Southern Health and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

FINANCIAL SAVINGS PLAN 2026-27

Trust Board 26 August 2026

Introduction

The Department of Health's Health and Social Care (HSC) Reset Plan, published in July 2025, sets out a programme to stabilise, reform and improve Northern Ireland's health and social care system while addressing severe financial pressures. The plan builds on former Minister Mike Nesbitt's 2024 three-year strategic framework of Stabilisation, Reform and Delivery and responds to a projected annual funding gap of more than £600m..

At its core is a commitment to develop a neighbourhood-centred model of care, bringing more services closer to people's homes and reducing reliance on hospital-based care. The plan emphasises prevention, early intervention, tackling health inequalities and supporting people to take greater responsibility for their own health and wellbeing.

Seven key priorities are identified:

- Prevention and population health.
- Investment in primary, community and social care.
- Better integration of physical, mental and social care.
- Improving efficiency and productivity.
- Optimising workforce, estates and reducing unwarranted clinical variation.
- Expanding digital transformation and the strategic use of data.
- Supporting research, innovation and collaborative decision-making.

This shift away from costly hospital-based care towards prevention and early intervention is at the core of creating a sustainable financial model for HSCNI. Delivering the neighbourhood model, which means moving services closer to home in the community and providing highly specialised services in acute hospitals is the right thing to do.

The Reset Plan also includes what the Department describes as the most ambitious efficiency programme in HSC history. This includes a suite of actions focused on strengthening Trust financial controls, reducing locum and agency costs, increasing workforce availability through absence reduction, removing unwarranted variation in

clinical care, and procurement; optimising medicines spend, and reducing central budgets and administrative costs.'

Like all HSC bodies, the Southern Health and Social Care Trust has a statutory duty to break even and must therefore deliver services within the resources allocated by the Northern Ireland Executive. The Trust must therefore continue to identify opportunities to improve efficiency, reduce costs and reshape services to ensure they remain safe, effective and sustainable in the longer term.

The significant and continuing financial constraints facing Health and Social Care (HSC), both in 2026-27 and over the medium term, require the Trust to deliver substantial savings measures while maintaining safe, effective and sustainable services.

This paper presents the Trust's current financial savings plan for 2026-27 and seeks Trust Board approval of the proposed approach. Trusts have been tasked with delivering savings equivalent to 4% of their annual budget allocation, while also addressing any recurring financial pressures and deficits carried forward from previous years. For the Southern Trust, this represents a total financial challenge of £47.5m in 2026-27.

During 2026-27, the Trust has developed and commenced the implementation of a comprehensive programme of savings measures aimed at reducing expenditure, improving efficiency and productivity and minimising the impact on patient care and service delivery. While every effort has been made to identify credible and achievable savings opportunities, the scale and pace of the savings requirement present significant operational, workforce and financial challenges for the organisation.

In developing these proposals, the Trust has carefully considered the potential implications for service delivery and workforce sustainability and its statutory duties (including potential equality or rural needs assessment). As proposals progress, further engagement, consultation and equality impact assessment processes may be required to ensure that any potential impacts are fully understood, considered and appropriately mitigated.

The Trust remains committed to achieving financial recovery while protecting patient safety and maintaining the quality of care. The scale of the financial challenge makes this increasingly difficult, however, the delivery of safe and effective services remains

the Trust's overriding priority. Financial savings must therefore be pursued in a way that supports service sustainability and must not compromise patient outcomes, patient safety or the quality of care provided.

Financial Context

The NI Executive has not yet formally issued budgets for 2026-27. Consequently, the Trust is working on the basis of indicative funding assumptions provided by the Department of Health Strategic Planning & Performance Group (SPPG), which require the delivery of savings equivalent to 4% of total expenditure, together with the recovery of the Trust's underlying deficit position.

The Trust's savings requirement was initially 6% in 2026-27, with additional savings requirements anticipated in future years. Correspondence from SPPG dated 10 June 2026 subsequently confirmed that the 2026-27 requirement for Trusts would be 4% of budget, together with any brought forward underlying deficit.

For the Southern Trust this equates to a total savings target of £47.5m or 4.6%, of total budget comprising:

- 4% efficiency requirement: £41.7m
- 0.6% underlying deficit brought forward: £5.8m

The Trust delivered savings of £43m during 2025-26, representing approximately 4% of expenditure. While this represented a significant achievement, £5.8m of those savings were non-recurrent and therefore do not contribute to the Trust's underlying financial position in 2026-27.

In addition, the Trust continues to experience inflationary and demand led pressures across a number of services. As a result, while significant progress has been made in previous years, the delivery of a further £47.5m of savings in 2026-27 represents an exceptional challenge.

Development of the Savings Plan

The Trust has been developing its savings plans throughout 2026-27. Savings plans have been presented in 2 phases.

Phase 1 Savings

On 26 March 2026, the Trust Board (in its Confidential sitting) approved Phase 1 savings proposals totalling £26.9m. These measures were assessed as low to medium risk (in terms of impact on staff, patients and service users) and focused primarily on efficiency improvements, reductions in agency, bank and locum staffing, expenditure control and income opportunities, with the aim of minimising the impact on service delivery as far as possible.

Following further review, a revised Phase 1 plan was approved by Trust Board on 28 May 2026, increasing the value of the programme to £29.9m. The increase reflected:

- £1m additional income from client contributions; and
- £2m accounting and technical adjustments.

Whilst some individual schemes in phase 1 have subsequently been refined, all continue to be assessed as low to medium impact in nature. Implementation of the Phase 1 programme is underway across all Directorates.

Phase 1 delivers savings of £29.9 m towards the Trust's overall savings requirement, leaving a remaining gap of £17.6m to achieve the 4% savings target for 2026/27.

Phase 2 Savings

Following correspondence from SPPG on 10 June 2026, the Trust was asked to develop a balanced plan to deliver savings equivalent to 4% of its budget allocation. This required the identification of an additional £17.6m in savings beyond those already approved under Phase 1.

A report was presented to the Trust Board workshop on 2 July 2026 setting out Phase 2 savings proposals totalling £12m, reducing the remaining savings gap to £5.6m. Subsequently, SPPG approved savings proposals amounting to £6.9m from the Phase 2 submission. This created an additional shortfall of £5.1m, resulting in a total savings gap of £10.7m.

During August 2026, the Trust identified a further £5.6m of savings opportunities, reducing the outstanding gap to £5.1m. While this represents significant progress towards 4%, the plan remains challenging to deliver and a residual shortfall remains.

The Trust continues to work closely with SPPG to identify further opportunities to address this remaining gap.

Unlike many of the Phase 1 measures, a number of the Phase 2 proposals present a higher level of delivery risk within the current financial year due to the complexity of implementation, workforce implications and the timescales available to realise savings. This has resulted in the current savings position outlined in table 1 below.

Table 1: Current Savings Position

Description	**£m**
Total 4% Savings Requirement (including deficit)	**47.5**
Opening 26/27 (Deficit)	**(5.8)**
Phase 1 Savings	(29.9)
Phase 1 Savings Towards 4%	**(24.1)**
	2.3%
Phase 2 Savings Previously identified	(6.9)
Additional Phase 2 Savings	(5.6)
Total Phase 2 savings	**(12.5)**
Overall Savings towards 4% (Phases 1 & 2) £m	**(42.4)**
Overall Savings towards 4% (Phases 1 &2) %	**3.6%**
Remaining Gap	**5.1**
Shortfall against 4%	**0.4%**

To provide a clear and comprehensive position, the revised Phase 1 and Phase 2 proposals have been amalgamated into a single overarching plan. The plan presented for approval therefore incorporates all changes made to date and represents the complete programme of schemes for Board consideration.

Current Savings plan

The savings identified are considered to represent the maximum level of credible and deliverable savings that can be achieved at this stage, while minimising the impact on service delivery and patient care. The Trust's financial position and savings plan will

be reviewed at the mid-year point, with any further opportunities for savings considered in conjunction with SPPG.

While the measures identified represent credible opportunities to reduce expenditure, achieving savings of this scale within a single financial year remains highly challenging. The pace of implementation, together with the limited time available for planning, workforce engagement, consultation and mitigation, increases the risk to delivery.

The individual schemes for Phase 1 & 2, together with details of their scope, impact, associated risks and mitigating actions, are set out in Appendix 1. A summary of the savings proposals is provided below.

Table 2: Summary of Savings Plan 26-27

Savings Scheme	**Savings Target (£k)**
Temporary Staffing reduction including agency, locum and bank staff	7,824
Workforce and Vacancy Control	7,394
Non-pay, Procurement and Contract Management	2,633
MORE/Pharmacy	2,079
Digital/AI	500
Facilities Management	4,528
Corporate Savings/Adjustments	8,114
Diagnostic Reform	1,403
Other Operational Efficiencies	4,155
Older People's Care	1,241
Children's Services	520
High-Cost Cases Review	700
Income Generation	1,300
Total Savings 2026/27	**42,391**

Position on Further Savings

The Trust recognises that a residual gap of £5.1m, equivalent to 0.4% of the overall savings requirement, remains within the 2026-27 financial savings plan and that,

consequently, the year-end projected financial position is not currently balanced. The Trust also acknowledges that there may be further opportunities to improve efficiency and productivity across health and social care services. However, many of these opportunities would require significant service redesign, workforce engagement, regional enablers, consultation and implementation time before they could be introduced safely, sustainably and in a manner that does not adversely affect patients and service users.

The savings plan is heavily reliant on vacancy management, workforce controls and reductions in agency expenditure. While these measures can deliver important short term financial benefits, many are not recurrent and may give rise to workforce and operational challenges in future years. Nevertheless, this approach represents the most credible and achievable means of addressing the immediate financial challenge while minimising the impact on patients and frontline services.

The Trust recognises that these measures could have unintended consequences for staff wellbeing, sickness absence, service performance and organisational resilience, particularly during periods of increased demand such as winter pressures. The risks and impacts associated with the delivery of the savings plan will therefore be subject to ongoing monitoring and oversight through the Trust's established governance arrangements.

However, it remains the Trust's view that achieving the full 4% savings requirement would become increasingly dependent on measures carrying a significantly higher degree of operational, workforce and clinical risk. Such measures could have a more direct impact on service delivery and patient care and would require careful consideration, engagement and assessment before implementation.

Accordingly, the Trust considers that the £42.4m of savings identified represents the maximum level of credible and deliverable savings that can be achieved at this stage. These proposals have been developed to minimise the impact on services wherever possible. However, some measures, particularly vacancy control arrangements, may have a more significant operational impact. These risks will be actively managed through appropriate mitigation measures and subject to ongoing monitoring and review. The Trust will continue to work closely with SPPG to review the residual

financial gap and explore any further opportunities to improve the financial position in advance of the mid-year review.

Exclusions from the Plan – Growth and High Cost Drugs

The savings plan excludes growth pressures and high cost drugs, which SPPG has advised should be managed separately and reported outside the core savings plan.

The Trust has identified growth pressures of approximately £5m in 2026-27. Following confirmation of £2.2m of recurrent funding, a residual pressure of £2.8m remains. This pressure is not currently reflected within the savings plan and will require ongoing management during the financial year.

In addition, emerging demand trends continue to place financial pressure on a number of service areas, particularly 1:1 care arrangements, high-cost cases and direct payments. These areas are experiencing increased levels of activity and expenditure and therefore present a potential financial risk to the Trust. These pressures will be closely monitored throughout the year and escalated as appropriate.

The Trust has assumed that SPPG will continue to provide funding of £3.1m for high-cost drugs in 2026-27. Any variation in this funding assumption, or further growth in demand beyond anticipated levels, would create an additional financial pressure for the Trust.

PA Consulting Review

To provide additional assurance and independent challenge, the Trust engaged PA Consulting to undertake a comprehensive review and stress test of our phase 1 financial plan. Following their initial assessment, the Trust's Senior Leadership Team has agreed to extend this engagement on a risk and reward basis, with fees linked to the delivery of additional savings.

Drawing on their experience across a number of NHS and HSC Trusts, PA Consulting will help us identify further opportunities to meet the shortfall of £5.1m in our plan..

Initial areas identified for further review to achieve further savings, include procurement, single-use products, administrative modernisation, support services and wider productivity opportunities. Through this work, we expect to identify further efficiencies and savings opportunities that can enhance the Trust's financial position while maintaining safe and effective services.

Importantly, this arrangement operates on a "no savings, no payment" basis, ensuring value for money for the Trust whilst providing additional expertise and external challenge. We believe this work will help identify further opportunities for savings to reduce the overall gap to 4%.

Engagement, Equality and Consultation

Alongside its statutory duty to break even, the Trust has statutory responsibilities in relation to engagement, equality, rural needs and public consultation. As the Department of Health (DOH) has been clear that the savings are required in year, it is necessary to implement the measures immediately.

The Trust's cost savings and efficiency proposals are predominantly within the scope of management control and general good financial governance and include the need to make choices in year on flexible and discretionary spend combined with non-frontline or lower impact services.

In accordance with our statutory duties, the Trust has carried out an overarching equality screening and rural needs impact assessment on the Financial Savings Plan to determine the overall impact on patients, clients, service users and staff likely to be affected by the collective proposals. A separate equality screening has also been undertaken on workforce measures due to the proportion of the financial savings attributed to these proposals.

Based on the information, we have available and with the level of savings proposed, there is the potential to have an impact on some S75 categories more than others, in particular Age, Gender, Disability and Dependent Status.

The Trust fully accepts its obligations to take appropriate steps to lessen the impact of any of its proposals in the best interest of all S75 groups and in protecting the most vulnerable by continuing to address inequalities.

It is anticipated that at this stage for the majority of proposals there are no identified differential impacts, with a small number of proposals where there may be a 'minor' or 'minor to moderate' impact. However, this will be kept under close review, in particular for those S75 groups identified. The Trust is committed to ongoing equality screening as a method of measuring any potential impacts as the proposals roll out and if necessary, will carry out further equality screening or EQIAs where implementation triggers those requirements, as approriate.

Based on the initial screening process, the Trust has not identified a requirement for public consultation at this stage. However, this position will remain under continuous review as proposals are implemented and monitored.

A comprehensive engagement plan will support the implementation of savings proposals and provide opportunities for stakeholders to raise concerns and feedback. Information gathered through this engagement, alongside ongoing monitoring of patient safety, service quality, workforce and performance impacts, will inform any mitigating actions required.

The Trust fully accepts its obligations to take appropriate steps to lessen the impact of any of its proposals in the best interest of all Section 75 groups and in protecting the most vulnerable by continuing to address inequalities. However, given the time-critical requirement to deliver financial savings, Trust Board is asked to approve implementation of all schemes with immediate effect.

The Trust is faced with competing requirements: the statutory duty to break-even and the statutory duties to consult and involve. If it is determined that consultation is required at a later date as we progress with implementation to achieve the savings required by the Department within the current financial year, the Trust cannot undertake the normal engagement and consultation processes and retrospective consultation would be undertaken in those circumstances. This departs from the customary Trust process, as set out in our Involvement and Consultation Scheme, which places consultation prior to implementation of decisions.

Retrospective consultation, if required, would seek views from the public and any other relevant stakeholders on the adequacy of our proposed mitigations, or whether there are alternative proposals to generate the required financial savings which the Trust can implement.

Financial Oversight and Governance Arrangements

The implementation of the Savings Plan will be subject to robust oversight and monitoring through the Trust's RISE (Reform, Improvement, Savings and Efficiency) Programme, which provides the overarching framework for the development, delivery and governance of savings initiatives.

Delivery of the plan will be supported by established programme and project management arrangements, Executive Director leadership and regular performance

review through the RISE Steering Group and the RISE Programme Board, held each month and chaired by the Chief Executive.

Progress against the Savings Plan, including delivery of financial benefits, associated risks and mitigating actions, will be reported regularly to the Finance and Performance Committee and through the monthly Trust Board Finance Report.

These arrangements will provide strong governance and accountability at Board, Executive and Directorate level, ensuring that savings schemes are closely monitored, delivery risks are identified and managed in a timely manner, and corrective action is taken where required. This approach will support the achievement of savings targets while maintaining safe, effective and sustainable services.

Conclusion

The Trust has undertaken a comprehensive review of expenditure, financial pressures and savings opportunities across all areas of the organisation and has identified further measures to strengthen its financial plan. As a result, savings totalling £42.4m have been identified against a total savings requirement of £47.5m, representing approximately 89% of the overall target and delivering savings equivalent to 3.6% against the required 4% target. This leaves a residual gap of £5.1m (0.4%).

The Trust remains committed to working constructively with SPPG and regional colleagues to pursue all reasonable opportunities to improve productivity, reduce costs and support longer term service transformation. The Trust has engaged PA Consulting to explore additional opportunities to support the achievement of the overall 4% savings target.

While the plan is considered achievable, it is not without risk. Successful delivery will depend on the effective implementation of the proposed schemes and the avoidance of any additional unfunded growth or demand pressures arising during the year.

Although some measures do not provide recurrent savings, they will contribute significantly to reducing expenditure during 2026-27 and supporting financial recovery in the current year.

The Trust continues to have concerns that achieving the full 4% savings requirement on a recurrent basis within a single financial year would increasingly depend on measures carrying a higher degree of operational, workforce and clinical risk, with the

potential for adverse consequences for service delivery, workforce sustainability and, ultimately, patient care.

Trust Board Approval

Having given due consideration to the proposed savings schemes, their associated risks and mitigations, the Trust Board is asked to:

1. Approve the implementation of the Financial Savings Plan.
2. Note the delivery of savings totalling £42.4m, representing 3.6% of the required 4% savings target.
3. Note the remaining savings gap of £5.1m and the ongoing engagement with SPPG to identify options to address this shortfall.
4. Note that the Trust will undertake a further review of its financial position and savings plan at the mid-year point and report any revised position to the Board.

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Appendix 1 – Summary of Savings Scheme Measures 2026-27

Savings Scheme	Savings Target	Description/ Impact/ Risk
Temporary Staffing including agency, locum and bank staff (Total £7,824k)		
Nursing Utilisation Savings	£2,916k	Reduction in nursing agency expenditure through conversion to substantive posts and increased use of bank staff through targeted recruitment campaigns, workforce reviews and improved rostering arrangements. **Impact on services & patient safety:** Minimal impact on service delivery anticipated. **Risk Mitigation:** Dependent on successful recruitment and retention of substantive staff. Deliverability & impact will be monitored through the Nursing Utilisation Group.
EPCO (Enhanced Patient Care Observation)	£2,169k	Continued management of enhanced observation requirements in line with the EPCO framework and revised protocol. Enhanced observations will be reviewed regularly to ensure appropriate deployment of EPCO while maintaining patient safety. **Impact on services & patient safety:** Minimal impact on services or patient safety expected as process will be risk assessed. **Risk Mitigation:** Managed through ward-level monitoring and Nursing Utilisation Group oversight.
Medical Locum - Roster Design, Framework, Recruitment/ Tempre	£2,518k	Reduction in medical locum expenditure through conversion to substantive appointments, implementation of framework rates, improved roster management, use of Patchwork and review of locum arrangements. **Impact on services & patient safety:** Minimal impact anticipated. **Risk Mitigation:** Savings dependent on successful recruitment, with some reliance on non-framework locums remaining.

Savings Scheme	Savings Target	Description/ Impact/ Risk
Reduction in Agency "Other"	£221k	Reduction in expenditure on agency staff through recruitment to substantive posts where possible and tighter workforce controls. **Impact on services & patient safety:** Minimal impact anticipated. **Risk Mitigation:** Monitored through Workforce Savings & Efficiency Steering Group (WSEG)
Workforce and Vacancy Control (Total £7,394k)		
Workforce Control	£469k	Tighter controls on additional hours and overtime, whilst ensuring that staff will be paid in accordance with terms and conditions of service. **Impact on services & patient safety:** Managed to minimise service disruption. There are potential workforce pressures if reductions are not appropriately managed. **Risk Mitigation**: Oversight through WSEG.
Vacancy Control / Recruitment Slippage	£6,925k	Enhanced vacancy management arrangements across all Directorates using a Vacancy Control and Workforce Scrutiny Framework designed to strengthen oversight and challenge of recruitment decisions, ensuring workforce expenditure is carefully managed whilst maintaining safe, effective and sustainable services. **Impact on services & patient safety:** Potential impacts include increased workloads, delays in service delivery and reduced responsiveness where vacancies continue for an extended period of time. **Risk Mitigation:** This will be carefully monitored through WSEG with escalation processes in place to appropriately manage risk which will stop short of patient harm and any service changes will be considered through appropriate governance arrangements.

Savings Scheme	Savings Target	Description/ Impact/ Risk
Non-pay Procurement and Contract Management (Total £2,633k)		
Non-Pay / Procurement Opportunities	£1,993k	Savings through reduction in discretionary expenditure including travel, external engagement, office supplies and non-mandatory training, alongside revised working practices. **Impact on Services and Patient Safety:** No immediate impact on patient safety is anticipated. However, restrictions on non-mandatory training and development activity may affect workforce capability, staff development and organisational resilience if sustained over an extended period. **Risk Mitigation**: Risk of non-delivery will be actively managed through regular monitoring by the Procurement Efficiencies Group and escalation through the RISE Programme governance arrangements. Any emerging risks will be reviewed and corrective actions implemented as required.
GIRFT (Getting It Right First Time) – Trauma & Orthopaedics Specific	£150k	Improved value for money through standardisation of clinical supplies and increased use of lower-cost alternatives where clinically appropriate. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Use of single use products	£300k	Reduction in expenditure on single-use products through improved utilisation, standardisation, stock management, waste reduction and the use of clinically appropriate reusable alternatives where feasible. **Impact on Services and Patient Safety:** No direct impact on patient safety is anticipated. **Risk Mitigation:** Savings may be lower than planned due to clinical requirements, supply chain constraints or limited opportunities to reduce product usage. Opportunities will be monitored through procurement and clinical governance processes, with all changes subject to appropriate clinical review. PA Consulting to provide input.

Savings Scheme	Savings Target	Description/ Impact/ Risk
Review of CVS Contracts	£190k	Enhanced contract management to deliver efficiencies and improve value for money. The Trust will continue to prioritise safety, equity and patient centred care in implementing these measures and any changes will be subject to ongoing monitoring. **Impact on services & patient safety:** Minimal impact expected **Risk Mitigation**: Managed through engagement with stakeholders.
MORE/ Pharmacy (Total £2,079k)		
Driving Efficient Prescribing-Medicines Optimisation	£1,500k	More efficient medicines management through improve clinical engagement, decision making and medicines optimisation, driven by the already established MORE programme. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** Managed through the MORE programme.
Review of over-ordering stock	£579k	Reduction in medicine stockholding and prevention of over-ordering through improved inventory management. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Digital/ AI (Total £500k)		
Encompass Benefits Realisation	£500k	Financial benefits arising from Encompass implementation including reduced printing costs, removal of legacy systems and process efficiencies. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA

Savings Scheme	Savings Target	Description/ Impact/ Risk
Facilities Management (Total £4,528k)		
Reduction in Functional Support	£650k	Support services staff provide vital services in patient facing roles. This proposal involves enhanced controls to re-design staffing and development alternative service models in appropriate areas including, for example, office cleaning frequencies, efficiencies in domestic services, procurement savings and revised charging structures for car parking, catering and accommodation. **Impact on services & patient safety:** Minimal service impact anticipated. **Risk Mitigation:** NA
Estates - Reduction in Leases, Review of Space Utilisation and Review of Disposal	£150k	Rationalisation of leased accommodation including termination of leases and improved utilisation of Trust estate**. Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Estates Maintenance	£3,258k	Reduction in non-urgent maintenance expenditure. Priority will be given to high-risk and statutory maintenance activity. **Impact on services & patient safety:** Increased backlog maintenance and delayed response times for non-urgent works. **Risk Mitigation:** Prioritisation of works to clinical areas and monitoring of impact to non clinical areas is managed by the Strategic Accommodation Group.
MICAD	£470k	Savings arising from completed capital projects where final account settlements are lower than original estimates. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA

Savings Scheme	Savings Target	Description/ Impact/ Risk
Corporate Schemes/ Adjustments (£8,114k)		
Invest to Save	£160k	Realisation of savings from previous investment in replacement beds, reducing the requirement for leased equipment and Quality Improvement project. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Equip cleanse	£848k	In preparation for the implementation of Equip, a detailed review of debtor and creditor balances identified amounts no longer required, enabling the release of historic balances. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Non-recurrent benefit from technical financial adjustments	£7,106k	Non-recurrent saving arising from a comprehensive review and validation of outstanding liabilities, resulting in the release of accruals and provisions no longer required. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Diagnostic reform (1,403k)		
Reducing Unwarranted Variation (Implementation of Sensible Care) - Including Optimising Tests and Investigations	£456k	Standardisation of clinical testing and investigations to reduce unnecessary variation and improve resource utilisation. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Unwarranted variation Radiology	£947k	Review of radiology demand, referral patterns and utilisation to reduce unnecessary activity and improve efficiency. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA

Savings Scheme	Savings Target	Description/ Impact/ Risk
Other Operational Efficiencies (Total £4,155k)		
Regional Control Centre reduction	£46k	Reduction in input from the regional control centre following service review. **Impact on services & patient safety:** Minimal impact on services. **Risk Mitigation**: Input from RCC will be continually reviewed and amended as required to meet the USC demands of the region.
Other In Year Opportunities	£3,309k	In-year operational efficiencies and emerging opportunities to be identified and delivered throughout 2026/27. Risks and deliverability will be reviewed regularly through financial governance arrangements and the RISE (Reform, Improvement, Savings & Efficiency) Programme.
One off Efficiencies Link Lab	£800k	Non-recurrent saving arising from reduced SLA costs with BT during 2024/25 and 2025/26. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Older People's Care (£1,241k)		
Embed CareLine Live Across Localities	£350k	Full implementation of CareLine Live supporting more effective package management and release of surplus care hours where appropriate. **Impact on services & patient safety:** Minimal as released capacity will be based on assessed need. **Risk Mitigation**: Monitoring of the use of Homecare hours will be through operational governance arrangements.

Savings Scheme	Savings Target	Description/ Impact/ Risk
FOC - Introduction of Charging from Day One in Homes	£500k	Alignment of charging arrangements with regional practice through implementation of residential care charges from the first day of admission. **Impact on services & patient safety:** No adverse impact anticipated. **Risk:** Requires effective communication and operational implementation.
Community Service Meals	£8k	Review of meal provision arrangements. **Impact on services & patient safety:** Minimal service impact. **Risk Mitigation:** review will consider impact before project is taken forward.
Replace high-cost GP in Non-Acute hospital	£83k	Replacement of higher-cost GP arrangements with more cost-effective alternatives. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Review of Daycare in Adult Community Services	£100k	Review of utilisation levels and service capacity within Adult Community Services. **Impact on services & patient safety:** Will be assessed during review. **Risk Mitigation:** Any impact will be considered and mitigated and due process followed if any service change is required.
Review of Statutory Residential Homes	£100k	Review of underutilised residential care capacity and opportunities to reconfigure services. **Impact on services & patient safety:** Will be assessed during review. **Risk Mitigation:** Any impact will be considered and mitigated and due process followed if any service change is required.

Savings Scheme	Savings Target	Description/ Impact/ Risk
Home Delivery model BSO	£100k	Transfer of home delivery arrangements to the BSO (Business Services Organisation) in line with regional practice, reducing transport costs and improving efficiency. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation**: NA
Children Services (Total £520k)		
Taxi transportation rationalisation	£220k	Review and optimisation of transportation arrangements to ensure value for money while maintaining access to services. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation**: NA
CYPWS pipeline schemes	£300k	Review of medical consumables, reduce point of care testing in wards, reduce use of external Expert Assessors in CYPS services as these now to be provided inhouse by trained up staff. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation**: NA
High-Cost Cases Review (Total £700k)		
External High-Cost Cases Review	£700k	Review to be undertaken on a number of high-cost cases in Adult Community Services & Mental Health & Disability. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation**: Review recommendations and actions will be monitored through operational governance arrangements.
Income Generation (Total £1,300k)		

Savings Scheme	Savings Target	Description/ Impact/ Risk
Client Contributions Assessments	£1,000k	Increased income from client contributions supported by additional capacity within the Financial Assessment Team and improved assessment processes. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** NA
Staff Accommodation Charges	£100k	Increase in accommodation charges in line with Department of Health guidance. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation**: NA
Review Opportunity to generate Lab & Theatre income	£200k	Exploration of opportunities to generate additional income through utilisation of Trust laboratory and theatre capacity by external providers. **Impact on services & patient safety:** No adverse impact anticipated. **Risk Mitigation:** Any service risk will be assessed as review progresses.
Total savings plan	**£42,391k**	