Northern Health and Social Care Trust

INVESTORS IN PEOPLE®
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TRUST BOARD

FINANCIAL POSITION REPORT – September 2024

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 will fund Trust balance deficit after additional savings.	
2. Achieve in-year break-even outturn within allocated Revenue Resource Limit (RRL)	G
At Mth 4 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 full achievement of these savings, however there are some risks to that in some of the plans, but these are not material to the overall expectation of full delivery.	
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 September 2024 95.58% 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 24. 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: 2023/24 Draft Financial Plan

	£000
24/25 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
24/25 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)
24/25 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 24)	(4,000)
DoH / SPPG Funding	(31,031)
24/25 Net Financial Plan Position – August 24	**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 MH&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 September 2024

The Income and Expenditure position at September 2024 is:

Table 2: 2024/25 Month 6 (September 2024) Income & Expenditure

	Actual Expenditure (Mth 6) £'000	Forecast Expenditure 2024/25 £'000
Pay Expenditure	345,996	691,277
Net Non-Pay Expenditure	218,608	440,782
Total Expenditure	564,603	1,132,059
Total Income	564,603	1,132,059
(Surplus) / Deficit at June 2024	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, 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 £564,603,000.

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 September 2024

Table 3: 2023/23 Projected Outturn by Division

Division/Directorate	Budget £'000	Expenditure £'000	Mth 6 Variance £'000	Projected Outturn August 2024 £'000
Medicine & Emergency Medicine	67,380	72,558	5,178	
Surgical & Clinical Services	85,845	86,274	429	
Community Care	109,396	114,279	4,883	
Children & Young People	48,507	49,430	923	
Mental Health, Learning Disability & CW	120,402	119,581	(821)	
Nursing, Paediatrics, Women & Corporate Services	52,794	53,202	408	
Medical & Governance	11,437	10,779	(659)	
Strategic Planning, Performance & ICT	6,977	6,604	(373)	
Infrastructure & Capital	9,302	8,769	(533)	
Corporate Overheads	8,766	8,737	(29)	
Finance	5,979	5,962	(17)	
Vaccinations & MDT	1,247	1,172	(75)	
Human Resources, OD & Corp Comms	3,651	3,512	(139)	
Chief Executive & Trust Board	308	300	(8)	**£0M**
Corporate/Cost Pressures (including Covid, WLI, Corp Deficit and deficit funding**)**	32,612	23,444	(9,168)	**B/E**
Totals	**564,603**	**564,603**	**0**	

This positon includes a number of accruals, estimates and forecasts. This includes assumes full achievement of savings and full expenditure incurred on growth. These assumptions and forecasts will be reviewed as part of the mid-year review.

Key Drivers of Variances are:

- Medicine & Emergency Medicine – deficit is £10.4 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 ED footprint and Enhanced Care, across a range of wards.

- Surgical & Clinical Services – deficit is forecast to be £0.9m. 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. Improvement in this month, a total of £549 k, primarily due to reductions in utilisation of agency staff, across a range of disciplines. Improvements also seen in non-pay expenditure of £175 k, primarily Pharmacy Drugs.

- Community Care – total deficit is £9.8m projected. The biggest issues in this Division remain 1:1's / Bespokes and Intermediate Care and Contingency beds, there is also an overspend on IS Domiciliary Care and Direct Payments. However offset against all of this is an underspend in 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 – Children & young People – total deficit is forecast to be £1.8m. 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 CAMHS. The Division continues to strive towards savings targets for FY24/25 made more challenging by the increase in activity numbers. The outturn has remained consistent for a number of months.

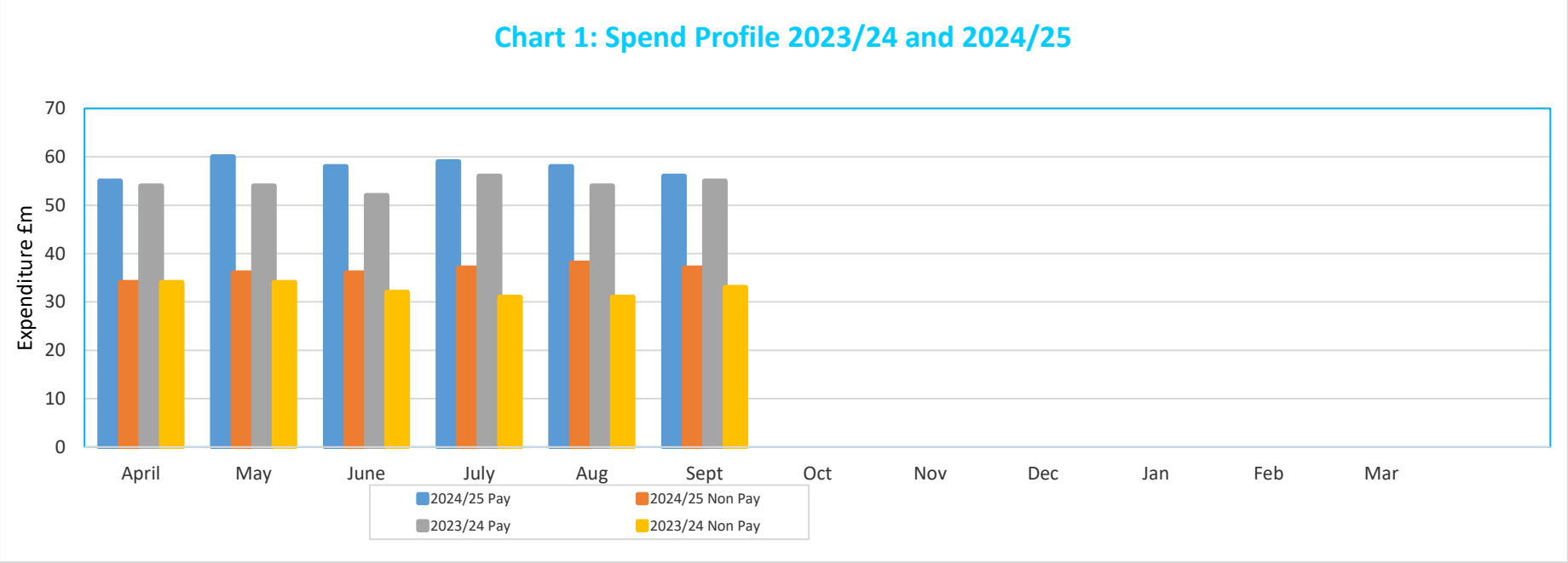
- Mental Health, LD & CW – total surplus of £1.6m forecast. While forecasting a surplus there are still some concerning deficit areas including the continued nursing pressures in Acute Inpatients (including in Inver 4), Bespoke 1:1 packages and discharges/resettlements from Holywell (although SPPG Indicative 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 – Nursing, PWCS – total deficit is £0.8m projected, however should financial plan deficit be resourced and all savings achieved this would bring Division closer to breakeven at year end. The key areas of concern remain in B2

catering and domestics pay, medics requiring the use of locums in order to deliver care, catering supplies and pharmacy. 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 £3.7m, 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 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 5 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 mon

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, there is some l risk with these (with some slight under-achievement now expected as highlighted). Those that are Red have not started per the plan – there are more risks associated with achieving these savings. Some savings are not expected to either achieve or fully achieve in year – however these have been offset from projects that are forecast to over achieve or from additional contingencies.

Based on current information it is likely that there will be an overachievement on savings, particularly in Agency, furher work will be carried out as part of the mid-year review to calculate this.

Table 4: Savings Plans 2024/25

Scheme	Savings Per Plan £'000	Achieved at September 24 – 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	
MIU, MU Reduced Hours	105	0	0	105	
Medical Workforce Reform	1,800	2,353	0	(553)	
Enhanced Care	500	0	500	0	
Sustainability	315	315	0	0	
Medical Imaging	86	0	0	86	
Taxis	50	0	30	20	
Nurse Stabilisation	2,726	1,059	1,092	575	

Corporate Services Efficiencies	527	264	174	89	
Cease use of Foster Care Agencies	400	224	132	44	
Absence Measures	274	359	0	(85)	
Children's Order Article Spend	225	0	193	32	
Revised Contracts	375	375	0	0	
Holding Minor Works	300	300	0	0	
Service Development Slippage	2,000	2,000	0	0	
Technical Adjustments & holding non-urgent spend	4,000	4,339	0	(352)	
Vacancy Control – Corporate Service	150	150	0	0	
MORE Savings	1,466	924	542	0	
Additional Savings – July 24	4,000	4,000	0	0	
Grand Total	**19,325**	**16,662**	**2,663**	**0**	

Section 5: Flexible Staffing Costs as at 30th September 2024

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.

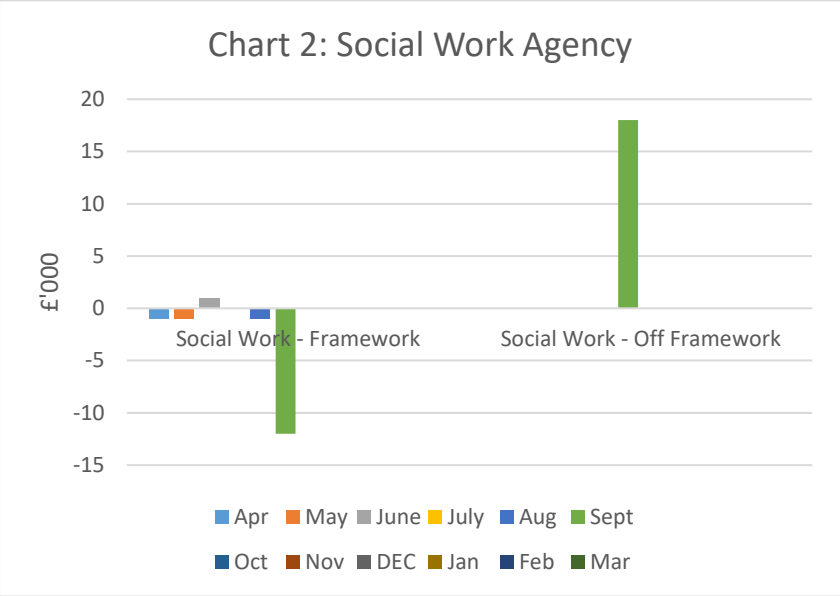
This section of the report is therefore split into a) Monitoring the targets set for Agency across Social Work and Nursing Agency and b) presenting the position on overall flexible staffing and c) Total Trust WTE including estimated flexible staffing WTE against FSL.

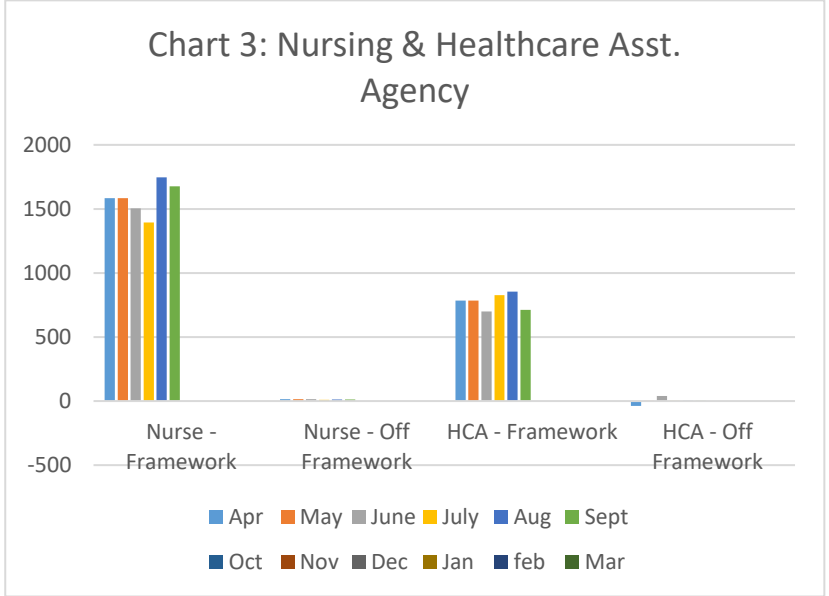
a) Regional Initiatives for Agency Staffing

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 the 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.

All Off-Framework spend in these arears 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 (apart from the 1 case in CC)





Non Contract Agency Spend

Overall the total Agency spend at 30th September 2024 was £33.9m, of this 30.9% (£10.5m) was on off-framework Agencies. Nursing, Healthcare Assistants and Medical Locum Agency spend represent 79% of the total Agency spend. Medical Agencies represent 88% of the total off-framework spend. Only 27% of all Medical Agency spend and 17% 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 £20.1m.

Table 4: Cumulative Agency Spend September 2024 by Director and Family Group

Directorate	Contract £'000	Non Contract £'000	Total £'000
Medicine & EM	10,301	4,940	15,241
Surgical & Clinical Services	3,794	2,763	6,557
Community Care	1,813	73	1,886
Children & Young People	949	161	1,110
Mental Health, LD & CWD	3,518	1,133	4,651
Nursing, Paeds, Women & CS	2,163	1,189	3,352
Medical & Governance	147	5	152
SPP&ICT	85	101	186
Infrastructure & Capital	87	25	112
Finance	130	2	132
Vaccinations & MDT	11	0	11
HR	1	0	1
Other Corporate	399	66	465
TOTAL	**23,398**	**10,458**	**33,856**

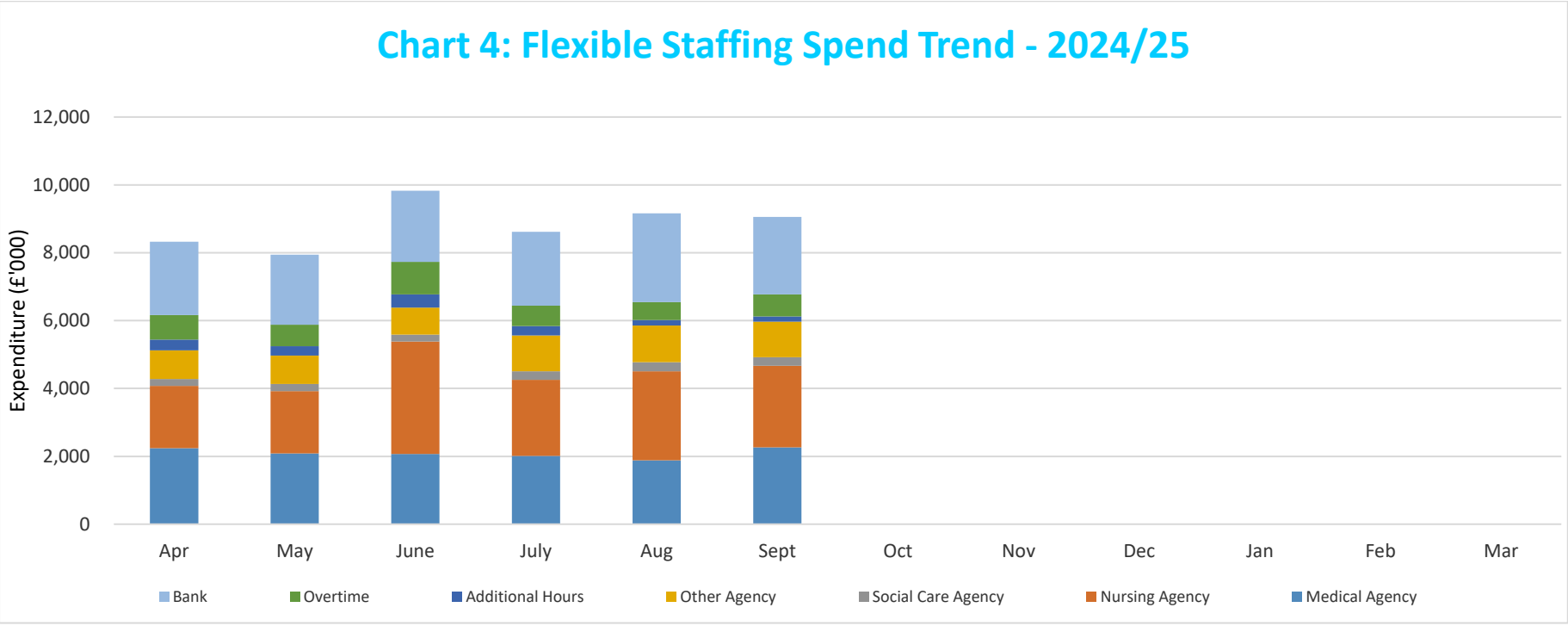
Family Group	Contract £'000	Non-Contract £'000	Total £'000	Contract %
Admin & Clerical	1,933	118	2,051	94.3
AHP	154	192	346	44.6
Ancillary	2,035	316	2,351	86.6
Health Care Support	4,659	2	4,661	100
Medical	3,429	9,141	12,570	27.3
Nursing & Midwifery	9,490	79	9,569	99.2
Other	9	25	34	27.3
P&T (mto)	103	57	160	64.4
Pathology	166	5	171	97.1
Pharmacy	1	5	6	16.8
Radiography	93	443	536	17.4
Social Care	1,326	75	1,401	94.5
TOTAL	**23,398**	**10,458**	**33,856**	**69.1**

b) Total Spend on Flexible Staffing

The total spend in these areas is summarised below:

Table 5: Flexible Spend at September 2024

Division/Directorate	Cum to September 2024						Cum to Sep 23	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	6,778	8,463	1,819	489	59	17,608	19,461	(1,853)	(10)
Surgical & Clinical Services	3,257	3,301	1,305	1,223	277	9,363	10,902	(1,539)	(14)
Community Care	0	1,885	4,565	774	335	7,559	7,052	507	7
Children & Young People	0	1,110	1,121	876	144	3,251	3,194	57	2
Mental Health, LD & CWD	1,342	3,308	2,408	277	92	7,427	8,334	(907)	(11)
Medical & Governance	0	153	38	46	30	267	257	10	4
Nursing, Paeds, Women's & Corp Serv.	1,127	2,226	1,978	245	578	6,154	6,677	(523)	(8)
Others	66	840	160	171	52	1,289	2,497	(1,208)	(48)
TOTALS	**12,570**	**21,286**	**13,394**	**4,101**	**1,567**	**52,918**	**58,374**	**(5,456)**	**(9)**



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 £23.5m cumulative to September 2024 and projects to £47.1m for the financial year. However the main spend is directly linked to agency spend (as opposed to Bank, Overtime and Additional Hours) which is £14.2m cumulative at September 2024, projecting to £28.5m.

Total flexible staffing expenditure is 16.9% of the total payroll costs at September 2024.

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	1,866	1,686	97	103	54	1,940	74
Estates	180	164	4	2	8	178	(2)
Medical & Dental	772	684	22	168	25	899	127
Nursing Registered	3,103	2,824	62	273	196	3,355	252
Nursing – HCA	809	686	5	207	122	1,020	211
Professional/Technical	1,737	1,578	60	61	94	1,793	56
Social Work	1,013	958	44	0	102	1,104	91
Social Care	1,837	1,398	48	70	351	1,867	30
Support Services	985	769	30	118	138	1,055	70
TOTALS	**12,302**	**10,747**	**372**	**1,002**	**1,090**	**13,211**	**909**

Currently the Trust has in the region an additional 909 WTE staff over the funded staffing level; that equates to a staffing level of 7.4% 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 September 2024 almost 95.58% of invoices have been paid.

Section 7: Debtors Position – September 2024

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 Sep24	
	£'000s	No of Invoices	£'000s	No of Invoices	£'000s	No of Invoices
Independent Homes	15,823	4,684	16,278	4,389	18,193	5,063
Direct Payments	110	139	170	115	162	103
Dom Care					21	1
Staff Related Debt	427	1,696	669	2,948	591	2,877
Commercial	393	121	271	140	174	418
Health Centre / GP Charges	111	99	216	129	173	133
Inter NHS/Government Bodies	620	154	283	123	189	74
Private Patients	101	54	168	87	203	119
Client Meals / Services	136	216	58	102	84	114
Other	7	2	22	3	23	4
Total	**17,728**	**7,165**	**18,135**	**8,036**	**19,813**	**8,906**
Debt related to social care payments					**18,376**	**5,167**
ARSS debt					**1,437**	**3,739**

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 5,473
- Suppressions 1,414
- DLS cases 4,591
- OCP Referrals 2,551

- EJO cases 11
- Property Dunning Suppression 1,351
- Other 2,802

Independent Homes invoice recovery. Total percentage of invoices paid Sept 24:-

- In month invoices 92%
- 30 day invoices 59%
- 60 day invoices 26%
- 90 day invoices 19%

Additional Independent Home information

There are currently 229 Independent Home, debt cases, referred to DLS. Payments received Sept 24 £104k, cumulative April 24 – Sept 24 £978k in respect of DLS cases was as follows:-

	Sept 24 - £000's	Cum April 24 – Sept 24 - £000's
Debt Fully Paid	20	453
Debt Partially Paid	71	461
Payment Plan	13	64
Total	**104**	**978**

FSS has an additional temporary part-time resource within the credit control team focusing on recovery of debt relating to deceased clients. Payments received Sept 24 £17k and cumulative payments received April 24 – Sept 24 inclusive was £272k.

- There have been no Independent Homes DLS write-offs completed to date in the 24/25 financial year

- There have been no Independent Homes Trust write-offs completed to date in the 24/25 financial year

- Independent Homes 16 clients pending Write-off approval £169k – (DLS cases)
  - Pre April 2024 - 6 clients £115k
  - April/May 24 - 5 clients £30k
  - June 24 - 3 clients £16k
  - Aug 24 - 1 client £6k
  - Sept 24 - 1 client £2k

- Independent Homes 28 clients pending Write off approval £25k – (Non DLS cases)
  - May 24 - 17 clients £14k
  - June 24 - 6 clients £7k
  - July 24 – 3 clients £2k
  - Sept 24 – 2 clients £2k

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

ARSS Debt:

- Inter NHS and Government Bodies – 87% of the debt is less than 90 days old with none of the invoices under dispute;
- Staff Related Debt – 72% less than 90 days. The accommodation Focus Group (FAS, Accommodation support staff and NIMDTA representative) now meet monthly to improve the accommodation service and reporting. Staff related debts currently on repayment plans increased to 26.2% from 19.5% in August 2024. Repayment plans are reviewed monthly by FAS and ARSS to ensure these payments do not fall into arrears;
- Commercial – 80% 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 as some GPs are continuing to only pay non disputed accounts. Estates are currently completing the process of obtaining signed area schedules from all GPs agreeing areas to be charged from April 2024. Until these are finalised, we cannot include an accrual for the increase in charges still to be invoiced. 34% of the debt is less than 90 days.
- Private Patients – 28% of this debt is less than 90 days old, seven invoices are being actively progressed by DLS and two invoices totalling £25k are determined as unrecoverable and will be written off. FAS are working with the Private Patient's Officer to improve the information forwarded to Finance for invoicing and recovery :

- Overall ARSS debt – 46% is less than 90 days old. Repayment plans are in place for 14% of the total debt and account for 79% 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.

Due to a change in the cost per glove issued by BSO PALS (53% reduction in unit cost) the forecast expenditure on PPE is currently estimated to be £1.85m lower than the initial estimates. SPPG have indicated the DoH will retract this surplus.

Revenue Business Cases (RBC) has been completed for Laboratory Testing and funding to cover forecast costs has been agreed. The PHA have also agreed the funding required for Vaccinations staff costs. The RBC is being completed for Long Covid and and the estimates below remain indicative until services re-assess their plans as part of the RBC process. A regional group is meeting in November 24 to discuss the longer term delivery model for Long Covid.

Table 8: Forecast Covid Expenditure at September 2024

Classification	Expenditure at Sept 24 £'000	Projected Expenditure £000's
Lab Testing	214	691
Long Covid	60	260
PPE Consumables & FIT Testing	1,453	2,650
Vaccinations	84	168
Total	**1,811**	**3,769**
Indicative Funding	**1,811**	**3,769**
Variance	**0**	**0**

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 £19.3m 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 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 funding for High Cost Drugs (HCD) based on indicative estimates of need. Current expenditure patterns would indicate need below these levels, however the Trust continues to assess this forecast each month and share with SPPG. The current assumption is that if all funding is not required that SPPG will retract any excess.
- The Trust is forecasting reduced PPE spend due to price reduction in the unit cost per glove. The Trust continues to review forecast and discuss with SPPG. The SPPG / DoH have indicated that this funding will be retracted.
- There continues to be excellent delivery of savings, particularly regarding Agency reduction. The Trust may over-deliver on these savings, which would result in an underspend.
- A mid-year review will be carried out over the next few weeks which will review and update all expenditure, assumptions and forecasts.

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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Telephone: 028 9442 4655

Northern Health and Social Care Trust

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WORKING TOGETHER
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