

Belfast Health and Social Care Trust

Service and Budget Agreement 2012-2013

INDEX

SECTION	SUB-SECTION	PAGE NO
Terms of the Agreement	Purpose	1
	Terms of Agreement	2
	Services Commissioned	3
	Monitoring and Performance	5
	Signatures	6
Schedules to the Agreement		
Explanatory Note on the Schedules 1 – 2d		7
Schedule 1a	Consultant led acute volumes 2012/13	8-10
Schedule 1b	Non Consultant led acute volumes 2012/13	11-14
Schedule 2a	Non-Acute Activity baseline 08/09	15-29
Schedule 2b	Non-Acute - 09/10 Service Developments	30-39
Schedule 2c	Non-Acute – 10/11 Service Developments	40-43
Schedule 2d	Non-Acute – 11/12 Service Developments & Inpatient Services Adjustments	44-48
Schedule 2e	Public Health Agency Investments 2011/12	49-56
Schedule 3	Funding & Payment Arrangements	55-67
Schedule 4	Quality Standards & Regulatory Context	68-69
Schedule 5	Monitoring and Performance Framework	70-71
Schedule 6	Information Requirements	72-74
Additional Schedules to the Agreement		
Schedule 7	Pharmaceutical Requirements	75-77
Schedule 8	Regional Specialist Fertility Services & Pathway	78-80
Schedule 9	Regional Fostering Recruitment Training Co-Ordination Service	81-86
Schedule 10	Urgent Primary Care Out-of-Hours in NI	87-107

1. PURPOSE

- 1.1 This Service and Budget Agreement (“the agreement”) refers to the period 1 April 2012 to 31 March 2013 and is between: the **Health and Social Care Board (HSCB) and its constituent Local Commissioning Groups (LCGs)**, collectively referred to as “the Board”; the **Public Health Agency (“the Agency”)**; and the **Belfast Health and Social Care Trust (“the Trust”)**. In facilitating the formulation of the agreement the Board acts in a coordinating capacity on behalf of LCGs and the Agency.
- 1.2 The purpose of the agreement is to improve the health and social care of the population and ensure the provision and development of efficient and effective services on an equitable appropriate and responsive basis.
- 1.3 Signatories to the agreement will pursue these aims in a spirit of co-operation and through partnership working, building in continuous improvement goals, agreed performance measures and related efficiency targets.
- 1.4 The agreement defines the services the Trust undertakes to provide, both directly and by arrangement with third parties, the agreed budget and the context within which the Board and Trust will operate the agreement.
- 1.5 The agreement is in line with Ministerial priorities, targets and objectives and is framed in the context of the Public Service Agreement, the Department’s Commissioning Direction, the Health and Social Care Board and Public Health Agency Commissioning Plan and the Trust Delivery Plan (TDP).

2. TERMS OF THE AGREEMENT

2.1 The **2012/13 baseline revenue resource limit** under this agreement for **Belfast Health & Social Care Trust** comprises a total of £992,264,000. The analysis of this sum (including analysis by LCG and Board) and the arrangements in respect of financial monitoring are as outlined in **Schedule 3**. The baseline value represents funding for services to be provided to residents of Northern Ireland throughout the year from 1st April 2012 to 31st March 2013. The total funding available under the agreement will be subject to variation during the year to reflect agreed revenue resource limit additions or reductions.

2.2 Signatories to the agreement will maintain and develop plans to deal with **Major Incidents** in compliance with the DHSSPS (Emergency Powers) Directions (Northern Ireland) 2010, the related controls assurance standards and circulars on emergency planning for Health and Personal Social Services in Northern Ireland, including the requirements of Central Emergency Planning Unit's "Guide to Evacuation in Northern Ireland."

2.3 The Trust agrees to comply with existing guidance on the reporting of **Significant Adverse Incidents (SAIs) and Near Misses** and to share and coordinate information between those organisations involved in incidents where unexpected death or serious untoward harm has occurred. Parties to the agreement will collaborate in using information relating to SAIs and Near Misses to influence, prioritise and improve the commissioning and delivery of services. They will do so through the identification of risks, the promotion of shared learning and measures to reduce the risk of reoccurrence of specific types of incidents/near misses.

2.4 Arrangements pertaining to the funding of **clinical negligence** claims will comply with the Department's Circular HSS(F) 20/2002. The Board will be liable for any pre-Trust **Public Liability claims**.

2.5 The Trust agrees to ensure appropriate training, particularly for front-line staff, in the handling of **complaints** and to ensure that complainants are in all instances offered an opportunity to discuss further the Trust's response to the complaint by a meeting or visit.

2.6 The Trust agrees to offer the **Direct Payments Facility** to eligible clients, in accordance with the Personal Social Services (Direct Payments) (NI) Order 1996 and associated guidance and to meet the requirements of the Order relating to accountability for funds.

2.7 All Trusts are required to establish appropriate arrangements for **infection control** in line with relevant controls assurance standards and the regional strategy.

2.8 In furtherance of the **Equality** agenda and section 75 of the Northern Ireland Act, signatories to the agreement agree to collaborate with the DHSSPS and other public agencies in undertaking Equality Impact Assessments and in mainstreaming the equality agenda. Signatories to the agreement will also ensure that consultation on the development of new policies or initiatives will include the relevant interest groups identified within legislation and that evidence of any mitigating action is made explicit.

2.9 The Trust agrees to comply with the financial management requirements outlined in the Departmental Circular HSS (F) 29/2000 "**Promoting Financial Stability within HPSS Organisations**" (see Schedule 3 for further details).

3. SERVICES COMMISSIONED

3.1 Within the total funds available to the Trust under the agreement, all **statutory requirements** will be addressed as a first priority. Any plans to introduce new services or treatments must be reviewed with the Board in advance. Only services which have the **prior agreement** of the Board, based on a clear assessment of priorities will be commissioned.

3.2 Signatories to the agreement will develop services in line with the processes, priorities, objectives and targets outlined in the Department of Health and Social Services and Public Safety's **Commissioning Plan Directions** and reflected in the Board and Agency Commissioning Plan and the Trust Delivery Plan (TDP).

3.3 **Schedule 1** to the agreement records the most recent estimate of **baseline activity** associated with the range of services provided by the Trust at 1 April 2012. Significant in-

year changes in the level, range and nature of services outlined in Schedule 1 and in any associated figures relating to the distribution of costs between programmes of care should only be by prior agreement between the Board and the Trust.

- 3.4 The Board will fund baseline activity in keeping with the levels identified in Schedule 1, which includes provision to meet changing patient flows. Actual **over and underperformance** in relation to this agreement will be addressed in line with a balancing of risk between the provider and the commissioner.
- 3.4.1 The Board and the Trust agree that the strategic direction in relation to **non-elective activity** is to see a reduction in hospital admissions facilitated by investments and service reforms directed at preventing inappropriate admissions. It would, therefore, be counter strategic to arrange to pay for increases in hospital based non-elective activity not clearly linked with changes in patient flows. However, where non-elective over performance does occur in a given specialty, this should be set, in the first instance, against any non-elective underperformance in other specialties. Where total non-elective performance across specialties is below the total baseline levels for non-elective activity identified in Schedule 1, such underperformance should generally be offset against elective over-performance in the same or related services where similar resources are being applied.
- 3.4.2 In relation to **elective activity**, systems are in place to facilitate activity monitoring in respect of both baseline agreements and the additional activity in 'Delivery Plans' that address Elective Access targets. The Board will expect, as a minimum, that core activity will be delivered, and may take into account Trust core performance in considering any financial assistance the Trust may require to meet Ministerial access targets.
- 3.5 Services commissioned under this agreement will be provided throughout the year in line with management initiatives aimed at responding optimally to **seasonal changes in the pattern of need**.
- 3.6 Notwithstanding 3.4 and 3.5 above, the Trust may be required to adjust the pattern of service provision recorded in Schedule 1 during the year to address **priority pressures**

associated with major epidemics or disasters, significant industrial action, or significant changes in statutory requirements or revenue allocation to the Board.

- 3.7 Subject to the approval of the DHSS&PS, the record of services and volumes outlined in Schedule 1 will be amended in line with any relevant **service developments** outlined in the Commissioning Plan.
- 3.8 Where the Trust **sub-contracts** for services it will ensure that the arrangements meet the requirements of this agreement and relevant standards set by the Regulation and Quality Improvement Agency. The Trust also agrees to ensure that all services provided under sub-contract are in line with relevant departmentally approved governance and quality assurance guidance on commissioning from the independent sector. Where required, the Trust will supply a copy of sub-contracts to the Board.
- 3.9 Circular **HSS(F) 07/2007** and Guidance (Gateway Reference 7057) outline the arrangements for the funding of treatment provided by N.I. Trusts to G.B. residents. The Trust should ensure it is familiar with the specific invoicing arrangements for both **Non-Contract Activity and Specialised Services** in order to recover treatment costs directly from the patient's responsible Primary Care Trust (P.C.T.) or other NHS commissioner of service.
- 3.10 The **quality and regulatory context** pertaining to the range of services recorded in Schedule 1 to the agreement is summarised in **Schedule 4**.

4. MONITORING AND PERFORMANCE

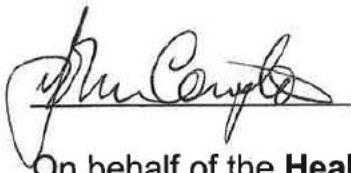
4.1 It is anticipated that **monitoring and performance review processes** under this Agreement will be structured in line with the Information Requirements described in Schedule 5. Processes will involve ongoing dialogue and communication between Board, Trust and Agency officers and regular formal monitoring reviews. The interface will be coordinated between the various parties to the agreement in keeping with the MIPB guidance documents "*A Commissioning Framework for Health and Social Care*" and

"Performance and Service Improvement Arrangements for the HSC" (January 2009) and will be based on structured agendas supported by appropriate records and action notes.

4.2 In addition to information requirements outlined in Schedule 5, the Board and Agency reserve the right to undertake **supplementary monitoring** should this be required. In practice, this means that signatories to the agreement hereby agree that the arrangements in Schedule 5 may be supplemented where significant concern arises regarding the level or quality of service being delivered under the Agreement or where the Department or an appropriate regulatory body requires or requests such intervention.


4.3 The Trust agrees to ensure that all corporate information, including personal information and data flows to support performance monitoring, is processed in accordance with **relevant legislation on information**, including (but not limited to): the Data Protection Act 1998; the Freedom of Information Act 2000; the Environmental Information Regulations 2004 Access to Health Records Order (NI) 1993; and relevant regional Information Security Guidance.

5. SIGNATURES



Date: 10/10/2012

On behalf of the **Health and Social Care Board**



Date: 16/10/12

On behalf of the **Public Health Agency**

_____ Date: _____
On behalf of Belfast Health and Social Care Trust

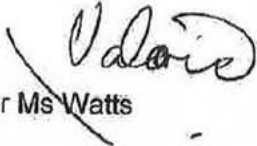
63

		District Nursing							81											81
		Domiciliary Care - Independent							1,715											1,715
		Domiciliary Care - Statutory							792											792
		Grant Aid							898	0		-12		0		0				887
		Health Visiting							24											24
		Intensive Care Treatment Teams							633											633
		Nursing Home Care							2,151											2,151
		Occupational Therapy							596											596
		Other Community							900			-150								750
		Other PSS							1,774							0				1,774
		Payments to non HPSS bodies							1,400			46								1,446
		Physiotherapy							26											26
		Podiatry							12											12
		Residential Home Care							142											142
		Residential Homes - Independent							1,428											1,428
		Residential Homes - Statutory							690											690
		Social Work							1,746											1,746
		Speech & Language Therapy							3											3
		Supported and Other Accomodation - Independent							1											1
		Supported and Other Accomodation - Statutory							282											282
PoC 6	Mental Handicap (Learning Disability) (blank)	Hospital (Poc 6)							9,033	6,409		7,010		826		607				23,884
		Aids & Adaptations							27											27
		Clinical Psychology							574											574
		Community Dental							123											123
		Daycare Facilities- Independent							474											474
		Daycare Facilities- Statutory							6,652											6,652
		Dietetics							2			0								2
		Direct Payments - Independent							340											340
		District Nursing							58											58
		Domiciliary Care - Independent							3,433											3,433
		Domiciliary Care - Statutory							906											906
		Grant Aid							2,688											2,688
		Health Visiting							4											4
		LD Nurses							920											920
		Nursing Home Care							4,852											4,852
		Occupational Therapy							564											564
		Other Community							216											216
		Other PSS							160											160
		Physiotherapy							448											448
		Podiatry							7											7
		Residential Home Care							53											53
		Residential Homes - Adult - Independent							4,815											4,815
		Residential Homes - Adult- Statutory							5,957											5,957
		Residential Homes - Children - Independent							82		0									82
		Residential Homes - Children- Statutory							839		0									839
		Social Work							2,300											2,300
		Speech & Language Therapy							817											817
PoC 7	Wards/facilities for treatment of Physical and Sen (blank)	Hospital (Poc 7)							-154	-32		-7				11				-182
		Aids & Adaptations							1,441	36		28		144		28				1,677
		Clinical Psychology							62											62
		Community Dental							2			0				0				2
		Daycare Facilities- Independent							87											87
		Daycare Facilities- Statutory							1,593											1,593
		Dietetics							2											2
		Direct Payments - Independent							896											896
		District Nursing							227											227
		Domiciliary Care - Independent							3,559											3,559
		Domiciliary Care - Statutory							869											869
		Grant Aid							1,140											1,140
		Health Visiting							6											6



30 January 2017

Ms Valerie Watts
Chief Executive
Health & Social Care Board
Champion House
12-22 Linenhall Street
Belfast
BT2 8BS



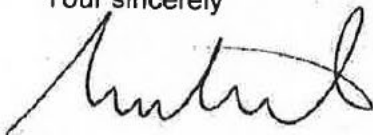
Dear Ms Watts

Re: Service and Budget Agreement 2016/17

Thank you for forwarding the proposed Service and Budget Agreement documentation for 2016/17. The Trust has signed the documentation (enclosed) as requested, with the understanding between both parties that volumes noted in the SBA schedules represent indicative volumes (not minimum volumes as noted on page 7, para 2). The Trust will work with HSCB to continue to review activity volumes delivered and appropriate outcome measures in line with available resources and taking into account operational challenges.

Comments related to Section 7, Pharmacy are noted on the Appendix attached.

Your sincerely



Dr Michael McBride
Chief Executive

Belfast HSC Trust, Trust Headquarters, Belfast City Hospital, Lisburn Road,
Belfast BT9 7AB Telephone 028 9504 0100

APPENDIX

SBA 16/17

Comments related Section 7 Pharmacy

1) Northern Ireland Formulary

Trust to provide quarterly reports:

Trust Response: There is no electronic prescribing system in hospitals to facilitate production of regular quarterly reports in relation to medicines usage.

4) Medicines Reconciliation

Trust Response: Where patients have had their medicines reconciled by a pharmacist at ward level BHSCT can provide a quarterly report as per the agreed regional template

Belfast Health and Social Care Trust

**Service and
Budget
Agreement
2016-2017**



CONTENTS

1. TERMS AND CONDITIONS 3

2: SERVICES TO BE COMMISSIONED 7

2.1 Non Elective Acute Hospital Activity..... 7

2.2 Local Elective Acute Services 7

2.3 Maternity Activity..... 7

2.4 Family and Child Care 8

2.4 Acute Mental Health In-Patients..... 8

2.5 Child and Adolescent Mental Health 8

2.6 Domiciliary Care and Direct Payments..... 8

2.8 Nursing Home Care 8

2.9 Residential Home Care..... 8

2.10 District Nursing 9

2.11 Health Visiting..... 9

2.12 Allied Health Professions 9

2.13 Social Work 9

SECTION 3 FUNDING AND PAYMENT ARRANGEMENTS 10

SECTION 4: INFORMATION REQUIREMENTS 22

SECTION 5 ACTIVITY SCHEDULES..... 24

5a. Local Elective Services Consultant Led and Non Consultant Led, Unscheduled Care and Regional Elective Services Consultant and Non Consultant Led..... 25

5b. Non Acute Activity Schedules: Programme of Care 2 – 9 41

SECTION 6 PUBLIC HEALTH INVESTMENTS 59

SECTION 7 PHARMACY 78

SECTION 8 GP OUT OF HOURS 80

1. TERMS AND CONDITIONS

- 1.1 The Service and Budget Agreement for 2016/17 sets out the service activity and outcomes to be delivered within the Revenue Resource Limit, to meet the health and social care needs of the population. It provides a signed record of agreement between the parties; the Health and Social Care Board (HSCB) the Public Health Agency ("the Agency"); and the Belfast Health and Social Care Trust ("the Trust") that the indicative level of service to be delivered on an equitable and responsive basis.
- 1.2 Signatories to the agreement will pursue these aims in a spirit of co-operation and through partnership working, building in continuous improvement goals, agreed performance measures and related efficiency targets.
- 1.3 The agreement defines the services the Trust undertakes to provide, both directly and by arrangement with third parties, the agreed budget and the context within which the Board and Trust will operate the agreement.
- 1.4 The agreement is in line with Ministerial priorities, targets and objectives and is framed in the context of the Public Service Agreement, the Department's Commissioning Direction, the Health and Social Care Board and Public Health Agency Commissioning Plan and the Trust Delivery Plan (TDP).

2. TERMS OF THE AGREEMENT

- 2.1 The **2016/17** baseline revenue resource limit under this agreement for Belfast Health & Social Care Trust comprises a total of **£1,092,179,000**. The analysis of this sum (including analysis by LCG and Board) and the arrangements in respect of financial monitoring are as outlined in **SECTION 3**. The baseline value represents funding for services to be provided to residents of Northern Ireland throughout the year from 1st April 2016 to 31st March 2017. The total funding available under the agreement may be subject to variation during the year to reflect agreed revenue resource limit additions or reductions.
- 2.2 The Trust should adhere to the instructions in Circular HSS (F) 29/2000 "Promoting Financial Stability within HPSS Organisations" (see Section 3 for further details) and should not make recurrent commitments without a source of funding confirmed by the HSCB. Any recurrent variations approved during the financial year will have their full year effect of funding and activity applied in the subsequent years' Service and Budget Agreement.

3. SERVICES COMMISSIONED

- 3.1 Within the total funds available to the Trust under the agreement, all statutory requirements will be addressed as a first priority. Any plans to introduce new services or treatments must be reviewed with the Board in advance. Only services which have the prior agreement of the Board, based on a clear assessment of priorities will be commissioned.
- 3.2 Signatories to the agreement will develop services in line with the processes, priorities, objectives and targets outlined in the Department of Health's (DH) Commissioning Plan Direction and reflected in the Board and Agency Commissioning Plan and the Trust's Delivery Plan (TDP).
- 3.3 In continuing to focus on the delivery of safe, effective and compassionate services, the Trust will ensure that service capacity is maximised in the context of available resources to ensure access to services for patients and clients is, as far as possible, in line with Ministerial targets.

The activity schedules in Section 5 set out indicative volumes across acute and community services. It is acknowledged that resources and service capacity may not be available in all areas to achieve the full delivery of all of these indicative volumes. Such areas will be subject to detailed review. The HSCB and Trust also recognise in addition that operational challenges (e.g. recruitment and retention of specialist skills or restricted numbers of available training grades), new clinical standards and changes in demand will require a different model of delivery and outcome measure of delivery in a number of specialties / service areas. Demand for a range of specialist services is also linked to incidence/prevalence rate for specific conditions with investment supporting safe, timely and sustainable care rather than increased activity.

In the context of the above, actual activity will be monitored and, in a number of areas, where appropriate, new / additional outcome measures are being reviewed and developed by the Trust and HSCB in line with available resources.

- 3.4 The Trust may be required to adjust the pattern of service provision during the year to address priority pressures associated with major epidemics or disasters, significant industrial action, or significant changes in statutory requirements or revenue allocation to the Board.
- 3.5 Where the Trust sub-contracts for services it will ensure that the arrangements meet the requirements of this agreement and relevant standards set by the Regulation and Quality Improvement Agency. The Trust also agrees to ensure that all services provided under sub-contract are in line with relevant departmentally approved governance and quality assurance guidance on commissioning from the independent sector. Where required, the Trust will supply a copy of sub-contracts to the Board.
- 3.6 Circular HSS(F) 07/2007 and Guidance (Gateway Reference 7057) outline the arrangements for the funding of treatment provided by N.I. Trusts to G.B. residents. The Trust should ensure it is familiar with the specific invoicing arrangements for both Non-Contract Activity and Specialised Services in order to recover treatment costs directly from the patient's responsible Clinical Commissioning Group (CCG) or other NHS commissioner of service.

4. MONITORING AND PERFORMANCE

- 4.1 It is anticipated that monitoring and performance review processes under this Agreement will be supported by information reporting described in SECTION 4. Monitoring processes will involve on-going dialogue and communication between Board, Trust and Agency officers and regular formal monitoring reviews based on structured agendas supported by appropriate records and action notes.
- 4.2 In addition to information requirements outlined in SECTION 4, the Board and Agency reserve the right to undertake supplementary monitoring should this be required. In practice, this means that signatories to the agreement hereby agree that the arrangements in SECTION 4 may be supplemented where significant concern arises regarding the level or quality of service being delivered under the Agreement or where the Department or an appropriate regulatory body requires or requests such intervention.

5. SIGNATURES

Valerie Adams

Date: 26/9/16

On behalf of the Health and Social Care Board

[Signature]

Date: 23/9/16

On behalf of the Public Health Agency

On behalf of the Belfast Health and Social Care Trust

Date: _____

2: SERVICES TO BE COMMISSIONED

The activity detailed in this agreement represents the indicative volumes for major services being commissioned from the Trust by the HSCB in 2016/17. This activity is not comprehensive or exclusive but covers the main service areas. Some services continue to have further work undertaken to establish activity levels to be commissioned, including the Regional Community Information Exercise and AHP review.

Work is being undertaken to review baseline activity contained in non-acute schedules. Except where amendments are agreed using this process the volumes contained in the SBA schedules represent the minimum levels of service which the Trust is expected to deliver.

2.1 Non Elective Acute Hospital Activity

The Trust will provide non-elective acute and community services on the basis of assessed need and appropriate provision. Indicative volumes of demand-led activity within the SBA have been set to reflect the anticipated demand in 2016-17, including statutory requirements.

The Trust and commissioners will pro-actively seek opportunities, in line with the Commissioning Plan Direction and Transforming Your Care, to 'shift' activity and resources from hospital to community settings with the patient's or client's home as the Hub of Care, particularly working through ICPs.

2.2 Local Elective Acute Services

In continuing to focus on the delivery of safe, effective and compassionate services, the Trust will use its resources to ensure that waiting times experienced by patients are minimised as far as possible in line with Ministerial targets and in the context of available resources.

2.3 Maternity Activity

The HSCB and PHA will continue to work with the Trust to develop new activity indicators which better reflect the increasing complexity of caseload, in line with NICE.

2.4 Family and Child Care

The activity volumes reflect the current balance of service provision for children who are looked after. Trust should aim to have as many of these children as possible appropriately placed in family settings.

2.4 Acute Mental Health In-Patients

The volume of acute in-patients has been reducing in recent years in line with the strategic direction of supporting people with acute mental illness in the community. This trend is expected to continue to reduce to the capacity planned for in the Single Acute Mental Acute Unit. The volume of bed-days in the SBA is consistent with the Business Case for the new unit.

2.5 Child and Adolescent Mental Health

The SBA volumes are based on a regional review of CAMHS activity levels. The Trust is expected to aim to achieve the productivity levels set out by CAPA, however it had been acknowledged that this was unlikely to be achieved in 2015-16 and therefore some adjustments had been made but CAPA levels will be expected in 2016-17.

2.6 Domiciliary Care and Direct Payments

The number of Domiciliary Care contact hours delivered in Belfast has declined over the past two years, partly as a result of the introduction of Reablement. The SBA volume is based on the outturn for 2014/15. The number of hours funded through Direct Payments has increased year on year and the SBA volumes for this service reflect the outturn for 2014/15.

2.8 Nursing Home Care

Nursing home placements are demand-led. The SBA volumes reflect the most recent outturn.

2.9 Residential Home Care

Residential home placements are demand-led. The SBA volumes reflect the most recent outturn.

2.10 District Nursing

The LCG invested in an additional 15 wte District Nurses in 2014-15, increasing the total District Nurses in the Trust to 170.13 wte and this has been reflected in the SBA volumes and associated funding.

2.11 Health Visiting

In 2015/16 the HSCB invested in an additional 13.8wte Health Visitors, increasing the total Health Visitors in BHSCCT to 76.5wte. This recent investment has also increased the total number of Health Visitor Supervisors from 3.0wte to 5.0wte and has enabled the Trust to enhance the existing Teaching Practitioner role by 4.0wte. The SBA volumes reflect the volume of activity expected for a full year from 1 April 2016/17.

2.12 Allied Health Professions

SBA review for 2015-16 reflects historical levels but will be adjusted when the current of capacity, being undertaken by the HSCB and PHA, is known. The Trust is expected, however, to ensure all funded capacity is in place and that provide the volumes of activity agreed under the previous review are maintained.

2.13 Social Work

SBA volumes reflect historical activity levels. The Trust is expected to deliver services up to its funded capacity.

SECTION 3 FUNDING AND PAYMENT ARRANGEMENTS

FUNDING ARRANGEMENTS – 2016/17

Revenue Resource Limit (RRL) 2016/17

The Service and Budget Agreement provides the opening Revenue Resource Limit (RRL) for the Trust.

The financial schedules show the recurrent baseline resources available from the HSCB/PHA for the Trust. The Trust has completed a rebasing of their RRL and this forms the basis of these figures.

Analysis of Opening RRL

The attached spreadsheet reflects a range of Service and Budget Agreement allocations (RRL) appropriate to your Trust.

Schedule 1 provides a high level analysis by HSCB/PHA.

Schedule 2 provides a programme of care analysis by HSCB/PHA.

Schedule 3 provides a SBA grouping within PoC by HSCB/PHA.

Financial Context

The financial context for this year's SBA reflects a departure in the planning process from prior years. Previously the HSCB developed an overall gross financial plan for the HSC. This reflected

- allocations available from the DoH (formerly DHSSPS);
- service pressures to be funded; and
- proposed solutions to any funding gap including efficiency targets.

The 2016/17 draft Commissioning Plan shows how the allocations available from the DoH are to be deployed with service pressures and savings to be identified separately by Trusts through the TDP process. In doing so they are required to reflect the baseline resources and additional allocations available from the HSCB/PHA and non-recurrent June Monitoring funding. Their plans should ensure the following pressures are addressed:

- pay;
- non-pay;
- additional national insurance contributions;
- national living wage;

- demography;
- unscheduled care; and
- other front line pressures.

Trusts will be required to advise HSCB / PHA where the 2016/17 financial plans of Trust will impact on volumes or values in the baseline in order to gain agreement for any proposed SBA changes. .

Financial Monitoring Arrangements

The Trust must forward electronically to the Board, monthly financial monitoring returns in line with the format and timescales specified by the HSCB. Reporting formats/requirements in respect of both cash releasing and productivity plans will be advised.

Test Drilling

To satisfy the requirements of the DoH/DFP test drilling process and ensure that Green Book Guidance on investment appraisal is followed, the Board will require that all bids from the Trust for additional funding are submitted on the appropriate Investment Appraisal documentation.

Belfast HSC Trust

Schedule 1

2016/17

Funding Source	Stream		
	HSCB £'000	PHA* £'000	Total £'000
Baseline RRL	1,085,369	6,811	1,092,179
SubTotal	1,085,369	6,811	1,092,179

*£4,127,296 R&D retracted. Closing RRL was £10,937,817

Belfast HSC Trust**Schedule 2: Funding by Stream, Source & PoC****2016/17**

Stream	POC	RRL £'000
HSCB	PoC 1	589,515
	PoC 2	32,448
	PoC 3	48,858
	PoC 4	150,267
	PoC 5	69,175
	PoC 6	69,451
	PoC 7	32,323
	PoC 8	10,872
	PoC 9	82,460
HSCB Total		1,085,369
PHA	PoC 1	662
	PoC 5	50
	PoC 8	5,525
	PoC 9	574
PHA Total		6,811
Grand Total		1,092,179

Belfast HSC Trust				
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping				
2016/17				
Stream	PoC	SBA Grouping	£'000	
HSCB	PoC 1 - Acute Services	ED	44,199	
		General Medicine	8,288	
		Medical	255,486	
		Other	31,235	
		Paediatrics	36,865	
		Surgical	213,443	
	PoC 1 - Acute Services Total			589,515
	PoC 2 - Maternity & Child Health	AHPS Expenditure - Dietetics	226	
		AHPS Expenditure - Occupational Therapy	323	
		AHPS Expenditure - Physiotherapy	191	
		AHPS Expenditure - Podiatry	59	
		AHPS Expenditure - Speech and language therapy	1,423	
		Community medical / dental expenditure - Clinical Psychology	764	
		Community medical / dental expenditure - Community dental	72	
		Community medical / dental expenditure - Paediatrician	1,418	
		Community Midwives	1,715	
		Grants, Goods and Services - Adaptations to Homes	122	
		Grants, Goods and Services - Aids/community care appliances	167	
		Health Visiting	819	
		Incontinence Products	13	
Obstetrics		25,085		
Other Specialist Nurses	51			
PoC 2 - Maternity & Child Health Total			32,448	
PoC 3 - Family & Child Care	AHPS Expenditure - Audiology	181		
	AHPS Expenditure - Occupational Therapy	59		

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		AHPS Expenditure - Orthoptics	282
		AHPS Expenditure - Podiatry	10
		Community medical / dental expenditure - Clinical Psychology	429
		Community medical / dental expenditure - Community dental	1,215
		Family day centres - Statutory	1,474
		Grants, Goods and Services - Adaptations to Homes	22
		Grants, Goods and Services - Aids/community care appliances	163
		Grants, Goods and Services - Grant Aid	4,752
		Grants, Goods and Services - Payments to non HPSS bodies	71
		Grants, Goods and Services - Surestart programme	23
		Health Visiting	1,063
		Incontinence Products	25
		Looked After Children	27,290
		Social work - Early Years	1,206
		Social work - Family Support	10,593
	PoC 3 - Family & Child Care Total		48,858
	PoC 4 - Older People	AHPS Expenditure - Dietetics	168
		AHPS Expenditure - Occupational Therapy	2,406
		AHPS Expenditure - Physiotherapy	1,207
		AHPS Expenditure - Podiatry	1,312
		AHPS Expenditure - Speech and language therapy	240
		Community medical / dental expenditure - Clinical	174
		Psychology	
		Community medical / dental expenditure - Community dental	273
		Community Nursing	10,057
		Daycare Facilities - Independent	721

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		Daycare Facilities - Statutory	4,853
		Domiciliary Care	28,429
		Geriatric Medicine	25,036
		Grants, Goods and Services - Adaptations to Homes	523
		Grants, Goods and Services - Aids/community care appliances	1,162
		Grants, Goods and Services - Grant Aid	1,127
		Grants, Goods and Services - Payments to non HPSS bodies	276
		Incontinence Products	678
		Meals delivered to clients' homes	742
		Nursing Homes	38,328
		Old Age Psychiatry	3,384
		Other Specialist Nurses	1,622
		Residential Homes	13,730
		Social work - Social work	5,168
		Step up/Stepdown facilities	6,197
		Supported and other accommodation - Statutory	2,454
			150,267
	PoC 4 - Older People Total		
	PoC 5 - Mental Health	AHPS Expenditure - Occupational Therapy	1,326
		AHPS Expenditure - Physiotherapy	135
		AHPS Expenditure - Podiatry	10
		Community addictions teams	1,998
		Community medical / dental expenditure - Clinical Psychology	2,670
		Community medical / dental expenditure - Community dental	94
		Community Nursing	1
		Daycare Facilities - Independent	243

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		Daycare Facilities - Statutory	1,108
		Domiciliary Care	2,016
		Grants, Goods and Services - Adaptations to Homes	203
		Grants, Goods and Services - Aids/community care appliances	262
		Grants, Goods and Services - Grant Aid	1,122
		Grants, Goods and Services - Payments to non HPSS bodies	453
		Hospital: Acute, Forensic, Secure & Rehab	39,043
		Incontinence Products	1
		Meals delivered to clients' homes	52
		Nursing costs - Community Psychiatric Nursing	6,577
		Nursing Homes	4,032
		Other Specialist Nurses	41
		Residential Homes	1,636
		Social work - Social work	3,012
		Step up/Stepdown facilities	390
		Supported and other accommodation - Independent	1,331
		Supported and other accommodation - Statutory	1,422
	PoC 5 - Mental Health Total		69,175
	PoC 6 - Learning Disability	AHPS Expenditure - Occupational Therapy	882
		AHPS Expenditure - Physiotherapy	478
		AHPS Expenditure - Podiatry	30
		AHPS Expenditure - Speech and language therapy	1,457
		Community medical / dental expenditure - Clinical Psychology	986
		Community medical / dental expenditure - Community dental	237
		Community Nursing	26

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		Daycare Facilities - Independent	536
		Daycare Facilities - Statutory	8,308
		Domiciliary Care	2,946
		Grants, Goods and Services - Adaptations to Homes	137
		Grants, Goods and Services - Aids/community care appliances	29
		Grants, Goods and Services - Grant Aid	2,056
		Grants, Goods and Services - Payments to non HPSS bodies	1,561
		Hospital	17,045
		Incontinence Products	20
		Learning Disability Nurses	676
		Nursing Homes	9,514
		Other Specialist Nurses	19
		Residential Homes	9,965
		Social work - Social work	2,049
		Supported and other accommodation - Independent	6,488
		Supported and other accommodation - Statutory	4,004
			69,451
	PoC 6 - Learning Disability Total		
	PoC 7 - Physical & Sensory Disability	AHPS Expenditure - Audiology	1,197
		AHPS Expenditure - Occupational Therapy	1,291
		AHPS Expenditure - Physiotherapy	650
		AHPS Expenditure - Podiatry	9
		AHPS Expenditure - Speech and language therapy	468
		Community medical / dental expenditure - Clinical Psychology	137
		Community medical / dental expenditure - Community dental	93
		Community Nursing	40
		Daycare Facilities - Independent	98

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		Daycare Facilities - Statutory	2,389
		Domiciliary Care	4,691
		Grants, Goods and Services - Adaptations to Homes	332
		Grants, Goods and Services - Aids/community care appliances	397
		Grants, Goods and Services - Grant Aid	893
		Grants, Goods and Services - Payments to non HPSS bodies	157
		Meals delivered to clients' homes	346
		Neuro- rehabilitation: Hospital	10,007
		Nursing Homes	3,521
		Other Specialist Nurses	70
		Residential Homes	807
		Social work - Social work	2,425
		Supported and other accommodation - Independent	805
		Technology Dependent & Complex Needs	1,500
	PoC 7 - Physical & Sensory Disability Total		32,323
	PoC 8 - Health Promotion	AHPS Expenditure - Podiatry	3
		Community medical / dental expenditure - Community dental	26
		Family Planning Service	1,556
		Grants, Goods and Services - Aids/community care appliances	1
		Grants, Goods and Services - Community development teams	3,466
		Grants, Goods and Services - Miscellaneous Goods and Services	1,209
		Health Visiting	2,373
		Incontinence Products	44
		Other Specialist Nurses	53
		School nurses	819
		Screening services - Breast Screening - Imaging	0

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		Screening services - Cytology - Labs	307
		Screening services - Other Screening - Labs	0
		Screening services - Other Screening - Other	1,015
			10,872
	PoC 8 - Health Promotion Total		
	PoC 9 - Primary Health & Adult Community	AHPS Expenditure - Dietetics	1,272
		AHPS Expenditure - Occupational Therapy	1,234
		AHPS Expenditure - Orthoptics	98
		AHPS Expenditure - Physiotherapy	4,379
		AHPS Expenditure - Podiatry	1,965
		AHPS Expenditure - Speech and language therapy	1,121
		Community medical / dental expenditure - Clinical medical officers	45
		Community medical / dental expenditure - Clinical Psychology	0
		Community medical / dental expenditure - Community dental	191
		Community medical / dental expenditure - Ophthalmics	2,249
		Community Nursing	1,687
		GP Direct Access	61,948
		Grants, Goods and Services - Adaptations to Homes	97
		Grants, Goods and Services - Aids/community care appliances	236
		Home dialysis	2,375
		ICATS	2,037
		Other Specialist Nurses	704
		Treatment room nurses	823
	PoC 9 - Primary Health & Adult Community Total		82,460
HSCB Total			1,085,369
PHA	PoC 1 - Acute Services	ED	2
		Medical	246

Belfast HSC Trust			
Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping			
2016/17			
Stream	POC	SBA Grouping	£'000
		Other	44
		Paediatrics	46
		Surgical	325
	PoC 1 - Acute Services Total		662
	PoC 5 - Mental Health	Community addictions teams	50
	PoC 5 - Mental Health Total		50
	PoC 8 - Health Promotion	AHPS Expenditure - Dietetics	82
		Grants, Goods and Services - Community development teams	452
		Grants, Goods and Services - Miscellaneous Goods and Services	63
		Health Visiting	541
		Other Specialist Nurses	139
		School nurses	524
		Screening services - Breast Screening - Imaging	2,086
		Screening services - Other Screening - Labs	965
		Screening services - Other Screening - Other	672
	PoC 8 - Health Promotion Total		5,525
	PoC 9 - Primary Health & Adult Community	GP Direct Access	574
	PoC 9 - Primary Health & Adult Community Total		574
PHA Total			6,811
Grand Total			1,092,179

SECTION 4: INFORMATION REQUIREMENTS

4.1 Data Access

HSCB staff will continue to have access to Trust data from various provider information systems via the Regional Data Warehouse (managed by BSO staff). This data will be used for the purposes of analysing needs and trends, demand and supply issues and providing other appropriate information to support the commissioning functions of the HSCB. The Trust will be expected to participate fully in processes established by the HSCB to automate electronic flows of other data required during the year.

In accessing this data, for viewing or transferring purposes, the HSCB will conform to individual Data Access Agreements between Trusts, the HSCB and the BSO, the Data Protection Act, 1998 and the guidelines on "The Protection and Use of Patient and Client Information".

4.2 Coding

Data pertaining to this agreement will be accessed by the HSCB on a regular basis in line with established arrangements which will be updated and communicated to the Trust accordingly. To facilitate this access to data, the Trust will ensure that timely and accurate clinically and administratively coded acute activity is available to the Board, in line with the following standards and requirements:

- all elective Inpatient, Day Case and Outpatient activity must be recorded on PAS within 3 days of admission/attendance
- all non-elective inpatient activity must be recorded on PAS within 1 day of admission
- all acute Inpatient and Day Case activity must be OPCS and ICD-10 clinically coded in line with the timeliness and depth standards required and which will be updated and communicated to Trusts accordingly
- all PAS activity must be administratively coded in line with the series of Technical Guidance issued by the HSCB – in particular those associated with recording IS activity, additional in-house activity Review waiting lists and OP referrals.

Data quality, in particular Clinical Coding, will continue to be monitored and audited under this SBA in line with regular performance management arrangements.

4.3 Independent Sector Activity Data

The Trust will continue to provide activity and financial information relating to acute services procured from the Independent Sector in line with established arrangements.

4.4 Community Information Development

For non-acute services, work has commenced to review and standardise the indicators, definitions and currencies used in the activity and cost schedules. In the interim, the Trust will ensure that non-acute activity returns will be made in line with arrangements which will be updated and communicated to the Trust accordingly.

4.5 Performance Monitoring

Information required to monitor the targets, standards and indicators outlined in the Commissioning Plan (and the Department's Commissioning Plan Direction document) must be returned to the HSCB in line with the schedule and requirements notified by the Performance Management and Service Improvement Directorate of the HSCB.

SECTION 5 ACTIVITY SCHEDULES

PROGRAMME OF CARE: LEARNING DISABILITY (POC6)

	2012 SRF Grouping	Service Line Descriptor	Sector	Type	Currency	PROPOSED 2016/17 SBA
LD	Other Comm / PSS	Day care services	Private		Attendances	159608
LD	Other Comm / PSS	Day care services	Statutory		Attendances	
LD	Other Comm / PSS	Day care services	Voluntary		Attendances	
LD	Other Comm / PSS	Community Dental			Face to Face Contacts	2233
LD	Domiciliary Care	Domiciliary Care- ALL	ALL		Total hours delivered	82154
		Domiciliary Care - Direct Payments	ALL		Total hours delivered	145254
		Bed Category	Hospital Ward Name	Type	Currency	
LD	Hospital	Core Treatment - Phase 1	CP Cranfield (PICU)	I/P	Beds	6
LD	Hospital		CM Cranfield (Men)	I/P	Beds	14
LD	Hospital		CM Cranfield (Women)	I/P	Beds	15
	Hospital		Sixmile (Assessment)	I/P	Beds	3
	Hospital		Sixmile (Treatment)	I/P	Beds	16
	Hospital	Core Treatment - Long Term	Erne	I/P	Beds	10
	Hospital		Greenan	I/P	Beds	15
	Hospital		Moylena	I/P	Beds	19
LD	Hospital		Ennis	I/P	Beds	15
LD	Hospital		Rathmullan	I/P	Beds	12
	Hospital	Delayed Discharge Unit	Finglass	I/P	Bed	8
LD	Nursing	Nursing - District			Face to Face contacts	892
LD	Nursing	Nursing - Learning Disability			Face to Face contacts	9355

	2012 SRF Grouping	Service Line Descriptor	Sector	Type	Currency	PROPOSED 2016/17 SBA
						1152
LD	Nursing	Nursing - Other Specialist				
LD	Nursing	Nursing Care Home	Private	Non EMI	Purchased Bed Days	65233
LD	Nursing	Nursing Care Home	Voluntary	Non EMI	Purchased Bed Days	
LD	Residential Care Home	Independent Free Nursing Care			Purchased Bed Days	
LD	AHPs	Clinical Psychology			Face to Face contacts	5943
LD	AHPs	AHP - Occupational Therapy			Face to Face contacts	11655
LD	AHPs	AHP - Physiotherapy			Face to Face contacts	12612
LD	AHPs	AHP - Podiatry			Face to Face contacts	756
LD	AHPs	AHP - Speech & Language Therapy			Face to Face contacts	19568
LD	Residential Care Home	Residential Care Home	ALL		Purchased Beddays	51499
LD	Residential Care Home	Respite Residential Care	Voluntary		Beddays	1095
LD	Social Work	Social Workers			Active caseload	2244
LD	Social Work	Community Social Services			Active Caseload	2680
LD		TOTAL				



Belfast Health and Social Care Trust

caring supporting improving together

Belfast Health & Social Care Trust
 Trust Headquarters
 Belfast City Hospital
 Lisburn Road
 Belfast
 BT9 7AB

10th March 2020

Dr Miriam McCarthy
 Director of Commissioning
 Health & Social Care Board
 Champion House
 12-22 Linenhall Street
 Belfast
 BT2 8BS

file
SBA
19/20

Dear Miriam

Service & Budget Agreement File

Re: Service and Budget Agreement 2019/2020

Thank you for forwarding the proposed Service and Budget Agreement documentation for 2019/2020. The Trust has signed the documentation (enclosed) as requested, with the understanding between both parties that volumes noted in the SBA schedules (Section 5a and 5b) represent indicative volumes only, as work is ongoing between the respective HSCB and Trust teams to achieve a consensus on volumes and currencies. It is my expectation that both organisations continue to review activity volumes delivered and appropriate outcome measures in line with available resources and taking into account operational challenges.

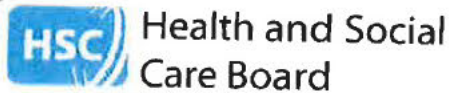
The HSCB should note that the approach is offsetting under and over performance in relation to non-elective activity, outlined in 'Services Commissioned' – Section 3.5, would require further discussion before agreement is reached, and the contracts is signed on that basis.

Yours sincerely

Dr Cathy Jack
 Chief Executive

- belfasttrust.hscni.net
- facebook.com/BelfastTrust
- twitter.com/BelfastTrust
- youtube.com/BelfastTrust





Martin Dillon
Chief Executive
Belfast HSC Trust
Trust Headquarters
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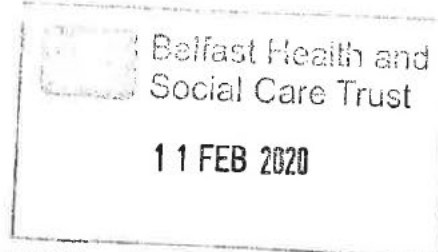
Directorate of Commissioning

HSC Board Headquarters
12-22 Linenhall Street
Belfast
BT2 8BS

Tel : 028 9536 3231
Web Site : www.hscboard.hscni.net

Our Ref: SBA19_20/Belfast

Date: 6 February 2020



Dear Martin

SERVICE AND BUDGET AGREEMENT 2019/20

I enclose three copies of the 2019/20 Service and Budget Agreement. I should be grateful if you would countersign all three copies of the agreement, return two of these to my office by 6th March 2020 and retain one for the Trust's records.

The formal acceptance of the SBA by the Trust is an important component of the governance relationship between the Trust and the HSCB and PHA and we would be grateful to receive the signed SBA within the above timescale.

Yours sincerely

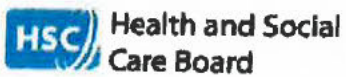
Miriam McCarthy
Director of Commissioning

Enc

Belfast Health and Social Care Trust

Service and Budget Agreement

2019-2020



Contents

SCHEDULE 1: TERMS OF AGREEMENT 3

 1. TERMS AND CONDITIONS 3

 2. TERMS OF THE AGREEMENT 4

 3. SERVICES COMMISSIONED..... 4

 4. MONITORING AND PERFORMANCE 7

 5. SIGNATURES 8

SCHEDULE 2: SERVICES TO BE COMMISSIONED 9

 2.1 Non Elective Acute Hospital Activity 9

 2.2 Elective Acute Hospital Activity 9

 2.3 Specialist Services 10

 2.4 Community Care..... 12

SCHEDULE 3: FUNDING ARRANGEMENTS – 2019/20 13

 Schedule 1: Recurrent Baseline Funding by Source 2019/20..... 15

 Schedule 2: Recurrent Funding by Stream, Source & PoC 2019/20..... 15

 Schedule 3: Recurrent baseline by funding Stream, PoC & grouping 2019/20 16

SCHEDULE 4 - Information Requirements 2019/20..... 20

SCHEDULE 5 – ACTIVITY SCHEDULES 22

 5.a. Local Elective Services Consultant Led and Non Consultant Led, Unscheduled
 Care and Regional Elective Services Consultant Led and Non Consultant Led 22

 5.b. Non Acute Activity Schedules: Programmes of Care 2-9 40

 POC2 MATERNAL AND CHILD HEALTH 41

 POC3 FAMILY AND CHILDCARE..... 43

 POC4 SERVICES FOR OLDER PEOPLE 45

 POC5 MENTAL HEALTH 47

 POC6 LEARNING DISABILITY..... 49

 POC7 PHYSICAL AND SENSORY DISABILITY 51

 POC8 HEALTH PROMOTION 53

 POC9 PRIMARY CARE..... 54

 ALLIED HEALTH PROFESSIONS..... 56

SCHEDULE 6: Public Health Agency Investments..... 58

SCHEDULE 1: TERMS OF AGREEMENT

1. TERMS AND CONDITIONS

- 1.1 The Service and Budget Agreement for 2019/20 sets out the service activity and outcomes to be delivered within the Revenue Resource Limit, to meet the health and social care needs of the population. It provides a signed record of agreement between the parties; the Health and Social Care Board (HSCB) the Public Health Agency ("the Agency"); and the Belfast Health and Social Care Trust ("the Trust") that the specified level of service is appropriate, affordable and deliverable, and will be delivered efficiently and effectively on an equitable and responsive basis.
- 1.2 Signatories to the agreement will pursue these aims in a spirit of co-operation and through partnership working, building in continuous improvement goals, agreed performance measures and related efficiency targets.
- 1.3 The agreement defines the services the Trust undertakes to provide, both directly and by arrangement with third parties, the agreed budget and the context within which the Board and Trust will operate the agreement.
- 1.4 The agreement is in line with Ministerial priorities, targets and objectives and is framed in the context of the Public Service Agreement, the Department's Commissioning Direction, the Health and Social Care Board and Public Health Agency Commissioning Plan and the Trust Delivery Plan (TDP).

2. TERMS OF THE AGREEMENT

- 2.1 The **2019/20** baseline revenue resource limit under this agreement for **Belfast Health & Social Care Trust** comprises a total of **£1,212,536,000**. The analysis of this sum (including analysis by LCG and Board) and the arrangements in respect of financial monitoring are as outlined in **SCHEDULE 3**. The baseline value represents funding for services to be provided to residents of Northern Ireland throughout the year from 1st April 2018 to 31st March 2019. The total funding available under the agreement may be subject to variation during the year to reflect agreed revenue resource limit additions or reductions.
- 2.2 The Trust should adhere to the instructions in Circular HSS (F) 29/2000 "Promoting Financial Stability within HPSS Organisations" (see **SCHEDULE 3** for further details) and should not make recurrent commitments without a source of funding confirmed by the HSCB. Any recurrent variations approved during the financial year will have their full year effect of funding and activity applied in the subsequent year's Service and Budget Agreement.

3. SERVICES COMMISSIONED

- 3.1 Within the total funds available to the Trust under the agreement, all statutory requirements will be addressed as a first priority. Any plans to introduce new services or treatments must be reviewed with the Board in advance. Only services which have the prior agreement of the Board, based on a clear assessment of priorities will be commissioned.
- 3.2 Signatories to the agreement will develop services in line with the processes, priorities, objectives and targets outlined in the Department of Health and Social Services and Public Safety's Commissioning Plan Directions and reflected in the Board and Agency Commissioning Plan and the Trust Delivery Plan (TDP).

- 3.3 **SCHEDULE 5** to the agreement records the most recent estimate of baseline activity associated with the range of services provided by the Trust at 1 April 2019. Significant in-year changes in the level, range and nature of services outlined in SCHEDULE 5 and in any associated figures relating to the distribution of costs between programmes of care should only be by prior agreement between the Board and the Trust. Activity Levels in this SBA will need to be adjusted for investments made by the Trust in addressing demography pressures in 2019-20 and any outstanding from previous years. The Trust will submit Investment Proposals Templates (IPTs) for these investments as soon as is practicable.
- 3.4 The Board will fund baseline activity in keeping with the levels identified in SCHEDULE 5, which includes provision to meet changing patient flows. Actual over and underperformance in relation to this agreement will be addressed in line with a balancing of risk between the provider and the commissioner.
- 3.5 The Board and the Trust agree that the strategic direction in relation to non-elective activity is to see a reduction in hospital admissions facilitated by investments and service reforms directed at preventing inappropriate admissions. It would, therefore, be counter strategic to arrange to pay for increases in hospital based non-elective activity not clearly linked with changes in patient flows. However, where non-elective over performance does occur in a given specialty, this should be set, in the first instance, against any non-elective underperformance in other specialties. Where total non-elective performance across specialties is below the total baseline levels for non-elective activity identified in SCHEDULE 5, such underperformance should generally be offset against elective over-performance in the same or related services where similar resources are being applied.
- 3.6 In relation to elective activity, systems are in place to facilitate activity monitoring in respect of both baseline agreements and the additional activity in 'Delivery Plans' that address Elective Access targets. The Board will expect, as a minimum, that core activity will be delivered, and may take into account Trust core performance in considering any

financial assistance the Trust may require to meet Ministerial access targets.

- 3.7 Services commissioned under this agreement will be provided throughout the year in line with management initiatives aimed at responding optimally to seasonal changes in the pattern of need.
- 3.8 Notwithstanding 3.4 and 3.5 above, the Trust may be required to adjust the pattern of service provision recorded in SCHEDULE 5 during the year to address priority pressures associated with major epidemics or disasters, significant industrial action, or significant changes in statutory requirements or revenue allocation to the Board.
- 3.9 Subject to the approval of the DoH, the record of services and volumes outlined in SCHEDULE 5 will be amended in line with any relevant service developments outlined in the Commissioning Plan. All service developments proposed by the commissioner or provider, or other proposed changes in the volume, quality or configuration of services must be subject to an Investment Proposal Template (IPT) which meets the test drilling standards as set out by the DoH and/or Department of Finance. IPTs must include any changes proposed in the volume of services and be notified to the Commissioner to enable adjustment of the SBA.
- 3.10 Where the Trust sub-contracts for services it will ensure that the arrangements meet the requirements of this agreement and relevant standards set by the Regulation and Quality Improvement Agency. The Trust also agrees to ensure that all services provided under sub-contract are in line with relevant departmentally approved governance and quality assurance guidance on commissioning from the independent sector. Where required, the Trust will supply a copy of sub-contracts to the Board.
- 3.11 Circular HSS(F) 07/2007 and Guidance (Gateway Reference 7057) outline the arrangements for the funding of treatment provided by N.I. Trusts to G.B. residents. The Trust should ensure it is familiar with the specific invoicing arrangements for both Non-Contract Activity and Specialised Services in order to recover treatment costs directly from the patient's

responsible Clinical Commissioning Group (CCG) or other NHS commissioner of service.

4. MONITORING AND PERFORMANCE

- 4.1 It is anticipated that monitoring and performance review processes under this Agreement will be supported by information reporting described in SCHEDULE 4. Monitoring processes will involve on-going dialogue and communication between Board, Trust and Agency officers and regular formal monitoring reviews based on structured agendas supported by appropriate records and action notes.
- 4.2 In addition to information requirements outlined in SCHEDULE 4, the Board and Agency reserve the right to undertake supplementary monitoring should this be required. In practice, this means that signatories to the agreement hereby agree that the arrangements in SCHEDULE 4 may be supplemented where significant concern arises regarding the level or quality of service being delivered under the Agreement or where the Department or an appropriate regulatory body requires or requests such intervention.

5. SIGNATURES

 Wendy Watts.

Date: 16/2/2022

On behalf of the **Health and Social Care Board and Public Health Agency**

Date: _____

On behalf of the **Belfast Health and Social Care Trust**

SCHEDULE 2: SERVICES TO BE COMMISSIONED

The activity detailed in this agreement represents the volumes for major services being commissioned from the Trust by the HSCB in 2019/20 which are appropriate, affordable and deliverable. This activity is not comprehensive or exclusive but covers the main service areas. It does not cover activity uplifts associated with demographic funding investments made in 2016/17; 2017/18; 2018/19 and 2019/20 where IPTs have not yet been submitted to the HSCB by the Trust.

The volumes of activity include services agreed with ICPs which will be delivered by the Trust on their behalf and for which the Trust has been funded by agreement with the ICPs.

2.1 Non Elective Acute Hospital Activity

The Trust will provide non-elective acute and community services on the basis of assessed need and appropriate provision. Volumes of demand-led activity within the SBA are based on projected out-turn for 2019/20.

The Trust should plan to accommodate or avoid the anticipated increase in ED attendances through the deployment of demography funding, ICP initiatives aimed at reducing ED attendances and winter resilience funding.

The Trust and commissioners will pro-actively seek opportunities, in line with the Commissioning Plan Direction and Health and Wellbeing 2026: Delivering Together, to 'shift' activity and resources from hospital to community settings as close to the patient's/client's home as possible

2.2 Elective Acute Hospital Activity

The Commissioning Plan Direction requires the Trust to deliver core levels of activity based on its capacity as far as possible. The Trust will configure its resources to ensure the previously agreed planned activity is delivered. For specialties where this is not possible, the Trust will continue to implement a trajectory plan which gives assurance of progress towards agreed levels. The Trust will also undertake action, where feasible, to secure the agreed levels if it is anticipated delivery will fall short.

If unscheduled or demand-led services exceed predicted activity in the SBA, the Trust will ensure the potential for disruption to elective services

is minimised and patients' and clients' needs are addressed appropriately. The Trust will take proportionate action to sustain planned elective activity as far as possible, and minimise cancellations, in consultation with the HSCB and PHA.

Adjustments to volumes may be agreed to reflect changes in working practice, reform, investment and updated contract currencies. The LCG and Trust have also jointly reviewed the current baseline volumes to ensure no discrepancies remain. The elective SBA reflects the levels originally agreed during the Kilpatrick rebasing exercise, uplifted for subsequent investments.

The LCG and Trust will review and update the SBA volumes for non-consultant led services in due course. The volumes mainly concern nurse-led services and will be updated to reflect current practice.

2.3 Specialist Services

Specialist Acute Adult and Paediatric Infrastructure, Modernisation and Reform

Significant investment is in the process of being consolidated in specialist acute care infrastructure (some of which is at sub specialty level). The specialist nature of these services can create a longer lead in time due to recruitment/training issues. The HSC Board will continue to work with Trust colleagues to finalise SBA volumes reflective of both investment and associated modernisation and reform initiatives.

Neurosurgery

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient infectious disease service. HSCB will also continue to work with the Trust to review and finalise the currencies and levels of activity associated with neurosurgery.

Specialist Drugs

The scale of investment in growth of existing and new specialist drug regimens is the largest area of expenditure from specialist services funds. There are a number of excellent monitoring arrangements in place to record actual activity independent from the SBA. Work needs to progress to allow us to better understand the interface between uptake activity (as captured by monitoring) and the relationship with routine currencies such as outpatients, outpatients with procedures etc. This is a complex dynamic and different for each regimen but essential to

informing future service planning, demand and growth. The HSC Board will continue to work with the Trust on this.

Intensive and High Dependency Care

Intensive and high dependency care within the Belfast Trust will undergo substantial transformation driven by new investments in Phase 2b, the needs of the adult critical care transport service, other capital works and achieving nationally recognised quality standards. These issues will, when consolidated, need to be reflected at SBA level.

Cardiology

The HSC Board will continue to work with the Trust over the coming months to agree the revised profile of the procedural activity and consumables associated with the investment that has been allocated recurrently in this procedure level SBA.

TAVI and Cardiac Surgery

The HSC Board will continue to work with the Trust to understand the factors influencing the demand for TAVI and optimise the resources associated with cardiac services. The HSC Board will continue to work with the Trust to review and finalise the currencies and levels of activity

Renal and Transplant Services

The HSC Board will continue to work with the Trust to review and finalise the currencies and levels of activity associated with renal services. This will take into account the recurrent investment that has been made in the service for all renal services including the donor programme and the reduction in hospital haemodialysis patient numbers. The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient renal transplant service.

Regional Plastic Surgery and Burns Service

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient plastics and burns service. This includes the cleft lip and palate service, alveolar bone grating service/orthodontics and paediatric dentistry service. The HSC Board will continue to work with the Trust to review and finalise the currencies and levels of activity associated with plastic surgery and burns.

Adult Infectious Disease

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient infectious disease service.

Metabolic Services

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient metabolic service. HSCB will also continue to work with the Trust to review and finalise the currencies, recording mechanisms and levels of activity associated with metabolic services in paediatrics and adults including for red blood spot screening.

Paediatric Children's Cancer Services

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient children's cancer service. HSCB will also continue to work with the Trust to review and finalise the currencies and levels of activity associated with plastic surgery and burns.

Fetal Medicine/Fetal Cardiology/Paediatric Cardiology

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient fetal medicine, fetal cardiology and paediatric cardiology services. HSCB will also continue to work with the Trust to review and finalise the currencies and levels of activity associated with plastic surgery and burns.

Hepatology

The HSC Board will continue to work with the Trust to secure a safe, resilient, effective and efficient hepatology service. HSCB will also continue to work with the Trust to review and finalise the currencies and levels of activity associated with plastic surgery and burns.

Outreach

To ensure safe, resilient, effective and efficient services the HSC Board has put in a number of outreach services with GB/ROI.

2.4 Community Care

The Trust should minimise the need for Domiciliary Care packages or placements in Nursing or Residential Homes as far as possible through discharge to assess, the effective use of intermediate care such as rehabilitation and re-ablement and an asset-based approach to family and community support. Where domiciliary care is assessed as required, it should be provided in a timely way to avoid hospital discharge or undue waiting in the community.

SCHEDULE 3: FUNDING ARRANGEMENTS – 2019/20

Revenue Resource Limit (RRL) 2019/20

The Service and Budget Agreement provides the opening Revenue Resource Limit (RRL) for the Trust.

The financial schedules show the recurrent baseline resources available from the HSCB/PHA for the Trust. These have incorporated 2018/19 pressures and savings amended where advised by Trusts.

Analysis of Opening RRL

The attached spreadsheet reflects a range of Service and Budget Agreement allocations (RRL) appropriate to your Trust.

Schedule 1 provides a high level analysis by HSCB/PHA.

Schedule 2 provides a programme of care analysis by HSCB/PHA.

Schedule 3 provides a SBA grouping within PoC by HSCB/PHA.

Financial Context

The Commissioning Plan 2019/20 currently sets out a challenging financial plan with additional funding for inescapable pressures only. The plan provides for Non Pay, national living wage and demography pressures and the pressures arising from 2018/19 investments. Given the scale of investments required to be commissioned to address these it is crucial that the SBAs accurately reflect these investments along with the impact of the recurrent efficiency savings at service and Programme of Care level.

These figures exclude any funding from the Confidence and Supply source.

Financial Monitoring Arrangements

The Trust is required to forward electronically to the Board, monthly financial monitoring returns in line with the format and timescales specified by the HSCB. Reporting formats/requirements in respect of both cash releasing and productivity plans will be advised.

Test Drilling

To satisfy the requirements of the DoH/DFP test drilling process and ensure that Green Book Guidance on investment appraisal is followed, the Board will require that all bids from the Trust for additional funding are submitted on the appropriate Investment Appraisal documentation.

Note for Users

These finance schedules have been collated by the Finance staff in the HSCB informed by submissions from Trusts. The financial tables are collected separately from the activity data and therefore any matching of activity and costs should be treated as indicative only.

Schedule 1: Recurrent Baseline Funding by Source 2019/20

Funding Source	Stream		
	HSCB £'000	PHA £'000	Total £'000
Recurrent Baseline	1,204,904	7,633	1,212,536
SubTotal	1,204,904	7,633	1,212,536

Schedule 2: Recurrent Funding by Stream, Source & PoC 2019/20

Stream	POC	£'000
HSCB	PoC 1	662,622
	PoC 2	36,929
	PoC 3	48,147
	PoC 4	164,953
	PoC 5	71,923
	PoC 6	88,527
	PoC 7	27,387
	PoC 8	12,298
	PoC 9	92,119
HSCB Total		1,204,904
PHA	PoC 1	1,527
	PoC 5	10
	PoC 8	5,389
	PoC 9	707
PHA Total		7,633
Grand Total		1,212,536

Schedule 3: Recurrent baseline by funding Stream, PoC & SBA grouping 2019/20

Stream	POC	SBA Grouping	£'000	
HSCB	POC 1 - Acute Services	Accident and Emergency	41,706	
		Cardiology	53,438	
		General Medicine	45,077	
		General Surgery	53,697	
		Intensive/High Dependency	53,444	
		Medical & Clinical Oncology	51,314	
		Other Acute	291,071	
		Trauma and Orthopaedics	72,875	
	POC 1 - Acute Services Total			662,622
	POC 2 - Maternity & Child Health	AHPS	3,675	
		Grants, Goods & Services	225	
		Non Acute Hospital	26,419	
		Nursing	3,430	
		Other Comm / PSS	3,179	
	POC 2 - Maternity & Child Health Total			36,929
POC 3 - Family & Child Care	AHPS	670		
	Grants, Goods & Services	16,014		
	Nursing	1,097		
	Other Comm / PSS	6,992		
	Residential Home Care	6,042		
	Social Work	17,331		

POC 3 - Family & Child Care Total		48,147
POC 4 - Older People	AHPS	6,594
	Domiciliary Care	28,374
	Grants, Goods & Services	1,829
	Non Acute Hospital	37,295
	Nursing	11,152
	Nursing Home Care	37,040
	Other Comm / PSS	20,636
	Residential Home Care	15,867
	Social Work	6,166
POC 4 - Older People Total		164,953
POC 5 - Mental Health	AHPS	1,839
	Domiciliary Care	1,177
	Grants, Goods & Services	3,185
	Non Acute Hospital	39,725
	Nursing	6,381
	Nursing Home Care	5,196
	Other Comm / PSS	8,877
	Residential Home Care	2,164
Social Work	3,379	
POC 5 - Mental Health Total		71,923
POC 6 - Learning Disability	AHPS	4,175
	Domiciliary Care	3,203
	Grants, Goods & Services	3,283
	Non Acute Hospital	22,641
	Nursing	1,517
	Nursing Home Care	8,722
	Other Comm / PSS	28,710

	Residential Home Care	12,373
	Social Work	3,903
POC 6 - Learning Disability Total		88,527
POC 7 - Physical & Sensory Disability	AHPS	3,176
	Domiciliary Care	7,051
	Grants, Goods & Services	702
	Nursing	4,829
	Nursing Home Care	129
	Other Comm / PSS	3,641
	Residential Home Care	4,976
	Social Work	443
POC 7 - Physical & Sensory Disability Total		2,441
POC 8 - Health Promotion	AHPS	21
	Grants, Goods & Services	2,665
	Nursing	7,059
	Other Comm / PSS	70
	Screening Services	2,482
POC 8 - Health Promotion Total		12,298
POC 9 - Primary Health & Adult Community	AHPS	10,681
	GP Direct Access Services	70,072
	Grants, Goods & Services	1,930
	Nursing	3,495
	Other Comm / PSS	5,940
POC 9 - Primary Health & Adult Community Total		
HSCB Total		1,204,904

PHA	POC 1 - Acute Services	Accident and Emergency	2
		Cardiology	64
		General Medicine	88
		General Surgery	899
		Intensive/High Dependency	80
		Medical & Clinical Oncology	25
		Other Acute	251
		Trauma and Orthopaedics	118
	POC 1 - Acute Services Total		1,527
	POC 5 - Mental Health	Nursing	10
POC 5 - Mental Health Total		10	
POC 8 - Health Promotion	Grants, Goods & Services	592	
	Nursing	1,331	
	Screening Services	3,465	
POC 8 - Health Promotion Total		5,389	
POC 9 - Primary Health & Adult Community	AHPS	155	
	GP Direct Access Services	398	
	Nursing	154	
POC 9 - Primary Health & Adult Community Total		707	
PHA Total		7,633	
Grand Total		1,212,536	

SCHEDULE 4 - Information Requirements 2019/20

1. For the 19/20 year acute demand and activity data pertaining to this agreement will be accessed by the HSCB on a regular basis in line with established arrangements which will be updated and communicated to Trusts accordingly.

2. To facilitate this access to data, the Trust should ensure that timely and accurate clinically and administratively coded acute activity is available to the Board, in line with the following standards and requirements
 - All elective Inpatient, Day Case and Outpatient activity must be recorded on PAS within 3 days of admission/attendance.
 - All non-elective inpatient activity must be recorded on PAS within 1 day of admission.
 - All acute Inpatient and Day Case activity must be OPCS and ICD-10 clinically coded in line with the timeliness and depth standards required.
 - All PAS activity must be administratively coded in line with the series of Technical Guidance issued by the HSCB – in particular those associated with recording IS activity, additional in-house activity Review Waiting lists and OP referrals.

3. The Trust should continue to provide activity and financial information relating to acute services procured from the Independent Sector in line with established arrangements.

4. For non-acute services, work continues to review and standardise the indicators, definitions and currencies used in the activity and cost schedules. In the interim, Trusts should ensure that non-acute activity returns will made in line with arrangements which will be updated and communicated to Trusts accordingly.

5. Information required to monitor the targets, standards and indicators outlined in the Board's Commissioning Plan and the Department's Commissioning Plan Direction document must be returned to the HSCB in line with the schedule and requirements notified by the Performance Management and Service Improvement directorate of the Board.

6. Data quality, in particular Clinical Coding, will continue to be monitored and audited under this SBA in line with regular performance management arrangements.
7. In addition to the information outlined above, the Trust should anticipate that further returns may be required in-year once these items have been specified.
8. Board staff will continue to have access to Trust data from various provider information systems via the Regional Data Warehouse (managed by BSO staff). This data will be used for the purposes of analysing needs and trends, demand and supply issues and providing other appropriate information to support the commissioning functions of the HSCB. The Trust will be expected to participate fully in processes established by the Board to automate electronic flows of other data required during the year.

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In accessing this data, for viewing or transferring purposes, the HSCB will conform to individual Honest Broker and Data Access Agreements between Trusts, the HSCB and the BSO, the Data Protection Act, 1998 and the guidelines on "The Protection and Use of Patient and Client Information".

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SCHEDULE 5 – ACTIVITY SCHEDULES

5.a. Local Elective Services Consultant Led and Non Consultant Led, Unscheduled Care and Regional Elective Services Consultant Led and Non Consultant Led

POC6 LEARNING DISABILITY

POC	2012 SRF Grouping	Service Line Descriptor	Sector	Type	Currency	
LD	Other Comm / PSS	Day care services	Private		Attendances	159608
LD	Other Comm / PSS	Day care services	Statutory		Attendances	
LD	Other Comm / PSS	Day care services	Voluntary		Attendances	
LD	Other Comm / PSS	Community Dental			Face to Face Contacts	
						2233
LD	Domiciliary Care	Domiciliary Care - ALL	ALL		Total hours delivered	72599
		Domiciliary Care - Direct Payments	ALL		Total hours delivered	5200
		Bed Category	Hospital Ward Name	Type	Currency	
LD	Hospital	Core Treatment - Phase 1	CP Cranfield (PICU)	I/P	Beds	6 PICU, 77Acute, 8 Childrens(Iveagh) 13 Long Stay Current Bed Status as per PMSI
LD	Hospital		CM Cranfield (Men)	I/P	Beds	
LD	Hospital		CM Cranfield (Women)	I/P	Beds	
	Hospital		Sixmile (Assessment)	I/P	Beds	
	Hospital		Sixmile (Treatment)	I/P	Beds	
	Hospital	Core Treatment - Long Term	Erne	I/P	Beds	
	Hospital		Greenan	I/P	Beds	
	Hospital		Moylena	I/P	Beds	
LD	Hospital		Ennis	I/P	Beds	
LD	Hospital		Rathmullan	I/P	Beds	
	Hospital	Delayed Discharge Unit	Finglass	I/P	Bed	
LD	Nursing	Nursing - District			Face to Face contacts	

LD	Nursing	Nursing - Learning Disability			Face to Face contacts	9355
LD	Nursing	Nursing - Other Specialist			Face to Face contacts	1152
LD	Nursing	Nursing Care Home	Private	Non EMI	Purchased Bed Days	65233
LD	Nursing	Nursing Care Home	Voluntary	Non EMI	Purchased Bed Days	
LD	Residential Care Home	Independent Free Nursing Care			Purchased Bed Days	
LD	Residential Care Home	Residential Care Home	ALL		Purchased Bed Days	51499
LD	Residential Care Home	Respite Residential Care	Voluntary		Beddays	1095
LD	Social Work	Social Workers			Active caseload	2244
LD	Social Work	Community Social Services				2680