

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 31 March 2025
Title:	Financial Management Report for the 11 months to 28 February 2025
Responsible Director:	Derek Lindsay – Executive Director of Finance
Report Author:	Rob Whiteford – Assistant Director of Finance

1. Purpose

This is presented 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 has overspent by £49.5 million in the 11 months ended 28 February 2025. The Board's end of year forecast has remained stable at a deficit of £51.0 million. The Board will not meet the statutory requirement to breakeven in 2024/25 but does expect to remain within the revised brokerage cap of £53.5 million. It is acknowledged by the Board that the brokerage cap was revised up from £27.7 million.

Delivery against the Board's efficiency programme continues to improve, against a backdrop of significant operational and workforce pressures. However, it is also acknowledged that the achievement of CRES in 2024/25 has required non-recurrent mitigations to secure that position.

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 projected year-end deficit is £51.0 million.

2.3 Assessment

REVENUE

The key points from the Board finance report are:

- Acute Services are £32.7 million overspent. Pay costs are £18.1 million more than budget. Supplies costs are overspent by £11.2 million. The impact of unachieved cash releasing efficiency savings (CRES) from previous years is an additional £2.0 million. The total of unachieved CRES is £2.2 million, recovery plans are in the process of being compiled for 2025/26.
- The acute supplies overspend mainly comprises theatre and surgical sundries (£4.0 million), diagnostic supplies overspend (£0.8 million), medicines overspend (£2.5 million), equipment (£1.2 million) and taxi/private ambulance overspend (£0.8 million). The surgical sundries overspend increased in Month 11 as funding for insulin pumps and consumables was lower than anticipated. In addition, expenditure in month 11 on insulin pumps was higher than in previous months.
- Around £8.2 million of the Acute pay overspend can be aligned in part to the unfunded beds that have been essential to support current demand and longer lengths of stay than planned throughout unscheduled care. A further £5.7 million is additional staffing costs within the Emergency Departments and Combined Assessment Units at Crosshouse and Ayr Hospitals which is linked to the additional staff required to manage the congestion within both departments as patients cannot be moved into an inpatient bed as required. Considerable improvements were made in November. However, December was a very challenging operational month, and this has carried on into 2025. Additional capacity was required, and previously closed beds have reopened.
- The New Medicines Fund is overspent by £8.1 million at Month 11 and is likely to overspend by around £8.8 million by year end. This is 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 result in a £13.1 million deficit in reserves after 11 months with a full year deficit projection of £12.5 million. All additional funding has been included in the position.
- The three Integration Joint Boards (IJBs) set budgets to operate within their available financial resources including the use of reserves in some cases. Attached as Appendices B, C and D are the most recent finance reports for East, North and South Ayrshire IJBs. North IJB have notified the Health Board of a likely overspend. A £1.309 million contribution towards health overspends in North Health and Social Care Partnership is included in our forecast position.

CRES

- The Board is required to 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 whilst Integration Joint Boards planned savings of £4.2 million. £20.2 million has been achieved by the Health Board as at the 28 February 2025.
- The full year forecast savings position for the Health Board has improved by £0.6 million during the period with £25.5 million forecast to be achieved by the

year end. Not all of these savings are recurring. The £22.0 million shown in 2.17 does not include savings from IJBs delegated health budgets. These are shown in paragraph 2.18.

- The CRES programme achieved so far and forecast to be delivered this year is the highest the Board has achieved in its history. However, it is acknowledged that this has been achieved through additional investment and one off non-recurrent savings as there have been areas of under delivery in the current CRES programme.
- Viridian were engaged to support delivery of the CRES programme from August 2024. Whilst a clear plan of deliverables was agreed, it has been necessary to re-purpose and prioritise capacity to support other key areas. This action was required to de-risk the programme where delivery plans were not sufficiently developed, most notably operational plans that would secure the sustainable closure of unfunded beds.
- Significant progress has been in improving patient flow, for example through the implementation of the “SAFER” methodology, patient cohorting into newly established non-medical ward areas and a range of other measures.
- The 2025-26 efficiency programme is also being developed and re-launched with a proposed shift to a more transformative, clinically led, value-based efficiency approach with more focus on acute operational efficiencies and stronger integration across devolved services.

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 £51.0 million, noting the content of section 2.2 above.

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.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report:-

- Corporate Management Team, virtually with feedback by 18 March 2025
- Performance Governance Committee Light – 26 March 2025

2.4 Recommendation

For discussion. Members are asked to:

- Review the financial position for the 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 the stable financial forecast in Month 11.
- Note risks related to delivery of the planned savings.

3. List of appendices

The following appendices are included with this report:

Appendix A: Finance Report – Month 10

Annex A: CRES Savings Plan 24/25

Annex B: Key workforce data

Annex C: Length of Stay data

Appendix B: [East Ayrshire Health and Social Care Partnership Financial Management Report](#)

Appendix C: [North Ayrshire Health and Social Care Partnership Financial Management Report](#)

Appendix D: [South Ayrshire Health and Social Care Partnership Financial Management Report](#)

Appendix A

NHS Ayrshire & Arran – Finance Report February 2025

1. Overall Financial Position

- 1.1 The Board is £49.5 million overspent for the eleven months ended 28 February 2025.

Summary Financial Position

Department	Annual Budget £000	YTD Budget £000	YTD Spend £000	YTD Variance £000	Forecast £000
Acute	462,460	422,168	454,826	(32,658)	(35,327)
New Medicine Fund	16,690	15,299	23,438	(8,139)	(8,800)
Pharmacy	12,378	11,438	11,681	(243)	0
UNPACs	1,904	1,738	525	1,213	1,320
Acute and Clinical Services	493,432	450,643	490,470	(39,827)	(42,807)
ISS (Operational)	66,767	61,079	60,656	423	423
ISS (Corporate)	65,222	52,437	52,977	(540)	(540)
Corporate Services	41,744	36,750	34,142	2,608	3,371
Non Clinical Support Services	173,733	150,266	147,775	2,491	3,254
Centrally Managed Resources	2,144	1,721	772	949	2,328
Reserves	(11,557)	(13,071)	0	(13,071)	(12,455)
Centrally Managed Resources	(9,413)	(11,350)	772	(12,122)	(10,127)
NHS A&A Health Board Total	657,752	589,559	639,017	(49,458)	(49,680)
East Hscp	249,314	223,150	221,413	1,737	0
North Hscp	193,597	174,669	177,207	(2,538)	(1,309)
South Hscp	109,842	100,285	100,630	(345)	0
(Over)/underspends belonging to IJBs	0	0	(1,146)	1,146	0
NHS A&A Total inc HSCPs	1,210,505	1,087,663	1,137,121	(49,458)	(50,989)

Performance against key Scottish Government targets

The Board will not meet the statutory requirement to breakeven and forecasts a deficit of £51.0 million in 2024/25. This is unchanged from the Month 10 forecast.

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.

The Board is required to deliver recurring efficiency savings of £26.5 million which is 3% of the Board's baseline recurring funding. Planned savings total £24.1 million, which excludes £4.2 million of planned savings by IJB partners on health budgets. Forecast delivery against the £24.1 million is £22.0 million. Including IJB forecast savings forecast delivery against the £26.5 million target is £25.5 million.

Scottish Government Allocations

The total revenue resource allocations received from Scottish Government are £1.110 billion. In addition, we anticipate around £67.0 million of Family Health Services resource (Pharmacists, Dentists and Opticians fees), £28.8 million of non-core revenue and £1.0 million allocation deductions. The table below shows allocations received in January. £2.2 million of additional funding from Scottish Government is expected in Month 11. Scottish Government have separately notified us of a further reduction of £1.4 million in expected CNORIS charges. The benefit of both is included in the forecast outturn in section 1.1 above.

	Baseline Recurring	Earmarked Recurring	Non-recurring
	£	£	£
Cumulative revenue allocations to end January	990,040,004	39,332,953	80,721,267
February Allocations			
Distinction Awards for NHS Consultants	0	36,369	
GSUM contribution	0	-343,838	0
Single Point of Contact	0	33,778	0
Long COVID Support - Tranche 2	0	0	47,712
Young Patients Family	0	0	16,220
AfC Reform Costs	0	0	2,186,451
Scottish National Radiology Reporters Service Top Slice 24	0	0	-57,446
Junior Doctors 24-25 Pay Award	1,805,822		
SAS 24-25 Pay Award	543,444		
Core Revenue Resource Limit	992,389,270	39,059,262	82,914,204

2. Acute Services – analysis by cost category

2.1 The annual budget for Acute Services is £462.4 million. The directorate is £32.7 million overspent against its year-to-date budget after eleven months.

Category	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Pay	342,838	314,191	332,294	(18,103)
Supplies	67,686	61,900	73,141	(11,241)
Purchase of Healthcare	91,938	82,487	84,146	(1,659)
Provision of Healthcare	(36,619)	(33,276)	(33,529)	253
Operating Income	(1,179)	(1,114)	(1,226)	112
Unallocated Savings	(2,204)	(2,021)	0	(2,021)
Total	462,460	422,167	454,826	(32,658)

2.2 Pay is £18.1 million overspent:

- **Nursing pay** is £11.5 million overspent, with the overspend in Month 11 being £1.2 million. £8.2 million of the cumulative overspend is on unfunded beds and a further £4.1 million is within Emergency Departments and Combined Assessment Units. Nursing agency spend within acute is £7.1 million in the first eleven months of the year. The use of registered agency nursing halved in November, however it has significantly increased since then reflecting the challenging operational position during the last three months.

- The location of agency where the cost exceeded £40,000 in February is shown below:

Row Labels	Agency M11 £
Chouse Combined Asst Unit Nrs	81,290
Chouse A + E Dept Nrs	76,742
Xhouse Covid 4e	41,548
Ayr St 12 Medicine Nrs	41,399
Chouse Ward 2b Ortho	41,106

- Medical pay** was £6.7 million overspent, in part due to locum costs of £5.4 million and Glasgow bank costs of £1.3 million. New controls for requesting additional medical locums or additional duty hours are now in place with executive approval required.

Workforce data is set out in Annex B.

- 2.3 Supplies are £11.2 million overspent. Theatres are the single biggest use of supplies in the surgical division with Surgical Sundries overspent by £4.0 million. There is an increased focus on non-pay budgets within the surgical budgetary reviews. We are working with Viridian to introduce more robust processes.

Diagnostic supplies are cumulatively £0.8 million overspent. Activity levels in biochemistry have significantly increased above budgeted levels. This also includes the unfunded costs of additional tests outwith Ayrshire. Nevertheless Months 10 and 11 have remained marginally within budget.

Acute medicines are £2.5 million overspent – the main reasons are additional and unfunded beds (£0.34 million), increased use of monoclonal antibodies in accordance with new guidance in a number of specialties and overspends on cancer medicines (£0.7 million).

Purchase of healthcare is £1.7 million overspent after 11 months. £0.8 million is due to outsourcing of medical imaging for out of hours services and to meet waiting list demand. Pathology also outsource to meet service demands.

2.4 Acute Service – analysis by department

Department	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Medicine	83,335	76,464	88,405	(11,941)
Emergency Crosshouse	38,113	34,920	43,838	(8,918)
Emergency Ayr	17,814	16,299	19,059	(2,760)
Surgery	130,263	119,113	123,769	(4,657)
Labs & Diagnostics	45,668	41,752	44,528	(2,776)
Women and Children	47,987	43,926	45,599	(1,674)
Other	99,280	89,694	89,627	67
Total	462,460	422,168	454,826	(32,658)

Medicine is overspent by £11.9 million. This overspend is driven by unfunded beds and medical workforce costs caused by rota gaps.

- 2.5 Emergency Care is overspent by £2.8 million at University Hospital Ayr and £8.9 million at University Hospital Crosshouse. This is driven by staffing requirements. It includes costs in the Clinical Assessment Units which require additional nurses from the in house nurse bank and external agency to ensure compliance with safer staffing requirements. The overspend at University Hospital Crosshouse includes the Orthopaedic trauma wards. Ward 5A is an unfunded ward and has incurred £2.6 million of costs.
- 2.6 Surgery is £4.7 million overspent with most of this being on supplies - primarily in theatres at University Hospital Crosshouse including for robotic surgery and elective orthopaedics at University Hospital Ayr. Consultant vacancies at University Hospital Ayr cause reliance on Agency locums. There are also high levels of sickness absence on the middle grade rota at University Hospital Crosshouse.

Unfunded additional capacity

- 2.7 Station 1, Ward 5A, Ward 4E and Ward 3F have remained open during January and February, although originally planned to close by now. Station 3 at Ayr was vacated by Vascular patients when the inpatient service moved to Hairmyres Hospital. However, it has now had to reopen for medical patients.
- 2.8 Operational challenges in December have carried on into January and February. Ayr had 24 additional beds open between Station 8 and Station 12 every day. In addition an average of 4 additional beds were opened on the Medical Day Unit and an average of 9 on Station 11. Crosshouse continued with 78 unfunded beds open in February, and in addition 24 full capacity beds were open each day on average. The SAFER programme in Crosshouse is progressing well and early indications show a reduction in Length of Stay (LoS) across two wards by 2.5 days each. This LOS is the lowest all year for the relevant wards. The cohorting of patients in the active wards is also demonstrating a reduction in LoS in other areas. However, the patients in active wards have their discharge delayed awaiting social care provision.

The spend on unfunded beds after 11 months is shown in the table below.

		Total
Spend on unfunded wards		£000
UHA	Station 1	1,916
UHA	Station 3	340
UHC	5a	2,620
UHC	4e	2,373
UHC	3F	926
Sub Total Complete Wards		8,175

- 2.9 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.

- 2.10 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

- 2.11 The New Medicines Fund overspent by £8.1 million after 11 months. The new medicines fund is likely to overspend by c£8.8 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)

- 2.12 Infrastructure and Support Services budgets are separated between those which are operational service provision (such as estates, hotel services and digital services), 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 £132.0 million. Operational I&SS services are underspent by £0.4 million whilst Corporate I&SS services are overspent by a £0.5 million due to high energy costs.

Corporate Services

- 2.13 Other corporate services have budgets of £41.8 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 in aggregate by £2.6 million after 11 months.

Centrally Managed Resources

- 2.14 Centrally Managed Resources are budgets not owned by any of our Directorates. Examples include CNORIS, insurances, VAT recoveries, excess travel, compensation payments and resources top sliced from NHS Ayrshire & Arran budget to provide services elsewhere through National Services Division. These are underspending following notification of a reduced CNORIS contribution.

- 2.15 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 £12.5 million over commitment on reserves as a result of legacy deficits offset by uncommitted budgets.

Health and Social Care Partnerships (HSCPs)

- 2.16 Currently the combined overspend for HSCPs is £1.1 million. Underspends belong to Integrated Joint Boards (IJBs) rather than NHS Ayrshire and Arran, as do overspends able to be covered from IJB reserves. North IJB have notified the Health Board of a likely £1.309 million overspend on health budgets, which is included in our forecast position.

Efficiency and Transformation Programme

2.17 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 of £4.2 million are not included. The Board is required to achieve a minimum of 3% - £26.5 million including IJB CRES.

2024/25 – delivery against the CRES target

	Annual Target	M11 YTD Achieved		Forecast
Area	£000	£000	Risk	£000
Service level agreements	2,100	1,925	None	2,100
Waiting times	4,000	3,664	None	4,000
Acute prescribing	2545	2,506	Low	2,689
Primary care prescribing	4050	3,632	Low	3,980
Ward Closures 4E and Station 1	2283	0	None	0
Bed Reductions ward 5A, CAU, ED	2868	153	High	153
Close ward 3F Crosshouse	1085	167	Medium	167
Full capacity Bed Reductions Ayr	2203	1,188	Medium	1,320
Reduce agency doctors	1000	466	Medium	500
Taxis, medical records	191	183	None	191
Estates rationalisation	50	46	None	50
Procurement	300	346	Medium	377
Public Health	262	240	Low	262
Medical Director	130	119	Low	130
Nurse Director	132	130	Low	132
ISS	679	619	Low	683
Finance	130	119	Low	130
Pharmacy	125	115	Low	125
Discretionary Spend Controls	0	34	None	42
Workforce Controls	0	833	Medium	1,000
Capital to Revenue Transfer	0	550	None	550
Workforce Efficiencies	0	3,159	Low	3,446
Sub Total Health Board	24,135	20,192		22,026

Both sites made substantial progress in addressing bed reductions in November, but the subsequent 3 Winter months have proved extremely challenging operationally, necessitating additional capacity. See section 2.8. This has impacted delivery of CRES through bed reductions. We have been able to partially offset this by the inclusion of non-recurring Workforce Efficiencies derived from the implementation of AFC Reform totalling £3.2 million to date, with a full year forecast of £3.4 million.

The rate of sickness absence has impacted significant achievements in managing agency doctors. Nevertheless, the work done in this area has enabled us to recognise a saving of £0.466 million in the year to date and forecast achievement of £0.5 million.

Both Primary and Acute medicines figures are based on Month 9 (Quarter 3) information. Confirmation of Quarter 4 achievement will follow when source information is available.

2.18 IJBs are responsible for delivering their CRES. However, as the Board 3% target is based on our recurrent baseline, we require to report on IJB progress against their CRES targets. This is shown in the table below.

	Annual Target	M11 YTD Achieved	Risk	Forecast
Health Board as in section 2.18	24,135	20,192		22,026
East IJB NHS Savings	1,500	1,375	Low	1,500
North IJB NHS Savings	2,479	1,556	Low	1,718
South IJB NHS Savings	221	220	Low	241
Total NHS Ayrshire and Arran	28,335	23,343		25,485

2.19 Viridian are providing significant business intelligence capacity to support development of the efficiency initiatives and right-size establishments. Examples include:

- Daily bed modelling tool
- Theatres efficiency dashboard
- Workforce establishment dashboard
- Agenda for Change (Nurse) rostering dashboard
- Variable pay dashboard
- Diagnostic productivity dashboard

3. RISKS

3.1 Ayrshire and Arran Health Board is unique in Scotland in holding the financial risk associated with primary care prescribing. Spend information against this £94.9 million budget is two months in arrears. Short supply issues and volatile pricing are not within local control. Primary Care Prescribing is £1.7 million overspent after 9 months. The current forecast is a £2.5 million overspend at the year end, however there is a considerable risk this will deteriorate further.

3.2 North IJB have asked for £1.309 million financial support from the Health Board as they forecast a deficit at year end. There is further risk of £2.3 million relating to invoices raised to external Councils for Learning Disability patients in Woodland View. Their discharge has been delayed however the Councils are refusing to pay.

3.3 Winter pressures may cause the financial position to deteriorate further. The Acute forecast is based on overspending by £2.7 million in Month 12.

4. ACTIONS

The following summary lists the actions taken and long-term changes made to the Boards approach to developing and delivering service improvement and CRES:

- Moved to a continuous improvement model (Viridian supported) to deliver CRES through an operationally driven pipeline of service improvement and service reform throughout NHS Ayrshire & Arran. A positive move away from the budget reduction.
- New monthly meetings to enable the development and delivery of service improvement projects, inclusive of pipeline projects (Improvement Programme Steering Group – the creation of the IPSG)

- Monthly Finance Improvement and Scrutiny Group, supplemented with CMT meetings every two weeks. (ToR agreed, revised governance structure in place. An internal audit CRES action, External Audit action)
- Vacancy control panels in all directorates
- Operational Grip and Control measures. Limited hospitality, senior authorisation of overtime, halt to any non-essential work.
- Compliance with the 15 box Grid. Updated Quarterly to the Scottish Government
- Medicine management reviews are continuous, the cost pressures in primary care are actively being investigated for any opportunities to influence the in-year over-spend.
- Capital to revenue opportunities in-year and future planning
- Medical Workforce. Back to basics2. Team and on-call medical workforce reviews to reduce and overtime remove any inconsistency in rates of pay.
- Nursing and AHP review. Workforce group dedicated to reducing agency and any additionality, inclusive of overtime.
- Acute workforce review. Inclusive of options for five day working over 7 days to improve consistency of offer.
- Dedicated workforce group in place to review of workforce gaps a solutions
- E-Rostering rollout (Viridian supported)
- Realistic medicines management project. Put in place projects to enable service change and improvement to ensure best value health care is aligned to clinically led ambitions and principles as described within the Caring for Ayrshire strategy

Annex A – CRES savings plan – 2024/25

Improvement Programme Overview (£m)												
Workstream	Plan		Year to Date (M11)			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)
UHA Div Imp Prog	10.287	9.931	9.340	7.630	-1.710	7.630	8.352	-1.935	7.303	0.693	7.997	-1.934
UHC Div Imp Prog	5.867	5.867	5.179	1.477	-3.702	1.477	1.617	-4.250	1.157	0.140	1.298	-4.569
Woman's & Children	0.050	0.050	0.045	0.075	0.030	0.075	0.080	0.030	0.075	0.004	0.080	0.030
Infrastructure	1.029	1.029	0.935	1.042	0.107	1.042	1.149	0.120	1.008	0.100	1.108	0.079
Corporate	2.851	2.851	2.624	6.338	3.714	6.338	6.847	3.996	2.629	0.220	2.851	0.000
Primary Care Prescribing	4.049	4.049	3.712	3.631	-0.081	3.631	3.979	-0.070	3.631	0.348	3.979	-0.070
Health & Social Care	4.200	4.200	3.812	3.150	-0.662	3.150	3.458	-0.742	3.150	0.308	3.458	-0.742
Total	28.334	27.978	25.648	23.343	-2.305	23.343	25.485	-2.851	18.957	1.813	20.771	-7.207

BRAG Status	Num	Last Report £m	Num	This Report £m
Blue	18	0.381	18	0.381
Green	55	16.725	54	17.467
Amber	32	7.151	31	6.463
Red	11	0.631	14	1.174
Total	116	24.888	117	25.485

Scheme Status	Num	Last Report £m	Num	This Report £m
Fully Developed	87	14.862	89	14.937
Plan In Progress	29	10.026	28	10.549
Opport	0	0.000	0	0.000
Unidentified	0	0.000	0	0.000
Total	116	24.888	117	25.485

Classification	Last Report £m	This Report £m
Pay	6.904	7.649
Non-Pay	17.887	17.740
Income	0.097	0.097
Total	24.888	25.485

Wordbook/QJA	Num	Last Report £m	Num	This Report £m
W/B Required	15	2.423	15	2.584
W/B Completed	11	1.387	10	1.386
QJA Required	8	1.536	8	1.597
QJA In progress	0	0.000	0	0.000
QJA Approved	2	0.000	2	0.000

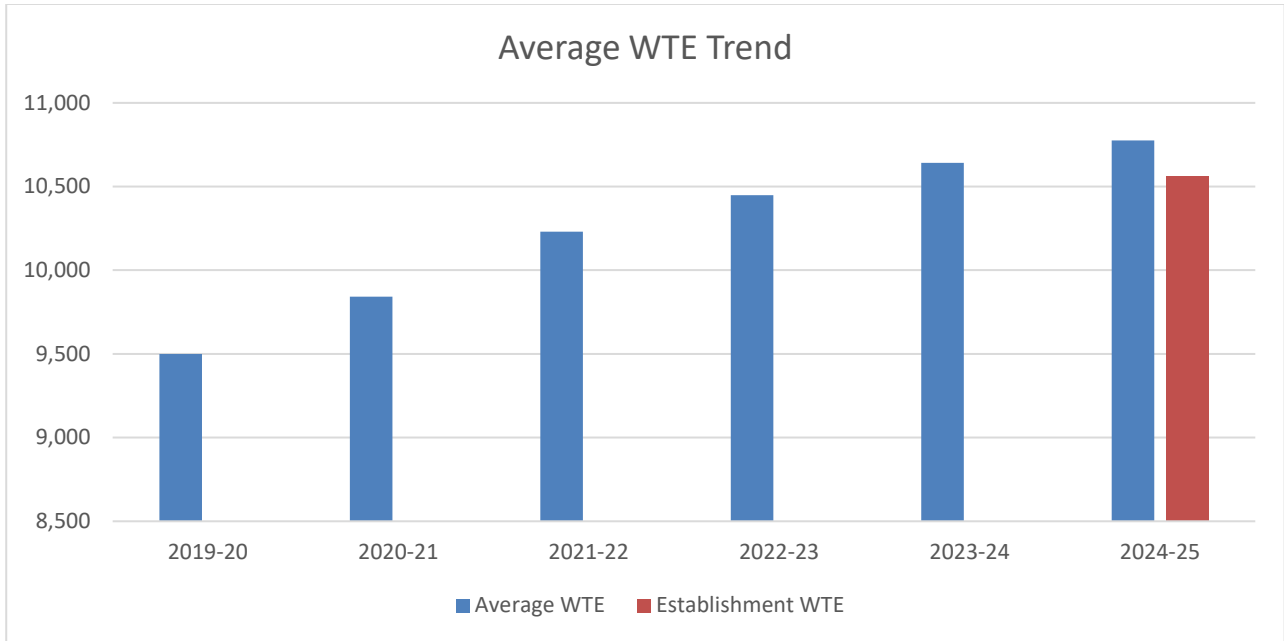
Pipeline Progress	Num	Last Report £m	Num	This Report £m
Ideas with No Value	44	0.000	45	0.000
Ideas with Value	54	8.800	49	4.100
Converted ideas	3	3.650	0	0.000
Total	101	11.178	94	4.100

Annex B: Key workforce data

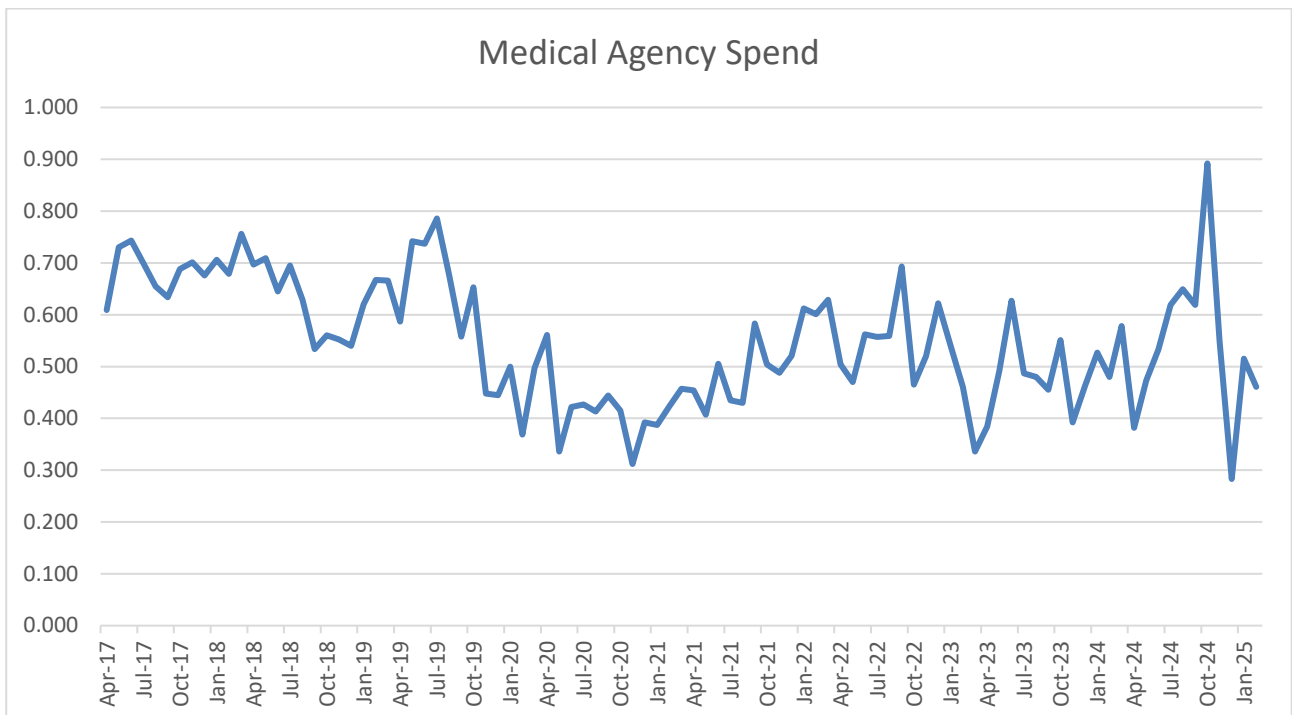
Key points:

- 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

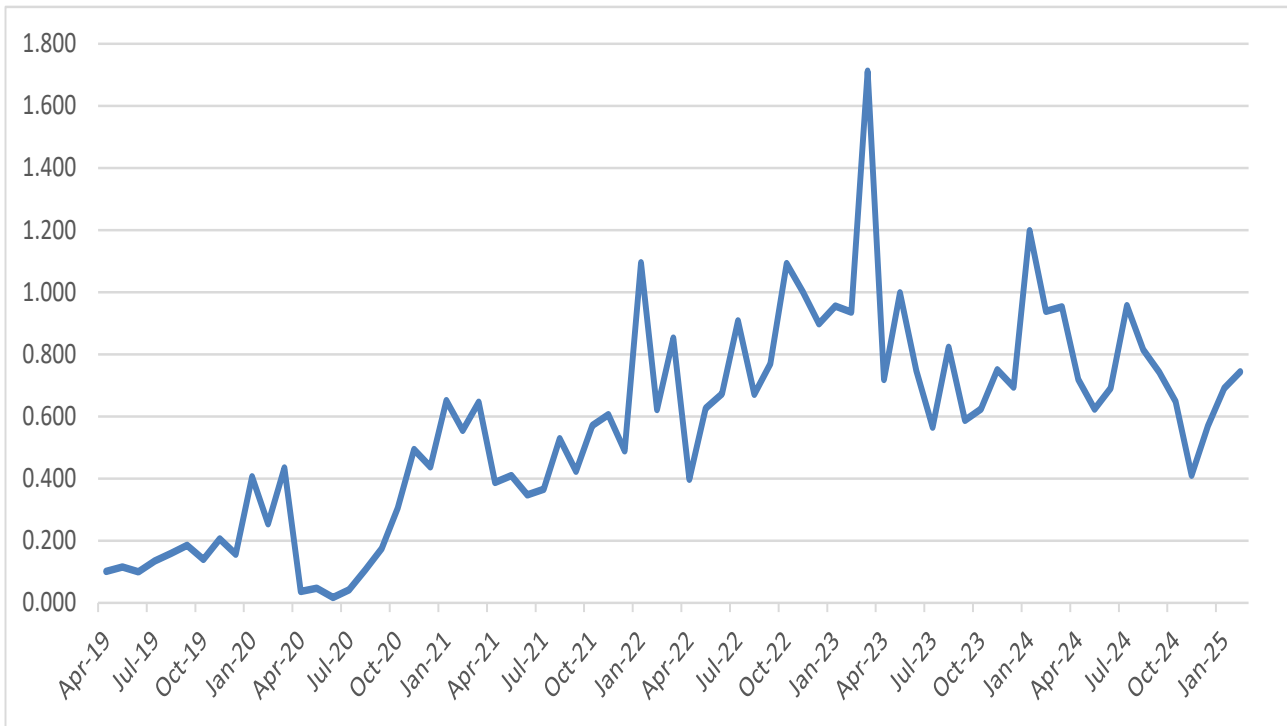
Average WTE trend



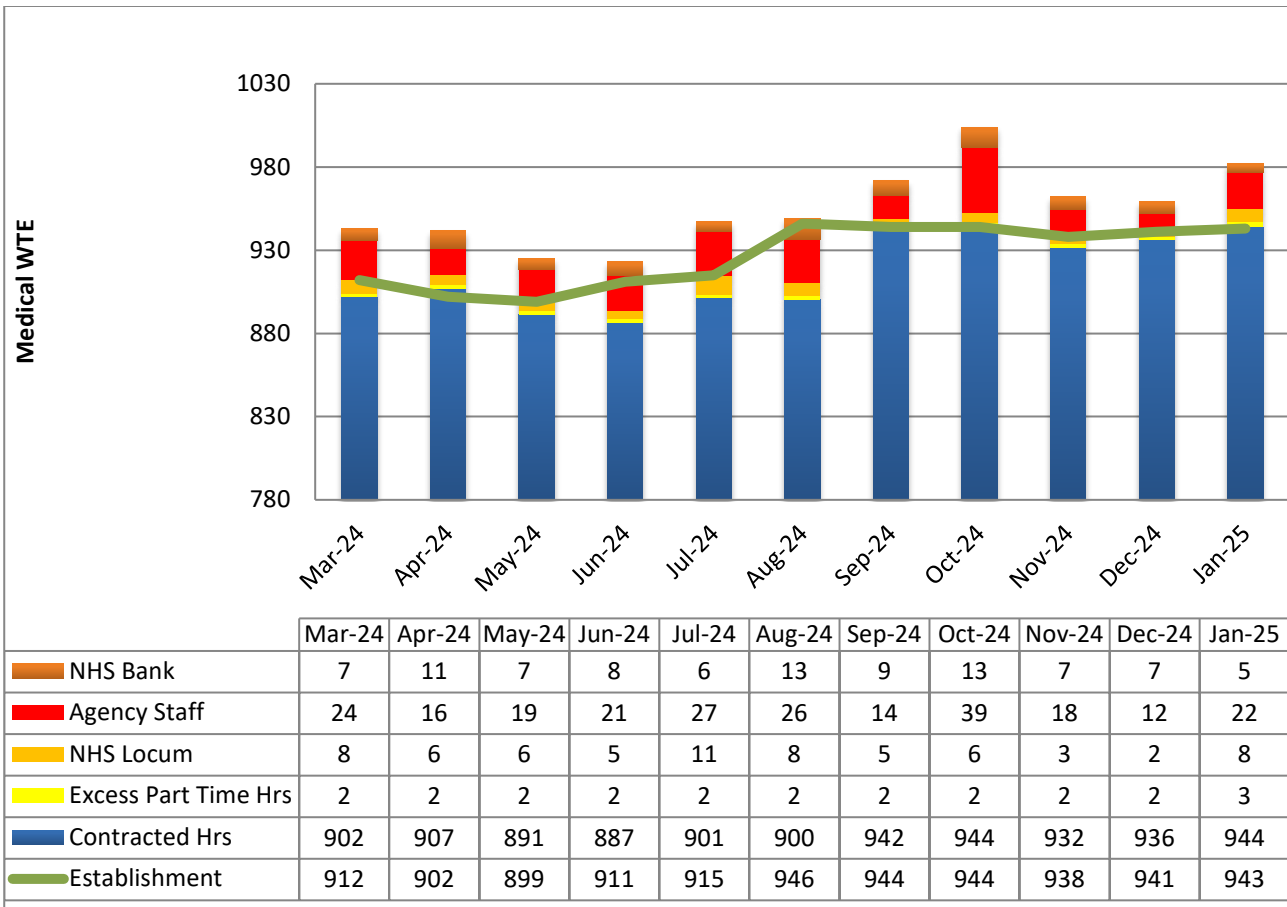
Medical agency trend



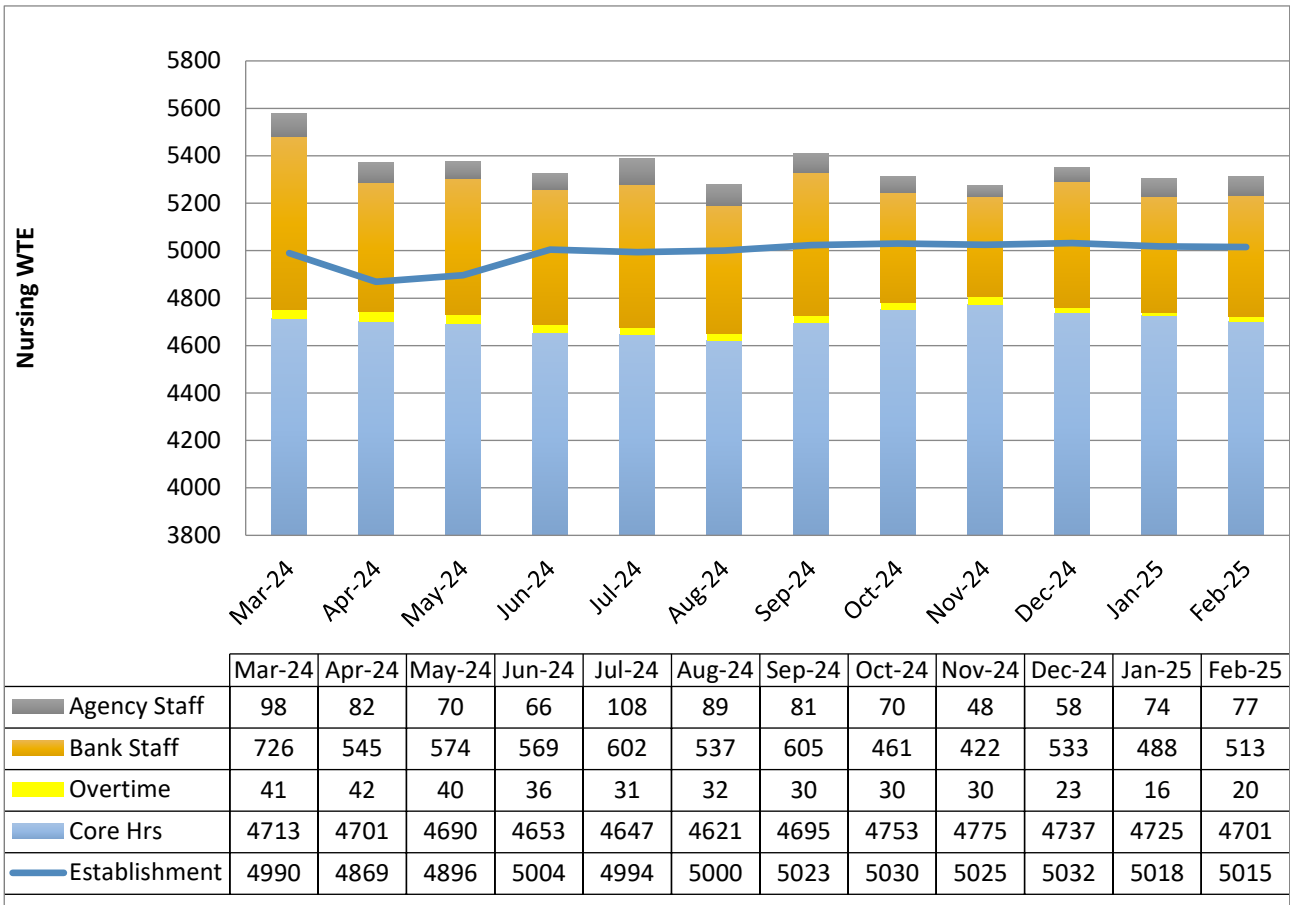
Nursing agency trend



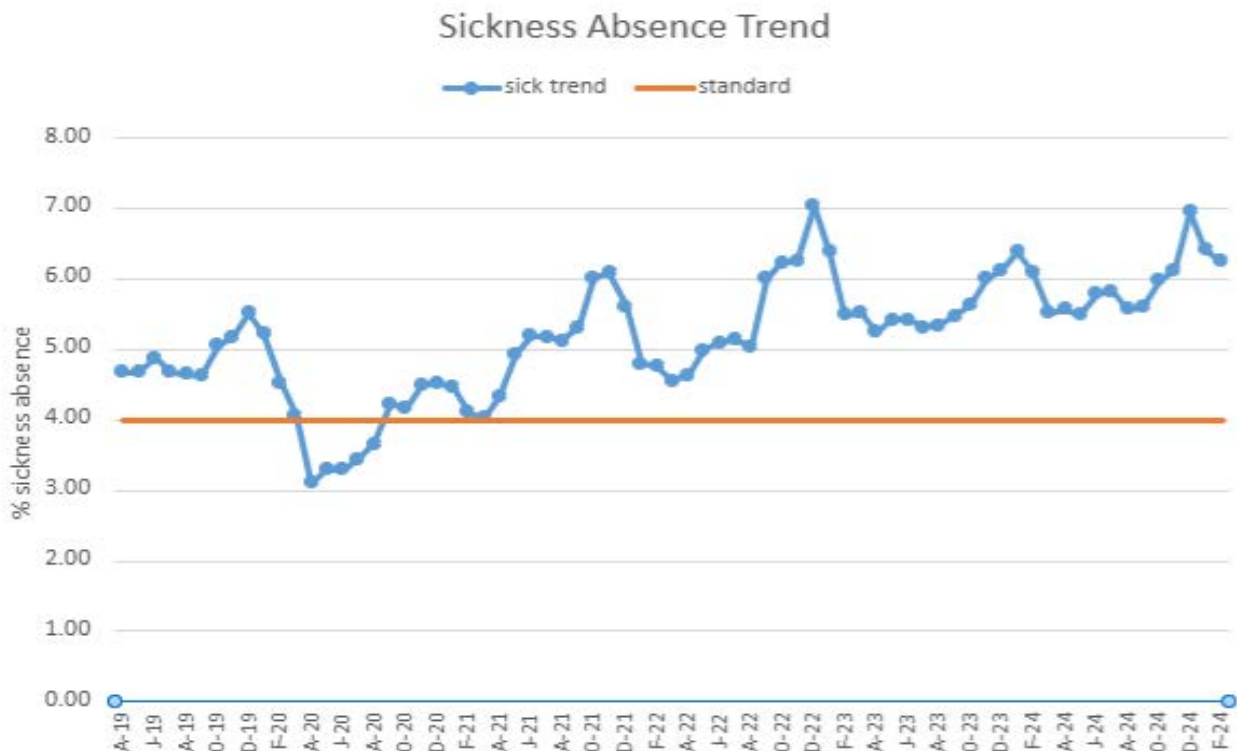
Medical Staffing breakdown



Nurse Staffing breakdown



Sickness Absence



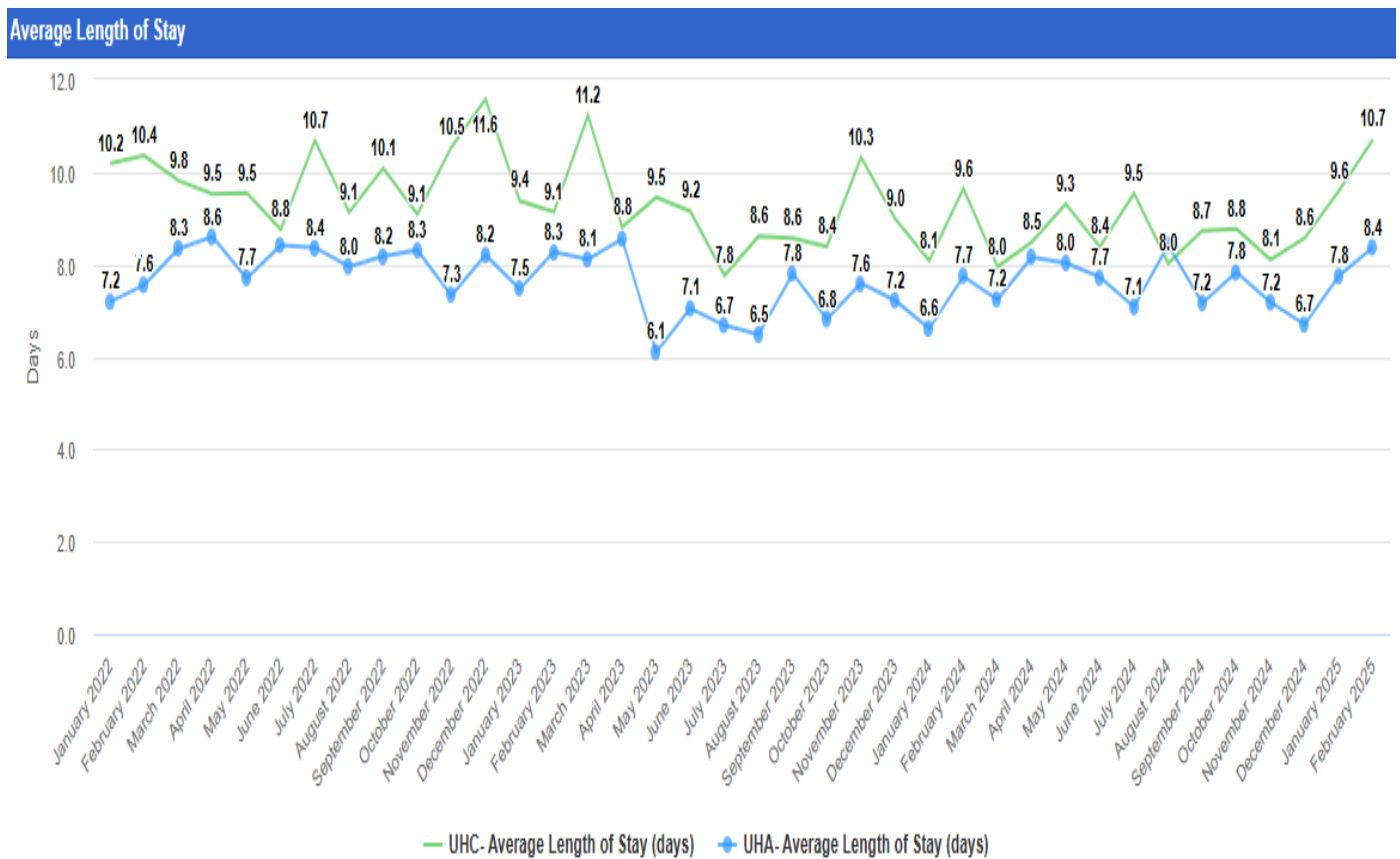
Annex C: Length of stay (LOS)

Key targets are:

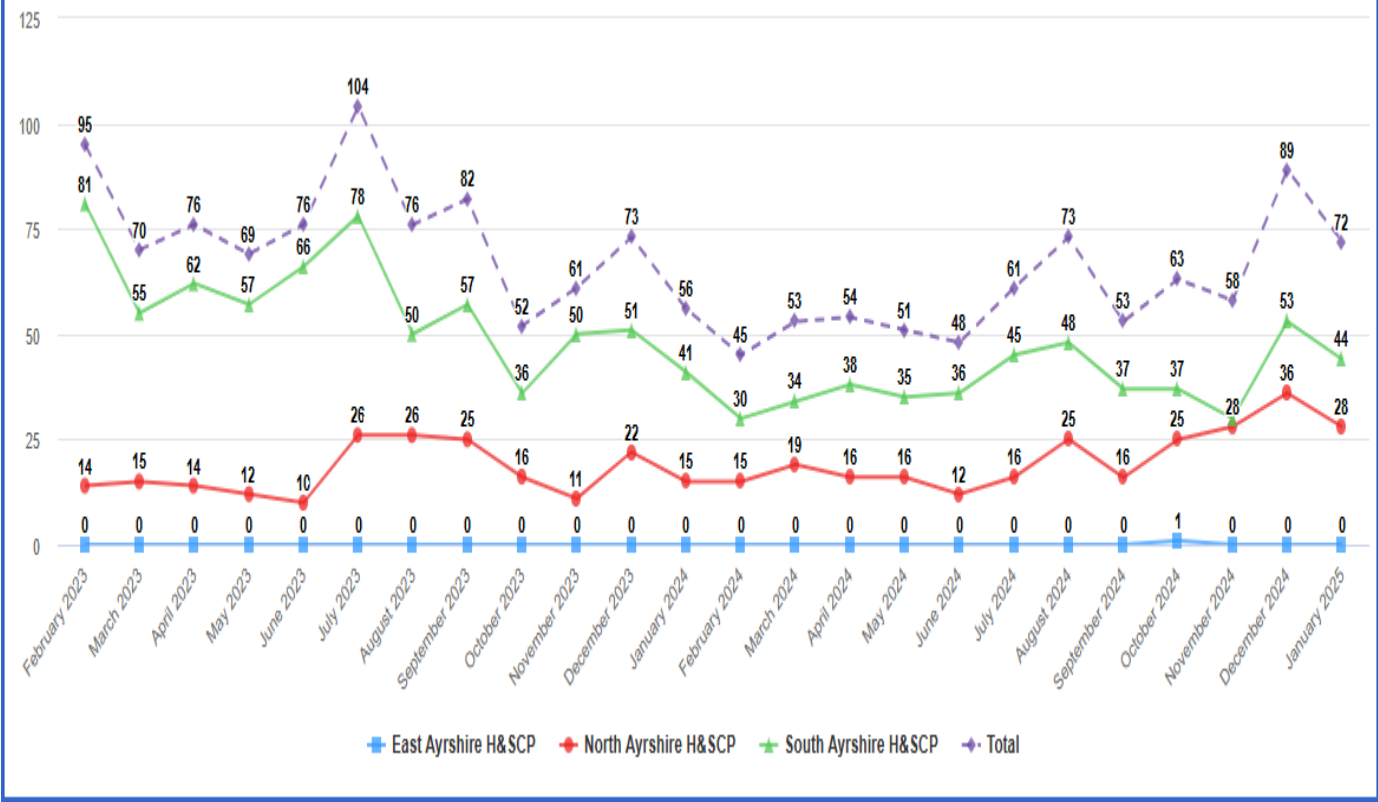
- Reduction in overall hospital average LoS
- Reduction in average LoS in General Medicine wards
- Reduction in number of patients with a length of stay of over 14 days
- Increase in pre-noon discharges
- Reduction in number of unfunded beds open
- Reduction in core occupancy
- Increase in weekend discharges
- 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



Monthly numbers of delayed discharges over 2 wks, excluding code 9



Monthly total numbers of delayed discharges (all delay reasons)

