PE1105/GGG

NHS Greater Glasgow and Clyde Letter of 22 March 2013

Petition PE1105

The six Hospices in NHS Greater Glasgow and Clyde provide services in line with our Service Level Agreement (attached). This includes a mix of inpatient, day care and community services. The mix of services reflects the historic services provided by the hospices and those developed over the years since NHS funding began. The variation is complex but specific examples include St Margaret's does not provide a specialist lymphoedema service, it does not provide Consultant or specialist nurse sessions to any NHS hospital and it has a limited community nursing service.

Comparing the services provided by St Margaret's with those provided by the Marie Curie Hospice, which has a similar number of inpatient beds, the biggest difference, and the one which accounts for the funding differential, is the community nursing service. Marie Curie and Prince and Princess of Wales each have double the number
of community nurse specialists employed by St Margaret's and Prince and Princess of Wales also provide a weekend service. These services are provided by the NHS in the parts of the Board area served by St Margaret's.

The Hospice Quality Improvement Forum, which met for the first time recently, discussed the difficulty of benchmarking Hospice Care but agreed that it would work to produce such benchmarks to inform both national and local discussions regarding access to the range of care provided by Hospices across Scotland. NHS Greater Glasgow and Clyde will engage fully in that debate and all six Hospices, who were also present, agreed that they will share financial information and work jointly on this complex issue.

Funding is agreed between the NHS Board and the Hospices in accordance with NHS HDL (2003)18 and NHS CEL12(2012). The Hospices submit their financial information in an agreed format (attached). The NHS Board and Hospice then meet and agree which areas the NHS Board will fund at 50%. These meetings also allow Hospices to discuss any financial pressures they are experiencing, and any new services they wish to establish. The only service that St Margaret's provides and to which the Board provides no funding are their shops – these are specifically excluded in the government guidance.

The Board is required to meet 50% of the agreed costs of all the Hospices. The Audit Scotland report published in 2008 showed that St Margaret's had a higher level of their costs met than most of the other Hospices in the area.

Review of Palliative Care Services in Scotland – Audit Scotland Report August 2008

Hospice	**Board funding 2012/13 £m**	**Agreed Hospice Running Costs 2012/13 £m**	**% of agreed funding met by Boards**
Accord	0.99	1.998	50
Ardgowan	1.001	2.010	50
Marie Curie	2.032	2.052	50
Prince and Princess of Wales	1.389	2.776	50
St Margaret's	1.091	2.113	50
St Vincent's	0.875	1.747	50

Following the publication of this report the NHS Board undertook a detailed piece of work with all the Hospices which resulted in the current five year Service Level Agreements and associated funding shown below.

Hospice	**Board funding 2006/7 £m**	**Hospice Running Costs 2006/7 £m**	**% of agreed funding met by Boards**
Accord	0.91	1.86	49
Ardgowan	0.86	1.84	47
Marie Curie	1.77	3.76	47
Prince and Princess of Wales	1.37	3.00	46
St Margaret's	0.92	1.83	50
St Vincent's	0.81	1.53	53

Each year the Board has increased the funding by the inflationary uplift agreed by the West of Scotland Directors of Finance.

During the current financial year this exercise is being repeated and revised funding letters will be issued to the six Hospices by 31st March 2013.

St Margaret's of Scotland Hospice will receive funding of £1,350,000 for 2013/14, which is an increase of 19% on the funding provided in 2012/13; this includes an inflationary increase of 2.76%. In addition the NHS Board also meets the costs incurred by the Hospice in relation to the supply of utilities (gas) and of any goods ordered from the NHS stores. This benefit-in-kind has an indicative cost to the Health Board of £84,500. When this is included in the calculation then it would represent the Board meeting around 53% of the Hospice running costs.

The final allocations for the other Hospices will be complete prior to the 31st March but are not yet agreed.

The Committee can be assured that the Board ensures that it meets its obligation to meet 50% of agreed running costs of all the Hospices in the area and hence treats them all equitably.

SERVICE LEVEL AGREEMENT

Between

NHS Greater Glasgow and Clyde

and

Hospice

to provide

Specialist Palliative Care and

With effect from 1st April 2013 - to 31st March 2018

THIS AGREEMENT is made on 1 April 2013

BETWEEN:

(i) NHS Greater Glasgow and Clyde Health Board ("the NHS Board")

(ii) Hospice ("the Partner/Provider" or "the Hospice")

A Purpose of the Agreement

A1 The NHS Board is responsible for providing Health Services for its local population.

A2 The Partner/Provider is a registered Charity providing:

i) Specialist Palliative Care

together with associated Services at and from its Hospice, ("the location").

A3 The NHS Board is authorised by S23 National Health Service Act 1977 to provide funding for Services covered by this agreement from the Partner/Provider.

A4 The NHS Board and the Partner/Provider have agreed that the Partner/Provider will provide Specialist Palliative Care Services on the terms set out in this Agreement and that the NHS Board will pay an equitable Sum towards those Services, as set out in Schedules 1A, 1B and 3 attached.

B Term of the Agreement

B1 The Agreement will be deemed to have commenced with effect from 1 April 2013 and, subject to clause 11 below, will expire on 31 March 2018.

NOW IT IS HEREBY AGREED:

1.0 The Services

1.1 The Partner/Provider will provide the Specialist Palliative Care Services as defined in Schedule 1A either at or from the location subject to the terms and conditions set out below.

1.2 The Partner/Provider will provide the Services following patient pathways, when agreed, between the parties hereto acting reasonably

2.0 Indemnity

2.1 The Partner Provider shall indemnify the NHS Board against all and any loss, damage, expenses or cost of any nature whatsoever which may directly suffer or incur as a result of any act, omission or breach by the

Partner Provider of the terms of this Agreement. The NHS Board shall permit the Partner Provider to take over the defence of any claim against the NHS Board for which the NHS Board wishes to claim under this indemnity and the NHS Board agrees to provide reasonable support to the Partner Provider to defend such claims.

2.2 The Partner/Provider will effect the following insurance with a reputable insurer or underwriter:-

- Public liability insurance and professional indemnity insurance in no less than the amount of five million pounds (£5,000,000) for each claim;

- Employers' liability insurance in compliance with applicable legislation.

2.3 The medical staff employed/contracted as part of this agreement by the Partner/ Provider will maintain in force in respect of the Agreement Period at their own cost Full Medical Defence cover in respect of their treatment of NHS patients in terms of this Agreement (including without limitation indemnity cover in respect of each patient treated by them) which is adequate to cover all possible liabilities of these clinicians in respect of their actions and omissions to act in the course of providing Specialist Palliative Care Services pursuant to this Agreement. The Partner/Provider warrants to the NHS Board that copies of the Full Medical Defence cover insurance documentation provided by the clinicians prior to the date of execution hereof is an exact and complete copy of the original document.

3.0 Payment

3.1 The NHS Board will pay to the Partner/Provider the sums detailed in Schedule 3 ("the Sums") in relation to funding provision for Specialist Palliative Care.

3.2 The NHS Board will pay the Sums quarterly in advance.

3.3 Other than the Services provided for within this section, and as detailed within Schedule 3 no additional payment will be made by the NHS Board. If additional Services are provided these Services will have been agreed through the mutually agreed strategic planning process - these specific Services should only be provided following a written request by the NHS Board illustrating their required changes. The NHS Board, through agreement in writing will seek reimbursement from the Partner/Provider for failure to provide Services detailed within Schedule 3.

4.0 Assignment

4.1 Neither party will assign the whole or any part of this Agreement without the previous consent in writing of the other, such consent not to be unreasonably withheld.

5.0 Confidentiality

5.1 Both the Partner/Provider and the NHS Board accept their responsibilities in respecting the confidentiality of patient information and undertake to safeguard all such data, ensuring (subject to the views of the individual concerned) that no information concerning any individual is disclosed to a third party, except to such parties as may lawfully require the disclosure of such information.

In this respect, both the Partner/Provider and the NHS Board will comply with the relevant requirements of the Data Protection Act 1998, the Caldicott principles, the NHS Code of Practice on Protecting Patient Confidentiality and common law.

6.0 Quality and Audit

6.1 In providing the Services the Partner/Provider will comply with all relevant statutory requirements and will follow, where appropriate, relevant NHS Guidance unless opt-out on specific legislation is agreed with the NHS Board in advance of enactment.

6.2 The Partner/Provider is committed to providing Specialist Palliative Care of the highest quality in accordance with its Mission Statement and the NHS Scotland Quality strategy. The Partner/Provider operates a system of Clinical Governance that is available for inspection by the NHS Board in accordance with NHS HDL (2005) 41.

6.3 The Partner/Provider will provide a standard of care of at least equal to the requirements of nationally accepted and recognised standards of good practice. This will include adherence to the relevant recommendations laid down by professionally recognised bodies e.g. Healthcare Improvement Scotland.

6.4 The Partner/Provider will ensure the maintenance of the information, documentation and records needed to effectively monitor this Agreement. The Partner/Provider will provide the Monitoring Information according to Schedule 2 for discussion with the NHS Board.

6.5 The Partner/Provider will make information available to the NHS Board within a reasonable agreed period of any demand for such information as the NHS Board will reasonably require. Such information will be sought to allow the Board to satisfy itself that the Services are being provided in accordance with this Agreement.

6.6 The NHS Board will make information in relation to this Agreement available within a reasonable period of any demand for such information from the Partner/Provider

7.0 Complaints Procedure

7.1 The Partner/Provider operates a clear procedure for dealing with complaints from and made on behalf of patients. The record of complaints will be made available to the NHS Board on request.

8.0 Force Majeure

8.1 Neither the Partner/Provider nor the NHS Board will be liable for any delay or failure to perform its obligations of this Agreement if this delay or failure results from circumstances beyond its reasonable control including but not limited to Acts of God, Government Act or direction, explosion, fire, flood, civil commotion or industrial dispute.

9.0 Emergency Evacuation

9.1 In extreme emergencies, the NHS Board would co-operate in assisting with the relocation of patients to suitable, alternative accommodation.

10.0 Conciliation and Arbitration

10.1 In the event of any disagreement or dispute between the parties they will use their best endeavours to reach a resolution without resort to conciliation or arbitration. If conciliation or arbitration becomes required an independent third party will be sought as deemed acceptable to the NHS Board and Partner/Provider

11.0 Variation

11.1 This Agreement can only be varied in line with mutually agreed strategic planning processes and with the express written consent of both parties.

12.0 Termination

12.1 This Agreement will be for a fixed period of five years from the commencement date and shall continue thereafter unless notice is given by either party giving to the other not less than 24 months' prior written notice.

12.2 This agreement may only be terminated without notice in the event of a material breach of the terms of the Agreement such as failure to maintain registration, to comply with the standards of Service or bankruptcy, liquidation or receivership.

13.0 Notices

13.1 Any notice or other information required or authorised to be given by this Agreement will be in writing and will be sent to the Board addressed to the Director of Rehabilitation at the address given and in the case of the Provider to the address given in this Agreement or to such other address as either party may notify in writing to the other for this purpose. Notice may be given by hand or sent by recorded delivery, email copy or facsimile transmission and, except in the case of post, will be deemed to have been received on the date of transmission provided that a confirmatory copy is sent by recorded delivery. Notices and information given by post will be deemed to have been delivered on the third business day after they were posted.

14.0 Entire Agreement

14.1 Unless otherwise agreed between the parties this Agreement will contain the entire agreement between the parties in relation to the Services. If

the parties also agree to any other terms and conditions in any other document, where such terms and conditions conflict with this Agreement, this Agreement will take precedence.

15.0 Governing law

15.1 This Agreement will be governed by the laws of Scotland.

16.0 Schedules

16.1 The following Schedules form part of this Agreement:

Schedule 1A	the Specialist Palliative Care Services
Schedule 2	Monitoring
Schedule 3	The Sums

17.0 Contacts

17.1 For the purposes of day to day administration of this Agreement the parties have nominated the following contacts:

The NHS Board Management Contact	
Name	Jan Whyte
Job Title	Planning Manager
Address	
Telephone	
Fax	
Email	jan.whyte@ggc.scot.nhs.uk

The NHS Board Finance Department Contact	
Name	Murdoch Macdonald
Job Title	Head of Finance
Address	
Telephone	
Fax	
Email	murdoch.macdonald@ggc.scot.nhs.uk

The Partner/Provider Management Contact	
Name	
Job Title	
Address	
Telephone	
Fax	
Email	

The Partner/Provider Accounts Department Contact	
Name	
Job Title	
Address	
Telephone	
Fax	
Email	

18.0 Signatures

18.1 This Agreement, including its Schedules, comprises the entire Agreement between the Partner/Provider and the NHS Board to provide the Services and supersedes any previous agreement made between them in relation to the Services.

Signed .....
A Harkness, Director Rehabilitation and Assessment on behalf of NHSGGC

Date .....

Witness By .....

Date .....

Signed .....

Signed .....

Date .....

Witness By .....

Date .....

Signed .....

SCHEDULE 1A

THE SPECIALIST PALLIATIVE CARE SERVICES

PALLIATIVE CARE

The Partner/Provider aims to promote the highest possible quality of life for patients during the Palliative and End of Life phase of their illness and to support them to die in the appropriate place of their choice.

The primary purpose of the Service is to provide Specialist Palliative Care: an approach that improves the quality of life of patients and their families facing the problems associated with life-limiting illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Hospice provision is intended for patients living with active progressive/advanced life limiting illness with complex symptoms. Complex symptoms are defined as those that affect multiple domains of need and are severe and intractable, involving a combination of difficulties in controlling physical and/or psychological symptoms, the presence of family distress and social and/or psychological symptoms. These complex symptoms should also exceed the capacity and competence of generalist providers to meet the needs and expectations of the patient and carers.

The Services will include Specialist In-Patient Palliative Care and advice 24 hours a day, seven days a week. In-Patient units will also have multi-disciplinary input. Outpatient Services, Community Specialist Palliative Care, Day Hospice and Family Services including psychological, social, spiritual and Bereavement support will also be provided. The Partner/Provider will work with the NHS Board, Hospitals and other Health and Social Care Services to support patients. Demonstrable efforts will be made ensuring Services are suitable for and accessible by minority ethnic and refugee/asylum seeker communities.

The Services will be based on NHS QIS Standards for Cancer and Specialist Palliative Care and the Scottish Commission for the Regulation of Care National Standards for Hospice Care. The Partner/Provider will work with NHSGGC in the planning of Palliative Care Services as a member of the Managed Care Network. The Partner/Provider will work in collaboration with the local Palliative Care Managed Care Network and will follow the agreed principles provided they are consistent with the Mission Statement and Core Values of this Hospice.

The full range of nursing supplies and equipment to support the nursing care needs of the patients will be provided by the NHS Board stores service including incontinence garments, etc. Items of specialist equipment will be provided by the NHS Board following agreement between the Partner/Provider and the Board.

The Specialist Palliative Care Services provided include:

1.1 In-Patient/Day Hospice

A Service received by a patient that cannot be managed adequately in other settings, who would benefit from the continuous or day support of a Specialist Palliative Care team, who is admitted and occupies a bed in a Hospice or Specialist Palliative Care unit, not necessarily overnight, and may include any of the following:

a) An In-Patient is admitted with the intention of staying one or more nights in the unit for emergency or planned care

b) A day In-Patient is admitted with a view to discharge the same day, that is, not staying overnight in the unit but who occupies a bed while in the unit

1.2 Out-Patient and Outreach Care

A Service received by patients at an Out-Patient Clinic or in their own home which allows patients to see a doctor or other health care professional as required for consultation, investigation or minor treatment.

1.3 Out of Hours Advice

The Service should provide 24/7 Specialist Palliative Care nursing advice and specialist medical advice to:

- Patients, family and carers known to Service
- Primary care teams/agreed Hospitals and out of hours Services

The Service should provide 24/7 signposting to

- Patients, family and carers not known to the Service

Requests for advice should be triaged by a designated experienced senior clinician on duty, with access to Specialist Medical Palliative Care advice 24/7.

The Service should maintain a documented auditable trail of all requests and advice given where possible

1.4 Day Hospice

A Service received by patients, families and carers who attend for all or part of a day for care purposes such as:

a) Clinical assessment, review and treatment.
b) Specialist Rehabilitation and AHP input including Physiotherapy, Occupational Therapy and related relevant therapies
c) Holistic, creative and therapeutic activities including personal care and Complementary Therapies.
d) Planned and emergency day respite for carers.
e) Psychosocial and Spiritual support

f) Bereavement Support and access to Hospice Bereavement Services
g) Carer support including information, education and signposting
h) Advice, information and health promotion

1.5 Clinical Nurse Specialist Service

A Service provided by specialist nurses by means of visits to patients in their home or other place of care or residence or telephone contacts to the patient or other clinical/social care staff involved in their care. The contacts will be for the following purposes:

SCHEDULE 1A - THE SPECIALIST PALLIATIVE CARE SERVICES

a) Clinical surveillance including assessment, symptom management, control and support.
b) Psychosocial support, advice and education for patients and families.
c) Planning and Co-ordination of care.
d) Consultancy and education for other health professionals.

1.6 Education

Hospices have a key role in sharing expertise and providing education and training opportunities for colleagues across all care settings. This will include:

a) Appropriate provision for the continuous professional development of their own staff in Specialist Palliative Care and related training needs.
b) Contributing to the MCN and the NHS Board Delivery Plan for Living and Dying Well, Shaping Bereavement Care and Caring Together Scotland's Carers Strategy 2010-2015.
c) At least one member of staff with designated sessions for planning and implementing in-house and outreach education programmes for:

    - Education and training for external parties
    - Students

The Hospice Nursing/Clinical team will be able to attend NHS Practice Development courses in line with Board policy ensuring all staff maintain clinical expertise as well as Palliative Expertise. Access will be co-ordinated by the NHS Practice Development Service and in some instances, for example where a third party is providing training, a fee may be payable.

The Hospice's Education Centre provides facilities for training its nurses, medical, AHP, ancillary, administration staff, also nursing/medical students. The Hospice will provide workplace/shadow opportunities for those demonstrating an interest in the expertise as agreed with the Hospice Senior Management team.

Reciprocal education will enhance both patient safety and experience.

1.7 Consultant Medical Services

Any NHS appointments shall be made jointly in accordance with NHS terms and conditions with the job description and job plan agreed jointly prior to recruitment commencing.

All appointments shall be agreed jointly in line with NHS Board policy and the NHS Board will ensure all pre-employment checks are completed.

Where Consultants are employed on NHS contracts then job planning, appraisal and revalidation will be conducted jointly between the NHS Board and the Partner/Provider as agreed in accordance with NHS terms and conditions.

The Partners/Provider shall provide necessary office and administrative support for the services delivered to them.

The NHS Board shall undertake the role of Responsible Officer for revalidation.

The number of sessions provided to the Partner/Provider shall be jointly agreed via annual job planning, in 2013/14 the number of sessions provided by the NHS Board is ?

Complaints and Incidences arising during sessions for the Partner/Provider will be dealt with under their procedures and the NHS Board informed of the outcomes of any investigations. Complaints and incidences arising during sessions for the NHS Board will be dealt with by the NHS Board. Where a complaint is made to Partner /Provider about care provided by the Consultant during sessions for the NHS Board, the parties will work jointly to investigate and decide appropriate action to address the situation (and vice versa). Where escalation to regulators or suspension is required the parties will ensure the other is kept informed.

1.8 Occupational Health Services

Access will be provided to the NHS Occupational Health Services to include provision of vaccinations, Occupational Health Screenings, etc., for an agreed fee on an “as required” basis.

SCHEDULE 2

MONITORING INFORMATION

As well as all relevant legislation the Partner/Provider will adhere to recommendations laid down by relevant recognised bodies e.g. Health Professions Council, General Medical Council, Nursing and Midwifery Council, Healthcare Improvement Scotland and the Care Inspectorate.

Monitoring information required by the undernoted bodies will be shared with the NHS Board:

- Care Inspectorate
- Healthcare Improvement Scotland

The Partner/Provider will provide data monthly, as supplied to the Information Services Division of NHS Scotland.

The Partner/Provider will provide quarterly reporting in line with an agreed scorecard as agreed by both parties.

The Partner/Provider will supply the NHS Board with a copy of its annual Clinical Governance Report.

The Partner/Provider will supply the NHS Board with a copy of its Annual Care Inspectorate and Healthcare Improvement Scotland Submission and Annual Report.

Additional data requirements will be agreed by the NHS Board and Partner/Provider to meet local and national reporting - for example implementation of the Board Delivery plan Living and Dying Well, recommendations of Audit Scotland, annual pressure ulcer survey.

The parties will meet quarterly to discuss the operation of this Agreement, review the monitoring information submitted and to demonstrate that funding has been used for its agreed purposes.

The Partner/Provider will supply the NHS Board with a copy of its annual audited accounts as soon as these are available.

SCHEDULE 3

THE SUMS

Specialist Palliative Care

The NHS Board will pay to the Partner/Provider in each year for the term of the Agreement the Sum as calculated in terms of the immediately following paragraph in relation to its funding provision for healthcare. In respect of the first year commencing April 2013 the sum shall be £.

The Sum to be paid each year reflects the range of Specialist Palliative Care Services provided and reflects the agreed content of such Services and is calculated to cover 50% of the agreed core costs of the Services and is based on the expected workload in each year subject to review and agreement between the parties. The Agreement is in compliance with CEL (12) 2012

The NHS Board will meet 100% of the cost of drugs supplied for Specialist Palliative Care and will provide funding additional to the sum above to meet these costs. The base funding provided to cover for the specialist palliative care component will be reviewed annually and adjusted to reflect the previous year's usage. The sum for 2011/12 is £. The Board will issue invoices to the Hospice to match the allocated funding and will ensure there is no financial detriment to the Hospice due to these arrangements.

The Partner Provider may, by mutual agreement with the NHS Board , gain access to goods and services through the NHS. The value of such supplies and services received by the Partner Provider , if not subsequently invoiced, will be treated as a benefit in kind and the value shown in the agreed running costs to which the Board commits 50% funding.

On occasion the Scottish Government may provide the NHS Board with additional funds to be transferred directly to the Partner/Provider any such funds will be transmitted without delay to the Partner Provider.

The NHS Board and the Partner Provider will meet annually to review quarterly reporting, annual activity levels and costs in February and to agree indicative financial uplifts and activity levels for the following financial year and to identify any development / efficiency issues.

It is anticipated by the parties that the Sum will also be increased each year on the anniversary of the commencement date by the agreed inflationary increases for service level agreements per the West of Scotland Directors of Finance

Any significant redesign of current Services or capital developments that the Partner/Provider wishes the NHS Board to consider funding will be discussed by the Partner/Provider with the RAD representative in order to reach a mutual agreement in principle. If agreed for specialist palliative care services will then be further processed through the Managed Care Network and following this, into the Board's planning process.

HOSPICE:
QUARTER/YEAR:
COMPILED BY:
AUTHORISED BY:

REVENUE ANALYSIS SUMMARY

	Template 1: Summary of Hospice Costs	**Full Year Budget £000**	**Budget WTE**
1.00	**Clinical Pay Costs:**		
1.01	Medical		
1.02	Nursing - Trained		
1.03	Nursing - Untrained		
1.04	AHPs		
1.05	Agency Costs - Medical		
1.06	Agency Costs - Nursing		
1.07	Bank Costs - Nursing Trained		
1.08	Bank Costs - Nursing Untrained		
1.09	Other Non-Clinical Service Pay Costs		
1.10	**Clinical Service Cost**		
1.11	**Non Clinical Pay Costs:**		
1.12	Administration Costs		
1.13	Chaplaincy		
1.14	Domestics		
1.15	Catering		
1.16	Laundry		
1.17	Porters		
1.18	Maintenance		
1.19	Fundraising		
1.20	Education & Training		
1.21	Other Non-Clinical Service Pay Costs		
1.22	**Non Clinical Costs**		
1.23	**Total Gross Pay Expenditure**		
1.24	**Non Pays Costs**		
1.25	**Direct Patient Costs:**		
1.26	Drugs - Pharmaceutical Supplies		
1.27	Subscriptions		
1.28	Patient Activities		
1.29	Miscellaneous		

1.30	**Direct Patient Costs:**	
1.31	**Premises:**	
1.32	Depreciation	
1.33	Heat/Light & Power	
1.34	Rent	
1.35	Water Rates	
1.36	Insurance	
1.37	Grounds	
1.38	Hardware & Furniture	
1.39	**Premises:**	
1.40	**Catering:**	
1.41	Catering Provisions - Patient	
1.42	Catering Provisions - Staff	
1.43	**Catering:**	
1.44	**Domestics:**	
1.45	Cleaning Materials	
1.46	Bedding/Linen	
1.47	**Domestics:**	
1.48	**Administration:**	
1.49	Registration & Inspection Fees	
1.50	Professional & Consultancy Fees	
1.51	Audit Fees	
1.52	Printing & Stationary	
1.53	Information Technology	
1.54	Telephones	
1.55	Advertising	
1.56	Uniforms	
1.57	Transport	
1.58	Travel	
1.59	Education & Training	
1.60	Miscellaneous	
1.61	**Administration:**	
1.62	**Total Non-Pays Costs**	
1.63	**Total Spend**	
1.64	**Less Miscellaneous Income:**	
1.65	Education & Training	
1.66	Staff Catering	
1.67	**Total Miscellaneous Income**	
1.68	**Less Other Funding Received from Health Board:**	

1.69	Drugs - Pharmaceutical Supplies (100% Funded)		
1.70	Water Relief		
1.71	Superannuation		
1.72	Health Board Funded Consultant Cover		
1.73	**Direct Funding From Health Board**		
1.74	**Total Miscel. Income & Other Funding**		
1.75	**Overall Revenue Position:**		