Northern Health and Social Care Trust

INVESTORS IN PEOPLE®
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TRUST BOARD

FINANCIAL POSITION REPORT – May 2024

Prepared & Issued by Finance Department

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Section 1: Financial Performance 2024/25

Financial Performance Targets	RAG STATUS
1. Agree in-year break-even financial plan agreed with SPPG and DoH	**R**
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 is forecasting a DEFICIT of £35.0m, the Trust continues to work with SPPG and DoH on this position.	
2. Achieve in-year break-even outturn within allocated Revenue Resource Limit (RRL)	**R**
At Mth 2 the forecast deficit is £35.03m. This is set out in section 3.	
3. Achieve 2024/25 Savings Target	**A**
The Trust has prepared a Low/Medium Recovery and Contingency Savings Plan, including MORE Savings, of £15.3m 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.	
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 May 2024 almost 94.2% of invoices have been paid per prompt payment target.	

Section 2: Financial Plan 2024/25

The Trust submitted a draft Financial Plan 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.The current draft Financial Plan for 2023/24 is set out below:

Table 1: 2023/24 Draft Financial Plan

	£000
24/25 Net Deficit Reported at January 24	**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 24	**58,619**
Less Low Impact Recovery Measures 24/25	(7,409)
Less Non-Recurring Contingency Measures proposed	(6,450)
Less Cost Containment Measures (Enhanced Placements)	(11,766)
24/25 Net Deficit at May 24	**32,994**
Add Estimated Growth 2024/25	10,800
Less Indicative Growth Funding 2024/25	(8,763)
24/25 Net Deficit at May 24	**35,031**

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

Section 3: Financial Position at May 2024

The Income and Expenditure position at May 24 is:

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

	Actual Expenditure (Mth 2) £'000	Forecast Expenditure 2024/25 £'000
Pay Expenditure	115,827	693,292
Net Non-Pay Expenditure	70,446	429,858
Total Expenditure	186,273	1,123,151
Total Income	(180,434)	1,088,120
(Surplus) / Deficit at May 24	5,839	35,031
% (Surplus)/Deficit against RRL	**3.24%**	**3.22%**

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.

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 £186,273.

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 May 2024

Table 3: 2023/23 Projected Outturn by Division

Division/Directorate	Budget £'000	Expenditure £'000	Mth 2 Variance £'000	Projected Outturn May 2024 £'000
Medicine & Emergency Medicine	21,865	23,471	1,606	
Surgical & Clinical Services	27,580	28,447	867	
Community Care	35,528	36,879	1,351	
Children & Young People	15,615	15,787	172	
Mental Health, Learning Disability & CW	38,991	38,698	(293)	
Nursing, Paediatrics, Women & Corporate Services	16,875	17,206	331	
Medical & Governance	3,671	3,514	(157)	
Strategic Planning, Performance & ICT	1,739	1,706	(33)	
Infrastructure & Capital	2,657	2,620	(37)	
Corporate Overheads	2,827	2,851	24	
Finance	2,005	2,005	0	
Vaccinations & MDT	391	363	(28)	
Human Resources, OD & Corp Comms	1,179	1,148	(31)	
Chief Executive & Trust Board	77	77	0	**£35.0M**
Corporate/Cost Pressures (including Covid, WLI, Corp Deficit)	9,434	11,501	2,067	**DEFICIT**
Totals	**180,434**	**186,273**	**5,839**	

Accruals are being carried for the 2023/24 pay-award, both the accrual and the allocation are being held in central Corporate/Cost Pressures cost centres until processed through the payroll. The forecast assume full achievement of savings and full expenditure incurred on growth. Key Drivers of Variances are:

- Medicine & Emergency Medicine – deficit is £9.6 m projected. 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. This is driven by both premium paid to Agency Doctors and Nurses as well as the number of decisions to admit and Ambulance Handovers. The deficit across the rest of the Division is again due to premium in Agency Doctors and Nurses as well as an over-utilisation of nursing hours above budget.

- Surgical & Clinical Services – deficit is forecast to be £5.2m. 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.

- Community Care – total deficit is £8.1m 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.

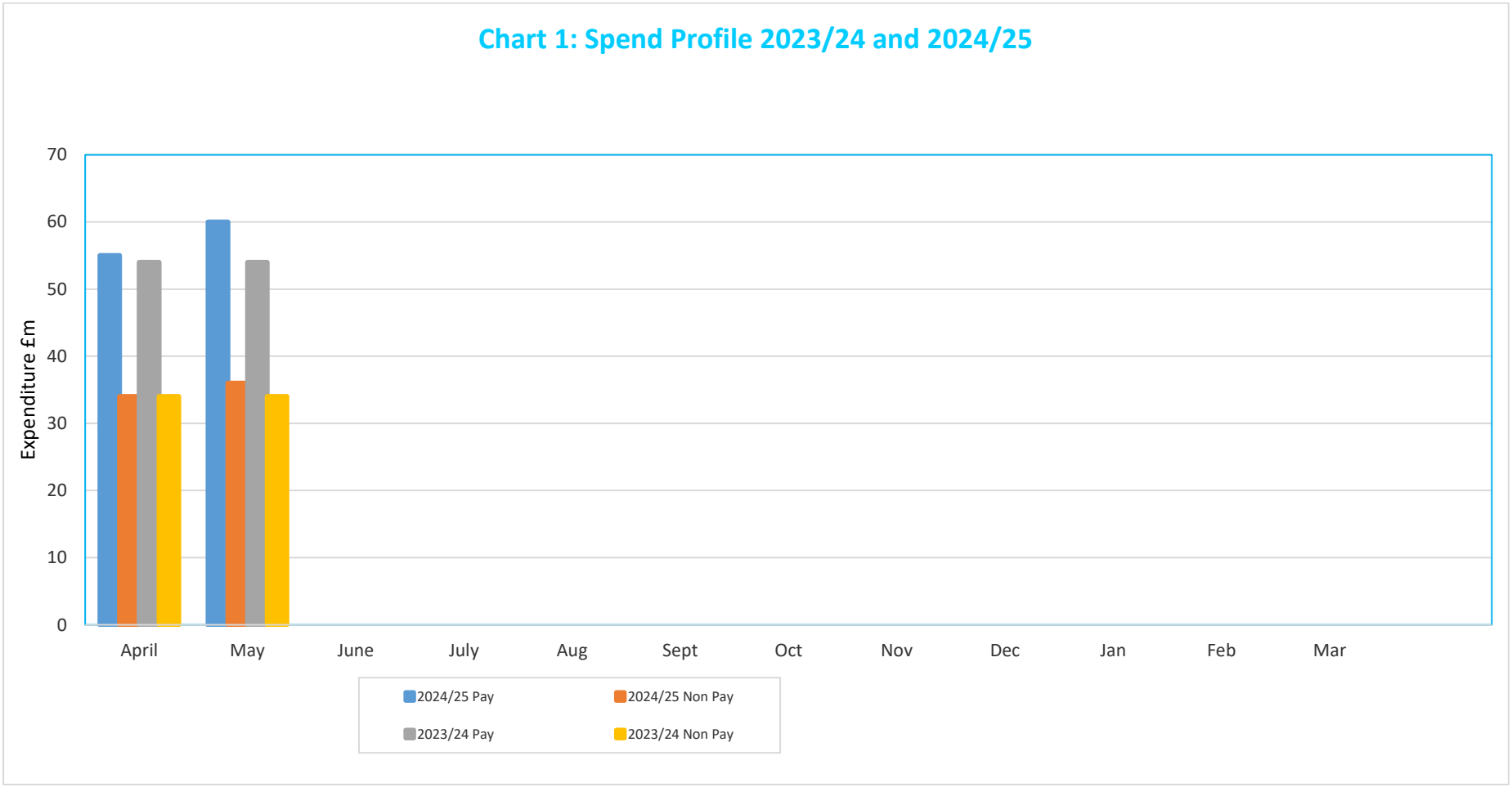
- Children & young People – total deficit is forecast to be £1.0m. There continues to be pressures on the Corporate Parenting side of the Division (Article payments), but these are being off-set by surpluses due to vacant posts in the rest of the Division, in particular in CAMHS.

- Mental Health, LD & CW – total surplus of £1.8m 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 remains an 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. 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 deficit is £2.0m 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.

- Other Directorates – The other Directorates are forecasting to be underspend by £2.0m, the most significant Directorate being Medicine & Governance and Pharmacy Services in particular. Across all these Divisions surpluses are being driven by vacancies. Confirmed Waiting List funding for Q1 was £3.2m and it is currently forecast that this will be fully utilised. No further income or expenditure has been assumed after Q1.

The profile of the expenditure in the Trust on Pay and Non-Pay cumulatively to Month 2 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 month

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 24 submitted draft plan – these are in addition to the savings included'

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 minimal risk with these. Those that are Red have not started per the plan – there are more risks associated with achieving these savings.

Table 4: Savings Plans 2024/25

Scheme	Savings Per Plan £'000	Achieved at May 24 – Forecast to Year-end £'000	Forecast Savings Yet to Start £;000	Total Forecast Variance v Plan £'000	RAG Rating
Clinical Fellow	26	0	26	26	
MIU, MU Reduced Hours	105	0	105	105	
Medical Workforce Reform	1,800	300	1,500	1,800	
Enhanced Care	500	0	500	500	
Telecoms	175	175	0	175	
Sustainability	315	0	315	315	
Medical Imaging	86	0	86	86	
Supported Living	200	200	0	200	
Taxis	50	0	50	50	
Nurse Stabilisation	2,726	0	2,726	2,726	
Corporate Services Efficiencies	527	0	527	527	
Cease use of Foster Care Agencies	400	170	230	400	
Absence Measures	274	0	274	274	
Children's Order Article Spend	225	0	225	225	
Holding Minor Works	300	300	0	300	
Service Development Slippage	2,000	2,000	0	2,000	
Technical Adjustments & holding non-urgent spend	4,000	4,000	0	4,000	

Vacancy Control – Corporate Service	150	50	100	150	
MORE Savings	1,466	906	560	1,466	
Grand Total	**15,325**	**8,101**	**7,224**	**15,325**	

Section 5: Flexible Staff Costs as at 31st May 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.

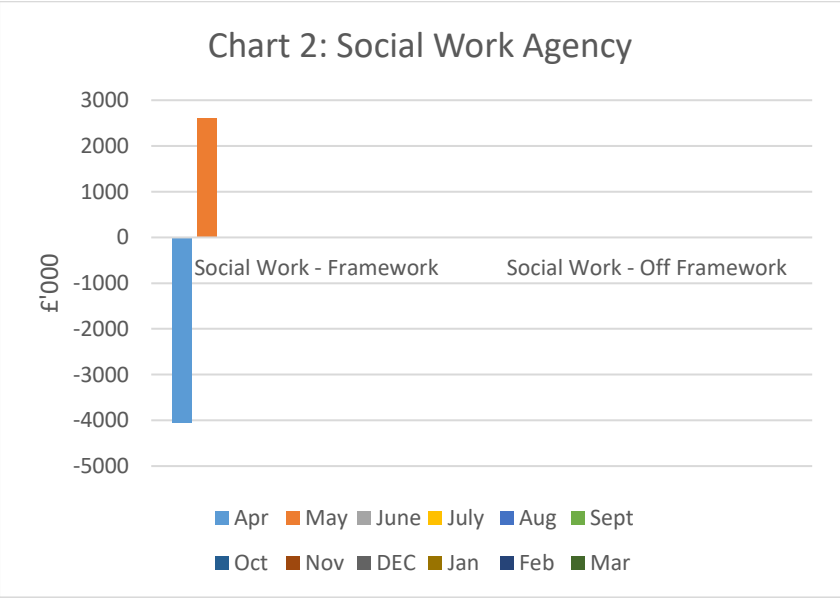
This section of the report is therefore split into a) Monitoring the targets set for Agency across Social Work and Nursing Agency and b) presenting the position on overall flexible staffing and c) Total Trust WTE including estimated flexible staffing WTE against FSL.

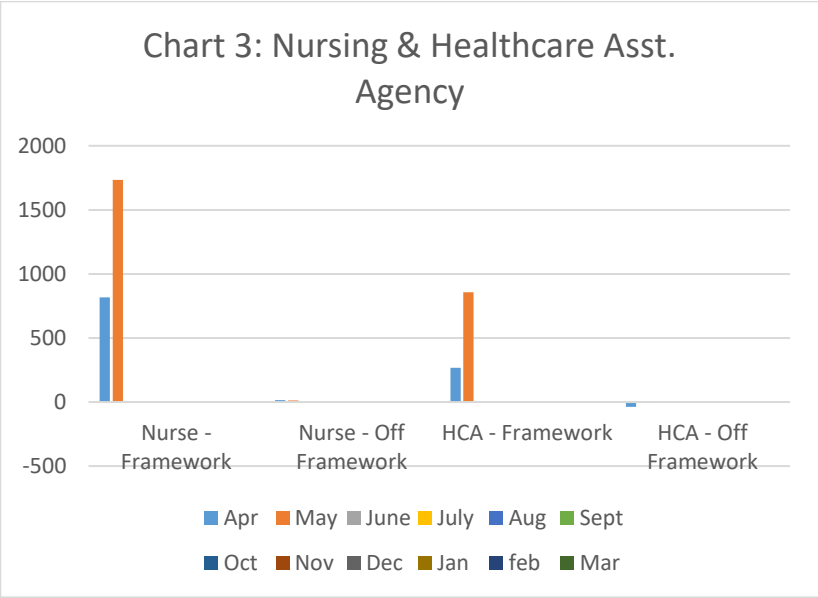
a) Regional Initiatives for Agency Staffing

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 Social Work Agency has ceased completely and 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 31st May 2024 was £10.1m, of this 37% (£3.7m) was on off-framework Agencies. Nursing, Healthcare Assistants and Medical Locum Agency spend represent 79% of the total Agency spend. Medical Agencies represent 89% of the total off-framework spend. Only 24% of all Medical Agency spend and 27% 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 £21.4m.

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

Directorate	Contract £'000	Non Contract £'000	Total £'000
Medicine & EM	3,398	1,728	5,126
Surgical & Clinical Services	1,254	957	2,211
Community Care	544	24	568
Children & Young People	277	41	318
Mental Health, LD & CWD	1,049	406	1,455
Nursing, Paeds, Women & CS	650	477	1,127
Medical & Governance	41	0	41
SPP&ICT	10	27	37
Infrastructure	25	11	36
Finance	43	0	43
Vaccinations & MDT	4	0	4
HR	1	0	1
Other Corporate	(918)	38	(880)
TOTAL	**6,378**	**3,709**	**10,087**

Family Group	Contract £'000	Non-Contract £'000	Total £'000	Contract %
Admin & Clerical	506	35	541	94
AHP	40	57	97	41
Ancillary	600	155	755	79
Health Care Support	1,123	(36)	1,087	100
Medical	1,027	3,305	4,322	24
Nursing & Midwifery	2,549	28	2,577	99
Other	0	11	11	0
P&T (mto)	49	3	52	94
Pathology	47	0	47	100
Pharmacy	0	0	0	0
Radiography	47	126	172	27
Social Care	390	26	416	94
TOTAL	**6,378**	**3,709**	**10,087**	**63**

b) Total Spend on Flexible Staffing

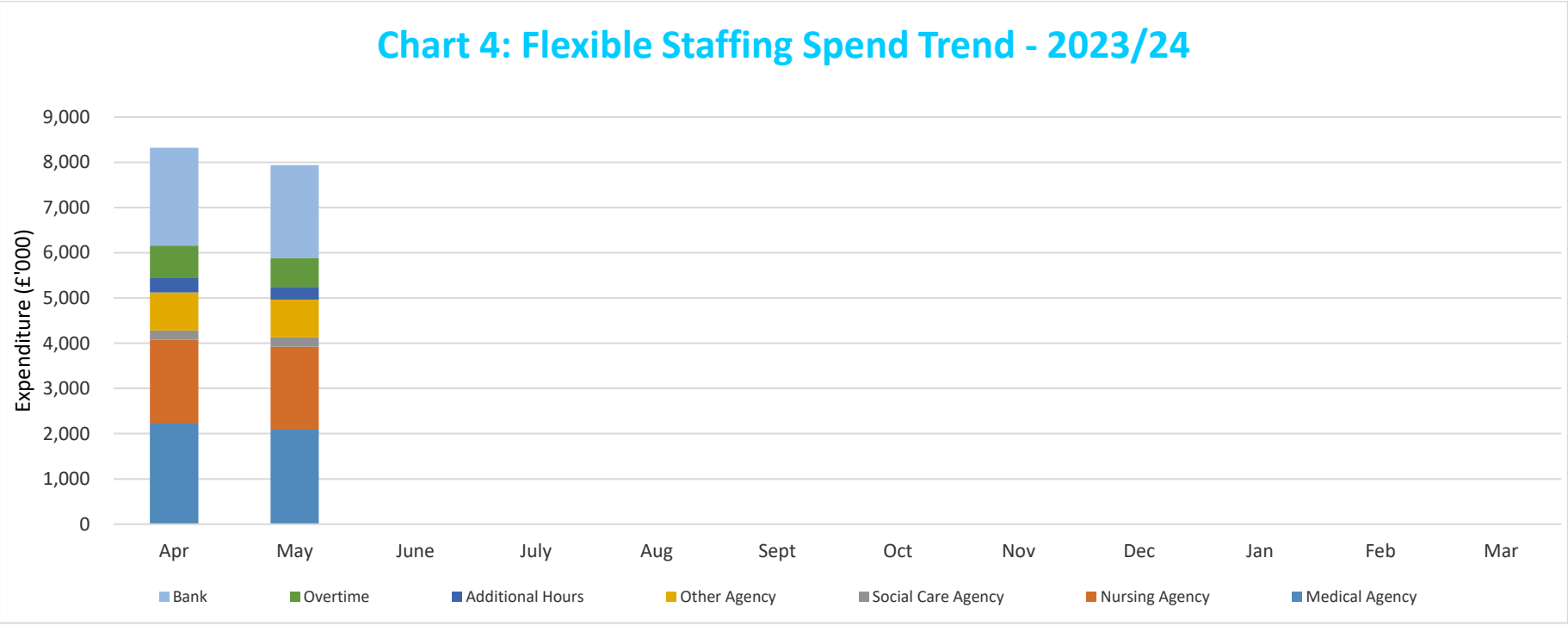
The total spend in these areas is summarised below:

Table 5: Flexible Spend at May 2024

Division/Directorate	Cum to May 2024						Cum to May 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	2,295	2,831	571	173	24	5,894	5,615	279	5
Surgical & Clinical Services	1,118	1,093	435	427	102	3,175	2,686	489	18

Community Care	0	568	1,438	252	124	2,381	2,101	281	13
Children & Young People	0	318	356	284	55	1,013	2,020	(1,007)	(50)
Mental Health, LD & CWD	467	988	733	78	44	2,310	2,844	(534)	(19)
Nursing, Paeds, Women's & Corp Serv.	413	714	6	17	11	1,161	1,262	(101)	(8)
Medical & Governance	0	41	686	78	208	1,013	104	909	874
Others	39	(798)	(5)	51	25	(688)	1,249	(1,937)	(155)

TOTALS	**4,322**	**5,755**	**4,220**	**1,360**	**593**	**16,260**	**17,881**	**(1,621)**	**(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 £6.7m cumulative to May 24 and projects to £40.3m for the financial year. However the main spend is directly linked to agency spend (as opposed to Bank, Overtime and Additional Hours) which is £3.7m cumulative at May 24, projecting to £22.0m.

Total flexible staffing expenditure is 14% of the total payroll costs at May 24.

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	1,856	1,677	111	81	35	1,904	48
Estates	178	162	3	2	7	174	(4)
Medical & Dental	769	604	22	144	0	770	1
Nursing Registered	3,103	2,830	71	221	178	3,300	197
Nursing – HCA	825	706	7	145	125	983	158
Professional/Technical	1,721	1,573	88	55	70	1,786	65
Social Work	1,008	935	42	3	91	1,071	63
Social Care	1,825	1,377	66	59	273	1,775	(50)
Support Services	987	768	27	113	75	983	(4)
TOTALS	**12,272**	**10,632**	**437**	**823**	**854**	**12,746**	**474**

Currently the Trust has in the region an additional 474 WTE staff over the funded staffing level; that equates to a staffing level of 3.9% 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).

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 May 24 almost 94.2% of invoices have been paid.

Section 7: Debtors Position – May 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 Mar23		At Mar24		At May 24	
	£'000s	No of Invoices	£'000s	No of Invoices	£'000s	No of Invoices
Independent Homes	15,823	4,684	16,278	4,389	16,898	4,939

Direct Payments	110	139	170	115	197	121
Staff Related Debt	427	1,696	669	2,948	656	2,690
Commercial	393	121	271	140	274	413
Health Centre / GP Charges	111	99	216	129	193	124
Inter NHS/Government Bodies	620	154	283	123	4,201	80
Private Patients	101	54	168	87	158	77
Client Meals / Services	136	216	58	102	58	104
Other	7	2	22	3	22	3
Total	**17,728**	**7,165**	**18,135**		**22,657**	**8,551**
Debt related to social care payments					**17,095**	**5,060**
ARSS debt					**5,562**	**3,491**

Key points to note:

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

- In month invoices 88%
- 30 day invoices 10%
- 60 day invoices 39%
- 90 day invoices 30%

Additional Independent Home information.
There are currently 214 Independent Home, debt cases, referred to DLS. Cumulative payments received April and May 24 in respect of DLS cases was as follows:-

- Independent Homes – April & May 24 £343k payments received
  - 10 clients debt fully paid £222k
  - 9 clients debt partially paid £100k
  - 63 clients entered into a payment plan £21k

FSS has an additional temporary part-time resource within the credit control team focusing on recovery of debt relating to deceased clients. Cumulative payments received April and May24 was £47k.

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

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

- Independent Homes 11 clients pending Write-off approval £145k – (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
  - April 24 - 2 clients £12k
  - May 24 - 3 clients £18k

- Independent Homes 17 clients pending Write off approval £14k – (Non DLS cases)
  - May 24 – 17 clients £14k

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

- Inter NHS and Government Bodies – included in May24 is one invoice to SPPG for £4,016k which is excluded when reviewing the debt position as it is less than 90 days and will be cleared shortly;
- Staff Related Debt – 38% of total debt relates to salary overpayments with 3% relating to staff accommodation. The ongoing salary overpayment project alongside the training provided to managers in reducing salary overpayments continues to improve the overall position;
- Commercial – 56% of the debt is less than 90 days old. £32k of debt have repayment plans set up;
- Health Centre/GP Charges –The ongoing dispute with GPs in respect of the annual increase continues to impact this debt position as GPs are continuing to only pay non disputed accounts. 35% of the debt is less than 90 days.
- Private Patients – 13% of private patient debt is less than 90 days old, eight invoices are being actively progressed by DLS and two invoices totalling £25k are determined as irrecoverable and will be written off:

- Client meals/services – 22% of client meals/services is with private nursing homes and are not in dispute; and
- Overall ARSS debt – 31% is less than 90 days old and 14% of the total debt have repayment plans set up which continues 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 amounts below are estimates based on plans set out at the start of the calendar year, these will be reviewed over the summer for a more accurate positon based on current trends. Indicative Allocations suggest that all Covid Spend will be fully funded in 2024/25

Table 8: Forecast Covid Expenditure at May 2024

Classification	**Projected Expenditure £000's**
Lab Testing	691
Long Covid	260
PPE Consumables & FIT Testing	4,500
Vaccinations	128
Total	**5,579**

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.

The Trust continues to experience pressures across the Acute setting, in particular in ED. This is driving increased attendances, admissions and complex discharges and the need for bed capacity in Community to allow for discharges. There continues to be pressures in Acute MH which is also driving bed pressures and increased discharges.

- 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 £15.3m 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 24 Change Requests.
- The Trust does not have a break-even Financial Plan for 2024/25 and therefore there is a risk that Statutory Break-even is not achievable.

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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www.northerntrust.hscni.net

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