

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 2 December 2024
Title:	Financial Management Report for the seven months to 31 October 2024
Responsible Director:	Derek Lindsay – Executive Director of Finance
Report Author:	Fiona McGinnis – Assistant Director of Finance – Governance and Shared Services and

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Annual Operational Plan

This aligns to the following NHS Scotland quality ambition:

- Effective

2. Report summary

2.1 Situation

The Board overspent by £37.6 million in the seven months ended 31 October 2024.

The Board will not meet the statutory requirement to breakeven in 2024/25 nor can the Board currently operate within the reduced brokerage cap of £27.7 million.

2.2 Background

The revenue plan for 2024/2025 was approved at the Board meeting on 21 May 2024. This projected a deficit of £53.5 million. The current projected year-end deficit remains £53.5 million, and it is acknowledged that the second half of the year will require the delivery of the CRES programme inclusive of the:

- reduction in full capacity and unfunded acute beds
- delivery of additional savings identified by Viridian
- reduced use of agency nurses and doctors

2.3 Assessment

REVENUE

The key points from the Board finance report are:

- Acute Services are £20.4 million overspent. This is attributable to pay costs being £11.9 million in excess of budget, supply costs being overspent by £6.4 million and the impact of £2.2 million unachieved efficiency savings from previous years.
- The acute supplies overspend mainly comprises theatre and surgical sundries (£1,531k), laboratory supplies overspend (£666k), medicines overspend (£1,407k), equipment (£795k) and taxi/private ambulance overspend (£496k).
- Around £6 million of the Acute pay overspend is directly attributable to additional and unfunded beds to support unscheduled care and £3.0 million to the additional staffing costs within the Emergency Departments and Combined Assessment Units at Crosshouse and Ayr Hospitals as these areas remain congested by waits for patient admissions to specialty wards.
- The New Medicines Fund is overspent by £4.6 million and is likely to overspend by around £7.2 million by year end due to the cost of new medicines approved by the Scottish Medicines Consortium being higher than the funding provided by Scottish Government for this purpose.
- Legacy deficits within reserves result in a £13.8 million deficit after 7 months with full year projection of £23.6 million.
- The three Integration Joint Boards (IJBs) set budgets to operate within their available financial resources including the use of reserves in some cases. Appendices B, C and D provide links to the month six finance reports for East, North and South Ayrshire IJBs. These include cuts in services which may impact on health services in the light of rising demand and reduced capacity. No financial support from the Health Board to the IJBs is anticipated in the current year at this stage. This will be kept under review as the year progresses as there are risks in this assumption.
- The 2024/2025 pay award settlement included three “non-pay” elements (reduction in working week, review of grading of band 5 staff and protected learning time). More information on this is provided in paragraph 3.1 of Appendix A and there are several big assumptions around what the cost of these will be in the current year as the job evaluation work is at an early stage.

CRES

- The Board must achieve the Scottish Government target to deliver a 3% (£26.5 million) recurring Cash Releasing Efficiency Target (CRES). The Board CRES Plan for 2024/25 is to deliver £24.1 million with Integration Joint Boards planning further savings of £4.2 million. £8.9 million has been achieved by the Health Board as at the 31st October and £19.45 million is forecast to be achieved (with £10.1 million of this low risk, £8.4 million medium risk and £0.9 million high risk). The £24.1 million shown in 2.19 does not include savings from IJBs to be made on health budgets as these are shown in paragraph 2.21.

2.3.1 Quality/patient care

Financial resources contribute directly to quality of patient care.

2.3.2 Workforce

Annex B of the finance report provides further information on workforce numbers and agency spend.

2.3.3 Financial

The Board will not meet its statutory requirement to break even in this financial year and forecasts an in year overspend of £53.5 million.

2.3.4 Risk assessment/management

Corporate Risk 703: Failure to deliver sufficient efficiency savings to live within financial allocation may lead to an inability to balance the budget resulting in an adverse impact on the delivery of services and reputational damage to the NHS Board. This could result in the Board being moved from level 3 to level 4 on the ladder of escalation.

2.3.5 Equality and diversity, including health inequalities

This report does not require an equality and diversity impact assessment.

2.3.6 Other impacts

This report reflects the best value principles of governance and accountability in respect of use of resources.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate.

2.4 Recommendation

Members are asked to:

- Review the financial position for the financial year to date
- Evaluate the financial performance against the key Scottish Government targets.
- Seek assurance on the further actions being taken to reduce the financial deficit.
- Note risks related to delivery of the planned savings from closing unfunded beds.

3. List of appendices

The following appendices are included with this report:

- Appendix A: Finance Report – Month 7
 - Annex A: CRES Savings Plan 24/25
 - Annex B: Key workforce data
 - Annex C: Length of Stay data
- Appendix B: Link to [East Ayrshire Health and Social Care Partnership Financial Management Report](#)
- Appendix C: Link to [North Ayrshire Health and Social Care Partnership Financial Management Report](#)
- Appendix D: Link to [South Ayrshire Health and Social Care Partnership Financial Management Report](#)

Appendix A

NHS Ayrshire and Arran – Finance Report Finance Report – September 2024

1. Overall Financial Position

1.1 The Board is £37.6 million overspent for the seven months ended 31 October 2024.

Summary Financial Position

Department	Annual Budget £000	YTD Budget £000	YTD Spend £000	YTD Variance £000	Forecast £000
Acute	451,991	255,756	276,165	(20,409)	(25,822)
New Medicine Fund	16,690	9,736	14,382	(4,646)	(7,196)
Pharmacy	12,150	6,841	7,062	(221)	0
UNPACs	1,889	1,041	278	763	1,412
Acute and Clinical Services	482,720	273,374	297,887	(24,513)	(31,606)
ISS (Operational)	66,742	36,764	36,560	204	0
ISS (Corporate)	57,425	30,042	30,315	(273)	0
Corporate Services	40,484	21,745	20,779	966	1,684
Non Clinical Support Services	164,651	88,551	87,654	897	1,684
Centrally Managed Resources	(786)	(3,073)	(2,903)	(170)	0
Reserves	(7,786)	(13,772)	0	(13,772)	(23,608)
Centrally Managed Resources	(8,572)	(16,845)	(2,903)	(13,942)	(23,608)
NHS A&A Health Board Total	638,799	345,080	382,638	(37,558)	(53,530)
East Hscp	241,714	137,693	136,579	1,114	0
North Hscp	191,362	107,466	110,944	(3,478)	0
South Hscp	109,242	62,294	62,772	(478)	0
(Over)/underspends belonging to IJBs	0	0	(2,842)	2,842	0
NHS A&A Total inc HSCPs	1,181,117	652,533	690,091	(37,558)	(53,530)

Performance against key Scottish Government targets

The Board will not meet the statutory requirement to breakeven and forecasts a deficit of £53.5 million in 2024/25.

Cumulative brokerage due to be repaid to Scottish Government is £78.5 million at the end of 2023/24. This comprises deficits of £14.7 million from 2019/20, £25.4 million from 2022/23 and £38.4 million from 2023/24. Scottish Government have set a brokerage cap of £27.7million for 2024/25. Any deficit in excess of this amount will be disclosed as an overspend within the year end financial statements. This represents a change in approach from prior years, when brokerage would have been provided to enable breakeven at the year end.

The Board is required to deliver recurring efficiency savings equivalent to £26.5 million or 3% of the Board's baseline recurring funding. Planned savings total £24.1 million, which excludes £4.2 million of savings made by IJB partners on health budgets.

Scottish Government Allocations

To date the total revenue resource allocations received from the Scottish Government total £1.088 billion. In addition there is around £62 million of Family Health Services spend (GPs, Pharmacists, Dentists and Opticians), £28.7 million of non-core revenue and £2 million anticipated allocations (excluding the medical pay award). The table below details the allocations received in October which includes £30.4 million for the

Agenda for Change pay award, with the other large adjustments netting off except for the New Medicine funding which had been anticipated since the start of the year.

	Baseline Recurring	Non- recurring	Earmarked Recurring
	£'000	£'000	£'000
Cumulative revenue allocations to end of September	936,292,041	29,018,448	88,444,280
October allocations			
New Medicines Funding	-	3,644,085	-
PLGF Testing	18,908	-	-
P & N Trisomy Screening Sample Transportation	13,934	-	-
P & N Trisomy Screening Sample Transportation	-	(1,784)	-
Cardiac Physiology Cohort 1	-	36,562	-
Optimal Cancer Diagnostic Pathways	-	25,961	-
National Diabetes Technology Programme (Tranche 1)	-	-	245,636
Thrombectomy (Tranche 2)	-	-	73,357
Inequalities Fund - Screening Health Boards	-	29,567	-
FVCV Delivery - reverses alloc. ref 22	-	-	(5,539,009)
FVCV Delivery (staffing and venues)	5,539,009	-	-
Pharmacy £80m tariff transfer - reverses alloc. ref 283	6,103,341	-	-
Pharmacy £80m tariff transfer	(6,016,558)	-	-
AfC 2024-25 Pay Award	30,419,000	-	-
Core revenue resource limit	972,369,675	32,752,839	83,224,264

2. Acute Services – analysis by cost category

2.1 The annual budget for Acute Services is £452 million. The directorate is now £20.4 million overspent above cumulative budget after seven months.

Category	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Pay	331,452	188,042	199,979	(11,937)
Supplies	68,509	39,856	46,209	(6,353)
Purchase of Healthcare	89,984	49,860	51,109	(1,249)
Provision of Healthcare	(34,567)	(19,751)	(19,981)	230
Operating Income	(1,183)	(965)	(1,150)	185
Unallocated Savings	(2,204)	(1,286)	0	(1,286)
Total	451,991	255,756	276,166	(20,410)

2.2 Pay is £11.9 million overspent:

- **Nursing pay** is £7.4 million overspent. £4.9 million of this is on unfunded beds and £3.0 million of Emergency Departments and Combined Assessment Units. Nursing agency spend within acute is £4.8 million in the first seven months of the year. The use of registered agency nursing reduced from 70.2 wte in September to 62.5wte in October. At the time of preparing the report nursing agency has also reduced further in the first two weeks of November with revised control measures in place.

- Agency nursing was predominately used in:

Crosshouse ITU (£580k – vacancy cover),
 Crosshouse CAU (£668k – vacancy cover, maternity leave, additional beds and higher level supervisions),
 Crosshouse Accident and Emergency (£409k – additional care to patient in corridors)
 Orthopaedic trauma wards at Crosshouse (£753k vacancy cover and skill mix issue).
 Crosshouse accounted for £3.9 million out of the total £4.8 million agency spend.

As a number of improvement actions embed throughout months 8 and 9, it is anticipated the congestion and run rate in these areas will reduce.

- **Medical pay** was £4.3 million overspent, in part due to locum costs of £3.6 million and Glasgow bank costs of £1.0 million. New governance and controls for requesting additional medical locums or additional duty hours is now in place with executive approval required. This ensures further scrutiny on the requirement for any additionality as well as maximising on lower cost options wherever possible.

Workforce data is set out in Annex B.

- 2.3 Supplies were £6.4 million overspent. The highest overspend was in Surgical Sundries at £1.5 million. Theatres are the single biggest supplies user across the surgical division. There is an increased focus on the non pay budgets within the surgical budgetary review process. A work plan has been developed to identify savings as a result of changes to framework contracts.

Diagnostic supplies are £0.66 million overspent. Activity levels in biochemistry have significantly increased above budgeted levels. This also includes the unfunded costs of additional tests outwith Ayrshire.

Acute medicines are £1.4 million overspent – the main reasons are additional and unfunded beds, high usage of Homecare medicines (£0.6 million) and overspends on cancer medicines (£0.4 million)

Taxi/private ambulance budget is overspent by £0.496 million. These support renal and discharge transport and are currently under review by the transport steering group chaired by the Director of Finance.

- 2.4 Purchase of healthcare has moved from being £376k overspent at month 6 to £1,249k overspent at month 7. The month 6 overspend was mainly because NHS Greater Glasgow and Clyde have invoiced for nine bone marrow transplants performed in the first half of the year at a cost of £80k each. Last year eight were performed in the first half of the year. In month 7 the following have moved from supplies to external healthcare purchase:-

- Outsourced radiology reporting is overspent by £0.5 million. This is due to the use of Medica “Nighthawk” which supports out of hours radiology reporting as well as additional reporting capacity to reduce waiting times. The service are in the process of reviewing the medical workforce requirements to meet needs for the longer term.

- Outsourcing of pathology test reporting to a third party in order to maintain acceptable reporting times. A demand and capacity analysis has been undertaken on pathology consultant capacity.

2.5 Acute Service – analysis by department

Department	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Medicine	80,992	46,273	54,040	(7,767)
Emergency Crosshouse	36,321	20,669	26,584	(5,915)
Emergency Ayr	17,307	9,774	11,673	(1,898)
Surgery	126,102	71,563	74,802	(3,239)
Labs & Diagnostics	44,093	25,278	27,311	(2,033)
Women and Children	46,662	26,315	27,351	(1,037)
Other	100,514	55,885	54,404	1,481
Total	451,991	255,756	276,164	(20,408)

Medicine is overspent by £7.8 million. £5.4 million relating to University Hospital Crosshouse and £2.4 million to University Hospital Ayr. These costs are linked to the unfunded beds and medical workforce costs associated with rota gaps.

- 2.6 Emergency Care overspent by £1.9 million at University Hospital Ayr and £5.9 million at University Hospital Crosshouse and is mainly staffing. This includes costs associated with the Clinical Assessment Units which require additional nurses from the in house nurse bank and from external agency to ensure compliance with safer staffing requirements. The overspend at University Hospital Crosshouse includes the Orthopaedic trauma wards which are £3.0 million overspent, partly driven by £0.75 million of nurse agency spend to cover vacancies, but also because ward 5A has been required as an unfunded ward and incurred £1.57 million of costs with no associated budget.
- 2.7 Surgery is £3.2 million overspent with £2.4 million of this being on supplies - primarily in theatres at UHC including for robotic surgery and elective orthopaedics at UHA. Specific issues relate to general surgery across both sites as a result of consultant vacancies at UHA driving a reliance on Agency locums. There are also high levels of sickness absence on the middle grade rota at UHC.

Unfunded additional capacity

- 2.8 The unfunded beds open at 31 October 2024 include some extra beds in wards under full capacity protocol as well as the wards mentioned below. This was 164 additional beds at 30 September 2024, reducing to 145 at 31 October 2024. Whilst some full capacity beds at UHC do not require additional staffing, where patients require care under higher level supervision guidance additional costs are incurred.

As at 6 November 2024 there were no full capacity beds open on the Crosshouse site with Ward 3F (12 beds) also closed on 7 November 2024. Full capacity could go up to 31 beds at any one time.

Full capacity beds at UHA require additional staff and the cumulative overspend against Stations 2, 4, 8 and 12 at month 7 amounts to £1 million. Of the additional beds open at UHA (40), 39 of these have closed during Month 8.

- 2.9 Four wards (Station 1 at UHA and 5A, 4E and 3F at UHC) were open on Month 7 without funding and amount to 96 beds. Ward 3F had closed on the 30 May 2024, but reopened due to infection control measures and site pressures

The cost in the first seven months of the year of the unfunded wards and beds are detailed in the table below.

Spend on unfunded wards		M1	M2	M3	M4	M5	M6	M7	Total
		£000	£000	£000	£000	£000	£000	£000	£000
UHA	Station 1	163	165	179	153	173	211	173	1,217
UHC	5a	230	208	218	221	213	249	229	1,568
UHC	4e	192	198	200	233	213	189	212	1,437
UHC	3F	85	114	54	94	92	109	81	629
Sub Total Complete Wards		670	685	651	701	691	758	695	4,851
UHC	6 beds CAU	68	71	68	71	71	68	71	488
UHC	ED RN Reduction (corridor)	42	12	54	48	48	48	34	286
UHA	40 surge beds	149	99	80	182	132	213	145	999
Sub Total Extra beds		259	182	202	300	251	329	249	1,773

- 2.10 The key contributory factors to the unfunded beds are:

- The non delayed average length of stay in NHS Ayrshire & Arran is higher than national benchmarks. Steps are being progressed to reduce the average length of stay in 2024/25 (see Annex C).
- The number of bed days occupied by delayed discharges. Please refer to the final graph on Annex C. HSCP teams are focused on managing delays and work in partnership with acute teams through integrated discharge hubs. Improvement work is also ongoing.

- 2.11 The Board performance report sets out the actions being progressed to reduce the non delayed length of stay and the number of bed days occupied by delayed discharges over 14 days.

New Medicines Fund

- 2.12 The New Medicines Fund overspent by £4.6 million after 7 months. It is likely to overspend by around £7.2 million by year end due to the cost of new medicines approved by the Scottish Medicines Consortium being higher than the funding provided by Scottish Government (£16.7 million) for this purpose.

Infrastructure and Support Services (I&SS)

- 2.13 Operational Infrastructure and Support Services includes estates, hotel services and digital services. Infrastructure and Support Services budgets are separated between those which are operational service provision and those which are corporate in nature, such as capital charges, energy and private finance initiative (PFI) costs. They have an aggregate annual budget of £124.2 million. Operational I&SS services were underspent by £0.2 million whilst Corporate I&SS services overspent by a £0.3 million due to energy costs.

Corporate Services

- 2.14 Other corporate services have budgets of £40.5 million and comprise Public Health, the Nursing Directorate, the Medical Directorate, Human Resources and Organisational Development, Finance, Transformation and Sustainability and the Chief Executive's office. These are underspent by £0.97 million after 7 months.

Centrally Managed Resources

- 2.15 Centrally Managed Resources are budgets not owned by any of our Directorates. Examples include CNORIS, and resources top sliced from NHS Ayrshire & Arran budget to provide services elsewhere through National Services Division.
- 2.16 Reserves in this context are budgets not issued or attributed to any Department. Such budgets can be:
- Legacy Deficits
 - Allocations received from Scottish Government not yet issued to services
 - Budget set aside in the Revenue Plan for a specific purpose but not yet spent.

The Board expects to end the year with a £23.6 million over commitment on reserves as a result of legacy deficits.

Health and Social Care Partnerships (HSCPs)

- 2.17 In aggregate HSCPs are assumed to breakeven. Currently the combined overspend is £2.8 million. Underspends belong to Integrated Joint Boards (IJBs) rather than NHS Ayrshire & Arran, as do overspends able to be covered from IJB reserves. IJBs do not at this stage require financial support from the Health Board. This will be kept under review as the year progresses, as this assumption is not without risk.

Efficiency and Transformation Programme

- 2.18 The Cash Releasing Efficiency Savings (CRES) programme for 2024/25 approved by Board as part of the Revenue Plan amounts to £24.1 million. IJB savings on health budgets (around £4.2 million) are not included. The Board is required to achieve a minimum of 3% - £26.5 million including IJB CRES.
- 2.19 The Corporate Management Team have identified and are monitoring a number of actions to deliver the CRES. These are set out below, however the closure of acute beds in line with plan is not forecast to be delivered. Viridian Associates have identified further savings opportunities, of which £0.8 million are now included in the table below. The CRES plans are being revised with the support of Viridian with a view to getting back to £24.1 million CRES. Projection against current schemes in tracker is £19.45 million.

2024/25 – delivery against the CRES target

	Annual Target	M7 YTD Achieved			Forecast
Area	£000	£000	RAG	Risk	£000
Service level agreements	2,100	1,225		Low	2,100
Waiting times	4,000	2,331		Low	4,000
Acute prescribing	2545	1,407		Low	2,545
Primary care prescribing	4050	2,115		Medium	4,050
Ward Closures 4E and Station 1	2283	0		Medium	500
Bed Reductions ward 5A, CAU, ED	2868	111		Medium	536
Close ward 3F Crosshouse	1085	85		Medium	598
Full capacity Bed Reductions Ayr	2203	587		Medium	1,691
Reduce agency doctors	1000	0		High	600
Taxis, medical records	191	53		Medium	191
Estates rationalisation	50	29		Low	50
Procurement	300	0		High	300
Public Health	262	153		Low	262
Medical Director	130	76		Low	130
Nurse Director	132	118		Low	132
ISS	679	419		Low	681
Finance	130	76		Low	130
Pharmacy	125	73		Low	125
Viridian - Theatre Supplies	0	0		Medium	250
Viridian - Discretionary Spend Controls	0	0		Medium	178
Viridian - Workforce Controls	0	0		Medium	400
Chief Exec	2	0		Low	0
Transformation and Sustainability	0	0		None	0
O & HRD	0	0		None	0
IJB CRES	4200	1,386		Low	4,220
Sub Total Health Board	24,135	8,858			19,448
Low	10,153	5,907			10,155
Medium	12,680	2,951			8,393
High	1,300	0			900
Total	24,135	8,858			19,448

Both sites have made substantial progress in addressing bed reductions. UHC have removed all full capacity beds which range from 15-34 in number, as well as a further reduction of 12 beds by closing Ward 3F in early November. Whilst not a material financial saving closing the full capacity beds is a pre-requisite for future reductions and is the equivalent of a ward closure. Furthermore UHC is working to reduce the requirement for supplementary staff to cover corridor patients in ED and aiming for and on trajectory to meet a 50% reduction in month 8. UHA have a well developed plan including the closure of 40 “surge” beds, with 24 beds being established for an “active” ward.

- 2.20 In addition to the CRES above for 2024/25, £3.377 million of legacy CRES targets remains from previous years:

- 2.21 IJBs are responsible for delivering their own CRES in whichever way they choose. However as the Board 3% target is based on our recurrent baseline, we are reporting on IJB progress against their CRES targets. This is shown in the table below.

	Annual Target	M7 YTD Achieved			Forecast
Area	£000	£000	RAG	Risk	£000
Health Board as in section 2.18	24,135	8,858			19,448
East IJB NHS Savings	1,500	875		Low	1,500
North IJB NHS Savings	2,479	1234		Low	2,454
South IJB NHS Savings	221	140		Low	241
Total NHS Ayrshire and Arran	28,335	11,107			23,643

3. RISKS

- 3.1 Pay reform over the next three years includes staged reductions to the working week, a band 5 to band 6 review for those eligible and the introduction of protected learning time. Whilst NHS Ayrshire & Arran have been funded £14.6 million non-recurrently in 24/25 for these changes, there are many variables to quantify the financial cost including the percentage of band 5 grading appeals which will be successful in achieving an upgrade (backdated to April 2023) and the backfill arrangements for the half hour per week reduction in basic hours. The funding has been released into budgets to match costs incurred for the first seven months.
- 3.2 The Board still holds the risk in 2024/25 in relation to primary care prescribing overspends, whereas all other IJBs in Scotland hold this risk. The information on spend on this £96 million budget is two months in arrears. Short supply issues are not within local control. Primary Care Prescribing is £1.06 million overspent after 6 months. Although volume was lower than predicted, the price per item rose significantly across Scotland. It is likely that there will be a £2 million overspend at the year end.
- 3.3 Whilst HSCPs are shown as not requiring any further financial contribution at this stage this is not a guaranteed position.
- 3.4 £1 million funding assumed to cover additional staffing recruited in anticipation of National Treatment Centre.
- 3.5 Winter pressures unlikely to receive additional funding from Scottish Government therefore the overspend within acute could increase as a result.

Annex A – CRES savings plan – 2024/25

Improvement Programme Overview (£m)												
Workstream	Plan		Year to Date (M7)			FOT (Total)			FOT (Recurrent)			
	Annual CY Total	Recurrent Plan	Plan	Actual	Variance	CY Actual 24/25	CY Forecast	Total IY Variance (PL to For)	YTD Actual 2024/25	Rest of year forecast' 2024/25	Total FYE Forecast & Actual 2024-25	FYE Variance (Total Forecast to Plan 2024-25)
Planned Care	10.287	9.931	5.472	4.086	-1.386	4.086	9.210	-1.077	3.878	4.225	8.103	-1.828
Emergency Care	5.867	5.867	2.428	0.548	-1.880	0.548	1.947	-3.920	0.352	0.460	0.813	-5.054
Woman's & Children	0.050	0.050	0.029	0.019	-0.010	0.019	0.183	0.133	0.018	0.164	0.183	0.133
Infrastructure	1.029	1.029	0.621	0.449	-0.172	0.449	1.209	0.180	0.448	0.583	1.031	0.002
Corporate	2.851	2.851	1.710	1.645	-0.065	1.645	2.849	-0.002	1.650	1.199	2.849	-0.002
Primary Care Prescribing	4.050	4.050	2.362	2.116	-0.247	2.116	4.050	0.000	2.362	1.687	4.049	-0.001
Health & Social Care	4.200	4.200	2.263	2.249	-0.014	2.249	4.194	-0.006	2.249	1.945	4.194	-0.006
Total	28.334	27.978	14.885	11.111	-3.774	11.111	23.643	-4.691	10.957	10.263	21.224	-6.756

BRAG Status	Num	Last Report £m	Num	This Report £m	Scheme Status	Num	Last Report £m	Num	This Report £m	Classification	Last Report £m	This Report £m
Blue	1	0.130	1	0.130	Fully Developed	31	6.724	34	12.824	Pay	5.244	5.290
Green	81	16.889	84	18.808	Plan In Progress	73	16.451	80	10.819	Non-Pay	17.834	18.256
Amber	19	5.357	25	3.904	Opport	0	0.000	0	0.000	Income	0.097	0.097
Red	3	0.800	4	0.800	Unidentified	0	0.000	0	0.000	Total	23.176	23.643
Total	104	23.176	114	23.643	Total	104	23.176	114	23.643			

Wordbook/QIA	Num	Last Report £m	Num	This Report £m	Pipeline Progress	Num	Last Report £m	Num	This Report £m
W/B Required	21	20.916	27	15.254	Ideas with No Value	44	0.000	40	0.000
W/B Progress	8	7.951	9	7.951	Ideas with Value	52	18.328	42	11.078
QIA Required	13	9.533	15	3.191	Converted ideas	-	0.000	3	0.800
QIA In progress	4	2.507	4	2.727	Total	96	18.328	85	11.878
QIA Approved	0	0.000	2	2.191					

Workstream Subgroups

Workstream	Subgroup	*Plan FYE	Plan YTD M7	Actual YTD M7	*Forecast
Corporate	Chief Executive	2,000	1,167	-	-
	Finance	130,000	75,833	75,838	130,008
	Nurse Director	132,000	124,000	119,000	132,000
	Pharmacy	125,000	72,800	72,834	125,000
	Public Health	262,000	152,833	152,666	262,000
	Service Level Agreements	2,100,000	1,225,000	1,225,000	2,100,000
	Taxis & Private Ambulance	100,000	58,333	-	99,999
	Total	2,851,000	1,709,967	1,645,338	2,849,007
Emergency Care	Acute prescribing	550,000	320,833	276,672	550,005
		2,867,656	1,136,187	110,909	535,586
	Bed Reductions ward 5A, CAU, ED				
	Close ward 3F Crosshouse	1,085,238	542,619	84,596	598,276
	Medical Director	130,000	75,833	75,666	130,000
	Ward Closures 4E and Station 1	1,234,110	352,603	-	-
	Workforce Controls	-	-	-	133,333
	Total	5,867,004	2,428,076	547,843	1,947,200
Health & Social Care	Health & Social Care	4,200,000	2,262,917	2,249,000	4,194,000
	Total	4,200,000	2,262,917	2,249,000	4,194,000

Workstream Subgroups

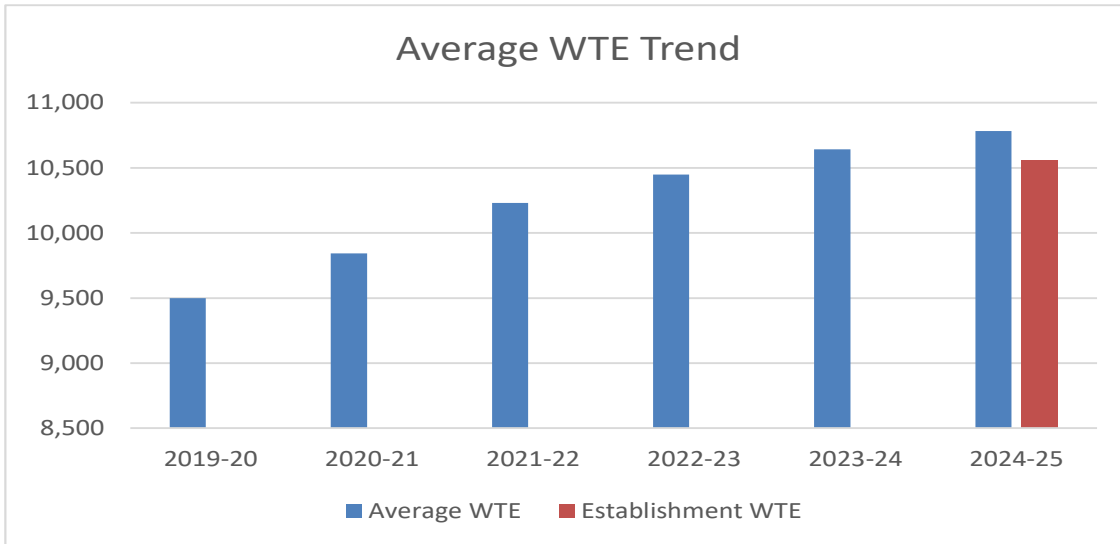
Workstream	Subgroup	*Plan FY	Plan YTD M7	Actual YTD M7	**Forecast
Infrastructure & Support Services	Discretionary Spend Controls	-	-	-	178,000
	Estates rationalisation	50,000	29,000	29,334	50,000
	Infrastructure & Support Services	679,000	416,953	419,328	681,376
	Procurement	300,000	175,000	-	300,000
	Total	1,029,000	620,953	448,662	1,209,376
Planned Care	Acute prescribing	1,944,518	1,204,300	1,111,407	1,944,512
	Full Capacity Beds (Wards)	2,202,836	1,122,945	587,500	1,691,038
	Medical Records Reduced Hours	91,000	53,083	54,166	91,003
	Reduce agency doctors/Medical Supplementary Staffing	1,000,000	583,331	-	600,000
	Theatre Supplies	-	-	-	250,000
	Waiting times	4,000,000	2,333,333	2,333,338	4,000,008
	Ward Closures 4E and Station 1	1,049,118	174,853	-	500,328
	Workforce Controls	-	-	-	133,333
	Total	10,287,472	5,471,845	4,086,411	9,210,222
Primary care prescribing	Primary care prescribing	4,049,932	2,362,460	2,115,605	4,049,932
	Total	4,049,932	2,362,460	2,115,605	4,049,932
Woman's & Children's	Acute prescribing	50,000	29,167	18,808	50,003
	Workforce Controls	0	-	-	133,333
	Total	50,000	29,167	18,808	183,336
	Grand Total	28,334,408	14,885,384	11,111,667	23,643,074

Annex B: Key workforce data

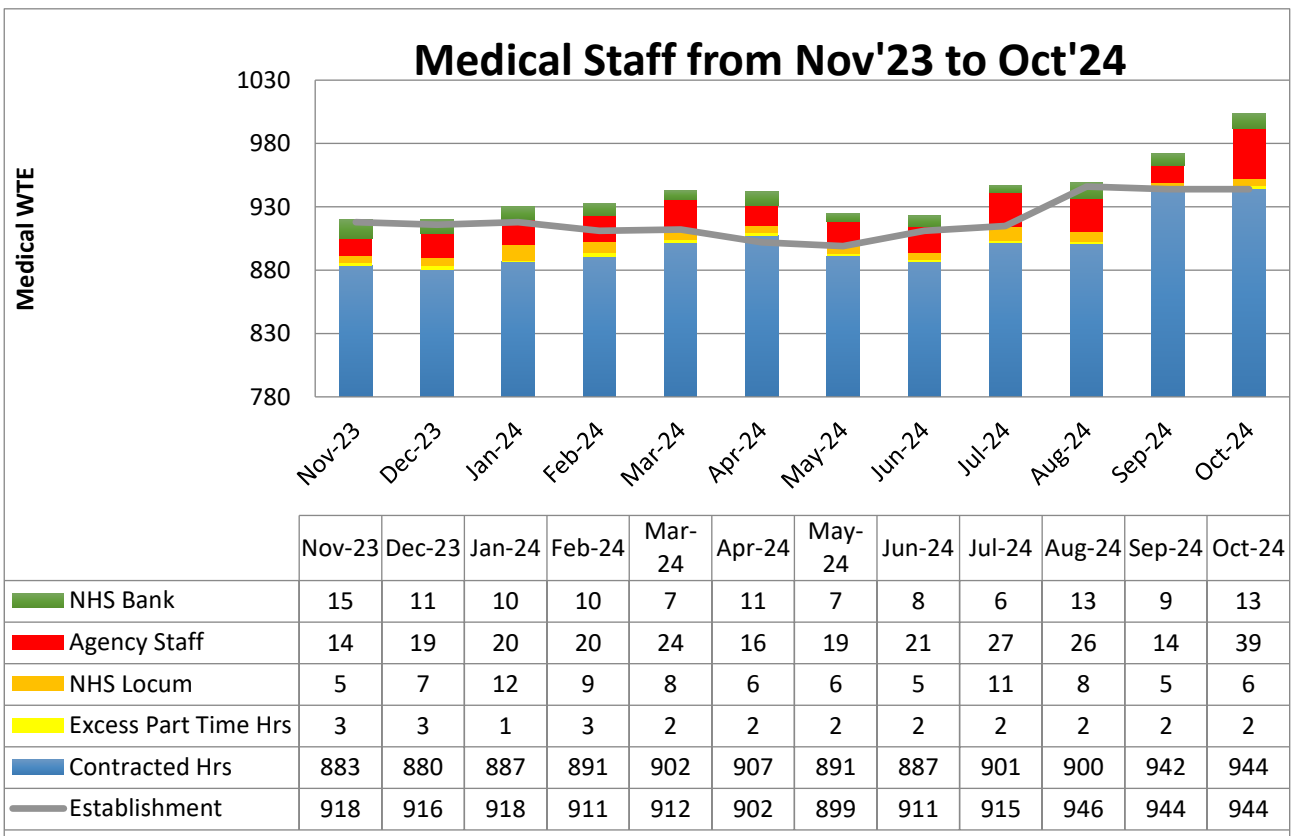
Key points:

- There has been a sustained increase in staffing since 2020/2021.
- Medical agency spend has been broadly static since April 2021.
- Nursing agency spend has been on an overall upward trend since April 2020.
- Significant increase in agency and bank nursing staffing reflects national trends
- Sickness absence has been above the 4% target since the pandemic

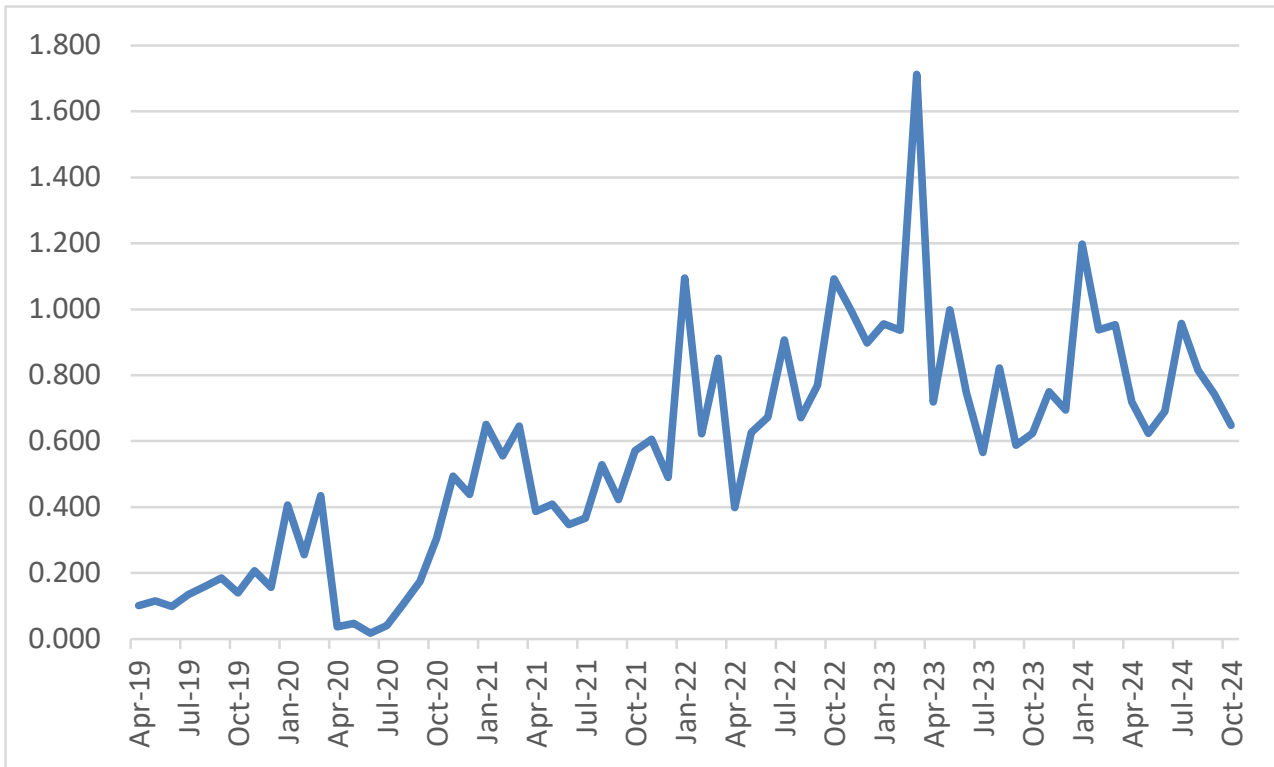
Average WTE trend



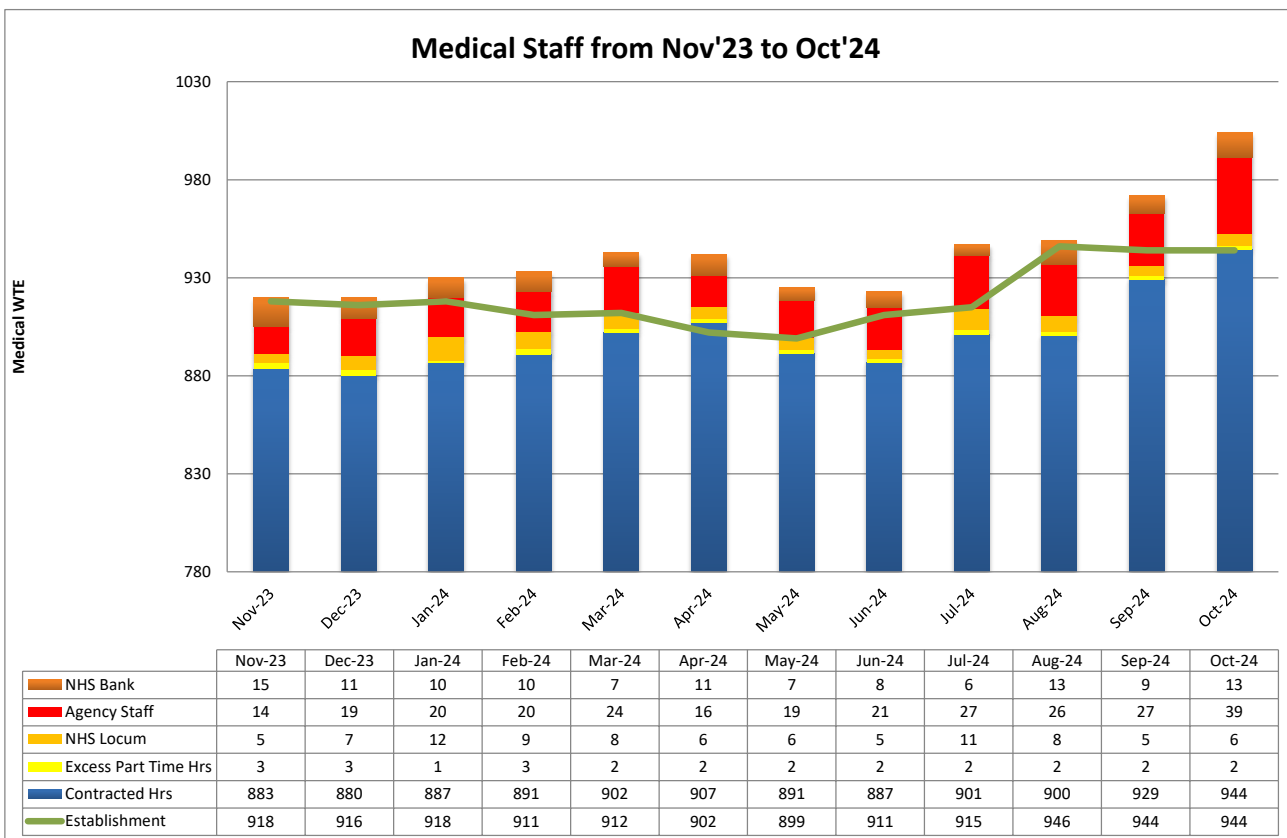
Medical agency trend



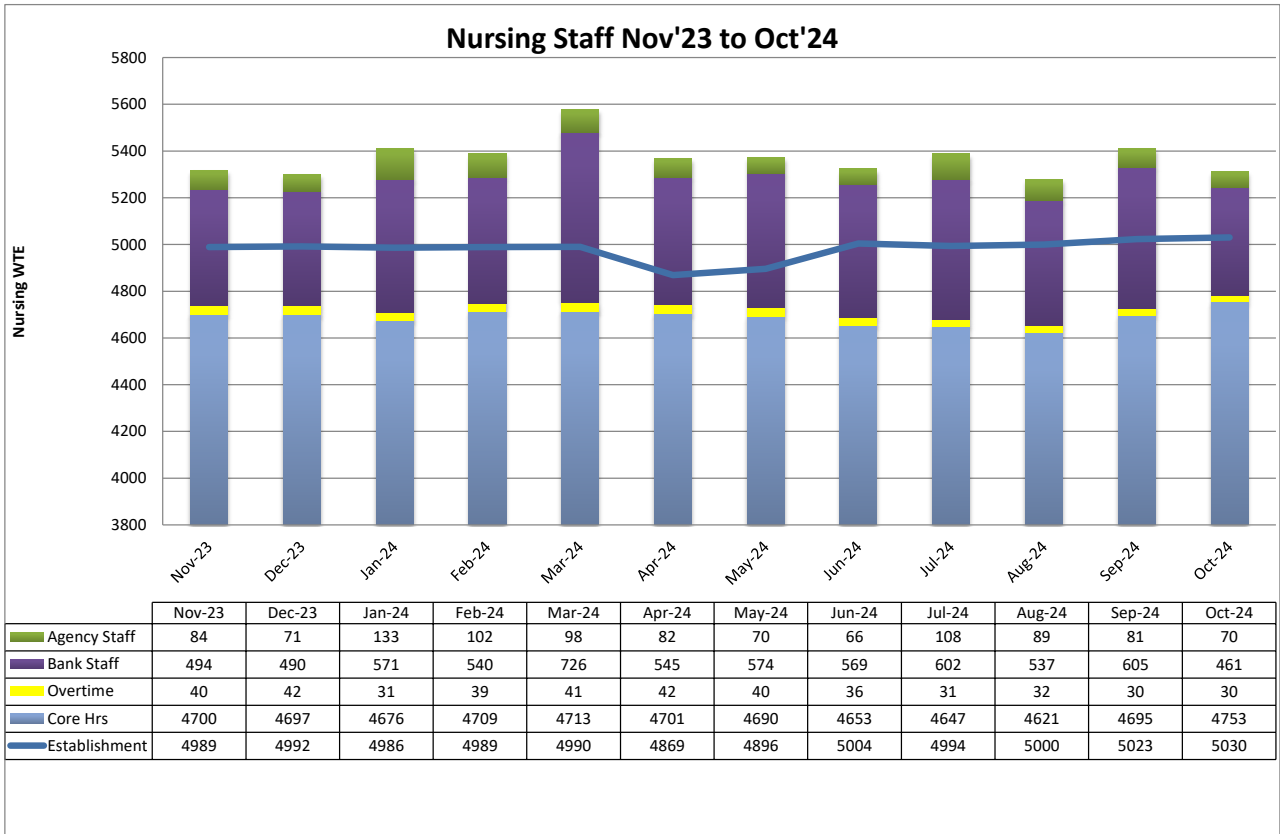
Nursing agency trend



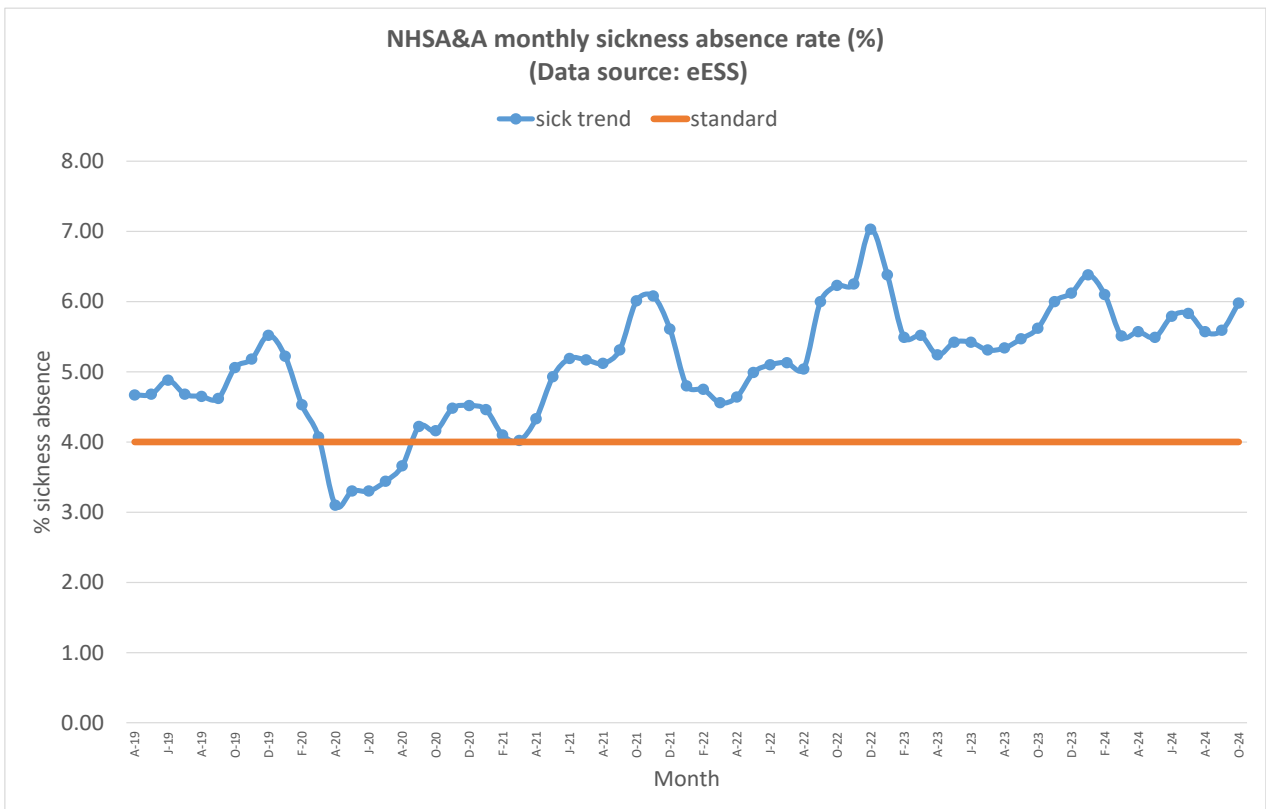
Medical Staffing breakdown



Nurse Staffing breakdown



Sickness Absence



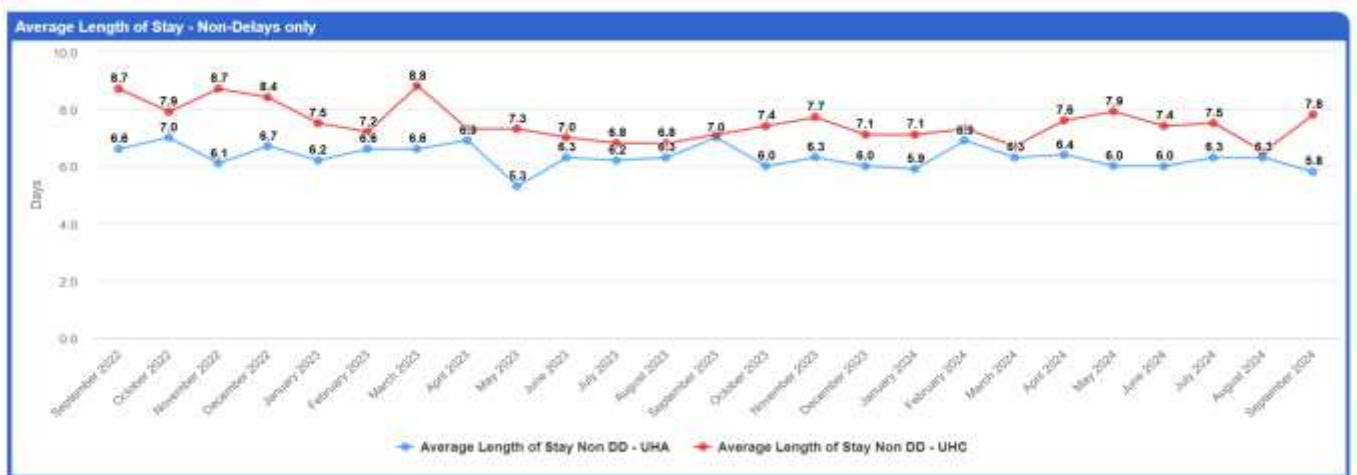
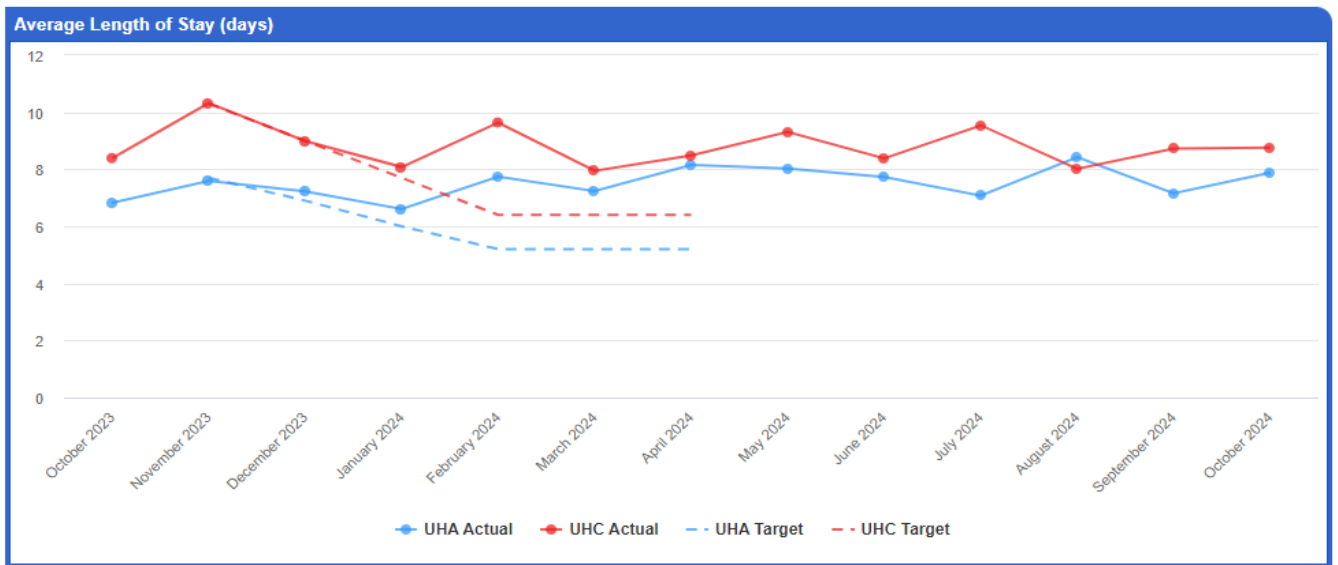
Annex C: Length of stay (LOS)

The Board is implementing an Urgent and Unscheduled Care Recovery Plan – Workstream 2 is Reducing Acute LoS. Key targets are:

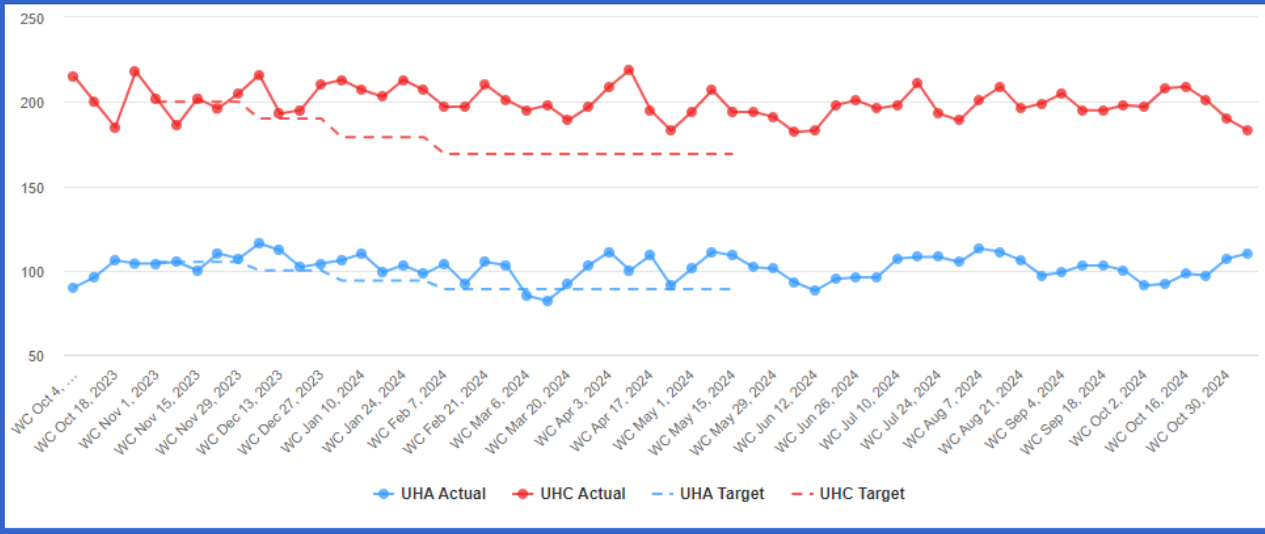
- Reduction in overall hospital average LoS
- Reduction in average LoS in General Medicine wards
- Reduction in number of patients with a length of stay of over 14 days
- Increase in pre-noon discharges
- Reduction in number of unfunded beds open
- Reduction in core occupancy
- Increase in weekend discharges
- Increase in proportion of inpatients with a planned date of discharge (PDD)
- Increase in care home discharges

Since March 2024 the overall length of stay in our acute hospitals has increased with delayed discharges of South Ayrshire patients rising in this period.

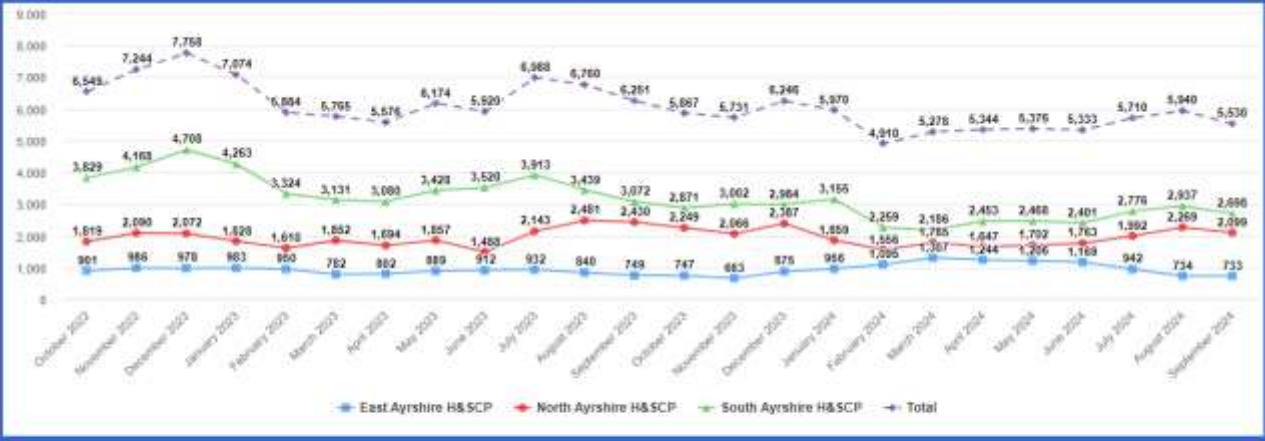
Length of stay trend



Patients with LOS > 14 days (weekly census)



Monthly number of occupied bed days due to delayed discharge (all delay reasons)



East Ayrshire H&SCP

September 2024 result

733

North Ayrshire H&SCP

September 2024 result

2,099

South Ayrshire H&SCP

September 2024 result

2,698

All Ayrshire Residents

September 2024 result

5,530