



**PWYLLGOR CYLLID A PHERFFORMIAD**  
**FINANCE AND PERFORMANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 August 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Clinical Care Group Financial Savings
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating officer
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Keith Jones, Director of Operational Planning and Performance

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The Committee is requested to consider the progress achieved by Clinical Care Groups (CCGs) in respect of confirmed savings plans as at M4 and to note the additional opportunities being explored by CCGs to further improve this position.

Cefndir / Background

The Health Board approved an Annual Plan on 27 March 2025 which represented a planned deficit of £31.5m. This includes provision for investments totalling £11.9m, expected recurrent savings of £19.0m, plus a non-recurrent benefit of underspends and non-recurrent savings of £25.4m. Therefore, total savings delivery for the year of £44.4m. Subsequently in July the Board has approved a revision to the Annual Plan and a restated recurrent saving requirement of £46.4m.

The anticipated savings delivery was spread across the Health Board on the basis of all budget areas delivering a combination of 5% savings in 2024/25 plus a further 1.5% in 2025/26. Recognising that recurrent saving delivery was achieved to some extent through 2024/25, the remaining balance of 5% was carried forward for each budget area. As a result, the savings delivery required for the Chief Operating Officer portfolio is £39.0m. These figures remain unchanged by the revision to the Annual Plan and increased savings requirement.

Asesiad / Assessment

**Savings Delivery to Month 4**

Against the target of £39.0m, in year plans total £21.9m factoring in blue, red, amber and green (BRAG), recurrent and non-recurrent schemes. The full year estimate of recurrent schemes is £17.1m across all BRAG categories.

Despite significant operational pressures experienced by Clinical Care Groups (CCGs), confirmed in year delivery in respect of amber and green cash releasing schemes has increased since M3 by £2.1m, from £14.9m to £17.0m at M4. This progress has been achieved despite:

- Pressures on surge capacity across Pembrokeshire and Carmarthenshire
- Deteriorating medical staffing workforce availability
- Increased RTT delivery costs to mitigate the operational impact of theatre cancellations due to significant theatre staffing workforce challenges

The latest profile of cash releasing schemes across all BRAG categories, by CCG, is illustrated in the table below:

Delegated Officer (£'000)	Annual Savings	In Year Identified Cash Releasing Plans (Recurrent and Non-Recurrent)				Variance From	
	Target	Blue	Red	Amber	Green	Total	Target
<b>Chief Operating Officer</b>	<b>39,048</b>	<b>631</b>	<b>4,302</b>	<b>938</b>	<b>16,064</b>	<b>21,934</b>	<b>17,114</b>
Chief Operating Officer Management	762				371	371	391
Community and Integrated Medicine	10,482	100	2,269		3,693	6,062	4,420
Mental Health and Learning Disabilities	5,851	500	392		3,180	4,072	1,779
Operational Allied Health and Health Sciences	3,785		26		459	485	3,300
Planned and Specialist Care	11,639	31	1,204	70	6,234	7,539	4,100
Primary Care, Community Strategy and Long Term Care	6,529		410	868	2,128	3,405	3,124

N.B. Figures presented reflect M04 finance reporting.

## Green and Amber Schemes

Alongside the priority focus on closing the current gap to the total savings target for services within the Chief Operating Officer's service portfolio, individual CCG's have also continued to focus on expenditure controls within operating budgets. Within the total green savings schemes, a portion of this value has been realised through the approved principle to routinely transact pay related underspends through the monthly cycle, totalling £2.4m between April and July 2025. This reflects the increased grip and control applied by CCGs in managing their operating budgets.

The summary table below presents the scale of savings generated through this process:

Delegated Officer (£'000)	M01- M04	M01-M04
	Total	Average
<b>Chief Operating Officer</b>	<b>2,365</b>	<b>591</b>
Chief Operating Officer Management	371	93
Community and Integrated Medicine	126	31
Mental Health and Learning Disabilities	200	50
Operational Allied Health and Health Sciences	0	0
Planned and Specialist Care	742	185
Primary Care, Community Strategy and Long Term Care	928	232

## Current Blue and Red Schemes

The current list of red and blue schemes identified by CCGs are included in **Appendix 1**. These represent a potential £4.9m opportunity in year.

Progress updates are provided through CCG Executive Improving Together (EITs) and Recovery meetings. During July, supported by finance colleagues, CCGs have commenced the process of completing mini-Project Initiation Document (PID) template for blue and red schemes to ensure clarity and ownership of actions required. Due to the combined impact of annual leave of Service Directors and System/Directorate General Managers (and increased service fragility in some CCGs due to sickness absence), return rates of completed mini-PID

templates as at the end of July were low, with PIDs for 56 blue and red schemes awaiting return.

Of those returns received thus far, outcomes are reflected in the BRAG figures above (£0.6m blue total and £4.3m red total) and noted below:

- Planned and Specialist Care CCG have converted four schemes from blue and red to green (2 relating to drug switches and 2 relating to theatres), reprofiled 13 schemes reducing the in-year value and have closed one scheme.
- Mental Health and Learning Disabilities CCG have replaced three red schemes with a green scheme of higher value, plus a further red scheme has moved to green with a higher value compared to the original estimate. These schemes all relate to timing of recruitment plans and incurring associated costs. One blue scheme has been closed.
- Operational Allied Health and Health Sciences have deferred the start date on 4 schemes. In recognition of the workforce and related capacity challenges across its service areas, the CCG has been encouraged via Executive Recovery reviews to focus its efforts on actions to resolve its forecast budget deficit position given the extent to which the CCG budget reflects pay costs.

### Additional Opportunities

Further to the profile of cash releasing schemes confirmed as at M4, CCGs have continued to review additional opportunities, beyond the current schedule of blue and red savings schemes, including consideration of run rate contributions to the in-year savings target along with non-cash releasing opportunities.

When these additional opportunities are added to the profile of cash-releasing schemes confirmed as at M4, the BRAG savings profile for each CCG is as shown in the table below:

	Annual Savings Target	In Year - Blue	In Year - Red	In Year - Amber	In Year Green	Total In Year	Variance From Target	Total Full Year
<b>Chief Operating Officer</b>	<b>39,048</b>	<b>1,181</b>	<b>4,700</b>	<b>1,012</b>	<b>18,455</b>	<b>25,348</b>	<b>13,700</b>	<b>24,123</b>
Chief Operating Officer Management	762				371	371	391	0
Community and Integrated Medicine	10,482	150	2,668	41	4,855	7,714	2,768	9,972
Mental Health and Learning Disabilities	5,851	1,000	392		3,180	4,572	1,279	2,904
Operational Allied Health and Health Sciences	3,785		26		459	485	3,300	760
Planned and Specialist Care	11,639	31	1,204	103	6,799	8,137	3,502	7,994
Primary Care, Community Strategy and LT Care	6,529		410	868	2,791	4,068	2,461	2,494

This would represent a further in-year improvement of £3.4m over the cash-releasing profile of schemes confirmed as at M4, totalling £25.3m in-year delivery. Of these additional opportunities totalling £3.4m, £2.9m are cash-releasing, with £0.5m of non-cash releasing Mental Health and Learning Disabilities (MHL) opportunities also identified.

This would leave an in-year variance of £13.7m from the combined CCG 2025/26 target of £39m. The full year impact of these additional opportunities would rise to £24.1m.

These additional opportunities are subject to review with the Executive Team via the current round of Executive Recovery and /or EITS reviews. The impact of transacting run rate savings will also need to be triangulated with the CCG financial forecasts.

## Additional Expenditure Reduction Actions

In recognition of the Welsh Government requirement for the Health Board to achieve an outturn financial deficit of £24m, the Executive Team has identified a range of additional, potential expenditure reduction opportunities totalling £22.5m in year. Each CCG has been requested to impact assess these opportunities, where applicable to the CCG budget, utilising the Quality Impact Assessment (QIA) methodology to inform the extent of any realisable expenditure reduction opportunities and associated risks to quality, safety and performance delivery.

All CCGs have been requested to complete these assessments by 15 August 2025, the outcome of which will be reported to the Committee on 26 August 2025.

## Argymhelliad / Recommendation

The Committee is requested to **NOTE** the further progress achieved by Clinical Care Groups in respect of confirmed savings plans as at M04 and the additional opportunities being explored by Clinical Care Groups to further improve this position.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1 Receive assurances on the financial governance and control environment in operation across the Health Board. This will be achieved a programme of deep dive reviews into the following themes, which mirror the national Value and Sustainability Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	2 Financial recovery and route map

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report.
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Clinical Care Groups

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Contained within the body of the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable

<b>Enw Da: Reputational:</b>	Health Board financial stewardship.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable

## Appendix: Blue and Red Saving Schemes

Level 4 Desc	Level 5 Desc	Scheme Name	Recurrent	RAG	Values £'000	
					In Year Plan	Full Year Pla
Community and Integrated Medicine	Carmarthenshire Integrated System	Impact of Emergency General Surgery (Scheduled Care Scheme on GGH)	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Review of CCU capacity in Carmarthenshire	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Evaluation of opportunity to provide alternative care provision for LCH	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Review DN and ART support in to residential homes	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Community vision development Eastgate model and 50 day challenge	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Review SLA of Ty Bryngwyn and responsible owner	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Review operating model of community hospitals	Recurrent	Blue	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	LOS reduction and associated bed efficiencies - GGH (2 year plan)	Recurrent	Blue	100	400
Community and Integrated Medicine	Carmarthenshire Integrated System	Review the bereavement service GGH	Recurrent	Red	0	0
Community and Integrated Medicine	Carmarthenshire Integrated System	Review operating model of community hospitals	Recurrent	Red	11	15
Community and Integrated Medicine	Carmarthenshire Integrated System	Biosimilar switches for USC	Recurrent	Red	19	25
Community and Integrated Medicine	Carmarthenshire Integrated System	Admin review	Recurrent	Red	21	28
Community and Integrated Medicine	Carmarthenshire Integrated System	WARD 6 PPH (orthopaedic) capacity review	Recurrent	Red	40	80
Community and Integrated Medicine	Carmarthenshire Integrated System	Reduction in variable pay for Doctors from changing the front door model PPH	Recurrent	Red	54	72
Community and Integrated Medicine	Carmarthenshire Integrated System	Communication Hub - Admin reconciliation (year 2)	Recurrent	Red	75	100
Community and Integrated Medicine	Carmarthenshire Integrated System	Reduction in variable pay for Doctors from changing the front door model GGH	Recurrent	Red	90	120
Community and Integrated Medicine	Carmarthenshire Integrated System	LOS reduction and associated bed efficiencies - PPH ( 2 year plan)	Recurrent	Red	100	200
Community and Integrated Medicine	Carmarthenshire Integrated System	MIU Future Model PPH	Recurrent	Red	294	504
Community and Integrated Medicine	Carmarthenshire Integrated System	Relocation of stroke services to PPH to align to CSP.	Recurrent	Red	526	2,105
Community and Integrated Medicine	Carmarthenshire Integrated System	Review Preseli ward (15 bed surgical ward GGH) - med and surical outliers	Recurrent	Red	700	1,400
Community and Integrated Medicine	Pembrokeshire Integrated System	Impact of Emergency General Surgery review WGH	Recurrent	Blue	0	0
Community and Integrated Medicine	Pembrokeshire Integrated System	Development of the Ambulatory Trauma Pathway from GGH to Withybush	Recurrent	Blue	0	0
Community and Integrated Medicine	Pembrokeshire Integrated System	Community Nursing OCP	Recurrent	Red	0	0
Community and Integrated Medicine	Pembrokeshire Integrated System	Optimise utilisation of Community Estate	Recurrent	Red	13	15
Community and Integrated Medicine	Pembrokeshire Integrated System	Optimise utilisation of Community Estate	Recurrent	Red	29	35
Community and Integrated Medicine	Pembrokeshire Integrated System	Deep dive of medical rotas	Recurrent	Red	85	85
Community and Integrated Medicine	Pembrokeshire Integrated System	Contract review of Community inpatient beds	Recurrent	Red	212	425
<b>Community and Integrated Medicine Total</b>					<b>2,369</b>	<b>5,609</b>

Level 4 Desc	Level 5 Desc	Scheme Name	Recurrent	RAG	Values £'000	
					In Year Plan	Full Year Pla
Planned and Specialist Care	Cancer and Scheduled Care	Theatres: Review PPH ICU	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Centralisation of Trauma Care (South of HDUHB): T&O On Call rota amalgamation GGH/WGH	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Theatres: Review WGH Main Theatre 4 Pay	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Theatres: Review NCEPOD / TRAUMA theatre weekend service	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Theatres: Review NCEPOD / TRAUMA weekend service	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	CSP; centralise ENT GGH	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Theatres: WGH Withdrawal of out of hours staffing - Theatres - review NCEPOD / TRAUMA	Recurrent	Blue	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Theatres: Review and reconfigure of DSU South theatre and patient flow ward areas and DSU Amman Valley theatre and ward areas.	Recurrent	Blue	31	122
Planned and Specialist Care	Cancer and Scheduled Care	Nursing variable pay opportunity	Recurrent	Red	0	360
Planned and Specialist Care	Cancer and Scheduled Care	Enhanced Critical Care model PPH, in line with National Guidelines	Recurrent	Red	0	200
Planned and Specialist Care	Cancer and Scheduled Care	CSP; General Surgery: Review Emergency Surgery (ES) at WGH. Also targets medical agency use within Planned Care (all agency doctors are Gen Surgery)	Recurrent	Red	0	0
Planned and Specialist Care	Cancer and Scheduled Care	Outpatient Transformation	Recurrent	Red	292	500
Planned and Specialist Care	Cancer and Scheduled Care	Medical Stabilisation: Opportunity £7m across clinical group, balance to existing transacted saving	Recurrent	Red	875	3,500
Planned and Specialist Care	Children, Women and Family Health	BGH Service provision changes for O&G, Maternity & Paediatrics	Recurrent	Blue	0	0
Planned and Specialist Care	Children, Women and Family Health	Medical workforce O&G (Rec/Cash Releasing)	Recurrent	Red	0	145
Planned and Specialist Care	Children, Women and Family Health	Repatriation of PAS from SBU LTA	Recurrent	Red	0	0
Planned and Specialist Care	Children, Women and Family Health	Review tripartite agreement with Garreglwyd for CCC provision (Rec/Cash Releasing)	Recurrent	Red	38	150
<b>Planned and Specialist Care Total</b>					<b>1,235</b>	<b>4,977</b>

Level 4 Desc	Level 5 Desc	Scheme Name	Recurrent	RAG	Values £'000	
					In Year Plan	Full Year Pla
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	Admin savings	Recurrent	Blue	0	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	Review legacy CHCLA package agreements	Recurrent	Blue	250	500
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	Review of CHC accruals for LAs	Non Recurre	Blue	250	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	Ref 159 continued - MHLd non-recurrent pay savings (Oct-Mar)	Non Recurre	Red	392	0
<b>Mental Health and Learning Disabilities Total</b>					<b>892</b>	<b>500</b>
Operational Allied Health and Health Sciences	Pathology	Reduction to Agency Locum	Recurrent	Red	0	90
Operational Allied Health and Health Sciences	Pathology	OOH Service	Recurrent	Red	0	56
Operational Allied Health and Health Sciences	Pathology	Outsourced Income	Recurrent	Red	0	50
Operational Allied Health and Health Sciences	Pathology	Haem Drug Biosimilar	Recurrent	Red	26	105
<b>Operational Allied Health and Health Sciences Total</b>					<b>26</b>	<b>301</b>
Primary Care, Community Strategy and Long Term Care	Pharmacy and Medicines Management	Dimethyl fumarate	Recurrent	Red	110	110
Primary Care, Community Strategy and Long Term Care	Pharmacy and Medicines Management	Bosutinib	Recurrent	Red	113	113
Primary Care, Community Strategy and Long Term Care	Pharmacy and Medicines Management	Bulk purchase of chemotherapy	Recurrent	Red	188	188
<b>Primary Care, Community Strategy and Long Term Care Total</b>					<b>410</b>	<b>410</b>