NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
11th December 2025

Subject:	**2025-26 – Month 7 Financial Performance**
Purpose:	To provide an overview of the IJB's financial performance as at Month 7 (October).
Recommendation:	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2025-26 and the current overall projected year-end overspend of £4.946m reducing to £1.881m after planned recovery actions; (b) notes the progress with delivery of agreed savings; (c) approves the proposed and current actions (para 2.14) which are being taken to progress financial recovery and that an updated recovery plan will be presented to the next IJB; and (d) notes the remaining financial risks for 2025-26.

Direction Required to Council, Health Board or Both	Direction to: -	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
MDT	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
PAC	Performance and Audit Committee
MHOF	Mental Health Outcome Framework
MDT	Multi-Disciplinary Team

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report

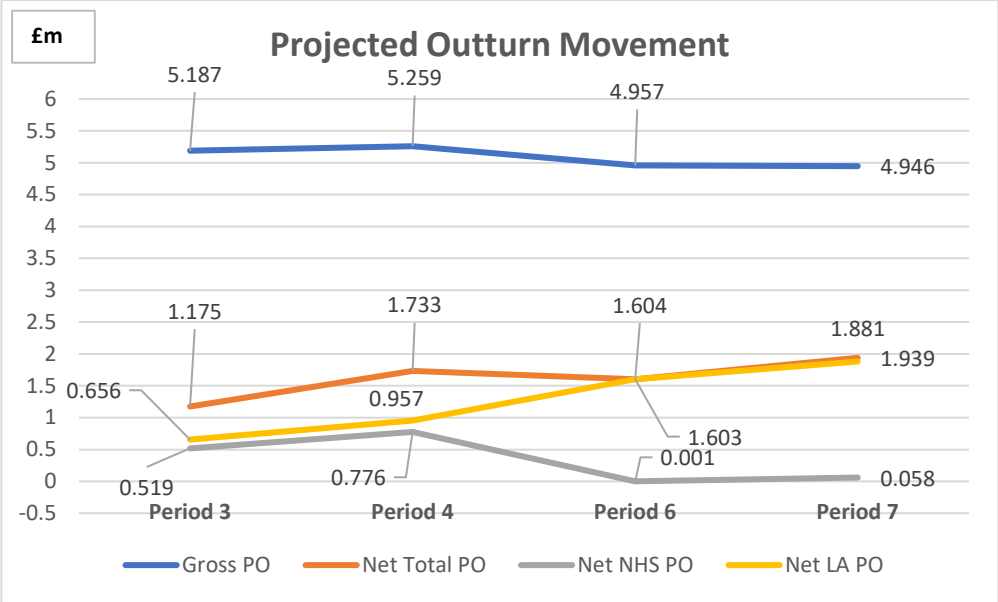
	refers to the position at the end of October further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £4.946m (1.5%) reduced to £1.881m through already identified financial recovery actions. There is an increasing risk to achieving financial balance during 2025-26, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions:

	TOTAL	Health/ NHS AA	Social Care/NAC
Projected Overspend @ mth7	4.946	0.976	3.970
Financial Recovery Plan Projections	3.007	0.918	2.089
Residual Risk	**1.939**	**0.058**	**1.881**

The Integration Scheme describes the required approach where there is a projected overspend on the IJB integrated budget, which includes the requirement to agree a recovery plan to balance the overspending budget. Only if the recovery plan is unsuccessful will the Health Board and Council consider making available interim funds.

The projection assumes all mitigations and controls established in 2024-25 continue throughout 2025-26 as it is recognised that the same uncertainty and risks remain into 2025-26 and there needs to be tight grip and control over expenditure overall. At this stage in the financial year there is a high risk of not being able to deliver financial balance by the year-end.

1.3 The movement in the projected outturn position for the 2025-26 financial year is illustrated in the graph below:



	This illustrates the movement in the gross and net projected overspend and the residual overspend or risk split between NHS and LA funding partners.
1.4	From the core projections, overall, the main areas of pressure are: care at home, residential placements for children, physical disability care packages, supplementary staff in wards, staff costs in Montrose House and Unplanned Activities (UnPACs) within the lead partnership for mental health. The main areas of movement from Period 6 to Period 7 are: • LD- £0.213m adverse re one new high-cost care package and an under-recovery in income • Primary Care - £0.101m favourable due to a detailed review of the projection • Management and Support - £0.176m favourable as the NHS budget shortfall has reduced.
1.5	The projected IJB outturn position has been adjusted to reflect the impact of Lead Partnership services. The overspend in relation to North Lead Partnership services for Mental Health is not fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North, both on an NRAC basis in line with the agreed risk sharing mechanism. There is a requirement for the 3 IJBs to be aware of the position for Lead Partnership services and plans to deliver services from within allocated budget, on that basis further information will be brought forward with further detail on Lead Partnership services.
1.6	Since the setting of the budget in March 2025 the 2025-26 financial position has been adversely impacted by the below factors out-with the control of the IJB. • National Care Home Contract (NCHC) – the recent increase to the NCHC rate to reflect the impact of the nursing pay award resulted in an additional unfunded cost of £0.175m. • NHS Board allocation for the Employers National Insurance increase confirmed at 60% of funding – full year impact £0.664m • The current allocation for the Agenda for Change costs in relation to the reduced working week are currently being queried with the NHS finance team to ensure we receive our 'fair share' of the funding. The current funding allocated is £0.659m, the cost of covering all reduced hours is £1.497m. A recent exercise collated from services on the actual impact and cost indicated that the cost of cover is £1.210m (84% of staff covered) which is £0.551m higher than the current allocation. A request has been submitted to NHS A&A to review the funding allocation on a recurring basis. The IJB will be update on progress with this request. • Pay settlements for both NHS and Local Government staff have been agreed for 2025-26. The NHS element has been funded, and the current assumption

	is that the shortfall between budget planning assumptions and actual settlements will be fully funded for Local Government staff.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.
2.2	**FINANCIAL PERFORMANCE – AT MONTH 7**
	At month 7 against the full-year budget of £339.363m there is a projected year-end overspend of £4.946m (1.5%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £3.970m in social care services and a projected overspend of £0.976m in health services. Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets. Appendix F provides information on the costs of bank and agency staff.
2.3	**Health and Community Care Services**
	Against the full-year budget of £99.882m there is a projected overspend of £4.116m (4.1%) which is a favourable movement of £0.051m and the main variances are: a) Care home placements – net projected overspend of £0.545m (£0.020m favourable). This includes an overspend on placements of £1.095m (£0.020m favourable) which includes a provision for an average of 7 interim beds and reflects the recent increase to the NCHC to reflect the impact of the nursing pay award resulted in an additional unfunded cost of £0.175m. The budgeted number of permanent placements was 765 and at month 7 there were 815 placements resulting in a projected overspend of £1.095m. The plan to manage down the number of permanent placements to reach the target is challenging due to the need to respond to referrals from hospital and to continue to support those in critical and substantial need in the community. The overspend is partially offset by income recovered from charging orders and gross funded placements which is projected to be £0.550m over recovered (no movement). This income is challenging to predict as it depends on the length of

	the legal process and time taken to sell the property that the charging order is registered to and access to the funds or estate of service users. b) Care at home is projected to be £1.721m overspent (£0.032m adverse). The position reflects the cost of meeting the significant demand and level of provision for care at home support. c) Physical Disability Services – projected overspend of £0.298m (£0.188m favourable) split as follows: £0.935m over in residential placements, £0.412m under in direct payments due to increased clawbacks and £0.225m under in community care packages. d) Integrated Island Services is projected to overspend by £0.487m (£0.020m favourable). The most significant variance is a projected overspend at Montrose House of £0.339m which relates to the net overspend on agency staff (i.e. net of underspend on employee costs). There is also an under recovery of income and a write off of aged debt. In addition, there are overspends outwith Montrose House across property, continence and medical supplies, admin and transport. The Arran Patient Transfer contract is projected to overspend by £0.040m.
	e) Specialist Rehab wards – projected overspend of £0.157m (£0.018m favourable) (Redburn ward £0.194m overspend and Douglas Grant £0.037m underspend). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support. f) Wards 1 and 2 – Projected overspend of £0.770m (£0.004m favourable). The overspend is due to increased use of supplementary staffing. All rehabilitation wards are operating at 100% occupancy supporting a high level of patient needs/complexity, which places pressure on staffing levels and the use of bank and agency staff to support additional patient observations. The senior manager has developed an action plan which will reduce this overspend and the reduction is reflected in the recovery plan.
2.4	**Mental Health Services**
	Against the full-year budget of £118.527m there is a projected overspend of £1.503m (1.3%) which is an adverse movement of £0.285m prior to the re-allocation of the Lead Partnership variance to East and South HSCP. The main variances are: • Learning Disabilities are projected to overspend by £1.249m (£0.213m adverse). The adverse movement is mainly due to one new high-cost care LD package with £0.174m part year costs in 2025-26 and a projected under recovery of income £0.189m (£0.036m adverse).

- Community Mental Health services are projected to underspend by £0.091m (£0.031m favourable movement). The main reason for underspend in community packages is the availability and capacity of adult community providers to deliver new packages of care.

- There is a projected underspend of £0.353m in relation to the cost of Hospital Based Complex Continuing Care (HBCCC), this reflects the impact of change in provision for these services. There were plans to reinvest this in the service, but these plans are on hold as holding the funding was agreed as part of the recovery plan at month 3.

- The Lead Partnership for Mental Health is projected to be £0.689m overspent (£0.002m adverse) and the main variances are as follows:

    - Adult Inpatients – projected overspend by £0.954m (£0.077m adverse) due to very high levels of continuous intervention which require additional supplementary staff and enhanced observations (1:1 and 2:1) and use of bank staff. The month 5 and 6 costs were materially higher than the month 1 – 4 average, this was due to high levels of staff cover required to respond to an IPC incident at Woodland View. The projection assumes that £0.338m of costs are recharged to another HSCP on a cost basis for an outwith authority placements which has incurred additional costs in relation to usage of supplementary staffing due to sustained enhanced observations.

    - The UNPACS (Unplanned Activities) budget – projected overspend of £1.147m (£0.093m adverse) based on current placements. Since month 6 there has been an admission plus a potential further planned admission in January. These have been accounted for in the projection. UnPACS placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACs placement with a specialist provider which can be out-of-area. The nature of mental health UNPACs spend is that it is almost exclusively on medium- or long-term complex secure residential placements which are very expensive so a small change in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed. Part of the additional control measures agreed in month 3 was to expand the high-cost care package review group to include all UNPACS placement

requests, the projected position includes provision for any new placements approved.

- Learning Disability Services – projected to overspend by £0.305m (£0.044m favourable). The overspend relates to the delay in achieving the saving from Ward 7A. Whilst the ward closed there are still legacy costs as the staff are still being redeployed.

- Elderly Inpatients – projected overspend of £0.121m (£0.004m adverse) due to the use of supplementary staffing. The elderly mental health wards continue to operate at full occupancy and at times with waiting lists, with several patients who are on enhanced observations and bank costs remain high.

- Eating Disorders – projected to overspend by £0.135m (no movement) due to the staffing level being higher than the funding allocation. This is being considered alongside the overall resource allocation.

- Enhanced Mental Health Outcome Framework (EMHOF) – projected underspend of £0.624m (no movement). There was £0.624m of reserves held for EMHOF and the recovery plan approved the draw down of these reserves which is the reason for the favourable movement.

- Psychiatry – is projected to overspend by £0.271m (£0.050m favourable) mainly due to junior doctor costs. A mitigation plan is being developed and the rota for junior doctors is being reviewed.

- MH Pharmacy – is projected to overspend by £0.112m (£0.044m favourable). The overspend is less than projected due to a prior year rebate. Prior to this rebate there was an overspend due to increased demand and cost of medicines, and particularly the cost of Buvidal. This position is after investing £0.510m on a Pan Ayrshire basis (£0.170m per HSCP).

- Action 15 – is projected to underspend of £0.321m (£0.042m favourable). There was £0.487m of reserves held for Action 15 and the recovery plan approved the draw down of these reserves which is the reason for the underspend. The projected underspend is after considering the legacy costs from the 2024/25 review of funding.

- Innovation Fund – projected underspend of £0.021m (no movement) assuming that the posts to be redeployed as part of the EMHOF review are actioned.

- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over recovery of the vacancy savings target of £1.103m (favourable movement of £0.131) in 2025-26. Further information is included in the table below:

Vacancy Savings Target	(£1.160m)
Projected to March 2026	£2.263m
Over/(Under) Achievement	**£1.103m**

2.5 **Children and Justice Services**

Against the full-year budget of £42.324m there is a projected overspend of £1.610m (3.8%) which is a favourable movement of £0.026m and the main variances are:

a) Care Experienced Children and Young People is projected to overspend by £2.016m (£0.020m adverse). Some of these costs are offset by the contribution from the Home Office for Unaccompanied Asylum-Seeking Children which is detailed below.

The main areas within this are noted below:

- The children's residential placements are projected to overspend by £2.798m (£0.084m adverse) based 35 placements in month 7. This demonstrates an increase of 6 places since the start of the financial year. There are several factors leading to this challenging position:
  - We have 32 places available in our internal children's houses, due to demand these have been operating at 100% occupancy or over for some time, leading to increased use of external placements where residential care is required.
  - There remains an acute shortage of foster carers leading to residential care being necessary in emergency placement situations.
  - The requirement to support Unaccompanied Asylum-Seeking Children (UASC) under the National Transfer Scheme and to support trafficked young people who have been identified in North Ayrshire.
  - A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21.
  - Where appropriate young people are placed to meet their educational needs, the cost of Residential School Placements in the most cases is shared 50/50 with Education services.
  - Contractual inflation has still to be agreed for 15 providers. If this is higher than the assumed contractual inflation and it is likely that this will increase the projected costs of residential places which is outwith the control of the service.

	○ Children's Services are continuing to work with other services including Education and Housing to address the challenges through the work of the 'Brighter Pathways' Programme Board and associated workstreams. • Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.898m (£0.039m adverse) underspent.
	• Residential respite – placements are overspent by £0.070m (£0.001m fav movement). These short-term placements are used to prevent an admission to full time care or to avoid placement breakdown. • Employee costs – are projected to overspend by £0.149m (£0.021m favourable), largely due to staffing levels in the children's houses and regrading of posts. • Care Leavers – projected underspend of £0.043m (£0.015m favourable) in rent costs. • Section 29 Payments (Throughcare Team) are projected to overspend by £0.045m (£0.004m favourable movement). b) Head of Service – is projected to underspend by £0.622m (£0.060m favourable). This consists of a projected overspend of £0.158m in relation to the previous staff reconfiguration saving in the children's houses which was not achieved in 23-24 or 24-25 and this is offset by the grant funding in relation to Unaccompanied Asylum-Seeking Children (UASC), which is projected to amount to £0.765m £0.012m adverse) and which contributes to costs incurred across a number of C&F service areas. The favourable movement relates to a reduced projection for the Child Protection team and settlement of some contractual increases. c) C&F Health Team – is projected to overspend by £0.144m (£0.062m adverse) mainly in relation to the Band 6 to 7 regrade for Health Visitors and the progression of posts up the Band 7 scale. Part of this recurring cost was incorporated into budget pressures for 2025/26. The favourable movement is due to ongoing work by the senior manager to reduce the overspend.
2.6	**ALLIED HEALTH PROFESSIONALS (AHP)**
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have contributed to payroll turnover.
2.7	**CHIEF SOCIAL WORK OFFICER**
	This is projected to underspend by £0.156m (£0.029m adverse). One contract has ceased at the end of June and there are savings against other areas. There is also

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	an over-recovery of income in Learning and Development for social work student placements.
2.8	**MANAGEMENT AND SUPPORT**
	Management and Support Services are projected to underspend by £1.831m (£0.146m favourable) and the main areas of variance are: • There is projected slippage on the LD and MH transition funding of £0.482m (£0.009m favourable) due to delays in children transitioning into adult services. This involves complex planning by services with service users and families and can change over time based on assessed need when moving into adult services. • The 2024-25 budget included a budgeted deficit on the social care side of £0.437m which is offset by a budgeted surplus of £0.437m on the health side of the budget. • There is also a balance of overachieved savings of £0.137m (no change) as a result of the 25/26 budget decision. • NHS shortfall in savings of £0.230m (£0.176m favourable) which is not coded to specific areas and held centrally until recurring savings can be identified. • The funding for the Reduced Working Week (non-Lead Partnership element) is coded to Management and Support pending final confirming of the allocation. It is projected to underspend by £0.293m as the overspends in relation to these costs are shown on other lines outwith Management and Support. • An over-recovery of payroll turnover of £0.550m (£0.050m adverse) for social are services and an over-recovery of £0.205m (£0.064m adverse) for health services as outlined in the table below. The turnover targets and achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:

	Social Care	**Health**
Vacancy Savings Target	(£3.400m)	(£1.567m)
Projected to be achieved by March 2026	£3.950m	£1.811m
Over/(Under) Achievement	**£0.550m**	**£0.244m**

	The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. As part of the recovery plan, the vacancy scrutiny group has been enhanced with the Heads of Service and professional leads attending. Each post is scrutinised and filled only where deemed necessary with a recruitment freeze now implemented for all non-essential posts.

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For 2025-26 there will be a further recruitment delay with vacancy scrutiny approved vacancies being held for four weeks before they are advertised to create more payroll turnover. This will be for all vacancies except clinical or registered services vacancies or those which will incur cover costs.

The turnover target for the North Lead Partnership for Mental Health services is detailed separately within the Lead Partnership information at section 2.4.

2.9 **Savings Progress**

The approved 2025-26 budget included £4.019m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 7 £m
Red	-	-
Amber	**2.984**	2.027
Green	**1.035**	-
Blue	-	1.992
TOTAL	**4.019**	**4.019**

Appendix B provides an overview of those service changes which do have financial savings attached to them and the BRAG status around the deliverability of each saving. Any shortfall in relation to the amber rated savings are already reflected in the projected outturn.

2.10 **Budget Changes**

The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis…. without the express consent of the Integration Joint Board."* Appendix C highlights the movement in the budget position following the initial approved budget.

Reductions Requiring Approval:

Ref	Description	Amount (£000)
1	Transfer Methadone LES to East GMS	(0.008)
2	Post to Medical records	(0.037)
3	GP Prescribing budget adjustment	(1.094)
4	ADP MAT Standards Allocation	(0.045)
5	ADP ABI to East	(0.010)

2.11	**Pan Ayrshire Lead Partnership services and Large Hospital Set Aside**
	Lead Partnerships: - The IJB position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis. The outturn in relation to North Lead Partnership services is not fully attributed to the North IJB as a share is allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services is shared with North. At Month 7 the MH lead partnership is projected to overspend by £0.689m (£0.225m NRAC share for East and £0.196m for South). **South HSCP (month 6 info)** – projected overspend of £0.282m (£0.148m adverse) of which £0.104m (£0.054m adverse) will be allocated to North. The variance is mainly due to an overspend of £0.131m in the community store. This includes the costs of replacing mattresses, repairs and maintenance contract and equipment costs. The adverse movement is due to the purchase of additional mattresses when the wash bay was temporarily closed, and this impacted on the recycling of mattresses. There is also a projected overspend of £0.087m in the Family Nurse Partnership as the SG funding was based on the mid-point of the salary scale and all post are now at the top point of the scale. This will be a pressure in 2026/27. **East HSCP (month 6 info) -** projected overspend of £0.104m (£0.326m favourable) of which £0.038m will be allocated to North - £0.121m favourable movement). The main variances are: Allied Health Professions (Lead Partnership) There is a projected underspend of £0.420m on AHPs services which mainly relates to staffing savings. An increase in overall supplies expenditure has seen a small adverse movement from month 4 projected underspend £0.445m. Primary Care and Out of Hours Services (Lead Partnership) The Primary Care and Out of Hours Services £139.701m budget is projected to overspend by £0.416m, which is a small favourable movement of £0.206m from month 4. There are projected additional costs within Primary Care Contracting and Support £0.402m (£0.493m overspend month 4), due to a number of variances, including new Office 365 licence costs, as well as additional spend related to the GP's Sub-Committee and staffing costs. Primary Medical Services are projected to overspend by £0.643m (£0.686m at month 4), largely due to increased pension and sickness cover costs. Primary Medical Services payments also show an overspend and IT continues to overspend. These projected additional costs are being partially offset by a projected underspend £0.309m (£0.170m at month 4) against Ayrshire Urgent Care Services based on average of month 1 to 6 expenditure and cross charges based on 2024/25 trends (and is after building-in an allowance for public holiday cover in the remainder of the financial year). Funding has been allocated to partially offset Urgent

Care Pathway costs £0.823m (projected to outturn £0.248m over allocated funding). Funding has also been allocated to Covid-19 Therapeutics of £0.274m, with costs projected at £0.229m.

There is a projected underspend of £0.555m (£0.304m at month 4) in Dental services that reflects that staffing numbers are running at less than establishment, alongside reduced equipment costs. The financial recovery plan includes anticipated reduced spend on Dental equipment £0.035m.

Prison and Police Healthcare (Lead Partnership)
The projected overspend of £0.013m at month 6 (£0.106m overspend month 4) is largely due to reduced staffing costs. Due to extended periods of vacancy, there has been a favourable movement of £0.119m, however this is partially offset by additional prescribing costs. Prison prescribing was highlighted as a budget pressure as part of the 2025/26 budget. Both East Ayrshire and South Ayrshire IJBs have approved additional funding to offset this pressure however North Ayrshire IJB did not provide for this in their approved budget. The additional funding has not been allocated against the prescribing budget at this stage, with further pan-Ayrshire discussions to be undertaken to determine how to account for this in the current financial year and going forward. It is possible that the Prison and Police Healthcare projected overspend highlighted in this report can be reduced as a consequence of this work.

Other Services (Lead Partnership)
The £0.095m projected overspend (£0.146m overspend month 4) is due to increased Area Wide Evening Services and Palliative Care Services costs. This is mainly due to additional staffing costs including high use of bank staff to meet service demands which are expected to reduce when vacancies are filled. As part of the recovery plan, recovery actions will be undertaken to reduce costs by an estimated £0.069m in the remainder of the financial year within Area Wide Evening Services:

- Caseload and rota review to ensure prioritisation of essential criteria for overnight interventions.
- Reviewing skills mix and reducing teams from eight to seven.
- Reducing bank usage by ensuring optimum recruitment to vacancies and maximising attendance at work

Palliative Care Services budgets continue to be closely monitored and reviewed; however increased costs largely reflect demand for provision of services. This pressure will require to be considered on a pan-Ayrshire basis, as part of the 2026/27 budget-setting process. Alongside financial recovery plan actions, it is anticipated that the prison prescribing pressure can be considered through forthcoming pan-Ayrshire discussions.

East Ayrshire Financial Recovery Plan (approved on 29th October 2025)
A financial recovery plan will be presented to the IJB on 29 October 2025 for consideration and approval (and presented to North and South Ayrshire IJBs for approval). The initial hosted services financial recovery plan assumes that costs can

be contained at month 6 projected outturn position levels overall, with specific savings highlighted in the table below to achieve overall financial balance in 2025/26.

	Proposed Saving 2025/26 £m
Primary Care – Dental equipment balance (revenue)	0.035
Area Wide Evening Services – Staff Cost Reductions	0.069
TOTAL	**0.104**

Set Aside: - Work has been undertaken with partnerships to progress and develop set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources.

Further work has been undertaken through the Ayrshire Finance Leads group to establish baseline resources for each partnership and how these compare to the NRAC "fair share" of resources. Ayrshire Finance Leads have now agreed a baseline methodology for set aside budgets which involves using the four full years prior to the pandemic, 2016/17 – 2019/20 inclusive.

The HSCPs require to agree their final share of the baseline with each other, however the aggregate will remain unchanged. The table below shows the cost of the historic baseline at 2024/25 prices. The 2025/26 actual usage information is not known until later in the year.

IJB	**Baseline at 2024/25 prices (£)**
East	31.870
North	39.966
South	34.488
Total	**106.324**

The annual budget for Acute Services is £491.3million. The directorate is overspent by £20.3 million after 7 months including legacy CRES.

This was caused by overspends on medical and nursing staff, together non pay overspends on equipment and supplies. These are required due to the level of operational pressure experienced. Unfunded wards contributed an overspend of £4.2m after 7 months.

	Within the overall £20.3 million overspend Medicine are over by £8.2 million, Emergency Care by £6.4 million, Surgery by £2.2 million, Labs and Diagnostics by £2.3 million and Women and Children by £1.5 million. Legacy CRES and underspends on other budgets make up the difference. There is a material underlying deficit caused by: • Length of Stay (LoS) and emergency admission rates in NHS Ayrshire and Arran acute hospitals are above the Scottish average. • High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure. • Delayed transfers of care and high acuity of patients. The IJBs and the Health Board work closely in partnership to maintain service and improve performance. In respect of Lead Partnership Services, the 3 Chief Officers and CFOs have met to consider improvements in the reporting and visibility of financial and operational performance for those services which we lead or are led by another HSCP. Actions have been agreed to develop more regular shared information to be shared across all 3 IJBs with an intention to incorporate this further detail into future financial monitoring reports from month 9.
2.12	**FINANCIAL RISKS**
	There are a number of financial risk areas that impact or may impact on the financial position. • Current overspend areas, especially in low volume / high-cost services e.g. Children's residential placements, UNPACs, and supplementary staffing across community, mental health and learning disability wards. • Growing demand for services. • Staff recruitment and retention challenges across a number of service areas. • The expectation that performance will continue to be maintained or improved despite the significant resource challenges. • Ongoing delivery costs of Scottish Government policy directives, particularly where these are not fully funded or inflation proofed. • Pay settlements for both NHS and Local Government staff have been agreed for 2025/26. The NHS element has been funded, and the current assumption is that the shortfall between budget planning assumptions and actual settlements will be fully funded for Local Government staff. • Unearmarked reserves are depleted, there is no scope to absorb in-year variances, with any overspends requiring additional funding from partners. • The ongoing review of the Integration Schemes, where there is a focus on financial arrangements and risk share.

- The wider system financial challenges and impact across the whole system, for example the financial position of NHS AA and the decisions taken to reduce the Board's deficit may have impacts on other parts of the health and care system.
- Removal of brokerage for NHS Boards, NHS AA have been asked by Scottish Government to deliver further financial improvement beyond their Board approved financial plan.
- The overall sustainability of commissioned care providers, with eNICs compounding historic challenges re financial sustainability, there is a heightened risk of provider failure leading to handing back of care and contracts.
- The ongoing ability to source packages of care for service users.
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this.
- The recurring underlying levels of overspend which may impact on the Partnership's ability to continue to sustain service levels in the future.
- The use of supplementary staffing for enhanced observations across a number of service areas and the use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges.
- Agenda for Change Pay Reform programme – including Nursing Band 5-6 re-grade, protected learning time and reduction to the working week.
- Scot Excel inflationary increases for children's services have been significantly higher than assumed.
- There is a risk in relation to recovering recharge income in relation to the LD Assessment and Treatment patients from outwith Ayrshire.
- Risk related to NHS Reform investment being allocated by Scottish Government on a payment by results basis and in arrears.
- Local Government Settlement and Distribution Group (SDG) – The SDG periodically review existing distributions to ensure that they remain fit for purpose. There is an agreed review of indicators for Adult Social Care Services, whilst the quantum is unknown North Ayrshire are noted to be an area with an increase, however there is a risk that this funding will not be available in future years due to North Ayrshire Council overall not receiving any additional funding through the floor mechanism.

These risks will continue to be monitored during 2025-26.

Audit Scotland's recent audit of the IJB Annual Accounts concluded that North Ayrshire IJB has effective financial management and reporting arrangements in place. The audit also highlighted success in achieving approved recurring savings. This demonstrates that the current financial recovery situation is not a result of inadequate financial oversight, poor reporting, or an inability to deliver efficiencies.

Instead, the ongoing challenge relates to rising levels of need within the North Ayrshire population and the wider, and national, issue of ensuring the long-term financial sustainability of health and social care services. It is essential that the IJB

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works with all partners to accelerate and resource service redesign and transformation, in order to provide sustainable care for the future.

An Internal Audit review of IJB transformation submitted to the September 2025 Performance and Audit Committee gave an opinion of substantial assurance in relation to the governance of the Transformation Plan.

2.13 **RESERVES**

The IJB opening reserves position are summarised in the table below.

	General Fund Reserve	Earmarked Reserves		**Total**
	Unearmarked	External Funding	HSCP	
	£m	£m	£m	**£m**
Balance – 1 April 2025	**-**	**2.381**	**0.780**	**3.161**
Anticipated Drawdown	**-**	**(2.381)**	**(0.780)**	**(3.161)**
Balance – 31 March 2026	**-**	**-**	**-**	**-**

The £0.780m HSCP earmarked reserve relates to the Service Redesign and Change Fund which is fully committed in 2025-26. Further detail on the reserves is given in Appendix D.

2.14 **Financial Recovery Plan**

The IJB set a balanced budget for 2025/26 on 20th March 2025. This did not include any draw on reserves but did include the approval of £4.019m of savings to achieve financial balance. Services will continue to work towards implementing the recovery plan to deliver cost reduction targets while carefully managing the level of risk. This will include the preparation of equality impact assessments.

The management actions and governance framework outlined below which were agreed in 2024/25 will continue throughout 2025/26:

MANAGEMENT ACTIONS/CONTROLS AGREED IN 2024/25

- Review of expenditure authorisation levels across the Partnership and escalation of specific decisions to senior officers. In particular, a new governance group has been introduced, involving the Director and Heads of Service, to oversee the agreement of higher value packages of care (above £40,000 per annum).
- Staff communication in relation to discretionary/non-essential spend.
- Review of temporary posts and robust vacancy management/approval. The vacancy scrutiny group now has representation from all of the Heads of

	Service and a recruitment freeze will be implemented for all but essential frontline posts. • Restrictions on all but essential overtime working. • Ongoing review of future year savings or transformation programmes to identify scope for acceleration. • Maximise opportunities from the recently reopened Independent Living Fund (ILF) Scotland. GOVERNANCE MEASURES AGREED IN 2024/25 • Establishment a 'Finance Working Group', chaired by the IJB Chair or Vice Chair. The Director and Heads of Service are members of the group. It meets monthly to facilitate increased oversight and scrutiny of the financial position and transformation programme as well as detailed budget planning for future financial years. • Strengthened support from Finance Team to front line services and increased engagement with Heads of Service and Senior Management Teams, including line by line reviews of all budget areas. MANAGEMENT ACTIONS/CONTROLS AGREED IN 2025/26 (AUGUST 2025 and SEPTEMBER 2025) • Recruitment delay – there will be a recruitment drag with vacancy scrutiny approved vacancies being held for four weeks before they are advertised to create more payroll turnover. This will be for all vacancies except clinical or registered services vacancies or those which will incur cover costs. • High-cost care package group – the remit of this group will be expanded to include care packages for children with a disability and all UNPACs placement requests. • Oversight group for looked after and accommodated children in residential care – this group meets fortnightly to actively review all placements. • The senior managers for the main areas of overspend have been tasked with preparing an SBAR reports to be considered at the PSMT. This will cover current action being taken to reduce the overspend and future planned action. • The Director and Chief Finance Officer have started a rolling programme of one-to-one meetings with individual budget holders across the HSCP to consider opportunities for cost reduction, service change and any spend to save propositions – to support the development of the 2026/27 budget but also to identify further cost reductions for the current financial year. RECOVERY ACTIONS – MONTH 7 UPDATE • The updated recovery action is outlined in Appendix E. This includes the proposals agreed since month 3 and updated progress at month 7 and any changes to target reductions. The actions are a mix of cost reduction targets across various services and a drawdown of reserves.

- There is a significant risk at this point in the financial year that the all of the recovery action can be delivered especially around the residential placements for children and care home placements.

- A summary of the residual risk is below:

Residual Risk	TOTAL	Health/ NHS AA	Social Care/NAC
Month 3	1.175	0.519	0.656
Month 4	1.733	0.776	0.957
Month 6	1.604	0.001	1.603

- At month 7 this deteriorated to:

	TOTAL	Health/ NHS AA	Social Care/NAC
Projected Overspend @ mth7	4.946	0.976	3.970
Financial Recovery Plan Projections	3.007	0.918	2.089
Residual Risk	**1.939**	**0.058**	**1.881**

- This plan is monitored and reviewed each month, and the following recovery actions are being proposed:

  a) **Care home placements** – move to one admission for every two discharges as per PSMT approval on 20th November 2025. The care placements at CARG to be approved on the basis of risk and need rather than current care setting. These levels will be exceeded where the risk to adults remaining in the community is considered too great and the only alternative is in immediately accessing a care placement. This may impact on delayed discharges within our acute and community hospitals.
  b) **Care at home** – recruitment freeze to gradually reduce the overspend position. Again, this will impact on wait times and service performance.
  c) **All care packages** (outwith in house care at home and older people placements agreed via CARG) will be considered for approval by the high-cost care package group.

The financial consequences of these measures are not fully known at this stage and will be closely monitored. Services continue to work on further recovery actions to come to IJB in February – these will impact further on waits and service performance.

	PROPOSALS
3.1	Anticipated Outcomes
	Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to deliver services in 2025-26 from within the available resource, thereby limiting the financial risk to the funding partners. The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with the delivery of the transformation plan.
3.3	Measuring Impact
	Ongoing updates to the financial position will be reported to the IJB throughout 2025-26.
4.	**IMPLICATIONS**
4.1	Financial The outturn is an overall year-end overspend of £4.946m (1.5%) prior to recovery action. The report outlines the main variances for individual services. The IJB unearmarked reserve balance is zero. This current position poses a financial risk to North Ayrshire Council and NHS Ayrshire and Arran.
4.2	Human Resources The report highlights vacancy or turnover savings achieved during the year. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB. Tight vacancy scrutiny management arrangements are in place for the HSCP.
4.3	Legal None.
4.4	Equality/Socio-Economic None.
4.5	Risk Para 2.12 highlights the financial risks. The report falls in line with the agreed risk appetite statement which is a **low**-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a **high**-risk appetite in relation to finance and value for money. The 'financial viability of the HSCP' risk on our strategic risk register.
4.6	Community Wealth Building None.
4.7	Key Priorities

	The ability to deliver on our strategic priorities may be compromised due to the greater financial risk faced in 2025-26 and the increased focus required on financial rather than service improvement. This will be kept under close scrutiny throughout 2025-26. If we are unable to successfully develop a financial recovery plan to achieve financial balance, consideration may be given to revising the strategic commissioning plan.
5.	**CONSULTATION**
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.
5.2	The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.

Caroline Cameron, Director

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2025-26 Budget Monitoring Report–Objective Summary as at 31st October 2025

Appendix A

Partnership Budget - Objective Summary	2025/26 Budget									Over/ (Under) Spend Variance at Period 6	Movement in variance from Period 6
	Council			Health			TOTAL				
	Budget	Outturn	Projected Over/ (Under) Spend Variance	Budget	Outturn	Projected Over/ (Under) Spend Variance	Budget	Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**78,879**	**81,835**	**2,956**	**21,003**	**22,163**	**1,160**	**99,882**	**103,998**	**4,116**	**4,167**	**(51)**
: Locality Services	32,859	33,758	899	5,897	5,897	0	38,756	39,655	**899**	987	(88)
: Community Care Service Delivery	41,750	43,427	1,677			0	41,750	43,427	**1,677**	1,611	66
: Rehabilitation and Reablement	2,127	2,178	51			0	2,127	2,178	**51**	40	11
: Long Term Conditions	896	935	39	10,612	11,576	964	11,508	12,511	**1,003**	1,026	(23)
: Community Link Workers	366	365	(1)	0	0	0	366	365	**(1)**	(4)	3
: Integrated Island Services	881	1,172	291	4,494	4,690	196	5,375	5,862	**487**	507	(20)
MENTAL HEALTH SERVICES	**41,157**	**42,324**	**1,167**	**77,370**	**77,706**	**336**	**118,527**	**120,030**	**1,503**	**1,218**	**285**
: Learning Disabilities	32,027	33,276	1,249	727	727	0	32,754	34,003	**1,249**	1,036	213
: Community Mental Health	7,110	7,019	(91)	1,833	1,834	1	8,943	8,853	**(90)**	(157)	67
: Addictions	2,020	2,029	9	1,880	1,880	0	3,900	3,909	**9**	5	4
: HBCCC	0	0	0	353	0	(353)	353	0	**(353)**	(353)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	72,577	73,265	688	72,577	73,265	**688**	687	1
CHILDREN & JUSTICE SERVICES	**36,449**	**37,981**	**1,532**	**5,875**	**5,953**	**78**	**42,324**	**43,934**	**1,610**	**1,636**	**(26)**
: Irvine, Kilwinning and Three Towns	3,226	3,297	71	0	0	0	3,226	3,297	**71**	85	(14)
: Garnock Valley, North Coast and Arran	3,621	3,702	81	0	0	0	3,621	3,702	**81**	68	13
:Intervention Services	1,822	1,834	12	0	0	0	1,822	1,834	**12**	9	3
: Care Experienced Children & Young people	22,842	24,858	2,016	0	0	0	22,842	24,858	**2,016**	1,996	20
: Head of Service - Children & Families	1,406	784	(622)	0	0	0	1,406	784	**(622)**	(562)	(60)
: Justice Services	3,101	3,101	0	0	0	0	3,101	3,101	**0**	0	0
: C&F Health Team	431	405	(26)	4,995	5,109	114	5,426	5,514	**88**	82	6
: Lead Partnership NHS Children's Services	0	0	0	880	844	(36)	880	844	**(36)**	(42)	6
CHIEF SOCIAL WORK OFFICER	1,978	1,822	(156)	0	0	0	1,978	1,822	**(156)**	(185)	29
PRIMARY CARE	0	0	0	53,627	53,610	(17)	53,627	53,610	**(17)**	84	(101)
ALLIED HEALTH PROFESSIONALS			0	11,608	11,608	0	11,608	11,608	**0**	1	(1)
MANAGEMENT AND SUPPORT COSTS	7,725	6,196	(1,529)	3,692	3,390	(302)	11,417	9,586	**(1,831)**	(1,685)	(146)
OUTTURN ON A MANAGED BASIS	**166,188**	**170,158**	**3,970**	**173,175**	**174,430**	**1,255**	**339,363**	**344,588**	**5,225**	**5,236**	**(11)**
Return Hosted Over/Underspends to East	0	0	0	0	(225)	(225)	0	(225)	**(225)**	(225)	0
Return Hosted Over/Underspends to South	0	0	0	0	(196)	(196)	0	(196)	**(196)**	**(196)**	0
Receive Hosted Over/Underspends South	0	0	0	0	104	104	0	104	**104**	**104**	0
Receive Hosted Over/Underspends East	0	0	0	0	38	38	0	38	**38**	38	0
OUTTURN ON AN IJB BASIS	**166,188**	**170,158**	**3,970**	**173,175**	**174,151**	**976**	**339,363**	**344,309**	**4,946**	**4,957**	**(11)**

Social Care:

Ref	Description	Deliverability Status at budget setting	Deliverability Month 7	2025/26 Saving
	Previously Agreed Savings (Full year impact)			
1	Review of Day Care provision	Green	Blue	0.100
2	Service redesign (CAAST Team and Corporate Parenting team)	Green	Blue	0.034
	Adjustments			
3	Payroll Turnover	Green	Blue	0.099
	Mental Health			
4	LD Responder Service	Amber	Amber	0.150
	Children, Families & Criminal Justice			
5	Brighter Pathways	Amber	Amber	1.000
	Community Care & Health			
6	Review of Day Care provision	Amber	Blue	0.107
7	Care at Home	Amber	Blue	0.500
	Cross Service			
8	Care Package Review (all services)	Amber	Blue	0.200
9	Deletion of vacant posts	Green	Blue	0.056
10	Increase to charging	Green	Amber	0.186
11	Admin Post Savings	Green	Blue	0.114
12	Financial Inclusion	Green	Blue	0.357
	TOTAL SOCIAL CARE SAVINGS			**2.903**

Health:

Ref	Description	Deliverability Status at budget	Deliverability Month 7	2025/26 Saving
	Adjustments			
13	Increase recharge to East Ayrshire for beds at Woodland View	**Green**	**Blue**	0.010
14	Payroll Turnover	**Green**	**Blue**	0.079
	Other Savings			
15	Admin Savings	**Amber**	**Blue**	0.186
16	Trindlemoss House - move to social care model	**Amber**	**Amber**	0.250
17	EICT/Rehab	**Amber**	**Blue**	0.150
18	Community MH/Wellbeing Review	**Amber**	**Amber**	0.100
19	Ward 7A - Woodland View	**Amber**	**Amber**	0.341
	TOTAL HEALTH SAVINGS			**1.116**
	TOTAL NORTH HSCP SAVINGS			**4.019**

2025-26 Budget Reconciliation

Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			137.739
Adjustments to baseline			0.014
Revised Budget			**137.753**
Resource Transfer 25/26	1-3		25.045
Additional Funding - 24/25 Adult Social Care RLW	1-3	**P**	0.073
Additional Funding RLW	1-3	**P**	0.126
Additional Funding - Money Smart	1-3	**P**	0.094
ICT Transfers	1-3	**P**	(0.005)
Additional Funding - Whole Family Wellbeing Funds	1-3	**T**	0.179
CJSW - S27	1-3	**P**	3.280
Development of People working in Childrens SW	1-3	**P**	(0.390)
Change Fund Allocation - HSCP FIO Team	7	**T**	0.021
Internal Commerical Waste	7	**P**	0.010
Roundings	7		0.002
Social Care Budget Reported at Month 7			**166.188**

HEALTH	Period	Permanent or Temporary	£'m
Initial Budget exc set aside			**161.934**
Month 10-12 Adjustments and adjusting for the full year impact of part years amounts and temporary funding.			8.532
Revised Budget			**170.466**
Resource Transfer 24/25			**24.640**
Resource Transfer 25/26			(25.045)
NORTH NATIONAL INS 25-26 AMBUS	**1**		0.997
PRESCRIBING 25-26 AMBUSH	**1**		2.754
PRESCRIBING CRES 25-26 AMBUSH	**1**		(0.715)
Training Grade Adj - April	**1**		(0.058)
Training Grade Rates Adj - April	**1**		0.030
MH: Anticipate PDS Dementia (North) 25/26	**1**		0.094
MH: Anticipate Delivery of Veteran Specific 25/26	**1**		0.105
Anticipated RWW from SG	1		0.659
Anticipate 20% Tranche 2 ADP	1		0.174

HEALTH	Period	Permanent or Temporary	£'m
Training Grade Adj - May	2		(0.013)
Bwp 25-26 East Chest Heart Stroke	2		0.001
Bwp 25-26 East Nest Expansion	2		0.023
Bwp 25-26 East - Sds Advice Service	2		0.013
Bwp 25-26 East Sub Prescribing	2		0.170
25-26 South Budget Paper - North Substitute Prescribing	2		0.170
25-26 South Budget Paper - Pan Ayrshire Chest Heart And Stroke	2		0.001
25-26 North Budget Paper - Pan Ayrshire (vision Support Service	2		(0.005)
25-26 North Budget Paper - Pan Ayrshire (communitystore)	2		(0.155)
HD52: EARLY INTERVENTION PSYCHOSIS	3		0.100
25-26 Pay Award Increase North	3		1.179
Training Grade Adjustment (Dean Funding)	4		0.011
Medical Pay Award - Senior Medical - Additional 1%	4		0.086
Medical Pay Award - Specialty Doctors - Additional 1%	4		0.006
Virement to Medical Directorate from Mental Health Admin	4		(0.028)
Transfer MAT Standards Psychiatrist 0.2 WTE	4		0.029
Primary Care Prescribing Tariff Reduction	4		(0.556)
BBV transfer from Public Health	4		0.269
Training Grade Adjustment (Dean Funding) - August	5		0.129
Budget transferred to Capital for INV-3395435821	5		(0.006)
Transfer from South - ANP contribution	5		0.030
Primary Care Prescribing Budgets reworked	5		0.130
HD157 3% pay award ADP North	5		0.057
North MDT funding to Arran Medical Group (Virement 11)	5		(0.043)
Training Grade Adjustment (Dean Funding) - September	6		0.018
Transfer Methadone LES to East GMS	7		(0.008)
Post to Medical records	7		(0.037)
GP Prescribing budget adjustment	7		(1.094)
ADP MAT Standards Allocation	7		(0.045)
ADP ABI to East	7		(0.010)
ANTICIPATED BUDGETS INCL HERE (NOT IN LEDGER)	7		(1.347)
Roundings			(0.001)
Health Budget Reported at Month 7			**173.175**
TOTAL COMBINED BUDGET			**339.363**

25-26 IJB Reserves Position

Appendix D

Area of Reserves	Balance at 31 March 2025
Earmarked Funds	**£**
: Alcohol & Drug Partnership	353
: Mental Health Action 15	135
: Primary Care Improvement Fund	46
: Service Redesign / Challenge Fund	780
: Family Wellbeing Fund	934
: Breastfeeding Network	36
: MH Recovery and Renewal /Enhanced MH Outcome Framework	365
: Early Intervention in Psychosis	92
: LD funding	82
: Donation (Police Scotland)	1
: Primary Care Improvement Fund IP	303
: GP Premises Improvements - tranches 1 and 2	3
: Dental Practice Improvement	29
: Appropriate Adult	2
Total Earmarked	**3,161**

Financial Recovery Action Plan

Appendix E

			£m		
Projected Overspend at Month 7			**4,946**		
SERVICE AREA	**Target at Month 7**	**Achieved at Month 7**	**Still to be achieved**	**Target set (IJB Date)**	**Comment**
Community Care and Health					
a) Care home placements	(568)	(79)	(489)	August 2025 - month 3 report	This will bring the overall budget for placements and charging order income online.
b) Physical Disability Services (res, community and DPs)	0	0	0	August 2025 - month 3 report	Some PD residential packages £508K (prev £575K) have moved to the older people Care Home placements budget. The older people placements will need to manage this transfer within the existing budget.
c) Specialist Rehab wards	(75)	(57)	(18)	August 2025 - month 3 report	Based on planned action developed by the senior manager.
d) Wards 1 and 2	(275)	(57)	(218)	August 2025 - month 3 report	Based on planned action developed by the senior manager.
e) Care at Home	(300)	0	(300)	August 2025 - month 3 report	Reflects the potential reduction to costs as an impact of the SG investment in unscheduled care
TOTAL	**(1,218)**	**(193)**	**(1,025)**		
Mental Health Services	**Target at Month 7**	**Achieved at Month 7**	**Still to be achieved**	**Target set (IJB Date)**	**Comment**
a) Learning Disabilities	0	0	0	August 2025 - month 3 report	No cost reduction proposed but the service need to maintain the current position. All new placements need to be offset by discharges or reductions from care package reviews.
b) Community Mental Health services	0	0	0	August 2025 - month 3 report	
c) Lead Partnership for Mental Health :					
- Adult Inpatients	(150)	0	(150)	August 2025 - month 3 report	Inpatient Review being undertaken
- Elderly Inpatients	(150)	(62)	(88)	August 2025 - month 3 report	Inpatient Review being undertaken
- Psychiatry	(150)	(50)	(100)	August 2025 - month 3 report	Junior doctor rota still to be revised.
- Action 15 Reserves	(486)	(486)	0	August 2025 - month 3 report	Draw down of the full pan Ayrshire reserve - agreed with the CFOs at East and South
- Enhanced MH Outcome Framework Reserves	(624)	(624)	0	August 2025 - month 3 report	Draw down of the full pan Ayrshire reserve - agreed with the CFOs at East and South
NORTH AYRSHIRE ELEMENT 38.65%	**(603)**	**(472)**	**(131)**	August 2025 - month 3 report	
TOTAL	**(603)**	**(472)**	**(131)**		

FINANCIAL RECOVERY PLAN					
SERVICE AREA	**Target at Month 7**	**Achieved at Month 7**	**Still to be achieved**	**Target set (IJB Date)**	**Comment**
Children and Justice Services					
a) Residential Placements	(1,000)	0	(1,000)	August 2025 - month 3 report	Based on some placements moving to tenancies and other placements moving from external to in-house provision.
TOTAL	**(1,000)**	**0**	**(1,000)**		
ALLIED HEALTH PROFESSIONALS	0	0	0	August 2025 - month 3 report	No cost reduction proposed but the service need to maintain the current position.
CHIEF SOCIAL WORK OFFICER	0	0	0	August 2025 - month 3 report	No cost reduction proposed but the service need to maintain the current position.
MANAGEMENT AND SUPPORT					
a) Payroll turnover	(200)	0	(200)	August 2025 - month 3 report	Increase to the current projection based on dragging vacancies for 4 weeks after vacancy scrutiny approval.
b) Transition slippage	(100)	(100)	0	August 2025 - month 3 report	Based on historic slippage.
c) Contractual inflation	(100)	(100)	0	August 2025 - month 3 report	
d) Service Redesign Fund	(100)		(100)	November 2025 - moth 6 report	
TOTAL	**(500)**	**(200)**	**(300)**		
OTHER AREAS					
b) Agenda for Change - assume fully funded	(551)	0	(551)	August 2025 - month 3 report	Based on 100% cost of the half hour reduction in working week being funded.
	(551)	**0**	**(551)**		
TOTAL RECOVERY ACTION	**(3,872)**	**(865)**	**(3,007)**		
Remaining projected overspend			**1,939**		

Bank and Agency Costs to Month 7

Appendix F

1) NHS	Bank		Agency			
	4863 (Registered)	4864 (Unregistered)	4853 (Registered)	4854 (Unregistered)	4865 (Agency Locum Consultant)	TOTAL
NORTH CORE SLT ADULT	30,634	3,098				33,731
WARD 1 WOODLANDS VIEW	17,556	199,119				216,675
WARD 2 WOODLANDS VIEW	19,121	261,789				280,911
ACH REDBURN REHAB WARD NRS	18,499	120,454				138,953
ACH DOUGLAS GRANT REHAB WD NRS	6,584	40,831				47,415
WARD 3 WOODLANDS VIEW NURSING	1,240	247,018				248,258
WARD 4 WOODLANDS VIEW NURSING	68,149	26,444				94,594
NEW CLONBEITH NURSING(JURA)	3,392	83,282				86,674
WVIEW THE GLEN ECT	3,362	6,341				9,703
WVIEW WARD 10 ACUTE MH NRS	13,953	198,334				212,287
WVIEW WARD 8 ACUTE MH NRS	2,562	537,449				540,011
WARD 5 WOODLANDS VIEW	2,302	27,681				29,983
WVIEW WARD 7B REHAB MH NRS	23,135					23,135
NEW DUNURE NURSING(CLONBEITH)	18,374	109,503				127,878
MH BED MANAGEMENT						-
TRINDLEMOSS	40,906	173,511				214,417
ARRAN HOSPITAL NURSING	45,884	40,943				86,827
CAMHS MANAGEMENT	1,944					1,944
CAMHS UNSCHEDULED CARE	801					801
EARLY YRS-C/F TEAM 1	923					923
EARLY YRS-C/F TEAM 3	974					974
IMMUNISATION NURSING	23,843	6,374				30,217
ARRAN DN	13,607					13,607
PACKAGE OF CARE (P) - AMG		86,687				86,687
PACKAGE OF CARE (P) - LMO		598				598
NC POC TEAM 2		990				990
NC POC TEAM 3		3,843				3,843
THREE TOWNS DN	677					677
FOXGROVE(NSAIS)ADVANCE RECRUIT						-
NORTH AHP MANAGEMENT TEAM		7,329				7,329
IRVINE DN	16,516					16,516
NORTH WEST COAST DN	26,322					26,322
GARNOCK VALLEY DN	42,847					42,847
LADY MARGARET NURSING	8,076	3,857				11,933
PREVENTION + SERVICES SPT TEAM	2,397					2,397
LD HEALTH CHECKS	12,238					12,238
NORTH CLDT	5,777	164				5,941
LDS MANAGEMENT	4,890					4,890
MHANPS MH UNSCHEDULED CARE	2,355	57				2,412
MHS INPATIENT MGT	14,886	210				15,096
CMHT NURSING-NORTH AYRSHIRE	3,117	4,273				7,390
WVIEW WARD 7C FORENSIC REHAB N	6,963	102,048	371			109,382
INTENSIVE COMMUNITY NURSING TEAM	27,857	1,862				29,719
ADULT MENTAL HEALTH LIASION TEAM	27,237					27,237
PCMHT NORTH	1,798					1,798
WVIEW WARD 6 LOW SECURE NRS	29,447	103,918				133,365
WARRIX AVE	69,724	59,808				129,532
ICFN - COMMUNITY PHLEBOTOMY		7,906				7,906
ACTION 15 - ADULT LIAISON						-
FORENSIC PSYCHOLOGY	3,248					3,248
CHILD HEALTH ADMIN		1,797				1,797
WVIEW WARD 7A LD A+T NRS	25,610	425,962	1,804	14,532		467,906
WVIEW WARD 9 ACUTE MH NRS	17,000	257,233	226			274,459
WVIEW WARD 11 ACUTE MH NRS	26,356	146,085				172,441
ADULT EAST					1,114	1,114
	733,082	**3,296,799**	**2,400**	**14,532**	**1,114**	**4,047,928**

2) SOCIAL CARE

	Mth 7 Spend
Montrose House Brodick	239,781
Unscheduled Care Funding	17,439
Ld Acm	342,959
Mh Acm	134,415
	734,594