



## CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

# Integrated Joint Board - Financial monitoring report for the 10 months to 31 January 2017

## Introduction

The financial monitoring report provides an overview of the Integrated Joint Board's financial position at the end of January 2017. It contains the following sections:

1. Key Figures and Comments
2. Income and Expenditure
3. IJB Management and Administrative budgets
4. Head of Locality Services budgets
5. Head of Partnership Services budgets
6. Head of Dental Services budgets
7. Head of Mental Health budgets
8. Associate Medical Director budgets
9. Alcohol and Drugs Partnership
10. NHS Set Aside budgets
11. Financial Efficiency Plan
12. Risks
13. Glossary

## 1. Key Figures and Comments

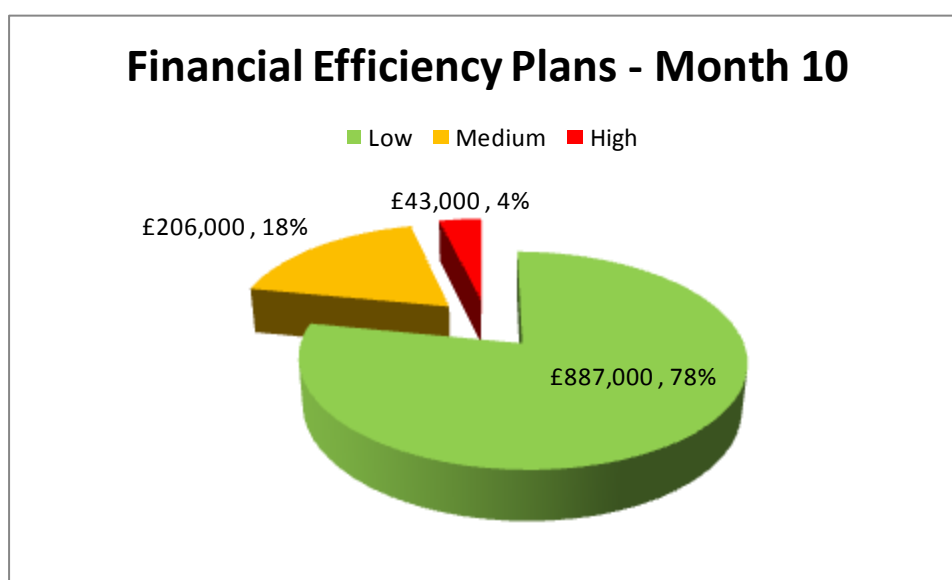
Overall Position at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Revenue</b>						
NHS Partner	29,640	30,051	(411)	37,675	38,059	(383)
Comhairle	15,328	15,939	(611)	18,897	18,795	102
<b>Surplus/ (Deficit)</b>	<b>44,968</b>	<b>45,990</b>	<b>(1,022)</b>	<b>56,572</b>	<b>56,854</b>	<b>(281)</b>

### Variations

- 1.1 This report reflects the spend to date and explains any variances which have arisen in the first ten months of the year which are likely to have an impact on our year end outturn.
- 1.2 At 31<sup>th</sup> January 2017 the Board is showing an overspend of £1,022k and a projected year end **overspend of £281k**. The main areas of concern are as follows:
- There is an in year overspend of £133k on acute nursing (within the acute set aside) and a projected **overspend of £137k**. High bed occupancy and delayed discharges are impacting on the wards' ability to manage within establishment where there are high levels of sickness or maternity leave.
  - There is still a large overspend in year against residential income. This is due to the reversal of the accruals set up at the yearend relating to un-invoiced income for residents receiving services. The accrual has been reversed but not all back dated invoices have been raised or a debt provision raised for long term debt. The review of residential client charges has indicated that the income due is not as high as the previous year due to last year's income accrual having back payments for previous years included and that there will also be a level of time barred debt/income. The projection of income therefore has been estimated at 80% retrieval rate to take onboard these assumptions. These assumptions therefore result in projected overspend against residential care of £174k.
  - A review of OOHs cost pressures has shown that the service is likely to **overspend by £109k** by year end. The overspend is due to an increased superannuation bill and an increase in weekend service provision in the Uists.
  - Adult mental health placements (NHS Partner) is overspent by £226k in year and is projected to **overspend by £256k** at year end. This is due to 3 long term acute placements, 2 in a low secure unit at a private facility and 1 in New Craigs but with a higher package of care than is normally required for NHS Western Isles patients.

## Efficiency Savings

- 1.3 The Integrated Joint Board's cash efficiency target is £1,135k, this is the NHS partners required efficiency savings including the Comhairle's workforce planning savings.
- 1.4 It is estimated that the IJB has already achieved savings of £970k, against the Financial Efficiency Plan (FEP) of £1,135k and at month 10 the Board is forecasting to achieve £1,180k of these savings by the yearend. The risk ratings of the plan at month 10 is summarised below and detailed at paragraph 10.



## Forecast Out turn

- 1.5 The Board at month 10 is forecasting a **£281k overspend** at year end (£310k overspend at month 9). The acute overspend at present could be contained within the NHS Partner's limited budgeted contingency but work is also underway to try and mitigate the overspend on the acute side of the IJB, assessing how we can reduce the overspends due to continued use of contingency beds. If the overspend increases there is a risk that the IJB may not breakeven.
- 1.6 At month 10 the main service risks which could potentially increase the overspend is as follows:
- Increase in acute adult mental health referrals in the last 2 months,
  - Higher than average GP Prescribing through the winter months (projection is based on seasonal average but a very bad winter can affect the prescriptions issued).
  - Increase in bank use above projection due to further delayed discharges or high sickness in the medical wards.

## 2. Income and Expenditure Summary

Sections 2-9 of this report provide further detail on the operational position

Income & Expenditure at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>						
Chief Officer - Management	1,329	1,232	97	1,738	1,642	96
Head of Locality Services	14,069	14,637	(568)	17,382	17,351	31
Head of Partnership Services	7,416	7,487	(71)	10,784	10,691	93
Head of Dental Services	2,621	2,621	0	3,196	3,196	-
Head of Mental Health Services	2,153	2,143	10	2,575	2,555	20
Associate Medical Director	12,470	12,524	(54)	14,922	15,056	(134)
Alcohol and Drugs Partnership	438	438	-	531	531	-
Acute Set Aside	4,472	4,908	(436)	5,444	5,832	(387)
<b>Total Net Cost</b>	<b>44,968</b>	<b>45,990</b>	<b>(1,022)</b>	<b>56,572</b>	<b>56,854</b>	<b>(281)</b>

- 2.1 The above table shows the IJB's overall spending position at the end of Month 10 analysed by Heads of Service. Subsequent sections give more detail on each of the lines shown above.

## 3. Chief Officer Administration and Management

Chief Officer - Management at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Management	306	290	16	537	463	74
Community Admin	103	110	(7)	97	105	(8)
CnES Management and Admin	665	602	63	798	768	30
Housing Services	255	230	25	306	306	0
<b>Surplus/ (Deficit)</b>	<b>1,329</b>	<b>1,232</b>	<b>97</b>	<b>1,738</b>	<b>1,642</b>	<b>96</b>

- 3.1 The above table shows the spending position on the Chief Officer's management budgets. The yearend underspend of £96k is due to vacancies within the NHS Partner's community management budget and a vacant post within CnES Management and Admin budget.

#### 4. Head of Locality Services

Head of Locality Services at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Nursing	2,664	2,553	111	3,186	3,125	61
Community Hospitals	1,650	1,672	(22)	1,985	2,008	(23)
CnES Residential Care	3,416	4,088	(672)	4,099	4,274	(175)
Adult Care and Support Services	2,432	2,661	(229)	2,917	2,917	0
CnES Home Care	3,810	3,553	257	5,079	4,886	193
Adult Care Transport	97	110	(13)	116	141	(25)
Community Care	0	0	0	0	0	0
<b>Surplus/ (Deficit)</b>	<b>14,069</b>	<b>14,637</b>	<b>(568)</b>	<b>17,382</b>	<b>17,351</b>	<b>31</b>

- 4.1 The above table shows the spending position on the Head of Locality's budgets. There is an in year overspend of £568k (compared to an overspend of £413k in month 9) and a projected underspend of £31k.
- 4.2 There is still a large overspend in year against residential income. This is due to the reversal of the accruals set up at the yearend relating to un-invoiced income for residents receiving services. The accrual has been reversed but not all back dated invoices have been raised or a debt provision raised for long term debt. The review of residential client charges has indicated that the income due is not as high as the previous year due to last year's income accrual having back payments for previous years included and that there will also be a level of time barred debt/income. The projection of income therefore has been estimated at 80% retrieval rate to take onboard these assumptions. These assumptions therefore result in projected overspend against residential care of £174k.
- 4.3 Home care services are £257k underspent at month 10, and is projected to underspend by £193k. The underspend is due to reductions in the MOSS and evening services and vacant posts within the service.
- 4.4 The combined expenditure for home care services and self directed support is a £301k underspend at month 10 and a projected yearend underspend of £243k.

## 5. Head of Partnership Services

Head of Partnership Services at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Podiatry	384	371	13	460	452	8
Dietetics	157	164	(7)	189	196	(7)
Occupational Therapy	404	427	-23	494	487	7
Physiotherapy	756	782	(26)	906	920	(14)
Community Care	1,062	1,048	14	1,779	1,759	20
Integration Funds	0	0	0	1,374	1,374	0
Criminal Justice	187	119	68	224	219	5
Assessment and Care Services	1,859	2,067	(208)	2,230	2,128	102
Commissioning and Partners	1,172	1,065	107	1,406	1,458	(52)
Adult Mainland Placements	1,435	1,444	(9)	1,722	1,698	24
<b>Surplus/ (Deficit)</b>	<b>7,416</b>	<b>7,487</b>	<b>(71)</b>	<b>10,784</b>	<b>10,691</b>	<b>93</b>

- 5.1 The above table shows the spending position on the Head of Partnership's budgets. There is a £71k in year overspend and a £93k yearend projected underspend.
- 5.2 The Assessment and Care Services is projecting a £102k underspend due in part to lower Direct Payments than budgeted for.
- 5.3 Commissioning and Partners is projected to be overspent by £52k is due to an increase in spot purchasing.

## 6. Head of Dental Services

Head of Dental Services at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Dental inc. Oral Health	265	265	0	232	232	0
General Dental Services	2,356	2,356	0	2,964	2,964	0
<b>Surplus/ (Deficit)</b>	<b>2,621</b>	<b>2,621</b>	<b>0</b>	<b>3,196</b>	<b>3,196</b>	<b>0</b>

- 6.1 The above table shows the spending position on the Head of Dental's budgets. There are no major variances to date but Dental is a high risk area because of known Dentist vacancies occurring during the year and the uncertainty around the Independent Dental Practitioner.

## 7. Head of Mental Health Services

Head of Mental Health Services at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Mental Health Management	244	211	33	296	256	40
Mental Health Consultants	347	371	(24)	417	439	(22)
Mental Health Nursing	1,562	1,561	1	1,862	1,860	2
<b>Surplus/ (Deficit)</b>	<b>2,153</b>	<b>2,143</b>	<b>10</b>	<b>2,575</b>	<b>2,555</b>	<b>20</b>

7.1 The above table shows the spending position on the Head of Mental Health's budgets.

7.2 There is an in year overspend of £24k on the psychiatrists and a £22k projected overspend. This is due to a vacancy being covered by a long term agency psychiatrist.

## 8. Associate Medical Director

Associate Medical Director at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Medical	207	186	21	249	249	0
GMS	5,178	5,178	0	6,187	6,187	0
GPS - Prescribing	4,843	4,864	(21)	5,725	5,750	(25)
FHS	1,277	1,277	0	1,586	1,586	0
Out of Hours	965	1,019	(54)	1,175	1,284	(109)
<b>Surplus/ (Deficit)</b>	<b>12,470</b>	<b>12,524</b>	<b>(54)</b>	<b>14,922</b>	<b>15,056</b>	<b>(134)</b>

8.1 The above table shows the spending position on the Associate Medical Director's budget. GP prescribing budget is a high risk budget and will be monitored carefully for any changes to drug prescribing patterns on a monthly basis.

8.2 A review of OOHs cost pressures has shown that the service is likely to overspend by £109k by year end. The overspend is due to an increased superannuation bill and an increase in weekend service provision in the Uists.

## 9. Alcohol and Drugs Partnership

Alcohol & Drugs Partnership at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Alcohol and Drugs Partnership	438	438	0	531	531	0
<b>Surplus/ (Deficit)</b>	<b>438</b>	<b>438</b>	<b>0</b>	<b>531</b>	<b>531</b>	<b>0</b>

9.1 The above table shows the spending position on the Alcohol and Drugs Partnership budget. There are no major variance to date.

## 10. NHS Set Aside

Set Aside at Month 10	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Nursing	2,993	3,126	(133)	3,591	3,729	(137)
SLA - General Medicine	412	412	0	549	549	0
General Medical Consultants	510	551	(41)	636	587	49
Pharmacy	266	302	(36)	319	362	(43)
ECR - Adult Mental Health	291	517	(226)	349	605	(256)
<b>Surplus/ (Deficit)</b>	<b>4,472</b>	<b>4,908</b>	<b>(436)</b>	<b>5,444</b>	<b>5,832</b>	<b>(387)</b>

- 10.1 The above table shows the spending position on the NHS Set Aside budget. The set aside budget is showing an in year overspend of £436k and a projected overspend of £387k
- 10.2 The set aside budget includes those areas not managed directly by the Chief Officer of the IJB but the budget falls under the remit of the IJB. The Acute Nursing includes the medical and rehabilitation wards together with A&E. The pharmacy budget relates to the drugs prescribed within the ward or community areas within the IJB.
- 10.3 There is an in year overspend of £133k on acute nursing (within the acute set aside) and a projected overspend of £137k. High bed occupancy and delayed discharges are impacting on the wards' ability to manage within establishment where there are high levels of sickness or maternity leave.
- 10.4 The pharmacy budget is showing an overspend to date of £36k and a projected overspend of £43k. This is due to the medical wards having to continuously use their contingency beds which has resulted in increased volume of drugs prescribed.
- 10.5 Adult mental health placements (NHS Partner) is overspent by £226k in year and is projected to overspend by £256k at year end. This is due to 3 long term acute placements, 2 in a low secure unit at a private facility and 1 in New Craigs but with a higher package of care than is normally required for NHS Western Isles patients.





## 11. Financial Efficiency Plan – action plans to achieve break-even

This action plan was drawn up as part of the 16/17 budget-setting process. It is actively monitored by the finance team who are working with managers to ensure that there are robust project plans in place, progress against which will be reported to the Integrated Corporate Management Team on a monthly basis and to the Integrated Joint Board. The following table shows the agreed actions, lead officers, contribution to savings and progress to date together with risk rating and changes to the risk rating.

Ref.	Description	Lead Manager	R/NR	Savings £'000	Month 10 target £'000	Savings YTD £'000	Projected Savings £'000	Surplus (Shortfall) £'000	Current	Risk Score	Risk Change
Y1-40	A reduction in overtime payments of 50%	Paul Dundas	R	15	13	-	-	(15)	H	12	↔
Y1-42	The use of four additional fleet cars for travel	Paul Dundas	R	10	8	-	-	(10)	H	8	↔
Y1-45	Reduce Ardseileach service by 1 FTE	Paul Dundas	R	8	6	-	-	(8)	H	8	↔
Y1-46	Re-design of the anti-social behaviour post	Emma MacSween	R	10	8	-	-	(10)	H	8	↔
PC1	Redesign of overnight services - A joint review of service users has recently been completed. A total of 46 out of 48 reviews were completed. Out of these 41 service users had needs which could be met with a change to	Ron Culley	R	90	60	60	90	-	M	9	↔
PC2	Repatriation of Mainland Placements and high cost packages will be reviewed to seek more cost effective alternative approaches to care	Ron Culley	R	55	37	37	55	-	M	9	↔
PC4	Incontinence Pads - There are an increasing number of "special prescriptions" for patients which is costlier than the contract price.	Kathleen McCulloch	R	10	8	8	10	-	M	8	↔
SC10	1% increase in vacancy provision - Services have a 2.3% vacancy provision built into the budgets, the 1% is a further increase of this	Lachie MacPherson	R	5	4	4	5	-	M	8	↔
PC12	Stock take of Community Equipment Stores	Sonja Smit	NR	10	0	0	10	-	M	6	↔

Ref.	Description	Lead Manager	R/NR	Savings £'000	Month 10 target £'000	Savings YTD £'000	Projected Savings £'000	Surplus (Shortfall) £'000	Current	Risk Score	Risk Change
Y1-41	A reduction in sickness absence of 10%	Paul Dundas	R	23	19	19	23	-	M	6	↔
Y1-44	Reduce care home management in Uist and Benbecula by 1 FTE	Paul Dundas	R	13	-	-	10	(3)	M	6	↔
PC 10	Effective use of travel (mileage volume) - Many services mileage budgets were not rebased when there were a) changes to mileage rates and b) any changes in services that results in less travel for the staff	Ron Culley	R	41	34	34	41	-	L	2	↓
DT2	Effective use of travel (mileage volume) - Many services mileage budgets were not rebased when there were a) changes to mileage rates and b) any changes in services that results in less travel for the staff	Colin Robertson	R	14	12	12	14	-	L	2	↓
DT3	Redesign of Dental Services - workforce efficiencies. The dental services are being redesigned in light of the reduced dental allocation and the likely appointment of an Independent Dental Practitioner in Stornoway	Colin Robertson	R	160	133	133	160	-	L	2	↓
DT4	Redesign of Dental Services procurement savings - the likely appointment of a new Independent Dental Practitioner will reduce the cost of dental materials and sundries	Colin Robertson	R	50	42	42	50	-	L	2	↓
MH2	Effective use of travel (mileage volume) - Many services mileage budgets were not rebased when there were a) changes to mileage rates and b) any changes in services that results in less travel for the staff	Mike Hutchinson	R	2	2	2	2	-	L	2	↓
PC7	1% increase in vacancy provision - Services have a 2.3% vacancy provision built into the budgets, the 1% is a further increase of this	Kathleen McCulloch	R	31	26	26	31	-	L	2	↓
PC14	1% increase in vacancy provision - Services have a 2.3% vacancy provision built into the budgets, the 1% is a further increase of this	Ron Culley	R	57	48	48	57	-	L	2	↓
DT5	1% increase in vacancy provision - Services have a 2.3% vacancy provision built into the budgets, the 1% is a further increase of this	Colin Robertson	R	26	22	22	26	-	L	2	↓
MH3	1% increase in vacancy provision - Services have a 2.3% vacancy provision built into the budgets, the 1% is a further increase of this	Mike Hutchinson	R	17	14	14	17	-	L	2	↓
PC6	Mid Point Banding of new posts - the Board needs to ensure all vacancies are accounted for equally. All vacancies will be held at mid point, not at the top of the scale	Ron Culley	R	30	25	25	30	-	L	2	↓
SC8	Mid Point Banding of new posts - the Board needs to ensure all vacancies are accounted for equally. All vacancies will be held at mid point, not at the top of the scale	Ron Culley	R	44	37	37	44	-	L	2	↓

Ref.	Description	Lead Manager	R/NR	Savings £'000	Month 10 target £'000	Savings YTD £'000	Projected Savings £'000	Surplus (Shortfall) £'000	Current	Risk Score	Risk Change
MF7	Financial Flexibility (Annual Managed Expenditure) - changes in financial regulations in how Boards account for provisions	Debbie Bozkurt	NR	137	137	137	137	-	L	2	↔
MH1	Learning Disabilities Review - There are vacancies within the learning disability team which are being partially covered and will be recruited to but there is likely to be a net saving for the first few months of the financial year	Mike Hutchinson	R	13	13	13	13	-	L	2	↔
PC3	Hold Eastside Team leader - 3 months	Kathleen McCulloch	R	13	13	39	52	39	L	2	↔
PC5	Community Nursing Efficiency	Kathleen McCulloch	NR	12	12	12	12	-	L	2	↔
PC9	Hold Westside Bank 3 Month	Kathleen McCulloch	R	12	12	12	12	-	L	2	↔
PC10	AHP Lead - expected Vacant 2 months	Ron Culley	NR	5	5	23	28	23	L	2	↔
PC11	Saving from Chief Officer Post	Ron Culley	R	10	10	10	10	-	L	2	↔
PC13	Net effect of freezing Physiotherapy vacant posts 2 months	Sheila Nicolson	R	8	8	8	8	-	L	2	↔
DT1	Oral Health Efficiencies - recognising some work can be undertaken in existing budgets	Colin Robertson	NR	76	63	63	76	-	L	2	↔
SC2	Hold Erisort - Band 2 Vacancy	Lachie MacPherson	NR	16	13	13	16	-	L	2	↔
MD6	Savings on Prescribing budget (Non Drugs) - Previous budget used for script switch maintenance charges	Keith Burns	R	42	35	35	42	-	L	2	↔
Y1-43	Reduce care home management in Lewis and Harris by 1 FTE	Paul Dundas	R	16	13	37	44	28	L	2	↔
Y1-47	Deletion of vacant Service Manager – Adult Care and Support post, Community Services	Paul Dundas	R	55	46	46	55	-	L	2	↔
<b>TOTAL</b>				<b>1,135</b>	<b>938</b>	<b>970</b>	<b>1,180</b>	<b>45</b>			

11.1 The table above shows that at month 10 the Board has achieved £970k savings against a target of £938k. The Board is projected to achieve £1,180 of the identified cash savings. The chart at paragraph 1.4 and the first part of this table above shows £43k of high risk saving.

## 12. Financial Risks

12.1 There are many potential financial risks in achieving the break-even for 2016/17, some of these are diminishing, as either the risk has been realised or the financial risk has reduced:

- The challenges posed by the Financial Efficiency Plan are significant, and the proposed savings may not be achieved in their entirety. Of the cash releasing savings required to break even, **£43k** are currently rated as **high risk**.
- The high levels of sustained delayed discharges experienced during 2015/16 (occupying up to a third of medical bed capacity, and all of whom are awaiting care home placement or social home care packages) may continue. The potential further impact in 2016/17 is in excess of **£50k** and the risk is currently rated as **high** and although action is being taken to address this, there has been an increase over the summer and autumn months.
- Both parent bodies are experiencing challenges in respect of sickness absence. Unaddressed the potential impact is at least **£50k** in terms of providing backfill for absent staff. this risk is rated as **medium**.
- High levels of winter prescribing could occur. This potential impact is **£100k** and is rated as **high**.
- Further adult mental health placements over the winter months could impact the IJB position by **£50k** and is rated as **high**.
- Inability to recruit to critical posts may necessitate expensive locum cover. Recruitment processes are pending. Should posts remain vacant then short term solutions will be sought in the first instance. Unaddressed the potential impact is **£50k**. Addressed this risk is rated as **medium**, reflecting the work that has been undertaken to reduce the rate of pay for agency support through a contract for services.
- In the event of local GP practices being unable to recruit to vacant GP posts, the Board may need to employ locum staff to increase capacity in provision of GP Out of Hours services in the Uist and Barra Hospital and the Western Isles Hospital. This risk is rated as **medium** and the potential impact is **£50k**.
- Inflationary assumptions may be incorrect, although benchmarking with other partnerships indicates that our assumptions are broadly consistent. The potential impact is **£50k** and this risk is rated as **low**.
- There are increasing numbers of high cost and fragile cases in Health and Social Care (including mainland placements) The potential impact is **£100k** and this risk is rated as **low for 16/17 but a high risk for 17/18**

- Demographic growth is resulting in an increasing proportion of elderly people requiring care. The potential impact is **£100k** and this risk is rated as **low for 16/17 but a high risk for 17/18.**

### 13. Glossary of Terms

Accumulated deficit	The cumulative sum of previous year end overspends (offset by any underspends) which must eventually be recovered.
Allied Health Professionals (AHPs)	Physiotherapists, Occupational Therapists, Speech & Language Therapists, Radiographers, Dieticians, Podiatrists, etc.
Annually Managed Expenditure (AME)	Expenditure, mainly provisions and impairments, which is not part of our "core" RRL and which is subject to review twice a year by SGHSCD. Note that when provisions are realised the cost is taken to revenue.
Capital expenditure	Spending on assets which meet given criteria, generally having a life of more than one year and an individual value of £5k or more or a grouped value of £20k or more.
CNORIS	Clinical Negligence and Other Risks Scheme. A risk transfer and financing scheme whereby the cost of losses is shared equitably across NHS boards.
Deferred Income	Allocations received in previous years against future expenditure.
Extra Contractual Referrals (ECR)	Referrals to mainland hospitals or private providers that NHS Western Isles do not have an SLA with. Often very high cost packages of care.
Financial Efficiency Plan (FEP)	A financial plan which identifies how required cash and non cash efficiency targets, both recurrent and non recurrent, will be achieved.
GPS	General Pharmaceutical Services, i.e. drugs prescribed in the community.
National Procurement (NP)	Part of NHS Scotland which advises and supports boards on procurement matters.
Provision	Money set aside to pay for an anticipated future liability.
Revenue expenditure	Spending on day to day operations.
Revenue Resource Limit (RRL)	Total revenue funding allocated to NHS Western Isles by SGHSCD each year.
Service Level Agreement (SLA)	Formal agreement with an external body for delivery of a specified service.
Underlying (recurrent) deficit	Long-term continuing spending not supported by ongoing funding.
UNPACS	Unplanned activities. Services provided by other boards where there is no SLA in place.