



Financial Performance Report

For the 12 months ended 31 March 2026

Contents

Executive summary	Page 3
Statutory financial performance targets	Page 4
Financial plan 2025/26	Page 5
Control total monitoring including financial performance	Page 6-7
Savings targets	Page 8-9
Expenditure analysis – key areas	Page 10-16
Capital expenditure	Page 17
Key messages	Page 18

Executive Summary

The Trust is reporting a financial break-even position against its budget for 2025/26 subject to the completion of the external audit.

The draft Annual Report and Accounts for the period ended 31 March 2026 will be submitted to the Department of Health and Northern Ireland Audit Office (NIAO) on Friday 1 May 2026. Deloitte will commence their audit during week commencing 4th May 2026. The Audit & Risk Assurance Committee will review the draft accounts at the meeting scheduled on 11 May 2026 and their update from the Committee will be provided to Trust Board at its meeting dated 7 June 2026.





NIAO will provide their draft Report to Those Charged with Governance by 12 June 2026. The Audit & Risk Assurance Committee is scheduled for 22 June 2026 to receive the draft report from NIAO and for their consideration of recommendations for approval of the Accounts to Trust Board

An exceptional Trust Board meeting has been scheduled for 25 June 2026 for Members to consider the recommendations of the Audit & Risk Assurance Committee in relation to the signing of the accounts. Signed accounts must be submitted to NIAO on or before 26 June 2026 with submission to DoH before Wednesday 1 July 2026. NIAO will provide the final Report to Those Charged with Governance by 31 July 2026.

I would like to acknowledge the instrumental role our Directors have played in achieving this year's financial outturn. Navigating the pressures and complexity of the past year has required significant leadership and resilience and the positive position we have achieved is due to that collective effort.

I would also like to recognise the valuable contribution of our Trust Board, in particular those members of the Finance & Performance Committee whose scrutiny, challenge and insight throughout the year has helped strengthen our confidence in the decisions we have taken.

Statutory Financial Performance Targets

	Rag Status
<p>Manage within allocated Revenue Resource Limit (RRL) / Operate within Control Total The Trust is reporting a break-even position at 31 March 2026</p>	<p>Green</p> 
<p>Deliver against 2025/26 savings targets The Trust has achieved £22.7m of contingency savings at March 2026.</p>	<p>Green</p> 
<p>Manage within allocated Capital Resource Limit (CRL) The Trust has a total capital allocation (Capital Resource Limit) of £54.1m. Capital expenditure to the end of March 2026 is £54.1m.</p>	<p>Green</p> 
<p>Prompt payment target – 95% of suppliers within 30 days The Trust has paid 91.50% of its undisputed invoices with suppliers within 30 days at 31 March 2026 against its target of 95%. Whilst the Trust has not achieved its prompt payment target for the year, performance has demonstrated a sustained recovery, with the Trust exceeding its target consistently across the last seven months of the financial year which gives reasonable grounds for confidence in the position going forward.</p> <p>In the month of March 2026, 96.06% of undisputed invoices with suppliers were paid within 30 days.</p>	<p>Amber</p> 

Financial plan 2025/26

The Trust is reporting a breakeven position for 2025/26. Table 1 below shows the progression of the forecast position throughout the year.

Table 1. Projected Deficit 2025/26

	Financial Plan				
	June 2025	Oct 2025	Nov 2025	Jan 2026	Feb 2026
	(v3) £'m	(v4) £'m	(v5) £'m	(v6) £'m	(v7) £'m
Opening financial pressures	34.6	34.6	34.6	34.6	34.6
Savings targets 2023/24/ MORE savings target 2024/25	26.4	26.4	26.4	26.4	26.4
Forecast pressures 2025/26 (net of indicative/ assumed income)	11.0	7.5	7.5	7.5	7.5
Forecast gross deficit 2025/26	72.0	68.5	68.5	68.5	68.5
Phase 1: Low/medium savings	(31.5)	(31.5)	(31.5)	(31.5)	(31.5)
Phase 2: Low/medium savings	0.0	(7.3)	(7.1)	(7.1)	(7.1)
Phase 2: High savings			(0.5)	(0.5)	(0.5)
Other opportunities	(9.0)	(10.4)	(11.6)	(14.2)	(14.2)
Trust led savings & managed risk	(40.5)	(49.2)	(50.7)	(53.3)	(53.3)
Forecast net deficit 2025/26	31.5	19.3	17.8	15.2	15.2
SPPG Deficit Funding	(15.2)	(15.2)	(15.2)	(15.2)	(15.2)
Revised forecast deficit 2025/26	16.3	4.1	2.6	0.0	0.0
Control limit: 2025/26 pay award				18.6	0.0
Forecast deficit 2025/26 (including agreed control limit)				18.6	0.0

Control Total Monitoring

The Trust is reporting a favourable variance of £2.6m against control totals at 31 March 2026. This is mainly attributable to growth expenditure being lower than planned in the latter months of the year and other income opportunities. Overall, this represents a strong year-end position and reflects the continued focus by Directorates on their expenditure run rates. This performance provides a sound financial platform as the Trust moves into the 2026/27 financial year. Time will be taken to bring learning forward into 2026/27 in order to further strengthen arrangements for 2026/27.

Table 2. Control Total Monitoring by Directorate

Directorate	Control Total 2025/26 £'000	Projected at Mar 26 £'000	Actual at Mar 26 £'000	Variance £'000
Unscheduled Care, Cancer, Diagnostics & Medicine	17,769	17,769	17,087	(682)
Surgery, Paediatrics & Women's Service	6,774	6,774	8,983	2,209
Adult Mental Health & Disability	4,566	4,566	4,269	(297)
Community & Older People's Services	6,463	6,463	4,122	(2,341)
Children & Families	(3,401)	(3,401)	(2,718)	683
Nursing Midwifery and AHP	(2,128)	(2,128)	(3,081)	(953)
PPCS	(4,341)	(4,341)	(4,366)	(25)
Finance, Contracts & Capital Development	(411)	(411)	(459)	(48)
Human Resources	(210)	(210)	(274)	(64)
Chief Executive	13	13	42	29
Medical	(280)	(280)	(397)	(117)
Corporate Pay & Non Pay	8,713	8,713	7,743	(970)
Directorate Total	33,527	33,527	30,951	(2,576)

Financial Performance

Month 12 financial performance indicates a reduction in run rates against the 2024/25 restated figures. The bottom-line position for the Trust is a breakeven position.

Table 3. Summary Financial Performance by Directorate

Directorate	Budget	Expenditure	March Variance		February Variance		Restated Variance 2024/25
	£'000	£'000	£'000	%	£'000	%	%
Unscheduled Care, Cancer, Diagnostics & Medicine	243,646	260,733	17,087	7.0%	16,149	7.3%	9.4%
Surgery, Paediatrics & Women's Services	162,372	171,355	8,983	5.5%	8,214	5.6%	6.2%
Adult Mental Health & Disability	171,615	175,884	4,269	2.5%	3,996	2.5%	2.3%
Community & Older People's Services	224,969	229,091	4,122	1.8%	3,601	1.7%	2.1%
Nursing, Midwifery & AHP's	43,921	40,840	(3,081)	(7.0%)	(2,993)	(7.5%)	(5.4%)
Children & Families	103,581	100,863	(2,718)	(2.6%)	(2,324)	(2.5%)	(3.1%)
Medical	5,944	5,547	(397)	(6.7%)	(338)	(6.3%)	(2.7%)
Planning, Performance & Corporate Services	78,984	74,618	(4,366)	(5.5%)	(3,815)	(5.3%)	(6.1%)
Finance, Contracts & Capital Development	7,816	7,357	(459)	(5.9%)	(377)	(5.3%)	(2.9%)
Human Resources	8,576	8,302	(274)	(3.2%)	(296)	(3.8%)	(4.7%)
Office of the Chief Executive	2,901	2,943	42	1.4%	49	1.9%	11.5%
Trust Wide Corporate Services	95,663	103,406	7,743	8.1%	6,865	7.9%	9.5%
Opportunities against Directorate Pressures	3,328		(3,328)	(100.0%)	(1,739)	(100.0%)	(100.0%)
Directorate sub-total	1,153,316	1,180,939	27,623	2.4%	26,992	2.6%	3.5%
Covid19	3,420	3,420	0	0.0%	152	5.0%	0.0%
Deficit funding/ Other opportunities	28,068	503	(27,565)	(98.2%)	(26,610)	(100.0%)	(100.0%)
Reported Deficit	1,184,804	1,184,862	58	0.0%	534	0.0%	0.0%

Savings Targets

For 2025/26, the Trust had a Phase 1 contingency savings target of £31.5m. Cumulative recurring savings of £16.5m from 2023/24 and 2024/25 have been achieved and therefore target savings of £15.1m are required for 2025/26. Additional phase 2 savings plans against a target of £7.6m have been implemented effective from 1 November 2025. The total savings target is £22.7m.













Tables 4 and 5 below summarise performance at 31 March 2026 by both Directorate and by work-stream. Directorates have performed extremely well against savings targets despite significant pressures this year. Looking ahead to 2026/27, it is imperative that we continue to maximise savings opportunities given the scale of the target we are expected to meet. Directorates are expected to proceed at pace with the implementation of proposals identified as low or medium impact ensuring that in-year savings are maximised. The Delivering Value Management Board will continue to serve as the primary forum through which savings are driven forward providing Trust Board with the assurance that savings delivery remains a key organisational priority.




Table 4: Savings Target Monitoring by Directorate

Directorate	Total Target £'000	Target Profile £'000	Savings Delivered £'000	% of Profile Achieved	RAG rating
Unscheduled Care, Cancer, Diagnostics & Medicine	5,294	5,294	5,318	100%	●
Surgery, Paediatrics & Women's Services	2,737	2,737	2,560	94%	●
Adult Mental Health & Disability	2,716	2,716	2,153	79%	●
Community & Older Peoples Services	2,889	2,889	2,903	100%	●
Nursing, Midwifery & AHP's	543	543	543	100%	●
Children & Families	1,501	1,501	1,500	100%	●
Planning, Performance & Corporate Services	1,901	1,901	1,844	97%	●
Medical Directorate	352	352	353	100%	●
Finance, Contracts & Capital Development	301	301	301	100%	●
Human Resources	237	237	237	100%	●
Chief Executive Office	58	58	58	100%	●
Corporate	4,204	4,204	4,204	100%	●
Total	22,733	22,733	21,973	97%	●

● ≤69% ● 70% - 94% ● ≥95%

Table 5: Savings Target Monitoring by work stream

Workstream	Total Target £'000	Target Profile £'000	Savings Delivered £'000	% of Profile Achieved	RAG rating
Medical locum reduction	2,469	2,469	1,347	55%	
Rota optimisation/ Dom Care	515	515	502	97%	
High cost cases/ enhanced rate efficiencies	1,100	1,100	1,101	100%	
Nursing agency	2,410	2,409	1,375	57%	
Workforce control increase (non-recurrnt repeatable)	6,159	6,159	9,170	149%	
Admin efficiencies	1,609	1,609	1,019	63%	
MORE	1,068	1,068	1,098	103%	
Medical & surgical consumables	1,300	1,300	564	43%	
Corporate and facilities management service reduction	1,694	1,694	1,694	100%	
Mental health crisis service	500	500	115	23%	
Other Opportunities	3,910	3,910	3,988	102%	
Total	22,733	22,733	21,973	97%	

 ≤69%
 70% - 94%
 ≥95%

Whilst the Trust has delivered a strong overall savings position, a number of workstreams have been challenged to deliver against their targets in 2025/26. Additional focus will be required on these areas in 2026/27 to drive improved delivery and ensure the Trust's overall savings targets are achieved.

Expenditure Analysis – Key Areas

The following section focuses on key areas where trends may have a material impact on the delivery of the financial plan and Directorate performance.

Flexible Staffing Expenditure

Total flexible expenditure in 2025/26 to date is £84.4m and is summarised by Directorate below. Total agency expenditure is £55.6m, which includes £29.4m (52.9%) of medical agency, £20.9m (37.6%) of nursing agency and £5.3m (9.5%) across other professional groups. Expenditure on bank staff over the same period is £23.7m. Overall, the use of flexible staffing continues to reduce, indicating that grip and control is improving utilisation levels.

Table 6: Total Flexible Staffing Expenditure

Directorate	Cum to March 2026					Cum to February 2026
	Overtime	Agency	Bank	Total	Growth from Prior Period	Total
	£'000	£'000	£'000	£'000	%	£'000
Unscheduled Care, Cancer, Diagnostics & Medicine	1,449	24,880	3,761	30,090	(1.8%)	28,081
Surgery, Paediatrics & Women's Services	816	10,140	1,793	12,750	(2.0%)	11,925
Adult Mental Health & Disability	774	12,147	5,227	18,147	(1.3%)	16,849
Children & Families Directorate	695	1,643	3,550	5,887	1.3%	5,329
Nursing, Midwifery & AHP's	89	170	443	703	2.4%	629
Community & Older Peoples Services	742	5,973	3,426	10,141	1.1%	9,197
Finance, Contracts & Capital Development	7	301	21	329	(1.3%)	306
Human Resources	13	-	172	184	3.4%	163
Medical Directorate	2	-	12	14	4.7%	12
Chief Executive Office	-	0	-	0	(8.3%)	0
Planning, Performance & Corporate Services	501	327	5,092	5,920	(2.0%)	5,539
COVID19 - commissioned	4	7	222	233	(1.1%)	216
Total	5,093	55,588	23,718	84,399	(1.1%)	78,246

Medical

Table 7 illustrates that the Trust has experienced an increase in total medical expenditure of £5.8m (4.02%) when compared to the average in 2024/25. Spend has increased in the current month due to backdated locum and other pay arrears with underlying pressures remaining which are mainly due to the filling of vacancies and cover for absence and unplanned leave. The 2025/26 pay award, which was paid in February, has been apportioned across the year and reflected in the prior year comparator for consistency.

Table 7: Total Medical

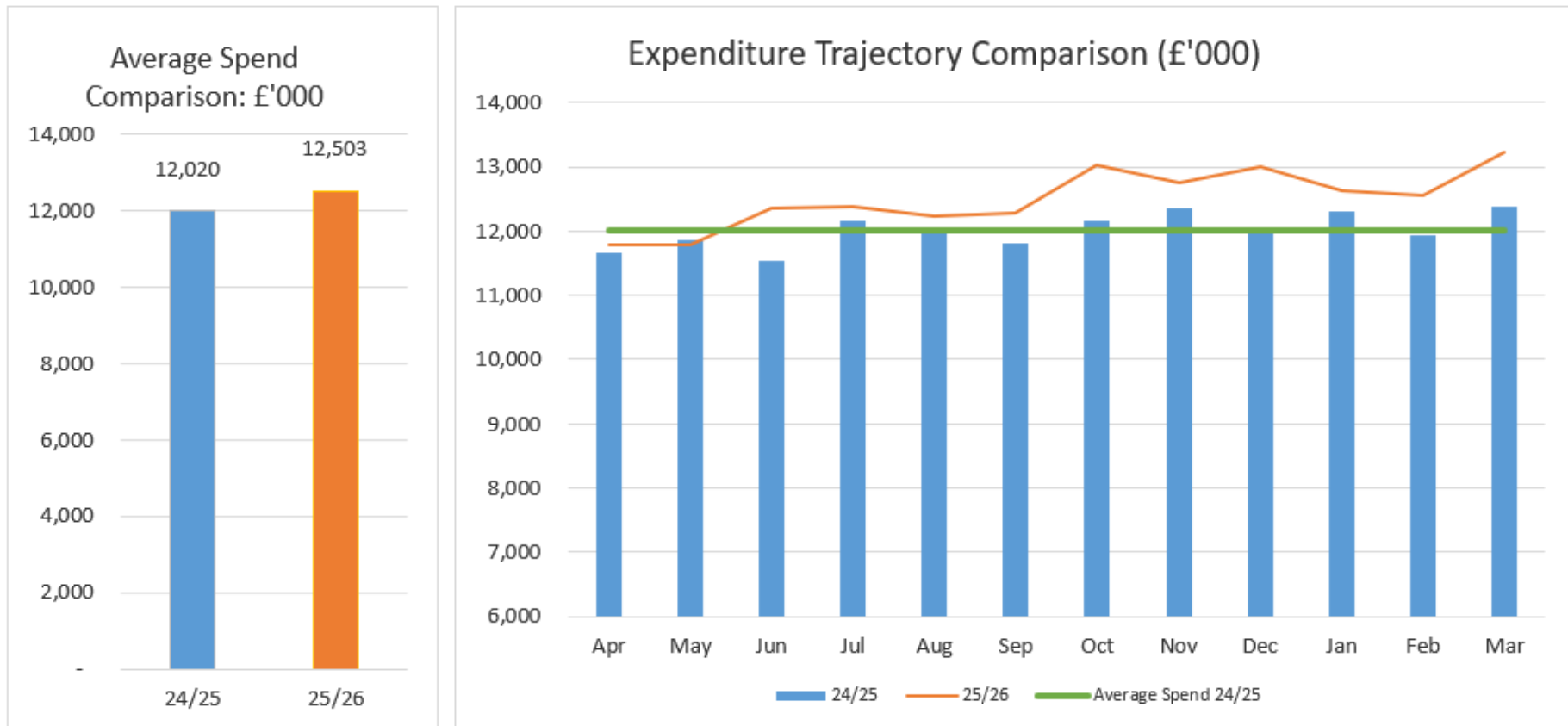
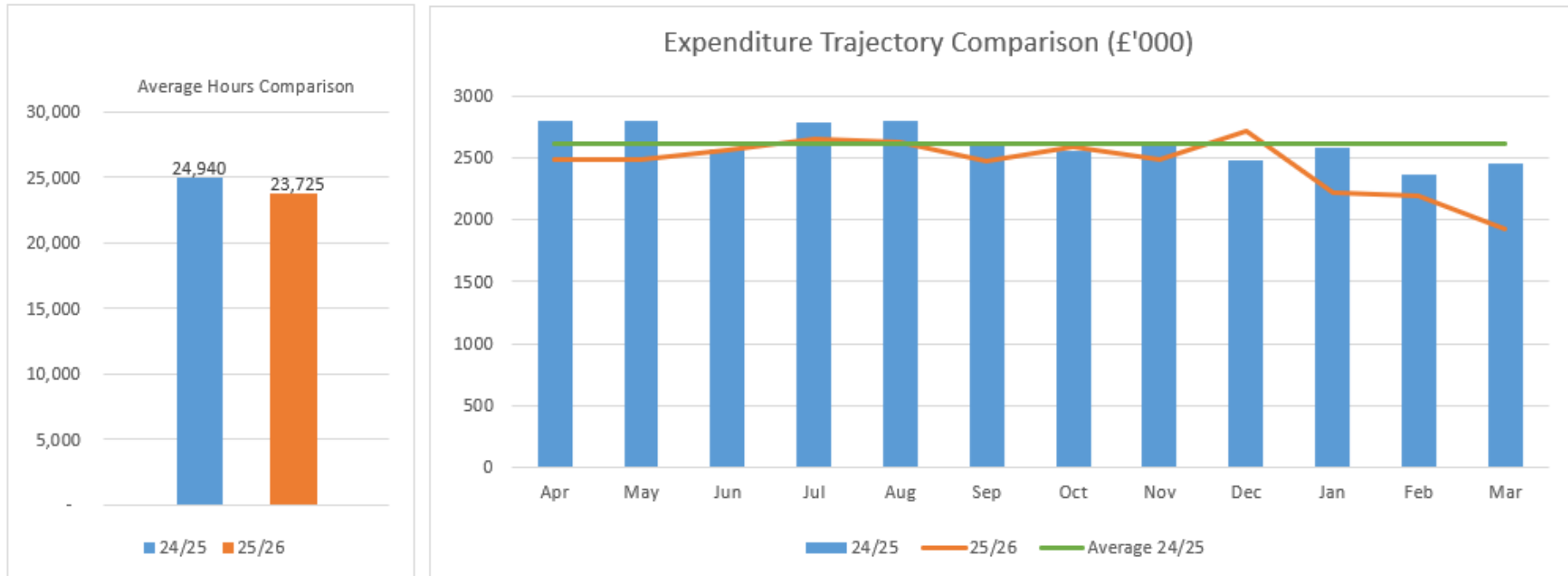


Table 8 below illustrates that there has been a decrease in average medical agency expenditure of 6.4% when compared to the average in 2024/25. In March we continue to see the positive impact of a reduction in agency hours and an opportunity from conversion of doctors from agency to HSC contracts as the Trust transitions off-contract agency staff to contract agency arrangements.

Table 8: Medical Agency



As previously reported, there are a number of work-streams in place which are focused on stabilisation of the medical workforce and on medical agency reduction. These local work-streams are led by the Medical Director as SRO with nominated leads across Directorates. Given the complexity of this work and interdependencies of various work-streams both local and regional, the Trust has appointed a programme manager to drive this work forward. Monthly accountability arrangements are in place to focus attention on the various work-streams below which include:

- International recruitment (IMR):** The Trust has appointed 22 doctors through international recruitment to date in 2025/26. Of these appointments, four were expected to displace existing locum agency, two have been released, one who had been

released, was subsequently re-engaged to cover sickness and the other has been retained to support additional pressures and on-call in the area. In the other 18 cases, successful candidates have filled vacancies, which is a contributory factor to the increased expenditure in 2025/26. There are a further 2 going through pre-employment checks.

- **Removal of the highest cost agency doctors:** of the top 10 highest cost doctors across each tier, 4 have now exited at consultant tier and 5 at resident doctor tier. Directorates are continuing to risk assess and action removal of agency doctors where it has been assessed as safe to do so.
- **Resident doctors banding reduction:** there are currently 11 non-compliant rotas in the Trust with approximately 40% of doctors in receipt of Band 3 - 100% additional allowances. Additional HR resource has been secured to support the actions required to resolve this. It must be noted that as trainees are provided by and contracted to NIMDTA (NI Medical and Dental Training Agency), the Trust has strongly challenged NIMDTA with regards to its role to address doctors' non-compliance with rota monitoring. The Trust had a positive meeting with NIMDTA in February where discussions included ways to engage doctors in the monitoring exercises and increase the number of responses.
- **Strengthening the control environment around locum engagement:** the objective of this project is to enhance and strengthen controls in the engagement of locums to align with Trust standard recruitment processes. An internal Financial Governance Review has been completed and an action plan is addressing core issues. Core principles for all relevant stakeholders to further strengthen the control environment is under development and the SRO has implemented ongoing accountability arrangements with service Directorates to strengthen controls around medical workforce engagement and retention.
- **Temporary staffing requests:** the Trust is implementing a new system to manage requests for temporary staffing. This will strengthen controls around the approval of additional staffing and will support the DVMB medical programmes of work. Full implementation is expected by 30 June 26.
- **Progress on the implementation of the new Regional medical framework** continues with Directorates currently completing a risk matrix to assess the impact to service of potential non-compliant locums. The framework went live on 2nd March 2026. Risk assessed transitional planning continues to progress. It is expected that certain vulnerable specialties may require a transition period of up to 4 months.

Nursing

Table 9 below illustrates that there has been an increase of £4.7m (1.9%) in total nursing expenditure when compared to average expenditure in 2024/25. The nursing workforce continues to be challenged with significant increases in escalation beds and rising absence. While nurse agency savings are currently below the year-to-date target, figures indicate that operational controls implemented earlier in the year have had a positive impact on nurse agency volume from July 2025. However, pressures remain in Adult Mental Health & Disability services for additional nursing support. The 2025/26 pay award, which was paid in February, has been apportioned across the year and reflected in the prior year comparator for consistency.

Table 9: Total Nursing

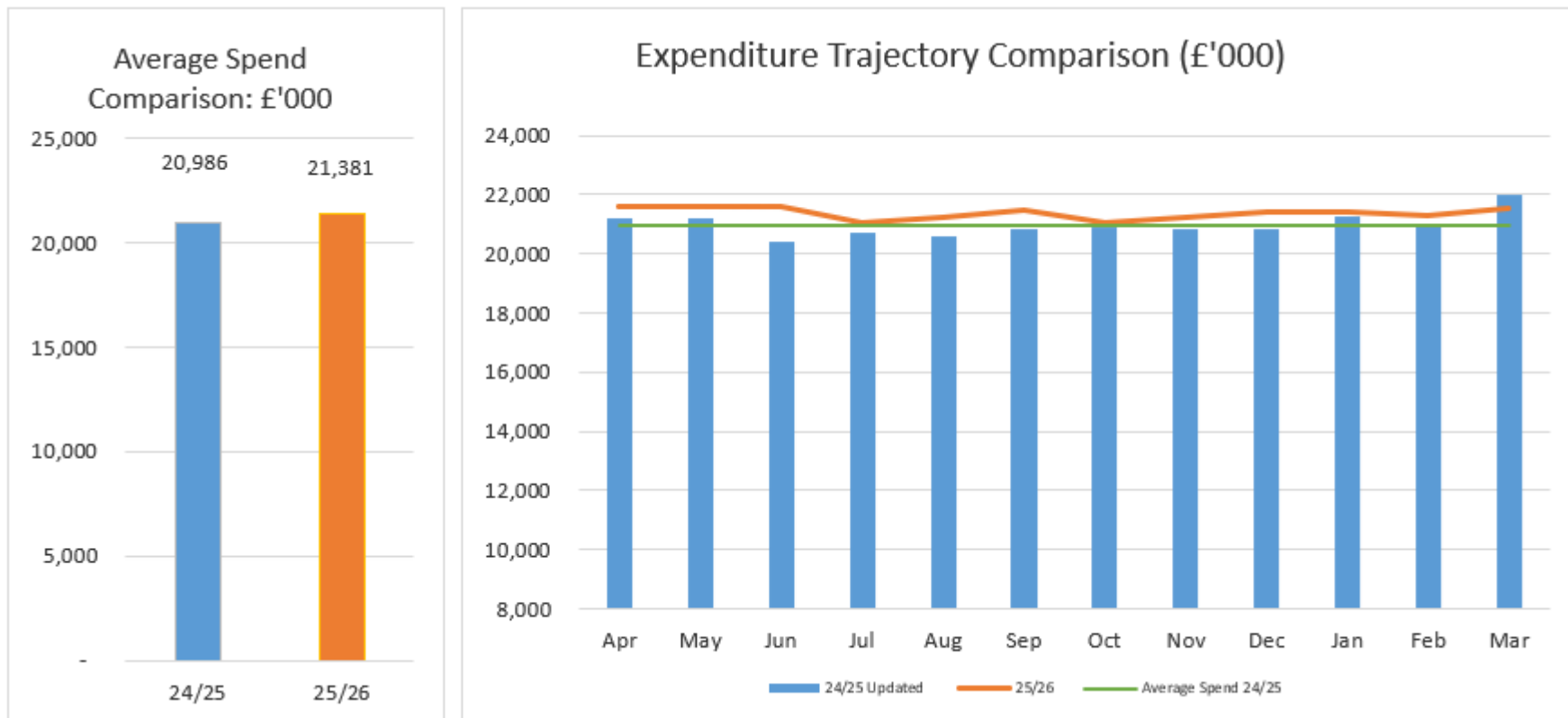
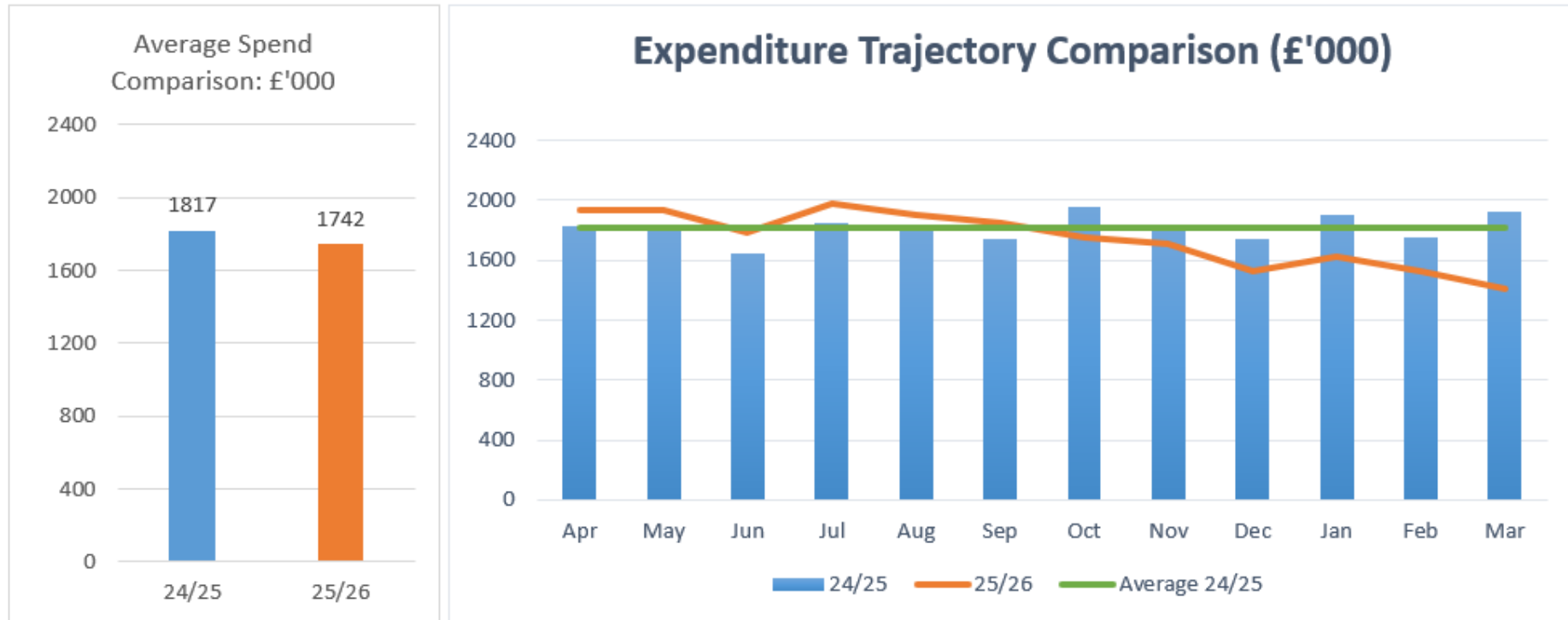


Table 10 below indicates that nursing agency expenditure levels have been reducing steadily since July and average levels remain below the prior year average, indicating a continued positive trajectory. While this is encouraging, further reductions will be required to deliver planned savings at pace, particularly moving into the 2026-27 financial year.

Table 10: Nursing Agency



As previously reported, there are a number of work streams that are focused on stabilisation of the nursing workforce and nursing agency reduction. These work streams are led by the Executive Director of Nursing as SRO with nominated leads across Directorates. Work streams include:

- Nurse Governance Framework:** The Executive Director of Nursing holds regular accountability sessions across service Directorates focusing on agency reduction, roster management and appropriate staffing. This exercise requires extensive

reach and change management through nursing structures. Signs of change have materialised, while not at the pace preferred for savings achievement, at a pace which it is hoped will embed improved sustainable control.

- **Roster planning and management:** the objective in 2025/26 is to fully utilise the capabilities of available technologies to embed best practice at operational level including enhanced controls in relation to roster approval and compliance with Trust policy.
- **Targeted training:** the ongoing focus on e-Roster training provides increased assurance around the effective management of nursing resources and alignment of staffing to patient need. Bespoke finance training has been delivered to nurse managers.
- **Nurse staffing reviews:** an active programme of nurse staffing reviews continues to assess appropriate nurse staffing levels taking account of patient acuity, increased escalation beds, patient safety and alignment with current funding levels. There are a number of complex issues currently under consideration as part of the overall solution. Wards have not been commissioned to the appropriate staffing levels, taking account of the volume of escalation beds which have been in place in recent years and also the acuity of patients which is considered to be much more complex than ever before. This is an important commissioning issue which will have to be addressed in the fullness of time with DoH/SPPG but for now we are endeavouring to stabilise the workforce through the conversion of temporary / flexible arrangements to permanent posts which should result in a significant reduction in reliance on flexible staffing arrangements including agency, bank, overtime and shift premium. Putting this arrangement in place will support the framework of control which is needed to balance the appropriate staffing models with cost containment objectives now and into the future.
- **Control Measure:** A number of KPIs are being used to control nurse staffing to appropriate levels including shift fill targets, lead time for roster planning, skill mix variances and funded establishment variance.

These are some of the measures implemented to deliver a further step change in savings opportunities from these budgets and will continue to support the financial recovery agenda.

Capital Expenditure

The Trust capital allocation (Capital Resource Limit) for 2025/26 is £54.1m. The table below details expenditure by project to 31st March 2026.

Table 11: Capital Expenditure

Project	Capital Resource Limit (CRL) £'000	Expenditure at 31 March 2026 £'000
Cityside HCC	155	155
Lisnaskea	12,731	12,731
GP Improvement Scheme	545	545
Research & Development	1,712	1,712
ICT – Various Projects	7,798	7,798
General Capital	15,654	15,654
Car Parking - Hospital Parking Charges Act	208	208
Backlog Maintenance	6,729	6,729
MH Task & Finish	549	549
IFRS Leases	1,662	1,662
Altnagelvin teaching space	281	281
Strabane Health & Care Centre (City Deal)	321	321
Ventilation North West Cance Centre	1,000	1,000
Imaging Diagnostics	4,063	4,063
Elective Care	723	723
Disposals	(31)	(31)
Total	54,100	54,100

Key Messages

- The Trust is reporting a breakeven position at 31 March 2026, subject to audit.
- Directors have achieved £22m (97%) of their savings target for 2025/26, representing a strong year-end performance.
- The Trust is reporting a favourable variance of £2.6m against control totals at 31 March 2026. This is mainly due to the profile of additional funding applied against pressures and lower than planned growth across AMHD and COPS.
- 91.50% of undisputed invoices were paid within 30 working days of receipt against the target of 95%.

Eimear McCauley

Executive Director of Finance, Contracts & Capital Development