

REPORT

Item No: 16

SUBJECT:	Set Aside Update
TO:	Performance, Finance and Audit Committee
Lead Officer for Report:	Chief Officer
Author(s) of Report	NHS Lanarkshire Director of Finance and IJB Chief Financial Officer
DATE:	25 May 2021

1. PURPOSE OF REPORT

1.1 This paper is coming to the Performance, Finance and Audit (PFA) Committee:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	For noting	<input checked="" type="checkbox"/>
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1.2 This report:-

- (1) Provides an update on the activity levels within the set-aside services and related costs; and
- (2) Highlights the ongoing challenges with the implementation of the set-aside concept.

2. ROUTE TO THE PERFORMANCE, FINANCE AND AUDIT COMMITTEE:

2.1 This paper has been:

Prepared By; Chief Financial Officer	Reviewed By; Chief Officer
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3. RECOMMENDATIONS

3.1 The PFA Committee is asked to agree the following recommendations:

- (1) That the content of the report is noted.

4. VARIATIONS TO DIRECTIONS

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
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5. BACKGROUND/SUMMARY OF KEY ISSUES

5.1 One of the key objectives of health and social care integration is to shift the balance of care. The strategic commissioning process therefore requires to involve a co-production approach through meaningful engagement with a range of stakeholders.

5.2 The set-aside concept is complex and there are a range of challenges which impact on this element of the overall accountability framework which are explored further in this report.

6. CONCLUSIONS

- 6.1 From the outset, the implementation of the set-aside concept has been conscientiously and diligently progressed. The management of 'set-aside' budgets is complex however NHS Lanarkshire (NHSL) has been committed to establishing an appropriate mechanism for its operation.
- The North Lanarkshire IJB, South Lanarkshire IJB and both Chief Officers are accountable for the overall use of the total resource associated with the unscheduled care pathway across Lanarkshire.
 - Operational responsibility of the services within the set-aside arrangements rests with the NHSL Director of Acute Services and on a day to day basis, the set-aside services are managed as an integral part of the hospital system.
 - A Lanarkshire Unscheduled Care Improvement Board is in place and is jointly chaired by both IJB Chief Officers and the NHSL Director of Acute Services, with representation from all key stakeholders. Key strategic projects included "front door" assessment, discharge to assess, re-ablement and re-direction however priority is being given to the emergency response to the Covid-19 pandemic. Performance and improvement actions are continuing to be reviewed and progressed to achieve unscheduled care targets.
- 6.2 The complexity in allocating costs contributes to a time lag. There was a further delay in receiving the activity data as a result of the Covid-19 pandemic. The set-aside budget has been updated to reflect the latest available complete data source. This relates to the financial year 2018/2019. The time lag is not however a barrier to progressing local plans – these are costed by adopting a "bottom up" approach.
- 6.3 The range of ongoing challenges which are set out in section 9 and have been highlighted in previous years, require to be further considered.
- 6.4 A local pilot was being progressed within NHSL to ascertain if reliance could be placed on more current activity information linked to the NHSL financial ledger prior to being validated by the ISD. The outcome of this work however was impacted on by the Covid-19 pandemic both in terms of resource capacity to undertake the work and the relevance of the outcomes during the period of the pandemic.

7. THE SET-ASIDE CONCEPT

- 7.1 Alongside primary and community health care and social care services, in partnership with the hospital sector, Integration Authorities are responsible for the strategic planning of those hospital services most commonly associated with the emergency care pathway.
- 7.2 One of the objectives of the IJB and both partners is therefore to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved. Fundamental to this is a clear understanding of how large hospital services are being consumed and how that pattern of consumption and demand can be changed by whole system redesign.
- 7.3 The benefits of a single whole system approach ensures that the IJB and both partners make the best decision overall, rather than one part of the system solving its problems by pushing costs on to another part of the system. This approach also recognises it is not good for people to be in hospital if they don't have to be and should help make best use of scarce resources, especially given demographic change.

7. THE SET-ASIDE CONCEPT (CONT.)

7.4 In line with the Public Bodies (Joint Working) (Scotland) Act 2014, the following hospital services are provided within large hospitals and delegated to the IJBs:

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine
 - (a) general medicine
 - (b) geriatric medicine;
 - (c) rehabilitation medicine and
 - (d) respiratory medicine.
- Palliative care services provided in a hospital

These services are interdependent on a range of other services and difficult to separate out. These are therefore the services which are included in the set aside arrangements.

7.5 The following services are directly managed by the Chief Officer on behalf of the IJBs.

- Inpatient hospital services for psychiatry of learning disability
- Inpatient hospital services provided by General Medical Practitioners
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Mental health services provided in a hospital, except secure forensic

The above services are provided from distinct areas with dedicated staffing. The costs are easier to separate out from other hospital services. All of the GP led community hospitals and the mental health inpatient beds are therefore directly managed by the North and South Lanarkshire IJBs. As a result, these do not need to be included through the set aside arrangements for NHSL.

7.6 In deciding which hospital services should be included in the set-aside services, the policy makers excluded those where the treatment was heavily hospital based. Surgical and cardiac interventions, invasive investigations, infectious diseases and a range of other specialties where procedures will only happen in hospitals are therefore not in scope. Across both North and South Lanarkshire, the following health services are therefore not included in the set-aside:

- cancer care
- diagnostic services
- all surgery
- all outpatient attendances
- day cases
- maternity episodes
- cardiology
- renal
- neurology
- dermatology
- infectious diseases
- inpatient spells for out-of-scope services
- High cost drugs for cancer, inflammation, hepatitis C, MS, cystic fibrosis, rare genetic disorders, macular degeneration
- National specialist services

Although not in-scope, these services are however provided from the same facilities as the in-scope services included in the set-aside arrangements, using the same IT systems and, at times, drawing on the same staff.

7. THE SET-ASIDE CONCEPT (CONT.)

7.7 The hospital must operate effectively. The flow through the hospital therefore needs to ensure that the services within the set-aside arrangements and those that are not included are all aligned to best effect. It is also important to ensure that the governance of the services is not fragmented. The governance arrangements are hospital wide and include safe systems of working such as the control of infection, safe moving and handling, identifying and responding to the deteriorating patient.

8. THE SET-ASIDE CALCULATION

8.1 Separating out and identifying the cost of the in-scope services from the total hospital budget is a complex process.

8.2 Activity in relation to all unscheduled care is included in the notional set-aside activity calculations. This is driven primarily from Accident and Emergency (A&E) attendances and the admissions and occupied bed days resulting from these. The notional set aside budget is a mathematical calculation which is designed to estimate the consumption of acute unscheduled care services by the Health and Social Care Partnership. The notional set aside budget is recalculated annually based on information released by the Information Services Division (ISD).

8.3 A notional set-aside budget is agreed between the NHSL Director of Finance and the IJB Chief Financial Officer (CFO).

- The method for determining the amount set aside for hospital services follows the guidance issued by the Integrated Resources Advisory Group.
- The calculation of this notional budget is transparent. It is based on the activity levels validated by ISD which represent the relevant population's use of in scope hospital services.
- Ledger costs and ISD costs are applied, as appropriate, to the activity data to calculate the set-aside budget.
- The set aside budget has been increased by the general allocation uplift each year and adjusted for any agreed changes in service delivery.
- The validated activity data for the first live year of operation in 2016/2017 was initially made available in August 2018 by ISD, checked and finally agreed in January 2019, twenty two months after the year-end. The 2017/2018 costs for the North IJB were published in July 2019, approximately 16 months after the year-end.
- The 2018/2019 costs for the North IJB were available in September 2020, approximately 18 months after the year-end. Unfortunately, due to IT issues, the information, although available, was not accessed until March 2021. The delay due to the IT issues however is not expected to recur. There continues to be a lengthy delay in respect of the validation of the activity data. By comparing the 2018/2019 costs with the initial, inflated budget for 2018/2019, the IJB can see whether its use of hospital resources is increasing or decreasing in value. These results are summarised in this section and detailed in the appendices.
- In respect of the financial monitoring reports to both IJBs, the annual budget is divided by 12 and multiplied by the number of months consistent with the year-to-date position being reported.
- A break-even position is reported each period and also as a year-end forecast outturn. Any overspend on the set-aside services has to date been managed by Acute Services and not transferred to the IJBs.
- The ISD dataset and methodologies are used to monitor changes in the IJB's use of the set aside services.
- Variations to the notional set-aside budget are transparent and agreed.

8. THE SET-ASIDE CALCULATION (CONT.)

8.4 The notional set-aside budgets and the actual costs incurred since the inception of the IJB are detailed in the table below:

Year	Latest Budget £m	Actual Cost £m	Overspend £m
2016/2017	57.250	57.440	0.194
2017/2018	56.719	58.373	1.654
2018/2019	58.103	58.693	0.590
2019/2020	61.229	Not yet available	Not yet available
2020/2021	63.066	Not yet available	Not yet available

8.5 The analysis of the validated ISD activity data and costs over the four years 2015/2016 to 2018/2019 are detailed in appendices 1 to 9.

8.6 In comparison to the base year of 2015/2016, the main conclusions of the analysis to date are summarised at appendix 10 as follows:

- more people attended A & E – an increase of approximately 10.5% since 2015/2016;
- more people were admitted to hospital – an increase of 18.4% since 2015/2016;
- occupied bed days decreased by 8% from 2015/2016; and

Overall, there is a pattern of higher throughput with faster turnaround.

8.7 The numbers of North Lanarkshire residents attending A & E rose again in 2018/2019 by 2.8% when compared to 2017/2018. In 2018/2019 there were 11,016 (10.5%) more A & E attendances when compared to the base year 2015/2016. The cost of this was £0.854m (7.7%) more than the budget. The fact costs have not risen by as much as activity suggests a degree of cost containment however with departments under increased pressure to maintain safe staffing levels a step up in future might be expected.

8.8 The cost of providing geriatric medicine inpatient services in Lanarkshire hospitals for North Lanarkshire residents is £0.341m (2.34%) more than the budget provided. Excluding the activity in respect of Parksprings Care Centre and Carrickstone House and Day Hospital, in 2018/2019, there were 1,324 (18.4%) more admissions than in the base year 2015/2016, although admissions in 2018/2019 were marginally higher (0.3%) than in 2017/2018. Including the activity data available for Parksprings and Carrickstone slightly reverses the upwards trend in the previous 2 years. During 2017/2018, services were transferred out of Parksprings and into a new unit at Airbles Road. Bed days used dropped to 79,623 (4.6%) from 83,483 in 2015/2016, predominantly in Carrickstone and Monklands, partly offset by an increase in Wishaw. This reduction in bed days helped contain the extent of the cost increase that would otherwise have been seen through increased admissions.

8.9 In respect of other medical specialities in Lanarkshire, in 2018/2019 there were 5,052 fewer admissions to general and respiratory medicine than in 2017/2018 although this was still 5,786 (17.7%) more than the 2015/2016 base year. Bed days used however in these specialties by North Lanarkshire residents have decreased by 11.9% (10,451 bed days). In 2017/2018 the biggest increase in admissions has been in the less than 1 day length of stay which gets counted as a notional 0.33 bed days in this exercise. The 2018/2019 costs calculated through this exercise are £0.458m (1%) less than the 2018/2019 notional budget.

8. THE SET-ASIDE CALCULATION (CONT.)

- 8.10 In respect of the in-scope specialties to out of area hospitals, in 2018/2019 there were 0.6% fewer admissions of North Lanarkshire residents to Glasgow Hospitals when compared to 2017/2018. Bed days in Glasgow Hospitals which had increased in 2017/2018, decreased by 11.5% and now sit below the base year use of out of area services. The cost of the out of area use of set aside services is calculated by ISD by applying NHS cost book rates submitted by the relevant NHS Board for the hospitals used to the patient activity files by postcode. The net overspend in 2018/2019 is £0.137m (Glasgow Health Boards Inpatients - £0.272m overspend; Other Health Boards Inpatients - £0.135m underspend). This represents a net 2.3% overspend against the 2018/2019 budget. In 2017/2018, the cost of services used was an overspend of £1.059m which was 18.2% more than budget of £5.828m. The extent of the swing demonstrates the year-on-year volatility in out of area service use. This volatility is recognised when NHS Boards cross charge each other and, apart from some high-cost exceptions, a 3-year rolling average of activity is used. For the Glasgow Health Board this is 2 years in arrears. Most other Health Boards are one year in arrears. In 2020/2021 NHS Lanarkshire paid Glasgow for the average of 3 years activity up until 2018/2019. The peak year of 2017/2018 will remain in the calculation until March 2022.
- 8.11 Although the increases in admissions were partly offset by a reduction in the length of stay in hospital overall, there has been a significant increase in costs of £2.403m between 2015/2016 and 2018/2019 in respect of the use of set-aside services within Acute Services.
- 8.12 The general allocation uplift on the set-aside budget was 1.5% in 2018/2019. The set-aside budget was also uplifted by a further 0.94% to reflect the additional Scottish Government funding received to cover the impact of the nationally mandated increase in pay costs. The total increase in the set-aside budget was therefore 2.44%.
- 8.13 During 2017/2018, within the North Lanarkshire IJB, the Community Assessment and Rehabilitation Service (CARS) within the Monklands hospital budget was transferred from the hospital acute services to the IJB Chief Officer's directly managed locality services.
- The CARS team is a multi disciplinary service which includes nursing staff, physiotherapists, occupational therapists, carers and admin support.
 - Resources totalling £1.408m were transferred from the set-aside budget to the directly managed community budgets to further develop the integrated care pathway.
 - As North uses approximately 95% of the Monklands hospital services, the deduction from the North set aside budget was £1.339m with the balance coming from South.
 - The budget and actual expenditure were both transferred in their entirety.
- 8.14 A&E attendances in other Board areas are not recharged back to the Board of residence under normal NHS commissioning rules. The exception to this is the boundary change population which transferred in 2014/2015. As this population traditionally used Glasgow A&E's and the budget was transferred it was agreed NHSL would accept the charge. Initially it was assumed the use came from South Lanarkshire residents but additional data received since then showed that of the 19,315 attendances at Glasgow A&E's in 2015/2016 by boundary change residents, 5,886 came from North Lanarkshire. An adjustment was therefore made to the budget and costs to transfer the North activity out of the South IJB set aside budget and into the North. There has been no attendance data for Glasgow Hospitals for the designated postcodes since 2016/2017. Attendances have therefore been assumed to be static.

8. THE SET-ASIDE CALCULATION (CONT.)

8.15 The combined adjustments take the set aside budget for 2018/2019 to £58.103m as summarised in the table below.

Set-Aside Budget	£m
Closing budget 2016/17	57.251
CARS transfer to direct management	(1.339)
Add North Lanarkshire A & E attendances in Glasgow	0.581
0.4% General Allocation Uplift	0.226
2017/2018 Set-Aside Budget	56.719
1.5% General Allocation uplift	0.851
0.94% Allocation Scottish Government Pay Funding	0.533
2018/2019 Set-Aside Budget	58.103

8.16 The notional set-aside budget is currently reported as £63.066m for 2020/2021.

8.17 The agreement reached between the IJB and the NHS Board in 2018/2019 was akin to a block contract. The IJB provided the NHS Board with the remaining set aside budget and, in return, the Board provided the in-scope hospital services.

8.18 The costs incurred in 2018/2019 in providing the services are retrospectively estimated to be £58.693m, which is £0.590m (1%) more than the budget. In 2017/2018 the costs had been £1.654m more than budget. (Refer to appendices 2 and 3)

8.19 If a different agreement had been in place the IJB would have faced a significant cost pressure from the increased resources supporting hospital activity. The increase comes predominantly from more people attending A & E and also inpatient services within the scope of the IJB, including the cost invoiced by other Health Boards. The NHSL Health Board did not recharge the North Lanarkshire IJB to recover funding in respect of the overspend of £0.590m in 2018/2019.

9. ONGOING CHALLENGES

9.1 In respect of the set-aside arrangements, a meaningful and positive working relationship across Lanarkshire has been established.

9.2 Notwithstanding the progress made to date across both the North and South partnerships, the set-aside concept itself continues to present a range of challenges in trying to move further funding from the Acute Sector into the Community Sector. These challenges relate to:

- Financial sustainability across the whole system
- The challenges of releasing funding from existing services to reinvest
- The exposure to risk across the whole system
- The timely availability of activity data and the validation process by ISD
- The complexity of allocating costs

9.3 When confirming the opening budget, the NHSL Board retained responsibility for the historic budget deficit across Acute Services including the set-aside services. This put additional pressure on non-IJB health care services.

9. ONGOING CHALLENGES (CONT.)

- 9.4 The inflation uplift has been allocated in full to the set-aside budget each year by the NHSL Health Board. The NHSL Health Board also allocated all additional funding to the IJBs in order to help shift the balance of care. It is recognised however that much of this funding brought with it additional expenditure commitments such as the living wage and the Carers Act.
- 9.5 The overspend on the set-aside services has to date been managed by Acute Services and not transferred to the IJBs. If a different agreement had been in place between the IJBs and the Health Board in respect of the management of costs in excess of the budget available, both IJBs would have faced significant cost pressures as a result of the increased demand for hospital resources.
- 9.6 The other hospital services outwith the scope of the IJB are also subject to high cost pressures around waiting times and new treatments.
- 9.7 The constraints on public sector funding have meant that annual NHS uplifts are not enough to cover inflation. The set aside services need to make efficiencies simply to continue. The set aside budgets are 80-90% staffing. With staff numbers linked to activity, if all activity related changes are withdrawn from Acute Services, the budget will never balance. The growth in demand for hospital services due to the ageing population is likely to erode initial activity shifts. In particular, it is difficult/impossible to transfer budgets and/or staff resources from Acute Services to Community Services in a stable and safe way when there are increasing demand and cost pressures being experienced by Acute Services, some of which are only funded on a non-recurring basis.
- 9.8 In response to one of the External Auditor's recommendations, NHSL and NLIJB agreed to prioritise establishing revised processes for the planning and performance management of delegated hospital functions and associated resources in 2017/2018.
- 9.9 The Ministerial Strategic Group (MSG) for Health and Community Care also led the review of the progress with integration. In respect of integrated finances and financial planning, the MSG recommended the following:

The delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published in June 2015. These arrangements must be in place in time for Integration Authorities to plan their use of their budgets in 2019/2020. The Scottish Government Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. The set aside arrangements are key to delivering this commitment.

The timescale to achieve this recommendation was 6 months (November 2019).

- 9.10 One of the system reform assumptions set out in the Health and Social Care Medium Term Financial Framework included material savings to be achieved from reducing variation in hospital utilisation across partnerships. It was assumed that by reducing the variation in hospital care, 50% of the efficiencies could be reinvested in community services and 50% could meet the rising costs and demand in the acute services. This challenge is in addition to identifying 1% from general efficiency, 1% from regional savings and 1% from public health savings. In order to achieve this, pro-rating the national figures to the Lanarkshire population, savings of £6.4m per annum from inpatient services and £0.3m per annum from A & E services for the next 5 years would be required.

9. ONGOING CHALLENGES (CONT.)

- 9.11 At a policy level there is a continued desire to make the set aside more “real”. The Health and Sports Committee summarised its understanding of how they felt it should operate as follows:

“If expenditure on delegated acute services is more than the amount anticipated in the budget, the IA will be required to fund this additional expenditure from elsewhere in the budget. Alternatively, if expenditure is lower than anticipated (for example a reduction in A&E or unplanned admissions) then the IA should – in theory – have access to the funds released and be able to direct that additional funding to other parts of its operation.” (s 99¹).

- 9.12 If this were applied to 2018/2019, the IJB would have had to find up to £0.590m from its other budget lines to fund the increased costs of hospital activity. As well as the practical problem of this financial assessment not being complete until March 2021, 24 months after the year it relates to, this does not take into account the fact that the same demographic demand and inflationary cost pressures experienced by hospital services are also being experienced by community and social care services.
- 9.13 Both hospital and community services must operate together to maximise the efficacy of unscheduled care services. A whole system approach to service redesign based on consultation and agreement with all partners is key to facilitating the shift in the balance of care. This involves consideration of the use of the set-aside resources and where possible, the realignment of funding as appropriate.
- 9.14 As set out in the legislation, the IJB has a lead role in planning the unscheduled care pathway and further joint local work is needed to consider the division of risk moving forward. Post pandemic, it is intended to bring further progress reports to the IJB in order to progress this work.

10. IMPLICATIONS

10.1 NATIONAL OUTCOMES

Sound governance and financial sustainability are integral to the achievement of the nine health and wellbeing outcomes.

10.2 ASSOCIATED MEASURE(S)

None.

10.3 FINANCIAL

This paper has been reviewed by Finance:

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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10.4 RISK ASSESSMENT/RISK MANAGEMENT

The risks associated with the notional set-aside budget are managed by NHSL partner in particular year-end overspends as a result increased activity levels. The NHSL partner will retain underspends in line with the notional set-aside budget agreement. To date, since 2016/2017, the NHSL partner has required to manage an overspend each year to 2018/2019.

10.5 PEOPLE

None.

¹ <https://sp-bpr-en-prod-cdnep.azureedge.net/published/HS/2019/10/3/Looking-ahead-to-the-Scottish-Government---Health-Budget-2020-21--When-is-Hospital-bad-for-your-health-/HSS052019R10.pdf>

10. IMPLICATIONS (CONT.)

10.6 STAKEHOLDER ENGAGEMENT

The NHSL Director of Finance and the Chief Financial Officer continue to progress the implementation of the notional set-aside budget concept and to seek national guidance on the practical challenges. The Covid-19 pandemic will have a significant impact on the set-aside activity levels during 2020/2021. This impact however is unlikely to be confirmed before September 2022 and will not be representative of previous years pre-pandemic or future years post-pandemic.

10.7 INEQUALITIES & FAIRER SCOTLAND DUTY

EQIA Completed & Fairer Scotland Impact Assessment Form Completed:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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10.8 CARBON MANAGEMENT IMPLICATIONS

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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11. BACKGROUND PAPERS

None.

12. APPENDICES

Overview Of Set-Aside Services Activity	Appendix 1
Overview Of Set-Aside Services Summary of Costs	Appendix 2
Overview Of Set-Aside Services Comparison of Costs	Appendix 3
A&E Usage - Local Ledger and Local Activity Data	Appendix 4
Geriatric Medicine Activity	Appendix 5
Geriatric Medicine – Cost Comparison	Appendix 6
Other Medical Specialities in NHS Lanarkshire Activity	Appendix 7
Other Medical Specialities in NHS Lanarkshire Cost Comparison	Appendix 8
Out Of Area Services - Glasgow Activity and Costs	Appendix 9
Overall Summary	Appendix 10



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CHIEF OFFICER (or Depute)

Members seeking further information about any aspect of this report, please contact Marie Moy on telephone number 01698 453709.

Overview Of Set-Aside Services Activity

Appendix 1

Acute Services	First Year of Live Operation 2016/2017 Compared to Base Year 2015/2016	Second Year of Live Operation 2017/2018 Compared to Base Year 2015/2016	Third Year of Live Operation 2018/2019 Compared to Base Year 2015/2016
A&E	3% Increase In Attendances	7.5% Increase In Attendances	10.5% Increase In Attendances
Geriatric Medicine	13% Increase In Admissions 4% Decrease in Bed Days	18% Increase In Admissions 2% Decrease in Bed Days	18.4% Increase In Admissions 4.6% Decrease in Bed Days
Medical Specialities	10% Increase In Admissions 4% Decrease in Bed Days	23% Increase In Admissions 6% Decrease in Bed Days	18% Increase In Admissions 12% Decrease in Bed Days
Out of Area Services - Glasgow Activity	3% Decrease In Admissions 7% Decrease in Bed Days	28% Decrease In Admissions 7% Increase in Bed Days	27% Decrease In Admissions 5% Decrease in Bed Days

Overview Of Set-Aside Services Summary of Costs

Appendix 2

Acute Services	First Year of Live Operation 2016/2017 Compared to Base Year 2015/2016	Second Year of Live Operation 2017/2018 Compared to Base Year 2015/2016	Third Year of Live Operation 2018/2019 Compared to Base Year 2015/2016
A&E	7% Increase In Cost - £0.632m	17% Increase In Cost - £1.670m	20% Increase In Cost - £1.877m
Geriatric Medicine	4% Increase In Cost - £0.573m	5% Decrease In Cost - £0.870m	2% Decrease In Cost - £0.344m
Medical Specialities	0.2% Decrease In Cost - £0.056m	0.4% Increase In Cost - £0.096m	2% Increase In Cost - £0.463m
Out of Area Services Glasgow Inpatients Other Board Inpatients	1% Decrease In Cost - £0.057m 11% Increase In Cost - £0.061m	21% Increase In Cost - £1.055m 21% Increase In Cost - £0.132m	10% Increase In Cost - £0.512m 19% Decrease In Cost - £0.105m
Overall Resource Use	2% Increase In Cost - £1.153m	4% Increase In Cost - £2.083m	4% Increase In Cost - £2.403m
Revised Budget	Net Increase of £0.959m since 2015/2016	Net Increase of £0.429m since 2015/2016	Net Increase of £1.813m since 2015/2016
Variance	£0.194m overspend	£1.654m overspend	£0.590m overspend

Overview Of Set-Aside Services Comparison of Costs

Appendix 3

Third Year of Live Operation 2018/2019
 Compared to Base Year 2015/2016
 Resource Use Increased By 4%

Service	2015/2016 Cost	2016/2017 Cost
	£m	£m
Accident & Emergency Services	9.220	9.850
Inpatient Services		
Geriatric Medicine in NHSL	15.270	15.830
Other medical specialties in NHSL	26.100	26.050
Glasgow inpatients	5.140	5.090
Other Board inpatients	0.560	0.620
Inpatient Services Total	47.070	47.590
Overall Total	56.290	57.440
Annual Increase		1.150
Cumulative Increase		1.150

2017/2018 Budget	2017/2018 Cost	2017/2018 Variance	Variance as a % of Budget (Over)/Under
£m	£m	£m	£m
9.999	10.890	(0.891)	(9%)
14.238	14.400	(0.162)	(1%)
26.654	26.196	0.458	2%
5.252	6.195	(0.943)	(18%)
0.576	0.692	(0.116)	(20%)
46.720	47.483	(0.763)	(2%)
56.719	58.373	(1.654)	(3%)
	0.933		
	2.083		

2018/2019 Budget	2018/2019 Cost	2018/2019 Variance	Variance as a % of Budget (Over)/Under
£m	£m	£m	£m
10.243	11.097	(0.854)	(8%)
14.585	14.927	(0.341)	(2%)
27.304	26.563	0.742	3%
5.380	5.652	(0.272)	(5%)
0.590	0.455	0.135	23%
47.860	47.596	0.264	1%
58.103	58.693	(0.590)	(1%)
	0.320		
	2.403		

A&E Usage - Local Ledger and Local Activity Data

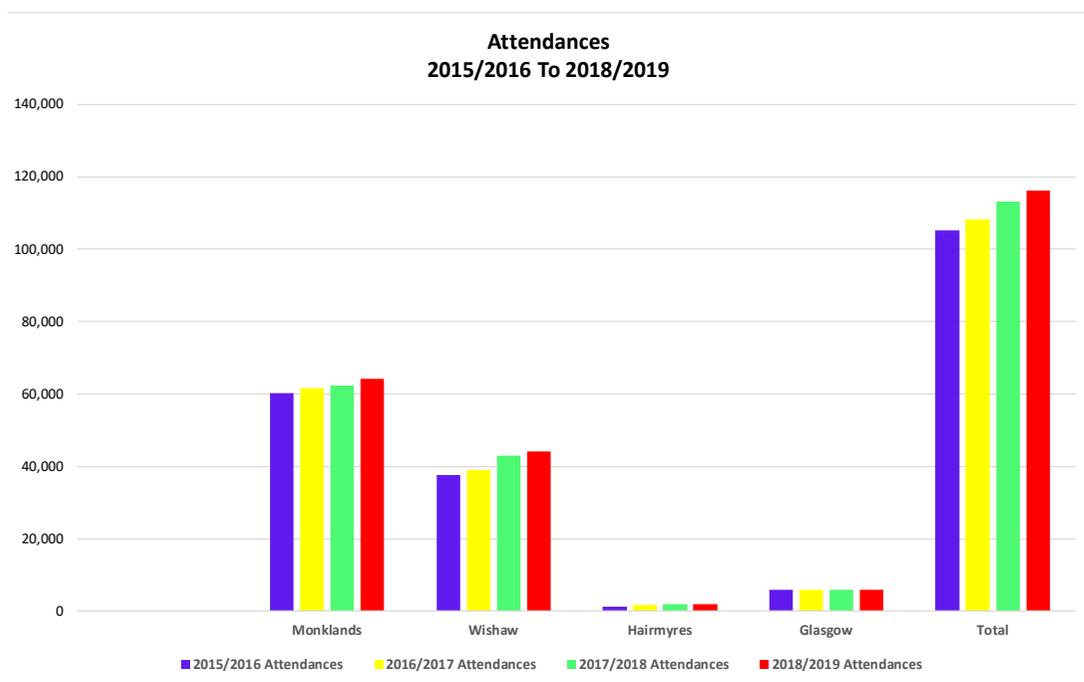
Appendix 4

Hospital	2015/2016 Attendances	2016/2017 Attendances	2017/2018 Attendances	2018/2019 Attendances
Monklands	60,339	61,709	62,217	64,169
Wishaw	37,635	39,092	42,865	44,103
Hairmyres	1,353	1,639	2,054	2,035
Glasgow	5,886	5,922	5,922	5,922
Total	105,213	108,362	113,058	116,229

Change Between 2015/2016 and 2018/2019	Change Between 2017/2018 and 2018/2019
%	%
6%	3%
17%	3%
50%	(1%)
1%	0%
10%	3%

2017/2018 Budget	2017/2018 Cost	2017/2018 Variance	Variance as a % of Budget (Over)/Under
£m	£m	£m	£m
5.522	5.656	(0.134)	(2%)
3.763	4.428	(0.664)	(18%)
0.131	0.195	(0.064)	(49%)
0.583	0.612	(0.029)	(5%)
9.999	10.890	(0.891)	(9%)

2018/2019 Budget	2018/2019 Cost	2018/2019 Variance	Variance as a % of Budget (Over)/Under
£m	£m	£m	£m
5.656	5.982	(0.325)	(6%)
3.855	4.271	(0.416)	(11%)
0.134	0.217	(0.083)	(62%)
0.598	0.627	(0.030)	(5%)
10.243	11.097	(0.854)	(8%)



Geriatric Medicine Activity

Appendix 5

Hospital	2015/2016 Admissions	2016/2017 Admissions	2017/2018 Admissions	2018/2019 Admissions	Increase Since Base Year
Airbles Road	0	0	35	200	471%
Coathill	127	105	133	126	(1%)
Hairmyres	28	49	87	53	89%
Monklands	5,249	5,784	5,861	5,180	(1%)
Stonehouse	4	2	6	0	(100%)
Udston Hospital	3	5	2	0	(100%)
Wester Moffat	93	108	100	97	4%
Wishaw General	1,679	2,071	2,259	2,851	70%
Total	7,183	8,124	8,483	8,507	18%

2015/2016 Bed Days	2016/2017 Bed Days	2017/2018 Bed Days	2018/2019 Bed Days	Increase Since Base Year
0	0	1,267	7,080	459%
8,270	7,782	7,667	7,076	(14%)
289	562	804	526	82%
30,960	29,738	29,964	29,317	(5%)
105	29	218	27	(74%)
91	154	285	0	(100%)
6,661	6,377	6,854	6,839	3%
20,348	19,288	20,618	22,399	10%
66,724	63,930	67,677	73,264	10%

Parksprings/Carrickstone

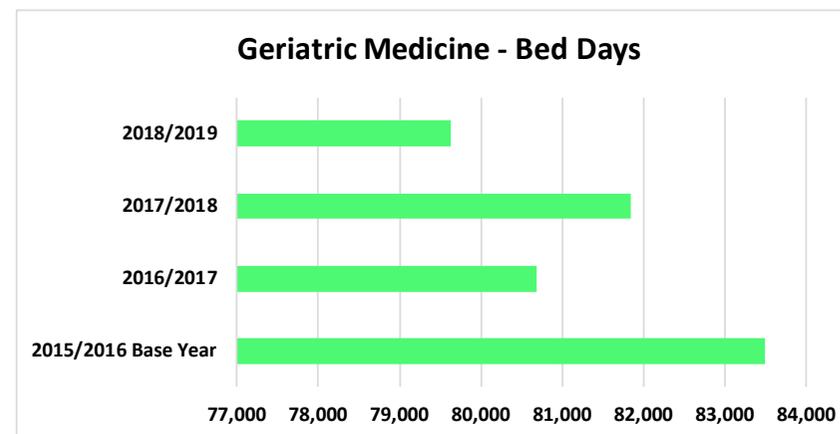
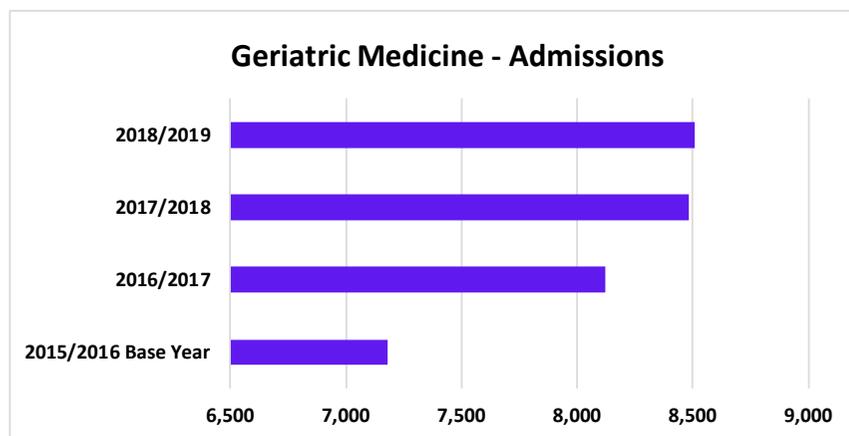
16,759 16,759 14,163 6,359 (62%)

Overall Total 7,183 8,124 8,483 8,507 18%

83,483 80,689 81,840 79,623 (5%)

Note:

Airbles Road Base Year 2017/2018

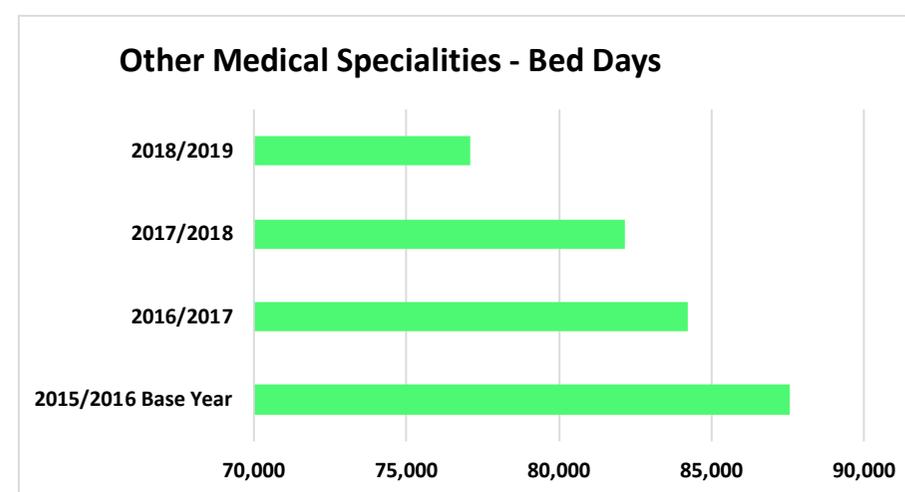
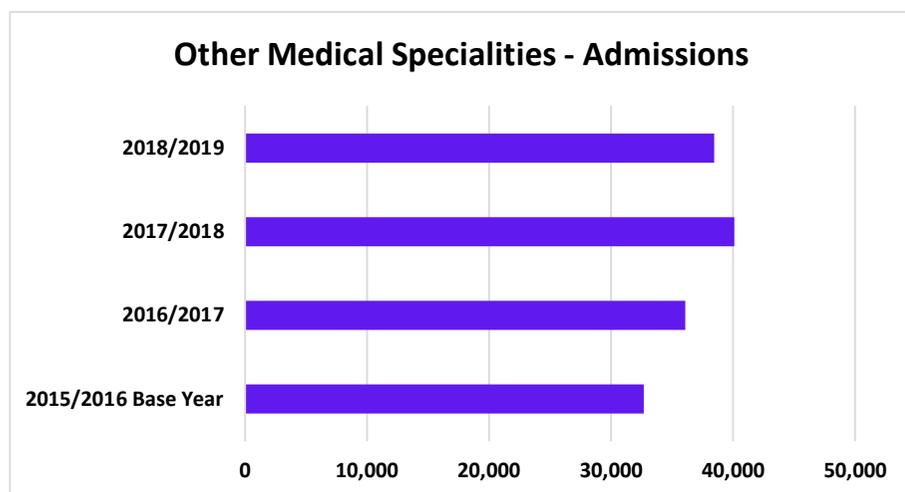


Other Medical Specialities in NHS Lanarkshire Activity

Appendix 7

Hospital	2015/2016 Admissions	2016/2017 Admissions	2017/2018 Admissions	2018/2019 Admissions	Increase Since Base Year
General Medicine					
Monklands	20,941	22,909	27,007	26,444	26%
Wishaw	11,403	12,836	12,642	11,471	1%
Hairmyres	282	272	348	369	31%
Sub Total	32,626	36,017	39,997	38,284	17%
Respiratory medicine	43	47	45	171	298%
Total	32,669	36,064	40,042	38,455	18%

2015/2016 Bed Days	2016/2017 Bed Days	2017/2018 Bed Days	2018/2019 Bed Days	Increase Since Base Year
50,204	48,086	47,134	44,871	(11%)
36,486	34,863	34,007	30,511	(16%)
806	771	844	990	23%
87,496	83,720	81,985	76,372	(13%)
42	507	153	714	1600%
87,538	84,227	82,138	77,086	(12%)



Other Medical Specialities in NHS Lanarkshire Cost Comparison

Appendix 8

Hospital	2015/2016 Cost	2016/2017 Cost
	£m	£m
Monklands	16.040	15.509
Wishaw	9.740	10.153
Wester Moffat	0.010	0.049
Hairmyres	0.310	0.337
Total	26.100	26.048

2017/2018 Budget	2017/2018 Cost	2017/2018 Variance	% change
£m	£m	£m	
16.382	15.739	0.644	4%
9.944	10.117	(0.173)	(2%)
0.010	0.024	(0.013)	(129%)
0.317	0.317	0.001	0%
26.654	26.196	0.458	2%

2018/2019 Budget	2018/2019 Cost	2018/2019 Variance	% change
£m	£m	£m	
16.782	16.307	0.475	3%
10.187	9.958	0.229	2%
0.011	0.000	0.011	100%
0.325	0.289	0.036	11%
27.304	26.554	0.750	3%

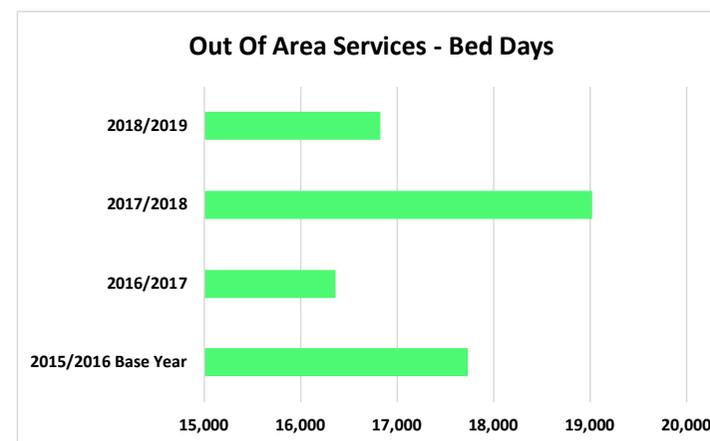
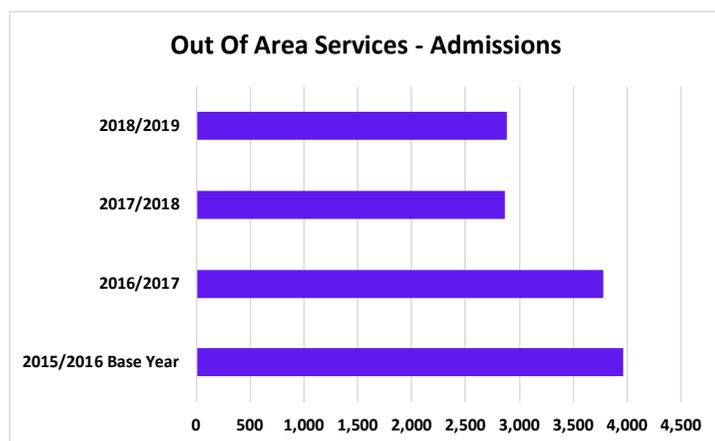
Out Of Area Services - Glasgow Activity and Costs

Appendix 9

Glasgow Activity	2015/2016 Admissions	2016/2017 Admissions	2017/2018 Admissions	2018/2019 Admissions	Increase Since Base Year
A & E	79	86	75	73	(5%)
General Medicine	3,120	2,867	1,866	1,894	(40%)
Geriatric Medicine	456	485	543	567	19%
Palliative	1	0	0	1	(100%)
Rehabilitation	59	49	60	49	2%
Respiratory	245	291	322	299	31%
Total	3,960	3,778	2,866	2,883	(28%)
Inflated Budget					
Variance					

2015/2016 Bed Days	2016/2017 Bed Days	2017/2018 Bed Days	2018/2019 Bed Days	Increase Since Base Year
93	103	102	79	10%
5,718	4,827	5,390	4,425	(6%)
8,178	7,493	8,666	8,561	6%
4	0	0	1	(100%)
2,205	2,081	2,569	1,881	17%
1,540	1,857	2,293	1,884	49%
17,738	16,361	19,020	16,831	7%

2015/2016 Cost	2016/2017 Cost	2017/2018 Cost	2018/2019 Cost
£m		£m	£m
0.049	0.058	0.055	0.062
1.950	1.814	2.111	1.879
1.889	1.859	2.256	2.346
0.002	0.000	0.000	0.000
0.746	0.737	0.950	0.693
0.508	0.619	0.822	0.672
5.143	5.086	6.195	5.652
5.252	5.231	5.252	5.380
0.108	0.145	(0.943)	(0.272)



Overall Summary

Appendix 10

Service	2015/2016 Cases Base year	2016/2017 Cases	2017/2018 Cases	2018/2019 Cases	% Change Since Base Year
A & E	105,213	108,362	113,058	116,229	10%
<u>Inpatients</u>					
Geriatric Medicine in NHS L	7,183	8,124	8,483	8,507	18%
Other medical specialties in NHS L	32,719	36,064	40,042	38,455	18%
Glasgow inpatients	3,960	3,778	2,866	2,883	(27%)
Other Board inpatients	520	554	577	415	(20%)
Sub Total	44,382	48,520	51,968	50,260	13%
Total	149,595	156,882	165,026	166,489	11%

2015/2016 Bed Days Base year	2016/2017 Bed Days	2017/2018 Bed Days	2018/2019 Bed Days	% Change Since Base Year
83,483	80,690	81,840	79,624	(5%)
88,002	83,817	82,137	77,086	(12%)
17,738	16,360	19,019	16,831	(5%)
2,037	2,014	2,270	1,507	(26%)
191,260	182,881	185,266	175,048	(8%)

