

# **SUMMARY OF HSC EXPENDITURE IN NORTHERN IRELAND**

**1 APRIL 2007 – 31 MARCH 2008**

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## **Executive Summary**

### **Background**

This Summary of HSC Expenditure is designed to provide readily accessible financial information on the annual expenditure of Health and Social Care (HSC) Boards and Trusts. The information is collected each year for a range of purposes including Departmental accountability, policy support and to assist in bids for resources and their equitable allocation.

During 2007/2008, the period to which this report relates, the Northern Ireland Health and Social Care sector included four Boards (Eastern, Northern, Southern and Western) and six HSC Trusts including the Northern Ireland Ambulance Service (NIAS). As a consequence of the first phase of the changes arising from the Review of Public Administration (RPA) five new Health and Social Care Trusts came into effect from 1<sup>st</sup> April 2007.

From the 1 April 2009 the following structural changes mark the second phase of reform within health and social care sector.

- A single Health and Social Care Board for Northern Ireland has replaced the existing four Boards.
- A new Public Health Agency incorporates and builds on the work of the Health Promotion Agency.

- A new Business Services Organisation will provide a range of support functions for the whole of the health and social care system.
- A single Patient and Client Council has replaced the current Health and Social Services Councils.

The information contained in this summary was provided by HSC bodies. The Department reviews requirements, collects and analyses the information for the publication.

An electronic version and associated appendices including more detailed analysis of expenditure and a Glossary of Terms can be found at [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

### **Roles of the Organisations**

During 2007/08 the four Boards had a responsibility to commission the provision of healthcare and personal social services for their resident populations. Expenditure was incurred in three ways:

- Commissioning of services from NI Trusts and other bodies.
- Provision of Family Practitioner Services which includes General Medical Services (GPs), General Dental Services, Ophthalmic Services and Pharmaceutical Services.
- Expenses incurred in the provision of the above services and in the provision of services to meet statutory requirements.

HSC trusts provide three types of service for patients and clients:

- Hospital services.
- Community health services.
- Personal social services.

Trusts are able to commission some services from the independent sector. For both Boards and Trusts, services are commissioned or provided within a broad framework known as Programmes of Care (POCs). There are currently nine PoCs, the largest of which relates to acute services and accounts for 43% of expenditure. These PoCs are

1. Acute Services
2. Maternity and Child Health
3. Family and Child Care
4. Elderly Care
5. Mental Health
6. Learning Disability
7. Physical and Sensory Disability
8. Health Promotion and Disease Prevention
9. Primary Health and Adult Community

## Key Findings

### Northern Ireland and Board Expenditure

- Government allocated £3.8 billion in 2007/08 towards health and social care in Northern Ireland (NI).
- Boards were allocated £2,577m to spend on the commissioning of services. This represented an increase of £179m (7%) between 2006/07 and 2007/08.
- A number of elements were included in the increased allocation, general price inflation, new terms and conditions for HSC staff, service developments and cost pressures generally related to population growth.
- 97% of Board commissioning budgets was spent on services provided by NI Trusts.
- Board expenditure relates to the services they purchase for their residents. The Eastern Board spent £1,053m (41% of the NI total) the Northern Board spent £604m ( 23.5%), the Southern Board spent £470m (18.4%) and the Western Board spent £440m (17.2%).
- Boards spent a further £704m on Family Practitioner Services, made up as follows:
  - General Medical Services, £200m.
  - General Dental Services, £69.
  - Ophthalmic Services, £17m.
  - Pharmaceutical Services, £419m.
- Within Family Practitioner Services, the largest percentage increases were in General Dental Services, which increased by 6% and general Ophthalmic Services which increased by 4%.

- Boards incurred total expenditure of £54m in planning and arranging the provision of services and meeting statutory requirements, 80% of which (£40m) relates to Board administration and commissioning expenses.

### Key Service Areas and Trust Expenditure

- A total of £2,683m was spent by Trusts on the provision of health and social care in 2007/08, an increase of 7% on the previous year.
- Expenditure on acute services totalled £1,115m in 2007/08. Since 2004/05, this PoC is consuming a rising percentage of all Trust Expenditure. (From 40.4% in 2004/05 to 41.6% in 2007/08)
- Acute and Elderly Services (PoCs 1 and 4) together accounted for approximately two-thirds of total NI expenditure.
- Hospital expenditure made up 54% of the total. Community and PSS expenditure made up 14% and 32% respectively.
- Of the £1,115m spent on acute services, £692m was spent on inpatient services, £126m on day cases, £0.6m on day care and £296m on outpatient services (including attendances at Accident & Emergency Departments).
- The Alternative Offer Scheme was introduced in July 2005 as part of the drive to reduce hospital waiting times. The scheme allows patients to be treated within a specified timeframe by making them an offer of treatment by an alternative provider, including outside Northern Ireland where necessary. In 2007/08 £34.7m was spent on the scheme, £22.8m of this was spent on Inpatients, with Trauma and Orthopaedics making up 57% of the Inpatient total.

- Within surgical specialties:
  - The largest item of expenditure was General Surgery, £148.7m, making up about 10% of hospital expenditure across all patient classes and programmes of care.
  - The largest percentage increase (142%) was shown in the Alternative Offer Scheme specialities; this amounted to £20.4m additional investment.
  - Gynaecology (Excluding IVF and Other Fertility Treatments) increased by 9% (£3.4m), while IVF and Other Fertility Treatments increased by 71% (£900k).
  
- Within the medical specialties:
  - The largest item of expenditure was General Medicine, £175.6m, 12% of the total hospital expenditure across all patient classes and programmes of care.
  - The highest percentage increase (119%) was shown in the Clinical Oncology - Chemotherapy/radiotherapy costs, representing an increased investment of 3.6m in 2007/08. Clinical Oncology has also increased by 23% (£1.1m)
  - Gastroenterology (£4.5m) and Dermatology (£12.1m) showed 26% and 19% increases respectively.
  
- Analysis of the other PoCs shows the following:
  - 61% of the £121.8m spend on Maternity and Child Health, related to Obstetrics hospital services.
  - Within Family and Child Care (total expenditure of £166.6m) the highest proportion was incurred on providing



Family Support services (a range of services provided to ensure that families are able to fulfill their potential) by Social Work Teams (£39.4m). The next highest spend was on Children's Homes (£29.8m).

- Expenditure in Elderly Care totalled £644.9 in 2007/08. Nursing Homes (£181.1m) accounted for nearly a quarter of the expenditure within this PoC. Domiciliary Care was another key area of spend (£129.1m). People who suffer from Dementia also sit within this Programme. The total hospital expenditure on both Geriatric Medicine and Old Age Psychiatry was £117.8m.
- Mental Health services expenditure increased 3% above 2006/07 levels to £197m. Over half the expenditure took place in a hospital setting (£96.7m). Hospital expenditure reflected a 2% decrease on 2006/07 levels.
- The three largest areas of expenditure within the Learning Disability Programme were Hospital Services (£40.1m), Day Care facilities (£40.1m) and Residential Homes (£37.6m).
- Domiciliary Care (£23.3m) was the highest area of spend within the Physical and Sensory Disability Programme which consumed total resources of £92.9m in 2007/08. Within this PoC £11m was spent on social work.
- The highest expenditure within Health Promotion and Disease Prevention (£46.6m) was Community Grants, Goods and Services (£16.1m) followed by £9.8m for Health Visiting.

- The highest expenditure on Primary Health and Adult Community services (£98.1m) was GP Direct Access Services (£40.7m). This is where a GP directly accesses diagnostic tests or treatment in hospital for a patient without going through a hospital consultant.
- An analysis of expenditure by individual Trust shows that the largest growth in actual expenditure was experienced by the Belfast Trust which increased by £48.6m.
- An analysis of PoC expenditure by Trusts shows:
  - Belfast Trust incurred 47% of all acute services expenditure in 2007/08, spending £526.8m of a total of £1,114.8m. Around £415m of this was incurred by the two major hospitals, Belfast City and the Royal Victoria.
  - Belfast Trust incurred expenditure of £29m, 24% of the total, with the Royal Jubilee Maternity Hospital incurring £18m of this total.
- Costs incurred by Trusts are also analysed by how they arise i.e. whether they relate to direct patient/client care e.g. a nurse on a hospital ward, other related costs such as laboratories and pharmacies, or the overhead costs of running major organisations including Finance and Personal services. The analysis of all Trusts expenditure shows that 79% of costs relate to Patient Care, 4% are capital charges and Other Expenditure less Income and 16% are overheads such as management, finance, human resources, IT,

Cleaning, Catering, Laundry, Portering, Premises, Maintenance and Security .

## **Staff Costs and Other Expenses**

- Trusts provide information analysing expenditure by the type of expense i.e. whether it relates to the cost of staff or other expenses such as drugs or costs related to premises. The Northern Ireland Ambulance Service is included within this analysis. The nature of the service provided by the NIHSC results in a large proportion of expenditure relating to staff costs, £1,718m (58%), and other expenses amounting to £1,247m (42%).
- Within staff costs:
  - Nearly one-third of the total (31%) relates to Nurses and Midwives, the largest staff group.
- Within other expenses:
  - £435m of the total was for the purchase of care from non-HSC bodies and grants (This includes health care and personal social services purchased from the private and voluntary sectors and grants to voluntary organisations).
  - Expenditure on clinical supplies and services showed an increase of 5% on the 2006/07 year and made up 20% of the total expenditure. This included the purchase of Drugs, Medical and Surgical Equipment, Laboratory Equipment and Patients' Appliances.

- The largest percentage increase (13%) occurred in Other Expenses which covers costs such as the purchase of care from Non-HPSS bodies, audit fees and other auditor's remuneration.
- Establishment Expenses (£61.2m) showed a percentage increase of 9%.

## **Developments and Conclusions**

A number of steps have been undertaken to ensure the quality and consistency of information across the organisations providing information. To ensure that financial information remains relevant requirements are regularly reviewed. Work is on-going to look at the best means of collecting information on the changing Service e.g. how best to reflect the use of multi-disciplinary teams.

To ensure that comparison of funds flows in the HSC system is not impacted upon, and to further ensure that the HSC Summary of Expenditure 2008/09 remains a relevant and useful document, data will continue to be collected and analysed by hospital facility. However it is evident that the changes of organisational structures will impact upon both the collection and presentation of information in this document in future years.

# **Chapter 1: Introduction**

## **1.1 Background**

The *Summary of HSC Expenditure in Northern Ireland* provides an overview of the financial expenditure incurred by Health and Social Care (HSC) organisations in Northern Ireland. Information is presented on the main areas of expenditure covering all programmes of care commissioned by the four Boards and key services provided by the six HSC Trusts. Expenditure during the 2007/08 financial year is compared to spend during 2006/07.

The Department of Health, Social Services and Public Safety (DHSSPS) collects expenditure data annually for the following purposes:

- To assist in meeting its accountability requirements including answering Assembly Questions;
- To inform policy development, review and monitoring;
- To inform ongoing work on the equitable distribution of resources;
- To assist with bids for additional resources;
- To facilitate comparison with other UK countries for benchmarking; and
- To support efficiency reviews.

This publication is now one of a number produced by the Department's Finance Directorate relating to the management of financial resources. The aim is to improve transparency and, through informing a wider audience, support the accountability process. Planned expenditure at the start of each financial year is set out in the *Strategic Resources Framework* publication

while *DHSSPS Reference Costs* provides a detailed comparison of unit costs across individual organisations.

The *Summary of HSC Expenditure in Northern Ireland* is supported by separate appendices containing additional more detailed analysis and a Glossary of Terms. The additional analysis of expenditure and descriptions covers:

- Programmes of Care.
- Key Service Areas.
- Cost category analysis.

## **1.2 The HSC in Northern Ireland**

Prior to 1 April 2009 there were four Health and Social Services (HSS) Boards in Northern Ireland which were responsible for commissioning health and social care services for their resident populations. They were:

- Eastern Health and Social Services Board (EHSSB).
- Northern Health and Social Services Board (NHSSB).
- Southern Health and Social Services Board (SHSSB).
- Western Health and Social Services Board (WHSSB).

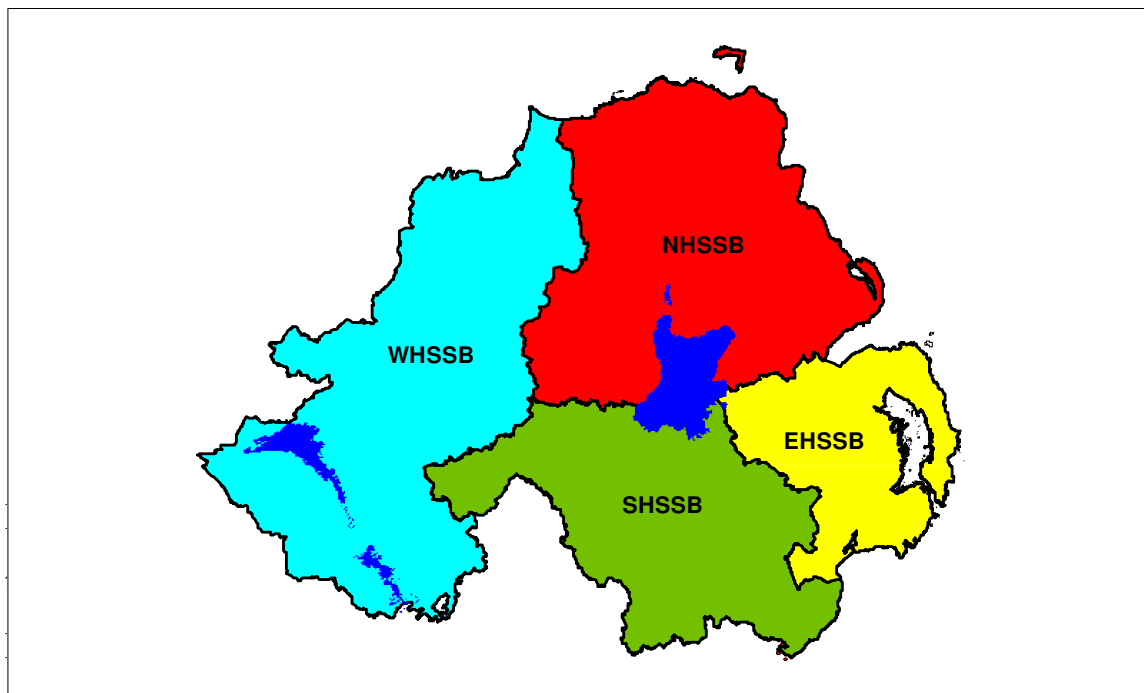
From the 1 April 2009 the following structural changes mark the second phase of reform within health and social care arising from the Review of Public Administration (RPA).

- A single Health and Social Care Board (HSCB) for Northern Ireland will replace the existing four Boards. It will focus on commissioning, resource management and performance management and improvement. It will identify and meet the needs of the local population through its five Local Commissioning Groups that will cover the same geographical area as the HSC Trusts.
- A new Public Health Agency (PHA) will incorporate and build on the work of the Health Promotion Agency, but will have much wider responsibility for health protection and screening and health improvement and development to improve overall public health and address existing health inequalities.
- A new Business Services Organisation (BSO) will provide a range of support functions for the whole of the health and social care system. The Central Services Agency will be dissolved and the majority of its services, along with other functions, will be undertaken by the new organisation.
- A single Patient and Client Council (PCC) will replace the current Health and Social Services Councils, with five local offices operating in the same geographical areas as the existing Trusts, thus providing a strong voice for patients, clients and carers.

The following map shows the geographical area covered by each Board.



**Map 1 - NI Boards Geographical Area Covered**

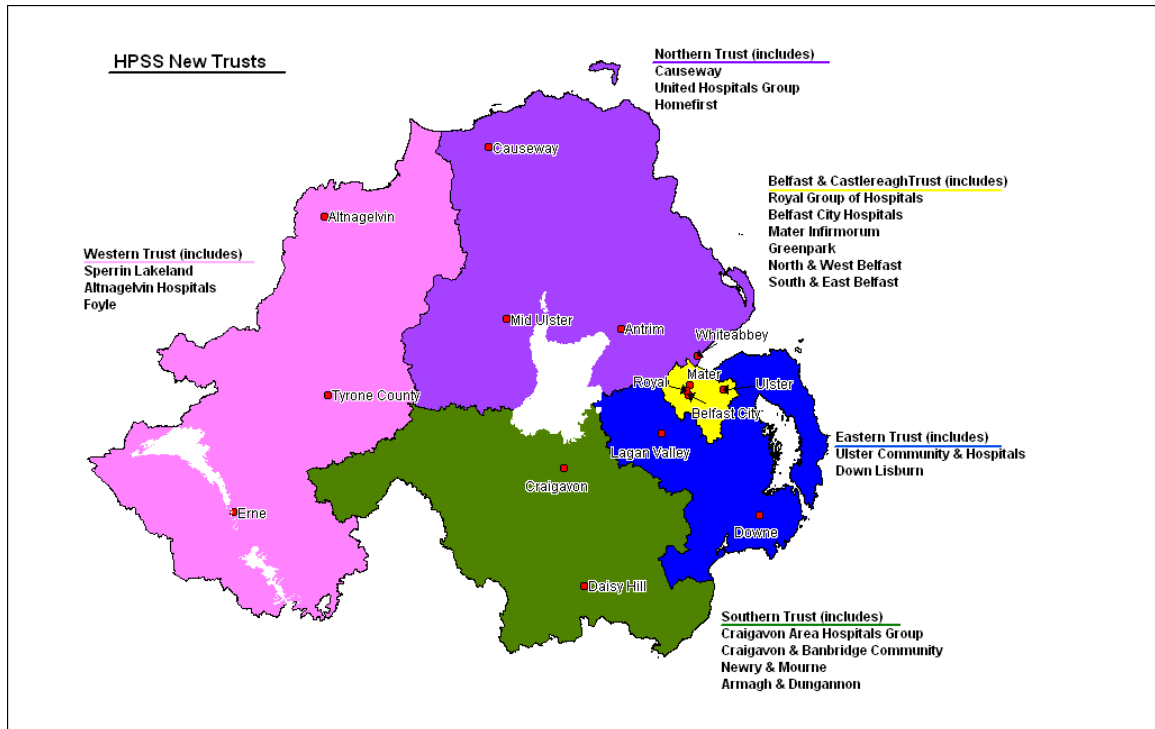


The Boards mostly purchased services from HSC Trusts in NI and these in turn were responsible for providing health and social care and for exercising certain statutory functions on behalf of the Boards. The information provided by Boards also includes the expenditure incurred by the four Health and Social Services Councils.

In April 2007, five new integrated Health and Social Care Trusts were created to replace the 18 previous Trusts. All these Trusts provide Hospital Services, Community Health Services and Personal Social Services. The NI Ambulance Service (NIAS) remained unchanged continuing to provide a regional service across all four Board areas.

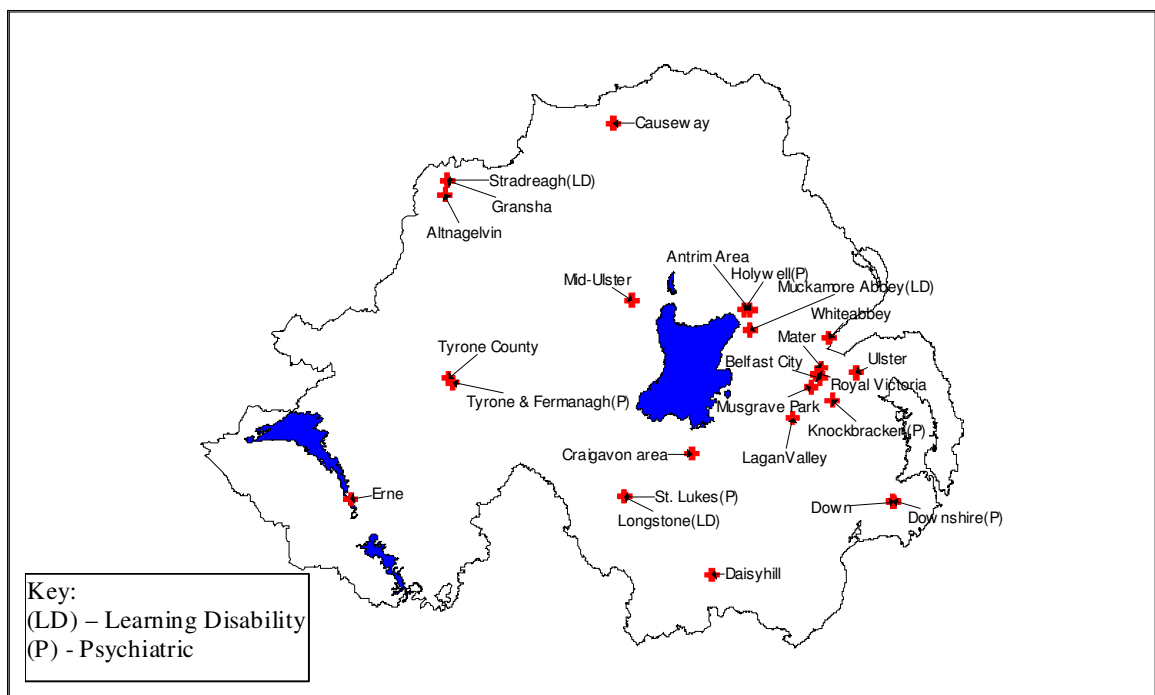
The following map shows the Trust areas in 2007/08 and lists the 18 former Trust areas which now make up these new organisations.

**Map 2 – Health and Social Care Trusts in NI**



The following map shows the location of the main hospital sites within NI including Psychiatric and Learning Disability hospitals.

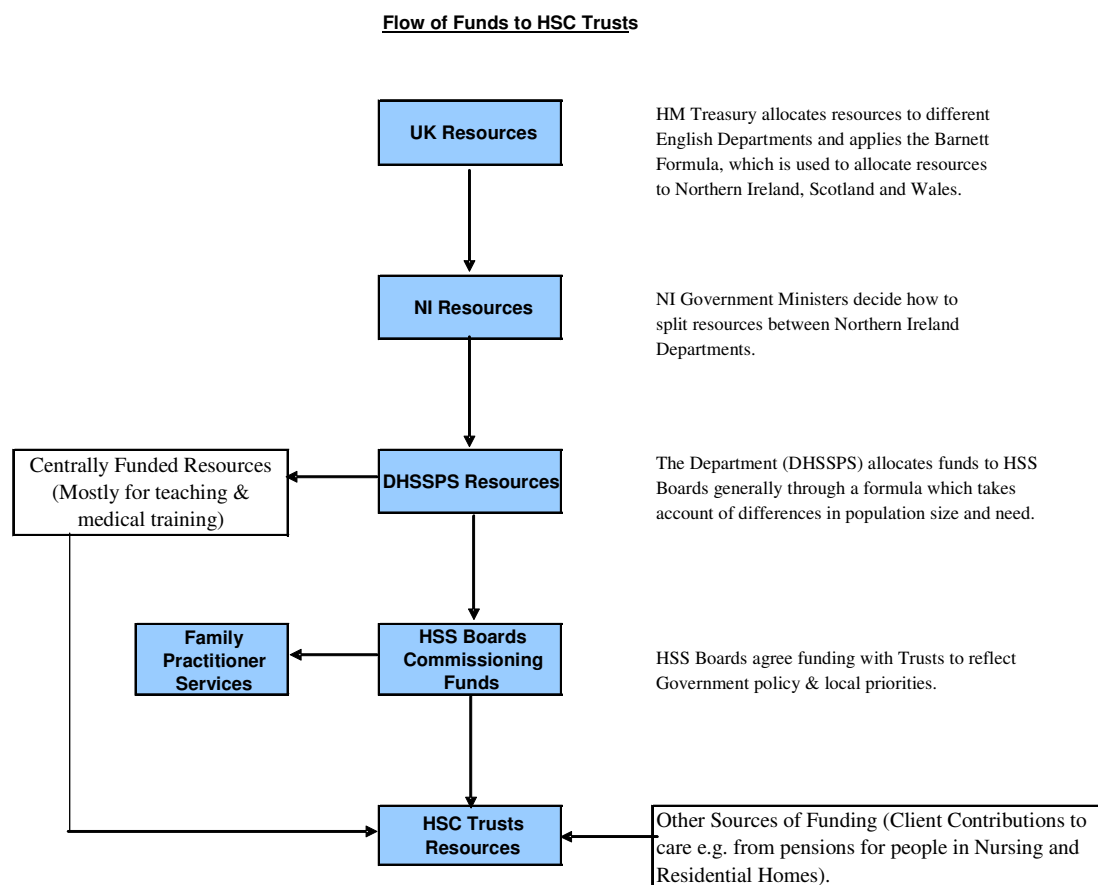
**Map 3 - Main Acute, Psychiatric and Learning Disability Hospitals**



### 1.3 Funding

Funding for the provision of health and social care in NI is part of the NI block grant received from HM Treasury. A summary of the flow of funds from HM Treasury is shown in Diagram 1.

**Diagram 1**



The DHSSPS was allocated £3.8 billion revenue funding in 2007/08. The majority of funding was provided to HSS Boards to enable them to:

- Commission hospital, community and personal social services for the Boards' resident populations (£2,792m in 2007/08).
- Fund Family Practitioner Services (£744m in 2007/08) which are made up of General Medical Services (GPs), General Dental Services, Ophthalmic Services and Pharmaceutical Services.

The remainder was used by the Department to provide Trusts with the central funding for teaching and medical training, grants to voluntary bodies, central administration for the Department and Boards. Also included in the £264m managed centrally funds are Health Promotion strategies and Healthy Start and Daycare Foods Schemes which provide free milk and fresh fruit and vegetables to pregnant women and low income families with young children.

#### **1.4 Process**

The information is collected from Boards and Trusts through a series of Financial Returns. The collection process involves the DHSSPS, HSS Board and HSC Trust staff from Finance, Information and Policy/Service backgrounds working together to design and populate the annual returns.

This report has been prepared by collating the returns for 2007/08 completed by each of the four Boards and the six Trusts. Boards also provided an additional return detailing expenditure on the Family Practitioner Services provided by General Practitioners (GPs), Dentists, Opticians and Pharmacists. Board and Trust Chief Executives have confirmed that the Financial Returns were completed in accordance with the guidance.

Total expenditure figures are reconciled to the audited Annual Accounts. The returns are then subjected to a rigorous quality assurance process within the DHSSPS.

#### **1.5 Resource Measurement**

Both Trusts and Boards provide financial information in two main ways. The first relates to *outputs*, such as the types of services or care provided. The

second relates to *inputs* required to create those services, such as staff or clinical supplies. The two approaches are:

- Expenditure by programme of care, a broad classification relating to the type of service provided with further breakdowns as set out in chapters 2 and 3.
- Expenditure on staff costs and other expenses, covered in chapter 4.

The NI Ambulance Service Trust (NIAS) only supplies information on Staff Costs (Salaries & Wages) and Other (Operating) Expenses. The centrally funded costs of teaching and medical training are excluded from all Trust's expenditure on providing services but are included within their analysis of staff costs. For these reasons the NI expenditure on Trust services contained in Chapter 3 does not match the cost of staff and other expenses (Chapter 4).

Board expenditure broadly equates to Trust expenditure but there will be differences brought about mainly because not all Board commissioning expenditure is incurred by NI Trusts and not all Trust income is derived from Boards.

Health and Social Care in NI is provided through nine programmes of care (PoCs). PoCs are divisions into which activity and finance data are assigned so as to provide a common framework. Programmes of care provide a common measure of the resources spent by Boards in commissioning services for their resident populations and the expenditure incurred by Trusts in providing care.

The Trust expenditure can be classified by the following broad classifications:

- Hospital – health care provided in a hospital setting.
- Community – health care provided outside hospital.
- Personal Social Services (PSS) – personal care services provided for vulnerable people, including those with special needs because of old age or physical or mental disability and children in need of care and protection.

### **1.6 Requests for further information**

It should be noted that this report presents a sample only of the types of expenditure analysis which are available at Board and Trust level. Specific information requests for particular expenditure figures which are included in this report should be forwarded to:

Strategic Financial Analysis Unit

Room D3, Castle Buildings

Stormont Estate

Belfast

BT4 3SQ

Email <mailto:financereturns@DHSSPSNI.GOV.UK>

**We would also be happy to receive any comments on the publication and suggestions on changes or developments for future years.**

## **Chapter 2: Northern Ireland and Health and Social Services (HSS) Board Expenditure**

### **2.1 Overview of NI Expenditure by Boards**

This chapter of the report provides detail on expenditure by the four Area Boards during 2007/08. Analysis is provided for expenditure across Hospital Services, Community Health Services and Personal Social Services and Family Practitioner Services (FPS). Readers should note that additional information is provided in the accompanying appendices reports that are published online at [www.dhsspsni.gov.uk/hpsssummaryofexpenditure](http://www.dhsspsni.gov.uk/hpsssummaryofexpenditure)

Table 1 shows that £2,577 million was spent by Boards in 2007/08 on the commissioning of health and social care. 97% of this expenditure was used to commission services from the six HSC Trusts.

**Table 1 - Analysis of Commissioning Expenditure, 2007/08 v 2006/07**

	<b>2007/08</b>	<b>%</b>	<b>2006/07%</b>
<b>Care Commissioned from</b>	<b>£m</b>	<b>Share</b>	<b>£m</b>
HSS Trusts (NI) <sup>(1)</sup>	2,490	96.6%	2,475
Agencies	17	0.7%	16
Independent sector hospitals <sup>(2)</sup>	7	0.3%	8
NHS Trusts (GB only)	10	0.4%	6
Other <sup>(3)</sup>	54	2.1%	41
<b>Total</b>	<b>2,577</b>	<b>100%</b>	<b>2,546</b>

*Figures may not add due to rounding*

Notes

- (1) Services commissioned from HSC Trusts in 2006/07 include funding for Capital Charges (£148m). Due to a change in funding arrangements, Boards are no longer required to fund this expenditure. As such the 2007/08 figure does not include funding for capital charges and this should be taken into account when examining the 2007/08 figure.
- (2) Independent sector hospitals include Independent Hospitals located in NI, GB or ROI.
- (3) Other includes Regional Services, Eating Disorder Services and Other providers of Health Care in a non-hospital setting located in NI, GB or ROI.

The 2006/07 Summary of HPSS Expenditure reported that £2,475 million was used to commission services from Trusts. Actual expenditure in 2007/08 has therefore increased by £15 million. However, in 2006/07 Board commissioning expenditure included funding for capital charges which amounted to £148m. Due to a change in the funding arrangement, Boards are no longer required to fund these charges, so the increase in relative terms amounts to £179m (7%).

The increase resources were used to fund, for example:

- Pay award inflation (£42m)
- Price inflation (£22m)
- Capitation Assistance (£12m)
- Service Developments (£75m)
- Agenda for Change staff costs (£20m)



**Chart 1 - Total Expenditure by HSS Board, 2007/08**

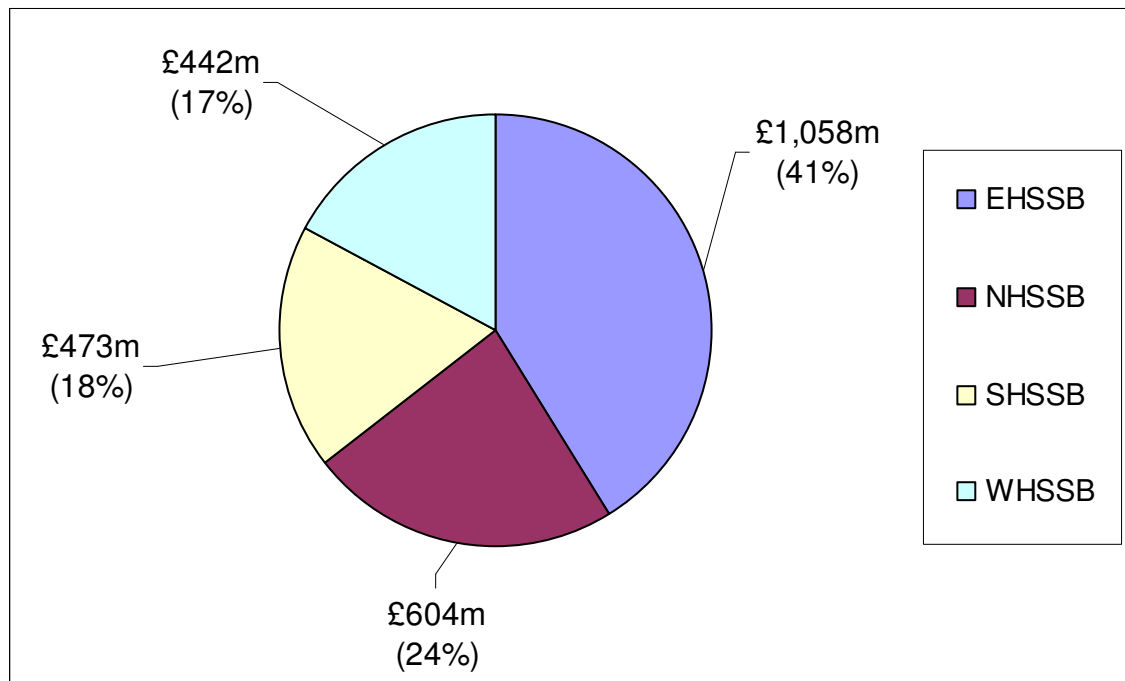


Chart 1 above shows how this £2,577 million was split between the four HSS Boards during 2007/08. The largest share of resources in 2007/08 was spent by the Eastern Board (41%). The Western Board had the smallest share of resources and accounted for 17% of expenditure. This distribution of resources is encouraging when analysed in conjunction with the population numbers shown in Table 2.

**Table 2 - 2007 Board Civilian Population Shares by Age Band**

Age Band	EHSSB	NHSSB	SHSSB	WHSSB	NI
<b>0-15</b>	35.98%	25.30%	20.87%	17.84%	380,068
<b>16-64</b>	38.13%	25.40%	19.48%	16.99%	1,132,359
<b>65+</b>	41.37%	26.40%	17.68%	14.55%	243,321
<b>NI Total</b>	<b>669,170</b>	<b>447,979</b>	<b>342,970</b>	<b>295,629</b>	<b>1,755,748</b>
<b>NI %</b>	<b>38.1%</b>	<b>25.5%</b>	<b>19.5%</b>	<b>16.8%</b>	<b>100%</b>

*Figures may not add due to rounding*

Note: Figures include Cross Border Workers

Table 2 shows that the Board shares of the total population are broadly equivalent to Board share of resources. The figures do not match exactly but this is to be expected. Different age groups have differing requirements for health and social care and this will have a differing impact on cost and resources. For example, it can be seen that the Eastern Board has the largest share of over 65s which have been seen to have the highest cost.

The relationship between age and cost is therefore key to the understanding of funds flows in health and social care and plays an important part of informing allocation decisions made by the Department

## **2.2 Allocation of Resources**

The amount each commissioner receives is informed by a resource allocation formula known as the ‘Regional Capitation Formula’. The formula assesses the health “needs” of local populations. It does this by taking into account a number of factors including the age/gender of populations, whether areas have an additional need due to socio-economic factors, and whether there are extra costs involved in providing services in a rural area. The formula then produces target fair shares which the Department uses to inform their allocations.

It should be noted that whilst the formula calculates the equitable distribution of resources, it is the commissioners that are responsible for distributing these resources to their local populations.

Planning expenditure published in the Department’s Strategic Resources Framework is used to inform the regional capitation formula as the

allocation of funds is by its very nature forward looking. This financial planning information allows any changes in service make up to influence how funds flow through the system. Further detail on the Strategic Resources Framework 2008/09 is available from the Department's website at [http://www.dhsspsni.gov.uk/strategic\\_resources\\_framework\\_2008\\_09\\_publication.pdf](http://www.dhsspsni.gov.uk/strategic_resources_framework_2008_09_publication.pdf)

## 2.4 Clinical Negligence and Capital Charges.

**Table 3 - Total Board Expenditure less Clinical Negligence 2007/08**

	£m
HSSB Expenditure <sup>(1)</sup>	2,577
<i>Less</i>	
Clinical Negligence	10
Capital Charges <sup>(2)</sup>	
<b>HSSB Expenditure<sup>(3)</sup></b>	<b>2,567</b>

*Figures may not add due to rounding*

Note

(1) Board Expenditure includes Clinical Negligence

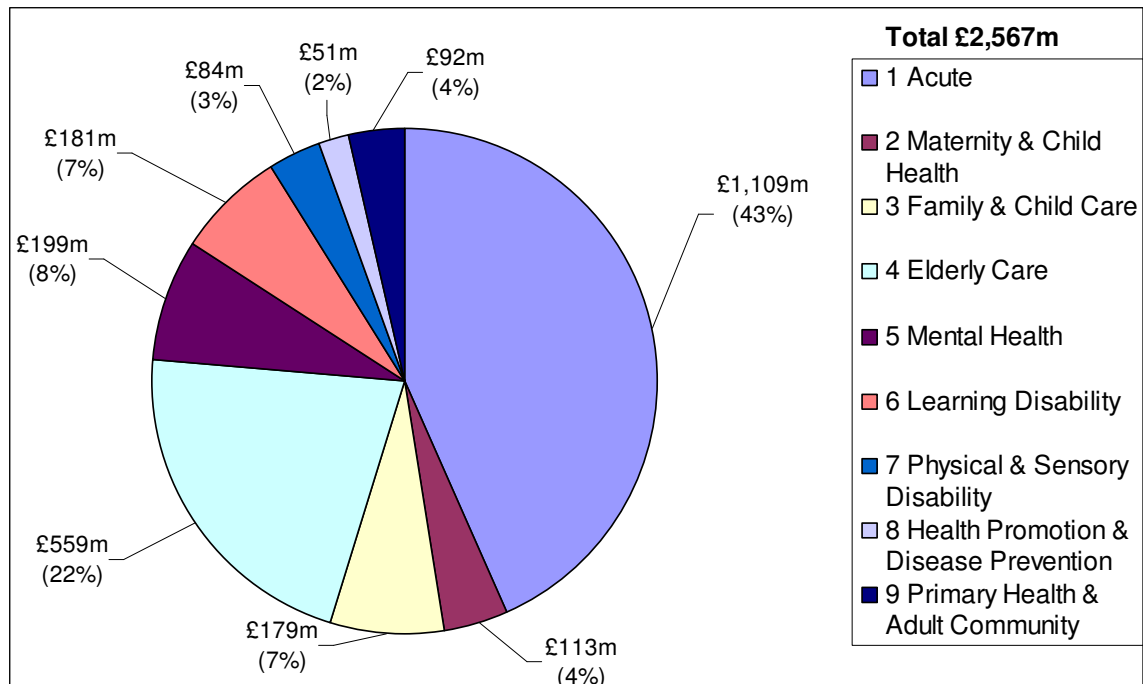
(2) From 2007/08 capital charges are no longer funded through Boards due to changes introduced to HMT budgeting arrangements.

(3) Board Expenditure less Clinical Negligence (as used for resource allocation)

The clinical negligence costs reflected in Board expenditure only relate to those costs incurred prior to the inception of Trusts. The first of the NI Trusts were created in 1993/94 and in April 2007, the 19 Trusts were reorganised into five HSC Trusts and the NI Ambulance Service Trust.

Chart 2 shows Board expenditure across the nine programmes of care used in health and social care management. The figures shown do not include capital changes and clinical negligence.

**Chart 2 – Analysis of Board Expenditure By Programme of Care, 2007/08**



*Note: Figures exclude Capital Charges*

The chart shows that expenditure on Acute Services and Elderly Care together account for 65% of the total expenditure (£1,668 million) reflecting the continuing importance of these programmes of care.

Across all nine PoCs Board expenditure has grown by £170million since 2006/07. Interestingly, a comparison with the HPSS Summary of Expenditure 2006/07 shows that the percentage shares for each PoC have not changed apart from Maternity and Child Health, decreasing by 1% and Acute services increasing by 1%. Table 4 provides an analysis of how individual Boards allocated resources across programmes of care in 2007/08.

**Table 4 - Analysis of Board Expenditure by PoC, (excluding clinical negligence & capital charges), 2007/08**

Programme of Care	EHSSB £'000	NHSSB £'000	SHSSB £'000	WHSSB £'000	Total £'000
1 Acute	440,346	271,583	202,465	194,733	1,109,127
2 Maternity & Child Health	41,572	28,398	23,422	19,895	113,288
3 Family & Child Care	76,356	35,777	29,423	37,926	179,481
4 Elderly Care	241,119	131,951	98,488	87,020	558,578
5 Mental Health	82,757	47,764	35,637	32,853	199,012
6 Learning Disability	73,314	40,032	40,138	27,275	180,760
7 Physical & Sensory Disability	36,129	18,461	13,552	15,775	83,918
8 Health Promotion & Disease Prevention	24,433	10,696	8,008	7,946	51,084
9 Primary Health & Adult Community	36,865	19,387	19,099	16,369	91,721
<b>Total Expenditure 2007/08</b>	<b>1,052,892</b>	<b>604,051</b>	<b>470,231</b>	<b>439,792</b>	<b>2,566,967</b>
<b>Total Expenditure 2006/07</b>	<b>1,002,171</b>	<b>563,073</b>	<b>427,857</b>	<b>403,423</b>	<b>2,396,525</b>
<b>% Change</b>	<b>5.06</b>	<b>7.28</b>	<b>9.9</b>	<b>9.02</b>	<b>7.11</b>

*Figures may not add due to rounding.*

Note: Expenditure not analysed to PoC includes Administration, Commissioning Costs, funds provided to Health and Social Services councils etc

Areas of spending for Boards are a combination of strategic policy considerations taken by the Minister and decisions made by Boards to meet the health and social care needs of their resident populations.

Table 4 shows that whilst there is variation in where expenditure by boards occurred there is an overall consistency that matches with the PoC shares shown in Chart 2.

Expenditure on Acute Services for each Board ranges from 42% in the Eastern Board to 45% in the Northern Board. Elderly Care expenditure varies from 20% in the Western Board to 23% in the Eastern Board.

Overall funds allocated to Boards, excluding clinical negligence and capital charges have increased by 7% compared to the figures published

for 2006/07. The Eastern Board is the only Board to have an annual increase below this figure, it has grown by 5% since 2006/07.

An element impacting on this below average increase is the Departments policy of using the Regional Capitation Formula to inform allocations to commissioners. (See 2.2 in this chapter). Eastern Board is currently above its target fair share as assessed by the formula and this below average increase can be viewed as being part of a readjustment towards target fair share.

## 2.5 Family Practitioner Services

**Table 5 - Total Board Expenditure on Family Practitioner Services, 2007/08**

	2007/08	2006/07	%
<b>Family Practitioner Services</b>	<b>£m</b>	<b>£m</b>	<b>Change</b>
General Medical Services	199.5	207.3	-4%
General Dental Services	69.4	65.7	6%
General Ophthalmic Services	17.0	16.3	4%
Pharmaceutical Services	418.5	406.2	3%
<b>Expenditure on Family Practitioner Services</b>	<b>704.4</b>	<b>695.4</b>	<b>1%</b>

*Figures may not add due to rounding*

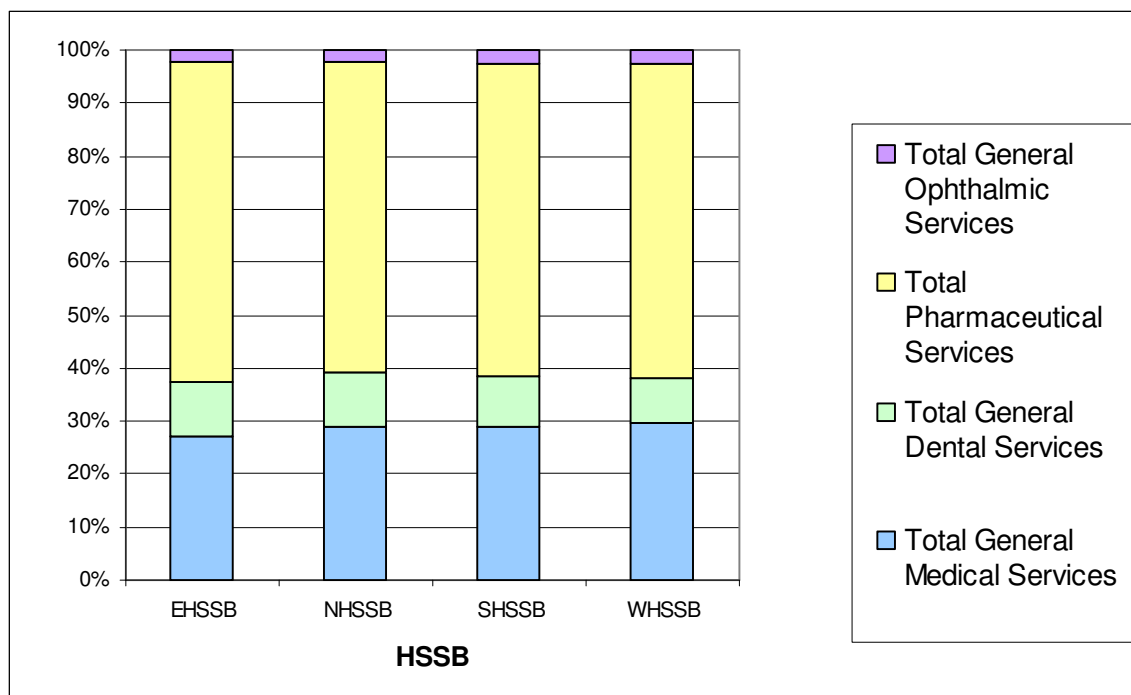
The table above shows that in 2007/08 HSS Boards spent £704m on Family Practitioner Services (FPS). Of this 59.4% is for Pharmaceutical Services which has underwent a 3% growth on 2006/07 figures. General Medical Services accounted for 28.3% of expenditure on FPS in 2007/08 and fell by 2% on 2006/07.

An additional analysis of the figures collected during the HPSS Summary of Expenditure 2007/08 exercise shows that total FPS spend across the four Boards is also broadly in line with the population spread shown in Table 2. The analysis shows that Eastern Board accounted for 41% of all

FPS expenditure in 2007/08, Northern Board 25%, Southern Board 18% and Western Board 16%. Once again this reflects the importance of understanding the impact of population on funds flows for commissioners.

Chart 3 compares the split of the four elements of FPS across the Boards.

**Chart 3 – Analysis of Family Practitioner Services by HSS Board, 2007/08**



The proportions that each Board spent on the individual elements of FPS are practically unchanged since 2006/07.

The initiatives employed in an attempt to constrain the annual growth of Pharmaceutical costs in the last few years have failed to curb the growth in 2007/08 of 3%. This is partly explained by the increased use of High Cost Cancer, Rheumatology and Neurology drugs.

## **Chapter 3: Trust Expenditure**

### **3.1 Programme of Care Analysis**

Total Trust expenditure has grown by 7% in 2007/08 to £2,683 million. Table 6 shows how this expenditure is split across the nine programmes of care (PoC).

**Table 6 - Total Trust Expenditure by Programme of Care, 2007/08 v 2006/07**

		2007/08	2006/07	% Change from 06/07 to 07/08
	Programme of Care	£m	£m	
1	Acute Services	1,114.8	1,035.3	8%
2	Maternity and Child Health	121.8	117.9	3%
3	Family and Child Care	166.6	155.0	7%
4	Elderly Care	644.9	628.6	3%
5	Mental Health	197.0	190.8	3%
6	Learning Disability	200.2	185.6	8%
7	Physical and Sensory Disability	92.9	83.1	12%
8	Health Promotion and Disease Prevention	46.6	42.0	11%
9	Primary Health and Adult Community	98.1	77.1	27%
<b>Total Expenditure</b>		<b>2,682.8</b>	<b>2,515.4</b>	<b>7%</b>

*Figures may not add due to rounding*

Comparison of Table 6 with Table 4 (Board expenditure) highlights that whilst Trust expenditure is on a comparable basis, Elderly Services makes up a higher percentage of Trust expenditure. Trust expenditure is reported by gross cost, i.e. the actual cost of providing the service, and income received from clients in care is not removed from this expenditure.

Primary Health and Adult Community have undergone the biggest percentage increases in 2007/08. Expenditure in this area grew by 27% and this followed



an increase of 13% in 2006/07. However, in terms of actual expenditure, this PoC remained relatively small compared to others, accounting for only 3.7% of the total expenditure in 2007/08.

Programmes of Care are classifications that are used to manage the health and social care services. Each consists of a unique range and mix of services delivered. As such the pattern of where expenditure is spent and how services are commissioned varies considerably across PoC.

Chart 4 highlights the different expenditure patterns for each PoC showing the percentage of expenditure that was spent in Hospital, in Community and in Personal Social Services (PSS) settings during 2007/08.

**Chart 4 - Total NI Expenditure by POC and Type of Service, 2007/08**

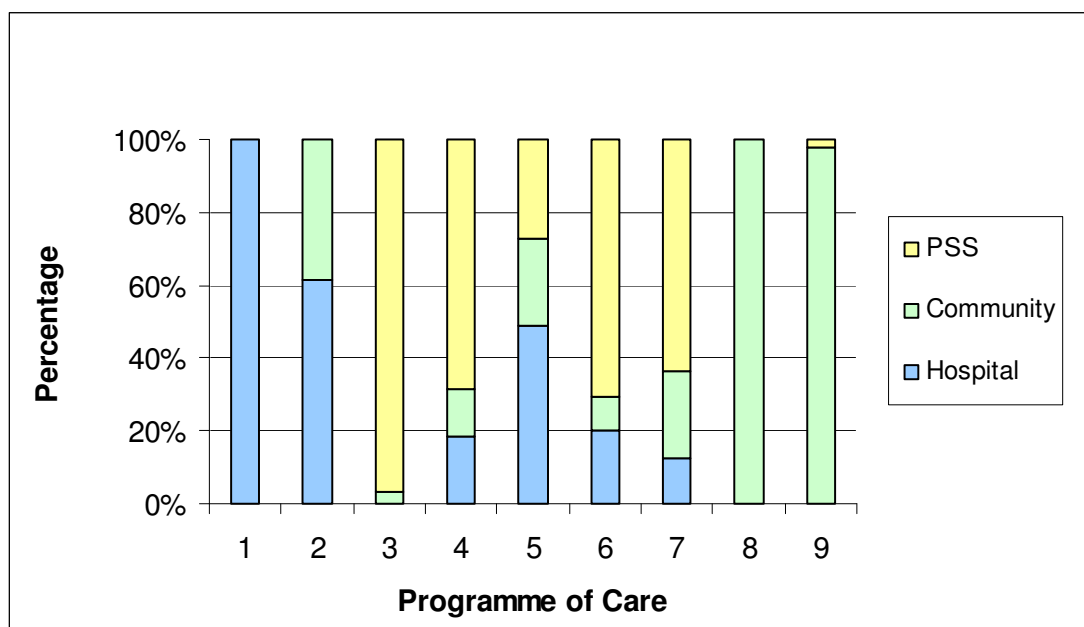


Chart 4 highlights the following:-

- Hospital Services are provided in six programmes of care and range from 100% of Acute Services, PoC1 to 12.3% in Physical and Sensory Disability Services, PoC 7. Hospital expenditure in PoC4 and PoC6 both account for around 20% of 2007/08 expenditure spent.
- PSS accounts for over two thirds of the expenditure on PoC 3, 4, and 6. 97% of all expenditure spent on Family and Childcare were on Personal Social Services.
- 49% of expenditure in Mental Health during 2007/08 was incurred within a Hospital setting, 24% in the Community and 27% in PSS. During 2006/07 expenditure was 52%, 21%, 27% respectively. The movement of expenditure from Hospital to Community is encouraging when analysed against the Department's aim of moving long stay patients from hospital to community based settings. Indeed, a slight decrease in the share of Hospital expenditure across PoCs has been identified when comparing PoC4, PoC5 and PoC 6 figures published last year to this year. By contrast, Hospital expenditure has increased in PoC7 largely due to the opening of a new Brain injury Unit in Belfast HSC Trust.

Further information is now provided on each individual Programme of Care by key service area for 2007/08 actual Trust expenditure. An activity analysis is also set out in Table 8 and Table 9 for Programme of

Care 1 (Acute Services) within this report and in the accompanying appendices.

### 3.2 Programme of Care 1, Acute Services

As shown in Table 6, Acute Services expenditure across Trusts grew by 8% from 2006/07 to 2007/08, an increase of £80 million. Table 7 provides a breakdown of how this expenditure was split over Inpatient, Daycase, Daycare and Outpatient classifications.

**Table - 7 Summary of Expenditure for Acute Services(PoC 1) by Patient Class, 2007/08 v 2006/07**

PoC 1- Acute Services	2007/08	2006/07	%
Surgical & Medical Specialties	£m	£m	Change
Inpatient	669.2	633.2	6%
Daycase	120.2	109.9	9%
Daycare	0.6	0.9	-31%
Outpatient	215.5	207.7	4%
<b>Total Acute</b>	<b>1,005.6</b>	<b>951.7</b>	<b>6%</b>

Alternative Offer Scheme			
Inpatient	22.8	8.5	169%
Daycase	5.7	2.0	191%
Outpatient	6.2	3.9	58%
<b>Total Alternative Offer Scheme</b>	<b>34.7</b>	<b>14.4</b>	<b>142%</b>

Accident & Emergency			
Attendances*	74.5	69.3	7%
<b>Total A&amp;E</b>	<b>74.5</b>	<b>69.3</b>	<b>7%</b>

<b>Total PoC Expenditure</b>	<b>1,114.8</b>	<b>1,035.3</b>	<b>8%</b>
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*Figures may not add due to rounding*

Note:

\*This expenditure includes a small number of outpatient attendances with an A & E Consultant

Table 7 shows that, during 2007/08, the largest growth in actual expenditure was experienced in Daycases. Expenditure grew by £11m which equates to a 10% growth. Daycase expenditure during 2007/08 accounted for 11% of all expenditure spent in Acute Services.

During 2007/08 Daycare expenditure dropped by 31%. However, this large decrease is due to the relatively small amount spent on Daycare.

The Alternative Offer Scheme was introduced in July 2005 as part of the drive to reduce hospital waiting times. The scheme allows patients to be treated within a specified timeframe by making them an offer of treatment by an alternative provider, including those outside Northern Ireland where necessary. In 2007/08 £34.7m was spent on the scheme, £22.8m of this was spent on Inpatients, with Trauma and Orthopaedics (T&O) making up 57% of this Inpatient total.

Table 8 highlights the expenditure across Inpatient Surgical Specialties. It shows that the total spent was £367.1m which is an increase of 5% on the 2006/07 figures. Surgical Specialties accounted for 33% of all expenditure in Programme of Care 1 during 2007/08.

Of the £367.1m spent on surgical specialties, £107m or 29% related to General Surgery.

Trauma and Orthopaedic Surgery grew by 9% (£5.6m) during 2007/08. This is the largest increase in terms of percentage and actual growth in inpatient surgical specialties. T&O expenditure during 2007/08 increased in all patient classifications. Daycases grew by 7% (£231k) and Outpatients by 13% (£2.3m). This is due primarily to a new T&O Unit at Craigavon Area Hospital and increased activity elsewhere.

**Table 8 - Total Expenditure and Activity for Acute Services, Programme of Care 1 by Inpatients**  
**- Surgical Specialties 2007/08 v 2006/07**

<b>Surgical Specialty</b>	<b>Inpatients 2007/08 £m</b>	<b>Inpatients 2006/07 £m</b>	<b>Change in Expenditure 2006/07 to 2007/08</b>	<b>Activity Volumes (FCEs) 2007/08</b>
General Surgery	106.8	104.4	2%	49,167
Urology	14.8	14.1	5%	7,118
T & O Surgery	70.1	64.5	9%	17,341
ENT	18.5	18.3	1%	11,720
Neurosurgery	12.2	11.2	9%	1,593
Plastic Surgery	8.3	8.0	4%	2,937
Cardiac Surgery	9.0	8.6	6%	1,012
Obstetrics & Gynaecology	24.5	22.7	8%	13,335
Other Surgical Specialties <sup>(1)</sup>	15.5	14.9	4%	n/a
Intensive Care Units	40.3	38.0	6%	2,379
Neonatal Care Services	14.3	16.3	-12%	1,018
Other Critical Care <sup>(2)</sup>	32.7	29.5	11%	n/a
<b>Total Surgical Specialties</b>	<b>367.1</b>	<b>350.4</b>	<b>5%</b>	

*Figures may not add due to rounding*

Note:

(1) Includes Ophthalmology, Oral Surgery, Restorative Dentistry, Paediatric Dentistry, Orthodontics, Paediatric Surgery, Thoracic Surgery, Anaesthetics, Pain Management

(2) Includes Coronary Care Units, Coronary Intensive Care, High Dependency Care Units, and Paediatric Intensive Care.

**Table 9 - Total Expenditure and Activity for Acute Services, Programme of Care 1 by Inpatients - Medical Specialties 2007/08 v 2006/07**

Medical Specialty	Inpatients 2007/08 £m	Inpatients 2006/07 £m	Change in Expenditure 2006/07 to 2007/08	Activity Volumes (FCEs) 2007/08
General Medicine	140.7	133.3	6%	85,733
Gastroenterology and Endocrinology	2.6	2.1	27%	1,788
Haematology Total <sup>(1)</sup>	11.8	10.3	15%	2,262
Cardiology	46.7	43.0	9%	19,717
Dermatology	2.2	1.9	15%	955
Thoracic Medicine	2.7	2.8	-4%	966
Infectious Diseases & Genito- Urinary Medicine	2.4	2.3	4%	n/a
Nephrology - Other	7.2	6.0	21%	3,558
Renal Dialysis Costs	11.8	12.6	-7%	51,487
Medical/Clinical Oncology Total <sup>(2)</sup>	22.3	16.7	33%	6,848
Neurology and Paediatric Neurology	4.6	9.6	-52%	982
Rheumatology	4.0	3.4	17%	837
Paediatrics	21.5	20.6	4%	20,028
Other Medical Specialties <sup>(3)</sup>	21.7	18.2	19%	n/a
<b>Total Medical Specialties</b>	<b>302.2</b>	<b>282.8</b>	<b>7%</b>	

<b>Total N.I. Inpatients</b>	<b>669.2</b>	<b>633.2</b>	<b>6%</b>	
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*Figures may not add due to rounding*

Notes:

(1) Includes Haematology, Haematology Clinical and Haematology Chemotherapy drugs costs

(2) Includes Medical Oncology, Medical Oncology - Chemotherapy/radiotherapy costs, Clinical Oncology and Clinical Oncology-Chemotherapy/radiotherapy costs.

(3) Includes Joint Consultant Clinic, General Practice Other, Dental Medicine Specialties, Palliative Medicine, Rehabilitation, Radiology, Chemical Pathology, Clinical Physiology, Clinical Pharmacology, Audiological Medicine, Clinical Genetics, Clinical Genetics & Molecular Genetics and Other.

Table 9 summarises how £302.2 million of expenditure on Inpatient Medical Specialties was spent during 2007/08. General Medicine accounted for £140.7 million of this, showing an increase of 6% on 2006/07 figures and accounting for 47% of the total.

Cardiology is the second largest area of expenditure in Inpatient Medical Specialties with £46.7m being spent in this field by Trusts in 2007/08. This represents a growth of 9% over the previous year.

Although some service lines show a decrease in expenditure, any analysis must take into consideration how the service lines behave across the other patient classifications.

For example, during 2007/08 expenditure on Renal Dialysis inpatients decreased by 7% or £900k. However, Daycase expenditure in this area grew by £862k and Outpatient expenditure by £1,213k and it would appear that, rather than a decrease of expenditure into the service, this is a realignment of how Renal Dialysis is managed and delivered.



### 3.3 Programme of Care 2, Maternity and Child Health

Table 10 provides detail on expenditure across Programme of Care 2. It shows that overall expenditure has grown by 3% to £121.8 million and that 61% of expenditure was spent in Obstetrics.

The largest growth is recorded for Community/Medical Dental, Community Midwives and Other Nursing which all grew by 12%, 7% and 7% respectively. However this represents growth in actual expenditure growth of less than a £1m across each of these service lines.

**Table 10 -Total Expenditure on Maternity and Child Health, Programme of Care 2, 2007/08  
v 2006/07**

Services Provided	2007/08 £m	2006/07 £m	% Change from 06/07 to 07/08
<b>Hospital</b>			
Obstetrics <sup>(1)</sup>	74.6	72.1	3%
<b>Total Hospital</b>	<b>74.6</b>	<b>72.1</b>	<b>3%</b>
<b>Community</b>			
Speech and Language Therapy	8.2	8.1	1%
Other AHPS	4.4	4.2	4%
Community medical / dental	9.0	8.0	12%
Community Midwives	10.3	9.6	7%
Health Visiting	11.6	11.7	-1%
Other Nursing	2.2	2.1	7%
Other Community <sup>(2)</sup>	1.7	2.1	-19%
<b>Total Community</b>	<b>47.3</b>	<b>45.8</b>	<b>3%</b>
<b>Total PoC 2</b>	<b>121.8</b>	<b>117.9</b>	<b>3%</b>

*Figures may not add due to rounding*

Notes:

(1) Obstetrics includes Well Babies

(2) Other Community includes Community Grants, Goods & Services and Incontinence Products

AHPS - refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

### 3.4 Programme of Care 3, Family and Childcare

**Table 11- Total Expenditure on Family and Child Care, Programme of Care 3, 2007/08 v 2006/07**

Services Provided	2007/08	2006/07	% Change from 06/07 to 07/08
Community	£m	£m	
Other Community <sup>(1)</sup>	5.4	4.3	28%
<b>Total Community</b>	<b>5.4</b>	<b>4.3</b>	<b>28%</b>

<b>Personal Social Services</b>			
Daycare for children	5.3	5.0	5%
Grant Aid(Financial Aid to Voluntary Groups)	10.1	13.7	-27%
Payments to Foster Carers	27.5	23.0	19%
Other Grants, Goods and Services	10.1	8.1	24%
Payments under legislation	12.0	9.9	22%
Children's Homes	29.8	31.4	-5%
Social Work -Aftercare	5.0	4.5	11%
Social Work - Early Years	4.8	4.6	5%
Social Work - Family Placements	10.3	9.3	11%
Social Work - Family Support	39.4	35.6	11%
Other PSS <sup>(2)</sup>	6.9	5.6	24%
<b>Total Personal Social Services</b>	<b>161.2</b>	<b>150.7</b>	<b>7%</b>

<b>Total PoC 3</b>	<b>166.6</b>	<b>155.0</b>	<b>7%</b>
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*Figures may not add due to rounding*

Notes:

(1) Other Community includes AHPS, Community Medical/Dental, Community Grants Goods & Services and Nursing Costs

(2) Other PSS includes Assessment Centres, Domiciliary Care, Family Day Centres

97% of expenditure in Programme of Care 3 during 2007/08 related to Personal Social Services. Of the £161.1m spent on PSS, 36% was for Social Work and 18% related to Children's Homes.

The largest item of expenditure (£39.4m) was on Social Work – Family Support which is a range of services provided to ensure that families are able to fulfil their potential.

In the 2007/08 Strategic Resource Framework, Trusts estimated that expenditure on Fosters Carers would increase by around 20% due to uplift in Foster care allowances. This forecast increase has been reflected in actual expenditure for the year.

### 3.5 Programme of Care 4, Elderly Care

**Table 12 -Total Expenditure on Elderly Care, Programme of Care 4,  
2007/08 v 2006/07**

Services Provided	2007/08	2006/07	% Change from 06/07 to 07/08
Hospital	£m	£m	
Geriatric medicine	88.5	94.8	-7%
Old age psychiatry	29.3	29.6	-1%
<b>Total Hospital</b>	<b>117.8</b>	<b>124.3</b>	<b>-5%</b>

Community			
Podiatry	6.5	6.5	0%
Occupational Therapy	9.6	8.8	9%
Other AHPS	6.0	5.9	1%
Aids/Community Care Appliances	8.2	9.2	-12%
Other Grants, Goods and Services	2.4	2.5	-5%
District Nursing	34.1	33.8	1%
Other Nursing	8.5	7.1	19%
Other Community <sup>(1)</sup>	10.0	7.9	26%
<b>Total Community</b>	<b>85.2</b>	<b>81.8</b>	<b>4%</b>

Personal Social Services			
Daycare Facilities <sup>(2)</sup>	14.4	13.8	4%
Domiciliary Care	129.1	121.9	6%
Grants, Goods and Services	4.1	9.4	-56%
Nursing Homes <sup>(3)</sup>	181.1	171.2	6%
Residential Homes <sup>(4)</sup>	84.3	79.7	6%
Social work	21.8	21.1	3%
Other PSS <sup>(5)</sup>	7.1	5.4	31%
<b>Total Personal Social Services</b>	<b>441.9</b>	<b>422.5</b>	<b>5%</b>

<b>Total PoC 4</b>	<b>644.9</b>	<b>628.6</b>	<b>3%</b>
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*Figures may not add due to rounding*

Notes:

- (1) Other Community includes Community Medical/Dental, Incontinence Products and Step up/Step down facilities
- (2) Daycare Facilities includes meetings in a community setting for both the Elderly Mentally Infirm and the Elderly non Mentally Infirm.
- (3) Nursing Homes includes Nursing Homes Other and Nursing Homes EMI
- (4) Residential Homes includes Residential Homes EMI and Residential Homes Other
- (5) Other PSS includes Luncheon Clubs, Meals delivered to clients' homes and Supported and Other Accommodation

AHPS – refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

PoC 4 expenditure amounted to £644.9m. This is an increase of 3% on the figures reported for 2006/07. 18% of this expenditure was incurred in providing hospital services to the ageing population.

Personal Social Services accounted for £441.9m of which 60% was spent on Residential and Nursing Home Care.

The largest area of expenditure was in Nursing Homes, which amounted to £181.1m.

Planned expenditure, as reported in the Strategic Resource Framework, showed that large increases were planned in the Community sector, in particular the other nursing sector. This is illustrated by actual expenditure on community services, which shows an increase of 19%.

### 3.6 Programme of Care 5, Mental Health

**Table 13 –Total Expenditure on Mental Health, Programme of Care 5, 2007/08 v 2006/07**

Services Provided	2007/08	2006/07	% Change from 06/07 to 07/08
	£m	£m	
<b>Hospital</b>			
Mental illness – (Daycase & Outpatients)	9.5	9.8	-3%
Mental illness – Acute care	44.2	45.0	-2%
Mental illness – Addictions	3.1	2.8	12%
Mental illness – ITU	6.5	6.3	3%
Mental illness – Rehab / continuing care	15.6	16.1	-4%
Mental illness – Secure Units	7.2	2.2	225%
Mental illness – Other (Inpatients & Daycare)	2.9	12.7	-77%
Child & Adolescent Psychiatry	5.6	2.6	118%
Forensic Psychiatry	0.9	1.2	-22%
Psychotherapy	1.2	0	N/A
<b>Total Hospital</b>	<b>96.7</b>	<b>98.7</b>	<b>-2%</b>
<b>Community</b>			
AHPS	2.7	2.3	21%
Community medical / dental	6.3	6.0	5%
Consultant led Outreach teams	10.6	7.3	45%
Community Psychiatric Nursing	14.7	14.3	3%
Other Nursing	0.4	0.6	-33%
Other Community <sup>(1)</sup>	12.0	9.2	30%
<b>Total Community</b>	<b>46.8</b>	<b>39.7</b>	<b>18%</b>
<b>Personal Social Services</b>			
Daycare facilities	8.7	8.9	-3%
Domiciliary Care <sup>(2)</sup>	3.4	3.5	-4%
Grants, Goods and Services	7.5	9.0	-17%
Nursing Homes	8.0	7.2	12%
Residential Homes <sup>(3)</sup>	17.2	15.8	9%
Social work	8.6	7.9	9%
<b>Total Personal Social Services</b>	<b>53.4</b>	<b>52.4</b>	<b>2%</b>
<b>Total PoC 5</b>	<b>197.0</b>	<b>190.8</b>	<b>3%</b>

*Figures may not add due to rounding*

Notes:

(1) Other Community includes Community Addiction Teams, Community Grants, Goods & Services, Incontinence Products, Intensive Care Treatment Teams, Non Consultant Hospital Facilities and Step up/Step Down Facilities.

(2) Domiciliary Care includes Meals delivered to clients' homes

(3) Residential Homes includes Supported and Other Accommodation

AHPS - refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

Of the £197m spent in this PoC during 2007/08, the largest item of expenditure (£96.7m) was spent on services provided in a Hospital environment. Overall expenditure in Mental Health services increased by £6.2m, while a small decrease was experienced in the Hospital sector, the Community sector increased by £7.1m.

The largest percentage increases occurred in Mental Health Secure Units and Child and Adolescent Psychiatry which show increases of 225% and 118% respectively over 2006/07 expenditures levels. This is due to the opening of a new mental health secure unit within the Belfast Trust and refinements in the reporting of expenditure on Child and Adolescent Psychiatry. Expenditure of £1.2m was reported on psychotherapy for the first time in Northern Ireland.

### 3.7 Programme of Care 6, Learning Disability

**Table 14 - Total Expenditure on Learning Disability, Programme of Care 6, 2007/08 v 2006/07**

Services Provided	2007/08	2006/07	% Change from 06/07 to 07/08
	£m	£m	
<b>Hospital</b>			
Learning Disability (Daycare & Outpatients)	3.3	3.3	-1%
Learning Disability - Adults - long stay	31.3	29.5	6%
Learning Disability - Adults - short stay	2.9	2.9	0%
Learning Disability - Children - long stay	1.4	1.2	23%
Learning Disability - Children - short stay	1.2	1.3	-2%
<b>Total Hospital</b>	<b>40.1</b>	<b>38.1</b>	<b>5%</b>
<b>Community</b>			
AHPS	6.5	6.4	2%
Nursing	4.4	4.0	10%
Other Community <sup>(1)</sup>	7.3	6.5	12%
<b>Total Community</b>	<b>18.2</b>	<b>16.9</b>	<b>8%</b>
<b>Personal Social Services</b>			
Daycare facilities	40.1	36.8	9%
Domiciliary Care <sup>(2)</sup>	14.0	10.7	30%
Grants, Goods and Services	8.0	9.5	-15%
Nursing Homes	23.2	20.9	11%
Residential Homes - Adult & Children	37.6	33.7	12%
Social work	10.7	10.8	-1%
Supported and other accommodation	8.3	8.2	1%
<b>Total Personal Social Services</b>	<b>141.9</b>	<b>130.6</b>	<b>9%</b>
<b>Total PoC 6</b>	<b>200.2</b>	<b>185.6</b>	<b>8%</b>

*Figures may not add due to rounding*

Notes:

(1) Other Community includes Community medical/dental , Grants, Goods & Services, Incontinence Products and Step up/Step Down

(2) Domiciliary Care includes Meals delivered to clients' homes

AHPS - refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

The majority of expenditure during 2007/08 in Physical and Sensory Disability was on PSS which accounted for £141.9m of the £200.2m spent over 70% of the total for PoC 6.



Daycare facilities continue to be the largest item of expenditure within PoC 6 (£40.1m).

Although expenditure on Children in Long Stay Hospital Care shows an increase of 23%, the actual increase is relatively small, amounting to £700k. An additional £15m was spent in PoC6 in 2007/08 and £11m of this was spent on PSS solutions.

### 3.8 Programme of Care 7, Physical and Sensory Disability

**Table 15 -Total Expenditure on Physical and Sensory Disability, Programme of Care 7,  
2007/08 v 2006/07**

Services Provided	2007/08	2006/07	% Change from 06/07 to 07/08
	£m	£m	
<b>Hospital</b>			
Wards/facilities for treatment of Physical and Sensory Disability - Adults	11.4	4.7	143%
<b>Total Hospital</b>	<b>11.4</b>	<b>4.7</b>	<b>143%</b>
<b>Community</b>			
AHPS	6.9	7.2	-3%
Community Grants, Goods and Services	9.5	7.4	28%
Nursing	2.0	1.9	4%
Other Community <sup>(1)</sup>	3.8	4.0	-5%
<b>Total Community</b>	<b>22.2</b>	<b>20.5</b>	<b>8.3%</b>
<b>Personal Social Services</b>			
Daycare facilities	7.9	8.1	-2%
Domiciliary care <sup>(2)</sup>	23.3	20.7	13%
Grants, Goods and Services	3.0	5.0	-41%
Nursing Homes	10.2	9.5	7%
Residential Homes <sup>(3)</sup>	3.8	4.0	-5%
Social work	11.0	10.5	5%
<b>Total Personal Social Services</b>	<b>59.2</b>	<b>57.9</b>	<b>2.2%</b>
<b>Total PoC 7</b>	<b>92.9</b>	<b>83.1</b>	<b>12%</b>

*Figures may not add due to rounding*

Notes:

(1) Other Community includes Community medical/dental, Incontinence Products, Non Consultant Hospital Facilities, Step up/Step Down and Technology Dependent Children

(2) Domiciliary Care includes Luncheon Clubs and Meals delivered to clients' homes

(3) Residential Homes includes Supported and Other Accommodation

AHPS - refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

Of the £92.9m total expenditure invested in Physical and Sensory Disability services during in 2007/08, 12% was spent in a Hospital environment. Community and PSS expenditure accounts for 88% of all expenditure spent in this PoC in 2007/08.

The largest item of expenditure was in Domiciliary Care (£23.3m) which has increased by £2.6m on the 2006/07 figures.

The largest percentage increase (28%) was in Other Community services such as the provision of incontinence products and supporting a small number of high cost children who are dependant on technological equipment.

### 3.9 Programme of Care 8, Health Promotion and Disease Prevention

**Table 16 -Total Expenditure on Health Promotion and Disease Prevention, Programme of Care 8, 2007/08 v 2006/07**

Services Provided	2007/08	2006/07	%
	£m	£m	Change from 06/07 to 07/08
<b>Community</b>			
AHPS	0.5	0.6	-13%
Community medical / dental	9.3	8.2	14%
Community Grants, Goods and Services <sup>(1)</sup>	16.1	12.7	26%
Health Visiting	9.8	9.6	2%
School Nurses	5.2	4.8	8%
Other Nursing <sup>(2)</sup>	5.6	6.0	-7%
<b>Total PoC 8</b>	<b>46.6</b>	<b>42.0</b>	<b>11 %</b>

*Figures may not add due to rounding*

Notes:

- (1) Community Grants, Goods & Services includes expenditure for Screening Services and Incontinence Products
- (2) Other Nursing includes expenditure for Community Midwives, District Nursing, Family Planning Services, Learning Disability Nurses, Treatment Room Nurses and Other Specialist Nurses.

AHPS - refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

Table 16 details the expenditure on Programme of Care 8 during 2007/08. It shows that expenditure increased by 11% to £46.6m. PoC 8 experienced the third largest increase in expenditure of all Programmes of Care during 2007/08. (Table 6)

Expenditure on Community grants, goods and services increased by 26% to £16.1m. Of this, £6.5m (40%) related to expenditure on screening services.

### 3.10 Programme of Care 9, Primary Health and Adult Community

**Table 17 -Total Expenditure on Primary Health & Adult Community, Programme of Care 9, 2007/08 v 2006/07**

Services Provided	2007/08	2006/07	% Change from 06/07 to 07/08
<b>Community</b>	<b>£m</b>	<b>£m</b>	
AHPS	10.7	9.3	16%
GP Direct Access	40.7	30.2	35%
Nursing	24.9	23.5	6%
Other Community <sup>(1)</sup>	19.6	11.9	65%
<b>Total Community</b>	<b>96.0</b>	<b>74.8</b>	<b>28%</b>
<b>Personal Social Services</b>			
Other PSS <sup>(2)</sup>	2.1	2.3	-9%
<b>Total Personal Social Services</b>	<b>2.1</b>	<b>2.3</b>	<b>-9%</b>
<b>Total PoC 9</b>	<b>98.1</b>	<b>77.1</b>	<b>27%</b>

*Figures may not add due to rounding*

Notes:

- (1) Other Community includes; Community medical/dental, Home Dialysis, Incontinence Products, GP Out of Hours Service, Non Consultant Hospital Facilities and Community Grants, Goods & Services
- (2) Other PSS includes; Daycare facilities, Domiciliary care, PSS Grants, Goods and Services, Meals delivered to clients' homes, Nursing Homes, Residential Homes and Social Work.

AHPS - refers to Allied Health Professional Services and includes the cost of health professionals excluding Medical/Dental and Nursing

Primary Health and Adult Community experienced the largest increase of any programme of care, increasing by 27% on 2006/07 (Table 6).

Table 17 shows that of the £98.1m spent on PoC9, 35% of expenditure was spent on GP Direct Access which is a service that allows GPs to make use of hospital based facilities. This includes use of Diagnostic Services such as laboratory testing and x-rays, in addition to Treatment Services such as physiotherapy.

The largest % growth was shown in Other Community which reported an increase of 65%. A large proportion of this increase was due to the transfer of the GP Out-of-Hours services from Board to Trusts.

### 3.11 Analysis of all Hospital Expenditure by Key Service

Table 18 shows the actual expenditure in hospitals for 2007/08. A comparison to the 2006/07 figures is given. The expenditure covers inpatient, outpatient, daycase and daycare

**Table 18: Hospital Expenditure 2007/08 v 2006/07**

PoC	Key Service Area	2007/08 £000s	2006/07 £000s	% Change 2006/07 to 2007/08
1	A&E	74,488	69,300	7%
1	All Alternative Offer Schemes	34,724	14,359	142%
1	Anaesthetics	131	79	64%
1	AS Other Audiological Services	0	282	-100%
1	Audiological medicine	609	830	-27%
1	Cardiac surgery	9,621	9,135	5%
1	Cardiology	59,858	55,907	7%
1	Chemical Pathology	90	69	31%
1	Clinical genetics	3,100	2,748	13%
1	Clinical Oncology	5,655	4,599	23%
1	Clinical Oncology - Chemotherapy/radiotherapy costs	6,601	3,020	119%
1	Coronary Care Units	9,242	9,477	-2%
1	Coronary Intensive care	7,776	7,997	-3%
1	Dental medicine specialties	2,874	3,136	-8%
1	Dermatology	12,151	10,212	19%
1	Endocrinology	3,632	3,892	-7%
1	ENT	35,215	34,503	2%
1	Gastroenterology	4,507	3,563	26%
1	General medicine	175,600	165,199	6%
1	General Surgery	148,776	146,207	2%
1	Genito urinary medicine	6,205	6,029	3%
1	GP Other	6,989	7,025	-1%
1	Gynaecology (Excluding IVF and Other Fertility Treatments)	41,307	37,920	9%
1	Clinical Haematology	13,907	13,575	2%
1	Haematology	5,609	5,598	0%
1	Haematology Chemotherapy drugs costs	6,904	6,320	9%
1	High dependency unit	9,495	8,688	9%
1	Infectious diseases	2,209	2,102	5%
1	Intensive Care Units	40,285	38,000	6%
1	IVF and Other Fertility Treatments	2,053	1,198	71%
1	Medical Oncology	23,633	22,959	3%
1	Medical Oncology - chemotherapy/radiotherapy costs	17,712	16,817	5%
1	Neonatal Care Services	14,284	16,293	-12%

**Table 18: Hospital Expenditure 2007/08 v 2006/07 (continued)**

PoC	Key Service Area	2007/08 £000s	2006/07 £000s	% Change 2006/07 to 2007/08
1	Nephrology - Other	10,553	9,864	7%
1	Neurology	15,365	18,155	-15%
1	Neurosurgery	13,028	11,887	10%
1	Nurse clinics	677	456	48%
1	Ophthalmology	19,727	19,110	3%
1	Oral surgery	6,055	5,400	12%
1	Orthodontics	1,624	1,562	4%
1	Other	16,281	11,570	41%
1	Paediatric dentistry	1,101	1,089	1%
1	Paediatric Intensive care	6,190	3,340	85%
1	Paediatric Neurology	1,678	1,723	-3%
1	Paediatric surgery	6,684	7,074	-6%
1	Paediatrics	32,185	31,117	3%
1	Pain management	4,103	3,227	27%
1	Palliative medicine	699	854	-18%
1	Plastic surgery	11,057	10,748	3%
1	Radiology	181	151	20%
1	Rehabilitation	8,036	11,735	-32%
1	Renal dialysis costs	25,455	24,238	5%
1	Restorative dentistry	4	0	
1	Rheumatology	17,088	14,691	16%
1	T & O surgery	94,812	86,588	9%
1	Thoracic medicine	6,556	5,819	13%
1	Thoracic surgery	5,815	5,362	8%
1	Urology	24,616	22,528	9%
2	Obstetrics & Gynaecology	72,569	69,929	4%
2	Obstetrics - Antenatal outpatients	1,984	2,200	-10%
4	Geriatric medicine	88,527	94,755	-7%
4	Old age psychiatry	29,321	29,593	-1%
5	Child & Adolescent Psychiatry	5,606	2,572	118%
5	Forensic Psychiatry	918	1,178	-22%
5	Mental illness	9,519	9,798	-3%
5	Mental illness - Acute care	44,229	45,035	-2%
5	Mental illness - Addictions	3,097	2,758	12%
5	Mental illness - ITU	6,469	6,290	3%
5	Mental illness - Other	2,929	12,710	-77%
5	Mental illness - Rehabilitation / continuing care	15,560	16,132	-4%
5	Mental illness - Secure Units	7,228	2,222	225%
5	Psychotherapy	1,178	0	
6	Mental Handicap	3,287	3,307	-1%
6	Mental Handicap - Adults - long stay	31,258	29,469	6%
6	Mental Handicap - Adults - short stay	2,928	2,927	0%
6	Mental Handicap - Children - long stay	1,435	1,163	23%
6	Mental Handicap - Children - short stay	1,236	1,268	-2%
7	Wards/facilities for treatment of Physical and Sensory Disability - Adults	11,440	4,706	143%
	<b>Total Hospital Expenditure</b>	<b>1,455,526</b>	<b>1,373,338</b>	<b>6%</b>



The largest item of expenditure was General Medicine, £175.6m, making up about 12% of Hospital expenditure.

- The next largest item of expenditure was General Surgery, (£148.7m).
- The highest percentage increases was shown in the Alternative Offer Scheme specialties, which report expenditure on procedures carried out by the independent sector to clear waiting lists.
- Dermatology increased by 19% from £10m to £12m mainly due to an increase in outpatient activity.

### 3.12 Analysis of all Community Health and Personal Social Services Expenditure.

Tables 19 and 20 below set out the expenditure on Community Health and Personal Social Services for all Programmes of Care in 2007/08.

#### *Community Health Expenditure by Key Service*

**Table 19: Community Health Expenditure 2007/08 v 2006/07**

Key Service Area	2007/08	2006/07	% Change 2006/07 to 2007/08
	£000s	£000s	
Art, Music and drama therapists	0	329	-100%
Audiology	938	326	188%
Dietetics	2,945	2,502	18%
Occupational Therapy	20,221	19,476	4%
Orthoptics	799	718	11%
Physiotherapy	14,043	13,239	6%
Podiatry	9,322	9,229	1%
Speech and language therapy	13,795	13,454	3%
<b>Total AHPS expenditure</b>	<b>62,063</b>	<b>59,274</b>	<b>5%</b>
Clinical medical officers	10,580	8,007	32%
Clinical Psychiatry	532	679	-22%
Clinical Psychology	7,959	6,294	26%
Community dental	10,048	10,407	-3%
Ophthalmics	309	254	21%
Paediatrician	3,785	3,282	15%
<b>Total Community medical / dental expenditure</b>	<b>33,213</b>	<b>28,923</b>	<b>15%</b>
Diagnostic services - Imaging	6,379	6,314	1%
Diagnostic services - Labs	23,714	18,865	26%
Diagnostic services - Other	4,712	3,028	56%
Treatment services	5,930	1,963	202%
<b>Total GP Direct Access</b>	<b>40,736</b>	<b>30,170</b>	<b>35%</b>
Adaptations to Homes	3,287	2,713	21%
Aids/community care appliances	16,458	17,009	-3%
Community development teams	11,007	8,490	30%
Miscellaneous Goods and Services	5,473	7,645	-28%
Out of hours	12,062	4,252	184%
Payments to non HPSS bodies	7,340	3,803	93%
<b>Total Grants, Goods and Services</b>	<b>55,625</b>	<b>43,911</b>	<b>27%</b>

**Table 19: Community Health Expenditure 2007/08 v 2006/07 (continued)**

Key Service Area	2007/08	2006/07	% Change 2006/07 to 2007/08
Community midwives	10,573	9,724	9%
Community Psychiatric Nursing	17,231	16,746	3%
District nursing	45,232	45,531	-1%
Family Planning Services	3,199	2,849	12%
Health visiting	24,484	24,372	0%
Learning Disability Nurses	4,067	3,743	9%
Macmillan Nurses	493	526	-6%
Other Specialist nursing	13,613	10,898	25%
School nurses	5,176	4,830	7%
Treatment room nurses	11,215	11,592	-3%
<b>Total Nursing</b>	<b>135,284</b>	<b>130,810</b>	<b>3%</b>
Total Breast Screening	3,082	2,753	12%
Total Cytology	1,794	1,054	70%
Total Other Screening	1,620	1,619	0%
<b>Total Screening</b>	<b>6,495</b>	<b>5,426</b>	<b>20%</b>
Total Other Services	34,283	27,207	26%
<b>Total Community Expenditure</b>	<b>367,700</b>	<b>325,722</b>	<b>13%</b>

- The largest item of expenditure was District Nursing, £45.2m making up about 12% of Community Expenditure.
- The next largest item of expenditure was Diagnostic services (£34.8m), this had increased by 23% on the 2006/07 figure.
- The highest percentage increase (202%) was shown in the GP Direct Access Treatment Services; this was due to the inclusion of high cost Community drugs for the first time.
- Audiology and GP Out of Hours increased by 188% and 184% respectively.

## *Personal Social Services Expenditure by Key Service*

**Table 20: Personal Social Services Expenditure 2007/08 v 2006/07**

Key Service Area	2007/08 £000s	2006/07 £000s	% Change 2006/07 to 2007/08
Assessment Centres	3,633	2,899	25%
Daycare facilities	57,049	54,211	5%
Daycare facilities - EMI	652	780	-16%
Daycare facilities - Other	13,704	13,024	5%
Daycare for children	5,255	5,011	5%
Domiciliary care	170,698	157,438	8%
Family day centres	2,015	1,887	7%
Grants, Goods and Services	71,344	78,816	-9%
Luncheon clubs	127	247	-49%
Meals delivered to clients' homes	4,786	3,634	32%
Nursing Homes	41,904	38,034	10%
Nursing Homes - EMI	53,395	53,164	0%
Nursing Homes - Other	127,703	117,998	8%
Payments under legislation	11,991	9,867	22%
Residential Homes	45,317	46,308	-2%
Residential Homes - Adult	33,384	28,630	17%
Residential Homes - Children	4,201	5,056	-17%
Residential Homes - EMI	21,118	22,947	-8%
Residential Homes - Other	63,212	56,714	11%
Social work	111,567	104,620	7%
Supported and other accommodation	16,522	15,090	9%
<b>Total PSS Expenditure</b>	<b>859,574</b>	<b>816,375</b>	<b>5%</b>

- The largest item of expenditure was Domiciliary Care, £170.7m making up about 20% of PSS Expenditure.
- The next largest item of expenditure was Nursing Homes – Other (£127.7m), 15% of the PSS Total.
- The highest percentage increase (32%) was shown in the meals delivered to Client Homes.
- The largest increase in actual expenditure (£13m) occurred in Domiciliary Care.

### 3.13 NI Trust Expenditure

Table 21 following provides expenditure details for the five new Health and Social Care Trusts came into existence in 2007/8.

**Table 21 - Total NI Expenditure by Trust, 2007/08 v 2006/07**

Trust	2007/08 £m	2006/07 £m	% Change 06/07 to 07/08
Belfast HSC Trust	954.3	905.7	5%
Northern HSC Trust	489.9	465.7	5%
South Eastern	417.1	388.7	7%
Southern	409.1	374.3	9%
Western	412.3	381.0	8%
<b>Total</b>	<b>2,682.8</b>	<b>2,515.4</b>	<b>7%</b>

*Figures may not add due to rounding*

It can be noted that all Trusts have experienced an increase in expenditure during 2007/08. Increases range from 5% in the Belfast and Northern Trust to 9% in the Southern Trust.

The largest growth in actual expenditure was experienced by the Belfast Trust which increased by £48.6m.

Chart 5 following graphically represents this information.

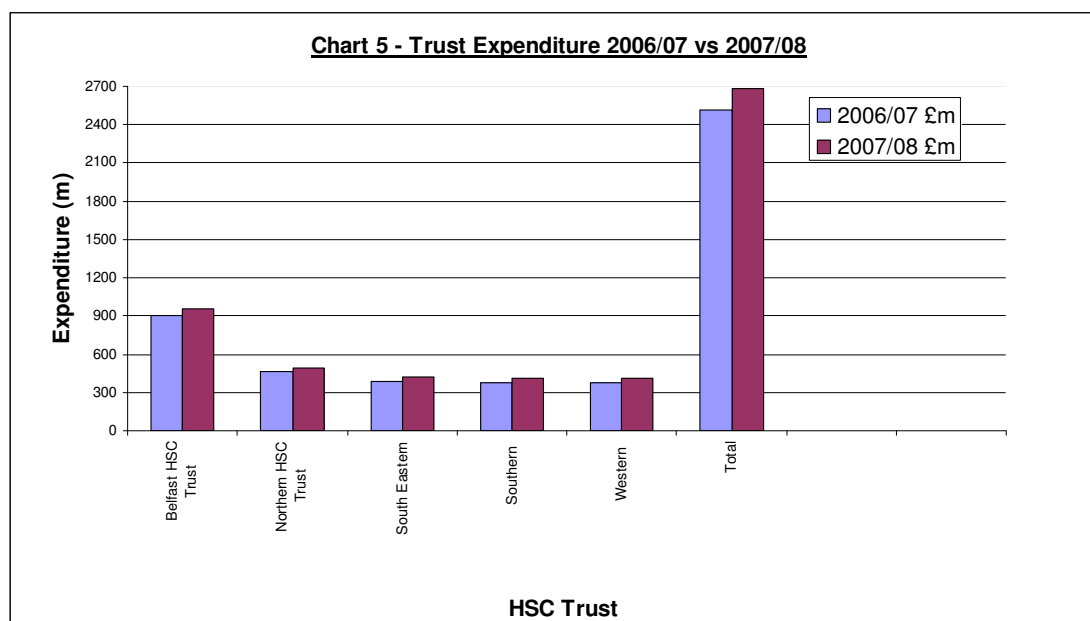


Table 22 shows the population size for HSC Trusts within NI. Levels of Trust expenditure do not tie in with population size. For example, while Northern Trust has the largest population (447,979) it incurred only the second largest expenditure (£489.9m). High expenditure is more closely linked with acute hospital provision; the trust with the largest expenditure is the Belfast Trust which is responsible for two major Acute Hospitals, Belfast City and the Royal Victoria.

**Table 22 – 2007, NI HSC Trust Population Shares**

HSC Trust	Trust Population Thousands	Population as % of Total
Belfast	332,984	18.97%
Northern	447,979	25.51%
South Eastern	336,186	19.15%
Southern	342,970	19.53%
Western	295,629	16.84%
<b>NI HSC Trust Total</b>	<b>1,755,748</b>	<b>100 %</b>

*Note figures may not add due to rounding*

*\* include cross border workers*

**Table 23 - Total Programme of Care Expenditure by Trust, 2007/08**

PoC	Belfast HSC Trust		Northern HSC Trust		South Eastern HSC Trust		Southern HSC Trust		Western HSC Trust		NI Total
	£m	%	£m	%	£m	%	£m	%	£m	%	£m
<b>1</b>	526.8	47.3%	159.1	14.3%	146.7	13.2%	127.0	11.4%	155.3	13.9%	<b>1,114.8</b>
<b>2</b>	29.0	23.8%	24.8	20.4%	21.6	17.7%	25.0	20.5%	21.4	17.6%	<b>121.8</b>
<b>3</b>	40.7	24.4%	34.9	20.9%	30.0	18.0%	29.3	17.6%	31.7	19.0%	<b>166.6</b>
<b>4</b>	167.9	26.0%	142.4	22.1%	118.4	18.4%	116.1	18.0%	100.2	15.5%	<b>644.9</b>
<b>5</b>	60.9	30.9%	42.1	21.4%	29.7	15.1%	30.5	15.5%	33.8	17.2%	<b>197.0</b>
<b>6</b>	62.3	31.1%	36.8	18.4%	31.1	15.5%	40.8	20.4%	29.2	14.6%	<b>200.2</b>
<b>7</b>	26.1	28.1%	18.2	19.6%	17.0	18.3%	14.5	15.6%	17.2	18.5%	<b>92.9</b>
<b>8</b>	14.3	30.6%	9.0	19.3%	7.8	16.8%	8.5	18.2%	7.0	15.0%	<b>46.6</b>
<b>9</b>	26.5	27.0%	22.7	23.2%	14.9	15.1%	17.5	17.8%	16.5	16.8%	<b>98.1</b>
<b>All PoCs</b>	<b>954.3</b>	<b>35.6%</b>	<b>489.9</b>	<b>18.3%</b>	<b>417.1</b>	<b>15.5%</b>	<b>409.1</b>	<b>15.3%</b>	<b>412.3</b>	<b>15.4%</b>	<b>2,682.8</b>

*Note figures may not add due to rounding*

From a review of the analysis of expenditure incurred by Trusts for each Programme of Care for 2007/08 compared to the prior year, some points to note are listed below.

### **Programme of Care 1 – Acute Services**

- Belfast Trust incurred 47% of all acute services expenditure in 2007/08, spending £526.7m of a total of £1,114m. Around £415m of this was incurred by the two major hospitals, Belfast City and the Royal Victoria.
- Southern Trust incurred the lowest expenditure of £126.9m.

### **Programme of Care 2 – Maternity and Child Health**

- Belfast Trust incurred expenditure of £29m, 24% of the total, with the Royal Jubilee Maternity Hospital incurring £18m of this total.
- The lowest expenditure incurred (£21.3m) was by the Western Trust.

### **Programme of Care 3 - Family and Child Care**

- Belfast Trust incurred the highest expenditure, £40.6m, while the smallest expenditure was incurred by the Southern Trust (£29.3m))

### **Programme of Care 4 – Elderly Care**

- A total of £644.9m was incurred by all trusts; Belfast Trust incurred the highest share of the total (26%) while the Western Trust incurred the smallest (15.5%).



### **Programme of Care 5 – Mental Health**

- The highest expenditure (£60.9m) was recorded by the Belfast Trust, The Northern Trust incurred £42.1m, with £14.2m of this relating to mental health services in Holywell Hospital,

### **Programme of Care 6 – Learning Disability**

- Belfast Trust incurred the highest expenditure (£62.2m) which is over 31% of the total PoC expenditure. Around 43% (£26.7m) of this Trust's expenditure related to Muckamore Abbey hospital.

### **Programme of Care 7 – Physical and Sensory Disability**

- Belfast Trust incurred the highest expenditure (£26m) followed by Northern Trust (£18m).
- The trust incurring the least expenditure was the Southern Trust; this amounted to 15.6% of the total.

### **Programme of Care 8 – Health Promotion and Disease Prevention**

- Of the £46.5m incurred, Belfast Trust incurred 30.6% of the expenditure while the Western Trust incurred 15%. The other 3 Trusts share of expenditure ranged from 16.8% to 19.3%.

### **Programme of Care 9 – Primary Care and Adult Community**

- Around £98m was spent on this PoC during 2007/08. most of the expenditure (27%) was incurred by the Belfast Trust, however this was followed closely by the Northern Trust who incurred 23.3%

### 3.14 Cost Categories

In determining the expenditure for specialty, key service area, patient class or even type of care (hospital, community or PSS), Trusts will analyse costs over a number of categories depending on the nature of the costs and how readily they relate to any of the above. Information on these categories is available in the Appendices to the report.

**Table 24 - Analysis of Trust Expenditure by Main Cost Categories, 2007/08**

	<b>Costs relating to Patient Care</b>	<b>Overheads</b>	<b>Capital Charges &amp; Other Expenditure less Income</b>	<b>Total Trust Expenditure 100%</b>
<b>HSC Trust</b>	<b>% share</b>	<b>% share</b>	<b>% share</b>	<b>£m</b>
Belfast HSC Trust	78%	18%	4%	954
Northern HSC Trust	78%	16%	6%	490
South Eastern HSC Trust	81%	16%	3%	417
Southern HSC Trust	82%	15%	3%	409
Western HSC Trust	80%	15%	5%	412
<b>Total</b>	<b>79%</b>	<b>16%</b>	<b>4%</b>	<b>2,683</b>

*Figures may not add due to rounding*

Costs relating to patient care vary from 78% in the Belfast and Northern Trust to 82% in the Southern Trust. The Belfast Trust incurred the highest level of overheads (18%) while 6% of the Northern Trust's total expenditure related to Capital Charges and Other Expenditure less Income.

## **Chapter 4: Staff Costs (Salaries & Wages) and Other (Operating) Expenses**

### **4.1 Trust & Board Staff Costs (Salaries & Wages)**

The Board figures shown in this chapter include expenditure on commissioning expenses, administration, Health and Social Services Councils and other services.

The nature of the service provided by the HSC Trusts results in a large proportion of expenditure relating to staff costs (£1,718m) and other expenses amounting to £1,247m, however this is offset by income of £2,786m.

**Table 25 - Analysis of Trust and Board Salaries and Wages 2007/08**

	Trust £m	Board £m	Total Trust and Board - £m
<b>Staffing Grades</b>	<b>2007/08</b>	<b>2007/08</b>	<b>2007/08</b>
Chairman's and Executive/Non-Executive Members' Remuneration	21.7	5.2	26.9
Medical	294.0	0.9	294.9
Dental	6.8	0.1	6.9
Nurses and Midwives	529.5	0.6	530.0
AHPS & Professional and Scientific Staff <sup>(1)</sup>	171.4	0.2	171.6
Opticians	0.0	0.1	0.1
Pharmacy	15.3	1.6	16.9
Administration and Clerical	198.8	7.9	206.7
Ancillary & General Staff	96.0	0.1	96.1
Estates	17.4	0.0	17.4
Ambulance Staff	34.0	0.0	34.0
Senior Social Services Staff	64.6	1.3	65.9
Fieldwork Staff	34.8	0.0	34.8
Other Social Services Staff	97.2	0.0	97.2
Residential Care Staff	25.4	0.1	25.5
Day Care Staff <sup>(2)</sup>	20.9	0.0	20.9
Non-HPSS Staff	51.3	0.6	51.8
Early Departure Costs	0.2	0.0	0.2
Agenda for Change Creditor	39.0	1.7	40.7
<b>Total N.I. Expenditure</b>	<b>1718.2</b>	<b>20.3</b>	<b>1738.5</b>

*Figures may not add due to rounding*

(1) Total AHPS & Professional and Scientific Staff includes Total Professional and Technical Staff - PTB

(2) Total Day Care Staff includes Total Day Nursery Staff

Table 25 compares the salaries and wages of Trusts and Boards during 2007/08. It shows that £1,718m was spent by Trusts (including the Northern Ireland Ambulance Service). This amounts to an increase of 6% on 2006/07 expenditure levels. Board staffing costs for the same period totalled £20.3m.

Of the £1,718m Trust Staff Costs, 31% was spent on Nurses and Midwives. The other major areas of salary expenditure for Trusts were Medical (17%), Administration and Clerical (12%) and Allied Health Professionals & Scientific Staff (10%). Together these areas amount to 70% of all funds spent by Trusts on salaries and wages.

Board expenditure on staff and salaries during 2007/08 amounted to £20.3m. This is a decrease of £7m (26%) on figures recorded during 2006/07. As can be noted from the pattern of expenditure by HSS Boards, the majority of funds spent in this area relate to the administrative support function (39%) reflecting the Boards support role.

Agenda for Change is the most radical shake up of health service pay since its inception in 1948. It involved the movement of staff from Whitley to Agenda for Change terms and conditions. The Agenda for Change creditor reflects the estimated additional cost of staff not yet placed on new scales.

Table 26 provides a comparison of other operating expenses experienced by Boards and Trusts. It shows that Trust operating expenses amounted to £1,247m during 2007/08 and Board operating expenses £18.7m

**Table 26 - Total Trust and Board Other (Operating) Expenditure, 2007/08**

Operating Expenditure	Trust 07/08 £m	Board 07/08 £m	Total Trust and Board 07/08 £m
Clinical Supplies and Services	252.6	0.0	252.6
General Supplies and Services	39.6	0.2	39.8
Establishment Expenses	61.2	1.7	62.9
Transport Expenses	11.7	0.0	11.7
Premises and Fixed Plant	119.6	2.2	121.8
Capital	180.3	2.0	182.3
PSS Expenditure	50.6	0.0	50.6
Miscellaneous Expenditure	46.0	5.3	51.3
Others <sup>(1)</sup>	482.3	7.3	489.6
Interest Payable	1.3	-	1.3
PDC Dividends	-	-	-
Provisions for Future Obligations	2.1	-	2.1
<b>NI HSC Operating Expenditure</b>	<b>1,247.4</b>	<b>18.7</b>	<b>1,266.1</b>
<b>Total NIHSC Expenditure i.e. Staff Costs and Operating Expenditure combined</b>	<b>2,965.6</b>	<b>39.0</b>	<b>3,004.5</b>
<b>Less</b>			
<b>Income</b>	<b>2,786.9</b>		<b>2,786.9</b>
<b>Adjustments for Cost of Capital and Non-cash Costs</b>	<b>176.9</b>		<b>176.9</b>
<b>Net Position</b>	<b>1.8</b>	<b>39.0</b>	<b>40.8</b>

*Figures may not add due to rounding*

*(1) Others includes Purchase of Care from Non HPSS Bodies and Grants, external contract staffing and consultancy services, clinical negligence, bad debts, audit fees, other auditors remuneration and recharges from other HPSS organisations.*

£482.3m of Trusts operating expenses during 2007/08 related to expenses captured under the line Others, £435m of which related to the purchase of care from non HPSS bodies and grants.

The income line of £2,787m highlights funds received by Trusts. Of the amount showing, £2,480m was received from Boards. SUMDE, NIMDTA and NICPMDE accounted for £70m of this figure during 2007/08.

The Trust income figure does not include funding for capital charges and non-cash costs although these costs are included within operating expenses. This was due to changes introduced in accordance with HMT budgeting arrangements.

## **Chapter 5: Developments and Conclusion**

### **5.1 Quality**

A number of steps have been taken to ensure the accuracy and adequacy of the information contained in the report.

- To ensure a consistency of approach, given that the information on which the Summary is based has been drawn from a number of separate organisations, the Department has issued comprehensive guidance on the completion of the financial returns.
- In 2007/08 the information was provided on proformas which included prior year information. The prior year data allows organisations to ensure comparability across years and enables them to comment on the reasons for variations.

### **5.2 Relevance**

As the HSC changes or policy requirements alter, it is important that the information collected is still relevant. Meetings are held with customers in the Department to check whether business needs are changing. There are also workshops held with HSC colleagues each year and this is followed up by work with user groups.

### **5.3 Timeliness**

The group producing this report remains committed to ensuring it is available to the public as soon as possible. However the process for collection of information is dependent on the completion of audited annual accounts. It is noted that the Government Financial Reporting

Manual requires the earlier production of audited accounts and it is hoped that this will aid in the more timely publication of this report.

#### **5.4 The Way Forward**

The reform of Health and Social Care means that this is the first HSC Summary of Expenditure to be produced on the basis of the six HSC Trusts. The 18 HSS Trusts were replaced by the five new Health and Social Care Trusts with effect from 1<sup>st</sup> April 2007; the Northern Ireland Ambulance Service Trust has remained unchanged.

To ensure that future HSC Summaries of Expenditure remain relevant and useful, data will continue to be collected and analysed by hospital facility. However it is evident that the changes of organisational structures will impact upon, both the collection, and the presentation of information in this document in future years.

#### **5.5 Conclusion**

The HSC Summary of Expenditure remains an important element in ensuring accountability across Health and Social Care and those involved in its production remain dedicated to ensuring that the information collected and presented accurately reflects the changes in service provision.