

Ref.	Summary	Lead Manager	Responsible Manager	R/NR	Saving 17/18 £'000	Saving 18/19 £'000	Risk	EQIA Required	Description of Proposal and Associated Risk
AH1	Redesign OT service by reducing capacity by one FTE	Sonja Smit	Emma MacSween	R	44	0	H	Yes	The service currently has two paediatric OTs, as well as a short-term CAMHS OT post. One vacancy. This proposal would see the OT establishment fall by 1 FTE, with service redesign identifying how best to meet overall need. The redesign work will be taken forward over the course of April-May 2017, with reports to the Health Board/IJB if any operational or equalities issues emerge.
AH2	Podiatry - redesign Band 7 to Band 6 post	Sarann MacPhee	Emma MacSween	R	4	0	L	No	Modest saving with low clinical risk. This change is purely operational and is not anticipated to impact on service delivery.
AH3	Delete Band 6 Extended Scope Practitioner post within Physiotherapy	Sheila Nicolson	Emma MacSween	R	24	0	M	No	Post identified for redesign. Originally intended for redesign into reablement post but that work will now be supported through the Integrated Care Fund. This change is therefore purely operational and is not anticipated to impact on service delivery.
AH4	Podiatry - centralisation and income generation	Sarann MacPhee	Ron Culley	R	10	5	M	Yes	Saving on travel and income generation from footwear. This proposal will involve delivering more of the Lewis clinics in the Western Isles hospital, with a reduced footprint in outreach clinics. This change will require low level redesign of clinical space inside the hospital and will be monitored in terms of service take-up. It will be EQIA assessed in advance of delivery. In addition, there will be an increase in income generation through the footwear fitting service.
AH5	Podiatry - outsourcing basic nail care	Sarann MacPhee	Ron Culley	R	25	0	M	Yes	Outsource basic nail care to private sector. There is a caseload of approximately 500 people for whom basic nail care is provided by NHS podiatry staff. This has been outsourced to the private sector in most parts of Scotland. The Podiatry service would be able to provide basic training and other forms of support to get a service established. A full EQIA would be undertaken before enacted and demand managed until that time.
AH6	Diversification of income streams for Dietetics	Karen France	Ron Culley	NR	6	0	H	No	The dietetics service is currently exploring a range of alternative income streams against which service demand can be supported. There is a risk that bid-based applications for new funding may be rejected
CN1	Redesign specialist nursing	Kathleen McCulloch	Paul Dundas/Chris Anne Campbell	R	25	0	H	Yes	This would involve absorbing specialist prostate cancer role into general responsibilities of Macmillan nurses. The risk is that specialist knowledge is lost and that caseloads become more difficult to manage
CN2	Freeze vacant B7 Eastside Post 6 months	Kathleen McCulloch	Paul Dundas/Chris Anne Campbell	R	26	0	L	No	This forms part of the redesign work to deliver locality management. The Community Nursing East team has been under pressure to meet service demand but staffing changes have sought to mitigate the impact of this.
CN3	Freeze vacant B3 (.3 WTE) Harris Post 12 months	Kathleen McCulloch	Paul Dundas/Chris Anne Campbell	R	10	0	L	No	This post has been lying vacant for some time and is not anticipated to have a major impact given that it is a 0.3 FTE.
CN4	Delete Band 5 vacant post Barra	Kathleen McCulloch	Paul Dundas/Chris Anne Campbell	R	46	0	M	Yes	This would involve reducing the core nursing establishment that operates in Barra across community and hospital. There are two Band 6 and one Band 7 posts providing senior leadership within Barra and it is proposed that we reduce the core establishment by one Band 5 post in view of this position. It is not anticipated that this will have a service impact but it will be kept under review. An EQIA will be undertaken.
CN5	Efficiencies within the incontinence service	Kathleen McCulloch	Paul Dundas	R	10	0	M	Yes	This will involve making savings from procurement and from incontinence prescriptions. The financial risk is medium but there may be reputational challenges in respect of patients not being able to choose products they have accessed in the past.
CN6	Nursing Non pay efficiencies (mixture of supplies and travel)	Kathleen McCulloch	Ron Culley	R	25	0	L	No	Reduction in supplies and travel budget benchmarked against 16/17 actuals
CN7	Barra and Uist non pay efficiencies	Kathleen McCulloch	Paul Dundas/Chris Anne Campbell	R	10	0	M	No	Reduction in supplies and travel budget benchmarked against 16/17 actuals
DS1	Reduce charging variation in dentists	Colin Robertson	Ron Culley	R	10	5	M	No	Variation in charges - targeted work to ensure that income generation patterns are consistent across the Western Isles. Greater income levels would be generated by more effective policy enforcement.
DS2	Efficiencies in Community Dental Services	Colin Robertson	Ron Culley	R	77	0	L	No	We will seek to realise a saving from the public health component which is delivered as an efficiency on an annual basis. This will not impact of service delivery or on the dental public health agenda, which performs very effectively.
DS3	Redesign of Dental Services	Colin Robertson	Ron Culley	R	272	26	M	Yes	Independent practice anticipated to be operating by July 2017 from the Western Isles Dental Centre before migrating to independent premises. This will allow for the deletion of three posts from existing establishment and the NHS provided service focusing more on specialist and rural dental care. Requires the flexible use of staffing across the Western Isles.
GL1	1% reduction in sickness (NHS)	All	Ron Culley	R	171	0	M	No	Assumption that levels of sickness absence will reduce following the roll-out of the EASY system
GL2	National Procurement Supplies Efficiencies (NP)	Adrian Trevor	Debbie Bozkurt	R	25	0	M	No	There is identified savings on medical supplies from national procurement opportunities.
GL3	Use of E Health releasing time to Care	All	Ron Culley	R	75	25	H	No	The roll-out of the Morse electronic administration system will reduce administration time for professionals, thereby providing more time to care. Cash releasing savings through vacancy management and all services will be supported to identify opportunities. It is nonetheless a high risk.
GL4	Admin/PA review	All	Ron Culley	R	30	20	L	No	Ongoing rationalisation of organisational administration capacity following integrated management structure
MD1	Reduce drug costs including receiving rebates	Kirsty Brightwell	Angus McKellar	R	130	0	H	No	This proposal is currently being refined, and needs well-considered plan to generate the level of saving, including potential of off-island support and ensuring all rebates are received. While a number of assumptions are made around income as well as movement to generic drugs, it remains a high risk saving.

MH1	Freeze LDP Post for 3 months	Mike Hutchinson	Ron Culley / Maggie Watts	R	10	0	L	No	Proposed vacancy management saving, in line with previous years. Service has not operated at full capacity so current risk levels maintained.
MH2	Vacancy Freeze CPN Uist and Barra	Mike Hutchinson	Ron Culley / Maggie Watts	R	9	0	M	No	Hard to fill post, likely to remain frozen for first 3 months of 17/18. CPN posts will be part of the Mental Health review and no further decision on this post will be undertaken until review is completed.
MH3	Procurement Efficiencies within the JLIP and management budget	Mike Hutchinson	Ron Culley / Maggie Watts	NR	22	0	L	No	This is an un-committed allocation that sits within the mental health budget
MH4	CPN Non pay efficiencies	Mike Hutchinson	Ron Culley/ Maggie Watts	R	9	0	L	No	Reduction in supplies and travel budget benchmarked against 16/17 actuals
PC1	Repatriate mainland placements (NHS)	Emma MacSween	Ron Culley	R	35	0	H	Yes	This proposal assumes that we can move away from individualised packages, towards group based activity and care. There are arguably opportunities to improve outcomes in this context, to ensure that more time is spent with service users' peer groups.
PC2	Reduction in Minor Equipment	Ron Culley	Ron Culley	R	10	0	H	No	Reduction in budget benchmarked against 16/17 actuals
PC3	GMS LES/DES target	Kirsty Brightwell	Ron Culley	R	9	0	M	No	Reduction in budget benchmarked against 16/17 actuals
SA1	Vacant A&E Health Care Assistant freeze 3 months	Lachlan Macpherson	Chrisanne Campbell	R	6	0	H	No	Vacancy management, based on assumed levels of demand within A&E
SC1	Centralise all care home laundry service	Paul Dundas	Paul Dundas	R	0	35	M	Yes	This is time-intensive work, which will require formal staff consultation (redeployment required) and the development of SLA. System already works for some care homes. Reliance on ferry transportation could generate access issues/turnaround. On-site residual laundry capacity to launder delicate items.
SC2	Third and independent sector partners to volunteer efficiency	Emma MacSween	Emma MacSween	R	10	0	M	No	As per last year, this approach relies on third sector bodies offering efficiencies rather than IJB imposing them, using an open book process based on service specifications. However, £10,000 from a £500,000 pot is a reasonable assumption. Risk of degraded capacity in third sector.
SC3	Enhance community care customer service to improve triaging and sign posting	Emma MacSween	Emma MacSween	R	0	20	H	Yes	This proposal requires the redesign of the social work team, enhanced information transfer through ALISS, and development of referral protocols with informal community support. Risk of some people being inappropriately diverted and established need being missed. If successful, we would need to drive costs out of the homecare budget. Alternatively, it could be used to free up capacity to meet waiting lists, but in which case the financial saving would not be made. Challenges in tracking the saving released. No savings proposed this financial year.
SC4	Invest in group based support for people with learning disabilities and reduce the cost of bespoke packages	Paul Dundas	Paul Dundas	R	99	0	H	Yes	This proposal would allow us to reduce high-cost packages. Group based activities may increase service user risk of harm if not appropriately supported. Workforce design issues to consider, along with new arrangements with third sector partners.
SC5	Invest in improved transport and day-care for older people and reduce the cost of bespoke packages	Paul Dundas	Paul Dundas	R		20	H	Yes	This would involve making use of transport to bring older people together at the Grianan café at lunchtime. Issues of client choice make the saving uncertain. Transportation may also increase risk of falls and injury but would help tackle social isolation and improve independence
SC6	Introduce our approved charging regime for social care services	Ron Culley	Robert Emmott	R	15	0	M	No	The policy is already approved. The main risk is around the projected income (generated from assumptions about share of national total) and deliverability of financial assessment capacity. May be an argument for 'spend to save'
SC7	Repatriate mainland placements	Emma MacSween	Emma MacSween	R	50	0	H	Yes	This proposal assumes that we can move away from individualised packages, towards group based activity and care. There are arguably opportunities to improve outcomes in this context, to ensure that more time is spent with service users' peer groups.
SC8	Reduce grant allocation to specific third sector bodies over two years	Emma MacSween	Emma MacSween	R	5	0	L	Yes	This would involve determining how small grants of less than £5k are used and consider impact of gradual withdrawal;
SC9	Opportunistic saving of 1% on CNES pay budgets	All	Ron Culley	R	150	0	M	No	This would recognise that the social care budgets will have a level of opportunistic savings due to difficulty in recruiting to posts
TOTAL IJB Saving Plan					1,494	156			

Ref.	Description - CNES savings already assumed in budget	R/NR	Saving 17/18 £'000	Saving 18/19 £'000	Risk
PS1	Reduce the amount of overtime paid by 50%	R	30	0	M
PS2	Reduce sickness absence by 10%	R	23	0	H
PS3	Reduce staffing complement with Ardsheilich by 1 post	R	22	0	L
PS4	Reduce day care management capacity in Uist	R	16	0	L
PS5	Reduce care home management costs in Lewis and Harris	R	18	0	L
PS6	Redesign anti social behaviour post	R	10	0	L
PS7	Invest in fleet cars for the homecare workforce to reduce amount of travelling expenses	R	10	0	M
PS8	Increase our charges for residential care by up to 3%	R	15	0	L
TOTAL CNES savings assumed in budget			144		

Risk Analysis		
	Low	Total
Total Savings	218	218
Less Unidentified	0	0
	218	218