

ABM University LHB
Unconfirmed Minutes of the Performance and Finance Committee
held on 28th November 2018
in the Millennium Room, Health Board HQ

Present:

Emma Woollett	Vice-Chair (in the chair)
Sam Lewis	Assistant Director of Finance
Jackie Davies	Independent Member
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Martin Sollis	Independent Member
Chris White	Chief Operating Officer (with the exception of minute 239/18)
Lynne Hamilton	Director of Finance (from minute 237/18)
Siân Harrop-Griffiths	Director of Strategy
Darren Griffiths	Associate Director - Performance

In Attendance:

Kathryn Jones	Assistant Director of Workforce and Organisational Development (OD) (until minute 230/18)
Liz Stauber	Committee Services Manager
Jan Worthing	Service Director, Singleton Services Delivery Unit (for minute 239/18)
Malcolm Turner	Finance Manager (for minute 239/18)
Chris Bimson	Interim Business and Finance Partner, Singleton Services Delivery Unit (for minute 239/18)
Sandra Husbands	Director of Public Health (for minute 240/18)

Minute	Item	Action
226/18	CHANGE IN AGENDA ORDER	
Resolved:	The agenda order be changed and items 2a (partially), 2b and 5a be taken next.	
227/18	MONTHLY PERFORMANCE REPORT	
	The workforce metrics section of the monthly performance report was received .	
	In introducing the report, Kathryn Jones highlighted the following points:	
	<ul style="list-style-type: none"> - There had been a slight decrease in sickness absence rates to 4.91% and actions were in place to improve the position further; - The new all-Wales sickness policy had led to technical changes in terms of the trigger points as well as new ways in which to manage sickness, with a focus on wellbeing. A commitment had been made to roll-out the training package within the next two years; - Compliance with statutory and mandatory training had improved by 	

a further 2% from the previous month;

- The feedback from various board committees in relation to statutory and mandatory training had been noted and it was hoped the introduction of more digital options would support further compliance;
- Nursing vacancies remained at 500 and work was taking place to determine the expected position following the Bridgend boundary change;
- Healthcare support workers (HCSWs) were being encouraged to complete nursing qualifications as part of the 'grow your own' programme;
- Turnover had reduced to 8% which was the lowest it had been for some months;
- Compliance with personal appraisals and development reviews (PADR) remained a focus and units had been tasked with promoting the trajectories. It was believed that the new NHS pay deal would help increase compliance further as increments were now dependent on a PADR having been undertaken;
- Funding had been received for the investigations team and the work by the external companies had now commenced.

In discussing the report, the following points were raised:

Emma Woollett commented that the improvement in staff turnover should assist with reducing the number of vacancies over time.

Chris White provided assurance that a number of workforce issues were raised as part of the quarterly performance reviews and monthly quality, finance and performance meetings with the units, adding that it was pleasing to see the reduction in staff turnover. He stated that the senior management team had made a commitment to address the issues in relation to bullying, which was unacceptable, and queried as to when the investigation team would be up and running. Kathryn Jones advised that the investigation team would be in place from April 2019 but in the meantime additional resources via solicitors were assisting with the longest-running cases. She added that the challenge was to have capacity to work within the units and staff were to be realigned where possible to have more of an impact on timescales.

Martin Sollis sought clarity as to when an improvement would be seen in the cases trajectory. Kathryn Jones advised that there should be an improvement early in 2019 but she was mindful of the team's capacity, particularly in light of the impending boundary change. Emma Woollett commented that less pressure on the team would help with morale and the sense of job satisfaction.

Jackie Davies commented that the recruitment of the three investigative officers would have a significant impact as their sole focus would be on the investigations. She added that they would also provide consistency in terms of process and management.

Jackie Davies raised the issue of online statutory and mandatory training in that some staff were finding it difficult to access the courses. Sam Lewis advised that these issues had been raised with the national body managing the system and representatives from the NHS Wales Shared Services Partnership (NWSSP) had met with the health board's IT team to work through some of the problems.

Jackie Davies commented that in relation to vacancies, there appeared to be a significant number of higher banded posts within nursing (8a and 8b) and queried as to whether this was a result of the new structure. Sam Lewis responded that some may be nurse managers whereas others may be nurses who were managers. Kathryn Jones added that there had been an increase in nurse managers within mental health which were mental health managers as opposed to nurse managers.

Jackie Davies noted that HCSWs were not included within the vacancy figures and queried as to how the establishment had increased in relation to the Nurse Staffing Levels (Wales) Act 2016. Sam Lewis advised that this level of detail was not collated currently but the health board was not currently above its establishment in terms of HCSWs.

Jackie Davies queried as to whether staff retiring took part in the exit interview process as it was important to determine if they were retiring because they wanted to, not because they were unhappy. Kathryn Jones advised that once the system was fully implemented, anyone leaving the health board would be given an exit interview.

Jackie Davies stated that the reduction to 8% in terms of turnover was pleasing, especially as this included the 'slow down' in new starters leaving. She commented that concerns had been raised in relation to stroke wards that there were insufficient numbers of staff for the patients being received. Chris White undertook to discuss this further with the relevant units as patients should not be admitted if there was a workforce risk. He added that options were being explored in relation to shift rotations across sites where services functioned differently, for example unscheduled care at Princess of Wales and Morriston hospitals to that at Singleton and Neath Port Talbot hospitals, and staff should be given the opportunity to experience this on a regular basis.

Jackie Davies raised a concern in relation to staff shortages in district nursing within Bridgend and queried if there was a recruitment strategy in place. Kathryn Jones advised that there were a number of recruitment initiatives being undertaken by the primary care and community services unit as this was a challenging area in which to recruit. Chris White added

that work was ongoing with the community resource teams to ensure the services they were providing were right and consistent with each other.

- Resolved:**
- The workforce metrics section of the monthly performance report be **noted**.
 - Chris White to discuss the issues relating to staffing levels on stroke wards with the relevant units.

CW

228/18 MEDICAL AGENCY CAP

A report providing an update on the implementation of the medical locum cap was **received**.

In introducing the report, Kathryn Jones highlighted the following points:

- Performance against compliance with the cap continued to deteriorate and the reasons as to why needed to be understood;
- 78% of the expenditure related to vacancies;
- There had been an improvement against the internal locum payments;
- This was the fifth consecutive month where the combined total of expenditure was above the cap.

In discussing the report, the following points were raised:

Chris White advised that the issue was raised as part of the quarterly performance reviews and monthly quality, finance and performance meetings with the units. He added that assurance was sought that they were doing everything they could to keep the figures in line with the cap but there were still some culture changes needed with regard to clinical staff.

Martin Sollis queried as to whether the units were kept informed of the deteriorating performance. Chris White advised that that they were, adding that they were provided with a suite of information.

Martin Sollis stated that the outcome of the Kendall Bluck Consulting work needed to be evident soon as this was the third month in which the update was that work was ongoing. He added that assurance was needed that it was providing the assurance that was intended.

- Resolved:** The report be **noted**.

229/18 MONTHLY VACANCY CONTROL PANEL DECISIONS

A report setting out the decisions made on a monthly-basis by the vacancy control panel was **received**.

In discussing the report, Jackie Davies commented that the report did not

capture how the panel was supporting the organisation to determine better ways in which to use staff. Kathryn Jones stated that a robust process was undertaken within the unit prior to referral to the corporate panel in order to determine if better ways of working could be achieved rather than recruiting to the vacancy.

Resolved: The report be **noted**.

230/18 APOLOGIES

Apologies were received from Hazel Robinson, Director of Workforce and Organisational Development (OD) and Maggie Berry, Independent Member.

231/18 DECLARATIONS OF INTEREST

There were no declarations of interest.

232/18 MINUTES OF PREVIOUS MEETINGS

The minutes of the previous meeting were **received** and **confirmed** as a true and accurate record, except to note that the meeting took place on 22nd October 2018 and Martin Sollis and Dorothy Edwards were not present, as well as the following typographical error:

219/18 Theatre Efficiency

Compliance with the World Health Organisation *checklist* was around 70% as not all staff were present for its completion, while some teams were completing a checklist at the end of the procedure as well to benchmark complexity of cases.

233/18 MATTERS ARISING

(i) 221/18 Child and Adolescent Mental Health Services (CAMHS)

Siân Harrop-Griffiths advised that she, her assistant director of strategy and the clinical lead for CAMHS had attended a Swansea local authority scrutiny panel to discuss the service and members had seemed impressed by the progress. She added that there had also been recognition of the role schools and education had in supporting young people.

(ii) 215/18 Continuing Healthcare Quarterly Report

Jackie Davies sought an update in relation to the psychiatric intensive care provision once the Bridgend boundary change had occurred. Siân Harrop-

Griffiths advised that this had been discussed at a recent boundary change meeting and the health board would have access to the unit via a long-term agreement once it transferred responsibility to Cwm Taf University Health Board. She added that as part of the plan for provision of adult mental health services once Cefn Coed Hospital was decommissioned, psychiatric intensive care needed to be considered.

234/18 ACTION LOG

The action log was **received** and **noted**.

235/18 MONTHLY PERFORMANCE REPORT

The remainder of monthly performance report was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- Integrated graphs for planned care and unscheduled care had been developed to show the system-wide performance;;
- Theatre efficiency and winter plan performance had been included following the discussion at the previous meeting;
- Unit performance metrics had been incorporated;
- This iteration included the quarterly performance scorecards;
- A range of new metrics had been developed, which included looking at GP and ambulatory care attendances in order to align with emergency department attendances;
- Consideration was being given to including local authority metrics;
- The 26 week planned care performance remained strong whereas as the 36 week cases had increased by 10 the previous month. The organisation was performing well nationally in terms of 26 weeks;
- The cardiac diagnostic waits were starting to reduce due to CT (computerised tomography) and MRI (magnetic resonance imaging) scan changes;
- Cancer referrals had increased but performance against the urgent suspected cancer target was 94.4% with the non-urgent suspected cancer position at 84% so an improvement was evident;
- For the first time in 17 months, healthcare acquired infections were below the performance trajectory, which had been recognised during the targeted intervention meetings;
- An increase in reported serious incidents had been noted as well as

a rise in pressures ulcers. Fall rates had deteriorated and the discharge summary performance was improving.

In discussing the report, the following issues were raised:

Emma Woollett thanked Darren Griffiths and his team for the time spent developing the performance report even further.

Martin Sollis stated that unscheduled care performance remained a concern but the new charts helped build a better picture. He added that while a lot of good initiatives had been identified, it was unclear as to how prepared the health board was for the winter pressures.

Emma Woollett commented that it was interesting to see the new graphs for unscheduled care which suggested that acuity was high. She added that it was disappointing to see some of the public health outcomes and queried if there was a link between the two. Chris White responded that the pre-hospital work was improving the number of patients being conveyed to hospital, however this meant that the patients being brought in via ambulance had high acuity, particularly those who were elderly and frail, with co-morbidities. He added that Welsh Government was being challenging in relation to unscheduled care, but it had recognised that the health board was spending less time at level four, and when it was at this escalation level, it was more resilient and 'bouncing back' in a more timely way. However, the four-hour wait continued to be a problem, with the highest number of breaches occurring between midnight and 7am due to a lack of senior doctors therefore discussions were being undertaken to determine different models of care, such as advanced nurse practitioners. Martin Sollis commented that it was encouraging to hear this, as changing service models could be the key to addressing unscheduled care issues. Emma Woollett concurred, adding that although nothing could be done in this regard immediately, it would still be beneficial for it to be included in the action plan so the board was aware of what needed to be done. Sam Lewis advised that conversations were ongoing with Welsh Government and often the health board's plan was described as financially constrained, but it was actually workforce constrained, and any organisational plans could not be delivered without the right workforce. She added that plans needed to be considered in light of the workforce available. Emma Woollett stated it would be useful for the committee to receive monthly updates on the issue but with the expectation that significant progress would not be made for some time.

CW

Chris White advised that in regard to 12-hour unscheduled care waits, lessons were to be learned from another health board in relation to the footprint of the department in that the assessment unit was to be relocated within it so that patients referred to speciality could be discharged from the emergency department system. Dorothy Edwards added that a focused piece of work was to be undertaken on the 'front door' process in relation to the medical assessment unit which would be completed in January 2019

with a focus on change management. Sian Harrop-Griffiths commented that there was also a system-wide plan in development which involved the local authorities, in particular the directors of social services, who were feeling more positive about workforce planning, and there was an enthusiasm for integrated working. She added that there was an opinion that some of the health board's performance indicators provided more intelligence than those of the local authorities and there was an appetite to use them more widely.

Martin Sollis stated that planned care performance was behind target but this was an important few months as Welsh Government was to consider potential clawback of monies in December 2018 for non-achievement of performance. He added that there had been a significant amount of consideration given to outsourcing but it was vital that the health board delivered on performance. Chris White responded that a figure of 3,045 cases needed to be achieved by December 2018 in order to be on target and a speciality-by-specialty focus was being given to those off trajectory during discussions with Welsh Government to provide assurance. Darren Griffiths advised that the Director General of NHS Wales had sought evidence of the cohort management approach in order to reach 2,600 cases by the end of the financial year, which the health board had been able to provide. Demand and capacity approaches were still being taken, which included engaging clinical leads in areas in which workforce challenges were significant. He added that a service model had been developed which focussed on providing reasonable offers to patients, and this was assisting with revalidation of waiting lists, particularly at Morriston Hospital. Arrangements had been made with other hospitals, both within the health board and neighbouring ones, to take on additional cases where capacity allowed to fill gaps.

Emma Woollett stated that while a significant amount of assurance had been given that targets could be met, a sustainable solution would need to be considered in the near future.

- Resolved:**
- The report be **noted**.
 - Monthly updates to be received with regard to the work to redesign the emergency department staff during out-of-hours.

CW

236/18 CHANGE IN AGENDA ORDER

The agenda order be changed and item 4b be taken next.

237/18 ORTHOPAEDICS ACTION PLAN

A report setting out the action plan to improve planned care performance in relation to orthopaedics was **received**.

In introducing the report, Darren Griffiths highlighted the following points:

- Orthopaedics accounted for 70% of the year-end planned care position;
- Unit teams were undertaking a significant amount of work to maintain the position;
- In order to improve, Morriston Hospital needed to be able to continue elective work during unscheduled care pressures and Princess of Wales Hospital to undertake out-of hours work;
- Discussions were being undertaken as to the support that Neath Port Talbot Hospital could provide to Morriston Hospital;
- A number of other initiatives were being considered, including outsourcing and a review of the service model at Morriston Hospital by the NHS Wales Delivery Unit.

In discussing the report, the following points were raised:

Martin Sollis complimented the report, adding that it provided confidence in terms of what the organisation could do. Chris White responded that it was helping to bring a different mentality, reinvigorating teams to consider what could be achieved.

Martin Sollis commented that there were opportunities for both daycases and inpatient cases once the Bridgend boundary change had occurred. Chris White advised that the health board could not afford to wait until April 2019 to improve but there needed to be a better use of capacity in the new-look health board post-Bridgend. He added that the new Medical Director was reviewing areas not delivering to identify ways in which to work differently.

Emma Woollett stated that when developing an action plan it was important to be able to 'tick' items off to show achievements had been made. She added that she had been impressed by the interaction between the executive directors and service directors during the performance reviews but sought clarity as to whether sustainability for the future was being considered. Chris White responded that the interaction was in a better place, particularly during the monthly finance, performance and quality meetings, and they were conscious of any actions they may undertake which could inadvertently affect the performance of another unit or service. He added that with Darren Griffiths now in the role of associate director in terms of performance, there were now opportunities for him to meet with the units and provide a regular challenge as to what was needed.

Resolved: The report be **noted**.

238/18 FINANCIAL POSITION

A report outlining the monthly financial position was **received**.

In introducing the report, Lynne Hamilton highlighted the following points:

- The overall financial position continued to improve, albeit marginally;
- The improvement to operational expenditure had not been sustained from the previous month, and medical agency and clinical non-pay were also affecting the position;
- Work had been undertaken with the units since month seven to get their delegated positions back on track;
- Morriston and Princess of Wales hospitals' positions remained a challenge and the deep dives of the units were considering, along with a review of clinical consumable expenditure;
- Mitigating actions and reserves continued to be deployed;
- The pay position was a challenge but there had been some improvements in variable pay as well as considerable success in relation to the recruitment of registered nurses, with 140 appointed, the affects of which would be evident in the coming months;
- The impact of the increased nurse training places was starting to be evident;
- Hazel Robinson and the new Medical Director were establishing a 'suite' of interventions for medical agency expenditure which was providing fresh eyes to the challenge;
- Pharmaceutical non-pay was becoming more stable;
- Insignificant progress had been made in terms of the savings workstreams and a six-month review had been undertaken in order to provide a focus for 2019-2020, during which £16m would need to be delivered;
- Discussions were being undertaken as to the prioritisation of winter monies;
- There was a confidence that the forecast deficit position of £20m could be achieved.

In discussing the report, the following points were raised:

Jackie Davies queried as to whether the 140 nurses were new to the health boards. Sam Lewis advised that they were, in addition to the new graduates, and 43 HCSWs had been appointed as part of the Nurse

Staffing Levels (Wales) Act 2016. Emma Woollett commented that this was a good news story and queried as to whether it was to be publicised. Sam Lewis undertook to discuss this further with the health board's communications team.

SL

Martin Sollis stated that it was pleasing to see the opportunities being taken in terms of the Nurse Staffing Levels (Wales) Act 2016 as well as the confidence levels of delivering the target, despite the challenges.

Martin Sollis referenced the deep dive undertaken of the Princess of Wales Hospital position, noting that performance continued to move in the wrong direction. He queried the executive team's confidence in the unit's ability to deliver. Sam Lewis advised that there was an expectation that there would be more traction in the Princess of Wales Hospital's position and confidence that they would deliver the plan.

Resolved:

- The report be **noted**.
- Discussions to be undertaken with the communications team with regard publicising the success of nurse recruitment.

SL

239/18

SINGLETON DEEP DIVE

Jan Worthing, Chris Bimson and Malcolm Turner were welcomed to the meeting.

A report setting out the findings of the deep dive into the Singleton financial position was **received**.

In introducing the report, the team highlighted the following points:

- A similar deep dive approach had been taken to that of Princess of Wales Hospital;
- Meetings were undertaken with key operational staff and while not all areas of expenditure were reviewed, a detailed analysis was undertaken to identify areas on which to focus;
- There was joint ownership of the plan between finance colleagues and the unit;
- Nothing had been identified that the unit was not already aware of but it had been useful to have a 'fresh pair of eyes' to identify areas of potential;
- The unit's financial performance needed to become sustainable;
- A lot of work had been undertaken within the unit with regard to workforce, in particular, significant progress had been made in relation to pathology in terms of 'grow your own';

- The cancer service was a big risk for the unit due to workforce challenges and work was being undertaken to redesign service roles to reduce the reliance on agency. Digitalisation of workforce was also proving to be particularly beneficial;
- The unit had a particular issue with regard to sickness levels, a significant proportion of which could be attributed to service changes;
- E-rostering was in the process of being rolled-out;
- A focus was to be given to improving theatre efficiency and discussions were being undertaken with regard to implement the Patient Knows Best system.

In discussing the report, the following points were raised:

Sam Lewis commented that meetings had been undertaken with the unit with regard to planned care performance and its trajectory was currently being delivered with no reduction in quality of care. However an increase in demand had been evident and consideration needed to be given as to how to ensure this could be maintained sustainably.

Martin Sollis stated that a significant amount of information had been provided and queried the level of confidence that the action plan could be delivered this year. Chris Bimson advised that income into the unit had been tailored toward the end of the year and there was high confidence of success.

Martin Sollis referenced the workforce challenges, particularly in relation to cancer services, and queried as to whether this was to be considered as part of the clinical services plans. Jan Worthing advised consultants now had varying sub-specialties so job roles and plans were tailored specifically to take advantage of this. She added that technology was enabling more remote working, particularly when consultants were undertaking clinics in remote or off-site clinics, so they did not have to travel back to Singleton Hospital once finished. Sian Harrop-Griffiths asked for and received assurance that the cancer workforce challenges were included on the unit's risk register. Jan Worthing advised that she was working with the Director of Corporate Governance to determine how to include the issue on the corporate risk register.

Sian Harrop-Griffiths commented that a discussion had been undertaken by the senior leadership team with regard to Velindre Hospital's transforming cancer services business case as currently there was not parity of funding between the two cancer services. She added that the strategy for south-west Wales had been developed and was ready to be implemented.

Resolved: The report be **noted**.

240/18 CHANGE IN AGENDA ORDER

The agenda order be changed and item 4a be taken next.

241/18 DELAYED FOLLOW-UPS

Sandra Husbands was welcomed to the meeting.

A report setting out progress against the recommendations of a Wales Audit Office review of delayed follow-ups was **received**.

In introducing the report, Sandra Husbands highlighted the following points:

- Since the last update to the committee, a further review had been undertaken by Wales Audit Office which had raised more concerns;
- Welsh Government were holding health boards to account and the issue had been discussed in the recent quality and delivery meeting;
- The October 2018 position had demonstrated an improvement from 66,629 people waiting to 63,538;
- Investment of £30k had been made to address the longest waiters;

In discussing the report, the following points were raised:

Emma Woollett queried the number of duplicate cases on the waiting list. Sandra Husbands advised it was around 10,000 but it was difficult to be exact. She added that the investment would help address some of this, as would the 'see on symptom' pathway. In addition, the Patient Knows Best system was still being piloted which would help with clinical decision making and encourage patients to approach the service when displaying symptoms as opposed to remaining on a waiting list for what could be an unnecessary follow-up.

Martin Sollis noted that 22,000 of the patients on the list were awaiting an ophthalmology appointment and queried how many were at the highest risk point. Sandra Husbands advised that 6,000 had glaucoma which was the highest risk factor and a plan was in place for all of these to have had an appointment by the end of March 2019. Chris White added that the deputy director of therapies and health sciences was leading a 'gold command' task and finish group for the service.

Martin Sollis stated that it would be useful to see a trajectory of how the health board would address the backlog. Emma Woollett concurred adding that the committee needed to see a more robust plan and suggested it be received in January 2019. Sandra Husbands responded that February 2019 would be better timing in terms of a sustainable solution. Emma Woollett suggested that an update be received in January 2019 as to the progress in relation to the urgent clinical risks with a plan for the service's

sustainability presented in February 2019. This was agreed.

SH

- Resolved:**
- The report be **noted**.
 - An update be received in January 2019 as to the progress in relation to the urgent clinical risks with a plan for the service's sustainability presented in February 2019.

SH

242/18 RECOVERY AND SUSTAINABILITY PROGRAMME UPDATE

A report setting out an update in relation to the recovery and sustainability programme was **received**.

In introducing the report, Dorothy Edwards highlighted the following points:

- A six-month review of the programme had been undertaken and presented to the executive board;
- The programme was not on course to deliver the full savings rather it would be £13.5m against the target of £21m;
- The workstream furthest away from delivery was service remodeling, which had started later than anticipated;
- The non-delivery of all savings would mean that 2019-20 would be starting 'behind the curve';
- Several of the workstreams had made good progress including e-rostering and procurement.

In discussing the report, the following points were raised:

Martin Sollis commented that a step change was needed to convert the workstreams from plans to innovations, and a significantly different approach was needed for the next year. Dorothy Edwards advised that some transformation monies had been received but it was important to note that recovery was just one side of the programme, therefore work was to be undertaken with the Director of Transformation in terms of sustainability. She added that a lot of the future work would align with the clinical services plan.

Siân Harrop-Griffiths advised that it was critical that service changes aligned with the clinical services plan and a positive discussion had been undertaken at the executive board meeting earlier that day, particularly in relation to improving efficiencies. She added that there were clear messages in relation to the need for strong leadership and Welsh Government was encouraging the health board to deliver.

Emma Woollett stated that she had found the report disappointing, and it

was unclear as to why it was still being produced. She added that the programme needed to be more dynamic in order to have an impact next year. Dorothy Edwards responded that it was critical to focus on both this year and next as there were opportunities in both. She added that the timings were still being pushed and there were clear actions from April 2019, but without traction this year, these would not be successful.

Resolved: The report be **noted**.

243/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19

The 2018/19 work programme was **received**.

In discussing the work programme, Martin Sollis queried as to when the committee would have sight of the planning process for the integrated medium term plan, as it was to be submitted by 4th January 2019. Siân Harrop-Griffiths advised that it would be received by the board at its development session on 13th December 2018 and by the committee on 17th December 2018. Emma Woollett commented that members needed to be as flexible as possible, and this included considering issues via email if time did not permit meetings to be held.

Resolved: The work programme be **noted**.

244/18 ANY OTHER BUSINESS

(i) Finance Team Pressures

Lynne Hamilton stated that the finance team was losing some key staff members to another health board following its successful recruitment drive and discussions were to be undertaken as to how best to recruit to the vacancies, particularly in light of the potential structure changes post-Bridgend boundary change.

(ii) Review of Financial Management

Lynne Hamilton advised that the Chartered Institute of Public Finance and Accountancy (CIPFA) had been commissioned to undertake a review of the finance function. She added that the health board would be the first in Wales to do so, and it would provide useful intelligence in light of the transfer of the Bridgend boundary, and some committee members may be invited for an interview.

There was no further business and the meeting was closed.

245/18 DATE OF NEXT MEETING

The next scheduled meeting was noted to be 17th December 2018.

