



Northern Ireland  
Assembly

## Research and Library Service Briefing Note

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# The DHSSPS budget: where does the money go?

### Key points

- Staffing costs are the largest part of all HSC Trusts' expenditure;
- Staffing costs rose in all HSC Trusts from 2008/09 to 2009/10. There was a particularly notable increase in the Northern Trust;
- Management costs also rose more in the Northern Trust than in the other HSC Trusts;
- Staffing costs in the core Department were nearly 15% higher in 2009/10 than in 2008/09;
- Breakeven performance was much improved in 2009/10 compared to the previous two years with no Trusts recording either large surpluses or deficits.

## 1. Introduction

According to the Health and Social Care Board (HSCB) almost £10 million *per day* is spent on the health system in Northern Ireland.<sup>1</sup> This equates to nearly £6 per person in Northern Ireland every 24 hours. Tracking where that money is spent, by whom, and on what is quite a complex task.

This paper provides some detail about how the budget is used. It provides detail on expenditure by various bodies and also examines some elements of the Health and Social Care (HSC) Trusts' accounts. Some figures on how they utilise the resources allocated to them are presented.

### Scope of this paper

This paper presents some analysis of DHSSPS expenditure. In the timescale available it has not been possible to analyse all aspects of the budget. The focus of the paper therefore is on the largest proportion of expenditure – that which is allocated by the HSCB and the Public Health Agency (PHA) to HSC Trusts, and the Family Health Services (FHS) Budget. This means that proportionately small areas like the Fire and Rescue Service and the NI Medical & Dental Training Agency, for example, are not covered – even though in expenditure terms those two organizations combined are similar to the totality of the Department of Culture Arts and Leisure.

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<sup>1</sup> Health and Social Care Board (2010) 'COMMISSIONING PLAN 2010/2011' available online at: <http://www.hscboard.hscni.net/news/21%20October%202010%20-%20Commissioning%20Plan%202010-2011%20PDF%20974KB.pdf> (accessed 24 November 2010) (see page 24)

## 2. How is the DHSSPS budget distributed?

For 2010/11, the Department received a budget of £4,307m. The following high-level breakdown shows how that funding will be distributed this year:

**Table 1 Distribution of DHSSPS budget for 2010/11<sup>2</sup>**

2010/11	£m
HSCB managed services – FHS, Running costs and services purchased from Trusts	3754
PHA running costs and services purchased from Trusts	70
Allocations to 6 Trusts from PHA and HSCB = £2,759million made up by Health Trust:	
Belfast Trust	£930m
South Eastern Trust	£419m
Southern Trust	£437m
Western Trust	£416m
Northern Trust	£504m
Ambulance Service	£53m
Business Services Organisation	9
Patient Client Council	2
NI Practice & Education Council	1
NI Social Care Council	2
Regulation & Quality Improvement Authority	6
NI Medical & Dental Training Agency	53
NI Guardian Ad Litem Agency	4
NI Fire & Rescue Service	80
DHSSPS - Own Running Costs	32
DHSSPS – Centrally Managed budgets	112
DHSSPS – Education and Training	99
Depreciation	83
<b>TOTAL</b>	<b>4,307</b>

£3,824m (just under 89% of the total) is allocated to the HSCB and the Public Health Agency (PHA). Of this, £2,759m is allocated to the six HSC Trusts. The remaining £1,065m is spent directly by the HSCB and PHA – purchasing from external bodies and managing the General Medical Services and Family Health Services budgets.

The remaining 11% is directly allocated by the Department to the various bodies listed in the table, including its own running costs.

## 3. Expenditure by Programme of Care

A large proportion of HSC Trusts' expenditure in Northern Ireland is accounted for under nine Programmes of Care. Costs and activities associated with the Family

<sup>2</sup> Source: DHSSPS briefing paper for Committee for Health, Social Services and Public Safety, 21 October 2010.

Health Services Budget are not recorded under this framework. But this framework nevertheless provides the clearest indication of how the DHSSPS budget is spent.

### What are the programmes of care?

The nine programmes are:

- **Acute Services** - includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in an acute specialty. It also includes all activity, and resources used, by a hospital consultant in an acute specialty, in relation to an outpatient episode, day case, or day care;
- **Maternity and Child Health** – includes all activity related to obstetrics and child health including community contacts in relation to maternity or child health. All health-related community contacts for under-16s are included except in relation to mental health, learning disability or physical and sensory disability;
- **Family and Child Care** – includes activity and resources relating to social services support of family and children, including children in care, child protection, family centres, women’s shelters for example and also community contacts by health professionals where primary reason is family or childcare related;
- **Elderly Care** - includes all activity, and resources used, by any health professional, relating to an inpatient episode where the consultant in charge of the patient is a specialist in geriatric medicine or old age psychiatry. Also includes community contacts with those 65 or over (except in relation to mental illness or disability) and includes dementia and all work relating to homes for the elderly;
- **Mental Health** – includes all activity, and resources used, by any health professional in relation to mental illness, child and adolescent psychiatry, forensic psychiatry and psychotherapy. Note it does not include contact relating to dementia which falls under Elderly Care;
- **Learning Disability** - includes all activity, and resources used, by any health professional in relation learning disabilities, including where patients with Down’s Syndrome develop dementia;
- **Physical and Sensory Disability** – includes all contacts by a health professional relating to physical or sensory disability (excluding patients over 65 which are allocated to Elderly Care);
- **Health Promotion and Disease Prevention** –all hospital, community and GP-based activity relating to health promotion and disease prevention – including screening, well woman/man clinics, child health surveillance, school health clinics, vaccinations, community dental screening and so on; and,
- **Primary Health and Adult Community** – includes contacts by health professionals with community patients aged 16-64 where the primary reason is anything except mental illness, learning disability or physical and sensory disability. It includes GP-ordered diagnostic tests and treatments. Costs and activities associated with Family

Practitioner Services (GPs, Dentists, Pharmacists and General Ophthalmic Practitioners) are considered outside the Programme of Care Framework – see section 4 below.

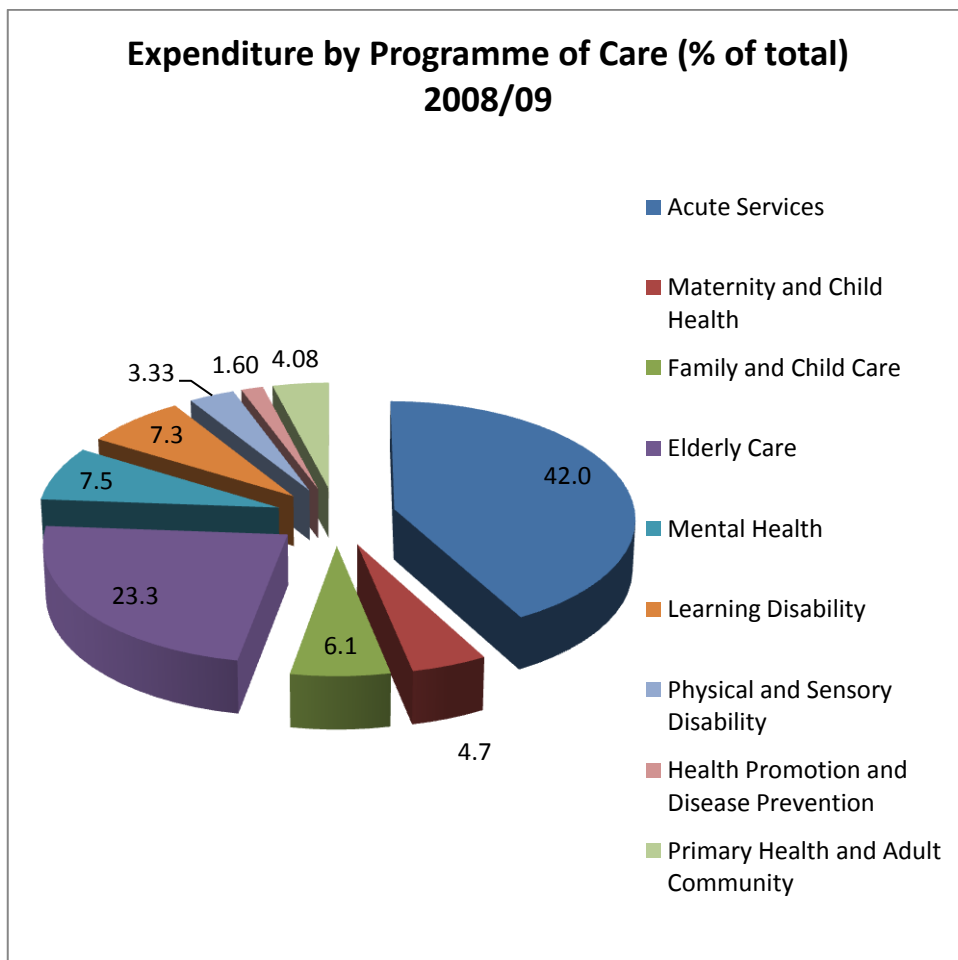
**Table 2 Actual Expenditure by Programme of Care by HSC Trusts 2005/06 to 2008/09**

Programme of Care	Actual Expenditure as per Trust Financial Returns				% change 05/06 to 08/09
	2005/06	2006/07	2007/08	2008/09	
	£m	£m	£m	£m	
Acute Services	949.2	1,035.3	1,114.8	1,240.0	41.8%
Maternity and Child Health	110.9	117.9	121.8	138.2	36.7%
Family and Child Care	142.0	155.0	166.6	180.9	35.7%
Elderly Care	586.9	628.6	644.9	687.2	24.2%
Mental Health	182.4	190.8	197.0	222.7	28.7%
Learning Disability	175.6	185.6	200.2	215.3	33.0%
Physical and Sensory Disability	78.0	83.1	92.9	98.1	34.0%
Health Promotion and Disease Prevention	38.1	42.0	46.6	47.1	35.3%
Primary Health and Adult Community	68.1	77.1	98.1	120.4	105.5%
<b>Total Expenditure</b>	<b>2,331.0</b>	<b>2,515.4</b>	<b>2,682.8</b>	<b>2,949.9</b>	<b>36.3%</b>

**Source: Department of Health Social Services and Public Safety**

The following observations may be made in relation to this table:

- Overall expenditure across all Programmes of Care increased by 36.3% between 2005/06 and 2008/09;
- The largest increase in percentage terms was in 'Primary Health and Adult Community' (105.5%), however (as can be seen from Figure 1 below) this PoC represented only around 4% of the total expenditure for 2008/09;
- The second largest increase in percentage terms was in Acute Services (41.8%) which (as can be seen from Figure 1 below) represented over 40% of the total expenditure for 2008/09; and,
- The smallest increase in percentage terms was in 'Elderly Care' which (as can be seen from Figure 1 below) represented just under a quarter of the total expenditure for 2008/09.

**Figure 1 Breakdown of HSC Trust Expenditure by Programme of Care 2008/09**

- This Figure shows that expenditure on 'Acute Services' and 'Elderly Care' accounted for about two thirds (65.3%) of the total expenditure recorded under the PoC framework; and
- Expenditure on 'Health Promotion and Disease Prevention' accounted for the smallest proportion (1.6%) of the total expenditure recorded under the PoC framework.

## 4. Family Health Services

Responsibility for managing the Family Health Services Budget was devolved to the HSCB on 1 July 2010. Over £0.8 billion was spent on Family Health Services in 2009/10 – 18.5% of total DHSSPS expenditure (£4.483m) in that year.

Expenditure under Family Health Services is accounted for under four headings:

- General Medical Services;
- General Dental Services;
- General Pharmaceutical Services; and,
- General Ophthalmic Services.

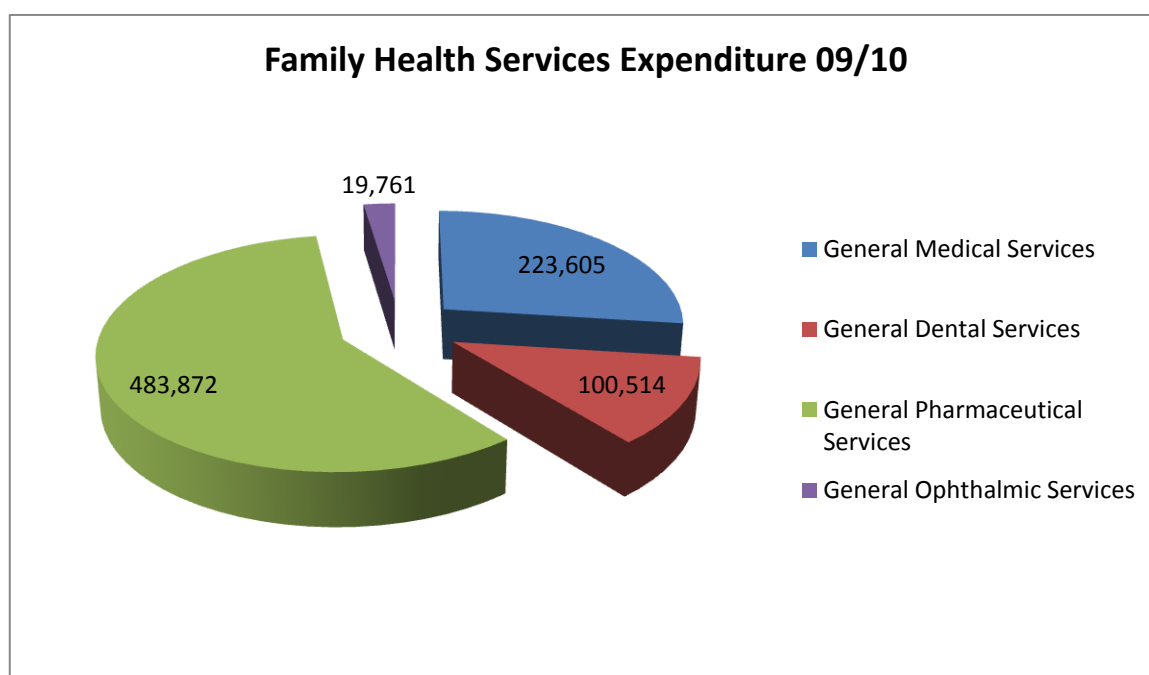
The table below provides actual expenditure for 2008/09 and 2009/10.

**Table 3 Breakdown of Family Health Services Expenditure for 2008/09 and 2009/10.**

£000s	2008/09	2009/10	% change 08/09 to 09/10
<b>General Medical Services</b>	220,201	223,605	1.55%
<b>General Dental Services</b>	92,098	100,514	9.14%
<b>General Pharmaceutical Services</b>	461,016	483,872	4.96%
<b>General Ophthalmic Services</b>	18,468	19,761	7.0%
<b>Total</b>	<b>791,783</b>	<b>827,752</b>	<b>4.54%</b>

**Source: Assembly Research calculations from figures presented in HSBC Accounts for year ending 31 March 2010**

**Figure 2 Breakdown of Family Health Services Expenditure for 2009/10**



The following observations may be made from these data:

- 'General Pharmaceutical Services' constitutes the greatest proportion of expenditure from the Family Health Services Budget (58.5% in 2009/10);
- Expenditure on 'General Dental Services' saw the largest growth from 2008/09 to 2009/10 in percentage terms; and,
- Expenditure on 'General Medical Services' saw the smallest growth from 2008/09 to 2009/10 in percentage terms.



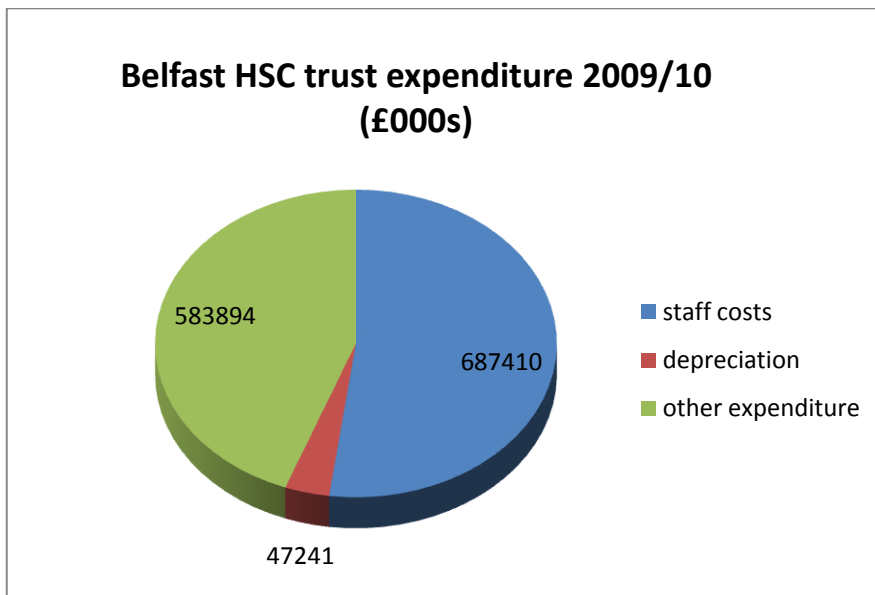
## 5. HSC Trusts' expenditure.

Each of the HSC Trusts reports expenditure in its Net Expenditure Account under three headings:

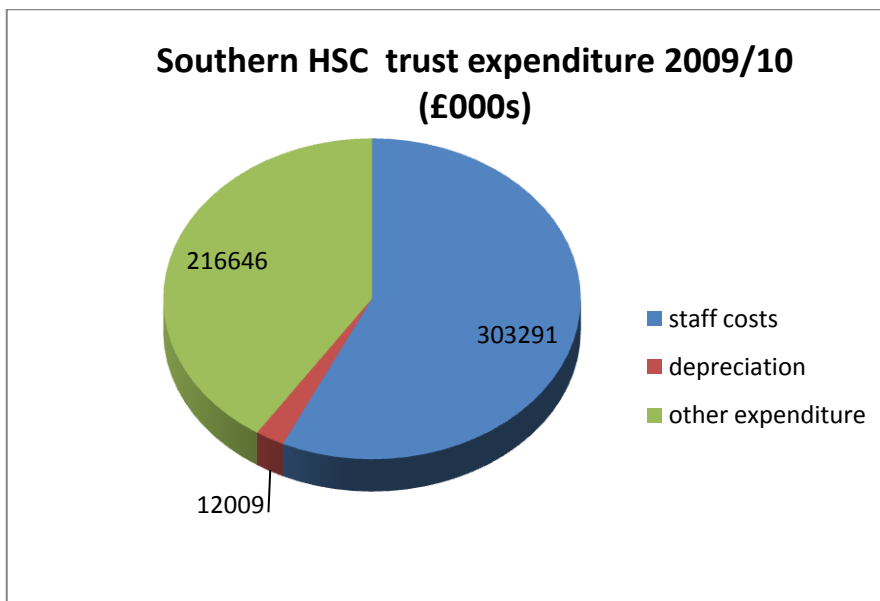
- Staff costs;
- Depreciation; and,
- Other expenditure.

These are presented for the year ending 31 March 2010 in the charts below.

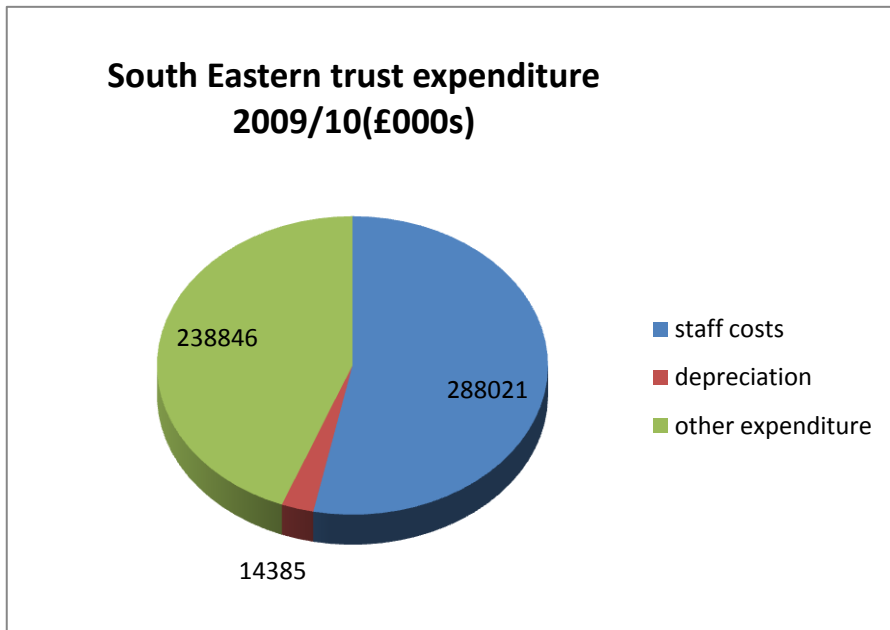
**Figure 3 Belfast HSC Trust Expenditure 2009/10**



**Figure 4 Southern HSC Trust Expenditure 2009/10**



**Figure 5 South Eastern HSC Trust Expenditure 2009/10**



**Figure 6 Northern HSC Trust Expenditure 2009/10**

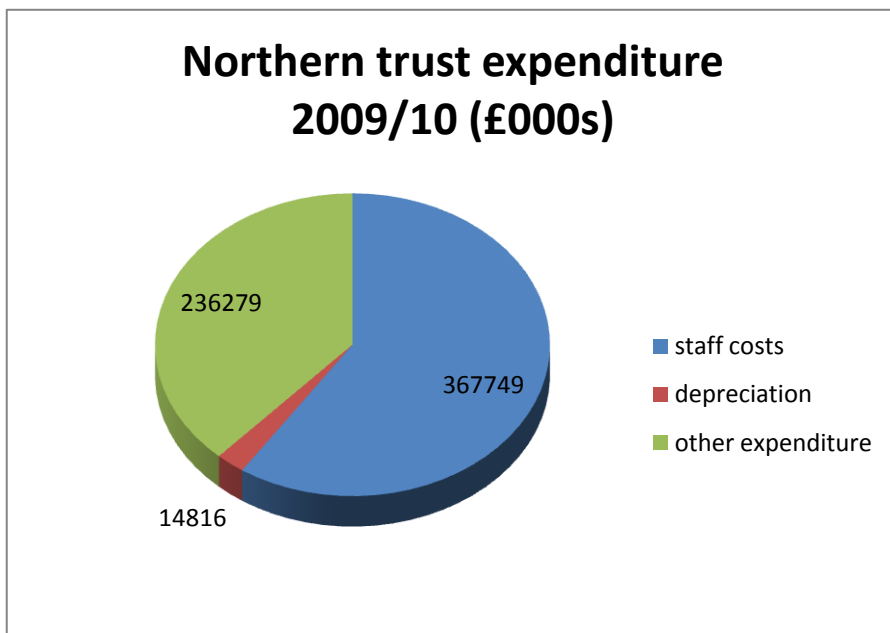


Figure 7 Western HSC Trust Expenditure 2009/10

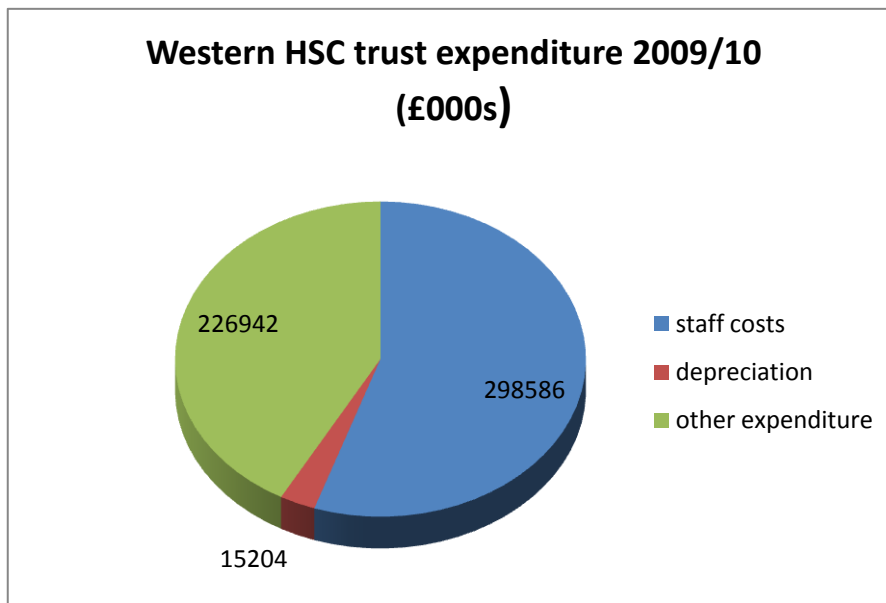
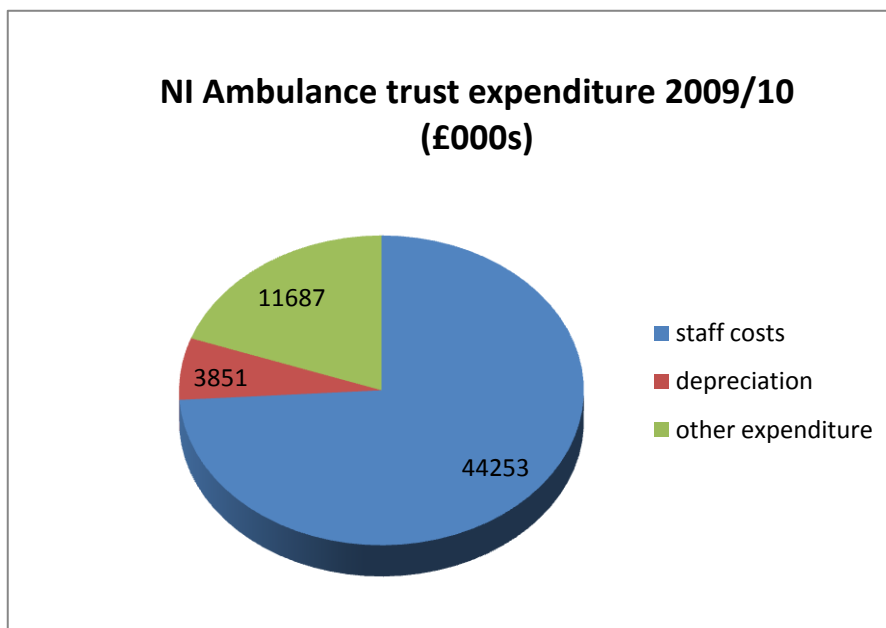


Figure 8 NI Ambulance HSC Trust Expenditure 2009/10



It is fairly immediately apparent that – aside from the NI Ambulance trust which is a functionally different organisation – each of the charts shows a similar pattern:

- Staff costs make up more than 50% of trust expenditure;
- Depreciation makes up a similar – and in each case relatively small – proportion of expenditure; and,
- Other expenditure constitutes approximately 40% of trust expenditure.

As staff costs make up such a large proportion of the HSC Trusts' expenditure, more detail is provided below (in sections 5.1, 5.2 and 5.3) in terms of average staffing numbers and changes in staffing costs.

Section 5.4 provides more information on 'other expenditure'.

## 5.1. Average numbers of persons employed by the HSC Trusts

The Trusts' accounts for the year ending 31 March 2010 report the average number of whole time equivalent persons employed during 2010 and the previous year. The tables presented below show changes in staffing levels against the categorisations reported.

**Table 4 Average numbers of persons employed 2009 and 2010 by Belfast HSC Trust**

	2008/09	2009/10	% change 08/09 to 09/10	Staff as proportion of total staffing
<b>Medical and dental</b>	1559	1517	-2.69	8.58%
<b>Nursing and midwifery</b>	6501	6473	-0.43	36.62%
<b>Profession allied to medicine</b>	1221	1237	1.31	7.00%
<b>Ancillaries</b>	1759	1744	-0.85	9.87%
<b>Administrative and clerical</b>	3536	3371	-4.67	19.07%
<b>Works</b>	217	197	-9.22	1.11%
<b>Other professional and technical</b>	1157	1126	-2.68	6.37%
<b>Social services</b>	1890	2013	6.51	11.39%
<b>Other</b>	2	0	-100.00	0.00%
<b>Total</b>	17842	17678	<b>-0.92</b>	

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

**Table 5 Average numbers of persons employed 2009 and 2010 by Southern HSC Trust**

	2009	2010	% change 08/09 to 09/10	Staff as proportion of total staffing
Medical and dental	561	542	-3.39	6.63%
Nursing and midwifery	2774	2818	1.59	34.48%
Profession allied to medicine	744	779	4.70	9.53%
Ancillaries	803	792	-1.37	9.69%
Administrative and clerical	1584	1688	6.57	20.66%
Works	74	61	-17.57	0.75%
Other professional and technical	123	123	0.00	1.51%
Social services	1029	1034	0.49	12.65%
Other	349	335	-4.01	4.10%
<b>Total</b>	<b>8041</b>	<b>8172</b>	<b>1.63</b>	

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

**Table 6 Average numbers of persons employed 2009 and 2010 by South Eastern HSC Trust**

	2009	2010	% change 08/09 to 09/10	Staff as proportion of total staffing
Medical and dental	522	514	-1.53	6.41%
Nursing and midwifery	2660	2816	5.86	35.12%
Profession allied to medicine	538	559	3.90	6.97%
Ancillaries	1216	1227	0.90	15.30%
Administrative and clerical	1446	1395	-3.53	17.40%
Works	82	86	4.88	1.07%
Other professional and technical	282	298	5.67	3.72%
Social services	1132	1123	-0.80	14.01%
Other	25	0	-100.00	0.00%
<b>Total</b>	<b>7903</b>	<b>8018</b>	<b>1.46</b>	

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

**Table 7 Average numbers of persons employed 2009 and 2010 by Northern HSC Trust**

	2009	2010	% change 08/09 to 09/10	Staff as proportion of total staffing
Medical and dental	575	556	-3.30	5.81%
Nursing and midwifery	3100	3164	2.06	33.09%
Profession allied to medicine	746	779	4.42	8.15%
Ancillaries	958	957	-0.10	10.01%
Administrative and clerical	1832	1777	-3.00	18.58%
Works	118	120	1.69	1.25%
Other professional and technical	298	306	2.68	3.20%
Social services	1887	1903	0.85	19.90%
Other	0	0		0.00%
<b>Total</b>	<b>9514</b>	<b>9562</b>	<b>0.50</b>	

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

**Table 8 Average numbers of persons employed 2009 and 2010 by Western HSC Trust**

	2009	2010	% change 08/09 to 09/10	Staff as proportion of total staffing
Medical and dental	483	478	-1.04	5.70%
Nursing and midwifery	3104	3151	1.51	37.60%
Profession allied to medicine	398	404	1.51	4.82%
Ancillaries	748	722	-3.48	8.62%
Administrative and clerical	1556	1548	-0.51	18.47%
Works	165	179	8.48	2.14%
Other professional and technical	297	296	-0.34	3.53%
Social services	1371	1363	-0.58	16.26%
Other	185	239	29.19	2.85%
<b>Total</b>	<b>8307</b>	<b>8380</b>	<b>0.88</b>	

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

**Table 9 Average numbers of persons employed 2009 and 2010 by NI Ambulance Trust**

	2009	2010	% change 08/09 to 09/10	Staff as proportion of total staffing
Medical and dental	2	2	0.00	0.18%
Nursing and midwifery	0	0		0.00%
Profession allied to medicine	0	0		0.00%
Ancillaries	0	0		0.00%
Administrative and clerical	79	86	8.86	7.63%
Ambulance staff	1044	1033	-1.05	91.66%
Works	2	3	50.00	0.27%
Other professional and technical	0	0		0.00%
Social services	0	0		0.00%
Other	0	0		0.00%
<b>Total</b>	<b>1131</b>	<b>1127</b>	<b>-0.35</b>	

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

A number of observations may be made from these data:

- The proportion of total staffing levels made up of administrative and clerical staff ranges from 7.63% in the NI Ambulance Trust to 20.66% in the Southern HSC Trust;
- In Belfast HSC Trust the proportion of administrative and clerical staff is second highest (19.07%) but this is the largest Trust and one might expect the proportion of admin support to be lower;
- The proportion of total staffing levels made up of administrative and clerical staff is higher than the proportion employed in social services in four of the six HSC Trusts (except Northern - the Ambulance Trust does not employ social services staff);
- In the Southern and Belfast HSC Trusts the proportion of administrative and clerical staff is nearly double that of social services staff;
- In four of the six HSC Trusts the average total number of staff employed increased slightly between 2008/09 and 2009/10;
- The average total number of staff employed by the Belfast and NI Ambulance HSC Trusts decreased marginally between 2008/09 and 2009/10;
- The average number of staff employed in 'administrative and clerical' roles fell in four of the six HSC Trusts;
- The average number of staff employed in 'administrative and clerical' roles increased in the Southern HSC Trust (+6.57%) and in the NI Ambulance HSC Trust (+8.86%);

- The average number of staff employed in 'medical and dental' roles fell in all HSC Trusts except the NI Ambulance Trust;
- The average number of staff employed in 'nursing and midwifery' roles increased in four of the six HSC Trusts (the NI Ambulance Trust employs no-one in this kind of role) and fell slightly in the Belfast HSC Trust;
- The average number of staff employed in 'social services roles' changed only marginally in four of the six HSC Trusts (the NI Ambulance Trust employs no-one in this kind of role) but increased quite significantly in the Belfast HSC Trust (+6.51%).

## 5.2 Staff costs

The Department and Trusts' accounts also report staffing costs. The table below shows the changes in net staffing costs from 2008/09 to 2009/10. Staffing costs include salaries and wages, social security costs and other pensions costs, net of salaries charged to capital and recoveries from outward secondments.

**Table 10 Net staffing costs for Core Department and Trusts 2008/09 to 2009/10**

£000	2008/09	2009/10	% change	09/10 staff cost as proportion of total income
<b>DHSSPS Core Department</b>	25,210	28,888	14.59	n/a
<b>Belfast HSC Trust</b>	664,588	680,802	2.44	52.18%
<b>Southern HSC Trust</b>	285,355	302,639	6.06	56.17%
<b>South Eastern HSC Trust</b>	270,965	287,227	6.00	53.20%
<b>Northern HSC Trust</b>	326,347	367,749	12.69	67.65%
<b>Western HSC Trust</b>	284,353	298,586	5.01	55.24%
<b>NI Ambulance Trust</b>	43,552	44,253	1.61	74.56%

**Source: Assembly Research calculations from figures presented in Departmental and Trust Accounts for year ending 31 March 2010**

The following observations may be made from these data:

- Staffing costs increased in all HSC Trusts and in the core Department from 2008/09;
- The increase in the core Department was nearly 15%;
- The increase in the Northern Trust was over 12%;
- Staffing costs expressed as a proportion of total income is over 50% in all HSC Trusts and are noticeably higher in both the NI Ambulance Trust and the Northern Trust.



**Table 11: HSC Trusts average cost per member of staff 2008/09 and 2009/10**

£000s	2008/09	2009/10
Belfast HSC Trust	37.2	39
Southern HSC Trust	35.4	37
South Eastern HSC Trust	36.1	36
Northern HSC Trust	34.3	38.4
Western HSC Trust	34.2	36
NI Ambulance Trust	39	39.2

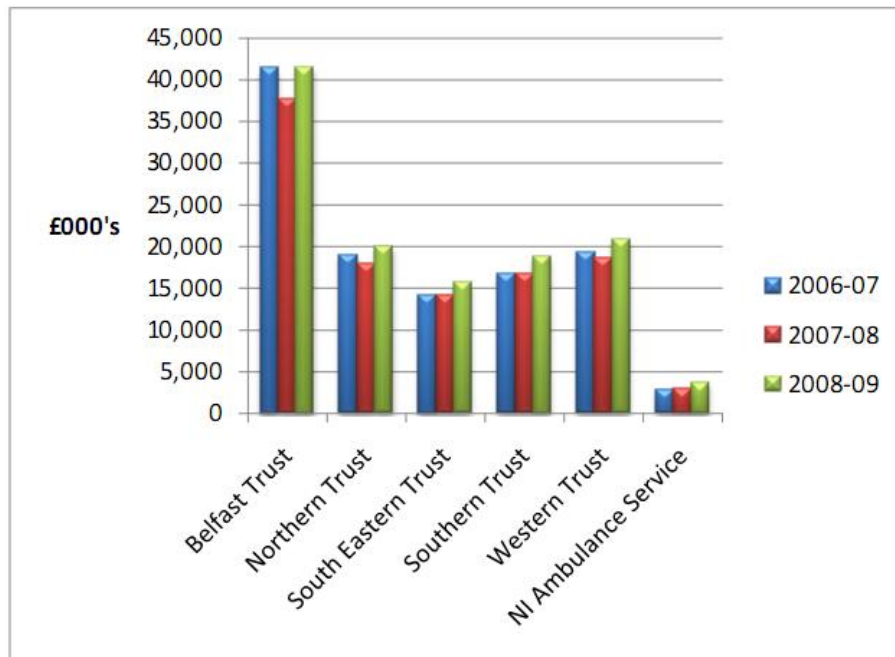
**Source: Assembly Research calculations from figures presented in Departmental and Trust Accounts for year ending 31 March 2010**

- Average cost per member of staff rose in each HSC Trust except Southern which fell marginally from 2008/09 to 2009/10;
- The largest increase in average cost per staff member was in the Northern Trust, where it rose on average by more than £4,000 per head;
- The highest average cost per staff member is in the NI Ambulance Trust.

### 5.3 Management costs

Another subset of overall costs that is reported in the Trusts' accounts is the proportion spent on management. The figure below shows these costs from 2006/07 to 2008/09.

**Figure 9 Management costs<sup>3</sup>**



Source: General Report on the Health and Social Care Sector by the Comptroller and Auditor General for Northern Ireland – 2009, 30<sup>th</sup> June 2010, NIAO

One immediate observation that can be drawn from this chart is that in **all** HSC Trusts management costs were higher in 2008/09 than they were in 2007/08. It is also noticeable that in three of the HSC Trusts (Belfast, Northern and Western) management costs had fallen between 2006/07 and 2007/08 before the increases in the following year.

The table below presents slightly more recent data on management costs including the figures for 2009/10. Management costs as a proportion of total income are also presented.

<sup>3</sup>Cited in Assembly Research Paper 165/10 available online at:  
<http://www.niassembly.gov.uk/researchandlibrary/2010/16510.pdf>

**Table 12 Total management costs and management costs as a proportion of total income 2008/09 to 2009/10**

£000	2008/09	08/09 management costs as a proportion of total income	2009/10	% change in management costs 2008/09 to 2009/10	09/10 management costs as proportion of total income
Belfast HSC Trust	41,454	3.6%	41,966	1.22	3.2%
Southern HSC Trust	19,655	4.1%	20,919	6.43	3.9%
South Eastern HSC Trust	15,527	3.2%	15,877	2.20	2.9%
Northern HSC Trust	19,875	3.54%	21,356	7.45%	3.46%
Western HSC Trust	20,815	4.31%	18,239	-12.38	3.37%
NI Ambulance Trust	3,659	6.42%	3,745	2.35	6.31%

**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

The following observations may be made from these data:

- Management costs as a proportion of total income in 2009/10 ranged from 2.9% in the South Eastern Trust to 6.31% in the NI Ambulance Trust;
- In all HSC Trusts except one (Western – where they fell significantly) management costs increased in 2009/10; but,
- Although management costs increased in total in all but the Western HSC Trust, they **fell as a proportion of total income in all of the HSC Trusts.**

#### 5.4. 'Other expenditure': what is it?

Other expenditure constitutes the second-largest proportion of each HSC Trust's net expenditure account. This section provides some analysis of the categories of spend that are covered within this broad heading.

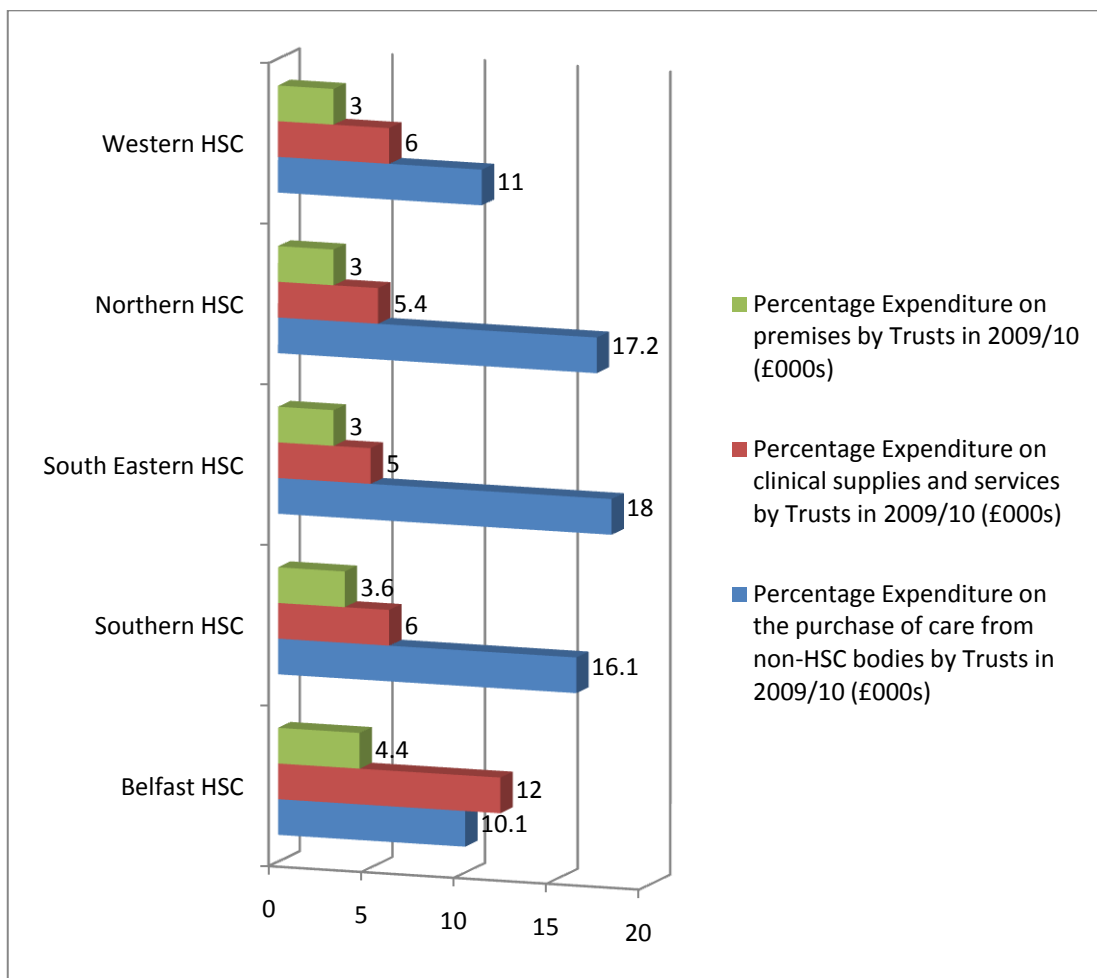
Other expenditure is constituted of a large number of differing costs including the purchase of supplies and services, grants to voluntary bodies, transport, interest charges, bad debts and premises, for example.

In the year ending 31 March 2010, the three largest items for HSC Trusts (excluding non-cash items and the NI Ambulance Trust) were:

- Purchase of care from non-HSC bodies;
- Clinical supplies and services; and,
- Premises

The figure below shows expenditure on these three categories by HSC Trusts (excluding the NI Ambulance Trust) for 2009/10

**Figure 10 Expenditure on premises, clinical supplies and services and purchase of care from non-HSC bodies as a percentage to total income by HSC Trusts 2009/10**



**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

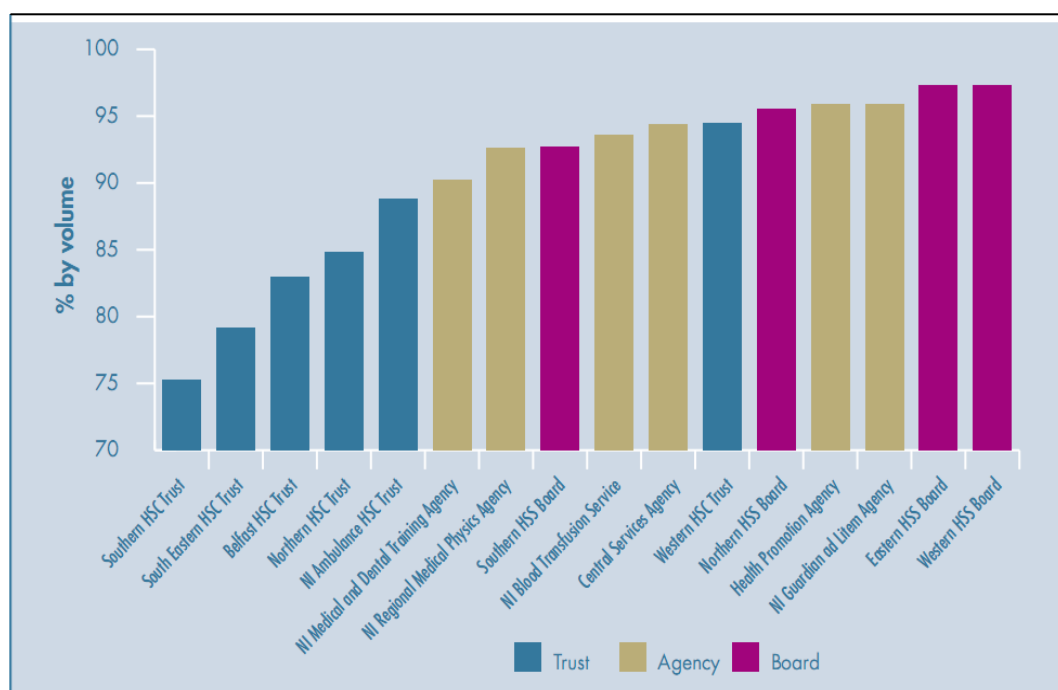
- Expenditure on the purchase of care from non-HSC bodies was relatively significant for all five of the HSC Trusts accounting for between 10.1% and 18% of total income in 2009/10;

- Expenditure on clinical supplies and services was between 5% and 6% of total income for 2009/10 for four of the HSC Trusts, but double that (12%) in Belfast HSC;
- Expenditure on premises was slightly higher in Belfast HSC as a percentage of total income – which one might expect as property costs are higher in Belfast than in other parts of Northern Ireland.

## 6. Prompt payment performance

The most recent NIAO General Report on the HSC Sector in Northern Ireland presented the data on prompt payments in the sector<sup>4</sup> – see figure below:

**Figure 11 prompt payment performance in the HSC sector 2008/09**



This figure illustrates that in relative terms, a number of HSC Trusts performed quite poorly on compliance with the prompt payment policy; best practice suggests that 95% of payments to creditors (measure by volume rather than value) should be made within 30 days.<sup>5</sup>

The table below presents the percentage of payments made within 30 days by each of the HSC Trusts from 2007/08 to 2009/10.

<sup>4</sup> NIAO (2010) <http://www.niauditoffice.gov.uk/pubs/2010/8632HealthSocialCarefinal.pdf> (accessed 6 December 2010) (see page 8)

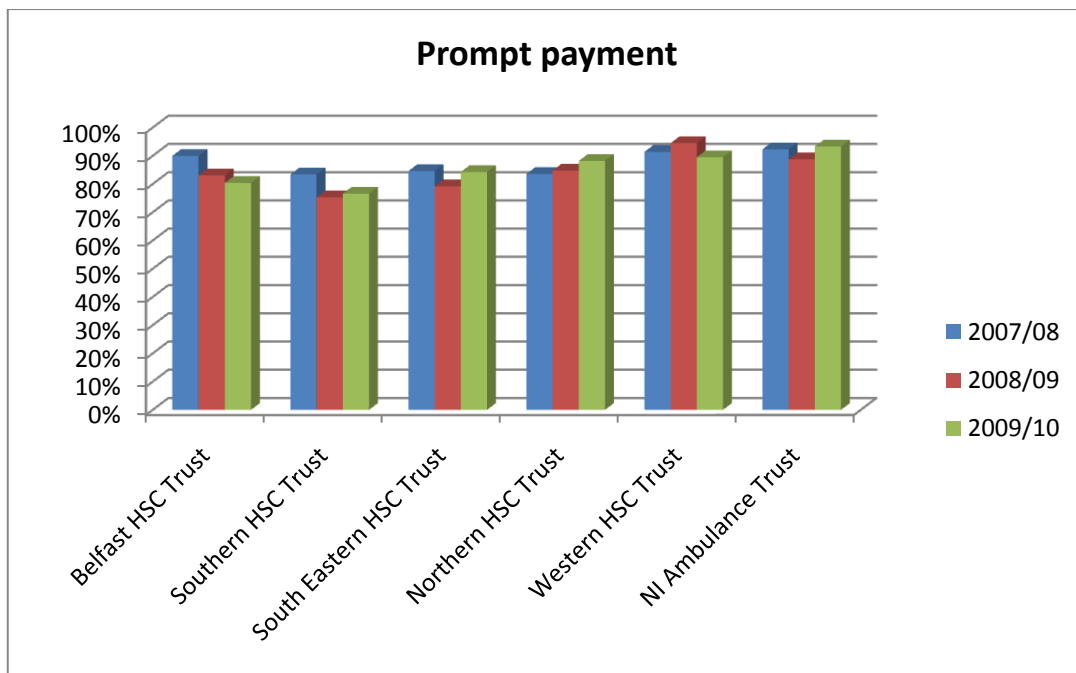
<sup>5</sup> NIAO (2010) <http://www.niauditoffice.gov.uk/pubs/2010/8632HealthSocialCarefinal.pdf> (accessed 6 December 2010) (see page 7)

**Table 13 Percentage of payments made within 30 days by HSC Trusts 2007/08 to 2009/10.**

	2007/08	2008/09	2009/10
<b>Belfast HSC Trust*</b>	90%	83.1%	80.4%
<b>Southern HSC Trust</b>	83.4%	75.3%	76.6%
<b>South Eastern HSC Trust</b>	84.6%	79.2%	84.3%
<b>Northern HSC Trust</b>	83.6%	84.8%	88.2%
<b>Western HSC Trust</b>	91.4%	94.5%	89.5%
<b>NI Ambulance Trust</b>	92.3%	88.8%	93.3%

**Source:** figures presented in Trust Accounts for years ending 31 March 2009 and 2010.

\***Note** Belfast HSC Trust presents its figures in compliance with 'paid within terms' rather than the 30-day policy.

**Figure 12 Percentage of payments made within 30 days by HSC Trusts 2007/08 to 2009/10**

**Source:** figures presented in Trust Accounts for years ending 31 March 2009 and 2010

The following observations may be made from these data:

- In four of the HSC Trusts (Southern, South Eastern, Northern and NI Ambulance) performance on prompt payment improved in 2009/10 on 2008/09;

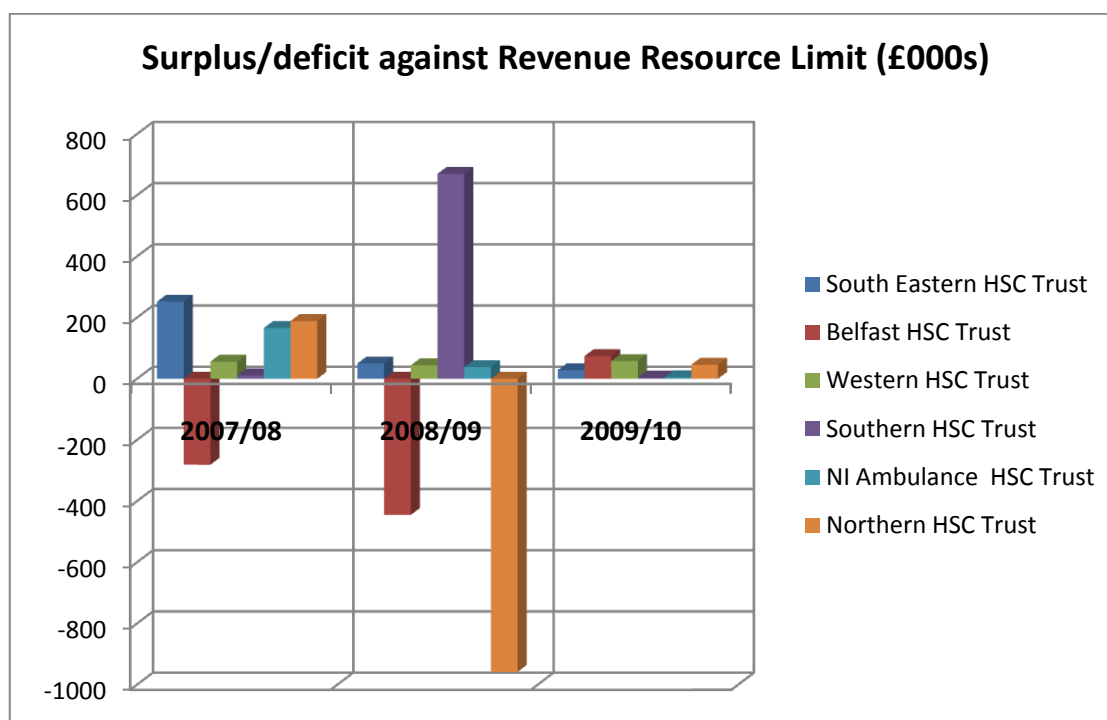
- In only one HSC Trust (Northern) did prompt payment show an improvement on the previous year in both 2008/09 and 2009/10; and,
- In one HSC Trust (Belfast) prompt payment worsened on the previous year in both 2008/09 and 2009/10.

## 7. Breakeven performance

Under Article 15(1) of the Health and Personal Social Services (NI) Order 1991<sup>6</sup> HSC Trusts are required to ensure that their expenditure does not exceed their income. If a deficit of greater than 0.5% of income arises, an explanation must be provided in the accounts.<sup>7</sup>

The performance of the HSC Trusts from 2007/08 to 2009/10 on “the break even duty” is shown in the figure below.

**Figure 13 HSC Trusts surplus or deficit against Revenue Resource Limit 2007/08 to 2009/10**



**Source: HSC Trust Accounts 2009/10**

The following observations may be made from these data:

<sup>6</sup> Available online at:

<http://www.statutelaw.gov.uk/content.aspx?LegType=All+Legislation&title=health+and+personal+social+services&Year=1991&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&sortAlpha=0&TYPE=QS&PageNumber=1&NavFrom=0&parentActiveTextDocId=2945679&ActiveTextDocId=2945701&filesize=961> (accessed 10 January 2011)

<sup>7</sup> NIAO (2010) <http://www.niauditoffice.gov.uk/pubs/2010/8632HealthSocialCarefinal.pdf> (accessed 10 January 2011) (see page 6)

- A deficit was reported by one HSC Trust in 2007/08 (Belfast);
- A deficit was reported by two HSC Trusts in 2008/09 (Belfast and Northern); and
- No HSC Trusts reported a deficit in 2009/10.

The performance in 2009/10 therefore appears to be an improvement on previous years.

## 8. Income from other sources

The HSC Trusts main source of income is the allocation they receive from the DHSSPS via the HSCB and the PHA. But they also have other sources of income including:

- Private patients;
- Client contributions;
- Other HSC Trusts;
- Other Health Authorities in GB/Rol; and,
- Non-HSS: Other

The table below presents the HSC Trusts total income, which is derived by adding each Trusts' Revenue Resource Limit (RRL - the central allocation) and their income from other sources for 2008/09 and 2009/10. The proportion of total income that comes from other sources is also shown.

**Table 14 Breakdown of HSC Trusts' Income by source, 2008/09 and 2009/10 (000s)**

£000s	2008/09				2009/10			
	RRL	income from other sources	total income	income from other sources as % of total	RRL	income from other sources	total income	income from other sources as % of total
<b>Belfast HSC Trust</b>	1090375	76,416	1,166,791	6.55	1,222,162	82,661	1,304,823	6.34
<b>Southern HSC Trust</b>	458,420	26,586	485,006	5.48	509,560	29,190	538,750	5.42
<b>South Eastern HSC Trust</b>	453589	30015	483,604	6.21	502,334	37,595	539,929	6.96
<b>Northern HSC Trust</b>	524,708	36,062	560,770	6.43	577,077	39,447	616,524	6.40
<b>Western HSC Trust</b>	458354	24,716	483,070	5.12	513,047	27,466	540,513	5.08
<b>NI Ambulance</b>	55730	1655	57,385	2.88	58124	1672	59,796	2.80



**Source: Assembly Research calculations from figures presented in Trust Accounts for year ending 31 March 2010**

The following observations may be made about these data:

- In both years income from sources other than the RRL represented between 5% and 7% of total income (excluding the NI Ambulance Trust); and,
- Income from other sources as a proportion of total income fell slightly for each HSC Trust in 2009/10 except for South Eastern HSC which rose from 6.21% to 6.96%.