

BFR (S) Analysis of Salaries and Wages		2011/2012		2010/2011		Change	
	Sub-Code	£	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration	4000					0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians	4130		0			0	N/A
Pharmacists	4140					0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142	34,123		496,910		-462,787	-93%
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143					0	N/A
Total Administration and Clerical	4145		34,123		496,910	-462,787	-93%
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

BFR (S) Analysis of Salaries and Wages		2011/2012		2010/2011		Change	
	Sub-Code	£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280					0	N/A
Total Salaries and Wages:			34,123		496,910	-462,787	-93%

BFR (S) Salaries and Wages (AFC)**Board Members**

Executive Board Members

*Per Accounts
T/B See Dept 65*

Non Executive Board Members

*Per Accounts
T/B See Dept 65***Total Board Members**

Non AFC	
Non Locum	Locum
459,646	
89,693	
549,338	

Total Expenditure
459,646
89,693
549,338

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change

Non AFC	
Non Locum	Locum
£	£

Medical - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Medical - Hospital

01
01
01
01
01
01
01
01
01
01
01

Total Medical - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0

Medical - Community

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Medical - Community

17
17
17
17
17
17
17
17
17
17
17

Total Medical - Community

4,320,875	0

4,320,875

Total Medical Hospital & Community

4,320,875	0

4,320,875

Dental - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Dental - Hospital

0
0
0
0
0
0
0
0
0
0
0

Total Dental - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0

														Total Expenditure

Received from Sharon Gallagher on 25/10/2022. Annotated by the Urology Services Inquiry

		Non Locum	Locum	Total Expenditure
Agency Staff				
Medical	01, 17 & 68			
Dental	00, 33			
Nursing				
Allied Health Professionals				
Admin				319,043
				319,043
Ancillary & General				
Estates				
Other Grades				
Social Services				
Pharmacy				
Ambulance				
Total AfC Agency Staff			319,043	
Total Agency Staff			319,043	
Bank Staff				

		Non Locum	Locum											Total Expenditure	
Medical	01, 17 & 68														
Dental	00, 33														
Nursing	23,24,25,26,27,2														
Allied Health Professionals	8,29,31,32,34,35														
	,36,37,39,47,48,														
	49 & 52														
Admin	65 & 66														
Ancillary & General	38,43,53,58,61,6														
	2,63,69,71 & 76														
Estates	59														
	16,18,19,20,21,2														
Other Grades	2 & 46														
Social Services															
Pharmacy	50														
Ambulance	15														
Total AFC Bank Staff															0
Total Bank Staff															0
Other Staff Costs															
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B														
Early Departure Costs	Per Accounts T/B														
Total Salaries & Wages		4,934,633	15,752	593,036	729,865	396,983	1,282,922	2,382,219	1,570,731	1,109,263	854,052	444,339	0	14,632,841	

Board: Health and Social Care Board		
Year Ending: 2012/13		
Contact Name:		
<u>Index</u>		
Reconciliation to Accounts		Reconciliation
Summary of Expenditure		Summary
Analysis of non-pay expenditure		BFR(E)
Analysis of salaries and wages		BFR(S)
Analysis of salaries and wages (AfC)		BFR(S) AfC
<u>Details of significant changes from 2011/12:</u>		
<u>Expenditure item</u>	<u>2011/12</u>	<u>2012/13</u>
Total	£ 968,646,719	£963,070,320
<u>Details of significant year on year movements:</u>		

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		963,070,320
Staff Costs	3.1	23,205,082	
Commissioning & Other Services Expenditure	4.1	884,547,323	
Board Administration Expenses	4.2&4.3	55,317,915	
Total Operating Expenses per Financial Statements			963,070,320

BFR Summary of Expenditure (AfC)	Sub-Code	2012/13		2011/12	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	13,432		36,077	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	340,417		594,075	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	-821,936		-1,032,934	
Total Salaries and Wages (Non AfC)	4999		-468,087		-402,782
Salaries and Wages (AfC)					
Total Executive Board Members		895,017		907,762	
Total Non Executive Board Members		93,361		100,075	
Total Medical Hospital & Community		1,798,082		1,500,810	
Total Dental Hospital & Community		764,034		869,671	
Total Nursing		102,905		105,349	
Total AHPS		0		0	
Total Admin		14,001,702		12,892,633	
Total Ancillary & General		0		0	
Total Estates		0		0	
Total Other Grades		0		0	
Total Social Workers and Other Social Services Staff		3,451,740		2,824,700	
Total Pharmacy		2,146,235		1,967,275	
Total Ambulance Staff		0		0	
Total Agency Staff		420,094		360,807	
Total Bank Staff		0		0	
Total Pension Costs		0		0	
Total Early Departure Costs		0		0	
Total Salaries and Wages (AfC)			23,673,169		21,529,082
Total Salaries and Wages (Non AfC and AfC)			23,205,082		21,126,300
Supplies and services - clinical	100	1,917		1,979	
Supplies and services - general	200	340,909		394,743	
Total establishment expenses	300	1,467,729		1,436,167	
Transport and moveable plant	400	7,963		5,044	
Total Premises and Fixed Plant	500	2,467,453		2,642,302	
Total Capital	600	3,044,931		3,301,259	
Purchase of care from non-HPSS bodies and grants	650	34,219,761		37,689,323	
External contract staffing and consultancy services	700	800,454		159,682	
Clinical negligence payments: provisions utilised	740	0		11,584	
Other	750	0		0	
Total PSS Expenditure	800	4,142		4,767	
Total Miscellaneous Expenditure	900	17,383,269		15,132,443	
Bad debts	970	0		3,794	
Audit fees	1000	57,000		56,592	
Other auditors remuneration	1100	1,119		0	
Recharges from other HPSS organisations	1200	880,068,590		886,680,740	
Total Other Operating Expenses			939,865,238		947,520,419
TOTAL BFR OPERATING EXPENSES	5000		963,070,320		968,646,719

BFR (E) Analysis of Operating Expenditure								
		2012/13		2011/12		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Supplies and services - clinical								
Occupational and industrial therapy equipment and materials	105					0	N/A	
Drugs	110	1,832		1,922		-90	-5%	
Medical gases	115					0	N/A	
Dressings	120					0	N/A	
Medical and surgical equipment - purchase	125	85		57		28	49%	
Medical and surgical equipment - maintenance	130					0	N/A	
X-ray film	135					0	N/A	
X ray equipment and chemicals	140					0	N/A	
X ray equipment - maintenance	145					0	N/A	
Patients appliances	150	0				0	N/A	
Artificial limbs and wheelchair hardware	155					0	N/A	
Laboratory equipment - purchase	160					0	N/A	
Laboratory equipment - maintenance	165					0	N/A	
Contractual clinical services	170					0	N/A	
Total clinical supplies and services	100		1,917		1,979	-62	-3%	
Supplies and services - general								
Provisions - purchases	205	88,384		97,629		-9,245	-9%	
Contract catering	210	237,596		291,403		-53,807	-18%	
Staff uniforms and clothing including contracts	215	491		346		145	42%	
Patients clothing	220					0	N/A	
Laundry - Equipment and materials	225	23		34		-11	-33%	
- External contracts	230					0	N/A	
Hardware and crockery	235	13,039		4,300		8,739	203%	
Bedding & linen - disposable	240	1,377		1,032		345	33%	
- non-disposable	245					0	N/A	
Total general supplies and services	200		340,909		394,743	-53,834	-14%	
Establishment expenses								
Printing and stationery	305	242,505		212,968		29,537	14%	
Postage	310	106,025		68,379		37,647	55%	Additional door drop cost re TYC
Telephone - rental	315	244,132		339,107		-94,975	-28%	Tie lines contract ceased
- other, including calls	320	57,558		34,022		23,536	69%	
Advertising	325	86,186		69,173		17,014	25%	
Travel & subsistence	330	715,685		696,002		19,683	3%	
Removal expenses	335			177		-177	-100%	
Leased and contract hire charges (staff cars)	340	15,638		16,340		-702	-4%	
Total establishment expenses	300		1,467,729		1,436,167	31,562	2%	
Transport and moveable plant								
Fuel and oil	405					0	N/A	
Maintenance - equipment and materials	410					0	N/A	
- external contracts	415					0	N/A	
Hire of transport	420					0	N/A	

BFR (E) Analysis of Operating Expenditure								
		2012/13		2011/12		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Hospital car service	425					0	N/A	
Miscellaneous transport expenses	430	7,963		5,044		2,918	58%	
Total transport expenses	400		7,963		5,044	2,918	58%	
Premises and fixed plant								
Oil	505	50,560		30,392		20,168	66%	
Electricity	510	175,203		186,329		-11,126	-6%	
Gas	515	13,812		18,086		-4,275	-24%	
Other fuels	520					0	N/A	
Water and sewerage	525	42,930		25,338		17,593	69%	Additional analysis compiled in single site bill costs & has resulted in better coding (See line 580 below)
Cleaning	530	217,244		97,473		119,771	123%	Additional analysis compiled in single site bill costs & has resulted in better coding (See line 580 below)
External general services contracts	535	254,029		267,860		-13,831	-5%	Security, Pest control, Staff Substitution
Furniture, furnishing and fittings	540	29,612		81,701		-52,090	-64%	New furniture purchases greater in 11/12 ref Linenhall st refurb profile
Office equipment	545	21,487		48,244		-26,757	-55%	New equip purchases greater in 11/12 ref Linenhall st refurb profile
Purchase of computer hardware and software	550	99,393				99,393	N/A	Additional purchase of software in 12/13 (TRAFFACS, Questmark Ltd, HP)
Maintenance of computer hardware and software	555	198,688		131,109		67,579	52%	Additional maintenance cost associated with above
External contracts for Data Processing services	560					0	N/A	
Business rates	565	634,034		691,963		-57,929	-8%	Reduction Ref ATP etc.
Rent	570	372,453		374,186		-1,732	0%	
Building & engineering equipment	575	3,900		2,318		1,582	68%	
Building & engineering contracts	580	348,895		687,303		-338,408	-49%	Additional analysis compiled in single site bill costs & has resulted in better coding (See line 530 Cleaning above)
Gardening - equipment and materials	585					0	N/A	
Gardening - external contracts	590	5,213				5,213	N/A	Gransha charge from WHSCT
Total premises and fixed plant	500		2,467,453		2,642,302	-174,849	-7%	
Capital								
Depreciation / amortisation on purchased assets	610	2,871,402		3,248,601		-377,199	-12%	
(Profit) on disposal of fixed assets	615					0	N/A	
Profit on sale of land	3180					0	N/A	
Loss on Sale of Land or fixed Assets	616	173,529		52,658		120,871	230%	Legacy board issue ref timing of depreciation on 5 year old assets in 13/14 and some high cost server replacements
Depreciation / amortisation on donated assets	620					0	N/A	
Impairment of fixed assets	625					0	N/A	
Cost of Capital								
Total Capital	600		3,044,931		3,301,259	-256,328	-8%	

BFR (E) Analysis of Operating Expenditure								
		2012/13		2011/12		Change		Comments
<i>Analysis of Operating Expenditure</i>	Sub-Code	£	£	£	£	£	%	
Personal Social Services								
Boarded out adults	805					0	N/A	
Boarded out children	810					0	N/A	
Payments under legislation	815					0	N/A	
Medical examination fees	820	4,142		4,767		-624	-13%	
Other PSS expenditure	825					0	N/A	
Total PSS Expenditure	800		4,142		4,767	-624	-13%	

BFR (E) Analysis of Operating Expenditure								
		2012/13		2011/12		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Miscellaneous Expenditure								
Students' bursaries	905					0	N/A	
Residents' / patients' allowances	910					0	N/A	
Redundancy payments	915	4,133		1,648,092		-1,643,959	-100%	No major VER/VR scheme in 13/14
Net bank charges	920					0	N/A	
Patients' travelling expenses	925	1,355,413		3,614,985		-2,259,571	-63%	
Provisions (excluding CN payments)	930	15,318,169		9,180,042		6,138,127	67%	
Insurance	940					0	N/A	
All other expenditure	945	705,554		689,324		16,230	2%	
Total Miscellaneous Expenditure	900		17,383,269		15,132,443	2,250,826	15%	
Other Expenditure								
Purchase of care from non-HPSS bodies and grants	650	34,219,761		37,689,323		-3,469,562	-9%	
External contract staffing and consultancy services	700	800,454		159,682		640,772	401%	Additional TYC costs captured here Ernest & Young
Clinical negligence payments: provisions utilised	740			11,584		-11,584	-100%	
Other	750					0	N/A	
Bad debts	970			3,794		-3,794	-100%	
Audit fees	1000	57,000		56,592		408	1%	
Other auditors' remuneration	1100	1,119				1,119	N/A	NFI charge every 2nd year
Recharges from other HPSS organisations	1200	880,068,590		886,680,740		-6,612,149	-1%	
Total Other Expenditure	1000		915,146,924		924,601,715	-9,454,790	-1%	
Total Operating Expenditure:			939,865,238		947,520,419	-7,655,181	-1%	

BFR (S) Analysis of Salaries and Wages							
	Sub-Code	2012/13		2011/12		Change	
		£	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration	4000					0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians	4130	13,432	13,432	36,077	36,077	-22,644	-63%
Pharmacists	4140				0	0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142	340,417		594,075		-253,659	-43%
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143					0	N/A
Total Administration and Clerical	4145		340,417		594,075	-253,659	-43%
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

LCG Chair & Members

BFR (S) Analysis of Salaries and Wages							
	Sub-Code	2012/13		2011/12		Change	
		£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280		-821,936		-1,032,934	210,998	-20%
Total Salaries and Wages:			-468,087		-402,782	-65,305	16%

BFR (S) Salaries and Wages (AFC)**Board Members**

Executive Board Members

Per Accounts
T/B See Dept 65

Non AfC	
Non Locum	Locum

895,017

Non Executive Board Members

Per Accounts
T/B See Dept 65

93,361

Reduction in 1 Non Executive Board
Member in year.**Total Board Members**

988,378

Total Expenditure
895,017
93,361
988,378

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change

Non AfC	
Non Locum	Locum
£	£

Medical - Hospital

Clinical Professional Manager #
Consultant 01
Associate Specialist 01
Staff Grade Practitioner 01
Senior Registrar 01
Registrar 01
Specialist Registrar 01
Senior House Officer 01
Pre Registration House Officer 01
Hospital Practitioner (Sessions) 01
Other - Medical - Hospital 01

Total Medical - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0

Medical - Community

Clinical Professional Manager #
Consultant 17
Associate Specialist 17
Staff Grade Practitioner 17
Senior Registrar 17
Registrar 17
Specialist Registrar 17
Senior House Officer 17
Pre Registration House Officer 17
Hospital Practitioner (Sessions) 17
Other - Medical - Community 17

Total Medical - Community

10,371	153,577 GP Sessions
1,642,004	156,078

0
1,631,633
2,501
0
0
0
0
0
0
0
0
163,947
1,798,082

Total Medical Hospital & Community

1,642,004	156,078

1,798,082

Dental - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Dental - Hospital

Total Dental - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0

		Non Locum	Locum		Total Expenditure
Clinical Professional Manager	#				0
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00	115,401			115,401
Asstnt Clinical Dir of CDS/ Salaried PDS	00	136,114			136,114
Senior Dental Off/ Senior Salaried PDS Dentist	00	432,208			432,208
Community Dental Off/Salaried PDS Dentist	00	80,311			80,311
		764,034	0		

Agenda for Change													

Nursing													
Clinical Professional Managers										102,905			102,905
Hospital - Children's													0
Hospital - Learning Disability													0
Hospital - Mental Health													0
Hospital - General													0
Hospital - Midwives													0
Community - Children's													0
Community - Learning Disability													0
Community - Mental Health													0
Community - District Nurses													0
Community - General (exc. District Nurses)													0
Community - Midwives													0
Health Visiting													0
Practice Nurses													0
School Nurses													0
Treatment Room Nurses													0
Dental Nurses													0
Total Nursing		0	0	0	0	0	0	0	0	0	102,905	0	102,905

Dental Technician	33												0
Dietetics	23												0
Occupational Therapy	27												0
Physiotherapy	49												0
Speech & Language Therapy	28												0
Podiatry	29												0
Orthoptists/ Optometrists	32												0
Clinical Psychology	31												0
ECG	34												0
EEG	35												0
Audiology	36												0
Medical Photography	37												0
Medical Physics	39												0
Medical Tech/Estates	47												0
Diagnostic Imaging	48												0
Central Sterile Services Department/Theatre Sterile													0
Services Unit	25												0
Radiotherapy	26												0
Laboratory	52												0
Other Allied Health Professionals	24												0
Total AHPS		0	0	0	0	0	0	0	0	0	0	0	0

Admin													
Finance				112,937	88,312	378,308	288,629	431,955	418,533	543,848			2,262,522
Human Resources													0
Information Technology													0
Estates													0
Other Corporate Services e.g. Public Relations, Planning / Contracting / Information / HQ Admin		101,906	60,650	423,121	1,041,799	982,434	1,582,372	2,125,139	1,650,858	1,725,740	303,451	1,741,710	11,739,180
Supporting Direct Patient & Client Services eg; Medical records and Secretaries to Clinicians													0
Total Admin		101,906	60,650	423,121	1,154,736	1,070,745	1,960,680	2,413,768	2,082,813	2,144,273	847,299	1,741,710	14,001,702

		Non Locum	Locum											Total Expenditure
Ancillary & General														
Social Services - Ancillary & General	38													0
Central Sterile Services Department/Theatre Sterile														0
Services Unit - Ancillary & General	43													0
Catering	53													0
Laundry	58													0
Bedding & Linen	61													0
Cleaners	62													0
Portering	63													0
Telephonists	69													0
Drivers	71													0
General Services	76													0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Estates	59													0
Other Grades														
Laundry - Other Grades	16													0
Estates - Other Grades	18													0
Catering - Other Grades	19													0
Domestic - Other Grades	20													0
Transport Other Grades	21													0
CSSD/TSSU - Other Grades	46													0
Other - Other Grades	22													0
Total Other Grades		0	0	0	0	0	0	0	0	0	0	0	0	0
Social Workers														
Managers - Children														0
Managers - Older People														0
Managers - Adults														0
Practitioners - Children														0
Practitioners - Older People														0
Practitioners - Adults														0
Children's Homes														0
Residential Child Care Worker (Transitional)														0
Children's Family Centres														0
Residential Care (Adult/Older People)		410	371,302	76,014	146,586	607,482	214,996	276,079	1,340,280	151,519	267,072		3,451,740	
Total Social Workers		410	0	371,302	76,014	146,586	607,482	214,996	276,079	1,340,280	151,519	267,072	0	3,451,740
Other Social Services Staff														
Social Work Assistants														0
Day Care Service (Adult/Older People)														0
Domiciliary Care														0
Rehabilitation for Sensory Impairment														0
Wardens														0
Residential Care (Adults/Older People)														0
Daycare (Adults/Older People)														0
Drivers (Caring Duties)														0
Total Other Social Services Staff		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Social Workers and Other Social Services Staff		410	0	371,302	76,014	146,586	607,482	214,996	276,079	1,340,280	151,519	267,072	0	3,451,740
Pharmacy	50						180,567	1,172,444	386,005	307,000	100,219		2,146,235	
Ambulance Staff	15													0
Total Agenda for Change Staff Costs		102,316	60,650	794,423	1,230,750	1,217,332	2,568,162	2,809,331	3,531,337	3,870,559	1,408,723	2,109,001	0	19,702,581

			Non Locum	Locum					Total Expenditure
Agency Staff									

		Non Locum	Locum											Total Expenditure
Medical	01, 17 & 68													
Dental	00, 33													
Nursing	23,24,25,26,27,2													
Allied Health Professionals	8,29,31,32,34,35													
	,36,37,39,47,48,													
Admin	49 & 52													
	65 & 66													
Ancillary & General	38,43,53,58,61,6													
	2,63,69,71 & 76													
Estates	59													
	16,18,19,20,21,2													
Other Grades	2 & 46													
Social Services														
Pharmacy	50													
Ambulance	15													
														0
														0
Other Staff Costs														
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B													
Early Departure Costs	Per Accounts T/B													
Total Salaries & Wages		3,496,732	216,728	#VALUE!	1,230,750	1,217,332	2,568,162	2,809,331	3,531,337	3,870,559	1,408,723	2,109,001	0	23,673,169

Board: Public Health Agency								
Year Ending: 2012/13								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) Analysis of salaries and wages (AfC) BFR(S) AFC <u>Details of significant changes from 2011/12:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Expenditure item</u></th> <th style="text-align: right;"><u>2011/12</u></th> <th style="text-align: right;"><u>2012/13</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td style="text-align: right; color: red;">£ 50,964,589</td> <td style="text-align: right;">53,096,363</td> </tr> </tbody> </table> Details of significant year on year movements: Please note that on the reconciliation tab the Operation expenditure has been reduced by £4,834K for R&D which technically relates to commissioning and the equivalent for prior year would £4,170K adjustment between the two headings			<u>Expenditure item</u>	<u>2011/12</u>	<u>2012/13</u>	Total	£ 50,964,589	53,096,363
<u>Expenditure item</u>	<u>2011/12</u>	<u>2012/13</u>						
Total	£ 50,964,589	53,096,363						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		53,096,363
Staff Costs	3.1	15,690,568.00	
Commissioning & Other Services Expenditure	4.1	34,986,425	
Board Administration Expenses	4.2&4.3	2,419,370	
Total Operating Expenses per Financial Statements			53,096,363

BFR Summary of Expenditure (AfC)	Sub-Code	2012/2013		2011/2012	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		0	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	0		34,123	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	0		0	
Total Salaries and Wages (Non AfC)	4999		0		34,123
Salaries and Wages (AfC)					
Total Executive Board Members		547,146		459,646	87,501
Total Non Executive Board Members		86,837		89,693	-2,856
Total Medical Hospital & Community		4,270,136		4,320,875	-50,739
Total Dental Hospital & Community		0		0	
Total Nursing		362,374		283,367	79,007
Total AHPS		0		0	
Total Admin		10,265,314		9,160,217	1,105,097
Total Ancillary & General		0		0	
Total Estates		0		0	
Total Other Grades		0		0	
Total Social Workers and Other Social Services Staff		0		0	
Total Pharmacy		0		0	
Total Ambulance Staff		0		0	
Total Agency Staff		158,760		319,043	
Total Bank Staff		0		0	
Total Pension Costs		0		0	
Total Early Departure Costs		0		0	
Total Salaries and Wages (AfC)			15,690,568		14,632,841
Total Salaries and Wages (Non AfC and AfC)			15,690,568		14,666,964
Supplies and services - clinical	100	978		3,946	
Supplies and services - general	200	36,606		46,478	
Total establishment expenses	300	717,990		866,322	
Transport and moveable plant	400	52,496		63,554	
Total Premises and Fixed Plant	500	896,940		785,744	
Total Capital	600	77,839		63,042	
Purchase of care from non-HPSS bodies and grants	650	33,761,011		32,312,617	
External contract staffing and consultancy services	700	21,306		127,587	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	915		3,994	
Total Miscellaneous Expenditure	900	335,263		440,928	
Bad debts	970	0		0	
Audit fees	1000	18,350		18,244	
Other auditors remuneration	1100	1,175		0	
Recharges from other HPSS organisations	1200	1,484,926		1,565,170	
Total Other Operating Expenses			37,405,795		36,297,625
TOTAL BFR OPERATING EXPENSES	5000		53,096,363		50,964,589

BFR (E) Analysis of Operating Expenditure									
		2012/2013		2011/12		Change			
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	Comments	
Supplies and services - clinical									
Occupational and industrial therapy equipment and materials	105					0	N/A		
Drugs	110	978		3,562		-2,584	-73%		
Medical gases	115					0	N/A		
Dressings	120					0	N/A		
Medical and surgical equipment - purchase	125			221		-221	-100%		
Medical and surgical equipment - maintenance	130					0	N/A		
X-ray film	135					0	N/A		
X ray equipment and chemicals	140					0	N/A		
X ray equipment - maintenance	145					0	N/A		
Patients appliances	150					0	N/A		
Artificial limbs and wheelchair hardware	155					0	N/A		
Laboratory equipment - purchase	160			162		-162	-100%		
Laboratory equipment - maintenance	165					0	N/A		
Contractual clinical services	170					0	N/A		
Total clinical supplies and services	100		978		3,946	-2,968	-75%		
Supplies and services - general									
Provisions - purchases	205					0	N/A		
Contract catering	210	36,366		46,386		-10,020	-22%		
Staff uniforms and clothing including contracts	215	23				23	N/A		
Patients clothing	220					0	N/A		
Laundry - Equipment and materials	225					0	N/A		
- External contracts	230					0	N/A		
Hardware and crockery	235	137		60	77	17	130%		
Bedding & linen - disposable	240	80		33		48	146%		
- non-disposable	245					0	N/A		
Total general supplies and services	200		36,606		46,478	-9,872	-21%		
Establishment expenses									
Printing and stationery	305	165,571		261,612		-96,041	-37%		
Postage	310	13,691		14,273		-581	-4%		
Telephone - rental	315	40,505		50,839		-10,335	-20%		
- other, including calls	320	43,053		32,482		10,570	33%		
Advertising	325	13,614		29,598		-15,985	-54%		
Travel & subsistence	330	438,333		459,263		-20,930	-5%		
Removal expenses	335	415				415	N/A		
Leased and contract hire charges (staff cars)	340	2,810		18,254		-15,444	-85%		
Total establishment expenses	300		717,990		866,322	-148,331	-17%		
Transport and moveable plant									
Fuel and oil	405					0	N/A		
Maintenance - equipment and materials	410					0	N/A		
- external contracts	415					0	N/A		
Hire of transport	420	51,718		54,998		-3,279	-6%		
Hospital car service	425					0	N/A		
Miscellaneous transport expenses	430	777		8,557		-7,779	-91%		
Total transport expenses	400		52,496		63,554	-11,059	-17%		
Premises and fixed plant									
Oil	505	17,829		3,647		14,182	389%		
Electricity	510	49,512		11,404		38,108	334%		
Gas	515	7,192		1,011		6,180	611%		
Other fuels	520					0	N/A		
Water and sewerage	525	8,344		691		7,653	1108%		
Cleaning	530	65,234		19,492		45,742	235%		
External general services contracts	535	51,595		47,296		4,299	9%		
Furniture, furnishing and fittings	540	38,848		32,262		6,586	20%		
Office equipment	545	12,653		25,103		-12,450	-50%		
Purchase of computer hardware and software	550	22,190				22,190	N/A		
Maintenance of computer hardware and software	555	186,978		60,200		126,778	211%		
External contracts for Data Processing services	560					0	N/A		
Business rates	565	164,162		51,646		112,516	218%		
Rent	570	214,214		525,950		-311,736	-59%		Large reduction here realises to increases in lines 505-565 above due to better coding of utilities. Previous year reclassification can be done if necessary
Building & engineering equipment	575	569		4,542		-3,974	-87%		
Building & engineering contracts	580	57,621		2,500		55,121	2205%		Increase due to one off workings recharge from HSCB
Gardening - equipment and materials	585					0	N/A		
Gardening - external contracts	590					0	N/A		
Total premises and fixed plant	500		896,940		785,744	111,196	14%		
Capital									
Depreciation / amortisation on purchased assets	610	76,367		63,042		13,325	21%		
(Profit) on disposal of fixed assets	615					0	N/A		
Profit on sale of land	618					0	N/A		
Loss on Sale of Land or fixed Assets	616	1,472				1,472	N/A		
Depreciation / amortisation on donated assets	620					0	N/A		
Impairment of fixed assets	625					0	N/A		
Cost of Capital									
Total Capital	600		77,839		63,042	14,797	23%		
Personal Social Services									
Boarded out adults	805					0	N/A		
Boarded out children	810					0	N/A		
Payments under legislation	815					0	N/A		
Medical examination fees	820	915		3,994		-3,079	-77%		
Other PSS expenditure	825					0	N/A		
Total PSS Expenditure	800		915		3,994	-3,079	-77%		
Miscellaneous Expenditure									
Students' bursaries	905					0	N/A		
Residents' / patients' allowances	910					0	N/A		
Redundancy payments	915			46,238		-46,238	-100%		No VER's / ER's in 12/13
Net bank charges	920					0	N/A		
Patients' travelling expenses	925					0	N/A		
Provisions (excluding CN payments)	930	10,702				10,702	N/A		
Insurance	940					0	N/A		
All other expenditure	945	324,561		394,690		-70,128	-18%		
Total Miscellaneous Expenditure	900		335,263		440,928	-105,665	-24%		
Other Expenditure									
Purchase of care from non-HPSS bodies and grants	650	33,761,011		32,312,617		1,448,394	4%		
External contract staffing and consultancy services	700	21,306		127,587		-106,281	-83%		
Clinical negligence payments: provisions utilised	740					0	N/A		
Other	750					0	N/A		
Bad debts	970					0	N/A		
Audit fees	1000	18,350		18,244		106	1%		
Other auditors' remuneration	1100	1,175				1,175	N/A		
Recharges from other HPSS organisations	1200	1,484,926		1,565,170		-80,243	-5%		
Total Other Expenditure	1000		35,286,768		34,023,618	1,263,151	4%		
Total Operating Expenditure:			37,405,795		36,297,625	1,108,170	3%		

BFR (S) Analysis of Salaries and Wages		2012/2013		2011/2012		Change	
	Sub-Code	£	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration	4000					0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians	4130		0			0	N/A
Pharmacists	4140					0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142			34,123		-34,123	-100%
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143					0	N/A
Total Administration and Clerical	4145		0		34,123	-34,123	-100%
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

BFR (S) Analysis of Salaries and Wages		2012/2013		2011/2012		Change	
	Sub-Code	£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280					0	N/A
Total Salaries and Wages:			0		34,123	-34,123	-100%

BFR (S) Salaries and Wages (AFC)**Board Members**

Executive Board Members

Per Accounts

T/B See Dept 65

Non Executive Board Members

Per Accounts

T/B See Dept 65

Total Board Members

Non AfC	
Non Locum	Locum
547,146	
86,837	
633,983	

Total Expenditure
547,146
86,837
633,983

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change

Non AfC	
Non Locum	Locum
£	£

Medical - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Medical - Hospital

01
01
01
01
01
01
01
01
01
01

Total Medical - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0

Medical - Community

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Medical - Community

17
17
17
17
17
17
17
17
17
17

Total Medical - Community

4,270,136	0

4,270,136

Total Medical Hospital & Community

4,270,136	0

4,270,136

Dental - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Dental - Hospital

0
0
0
0
0
0
0
0
0
0

Total Dental - Hospital

0	0

0

		Non Locum	Locum												Total Expenditure
Dental - Community															
Clinical Professional Manager	#														0
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00														0
Assnt Clinical Dir of CDS/ Salaried PDS	00														0
Senior Dental Off/ Senior Salaried PDS Dentist	00														0
Community Dental Off/Salaried PDS Dentist	00														0
Dental - Community		0	0												0
Total Dental Hospital & Community		0	0												0
Agenda for Change															
Nursing															
Clinical Professional Managers															0
Hospital - Children's															0
Hospital - Learning Disability															0
Hospital - Mental Health															0
Hospital - General															0
Hospital - Midwives															0
Community - Children's															0
Community - Learning Disability															0
Community - Mental Health															0
Community - District Nurses															0
Community - General (exc. District Nurses)															0
Community - Midwives							0	67,431	65,731	149,182	80,030				362,374
Health Visiting															0
Practice Nurses															0
School Nurses															0
Treatment Room Nurses															0
Dental Nurses															0
Total Nursing		0	0	0	0	0	0	67,431	65,731	149,182	80,030	0	0	0	362,374
Dental Technician	33														0
Dietetics	23														0
Occupational Therapy	27														0
Physiotherapy	49														0
Speech & Language Therapy	28														0
Podiatry	29														0
Orthoptists/ Optometrists	32														0
Clinical Psychology	31														0
ECG	34														0
EEG	35														0
Audiology	36														0
Medical Photography	37														0
Medical Physics	39														0
Medical Tech/Estates	47														0
Diagnostic Imaging	48														0
Central Sterile Services Department/Theatre Sterile Services Unit	25														0
Radiotherapy	26														0
Laboratory	52														0
Other Allied Health Professionals	24														0
Total AHPS		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Admin															
Finance															0
Human Resources															0
Information Technology															0
Estates															0
Other Corporate Services e.g. Public Relations, Planning / Contracting / Information / HQ Admin		73,483	45,851	690,451	768,497	450,914	1,645,105	2,455,946	1,618,967	1,118,483	926,220	471,398			10,265,314
Supporting Direct Patient & Client Services eg; Medical records and Secretaries to Clinicians															0
Total Admin		73,483	45,851	690,451	768,497	450,914	1,645,105	2,455,946	1,618,967	1,118,483	926,220	471,398	0		10,265,314

		Non Locum	Locum											Total Expenditure
Ancillary & General														
Social Services - Ancillary & General	38													0
Central Sterile Services Department/Theatre Sterile Services Unit - Ancillary & General	43													0
Catering	53													0
Laundry	58													0
Bedding & Linen	61													0
Cleaners	62													0
Portering	63													0
Telephonists	69													0
Drivers	71													0
General Services	76													0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Estates														0
	59													0
Other Grades														0
Laundry - Other Grades	16													0
Estates - Other Grades	18													0
Catering - Other Grades	19													0
Domestic - Other Grades	20													0
Transport Other Grades	21													0
CSSD/TSSU - Other Grades	46													0
Other - Other Grades	22													0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Grades														0
Social Workers														0
Managers - Children														0
Managers - Older People														0
Managers - Adults														0
Practitioners - Children														0
Practitioners - Older People														0
Practitioners - Adults														0
Children's Homes														0
Residential Child Care Worker (Transitional)														0
Children's Family Centres														0
Residential Care (Adult/Older People)														0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Social Workers														0
Other Social Services Staff														0
Social Work Assistants														0
Day Care Service (Adult/Older People)														0
Domiciliary Care														0
Rehabilitation for Sensory Impairment														0
Wardens														0
Residential Care (Adults/Older People)														0
Daycare (Adults/Older People)														0
Drivers (Caring Duties)														0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Social Services Staff														0
Total Social Workers and Other Social Services Staff														0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy														0
	50													0
Ambulance Staff														0
	15													0
Total Agenda for Change Staff Costs														0
		73,483	45,851	690,451	768,497	450,914	1,645,104	2,523,377	1,684,698	1,267,665	1,006,250	471,398	0	10,627,688

		Non Locum	Locum	Total Expenditure
Agency Staff				
	01, 17 & 68			
	00, 33			
Nursing				
23,24,25,26,27,2				
Allied Health Professionals				
8,29,31,32,34,35				
,36,37,39,47,48,				
Admin				
49 & 52				
65 & 66		158,760		158,760
Ancillary & General				
38,43,53,58,61,6				
Estates				
2,63,69,71 & 76				
Other Grades				
59				
Social Services				
16,18,19,20,21,2				
Pharmacy				
2 & 46				
Ambulance				
50				
15				
				158,760
				158,760

		Non Locum	Locum											Total Expenditure
Medical	01, 17 & 68													
Dental	00, 33													
Nursing	23,24,25,26,27,2													
Allied Health Professionals	8,29,31,32,34,35 ,36,37,39,47,48, 49 & 52													
Admin	65 & 66													
Ancillary & General	38,43,53,58,61,6 2,63,69,71 & 76													
Estates	59													
Other Grades	16,18,19,20,21,2													
Social Services	2 & 46													
Pharmacy	50													
Ambulance	15													
														0
														0
Other Staff Costs														
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B													
Early Departure Costs	Per Accounts T/B													
Total Salaries & Wages		4,977,603	45,851	690,451	768,497	450,914	1,645,104	2,523,377	1,684,698	1,267,665	1,006,250	471,398	0	15,690,568

Board: Health and Social Care Board								
Year Ending: 2013/14								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) Analysis of salaries and wages (AfC) BFR(S) AFC <u>Details of significant changes from 2011/12:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2012/13</u></th> <th><u>2013/14</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 963,070,320</td> <td>£941,419,518</td> </tr> </tbody> </table> Details of significant year on year movements:			<u>Expenditure item</u>	<u>2012/13</u>	<u>2013/14</u>	Total	£ 963,070,320	£941,419,518
<u>Expenditure item</u>	<u>2012/13</u>	<u>2013/14</u>						
Total	£ 963,070,320	£941,419,518						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		941,419,518
Staff Costs	3.1	25,218,507	
Commissioning & Other Services Expenditure	4.1	870,816,407	
Board Administration Expenses	4.2&4.3	45,384,604	
Total Operating Expenses per Financial Statements			941,419,518

Please note that the Staff Costs 3.1 above are net (due to Secondments Income of £503k) whereas the remaining lines are Gross.

BFR Summary of Expenditure (AfC)	Sub-Code	2013/14		2012/13	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		13,432	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	454,148		340,417	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	-897,603		-821,936	
Total Salaries and Wages (Non AfC)	4999		-443,455		-468,087
Salaries and Wages (AfC)					
Total Executive Board Members		1,060,296		895,017	
Total Non Executive Board Members		85,356		93,361	
Total Medical Hospital & Community		1,931,270		1,798,082	
Total Dental Hospital & Community		847,942		764,034	
Total Nursing		1,348		102,905	
Total AHPS		264,983		0	
Total Admin		18,128,979		14,001,702	
Total Ancillary & General		0		0	
Total Estates		0		0	
Total Other Grades		0		0	
Total Social Workers and Other Social Services Staff		577,540		3,451,740	
Total Pharmacy		2,238,598		2,146,235	
Total Ambulance Staff		0		0	
Total Agency Staff		525,650		420,094	
Total Bank Staff		0		0	
Total Pension Costs		0		0	
Total Early Departure Costs		0		0	
Total Salaries and Wages (AfC)			25,661,961		23,673,169
Total Salaries and Wages (Non AfC and AfC)			25,218,507		23,205,082
Supplies and services - clinical	100	848		1,917	
Supplies and services - general	200	363,921		340,909	
Total establishment expenses	300	1,455,913		1,467,729	
Transport and moveable plant	400	10,197		7,963	
Total Premises and Fixed Plant	500	2,238,066		2,467,453	
Total Capital	600	2,951,880		3,044,931	
Purchase of care from non-HPSS bodies and grants	650	42,970,064		34,219,761	
External contract staffing and consultancy services	700	1,182,004		800,454	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	3,393		4,142	
Total Miscellaneous Expenditure	900	8,428,553		17,383,269	
Bad debts	970	0		0	
Audit fees	1000	65,500		57,000	
Other auditors remuneration	1100	0		1,119	
Recharges from other HPSS organisations	1200	856,530,672		880,068,590	
Total Other Operating Expenses			916,201,011		939,865,238
TOTAL BFR OPERATING EXPENSES	5000		941,419,518		963,070,320

Please note that there have been significant changes to the coding used by the new HRPTS system to ensure regional consistence across all organisations therefore some significant changes can be seen between 2013/14 and 2012/13. This coding will continue to be used in the future.

BFR (E) Analysis of Operating Expenditure

WIT-71536

		2013/14		2012/13		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Board Financial Returns		HSCB BFR (ES) 13-14		BFR(E)				
Occupational and industrial therapy equipment and materials	105					0	N/A	
Drugs	110	848		1,832		-984	-54%	
Medical gases	115					0	N/A	
Dressings	120					0	N/A	
Medical and surgical equipment - purchase	125			85		-85	-100%	
Medical and surgical equipment - maintenance	130					0	N/A	
X-ray film	135					0	N/A	
X ray equipment and chemicals	140					0	N/A	
X ray equipment - maintenance	145					0	N/A	
Patients appliances	150			0		0	N/A	
Artificial limbs and wheelchair hardware	155					0	N/A	
Laboratory equipment - purchase	160					0	N/A	
Laboratory equipment - maintenance	165					0	N/A	
Contractual clinical services	170					0	N/A	
Total clinical supplies and services	100		848		1,917	-1,069	-56%	
Supplies and services - general								
Provisions - purchases	205	101,853		88,384		13,469	15%	Catering facilities also purchased more provisions in 13/14 due to increased usage.
Contract catering	210	246,525		237,596		8,929	4%	
Staff uniforms and clothing including contracts	215	560		491		69	14%	
Patients clothing	220					0	N/A	
Laundry - Equipment and materials	225			23		-23	-100%	
- External contracts	230					0	N/A	
Hardware and crockery	235	14,509		13,039		1,470	11%	
Bedding & linen - disposable	240	475		1,377		-902	-66%	
- non-disposable	245					0	N/A	
Total general supplies and services	200		363,921		340,909	23,012	7%	
Establishment expenses								
Printing and stationery	305	213,510		242,505		-28,995	-12%	Coding is being assigned through FPL and Shared Services, this has seen items reclassified in terms of Account Code.
Postage	310	80,867		106,025		-25,158	-24%	Reduced level of Postage purchased throughout the year. i.r.o. mail drops that took place via TYC in 12/13.
Telephone - rental	315	115,245		244,132		-128,887	-53%	Tie lines were cancelled in full in 13/14.
- other, including calls	320	62,825		57,558		5,267	9%	
Advertising	325	263,844		86,186		177,658	206%	The HSCB ran the Choose Well Campaign which brought about additional Media and Advertising Costs approx. £150k - £175k
Travel & subsistence	330	700,582		715,685		-15,103	-2%	
Removal expenses	335	6,433				6,433	100%	Removal Expenses paid regarding a Doctor 13/14.
Leased and contract hire charges (staff cars)	340	12,605		15,638		-3,033	-19%	Recharge from BSO reduced in 13/14.
Fuel and oil	405	56				56	N/A	
Maintenance - equipment and materials	410					0	N/A	
- external contracts	415					0	N/A	
Hire of transport	420	32				32	N/A	
Hospital car service	425					0	N/A	
Miscellaneous transport expenses	430	10,109		7,963		2,146	27%	
Total transport expenses	400		10,197		7,963	2,235	28%	
Premises and fixed plant								
				2012/13				
Oil	505	33,709		50,560		-16,851	-33%	HSCB HQ transfer to Gas from February 14. Tower Hill full year transfer to Gas. In 13/14 ATP was no longer being leased by HSCB.
				175,203		-11,688	-7%	In 13/14 ATP was no longer being leased by HSCB thus reducing overall consumption for HSCB.

BFR (E) Analysis of Operating Expenditure

WIT-71537

		2013/14		2012/13		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Board Financial Returns			HSCB BFR (E) 13-14 BFR(E)					
Gas	515	28,381		13,812		14,569	105%	Tower Hill and HSCB HQ transfer to Gas usage rather than Oil
Other fuels	520	120				120	N/A	
Water and sewerage	525	45,704		42,930		2,773	6%	Includes Water Charge £37k and Waste Disposal £8k
Cleaning	530	190,487		217,244		-26,757	-12%	
External general services contracts	535	218,287		254,029		-35,742	-14%	
Furniture, furnishing and fittings	540	39,847		29,612		10,235	35%	Coding is being assigned through FPL and Shared Services, this has seen items reclassified in terms of Account Code.
Office equipment	545	17,437		21,487		-4,050	-19%	Coding is being assigned through FPL and Shared Services, this has seen items reclassified in terms of Account Code.
Purchase of computer hardware and software	550	100,622		99,393		1,229	1%	
Maintenance of computer hardware and software	555	185,226		198,688		-13,462	-7%	
External contracts for Data Processing services	560					0	N/A	
Business rates	565	614,907		634,034		-19,127	-3%	
Rent	570	233,200		372,453		-139,253	-37%	In 13/14 HSCB was no longer leasing Antrim Technology Park. This reduced the level of Rent that HSCB was paying out and Service Charges in relation to these premises.
Building & engineering equipment	575	2,393		3,900		-1,508	-39%	
Building & engineering contracts	580	360,230		348,895		11,335	3%	
Gardening - equipment and materials	585					0	N/A	
Gardening - external contracts	590	4,003		5,213		-1,211	-23%	
Total premises and fixed plant	500		2,238,066		2,467,453	-229,387	-9%	
Capital								
Depreciation / amortisation on purchased assets	610	2,928,455		2,871,402		57,053	2%	
(Profit) on disposal of fixed assets	615					0	N/A	
Profit on sale of land	3180					0	N/A	
Loss on Sale of Land or fixed Assets	616	23,425		173,529		-150,104	-87%	Disposal Ref Asset Cleansing.
Depreciation / amortisation on donated assets	620					0	N/A	
Impairment of fixed assets	625					0	N/A	
Cost of Capital								
Total Capital	600		2,951,880		3,044,931	-93,051	-3%	
Personal Social Services								
Boarded out adults	805					0	N/A	
Boarded out children	810					0	N/A	
Payments under legislation	815					0	N/A	
Medical examination fees	820	3,393		4,142		-749	-18%	
Other PSS expenditure	825					0	N/A	
Total PSS Expenditure	800		3,393		4,142	-749	-18%	

BFR (E) Analysis of Operating Expenditure

WIT-71538

		2013/14		2012/13		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Board Financial Returns		HSCB BFR (ES) 13-14 BFR(E)						
Miscellaneous Expenditure								
Students' bursaries	905					0	N/A	
Residents' / patients' allowances	910					0	N/A	
Redundancy payments	915			4,133		-4,133	-100%	
Net bank charges	920					0	N/A	
Patients' travelling expenses	925	4,147,178		1,355,413		2,791,765	206%	Increased High Cost Travel Ref Paediatric Cardiology. Includes expenditure in relation to ECR's.
Provisions (excluding CN payments)	930	3,464,424		15,318,169		-11,853,745	-77%	Cases settled in 12/13 leading to reduction in cases being held and limited cases being introduced into HSCB responsibility.
Insurance	940					0	N/A	
All other expenditure	945	816,951		705,554		111,397	16%	Training & Course Fees £378k, General Fees £237k, General Services Misc. £82k, Membership Fees £89k. Coding of Invoices to General Fees has been used extensively in 13/14. It is hoped that this will reduce in 14/15.
Total Miscellaneous Expenditure	900		8,428,553		17,383,269	-8,954,716	-52%	
Other Expenditure								
Purchase of care from non-HPSS bodies and grants	650	42,970,064		34,219,761		8,750,303	26%	Voluntaries £38,227k, CAWT £3,153 & Cardiothoracic £573k & LCG Commissioning £427k
External contract staffing and consultancy services	700	1,182,004		800,454		381,550	48%	TYC Contract with Accountancy Firms
Clinical negligence payments: provisions utilised	740					0	N/A	
Other	750					0	N/A	
Bad debts	970					0	N/A	
Audit fees	1000	65,500		57,000		8,500	15%	Increase as notified by DHSSPS re Audit Fee.
Other auditors' remuneration	1100			1,119		-1,119	-100%	
Recharges from other HPSS organisations	1200	856,530,672		880,068,590		-23,537,918	-3%	FHS expenditure fallen by £20,315k. Transfer from ECR patient travel that had been included within this line 12/13. Recharge from Trusts Staff Substitution £196k, Management Trainees £35k, Dental Tax Scheme £43k
Total Other Expenditure	1000		900,748,241		915,146,924	-14,398,684	-2%	
Total Operating Expenditure:			916,201,011		939,865,238	-23,664,227	-3%	

BFR (S) Analysis of Salaries and Wages			2013/14		2012/13		Change	
	Sub-Code	£	£	£	£	£	%	
Chairmans and Non-Executive Members' remuneration			4000			0	N/A	
Executive Board Members								
Chief Executive	4001					0	N/A	
Other Members	4002					0	N/A	
Senior Managers	4003					0	N/A	
Other General Managers	4004					0	N/A	
Total Executive Board Members			4010	0	0	0	N/A	
Medical								
Consultants	4011					0	N/A	
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A	
Associate specialists	4013					0	N/A	
Staff grade practitioners	4014					0	N/A	
Senior registrars	4015					0	N/A	
Registrars	4016					0	N/A	
Senior House Officers	4017					0	N/A	
House Officers	4018					0	N/A	
Hospital Practitioners	4019					0	N/A	
Clinical Assistants and sessions in BTS	4020					0	N/A	
Staff fund payments	4021					0	N/A	
Senior clinical medical officers	4022					0	N/A	
Clinical medical officers	4023					0	N/A	
Directors of Public health medicine	4024					0	N/A	
Trainees in Public health medicine	4025					0	N/A	
Sessional CHS Appointments	4026					0	N/A	
Clinical representatives on management teams	4027					0	N/A	
Consultants in Communicable Disease Control	4028					0	N/A	
Total Medical			4040	0	0	0	N/A	
Dental								
Hospital Consultants	4041					0	N/A	
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A	
Associate specialists	4043					0	N/A	
Staff grade practitioners	4044					0	N/A	
Senior Registrars	4045					0	N/A	
Registrars	4046					0	N/A	
Senior Dental House Officers	4047					0	N/A	
Dental House Officers	4048					0	N/A	
Dental Practitioners	4049					0	N/A	
District Dental Officers	4050					0	N/A	
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A	
Trainees in Community Dentistry	4052					0	N/A	
Director and Assistant Director of Dental Health	4053					0	N/A	
Total Dental			4060	0	0	0	N/A	
Nurses and Midwives								
Senior Nursing Staff	4061					0	N/A	
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A	
Senior Nurses 6 plus Grades H and I	4063					0	N/A	
Grades F and G	4064					0	N/A	
Grades D and E	4065					0	N/A	
Grade C	4066					0	N/A	
Grade B	4067					0	N/A	
Grade A	4068					0	N/A	
Student / pupil nurses	4069					0	N/A	
Total Nurses and midwives			4070	0	0	0	N/A	
Allied Health Professional Services (AHPS)								
AHPS (excluding speech and language therapy)	4080					0	N/A	
Professional and Scientific Staff								
Speech and language therapists	4091					0	N/A	
Biochemists	4092					0	N/A	
Physicists	4093					0	N/A	
Clinical Psychologists	4094					0	N/A	
Other Scientists	4095					0	N/A	
Chaplains	4096					0	N/A	
Other Staff Categories	4097					0	N/A	
Total Professional and Scientific Staff			4100	0	0	0	N/A	
Professional and Technical Grades - PTB								
Medical laboratory scientific officers	4101					0	N/A	
Restorative maxillo technicians	4102					0	N/A	
Facial/orthodontic technicians	4103					0	N/A	
Pharmacy technicians	4104					0	N/A	
Dental hygienist, dental surgery	4105					0	N/A	
Assistants, Dental therapists	4106					0	N/A	
All other technicians	4107					0	N/A	
Board work staff	4108					0	N/A	
Trust work staff	4109					0	N/A	
Other staff categories	4110					0	N/A	
Total Professional and Technical - PTB			4120	0	0	0	N/A	
Opticians			4130	0	13,432	13,432	-13,432 -100%	
Pharmacists			4140			0	0 N/A	
Administration and Clerical (A&C)								
Ambulance officers and control assistants on A&C scales	4141					0	N/A	
Other administrative and clerical staff	4142	454,148		340,417		113,731	33%	
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143					0	N/A	
Total Administration and Clerical			4145	454,148	340,417	113,731	33%	
Ancillary Staff								
Ancillary staff negotiated by Whitley	4151					0	N/A	
Ancillary staff not negotiated by Whitley	4152					0	N/A	
Upholsterers	4153					0	N/A	
Orthopaedic Appliance Grades	4154					0	N/A	
Total Ancillary Staff			4160	0	0	0	N/A	

LCG Chair & Members and TUPE Staff from Civil Service

BFR (S) Analysis of Salaries and Wages						
Sub-Code	2013/14		2012/13		Change	
	£	£	£	£	£	%
Maintenance Staff						
Building trade Operatives	4161				0	N/A
Maintenance Technicians	4162				0	N/A
Maintenance Craftsmen	4163				0	N/A
Maintenance Assistants	4164				0	N/A
Planner Estimators	4165				0	N/A
Total Maintenance Staff	4170	0		0	0	N/A
Ambulance Staff						
Ambulance officers and control assistants not on A&C scales	4171				0	N/A
Other grades	4172				0	N/A
Total Ambulance Staff	4180	0		0	0	N/A
Senior Social Services Staff						
Directors and Assistant Directors of Social Services	4181				0	N/A
Principal Social Worker	4182				0	N/A
Assistant Principal Social worker	4183				0	N/A
Total Senior Social Services Staff	4185	0		0	0	N/A
PSS Fieldwork Staff						
Senior social worker	4191				0	N/A
Social worker	4192				0	N/A
Trainee social worker	4193				0	N/A
Social work assistant	4194				0	N/A
Technical officer for the Blind	4195				0	N/A
Home teacher for the Blind	4196				0	N/A
Mobility officer for the Blind	4197				0	N/A
Rehabilitation Worker for the Blind	4198				0	N/A
Total Fieldwork Staff	4200	0		0	0	N/A
Residential Care Staff						
Residential Worker Grade 1-11	4201				0	N/A
Team leader - Childrens Home	4202				0	N/A
Residential Social worker - Childrens home	4203				0	N/A
Residential Social worker - care assistant	4204				0	N/A
Total Residential Care Staff	4210	0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres						
Manager	4211				0	N/A
Deputy manager	4222				0	N/A
Senior day care worker	4223				0	N/A
Day care worker level 1	4224				0	N/A
Day care worker level 2	4225				0	N/A
Care Assistant	4226				0	N/A
Family centre organiser	4227				0	N/A
Deputy Family centre organiser	4228				0	N/A
Family care worker	4229				0	N/A
Pre-school playgroup	4230				0	N/A
Leader/supervisor	4231				0	N/A
Pre-school playgroup Deputy	4232				0	N/A
Pre-school playgroup Assistant	4233				0	N/A
Total Day Care Staff	4240	0		0	0	N/A
Day Nursery Staff						
Nursery nurse	4241				0	N/A
Nursery assistant	4242				0	N/A
Total Day Nursery Staff	4245	0		0	0	N/A
Other Social Services Staff						
Wardens	4246				0	N/A
Home helps	4247				0	N/A
Total Other Social Services Staff	4250	0		0	0	N/A
Non-HPSS Staff (Agency etc)						
Medical	4251				0	N/A
Dental	4252				0	N/A
Nursing	4253				0	N/A
AHPS	4254				0	N/A
Professional and Scientific	4255				0	N/A
Professional and Technical - PTB	4256				0	N/A
Opticians	4257				0	N/A
Pharmacists	4258				0	N/A
Admin & Clerical - typing and secretarial	4259				0	N/A
Admin & clerical - other	4260				0	N/A
Ancillary staff	4261				0	N/A
Maintenance staff	4262				0	N/A
Ambulance staff	4263				0	N/A
All other	4264				0	N/A
Total Non-HPSS Staff	4270	0		0	0	N/A
Agenda for Change Creditor	4280	-897,603		-821,936	-75,667	9%
Total Salaries and Wages:		-443,455		-468,087	24,632	-5%

[illegible]

	Non Locum	Locum	Total Expenditure
Dental - Community			
Clinical Professional Manager			0
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00	84,787	84,787
Asstnt Clinical Dir of CDS/ Salaried PDS	00	136,074	136,074
Senior Dental Off/ Senior Salaried PDS Dentist	00	382,344	382,344
Community Dental Off/Salaried PDS Dentist	00	244,736	244,736
Dental - Community	847,942	0	847,942
Total Dental Hospital & Community	847,942	0	847,942

	Agenda for Change (AFC) Pay Band												Total Expenditure
	01	02	03	04	05	06	07	08	09	10	11	12	
	£	£	£	£	£	£	£	£	£	£	£	£	£

Nursing													
Clinical Professional Managers													0
Hospital - Children's													0
Hospital - Learning Disability													0
Hospital - Mental Health													0
Hospital - General													0
Hospital - Midwives													0
Community - Children's													0
Community - Learning Disability													0
Community - Mental Health													0
Community - District Nurses													0
Community - General (exc. District Nurses)										1,348			1,348
Community - Midwives													0
Health Visiting													0
Practice Nurses													0
School Nurses													0
Treatment Room Nurses													0
Dental Nurses													0
Total Nursing	0	0	0	0	0	0	0	0	0	1,348	0	0	1,348

AHPS													
Dental Technician	33												0
Dietetics	23						48,571	26,772					75,343
Occupational Therapy	27												0
Physiotherapy	49												0
Speech & Language Therapy	28												0
Podiatry	29												0
Orthoptists/ Optometrists	32							11,380		35,635			47,015
Clinical Psychology	31												0
ECG	34												0
EEG	35												0
Audiology	36												0
Medical Photography	37												0
Medical Physics	39												0
Medical Tech/Estates	47												0
Diagnostic Imaging	48						86,113						86,113
Central Sterile Services Department/Theatre Sterile													0
Services Unit	25												0
Radiotherapy	26												0
Laboratory	52												0
Other Allied Health Professionals	24									56,512			56,512
Total AHPS		0	0	0	0	0	134,684	38,152	0	92,147	0	0	264,983

Admin													
Finance				121,045	113,343	381,763	306,559	425,109	492,631		423,540		2,263,990
Human Resources													0
Information Technology		7,648			33,224			154,530	182,263	167,976	109,859		655,500
Estates													0
Other Corporate Services e.g.		101,784	128,652	589,082	1,026,228	826,939	1,856,566	1,899,734	1,015,866	2,084,997	470,522	826,212	10,826,582
Public Relations, Planning /													0
Contracting / Information / HQ Admin		21,296		143,701	410,574	317,105	349,757	660,911	1,056,290	574,292	173,386	675,595	4,382,907
Supporting Direct Patient & Client Services eg:													0
Medical records and Secretaries to Clinicians													0
Total Admin		130,728	128,652	732,783	1,557,847	1,290,611	2,588,086	2,867,204	2,651,795	3,334,183	811,884	2,035,206	18,128,979

		Non Locum	Locum											Total Expenditure
Ancillary & General														
Social Services - Ancillary & General	38													0
Central Sterile Services Department/Theatre Sterile														0
Services Unit - Ancillary & General	43													
Catering	53													0
Laundry	58													0
Bedding & Linen	61													0
Cleaners	62													0
Portering	63													0
Telephonists	69													0
Drivers	71													0
General Services	76													0
Total Ancillary & General		0	0	0	0	0	0	0	0	0	0	0	0	0
Estates														0
Other Grades														
Laundry - Other Grades	16													0
Estates - Other Grades	18													0
Catering - Other Grades	19													0
Domestic - Other Grades	20													0
Transport Other Grades	21													0
CSSD/TSSU - Other Grades	46													0
Other - Other Grades	22													0
Total Other Grades		0	0	0	0	0	0	0	0	0	0	0	0	0
Social Workers														
Managers - Children														0
Managers - Older People														0
Managers - Adults									416,686	160,854				577,540
Practitioners - Children														0
Practitioners - Older People														0
Practitioners - Adults														0
Children's Homes														0
Residential Child Care Worker (Transitional)														0
Children's Family Centres														0
Residential Care (Adult/Older People)														0
Total Social Workers		0	0	0	0	0	0	0	416,686	160,854	0	0	0	577,540
Other Social Services Staff														
Social Work Assistants														0
Day Care Service (Adult/Older People)														0
Domiciliary Care														0
Rehabilitation for Sensory Impairment														0
Wardens														0
Residential Care (Adults/Older People)														0
Daycare (Adults/Older People)														0
Drivers (Caring Duties)														0
Total Other Social Services Staff		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Social Workers and Other Social Services Staff		0	0	0	0	0	0	0	416,686	160,854	0	0	0	577,540
Pharmacy														
Pharmacy	50							199,680	1,242,651	412,197	282,374	101,696		2,238,598
Ambulance Staff														0
Ambulance Staff	15													0
Total Agenda for Change Staff Costs		130,728	128,652	732,783	1,557,847	1,290,611	2,588,086	3,201,569	3,932,598	4,163,066	1,348,607	2,136,901	0	21,211,448

		Non Locum	Locum						Total Expenditure
Agency Staff									
Medical	01, 17 & 68								
Dental	00, 33								
Nursing									
	23,24,25,26,27,2								
Allied Health Professionals	8,29,31,32,34,35								
	,36,37,39,47,48,								
	49 & 52								
Admin	65 & 66	17,733	496,110	7,224	542	656	3,386	525,650	
Ancillary & General	38,43,53,58,61,6								
	2,63,69,71 & 76								
Estates	59								
Other Grades	16,18,19,20,21,2								
	2 & 46								
Social Services									
Pharmacy	50								
Ambulance	15								
Total AFC Agency Staff									525,650
Total Agency Staff									525,650
Bank Staff									

		Non Locum	Locum											Total Expenditure
Medical	01, 17 & 68													
Dental	00, 33													
Nursing	23,24,25,26,27,2													
Allied Health Professionals	8,29,31,32,34,35													
	,36,37,39,47,48,													
	49 & 52													
Admin	65 & 66													
Ancillary & General	38,43,53,58,61,6													
	2,63,69,71 & 76													
Estates	59													
	16,18,19,20,21,2													
Other Grades	2 & 46													
Social Services														
Pharmacy	50													
Ambulance	15													
Total AfC Bank Staff														0
Total Bank Staff														0
Other Staff Costs														
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B													
Early Departure Costs	Per Accounts T/B													
Total Salaries & Wages		3,975,113	209,130	732,783	1,557,847	1,290,611	2,588,086	3,201,569	3,932,598	4,163,066	1,348,607	2,136,901	0	25,661,961

Board: Public Health Agency								
Year Ending: 2013/14								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) Analysis of salaries and wages (AfC) BFR(S) AFC <u>Details of significant changes from 2012/13:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2012/13</u></th> <th><u>2013/14</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 53,096,362</td> <td>62,951,812</td> </tr> </tbody> </table> Details of significant year on year movements: Please note that on the reconciliation tab the Operation expenditure has been reduced by £6,388K for R&D which technically relates to commissioning.			<u>Expenditure item</u>	<u>2012/13</u>	<u>2013/14</u>	Total	£ 53,096,362	62,951,812
<u>Expenditure item</u>	<u>2012/13</u>	<u>2013/14</u>						
Total	£ 53,096,362	62,951,812						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		62,951,812
Staff Costs	3.1	16,544,191	
Commissioning & Other Services Expenditure	4.1	43,464,221	
Board Administration Expenses	4.2&4.3	2,943,400	
Total Operating Expenses per Financial Statements			62,951,812

Please note that the Staff Costs 3.1 above are net (due to Secondments Income of £478K) whereas the remaining lines are Gross.

BFR Summary of Expenditure (AfC)	Sub-Code	2013/2014		2012/2013	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		0	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	133,157		0	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	0		0	
Total Salaries and Wages (Non AfC)	4999		133,157		0
Salaries and Wages (AfC)					
Total Executive Board Members		540,257		547,146	
Total Non Executive Board Members		98,559		86,837	
Total Medical Hospital & Community		4,273,866		4,270,136	
Total Dental Hospital & Community				0	
Total Nursing		919,141		362,374	
Total AHPS		57,190		0	
Total Admin		10,276,081		10,265,314	
Total Ancillary & General				0	
Total Estates				0	
Total Other Grades				0	
Total Social Workers and Other Social Services Staff				0	
Total Pharmacy				0	
Total Ambulance Staff				0	
Total Agency Staff		246,105		158,760	
Total Bank Staff				0	
Total Pension Costs				0	
Total Early Departure Costs				0	
Total Salaries and Wages (AfC)			16,411,199		15,690,567
Total Salaries and Wages (Non AfC and AfC)			16,544,357		15,690,567
Supplies and services - clinical	100	2,409		978	
Supplies and services - general	200	52,888		36,606	
Total establishment expenses	300	814,988		717,990	
Transport and moveable plant	400	7,766		52,496	
Total Premises and Fixed Plant	500	972,167		896,940	
Total Capital	600	101,171		77,839	
Purchase of care from non-HPSS bodies and grants	650	39,277,566		33,761,011	
External contract staffing and consultancy services	700	32,458		21,306	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	1,528		915	
Total Miscellaneous Expenditure	900	567,891		335,263	
Bad debts	970	0		0	
Audit fees	1000	21,300		18,350	
Other auditors remuneration	1100	0		1,175	
Recharges from other HPSS organisations	1200	4,555,323		1,484,926	
Total Other Operating Expenses			46,407,456		37,405,795
TOTAL BFR OPERATING EXPENSES	5000		62,951,812		53,096,362

Please note that there have been significant changes to the coding used by the new HRPTS system to ensure regional consistence across all organisations therefore some significant changes can be seen between 2013/14 and 2012/13. This coding will continue to be used in the future.

BFR (E) Analysis of Operating Expenditure

Analysis of Operating Expenditure		2013/2014		2012/2013		Change		Comments
Sub-Code	£	£	£	£	£	%		
Supplies and services - clinical								
Occupational and industrial therapy equipment and materials	105					0	N/A	
Drugs	110	2,409		978	PHA BFR (ES)	1,432	146%	
Medical gases	115					0	N/A	
Dressings	120					0	N/A	
Medical and surgical equipment - purchase	125					0	N/A	
Medical and surgical equipment - maintenance	130					0	N/A	
X-ray film	135					0	N/A	
X ray equipment and chemicals	140					0	N/A	
X ray equipment - maintenance	145					0	N/A	
Patients appliances	150					0	N/A	
Artificial limbs and wheelchair hardware	155					0	N/A	
Laboratory equipment - purchase	160					0	N/A	
Laboratory equipment - maintenance	165					0	N/A	
Contractual clinical services	170					0	N/A	
Total clinical supplies and services	100		2,409	978		1,432	146%	
Supplies and services - general								
Provisions - purchases	205					0	N/A	
Contract catering	210	52,700		36,366		16,334	45%	External catering costs to the PHA are being shown within this line. .
Staff uniforms and clothing including contracts	215	46		23		23	100%	
Patients clothing	220					0	N/A	
Laundry - Equipment and materials	225					0	N/A	
- External contracts	230					0	N/A	
Hardware and crockery	235	130		137		-7	-5%	
Bedding & linen - disposable	240	13		80		-68	-84%	
- non-disposable	245					0	N/A	
Total general supplies and services	200		52,888	36,606		16,282	44%	
Establishment expenses								
Printing and stationery	305	151,340		165,571		-14,231	-9%	Printing £38k, Stat Supplies £50k, Paper £7k Books & Publications £55k Computer Consumables £2k. Coding is being assigned through FPL and Shared Services, this has seen items reclassified in terms of Account Code.
Postage	310	18,021		13,691		4,330	32%	£5k Costs Re Screening Directorate at Financial Year end. Invoices for PHA are not split between rental and calls. In year coding was weighted to calls rather than rental.
Telephone - rental	315	18,690		40,505		-21,815	-54%	Invoices for PHA are not split between rental and calls. In year coding was weighted to calls rather than rental.
- other, including calls	320	85,272		43,053		42,220	98%	Staff Advertising £16k, Advert Other Including Advertising for SBNI £12k
Advertising	325	39,095		13,614		25,481	187%	Car Parking Fees now being included within this line due to Account Code classification.
Travel & subsistence	330	480,467		438,333		42,135	10%	
Removal expenses	335	-415		415		-830	-200%	
Leased and contract hire charges (staff cars)	340	22,519		2,810		19,709	701%	Recharge from BSO.
Total establishment expenses	300		814,988	717,990		96,998	14%	
Transport and moveable plant								
Fuel and oil	405					0	N/A	
Maintenance - equipment and materials	410					0	N/A	
- external contracts	415					0	N/A	
Hire of transport	420	7,648		51,718		-44,071	-85%	Car Parking Fees now being included Travel & Subsistence as a result of Account Code classification.
Hospital car service	425					0	N/A	
Miscellaneous transport expenses	430	118		777		-659	-85%	
Total transport expenses	400		7,766	52,496		-44,730	-85%	
Premises and fixed plant								
Oil	505	19,292		17,829		1,463	8%	
Electricity	510	54,514		49,512		5,002	10%	
Gas	515	12,382		7,192		5,190	72%	
Other fuels	520					0	N/A	
Water and sewerage	525	10,077		8,344		1,733	21%	
Cleaning	530	66,819		65,234		1,585	2%	
External general services contracts	535	94,247		51,595		42,652	83%	Security £67k & £26k Architects Fees. Architect fees were one off expenditure in 13/14 financial year.
Furniture, furnishing and fittings	540	20,381		38,848		-18,467	-48%	Coding is being assigned through FPL and Shared Services, this has seen items reclassified in terms of Account Code.
Office equipment	545	20,737		12,653		8,084	64%	Coding is being assigned through FPL and Shared Services, this has seen items reclassified in terms of Account Code.
Purchase of computer hardware and software	550	4,424		22,190		-17,766	-80%	In 12/13 a number of Software items were purchased. Similar Purchases were not made in 13/14.
Maintenance of computer hardware and software	555	229,517		186,978		42,538	23%	Flu system full year maintenance was £156k for full year via Health Protection.
External contracts for Data Processing services	560					0	N/A	
Business rates	565	162,253		164,162		-1,909	-1%	
Rent	570	229,672		214,214		15,458	7%	Rent includes Service Expenditure which is coded as Rent in system.
Building & engineering equipment	575	1,050		569		481	85%	
Building & engineering contracts	580	46,803		57,621		-10,818	-19%	In 12/13 additional works took place to coincide with capital expenditure. No such work in 13/14.
Gardening - equipment and materials	585					0	N/A	
Gardening - external contracts	590					0	N/A	
Total premises and fixed plant	500		972,167	896,940		75,227	8%	
Capital								
Depreciation / amortisation on purchased assets	610	99,778		76,367		23,411	31%	Increased assets purchase from 12/13 on asset register going through first years amortisation and Depreciation
(Profit) on disposal of fixed assets	615					0	N/A	
Profit on sale of land	3180					0	N/A	
Loss on Sale of Land or fixed Assets	616	1,393		1,472		-79	-5%	
Depreciation / amortisation on donated assets	620					0	N/A	
Impairment of fixed assets	625					0	N/A	
Cost of Capital								
Total Capital	600		101,171	77,839		23,332	30%	
Personal Social Services								
Boarded out adults	805					0	N/A	
Boarded out children	810					0	N/A	
Payments under legislation	815					0	N/A	
Medical examination fees	820	1,528		915		614	67%	
Other PSS expenditure	825					0	N/A	
Total PSS Expenditure	800		1,528	915		614	67%	
Miscellaneous Expenditure								
Students' bursaries	905					0	N/A	
Residents' / patients' allowances	910					0	N/A	
Redundancy payments	915					0	N/A	
Net bank charges	920					0	N/A	
Patients' travelling expenses	925					0	N/A	
Provisions (excluding CN payments)	930	5,090		10,702		-5,612	-52%	
Insurance	940					0	N/A	
All other expenditure	945	562,801		324,561		238,240	73%	Training £314k, Room Hire £61k General Fees £131k. Programme Expenditure Training £129k, Membership Fees £27k, Record retrieval £15k. Coding of Invoices to General Fees has been used extensively in 13/14. It is hoped that this will reduce in 14/15.
Total Miscellaneous Expenditure	900		567,891	335,263		232,628	69%	
Other Expenditure								
Purchase of care from non-HPSS bodies and grants	650	39,277,566		33,761,011		5,516,555	16%	Additional Allocations have been received by PHA in 13/14. These increased allocations have seen increasing expenditure regarding purchase of Services.
External contract staffing and consultancy services	700	32,458		21,306		11,151	52%	
Clinical negligence payments: provisions utilised	740					0	N/A	
Other	750					0	N/A	
Bad debts	970					0	N/A	
Audit fees	1000	21,300		18,350		2,950	16%	
Other auditors' remuneration	1100			1,175		-1,175	-100%	
Recharges from other HPSS organisations	1200	4,555,323		1,484,926		3,070,397	207%	Recharges from HSCB Recharge Re FLU, £1,473k, Shingles £130k, Rotavirus £172k, Pertussis £173k, BSO & HSCB Recharge individual elements of Smoking Cessation (inc. NRT) £1,785k, BSO SLA £668 & Photocopier Recharge £91k. New allocations has seen a rise in in recharges from HSCB and BSO. Coding classification has also allowed for clearer classification of Recharges.
Total Other Expenditure	1000		43,886,646	35,286,768		8,599,878	24%	
Total Operating Expenditure:			46,407,456	37,405,795		9,001,661	24%	

BFR (S) Analysis of Salaries and Wages		2013/2014		2012/2013		Change	
		Sub-Code	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration		4000				0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians		4130		0		0	N/A
Pharmacists		4140				0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142					0	N/A
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143	133,157				133,157	N/A
Total Administration and Clerical	4145		133,157		0	133,157	N/A
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

BFR (S) Analysis of Salaries and Wages		2013/2014		2012/2013		Change	
	Sub-Code	£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280					0	N/A
Total Salaries and Wages:			133,157		0	133,157	N/A

Received from Sharon Gallagher on 25/10/2022. Annotated by the Urology Services Inquiry

		Non Locum	Locum											Total Expenditure	
Dental - Community															
Clinical Professional Manager	#														0
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00														0
Assnt Clinical Dir of CDS/ Salaried PDS	00														0
Senior Dental Off/ Senior Salaried PDS Dentist	00														0
Community Dental Off/Salaried PDS Dentist	00														0
Dental - Community		0	0											0	
Total Dental Hospital & Community		0	0											0	
Agenda for Change (AFC) Pay Band															
Agenda for Change		01	02	03	04	05	06	07	08	09	10	11	12	Total Expenditure	
		£	£	£	£	£	£	£	£	£	£	£	£	£	
Nursing															
Clinical Professional Managers															0
Hospital - Children's															0
Hospital - Learning Disability															0
Hospital - Mental Health															0
Hospital - General															0
Hospital - Midwives															0
Community - Children's															0
Community - Learning Disability															0
Community - Mental Health															0
Community - District Nurses															0
Community - General (exc. District Nurses)															853,963
Community - Midwives															65,178
Health Visiting															0
Practice Nurses															0
School Nurses															0
Treatment Room Nurses															0
Dental Nurses															0
Total Nursing		0	0	0	0	0	0	289,227	97,843	305,051	227,020	0	0	919,141	
AHPS															
Dental Technician	33														0
Dietetics	23														0
Occupational Therapy	27														0
Physiotherapy	49														0
Speech & Language Therapy	28														57,190
Podiatry	29														0
Orthoptists/ Optometrists	32														0
Clinical Psychology	31														0
ECG	34														0
EEG	35														0
Audiology	36														0
Medical Photography	37														0
Medical Physics	39														0
Medical Tech/Estates	47														0
Diagnostic Imaging	48														0
Central Sterile Services Department/Theatre Sterile Services Unit	25														0
Radiotherapy	26														0
Laboratory	52														0
Other Allied Health Professionals	24														0
Total AHPS		0	0	0	0	0	0	0	0	57,190	0	0	0	57,190	
Admin															
Finance															0
Human Resources															0
Information Technology															0
Estates															0
Other Corporate Services e.g. Public Relations, Planning / Contracting / Information / HQ Admin		75,284	53,135	651,927	786,911	402,782	1,885,230	2,311,985	1,590,000	1,114,420	902,337	502,071		10,276,081	
Supporting Direct Patient & Client Services eg; Medical records and Secretaries to Clinicians															0
Total Admin		75,284	53,135	651,927	786,911	402,782	1,885,230	2,311,985	1,590,000	1,114,420	902,337	502,071	0	10,276,081	

		Non Locum	Locum		Total Expenditure
Ancillary & General					
Social Services - Ancillary & General	38				0
Central Sterile Services Department/Theatre Sterile Services Unit - Ancillary & General	43				0
Catering	53				0
Laundry	58				0
Bedding & Linen	61				0
Cleaners	62				0
Portering	63				0
Telephonists	69				0
Drivers	71				0
General Services	76				0
Total Ancillary & General		0	0	0	0
Estates	59				0
Other Grades					
Laundry - Other Grades	16				0
Estates - Other Grades	18				0
Catering - Other Grades	19				0
Domestic - Other Grades	20				0
Transport Other Grades	21				0
CSSD/TSSU - Other Grades	46				0
Other - Other Grades	22				0
Total Other Grades		0	0	0	0
Social Workers					
Managers - Children					0
Managers - Older People					0
Managers - Adults					0
Practitioners - Children					0
Practitioners - Older People					0
Practitioners - Adults					0
Children's Homes					0
Residential Child Care Worker (Transitional)					0
Children's Family Centres					0
Residential Care (Adult/Older People)					0
Total Social Workers		0	0	0	0
Other Social Services Staff					
Social Work Assistants					0
Day Care Service (Adult/Older People)					0
Domiciliary Care					0
Rehabilitation for Sensory Impairment					0
Wardens					0
Residential Care (Adults/Older People)					0
Daycare (Adults/Older People)					0
Drivers (Caring Duties)					0
Total Other Social Services Staff		0	0	0	0
Total Social Workers and Other Social Services Staff		0	0	0	0
Pharmacy	50				0
Ambulance Staff	15				0
Total Agenda for Change Staff Costs		75,284	53,135	651,927	786,911
				402,782	1,885,230
				2,601,212	1,687,842
				1,476,662	1,129,357
				502,071	0
					11,252,412

		Non Locum	Locum					Total Expenditure	
Agency Staff									
Medical	01, 17 & 68								
Dental	00, 33								
Nursing									
Allied Health Professionals									
Admin	49 & 52 65 & 66	222,820	3,258	19,406	621			246,105	
Ancillary & General	38,43,53,58,61,6 2,63,69,71 & 76								
Estates	59								
Other Grades	16,18,19,20,21,2 2 & 46								
Social Services									
Pharmacy	50								
Ambulance	15								
Total AfC Agency Staff								246,105	
Total Agency Staff								246,105	
Bank Staff									

		Non Locum	Locum											Total Expenditure	
Medical	01, 17 & 68														
Dental	00, 33														
Nursing	23,24,25,26,27,2														
Allied Health Professionals	8,29,31,32,34,35														
	,36,37,39,47,48,														
	49 & 52														
Admin	65 & 66														
Ancillary & General	38,43,53,58,61,6														
	2,63,69,71 & 76														
Estates	59														
	16,18,19,20,21,2														
Other Grades	2 & 46														
Social Services															
Pharmacy	50														
Ambulance	15														
Total AFC Bank Staff															0
Total Bank Staff															0
Other Staff Costs															
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B														
Early Departure Costs	Per Accounts T/B														
Total Salaries & Wages		4,987,966	53,135	651,927	786,911	402,782	1,885,230	2,601,212	1,687,842	1,476,662	1,129,357	502,071	0	16,411,199	

Board: Health and Social Care Board								
Year Ending: 2014/15								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) Analysis of salaries and wages (AfC) BFR(S) AfC <u>Details of significant changes from 2011/12:</u> <table> <tr> <th><u>Expenditure item</u></th> <th><u>2013/14</u></th> <th><u>2014/15</u></th> </tr> <tr> <td>Total</td> <td>£ 941,419,518</td> <td>£1,011,582,567</td> </tr> </table> Details of significant year on year movements:			<u>Expenditure item</u>	<u>2013/14</u>	<u>2014/15</u>	Total	£ 941,419,518	£1,011,582,567
<u>Expenditure item</u>	<u>2013/14</u>	<u>2014/15</u>						
Total	£ 941,419,518	£1,011,582,567						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		1,011,582,567
Staff Costs	3.1	29,093,341	
Commissioning & Other Services Expenditure	4.1	931,596,142	
Board Administration Expenses	4.2&4.3	50,893,084	
Total Operating Expenses per Financial Statements			1,011,582,567

Please note that the Staff Costs 3.1 above are net (due to Secondments Income of £559k) whereas the remaining lines are Gross.

BFR Summary of Expenditure (AfC)		2014/15		2013/14	
	Sub-Code	£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		0	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	387,056		454,148	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	761,245		-897,603	
Total Salaries and Wages (Non AfC)	4999		1,148,301		-443,455
Salaries and Wages (AfC)					
Total Executive Board Members		1,189,699		1,060,296	
Total Non Executive Board Members		65,070		85,356	
Total Medical Hospital & Community		1,956,364		1,931,270	
Total Dental Hospital & Community		879,301		847,942	
Total Nursing		0		1,348	
Total AHPS		330,737		264,983	
Total Admin		20,303,470		18,128,979	
Total Ancillary & General		0		0	
Total Estates		0		0	
Total Other Grades		0		0	
Total Social Workers and Other Social Services Staff		579,472		577,540	
Total Pharmacy		2,336,671		2,238,598	
Total Ambulance Staff		0		0	
Total Agency Staff		304,255		525,650	
Total Bank Staff		0		0	
Total Pension Costs		0		0	
Total Early Departure Costs		0		0	
Total Salaries and Wages (AfC)			27,945,040		25,661,961
Total Salaries and Wages (Non AfC and AfC)			29,093,342		25,218,507
Supplies and services - clinical	100	1,274		848	
Supplies and services - general	200	365,268		363,921	
Total establishment expenses	300	1,496,975		1,455,913	
Transport and moveable plant	400	7,893		10,197	
Total Premises and Fixed Plant	500	1,918,174		2,238,066	
Total Capital	600	3,065,876		2,951,880	
Purchase of care from non-HPSS bodies and grants	650	47,897,164		42,970,064	
External contract staffing and consultancy services	700	833,346		1,182,004	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	1,231		3,393	
Total Miscellaneous Expenditure	900	15,358,773		8,428,553	
Bad debts	970	0		0	
Audit fees	1000	52,000		65,500	
Other auditors remuneration	1100	0		0	
Recharges from other HPSS organisations	1200	911,491,252		856,530,672	
Total Other Operating Expenses			982,489,225		916,201,011
TOTAL BFR OPERATING EXPENSES	5000		1,011,582,567		941,419,518

BFR (E) Analysis of Operating Expenditure

Analysis of Operating Expenditure	Sub-Code	2014/15		2013/14		Change		Comments
		£	£	£	£	£	%	
Supplies and services - clinical								
Occupational and industrial therapy equipment and materials	105					0	N/A	
Drugs	110	858		848		10	1%	
Medical gases	115					0	N/A	
Dressings	120					0	N/A	
Medical and surgical equipment - purchase	125					0	N/A	
Medical and surgical equipment - maintenance	130					0	N/A	
X-ray film	135					0	N/A	
X ray equipment and chemicals	140					0	N/A	
X ray equipment - maintenance	145					0	N/A	
Patients appliances	150	416				416	N/A	
Artificial limbs and wheelchair hardware	155					0	N/A	
Laboratory equipment - purchase	160					0	N/A	
Laboratory equipment - maintenance	165					0	N/A	
Contractual clinical services	170					0	N/A	
Total clinical supplies and services	100		1,274		848	426	50%	
Supplies and services - general								
Provisions - purchases	205	111,982		101,853		10,130	10%	Increase in canteen purchases due to increased usage
Contract catering	210	246,738		246,525		213	0%	
Staff uniforms and clothing including contracts	215	403		560		-157	-28%	
Patients clothing	220					0	N/A	
Laundry - Equipment and materials	225					0	N/A	
- External contracts	230					0	N/A	
Hardware and crockery	235	5,750		14,509		-8,759	-60%	
Bedding & linen - disposable	240	394		475		-80	-17%	
- non-disposable	245					0	N/A	
Total general supplies and services	200		365,268		363,921	1,347	0%	
Establishment expenses								
Printing and stationery	305	219,063		213,510		5,553	3%	
Postage	310	95,198		80,867		14,331	18%	Slight increase in both volume and price of postage
Telephone - rental	315	88,485		115,245		-26,760	-23%	
- other, including calls	320	56,972		62,825		-5,853	-9%	New VOIP phone system created savings
Advertising	325	192,433		263,844		-71,412	-27%	Higher than normal advertising in 13-14 relating to Choose Well campaign
Travel & subsistence	330	822,255		700,582		121,673	17%	Increased travel cost associated with ICPs
Removal expenses	335			6,433		-6,433	100%	
Leased and contract hire charges (staff cars)	340	22,569		12,605		9,964	79%	Greater uptake of staff car lease scheme
Total establishment expenses	300		1,496,975		1,455,913	41,062	3%	
Transport and moveable plant								
Fuel and oil	405			56		-56	-100%	
Maintenance - equipment and materials	410					0	N/A	
- external contracts	415					0	N/A	
Hire of transport	420			32		-32	-100%	
Hospital car service	425					0	N/A	
Miscellaneous transport expenses	430	7,893		10,109		-2,215	-22%	
Total transport expenses	400		7,893		10,197	-2,304	-23%	
Premises and fixed plant								
Oil	505	795		33,709		-32,914	-98%	Switch from Oil to Gas during year
Electricity	510	140,439		163,515		-23,075	-14%	Combination of lower usage and price decrease
Gas	515	50,639		26,381		22,257	78%	Switch from Oil to Gas during year
Other fuels	520			120		-120	-100%	
Water and sewerage	525	16,484		45,704		-29,220	-64%	Basis for charge was revised in 14-15
Cleaning	530	200,999		190,487		10,511	6%	
External general services contracts	535	129,390		218,287		-88,898	-41%	
Furniture, furnishing and fittings	540	20,777		39,847		-19,070	-48%	Major refurbishment project in 13-14 caused higher cost
Office equipment	545	10,334		17,437		-7,104	-41%	Major refurbishment project in 13-14 caused higher cost
Purchase of computer hardware and software	550	96,056		100,622		-4,566	-5%	
Maintenance of computer hardware and software	555	214,509		185,226		29,284	16%	One-off investment in software during 2014-15
External contracts for Data Processing services	560					0	N/A	
Business rates	565	625,338		614,907		10,431	2%	
Rent	570	141,168		233,200		-92,032	-39%	Reduced cost in 14-15 - Antrim Technology Park no longer being rented
Building & engineering equipment	575	58,398		2,393		56,006	2341%	
Building & engineering contracts	580	208,788		360,230		-151,442	-42%	Major refurbishment project in 13-14 caused higher cost
Gardening - equipment and materials	585					0	N/A	
Gardening - external contracts	590	4,062		4,003		59	1%	
Total premises and fixed plant	500		1,918,174		2,238,066	-319,892	-14%	
Capital								
Depreciation / amortisation on purchased assets	610	3,007,655		2,928,455		79,200	3%	
(Profit) on disposal of fixed assets	615					0	N/A	
Profit on sale of land	3180					0	N/A	
Loss on Sale of Land or fixed Assets	616	58,221		23,425		34,796	149%	
Depreciation / amortisation on donated assets	620					0	N/A	
Impairment of fixed assets	625					0	N/A	
Cost of Capital								
Total Capital	600		3,065,876		2,951,880	113,996	4%	
Personal Social Services								
Boarded out adults	805					0	N/A	
Boarded out children	810					0	N/A	
Payments under legislation	815					0	N/A	
Medical examination fees	820	1,231		3,393		-2,162	-64%	
Other PSS expenditure	825					0	N/A	
Total PSS Expenditure	800		1,231		3,393	-2,162	-64%	
Miscellaneous Expenditure								
Students' bursaries	905					0	N/A	
Residents' / patients' allowances	910					0	N/A	
Redundancy payments	915					0	N/A	
Net bank charges	920					0	N/A	
Patients' travelling expenses	925	4,890,138		4,147,178		742,959	18%	Increased high cost travel re Paediatric Cardiology. Includes expenditure in relation to ECR's
Provisions (excluding CN payments)	930	9,591,390		3,464,424		6,126,966	177%	Increase in the provisions charged reflects revised estimates from DLS regarding clinical negligence cases
Insurance	940					0	N/A	
All other expenditure	945	877,245		816,951		60,294	7%	
Total Miscellaneous Expenditure	900		15,358,773		8,428,553	6,930,220	82%	
Other Expenditure								
Purchase of care from non-HPSS bodies and grants	650	47,897,164		42,970,064		4,927,100	11%	Mainly due to £3.3m Regional Interpreting charged here
External contract staffing and consultancy services	700	833,346		1,182,004		-348,658	-29%	Higher than normal consultancy associated with TYC in 13-14
Clinical negligence payments: provisions utilised	740					0	N/A	
Other	750					0	N/A	
Bad debts	970					0	N/A	
Audit fees	1000	52,000		65,500		-13,500	-21%	New auditor - lower fee
Other auditors' remuneration	1100					0	N/A	
Recharges from other HPSS organisations	1200	911,491,252		856,530,672		54,960,579	6%	FHS Expenditure increased by £50m in 14-15
Total Other Expenditure	1000		960,273,762		900,748,241	59,525,521	7%	
Total Operating Expenditure:			982,489,225		916,201,011	66,288,214	7%	

BFR (S) Analysis of Salaries and Wages							
	Sub-Code	2014/15		2013/14		Change	
		£	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration	4000					0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians	4130		0		0	0	N/A
Pharmacists	4140				0	0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142	387,056		454,148		-67,092	-15%
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143					0	N/A
Total Administration and Clerical	4145		387,056		454,148	-67,092	-15%
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

LCG Chair & Members and TUPE Staff from Civil Service

BFR (S) Analysis of Salaries and Wages							
	Sub-Code	2014/15		2013/14		Change	
		£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280		761,245		-897,603	1,658,848	-185%
Total Salaries and Wages:			1,148,301		-443,455	1,591,756	-359%

BFR (S) Salaries and Wages (AFC)**Board Members**Executive Board Members *Per Accounts
T/B See Dept 65*Non Executive Board Members *Per Accounts
T/B See Dept 65***Total Board Members**

Non AFC	
Non Locum	Locum
1,189,699	
65,070	
1,254,769	

Total Expenditure
1,189,699
65,070
1,254,769

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change**Medical - Hospital**

Clinical Professional Manager #
Consultant 01
Associate Specialist 01
Staff Grade Practitioner 01
Senior Registrar 01
Registrar 01
Specialist Registrar 01
Senior House Officer 01
Pre Registration House Officer 01
Hospital Practitioner (Sessions) 01
Other - Medical - Hospital

Total Medical - Hospital

Non AFC	
Non Locum	Locum
£	£

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0

Medical - Community

Clinical Professional Manager #
Consultant 17
Associate Specialist 17
Staff Grade Practitioner 17
Senior Registrar 17
Registrar 17
Specialist Registrar 17
Senior House Officer 17
Pre Registration House Officer 17
Hospital Practitioner (Sessions) 17
Other - Medical - Community 17

Total Medical - Community

1,649,832	519
4,321	
-480	
1,833	180
60,241	137,851
101,847	220
1,817,595	138,770

0
1,650,351
4,321
-480
0
0
2,013
0
0
198,092
102,067
1,956,364

Total Medical Hospital & Community

1,817,595	138,770

1,956,364

Dental - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Dental - Hospital

Total Dental - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0

		Non Locum	Locum		Total Expenditure
Clinical Professional Manager	#				0
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00	94,050			94,050
Asst Clinical Dir of CDS/ Salaried PDS	00	139,722			139,722
Senior Dental Off/ Senior Salaried PDS Dentist	00	395,187			395,187
Community Dental Off/Salaried PDS Dentist	00	248,183	2,160		250,343

Agenda for Change

Nursing

Clinical Professional Managers		0
Hospital - Children's		0
Hospital - Learning Disability		0
Hospital - Mental Health		0
Hospital - General		0
Hospital - Midwives		0
Community - Children's		0
Community - Learning Disability		0
Community - Mental Health		0
Community - District Nurses		0
Community - General (exc. District Nurses)		0
Community - Midwives		0
Health Visiting		0
Practice Nurses		0
School Nurses		0
Treatment Room Nurses		0
Dental Nurses		0
Total Nursing	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0

AHPS

Dental Technician	33													0
Dietetics	23					159,787	48,362							208,150
Occupational Therapy	27													0
Physiotherapy	49													0
Speech & Language Therapy	28													0
Podiatry	29													0
Orthoptists/ Optometrists	32						2,009			-32,971				-30,962
Clinical Psychology	31													0
ECG	34													0
EEG	35													0
Audiology	36													0
Medical Photography	37													0
Medical Physics	39													0
Medical Tech/Estates	47						88,288							88,288
Diagnostic Imaging	48													0
Central Sterile Services Department/Theatre Sterile Services Unit	25													0
Radiotherapy	26													0
Laboratory	52													0
Other Allied Health Professionals	24									65,261				65,261
Total AHPS		0	0	0	0	0	0	248,075	50,372	0	32,290	0	0	330,737

		Non Locum	Locum											Total Expenditure
Admin														
Finance				532	111,733	93,555	404,846	270,902	428,247	507,153		509,360		2,326,328
Human Resources														0
Information Technology		9,088	2,232	3,456	21,407	26,746			175,353	272,541	170,466	106,625		787,914
Estates														0
Other Corporate Services e.g. Public Relations, Planning / Contracting / Information / HQ Admin		151,845	115,729	94,478	433,669	209,706	231,249	556,823	174,821	201,542	76,238	1,574		2,247,674
Supporting Direct Patient & Client Services eg; Medical records and Secretaries to Clinicians			12,449	692,185	1,159,162	1,034,445	2,323,143	2,128,082	2,417,775	2,963,202	768,597	1,442,514		14,941,554
Total Admin		160,933	130,410	790,651	1,725,971	1,364,452	2,959,238	2,955,807	3,196,196	3,944,438	1,015,301	2,060,073	0	20,303,470
Ancillary & General														
Social Services - Ancillary & General	38													0
Central Sterile Services Department/Theatre Sterile Services Unit - Ancillary & General	43													0
Catering	53													0
Laundry	58													0
Bedding & Linen	61													0
Cleaners	62													0
Portering	63													0
Telephonists	69													0
Drivers	71													0
General Services	76													0
Estates	59													0
Other Grades														
Laundry - Other Grades	16													0
Estates - Other Grades	18													0
Catering - Other Grades	19													0
Domestic - Other Grades	20													0
Transport Other Grades	21													0
CSSD/TSSU - Other Grades	46													0
Other - Other Grades	22													0
Total Other Grades		0	0	0	0	0	0	0	0	0	0	0	0	0
Agenda for Change														
		Agenda for Change (AFC) Pay Band												
		01	02	03	04	05	06	07	08	09	10	11	12	Total Expenditure
		£	£	£	£	£	£	£	£	£	£	£	£	£
Social Workers														
Managers - Children														0
Managers - Older People														0
Managers - Adults										412,711	166,761			579,472
Practitioners - Children														0
Practitioners - Older People														0
Practitioners - Adults														0
Children's Homes														0
Residential Child Care Worker (Transitional)														0
Children's Family Centres														0
Residential Care (Adult/Older People)														0
Total Social Workers		0	0	0	0	0	0	0	0	412,711	166,761	0	0	579,472

Received from Sharon Gallagher on 25/10/2022. Annotated by the Urology Services Inquiry

		Non Locum	Locum											Total Expenditure	
Medical	01, 17 & 68														
Dental	00, 33														
Nursing	23,24,25,26,27,2														
Allied Health Professionals	8,29,31,32,34,35 ,36,37,39,47,48, 49 & 52														
Admin	65 & 66														
Ancillary & General	38,43,53,58,61,6 2,63,69,71 & 76														
Estates	59														
Other Grades	16,18,19,20,21,2 2 & 46														
Social Services															
Pharmacy	50														
Ambulance	15														
Total AFC Bank Staff															0
Total Bank Staff															0
Other Staff Costs															
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B														
Early Departure Costs	Per Accounts T/B														
Total Salaries & Wages		4,110,438	271,339	790,651	1,725,971	1,364,452	2,959,238	3,400,394	4,670,236	4,693,342	1,492,822	2,161,902	0	27,945,040	

Board:	Public Health Agency	
Year Ending:	2014/15	
Contact Name:		
<u>Index</u>		
Reconciliation to Accounts	Reconciliation	
Summary of Expenditure	Summary	
Analysis of non-pay expenditure	BFR(E)	
Analysis of salaries and wages	BFR(S)	
Analysis of salaries and wages (AfC)	BFR(S) AFC	
<u>Details of significant changes from 2012/13:</u>		
<u>Expenditure item</u>	<u>2013/14</u>	<u>2014/15</u>
Total	£ 62,951,812	66,979,542
<u>Details of significant year on year movements:</u>		
Please note that on the reconciliation tab the Operation expenditure has been reduced by £6,388K for R&D which technically relates to commissioning.		

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		66,979,542
Staff Costs	3.1	16,898,866	
Commissioning & Other Services Expenditure	4.1	38,362,519	
Board Administration Expenses	4.2&4.3	11,718,157	
Total Operating Expenses per Financial Statements			66,979,542

Please note that the Staff Costs 3.1 above are net (due to Secondments Income of £478K) whereas the remaining lines are Gross.

BFR Summary of Expenditure (AfC)	Sub-Code	2014/2015		2013/2014	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		0	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	52,636		133,157	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	0		0	
Total Salaries and Wages (Non AfC)	4999		52,636		133,157
Salaries and Wages (AfC)					
Total Executive Board Members		576,613		540,257	
Total Non Executive Board Members		79,220		98,559	
Total Medical Hospital & Community		4,108,442		4,273,866	
Total Dental Hospital & Community					
Total Nursing		1,036,944		919,141	
Total AHPS		308,038		57,190	
Total Admin		10,498,027		10,276,081	
Total Ancillary & General					
Total Estates					
Total Other Grades					
Total Social Workers and Other Social Services Staff					
Total Pharmacy					
Total Ambulance Staff					
Total Agency Staff		238,945		246,105	
Total Bank Staff					
Total Pension Costs					
Total Early Departure Costs					
Total Salaries and Wages (AfC)			16,846,230		16,411,199
Total Salaries and Wages (Non AfC and AfC)			16,898,866		16,544,357
Supplies and services - clinical	100	129		2,409	
Supplies and services - general	200	70,569		52,888	
Total establishment expenses	300	801,749		814,988	
Transport and moveable plant	400	713		7,766	
Total Premises and Fixed Plant	500	905,905		972,167	
Total Capital	600	141,035		101,171	
Purchase of care from non-HPSS bodies and grants	650	42,679,783		39,277,566	
External contract staffing and consultancy services	700	47,638		32,458	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	3,285		1,528	
Total Miscellaneous Expenditure	900	558,728		567,891	
Bad debts	970	0		0	
Audit fees	1000	16,400		21,300	
Other auditors remuneration	1100	0		0	
Recharges from other HPSS organisations	1200	4,854,743		4,555,323	
Total Other Operating Expenses			50,080,676		46,407,456
TOTAL BFR OPERATING EXPENSES	5000		66,979,542		62,951,812

BFR (E) Analysis of Operating Expenditure

		2014/2015		2013/2014		Change		Comments
Analysis of Operating Expenditure	Sub-Code	£	£	£	£	£	%	
Supplies and services - clinical								
Occupational and industrial therapy equipment and materials	105					0	N/A	
Drugs	110	129		2,409		-2,281	-95%	
Medical gases	115					0	N/A	
Dressings	120					0	N/A	
Medical and surgical equipment - purchase	125					0	N/A	
Medical and surgical equipment - maintenance	130					0	N/A	
X-ray film	135					0	N/A	
X ray equipment and chemicals	140					0	N/A	
X ray equipment - maintenance	145					0	N/A	
Patients appliances	150					0	N/A	
Artificial limbs and wheelchair hardware	155					0	N/A	
Laboratory equipment - purchase	160					0	N/A	
Laboratory equipment - maintenance	165					0	N/A	
Contractual clinical services	170					0	N/A	
Total clinical supplies and services	100		129		2,409	-2,281	-95%	
Supplies and services - general								
Provisions - purchases	205	5,010				5,010	N/A	
Contract catering	210	65,296		52,700		12,596	24%	
Staff uniforms and clothing including contracts	215	23		46		-23	-50%	
Patients clothing	220					0	N/A	
Laundry - Equipment and materials	225					0	N/A	
- External contracts	230					0	N/A	
Hardware and crockery	235	241		130		111	85%	
Bedding & linen - disposable	240			13		-13	-100%	
- non-disposable	245					0	N/A	
Total general supplies and services	200		70,569		52,888	17,681	33%	
Establishment expenses								
Printing and stationery	305	217,894		151,340		66,554	44%	Several large campaigns were run in 14-15, including Health Intelligence publicity.
Postage	310	18,685		18,021		664	4%	
Telephone - rental	315	26,557		18,690		7,867	42%	
- other, including calls	320	56,589		85,272		-28,684	-34%	New VOIP phone system created savings I 14-15
Advertising	325	102,902		39,095		63,807	163%	14-15 saw the start of the Social Care Procurement process and the associated advertising of tenders.
Travel & subsistence	330	375,144		480,467		-105,324	-22%	PHA has been actively seeking to reduce its travel costs in recent years.
Removal expenses	335	2,724		-415		3,139	-756%	
Leased and contract hire charges (staff cars)	340	1,255		22,519		-21,263	-94%	Several car leases came to an end in 13-14.
Total establishment expenses	300		801,749		814,988	-13,239	-2%	
Transport and moveable plant								
Fuel and oil	405					0	N/A	
Maintenance - equipment and materials	410					0	N/A	
- external contracts	415					0	N/A	
Hire of transport	420			7,648		-7,648	-100%	
Hospital car service	425					0	N/A	
Miscellaneous transport expenses	430	713		118		595	504%	
Total transport expenses	400		713		7,766	-7,053	-91%	
Premises and fixed plant								
Oil	505	11,400		19,292		-7,892	-41%	Cost was abnormally high in 13-14
Electricity	510	48,335		54,514		-6,179	-11%	Combination of lower usage and price decrease
Gas	515	7,537		12,382		-4,845	-39%	Cost was abnormally high in 13-14
Other fuels	520					0	N/A	
Water and sewerage	525	4,111		10,077		-5,966	-59%	Basis for charge was revised in 14-15
Cleaning	530	60,834		66,819		-5,985	-9%	
External general services contracts	535	192,217		94,247		97,970	104%	
Furniture, furnishing and fittings	540	3,774		20,381		-16,607	-81%	
Office equipment	545	4,013		20,737		-16,723	-81%	
Purchase of computer hardware and software	550	37,078		4,424		32,653	738%	Investment in software during 14-15
Maintenance of computer hardware and software	555	62,474		229,517		-167,042	-73%	Major replacement of IT equipment during 13-14, therefore lower maintenance required on newer equipment
External contracts for Data Processing services	560					0	N/A	
Business rates	565	185,216		162,253		22,963	14%	
Rent	570	227,116		229,672		-2,556	-1%	
Building & engineering equipment	575	1,445		1,050		395	38%	
Building & engineering contracts	580	60,356		46,803		13,553	29%	Additional maintenance work in 14-15
Gardening - equipment and materials	585					0	N/A	
Gardening - external contracts	590					0	N/A	
Total premises and fixed plant	500		905,905		972,167	-66,262	-7%	
Capital								
Depreciation / amortisation on purchased assets	610	140,515		99,778		40,737	41%	Significant investment in IT in 13-14 created increased depreciation charge in 14-15
(Profit) on disposal of fixed assets	615					0	N/A	
Profit on sale of land	3180					0	N/A	
Loss on Sale of Land or fixed Assets	616	520		1,393		-873	-63%	
Depreciation / amortisation on donated assets	620					0	N/A	
Impairment of fixed assets	625					0	N/A	
Cost of Capital								
Total Capital	600		141,035		101,171	39,864	39%	
Personal Social Services								
Boarded out adults	805					0	N/A	
Boarded out children	810					0	N/A	
Payments under legislation	815					0	N/A	
Medical examination fees	820	3,285		1,528		1,757	115%	
Other PSS expenditure	825					0	N/A	
Total PSS Expenditure	800		3,285		1,528	1,757	115%	
Miscellaneous Expenditure								
Students' bursaries	905					0	N/A	
Residents' / patients' allowances	910					0	N/A	
Redundancy payments	915					0	N/A	
Net bank charges	920					0	N/A	
Patients' travelling expenses	925					0	N/A	
Provisions (excluding CN payments)	930			5,090		-5,090	-100%	
Insurance	940	1,416				1,416	N/A	
All other expenditure	945	557,312		562,801		-5,489	-1%	
Total Miscellaneous Expenditure	900		558,728		567,891	-9,163	-2%	
Other Expenditure								
Purchase of care from non-HPSS bodies and grants	650	42,679,783		39,277,566		3,402,217	9%	Additional Allocations have been received by PHA in 14-15. These increased allocations have seen increasing expenditure regarding purchase of Services.
External contract staffing and consultancy services	700	47,638		32,458		15,180	47%	
Clinical negligence payments: provisions utilised	740					0	N/A	
Other	750					0	N/A	
Bad debts	970					0	N/A	
Audit fees	1000	16,400		21,300		-4,900	-23%	
Other auditors' remuneration	1100					0	N/A	
Recharges from other HPSS organisations	1200	4,854,743		4,555,323		299,420	7%	Increase in FHS recharge from HSCB
Total Other Expenditure	1000		47,598,564		43,886,646	3,711,917	8%	
Total Operating Expenditure:			50,080,676		46,407,456	3,673,221	8%	

BFR (S) Analysis of Salaries and Wages		2014/2015		2013/2014		Change	
	Sub-Code	£	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration	4000					0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians	4130		0			0	N/A
Pharmacists	4140					0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142					0	N/A
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143	52,636		133,157		-80,522	-60%
Total Administration and Clerical	4145		52,636		133,157	-80,522	-60%
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

BFR (S) Analysis of Salaries and Wages		2014/2015		2013/2014		Change	
	Sub-Code	£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280					0	N/A
Total Salaries and Wages:			52,636		133,157	-80,522	-60%

BFR (S) Salaries and Wages (AFC)**Board Members**

Executive Board Members

Per Accounts
T/B See Dept 65

Non Executive Board Members

Per Accounts
T/B See Dept 65**Total Board Members**

Non AFC	
Non Locum	Locum
576,613	
79,220	

Total Expenditure
576,613
79,220
655,834

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change

Non AFC	
Non Locum	Locum
£	£

Medical - Hospital

Clinical Professional Manager #
Consultant 01
Associate Specialist 01
Staff Grade Practitioner 01
Senior Registrar 01
Registrar 01
Specialist Registrar 01
Senior House Officer 01
Pre Registration House Officer 01
Hospital Practitioner (Sessions) 01
Other - Medical - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0

Medical - Community

Clinical Professional Manager #
Consultant 17
Associate Specialist 17
Staff Grade Practitioner 17
Senior Registrar 17
Registrar 17
Specialist Registrar 17
Senior House Officer 17
Pre Registration House Officer 17
Hospital Practitioner (Sessions) 17
Other - Medical - Community 17

4,103,263	5,179

0
3,490,627
0
0
0
0
592,855
0
0
24,959
0
4,108,442

Total Medical Hospital & Community

4,103,263	5,179

4,108,442

Dental - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Dental - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0

Total Dental - Hospital

0

		Non Locum	Locum											Total Expenditure
Dental - Community														
Clinical Professional Manager	#													0
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00													0
Assnt Clinical Dir of CDS/ Salaried PDS	00													0
Senior Dental Off/ Senior Salaried PDS Dentist	00													0
Community Dental Off/Salaried PDS Dentist	00													0
Dental - Community		0	0											0
Total Dental Hospital & Community		0	0											0
Agenda for Change														
Nursing														
Clinical Professional Managers														0
Hospital - Children's														0
Hospital - Learning Disability														0
Hospital - Mental Health														0
Hospital - General														0
Hospital - Midwives														0
Community - Children's														0
Community - Learning Disability														0
Community - Mental Health														0
Community - District Nurses														0
Community - General (exc. District Nurses)					53,307		221,714		54,778		401,331		238,503	969,633
Community - Midwives											67,311			67,311
Health Visiting														0
Practice Nurses														0
School Nurses														0
Treatment Room Nurses														0
Dental Nurses														0
Total Nursing		0	0	0	53,307	0	221,714	54,778	468,642	238,503	0	0	0	1,036,944
Dental Technician	33													0
Dietetics	23													0
Occupational Therapy	27													0
Physiotherapy	49									59,694				59,694
Speech & Language Therapy	28													0
Podiatry	29													0
Orthoptists/ Optometrists	32													0
Clinical Psychology	31													0
ECG	34													0
EEG	35													0
Audiology	36													0
Medical Photography	37													0
Medical Physics	39													0
Medical Tech/Estates	47						24,728							24,728
Diagnostic Imaging	48													0
Central Sterile Services Department/Theatre Sterile Services Unit	25													0
Radiotherapy	26													0
Laboratory	52													0
Other Allied Health Professionals	24						86,054	94,435			43,127			223,616
Total AHPS		0	0	0	0	0	110,782	94,435	0	59,694	43,127	0	0	308,038
Admin														
Finance														0
Human Resources														0
Information Technology														0
Estates														0
Other Corporate Services e.g. Public Relations, Planning / Contracting / Information / HQ Admin		34,154	46,826	705,650	829,535	451,097	1,819,478	2,409,213	1,585,999	1,025,386	1,084,802	505,888		10,498,027
Supporting Direct Patient & Client Services eg; Medical records and Secretaries to Clinicians														0
Total Admin		34,154	46,826	705,650	829,535	451,097	1,819,478	2,409,213	1,585,999	1,025,386	1,084,802	505,888	0	10,498,027

		Non Locum	Locum											Total Expenditure
Ancillary & General														
Social Services - Ancillary & General	38													0
Central Sterile Services Department/Theatre Sterile Services Unit - Ancillary & General	43													0
Catering	53													0
Laundry	58													0
Bedding & Linen	61													0
Cleaners	62													0
Portering	63													0
Telephonists	69													0
Drivers	71													0
General Services	76													0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Estates														0
	59													0
Other Grades														0
Laundry - Other Grades	16													0
Estates - Other Grades	18													0
Catering - Other Grades	19													0
Domestic - Other Grades	20													0
Transport Other Grades	21													0
CSSD/TSSU - Other Grades	46													0
Other - Other Grades	22													0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Grades														0
Social Workers														0
Managers - Children														0
Managers - Older People														0
Managers - Adults														0
Practitioners - Children														0
Practitioners - Older People														0
Practitioners - Adults														0
Children's Homes														0
Residential Child Care Worker (Transitional)														0
Children's Family Centres														0
Residential Care (Adult/Older People)														0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Social Workers														0
Other Social Services Staff														0
Social Work Assistants														0
Day Care Service (Adult/Older People)														0
Domiciliary Care														0
Rehabilitation for Sensory Impairment														0
Wardens														0
Residential Care (Adults/Older People)														0
Daycare (Adults/Older People)														0
Drivers (Caring Duties)														0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Total Other Social Services Staff														0
Total Social Workers and Other Social Services Staff														0
		0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy														0
	50													0
Ambulance Staff														0
	15													0
Total Agenda for Change Staff Costs														0
		34,154	46,826	705,650	829,535	504,404	1,930,260	2,725,362	1,640,777	1,553,722	1,366,431	505,888	0	11,843,009

		Non Locum	Locum						Total Expenditure
Agency Staff									
	01, 17 & 68								
	00, 33								
Nursing	23,24,25,26,27,2								
Allied Health Professionals	8,29,31,32,34,35 ,36,37,39,47,48, 49 & 52								
Admin	65 & 66	480	212,513	11,429	2,245	12,278	238,945		
Ancillary & General	38,43,53,58,61,6								
Estates	2,63,69,71 & 76 59								
Other Grades	16,18,19,20,21,2 2 & 46								
Social Services									
Pharmacy	50								
Ambulance	15								
									238,945
									238,945

		Non Locum	Locum											Total Expenditure
Medical	01, 17 & 68													
Dental	00, 33													
Nursing	23,24,25,26,27,2													
Allied Health Professionals	8,29,31,32,34,35 ,36,37,39,47,48, 49 & 52													
Admin	65 & 66													
Ancillary & General	38,43,53,58,61,6 2,63,69,71 & 76													
Estates	59													
Other Grades	16,18,19,20,21,2													
Social Services	2 & 46													
Pharmacy	50													
Ambulance	15													
														0
														0
Other Staff Costs														
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B													
Early Departure Costs	Per Accounts T/B													
Total Salaries & Wages		4,793,250	52,485	705,650	829,535	504,404	1,930,260	2,725,362	1,640,777	1,553,722	1,366,431	505,888	0	16,846,230
														52,636

Board: Health and Social Care Board								
Year Ending: 2015/16								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) Analysis of salaries and wages (AfC) BFR(S) AfC <u>Details of significant changes from 2014/15:</u> <table> <tr> <td><u>Expenditure item</u></td> <td><u>2014/15</u></td> <td><u>2015/16</u></td> </tr> <tr> <td>Total</td> <td>£ 1,011,582,567</td> <td>£1,042,721,767</td> </tr> </table> <u>Details of significant year on year movements:</u> Expenditure within the area of Management and Administration has fallen in line with the budget reduction which the HSCB received for the 2015/16 financial year. While individual targets were set regarding Staff Travel and Subsistence, the HSCB sought to reduce its expenditure across the Board regarding M&A. A number of individual variances have been explained regarding individual lines.			<u>Expenditure item</u>	<u>2014/15</u>	<u>2015/16</u>	Total	£ 1,011,582,567	£1,042,721,767
<u>Expenditure item</u>	<u>2014/15</u>	<u>2015/16</u>						
Total	£ 1,011,582,567	£1,042,721,767						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		1,042,721,767
Staff Costs	3.1	28,120,215	
Commissioning & Other Services Expenditure	4.1	973,206,050	
Board Administration Expenses	4.2&4.3	41,395,501	
Total Operating Expenses per Financial Statements			1,042,721,766

Please note that the Staff Costs 3.1 above are net (due to Secondments Income of £533,552) whereas the remaining lines are Gross.

BFR Summary of Expenditure (AfC)	Sub-Code	2015/16		2014/15	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		0	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	290,043		387,056	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	-622,605		761,245	
Total Salaries and Wages (Non AfC)	4999		-332,562		1,148,301
Salaries and Wages (AfC)					
Total Executive Board Members		1,112,484		1,189,699	
Total Non Executive Board Members		100,740		65,070	
Total Medical Hospital & Community		2,101,312		1,956,364	
Total Dental Hospital & Community		978,304		879,301	
Total Nursing		242,126		0	
Total AHPS		146,998		330,737	
Total Admin		20,333,437		20,303,470	
Total Ancillary & General		0		0	
Total Estates		0		0	
Total Other Grades		0		0	
Total Social Workers and Other Social Services Staff		612,922		579,472	
Total Pharmacy		2,548,895		2,336,671	
Total Ambulance Staff		0		0	
Total Agency Staff		11,653		304,255	
Total Bank Staff		263,907		0	
Total Pension Costs		0		0	
Total Early Departure Costs		2,503,667		0	
Total Salaries and Wages (AfC)			30,956,445		27,945,040
Total Salaries and Wages (Non AfC and AfC)			30,623,883		29,093,342
Supplies and services - clinical	100	1,002		1,274	
Supplies and services - general	200	334,750		365,268	
Total establishment expenses	300	1,128,312		1,496,975	
Transport and moveable plant	400	7,439		7,893	
Total Premises and Fixed Plant	500	1,932,184		1,918,174	
Total Capital	600	2,935,473		3,065,876	
Purchase of care from non-HPSS bodies and grants	650	48,729,960		47,897,164	
External contract staffing and consultancy services	700	715,515		833,346	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	2,879		1,231	
Total Miscellaneous Expenditure	900	20,797,656		15,358,773	
Bad debts	970	0		0	
Audit fees	1000	52,000		52,000	
Other auditors remuneration	1100	0		0	
Recharges from other HPSS organisations	1200	935,460,715		911,491,252	
Total Other Operating Expenses			1,012,097,884		982,489,225
TOTAL BFR OPERATING EXPENSES	5000		1,042,721,767		1,011,582,567

BFR (E) Analysis of Operating Expenditure			2015/16		2014/15		Change		Comments
Analysis of Operating Expenditure	Sub-Code		£	£	£	£	£	%	
Supplies and services - clinical									
Occupational and industrial therapy equipment and materials	105						0	N/A	
Drugs	110				858		-858	-100%	
Medical gases	115						0	N/A	
Dressings	120						0	N/A	
Medical and surgical equipment - purchase	125	746					746	N/A	
Medical and surgical equipment - maintenance	130						0	N/A	
X ray film	135						0	N/A	
X ray equipment and chemicals	140						0	N/A	
X ray equipment - maintenance	145						0	N/A	
Patients appliances	150	256			416		-160	-39%	
Artificial limbs and wheelchair hardware	155						0	N/A	
Laboratory equipment - purchase	160						0	N/A	
Laboratory equipment - maintenance	165						0	N/A	
Contractual clinical services	170						0	N/A	
Total clinical supplies and services	100		1,002		1,274		-272	-21%	
Supplies and services - general									
Provisions - purchases	205	99,372			111,982		-12,611	-11%	
Contract catering	210	228,954			246,738		-17,784	-7%	
Staff uniforms and clothing including contracts	215	436			403		32	8%	
Patients clothing	220						0	N/A	
Laundry - Equipment and materials	225						0	N/A	
- External contracts	230						0	N/A	
Hardware and crockery	235	5,358			5,750		-392	-7%	
Bedding & linen - disposable	240	631			394		236	60%	
- non-disposable	245						0	N/A	
Total general supplies and services	200		334,750		365,268		-30,518	-8%	
Establishment expenses									
Printing and stationery	305	114,728			219,063		-104,335	-48%	
Postage	310	49,003			95,198		-46,195	-49%	
Telephone - rental	315	69,418			88,485		-19,067	-22%	
- other, including calls	320	17,609			56,972		-39,363	-69%	New Telephone system in for full year.
Advertising	325	201,587			192,433		9,154	5%	
Travel & subsistence	330	634,036			822,255		-188,219	-23%	HSCB set a Travel reduction in 15/16
Removal expenses	335	11,486					11,486	100%	
Leased and contract hire charges (staff cars)	340	30,445			22,569		7,876	35%	
Total establishment expenses	300		1,128,312		1,496,975		-368,663	-25%	
Transport and moveable plant									
Fuel and oil	405						0	N/A	
Maintenance - equipment and materials	410						0	N/A	
- external contracts	415						0	N/A	
Hire of transport	420	3,336					3,336	N/A	
Hospital car service	425						0	N/A	
Miscellaneous transport expenses	430	4,103			7,893		-3,790	-48%	
Total transport expenses	400		7,439		7,893		-454	-6%	
Premises and fixed plant									
Oil	505	672			795		-123	-15%	
Electricity	510	146,713			140,439		6,274	4%	
Gas	515	44,839			50,639		-5,800	-11%	
Other fuels	520						0	N/A	
Water and sewerage	525	25,436			16,484		8,952	54%	
Cleaning	530	215,380			200,989		14,391	7%	
External general services contracts	535	170,263			129,390		40,864	32%	
Furniture, furnishing and fittings	540	10,549			20,777		-10,228	-49%	
Office equipment	545	5,464			10,334		-4,869	-47%	
Purchase of computer hardware and software	550	96,561			96,056		505	1%	
Maintenance of computer hardware and software	555	136,602			214,509		-77,907	-36%	
External contracts for Data Processing services	560						0	N/A	
Business rates	565	613,088			625,338		-12,250	-2%	
Rent	570	205,497			141,168		64,329	46%	
Building & engineering equipment	575	62,653			58,398		4,255	7%	
Building & engineering contracts	580	194,373			208,788		-14,414	-7%	
Gardening - equipment and materials	585						0	N/A	
Gardening - external contracts	590	4,103			4,062		41	1%	
Total premises and fixed plant	500		1,932,184		1,918,174		14,010	1%	
Capital									
Depreciation / amortisation on purchased assets	610	2,815,101			3,007,655		-192,554	-6%	
(Profit) on disposal of fixed assets	615						0	N/A	
Profit on sale of land	3180						0	N/A	
Loss on Sale of Land or fixed Assets	616	23,914			58,221		-34,307	-59%	
Depreciation / amortisation on donated assets	620						0	N/A	
Impairment of fixed assets	625	96,458					96,458	N/A	
Cost of Capital									
Total Capital	600		2,935,473		3,065,876		-130,403	-4%	
Personal Social Services									
Boarded out adults	805						0	N/A	
Boarded out children	810						0	N/A	
Payments under legislation	815						0	N/A	
Medical examination fees	820	2,879			1,231		1,648	134%	
Other PSS expenditure	825						0	N/A	
Total PSS Expenditure	800		2,879		1,231		1,648	134%	
Miscellaneous Expenditure									
Students' bursaries	905						0	N/A	
Residents' / patients' allowances	910						0	N/A	
Redundancy payments	915						0	N/A	
Net bank charges	920	-2,727					-2,727	N/A	
Patients' travelling expenses	925	5,306,317			4,890,138		416,180	9%	
Provisions (excluding CN payments)	930	14,779,614			9,591,390		5,188,224	54%	
Insurance	940						0	N/A	
All other expenditure	945	714,451			877,245		-162,793	-19%	
Total Miscellaneous Expenditure	900		20,797,656		15,358,773		5,438,883	35%	
Other Expenditure									
Purchase of care from non-HPSS bodies and grants	650	48,729,960			47,897,164		832,795	2%	Mainly Voluntary Organisations Spend
External contract staffing and consultancy services	700	715,515			833,346		-117,831	-14%	
Clinical negligence payments: provisions utilised	740						0	N/A	
Other	750						0	N/A	
Bad debts	970						0	N/A	
Audit fees	1000	52,000			52,000		0	0%	
Other auditors' remuneration	1100						0	N/A	
Recharges from other HPSS organisations	1200	935,460,715			911,491,252		23,969,463	3%	Incl FHS Costs Re BSO
Total Other Expenditure	1000		984,958,190		960,273,762		24,684,428	3%	
Total Operating Expenditure:			1,012,097,884		982,489,225		29,608,659	3%	

BFR (S) Analysis of Salaries and Wages			2015/16		2014/15		Change	
	Sub-Code	£	£	£	£	£	%	
Chairmans and Non-Executive Members' remuneration			4000			0	N/A	
Executive Board Members								
Chief Executive	4001				0	N/A		
Other Members	4002				0	N/A		
Senior Managers	4003				0	N/A		
Other General Managers	4004				0	N/A		
Total Executive Board Members			4010	0	0	0	N/A	
Medical								
Consultants	4011				0	N/A		
Senior Hospital Medical Officer, Medical Assistants	4012				0	N/A		
Associate specialists	4013				0	N/A		
Staff grade practitioners	4014				0	N/A		
Senior registrars	4015				0	N/A		
Registrars	4016				0	N/A		
Senior House Officers	4017				0	N/A		
House Officers	4018				0	N/A		
Hospital Practitioners	4019				0	N/A		
Clinical Assistants and sessions in BTS	4020				0	N/A		
Staff fund payments	4021				0	N/A		
Senior clinical medical officers	4022				0	N/A		
Clinical medical officers	4023				0	N/A		
Directors of Public health medicine	4024				0	N/A		
Trainees in Public health medicine	4025				0	N/A		
Sessional CHS Appointments	4026				0	N/A		
Clinical representatives on management teams	4027				0	N/A		
Consultants in Communicable Disease Control	4028				0	N/A		
Total Medical			4040	0	0	0	N/A	
Dental								
Hospital Consultants	4041				0	N/A		
Senior House Dental Officers, Assistant Dental Surgeons	4042				0	N/A		
Associate specialists	4043				0	N/A		
Staff grade practitioners	4044				0	N/A		
Senior Registrars	4045				0	N/A		
Registrars	4046				0	N/A		
Senior Dental House Officers	4047				0	N/A		
Dental House Officers	4048				0	N/A		
Dental Practitioners	4049				0	N/A		
District Dental Officers	4050				0	N/A		
Community Health Senior Dental Officers and Dental Officers	4051				0	N/A		
Trainees in Community Dentistry	4052				0	N/A		
Director and Assistant Director of Dental Health	4053				0	N/A		
Total Dental			4060	0	0	0	N/A	
Nurses and Midwives								
Senior Nursing Staff	4061				0	N/A		
Senior Nurses 1 to 5 (including senior tutors)	4062				0	N/A		
Senior Nurses 6 plus Grades H and I	4063				0	N/A		
Grades F and G	4064				0	N/A		
Grades D and E	4065				0	N/A		
Grade C	4066				0	N/A		
Grade B	4067				0	N/A		
Grade A	4068				0	N/A		
Student / pupil nurses	4069				0	N/A		
Total Nurses and midwives			4070	0	0	0	N/A	
Allied Health Professional Services (AHPS)								
AHPS (excluding speech and language therapy)	4080				0	N/A		
Professional and Scientific Staff								
Speech and language therapists	4091				0	N/A		
Biochemists	4092				0	N/A		
Physicists	4093				0	N/A		
Clinical Psychologists	4094				0	N/A		
Other Scientists	4095				0	N/A		
Chaplains	4096				0	N/A		
Other Staff Categories	4097				0	N/A		
Total Professional and Scientific Staff			4100	0	0	0	N/A	
Professional and Technical Grades - PTB								
Medical laboratory scientific officers	4101				0	N/A		
Restorative maxillo technicians	4102				0	N/A		
Facial/orthodontic technicians	4103				0	N/A		
Pharmacy technicians	4104				0	N/A		
Dental hygienist, dental surgery	4105				0	N/A		
Assistants, Dental therapists	4106				0	N/A		
All other technicians	4107				0	N/A		
Board work staff	4108				0	N/A		
Trust work staff	4109				0	N/A		
Other staff categories	4110				0	N/A		
Total Professional and Technical - PTB			4120	0	0	0	N/A	
Opticians			4130	0	0	0	N/A	
Pharmacists			4140		0	0	N/A	
Administration and Clerical (A&C)								
Ambulance officers and control assistants on A&C scales	4141				0	N/A		
Other administrative and clerical staff	4142	290,043		387,056	-97,013	-25%		
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143				0	N/A		
Total Administration and Clerical			4145	290,043	387,056	-97,013	-25%	
Ancillary Staff								
Ancillary staff negotiated by Whitley	4151				0	N/A		
Ancillary staff not negotiated by Whitley	4152				0	N/A		
Upholsterers	4153				0	N/A		
Orthopaedic Appliance Grades	4154				0	N/A		
Total Ancillary Staff			4160	0	0	0	N/A	

LCG Staff, Civil Service T&C & Inr

BFR (S) Analysis of Salaries and Wages							
	Sub-Code	2015/16		2014/15		Change	
		£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280		-622,605		761,245	-1,383,850	-182%
Release of accrual in 15/16.							
Total Salaries and Wages:			-332,562		1,148,301	-1,480,864	-129%

nterns

BFR (S) Salaries and Wages (AFC)**Board Members**Executive Board Members *Per Accounts
T/B See Dept 65*Non Executive Board Members *Per Accounts
T/B See Dept 65***Total Board Members**

Non AFC	
Non Locum	Locum

1,112,484	
100,740	

Total Expenditure
1,112,484
100,740
1,213,224

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change**Medical - Hospital**

Clinical Professional Manager #
Consultant 01
Associate Specialist 01
Staff Grade Practitioner 01
Senior Registrar 01
Registrar 01
Specialist Registrar 01
Senior House Officer 01
Pre Registration House Officer 01
Hospital Practitioner (Sessions) 01
Other - Medical - Hospital

Total Medical - Hospital

Non AFC	
Non Locum	Locum
£	£

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0
0

Medical - Community

Clinical Professional Manager #
Consultant 17
Associate Specialist 17
Staff Grade Practitioner 17
Senior Registrar 17
Registrar 17
Specialist Registrar 17
Senior House Officer 17
Pre Registration House Officer 17
Hospital Practitioner (Sessions) 17
Other - Medical - Community 17

Total Medical - Community

283,477	153,315
1,947,547	153,765

Total Medical Hospital & Community

1,947,547	153,765

0
1,664,070
0
0
0
0
450
450
0
0
0
0
436,792
2,101,312
2,101,312

Dental - Hospital

Clinical Professional Manager
Consultant
Associate Specialist
Staff Grade Practitioner
Senior Registrar
Registrar
Specialist Registrar
Senior House Officer
Pre Registration House Officer
Hospital Practitioner (Sessions)
Other - Dental - Hospital

Total Dental - Hospital

0	0

0
0
0
0
0
0
0
0
0
0
0
0
0

		Non Locum	Locum		Total Expenditure
Clinical Professional Manager	#	137,141			137,141
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00	98,441			98,441
Asst Clinical Dir of CDS/ Salaried PDS	00				0
Senior Dental Off/ Senior Salaried PDS Dentist	00	486,572			486,572
Community Dental Off/Salaried PDS Dentist	00	256,151			256,151
		978,304	0		

Agenda for Change

Nursing													
Clinical Professional Managers						174,580			67,547				242,126
Hospital - Children's													0
Hospital - Learning Disability													0
Hospital - Mental Health													0
Hospital - General													0
Hospital - Midwives													0
Community - Children's													0
Community - Learning Disability													0
Community - Mental Health													0
Community - District Nurses													0
Community - General (exc. District Nurses)													0
Community - Midwives													0
Health Visiting													0
Practice Nurses													0
School Nurses													0
Treatment Room Nurses													0
Dental Nurses													0
Total Nursing		0	0	0	0	0	0	174,580	0	67,547	0	0	242,126

Dental Technician	33												0
Dietetics	23						53,622	25,055					78,676
Occupational Therapy	27												0
Physiotherapy	49												0
Speech & Language Therapy	28												0
Podiatry	29												0
Orthoptists/ Optometrists	32									68,321			68,321
Clinical Psychology	31												0
ECG	34												0
EEG	35												0
Audiology	36												0
Medical Photography	37												0
Medical Physics	39												0
Medical Tech/Estates	47												0
Diagnostic Imaging	48												0
Central Sterile Services Department/Theatre Sterile Services Unit	25												0
Radiotherapy	26												0
Laboratory	52												0
Other Allied Health Professionals	24												0
Total AHPS		0	0	0	0	0	0	53,622	25,055	0	68,321	0	146,998

		Non Locum		Locum												Total Expenditure											
Admin																											
Finance				93,133		100,133		417,789		288,081		419,018		506,046		460,496		2,284,696									
Human Resources																		0									
Information Technology						28,453				76,755		216,191		274,235		173,525		770,689									
Estates																1,530		0									
Other Corporate Services e.g. Public Relations, Planning / Contracting / Information / HQ Admin		122,407		726,401		1,465,749		1,099,745		2,487,503		2,428,382		2,330,117		3,214,424		16,072,616									
Supporting Direct Patient & Client Services eg: Medical records and Secretaries to Clinicians		3,772		122,832		147,677		59,697		134,408		203,180		209,361		129,164		1,205,436									
Total Admin		0		126,179		849,233		1,706,559		1,288,028		3,039,700		2,996,398		3,174,687		20,333,437									
Ancillary & General																											
Social Services - Ancillary & General	38																	0									
Central Sterile Services Department/Theatre Sterile Services Unit - Ancillary & General	43																	0									
Catering	53																	0									
Laundry	58																	0									
Bedding & Linen	61																	0									
Cleaners	62																	0									
Portering	63																	0									
Telephonists	69																	0									
Drivers	71																	0									
General Services	76																	0									
		0		0		0		0		0		0		0		0		0									
Estates		59																0									
Other Grades																											
Laundry - Other Grades	16																	0									
Estates - Other Grades	18																	0									
Catering - Other Grades	19																	0									
Domestic - Other Grades	20																	0									
Transport Other Grades	21																	0									
CSSD/TSSU - Other Grades	46																	0									
Other - Other Grades	22																	0									
Total Other Grades		0		0		0		0		0		0		0		0		0									
Agenda for Change		Agenda for Change (AFC) Pay Band																									
		01		02		03		04		05		06		07		08		09		10		11		12		Total Expenditure	
		£		£		£		£		£		£		£		£		£		£		£		£		£	
Social Workers																											
Managers - Children																20,380		418,826		173,716						612,922	
Managers - Older People																										0	
Managers - Adults																										0	
Practitioners - Children																										0	
Practitioners - Older People																										0	
Practitioners - Adults																										0	
Children's Homes																										0	
Residential Child Care Worker (Transitional)																										0	
Children's Family Centres																										0	
Residential Care (Adult/Older People)																										0	
Total Social Workers		0		0		0		0		0		0		0		20,380		418,826		173,716		0		0		612,922	

Received from Sharon Gallagher on 25/10/2022. Annotated by the Urology Services Inquiry

		Non Locum	Locum											Total Expenditure
Medical	01, 17 & 68													
Dental	00, 33													
Nursing	23,24,25,26,27,2													
Allied Health Professionals	8,29,31,32,34,35 ,36,37,39,47,48, 49 & 52													
Admin	65 & 66													263,907
Ancillary & General	38,43,53,58,61,6 2,63,69,71 & 76													
Estates	59 16,18,19,20,21,2													
Other Grades	2 & 46													
Social Services														
Pharmacy	50													
Ambulance	15													
Total AfC Bank Staff														263,907
Total Bank Staff														263,907
Other Staff Costs														
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B													
Early Departure Costs	Per Accounts T/B													2,503,667
Total Salaries & Wages		4,139,075	279,944	849,233	1,706,559	1,288,028	3,039,700	3,502,208	4,699,042	5,037,088	1,635,048	2,001,293	0	30,956,445

Board:	Public Health Agency	
Year Ending:	2015/16	
Contact Name:		

Index

Reconciliation to Accounts	Reconciliation
Summary of Expenditure	Summary
Analysis of non-pay expenditure	BFR(E)
Analysis of salaries and wages	BFR(S)
Analysis of salaries and wages (AfC)	BFR(S) AFC

Details of significant changes from 2014/15:

<u>Expenditure item</u>	<u>2014/15</u>	<u>2015/16</u>
Total	£ 66,979,542	69,509,635

Details of significant year on year movements:

Salaries & Wages Staff are being coded with more accurate job codes with jobs being identified to Nursing, AHPS staff etc rather than previously where they were identified to Admin codes.

Expenditure within the area of Management and Administration has fallen in line with the budget reduction which the PHA received for the 2015/16 financial year. While individual targets were set regarding Staff Travel and Subsistence, the PHA sought to reduce its expenditure across the Board regarding M&A.

A number of individual variances have been explained regarding individual lines.

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES	5000		69,509,635
Staff Costs	3.1	17,378,221	
Commissioning & Other Services Expenditure	4.1	38,534,523	
Board Administration Expenses	4.2&4.3	13,596,891	
Total Operating Expenses per Financial Statements			69,509,635

Please note that the Staff Costs 3.1 above are net (due to Secondments Income of £452K) whereas the remaining lines are Gross.

BFR Summary of Expenditure (AfC)	Sub-Code	2015/2016		2014/2015	
		£	£	£	£
Salaries and Wages (Non AfC)					
Chairman and Non-executive members remuneration	4000	0		0	
Total Executive Board Members	4010	0		0	
Total Medical	4040	0		0	
Total Dental	4060	0		0	
Total Nurses and Midwives	4070	0		0	
AHPS	4080	0		0	
Total Professional and Scientific Staff	4100	0		0	
Total Professional and Technical Staff - PTB	4120	0		0	
Opticians	4130	0		0	
Pharmacists	4140	0		0	
Total Administration and Clerical	4145	130,793		52,636	
Total Ancillary Staff	4160	0		0	
Total Maintenance Staff	4170	0		0	
Total Ambulance Staff	4180	0		0	
Total Senior Social Services Staff	4185	0		0	
Total Fieldwork Staff	4200	0		0	
Total Residential Care Staff	4210	0		0	
Total Day Care Staff	4240	0		0	
Total Day Nursery Staff	4245	0		0	
Total Other Social Services Staff	4250	0		0	
Total Non-HPSS Staff	4270	0		0	
Agenda for Change Creditor	4280	357,388		0	
Total Salaries and Wages (Non AfC)	4999		488,181		52,636
Salaries and Wages (AfC)					
Total Executive Board Members		574,532		576,613	
Total Non Executive Board Members		91,939		79,220	
Total Medical Hospital & Community		4,142,341		4,108,442	
Total Dental Hospital & Community					
Total Nursing		1,617,005		1,036,944	
Total AHPS		692,133		308,038	
Total Admin		9,629,927		10,498,027	
Total Ancillary & General					
Total Estates					
Total Other Grades					
Total Social Workers and Other Social Services Staff					
Total Pharmacy					
Total Ambulance Staff					
Total Agency Staff		142,163		238,945	
Total Bank Staff					
Total Pension Costs					
Total Early Departure Costs		1,974,096			
Total Salaries and Wages (AfC)			18,864,136		16,846,230
Total Salaries and Wages (Non AfC and AfC)			19,352,317		16,898,866
Supplies and services - clinical	100	117		129	
Supplies and services - general	200	34,140		70,569	
Total establishment expenses	300	533,837		801,749	
Transport and moveable plant	400	232		713	
Total Premises and Fixed Plant	500	808,114		905,905	
Total Capital	600	150,034		141,035	
Purchase of care from non-HPSS bodies and grants	650	39,767,802		42,679,783	
External contract staffing and consultancy services	700	190,541		47,638	
Clinical negligence payments: provisions utilised	740	0		0	
Other	750	0		0	
Total PSS Expenditure	800	1,957		3,285	
Total Miscellaneous Expenditure	900	158,940		558,728	
Bad debts	970	136		0	
Audit fees	1000	16,000		16,400	
Other auditors remuneration	1100	0		0	
Recharges from other HPSS organisations	1200	8,495,467		4,854,743	
Total Other Operating Expenses			50,157,318		50,080,676
TOTAL BFR OPERATING EXPENSES	5000		69,509,635		66,979,542

BFR (E) Analysis of Operating Expenditure

			2015/2016		2014/2015		Change		Comments
Analysis of Operating Expenditure	Sub-Code		£	£	£	£	£	%	
Supplies and services - clinical									
Occupational and industrial therapy equipment and materials	105						0	N/A	
Drugs	110				129		-129	-100%	
Medical gases	115						0	N/A	
Dressings	120						0	N/A	
Medical and surgical equipment - purchase	125	26					26	N/A	
Medical and surgical equipment - maintenance	130						0	N/A	
X-ray film	135						0	N/A	
X ray equipment and chemicals	140						0	N/A	
X ray equipment - maintenance	145						0	N/A	
Patients appliances	150						0	N/A	
Artificial limbs and wheelchair hardware	155						0	N/A	
Laboratory equipment - purchase	160	91					91	N/A	
Laboratory equipment - maintenance	165						0	N/A	
Contractual clinical services	170						0	N/A	
Total clinical supplies and services	100		117		129		-12	-10%	
Supplies and services - general									
Provisions - purchases	205	3,979			5,010		-1,030	-21%	
Contract catering	210	30,157			65,296		-35,139	-54%	
Staff uniforms and clothing including contracts	215				23		-23	-100%	
Patients clothing	220						0	N/A	
Laundry - Equipment and materials	225						0	N/A	
- External contracts	230						0	N/A	
Hardware and crockery	235	4			241		-237	-98%	
Bedding & linen - disposable	240						0	N/A	
- non-disposable	245						0	N/A	
Total general supplies and services	200		34,140		70,569		-36,429	-52%	
Establishment expenses									
Printing and stationery	305	74,084			217,894		-143,810	-66%	
Postage	310	24,351			18,685		5,665	30%	
Telephone - rental	315	31,614			26,557		5,057	19%	
- other, including calls	320	42,575			56,589		-14,014	-25%	New telephone system introduced
Advertising	325	34,160			102,902		-68,742	-67%	
Travel & subsistence	330	307,491			375,144		-67,652	-18%	In 15/16 Pha set a target to reduce Staff Travel and subsistence by 20%
Removal expenses	335				2,724		-2,724	-100%	
Leased and contract hire charges (staff cars)	340	19,563			1,255		18,308	1458%	Scheme run through BSO
Total establishment expenses	300		533,837		801,749		-267,912	-33%	
Transport and moveable plant									
Fuel and oil	405						0	N/A	
Maintenance - equipment and materials	410						0	N/A	
- external contracts	415						0	N/A	
Hire of transport	420	188					188	N/A	
Hospital car service	425						0	N/A	
Miscellaneous transport expenses	430	44			713		-669	-94%	
Total transport expenses	400		232		713		-481	-68%	
Premises and fixed plant									
Oil	505	9,221			11,400		-2,179	-19%	
Electricity	510	47,567			48,335		-768	-2%	
Gas	515	11,532			7,537		3,995	53%	
Other fuels	520						0	N/A	
Water and sewerage	525	4,184			4,111		73	2%	
Cleaning	530	50,284			60,834		-10,550	-17%	
External general services contracts	535	116,902			192,217		-75,315	-39%	
Furniture, furnishing and fittings	540	1,767			3,774		-2,007	-53%	
Office equipment	545	9,333			4,013		5,320	133%	
Purchase of computer hardware and software	550	33,818			37,078		-3,260	-9%	
Maintenance of computer hardware and software	555	58,493			62,474		-3,982	-6%	
External contracts for Data Processing services	560						0	N/A	
Business rates	565	181,107			185,216		-4,109	-2%	
Rent	570	215,843			227,116		-11,273	-5%	
Building & engineering equipment	575	225			1,445		-1,220	-84%	
Building & engineering contracts	580	67,837			60,356		7,481	12%	
Gardening - equipment and materials	585						0	N/A	
Gardening - external contracts	590						0	N/A	
Total premises and fixed plant	500		808,114		905,905		-97,791	-11%	
Capital									
Depreciation / amortisation on purchased assets	610	148,011			140,515		7,496	5%	
(Profit) on disposal of fixed assets	615						0	N/A	
Profit on sale of land	3180						0	N/A	
Loss on Sale of Land or fixed Assets	616	2,023			520		1,504	289%	
Depreciation / amortisation on donated assets	620						0	N/A	
Impairment of fixed assets	625						0	N/A	
Cost of Capital									
Total Capital	600		150,034		141,035		9,000	6%	
Personal Social Services									
Boarded out adults	805						0	N/A	
Boarded out children	810						0	N/A	
Payments under legislation	815						0	N/A	
Medical examination fees	820	1,957			3,285		-1,328	-40%	
Other PSS expenditure	825						0	N/A	
Total PSS Expenditure	800		1,957		3,285		-1,328	-40%	
Miscellaneous Expenditure									
Students' bursaries	905						0	N/A	
Residents' / patients' allowances	910						0	N/A	
Redundancy payments	915						0	N/A	
Net bank charges	920						0	N/A	
Patients' travelling expenses	925						0	N/A	
Provisions (excluding CN payments)	930						0	N/A	
Insurance	940	400			1,416		-1,016	-72%	
All other expenditure	945	158,540			557,312		-398,772	-72%	Better analysis via coding has allowed this to reduce in conjunction with PHA working to reduce goods and services expenditure.
Total Miscellaneous Expenditure	900		158,940		558,728		-399,788	-72%	
Other Expenditure									
Purchase of care from non-HPSS bodies and grants	650	39,767,802			42,679,783		-2,911,981	-7%	Payment re R&D to Dept of Health £3,282k has been classified as HPSS Organisation spend.
External contract staffing and consultancy services	700	190,541			47,638		142,903	300%	SBNI E-Strategy, Case Review, Thematic Review etc contributed £128k to this spend.
Clinical negligence payments: provisions utilised	740						0	N/A	
Other	750						0	N/A	
Bad debts	970	136					136	N/A	
Audit fees	1000	16,000			16,400		-400	-2%	
Other auditors' remuneration	1100						0	N/A	
Recharges from other HPSS organisations	1200	8,495,467			4,854,743		3,640,724	75%	R&d Recharge from Dept of Health £3,282k and Digital Mammography recharge £573k are contributing to the move in recharges from HPSS organisations
Total Other Expenditure	1000		48,469,946		47,598,564		871,382	2%	
Total Operating Expenditure:			50,157,318		50,080,676		76,641	0%	

BFR (S) Analysis of Salaries and Wages		2015/2016		2014/2015		Change	
	Sub-Code	£	£	£	£	£	%
Chairmans and Non-Executive Members' remuneration	4000					0	N/A
Executive Board Members							
Chief Executive	4001					0	N/A
Other Members	4002					0	N/A
Senior Managers	4003					0	N/A
Other General Managers	4004					0	N/A
Total Executive Board Members	4010		0		0	0	N/A
Medical							
Consultants	4011					0	N/A
Senior Hospital Medical Officer, Medical Assistants	4012					0	N/A
Associate specialists	4013					0	N/A
Staff grade practitioners	4014					0	N/A
Senior registrars	4015					0	N/A
Registrars	4016					0	N/A
Senior House Officers	4017					0	N/A
House Officers	4018					0	N/A
Hospital Practitioners	4019					0	N/A
Clinical Assistants and sessions in BTS	4020					0	N/A
Staff fund payments	4021					0	N/A
Senior clinical medical officers	4022					0	N/A
Clinical medical officers	4023					0	N/A
Directors of Public health medicine	4024					0	N/A
Trainees in Public health medicine	4025					0	N/A
Sessional CHS Appointments	4026					0	N/A
Clinical representatives on management teams	4027					0	N/A
Consultants in Communicable Disease Control	4028					0	N/A
Total Medical	4040		0		0	0	N/A
Dental							
Hospital Consultants	4041					0	N/A
Senior House Dental Officers, Assistant Dental Surgeons	4042					0	N/A
Associate specialists	4043					0	N/A
Staff grade practitioners	4044					0	N/A
Senior Registrars	4045					0	N/A
Registrars	4046					0	N/A
Senior Dental House Officers	4047					0	N/A
Dental House Officers	4048					0	N/A
Dental Practitioners	4049					0	N/A
District Dental Officers	4050					0	N/A
Community Health Senior Dental Officers and Dental Officers	4051					0	N/A
Trainees in Community Dentistry	4052					0	N/A
Director and Assistant Director of Dental Health	4053					0	N/A
Total Dental	4060		0		0	0	N/A
Nurses and Midwives							
Senior Nursing Staff	4061					0	N/A
Senior Nurses 1 to 5 (including senior tutors)	4062					0	N/A
Senior Nurses 6 plus Grades H and I	4063					0	N/A
Grades F and G	4064					0	N/A
Grades D and E	4065					0	N/A
Grade C	4066					0	N/A
Grade B	4067					0	N/A
Grade A	4068					0	N/A
Student / pupil nurses	4069					0	N/A
Total Nurses and midwives	4070		0		0	0	N/A
Allied Health Professional Services (AHPS)							
AHPS (excluding speech and language therapy)	4080					0	N/A
Professional and Scientific Staff							
Speech and language therapists	4091					0	N/A
Biochemists	4092					0	N/A
Physicists	4093					0	N/A
Clinical Psychologists	4094					0	N/A
Other Scientists	4095					0	N/A
Chaplains	4096					0	N/A
Other Staff Categories	4097					0	N/A
Total Professional and Scientific Staff	4100		0		0	0	N/A
Professional and Technical Grades - PTB							
Medical laboratory scientific officers	4101					0	N/A
Restorative maxillo technicians	4102					0	N/A
Facial/orthodontic technicians	4103					0	N/A
Pharmacy technicians	4104					0	N/A
Dental hygienist, dental surgery	4105					0	N/A
Assistants, Dental therapists	4106					0	N/A
All other technicians	4107					0	N/A
Board work staff	4108					0	N/A
Trust work staff	4109					0	N/A
Other staff categories	4110					0	N/A
Total Professional and Technical - PTB	4120		0		0	0	N/A
Opticians	4130		0			0	N/A
Pharmacists	4140					0	N/A
Administration and Clerical (A&C)							
Ambulance officers and control assistants on A&C scales	4141					0	N/A
Other administrative and clerical staff	4142	130,793				130,793	N/A
HPSS Staff on protected Board Salary scale (ex 1973 Local Authority Staff)	4143			52,636		-52,636	-100%
Total Administration and Clerical	4145		130,793		52,636	78,157	148%
Ancillary Staff							
Ancillary staff negotiated by Whitley	4151					0	N/A
Ancillary staff not negotiated by Whitley	4152					0	N/A
Upholsterers	4153					0	N/A
Orthopaedic Appliance Grades	4154					0	N/A
Total Ancillary Staff	4160		0		0	0	N/A

BFR (S) Analysis of Salaries and Wages		2015/2016		2014/2015		Change	
	Sub-Code	£	£	£	£	£	%
Maintenance Staff							
Building trade Operatives	4161					0	N/A
Maintenance Technicians	4162					0	N/A
Maintenance Craftsmen	4163					0	N/A
Maintenance Assistants	4164					0	N/A
Planner Estimators	4165					0	N/A
Total Maintenance Staff	4170		0		0	0	N/A
Ambulance Staff							
Ambulance officers and control assistants not on A&C scales	4171					0	N/A
Other grades	4172					0	N/A
Total Ambulance Staff	4180		0		0	0	N/A
Senior Social Services Staff							
Directors and Assistant Directors of Social Services	4181					0	N/A
Principal Social Worker	4182					0	N/A
Assistant Principal Social worker	4183					0	N/A
Total Senior Social Services Staff	4185		0		0	0	N/A
PSS Fieldwork Staff							
Senior social worker	4191					0	N/A
Social worker	4192					0	N/A
Trainee social worker	4193					0	N/A
Social work assistant	4194					0	N/A
Technical officer for the Blind	4195					0	N/A
Home teacher for the Blind	4196					0	N/A
Mobility officer for the Blind	4197					0	N/A
Rehabilitation Worker for the Blind	4198					0	N/A
Total Fieldwork Staff	4200		0		0	0	N/A
Residential Care Staff							
Residential Worker Grade 1-11	4201					0	N/A
Team leader - Childrens Home	4202					0	N/A
Residential Social worker - Childrens home	4203					0	N/A
Residential Social worker - care assistant	4204					0	N/A
Total Residential Care Staff	4210		0		0	0	N/A
Day Care Staff including Industrial Training Units and Adult Training Centres							
Manager	4211					0	N/A
Deputy manager	4222					0	N/A
Senior day care worker	4223					0	N/A
Day care worker level 1	4224					0	N/A
Day care worker level 2	4225					0	N/A
Care Assistant	4226					0	N/A
Family centre organiser	4227					0	N/A
Deputy Family centre organiser	4228					0	N/A
Family care worker	4229					0	N/A
Pre-school playgroup	4230					0	N/A
Leader/supervisor	4231					0	N/A
Pre-school playgroup Deputy	4232					0	N/A
Pre-school playgroup Assistant	4233					0	N/A
Total Day Care Staff	4240		0		0	0	N/A
Day Nursery Staff							
Nursery nurse	4241					0	N/A
Nursery assistant	4242					0	N/A
Total Day Nursery Staff	4245		0		0	0	N/A
Other Social Services Staff							
Wardens	4246					0	N/A
Home helps	4247					0	N/A
Total Other Social Services Staff	4250		0		0	0	N/A
Non-HPSS Staff (Agency etc)							
Medical	4251					0	N/A
Dental	4252					0	N/A
Nursing	4253					0	N/A
AHPS	4254					0	N/A
Professional and Scientific	4255					0	N/A
Professional and Technical - PTB	4256					0	N/A
Opticians	4257					0	N/A
Pharmacists	4258					0	N/A
Admin & Clerical - typing and secretarial	4259					0	N/A
Admin & clerical - other	4260					0	N/A
Ancillary staff	4261					0	N/A
Maintenance staff	4262					0	N/A
Ambulance staff	4263					0	N/A
All other	4264					0	N/A
Total Non-HPSS Staff	4270		0		0	0	N/A
Agenda for Change Creditor	4280		357,388		357,388	357,388	N/A
Total Salaries and Wages:			488,181		52,636	435,545	827%

BFR (S) Salaries and Wages (AFC)**Board Members**

Executive Board Members

Per Accounts
T/B See Dept 65

Non Executive Board Members

Per Accounts
T/B See Dept 65**Total Board Members**

Non AFC	
Non Locum	Locum
574,532	
91,939	

Total Expenditure
574,532
91,939
666,471

Salaries & Wages (excluding Board members, remuneration)
(incl. Annual/ Summer Leave Cover, Amounts in respect of Staff
Secondments)

Non Agenda for Change

Non AFC	
Non Locum	Locum
£	£

Medical - Hospital

Clinical Professional Manager	#		
Consultant	01	3,614,355	
Associate Specialist	01		
Staff Grade Practitioner	01		
Senior Registrar	01		
Registrar	01		
Specialist Registrar	01	520,842	
Senior House Officer	01		
Pre Registration House Officer	01		
Hospital Practitioner (Sessions)	01		
Other - Medical - Hospital		2,439	4,705
Total Medical - Hospital		4,137,636	4,705

0
3,614,355
0
0
0
0
520,842
0
0
0
7,144
4,142,341

Medical - Community

Clinical Professional Manager	#		
Consultant	17		
Associate Specialist	17		
Staff Grade Practitioner	17		
Senior Registrar	17		
Registrar	17		
Specialist Registrar	17		
Senior House Officer	17		
Pre Registration House Officer	17		
Hospital Practitioner (Sessions)	17		
Other - Medical - Community	17		
Total Medical - Community		0	0

0
0
0
0
0
0
0
0
0
0
0
0

Total Medical Hospital & Community

4,137,636	4,705

4,142,341

Dental - Hospital

Clinical Professional Manager			
Consultant			
Associate Specialist			
Staff Grade Practitioner			
Senior Registrar			
Registrar			
Specialist Registrar			
Senior House Officer			
Pre Registration House Officer			
Hospital Practitioner (Sessions)			
Other - Dental - Hospital			
Total Dental - Hospital		0	0

0
0
0
0
0
0
0
0
0
0
0
0

													Total Expenditure	
Dental - Community														
Clinical Professional Manager	#												0	
Clinical Dir of CDS/ Salaried PDS/ Area Dir D.S.	00												0	
Assnt Clinical Dir of CDS/ Salaried PDS	00												0	
Senior Dental Off/ Senior Salaried PDS Dentist	00												0	
Community Dental Off/Salaried PDS Dentist	00												0	
Dental - Community		0	0										0	
Total Dental Hospital & Community		0	0										0	
Agenda for Change														
Nursing														
Clinical Professional Managers					67,316		299,044	58,565	568,660	593,071	30350.01		1,617,005	
Hospital - Children's													0	
Hospital - Learning Disability													0	
Hospital - Mental Health													0	
Hospital - General													0	
Hospital - Midwives													0	
Community - Children's													0	
Community - Learning Disability													0	
Community - Mental Health													0	
Community - District Nurses													0	
Community - General (exc. District Nurses)													0	
Community - Midwives													0	
Health Visiting													0	
Practice Nurses													0	
School Nurses													0	
Treatment Room Nurses													0	
Dental Nurses													0	
Total Nursing		0	0	0	0	67,316	0	299,044	58,565	568,660	593,071	30,350	0	1,617,005
AHPS														
Dental Technician	33													0
Dietetics	23								68,517					68,517
Occupational Therapy	27								205,474					205,474
Physiotherapy	49								-19					-19
Speech & Language Therapy	28													0
Podiatry	29								-16,567		106,588			90,021
Orthoptists/ Optometrists	32													0
Clinical Psychology	31													0
ECG	34													0
EEG	35													0
Audiology	36													0
Medical Photography	37													0
Medical Physics	39													0
Medical Tech/Estates	47					110,517	110,721			38,112				259,351
Diagnostic Imaging	48								68,790					68,790
Central Sterile Services Department/Theatre Sterile Services														0
Unit	25													0
Radiotherapy	26													0
Laboratory	52													0
Other Allied Health Professionals	24													0
Total AHPS		0	0	0	0	0	110,517	110,721	0	326,194	38,112	106,588	0	692,133
Admin														
Finance														0
Human Resources														0
Information Technology														0
Estates														0
Other Corporate Services e.g.														0
Public Relations, Planning /		5,193	26,697	745,531	814,471	449,460	1,785,027	2,395,154	1,640,597	608,641	741,798	417,356		9,629,927
Contracting / Information / HQ Admin														0
Supporting Direct Patient & Client Services eg;														0
Medical records and Secretaries to Clinicians														0
Total Admin		5,193	26,697	745,531	814,471	449,460	1,785,027	2,395,154	1,640,597	608,641	741,798	417,356	0	9,629,927

Received from Sharon Gallagher on 25/10/2022. Annotated by the Urology Services Inquiry

		Non Locum	Locum					Total Expenditure
Agency Staff								

		Non Locum	Locum											Total Expenditure
Medical	01, 17 & 68													
Dental	00, 33													
Nursing	23,24,25,26,27,2													
Allied Health Professionals	8,29,31,32,34,35 ,36,37,39,47,48, 49 & 52													
Admin	65 & 66													
Ancillary & General	38,43,53,58,61,6 2,63,69,71 & 76													
Estates	59													
Other Grades	16,18,19,20,21,2													
Social Services	2 & 46													
Pharmacy	50													
Ambulance	15													
														0
														0
Other Staff Costs														
Pension Costs for early retirements reflecting the single lump sum to buy over the full liability	Per Accounts T/B													
Early Departure Costs	Per Accounts T/B													1,974,096
Total Salaries & Wages		4,809,300	31,402	745,531	814,471	516,776	1,895,545	2,804,919	1,699,162	1,503,496	1,372,981	554,294	0	18,864,136
														488,181

Board: Health and Social Care Board		
Year Ending: 2016/17		
Contact Name:		
<u>Index</u>		
Reconciliation to Accounts		Reconciliation
Summary of Expenditure		Summary
Analysis of non-pay expenditure		BFR(E)
Analysis of salaries and wages		BFR(S)
<u>Details of significant changes from 2015/16:</u>		
<u>Expenditure item</u>	<u>2015/16</u>	<u>2016/17</u>
Total	£ 1,042,721,767	1,029,720,029
<u>Details of significant year on year movements:</u>		

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			1,029,720,029
Staff Costs	3.2	27,056,567	
Commissioning & Other Services Expenditure	3.1	979,677,081	
Board Administration Expenses	3.2&3.3	22,986,381	
Total Operating Expenses per Financial Statements			1,029,720,029

BFR Summary of Expenditure (AfC)		2016/2017	2015/2016	
	£	£	£	£
Salaries and Wages				
Total Medical Non Locum	1,984,744		2,101,312	
Total Medical Locum	150,638		0	
Total Dental Non Locum	1,011,877		978,304	
Total Dental Locum	0		0	
Total Nursing & Midwifery	230,040		242,126	
Total Professions Allied to Medicine	2,543,335		2,695,893	
Total Administrative and Clerical	20,406,417		21,836,704	
Total Ancillaries	13,072		0	
Total Social Services	522,238		612,922	
Total Works (Estates & Maintenance)	0		0	
Total Agency Staff	332,112		275,560	
Total Bank Staff	341		0	
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0		0	
Early Departure Costs	599,136		2,503,667	
Agenda for Change Creditor	-138,247		-622,605	
Total Salaries and Wages (Non AfC)			27,655,703	
Operating Expenditure				
Total Supplies and Services - Clinical	1,144		1,002	
Total Supplies and Services - General	605,172		550,131	
Total Establishment Expenses	6,533,817		6,434,629	
Total Transport Expenses	12,484		7,439	
Total Premises	1,576,758		1,716,803	
Total Non Cash Items	3,058,860		17,767,087	
Total Personal Social Services	1,894		2,879	
Total Miscellaneous Expenditure	323,770		711,724	
Total Other Operating Expenses	989,950,426		984,906,190	
Total Operating Expenses			1,002,064,326	
TOTAL BFR OPERATING EXPENSES		1,029,720,029		1,042,721,767

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2016/2017		2015/2016		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other					0	N/A	
11	Dressings					0	N/A	
12	Drugs & vaccines					0	N/A	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase					0	N/A	
17	Laboratory equipment - Other					0	N/A	
18	Medical & surgical equipment - Equipment	595		746		-151	-20%	
19	Medical & surgical equipment - Equipment Lease					0	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase					0	N/A	
22	Medical & surgical equipment - Other	549				549	N/A	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials					0	N/A	
25	Patients' appliances - Supplies			256		-256	-100%	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment					0	N/A	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables					0	N/A	
30	Diagnostic imaging/radiography - Maintenance & repairs					0	N/A	
31	Total Supplies and Services - Clinical		1,144		1,002	142	14%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables	674		631		43	7%	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs	4,538				4,538	N/A	
37	Catering - Outsourced Catering	306,528		228,954		77,574	34%	
38	Catering - Provisions (purchases)	71,433		99,372		-27,939	-28%	
39	Cleaning - Equipment, materials & repairs	14,260				14,260	N/A	
40	Cleaning - Outside contractors	201,459		215,380		-13,921	-6%	
41	Hardware & crockery - Supplies & disposables	5,159		5,358		-199	-4%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms	1,121		436		685	157%	
46	Total Supplies and Services - General		605,172		550,131	55,041	10%	
47								
48	Establishment Expenses							
49	Advertising	160,061		201,587		-41,526	-21%	
50	Car leasing scheme	29,026		30,445		-1,419	-5%	
51	Postage	53,337		49,003		4,334	9%	
52	Printing & stationery	72,375		114,728		-42,353	-37%	
53	Paper & card	13,780				13,780	N/A	
54	Photocopier charges	128,997				128,997	N/A	
55	Books & publications	36,626				36,626	N/A	
56	Staff removal expenses			11,486		-11,486	-100%	
57	Line & phone call charges	13,852		17,609		-3,957	-22%	
58	Land line phone/line rental	3,213		69,418		-66,205	-95%	
59	Mobile phone call charges	369				369	N/A	
60	Mobile phone rentals	41,903				41,903	N/A	
61	Data comms, post & telecoms maintenance & repairs	1,156				1,156	N/A	
62	Purchase of post/tele equipment					0	N/A	
63	Lease of post/tee equipment					0	N/A	
64	Other post/telephone calls					0	N/A	
65	Staff travel & subsistence	565,429		634,036		-68,607	-11%	
66	Non staff travel & subsistence	5,413,891		5,306,317		107,574	2%	
67	Total Establishment Expenses		6,533,817		6,434,629	99,188	2%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	3,480		3,336		144	4%	
72	Patient taxis	125				125	N/A	
73	Staff taxis	4,508				4,508	N/A	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	4,372		4,103		269	7%	
78	Total Transport Expenses		12,484		7,439	5,045	68%	
79								
80	Premises							
81	Building & engineering contracts	187,067		194,373		-7,306	-4%	
82	Building & engineering - Equipment & supplies	1,044		62,653		-61,609	-98%	
83	Building & engineering - Equipment & plant hire	4,565				4,565	N/A	
84	Building & engineering - Gardening & grounds	4,792		4,103		689	17%	
85	Building & engineering - Maintenance & repairs	106,285		170,253		-63,968	-38%	
86	Electricity	113,376		146,713		-33,337	-23%	
87	Furniture & fittings	8,388		10,549		-2,161	-20%	
88	Furniture & fittings - Maintenance & repairs	527				527	N/A	
89	Furniture & fittings - Rental of equipment					0	N/A	
90	Leased premises	7,853				7,853	N/A	
91	Insurance					0	N/A	
92	Computer hardware & software - Maintenance	106,363		136,602		-30,239	-22%	
93	Computer hardware & software - Purchase	23,038		96,561		-73,523	-76%	
94	Other ICT costs	79,569				79,569	N/A	
95	Office equipment	10,932		5,464		5,468	100%	
96	Office equipment - Maintenance, repairs & contracts	2,133				2,133	N/A	
97	Lease of equipment	3,400				3,400	N/A	
98	Gas	47,033		44,839		2,194	5%	
99	Oil			672		-672	-100%	
100	Other fuels					0	N/A	
101	Rates	621,310		613,088		8,222	1%	
102	Rent	150,590		205,497		-54,907	-27%	
103	Security	81,925				81,925	N/A	
104	Water & sewerage charges	16,569		25,436		-8,867	-35%	
105	Total Premises		1,576,758		1,716,803	-140,045	-8%	
106								
107	Non Cash Items							
108	Depreciation	2,109,948		2,815,101		-705,153	N/A	
109	Amortisation	406,430				406,430	N/A	
110	Impairments	120,856		96,458		24,398	N/A	
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	9,608		23,914		-14,306	N/A	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year	360,018		14,779,614		-14,419,596	N/A	
116	Cost of borrowing of provisions (unwinding of discount on provisions)					0	N/A	
117	Auditors remuneration	52,000		52,000		0	N/A	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items		3,058,860		17,767,087	-14,708,227	-83%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	
125	Payments under legislation					0	N/A	
126	Medical examination fees	1,894		2,879		-985	-34%	
127	Total Personal Social Services		1,894		2,879	-985	-34%	
128								
129	Miscellaneous Expenditure							

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3								
4	Analysis of Operating Expenditure							
		2016/2017	2015/2016	Change	Comments			
		£	£	£	£	%		
130	Legal fees	183,802			183,802	N/A		
131	General services	139,968		711,724	-571,756	-80%		
132	Losses and special payments				0	N/A		
133	patient/resident amenities				0	N/A		
134	Total Miscellaneous Expenditure		323,770	711,724	-387,954	-55%		
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	41,361,077		48,729,960	-7,368,883	-15%		
138	Revenue grants to voluntary organisations				0	N/A		
139	Capital grants to voluntary organisations				0	N/A		
140	Recharges from other HSC organisations	914,185,297		935,460,715	-21,275,418	-2%		
141	Bad debts				0	N/A		
142	Rentals under operating leases				0	N/A		
143	Rentals under finance leases				0	N/A		
144	Finance cost of finance leases				0	N/A		
145	Interest charges				0	N/A		
146	PF1 and other service concession arrangements service charges				0	N/A		
147	Research and development expenditure				0	N/A		
148	Clinical negligence - Other expenditure				0	N/A		
149	BSO Services	34,143,399			34,143,399	N/A		
150	Training	103,153			103,153	N/A		
151	Professional fees	157,500		715,515	-558,015	-78%		
152	Patient travelling expenses				0	N/A		
153	Cost of exit packages not provided for				0	N/A		
154	Cost of exit packages provided for				0	N/A		
155	Elective care				0	N/A		
156	Other charitable expenditure				0	N/A		
157	Total Other Expenditure		989,950,426	984,906,190	5,044,236	1%		
158								
159	Total Operating Expenditure:		1,002,064,326	1,012,097,884	-10,033,558	-1%		
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant			1,925,868				92,674								2,018,542
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar															0
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions			58,876				57,964								116,840
23	Total Medical - Hospital			1,984,744				150,638								2,135,382
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant															0
29	Associate Specialist															0
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar															0
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															0
39	Total Medical - Community			0				0								0
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY			1,984,744				150,638								2,135,382
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer			494,698												494,698
46	Dental Officer			305,675												305,675
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services			1,445												1,445
51	Assistant Director Dental Services			140,658												140,658
52	Dental Regional Lead															0
53	Referral Dental Officers			69,401												69,401
54	Total Dental - Hospital			1,011,877				0								1,011,877
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community			0				0								0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY			1,011,877				0								1,011,877
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															0
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives								160,403		69,637					230,040
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	0	0	160,403	0	69,637	0	0	0	0	230,040
81	PROFESSIONS ALLIED TO MEDICINE															
83	Art & Music Therapist															0
84	Biomedical Science															0
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist															0
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics								17,585							17,585
91	Imaging								100,045							100,045
92	MTQ (Medical Technical Officer)															0
93	Multi AHP											69,186				69,186
94	Occupational Therapy															0
95	Optometrist															0
96	Orthoptist															0
97	Pharmacy								176,732	1,261,662	622,535	188,629	106,961			2,356,519
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy															0
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	0	294,362	1,261,662	622,535	257,815	106,961	0	0	2,543,335
102																
103	ADMINISTRATIVE AND CLERICAL															
104	Chief Executive														164,884	164,884
105	Chairman														37,685	37,685
106	Non Executive Director														64,806	64,806
107	Director														207,882	207,882
108	Executive Director														856,395	856,395
109	Non AFC Admin & Clerical														278,068	278,068
110	Support Services															
111	AFC Admin & Clerical:															
112	Finance		204	108,187	603,179	1,125,033	857,779	1,985,479	2,272,775	1,635,844	2,340,681	694,338	291,011			11,914,510
113	HR															
114	IT															
115	Other Corporate Services, incs Supporting Direct Patient & Client Services															
116	TOTAL ADMINISTRATIVE AND CLERICAL		204	108,187	139,188	233,136	241,052	373,946	470,447	509,760	866,148	213,539	743,583	0	1,609,720	3,790,799
117																
118																
119	ANCILLARIES															
120	Catering															185
121	Domestic															0
122	Healthcare Assistant															0
123	Laundry															0
124	Portering															12,867
125	Chaplain															0
126	Hairdresser															0
127	Organist															0
128	Work Placements															0
129	TOTAL ANCILLARIES		7,238	5,834	0	0	0	0	0	0	0	0	0	0	0	13,072
130																
131	SOCIAL SERVICES															
132	Domiliary/Homecare															0
133	Social Services									30,222	315,970	176,046				522,238
134	Residential Social Worker Unqualified															0
135	Residential Social Worker Qualified															0
136	Social Work Assistant															0
137	Social Work Degree Trainee															0
138	Social Worker Qualified															0
139	Team Leader															0
140	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	30,222	315,970	176,046	0	0	0	522,238
141																
142	WORKS (Estates & Maintenance)															
143	Planner/Estimator															0
144	Painter															0
145	Joiner															0
146	Fitter/Engineer															0
147	Electrician															0
148	Upholsterer															0
149	Builder															0
150	Boilerman															0
151	Multi-Skilled Support															0
152	Maintenance Supervisor															0
153	Groundsman/Gardener															0
154	Plumber															0
155	Labourer															0
156	Estates Officer															0
157	Medical Technical Estates															0
158	Multi-Services Manager Estates															0
159	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
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161																
162																
163																
164																
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Board: Public Health Agency								
Year Ending: 2016/17								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2015/16:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2015/16</u></th> <th><u>2016/17</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 69,509,634</td> <td>70,656,391</td> </tr> </tbody> </table> Details of significant year on year movements:			<u>Expenditure item</u>	<u>2015/16</u>	<u>2016/17</u>	Total	£ 69,509,634	70,656,391
<u>Expenditure item</u>	<u>2015/16</u>	<u>2016/17</u>						
Total	£ 69,509,634	70,656,391						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			70,656,391
Staff Costs	3.2	16,264,954	
Commissioning & Other Services Expenditure	3.1	50,724,269	
Board Administration Expenses	3.2&3.3	3,667,168	
Total Operating Expenses per Financial Statements			70,656,391

BFR Summary of Expenditure (AfC)		2016/2017		2015/2016	
	£	£	£	£	
Salaries and Wages					
Total Medical Non Locum	3,883,943		4,137,636		
Total Medical Locum	8,788		4,705		
Total Dental Non Locum	0		0		
Total Dental Locum	0		0		
Total Nursing & Midwifery	1,658,645		1,617,005		
Total Professions Allied to Medicine	780,991		692,133		
Total Administrative and Clerical	9,887,803		10,427,191		
Total Ancillaries	262		0		
Total Social Services	0		0		
Total Works (Estates & Maintenance)	0		0		
Total Agency Staff	155,101		142,163		
Total Bank Staff	-1,379		0		
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0		0		
Early Departure Costs	0		1,974,096		
Agenda for Change Creditor	-109,199		357,388		
Total Salaries and Wages (Non AfC)		16,264,955		19,352,317	
Operating Expenditure					
Total Supplies and Services - Clinical	363		117		
Total Supplies and Services - General	81,004		84,424		
Total Establishment Expenses	570,325		533,838		
Total Transport Expenses	5,545		232		
Total Premises	997,503		641,327		
Total Non Cash Items	548,867		166,034		
Total Personal Social Services	2,512		1,957		
Total Miscellaneous Expenditure	188,555		275,442		
Total Other Operating Expenses	51,996,761		48,453,946		
Total Operating Expenses		54,391,436		50,157,317	
TOTAL BFR OPERATING EXPENSES		70,656,391		69,509,634	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2016/2017	2015/2016	Change				Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other	333				333	N/A	
11	Dressings					0	N/A	
12	Drugs & vaccines	30				30	N/A	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase			91		-91	-100%	
17	Laboratory equipment - Other					0	N/A	
18	Medical & surgical equipment - Equipment					0	N/A	
19	Medical & surgical equipment - Equipment Lease					0	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase			26		-26	-100%	
22	Medical & surgical equipment - Other					0	N/A	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials					0	N/A	
25	Patients' appliances - Supplies					0	N/A	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment					0	N/A	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables					0	N/A	
30	Diagnostic imaging/radiography - Maintenance & repairs					0	N/A	
31	Total Supplies and Services - Clinical	363		117		246	210%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables					0	N/A	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs					0	N/A	
37	Catering - Outsourced Catering	31,137		30,157		980	3%	
38	Catering - Provisions (purchases)	2,754		3,979		-1,225	-31%	
39	Cleaning - Equipment, materials & repairs	3,371				3,371	N/A	
40	Cleaning - Outside contractors	43,741		50,284		-6,543	-13%	
41	Hardware & crockery - Supplies & disposables	1		4		-3	-72%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms					0	N/A	
46	Total Supplies and Services - General	81,004		84,424		-3,420	-4%	
47								
48	Establishment Expenses							
49	Advertising	65,604		34,160		31,444	92%	
50	Car leasing scheme	24,340				24,340	N/A	
51	Postage	12,981		24,351		-11,370	-47%	
52	Printing & stationery	58,609		74,084		-15,475	-21%	
53	Paper & card	3,430				3,430	N/A	
54	Photocopier charges	50,304				50,304	N/A	
55	Books & publications	20,502				20,502	N/A	
56	Staff removal expenses	7,389				7,389	N/A	
57	Line & phone call charges	4,422		42,575		-38,153	-90%	
58	Land line phone/line rental	4,444		31,614		-27,170	-86%	
59	Mobile phone call charges	4,665				4,665	N/A	
60	Mobile phone rentals	11,060				11,060	N/A	
61	Data comms, post & telecoms maintenance & repairs	3,740				3,740	N/A	
62	Purchase of post/tele equipment	121				121	N/A	
63	Lease of post/tee equipment	20,918				20,918	N/A	
64	Other post/telephone calls					0	N/A	
65	Staff travel & subsistence	267,483		327,054		-59,571	-18%	
66	Non staff travel & subsistence	10,314				10,314	N/A	
67	Total Establishment Expenses	570,325		533,838		36,487	7%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	176		188		-12	-6%	
72	Patient taxis					0	N/A	
73	Staff taxis	4,473				4,473	N/A	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	896		44		852	1936%	
78	Total Transport Expenses	5,545		232		5,313	2290%	
79								
80	Premises							
81	Building & engineering contracts	8,678		67,837		-59,159	-87%	
82	Building & engineering - Equipment & supplies	58,670		225		58,445	25976%	
83	Building & engineering - Equipment & plant hire					0	N/A	
84	Building & engineering - Gardening & grounds					0	N/A	
85	Building & engineering - Maintenance & repairs	427,575				427,575	N/A	
86	Electricity	44,795		47,567		-2,772	-6%	
87	Furniture & fittings	4,669		1,767		2,902	164%	
88	Furniture & fittings - Maintenance & repairs	1,672				1,672	N/A	
89	Furniture & fittings - Rental of equipment					0	N/A	
90	Leased premises	60,046				60,046	N/A	
91	Insurance	2,200		400		1,800	450%	
92	Computer hardware & software - Maintenance	16,783		58,493		-41,710	-71%	
93	Computer hardware & software - Purchase	24,543		33,818		-9,275	-27%	
94	Other ICT costs	50,276				50,276	N/A	
95	Office equipment	10,624		9,333		1,291	14%	
96	Office equipment - Maintenance, repairs & contracts	75				75	N/A	
97	Lease of equipment	55				55	N/A	
98	Gas	10,872		11,532		-660	-6%	
99	Oil	5,563		9,221		-3,658	-40%	
100	Other fuels					0	N/A	
101	Rates	197,136		181,107		16,029	9%	
102	Rent	34,994		215,843		-180,849	-84%	
103	Security	29,792				29,792	N/A	
104	Water & sewerage charges	8,484		4,184		4,300	103%	
105	Total Premises	997,503		641,327		356,176	56%	
106								
107	Non Cash Items							
108	Depreciation	118,957		148,011		-29,054	N/A	
109	Amortisation	42,287				42,287	N/A	
110	Impairments					0	N/A	
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	1,494		2,023		-529	N/A	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year	370,129				370,129	N/A	
116	Cost of borrowing of provisions (unwinding of discount on provisions)					0	N/A	
117	Auditors remuneration	16,000		16,000		0	N/A	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items	548,867		166,034		382,833	231%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3								
4	Analysis of Operating Expenditure							
125	Payments under legislation							
126	Medical examination fees	2,512		1,957		555	28%	
127	Total Personal Social Services		2,512		1,957	555	28%	
128								
129	Miscellaneous Expenditure							
130	Legal fees	8,240				8,240	N/A	
131	General services	180,315		275,442		-95,127	-35%	
132	Losses and special payments					0	N/A	
133	patient/resident amenities					0	N/A	
134	Total Miscellaneous Expenditure		188,555		275,442	-86,887	-32%	
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	36,972,865		39,767,802		-2,794,937	-7%	
138	Revenue grants to voluntary organisations					0	N/A	
139	Capital grants to voluntary organisations					0	N/A	
140	Recharges from other HSC organisations	3,992,026		8,495,467		-4,503,441	-53%	
141	Bad debts			136		-136	-100%	
142	Rentals under operating leases	212,373				212,373	N/A	
143	Rentals under finance leases					0	N/A	
144	Finance cost of finance leases					0	N/A	
145	Interest charges					0	N/A	
146	PFI and other service concession arrangements service charges					0	N/A	
147	Research and development expenditure	9,759,378				9,759,378	N/A	Not separately categorised in prior year
148	Clinical negligence - Other expenditure					0	N/A	
149	BSO Services	777,277				777,277	N/A	Not separately categorised in prior year
150	Training	144,029				144,029	N/A	Not separately categorised in prior year
151	Professional fees	101,627		190,541		-88,914	-47%	
152	Patient travelling expenses					0	N/A	
153	Cost of exit packages not provided for					0	N/A	
154	Cost of exit packages provided for	37,187				37,187	N/A	
155	Elective care					0	N/A	
156	Other charitable expenditure					0	N/A	
157	Total Other Expenditure		51,996,761		48,453,946	3,542,815	7%	
158								
159	Total Operating Expenditure:		54,391,436		50,157,317	4,234,119	8%	
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant			3,273,150												3,273,150
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar			604,048												604,623
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions			6,745												14,958
23	Total Medical - Hospital			3,883,943												3,892,731
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant															0
29	Associate Specialist															0
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar															0
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															0
39	Total Medical - Community			0												0
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY			3,883,943												3,892,731
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer															0
46	Dental Officer															0
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services															0
52	Dental Regional Lead															0
53	Referral Dental Officers															0
54	Total Dental - Hospital			0												0
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community			0												0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY			0												0
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															1,658,645
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives															0
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	78,930	32,757	236,794	79,174	701,131	507,136	22,723	0	0	1,658,645
81																
82	PROFESSIONS ALLIED TO MEDICINE															
83	Art & Music Therapist															0
84	Biomedical Science															0
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist							88,640	110,438			37,862				236,940
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics										71,265					71,265
91	Imaging										73,112					73,112
92	MTO (Medical Technical Officer)															0
93	Multi AHP															0
94	Occupational Therapy										217,334					217,334
95	Optometrist															0
96	Orthoptist															0
97	Pharmacy															0
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy												182,340			182,340
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	88,640	110,438	0	361,711	37,862	182,340	0	0	780,991
102																
103	ADMINISTRATIVE AND CLERICAL															
104	Chief Executive														121,330	121,330
105	Chairman														37,572	37,572
106	Non Executive Director														62,369	62,369
107	Director														441,099	441,099
108	Executive Director														95,825	95,825
109	Non AFC Admin & Clerical															0
110	Support Services															0
111	AFC Admin & Clerical:															0
112	Finance															0
113	HR															0
114	IT															0
115	Other Corporate Services, incs Supporting Direct Patient & Client															0
116	Services															0
117	TOTAL ADMINISTRATIVE AND CLERICAL		0	17,263	558,745	527,054	100,001	862,905	570,674	121,857	148,172		148,392			3,055,063
118			0	20,278	665,984	865,127	401,855	1,757,975	2,243,374	1,654,438	397,330	455,293	667,954	0	758,195	9,887,803
119																
120	ANCILLARIES															
121	Catering															0
122	Domestic															0
123	Healthcare Assistant															0
124	Laundry															0
125	Portering															0
126	Chaplain															0
127	Hairdresser															0
128	Organist															0
129	Work Placements															0
130	TOTAL ANCILLARIES		0	262	0	0	0	0	0	0	0	0	0	0	0	262
131																
132	SOCIAL SERVICES															
133	Domiliary/Homecare															0
134	Social Services															0
135	Residential Social Worker Unqualified															0
136	Residential Social Worker Qualified															0
137	Social Work Assistant															0
138	Social Work Degree Trainee															0
139	Social Worker Qualified															0
140	Team Leader															0
141	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
142																
143	WORKS (Estates & Maintenance)															
144	Planner/Estimator															0
145	Painter															0
146	Joiner															0
147	Fitter/Engineer															0
148	Electrician															0
149	Upholsterer															0
150	Builder															0
151	Boilerman															0
152	Multi-Skilled Support															0
153	Maintenance Supervisor															0
154	Groundsman/Gardener															0
155	Plumber															0
156	Labourer															0
157	Estates Officer															0
158	Medical Technical Estates															0
159	Multi-Services Manager Estates															0
160	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
161																
162	TOTAL STAFF COSTS		0	20,540	665,984	865,127	480,785	1,879,372	2,590,606	1,733,612	1,460,172	1,000,291	873,017	0	758,195	12,327,701
163																
164	AGENCY STAFF															
165																
166	Medical															0
167	Dental															0
168																
169																
170	Nursing & Midwifery									191						191
171	Professions Allied to Medicine															0
172	Administrative & Clerical				63,808	19,570		62,643		8,889						154,910
173	Ancillaries															0
174	Works (Estates & Maintenance)															0
175	Social Services															0
176	Total Agency Staff		0	0	63,808	19,570	0	62,643	0	9,080	0	0	0	0	0	155,101
177																
178	TOTAL AGENCY STAFF															155,101
179																
180																
181																
182	BANK STAFF															
183																
184	Medical															0
185	Dental															0
186																
187																
188	Nursing & Midwifery															0
189	Professions Allied to Medicine															0
190	Administrative & Clerical															-1,379
191	Ancillaries															0
192	Works (Estates & Maintenance)															0
193	Social Services															0
194	Total Bank Staff		0	-1,379	0	0	0	0	0	0	0	0	0	0	0	-1,379
195																
196	TOTAL BANK STAFF															-1,379
197																
198																
199	OTHER STAFF COSTS															
200	Pension Costs for early retirements reflecting the single lump sum to buy over the full liability															
201																
202	Early Departure Costs															
203																
204	Agenda for Change Creditor															-109,199
205																
206	Total Salaries & Wages		3,883,943	27,949	729,792	884,697	480,785	1,942,015	2,590,606	1,742,692	1,460,172	1,000,291	873,017	0	758,195	16,264,955
207																
208																

Board: Health and Social Care Board								
Year Ending: 2017/18								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2016/17:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2016/17</u></th> <th><u>2017/18</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 1,029,720,029</td> <td>1,063,582,193</td> </tr> </tbody> </table> Details of significant year on year movements: Main areas of increase is within the FHS with an increase of £29.6m and movement in provisions of £7.6m accounting for the increase in spend from 2016/17 to 2017/18. Salaries have decreased by £1.6m resulting from previous VES schemes now working through the system.			<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>	Total	£ 1,029,720,029	1,063,582,193
<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>						
Total	£ 1,029,720,029	1,063,582,193						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			1,063,582,193
Staff Costs	3.2	25,917,410	
Commissioning & Other Services Expenditure	3.1	1,006,924,809	
Board Administration Expenses	3.2&3.3	30,739,974	
Total Operating Expenses per Financial Statements			1,063,582,193

BFR Summary of Expenditure (AfC)		2017/2018		2016/2017	
	£	£	£	£	
Salaries and Wages					
Total Medical Non Locum	1,969,083		1,984,744		
Total Medical Locum	39,617		150,638		
Total Dental Non Locum	1,020,476		1,011,877		
Total Dental Locum	0		0		
Total Nursing & Midwifery	210,638		230,040		
Total Professions Allied to Medicine	2,386,227		2,543,335		
Total Administrative and Clerical	19,429,500		20,406,417		
Total Ancillaries	0		13,072		
Total Social Services	459,890		522,238		
Total Works (Estates & Maintenance)	0		0		
Total Agency Staff	401,979		332,112		
Total Bank Staff	0		341		
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0		0		
Early Departure Costs	0		599,136		
Agenda for Change Creditor	0		-138,247		
Total Salaries and Wages (Non AfC)		25,917,410		27,655,703	
Operating Expenditure					
Total Supplies and Services - Clinical	1,088		1,144		
Total Supplies and Services - General	594,760		605,172		
Total Establishment Expenses	6,713,156		6,533,817		
Total Transport Expenses	12,227		12,484		
Total Premises	1,470,063		1,576,758		
Total Non Cash Items	10,446,373		3,058,860		
Total Personal Social Services	3,392		1,894		
Total Miscellaneous Expenditure	294,671		323,770		
Total Other Operating Expenses	1,018,129,053		989,950,426		
Total Operating Expenses		1,037,664,783		1,002,064,326	
TOTAL BFR OPERATING EXPENSES		1,063,582,193		1,029,720,029	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2017/2018		2016/2017		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other					0	N/A	
11	Dressings					0	N/A	
12	Drugs & vaccines	877				877	N/A	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase					0	N/A	
17	Laboratory equipment - Other					0	N/A	
18	Medical & surgical equipment - Equipment			595		-595	-100%	
19	Medical & surgical equipment - Equipment Lease					0	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase					0	N/A	
22	Medical & surgical equipment - Other	-215		549		-765	-139%	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials	70				70	N/A	
25	Patients' appliances - Supplies	302				302	N/A	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment					0	N/A	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables					0	N/A	
30	Diagnostic imaging/radiography - Maintenance & repairs	55				55	N/A	
31	Total Supplies and Services - Clinical		1,088		1,144	-56	-5%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables	515		674		-159	-24%	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs	4,138		4,538		-401	-9%	
37	Catering - Outsourced Catering	278,359		306,528		-28,169	-9%	
38	Catering - Provisions (purchases)	85,977		71,433		14,544	20%	
39	Cleaning - Equipment, materials & repairs	16,075		14,260		1,815	13%	
40	Cleaning - Outside contractors	199,636		201,459		-1,822	-1%	
41	Hardware & crockery - Supplies & disposables	9,154		5,159		3,994	77%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms	907		1,121		-214	-19%	
46	Total Supplies and Services - General		594,760		605,172	-10,412	-2%	
47								
48	Establishment Expenses							
49	Advertising	29,500		160,061		-130,562	-82%	
50	Car leasing scheme	14,057		29,026		-14,969	-52%	
51	Postage	25,578		53,337		-27,759	-52%	
52	Printing & stationery	51,166		72,375		-21,209	-29%	
53	Paper & card	13,560		13,780		-221	-2%	
54	Photocopier charges	96,650		128,997		-32,347	-25%	
55	Books & publications	46,195		36,626		9,568	26%	
56	Staff removal expenses	1,566		1,566		0	N/A	
57	Line & phone call charges	11,126		13,652		-2,526	-19%	
58	Land line phone/line rental	2,332		3,213		-881	-27%	
59	Mobile phone call charges	566		369		197	53%	
60	Mobile phone rentals	38,857		41,903		-3,046	-7%	
61	Data comms, post & telecoms maintenance & repairs	2,716		1,156		1,560	135%	
62	Purchase of post/tele equipment	25,200				25,200	N/A	
63	Lease of post/tee equipment					0	N/A	
64	Other post/telephone calls	148				148	N/A	
65	Staff travel & subsistence	441,126		565,429		-124,303	-22%	Movements in coding
66	Non staff travel & subsistence	5,912,814		5,413,891		498,922	9%	
67	Total Establishment Expenses		6,713,156		6,533,817	179,338	3%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	4,520		3,480		1,040	30%	
72	Patient taxis			125		-125	-100%	
73	Staff taxis	2,975		4,508		-1,532	-34%	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	4,732		4,372		360	8%	
78	Total Transport Expenses		12,227		12,484	-257	-2%	
79								
80	Premises							
81	Building & engineering contracts	180,989		187,067		-6,078	-3%	
82	Building & engineering - Equipment & supplies	782		1,044		-262	-25%	
83	Building & engineering - Equipment & plant hire	-1,460		4,565		-6,025	-132%	
84	Building & engineering - Gardening & grounds	4,231		4,792		-561	-12%	
85	Building & engineering - Maintenance & repairs	43,729		106,285		-62,556	-59%	
86	Electricity	126,092		113,376		12,717	11%	
87	Furniture & fittings	3,029		8,388		-5,359	-64%	
88	Furniture & fittings - Maintenance & repairs	2,125		527		1,598	304%	
89	Furniture & fittings - Rental of equipment					0	N/A	
90	Leased premises			7,853		-7,853	-100%	
91	Insurance					0	N/A	
92	Computer hardware & software - Maintenance	75,285		106,363		-31,078	-29%	
93	Computer hardware & software - Purchase	66,509		23,038		43,470	189%	
94	Other ICT costs	23,726		79,569		-55,843	-70%	
95	Office equipment	3,707		10,932		-7,225	-66%	
96	Office equipment - Maintenance, repairs & contracts	9,502		2,133		7,369	346%	
97	Lease of equipment			3,400		-3,400	-100%	
98	Gas	44,427		47,033		-2,606	-6%	
99	Oil	70				70	N/A	
100	Other fuels					0	N/A	
101	Rates	632,453		621,310		11,143	2%	
102	Rent	154,693		150,590		4,103	3%	
103	Security	78,033		81,925		-3,892	-5%	
104	Water & sewerage charges	22,142		16,569		5,573	34%	
105	Total Premises		1,470,063		1,576,758	-106,695	-7%	
106								
107	Non Cash Items							
108	Depreciation	1,976,199		2,109,948		-133,749	-6%	IT natural life
109	Amortisation	404,955		406,430		-1,475	0%	
110	Impairments	-36,100		120,856		-156,956	-130%	Financial Transactions Capital
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	13,646		9,608		4,038	42%	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year	8,035,673		360,018		7,675,655	2132%	Change in provisions rate
116	Cost of borrowing of provisions (unwinding of discount on provisions)					0	N/A	
117	Auditors remuneration	52,000		52,000		0	0%	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items		10,446,373		3,058,860	7,387,512	242%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	
125	Payments under legislation					0	N/A	
126	Medical examination fees	3,392		1,894		1,498	79%	
127	Total Personal Social Services		3,392		1,894	1,498	79%	
128								
129	Miscellaneous Expenditure							

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3								
4	Analysis of Operating Expenditure	2017/2018	2016/2017	Change	Comments			
		£	£	£	£	%		
130	Legal fees		183,802		-183,802	-100%	No spend in 2017/18	
131	General services	294,671	139,968		154,703	111%	Coding of general fees also includes apprenticeship levy	
132	Losses and special payments				0	N/A		
133	patient/resident amenities				0	N/A		
134	Total Miscellaneous Expenditure	294,671	323,770	-29,099	-9%			
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	38,202,279	41,361,077		-3,158,797	-8%	Reduction in vols	
138	Revenue grants to voluntary organisations				0	N/A		
139	Capital grants to voluntary organisations				0	N/A		
140	Recharges from other HSC organisations	943,789,915	914,185,297		29,604,617	3%		
141	Bad debts	422			422	N/A		
142	Rentals under operating leases				0	N/A		
143	Rentals under finance leases				0	N/A		
144	Finance cost of finance leases				0	N/A		
145	Interest charges				0	N/A		
146	PFI and other service concession arrangements service charges				0	N/A		
147	Research and development expenditure				0	N/A		
148	Clinical negligence - Other expenditure				0	N/A		
149	BSO Services	35,689,098	34,143,399		1,545,699	5%		
150	Training	129,624	103,153		26,471	26%		
151	Professional fees	96,154	157,500		-61,347	-39%		
152	Patient travelling expenses				0	N/A		
153	Cost of exit packages not provided for				0	N/A		
154	Cost of exit packages provided for	221,561			221,561	N/A		
155	Elective care				0	N/A		
156	Other charitable expenditure				0	N/A		
157	Total Other Expenditure	1,018,129,053	989,950,426	28,178,627	3%			
158								
159	Total Operating Expenditure:	1,037,664,783	1,002,064,326	35,600,457	4%			
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant															1,939,070
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar															0
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions															69,629
23	Total Medical - Hospital															2,008,700
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant															0
29	Associate Specialist															0
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar															0
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															0
39	Total Medical - Community															0
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY															2,008,700
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer															503,417
46	Dental Officer															306,619
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services															140,115
52	Dental Regional Lead															0
53	Referral Dental Officers															70,324
54	Total Dental - Hospital															1,020,476
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community															0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY															1,020,476
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															210,638
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives															0
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	0	0	142,104	0	68,534	0	0	0	0	210,638
81																
82	PROFESSIONS ALLIED TO MEDICINE															
83	Art & Music Therapist															0
84	Biomedical Science															0
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist															0
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics															0
91	Imaging															0
92	MTO (Medical Technical Officer)								99,584							99,584
93	Multi AHP											75,279				75,279
94	Occupational Therapy															0
95	Optometrist											129,081				129,081
96	Orthoptist															0
97	Pharmacy								44,505	1,106,022	659,377	165,720	106,660			2,082,284
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy															0
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	0	144,088	1,106,022	659,377	370,080	106,660	0	0	2,386,227
102																
103	ADMINISTRATIVE AND CLERICAL															
104	Chief Executive														243,790	243,790
105	Chairman														37,642	37,642
106	Non Executive Director														60,185	60,185
107	Director														24,494	24,494
108	Executive Director														855,532	855,532
109	Non AFC Admin & Clerical														333,608	333,608
110	Support Services															0
111	AFC Admin & Clerical:															
112	Finance															11,169,503
113	HR															0
114	IT															603,426
115	Other Corporate Services, incs Supporting Direct Patient & Client Services															3,825,412
116	TOTAL ADMINISTRATIVE AND CLERICAL		0	105,199	557,848	891,666	866,405	2,007,862	2,133,389	1,611,249	2,221,330	523,389	251,166	0	1,555,290	19,429,500
117																
118																
119	ANCILLARIES															
120	Catering															0
121	Domestic															0
122	Healthcare Assistant															0
123	Laundry															0
124	Portering															0
125	Chaplain															0
126	Hairdresser															0
127	Organist															0
128	Work Placements															0
129	TOTAL ANCILLARIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
130																
131	SOCIAL SERVICES															
132	Domiciliary/Homecare															0
133	Social Services															459,890
134	Residential Social Worker Unqualified									43,076	226,532	190,282				0
135	Residential Social Worker Qualified															0
136	Social Work Assistant															0
137	Social Work Degree Trainee															0
138	Social Worker Qualified															0
139	Team Leader															0
140	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	43,076	226,532	190,282	0	0	0	459,890
141																
142	WORKS (Estates & Maintenance)															
143	Planner/Estimator															0
144	Painter															0
145	Joiner															0
146	Fitter/Engineer															0
147	Electrician															0
148	Upholsterer															0
149	Builder															0
150	Boilerman															0
151	Multi-Skilled Support															0
152	Maintenance Supervisor															0
153	Groundsman/Gardener															0
154	Plumber															0
155	Labourer															0
156	Estates Officer															0
157	Medical Technical Estates															0
158	Multi-Services Manager Estates															0
159	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
5			Non Locum	Locum												Total Expenditure
161	TOTAL STAFF COSTS		0	105,199	697,899	1,186,434	1,263,227	2,756,124	3,241,197	4,043,145	4,741,426	1,404,067	1,492,288	0	1,555,250	22,486,256
162																
163	AGENCY STAFF															
164																
165																
166	Medical															0
167	Dental															0
168																
169																
170	Nursing & Midwifery															0
171	Professions Allied to Medicine															0
172	Administrative & Clerical		3,931	16,887	221,753	84,220	4,749	24,456	31,825	679						388,501
173	Ancillaries		13,392													13,392
174	Works (Estates & Maintenance)		86													86
175	Social Services															0
176	Total Agency Staff		17,409	16,887	221,753	84,220	4,749	24,456	31,825	679	0	0	0	0	0	401,979
177																
178	TOTAL AGENCY STAFF															401,979
179																
180																
181																
182	BANK STAFF															
183																
184	Medical															0
185	Dental															0
186																
187																
188	Nursing & Midwifery															0
189	Professions Allied to Medicine															0
190	Administrative & Clerical															0
191	Ancillaries															0
192	Works (Estates & Maintenance)															0
193	Social Services															0
194	Total Bank Staff		0	0	0	0	0	0	0	0	0	0	0	0	0	0
195																
196	TOTAL BANK STAFF															0
197																
198																
199	OTHER STAFF COSTS															
200	Pension Costs for early retirements reflecting the single lump sum to buy over the full liability															
201																
202	Early Departure Costs															
203																
204	Agenda for Change Creditor															
205																
206	Total Salaries & Wages		3,006,968	161,703	919,652	1,270,655	1,267,976	2,780,580	3,273,022	4,043,824	4,741,426	1,404,067	1,492,288	0	1,555,250	25,917,410
207																
208																

Board: Public Health Agency								
Year Ending: 2017/18								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2016/17:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2016/17</u></th> <th><u>2017/18</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 70,656,391</td> <td>68,240,174</td> </tr> </tbody> </table> Details of significant year on year movements: Main movements in year were the fall in R&D expenditure by approximately £934k, Non Cash movements saw a £274k fall from 2017/18 mainly in relation to Provisions. Premises costs have shifted by £681k which comes mainly from the £400k delapidations cost listed in 16/17 at £400k while approximately £200k failed to materialise and the unmaterialising accrual was fully unwound in 2017/18 accounts.			<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>	Total	£ 70,656,391	68,240,174
<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>						
Total	£ 70,656,391	68,240,174						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			68,240,174
Staff Costs	3.2	16,324,108	
Commissioning & Other Services Expenditure	3.1	48,968,734	
Board Administration Expenses	3.2&3.3	2,947,332	
Total Operating Expenses per Financial Statements			68,240,174

BFR Summary of Expenditure (AfC)		2017/2018		2016/2017	
	£	£	£	£	
Salaries and Wages					
Total Medical Non Locum	3,661,950		3,883,943		
Total Medical Locum	1,065		8,788		
Total Dental Non Locum	0		0		
Total Dental Locum	0		0		
Total Nursing & Midwifery	1,746,187		1,658,645		
Total Professions Allied to Medicine	636,854		780,991		
Total Administrative and Clerical	10,081,464		9,887,803		
Total Ancillaries	450		262		
Total Social Services	0		0		
Total Works (Estates & Maintenance)	0		0		
Total Agency Staff	196,139		155,101		
Total Bank Staff	0		-1,379		
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0		0		
Early Departure Costs	0		0		
Agenda for Change Creditor	0		-109,199		
Total Salaries and Wages (Non AfC)		16,324,108		16,264,955	
Operating Expenditure					
Total Supplies and Services - Clinical	1,340		363		
Total Supplies and Services - General	77,850		81,004		
Total Establishment Expenses	522,244		570,325		
Total Transport Expenses	5,320		5,545		
Total Premises	316,395		997,503		
Total Non Cash Items	274,089		548,867		
Total Personal Social Services	1,833		2,512		
Total Miscellaneous Expenditure	197,748		188,555		
Total Other Operating Expenses	50,519,247		51,996,761		
Total Operating Expenses		51,916,066		54,391,436	
TOTAL BFR OPERATING EXPENSES		68,240,174		70,656,391	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2017/2018		2016/2017		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other	1,340		333		1,007	303%	
11	Dressings					0	N/A	
12	Drugs & vaccines	-30		30		-60	-200%	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase					0	N/A	
17	Laboratory equipment - Other					0	N/A	
18	Medical & surgical equipment - Equipment	30				30	N/A	
19	Medical & surgical equipment - Equipment Lease					0	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase					0	N/A	
22	Medical & surgical equipment - Other					0	N/A	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials					0	N/A	
25	Patients' appliances - Supplies					0	N/A	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment					0	N/A	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables					0	N/A	
30	Diagnostic imaging/radiography - Maintenance & repairs					0	N/A	
31	Total Supplies and Services - Clinical		1,340		363	977	269%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables	5				5	N/A	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs					0	N/A	
37	Catering - Outsourced Catering	33,097		31,137		1,960	6%	
38	Catering - Provisions (purchases)	204		2,754		-2,550	-93%	
39	Cleaning - Equipment, materials & repairs	2,946		3,371		-424	-13%	
40	Cleaning - Outside contractors	41,547		43,741		-2,194	-5%	
41	Hardware & crockery - Supplies & disposables	50		1		49	4346%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms					0	N/A	
46	Total Supplies and Services - General		77,850		81,004	-3,155	-4%	
47								
48	Establishment Expenses							
49	Advertising	12,397		65,604		-53,207	-81%	
50	Car leasing scheme	11,897		24,340		-12,442	-51%	
51	Postage	13,116		12,981		135	1%	
52	Printing & stationery	45,880		58,609		-12,729	-22%	
53	Paper & card	5,901		3,430		2,472	72%	
54	Photocopier charges	89,912		50,304		39,608	79%	
55	Books & publications	13,733		20,502		-6,769	-33%	
56	Staff removal expenses	1,391		7,389		-5,997	-81%	
57	Line & phone call charges	12		4,422		-4,410	-100%	
58	Land line phone/line rental	978		4,444		-3,466	-78%	
59	Mobile phone call charges	8,769		4,665		4,105	88%	
60	Mobile phone rentals	6,577		11,060		-4,483	-41%	
61	Data comms, post & telecoms maintenance & repairs	6,352		3,740		2,612	70%	
62	Purchase of post/tele equipment	63		121		-58	-48%	
63	Lease of post/tee equipment			20,918		-20,918	-100%	
64	Other post/telephone calls	20,810				20,810	N/A	
65	Staff travel & subsistence	273,120		267,483		5,637	2%	
66	Non staff travel & subsistence	11,335		10,314		1,021	10%	
67	Total Establishment Expenses		522,244		570,325	-48,081	-8%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	2,172		176		1,996	1134%	
72	Patient taxis					0	N/A	
73	Staff taxis	2,514		4,473		-1,960	-44%	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	634		896		-262	-29%	
78	Total Transport Expenses		5,320		5,545	-225	-4%	
79								
80	Premises							
81	Building & engineering contracts	6,966		8,678		-1,712	-20%	
82	Building & engineering - Equipment & supplies	58,334		58,670		-337	-1%	
83	Building & engineering - Equipment & plant hire					0	N/A	
84	Building & engineering - Gardening & grounds					0	N/A	
85	Building & engineering - Maintenance & repairs	-208,501		427,575		-636,076	-149%	
86	Electricity	35,463		44,795		-9,332	-21%	
87	Furniture & fittings	5,124		4,669		455	10%	
88	Furniture & fittings - Maintenance & repairs			1,672		-1,672	-100%	
89	Furniture & fittings - Rental of equipment	4,577				4,577	N/A	
90	Leased premises	58,501		60,046		-1,545	-3%	
91	Insurance			2,200		-2,200	-100%	
92	Computer hardware & software - Maintenance	35,856		16,783		19,073	114%	
93	Computer hardware & software - Purchase	23,798		24,543		-745	-3%	
94	Other ICT costs	32,263		50,276		-18,013	-36%	
95	Office equipment	8,267		10,624		-2,357	-22%	
96	Office equipment - Maintenance, repairs & contracts			75		-75	-100%	
97	Lease of equipment	55		55		0	1%	
98	Gas	10,295		10,872		-577	-5%	
99	Oil	527		5,563		-5,036	-91%	
100	Other fuels					0	N/A	
101	Rates	176,209		197,136		-20,927	-11%	
102	Rent	34,698		34,994		-296	-1%	
103	Security	27,842		29,792		-1,950	-7%	
104	Water & sewerage charges	6,120		8,484		-2,364	-28%	
105	Total Premises		316,395		997,503	-681,108	-68%	
106								
107	Non Cash Items							
108	Depreciation	155,029		118,957		36,072	30%	
109	Amortisation	54,942		42,287		12,655	30%	
110	Impairments					0	N/A	
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	58,246		1,494		56,752	3798%	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year			370,129		-370,129	-100%	
116	Cost of borrowing of provisions (unwinding of discount on provisions)	-10,128				-10,128	N/A	
117	Auditors remuneration	16,000		16,000		0	0%	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items		274,089		548,867	-274,778	-50%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2017/2018		2016/2017		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
125	Payments under legislation					0	N/A	
126	Medical examination fees	1,833		2,512		-679	-27%	
127	Total Personal Social Services		1,833		2,512	-679	-27%	
128								
129	Miscellaneous Expenditure							
130	Legal fees	-1,867		8,240		-10,107	-123%	
131	General services	199,544		180,315		19,229	11%	
132	Losses and special payments	71				71	N/A	
133	patient/resident amenities					0	N/A	
134	Total Miscellaneous Expenditure		197,748		188,555	9,193	5%	
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	37,373,357		36,972,865		400,492	1%	
138	Revenue grants to voluntary organisations					0	N/A	
139	Capital grants to voluntary organisations					0	N/A	
140	Recharges from other HSC organisations	2,770,413		3,992,026		-1,221,613	-31%	
141	Bad debts					0	N/A	
142	Rentals under operating leases	155,819		212,373		-56,555	-27%	
143	Rentals under finance leases					0	N/A	
144	Finance cost of finance leases					0	N/A	
145	Interest charges					0	N/A	
146	PFI and other service concession arrangements service charges					0	N/A	
147	Research and development expenditure	8,824,964		9,759,378		-934,414	-10%	
148	Clinical negligence - Other expenditure					0	N/A	
149	BSO Services	794,482		777,277		17,205	2%	
150	Training	139,915		144,029		-4,114	-3%	
151	Professional fees	460,297		101,627		358,671	353%	This relates to Staff Substitution
152	Patient travelling expenses					0	N/A	
153	Cost of exit packages not provided for					0	N/A	
154	Cost of exit packages provided for	0		37,187		-37,187	-100%	
155	Elective care					0	N/A	
156	Other charitable expenditure					0	N/A	
157	Total Other Expenditure		50,519,247		51,996,761	-1,477,514	-3%	
158								
159	Total Operating Expenditure:		51,916,066		54,391,436	-2,475,370	-5%	
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant															3,007,013
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar															654,937
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions															1,065
23	Total Medical - Hospital															3,663,015
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant															0
29	Associate Specialist															0
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar															0
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															0
39	Total Medical - Community															0
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY															3,663,015
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer															0
46	Dental Officer															0
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services															0
52	Dental Regional Lead															0
53	Referral Dental Officers															0
54	Total Dental - Hospital															0
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community															0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY															0
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															85,678
78	Hospital - Nurses and Midwives															59,439
																225,767
																98,709
																675,098
																599,666
																1,828
																1,746,187
																0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
79 Community - Nurses and Midwives																0
80 TOTAL NURSING & MIDWIFERY			0	0	0	0	85,678	59,439	225,767	98,709	675,098	599,666	1,828	0	0	1,746,187
81 PROFESSIONS ALLIED TO MEDICINE																0
83 Art & Music Therapist																0
84 Biomedical Science																0
85 Central Sterile Services Department/Theatre Sterile Services Unit																0
86 Clinical Psychology																0
87 Clinical Scientist								111,329	50,327				38,241			199,898
88 Counsellor/Therapist																0
89 Dental (Technician, Manager, Biomedical Scientist)																0
90 Dietetics																0
91 Imaging											73,914					73,914
92 MTO (Medical Technical Officer)											73,872					73,872
93 Multi AHP																0
94 Occupational Therapy												176,643				176,643
95 Optometrist																0
96 Orthoptist																0
97 Pharmacy																0
98 Physiotherapy																0
99 Podiatry																0
100 Speech and Language Therapy												5,286	107,242			112,528
101 TOTAL PROFESSIONS ALLIED TO MEDICINE			0	0	0	0	0	111,329	50,327	0	329,714	38,241	107,242	0	0	636,854
102 ADMINISTRATIVE AND CLERICAL																0
104 Chief Executive															-1,233	-1,233
105 Chairman															37,563	37,563
106 Non Executive Director															55,384	55,384
107 Director															479,325	479,325
108 Executive Director															123,503	123,503
109 Non AFC Admin & Clerical																0
110 Support Services			0	646,998	665,507	357,873	855,922	1,646,730	1,685,053	440,056	485,226	498,850				7,282,215
111 AFC Admin & Clerical:																0
112 Finance																0
113 HR																0
114 IT																0
115 Other Corporate Services, incs Supporting Direct Patient & Client Services			19,214	38,811	124,870	70,928	874,400	547,910	117,237	311,338						2,104,708
116 TOTAL ADMINISTRATIVE AND CLERICAL			0	19,214	685,809	790,377	428,801	1,730,322	2,194,640	1,802,290	751,394	485,226	498,850	0	694,541	10,081,464
117 ANCILLARIES																0
120 Catering																0
121 Domestic																0
122 Healthcare Assistant																0
123 Laundry																0
124 Portering																450
125 Chaplain																0
126 Hairdresser																0
127 Organist																0
128 Work Placements																0
129 TOTAL ANCILLARIES			0	450	0	0	0	0	0	0	0	0	0	0	0	450
130 SOCIAL SERVICES																0
132 Domiciliary/Homecare																0
133 Social Services																0
134 Residential Social Worker Unqualified																0
135 Residential Social Worker Qualified																0
136 Social Work Assistant																0
137 Social Work Degree Trainee																0
138 Social Worker Qualified																0
139 Team Leader																0
140 TOTAL SOCIAL SERVICES			0	0	0	0	0	0	0	0	0	0	0	0	0	0
141 WORKS (Estates & Maintenance)																0
143 Planner/Estimator																0
144 Painter																0
145 Joiner																0
146 Fitter/Engineer																0
147 Electrician																0
148 Upholsterer																0
149 Builder																0
150 Boilerman																0
151 Multi-Skilled Support																0
152 Maintenance Supervisor																0
153 Groundsman/Gardener																0
154 Plumber																0
155 Labourer																0
156 Estates Officer																0
157 Medical Technical Estates																0
158 Multi-Services Manager Estates																0
159 TOTAL WORKS (Estates & Maintenance)			0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
5			Non Locum	Locum												Total Expenditure
161	TOTAL STAFF COSTS		0	19,663	685,809	790,377	514,480	1,901,091	2,470,734	1,900,999	1,756,206	1,123,133	607,921	0	694,541	12,464,954
162																
163	AGENCY STAFF															
164																
165	Medical		39,535													39,535
166	Dental															0
167																0
168																0
169	Nursing & Midwifery															0
170	Professions Allied to Medicine															0
171	Administrative & Clerical		354	45,066	23,611	2,881	67,555		17,137							156,604
172	Ancillaries															0
173	Works (Estates & Maintenance)															0
174	Social Services															0
175	Total Agency Staff		0	354	45,066	23,611	2,881	67,555	0	17,137	0	0	0	0	0	156,604
176																
177	TOTAL AGENCY STAFF															196,139
178																
179																
180																
181	BANK STAFF															
182																
183	Medical															0
184	Dental															0
185																
186																0
187	Nursing & Midwifery															0
188	Professions Allied to Medicine															0
189	Administrative & Clerical															0
190	Ancillaries															0
191	Works (Estates & Maintenance)															0
192	Social Services															0
193	Total Bank Staff		0	0	0	0	0	0	0	0	0	0	0	0	0	0
194																
195	TOTAL BANK STAFF															0
196																
197																
198																
199	OTHER STAFF COSTS															
200	Pension Costs for early retirements reflecting the single lump sum to buy over the full liability															
201																
202	Early Departure Costs															
203																
204	Agenda for Change Creditor															
205																
206	Total Salaries & Wages		3,701,485	21,082	730,876	813,989	517,360	1,968,646	2,470,734	1,918,136	1,756,206	1,123,133	607,921	0	694,541	16,324,108
207																
208																

Board:	Health and Social Care Board							
Year Ending:	2018/19							
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2017/18:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2017/18</u></th> <th><u>2018/19</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 1,063,582,193</td> <td>1,075,594,308</td> </tr> </tbody> </table> Details of significant year on year movements: £19.6m Ringfenced Funds is included in expenditure in 2018/19.			<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>	Total	£ 1,063,582,193	1,075,594,308
<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>						
Total	£ 1,063,582,193	1,075,594,308						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			1,075,594,308
Staff Costs	3.2	26,628,124	
Commissioning & Other Services Expenditure	3.1	1,031,466,323	
Board Administration Expenses	3.2&3.3	17,499,859	
Total Operating Expenses per Financial Statements			1,075,594,306

BFR Summary of Expenditure (AfC)		2018/2019	2017/2018	
	£	£	£	£
Salaries and Wages				
Total Medical Non Locum	1,814,666		1,969,083	
Total Medical Locum	165,522		39,617	
Total Dental Non Locum	1,029,326		1,020,476	
Total Dental Locum	0		0	
Total Nursing & Midwifery	215,052		210,638	
Total Professions Allied to Medicine	2,920,189		2,386,227	
Total Administrative and Clerical	19,505,860		19,429,500	
Total Ancillaries	38		0	
Total Social Services	492,368		459,890	
Total Works (Estates & Maintenance)	0		0	
Total Agency Staff	381,534		401,979	
Total Bank Staff	0		0	
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	67,223		0	
Early Departure Costs	0		0	
Agenda for Change Creditor	-51,716		0	
Apprenticeship levy	88,062		0	
Total Salaries and Wages (Non AfC)		26,628,124		25,917,410
Operating Expenditure				
Total Supplies and Services - Clinical	2,562		1,088	
Total Supplies and Services - General	639,874		594,760	
Total Establishment Expenses	767,422		812,467	
Total Transport Expenses	12,351		12,227	
Total Premises	1,538,377		1,470,063	
Total Non Cash Items	-3,552,075		10,446,373	
Total Personal Social Services	4,054		3,392	
Total Miscellaneous Expenditure	349,071		294,671	
Total Other Operating Expenses	1,049,204,548	1,024,029,742		
Total Operating Expenses		1,048,966,184		1,037,664,783
TOTAL BFR OPERATING EXPENSES		1,075,594,308		1,063,582,193

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2018/2019		2017/2018		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other	15				15	N/A	
11	Dressings					0	N/A	
12	Drugs & vaccines			877		-877	-100%	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase					0	N/A	
17	Laboratory equipment - Other					0	N/A	
18	Medical & surgical equipment - Equipment	96				96	N/A	
19	Medical & surgical equipment - Equipment Lease	128				128	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase	24				24	N/A	
22	Medical & surgical equipment - Other	66		-215		281	-130%	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials			70		-70	-100%	
25	Patients' appliances - Supplies			302		-302	-100%	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment	2,233				2,233	N/A	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables					0	N/A	
30	Diagnostic imaging/radiography - Maintenance & repairs			55		-55	-100%	
31	Total Supplies and Services - Clinical		2,562		1,088	1,473	135%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables	484		515		-32	-6%	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs	1,410		4,138		-2,728	-66%	
37	Catering - Outsourced Catering	298,911		278,359		20,552	7%	
38	Catering - Provisions (purchases)	106,942		85,877		20,965	24%	
39	Cleaning - Equipment, materials & repairs	21,598		16,075		5,523	34%	
40	Cleaning - Outside contractors	200,061		199,636		425	0%	
41	Hardware & crockery - Supplies & disposables	9,830		9,154		676	7%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms	638		907		-268	-30%	
46	Total Supplies and Services - General		639,874		594,760	45,113	8%	
47								
48	Establishment Expenses							
49	Advertising	37,607		29,500		8,107	27%	
50	Car leasing scheme			14,057		-14,057	-100%	
51	Postage	37,922		25,578		12,344	48%	
52	Printing & stationery	35,397		51,166		-15,769	-31%	
53	Paper & card	16,273		13,560		2,713	20%	
54	Photocopier charges	56,224		96,650		-40,426	-42%	
55	Books & publications	44,635		46,195		-1,559	-3%	
56	Staff removal expenses			1,566		-1,566	-100%	
57	Line & phone call charges	12,123		11,126		997	9%	
58	Land line phone/line rental	1,089		2,332		-1,243	-53%	
59	Mobile phone call charges	-510		566		-1,075	-190%	
60	Mobile phone rentals	39,557		38,857		699	2%	
61	Data comms, post & telecoms maintenance & repairs	3,008		2,716		291	11%	
62	Purchase of post/tele equipment	54		25,200		-25,146	-100%	
63	Lease of post/tee equipment	10				10	N/A	
64	Other post/telephone calls	1,490		148		1,342	907%	
65	Staff travel & subsistence	464,121		441,126		22,995	5%	
66	Non staff travel & subsistence	18,400		12,125		6,275	52%	
67	Total Establishment Expenses		767,422		812,467	-45,045	-6%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	4,361		4,520		-159	-4%	
72	Patient taxis	60				60	N/A	
73	Staff taxis	3,719		2,975		744	25%	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	4,210		4,732		-521	-11%	
78	Total Transport Expenses		12,351		12,227	124	1%	
79								
80	Premises							
81	Building & engineering contracts	135,213		180,989		-45,776	-25%	
82	Building & engineering - Equipment & supplies	3,695		782		2,913	373%	
83	Building & engineering - Equipment & plant hire			-1,460		1,460	-100%	
84	Building & engineering - Gardening & grounds	4,956		4,231		724	17%	
85	Building & engineering - Maintenance & repairs	35,586		43,729		-8,143	-19%	
86	Electricity	112,845		126,092		-13,248	-11%	
87	Furniture & fittings	10,319		3,029		7,290	241%	
88	Furniture & fittings - Maintenance & repairs	987		2,125		-1,137	-54%	
89	Furniture & fittings - Rental of equipment	4,587				4,587	N/A	
90	Leased premises					0	N/A	
91	Insurance					0	N/A	
92	Computer hardware & software - Maintenance	81,276		75,285		5,991	8%	
93	Computer hardware & software - Purchase	110,549		66,509		44,040	66%	
94	Other ICT costs	28,057		23,726		4,331	18%	
95	Office equipment	13,033		3,707		9,326	252%	
96	Office equipment - Maintenance, repairs & contracts	599		9,502		-8,903	-94%	
97	Lease of equipment					0	N/A	
98	Gas	41,018		44,427		-3,408	-8%	
99	Oil			70		-70	-100%	
100	Other fuels	85				85	N/A	
101	Rates	664,959		632,453		32,506	5%	
102	Rent	195,913		164,693		41,220	27%	
103	Security	73,723		78,033		-4,310	-6%	
104	Water & sewerage charges	20,979		22,142		-1,163	-5%	
105	Total Premises		1,538,377		1,470,063	68,314	5%	
106								
107	Non Cash Items							
108	Depreciation	2,007,497		1,976,199		31,298	2%	
109	Amortisation	556,281		404,955		151,327	37%	
110	Impairments	-33,238		-36,100		2,862	-8%	
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	6,728		13,646		-6,918	-51%	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year	-6,142,444		8,035,673		-14,178,117	-176%	
116	Cost of borrowing of provisions (unwinding of discount on provisions)					0	N/A	
117	Auditors remuneration	53,101		52,000		1,101	2%	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items		-3,552,075		10,446,373	-13,998,448	-134%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	
125	Payments under legislation					0	N/A	
126	Medical examination fees	4,054		3,392		662	20%	
127	Total Personal Social Services		4,054		3,392	662	20%	
128								
129	Miscellaneous Expenditure							
130	Legal fees	195				195	N/A	
131	General services	348,875		294,671		54,205	18%	
132	Losses and special payments					0	N/A	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3								
4	Analysis of Operating Expenditure	£	£	£	£	£	%	Comments
133	patient/resident amenities					0	N/A	
134	Total Miscellaneous Expenditure		349,071		294,671	54,400	18%	
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	40,425,013		38,202,279		2,222,733	6%	
138	Revenue grants to voluntary organisations					0	N/A	
139	Capital grants to voluntary organisations					0	N/A	
140	Recharges from other HSC organisations	965,995,205		943,789,915		22,205,290	2%	
141	Bad debts			422		-422	-100%	
142	Rentals under operating leases					0	N/A	
143	Rentals under finance leases					0	N/A	
144	Finance cost of finance leases					0	N/A	
145	Interest charges					0	N/A	
146	PFI and other service concession arrangements service charges					0	N/A	
147	Research and development expenditure					0	N/A	
148	Clinical negligence - Other expenditure					0	N/A	
149	BSO Services	34,866,532		35,689,098		-822,565	-2%	
150	Training	546,600		129,624		416,976	322%	
151	Professional fees	117,617		96,154		21,463	22%	
152	Patient travelling expenses	6,593,105		5,900,689		692,416	12%	
153	Cost of exit packages not provided for	165,476				165,476	N/A	
154	Cost of exit packages provided for	495,000		221,561		273,439	123%	
155	Elective care					0	N/A	
156	Other charitable expenditure					0	N/A	
157	Total Other Expenditure		1,049,204,548		1,024,029,742	25,174,806	2%	
158								
159	Total Operating Expenditure:		1,048,966,184		1,037,664,783	11,301,401	1%	
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant					1,783,725			133,263							1,916,989
13	Associate Specialist															0
14	Staff Grade Practitioner					750										750
15	SCMO															0
16	CMO															0
17	Specialist Registrar								3,879							3,879
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions					30,191			28,379							58,570
23	Total Medical - Hospital					1,814,666			165,522							1,980,188
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant															0
29	Associate Specialist															0
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar															0
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															0
39	Total Medical - Community					0			0							0
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY					1,814,666			165,522							1,980,188
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer					498,196										498,196
46	Dental Officer					312,094										312,094
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services					143,509										143,509
52	Dental Regional Lead															0
53	Referral Dental Officers					75,527										75,527
54	Total Dental - Hospital					1,029,326			0							1,029,326
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community					0			0							0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY					1,029,326			0							1,029,326
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															215,052
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives															0
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	0	0	141,734	0	73,318	0	0	0	0	215,052
81																
82	PROFESSIONS ALLIED TO MEDICINE															
83	Art & Music Therapist															0
84	Biomedical Science															0
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist															0
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics															0
91	Imaging															0
92	MTO (Medical Technical Officer)								74,755							74,755
93	Multi AHP											96,970	432,699			529,669
94	Occupational Therapy															0
95	Optometrist											147,027				147,027
96	Orthoptist															0
97	Pharmacy								57,837	1,214,054	613,709	174,437	108,701			2,168,739
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy															0
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	0	132,592	1,214,054	613,709	418,434	541,400	0	0	2,920,189
102																
103	ADMINISTRATIVE AND CLERICAL															
104	Chief Executive														202,111	202,111
105	Chairman														41,815	41,815
106	Non Executive Director														62,753	62,753
107	Director														922,381	922,381
108	Executive Director														310,827	310,827
109	Non AFC Admin & Clerical															0
110	Support Services		10,235	92,361	605,553	839,100	817,951	2,161,025	2,058,233	1,653,753	2,441,241	576,625	161,351			11,417,430
111	AFC Admin & Clerical:															
112	Finance					61,225	116,737	350,054	395,340	448,719	453,443		402,791			2,228,309
113	HR															0
114	IT						34,111		52,536	116,699	222,786	91,525	50,833			568,490
115	Other Corporate Services, incs Supporting Direct Patient & Client Services			0	141,556	261,496	265,087	327,467	330,093	551,971	975,068	230,321	668,686			3,751,745
116	TOTAL ADMINISTRATIVE AND CLERICAL		10,235	92,361	747,109	1,161,821	1,233,886	2,839,546	2,836,202	2,771,142	4,092,538	898,471	1,283,661	0	1,539,886	19,505,850
117																
118																
119	ANCILLARIES															
120	Catering		38													38
121	Domestic															0
122	Healthcare Assistant															0
123	Laundry															0
124	Portering															0
125	Chaplain															0
126	Hairdresser															0
127	Organist															0
128	Work Placements															0
129	TOTAL ANCILLARIES		38	0	0	0	0	0	0	0	0	0	0	0	0	38
130																
131	SOCIAL SERVICES															
132	Domiciliary/Homecare															0
133	Social Services									52,259	164,424	275,685				492,368
134	Residential Social Worker Unqualified															0
135	Residential Social Worker Qualified															0
136	Social Work Assistant															0
137	Social Work Degree Trainee															0
138	Social Worker Qualified															0
139	Team Leader															0
140	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	52,259	164,424	275,685	0	0	0	492,368
141																
142	WORKS (Estates & Maintenance)															
143	Planner/Estimator															0
144	Painter															0
145	Joiner															0
146	Fitter/Engineer															0
147	Electrician															0
148	Upholsterer															0
149	Builder															0
150	Boilerman															0
151	Multi-Skilled Support															0
152	Maintenance Supervisor															0
153	Groundsman/Gardener															0
154	Plumber															0
155	Labourer															0
156	Estates Officer															0
157	Medical Technical Estates															0
158	Multi-Services Manager Estates															0
159	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
5			Non Locum	Locum												Total Expenditure
161																
162	TOTAL STAFF COSTS		10,274	92,361	747,109	1,161,821	1,233,886	2,838,546	3,110,528	4,037,456	4,943,990	1,592,590	1,825,061	0	1,539,886	23,133,508
163																
164	AGENCY STAFF															
165																
166	Medical															0
167	Dental															0
168																
169																
170	Nursing & Midwifery															0
171	Professions Allied to Medicine															0
172	Administrative & Clerical															367,248
173	Ancillaries		14,286	16,974	199,136	56,308	29,987	17,802	35,373	11,668						14,286
174	Works (Estates & Maintenance)															0
175	Social Services															0
176	Total Agency Staff		14,286	16,974	199,136	56,308	29,987	17,802	35,373	11,668	0	0	0	0	0	381,534
177																
178	TOTAL AGENCY STAFF															381,534
179																
180																
181																
182	BANK STAFF															
183																
184	Medical															0
185	Dental															0
186																
187																
188	Nursing & Midwifery															0
189	Professions Allied to Medicine															0
190	Administrative & Clerical															0
191	Ancillaries															0
192	Works (Estates & Maintenance)															0
193	Social Services															0
194	Total Bank Staff		0	0	0	0	0	0	0	0	0	0	0	0	0	0
195																
196	TOTAL BANK STAFF															0
197																
198																
199	OTHER STAFF COSTS															
200	Pension Costs for early retirements reflecting the single lump sum to buy over the full liability															67,223
201																
202	Early Departure Costs															
203																
204	Agenda for Change Creditor															-51,716
205																
206	Apprenticeship levy															88,062
207																
208	Total Salaries & Wages		2,868,551	274,857	946,245	1,218,129	1,263,873	2,856,348	3,145,901	4,049,124	4,943,990	1,592,590	1,825,061	0	1,539,886	26,628,124
209																
210																

Board: Public Health Agency								
Year Ending: 2018/19								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2017/18:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2017/18</u></th> <th><u>2018/19</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 68,240,174</td> <td>68,656,691</td> </tr> </tbody> </table> Details of significant year on year movements: Approximately £3.0m was spent on Ringfenced Allocations in PHA in 2018/19 and is included within these figures. Lifeline Contract was transferred to Belfast Trust in 2018/19 at approximately £2.5m			<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>	Total	£ 68,240,174	68,656,691
<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>						
Total	£ 68,240,174	68,656,691						

	Ref	£	£
TOTAL OPERATING EXPENSES			68,656,691
Staff Costs	3.2	17,996,342	
Commissioning & Other Services Expenditure	3.1	47,575,615	
Board Administration Expenses	3.2&3.3	3,084,734	
Total Operating Expenses per Financial Statements			68,656,691

BFR Summary of Expenditure (AfC)	2018/2019		2017/2018	
	£	£	£	£
Salaries and Wages				
Total Medical Non Locum	4,062,338		3,661,950	
Total Medical Locum	4,568		1,065	
Total Dental Non Locum	0		0	
Total Dental Locum	0		0	
Total Nursing & Midwifery	1,660,295		1,746,187	
Total Professions Allied to Medicine	647,191		636,854	
Total Administrative and Clerical	11,261,434		10,081,464	
Total Ancillaries	0		450	
Total Social Services	0		0	
Total Works (Estates & Maintenance)	0		0	
Total Agency Staff	257,898		196,139	
Total Bank Staff	585		0	
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	41,034		0	
Early Departure Costs	0		0	
Agenda for Change Creditor	0		0	
Apprenticeship levy	61,000			
Total Salaries and Wages (Non AfC)		17,996,343		16,324,108
Operating Expenditure				
Total Supplies and Services - Clinical	3,036		1,340	
Total Supplies and Services - General	96,224		77,850	
Total Establishment Expenses	509,456		522,244	
Total Transport Expenses	7,452		5,320	
Total Premises	586,322		316,395	
Total Non Cash Items	43,344		274,089	
Total Personal Social Services	3,555		1,833	
Total Miscellaneous Expenditure	351,273		197,748	
Total Other Operating Expenses	49,059,687		50,519,247	
Total Operating Expenses		50,660,349		51,916,066
TOTAL BFR OPERATING EXPENSES		68,656,691		68,240,174

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2018/2019		2017/2018		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other	25		1,340		-1,315	-98%	
11	Dressings					0	N/A	
12	Drugs & vaccines			-30		30	-100%	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase					0	N/A	
17	Laboratory equipment - Other	575				575	N/A	
18	Medical & surgical equipment - Equipment			30		-30	-100%	
19	Medical & surgical equipment - Equipment Lease					0	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase					0	N/A	
22	Medical & surgical equipment - Other	471				471	N/A	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials					0	N/A	
25	Patients' appliances - Supplies					0	N/A	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment	1,795				1,795	N/A	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables	170				170	N/A	
30	Diagnostic imaging/radiography - Maintenance & repairs					0	N/A	
31	Total Supplies and Services - Clinical		3,036		1,340	1,696	127%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables			5		-5	-100%	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs					0	N/A	
37	Catering - Outsourced Catering	52,788		33,097		19,691	59%	
38	Catering - Provisions (purchases)	374		204		170	83%	
39	Cleaning - Equipment, materials & repairs	3,179		2,946		233	8%	
40	Cleaning - Outside contractors	39,746		41,547		-1,801	-4%	
41	Hardware & crockery - Supplies & disposables	137		50		88	176%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms					0	N/A	
46	Total Supplies and Services - General		96,224		77,850	18,375	24%	
47								
48	Establishment Expenses							
49	Advertising	18,085		12,397		5,688	46%	
50	Car leasing scheme	6,792		11,897		-5,106	-43%	
51	Postage	9,938		13,116		-3,178	-24%	
52	Printing & stationery	46,082		45,880		202	0%	
53	Paper & card	5,975		5,901		73	1%	
54	Photocopier charges	29,331		89,912		-60,581	-67%	
55	Books & publications	14,157		13,733		424	3%	
56	Staff removal expenses			1,391		-1,391	-100%	
57	Line & phone call charges	220		12		208	1795%	
58	Land line phone/line rental	495		978		-483	-49%	
59	Mobile phone call charges	220		8,769		-8,549	-97%	
60	Mobile phone rentals	11,938		6,577		5,361	82%	
61	Data comms, post & telecoms maintenance & repairs	8,187		6,352		1,836	29%	
62	Purchase of post/tele equipment			63		-63	-100%	
63	Lease of post/tee equipment					0	N/A	
64	Other post/telephone calls	22,894		20,810		2,083	10%	
65	Staff travel & subsistence	327,716		273,120		54,595	20%	
66	Non staff travel & subsistence	7,426		11,335		-3,908	-34%	
67	Total Establishment Expenses		509,456		522,244	-12,788	-2%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	2,836		2,172		664	31%	
72	Patient taxis					0	N/A	
73	Staff taxis	4,476		2,514		1,962	78%	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	140		634		-494	-78%	
78	Total Transport Expenses		7,452		5,320	2,132	40%	
79								
80	Premises							
81	Building & engineering contracts			6,966		-6,966	-100%	
82	Building & engineering - Equipment & supplies	61,478		58,334		3,145	5%	
83	Building & engineering - Equipment & plant hire					0	N/A	
84	Building & engineering - Gardening & grounds					0	N/A	
85	Building & engineering - Maintenance & repairs			-208,501		208,501	-100%	
86	Electricity	35,386		35,463		-77	0%	
87	Furniture & fittings			5,124		2,663	52%	
88	Furniture & fittings - Maintenance & repairs	1,495				1,495	N/A	
89	Furniture & fittings - Rental of equipment			4,577		-4,577	-100%	
90	Leased premises	51,377		58,501		-7,124	-12%	
91	Insurance					0	N/A	
92	Computer hardware & software - Maintenance	20,246		35,856		-15,610	-44%	
93	Computer hardware & software - Purchase	67,490		23,798		43,692	184%	
94	Other ICT costs	28,144		32,263		-4,120	-13%	
95	Office equipment	6,711		8,267		-1,556	-19%	
96	Office equipment - Maintenance, repairs & contracts					0	N/A	
97	Lease of equipment			55		-55	-100%	
98	Gas	10,295		10,295		0	0%	
99	Oil	439		527		-88	-17%	
100	Other fuels					0	N/A	
101	Rates	181,798		176,209		5,588	3%	
102	Rent	80,044		34,698		45,346	131%	
103	Security	27,710		27,842		-132	0%	
104	Water & sewerage charges	5,921		6,120		-198	-3%	
105	Total Premises		586,322		316,395	269,927	85%	
106								
107	Non Cash Items							
108	Depreciation	142,476		155,029		-12,552	-8%	
109	Amortisation	66,296		54,942		11,354	21%	
110	Impairments					0	N/A	
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	-188,585		58,246		-246,831	-424%	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year					0	N/A	
116	Cost of borrowing of provisions (unwinding of discount on provisions)			-10,128		10,128	-100%	
117	Auditors remuneration	23,156		16,000		7,156	45%	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items		43,344		274,089	-230,745	-84%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3								
4	Analysis of Operating Expenditure							
		2018/2019	2017/2018		Change		Comments	
		£	£	£	£	%		
125	Payments under legislation					0	N/A	
126	Medical examination fees	3,555		1,833		1,721	94%	
127	Total Personal Social Services		3,555		1,833	1,721	94%	
128								
129	Miscellaneous Expenditure							
130	Legal fees	7,396		-1,867		9,263	-496%	
131	General services	343,877		199,544		144,333	72%	
132	Losses and special payments			71		-71	-100%	
133	patient/resident amenities					0	N/A	
134	Total Miscellaneous Expenditure		351,273		197,748	153,525	78%	
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	37,182,989		37,373,357		-190,368	-1%	
138	Revenue grants to voluntary organisations					0	N/A	
139	Capital grants to voluntary organisations					0	N/A	
140	Recharges from other HSC organisations	2,440,883		2,770,413		-329,530	-12%	
141	Bad debts	91				91	N/A	
142	Rentals under operating leases	155,195		155,819		-624	0%	
143	Rentals under finance leases					0	N/A	
144	Finance cost of finance leases					0	N/A	
145	Interest charges					0	N/A	
146	PFI and other service concession arrangements service charges					0	N/A	
147	Research and development expenditure	7,951,743		8,824,964		-873,221	-10%	
148	Clinical negligence - Other expenditure					0	N/A	
149	BSO Services	907,565		794,482		113,083	14%	
150	Training	274,261		139,915		134,346	96%	
151	Professional fees	146,960		460,297		-313,337	-68%	
152	Patient travelling expenses					0	N/A	
153	Cost of exit packages not provided for					0	N/A	
154	Cost of exit packages provided for			0		0	N/A	
155	Elective care					0	N/A	
156	Other charitable expenditure					0	N/A	
157	Total Other Expenditure		49,059,687		50,519,247	-1,459,560	-3%	
158								
159	Total Operating Expenditure:		50,660,349		51,916,066	-1,255,717	-2%	
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant															0
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar															0
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions															0
23	Total Medical - Hospital			0	0											0
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant			3,297,467												3,297,467
29	Associate Specialist															0
30	Staff Grade Practitioner			7,250												7,250
31	SCMO															0
32	CMO															0
33	Specialist Registrar			757,622												757,622
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															4,568
39	Total Medical - Community			4,062,338	4,568											4,066,906
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY			4,062,338	4,568											4,066,906
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer															0
46	Dental Officer															0
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services															0
52	Dental Regional Lead															0
53	Referral Dental Officers															0
54	Total Dental - Hospital			0	0											0
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community			0	0											0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY			0	0											0
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															1,660,295
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives															0
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	63,649	56,511	238,569	63,255	662,470	575,841	0	0	0	1,660,295
81																
82	PROFESSIONS ALLIED TO MEDICINE															0
83	Art & Music Therapist															0
84	Biomedical Science							122,200	94,739							216,939
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist												39,380			39,380
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics															0
91	Imaging												76,134			76,134
92	MTO (Medical Technical Officer)												75,714			75,714
93	Multi AHP															0
94	Occupational Therapy															0
95	Optometrist															0
96	Orthoptist															0
97	Pharmacy															0
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy									8,619			109,936			109,936
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	122,200	94,739	8,619	272,317	39,380	109,936	0	0	647,191
102																
103	ADMINISTRATIVE AND CLERICAL															0
104	Chief Executive														32,003	32,003
105	Chairman														84,857	84,857
106	Non Executive Director															0
107	Director															0
108	Executive Director														248,908	248,908
109	Non AFC Admin & Clerical														180,763	180,763
110	Support Services		0	670,714	700,655	330,826	1,036,990	1,944,478	2,118,837	634,292	561,896	523,672				8,522,357
111	AFC Admin & Clerical:															0
112	Finance															0
113	HR															0
114	IT															0
115	Other Corporate Services, incs Supporting Direct Patient & Client Services			22,020	69,550	110,941	73,075	810,652	649,482	126,457	330,370					2,192,547
116	TOTAL ADMINISTRATIVE AND CLERICAL		0	22,020	740,264	811,596	403,901	1,847,642	2,593,960	2,245,294	964,662	561,896	523,672	0	546,530	11,261,434
117																
118																
119	ANCILLARIES															0
120	Catering															0
121	Domestic															0
122	Healthcare Assistant															0
123	Laundry															0
124	Portering															0
125	Chaplain															0
126	Hairdresser															0
127	Organist															0
128	Work Placements															0
129	TOTAL ANCILLARIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
130																
131	SOCIAL SERVICES															0
132	Domiliary/Homecare															0
133	Social Services															0
134	Residential Social Worker Unqualified															0
135	Residential Social Worker Qualified															0
136	Social Work Assistant															0
137	Social Work Degree Trainee															0
138	Social Worker Qualified															0
139	Team Leader															0
140	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
141																
142	WORKS (Estates & Maintenance)															0
143	Planner/Estimator															0
144	Painter															0
145	Joiner															0
146	Fitter/Engineer															0
147	Electrician															0
148	Upholsterer															0
149	Builder															0
150	Boilerman															0
151	Multi-Skilled Support															0
152	Maintenance Supervisor															0
153	Groundsman/Gardener															0
154	Plumber															0
155	Labourer															0
156	Estates Officer															0
157	Medical Technical Estates															0
158	Multi-Services Manager Estates															0
159	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
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162																
163																
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Board: Health and Social Care Board								
Year Ending: 2019/20								
Contact Name:								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2018/19:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2018/19</u></th> <th><u>2019/20</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 1,075,594,308</td> <td>1,122,755,311</td> </tr> </tbody> </table> Details of significant year on year movements:			<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>	Total	£ 1,075,594,308	1,122,755,311
<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>						
Total	£ 1,075,594,308	1,122,755,311						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			1,122,755,311
Staff Costs	3.2	30,639,219	
Commissioning & Other Services Expenditure	3.1	1,064,168,736	
Board Administration Expenses	3.2&3.3	27,947,355	
Total Operating Expenses per Financial Statements			1,122,755,310

BFR Summary of Expenditure (AfC)		2019/2020	2018/2019	
	£	£	£	£
Salaries and Wages				
Total Medical Non Locum	2,323,419		1,814,666	
Total Medical Locum	136,803		165,522	
Total Dental Non Locum	1,105,249		1,029,326	
Total Dental Locum	0		0	
Total Nursing & Midwifery	204,857		215,052	
Total Professions Allied to Medicine	3,404,678		2,920,189	
Total Administrative and Clerical	22,149,507		19,505,860	
Total Ancillaries	0		38	
Total Social Services	693,501		492,368	
Total Works (Estates & Maintenance)	0		0	
Total Agency Staff	516,120		381,534	
Total Bank Staff	0		0	
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0		67,223	
Early Departure Costs	0		0	
Agenda for Change Creditor	0		-51,716	
Apprenticeship levy	105,085		88,062	
Total Salaries and Wages (Non AfC)		30,639,218		26,628,124
Operating Expenditure				
Total Supplies and Services - Clinical	6,492		2,562	
Total Supplies and Services - General	632,423		639,874	
Total Establishment Expenses	779,506		767,422	
Total Transport Expenses	13,068		12,351	
Total Premises	1,536,101		1,538,377	
Total Non Cash Items	6,610,733		-3,552,075	
Total Personal Social Services	3,634		4,054	
Total Miscellaneous Expenditure	296,623		349,071	
Total Other Operating Expenses	1,082,237,513		1,049,204,548	
Total Operating Expenses		1,092,116,093		1,048,966,184
TOTAL BFR OPERATING EXPENSES		1,122,755,311		1,075,594,308

Board Financial Returns							
SPPG - G - 00323- File 1- HSCB BFR (E) Reconciliation to Annual Financial Statements (2019-2020) BFR(E)							
	A	B	C	D	E	F	G
1	BFR (E) Analysis of Operating Expenditure						
2							
3		2019/2020		2018/2019		Change	
4	Analysis of Operating Expenditure	£	£	£	£	£	%
5							
6	Supplies and Services - Clinical						
7	Artificial limbs - Prosthetics					0	N/A
8	Wheelchair hardware					0	N/A
9	Wheelchair repairs					0	N/A
10	Pharmacy disposables/other			15		-15	-100%
11	Dressings	44				44	N/A
12	Drugs & vaccines					0	N/A
13	Laboratory equipment - Consumables & chemicals					0	N/A
14	Laboratory equipment - Lease					0	N/A
15	Laboratory equipment - Maintenance & repairs					0	N/A
16	Laboratory equipment - Purchase					0	N/A
17	Laboratory equipment - Other					0	N/A
18	Medical & surgical equipment - Equipment	437		96		341	357%
19	Medical & surgical equipment - Equipment Lease			128		-128	-100%
20	Medical & surgical equipment - Maintenance & repairs					0	N/A
21	Medical & surgical equipment - Purchase			24		-24	-100%
22	Medical & surgical equipment - Other	1,347		66		1,281	1956%
23	Medical gases					0	N/A
24	Occupational and industrial therapy equipment & materials					0	N/A
25	Patients' appliances - Supplies					0	N/A
26	Patients' appliances - Repairs					0	N/A
27	Diagnostic imaging/radiography - Equipment	4,664		2,233		2,431	109%
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A
29	Diagnostic imaging/radiography - Consumables					0	N/A
30	Diagnostic imaging/radiography - Maintenance & repairs					0	N/A
31	Total Supplies and Services - Clinical		6,492		2,562	3,930	153%
32							
33	Supplies and Services - General						
34	Bedding & linen - Disposables	566		484		82	17%
35	Bedding & linen - Supplies					0	N/A
36	Catering - Equipment, maintenance & repairs	925		1,410		-485	-34%
37	Catering - Outsourced Catering	325,691		298,911		26,780	9%
38	Catering - Provisions (purchases)	64,987		106,942		-41,955	-39%
39	Cleaning - Equipment, materials & repairs	20,484		21,598		-1,113	-5%
40	Cleaning - Outside contractors	208,418		200,061		8,357	4%
41	Hardware & crockery - Supplies & disposables	10,692		9,830		862	9%
42	Laundry - Equipment & materials					0	N/A
43	Laundry - Outsourced					0	N/A
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A
45	Staff uniforms	659		638		21	3%
46	Total Supplies and Services - General		632,423		639,874	-7,451	-1%
47							
48	Establishment Expenses						
49	Advertising	21,209		37,607		-16,398	-44%
50	Car leasing scheme	9,575				9,575	N/A
51	Postage	31,706		37,922		-6,216	-16%
52	Printing & stationery	68,321		35,397		32,924	93%
53	Paper & card	14,560		16,273		-1,712	-11%
54	Photocopier charges	52,761		56,248		-3,487	-6%
55	Books & publications	55,424		44,635		10,789	24%
56	Staff removal expenses					0	N/A
57	Line & phone call charges	10,954		12,123		-1,168	-10%
58	Land line phone/line rental	1,137		1,089		48	4%
59	Mobile phone call charges	-363		-510		147	-29%
60	Mobile phone rentals	39,831		39,557		275	1%
61	Data comms, post & telecoms maintenance & repairs	5,336		3,008		2,328	77%
62	Purchase of post/tele equipment			54		-54	-100%
63	Lease of post/tele equipment			10		-10	-100%
64	Other post/telephone calls	4,535		1,490		3,045	204%
65	Staff travel & subsistence	458,218		464,121		-5,903	-1%
66	Non staff travel & subsistence	6,303		18,400		-12,097	-66%
67	Total Establishment Expenses		779,506		767,422	12,084	2%
68							
69	Transport						
70	Vehicle fuel					0	N/A
71	Vehicle hire	4,796		4,361		434	10%
72	Patient taxis			60		-60	-100%
73	Staff taxis	3,972		3,719		252	7%
74	Ambulance transport					0	N/A
75	Vehicle maintenance & repairs	91				91	N/A
76	Vehicle accident repairs					0	N/A
77	Miscellaneous vehicle/transport expenses	4,210		4,210		0	0%
78	Total Transport Expenses		13,068		12,351	717	6%
79							
80	Premises						
81	Building & engineering contracts	154,448		135,213		19,235	14%
82	Building & engineering - Equipment & supplies	1,521		3,695		-2,175	-59%
83	Building & engineering - Equipment & plant hire					0	N/A
84	Building & engineering - Gardening & grounds	4,294		4,956		-661	-13%
85	Building & engineering - Maintenance & repairs	44,608		35,586		9,023	25%
86	Electricity	125,044		112,845		12,199	11%
87	Furniture & fittings	50,774		10,319		40,455	392%
88	Furniture & fittings - Maintenance & repairs	1,951		987		964	98%
89	Furniture & fittings - Rental of equipment	6,948		4,587		2,362	51%
90	Leased premises					0	N/A
91	Insurance					0	N/A
92	Computer hardware & software - Maintenance	13,592		81,276		-67,684	-83%
93	Computer hardware & software - Purchase	96,925		110,549		-13,624	-12%
94	Other ICT costs	6,421		28,057		-21,636	-77%
95	Office equipment	5,701		13,033		-7,332	-56%
96	Office equipment - Maintenance, repairs & contracts	881		599		282	47%
97	Lease of equipment					0	N/A
98	Gas	47,663		41,018		6,645	16%
99	Oil					0	N/A
100	Other fuels	-85		85		-170	-200%
101	Rates	670,613		664,959		5,655	1%
102	Rent	198,802		195,913		2,889	1%
103	Security	80,443		73,723		6,720	9%
104	Water & sewerage charges	25,555		20,979		4,576	22%
105	Total Premises		1,536,101		1,538,377	-2,276	0%
106							
107	Non Cash Items						
108	Depreciation	2,307,827		2,007,497		300,330	15%
109	Amortisation	650,881		556,281		94,600	17%
110	Impairments	-19,481		-33,238		13,757	-41%
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A
112	(Profit) on disposal of Intangibles					0	N/A
113	Loss on disposal of PPE (including land)	19,445		6,728		12,717	189%
114	Loss on disposal of intangibles					0	N/A
115	Provisions provided for in year	3,599,061		-6,142,444		9,741,505	-159%
116	Cost of borrowing of provisions (unwinding of discount on provisions)					0	N/A
117	Auditors remuneration	53,000		53,101		-101	0%
118	Add back of notional charitable expenditure					0	N/A
119	Total Non Cash Items		6,610,733		-3,552,075	10,162,808	-286%
120							
121	Personal Social Services						
122	Homecare/domiciliary care					0	N/A
123	Fostercare					0	N/A
124	Other PSS expenditure					0	N/A
125	Payments under legislation					0	N/A
126	Medical examination fees	3,634		4,054		-421	-10%
127	Total Personal Social Services		3,634		4,054	-421	-10%
128							
129	Miscellaneous Expenditure						
130	Legal fees	1,223		195		1,027	526%
131	General services	295,400		348,875		-53,475	-15%
132	Losses and special payments					0	N/A

Board Financial Returns		SPPG - G - 00323- File 1- HSCB BFR (E) Reconciliation to Annual Financial Statements (2019-2020) - BFR(E)						
	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2019/2020		2018/2019		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
133	patient/resident amenities					0	N/A	
134	Total Miscellaneous Expenditure		296,623		349,071	-52,448	-15%	
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	42,857,890		40,425,013		2,432,877	6%	
138	Revenue grants to voluntary organisations					0	N/A	
139	Capital grants to voluntary organisations					0	N/A	
140	Recharges from other HSC organisations	995,229,706		965,995,205		29,234,501	3%	
141	Bad debts	9,285				9,285	N/A	
142	Rentals under operating leases					0	N/A	
143	Rentals under finance leases					0	N/A	
144	Finance cost of finance leases					0	N/A	
145	Interest charges					0	N/A	
146	PFI and other service concession arrangements service charges					0	N/A	
147	Research and development expenditure					0	N/A	
148	Clinical negligence - Other expenditure					0	N/A	
149	BSO Services	37,367,561		34,866,532		2,501,029	7%	
150	Training	627,696		546,600		81,096	15%	
151	Professional fees	144,700		117,617		27,082	23%	
152	Patient travelling expenses	6,246,115		6,593,105		-346,990	-5%	
153	Cost of exit packages not provided for			165,476		-165,476	-100%	
154	Cost of exit packages provided for	-245,439		495,000		-740,439	-150%	
155	Elective care					0	N/A	
156	Other charitable expenditure					0	N/A	
157	Total Other Expenditure		1,082,237,513		1,049,204,548	33,032,965	3%	
158								
159	Total Operating Expenditure:		1,092,116,093		1,048,966,184	43,149,909	4%	
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant															0
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar															0
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions															0
23	Total Medical - Hospital			0		0										0
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant			1,918,813		117,048										2,035,861
29	Associate Specialist			404,606												404,606
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar															0
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															19,755
39	Total Medical - Community			2,323,419		136,803										2,460,221
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY			2,323,419		136,803										2,460,221
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer															0
46	Dental Officer															0
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services															0
52	Dental Regional Lead															0
53	Referral Dental Officers															0
54	Total Dental - Hospital			0		0										0
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															539,817
59	Dental Officer															327,274
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															160,405
65	Dental Regional Lead															0
66	Referral Dental Officers															77,753
67	Dental - Community			1,105,249		0										1,105,249
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY			1,105,249		0										1,105,249
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															0
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives								130,201	1,969	72,687					204,857
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	0	0	130,201	1,969	72,687	0	0	0	0	204,857
81																
82	PROFESSIONS ALLIED TO MEDICINE															
83	Art & Music Therapist															0
84	Biomedical Science															0
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist															0
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics															0
91	Imaging															0
92	MITO (Medical Technical Officer)								59,069							59,069
93	Multi AHP											102,836	582,030			684,866
94	Occupational Therapy															0
95	Optometrist											161,438				161,438
96	Orthoptist															0
97	Pharmacy								69,557	1,345,734	779,491	188,063	116,461			2,499,305
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy															0
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	0	128,626	1,345,734	779,491	452,336	698,491	0	0	3,404,678
102																
103	ADMINISTRATIVE AND CLERICAL															
104	Chief Executive														265,892	265,892
105	Chairman														38,262	38,262
106	Non Executive Director														56,168	56,168
107	Director														1,026,725	1,026,725
108	Executive Director														186,593	186,593
109	Non AFC Admin & Clerical															0
110	Support Services															0
111	AFC Admin & Clerical:															
112	Finance		32,347	99,651	541,835	1,146,099	882,494	2,571,439	2,283,768	2,019,381	2,704,385	898,690	324,435			13,504,524
113	HR						61,742	59,437	460,184	453,765	464,989	548,247	447,719			2,496,083
114	IT							19,151		56,893	62,196	297,139	98,668	71,678		605,725
115	Other Corporate Services, incs Supporting Direct Patient & Client Services			15,373	161,268	306,862	257,565	360,585	411,634	549,011	934,795	176,393	796,049			3,969,535
116	TOTAL ADMINISTRATIVE AND CLERICAL		32,347	115,024	703,103	1,514,703	1,218,647	3,392,208	3,206,060	3,095,577	4,484,566	1,173,751	1,639,881	0	1,573,640	22,149,507
117																
118																
119	ANCILLARIES															
120	Catering															0
121	Domestic															0
122	Healthcare Assistant															0
123	Laundry															0
124	Portering															0
125	Chaplain															0
126	Hairdresser															0
127	Organist															0
128	Work Placements															0
129	TOTAL ANCILLARIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
130																
131	SOCIAL SERVICES															
132	Domiciliary/Homecare															0
133	Social Services									89,816	321,485	282,200				693,501
134	Residential Social Worker Unqualified															0
135	Residential Social Worker Qualified															0
136	Social Work Assistant															0
137	Social Work Degree Trainee															0
138	Social Worker Qualified															0
139	Team Leader															0
140	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	89,816	321,485	282,200	0	0	0	693,501
141																
142	WORKS (Estates & Maintenance)															
143	Planner/Estimator															0
144	Painter															0
145	Joiner															0
146	Fitter/Engineer															0
147	Electrician															0
148	Upholsterer															0
149	Builder															0
150	Boilerman															0
151	Multi-Skilled Support															0
152	Maintenance Supervisor															0
153	Groundsman/Gardener															0
154	Plumber															0
155	Labourer															0
156	Estates Officer															0
157	Medical Technical Estates															0
158	Multi-Services Manager Estates															0
159	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
161																
162																
163																
164	AGENCY STAFF															
165																
166	Medical															0
167	Dental															0
168																
169																
170	Nursing & Midwifery															0
171	Professions Allied to Medicine															0
172	Administrative & Clerical															501,352
173	Ancillaries															14,768
174	Works (Estates & Maintenance)															0
175	Social Services															0
176	Total Agency Staff															516,120
177																
178	TOTAL AGENCY STAFF															516,120
179																
180																
181																
182	BANK STAFF															
183																
184	Medical															0
185	Dental															0
186																
187																
188	Nursing & Midwifery															0
189	Professions Allied to Medicine															0
190	Administrative & Clerical															0
191	Ancillaries															0
192	Works (Estates & Maintenance)															0
193	Social Services															0
194	Total Bank Staff															0
195																
196	TOTAL BANK STAFF															0
197																
198																
199	OTHER STAFF COSTS															
200	Pension Costs for early retirements reflecting the single lump sum to buy over the full liability															
201																
202	Early Departure Costs															
203																
204	Agenda for Change Creditor															
205																
206	Apprenticeship levy															105,085
207																
208	Total Salaries & Wages															30,639,218
209																
210																

Board: Public Health Agency								
Year Ending: 2019/20								
Contact Name: Robert Butler								
<u>Index</u> Reconciliation to Accounts Reconciliation Summary of Expenditure Summary Analysis of non-pay expenditure BFR(E) Analysis of salaries and wages BFR(S) <u>Details of significant changes from 2018/19:</u> <table> <thead> <tr> <th><u>Expenditure item</u></th> <th><u>2018/19</u></th> <th><u>2019/20</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>£ 68,656,691</td> <td>76,735,849</td> </tr> </tbody> </table> <u>Details of significant year on year movements:</u>			<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>	Total	£ 68,656,691	76,735,849
<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>						
Total	£ 68,656,691	76,735,849						

BFR (E) Reconciliation to Annual Financial Statements

	Ref	£	£
TOTAL OPERATING EXPENSES			76,735,849
Staff Costs	3.2	20,224,982	
Commissioning & Other Services Expenditure	3.1	53,063,060	
Board Administration Expenses	3.2&3.3	3,447,807	
Total Operating Expenses per Financial Statements			76,735,849

BFR Summary of Expenditure (AfC)		2019/2020		2018/2019	
	£	£	£	£	
Salaries and Wages					
Total Medical Non Locum	4,025,791		4,062,338		
Total Medical Locum	62,447		4,568		
Total Dental Non Locum	0		0		
Total Dental Locum	0		0		
Total Nursing & Midwifery	1,716,203		1,660,295		
Total Professions Allied to Medicine	686,586		647,191		
Total Administrative and Clerical	13,150,903		11,261,434		
Total Ancillaries	0		0		
Total Social Services	0		0		
Total Works (Estates & Maintenance)	0		0		
Total Agency Staff	515,225		257,898		
Total Bank Staff	0		585		
Pension costs for early retirements reflecting the single lump sum to buy over the full liability	0		41,034		
Early Departure Costs	0		0		
Agenda for Change Creditor	0		0		
Apprenticeship levy	67,828		61,000		
Total Salaries and Wages (Non AfC)		20,224,982		17,996,343	
Operating Expenditure					
Total Supplies and Services - Clinical	2,719		3,036		
Total Supplies and Services - General	156,911		96,224		
Total Establishment Expenses	612,339		509,456		
Total Transport Expenses	9,220		7,452		
Total Premises	636,328		586,322		
Total Non Cash Items	208,761		43,344		
Total Personal Social Services	10,885		3,555		
Total Miscellaneous Expenditure	351,561		351,273		
Total Other Operating Expenses	54,522,143		49,059,687		
Total Operating Expenses		56,510,867		50,660,349	
TOTAL BFR OPERATING EXPENSES		76,735,849		68,656,691	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3		2019/2020		2018/2019		Change		Comments
4	Analysis of Operating Expenditure	£	£	£	£	£	%	
5								
6	Supplies and Services - Clinical							
7	Artificial limbs - Prosthetics					0	N/A	
8	Wheelchair hardware					0	N/A	
9	Wheelchair repairs					0	N/A	
10	Pharmacy disposables/other			25		-25	-100%	
11	Dressings					0	N/A	
12	Drugs & vaccines					0	N/A	
13	Laboratory equipment - Consumables & chemicals					0	N/A	
14	Laboratory equipment - Lease					0	N/A	
15	Laboratory equipment - Maintenance & repairs					0	N/A	
16	Laboratory equipment - Purchase					0	N/A	
17	Laboratory equipment - Other	182		575		-393	-68%	
18	Medical & surgical equipment - Equipment					0	N/A	
19	Medical & surgical equipment - Equipment Lease					0	N/A	
20	Medical & surgical equipment - Maintenance & repairs					0	N/A	
21	Medical & surgical equipment - Purchase					0	N/A	
22	Medical & surgical equipment - Other			471		-471	-100%	
23	Medical gases					0	N/A	
24	Occupational and industrial therapy equipment & materials	2,424				2,424	N/A	
25	Patients' appliances - Supplies					0	N/A	
26	Patients' appliances - Repairs					0	N/A	
27	Diagnostic imaging/radiography - Equipment	198		1,795		-1,598	-89%	
28	Diagnostic imaging/radiography - Lease of equipment					0	N/A	
29	Diagnostic imaging/radiography - Consumables			170		-170	-100%	
30	Diagnostic imaging/radiography - Maintenance & repairs	-84				-84	N/A	
31	Total Supplies and Services - Clinical		2,719		3,036	-317	-10%	
32								
33	Supplies and Services - General							
34	Bedding & linen - Disposables	27				27	N/A	
35	Bedding & linen - Supplies					0	N/A	
36	Catering - Equipment, maintenance & repairs					0	N/A	
37	Catering - Outsourced Catering	112,573		52,788		59,785	113%	
38	Catering - Provisions (purchases)	1,844		374		1,470	393%	
39	Cleaning - Equipment, materials & repairs	3,124		3,179		-55	-2%	
40	Cleaning - Outside contractors	39,224		39,746		-522	-1%	
41	Hardware & crockery - Supplies & disposables	102		137		-35	-26%	
42	Laundry - Equipment & materials					0	N/A	
43	Laundry - Outsourced					0	N/A	
44	Patients clothing - Supplies & disposables (to incl nappies & continence products)					0	N/A	
45	Staff uniforms	18				18	N/A	
46	Total Supplies and Services - General		156,911		96,224	60,687	63%	
47								
48	Establishment Expenses							
49	Advertising	51,966		18,085		33,880	187%	
50	Car leasing scheme	4,776		6,792		-2,016	-30%	
51	Postage	12,362		9,938		2,424	24%	
52	Printing & stationery	57,149		46,082		11,066	24%	
53	Paper & card	4,249		5,975		-1,726	-29%	
54	Photocopier charges	22,203		29,331		-7,129	-24%	
55	Books & publications	21,968		14,157		7,812	55%	
56	Staff removal expenses					0	N/A	
57	Line & phone call charges	2,529		220		2,309	1049%	
58	Land line phone/line rental	527		495		32	6%	
59	Mobile phone call charges	4,906		220		4,686	2130%	
60	Mobile phone rentals	2,198		11,938		-9,740	-82%	
61	Data comms, post & telecoms maintenance & repairs	3,052		8,187		-5,135	-63%	
62	Purchase of post/tele equipment					0	N/A	
63	Lease of post/tee equipment					0	N/A	
64	Other post/telephone calls	36,567		22,894		13,673	60%	
65	Staff travel & subsistence	359,808		327,716		32,092	10%	
66	Non staff travel & subsistence	28,079		7,426		20,653	278%	
67	Total Establishment Expenses		612,339		509,456	102,883	20%	
68								
69	Transport							
70	Vehicle fuel					0	N/A	
71	Vehicle hire	3,536		2,836		700	25%	
72	Patient taxis					0	N/A	
73	Staff taxis	5,533		4,476		1,057	24%	
74	Ambulance transport					0	N/A	
75	Vehicle maintenance & repairs					0	N/A	
76	Vehicle accident repairs					0	N/A	
77	Miscellaneous vehicle/transport expenses	151		140		11	8%	
78	Total Transport Expenses		9,220		7,452	1,768	24%	
79								
80	Premises							
81	Building & engineering contracts					0	N/A	
82	Building & engineering - Equipment & supplies	58,534		61,478		-2,945	-5%	
83	Building & engineering - Equipment & plant hire					0	N/A	
84	Building & engineering - Gardening & grounds					0	N/A	
85	Building & engineering - Maintenance & repairs					0	N/A	
86	Electricity	35,008		35,386		-378	-1%	
87	Furniture & fittings	2,050		7,787		-5,737	-74%	
88	Furniture & fittings - Maintenance & repairs	128		1,495		-1,368	-91%	
89	Furniture & fittings - Rental of equipment					0	N/A	
90	Leased premises	44,190		51,377		-7,186	-14%	
91	Insurance					0	N/A	
92	Computer hardware & software - Maintenance	42,457		20,246		22,210	110%	
93	Computer hardware & software - Purchase	74,448		67,490		6,958	10%	
94	Other ICT costs	34,705		28,144		6,561	23%	
95	Office equipment	1,743		6,711		-4,968	-74%	
96	Office equipment - Maintenance, repairs & contracts					0	N/A	
97	Lease of equipment					0	N/A	
98	Gas	10,295		10,295		0	0%	
99	Oil			439		-439	-100%	
100	Other fuels					0	N/A	
101	Rates	181,253		181,798		-544	0%	
102	Rent	119,321		80,044		39,277	49%	
103	Security	27,702		27,710		-8	0%	
104	Water & sewerage charges	4,495		5,921		-1,426	-24%	
105	Total Premises		636,328		586,322	50,006	9%	
106								
107	Non Cash Items							
108	Depreciation	123,202		142,476		-19,275	-14%	
109	Amortisation	62,340		66,296		-3,956	-6%	
110	Impairments					0	N/A	
111	(Profit) on disposal of PPE (excluding profit on land)					0	N/A	
112	(Profit) on disposal of Intangibles					0	N/A	
113	Loss on disposal of PPE (including land)	1,219		-188,585		189,804	-101%	
114	Loss on disposal of intangibles					0	N/A	
115	Provisions provided for in year					0	N/A	
116	Cost of borrowing of provisions (unwinding of discount on provisions)					0	N/A	
117	Auditors remuneration	22,000		23,156		-1,156	-5%	
118	Add back of notional charitable expenditure					0	N/A	
119	Total Non Cash Items		208,761		43,344	165,417	382%	
120								
121	Personal Social Services							
122	Homecare/domiciliary care					0	N/A	
123	Fostercare					0	N/A	
124	Other PSS expenditure					0	N/A	

	A	B	C	D	E	F	G	H
1	BFR (E) Analysis of Operating Expenditure							
2								
3								
4	Analysis of Operating Expenditure							
		2019/2020	2018/2019		Change		Comments	
		£	£	£	£	%		
125	Payments under legislation				0	N/A		
126	Medical examination fees	10,885		3,555	7,330	206%		
127	Total Personal Social Services		10,885		7,330	206%		
128								
129	Miscellaneous Expenditure							
130	Legal fees	6,208		7,396	-1,189	-16%		
131	General services	344,953		343,877	1,076	0%		
132	Losses and special payments	400			400	N/A		
133	patient/resident amenities				0	N/A		
134	Total Miscellaneous Expenditure		351,561		287	0%		
135								
136	Other Expenditure							
137	Purchase of care from non-HPSS bodies	39,827,280		37,182,989	2,644,291	7%		
138	Revenue grants to voluntary organisations				0	N/A		
139	Capital grants to voluntary organisations				0	N/A		
140	Recharges from other HSC organisations	2,351,664		2,440,883	-89,220	-4%		
141	Bad debts	476		91	385	422%		
142	Rentals under operating leases	152,077		155,195	-3,118	-2%		
143	Rentals under finance leases				0	N/A		
144	Finance cost of finance leases				0	N/A		
145	Interest charges				0	N/A		
146	PFI and other service concession arrangements service charges				0	N/A		
147	Research and development expenditure	10,884,116		7,951,743	2,932,373	37%	Mainly due to EU Projects CHITTIN	
148	Clinical negligence - Other expenditure				0	N/A		
149	BSO Services	834,350		907,565	-73,215	-8%		
150	Training	383,932		274,261	109,671	40%		
151	Professional fees	124,176		146,960	-22,785	-16%		
152	Patient travelling expenses				0	N/A		
153	Cost of exit packages not provided for				0	N/A		
154	Cost of exit packages provided for	-35,927			-35,927	N/A	Release of Accrual from prior years	
155	Elective care				0	N/A		
156	Other charitable expenditure				0	N/A		
157	Total Other Expenditure		54,522,143		49,059,687	5,462,456	11%	
158								
159	Total Operating Expenditure:		56,510,867		50,660,349	5,850,518	12%	
160								

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1																
2	BFR (S) Salaries and Wages															
3																
4	(incl. Annual/Summer Leave Cover, Amounts in respect of Staff Secondments)															
5																
6																
7																
8	MEDICAL AND DENTAL															
9	Medical - Hospital															
10	Clinical Professional Manager															0
11	Clinical Director															0
12	Consultant															0
13	Associate Specialist															0
14	Staff Grade Practitioner															0
15	SCMO															0
16	CMO															0
17	Specialist Registrar															0
18	Specialty Doctor															0
19	Foundation House Officer F1															0
20	Foundation House Officer F2															0
21	Hospital Practitioner (Sessions)															0
22	GP Sessions															0
23	Total Medical - Hospital			0	0											0
24																
25	Medical - Community															
26	Clinical Professional Manager															0
27	Clinical Director															0
28	Consultant			3,210,066	62,447											3,272,513
29	Associate Specialist															0
30	Staff Grade Practitioner															0
31	SCMO															0
32	CMO															0
33	Specialist Registrar			815,725												815,725
34	Specialty Doctor															0
35	Foundation House Officer F1															0
36	Foundation House Officer F2															0
37	Hospital Practitioner															0
38	GP Sessions															0
39	Total Medical - Community			4,025,791	62,447											4,088,237
40																
41	TOTAL MEDICAL HOSPITAL AND COMMUNITY			4,025,791	62,447											4,088,237
42																
43	Dental - Hospital															
44	Clinical Professional Manager															0
45	Senior Dental Officer															0
46	Dental Officer															0
47	GPWSI ICATS															0
48	Medical Adviser															0
49	General Dental Practitioner															0
50	Director Dental Services															0
51	Assistant Director Dental Services															0
52	Dental Regional Lead															0
53	Referral Dental Officers															0
54	Total Dental - Hospital			0	0											0
55																
56	Dental - Community															
57	Clinical Professional Manager															0
58	Senior Dental Officer															0
59	Dental Officer															0
60	GPWSI ICATS															0
61	Medical Adviser															0
62	General Dental Practitioner															0
63	Director Dental Services															0
64	Assistant Director Dental Services															0
65	Dental Regional Lead															0
66	Referral Dental Officers															0
67	Dental - Community			0	0											0
68																
69	TOTAL DENTAL HOSPITAL & COMMUNITY			0	0											0
70																
71																
72																
73	Agenda for Change															
74																
75																
76	NURSING & MIDWIFERY															
77	Clinical Professional Managers															0
78	Hospital - Nurses and Midwives															0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
			Non Locum	Locum												Total Expenditure
5																
79	Community - Nurses and Midwives						18,759	53,549	306,343	101,945	560,723	674,884				1,716,203
80	TOTAL NURSING & MIDWIFERY		0	0	0	0	18,759	53,549	306,343	101,945	560,723	674,884	0	0	0	1,716,203
81																
82	PROFESSIONS ALLIED TO MEDICINE															
83	Art & Music Therapist															0
84	Biomedical Science						149,502	109,048								258,550
85	Central Sterile Services Department/Theatre Sterile Services Unit															0
86	Clinical Psychology															0
87	Clinical Scientist											40,582				40,582
88	Counsellor/Therapist															0
89	Dental (Technician, Manager, Biomedical Scientist)															0
90	Dietetics										60,869					60,869
91	Imaging										46,505					46,505
92	MTO (Medical Technical Officer)															0
93	Multi AHP															0
94	Occupational Therapy											151,715				151,715
95	Optometrist															0
96	Orthoptist															0
97	Pharmacy									8,500						8,500
98	Physiotherapy															0
99	Podiatry															0
100	Speech and Language Therapy									1,976			117,888			117,888
101	TOTAL PROFESSIONS ALLIED TO MEDICINE		0	0	0	0	0	149,502	109,048	10,476	259,089	40,582	117,888	0	0	686,586
102																
103	ADMINISTRATIVE AND CLERICAL															
104	Chief Executive														24,989	24,989
105	Chairman														39,338	39,338
106	Non Executive Director														79,851	79,851
107	Director														324,808	324,808
108	Executive Director															0
109	Non AFC Admin & Clerical														175,518.90	175,519
110	Support Services															10,475,381
111	AFC Admin & Clerical:															
112	Finance															0
113	HR															0
114	IT															0
115	Other Corporate Services, incs Supporting Direct Patient & Client Services															0
116	TOTAL ADMINISTRATIVE AND CLERICAL		11,337	24,978	651,325	828,135	417,752	2,163,966	3,261,277	2,401,626	1,516,743	675,588	553,669	0	644,506	13,150,903
117																
118																
119	ANCILLARIES															
120	Catering															0
121	Domestic															0
122	Healthcare Assistant															0
123	Laundry															0
124	Portering															0
125	Chaplain															0
126	Hairdresser															0
127	Organist															0
128	Work Placements															0
129	TOTAL ANCILLARIES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
130																
131	SOCIAL SERVICES															
132	Domiliary/Homecare															0
133	Social Services															0
134	Residential Social Worker Unqualified															0
135	Residential Social Worker Qualified															0
136	Social Work Assistant															0
137	Social Work Degree Trainee															0
138	Social Worker Qualified															0
139	Team Leader															0
140	TOTAL SOCIAL SERVICES		0	0	0	0	0	0	0	0	0	0	0	0	0	0
141																
142	WORKS (Estates & Maintenance)															
143	Planner/Estimator															0
144	Painter															0
145	Joiner															0
146	Fitter/Engineer															0
147	Electrician															0
148	Upholsterer															0
149	Builder															0
150	Boilerman															0
151	Multi-Skilled Support															0
152	Maintenance Supervisor															0
153	Groundsman/Gardener															0
154	Plumber															0
155	Labourer															0
156	Estates Officer															0
157	Medical Technical Estates															0
158	Multi-Services Manager Estates															0
159	TOTAL WORKS (Estates & Maintenance)		0	0	0	0	0	0	0	0	0	0	0	0	0	0

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
5			Non Locum	Locum												Total Expenditure
161	TOTAL STAFF COSTS		11,337	24,978	651,325	828,135	436,511	2,367,016	3,676,669	2,514,048	2,336,555	1,391,054	671,557	0	644,506	15,553,691
162																
163	AGENCY STAFF															
164																
165	Medical															0
166	Dental															0
167																
168																
169	Nursing & Midwifery															0
170	Professions Allied to Medicine															0
171	Administrative & Clerical															513,154
172	Ancillaries				176,051	61,902.41	63,257	155,319.83	3,556.50	53,067						2,071
173	Works (Estates & Maintenance)			2,071												0
174	Social Services															0
175	Total Agency Staff		0	2,071	176,051	61,902	63,257	155,320	3,557	53,067	0	0	0	0	0	515,225
176																
177	TOTAL AGENCY STAFF															515,225
178																
179																
180																
181	BANK STAFF															
182																
183	Medical															0
184	Dental															0
185																
186																
187	Nursing & Midwifery															0
188	Professions Allied to Medicine															0
189	Administrative & Clerical															0
190	Ancillaries															0
191	Works (Estates & Maintenance)															0
192	Social Services															0
193	Total Bank Staff		0	0	0	0	0	0	0	0	0	0	0	0	0	0
194																
195	TOTAL BANK STAFF															0
196																
197																
198																
199	OTHER STAFF COSTS															
200	Pension Costs for early retirements reflecting the single lump sum to buy over the full liability															
201																
202	Early Departure Costs															
203																
204	Agenda for Change Creditor															
205																
206	Apprenticeship levy															67,828
207																
208	Total Salaries & Wages		4,037,128	89,496	827,377	890,037	499,768	2,522,336	3,680,225	2,567,115	2,336,555	1,391,054	671,557	0	644,506	20,224,982
209																
210																

Board: Health and Social Care Board		
Year Ending: 2009/10		
Contact Name:		
<u>Index</u> Analysis of FPS BFR(F)		
<u>Details of significant changes from 2008/09:</u>		
<u>Expenditure item</u>	<u>2008/09 (£)</u>	<u>2009/10 (£)</u>
Total	0	804,617,385
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Practitioner Services - Expenditure - HSCB

General Medical Services	2009/10		2008/09		Change	
	£	£	£	£	£	%
Global sum	108,874,027				108,874,027	N/A
MPIG Correction Factor	6,245,645				6,245,645	N/A
PCO Administered Funds	9,591,813				9,591,813	N/A
Enhanced Services	25,790,764				25,790,764	N/A
Quality	43,851,754				43,851,754	N/A
Premises	14,638,315				14,638,315	N/A
IM & T	3,904,843				3,904,843	N/A
Dispensing	0				0	N/A
Out of Hours	10,708,625				10,708,625	N/A
PIS*	0				0	N/A
Total General Medical Services		223,605,785		0	223,605,785	N/A
General Dental Services						
In respect of general dental practitioners:						
Gross Fees	94,893,920				94,893,920	N/A
Less charges to patients	17,307,039				17,307,039	N/A
	77,586,881		0		77,586,881	N/A
Other expenditure	5,567,356				5,567,356	N/A
Total General Dental Services		83,154,237		0	83,154,237	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure	476,874,578				476,874,578	N/A
Less charges to patients	5,748,382				5,748,382	N/A
	471,126,196		0		471,126,196	N/A
Other expenditure	4,318,844				4,318,844	N/A
In respect of medical practitioners:						
Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure	2,422,746				2,422,746	N/A
less charges to patients	28,016				28,016	N/A
	2,394,730		0		2,394,730	N/A
Other expenditure	256,393				256,393	N/A
Total Pharmaceutical Services		478,096,163		0	478,096,163	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing	0				0	N/A
In respect of opticians	0				0	N/A
Sight testing	8,850,073				8,850,073	N/A
Voucher scheme : sight testing	9,345,424				9,345,424	N/A
Supply of glasses and lenses	0				0	N/A
Replacement & repair of frames & replacement of lenses	923,955				923,955	N/A
Less charges payable by applicant	0				0	N/A
	19,119,452		0		19,119,452	N/A
Other expenditure	641,748				641,748	N/A
Total General Ophthalmic Services		19,761,200		0	19,761,200	N/A
TOTAL EXPENDITURE ON FAMILY PRACTITIONER SERVICES		804,617,385		0	804,617,385	N/A

Board: Public Health AgencyYear Ending: **2009/10**

Contact Name:

IndexAnalysis of FPS [BFR\(F\)](#)Details of significant changes from 2008/09:

<u>Expenditure item</u>	<u>2008/09 (£)</u>	<u>2009/10 (£)</u>
Total	0	1,784,169

Details of significant year on year movements:

BFR (F) Analysis of Family Practitioner Services - Expenditure - PHA

General Medical Services						
	2009/10		2008/09		Change	
	£	£	£	£	£	%
Global sum	0				0	N/A
MPIG Correction Factor	0				0	N/A
PCO Administered Funds	0				0	N/A
Enhanced Services	1,775,969				1,775,969	N/A
Quality	0				0	N/A
Premises	0				0	N/A
IM & T	0				0	N/A
Dispensing	0				0	N/A
Out of Hours	0				0	N/A
PIS*	0				0	N/A
Total General Medical Services		1,775,969		0	1,775,969	N/A
General Dental Services						
In respect of general dental practitioners:						
Gross Fees	0				0	N/A
Less charges to patients	0				0	N/A
	0		0		0	N/A
Other expenditure	0				0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure	0				0	N/A
Less charges to patients	0				0	N/A
	0		0		0	N/A
Other expenditure	8,200				8,200	N/A
<i>In respect of medical practitioners:</i>						
<i>Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure	0				0	N/A
less charges to patients	0				0	N/A
	0		0		0	N/A
Other expenditure	0				0	N/A
Total Pharmaceutical Services		8,200		0	8,200	N/A
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing	0				0	N/A
In respect of opticians	0				0	N/A
Sight testing	0				0	N/A
Voucher scheme : sight testing	0				0	N/A
Supply of glasses and lenses	0				0	N/A
Replacement & repair of frames & replacement of lenses	0				0	N/A
Less charges payable by applicant	0				0	N/A
	0		0		0	N/A
Other expenditure	0				0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY PRACTITIONER SERVICES		1,784,169		0	1,784,169	N/A

Board: Health and Social Care Board		
Year Ending: 2010/11		
Contact Name:		
<u>Index</u> Analysis of FHS BFR(F)		
<u>Details of significant changes from 2009/10:</u>		
<u>Expenditure item</u>	<u>2009/10 (£)</u>	<u>2010/11 (£)</u>
Total	804,617,385	821,578,000
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure

General Medical Services		2010/11		2009/10		Change		Comments					
	£	£	£	£	%								
Global sum	109,904,000		108,874,027		1,029,973	1%	DHSSPS eroding CF, additional costs in GS						
MPIG Correction Factor	4,913,000		6,245,645		-1,332,645	-21%	DHSSPS eroding CF, additional costs in GS						
PCO Administered Funds	9,905,000		9,591,813		313,187	3%							
Enhanced Services	22,203,000		25,790,764		-3,587,764	-14%	Efficiencies 10/11						
Quality	43,181,000		43,851,754		-670,754	-2%							
Premises	15,302,000		14,638,315		663,685	5%	Increasing costs in this area						
IM & T	4,447,000		3,904,843		542,157	14%	Increasing costs in this area						
Out of Hours	10,103,000		10,708,625		-605,625	-6%	Efficiencies 10/11						
Total General Medical Services			219,958,000			223,605,785	-3,647,785	-2%					
General Dental Services													
In respect of general dental practitioners:													
Gross Fees	106,453,000							94,893,920	11,559,080	12%	Increasing demand for NHS Dental services		
Less charges to patients	17,096,000							17,307,039	-211,039	-1%			
	89,357,000							77,586,881	11,770,119	15%			
Other expenditure	501,000							5,567,356	-5,066,356	-91%	09/10 figures misclassified.		
Total General Dental Services								89,858,000		83,154,237	6,703,763	8%	
Pharmaceutical Services													
In respect of pharmaceutical chemists and suppliers of appliances:													
Gross Expenditure	487,810,000	476,874,578	10,935,422	2%	Increasing demand and prices								
Less charges to patients	181,000	5,748,382	-5,567,382	-97%	Stat Charges not applicable in 10/11								
	487,629,000	471,126,196	16,502,804	4%									
Other expenditure incl PIS	2,846,000	4,318,844	-1,472,844	-34%	Reduction in spend on some local pharmacy budgets								
In respect of medical practitioners:													
Supply & dispensing of drugs, medicines and appliances:													
Gross Expenditure	1,626,000	2,422,746	-796,746	-33%	Numbers of DDs reducing								
less charges to patients	3,000	28,016	-25,016	-89%	Stat Charges not applicable in 10/11								
	1,623,000	2,394,730	-771,730	-32%									
Other expenditure		256,393	-256,393	-100%									
		0	0	N/A									
Total Pharmaceutical Services		492,098,000		478,096,163	14,001,837	3%							
General Ophthalmic Services													
In respect of ophthalmic medical practitioners:-													
Sight testing								0	0	N/A			
In respect of opticians								0	0	N/A			
Sight testing	8,586,000							8,850,073	-264,073	-3%			
Voucher scheme : sight testing	9,412,000							9,345,424	66,576	1%			
Supply of glasses and lenses								0	0	N/A			
Replacement & repair of frames & replacement of lenses	913,000							923,955	-10,955	-1%			
Less charges payable by applicant								0	0	N/A			
	18,911,000	19,119,452	-208,452	-1%									
Other expenditure	753,000	641,748	111,252	17%									
Total General Ophthalmic Services		19,664,000		19,761,200	-97,200	0%							
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		821,578,000		804,617,385	16,960,615	2%							

Board: Public Health Agency

Year Ending: 2010/11

Contact Name:

Index

Analysis of FHS BFR(F)

Details of significant changes from 2009/10:

Expenditure item	2009/10 (£)	2010/11 (£)
Total	1,784,169	#####

Details of significant year on year movements:

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services	2010/11		2009/10		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	1,749,043		1,775,969		-26,926	-2%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		1,749,043		1,775,969	-26,926	-2%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure			8,200		-8,200	-100%
<i>In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure			0		0	N/A
PIS*						
Total Pharmaceutical Services		0		8,200	-8,200	-100%
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		1,749,043		1,784,169	-35,126	-2%

Board: Health and Social Care Board			
Year Ending: 2011/12			
Contact Name:			
Index			
Analysis of FHS BFR(F)			
Details of significant changes from 2010/11:			
<u>Expenditure item</u>	<u>2010/11</u>		<u>2011/12</u>
Total	£ 821,578,000		£ 818,723,000
Details of significant year on year movements:			

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2011/12		2010/11		Change	
	£	£	£	£	£	%
Global sum	109,765,000		109,904,000		-139,000	0%
MPIG Correction Factor	5,123,000		4,913,000		210,000	4%
PCO Administered Funds/Other	10,080,000		9,905,000		175,000	2%
Enhanced Services	21,186,000		22,203,000		-1,017,000	-5%
Quality	42,673,000		43,181,000		-508,000	-1%
Premises	16,742,000		15,302,000		1,440,000	9%
IM & T	4,631,000		4,447,000		184,000	4%
Out of Hours	10,030,000		10,103,000		-73,000	-1%
Total General Medical Services		220,230,000		219,958,000	272,000	0%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees	113,079,000		106,453,000		6,626,000	6%
Less charges to patients	17,712,000		17,096,000		616,000	4%
	95,367,000		89,357,000		6,010,000	7%
Other expenditure	501,000		501,000		0	0%
Total General Dental Services		95,868,000		89,858,000	6,010,000	7%
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure	478,338,000		487,810,000		-9,472,000	-2%
Less charges to patients	0		181,000		-181,000	-100%
	478,338,000		487,629,000		-9,291,000	-2%
Other expenditure incl PIS	2,508,000		2,846,000		-338,000	-12%
<i>In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure	1,167,000		1,626,000		-459,000	-28%
less charges to patients	0		3,000		-3,000	-100%
	1,167,000		1,623,000		-456,000	-28%
Other expenditure	0		0		0	N/A
					0	N/A
Total Pharmaceutical Services		482,013,000		492,098,000	-10,085,000	-2%
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing	9,004,000		8,586,000		418,000	5%
Voucher scheme : sight testing	9,883,000		9,412,000		471,000	5%
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses	950,000		913,000		37,000	4%
Less charges payable by applicant					0	N/A
	19,837,000		18,911,000		926,000	5%
Other expenditure	775,000		753,000		22,000	3%
Total General Ophthalmic Services		20,612,000		19,664,000	948,000	5%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		818,723,000		821,578,000	-2,855,000	0%

*PIS includes the following;
 GP Savings (PIS)
 Prescribing advisors costs (PIS)
 Returned to Dept (PIS)

Please note that the above reconciles to all FHS related items included in notes 4.1 and 5.1 of the HSCB 2011/12 Annual Accounts

2011/12

BFR (F) Analysis of Family Health Services - Expenditure

General Medical Services						
	2011/12		2010/11		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	1,314,313		1,749,043		-434,730	-25%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		1,314,313		1,749,043	-434,730	-25%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
Other expenditure	0		0		0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
Other expenditure	0		0		0	N/A
<i>In respect of medical practitioners:</i>						
<i>Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
Other expenditure	0		0		0	N/A
PIS*			0		0	N/A
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
Other expenditure	0		0		0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		1,314,313		1,749,043	-434,730	-25%

Board: Health and Social Care Board											
Year Ending: 2012/13											
Contact Name:											
Index											
Analysis of FHS BFR(F)											
Details of significant changes from 2010/11:											
<table><thead><tr><th><u>Expenditure item</u></th><th><u>2011/12</u></th><th><u>2012/13</u></th></tr></thead><tbody><tr><td>Total</td><td>£ 818,723,000</td><td>£ 804,756,000</td></tr></tbody></table>						<u>Expenditure item</u>	<u>2011/12</u>	<u>2012/13</u>	Total	£ 818,723,000	£ 804,756,000
<u>Expenditure item</u>	<u>2011/12</u>	<u>2012/13</u>									
Total	£ 818,723,000	£ 804,756,000									
Details of significant year on year movements:											

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2012/13		2011/12		Change	
	£	£	£	£	%	Comments
Global sum	103,438,000		109,765,000	-6,327,000	-6%	Employers Superannuation adjustment from 2008/09 onwards
MPIG Correction Factor	5,093,000		5,123,000	-30,000	-1%	
PCO Administered Funds/Other	10,429,000		10,080,000	349,000	3%	
Enhanced Services	26,821,000		21,186,000	5,635,000	27%	Additional Enhanced services provided in 12/13 including ICP Engagement and Demand Management
Quality	45,093,000		42,673,000	2,420,000	6%	Amount per point increase
Premises	13,755,000		16,742,000	-2,987,000	-18%	Premises costs reviewed during 2012/13
IM & T	4,849,000		4,631,000	218,000	5%	
Out of Hours	10,797,000		10,030,000	767,000	8%	Increase in service and cost pressures in 2012/13
Total General Medical Services		220,275,000		220,230,000	45,000	0%
General Dental Services						
<i>In respect of general dental practitioners:</i>						
Gross Fees	119,719,000		113,079,000	6,640,000	6%	Activity increase due to increase in demand
Less charges to patients	18,971,000		17,712,000	1,259,000	7%	Activity increase due to increase in demand
	100,748,000		95,367,000	5,381,000	6%	Activity increase due to increase in demand
Other expenditure	526,000		501,000	25,000	5%	Activity increase due to increase in demand
Total General Dental Services		101,274,000		95,868,000	5,406,000	6%
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure	457,418,000		478,338,000	-20,920,000	-4%	Higher than expected level of efficiencies achieved in 2012/13
Less charges to patients			0	0	N/A	
	457,418,000		478,338,000	-20,920,000	-4%	
Other expenditure incl PIS	2,898,000		2,508,000	390,000	16%	Increased deployment on medicines management initiatives
<i>In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure	1,107,000		1,167,000	-60,000	-5%	
less charges to patients			0	0	N/A	
	1,107,000		1,167,000	-60,000	-5%	
Other expenditure	0		0	0	N/A	
			0	0	N/A	
Total Pharmaceutical Services		461,423,000		482,013,000	-20,590,000	-4%
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing				0	N/A	
In respect of opticians				0	N/A	
Sight testing	9,384,000		9,004,000	380,000	4%	
Voucher scheme : sight testing	10,600,000		9,883,000	717,000	7%	Increase in demand for services
Supply of glasses and lenses				0	N/A	
Replacement & repair of frames & replacement of lenses	992,000		950,000	42,000	4%	
Less charges payable by applicant				0	N/A	
	20,976,000		19,837,000	1,139,000	6%	
Other expenditure	808,000		775,000	33,000	4%	
Total General Ophthalmic Services		21,784,000		20,612,000	1,172,000	6%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		804,756,000		818,723,000	-13,967,000	-2%

*PIS includes the following;
 GP Savings (PIS)
 Prescribing advisors costs (PIS)
 Returned to Dept (PIS)

Please note that the above reconciles to all FHS related items included in notes 4.1 and 5.1 of the HSCB 2012/13 Annual Accounts

Board: Public Health Agency		
Year Ending: 2012/13		
Contact Name:		
<u>Index</u>		
Analysis of FHS BFR(F)		
<u>Details of significant changes from 2011/12:</u>		
<u>Expenditure item</u>	<u>2011/12</u>	<u>2012/13</u>
Total	£ 1,314,313	£ 1,225,000
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2012/13		2011/12		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	1,225,000		1,314,313		-89,313	-7%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		1,225,000		1,314,313	-89,313	-7%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		1,225,000		1,314,313	-89,313	-7%

*PIS includes the following;
 GP Savings (PIS)
 Prescribing advisors costs (PIS)
 Returned to Dept (PIS)

Board: Health and Social Care Board								
Year Ending: 2014/15								
Contact Name:								
<u>Index</u> Analysis of FHS BFR(F) <u>Details of significant changes from 2013/14:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Expenditure item</u></th> <th style="text-align: right; width: 30%;"><u>2013/14</u></th> <th style="text-align: right; width: 30%;"><u>2014/15</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td style="text-align: right; color: red;">£ 782,684,000</td> <td style="text-align: right;">£ 829,952,000</td> </tr> </tbody> </table>			<u>Expenditure item</u>	<u>2013/14</u>	<u>2014/15</u>	Total	£ 782,684,000	£ 829,952,000
<u>Expenditure item</u>	<u>2013/14</u>	<u>2014/15</u>						
Total	£ 782,684,000	£ 829,952,000						
Details of significant year on year movements:								

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2014/15		2013/14		Change	
	£	£	£	£	£	%
Global sum	126,981,000		114,313,000		12,668,000	11%
MPIG Correction Factor	6,258,000		5,439,000		819,000	15%
PCO Administered Funds/Other	11,502,000		10,569,000		933,000	9%
Enhanced Services	27,510,000		28,127,000		-617,000	-2%
Quality	32,695,000		43,921,000		-11,226,000	-26%
Premises	15,830,000		15,399,000		431,000	3%
IM & T	4,555,000		4,801,000		-246,000	-5%
Out of Hours	11,121,000		9,398,000		1,723,000	18%
Total General Medical Services		236,452,000		231,967,000	4,485,000	2%
General Dental Services						
<i>In respect of general dental practitioners:</i>						
Gross Fees	124,987,000		123,507,000		1,480,000	1%
Less charges to patients	20,947,000		20,081,000		866,000	4%
	104,040,000		103,426,000		614,000	1%
Other expenditure	558,000		521,000		37,000	7%
Total General Dental Services		104,598,000		103,947,000	651,000	1%
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure	463,771,000		421,560,000		42,211,000	10%
Less charges to patients					0	N/A
	463,771,000		421,560,000		42,211,000	10%
Other expenditure incl PIS	1,974,000		2,495,000		-521,000	-21%
Total Pharmaceutical Services		466,485,000		424,674,000	41,811,000	10%
<i>In respect of medical practitioners:</i>						
<i>Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure	740,000		619,000		121,000	20%
less charges to patients					0	N/A
	740,000		619,000		121,000	20%
Other expenditure					0	N/A
					0	N/A
Total Pharmaceutical Services		466,485,000		424,674,000	41,811,000	10%
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing	9,499,000		9,288,000		211,000	2%
Voucher scheme : sight testing	10,854,000		10,826,000		28,000	0%
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses	1,068,000		1,040,000		28,000	3%
Less charges payable by applicant					0	N/A
	21,421,000		21,154,000		267,000	1%
Other expenditure	996,000		942,000		54,000	6%
Total General Ophthalmic Services		22,417,000		22,096,000	321,000	1%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		829,952,000		782,684,000	47,268,000	6%

Please note that the above reconciles to all FHS related items included in notes 4.1 and 5.1 of the HSCB 2014/15 Annual Accounts

HEALTH AND SOCIAL CARE B**NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31****NOTE 4. OPERATING EXPENSES****4.1 Commissioning**

General Medical Services

General Dental Services

General Pharmaceutical Services

General Ophthalmic Services

NHS Trusts

Other providers of healthcare and personal social services

Total Commissioning**4.2 Operating Expenses are as follows:**

Supplies and services - General

Establishment

Transport

Premises

Total Operating Expenses**4.3 Non cash items**

Depreciation

Amortisation

Loss on disposal of property, plant & equipment (including land)

Provisions provided for in year

Cost of borrowing of provisions (unwinding of discount on provisions)

Auditors remuneration

Total non cash items**Total**

During the year the HSCB paid its share of regional audit service (NIAO) for the National Fraud Initiative (NFI) and is included in

BOARD

MARCH 2015

2015	2014
£000	£000
238,597	234,109
125,559	124,055
466,506	424,696
22,424	22,099
30,613	22,719
47,897	43,138
931,596	870,816

719	603
35,041	36,021
18	6
2,406	2,273
38,184	38,903

2,601	2,498
407	431
58	23
9,490	3,229
101	234
52	66
12,709	6,481
982,489	916,200

as (£1,173) from its external auditor
 operating costs above.

HEALTH AND SOCIAL CARE BC

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31

NOTE 5. INCOME

5.1 Income from Activities

Income from Department of Education
CAWT
Family Health Services Receipts
Other Income
Total

5.2 Other Operating Income

Accommodation
Canteen
Seconded staff
Total

5.3 Deferred income

Total

TOTAL INCOME

DARD

MARCH 2015

2015	2014
£000s	£000s
26,509	25,116
2,075	3,378
23,134	22,275
449	882
52,167	51,651

2015	2014
£000s	£000s
638	658
215	207
559	503
1,412	1,368

2015	2014
£000s	£000s
0	0

53,579	53,019

Board: Public Health Agency		
Year Ending: 2014/15		
Contact Name:		
<u>Index</u> Analysis of FHS BFR(F)		
<u>Details of significant changes from 2013/14:</u>		
<u>Expenditure item</u>	<u>2013/14</u>	<u>2014/15</u>
Total	£ 2,075,000	£ 2,103,000
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2014/15		2013/14		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	2,103,000		2,075,000		28,000	1%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		2,103,000		2,075,000	28,000	1%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners:						
Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		2,103,000		2,075,000	28,000	1%

Board: Health and Social Care Board		
Year Ending: 2015/16		
Contact Name:		
<u>Index</u> Analysis of FHS BFR(F) <u>Details of significant changes from 2014/15:</u>		
<u>Expenditure item</u>	<u>2014/15</u>	<u>2015/16</u>
Total	£ 829,952,000	£ 851,491,107
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure**General Medical Services**

	2015/16		2014/15		Change		Comments
	£	£	£	£	£	%	
Global sum	134,630,000		126,981,000		7,649,000	6%	
MPIG Correction Factor	6,349,000		6,258,000		91,000	1%	
PCO Administered Funds/Other	11,477,000		11,502,000		-25,000	0%	
Enhanced Services	30,570,000		27,510,000		3,060,000	11%	
Quality	30,956,000		32,695,000		-1,739,000	-5%	Transfer of funding to Global Sum.
Premises	16,273,000		15,830,000		443,000	3%	
IM & T	4,945,000		4,555,000		390,000	9%	
Out of Hours	11,791,000		11,121,000		670,000	6%	
Total General Medical Services		246,991,000		236,452,000	10,539,000	4%	

General Dental Services*In respect of general dental practitioners:*

Gross Fees	125,968,000		124,987,000		981,000	1%	
Less charges to patients	22,682,000		20,947,000		1,735,000	8%	Increase in the number of fee paying patients
	103,286,000		104,040,000		-754,000	-1%	
Other expenditure	520,107		558,000		-37,893	-7%	

Total General Dental Services

		103,806,107		104,598,000	-791,893	-1%	

Pharmaceutical Services*In respect of pharmaceutical chemists and suppliers of appliances:*

Gross Expenditure	475,332,000		463,771,000		11,561,000	2%	
Less charges to patients					0	N/A	
	475,332,000		463,771,000		11,561,000	2%	
Other expenditure incl PIS	2,111,000		1,974,000		137,000	7%	

*In respect of medical practitioners:**Supply & dispensing of drugs, medicines and appliances:*

Gross Expenditure	718,000		740,000		-22,000	-3%	
less charges to patients					0	N/A	
	718,000		740,000		-22,000	-3%	
Other expenditure					0	N/A	
					0	N/A	

Total Pharmaceutical Services

		478,161,000		466,485,000	11,676,000	3%	

General Ophthalmic Services*In respect of ophthalmic medical practitioners:-*

Sight testing					0	N/A	
In respect of opticians					0	N/A	
Sight testing	9,638,000		9,499,000		139,000	1%	
Voucher scheme : sight testing	10,685,000		10,854,000		-169,000	-2%	
Supply of glasses and lenses					0	N/A	
Replacement & repair of frames & replacement of lenses	1,031,000		1,068,000		-37,000	-3%	
Less charges payable by applicant					0	N/A	
	21,354,000		21,421,000		-67,000	0%	
Other expenditure	1,179,000		996,000		183,000	18%	Increase in CET cost due to a change in calculation of accrual.

Total General Ophthalmic Services

		22,533,000		22,417,000	116,000	1%	

TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES

		851,491,107		829,952,000	21,539,107	3%	

Please note that the above reconciles to all FHS related items included in notes 3.2 and 4.1 of the HSCB 2015/16 Annual Accounts

Board: Public Health Agency		
Year Ending: 2015/16		
Contact Name:		
Index		
Analysis of FHS BFR(F)		
Details of significant changes from 2014/15:		
<u>Expenditure item</u>	<u>2014/15</u>	<u>2015/16</u>
Total	£ 2,103,000	£ 2,392,000
Details of significant year on year movements:		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2015/16		2014/15		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	2,392,000		2,103,000		289,000	14%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		2,392,000		2,103,000	289,000	14%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners:						
Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		2,392,000		2,103,000	289,000	14%

Index

Analysis of FHS BFR(F)

Details of significant changes from 2015/16:

<u>Expenditure item</u>	<u>2015/16</u>	<u>2016/17</u>
Total	£ 851,491,107	£ 864,802,515

Details of significant year on year movements:

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2016/17		2015/16		Change	
	£	£	£	£	£	%
Global sum	136,907,000		134,630,000		2,277,000	2%
MPIG Correction Factor	6,395,000		6,349,000		46,000	1%
PCO Administered Funds/Other	13,802,000		11,477,000		2,325,000	20%
Enhanced Services	31,083,000		30,570,000		513,000	2%
Quality	30,527,000		30,956,000		-429,000	-1%
Premises	16,805,000		16,273,000		532,000	3%
IM & T	5,327,000		4,945,000		382,000	8%
Out of Hours	13,035,000		11,791,000		1,244,000	11%
Total General Medical Services		253,881,000		246,991,000	6,890,000	3%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees	130,553,000		125,968,000		4,585,000	4%
Less charges to patients	23,790,000		22,682,000		1,108,000	5%
	106,763,000		103,286,000		3,477,000	3%
Other expenditure	458,911		520,107		-61,196	-12%
Total General Dental Services		107,221,911		103,806,107	3,415,804	3%
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure	477,385,000		475,332,000		2,053,000	0%
Less charges to patients					0	N/A
	477,385,000		475,332,000		2,053,000	0%
Other expenditure incl PIS	2,127,000		2,111,000		16,000	1%
<i>In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure	739,000		718,000		21,000	3%
less charges to patients					0	N/A
	739,000		718,000		21,000	3%
Other expenditure					0	N/A
					0	N/A
Total Pharmaceutical Services		480,251,000		478,161,000	2,090,000	0%
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing	10,118,000		9,638,000		480,000	5%
Voucher scheme : sight testing	11,136,000		10,685,000		451,000	4%
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses	1,126,000		1,031,000		95,000	9%
Less charges payable by applicant					0	N/A
	22,380,000		21,354,000		1,026,000	5%
Other expenditure	1,068,604		1,179,000		-110,396	-9%
Total General Ophthalmic Services		23,448,604		22,533,000	915,604	4%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		864,802,515		851,491,107	13,311,408	2%

Board: Public Health Agency		
Year Ending: 2016/17		
Contact Name:		
<u>Index</u> Analysis of FHS BFR(F)		
<u>Details of significant changes from 2015/16:</u>		
<u>Expenditure item</u>	<u>2015/16</u>	<u>2016/17</u>
Total	£ 2,392,000	£ 2,378,000
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2016/17		2015/16		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	2,378,000		2,392,000		-14,000	-1%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		2,378,000		2,392,000	-14,000	-1%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners:						
Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		2,378,000		2,392,000	-14,000	-1%

Board: Health and Social Care Board								
Year Ending: 2017/18								
Contact Name:								
<u>Index</u> Analysis of FHS BFR(F) <u>Details of significant changes from 2016/17:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Expenditure item</u></th> <th style="text-align: right; width: 30%;"><u>2016/17</u></th> <th style="text-align: right; width: 30%;"><u>2017/18</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td style="text-align: right; color: red;">£ 864,802,515</td> <td style="text-align: right;">£ 884,333,832</td> </tr> </tbody> </table> <u>Details of significant year on year movements:</u>			<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>	Total	£ 864,802,515	£ 884,333,832
<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>						
Total	£ 864,802,515	£ 884,333,832						

BFR (F) Analysis of Family Health Services - Expenditure

General Medical Services						
	2017/18		2016/17		Change	
	£	£	£	£	£	%
Global sum	139,432,000		136,907,000		2,525,000	2%
MPIG Correction Factor	6,599,000		6,395,000		204,000	3%
PCO Administered Funds/Other	14,505,000		13,802,000		703,000	5%
Enhanced Services	37,495,011		31,083,000		6,412,011	21%
Quality	30,074,000		30,527,000		-453,000	-1%
Premises	16,649,000		16,805,000		-156,000	-1%
IM & T	4,633,000		5,327,000		-694,000	-13%
Out of Hours	13,426,000		13,035,000		391,000	3%
Total General Medical Services		262,813,011		253,881,000	8,932,011	4%
General Dental Services						
<i>In respect of general dental practitioners:</i>						
Gross Fees	130,847,554		130,553,000		294,554	0%
Less charges to patients	24,743,618		23,790,000		953,618	4%
	106,103,936		106,763,000		-659,064	-1%
Other expenditure	421,583		458,911		-37,328	-8%
Total General Dental Services		106,525,519		107,221,911	-696,392	-1%
Pharmaceutical Services						
<i>In respect of pharmaceutical chemists and suppliers of appliances:</i>						
Gross Expenditure	489,035,683		477,385,000		11,650,683	2%
Less charges to patients					0	N/A
	489,035,683		477,385,000		11,650,683	2%
Other expenditure incl PIS	1,473,269		2,127,000		-653,731	-31%
Total Pharmaceutical Services		491,276,553		480,251,000	11,025,553	2%
<i>In respect of medical practitioners:</i>						
<i>Supply & dispensing of drugs, medicines and appliances:</i>						
Gross Expenditure	767,601		739,000		28,601	4%
less charges to patients					0	N/A
	767,601		739,000		28,601	4%
Other expenditure					0	N/A
					0	N/A
Total Pharmaceutical Services		491,276,553		480,251,000	11,025,553	2%
General Ophthalmic Services						
<i>In respect of ophthalmic medical practitioners:-</i>						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing	10,205,000		10,118,000		87,000	1%
Voucher scheme : sight testing	11,172,000		11,136,000		36,000	0%
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses	1,193,000		1,126,000		67,000	6%
Less charges payable by applicant					0	N/A
	22,570,000		22,380,000		190,000	1%
Other expenditure	1,148,749		1,068,604		80,145	7%
Total General Ophthalmic Services		23,718,749		23,448,604	270,145	1%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		884,333,832		864,802,515	19,531,317	2%

Board: Public Health Agency		
Year Ending: 2017/18		
Contact Name:		
<u>Index</u>		
Analysis of FHS BFR(F)		
<u>Details of significant changes from 2016/17:</u>		
<u>Expenditure item</u>	<u>2016/17</u>	<u>2017/18</u>
Total	£ 2,378,215	£ 2,770,413
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2017/18		2016/17		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	2,770,413		2,378,215		392,198	16%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		2,770,413		2,378,215	392,198	16%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		2,770,413		2,378,215	392,198	16%

Board: Health and Social Care Board								
Year Ending: 2018/19								
Contact Name:								
<u>Index</u> Analysis of FHS BFR(F) <u>Details of significant changes from 2017/18:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Expenditure item</u></th> <th style="text-align: right; width: 30%;"><u>2017/18</u></th> <th style="text-align: right; width: 30%;"><u>2018/19</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td style="text-align: right; color: red;">£ 884,333,832</td> <td style="text-align: right;">£ 904,158,740</td> </tr> </tbody> </table>			<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>	Total	£ 884,333,832	£ 904,158,740
<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>						
Total	£ 884,333,832	£ 904,158,740						
Details of significant year on year movements:								

BFR (F) Analysis of Family Health Services - Expenditure

General Medical Services						
	2018/19		2017/18		Change	
	£	£	£	£	£	%
Global sum	146,715,829		139,432,000		7,283,829	5%
MPIG Correction Factor	6,964,019		6,599,000		365,019	6%
PCO Administered Funds/Other	14,744,602		14,505,000		239,602	2%
Enhanced Services	40,589,149		37,495,011		3,094,138	8%
Quality	30,737,995		30,074,000		663,995	2%
Premises	16,879,441		16,649,000		230,441	1%
IM & T	4,995,222		4,633,000		362,222	8%
Out of Hours	13,838,601		13,426,000		412,601	3%
Other expenditure	7,005,587				7,005,587	N/A
Total General Medical Services		282,470,445		262,813,011	19,657,434	7%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees	131,001,747		130,847,554		154,193	0%
Less charges to patients	25,628,283		24,743,618		884,665	4%
	105,373,464		106,103,936		-730,472	-1%
Other expenditure	887,998		421,583		466,415	111%
Total General Dental Services		106,261,462		106,525,519	-264,057	0%
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure	483,313,118		489,035,683		-5,722,565	-1%
Less charges to patients					0	N/A
	483,313,118		489,035,683		-5,722,565	-1%
Other expenditure	7,155,490		1,473,269		5,682,221	386%
Total Pharmaceutical Services		491,200,071		491,276,553	-76,482	0%
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing	10,310,035		10,205,000		105,035	1%
Voucher scheme : sight testing	10,952,802		11,172,000		-219,198	-2%
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses	1,299,877		1,193,000		106,877	9%
Less charges payable by applicant					0	N/A
	22,562,714		22,570,000		-7,286	0%
Other expenditure	1,664,048		1,148,749		515,299	45%
Total General Ophthalmic Services		24,226,762		23,718,749	508,013	2%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		904,158,740		884,333,832	19,824,908	2%

Board: Public Health Agency		
Year Ending: 2018/19		
Contact Name:		
<u>Index</u>		
Analysis of FHS BFR(F)		
<u>Details of significant changes from 2017/18:</u>		
<u>Expenditure item</u>	<u>2017/18</u>	<u>2018/19</u>
Total	£ 2,770,413	£ 2,441,000
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2018/19		2017/18		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	2,441,000		2,770,413		-329,413	-12%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		2,441,000		2,770,413	-329,413	-12%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners:						
Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		2,441,000		2,770,413	-329,413	-12%

Board: Health and Social Care Board								
Year Ending: 2019/20								
Contact Name:								
<u>Index</u> Analysis of FHS BFR(F) <u>Details of significant changes from 2018/19:</u> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"><u>Expenditure item</u></th> <th style="text-align: right; width: 30%;"><u>2018/19</u></th> <th style="text-align: right; width: 30%;"><u>2019/20</u></th> </tr> </thead> <tbody> <tr> <td>Total</td> <td style="text-align: right; color: red;">£ 904,158,740</td> <td style="text-align: right;">£ 926,520,749</td> </tr> </tbody> </table>			<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>	Total	£ 904,158,740	£ 926,520,749
<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>						
Total	£ 904,158,740	£ 926,520,749						
Details of significant year on year movements:								

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2019/20		2018/19		Change	
	£	£	£	£	£	%
Global sum	162,949,089		146,715,829		16,233,261	11%
MPIG Correction Factor	6,990,449		6,964,019		26,430	0%
PCO Administered Funds/Other	15,852,232		14,744,602		1,107,631	8%
Enhanced Services	42,789,267		40,589,149		2,200,118	5%
Quality	31,014,181		30,737,995		276,186	1%
Premises	16,812,744		16,879,441		-66,697	0%
IM & T	5,125,359		4,995,222		130,137	3%
Out of Hours	12,818,437		13,838,601		-1,020,163	-7%
Other expenditure	10,887,539		7,005,587		3,881,951	55%
Total General Medical Services		305,239,298		282,470,445	22,768,853	8%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees	130,940,620		131,001,747		-61,127	0%
Less charges to patients	25,595,386		25,628,283		-32,896	0%
	105,345,234		105,373,464		-28,231	0%
Other expenditure	434,276		887,998		-453,721	-51%
Total General Dental Services		105,779,510		106,261,462	-481,952	0%
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure	484,275,623		483,313,118		962,505	0%
Less charges to patients					0	N/A
	484,275,623		483,313,118		962,505	0%
Other expenditure	7,764,224		7,155,490		608,734	9%
In respect of medical practitioners: Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure	777,072		731,463		45,609	6%
less charges to patients					0	N/A
	777,072		731,463		45,609	6%
Other expenditure					0	N/A
					0	N/A
Total Pharmaceutical Services		492,816,919		491,200,071	1,616,848	0%
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing	9,742,393		10,310,035		-567,642	-6%
Voucher scheme : sight testing	10,142,907		10,952,802		-809,895	-7%
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses	1,123,831		1,299,877		-176,046	-14%
Less charges payable by applicant					0	N/A
	21,009,131		22,562,714		-1,553,583	-7%
Other expenditure	1,675,890		1,664,048		11,842	1%
Total General Ophthalmic Services		22,685,021		24,226,762	-1,541,741	-6%
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		926,520,749		904,158,740	22,362,009	2%

Board: Public Health Agency		
Year Ending: 2019/20		
Contact Name:		
<u>Index</u>		
Analysis of FHS BFR(F)		
<u>Details of significant changes from 2018/19:</u>		
<u>Expenditure item</u>	<u>2018/19</u>	<u>2019/20</u>
Total	£ 2,441,000	£ 2,360,977
<u>Details of significant year on year movements:</u>		

BFR (F) Analysis of Family Health Services - Expenditure						
General Medical Services						
	2019/20		2018/19		Change	
	£	£	£	£	£	%
Global sum					0	N/A
MPIG Correction Factor					0	N/A
PCO Administered Funds					0	N/A
Enhanced Services	2,360,977		2,441,000		-80,023	-3%
Quality					0	N/A
Premises					0	N/A
IM & T					0	N/A
Out of Hours					0	N/A
Total General Medical Services		2,360,977		2,441,000	-80,023	-3%
General Dental Services						
In respect of general dental practitioners:						
Gross Fees					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Dental Services		0		0	0	N/A
Pharmaceutical Services						
In respect of pharmaceutical chemists and suppliers of appliances:						
Gross Expenditure					0	N/A
Less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
In respect of medical practitioners:						
Supply & dispensing of drugs, medicines and appliances:						
Gross Expenditure					0	N/A
less charges to patients					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
PIS*						
Total Pharmaceutical Services		0		0	0	N/A
General Ophthalmic Services						
In respect of ophthalmic medical practitioners:-						
Sight testing					0	N/A
In respect of opticians					0	N/A
Sight testing					0	N/A
Voucher scheme : sight testing					0	N/A
Supply of glasses and lenses					0	N/A
Replacement & repair of frames & replacement of lenses					0	N/A
Less charges payable by applicant					0	N/A
	0		0		0	N/A
Other expenditure					0	N/A
Total General Ophthalmic Services		0		0	0	N/A
TOTAL EXPENDITURE ON FAMILY HEALTH SERVICES		2,360,977		2,441,000	-80,023	-3%

**Memorandum of Understanding
Between
Department of Health
And
The Health & Social Care Board**

**In relation to arrangements for Digital Health
& Care Northern Ireland**

30 September 2019

INTRODUCTION AND BACKGROUND

1. The HSC Health & Social Care Board (HSCB) was established as the Regional Health & Social Care Board under section 7(1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009. It is an Arm's Length body of the Department of Health and has a range of functions including the delivery of the HSC ICT Strategy. The current staffing and management arrangements reflect the responsibilities outlined in the Modernisation and Improvement Board Paper (MIPB) of February 2009. In line with MIPB the HSCB has been responsible for achieving the objectives of the ICT Strategy and has had six main areas of responsibility:
 - Strategy development and maintenance;
 - Programme and project definition;
 - Technical ICT Architecture Design - to provide a framework of agreed technical standards within which the strategy will be delivered-this includes items which are "common by design";
 - Stakeholder engagement - to maintain a framework of relationships and "ways of working" which facilitate and support the delivery of strategy;
 - ICT Capital programme;
 - Health Informatics Professional Development and
 - Health Analytics.

2. The role of the HSCB Digital Health and Care Team for NI (formerly the eHealth Team and hereafter referred to as DHCNI team within the HSCB) has continued to develop over time. In recent years its focus has been on:
 - Strategy
 - Programme governance and portfolio management
 - Brokering regional approaches and driving single solutions
 - Revenue and capital budget allocation and management
 - Project initiation and definition
 - Delivering some programmes and projects (e.g. HSC online)
 - Use of, access to and quality of data.
 - Regional information standards, clinical coding and informatics leadership.

3. On 7 May 2019, the Department of Health appointed a Chief Digital Information Officer ("CDIO") to provide a single point of regional leadership for digital health and care across the HSC and including the Department of Health. It is recognised that this role will bring a change in accountabilities and associated management and governance structures in respect of digital health and care functions across HSC and will, in due course, have implications for structures and functions of those bodies which currently support delivery of the digital health and care agenda.
4. It is intended that the CDIO role will progressively assume strategic control and accountability for the wider digital health and care agenda across HSC in NI. Initially, at a practical level, the role will take operational control of the DHCNI team in the HSCB. The wider transformation will require the review, reform and reorganisation of current structures and functions across HSC organisations. It is recognised this will take some time to complete and that, whilst the new arrangements are being designed, the CDIO will need to engage with, and direct the work of, the teams delivering the digital health and care agenda within the HSCB. To support this interim position a matrix management structure has been agreed as outlined below.
5. The strategic review of digital health and care for Northern Ireland will consider the development of governance arrangements to replace current arrangements articulated in paragraph 1 above. It will be important that, through this workstream, the Department articulates clearly what it requires from the HSCB as a corporate body. As work progresses towards the closure of the HSCB these structures will continue to be kept under review.

PURPOSE OF THIS MEMORANDUM OF UNDERSTANDING (MOU)

6. This Memorandum of Understanding (MoU) is a bi-lateral agreement between the Department of Health (the Department) and the Health & Social Care Board (HSCB). The HSCB acknowledges the strategic direction for the digital health and care functions in health and social care and the benefits which will accrue from the implementation of a single point of leadership in respect of these functions. The HSCB is committed to working with the Department and the CDIO

and the arrangements set out in this MoU will be piloted, reviewed and finalised as part of the process of transition to the closure of the HSCB.

7. This MoU specifies the roles, responsibilities and obligations of the Department and the HSCB in relation to the DHCNI team within the HSCB. This MoU is confined exclusively to the people aspects of the relationship between the Department and the HSCB Digital Health and Care team for NI.
8. As employer, the HSCB will continue to provide the necessary corporate governance structures, whistleblowing, accommodation, financial management, IT, HR and legal services necessary to meet the staffing, accommodation and running requirements of the DHCNI team in HSCB. The HSCB will continue to employ the staff of DHCNI team including those who have a direct reporting line to the CDIO. Officers who are appointed to the DHCNI team in HSCB during the tenure of this MoU will be employed by the HSCB.
9. This MoU does not affect existing statutory functions or amend any other policies or agreements relating to the activities of the HSCB. It is not a legally binding document; it is not a contract between partners, nor is it intended to cover every aspect of the relationship between the two parties. Each signatory agrees to work together within the framework outlined in this MoU.

THE DEPARTMENT OF HEALTH / ROLE OF THE CHIEF DIGITAL INFORMATION OFFICER (CDIO)

10. Ultimate accountability for the exercise of proper control of financial, corporate and clinical and social care governance in the HSC system rests with the Department and the Minister¹.
11. The creation of the Chief Digital Information Officer (CDIO) post is intended to bring clarity and a single point of regional leadership at time of both unprecedented challenge and opportunity. The CDIO will chair the eHealth and Care Strategic Board and the Strategic Information Group, and will consider an appropriate regional governance structure moving forward across the technology, data and analytics fields. Given this single point of leadership, the CDIO will

¹ DHSSPS Framework Document version September 2011

direct resources. Central to that will be control of Digital Health and Care NI budget (previously known as the eHealth budget) and the ability to direct relevant teams within DHCNI in their work. Strategic and operational decision making and investment decisions which would normally be made at Director Level for DHCNI will fall to the CDIO.

12. The Department will work in partnership with the HSCB regarding any funding withdrawals, structure changes, new or emerging workstreams in respect of the DHCNI team in HSCB.

13. The Department by way of the CDIO will regularly update the HSCB Chief Executive or their nominated official on any proposed developments which will affect the DHCNI team in the HSCB.

HUMAN RESOURCES

14. At time of writing, the senior management team of the DHCNI team in the HSCB consists of two people (names and job title set out in an addendum to this MoU). A separate MOU describes arrangements for employee(s) of the PHA also in the senior management team of DHCNI team. These named staff will have a dual reporting arrangement. Remaining HSCB staff within DHCNI (at time of writing, 27 staff) will continue to have current internal reporting arrangements.

15. The work of the aforementioned DHCNI senior management team will be directed by the CDIO and their annual appraisal will be conducted against HSCB DHCNI business, team and individual objectives, in line with the HSC Performance Appraisal processes operated by HSCB. Appraisal for these most senior staff will be managed by a nominated official of the HSCB (currently the Deputy Chief Executive of the HSCB), with input from the CDIO. Line managers of all other staff within the DHCNI team in HSCB will be responsible for performance appraisal / management in the normal way, with input from the CDIO where relevant / necessary.

16. In respect of the DHCNI senior management team members identified in this MOU, the HSCB nominated official will have responsibility for the approval of annual leave and for the management of any sickness and absence reporting and a point of escalation for any people processes within the HSCB. If the DHCNI

senior management team identified in this MOU have concerns which relate to the actions or instructions of the CDIO, they will raise these with the HSCB nominated official in the first instance who will liaise with Human Resources and the HSCB Chief Executive to agree a way forward.

17. Although the HSCB nominated official will take the lead in respect of the implementation of any HR policy/procedure issues affecting the DHCNI senior management team identified in this MOU, including but not exclusively relating to grievance, capability, disciplinary, attendance management, conflict harassment and bullying, the CDIO may also be consulted on the implementation and /or escalation of people related policies to inform the detail of the discussion and the specifics of any relevant issues. It is expected that the CDIO will liaise closely with the HSCB nominated official in regards to any staff related concerns so that an agreed joint approach can be implemented.
18. The CDIO will support and participate in the recruitment process for staff to the DHCNI team in HSCB using the current governance, policies and permissions processes existing within HSCB and the wider HSC.
19. The HSCB will continue to be responsible for induction training, mandatory training, supporting individuals in meeting any professional registration requirements, undertaking annual medical appraisals (if required) and securing provision of training and development of DHCNI staff in line with performance management agreements.
20. The HSCB will continue to engage and consult with trade unions as necessary regarding any emerging changes to the HSCB DHCNI function or structures.
21. HSCB will continue to apply all relevant Human Resources policies and procedures to staff within the DHCNI team in HSCB, in line with best practice.

THE HSCB

22. The HSCB will continue to be the employer of the staff within the DHCNI team in HSCB. They will continue to discharge their duties as the sole employer to all the staff within the function.

23. The relationship between the HSCB and the Department will be one of partnership and collaboration, ensuring appropriate working relationships and support for the DHCNI team in HSCB.

FINANCE

24. The allocation of resources in respect of DHCNI programmes will take place under the direction of the CDIO who will be responsible for ensuring appropriate governance, including budget management and business case approval.
25. Responsibility for the proper administrative management of DHCNI financial allocations, made to the HSCB by the Department of Health, falls to the Chief Executive of the HSCB, as Accounting Officer in line with established protocols. Where allocations are made to other Arm's Length Bodies the same principles will apply in relation to their Accounting Officers.

OTHER MATTERS

26. The HSCB and the Department (through the CDIO) will keep each other promptly and regularly informed about any work being undertaken or issues arising which may impact on the other, or in which the other has potential interest.

INDEMNITY

27. The Department will indemnify and hold harmless the HSCB and any of its employees or agents, in relation to any legal costs and damages incurred in the employment of DHCNI staff and in respect of the aforementioned senior management team of DHCNI as a result of acting under instructions of the CDIO, provided the HSCB and its employees or agents have acted honestly and in good faith, and in accordance with HSCB policies and procedures.

AGREEMENT AND REVIEW OF THE MEMORANDUM OF UNDERSTANDING

28. This MoU will be reviewed after 3 months of operation and thereafter every 6 months until it is no longer required. It will be amended, if necessary, following any relevant changes to policies, procedures or structures of the parties concerned. Any issues arising at any stage from the operation of the MoU must be brought to the Department's attention by the HSCB as soon as practicable and vice versa.

29. Agreement of Memorandum of Understanding is given by the signature of the following:

On behalf of the Health and Social Care Board

Date: 30/9/19

Personal Information redacted by the USI

Ms Valerie Watts
Chief Executive

On behalf of Department of Health

Date: 30/9/19

Personal Information redacted by the USI

Mr Richard Pengelly
Permanent Secretary

Addendum

Staff employed by the Health and Social Care Board who are members of the DHCNI Senior Management Team as at 5 August 2019:

1. Mr Stephen Stewart, Assistant Director eHealth and External Collaboration;
2. Dr Brendan O'Brien, Consultant Clinical Informatics Specialist.

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1. INTRODUCTION

1.1 *This document*

- 1.1.1 Subject to the legislation noted below, this *Management Statement* establishes the framework, agreed with the Department of Health, Social Services and Public Safety (the sponsor Department), within which the Health and Social Care Board (hereafter referred to as the HSCB) will operate. The term 'Department' throughout this document is used to include the authority of both the Department and its Minister. Only in those cases where reference is intended to his/her personal authority (see, principally, Section 3.1) is the Minister specified.
- 1.1.2 The associated *Financial Memorandum* sets out in greater detail certain aspects of the financial provisions which the HSCB shall observe. However, the *Management Statement* and the associated *Financial Memorandum* do not convey any legal powers or responsibilities, nor do they comprise the totality of the guidance, directives etc which have applied and (as determined by the Sponsor Department) continue to apply to the HSCB.
- 1.1.3 The document shall be reviewed by the sponsor Department at least every five years. The first review is planned to take place at the end of the 2014-15 financial year
- 1.1.4 In addition, the HSCB or the Department may propose amendments to this document at any time. Any such proposals by the HSCB shall be considered in the light of evolving Departmental policy aims, operational factors and the record of the HSCB itself. The guiding principle shall be that the extent of flexibility and freedom given shall reflect both the quality of the HSCB's internal controls to achieve performance and its operational needs. The Department shall determine what changes, if any, are to be incorporated in the

document. Legislative provisions shall take precedence over any part of the document. Significant variations to the document shall be cleared with DFP after consultation with the HSCB, as appropriate. The determination of those issues that are 'significant' will be made by the Department and DFP on a case by case basis.

- 1.1.5 This MS/FM has been approved by DFP Supply, and signed and dated by the Department after consultation with the HSCB.
- 1.1.6 Any question regarding the interpretation of the document shall be resolved by the Department after consultation with the HSCB and, as necessary, with DFP (and OFMDFM if appropriate).
- 1.1.7 Copies of this document and any subsequent substantive amendments shall be placed in the Library of the Assembly. Copies shall also be made available to members of the public on the HSCB website.
- 1.1.8 A copy of the MS/FM for the HSCB should be given to all newly appointed Board Members, senior executive staff and departmental sponsor staff on appointment. Additionally the MS/FM should be tabled for the information of Board members at least annually at a full meeting of the Board. Amendments made to the MS/FM should also be brought to the attention of the full board on a timely basis.

1.2 HSCB: founding legislation, functions, duties etc

- 1.2.1 The HSCB is established under section 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (hereafter referred to as the Act). The HSCB does not carry out its functions on behalf of the Crown.
- 1.2.2 The HSCB is established for the purposes specified in section 8(1) of the Act. These include any functions of the Department with respect to the administration of health and social care that the Department may

direct. The HSCB's general powers etc are listed in Schedule 1 to the Act.

1.3 Classification

- 1.3.1 For policy/administrative purposes the HSCB is classified as a Health and Social Care body (akin to an executive non-departmental public body) and for national accounts purposes is classified to the central government sector.

2. AIMS, OBJECTIVES AND TARGETS

2.1 Overall aim

- 2.1.1 The overall aim of the HSCB is to improve health and social well-being outcomes, through a reduction in preventable disease and ill-health to be achieved by effective, high quality, equitable and efficient health and social care.
- 2.1.2 The HSCB's functions can be summarised under three broad headings.

Commissioning – the process of securing the provision of health and social care and other related interventions that is organised around a “commissioning cycle” from assessment of need, strategic planning, priority setting and resource acquisition, to addressing need by agreeing with providers the delivery of appropriate services, monitoring delivery to ensure that it meets established safety and quality standards, and evaluating the impact and feeding back into a new baseline position in terms of how needs have changed.

Performance management and service improvement – the process of developing a culture of continuous improvement in the interests of patients and clients by monitoring health and social care performance against relevant objectives, targets and standards, promptly and

effectively addressing poor performance through appropriate interventions, service development and, where necessary, the application of sanctions, and identifying and promulgating best practice. Working with the PHA, the HSCB has an important role to play in providing professional leadership to the HSC.

Resource management – the process of ensuring the best possible use of the resources of the health and social care system, both in terms of quality accessible services for users and of value for money for the taxpayer.

- 2.1.3 In accordance with section 8 of the Act, the HSCB will exercise its functions with the aim of improving the performance of HSC Trusts by reference to such indicators of performance as the Department may direct and by ensuring that resources are used in the most economic, efficient and effective way in commissioning care.
- 2.1.4 In accordance with section 5(6) of the Act, it will have regard for the Framework Document in carrying out its functions. The HSCB may give directions of a general or specific nature, or guidance, to an HSC Trust as to the carrying out by that Trust of any of its functions, in accordance with section 10 of the Act and involving the Department as therein prescribed.

2.2 Objectives and key targets

- 2.2.1 The HSCB's performance framework is determined by the Department in the light of its wider strategic aims and of current Public Service Agreement (PSA) objectives and targets. The HSCB's key targets, standards and actions are defined by the Department within Priorities for Action (PfA) and approved by the Minister. The Department also defines the format and broad content of the HSCB's Commissioning Plan, to be drawn up by the HSCB in accordance with section 8 of the Act ie in consultation with the PHA, having due regard for any advice or

information provided by the Agency, and published only with its approval. The Commissioning Plan explains how the HSCB will meet each of the targets, standards and actions for which it is deemed by the Department to have sole or lead responsibility. The document will also set out the HSCB's commissioning framework, within which Trusts will prepare the delivery plans for the PSA and PfA targets, standards and actions on which they lead.

3. RESPONSIBILITIES AND ACCOUNTABILITY

3.1 The Minister

3.1.1 The Minister is accountable to the Assembly for the activities and performance of the HSCB. His/Her responsibilities include:

- approving the HSCB's Commissioning Plan ;
- keeping the Assembly informed about the HSCB's performance, as part of the HSC system;
- carrying out responsibilities specified in the founding legislation, including appointments to the HSCB's Board and the laying of its annual report and accounts before the Assembly; and
- approving the remuneration scheme for non-executive board members and setting the annual pay increase each year under these arrangements.

3.2 The Accounting Officer of the sponsor Department

3.2.1 The Sponsor Department's Accounting Officer (the 'Departmental Accounting Officer') has designated the Chief Executive as the HSCB's

Accounting Officer and may withdraw the Accounting Officer designation if he/she believes that the incumbent is no longer suitable for the role. The respective responsibilities of the Departmental Accounting Officer and the Accounting Officers of arm's length bodies are set out in Chapter 3 of *Managing Public Money Northern Ireland (MPMNI)*.

3.2.2 In particular, the Departmental Accounting Officer shall ensure that:

- the HSCB's plans support the Department's wider strategic aims and will contribute, as appropriate, to the achievement of PSA and PfA targets, standards and actions;
- the financial and other management controls applied by the Department to the HSCB are appropriate and sufficient to safeguard public funds, and that the HSCB's compliance with those controls is effectively monitored ("public funds" include not only any funds granted to the HSCB by the Assembly but also any other funds falling within the stewardship of the HSCB); and
- the internal controls applied by the HSCB conform to the requirements of regularity, propriety and good financial management.

3.2.3 The Departmental Accounting Officer is also responsible for ensuring that arrangements are in place to:

- continuously monitor the HSCB's activities to measure progress against approved targets, standards and actions, and to assess compliance with safety and quality, governance, risk management and other relevant requirements placed on the organization;
- address significant problems in the HSCB, making such interventions as he/she judges necessary;

- periodically carry out an assessment of the risks both to the Department's and the HSCB's objectives and activities;
- inform the HSCB of relevant Government policy in a timely manner; and
- bring concerns about the activities of the HSCB to the full HSCB Board, requiring explanations and assurances that appropriate action has been taken.

- 3.2.4 The Planning & Performance Management Directorate within the Department is the sponsoring team for the HSCB, forming its primary point of contact with the Department on non-financial management and performance. Regarding such matters, the team is the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the HSCB. It also supports the Departmental Accounting Officer on his/her responsibilities towards the HSCB.
- 3.2.5 The relationship between the HSCB and its Departmental sponsoring team, based on the principles of good public administration, is articulated through direction, guidance on good practice as notified to the HSCB. The salient requirements are described at **Appendix 1**.
- 3.2.6 On financial matters, the primary point of Departmental contact for the HSCB is Finance Directorate. That Directorate also supports the Departmental Accounting Officer on his/her responsibilities towards the HSCB as regards accounting arrangements, budgetary control and other financial matters. In doing so, Finance Directorate liaises as appropriate with the Planning & Performance Management Directorate.

3.3 The Chief Executive's role as Accounting Officer

- 3.3.1 The Chief Executive, as the HSCB's Accounting Officer, is personally responsible for safeguarding the public funds of which he/she has charge; for ensuring propriety and regularity in the handling of those funds; and for the day-to-day operations and management of the HSCB. In addition, he/she should ensure that the HSCB as a whole is run on the basis of the standards (in terms of governance, decision-making and financial management) set out in Box 3.1 to *MPMNI*.
- 3.3.2 In addition, the Chief Executive must, within three months of appointment, attend the training course 'An introduction to Public Accountability for Accounting Officers'.

Responsibilities for accounting to the Assembly

3.3.3 These responsibilities include:

- signing the accounts, and being responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Department or DFP;
- signing a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;
- signing a Statement on Internal Control regarding the HSCB's system of internal control, for inclusion in the annual report and accounts;
- sign a mid-year assurance statement on the condition of the HSCB's system of internal control;

- acting in accordance with the terms of this document and with the instructions and relevant guidance in *MPMNI* and other instructions and guidance issued from time to time by the Department and DFP;
- giving evidence, normally with the Accounting Officer of the Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the HSCB; and

3.3.4 Particular responsibilities to the Department include:

- establishing, with the approval of the Department, the HSCB's Corporate Plan (which subsumes a detailed Business Plan for the focal year) in support of the Department's wider strategic aims and objectives and targets in the Programme for Government, PSAs and PfA;
- establishing, in accordance with section 8 of the Act and with the approval of the Department, the HSCB's Commissioning Plan in support of the Department's wider strategic aims and objectives and targets in the Programme for Government, PSAs and PfA
- informing the Department of the HSCB's progress in helping to achieve the Department's wider strategic aims and objectives, and relevant targets in the Programme for Government, PSAs and PfA, and in demonstrating how resources are being used to achieve those objectives;
- ensuring that timely forecasts and monitoring information on performance and budgetary control are provided to the Department, including prompt notification of overspends or underspends and that corrective action is taken; and
- notifying to the Department any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, as appropriate and in timely fashion

- ensuring that a system of risk management, based on Departmental guidance, is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;
- ensuring that an effective system of programme and project management and contract management is maintained;
- ensuring compliance with the Northern Ireland Public Procurement Policy;
- reporting on compliance with controls assurance and quality standards to the Department;
- ensuring that an Assurance Framework is developed and maintained;
- ensuring that a business continuity plan is developed and maintained;
- ensuring that effective procedures for handling complaints about the HSCB are established and made widely known within the HSCB;
- ensuring that effective procedures for handling adverse incidents are established and made widely known within the HSCB;
- ensuring that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and OFMDFM;
- ensuring that Lifetime Opportunities is taken into account;
- ensuring that the requirements of the Data Protection Act 1998 are complied with;
- ensuring that the requirements of the Freedom of Information Act 2000 are complied with and that a publication scheme is in place which is reviewed as required and placed on the website; and

- ensuring that the requirements of relevant statutes, court rulings, and departmental directions are fully complied with.

Responsibilities to the board of the HSCB

3.3.5 The Chief Executive is responsible for:

- advising the board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be, or have been, issued from time to time;
- advising the board on the HSCB's performance compared with its aims and objectives;
- ensuring that financial considerations are taken fully into account by the board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed; and
- taking action in line with Section 3.8 of *MPMNI* if the board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness.

3.4 *Delegation of the Chief Executive's duties*

- #### 3.4.1
- The Chief Executive may delegate the day-to-day administration of his/her Accounting Officer responsibilities to other employees in the HSCB. However, he/she shall not assign absolutely to any other person any of the responsibilities set out in this document.

3.5 *The Chief Executive's role as Principal Officer for Ombudsman cases*

- 3.5.1 The Chief Executive of the HSCB is the Principal Officer for handling cases involving the Northern Ireland Commissioner for Complaints. As Principal Officer, he/she shall inform the Permanent Secretary of the sponsor Department of any complaints about the HSCB accepted by the Ombudsman for investigation, and about the HSCB's proposed response to any subsequent recommendations from the Ombudsman.

3.6 *The HSCB's board*

- 3.6.1 The board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The board must set up an Audit Committee, which complies with the requirements of DAO 07/07, and any subsequent relevant guidance, is chaired by an independent non-executive member, and comprising solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.
- 3.6.2 The board has corporate responsibility for ensuring that the HSCB fulfils the aims and objectives set by the Department/Minister, and for promoting the efficient, economic and effective use of staff and other resources by the HSCB. To this end, and in pursuit of its wider corporate responsibilities, the board shall:
- establish the overall strategic direction of the HSCB within the policy and resources framework determined by the Department/Minister;

- ensure that the HSCB's performance fully meets its aims and objectives as efficiently and effectively as possible;
- constructively challenge the HSCB's executive team in their planning, target setting and delivery of performance;
- ensure that the Department is kept informed of any changes which are likely to impact on the strategic direction of the HSCB or on the attainability of its targets, and determine the steps needed to deal with such changes;
- ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority set by the Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DFP and the Department or other relevant authority;
- ensure that it receives and reviews regular financial information concerning the management of the HSCB; is informed in a timely manner about any concerns about the activities of the HSCB; and provides positive assurance to the Department that appropriate action has been taken on such concerns;
- ensure that an executive member of the board has been allocated lead responsibility for risk management;
- demonstrate high standards of corporate governance at all times, including using the independent audit committee (see paragraph 3.6.1) to help the board to address the key financial and other risks facing the HSCB; and
- appoint a Chief Executive to the HSCB and, in consultation with the Department, set performance objectives and remuneration

terms linked to these objectives for the Chief Executive which give due weight to the proper management and use of public monies.

3.7 *The Chairman's personal responsibilities*

- 3.7.1 The Chairman is accountable to the Minister through the Departmental Accounting Officer. Communications between the board of the HSCB and the Minister should normally be through the Chairman (who will ensure that the other board members are kept informed of such communications). He/she is responsible for ensuring that the HSCB's policies and actions support the Department's wider strategic policies, and that the HSCB's affairs are conducted with probity. Where appropriate, these policies and actions should be clearly communicated and disseminated throughout the HSCB.
- 3.7.2 In addition, the Chairman has the following leadership responsibilities:
- formulating the board's strategy for discharging its duties;
 - ensuring that the board, in reaching decisions, takes proper account of guidance provided by the Department,
 - ensuring that risk management is regularly and formally considered at board meetings;
 - promoting the efficient, economic and effective use of staff and other resources;
 - encouraging high standards of regularity and propriety;
 - representing the views of the board to the general public; and
 - ensuring that the board meets at regular intervals throughout the year and that the minutes accurately record the decisions taken and, where appropriate, the views of individual board members. Meetings must be open to the public, the public should be advised

of meetings through the press and the minutes must be placed on the HSCB website within one month of the meeting in question.

The Chairman shall also:

- ensure that all members of the board, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities, and, within three months of appointment, receive appropriate induction training, including on the financial management, risk management and reporting requirements of public sector bodies and on any material differences which may exist between private and public sector practice;
- advise the Department of the needs of the HSCB when board vacancies arise, with a view to ensuring a proper balance of professional, financial or other expertise;
- assess, annually, the performance of individual Board members, including when they are being considered for re-appointment to the board; and
- ensure that a Code of Practice for board members is in place, based on the Cabinet Office's *Code of Practice for Board Members of Public Bodies* (FD (DFP) 03/06 refers).

3.8 The individual board member's responsibilities

3.8.1 Individual board members shall act in accordance with their wider responsibilities as members of the Board – namely to:

- comply at all times with the Code of Practice (see paragraph 3.7.2) adopted by the HSCB and with the rules relating to the use of public funds and to conflicts of interest;

- not misuse information gained in the course of their public service for personal gain or for political profit, nor seek to use the opportunity of public service to promote their private interests or those of connected persons or organizations; and to declare publicly and to the board any private interests that may be thought to conflict with their public duties;
- comply with the board's rules on the acceptance of gifts and hospitality, and of business appointments as set out in the Financial Memorandum; and
- act in good faith and in the best interests of the HSCB.

3.9 Consulting service users and other interest groups

- 3.9.1 The HSCB will, in accordance with sections 18-20 of the Act, work in partnership with service users and carers, and with other interest groups, to commission or deliver the services for which it has responsibility, to agreed standards. It will consult regularly to develop a clear understanding of their needs and expectations of its services, actively seeking out comment from service users and carers, and from interest groups, in working to deliver a high quality, safe and accessible service. It will disseminate public information about the services for which it is responsible.
- 3.9.2 The HSCB will, in carrying out its equality duties, consult in a timely, open and inclusive way and in accordance with the Equality Commission's guiding principles. It will monitor its policies to ensure that as each policy is revised it promotes greater equality of opportunity.
- 3.9.3 The HSCB must prepare its own consultation scheme which is to be submitted to the Department for approval and reviewed regularly.

4. PLANNING, BUDGETING AND CONTROL

4.1 Corporate and Business Plans

- 4.1.1 Consistent with the timetable for Northern Ireland Executive budgets, the HSCB shall submit annually to the sponsor Department a draft of the HSCB's Corporate Plan covering up to three years ahead. The HSCB shall have agreed with the sponsor Department the issues to be addressed in the Plan and the timetable for its preparation. The Plan will be subject to Departmental approval.
- 4.1.2 The Plan shall reflect the HSCB's statutory duties and, within those duties, the priorities set from time to time by the Minister. The Plan shall, to the extent required by the Department, demonstrate how the HSCB contributes to the achievement of the Department's strategic aims and PSA objectives and targets. Its contents will also reflect the sponsor Department's decisions on policy and resources taken in the context of the Executive's wider policy and spending priorities and decisions.
- 4.1.3 The first year of the Corporate Plan, amplified as necessary, shall form the Business Plan. The Business Plan shall include key targets and milestones for the year immediately ahead and shall be linked to budgeting information so that resources allocated to achieve specific objectives can readily be identified by the sponsor Department.
- 4.1.4 The Plans will include the following, as directed by the Department:

- key objectives and associated key performance targets (financial and non-financial) for the forward years, and the strategy for achieving those objectives;
- alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast;
- a forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the sponsor Department. These forecasts should represent the HSCB's best estimate of all its available income ie not just grant or grant-in-aid.
- other matters as specified by the sponsor Department.

4.1.5 The Corporate/Business Plan shall be published by the HSCB and made available on its website. A summary version shall be made available to staff.

4.2 The HSCB Commissioning Plan

4.2.1 In exercising the powers conferred on it by Section 8 (3) of the Act, the Department sets out the Minister's instructions to commissioners in an annual commissioning direction. The commissioning direction sets the framework within which the HSCB (including its LCGs) and the PHA will commission health and social care.

4.2.2 Section 8 of the Act requires the HSCB, in respect of each financial year, to prepare and publish a commissioning plan in full consultation with and approved by the PHA. The commissioning direction specifies the form and content of the commissioning plan in terms of the services to be commissioned and the resources to be deployed. The

plan may not be published unless approved by the PHA. In the unlikely event of failure to agree the commissioning plan, the matter is referred to the Department for resolution.

- 4.2.3 The plan will also include delivery plans for those PfA targets where the HSCB or PHA is deemed by the Department to be in the lead.
- 4.2.4 The Department's presumption is that all of the standards and targets in Priorities for Action are both achievable and affordable. By exception, the Commissioning Plan should indicate where both the HSCB and PHA believe a particular standard or target not to be achievable and/or affordable, explaining their belief and proposing actions, within existing resources, to mitigate the problems envisaged.
- 4.2.5 The Commissioning Plan will demonstrate how the totality of revenue resources has been committed to individual organisations, disaggregated by Local Commissioning Group.
- 4.2.6 The Commissioning Plan will be subject to Ministerial approval.
- 4.2.7 The Commissioning Plan shall be published by the HSCB, with the agreement of the PHA, and made available on its website. A summary version shall be made available to staff.

4.3 *Reporting performance to the Department*

- 4.3.1 The HSCB shall operate management information and accounting systems which enable it to review, in a timely and effective manner, its financial and non-financial performance against the budgets and targets set out in the approved HSCB corporate and business plans and in the Commissioning Plan. Regarding the latter, this requirement applies, as appropriate, both to those targets for which it has direct

responsibility and to those for which it has the performance monitoring and service improvement responsibilities.

- 4.3.2 The HSCB shall take the initiative in informing the Department, through the means prescribed by the Department, of changes in external conditions which make the achievement of objectives more or less difficult, or which may require a change to the budget or objectives as set out in the commissioning plan.
- 4.3.3 The HSCB's performance in helping to deliver regional targets and objectives shall be reported on an ongoing basis. The HSCB will provide the Public Health Agency with regular assessments of progress, escalating issues to the Department as need be.
- 4.3.4 The HSCB will provide the Department with a quarterly or as required assessment of the progress being made in the delivery of the Department's wider strategic aims and objectives, and relevant targets in the current Programme for Government, PSAs and Priorities for Action, and demonstrating how resources are being used to achieve those objectives.
- 4.3.5 Senior Departmental officials will hold biannual accountability reviews with the HSCB to discuss the HSCB's operational performance, its current and future activities, any policy developments relevant to those activities, safety and quality, financial performance and corporate control/risk management performance.
- 4.3.6 The HSCB's performance against key targets shall be reported in the HSCB's annual report and accounts.
- 4.3.7 An annual audit will be conducted by the NIAO to assess progress against key objectives.

- 4.3.8 The Department will, at its discretion, carry out occasional inspections to assess progress against key objectives.

5 BUDGETING PROCEDURES

- 5.1 The HSCB's budgeting procedures are set out in the *Financial Memorandum*.

5.2 Internal audit

- 5.2.1 The HSCB shall establish and maintain arrangements for internal audit in accordance with FD (DFP) 07/09 the Treasury's *Government Internal Audit Standards (GIAS)*, HSS(F)21/03 *Internal Audit Arrangements between a Sponsoring Department and its Non-Departmental Public Bodies* and HSS(F)13/2007 *Model HPSS Financial Governance Documents*.
- 5.2.2. The HSCB shall ensure that the Department is satisfied with the competence and qualifications of the Head of Internal Audit and that the requirements for approving the appointment are in accordance with GIAS.
- 5.2.3 The HSCB shall arrange for periodic quality reviews of its internal audit in accordance with GIAS. The Department shall consider whether it can rely on these reviews to provide assurance on the quality of internal audit. The Department reserves a right of access to carry out independent reviews of internal audit in the HSCB.
- 5.2.4 The Department's Internal Audit Service shall also have a right of access to all documents prepared by the HSCB's internal auditor,

including where the service is contracted out. The audit strategy, periodic audit work plans and annual audit report, including the HSCB's Head of Internal Audit's opinion on risk management, control and governance shall be forwarded as soon as possible to the sponsoring team who shall consult the Head of Internal Audit as appropriate.

- 5.2.5 The Sponsor branch will have an annual meeting with the HSCB's internal audit to ensure that shared assurance requirements (in relation to risk areas/topics) are built into the HSCBs audit plan and audit strategy.

5.3 Audit Committee

- 5.3.1 The HSCB shall set up an independent audit committee as a committee of its Board, in accordance with the Cabinet Office's guidance on Codes of Practice for Public Bodies (FD (DFP) 03/06 refers) and in line with the Audit Committee Handbook DAO (DFP) 07/07.
- 5.3.2 The sponsor Department will attend one HSCB audit committee meeting per year as an observer, and will not participate in any Audit Committee discussion.
- 5.3.3 The audit committee's meeting agendas and minutes shall be forwarded as soon as possible to the sponsoring team.
- 5.3.4 The sponsor Department will review the HSCB's audit committee terms of reference. The HSCB shall notify the sponsor department of any subsequent changes to the audit committee's terms of reference.

Fraud

- 5.4.1 The HSCB should include arrangements for preventing, countering and dealing with fraud by:
- assessing, identifying, evaluating, and responding to fraud risks;

- ensuring that the HSCB's Audit Committee formally considers the anti-fraud measures in place;
- reporting immediately all suspected or proven frauds, including attempted fraud to the sponsor Department; and
- complying with all guidance issued by the Department.

5.4.2 The sponsor Department will report suspected and actual fraud immediately to DFP and the C&AG. In addition the HSCB shall forward to the sponsor Department the annual fraud return, commissioned by DFP, on fraud and theft suffered by the HSCB.

5.4.3 The sponsor Department will review the HSCB's Anti-fraud policy and Fraud Response Plan. The HSCB shall notify the sponsor Department of any subsequent changes to the policy or response plan.

5.5 *Additional Departmental access to the HSCB*

5.5.1 In addition to the right of access referred to in paragraph 5.2.3 above, the Department shall have a right of access to all the HSCB's records, meetings and personnel for purposes such as audits, operational investigations, and as the Departmental Accounting Officer sees fit (subject to any relevant legal restrictions).

6. *EXTERNAL ACCOUNTABILITY*

6.1 *The annual report and accounts*

6.1.1 After the end of each financial year the HSCB shall publish as a single document an annual report of its activities together with relevant extracts from its audited annual accounts. The report shall also cover the activities of any corporate bodies under the control of the HSCB. A

draft of the report shall be submitted to the Department two weeks before the proposed publication date although it is expected that the department and the HSCB will have had extensive pre publication discussion on the content of the report prior to formal submission to the department.

- 6.1.2 The report and accounts shall comply with the most recent version of the Government Financial Reporting Manual (FReM) issued by DFP. (Note: This guidance is updated every year). The accounts shall be prepared in accordance with any relevant statutes and the specific Accounts Direction issued by the Department.
- 6.1.3 The report and accounts shall outline the HSCB's main activities and performance during the previous financial year and set out in summary form the HSCB's forward plans. Information on performance against key financial targets shall be included in the notes to the accounts, and shall therefore be within the scope of the audit.
- 6.1.4 The accounts shall be laid before the Assembly and made available, in accordance with the guidance on the procedures for presenting and laying the combined annual report and accounts as prescribed in the relevant finance circular issued by the Department.
- 6.1.5 Due to the potential accounting and budgetary implications, any changes to accounting policies or significant estimation techniques underpinning the preparation of annual accounts shall require the prior written approval of the Department.

6.2 External audit

- 6.2.1 The Comptroller and Auditor General (C&AG) audits the HSCB's annual accounts, which are then passed to the Department who shall lay them before the Assembly. For the purposes of audit the C&AG has a statutory right of access to relevant documents as provided for in Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003.
- 6.2.2 The C&AG has agreed to liaise with the HSCB on who - the NIAO or a commercial auditor - shall undertake the actual audit on his behalf. The final decision rests with the C&AG.
- 6.2.3 The C&AG has agreed to share with the Department information identified during the audit process and the audit report (together with any other outputs) at the end of the audit. This shall apply, in particular, to issues which impact on the Department's responsibilities in relation to financial systems within the HSCB. The C&AG will also consider, where asked, providing Departments and other relevant bodies with Regulatory Compliance Reports and other similar reports which the Department may request at the commencement of the audit and which are compatible with the independent auditor's role.

6.3 VFM examinations

- 6.3.1 The C&AG may carry out examinations into the economy, efficiency and effectiveness with which the HSCB has used its resources in discharging its functions. For the purpose of these examinations the C&AG has statutory access to documents as provided for under Articles 3 and 4 of the Audit and Accountability (Northern Ireland) Order 2003. Where making payment of a grant, or drawing up a contract, the HSCB should ensure that it includes a clause which makes the grant or contract conditional upon the recipient or contractor providing access to the C&AG in relation to documents relevant to the

transaction including those relevant to matters of professional competence, misconduct etc. Where subcontractors are likely to be involved, it should also be made clear that the requirements extend to them.

7.0 STAFF MANAGEMENT

7.1 General

7.1.1. Within the arrangements approved by the Department, the HSCB shall have responsibility for the recruitment, retention and motivation of its staff. To this end the HSCB shall ensure that:

- its rules for the recruitment and management of staff create an inclusive culture in which diversity is fully valued; where appointment and advancement is based on merit; and where there is no discrimination on grounds of gender, marital status, domestic circumstances, sexual orientation, race, colour, ethnic or national origin, religion, disability, community background or age;
- the level and structure of its staffing, including grading and numbers of staff, are appropriate to its functions and the requirements of efficiency, effectiveness and economy;
- the performance of its staff at all levels is satisfactorily appraised;
- its staff are encouraged to acquire the appropriate professional, management and other expertise necessary to achieve the HSCB's objectives;
- proper consultation with staff takes place on key issues affecting them;

- adequate grievance and disciplinary procedures are in place;
- whistle blowing procedures consistent with the Public Interest Disclosure (Northern Ireland) Order 1998, as amended, are in place;
- a code of conduct for staff is in place based on Annex 5A of Public Bodies: A Guide for NI Departments (available at www.afmdni.gov.uk). This code should be copied to the sponsor team.

8. **REVIEWING THE ROLE OF THE HSCB**

8.1 The role of, and justification for the HSCB shall be reviewed periodically, in accordance with the business needs of the sponsor Department and the HSCB. Reference should be made to Chapter 9 of the Public Bodies: a Guide for Northern Ireland Departments.

Signed: _____

Personal Information redacted by the USI

Date: 23 May 2011

On behalf of the HSCB

Personal Information redacted by the USI

Signed: _____

Date: 29/6/11

On behalf of the Department

Appendix 1

1. Documentary requirements

1.1 Documentation to be copied to the Sponsor Branch for information

Monthly (or as the occasion arises)

- Board meeting papers (including draft minutes) for each meeting as and when issued to Committee members
- Audit Committee papers (including draft minutes) for each meeting as and when issued to Committee members
- Assurance Committee papers (including draft minutes) for each meeting as and when issued to Committee members

Annually

- Register of board members' interests
- The annual report, with the draft submitted to the Department two weeks before the publication date (*separate timetable for the annual accounts, SIC etc, set by Finance Directorate*)
- The Assurance Framework (annually)
- Business Continuity Plan

Once and then when revised

- Code of Conduct for Board members

- Code of Practice for staff
- Audit Committee Terms of Reference
- Audit Strategy
- Assurance/Governance Committee Terms of Reference
- Complaints procedure
- Anti-Fraud Policy
- Fraud Response Plan
- Whistle-blowing procedures
- Grievance and Disciplinary procedures
- Equality scheme
- Publication scheme
- Consultation Scheme

1.2 Documentation to be copied to the Sponsor Branch for consideration/ comment/ approval

Quarterly

- Report on quarterly assessment of progress being made in the delivery of the Commissioning Plan's aims and objectives

Bi-annual

- Corporate Risk Register every six months

Annually

- Annual Statement of Internal Control
- Mid-year Assurance Statement (by end-October)
- Annual report on Compliance with Controls Assurance Standards
- Annual Internal Audit work-plan
- Internal Audit Progress Report
- Annual Fraud return
- Corporate Plan (including the Business Plan) must be produced for Departmental approval
- An annual Commissioning Plan, agreed with the Public Health Agency, must be submitted to the Department

- The Head of Internal Audit's end-of-year and mid-year opinion on risk management, control and governance

Once

- Inspection reports by external bodies (e.g. RQIA, MHRA), as specified in directions
- Internal Audit reports with less than satisfactory assurance
- NIAO management letters

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Financial Memorandum for the Health and Social Care Board

I. INTRODUCTION

1 This *Financial Memorandum* sets out certain aspects of the financial framework within which the Health and Social Care Board (HSCB) is required to operate.

- 2 The terms and conditions set out in the combined *Management Statement* and *Financial Memorandum* may be supplemented by guidelines or directions issued by the DHSSPS/Minister in respect of the exercise of any individual functions, powers and duties of the HSCB.
- 3 The HSCB shall satisfy the conditions and requirements set out in the combined document, together with such other conditions as the DHSSPS/Minister may from time to time impose.

II. THE HSCB'S INCOME AND EXPENDITURE - GENERAL

The Departmental Expenditure Limit (DEL)

- 4 The HSCB's current and capital expenditure form part of the sponsoring Department's Resource DEL and Capital DEL respectively.

Expenditure not proposed in the budget

- 5 The HSCB shall not, without prior written Departmental approval, enter into any undertaking to incur any expenditure which falls outside the HSCB's delegations or which is not provided for in the HSCB's annual budget as approved by the DHSSPS.

Procurement

- 6 The HSCB's procurement policies shall reflect the public procurement policy adopted by the Northern Ireland Executive in May 2002 (refreshed May 2009); Procurement Guidance Notes; and any other guidelines or guidance issued by Central Procurement Directorate (CPD) and the Procurement Board. The HSCB shall also ensure that it complies with any relevant EU or other international procurement rules.

- 7 The Business Services Organisation (BSO), shall carry out procurement activity on behalf of the HSCB, governed by a documented Service Level Agreement. Periodic reviews of the HSCB's procurement activity should be undertaken. The results of such review will be shared with the sponsor department.

Competition

8 Contracts shall be placed awarded on a competitive basis and tenders accepted from suppliers who provide best value for money overall. **The HSCB shall send to the Department after each financial year a report for that year explaining any contracts above £5000 in which competitive tendering was not employed.**

9 Single tender action is the process where a contract is awarded to an economic operator (i.e. supplier, contractor) without competition. In light of their exceptional nature, all single tender actions should be subject to PCC Accounting Officer approval. It is advisable that the PCC seek an assurance from BSO, or their legal adviser, to provide assurance for the Accounting Officer that the use of single tender action is legitimate in a particular case. Further information is published in Procurement Guidance Note 02/10 on the 'Award of Contracts without a Competition'. www.cpdni.gov.uk/index/guidance-for-purchasers/guidance-notes.htm

Best Value for money

- 10 Procurement by the HSCB of works, supplies and services shall be based on best value for money, ie the optimum combination of whole life cost and quality (or fitness for purpose) to meet the HSCB's requirements. Where appropriate, a full option appraisal shall be carried out before procurement decisions are taken.

Timeliness In paying bills

- 11 The HSCB shall collect receipts and pay all matured and properly authorised invoices in accordance with Annex 4.5 and Annex 4.6 of *Managing Public Money Northern Ireland* **and any guidance issued by DFP or the sponsor Department**

Novel, contentious or repercussive proposals

12 The HSCB shall obtain the approval of the DHSSPS, and DFP, before:

- incurring any expenditure for any purpose which is or might be considered novel or contentious, or which has or could have significant future cost implications, including on staff benefits;
- making any significant change in the scale of operation or funding of any initiative or particular scheme previously approved by the DHSSPS;
- making any change of policy or practice which has wider financial implications (eg because it might prove repercussive among other public sector bodies) or which might significantly affect the future level of resources required. (The DHSSPS will advise on what constitutes "significant" in this context).

Risk management/Fraud

- 13 The HSCB shall ensure that the risks it faces are dealt with in an appropriate manner, in accordance with relevant aspects of best practice in corporate governance, and shall develop a risk management strategy, in accordance with the Treasury guidance *Management of Risk: A Strategic Overview (The "Orange Book")*.
- 14 The HSCB shall take proportionate and appropriate steps to assess the financial and economic standing of any organisation or other body with which it intends to enter into a contract or to which it intends to give grant or grant-in-aid.
- 15 The HSCB shall adopt and implement policies and practices to safeguard itself against fraud and theft, in line with DFP's guide *Managing the Risk of Fraud*.
- 16 All cases of attempted, suspected or proven fraud shall be reported to the DHSSPS who shall report it to DFP and the NIAO and other relevant authorities as soon as they are discovered, irrespective of the amount involved.

Wider markets

- 17 In accordance with the wider markets policy, the HSCB shall seek to maximise receipts from non-Consolidated Fund sources, provided that this is consistent with (a) the HSCB's main functions (b) its corporate plan as agreed with the DHSSPS. DHSSPS will confirm with the DFP Supply Officer that such proposed activity is appropriate.

Fees and charges

- 18 Fees or charges for any services supplied by the HSCB shall be determined in accordance with Chapter 6 of MPMNI.

III. THE HSCB'S INCOME

Grant-in-aid

- 19 Grant-in-aid will be paid to the HSCB in monthly instalments, on the basis of need. The HSCB shall submit a monthly written application to the DHSSPS forecasting its cash requirements and shall certify that the conditions applying to the use of revenue fund have been observed to date and that further grant-in-aid is now required for purposes appropriate to the HSCB's functions.
- 20 The HSCB should have regard to the guidance in DAO (DFP) 04/03 and to the general principle enshrined in Annex 5.1 of *Managing Public Money Northern Ireland* that it should seek grant-in-aid according to need.
- 21 Cash balances accumulated during the course of the year shall be kept at the minimum level consistent with the efficient operation of the HSCB. Grant-in-aid not drawn down by the end of the year shall lapse. However, where draw-down of grant-in-aid is delayed to avoid excess cash balances at year-end, the DHSSPS will make available in the next financial year (subject to approval by the Assembly of the relevant Estimates provision) any such grant-in-aid required to meet any liabilities at year end, such as creditors.

Fines and taxes as receipts

- 22 Most fines and taxes (including levies and some licences) do not provide additional DEL spending power and should be surrendered to the

DHSSPS.

Receipts from sale of goods or services

- 23 Receipts from the sale of goods and services (including certain licences) , rent of land, and dividends normally provide additional DEL spending power). If a body wishes to retain a receipt or utilise an increase in the level of receipts, it must gain the prior approval of DHSSPS.
- 24 If there is any doubt about the correct classification of a receipt, the HSCB shall consult the DHSSPS, which may consult DFP as necessary.

Interest earned

- 25 Interest earned on cash balances cannot necessarily be retained by the HSCB. Depending on the budgeting treatment of this receipt, and its impact on the HSCBs cash requirement, it may lead to commensurate reduction of grant-in-aid or be required to be surrendered to the NI Consolidated Fund via DHSSPS. If the receipts are used to finance additional expenditure by the HSCB, DHSSPS will need to ensure it has the necessary budget cover.

Unforecast changes in in-year income

- 26 If the negative DEL income realised or expected to be realised in-year is less than estimated, the HSCB shall, unless otherwise agreed with the DHSSPS, ensure a corresponding reduction in its gross expenditure so that the authorised provision is not exceeded. [NOTE: For example, if the HSCB is allocated £100 resource DEL provision by its DHSSPS and expects to receive £10 of negative DEL income, it may plan to spend a total of £110. If income (on an accruals basis) turns out to be only £5 the HSCB will need to reduce its expenditure to £105 to avoid breaching its budget. If the HSCB still spends £110 the DHSSPS will need to find £5 of savings from elsewhere within its total DEL to offset this overspend.]
- 27 If the negative DEL income realised or expected to be realised in the year is more than estimated, the HSCB may apply to the DHSSPS to retain the excess income for specified additional expenditure within the

current financial year without an offsetting reduction to grant-in-aid. The DHSSPS shall consider such applications, taking account of competing demands for resources, and will consult with DFP in relation to any significant amounts. If an application is refused, any grant-in-aid shall be commensurately reduced or the excess receipts shall be required to be surrendered to the NI Consolidated Fund via the DHSSPS.

Build-up and draw-down of deposits

- 28 The HSCB shall comply with the rules that any DEL expenditure financed by the draw-down of deposits counts within DEL. The HSCB shall maintain and manage cash balances as working balances only. These shall be held at a minimum level throughout the year. Any interest earned on overnight deposits must be returned to the DHSSPS.
- 29 The HSCB shall ensure that it has the necessary DEL provision for any expenditure financed by draw-down of deposits.

Proceeds from disposal of assets

- 30 Disposals of land and buildings are dealt with in Section VI below.

Gifts and bequests received

The HSCB is free to retain any gifts, bequests or similar donations, subject to paragraph 31. These shall be treated as receipts and must be notified to the DHSSPS. [NOTE: A release from the donated assets reserve should offset depreciation in the operating cost statement. The latest FReM requirements should be applied]

- 31 Before accepting a gift, bequest, or similar donation, the HSCB shall consider if there are any associated costs in doing so or any conflicts of interests arising. The HSCB shall keep a written record of any such gifts, bequests and donations and of their estimated value and whether they are disposed of or retained.

Borrowing

- 32 Normally, the HSCB will not be allowed to borrow but when doing so, shall observe the principles set out in Chapter 5 and the associated annexes of MPMNI when undertaking borrowing of any kind. The HSCB shall

seek the approval of the DHSSPS and, where appropriate, DFP, to ensure that it has any necessary authority and budgetary cover for any borrowing or the expenditure financed by such borrowing. Medium or long term private sector or foreign borrowing is subject to the value for money test in *Section 5.7 of MPMNI*.

- 33 Any expenditure by the HSCB financed by borrowing counts in DEL

IV. EXPENDITURE ON STAFF

Staff costs

- 34 Subject to its delegated levels of authority the HSCB shall ensure that the creation of any additional posts does not incur forward commitments which will exceed its ability to pay for them.

Pay and conditions of service

- 35 The staff of the HSCB, whether on permanent or temporary contract, shall be subject to levels of remuneration and terms and conditions of service (including superannuation) as approved by the DHSSPS and DFP. The HSCB has no delegated power to amend these terms and conditions.
- 36 Current terms and conditions for staff of the HSCB are those set out in its Employee Handbook. The HSCB shall provide the DHSSPS and DFP with a copy of the Handbook and subsequent amendments.
- 37 Annual pay increases of HSCB staff must be in accordance with the annual FD letter on Pay Remit Approval Process and Guidance issued by DFP. Therefore, all proposed pay awards must have prior approval of DHSSPS and the Minister for Finance before implementation.
- 38 The travel expenses of Board Members shall be tied to the rates allowed to senior staff of the HSCB. Reasonable actual costs shall be reimbursed.

39 The HSCB shall operate a performance-related pay scheme which shall form part of the general pay structure approved by the DHSSPS and DFP.

40The HSCB shall comply with the EU directive on contract workers [Fixed Term Employees Regulations (Prevention of Less Favourable Treatment)].

Pensions; redundancy/compensation

41The HSCB's staff shall be eligible for a pension provided by:

- Either the Health and Social Care Superannuation Scheme or the Health and Social Care Pension Scheme.

42Staff may opt out of the occupational pension scheme provided by the HSCB. However, the employer's contribution to any personal pension arrangement, including a stakeholder pension, shall be limited to the national insurance rebate level.

- 43 Any proposal by the HSCB to move from the existing pension arrangements, or to pay any redundancy or compensation for loss of office, requires the approval of the DHSSPS and DFP. Proposals on severance payments must comply with DAO (DFP) 17/05.

V. NON-STAFF EXPENDITURE

Economic appraisal

- 44 The HSCB is required to apply the principles of economic appraisal, with appropriate and proportionate effort, to all decisions and proposals concerning spending or saving public money, including European Union (EU) funds, and any other decisions or proposals that involve changes in the use of public resources. For example, appraisal must be applied irrespective of whether the relevant public expenditure or resources:

- a. involve capital or current spending, or both;
- b. are large or small;
- c. are above or below delegated limits(see Appendix A).

- 45 Appraisal itself uses up resources. The effort that should go into appraisal and the detail to be considered is a matter for case-by-case judgement, but the general principle is that the resources to be devoted to appraisal should be in proportion to the scale or importance of the objectives and resource consequences in question. Judgement of the

appropriate effort should take into consideration the totality of the resources involved in a proposal.

General guidance on economic appraisal that applies to the HSCB can be found in:

- The Northern Ireland Guide to Expenditure Appraisal and Evaluation ("NIGEAE", 2009) See <http://www.dfpni.gov.uk/eag>
- The HM Treasury Guide, *The Green Book; Appraisal and Evaluation in Central Government* (2003); and
- The Capital Investment Manual.

Capital expenditure

- 46 Subject to being above an agreed capitalisation threshold, all expenditure on the acquisition or creation of fixed assets shall be capitalised on an accruals basis in accordance with relevant accounting standards.. Expenditure to be capitalised shall include the (a) acquisition, reclamation or laying out of land; (b) acquisition, construction, preparation or replacement of buildings and other structures or their associated fixtures and fittings; and (c) acquisition, installation or replacement of movable or fixed plant, machinery, vehicles and vessels.
- 47 Proposals for large-scale individual capital projects or acquisitions will normally be considered within the HSCB's corporate and business planning process. Subject to paragraph 49, applications for approval within the corporate/business plan by the DHSSPS and, DFP if necessary, shall be supported by formal notification that the proposed project or purchase has been examined and duly authorised by the Board. Regular reports on the progress of projects shall be submitted to the DHSSPS.
- 48 Approval of the corporate/business plan does not obviate the HSCB's responsibility to abide by the economic appraisal process.
- 49 Within its approved overall resources limit the HSCB shall, as indicated in the attached Appendix on delegations, have delegated authority to spend up to £500,000 on any individual capital project or acquisition. Beyond that delegated limit, the DHSSPS' and where necessary, DFP's

prior authority must be obtained before expenditure on an individual project or acquisition is incurred.

Transfer of funds within budgets

- 50 Unless financial provision is subject to specific Departmental or DFP controls (eg, where provision is ring-fenced for specific purposes) or delegated limits, transfers between budgets within the total capital budget, or between budgets within the total revenue budget, do not need Departmental approval. The one exception to this is that, due to HM Treasury controls, any movement into, or out, of depreciation and impairments within the resource budget will require departmental and possibly DFP approval. [NOTE: Under resource budgeting rules, transfers from capital to resource budgets are not allowed.]

Lending, guarantees, indemnities; contingent liabilities; letters of comfort

- 51 The HSCB shall not, without the DHSSPS' and where necessary, DFP's prior written consent, lend money, charge any asset or security, give any guarantee or indemnities or letters of comfort, or incur any other contingent liability (as defined in Annex 5.5 of MPMNI), whether or not in a legally binding form.

Grant or loan schemes

- 52 Unless covered by a delegated authority, all proposals to make a grant or loan to a third party, whether one-off or under a scheme, together with the terms and conditions under which such grant or loan is made shall be subject to prior approval by the DHSSPS, and where necessary DFP. If grants or loans are to be made under a continuing scheme, statutory authority is likely to be required.
- 53 Within its approved overall resources limit the HSCB shall have delegated authority to make a grant to a third party
- 54 The terms and conditions of a grant or loan to a third party shall include a requirement on the receiving organisation to prepare accounts and to ensure that its books and records in relation to the grant or loan are readily available for inspection by the HSCB, the DHSSPS and the C&AG.
- 55 See also below under the heading *Recovery of grant-financed assets* (paragraphs 80-82).

Gifts made, write-offs, losses and other special payments

56 Proposals for making gifts or other special payments (including issuing write-offs) outside the delegated limits set out in the Appendix A of this document must have the prior approval of the DHSSPS and where necessary DFP.

57 Losses shall not be written off until all reasonable attempts to make a recovery have been made and proved unsuccessful.

58 Gifts by management to staff are subject to the requirements of HSS (F) 13/2007.

Leasing

59 Prior Departmental approval must be secured for all property and finance leases. The HSCB must have capital DEL provision for finance leases and other transactions which are, in substance, borrowing (paragraphs 32-33 above).

60 Before entering into any lease (including an operating lease) the HSCB shall demonstrate that the lease offers better value for money than purchase.

Public/Private Partnerships

61 The HSCB shall seek opportunities to enter into Public/Private Partnerships where this would be more affordable and offer better value for money than conventional procurement. Where cash flow projections may result in delegated spending authority being breached, the HSCB shall consult the DHSSPS. The HSCB should also ensure that it has the necessary budget cover.

62 Any partnership controlled by the HSCB shall be treated as part of the HSCB in accordance with guidance in the FReM and consolidated with it [subject to any particular treatment required by the FReM]. Where the judgment over the level of control is difficult the DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment).

Subsidiary companies and joint ventures

- 63 The HSCB shall not establish subsidiary companies or joint ventures without the express approval of the DHSSPS and DFP. In judging such proposals the DHSSPS will have regard to the Department's wider strategic aim[s] objective and current Public Service Agreement.
- 64 For public expenditure accounts purposes any subsidiary company or joint venture controlled or owned by the HSCB shall be consolidated with it in accordance with guidance in the FReM subject to any particular treatment required by the FReM. Where the judgment over the level of control is difficult, the DHSSPS will consult DFP (who may need to consult with the Office of National Statistics over national accounts treatment). Unless specifically agreed with the DHSSPS and DFP, such subsidiary companies or joint ventures shall be subject to the controls and requirements set out in this *Management Statement and Financial Memorandum*, and to the further provisions set out in supporting documentation.

Financial investments

- 65 The HSCB shall not make any investments in traded financial instruments without the prior written approval of the DHSSPS, and where appropriate DFP, nor shall it aim to build up cash balances or net assets in excess of what is required for operational purposes. Funds held in bank accounts or as financial investments may be a factor for consideration when grant-in-aid is determined. Equity shares in ventures which further the objectives of the HSCB shall equally be subject to Departmental and DFP approval unless covered by a specific delegation.

Unconventional financing

- 66 The HSCB shall not enter into any unconventional financing arrangement without the approval of the DHSSPS and DFP.

Commercial insurance

- 67 The HSCB shall not take out any insurance without the prior approval of the DHSSPS and DFP, other than third party insurance required by the Road Traffic (NI) Order 1981 (as amended) and any other insurance which is a statutory obligation or which is permitted under Annex 4.5 of MPMNI.
- 68 In the case of a major loss or third-party claim, DHSSPS shall liaise with the HSCB about the circumstances in which an appropriate addition

to budget out of the DHSSPS' funds and/or adjustment to the HSCB's targets shall be considered. DHSSPS will liaise with DFP Supply where required in such cases.

Payment/Credit Cards

- 69 The HSCB, in consultation with the DHSSPS, shall ensure that a comprehensive set of guidelines on the use of payment cards (including credit cards) is in place. Reference should be made to HSS (F) 11/2003.

Hospitality

- 70 The HSCB, in consultation with the DHSSPS, shall ensure that a comprehensive set of guidelines on the provision of hospitality is in place. Reference should be made to DAO(DFP) 10/06 (revised).

Use of Consultants

- 71 The HSCB shall adhere to the guidance issued by DFP, as well as any produced by the DHSSPS in relation to the use of consultants. Please see the delegated limits set out in Appendix A.

- 72 HSCB will provide DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

- 73 **Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.**

VI. MANAGEMENT AND DISPOSAL OF FIXED ASSETS

Register of assets

- 74 The HSCB shall maintain an accurate and up-to-date register of its fixed assets.

Disposal of assets

- 75 The HSCB shall dispose of assets which are surplus to its requirements. Assets shall be sold for best price, taking into account any costs of sale.

Generally assets shall be sold by auction or competitive tender [unless otherwise agreed by the DHSSPS], and in accordance with the principles in MPMNI.

- 76 All receipts derived from the sale of assets (including grant financed assets, see below) must be declared to the DHSSPS, which will consult with DFP, if necessary, on the appropriate treatment.

Recovery of grant-financed assets

- 77 Where the HSCB has financed expenditure on capital assets by a third party, the HSCB shall set conditions and make appropriate arrangements to ensure that any such assets individually above a value of £500 are not disposed of by the third party without the HSCB's prior consent.

- 78 The HSCB shall therefore ensure that such conditions and arrangements are sufficient to secure the repayment of the NI Consolidated Fund's due share of the proceeds of the sale, in order that funds may be surrendered to the DHSSPS.

- 79 The HSCB shall ensure that if the assets created by grants made by the HSCB cease to be used by the recipient of the grant for the intended purpose, a proper proportion of the value of the asset shall be repaid to the HSCB for surrender to the DHSSPS. The amounts recoverable under the procedures in paragraphs 77-78 above shall be calculated by reference to the best possible value of the asset and in proportion to the NI Consolidated Fund's original investment(s) in the asset.

VII. BUDGETING PROCEDURES

Setting the annual budget

- 80 Each year, in the light of decisions by the DHSSPS on the HSCB's updated draft corporate plan, the DHSSPS will send to the HSCB:

- a formal statement of the annual budgetary provision allocated by the DHSSPS in the light of competing priorities across the DHSSPS and of any forecast income approved by the DHSSPS;
- and

- a statement of any planned change in policies affecting the HSCB.

81

The HSCB's approved annual Commissioning plan will take account both of its approved funding provision [where this applies] and of any forecast receipts, and will include a budget of estimated payments and receipts together with a profile of expected expenditure and of draw-down of any DHSSPS funding and/or other income over the year. These elements will form part of the approved business plan for the year in question.

82Any grant-in-aid provided by the DHSSPS for the year in question will be voted in the DHSSPS' Estimate and will be subject to Assembly control.

General conditions for authority to spend

83Once the HSCB's budget has been approved by the DHSSPS [and subject to any restrictions imposed by Statute/the Minister /this MSFM], the HSCB shall have authority to incur expenditure approved in the budget without further reference to the DHSSPS, on the following conditions:

- the HSCB shall comply with the delegations set out in Appendix A of this document. These delegations shall not be altered without the prior agreement of the DHSSPS and DFP;
- the HSCB shall comply with the conditions set out in paragraph 12 above regarding novel, contentious or repercussive proposals;
- inclusion of any planned and approved expenditure in the HSCB's budget shall not remove the need to seek formal Departmental [and where necessary, DFP] approval where such proposed expenditure is above the delegated limits set out in Appendix A or is for new schemes not previously agreed; and
- the HSCB shall provide the DHSSPS with such information about its operations, performance individual projects or other expenditure as the DHSSPS may reasonably require (see paragraph 89 below).

Providing monitoring information to the DHSSPS

84The HSCB shall provide the DHSSPS with, as a minimum, information on a monthly basis which will enable the satisfactory monitoring by the DHSSPS of:

- the HSCB's cash management;
- its draw-down of any grant-in-aid;
- the expenditure for that month;
- forecast outturn by resource headings; and
- other data required for the DFP Outturn and Forecast Outturn Return.

VIII. BANKING

Banking arrangements

85The HSCB is a member of the HSC 'pool' of bank accounts. The HSCB's Accounting Officer is responsible for ensuring that the HSCB's banking arrangements are in accordance with the requirements of Annex 5.7 of *MPMNI*. This responsibility remains even within the current banking pool arrangements. In particular, he/she shall ensure that the arrangements safeguard public funds and that their implementation ensures efficiency, economy and effectiveness.

86He/she shall therefore ensure that:

- these arrangements are suitably structured and represent value-for-money. The HSC pool of accounts will be comprehensively reviewed at least every three to five years;

- sufficient information about banking arrangements is supplied to the DHSSPS' Accounting Officer to enable the latter to satisfy his/her own responsibilities;
- the HSCB's banking arrangements shall be kept separate and distinct from those of any other person or organisation; and
- adequate records are maintained of payments and receipts and adequate facilities are available for the secure storage of cash.

IX. COMPLIANCE WITH INSTRUCTIONS AND GUIDANCE

Relevant documents

87The HSCB shall comply with the following general guidance documents:

- This document (both the *Financial Memorandum* and the *Management Statement*);
- *Managing Public Money Northern Ireland (MPMNI)*;
- *Public Bodies - a Guide for NI Departments* issued by DFP;
- *Government Internal Audit Standards*, issued by DFP;
- The document *Managing the Risk of Fraud* issued by DFP;
- The Treasury document *The Government Financial Reporting Manual (FReM)* issued by DFP;
- *Banking Annex 5.7* of MPMNI;
- Relevant Dear Consolidation Officer and Dear Consolidation Manager letters issued by DFP;

- *Regularity, Propriety and Value for Money*, issued by Treasury;
- The Consolidation Officer Letter of Appointment, issued by DFP;
- Other relevant guidance and instructions issued by DFP in respect of Whole of Government Accounts;
- Other relevant instructions and guidance issued by the central Departments (DFP/OFMDFM) including Procurement Board and CPD guidance;
- Specific instructions and guidance issued by the DHSSPS;
- Recommendations made by the Public Accounts Committee, or by other Assembly/Parliamentary authority, which have been accepted by the Government and which are relevant to the HSCB.

X. REVIEW OF FINANCIAL MEMORANDUM

88The *Management Statement* and *Financial Memorandum* will normally be reviewed at least every five years.

89DFP Supply will be consulted on any significant variation proposed to the *Management Statement* and *Financial Memorandum*.

Signed:

Personal Information redacted by the USI

Date: 23 May 2011

On behalf of the HSCB

Personal Information redacted by the USI

Signed:

Date:

29/6/11

On behalf of the Department

APPENDIX A**DELEGATED EXPENDITURE LIMITS****General**

These delegated expenditure limits have been agreed by the Department and the Department of Finance and Personnel.

1. PURCHASING ALL GOODS AND SERVICES

Table 1 Delegated Authority for the Purchase of Goods and Services
(All costs exclude VAT)

THRESHOLDS	NUMBER/TYPE OF TENDER REQUIRED	AUTHORISATION
Up to £2,000	no Quotations required	The Chief Executive/The appropriate officer as notified to the DHSSPS
>£2,000 - £30,000	4 Selected Tenders	The Chief Executive/The appropriate officer as notified to the DHSSPS
> £30,000 – EC Thresholds	Publicly advertised tender competition	The Chief Executive/The appropriate officer as notified to the DHSSPS

Economic Appraisal

The principles of economic appraisal should be applied in all cases where expenditure is proposed, whether the proposal involves capital or current expenditure, or both. The effort put into economic appraisal should be commensurate with the size or importance of the needs or resources under consideration. However, the HSCB should undertake a comprehensive business case of all projects involving expenditure of £250,000 and over.

Where the minimum number of quotation/tenders is not obtained

For any purchase where the minimum number of quotations/tenders is not obtained the purchase may proceed if the accounting officer is satisfied that every attempt has been made to obtain competitive offers and that value for money will be achieved. In these cases the accounting officer should complete a report, and

records of all correspondence should be retained on file, including any justification given and/or approvals obtained.

2. CAPITAL PROJECTS

The Chief Executive or appropriate officer as notified to the DHSSPS, may authorise capital expenditure on discreet capital projects of up to £500,000. Capital projects over this amount require the approval of the DHSSPS, and may be subject to quality assurance by the Department of Finance and Personnel if requested.

Any novel and/or potentially contentious projects, regardless of the amount of expenditure, require the approvals of the DHSSPS and DFP.

3. DISPOSAL OF SURPLUS EQUIPMENT

See paragraphs 80-81

4. LEASE AND RENTAL AGREEMENTS

See paragraphs 64-65

5. APPROVAL OF INFORMATION TECHNOLOGY PROJECTS

The appraisal of Information Technology (IT) projects should include the staffing and other resource implications.

The principles of appraisal, evaluation and management apply equally to proposals supported by information communication technology (ICT) as to all other areas of public expenditure. ICT-enabled projects should be appraised and evaluated according to the general guidance in the Northern Ireland Guide to Expenditure Appraisal and Evaluation (*NIGEAE*) and managed using the new *Successful Delivery (NI)* guidance which was issued in June 2009.

The purchase of IT equipment and systems should be in line with the guidance Procedures and Principles for Application of Best Practice in Programme/Project Management (PPM), (available at www.dfpni.gov.uk/successful-delivery) and be subject to competitive tendering Procedures and Principles for Application of Best Practice in Programme/Project Management (PPM), (available at www.dfpni.gov.uk/successful-delivery) and be subject to competitive tendering unless there are convincing reasons to the contrary. The form of competition should be appropriate to the value and complexity of the project, and in line with the Procurement Control Limits in Table 1. Delegated authority for each IT project is set out in Table 2.

**Table 2 Delegation Arrangements for Information Technology
Projects, Systems And Equipment**
(All costs exclude VAT)

THRESHOLDS	AUTHORISATION
Up to £250,000	The Chief Executive/The appropriate officer as notified to the DHSSPS
Projects over £250,000	The Chief Executive with prior approval from the DHSSPS

6. **ENGAGEMENT OF CONSULTANTS**

General

The HSCB has authority to appoint consultants for a **single contract** without recourse to the DHSSPS up to a **total** cost of £20,000, and subject to any guidance as may be issued by DFP or the DHSSPS.

The HSCB will provide the DHSSPS with an annual statement on the status of all consultancies completed and/or started in each financial year.

Care should be taken to avoid actual, potential, or perceived conflicts of interest when employing consultants.

Economic appraisal

A full business case should be prepared for all consultancy assignments expected to exceed £10,000. A proportionate business case should be prepared for all assignments below this threshold.

7. **LOSSES AND SPECIAL PAYMENTS**

The [Chief Executive] [appropriate officer as notified to the DHSSPS], with prior approval from the DHSSPS, will have the authority to write off losses and make special payments up to:

- (a) Cash losses – up to £10,000 per case/incident

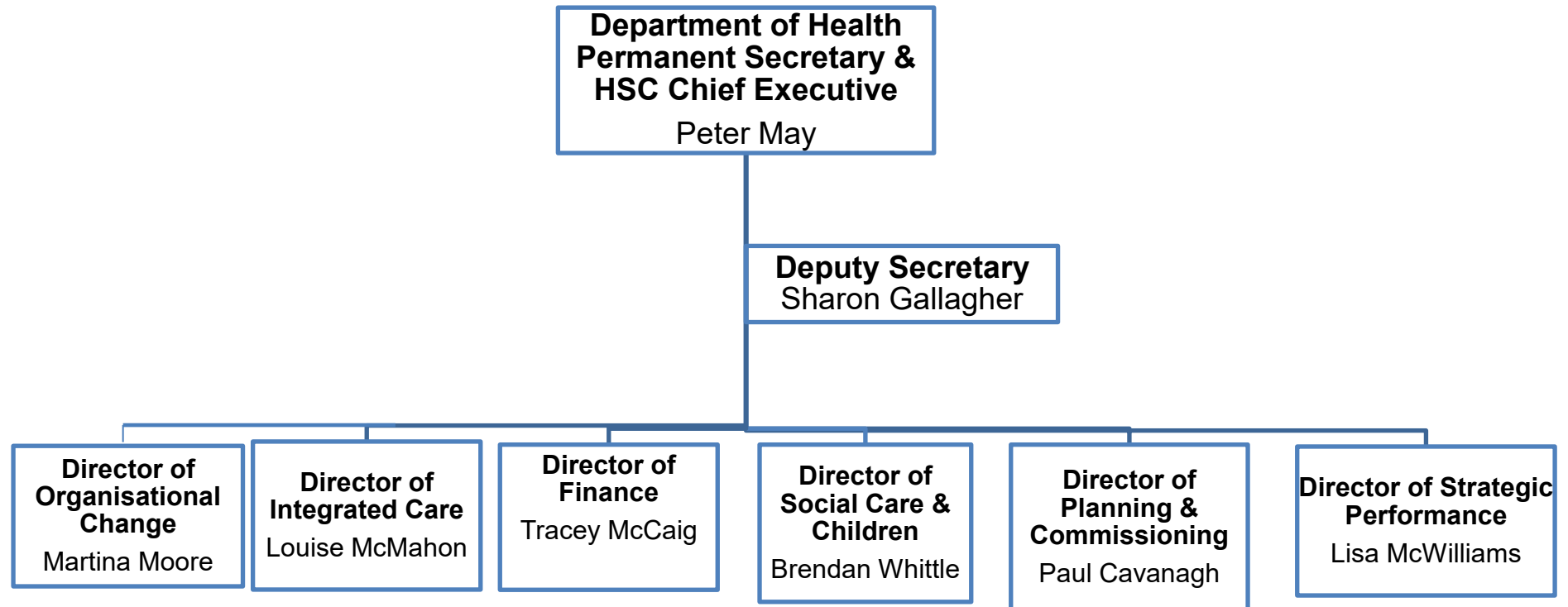
- (b) Stores/Equipment losses – up to £10,000 per case/incident
- (c) Constructive losses and fruitless payments – up to £10,000 per case.
- (d) Compensation payments
 - i. Made under legal obligation, e.g. by Court Order – Complete delegation
 - ii. For damage to personal property of staff – up to £2,000 per case
 - iii. Where written legal advice is that the HSCB should not fight a court action because it is unlikely that it would win – up to £250,000 per case
- (e) Claims abandoned or waiver of claim – up to £10,000 per case
- (f) Extra contractual payments – Nil
- (g) Ex gratia payments – up to £10,000 per case (Pensions payments are not covered by this threshold)
- (h) Extra statutory and extra regulatory payments – no delegation, all proposals must be submitted to the DHSSPS for approval

The prior approval of the DHSSPS must be obtained for amounts above these values.

A summary note of the losses in any financial year, should be included in the HSCB's accounts.

Details of all losses and special payments should be recorded in a Losses and Special Payments Register, which will be available to auditors. The Register should be kept up-to-date and should show evidence of the approval by the appropriate officer as notified to the DHSSPS for amounts below the delegated limits, and the DHSSPS, where appropriate.

Strategic Planning and Performance Group (SPPG) July 2022



Membership of the Health and Social Care Board

The Health and Social Care Board is comprised of both 'executive' and 'non-executive' directors. 'Executive' directors are senior members of its full time staff who have been appointed to lead each of its major professional and corporate functions. 'Non-executive' directors are appointed by the Minister for Health, Social Services and Public Safety to reflect wider outside and community interests in the decision-making of the Board.

The Board comprised the following directors during its first year of operation, 1st April 2009 – 31st March 2010:

Non Executive Directors:



Dr Ian Clements
Chairman



Dr Melissa McCullough



Mr Robert Gilmore



Mr Brendan McKeever



Mrs Elizabeth Kerr



Mr John Mone



Mr Stephen Leach



Dr Robert Thompson

Executive Directors:



Mr John Compton
Chief Executive



Mrs Fionnuala McAndrew
Director of Social Care
and Children



Mr Paul Cummings
Director of Finance



Mr Hugh Mullen
Director of Performance
Management and Service
Improvement

Membership of the Health and Social Care Board

The Health and Social Care Board is comprised of both 'executive' and 'non-executive' directors. 'Executive' directors are senior members of its full time staff who have been appointed to lead each of its major professional and corporate functions. 'Non-executive' directors are appointed by the Minister for Health, Social Services and Public Safety to reflect wider outside and community interests in the decision-making of the Board.

The Board comprised the following directors during the year, 1st April 2010 - 31st March 2011:

Non- Executive Directors



Dr Ian Clements
Chairman



Mr Robert Gilmore



Mrs Elizabeth Kerr



Mr Stephen Leach



Dr Melissa McCullough



Mr Brendan McKeever



Mr John Mone



Dr Robert Thompson

Executive Directors



Mr John Compton
Chief Executive



Mr Paul Cummings
Director of Finance



Mrs Fionnuala McAndrew
Director of Social Care and Children



Mr Hugh Mullen
Director of Performance Management and Service Improvement (until May 2010)



Ms Louise McMahon
Director of Performance Management and Service Improvement (from September 2010)



Mr Dean Sullivan
Director of Commissioning (from June 2010)

Who's Who... Membership of the Health and Social Care Board

The Health and Social Care Board is comprised of both 'executive' and 'non-executive' directors. 'Executive' directors are senior members of its full time staff who have been appointed to lead each of its major professional and corporate functions. 'Non-executive' directors are appointed by the Minister for Health, Social Services and Public Safety to reflect wider outside and community interests in the decision-making of the Board.

The Board comprised the following directors during the year, 1st April 2011 – 31st March 2012:

Non-Executive Directors



Dr Ian Clements
Chairman



Mr Robert
Gilmore



Mrs Elizabeth
Kerr



Mr Stephen
Leach



Dr Melissa
McCullough



Mr Brendan
McKeever



Mr John Mone



Dr Robert
Thompson

Executive Directors



Mr John
Compton
Chief Executive



Mr Paul
Cummings
*Director of
Finance*



Mrs Fionnuala
McAndrew OBE
*Director of Social Care
and Children*



Mr Dean Sullivan
*Director of
Commissioning*



Ms Louise McMahon
*Director of Performance
Management and Service
Improvement*

A number of officers from the Board's Senior Management Team also attend its meetings, and these individuals are as follows:

Mr Michael Bloomfield, Head of Corporate Services,
HSC Board

Dr Carolyn Harper, Medical Director, Public Health
Agency

Dr Sloan Harper, Director of Integrated Care, HSC Board

Mrs Mary Hinds, Director of Nursing and Allied Health
Professionals, Public Health Agency

In addition, meetings of the Board are also attended by the Chairpersons of each of the Board's five Local Commissioning Groups, and by representatives of the Patient and Client Council.

HEALTH AND SOCIAL CARE BOARD**ANNUAL REPORT FOR THE YEAR 2012/13****Who's Who...Membership of the Health and Social Care Board**

The Health and Social Care Board is comprised of both 'executive' and 'non executive' directors. 'Executive' directors are senior members of its full time staff who have been appointed to lead each of its major professional and corporate functions. 'Non-executive' directors are appointed by the Minister for Health, Social Services and Public Safety to reflect wider outside and community interests in the decision making of the Board.

The Board comprised the following directors during the year 1 April 2012 – 31 March 2013:

Non Executive Directors¹

Dr Ian Clements
Chairman



Mr Robert Gilmore



Mr Stephen Leach



Dr Melissa
McCullough



Mr Brendan
McKeever



Mr John Mone



Dr Robert Thompson



Mrs Elizabeth Kerr¹

¹ Mrs Elizabeth Kerr was a Non-Executive Director up to July 2012.

HEALTH AND SOCIAL CARE BOARD

ANNUAL REPORT FOR THE PERIOD ENDED 31 MARCH 2014

Membership of the Health and Social Care Board

The Board of the Health and Social Care Board is made up of five Executive Directors, including the Chief Executive, a Non Executive Chair and seven Non Executive Directors.

The Chief Executive is directly accountable to the Chair and Non Executive Directors for ensuring that Board decisions are implemented, that the organisation works effectively in accordance with government policy and public service values, and for the maintenance of proper financial stewardship.

Executive directors are senior members of its full time staff who have been appointed to lead each of the Board's major professional and corporate functions.

The Non Executive Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole. The Chair is accountable to the Minister for Health, Social Services and Public Safety.

Non Executive directors are appointed by the Health Minister in accordance with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. All appointments are made following open competition, governed by the overriding principle of selection based solely on merit. The Non Executive Directors are independent and reflect wider outside and community interests in the decision making of the Board.

The Board comprised the following directors during the year 1 April 2013 – 31 March 2014:

Non Executive Directors



Dr Ian Clements
Chairman



Mr Robert Gilmore



Mr Stephen Leach



Dr Melissa
McCullough



Mr Brendan
McKeever



Mr John Mone



Dr Robert Thompson



Mrs Stephanie
Lowry¹

¹ Mrs Stephanie Lowry was appointed as a Non Executive Director with effect from 15 April 2013.

July 2008

DEPARTMENT OF HEALTH, SOCIAL SERVICES & PUBLIC SAFETY
AN ROINN SLÁINTE, SEIRBHÍISÍ SÓISIALTA AGUS SÁBHÁILTEACHTA POIBLÍ
POUSTIE, RESYDÈNTER HEISIN AN FOWK SICCAR

Public Appointments Information Pack

REGIONAL HEALTH and SOCIAL CARE BOARD
**REGIONAL AGENCY for PUBLIC HEALTH and SOCIAL
WELL-BEING**
REGIONAL SUPPORT SERVICES ORGANISATION
and
PATIENT AND CLIENT COUNCIL
CHAIR (DESIGNATE) POSITIONS

**This information pack can be made available in other formats; please
contact the address below for details**



Public Appointments Unit Annexe 5 Castle Buildings Stormont Estate Belfast BT4 3SQ

Tel: Irrelevant information redacted by the USI Fax: Irrelevant information redacted by the USI Textphone: Irrelevant information redacted by the USI
E-mail: Irrelevant information redacted by the USI

ROLE OF THE FOUR NEW HEALTH AND SOCIAL CARE ORGANISATIONS

Background

The Department of Health, Social Services and Public Safety (DHSSPS) administers Health and Social Care (HSC), which includes policy and legislation for hospitals, family practitioner services, community health and personal social services. HSC provides an integrated system of health and personal social services to promote the health and social well-being of the people of Northern Ireland.

The Department is embarking on an unprecedented period of strategic change and investment, in terms of HSC structures, capital investment in hospital and community facilities and in the development of staff. The Department's aspirations for the next twenty years are set out in a new Regional Strategy, "A Healthier Future" which describes how our need for health and social services will change as new ways of working, new technologies and new treatments are developed. All of these changes take place within an environment of substantial political interest in the delivery of health and social services, and greater accountability for results. Copies of this document are available by accessing www.dhsspsni.gov.uk/healthyfuture-main.pdf

Review of Public Administration

The Review of Public Administration was launched by the Northern Ireland Executive in June 2002 to deliver wide-ranging and comprehensive modernisation and reform across the public sector.

There were two major phases involved in the Review of Public Administration, firstly, the establishment of the 5 new integrated Health and Social Care Trusts and the retention of the Northern Ireland Ambulance Service Trust with effect from 1 April 2007. The second phase included establishing new organisational arrangements to replace the present four Health and Social Services Boards, four Health and Social Services Councils and a number of Agencies. The consultation document *Proposals for Health and Social Care Reform* was launched on 18 February 2008 by the Minister for Health, Social Services and Public Safety, Michael McGimpsey. The document set out a model which was felt would best provide a streamlined and democratically accountable way of managing the health service in Northern Ireland.

The outcome of the consultation has now resulted in the establishment of 4 new Health and Social Care bodies. These are the:

- **Regional Health and Social Care Board;**
- **Regional Agency for Public Health and Social Well-Being;**
- **Regional Support Services Organisation; and**
- **Patient and Client Council.**



Public Appointments Unit Annexe 5 Castle Buildings Stormont Estate Belfast BT4 3SQ

Tel: [redacted] Fax: [redacted] Textphone: [redacted]
E-mail: [redacted]

Organisational Status and Functions

1. The Regional Health & Social Care Board (RHSCB)

The Regional Health and Social Care Board will be a Non-Departmental Public Body and will be a body corporate which will not be regarded as a servant or agent of the Crown nor enjoying any status, immunity or privilege of the Crown.

Accountability

The Regional Health and Social Care Board is accountable to the Minister through the Department of Health, Social Services and Public Safety.

Functions

The Regional Health and Social Care Board will replace the four existing Health and Social Services Boards and its core focus will reflect the principles of good governance, the quality of care for patients and clients, accountability, transparency, efficiency and effectiveness. The main functions of the Regional Health and Social Care Board will be:

- Commissioning;
- Performance management and improvement; and
- Effective, economic and efficient utilisation of allocated resources for the commissioning of health and social care.

In addition, other than those allocated to the new Regional Agency for Public Health and Social Well-Being, the appropriate statutory functions currently carried out by the four HSS Boards will be undertaken by the new Regional Health and Social Care Board.

2. The Regional Agency for Public Health and Social Well-Being (RAPHSW)

The Regional Agency for Public Health and Social Well-Being will be a Non-Departmental Public Body and will be a body corporate which will not be regarded as a servant or agent of the Crown nor enjoying any status, immunity or privilege of the Crown.

Accountability

The Regional Agency for Public Health and Social Well-Being is accountable to the Minister through the Department of Health, Social Services and Public Safety.

Functions

The Regional Agency for Public Health and Social Well-Being will be an integral part of the Health and Social Care system and will drive the public health and social well-being agenda. It will bring together the wide range of existing public health functions and give a renewed, enhanced and sustained focus on achieving key public health goals. The broad functions of the Agency will be:



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E-mail: Irrelevant information redacted by the USI

- Health Improvement;
- Health Protection; and
- Provision of appropriate professional input to the commissioning role of the RHSCB.

3. The Regional Support Services Organisation (RSSO)

The Regional Support Services Organisation will be a Non-Departmental Public Body and will be a body corporate which will not be regarded as a servant or agent of the Crown nor enjoying any status, immunity or privilege of the Crown.

Accountability

The Regional Support Services Organisation is accountable to the Minister through the Department of Health Social Services and Public Safety.

Functions

The Regional Support Services Organisation will provide a broad range of support functions for the health and social care service, bringing together services which are common to bodies or persons engaged in providing health or social services which include:

- Administrative support, advice and assistance;
- Financial services;
- Human resource, personnel and corporate services;
- Training;
- Estate management and maintenance of buildings, equipment and land;
- Information Technology, and Information Management;
- Procurement of goods and services;
- Legal services; and
- Contractual compliance, internal audit and fraud prevention.

4. The Patient and Client Council (PCC)

The Patient and Client Council will be a Non-Departmental Public Body and will be a body corporate which will not be regarded as a servant or agent of the Crown nor enjoying any status, immunity or privilege of the Crown.

Accountability

The Patient and Client Council is accountable to the Minister through the Department of Health Social Services and Public Safety.



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Functions

The consumer voice in relation to health and personal social services in Northern Ireland is currently provided through four Health and Social Services Councils. These four Councils will be replaced by a single health and social care user's body – the Patient and Client Council. The functions of the Patient and Client Council will be to:

- represent the interests of the public;
- promote the involvement of the public;
- provide assistance to individuals making or intending to make a complaint relating to health and social care;
- provide advice and information to the public about the design, commissioning and delivery of health and social services; and
- such other functions as may be prescribed.

Boards of the Four New Health and Social Care Organisations

The Board of each of the four new Health and Social Care bodies will comprise a Chair and a prescribed number of persons appointed by the Department.

The Chairs will be appointed with the approval of the Minister, in accordance with the Code of Practice of the Commissioner for Public Appointments for Northern Ireland. They are required to operate in a personal rather than a representative capacity.

AccessNI – Pre-appointment Vetting Check

The Protection of Children and Vulnerable Adults (NI) Order 2003 (POCVA) which came into effect on 1st April 2005 and enhanced the arrangements for safeguarding vulnerable members of society by providing a legislative basis for pre-employment checking. This legislation also effectively includes public appointments. The Chair posts to the four new HSC bodies may be subject to a vetting check under the Protection of Children and Vulnerable Adults (NI) Order 2003.

This vetting check will be undertaken by AccessNI which was established by a joint programme between the Northern Ireland Office, the Department of Health, Social Services and Public Safety, the Department of Education and the Police Service of Northern Ireland.

AccessNI enables organisations in Northern Ireland to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in certain defined areas, such as working with children or vulnerable adults.

AccessNI is part of central government and operates under the provisions of Part V of the Police Act 1997.



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CHAIR: JOB DESCRIPTION**Job Title**

Chair

Accountable to

The Minister, through the Permanent Secretary of the Department of Health, Social Services & Public Safety.

Role

The Chair of each new Health and Social Care body will be responsible for leading their respective board and for ensuring that it successfully discharges its overall responsibility for the organisation as a whole.

He/she will lead the organisation in the strategic development of Northern Ireland's health and social care framework. He/she will develop clear objectives to achieve this result, communicating those objectives inside and outside the organisation and working through the management team, to ensure that those objectives are met. The Chair will ultimately ensure that the organisation performs its role efficiently and effectively.

It is the role of each Chair to:

- provide leadership and strategic direction to the board;
- enable all directors to make a full contribution to the board's affairs and ensure that the board acts as a team;
- ensure that key and appropriate issues are discussed by the board in a timely manner;
- ensure the board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions;
- ensure that the new organisation observes the Department's policies and priorities, including the requirements of the Codes of Conduct and Accountability;
- lead non-executive directors through a formally appointed remuneration committee of the main board on the appointment, appraisal and remuneration of the Chief Executive and (with the latter) other executive directors.
- appoint non-executive directors to an audit committee of the main board;
- advise Ministers, through the Department, on the performance of non-executive directors of the board.



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Codes of Conduct and Accountability

To ensure that public service values remain at the heart of the HSC system, the Chair is required, on appointment, to subscribe to the Codes of Conduct and Accountability. The high standards of corporate and personal conduct required of a Chair are described more fully in the Codes.

Time Commitment and Remuneration for Chairs

Health and Social Care Body	Time Commitment	Remuneration
Regional Health & Social Care Board	3 days per week	£33,000 per annum
Regional Agency for Public Health and Social Well-Being	3 days per week	£33,000 per annum
Regional Support Services Organisation	2 days per week	£22,000 per annum
Patient and Client Council	1 day per week	£11,000 per annum

Period of Appointment

The Chair of each body will be appointed for a term of 4 years. An annual assessment of the performance of the Chair will be required throughout the period of appointment. Reappointment to the same post may be considered subject to an appropriate standard of performance having been achieved during the initial period of office.

It is anticipated that interviews for the Chair posts will take place in mid September 2008.

The Chairs designate will be invited to participate in the interviews for the appointment of the Chief Executive of the respective Health and Social Care Body to which they have been appointed. These interviews will be held in mid October 2008.



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CHAIR - PERSON SPECIFICATION

ELIGIBILITY

General

The Chair of each new Health and Social Care body will be committed to the principles and objectives of the Health and Social Care system.

Essential Criteria

Candidates must demonstrate that they have the necessary skills, experience and competencies. They will need to show, both on the application form and at interview, how they meet the following criteria:

- Leadership – *Acting as Board Leader to ensure focus, direction and results*
- Making an impact with others and displays a range of political skills – *Developing and maintaining co-operative working relationships to achieve results. Displays a range of political skills in networking with key stakeholders including local government.*
- Committing to the non-executive role – *Understanding the working environment in which you are making a contribution*
- Thinking strategically – *Making a significant contribution to the strategic direction of the organisation*
- Analytical thinking – *Making decisions and solving problems in a team and organisational environment*
- Knowledge and understanding of the health service in Northern Ireland – *Its purpose, structure, ethos and diversity*

A more detailed explanation of the competencies required to meet the above criteria is set out in the section which follows.



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WHAT WE ARE LOOKING FOR IN A NON-EXECUTIVE CHAIR

Leadership

Acting as Board Leader to ensure focus, direction and results

As Chair you have a responsibility to lead the board. You will lead the development of a vision for the future of the organisation and the creation of a climate in which the organisation's long-term goals can be achieved. You will develop the individual members of the board into an effective team, dealing with diverse individuals and providing motivation and inspiration. Where necessary you will manage conflicts or disagreements between team members.

The effective Chair will for example:

Manage Conflict

- Read situations quickly
- Be good at focused listening
- Be able to hammer out tough agreements and settle disputes equitably
- Find common ground and get co-operation with minimum disruption

Manage Diversity

- Manage all kinds and classes of people equitably
- Deal effectively with all individuals
- Support equal and fair treatment and opportunity for all

Motivate Others

- Create a climate in which people want to do their best
- Motivate many kinds of team members
- Empower others
- Invite input from each person and share ownership and visibility

Plan and Prioritise

- Set objectives and goals
- Anticipate and adjust for problems and roadblocks
- Measure performance against goals
- Evaluate results
- Create focus



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Build Effective Teams

- Blend people into teams when needed
- Create strong morale and spirit in the team
- Foster open dialogue
- Create a feeling of belonging in the team

Manage Vision and Purpose

- Make the vision sharable by everyone
- Foster a positive attitude
- Communicate a sense of core purpose

Represent the Organisation

- Develop constructive working relationships with other board representatives
- Involve all stakeholders to ensure their interests are considered
- Ensure all stakeholders are content with partnership and networking arrangements within the wider HSC



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Making an impact with others and displays a range of political skills

*Developing and maintaining co-operative working relationships to achieve results.
Displays a range of political skills in networking with key stakeholders including local government.*

As Chair you will be part of a team and you will be expected to contribute to the work of the team. This will require you to be able to communicate clearly with others and to listen to what others say. You will need to challenge others where necessary, put across rational arguments and influence others, but at the same time develop effective working relationships with your fellow team members. Outside of the board you will be required to possess an understanding, sensitivity, and awareness of how the political system works at Council, Assembly and Westminster levels. You must be aware of the needs of interest groups, including community organisations, specialist health interest groups, charities and patients organisations. In addition you must also possess interpersonal and social skills when dealing with individuals and groups. It will be important for you to display good networking and communication skills to ensure that feedback is obtained on health issues on all possible occasions.

The effective Chair will for example:

Develop Peer Relationships

- Build rapport well
- Be a good listener
- Quickly find common ground to solve problems
- Be able to solve problems with peers with minimal disruption
- Be seen as a team player and co-operative
- Easily gain trust and support of peers
- Encourage collaboration
- Be candid with peers

Influence

- Gain trust quickly of other parties
- Be direct and forceful as well as diplomatic
- Sell the benefits of own case
- Demonstrate self-confidence dealing with a wide range of situations and people at all levels

Contribute to the Team

- Understand why groups do what they do
- Be willing to contribute in a group environment
- Work with other members of the team, not against them



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- Build effectively on the ideas of others
- Share information and own expertise willingly

Communicate Effectively

- Concise and clear with words and language
- Get message across in a way that others can understand
- Speak with authority and persuasiveness when necessary
- Phrase questions clearly
- Have the confidence to speak up when necessary

Challenge Effectively

- Take unpopular stands if necessary
- Speak up when lacking understanding
- Ask for more detail when necessary
- Encourage direct and tough debate but is not afraid to end it and move on

Displays a range of political skills in networking with key stakeholders

- Recognise people who could be useful to the organisation and builds relationships with them
- Keep in touch and maintains these relationships over time
- Know who to go to within the organisation to provide information or solve a problem
- Make useful outside contacts
- Develop partnerships with the Department and the wider HSC
- Networking with key stakeholders including local government



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Committing to the non-executive role*Understanding the working environment in which you are making a contribution*

As Chair you are part of a wide and complex framework to achieve results in the field of health, social care and public safety. It is important that you are aware of your responsibilities both personally and organisationally to help the public get the best service. You are expected not only to contribute but to commit to the decisions of the board when they are taken.

The effective Chair will for example:

Commit To Corporate Decisions And The Public Service

- Understand his/her role as a non-executive within a body sponsored by DHSSPS
- Set personal agendas aside when making board decisions
- Treat other non-executives, executives, staff and Departmental staff as partners with common goals
- Commit to the decisions of the board, the DHSSPS and the NI Executive

Empathise and Understand

- Genuinely care about people
- Be concerned about their work
- Be available and ready to help
- Be sympathetic to the plight of others
- Put self in other's shoes

Abide by Ethics and Values

- Adhere to public service values at all times
- Act in line with those values
- Practice what he/she preaches

Act with Integrity and Trust

- Be widely trusted
- Be seen as a direct, truthful individual
- Keep confidences
- Admit mistakes



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Thinking Strategically*Making a significant contribution to the strategic direction of the organisation*

As Chair you are responsible for contributing to the strategic direction of the organisation. You will have to demonstrate an understanding of the organisation and the environment in which it operates. You will have to think ahead, taking into account a wide range of sometimes complex but interrelated issues, with an understanding of the impact of plans and priorities.

The effective Chair will for example:

Understand Strategy

- See ahead clearly and plan accordingly
- Anticipate future consequences and trends accurately
- Have broad knowledge and perspective
- Be future oriented

Maintain Broad Perspective

- Look toward the broadest possible view of an issue
- Be able to easily pose future scenarios
- Be able to discuss different aspects and impacts of issues and project them into the future

Have Organisational and Business Understanding

- Be knowledgeable about how organisations work
- Understand the origin and reasoning behind key DHSSPS policies, practices and procedures
- Understand the culture of organisations
- Understand the importance of governance

Have Cultural Understanding

- Be sensitive to how people and organisations function
- Anticipate potential pitfalls and plan approach accordingly
- View corporate culture as a necessary part of organisational life and adjust accordingly
- Be able to manoeuvre through complex cultural situations effectively and quietly



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Analytical Thinking*Making decisions and solving problems in a team and organisational environment*

As Chair you will have to contribute to solving problems and making decisions. You will need to understand the quality of your own thinking and decisions, seeking feedback where appropriate. You will have to be prepared to make quick decisions that are effective. As problems arise you will have to analyse the problem, decide who needs to be involved to deal with the problem, and generate options to solve the problem.

The effective Chair will for example:

Have Self-Knowledge

- Know personal strengths, weaknesses, opportunities and limits
- Seek feedback; gain insights from mistakes
- Be open to criticism
- Be receptive to talking about shortcomings
- Look forward to balanced performance reviews

Listen/Gather Feedback

- Ask others what they think and take note of their responses
- Practice attentive and active listening
- Have the patience to hear people out
- Be able to accurately restate the opinions of others even when he/she disagrees

Make Timely Decisions

- Make decisions in a timely manner, sometimes with incomplete information and under tight deadlines
- Be able to make a quick decision

Make Quality Decisions

- Make good decisions based upon a mixture of analysis, wisdom, experience and judgement
- Propose solutions and suggestions which mostly turn out to be correct and accurate when judged over time
- Be sought out by others for advice and solutions



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Solve Problems

- Use rigorous logic and methods to solve difficult problems with effective solutions
- Probe all relevant sources for answers
- Be able to see hidden problems
- Be excellent at honest analysis



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Knowledge and understanding of the health service in Northern Ireland

Its purpose, structure, ethos and diversity

The Chairs of the new Health and Social Care Bodies will be an integral part of the restructured health service and as Chairs you will need to demonstrate sound knowledge and understanding of the purpose, structure, ethos and diversity of the health service in N. Ireland.

Purpose

The effective Chair will for example:

- Be generally aware of the necessity to provide and improve services for the health and well-being of the NI population
- Demonstrate awareness of the importance of health promotion and education
- Be aware of both the clinical and community aspects of healthcare provision
- Have given consideration to trends and developments in healthcare treatment

Structure

The effective Chair will for example:

- Be aware of current and new structures within the Health Service in Northern Ireland
- Have a grasp of HR issues relevant to the overall structures
- Be generally cognizant of the necessary rationalisation of the HSC estate

Ethos

The effective Chair will for example:

- Be aware that the health service provides essential services equitably at the point of delivery
- Understand that healthcare should be delivered on the basis of need
- Be aware of the fundamental public service values at the heart of the health service

Diversity

The effective Chair will for example:

- Be sensitive to health inequalities arising from demographic circumstances
- Have an awareness of cultural diversity
- Take account of the broad range of client groups



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Where it is necessary to prepare a shortlist for interview, the desirable criteria will be applied. It is therefore important that application forms should reflect how, and to what extent, all criteria are met.

DESIRABLE CRITERIA

A candidate might also:

- live in, work in or have significant connections with Northern Ireland;
- have experience of management in a public, private or voluntary/community sector organisation;
- have other experience that might bring added value to the organisation's business, for example, in the fields of health and social care, health promotion, mental health, education, finance, human resources, law, public relations, representing users/consumers/clients or public safety.



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DISQUALIFICATION FROM APPOINTMENT AS CHAIR OF THE REGIONAL HEALTH AND SOCIAL CARE BOARD; REGIONAL AGENCY FOR PUBLIC HEALTH AND SOCIAL WELL-BEING; REGIONAL SUPPORT SERVICES ORGANISATION AND THE PATIENT AND CLIENT COUNCIL

There are no statutory disqualifications from appointment as Chair to the board of the Regional Health and Social Care Board; the Regional Agency for Public Health and Social Well-Being, the Regional Support Services Organisation and the Patient and Client Council.

DISQUALIFICATION FOR MEMBERSHIP OF THE NORTHERN IRELAND ASSEMBLY

A person appointed as Chair of the Regional Health and Social Care Board; the Regional Agency for Public Health and Social Well-Being; the Regional Support Services Organisation and the Patient and Client Council is disqualified from membership of the Northern Ireland Assembly.



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Public Appointments Information Booklet

HEALTH & SOCIAL CARE BOARD (HSCB 1/19 REVISED)

NON-EXECUTIVE CHAIR

This information pack can be made available in other formats, such as Braille, large print, audio etc. To request this or any other information on the appointment process please contact:

DoH Public Appointments Unit
Room D1
Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

Tel: Personal information redacted by the USI

Email your request to: Irrelevant information redacted by the USI



INVESTOR IN PEOPLE

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Section 1	Introduction
Section 2	Information about the Health & Social Care Board (HSCB)
Section 3	Role Profile for Non-Executive Chair
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Section 5	Application, Access NI & Selection Process
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Annex A	Disqualifications
Annex B	General Guidance on the Criteria Based Selection Process
Annex C	Guidance for Applicants on Probity & Conflicts of Interest

KEY APPOINTMENT PROCESS STAGES

Stage in Process	Timescale
Closing Date for applications	25 November 2019 @ 12 Noon GMT
Shortlisting	Week Commencing 9 December 2019*
Interviews	January 2020*
Planned date of appointment	No later than the end of March 2020

* These dates may be subject to change.

Privacy Notice

DoH will only process the personal data you provide us for the purpose of recruiting a Non-Executive Chair to the Board of the Health and Social Care Board and in line with the Commissioner for Public Appointments NI Code of Practice. For more information, please see our Privacy Notice at <https://www.health-ni.gov.uk/publications/public-appointments-unit-privacy-notice>

Section 1 – Introduction

1. The Department of Health (hereafter referred to as the Department) is committed to improving the diversity of the boards to which appointments are made. The Department values and promotes diversity and is committed to equality of opportunity for all and appointments made on merit. We particularly welcome applications from women, people from ethnic minority communities, and people with disabilities who we know are under-represented in Chair and Non-Executive roles. Further information is available at **Section 7**.
2. The Department administers Health and Social Care (HSC) - which includes policy and legislation for hospitals, family practitioner services, community health and personal social services. HSC provides an integrated system of health and personal social services to promote the health and social wellbeing of the people of Northern Ireland.
3. In terms of service commissioning and provision, the Department discharges this duty primarily by delegating the exercise of its statutory functions to the Health and Social Care Board (HSCB) the Public Health Agency (PHA) and to a number of other HSC bodies created to exercise specific functions on its behalf. All these HSC bodies are accountable to the Department which in turn is accountable, through the Minister of Health, to the Assembly for the manner in which this duty is performed.
4. The Department's vision for the integrated HSC system is to drive up the quality of HSC for patients, clients and carers, to improve outcomes, to safeguard the vulnerable, and to ensure that patients, clients and carers have the best possible experience in every aspect of their treatment, care and support. Each year, the Minister's strategic priorities, targets and standards are communicated to the HSC Service through an annual Commissioning Plan Direction.

5. Applications are invited to fill the following post:
 - 1 Non-Executive Chair of the Health & Social Care Board (HSCB)
6. It is expected that the successful applicant will take up appointment no later than the end of March 2020. Information on disqualifications can be accessed at **Annex A**.

Section 2 – Information about the HSCB

General

7. The HSCB is responsible for commissioning services, resource management, performance management and service improvement. It works to identify and meet the health and social care needs of the Northern Ireland population.

8. The HSCB is managed by a Board of directors which has corporate responsibility for its operation. The Board of the HSCB is made up of five Executive Directors including the Chief Executive, a Non-Executive Chair and seven Non-Executive Members. The Non-Executive Members include a Member from a medical background, a Member from a nursing background, a Financial Member and four Lay Members. The Chairs of Local Commissioning Groups, a representative from the Patient and Client Council, the Director of Public Health and the Director of Nursing & Allied Health Professions of the Public Health Agency will also be in attendance at the Board meetings.

9. Non-Executive Members and Executive Directors are full and equal members of the HSCB Board. Non-Executive Members (including the Non-Executive Chair) are not personally liable for the activities of the HSCB Board, providing that their actions do not contravene the statutory provisions relating to HSC.

10. The Non-Executive Chair and Members are appointed by the Minister for Health/Department.

Role and Responsibilities of the HSCB

11. The Non-Executive Chair and Members have corporate responsibility for ensuring that the HSCB fulfils the aim and objectives set by the Department and approved by the Minister, and for promoting the efficient and effective use of staff and other resources by the HSCB. The role of the HSCB is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.8 million people who live in Northern Ireland.
- To performance manage Health and Social Care Trusts that directly provide services to people, to support service improvements in pursuit of optimal quality and value for money, in line with relevant government targets.
- To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently circa £5 billion ensuring the best possible use of the resources of the health and social care system, both in terms of quality accessible services for users and value for money for the taxpayer.

12. Further information is available on the HSCB's website www.hscboard.hscni.net

HSC Restructuring

13. In November 2015, the decision was taken by the then Health Minister, Simon Hamilton to close the HSCB. The closure of the HSCB is part of the wider Transformation agenda as outlined in 'Health and Wellbeing 2026: Delivering Together' (<https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>).
14. Following its closure, the vital work that the HSCB delivers will continue, but the structures through which this work will be done will change, in order to enhance system leadership and accountability, improve integration and make decision making processes more streamlined.
15. A decision has been made on the future operational model and responsibility for the majority of the current HSCB functions will move to a newly established Departmental Group.

16. While legislation is required to effect the closure of the HSCB and fully implement the new model, not all changes need to have legislation in place before the anticipated closure in March 2022.
17. It is critical that the organisation has the skills, capacity and culture in place to support the new way of working now and into the future. In a number of areas, transitional arrangements are already in place and this provides an opportunity to learn and improve how we operate. Importantly, the new structure will provide a platform for further change and transformation in the way that HSC is planned and managed in the future.

Accountability

18. The HSCB is accountable to the Minister through the Department of Health.

Section 3 - Role Profile

HSCB Non-Executive Chair

Accountable to

19. The Minister, through the Permanent Secretary of the Department of Health.

Role

20. The Non-Executive Chair is responsible for providing strategic leadership and direction to the HSCB and for ensuring that the organisation performs its role efficiently and effectively.
21. The Non-Executive Chair will respond positively to the direction of the Minister and work collaboratively with DOH in delivering Ministerial priorities.
22. In effecting the transition to the new operating model, the Non-Executive Chair will support the HSCB and the Board in anticipating, leading and implementing change, to ensure all required actions are taken and staff are appropriately supported.
23. It is the role of the Non-Executive Chair to:
 - provide leadership to the Board in its role of providing oversight, scrutiny and stewardship of HSCB work, which is directed and led on a daily basis by the executive team, led by the Chief Executive;
 - hold the HSCB Chief Executive and the Executive Team to account for their overall performance in the planning, commissioning, performance management and service improvement of HSC services;
 - ensure that the Board conducts its business effectively, that corporate governance structures operate effectively and that the Board discusses the

right business at the right time based on the provision of appropriate management information by the Executive Directors;

- advise Minister, through the Department, on the performance of Non-Executive Members of the Board;
- conduct the annual performance appraisals of the Chief Executive and other Non-Executive Board Members; and
- appoint Non-Executive Members to an audit committee of the main Board and any other committees as appropriate to support the business of the main Board.

Training

24. Appropriate induction training will be provided by the organisation to the new appointee.

Time Commitment & Remuneration

25. The HSCB Non-Executive Chair will be expected to devote to the appointment a **minimum of 1 day per week not exceeding 3 days per week subject to negotiation**. This may involve commitment both inside and outside normal working hours. Depending on the negotiated time commitment, the **maximum** annual rate of remuneration for the Non-Executive Chair of the HSCB is **£35,030**.

Expenses

26. The Non-Executive Chair is also eligible to claim allowances, at rates set centrally, for travel and subsistence costs necessarily incurred on HSCB business.

Period of Appointment

27. The Non-Executive Chair will be appointed for:
- a period to be determined in line with the timescale for closure of the HSCB (the current anticipated closure date is March 2022); or

- a period not longer than four years.
28. It should be noted that the Department may give notice to terminate the appointment at any time. If the successful applicant decides to end their appointment early, a minimum of 3 months' notice will be required. An annual assessment of the performance of a Non-Executive Chair will be required throughout the period of appointment.
29. It is the policy of the Department that there is no reappointment without a competition taking place. Should the timeline for closure of the HSCB necessitate the appointment of a Non-Executive Chair for a further period, then the outgoing Chair may be eligible to serve a second term by applying through open public competition. Any such application would depend on the applicant having demonstrated an appropriate standard of performance during the first term of appointment including evidence of continued adherence to the seven principles of public life.

Codes of Conduct and Accountability

30. To ensure that public service values remain at the heart of the HSC system, the Non-Executive Chair is required, on appointment, to subscribe to the Codes of Conduct and Accountability. The high standards of corporate and personal conduct required of members are described more fully in the Codes. Please see link to the DoH Code of Conduct & Code of Accountability for Board Members of Health and Social Care Bodies [here](#).

Section 4 - Person Specification Non-Executive Chair

31. With the HSCB currently going through a major change process, the appointment of a Non-Executive Chair is an important one. The Department encourages all individuals who wish to participate in public service and make a difference to the way in which health and social care services are delivered in Northern Ireland to submit an application form. The Department would also welcome applications from those who have not previously held a public appointment.
32. To generate the widest possible pool of talent for this appointment, the Department recognises the value of less traditional career patterns and experiences such as community involvement or voluntary work, as well as those experiences found within the employment field. Applicants can use examples from their working life or personal life.
33. The person specification addresses the qualities, experience, background and competencies sought. A criterion-based selection procedure will be used as part of this process.
34. The application form is an essential element of the process and is designed to require applicants to give specific examples of past performance to demonstrate their ability or competence.
35. You are advised to make sure that you take the opportunity to provide practical evidence and examples of why you believe you are suitable for this Public Appointment. **Please note that CVs will not be accepted.**
36. There are no specific qualifications or professional requirements for the HSCB Non-Executive Chair post.

37. Applicants are limited to a **maximum of 500 words per essential criterion; any words over this limit will be redacted by the Public Appointments Unit and will not be seen by the Panel.**
38. All applicants must demonstrate that they have the necessary skills, knowledge, experience and qualities required.

ESSENTIAL CRITERIA

39. Applicants must show on their application form, and if invited for interview, how they meet the following essential criteria.

Criterion 1: Leadership

40. By way of practical examples, provide evidence of your effective leadership and direction in a complex and strategic environment. Your examples should demonstrate your ability to: use well developed leadership skills to successfully impact on the performance of an organisation; establish a strong direction and persuasive future vision; think and act strategically; lead discussions, foster debate among stakeholders and facilitate consensus at meetings; and offer constructive challenge and exercise effective judgement.

Criterion 2: Change Management

41. By way of practical examples, please demonstrate your experience of effectively and successfully leading or managing a significant organisational change programme or project. Your examples should show your ability to: actively seek out opportunities for innovation; create and contribute to a culture of flexibility and responsiveness; mobilising an organisation to respond swiftly to changing priorities; challenge the status quo and accepted assumptions to achieve value-adding improvements and change.

Criterion 3: Corporate Governance & Accountability

42. By way of practical examples, provide evidence that demonstrates your experience of working at or close to Board level within a framework of corporate governance. Your examples should demonstrate personal awareness of the

importance of effective governance in the operation of an organisation, including safeguarding its values and reputation and being accountable for its actions and decisions. Your examples should also demonstrate your understanding of the differentiation between Executive and Non-Executive roles and the role of Non-Executive Members in holding the Chief Executive to account.

Criterion 4: Performance Management

43. By way of practical examples, provide evidence that demonstrates your effective contribution to monitoring, reporting and improving organisational performance. Your examples should demonstrate how you: build an effective performance culture to deliver desired outcomes; maintain a strong focus on priorities, holding others to account when required and swiftly responding to changing requirements; support and encourage a focus on performance and priorities during challenging and changing times; and manage the performance of individuals, addressing performance issues resolutely, fairly and promptly.

Criterion 5: Collaborative Working

44. By way of practical examples, provide evidence which demonstrates how you proactively create, maintain and promote a strong network of collaborative relationships within and outside organisations or in partnership between organisations. Your examples should show your capacity to: encourage and establish principles of working effectively across boundaries; deliver business objectives through creating an inclusive environment; secure commitment to a shared strategic vision; and work collaboratively and flexibly with partners to build a consensus.

SHORTLISTING CRITERIA

45. Applicants should note that after the eligibility sift, should it be necessary to shortlist individuals to go forward to interview, the Panel will carry out an objective evaluation of the depth and breadth of information provided by applicants in response to the following eligibility criteria:

- Criterion 1: Leadership;

- Criterion 2: Change Management; and
- Criterion 4: Performance Management.

Section 5 - Application, Access NI and Selection Process

46. The Department is committed to the principles of public appointments based on merit with independent assessment, openness and transparency of process. The Department is also committed to equality of opportunity and welcomes application forms from all suitably qualified applicants irrespective of religious belief, gender, race, political opinion, age, disability, marital status, sexual orientation, or whether or not they have dependants.
47. The Department is committed to taking measures to improve the diversity of the Boards to which they make appointments. The Department wants to encourage more women, young people, ethnic minorities and people with disabilities to apply for appointments. Applications from these groups would be particularly welcome.
48. This appointment is regulated by the Commissioner for Public Appointments for Northern Ireland (CPANI) and the competition may be examined by CPANI for compliance with the Commissioner's Code of Practice.

Application Procedure

49. Application forms or further information about the process can be obtained from Paul Bradley at the address on the cover of this document, by e-mailing a request to: Irrelevant information redacted by the USI or by contacting the Public Appointments Unit on Personal Information redacted by the USI. Alternatively you can download the information pack at: <https://www.health-ni.gov.uk/topics/health-workforce-policy-and-management/doh-public-appointments>
50. Hard copy or electronic versions of the application form are acceptable. You must not reformat the electronic application form. CVs, letters, or any other supplementary material in place of, or in addition to, completed application forms will not be accepted.

51. Applications should be fully completed and as clearly as possible using black ink or typescript **minimum font size of Arial 12, single-line spacing**.
52. Your application is very important. You must demonstrate clearly on your application form how and to what extent your experience is relevant to the published essential criteria for the post (including dates where appropriate). It is not enough simply to list the various posts that you have held. The Department will not make assumptions from the title of your post or the nature of the organisation as to the skills or experience gained.
53. The Department recommends that applicants read the 'Public Appointments Guide' published by the Executive Office. The guide provides an overview of Public Appointments in Northern Ireland and includes helpful information for those wishing to apply.
<https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/public-appointments-guide.pdf>
54. Applicants may also wish to read 'Partnerships between Departments and Arm's Length Bodies: NI Code of Good Practice' published by the Department of Finance in March 2019. This publication aims to set out principles of good practice which can be applied to derive greater value from, and bring consistency to, relationships between Departments and Arm's Length Bodies.
<https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/daodof0319att.pdf>
55. If all sections of the application form are **NOT** completed your application **WILL BE EXCLUDED**.
56. **You must NOT exceed the maximum 500 word count per essential criterion. Text beyond the allotted word count will be redacted by the Public Appointments Unit and not considered by the Panel carrying out the sift stage of the appointment process.**

57. There may be several aspects to a criterion, so ensure you provide evidence that shows how you meet all aspects.
58. The Information Booklet and Application Form can be provided in alternative formats. Any applicants who require assistance should contact Paul Bradley (contact details on cover sheet). All reasonable adjustments will be made to accommodate the needs of applicants with a disability. Further information on the Guaranteed Interview Scheme can be found at paragraph 76.
59. Application forms should be submitted by post, email or in person to arrive with Paul Bradley by **12 Noon GMT on 25 November 2019** (see contact details on cover sheet). The date and time of receipt will be formally recorded on all applications. It is the responsibility of the applicant, taking into account their chosen method of delivery, to ensure that sufficient time is allowed for their application to arrive with the Department on or before the deadline. **Late applications will not be accepted.** Please ensure that posted applications bear the correct amount of postage as any shortfall may lead to a delay in delivery, causing you to miss the deadline. The Department does not accept any application where they have been asked to pay any shortfall in postage. All applications will be acknowledged on receipt by email.
60. Please check your application form before submitting it as **the Department will not examine applications until after the closing date** and failure to fulfil the application requirements will result in your application form being excluded from the process.

ACCESS Northern Ireland (Access NI)

61. It is the Department's policy to carry out an "Enhanced Disclosure Check" for the appointment of the Non-Executive Chair.
62. The criminal record check will be undertaken by Access NI, which is the responsibility of the Department of Justice in Northern Ireland and operates under the provisions of Part V of the Police Act 1997.

63. Access NI enables organisations in Northern Ireland to make more informed recruitment decisions by providing criminal history information about anyone seeking paid or unpaid work in certain defined areas, such as working with children or vulnerable adults.

Selection Process

64. Competence based interviewing tests applicants against the specific selection criteria for a particular appointment. The application form gives you an opportunity to provide examples relevant to the specific criteria. These examples provide the Panel with information and evidence about you, and a deeper understanding of your ability.
65. The interview is a crucial part of the appointment process and thorough preparation is essential. You can prepare by:
- reading and thoroughly understanding the selection criteria;
 - reminding yourself of the examples you used in your application form and being prepared to expand on these at interview, if asked;
 - rehearsing how you might relate your experiences to the Interview Panel, emphasising your own role and responsibilities; and
 - not assuming that your qualities and experience will speak for themselves.
66. Further general guidance on the Criteria Selection Based Process can be found at **Annex B**.
67. It will be the responsibility of either an Interview Panel comprising three members (two senior officers from the Department and one CPANI Independent Assessor) or an appointed Sift Panel to conduct the sift stage of the appointment process.
68. With the agreement of the Commissioner, the Department reserves the right to employ a Sift Panel comprising three CPANI Independent Assessors to conduct the sift stage of written applications. If the Department opts to use a Sift Panel,

the Independent Assessor allocated by CPANI to sit on the Interview Panel will be appointed to the role of Lead Independent Assessor on the Sift Panel.

69. Application forms provided to the Panel responsible for conducting the sift exercise will be anonymised, which means that it will not include your name or personal details. The Panel will carry out a sift of all of the eligible application forms received to assess each applicant against the essential selection criteria.
70. The Panel conducting the sift exercise will reach a decision as to whether an applicant meets each criterion on the basis of the evidence supplied on the application form.
71. As noted at paragraph 45, should it be necessary to shortlist applicants to go forward to interview, the Panel will carry out an objective evaluation of the depth and breadth of information provided by applicants in response to the following eligibility criteria:

Criterion 1: Leadership;

Criterion 2: Change Management; and

Criterion 4: Performance Management.

72. Any applicant who is assessed as not meeting any **one** of the essential criteria will not be eligible to proceed to the next stage of the selection process. Feedback may be requested at any stage of the process.
73. If you are dissatisfied with the Panel decision or have any queries in relation to not being selected for interview, you should write to the Department at the address provided, within 10 working days from the date on the letter notifying you of the outcome of the shortlisting process. All correspondence will be acknowledged by return.

74. Applicants invited for interview will be eligible to claim reimbursement of reasonable travelling expenses incurred within the UK and Republic of Ireland in attending for interview. If you cannot make the interview time offered, we will try our best to reschedule your appointment. Any other appropriate expenses such as particular costs associated with disabilities or childcare can also be claimed. An expenses claim form will be issued with your invitation to interview letter.
75. At interview, all applicants must satisfy the Panel that they adequately meet all of the relevant criteria. Presently, it is the Department's intention that the list of those judged suitable for appointment will be presented to the Minister/Department in a ranked order, i.e. the Panel will score applicants at interview and a list produced in order of interview score. An applicant summary will provide the Minister/Department with an objective analysis of each applicant's skills and experience, based on the information provided by each applicant during the appointment process and the Panel's assessment of that applicant.
76. The Department will operate a Guaranteed Interview Scheme (GIS) for this appointment. The GIS has been developed for applicants with disabilities or those with long term impairment or a health condition that is expected to last for at least 12 months. In these instances, provided that the applicant has demonstrated in their application form that they have met the essential criteria for the post, the applicant will be offered a guaranteed interview. You do not have to have a registered disability to apply and have your application considered under GIS. **Should you wish to be considered under the GIS scheme please complete the separate GIS Application document.**
77. Applicants whom the Panel assess as not suitable for appointment and whose names are **not** being presented to the Minister/Department will be advised by letter following interview.
78. Applicants whom the Panel assess as suitable for appointment and whose names are being presented to the Minister/Department will be advised of this by letter following interview.

79. An Access NI check is requested for the applicants the Minister/Department has selected for appointment. All documentation relating to Access NI will be destroyed by the Department once the appointment process has been completed.
80. Once the Access NI check has cleared you will be invited, by telephone, to accept the appointment. The appointment will then be formally confirmed in writing and you are required to confirm acceptance of the post and Terms of Appointment.
81. All other interviewees will be advised in writing of the outcome of their interview once the selection has been made.
82. The Minister/Department may decide to create a reserve list to cover any unforeseen vacancies that arise within 12 months following the initial appointments.

Section 6 - Probity and Conflicts of Interest

83. The Department must ensure that any individual appointed is committed to the seven principles of conduct underpinning public life and values of public service. These (Nolan) principles are: **Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership**. The successful applicant will be asked as part of their appointment to sign a declaration committing to the seven principles.
84. Attached for your information at **Annex C** is a copy of “Probity & Conflicts of Interest – Guidance for Applicants”. Separately attached is a leaflet from the Commissioner for Public Appointments (NI), about “Conflicts of Interest, Integrity and Making a Complaint”. These provide information on these issues including some examples to help applicants evaluate whether or not they have a real, perceived or potential conflict.
85. The Department must take account of any actual or perceived conflict of interest. Therefore, applicants in their application form must disclose information or personal connections, which, if they were to be appointed, could lead to a conflict of interest or be perceived as such. Failure to do so could lead to the appointment being terminated.
86. It is very important that all applicants provide appropriate details on their application form of any interests which might be construed as being in conflict with the appointment for which they have applied. If it appears, from the information provided on the form, that a possible conflict might exist, or arise in the future, this will be fully explored with the applicant with a view to establishing whether it is sufficiently significant to prevent the individual from carrying out the duties of the post. The Panel will do this at interview stage.

Insolvency Checks

87. The Department may also contact the Insolvency Service to check if applicants are recorded on the Disqualification of Directors or Bankruptcy registers.

Other Public Appointments

88. Departments have a duty to satisfy themselves, as far as practicable, that those they appoint to the Boards of public bodies will carry out their duties in an efficient and effective manner. This Department may therefore check with other Departments if there are any probity or performance issues associated with applicants who hold public appointments. Similar information will be provided by this Department on request about all associated Board members.

The Two Terms Rule

89. According to the CPANI Code of Practice those who have served two terms in the same position on the same Board cannot apply through open competition for a third term. If any applicant has served two terms in this position their application will be discounted at the sift stage.

Double Paying

90. Applicants who already work in the public sector need to be aware that:
- they may be ineligible for consideration for this appointment if in the Department's view there is a conflict of interest, the perception of a conflict or a potential conflict, between the appointment and their existing commitments;
 - where applicable they will be asked to confirm that they have permission from their employer to take up an appointment if one is offered; and
 - if they already work in the public sector they may need to be aware that no one should be paid twice from the public purse for the same period of time. As a result, applicants who already work in the public sector may not be entitled to claim remuneration for this position if the duties are undertaken during a period of time for which they are already paid by the public sector.
91. In the interests of minimising the potential for double paying, the Department reserves the right to contact your employer regarding your candidature.

Publicising Appointments

92. A Press Release will be published to announce the appointment. The Commissioner for Public Appointments also requires that the announcement about the successful applicant should contain details of their recent political activity. Consequently, should you be appointed, you will be required to complete a political activity form. Details of any political activity, together with some of the information that you have provided in your application form will be made public in the press announcement. This applies particularly to any other public appointments you may hold, and to any significant political activity recently undertaken by you. The Press Release will include:

- Your name;
- A short description of the body to which you have been appointed;
- A brief summary of the skills and knowledge you bring to the role;
- The period of appointment;
- Any remuneration associated with the appointment;
- Details of all other current public appointments held and any related remuneration received; and
- Details of any political activity declared in the last five years.

Section 7 - Equal Opportunities Monitoring and Complaints Procedure

Equal Opportunities Monitoring Form

93. The Department is committed to providing equality of opportunity. The Department monitors the gender, ethnic origin, community background and disability of applicants to ensure that equal opportunities measures are effective in its appointments processes. Applicants are therefore asked to complete the Equal Opportunities Monitoring Form issued separately. The information is purely for monitoring purposes. It is **not** made available to the Panel and does **not** play a role in the decision-making process.

Diversity in Public Appointments

94. We value and promote diversity and are committed to equality of opportunity for all and appointments made on merit. We believe that the best boards are those that reflect the communities they serve.
95. The Department is committed to equality of opportunity and welcomes applications from all suitably qualified people irrespective of religious belief, gender, disability, ethnic origin, political opinion, age, marital status, sexual orientation or whether or not they have dependants.
96. We particularly welcome applications from women, people from ethnic minority communities, and people with disabilities who we know are under-represented in Chair and Non-Executive roles.

Complaints Procedure

97. The Department is committed to getting this appointment process right first time. However, if you are not entirely satisfied with any aspect of our service, please tell us and we will do our best to resolve the matter. Our aim is to resolve any complaint quickly and you are invited initially to bring any concerns you may have to Public Appointments Unit. However, if you still feel dissatisfied after this approach, you may initiate a formal complaint in writing.

98. Please direct your concerns in the first instance to:

DoH, Public Appointments Unit
Department of Health
Room D1
Castle Buildings, Stormont Estate
Belfast
BT4 3SQ

Email: Irrelevant information redacted by the USI

Telephone: Personal Information redacted by the USI

99. If, after the Department's Complaints procedure has been completed, you remain dissatisfied, you may also direct your concerns to:-

The Commissioner for Public Appointments for Northern Ireland (CPANI)
Annexe B
Dundonald House
Stormont Estate
Upper Newtownards Road
Belfast
BT4 3SB

Email: Irrelevant information redacted by the USI

Telephone: Personal Information redacted by the USI

DISQUALIFICATIONS

HOUSE OF COMMONS AND NI ASSEMBLY DISQUALIFICATIONS

Under the terms of the House of Commons Disqualifications Act 1975¹, the Northern Ireland Assembly Disqualification Act 1975², and the European Parliamentary Elections Act 2002³, existing MPs, MLAs and MEPs cease to hold their elected office if they take up an appointment to a public body listed in the aforementioned legislation.

The HSCB is listed in the above-mentioned legislation; therefore an individual appointed to the position of Non-Executive Chair or Non-Executive Member to the HSCB will be disqualified from being an MP, MLA or MEP.

If an individual holding a public appointment decides to stand for election as an MP, MEP or MLA, it is their responsibility to check whether the public body to which they belong or the office that they hold is listed in the appropriate Disqualification Act.

If the public body to which an individual belongs or the office that they hold is listed in the Disqualification Act they must immediately notify the Department of their intention to stand for election. To avoid any disqualification issues from arising later they should resign their appointment before submitting their nomination as candidate in an election. If they have not resigned their public appointment before submitting their nomination as a candidate and are subsequently elected as an MP, MLA or MEP their election will be void.

OTHER HEALTH & SOCIAL CARE BODY/ARM'S LENGTH BODY DISQUALIFICATIONS

If you are currently serving as a Non-Executive of a Health and Social Care Body or any other Arm's Length Body, there is an onus of responsibility on applicants to not only

¹ <http://www.legislation.gov.uk/ukpga/1975/24/contents>

² <https://www.legislation.gov.uk/ukpga/1975/25/contents>

³ <http://www.legislation.gov.uk/ukpga/2002/24/contents>

examine the disqualifications of the organisation to which they are applying, but also to be aware of any disqualifications which exist on the body to which they currently serve.

In some cases it is not possible to hold two concurrent appointments, however you should note that disqualification is from appointment to a post, not application. In the event of a relevant disqualification you may be required to resign from a current position in order to accept this post.

DISQUALIFICATION FOR APPOINTMENT TO THE HSCB

Disqualifications apply which are specific to membership of the HSCB are outlined in the following extract of The Regional Health and Social Care Board (Membership) Regulations (Northern Ireland) 2009

Disqualification for appointment

- 1.—(1) Subject to regulation 5, a person shall be disqualified for appointment under regulation 2(1) if that person—
- (a) has within five years of the day the appointment would otherwise have taken effect been convicted whether in the United Kingdom or elsewhere of any offence and has been given a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
 - (b) has been dismissed, other than by reason of redundancy, from any paid employment with the Department, a health and social care body or a health service body;
 - (c) is the subject of a bankruptcy restrictions order;
 - (d) is subject to a disqualification under the Company Directors Disqualification (Northern Ireland) Order 2002⁽⁴⁾, the Company Directors Disqualification Act 1986⁽⁵⁾ or to an order made under section 429(2)(b) of the Insolvency Act 1986⁽⁶⁾ (failure to pay under county court administration order);
 - (e) has been—
 - (i) removed from the office of charity trustee or trustee for a charity in Northern Ireland or by an order made by the Charity Commissioners or the High Court in England and Wales on the grounds of any misconduct or mismanagement in the administration of the charity for which that person was responsible or to which that person was privy, or which that person by his conduct contributed to or facilitated; or
 - (ii) removed under section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990⁽⁷⁾ (powers of the Court of Session to deal with management of charities), from being concerned in the management or control of any body;

⁽⁴⁾ S.I. 2002/3150 (N.I. 4)

⁽⁵⁾ 1986 c.46

⁽⁶⁾ 1986 c.45

- (f) is a Chair, chairman, member or non-executive director of a health and social care body or a health service body;
 - (g) holds any paid employment or office with the Department, a health and social care body or a health service body;
 - (h) is a person who has been removed from the office as the Chair, chairman, member or non-executive director of a health and social care body or a health service body.
- (2) For the purposes of paragraph 1(a)–
- (a) the date of conviction shall be deemed to be the date on which the ordinary period allowed for making an appeal or application with respect to the conviction expires or, if such an appeal or application is made, the date on which the appeal or application is finally disposed of or abandoned or fails by reason of its not being prosecuted; and
 - (b) there shall be disregarded–
 - (i) any conviction by or before a court outside the United Kingdom for an offence in respect of conduct which, if it had taken place in any part of the United Kingdom, would not have constituted an offence under the law in force in that part of the United Kingdom;
 - (ii) any sentence of imprisonment passed by such a court on a person who at the time the sentence was passed was under 21 years of age.
- (3) For the purposes of paragraph 1(b)–
- (a) a person shall not be treated as having been in paid employment by reason only of his being a Chair, chairman, member or non-executive director of a health and social care body or health service body; and
 - (b) “dismissed” excludes dismissal which was established to have been unfair in industrial tribunal proceedings.

Cessation of disqualification

2.—(1) Subject to paragraph (2), where a person is disqualified under regulation 4(1)(b) (dismissed employees) that person may, after the expiry of a period of not less than two years, apply in writing to the Department to remove the disqualification and the Department may direct that the disqualification shall cease.

(2) Where the Department refuses an application to remove a disqualification no further application may be made by that person until the expiration of two years from the date of the application.

(3) Where a person is disqualified under regulation 4(1)(h) (certain Chairs, chairmen, members and non-executive directors whose appointments have been terminated), the disqualification shall cease on the expiry of a period of two years or such longer period as the Department specifies when terminating the period of office but the Department may, on application being made to it by that person, reduce the period of disqualification.

⁽⁷⁾ 1990 c.40

GENERAL GUIDANCE

Criteria Based Selection Process

Criteria based selection is currently the most common method of making public appointments in Northern Ireland. What this means is that the onus is on you to provide evidence of workplace or personal performance which demonstrates that you can perform to the specified standard.

Under each of the criteria headings in the application form, you are required to provide specific and relevant examples of past behaviour which illustrate how you match the competences being sought. It is not just **what** you have done – but also **how** you did it.

You can use examples from your working life or personal life including any private, voluntary or community work you are, or have been, involved in.

It is not appropriate to simply list the various posts that you have held. Assumptions will not be made from the title of your post or the nature of the organisation as to the experience, qualities and skills gained.

You should structure your responses by setting a context for your examples, explain what you were trying to achieve, describe what you actually did and why, indicating your own individual contribution and outline the outcome or results.

Criteria Based Interview

If this is your first experience of a criteria based interview, bear in mind that it does not require you to:

- Talk through previous jobs or appointments from start to finish;
- Provide generalised information as to your background and experience; or

- Provide information that is not specifically relevant to the criterion the question is designed to test.

A criteria based interview does however require you to:

- Focus exclusively, in your responses, on your ability to fulfil the criteria required for effective performance in the role; and
- Provide specific examples of your experience in relation to the required criterion.

In preparation for the interview you may wish to think about having a clear structure for each of your examples, such as:

Situation: Briefly outline the situation

Task: What was your objective?
What were you trying to achieve?

Action: What did you actually do?
What was your unique contribution?

Result: What happened?
What was the outcome?
What did you learn?

The Interview Panel will ask you to provide specific examples from your past experience in relation to each of the criteria. You should therefore come to the interview prepared to discuss in detail a range of examples which illustrate your skills and abilities in each criterion area. You may draw examples from any area of your work/life experiences.

You are strongly advised to read the 'Public Appointments Guide' when preparing for interview - <https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/execoffice/public-appointments-guide.pdf>

PROBITY & CONFLICTS OF INTEREST GUIDANCE FOR APPLICANTS

This guidance should be read in conjunction with the information contained in the leaflet “CPANI Guidance on Conflicts of Interest, Integrity and how to raise a complaint” which provides examples of the types of issues that may give rise to conflicts of interests.

Standards of behaviour

Ministers expect that the conduct of those they appoint to serve on the Boards of public bodies will be above reproach. Everyone who puts themselves forward for a public appointment must be able to demonstrate their commitment to the maintenance of high standards in public life.

The Seven Principles Underpinning Public Life

In 1995, the Committee on Standards in Public Life defined seven principles, which should underpin the actions of all who serve the public in any way. These are:

Selflessness - Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or other friends.

Integrity - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership - Holders of public office should promote and support these principles by leadership and example.

As part of the selection process you will be tested on your commitment to maintaining high standards in public life with particular emphasis on probity issues and conflicts of interest.

What is a conflict of interest?

Public Appointments require the highest standards of propriety, involving impartiality, integrity and objectivity, in relation to the stewardship of public funds and the oversight and management of all related activities. This means that any private, voluntary, charitable or political interest which might be material and relevant to the work of the body concerned should be declared.

There is always the possibility for real or perceived conflicts of interest to arise. Both are a problem, as the perceived inference of a conflict may, on occasions, be as damaging as the existence of a real conflict.

No-one should use, or give the appearance of using, their public position to further their private interests. This is an area of particular importance, as it is of considerable concern to the public and receives a lot of media attention. It is important, therefore, that you consider your circumstances when applying for a public appointment and identify any potential conflicts of interest, whether real or perceived.

Surely a perceived conflict is not a problem, as long as I act impartially at all times?

The integrity of the individual is not in question here. However, it is necessary for the standing of the individual and the Board that members of the public have confidence in their independence and impartiality. Even a perceived conflict of interest on the part of a board member can be extremely damaging to the body's reputation and it is therefore essential that these are declared and explored, in the same way as an actual conflict would be. The fact that a member acted impartially may be no defence against accusations of potential bias.

What should I do if I think I have a conflict of interest?

You will find a section on conflicts of interest in the application form for you to complete. This asks you to consider and declare whether or not you have a real, or perceived, conflict. If you are unsure if your circumstances constitute a possible conflict, you should still complete this section, in order to give the Panel as much information as possible.

If I declare a conflict, does this mean I will not be considered for appointment?

No - each case is considered individually. If you are short-listed for interview, the Panel will explore with you how far the conflict might affect your ability to contribute effectively and impartially on the Board and how this might be handled, if you were to be appointed. For example, it may be possible to arrange for you to step out of meetings where an issue is discussed, in which you have an interest. However, if, following the discussion with you, the Panel believes that the conflict is too great and would call into question the probity of the Board or the appointment they can withdraw your application from the competition. The summary of the outcome of the interview process, which is put to the Ministers, will include clear written reference to any probity issues or perceived or actual conflicts of interest connected to any applicant put forward as suitable for appointment. It will include sufficient information to ensure that the Ministers are fully aware of any of these matters and can make an informed decision.

What happens if I do not declare a known conflict, which is then discovered by the Department after my appointment?

Again, each case would be considered on its merits, but the Department may take the view that by concealing a conflict of interest, you would be deemed to have breached the seven principles of conduct underpinning public life and may terminate your appointment.

What happens if I do not realise a potential conflict exists?

This situation may arise where the applicant is not familiar with the broad range of work which a body covers and therefore does not realise that a conflict might exist. In some cases, the Panel, with their wider knowledge of the body, might deduce that there is a potential conflict issue, based on the information on employment and experience provided by the applicant in the application form. They will then explore this at interview with the applicant.

What happens if a conflict of interest arises after an appointment is made?

This could arise for two main reasons. The first is that the member's circumstances may change, for example, they may change jobs and in doing so, a conflict with their work on the Board becomes apparent. The second is where a member is unfamiliar with the range of the work of the body, but after appointment, it becomes clear that a conflict exists where none had been envisaged during the appointment process.

In both cases, the issue should be discussed with the Chair of the Board and the Chief Executive of the body concerned, in consultation with the Sponsoring Department, to decide whether or not the member can continue to carry out their role in an appropriate manner and each case is considered individually.

It may be that the conflict is such that it would be impractical for the member to continue on the Board, if they would have to withdraw from a considerable amount of the body's routine business. In such cases, the member may be asked to stand down from the body.



Job Description

Chief Executive Health and Social Care Board

JOB SUMMARY

The Chief Executive is:

- Accountable to the Board of the HSCB for the efficient and effective management of the organisation and ensuring it meets objectives set by the Minister and Department of Health, Social Services and Public Safety (DHSSPS).
- Responsible to the Minister/Department for establishing, leading and managing the Health and Social Care Board (HSCB) established on 1 April 2009.

He/she will also act as accounting officer for the HSCB and in that capacity will be directly responsible to the Permanent Secretary of the Department for a budget of approximately £4 billion. The post holder is ultimately answerable to the Minister.

The Chief Executive, working with the DHSSPS and Trusts, will oversee the management of commissioning arrangements for the provision of health and personal social services to deliver responsive, patient and client-centred services. In line with Department policies and objectives, he/she will also provide leadership in maintaining and securing further HSC performance improvements.

Specifically, the Chief Executive will be required to ensure the achievement of the vision set out within the Transforming Your Care Framework.

Working with the Department within a framework of policies, standards and targets that reflect Ministerial priorities, the postholder's key responsibilities will be as follows:

KEY RESULT AREAS

DELIVERY

- To provide the vision and leadership necessary to determine the strategic direction of the Health and Social Care Board (HSCB) and translate this into effective working practices.
- To manage HSCB in order to achieve priority outcomes including improvements in the health and well-being of the people of Northern Ireland;
- Deliver against Ministerial priorities as established in departmental strategies and policies and translated into HSCB targets. In particular, the Chief Executive will be expected to ensure that providers deliver against all targets that are identified as critical and mandatory by the Department.
- Work with the Chief Executive of the Public Health Agency to ensure a seamless approach to the working of both organisations and the development of a single health and social care commissioning plan for Northern Ireland; and
- To take the lead role in for the commissioning of health and social care for the population of Northern Ireland. Resources will be focused on improving health and well-being, delivering effective and responsive services in line with ministerial priorities, and promoting choice in the health and social care economy. Specifically:
 - (a) facilitating and overseeing locality-based commissioning through the establishment of Local Commissioning Groups;
 - (b) supporting effective commissioning arrangements through the provision of planning and commissioning expertise, systems and services in relation to needs assessment, contracting and procurement;
 - (c) facilitating, where appropriate, the entry of new service providers into the Northern Ireland health and social care economy and if necessary, moving resources from existing providers where they are failing to meet necessary standards of care; and
 - (d) ensuring that commissioning decisions reflect public and ministerial priorities within the envelope of resources available.
 - (e) ensure the effective delivery and management of General Medical Services contract within the delegated authority provided by the DHSSPS
 - (f) ensure the on-going development and contribution of Integrated Care Partnerships

- Ensure that the needs of patients, clients and their carers are at the core of the way that the Board commissions services and that human, physical, capital and financial resources are effectively deployed to meet those needs to achieve the best outcomes possible;
- Manage an effective process to ensure the continuing, objective and systematic evaluation and monitoring of clinical and social care services and ensure the rapid and effective implementation of indicated improvements;
- Ensure that systems to provide high standards of care are based on good practice, research evidence, national standards and in accordance with guidelines, and to audit compliance to those standards and the statutory duty of care; and
- Achieve and sustain a high level of public confidence in the appropriateness, priority, safety and effectiveness of services provided.

STRATEGIC LEADERSHIP

- Provide clear leadership to the Board in the development of business plans, ensuring these reflect and contribute to meeting targets set by the Minister and the Department;
- Ensure the availability of appropriate professional advice and expertise to the HSCB, its Board and LCG's in fulfilling their responsibilities;
- Development of a common understanding of the vision and strategic aims of the HSCB;
- Work in partnership with the Chief Executive of the Public Health Agency to provide strategic direction on regional and local issues;
- Work with Trusts in the development of effective management and governance arrangements for service providers;
- To manage the performance of Trusts and associated support agencies against service and budget agreements in order to develop accessible, responsive and high quality services and to achieve necessary reductions in management and administrative overheads. To achieve this through the appropriate application of incentives and sanctions;
- Provision of clear and positive leadership, motivation and development to all staff throughout the HSCB to ensure their engagement with and commitment to achieving the business plan; and
- Work with the HSCB's board, staff and partners in the local health economy to ensure delivery against the agreed business plan.
- Chair regular meetings with Trust Chief Executives

CORPORATE MANAGEMENT

- With the Chair, be responsible for the organisational structure of the HSCB, its probity and effectiveness;
- Manage the HSCB through the senior management team, ensuring and maintaining effective operational management processes;

- Ensure that the work of the HSCB is clearly and effectively communicated to employees throughout the organisation and that members of the board are aware of issues and opinions of key staff groups;
- Continually evaluate and review all services in order to deliver user centred treatment and care. Change systems and practices as necessary to improve services and establish a culture of continuous improvement; and
- Ensure that systems and processes are in place to enable the Department and Board of the HSCB to evaluate the effectiveness of its use of human, capital and financial resources and that under-performance is addressed quickly and effectively.

GOVERNANCE

- Work with the Chair to ensure that the board works effectively in setting strategic objectives for the HSCB and ensuring their achievement;
- Work with the Chair and board to deliver effective governance in accordance with public sector values and the Codes of Conduct and Accountability;
- Work with the senior management team to ensure that reports on statutory functions are completed as necessary, ensuring that any action needed internally in the HSCB is taken promptly;
- Ensure that robust arrangements are in place to meet the statutory governance requirements;
- Ensure that arrangements are in place to assure all quality standards; and
- Monitor and report on performance against HSCB delivery targets and ensure corrective action is taken when there is unacceptable deviation from the Board's agreed business plan.

EXTERNAL RELATIONSHIPS

- Establish collaborative relationships with external partners in the public, private, community and voluntary sectors to develop initiatives which will improve services and inter-agency communication;
- Develop linkages with the DHSSPS, reflecting the responsibility of the Board and the Chief Executive to deliver the Minister's decisions and priorities;
- Develop linkages with the Public Health Agency, Business Services Organisation, Patient and Client Council and Health and Social Care Trusts, to promote best practice and innovation in the provision of services;
- Work with the Department, other Agencies and Trusts in developing a strategy for dealing with the media which reflects ministerial views and which secures the confidence of public representatives; and
- Develop a strategy to maximise effective engagement of users and local communities in the planning, delivery and evaluation of health and social care services.

FINANCES

- Work through the senior management team and commissioning systems to ensure that budgets associated with commissioned services are managed to deliver agreed volumes of activity and give the best outcomes to the public of Northern Ireland for resources available;
- Secure effective and efficient use by providers of the resources committed by the Board and the LCGs through the commissioning system;
- Ensure that robust financial systems and controls are in place to achieve “break-even” on its budgets and that immediate action is taken to control over-spends;
- Develop, through the Finance Director, management information on financial spend and inter-linkages such as overtime, absence and agency costs, which inform management and control of budgets; and
- To ensure fair and equitable allocation of resources, promote value for money and achieve financial probity, accountability and control by developing, operating and maintaining robust business planning and financial systems.
- Ensure effective management of the Board’s own financial allocation.

HSCB PEOPLE MANAGEMENT

- Ensure that people management practices support continuous improvement in staff capability and quality of services provided, including encouragement of and widening participation in learning opportunities;
- Lead the development of systems to promote the health and well-being of staff;
- Develop and maintain systems to support development and performance appraisal for all staff to ensure that poor performance is dealt with quickly and remedial action taken;
- Develop, through the HR Director, management information on staff utilization, development and return on investment, which improve management and a rigorous continuous improvement culture; and
- Ensure that the Board has a diverse and representative workforce, and that the right skills are in the right place to deliver its objectives.

COMMUNICATION

- To promote a common understanding of the role of the Board, both within and outside the organisation, and ensure effective working relationships and lines of accountability and communication are developed and maintained in relation to the Department, Public Health Agency, Regional Business Services Organisation, Patient and Client Council, Trust Chief Executives Local Commissioning Groups and key external stakeholders.

DEVELOPMENT OF SELF

- Lead by example to ensure that the Board demonstrates respect, through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services;
- Lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HSC managers; and
- Continuously strive to develop self and improve capability in the leadership of the Board and its staff.

GENERAL RESPONSIBILITIES

Employees of the Board will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner;
- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;
- comply with No Smoking Policies;
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;
- adhere to equal opportunities policy throughout the course of their employment;
- ensure the on-going confidence of the public in service provision; and
- as the accountable officer, comply with the code of business conduct.

RECORDS MANAGEMENT

Chief Executives are responsible for all records held, created or used as part of their business including patient/client, corporate and administrative records, whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

Note: This job description is an indication of the responsibilities of the Chief Executive. It is not a definitive description and may change in light of final Ministerial decisions and the HSC Framework Document.

Information Pack – Chief Executive – Regional Health and Social Care Board

The post holder, as Chief Executive, will lead and manage a wide range of staff drawn from professional, technical, administrative and financial disciplines. .

This is a permanent full time appointment.

Terms and Conditions

Salary will be Senior Executive Level per annum although this may be negotiable for the right candidate (if the successful applicant is currently on medical terms and conditions of service, the Board will consider attaching these, or elements of these, to the new post in discussion with the individual), and the post will be based in HSCB Headquarters, 12/22 Linenhall Street, Belfast but will regularly be required to travel to local offices and other venues within Northern Ireland. The post holder may also be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

For successful candidates, the existing Senior Executive Performance Management arrangements will be as follows. The annual pay increase will consist of two elements: a salary review element and a performance element. The salary review increase will be determined by the NHS Pay Review Body. The performance element will be the difference between the salary review increase and the increase in staff in post limit set by HM Treasury. Those staff currently on Senior Executive contracts will transfer on appointment to the amended performance management arrangements as outlined above.

In addition to the 10 public holidays, the annual leave allowance will be 33 days.



Health and
Social Care

Personnel Specification:

Chief Executive Health and Social Care Board

Applicants must clearly demonstrate in the application form evidence of the qualifications and experience noted below. Only information contained in the application form will be considered at the shortlisting stage.

ESSENTIAL CRITERIA:

Qualifications and/or experience required:

- A university degree or relevant professional qualification and worked for at least 3 years in a senior management¹ role, in the last 6 years, in a major complex organisation² comprising working experience of the range of services currently provided within a modern health and social care system

OR

- Successfully discharged, for a period of at least 5 years, within the last 8 years, senior management responsibilities at Chief Executive/Director level;
- At least 3 years' experience, within the last 6 years, of managing major change programmes addressing significant organisational, managerial or service change;
- Delivered against challenging performance management programmes meeting a full range of key targets and making significant improvements;
- Worked with a diverse range of stakeholders, external to the organisation, to achieve successful outcomes;
- Had personal accountability for a significant³ budget for 3 years, within the last 6 years, in a complex organisation, securing value for money by effective prioritisation and driving efficiencies; and

³ "significant" is defined as contributing directly to key corporate objectives of the organisation concerned.

- Successfully demonstrated high level governance and organisational skills (including strategic planning, risk management, financial and people management skills).

DESIREABLE CRITERIA:

The following additional desirable criteria may be introduced dependent upon the number of applications received.

- Experience of leadership in health or social care.

The post holder may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate must hold a full current driving licence (valid in the UK) and have access to a car at the closing date or have * access to a form of transport which will permit the applicant to carry out the duties of the post in full.

(* this relates only to any person who has declared that they have a disability, which debars them from driving)

It is essential that applicants provide sufficient details, using examples and dates where appropriate, to demonstrate how they meet these criteria.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential, that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

In addition to shortlisting, applicants should be aware that there may be a preliminary stage to the selection process and further details will be provided at the appropriate time if this is to be the case.

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Framework at <http://www.leadershipacademy.nhs.uk/discover/leadership-framework/> and Knowledge and Skills Framework as identified in the job description.

- Demonstrating personal qualities
- Working with others
- Managing services
- Improving services
- Setting direction
- Creating the vision
- Delivering the strategy

Applicants please note:

Whilst elements of the essential criteria of the Personnel Specification will form the basis for shortlisting, these may become more stringent by tightening of the current criteria

*** The appointment is subject to proof of the attainment of any qualifications deemed essential to the post and used as a basis for shortlisting. Failure to provide evidence of the required qualifications prior to taking up the post will result in the offer of employment being withdrawn.**

All appointments to the HSCB are subject to assessment by the Occupational Health Service.

Please note that the HSCB operates a “No Smoking” Policy and all employees MUST comply with this.

We are an Equal Opportunities Employer

November 2013



Department, Board, Agency and Trust links

Further details may be obtained on the Department of Health, Social Services and Public Safety and each of the current Trusts' using the following links:

Department of Health, Social Services and Public Safety

www.DHSSPS.Gov.uk

Health and Social Care Board

www.hscboard.hscni.net

Public Health Agency

www.publichealth.hscni.net

Business Services Organisation

www.hscbusiness.hscni.net

Patient Client Council

www.patientclientcouncil.hscni.net

Belfast Health and Social Services Trust:

www.belfasttrust.hscni.net

Northern Health and Social Services Trust:

www.northerntrust.hscni.net

Southern Health and Social Services Trust:

www.southerntrust.hscni.net

South Eastern Health and Social Services Trust:

www.setrust.hscni.net

Western Health and Social Services Trust:

www.westerntrust.hscni.net

**Candidate
Information
Booklet**

IRC257067

**Interim Chief Executive
Health and Social Care Board/Deputy
Secretary (Designate) Health Service
Operations Group**

Department of Health

**Completed Application Forms
must be submitted to
HRConnect no later than 12
noon (UK time) on
*Friday 31st July 2020***

**Please retain a copy of this
booklet for your reference
throughout the selection
process.**

Department of Health**Improving health and social well-being****Communication between HRConnect and you**

HRConnect will issue electronically as many competition communications as possible, you should therefore check your email account, including junk mail folder, to make sure that you don't miss any important communications in relation to this competition. There may, however, still be a necessity to issue some correspondence by hard copy mail.

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FOREWORD

Thank you for your interest in this opportunity to apply for the position of Interim Chief Executive of the Health and Social Care Board (HSCB)/Deputy Secretary (designate) Health Service Operations Group in the Department of Health.

This is an important and challenging post. The opportunity to apply occurs at a period of significant change in the Northern Ireland Health and Social Care (HSC) system. The post holder will play a key role during this period by leading the HSCB through a transition programme: to close the HSCB and transfer its responsibilities, functions and resources to the Department and the Public Health Agency (PHA); establish the proposed Health Services Operations Group within the Department; while maintaining the important business as usual functions of the HSCB.

The post provides an excellent opportunity to deliver results that will make a real difference to people's lives and will offer significant job satisfaction.

If, after reading this candidate information pack, you would like to speak to someone before making an application, we would encourage you to contact Jackie Johnston at Personal Information redacted by the USI

Thank you again for your interest in this competition.

RICHARD PENGELLY

**PERMANENT SECRETARY and HSC CHIEF EXECUTIVE
DEPARTMENT OF HEALTH**

BACKGROUND

ABOUT THE DEPARTMENT OF HEALTH

The Department leads and manages the business of:

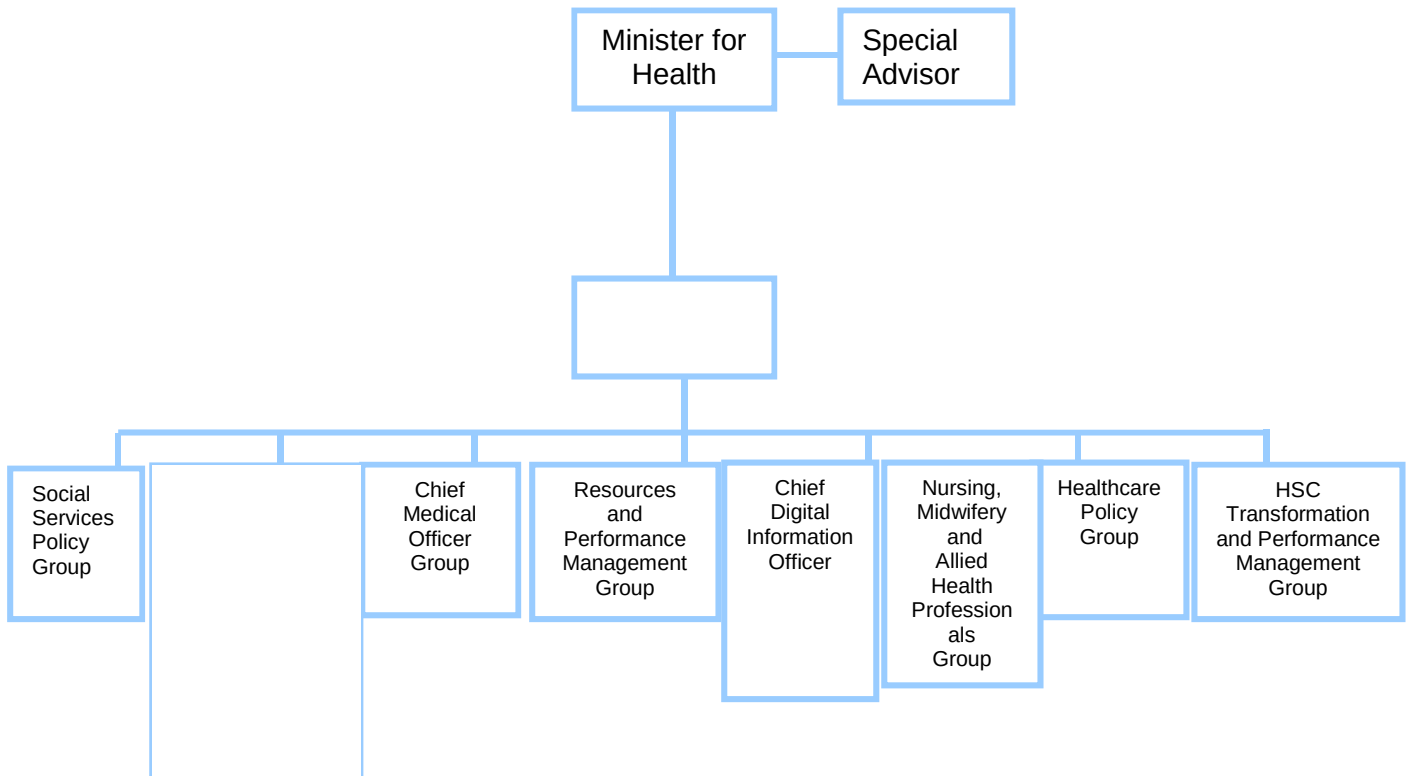
- Health and Social Care, which includes policy and legislation for hospitals, family practitioner services, community health and personal social services;
- Public Health, which covers responsibility for policy and legislation to promote and protect the health and well-being of the population of Northern Ireland; and
- Public Safety, which encompasses responsibility for the policy and legislation for the Ambulance Service, Fire and Rescue Service, food safety and emergency planning.

The Department's overall aim is to build a world-class health and social care service for the people of Northern Ireland. This includes; a strong focus on reform and transformation initiatives; enhancing the quality of health and social care services for patients, clients and carers in order to improve outcomes; safeguarding vulnerable people; ensuring that patients, clients and carers have the best possible experience in every aspect of their treatment, care and support.

The Department's mission is to improve the health and social well-being of the local population. It endeavours to do so by ensuring the provision of appropriate health and social care services, both in clinical settings, such as hospitals and GP surgeries, and in the community, through nursing, social work and other professional services. It also supports programmes of health promotion and education to encourage the community to adopt activities, behaviours and attitudes which will lead to better health and well-being.

The Department is currently responsible for a budget of around £6 billion a year and a capital investment programme of over £200 million a year. The Department's core functions include healthcare policy, social policy, public health, safety and quality, professional advice, capital investment and project management, and resources and performance management.

The functions within the Department may be subject to review and change in the future.

Department of Health Structure

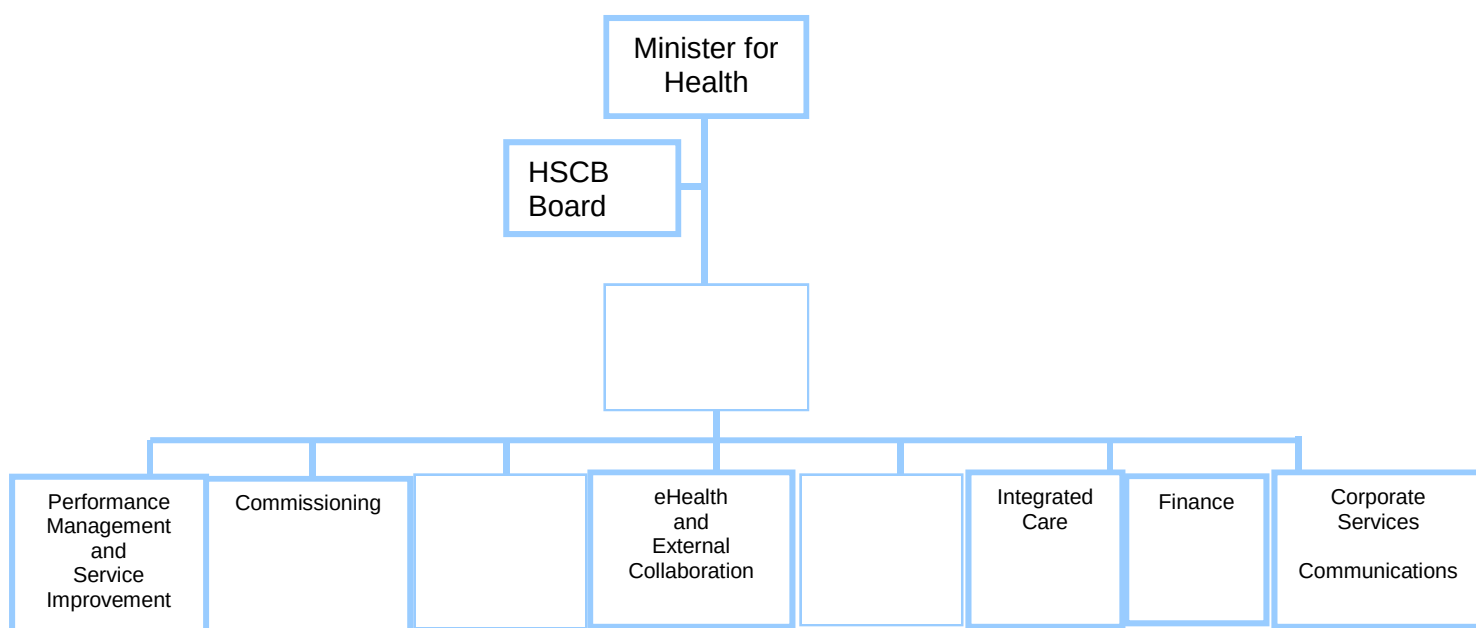
ABOUT THE HEALTH AND SOCIAL CARE BOARD

The Health and Social Care Board (HSCB) is a statutory organisation accountable to the Minister for Health, with responsibility for turning the vision for health and social care into a range of services that deliver high quality and safe outcomes for patient and service users, are good value for the taxpayer, and comply with statutory duties. The role of the HSCB is broadly contained within three functions:

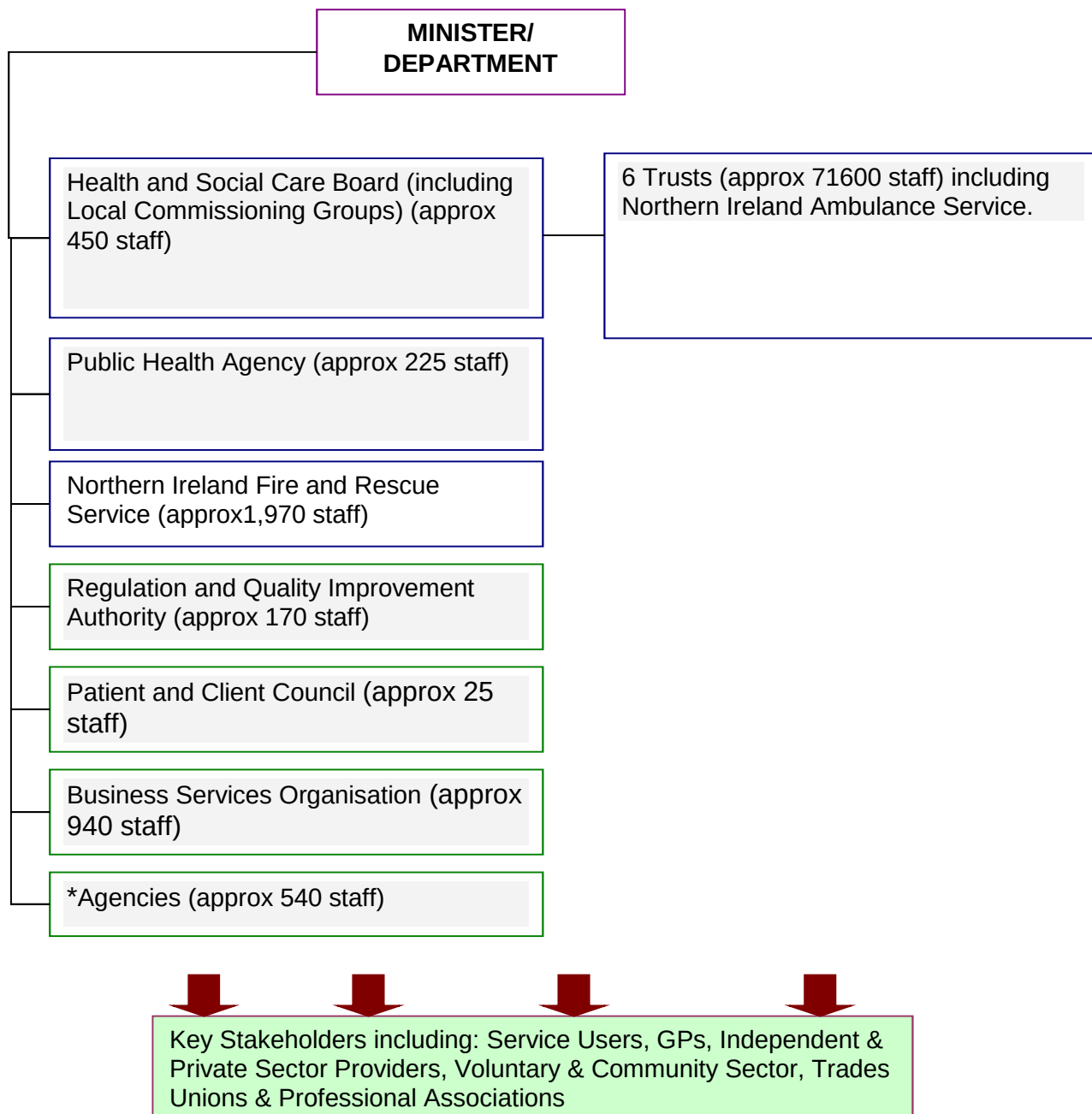
- Arranging or 'commissioning' a full range of health and social care services for the 1.8 million people who live in Northern Ireland.
- Performance management of Health and Social Care Trusts that provide services to the population, and supporting service improvements to ensure optimal quality and value for money, in line with relevant government targets.
- Deploying and managing annual funding from the Northern Ireland Executive – currently around £4.5 billion – to ensure this is targeted according to need, and reflects the aspirations of local communities and their representatives.

The Minister for Health has confirmed the closure of the HSCB, as part of the wider transformation of the delivery of health and social care in Northern Ireland. Following closure, its functions will be split and transfer to the Department of Health and the Public Health Agency (PHA). It is anticipated that the HSCB will close on a date not later than 31 March 2022 subject to: Assembly approval of the necessary legislation; approval of the associated business case; and, completing all financial, staffing and other regulatory requirements.

Health and Social Care Board Structure



HEALTH AND SOCIAL CARE ORGANISATIONAL STRUCTURES



*Agencies = Special Agencies:

Northern Ireland Blood Transfusion Service

Northern Ireland Medical and Dental Training Agency

Northern Ireland Guardian ad Litem Agency

and Non-Departmental Public Bodies:

Northern Ireland Social Care Council (NISCC)

Northern Ireland Practice and Education Council (NIPEC)

KEY RESPONSIBILITIES

The Interim Chief Executive/Deputy Secretary (designate) will be responsible to the Minister of Health for:

- leading the HSCB to ensure the effective discharge of its responsibilities during the transition to closure and secure the orderly dissolution of the HSCB by 31 March 2022 or an earlier date;
- establishing the new Health Service Operations Group (HSOG) within the Department of Health by 1 April 2022, or an earlier date, and ensuring the smooth transfer of specified HSCB responsibilities, functions and resources to the new Group; and,
- ensuring the smooth transfer of specified HSCB responsibilities, functions and resources to the Public Health Agency (PHA) by 1 April 2022 or an earlier date.

The post holder, in their capacity as Interim Chief Executive, will be accountable to the Board of the HSCB for the efficient and effective management of the organisation and ensuring it meets objectives set by the Minister and Department of Health. He/she will also act as Accounting Officer for the HSCB and in that capacity will be directly responsible to the Permanent Secretary of the Department for a budget of approximately £4 billion.

The post holder, in their capacity as Deputy Secretary (designate) will be accountable to the Department's Permanent Secretary for setting the strategic direction to prepare the HSCB's financial, operational and human resources functions to be transferred to the Department and the PHA to be specified in the dissolution legislation.

The post holder, working with the Department and HSC Trusts, will oversee the commissioning arrangements for the provision of health and personal social services to deliver responsive, patient and client-centred services. In line with Department policies and objectives, he/she will also provide leadership in maintaining and securing further HSC performance improvements.

The post holder is ultimately answerable to the Minister. Working with the Department within a framework of policies, standards and targets that reflect Ministerial priorities, the post holder's key responsibilities will be as follows.

Delivery

- To provide the vision and leadership necessary to determine the strategic direction of the HSCB and translate this into effective working practices and manage it in order to achieve priority outcomes including improvements in the health and well-being of the people of Northern Ireland.
- Develop a strategic change management programme to deliver the transfer of HSCB's responsibilities, functions and resources to the Department of Health (Health Service Operations Group) and the PHA. The programme will provide an action plan and timetable to ensure continuing organisational effectiveness in the areas of strategy, structure, systems, shared values, skills, style and staff.
- Deliver against Ministerial priorities as established in the commissioning plan, departmental strategies and policies and translated into HSCB targets. In particular, the post holder will be expected to ensure that providers deliver against all targets that are identified as critical and mandatory by the Department.
- Work with the Chief Executive of the Public Health Agency to ensure a seamless approach to the working of both organisations and the delivery of an integrated health and social care commissioning plan for Northern Ireland.
- To oversee the arrangements for the commissioning of health and social care for the population of Northern Ireland. Resources will be focused on improving health and well-being, delivering effective and responsive services in line with ministerial priorities, and promoting choice in the health and social care economy. Specifically:
 - a) facilitating and overseeing locality-based commissioning through the establishment of Local Commissioning Groups (LCG);
 - b) supporting effective commissioning arrangements through the provision of planning and commissioning expertise, systems and services in relation to needs assessment, contracting and procurement;
 - c) facilitating, where appropriate, the entry of new service providers into the Northern Ireland health and social care economy and if necessary, moving resources from existing providers where they are failing to meet necessary standards of care; and

- d) ensuring that commissioning decisions reflect public and ministerial priorities within the envelope of resources available.
- Ensure that the needs of patients, clients and their carers are at the core of the way that the HSCB commissions services and that human, physical, capital and financial resources are effectively deployed to meet those needs to achieve the best outcomes possible.
- Manage an effective process to ensure the continuing, objective and systematic evaluation and monitoring of clinical and social care services and ensure the rapid and effective implementation of indicated improvements.
- Ensure that systems to provide high standards of care are based on good practice, research evidence, UK national standards and in accordance with guidelines, and to audit compliance to those standards and the statutory duty of care.
- Achieve and sustain high level of public confidence in the appropriateness, priority, safety and effectiveness of services provided.

Strategic Leadership

- Provide clear leadership to the HSCB in the development of business plans, ensuring these reflect and contribute to meeting targets set by the Minister and the Department.
- Ensure the successful delivery of the strategic change programme by aligning the HSCB's core values and corporate culture with those of the Department to achieve a smooth transition of the HSCB's specific functions to the proposed Departmental Health Service Operations Group.
- Ensure the successful delivery of the strategic change programme by working with the Chief Executive of the Public Health Agency (PHA) to achieve a smooth transition of the HSCB's specific functions to the PHA by aligning both organisation's core values and corporate culture.
- Ensure the availability of appropriate professional advice and expertise to the HSCB, its Board and LCGs in fulfilling their responsibilities.
- Ensure a common understanding of the vision and strategic aims of the HSCB.

- Work in partnership with the Chief Executive of the PHA to provide strategic direction on regional and local issues.
- Work with HSC Trusts in the discharge of effective management and governance arrangements for service providers.
- To manage the performance of HSC Trusts and associated support agencies against service and budget agreements in order to develop accessible, responsive and high quality services and to achieve necessary reductions in management and administrative overheads. To achieve this through the appropriate application of incentives and sanctions.
- Provision of clear and positive leadership, motivation and development to all staff throughout the HSCB to ensure their engagement with and commitment to achieving the business plan.
- Work with the HSCB's Board, staff and partners in the local health economy to ensure delivery against the agreed business plan.

Corporate Management

- With the Chair, be responsible for the organisational structure of the HSCB, its probity and effectiveness.
- Manage the HSCB through the senior management team, ensuring and maintaining effective operational management processes.
- Ensure that the work of the HSCB is clearly and effectively communicated to employees throughout the organisation and that members of the Board are aware of issues and opinions of key staff groups.
- Continually evaluate and review all services in order to deliver user centred treatment and care. Change systems and practices as necessary to improve services and establish a culture of continuous improvement.
- Ensure that systems and processes are in place to enable the Department and Board of the HSCB to evaluate the effectiveness of its use of human, capital and financial resources and that under-performance is addressed quickly and effectively.

Governance

- Work with the Chair to ensure that the Board works effectively in setting strategic objectives for the HSCB and ensuring their achievement.
- Work with the Chair and Board to deliver effective governance in accordance with public sector values and the Codes of Conduct and Accountability.
- Work with the senior management team to ensure that reports on statutory functions are completed as necessary ensuring that any action needed internally in the HSCB is taken promptly.
- Ensure that robust arrangements are in place to meet the statutory governance requirements.
- Ensure that arrangements are in place to assure all quality standards.
- Monitor and report on performance against HSCB delivery targets and ensure corrective action is taken when there is unacceptable deviation from the Board's agreed business plan.

External Relationships

- Establish collaborative relationships with external partners in the public, private, community and voluntary sectors to develop initiatives which will improve services and inter-agency communication.
- Oversee linkages with the Department, reflecting the responsibility of the Board and the Chief Executive to deliver the Minister's decisions and priorities.
- Oversee linkages with the PHA, Business Services Organisation, Patient and Client Council and HSC Trusts, to promote best practice and innovation in the provision of services.
- Work with the Department, other Agencies and HSC Trusts in dealing with the media which reflects ministerial views and which secures the confidence of public representatives.
- Maximise effective engagement of users and local communities in the planning, delivery and evaluation of health and social care services.

Finances

- Work through the senior management team to ensure that budgets are managed appropriately and give the best outcomes for resources available.
- Secure effective and efficient use by providers of the resources committed by the HSCB and the LCGs through the commissioning system.
- Ensure that robust financial systems and controls are in place to achieve "break-even" on its budgets and that immediate action is taken to control over-spends.
- Develop, through the Finance Director, management information on financial spend and inter-linkages such as overtime, absence and agency costs, which inform management and control of budgets.
- To ensure fair and equitable allocation of resources, promote value for money and achieve financial probity, accountability and control by developing, operating and maintaining robust business planning and financial systems.

People Management

- Ensure that people management practices support continuous improvement in staff capability and quality of services provided including encouragement of and widening participation in learning opportunities.
- Lead the delivery of systems to promote the health and well-being of staff.
- Maintain systems to support development and performance appraisal for all staff to ensure that poor performance is dealt with quickly and remedial action taken.
- Develop, through the HR Director, management information on staff utilization, development and return on investment, which improve management and a rigorous continuous improvement culture.
- Ensure that the HSCB has a diverse and representative workforce, and that the right skills are in the right place to deliver its objectives.

Communication

To promote a common understanding of the role of the HSCB, both within and outside the organisation, and ensure effective working relationships and engagement, lines of accountability and communication are maintained in relation to the Department, Public Health Agency, Business Services Organisation, Patient and Client Council, HSC Trust Chief Executives, Local Commissioning Groups and key external stakeholders.

Records Management

Responsibility for ensuring that all records held, created or used as part of the business including patient/client, corporate and administrative records whether paper-based or electronic and also including emails are properly managed. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 2018 and General Data Protection Regulations.

Development of Self

- Lead by example to ensure that the HSCB demonstrates respect, through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services.
- Lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HSC managers.
- Continuously strive to develop self and improve capability in the leadership of the HSCB and its staff.

The above list is not comprehensive but gives a good indication of the main duties of the post. The emphasis on particular duties will vary over time according to business needs.

TERMS AND CONDITIONS

This is a permanent appointment at Grade 3, Deputy Secretary, level to the Senior Civil Service (SCS), the Northern Ireland Civil Service (NICS) top leadership and management resource. As such, the successful candidate may, in due course, be transferred to other posts in the NICS at the same level.

There is one permanent, full time vacancy. A reserve list will be drawn up but will only be used should this post become vacant again within the lifetime of the competition, which is for one year.

Secondment

This post may be filled by secondment of the successful candidate from his/her current employer. "Secondment" means a voluntary transfer from a permanent employer for a fixed period which does not sever the employment relationship of the person seconded with the permanent employer.

The duration will be agreed by all parties prior to the start of any secondment. A secondment would be on a candidate's current terms and conditions of service.

It is advisable that candidates interested in a secondment option make their employers aware that, under NICS secondment arrangements, the successful candidate will remain an employee of their current employer. The necessary administration arrangements will be agreed with the Department and the employer before a secondment arrangement commences.

Salary

Salary will be within the range £92,413 to £105,447 within which pay progression will be performance related.

The successful candidate should normally expect to be placed at the minimum of the range. Whilst a higher starting salary can be considered in order to secure the most suitably qualified candidate to a post where there are exceptional requirements for particular skills, qualifications or experience, this provision is used only in exceptional circumstances. If the successful candidate is an existing civil servant, normal pay on promotion/re-grading arrangements will apply.

In order to comply with the disclosure requirements in our Annual Accounts, we will be required to disclose details of the total remuneration, including any taxable benefits in kind and pension benefits for this post in our annual accounts. Further information may be disclosed in line with any future disclosure requirements relating to the senior management of departments. It is a condition attaching to the appointment to any SCS post in Northern Ireland that appointees agree to these disclosure requirements.

A successful candidate will, on appointment, become a member of the Northern Ireland Senior Civil Service.

Location

The post holder will be mainly based at HSCB Headquarters, Linenhall Street, Belfast.

As the post holder will also be a member of the Department's Top Management Group they will also be provided with office support facilities at Castle Buildings, Stormont, Belfast as required.

The post holder will be required to travel throughout Northern Ireland and beyond as necessary, which may include overnight stays.

Pensions

The NICS offers all employees an attractive pension package. Further details can be found on the Principal Civil Service Pensions Scheme (Northern Ireland) website at www.finance-ni.gov.uk/civilservicepensions-ni

Holidays

In addition to public and privilege holidays, currently 12 days, the annual leave allowance will be 30 days.

Hours of Work

The normal conditioned hours of work are full-time: 37 hours excluding meal breaks Monday to Friday. The post holder may be required to work outside their normal conditioned hours, where it is necessary for example to attend evening public consultation meetings, to fulfil the demands of the post.

Alternative working patterns will be considered.

Travel

The successful candidate must have access to a form of transport which will enable them to fulfil their responsibilities.

Vetting

An appointment will be dependent on the individual satisfying the vetting requirements for the post. The level of vetting required for this post is Security Check (SC).

Should a successful candidate have any issues which would prevent them from being considered suitable to hold an Accounting Officer designation, such as imposition of an insolvency order or making an arrangement with

creditors, or other issues connected with financial probity, they may not be considered suitable for appointment.

Conflict of Interest

It is a basic requirement of all public officials that their private activities should not bring them in to conflict with their official duties. Conflict of Interest is not limited to the individual's own private, financial or other interests, as family, friends and associates may also have dealings which affect the Department's/HSCBs business directly or indirectly. Therefore to avoid any conflict or potential conflict and to demonstrate impartiality to the public at all times, an officer must not, without prior approval, engage in any activity which could be considered to be in conflict with official business. As such, to protect employees and the Department/HSCB from public criticism, it will be mandatory for the successful candidate to complete a Conflict of Interest declaration on appointment.

Probation

Confirmation of appointment will be dependent upon the satisfactory completion of a probationary period of 1 year. If performance, conduct or attendance during this period is not satisfactory the appointment may be terminated.

Career Development

The NICS is committed to career development and offers attractive career prospects across a wide variety of roles and professions. Career development is an integral part of the performance management system. Personal Development Plans identify learning and development needs with a view to enhancing skills and capabilities. NI Civil Servants have access to a wide range of internal job opportunities, including secondments with external organisations and are encouraged and supported in proactively managing their career.

Further Information

Applicants wishing to learn more about the post before deciding to apply may contact Jackie Johnston at Personal Information redacted by the USI

If you have any questions about the competition process, or require any documentation in an alternative format, you should contact HRConnect on 0800 1 300 330 or email: Irrelevant information redacted by the USI

ELIGIBILITY CRITERIA

Applicants must, by the closing date for applications, demonstrate:

1. At least three years' experience, at senior management level*, in the last ten years, of successfully providing strategic leadership in setting the direction and accountability requirements for corporate governance, performance management, financial management and people management in a large and complex organisation**;

AND

2. At least three years' experience, at senior management level*, in the last ten years, of successfully addressing strategic challenges in a large and complex organisation**;

AND

3. At least three years' experience, at senior management level*, in the last ten years, of building effective internal and external partnerships, exercising strategic leadership and influencing skills to deliver agreed outcomes in a large and complex organisation**.

Definitions

* **'Senior management level'** experience includes taking decisions affecting strategic issues concerning the corporate body or organisation within which an individual is working, or providing detailed advice at board level on such issues. In the case of existing civil servants this would be at NICS Grade 5 level. In the case of existing HSCB staff this would be at Senior Executive Director level.

****'Large and complex organisation'** in this context is defined as a multi-functional organisation delivering a wide range of objectives, which requires a high level of collaboration with both internal and external stakeholders and which has multi-disciplinary staff. In terms of scale, large is defined as having a budget of at least £50million and an excess of 200 staff.

SHORTLISTING CRITERIA

In addition applicants should be aware that after an eligibility sift, should it be necessary to shortlist candidates to go forward to interview, the Panel will carry out an objective evaluation of the information provided by candidates in response to **eligibility criterion 1, and then if necessary eligibility criterion 3.**

This will be completed on a scored basis and only the highest scoring applicants will proceed to interview.

The Panel will complete this assessment against the information provided by candidates in response to the eligibility criteria.

Please note:

- You should ensure that you provide evidence of your experience in your application form, giving length of experience, examples and dates as required.
- It is not sufficient to simply list your duties and responsibilities.
- The selection panel will not make assumptions from the title of the applicant's post or the nature of the organisation as to the skills and experience gained.
- If you do not provide sufficient detail, including the appropriate dates needed to meet the eligibility criteria, the selection panel will reject your application.
- The examples you provide should be concise and relevant to the criteria. This is very important as the examples which you provide may be explored at interview and you may need to be prepared to talk about these in detail if you are invited to interview. It is your unique role the panel are interested in, not that of your team or division.
- State clearly your personal involvement in any experience you quote. State "I" statements e.g. I planned meetings, I managed a budget, I prepared a presentation. It is how you actually carried out a piece of work that the panel will be interested in.
- ONLY the details provided by you in your application form (the employment history and eligibility criteria) will be provided to the selection panel for the purpose of determining your eligibility for the post. Please do not include your name in the employment history or eligibility criteria sections.
- The NICS Competency framework can be accessed via www.nicsrecruitment.org.uk

ASSESSMENT PROCESS

The selection process will include a presentation and competence based interview.

PRESENTATION

As part of the selection process, candidates will be required to make a presentation relevant to the responsibilities of the post lasting no longer than 5 minutes, the title of which will be provided to candidates in the invitation to interview letter.

Applicants should fully prepare their presentation in advance of the interview as no preparation time will be provided on the day of interview. Applicants may bring prepared speaking notes into the interview to deliver the presentation. No other visual aids or handouts are permitted.

The panel will also ask follow up questions after the presentation. The presentation and follow up questions will be used to assess the '**Leading and Communicating**' competence.

Leading and Communicating - At all levels, effectiveness in this area is about leading from the front and communicating with clarity, conviction and enthusiasm. It is about supporting principles of fairness of opportunity for all and a dedication to a diverse range of citizens. At senior levels, it is about establishing a strong direction and a persuasive future vision, managing and engaging with people with honesty and integrity, and upholding the reputation of the Department and the NICS.

Marks available: 20

Please note: Notes must not be used during the interview stage of the assessment

1. Seeing the Big Picture

Seeing the big picture is about having an in-depth understanding and knowledge of how your role fits with, and supports, organisational objectives and the wider public needs. For all staff, it is about focusing your contribution on the activities which will meet Departmental and Programme for Government goals and deliver the greatest value. At senior levels, it is about understanding the political context and taking account of wider impacts, including the broader legislative agenda, to develop long term implementation strategies that maximise opportunities to add value to the citizen, support economic, sustainable growth and help to deliver the Northern Ireland Executive's priorities.

Marks available: 20

2. Changing and Improving

People who are effective in this area are responsive, innovative and seek out opportunities to create effective change. For all staff, it is about being open to change, suggesting ideas for improvements to the way things are done, and working in 'smarter', more focused ways. At senior levels, this is about creating and contributing to a culture of innovation and allowing people to consider and take managed risks. Doing this well means continuously seeking out ways to improve policy development and implementation and building a more flexible and responsive NICS. It also means making use of alternative delivery models including digital and shared service approaches where possible.

Marks available: 20

3. Achieving Outcomes through Delivery Partners

Being effective in this area is about maintaining an economic, long-term focus in all activities involving delivery partners (whether from the private, public or voluntary sectors). For all, it is about having a commercial, financial and sustainable mindset to ensure all activities and services are delivering added value and working to stimulate economic growth. At senior levels, it is about identifying economic, market and customer issues and using these to promote innovative business models, delivery partnerships and agreements to deliver greatest value; and ensuring tight controls of finances, resources and contracts to meet strategic priorities.

Marks available: 20

4. Delivering at Pace

Effectiveness in this area means focusing on delivering timely performance with energy and taking responsibility and accountability for quality outcomes. For all staff, it is about working to agreed goals and activities and dealing with challenges in a responsive and constructive way. It is also about leaders providing the focus and energy to drive activities forward through others and encourage staff to perform effectively during challenging and changing times. At senior levels, it is about building a performance culture to deliver outcomes with a firm focus on prioritisation and addressing performance issues resolutely, fairly and promptly.

Marks available: 20

5. Making Effective Decisions

Effectiveness in this area is about being objective, using sound judgement, evidence and knowledge to provide accurate, expert and professional advice. For all staff, it means showing clarity of thought, setting priorities, analysing and using evidence to evaluate options before arriving at well reasoned, justifiable decisions. At senior levels, leaders will be creating evidence based

strategies, evaluating options, impacts, risks and solutions. They will aim to maximise return while minimising risk and to balance political, legislative, social, financial, economic and environmental considerations to provide sustainable outcomes.

Marks available: 20

Total Marks Available: 120

Overall Pass Mark: 72

COMPETENCE BASED INTERVIEWS

Selection panels will design questions to test the applicant's knowledge and experience in each of the above areas and award marks accordingly.

No notes or personal documentation may be brought into the interview room.

INTERVIEWS

It is intended that interviews for this post will take place in Belfast on 7th September 2020. Due to the current Covid-19 situation it is anticipated that these interviews will proceed in adherence with social distancing protocols.

NICS COMPETENCY FRAMEWORK

The selection process will assess candidates against the NICS competency framework at level 6.

The NICS competency framework sets out how all NICS employees should work. It puts the Civil Service values of integrity, honesty, objectivity and impartiality at the heart of everything they do, and it aligns to the three high-level leadership behaviours that every civil servant needs to model as appropriate to their role and level of responsibility: Set Direction; Engage People and Deliver Results.

Competencies are the skills, knowledge and behaviours that lead to successful performance. The framework outlines ten competencies, which are grouped into three clusters. The competencies are intended to be discrete and cumulative, with each level building on the levels below i.e. a person demonstrating a competency at level 3 should be demonstrating levels 1 and 2 as a matter of course.

The Northern Ireland Civil Service competency framework can be accessed via www.nicsrecruitment.org.uk

It is important that all candidates familiarise themselves with the competency framework as this forms the basis of selection process.

Should you require assistance in accessing the competency framework please contact HRConnect.

GUIDANCE FOR APPLICANTS

APPLICATION FORM

You can apply online at www.nicsrecruitment.org.uk.

Please refer to the Candidate Information Booklet before making your application and retain a copy for your reference. The application form is designed to ensure that applicants provide the necessary information to determine how they meet the competition requirements and the eligibility/shortlisting criteria. **All** parts of the application form **must** be completed by the applicant before this application can be considered. Failure to do so may result in disqualification.

Please note:

- We will not accept CVs, letters, additional pages or any other supplementary material in place of or in addition to completed application forms, unless it is specifically requested in the application form and candidate information booklet.
- All applications must be submitted by the advertised closing date and time.
- Information in support of your application will not be accepted after the closing date for receipt of applications.
- HRConnect will not examine applications until after the closing deadline.
- Do not use acronyms, complex technical detail etc. State for the reader who may not know your employer, your branch or your job.
- Only the employment history, eligibility and shortlisting sections will be made available to the panel.
- When completing the online application, your information is saved as you move through the pages. You may leave the application at any time, providing you have clicked on the 'Save & Continue' button. Once your application has been submitted the option to edit will no longer be available.
- The session timeout for the online application is 40 minutes, if you do not save or change page within this time you will automatically be logged out and any unsaved work will be lost.
- You must click SUBMIT once you have finished your online application. You will receive an acknowledgement email. Please contact HRConnect if you do not receive an acknowledgment email within 24 hrs.

Help with making your application

You can get advice or assistance with making an application from your local Jobs and Benefits Office - contact details are available on NIDirect: <https://www.nidirect.gov.uk/contacts/jobs-benefits-offices-jobcentres-and-social-security-offices>

You can also get advice or assistance from local disability employment organisations. To find out more about local disability employment organisations contact Northern Ireland Union of Supported Employment (NIUSE), an umbrella group for individuals and organisations promoting opportunities for people with disabilities to access and maintain employment,

email [redacted], tel. [redacted], text phone [redacted]

GUIDANCE FOR APPLICANTS

INTERVIEW PREPARATION

If this is your first experience of a competence-based interview, bear in mind that it does not require you to:

- Talk through previous jobs or appointments from start to finish;
- Provide generalised information as to your background and experience; or
- Provide information that is not specifically relevant to the competence the question is designed to test.

A competence-based interview does however require you to:

- Focus exclusively, in your responses, on your ability to fulfill the competences required for effective performance in the role; and
- Provide specific examples of your experience in relation to the required competence areas.

In preparation for the interview you may wish to think about having a clear structure for each of your examples, such as:

- Situation – briefly outline the situation;
- Task – what was your objective, what were you trying to achieve;
- Action – what did you actually do, what was your unique contribution;
- Result – what happened, what was the outcome, what did you learn.

The panel will ask you to provide specific examples from your past experience to demonstrate the range of behaviours associated with the competences being assessed. You should therefore come to the interview prepared to discuss in detail a range of examples which best illustrate your skills and abilities in each competence area. You may draw examples from any area of your work / life experiences.

For professional and technical posts, questions may be framed in the context of professional elements of the post.

GENERAL INFORMATION

The Merit Principle

In accordance with the Office of the Civil Service Commissioners' Recruitment Code, appointments to the NICS are made under the 'merit principle', where the best person for any given post is selected in fair and open competition.

Further information on the Civil Service Commissioners can be found at www.nicscommissioners.org.

NICSHR Privacy Notice

NICSHR are committed to protecting your privacy. HRConnect manage job applications on behalf of NICSHR, in line with the NICSHR privacy notice available via www.nicsrecruitment.org.uk

Offers of Employment

Candidates will only receive one offer of appointment which, if not accepted, will generally result in withdrawal from the competition.

Changes in personal circumstances and contact details

Please ensure HRConnect are informed immediately of any changes in personal circumstances. It is important that HRConnect have up to date contact details.

Transgender Requirements

Should you currently be going through a phase of transition in respect of gender and wish this to be taken into consideration, in confidence, to enable you to attend any part of the assessment process please contact HRConnect. Details of this will only be used for this purpose and do not form any part of the selection process.

Merit List

HRConnect will allocate a candidate (or candidates) to a vacancy (or vacancies) in the order listed. It is presently intended that the merit list for this competition should remain extant for a period of one year. However you should be aware that circumstances may arise in the future where it will be necessary to extend the currency of the merit list for a further period. The merit list will only be extended where cogent practical reasons for doing so arise.

Disability Requirements

We will ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend any part of the assessment process.

Details of any disability are only used for this purpose and do not form any part of the selection process. If you have indicated on your application that you have a disability and are successful in the selection process and are being considered for appointment, you may be required to outline any adjustments you consider necessary in order for you to take up an appointment. If you wish to discuss your disability requirements further, please contact HRConnect.

Documentation

Identification documents to satisfy the Nationality and Security requirements of the post will be required. Further details regarding acceptable documentation will be issued with an invitation to attend for assessment.

You should ensure that the required documents are readily available.

Right to Work and Nationality Requirements

HRConnect must ensure that you are legally entitled to work in the United Kingdom and satisfy the Nationality requirements for appointment to the NICS. Applicants must be either:

- (i) A UK national; or
- (ii) A Commonwealth citizen; or
- (iii) A British Protected Person; or
- (iv) An EEA national; or
- (v) A Swiss National; or
- (vi) A person who is not an EEA or Swiss national, but is a family member of an EEA national who has moved to the UK from another EEA Member State for an approved purpose.

Further guidance on Nationality requirements is available via www.nicsrecruitment.org.uk.

Security

1. Baseline Personnel Security Standard

For this post in the NICS the level of vetting is a Standard Check (SC). For this check you will be required to provide the following:

- a) Your passport OR
- b) A document verifying your permanent National Insurance number (e.g. P45, P60 or National Insurance card) AND your birth certificate which includes the names of your parents (long version).
- c) A specimen signature at any assessment event and have this validated against passport, driving licence, application form etc.

Further information regarding the Baseline Personnel Security Standard, including other acceptable documents is available via www.gov.uk.

Those applicants who are being considered for appointment will be contacted by HRConnect, normally after interview/test, and will be asked to complete the SC application form. Please note that a request to complete this form should not be seen as a guarantee of an offer of appointment.

Failure to complete the application form and return it within the specified time will be regarded as 'no longer interested in the position' and your application will be withdrawn.

Criminal Record information is subject to the provisions of the Rehabilitation of Offenders (NI) Order 1978.

2. Counter Terrorist Check (CTC): as point 1 plus check of Security Service records.
3. Security Check (SC): as point 2 plus credit reference check.

Equal Opportunity Monitoring Form

Please note the Equal Opportunities monitoring section of the application form is mandatory in order to submit an application.

For guidance on completing the Monitoring Form and to read the NICS Equal Opportunities Policy Statement please refer to the DoF website www.finance-ni.gov.uk.

As women are currently known to be under represented at this grade in the Northern Ireland Civil Service, and as young people (people under the age of 35), people with a disability and people from minority ethnic communities are currently under represented in NICS, we would particularly welcome applications from these groups.

The Northern Ireland Civil Service is an Equal Opportunities Employer.
All applications for employment are considered strictly on the basis of merit

Feedback

The Northern Ireland Civil Service is committed to ensuring that the processes used to recruit and select staff are fair and in accordance with the principles of the Civil Service Commissioners Code. We are consequently committed to providing feedback in respect of decisions taken in determining eligibility/shortlisting as well as at interview. Feedback in respect of eligibility/shortlisting will be communicated automatically to those candidates who fail to satisfy any criteria. All requests for feedback are welcome.

**THIS INFORMATION PACK DOES NOT FORM PART OF
CONDITIONS OF EMPLOYMENT**



Candidate
Information
Booklet

CHIEF EXECUTIVE
Regional Health and Social Care Board
Ref:55208051

Completed Application Forms
must be returned no later than
12 noon on
Friday 10th October 2008

HPSS HR RPA
www.hpssjobs.com

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Background:

Health and Social Care is the title of the integrated group of services in Northern Ireland covering all aspects of the promotion and improvement of health and well being and the full range of health and personal social services. There are currently four Health and Social Care Boards, five Health and Social Care Trusts (18 reduced to 5 in 2007), a number of other Agencies, the NI Ambulance Service Trust, 7 local commissioning groups which are involved in the commissioning and provision of health and social care (to be reduced to five in the next few months) and four Health and Social Services Councils to represent the views of users. These bodies are responsible to the Minister for Health, Social Services and Public Safety.

As regards funding of the health and social care service, Northern Ireland receives a block grant, which the Executive then distributes among the various government programmes. The Minister for Health, Social Services and Public Safety then makes allocations to Health and Social Services Boards primarily based on the regional capitation formula. The Department of Health, Personal Social Services and Public Safety receive an allocation of over £3.8 billion each year which accounts for almost 45% of total public expenditure.

Over 73,000 people are employed in commissioning and delivering an enormous range of services within the statutory and non-statutory sector, many of which need to be in place 24 hours a day, seven days a week.

Everyone makes use of the health and social care (HSC) service at different times in their lives which can range from highly complex, sophisticated surgery to basic social care in people's own homes. The extent of the work of the HSC includes some 1.5 million outpatient's attendances per annum, some 519,000 inpatient or day case admissions, and over 709, 000 treatments at Accident and Emergency Departments. Within Northern Ireland on a typical day:

- 28,000 people see a family doctor or practice nurse;
- 20,000 people visit a community pharmacy where around 84,186 prescription items are dispensed;
- 2,800 new courses of dental treatment are started;
- 8,500 people are provided with intensive support in their own homes;
- 12,000 people are receiving a nursing home or residential care package;

- 7,000 people received a meals service care package;
- 24,000 people received a Home Help care package; and
- 2,400 children are looked after in some form of care.

These services are provided to the entire population on the same basic principles of equal access and generally without regard to ability to pay.

Currently the major difference in the organisation of the health and social care system within Northern Ireland compared to the rest of the United Kingdom is that health and personal social services are integrated.

In 2005, the NI Review of Public Administration concluded that major reform was required in the administrative structures of health and social services. In addition an Independent Review of Health and Social care Services in NI conducted by Professor John Appleby the same year highlighted the need for reform and modernisation of the management of these services.

As a first phase of the RPA reforms in health and social care, five integrated Health and Social Care (HSC) Trusts were established in April 2007 to operate alongside the existing Northern Ireland Ambulance Services HSC Trust.

Following a recent public consultation, the Minister of Health, Social Services and Public Safety announced details of the second phase of health and social care reform in Northern Ireland, and a draft Bill received its second stage approval in the Assembly on 1 July 2008. Central to this will be the establishment from 1st April 2009 of a new Regional Health and Social Care Board (RHSCB), including 5 Local Commissioning Groups coterminous with the Trusts, a Regional Agency for Public Health and Well-being (RAPHSW), a Regional Support Services Organisation (RSSO) and a Patient and Client Council (PCC). Each of these organisations have distinct roles to ensure the integrated provision of health and personal social services to the people of Northern Ireland in an efficient, effective and economic manner.

Department of Health Social Services and Public Safety

The Department of Health, Social Services and Public Safety was established by the Departments (NI) Order 1999. The Department administers the business of:

- Health and Personal Social Services (HPSS), which includes policy and legislation for hospitals, family practitioner services, community health and personal social services;

Information Pack – Chief Executive – Regional Health and Social Care Board

- Public Health, which covers responsibility for policy and legislation to promote and protect the health and well-being of the population of Northern Ireland; and
- Public Safety, which encompasses responsibility for the policy and legislation for the Fire and Rescue Service, food safety and emergency planning.

The Department's mission is to improve the health and social well-being of the people of Northern Ireland. It endeavours to do so by supporting programmes of health promotion and education to encourage the community to adopt activities, behaviours and attitudes which will lead to better health and well-being and by ensuring the provision of appropriate health and social care services, both in clinical settings, such as hospitals and GPs' surgeries, and in the community, through nursing, social work and other professional services.

The Department is embarking on an unprecedented period of strategic change and investment, in terms of Health and Social Care (HSC) structures, capital investment in hospital and community facilities and in the development of staff. It has outlined its aspirations for the next twenty years in a new Regional Strategy, "A Healthier Future". This describes how the need for health and social care services will change as new ways of working, new technologies and new treatments are developed. All of these changes take place within an environment of substantial political interest in the delivery of health and social care services, and greater accountability for results and shortfalls.

The Department will:

- Determine the standards and guidelines which the Health and Social Care Services is expected to achieve;
- Set the strategic outcome targets and specific Ministerial targets and hold HSC bodies to account for their delivery;
- Allocate resources within which strategic outcomes and targets are to be achieved and approve the capitation methodology for resource distribution;
- Approve the annual regional commissioning plan to achieve outcomes and targets and monitor regularly through reporting and accountability meetings;
- Prescribe an Activity-Based Funding regime;
- Determine what performance information must be published;
- Hold the Regional Health and Social Care Board (the Board) to account for addressing Regulation & Quality Improvement Authority (RQIA) recommendations;
- Work with the Board, Local Commissioning Groups (LCG's) and providers to improve the information base; and
- Hold the Board to account for the effective control of financial resources and the delivery of efficiency targets for which it is responsible.

Regional Health and Social Care Board

The new Board together with its LCGs will be accountable to the Minister for translating his vision for health and social care into a range of services that deliver high quality and safe outcomes for users, good value for the taxpayer and compliance with statutory obligations. In line with Departmental policies, it will have responsibility for annual expenditure of some £4bn through annual service and budget agreements with providers that will drive and shape service improvement in a coherent way across Northern Ireland. A key role of the new Board with the Regional Agency for Public Health and Social Well-being (RAPHSWB) will be effective engagement with providers, Patient Client Council (PCC), local government, service users, local communities, other public sector bodies, the voluntary and community sectors.

The Board's key functions will include:

- In line with Ministerial objectives, ensuring effective commissioning to secure the provision of health and social services and other related interventions that address the needs of people from pre-conception to death. Commissioning plans will be developed in close partnership with the RAPHSW and through a 'commissioning cycle' that moves through from assessing needs, strategic planning, priority setting, securing resources to address needs, agreeing with providers the delivery of appropriate services, monitoring that delivery, assuring that the safety and quality of services commissioned are improving, that recommendations from Regional Quality Improvement Agency (RQIA) and other reviews have been implemented and that as a minimum, services meet DHSSPS and other recognised standards; evaluating impact and feeding back that assessment into the new baseline position in terms of how needs have changed;
- The efficient, effective and appropriate use of delegated funding of some £4bn per annum to meet agreed objectives in line with Ministerial objectives and Department policy in order to maximise access to quality and safe services and reduce unnecessary bureaucracy. This should include a clear governance framework to ensure sufficient and appropriate controls are in place;
- Implementing a comprehensive framework for performance management and service improvement that will monitor HSC performance against relevant objectives, targets and standards and provide appropriate assurance to the Department and the Minister about their achievement. Poor performance will be addressed promptly and effectively through intervention and, where necessary, the application of sanctions. An integral part of these arrangements will be the identification and promulgation of best practice to promote consistent service improvement across the HSC;
- Establishing arrangements at a regional and local level that ensures close strategic and operational partnership with key stakeholders both within the HSC and wider public sector in meeting the objectives of the

Board and proactively engages and informs local communities and the voluntary and community sectors on the work of the Board;

- Establishing a close working relationship at a regional and local level with the RAPHSW minimising unnecessary duplication and ensuring a seamless approach to the improvement of the health and social wellbeing of all the people of NI reflected in the development of an integrated annual commissioning plan for approval by the Minister;
- Facilitating and supporting Local Commissioning Groups in their role of achieving effective locality based commissioning, managing their performance, and holding them to account so that they can exercise their devolved authority within an effective framework of regional priorities and standards;
- Within the parameters of the Department's overarching Framework Document, working with other key stakeholders such as the Department, RAPHSWB, Trusts and Regulation & Quality Improvement Authority (RQIA) to ensure clarity of responsibility and appropriate provision for the safety of services, the management of critical incidents and service failings and the protection of the public.
- Ensuring that regional priorities – for example programmes for improving cancer services – are integrated into local plans while promoting real delegation to a local level within that framework; and
- Overseeing the agreed publication of performance information.

Local Commissioning Groups

Within the devolved authority of the RHSCB, Local Commissioning Groups will be aligned to the boundaries of the existing HSC Trusts though this will remain subject to review pending the outcome of local government reform.

They will:

- Improve the health and social well-being of people in the area for which they are responsible;
- Plan and commission health and social care to meet the needs of people in that area;
- Secure the delivery to people in that area of health and social care that is safe, efficient, co-ordinated and cost-effective;
- Improve the availability and quality of health and social care in that area;
- Establish arrangements that ensure close strategic and operational partnership with key stakeholders both within the HSC and wider public sector in meeting the objectives of the LCG and proactively engages and inform local communities and the voluntary and community sectors of their work;
- Contribute to the development of standards, guidance and strategic targets;
- Contribute to the development of regional commissioning plans and local targets;
- Assess local needs and capacity and identify local priorities within the overall strategic outcomes to be achieved;

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- Negotiate service and budget arrangements with providers, applying principles of “choice” and “money following service” to determine which providers can provide services most effectively and economically, while ensuring that regional and local targets set by the Minister, Department, the RHSCB and RAPHSWB are met;
- Put in place strong governance arrangements covering contractual responsibilities, incentives, quality and patient satisfaction to ensure that targets and expectations are met; and
- Contribute to the central data collection and performance information processes.

Option 11B
Council Boundaries



Regional Agency for Public Health and Social Well-being (RAPHSW)

The primary objective of the RAPHSW is to protect and improve the health and well-being of the Northern Ireland population. It will coordinate HSC action to prevent and control communicable disease, and respond effectively to emergency incidents. It will develop an evidence-based strategic direction for health improvement, facilitating partnerships with key organisations, local government and other sectors to improve health and well-being and reduce inequalities. It will provide professional support to the commissioning function of the RHSCB and its LCGs. RAPHSW staff will be full and active members of

the commissioning teams tasked with designing, commissioning and assuring the appropriateness, quality and safety of services across all programmes. The RAPHSW will also create opportunities for the public to be actively engaged in issues which affect and influence their health and well-being and will provide the public with credible information and advice.

This primary objective will be delivered through three core functions:

Improvement in Health & Well-being

- Provide strategic direction to the development of programmes and projects which will achieve Ministerial health improvement policies and priorities;
- Work in partnership with local government, the RHSCB, LCGs, Trusts and other stakeholders to develop and implement health improvement programmes and projects;
- Support local government in its community planning role and in its other areas of responsibility that relate to health and well-being;
- Ensure that health improvement programmes and initiatives are evidence-based and reflect good practice nationally and internationally;
- Provide and/or fund public health and social well-being programmes at a regional and local level;
- Analyse health and well-being trends to monitor progress against key public health goals;
- Act as a source of information and centre of expertise for Trusts, other public sector bodies and the general public; and
- Incorporate the functions of the Health Promotion Agency and Health Action Zones.

Health Protection

- Lead the coordination of HSC action to implement Ministerial health protection policies;
- Provide strategic direction to the development and maintenance of robust arrangements for health protection and emergency planning;
- Ensure that health protection and emergency planning arrangements meet recognised national and international standards and evidence-based good practice guidelines;
- Provide the statutory health protection functions currently held by Directors of Public Health in HSS Boards;
- Co-ordinate regional and local surveillance, and the prevention and control of communicable disease and environmental hazards with support from councils, Trusts, primary care and all other relevant organisations;
- Provide a 24-hour response to the management of communicable disease incidents, including outbreaks;
- Lead the coordination of emergency planning preparedness for the HSC system to ensure that the emergency response of individual organisations is integrated, comprehensive, and timely;

- Provide a 24-hour response to the management of emergency incidents; and
- Provide advice on issues relating to environmental hazards and specifically, Integrated Pollution Prevention and Control (IPPC).

Service Development – Professional Input to Commissioning

- Working through the Commissioning Teams, assess the health and well-being needs of the population and of communities and advise the RHSCB and LCG on commissioning to meet those needs;
- Appraise research and evidence of good practice from elsewhere
- Ensure that the RHSCB and LCG commissioning plans reflect the evidence-base and will enable the HSC system to meet standards for good quality care;
- Through commissioning teams, provide professional input to assuring the extent to which commissioning plans have been implemented and outputs delivered;
- Advise the RHSCB and LCGs on the strategic development and redesign of services;
- Support development, implementation and evaluation of service frameworks;
- Support development of clinical networks and provide professional commissioning input to those networks;
- Lead the coordination of action to introduce new screening programmes, working with providers, RHSCB, RSSO, Agency health improvement staff and relevant others;
- Provide the quality assurance function for existing screening programmes and ensure that action is taken if quality falls below recognised standards;
- Provide specialist public health input to a regional specialist commissioning group for screening; and
- Comply with relevant statutory requirements.

Regional Support Services Organisation (RSSO)

The Regional Support Services Organisation will contribute to the provision of Health and Social Care in Northern Ireland by taking responsibility for the provision of a range of business support services to HSC bodies including RHSCB, RAPHSW and Trusts. These support services may be provided directly or through a third party.

Following recent public consultation, a decision has been taken to establish a range of 'shared services' for HSC Northern Ireland. This decision was informed by a drive to replace ageing business systems for Finance, Procurement and Human Resources. A key task for the RSSO therefore is the establishment of shared services, the attainment of stretch efficiency targets for those services, and the achievement of clear user support for the business

development plan for these services. This will be a challenging change agenda over a period of the next 5 years and beyond.

Currently, some business services are provided by the Central Services Agency (CSA) whose work will be subsumed by the RSSO from 1 April 2009, including:

- The Regional Supplies Service (RSS), which manages procurement and logistics of Goods & Services for the HSC;
- Family Practitioner list registration and payment services, and associated information management;
- Legal Services;
- Counter-Fraud Services;
- Office of Research Ethics Committee (OREC); and
- CSA Internal Finance and Personnel and other administrative services.

Additional services that will be managed by the RSSO from April 2009 include:

- Some elements of the Family Practitioner Services, currently provided by the four HSS Boards;
- The HSC Superannuation service, currently managed by DHSSPS;
- Elements of the Directorate of Information Systems - currently managed by DHSSPS;
- Board General Medical Services (GMS) Information Technology management; and
- Regional Internal Audit Services.

It is also proposed that the RSSO will also be responsible for the provision of a range of Shared Services to be developed over the years 2010 -2013. These will include:

- Relevant Finance functions - Accounts Payable; Accounts Receivable; Payroll; Staff travel and expenses; and Management Reporting;
- Procurement and Logistics functions (primarily managed as a Shared Service presently by the CSA);
- Relevant Human Resource functions - Personnel Function; Occupational Health Services; and Training and Development;
- Small element of relevant Trust Estates Management functions, currently under review; and
- Elements of operational information management and technology services currently managed by Trusts, currently under review.

The RSSO will initially be staffed by those staff currently employed by the Central Services Agency, DHSSPSNI, Health and Social Services Boards and Health and Social Care Trusts and other organisations from within the statutory Health and Social Care Structure.

Patient and Client Council

The Minister for Health Social Services and Public Safety, Michael McGimpsey, announced on 1st July 2008 that the four Health and Social Services Councils (HSSCs) would be replaced by a single Patient and Client Council (PCC) on 1st April 2009.

Health and Social Services Councils (HSSC)

The patient/client voice is currently provided by four HSSCs established under the terms of the Health and Personal Social Services (Northern Ireland) Order 1991 in each Health and Social Services Board (HSSB) area *to “keep under review the operation of the health and personal social services in its area and to make recommendations for the improvement of those services or otherwise advise the relevant Board upon such matters relating to the operation of the health and personal social services within its area as the Council thinks fit.”*

Their functions are to:

- monitor, act and report on the operation of health and social care;
- represent the interest of the public and users in consultation on issues such as development of, or variations in, the provision of services;
- provide the public with information on the operation of health and social care and advice on how best to make a complaint about the operation of those services.

The HSSCs consist of salaried staff employed by the Health and Social Services Boards (HSSBs) and voluntary Council members drawn largely from the voluntary sector and local government. The Northern, Southern and Western Councils have 24 members while the Eastern Council has 30 members. In the 2007/2008 year the annual budget for the HSS Councils was £921,000 and in the current financial year is £943,000.

New Organisation

The new PCC would comprise a regional body supported by five local offices operating within the geographical areas covered by the five integrated Health and Social Services (HSS) Trusts and Local Commissioning Groups (LCGs).

One of the aims of the program of reform is to put in place modern, accountable and effective arrangements for the delivery of high quality health and social care services driven by and responsive to the needs of patients and clients. The creation of a health and social care consumer organisation to ensure a strong patient and client voice at both regional and local level will improve the way that people are involved in decisions about health and social care services. A key feature of this body is that in line with Ministerial objectives it will support democratisation and facilitate local government involvement.

The overarching objective of the PCC will be to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care issues through the exercise of the following functions:

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

Health and Social Care Trusts

As indicated earlier, as a first phase of the RPA reforms in health and social care, five integrated Health and Social Care (HSC) Trusts were established in April 2007 to operate alongside the existing Northern Ireland Ambulance Services HSC Trust.

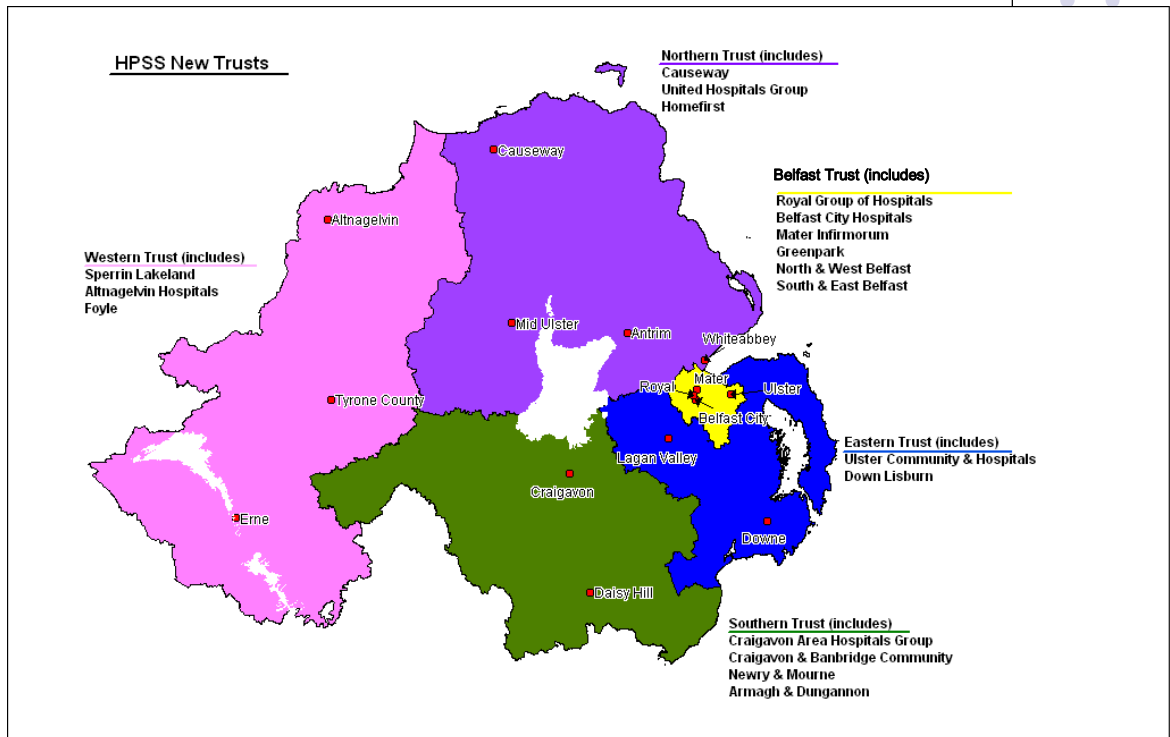
These changes were designed to ensure a more cohesive delivery of services to patients and clients with larger Trusts promoting integration within and across Trusts, across professional groupings, geographical areas and between health and social services.

The geographical coverage of the Five Health and Social Services Trusts is as follows:

- The Western Health and Social Care Trust – covering the former Sperrin Lakeland, Foyle and Altnagelvin HSS Trusts;
- The Northern Health and Social Care Trust – covering the former Homefirst Community, Causeway and United Hospitals HSS Trusts;
- The Southern Health and Social Care Trust – covering the former Craigavon Area Hospital Group, Craigavon and Banbridge Community, Newry and Mourne and Armagh and Dungannon HSS Trusts;
- The Belfast Health and Social Care Trust – covering the former Belfast City Hospital, Royal Group of Hospitals, Mater Infirmorum and Greenpark Trusts and North and West Belfast and South and East Belfast Community Trusts; and
- The South Eastern Health and Social Care Trust – covering the former Ulster Community and Hospitals Trust and Down and Lisburn Trust.



TRUST CONFIGURATION



The Trusts:

- Manage the provision of health and social care services and contribute to health and social well-being improvement;
- ensure that they are fit for purpose to deliver services commissioned, adjusting internal resource allocations as appropriate
- establish effective internal performance management systems; and
- contribute to the development of standards guidance, strategic targets and region-wide operational plans.



Performance Management Arrangements

Performance in Health and Social Care is managed under four main areas:

- Promoting and improving health and social well-being;
- The delivery of accessible, flexible and responsive services;
- Safe and effective care; and
- Value for money, efficiency and productivity.

Under the new arrangements, performance management and improvement in the HSC will include:

- measurable objectives, standards and targets which define what the HPSS has to achieve with clear lines of accountability;
- clear links between resources allocated and outcomes required, with strong commissioning arrangements;
- incentives to ensure targets are achieved;
- robust and appropriate monitoring and information systems;
- assessment, audit and reinforcement measures; and
- strong financial control systems with flexibility to innovate and reform at local level.

Within these arrangements there will be an expectation of all Chief Executives and Officers to deliver against the challenging agenda set by the Minister and Department.



Transitional Responsibilities

During the transitional period the Chief Executive (designate) will be responsible for ensuring that measures are in place, in line with Departmental direction, to enable the new Regional Health and Social Care Board to be prepared for establishment in April 2009. Immediate responsibilities on appointment will focus on:

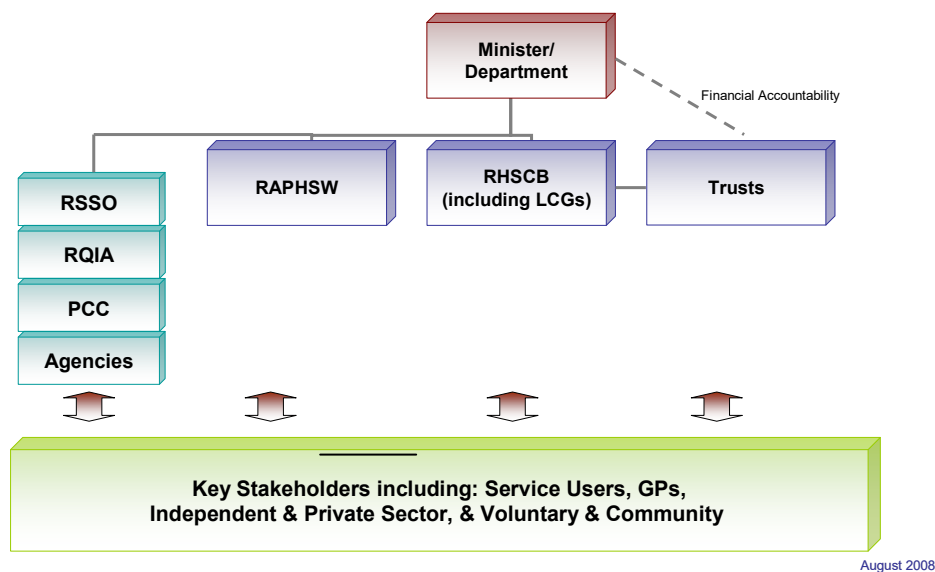
- Developing and implementing new organisational and managerial structures for the Board, within the guidance and framework established by the Department;
- Developing a strategy to ensure effective implementation of RPA in line with the framework established by the Department;
- Commissioning the new Board's headquarters;
- Recruiting and developing a senior management team and taking forward the establishment of organisational structures below Director level;
- Establishing systems to ensure that Departmental targets will be acted on as a priority once the Board becomes operational;
- Identifying areas of work where transitional arrangements will be required to ensure effective implementation of RPA;
- Developing financial, governance and workforce strategies for the organisation; and
- Establishing processes to ensure statutory requirements are reported and acted on appropriately.



Organisational Structure

New organisational structure of the HPSS

Health & Social Care Model





Chief Executive Regional Health and Social Care Board

Job Description

JOB SUMMARY

The Chief Executive (designate to 1 April 2009) will be responsible to the Minister/Department for establishing, leading and managing the new Regional Health and Social Care Board (RHSCB) to be established on 1 April 2009. The postholder will be accountable to the board of the RHSCB for the efficient and effective management of the organisation and ensuring it meets objectives set by the Minister and Department of Health, Social Services and Public Safety (DHSSPS). He/she will also act as accounting officer for the RHSCB and in that capacity will be directly responsible to the Permanent Secretary of the Department for a budget of approximately £4 billion. The postholder is ultimately answerable to the Minister.

The Chief Executive, working with the DHSSPS and Trusts, will oversee the development of new commissioning arrangements for the provision of health and personal social services to deliver responsive, patient and client-centred services. In line with Department policies and objectives, he/she will also provide leadership in maintaining and securing further HSC performance improvements.

Working with the Department within a framework of policies, standards and targets that reflect Ministerial priorities, the postholder's key responsibilities will be as follows:

KEY RESULT AREAS

DELIVERY

- To lead the process of establishing the new Regional Health and Social Care Board (RHSCB). To provide the vision and leadership necessary to determine the strategic direction of the Board and translate this into effective working practices. Once the RHSCB is operational, to manage it in order to achieve priority outcomes including improvements in the health and well-being of the people of Northern Ireland;
- Deliver against Ministerial priorities as established in departmental strategies and policies and translated into RHSCB targets. In

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particular, the Chief Executive will be expected to ensure that providers deliver against all targets that are identified as critical and mandatory by the Department.

- Work with the Chief Executive of the Regional Agency for Public Health and Social Well-Being to ensure a seamless approach to the working of both organisations and the development of a single health and social care commissioning plan for Northern Ireland; and
- To take the lead role in developing new arrangements for the commissioning of health and social care for the population of Northern Ireland. Resources will be focused on improving health and well-being, delivering effective and responsive services in line with ministerial priorities, and promoting choice in the health and social care economy. Specifically:
 - (a) facilitating and overseeing locality-based commissioning through the establishment of Local Commissioning Groups;
 - (b) supporting effective commissioning arrangements through the provision of planning and commissioning expertise, systems and services in relation to needs assessment, contracting and procurement;
 - (c) facilitating, where appropriate, the entry of new service providers into the Northern Ireland health and social care economy and if necessary, moving resources from existing providers where they are failing to meet necessary standards of care; and
 - (d) ensuring that commissioning decisions reflect public and ministerial priorities within the envelope of resources available.
- Ensure that the needs of patients, clients and their carers are at the core of the way that the Board commissions services and that human, physical, capital and financial resources are effectively deployed to meet those needs to achieve the best outcomes possible;
- Manage an effective process to ensure the continuing, objective and systematic evaluation and monitoring of clinical and social care services and ensure the rapid and effective implementation of indicated improvements;
- Ensure that systems to provide high standards of care are based on good practice, research evidence, national standards and in accordance with guidelines, and to audit compliance to those standards and the statutory duty of care; and
- Achieve and sustain high level of public confidence in the appropriateness, priority, safety and effectiveness of services provided.

STRATEGIC LEADERSHIP

- Provide clear leadership to the Board in the development of business plans, ensuring these reflect and contribute to meeting targets set by the Minister and the Department;

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- Ensure the availability of appropriate professional advice and expertise to the RHSCB, its Board and LCG's in fulfilling their responsibilities;
- Development of a common understanding of the vision and strategic aims of the RHSCB;
- Work in partnership with the Chief Executive of the Regional Agency for Public Health and Social Well-being to provide strategic direction on regional and local issues;
- Work with Trusts in the development of effective management and governance arrangements for service providers;
- To manage the performance of Trusts and associated support agencies against service and budget agreements in order to develop accessible, responsive and high quality services and to achieve necessary reductions in management and administrative overheads. To achieve this through the appropriate application of incentives and sanctions;
- Provision of clear and positive leadership, motivation and development to all staff throughout the RHSCB to ensure their engagement with and commitment to achieving the business plan; and
- Work with the RHSCB's board, staff and partners in the local health economy to ensure delivery against the agreed business plan.

CORPORATE MANAGEMENT

- With the Chair, be responsible for the organisational structure of the RHSCB, its probity and effectiveness;
- Manage the RHSCB through the senior management team, ensuring and maintaining effective operational management processes;
- Ensure that the work of the RHSCB is clearly and effectively communicated to employees throughout the organisation and that members of the board are aware of issues and opinions of key staff groups;
- Continually evaluate and review all services in order to deliver user centred treatment and care. Change systems and practices as necessary to improve services and establish a culture of continuous improvement; and
- Ensure that systems and processes are in place to enable the Department and board of the RHSCB to evaluate the effectiveness of its use of human, capital and financial resources and that under-performance is addressed quickly and effectively.

GOVERNANCE

- Work with the Chair to ensure that the board works effectively in setting strategic objectives for the RHSCB and ensuring their achievement;
- Work with the Chair and board to deliver effective governance in accordance with public sector values and the Codes of Conduct and Accountability;

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- Work with the senior management team to ensure that reports on statutory functions are completed as necessary ensuring that any action needed internally in the RHSCB is taken promptly;
- Ensure that robust arrangements are in place to meet the statutory governance requirements;
- Ensure that arrangements are in place to assure all quality standards; and
- Monitor and report on performance against RHSCB delivery targets and ensure corrective action is taken when there is unacceptable deviation from the Board's agreed business plan.

EXTERNAL RELATIONSHIPS

- Establish collaborative relationships with external partners in the public, private, community and voluntary sectors to develop initiatives which will improve services and inter-agency communication;
- Develop linkages with the DHSSPS, reflecting the responsibility of the Board and the Chief Executive to deliver the Minister's decisions and priorities;
- Develop linkages with the Regional Agency for Public Health and Social Well-being, Regional Support Services Organisation, Patient and Client Council and Health and Social Care Trusts, to promote best practice and innovation in the provision of services;
- Work with the Department, other Agencies and Trusts in developing a strategy for dealing with the media which reflects ministerial views and which secures the confidence of public representatives; and
- Develop a strategy to maximise effective engagement of users and local communities in the planning, delivery and evaluation of health and social care services.

FINANCES

- Work through the senior management team to ensure that budgets are managed appropriately and give the best outcomes for resources available;
- Secure effective and efficient use by providers of the resources committed by the Board and the LCGs through the commissioning system;
- Ensure that robust financial systems and controls are in place to achieve "break-even" on its budgets and that immediate action is taken to control over-spends;
- Develop, through the Finance Director, management information on financial spend and inter-linkages such as overtime, absence and agency costs, which inform management and control of budgets; and
- To ensure fair and equitable allocation of resources, promote value for money and achieve financial probity, accountability and control by

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developing, operating and maintaining robust business planning and financial systems.

PEOPLE MANAGEMENT

- Ensure that people management practices support continuous improvement in staff capability and quality of services provided including encouragement of and widening participation in learning opportunities;
- Lead the development of systems to promote the health and well-being of staff;
- Develop and maintain systems to support development and performance appraisal for all staff to ensure that poor performance is dealt with quickly and remedial action taken;
- Develop, through the HR Director, management information on staff utilization, development and return on investment, which improve management and a rigorous continuous improvement culture; and
- Ensure that the Board has a diverse and representative workforce, and that the right skills are in the right place to deliver its objectives.

COMMUNICATION

- To promote a common understanding of the role of the Board, both within and outside the organisation, and ensure effective working relationships and lines of accountability and communication are developed and maintained in relation to the Department, Regional Agency for Public Health and Social Well being, Regional Support Services Organisation, Patient and Client Council, Trust Chief Executives Local Commissioning Groups and key external stakeholders.

DEVELOPMENT OF SELF

- Lead by example to ensure that the Board demonstrates respect, through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services;
- Lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HSC managers; and
- Continuously strive to develop self and improve capability in the leadership of the Board and its staff.

General Responsibilities

Employees of the Board will be required to promote and support the mission and vision of the service for which they are responsible and:

- at all times provide a caring service and to treat those with whom they come into contact in a courteous and respectful manner;

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- demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them;
- comply with No Smoking Policies;
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;
- adhere to equal opportunities policy throughout the course of their employment;
- ensure the ongoing confidence of the public in service provision; and
- as the accountable officer comply with the code of business conduct.

Records Management

Chief Executives are responsible for all records held, created or used as part of their business including patient/client, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

Note: This job description is an indication of the responsibilities of the Chief Executive. It is not a definitive description and may change in light of final Ministerial decisions and the proposed Framework Document.

The post holder, as Chief Executive, will lead and manage a wide range of staff drawn from professional, technical, administrative and financial disciplines. They will primarily be drawn from people previously employed in the HPSS and the Department.

This is a permanent full time appointment.



Terms and Conditions

Salary will be determined within the band range £106,072 - £141,427 per annum (under review) within which pay progression will be determined by performance. Applicants can expect to be paid the minimum of the range although a higher starting salary may be available if the successful candidate has exceptionally relevant skills/experience.

In addition to the 10 public holidays, the annual leave allowance will be 30 days.

The successful applicant will be based initially in Belfast but will be relocated to the headquarters of the Board in due course. He or she may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit them to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

The Department will consider any request for re-location expenses should the successful candidate be required to move home.

Applicants should note that the DHSSPSNI has engaged Odgers Ray & Berndtson to carry out an executive search to assist it in attracting as wide a field of applicants as possible. For an informal discussion about the opportunities please contact the advising consultants at Odgers Ray & Berndtson, 11 Hanover Square, London, W1S 1JJ. Telephone Irrelevant information redacted by the USI quoting reference CWH/25049ST.

Any applicant wishing to speak to someone about this position please contact Mr Bernard Mitchell, RPA Programme Director, Modernisation Directorate, Annex 6, Castle Buildings, Belfast, BT4 3SQ. Telephone No: Personal Information redacted by the USI or by email to Personal Information redacted by the USI



Chief Executive (Designate) Personnel Specification:

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they have:

- Successfully discharged, for a period of at least 5 years, within the last 8 years, senior management responsibilities at Chief Executive/Director level;
- At least 3 years' experience within the last 6 years of managing major change programmes addressing significant organisational, managerial or service change;
- Delivered against challenging performance management programmes meeting a full range of key targets and making significant improvements;
- Worked with a diverse range of stakeholders, external to the organisation, to achieve successful outcomes;
- Had personal accountability for a significant¹ budget for 3 years, within the last 6 years, in a complex organisation, securing value for money by effective prioritisation and driving efficiencies; and
- Successfully demonstrated high level governance and organisational skills (including strategic planning, risk management, financial and people management skills).

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is, therefore, essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

¹ “significant” is defined as contributing directly to key corporate objectives of the organisation concerned.

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The following additional desirable criteria may be introduced dependant upon the number of applications received.

- Experience of leadership in health or social care.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the HPSS Leadership Qualities Framework at www.nhsleadershipqualities.nhs.uk

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Selection Process

The Merit Principle

In accordance with Recruitment good practice all appointments to the Chief Executive (Designate) will be made under the 'merit principle' where the best person for any given post is selected in fair and open competition.

Making your application:

The application form is designed to ensure that applicants provide the necessary information to determine how they meet the essential criteria.

Please note:

To ensure equality of opportunity for all applicants

- The space available on the application form is the same for all applicants and must not be altered;
- We will not accept CVs, letters, additional pages or any other supplementary material in place of, or in addition to completed application forms;
- Applicants must complete the application form in either typescript font size 12, or legible, block capitals using black ink;
- Applicants must not reformat electronic application forms;
- Information in support of your application will not be accepted after the closing date for receipt of application;
- Applications will not be examined until after the closing deadline;
- Do not use acronyms, complex technical detail etc. Write for the reader who may not know what it means. Include concise examples and be sure you can expand on these at interview;
- Write down clearly your personal involvement in any experience you quote. Write "I" statements e.g. I planned meetings, I managed a budget, I prepared a presentation. It is how you actually carried out a piece of work that the panel will be interested in; and
- Identify relevant examples – This is very important as the examples which you provide may be checked out at interview and you may need to be prepared to talk about these in detail if you are invited to interview. It is your unique role the panel are interested in, not that of your team or division.

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Application Form submission

- We will not accept incomplete application forms, application forms received after the closing deadline or reformatted application forms; and
- Applicants using Royal Mail should note that 1st class mail does not guarantee next day delivery. It is the responsibility of the applicant to ensure that sufficient postage has been paid to return the form to the RPA Unit.

Equal Opportunity Monitoring Form

Please note that this information is regarded as part of your application and failure to complete and return this part of your application will result in disqualification.

Disability requirements

We ask on the application form if you require any reasonable adjustments, due to disability, to enable you to attend the interview. Details of any disability are only used for this purpose and do not form any part of the selection process. If you wish to discuss your disability requirements further, please contact the RPA Unit on Personal Information redacted by the USI

Interview information

The interview process may include an assessment centre, preliminary interview and final interview with a presentation or any combination of the above.

Candidates required to give a 10-minute presentation as part of their interview will be advised of the presentation topic and given time to prepare prior to their interview.

Access NI

You have applied for a position in an organisation providing care to patients and vulnerable adults. Before appointing anyone to such a post, it is our policy to ask for an Access (NI) check to be carried out by the Department of Health, Social Services and Public Safety (DHSSPS). This check is to make sure that people who might be a risk to vulnerable adults and children are not appointed.

The check will tell us if you have a criminal record, or if your name is included in the DHSSPS Disqualification from Working with Children and Vulnerable Adults List or the Department of Education list of those unsuitable to work with children. Any information received will be treated confidentially and we will talk to you about it before we make a final decision. After the decision is made the information will be destroyed.

The successful applicant will be required to complete an Access NI form.



Department, Board, Agency and Trust links

Further details may be obtained on the Department of Health, Social Services and Public Safety and each of the current Trusts' using the following links:

Department of Health, Social Services and Public Safety

www.DHSSPS.Gov.uk

Eastern Health and Social Services Board

www.ehssb.n-i.nhs.uk

Southern Health and Social Services Board

www.shssb.n-i.nhs.uk

Northern Health and Social Services Board

www.nhssb.n-i.nhs.uk

Western Health and Social Services Board

www.whssb.n-i.nhs.uk

Central Services Agency

www.centalservicesagency.com

Health Promotion Agency

www.healthpromotionagency.org.uk

Belfast Health and Social Services Trust:

www.belfasttrust.hscni.net

Northern Health and Social Services Trust:

www.northerntrust.hscni.net

Southern Health and Social Services Trust:

www.southerntrust.hscni.net

South Eastern Health and Social Services Trust:

www.setrust.hscni.net

Western Health and Social Services Trust:

www.westerntrust.hscni.net



Northern Ireland Health and Social Care

Health & Social Care Board (HSCB)

JOB DESCRIPTION

POST: Director of E health

BAND: Director (Level)

LOCATION: HSCB Headquarters, Belfast

DIRECTORATE: Directorate

REPORTS TO: Chief Executive

RESPONSIBLE TO: Chief Executive

JOB SUMMARY

The Director of KEY SUMMARY OF ROLE TO BE INCLUDED

In undertaking this role he/she will be responsible for the effective and efficient management of all staff within the Directorate, and for the expenditure associated with those Health projects with an annual estimated value of some £m.

KEY RESULT AREAS

E health Dimensions to include such issues as ()DN needs development and expansion.)

- Support the maintenance and updating of a strategic framework for the Health and Social Care system, which reflects 'Delivering Together' and other key Ministerial policy and priorities and ensures the effective and meaningful engagement of key stakeholders, both internal and external, in the HSCB's planning and commissioning processes.
- Work with SMT colleagues to establish and maintain a capability within the HSCB to design and deliver ambitious future programmes of reform. This capability will include internal strategic intelligence capacity and external networks.

- Ensure the existence of strong partnerships and active processes of engagement to ensure all strategic planning processes are characterised by active collaborations.
- Build and develop commissioning capability at all levels in the Northern Ireland Health and Social Care system.
- Advise the HSCB and Chief Executive on the development of the Board's commissioning systems keeping up to date with best practice outside N Ireland and facilitating and promoting the transfer of learning and expertise.

People Management

- Provide clear and strategic leadership to staff within the directorate to ensure the HSCB has a highly skilled, flexible and motivated workforce to provide high quality performance management.
- Develop management information on staff utilisation, development and return on investment, which improves management decision-making and supports a rigorous continuous improvement culture.
- Ensure that structures and practices within the Directorate support a culture of effective team working, continuous improvement and innovation.
- To provide high levels of support to staff, both individually and collectively, as they go through the change process

Corporate Management

- Contribute to the corporate decision-making of the HSCB.
- Contribute to the HSCB's corporate planning, policy and decision-making processes as a member of the senior management team and ensure objectives and decisions are effectively communicated.
- Develop and maintain working relationships with other Board , SMT members and key stakeholders to ensure achievement of HSCB objectives and the effective functioning of the senior management team and Board.
- To provide leadership and participate as appropriate in the development of new strategic initiatives and direction for the changing HSC organisations and system.
- Comply as required with Departmental requirements in respect of policy and strategy development.

- Contribute to the HSCB's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers.

General Management

- Ensure that appropriate appraisal and performance review processes are in place for all staff.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.
- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the HSCB.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the HSCB.
- Promote the HSCB's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.
- Ensure all budgets with the post holder's remit are managed within authorised limits.

Other General Responsibilities

Employees of the HSCB will be required to:

- At all times provide a caring service and treat those with whom they come into contact in a courteous and respectful manner.
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- Comply with the HSCB's No Smoking Policy.

- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- Adhere to equal opportunities policy throughout the course of their employment.
- Ensure the ongoing confidence of the public in service provision.
- Comply with the HSC code of conduct.

Records Management

All employees are responsible for all records held, created or used as part of their business within the HSCB including patient/client, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environmental Information Regulations 2004 and the Data Protection Act 1998. Employees are required to be conversant with the BSO's policy and procedures on records management and to seek advice if in doubt.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Director of Commissioning works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive.

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Health and Social Care Board (HSCB)**Director of E health****PERSONNEL SPECIFICATION****Knowledge, skills and experience required:**

- A university degree or relevant professional qualification and worked for at least 3 years in a senior management ¹ role in the last 6 years in a major complex organisation² comprising working experience of the range of services currently provided within a modern health and social care system

OR

- Have worked for at least 5 years in a senior management role in the last 10 years in a major complex organisation comprising working experience of the range of services currently provided within a modern health and social care system.

And have:

- Delivered against challenging objectives/targets for a minimum of 3 years in the last 6 years meeting a full range of key targets and making significant improvements;
- For a minimum of 3 years in the last 6 years, have worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes;
- Successfully demonstrated high level people management, governance and organisational skills for a minimum of 2 years in the last 6 years;
- In the past undertaken a leading role in project management processes (e.g. SIRO or similar)

¹ senior management is defined as experience gained working routinely at top management levels within an organisation, i.e. working alongside or directly in support of Chief Executive and/or Director-level staff

² major complex organisation is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders. As one of the core responsibilities of this post is the commissioning of health and social care, applicants will be expected to demonstrate experience at a senior level in Health and Social Care or a related field

- **Led in the successful management of a major change³ programme addressing significant organisational and service provision change whilst managing competing priorities ; and**
- **Demonstrate evidence of providing effective leadership in a change environment.**

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³ This should involve a service change encompassing large groups of staff (200 plus) and a significant financial budget £5 million. DRAFT note this needs absolute clarity as to size



JOB DESCRIPTION

Job Title: Director of Performance and Service Improvement, HSCB

Reports to: Chief Executive

Responsible to: Chief Executive

Salary: Senior Executive Level 3 (up to £106,072 p.a)

Location: HSCB HQ, Linenhall Street, Belfast

Job Summary

The Director of Performance and Service Improvement will be responsible to the Chief Executive for all matters relating to performance management, service improvement, provider development, information management, ICT strategic development and operational planning. The jobholder will be directly accountable to the Chief Executive and will be a member of the HSCB Board.

The Director will be responsible for providing strong managerial leadership and for ensuring performance management function of the HSCB organisation is systematic and comprehensive to ensure the delivery of targets and priorities as established by the Minister, the Department and the Board.

KEY RESULT AREAS

Service Delivery

- develop and implement a performance improvement regime specifying monitoring systems, incentives, sanctions, and escalation and intervention arrangements;
- ensure that core PSA and non-PSA priority targets are met;
- develop and lead an improvement programme to support organisations to deliver key results;

- lead the development of an intelligent information system based on consistent definitions bringing together existing systems within acute care, mental health care, community services, social care, primary care, pharmacy, HR and finance;
- manage the relationship between the HSC and the HPSS, and the HSCB and the DHSSPS with respect to performance and operational planning. This will include the establishment of formal accountability agreements between the HSC and provider Trusts;
- build performance management capability at every level within the HSC;
- ensure a focus on quality and clinical effectiveness indicators in the performance improvement approach adopted by the HSCB;
- Undertake regular capacity planning reviews to ensure alignment between demand and capacity. This will include non-HSC capacity if necessary;

Provider Development

- develop and implement a capability assessment framework for existing and new providers;
- provide appropriate support to all providers to ensure they can develop their capacity and capability;
- establish arrangements to enable the development and introduction of new provider or provision capabilities;
- ensure a continuous focus on, and promotion of, provision arrangements which enable integrated care delivery;

ICT

- lead the Board's work in respect of the regional ICT development strategy;
- oversee the implementation of the ICT strategy across the HSC;
- ensure the ICT strategy is, at all times, aligned with the supportive key service goals;
- ensure appropriate specialist expertise exists to enable the successful development of ICT capabilities and functionality;

People Management

- provide clear and strategic leadership to staff within the directorate to ensure the Board has a highly skilled, flexible and motivated workforce to provide high quality performance management;
- develop management information on staff utilisation, development and return on investment, which improves management decision making and supports a rigorous continuous improvement culture;
- ensure that structures and practices within the directorate support a culture of effective team working, continuous improvement and innovation;

Corporate Management

- contribute to the corporate decision making of the HSCB;
- advise the Board and Chief Executive on the development of the Board's performance management systems;
- contribute to the Board's corporate planning, policy and decision making processes as a member of the senior management team and ensure the Board's objectives and decisions are effectively communicated;
- develop and maintain working relationships with other director colleagues and non-executive directors to ensure achievement of HSCB objectives and the effective functioning of the senior management team and HSCB.
- participate in and comply with Departmental requirements in the production of performance reports;
- contribute to the Board's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability;
- lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers;

General Management Responsibilities

- ensure that appropriate appraisal and performance review processes are in place for all staff;
- maintain good staff relationships and morale amongst the staff reporting to him/her;
- where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate;
- delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results;
- participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Board;
- promote the Board's policy and equality and opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Director of Performance and Service Improvement works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive.

Other General Responsibilities

Employees of the Board will be required to:

- treat those with whom they come into contact in a courteous and respectful manner;
- demonstrate their commitment by the efficient completion of all tasks allocated to them;
- carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations;

- ensure the ongoing confidence of the public in service provision;
- comply with the HPSS code of conduct.

General Responsibilities

To assist the Health and Social Care Board in the fulfillment of its statutory duty under Section 75 of the Northern Ireland Act 1998, to promote equality of opportunity and good relations, and also the Human Rights Act 1998 and the Disability Discrimination Order 2007.

To support the Health and Social Care Board in meeting its obligations under Risk Management by adhering to the controls assurance standards identified in the Risk Register.

All duties must be carried out in compliance with Health and Safety Policy and statutory regulations

RECORDS MANAGEMENT

All employees of the Health and Social Care Board are responsible for all records held, created or used as part of their business within the organisation including patient/client, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environmental Information Regulations 2004 and the Data Protection Act 1998. Employees are required to be conversant with the organisation's policy and procedures on records management and to seek advice if in doubt.

This job description will be subject to review in the light of changing circumstances and may include other duties and responsibilities as may be determined. It is not intended to be rigid or inflexible but should be regarded as providing guidelines within which the individual works.

Please note that the Health and Social Care Board operates a "No Smoking" Policy and all employees MUST comply with this.

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Personnel Specification

Director of Performance and Service Improvement Senior Executive Level 3

Applicants must clearly demonstrate in the application form evidence of the qualifications and experience noted below. Only information contained in the application form will be considered at the shortlisting stage.

ESSENTIAL CRITERIA:

Qualifications and/or experience required:

- A university degree or relevant professional qualification and worked for at least 3 years in a senior management¹ role in the last 6 years in a major complex organisation² comprising working experience of the range of services currently provided within a modern health and social care system

OR

Have worked for at least 5 years in a senior management role in the last 10 years in a major complex organisation comprising working experience of the range of services currently provided within a modern health and social care system.

¹ senior management is defined as experience gained at the top management levels of an organisation, i.e. Director, Assistant Director or equivalent, or in the case of existing civil servants, being a member of the senior civil service.

² major complex organisation is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders.

- Led in the successful management of a major change programme addressing significant organisational and structural change;
- Achieved successful outcomes through working with a diverse range of stakeholders, both internal and external to the organisation;
- Led at senior management level, a programme which has demonstrably enhanced performance and capability.

The postholder may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate must hold a full current driving licence (valid in the UK) and have access to a car at the closing date or have * access to a form of transport which will permit the applicant to carry out the duties of the post in full.

(* this relates only to any person who has declared that they have a disability, which debars them from driving)

It is essential that applicants provide sufficient details, using examples and dates where appropriate, to demonstrate how they meet these criteria.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

In addition to shortlisting, applicants should be aware that there may be a preliminary stage to the selection process and further details will be provided at the appropriate time if this is to be the case.

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at <http://www.nhsleadershipqualities.nhs.uk> and Knowledge and Skills Framework as identified in the job description

- Drive for Improvement
- Seizing the Future
- Political Astuteness
- Drive for Results
- Leading Change through People
- Holding to Account

Applicants please note:

Whilst elements of the essential criteria of the Personnel Specification will form the basis for shortlisting, these may become more stringent by tightening of the current criteria

- * The appointment is subject to proof of the attainment of any qualifications deemed essential to the post and used as a basis for shortlisting. Failure to provide evidence of the required qualifications prior to taking up the post will result in the offer of employment being withdrawn.**

All appointments to the HSCB are subject to assessment by the Occupational Health Service.

Please note that the HSCB operates a "No Smoking" Policy and all employees MUST comply with this.

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April 2010

Director of Strategic Performance Health & Social Care Board

Candidate Information Pack

*Completed Application Forms must be submitted
online no later than*

12:00 Noon on Tuesday 16 March 2021



Working together



Excellence



Openness & Honesty



Compassion

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Dear Applicant

Thank you for your interest in the role of Director of Strategic Performance in the Health & Social Care Board (HSCB).

This is an exciting opportunity to make a significant impact in shaping, improving and innovating health and social care services, both now and into the future.

We are looking for an experienced senior leader who is willing to take on a challenging role whilst contributing to the development of new thinking around health and social care systems. He or she will need to work collaboratively with colleagues on the HSCB Board and SMT along with other senior leaders within the health and social care system.

For more background information on the role and functions of HSCB please click [here](#).

Applicants are also encouraged to contact Louise McMahon, Director of Integrated Care, for an informal and confidential discussion. Please telephone Kerry Hitchen on Personal information redacted by USI or email Personal Information redacted by the USI.

Interviews are scheduled for week commencing 5th April 2021

HSCB BACKGROUND/ INFORMATION

Introduction

The Health and Social Care Board (HSCB) is currently seeking to recruit a Director of Strategic Performance. This is a full-time, permanent post which is graded at Senior Executive Level 3.

Background

The HSCB is responsible for commissioning services, resource management, performance management and service improvement. It works to identify and meet the health and social care needs of the Northern Ireland population.

The HSCB is managed by a Board of directors which has corporate responsibility for its operation. The Board of the HSCB is made up of five Executive Directors including the Chief Executive, a Non-Executive Chair and seven Non-Executive Members.

The role of the HSCB is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.8 million people who live in Northern Ireland.
- To performance manage Health and Social Care Trusts that directly provide services to people, to support service improvements in pursuit of optimal quality and value for money, in line with relevant government targets.
- To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently circa £5 billion ensuring the best possible use of the resources of the health and social care system, both in terms of quality, accessible services for users and value for money for the taxpayer.

The Future

HSC Restructuring

In November 2015, the decision was taken by the then Health Minister, Simon Hamilton to close the HSCB in its current form and to transition the organisation to a new operating model. The closure of the HSCB is part of the wider Transformation agenda as outlined in 'Health and Wellbeing 2026: Delivering Together'

(<https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>)

In the intervening period, the absence of a vehicle through which to progress the required legislative provision has delayed the effective date of migration of the HSCB to a new operating model. However, with the recent return of the NI Assembly, the date of closure has now been agreed as the 31 March 2022.

The vital work that the HSCB currently is responsible for will continue, but the structures through which this work will be done will change, in order to enhance system leadership and accountability, improve integration and make decision making processes more streamlined. A decision has been made on the nature of the future operational model, and responsibility for the majority of the current HSCB functions will move to a newly established Departmental Health Service Operations Group which will be hosted by the Business Services Organisation (BSO) and led by a Deputy Secretary (Head of Operations). Staff will report to the Department of Health but will retain HSC Terms of Conditions via the hosting arrangement.

In transition to that model, a new Chief Executive/Deputy Secretary (designate) has been appointed who will lead the organisation through the change process to the new operating model.

It is critical that the organisation has the skills, capacity and culture in place to support the new way of working now and into the future. In a number of areas, transitional arrangements are already in place and this provides an opportunity to learn and improve how we operate. Importantly, the new structure will provide a platform for further change and transformation in the way that HSC is planned and managed in future.

 Health and Social
Care Board
JOB DESCRIPTION

JOB TITLE	Director of Strategic Performance
BAND	Senior Executive Level 3 (£83,098 – £110,801 per annum)
DIRECTORATE	
INITIAL LOCATION	HSCB Linenhall Street Belfast
REPORTS TO	Chief Executive
ACCOUNTABLE TO	Chief Executive

We accept online applications only

Closure of the HSCB

The expectation is that the HSCB is due to close in March 2022. At that point all staff will report to the Department of Health but will retain HSC Terms of Conditions via a hosting arrangement with the Business Services Organisation

JOB SUMMARY:

The Director of Strategic Performance is a complex and challenging senior post within the HSCB. The post holder will report to the Chief Executive and will be an Executive Director of the Board of the Health and Social Care Board (HSCB).

The post holder will have a key role to play in leading the transition to the new arrangements to be introduced on closure of the HSCB ensuring the continued delivery of all extant responsibilities and in shaping and delivering on the future responsibilities of the new 'group' within a new planning model for NI.

They will a significant leadership role in determining the shape of the Health and Social Care system for 10-15 years ahead. The HSC has embarked on a radical transformation programme which is seeking to reshape how we plan and deliver services to meet the needs of the changing demographic.

As a leading stakeholder in the change agenda he/she will bring innovative and dynamic thinking in their vital contribution to the development of a future enhanced culture of performance management across the HSC.

The Director will lead work on developing the reporting standards and arrangements required to support a new Commissioning approach for HSC. This work will align to Programme for Government priorities and focus on population health outcomes.

A key responsibility of the role will be regional performance management and improvement of commissioned HSC services in line with Ministerial priorities. The post holder will act as principal

advisor to the Department of Health and the Minister in that regard. They will oversee the provision and reporting of management information to support their role and to inform decision-making at strategic level.

The post holder will also be responsible for Corporate Services which includes: Corporate Business Services, Complaints, Communications, Medical Litigation, PPI and Emergency Preparedness, Governance, Information Governance and Oversight and management of SLA's.

KEY DUTIES / RESPONSIBILITIES

Service Delivery

- Advise on matters of HSC performance to the HSCB SMT / Board Department Top Management Group / Board, Rebuilding Management Board through the provision of written and oral briefings;
- Support the [Rebuilding Management Board](#) in maximising service capacity by engaging with the Trusts on the development of Service Incremental Plans.
- Lead on the review of existing targets and measures and contribute to the development of a new planning model for NI with more effective streamlined mechanism for planning and managing HSC services within an enhanced performance management environment.
- Contribute to the process of developing a set of clinically agreed population health and wellbeing outcomes measures, advising as appropriate on the measures proposed.
- Address performance issues with Trusts, including holding to account for performance matters on behalf of Department of Health;
- Lead regular capacity planning reviews to ensure alignment between demand and capacity;
- Lead the implementation of the Elective Care Plan to deliver sustainable improvements in waiting times;
- Promote and enable a collaborative approach amongst providers which addresses specific service challenges and delivers improved regional performance. Where required, broker agreements between providers which enables optimum HSC system performance.
- Lead the development and implementation of effective and proportionate escalation arrangements, in line with the Performance Management Framework, which incentivises good performance and addresses poor performance. Once established advise the Department on the ongoing application of the escalation arrangements.
- Lead the development and implementation of effective service improvement programmes to support organisations to deliver key results.
- Lead the innovative and integrated use of intelligent information systems to inform the HSCB's commissioning, performance management, service improvement and finance functions.
- Ensure a focus on quality and clinical effectiveness indicators in the performance improvement approach adopted by the HSC.
- Provide effective media responses on behalf of the HSC in relation to the full range of HSC performance matters
- Provide clear and strategic leadership as SIRO and ensure the HSCB meets its legal and statutory obligations as an employer.

Leadership/Change Management

- Providing clear, visible and strategic leadership to staff within the directorate to ensure the Board has a highly skilled, flexible and motivated workforce to provide high quality performance management and system improvement.

- Developing management information on staff utilisation, development and return on investment, which improve management decision making and support a rigorous continuous improvement culture.
- Ensuring that management structures and practices within the directorate support a culture of effective team working, continuous improvement and innovation.
- Creating effective plans, systems and governance to manage a smooth transition to the new operating arrangements on closure of the HSCB
- Considering fully and respond to the impact of change on organisation culture and structures
- Develop the capacity and capability of all staff in the Directorate to respond to the change process and deliver successfully on the future vision for the Directorate.
- Promoting a culture of engagement and innovation encouraging staff to engage in the change process. Seek to expand mind sets and genuinely listen to ideas from employees and stakeholders.
- Leading by example, clearly articulating and displaying commitment to the direction of travel.

Collaborative Working

- Delivering business objectives through creating an inclusive environment, encouraging collaboration which may cut across organisational and wider boundaries
- Building and maintaining relationships with a wide and diverse range of staff and stakeholders. These include: Ministers and their Special Advisors, Directors of Performance and their senior staff across NI, Senior DoH staff and senior staff in the HSCB, Commissioning Groups, PHA including Executive and Non-Executive Directors.
- Representing the HSCB and the Department as required on associated working groups.

Quality

- Promote collaboration and learning between all staff in the Directorate and other professions and disciplines to ensure a planned, co-ordinated and multi-disciplinary approach to the delivery of health and social care which enables the continual improvement of services to patients and clients.
- Deliver effective governance in accordance with public sector values and the codes of conduct and accountability ensuring that all statutory functions are carried out.
- Ensure that robust performance management arrangements and systems are developed and implemented for all staff within own area of responsibility.

Financial and Resource Management

- Manage the overall directorate budget ensuring that all financial targets are met.
- Ensure opportunities for financial savings are managed to provide the most efficient service possible within the resources allocated.

Corporate Management

- Contribute to the corporate decision making of the HSCB.
- Contribute to the HSCB's corporate planning, policy and decision-making processes as a member of the senior management team and ensure objectives and decisions are effectively communicated.
- Advise the Minister, Department, HSCB Chief Executive and the Board on the development of HSC performance management systems.

- Develop and maintain working relationships with other director colleagues and non-executive directors to ensure achievement of HSCB objectives and the effective functioning of the senior management team and HSCB.
- Participate in and comply with Departmental requirements in the production of performance reports.
- Effectively manage the complex set of relationships covering the key stakeholders and regulatory authorities within the HSC to ensure effective delivery of health and social care to the population of Northern Ireland.
- Contribute to the HSCB's corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Employees.

General Management Responsibilities

- Ensure the appropriate governance and risk management arrangements are in place for the services you are responsible for and take appropriate action to identify and manage risk and to maintain safety of users, staff and others in accordance with relevant regulations, policies and procedures.
- Ensure that appropriate appraisal and performance review processes are in place for all staff within the directorate.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.
- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate;
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the HSCB.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the HSCB.
- Promote the HSCB's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.
- Ensure all budgets within the post holder's remit are managed within authorised limits.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

The HSCB supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

1. Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
2. Ensure access to skills and personal development through appropriate training and support.
3. Promote a culture of openness and honesty to enable shared learning.
4. Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
5. Adhere to and promote HSCB policy and procedure in all staffing matters, participating as appropriate in a way which underpins The HSCB's values.

GENERAL REQUIREMENTS

The post holder will be required to:

6. Ensure The HSCB's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
7. Co-operate fully with the implementation of The HSCB's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
8. Adhere at all times to all The HSCB's policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
9. Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
10. Co-operate fully with regard to The HSCB's policies and procedures relating to infection prevention and control.
11. All employees of The HSCB are legally responsible for all records held, created or used as part of their business within The Health & Social Care Board including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with The HSCB's policy and procedures on records management and to seek advice if in doubt.
12. Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
13. Represent The HSCB's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all HSCB staff may be required to serve at any location within The HSCB's area, as needs of the service demand.

<February 2021>

Pay and Terms and Conditions

Salary	Senior Executive Level 3 (£83,098 – £110,801 per annum) The successful candidate will be employed on a standard senior executive contract. The nature and content of that contract is determined by the Department of Health (DoH)
Hours	Normal full-time hours of duty are 37½ hours per week, exclusive of meal times.
Medical	Appointment will be subject to a successful pre-employment health assessment.
Holidays	27 days each year; 29 days after 5 years' service; 33 days after 10 years' service and 10 statutory and public holidays.
Pension	The postholder can participate in the HSC Scheme. Further details are available on the HSC Pensions Website HSC Pension Service
Probationary Period	You will serve a probationary period of normally six months. This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the postholder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive of the HSCB. We will review this Job Description and it may include any other duties and responsibilities we determine in consultation with the jobholder.
Closing date	Completed application forms should be submitted online via hscrecruit.com system on or before the closing date as stated in the advertisement. Canvassing, either directly or indirectly, will be an absolute disqualification.

* The expectation is that the HSCB is due to close in March 2022. At that point all staff will report to the Department of Health but will retain HSC Terms of Conditions via a hosting arrangement with the Business Services Organisation



Health and Social
Care Board

PERSONNEL SPECIFICATION

JOB TITLE Director of Strategic Performance

DEPARTMENT / DIRECTORATE

SALARY Senior Executive Level 3 (£83,098 – £110,801 per annum)

HOURS 37.5 hours per week

February 21021

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for the essential criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.
4. The expectation is that the HSCB is due to close in March 2022. At that point all staff will report to the Department of Health but will retain HSC Terms of Conditions via a hosting arrangement with the Business Services Organisation

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Qualifications/Registration / Experience	1a. A university degree or relevant professional qualification and worked for at least 3 years in a senior management role* in a major complex organisation** with responsibility for performance management and holding others to account across a broad programme of care. OR 1b. Have worked for at least 5 years in a senior management role* in a major complex organisation** with responsibility for performance management and holding others to account across a broad programme of care. 2. Have led the successful management of a major change programme which has demonstrably enhanced performance and	Shortlisting by Application Form

	capability; - Have delivered against challenging objectives/targets for a minimum of 3 years in a strategic capacity meeting a full range of key targets and making significant*** improvements. - Have worked with a diverse range of stakeholders, both internal and external to the organisation for a minimum of 2 years to achieve successful outcomes; - Successfully demonstrated high level people management, governance and organisational skills for a minimum of 2 years. * "senior management role" is defined as experience gained at least at Assistant Director or equivalent level reporting to a Director in a major complex organisation. ** "major complex organisation" is defined as one with at least 200 staff or an annual budget of a least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders. *** "Significant" is defined as contributing directly to key corporate objectives of the organisation concerned.	
Other	Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the organisation which will permit them to carry out the duties of the post in full	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities / Knowledge	- hold others to account achieving measurable improvements across a broad programme of care - Well-developed change management skills with the proven ability to lead change and deliver results through partnership working; - Strong evidence of exercising judgement in complex situations, working with and influencing others to deliver significant improvements within a complex system. - Demonstrate a broad understanding	Interview / Test

	and experience of HSC systems, services, challenges and pressures. 5. Proven leadership skills and evidence of articulating a vision and engaging others to deliver results.	

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>. Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

Essential Leadership Capabilities:

Candidates will be expected to demonstrate collaborative leadership skills which will include evidence of the following values/ behaviours:-

- Leadership is the responsibility of all
- The need for Shared leadership in and across teams
- Working within an Interdependent and collaborative system leadership
- Compassionate leadership
 - a. Attending: paying attention to our people – being present and listening with intent
 - b. Understanding: finding a shared understanding of the situation
 - c. Empathising: using emotional intelligence and engaging with our people

As part of the Recruitment & Selection process it may be necessary for The Organisation to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

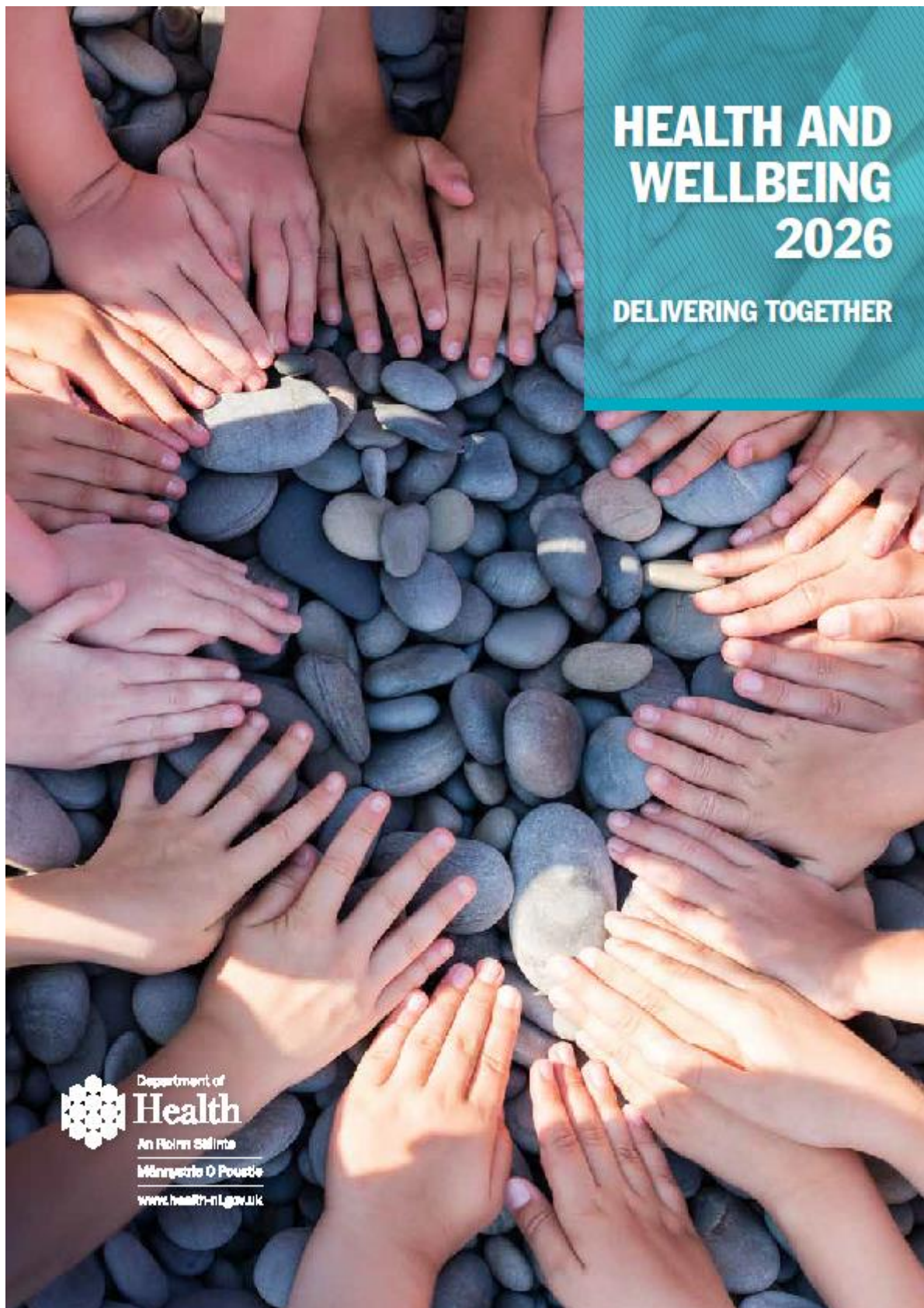
THE ORGANISATION IS AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

Appendix 1

Health & Wellbeing 2026 – Delivering together

Please double click on the below image to view the document



Appendix 2

Rebuilding HSC Services Management Board – Terms of Reference (ToR)

Department of Health

Management Board for Rebuilding HSC Services

Terms of Reference

1. Introduction

1.1 Covid-19 has presented unprecedented challenges for Health and Social Care (HSC) in Northern Ireland, which already prior to Covid-19 was facing huge strategic challenges in the form of an ageing population, increasing demand, long and growing waiting lists, workforce pressures and the emergence of new and more expensive treatments. Elective and diagnostic services have had to be curtailed with adverse impacts on existing waiting lists. At the end of March 2020 there were some 307,000 patients on the outpatient waiting list, more than 93,000 waiting for inpatient and day case admissions and more than 131,000 patients waiting for diagnostic tests. The existing challenges confronting the social care sector, as described in the 'Power to People' report, have also been compounded by the pandemic. COVID-19 has also identified the need to reassess healthcare needs of citizens and how they are provided and supported in the care home sector.

1.2 The impact of Covid-19 on HSC will be profound and long lasting. Services will not be able to resume as normal for some time due to the continued need to adhere to social distancing and continued need for PPE at volumes not required prior to the pandemic. In addition, the resilience of the health and social care workforce is likely to have been eroded and will continue to be impacted with pressures from the social care sector, which continues to be in the 'surge period'. These issues will likely adversely impact the pace of stabilisation across primary, secondary, community and social care services.

1.3 In addition, given the very significant downturn in health and social care services, many people have not had access to the screening, testing or

treatments that they otherwise would have had. In that context, the Department took action to preserve the highest priority essential services to mitigate this impact. Inevitably, however, the downturn in normal business will lead to some diseases going undetected or untreated longer than is desirable with potential impact on long term health outcomes. The uncertainty and concern about the pandemic combined with the impact of the lockdown will also likely have had an adverse on mental health, especially for the most vulnerable in society.

1.4 A further issue that will increasingly come into focus during 2020 is the EU Exit date at the end of the year, which will add further complications not least around ability to attract foreign workforce into the Northern Ireland health and social care system.

2.0 Statutory Context

2.1 The Department produced the HSC Framework Document, published in September 2011, to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (NI) 2009. The Framework Document describes the roles and functions of the various health and social care bodies and the systems that govern their relationships with each other and the Department. In response to the impact of Covid-19, a Memorandum to the Framework Document has been published setting out temporary changes for a period of two years with effect from June 2020 and to be kept under review.

2.2 This Memorandum sets out the creation of a new temporary management board, the 'Management Board for Rebuilding HSC Services' which will come into being in June 2020 for a period of two years to be reviewed thereafter.

3. Rebuilding HSC Services Framework

3.1 The Department has completed an impact assessment, which evaluates the initial impact of Covid-19 on health and social care services as well as other departmental programmes and projects.

3.2 This impact assessment will underpin a new Strategic Framework to rebuild health and social care services. It will identify actions to stabilise HSC service

delivery and business operations; new service delivery models and business structures required to stabilise the system; timescales for implementation; oversight structures; areas for priority action; and associated resources required.

3.3 The Framework will also consider the extent to which innovation and new delivery models developed during the emergency response can be permanently incorporated as we resume and develop health and social care services.

3.4 The Framework will provide the Strategic Direction for the work of the Management Board for Rebuilding HSC Services.

4. Mission Statement

4.1 The mission of the Management Board is: To incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing Covid-19 conditions. The aim will be to maximise service activity within the context of managing the ongoing Covid-19 situation; embedding innovation and transformation; incorporating the Encompass programme; prioritising services; developing contingencies; and planning for the future all at the same time. Specific service activity targets will be developed for each programme of care.

5. Remit of Management Board for Rebuilding HSC Services

5.1 The Management Board will be chaired by the Department of Health's Permanent Secretary and will report to the Minister of Health. The Management Board's role in relation to other vehicles, such as the Transformation Implementation Group (TIG), will be reviewed in due course. The Management Board will be run as a programme for an initial period of two years commencing in June 2020. The Minister will set the priorities for rebuilding health and social care services. The Management Board will: -
Provide oversight and direction to the Health and Social Care Board (HSCB), the Public Health Agency (PHA), the Health and Social Care

Trusts and the Business Services Organisation (BSO) on the implementation of the Minister's priorities as reflected in the Department's 'Strategic Framework for Rebuilding HSC Services'. This will include a clear articulation of performance measures and targets.

- Ensure a system wide focus on managing the ongoing Covid-19 situation, developing contingencies, implementing change and planning for the future.
- Have oversight of both Covid-19 and non-Covid-19 activity, including the various cells which currently sit within the Gold/Silver/Bronze emergency planning structure.
- Ensure that in implementing the Framework, transformation continues in an integrated way including embedding innovations that have emerged during the pandemic.
- Provide strategic direction for the implementation of the Department's digital health transformation agenda.
- Co-ordinate bids for additional resources to fund the rebuilding of services.
- Provide challenge and rigour in the decision making process;
- Receive updates on progress against plans to implement the Framework and direct corrective action where required to address slippage.
- Address escalated issues and risks.
- Act as champions at both a regional level, within their organisations and communities, and to the general public as a whole ensuring coherent and consistent messaging.
- Ensure principles of co-production are embedded.

6. Governance and Operational structure

6.1 The structure of the Management Board is organised on the basis of a twopillar model. Pillar 1 maintains the DoH emergency planning Gold/Silver/Bronze (GSB) structure mandated to manage the response to the current position (at any point within the emergency period when GSB have

been activated) and a planning horizon of 72 hours. Pillar 2 includes the planning for potential future surges of Covid-19 and the HSC services rebuilding programme which governs a number of thematic projects to deliver the strategic rebuilding outcome sustainably over the medium to long term. The two pillars are supported by a shared hub in the Department which provides the overall management and information coordination through combining the elements of a situation room (detailed service provision information up to 72 hours out when GSB has been activated) and a programme management office responsible for the coordination of the delivery of projects and their implementation within the overall HSC services rebuilding programme.

6.2 The two-pillar structure will ensure visibility, coordination and governance across the whole system, eliminating duplication and ensuring agility to prepare for and respond to the next phases of the COVID-19 pandemic; while at the same time planning for the future.

7. Membership

7.1 The core executive membership of the Management Board will be as follows:

- Permanent Secretary, Chair (Richard Pengelly)
- Michael Bloomfield (Chief Executive, Northern Ireland Ambulance Service Trust)
- Shane Devlin (Chief Executive, Southern Health & Social Care Trust)
- Sean Holland (Chief Social Services Officer, DoH)
- Sharon Gallagher (Deputy Secretary, DoH)
- David Gordon (Director of Communications, DoH)
- Cathy Harrison (Chief Pharmaceutical Officer, DoH)
- Dr Cathy Jack (Chief Executive, Belfast Health & Social Care Trust)
- Jackie Johnston (Deputy Secretary, DoH)
- Dr Anne Kilgallen (Chief Executive, Western Health & Social Care Trust)
- Olive MacLeod (Interim Chief Executive, Public Health Agency)

- Professor Charlotte McArdle (Chief Nursing Officer, DoH)
- Dr Michael McBride (Chief Medical Officer)
- Seamus McGoran (Interim Chief Executive, South Eastern Health & Social Care Trust)
- Liam McIvor (Chief Executive, Business Services Organisation)
- Deborah McNeilly (Deputy Secretary, DoH)
- Dr Margaret O'Brien (Head of General Medical Services, Health and Social Care Board)
- Valerie Watt (Chief Executive, Health and Social Care Board)
- Jennifer Welsh (Interim Chief Executive, Northern Health & Social Care Trust)
- Dan West (Chief Digital Information Officer, DoH)

7.2 The Minister's Special Adviser will attend meetings of the Management Board.

7.3 The Minister and the Management Board will obtain advice from experts working in health and social care fields to inform its work in the rebuilding of HSC services, as required.

8. Governance and Accountability

8.1 The Management Board will operate within the terms of the HSC Framework Document (paragraphs 2.4, 2.38 and 3.7 refer).

8.2 The Management Board will not exercise any other authority in relation to the statutory duties, roles and responsibilities, as specified in the HSC Framework, Document which the Department has delegated to the HSCB, PHA and a number of other HSC bodies.

8.3 The Permanent Secretary will act as Senior Responsible Owner (SRO) for the Management Board and will chair the Board. He will be accountable to the Minister for the implementation of the 'Strategic Framework for Rebuilding HSC Services'.

8.4 The Management Board will endorse proposals and will inform the decision making process. Final approvals and decision making rests with the Minister.

8.5 All members of the Management Board are expected to take decisions

collaboratively and objectively, declaring any potential conflicts of interest.

HSC Value	What does this mean?	What does this look like in practice? - Behaviours
 Working Together	We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.	• I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
 Compassion	We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.	• I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
 Excellence	We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.	• I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
 Openness & Honesty	We are open and honest with each other and act with integrity and candour.	• I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice





Job Description

JOB TITLE:	Director of Commissioning
LOCATION:	HSCB Headquarters
REPORTS TO:	Chief Executive
RESPONSIBLE TO:	Chief Executive

JOB SUMMARY

The Director of Commissioning will be an executive member of the Board of the HSCB and will be responsible to the Chief Executive for the establishment and maintenance of a strategic framework, which will provide direction and ambition for the future development of health and social care across Northern Ireland. He/she will develop and implement coherent commissioning arrangements which drive up performance and standards.

He/she will lead the HSCB Commissioning Directorate, which will have an overall role to:

- a) Work with colleagues in the Public Health Agency and LCGs to ensure robust and credible needs assessment of health and social care for the population of N Ireland to inform the Board's commissioning and planning processes;
- b) The development of an annual commissioning plan in line with Ministerial priorities and requirements for approval by the HSCB, PHA and DHSSPS;
- c) The development of the HSCB's corporate plan for approval on an annual basis by the Board;
- d) Ensure effective support to the 5 LCGs in the fulfilment of their responsibilities;
- e) Work in partnership with LCGs to ensure the effective coordination of the commissioning of local and regional services from HSC Trusts and other service providers;
- f) Based on agreed procurement plans in respect of LCGs and agreed regional services, develop suitable contractual arrangements in support of the procurement of these services;

- g) Work with other Directors and Commissioning Leads to ensure an effective regime to monitor the performance of the providers in terms of service delivery against the stated requirements of the HSCB;
- h) Promote effective user and stakeholder engagement in the Board's commissioning and planning processes, effectively representing the Board as required in presenting and debating the Boards commissioning plans with the Health Committee of the NI Assembly, public representatives, media and a wide range of stakeholders;
- i) Promote effective partnership working with other HSC bodies and external public , independent, voluntary and community sectors;
- j) Support agreed managed clinical networks for which the HSCB is responsible;
- k) Represent the Board as required by the Chief Executive in local, RoI and UK forums and in dealing with the media in respect of those services for which he/she is responsible.

In undertaking this role he/she will be responsible for the effective and efficient management of all staff within the Directorate, both at Headquarters and in all of the local offices of the HSCB, oversight from a commissioning perspective of a total HSCB annual spend of £2.4b, and particular responsibility for the expenditure associated with those clinical and social care services to be commissioned regionally, including prison health with an annual value of over £6m, ECRs, high cost cases and specialist services for all programmes of care with an annual estimated value of some £24m.

KEY RESULT AREAS

Strategic Planning

- Develop and maintain a strategic framework for the Health and Social Care system, which reflects Ministerial policy and priorities and ensures the effective and meaningful engagement of key stakeholders, both internal and external, in the HSCB's planning and commissioning processes.
- Design and implement planning arrangements to ensure agreed strategic priorities are translated into action through regional and local commissioning systems.
- Act as the point of primary liaison with the DHSSPS in respect of policy development and regional planning systems.

- Work with SMT colleagues to establish and maintain a capability within the HSCB to design and deliver ambitious future programmes of reform. This capability will include internal strategic intelligence capacity and external networks.
- Develop analytical and strategic planning capabilities generally across the Health and Social Care system.
- Ensure the existence of strong partnerships and active processes of engagement to ensure all strategic planning processes are characterised by active collaborations.

Commissioning

- To work in partnership with LCGs to commission local, regional and primary care services from HSC Trusts and other service providers.
- To work with Directors and LCGs to design and maintain a coherent and effective commissioning system at local and regional level. This system will include information, planning, contracting, monitoring and financial aspects.
- Ensure coherence between the commissioning system and other elements of the performance management, service improvement and reform programme.
- Lead specified regional commissioning processes including those which relate to specialist services and support for agreed programme of care and managed clinical networks.
- Ensure regional and sub-regional commissioning is guided and informed by regional assessment of population health and social care needs.
- Ensure the existence of strong partnerships and collaborations at a regional level to enable effective commissioning. These partnerships will embrace the voluntary and independent sector and relevant professional groups.
- Ensure effective coordination and communication with the 5 commissioning leads of the LCGs to ensure a coherent and consistent approach across the region.
- Ensure a focus on performance and outcomes in all commissioning processes with a particular focus on Ministerial priorities, quality indicators specified in service frameworks and securing the provision of consistent and equitable services to the population on N Ireland.

- Ensure a focus on stakeholder engagement, value for money, efficiency improvements and financial balance in all commissioning processes.
- Build and develop commissioning capability at all levels in the Northern Ireland Health and Social Care system.
- Advise the HSCB and Chief Executive on the development of the Board's commissioning systems keeping up to date with best practice outside N Ireland and facilitating and promoting the transfer of learning and expertise.

People Management

- Provide clear and strategic leadership to staff within the directorate to ensure the HSCB has a highly skilled, flexible and motivated workforce to provide high quality performance management.
- Develop management information on staff utilisation, development and return on investment, which improves management decision-making and supports a rigorous continuous improvement culture.
- Ensure that structures and practices within the Directorate support a culture of effective team working, continuous improvement and innovation.

Corporate Management

- Contribute to the corporate decision-making of the HSCB.
- Contribute to the HSCB's corporate planning, policy and decision-making processes as a member of the senior management team and ensure objectives and decisions are effectively communicated.
- Develop and maintain working relationships with other Board and SMT members and LCG Chairs to ensure achievement of HSCB objectives and the effective functioning of the senior management team and Board.
- Participate in and comply with Departmental requirements in respect of policy and strategy development.
- Contribute to the HSCB's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers.

General Management

- Ensure that appropriate appraisal and performance review processes are in place for all staff.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.
- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.
- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the HSCB.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the HSCB.
- Promote the HSCB's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for which he/she has responsibility.
- Ensure all budgets with the post holder's remit are managed within authorised limits

Other General Responsibilities

Employees of the HSCB will be required to:

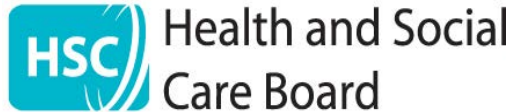
- At all times provide a caring service and treat those with whom they come into contact in a courteous and respectful manner.
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- Comply with the HSCB's No Smoking Policy.
- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- Adhere to equal opportunities policy throughout the course of their employment.

- Ensure the ongoing confidence of the public in service provision.
- Comply with the HSC code of conduct.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Director of Commissioning works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive

RECORDS MANAGEMENT

Directors are responsible to the Chief Executive for all records held, created or used as part of their business including corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.



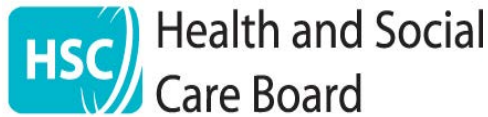
Terms and Conditions

Salary will be Senior Executive Level 3 £79,551 - £106,072 per annum (if the successful applicant is currently on medical terms and conditions of service, the Board will consider attaching these, or elements of these, to the new post in discussion with the individual), and the post will be based in HSCB Headquarters, 12/22 Linenhall Street, Belfast but will regularly be required to travel to local offices and other venues within N Ireland. The post holder may also be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

For successful candidates the existing Senior Executive Performance Management arrangements will be amended as follows. The annual pay increase will consist of two elements: a salary review element and a performance element. The salary review increase will be determined by the NHS Pay Review Body. The performance element will be the difference between the salary review increase and the increase in staff in post limit set by HM Treasury. Those staff currently on Senior Executive contracts will transfer on appointment to the amended performance management arrangements as outlined above.

In addition to the 10 public holidays the annual leave allowance will be 33 days.

Shortlisted candidates will be required to attend an information session with the Chair and Chief Executive of the Board prior to interview, when there will be the opportunity to ask questions about the work of the Board and the nature of the role.



Director of Commissioning

Personnel Specification

Knowledge, skills and experience required:

- A university degree or relevant professional qualification and worked for at least 3 years in a senior management¹ role in the last 6 years in a major complex organisation² comprising working experience of the range of services currently provided within a modern health and social care system

OR

Have worked for at least 5 years in a senior management role in the last 10 years in a major complex organisation comprising working experience of the range of services currently provided within a modern health and social care system.

and have:

- Delivered against challenging objectives/targets for a minimum of 3 years in the last 6 years meeting a full range of key targets and making significant improvements;
- For a minimum of 3 years in the last 6 years, have worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes;

¹ senior management is defined as experience gained at the top management levels of an organisation, i.e. Director, Assistant Director of equivalent, or in the case of existing civil servants, being a member of the senior civil service.

² major complex organisation is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders.

³ significant is defined as contributing directly to a key corporate objective of the organisation concerned.

- Successfully demonstrated high level people management, governance and organisational skills for a minimum of 2 years in the last 6 years;
- Led in the successful management of a major change programme addressing significant³ organisational and structural change; and
- Demonstrate evidence of providing leadership in a change environment.

SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore **ESSENTIAL** that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at www.leadershipqualities.co.uk. Competencies to be assessed are:

- Self Belief
- Drive for Improvement
- Political Astuteness
- Drive for Results
- Effective and Strategic Influencing
- Empowering Others

**Director of Planning and
Commissioning
HSCB
Temporary for up to 1 year**



Working together



Excellence



Openness & Honesty



Compassion



**HSC Health and Social
Care Board**
JOB DESCRIPTION

POST:	Director of Planning and Commissioning Temporary for up to 1 year
REPORTS TO	Chief Executive
RESPONSIBLE TO:	Chief Executive
SALARY:	Senior Executive Level 3 (£83,098 – £110,801 per annum)
LOCATION:	Belfast

*This post is restricted to HSC employees and HSCB Agency workers.
HSCB accept online applications only.*

Note to Candidate

Given the critical nature of this post, the successful candidate will be expected to be flexible in terms of start date and should be willing to negotiate notice period with their current employer.

JOB SUMMARY

The Director of Planning and Commissioning will be an Executive member of the Board of the HSCB and will be responsible to the Chief Executive for the maintenance and updating of a strategic framework, which will provide direction and ambition for the future development of health and social care across Northern Ireland in support of the wider 'Delivering Together' reform agenda. He/she will develop and implement coherent commissioning arrangements which drive up performance and standards. As a leading stakeholder in the change agenda facing the HSC he/she will need to bring innovative and dynamic thinking in their vital contribution to the development of future commissioning / strategic planning arrangements within the HSC.

KEY DUTIES / RESPONSIBILITIES

He/she will lead the HSCB Commissioning Directorate, which will have an overall role to:

- a) Work with colleagues in the Public Health Agency and Local Commissioning Groups (LCGs) to ensure robust and credible needs assessment of health and social care for the population of N. Ireland to inform the Board's commissioning and planning processes;
- b) Provide leadership, input and support to a range of regional reform initiatives including: stroke, pathology, diabetes, palliative care, unscheduled and elective care, acute reform etc.
- c) Develop an annual commissioning plan in line with Ministerial priorities and requirements for approval by the HSCB, PHA and DoH;
- d) Ensure effective support to the 5 LCGs in the fulfilment of their responsibilities;
- e) Work in partnership with LCGs to ensure the effective coordination of the commissioning of local and regional services from HSC Trusts and other service providers;
- f) Provide clear and dynamic leadership with and to other Directors and Commissioning Leads to ensure the effective design of a new system for commissioning and strategic planning;
- g) Promote effective user and stakeholder engagement in the Board's commissioning and planning processes, effectively representing the Board as required in presenting and debating the Board's commissioning plans with the Health Committee of the NI Assembly, public representatives, media and a wide range of stakeholders;
- h) Promote effective partnership working with other HSC bodies and external public, independent, voluntary and community sectors;
- i) Support agreed managed clinical networks for which the HSCB is responsible;
- j) Represent the Board as required by the Chief Executive in local, RoI and UK forums and in dealing with the media in respect of those services for which he/she is responsible.

In undertaking this role he/she will be responsible for the effective and efficient management of all staff within the Directorate, both at Headquarters and in all of the local offices of the HSCB. He/she will have oversight from a commissioning perspective of a total HSCB annual spend of some £3 b, and particular responsibility for the expenditure associated with those clinical and social care services to be commissioned regionally, including prison health, and Extra Contractual Referrals, high cost cases and specialist services for all programmes of care with an annual estimated value of some £24m.

KEY RESULT AREAS

Strategic Planning

- Support the maintenance and updating of a strategic framework for the Health and Social Care system, which reflects 'Delivering Together' and other key Ministerial policy and priorities and ensures the effective and meaningful engagement of key stakeholders, both internal and external, in the HSCB's planning and commissioning processes.
- Design and implement planning arrangements to ensure agreed strategic priorities are translated into action through regional and local commissioning systems.
- Act as the point of primary liaison with the DoH in respect of policy development and regional planning systems.
- Work with SMT colleagues to establish and maintain a capability within the HSCB to design and deliver ambitious future programmes of reform. This capability will include internal strategic intelligence capacity and external networks.
- Develop analytical and strategic planning capabilities generally across the Health and Social Care system.
- Ensure the existence of strong partnerships and active processes of engagement to ensure all strategic planning processes are characterised by active collaborations.

Planning and Commissioning

- To work in partnership with LCGs to plan and commission local, regional and primary care services from HSC Trusts and other service providers.
- To work with Directors and LCGs to design and maintain a coherent and effective commissioning system at local and regional level. This system will include information, planning, contracting, monitoring and financial aspects.
- Ensure coherence between the commissioning system and other elements of the performance management, service improvement and reform programme.
- Lead specified regional commissioning processes including those which relate to specialist services and support for agreed programme of care and managed clinical networks.

- Ensure regional and sub-regional commissioning is guided and informed by regional assessment of population health and social care needs.
- Ensure the existence of strong partnerships and collaborations at a regional level to enable effective commissioning. These partnerships will embrace the voluntary and independent sector and relevant professional groups.
- Ensure effective coordination and communication with the 5 commissioning leads of the LCGs to ensure a coherent and consistent approach across the region.
- Ensure a focus on performance and outcomes in all commissioning processes with a particular focus on Ministerial priorities, quality indicators specified in service frameworks and securing the provision of consistent and equitable services to the population of N Ireland.
- Ensure a focus on stakeholder engagement, value for money, efficiency improvements and financial balance in all commissioning processes.
- Build and develop commissioning capability at all levels in the Northern Ireland Health and Social Care system.
- Advise the HSCB and Chief Executive on the development of the Board's commissioning systems keeping up to date with best practice outside Northern Ireland and facilitating and promoting the transfer of learning and expertise.

Quality

- Promote collaboration and learning between all staff in the Directorate and other professions and disciplines to ensure a planned, co-ordinated and multi-disciplinary approach to the delivery of health and social care which enables the continual improvement of services to patients and clients.
- Deliver effective governance in accordance with public sector values and the codes of conduct and accountability ensuring that all statutory functions are carried out.
- Ensure that robust performance management arrangements and systems are developed and implemented for all staff within own area of responsibility.

People Management

- Provide clear and strategic leadership to staff within the directorate to ensure the HSCB has a highly skilled, flexible and motivated workforce to provide high quality performance management.
- Develop management information on staff utilisation, development and return on investment, which improves management decision-making and supports a rigorous continuous improvement culture.
- Ensure that structures and practices within the Directorate support a culture of collective leadership, effective team working, continuous improvement and innovation.
- To provide high levels of support to staff, both individually and collectively, as they go through the change process.

Financial and Resource Management

- Manage the overall directorate budget ensuring that all financial targets are met.
- Ensure opportunities for financial savings are managed to provide the most efficient service possible within the resources allocated.

Corporate Management

- Contribute to the corporate decision-making of the HSCB.
- Contribute to the HSCB's corporate planning, policy and decision-making processes as a member of the senior management team and ensure objectives and decisions are effectively communicated.
- Develop and maintain working relationships with other Board and SMT members and LCG Chairs to ensure achievement of HSCB objectives and the effective Functioning of the senior management team and Board.
- To provide leadership and participate as appropriate in the development of new strategic initiatives and direction for the changing HSC organisations and system.
- Comply as required with Departmental requirements in respect of policy and strategy development.
- Contribute to the HSCB's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Employees.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

The Organisation supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

- Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
- Ensure access to skills and personal development through appropriate training and support.
- Promote a culture of openness and honesty to enable shared learning.
- Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
- Adhere to and promote Organisational policy and procedure in all staffing matters, participating as appropriate in a way which underpins The Organisation's values.

PERSONAL AND PUBLIC INVOLVEMENT RESPONSIBILITIES (PPI)

- Lead on and be responsible for the planning, implementation, reporting and all other aspects relevant to the Organisation's PPI Strategy within the Directorate. This will include ensuring robust arrangements are in place for active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

INCLUDE FOR SENIOR MANAGER/ HEAD OF SERVICE POSTS

- Lead on and be responsible for the co-ordination of the Organisation's PPI Strategy within the Division or other sphere of responsibility . This will include supporting active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

GENERAL REQUIREMENTS

The post holder will be required to:

- Ensure The Organisation's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.



- Co-operate fully with the implementation of The Organisation's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
- Adhere at all times to all Organisation policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
- Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
- Co-operate fully with regard to HSCB policies and procedures relating to infection prevention and control.
- All employees of The Health & Social Care Board are legally responsible for all records held, created or used as part of their business within the HSCB including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with The HSCB policy and procedures on records management and to seek advice if in doubt.
- Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
- Represent The HSCB's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.



It is a standard condition that all HSCB staff may be required to serve at any location within The Organisation's area, as needs of the service demand.

Please note that the Health and Social Care Board operates a “No Smoking” Policy and all employees MUST comply with this.

We are an Equal Opportunities Employer.

Date: August 2019

PERSONNEL SPECIFICATION

JOB TITLE AND BAND	Director of Planning and Commissioning Temporary for up to 1 year
DEPARTMENT / DIRECTORATE	Commissioning
SALARY	Senior Executive Level 3 (£83,098 – £110,801 PA)
HOURS	37.5 hours per week

Notes to applicants:

1. You must clearly demonstrate on your application form under each question, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.
2. Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note The Organisation reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.
3. Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Experience / Qualifications/ Registration	1 Applicants must be an employee of HSCNI or HSCB agency worker at closing date. 2a. A university degree or relevant professional qualification and worked for at least 3 years in a senior management role* in a major complex organisation** delivering across a broad programme of care in health and social care. OR	Shortlisting by Application Form

	2b. Have worked for at least 5 years in a senior management role* in a major complex organisation** delivering across a broad programme of care in health and social care. 3. Have delivered against challenging objectives/targets for a minimum of 2 years meeting a full range of key targets and making significant improvements; 4. Have worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes for a minimum of 2 years; 5. Successfully demonstrated high level people management, governance and organisational skills for a minimum of 2 years; 6. Demonstrate two years experience in being personally responsible for successfully planning, managing and implementing a major change programme using best practice project management techniques. 7. Led in the successful management of a major change programme addressing significant organisational and service provision change whilst managing competing priorities ; and 8. Demonstrate evidence of providing effective leadership in a change environment. * "Senior management role" is defined as experience gained at least at Assistant Director or equivalent level reporting to a Director in a major complex organisation. ** "major complex organisation" is defined as one with at least 200 staff	

	or an annual budget of a least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders. *** "Significant" is defined as contributing directly to key corporate objectives of the organisation concerned.	
Other	9 Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by The Organisation which will permit them to carry out the duties of the post.	Shortlisting by Application Form

SECTION 2: The following are **ESSENTIAL criteria which will be measured during the interview/ selection stage:**

Skills / Abilities	1. Well-developed change management skills with the proven ability to lead change and deliver results through partnership working;	Interview / Test
	2. Strong evidence of exercising judgement in complex situations, working with and influencing others to deliver significant improvements within a complex system.	Interview / Test
	3. Demonstrate a broad understanding and experience of HSC systems, services, challenges and pressures.	Interview / Test
	4. Proven leadership skills and evidence of articulating a vision and engaging others to deliver results.	Interview / Test
Competencies	Candidates who are short-listed will need to demonstrate that they have the required competencies to be effective in this demanding leadership role. The dimensions concerned are given in the Healthcare Leadership Model (see below link) http://www.leadershipacademy.nhs.uk/discover/leadershipmodel/leadership-dimensions/	Interview / test

	Particular attention will be given to the following: • <u>Inspiring shared purpose</u> • <u>Leading with care</u> • <u>Evaluating information</u> • <u>Connecting our service</u> • <u>Sharing the vision</u> • <u>Engaging the team</u> • <u>Holding to account</u> • <u>Developing capability</u> • <u>Influencing for results</u>	

Given the critical nature of this post, the successful candidate will be expected to be flexible in terms of start date and should be willing to negotiate notice period with their current employer.

If this post is being sought on secondment then the individual MUST have the permission of their line manager IN ADVANCE of making application.

As part of the Recruitment & Selection process it may be necessary for The Organisation to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

THE ORGANISATION IS AN EQUAL OPPORTUNITIES EMPLOYER

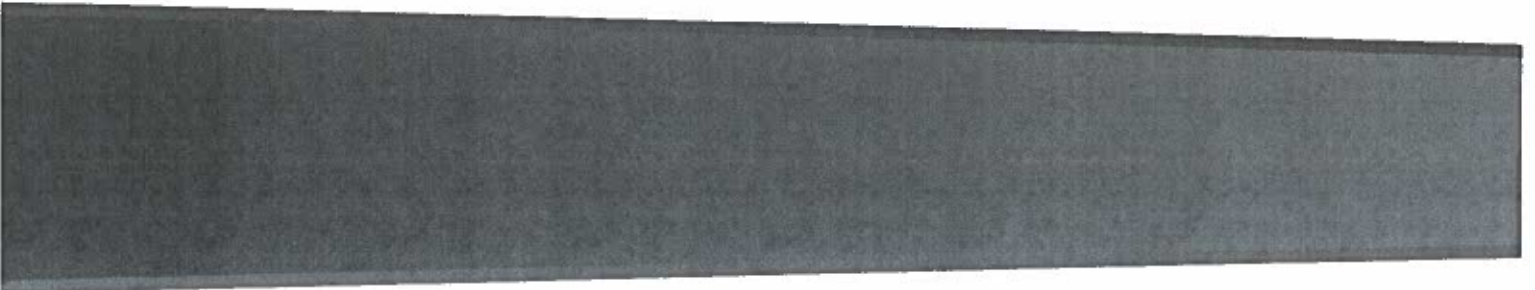
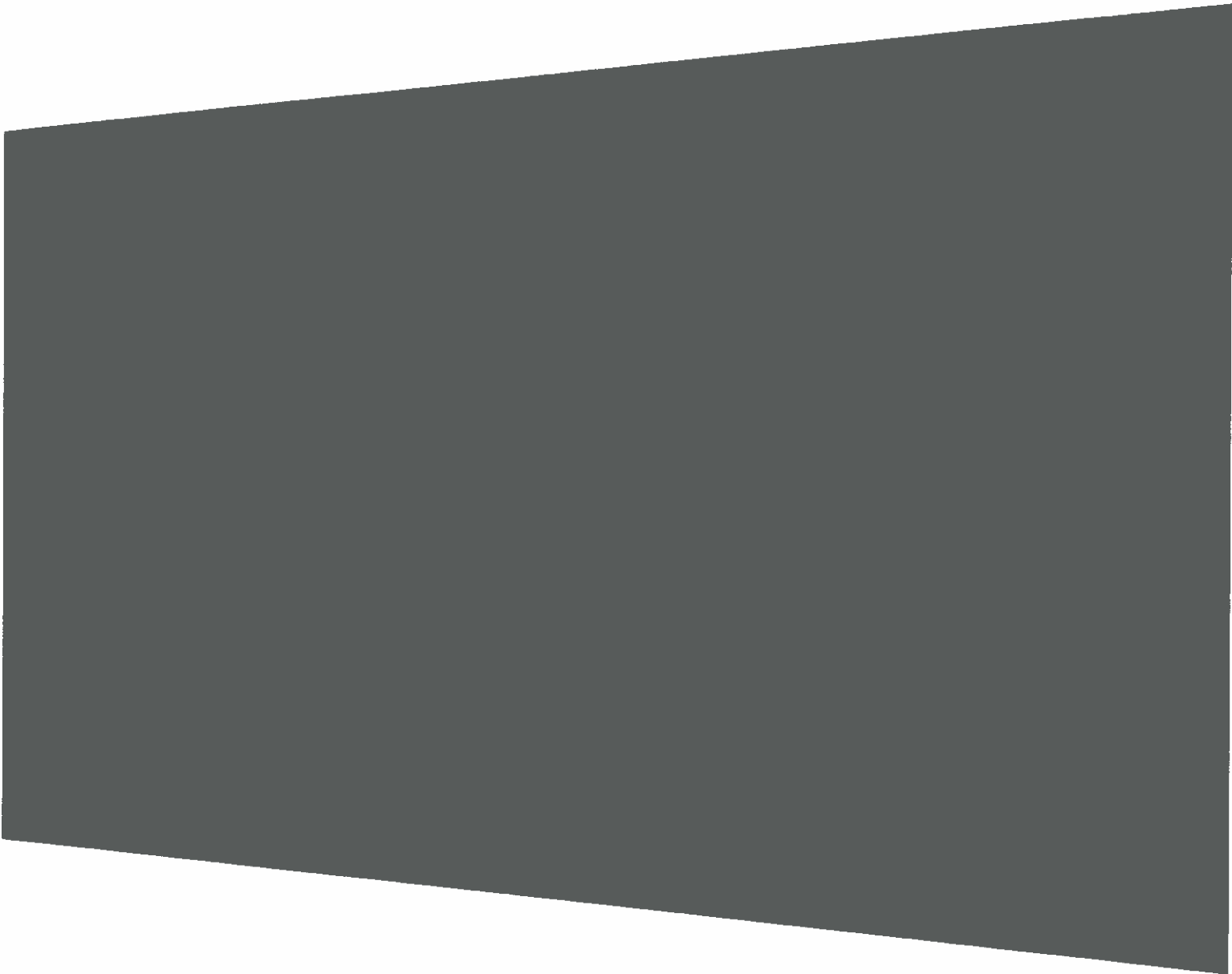
Successful applicants may be required to attend for a Health Assessment

Pay and Terms and Conditions

Salary	Senior Executive Level 3 (£83,098 – £110,801 per annum) The successful candidate will be employed on a standard senior executive contract. The nature and content of that contract is determined by the Department of Health (DoH)
Hours	Normal full-time hours of duty are 37½ hours per week, exclusive of meal times.
Medical	Appointment will be subject to a successful pre-employment health assessment.
Holidays	27 days each year; 29 days after 5 years' service; 33 days after 10 years' service and 10 statutory and public holidays.
Pension	The postholder can participate in the HSC Scheme. Further details are available on the HSC Pensions Website HSC Pension Service
Probationary Period	You will serve a probationary period of normally six months. This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the postholder works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive of the HSCB. We will review this Job Description and it may include any other duties and responsibilities we determine in consultation with the jobholder.
Closing date	Completed application forms should be submitted by the date listed on the advert. Canvassing, either directly or indirectly, will be an absolute disqualification.

HSC Value	What does this mean?	What does this look like in practice? - Behaviours
 Working Together	We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.	• I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
 Compassion	We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.	• I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
 Excellence	We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.	• I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
 Openness & Honesty	We are open and honest with each other and act with integrity and candour.	• I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice

All staff are expected to display the HSC Values at all times





Health and
Social Care

Director of Finance (Designate)

Regional Health and Social Care Board

Job Description

JOB SUMMARY

The Director of Finance (Designate) will be an executive member of the Board of the Regional Health and Social Care Board (RHSCB)¹. The post holder will be responsible to the Chief Executive (Designate) for the financial management function within the Board. This will require leadership of the performance management arrangements in respect of revenue and capital across the HSC. It will also require efficient supervision of the RHSCB's internal finances. The post holder will be responsible for the efficient delivery of a wide range of corporate services. During the transition period the Director of Finance (Designate) will contribute to processes of system planning with a particular focus on financial areas.

He/she will lead a Directorate the overall role of which will be to;

- Enable efficient, effective and economic use of the financial allocations for commissioning of health and social care to ensure the best possible use of the budget allocated for health & social care;
- Prepare formal financial accounts for the RHSCB and provide reports, as required, on RHSCB expenditure to DHSSPS;
- Provide Financial inputs (including decision support) into other functions of the RHSCB e.g. Commissioning and Performance Management & Service Improvement; and

The postholder will be directly accountable to the Chief Executive (Designate), who, upon the establishment of the RHSCB, will be the Accountable Officer with day-to-day responsibility of approximately £4 billion.

¹ RHSCB – Regional Health & Social Care Board

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KEY RESULT AREAS

System Design & Planning

- Provide general contribution to planning processes relating to reform of health and social care system.
- Provide leadership of planning process relating to application of whatever revised financial regime is determined by the Minister, including contributing to the specification of tariff based system, establishment of financial performance management arrangements and clarification of capital planning and management systems.
- Support planning processes relating to new commissioning system with particular reference to the implications of the Minister's decision on capitation aspects, contracting models and value for money considerations.
- Assist in the design of a potential "tariff based" system for health and social care

Performance Management

- Provide advice, guidelines and instructions to ensure consistent financial planning within RHSCB.
- Establish and implement robust monitoring systems to enable regular analysis of the financial performance of the work of the RHSCB.
- Where appropriate contribute to the management of issues arising in the event of significant deviation from plan by provider organisations.

Capital

- Establish and maintain systems for capital planning, business case approval and investment monitoring within the remit of RHSCB.
- Ensure viable coherence between capital and revenue planning systems.

Internal Financial Leadership

- Facilitate the development of a strong forward-looking financial management community within the RHSCB.
- Establish budgetary, financial monitoring and reporting system in respect of the financial resources directly applied in the RHSCB.

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- Establish a finance team with sufficient numbers and appropriate expertise to undertake the performance management responsibilities specified earlier, the capital management responsibilities specified in above, and the efficient management of the RHSCB's internal financial responsibilities.
- To report to the Chief Executive (Designate) and to the board in respect of the financial performance of the RHSCB highlighting any action necessary to respond to deviations from plan.
- Ensure internal compliance with appropriate standards and governance requirements.

Strategic Planning

- Establish a 5-year financial plan for the HSC and the RHSCB ensuring coherence with the overall strategic direction of the system and specific ministerial and Department targets.
- To engage with the DHSSPS and other Departments in respect of expenditure and spending plan reviews.
- To ensure a continuous focus on value for money, productivity and the general efficiency gains within all plans.

People Management

- Provide clear and strategic leadership to staff within the directorate to ensure the RHSCB has a highly skilled, flexible and motivated workforce to provide high quality performance management.
- Develop management information on staff utilisation, development and return on investment, which improves management decision making and supports a rigorous continuous improvement culture.
- Ensure that structures and practices within the directorate support a culture of effective team working, continuous improvement and innovation.

Transitional Management

- Support the Chief Executive (Designate) at all stages of the extensive transitional period.
- Support all key transitional planning and managerial processes.
- Work closely with all HSC organisations to ensure all financial and efficiency targets are achieved during transitional period.

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Corporate Management

- Contribute to the corporate decision making of the RHSCB Board.
- Advise the Chief Executive (Designate) and the Board on the development of the Board's own performance management systems.
- Contribute to the RHSCB's corporate planning, policy and decision making processes as a member of the senior management team and ensure the Board's objectives and decisions are effectively communicated.
- Develop and maintain working relationships with other director colleagues and non-executive directors to ensure achievement of RHSCB objectives and the effective functioning of the senior management team and RHSCB Board.
- Participate in and comply with Departmental requirements in the production of performance reports.
- Contribute to the RHSCB's overall corporate governance processes to ensure its compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HSC Managers.

General Management Responsibilities

- Participate in the RHSCB Staff Development and Performance Review Scheme. Review individually on a regular basis the performance of immediately subordinate staff. Provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.
- Ensure that the review of performance identified above is proffered for all levels of staff within the RHSCB.
- Maintain good staff relationships and morale amongst the staff reporting to him/her.
- Where appropriate, review the organisational plan and establishment levels and ensure that each is consistent with achieving objectives and recommend change where appropriate.
- Delegate appropriate responsibility and authority to the level of staff within his/her control consistent with effective decision making whilst retaining responsibility and accountability for results.

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- Participate as required in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the RHSCB.
- Take such action as may be necessary in disciplinary matters in accordance with procedures laid down by the RHSCB.
- Promote the RHSCB's policy on equality of opportunity through his/her own actions and ensure that this policy is adhered to by staff for whom he/she has responsibility.
- Ensure all budgets with the post holder's remit are managed within authorised limits.

Other General Responsibilities

Employees of the RHSCB will be required to promote and support the mission and vision of the service for which they are responsible and:

- At all times provide a caring service and treat those with whom they come into contact in a courteous and respectful manner.
- Demonstrate their commitment by their regular attendance and the efficient completion of all tasks allocated to them.
- Comply with the RHSCB's No Smoking Policy.
- Carry out their duties and responsibilities in compliance with health and safety policy and statutory regulations.
- Adhere to equal opportunities policy throughout the course of their employment.
- Ensure the ongoing confidence of the public in service provision.
- Comply with the HSC code of conduct.

This job description is subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the Director of Finance (Designate) works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time by the Chief Executive (Designate).

RECORDS MANAGEMENT

Directors are responsible to the Chief Executive (Designate) for all records held, created or used as part of their business including corporate and administrative records whether paper-based or electronic and also including

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emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environment Information Regulations 2004 and the Data Protection Act 1998.

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Terms and Conditions

Salary will be Level 3, £79,551 - £106,072 per annum.

For successful candidates the existing Senior Executive Performance Management arrangements will be amended as follows. The annual pay increase will consist of two elements: a salary review element and a performance element. The salary review increase will be determined by the NHS Pay Review Body. The performance element will be the difference between the salary review increase and the increase in staff in post limit set by HM Treasury.

Those staff currently on Senior Executive contracts will transfer on appointment to the amended performance management arrangements as outlined above.

In addition to the 10 public holidays the annual leave allowance will be 33 days.

As part of the transitional arrangements the post holder will be seconded from their existing organisation to work on the establishment of the new organisation and will transfer to the new RHSCB when the relevant legislative instruments are in effect.

Interim accommodation arrangements will be made in 2008/09 pending expected decisions on the location of the new Board and can be further discussed at interview. He/she may be required to travel throughout Northern Ireland and, on occasions, within the United Kingdom, the Republic of Ireland, and elsewhere. The successful candidate should have access to a form of transport that will permit him/her to meet the requirements of the post in full and be prepared to travel throughout Northern Ireland and elsewhere, as required.

Any applicant wishing to speak to someone about the process for appointment to the above position should contact the DHSSPS – RPA Unit – Beeches Management Centre (telephone Personal Information
redacted by the USI)

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Director of Finance (Designate) Regional Health & Social Care Board

Personnel Specification:

Knowledge, skills and experience required:

Applicants must provide evidence by the closing date for application that they are working in a substantive post in the HSC or an organisation affected by RPA and have:

- ✱ at least a CCAB recognised full professional accountancy qualification and 5 years experience in a senior management² role in a major complex organisation³;
- delivered against challenging financial management programmes for a minimum of 3 years in the last 6 years meeting a full range of key targets and making significant⁴ improvements;
- worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes for a minimum of 3 years in the last 6 years;
- successfully demonstrated high level financial management, governance and organisational skills for a minimum of 2 years in the last 6 years;
- have at least 3 years' experience within the last 5 years of personal accountability for financial management in a complex organisation;
- demonstrate evidence of providing leadership in a change environment.

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² senior management is defined as experience gained at the top management levels of an organisation, ie Director, Assistant Director of equivalent, or in the case of existing civil servants, being a member of the senior civil service.

³ major complex organisation is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders.

⁴ Significant is defined as contributing directly to a key corporate objective of the organisation concerned.

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SHORTLISTING

A shortlist of candidates for interview will be prepared on the basis of the information contained in the application form. It is therefore essential that all applicants demonstrate through their application how and to what extent their experience and qualities are relevant to this post and the extent to which they satisfy each criterion specified.

Candidates who are short-listed for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are given in the NHS Leadership Qualities Framework at www.leadershipqualities.co.uk

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Candidate Information Pack

Director of Social Care and Children/Executive Director
of Social Work

Health & Social Care Board

***Completed Application Forms must be submitted
online no later than
5pm on Friday 4th December 2020***



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Dear Applicant

Thank you for your interest in the role of Director of Social Care and Children/Executive Director of Social Work in the Health & Social Care Board (HSCB).

The successful candidate while leading and contributing to the planning and delivery of health and well-being of the people of Northern Ireland will also have an opportunity to contribute to the creation of a new system in line with the Executive vision of “Delivering Together”.

We are looking for a person who has experience in the health and social care system and is willing to take on a challenging role whilst contributing to the development of new thinking around health and social care systems. He or she will need to work collaboratively with colleagues on the HSCB Board and SMT along with other senior leaders within the health and social care system.

For more background information on the role and functions of HSCB please click [here](#).

Applicants are also encouraged to contact Marie Roulston for an informal and confidential discussion on telephone number Personal information redacted by USI.

HSCB BACKGROUND/ INFORMATION

Delegated Statutory Functions

The HSCB has oversight of Trust compliance with statutory functions as set out in legislation which confers powers and duties on the HSCB which are delegated under an approved scheme. There are reporting responsibilities to the Department set out in a series of circulars across a range of service areas. The circulars, including “the role and responsibilities of Directors for the Care and Protection of Children” (Corporate Parenting) are currently under review and new versions have been issued in draft. The duties requiring compliance include children’s services, mental health and learning disability, older people and people with a physical and or sensory disability and adult safeguarding. This involves focussed information gathering; analysis and professional scrutiny of data; monitoring of regional and local action plans; benchmarking performance and promoting best practice. The data collection under these statutory functions contributes to agreed national data sets.

The Delegated Statutory Functions Scheme describes the fundamental principles, values and accountability relationships that will underpin the delivery of services. It specifies within the PSS programmes of care, including general services to people in need, the powers and duties which the Board has delegated to the Trusts under the following legislation:

- The Children (Northern Ireland) Order 1995
- The Adoption (Northern Ireland) Order 1987
- The Mental Health (Northern Ireland) Order 1986
- Disabled Persons (Northern Ireland) Act 1989
- The Chronically Sick and Disabled Persons (Northern Ireland) Act 1978
- The Carers and Direct Payments (Northern Ireland) Act 2002

Social Care and Children’s services

The work of the Social Care Directorate has been progressed through the development of “Standard Operating Frameworks/Models”. Standard Operating Frameworks enable the coherent organisation and integration of services into logical steps or care pathways. The application of this methodology has enabled the Social Care Directorate to unify a diverse range of stakeholders around an agreed vision, implement evidence and importantly simplify service systems.

The approach has been extremely influential in the improvement of Children, Mental Health, Learning Disability and Older People Services. The work in these areas is robustly supported by improvement and implementation sciences and crucially has enabled a reduction in variation, facilitated innovation and promoted cost effective ways of working.

The collaborative infrastructures supporting this approach e.g. the Children’s Service Improvement Board (CSIB), Bamford Mental Health and Learning Disability Implementation Teams, Regional Dementia Collaborative, Regional Children Young People Strategic Partnership, Regional Child and Young Person Mental Health

Partnerships, are an essential catalyst for regional planning, executing policy/strategy, facilitating and driving regional consistency in the delivery of services. It is important to note without this infrastructure significant disparity in services and models would have continued between providers.

The model has promoted a culture of co-operation amongst providers and is driving person centred, needs and evidence based reform. Because of the focus on early intervention and recovery models the Social Care Directorate has enabled providers to deliver improved outcomes for individuals and their families at scale.

Ensuring the Safety and Quality of Services and Securing Learning

The HSCB, in conjunction with the PHA, Trusts and key partners, plays a central role in ensuring the safety and quality of services, and identifying opportunities for learning right across the HSC system to ensure that best practice can be embedded into service delivery at every level.

The HSCB, through its social care and children's directorate, and professional medical and nursing colleagues from the PHA, ensures the highest standards of professional practice and holistic service delivery models. Professional colleagues provide case specific analysis and scrutiny in respect of audits; case reviews and SAls, ensuring that the messages from reviews, inspections and research inform best practice and service design. This also involves producing guidance, action plans, implementation plans to translate policy into practice.

There are a number of key functions carried out by the HSCB working with the PHA to ensure that learning is identified and shared. These include:

- Serious Adverse Incidents (SAIs)
- Child death notifications (CDN)
- Safety and quality alerts
- Complaints

The Future

Following the announcement in 2015 by the then Minister that the HSCB will close, its management team and staff are firmly committed to working constructively with the Department of Health and other HSC organisations to ensure the smooth and effective transition of the HSCB's functions and staff to the future arrangements. The successful candidate will play a significant role in this process, particularly in relation to social care services

Health and Social Care Board

We only accept on line applications

JOB DESCRIPTION

POST:	Director of Social Care and Children/Executive Director of Social Work
BAND:	Senior Executive Level 3 (£83,098 – £110,801) (2015 payscales)
DIRECTORATE	Social Care and Children
LOCATION	HSCB Headquarters Linenhall St, Belfast
REPORTS TO:	Chief Executive, HSCB
RESPONSIBLE TO:	Chief Executive, HSCB

Job Summary

The Director of Social Care and Children/Executive Director of Social Work will be an executive member of the Board of the Health and Social Care Board (HSCB). The post holder will advise Chief Executive and the Board on all issues relating to social services policy and practice, statutory requirements, and professional and multidisciplinary workforce requirements. He/she will be responsible for ensuring the HSCB discharges its statutory work functions. As such the Director will have Executive Director level responsibility for social work within the HSCB. The post holder will be responsible to the Chief Executive for the provision of strong professional leadership and direction and ensuring that coherent arrangements for social services capability at a regional, Local Commissioning Group (LCG) and locality level. The post holder will be responsible for the development and management of regional social services to children, young people, adults and their families. He/she will ensure development of purposeful partnerships to enable health and social wellbeing inequalities to be addressed.

He/she will lead a Directorate the overall role of which will be to:

- Fulfil Social Care responsibilities including, for example, Corporate Parenting.
- Ensure effective systems of governance for delivery of Social Care services within service providers.
- Provide Social Care inputs (including guidance on legislation, policy initiatives and recognised good practice) into other functions of the HSCB e.g. Commissioning and Performance & Service Improvement; and

- Provide Social Care inputs including legislation, policy initiatives and recognised good practice into the Public Health Agency (PHA) (e.g. Health Improvement).

The post holder will provide advice and leadership on all matters relating to Social Services through the HSCB's commissioning and performance management functions as well as ensuring that the wide range of statutory duties are properly discharged. He/she should attend all HSCB Board meetings and have attendance and speaking rights.

The post holders will take the lead in the HSCB for the development and implementation of service frameworks and development of social work networks.

The post holder will be directly accountable to the Chief Executive.

The post holder should also attend all PHA Board meetings and have attendance and speaking rights.

Professional responsibilities as Executive Director of Social Work

- Ensuring that appropriate assessment of need for social services is undertaken across the region.
- Providing professional leadership ensuring high standards of social work and social care practice throughout all programmes of care commissioned or provided on behalf of the HSCB.
- Providing the professional social services contribution to the formulation of operational policies and strategies, which will promote the health and wellbeing of people across the region.
- Ensuring the application of professional and other quality standards through appropriately informed commissioning of social services at both regional level and through local commissioning groups.
- Monitoring, evaluating and quality assuring the provision of social services commissioned by the HSCB and in particular the discharge of statutory functions through inspection, audit and review of services.
- Advising the HSCB in relation to the approval and review of schemes for the delegation of relevant functions (children and adults) to Trusts.
- Establishing appropriate monitoring arrangements to assure the HSCB that Trusts are discharging relevant functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, take immediate remedial action.

- Professional responsibility for the provision of resolved advice on social work and social care matters to the Board, the Chief Executive and other directors of the HSCB. This will include advice relating to social care legislation, policy initiatives and social care/social work workforce issues including registration and regulation of the workforce, training and qualifications and application of NISCC codes of conduct.
- Identifying training needs and securing the required range and quantity of training provision required in order to maintain an appropriately qualified and competent social services workforce.
- Representing the HSCB, acting as Chair as required by statute and agreement, on a variety of partnership arrangements with statutory, voluntary and private sector agencies in pursuit of a collaborative approach in meeting the needs of people across the region.
- Establishing and operating an efficient system to ensure effective social care governance arrangements within the HSCB and to oversee social care governance arrangements with the Trusts.
- Providing professional advice to PHA on all aspects of social care provision.
- Publishing an annual public report on the need for and provision of social care and social services across the region.

Functions as Director of Children's Services

- Taking lead responsibility for the assessment of need for social services in relation to children and young people.
- Professional responsibility and accountability for the effectiveness, availability, quality and value for money for children's services commissioned by, and delivered on behalf of, the HSCB.
- Strong leadership across different staff groups and professions, within the HSCB and beyond, to secure and sustain services, including child protection services, that improve outcomes which are organised around the needs of children, young people and their families.
- Taking the lead role for the development of operational policy and strategy for meeting the needs of children and young people.
- Building and sustaining effective partnerships with and between all relevant bodies, in the statutory, voluntary, community and private sectors, in order to work together to improve outcomes for children and young people and their families, particularly in safeguarding and promoting their health and wellbeing.

- Involving and listening to children and their families to ensure their views inform the HSCB planning and commissioning services for them.
- Responsible for ensuring that the HSCB discharges its duties in relation to children's services planning under the Children (NI) Order as amended by the Children (1995 Order) (Amendment) (Children Services Planning Order) (Northern Ireland) 1998 and fulfils its obligations as set out in departmental circulars and guidance.
- Providing professional advice to the PHA on all aspects of children's services.

Research and Development

- Manage relevant Research & Development planning and enablement programmes.
- Take a lead role in identifying best social services practice and liaise with academic institutions to research and development.

People Management

- Lead a network of professional leads and advisors.
- Provide clear and strategic leadership to staff to ensure the HSCB has a highly skilled, flexible and motivated Social Care workforce.
- Contribute actively to the training programme for social work trainees.
- Promotion of professional standards and contribution to training and development.

Financial and Resource Management

- Advise and assist the Chief Executive and the Board in determining its expenditure on social care programmes.
- Business case development to secure resources for social care function and programmes.
- Evaluate services and report on the impact of investment.

Corporate Management

- Advise the relevant Chief Executive and Board on the development of the HSCB's and PHA social care functions.
- Contribute to the corporate decision making of the HSCB and PHA Boards.
- Contribute to the HSCB and PHA's corporate planning, policy and decision-making processes as a member of the senior management team and ensure the HSCB and PHA's objectives and decisions are effectively communicated.
- Develop and maintain working relationships with other director colleagues and non-executive directors to ensure achievement of HSCB and PHA objectives and the effective functioning of both senior management teams and Boards.
- Participate in, and comply with, Departmental requirements in respect of policy and strategy development.
- Contribute to the overall corporate governance processes of both the PHA and HSCB to ensure compliance with public sector values and codes of conduct, operations and accountability.
- Lead by example in practising the highest standards of conduct in accordance with the Code of Conduct for HPSS Managers.

Human Resource Management Responsibilities

The HSCB supports and promotes a culture of collective leadership where those who have responsibility for managing other staff:

- Establish and promote a supportive, fair and open culture that encourages and enables all parts of the team to have clearly aligned goals and objectives, to meet the required performance standards and to achieve continuous improvement in the services they deliver.
- Ensure access to skills and personal development through appropriate training and support.
- Promote a culture of openness and honesty to enable shared learning.
- Encourage and empower others in their team to achieve their goals and reach their full potential through regular supportive conversation and shared decision making.
- Adhere to and promote HSCB policy and procedure in all staffing matters, participating as appropriate in a way which underpins the HSCB values.

Personal and Public Involvement Responsibilities (PPI)

- Lead on and be responsible for the planning, implementation, reporting and all other aspects relevant to the Trust's PPI Strategy within the Directorate. This will include ensuring robust arrangements are in place for active engagement with user groups and the voluntary and independent sectors in the design and delivery of services.

General Requirements

The post holder will be required to:

- Ensure the HSCB's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.
- Co-operate fully with the implementation of the HSCB's Health and Safety arrangements, reporting any accidents/incidents/equipment defects to his/her manager, and maintaining a clean, uncluttered and safe environment for patients/clients, members of the public and staff.
- Adhere at all times to all HSCB policies/codes of conduct, including for example:
 - Smoke Free policy
 - IT Security Policy and Code of Conduct
 - standards of attendance, appearance and behaviour
- Contribute to ensuring the highest standards of environmental cleanliness within your designated area of work.
- Co-operate fully with regard to HSCB policies and procedures relating to infection prevention and control.
- All employees of the HSCB are legally responsible for all records held, created or used as part of their business within the HSCB including patients/clients, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information act 2000 the Environmental Information Regulations 2004, the General Data Protection Regulations (GDPR) and the Data Protection Act 2018. Employees are required to be conversant with the

HSCB's policy and procedures on records management and to seek advice if in doubt.

- Take responsibility for his/her own ongoing learning and development, in order to maximise his/her potential and continue to meet the demands of the post.
- Represent the HSCB's commitment to providing the highest possible standard of service to patients/clients and members of the public, by treating all those with whom he/she comes into contact in the course of work, in a pleasant, courteous and respectful manner.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the individual works. Other duties of a similar nature and appropriate to the grade may be assigned from time to time.

It is a standard condition that all HSCB staff may be required to serve at any location within The HSCB's area, as needs of the service demand.

November 2020

PERSONNEL SPECIFICATION

POST:	Director of Social Care and Children/Executive Director of Social Work
BAND:	Senior Executive Level 3 (£83,098 – £110,801) (2015 payscales)
DIRECTORATE	Social Care and Children
LOCATION	HSCB Headquarters Linenhall St, Belfast
REPORTS TO:	Chief Executive, HSCB
RESPONSIBLE TO:	Chief Executive, HSCB

Ref No: <to be inserted by HR>

<Month & Year>

Notes to applicants:

- You must clearly demonstrate on your **application form under each question**, how you meet the required criteria as failure to do so may result in you not being shortlisted. You should clearly demonstrate this for both the essential and desirable criteria.*
- Shortlisting will be carried out on the basis of the essential criteria set out in Section 1 below, using the information provided by you on your application form. Please note the HSCB reserves the right to use any desirable criteria outlined in Section 3 at shortlisting. You must clearly demonstrate on your application form how you meet the desirable criteria.*
- Proof of qualifications and/or professional registration will be required if an offer of employment is made – if you are unable to provide this, the offer may be withdrawn.*

ESSENTIAL CRITERIA

SECTION 1: The following are **ESSENTIAL** criteria which will initially be measured at shortlisting stage although may also be further explored during the interview/selection stage. You should therefore make it clear on your application form whether or not you meet these criteria. Failure to do so may result in you not being shortlisted. The stage in the process when the criteria will be measured is stated below.

Factor	Criteria	Method of Assessment
Qualifications/Registration Experience	<u>1.</u> A professional qualification in social work and be on the NISCC register. (Applicants currently registered with an alternative social work registration body may also apply but should be aware that offers of employment would be subject to obtaining NISCC registration and have worked for at least 3	Shortlisting by Application Form

	years in a senior management position* in a major complex organization** * senior management is defined as experience gained working routinely at top management levels within an organisation, i.e. working alongside or directly in support of Chief Executive and/or Director-level staff ** Major complex organisation is defined as one with at least 200 staff or an annual budget of at least £50 million and involving having to meet a wide range of objectives requiring a high degree of co-ordination with a range of stakeholders. Applicants will be expected to demonstrate experience at a senior level in Health and Social Care or a related field 2. Led in the successful management of a major change programme addressing significant organisational and service provision change whilst managing competing priorities: 3. Delivered against challenging objectives/targets for a minimum of 3 years in the last 6 years in a strategic capacity meeting a full range of key targets and making significant*** improvements; ***Significant is defined as contributing directly to a key corporate objective of the organization concerned	
Other	Hold a current full driving licence which is valid for use in the UK and have access to a car on appointment. This criteria will be waived in the case of applicants whose disability prohibits driving but who have access to a form of transport approved by the HSCB which will permit them to carry out the duties of the post.	Shortlisting by Application Form
SECTION 2: The following are ESSENTIAL criteria which will be measured during the interview/ selection stage:		
Skills / Abilities	1. Ability to demonstrate having worked with a diverse range of stakeholders, both internal and external to the organisation, to achieve successful outcomes for a minimum of 3 years in the last 6 years; 2. Successfully demonstrated high level people management, governance and organisational skills for a minimum of 3 years in the last 6 years; <u>3</u> Demonstrate evidence of providing effective leadership in a change	Interview / Test

	environment; 4. Demonstrate a strong focus on improving the customer experience to service users; 5. Demonstrate evidence of responsibility for a large budget.	
Knowledge	1. In-depth knowledge and understanding of budget management and/or budget monitoring.	Interview / Test

Candidates who are shortlisted for interview will need to demonstrate at interview that they have the required competencies to be effective in this demanding leadership role. The competencies concerned are set out in the NHS Healthcare Leadership Model, details of which can be found at <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model>. Particular attention will be given to the following dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results.

As part of the Recruitment & Selection process it may be necessary for The Organisation to carry out an Enhanced Disclosure Check through Access NI before any appointment to this post can be confirmed.

THE HSCB IS AN EQUAL OPPORTUNITIES EMPLOYER

Successful applicants may be required to attend for a Health Assessment

HSC Value	What does this mean?	What does this look like in practice? - Behaviours
 Working Together	We work together for the best outcome for people we care for and support. We work across Health and Social Care and with other external organisations and agencies, recognising that leadership is the responsibility of all.	• I work with others and value everyone's contribution • I treat people with respect and dignity • I work as part of a team looking for opportunities to support and help people in both my own and other teams • I actively engage people on issues that affect them • I look for feedback and examples of good practice, aiming to improve where possible
 Compassion	We are sensitive, caring, respectful and understanding towards those we care for and support and our colleagues. We listen carefully to others to better understand and take action to help them and ourselves.	• I am sensitive to the different needs and feelings of others and treat people with kindness • I learn from others by listening carefully to them • I look after my own health and well-being so that I can care for and support others
 Excellence	We commit to being the best we can be in our work, aiming to improve and develop services to achieve positive changes. We deliver safe, high-quality, compassionate care and support.	• I put the people I care for and support at the centre of all I do to make a difference • I take responsibility for my decisions and actions • I commit to best practice and sharing learning, while continually learning and developing • I try to improve by asking 'could we do this better?'
 Openness & Honesty	We are open and honest with each other and act with integrity and candour.	• I am open and honest in order to develop trusting relationships • I ask someone for help when needed • I speak up if I have concerns • I challenge inappropriate or unacceptable behaviour and practice



Director of Finance Strategic Planning and Performance Group



Working together



Excellence



Openness & Honesty



Compassion

Dear Applicant

Thank you for your interest in the role of Director of Finance in the Strategic Planning and Performance Group (SPPG)

This is an exciting opportunity to make a significant impact in shaping, improving and innovating health and social care services, both now and into the future.

We are looking for an experienced senior leader who is willing to take on a challenging role whilst contributing to the development of new thinking around health and social care systems.

He or she will need to work with colleagues on SPPG SMT and senior leaders within the Department and across the wider health and social care system.

For more background information on the role and functions of SPPG [please click here](#).

Applicants are also encouraged to contact Paul Cavanagh, Director of Commissioning for an informal and confidential discussion. Please email Sharon Parker, Personal Assistant to Paul Cavanagh, at Sharon.parker@hsc.nhs.uk
telephone Personal information redacted by USI

JOB DESCRIPTION

JOB TITLE	Director of Finance
BAND	Senior Executive Level 3
DIRECTORATE	Finance
INITIAL LOCATION	SPPG Headquarters Linenhall St, Belfast
REPORTS TO	Deputy Secretary, SPPG – DoH
ACCOUNTABLE TO	Deputy Secretary, SPPG – DoH

We accept online applications only

INTRODUCTION

The Strategic Planning and Performance Group (DoH) is currently seeking to recruit a Director of Finance. This is a full-time, post which is graded at Senior Executive Level 3.

SPPG

The role of the SPPG is broadly contained in three functions:

- To arrange or 'commission' a comprehensive range of modern and effective health and social services for the 1.8 million people who live in Northern Ireland.
- To performance manage Health and Social Care Trusts that directly provide services to people, to support service improvements in pursuit of optimal quality and value for money, in line with relevant government targets.
- To effectively deploy and manage its annual funding from the Northern Ireland Executive – currently circa £6 billion ensuring the best possible use of the resources of the health and social care system, both in terms of quality accessible services for users and value for money for the taxpayer.

HSC RESTRUCTURING

In November 2015, the decision was taken by the then Health Minister, Simon Hamilton to close the HSCB and to transition the organisation to a new operating

model. The closure of the HSCB is part of the wider Transformation agenda as outlined in 'Health and Wellbeing 2026: Delivering Together' (<https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf>)

The HSCB closed on 31 March 2022 and a new operating model has been introduced whereby the majority of the HSCB functions moved to a newly established Departmental Strategic Planning and Performance Group which is hosted by the Business Services Organisation (BSO) and led by a DoH Deputy Secretary.

The vital work that the HSCB was responsible for continues, but the structures through which this work is done has changed, in order to enhance system leadership and accountability, improve integration and make decision making processes more streamlined.

In the model the Department of Health is responsible for the functions and the work is directed by a Departmental Deputy Secretary whilst the staff are employed by the BSO, enabling them to retain their HSC terms and conditions.

It is critical that the organisation has the skills, capacity and culture in place to support the new way of working now and into the future.

JOB SUMMARY:

The postholder will have overall responsibility for the provision of financial leadership for the HSC finance function and to ensure the efficient and effective allocation of c£6billion resources available to provide Health and Social Care services to the population of Northern Ireland, along with providing advice to DoH to ensure in-year breakeven of the Health and Social Care system on a recurrent basis.

This is a significant budget and as such the postholder will be required to take decisions that affect the entire population of NI, the 60,000 employees of the HSC and an estimated 20,000 in the independent sector.

The postholder will be responsible for leading on the creation of a financial plan for the Health and Social Care system for each Budget period, the allocation of £6billion of revenue resources across all providers of Health and Social Care and direct responsibility for £900m of Family Health Service resources.

The postholder will provide specialist advice to the Minister of Health, Permanent Secretary, Deputy Secretary, and other Director colleagues on all financial matters.

MAIN DUTIES

The postholder will lead the SPPG Finance Directorate and the main responsibilities will include (but not limited to):

- In collaboration with DoH ensure the efficient and effective commissioning of Health and Social Care from the 6 HSC Trusts.

- The creation of a financial plan for the Health and Social Care system for each Budget period, the allocation of £6billion of revenue resources across all providers of Health and Social Care and direct responsibility for £900m of Family Health Service resources.
- Leading on the development of an HSC Financial Strategy and providing advice and support to Departmental Finance on the delivery of the overall Departmental financial strategy, including providing options and recommendations to support the planning and allocation of resources including savings targets, that delivers agreed Programme for Government targets while achieving system wide breakeven.
- Producing a Strategic Resource Framework (SRF) (Profile planned spend across locality, programme of care, service area and provider)
- Providing advice and guidance to the Minister of Health on all operational financial matters relating to the effective and efficient allocation and management of c£6billion resources available to provide Health and Social Care services to the population of Northern Ireland.
- Leading the capitation strategy for Northern Ireland to ensure the equitable distribution of resources according to need.
- Monitoring the use of resources to ensure the delivery of efficient and effective services, including the use of benchmarking and other financial data to inform decision making.
- Responsibility for the monthly financial monitoring of all HSC Trusts, providing a scrutiny and challenge function to ensure that the information and forecasts provided by Trusts are robust.
- Financial responsibility for the pharmacy drugs tariff and contract monitoring.
- Responsibility for the provision of all financial services and advice to the Board of the PHA.
- Preparing the statutory financial accounts for PHA in line with DoH guidance and in line with all International Financial Reporting Standards.
- Responsibility for the financial management of the Family Health Services resources £900m. This includes pharmacy, dental, ophthalmic services and general practice.
- Responsibility for setting a range of tariffs and contract values across Health and Social Care services.
- Ensuring appropriate governance standards are in place to promote the effective, efficient use of resources and to safeguard financial propriety and regularity.