

Swansea Bay University Health Board  
**Unconfirmed Minutes of a Meeting of the Health Board**  
 held on 30<sup>th</sup> May 2023 at 9am, Zoom (livestream via YouTube)

**Present**

Emma Woollett	Chair
Mark Hackett	Chief Executive
Steve Spill	Vice-Chair
Christine Morrell	Director of Therapies and Health Science
Darren Griffiths	Director of Finance and Performance
Gareth Howells	Director of Nursing and Patient Experience
Richard Evans	Executive Medical Director
Pat Price	Independent Member
Tom Crick	Independent Member
Jean Church	Independent Member
Nuria Zolle	Independent Member

**In Attendance:**

Narissa Vaughan	Interim Director of Strategy
Debbie Eyitayo	Director of Workforce and OD
Hazel Lloyd	Director of Corporate Governance
Deb Lewis	Chief Operating Officer
Matt John	Director of Digital
Richard Thomas	Director of Insight, Communications & Engagement
Andrew Jarret	Neath Port Talbot Council
Claire Mulcahy	Corporate Governance Manager

Minute No.		Action
102/23	<b>WELCOME AND INTRODUCTIONS</b>	
	<p>The chair welcomed everyone to the meeting.</p> <p>Apologies for absence had been received from Jackie Davies, Independent Member; Keith Lloyd, Independent Member; Anne-Louise Ferguson, Independent Member; Nicola Matthews, Independent Member; Reena Owen, Independent Member and Judith Vincent, Clinical Director for Pharmacy</p>	
103/23	<b>DECLARATIONS OF INTEREST</b>	

	There were no declarations of interest.	
104/23	<b>RECOVERY AND SUSTAINABILITY PLAN</b>	
	<p>A report setting out an update on the revised recovery and sustainability plan was <b>received</b>.</p> <p>In introducing the report, Darren Griffiths highlighted the following points;</p> <ul style="list-style-type: none"> <li>- Welsh Government had fed back a number of queries on the plan, specifically in areas such as savings, run-rate reduction continuing healthcare and prescribing spend and further choices that the health board can make to improve financial forecast or assure the confidence of delivery;</li> <li>- The table on page 13 showed the £69.9 original plan value that was submitted based on assumptions on COVID-19 funding, run rate reduction and savings delivery;</li> <li>- The £21.1 m COVID-19 relief funding has now been removed from the plan as Welsh Government have now advised that this funding is not now available;</li> <li>- As part of scrutiny of options and choices within the plan, it was agreed that the disaggregation of the digital service level agreement with Cwm Taf Morgannwg Health Board would not happen this year saving £1.5m in planned costs;</li> <li>- Also, the assumptions for energy prices have been revised downwards by £3m. Combining the loss of the COVID-19 funding with these two cost reductions gives a revised deficit of £86.6m;</li> <li>- In order to get to our deficit plan, the following cost reductions will be necessary: £27.9 m run rate reduction; a reduction of £13.4m in COVID-19 transition costs and £22.2 m saving delivery adding up to £63.5m in cost reductions (or risk) to get us to the deficit position;</li> <li>- To date, the identified risk of £63.5m had been reduced to £51.3m with specific actions in place to directly address the reduction of this across operational pressures, COVID legacy costs and savings delivery. Weekly focus in now in place where the risks have been identified.</li> </ul> <p>Deb Lewis highlighted the following points in relation to performance,</p> <ul style="list-style-type: none"> <li>- The trajectories submitted to Welsh Government as part of the plan were urgent and emergency care, cancer and planned care;</li> <li>- Urgent and emergency care were not yet signed off but from a</li> </ul>	

delivery perspective, they are not affected by the financial elements of the plan. There is a focus on the same day emergency care and the discharge profile with local authorities;

- Planned care performance depends heavily on the financial position. The main targets are: no 52 week waiters by end of June for first outpatients appointments; 97% of patients to be treated in 104 weeks end of December and 99% by end of March 2024. The health board had committed on the non-orthopaedics element but orthopaedic plan delivery was dependent on the bid submitted to Welsh Government, for which a response was still awaited. Until funding is confirmed for the orthopaedic unit, the health board is unable to finalise trajectories fully on the orthopaedic plans. A challenging but sound plan had been submitted based on the financial plan set out above, but this would not deliver Ministerial targets on planned care for orthopaedics;
- The cancer trajectories were presented and agreed at Board in April 2023. The backlog would be reduced to just over 200 patients by the end of March 2024, resulting in an improvement of the single cancer pathway target to the target of 75%.

In discussion of the report, the following points were raised

Emma Woollett summarised the discussion around financial plan; which began at £69.9m and due to COVID element, the new figure stood £86.6m with the risk reduced to £51m instead of £65m but the outturn planned deficit remaining at £86.6m. Darren Griffiths advised that he did not feel he could reduce the deficit any further due to the scale of actions needed to deliver.

Darren Griffiths informed that he would continue the presentation of the plan in this way via the Performance and Finance committee to continue the discussion of the risk management and actions to address.

Steve Spill pointed out Welsh Government's ask for local choices and national/policy changes to reduce the deficit further. Darren Griffiths informed that he was only starting to deploy local choices at this stage but had a number of ideas for NHS Wales and broader policy discussions with Welsh Government.

In relation to the orthopaedics performance, Emma Woollett asked what would be done if the regional funding was available. She also asked what was the scale of gap was if the funding was not received. Deb Lewis advised that 1% for the health board was around 1000 patients. The worst case scenario at end of March 2024, if funding is not received, would be 7500-8000 patients breaching that target, ie a performance of 93% instead of 99%.

Darren Griffiths reminded members that the local planned care recovery pot was increased by £3.8m for other specialities. Mark Hackett added that the health board was confident that with the £3.8m, the health board could bring the waiting lists down in non-orthopaedics areas.

Steve Spill raised concern that he did not see a clear audit trail or link between the two requirements to improve planned care performance and the requirement to reduce the deficit. He queried whether there was anything available that showed what each of these actions does in terms of reducing cost and de-risking the deficit.

Darren Griffiths advised that there was detailed information he could share with Steve Spill. He noted that the report set out the plans to spend the money we have in a better way, increasing quality and safety for patients. Areas such as cancer, planned care, population health, stroke and the service re-design within medicine, were all resourced within the original plan and will proceed as planned. Emma Woollett advised that Performance and Finance committee would need detailed oversight of this.

Jean Church was concerned that there were a number '*to be confirmed*' elements throughout the plan and a lack of audit trail and information. Emma Woollett shared the concerns but assured on behalf of Executive colleagues that this was a fast moving situation.

Emma Woollett summarised that within the plan of £86.6m with a £51m risk, there are figures to meet the ministerial target on urgent and emergency care and 93% on planned care for the 104wk target, but there was also additional capacity at NPT for orthopaedics if the health board has access to regional monies.

In relation to Cancer performance, Emma Woollett asked whether the health board had plans to meet Ministerial targets. Deb Lewis informed that they were and targets were sensible and there was confidence in delivery. There was very little at risk in terms of finance, Cancer was a priority throughout all plans. There was one area to highlight in terms of performance risk namely gynaecology but this may not affect the overall performance delivery.

Board members accepted the financial deficit as presented and appreciated that the risk has reduced. Board members were content that, with the exception of orthopaedics, the trajectories to meet Ministerial priorities are within the current funded plan. The Board would wait to see the trajectories for planned care with and without the funding. It was agreed that final trajectories, within the format submitted to Welsh Government, would be circulated to Board members as soon as they are finalised.

<b>Resolved:</b>	<ul style="list-style-type: none"> <li>- The final trajectories, within the format submitted to Welsh Government, would be circulated to Board members as soon as they are finalised</li> <li>- Board Members were content to submit the plan.</li> </ul>	<b>DL</b>
<b>105/23</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business and the meeting was closed.	
<b>106/23</b>	<b>DATE OF NEXT MEETING</b>	
	The date of the next meeting was confirmed as <b>Thursday 27<sup>th</sup> July 2023.</b>	