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Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	3.5 (i)
Freedom of Information Status		Open	
Reporting Committee	Performance and Finance Committee		
Author	Liz Stauber, Committee Services Manager		
Chaired by	Emma Woollett, Vice-Chair		
Lead Executive Director (s)	Lynne Hamilton, Director of Finance		
Date of last meeting	21 May 2019		
Summary of key matters considered by the committee and any related decisions made.			
<p>- Performance (including targeted intervention areas)</p> <p>Members noted that the performance report was being developed further to include primary and community care, mental health and learning disabilities and public health measures, and the new report would be available in July 2019. It was also noted that where possible, the report had Swansea Bay University Health Board data applied retrospectively to compare with that of ABMU Health Board.</p> <p>As part of the unscheduled care performance discussion, it was noted that the four-hour performance for April 2019 was 74.5% against a profile of 77.1%, which was below that of the same period the previous year. An increase in the one-hour handover and 12-hour waits had also been evident, and the eight-minute red call ambulance response had dipped to 65% after 10 months of being significantly above target. Members felt that more assurance was needed as to the actions being taken in relation to unscheduled care and agreed a separate report would be considered in July 2019.</p> <p>Action was being taken in relation to cancer and stroke performance and while both remained stable, it was not where it needed to be.</p> <p>In relation to planned care, the 36-week planned care position stood at 1,976 cases waiting more than 36 weeks for treatment, but the 26-week outpatient performance remained high, and there were also no therapies cases waiting.</p> <p>Healthcare acquired infections were in-line with the performance trajectory, although there had been slippage in relation to <i>staph.aureus</i>.</p> <p>As part of the discussion, concern was raised as to where quality and safety performance data was considered in significant detail and the committee chair undertook to discuss this with the chair of the Quality and Safety Committee. She also undertook to meet with the Associate Director, Performance, to develop the report format so that the committee's agenda could be split to give specific focus to primary care, mental health and secondary care.</p>			

Key risks and issues/matters of concern of which the board needs to be made aware:**- Financial Position**

The health board's month one position was a deficit of £875k but the aim for 2019-20 was to breakeven. The current deficit position related partly to retained costs associated with the Bridgend boundary change (£450k) but also to lack of savings delivery and operational pressures. There was now a requirement for the health board to submit a monthly monitoring report the Welsh Government signed by the Director of Finance and Chief Executive and this was shared with the committee. Pay remained a challenge and lessons needed to be learned from 2018-19. A separate report was to be brought to a future meeting in relation to reserves and contingencies.

- Theatre Efficiency

Members heard that a number of key performance indicators had been developed as part of the work to improve theatre utilisation and benchmarking data had been collated between March 2018 and March 2019 to identify change. While no significant improvement had been identified to date, the process had highlighted 'green shoots'. The theatre utilisation board was now overseeing four key areas of work ranging from short term theatre efficiency by site to surgical redesign. Projected savings from the work for this year is £500k, and theatre improvement also underpins the planned care trajectories. Members were assured by the work and agreed to receive an update in September 2019 as to progress.

Delegated action by the committee:

The committee approved its revised terms of reference (appendix one) and its annual report for 2018-19 (appendix two).

Main sources of information received:

- Integrated performance report;
- Performance section of the annual report, for which it was discussed the need to integrated the health and care standards into the performance review process;
- The NHS Wales performance delivery framework for 2019-20;
- Monthly finance report;
- Annual plan end of year tracker report;
- Escalation reports for delayed transfers of care and theatre efficiency;
- Continuing healthcare quarter three report.

Highlights from sub-groups reporting into this committee:

None received.

Matters referred to other committees

None identified.

Date of next meeting

18 June 2019



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Performance and Finance Committee

Terms of Reference

1. INTRODUCTION

The ~~Abertawe Bro Morgannwg~~ Swansea Bay University Local Health Board (the health board) standing orders provide that “*The board may and, where directed by the Welsh Government must, appoint committees of the health board either to undertake specific functions on the board’s behalf or to provide advice and assurance to the board in the exercise of its functions. The board’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*”.

In line with standing orders (and the health board’s scheme of delegation), the board shall nominate a committee to be known as the **Performance and Finance Committee**. The detailed terms of reference and operating arrangements set by the board in respect of this committee are set out below.

2. CONSTITUTION AND PURPOSE

The board has resolved to establish a Performance and Finance Committee which will allow appropriate scrutiny and review to a level of detail not possible in board meetings in respect of performance relating to:

- financial planning and monitoring, including delivery of savings programmes;
- activity and productivity including operational efficiency and effectiveness; and
- ~~workforce metrics.~~

The committee will provide:

- evidence-based and timely advice to the board to assist it in discharging its functions and meeting its responsibilities with regard to agreed elements of financial and non-financial performance management arrangements, identifying risks and opportunities and ensuring these are managed; and
- assurance to the board in relation to the arrangements for developing and improving its financial and non-financial performance management arrangements to ensure the organisational aims and objectives are achieved. In doing this it will seek assurance from executives and others that appropriate actions are in place to improve performance.

It will also ensure that evidence-based and timely interventions are implemented to drive forward improved performance thereby allowing the health board to achieve the requirements and standards determined for NHS Wales and as outlined within the health board’s annual plan.

3. SCOPE AND DUTIES

Role and Responsibilities of the Performance and Finance Committee

The committee will, in respect of its provision of advice to the board, have responsibility to continually scrutinise, measure and challenge the health board’s financial and service performance. It will work with the Chief Executive and executive team to consider the opportunities and risks for implementing change and

reallocating resources to support good financial stewardship and performance improvement. In doing so, the committee will also engage with senior clinical leaders and managers to deliver required change and performance improvement. It will monitor the in-year performance against the financial and performance, activity and workforce targets agreed by the board, discussing and agreeing corrective action where necessary. In addition, it will monitor the development of key performance indicators across all parts of the organisation.

The committee will undertake 'deep dives' of specific areas and these will be supported by appropriate benchmarking information to ensure all services are striving to achieve optimum performance.

In respect of its provision of support to the board, the committee will provide advice on aligning service, workforce and financial performance matters into an integrated whole systems approach, as well as scrutinise and monitor the performance of the organisation and individual delivery units in the following areas to ensure the trajectories and plans set out in the annual plan are achieved: against the trajectories in the annual plan to ensure they are achieved. These will include primary care, community services, secondary care, mental health and learning disabilities.

- ~~unscheduled care;~~
- ~~cancer;~~
- ~~referral to treatment times (RTT);~~
- ~~infection control; and~~
- ~~finance.~~

To achieve this, the committee's programme of work will be designed to ensure that:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- risks are actively identified and robustly managed at all levels of the organisation;
- organisational decisions are based upon valid, accurate, complete and timely data and information.

Items to be placed on the agenda can come from several sources such as those below but are not limited to these:

- the committee's own scrutiny of finance, performance and workforce data within the integrated performance dashboards;
- Chair, Vice Chair and other members of the Board; Executive team;
- Recovery and Sustainability Programme Board;
- Audit Committee;
- Investment and Benefits Group;
- Capital Management Group;
- Financial management group;
- value and efficiency group

Sub-Committees

The committee may, subject to the approval of the board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of committee business.

4. AUTHORITY

The committee is authorised by the board to:

- Investigate or have investigated any activity within its terms of reference and in performing these duties, shall have the right, at all reasonable times, to inspect any books, records or documents of the health board. It can seek any information it requires from any employee and all employees are directed to co-operate with any request made by the committee;
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the board's budgetary and other requirements;
- By giving reasonable notice, require the attendance of any officers or employees and auditors of the board at any meeting.

5. MEMBERSHIP

A minimum of seven members, comprising:

- Four independent members;
- Director of Finance;
- Director of Strategy;
- ~~Director of Workforce and Organisational Development;~~
- Chief Operating Officer;
- Associate Director - Performance
- Assistant directors of finance ~~and strategy.~~

The membership of the committee shall be determined by the board, based on the recommendation of the Chair, and subject to any specific requirements or directions made by the Welsh Government.

Members' terms of office will be reviewed annually by the committee and a member may resign or be removed.

The Chairman and Chief Executive will attend meetings at their discretion and the Director of Corporate Governance will routinely attend meetings, ensuring governance support and advice is available to the committee chair.

The committee chair may invite other executive directors or health board officials to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

6. COMMITTEE MEETINGS

Quorum

At least four members must be present to ensure the quorum of the committee, two of whom must be independent members.

Chair

An independent member shall chair the committee.

Secretariat

The Director of Corporate Governance/Board Secretary will determine the secretarial and support arrangements for the committee.

Frequency of Meetings

Meetings shall be held on a monthly basis.

Committee Meetings

A standard agenda must be used as the basis for discussion at each meeting. Minutes prepared following a meeting shall be circulated to members and retained by the Director of Corporate Governance as formal record of the decision making for a period of seven years.

Withdrawal of individuals in attendance

The committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

7. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

Although the board has delegated authority to the committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability in relation to its role as corporate trustee.

The committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference. Through its chair and members, it will work closely with the board's [Quality and Safety and Workforce and OD committees](#) ~~other committees~~ and groups to provide advice and assurance to the board.

Also, it shall embed the health board's corporate standards, priorities and requirements, for example equality and human rights, through the conduct of its business.

8. REPORTING AND ASSURANCE ARRANGEMENTS

The committee chair shall:

- report formally and on a timely basis to the board on the committee's activities, in a manner agreed by the board. This includes verbal updates on activity and written reports, as well as the presentation of an annual report;
- bring to the board's specific attention any significant matter under consideration by the committee;
- ensure appropriate escalation arrangements are in place to alert the health board Chair, Chief Executive or chairs of other committee of any urgent or critical matters that may affect the operation and reputation of the health board;
- act in a structured way to escalate appropriate issues through the following stages:
 - **Stage 1** – Discussion, Review and Scrutiny. This is the Committee's everyday practice. In this stage the Chair of the committee will make known any concerns to the Chief Executive who will ensure that there is clear accountability and delivery by the Executive Team.
 - **Stage 2** – Recovery Plan. The Committee requires the responsible Director to set out a plan and a profile to recover the performance and hit the target.
 - **Stage 3** – If the Recovery Plan is not delivered to target or the profile is missed, the Committee will require the Director to attend each meeting and account for the management of the issue until it is resolved. At this stage the Chair of the Committee will raise the concerns directly to the Chief Executive.
 - **Stage 4** – Continued poor performance will be formally referred to the Chairman and Chief Executive in order that the matter becomes a Board issue.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the committee's performance and operation, including that of any sub-committees established.

The committee shall provide a written annual report to the board on its activities, which will also record the results of the committee's self assessment and evaluation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the health board's standing orders are equally applicable to the operation of the committee, except in the following areas:

- quorum;
- notice of meetings;
- notifying the public of meetings; and
- admission of the public, the press and other observers.

10. REVIEW

These terms of reference and operating arrangements shall be reviewed at least annually.

Annual review date: April 2019



Performance and Finance Committee Annual Report 2018-19



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Chair's Foreword

The committee has been pleased to see improvement across the targeted intervention performance metrics over the year. Healthcare acquired infections and planned care performance both met trajectory by year-end, and, while performance against stroke, cancer and unscheduled care targets were not on trajectory, performance has shown steady improvement and, importantly, more resilience. Performance against the Mental Health (Wales) Measure 2010 has been strong for adults, but more variable for child and adolescent mental health services (CAMHS), which will continue to be an area of focus for next year.

Members have also been pleased to note that key quality metrics do not appear to have been adversely affected by the strong focus on performance. There is still scope for significant improvement, however, and in addition to the targeted intervention priorities, the committee's focus for 2019-20 will be theatre efficiency and delayed transfers of care, both of which are essential to performance improvement and better patient experience.

Financial performance has been broadly on track throughout the year, and the year end financial outturn was in line with budget and the control total set by Welsh Government, which was very encouraging indeed. For 2019-20, the committee is keen to see a greater proportion of delivery through recurrent rather than non-recurrent means, and will be scrutinising savings plans and ongoing financial performance to ensure that our financial recovery continues in a sustainable way.

Emma Woollett

Vice Chair / Chair of the Performance and Finance Committee

1. Introduction

The Performance and Finance Committee was established in June 2017. Prior to this, the health board had a Performance Committee, which commenced in October 2014, but in March 2016, the board agreed to temporarily suspend it while its role was reviewed. The arrangement was kept under consideration by the Chairman's Advisory Group and at the May 2017 board meeting, it was agreed to re-establish the forum as the Performance and Finance Committee.

The Performance and Finance Committee's principle remit is to scrutinise and review to a level of detail not possible in board meetings performance relating to:

- financial planning and monitoring, including delivery of savings programmes;
- activity and productivity including operational efficiency and effectiveness; and
- workforce metrics. – this subsequently changed during the year to include in the refreshed work programme of the Workforce and Organisational Development (OD) Committee;
- operational delivery against national performance measures

It also ensures that, via its approach to examining escalation areas, evidence-based and timely interventions are implemented to drive forward improved performance thereby allowing the health board to achieve the requirements and standards determined for NHS Wales and as outlined within the health board's annual plan.

During 2018-19, the committee met its responsibility by fulfilling its role as outlined in its terms of reference, and through the delivery of its work programme. The annual report summarises this.

2. Committee Structure

The membership of the Performance and Finance Committee during 2018-19 comprised:

Independent Members

- Emma Woollett, vice-chair (committee chair);
- Martin Sollis, independent member;
- Jackie Davies, independent member;
- Maggie Berry, independent member.

Executive Directors

- Siân Harrop-Griffiths, Director of Strategy;
- Lynne Hamilton, Director of Finance;
- Chris White, Interim Chief Operating Officer;
- Hazel Robinson, Director of Workforce and Organisational Development (OD) (until February 2019, after which workforce issues were referred to the Workforce and OD Committee).

Meetings were also attended by Pam Wenger, Director of Corporate Governance, as well as assistant director, of finances, Sam Lewis, and Val Whiting, deputy director of

recovery and sustainability, Dorothy Edwards and Darren Griffiths, associate director - performance.

Committee support in terms of the circulation of the meeting papers and minute taking was undertaken by the corporate governance function to ensure continuity with other board committees. The secretary to the committee was Liz Stauber, committee services manager.

The terms of reference required the committee to meet monthly however during 2018-19, it met 13 times as an additional meeting was held in July 2018 to discuss the financial position.

3. Reports Received

In March 2018, the committee agreed its work programme for the coming year, which was divided into a number of sections in addition to the standing preliminary matters:

- Performance;
- Finance;
- Escalation; and
- Noting.

There have also been specific meetings which have had a section dedication to strategic finance issues and governance as and when the need arose.

Performance

- Performance Report

One of the main areas of focus for the committee was its monthly integrated performance report. At the start of the year, it was receiving the bi-monthly board performance report, which meant for non-board months, an updated version was not available and the committee was unable to fully discharge its duty to the board by providing assurance in this regard. Work commenced in May 2018 to develop a monthly performance report and the first iteration was considered at the June 2018 meeting. It provided a focus not only on the main targeted intervention areas (cancer, planned care, stroke, unscheduled care and healthcare acquired infections) but also the key performance measures outlined in the 2018-19 NHS Wales Delivery Framework.

The report continues to evolve as the committee's focus and priorities become more apparent. At the start of the year, it was receiving workforce metrics as a separate report on a bi-monthly basis however this data has now been integrated along with quality and safety performance information enabling the same report to be considered by the Quality and Safety Committee. In addition mental health/primary care data is also being included, as well as primary care metrics.

Each quarter, the report also includes the quarterly review of the performance trajectories, which provide a more in depth narrative on the key performance indicators on which the health board is required to report to Welsh Government.

- Medical Agency Cap

Since the medical agency cap was implemented in 2017-18, the committee has had as a standing item the organisation's compliance with the requirements. As part of the discussions towards the latter half of the year, it became apparent that compliance with the cap would not improve until the number of medical vacancies was addressed. As such, the committee asked that a trajectory be included in the report from November 2018 outlining the aim and progress against it to recruit to the longest vacancies.

Following a review of the remit of the Workforce and Organisational Development (OD) Committee, it was agreed that the medical agency cap reports would be reviewed as part of this work programme as opposed to the Performance and Finance Committee from January 2019.

- Continuing Healthcare

Health boards across Wales have a statutory duty to report continuing healthcare performance to its boards on a quarterly basis. Previously this was discharged through the Audit Committee, but once the Performance and Finance Committee was established, the responsibility transferred. No significant issues were raised during the receipt of each report.

- IMTP Quarterly Tracker

A tool to track the progress of the annual plan was received on a quarterly basis. While no significant issues were raised as to the content, discussions took place outside of meetings between executive directors and independent members as to ways in which to develop the tool to provide more assurance to the committee and the board.

Finance

- Monthly Financial Position

A standing item within the finance section is the monthly position in relation to delivery against financial planning, which provided members with an update as to progress against the control targets. It also included the plans in place to reach the forecast deficit position.

Over the year, the committee has been pleased to see the significant work by the delivery units to improve underlying operational financial performance. However, towards the latter half of the year, 'deep dives' into the financial positions and cost drivers in each unit were undertaken with Princess of Wales and Singleton hospital attending the committee to provide assurance on actions.

Concern remains that the delivery of our financial position continues to rely significantly on non-recurrent measures. The balance of recurrent to non-recurrent financial performance savings is a key area of focus for the committee.

- Recovery and Sustainability

As part of the recovery and sustainability programme board arrangements, a regular update was provided to the committee as to the progress being made. Through these updates three workstreams were identified as being at risk of not delivering the target savings for 2018-19:

- Reducing waste, harm and variation;
- Workforce redesign; and
- Mental health services spending.

The committee invited the executive leads for these workstreams to present the work to date and answer the concerns raised that the targets were not going to be met. While some assurance was taken from the report in relation to the mental health services spending, the committee required further updates in relation to the other two. It was noted later in the year that the reducing waste, harm and variation work had been rejuvenated following new leadership and was expected to start to achieve savings in 2019-20. As for the workforce redesign work, members were given assurance that this was to be integrated into the overall workforce workstream to provide a more holistic approach, but this was to be managed through the Workforce and OD Committee. Both of these workstreams are fundamental to addressing the issue of non-recurrent savings noted above.

Strategic Finance Issues

- Interim Resource Plan

In April 2018, members considered the financial approach for the coming year and the detailed way in which budgets have been delegated and allocated to units and corporate functions. Baselines for 2018-19 had been adjusted, including some recovery and sustainability workstreams which had not met the targets set for 2017-18 and cost inflation had been absorbed into the plan. A delivery of £21.3m savings was required to reach the £25m forecast deficit, with recurrent savings from the recovery and sustainability workstreams of £24.9m. As the year progressed and the forecast position changed, plans to achieve it were provided regularly to the committee.

- Analytical Review of Management Accounting 2017/18

The committee received a report which outlined areas which worked well as part of the previous year's financial management process and others which could be improved upon in order to gain lessons learned.

- Value for Money in Capital Programme

Members heard that the health board had delivered some of the programmes it had set out to, including developments at Morriston Hospital and in relation to older person's mental health services, but consideration was needed as to how to deliver more on a comprehensive basis through the Investment and Benefits Group. A benefits realisation tool was in development to capture the impact of developments and services changes.

- Planning Approach, Principles and Timelines for 2019-20

During the summer months, an update was provided against the planning approach for 2019-20, for which the finance team were working collaboratively with strategy team colleagues to integrate financial planning into the integrated medium term plan (IMTP) process. It was noted that a more transformative approach needed to be achieved and an income strategy would need to be developed.

- Income Deep Dive

The analysis was a brief take on a 'deep dive' and was aligned to the work to develop the medium term financial plan. There were no recommendations as yet nor had an income plan been developed, but this would be the next step.

Escalation Areas

The escalation areas were identified as the year progressed by members as and when particular issues arose in order for to provide sufficient assurance to the board.

- Unscheduled Care, Planned Care, Stroke and Cancer

Throughout the year, the committee took the opportunity to seek individual escalation reports regarding the three targeted intervention areas within its remit; unscheduled care, planned care and cancer (healthcare acquired infections are a focus for the Quality and Safety Committee). It also sought an update in relation to stroke, which had been a targeted intervention but had been de-escalated due to improved performance. Each of the reports provided a current position performance as well as the action plans in place to improve. Progress was monitored through the monthly performance report.

- Delayed Follow-Ups

Following a Wales Audit Office national review of delayed follow-up outpatient appointments, the committee sought an update as to the organisation's position in 2017-18. As an action plan was included within that update, it requested updates throughout the rest of the year to monitor progress culminating in a report in February 2019 outlining the plan to obtain sustainability within the service. However members remained concern at the scale of the challenge and emphasised the need to have an improvement trajectory. Performance was subsequently added to the integrated performance report.

- Child and Adolescent Mental Health Services (CAMHS) Performance

CAMHS performance in relation to both access to primary services and routine access to specialist CAMHS has deteriorated after an improvement over the summer. The committee received an escalation report in October which provided assurance that action was being taken. As part of this, it was noted that work was to be undertaken to develop a centralised service with a single point of action once the Bridgend transition had occurred.

- Winter Plan

During its September 2018 meeting, members received a report outlining the process to develop the winter plan, with the plan itself received in October 2018. While the committee felt it was a comprehensive plan, it felt it would be useful to have an analysis of what the expected impact would be as well as an understanding of what was to change the following year. It also agreed for winter plan measures to be included in the monthly performance report to demonstrate progress.

- Theatre Efficiency

Members received an update in September 2018 as to the work being taken to improve theatre efficiency but felt that it did not convey the urgency nor the ownership of the challenge. It was agreed that a further report would be received in December 2018 which clearly set out the action plan and the progress against it. It

was also agreed that the measures set out in update would be included in the monthly performance report for the committee to monitor progress.

- Orthopaedics Action Plan

As orthopaedics accounted for 70% of the year-end planned care position, the committee requested sight of the action plan to improve performance. It was noted that 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 also 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.

- Vacancy Profile and Mapping Solutions for Medical Recruitment

During a number of discussions, members sought clarity as to the impact the vacancy control panel was having on administration and clerical vacancies. As such, it was agreed to add a standing item to the agenda outlining the decisions made at each panel meeting. However, as part of revised remit of the Workforce and OD Committee, this was referred to that particular work programme from January 2019.

- Single Cancer Pathway

Members heard that the new pathway, which aimed to identify patients with cancer at the earliest opportunity, was to come into being in June 2019, and would have an impact on the demand and capacity of diagnostic services. Modelling work had been undertaken and a suite of actions put in place, including the investment of £500k for diagnostics within the planned care plan for 2019-20.

- Delayed Transfers of Care

Following concerns raised at the January 2019 board meeting, an update was received in relation to delayed transfer of care. An improvement had been evident in the number of cases awaiting transfer of care and while actions had been highlighted within the report to reduce it further, it was unclear as to the timescales and trajectory, therefore an update was to be received at the next meeting.

Delivery Assurance of IMTP and Financial Plan

At the December 2018 and January 2019 meetings, members received detailed presentations as to the process and development of the performance, finance and quality aspects of the annual plan 2019-20. Members' feedback was that both the finance and performance plans provided a more positive picture than the previous year congratulations were offered to all involved. However there was still a significant amount of work to be done and consideration was needed as to the level of project management resource required.

While the performance aspects were agreed by the board at its meeting in January 2019 with the support of the committee, the financial plan continued to be developed with regular updates provided to the committee, which included the impact of the Bridgend boundary transition, which was to have an effect on budget planning and allocations in the new year.

Governance

As part of its governance arrangements, the committee reviewed and updated its terms of reference at the start of the year.

For Noting

The committee received its work programme at each meeting and in October 2018, agreed to add a summary of the vacancy recruitment panel decisions to its standing items after concerns were raised as to its role. It also received two Wales Audit Office reports (discharge planning and outpatient services) referred by the Audit Committee and an update from the re-established unscheduled care delivery board.

4. Conclusion

This report demonstrates that the committee fulfilled its responsibilities through the reports it had received during the year from various services and sources.