Western Health and Social Care Trust

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Financial Performance Report

For the 3 months ended 30 June 2026

	Page
Executive summary	3
Statutory financial performance targets	4
Financial plan 2026/27	5-6
Financial performance	7
Savings targets	8-10
Expenditure analysis – key areas	11-19
Capital expenditure	20-21
Key messages	22

Executive Summary

On 15 July 2026, the Chief Executive issued a letter to SPPG/DoH to brief them of discussions at Trust Board on 2 July 2026 in relation to the Phase 2 savings approach and work being undertaken around refinement of the financial plan, including risks and assumptions to ensure that any further action is proportionate to a confirmed and evidence-based residual gap.

On 23 July 2026, the Interim Permanent Secretary wrote to the Trust setting out his expectations of HSC Trusts in this financial year, as the first full year of the three-year reform and financial recovery plan. The letter reiterates the requirement to deliver 4% cash releasing savings in 2026/27 and the Trust must now finalise and agree its plans with SPPG and reflect the implications of the changes required to provide a basis for financial sustainability and improved outcomes over the longer term.

The due diligence exercise following month 2 reporting has now been completed. No material movements have been identified as a result of this work, providing assurance of the accuracy and robustness of the Trust's monthly financial reporting.

Statutory Financial Performance Targets

	Rag Status
Manage within allocated Revenue Resource Limit (RRL) / Operate within Control Total The Trust continues to liaise with SPPG in relation to the Trust financial plan. The Trust is currently projecting an underlying break-even position for 2026/27 before the impact of the savings target for 2026/27 of 4%/ £41m. The Trust is currently forcasting an indicative gap of £4.1m against this target.	Red 
Deliver against 2026/27savings targets The Trust has achieved £3.7m of contingency savings at June 2026.	Green 
Manage within allocated Capital Resource Limit (CRL) The Trust has a total capital allocation (Capital Resource Limit) of £34.7m. Capital expenditure to the end of May 2026 is £4m.	Green 
Prompt payment target – 95% of suppliers within 30 days The Trust has paid **96.13%** of its undisputed invoices with suppliers within 30 days at 30 June 2026 against its target of 95%. Performance remains excellent in June with performance continuing to exceed the Trust's target. This sustained level of performance demonstrates a continued strong commitment to the timely settlement of supplier invoices and effective management of the Trust's payment processes. In the month of June 2026, **96.46%** of undisputed invoices with suppliers were paid within 30 days.	Green 

Financial plan 2026/27

The Trust is currently forecasting an indicative gap of £4.1m against the 4%/ £41m savings target.

Table 1. Projected Deficit 2026/27

	Financial Plan				
	June 2026 £'m	July 2026 £'m	Projected at June 26 £'m	Actual at June 26 £'m	Variance £'m
2026/27 Financial Pressures					
Opening financial pressures 2025/26	56.2	56.2	14.1	14.1	0.0
Financial pressures 2025/26 FYE	9.1	9.1	1.8	1.8	0.0
Demographic growth/ other pressures 2026/27 TYE	9.8	9.8	0.5	1.6	1.1
SPPG growth funding		(1.8)	(0.5)	(0.5)	0.0
Forecast gross deficit 2026/27	**75.1**	**73.3**	**15.9**	**17.0**	**1.1**
2026/27 Solutions					
Recurrent savings 2023/24 - 2025/26	(34.0)	(34.0)	(8.5)	(8.5)	0.0
SPPG recurrent deficit funding	(21.5)	(21.5)	(5.4)	(5.4)	0.0
Total recovery applications	**(55.5)**	**(55.5)**	**(13.9)**	**(13.9)**	**0.0**
Forecast deficit 2026/27	**19.6**	**17.8**	**2.0**	**3.1**	**1.14**
In year solutions					
Annual workforce controls savings	(5.0)	(5.0)	(1.3)	(1.2)	0.1
Other opportunites	(14.6)	(12.8)	(0.7)	(0.7)	0.0
Total	**(19.6)**	**(17.8)**	**(2.0)**	**(1.9)**	**0.1**
Projected Outturn	**0.0**	**0.0**	**0.0**	**1.252**	**1.2**
Recurrent budget reduction: 6% original savings target	61.5	61.5	15.4	15.4	0.0
Phase 1 savings: low/ medium	(26.5)	(26.5)	(4.9)	(3.7)	1.2
Phase 2 savings: high with mitigations (conditionally approved)		(8.6)	0.0	0.0	0.0
Other savings opportunities redeployed		(1.8)	(0.5)	(0.5)	0.0
Forecast gap against original 6% budget reduction	**35.0**	**24.6**	**10.1**	**12.5**	**2.4**
Less: planning assumption relating to reduction from 6% to 4% savings target	(20.5)	(20.5)			
Forecast Gap 2026/27 against 4% target	**14.5**	**4.1**			

The Trust's formal indicative allocation letter reflects a £61.5m budget reduction, based on the original 6% savings requirement. The Permanent Secretary has subsequently confirmed that Trusts are expected to delivery 4% cash-releasing savings (£41m). The Trust's financial plan therefore assumes that the remaining £20.5m will not be required to be delivered through savings. The mechanism by which this will be addressed has not yet been confirmed and remains subject to agreement of the Northern Ireland Budget. The Trust will continue to engage with SPPG regarding the implications of the budget retraction and the management of any residual financial deficit.

In July, the Trust has reduced the projected gap against the 4% target to £4.1m. This reflects conditional approval by Trust Board of high impact savings proposals of £8.6m including those which remain subject to ongoing further refinement and engagement with SPPG and confirmation by SPPG of additional funding of £1.8m against other growth pressures.

The variance to plan at June is driven by a combination of savings under delivery against profile of £1.2m and an increase in expenditure run rates of £1.2m. Delivery of savings plans at pace, alongside robust management of expenditure run rates, will be imperative to mitigate against any risk to the financial plan.

Financial Performance

The Trust is reporting an overspend against its budgets of £12.5m at 30 June 2026. Table 2 below summarises the financial performance by Directorate. Directorates are reporting an over spend of 1.7% which is an increase on the restated prior year reported budget variance. The bottom-line position for the Trust is an overspend of 4.4%.

Monitoring against control totals will be incorporated into the Trust Board report for the reporting period to 31 July 2026.

Table 2. Summary Financial Performance by Directorate

Directorate	Budget	Expenditure	June Variance		May Variance		Restated Variance 2025/26
	£'000	£'000	£'000	%	£'000	%	%
Unscheduled Care, Cancer, Diagnostics & Medicine	61,899	65,546	3,647	5.9%	2,629	6.4%	6.4%
Surgery,Paediatrics & Women's Services	39,790	41,686	1,896	4.8%	1,132	4.3%	4.6%
Adult Mental Health & Disability	44,633	44,674	41	0.1%	327	1.1%	0.5%
Community & Older People's Services	58,646	58,742	96	0.2%	44	0.1%	(0.3%)
Nursing, Midwifery & AHP's	11,041	10,377	(664)	(6.0%)	(404)	(5.5%)	(6.9%)
Children & Families	25,883	25,476	(407)	(1.6%)	(336)	(2.0%)	(2.0%)
Medical	1,561	1,463	(98)	(6.3%)	(73)	(6.8%)	(6.7%)
Planning, Performance & Corporate Services	19,468	18,307	(1,161)	(6.0%)	(796)	(6.1%)	(5.2%)
Finance,Contracts & Capital Development	2,104	1,916	(188)	(8.9%)	(247)	(16.3%)	(5.8%)
Human Resources	2,198	2,069	(129)	(5.9%)	(79)	(5.4%)	(3.2%)
Office of the Chief Executive	725	751	26	3.6%	52	10.8%	1.6%
Trust Wide Corporate Services	24,519	26,932	2,413	9.8%	1,285	7.9%	7.2%
Opportunities against Directorate Pressures	551		(551)	(100.0%)	(373)	(100.0%)	(100.0%)
Directorate sub-total	**293,018**	**297,939**	**4,921**	**1.7%**	**3,161**	**1.6%**	**1.6%**
Covid19	416	416	0	0.0%	0	0.0%	0.0%
Savings target 6%	(15,375)		15,375	(100.0%)	10,250	(100.0%)	0.0%
Deficit funding/ Other opportunities	7,808		(7,808)	(100.0%)	(4,756)	(100.0%)	(100.0%)
Reported Deficit	**285,867**	**298,355**	**12,488**	**4.4%**	**8,655**	**4.6%**	**0.0%**

Savings Targets

The Trust has a 4%/ £41m savings target for 2026/27. At the end of June, low/ medium savings proposals totalling £26.5m have received approval through the Trust's governance arrangements and form the basis of the current reported savings target monitoring. In July, Trust Board has approved a conditional, phased and actively governed approach to a further £8.6m of high impact proposals with implementation of some proposals anticipated to commence from August where approved.

Tables 3 and 4 below summarise performance at 30th June 2026 by both Directorate and by work-stream.

Table 3: 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	6,595	1,642	1,026	63%	
Surgery, Paediatrics & Women's Services	3,804	628	681	108%	
Adult Mental Health & Disability	4,518	942	589	63%	
Community & Older Peoples Services	4,524	721	464	64%	
Nursing, Midwifery & AHP's	295	61	62	100%	
Children & Families	1,467	213	222	104%	
Planning, Performance & Corporate Services	4,877	591	590	100%	
Medical Directorate	92	5	5	100%	
Finance, Contracts & Capital Development	163	11	11	102%	
Human Resources	141	28	28	100%	
Chief Executive Office	24	3	3	100%	
	-	-	-		
Total	**26,500**	**4,845**	**3,682**	**76%**	

<=49% 50% - 74% >=75%

Table 4: Savings Target Monitoring by work stream

Workstream	Total Target £'000	Target Profile £'000	Savings Delivered £'000	% of Profile Achieved	RAG rating
Medical locum reduction	4,280	1,070	544	51%	
Community care service reduction (dom care & community equipment)	1,500	9	9	100%	
High cost cases/ enhanced rate efficiencies	1,500	375	183	49%	
Complex cases	500	125	0	0%	
Nursing agency staffing reductions	5,000	1,250	656	52%	
Embedding current nursing agency price reset	500	-	-	-	
Corporate opportunities: workforce controls	4,000	1,030	1,312	127%	
Social work initiatives	1,000	-	-	-	
Acute non pay deep dive, including specialist and non specialist Drugs F	1,000	350	350	100%	
Medical & surgical consumables	1,000	-	-	-	
Corporate and facilities management service reduction	3,720	506	506	100%	
Admin & Encompass	2,000	-	-	-	
Discretionary spend heightened controls	500	130	121	94%	
Total	**26,500**	**4,845**	**3,682**	**76%**	

<=49%	50% - 74%	>=75%	Future Profiled

Directorates have achieved savings of £3.7m against a profiled target of £4.9m. Some workstreams are profiled for delivery later in the year. Key insights from the June monitoring are:

- Medical and nursing agency reductions remain below plan despite a range of measures put in place to support savings including approved safe staffing establishments. Directors must review and identify barriers to delivery including gaps in the control environment, and agree an approach to the management of escalated beds/ delayed discharges/ decisions to admit to support the recovery of this position;
- Collective Regional agreement was not secured to implement a reduction in the nursing price cap for qualified nurses;
- Savings from high-cost case reviews remain significantly below the planned trajectory. This reflects both the time required for newly introduced review panels and assurance processes to embed and deliver the full potential financial benefit, alongside the Regional decision to pause engagement with the external provider that was intended to support this work.

Key Risks and Mitigations

Expenditure growth

The expenditure forecast assumes that directorates will contain expenditure within the levels assumed in the financial plan.

Whilst overall financial performance remains broadly in line with the prior year position, there are early indications that expenditure growth in some areas may be above the trajectory required to deliver the financial plan. This presents a risk that if not managed, additional in-year pressures may emerge. Directors must continue to strengthen budgetary control arrangements, ensuring robust budget holder accountability and timely action to manage expenditure growth.

Savings Targets

The financial plan assumes Directors will deliver in full against approved savings in 2026/27.

Monitoring of savings performance to date for Phase 1 highlights variances in specific areas signalling that closer scrutiny and targeted management action is required if savings delivery is to be assured. Directors must develop a risk-based approach and much strengthened scrutiny and oversight in the management of agency and recruitment of posts in 2026/27 together with oversight of flexible pay such as overtime and agency. DVMB will discuss the risk with specific work-streams to understand the barriers and consider how savings can be accelerated.

New/ emerging service pressures

The Trust continues to operate within a very challenging financial environment, with limited capacity to absorb additional costs arising from changing service demand and operational pressures including workforce gaps, escalation capacity demands and limited independent sector capacity. This is alongside the requirement to deliver a range of statutory duties and maintain safe services within available resources.

As such pressures emerge, decisions will be taken on a risk-based approach, recognising the potential wider consequences for services, patient safety and outcomes and the Trusts ability to meet its Statutory Duty.

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 staffing expenditure in 2026/27 to date is £19m and is summarised by Directorate in Table 5 below. Total agency expenditure is £11.7m, which includes £6.7m (57.3%) of medical agency, £3.6m (31.5%) of nursing agency and £1.3m (11.1%) across other professional groups. Expenditure on bank staff over the same period is £6.2m. The use of flexible staffing continues to reduce, indicating, indicating that grip and control is improving utilisation levels.

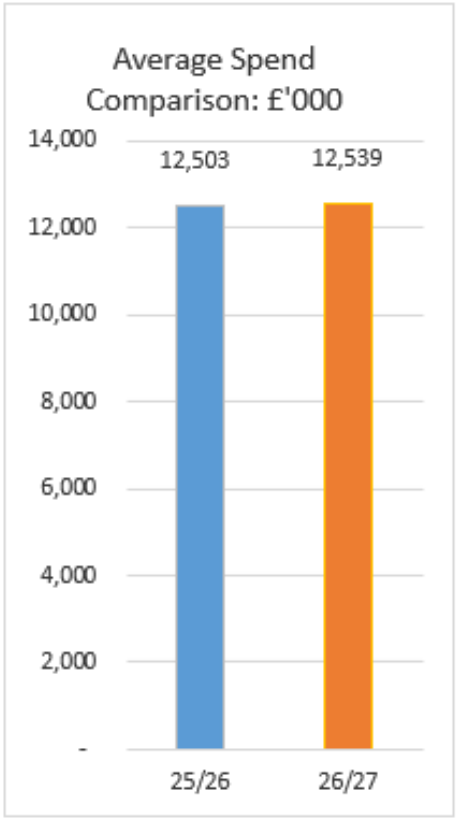
Table 5: Total Flexible Staffing Expenditure

Directorate	Cum to June 2026					Cum to May 2026
	Overtime	Agency	Bank	Total	Growth from Prior Period	Total
	£'000	£'000	£'000	£'000	%	£'000
Unscheduled Care, Cancer, Diagnostics & Medicine	345	4,676	1,093	6,114	(4.7%)	4,278
Surgery, Paediatrics & Women's Services	198	2,292	519	3,009	2.4%	1,959
Adult Mental Health & Disability	236	2,533	1,309	4,077	(3.0%)	2,802
Children & Families Directorate	183	618	911	1,712	1.8%	1,122
Nursing, Midwifery & AHP's	-	67	107	175	(3.9%)	121
Community & Older Peoples Services	241	1,320	856	2,417	(2.1%)	1,646
Finance, Contracts & Capital Development	4	74	6	84	8.4%	52
Human Resources	-	1	39	41	(4.6%)	28
Medical Directorate	1	17	1	19	(31.9%)	18
Chief Executive Office	-	-	-	-	0.0%	-
Planning, Performance & Corporate Services	60	100	1,255	1,414	1.1%	932
COVID19 - commissioned	-	1	64	65	(1.5%)	44
Total	**1,267**	**11,698**	**6,160**	**19,125**	**(1.9%)**	**13,002**

Medical

Tables 6 and 7 below illustrate the whilst there has been a decrease in medical agency expenditure of 8.8% when compared to the average in 2025/26, there is a slight increase in total medical expenditure of 0.3% when compared to the average in 2025/26. The Trust financial plan assumes there will be a reduction in total medical expenditure as a consequence of medical agency savings of £4.3m. Savings monitoring confirms that savings are currently running below target across service Directorates. Under achievement is reportedly due to staffing pressures relating to absence and vacancies across services and flow pressures across acute and community hospital services. Directors must work to resolve key flow issues that are negatively impacting on agency usage.

Table 6: Total Medical



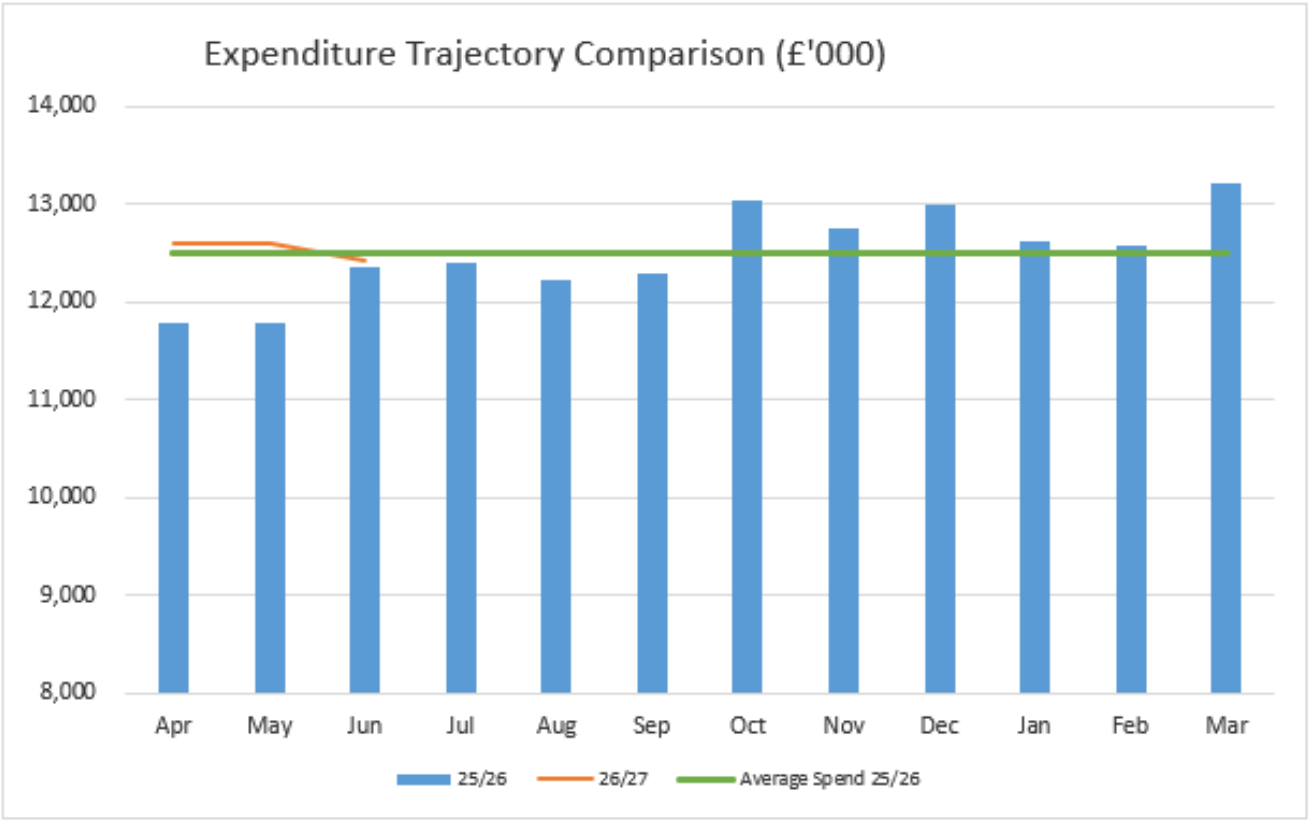
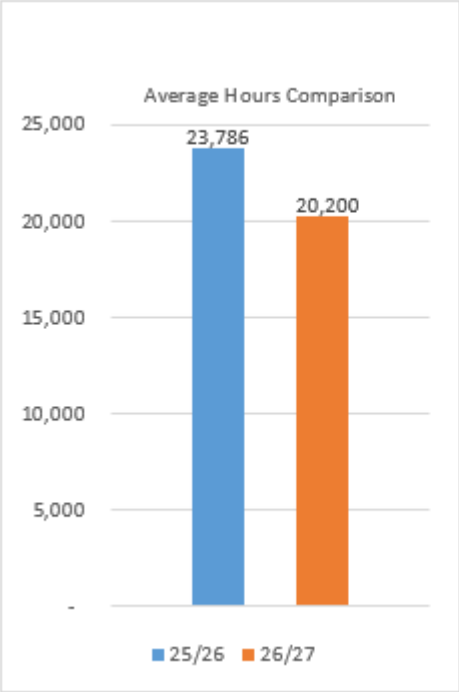
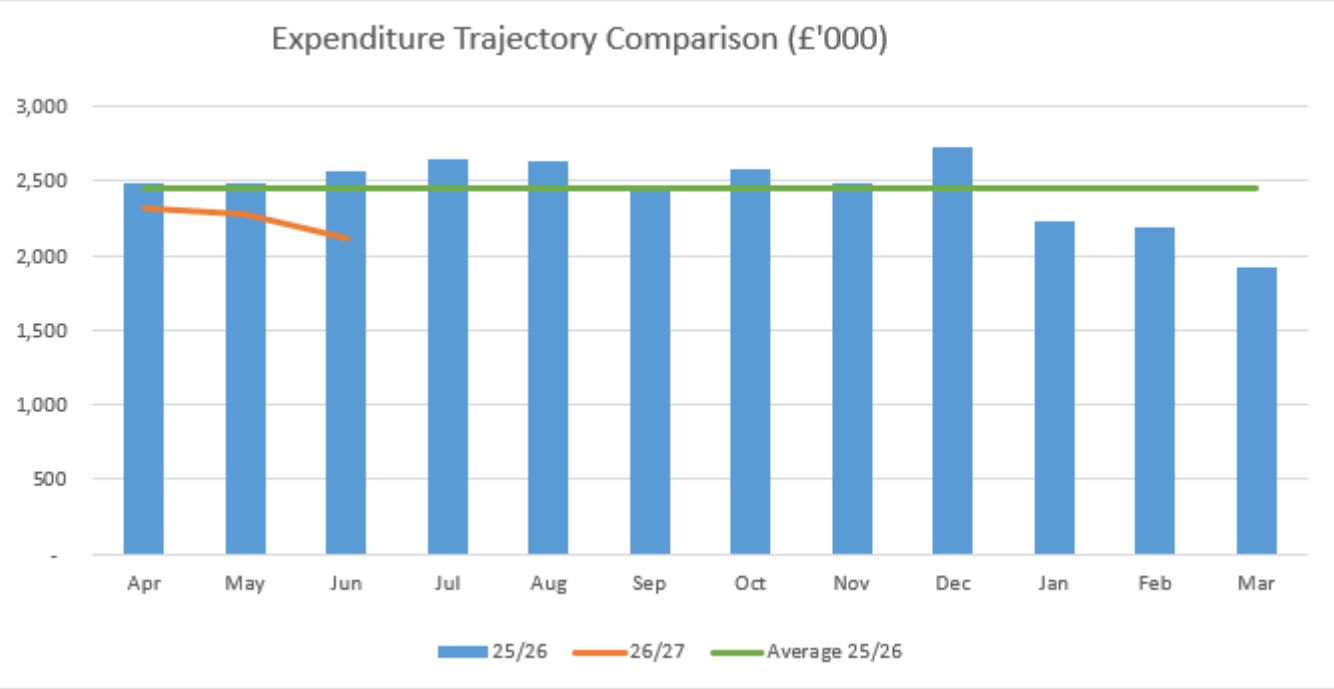


Table 7 below illustrates that there has been a decrease in average medical agency expenditure of £0.2m (8.8%) when compared to the average in 2025/26.

Table 7: Medical Agency





There are a number of reasons why the significant reduction in medical agency expenditure has not translated into a corresponding reduction in total medical pay expenditure which include:

- **Replacement of agency staff with substantive** – while this delivers a full reduction in agency expenditure, the overall reduction in medical pay is limited to the agency premium, as the substantive salary cost is included in total medical expenditure;

- **No premium savings in some cases** – where agency staff have been replaced by substantive staff at a similar or higher cost based on their job plan and point on the pay scale, there is no material reduction in total medical pay expenditure;

- **Agency retained following substantive recruitment** – in some services, agency doctors has been retained following substantive recruitment, with services citing other workforce gaps or demand pressures relating to flow pressures (e.g. ED) or due to safety issues, which results in higher overall medical pay expenditure;

- **Substantive recruitment without corresponding agency spend** – recruitment to substantive or new posts where there was no associated agency expenditure creates additional medical pay costs, offsetting savings achieved through reductions in agency usage;

- **Increase in junior doctor banding** payments – an increase in the number of junior doctors receiving higher banding payments also contributes to higher overall medical pay expenditure.

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:

- **Medical recruitment:** International Recruitment (IMR) remains a key enabler to filling medical vacancies, however we are now taking a broader approach by maximising opportunities across both the national and international labour markets. This includes a renewed focus on raising our profile and attracting candidates from the wider UK market, while continuing to utilise international recruitment to address workforce gaps. The aim is to reduce reliance on agency staffing through the widest possible recruitment pipeline.

- **Removal of the highest cost agency doctors**: following the successful exit of 9 of the top 10 highest cost agency doctors in 2025/26, the process will be refreshed this year to identify further opportunities, with cases subject to robust risk assessment to ensure removal is progressed only where it is safe and appropriate 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. Whilst trainees are provided by and contracted to NIMDTA (NI Medical and Dental Training Agency), the Trust continues to robustly challenge NIMDTA with regards to it role to address doctors' non-compliance with rota monitoring.

- **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. Work will continue to embed the recommendations from the internal Financial Governance Review, with ongoing focus on strengthening controls and accountability arrangements for the engagement of locums. Core principles and standardised processes continue to be reinforced across relevant stakeholders, supported by ongoing oversight from the SRO to ensure effective controls around medical workforce engagement and retention.

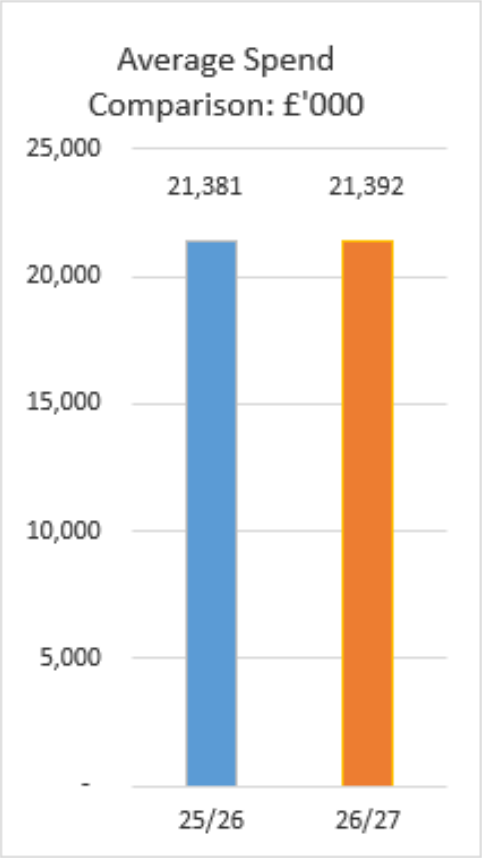
- **Temporary staffing requests**: the Trust is implementing a new system to manage requests for temporary staffing. This will strengthen controls around the approval of additional staffing and will support the DVMB medical programmes of work. Full implementation is expected by September 26. A new technology platform has been introduced to facilitate this work.

- **Regional medical framework:** progress on the implementation of the new framework continues. Directorates have completed a risk matrix to assess the impact of potential non-compliant locums on services and have now moved to risk assessed transitional planning particularly in high-risk areas. The framework went live on 2nd March 2026. It is expected that certain vulnerable specialties may require an extended transition period.

Nursing

Tables 8 and 9 below illustrate the whilst there has been a decrease in nursing agency expenditure 29.5% when compared to the average in 2025/26, there has been a slight increase of 0.1% in total nursing expenditure when compared to average expenditure in 2025/26.

Table 8: Total Nursing



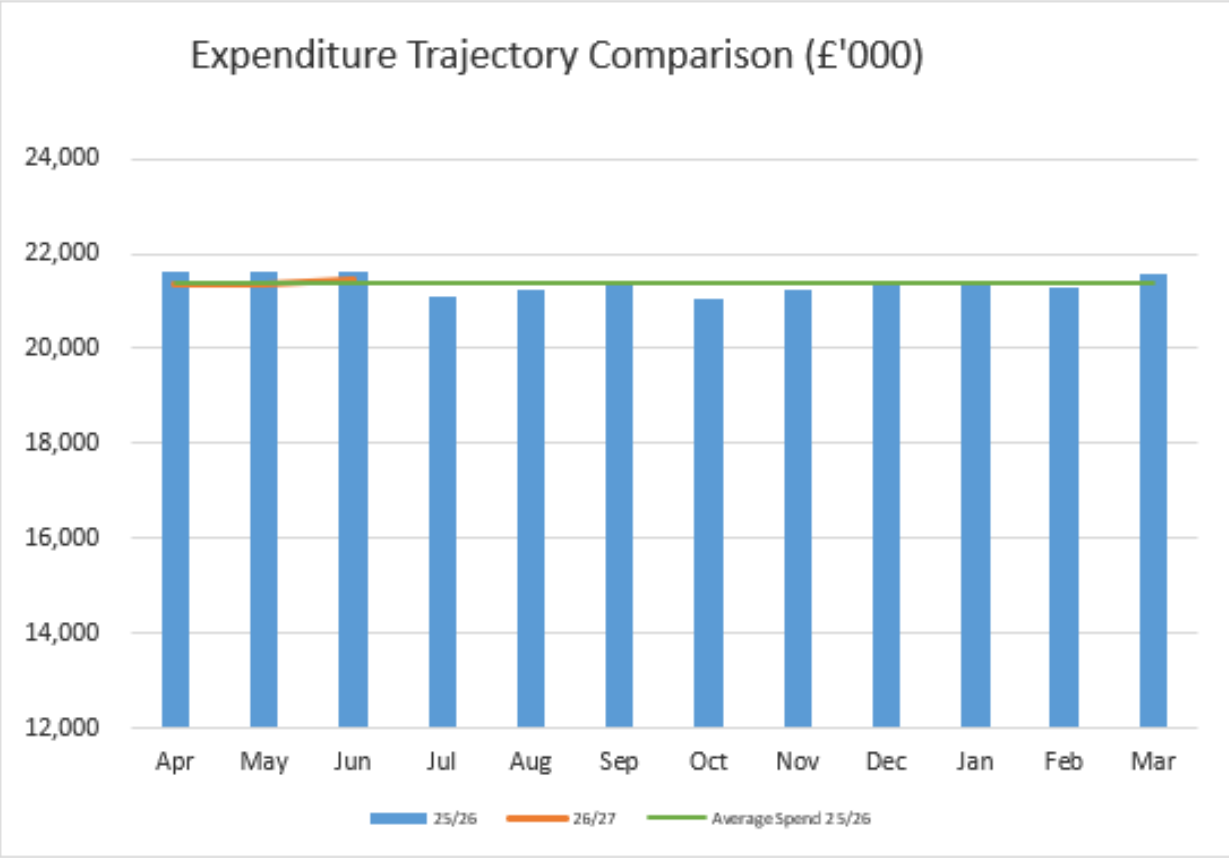
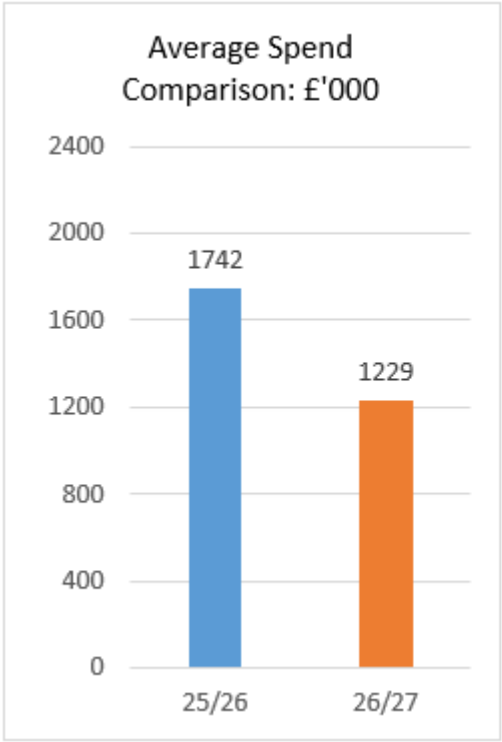
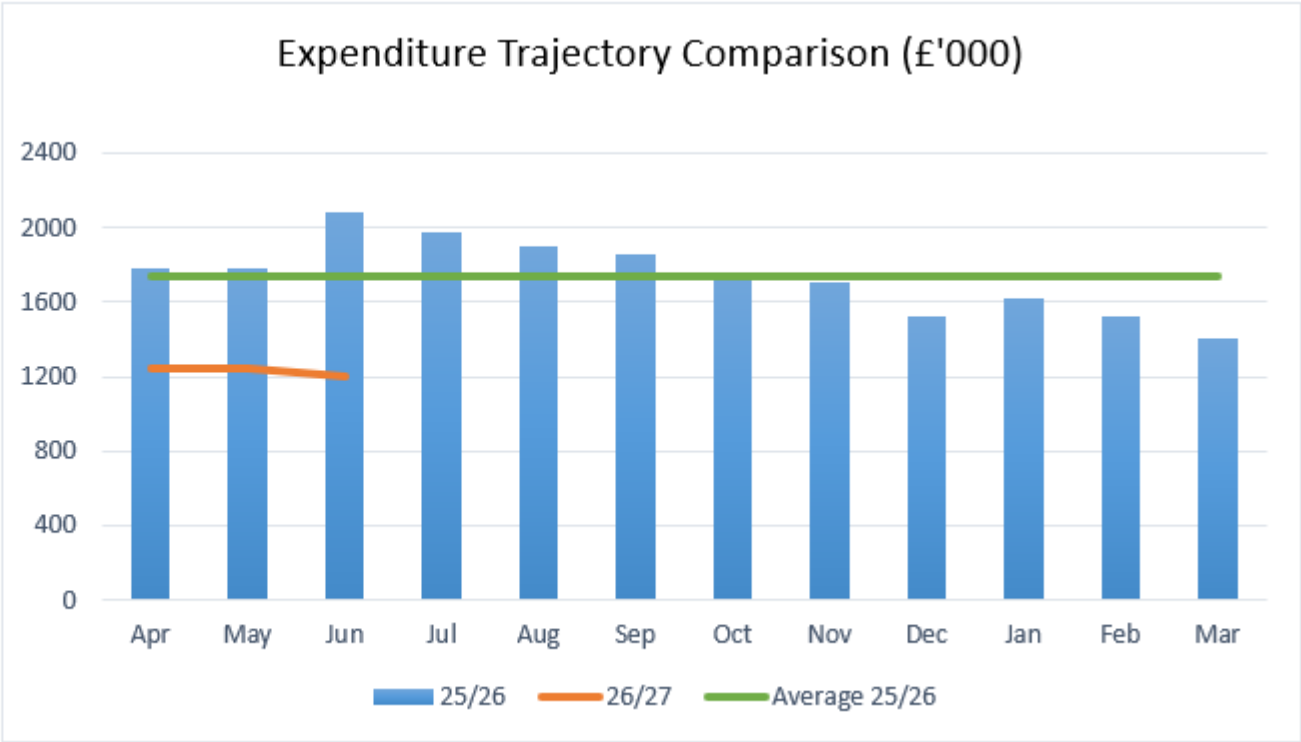


Table 9 indicates a reduction in average nursing agency expenditure of £0.5m (29.5%) when compared to the average expenditure of 2025/26.

Table 9: Nursing Agency





There are a number of reasons why the reduction in nursing agency expenditure has not translated into a corresponding reduction in total nursing expenditure which include:

- **Full-year impact of agency reductions in 2025/26** – the reduction in nursing agency expenditure reflects the full year effect of savings achieved particularly in the last four months of 2025/26;

- **Improved substantive workforce fill rates** – increased recruitment into substantive posts and usage of bank staff to support service delivery has resulted in additional workforce costs, including areas where vacancies may previously have been managed through alternative arrangements;

- **Changes in workforce skill mix** – recruitment has included higher-grade nursing posts, particularly Band 6 and above, resulting in increased substantive pay costs;

- **Additional workforce requirements to support operational pressures** – increased staffing requirements associated with hospital flow, delayed discharges, escalated beds and other service pressures have contributed to higher nursing pay expenditure.

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 which it is hoped will embed improved sustainable control.

- **Roster planning and management**: the objective in 2026/27 is to continue to embed the capabilities of available technologies and 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.

- **Nurse staffing reviews**: an ongoing 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.

- **Better Care for Older People:** it is expected that that the workstreams arising from the workshop held on 19 June 2026 will impact positively on flow including escalation beds and is being actively managed through the Trust Strategic Change Board.

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 has received an indicative allocation of £34.69m for 2026/27 per the latest CRL letter of 8th July. Whilst the final budget has not been agreed, the Department of Health (DoH) faces an extremely challenging financial outlook for 2026/27, resulting in a very constrained capital position for the Trust. A capital priorities exercise was undertaken in June, highlighting capital bids of £19.17m, against an available allocation for general capital schemes of £10.7m. BCRG, using a conservative but risk-based approach, developed the Capital Resource Investment Plan for 2026/27 and this was approved at CMT on 30th June.

The table below details expenditure to 31st May 2026 and the planned year end position to 31st March 2027.

Table 10: Capital Expenditure

Project	Capital Resource Limit (CRL) £'000	Expenditure at 31 May 2026 £'000	Forecast to 31 March 2027 £'000
Lisnaskea Health & Care Centre	10,566	1,509	10,566
Altnagelvin Teaching Space (IFF)	685	38	685
Strabane Health & Care Centre (City Deal)	477	95	477
Trust R&D Expansion Project (IFF)	398	17	398
General Capital	10,736	1,591	10,736
Backlog Maintenance	4,992	208	4,992
MH Task and Finish	1,150	-	1,150
ICT (Blood Pat)	137	26	137
IFRS16 Cellular Pathology	1947	-	1947
Ventilation North West Cancer Centre	3000	467	3000
Research & Development incl VPAG	597	-	597
Total	**34,686**	**3,950**	**34,686**

DoH Health Estates has reviewed the Back-log Maintenance (BLM) information submitted by the Trust and has confirmed £5m of funding for 2026/27. This is considerably reduced from funding received in 2025/26 of £6.7m. This represents a significant challenge to the Trusts ability to sufficiently address high priority areas and poses a significant risk that unforeseen major defects across plant/infrastructure/estate may emerge during the year that will need to be addressed from General Capital. IFRS16 Cellular Pathology expenditure is profiled for Autumn/Winter 2026, while we await an updated implementation date.

In addition to the above, the Trust has submitted the following bids:

- A further £1.54m estimated for IFRS16, relating to property and equipment lease contracts planned for renewal in year. This funding will be allocated upon confirmation of lease signing and 'Right-of-Use' fixed asset figure.

- £0.8m in year requirement for the project to replace the South Block roof.

Key Messages

- The Trust is reporting a deficit of £12.5m at 30 June 2026.
- Directors have achieved £3.7m (76%) of their profiled savings target at June 2026.
- 96.13% 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