

ABM University LHB
Unconfirmed
Minutes of the meeting of the Health Board
held on 24th November 2016
in the Waterfront Church, Swansea

Present

Andrew Davies	Chairman / Non Officer Member
Charles Janczewski	Vice-Chair
Paul Roberts	Chief Executive
Alex Howells	Chief Operating Officer
Ceri Phillips	Non-Officer Member
Maggie Berry	Non-Officer Member
Paul Newman	Non-Officer Member
Sandra Miller	Non-Officer Member
Gaynor Richards	Non-Officer Member
Rory Farrelly	Director of Nursing and Patient Experience
Hamish Laing	Medical Director
Siân Harrop-Griffiths	Director of Strategy
Amanda Hall	Interim Director of Therapies and Health Sciences
Paul Gilchrist	Acting Director of Finance
Kate Lorenti	Acting Director of Human Resources
Sara Hayes	Director of Public Health
Alison James	Associate Board Member

In Attendance:

Steve Combe	Director of Corporate Governance/Board Secretary
Wendy Penrhyn-Jones	Head of Corporate Administration
Peter Jones	Welsh Government (until Minute 289/16)
Clare Jenkins	Chief Officer, ABM Community Health Council
Joanne Abbott-Davies	Assistant Director of Strategy and Partnerships (until Minute 279/16)
Anita Davies	Royal National Institute for the Blind (until Minute 279/16)
Helen Hunter	Red Café (until Minute 279/16)
Michelle Fowler Powe	British Deaf Association (BDA) (until Minute 279/16)
Sue Williams	Interpreter (until Minute 279/16)

Minute	Item	Action
276/16	WELCOME Andrew Davies welcomed everyone to the meeting extending congratulations to Charles Janczewski whose appointment as Vice Chair of ABMU had recently been confirmed by the Cabinet Minister for Health, Wellbeing and Sport, Vaughan Gething AM. Paul Gilchrist was also welcomed to his first meeting in his new role as Acting Director of Finance.	
277/16	APOLOGIES Apologies for absence were received from Beverley Edgar, Director of	

Human Resources; Melvyn Nott, Non-Officer Member; Chantal Patel, Non-Officer Member and Emrys Davies, Welsh Ambulance Service Trust (WAST) Non Executive Director.

278/16 DECLARATION OF INTERESTS

Gaynor Richards declared an interest in the voluntary sector; Alison James declared an interest in Neath Port Talbot Carers Service; Sandra Miller declared an interest in Neath Port Talbot County Borough Council and Neath Port Talbot Council for Voluntary Services.

279/16 PATIENT STORY

Andrew Davies welcomed Anita Davies, Helen Hunter and Michelle Fowler Powe to the meeting along with Sue Williams acting as interpreter.

Rory Farrelly stated that as it was sensory loss awareness month colleagues had been invited to present the patient story on this basis which would feature a national DVD. This raised issues encountered by service users such as patients requiring larger print letters and oral announcements not being used for patients with hearing loss. It highlighted that service users with sensory loss needed to be offered a means of communication with NHS services which best met their individual needs.

The presentation made reference to ABMU's grant scheme which had aided a project to help increase awareness of why those with sight loss were more a risk of falling. It was noted that support and courses enabled people to retain their confidence and independence through often quiet small adjustments to their daily lives. The Red Café had also received such financial support and provided rest and relaxation techniques to help improve quality of life and lower anxiety. It aimed to connect people and bring people with dementia together offering a range of information in different formats, clear signage and communication to enable people to remain independent for as long as possible. Finally the presentation made reference to the local British Deaf Association which had also received grant funding via ABMU to help break down barriers in accessing information. Monies had supported healthy eating and cooking projects and people with sensory loss had been supported to enjoy craft and attend sport centres. The facility was noted to also offer training on deaf awareness as well as the services of an interpreter to allow members of the association to attend community based events such as slimming classes, exercise sessions and training such as Cardio Pulmonary Resuscitation (CPR).

In discussing the patient story the following points were raised:

Maggie Berry stated that she was pleased to see the range of projects that

ABMU had been able to help support.

Sara Hayes asked whether ABMU could do more to assist those with sensory loss into employment. Anita Davies responded that people sometimes benefited from 'up-skilling' as this could avoid the risk of them becoming depressed. Michelle Fowler Powe agreed that providing that interpreters were available and that appropriate amendments were made to standard fire alarm systems those with hearing loss were able to fully function in a work environment.

Andrew Davies added his personal thanks to colleagues for their important presentation. He also took the opportunity to pay tribute to Joanne Abbott-Davies for the work she led within ABMU in respect of sensory loss.

280/16 MINUTES OF THE PREVIOUS MEETING

The minutes of the Annual General Meeting (AGM) held on 29th September 2016 were **received** and **confirmed** as an accurate record apart from the need to include Peter Jones as having been present.

The minutes of the Health Board meeting held on 29th September 2016 were **received** and **confirmed** as an accurate record apart from Sandra Miller being recorded as present.

281/16 MATTERS ARISING

Minute 241/16 – Key Issues Quality & Safety Committee 1st September 2016

It was noted that the Theatres Review which had due to be received at the October 2016 was now scheduled for receipt at the December 2016 meeting.

282/16 ACTION LOG

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

283/16 CHAIRMAN & CHIEF EXECUTIVE'S REPORT

A report setting out key issues was **received**.

In introducing the report, Andrew Davies and Paul Roberts highlighted the following points:

- There had been a significant increase in the end of year forecast financial position. A meeting was planned with Welsh Government to discuss this along with the wider escalation position;
- Following the submission of 'Trusted to Care – our journey' Welsh Government had agreed that substantiated progress had been

made by ABMU;

- Options for changing the way future urgent care services were provided;
- The post of Director of Quality Improvement and Value which was due to be advertised;
- Award nominations and staff recognition events; and
- The timetable for filling executive team vacancies.

In discussing the report the following points were raised:

A meeting had taken place the previous day involving the Cabinet Secretary for Health, Wellbeing and Sport and the Chairman which would be discussed later in the meeting.

Clare Jenkins asked that an update on ABMU's Escalation position be provided to the ABM Community Health Council (CHC). Paul Roberts undertook to provide an update to the January 2017 meeting of the board.

With reference to proposed changes to the provision of urgent care services, Siân Harrop-Griffiths stated that there had been ongoing discussions with the ABM CHC and that ABMU representatives had attended their executive meeting earlier that week. She added that since then a letter had been received from the CHC acknowledging the service pressures upon the system and ongoing staffing issues and set out their concerns regarding the sustainability of services. It suggested there was a period of engagement with further discussions with the CHC being planned around timescales and risks. Clare Jenkins stated that the CHC recognised the need to stay in close contact with ABMU over this issue and that its service planning committee was scheduled for 16th December when ABMU would be due to present its proposed engagement plan. She said that if this was supported, it was likely that a period of six weeks engagement would commence thereafter.

In referencing the post of Director of Quality Improvement and Value, Paul Roberts stated that this would support an increasing emphasis on outcomes and value in the delivery of care and would realign existing improvement resources to deliver work in partnership with operational colleagues. Ceri Phillips asked regarding the measures identified to validate the post provided value for money. He also asked if the post would extend its work into primary care, mental health and learning disability services also. Hamish Laing responded that ward and department assurance measures were being developed and the post would be central to this work and as the role would assist ABMU in delivering services more effectively, the measurables being set during the Personal Appraisal & Development Review (PADR) process. He added that the post holder would hopefully work one day a week undertaking academic quality improvement work. Alex Howells stated that by investing in the improvement approach the organisation was developing

its capacity to improve and provide support to staff seeking to make change happen. The post holder would be responsible for transferring learning across the organisation. Paul Newman asked for the job description and person specification to be published via the Resources Centre on Diligent.

With reference to the Royal College of Nursing Awards Rory Farrelly stated ABMU had five nominations, two winners with three runners-up. Andrew Davies who had attended the event in support of staff reiterated his congratulations to all concerned.

- Resolved:**
- An update report regarding ABMU's escalation position be provided for the next board meeting. **PR**
 - The Job Description and Person Specification for the post of Director of Quality Improvement and Value be made available to board members via the Resources Centre. **HL**

284/16 ONE YEAR PLAN

A report setting out progress on the implementation of ABMU's One Year Plan 2016/17 for quarter 2 was **received**.

In discussing the report, Siân Harrop-Griffiths reminded board members that the ABMU Integrated Medium Term Plan (IMTP) for 2017-20 had not been approved by Welsh Government. Progress was summarised within in the report in terms of Red/Amber/Green (RAG) ratings with the majority being categorised as Amber for delivery in quarters 3/4. Siân Harrop-Griffiths referenced appendix 2 of the report which provided a detailed analysis of the IMTP approval conditions.

Andrew Davies suggested that performance was taken as part of the individual performance scorecards set out on the agenda.

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

285/16 HEALTHIER COMMUNITIES PERFORMANCE REPORT

A report on performance was **received**.

In introducing the report, Sara Hayes highlighted the following points:

- The achievement of 53% of ABMU staff having been vaccinated six weeks into the flu vaccination campaign;
- The progress being made by the school age vaccination campaign which was better than the previous year;

In discussing the report the following points were raised:

Andrew Davies offered congratulations for the achievements made in terms of staff vaccination and asked that these be relayed to those involved.

Charles Janczewski sought clarification that smoking cessation work would include mental health services. Sara Hayes stated that this would be the case and that staff had been identified in these areas to take this forward. Sara Hayes added that the business case for further investment in smoking cessation would be set out in her report to the next board meeting.

Andrew Davies noted that there had been a significant reduction in levels of smokers across the UK over the past ten years.

Resolved: The report be **noted**.

286/16 PERFORMANCE REPORT – EXCELLENT OUTCOMES AND EXPERIENCE

A report on performance was **received**.

In introducing the report, Rory Farrelly and Hamish Laing highlighted the following points:

- Improvement work around tissue viability particularly at Neath Port Talbot Hospital which was about to be rolled out across ABMU;
- Rates of clostridium Difficile (c.Diff) had reduced by a third compared with the previous year and were forecast to be further reducing for November 2016. A 55% drop in antimicrobial prescribing had been achieved at the Princess of Wales Hospital the model of which was due to be rolled-out across the organisation;
- The launch of the ‘Big Fight’ campaign earlier that week;
- Instances of Staph aureus had increased in recent months although a reduction had been seen thus far in November;

In discussing the report the following points were raised:

Paul Newman noted that data in relation to Child & Adolescent Mental Health Services (CAMHS) had not been updated since the last meeting. Siân Harrop-Griffiths stated that ABMU was in regular contact with Cwm Taf University Health Board who provided this service on behalf of the board to discuss service information. Andrew Davies stated that this issue had been raised a recent meeting of the Western Bay Partnership Board. Charles Janczewski sought a commitment from the executive to make progress on this ongoing issue by the next board meeting. He offered to meet with colleagues given the urgency of the matter. Siân Harrop-Griffiths welcomed this.

Paul Newman noted that crude mortality within ABMU was above the norm. Hamish Laing responded the this figure was falling faster in ABMU than

the all-Wales rate. He added that there were various reasons for the crude mortality rates within ABMU including the fact that it provided regional services which meant that there were higher numbers of sicker patients within the cardiac, burns & plastics and vascular services. Hamish Laing went on to explain that various measures of mortality had been considered in order to find the most representative picture. He added that with the winter now approaching the mortality figures would rise but offered reassures that the figures were appropriate to ABMU's case-mix.

Paul Newman referenced stage 1 & 2 mortality reviews performance. Hamish Laing stated that there had indeed been a decline of 1% in stage 1 reviews during August – September but that with regard to stage 2 reviews the issue was the timeliness within which review were being undertaken rather than them not being undertaken. He added that the outcomes of the stage 2 reviews were not revealing 'unknown' information and that the identification of Sepsis continued to be a challenge. He stated that the appointment of the Director of Improvement Quality & Value would help the organisation to focus as necessary.

Paul Newman noted that performance in terms of responding to complaints remained volatile. Rory Farrelly stated that this issue was being discussed with delivery units as part of their six-monthly performance reviews. He added that corporate support had been identified to help delivery units achieve the necessary improvement by March 2017.

Progress was noted to have been made in terms of production of discharge summaries. Charles Janczewski noted an 84% improvement within mental health & learning disability services and stated that lessons needed to be learned from their experience. Hamish Laing concurred noting that levels were at almost 100% in Neath Port Talbot Hospital and the approaches of both delivery units were being rolled-out. He added that issues around documentation were also being tackled in partnership with the Royal College of Physicians as part of a UK wide project and NHS Wales Informatics Service to help insure everyone involved gave this task the necessary priority. He added that outcomes based prescribing data was also being used to help inform prescribing behaviours.

Andrew Davies asked if health boards collected and published infection data in the same way as English NHS Trusts. Rory Farrelly stated that the English NHs reported on the basis of avoidable c Diff rather than all cases that came into hospital from the community which was the basis of reporting in Wales.

Ceri Phillips referenced ABMU's clinical coding performance which he noted was the lowest in Wales. Hamish Laing stated that this issue had been a significant concern to himself as well as the board and as a result an action plan had been developed which had been shared with the Quality & Safety Committee recently. This would result in a cohort of additional staff commencing an 18 month training programme in the near future with overtime and contract coders also being used to eradicate the backlog and

improve performance. Andrew Davies stated that this was crucial to ABMU being able to assess its performance in 'real time'.

Resolved: – CAMHS service information to be provided for next meeting.

SHG

287/16 QUALITY AND SAFETY COMMITTEE KEY ISSUES – 20TH OCTOBER 2016

A summary of key issues arising from the above meeting was **received**.

In discussing the report the following issues were raised:

Paul Newman stated that the clinical coding issue had been discussed at the October meeting. Concerns around expenditure on maintenance had also been raised as levels of expenditure on Neath Port Talbot Hospital were disproportionately higher. Siân Harrop-Griffiths stated that she had welcomed the opportunity to discuss the issue of estate maintenance at the meeting. She pointed out that for accuracy, the sum of £500,000 had been allocated from the discretionary budget.

Rory Farrelly stated that issues with the fabric of the estate had been raised by Health Inspectorate Wales (HIW) as part of reports arising from unannounced inspections. He suggested that an overall plan needed to be collated of all the issues which could be shared with HIW and thereafter be used for future monitoring. He noted it may take many years to complete.

Siân Harrop-Griffiths stated that a full estates review would cost around £150,000 but that this could possibly be funded centrally as part of an all-Wales project. Sandra Miller stated that she had personal experience of the poor state of part of the health board's facilities and that ABMU needed to listen to the service user feedback that was being given on such issues. Andrew Davies suggested that Sandra Miller relayed her experiences to Siân Harrop-Griffiths.

Paul Roberts acknowledged there were real issues in this respect. He added that although ABMU only had a comparatively small discretionary budget from which it could seek to address such issues, he was confident that it maximised what could be achieved from the capital programme. He suggested this issue could be further discussed at a future board development session and in particular how the organisation listened to service user feedback.

Resolved: - The use of the capital programme / discretionary capital budget be further discussed at a future board development session

SHG

288/16 MENTAL HEALTH AND CAPACITY ACT LEGISLATIVE COMMITTEE KEY ISSUES – 28TH SEPTEMBER 2016

A summary of key issues arising from the above meeting was **received**.

In discussing the report, Charles Janczewski referenced the lack of available service data for CAMHS which was being followed-up by the Director of Strategy for the next meeting of the board. He also referenced the Deprivation of Liberty Standards Update which was available to board members via the Resources Centre setting out the risks faced by all health boards.

Andrew Davies complimented Charles Janczewski regarding the focus he was bringing to the work of the committee. He noted that the findings of the visit of mental health delivery unit representatives to Trieste, Italy had also been presented at a recent Changing For The Better event. Charles Janczewski stated that colleagues were seeking to establish a pilot study and that links were being made with Hywel Dda University Health Board who had also visited Trieste and were similarly interested in exploring if it would be possible to reshape certain of their services for the benefit of patients and their families.

Paul Roberts referenced the Mental Health & Learning Disabilities Commissioning Board which was seeking to develop a comprehensive strategy for Adult Mental Health Services, Learning Disabilities and Dementia. He added that this work had commenced with a 'listening event' to develop the vision and overarching framework and that this was a huge focus as part of the move away from institutionalised care.

Resolved: – The report be **noted**

289/16 PERFORMANCE REPORT – ACCESSIBLE AND SUSTAINABLE SERVICES

A report on performance was **received**.

In discussing the report the following issues were raised:

Alex Howells stated that to October 2016 an improvement had been seen in the outpatient waiting times in both those waiting more than 52 weeks and 36 weeks although this remained a significant challenge particularly with the winter fast approaching. In terms of planned care, a number of operations were being outsourced due to internal capacity issues although this was impacting on the financial position.

Alex Howells stated that performance around diagnostic waiting times remained mainly good with the endoscopy forecast to clear its backlog by the end of February 2017. The work of the local Planned Care Board and National Planned Care Board (which was advising ABMU on improvements) was also referenced.

With regard to unscheduled care Alex Howells advised that performance continued to plateau in terms of the 4 hour target at around 81% with a slight increase in the 12 hour waiting time position during September. Performance around category 'A' targets continued to exceed requirements. The winter plan was being implemented between December

– January in anticipation of the rise in respiratory illnesses although additional capacity was subject to the necessary staffing being available.

Alex Howells referenced a recent meeting with the Cabinet Secretary and the Welsh Ambulance Service Trust (WAST) which had examined the challenges presented by the winter period and the proposals within the winter plan to combat this. NHS Grantham had visited ABMU's services the previous week to provide external advice and a return visit was planned for February 2017. Alex Howells also referenced a follow up review carried out by NHS England at Morrision Hospital which had reflect upon the implementation of previous advice. In order to take this work forward two post were being sought.

Alex Howells stated there had been significant improvement in terms of urgent suspected cancer performance targets which now stood at 89-90%. Progress also being made in terms of the backlog of cancer pathway patients. She added that consideration was being given to how services were being planned given the increase in the rates of referral for various tumour sites.

Turning to Delayed Transfers of Care (DToC) Alex Howells stated there was significant variation in numbers across the organisation. Whilst the figures were high in Neath Port Talbot this picture had reduced over the past month. A spike in figures for Bridgend had been caused by capacity issues around care home places. Following problems in the Swansea area the issue had been taken up with local authority colleagues and the position remained variable. Joint work was underway to improve the position.

Alex Howells stated that Intermediate Care Funding had been utilised to target support for frail older people which had also helped to spread the level of potential risk between health, social care and the third sector.

Charles Janczewski stated it was important to recognise what had been achieved in terms of unscheduled care and extended his thanks to staff and the executive in this respect. He asked if 'stretch' targets were appropriate for quarter 3 to encourage further improvement. Paul Roberts stated that stretch targets were important from his experience as Chair of the Cancer Service Board as they provided focus. He acknowledged that some problems were however deeper rooted and would therefore take longer to resolve.

Maggie Berry noted that there were some challenges in recruiting radiologists and asked if there was forward planning to mitigate this. Hamish Laing stated that there was a shortage of around 70 across Wales and that one of the reasons for this related in insufficient training places. He said that this was being partly addressed by moves to develop an academy for training that was due to open in 2017 as well as a small uplift in training places which he hoped to see continue each year. He added that recruitment was also an issue for the UK and that some radiological

reporting was now being outsourced to countries in different time zones which had some advantages. Paul Roberts stated that within ABMU work was ongoing to standardise processes within multidisciplinary teams (MDT) to avoid waste and delays in the system and that the Sarcoma MDT had helped in this process.

Andrew Davies noted that overall some significant progress was being made in improving various aspects of performance.

Resolved: – The report be **noted**.

290/16 GRANT FUNDING FOR VOLUNTARY SECTOR

A report updating the board on funding which had been made available to the voluntary sector in 2016-17 which had enabled a range of projects and the development of a Strategic Framework was **received**.

In discussing the report the following points were raised:

Alison James stated that as a recipient of grant funding as part of Neath Port Talbot Carers Service she fully appreciated the change that could be brought about as a result of these small grants.

Gaynor Richards commended the Strategic Framework which was now being used across Wales and helped ensured that the maximum benefits were achieved from such projects. Siân Harrop-Griffiths stated that the document was due to be received by the Strategy Planning & Commissioning Committee in December 2016 and then the Board in January 2017.

Steve Combe noted there had been a typographical error in the report recommendation which referenced the voluntary sector not being subject to any cost improvement or be subject to any inflationary uplift for the financial year 2016/17 rather than 2017/18.

Resolved: Proposal that Voluntary Sector Service Level Agreements not be subject to cost improvements or be subject to any inflationary uplift be **approved**. **SHG**

291/16 CHANGES TO THE PRIMARY CARE CONTRACTOR ARRANGEMENTS

A report for the period September – October 2016 was **received** and **noted**.

292/16 KEY ISSUES – STAKEHOLDER REFERENCE GROUP MEETING 2ND NOVEMBER 2016

A report was **received** and **noted**.

293/16 MINUTES OF THE SHARED SERVICES PARTNERSHIP COMMITTEE MEETING 17TH MAY 2016 / SUMMARY OF KEY ISSUES -MEETING 20TH

SEPTEMBER 2016

The above minutes and summary were **received** and **noted**.

294/16 **KEY ISSUES – EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) 27TH SEPTEMBER 2016**

A key issues report was **received**.

In discussing the report Paul Roberts stated that a report had recently been received by EASC regarding the Emergency Medical Retrieval Transport Service (EMRTS) that ABMU hosted which had been produced via Swansea University.

295/16 **BRIEFING ON OUTCOME OF JOINT COMMITTEE – NEONATAL INTENSIVE CARE UNITS IN SOUTH WALES WORKFORCE MODEL HELD ON 27TH SEPTEMBER 2016**

The briefing was **received** and **noted**.

296/16 **KEY ISSUES WELSH HEALTH SPECIALISED SERVICES COMMITTEE MEETING 27TH SEPTEMBER 2016**

The key issues report **was received** and **noted**.

297/16 **PERFORMANCE REPORT – FULLY ENGAGED AND SKILLED WORKFORCE**

A report on performance was **received**.

In discussing the report the following points were raised:

Kate Lorenti stated that sickness absence remained static at around 5.66% and that long term sickness remained the key challenge. She added that it would take time to see the impact of ongoing work and winter was also likely to impact on the position.

Kate Lorenti stated that with an increase in access to management self-serve of the Electronic Staff Record (ESR) and increasing numbers of data input ongoing across the organisation, the number of completed PADR's was likely to increase. She reference the project which had delivered group PADR's within learning disability services that had raised their compliance rate to 76% which was due to be rolled-out across ABMU.

Andrew Davies paid tribute to the work being overseen by Kate Lorenti and her commitment to the role of Acting Director of Human Resources.

Resolved: The report be **noted**.

298/16

**WORKFORCE & ORGANISATIONAL DEVELOPMENT (OD)
COMMITTEE KEY ISSUES 28TH SEPTEMBER AND 8TH NOVEMBER
2016**

A report of the key issues relating to the above meeting was **received**.

In discussing the report the following issues were raised:

Gaynor Richards noted that 1 in 3 of the workforce were over the age of 50. Hamish Laing stated that this statistic was to be expected and that the health board needed to increase the proportions of younger people in its workforce.

In terms of sickness absence reporting Gaynor Richards stated that the committee was due to receive a report on hotspot areas at its next meeting. Gaynor Richards praised the two presentations received from delivery units as its recent meetings.

Andrew Davies took the opportunity to convey the board's best wishes for the covalence of Jamie Marchant.

Charles Janczewski reminded the board that there had been concerns previously regarding the type and detail of information being reported to this committee. He took the opportunity to commend the actions taken by Gaynor Richards and Kate Lorenti in this regard. Gaynor Richards responded by extending her thanks to Steve Combe, Wendy Penrhyn-Jones and new members of the committee.

Alison James stated that she had been due to meet with Beverly Edgar to explore how ABMU could support carers at work. She suggested that she would be happy to work with Kate Lorenti on this.

Resolved: The report be **noted**.

299/16

PARTNERSHIP FORUM KEY ISSUES 28TH SEPTEMBER 2016

A report of the key issues relating to the above meeting was **received** and **noted**.

300/16

FINANCIAL POSITION

A report setting out the financial position as at 31st October 2016 was **received**.

In introducing the report, Paul Gilchrist highlighted the following points:

- The ABMU IMTP had identified new inflationary costs of £40.6m for 2016/17 with an estimated £12.5m of new service costs and investments in addition to the underlying carry forward shortfall from the previous year. The resultant financial plan had produced a potential in-

year shortfall of £20.1m;

- The cumulative overspend to the end of October 2016 stood at £19.2m which was £7.5m above what could be anticipated. The current operational deficit was forecast to be in the range of £14m - £17m above the £20.1m IMTP deficit which would then lead to a likely outturn of £33.8m.

In discussing the report the following points were raised:

Paul Gilchrist stated that there had been significant work since the month 5 position had been reported but since then the overall position had worsened. He said that whilst work was ongoing that would deliver greater sustainability, the benefits would not be seen in the short term and it was important that actions were now increased to contain costs without adversely impacting upon services.

Paul Gilchrist summarised the underlying cause for the serious financial overspend which included long term nursing vacancies, medical rotas, an increasing elderly population with greater acuity, more one to one nursing costs and inability to deliver cost improvement targets. He stated that the work underway to deliver savings was multi-disciplinary rather than being finance-driven.

Paul Roberts confirmed that in his role as Accountable Officer, he had written to Andrew Goodall, Director General Health and Social Services/ NHS Wales Chief Executive regarding the financial position and how it was proposed this be addressed.

With reference to aged debtors Paul Newman noted that there were two instances in excess of 90 days and asked what level of risk this presented to ABMU. Paul Gilchrist stated that he was confident that action would result in the monies being retrieved.

Andrew Davies extended thanks to Paul Gilchrist for his presentation of the financial position which would be the subject of further discussion.

Resolved: The report be **noted**.

301/16 **AUDIT COMMITTEE KEY ISSUES 22ND SEPTEMBER 2016**

A key issues report arising from the above meeting was **received**.

In introducing the report Charles Janczewski asked the board to approve the losses and special payments detailed in the report.

Resolved:

- The report be **noted**.
- The losses and special payments be **ratified**.

PG

302/16 **AFFIXING OF THE COMMON SEAL**

A report outlining documents to which the Common Seal had been applied since the last meeting was **received** and **noted**.

303/16 BOARD BUSINESS CYCLE

The board business cycle was **received** and **noted**.

304/16 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

305/16 DATE OF NEXT BOARD MEETING.

This would take place on 26th January 2017 at the Waterton Technology Centre, Bridgend, time to be confirmed.

306/16 MOTION TO EXCLUDE THE PRESS AND PUBLIC

Resolved: Press & Public be excluded in accordance with Section 1(2) and (3) of Public Bodies (Admission to Meetings) Act 1960

.....
Andrew Davies (Chairman)

.....
Date: