

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	10 February 2026
Title:	Financial Performance Management Report Update – 2025-2026 at Month 9, December 2025
Agenda reference:	Board Paper 2025/26/60
Responsible Executive/Non-Executive:	Colin Marsland, Director of Finance
Report Author:	Colin Marsland, Director of Finance

1 Purpose

This is presented to Committee for:

- Awareness

This report relates to:

- Annual Operating Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to advise the Board of the out-turn expenditure against Revenue Resource Limit as at Month 9 for 2025-26.

There are underlying work force pressures in our local service models causing significant over spend. Actions to address these will need to occur during 2025-26 to achieve our statutory obligation to breakeven this year and in the longer term.

The Month 1, out-turn position is £1.5m over spent. This compares to £2.5m in 2024-25.

The current forecast for the out-turn position in 2025-26 is still breakeven as per the financial plan submitted to the Scottish Government for 2025-26.

Further management action though is required to address underlying recruitment issues and deliver cost reductions through recurring efficiencies to achieve financial sustainability.

Assumption Narrative	Month 9 Out-turn Position
1. Reduction from 2024-25 additional pay cost of AFC agency posts above budget would reduce by 34% to £0.280m	Out-turn over spend is £0.14m more than last year, so up 38.4%. Adverse to plan by £0.26m.
2. Reduction from 2024-25 additional pay cost of Medical and Dental staff above budget would reduce by 34% to £1.7m	Out-turn over spend is £0.47m less than last year, so down by 23.2%. The reduction in excess GP costs is the primary cause of the movement. Adverse to plan by £0.22m.
3. Achieve £2.2m in non-recurring savings on top of the £2.7m underlying recurring savings gap. Please note this is different to 3.0% recurring baseline target set by SG which was £2.3m	Actual local savings achieved is £2.51m but only £0.26m recurrently. This is on trajectory to exceed £2.7m in total although not on a recurrent basis. The additional pay costs the Board incurs requires offsetting non-recurring savings to achieve breakeven out-turn.

2.2 Background

In 2025-26, NHS Boards are still required to achieve a year end balanced financial position in-line with statutory financial obligation under section 85 of the National Health Services (Scotland) ACT 1978. Currently this has been redefined as over a rolling three-year period that was set-out in our Annual Delivery Plan agreed by the Board in April 2025.

The summary financial points at month five are:

- Appendix A, financial summary statement shows an over spend at £1.5m, this represents a 2.3% adverse variance on the year to date plan;
- Appendix A, as outlined in the financial summary statement shows the primary cost pressure that has been managed is pay at £2.2m over spent;
- Appendix B, identifies the plan of how £2.7m efficiency savings for 2025-26 is proposed to be delivered, not all these schemes are on track to deliver their planned target;
- Appendix B, though identifies £2.5m achieved year to date and that only 10.2% of this is delivered on a recurrent basis;
- The current projected underlying gap between income and expenditure that will be carried in to 2026-27 will be £2.2m; and
- Appendix C, NHS Shetland confirmed funding allocation at Month 9 is £89.8m.

2.3 Assessment

2.3.1 Patient Care

Patient care is not at risk. The use of “temporary” staff on NHS and non-NHS terms and conditions are being engaged to fill gaps in service and in some areas to add resilience.

Long-term sustainable clinical staffing models remains a top priority to address as will provide more effective and efficient use of resources leading to better overall outcomes. This should also improve the ability to create our objective of patient centred care through ensuring sufficient organisational capacity and resilience.

2.3.2 Workforce

For the Board to achieve a balanced financial position in 2025-26 and beyond, the issue of sustainable clinical staffing models remains a top priority to address. The recovery planning proposals will need to address realistic clinical models within resource limits. The use of locum and bank staff is predominately to maintain safe staffing levels in essential services at current activity levels. This is to ensure a safe patient centred service exists whilst managing clinical risk. Table 2 below summarises these costs.

	Medical Staff £000's	Nursing / Other £000's	Total £000's
Acute and Specialist Services	1,360	304	1,664
Community Health	402	197	599
Total	1,762	501	2,263

As with previous years, finance reports, the cost pressure in 2025-26 from use of staff outside NHS terms and conditions continues to challenge our ability to breakeven.

Longer-term until there is recruitment to fill the substantive GP vacancies, Consultant vacant posts in Mental Health, General Medicine and Anaesthetic Services and Nursing with permanent staff on NHS terms and conditions there will be continuing cost pressures. These additional costs incurred can only become affordable through internally funding via increasing the level of recurring efficiency savings from other services. However, the Board would need to consider and agree this represents best value for providing quality, effective and safe services, delivered in the most appropriate setting for the patient.

Staff Group Analysis	Cost £000's	Funding Via Vacancies £000's	Funding via Other Route £000's	Net Cost £000's
Consultant Locums	2,249	1,360	101	788
Consultant Agency	792	77	189	526
Resident Doctors	206	-0	0	206
Agency Nursing	427	102	0	325
Agency General Practitioners	344	102	0	242
Other Staff Groups	245	54	15	176
Grand Total	4,263	1,695	305	2,263

At Month 9, the actual expenditure on locum and agency staff totals £4.26m. Summary split of this is in Table 3 above. Staff vacancies part fund these costs along with other allocations such as planned care causing a net £2.26m over spend. Continuing at this same rate of expenditure would likely see yearend expenditure total £5.68m, only £0.32m less than last year. The key staff assumptions in table 1 would therefore not be met.

The principle cause so far, of why expenditure has not fallen in line with plan, is that AFC staff additional costs are up on last year by 38% rather than down as the plan assumed.

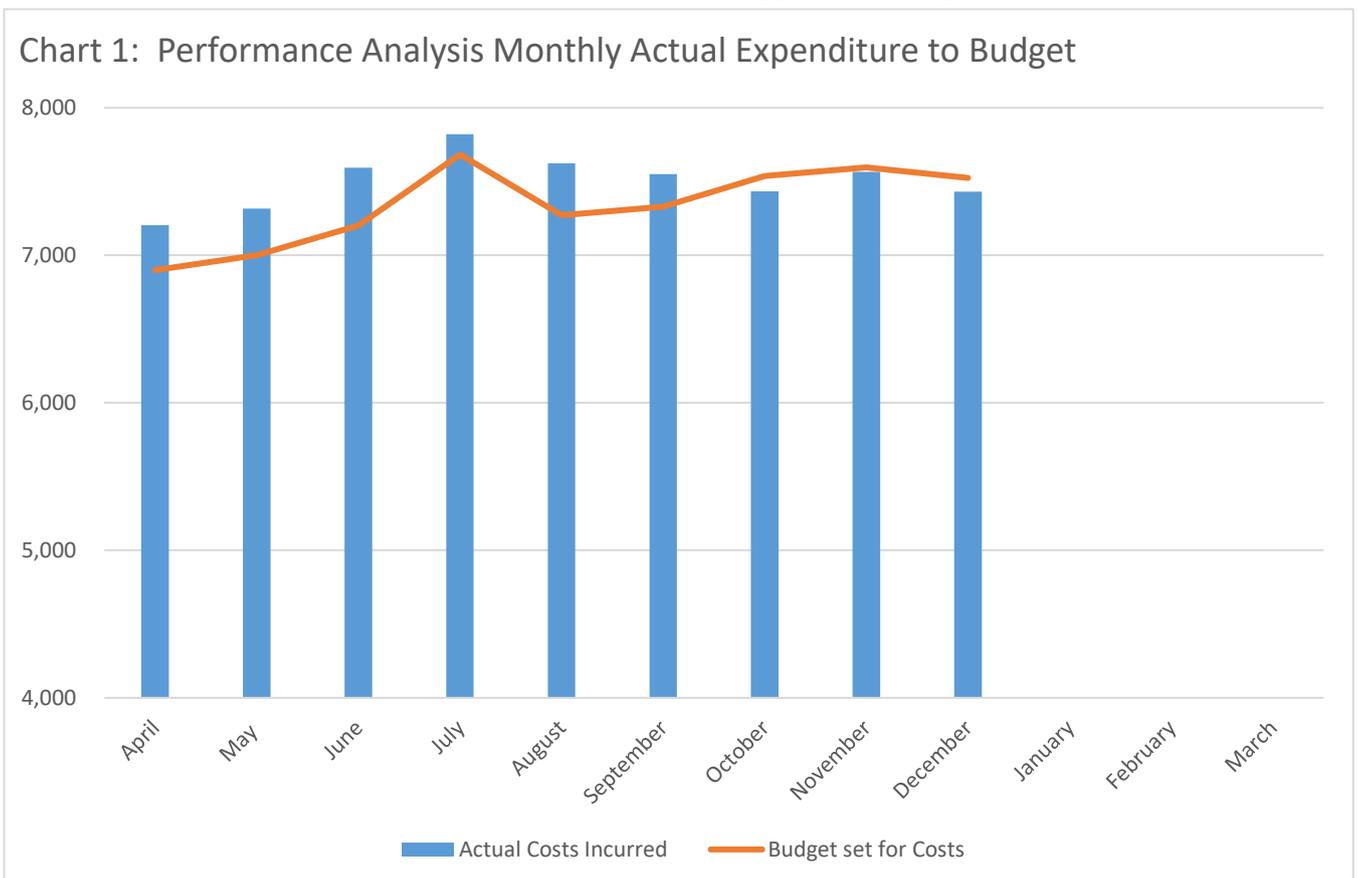
The Anaesthetic consultant posts recruitment process had success in filling one of the three vacant posts in August. However, following staff retirement back at three vacant posts. Successfully recruited to the Obstetrics and Gynaecologist vacant rotational post; the start date though is March 2026.

There has been successful recruitment to substantive permanent GP posts. At Month 9, there are 29 GPs engaged by the Board that translate in to a substantive 15.9wte against our 19.1wte budget. The majority of GPs with a substantive contract choose to work part-time. At present only 13.8% of the GP workforce have a full time practice contract. There are also 17 GPs on our local bank. This is separate to the additional route to engage GPs from the remote and rural GP joy scheme that we host with 39 GPs.

The total over spend variance on staff expenditure costs is £2.2m, Appendix A. The cost pressure caused by staff engaged on non-NHS terms and conditions at Month 9 accounts for 103.6% of that variance. The staff overspend is greater than the Board’s overall total. Although staff engaged on non-NHS terms and conditions were required to ensure safe staffing it does not assist in the Board achieving best value from the overall resources available to improve the overall health and wellbeing of our local community.

2.3.3 Financial

Chart 1 below illustrates the monthly position of expenditure incurred against the Board’s resources available as set out in our approved budgets.



This shows that expenditure is usually greater than available resources in most month due to use of temporary and additional staff. In addition to the excess pay costs the use of temporary staff incurs accommodation and travel costs that year to date also creates a further cost pressure of £0.21m in others costs in Appendix A.

In appendix A, overall Patient travel costs compared to last year are up by 16.4%, £0.20m. There are two clinical factors causing part of the increase as Breast screening follow up visits to Aberdeen and addition orthopaedic treatments going to Inverness Treatment Centre did not include travel cost in the planned care funding application.

Ignoring that activity impact upon the underlying costs are up 12.8% on last year as full impact of last financial year inflation increase to Loganair and Northlink are incorporated. From December 2025, Loganair tariffs have increased by 3.8% and Northlink prices from January 2026 are to rise by 3.5%.

GP prescribing there is still a shortage of supply issue in certain community prescription drugs. This issue is not specific to Shetland and affects all the territorial Boards in NHS Scotland. As at December though, only monthly GP prescribing data for seven months, April to October is available. Year to date GP prescribing cost increase compared to last year is 0.76%. At present robust projections on 2025-26 out-turn is not yet realistic.

The financial plan for 2025-26 added £0.488m to the budget. This more than offsets last year out-turn. Amendment to reduce drug tariff cost by £20.0m to fund Pharmacy global sum resulted in £0.076m resource reduction as outlined in Appendix C.

New Medicine Fund actual expenditure cover the full 9 months and is up 38.0% on last year. This is principally funded by a Scottish Government allocation. If spend continues at the current rate though it will exceed the allocation funding received in the August, Appendix C. So will monitor as a potential risk of £0.15m over spent at yearend.

The top five services with over spends account for 227.7% of the Board's year to date revenue expenditure overspend. These services expenditure budget though account for 29.0% of the Board's overall total. Table 4 below summaries the services concerned:

Service Area	Annual Budget (£)	Year to Date Budget (£)	Year to Date Expenditure (£)	Year to Date Variance (£)	% Year to Date Variance
GBH Medical Staff	£5,299,374	£3,976,830	£5,299,708	(£1,322,878)	-33.26%
GBH Nursing	£8,225,878	£6,155,044	£6,750,229	(£595,185)	-9.67%
GBH Diagnostic	£3,325,861	£2,492,549	£2,811,900	(£319,351)	-12.81%
GP Primary Care	£7,191,637	£5,282,744	£6,017,528	(£734,784)	-13.91%
Mental Health	£2,606,249	£1,945,012	£2,383,793	(£438,781)	-22.56%
Overall Total	£26,648,999	£19,852,179	£23,263,158	(£3,410,979)	-17.2%

All five of these services have a common theme causing these over spend. The Mental Health service includes all on island adult services so includes the cost pressure from fillings gaps in both nursing and medical.

Addressing these cost pressures in Table 4 and delivering recurring efficiency savings are the underlying core financial issues the Board is required to address.

The Board's longer-term financial sustainability requires a focus on addressing the future annual target projected efficiency savings, at 3.0% in-line with Scottish Government policy. Plans will continually be under development or review to implement the principles arising out of the Clinical Strategy review. These schemes to review or implement pathway developments need though take due recognition of resource constraints in available finance, technology and staff with appropriate skills. Realism on available of potential suitable staff with relevant training may be the greatest constraint.

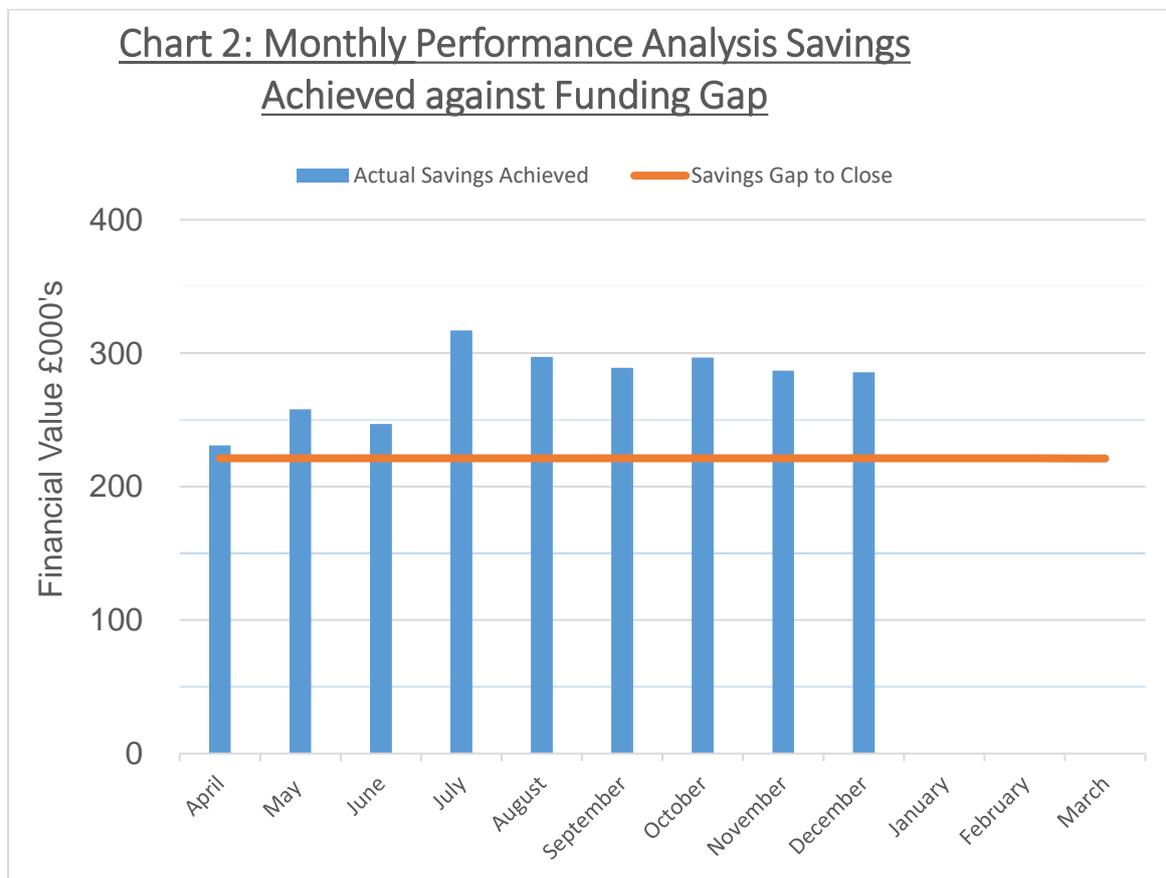
The Board's underlying gap entering 2025-26 was just under £2.7m.

In 2025-26, including savings to offset cost pressure £4.9m of savings is required to address the gap between income and expenditure per the financial plan.

Overall delivery as illustrated in chart 2 and detail outlined in Appendix B the Board has delivered £2.51m in efficiency savings as at Month 9.

This though year to date is principally via non-recurring savings at £2.25m (89.8%). The main cause of these savings was via staff vacancies at just over £1.70m.

Current forecast recurring efficiency target unmet at the end of 2025-26 is £2.2m.



2.3.4 Risk Assessment/Management

There is risk to the sustainability of the Board if the proposed sustainable models of care and pathways developed cannot attract sustainable level of suitably qualified staff.

Redesign of pathways that need to occur in line with Board and partners' aims to deliver locally set objectives, and need to ensure staffing models are realistic and recruitment plans are reviewed and put in place for successful appointment to key vacant posts.

Ensuring there is sufficient organisational capacity and resilience within our available resources is a challenge that needs to be met.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this has no immediate implications for the Board's overall compliance. However any significant action plans to address either short-term or underlying issues will require an EQIA to be undertaken.

2.3.6 Other impacts

Plans to address issues raised will need consultation and engagement with a number of stakeholders

2.3.7 Communication, involvement, engagement and consultation

This paper is for information only.

2.3.8 Route to the Meeting

The specific report not been discussed elsewhere, although earlier draft was at EMT.

2.4 Recommendation

- **Awareness –**

This report is to stimulate discussion on our collective forward actions to ensure sustainable local healthcare provision for our community here in Shetland in 2025-26 and beyond.

There are two actions that EMT will need to review and address on behalf of the Board in the short and medium term:

Strategic:

1. How recruitment plans and process can be put in place to successfully recruit to the key vacant posts for longer term financial and clinical sustainability; and
2. Identify recurring projects to address the recurrent savings targets that public bodies are to achieve each year in each of the next 3 years operating plan.

3 List of appendices

The following appendices are included with this report:

- Appendix A, 2025-26 Financial Statement and Analysis
- Appendix B, Efficiency Savings Plan 2025-26
- Appendix C, NHS Shetland 2025-26 Scottish Government Allocation Received
- Appendix D, Summary Analysis Table

Appendix A

NHS Shetland

2025–26 Financial Statement Yearend Out-turn

	Annual Budget	Year to Date Budget as at Month 9	Expenditure at Month 9	Variance Year to Date
	2025–26	2025–26	2025–26	2025–26
Funding Sources				
Core RRL	£75,968,372	£53,998,662	£53,998,662	£0
Earmarked	£6,700,780	£5,025,585	£5,025,585	£0
Non Recurrent	£6,983,478	£5,237,609	£5,237,609	£0
AME Depreciation	£2,225,088	£1,668,816	£1,668,816	£0
AME Other	£148,241	£116,181	£116,181	£0
Other Operating Income	£4,458,914	£3,512,773	£3,623,594	£110,821
Gross Income	£96,484,873	£69,559,626	£69,670,447	£102,482
Resource Allocations				
Pay	£55,556,315	£40,789,631	£42,973,837	(£2,184,206)
Drugs & medical supplies	£11,618,761	£8,706,501	£9,026,162	(£319,661)
Depreciation	£2,225,088	£1,668,816	£1,668,816	£0
Healthcare purchases	£13,900,457	£9,377,976	£9,277,481	£100,495
Patient Travel	£2,138,096	£1,564,561	£1,520,740	£43,821
FMS Expenditure	£1,032,296	£727,277	£742,634	(£15,357)
AME Other Expenses	£148,241	£116,181	£116,181	£0
Other Costs	£9,666,891	£6,091,231	£5,842,764	£248,467
Gross expenditure	£96,286,145	£69,042,174	£71,168,615	(£2,126,441)
Funding Gap or Surplus	£198,728	£517,452	(£1,498,168)	

Appendix A continued

Shetland NHS Board Financial Position as at the end of September 2025	Annual Budget	2025–26 Month 9 Position		
		Budget	Actual	Variance (Over) / Under
Acute and Specialist Services	£24,646,072	£18,323,900	£20,513,684	(£2,189,784)
Community Health and Social Care	£31,589,406	£23,143,588	£23,422,933	(£279,345)
Commissioned Clinical Services	£15,262,482	£10,459,654	£10,254,754	£204,900
Sub-total Clinical Services	£71,497,960	£51,927,142	£54,191,371	(£2,264,229)
Dir Public Health	£2,744,659	£2,041,736	£1,906,834	£134,902
Dir Finance	£3,876,205	£2,806,394	£2,663,948	£142,446
Reserves	£1,858,920	£303,700	(£318,023)	£621,723
Medical Director	£406,521	£303,641	£263,061	£40,580
Dir Human Res & Support Services	£1,908,912	£1,365,106	£1,367,403	(£2,297)
Head of Estates	£5,716,093	£4,285,187	£4,418,626	(£133,439)
Office of the Chief Executive	£4,016,689	£3,013,947	£3,051,801	(£37,854)
Overall Financial Position	£92,025,959	£66,046,853	£67,545,021	(£1,498,168)

Appendix A continued

Table 5: Shetland Health Board: Monthly Analysis of Expenditure versus Budget for 2024–25—Source data used in respect of Chart 1

	April	May	June	July	August	September	October	November	December	January	February	March
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Actual costs incurred	7,204	7,317	7,594	7,822	7,625	7,551	7,434	7,566	7,432			
Budget set for costs	6,900	7,002	7,202	7,684	7,271	7,330	7,538	7,596	7,524			
Surplus/ Deficit £	(304)	(315)	(392)	(138)	(354)	(221)	104	30	92			
Surplus / Deficit %	-4.4%	-4.5%	-5.4%	-1.8%	-4.9%	-3.0%	1.4%	0.4%	1.2%			
Year to date variance £	(304)	(619)	(1,011)	(1,149)	(1,503)	(1,724)	(1,620)	(1,590)	(1,498)			
% Year to date variance	-4.4%	-4.5%	-4.8%	-4.0%	-4.2%	-4.0%	-3.2%	-2.7%	-2.3%			

Appendix A continued

Appendix B

Efficiency Savings Plan and Performance

Table 6: Shetland Health Board: Monthly Performance Analysis Savings Achieved versus Funding Gap for 2024–25—Source data used in Chart 2

	April	May	June	July	August	September	October	November	December	January	February	March
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Actual savings achieved	231.0	258.0	247.0	317.0	297.3	289.2	296.7	287.0	285.8			
Savings gap to close	221.3	221.3	221.3	221.3	221.3	221.3	221.3	221.3	221.3			
Surplus/ Deficit £	9.7	36.7	25.7	95.7	76.0	67.9	75.4	65.7	64.5			
Surplus / Deficit %	4.4%	16.6%	11.6%	43.2%	34.3%	30.7%	34.1%	29.7%	29.1%			
Year to date variance £	9.7	46.4	72.1	167.8	243.8	311.7	387.1	452.8	517			

Appendix B continued

Table 7: 2025–26 Efficiency Savings Delivery Performance Analysed by Management Service Areas

Shetland Health Board Savings Plan 2025–26		Recurring Savings				Non-Recurring Savings	
Area	Lead Officer	Directorate Original target £000's	Potential Identified £000's	Achieved YTD £000's	Achieved FYE £000's	Potential Identified £000's	Achieved YTD £000's
Acute Services	Director of Nursing	345.4	78.0	0.0	0.0		291.8
Community Services	Director of Health & Social Care	256.1	127.0	0.0	0.0	63.8	819.8
Off Island Healthcare	Director of Finance	100.0	100.0	75.0	100.0	307.9	468.0
Public Health	Director of Public Health	0.0		0.0	0.0		159.8
Human Resources	Director of Human Resources	8.0		0.0	0.0		85.5
Chief Executive	Chief Executive	18.3	18.3	13.8	18.3		12.4
Medical Director	Medical Director	0.0		0.0	0.0		28.1
Estates	Head of Estates	139.5	139.5	97.5	139.5		72.1
Finance	Director of Finance	0.0		0.0	0.0		76.2
Board Wide / Reserves	Director of Finance	1,788.1	161.0	70.8	164.1	2,453.6	238.2
Overall Board Targets for 2025–26		2,655.4	623.8	257.1	421.9	2,825.3	2,251.9
Overall Target Achieved in 2025–26 (YTD)		2,509.0					
Overall Target Achieved in 2025–26 (FYE)		421.9					

Appendix B continued

Table 8: 2025-26 Efficiency Savings Plan

Off Island Patient Pathways Redesign to Shetland				0	
In-patient model review	78,000			78,000	Ambulatory Care service impact on the optimum in-patient bed compliment.
Acute Services Miscellaneous Efficiency Savings from other Schemes:				0	Other small scale scheme and budget resets
Non Doctor Islands Nursing Review				0	Community nursing skill mix review
Pharmacy Drugs: Procurement and other Controls	145,000	92,534	52,466	0	New Medicine Fund, Pomalidomide move to generic alternative delayed to September and Ophthalmology drug protocol change.
Community Health: Network Enabled Care	50,000			50,000	IJB Led Project concerning Walls and Bixter
Mental Health On-call Model	31,000			31,000	Looking at On-call options during the weekdays.
Redesign of Shetland Mainland OOHs Provision	46,000			46,000	Introduction of ANPs to supplement GPs in the mainland primary care Out of Hours Service.
Community Health and Social Care Other Estates & Facilities	139,470	139,470		0	Energy Tariff Adjustments and property rationalisation.
Public Health				0	
Chief Executive Office	18,339	18,339		0	Reduction in Staff
Procurement	14,000	14,000		0	White Box Photocopying swap
Off Island Commissioned Healthcare Savings: Planning Assumption	100,000	100,000		0	Rolling three year activity reductions and tariff changes.
Off Island Commissioned Healthcare Savings E-payroll	2,000		1,000	1,000	Switching staff from paper to e-Payslips
Overall Total Recurring Efficiency Savings Proposals	623,809	364,343	53,466	206,000	

Appendix B continued

Table 8: 2025-26 Efficiency Savings Plan

Staff Vacancy Factor Cost Reduction	2,139,000	1,807,222	331,778	0	Vacancy factor based upon 2023-24 experience. Has exceed planning value contributing to gap.
Community Services Non recurring :Other	63,779	63,779		0	Community non-recurring fortuitous gain
Off Island Commissioned Healthcare Non-recurring:	307,940	307,940		0	Golden Jubilee Contract Orthopaedic Contract plus slippage on national developments in 2024-25
Finance Non Recurring	24,000	20,272	3,728	0	Salary Sacrifice Benefit to Employer
Endowment Funded MRI Travel Saving	290,594	290,594		0	Annual value of 550 MRI scans avoided in Aberdeen
				0	
Overall Total Non-Recurring Efficiency Savings Proposals	2,825,313	2,489,807	335,506	0	
Overall Total Efficiency Savings in Plan	3,449,122	2,854,150	388,972	206,000	

Appendix C

NHS Shetland 2025–26 Scottish Government Allocation Received

Month	Narrative	Baseline	Non-recurring	Earmarked	AME	Net Running Total
May	Digital Health and Care Strategic Fund	-	£211,000	-		£211,000
May	IPACC	-	£32,307	-		£243,307
May	National Screening Inequalities	-	£3,107	-		£246,414
May	Out of Hours Additional Board Funding	£23,851	-	-		£270,265
May	Primary Medical Services	-	-	5,197,787		£5,468,052
May	Primary Care Improvement Fund	-	-	851,656		£6,319,708
May	Primary Care GP Workforce	-	£198,000	-		£6,517,708
May	Primary Care Phased Investment Programme Tranche 1	-	£290,000	-		£6,807,708
May	Primary Care Rural GP Contract Management/PHEC	£41,000	-	-		£6,848,708
May	Realistic Medicine Network costs and training development	-	-	£40,000		£6,888,708
May	Young Patient Family Fund	-	£50,510	-		£6,939,218
May	Breastfeeding	£20,645	-	-		£6,959,863
May	Vitamins	-	£1,908	-		£6,961,771
May	Continuity of Carer and Bliss Baby Charter	-	£2,385	-		£6,964,156
May	Miscarriage	-	-	7,155		£6,971,311
May	PIGF	£884	-	-		£6,972,195
May	Collaborative Care Home Support Teams	£120,000	-	-		£7,092,195
May	Baseline Allocation	£74,804,953	-	-		£81,897,148
May	Recurring Allocation from 24/25	£3,352,378	-	-		£85,249,526
May	Employer National Insurance Contributions	£477,020	-	-		£85,726,546
May	Sustainability	£295,753	-	-		£86,022,299
May	Sustainability	-	£1,192,550	-		£87,214,849
June	Alcohol and Drugs Partnerships	-	-	£189,606		£87,404,455
June	Post diagnostic support services	-	-	16,696		£87,421,151
June	Open University Backfill - Q3&4 academic year 24/25	-	£60,000	-		£87,481,151

Month	Narrative	Baseline	Non-recurring	Earmarked	AME	Net Running Total
June	Systemic anti-cancer therapy / acute oncology	£9,810	-	-		£87,490,961
June	Diabetes technologies programme	£71,510	-	-		£87,562,471
June	Patient advice and support service	-	-	(£2,896)		£87,559,575
June	Unscheduled care collaborative	-	£161,000	-		£87,720,575
July	Support access dental		£132,500	-		£87,720,575
July	CAR-T Therapies - Risk-share	£20,284	£0	-		£87,853,075
July	Risk-share baseline share	£46,495	£0	-		£87,873,359
July	Children's Hospices Across Scotland	-	(£42,932)	-		£87,919,854
July	Pay Funding (Tranche 1) - AfC, SaS, Consultants	£629,722	£0	-		£87,876,922
July	CAR-T Therapies - Risk-share	-	(£20,284)	-		£88,506,644
July	Risk-share Baseline Share	-	(£46,495)	-		£88,486,360
July	Unscheduled Care Collaborative (216 reversed)	-	(£161,000)	-		£88,439,865
July	Unscheduled Care Collaborative	-	£157,245	-		£88,278,865
August	Alcohol & Drug Partnerships Tranche 2	-	-	£29,651		£88,465,761
August	£20m tariff adjustment to the Drug tariff, resource transfer to the Pharmacy Global Sum.	(£75,733)	-	-		£88,390,028
August	Core Golden Jubilee activity funding transfer for Orthopaedics activity.	(£329,000)	-	-		£88,061,028
August	New medicine fund (NMF)	-	£1,187,779	-		£89,248,807
September	General medical services uplift 2025-26	-	-	£320,000		£89,568,807
September	Early career GP fellowships	-	£29,167	-		£89,597,974
September	Long COVID, Myalgic encephalomyelitis / chronic fatigue syndrome and other similar conditions - new specialist support	-	-	£21,466		£89,619,440
September	NSD - Non-Recurring Risk Share Top-Slice	-	(£396,276)	-		£89,223,164
September	NSD - Recurring Risk Share Top-Slice - SPVU	£33,632	-	-		£89,256,796
September	NSD - Recurring HB Top-Slice	(£13,520)	-	-		£89,243,276
September	NSD - Non-Recurring HB Top-Slice	-	(£49,881)	-		£89,193,395
October	Pharmacy foundation training year remaining values	-	-	(£18,201)		£89,175,194
October	Mental Health pharmacy recruitment	£57,296	-	-		£89,232,490
October	Shingles vaccination programme	-	£28,569	-		£89,261,059
October	RSV vaccination programme (older adults)	-	£1,713	-		£89,262,772

Month	Narrative	Baseline	Non-recurring	Earmarked	AME	Net Running Total
October	RSV (Maternal)	-	£542	-		£89,263,314
October	Community glaucoma service	-	£12,000	-		£89,275,314
October	Share of £100 million investment in planned care	-	£87,266	-		£89,362,580
October	Share of £5.5 million investment in planned care	-	£46,386	-		£89,408,966
November	Emergency & urgent dental care services (2nd Tranche) / dental therapist post	-	£132,500	-		£89,541,466
November	£100 million investment in planned care	-	£78,986	-		£89,620,452
November	£5.5 million investment in planned care	-	£15,866	-		£89,636,318
December	Open University backfill - Q1&2 academic year 25/26	-	£45,833			£89,682,151
December	Centre for excellence for children's care and protection - NSS	£663	-			£89,682,814
December	Resident Doctors 25-26 Pay Award - Tranche 2	£32,729	-	-		£89,715,543
December	Improving flow - NHS renewal	-	£42,931	-		£89,758,474

Finance Table Summary for reporting to Board and governance committees

Financial Statement 2025-26 as at Month 9	Value (£m)	Commentary
<i>Board's overall original approved initial budget plan summary for 2025-26 per ADP</i>		
Total annual revenues	-£88.9	Based upon planning assumptions in March 2025 per ADP.
Total annual expenditures	£93.8	Based upon planning assumptions in March 2025 per ADP.
Savings Target In-Year: Recurring	-£2.2	Based upon planning assumptions in March 2025 per ADP.
Savings Target In-Year: Non Recurring	-£2.7	Based upon planning assumptions in March 2025 per ADP.
Surplus/deficit of income to expenditures	£0.0	Based upon planning assumptions in March 2025 per ADP.
Year to Date Overall Actuals as at Month 9	Value (£m)	Commentary
Gross Income	(£69.7)	See appendix C for split, total income confirmed has increased by £0.1m.
Gross Expenditure	£71.2	Expenditure to Month 9, includes £2.2m over spend in pay mostly due to staff on Non NHS T&Cs. Adverse movement on pay pressure from month 8 to month 9 was £0.1m.
Deficit	(£1.5)	Deficit is adverse to the AOP plan to Month 9 by £0.75m.
Savings year to date Month 9, December 2025	Value (£m)	Commentary
Recurring	£0.3	
Non Recurring	£2.3	Principal source staff vacancies, £1.7m.
Recurring gap still to fund	£2.2	No change from last month.
Non Recurring gap still to fund	£0.4	

Finance Table Summary for reporting to Board and governance committees

Financial Statement 2025-26 as at Month 9	Value (£m)	Commentary
Year-end forecast out-turn		
Gross revenue from Scottish Government and other sources	£94.1	Total revenue for 2025-26 including expected capital to revenue funding for part of capital plan.
Gross total overall revenue expenditure	£94.1	Projected core costs based upon historic pattern plus estimated revenue costs arising from capital expenditure
Year-end outturn surplus/deficit	£0.0	
2024-25 AOP – Predicted Future Savings Gap		
	Recurring	Non-Recurring
Please note assumes 2025-26 plan is delivered	(£m)	(£m)
2026-27	£2.3	£2.6
2027-28	£2.4	£1.3
Overall Total	£4.7	£3.9