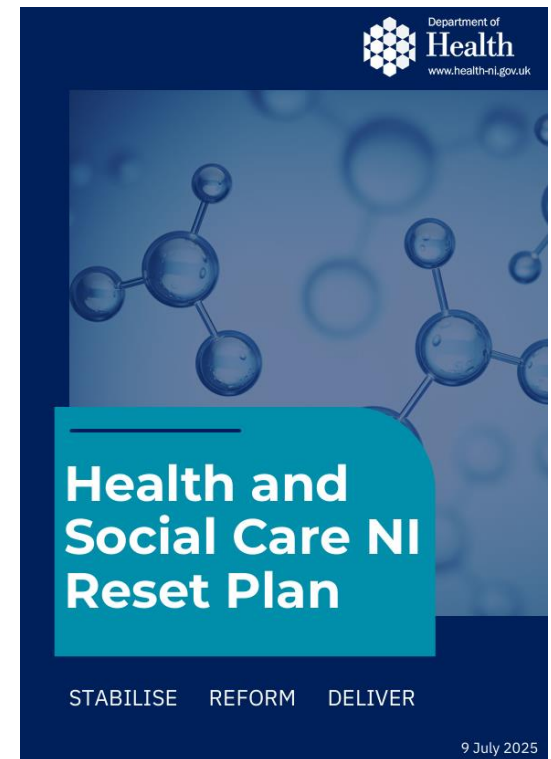


Trust Financial Plan

27/08/2026

Strategic Context

The delivery of the Department of Health's Reset Plan to stabilise services, reform care and improve outcomes through prevention, neighbourhood-based care and care closer to home whilst addressing severe financial pressures is an imperative



Context – Regional Picture

Health and social care organisations are operating in an extremely challenging financial situation



ESTIMATED FINANCIAL GAP

£800m

across Health and Social Care in Northern Ireland



TRUST SAVINGS REQUIREMENT

4%

savings required from Trusts during 2026/27

Strategic & Operational Planning Guidance Themes

1. Deliver the DOH NI Reset Plan (2025)

2. Deliver improvements in our core ongoing business

3. Deliver safe, high-quality care within a system of openness, transparency and engagement

4. Deliver system wide efficiencies

Deliver the DOH NI Reset Plan (2025)

 Integrated
Neighbourhood
Teams

→  Shift to
Community Care

 Strengthened
Community &
Voluntary Sector

 Rebalance
Spending Focus

 Evidence-Based
Admission &
Discharge

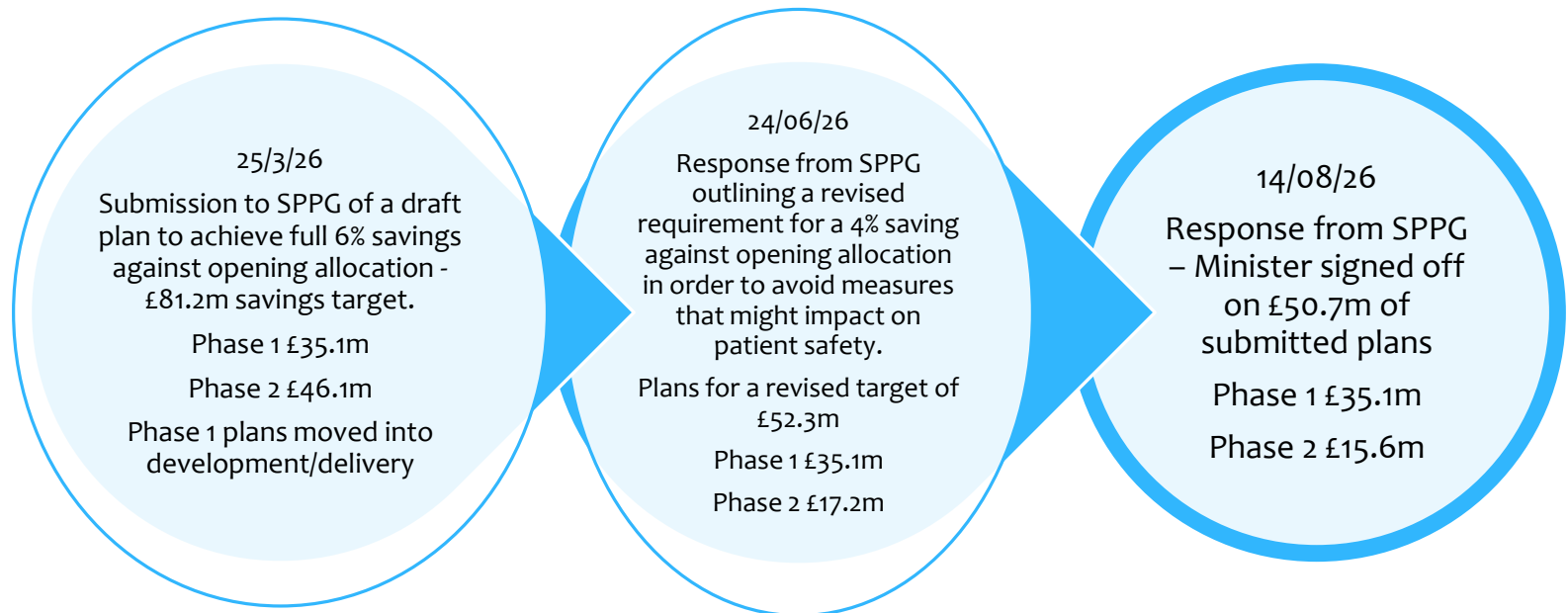
 Bed Base
Reduction

 Digital
Innovation in Care

 Enhanced Older
People's Care

 Early
Intervention for
Children & Families

Stages to date



Savings Requirement in Total

The Amount the Trust is Required to Save:	£m
4% of the funding we get from DOH:	42.2
Unfunded pressures from last year and into this	10.1
TOTAL	52.3

Our current plans:	£m
Phase 1 – currently working on delivering	35.1
New Phase 2 plans being considered today	15.6
TOTAL	50.7

There is a small gap of £1.6m which we are working through with DOH

Phase 1

	CYE £m
Modernisation of our administration functions	1,000
Nursing Efficiency Projects	5,700
Medical agency projects	3,000
Social care agency - move to bank	1,000
Community and voluntary contracts review of underperformance	500
Non pay grip and control	1,000
Pharmacy - switching from branded to generic drugs	1,800
Non recurrent measures – slippage in developments / additional income	8,000
Reduction in non designated beds	2,000

Phase 1

	CYE £m
Direct payments – review and recoup	500
Homecare validation and review	1,300
Article payments review – childrens services	500
Management of growth in residential and nursing homes	1,300
Income generation and internal reviews by directorates	5,000
Reduction in additional care needs costs – package review	<u>2,500</u>
TOTAL	<u>35,100</u>

Phase 2

Measure	Target £'000
Agency: We are moving at pace to stabilise our workforce and replace agency staffing with permanent workforce. This will improve the resilience of our workforce and give permanent staff opportunities to work additional hours through bank arrangements. We are aiming to eliminate the premium we currently pay external agency providers of nursing and medical staff. There remain risks with trying to do this at the speed we need to, to deliver the savings. We will need to keep this carefully under review.	6,000
Admin Modernisation: We are working hard to reform how administration functions operate within our services – to modernise, use technology and centralise where appropriate. This should help us reduce our use of agency staff within our administration and clerical functions. There is a risk of trying to do this quickly and we will need to monitor the possible impacts and mitigate against the risks.	1,000
Vacancy Control: A recruitment freeze on non-rota'd posts. We aim to deliver this through a stringent vacancy control process that seeks to prioritise staff delivering direct health and social care services.	2,000

Phase 2

Measure	Target £'000
Request for price efficiencies from suppliers We are working with our central procurement teams to identify where we may be able to drive out some cash reductions through standardising what we buy.	900
Diagnostics reform We are working as part of the region to look at whether we are using our diagnostic services as efficiently as we can. This is clinically led to ensure consistency and patient safety in any decisions.	500
Cease Phone First This relates to removal of the outsourced phone element of this service in the Ulster Hospital. Operationally there is no significant impact given opening of the Urgent Care Centre in June 2025.	200

Phase 2

Measure	Target £'000
Reduction in 20 non-designated beds The Trust is working hard to manage the demand for hospital beds and ensure that people only stay in hospital for as long as they need acute medical care. We want to reduce the number of patients who are currently placed in corridor beds in our hospitals. This will improve safety and patient experience as well as improving conditions for our staff.	3,000
Further targeted review of high cost placements There are a growing number of very high cost placements within our Trust. Individuals in receipt of this expensive care (where they may have one or more individuals with them for long periods of the day and night) need to have their care needs regularly assessed, to ensure they still require this very intensive level of care. We are focusing on ensuring these individuals receive that review, and if appropriate, have the level of care reduced.	<u>2,000</u>
TOTAL	<u>15,600</u>

Assessment of proposals



EQUALITY SCREENING

Considers how a policy, proposal or decision may affect people with different equality characteristics.

EQUALITY



QUALITY IMPACT ASSESSMENT

Assesses the potential impact on the safety, quality and experience of care and support.

QUALITY

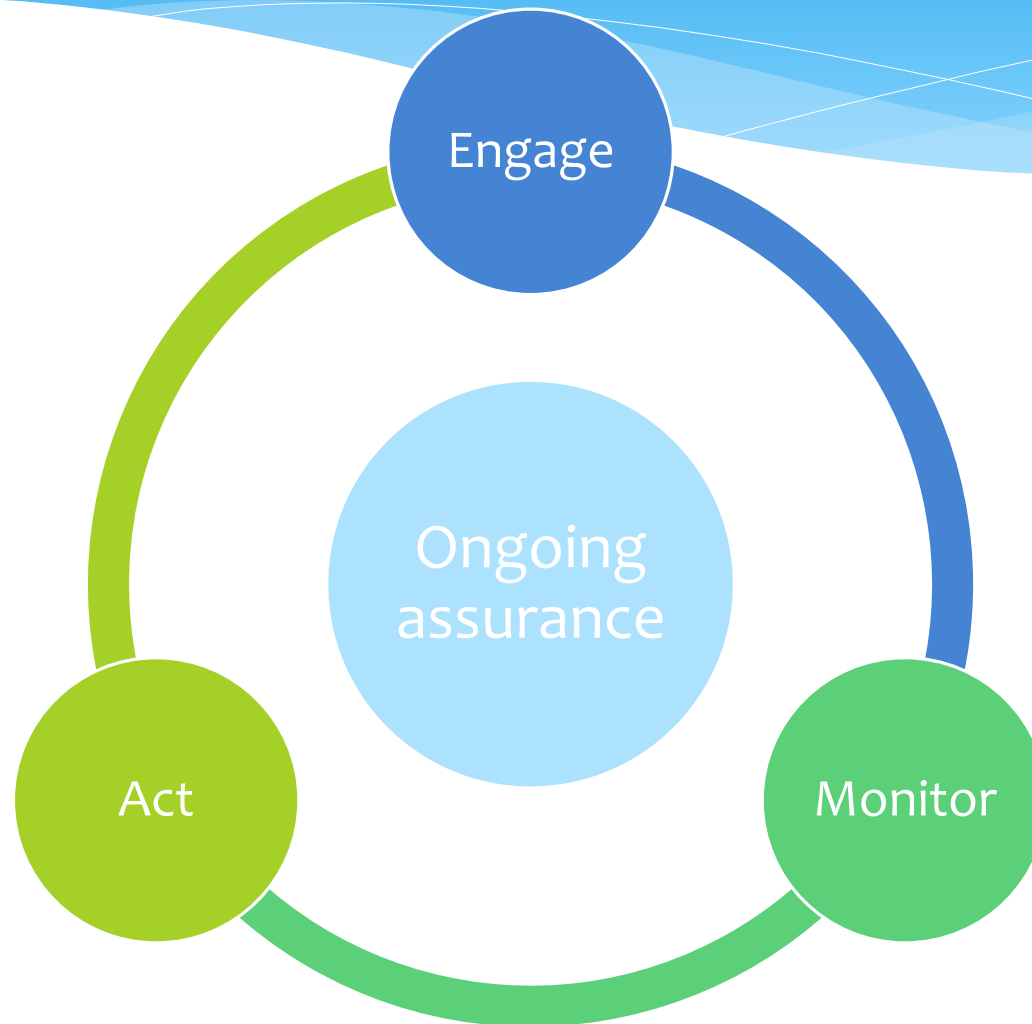


RURAL NEEDS ASSESSMENT

Considers the particular needs and circumstances of people living in rural areas.

RURAL NEEDS

Engagement



Requirement of Trust Board

- * Confirm that the Trust Board has given careful consideration to all possible options to achieve savings whilst mitigating impact on service users.
- * Having given due consideration to the proposals, and to the Trust's competing legal requirements, Trust Board is asked to approve the immediate implementation of all Phase 2 proposals tabled.