



Western Health  
and Social Care Trust



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# Financial Performance Report

For the 6 months ended 30 September 2025

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## **Executive Summary**





I am delighted to report that following the mid-year review of our financial plan 2025/26, I have been in a position to adjust our financial forecast deficit by an additional £4.9m, adjusting our forecast deficit from £16.3m to £11.4.

In tandem with this, following submission of our Phase 2 stage 1 savings plan, low/medium savings of £4m of which were approved by Trust Board on 7 October 2025, additional low / medium savings / opportunities have been determined of £3.3m which [subject to Trust Board approval], in total result in a further reduction to our deficit by £7.3m, to £4.1m.

As always, our financial plan is carefully risk managed and subject to change. However, this is a very significantly improved financial position which has been supported by the actions of Directors who continue to demonstrate their commitment to effective financial probity in the management of their budgets.

Senior Leaders have been briefed on the detail of Phase 2 savings plan.

## Statutory Financial Performance Targets

	Rag Status
<b>Manage within allocated Revenue Resource Limit (RRL) / Operate within Control Total</b> The Trust continues to liaise with SPPG in relation to the Trust financial plan. The Trust is currently projecting a deficit position of £4.1m for 2025/26.	Amber 
<b>Deliver against 2025/26 savings targets</b> The Trust has achieved £7.1m/ 98% of contingency savings against the profiled target at Sept 2025. Monitoring of Phase 2 savings will be reported from October.	Green 
<b>Manage within allocated Capital Resource Limit (CRL)</b> The Trust has a total capital allocation (Capital Resource Limit) of £35.3m. Capital expenditure to the end of August 2025 is £10.4m.	Green 
<b>Prompt payment target – 95% of suppliers within 30 days</b> The Trust has paid <b>86.91%</b> of its undisputed invoices with suppliers within 30 days at 30 September 2025 against its target of 95%. In the month of September 2025, <b>96.26%</b> of undisputed invoices with suppliers were paid within 30 days. For the first time this year, performance has exceeded the target and this represents a significant improvement which reflects sustained focus and collaborative effort across Estates, the Bank office and approvers of agency invoices. Continued attention in these areas will be important to maintain this improved position.	Amber 

## **Financial plan 2025/26**

The Trust is projecting a deficit position of £4.1m for 2025/26 as summarised in Table 1 below.

**Table 1. Projected Deficit 2025/26**

	<b>Financial Plan</b>	
	<b>June 2025 (v3) £'m</b>	<b>Oct 2025 (v4) £'m</b>
Opening financial pressures	34.6	34.6
Savings targets 2023/24/ MORE savings target 2024/25	26.4	26.4
Forecast pressures 2025/26 (net of indicative/ assumed income)	11.0	7.5
<b>Forecast gross deficit 2025/26</b>	<b>72.0</b>	<b>68.5</b>
Phase 1: Low/medium savings	(31.5)	(31.5)
Phase 2: Low/medium savings	0.0	(7.3)
Other opportunities	(9.0)	(10.4)
<b>Trust led savings &amp; managed risk</b>	<b>(40.5)</b>	<b>(49.2)</b>
<b>Forecast net deficit 2025/26</b>	<b>31.5</b>	<b>19.3</b>
SPPG Deficit Funding	(15.2)	(15.2)
<b>Revised forecast deficit 2025/26</b>	<b>16.3</b>	<b>4.1</b>

The Trust has completed a mid-year review of the financial plan which has resulted in a reduction to the previously projected deficit from £16.3m to £11.3m. This review reflects a full comprehensive evaluation of our income assumptions and a detailed analysis of expenditure trends, factoring seasonal variation and financial risk management. In addition, an assessment of other potential solutions has been undertaken to ensure all available opportunities have been appropriately considered. In tandem, the Trust has developed a Phase 2 savings plan of £7.3m which has also been factored into the deficit position (subject to Trust Board approval of new items). As a consequence, the Trust deficit is forecast to be £4.1m.

In reaching this position there are a number of key assumptions and areas for ongoing focus within Directorates.

- Delivery of savings plans – the assessment assumes full delivery of both the Phase 1 and Phase 2 savings plans. Continued oversight and timely implementation by Directorates will be essential to ensure these are achieved or alternative measures developed if gaps emerge. The scale of the savings requirement remains significant and is a risk for the Trust with the timing of implementation of Phase 2 a key determinant of in-year delivery. Progress will be monitored through established forums;
- Expenditure trajectories – projections are based on current expenditure run rates, factoring normal seasonal variation. Comprehensive monitoring will ensure any emerging cost pressures are identified and addressed by Directorates;
- Income opportunities – income forecasts have been reviewed in detail, with potential positive movements and slippage opportunities identified. These assumptions will continue to be tested and refined through normal monitoring;
- Technical opportunities – a number of opportunities have been identified as part of our mid-year review and others may crystallise in year subject to the normal financial accounting processes.

## Financial Performance

The Trust is reporting an overspend against its budgets of £6.2m at 30 September 2025. Table 2 below summarises financial performance by Directorate. Directorates are reporting an overspend of 3.1% for the period against the restated prior year reported budget variance of 3.5%. The bottom-line position for the Trust is an overspend of 1.1% against budget. The mid-year assessment has identified a number of income opportunities, including specific pay-related funding for Working Time Directive, which together have provided flexibility to support cost pressures in key operational areas and have been applied to financial performance in Month 6.

**Table 2. Summary Financial Performance by Directorate**

Directorate	Budget	Expenditure	September Variance		August Variance		Restated Variance 2024/25
	£'000	£'000	£'000	%	£'000	%	%
Unscheduled Care, Cancer, Diagnostics & Medicine	115,895	125,107	9,212	7.9%	7,752	8.1%	9.4%
Surgery, Paediatrics & Women's Services	74,838	79,917	5,079	6.8%	4,477	7.2%	6.2%
Adult Mental Health & Disability	83,576	85,979	2,403	2.9%	1,868	2.7%	2.3%
Community & Older People's Services	109,379	112,440	3,061	2.8%	2,853	3.1%	2.1%
Nursing, Midwifery & AHP's	20,957	19,332	(1,625)	(7.8%)	(1,265)	(7.2%)	(5.4%)
Children & Families	49,150	47,976	(1,174)	(2.4%)	(1,043)	(2.6%)	(3.1%)
Medical	2,820	2,655	(165)	(5.9%)	(138)	(5.9%)	(2.7%)
Planning, Performance & Corporate Services	38,838	36,823	(2,015)	(5.2%)	(1,719)	(5.3%)	(6.1%)
Finance, Contracts & Capital Development	3,564	3,454	(110)	(3.1%)	(79)	(2.7%)	(2.9%)
Human Resources	3,996	3,866	(130)	(3.3%)	(86)	(2.6%)	(4.7%)
Office of the Chief Executive	1,378	1,382	4	0.3%	1	0.1%	11.5%
Trust Wide Corporate Services	46,002	49,354	3,352	7.3%	2,670	7.0%	9.5%
Opportunities against Directorate Pressures	908		(908)	(100.0%)	(729)	(100.0%)	(100.0%)
<b>Directorate sub-total</b>	<b>551,301</b>	<b>568,285</b>	<b>16,984</b>	<b>3.1%</b>	<b>14,562</b>	<b>3.2%</b>	<b>3.5%</b>
Covid19	1,547	1,794	247	16.0%	209	16.3%	0.0%
Deficit funding	11,027		(11,027)	(100.0%)	(7,271)	(100.0%)	(100.0%)
<b>Reported Deficit</b>	<b>563,875</b>	<b>570,079</b>	<b>6,204</b>	<b>1.1%</b>	<b>7,500</b>	<b>1.6%</b>	<b>0.0%</b>

Control totals offer a more reliable indicator of financial performance than standard budget variance by providing agreed expenditure limits, particularly in a year with no growth funding. Control total monitoring is now the primary indicator of financial performance and is in place for all Directorates from September 2025. The growth in budget variance above will be as a consequence of either planned unavoidable financial growth or unplanned growth. More detail is provided in Table 3.

## **Control Total Monitoring**

The Trust is reporting a variance against control totals of £0.5m (3%) at September 2025. This is due to an underachievement against contingency savings targets of £0.4m and unplanned growth of £0.1m. Table 3 below summarises performance against control totals by Directorate.

**Table 3. Control Total Monitoring by Directorate**

<b>Directorate</b>	<b>Control Total 2025/26 £'000</b>	<b>Projected at Sept 25 £'000</b>	<b>Actual at Sept 25 £'000</b>	<b>Variance £'000</b>
Unscheduled Care, Cancer, Diagnostics & Medicine	18,206	9,405	9,212	(193)
Surgery, Paediatrics & Women's Service	7,476	3,770	5,079	1,309
Adult Mental Health & Disability	4,855	1,825	2,403	578
Community & Older People's Services	6,701	2,575	3,061	486
Children & Families	(2,561)	(1,316)	(1,174)	142
Nursing Midwifery and AHP	(2,017)	(1,095)	(1,625)	(530)
PPCS	(3,823)	(1,887)	(2,015)	(128)
Finance, Contracts & Capital Development	(226)	(113)	(110)	3
Human Resources	(206)	(128)	(130)	(2)
Chief Executive	53	27	4	(23)
Medical	(206)	(103)	(165)	(62)
Corporate Pay & Non Pay	8,830	4,415	3,352	(1,063)
<b>Directorate Total</b>	<b>37,082</b>	<b>17,375</b>	<b>17,892</b>	<b>518</b>

Control total variances have benefited in Month 6 from the application of budget identified as part of the mid-year assessment.

Surgery, Paediatrics and Women's Services remain off plan due to agency doctors covering new vacancies, alongside increased nursing payroll costs. Intense focus is needed on clear exit strategies from agency reliance.

The increases in Community & Older People's Services and Adult Mental Health and Disability are partly due to increased nursing agency expenditure and expensive medical locums. These Directorates need to continue to strengthen the control environment around nursing and medical locum agency engagement to mitigate against further unplanned increases.
















## Savings Targets




For 2025/26, the Trust has 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. This includes repeatable but non-recurrent savings of £4.4m from 2024/25 as a general workforce control target, which is stretched in 2025/26 to £5m.

On 23 September 2025, the Trust submitted a Phase 2 savings plan outlining the measures required to achieve breakeven in 2025/26. Trust Board approved measures to the value of £4m on 7 October 2025. As a consequence of a meeting with SPPG and further refinement, additional opportunities of £3.3m have been identified which, subject to the additional Trust Board approval required, would result in total Phase 2 savings of £7.3m. Action has already been commenced for the implementation of low / medium measures effective from 1 November 2025. Monitoring of Phase 2 savings will commence in the report for the period to 30 November 2025.












The management of risk in relation to both savings plans will continue to be undertaken by project leads with accountability through the Trust Delivering Value Management Board. Tables 4 and 5 below summarise performance against the Phase 1 contingency savings target at 30<sup>th</sup> September 2025 by both Directorate and by work-stream.


**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	4,357	2,252	1,999	89%	
Surgery, Paediatrics & Women's Services	2,035	1,310	1,068	82%	
Adult Mental Health & Disability	2,427	903	756	84%	
Community & Older Peoples Services	2,651	1,170	1,398	119%	
Nursing, Midwifery & AHP's	432	179	243	135%	
Children & Families	660	330	411	124%	
Planning, Performance & Corporate Services	1,383	535	574	107%	
Medical Directorate	67	34	34	100%	
Finance, Contracts & Capital Development	116	58	58	99%	
Human Resources	116	58	112	193%	
Chief Executive Office	18	9	9	106%	
Corporate	814	407	407	100%	
<b>Total</b>	<b>15,076</b>	<b>7,244</b>	<b>7,068</b>	<b>98%</b>	


 ≤59%    
  60% - 84%    
  ≥85%

**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	2,169	1,084	411	38%	
Rota optimisation	315	133	133	100%	
High cost cases/ enhanced rate efficiencies	1,000	252	265	105%	
Nursing agency	2,210	1,105	539	49%	
Workforce control increase (non-recurrnt repeatable)	5,000	2,868	4,112	143%	
Admin efficiencies	1,100	550	427	78%	
MORE	568	433	433	100%	
Medical & surgical consumables	600	98	98	100%	
Corporate and facilities management service reduction	1,614	651	650	100%	
Mental health crisis service	500	71	-	0%	
<b>Total</b>	<b>15,075</b>	<b>7,244</b>	<b>7,068</b>	<b>98%</b>	

  
 <=59%

  
 60% - 84%

  
 >=85%

Savings performance remains strong. This reflects sustained focus across the range of workstreams and the collective focus of Directors and their teams. A number of challenges remain:

- Despite the breadth of support in place, medical locum and nurse agency savings continue to face delivery challenges. Targeted support is being provided locally by workstream SROs to strengthen accountability arrangements and enhance oversight;
- Further progress is expected in administration primarily through strengthened controls as a dedicated workstream is established through our Delivering Value programme. The in-year gap will be bridged through increased workforce controls savings.

## **Key Risks and Mitigations**

### **Expenditure growth**

Trust expenditure forecasts assume that Directors will contain expenditure within the agreed control total limits. Whilst monitoring is indicating ongoing focus on budgetary control arrangements, a number of service Directorates remain off plan due to the scale of unplanned in-year pressures. To manage this, Directors must continue to maintain tight oversight on expenditure commitments and increase scrutiny of monthly financial performance to ensure emerging pressures are identified and addressed early through challenge and prioritisation of expenditure.

### **Savings plans**

The financial plan assumes Directorates will deliver in full against planned savings for 2025/26. The key risk lies in the limited timeframe for implementation for Phase 2 in particular. While individual proposals have been graded green or amber, the overall scale of the challenge in the context of delivering against total contingency plan savings and increased pressures across our services means this target will require sustained focus from Directorates on the programmes of work already in place to support savings delivery. The risks and associated mitigations will be examined in detail through DVMB which will review barriers to delivery and identify opportunities to accelerate savings delivery.

### **New / emerging service pressures**

To date, unplanned growth in service pressures has presented through areas which while predictable in nature, are areas where Directors have indicated they are endeavouring to exercise financial control. The mid-year review process has identified opportunities to partially off-set areas of unplanned growth and these have been applied to budgets at Month 6. However, our capacity to absorb further growth is very limited given the additional challenge associated with the Phase 2 savings target. Going forward Directors will have to actively manage and prioritise essential spend only by ensuring any proposed growth is fully justified and approved through their established financial control framework before commitment.

## **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 £43.9m and is summarised by Directorate below. Total agency expenditure is £29.3m, which includes £15.3m (52.2%) of medical agency, £11.4m (38.8%) of nursing agency and £2.6m (9%) across other professional groups. Expenditure on bank staff over the same period is £11.9m. Overall, the use of flexible staffing is down during September by comparison to the prior month; another indicator that grip and control is being exercised where it can be.

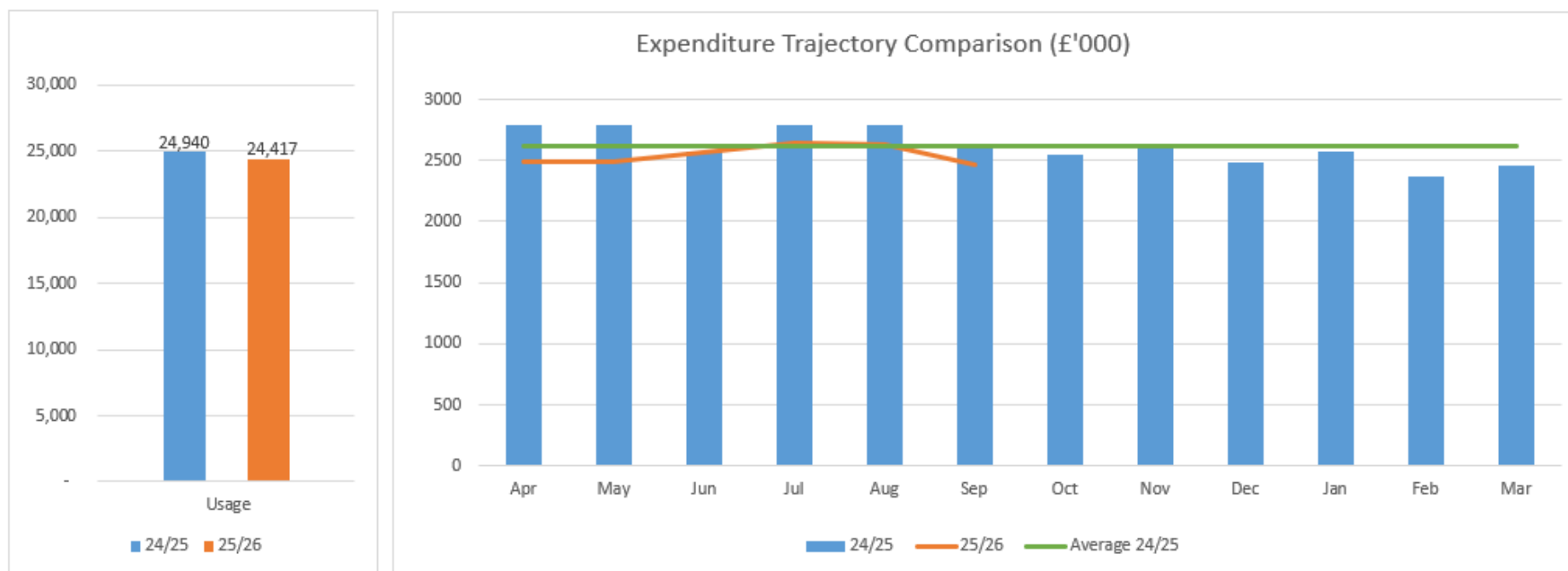
**Table 6: Total Flexible Staffing Expenditure**

Directorate	Cum to September 2025					Cum to August 2025
	Overtime	Agency	Bank	Total	Growth from Prior Period	Total
	£'000	£'000	£'000	£'000	%	£'000
Unscheduled Care, Cancer, Diagnostics & Medicine	825	13,331	1,823	15,978	(0.8%)	13,424
Surgery, Paediatrics & Women's Services	439	5,593	809	6,841	(2.9%)	5,869
Adult Mental Health & Disability	345	6,405	2,638	9,388	1.9%	7,677
Children & Families Directorate	351	677	1,758	2,786	2.0%	2,277
Nursing, Midwifery & AHP's	44	102	245	391	(2.7%)	334
Community & Older Peoples Services	351	2,923	1,674	4,947	(0.6%)	4,147
Finance, Contracts & Capital Development	6	141	10	157	4.2%	125
Human Resources	12	- 0	87	99	(6.3%)	88
Medical Directorate	1	-	3	4	(16.7%)	4
Chief Executive Office	-	0	-	0	(16.7%)	0
Planning, Performance & Corporate Services	359	156	2,742	3,257	0.3%	2,705
COVID19 - commissioned	3	- 6	81	78	(7.8%)	71
<b>Total</b>	<b>2,736</b>	<b>29,320</b>	<b>11,869</b>	<b>43,925</b>	<b>(0.3%)</b>	<b>36,720</b>

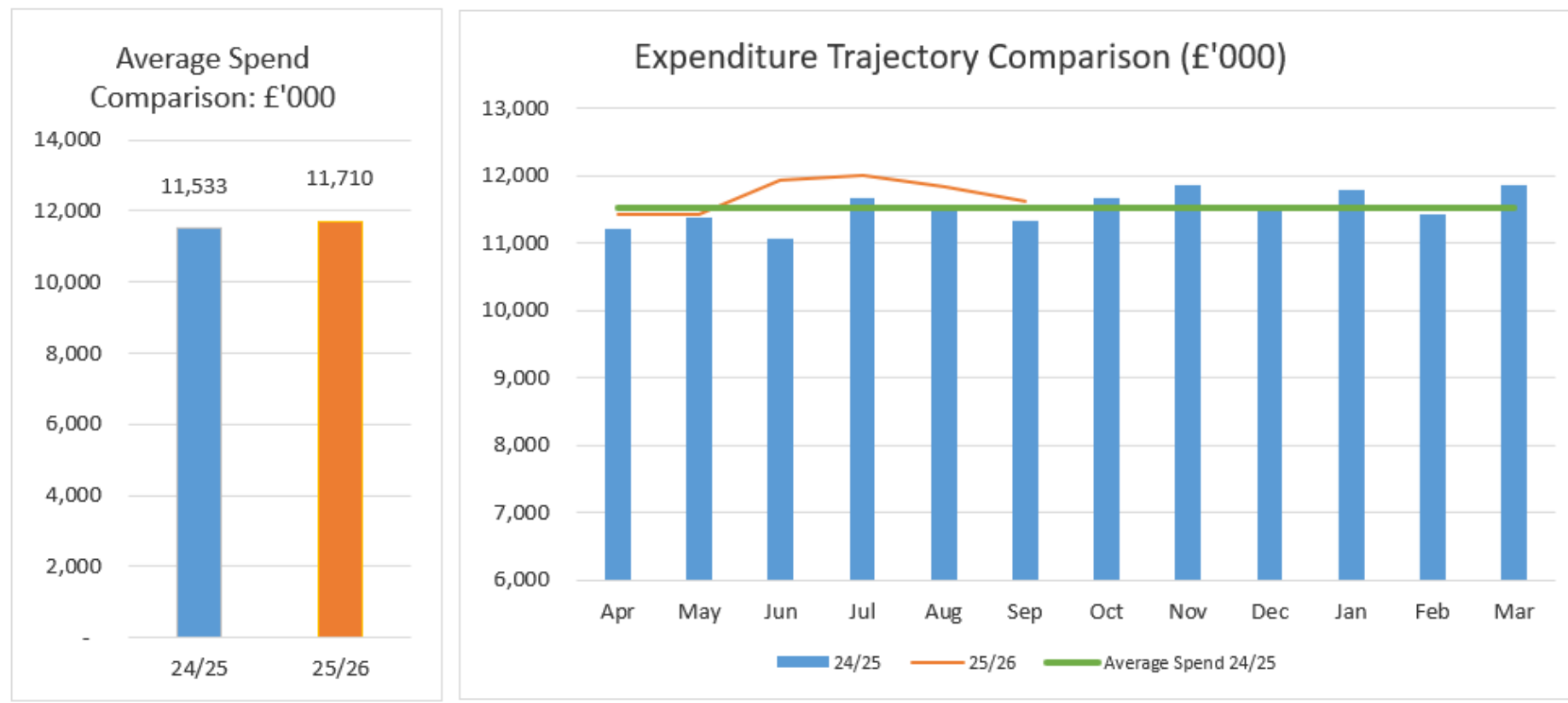
## **Medical**

Tables 7 and 8 below illustrate that while there has been a decrease in average medical agency expenditure of 2.6% when compared to the average in 2024/25, the Trust has experienced an increase in total medical expenditure of £1.1m (1.54%) when compared to the average in 2024/25. Medical agency trajectories are beginning to show some improvement, supported in part by temporary financial opportunities identified through the mid-year review to help manage overlap periods. This has provided short-term support while operational plans to achieve sustainable reductions are implemented.

**Table 7: Medical Agency**



**Table 8: Total Medical**



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. Monthly accountability arrangements are in place to focus attention on the various work-streams below which include:

- International recruitment (IMR):** We have previously reported a total of 38 new appointments to the Trust through International Medical recruitment of which 27 were appointed through the Mumbai exercise. Of these 27 appointments, 16 were expected to displace existing locum agency however 6 have been retained to support extended overlap periods or new vacancies. There continues to be focus on exit strategies for these locums however the delayed release of agency staff has had a negative impact on savings delivery and total medical expenditure. In the other 11 cases, successful candidates have

filled vacancies, which is a contributory factor to the increased expenditure in 2025/26. This work stream has returned to business as usual arrangements and there has been a further 16 appointments with a further 7 going through pre-employment checks. From a medical workforce stabilisation perspective, this is a very good outcome, but our failure to achieve the savings intended remains a risk.

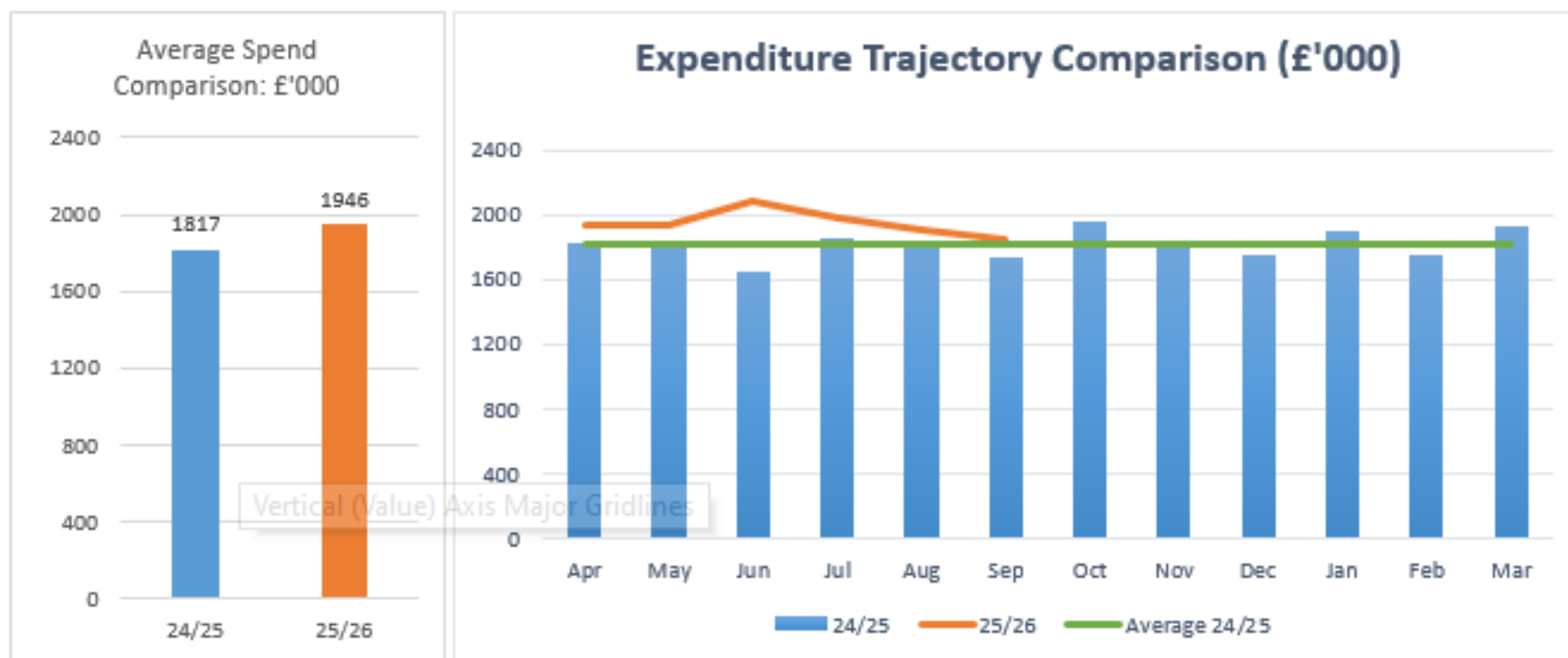
- **Removal of the highest cost agency doctors:** of the top 10 highest cost doctors across each tier, 3 have now exited at consultant tier and 1 at resident doctor tier. Directorates are continuing to risk assess and action removal of agency doctors where it has been assessed as safe to do so. The next stage of this work will be to consider the top 11 to 20 highest cost doctors.
- **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 NIMDTA (NI Medical and Dental Training Agency), the Trust has strongly challenged NIMDTA with regards to doctors' non-compliance with rota monitoring. The Trust is highly dependent on NIMDTA to resolve the compliance issues and enable associated financial opportunities.
- **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 under development to address core issues.
- **Agency hourly rates negotiation:** the Trust continues to challenge and negotiate rates with providers. Whilst there have been successes in 2024/25 in reducing and stabilising the average rate, increased focus is required in 2025/26 by Directorates which will be supported by the new medical agency framework.

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. Current timelines for the implementation of the new framework have been extended to 31 December 2025 with contract award expected in the next quarter. This framework will include new capped rates and improved contract management arrangements.

## Nursing

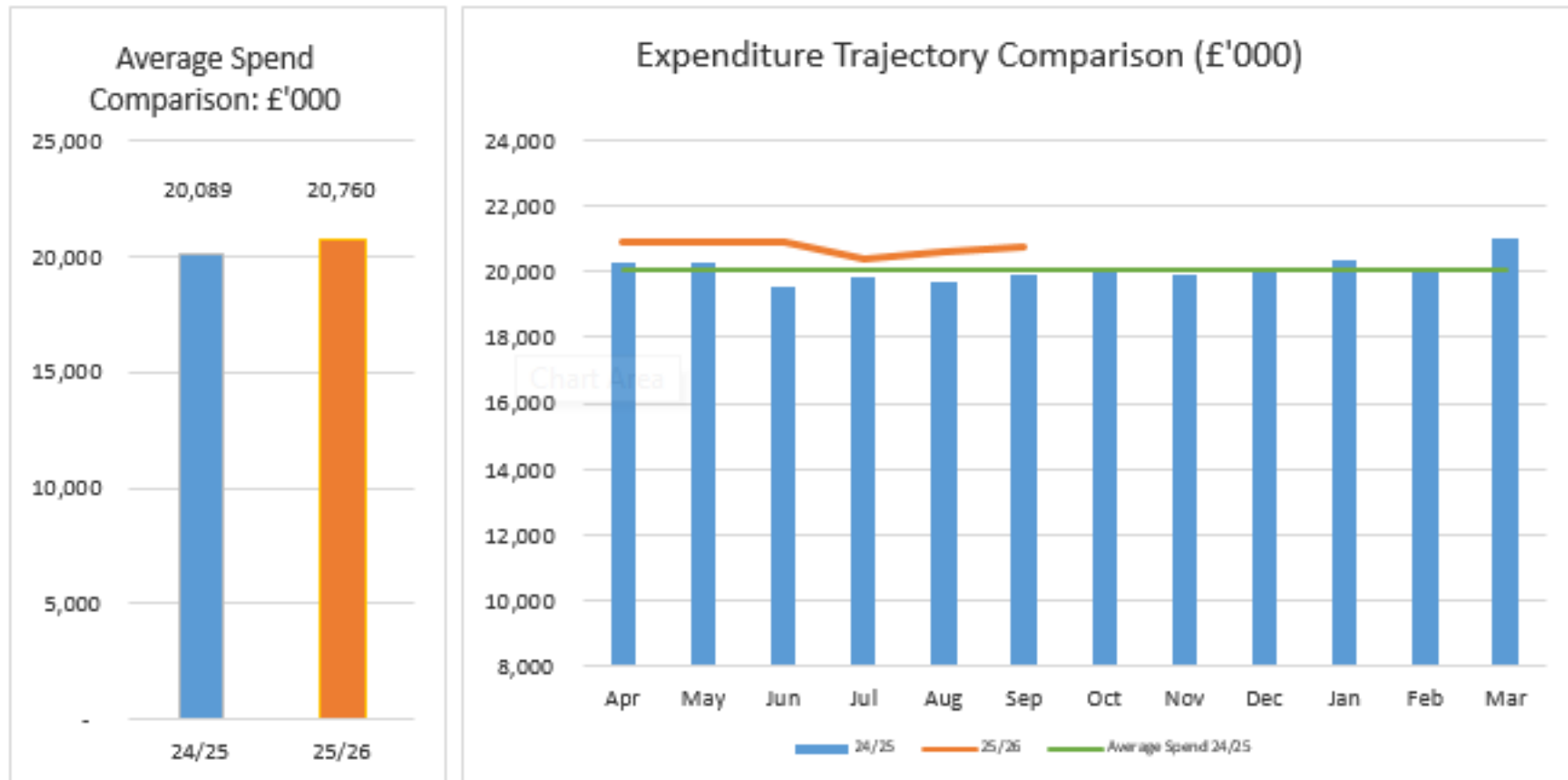
Tables 9 and 10 below illustrate that there has been an increase in nursing agency expenditure of 7.1% when compared to the average in 2024/25, and an increase of £4.0m (3.3%) in total nursing expenditure when compared to the average expenditure in 2024/25. While nurse agency savings are currently below the year-to-date target, early indicators suggest that operational controls put in place from June are having a positive impact on nursing agency volume. However, pressures still remain in AMHD services for additional nursing support, with agency hours not reducing in September 25. Excluding AMHD services, nursing agency volumes have reduced across other services from July.

**Table 9: Nursing Agency**





**Table 10: Total Nursing**



Nursing expenditure remains a top priority area for focus.

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 are materialising, 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 to e-Roster training provides increased assurance around the effective management of nursing resources and alignment of staffing to patient need. Bespoke budgetary training is being developed and will support the provision of assurance that nursing budgets are being managed effectively;
- **Monthly 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 premia. 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.

These measures are considered to be the enablers required to deliver a further step change in savings opportunities from these budgets and will continue to support the financial recovery agenda. The current nursing agency framework has been extended for a further year with work now commencing on a revised framework.

## **Capital Expenditure**

The Trust has received a total capital allocation (Capital Resource Limit) of £35.31m, as per the latest letter dated 12<sup>th</sup> September 2025 from the Department of Health. The table below reports the expenditure to 31<sup>st</sup> August 2025 and planned year end position to 31<sup>st</sup> March 2026 as follows:

**Table 11: Capital Expenditure**

<b>Project</b>	<b>Capital Resource Limit (CRL) £'000</b>	<b>Expenditure at 31st August 2025 £'000</b>	<b>Forecast Expenditure at 31 March 2026 £'000</b>
Cityside HCC	183	121	183
Lisnaskea	14,000	4,296	14,000
Research & Development	468	382	468
ICT – Various Projects	596	245	596
General Capital	9,913	4,367	9,913
Car Parking - Hospital Parking Charges Act	208		208
Backlog Maintenance	5,875	865	5,875
MH Task & Finish	670		670
Altnagelvin teaching space (IFF)	200	90	200
Strabane Health & Care Centre (City Deal)	350	15	350
Ventilation North West Cance Centre	1,000	50	1,000
Imaging Diagnostics	1,325		1,325
Elective Care	523		523
<b>Total</b>	<b>35,311</b>	<b>10,431</b>	<b>35,311</b>

## **Key Messages**

- The Trust is reporting a deficit position of £6.2m at 30<sup>th</sup> September 2025
- Following completion of the mid-year review of the financial plan and factoring the (adjusted and subject to Trust Board approval) low/medium risk savings opportunities of the Phase 2 savings exercise, I have revised our projected financial deficit to £4.1m for 2025/26.
- Phase 2 savings plans will build on the programmes of work already in place through our Delivering Value programme. Therefore Directors must continue to focus on the work of these key programmes. Implementation is effective 1 November 2025 and monitoring will commence in the report for the period ending 30 November 2025.
- 86.91% of undisputed invoices were paid within 30 working days of receipt against the target of 95%, however the in month performance demonstrates an excellent performance of 96.3

**Eimear McCauley**

**Executive Director of Finance, Contracts & Capital Development**