

ABM University LHB  
**Unconfirmed** Minutes of the Performance and Finance Committee  
 held on 23<sup>rd</sup> May 2018 in the Board Meeting Room, Health Board HQ

**Present:**

Emma Woollett	Vice-Chair (in the chair)
Lynne Hamilton	Director of Finance
Jackie Davies	Independent Member
Siân Harrop-Griffiths	Director of Strategy
Chris White	Interim Chief Operating Officer
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Maggie Berry	Independent Member
Martin Sollis	Independent Member

**In Attendance:**

Sam Lewis	Assistant Director of Finance
Dorothy Edwards	Deputy Director of Recovery and Sustainability
Liz Stauber	Committee Services Manager
Dai Roberts	Service Director for Mental Health and Learning Disabilities Unit (for minutes 115/18-119/18)
Sandra Husbands	Director of Public Health (for minute 115/18)
Claire Birchall	Service Director for Neath Port Talbot Unit (for minute 119/18)

Minute	Item	Action
<b>106/18</b>	<b>APOLOGIES</b>  Apologies were received from Darren Griffiths, Assistant Director of Strategy and Pam Wenger, Director of Corporate Governance.	
<b>107/18</b>	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest.	
<b>108/18</b>	<b>MINUTES OF PREVIOUS MEETINGS</b>  The minutes of the meeting held on 27 <sup>th</sup> April 2018 were <b>received</b> and <b>confirmed</b> as a true and accurate record.	
<b>109/18</b>	<b>MATTERS ARISING</b>  There were no matters arising.	

**110/18 ACTION LOG**

The action log was **received** and **noted** with the following updates:

(i) Action Point Three

Chris White undertook to keep the committee apprised as to the progress to improve urology cancer performance at Princess of Wales Hospital.

(ii) Action Point Four

Chris White advised that discussions had taken place the previous week in relation to the reducing harm, waste and variation workstream to discuss the detail of the scoping document. Martin Sollis queried whether the workstream had a sense of urgency. Dorothy Edwards stated that there was a more positive approach and the Recovery and Sustainability Programme had received a project outline document for the work stream but it was unclear as to what, if any, savings would be made this year. She suggested that an update be sought for the July 2018 committee meeting. This was agreed.

LS

**111/18 FINANCIAL POSITION UPDATE**

A report regarding the financial position was **received**.

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

- The forecast financial position had not changed;
- The cumulative spend for period one was £250k more than the required run rate of £2.08m;
- The main area to note was the slippage against the savings targets and as a consequence, the reserves policy was now being deployed;
- The pay and non-pay position was holding and the units needed to be acknowledged and credited for this;
- Some units were performing better than others and Princess of Wales Unit was a particular outlier, which was a legacy of non-delivery of savings the previous year as well as the fragility of this year's plan;
- The monies allocated for winter pressures were already being invested due to current service challenges, but some of this would be addressed once the additional bed capacity was reduced;
- The committee would be monitoring spend against referral to treatment times (RTT – planned care) and the intention was to invest the £2m allocation before the end of quarter one. A letter had been

sent to Welsh Government outlining planned care intentions;

- There were two particular challenges to note on the risk and opportunities log; the ongoing section 117 discussions with local authorities and compliance with the Nurse Staffing Levels (Wales) Act 2016.

In discussing the report, the following points were raised:

Chris White advised that in relation to planned care, work was ongoing to limit the 'bounce back' from the end of the previous year. He added that normally at this point in the year, around 200-250 cases 'bounced back' but the current figure was around 38.

Martin Sollis commented that it would be useful for the committee to see the details of the letter sent to Welsh Government outlining planned care intentions. Siân Harrop-Griffiths undertook to circulate this.

Martin Sollis sought clarity as to the timescales to establish the health board's requirements to meet the Nurse Staffing Levels (Wales) Act 2016. Lynne Hamilton advised that the Interim Director of Nursing and Patient Experience was conducting peer reviews and her findings were expected imminently. Jackie Davies queried whether the units had undertaken risk assessments as some were non-compliant with the Chief Nursing Officer guidelines. Sam Lewis responded that the units had the funding to be compliant across the nurse staffing act wards but may not be able to staff to these levels due to staff recruitment challenges.

Jackie Davies queried as to whether reducing bed capacity was affecting planned care performance. Chris White stated that this was the balance that planning and finance colleagues had to discuss and monitor. He added that primary and community care had services available which provided the equivalent to 92 beds and these needed to be reviewed to ensure that they were providing what they needed to.

SHG

**Resolved:**

- The report be **noted**.
- The letter to Welsh Government outlining planned care intentions be circulated.

SHG

112/18

**RECOVERY AND SUSTAINABILITY PROGRAMME UPDATE**

A report providing an update with regard to the recovery and sustainability programme was **received**.

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

- The board had previously signed-off the plans to deliver the £25m proposed financial target;

- It had become apparent following the period one position that the plans were potentially underperforming therefore rapid mitigating actions needed to be taken;
- Discussions had taken place at the executive team meeting earlier that week as well as at the Recovery and Sustainability Programme Board to determine the required mitigating actions and a number of proposals had been developed;
- At the moment, of the £21.2m required savings targets, only £9.5m had confidence of delivery, £11.7m shortfall;
- A decision had been made not to revert to traditional cost improvement programmes (CIPs) and as such, alternative savings opportunities had been identified as a board-wide approach;
- The onus to deliver was not just on the executives but the units and teams as well;
- A deep dive was to be undertaken to provide assurance in relation to income;
- The efficiency framework being developed by the directors of finance peer group and NHS Wales Finance Delivery Unit could identify potential opportunities working well for other health boards;
- Medicines management and a review of pay bills were both areas identified as offering immediate potential for further savings;
- Morrison's unit medical director was leading on commissioning in relation to value-based and public healthcare which complimented the reducing harm, waste and variation workstream;
- The mitigating actions were not a second list of workstreams rather a blended approach of suggested turnaround controls;
- The Chief Executive had been explicit that there needed to be board-wide engagement and this was to include a workshop to focus on efficiencies;
- 'Tiger' teams were to be established comprising specialists from a number of areas of the health board, including finance and workforce, to rapidly deploy actions;
- The health board needed to report a better savings position to Welsh Government for period two.

In discussing the report, the following points were raised:

Martin Sollis stated that the paper provided assurance as to the processes in place, particularly the programme management office (PMO) which gave significant confidence.

Siân Harrop-Griffiths commented that the discussion in relation to the

mitigating actions earlier in the week had been challenging but consistent, and a themed approach rather than CIPs felt like the right thing to do.

Maggie Berry commented that during the original establishment of the recovery and sustainability programme, staff had submitted a number of suggestions as part of the comments section on the intranet bulletins. She added that the current bulletin has not been updated since March/April 2018 and queried if anyone was monitoring this to record the ideas of staff. Dorothy Edwards responded that a new bulletin was being finalised which focused on workforce. She added that while the comments were recorded and reviewed, a different approach was needed to communication and engagement as it was important that staff felt empowered.

Martin Sollis stated that he agreed with the principle of introducing turnaround controls if targets could not be met but it was important that the executive-led workstreams still delivered the sustainable solutions identified in the recovery and sustainability plan. He also asked that an additional control be added that focussed on the recruitment and replacement of staff, including clinicians, following the success of the scrutiny panels for administration, clerical and medicines management posts. This was agreed.

LH/DE

Maggie Berry commented that some of the turnaround controls appeared to be 'common sense'.

Hazel Robinson stated that while she agreed that actions needed to be taken, the work should be undertaken sensitively in order to engage staff.

Jackie Davies commented that there were a number of 'good news' stories within the recovery and sustainability programme and it would be useful to publicise these in order to gather momentum and encourage staff. She added that it would also be useful to have an evidence-based approach for the recruitment of new posts.

Emma Woollett stated that the committee had clear expectations that individuals would be held to account for delivering the schemes to which they had signed-up. She welcomed the mitigating actions and endorsed the need for greater communication mechanisms and controls for workforce, adding that it was reassuring to be notified of such issues in a timely way.

**Resolved:**

- The report be **noted**.
- An additional control be added that focussed on the recruitment and replacement of staff, including clinicians, following the success of the scrutiny panels for administration, clerical and medicines management posts.

LH/DE

113/18

**PERFORMANCE TRAJECTORIES**

A report outlining progress against the annual plan performance trajectories was **received**.

In introducing the report, Siân Harrop-Griffiths and Chris White highlighted the following points:

- With regard to unscheduled care, Morriston Hospital was behind the curve as an expected improvement of 3%-5% had not occurred. At the moment, performance on a 'good day' was in the 60%s and needed to be in the 70%s. The NHS Elect work being undertaken at Princess of Wales Hospital was having an effect, with improved handovers and performance at 80%;
- Work was ongoing with Morriston Hospital regarding overnight cover as it was proving challenging to secure clinical resources and this was leading to the majority of breaches. As such, alternatives, such as advanced nurse practitioners were being considered;
- RTT performance was on track for outpatients and therapies, but diagnostic waits had been affected by the inclusion of cardiac diagnostics within the figure, which had deteriorated from 29 to 702. Work was underway to eliminate these waits over the financial year;
- 3,398 patients waited more than 36 weeks for treatment, marginally above the trajectory figure of 3,357, and the £2m allocated within the 2018-19 financial was being invested;
- Following a discussion at the recent medical conference, a meeting had been arranged with the clinical lead for radiology and Chris White to discuss the role the service could play in improving the position;
- Significant work had been undertaken in relation to cancer performance and while some improvement had been made, it was still off trajectory. Urgent suspected cancer performance was 73% against a trajectory of 83% and non-urgent suspected cancer was 88% against a trajectory of 98%. The key risk identified was breast;
- The stroke position was not 'comfortable' with a slight delay in meeting the CT (computerised tomography) scan within one hour target as well as challenges in admitting patients to dedicated stroke beds.

In discussing the report, the following points were raised:

Emma Woollett noted that there had been reduction in the number of infections for both *clostridium difficile* and *staphylococcus aureus*, although both remain slightly above trajectory, adding that *e.coli* infections had increased, but remained below trajectory.

Martin Sollis stated that while he understood all the actions being undertaken, he queried whether they would be reviewed to determine how

CW

effective they had been, for example, 'Breaking the Cycle'. Chris White advised that a 'Breaking the Cycle' plan had been discussed at the unscheduled care delivery board the previous week and undertook to circulate this. He added that with regard to other actions, these were being reviewed for impact and outcomes, and one of the regular financial recovery meetings for each of the units was now a finance, performance and quality meeting to act as a 'mini' performance review.

Hazel Robinson advised that in relation to the overnight medical cover, work was being undertaken with a healthcare staffing company to identify creative ways in which to fill full-time posts.

- Resolved:**
- The report be **noted**.
  - The 'Breaking the Cycle' plan be circulated.

**CW**

**114/18 CHANGE IN AGENDA ORDER**

The agenda order be changed and item 3a be received next.

**115/18 REVIEW OF MENTAL HEALTH SERVICES SPENDING**

Dai Roberts and Sandra Husbands were welcomed to the meeting.

A report providing an update in relation to the review of mental services spending recovery and sustainability workstream was **received**.

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

- The workstream was high risk as even if it delivered in the way expected, there would still be a shortfall within the savings;
- It had three areas of work; phase two of the older people's mental health services redesign, potential reductions in prescribing costs and transforming access to psychological therapies.

In discussing the report, the following points were raised:

Jackie Davies commented that the work achieved to date by the Mental Health and Learning Disabilities Unit had been significant, citing as an example the initiative to move older people's beds from Cefn Coed Hospital to Tonna Hospital as well as into the community. She welcomed the other work being proposed.

Martin Sollis queried as to whether more strands of work would be identified for the workstream or if it would be limited to the three highlighted. He added that he hoped there were would be more, such as the national procurement work, as there were numerous external expectations for mental health as well as internal. Sandra Husbands

advised that there were two savings plans for mental health services; this one and the one developed by the unit itself to make savings. Dai Roberts added that the unit had done its due diligence to drive out best value in a number of areas, which included reviewing continuing healthcare costs.

Emma Woollett noted the risks associated with the workstream and queried why it had been established if there was a possibility of the savings not being realised. Lynne Hamilton responded that the challenge had been set by Welsh Government who had asked the health board to clarify its expenditure within areas with ring-fenced funding, including mental health.

Martin Sollis queried whether there was any benefit in reviewing commissioned and decommissioned areas. Dai Roberts advised that as part of some of the ward closures, several hundreds of thousands had been saved but other areas had benefitted, such as estates or hotel services, so while these areas did have a financial benefit, it was not registered as a mental health saving.

Maggie Berry noted the intention to move more services into the community and queried as to whether the structure was in place to support families and carers. Dai Roberts advised that this was the area in which consideration as to investment was being given and work was also ongoing with the third sector. He added that the health board had the highest number of inpatient mental health wards in Wales at 13, with the next highest being seven.

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

#### **116/18 BOARD PERFORMANCE REPORT**

The integrated board performance report was **received** and **noted**, acknowledging that going forward, the committee would receive a monthly performance report with up-to-date data as opposed to the integrated bi-monthly board version

#### **117/18 END-OF-YEAR ANNUAL PLAN REPORT**

The end-of-year annual plan report was **received**.

In introducing the report, Siân Harrop-Griffiths highlighted the following points:

- The report looked at progress, achievements and outcomes against all of the annual report areas, not limited to the targeted intervention areas;
- Some areas had not been delivered and explanations were outlined

within the report, but the majority were considered to be in progress.

In discussing the report, the following points were raised:

Emma Woollett commented that while she liked the format of the appendices, going forward it would be worth considering the format and there were a number of areas marked 'green' which she would question as to whether this was correct. She suggested that while the board be informed that the committee had scrutinised the report in full, members should submit any comments to Siân Harrop-Griffiths to consider for future iterations. This was agreed.

All

Jackie Davies queried as to whether there was a link between bed closures and RTT performance. She also questioned whether best use of infection control resources was being made in regard to retired and returned employees as one had come back part-time but the other half of the post not recruited. Siân Harrop-Griffiths advised that discussions were ongoing with the Interim Director of Nursing and Patient Experience as to whether there were sufficient resources for infection control. She added with regard to closed beds, additional capacity was available in the winter months to manage the service pressures and an analysis had shown that there were less medical outliers and fewer operations cancelled as a result of beds not being available during the winter than in previous years.

- Resolved:**
- The report be **noted**.
  - Members to submit any comments on the report to Siân Harrop-Griffiths to consider for future iterations.

SHG

**118/18 CHANGE IN AGENDA ORDER**

The agenda order be changed and item 3b be received next.

**119/18 CANCER PERFORMANCE**

Claire Birchall was welcomed to the meeting.

A report providing an update in relation to cancer performance was **received**.

In introducing the report, Claire Birchall highlighted the following points:

- Cancer was an area of instability and variability in terms of performance;
- The March 2018 performance had delivered 88% while April 2018 deteriorated into the 60%*s*. However following interventions, this had improved with the current forecast at 77%;

- Breast capacity at Princess of Wales Unit remained an issue and performance also inexplicably dropped in April 2018 at Morriston Hospital which deteriorated performance further;
- Cancer was an area in which it was challenging to forecast demand to enable earlier actions to be put into place and a number of patients had only breached by a small number of days;
- Gastro-intestinal across all sites was increasingly becoming a concern;
- There was a 5% tolerance for breaches which needed to be delivered if performance was to meet the target;
- Due to sickness, it had been difficult to maintain the urology pathway during April 2018 at Princess of Wales Unit and while Morriston Unit would normally have provided support, it was also suffering sickness absences;
- Work was ongoing with the breast team to understand the issues and as such, they now better understood the challenges and additional capacity had been established;
- Significant improvement had been evident within gynaecology cancer performance but breast and urology remained a significant challenge for May and June 2018. However a one-stop-shop was now in place at Neath Port Talbot Hospital for breast diagnostics.

In discussing the report, the following points were raised:

Martin Sollis commented that the resilience factor was fundamental as cancer was one of the health board's targeted intervention areas, and as such, a significant improvement was required urgently before it impacted further on the escalation status. He queried the reason as to why performance dipped at Morriston Hospital as this activity was normally protected. Claire Birchall advised that as a result of the inclement weather, some of the outpatient clinics had been cancelled to enable consultants to support the wards which had impacted on the remainder of the pathway.

Emma Woollett stated that discussions had been ongoing since November 2017 as to the need to improve performance and queried what it would take to make the staff on the ground realise the significance of the issue in order to make improvements. Dai Roberts, who was to take over from Claire Birchall as the lead for cancer performance, advised that he had attended a core cancer team meeting the previous week in order to 'get up to speed' on a number of areas, including clinical pathways and processes. He added it was his intention to undertake a quick analysis of where each pathway was and to get those in each team to have a sense of grip of what needed to be done. Emma Woollett concurred, added that it was vital that every person in the organisation accepted the actions required. Martin Sollis stated that it did not feel as though it was owned by those who

needed to manage the process and there was too much reliance on Chris White and Claire Birchall.

Chris White commented that unit meetings had taken place to make clear their responsibilities but they needed to be frantically working to arrange first outpatient appointments as early as possible to allow enough time to treat. He added that there were fundamental flaws in the basic processes, for example by not backfilling annual leave despite having six weeks' notice and that there also needed to be more resilience in the system.

Emma Woollett stated that while she recognised the amount of work undertaken by Claire Birchall, there was still a significant way to go to get the level of commitment needed within the units. She added that cancer had the potential to be a good story for Wales, as its targets were higher than England, and the message to the board needed to be that while there was considerable corporate input, there needed to be more ownership at unit level.

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

## **120/18 PLANNED CARE DEMAND AND CAPACITY OUTPUTS**

A report outlining the target demand and capacity outputs for planned care was **received**.

In introducing the report, Siân Harrop-Griffiths and Chris White highlighted the following points:

- The annual plan for 2018-19 had a year-end forecast RTT position of 2,697 cases however further work in April and May 2018 had reduced this to 2,685;
- The £2m allocated within the annual plan for planned care would be invested in its entirety by the end of quarter one;
- The required performance by specialty had been outlined;
- While the original aim had been for the committee to receive the report first for scrutiny, the target outputs had already been submitted to Welsh Government following an unexpected request the previous week;
- Further review was required of the outputs for Morriston Hospital as there was potential for more opportunities;
- More efficiency was required within the plan, for example, theatre outputs; partial bookings and pre-operative assessments;
- The more that could be achieved through core capacity, the less reliance there would be on insourcing and outsourcing.

In discussing the report, the following points were raised:

Emma Woollett noted the continuing capacity gap against the demand, adding that while she endorsed what the report outlined, the health board would continue to generate significant backlogs given that there were 4,000 more patients than capacity on an annual basis. She queried as to how long the health board was prepared to have that gap. Chris White commented that in 2017-18, there had been 3,900 missed opportunities to treat. He added that even if the health board only achieved 60% of what it planned, it would still gain more than 2,000 cases.

Chris White continued that services were reviewing the clinical pathways to determine whether there were alternatives to patients seeing a consultant in the first instance, for example, an assessment by an audiologist may negate the need for a consultant outpatient appointment. He added that demand management was crucial and meetings were taking place with GP cluster leads as well as a review of practice data to determine if some were referring more than others and whether education and awareness sessions would help reduce unnecessary referrals.

Emma Woollett queried as to why this work was not one of the workstreams. Dorothy Edwards responded that it was more closely aligned with the work of the planned care improvement board.

Emma Woollett stated that it was not just planned care performance on which RTT impacted, but also financial. She queried as to how progress was monitored, particularly as there were various ways of addressing the issue. Chris White advised that the cohorts changed on a weekly basis so the actions were tailored to address this, and it would be useful for the committee at some point to receive an update from the outpatient modernisation as well as theatre efficiency programmes.

Martin Sollis commented that previously, the health board had not delivered on its plans and being able to monitor efficiencies was fundamental. He added that that this was a significant opportunity to gain efficiency. Chris White concurred, adding that productivity was now a key part of consultants' job planning and the pre-operative assessments process needed to be reviewed. He stated that it was critical that theatre lists were full each day.

Emma Woollett stated that it would be useful going forward for metrics to be developed in order to measure improvement. Martin Sollis concurred, adding that while benchmarking was available, something more specific was required in order to achieve targets as well as demonstrate recovery. Chris White agreed that a suite of metrics was required but this was an area which the organisation found challenging but it was difficult to make changes without such data.

Maggie Berry stated that pre-operative assessments needed to be better aligned with treatment dates as currently they could be undertaken several

months in advance, and as such, elements needed to be repeated closer to the operation date.

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

## 121/18 **MEDICAL AGENCY CAP**

A report providing the latest data in relation to the medical agency cap was **received**.

In introducing the report, Hazel Robinson highlighted the following points:

- The data capturing had significantly improved in terms of completion and accuracy and more support was being provided to the units;
- A higher rate of compliance had been evident in April 2018;
- Benchmarking was to be established against other health boards but while the health board was performing in terms of what it paid, this made it difficult in some circumstances to secure locum cover;
- Expenditure was below the target figure. Princess of Wales Hospital remained an outlier but the impact was offset by the savings within other units;
- Changes to visa guidelines were proving challenging for international recruitment;
- Discussions had taken place with Welsh Government as to the reporting template and agreement had been provided for it to be adjusted.

In discussing the report, the following points were raised:

Emma Woollett complimented the report, adding it was a significant improvement on previous iterations.

Martin Sollis stated that the way in which the information was used was important, in particular, it needed to be triangulated with performance issues. He added that while it was pleasing to see ABMU paying less than other health boards, if the data was to be used internally, an improvement still needed to be evident. Hazel Robinson responded that work was commencing to determine what the information was informing the health board and how it could be used productively as there were savings to be made.

Jackie Davies commented that a number of locums had been so for a number of years and as such, there could be substantive opportunities. Hazel Robinson advised that this needed to be reviewed to determine as to whether this was the health board's choice of that or the locum.

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

**122/18 ANALYTICAL REVIEW OF MANAGEMENT ACCOUNTING 2017-18**

A report outlining an analytical review of management accounting 2017-18 was **received**.

In introducing the report, Sam Lewis highlighted the following points:

- A pack had been compiled of the previous year's financial performance to determine what had worked well and what had been less successful;
- The pack provided a change in focus to unit expenditure and how it had changed as opposed to the budgetary variation, which enables the financial performance to be seen through a different lens;
- Expenditure on secondary drugs had increased year-on-year by 11% however in 2017/18 it remained flat. This was credit to the clinical director for integrated pharmacy and medicines management;
- The 2017-18 month four financial position had shown the possibility of the forecast deficit increasing but as a result of a change in control and actions, this had been circumvented;
- Going forward, while the health board had to be honest and realistic, it also needed to set itself 'stretch' targets.

In discussing the report, the following points were raised:

Chris White commented that from an operational point of view, the data was interesting as it provided a different way of discussing the issues with the units.

Emma Woollett noted that there did not appear to have been an improvement financially within Singleton Hospital. Sam Lewis responded that this was an area of focus for the current year as the oncology services provided a challenge and a growth in expenditure, but this should not impact on financial performance. Lynne Hamilton added that a new business and finance partner had been appointed to the unit and this was an opportunity to review the position through 'fresh eyes'.

Martin Sollis stated that as this level of detail was available, it needed to be drawn to the attention of the individual clinicians to see their expenditure in order for them to understand how they could influence the position.

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

**123/18 COMMITTEE ANNUAL REPORT**

The Performance and Finance Committee annual report for 2017-18 was **received** and **approved**, subject to comments received outside of the meeting.

**LS**

**124/18 UNSCHEDULED CARE IMPROVEMENT BOARD REPORT**

A report from the unscheduled care improvement board was **received**.

In discussing the report, Martin Sollis commented that the report demonstrated a good learning opportunity as it was very reflective and it would be useful if such work was undertaken by other fora. Chris White advised that a similar approach was taken with the planned care delivery board. He added that the local authorities had been provided with an agenda slot for the unscheduled care delivery board to identify areas in which the health board needed to improve when preparing patients for discharge as well as to bring the organisations closer together as a team.

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

**125/18 WALES AUDIT OFFICE: DISCHARGE PLANNING**

The Wales Audit Office report regarding discharge planning was **received** and **noted**.

**126/18 WALES AUDIT OFFICE: OUTPATIENT SERVICES**

The Wales Audit Office report regarding outpatient services was **received** and **noted**.

**127/18 PERFORMANCE AND FINANCE COMMITTEE WORK PROGRAMME 2018/19**

The committee's 2018/19 work programme was **received** and **noted**.

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

**128/18 ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

**129/18      DATE OF NEXT MEETING**

The next scheduled meeting was noted to be 20<sup>th</sup> June 2018.