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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 – October 2025**	**Date of Meeting: 27th November 2025**	
Prepared By:	Financial Management		
Approved By:	Labhaoise Boyle, Interim Assistant Director of Financial Management		
Presented By:	Stevie Lennon, Interim Director of Finance		
Purpose			
To provide an update to Trust Board on the Financial Outturn of the Trust as at Period 7 (Oct 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
SFMG: System Financial Management Group
PPE: Personal Protective Equipment
FYE: Full Year Effect
WTE: Whole Time Equivalent
FSL: Funded Staff Level
DLS: Directorate of Legal Services
OCP: Office of Care & Protection
HRPTS: Human Resources, Payroll & Travel System
EJO: Enforcement of Judgement Office

Executive Summary

The Forecast outturn at Month 7 is for a DEFICIT of £7.3m. This is in line with the Financial Plan and the Savings Plan as approved by the Minister and the DoH.

Based on the current assessment and plan it is unlikely that the Trust will achieve Break-even in 2025/26.This forecast does not include any income or expenditure assumed in respect of the 2025/26 Pay Award as we await DoH guidance on funding.

The October Report also includes the Statement of Financial Position at Mth 6 for noting.

Financial Position

Key deficits remain in MEM (forecast £10.2m) and CC (forecast £9.5m), while MHLDPS is under-spent there continues to be a financial pressure on High Cost Placements across all programmes of Care.

Savings

Total savings plan is for £33.6m, with forecast £32.8m of this underway, there remains £0.8m still to commence.

Risks & Assumptions

1. The Trust does not have a break-even plan and therefore there remains a significant risk to break even.
2. Forecast assumes that expenditure and income will continue on current trajectories and that funding anticipated will all be received.
3. Assumed that all savings will be fully achieved.
4. The Trust continues to experience pressures in ED and Acute settings with respect to DTA and end of Acutes. There continues to remain a capacity issue in the Care Home and IS Homecare sectors. All of these could have an impact on forecast costs.
5. There continues to be high acuity in Care Homes placements and this is leading to an increased number of High Cost Placements which is continuing to put pressure on costs.

Northern Health and Social Care Trust

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TRUST BOARD

FINANCIAL POSITION REPORT – October 2025

Prepared & Issued by Finance Department

Contents

Section 1: Financial Performance Targets 2025/26

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 as set out in section 2. A Plan was submitted in February 25 with a DEFICIT of £41.1m. Further analysis and measures reduced this by a further £6.5m in April 25. In June the SPPG identified deficit funding of up to £12.9m but asked for an additional £3.6m of savings – which the Trust has accepted. Further achievable savings have been worked through and have been agreed with SPPG. This leaves a DEFICT of £7.3m, the Trust does not have plans that could bridge that gap and therefore, based on current forecasts, the Trust will not break-even in 2025/26.	
2. Achieve in-year break-even outturn within allocated Revenue Resource Limit (RRL)	**R**
At Mth 7 in 2025/26 there is a forecast DEFICIT of £7.3m	
3. Achieve 2025/26 Savings Target	**G**
The total savings that have been identified by the Trust in 2025/26 is £33.6m. These savings are set out in section 4. The Trust is expecting to achieve these savings – **and these are green**.	
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 October 95.78% of invoices have been paid per prompt payment target.	

Section 2: Financial Plan 2025/26

The Trust submitted a Financial Plan, including achievable Low to Moderate Savings and High/Catastrophic Scenarios to DoH in February 2026. This set out a deficit (excluding High/Catastrophic scanarios) of £41.1m forecast for 2025/26. This included expected pressures and unavoidable growth in 2025/26. This deficit includes achievement of £6.45m of Contingency non-recurrent savings and £6.30m of new 2025/26 recurrent savings.

Following further analysis, Trust measures and indicative allocation confirmation from SPPG the Trust wrote to DoH in April 25 and this deficit was further reduced by £6.53m of cost avoidance and management measures.

In June 2025 the Director of Finance of SPPG wrote to the Trust setting out further planning assumptions for 2025/26. This included an additional request of £3.57m in-year contingency and recovery savings and notification of up to £12.9.m of non-recurrent deficit support funding. Following additional review of pressures and delivery of the overall savings achieved the Trust has accepted that these additional savings are deliverable in 2025/26. This would leave a deficit in-year of £18.10m.

The totality of the savings and cost management both recurrent and non-recurrent in 2025/26 to get to this outturn would be £22.85m [in addition to the £23.38m cumulatively achieved recurrently by 31st March 2025].

Further discussions have taken place over September and October 2025. Discussions with all Divisions and reviewing forecasts, funding assumptions and central expenditure identified additional savings for 2025/26. The total of these savings is £10.8m, leaving a deficit of £7.3m. The Minister and the DoH have approved these savings and have not asked for the High Impact Scenarios, which would have a significant impact on patient care, to be delivered. This means that the Trust will not break-even in 2025/26.

Summary of the current position on the Financial Plan is set out in table 1 below:

Table 1: 2025/26 Draft Financial Plan

	£'000
Gross Forecast Deficit 2025/26 at February 2025	53,883
Less Recurrent 2025/26 Savings Planned	(6,302)
Less Non-Recurrent 2025/26 Contingency Savings	(6,450)
2025/26 Net Deficit Reported at February 2025	**41,131**
Less Measures identified in April 2025	(6,533)
2025/26 Net Deficit Report at April 2025	**34,598**
Less further savings	
Less Further Savings & Measures – June 25	(3,566)
Less Deficit Support Funding	(12,931)
2025/26 Net Deficit at July 25	**18,101**
Less Further Savings & Measures – October 25	(10,764)
2025/26 Net deficit following October 25 submissions	**7,337**

Section 3: Statement of Financial Position – September 2025

Statement of Financial Position as at 30 September 2025			
This statement presents the financial position of Northern HSC Trust. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.			
	30-Sep-25 Trust £000s	**31-Mar-25 Trust £000s**	**Note**
Non Current Assets			
Property, Plant and Equipment	498,658	515,276	No significant percentage change regarding Property,
Intangible Assets	2,761	4,487	Plant and Equipment position. Intangible assets
Total Non Current Assets	**501,419**	**519,763**	movement largely due to amortisation
Current Assets			
Assets Classified as Held for Sale	2	2	No significant change
Inventories	5,055	4,693	No significant change
Trade and Other Receivables	30,309	31,381	No significant change
Other Current Assets	6,525	5,391	The increase is the result of an increase in prepayments which fluctuate throughout the year.
Cash and Cash Equivalents	28,641	3,667	Timing issue in relation to cash drawn down from DoH and payments processed over Sept 25 month end. This value is monitored closely and will reduce at year end.
Total Current Assets	**70,532**	**45,134**	
Total Assets	**571,951**	**564,897**	
Current Liabilities			
Trade and Other Payables	-133,773	-171,703	The reduction is primarily due to decreases in Payroll Payables (£27m) that are only finalised at year end.
Other Liabilities	-816	-961	RoU liabilities to be realised within the next FY. Varies due to number and value of leases held.
Provisions	-44,808	-45,079	No significant change
Total Current Liabilities	**-179,397**	**-217,743**	
Total Assets less Current Liabilities	**392,554**	**347,154**	
Non Current Liabilities			
Provisions	-202,600	-203,826	No significant change
Other Payables	-1,671	-1,968	ROU liabilities to be realised later than within the next FY. Varies due to number and value of leases held.
Total Non Current Liabilities	**-204,271**	**-205,794**	
Total Assets less Liabilities	**188,283**	**141,360**	
Reserves			
Revaluation Reserve	222,672	222,672	
SoCNE Reserve	-34,389	-81,312	
Total Equity	**188,283**	**141,360**	
	0	0	

Section 4: Financial Position at October 2025

The Trust has received RRL from SPPG, PHA and NIMDTA. Further assumed income both from indicative allocations from SPPG but also assumptions based on prior year allocations and other policy committed costs that notification has yet to be received have been included.

The Income and Expenditure position at October 2025 is:

Table 2: 2025/26 Month 7 (October 2025) Income & Expenditure

	Actual Expenditure (Mth 7) £'000	Forecast Expenditure 2025/26 £'000
Pay Expenditure	437,548	749,150
Net Non-Pay Expenditure	270,901	465,061
Total Expenditure	708,449	1,214,210
Total RRL	702,715	1,206,873
(Surplus) / Deficit at October 2025	5,734	7,337
% (Surplus)/Deficit against RRL	**0.82%**	**0.61%**

The forecast is based on is set out in Table 3 below and includes an analysis of the main over/underspends by Division. It excludes estimates for 2025/26 Pay Award.

In Year Position

The Year to date expenditure position per the Trust Monitoring Returns is £708.4 million.

Recurrent Position

The recurrent position is set out in the draft Financial Plan of 2025/26 is to be confirmed following confirmation of allocations on FYE basis.

Division Financial Position at October 2025

Table 3: 2025/26 Projected Outturn by Division

Division/Directorate	Budget £'000	Expenditure £'000	Mth 7 Variance £'000	Projected Outturn March 2026 £'000
Medicine & Emergency Medicine (MEM)	85,042	90,979	5,937	
Surgical & Clinical Services (SCS)	108,377	108,178	(199)	
Community Care (CC)	143,252	148,803	5,551	
Children & Young People (CYP)	61,955	62,335	380	
Mental Health, Learning Disability & Psychology (MHLDPS)	159,000	157,908	(1,092)	
Nursing, Paediatrics, Women & Corporate Services (NPWCS)	66,271	66,562	291	
Medical & Governance (M&G)	15,108	13,963	(1,145)	
Strategic Planning, Performance & ICT (SPPICT)	9,880	9,543	(337)	
Infrastructure	13,590	13,457	(133)	
Corporate Overheads	10,594	10,594	0	
Finance	8,011	7,927	(84)	
Operations Department	1,820	1,668	(152)	
Human Resources, OD & Corp Comms (HROD)	4,716	4,582	(134)	
Chief Executive & Trust Board	434	413	(21)	
Corporate/Cost Pressures (including Covid, WLI, Corp Deficit and deficit funding)	14,665	11,537	(3,128)	**£7.3m DEFICIT**
Totals	**702,715**	**708,449**	**5,734**	

This position includes a number of accruals, estimates.

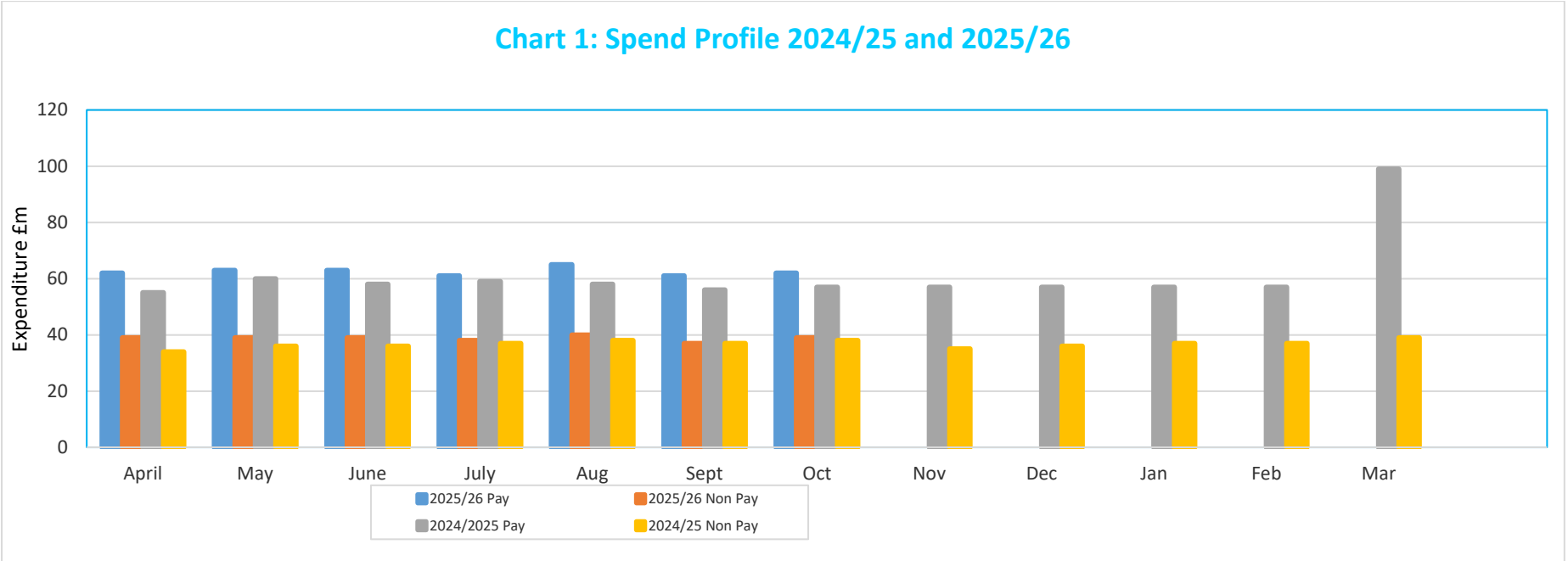
Key Drivers of Variances are:

- Medicine & Emergency Medicine – The projected position is a deficit of £10.2 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 – The projected position is a surplus of £0.34m. Despite forecasting a surplus, 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. This is offset by vacant posts throughout the Division.
Community Care – the forecast is a deficit of £9.5m. The biggest issues in this Division remain 1:1's / Bespokes and Intermediate Care (Residential Homes, Community Hospitals and IS Beds) 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 – the forecast is a deficit of £0.65m. 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. The Division also has 2 new Children with High Cost Placement packages making cost containment problematic
- Mental Health, LD & PS - the forecast is a surplus of £1.8m. While outturn was 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, High Cost Placements 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 – the forecast is a deficit of £0.50m. While outturn is forecasting a slight deficit only there are still some areas of concern remaining within medics requiring the use of locums in order to deliver care and B2 catering and domestics pay. Underspends in other areas e.g. women's services, maternity nursing and a surplus from National Living Wage for Band 2s are offsetting these areas of overspend. Currently at this stage of the financial year, most savings are forecasted to meet the target.
- Other Directorates – The other Directorates including Corporate costs are forecasting an underspend of £3.4m. Within this there are surpluses in Medicine & Governance and Pharmacy Services in particular and HR, SPPICT and Capital & Infrastructure. Indicative Waiting List funding for 2025/26 is assumed to be £12.9m, only allocations for Q1-3 are confirmed with Q4 being an estimate. The Deficit funding from SPPG and savings retracted are offsetting the Divisonal deficits.

The profile of the expenditure in the Trust on Pay and Non-Pay cumulatively to Month 12 for 2024/25 and 2025/26 is set out below in Chart 1.



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

Section 5: Savings Target 2025/26

In 2024/25 the Trust achieved £23.2m of recurrent savings. For 2025/26 the identified Savings Plan, following the October 25 update, for the year is £33.6m. Delivery of these savings will still leave a deficit of £7.3m and there are not plans in place to deliver these savings without impacting detrimentally on services – which would require Minister approval, Trust Board approval and public and staff engagement.

Table 4: Phase 1 Savings Plans 2025/26

Scheme	2025/26 Savings Per Plan £'000	Forecast 2025/26 Achieved at October 25 £'000	Forecast Savings Yet to Start £'000	Total Forecast Variance v Plan £'000	RAG Rating
Clinical Fellow	51	16	0	(35)	
Reduced Medical Costs in MEM	163	163	0	0	
Medical Workforce Reform	1,241	976	265	0	
Intermediate Care Reform	500	0	0	(500)	
Domiciliary Care - Reduce Contingency Beds	700	0	0	(700)	
Enhanced Care	875	700	175	0	
Sustainability	217	217	0	0	
Medical Imaging	100	0	0	(100)	
Nurse Stabilisation	2,291	2,204	87	0	
Corporate Services Efficiencies	104	35	22	(47)	
Cease use of Foster Care Agencies	302	0	0	(302)	
Children's Order Article Spend	129	0	0	(129)	
Absence Measures	40	40	0	0	
Other Non-Pay & Cost Containment Measures	1,534	1,534	0	0	
Multi-Disciplinary Agency Savings and Other Payroll Efficiencies	3,449	3,449	0	0	
Over-achievement of 24/25 MORE Savings	163	163	0	0	
Over-achievement of 24/25 Savings	1,415	1,415	0	0	
Cost Containments and Cost Avoidance	8,365	8,365	0	0	
Service Development Slippage, Technical Adjustments & holding non-urgent spend and Pharmacy Rebates – Non-Recurrent Contingencies	10,290	12,103	0	1,813	
2025/26 MORE Savings	1,600	1,371	229	0	
Catering & Car Parking Income	85	85	0	0	
Grand Total	**33,614**	**32,836**	**778**	**0**	

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 6: Flexible Staffing Costs as at 31st October 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 andb) presenting the position on overall flexible staffing and c) Total Trust WTE including estimated flexible staffing WTE against FSL.

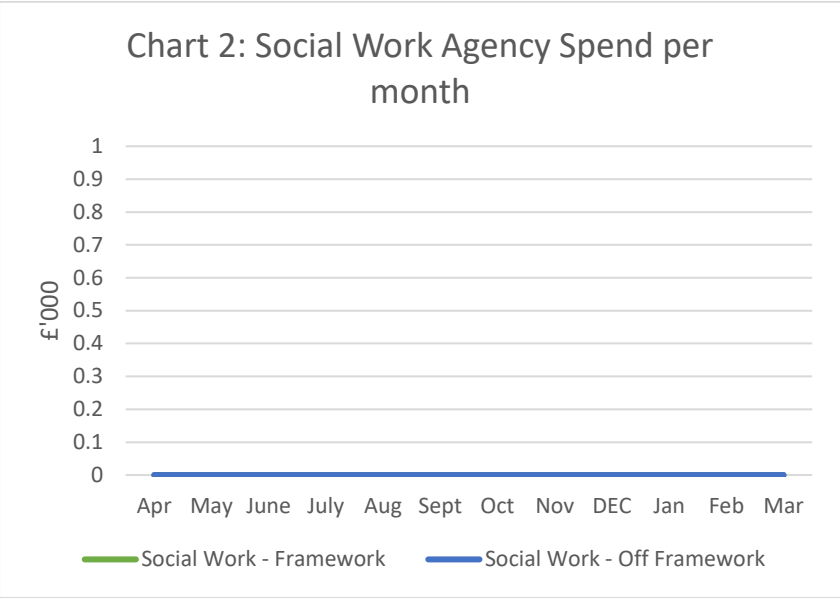
a) Regional Initiatives for Agency Staffing

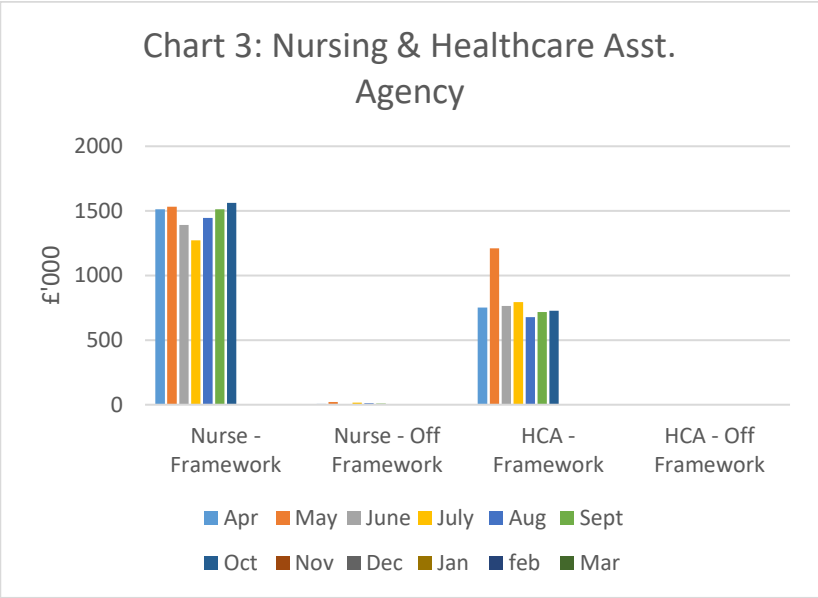
As part of the Regional work on Agency Staffing there has been 2 initiatives for removing off Framework and over all Agency expenditure. A range of employer's statements to staff and DoH press releases have supported these initiatives. These 2 initiatives are:

- 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. However YTD at October 2025 there has been no Social Work Agency Spend in 2025/26.

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 the charts you can see that off-framework spend is extremely low – 99.4% of all Nursing and 99.8% of all Nursing Health Care Assistant Agency expenditure is now delivered through Framework Agencies.





Non Contract Agency Spend

Overall the total Agency spend at 31st October 2025 was £40.2m, of this 27.8% (£11.1m) was on off-framework Agencies. Nursing, Healthcare Assistants and Medical Locum Agency spend represent 78% of the total Agency spend. Medical Agencies represent 82% of the total off-framework spend. Only 42.7% (32.5% in 24/25) of all Medical Agency spend and 30.4% (25.6% in 24/25) of all Radiographer Agency spend is spend with Framework Agencies

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 spend in these Divisions on off-Framework Agencies is £10.2m cumulatively at October 25.

The new Multi-Disciplinary Framework for Agencies is effective from June 2025 – over a phased basis. This will be the next tranche in the reduction of Agency spend – with a focus on moving away from off-framework Agencies in the first phase. There are only a very limited number of off-framework agencies still in place, it is expected that these will all have ceased by the 31st March 2026.

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

Directorate	Contract £'000	Non Contract £'000	Total £'000
Medicine & EM	13,932	4,268	18,200
Surgical & Clinical Services	4,300	3,252	7,552
Community Care	1,702	77	1,779
Children & Young People	1,210	119	1,329
Mental Health, LD & CWD	3,657	1,036	4,693
Nursing, Paeds, Women & CS	2,889	1,670	4,559
Medical & Governance	183	20	203
SPP&ICT	111	83	194
Infrastructure & Capital	88	55	143
Finance	67	36	103
Operations Department	6		6
HR	29	8	37
Other Corporate	849	533	1,382
TOTAL	**29,023**	**11,157**	**40,180**

Family Group		Contract £'000	Non-Contract £'000	Total £'000	Contract %
Admin & Clerical		2,006	264	2,270	88.4
AHP		84	179	263	31.9
Ancillary		2,359	807	3,166	74.5
Health Care Support		5,116	11	5,127	99.8
Medical		6,837	9,165	16,002	42.7
Nursing & Midwifery		10,276	66	10,342	99.4
Other		25	37	62	41.0
P&T (mto)		190	118	308	61.7
Pathology		84		84	100
Pharmacy		31	7	38	81.6
Radiography		210	482	692	30.3
Social Care		1,805	21	1,826	98.8
TOTAL		**29,023**	**11,157**	**40,180**	**72.2**

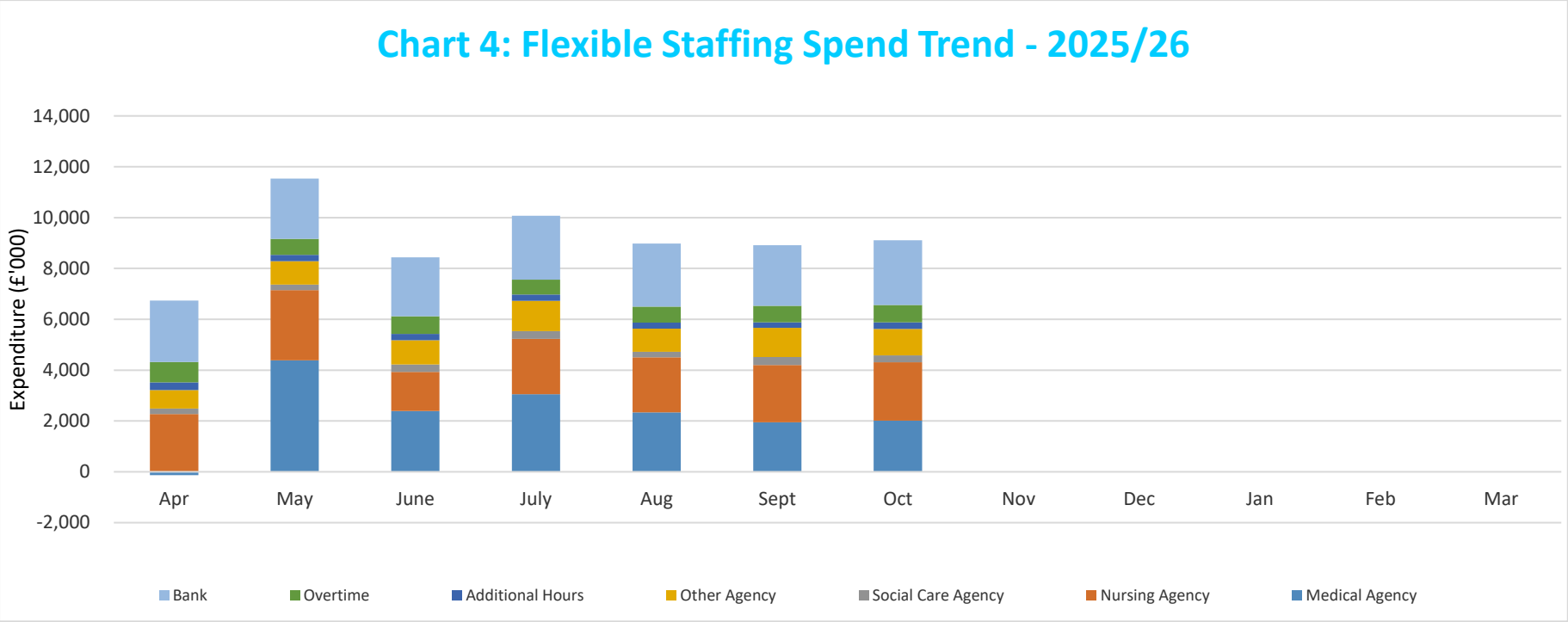
b) Total Spend on Flexible Staffing

The total spend in these areas is summarised below:

Table 5: Flexible Spend at October 2025

Division/Directorate	Cum to October 2025						Cum to Oct 24 £000's	Movement	
	Agency Locum £000's	Agency Other £000's	Bank £000's	Overtime £000's	Add hrs £000's	Totals £000's		£000's	%
Medicine & Emergency Medicine	8,107	10,093	2,178	542	110	21,030	20,778	252	1
Surgical & Clinical Services	4,339	3,213	1,527	1,078	257	10,414	10,965	(551)	(5)
Community Care	0	1,780	5,571	807	339	8.497	9,004	(507)	(6)
Children & Young People	0	1,329	1,652	1,098	128	4,207	3,801	406	11
Mental Health, LD & CWD	1,554	3,138	3,113	511	118	8,434	8,796	(362)	(4)
Medical & Governance	0	203	29	36	43	311	318	(7)	(2)
Nursing, Paeds, Women's & Corp Serv.	1,469	3,090	2,539	355	724	8,177	7,267	910	13
Others	532	1,332	419	242	52	2,577	1,626	951	58
TOTALS	**16,001**	**24,178**	**17,022**	**4,669**	**1,771**	**63,647**	**62,555**	**1,092**	**2**

Note that October 2024 was before the application of the 24/25 pay award – this was circa 5.5% for AFC staff and the Employers National Insurance increase which was circa 1.8% effective April 25.



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. There is no reporting on month 1 – therefore July actual includes accruals not posted in April which is why there is an increase in spend in July v April.

Expenditure on Flexible nursing is £27m cumulative to October 2025. However the main spend is directly linked to agency spend (as opposed to Bank, Overtime and Additional Hours) which is £15.4m cumulative at October 2025.

Total flexible staffing expenditure is 14.3% of the total payroll costs at October 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	1,887	1,651	75	97	27	1,850	-37
Estates	181	165	3	3	9	180	-1
Medical & Dental	786	700	26	156	20	902	116
Nursing Registered	3,137	2,920	55	253	196	3,424	287
Nursing – HCA	809	662	5	195	127	989	180
Professional/Technical	1,760	1,606	87	59	63	1,815	55
Social Work	1,007	971	29	0	97	1,097	90
Social Care	1,885	1,412	35	78	350	1,875	-10
Support Services	987	788	17	136	76	1,017	30
TOTALS	**12,439**	**10,875**	**332**	**977**	**965**	**13,149**	**710**

Currently the Trust has in the region an additional 710 WTE staff over the funded staffing level; that equates to a staffing level of 5.7% 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).
- Additional staffing in respect of encompass.

Section 7: 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 October 2025 almost 95.78% of invoices have been paid.

Section 8: Debtors Position – October 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 Mar24		At Mar25		At Oct 25	
	£'000s	No of Invoices	£'000s	No of Invoices	£'000s	No of Invoices
Independent Homes	16,278	4,389	19,493	4,782	21,500	4,903
Direct Payments	170	115	158	109	157	111
Dom Care			15	1	3	1
Staff Related Debt	669	2,948	536	2,725	576	2,636
Commercial	271	140	312	130	209	118
Health Centre / GP Charges	216	129	453	174	249	139
Inter NHS/Government Bodies	283	123	516	131	459	129
Private Patients	168	87	195	147	167	82
Client Meals / Services	58	102	102	120	68	110
Other	22	3	21	24	27	28
Total	**18,135**	**8,036**	**21,801**	**8,343**	**23,415**	**8,257**
Debt related to social care payments					**21,660**	**5,015**
ARSS debt					**1,755**	**3,242**

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 6,449
- DLS cases 4,318
- OCP Referrals 3,007
- EJO cases 4
- Property Dunning Suppression 1,582
- Deceased 2,246
- Other 3,894

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

- In month invoices 92%
- 30-day invoices 58%
- 60-day invoices 34%
- 90-day invoices 35%

Additional Independent Home information

There are currently 214 Independent Home debt cases, referred to DLS.
Payments received Oct 25 £211k, cumulative **April 25 – Oct 25 £1,790k** in respect of DLS cases.

Table below details payment summary: -

	Oct 25 - £000's	Cum April 25 – Oct 25 £000's
Debt Fully Paid	103	1,041
Debt Partially Paid	86	598
Payment Plan	22	151
Total	**211**	**1,790**

FSS has an additional temporary part-time resource within the credit control team focusing on recovery of debt relating to deceased clients. Payments received **April 25 – Oct 25 inclusive £518k**

Write-offs Completed

Independent Homes DLS write-offs completed 25/26 financial year

- Pre-April 25 – 2 clients £17k

Independent Homes Trust write-offs completed 25/26 financial year – To date none

Pending Write-offs

Independent Homes 4 clients pending write-off approval £20.4 (DLS cases)

- April 25 – 1 client £2.3k*
- June 25 – 2 clients £9.9k
- Sept 25 – 1 client £8.2k

**April 25 write-off has reduced due to receipt of monies from EJO. This will be further reviewed next month to determine if there will be any further payments and if a payment plan may be considered.*

Independent Homes (Non DLS cases) 18 clients pending write-off approval £24.3k

- April 25 – 3 clients £1.4k
- May 25 – 6 clients £7.4k
- June 25 – 3 clients £10.5k**
- July 25 – 3 clients £2.6k
- Sept 25 – 3 clients £2.4k

***June 25 write-off has reduced due to a final payment made from the clients PPP a/c towards the debt.*

Direct Payments

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

ARSS Debt:

- Inter NHS and Government Bodies – 96% of this debt is less than 90 days old with no anticipated issues with collecting this debt;
- Staff Related Debt – 87% relates to salary/travel overpayments with an increase from 27% to 35% (£177k) on repayment plans with the remaining 13% relating to Staff Accommodation debt, of which, 62% is less than 90 days. DLS is currently reviewing £116k (12 cases) relating to salary overpayments;
- Commercial – 87% of the debt is less than 90 days old;
- Health Centre/GP Charges – Currently 7 Health Centres are continuing to dispute the service charges - £151k . The ongoing dispute with GPs in respect of the annual increase continues to impact this debt position. The Trust is in discussion with the GPs to resolve this issue and legal proceedings have been put on hold until following SMT direction. 33% of the debt is less than 90 days old;
- Private Patients – Six invoices (£50k) are being actively progressed by DLS with one of these invoices greater than six years old successfully being repaid in full in November 2025; and

- Overall ARSS debt – Repayment plans are in place for 12% of the total value of debt, accounting for 71% of the total number of invoices. FAS continue to focus on engaging with debtors to set up suitable repayment plans to reduce the risk of debt becoming statute barred.

Section 9: Covid Cost Implications

Covid costs continue to reduce year on year. For 2025/26 the most significant expected Covid cost is PPE.

Current levels of funding have not been agreed with SPPG or PHA and therefore these estimates of funding available are indicative and subject to change.

Table 8: Outturn Covid Expenditure at October 2025

Classification	Expenditure at October 25 £'000	Projected Expenditure £000's
Lab Testing	293	690
Long Covid	34	113
PPE Consumables & FIT Testing	1,348	1,759
Vaccinations	99	170
Total	**1,775**	**2,732**
Indicative Funding	**1,775**	**2,732**
Variance	**0**	**0**

Discussions are on-going with SPPG on the estimated 2025/26 Covid Requirement. It is likely that Long Covid will move to a Regional Service from the last quarter of 2025/26.

Section 10: 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 Financial Plan and this forecast are based on a number of expenditure and income assumptions all of which continue to be reviewed internally and with SPPG.
- The Trust is forecasting and therefore assuming full delivery of £33.6m of savings and cost avoidance for 2025/26. These continue to be monitored through Delivering Value.

- There remains a deficit of £7.3m, there are no scenarios to deliver savings to address this without significant impact to patient care and therefore there exists a significant risk to Statutory Break-even.
- 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 2025/26. 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.
- 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.
- The Trust continues to experience pressures in ED and Acute settings with respect to DTA and end of Acutes. There continues to remain a capacity issue in the Care Home and IS Homecare sectors. All of these could have an impact on forecast costs.
- There continues to be high acuity in Care Homes placements and this is leading to an increased number of High Cost Placements which is continuing to put pressure on costs.
- There are a number of accruals and estimates within this forecast which continue to be monitored and discussed with Divisions. There are a number of Income Assumptons that continue to be monitored with 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:

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