

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 2 June 2025</b>
<b>Title:</b>	<b>Financial Management Report for the twelve months to 31 March 2025</b>
<b>Responsible Director:</b>	<b>Derek Lindsay – Executive Director of Finance</b>
<b>Report Author:</b>	<b>Rob Whiteford – Assistant Director of Finance Vicki Campbell – Director of Acute Services</b>

## 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 overspent by £51.3 million in the year ended 31 March 2025. This is in line with the £51.0 million forecast in Month 11. The Board will did not meet the statutory requirement to breakeven in 2024/25 but did remain within the revised brokerage cap of £53.5 million.

While the Board achieved £26.8 million of savings, about £8.9 million of them were non-recurring as they were substitutes for not having closed the unfunded beds in acute hospitals. The Scottish Government target was for 3% recurring cash releasing efficiency savings (£26.5 million) therefore this target was not achieved in 2024/25. Viridian Associates have worked with the Board in 2024/25 to develop a more robust approach to delivering cash releasing efficiency savings.

### 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 year-end deficit was £51.3 million, however having received brokerage of £51.4 million the annual accounts will show a small surplus for the year.

## 2.3 Assessment

### REVENUE

The key points from the Board finance report are:

- Acute Services are £36.9 million overspent. Pay costs are £21.2 million more than budget. Supplies costs are overspent by £12.9 million.
- The acute supplies overspend mainly comprises theatre and surgical sundries (£4.2 million), diagnostic supplies overspend (£1.3 million), medicines overspend (£2.5 million) and equipment (£1.4 million).
- Around £9.1 million of the Acute pay overspend is on unfunded beds to support unscheduled care. A further £6.4 million is additional staffing costs.
- Acute services have undertaken a line by line budget review as it was recognised that not all budgets were in line with any new service development agreements or growth.
- The New Medicines Fund overspent by £10.4 million. This was 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 and uncommitted budgets resulted in a £11.1 million deficit in reserves at the year end.
- 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 £1.8 million contribution towards health overspends in North Health and Social Care Partnership is included in our position.

### CRES

- While the Board achieved £26.8 million of savings, about £8.9 million of them were non-recurring as they were substitutes for not having closed the unfunded beds in acute hospitals. The Scottish Government target was for 3% recurring cash releasing efficiency savings (£26.5 million) therefore this target was not achieved in 2024/25. Viridian Associates have worked with the Board in 2024/25 to develop a more robust approach to delivering cash releasing efficiency savings.
- Viridian were engaged to support delivery of the CRES programme part way through the financial year. Whilst a clear plan of deliverables was agreed, it was necessary to re-prioritise capacity to support key areas. This was necessary to de-risk the programme where plans were not sufficiently developed, particularly regarding unfunded beds. Significant progress has been made in this area, 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 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 did not meet its statutory requirement to break even in this financial year and overspent by £51.1 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 year.
- Evaluate financial performance against the key Scottish Government targets.
- Note the position is in line with the Month 11 forecast.

## **3. List of appendices**

The following appendices are included with this report:

**Appendix A: Finance Report – Month 12**

**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 and Arran – Finance Report March 2025

#### 1. Overall Financial Position

- 1.1 The Board is £51.3 million overspent for the year ended 31 March 2025, assuming the contribution required to North IJB overspend is £1.8 million.

#### Summary Financial Position

Department	Annual Budget £000	Spend £000	Variance £000
Acute	462,607	499,458	(36,851)
New Medicine Fund	16,690	27,122	(10,432)
Pharmacy	12,378	12,463	(85)
UNPACs	1,904	581	1,323
<b>Acute and Clinical Services</b>	<b>493,579</b>	<b>539,624</b>	<b>(46,045)</b>
ISS (Operational)	66,639	65,862	777
ISS (Corporate)	66,089	66,858	(769)
Corporate Services	41,819	37,469	4,350
<b>Non Clinical Support Services</b>	<b>174,547</b>	<b>170,189</b>	<b>4,358</b>
Centrally Managed Resources	4,081	588	3,493
Reserves	(11,271)	0	(11,271)
<b>Centrally Managed Resources</b>	<b>(7,190)</b>	<b>588</b>	<b>(7,778)</b>
<b>NHS A&amp;A Health Board Total</b>	<b>660,936</b>	<b>710,401</b>	<b>(49,465)</b>
East HSCP	247,846	247,846	0
North HSCP	193,741	195,541	(1,800)
South HSCP	110,007	110,007	0
(Over)/underspends belonging to IJBs	0		0
<b>NHS A&amp;A Total inc HSCPs</b>	<b>1,212,530</b>	<b>1,263,795</b>	<b>(51,265)</b>

#### Performance against key Scottish Government targets

The Board did not meet the statutory requirement to breakeven and posted a deficit of £51.3 million in 2024/25. This was in line with the Month 11 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. This will now become £129.8 million.

The Board was required to deliver recurring efficiency savings of £26.5 million 3% of baseline recurring funding. Delivery against the £26.5 million target was £26.8 million, however not all of this was recurring.

## Scottish Government Allocations

The total revenue resource allocations received from Scottish Government are £1.114 billion. The table below shows allocations received in March. All allocations and deductions were as expected.

	Baseline Recurring	Earmarked Recurring	Non-recurring
	£	£	£
<b>Cumulative revenue allocations to end March</b>	<b>992,389,270</b>	<b>82,914,204</b>	<b>39,059,262</b>
<b>March Allocations</b>			
Learning Disabilities - Physical Adaptions			212,500
GJNH - Core top slice adjustment - Boards SLA's		(1,209,470)	
Alzheimer Scotland Dementia Consultants Programme	10,000		
Planned Care Recovery funding - £30m			717,440
National Treatment Centre - Fixed Costs			1,035,000
Level 3 Support			1,070,000
NSD - Non-Recurring Risk Share Top-Slice			(204,490)
National Diabetes Technology Programme (Tranche 2)		62,042	
<b>Core Revenue Resource Limit</b>	<b>992,399,270</b>	<b>81,766,776</b>	<b>41,889,712</b>

## 2. Acute Services – analysis by cost category

2.1 The annual budget for Acute Services is £462.6 million. The directorate overspent by £36.9 million against its annual budget.

Category	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Pay	343,459	343,459	364,631	(21,172)
Supplies	68,315	68,315	81,260	(12,945)
Purchase of Healthcare	90,610	90,610	91,588	(978)
Provision of Healthcare	(36,395)	(36,395)	(36,495)	100
Operating Income	(1,179)	(1,179)	(1,525)	346
Unallocated Savings	(2,204)	(2,204)	0	(2,204)
<b>Total</b>	<b>462,606</b>	<b>462,606</b>	<b>499,459</b>	<b>(36,852)</b>

2.2 Pay was £21.2 million overspent:

- **Nursing pay** was £13.5 million overspent. £9.1 million of the cumulative overspend is on unfunded beds. Nursing agency spend within acute was £7.85 million for the year. This is a reduction of £1.0 million on last year.
- The location of agency where the cost in 2024/25 exceeded £250,000 is shown below:

Area	Year Ended 31/03/25 £
Chouse Combined Asst Unit Nrs	1,050,873
Chouse A + E Dept Nrs	740,619
Chouse Intensive Therapy Nrs	698,686
Chouse Ward 2b Ortho	476,490
Chouse Ward 2a Ortho Nrs	373,362
Ayr St 12 Medicine Nrs	300,672
Chouse Ward 5a Orthopaedics	275,489
Ayr Combined Asst Unit Nrs	273,501
Chouse Ward 4e	251,343

- **Medical pay** was £7.7 million overspent, in part due to locum costs of £5.8 million and Glasgow bank costs of £1.5 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 £12.9 million overspent. Theatres are the single biggest use of supplies in the surgical division with Surgical Sundries overspent by £4.2 million. We are working with Viridian to ensure that the budget matches the demand since becoming a Trauma Centre in 2021. Areas of overspend include orthopaedic implants, consumables for robotic surgery and consumables for expanded number of insulin pumps for type 1 diabetic patients.

Diagnostic supplies were £1.3 million overspent. Activity levels in biochemistry were significantly above budgeted levels. This also includes the unfunded costs of additional tests outwith Ayrshire.

Acute medicines were £2.5 million overspent – ongoing reasons include additional and unfunded beds (£0.4 million), increased use of monoclonal antibodies in accordance with new guidance in several specialties and overspends on cancer medicines (£0.7 million). Medicines delivered to patients' homes were £0.8 million overspent.

Purchase of healthcare was £1.0 million overspent for the year. £0.7 million is due to outsourcing of medical imaging for out of hours services and to meet waiting list demand. Pathology also outsourced during the year to meet service demands.

## 2.4 Acute Service – analysis by department

Department	Annual Budget £000	YTD Budget £000	YTD Actual £000	Variance £000
Medicine	83,398	83,398	97,049	(13,651)
Emergency Crosshouse	38,333	38,333	48,272	(9,939)
Emergency Ayr	17,812	17,812	20,934	(3,122)
Surgery	130,875	130,875	136,330	(5,455)
Labs & Diagnostics	45,739	45,739	48,880	(3,140)
Women and Children	47,988	47,988	49,954	(1,966)
Other	98,461	98,461	98,040	421
<b>Total</b>	<b>462,607</b>	<b>462,607</b>	<b>499,459</b>	<b>(36,852)</b>

Medicine overspent by £13.7 million. This overspend was driven by unfunded beds and medical workforce costs caused by rota gaps. Most of the £9.1 million overspends on unfunded wards, as shown in section 2.8, are in Medicine.

- 2.5 Emergency Care was overspent by £3.1 million at University Hospital Ayr and £9.9 million at University Hospital Crosshouse. This was driven by staffing requirements. The overspend at University Hospital Crosshouse includes the Orthopaedic trauma wards. Ward 5A is an unfunded ward and has incurred £2.9 million of costs. Most of this relates to the trauma pathway which will be funded in 2025/2026.

#### **Unfunded additional capacity**

- 2.6 Station 1, Ward 5A, Ward 4E and Ward 3F have remained open during January, February and March, although originally planned to close. Station 3 has remained opened to accommodate the community delayed discharges. These wards incurred costs of £9.1 million.
- 2.7 Operational challenges have continued throughout the year due to demand exceeding the funded bed capacity. Viridian have undertaken a robust bed modelling review and we have now agreed to fund the appropriate level of wards in line with demand and allocated seasonal surge capacity. The unfunded wards remain full of community delay patients with Annex C showing the increase in delayed discharge numbers over the last five months. Over this period, around 70 patients have been delayed over two week which would cost around £240 per patient per night or £6 million for the year.

#### **New Medicines Fund**

- 2.8 The New Medicines Fund overspent by £10.4 million in the year. This is 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)**

- 2.9 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 £132.7 million. Operational I&SS services are underspent by £0.8 million whilst Corporate I&SS services are overspent by a £0.8 million due to high energy costs.

#### **Corporate Services**

- 2.10 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 £4.35 million at the year end. Vacancies were common factor across corporate departments.

#### **Centrally Managed Resources**

- 2.11 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 to provide services through National Services Division. These are underspent by £3.5 million following notification of reduced CNORIS contribution and a reduction in the accrual for annual leave.

- 2.12 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 ended the year with a £11.3 million over commitment on reserves as a result of legacy deficits offset by uncommitted budgets. This includes over £2 million overspend on primary care prescribing budgets held in HSCPs where funding was increased to match spend.

### **Health and Social Care Partnerships (HSCPs)**

- 2.13 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 £1.8 million overspend on health budgets which cannot be covered by reserves. This is included in our reported position. East and South do not require in year support.

### **Efficiency and Transformation Programme**

- 2.14 The Cash Releasing Efficiency Savings (CRES) programme for 2024/25 approved by Board as part of the Revenue Plan amounted to £24.1 million. £23.5 million was delivered as shown in the table below.

#### **2024/25 – delivery against the CRES target**

	<b>Target 2024/25</b>	<b>Achieved 2024/25</b>	<b>Over/(Under)</b>
<b>Area</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Service level agreements	2,100	2,100	0
Waiting times	4,000	4,000	0
Acute prescribing	2,545	2,689	144
Primary care prescribing	4,050	3,980	(70)
Ward Closures Station 1	2,283	0	(2,283)
Bed Reductions ward 5A, CAU, ED	2,868	153	(2,715)
Close ward 3F Crosshouse	1,085	167	(919)
Full capacity Bed Reductions Ayr	2,203	1,320	(883)
Reduce agency doctors	1,000	702	(298)
Taxis, medical records	191	191	(0)
Estates rationalisation	50	50	(0)
Procurement	300	502	202
Public Health	262	262	0
Medical Director	130	130	0
Nurse Director	132	132	0
ISS	679	683	3
Finance	130	130	0



Pharmacy	125	125	0
Discretionary Spend Controls	0	42	42
Workforce Controls	0	985	985
Capital to Revenue Transfer	0	550	550
Workforce Efficiencies	0	3,446	3,446
Vacancies in Corporate Services	0	1,146	1,146
<b>Sub Total Health Board</b>	<b>24,134</b>	<b>23,483</b>	<b>(651)</b>

- 2.15 Both sites made substantial progress in addressing bed reductions in November, but subsequent months proved extremely challenging operationally, necessitating additional capacity. This 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 £3.4 million and through vacancies in corporate services of £1.15 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 £0.702 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.

- 2.16 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.

	<b>Target 2024/25 £000</b>	<b>Achieved 2024/25 £000</b>	<b>Over/(Under) £000</b>
<b>Health Board as in section 2.17</b>	24,134	23,483	(651)
East IJB NHS Savings	1,500	1,152	(348)
North IJB NHS Savings	2,479	1,958	(521)
South IJB NHS Savings	221	240	19
<b>Total NHS Ayrshire and Arran</b>	<b>28,334</b>	<b>26,833</b>	<b>(1,501)</b>

While the Board achieved £26.8 million of savings, about £8.9 million of them were non-recurring as they were substitutes for not having closed the unfunded beds in acute hospitals. The Scottish Government target was for 3% recurring cash releasing efficiency savings (£26.5 million) therefore this target was not achieved in 2024/25. Viridian Associates have worked with the Board in 2024/25 to develop a more robust approach to delivering cash releasing efficiency savings.

### 3. RISKS

- 3.1 Audit Scotland commence their audit of annual accounts on 5 May 2025. The information above is subject to audit.
- 3.2 North IJB have asked for £1.8 million financial support from the Health Board. This figure could change following completion of their Month 12 accounts.

## **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 basics<sup>2</sup>. 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 core improvement programme. 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

## **5. Capital**

5.1 The Board Capital Allocation for 2024/25 is £10.178 million.

5.2 The Board spent £10.173 million and therefore remained within the Capital Resource Limit.

<b>Scheme</b>	<b>£000's</b>
National Secure Adolescent Unit	882
Stewarton medical practice	605
Purchase of GP premises	350
Other GP premises	180
Distributed working	558
Other Capital Planning schemes	261
Environmental (EV chargers and LED)	1,070
Digital Reform	2,624
Electromedical equipment	2,208
NBV from Asset Sales	(175)
Generator replacement	271
Renal plant	191
Equipment for catering, TSSU etc.	928
Aggregate schemes under £50k	220
<b>Total</b>	<b>10,173</b>

## Annex A – CRES savings plan – 2024/25

Improvement Programme Overview (£m)												
Workstream	Plan		Year to Date (M12)			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	8.547	-0.793	8.547	8.547	-1.740	5.676	0.000	5.676	-4.255
UHC Div Imp Prog	5.867	5.867	5.179	1.609	-3.570	1.609	1.609	-4.258	0.797	0.000	0.797	-5.070
Woman's & Children	0.050	0.050	0.045	0.080	0.035	0.080	0.080	0.030	0.080	0.000	0.080	0.030
Infrastructure	1.029	1.029	0.935	1.274	0.339	1.274	1.274	0.245	1.233	0.001	1.233	0.204
Corporate	2.851	2.851	2.624	7.993	5.369	7.993	7.993	5.142	2.850	-0.001	2.851	0.000
Primary Care Prescribing	4.049	4.049	3.712	3.979	0.267	3.979	3.979	-0.070	3.979	0.000	3.979	-0.070
Health & Social Care	4.200	4.200	3.812	3.349	-0.463	3.349	3.349	-0.851	3.349	0.000	3.349	-0.851
<b>Total</b>	<b>28.334</b>	<b>27.978</b>	<b>25.649</b>	<b>26.834</b>	<b>1.184</b>	<b>26.834</b>	<b>26.834</b>	<b>-1.502</b>	<b>17.964</b>	<b>0.000</b>	<b>17.964</b>	<b>-10.012</b>

BRAG Status	Num	Last Report £m	Num	This Report £m
Blue	18	0.381	18	0.381
Green	54	17.467	57	19.447
Amber	31	6.463	29	6.207
Red	14	1.174	15	0.798
<b>Total</b>	<b>117</b>	<b>25.485</b>	<b>119</b>	<b>26.834</b>

Scheme Status	Num	Last Report £m	Num	This Report £m
Fully Developed	89	14.937	90	16.082
Plan In Progress	28	10.549	29	10.752
Opport	0	0.000	0	0.000
Unidentified	0	0.000	0	0.000
<b>Total</b>	<b>117</b>	<b>25.485</b>	<b>119</b>	<b>26.834</b>

Classification	Last Report £m	This Report £m
Pay	7.649	8.890
Non-Pay	17.740	17.847
Income	0.097	0.097
<b>Total</b>	<b>25.485</b>	<b>26.834</b>

Wordbook/QIA	Num	Last Report £m	Num	This Report £m
W/B Required	15	2.584	15	2.904
W/B Completed	10	1.386	10	1.379
QIA Required	8	1.597	8	1.917
QIA In progress	0	0.000	0	0.000
QIA Approved	2	0.000	2	0.000

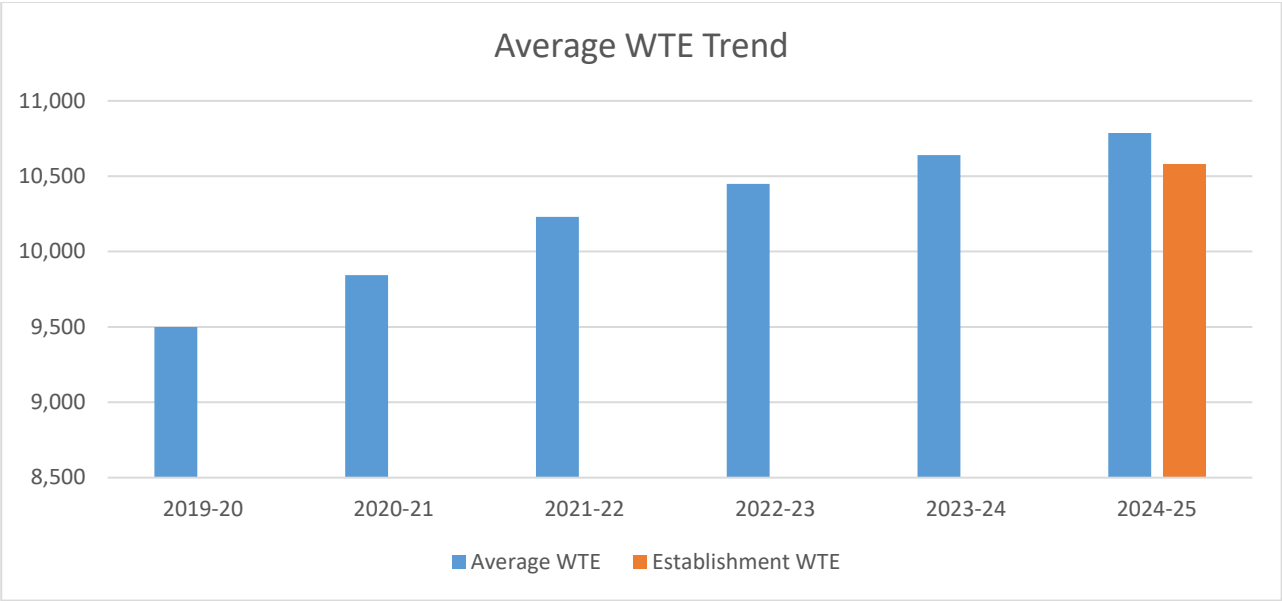
Pipeline Progress	Num	Last Report £m	Num	This Report £m
Ideas with No Value	45	0.000	97	0
Ideas with Value	49	4.100	82	20.0
Converted ideas	0	0.000	0	0.00
<b>Total</b>	<b>94</b>	<b>4.100</b>	<b>179</b>	<b>20.0</b>

**Annex B: Key workforce data**

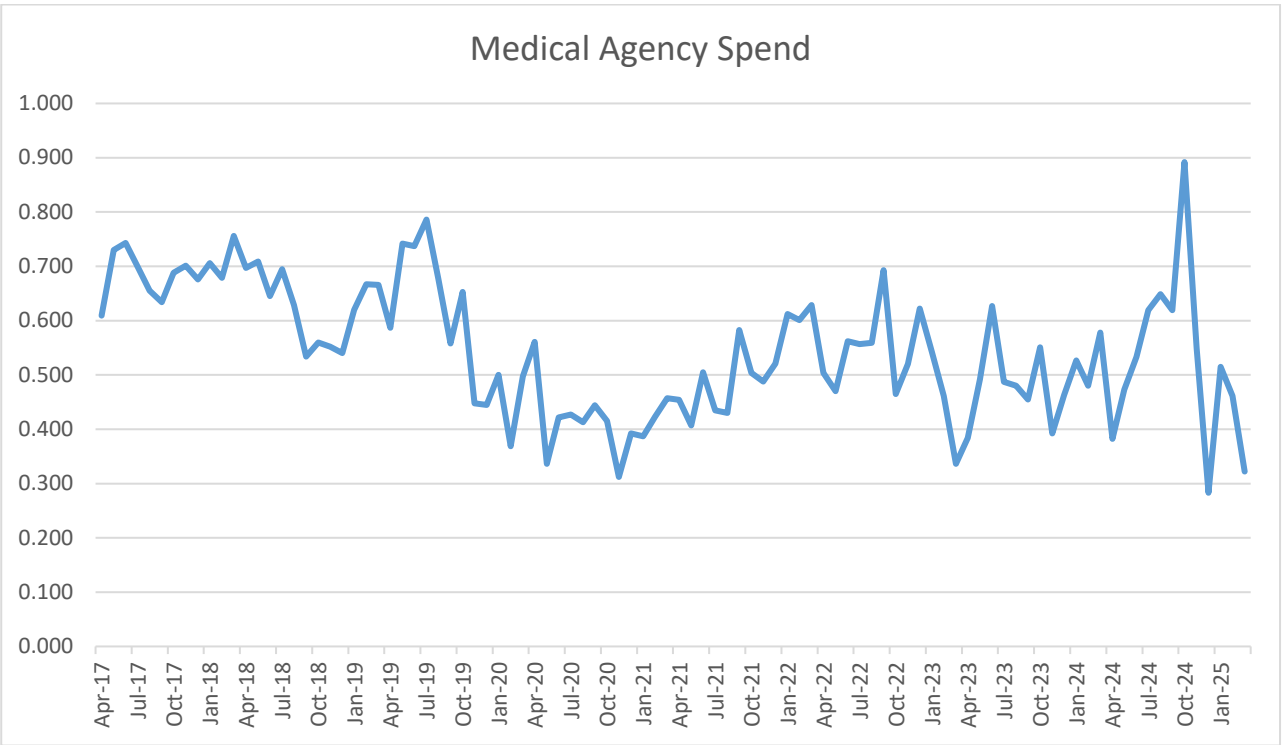
**Key points:**

- 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

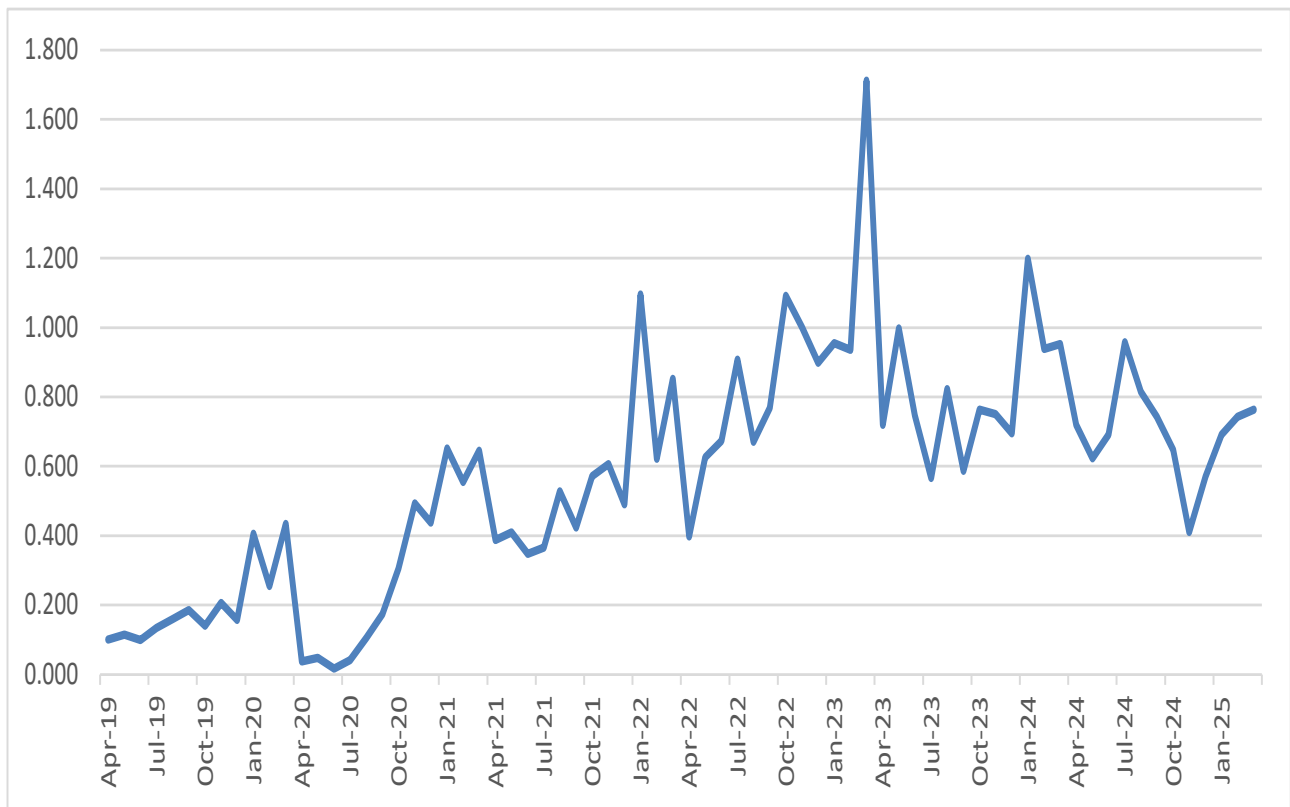
**Average WTE trend**



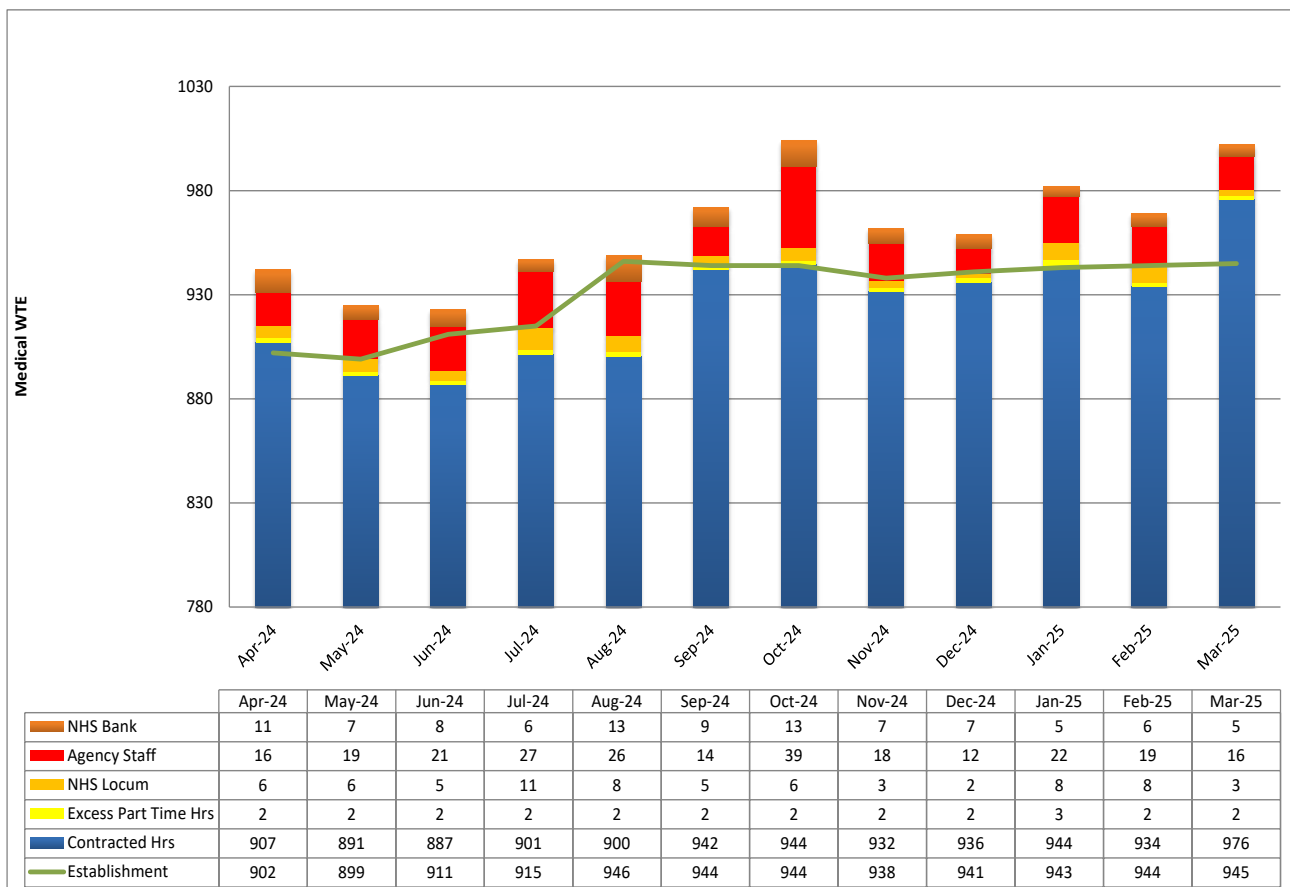
**Medical agency trend**



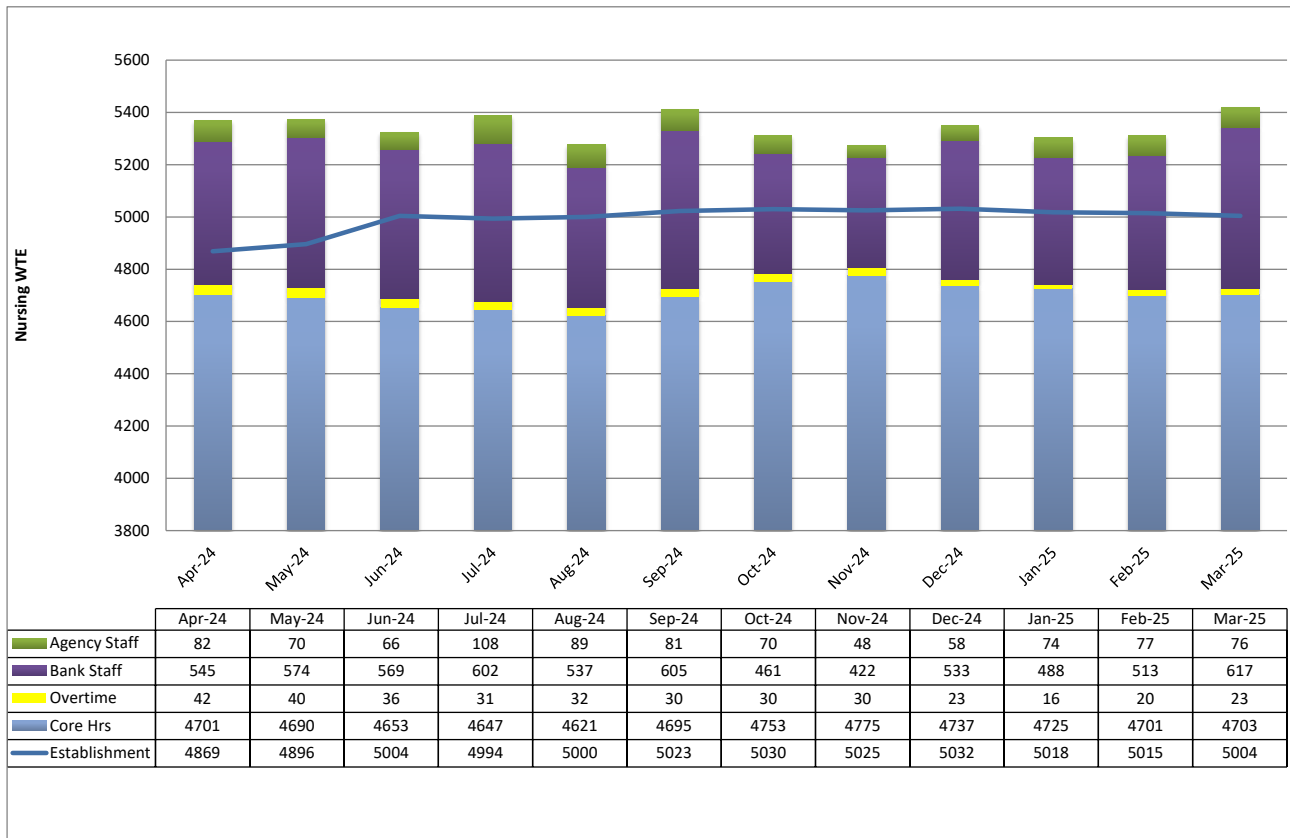
## Nursing agency trend



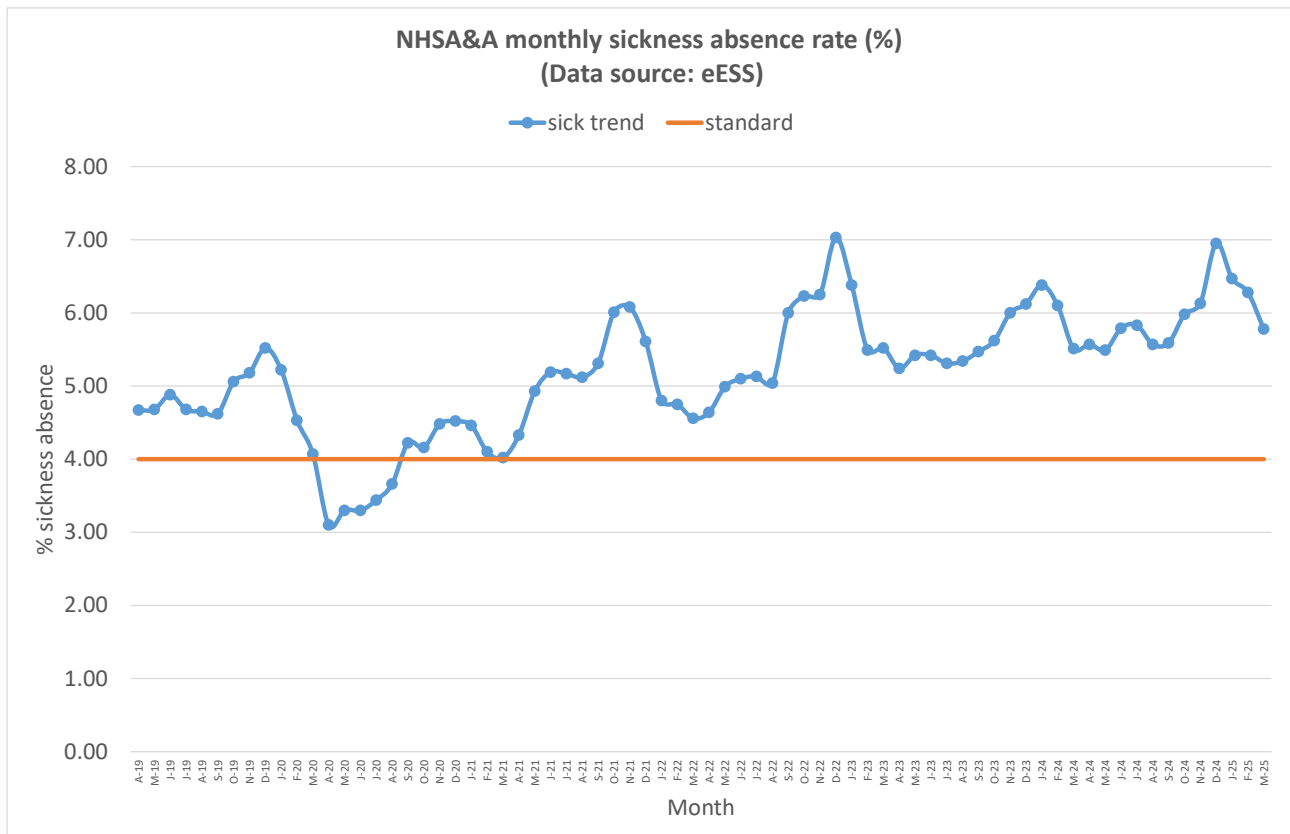
## Medical Staffing breakdown



## Nurse Staffing breakdown



## Sickness Absence



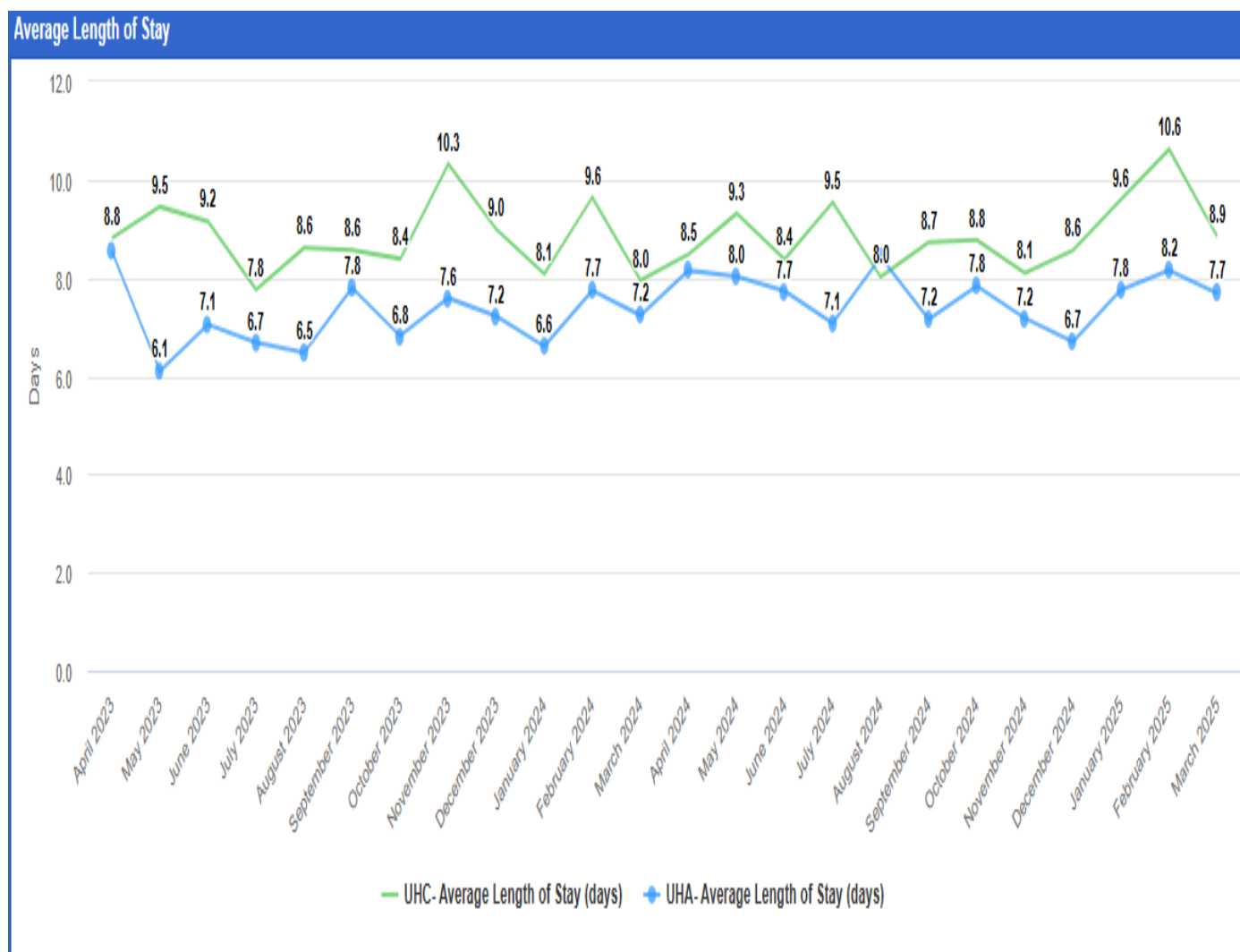
## Annex C: Length of stay (LOS)

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

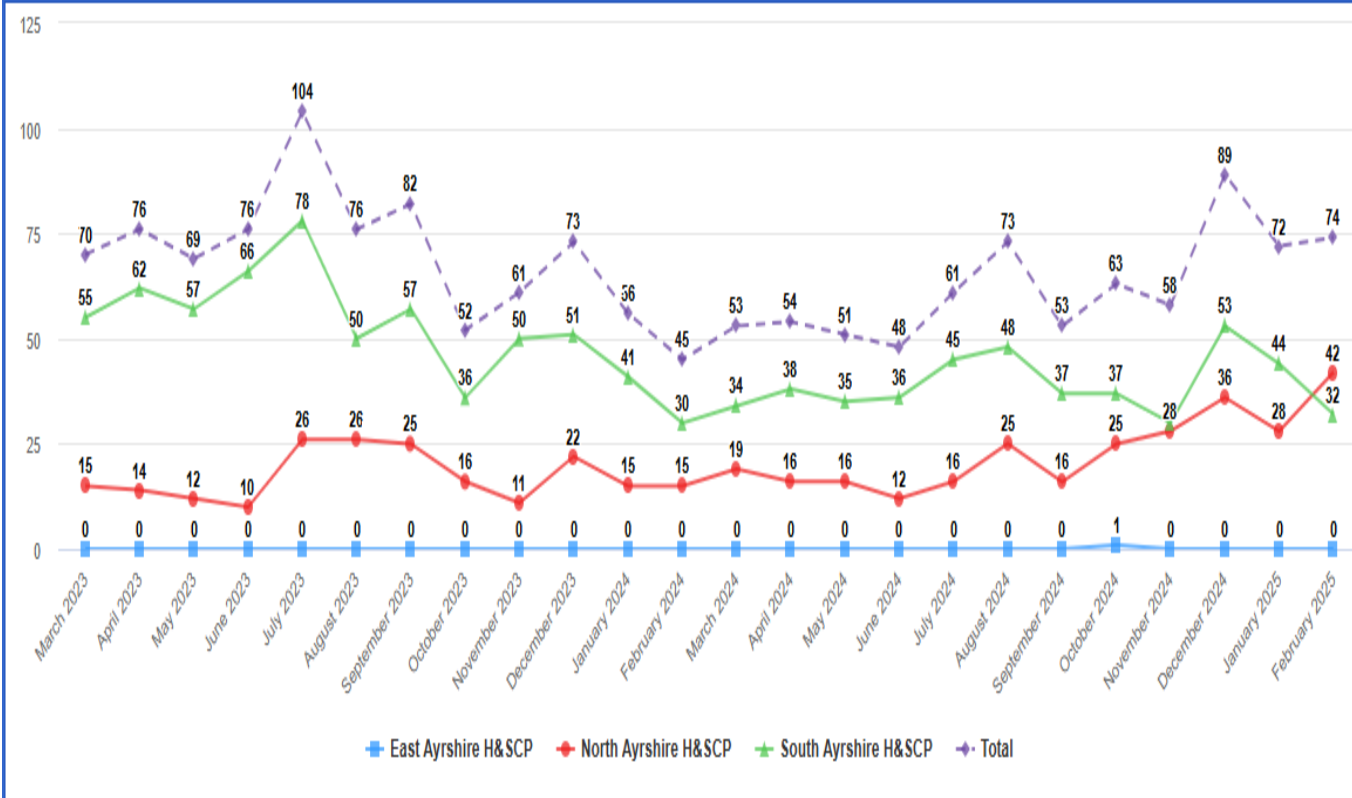
Since March 2024 the overall length of stay in our acute hospitals has increased with delayed discharges of South Ayrshire patients rising in this period.

### Length of stay trend





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



Monthly total numbers of delayed discharges (all delay reasons)

