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Operational Team and Clinical Care Group Savings 2026/27

Finance and Performance Committee, 24 February 2026



- The Finance and Performance Committee is requested to note progress achieved to date in the identification of Operations function / Clinical Care Group (CCG) savings plans and proposals for 2026/27
- This paper summarises:
 - Progress to date across the Operations function
 - Headline summaries by CCG
 - Next Steps agreed with CCGs to further develop additional opportunities under consideration with supporting PIDs / QIAs
 - Supporting information re CCG proposed savings proposals and further Red / Blue / Black opportunities under consideration (as applicable to individual CCGs)

Operations / CCG Savings Identification 2026/27

Summary progress to end January 2026



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- Operations / CCG provisional 2026/27 savings target of £33,685m (includes carry forward 2025/26 recurrent savings gap and additional 2% requirement for 2026/27)
- Cash releasing savings proposals / plans identified to date total £7.91m in-year (24%) and £8.783m FYE (26%)
- Additional non-cash releasing opportunities identified to date total £2.52m in year / £4.21m FYE
- Finance teams working with CCGs to confirm continuation of 2025/26 non-recurrent savings into 2026/27 above proposals currently identified by CCG
- Each CCG has identified additional Red / Blue / Black proposals currently under consideration
- Agreed Next Steps:
 - 21 February 2026 - All CCGs (except Community and Integrated Medicine) to develop RAG rates PIDs and QIAs for additional opportunities under consideration and mitigations for unresolved cost pressures
 - 21 February 2026 - Community and Integrated Medicine to develop plans to address additional 2026/27 2% savings requirements
 - 5 March 2026 – Community and Integrated Medicine to develop RAG rates PIDs and QIAs for undelivered 2025/26 savings requirement and any unresolved cost pressures

FY26.27 Savings Identified to Date - Cash Releasing Only

Delegated Officer (£'000)	Provisional FY26.27 Target*	FY26.27 Saving Plans Identified to date								
		Blue	Red	Amber	Green	Total In Year	In Year Variance	In Year Recurrent	In Year Non-Recurrent	Total Full Year Effect
Chief Operating Officer	33,685	2,130	5,480	300	0	7,910	-25,775	6,318	1,592	8,783
Chief Operating Officer Management	1,103	0	0	0	0	0	-1,103	0	0	0
Community and Integrated Medicine	12,440	368	0	300	0	668	-11,772	368	300	491
Mental Health and Learning Disabilities	6,542	0	1,393	0	0	1,393	-5,150	100	1,292	100
Operational Allied Health and Health Sciences	4,884	160	568	0	0	728	-4,157	728	0	1,334
Planned and Specialist Care	8,409	1,602	3,520	0	0	5,121	-3,288	5,121	0	6,857
Primary Care	306	0	0	0	0	0	-306	0	0	0



- Allied Health Professions and Health Sciences (AHP&HS) CCG 2026/27 savings target of £4.87m (includes carry forward 2025/26 recurrent savings gap of £3.3m and additional £1.56m (2%) requirement for 2026/27)
- Cash releasing savings proposals / plans identified to date total £0.728mm in-year (15%) and £1.334m FYE (27%)
- In respect of mitigating actions to support a balanced position, non-cash releasing saving proposals / plans identified to date total £0.097m and £0.129m FYE
- 2026/27 critical cost pressures totalling £10.77m, identified mitigation schemes categorised by likelihood of delivery:
 - Highly probable £4.07m
 - Probable £4.11m
 - Unlikely £2.24m
 - Gap £0.35m



- Planned and Specialist Care (P&SC) CCG 2026/27 savings target of £8.4m (includes carry forward 2025/26 recurrent savings gap of £4.2m and additional £4.2m (2%) requirement for 2026/27)
- Cash releasing savings proposals / plans identified to date total £5.121m in-year (61%) and £6.857m FYE (82%)
- In respect of mitigating actions to support a balanced position, non-cash releasing saving proposals / plans identified to date total £0.123m and £0.184m FYE
- Potential 2026/27 Theatres cost pressure (subject to current review)
- Further Red / Blue / Black savings opportunities under consideration (detail to be confirmed)



- Community and Integrated Medicine (C&IM) CCG 2026/27 savings target of £12.440m (includes carry forward 2025/26 recurrent savings gap of £7.6m and additional £4.9m (2%) requirement for 2026/27)
- Cash releasing savings proposals / plans identified to date total £0.668m in-year (5%) and £0.491m FYE (4%). In-year split; amber £0.3m, blue schemes £0.368m.
- In respect of mitigating actions to support a balanced position, non-cash releasing saving proposals / plans identified to date total £2.300m and £3.900m FYE
- Carry forward cost pressure from 2025/26 of £4.3m (predominantly workforce pressure related)
- Further Black savings opportunities under consideration (value to be confirmed)



- Mental Health and Learning Disabilities (MHL) CCG 2026/27 savings target of £6.54m (includes carry forward 2025/26 recurrent savings gap of £4.5m and additional £2.0m (2%) requirement for 2026/27)
- Cash releasing red savings proposals / plans identified to date total £1.393m in-year and FYE (21%) and £0.100m FYE (2%)
- CCG currently assessing mitigating actions to support a balanced position, i.e. non-cash releasing saving proposals / plans under review
- Further Red / Blue / Black savings opportunities under consideration (value to be confirmed)



- Primary Care CCG 2026/27 savings target of £0.306m (includes carry forward 2025/26 recurrent savings gap of £0.82m and additional £0.224m (2%) requirement for 2026/27)
- Cash releasing savings proposals / plans awaiting confirmation as at end January 2026
- Potential cash releasing opportunities within Dental budget (£0.253m) under review – would equate to 83% of in-year target.
- Further Red / Blue / Black savings opportunities under consideration (value to be confirmed)



Supporting information regarding CCG proposed savings proposals and further Red / Blue / Black opportunities under consideration (as applicable to individual CCGs)

Allied Health and Health Sciences CCG Savings and Opportunities Summary



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Savings Summary £'m	Year 1 2026/27			Year 2 2027/28			Year 3 2028/29			Total Three-Year		
	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total
C/Fwd recurrent savings gap/(surplus)	3.326			3.423		3.423	4.983		4.983			
Additional 2% savings requirement	1.560			1.560		1.560	1.560		1.560			
Total Savings Target	4,886			4.983		4.983	6.543		6.753			
In-Year Green and Amber												
In-Year Red and Blue	0.824											
In-Year Delivery	0.824											
Full Year Effect Green and Amber												
Full Year Effect Red and Blue	1.463											
Full Year Effect Delivery	1.463											
Gap/(Surplus) C/Fwd to Next Year	3.423			4.983		4.983	6.543		6.543			

Allied Health and Health Sciences CCG Opportunities: Red and Blue Schemes



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Scheme Name	Rec / Non-Rec	Red / Blue	Start Date	In-Year £'m	FYE £'m	Scope of opportunity and complexity detail
In house preparation to manufacture 75% Azacitidine doses & Biosimilar switches	Rec	Red	July	0.278	0.371	Low complexity, reliant on pharmacy staffing appointment
Overseas recruitment and impact on agency consultant costs	Rec	Red	Sept	0.440	0.880	
Radiology out of hours	Rec	Blue	Sept	0.106	0.212	
Total				0.824	1.463	

Allied Health and Health Sciences CCG

Break Even 2026/27



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AHP&HS CCG opening position:

- Cost pressure £10.77m

Mitigation schemes (categorised by likelihood of delivery):

- Highly probable £4.07m
- Probable £4.11m
- Unlikely £2.24m
- Gap £0.35m

Area	Cost Pressures	2026/27	Likelihood
Radiology	Radiology-Agency - AHP	£892,407	Highly Probable
Radiology	Radiology-Variable Pay - AHP	£636,519	Highly Probable
Radiology	Radiology-Variable Pay - Medical	£553,237	Highly Probable
Radiology	Radiopharmacy SLA (Escalated Jan 26)	£210,000	Highly Probable
Radiology			
Radiology			
Podiatry	Podiatry-Variable Pay	£7,492	Highly Probable
Podiatry	Podiatry-VBHC Funding for B7 post - provided non recurrently in 25/26	£69,960	Highly Probable
Podiatry	Podiatry-Podiatry Consumables	£197,795	Highly Probable
Physio	Physio-Agency	£235,214	Highly Probable
Physio	Physio-Variable Pay	£90,445	Highly Probable
Physio	Physio-On-call	£81,120	Highly Probable
Physio	Physio - Cluster posts no longer supported by Primary Care	£600,000	Highly Probable
Physio	Physio-Rheidol service charges	£20,000	Highly Probable
Physio			
Physio			
Pathology	Pathology-Agency - HS	£272,588	Highly Probable
Pathology	Pathology-Agency - Medical	£832,897	Highly Probable
Pathology	Pathology-Variable Pay - HS	£1,638,668	Highly Probable
Pathology	Pathology-Variable Pay - Medical	£415,554	Highly Probable
Pathology	VBHC - Heart Failure Decommissioning. Staff will be a pressure as recruited permanently and the service will have to be absorbed or stop	£150,000	Highly Probable
Pathology			
Pathology			
Occupational Therapy	Occupational Therapy-Agency	£31,816	Highly Probable
Occupational Therapy	Occupational Therapy-Variable Pay	£13,805	Highly Probable
Occupational Therapy	Prehab and Optimisation Prog - 3P's - Funding to cease and staff will be a pressure as recruited permanently and service will need to be absorbed or stop	£200,000	Highly Probable
Occupational Therapy	Occupational Therapy-SLA's for Neuro support and cellulitis	£77,215	Highly Probable
Occupational Therapy			
Occupational Therapy			
Dietetics	Dietetics-Agency	£61,518	Highly Probable
Dietetics	Dietetics-Variable Pay	£80,260	Probable
Dietetics	Dietetics Vacancy lag (Band 5 overrecruitment)	£109,446	Highly Probable
Other			
Other	Medical locum (Radiology and Pathology)	£1,000,000	Highly Probable
Other	RIF	£2,500,000	Highly Probable
		£10,777,956	

Allied Health and Health Sciences CCG Planning Cycle Critical [risk 25] Priorities



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Investment Description (£'m)	Recurrent	Non-Recurrent	Year 1 2026/27	Year 2 2027/28	Year 3 2028/29	CSG and Justifications
Radiology Ultrasound and Everlight (as per SBAR investment Apr 25)	£1.710m	£0.600m	£2.310m	£2.700m	0	Risk (797) to the ability to deliver ultrasound services across all Sites and impact on patient care and urgent cancer diagnosis. Continuation of the SBAR recommendations to maintain a resilient and sustainable workforce.
Dietetics Paediatric Service	£0.225m		£0.225m	0	0	Risk (1603) of delayed response and breach of waiting time targets due to increased referrals for children with selective eating disorders over and above funded baseline
Dietetics Adult Service	£0.500m		£0.500m	0	0	Risk (2169) of reduced quality, effectiveness of services for those with complex obesity with associated delay in subsequent treatment pathways.
Podiatry Consumables	£0.200m		£0.200m	0	0	Risk (2041) of harm to service users of Podiatry & Surgical Appliances due to inability to see new patients in a timely way.
Total	£2.635m	£0.600m	£3.235m	£2.700m	0	

Planned and Specialist Care CCG Savings and Opportunities Summary



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Savings Summary £'m	Year 1 2026/27			Year 2 2027/28			Year 3 2028/29			Total Three-Year		
	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total
C/Fwd recurrent savings gap/(surplus)	4.2		4.2	1.4		1.4	5.6		5.6			
Additional 2% savings requirement	4.2		4.2	4.2		4.2	4.2		4.2			
Total Savings Target	8.4		8.4	5.6		5.6	9.8		9.8			
In-Year Green and Amber												
In-Year Red and Blue	5.2		5.2									
In-Year Delivery	5.2		5.2									
Full Year Effect Green and Amber												
Full Year Effect Red and Blue	7.0		7.0									
Full Year Effect Delivery	7.0		7.0									
Gap/(Surplus) C/Fwd to Next Year	1.4		1.4	5.6		5.6	9.8		9.8			

Planned and Specialist Care CCG Opportunities: Red and Blue Schemes



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Scheme Name	Rec / Non-Rec	Red / Blue	Start Date	In-Year £'m	FYE £'m	Scope of opportunity and complexity detail
Drug – opportunities with new Biosimilar drugs identified - Recurrent	Rec	Red	April	2.021	2.658	Medium complexity. Requirement for potential pharmacy investment (some resource already accounted for with a net position outlined in the figures of potential saving opportunity). Companies to provide training, patient information leaflet, consent
OOH Nursing rota in WGH & PPH within Endoscopy	Rec	Red	April	0.192	0.192	Low complexity. Work on going, currently mitigating other cost pressures in 2025/26
Medical / Nursing – variable pay linked to AdHoc / WLI / vacancies	Rec	Red	April	3.031	4.191	A mixture of cash releasing and run rate spend reduction as initial opportunities. £0.7m in year and full year effect of £1.4m highly complex reliant on employment engagement discussions around work patterns and job requirements
Total						

Community and Integrated Medicine CCG Savings and Opportunities Summary



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Savings Summary £'m	Year 1 2026/27			Year 2 2027/28			Year 3 2028/29			Total Three-Year		
	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total	Rec	NR	Total
C/Fwd recurrent savings gap/(surplus)	7.6	0.0	7.6	8.6	0.7	9.3	13.2	0.7	13.9			
Additional 2% savings requirement	4.9	0.0	4.9	4.9	0.0	4.9	4.9	0.0	4.9			
Total Savings Target	12.5	0.0	12.5	13.5	0.7	14.2	18.1	0.7	18.8			
In-Year Green and Amber	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0			
In-Year Red and Blue	2.3	0.5	2.8	1.0	0.0	1.0	2.8	0.0	2.8			
In-Year Delivery	2.3	0.7	3.0	1.0	0.0	1.0	2.8	0.0	2.8			
Full Year Effect Green and Amber	0.0	0.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0			
Full Year Effect Red and Blue	3.9	0.5	4.4	1.0	0.0	1.0	2.8	0.0	2.8			
Full Year Effect Delivery	3.9	0.7	4.6	1.0	0.0	1.0	2.8	0.0	2.8			
Gap/(Surplus) C/Fwd to Next Year	8.6	0.7	9.3	12.5	0.7	13.2	15.3	0.7	16.0			

Community and Integrated Medicine CCG Savings: Green and Amber Schemes



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Scheme Name	Rec / Non-Rec	Green / Amber	Start Date	In-Year £'m	FYE £'m	Scheme description
Delay of PPH MIU Model	Non-Rec	Amber	01/04/26	0.2	0.2	Delay of implementation of new MIU/SDEC model in PPH
Delay of BBC recruitment	Non-Rec	Amber	01/04/26	0.1	0.1	Delay of therapy recruitment into BCC
Total		0.2				

Community and Integrated Medicine CCG Opportunities: Medicines Management



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Scheme Name	Rec / Non-Rec	Red / Blue	Start Date	FYE £'m	Scope of opportunity and complexity detail
Omalizumab - switch	Rec	Blue	N/A	0.03	Switch in
IDB - Gastroenterology	Rec	Blue	N/A	0.13	Invest to save in IBD team going through V&S
Ferric Carboxymaltose	Rec	Black	N/A	0.02	Loss of Exclusivity
Denosumab	Rec	Black	N/A	0.03	Loss of Exclusivity
Nintedanib - Respiratory	Rec	Black	N/A	0.34	Loss of Exclusivity
Total				0.52	

Community and Integrated Medicine CCG Opportunities: Black Schemes



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Scheme Name	CSG	Rec	Saving Type	BRAG	FYE £m	Scope of opportunity
Rehabilitation Pathways	Carms	Rec	Cash Releasing	Opportunity		Reviewing the operating model of community hospitals
Interim Care Beds	Carms	Rec	Cash Releasing	Opportunity		Investigating the Ceredigion model to bring into Carmarthenshire
Medical model review	All	Rec	Cash Releasing	Opportunity		Speciality Service Review (Fragility matrix & Safe Care Pathways)
Optimise utilisation of Community Estate	Pembs	Rec	Cash Releasing	Opportunity		Closing local sites to relocate to WGH
Orthogeriatrics	All	Rec	Cash Releasing	Opportunity		Prevention and reduction of LoS
CHC review	All	Rec	Cash Releasing	Opportunity		Use of core services instead of providers
Equipment Store efficiency	All	Rec	Cash Releasing	Opportunity		Review of equipment stores - stock and efficiency on flow
Switch from IV to oral anitbiotics	All	Rec	Cash Releasing	Opportunity		VBHC project - Switch from IV to oral anitbiotics
Use of Ward 6 PPH	All	Non-rec	Cash Releasing	Opportunity		Use of Ward 6 PPH by Planned care
Total						

Community and Integrated Medicine 2025/26 – 2026/27 Carry Forward Cost Pressures



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Key Driver Description (£'m)	Carms	Cered	Pembs	UEC	CCG Total	Explanations
Service Capacity	0.0	0.0	0.0	0.0	0.0	
Clinical Activity	0.0	0.0	0.0	0.0	0.0	
Workforce - Vacancies	(1.1)	(0.8)	(1.6)	(0.6)	(4.1)	84 WTE vacancies across the CCG (<i>mainly A&C 38, Nursing 21, ACS 17, Add Prof 5</i>)
Workforce - Over Establishment	0.6	0.1	0.5	0.0	1.2	Loss of VBHC and Neighbourhood Nursing funding (<i>20 WTE</i>)
Workforce - Variable & Premium Pay	1.0	1.5	1.7	0.0	4.2	Medical rota gaps requiring agency and locum and agency nurses. Currently have 24.3WTE Agency Docs and 57WTE Nurses, month 4 was the CCG lowest nurse agency usage at 47WTE
Continuing Healthcare	0.1	(0.3)	0.7	0.0	0.5	
Drugs & Prescribing	0.0	0.0	0.0	0.0	0.0	
Non-Pay Contracts & Consumables	1.3	1.1	0.2	0.0	2.5	Clinical Supplies & Services, Premises and Equipment Stores
Income Over / Under Achievement	(0.1)	(0.1)	0.1	(0.0)	(0.2)	
Total	1.7	1.4	1.6	(0.6)	4.3	

Mental Health and Learning Disabilities Further Opportunities Under Consideration



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Opportunity	Value	RAG Status
Review provision of LD Residential Service Begelly & Greville Court	TBC	TBC
Adult & Childrens ND review and remodelling	TBC	TBC
Review of A&E Liaison Service –Removal of non-medical overnight in A&E ,centralised hwb model,	TBC	TBC
Review of third sector Commissioning services , consider performance and duplication of provision with GP clusters and LA's	TBC	TBC
Reduction in Primary Care Services (Adults and CAMHS) Review primary care liaison, IPTS – shift to One At A Time Approach.	TBC	TBC
Mainstream SIF funded services eg Perinatal, Early Intervention in Psychosis, Eating Disorder	TBC	TBC
Enlli Ward closure	TBC	TBC
Reduction in private OOA bed use through increase in local beds by 1 (Bryngofal) and 1 (St Caradog).	TBC	TBC
Removal of Medical Agency contracts.	TBC	TBC
CHC Efficiency- Repatriation of patients back to LSU beds.	TBC	TBC
Support to review current text messaging service – feel there could be cheaper options	TBC	TBC
Redesign of CMHT model and workforce, Revised pathway – extended use of 111 option 2.	TBC	TBC
Options for income generation – LSU beds	TBC	TBC

Primary Care CCG Further Opportunities Under Consideration



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Opportunity	Value	RAG Status
Potential for Meddygfa'r Sarn to be returned to independent contractor which would reduce overspend on MP budget	TBC	TBC
Re-adjustment of Managed Practice budgets to align them to practices of similar weighted list size; where there are over allocations there will need to be a spending reduction plan agreed over the next 12 months	TBC	TBC
Potential to re-tender service provision at Ash Grove Surgery (subject to review)	TBC	TBC
Consideration of staff travel expenses with a view to moving to reducing to essential travel only and moving to more online meetings	TBC	TBC
Potential as part of OCP to move to three locality leads from seven and giving up B7 PCSM vacancy and replacing with B5 contracts manager	TBC	TBC
Increase in salaried clinicians in managed practices and Out of Hours reducing locum expenditure (workforce planning ongoing across both at present)	TBC	TBC