

## AGENDA

**72<sup>nd</sup> Meeting of the Public Health Agency board to be held on  
Thursday 22 January 2015, at 1.30pm,  
Conference Room, Ormeau Baths, 18 Ormeau Avenue,  
Belfast, BT2 8HS**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of the PHA board Meeting held on 18 December 2014		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Finance Update <ul style="list-style-type: none"> <li>• PHA Financial Performance Report</li> </ul>	<b>PHA/01/01/15 (for Noting)</b>	Mr Cummings
8.	1.55	Revised Draft Commissioning Plan 2014/15	<b>PHA/02/01/15 (for Approval)</b>	Mr Sullivan
9.	2.15	Presentation on Transforming Your Care		Mrs McCready
10.	2.35	PHA Board Members Register of Interests	<b>PHA/03/01/15 (for Noting)</b>	Mr McClean
11.	2.40	Any Other Business		
12.		<b>Date, Time and Venue of Next Meeting</b> Thursday 19 February 2015 1:30pm		

5<sup>th</sup> Floor Meeting Room  
12/22 Linenhall Street  
Belfast  
BT2 8BS

**MINUTES**

**Minutes of the 71<sup>st</sup> Meeting of the Public Health Agency board  
held on Thursday 18 December 2014 at 1:30pm,  
in Fifth Floor Meeting Room, 12/22 Linenhall Street  
Belfast, BT2 8BS**

**PRESENT:**

- |                       |   |
|-----------------------|---|
| Mrs Julie Erskine     | - Acting Chair  |
| Dr Eddie Rooney       | - Chief Executive                                     |
| Ms Oriel Brown        | - Nurse Consultant ( <i>on behalf of Mrs Cullen</i> ) |
| Dr Carolyn Harper     | - Director of Public Health/Medical Director          |
| Mr Edmond McClean     | - Director of Operations                              |
| Alderman William Ashe | - Non-Executive Director                              |
| Mr Brian Coulter      | - Non-Executive Director                              |
| Dr Jeremy Harbison    | - Non-Executive Director                              |
| Mrs Miriam Karp       | - Non-Executive Director                              |
| Alderman Paul Porter  | - Non-Executive Director                              |

**IN ATTENDANCE:**

- |                        |                                     |
|------------------------|-------------------------------------|
| Mr Paul Cummings       | - Director of Finance, HSCB         |
| Mrs Fionnuala McAndrew | - Director of Social Services, HSCB |
| Mr Robert Graham       | - Secretariat                       |

**APOLOGIES:**

- |                      |   |
|----------------------|---|
| Mrs Pat Cullen       | - Director of Nursing and Allied Health Professionals |
| Mr Thomas Mahaffy    | - Non-Executive Director                              |
| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council  |

		<b>Action</b>
<b>159/14</b>	<b>Item 1 – Welcome and Apologies</b>	
159/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Pat Cullen, Mr Thomas Mahaffy and Mrs Joanne McKissick.	
<b>160/14</b>	<b>Item 2 - Declaration of Interests</b>	
160/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

**161/14 Item 3 – Minutes of the PHA Board Meeting held on 20 November 2014**

161/14.1 The minutes of the previous meeting, held on 20 November 2014, were approved as an accurate record of the meeting, subject to two amendments – the title at paragraph 146/14 should read, “...held on 16 October 2014” and an incorrect spelling of “Harbison” at paragraph 153/14.6.

**162/14 Item 4 – Matters Arising**

162/14.1 There were no matters arising.

**163/14 Item 5 – Chair’s Business**

163/14.1 The Chair expressed her thanks to the previous Chair, Mary McMahon, for her work and dedication to the Public Health Agency.

163/14.2 The Chair advised that a schedule of meetings and workshop dates had been circulated for 2015. She said that for future meetings, she would like to send out Chair’s business in advance. Also, she wished to ensure that presentations at meetings were limited to 10 minutes followed by questions. Finally, she said that if any members wished to put any items onto the agenda to advise the secretariat 14 days in advance of the meeting.

163/14.3 The Chair informed members about meetings she had attended since she had taken up post. She said that she had attended the PHA staff engagement workshop at Mossley Mill which she said was an excellent event. She also met with PHA staff at Ormeau Avenue and Alexander House and with HSCB finance staff.

**164/14 Item 6 – Chief Executive’s Business**

164/14.1 The Chief Executive said that along with the previous and current Chairs, he had attended the PHA mid-year Accountability Review meeting. He said that that format of the meeting was different, and that he found the meeting to be very productive.

164/14.2 The Chief Executive noted that there had been a significant amount of coverage, across all media outlets, regarding Organ

Donation, including two full page advertisements provided by the Irish News which carried the PHA logo.

164/14.3 The Chief Executive said that he had attended the inaugural meeting of the All Departmental Officials Group regarding the implementation of the new public health framework, Making Life Better.

**165/14 Item 7 – Personal and Public Involvement (PHA/01/12/14)**

165/14.1 The Chair welcomed Michelle Tennyson, Martin Quinn, Angela Crocker and John Toal to the meeting.

165/14.2 Ms Tennyson said that she hoped that the presentation would show how a small amount of money can make a big difference. Mr Quinn began the presentation with an overview of recent developments within PPI before asking Belfast Trust Speech and Language Therapist Angela Crocker and service user John Toal to talk about Mr Toal's "Choking Story". Ms Crocker and Mr Toal outlined how an incident of choking that he had suffered led to a need for greater awareness of the dangers of choking.

165/14.3 Members expressed their thanks to Ms Crocker and Mr Toal for coming and presenting to the Board.

165/14.4 Dr Harbison asked Mr Quinn if there was any update on the research proposal. Mr Quinn said that a joint research project by Queen's and the University of Ulster had just been established and he hoped that this work would be finished by mid-March 2015.

165/14.5 Members noted the PPI update.

**166/14 Item 8 – Finance Update  
PHA Financial Performance Report (PHA/02/12/14)**

166/14.1 Mr Cummings presented the Finance Report and said that the year to date position showed a deficit, but that he was not concerned at this stage.

166/14.2 Mr McClean presented members with an update on the Investment Plan for 2014/15 and 2015/16. He explained that following correspondence from DHSSPS, PHA is expected to

retract £1.5m from its overall programme expenditure, but in addition, funding from OFMDFM will not now be provided, leaving PHA with a shortfall of £205k for contractual commitments.

166/14.3 Mr McClean advised that initiatives which have commenced will not be stopped, but that other initiatives may be delayed. In response to a question from Alderman Porter, he confirmed that the PHA senior management team had amended and approved this proposal. Alderman Porter also asked about the potential for other contracts to run over in terms of cost. Mr Cummings said he was confident that this would not be the case. He added that he did not anticipate additional funds being provided in 2015/16 for new service developments.

166/14.4 Dr Harbison asked whether the areas highlighted in this proposal had been flagged up with DHSSPS. Mr McClean said that the list of service pressures for 2015/16 had been raised with DHSSPS.

166/14.5 Members noted the finance update.

### **167/14 Item 9 – Winter Preparedness**

167/14.1 Dr Lorraine Doherty joined the meeting and gave members an overview of arrangements in place for winter preparedness. The presentation covered three main areas – severe weather, flu and ebola. One of the biggest issues which Dr Doherty flagged up was the low uptake among HSC staff of obtaining the flu vaccine.

167/14.2 Mr Cummings said that he shared the concerns expressed by Dr Doherty and asked whether it should be made compulsory for frontline staff to get the vaccine. Dr Harper noted that during this year, significant efforts had been made to ensure that all primary school children obtained the vaccine, and that next year that effort could be more focused on increasing uptake within the HSC.

167/14.3 Members expressed concern that healthcare professionals, who are subject to regulation, could be deemed to be acting unprofessionally by not obtaining a vaccine which would reduce the risk of spreading an infection. The Chief Executive agreed that time should be taken to review this and gain a better

understanding of what the obstacles are and how best to address these.

167/14.4 Mrs McAndrew commented that in terms of emergency planning, HSCB staff work very closely with PHA staff and she commended the tremendous work undertaken in this area, and cited the example of the recent coverage about ebola and how reassuring the messages were coming from PHA.

167/14.5 Members noted the update on winter preparedness.

*At this point Alderman Ashe left the meeting.*

### **168/14 Item 10 – Presentation on Integrated Care Partnerships**

168/14.1 Dr Sloan Harper joined the meeting and presented members with an update on the work of the 17 Integrated Care Partnerships (ICPs) in Northern Ireland. He outlined the role of ICPs, particularly within the Commissioning process, and gave examples of service changes that had been introduced.

168/14.2 The Chief Executive noted that ICPs can no longer be seen as separate from the main HSC system, but that they have links across a lot of areas. However, he added that it was difficult to determine how they were making an impact and that it was important that the Commissioning Plan should reflect this. Dr Harper agreed and said that a regional commissioning process had begun in January 2013 and that a series of outcomes had been commissioned within a budget of £14m. He added that a lot of projects appeared to be community projects, but were in fact developed through the local commissioning process and the Transformation Programme Board, set up under TYC, and that there are project boards and teams in place.

168/14.3 The Chief Executive said that it was important to understand all of the different interfaces and to ensure that these were working in a complementary, rather than competitive way. Dr Harper agreed that this was a valid point. The Chief Executive asked for a breakdown of the ICP funding to be provided to the PHA Board.

168/14.4 Dr Harbison said that this was a complex area of work and he asked how individual patients and clients would know that they

had been identified to participate in the joint working process. Dr Harper said that if a patient's care was going to change, they would be advised accordingly. He added that the risk stratification process is a background process. Dr Harbison felt that the process should be a co-productive one, but Dr Harper said that it was about ensuring that there is a multi-disciplinary review of every patient's care.

168/14.5 Members noted the update on Integrated Care Partnerships.

**169/14 Item 11 – Governance and Audit Committee Update (PHA/03/12/14)**

169/14.1 Mr Coulter advised that the minutes of the meeting of 8 October were available for members, and that he had given an overview of that meeting at the Board meeting in October. He moved on to update members on the key issues discussed at the meeting of 10 December.

169/14.2 Mr Coulter advised that the new external auditors, ASM, had attended their first meeting. He said that the Committee had noted that complaints handling would be included as part of the internal audit work programme. He advised that the Corporate Risk Register had been considered and that one risk, regarding accommodation, has been escalated from the directorate register to the Corporate Risk Register.

169/14.3 Mr Coulter informed members that the first meeting of the Shared Services customer forum had taken place. He also advised that Dr Janet Little had attended to update the Committee on the Policy for the Appraisal of Medical Practitioners, and that it had been agreed that this policy should be brought to the PHA Board.

169/14.4 Members noted the update from the Committee Chair.

**170/14 Item 12 – Remuneration Committee Update (PHA/04/12/14)**

170/14.1 The Chair informed members that the Committee had met on 27 November and that the template for the Chief Executive's objectives had been discussed. She added that there had been discussion about the Mid-Year Accountability Review meeting and that the Committee wished to express its thanks to all staff for their work.

170/14.2 Members noted the update from the Committee Chair.

**171/14 Item 13 – Research and Health Intelligence Committee Update (PHA/05/12/14)**

171/14.1 Dr Harbison said that the minutes of the meeting of 5 November had been circulated for members.

171/14.2 Dr Harbison advised that the Committee had taken time to consider the draft DHSSPS R&D Strategy which is currently out for public consultation. He said that the Committee felt that the Strategy did not clearly set out a strategic direction in the same way that the equivalent strategy in Scotland did. Consequently, the Committee agreed that the Scottish model should be included as part of the PHA response. He added that the Group did not feel prevention featured in the Strategy, and also that the focus was entirely on health and not on social care.

171/14.3 The Chair thanked Dr Harbison and the Committee for preparing the PHA response for approval by the Board.

171/14.4 Members APPROVED the response to the HSC R&D Strategy.

171/14.5 Dr Harbison moved on to give members an overview of other issues discussed at the meeting. He said that the Committee welcomed the launch of the first draft of the Social Work and Social Care Strategy and that a number of suggestions from the Committee will be inputted into the PHA response.

171/14.6 Dr Harbison said that he had attended a meeting of the regional advisory group on R&D where concerns about the delay in the appointment of a Director of R&D had been expressed. Dr Harper echoed these concerns, but noted that the DHSSPS were taking the lead in the recruitment process.

171/14.7 Mrs McAndrew thanked Dr Harbison for the Committee's comments regarding the Social Work and Social Care Strategy.

171/14.8 The Chief Executive said that it was his understanding that the Director of R&D post would be advertised shortly under a PHA

banner.

171/14.9 Members noted the update on the Research and Health Intelligence Committee.

*At this point Mr Cummings and Alderman Porter left the meeting.*

**172/14 Item 14 – Serious Adverse Incidents Learning Report (PHA/06/12/14)**

172/14.1 Ms Brown presented the latest Serious Adverse Incidents Learning Report for the period April to September 2014 and noted that there had been an increase in the number of SAIs, but that this was largely due to increased reporting due to increasing awareness training sessions and changes in SAI criteria.

172/14.2 Ms Brown gave an overview of the new learning issues which had been disseminated since the last report and also the thematic reviews which were ongoing. She advised that the latest Learning Matters newsletter is about to be published.

172/14.3 Ms Karp asked whether the increased awareness and reporting of SAIs is the sole reason for the increase in numbers. Ms Brown said it was one reason, but noted that the requirement to report all child death had also increased numbers, but she pointed out that in cases where the deaths were expected, it was still reported as an SAI. She added that a series of roadshows would be taking place in January and February regarding SAIs.

172/14.4 Dr Harbison noted the impact the change of criteria was having on numbers, but asked whether PHA should be concerned at the acceleration of the increase. Ms Brown said that more SAIs are being reported as each SAI concerns a patient or a family and represents learning which ensures that similar incidents do not happen again.

172/14.5 Mr Coulter asked about the five themes which came out of the workshop on older people. Ms Brown said that a report of that event was being prepared and that common themes were being identified. Mr Coulter asked about the frequency of publication of the Learning Matters newsletter. Ms Brown said that the newsletter was published once there were enough articles to make it meaningful before distribution.

172/14.6 Members noted the SAI Learning Report.

**173/14 Item 15 – Any Other Business**

173/14.1 There was no other business.

**174/14 Item 16 – Date and Time of Next Meeting**

Date: Thursday 22 January 2015

Time: 1:30pm

Venue: Conference Rooms

18 Ormeau Avenue

Belfast

BT2 8HS

Signed by Chair: \_\_\_\_\_

Date: \_\_\_\_\_

# **PHA Board Report**

**November 2014**

### Income

	<u>Page Reference</u>	<b>Annual £000s</b>	<b>Year to Date £000s</b>
Department Allocation*		100,582	63,995
Income from Other Sources		1,059	819
<b>Total Income</b>		<b>101,641</b>	<b>64,814</b>

### Expenditure

Non-Trust Programme	2	46,450	26,484
Trusts	3	34,787	23,018
PHA Administration (inc. BSO)	4	20,404	13,116
<b>Total Expenditure</b>		<b>101,641</b>	<b>62,617</b>
<b>Surplus/(Deficit)</b>		<b>0</b>	<b>2,197</b>

\*Includes assumed allocations of £797k for the Safeguarding Board for NI (SBNI), £134k for Clinical Excellence Awards, £250k for Research & Development projects from the Department for Social Development, £2867K from DHSSPS for R&D, 200K for ISCYP and £354k from HSCB re Accommodation charges.

### **Position Synopsis:**

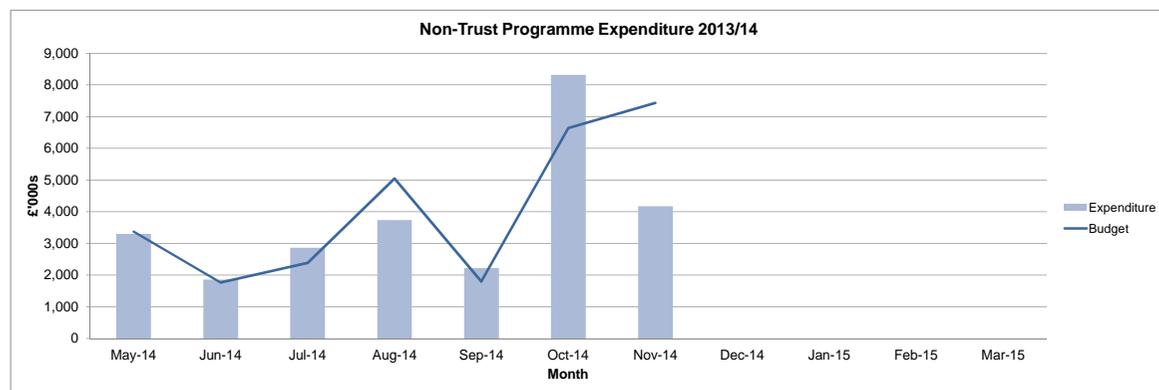
Year to date the financial position shows a surplus of £2.2m against profiled budgets which relates to the non Trust Programme budget underspend of £2.0m and Management and Administration budgets underspend of £0.2m.

The net retraction from the DHSSPS of £1.5m, highlighted on the last report, has been factored into the financial position for November. In addition, funds relating to Delivering Social Change, New Parenting (£0.2m) which had been assumed from OFMDFM were no longer available and the management plan for the retraction and this pressure have been shared separately with the PHA Board.

Subsequent to covering the retraction and the pressure relating to assumed income, there is approx £0.2m remaining to be allocated, the PHA have planned to fully utilise these resources by the year end.

Taking all known factors into account the PHA continues to predict break even at the year end.

Non-Trust Programme Spend



	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total	
Budget	3,368	1,769	2,389	5,051	1,804	6,639	7,432						28,451
Expenditure	3,299	1,858	2,865	3,744	2,231	8,313	4,174						26,484
2013-14 Expenditure for Comparison	3,543	1,979	1,109	2,470	4,523	4,250	4,670						22,544
<b>Surplus/(Deficit)</b>	<b>69</b>	<b>(89)</b>	<b>(476)</b>	<b>1,307</b>	<b>(427)</b>	<b>(1,674)</b>	<b>3,258</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,968</b>	

**Surplus/(Deficit) made up as follows:**

Health Improvement - Belfast LCG	87	2	(42)	283	22	(743)	423						32
Health Improvement - South East LCG	(137)	(158)	312	(271)	(302)	394	511						349
Health Improvement - North LCG	(88)	67	(305)	420	(43)	(451)	521						121
Health Improvement - South LCG	135	(54)	79	(90)	300	122	39						531
Health Improvement - West LCG	249	(146)	(200)	290	21	(505)	652						361
Health Improvement - Lifeline Contract	(137)	14	11	(36)	(12)	12	71						(77)
Health Improvement - Smoking Cessation	0	0	0	22	15	4	6						47
Health Protection	(60)	(12)	(482)	459	1	(18)	62						(50)
Service Development & Screening	115	65	38	(212)	(20)	3	98						87
Research & Development	29	(28)	71	707	(601)	(482)	683						379
Campaigns	(96)	17	(50)	(73)	16	(21)	115						(92)
Nursing & AHP	(3)	8	5	(6)	21	(29)	(2)						(6)
Health Improvement - Regional Projects	(25)	136	87	(186)	(4)	52	72						132
In year opportunities- held for Lifeline	0	0	0	0	159	(12)	7						154

**Position Synopsis:**

The current position shows an underspend of £2.0m at the end of November 2014, based on profiles shared by budget managers and the PEM system used by PHA to plan commitments. However, the prior year expenditure figures illustrate that current year spend to date is considerably in excess of expenditure at this stage last year. It is still anticipated that these budgets will breakeven at the end of the financial year and the Financial Management team continue to meet with Budget Managers to review budgets, profiles and assumptions regarding expenditure. These budgets have been updated in relation to the financial plan to manage the £1.5m retraction and the pressure relating to assumed income of £0.2m now not being allocated by OFMDFM.

PHA Management Team continues to scrutinise in detail the pressure with respect to the Lifeline Service and the demand management measures in place. The HSCB Financial Management team are being regularly briefed in order to allow an assessment of the potential financial impact that the pressure may have on the year end financial position. The forecast deficit continues to reduce due to the latest activity reports received. In addition, a review of expenditure commitments has resulted in a release of accruals, as shown in the table above, which have been held to support the Lifeline cost pressure with any surplus being redirected within the revised financial plan.

## Revenue Resource Limits (RRLs) to Trusts

November 2014

	Annual Budget (per revised SBAs) £'000s	Budget to Date £'000s	Variance from Annual Budget £'000s	<u>Main Reasons for Increase in Funding</u>
Western Trust	5,113	6,190	1,077	<p>The funds shown against specific Trusts have been notified via Service &amp; Budget Agreements and additional adjustments have been made in year. Since October's report net additional funds of £0.2m have been allocated to Trusts for a range of Service Developments, including Digital Mammography, Weight Management, Mental Health and Child Development programmes. PHA are expecting to fully utilise the funds which have not yet been allocated prior to the end of the financial year.</p>
Northern Trust	6,129	7,115	986	
Belfast Trust	11,178	12,241	1,063	
South Eastern Trust	2,889	3,540	651	
Southern Trust	4,595	5,438	843	
<b>Funds identified to Trusts in Budget Paper but not yet allocated</b>	4,751	263	(4,488)	
<b>Total</b>	<b>34,655</b>	<b>34,787</b>	<b>132</b>	

	<b>Total Budget £'000's</b>	<b>Budget £'000's</b>	<b>Current Month Expenditure £'000's</b>	<b>Variance £'000's</b>	<b>Budget £'000's</b>	<b>Year to Date Expenditure £'000's</b>	<b>Variance £'000's</b>
Salaries	17,609	1,435	1,415	20	11,600	11,310	289
Goods & Services	2,599	226	184	41	1,615	1,349	266
DHSSPS Retraction	(465)	(39)	0	(39)	(310)	0	(310)
<b>Sub-Total Administration</b>	<b>19,743</b>	<b>1,621</b>	<b>1,599</b>	<b>22</b>	<b>12,905</b>	<b>12,659</b>	<b>245</b>
BSO	659	55	57	(2)	439	456	(16)
<b>Total Administration</b>	<b>20,403</b>	<b>1,676</b>	<b>1,656</b>	<b>20</b>	<b>13,345</b>	<b>13,116</b>	<b>230</b>

**Position Synopsis:**

An overall management and administration surplus of £230k is reported at the end of October 2014 against the profiled budget, this includes ringfenced slippage of 173k relating to Centre for Connected Health which is expected to be retracted by the DHSSPS, the balance of £57k will be recycled in delivering the revised financial plan.

It should be noted that the Salaries budget has reduced by a net £41k from the last report largely due to a retraction from the DHSSPS of excess pay inflation.

The DHSSPS had retracted £465k from PHA's Management and Administration budget for 2014/15 during September 2014 which has been profiled and shown separately in the table above.

**Prompt Payment Statistics**

	<b>November 2014 Value £'000</b>	<b>November 2014 Volume of Invoices</b>	<b>Cumulative position as at 30/11/14 £'000</b>	<b>Cumulative position as at 30/11/14 Volume of Invoices</b>
Total bills paid (relating to Prompt Payment target)	2,468	719	20,345	5,916
Total bills paid on time (within 30 days or under other agreed terms)	2,401	663	18,911	5,236
<b>Percentage of bills paid on time</b>	<b>97.3%</b>	<b>92.2%</b>	<b>93.0%</b>	<b>88.5%</b>

The BSO has not yet been able to provide a comprehensive prompt payment report which is accurate for PHA. In the interim HSCB finance, on behalf of PHA, continue to generate a prompt payment report based on the audited method which was used to provide the Annual Accounts figures. This will ensure consistency of information reported to PHA on a monthly basis, while BSO works to produce a meaningful report.

PHA staff are continuing to make progress utilising the new systems to clear invoices promptly, performance has improved from the position reported in September. The overall 30 day performance has slightly improved with 92.2% (84.4% September) by volume, and 97.3% (96.7% September) by value of all undisputed invoices paid within 30 days of receipt. In addition, the overall 10 day performance is now 77.3% by volume for the year to date.

However, the cumulative month 8 position both by volume of invoices (88.5%) and by value (93.0%) remains short of the 95% DHSSPS target.

## **Appendix 1**

### **Commissioning Plan 2014/15**

*Summary of major changes to the document since 26 March 2014*

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## FOREWORD

The HSC Board, working in partnership with the Public Health Agency (PHA), is committed to securing high quality health and social care services within available resources which meet the needs of the Northern Ireland population. Over the last number of years, continuing to meet these needs within the budget available has become increasingly challenging. A number of factors, including a growing and ageing population, the rising prevalence of long-term conditions, and advances in medical technology, have resulted in growing demand for increasingly costly services. In this context, a draft Commissioning Plan for 2014/15 was submitted to the DHSSPS in March 2014, which identified a funding shortfall of £160m required to meet the priorities, standards and targets set out in the Commissioning Plan Direction 2014. In the months following submission of the initial draft Plan the HSCB and PHA have been working closely with the DHSSPS and the various health and social care providers to resolve this funding gap and develop a financial plan which will deliver financial balance across the HSC system.

In addition, increased pressures identified by Trusts which emerged following the development of the original plan have been addressed through in year contingency measures within each Trust.

### **Revised Financial Plan 2014/15**

The draft Commissioning Plan 2014/15 submitted to the DHSSPS in March 2014 identified the funding sources available to the HSCB and PHA, including additional funding from the DHSSPS and savings opportunities from baseline commissioning investments. These funding sources were then compared to costs associated with the delivery of the service priorities set out in the Commissioning Plan Direction and maintain existing services. The result was the estimated funding shortfall of £160m referred to above.

The HSCB, in conjunction with DHSSPS has now agreed a balanced financial plan for 2014/15. This has been achieved primarily through:

- securing additional non recurrent resources from Monitoring Rounds in June, £20m, and October, £53.5m
- curtailing a number of pressures through a delay or rephasing in implementation of some developments whilst protecting essential and

- unavoidable service investments
- taking the decision not to proceed at this time with a number of planned service developments.

The Table 17 in Chapter 3 of the Plan provides a summary of the revised financial plan to provide financial balance across the HSC after taking account of slippage, productivity and the agreed reprioritisation of planned investments. The main changes to the draft Commissioning Plan submitted to the DHSSPS in March 2014 are as follows:

**(a) Pay Pressures**

The original pay pressure of £22m has been reduced to £8m following further refinement of the assumptions in the HSC pay model.

**(b) Revenue Consequences of Capital Expenditure**

The revised plan incorporates a £3.5m reduction in expenditure requirements as a result of re-phasing of a range of planned schemes.

**(c) Learning Disability Resettlements**

The revised plan reflects a £2.5m reduction in expenditure requirements on resettlements. This was achieved through re-phasing of the original plan.

**(d) Transforming Your Care (TYC)**

The revised plan reflects a £6m reduction in expenditure requirements in relation to TYC. Notwithstanding this reduction, significant investment is being put in place including £4.5m for local and regional reform projects; £3.5m in Integrated Care Partnerships; £2.1m for implementation support staff; £1.5m to support release of frontline staff to deliver local Trust reforms; £1.1m for specialist foster carers and £0.7m for enhanced stroke care services.

**(e) Family Health Services**

The revised plan reflects an £18m reduction in pharmacy expenditure in both acute and primary care sectors.

**(f) Baseline Funding**

In addition to the reprioritisation or rephrasing of investments and the monitoring funds secured by the DHSSPS the HSCB has reduced funds from baseline allocations totalling £21m in the areas of Elective, blood transfusion, DIS and Revenue Consequences of Capital Investment.

**(g) Service developments**

The original draft plan proposed service developments amounting to £51m; this figure has been reduced down to £38m through the curtailment of various planned service developments. The HSCB and PHA prioritised planned service developments taking account of a range of factors including:

- Whether the service development was already fully or substantially on the ground, or contractually committed.
- Whether the service development was essential to the safety and /or sustainability of services
- Whether the service development was essential to discharge statutory requirements

The table below details the £38m service developments approved to proceed during 2014/15.

**Service developments to be funded 2014/15**

Service pressure	In year (£m)
Elective	18.50
Implementation of elements of the Cancer Care Framework	0.029
Hospice funding	0.200
Emergency Department capacity building	2.500
Haematology training posts	0.036
Radiology diagnostics	1.000
24/7 blood sciences	1.650
GMC recognition and approval of trainers	0.250
24/7 acute and community working	0.470
Dementia strategy	0.180
CHOICE (Education programme for children and young people with diabetes)	0.090
Lakewood secure provision	0.420
Availability of personal advisers as required under the Leaving Care Act	0.225
Extended fostercare scheme	0.300
Supported accommodation (Young Homeless and Care Leavers)	0.285
Safeguarding child exploitation	0.600

Assessment & approval support kinship foster carers	0.125
Health visiting	0.750
Expansion of Family Nurse Partnership programme	0.100
NHSCT Looked After Children Specialist Nurse	0.024
Primary care infrastructure	0.250
Out of Hours General Medical Services	0.600
Alcohol/substance liaison services	0.100
Revalidation – Medical and General Medical Services	0.106
10,000 Voices	0.256
Review of AHP services in special needs schools	0.083
Normative nursing	9.000
<b>TOTAL</b>	<b>38.127</b>

Service developments that were not able to proceed in 2014/15 included plans to extend existing IVF services, to expand GUM services, addiction services, sleep apnoea services, additional nursing support for looked after children and a range of health improvement initiatives.

In addition to the planned service developments which were not taken forward, it has been necessary to pause the assessment and treatment of patients within the Independent Sector, which had been planned to supplement shortfalls in capacity in the Health and Social Care service. It is regrettable that this will result in significantly increased waiting times for elective care by March 2015. The HSCB continue to have performance management processes in place to ensure that Trusts keep waiting times as short as possible through the delivery of core volumes and effective waiting list management approaches.

*The values and volume of services commissioned as a result of the revised finance plan are set out in the values and volumes tables contained within the main plan. These are detailed at both regional and local level.*

#### **(h) Trust Contingency Plans**

At the outset of 2014/15 the planned pressures within Trusts amounted to £87m. Trust Financial Monitoring during the early months of the financial year showed a deteriorating position with the reports for the four months to the end of July projecting a deficit for the year of £134m.

Trusts were asked to propose a range of contingency measures aimed at addressing this difficult financial position, minimising as far as possible, any potential adverse

impact on patient and client care, and at all times putting the safety of patients and clients as a first priority. The funding made available through the June and October Monitoring Rounds has enabled HSCB to significantly reduce the scale and range of contingency measures required to ensure the HSC system achieves balance in 2014/15.

The HSCB and PHA liaised closely with the Trusts, and critically reviewed, assessed and revised the proposals as appropriate with a view to safeguarding as far as possible the quality of services, and maintaining the safety and integrity of services. The HSCB and PHA then provided their assessment to the DHSSPS and Minister, who, after consideration of and challenge to the plans, in conjunction with the HSCB, PHA and Trusts, approved the implementation of the contingency proposals.

Trust contingency proposals included:

- A range of workforce control measures to reduce expenditure on overtime and agency/temporary staff, whilst endeavouring to ensure that the integrity of the service is maintained.
- A reduction in planned elective activity with the focus being on ensuring that urgent patients are seen and treated in a timely way.
- A reduction in domiciliary care spend.
- Restrictions to bring aids and equipment expenditure in line with budget while ensuring urgent clinical need continues to be met.
- Restrictions on Travel Expenditure by minimising Non-Clinical travel where practical.
- Temporary closure of some Minor Injuries Units.
- Temporary closure of wards / beds.

The HSCB, PHA and Trusts will continue to take all proactive steps to protect critical and urgent frontline services and to monitor and review temporary arrangements that are put in place to ensure the impact on services is minimised, through the challenging winter period.

**Table 17**

Revised Financial Plan 2014-15

<b>Summary</b>	<b>Original Plan less Slippage &amp; Productivity £m</b>	<b>Curtailed Plan Less Slippage &amp; Productivity £m</b>
<b>Opening Gap</b>	<b>(30)</b>	<b>(30)</b>
<b>Pressures:</b>		
Pay Pressures	(22)	(8)
Non Pay inflation	(30)	(30)
Demography	(12)	(11)
Specialist Hospital Services	(6)	(6)
NICE Drugs	(11)	(10)
Revenue Consequences of Capital Expenditure	(6)	(2)
Mental Health resettlements	(3)	(3)
Learning Disability resettlements	(10)	(7)
Service Pressures/Service Developments(including Elective Care £15m& Normative Nursing)	(51)	(38)
Family Health Services	(12)	6
Public Health Agency (PHA)	(2)	(0)
<b>Add Costs of Transforming Your Care (TYC) Reforms</b>	<b>(29)</b>	<b>(23)</b>
Less reduction to Demography & elective care pressures above which will be used to part fund TYC Reforms	8	8
<b>Total pressures incl TYC</b>	<b>(213)</b>	<b>(154)</b>
Assumed income from DHSSPS net of savings	84	84
Trust Savings	50	50
Baseline Funding		21
DSD	6	6
June Monitoring		20
Oct Monitoring		54
Add DHSSPS Sources	0	0
<b>Total Pressures net of income</b>	<b>(73)</b>	<b>80</b>
To Trusts		(80)
<b>HSCB/PHA Projected (Deficit)/Surplus</b>	<b>(73)</b>	<b>0</b>
<b>Trust Gap</b>	<b>(87)</b>	<b>(134)</b>
Already included in HSCB Pressures		16
Trust and Board Contingency Plans		23
Additional Low Impact Measures from Trusts		15
Contribution from HSCB/PHA- Above		80
<b>Trust Gap/Surplus</b>	<b>(87)</b>	<b>(0)</b>
<b>Total HSC Gap/Surplus</b>	<b>(160)</b>	<b>0</b>

*Regionally commissioned values and volumes – PoC1 Acute*

<b>Programme of Care</b>	<b>Service Description</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Elective</b>	<b>Admissions<sup>1</sup></b>	53,248	1,216	54,464
	<b>Daycases<sup>2</sup></b>	146,508	1,878	148,386
	<b>New Outpatients</b>	532,244	14,173	546,417
	<b>Review Outpatients</b>	741,209	22,652	763,861
<b>Unscheduled</b>	<b>Non Elective admissions - all</b>	187,811	3,714	191,525
	<b>ED attendances</b>	710,965	1,473	712,438
	<b>NIAS Journeys</b>	180,070	3,328	184,998
	<b>VALUE OF COMMISSIONED ACTIVITY<sup>3</sup></b>	£1,353m	£77m	£1,430m

\*These commissioned values and volumes include figures for Specialist Services

<sup>1</sup> Four scopes excluded (OGD,ERCP,Flexi Sigm,Colonoscopy)

<sup>2</sup> Four scopes excluded (OGD,ERCP,Flexi Sigm,Colonoscopy)

<sup>3</sup> This includes activity in addition to that set out above.

*Regionally commissioned values and volumes – PoC2 Maternity*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Maternity and Child Health</b>	<b>Obstetrics</b>	Births	25,714	48	25,762
	<b>Comm Midwives</b>	Contacts	362,757	581	363,338
	<b>Health Visiting</b>	Contacts	302,692	0	302,692
	<b>Speech and Language Therapy</b>	Contacts	137,420	0	137,420
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>4</sup></b>	£136m	£6m	£142m

<sup>4</sup> This includes activity in addition to that set out above.

*Regionally commissioned values and volumes – PoC3 Family and Childcare*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Family and Childcare</b>	<b>Social Work</b>	Caseload	21,000	0	21,000
	<b>Residential Homes</b>	Occupied bed days	61,000	0	61,000
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>5</sup></b>	£205m	£8m	£213m

While there has been an increase in investment within this POC, as reflected in the values above, the uplifts in activity during 2014/15 relate to currencies other than those presented above, for example, increased investment in foster care provision, safeguarding and transition planning for young people with a learning disability.

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<sup>5</sup> This includes activity in addition to that set out above.

*Regionally commissioned values and volumes – PoC 4 Older People*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Older People</b>	<b>Geriatric Hospital Services</b>	Occupied bed days	247,770	-3,822	243,948
	<b>Day Care</b>	Attendances	309,899	0	309,899
	<b>Domiciliary Care</b>	Hours	10,721,105	252,151	10,973,256
	<b>Residential and Nursing</b>	Occupied bed days	3,736,807	29,930	3,766,737
	<b>Community Nursing</b>	Face to face	1,956,389	9,302	1,965,591
	<b>Social Work</b>	Caseload	40,661	0	40,661
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>6</sup></b>	£628m	£27m	£655m

<sup>6</sup> This includes activity in addition to that set out above.

*Regionally commissioned values and volumes – PoC5 Mental Health*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Mental Health</b>	<b>Hospital</b>	Occupied bed days	287,124	0	287,124
	<b>CPN</b>	Contacts	239,242	1,000	240,242
	<b>Res &amp; Nur homes &amp; supported housing</b>	Places	204,379	0	204,379
	<b>Day Care</b>	Attendances	206,963	0	206,963
	<b>Domiciliary Care</b>	Hours	348,743	602	349,345
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>7</sup></b>	£239m	£7m	£246m

<sup>7</sup> This includes activity in addition to that set out above.

*Regionally commissioned values and volumes – PoC6 Learning Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Learning Disability</b>	<b>Hospital Services</b>	Occupied bed days	113,602	-27,372	86,230
	<b>Day Care</b>	Attendances	663,981	12,115	675,996
	<b>Domiciliary Care</b>	Hours	829,569	5,271	834,840
	<b>Residential &amp; Nursing</b>	Occupied bed days	539,226	6,234	545,460
	<b>Community Nursing and AHPs</b>	Face to face contacts	144,478	0	144,478
	<b>Social Work</b>	Active Caseload	8,716	0	8,716
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>8</sup></b>	£239m	£17m	£256m

<sup>8</sup> This includes activity in addition to that set out above.

*Regionally commissioned values and volumes – PoC7 Physical Disability & Sensory Impairment*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Physical Disability and Sensory Impairment</b>	<b>Hospital services</b>	Occupied beddays	58,199	0	58,199
	<b>Day care</b>	Attendances	127,129	0	127,129
	<b>Domiciliary care</b>	Hours	1,627,123	19,000	1,646,123
	<b>Resid &amp; Nursing Home</b>	Occupied beddays	143,634	0	143,634
	<b>Community nursing &amp; AHPs</b>	Contacts	121,947	1,167	123,114
	<b>Social work</b>	Active caseload	10,895	0	10,895
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>9</sup></b>		£102m	£4m

<sup>9</sup> This includes activity in addition to that set out above.

## Commissioned Values & Volumes Belfast Local Commissioning Group

### Commissioned Values & Volumes Belfast LCG - POC1 Acute

Programme of Care	Service Description	2013/14 Baseline	Indicative Additionality 2014/15	Total indicative commissioned Volumes 2014/15
<b>Elective</b>	<b>Admissions</b>	20,289	200	20,489
	<b>Daycases</b>	573,376	20	57,396
	<b>New Outpatients</b>	125,400	0	125,400
	<b>Review Outpatients</b>	266,691	0	266,691
<b>Unscheduled</b>	<b>Non Elective admissions - all</b>	187,811	3,714	191,525
	<b>ED attendances</b>	211,667	0	211,667
	<b>NIAS Journeys</b>	47,699	777	48,476
	<b>VALUE OF COMMISSIONED ACTIVITY<sup>10</sup></b>	£248m	£18.5m	£266.5m

<sup>10</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Belfast LCG - PoC2 Maternity*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Maternity and Child Health</b>	<b>Obstetrics</b>	Births	6,931	0	6,931
	<b>Comm Midwives</b>	Contacts	38,293	0	38,293
	<b>Health Visiting</b>	Contacts	10,687	0	10,687
	<b>Speech and Language Therapy</b>	Contacts	31,736	0	31,736
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>11</sup></b>	£23.5m	£1m	£24.5m

<sup>11</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Belfast LCG - PoC4 Older People*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Older People</b>	<b>Geriatric Hospital Services</b>	Occupied bed days	51,739	0	51,739
	<b>Day Care</b>	Attendances	121,816	0	121,816
	<b>Domiciliary Care</b>	Hours	270,0314	0	270,0314
	<b>Residential and Nursing</b>	Occupied bed days	924,874	0	924,874
	<b>Community Nursing</b>	Face to face	347,217	0	347,217
	<b>Social Work</b>	Caseload	118,75	0	11,875
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>12</sup></b>	£137.5m	£5.5m	£143m

<sup>12</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Belfast LCG - PoC5 Mental Health*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Mental Health</b>	<b>Hospital</b>	Occupied bed days	90,683	0	90,683
	<b>CPN</b>	Contacts	48,853	450	49,303
	<b>Res &amp; Nur homes &amp; supported housing</b>	Places	57,461	0	57,461
	<b>Day Care</b>	Attendances	59,069	0	59,069
	<b>Domiciliary Care</b>	Hours	131,341	0	131,341
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>13</sup></b>	£54m	£0.7m	£54.7m

<sup>13</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Belfast LCG – PoC6 Learning Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Learning Disability</b>	<b>Hospital Services</b>	Occupied bed days	47,855	-8,034	39,821
	<b>Day Care</b>	Attendances	136,378	6,300	142,678
	<b>Domiciliary Care</b>	Hours	361,510	0	361,510
	<b>Residential &amp; Nursing</b>	Occupied bed days	111,071	0	111,071
	<b>Community Nursing and AHPs</b>	Face to face contacts	22	0	22
	<b>Social Work</b>	Active Caseload	1,635	0	1,635
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>14</sup></b>	£53m	£4m	£57m

<sup>14</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Belfast LCG – PoC7 Physical Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Physical Disability and Sensory Impairment</b>	<b>Hospital services</b>	Occupied beddays	24,301	0	24,301
	<b>Day care</b>	Attendances	38,439	0	38,439
	<b>Domiciliary care</b>	Hours	339,886	0	339,886
	<b>Resid &amp; Nursing Home</b>	Occupied beddays	39,649	0	39,649
	<b>Community nursing &amp; AHPs</b>	Contacts	7,110	0	7,110
	<b>Social work</b>	Active caseload	3,418	0	3,418
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>15</sup></b>		£26m	£1m

<sup>15</sup> This includes activity in addition to that set out above.

## Commissioned Values & Volumes Northern Local Commissioning Group

### Commissioned Values & Volumes Northern LCG – PoC1 Acute

Programme of Care	Service Description	2013/14 Baseline	Indicative Additionality 2014/15	Total indicative commissioned Volumes 2014/15
<b>Elective</b>	<b>Admissions</b>	4,835	33	4,868
	<b>Daycases</b>	13,872	696	14,568
	<b>New Outpatients</b>	51,907	2,279	54,186
	<b>Review Outpatients</b>	95,871	2,286	98,137
<b>Unscheduled</b>	<b>Non Elective admissions - all</b>	34,069	1,860	35,929
	<b>ED attendances</b>	130,456	0	130,456
	<b>NIAS Journeys</b>	32,671	696	33,367
	<b>VALUE OF COMMISSIONED ACTIVITY<sup>16</sup></b>	£302m	£18m	£320m

<sup>16</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Northern LCG – PoC2 Maternity*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Maternity and Child Health</b>	<b>Obstetrics</b>	Births	4,072	-72	4,000
	<b>Comm Midwives</b>	Contacts	110,663	0	110,663
	<b>Health Visiting</b>	Contacts	98,956	0	98,956
	<b>Speech and Language Therapy</b>	Contacts	31,714	0	31,714
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>17</sup></b>	£32.5m	£1.5m	£34m

<sup>17</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Northern LCG – PoC4 Older People*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Older People</b>	<b>Geriatric Hospital Services</b>	Occupied Beddays	48,609	0	48,609
	<b>Day Care</b>	Attendances	31,066	0	31,066
	<b>Domiciliary Care</b>	Hours	2,141,149	13,184	2,154,333
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	956,996	18,980	975,976
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	452,217	0	452,117
	<b>Social Work</b>	Caseload	7,461	0	7,461
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>18</sup></b>	£152m	£6m	£158m

<sup>18</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Northern LCG – PoC5 Mental Health*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Mental Health</b>	<b>Hospital</b>	Occupied Beddays	69,012	0	69,012
	<b>CPN</b>	Contacts	45,995	0	45,995
	<b>Res &amp; Nur Homes + Supported Housing</b>	Occupied Beddays	57,172	0	57,172
	<b>Day Care</b>	Attendances	21,415	0	21,415
	<b>Dom Care</b>	Hours	54,561	602	55,163
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>19</sup></b>	£57m	£2m	£59m

<sup>19</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Northern LCG – PoC6 Learning Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Learning Disability</b>	<b>Hospital Services</b>	Occupied bed days	32,120	0	32,120
	<b>Day Care</b>	Attendances	135,146	3,690	138,736
	<b>Domiciliary Care</b>	Hours	77,021	471	77,492
	<b>Residential &amp; Nursing</b>	Occupied bed days	115,386	0	115,386
	<b>Community Nursing and AHPs</b>	Face to face contacts	38,253	0	38,253
	<b>Social Work</b>	Active Caseload	1,989	0	1,989
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>20</sup></b>	£53.5m	£5m	£58.5m

<sup>20</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Northern LCG – PoC7 Physical Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Physical Disability and SI</b>	<b>Hospital services</b>	Occupied beddays	6,660	0	6,660
	<b>Day care</b>	Attendances	18,985	0	18,985
	<b>Domiciliary care</b>	Hours	325,448	2,000	327,448
	<b>Resid &amp; Nursing Home</b>	Occupied beddays	33,581	0	33,581
	<b>Community nursing &amp; AHPs</b>	Contacts	49,528	1,167	50,695
	<b>Social work</b>	Active caseload	1,322	0	1,322
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>21</sup></b>	£24.4m	£1.1m	£25.5m

<sup>21</sup> This includes activity in addition to that set out above.

## Commissioned Values & Volumes South Eastern Local Commissioning Group (LCG)

### Commissioned Values & Volumes SELCG – PoC1 Acute

Programme of Care	Service Description	2013/14 Baseline	Indicative Additionality 2014/15	Total indicative commissioned Volumes 2014/15
<b>Elective</b>	<b>Admissions</b>	5,866	113	5,979
	<b>Daycases</b>	28,843	34	28,877
	<b>New Outpatients</b>	207,646	1,953	209,599
	<b>Review Outpatients</b>	118,090	2,237	120,363
<b>Unscheduled</b>	<b>Non Elective admissions - all</b>	36,225	1,061	37,286
	<b>ED attendances</b>	137,181	0	137,181
	<b>NIAS Journeys</b>	43,020	406	43,426
	<b>VALUE OF COMMISSIONED ACTIVITY<sup>22</sup></b>	£213m	£12.5m	£225.5m

<sup>22</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes SELCG – PoC2 Maternity*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Maternity and Child Health</b>	<b>Obstetrics</b>	<b>Births</b>	4,827	0	4,827
	<b>Comm Midwives</b>	<b>Contacts</b>	54,200	0	54,200
	<b>Health Visiting</b>	<b>Contacts</b>	14,723	0	14,723
	<b>Speech &amp; Lang Therapy</b>	<b>Contacts</b>	29,856	0	29,856
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>23</sup></b>	£28m	£1m	£29m

<sup>23</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes SELCG – POC4 Older People*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Older People</b>	<b>Geriatric Hospital Services</b>	Occupied Beddays	46,499	0	46,499
	<b>Day Care</b>	Attendances	33,001	0	33,001
	<b>Domiciliary Care</b>	Hours	2,123,382	25,947	2,149,329
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	693,949	10,950	704,899
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	379,058	3476	382,534
	<b>Social Work</b>	Caseload	4471	0	4471
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>24</sup></b>		£116.5m	£4m

<sup>24</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes SELCG – PoC5 Mental Health*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Mental Health</b>	<b>Hospital</b>	Occupied Beddays	52,570	0	52,570
	<b>CPN</b>	Contacts	68,137	550	68,687
	<b>Res &amp; Nur Homes + Supported Housing</b>	Occupied Beddays	31,020	0	31,020
	<b>Day Care</b>	Attendances	16,316	0	16,316
	<b>Dom Care</b>	Hours	13,042	0	13,042
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>25</sup></b>	£35.5m	£1m	£36.5m

<sup>25</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes SELCG – PoC 6 Learning Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Learning Disability</b>	<b>Hospital Services</b>	Occupied Beddays	0	0	0
	<b>Day Care</b>	Attendances	133,988	2125	136,113
	<b>Domiciliary Care</b>	Hours	69,890	0	69,890
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	113,135	2190	115,325
	<b>Community Nursing and AHPs</b>	Face to face contacts	40,696	0	40,696
	<b>Social Work</b>	Active Caseload	1692	0	1692
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>26</sup></b>	£47m	£3m	£50m

<sup>26</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes SELCG – PoC7 Physical Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Physical Disability</b>	<b>Hospital Services</b>	Occupied Beddays	17,438	0	17,438
	<b>Daycare</b>	Attendances	23,292	0	23,292
	<b>Domiciliary Care</b>	Hours	314,916	0	314,916
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	27,192	0	27,192
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	19,802	0	19,802
	<b>Social Work</b>	Active caseload	1,929	0	1,929
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>27</sup></b>	£17m	£0.5m	£17.5m

<sup>27</sup> This includes activity in addition to that set out above.

## Commissioned Values & Volumes Southern Local Commissioning Group

### Commissioned Values & Volumes Southern LCG – PoC1 Acute

Programme of Care	Service Description	2013/14 Baseline	Indicative Additionality 2014/15	Total indicative commissioned Volumes 2014/15
<b>Elective</b>	<b>Admissions</b>	6,283	448	6,731
	<b>Daycases</b>	30,262	739	31,001
	<b>New Outpatients</b>	72,952	4,641	77,233
	<b>Review Outpatients</b>	123,054	5,452	128,506
<b>Unscheduled</b>	<b>Non Elective admissions – all</b>	33,852	-744	33,108
	<b>ED attendances</b>	129,961	0	129,961
	<b>NIAS Journeys</b>	30,036	1,695	31,738
	<b>VALUE OF COMMISSIONED ACTIVITY<sup>28</sup></b>	£223m	£13m	£236m

<sup>28</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Southern LCG - PoC2 Maternity*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Maternity and Child Health</b>	<b>Obstetrics</b>	Births	5,875	120	5,995
	<b>Comm Midwives</b>	Contacts	87,025	0	87,025
	<b>Health Visiting</b>	Contacts	116,073	0	116,073
	<b>Speech and Language Therapy</b>	Contacts	18,099	0	18,099
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>29</sup></b>	£26.6m	£1.4m	£28m

<sup>29</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Southern LCG – PoC4 Older People*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Older People</b>	<b>Geriatric Hospital Services</b>	Occupied Beddays	64,835	0	64,835
	<b>Day Care</b>	Attendances	51,025	0	51,025
	<b>Domiciliary Care</b>	Hours	2,149,929	110,000	2,259,929
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	611,740	0	611,740
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	462,985	0	462,985
	<b>Social Work</b>	Caseload	6,920	0	6,920
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>30</sup></b>	£116.5m	£6m	£122.5m

<sup>30</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Southern LCG – PoC5 Mental Health*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Mental Health</b>	<b>Hospital</b>	Occupied Beddays	36,100	0	36,100
	<b>CPN</b>	Contacts	26,908	0	26,908
	<b>Res &amp; Nur Homes + Supported Housing</b>	Occupied Beddays	58,400	0	58,400
	<b>Day Care</b>	Attendances	31,745	0	31,745
	<b>Dom Care</b>	Hours	120,505	0	120,505
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>31</sup></b>	£45m	£2m	£47m

<sup>31</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Southern LCG – PoC6 Learning Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Learning Disability</b>	<b>Hospital Services</b>	Occupied Beddays	17,440	0	4,672
	<b>Day Care</b>	Attendances	95,905	0	95,905
	<b>Domiciliary Care</b>	Hours	213,638	4,800	218,438
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	98,915	0	98,915
	<b>Community Nursing and AHPs</b>	Face to face contacts	47,274	0	47,274
	<b>Social Work</b>	Active Caseload	2,122	0	2,122
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>32</sup></b>	£50.4m	£4.6m	£55m

<sup>32</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Southern LCG – PoC7 Physical Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Physical Disability</b>	<b>Hospital Services</b>	Occupied Beddays	0	0	0
	<b>Daycare</b>	Attendances	21,993	0	21,993
	<b>Domiciliary Care</b>	Hours	348,092	17,000	365,092
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	17,520	0	17,520
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	26,978	0	26,978
	<b>Social Work</b>	Active caseload	2,526	0	2,526
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>33</sup></b>	£18m	£1m	£19m

<sup>33</sup> This includes activity in addition to that set out above.

## Commissioned Values & Volumes Western Local Commissioning Group

### Commissioned Values & Volumes Western LCG – PoC1 Acute

Programme of Care	Service Description	2013/14 Baseline	Indicative Additionality 2014/15	Total indicative commissioned Volumes 2014/15
<b>Elective</b>	<b>Admissions</b>	15,975	422	16,397
	<b>Daycases</b>	24,155	389	24,544
	<b>New Outpatients</b>	74,699	5,300	79,999
	<b>Review Outpatients</b>	137,503	12,661	150,164
<b>Unscheduled</b>	<b>Non Elective admissions - all</b>	34,983	1,034	36,017
	<b>ED attendances</b>	101,700	1,473	103,173
	<b>NIAS Journeys</b>	26,644	1,354	27,998
	<b>VALUE OF COMMISSIONED ACTIVITY<sup>34</sup></b>	£220m	£14m	£234m

<sup>34</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Western LCG – PoC2 Maternity*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Maternity and Child Health</b>	<b>Obstetrics</b>	Births	4,009	0	4,009
	<b>Comm Midwives</b>	Contacts	72,576	581	73,157
	<b>Health Visiting</b>	Contacts	62,253	0	62,253
	<b>Speech and Language Therapy</b>	Contacts	26,015	0	26,015
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>35</sup></b>	£24.8m	£1.2m	£26m

<sup>35</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Western LCG – PoC4 Older People*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Older People</b>	<b>Geriatric Hospital Services</b>	Occupied Beddays	36,088	-3822	32,266
	<b>Day Care</b>	Attendances	72,991	0	72,991
	<b>Domiciliary Care</b>	Hours	1,606,331	103,020	1,709,351
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	549,248	0	549,248
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	314,912	5,826	320,738
	<b>Social Work</b>	Caseload	9934	0	9934
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>36</sup></b>	£105m	£5m	£110m

<sup>36</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Western LCG – PoC5 Mental Health*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Mental Health</b>	<b>Hospital</b>	Occupied Beddays	38759	0	38759
	<b>CPN</b>	Contacts	49349	0	49349
	<b>Res &amp; Nur Homes + Supported Housing</b>	Occupied Beddays	326	0	326
	<b>Day Care</b>	Attendances	78418	0	78418
	<b>Domiciliary Care</b>	Hours	29294	0	29294
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>37</sup></b>	£46.5m	£1.5m	£48m

<sup>37</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Western LCG – PoC6 Learning Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Learning Disability</b>	<b>Hospital Services</b>	Occupied Beddays	16187	-6570	9617
	<b>Day Care</b>	Attendances	162564	0	162564
	<b>Domiciliary Care</b>	Hours	107510	0	107510
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	100719	4044	104763
	<b>Community Nursing and AHPs</b>	Face to face contacts	18233	0	18233
	<b>Social Work</b>	Active Caseload	1278	0	1278
		<b>VALUE OF COMMISSIONED ACTIVITY<sup>38</sup></b>	£34.5m	£1.2m	£35.7m

<sup>38</sup> This includes activity in addition to that set out above.

*Commissioned Values & Volumes Western LCG – PoC7 Physical Disability*

<b>Programme of Care</b>	<b>Service Description</b>	<b>Currency</b>	<b>2013/14 Baseline</b>	<b>Indicative Additionality 2014/15</b>	<b>Total indicative commissioned Volumes 2014/15</b>
<b>Physical Disability &amp; Sensory Impairment</b>	<b>Hospital Services</b>	Occupied Beddays	9800	0	9800
	<b>Daycare</b>	Attendances	24420	0	24420
	<b>Domiciliary Care</b>	Hours	298781	0	298781
	<b>Residential &amp; Nursing Homes</b>	Occupied Beddays	25692	0	25692
	<b>Community Nursing &amp; AHPs</b>	Face to face contacts	18529	0	18529
	<b>Social Work</b>	Active caseload	1700	0	1700
			<b>VALUE OF COMMISSIONED ACTIVITY<sup>39</sup></b>	£16m	£1m

<sup>39</sup> This includes activity in addition to that set out above.

**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	22 January 2015
<b>Title of Paper</b>	Revised Draft Commissioning Plan 2014/15
<b>Agenda Item</b>	8
<b>Reference</b>	PHA/02/01/15

**Summary**

A draft Commissioning Plan for 2014/15 was submitted to the DHSSPS in March 2014, which identified pressures of £160m required to meet the priorities, standards and targets set out in the Commissioning Plan Direction 2014. In the months following submission of the initial draft Plan the HSCB and PHA have been working closely with the DHSSPS and the various health and social care providers to resolve this funding gap and develop a financial plan which will deliver financial balance across the HSC system.

In addition, increased pressures identified by Trusts which emerged following the development of the original plan have been addressed through in year contingency measures within each Trust.

It is a statutory requirement for the HSCB to produce and publish a commissioning plan in each financial year. The draft Commissioning Plan 2014/15 has been revised to provide an overview of the revised financial plan including, at a high level, those service developments that have been approved to proceed during 2014/15 as a result of the funding available. It also provides an overview of the contingency measures that have been put in place in order to ensure Trusts can operate within their budgets.

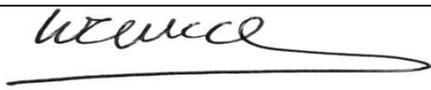
The main revisions to the attached draft Commissioning Plan for 2014/15 (compared to the March 2014 version referred to above) are as follows:

- (1) The inclusion of a foreword which outlines how we have moved to a position of financial balance (pages 8 to 12 of main plan)
- (2) The inclusion of a Table providing an overview of the revised financial plan (see Table 17, Chapter 3, page 65)
- (3) The inclusion of values and volumes of commissioned activity for each programme of care at regional and local level (included in Chapter 4 and LCG Plans).

In addition to revisions to the full version of the plan (attached), for ease of reference, the main changes have been collated into a summary document (see Appendix 1 attached).

<b>Equality Screening / Equality Impact Assessment</b>	The main equality implications relate to the implementation of contingency measures at local level. The DHSSPS recently issued guidance to all arms lengths bodies which outlines their equality duties in relation to change or withdrawal of services. Trusts have been asked to consider the need to undertake immediate public consultation in relation to proposals to temporarily change or withdraw services as part of contingency plans.
<b>Audit Trail</b>	This was considered by AMT on 13 January 2015.
<b>Recommendation / Resolution</b>	For approval
<b>Director's Signature</b>	
<b>Title</b>	Director of Commissioning
<b>Date</b>	13 January 2015

**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	22 January 2015
<b>Title of Paper</b>	PHA Board Members Register of Interests
<b>Agenda Item</b>	10
<b>Reference</b>	PHA/03/01/15
<b>Summary</b>	
<p>As set out in the PHA Standing Orders The Code of Conduct and Code of Accountability requires all members to declare interests which are relevant and material to the Agency.</p> <p>The Register is to be kept up-to-date by means of annual review.</p> <p>The attached Register incorporates Members Interests as declared in January 2015.</p>	
<b>Equality Screening / Equality Impact Assessment</b>	N/A
<b>Audit Trail</b>	
<b>Recommendation / Resolution</b>	For Noting
<b>Director's Signature</b>	
<b>Title</b>	Director of Operations
<b>Date</b>	14 January 2015



# Public Health Agency

## REGISTER OF MEMBERS' DECLARED INTERESTS

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies):

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director /Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder and Number of Shares or % holding
Mrs Julie Erskine	Acting Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive				
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Pat Cullen	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Dr Jeremy Harbison	Non-Executive Director	-	-	-	-
Mrs Miriam Karp	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Ald Billy Ashe	Non-Executive Director (Local Gov Rep)	Carrickfergus Regeneration Partnership	Director	Museum/Civic Centre Antrim Street Carrickfergus	Non Profit
		Doorstep Properties Ltd	Secretary	631 Lisburn Road Belfast	Shareholder 5%
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

**(b) Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the HSC.**

<b>Name</b>	<b>Position Held on PHA board</b>	<b>Name and Nature of Company</b>	<b>Office or Status e.g. Chairman/Director/ Secretary, etc.</b>	<b>Address of Registered Office or Headquarters</b>	<b>Nature &amp; Extent of Interest e.g. Shareholder and Number of Shares or % holding</b>
Mrs Julie Erskine	Acting Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Pat Cullen	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Dr Jeremy Harbison	Non-Executive Director	-	-	-	-
Mrs Miriam Karp	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Ald Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

**(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the HSC.**

<b>Name</b>	<b>Position Held on PHA board</b>	<b>Name and Nature of Company</b>	<b>Office or Status e.g. Chairman/Director /Secretary, etc.</b>	<b>Address of Registered Office or Headquarters</b>	<b>Nature &amp; Extent of Interest e.g. Shareholder and Number of Shares or % holding</b>
Mrs Julie Erskine	Acting Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Pat Cullen	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Dr Jeremy Harbison	Non-Executive Director	-	-	-	-
Mrs Miriam Karp	Non-Executive Director	-	-	-	-
Mr Thomas Mahaffy	Non-Executive Director	-	-	-	-
Ald Samuel Paul Porter	Non-Executive Director (Local Gov Rep)	-	-	-	-
Ald Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

**(d) A position of authority in a charity or voluntary body involving the field of health and social care.**

<b>Name</b>	<b>Position Held on PHA board</b>	<b>Name and Nature of Company</b>	<b>Office or Status e.g. Chairman/Director/ Secretary, etc.</b>	<b>Address of Registered Office or Headquarters</b>	<b>Nature &amp; Extent of Interest e.g. Volunteer, etc</b>
Mrs Julie Erskine	Acting Chair	-	-	-	-
Dr Eddie Rooney	Chief Executive	Transplant Sport N.I. Registered Charity promoting physical activity among organ recipients Reg Charity No: XT24124	Honorary President	-	Volunteer
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Pat Cullen	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	General Optical Council  Human Tissue Authority  NI Judicial Appointments Commission	Senior Independent Non- Executive Director  Authority Member  Commissioner	41 Harley Street London  151 Buckingham Palace Road London  Headline Building, 10 Victoria Street, Belfast	Lay Member (Remunerated)  Lay Member (Remunerated)  Lay Member (Remunerated)
Dr Jeremy Harbison	Non-Executive Director	University of Ulster	Pro-Chancellor	Cromore Road Coleraine BT52 1SA	Member of Board
Mrs Miriam Karp	Non-Executive Director	Arthritis Care	Consultant	McClune Building Shore Road Belfast	External Consultant
Mr Thomas Mahaffy	Non-Executive Director				
Ald Samuel <u>Paul</u> Porter	Non-Executive Director (Local Gov Rep)	Early Intervention, Lisburn	Committee Member	Lagan View Enterprise Centre, Drumbeg Drive, Old Warren, Lisburn	Representing Lisburn City Council
Ald Billy Ashe	Non-Executive Director (Local Gov Rep)	-	-	-	-
Mr Paul Cummings	Director of Finance	-	-	-	-
Mrs Fionnuala McAndrew	Director of Social Care & Children	Children in Northern Ireland (CINI)  Social Care Institute for Excellence (SCIE)	Board Member  Northern Ireland Trustee and Board member	Montgomery Road Belfast  206 Marylebone Road, London, NW1 6AQ	Board Member  Board Member

(e) Any connection with a HSC organisation, voluntary organisation or other organisation contracting for HSC services

Name	Position Held on PHA board	Name and Nature of Company	Office or Status e.g. Chairman/Director/Secretary, etc.	Address of Registered Office or Headquarters	Nature & Extent of Interest e.g. Shareholder / Volunteer, etc
Mrs Julie Erskine	Acting Chair	NI Social Care Council	Council Member	Millennium House Belfast	Council Member
		Dalriada Urgent Care	Lay Member User on Board	20 Larne Road Line Ballymena BT42 3GA	Lay Member User (up to December 2014)
		NICCY	Chair Audit Committee	Millennium House Belfast	Lay Member Only
		NI Local Government Superannuation Committee	Committee/Council Member	Upper Hollywood Road Belfast	Committee/Council Member
		Commissioner for older people Probation Board of N.I.	Member of Audit Committee  Non-Executive Director	Equality House Belfast  Lower North St Belfast	Audit Committee Member  Non-Executive
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	-	-	-	-
Mrs Pat Cullen	Director of Nursing and Allied Health Professionals	Dr Enda Cullen Botanic Medical Centre 51 Botanic Avenue Belfast	-	-	Husband works as GP
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Dr Jeremy Harbison	Non-Executive Director	-	-	-	-
Mrs Miriam Karp	Non-Executive Director	NI Social Care Council	Council Member	Millennium House Belfast	Council Member (term ended September 2014)
Mr Thomas Mahaffy	Non-Executive Director	NI Anti-Poverty Network	Board Member	58 Howard Street Belfast BT1 6PJ	Volunteer
Ald Samuel Paul Porter	Non-Executive Director	-	-	-	-
Ald Billy Ashe	Non-Executive Director	-	-	-	-
Mr Paul Cummings	Director of Finance	Shankill Surestart  Belfast Health and Social Care Trust  Belfast Health and Social Care Trust		Alessie Centre Shankill Road, Belfast	Wife employed at Shankill Surestart  Sister employed as Social Worker (Fostering)  Son employed on Graduate Management Trainee Programme

Mrs Fionnuala McAndrew	Director of Social Care & Children	-	-	-	-

**(f) Involvement in other organisations**

<b>Name</b>	<b>Position Held on PHA board</b>	<b>Name and Nature of Company</b>	<b>Office or Status e.g. Chairman/Director/Secretary, etc.</b>	<b>Address of Registered Office or Headquarters</b>	<b>Nature &amp; Extent of Interest e.g. Shareholder / Volunteer, etc</b>
Mrs Julie Erskine	Acting Chair	NI Medical & Dental Training Agency	Panel Member	Beechill House Beechill Road Belfast	
Dr Eddie Rooney	Chief Executive	-	-	-	-
Mr Ed McClean	Director of Operations	TR Register		1b Hawksworth, Southmead Industrial Park, Didcot, Oxfordshire, OX11 7HR	Member
		GCCG Car Club	NI Co-ordinator	119 Regent's Park Road, London, NW1 8UR	Member
Mrs Pat Cullen	Director of Nursing and Allied Health Professionals	-	-	-	-
Dr Carolyn Harper	Director of Public Health	-	-	-	-
Mr Brian Coulter	Non-Executive Director	-	-	-	-
Dr Jeremy Harbison	Non-Executive Director	-	-	-	-
Mrs Miriam Karp	Non-Executive Director	NI Medical & Dental Training Agency	Lay Representative	-	-
		General Medical Council	Fitness to Practise Panellist		
		Nursing and Midwifery Council	Fitness to Practise Chair		
		Exceptional Circumstances Body	Panel Member		
		NI Pharmaceutical Society	Statutory (fitness to Practise) Committee Member		
Mr Thomas Mahaffy	Non-Executive Director	NI Human Rights Consortium	Board Member	Cathedral Chambers 3 <sup>rd</sup> Floor 143 Royal Avenue Belfast BT1 1FH	Volunteer
		UNISON	Policy Officer	UNISON Centre, Galway House, 165 York Street, Belfast BT15 1AL	Paid employment

Ald Samuel <u>Paul</u> Porter	Non-Executive Director	Lisburn Borough Council  Lagan View Enterprise Centre  Social Investment Fund South East Steering Group	Elected Member  Advisor  Member	Lagan Valley Island Lisburn  Laganview Enterprise Centre, Drumbeg Drive Old Warren Lisburn	Representing Lisburn City Council  Appointment from OFMDFM
Ald Billy Ashe	Non-Executive Director	-	-	-	-
Mr Paul Cummings	Director of Finance	Sport NI	Board Member	2a Upper Malone Road, Belfast	Board Member
Mrs Fionnuala McAndrew	Director of Social Care & Children	Rowandale Integrated Primary School	Foundation Governor	18 Clarehill Road, Craigavon BT67 0PB	Foundation Governor

**January 2015**