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

Subject:	**Trust Board Financial Position Report – February 2026**	**Date of Meeting: 26th March 2026**	
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 11 (Feb 26).		**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

Prior to Mth 11 the Trust was forecasting a deficit on Non-Pay Award of £6.6m and £19.1m on the Pay Award – leaving a total deficit forecast of £26.1m.

However, this deficit has now been fully resourced by DoH. This funding is from the UK Treasury Reserve Claim release to the NI Executive. This is non-recurrent funding in-year only that needs to be repaid. This funding covers the 2025/26 financial year only but does not change the underlying financial fundamentals.

The Pay Award was paid in February 25 for AFC and Medical & Dental Staff.

Financial Position

Key deficits remain in MEM (forecast £11.7m) 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. Net deficits in Divisions resourced by savings, SPPG deficit funding and Trust allocation from UK Treasury Reserve Claim.

Savings

Total savings plan is for £33.6m, with forecast £33.6m of this now achieved.

Flexible Staffing

Total Agency Spend to February 26 was £61.9m of which 25.5% was off framework. Total Flexible staffing costs year-to-date are £99.9m which is £1.1m above 24/25. However, this is after a 5.5% Pay Award and 1.8% National Insurance increase – therefore this is a real terms reduction in spend.

Risks & Assumptions

1. Forecast assumes that expenditure and income will continue in line with current trajectories and that funding anticipated will all be received.
2. Assumed that all savings will be fully achieved.
3. 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.
4. 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

INVESTORS IN PEOPLE®
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TRUST BOARD

FINANCIAL POSITION REPORT – February 2026

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	G
The Trust was previously reporting a deficit, excluding the Pay Award, is £6.6m. This is after all approved savings have been assumed as achieved and all identified pressures, including growth, have been included. In addition, the 2025/26 Pay Award (including Independent Sector uplifts) is estimated to cost £29.5m, with confirmed funding of £10.0m – leading a Pay Award deficit of £19.5m. This left a total deficit of £26.1m. Following UK Treasury approval of a Reserve Claim, additional funding has been allocated by the DoH to fully resource this deficit in-year only.	
2. Achieve in-year break-even outturn within allocated Revenue Resource Limit (RRL)	G
At Mth 11, following allocation of UK Treasury Reserve funding the Trust is forecasting a break-even position.	
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 February 95.37% of invoices have been paid per prompt payment target.	

Section 2: Financial Plan 2025/26

The Trust has worked with DoH and SPPG on the 2025/26 Financial Plan since February 2025, developing and agreeing savings plans which were approved by key stakeholders. Ministerial approval left a deficit of £7.3m excluding the Pay Award, later reduced to £6.6m due to additional income. The Pay Award deficit was £19.5m for the Trust. Combined, this left the Trust forecasting a deficit at 2025/26 year-end of £26.1m.

UK Treasury has released to the Executive additional funding from the reserve claim. This is non-recurrent funding in-year only that needs to be repaid. The DoH has allocated out its share of that to the Trust to fully resource this £26.1m deficit – leaving the Trust to forecast break-even for 2025/26. This funding covers the 2025/26 financial year only but does not change the underlying financial fundamentals.

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

Table 1: 2025/26 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**
Additional Income from SPPG not previously in estimates	(754)
Total Non-Pay Award Deficit	**6,583**
Pay Award Deficit	19,491
Total Forecast Deficit – 2025/26	**26,074**
Share of UK Treasury Reserve Claim	**(26,074)**
REVISED FORECAST 2025/26	**0**

Section 3: Financial Position at February 2026

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 February 2026 is:

Table 2: 2025/26 Month 11 (February 2026) Income & Expenditure

	Actual Expenditure (Mth 11) £'000	Forecast Expenditure 2025/26 £'000
Pay Expenditure	704,812	769,762
Net Non-Pay Expenditure	446,499	486,417
Total Expenditure	1,151,311	1,256,179
Total RRL	1,151,311	1,256,179
(Surplus) / Deficit at February 26	0	0
% (Surplus)/Deficit against RRL	**0%**	**0%**

The forecast is based on is set out in Table 3 below and includes an analysis of the main over/underspends by Division. It includes the 2025/26 Pay Award as this was processed for all AFC and Medical Staff in February 26.

In Year Position

The Year-to-date expenditure position per the Trust Monitoring Returns is £1.15 billion.

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 February 2026

Table 3: 2025/26 Projected Outturn by Division

Division/Directorate	Budget £'000	Expenditure £'000	Mth 11 Variance £'000	Projected Outturn March 2026 £'000
Medicine & Emergency Medicine (MEM)	136,744	147,458	10,714	
Surgical & Clinical Services (SCS)	174,689	174,500	(189)	
Community Care (CC)	229,039	237,761	8,722	
Children & Young People (CYP)	99,503	100,145	642	
Mental Health, Learning Disability & Psychology (MHLDPS)	253,453	252,181	(1,272)	
Nursing, Paediatrics, Women & Corporate Services (NPWCS)	106,925	107,348	423	
Medical & Governance (M&G)	25,049	23,352	(1,697)	
Strategic Planning, Performance & ICT (SPPICT)	15,795	14,836	(959)	
Infrastructure	22,324	22,105	(219)	
Corporate Overheads	16,651	16,651	0	
Finance	12,741	12,564	(177)	
Operations Department	2,859	2,762	(97)	
Human Resources, OD & Corp Comms (HROD)	7,655	7,348	(307)	
Chief Executive & Trust Board	682	648	(34)	
Corporate/Cost Pressures (including Covid, WLI, Corp Deficit and deficit funding)	47,202	31,652	(15,550)	**Break-even**
Totals	**1,151,311**	**1,151,311**	**0**	

This position includes several accruals, estimates. The accrual for the Pay Award is included in the Corporate Costs section.

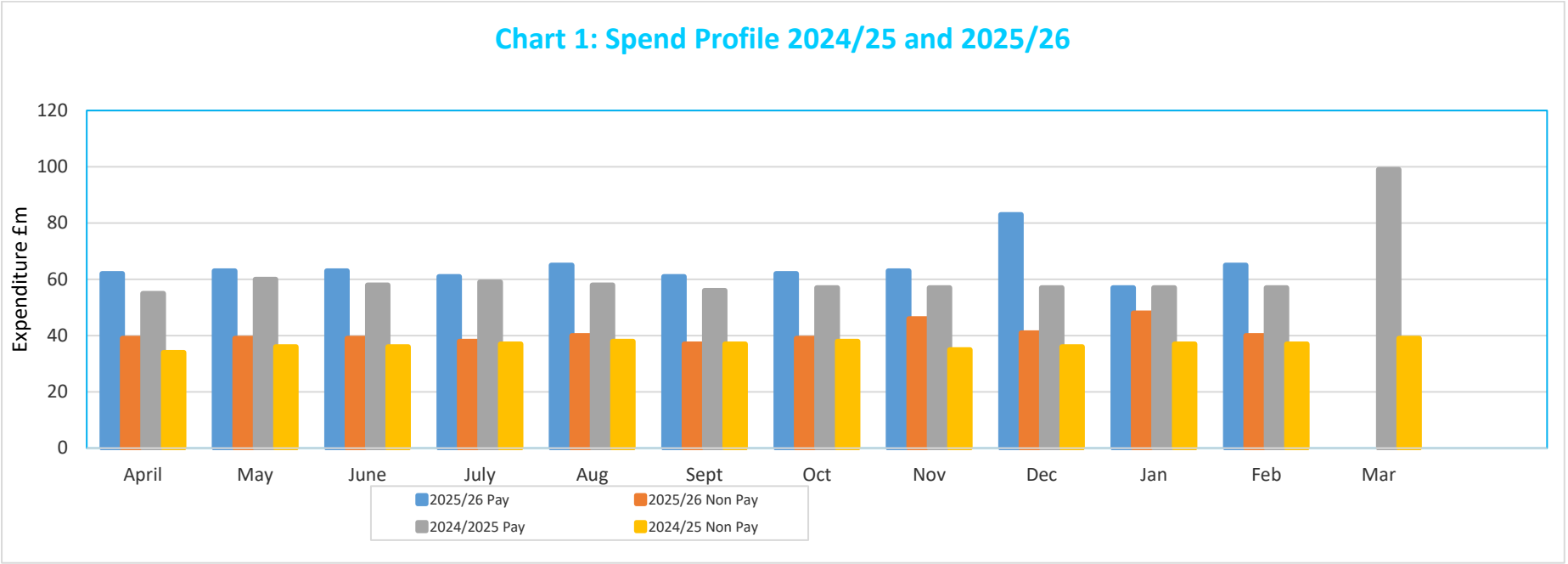
Key Drivers of Variances are:

- Medicine & Emergency Medicine – The projected position is a deficit of £11.7m 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, because of agency premium on agency doctors, covering vacant posts and gaps in rotas. Nursing, because of extended Emergency Department (ED) footprint and Enhanced Care, across a range of wards.

- Surgical & Clinical Services – The projected position is £0.2m underspend. Key Deficits 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 premium paid to Nurse Agency staff.
- Children & young People – the forecast is a deficit of £0.7m. 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 offset 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 £1.4m. 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 several 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 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.
- Other Directorates – The other Directorates including corporate costs are forecasting an underspend of £4.4m. Within this there are surpluses in Medicine & Governance and Pharmacy Services and HR, SPPICT and Capital & Infrastructure. Indicative Waiting List funding for 2025/26 is assumed to be £24.5m including funding for long waits.

- The Deficit funding from SPPG and savings retracted are offsetting the net Divisional 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 4: Savings Target 2025/26

For 2025/26 the identified Savings Plan, following the February 26 update, for the year is £33.6m, the Trust is forecasting to fully achieve these savings with all schemes having commenced.

Table 4: Phase 1 Savings Plans 2025/26

Scheme	2025/26 Savings Per Plan £'000	Forecast 2025/26 Achieved at February 26 £'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	1,241	0	0	
Intermediate Care Reform	500	0	0	(500)	
Domiciliary Care - Reduce Contingency Beds	700	0	0	(700)	
Enhanced Care	875	875	0	0	
Sustainability	217	217	0	0	
Medical Imaging	100	0	0	(100)	
Nurse Stabilisation	2,291	2,291	0	0	
Corporate Services Efficiencies	104	57	0	(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	1,600	0	0	
Catering & Car Parking Income	85	85	0	0	
Grand Total	**33,614**	**33,614**	**0**	**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 5: Flexible Staffing Costs as at 28th February 2026

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 reducing off Framework spend; this has commenced with Social Worker and Nursing Agency staff.

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

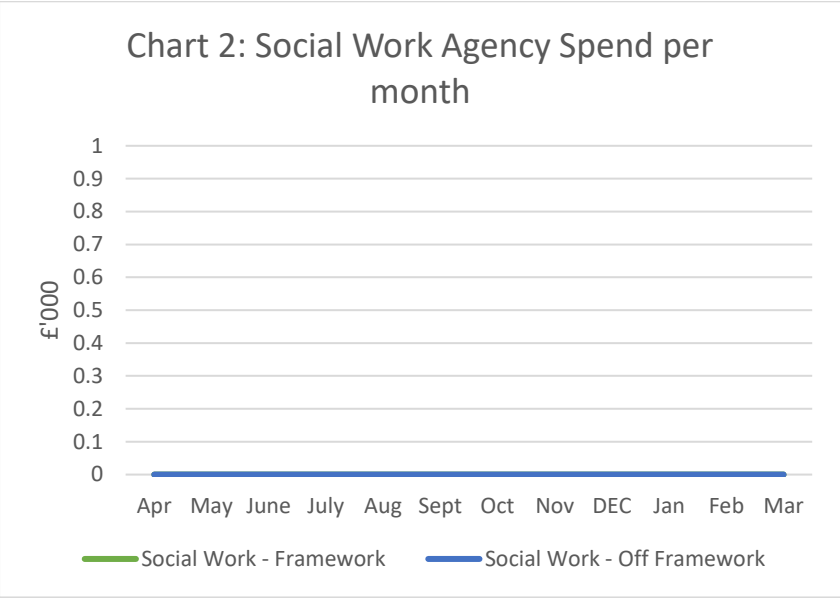
a) Regional Initiatives for Agency Staffing

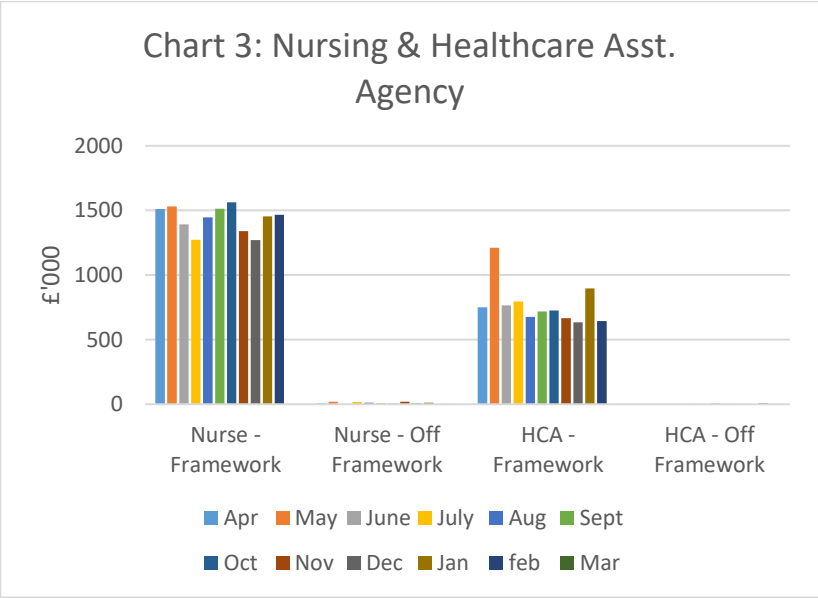
As part of the regional work on Agency Staffing there has been 2 initiatives for removing off Framework and over all Agency expenditure. A range of employer's statements to staff and DoH press releases have supported these initiatives. These 2 initiatives are:

- Social Worker: From the 1st of April 2023 all off framework social worker agency utilisation ceased across Health & Social Care (HSC) including NHSCT.
- Social Worker: By the 1st of July 2023 all Social Worker Agency utilisation is due to cease across the HSC [except in exceptional situations which will be defined by the escalation process being worked up by the social worker task and finish group].
- Nursing: By the 15th of 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 February 26 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, this deviation is to cease from mid-January 26, after this point all spend will be from framework agencies. From the charts you can see that off-framework spend is extremely low – 99.3% of all Nursing and 99.6% of all Nursing Health Care Assistant Agency expenditure is now delivered through Framework Agencies.





Non-Contract Agency Spend

Overall, the total Agency spend at 28th February 2026 was £61.9m, of this 25.5% (£15.8m) was on off-framework Agencies. Nursing, Healthcare Assistants and Medical Locum Agency spend represent 78% of the total Agency spend. Medical Agencies represent 91% of the total off framework spend. Only 41.2% (32.5% in 24/25) of all Medical Agency spend and 52.2% (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 £14.4m cumulatively at February 26.

The new Multi-Disciplinary Framework for Agencies is effective from June 2025. 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 of March 2026.

The new Medical & Dental Framework is operational from March 26, with a transition phase currently in place for the next 3 months.

Table 4: Cumulative Agency Spend February 2026 by Director and Family Group

Directorate	Contract £'000	Non-Contract £'000	Total £'000
Medicine & EM	21,768	6,535	28,303
Surgical & Clinical Services	6,712	4,782	11,494
Community Care	2,520	126	2,646
Children & Young People	2,007	84	2,091
Mental Health, LD & CWD	5,296	1,480	6,776
Nursing, Paeds, Women & CS	5,178	1,639	6,817
Medical & Governance	300	7	307
SPP&ICT	243	26	269
Infrastructure & Capital	258	10	268
Finance	162	9	171
Operations Department	13		13
HR	52		52
Other Corporate	1,596	1,095	2,691
TOTAL	**46,105**	**15,793**	**61,898**

Family Group	Contract £'000	Non-Contract £'000	Total £'000	Contract %
Admin & Clerical	3,597	66	3,663	98.2
AHP	219	175	394	55.6
Ancillary	4,564	371	4,935	92.5
Health Care Support	7,955	31	7,986	99.6
Medical	10,068	14,345	24,413	41.2
Nursing & Midwifery	15,807	111	15.918	99.3
Other	115	9	124	92.7
P&T (mto)	261	161	422	61.8
Pathology	200		200	100.0
Pharmacy	36	7	43	83.7
Radiography	543	497	1,040	52.2
Social Care	2,740	20	2,760	99.3
TOTAL	**46,105**	**15,793**	**61,898**	**74.5**

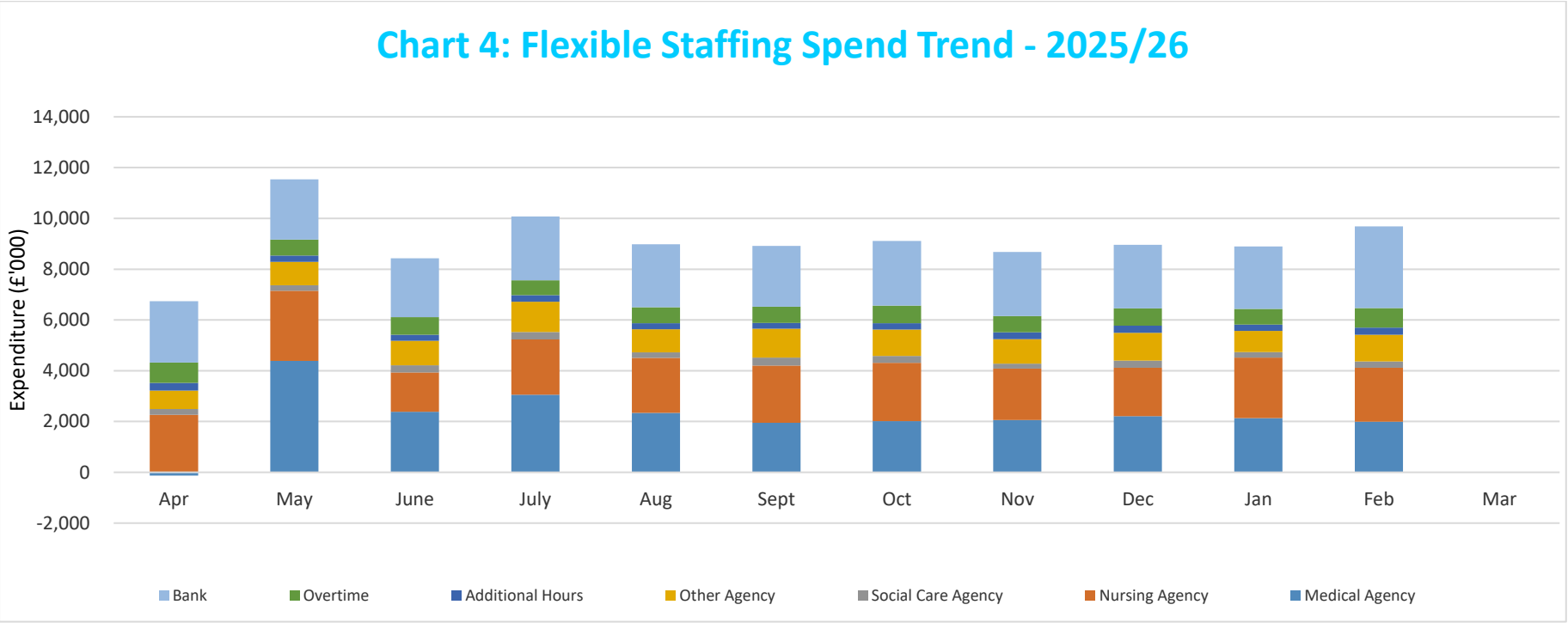
b) Total Spend on Flexible Staffing

The total spend in these areas is summarised below:

Table 5: Flexible Spend at February 2026

Division/Directorate	Cum to February 2026						Cum to Feb 25 £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	12,264	16,039	3,828	877	183	33,191	31,852	1,339	4%
Surgical & Clinical Services	6,657	4,837	2,495	1,714	403	16,106	17,014	(908)	(5%)
Community Care	0	2,646	9,119	1,319	574	13,658	14,096	(438)	(3%)
Children & Young People	0	2,090	2,527	1,683	217	6,517	5,940	577	10%
Mental Health, LD & CWD	2,323	4,436	4,919	811	188	12,677	14,088	(1,411)	(10%)
Medical & Governance	0	307	54	58	74	493	525	(32)	(6%)
Nursing, Paeds, Women's & Corp Serv.	2,074	4,743	4,162	543	1,146	12,668	11,625	1,043	9%
Others	1,095	2,387	634	367	72	4,555	3,640	915	25%
TOTALS	**24,413**	**37,485**	**27,738**	**7,372**	**2,857**	**99,865**	**98,780**	**1,085**	**1%**

Note that February 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 May actual includes accruals not posted in April which is why there is an increase in spend in May v April.

Expenditure on Flexible nursing is £42.9m cumulative to February 2026. However, the main spend is directly linked to agency spend (as opposed to Bank, Overtime and Additional Hours) which is £23.9m cumulative in February 2026.

Total flexible staffing expenditure is c.14% of the total payroll costs.

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	1,903	1,648	77	100	26	1,851	-52
Estates	180	167	3	4	9	183	3
Medical & Dental	784	710	27	157	16	910	126
Nursing Registered	3,134	3,026	55	248	196	3,525	391
Nursing – HCA	802	646	5	194	132	977	175
Professional/Technical	1,770	1,613	86	57	63	1,819	49
Social Work	1,003	974	28	0	93	1,095	92
Social Care	1,905	1,418	31	75	347	1,871	-34
Support Services	988	800	16	134	77	1,027	39
TOTALS	**12,469**	**11,002**	**328**	**969**	**959**	**13,258**	**789**

Currently the Trust has in the region an additional 789 WTE staff over the funded staffing level; that equates to a staffing level of 6.3% above FSL. Much 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 because of:

- Career breaks or peripatetic appointments.

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

Section 6: Prompt Payment

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

To negate the impact of this potential late payment liability, the Trust endeavours to settle all outstanding invoices within the required period and currently the Trust performance measure indicates that for February 2026 almost 95.37% of invoices have been paid.

Section 7: Debtors Position – February 2026

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 FSS team. ARSS, BSO, provide a credit control function for all other Trust debtors, with performance overseen by the FAS team. Payroll overpayment recovery is managed in the first instance by PSSC but falls to the Trust when staff have left or refuse a repayment plan.

Category	At Mar24		At Mar25		At Feb 26	
	£'000s	No of Invoices	£'000s	No of Invoices	£'000s	No of Invoices
Independent Homes (Client Contributions)	16,278	4,389	19,493	4,782	22,545	4,785
Direct Payments	170	115	158	109	239	137
Dom Care			15	1		
Social Care Debt	**16,448**	**4,504**	**19,666**	**4,892**	**22,784**	**4,922**
Staff Related Debt	669	2,948	536	2,725	558	1,900
Commercial	271	140	312	130	299	131
Health Centre / GP Charges	216	129	453	174	230	147
Inter NHS/Government Bodies	283	123	516	131	321	143
Private Patients	168	87	195	147	175	84
Client Meals / Services	58	102	102	120	47	86
Other	22	3	21	24	27	28
ARSS Debt	**1,687**	**3,532**	**2,135**	**3,451**	**1,657**	**2,519**
Total	**18,135**	**8,036**	**21,801**	**8,343**	**24,441**	**7,441**

Key points to note:

Debt Related to Social Care Payments: -

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

- Current Mth and Dunning Period 5,748
- DLS cases 4,496
- OCP Referrals 3,176

- EJO cases 4
- Property Dunning Suppression 1,499
- Deceased 2,513
- Other 5,109

Independent Homes invoice recovery. Total percentage of invoices paid Feb 26: -

- In month invoices 87%
- 30-day invoices 48%
- 60-day invoices 52%
- 90-day invoices 47%

Additional Independent Home information

There are currently 211 Independent Home debt cases, referred to DLS.
Payments received Feb 26 £68k, cumulative **April 25 – Feb 26 £2,326k** in respect of DLS cases.

Table below details payment summary: -

	Feb 26 - £000's	Cum April 25 – Feb 26 £000's
Debt Fully Paid	14	1,447
Debt Partially Paid	36	721
Payment Plan	18	226
Total	**68**	**2,394**

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 – Feb 26 inclusive £1.003k.**

Write-offs Completed

Independent Homes DLS write-offs completed 25/26 financial year.
- Pre-April 25 – £17k 2 clients

Independent Homes Trust write-offs completed 25/26 financial year.
- Feb 26 - £15k 20 clients

Pending Write-offs

Independent Homes 6 clients pending write-off approval £33.4 (DLS cases)
- April 25 – 1 client £2.3k*
- June 25 – 2 clients £8.7k**
- Sept 25 – 1 client £8.2k
- Nov 25 – 1 client £6.4k
- Dec 25 – 1 client £7.8k
- Jan 26 - None

**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.*
***Debt reduced due to DLA benefits received.*

Independent Homes (Non DLS cases) 3 clients pending write-off approval £17.8k
- May 25 – 1 client £4.0k
- June 25 – 1 client £7.9k**
- Nov 25 – 1 client £5.9k

***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 – 63% of this debt remains less than 90 days old with no anticipated issues with collecting this debt.
- Staff Related Debt – 93% relates to salary/travel overpayments with the remaining 7% relating to Staff Accommodation debt, of which, 30% is less than 90 days. £161k (25%) is currently being repaid through repayment plans, while DLS is currently reviewing £135k (13 cases) relating to salary overpayments.
- Commercial – 75% of the debt is less than 90 days old.
- Health Centre/GP Charges – Currently 7 Health Centres are continuing to dispute the service charges - £173k. The ongoing dispute with GPs in respect of the annual increase continues to impact this debt position. FAS await an update on the Trust's discussions with the GPs. 86% of the debt excluding HSC escalated is less than 90 days old.
- Private Patients – Seven invoices (£63k) are being actively progressed by DLS; and
- Overall ARSS debt – Repayment plans are in place for 11% of the total value of debt, accounting for 65% 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 8: Covid Cost Implications

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

Table 8: Outturn Covid Expenditure at February 2025

Classification	Expenditure at February 25 £'000	Projected Expenditure £000's
Lab Testing	628	685
Long Covid	78	85
PPE Consumables & FIT Testing	1,613	1,759
Vaccinations	148	163
Total	**2,467**	**2,692**
Indicative Funding	**2,467**	**2,692**
Variance	**0**	**0**

Some additional Testing and PPE costs have been incurred during the 2025/26 Winter period; these costs are being charged to Winter Plan and are not included above.

Section 9: Key Assumptions and Risks

A number of financial assumptions and risks were made in relation to the Financial Plan for 2025/26 and also with regard to the overall financial position.

- The Financial Plan and this forecast are based on several 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.
- 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.
- Several 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 few ‘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 several accruals and estimates within this forecast which continue to be monitored and discussed with Divisions. There are several Income Assumptions 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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