisions) Bill</li> </ul>	£1,913.62
General expenses	Refreshments for committee meetings, working lunches, stakeholder meetings, witness expenses, and gifts provided by the committee during visits.	£1006.93
<b>Total Expenditure</b>		<b>£3,220.55</b>

\*Figures up to 24 March 2016 (TBC)