

ANNUAL OPERATING PLAN NARRATIVE 20/21 – 22/23

1. Background

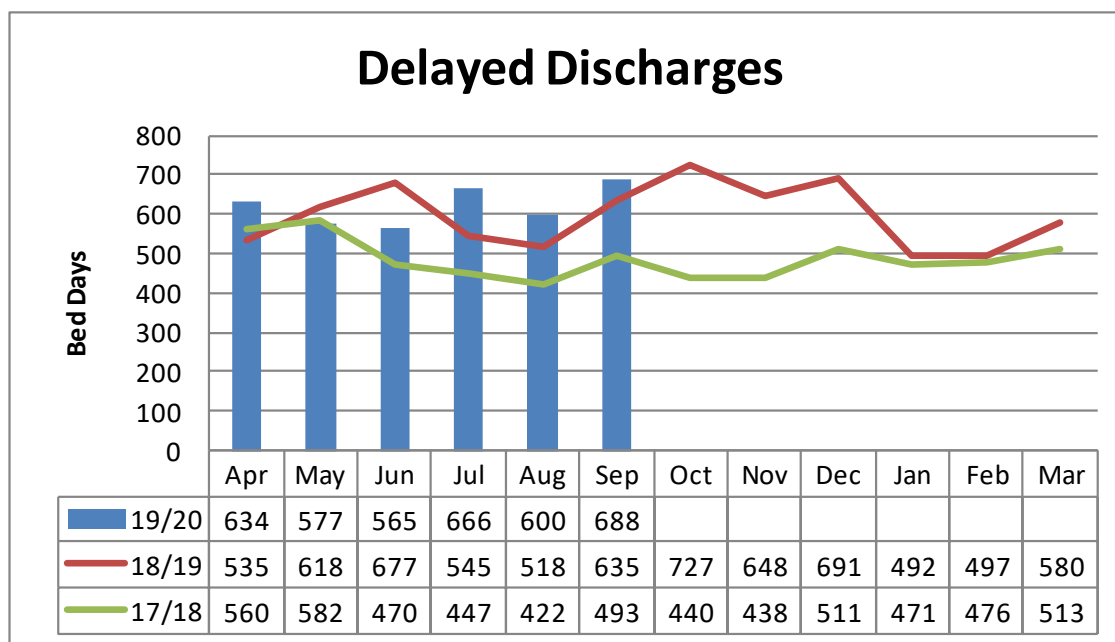
- 1.1 The Annual Operating Plan represents the agreement that sets out how NHS Boards will deliver expected levels of operational performance and the required break-even over a three year period. Where Boards are able to demonstrate financial balance over the period additional flexibility to under or overspend by up to 1% of annual resource budgets will be provided

2. Financial Position 19/20

- 2.1. The Board is showing a projected loss of **£789k** at year end. This is after all contingency has been allocated. The figure also includes the high risk cost pressures increasing/realising, and the expectation of some high risk unidentifiable savings not achieving. The outturn position however also includes increased identified financial flexibility and saving resulting from the holding of non clinical vacancies. The Board has put together a recovery plan to bring the Board back to a break-even position and this will be monitored monthly. This plan will be challenging to achieve. Many high risk proposals are within this plan and the risk of further unforeseen cost pressures arising, e.g. mental health placements and high cost off island procedures.
- 2.2 Many of the pressure that are causing the Board to be reporting an overspend in 19/20 are recurring and without any increased funding will have to be built into the 20/21 budget and contained by an increased financial efficiency plan as detailed in paragraph 3.2. Some of the pressures are deemed non-recurring in nature, for example high cost agency filling in for vacant posts and not built into the budget. The workforce and population demographic profile however (see paragraph 5) will steadily worsen over the next 10 years. An increasing number of professional groups continue to be difficult to recruit to, i.e. Consultant Positions, Allied Health Professionals and some nursing and Midwifery posts. Our approach of risk assessed impact may result in continued high cost locum expenditure.

Delayed Discharges

- 2.3 It is predicted that delayed discharges will continue in the medium to long term specifically in the medical wards which will result in higher bank costs to cover the staffing of contingency beds. If delays remain at the same level as 19/20 then the cost using USD indicative cost per occupied bed day for 2020/21 would be £2.135m. Figures are shown in the graph below.



We are working closely with our Health and Social Care Partnership colleagues however all current care home beds are full and workforce and population demographics mean that adult services including homecare and residential care have many posts vacant and a higher proportion of over 55s working in the sector. There is a gap between jobs needing to be filled and the availability of the local resource market, specifically woman which make over 90% of the social care market. Additional care home capacity in Stornoway is unlikely before financial year 2020/2. Achieving effective staffing levels is identified as a challenge and demand may continue to outstrip available places.

3. Settlement and Expenditure budget 20/21

3.1 NHS Western Isles was awarded a 3% uplift on the base, which includes funding for the pay increase. The Board will also receive further increases in funding e.g. for Primary Care Transformation which will be ring fenced. The Board's estimated RRL budget is £94,427k and the draft expenditure budget is a £97,797k requirement resulting in a funding gap of **£3,370k**.

3.2 All Boards have been advised to put recurring pressures within their budgets and included within the NHS Western Isles expenditure budget for 20/21 is, for example;

- Increase in NHS Greater Glasgow's SLAs, excluding inflation and pension increase, **£400k**, this amount has yet to be verified for 2019. There has been an unverified increase of 42% against NHS Greater Glasgow SLA since 17/18.
- Short fall of **£400k** for increased pension contribution (specifically against recharges through SLAs and NSS)

- Year on year increase in the volume and cost of PAS drugs, PAC2 drugs, use of higher cost drugs for the treatment of MS etc. **£460k**, 19/20 budget was increased but the cost and use of these drugs outweighed this budget
- Further increase in adult secure mental health placements, **£170k**. The budget for 19/20 had been increased and a specific saving achieved but the number of long term cases that cannot be treated in our own APU are increasing
- Indicative HEPMA costs for 20/21 **£143k**
- Microsoft 365 indicative costs **£49k**
- Increased depreciation due to the age of the Western Isles Hospitals equipment and the increasing need for IT purchases which are depreciated over a shorter period **£203k**.
- CNORIS payment 100% increase on previous budget **£100k**

3.3 No adjustment has been included within the 2020/21 budget for any effects of BREXIT.

4. Three year Expenditure plan

4.1 A three year expenditure and income forecast has been drawn up taking into consideration likely price inflation and demographic changes to the population of the islands and the increasing requirement for health and social care as the elderly population increases significantly over the next 10 years.

4.2 Before savings are included regardless of recurring or non recurring, the three year budget is as follows;

	19/20	20/21	21/22	22/23
	£'000	£'000	£'000	£'000
Expenditure				
Board	25,617	28,843	29,562	30,250
Hospital	24,687	24,984	25,544	26,290
Health and Social Care	42,826	43,970	44,619	45,543
Total Expenditure	93,130	97,797	99,725	102,083
RRL	92,341	94,427	96,827	99,299
GAP	(789)	(3,370)	(2,898)	(2,784)

Waiting Times Improvements

4.3 NHS Western Isles have for the last 10 years achieved the 100% treatment time guarantee waiting target. The monies received (£600k in 19/20) for Local TTG Improvements is directed to address predicted pressure points and proactively manage waiting. The Board uses a mixture of visiting consultants, private sector procurement and NHS Golden Jubilee Hospital to achieve the target.

Board Meeting 29.04.20

Agenda Item: 5.2.1

Purpose: For Approval

The reliability and continuity of visiting services, particularly from NHS Highland is deteriorating, usually at short notice, with the consequent risk to the Treatment Time Guarantee.

Investment in Mental Health

- 4.4 The Board has received increased funding through Action 15 monies for new mental health posts. The Board allocation for 19/20 was £112k and in 20/21 will be £158k. It has been difficult to recruit into to the new Mental Health posts but a recruitment to a number of posts is being taken forward, Dementia Nurse, Psychological Trauma CPN post, CAMHS CPN and a Criminal Justice CPN post.

Health and Social Care Integration

- 4.5 It is imperative that the IJB drives forward fundamental transformational strategic change across the Health and Social Care Partnership.
- 4.6 We expect to make further progress in terms of integration. This will be delivered in response to the Scottish Government and COSLA's review of integration and through a refreshed strategic plan implementation schedule. The latter brings a sharper focus to the work of the partnership in delivering the step change required to arrest the challenges associated with growing demand and greater complexity.
- 4.7 The Integrated Corporate Management Team of the partnership, which is co-chaired by Chief Executives of the Local Authority and Health Board, will oversee service transformation options, operational improvements, focusing on more effective multi-professional working, co-location of teams, and capacity building. Several major reforms are being progressed over the course of 2019/20, including: using the new GP contract and funding as a lever to redesign the whole community healthcare system; the ongoing reform of mental health and the associated development of multi-professional teams supporting people with dementia; and the delivery of more outreach services from the Public Dental Service, in line with the National Dental Plan.

Shifting the Balance of care

- 4.8 The local dementia strategy reiterates our wider ambition to support people with dementia to live in their own home or in a homely environment. In pursuit of this goal, and in accordance with Scottish Government guidance about what had previously been termed 'continuing care', clinicians and social workers undertook a process of assessment and review to determine whether the patients residing in the Clisham Ward needed to be in hospital under the care of a psychiatrist or whether they could be supported in a more homely environment. That process culminated in the discharge of all patients to a more appropriate care environment, allowing us to close the ward and begin the process of transferring staff into community mental health teams and other mental health or dementia roles within the hospital. We have made and will continue to strengthen services in response to need and anticipated outcomes.

Regional Working

- 4.9 NHS Western Isles has and is actively taking part in Regional Working. Work is not at a stage where we can confidently identify cash releasing savings.

Public Health and Prevention

- 4.10 NHS Western Isles has and continues to set out a number of health improvement actions to encourage the local population to take control, live healthily and manage their own health. Intervention, Screening and support are intended to have a positive impact on the health and well being of the population with reduced in-patients, reduced inequalities and long term. It is difficult to show any cash releasing savings in the short term.

5. Workforce and Population Demographics

- 5.1 The overall population within the Western Isles is expected to drop from the midpoint estimate in 2017 of 26,950 to 24,698 by 2027 with a further predicted decrease to 23,855 by 2037. By 2027 the elderly population (65+) is expected to rise by 44% and the 20-64 age population set to decrease by 17%. The demographic profile is the single biggest threat to sustaining and or developing services.
- 5.2 This decrease in workforce population has already starting to impact significantly within the NHS and is also affecting the total Health and Social Care Partnership (HSCP) considerably. The decrease not only affects the ability of the (HSCP) to provide services, reduce delayed discharges but results in increased overtime, agency and locum costs which come at a high cost. The Board have explored innovative ways of securing medical locums in at a reduced rate with some degree of success but only in some specialised areas. Part of the overspend in 19/20 is due to the requirement to use agency staff to enable services to be provided on island.
- 5.3 The Board together with Social Care have started monitoring all work demographic data including, vacancies, age of workforce, gender, availability of local market. The Board has also risk assessed the service areas to ensure the Board is aware of what services could potentially be at significant and increasing risk (financial and service) due to the lack of a stable workforce.
- 5.4 As can be seen by the table below 13.1% of funded posts are vacant and 48.7% of staff in post are over 50 with 13.85% of staff over 60. From 31st March 2019 to 31st October 2019 the Board's vacancy rate has **increased** by over 3% and the over 50s within our workforce has risen by 2.4%. The Board anticipates a further 47 posts will become vacant (due to retiral) by March 2021 on top of the hard to fill posts held vacant at present. The level of vacancies is unprecedented.

Head	30th November Service Area	Vac. Head	Heads	Heads	Female	Retirals (based on 65)			RAG
			Estab. Vacs.	Over 50+	%	1 year	5 year	10 year	
176.00	Board Admin	28.00	15.9%	50.7%	68%	5	25	51	M
30.00	Medical Staffing	8.00	26.7%	68.2%	45%	2	3	7	H
94.00	Allied Health Professionals	7.00	7.4%	33.3%	87%	3	5	18	M
71.00	Dental	4.00	5.6%	35.8%	82%	-	3	12	L
44.00	Medical Technical Services	8.00	18.2%	33.3%	83%	1	1	4	M
284.00	Hospital (Acute) Nursing	31.00	10.9%	47.8%	94%	13	32	60	H
55.00	Community Hospital Nursing	7.00	12.7%	50.0%	92%	2	5	17	H
118.00	Community Nursing	6.00	5.1%	43.8%	97%	5	17	42	M
68.00	Mental Health Nursing	24.00	35.3%	52.3%	77%	1	3	12	M
183.00	Facilities	33.00	18.0%	62.0%	76%	12	25	50	H
69.00	Clinical Admin	5.00	7.2%	53.1%	92%	5	9	21	M
1,192	Total	161	13.5%	48.4%	84%	49	128	294	

5.5 The impact of steadily increasing difficult to fill posts, does not create an unplanned saving, on the contrary, it results in a significantly higher than budget spend on agency posts.

6. Savings Plans

6.1 The Board have drawn up two lists of savings; efficiency savings and unidentified savings assumed to be delivered in-year. The Board has also included a line for financial management/ Corporate Initiative efficiency e.g. financial flexibility.

6.2 The efficiency savings identified include long term project work to deliver ongoing savings that has already commenced. A list of these savings, with risk ratings can be found at Appendix 1.

6.3 For the unidentified savings assumed to be delivered in-year, the Board has looked at the areas where we may make opportunist savings and therefore non recurring by nature. The Board as also identified areas that need reforming but no plans are yet in place to take that forward. These are attached as Appendix 2. Included within this list is reviewing the acute services, looking at optimal stay, reducing delayed discharges, and realistic medicine agenda. The Board will also be looking at local working between partners to provide more effective and consistent services.

6.4 In summary the table overleaf shows the three year saving plan totals and the financial position of the Board in those three years. Recurring savings have been built in the expenditure budget of the following year, therefore recurring savings shown are new to the year in question.

	19/20	20/21	21/22	22/23
	£'000	£'000	£'000	£'000
Expenditure				
Board	25,617	28,843	29,562	30,250
Hospital	24,687	24,984	25,544	26,290
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RRL	92,341	94,427	96,827	99,299
GAP	(789)	(3,370)	(2,898)	(2,784)
Recurring efficiency Savings	0	(1,071)	(845)	(730)
Non recurring efficiency savings	0	(1,200)	(1,000)	(1,000)
Unidentified savings to be delivered in year	(789)	(1,099)	(1,053)	(1,054)
Total Savings	(789)	(3,370)	(2,898)	(2,784)
Forecast variance against RRL	0	(0)	0	(0)

Reliance on non-recurring savings

- 6.5 Due to the ongoing pressures that are arising year on year, to enable the Board to break-even, we have become reliant on non-recurring savings. Many of the non-recurring savings are within the non-clinical areas where the inability to recruit to posts results in non recurring savings. These posts although not clinical are paramount to delivering the key strategic aims of the Board and included public health prevention and health promotion posts.
- 6.6 Year on year the Board looks at financial flexibility to break-even, IJB reserves, small non recurring savings e.g. staff travel, reducing bank, overtime etc. For 20/21 there will be very little financial flexibility left and no general IJB reserves. The grip and control plan that was put into place to try and bring the Board back into a break-even position for 19/20 will be carried forward into 20/21 and beyond.

7. Risks

- 7.1 There are a number of financial risks associated with the Board achieving financial stability and these are as follows;

Operational

- 7.2 The board is still experiencing an unacceptably high number of delayed discharges, the majority of which are awaiting care home placement or social home care packages. The increasing risk is that this may have a significant impact on the Board's operational efficiency and its ability to meet the Treatment Time Guarantee, and result in further additional costs associated with staffing local contingency beds; mainland treatment as a result of displacement; and patient travel. In addition it could necessitate the urgent transfer of emergency admissions that may otherwise be treated locally. The potential impact in 2020/21 is in excess of **£2,000k** (based

on ISD figures) and the risk is currently rated as medium. The likely accountable financial risk for 20/21 is **£500k** and is high. There is no signs of this position improving due to Health and Social Care workforce issues.

Mitigation

- Workforce and Demographic summits to be held with local partners as data has shown there are simply not enough individuals within local population to fill unskilled and semi skilled jobs.
- New care home with extra care housing to be completed 21/22 but workforce supply remains a risk.
- Work to be undertaken on combined social care and health post to improve chances of recruitment

7.3 The Laboratory service continues to be at high risk of overspending, with some instability around the workforce. The potential impact in 2019/20 is **£150k** and the risk is currently rated as medium. Recruitment is ongoing to actively mitigate this risk.

7.4 Year on year mental health placements both for adults and children are increasing. This is an area where we are working very hard in partnership to reduce costs through considering new arrangements to support people with acute mental health problems within a local context or tailor high cost packages within mainland centres where safe to do so. However the Board is aware of a number of patients that may need intervention in the future and there is a number of CAMHS patients that will shortly transition and need on-going life support. The potential impact in 2019/20 is **£500k** and is rated as high.

7.5 The Board has experienced an increase in both volume and cost of oncology and haematology drugs and it is likely the Board will continue to have high costs associated with this area of service. The Board has again increased the base budget for high cost drugs but with the risk of new high cost drugs coming on stream, i.e. Orkambi for the treatment of cystic fibrosis, a further potential impact is estimated at **£400k** and is rated as high.

7.6 Consultant workforce has stabilised through the use of cohorts employed through a direct engagement model in General Medicine and General Surgery. The remaining consultant work force remains vulnerable as there are four further vacancies across the other specialities and a lack of out of hours cover as the GP participation in the out of hours service is steadily diminishing. The potential impact is **£1,000k** and is rated high as issues in 19/20 have not yet been fully mitigated. Work is underway to look at the model of service and whether there needs to be any changes to ensure continuous of service and within the budgeted envelope.

Strategic Risks

- 7.7 NHS Western Isles remains dependent on the continued provision of visiting consultants and networked shared clinical care arrangements. As partner Boards respond to the challenges of increasing demand and delivering the Treatment Time Guarantee, the situation and increasing risk is that partner Boards withdraw from a shared obligatory model of care. Short term re-provision is costly and also jeopardises delivery of the TTG. The risk in 2020/21 is estimated at **£500k** and is rated as High.
- 7.8 To enable the Board to achieve the unidentified savings in year there must be a level of transformation change brought about. With the Board's present vacancies both in key clinical and non clinical posts there is a high risk that there will not be enough resources to bring about the change required. The risk in 20/21 and beyond is estimated at **£1,000k** and is rated as High.
- 7.9 The indicative capital allocation of £1,233k, excluding the expenditure and anticipated matching allocation for the Barra Health and Social Care Hub, present challenges as the Board has identified high priority capital schemes of over £1,700k which far exceeds our base allocation. The programme will need to be risk-assessed and prioritised, but it is clear that the Board will be at risk of needing to carry out capital works as an emergency which it will not have capital funding for. In this instance revenue funding would have to be transferred to capital, and the cost could be at least **£817k**. The risk is rated as medium.
- 7.10 Demographic analysis shows an aging population with an increase in the 80+ age group and a reduction in the workforce by 2027, which could impact on many of our services. We anticipate the impact of the change in demographics will be: higher drugs cost; increased inpatient days; increased laboratory tests and higher use of agency staff to fill vacancies. The potential cost pressure would be over **£2m** and is a high risk but phased over a number of years. This year's potential risk is **£500k** over and above the risks that are picked up above.

8. Revenue Outturn

- 8.1 The Board is presenting a break-even position after savings have been applied for the next 3 years. The reported break-even position is very high risk and is dependent on the following:
- Board's ability in 20/21 to recruit and stabilise a sustainable medical consultant substantive posts and reduce the £1,000k risk as reported at paragraph 7.8
 - The whole systems ability to recruit into the care industry across the Health and Social Care Partnership to aid in the reducing of delayed discharges and enable the Board to shift the balance of care
 - The Board's ability to recruit staff into the key strategic posts that will drive the transformational change that will bring about recurring saving

- Arrest and stabilise the Western Isles declining population and workforce demographics as a matter of urgency to allow services to remain on Island.

9. Capital and Back Log Maintenance

- 9.1 The baseline Capital Resource Limit (CRL) for 2020/21 is £1.233million, not including resources associated with St Brendan's new hospital development.
- 9.2 The CRL presents significant challenges to the Board in programming essential building works and equipment purchases along with a number of high priority projects that are required. The Board does note additional capital support received from Scottish Government in 2017/18 and 2018/19 in relation to the CT scanner replacement.
- 9.3 NHS Western Isles has deferred many routine schemes in order to use resources to fund essential projects only in recent years. Many of those previously deferred schemes have now reached a critical stage as over time there has been further deterioration and capital investment is now desperately needed. This resulting pressure along with the timing of several large projects means that the CRL will be under significant pressure in 2020/21 and subsequent years.
- 9.4 Whilst the Board's CRL remains at £1.233m, which we have reflected in this LDP submission, the current capital programme is set out as follows. This highlights the pressures on the capital resource, in particular in 2020/21, a shortfall of **£817k**. The Board will undertake work to prioritise projects and manage this pressure however it is anticipated that additional capital resource will be needed in 2020/21 and in future years to address critical matters.

NHS Western Isles Capital Summary					
	2020/21	2021/22	2022/23	2023/24	2024/25
Buildings	250	250	250	250	250
Non Medical Equipment	150	150	150	150	150
Medical Equipment	850	650	650	650	650
IM&T projects	200	200	200	200	200
<i>Specific high priority projects:</i>					
OUAB dental redesign	400				
OUAB acute redesign		300			
Replacement Fluoroscopy		400			
Replacement scopes	200		200	200	
WIH electrics & plumbing			100	100	100
WIH roof			250	250	250
MRI Scanner					500
	2,050	1,950	1,800	1,800	2,100
Capital Resource Limit	1,233	1,233	1,233	1,233	1,233
Overcommitted	-817	-717	-567	-567	-867

Board Meeting 29.04.20

Agenda Item: 5.2.1

Purpose: For Approval

9.5 Should the board receive no additional capital support, the capital summary would be re-profiled as follows in order to not over commit:

NHS Western Isles Capital Summary					
	2020/21	2021/22	2022/23	2023/24	2024/25
Buildings	200	50	100	100	100
Non Medical Equipment	50	25	50	50	50
Medical Equipment	543	263	438	463	433
IM&T projects	100	25	75	100	100
<i>Specific high priority projects:</i>					
OUAB dental redesign	300	100			
OUAB acute redesign		250	100		
Replacement Fluoroscopy		400			
Replacement scopes	40	120	120	120	
WIH electrics & plumbing			100	100	100
WIH roof			250	250	200
MRI Scanner				50	250
	1,233	1,233	1,233	1,233	1,233
Capital Resource Limit	1,233	1,233	1,233	1,233	1,233
Under/ Overcommitted	0	0	0	0	0

9.6 The above numbers do not include provision for the St Brendan's replacement. The St Brendan's project is currently under review and alternative models of delivery being looked at with the support of Scottish Government. Currently under feasibility study, is the option of creating a community hub including a new school, leisure centre, hospital, etc.

We have not attached a financial budget against the St Brendan's project within the capital investment section of the Financial Plan, whilst there *will* be investment required for this project there are various factors affecting what a suitable forecast would look like at present.

9.7 The latest statistics from the AMR show that NHS Western Isles current backlog maintenance of £3m remains static including inflation comparing to 2012. This has been achieved through targeted backlog maintenance and in the refurbishment of existing assets. There is no backlog of significant or high risk items.

Board Meeting 29.04.20
Agenda Item: 5.2.1
Purpose: For Approval

Board Meeting 29.04.20
Agenda Item: 5.2.1
Purpose: For Approval

Appendix 1

Board Meeting 29.04.20
 Agenda Item: 5.2.1
 Purpose: For Approval

Ref.	Proposal	Lead	R/NR	Saving 20/21 £'000	Saving 21/22 £'000	Saving 22/23 £'000	Financial Risk	System Risk	Political Risk
HSCP	Reduce the frequency and cost of off-island placements for mental health and social care patients/service users	CO	R	100	100	-	H	M	M
HSCP	Reduce prescribing costs by deploying primary care pharmacists and implementing 'script switch'	CO	R	100	200	-	H	M	L
HSCP	Review of Administration	CO	R	-	50	50	L	L	L
HSCP	Review of physiotherapy establishment	CO	R	76	-	-	L	M	L
HSCP	Review of OT establishment	CO	R	40	-	-	L	M	L
HSCP	Review of Podiatry establishment	CO	R	20	-	-	L	M	L
HSCP	Mental Health Redesign Efficiencies	CO	R	25	25	-	L	M	L
HSCP	Mental Health Redesign Efficiencies	CO	NR	150	-	-	L	H	M
HSCP	Primary Care OOH Redesign	CO	R	70	-	-	M	M	M
HSCP	Further Prescribing efficiencies by the employment of Community Prescribing advisors	CO	R	-	-	150	H	M	L
BRD	Non Clinical Vacancies - inability to recruit often due to demographics and geographical remoteness	HRD	NR	500	500	500	L	M	M
BRD	HEPMA - containment of some of the local implementation costs	ND	NR	50	50	50	L	L	L
HOSP	Increase in income streams within hotel services, Laundry, Catering and Residences	ND	R	70	50	30	M	L	L
BRD	Patient Path ways and the continuous use of Near me Clinics reducing the need to travel	ND	R	150	200	300	H	M	L
BRD	Reducing the travel management costs i.e. Booking in House	DOF	R	30	-	-	M	L	L
BRD	Limit Staff Travel to clinical need and statutory training	CEO	NR	100	50	50	M	M	L
HOSP	Exercise on all SLA to reduce cost by ensuring accuracy of recharge, decreasing off island referrals if service can be produced in house and looking at pre-op procedures	ND	R	300	200	200	H	L	L
BRD	Financial Flexibility	DOF	NR	400	400	400	H	L	L
HOSP	Theatre Supplies - changing to single supplier	ND	R	60	-	-	L	L	L
HOSP	More efficient and effect stock control managements	ND	R	30	20	-	M	L	L
Total				2,271	1,845	1,730			

Appendix 2

Unidentified Saving assumed to be delivered in year for the 3 years of AOP	R/NR	Financial Risk	System Risk	Political Risk
<i>Hotel Services Redesign: To redesign/assess services in light of changes or transfer of some services into community and work closely with our social care partnership in designing services</i>				
Assess Staffing/Work load capacity	R	M	M	L
Reduce subsidy on both canteens, analysing future throughput in Uist and Barra with regards to hub development	R	H	M	M
<i>Review of Residences</i>				
Increase use of residences and build on the present working group set up to review residences	R	M	L	L
Charging maximisation and debt recovery improvement	R	M	L	L
<i>Waste Management:</i>				
Recycling of household board and hospital waste	R	M	L	L
Recycling of Theatre Waste	R	M	M	L
<i>Service Review</i>				
Review of Labs Tests - increasing demand for multiply lab tests	R	H	M	M
Stock Management of Reagents - losses and out of date stock, look to procurement for my efficient methods of ordering and controlling stock	R	M	M	L
Review of Acute Services, reduction in length of bed stay, reducing delayed discharges, reducing time of post op procedures and demand optimisation	R	H	H	H
Further Opportunistic savings due to difficulty in recruiting to posts. Vacancy savings will not be targeted against specific posts and posts will not be kept vacant unless subject to redesign or demand does not require them to be filled.	NR	M	M	M
Efficient Use of Digital Technology on the Back Office function, realising time to care, reducing administration time. To include MORSE, Hybrid Mail, EMREC etc.	R	H	M	M
Back Office Review/Regional Savings and Once for Scotland	R	H	M	H
Review NHS Estate to ensure effective and efficient use of our estate	R	H	M	M