

Ayrshire and Arran NHS Board

Monday 29 January 2018



Financial Management Report for the 9 months to 31 December 2017

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Recommendation

The Board agreed a financial plan for 2017/18, which was not balanced by £13.2 million. At 31 December 2017, there is an overspend against budget of £18.5 million. The projected outturn at year-end is £24.2 million deficit. Board is requested to consider the report.

Key Messages:

- The financial plan for 2017/18 shows a projected deficit of £13.2 million, however to date the transformational programme has not delivered savings to address this.
- Efficiency savings from 2016/17 of £4.5 million were not delivered recurrently and are therefore carried into 2017/18. In addition, further cash releasing efficiency savings of £20.3 million are required in 2017/18.
- There is an overspend of £18.5 million at month nine, which is behind target. In addition to the £13.2 million planned deficit, the main issues are unfunded unscheduled care beds remaining open in acute hospitals (mainly University Hospital Crosshouse) and efficiency savings not yet identified.
- There is a risk of a £1.0 million worsening in outturn if Glasgow insists on a £1.55 million increase in external contract values

Glossary of Terms

WTE	Whole Time Equivalent
UHC	University Hospital Crosshouse
UHA	University Hospital Ayr
CRES	Cash Releasing Efficiency Savings
HSCP	Health and Social Care Partnership
SG	Scottish Government
CAU	Combined Assessment Unit
ED	Emergency Department
ADOC	Ayrshire Doctors on Call

1. Background

- 1.1 Scrutiny of all resource plans (revenue and capital) and the associated financial monitoring is considered by the Corporate Management Team, the Performance Governance Committee, and the Board. This report summarises the revenue position at 31 December 2017.
- 1.2 At the Board meeting on 27 March 2017, the Board approved the financial plan for 2017/18, which was on the basis of efficiency savings of £20.3 million being made in the year, in addition to the £4.5 million of savings from 2016/17 that were not made recurringly. The underlying deficit from 2016/17 of £13.2 million means that there will be a need for brokerage from the Scottish Government, which will have to be repaid in future years.

2. Revenue resource limit

- 2.1 NHS Ayrshire & Arran is £18.5 million overspent for the period ended 31 December 2017, which is behind the Local Delivery Plan. The overall position is shown in more detail at Appendix 1.
- 2.2 Revenue allocations received up to 31 December 2017 amounted to £787.5 million. There are a further £41.3 million of anticipated allocations.
- 2.3 Hospital, Community and Family Health Services (Appendix 1, section 1) is overspent in the first 9 months by £11.5 million where the revenue plan expected this to be within budget. Support Services (Appendix 1 / Section 2) excluding corporate projects, is underspent by £0.6 million and corporate resources and reserves are showing an overspend of £7.6 million. This is in line with the £13.2 million underlying deficit from 2016/17 offset by one off benefits. The position is explained in more detail in section 5.

3. Proposal

- 3.1 To note the financial position for the period to 31 December 2017.

4. Activity

- 4.1 The activity data for 2015/16 to 2017/18 for all emergency admissions is shown below.

The key points to note are:

- Emergency Admissions are rising when compared to the same month in 2016/17. Comparing December 2016 to December 2017 there was a rise of 8%.
- There were 4,939 emergency admissions in December. This is the highest on record, with 4,766 in October being the previous peak.
- All people attending the Combined Assessment Unit (having been referred by a GP) are recorded as admissions, even if dealt with quickly on an ambulatory basis.

Ayr ALL Emergency Admissions					Crosshouse ALL Emergency Admissions				
Month	2014/15	2015/16	2016/17	2017/18	Month	2014/15	2015/16	2016/17	2017/18
Apr	1,465	1,330	1,462	1,414	Apr	2,688	2,647	2,724	2,895
May	1,586	1,467	1,486	1,530	May	2,708	2,717	2,968	3,116
Jun	1,497	1,441	1,516	1,557	Jun	2,627	2,644	2,797	2,763
Jul	1,509	1,534	1,398	1,616	Jul	2,590	2,509	2,793	2,784
Aug	1,546	1,487	1,460	1,638	Aug	2,555	2,628	2,932	2,821
Sep	1,470	1,488	1,484	1,628	Sep	2,649	2,727	2,965	2,923
Oct	1,512	1,498	1,473	1,702	Oct	2,524	2,695	2,911	3,064
Nov	1,398	1,472	1,401	1,602	Nov	2,677	2,744	2,935	2,999
Dec	1,523	1,580	1,432	1,733	Dec	2,825	2,936	3,138	3,206
Jan	1,448	1,443	1,586		Jan	2,704	2,872	2,972	
Feb	1,238	1,380	1,412		Feb	2,539	2,802	2,695	
Mar	1,412	1,560	1,572		Mar	2,742	3,007	3,090	

Combined ALL Emergency Admissions					% Change in ALL Emergency Admissions				
Month	2014/15	2015/16	2016/17	2017/18	Month	2014/15	2015/16	2016/17	2017/18
Apr	4,153	3,977	4,186	4,309	Apr		(4%)	5%	3%
May	4,294	4,184	4,454	4,646	May		(3%)	6%	4%
Jun	4,124	4,085	4,313	4,320	Jun		(1%)	6%	0%
Jul	4,099	4,043	4,191	4,400	Jul		(1%)	4%	5%
Aug	4,101	4,115	4,392	4,459	Aug		0%	7%	2%
Sep	4,119	4,215	4,449	4,551	Sep		2%	6%	2%
Oct	4,036	4,193	4,384	4,766	Oct		4%	5%	9%
Nov	4,075	4,216	4,336	4,601	Nov		3%	3%	6%
Dec	4,348	4,516	4,570	4,939	Dec		4%	1%	8%
Jan	4,152	4,315	4,558		Jan		4%	6%	
Feb	3,777	4,182	4,107		Feb		11%	(2%)	
Mar	4,154	4,567	4,662		Mar		10%	2%	

Figure1

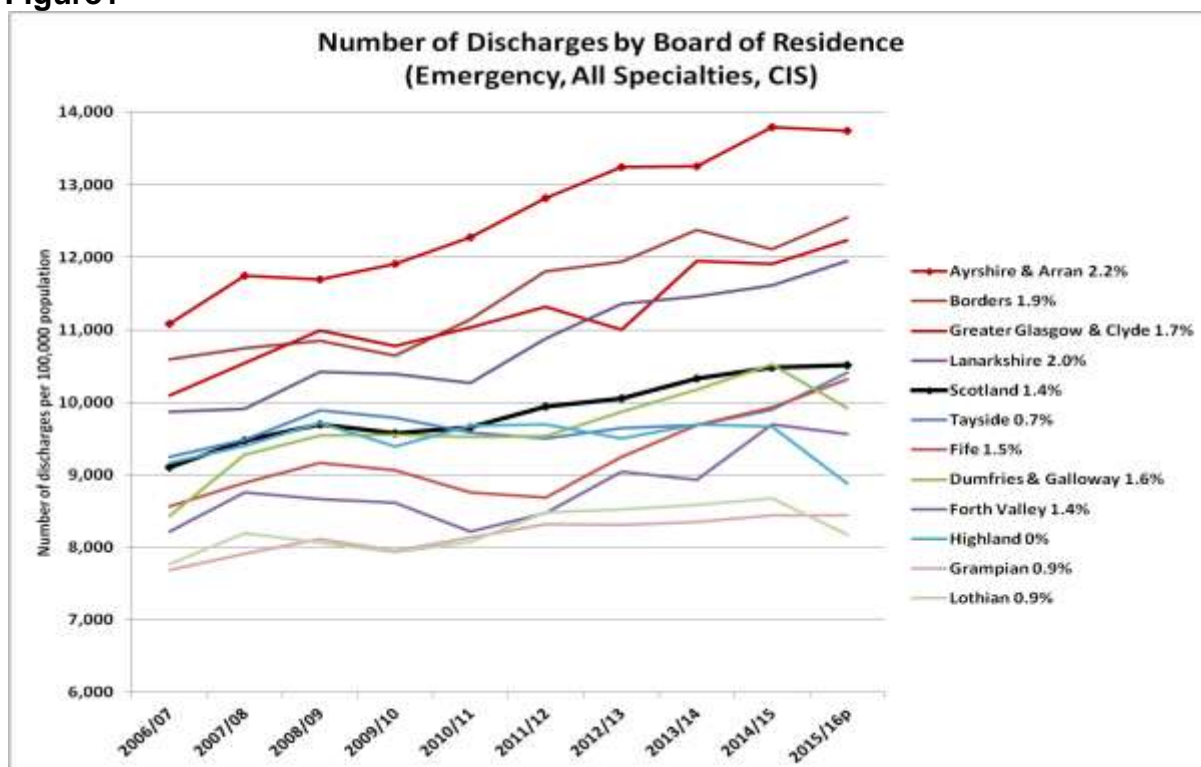


Figure 1 above shows admission rates vary substantially across Scotland ranging from 8,446 to 13,792 per 100,000 population (2014-15 data)¹. Rates are highest in NHS Ayrshire & Arran at 131% of the Scottish average. Several other Boards have notably high levels, specifically Borders, Greater Glasgow and Clyde, and Lanarkshire, but none to the same extent as Ayrshire and Arran.

4.2 Planned Care inpatients and daycases by speciality are shown on Appendix 3. There has been a large shift from inpatient electives to daycases, although not in General Surgery.

5.1 Acute Services

5.1.1 The total annual budget for Acute Services is £294.0 million. The directorate is reporting an overspend of £9.0 million (Appendix 2). The main overspend is a consequence of meeting the demand for unscheduled care. It is after taking the benefit of the anticipated capital to revenue transfer and an allocation for non-core Department Expenditure Limit. These non-recurrently fund over £5.0 million of additional medical staffing budgets to cover the excess costs of agency doctors.

Table 1a	Annual Budget	YTD Budget	YTD Actual	YTD Var	Month Budget	Month Actual	Month Var
All Acute	£000	£000	£000	£000	£000	£000	£000
Pay	216,018	160,767	166,076	(5,310)	17,704	18,582	(878)
Supplies	49,546	36,227	36,960	(733)	3,680	3,572	109
Purchase of Healthcare	56,095	41,793	42,570	(777)	5,061	4,806	255
Provision of Healthcare	(23,653)	(17,750)	(17,602)	(148)	(1,990)	(1,983)	(7)
Operating Income	(1,144)	(921)	(1,041)	120	(71)	(82)	10
Unallocated Savings	(2,904)	(2,111)	0	(2,111)	(266)	0	(266)
Total	293,957	218,004	226,964	(8,959)	24,118	24,895	(777)

5.1.2 The investment in nursing of £3.1 million agreed at the June 2016 Board meeting has now been fully committed and £2.3 million has been included in 2017/18 acute nursing budgets with the other £0.8 million in mental health budgets. After a reduction in nursing agency spend in the first five months, spend has subsequently risen. Nursing pay is overspent by £6.4 million. Further detail is in section 5.1.7.

5.1.3 For the nine months to 31 December, medical staffing is shown in an underspend position as the additional costs of locums are lower than funded and there is on-going slippage on the application of the 2016/17 £1.5 million investment in Radiology.

5.1.4 Due to a high number of patients who are fit for discharge remaining in acute hospital beds and increasing emergency admissions, the following additional beds are open despite no funding availability. Work continues with Health and Social Care Partnerships to allow the timely discharge of patients.

¹ Data from ISD website, "[Annual inpatient and day case activity – NHS Board of Residence](#)" October 2016 release. Using Board of Treatment data gives similar rankings and trends, though for NHS A&A admissions by Board of Treatment run at 96% of Board of Residence – i.e. a small net outflow of patients to other Boards.

Table 2a	Extra Beds	Days Open in Month	Average Extra Beds
All Acute	No	Days	£000
X House Ward 5B	30.0	31	30.0
X House Ward 4D	30.0	31	30.0
X House 3D	12.0	31	12.0
X House 5D	8.5	31	8.5
X House 5E	8.5	31	8.5
X House 5E	2.0	5	0.3
Ayr Station 1	5.8	12.0	2.2
Ayr Station 3	7.3	23.0	5.5
Ayr Station 7	22.2	30.0	21.5
Ayr Station 12	6.1	29.0	5.7
Ayr Station 16	0.0	0.0	0.0
Total	132.4	285	124.2

UHC:

- Ward 5B was opened with 30 beds to meet winter pressures in 2015; this ward continues to operate with 30 beds.
- Additional surge beds were opened in UHC 4D towards the end of November 2016. In December 2017 these were 30 beds open.
- UHC ward 3D was to close 12 beds when the CAU opened. These 12 beds remain open.
- The CAU business case said that UHC wards 5D and 5E were to close 17 beds between them when the CAU opened. These 17 beds remain open. 5E had an additional 2 beds open for 5 days in December.

UHA:

- An additional 6 beds were open in Station 1 for 12 days in December.
- An additional 6 beds are open in Station 3
- An additional 22 beds were open in Station 7
- An additional 6 beds are open in Station 12
- There were no beds open in Station 16. These closed on the 10 November.

It is estimated that the extra costs arising from the opening of these beds is £4.5 million to the end of December 2017. This cost is higher than the average for 2016/17 as not all additional beds were open throughout 2016/17.

5.1.5 The business case for the CAU identified bed closures and transfers of nursing staff. The planned transfer of resources for 12 beds from ward 3D; 17 beds from Care of the Elderly, a contribution from the surgical beds and an economic reconfiguration of wards to an optimal size has not occurred due to demands on unscheduled care. This £1.7 million identified was removed from ward budgets in month 8, having previously been included as an unidentified cash releasing efficiency saving. Clearly this has caused a major deterioration in the year to date nursing overspend.

5.1.6 Significant areas of over-commitment exist:

- UHC Medical budgets are overspent by £4.2 million in the year to date
- UHC Surgical budgets are overspent by £0.8 million in the year to date

- UHA Medical budgets are overspent by £0.9 million in the year to date
- UHA Surgical budgets are overspent by £0.1 million in the year to date.

5.1.7

	Annual Budget	YTD Budget	YTD Actual	YTD Var	Month Budget	Month Actual	Month Var
	£000	£000	£000	£000	£000	£000	£000
Nursing Pay							
Acute Medicine - Xhouse	5,995	4,236	6,657	(2,421)	488	776	(288)
Gen Medicine - XHouse	17,778	13,321	14,975	(1,654)	1,473	1,647	(174)
Gen Medicine - Ayr	7,246	5,429	6,044	(615)	601	709	(108)
XHouse Nursing Pool	0	0	364	(364)	0	48	(48)
A+E - Ayr	2,191	1,641	1,906	(264)	181	207	(26)
Gen Surgery - XHouse	3,989	2,978	3,339	(361)	333	357	(23)
Anaesthesia - XHouse	7,761	5,815	5,922	(107)	643	652	(9)
Ayr Nursing Pool	0	0	148	(148)	0	19	(19)
Gen Surgery - Ayr	2,343	1,768	1,883	(115)	190	216	(26)
Paediatrics - XHouse	6,140	4,600	4,713	(113)	509	510	(2)
Orthopaedics - Chouse	3,417	2,559	2,632	(73)	283	285	(2)
Cancer Svs - Ayr	877	657	737	(80)	73	81	(8)
A+E - Chouse	2,926	2,192	2,244	(52)	242	240	3
Cancer Svs - Chouse	2,101	1,555	1,610	(55)	169	174	(5)
Other Smaller Variances	39,884	29,748	29,753	(5)	3,296	3,341	(45)
Total	102,647	76,499	82,927	(6,428)	8,481	9,262	(781)

Nursing pay is a major pressure area at £6.4 million overspent in the year to date.

The table above shows the highest areas of nursing pay overspend. £4.5 million of this is driven by additional beds open to meet demand pressure.

In terms of Whole Time Equivalents the corresponding figures are below:

Table 4a	Est	Average	Current	Est less Current
Nursing Pay	WTE	WTE	WTE	WTE
Acute Medicine - Xhouse	148	238	251	(103)
Gen Medicine - XHouse	467	523	526	(59)
Gen Medicine - Ayr	192	212	228	(35)
XHouse Nursing Pool	0	18	19	(19)
A+E - Ayr	50	58	57	(7)
Gen Surgery - XHouse	103	113	111	(7)
Anaesthesia - XHouse	197	199	199	(3)
Ayr Nursing Pool	0	7	7	(7)
Gen Surgery - Ayr	59	64	67	(8)
Paediatrics - XHouse	139	140	139	0
Orthopaedics - Chouse	91	92	90	1
Cancer Svs - Ayr	23	25	25	(2)
A+E - Chouse	67	67	66	1
Cancer Svs - Chouse	48	54	53	(5)
Other Smaller Variances	982	991	1,018	(36)
Total	2,567	2,799	2,855	(288)

There are a number of wards where nurses in post are in excess of the funded establishment. The underlying issues are:

- Occupancy levels are higher than the 85% (routinely above 95%) provided in establishments with additional staff being required to provide safe levels of service.
- There are routinely patients who require one-to-one nursing care on a daily basis; this level of staff support is not reflected in funded establishments.
- Sickness absence is high in some wards with action being taken in line with the sickness absence management policy.
- Wards where the beds ought to have closed in accordance with the CAU business case.

5.1.8 The year to date proportion of our access funding is now phased into our position. It is anticipated that further access spend will be funded by the Scottish Government.

5.2 Health and Social Care Partnerships

5.2.1 The total health budgets for the three Health and Social Care Partnerships are £384.7 million. The North Partnership is forecasting an overspend of £1.8 million, primarily on Mental Health and unachieved efficiency savings. South and East forecast breakeven as a result of the Board funding prescribing overspends in line with the Integration Scheme.

5.2.2 The Health and Social Care Partnership budgets were reduced by a 5% efficiency savings target in 2016/17; these savings were not fully achieved on a recurring basis. Unidentified savings, managed on a non-recurring basis, amounted to £1.5 million in East, £1.8 million in North and £0.5 million in South. For 2017/18 the additional funding from the Scottish Government for social care of £7.7 million has been passed to the Health and Social Care Partnerships, however other than this it is a “flat cash” budget.

5.2.3 The health cost pressures for 2017/18 are primarily around pay inflation, the apprenticeship levy and the anticipated growth in the costs of Prescribing in Primary Care which are being met from within the existing budget. Expenditure in the East partnership has been about £430,000 higher than expected related to supporting GP practices in difficulty with locums and sustainability payments, while since 11 December escalated rates beyond budget have had to be paid to ADOC doctors to secure cover.

5.2.4 Overspends at 31 December 2017 relate mainly to these pressures where there is not an identification of remaining cost reductions. Recent drug price increases as a result of short supply issues are a particular concern, as is the deliverability of the “stretch” prescribing savings. As noted at 5.2.1 the forecast outturn position for the partnerships excludes the projected overspend on prescribing, as this will be funded by the Board in line with the Integration Scheme.

5.3 Other Clinical Services

5.3.1 The total budget for Other Clinical services is £36.3 million, and shows an underspend of £0.7 million. These budgets cover the Pharmacy staffing and associated supplies, expensive medicines, and central costs of prescribing in primary care.

5.4 Clinical and Non-Clinical Support Services

5.4.1 Support service departments have annual budgets totalling £116.1 million, with underspends amounting to £0.6 million.

5.5 Corporate Resource and Reserves

5.5.1 Corporate resource and reserves are overspent by £7.6 million at 31 December 2017. This arises due to the imbalance in the financial plan of £13.2 million since the 2016/17 budget, partly offset by one off benefits such as capital to revenue transfers.

5.6 Workforce

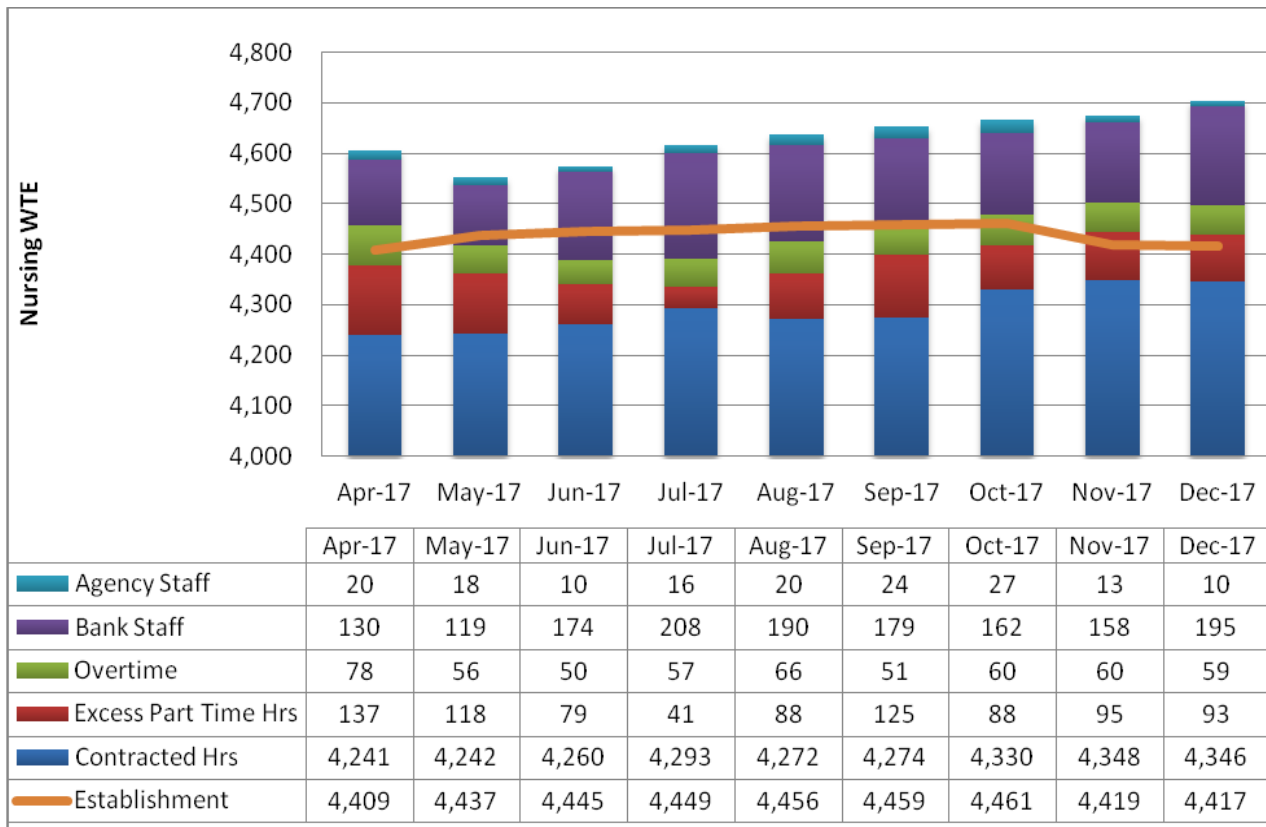
5.6.1 Against a funded establishment for the whole organisation of 9,357 whole time equivalents, hours worked in December amounted to 9,594 whole time equivalents.

5.6.2 Comparing the average position for the year to March 2017 with the average monthly position in 2017/18 shows:

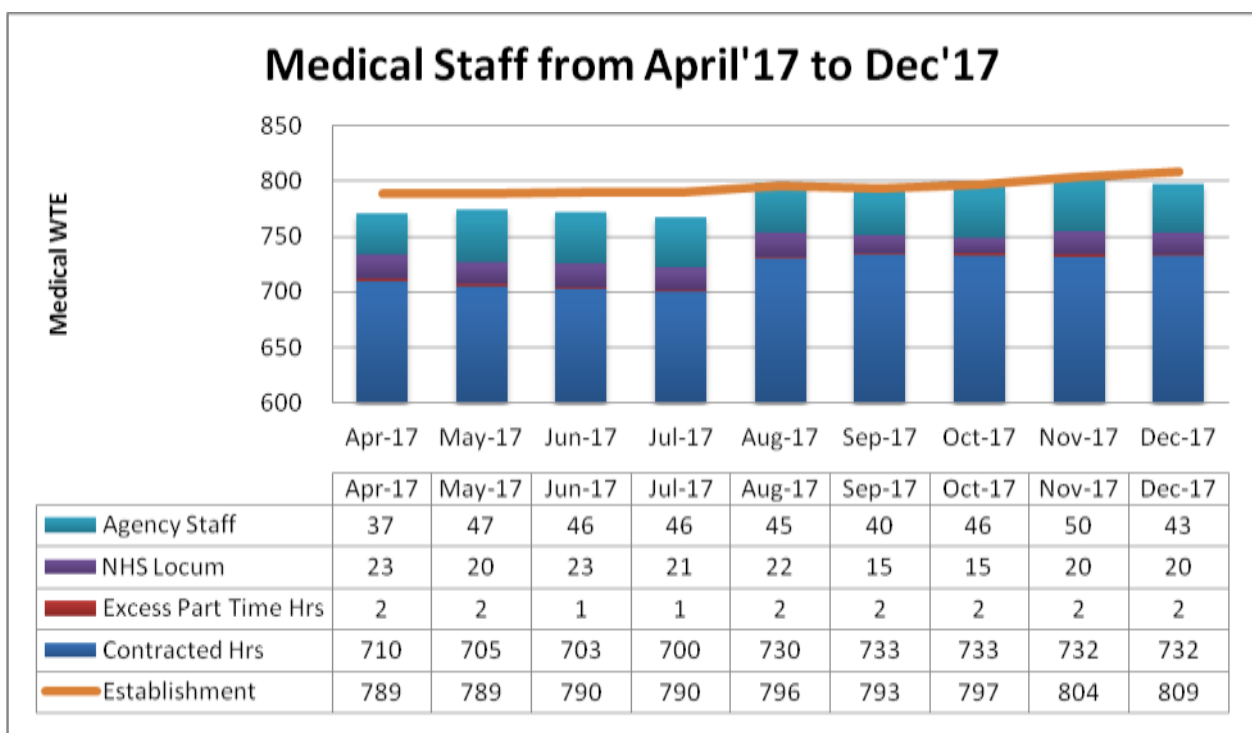
	2016/17 WTE	2016/17 £000	9 months to December 2017 WTE	9 months to December 2017 £000
Contracted Hours	8,709	30,637	8,872	31,515
Waiting List (Access)	0	229	0	248
Excess Part Time Hours	278	491	296	550
Overtime	93	320	97	349
Bank Staff	121	337	168	435
Agency Staff	84	1,135	68	898
Total	9,285	33,149	9,490	33,995

5.6.3 Nursing, as the largest component of our workforce (approximately 48%), utilises the highest volume of supplemental staffing in order to maintain the 24/7 service they provide. Supplemental staffing should be utilised for short term, unpredicted short term absence or unavoidable peaks in activity e.g. enhanced observations for mental health inpatients. Senior charge nurses and clinical nurse managers proactively fill vacancies and recruit staff to cover long term sickness absence and maternity which would not be suitably covered by supplemental solutions in the long term.

5.6.4 The graph and table below show nurse staff utilised in December were about 286 WTE above funded establishment partly because of the number of beds which have remained opened to meet service demand (paragraph 5.1.4). Note these are not the same as in 5.1.7 as the figures here include all nurses, not just those in acute services.



5.6.5 The graph below shows the equivalent for medical staffing. It shows they were 12 posts short of filling budgeted establishment, despite using agency and locum services to cover some vacancies.



5.6.6 The revenue plan for 2017/18 identified the need for nineteen agency locum consultants at an estimated cost of £6.3 million for the year. Non-recurring funding of £4.13 million has been added to the acute medical staffing budget to meet the estimated excess cost of consultant locums. In addition £1.3 million has been non-recurringly added to the medical staffing budget to cover the extra costs of agency doctors filling junior doctor gaps.

5.6.7 Appendix 4 shows staff costs for the last four years by functional group with medical and nursing showing the biggest increases.

6. Cost Reduction target

6.1 The target for savings in the 2017/18 revenue plan was £24.8 million. The table below shows progress to date and a risk analysis.

	Low risk	Medium Risk	High Risk	Unidentified	Total
	£000	£000	£000	£000	£000
Chief Executive	58	-	-	-	58
Acute	2,299	1,011	240	1,553	5,103
East (including prescribing)	2,256	455	665	442	3,818
North (including prescribing)	2,329	510	770	1,264	4,873
South (including prescribing)	1,174	1,648	-	-	2,822
Nurse Director	186	-	-	59	245
Finance Director	192	-	-	8	200
Director for OHRD	133	-	-	-	133
Corporate Support Services	1,198	-	-	30	1,228
Public Health	114	-	-	-	114
Corporate	5,672	-	-	50	5,722
Medical Director inc Pharmacy	163	-	-	204	366
TOTAL	15,774	3,624	1,675	3,610	24,682

6.2 Action is being taken to reduce costs where possible, however it is unlikely that the target cost reductions will be achieved given the increasing demands for services and currently £6.3 million of required savings do not have an identified source.

7. Risk assessment and mitigation

7.1 Essentially the results for 2017/18 show a continuation and acceleration of the issues experienced in 2016/17 and the impact of known cost pressures:-

- continued overspend within Acute Services reflecting increased demand with additional beds opened to cope with the emergency admissions;
- a need to provide a safe level of medical and nursing cover on both sites at a cost higher than funded;
- use of medical agency staff at very high cost resulting in the need to find over £5 million in 2017/18 to “top up” the medical staffing budget;
- unidentified sources of cost reduction in the three Health and Social Care Partnerships and acute services;
- deficit on the financial plan from 2016/17 of £13.2 million.

7.2 The 2017/18 outturn could worsen due to the costs payable to NHS Greater Glasgow and Clyde going up by £1.55 million in the year. This is due to higher costs of the new Queen Elizabeth Hospital. To mitigate the Board has asked that the increase be phased over three years and therefore £0.6 million has been assumed. However this may not be agreed.

8. Conclusion

8.1 The revenue plan approved by the Board was for a £13.2 million deficit. This is now projected to be about £24.2 million due to:

- unfunded unscheduled care beds;
- beds planned to close when combined assessment unit opened but have not closed;
- cost reductions not able to be identified and achieved.

Income and Expenditure Summary for Health Services : Financial Year 2017-18 9 months to December 2017



	Salaries				Supplies				Total				Projected outturn £000
	Annual Budget £000	Year to Date			Annual Budget £000	Year to Date			Annual Budget £000	Year to Date			
	£000	Budget £000	Expenditure £000	Variance £000	£000	Budget £000	Expenditure £000	Variance £000	£000	Budget £000	Expenditure £000	Variance £000	£000
Acute (detail attached)	216,018	160,767	166,076	(5,310)	77,939	57,238	60,887	(3,650)	293,957	218,004	226,964	(8,959)	(12,000)
East HSCP	26,166	19,728	22,012	(2,285)	124,443	93,524	91,901	1,622	150,610	113,251	113,914	(662)	(0)
North HSCP	57,440	43,056	43,473	(417)	79,433	59,227	60,844	(1,617)	136,873	102,283	104,317	(2,034)	(1,770)
South HSCP	35,262	26,400	26,855	(455)	61,998	45,977	46,018	(41)	97,260	72,376	72,872	(496)	0
Other Clinical Services	8,840	6,645	6,345	300	27,474	19,997	19,619	378	36,314	26,642	25,964	678	800
Family Health Services (section 1)	343,726	256,595	264,762	(8,166)	371,288	275,961	279,269	(3,307)	715,014	532,557	544,030	(11,474)	(12,970)
Chief Executive	1,848	1,386	1,279	107	438	408	461	(53)	2,285	1,794	1,740	54	100
Director Public Health	4,805	3,475	3,066	408	593	463	377	86	5,398	3,937	3,443	494	700
Medical Director	3,375	2,393	2,243	150	(2,815)	(2,238)	(2,087)	(152)	560	155	156	(1)	0
Nursing Director	4,081	3,077	3,326	(248)	323	238	34	204	4,404	3,315	3,360	(45)	(100)
Corporate Support Services	34,299	25,719	25,588	130	61,809	43,431	43,678	(247)	95,616	69,150	69,266	(117)	(200)
Finance	3,935	2,952	2,772	180	(507)	(415)	(327)	(88)	3,428	2,537	2,445	92	100
ORG and HR Development	4,057	3,049	3,026	23	345	201	76	125	4,402	3,250	3,102	148	100
Clinical and Non Clinical Support Services (Section 2)	56,401	42,050	41,299	751	60,185	42,088	42,213	(125)	116,094	84,138	83,512	626	700
Corporate Income (non RRL)	0	0	0	0	5,566	2,262	1,729	533	5,566	2,262	1,729	533	750
Corporate Reserves	0	0	0	0	(7,912)	(7,913)	266	(8,179)	(7,912)	(7,913)	266	(8,179)	(12,700)
Corporate Resource and Reserves	0	0	0	0	(2,346)	(5,651)	1,995	(7,646)	(2,346)	(5,651)	1,995	(7,646)	(11,950)
NHS A&A Total	400,126	298,646	306,061	(7,415)	429,127	312,399	323,477	(11,079)	828,762	611,044	629,538	(18,494)	(24,220)

Income and Expenditure Summary for Health Services : Financial Year 2017- 9 months to December 2017

	Salaries				Supplies				Total			
	Annual Budget £000	Budget £000	Year to Date Expenditure £000	Variance £000	Annual Budget £000	Budget £000	Year to Date Expenditure £000	Variance £000	Annual Budget £000	Budget £000	Year to Date Expenditure £000	Variance £000
Surgical - Ayr	31,391	23,503	23,599	(96)	8,247	6,155	6,372	(217)	39,638	29,658	29,971	(312)
Medical - Ayr	26,086	19,561	20,475	(914)	2,553	1,959	2,228	(269)	28,639	21,520	22,703	(1,183)
Surgical - Chouse	40,912	30,647	31,495	(848)	8,055	5,295	5,762	(466)	48,967	35,943	37,257	(1,314)
Medical - Chouse	46,323	34,327	38,491	(4,164)	10,248	7,449	8,169	(719)	56,571	41,776	46,660	(4,884)
Women + Childrens	29,370	21,986	21,892	93	2,185	1,537	2,160	(623)	31,555	23,523	24,052	(530)
Diagnostic Services	25,524	19,136	18,319	818	6,069	4,775	5,315	(540)	31,593	23,911	23,634	277
Acute Access	6,288	4,716	4,634	82	(62)	(45)	78	(122)	6,226	4,671	4,712	(41)
Other	10,125	6,891	7,172	(281)	40,644	30,112	30,804	(692)	50,769	37,002	37,976	(974)
Acute Total	216,018	160,767	166,076	(5,310)	77,939	57,238	60,887	(3,650)	293,957	218,004	226,964	(8,959)

UHC & UHA Combined Specialty	Apr - Dec 2016/17				Apr - Dec 2017/18				Change	
	Planned Inpatient	Elective	Transfers	Day Case	Planned Inpatient	Elective	Transfers	Day Case	Planned Inpatient	Day Case
Anaesthetics	2	0	2	55	3	0	3	40	1	(15)
Cardiology	228	90	138	540	191	93	98	558	(37)	18
Clinical Radiology	0	0	0	195	0	0	0	0	0	(195)
Community Dental Practice	0	0	0	611	3	3	0	520	3	(91)
Dermatology	17	17	0	2	12	12	0	6	(5)	4
Ear, Nose and Throat	303	299	4	942	351	347	4	865	48	(77)
General Medicine	133	82	51	1,746	149	108	41	2,399	16	653
General Psychiatry	27	18	9	0	0	0	0	0	(27)	0
General Surgery	805	788	17	3,693	679	671	8	3,452	(126)	(241)
Geriatric Medicine	26	8	18	20	11	2	9	10	(15)	(10)
Gynaecology	473	472	1	1,153	436	433	3	1,168	(37)	15
Haematology	149	146	3	3,019	58	56	2	3,513	(91)	494
Medical Oncology	6	6	0	761	0	0	0	965	(6)	204
Ophthalmology	2	2	0	3,433	0	0	0	3,255	(2)	(178)
Oral and Maxillofacial Surgery	175	173	2	675	245	243	2	599	70	(76)
Paediatrics	14	6	8	180	13	5	8	104	(1)	(76)
Plastic Surgery	0	0	0	563	0	0	0	541	0	(22)
Respiratory Medicine	21	19	2	75	2	1	1	11	(19)	(64)
Renal Medicine	18	14	4	20	11	9	2	19	(7)	(1)
Trauma and Orthopaedic Surgery	1,030	1,013	17	1,833	1,071	1,055	16	1,743	41	(90)
Urology	865	847	18	1,646	553	540	13	1,866	(312)	220
Vascular Surgery	278	275	3	350	216	212	4	424	(62)	74
Total	4,572	4,275	297	21,512	4,004	3,790	214	22,058	(568)	546

Staff costs (including agency)

	Administrative and Clerical	Pharmacy, Allied Health Professionals and Technical	Nurses	Medical and dental	Other technical	Other
	£'000	£'000	£'000	£'000	£'000	£'000
2013/2014	44,320	43,843	156,886	74,133	17,629	22,011
2014/2015	44,388	45,570	159,671	77,167	17,853	22,614
2015/2016 (1% superann increase)	45,215	45,623	163,375	81,775	18,056	23,322
2016/2017 (NI increase of 2%)	46,422	46,497	174,432	86,504	18,727	24,543
% increase since 2013/14	4.70%	6.00%	11.20%	16.70%	6.20%	11.50%

Pay restraint over the last six years might have meant an inflationary 1% increase per annum which would therefore explain a 3% increase. Increases in employer superannuation contributions and national insurance changes would explain a further 3% increase, therefore 6% increase could be attributed to these inflationary factors. Efficiency savings have had a disproportionately high impact on administrative and clerical and allied health professionals.

Agency spend is included in the above figures. From 2013/14 to 2016/17, administrative and clerical agency reduced by 41% to £575,534, pharmacy and allied health professionals agency increased from £138,565 to £403,344, nursing agency doubled from £1.3 million to £3 million and medical agency more than doubled from £4 million to £9.5 million. These account for part of the above increases, but the rest is about increase in numbers of staff employed.

Monitoring Form

Policy/Strategy Implications	Overspending areas in acute services could adversely impact the delivery of the strategic direction for the Board in moving investment towards community based.
Workforce Implications	Informs the forward workforce plan.
Financial Implications	Corrective action required for the Board to be operating in line with the statutory target to operate within the revenue and capital resource limits.
Consultation (including Professional Committees)	Directorates receive monthly financial reports. Financial reports are received at Corporate Management Team and Performance Governance Committee.
Risk Assessment	The risk tolerance agreed for investment is “medium” which includes “prepared to accept possibility of some limited financial loss, but value for money is still the primary concern.
Best Value <ul style="list-style-type: none"> - Vision and leadership - Effective partnerships - Governance and accountability - Use of resources - Performance management 	Confirms ongoing, effective use of resources and management in year of risks and issues in relation to achieving agreed financial performance targets.
Compliance with Corporate Objectives	Delivery of efficient and effective services within budget and to develop a culture of continuous improvement.
Single Outcome Agreement (SOA)	Not applicable.
Impact Assessment This report is a monitoring report therefore does not require an equality and diversity impact assessment (EDIA).	