Northern Health and Social Care Trust

INVESTORS IN PEOPLE®
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TRUST BOARD

FINANCIAL POSITION REPORT – March 2024

Prepared & Issued by Finance Department

Contents

Section 1: Financial Performance Targets 2023/24

Financial Performance Targets	RAG STATUS
1. Agree in-year break-even financial plan agreed with SPPG and DoH	G
The Trust has delivered a break-even position for 2023/24, however this was only due to non-recurrent deficit funding from SPPG and the DoH.	
2. Achieve in-year break-even outturn within allocated Revenue Resource Limit (RRL)	G
The Trust has delivered a break-even position for 2023/24, however this was only due to non-recurrent deficit funding from SPPG and the DoH.	
3. Achieve 2023/24 Savings Target	G
The SPPG has set the Trust a savings target of £29.4m. The Trust has identified savings plans of £23.6m, this total amount of savings has been achieved. This is set out in section 4.	
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
Social Work Agency cessation has commenced, costs showing are due to timing of invoices. The cessation of Off Framework Nursing & Healthcare 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 March 2024 almost 96.45% of invoices have been paid per prompt payment target.	

Section 2: Financial Plan 2023/24

The Trust engaged with SPPG throughout the 2023/24 Financial Year to develop a Financial Plan. This included submission of draft plans from January 2023 and adjustments to those plans following further analysis, additional information and indicative allocations notified to the Trust via SPPG letters from the Chief Executive and Director of Finance. It also included a savings target set by SPPG of £29.4m, this target has been retracted from the Trusts SPPG RRL income.

Following a letter from Sharon Gallagher, Deputy Permanent Secretary at SPPG, the Trust submitted a 2023/24 Financial Plan on the 30th June 2023, this included identified savings opportunities of £23.6m. Following a mid-year review additional pressures of £7.8m less £0.7m of slippage was identified – leading to a net increase to the deficit of £7.1m.

During the year additional funding in respect of PPE, Covid, Ambulance Hand-over, Mental Health Discharges and Northern Ireland New Entrants reduced the deficit further.

However the final break-even financial plan has been achieved due to 2 tranches of non-recurrent deficit funding of £11m and £17.6m. Without these non-recurrent allocations the Trusts Financial Plan would have been in deficit. These non-recurrent funding streams will not be available in 2024/25.

Based on these meetings, letters and indicative allocations and adjustments the final Financial Plan for 2023/24 is set out below:

Table 1: 2023/24 Draft Financial Plan

	£'M
Deficit Reported to Permanent Secretary May 22	64,444
Less Recurrent Funding notified in indicative letters	(60,253)
Plus 2023/24 Savings Target Retractions	29,379
Less 2023/24 Savings Plans	(23,606)
Plus Service Pressures 2023/24 less Allocations received	11,552
Less SPPG Slippage Children's	(688)
Plus Mid-Year Review Pressures (incl, Community Winter & payments)	7,766
Less Total deficit support funding	(28,594)
SUB-TOTAL DEFICIT	**0**

Section 3: Financial Position at March 2024

The Income and Expenditure position at March 2024 is:

Table 2: 2023/24 Month 12 (March 2024) Income & Expenditure

	Actual Expenditure (Mth 12) £'000
Income	1,107,644
Total expenditure	1,107,585
Pay	705,432
Non-Pay	402,153
(Surplus)/Deficit at March 24	(59)
Projected (Surplus)/Deficit at March 24	(59)
% (Surplus)/Deficit against RRL	0.01%

The unaudited outturn as at 31st March 2024 is set out in Table 3 below and includes an analysis of the main over/underspends by Division. Note that funding from SPPG towards the deficit as set out in the Financial Plan has not yet been allocated to Divisions and is included as part of Corporate Cost/Pressures.

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

In Year Position

The Year to date unaudited expenditure position per the Trust Monitoring Returns is £1,107,584,500.

Recurrent Position

The recurrent position is set out in the draft Financial Plan of 2024/25 as a deficit of £70.2m.

Division Financial Position at March 2024

Table 3: 2023/24 Projected Outturn by Division

Division/Directorate	Budget £'000	Expenditure £'000	Mth 12 Variance £'000	Unaudited Outturn March 24 £'000
Medicine & Emergency Medicine	124,991	137,712	12,721	
Surgical & Clinical Services	161,047	166,597	5,550	
Community Care	201,296	212,936	11,640	
Children & Young People	91,984	91,975	(9)	
Mental Health, Learning Disability & CW	216,709	218,607	1,898	
Medical & Governance	20,689	20,227	(462)	
Nursing, Paediatrics, Women & Corporate Services	96,674	99,481	2,807	
Strategic Planning, Performance & ICT	10,895	10,822	(73)	
Infrastructure & Capital	16,955	16,944	(11)	
Corporate Overheads	17,568	16,981	(587)	
Finance	12,192	11,907	(285)	
Prototype	2,503	2,336	(167)	
Human Resources, OD & Corp Comms	6,941	6,961	20	
Chief Executive & Trust Board	457	411	(46)	**£0.06M**
Corporate/Cost Pressures (including PPE expenditure)	126,743	93,688	(33,055)	**SURPLUS**
Totals	**1,107,644**	**1,107,585**	**(59)**	

Key Drivers of Variances are:

- Medicine & Emergency Medicine – deficit is £12.7m projected less £4.8m of costs included in financial plan. This deficit continues to be one of the overall key areas of financial risk to the Trust. The most significant deficit is in ED – where across both ED's and their Obs departments there is a projected £7.059 m deficit – which is a 31% overspend on the budget. Across the rest of the Division, there continues to be significant overspends on Nursing and Medical Staffing – both due to utilisation above budgeted hours and Agency premium.

- Surgical & Clinical Services – deficit is £5.55 m less £1.4m of costs included in the financial plan. Key Deficits still remain within Surgery, Anaesthetics and Radiology. Cost drivers within medical and nursing being: Utilisation of nursing above budgeted hours and agency premium, on vacant posts.

- Community Care – total deficit is £11.6m projected less financial plan deficits of £4.6m. The biggest issues in this Division remain 1:1's / Bespokes, but the position on District Nursing and Community Hospitals Nursing pay staff significantly deteriorated. There is also an over spend on IS Domiciliary Care and Direct Payments – but this is offset by an underspend in MHLDCW in the same categories. Community Care continued to increase spend in those areas in the Financial Plan, the Demography Spend in the Financial Plan is now at the forecast – increased costs here will increase the deficit. There has been a deterioration over the year in Intermediate Care / Contingency beds that were not stood down at the end of Winter Run Through and also increases in 1:1/Bespoke Costs. This Division has also significantly deteriorated against the expected 2023/24 outturn in the initial plan.

- Children & young People – break-even – which would be a surplus of £60K taking into account costs included within the Financial Plan. There continues to be pressures on the Corporate Parenting side of the Division, but these are being off-set by surpluses due to vacant posts in the rest of the Division, in particular in CAMHS. This position is after including £0.7m of non-recurrent funding from SPPG for Children's pressures – without this the division would be in deficit.

- Mental Health, LD & CW – total deficit is £1.9m less £2.6m of costs in financial plan. While this leaves core position underspent 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. There is also a large underspend in IS Domiciliary Care and Direct payments (see note under Community Care). Note also that some of the bed pressure in CCD relate to service users who are managed by MHLDCW, Dementia in particular, and these costs are not recharged.

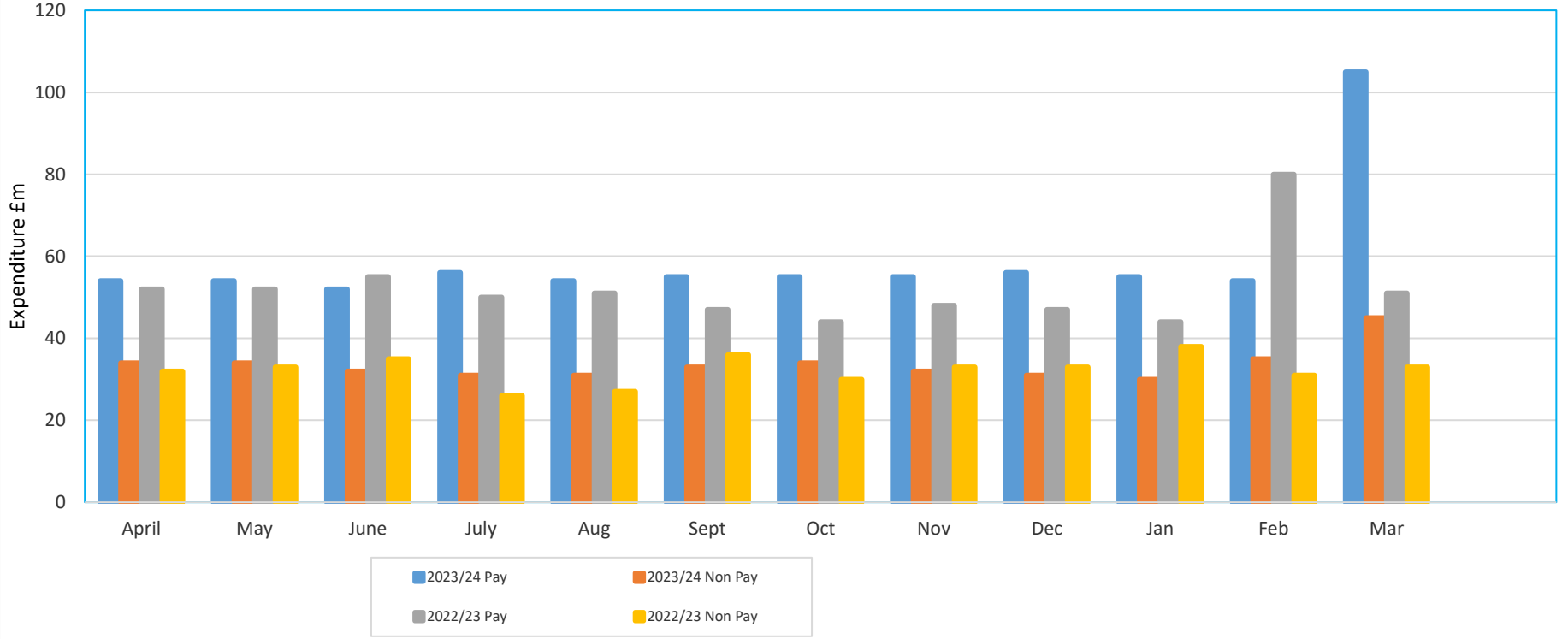
- Nursing, PWCS – total deficit is £2.8m projected. The key driver of this deficit continues to remain within Corporate Support Services, mainly catering and domestics. The service continues to struggle to recruit roles in these areas and is heavily reliant on agency at additional cost to cover vacant posts. Catering costs for food have continued to rise, with the decision to try and recover costs where possible taken with the increase of canteen prices. Public Health Nursing remains challenged with cost pressures in particular within delivery of vaccinations.

- Other Directorates – The other Directorates ended the year around £1.6m underspent.

An accrual has been carried in respect of the 2023/24 Pay Award and associated tariff uplifts, this Pay Award has now been approved and the actual payments will be processed during 2024/25.

The profile of the expenditure in the Trust on Pay and Non-Pay cumulatively to Month 12 for 2022/23 and 2023/24 is set out below in Chart 1. Note increase in Mth 12 is in respect of Pay Award accruals across direct payroll and tariff impacted non-pay tariffs.

Chart 1: Spend Profile 2022/23 and 2023/24



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

Section 4: Savings Target 2023/24

The Trust has been set a savings target of £29.4m by DoH/SPPG and have had funding retracted at that level. As part of the Trusts overall contribution to savings we have developed a savings plan that will have no or minimal service impact. The total of this plan comes to £23.6m leaving a gap of £5.8m between the retracted savings target and the identified plans.

The planned £23.6m of savings plans are made up of non-recurrent elements delivered in previous years that can be delivered again in 2023/24, one-off achievable savings that are not deliverable in future years, recurrent Pharmacy Savings and savings on Agency staffing and 1:1's and additional paybill savings. These paybill savings may have service impacts, particularly with discharge and flow in both Acute Hospitals. In October 2023 the Trust identified savings that could not be met and also Contingency measures to replace, this forms part of the revised savings plan.

The savings plan and the savings achieved for the year 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. Total savings as set out in the plan were achieved.

Table 4: Savings Plans 2023/24

Scheme	Oct 23 Revised Plan £'000	Achieved Mar 24 £'000	To Achieve Rest of Year £'000	RAG Rating
Savings Achieved				
Technical Adjustments N/R	1,100	1,100	0	
Continuation of Savings Achieved Previous Years N/R	1,020	1,020	0	
Apprentice Levy N/R surplus	500	500	0	
Service Development Slippage N/R	1,416	1,416	0	
Travel Savings N/R	1,508	1,508	0	
MORE Savings	747	747	0	
Further Technical Adjustments N/R	2,750	2,750	0	
Non Pay Efficiencies N/R	352	352	0	
Delayed Procurement N/R	1,324	1,324	0	
Planned Savings – low Risk to achievement				
Further More Savings	383	383	0	
Planned Savings – Medium to high Risk of achievement				
Medical Agency Savings	100	100	0	
Nurse Agency Savings	3,275	3,275	0	
Further Agency & Absence Savings Management	0	0	0	
Reduction of Acute, Community & MHLDCW 1:1's	0	0	0	

Winter – Release of Winter funding	3,000	3,000	0	
Paybill Management	2,755	2,755	0	
Contingency Measures	3,376	3,376	0	
Grand Total	**23,606**	**23,606**	**0**	

Section 5: Flexible Staff Costs at 31st March 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

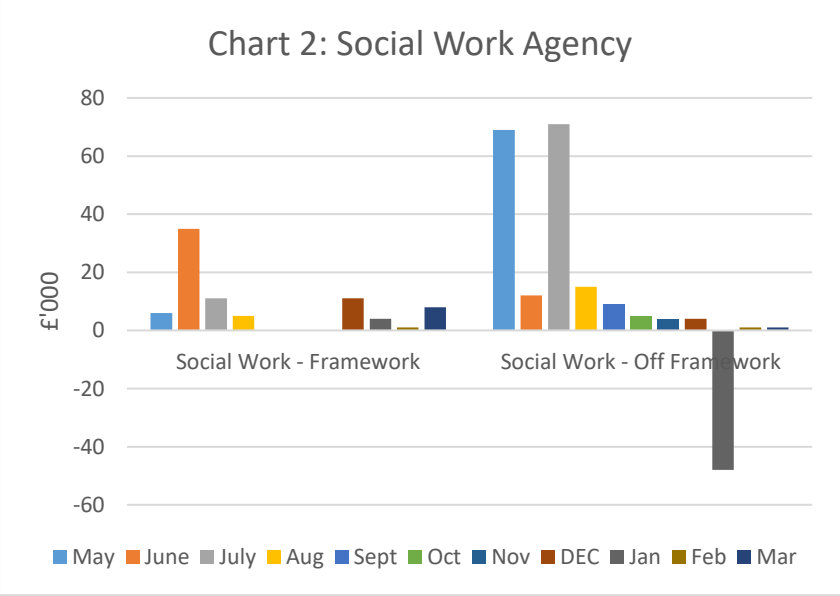
As part of the Regional work on Agency Staffing there has been 2 initiatives for removing off Framework and over all Agency expenditure. A range of employer's statements to staff and DoH press releases have supported these initiatives. These 2 initiatives are:

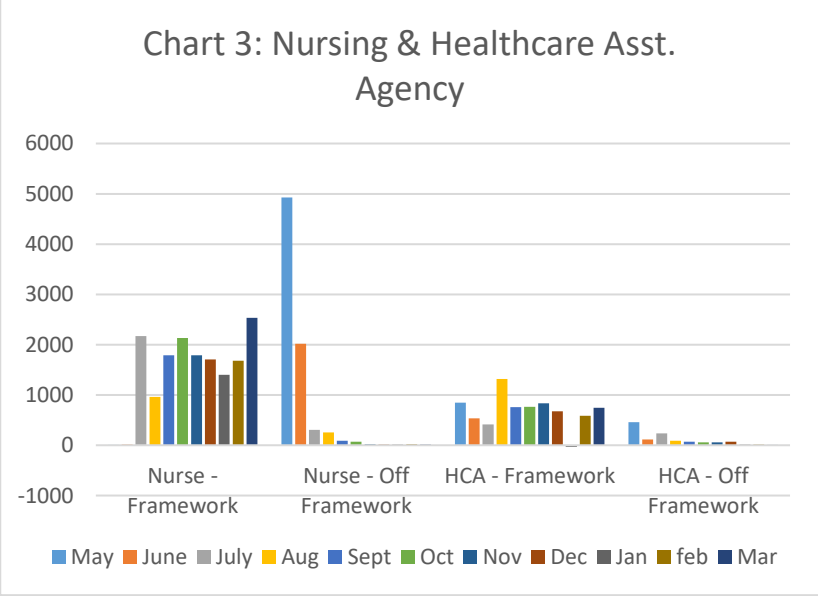
- Social Worker: From the 1st of April 2023 all off framework social worker agency utilisation ceased across the HSC including NHSCT;
- Social Worker: By the 1st of July 2023 all Social Worker Agency utilisation is due to cease across the HSC [except in exceptional situations which will be defined by 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.

These initiatives will form part of the delivery of savings in Agency schemes. Any savings that they contribute to will be shown as part of the savings section. Note that a reduction in spend as a result of success in these initiatives will not correlate to a saving of equal value – as part of the plan to reduce Agency staffing may for example include recruiting staff – therefore savings would only be marginal cost difference.

It was previously agreed regionally that Social Work will be reported from the Social Care family group on Agency Staff at B5 and above, but from October onwards (but not backdate) this has been revised to be B6 and above. This may mean that some Care Assistant Agency is captured within that, this may be reviewed.

From the charts below the Social Work spend has reduced, residual value is likely to be Care Assistants or late invoicing. The Off Framework negative spend in January relates to analysis of invoices that related to posts below B6 – these have been recoded. The Nursing & Midwifery and Health Care Assistants off contract Agency spend has significantly reduced. Note that there is approval for Nursing Off-Framework spend in 1 area, which is a Community Package.





Non Contract Agency Spend

Overall the total Agency spend at 31st March 2024 was £76.7m, of this 41.0% (£31.5m) was on off-framework Agencies. Nursing, Healthcare Assistants and Medical Locum Agency spend represent 78% of this total Agency spend and 87% of the total off-framework spend. Note that the expenditure incurred to date on Nursing off-framework agencies includes spend before the introduction of the new framework, this mix will change next year after the roll out of the new Nursing Framework and cessation of off-framework Agencies except in a few exceptional areas. The split of this framework and off-framework spend by category and Division is in Table 4 below:

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

Directorate	Contract £'000	Non Contract £'000	Total £'000
Medicine & EM	18,804	15,212	34,016
Surgical & Clinical Services	8,473	7,116	15,589
Community Care	2,754	1,107	3,861
Children & Young People	2,306	567	2,873
Mental Health, LD & CWD	6,039	3,921	9,960
Medical & Governance	312	17	329
Nursing, Paeds, Women & CS	5,186	2,431	7,617
SPP&ICT	113	312	425
Infrastructure	105	275	380
Finance	344	52	396
Prototype	10	0	10
HR	55	29	84
Other Corporate	729	434	1,163
TOTAL	**45,230**	**31,473**	**76,703**

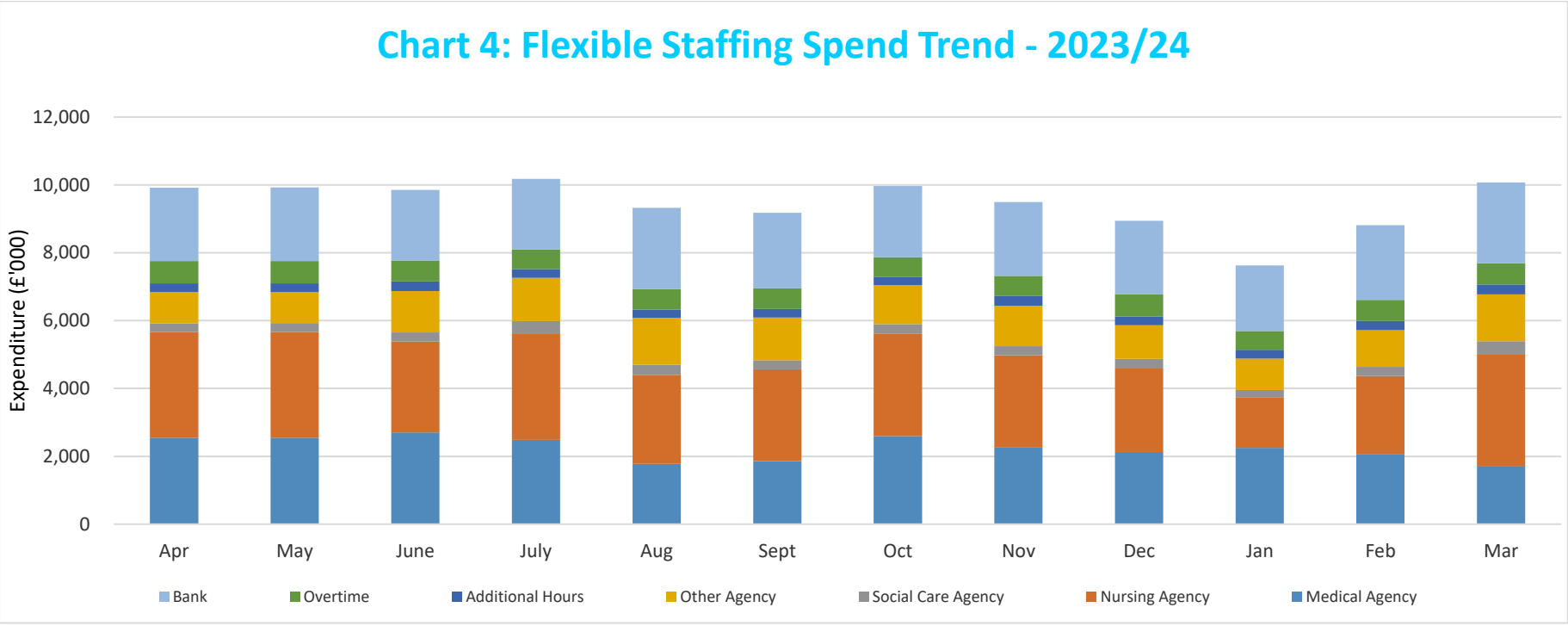
Family Group	Contract £'000	Non-Contract £'000	Total £'000	Contract %
Admin & Clerical	4,170	694	4,864	86%
AHP	369	482	851	43%
Ancillary	4,607	838	5,445	85%
Health Care Support	7,455	1,263	8,718	86%
Medical	8,566	18,360	26,926	32%
Nursing & Midwifery	16,179	7,745	23,924	65%
Other	33	152	185	18%
P&T (mto)	190	288	478	40%
Pathology	380	152	532	71%
Pharmacy	10	17	27	37%
Radiography	258	1,041	1,299	20%
Social Care	3,013	441	3,454	87%
TOTAL	**45,230**	**31,473**	**76,703**	**59%**

b) Total Spend on Flexible Staffing

The total spend in these areas is summarised below:

Table 5: Flexible Spend at March 2024

Division/Directorate	Cum to March 2024						Cum to March 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	14,383	19,632	3,740	696	116	38,567	30,445	8,122	27
Surgical & Clinical Services	7,158	8,431	2,481	2,092	515	20,677	19,186	1,491	8
Community Care	0	3,861	8,159	1,575	677	14,272	12,732	1,540	12
Children & Young People	0	2,873	1,729	1,473	267	6,342	6,994	(652)	(9)
Mental Health, LD & CWD	2,952	7,008	4,967	611	275	15,813	16,623	(810)	(5)
Medical & Governance	0	329	59	80	72	540	602	(62)	(10)
Nursing, Paeds, Women's & Corp Serv.	2,452	5,164	3,948	471	1,148	13,183	13,204	(21)	(0)
Others	(20)	2,480	985	332	106	3,883	18,573	(14,690)	(79)
TOTALS	**26,925**	**49,778**	**26,068**	**7,330**	**3,176**	**113,277**	**118,359**	**(5,082)**	**(4)**



This report has been updated and restated for prior months to include 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 £51.3m cumulative to March 2024 (£50.6m projection in February 24) for the financial year. However the main spend is directly linked to agency spend (as opposed to Bank, Overtime and Additional Hours) which is £32.7m cumulative at February 24 (£32.0m projected in February 2024).

Total flexible staffing expenditure is 16% of the total payroll costs at March 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. The Medical Staff paid by the Single Employer (NIMDTA) and recharged are not included in the contracted WTE – but an estimate has been included based on most recent recharged WTE from NIMDTA.

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	1,868	1,674	119	122	35	1,950	82
Estates	178	163	3	5	6	177	1
Medical & Dental	771	615	25	146	0	786	15
Nursing & Midwifery	3,963	3,542	80	373	212	4,207	244
Professional/Technical	1,726	1,582	93	80	65	1,820	94
Social Services	2,830	2,423	112	86	273	2,894	64
Support Services	988	774	30	136	68	1,008	20
TOTALS	**12,324**	**10,773**	**462**	**948**	**659**	**12,842**	**518**

Currently the Trust has indicatively an additional 518 WTE staff over the funded staffing level; that equates to a staffing level of 4.2% above FSL. The majority of this additional staff is in Nursing Staff.

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).

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 March almost 96.45% of invoices have been paid.

Section 7: Debtors Position – March 2024

Active cases are subject to ongoing recovery actions through the issue of 3 Dunning letters after which cases under £5k are referred to Small Claims Court. DLS are engaged in respect of higher value debt recovery and where possible the Trust will secure 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 Mar22		At Mar23		At Mar 24	
	£'000s	No of Invoices	£'000s	No of Invoices	£'000s	No of Invoices
Independent Homes	14,020	3,852	15,823	4,684	16,278	4,839
Direct Payments	105	128	110	139	170	115
Staff Related Debt	391	1,440	427	1,696	669	2,948
Commercial	110	164	393	121	271	140
Health Centre / GP Charges	66	77	111	99	216	129
Inter NHS/Government Bodies	325	92	620	154	283	123
Private Patients	85	54	101	54	168	87
Client Meals / Services	140	291	136	216	58	102
Other	7	3	7	2	22	3
Total	**15,249**	**6,101**	**17,728**	**7,165**	**18135**	**8,486**
Debt related to social care payments					**16,448**	**4,954**
ARSS debt					**1,687**	**3,532**

Key points to note:

Independent Homes invoice recovery - 92% in month invoices recovered, 30 day invoices 39%, 60 day invoices 29% and 90 day invoices 18% recovered.

Independent Home additional information:-

- Independent Homes – March 2024 DLS cases £226k payments received
  - 8 clients debt fully paid £194k
  - 3 clients debt partially paid £22k
  - 34 clients entered into a payment plan £10k

- Independent Homes DLS write-offs completed £81.7k
  - July 23 - 1 client £6k
  - Aug 23 - 1 client £8k
  - Sept 23 - 1 client £10k
  - Dec 23 - 2 clients £5k
  - Jan 24 - 1 Client £0.7k
  - Feb 24 - 1 Client £8k
  - Mar 24 - 5 clients £44k

- Independent Homes Trust write-offs completed £36k
  - July 23 - 3 clients £4k
  - Nov 23 - 4 client £4k
  - Dec 23 - 7 clients £5k
  - Jan 24 - 2 clients £1k
  - Feb 24 - 1 client £4k
  - March 24 - 15 clients £17k

- Independent Homes 6 clients pending write-off approval £115k – (DLS cases)
  - June 23 - 1 client £19k
  - Aug 23 - 2 clients £44k
  - Nov 23 - 1 client £7k
  - Dec 23 - 1 clients £32K
  - Jan 24 - 1 client £13k

- Independent Homes (Non DLS cases) No pending Write offs

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

- Staff Related Debt – 40% of ARSS debt relates to salary overpayments with 42.6% less than 3 months old. Three system change requests were processed by PSSC in January 2024 which resulted in a number of overpayments to leavers, necessitating invoices to be issued iro recovery;
- Commercial – 58% of the debt is less than 90 days old. Two cases (£24k) are being actively progressed by DLS;

- Health Centre/GP Charges – Notification of the increase due for financial year 2023/24 was implemented this quarter and invoices for arrears were issued in January 2024 which resulted in an increase in the current outstanding amounts. The ongoing dispute with GPs in respect of the annual increase continues to impact this debt position as GPs are continuing to only to pay non disputed accounts. 40% of the debt is less than 90 days.
- Inter NHS and Government Bodies – 89% of ARSS debt is less than 6 months old;
- Client meals/services – 34.5% of client meals/services is with private nursing homes and are not in dispute; and
- Overall ARSS debt – 49% is less than 90 days old. 12% of the total ARSS debt is now on repayment plans which continues to reduce the risk of debt becoming statute barred.

Section 8: Covid Cost Implications

Total expenditure on Covid in 2023/24 totalled £6.9m of which £4.5m was due to PPE. The cost of the vaccination programme was £0.3m, this brings the total Covid costs up to £7.2m.

Table 8: Forecast Covid Expenditure at March 2024

Classification	Expenditure £000's
Staffing Costs (incl. Long Covid)	1,024
Loss of Income	150
Equipment & Warehousing hire	89
Lab Testing	692
Nmabs	445
PPE Consumables	4,500
Vaccination Programme	277
Total	**7,117**

Section 9: Key Assumptions and Risks

A number of financial assumptions and risks were made in relation to the Financial Plan for 2023/24 and also with regard to the overall financial position.

- 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 and have included savings plans in these areas for 2024/25.

- 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.
- 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. In January and February 2024 some fixes to the system were actioned, these resulted in some issues. The outturn includes assumptions around those fixes, these are not material.
- The Trust is reporting a cumulative average absence rate of 8.07% as at 29th February 2024. The DoH target for 2023/24 is 7.30% (a 7.50% reduction on 2022/23 position of 7.89%).
- While the Trust has broken-even on 2023/24 this is only because of non-recurrent deficit funding from DoH/SPPG.

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:
Email: user.feedback@northerntrust.hscni.net
Telephone: 028 9442 4655

Northern Health and Social Care Trust

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WORKING TOGETHER
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