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Northern Health and Social Care Trust

Northern Health and Social Care Trust Board Meeting in Public – Cover Sheet

Subject:	**Trust Board Financial Position Report – February 2025**	**Date of Meeting: 27th March 2025**
Prepared By:	Financial Management	
Approved By:	Owen Harkin, Director of Finance/Deputy Chief Executive	
Presented By:	Owen Harkin, Director of Finance/Deputy Chief Executive	

Purpose		
To provide an update to Trust Board on the Forecast Financial Outturn of the Trust as at Period 11 (February 2025).	**Approval**	
	Assurance	X
	Update	
	Noting	

Strategic Objectives				
Build Northern Partnerships and Integrate Care	***Continue to improve Outcomes & Experience***	***Deliver value by optimising Resources***	***Nurture our People, Enable our Talent & Build Our Teams***	***Improve population Health & address health & social care inequalities***
		X		

Risk – please note if links to any principal, corporate or divisional risk		
28	Principle Risk	Failure to break-even

Committees/groups where this item has been presented before
N/A

Acronyms

BSO: Business Services Organisation
DoH: Department of Health
PHA: Public Health Authority
SPPG: Strategic Planning & Performance Group
FSS: NHSCT Financial Support Services
ARSS: BSO Accounts Receivable Shared Services
FAS: NHSCT Financial Accounting Services
MORE: Medicines Optimisation Regional Efficiency
NIMDTA: Northern Ireland Medical & Dental Training Agency
PPE: Personal Protective Equipment
FYE: Full Year Effect
WTE: Whole Time Equivellent
FSL: Funded Staff Level
DLS: Directorate of Legal Services
OCP: Office of Care & Protection
HRPTS: Human Resources, Payroll & Travel System

Executive Summary

At Mth 11 the Trust continues for forecast Break-even for 2024/25 Financial Year, this is due to deficit funding from DoH of £31m. This includes expected delivery of all savings.

We provide compassionate care with our community, in our community

Trust Board Reference Number: TB163/12/G

Northern Health and Social Care Trust

INVESTORS IN PEOPLE®
We invest in people Silver

TRUST BOARD

FINANCIAL POSITION REPORT – February 2025

Prepared & Issued by Finance Department

Contents

Section 1: Financial Performance Targets 2024/25

Financial Performance Targets	RAG STATUS
1. Agree in-year break-even financial plan agreed with SPPG and DoH	G
The Trust has worked with SPPG to produce an outline draft Financial Plan; this is set out in section 2. A formal Financial Plan submitted to the DoH on the 21st May 2024. This plan set out a DEFICIT of £35.0m, the Trust was asked to achieve a further £4.0m in-year in savings, leaving a deficit of £31m. The DoH has written to all Trust to notify that they will hold remaining deficit in the centre – and so has allocated funding to cover the remaining deficit.	
2. Achieve in-year break-even outturn within allocated Revenue Resource Limit (RRL)	G
At Mth 11 the Trust is forecasting a break-even, this is achieved through non-recurrent funding from DoH/SPPG.	
3. Achieve 2024/25 Savings Target	G
The Trust has prepared a Low/Medium Recovery and Contingency Savings Plan, including MORE Savings, of £19.3m This is set out in section 4. The Trust is forecasting to overachieve on these savings by £2m.	
4. Reductions to Agency Spend **a) Cease all off Framework Social Work Agency 01/04/23 and all Social Work Agency from 01/07/23** **b) Cease all off Framework Nurse Agency Spend by 15th August 2023**	G
The cessation of Off Framework Nursing & Healthcare Agency and all of Social Work Agency has commenced and is being demonstrated in reports. See section 5a.	
5. Prompt Payment Target - 95% of suppliers within 30 days	G
Trust performance measure indicates that for February 2025 93.11% of invoices have been paid per prompt payment target.	

Section 2: Financial Plan 2024/25

A draft Financial Plan was submitted to the Permanent Secretary and SPPG in January 2024. Following further analysis of costs and Indicative Allocation letters from both SPPG and PHA and some work on Low and Medium Recovery & Contingency Savings an updated Financial Plan was submitted to the Permanent Secretary and SPPG on the 21st May 2024. In July 2024 the Permanent Secretary wrote to the Trust requesting a further £4.0m of non-catastrophic/high savings. Following the Trust response the DoH/SPPG confirmed (2nd August 2024) that the remaining deficit would be funded and all deficits would be held centrally.

Table 1: 2024/25 Draft Financial Plan

	£000
2024/25 Net Deficit Reported at January 2024	**70,207**
Less Funding Set out in Indicative Allocation letter	(11,783)
Add Retraction of funding IRO Vasectomies	195
2024/25 Revised Net Opening Deficit at May 2024	**58,619**
Less Low Impact Recovery Measures 2024/2025	(7,409)
Less Non-Recurring Contingency Measures proposed	(6,450)
Less Cost Containment Measures (Enhanced Placements)	(11,766)
2024/25 Net Deficit at May 2024	**32,994**
Add Estimated Growth 2024/25	10,800
Less Indicative Growth Funding 2024/25	(8,763)
Additional Savings Request (July 2024)	(4,000)
DoH / SPPG Funding	(31,031)
2024/25 Net Financial Plan Position – August 2024	**0**

Assumptions

1. That all assumed funding is released to the Trust by SPPG;
2. That current expenditure trends remain as projected;
3. This includes estimates for packages in respect of discharges from Acute (including Mental Health (MH) & Learning Disability (LD)) and Community Hospitals and Transitions from LD Children's to LD Adult services;
4. This assumes full achievement of 2024/25 Savings Plan including the additional £4m.

Section 3: Financial Position at February 2025

The Income and Expenditure position at February 2025 is:

Table 2: 2024/25 Month 11 (February 2025) Income & Expenditure

	Actual Expenditure (Mth 11) £'000	**Forecast Expenditure 2024/25 £'000**
Pay Expenditure	631,124	729,850
Net Non-Pay Expenditure	400,581	440,414
Total Expenditure	1,031,704	1,170,263
Total Income	1,031,704	1,170,263
(Surplus) / Deficit at February 2025	0	0
% (Surplus)/Deficit against RRL	**0%**	**0%**

The projected outturn as at 31st March 2025 is set out in Table 3 below and includes an analysis of the main over/underspends by Division. This includes accruals and forecasting assumptions, these will be reviewed as part of the mid-year review.

Also included in Corporate Cost/Pressures are other central costs such as Waiting List Initiative (WLI), PPE, Surestart as well as Service Developments not yet commenced.

In Year Position

The Year to date expenditure position per the Trust Monitoring Returns is £1.03 billion.

Recurrent Position

The recurrent position is set out in the draft Financial Plan of 2024/25 is to be confirmed following confirmation of allocations on FYE basis.

Division Financial Position at February 2025

Table 3: 2023/23 Projected Outturn by Division

Division/Directorate	Budget £'000	Expenditure £'000	Mth 11 Variance £'000	Projected Outturn February 2025 £'000
Medicine & Emergency Medicine (MEM)	124,382	131,323	6,941	
Surgical & Clinical Services (SCS)	158,506	159,157	651	
Community Care (CC)	203,708	211,933	8,225	
Children & Young People (CYP)	89,935	90,805	870	
Mental Health, Learning Disability & CW (MHLDCWB)	224,952	222,426	(2,526)	
Nursing, Paediatrics, Women & Corporate Services (NPWCS)	97,511	97,428	(83)	
Medical & Governance (M&G)	21,170	19,777	(1,393)	
Strategic Planning, Performance & ICT (SPPICT)	12,327	11,898	(429)	
Infrastructure	20,494	19,473	(1,021)	
Corporate Overheads	16,445	16,392	(53)	
Finance	11,092	11,060	(32)	
Operations Department	2,288	2,192	(96)	
Human Resources, OD & Corp Comms (HROD)	6,736	6,496	(240)	
Chief Executive & Trust Board	547	529	(18)	**£0M B/E**
Corporate/Cost Pressures (including Covid, WLI, Corp Deficit and deficit funding**)**	41,611	30,815	(10,796)	
Totals	**1,031,704**	**1,031,704**	**0**	

This position includes a number of accruals, estimates and forecasts. This includes assumes full achievement of savings and full expenditure incurred on growth.

Corporate Cost Pressures contains the expenditure for the 2024/25 Winter Plan, the total risk assessed Winter Plan has been revised to £2.7m, this was factored into the Trusts 2024/25 Financial Plan. Some expenditure has been incurred to date and this will continue to be monitered against the plan through the reset of the Financial Year.

All Growth funding has been allocated to Divisions.

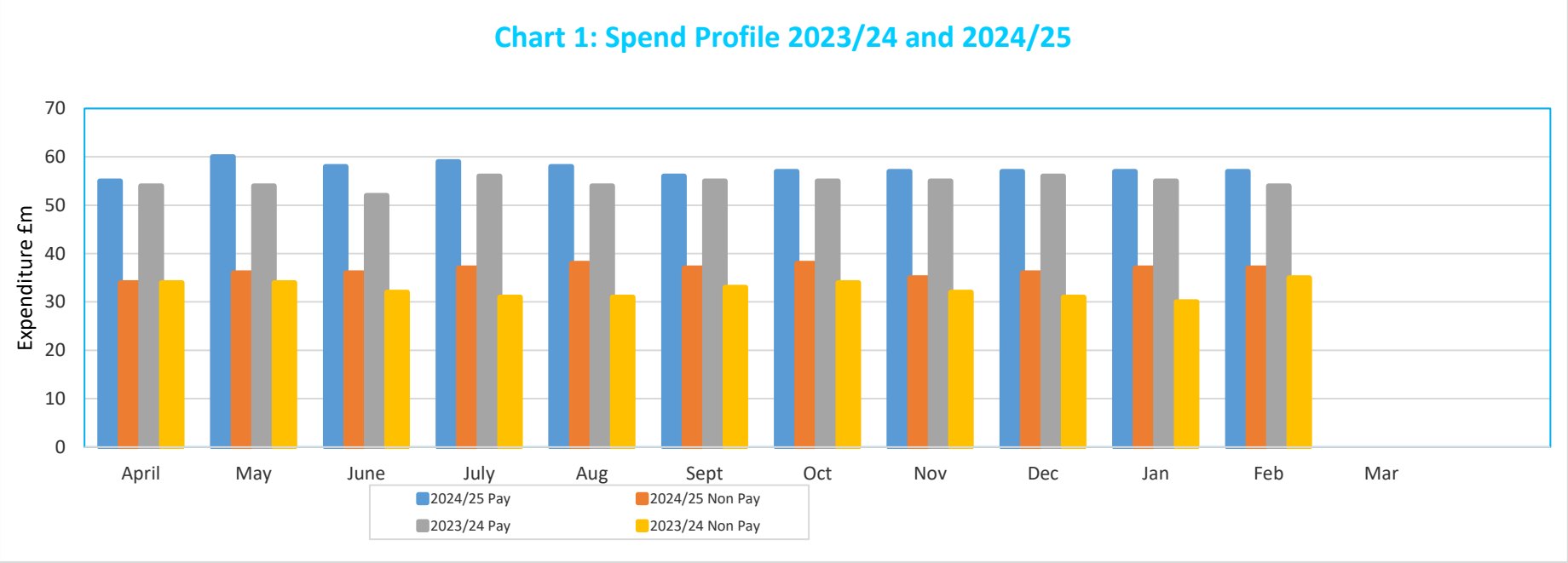
Key Drivers of Variances are:

- Medicine & Emergency Medicine – deficit is £7.6 m projected. This deficit continues to be one of the overall key areas of financial risk to the Trust. The most significant deficits are in Medical and Nursing. Medical, as a result of agency premium on agency doctors, covering vacant posts and gaps in rotas. Nursing, as a result of extended Emergency Department (ED) footprint and Enhanced Care, across a range of wards.
- Surgical & Clinical Services– deficit is forecast to be £0.7m. Key Deficits still remain within Surgery, Anaesthetics and Radiology – this is mostly all with respect to medical and nursing staff. Cost drivers within medical and nursing being: Utilisation of nursing above budgeted hours and agency premium, on vacant posts. The position is net of WLI funding of £2.2 m, for Radiology, which is non-recurring. Position remains in line with previous months.
- Community Care– total deficit is £9.0m projected. The biggest issues in this Division remain 1:1's / Bespokes and Intermediate Care and Contingency beds, there is also an overspend on Independent Sector (IS) Domiciliary Care and Direct Payments. However offset against all of this is an underspend in In House (IH) Domiciliary Care – due to vacancies. As with the Acute Divisions there is an overspend in Nursing Staff – this is both due to utilisation of hours above budget and also premium paid to Nurse Agency staff.
- Children & young People – total deficit is forecast to be £1.0m. There continues to be pressures within Corporate Parenting mainly driven by increased activity resulting in cost pressures on Children's expenditure, but this is being off-set by surpluses in pay driven by vacant posts in other areas in particular Child & Adolescent Mental Health Services (CAMHS). Staffing within Children with Disabilities continues to be problematic. The Division continues to strive towards savings targets for FY24/25 made more challenging by the increase in activity numbers.
- Mental Health, LD & CW - total surplus of £2.8m forecast. While forecasting a surplus there are still some concerning deficit areas including the continued nursing pressures in Acute Inpatients (including in Inver 4), Bespoke 1:1 packages and discharges/resettlements from Holywell (although SPPG Indicative Allocations accrued have eased this pressure). There are also a number of vacant posts in the Community Mental Health, Community LD and Clinical Psychology Services which are also abating the over-spends.
- Nursing, PWCS – total surplus is £0.1m projected. While forecasting a surplus there are still some areas of concern remaining within B2 catering and domestics pay, medics requiring the use of locums in order to deliver care and catering supplies. Underspends in other areas e.g. maternity nursing and other areas where there are vacant posts are offsetting

these areas of overspend. The Division has actively worked on absence management which is helping ease the pressure in areas where historically the overspends have been larger.

- Other Directorates – The other Directorates are forecasting to be underspend by £3.3m, the most significant Directorate being Medicine & Governance and Pharmacy Services in particular. Across all these Divisions surpluses are being driven by vacancies. Indicative Waiting List funding for 2024/25 from SPPG is £12.9m and it is currently forecast that this will be fully utilised. This has all been assumed within the forecast positon reported.

The profile of the expenditure in the Trust on Pay and Non-Pay cumulatively to Month 11 for 2023/24 and 2024/25 is set out below in Chart 1.



Notes: The pay segment is impacted by the number of weeks which fall within the reporting

Section 4: Savings Target 2024/25

The Trust has identified Low and Medium Recovery and Contingency Savings of £15.3m for 2024/25. This includes savings against the MORE Pharmacy Savings programme – SPPG has identified a Savings Target of £1.45m. The overall MORE Savings Plan needs to be completed and signed off by the Regional MORE Project Board, however the Trust assumes that we will fully achieve. The Trust also identified at year-end review £11.8m of costs that were avoided or reduced from Jan 2024 submitted draft plan – these are in addition to the savings included'

The DoH/SPPG have requested a further additional savings target of £4m from the Trust. The Trust has responded that we will look to develop these savings over the next number of months but these will not come from High or Catastrophic scenarios.

The savings plan and the savings achieved to date are set out in table 4 below. These savings are monitored (including agreement on baseline) and will be reported to the Trusts Delivering Value group. All savings are forecast to be achieved. Those schemes that are green have started and are expected to fully achieve. Those that are Amber have not commenced per the plan or are not expected to fully deliver. Those that are Red are not expected to deliver.

The current forecast is for an overachievement against savings target of £2m. This overachievement has been retracted non-recurrently by SPPG as a contribution towards funding the 2024/25 Pay Award.

Table 4: Savings Plans 2024/25

Scheme	Savings Per Plan £'000	Achieved at February 25 – Forecast to Year-end £'000	Forecast Savings Yet to Start £'000	Total Forecast Variance v Plan £'000	RAG Rating
Clinical Fellow	26	0	0	26	
Minor Injuries Unit, Mid Ulster Reduced Hours	105	0	0	105	
Medical Workforce Reform	1,800	2,513	0	(713)	
Enhanced Care	500	500	0	0	
Sustainability	315	315	0	0	
Medical Imaging	86	0	0	86	
Taxis	50	50	0	0	
Nurse Stabilisation	2,726	3,800	0	(1,074)	
Corporate Services Efficiencies	527	320	0	207	
Cease use of Foster Care Agencies	400	107	0	293	
Absence Measures	274	304	0	(30)	
Children's Order Article Spend	225	0	0	225	

Revised Contracts	375	376	0	(1)	
Holding Minor Works	300	300	0	0	
Service Development Slippage	2,000	2,000	0	0	
Technical Adjustments & holding non-urgent spend	4,000	5,102	0	(1,102)	
Vacancy Control – Corporate Service	150	150	0	0	
MORE Savings	1,466	1,466	0	0	
Additional Savings – July 24	4,000	4,000	0	0	
Grand Total	**19,325**	**21,303**	**0**	**(1,978)**	

Green: Savings have commenced. Amber: Savings are yet to start or are not expected to fully deliver. Red: Savings are not expected to deliver.

Section 5: Flexible Staffing Costs as at 28th February 2025

The Trust continues to have a high level of spend on Flexible Staffing. A significant proportion of the Trust's expenditure is on Agencies and on off Framework Agencies. There is now regional focus on reducing Agency spend and in particular reducing off Framework spend, this has commenced in Social Worker and Nursing Agency staff.

This section of the report is therefore split into a) Monitoring the targets set for Agency across Social Work and Nursing Agency and b) presenting the position on overall flexible staffing and c) Total Trust WTE including estimated flexible staffing WTE against FSL.

a) Regional Initiatives for Agency Staffing

As part of the Regional work on Agency Staffing there has been 2 initiatives for removing off Framework and over all Agency expenditure. A range of employer's statements to staff and DoH press releases have supported these initiatives. These 2 initiatives are:

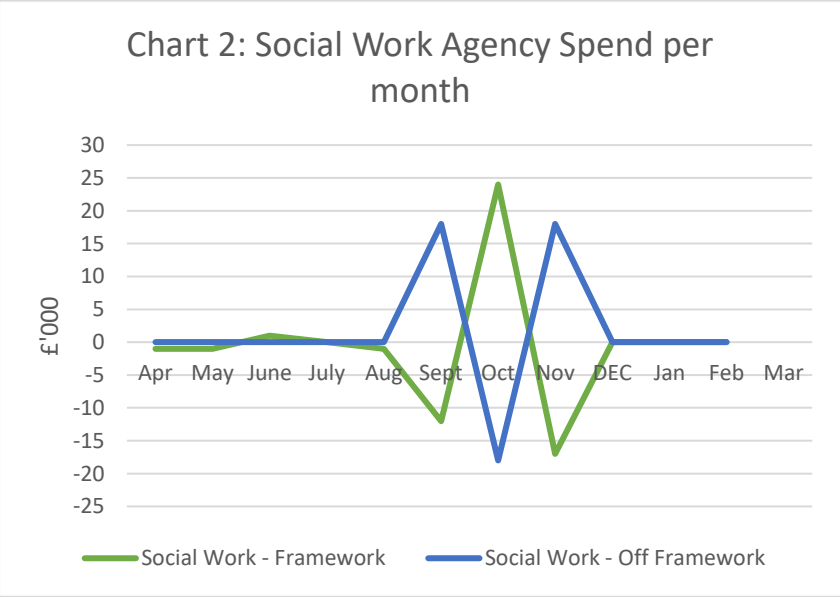
- Social Worker: From the 1st of April 2023 all off framework social worker agency utilisation ceased across Health & Social Care (HSC) including NHSCT;
- Social Worker: By the 1st of July 2023 all Social Worker Agency utilisation is due to cease across the HSC [except in exceptional situations which will be defined by the escalation process being worked up by the social worker task and finish group];
- Nursing: By the 15th August 2023 there should be no further off-framework Nursing Agency utilisation across the HSC

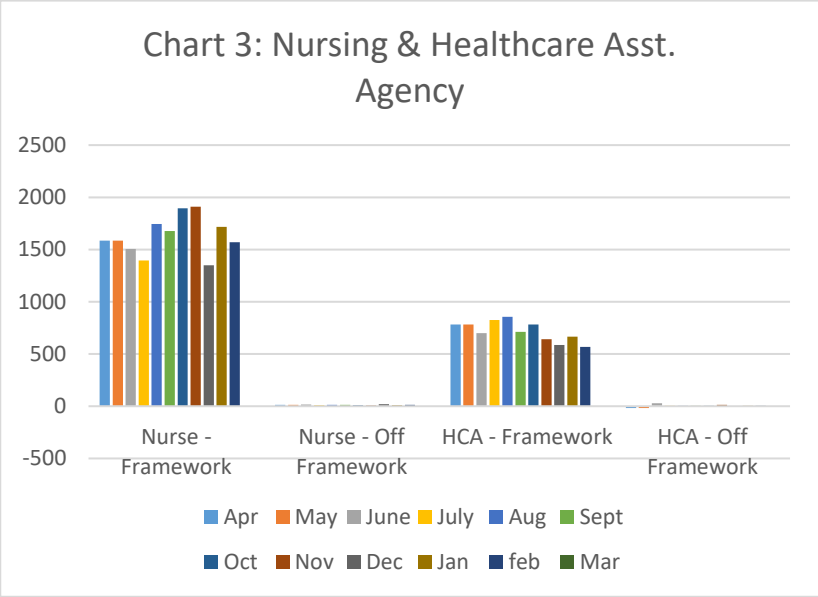
Social Work Agency, there are some issues with coding of invoices – these appear in month and are then investigated and recharged to correct professional heading the following month. There has been no expenditure from December to February and the year to date total expenditure is £12K [likely to be legacy spend related to 2023/24] which is £206K less than spend in 2023/24.

Nursing & Nursing Health Care Assistants Agency (HCA), All off framework spend should have ceased completely by 2024/25, except for deviation approved regional for 1 service in Complex Health in Community Care. From Charts below you can see that for

Nursing and HCA Off-Framework has been removed, outside of this one case in Community Care. This is a significant reduction in off-

framework spend (forecast down £8.8m against 2023/24) – 99.2% of all Nursing and 99.7% of all Nursing Health Care Assistant Agency expenditure is now delivered through Framework Agencies.





Non Contract Agency Spend

Overall the total Agency spend at 28th February 2025 was £63.0m, of this 29.4% (£18.5m) was on off-framework Agencies. Nursing, Healthcare Assistants and Medical Locum Agency spend represent 79% of the total Agency spend. Medical Agencies represent 87% of the total off-framework spend. Only 32.2% of all Medical Agency spend and 22.7% of all Radiographer Agency spend is Framework spend.

The Divisions with the biggest Off-Framework expenditure are MEM (Medical Agencies), SCS (Medical & Radiographer Agencies), MHLDCW (Medical Agencies) and NPWCS (Medical & Ancillary Staff Agencies). The forecast spend in these Divisions is on off-Framework Agencies is £18.9m.

Table 4: Cumulative Agency Spend February 2025 by Director and Family Group

Directorate	Contract £'000	Non Contract £'000	Total £'000
Medicine & EM	19,173	8,373	27,546
Surgical & Clinical Services	7,169	4,872	12,041
Community Care	3,482	125	3,607
Children & Young People	1,841	222	2,063
Mental Health, LD & CWD	6,892	1,860	8,752
Nursing, Paeds, Women & CS	3,914	2,244	6,158
Medical & Governance	272	27	299
SPP&ICT	224	239	463
Infrastructure & Capital	178	54	232
Finance	213	19	232
Operations Department	21		21
HR	17		17
Other Corporate	1,113	461	1,574
TOTAL	**44,509**	**18,496**	**63,005**

Family Group		Contract £'000	Non-Contract £'000	Total £'000	Contract %
Admin & Clerical		3,604	289	3,893	92.6
AHP		350	305	655	53.4
Ancillary		3,714	620	4,334	85.7
Health Care Support		7,905	22	7,927	99.7
Medical		7,617	16,036	23,653	32.2
Nursing & Midwifery		17,932	137	18,069	99.2
Other		33	54	87	38.0
P&T (mto)		235	134	369	63.7
Pathology		258	5	263	98.1
Pharmacy		8	27	35	24.0
Radiography		224	766	990	22.7
Social Care		2,629	101	2,730	96.3
TOTAL		**44,509**	**18,496**	**63,005**	**70.6**

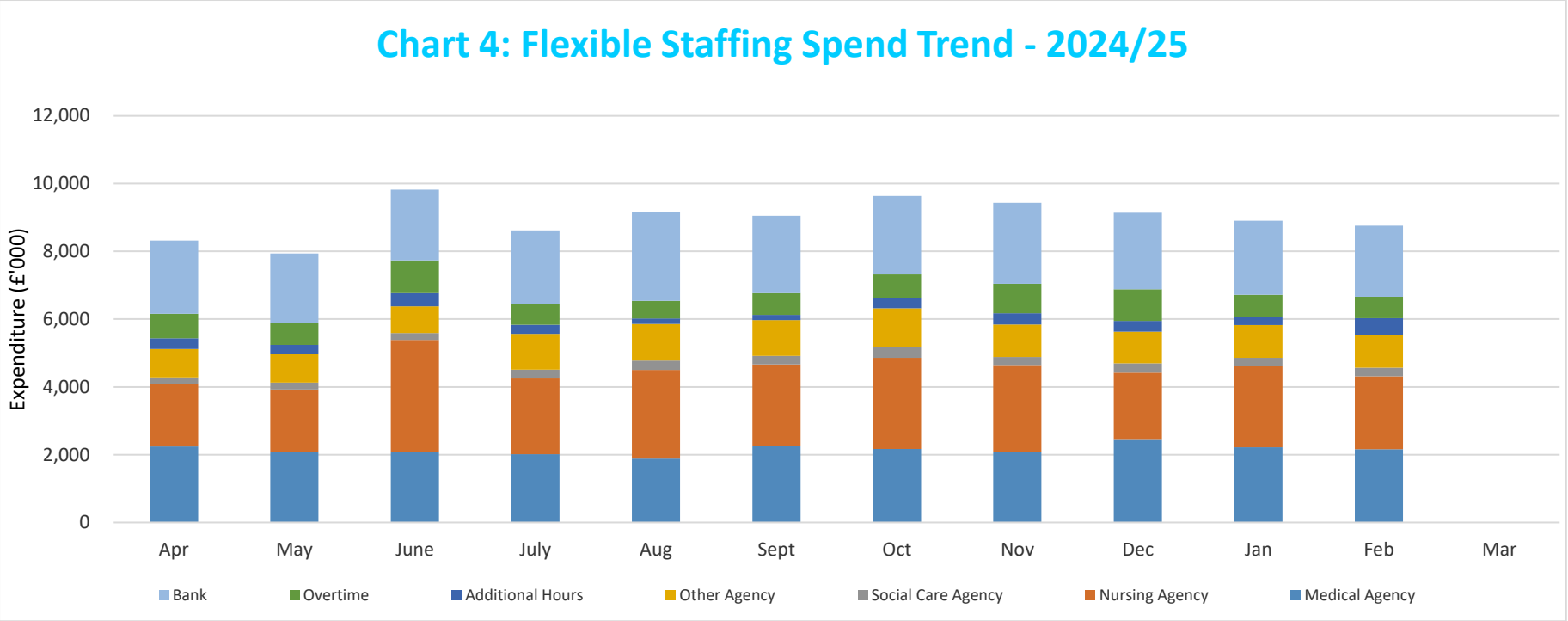
b) Total Spend on Flexible Staffing

The total spend in these areas is summarised below:

Table 5: Flexible Spend at February 2025

Division/Directorate	Cum to February 2025						Cum to Feb 24	Movement	
	Agency Locum £000's	Agency Other £000's	Bank £000's	Overtime £000's	Add hrs £000's	Totals £000's	£000's	£000's	%
Medicine & Emergency Medicine	12,552	14,993	3,206	953	148	31,852	35,299	(3,447)	(10)
Surgical & Clinical Services	6,135	5,906	2,346	2,078	549	17,014	19,212	(2,198)	(11)
Community Care	0	3,607	8,327	1,512	650	14,096	12,718	1,378	11
Children & Young People	0	2,063	2,052	1,562	263	5,940	5,744	196	3
Mental Health, LD & CWD	2,402	6,350	4,477	668	191	14,088	14,663	(575)	(4)
Medical & Governance	0	298	39	94	94	525	486	39	8
Nursing, Paeds, Women's & Corp Serv.	2,102	4,056	3,655	563	1,249	11,625	11,939	(314)	(3)

Others	462	2,079	537	466	96	3,640	3,148	492	16
TOTALS	**23,653**	**39,352**	**24,639**	**7,896**	**3,240**	**98,780**	**103,209**	**(4,429)**	**(4)**



This report includes both ACTUAL invoices on the system and accruals included in the financial position where it is anticipated that they might be missing.

Expenditure on Flexible nursing is £44.4m cumulative to February 2025 and projects to £48.5m for the financial year. However the main spend is directly linked to agency spend (as opposed to Bank, Overtime and Additional Hours) which is £26.9m cumulative at February 2025, projecting to £29.4m.

Total flexible staffing expenditure is 15.7% of the total payroll costs at February 2025.

c) Funded Staff Establishments

The Trust has a funded level of staffing posts, which is continually being updated for both recurrent and non-recurrent service developments.

The budgetary process monitors the contracted hours for staff appointed and on our payroll against the budgeted level; this is in line with the Trust's Standing Financial Instructions. An adjustment has been made to account for Domiciliary Care staff who work above contracted hours. In addition, where there is a need to avail of medical and non-medical agency cover (for vacancies, sickness, and maternity), this expenditure is indicatively adjusted to provide an estimated level of WTE. Other backfill flexibility is sourced from bank, overtime and additional hours and this expenditure has also been adjusted to provide an indicative WTE.

Table 6: FSL against Indicative total WTE

Category	Total FSL (WTE) (including Non recurrent)	Staff on Payroll		Agency Indicative (WTE)	Flexible Backfill Indicative (WTE)	Total Indicative Staff (WTE)	Variance (WTE)
		Perm (WTE)	Temp (WTE)				
Admin & Clerical	1,874	1,675	83	106	37	1,891	17
Estates	180	165	2	2	9	178	(2)
Medical & Dental	779	665	20	168	24	877	98
Nursing Registered	3,129	2,923	72	282	191	3,468	339
Nursing – HCA	809	675	6	192	118	991	182
Professional/Technical	1,737	1,610	69	63	74	1,816	79
Social Work	1,000	948	31	0	89	1,068	68
Social Care	1,835	1,409	41	74	327	1,851	16
Support Services	986	791	25	118	77	1,011	25
TOTALS	**12,329**	**10,851**	**349**	**1,005**	**946**	**13,151**	**822**

Currently the Trust has in the region an additional 822 WTE staff over the funded staffing level; that equates to a staffing level of 6.7% above FSL. The majority of this additional staff is in Nursing Staff.

Note previously this report excluded Medical Staff paid by the Single Employer (NIMDTA) and recharged, these have now been included.

Whilst maternity and sickness backfill will account for the majority of this, there will be a small number of staff who have been appointed as a result of:

- Career breaks or peripatetic appointments.
- Advancement appointment where funding has not yet been received from the Commissioner but is confirmed (timing delay).
- Additional staffing in respect of encompass.

Section 6: Prompt Payment

The Late Payment of Commercial Debts Regulations 2002 (updated 2013) allows commercial organisations to levy both interest and penalty charges on invoices that are deemed overdue for payment. The measure is generally payment is to be made within 30 days of receipt of the invoice or the delivery of the goods or services.

To negate the impact of this potential late payment liability, the Trust endeavours to settle all outstanding invoices within the required period and currently the Trust performance measure indicates that for February 2025 almost 93.11% of invoices have been paid.

Section 7: Debtors Position – February 2025

Northern Trust Debtor Balance

Active cases are subject to ongoing recovery actions through the issue of 3 reminder letters after which cases under £5k are referred to Small Claims Court. DLS is engaged in respect of higher value debt recovery and, where possible, the Trust will secure FSS debt against property though the application of an Order Charging Land.

Credit control for social care payments is managed by the Financial Support Services team. The Accounts Receivable Shared Services (ARSS) team in BSO provide a credit control function for all other Trust debtors, with performance overseen by the Financial Accounting team. Payroll overpayment recovery is managed in the first instance by Payroll Shared Services but falls to the Trust when staff have left or refuse a repayment plan.

Category	At Mar23		At Mar24		At Feb25	
	£'000s	No of Invoices	£'000s	No of Invoices	£'000s	No of Invoices
Independent Homes	15,823	4,684	16,278	4,389	18,389	4,756
Direct Payments	110	139	170	115	149	99
Dom Care					19	1

Staff Related Debt	427	1,696	669	2,948	577	2,893	
Commercial	393	121	271	140	200	121	
Health Centre / GP Charges	111	99	216	129	277	163	
Inter NHS/Government Bodies	620	154	283	123	295	97	
Private Patients	101	54	168	87	187	84	
Client Meals / Services	136	216	58	102	73	107	
Other	7	2	22	3	24	27	
Total	**17,728**	**7,165**	**18,135**	**8,036**	**20,190**	**8,348**	
Debt related to social care payments					**18,557**	**4,856**	**5,090**
ARSS debt					**1,633**	**3,492**	

Key points to note:

Debt Related to Social Care Payments:-

The following amounts are included in the Independent Home Debt £000s:-

- Current Mth and Dunning Period 4,862
- Suppressions 988
- DLS cases 4,515
- OCP Referrals 2,975
- EJO cases 14
- Property Dunning Suppression 1,398
- Deceased 1,505
- Other 2,132

Independent Homes invoice recovery. Total percentage of invoices paid Feb 25:-

- In month invoices 93%
- 30 day invoices 53%
- 60 day invoices 39%
- 90 day invoices 7%

<u>Additional Independent Home information</u>

There are currently 221 Independent Home, debt cases, referred to DLS. Payments received Feb 25 £299k, cumulative April 24 – Feb 25 £2,453k in respect of DLS cases was as follows:-

	Feb 25 - £000's	Cum April 24 – Feb 25 £000's
Debt Fully Paid	45	1,276
Debt Partially Paid	228	1,031
Payment Plan	26	146
Total	**299**	**2,453**

FSS has an additional temporary part-time resource within the credit control team focusing on recovery of debt relating to deceased clients. Payments received Feb 25 £81k and cumulative payments received **April 24 – Feb 25 inclusive was £610k**.

- Independent Homes DLS write-offs £169k completed to date in the 24/25 financial year
  - Oct 24 - 6 clients £26k
  - Nov 24 - 8 clients £76k
  - Feb 25 – 2 clients £67k

- Independent Homes Trust write-offs £26k completed to date in the 24/25 financial year
  - Oct 24 - 11 clients £13k
  - Nov 24 - 16 clients £13k

- Independent Homes 5 clients pending Write-off approval £37k – (DLS cases)
  - Oct 24 - 1 client £9k
  - Dec 24 - 1 client £7k
  - Jan 25 – 3 clients £21k

- Independent Homes 31 clients pending Write off approval £23.4k – (Non DLS cases)
  - Sept 24 - 1 client £0.7k
  - Oct 24 - 22 clients £17k
  - Nov 24 - 6 clients £5k
  - Jan 25 - 2 clients £0.7k

Direct Payment debt is currently part of the FSS internal dunning process.

ARSS Debt:

- Inter NHS and Government Bodies –92% of this debt is less than 90 days old with no anticipated issues with collecting this debt;
- Staff Related Debt – 82% of this debt relates to salary/travel overpayments - 30% is less than 90 days. £216k (37%) are now on repayment plans. Staff Accommodation debt of £99k accounts for the remaining 17% of staff related debt, of which 54% is less than 90 days;
- Commercial – 50% of the debt is less than 90 days old;
- Health Centre/GP Charges –The ongoing dispute with GPs in respect of the annual increase continues to impact this debt position although some accounts are now being cleared due to amalgamation of practices. Estates are continuing to finalise the process of obtaining signed area schedules from all GPs agreeing areas to be charged from April 2024. 56% of the debt is less than 90 days old and includes the quarterly charges invoiced in Jan25;
- Private Patients –£37k (19%) of this debt relates to the Access to Healthcare pilot. Six invoices are being actively progressed by DLS with three invoices totalling £25k determined as unrecoverable and will be written off. FAS is working with the Private Patient's Officer to improve the information provided to FAS iro invoicing and to improve recovery of overseas private patient debt:
- Overall ARSS debt –The overall debt position has continued to decrease this month. Repayment plans are in place for 15% of the total debt and account for 73% of the total number of invoices. FAS continually focus on engaging with debtors to set up suitable repayment plans to reduce the risk of debt becoming statute barred.

Section 8: Covid Cost Implications

Covid costs continue to reduce year on year. For 2024/25 the most significant expected Covid cost is PPE.

The current level of funding has been agreed with SPPG/DoH and PHA.

Table 8: Forecast Covid Expenditure at February 2025

Classification	Expenditure at Feb 25 £'000	Projected Expenditure £000's
Lab Testing	681	691
Long Covid	87	152
PPE Consumables & FIT Testing	2,243	2,433
Vaccinations	156	170
Total	**3,167**	**3,446**
Indicative Funding	**3,167**	**3,446**
Variance	**0**	**0**

The current forecast is for break-even on Covid costs.

Section 9: Key Assumptions and Risks

A number of financial assumptions and risks were made in relation to the Financial Plan for 2024/25 and also with regard to the overall financial position.

- Financial Plan and Forecast are based on a number of expenditure assumptions and income assumptions all of which continue to be reviewed with SPPG.
- The Trust is forecasting and therefore assuming full delivery of savings.
- The Trust continues to experience a shortfall in the recruitment and retention of mainly medical and nursing staff. As a result, there is a reliance on high cost off contract agency appointments. This continues to be a financial pressure, which will impact into 2024/25. A range of Trust and Regional initiatives are underway to mitigate these pressures including the management of the new Regional Frameworks, recruitment drives and reviews of agency and locum utilisation, including a medical scrutiny committee and Trust Agency Utilisation Group. The Trust continues to review, monitor and drive down costs where applicable.
- Cost pressures continue to be raised by providers in the Independent Sector with regard to the impact of the National Minimum Wage in Social settings, and other inflationary pressures i.e. within Nursing and Residential Care settings and with Domiciliary Care providers. The Trust continues to liaise with Providers to quantify and contain this pressure, but National Living Wage (NLW) uplifts have been applied to Nursing & Residential, Community & Voluntary and Supported Living Providers.
- A number of job evaluations are pending and will if successful impact on both the Trust recurrent position and the provision of arrears. From 2022/23 it has been agreed regionally that the PSNI holiday and sickness accrual will now be recognised in the Trust Accounts as a provision, this continued in 2023/24 and is expected to be the same for 2024/25.
- The HRPTS (Payroll) has a range of outstanding issues, which impact on our current position. It is understood that the Payroll system requires a number of ‘fixes’ in order that these issues are corrected and fit for purpose. The Trust continues to liaise with the BSO Customer Forum to drive these issues forward. Accruals are being carried with respect to these issues, including those from the January/February 2024 Change Requests.
- The Trust has received 2024/25 Pay Award (and non-pay impact on Tariffs) of circa. £45m. The majority of this will be processed and paid in March 25 (with some elements not being processed until early 2025/26 relating to Resident Doctors and IS tariff uplifts). It is being assumed that costs will be at similar levels and that there will be no material surplus of deficit.

Our Vision

To deliver excellent integrated services in partnership with our community

If you would like to give feedback on any of our services please contact:
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Northern Health and Social Care Trust

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