



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

Integrated Joint Board - Financial monitoring report for the 7 months to 31 October 2018

Introduction

The financial monitoring report provides an overview of the Integrated Joint Board's financial position at the end of October 2018. 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. Bank Staff
12. Temporary Workforce
13. Financial Efficiency Plan
14. Risks
15. Glossary

1. Key Figures and Comments

Overall Position at Month 7	Year to Date			Full Year Projection			Month 6 Variance	Change
	Budget	Actual	Variance	Budget	Actual	Variance		
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000		
Revenue								
NHS Partner	22,309	22,831	(522)	39,338	40,403	(1,065)	(1,013)	(52)
Comhairle	11,277	10,912	365	19,322	18,616	706	211	495
General Reserves	0	0	0	0	(359)	359	802	(443)
Surplus/ (Deficit)	33,586	33,743	(157)	58,660	58,660	0	0	0

Variations

- 1.1 This report reflects the spend to date and explains any variances which have arisen in the first seven months of the year which are likely to have an impact on our year end outturn.
- 1.2 At 31 October 2018 the Board is showing an overspend of **£157k** and a projected year end break-even position after a drawdown on general reserves (identified at 18/19 budget setting). The main areas of variation are as follows:
- Homecare continues to underspend and is projected to underspend by £412k at the year end. This is due in part to vacancies within homecare service and the homecare management and the redesign of services (intermediate care and urgent care) not yet implemented and savings on car mileage.
 - As of 31 October 2018 we are projecting a year end underspend of £578k for residential care due to £803k increased income from existing and backlog residential care assessments offset by higher staff costs which include the cost of sleepovers from 1 September 2018.
 - There is an in year overspend on mental health placements of **£136k** and a projected overspend of **£408k**. This is due to continuing adult high cost placements at a private secure unit (a 3rd case has just been admitted) plus a further case being transferred to a secure unit at Gartnavel in November. After the figures were produced a further patient is being held under the Mental Health Act (from mid November) in the private sector but we are hoping for an early transfer back to the Board's APU.
 - There is an in year overspend on GP Prescribing of **£30k** and a yearend overspend projection of **£172k**. This could increase depending on whether the saving on tariffs is achieved (£142k was taken off the Board's prescribing allocation on the back of a predicted £20m Scotland wide reduction in tariff for specific drugs) and the effect of winter pressures..
 - There is a high risk that delayed discharges will continue specifically in the medical wards which will result in higher bank costs to cover the staffing of contingency beds. At month 7 the overspend is **£117k** but is expected to rise to **£251k** by year end.

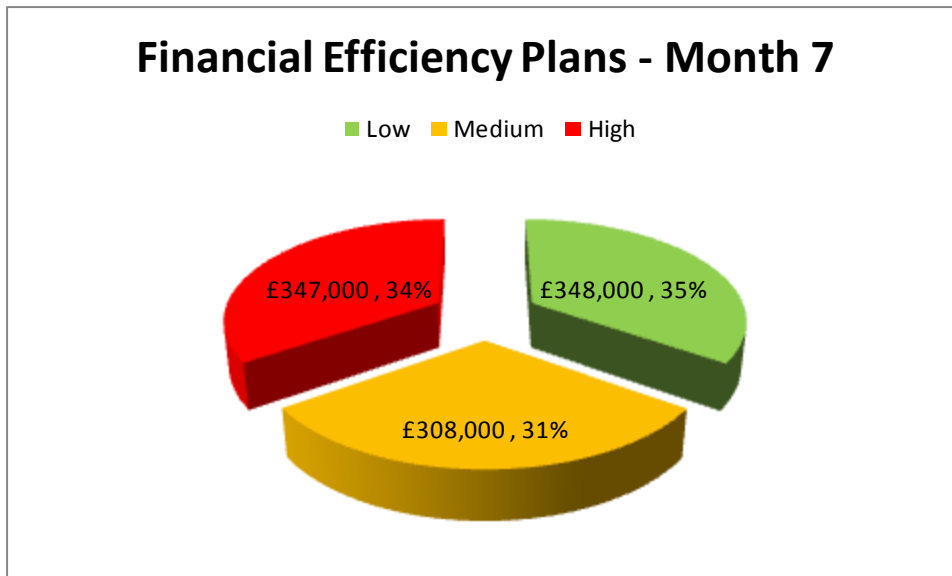
Vacancies and workforce demographics

- 1.3 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 and 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%. This decrease in workforce population has already starting to bite within the total Health and Social Care Partnership considerably.
- 1.4 The IJB has started monitoring vacancies and the effect it will have on the stability of the workforce and the increased cost of providing external locums where internal bank cannot be used, specifically within the NHS. The table below shows the vacancies per service area and the number of over 60+ employees within that area.
- 1.5 As can be seen by the following table 9% of funded WTE posts are vacant and 14% of WTE in post are over 60, but as can be seen some services are far more vulnerable than others.

Month 6		As of 31 August 2018	Vacancies			Age Profile		Heads	
Staff in Post WTE	Head		WTE	Heads	Chg M5-6	60+ WTE	60+ Heads	Estab. Vacancy	In post 60+
79.40	103	Adult Services	5.97	10	😊	9.70	13	9%	13%
150.80	207	Residential Services	8.04	12	😞	30.10	38	5%	18%
120.10	166	Home Care & Reablement	14.07	26	😊	23.60	34	14%	20%
9.40	10	Criminal Justice	0.39	1	😊	-	-	9%	0%
14.70	17	Strategic Commissioning & PS	0.68	1	😊	1.00	1	6%	6%
11.60	12	Assessment & Care Services L/H	1.00	1	😊	-	-	8%	0%
4.00	4	Assessment & Care Services U/B		-	😊	-	-	0%	0%
93.09	118	Acute Nursing IJB	4.59	9	😊	15.28	21	7%	18%
62.33	75	Community Nursing	3.39	6	😊	11.37	13	7%	17%
42.53	48	Community Hospital	8.16	11	😊	6.65	8	19%	17%
43.67	50	Mental Health	6.63	9	😊	3.47	4	15%	8%
55.56	68	Dental	4.00	4	😊	0.60	1	6%	1%
56.75	71	AHP	2.16	3	😊	2.37	3	4%	4%
743.93	949	Total	59.08	93		104.14	136	9%	14%

Efficiency Savings

- 1.6 The Integrated Joint Board's cash efficiency target is £1,003k, this is the IJB required efficiency savings.
- 1.7 It is estimated that the IJB has already achieved savings of £456k, against the Financial Efficiency Plan (FEP) of £1,003 and at month 7 the Board is forecasting to achieve £921k of these savings. At month 6 £82k of these savings are forecast not to achieve and there is also £347k of high risk savings. The risk rating of the plan at month 6 is summarised below and detailed at paragraph 13.



Forecast Out turn

- 1.8 The Board at month 7 is forecasting a break-even position at year end, this includes the provision set aside in general reserves for high cost mental health placements of £200k and £158k of other general reserves. The costs of sleepovers have been included within the projections but there has yet been no draw down of the corresponding funds allocated by the Government.

2. Income and Expenditure Summary

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

Income & Expenditure at Month 7	Year to Date			Full Year Projection			Month 6	
	Budget	Actual	Variance	Budget	Actual	Variance	Variance	Change
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000	£'000	£'000
Expenditure								
Chief Officer - Management	666	583	83	1,381	1,832	(451)	(452)	1
Head of Locality Services	10,832	9,876	956	18,571	17,379	1,192	1,176	16
Head of Partnership Services	6,218	6,952	(734)	11,319	11,452	(133)	(53)	(80)
Head of Dental Services	1,657	1,624	33	3,088	3,177	(89)	(64)	(25)
Head of Mental Health Services	1,527	1,561	(34)	2,615	2,581	34	35	(1)
Associate Medical Director	8,746	8,853	(107)	15,156	15,350	(194)	(230)	36
Alcohol and Drugs Partnership	309	349	(40)	642	641	1	1	0
Acute Set Aside	3,631	3,945	(314)	5,888	6,607	(719)	(621)	(98)
Reserves as per Investment Strategy	0	0	0	0	(359)	359	208	151
Total Net Cost	33,586	33,743	(157)	58,660	58,660	0	0	0

- 2.1 The above table shows the IJB's overall spending position at the end of Month 7 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 7	Year to Date			Full Year Projection		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000
Community Management	125	126	(1)	480	600	(120)
Community Admin	82	67	15	115	116	(1)
CnES Management and Admin	280	237	43	480	810	(330)
Housing Services	179	153	26	306	306	0
Surplus/ (Deficit)	666	583	83	1,381	1,832	(451)

- 3.1 The above table shows the spending position on the Chief Officer's management budgets. The yearend projected overspend in community management is due to previous years recurring saving still not being achieved which relates to making cash efficiencies from e Technology. Officers will be looking into how this saving maybe achieved over the coming months.
- 3.2 The overspend against CnES Management and Admin is due to removing the assumption we will need to draw down the amount of £400k from general reserves. To balance the IJB at month 7 we anticipated using £158k of these reserves, we have yet to actually draw down these reserves.

4. Head of Locality Services

Head of Locality Services at Month 7	Year to Date			Full Year Projection		
	Budget	Actual	Variance	Budget	Actual	Variance
	£'000	£'000	under/ (over) £'000	£'000	£'000	under/ (over) £'000
Community Nursing	2,028	1,931	97	3,485	3,349	136
Community Hospitals	1,205	1,193	12	2,066	2,107	(41)
CnES Residential Care	2,508	2,025	483	4,298	3,720	578
Adult Care and Support Services	1,976	1,883	93	3,384	3,277	107
CnES Home Care	3,044	2,785	259	5,216	4,804	412
Adult Care Transport	71	59	12	122	122	0
Community Care	0	0	0	0	0	0
Surplus/ (Deficit)	10,832	9,876	956	18,571	17,379	1,192

- 4.1 The above table shows the spending position on the Head of Locality's budgets. There is an in year underspend of **£956k** and a projected underspend of **£1,192k**.
- 4.2 There is an in year underspend of **£97k** on Community Nursing and a projected underspend of **£136k**. Some of the underspend is due to unbudgeted income for specific posts. The underspend is likely to reduce with winter pressures.
- 4.3 The project overspend of **£41k** on Community Hospital assumes that bank will continue at Uist and Barra at the same rate and that agency nursing staff in Barra will only be for a 2 month period.
- 4.4 Homecare continues to underspend and is projected to underspend by **£412k** at the year end. This is due in part to vacancies within homecare service and the homecare management and the redesign of services (intermediate care and urgent care) not yet implemented as can be seen by the table below and savings on mileage.

Home Care	Variance
Home Care - Staffing	46,391
Home care - Mileage	147,199
Urgent Care - Staffing	75,623
Reablement - Staffing	123,519
Reablement - Mileage	24,022
Management, Coordination and Admin - Staffing	42,114
M, C & A Mileage	-1,222
Non staffing and mileage	-45,487
Total Underspend variance	412,159

- 4.5 As of 31 October 2018 we are projecting a year end underspend of £578k for residential care due to £803k increased income from existing and backlog residential care assessments offset by higher staff costs which include the cost of sleepovers from 1 September 2018.

- 4.6 Adult care and Support Services projected underspend of **£107k** is due to new complex and transition packages not yet commenced or being delivered at less than budgeted costs while still meeting service user outcomes.

5. Head of Partnership Services

Head of Partnership Services at Month 7	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Podiatry	273	285	(12)	468	468	0
Dietetics	102	113	(11)	175	183	(8)
Occupational Therapy	359	377	(18)	615	587	28
Physiotherapy	526	495	31	901	868	33
Community Care	1,026	1,199	(173)	1,759	1,882	(123)
Integration Funds	713	713	0	1,885	1,887	(2)
Criminal Justice	144	116	28	247	212	35
Assessment and Care Services	720	679	41	1,235	1,218	17
Commissioning and Partners	1,721	2,133	(412)	2,948	3,088	(140)
Adult Mainland Placements	634	842	(208)	1,086	1,059	27
Surplus/ (Deficit)	6,218	6,952	(734)	11,319	11,452	(133)

- 5.1 The above table shows the spending position on the Head of Partnership's budgets. There is a **£734k** in year overspend (due to the reversal of year end not yet matching invoices raised) and a **£13k** projected overspend.
- 5.2 Community Care is expected to be **£123k** overspend due to increase in some patients residential fees.
- 5.3 Commissioning and Partners are expected to be **£140k** overspend at year end because of revised increase to contract prices and additional costs due to purchasing external day care services.

6. Head of Dental Services

Head of Dental Services at Month 7	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	169	161	8	244	233	11
General Dental Services	1,488	1,463	25	2,844	2,944	(100)
Surplus/ (Deficit)	1,657	1,624	33	3,088	3,177	(89)

- 6.1 The above table shows the spending position on the Head of Dental services budgets.

- 6.2 There is a **£89k** overspend year end forecast partly due to the use of locum dentists. The allocation received in July for General Dental Services was reduced by 2% from the previous year, this has reduced the budget by £78k.

7. Head of Mental Health Services

Head of Mental Health Services at Month 7	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	202	204	(2)	347	334	13
Mental Health Consultants	242	212	30	414	360	54
Mental Health Nursing	1,083	1,145	(62)	1,854	1,887	(33)
Surplus/ (Deficit)	1,527	1,561	(34)	2,615	2,581	34

- 7.1 The above table shows the spending position on the Head of Mental Health budgets.
- 7.2 The overspend in the Mental Health nursing is due to an in year overspend of **£70k** in Clisham and a projected overspend of **£54k**, this is offset by underspends in the CPNs. Due to the closure of Clisham there will be no bank from month 7 to month 12 which is resulting in the decreasing overspend.

8. Associate Medical Director

Associate Medical Director at Month 7	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Community Medical	146	145	1	250	250	0
GMS	3,651	3,710	(59)	6,400	6,400	0
GPS - Prescribing	3,286	3,322	(36)	5,637	5,809	(172)
FHS	1,071	1,072	(1)	1,836	1,836	0
Out of Hours	592	604	(12)	1,033	1,055	(22)
Surplus/ (Deficit)	8,746	8,853	(107)	15,156	15,350	(194)

- 8.1 The above table shows the spending position on the Associate Medical Director budget. There is an in year overspend on GP Prescribing of **£36k** and a yearend overspend projection of **£172**. This could increase depending on whether the saving on tariffs is achieved (£142k was taken off the Board's prescribing allocation on the back of a predicted £20m Scotland wide reduction in tariff for specific drugs) and the effect of winter pressures.

9. Alcohol and Drugs Partnership

Alcohol & Drugs Partnership at Month 7	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	309	349	(40)	642	641	1
Surplus/ (Deficit)	309	349	(40)	642	641	1

- 9.1 The above table shows the spending position on the Alcohol and Drugs Partnership budget. There are no major variances projected at year end.

10. NHS Set Aside

Set Aside at Month 7	Year to Date			Full Year Projection		
	Budget	Actual	Variance under/ (over)	Budget	Actual	Variance under/ (over)
	£'000	£'000	£'000	£'000	£'000	£'000
Acute Nursing	2,173	2,290	(117)	3,724	3,975	(251)
SLA - General Medicine	549	549	0	549	549	0
General Medical Consultants	533	560	(27)	914	961	(47)
Pharmacy	183	217	(34)	314	327	(13)
ECR - Adult Mental Health	193	329	(136)	387	795	(408)
Surplus/ (Deficit)	3,631	3,945	(314)	5,888	6,607	(719)

- 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 **£314k** and a projected overspend of **£719k**.
- 10.2 The set aside budget includes those areas not managed directly by 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 on wards or community areas within the IJB.
- 10.3 There is an in year overspend on mental health placements of **£136k** and a projected overspend of **£408k**. This is due to continuing adult high cost placements at a private secure unit (a 3rd case has just been admitted) plus a further case being transferred to a secure unit at Gartnavel in November. After the figures were produced a further patient is being held under the Mental Health Act (from mid November) in the private sector but we are hoping for an early transfer back to the Board's APU.

The overspend is partially offset by a transfer of £200k from IJB reserves earmarked at budget setting, shown within contingency. There is however a risk of the overspend increasing if discharge guidance dates are overrun.

10.4 There is a high risk that delayed discharges will continue specifically in the medical wards which will result in higher bank costs to cover the staffing of contingency beds. At month 7 the overspend is **£117k** but is expected to rise to **£251k** by year end.

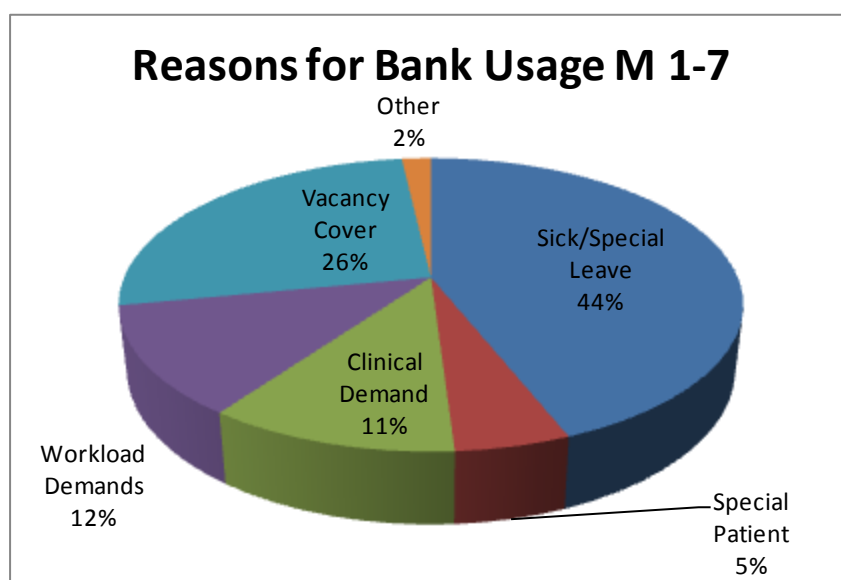
11. Bank Staff

11.1 The first table shows the cost of the bank for nursing above £1k average per month together with vacancies at month 6 and average 7 month sickness data .

BANK Ward/ Service > £1k average per month	Period						Total £	Vac WTE	Sick %
	1-4 £	4 £	5 £	6 £	7 £				
Medical 2 Nursing	57,311	18,536	15,829	16,860	13,290	103,290	1.00	6.29%	
Clisham Ward Nursing	51,603	24,174	14,751	13,191	6,022	85,567	2.00	5.10%	
Medical Ward Nursing	27,272	10,885	7,651	5,349	6,412	46,684	1.25	7.37%	
Erisort Ward Nursing	17,062	4,245	5,790	11,108	4,520	38,480	2.22	7.86%	
Uists & Barra Hospital Nursing	22,028	7,271	4,836	6,935	4,029	37,828	3.20	7.70%	
Acute Psychiatric Ward Nursing	18,666	6,606	5,526	7,233	3,830	35,255	1.00	10.63%	
Barra Nursing	15,011	4,722	1,818	1,640	3,041	21,510	1.54	11.14%	

11.2 Not all wards/services cover their vacancies with bank, some with excess hours and some by the use of inter secondments from wards that may have a short term low bed compliment. Approximately 26% of bank costs are spent covering vacancies but the highest reason for bank use at 44% is to cover sickness and other special leave.

11.3 The pie chart below breaks down the reasons why bank staff (within the IJB), is used over the first 7 months:



12. Temporary Workforce

12.1 10% of NHS IJB established posts are vacant. Some of these posts cannot be replaced by locums when vacant, usually non clinical posts, but the majority of posts are covered by NHS Locums, direct engagement of workers and agency staff. The

Appendix 1

medical director has put in place a cohort for medical consultant post that are paid an equivalent rate to a NHS Locum or substantive post holder (these staff are directly engaged but not on NHS Locum rates).

12.2 The table below shows the costs for the first 7 months of temporary staff cover.

Month 1-7 Temporary Workers	NHS Locum £	Direct Eng. £	Agency £	Total £	Agy Proj £
Prescribing		65,558		65,558	-
OOH		19,081	87,283	106,363	149,627
Nursing		773	15,992	16,765	15,992
Dental Clinic		26,334	-	26,334	-
Physiotherapy			16,211	16,211	26,211
Consultants	90,427	383,546	86,911	560,885	86,911
Total	90,427	495,292	206,397	792,116	278,742

Appendix 1

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

The following table shows the agreed actions, lead officers, contribution to savings and progress to date together with risk rating.

Ref. 7	Summary	DB Lead	R/NR	Year End Target £'000	Month 7 Target	Savings To Date	Projected Savings	Surplus (shortfall)	Risk
SC1	Third and independent sector efficiency	Head of Partnership Services	R	50	29	0	50	0	H
SC3	Reduce the cost of bespoke high cost packages	Head of Partnership Services	R	115	67	67	115	0	H
NHS12	Reduced sickness absence NHS staff	Chief Officer	NR	182	106	58	100	(82)	H
SC4	Introduce our approved charging regime for social care services and apply increases to existing charges	Chief Officer	R	30	18	0	30	0	M
SC5	Repatriate mainland placements	Head of Partnership Services	R	10	6	6	10	0	M
SC6	Invest in fleet cars for the homecare workforce to reduce amount of travelling expenses	Head of Locality Services	R	10	6	0	10	0	M
SC7	Opportunistic saving of 1% on CNES pay budgets	Chief Officer	R	150	88	88	150	0	M
SC9	Residential Care Income	Chief Officer	R	55	32	32	55	0	M
NHS10	Vacancy Efficiencies AHP	Head of Partnership Services	NR	30	18	18	30	0	M
NHS11	Mental Health Redesign/Vacancy Management	Associate Director Mental Health and Learning Disabilities	NR	23	0	0	23	0	M
NHS1	Redesign of school nursing capacity	Head of Locality Services	NR	10	6	6	10	0	L
NHS3	East side SCN frozen ahead of redesign	Head of Locality Services	R	60	35	35	60	0	L
NHS4	Specialist Nursing Redesign	Head of Locality Services	R	27	0	0	27	0	L
NHS5	Prescribing - increase in Rebates	Chief Officer	R	50	29	29	50	0	L
NHS6	Efficiencies in Community Dental Services	Director of Dental Services	R	77	45	45	77	0	L
NHS7	Efficiencies in Central/Local Decontamination	Director of Dental Services	R	43	25	25	43	0	L
NHS8	Rental Income generation within WI Dental Centre	Director of Dental Services	NR	18	11	11	18	0	L
NHS9	Vacant Post CN Westside Band 6 Freeze	Head of Locality Services	R	35	20	20	35	0	L
NHS13	Disestablish Vacant Chasp PA post	Chief Officer	R	18	11	11	18	0	L
NHS14	Freeze AHP Lead Band 6	Head of Partnership Services	NR	10	6	6	10	0	L
TOTAL DB Saving Plan				1,003	556	456	921	(82)	

Appendix 1

13.1 The table above shows that at month 7 the Board has achieved £456k savings against a target of £556k. The Board is projected to achieve £921k of the identified cash savings. The chart at paragraph 1.6 and the first part of this table above shows £347k of high risk saving.

14. Financial Risks

There are many potential operational and strategic financial risks faced in achieving the financial plan for 2018/19 presented here.

Operational

- 14.1 The board is still holding a number of delayed discharges the majority of which are awaiting care home placement or social home care packages. This may have a significant impact on the Board's ability to meet the Treatment Time Guarantee, and result in 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 increased impact in 2018/19 is in excess of **£125k** and the risk is currently rated as medium as action is being taken to address within the Health and Social Care Partnership.
- 14.2 Year on year mental health placements both for adults are increasing. This area is at high risk of increasing **£100k** above the identified overspend projection.
- 14.3 There is a risk of GP prescribing to increase further if for example, certain drugs go on short supply and winter pressures are higher than the average. The potential impact is **£150k** and the risk is high.
- 14.4 Although the consultant workforce has stabilised through the use of cohorts employed through a direct engagement model this still leaves the consultant work force vulnerable. The potential impact is **£100k** and is rated medium.
- 14.5 There are increasing numbers vulnerable placements within Health and Social Care that are at risk of requiring intervention. The potential impact is **£200k** and this risk is rated as medium.

Strategic Risks

- 14.6 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, **£347k** are currently rated as high risk.
- 14.7 Demographics around the increase in the 80+ and the reduction in the workforce population by 2027 could impact on many of our services. This is not going to happen in 2027 but will steadily occur over the coming, months and years. The impact of the change in demographics will see the following; higher drugs cost, increased inpatient days, higher use of agency staff to fill vacancies, fragile homecare and adult services with high levels of vacancies and the possibility of high cost packages being required off island for example. The potential cost pressure would be over **£2m** and is a high risk but phased over a number of years. This year's financial risk is **£200k** and is rated medium as some of the financial risks are being picked up within the risks above.

15. 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.