Exec Sponsor	Priority Status	Recommendation	Rationale for removal
Alan Wilson	Commence from 2025/26		Savings associated with this recommendation will be included in how Estates and Finance calculate total financial benefits across capital and revenue and therefore the suggested £0.3m - £-0.4m will be subsumed by the existing recommendation withing the Value & Sustainability opportunities:
		maintenance, energy, water, cleaning and rates related cost. £0.3m - £0.4m	NHS Grampian should continue to expedite its review of the estate footprint to identify specific opportunities to rationalise and right-size it. There were quantified previously as a potential £3.2m to £4.8m in annual recurrent savings.
			It is therefore recommended for removal based on the confidence the savings will be captured.
Alan Wilson	Commence from 2025/26	Estates: Advertising on sites. Utilising the digital screens in the main concourse at the Foresterhill site for commercial advertising may provide additional income for the estate.	Analysis from KPMG shows minimal income to be garnered from this. It is proposed any use of implementing digital screens if implemented would best be served conveying health information to staff, patients and visitors.
			For these reasons, it is recommended to not progress this recommendation due to the financial impact being immaterial.
Alex Stephen	Commence from 2026/27	There are an additional 16 opportunities that due to their complex nature require further exploration to assess the benefits to the Health Board.	This was captured in the original review of all recommendations (and maintained following a review by Scottish Government); however it relates to 16 'additional savings opportunities' across pay and workforce planning; non-pay expenditure; clinical productivity; procurement; estates management; and taxation. These are already captured individually within the Value & Sustainability recommendations and therefore is a duplicate statement captured in error originally. It is reported here to ensure transparency in this process and how we report going forward against the original 96 recommendations presented to
Alex Stephen	Commence from 2027/28	The annual budgeting process incorporates historic unrealised savings. It would benefit from a zero-based budgeting approach and from commencing earlier in the financial year.	This recommendation repeats a similar recommendation contained within the external review and therefore we are proposing its removal as the intent behind each is the same. The retained recommendation under the 'Culture and Leadership Programme' will be:
			Review the historic savings that are included within annual budgets and consider zero-based budgeting at the start of each year.
Hugh Bishop	Commence from 2025/26	A phased 5% reduction (via managed attrition, paused recruitment and realignment of roles where possible) in total number of Medical and Dental WTEs as at 2024-25 could unlock savings of £11.5 million.	This statement is linked to another recommendation, and it is therefore proposed for removal from the plan as it makes a statement of indicative savings without a clear path to realisation. It is therefore proposed that this theme is picked up with another recommendation:
			Further work is recommended to undertake a targeted productivity review across key specialties (particularly Acute Surgery) to identify opportunities to improve and optimise activity levels and right-size workforce levels by reducing reliance on Agency and Locum. There may be opportunities to balance staffing with the highest pressures to reduce reliance on Agency, particularly in the FY1 and FY2 doctors.
			Through productivity reviews and right-sizing, we will develop a more evidenced-based approach to potential cost reduction. We can retain reference to the £11.5m but not as a specific recommendation.
Hugh Bishop	Commence from 2026/27	NHSG should consider the feasibility of annualised contracts for surgical activities.	The external review makes three references to savings associated with consultant job plans. It is recommended that these are amalgamated into one recommendation that more fully encapsulates the wider opportunity rather than where reference is made to specific specialties. While the proposed recommendation to be removed relates only to surgical specialties, the following recommendation that we propose to retain within the plan will encapsulate surgical specialties:
			A review of consultant job plans across specialties is recommended given the increase in WTE and concurrent reduction in activity
Paul Bachoo	Commence from 2026/27	NHSG should review the job plans of all consultant surgeons to ensure alignment between capacity and demand. It is noted that the number of surgeons has increased despite a sizeable reduction in activity. The Board should consider the feasibility of annualised contracts for surgical activities.	The external review makes three references to savings associated with consultant job plans. It is recommended that these are amalgamated into one recommendation that more fully encapsulates the wider opportunity rather than where reference is made to specific specialties. While the proposed recommendation to be removed references capacity and demand only for surgical specialties, the following recommendation that we propose to retain within the plan will encapsulate surgical specialties:
			A review of consultant job plans across specialties is recommended given the increase in WTE and concurrent reduction in activity
June Brown	Commence from 2025/26	NHS Scotland should commission an independent review of nurse WTEs to better understand why they have grown to the degree they have. This may be due to changes in case mix, occupancy, acuity and models of care, but requires further investigation given the considerable cost.	This statement repeats another recommendation, and it is therefore proposed for removal from the plan. It is recommended that both are amalgamated into one recommendation already contained within the Value & Sustainability programme:
		double and modele of out of puriodance in the angular given the considerable costs.	Work is also recommended to independently validate if the staffing levels within wards are aligned to the requirements of Heath and Social Care staffing legislation and if there is potential for improvement in terms of standardising patient acuity assessments across different wards (if they aren't standardised already) to identify opportunities to right-size the size of Nursing staff, while also ensuring continued legislative compliance.
			Similarly, through productivity reviews and right-sizing, we will develop a more evidenced-based approach to potential cost reduction. We do note the workforce commission, supported by Scottish Government will help facilitate this work.
June Brown	Commence from 2025/26	Reduction in substantive nursing levels: Right-size nursing staff through independent validation of staffing levels within wards and alignment to Health and Social Care staffing legislation and potential for standardising patient acuity assessments. £1.6m - £3.3m	This statement repeats another recommendation, and it is therefore proposed for removal from the plan. It is recommended that both are amalgamated into one recommendation already contained within the Value & Sustainability programme:
			Work is also recommended to independently validate if the staffing levels within wards are aligned to the requirements of Heath and Social Care staffing legislation and if there is potential for improvement in terms of standardising patient acuity assessments across different wards (if they aren't standardised already) to identify opportunities to right-size the size of Nursing staff, while also ensuring continued legislative compliance.
			Similarly, through productivity reviews and right-sizing, we will develop a more evidenced-based approach to potential cost reduction. We can retain reference to the £1.6m - £3.3m but not as a specific recommendation.