



**Finance & Performance Committee**  
**Minutes of the meeting held in public on 25.6.19**  
**in Carlton Court, St Asaph**

**Present:**

Mr Mark Polin	BCUHB Chairman
Mr John Cunliffe	Independent Member / SPG Chair ( <i>*part meeting</i> )
Mrs Lyn Meadows	Independent Member / SPG member ( <i>*part meeting</i> )
Ms Helen Wilkinson	Independent Member

**In Attendance:**

Mr Neil Bradshaw	Assistant Director Strategy- Capital ( <i>part meeting</i> )
Ms Deborah Carter	Acting Executive Director Nursing and Midwifery
Mr Andrew Doughton	Wales Audit Office ( <i>observer</i> )
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD) ( <i>*part meeting</i> )
Ms Sue Hill	Acting Executive Director of Finance Director ( <i>*part meeting</i> )
Mr Geoff Lang	Turnaround Director ( <i>*part meeting</i> )
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Director of Performance
Mr Tony Uttley	Interim Financial Director – Operational Finance
Mr Mark Wilkinson	Executive Director of Planning & Performance ( <i>*part meeting</i> )
Ms Emma Wilkins	Financial Delivery Unit
Ms Diane Davies	Corporate Governance Manager

Agenda Item Discussed	Action By
<p><b>FP19/125 Welcome, apologies for absence and declarations of interest</b></p> <p><b>FP19/125.1</b> Apologies for absence were received from Mr Michael Hearty although the Chairman indicated that he had received the benefit of the Independent Finance Advisor's comments in respect of the papers provided as well as other IMs attending the Savings Programme Group (SPG) which would be taken account of during the meeting. He explained that there had been a need for the Savings Programme Group to be held concurrently with this meeting this month and that IMs and officers would join the Committee on the rise of the SPG.            (as noted above ~ (<i>*part meeting</i>))</p> <p><b>FP19/125.2</b> The Chairman welcomed everyone to the meeting and introduced Ms Emma Wilkins from the Financial Delivery Unit as well as Mr Andrew Doughton observing on behalf of the Wales Audit Office. He reminded of the need to meet the Board's agreed standards of business in publishing papers 7 days before the meeting.</p>	

<p><b>FP19/126 Integrated Quality and Performance report (IQPR)</b></p> <p><b>FP19/126.1</b> The Executive Director of Planning and Performance presented this item, he drew attention to the most improved measures and those of most concern highlighted in the Executive Summary. He agreed to arrange to amend some reporting errors pointed out within the report. The Executive Director of Planning and Performance advised that further detail on Unscheduled Care (USC) performance was available within item FP19/130. It was reported that Planned Care performance had deteriorated in part as a consequence of end of year activity and that whilst there had been significant expenditure this was not as much as the previous year. He commented that performance was not as he would wish and drew attention to the inclusion of expenditure against RTT activity data that was being introduced into the report to facilitate value for money considerations.</p> <p><b>FP19/126.2</b> During a discussion on USC the Acting Director of Nursing and Midwifery highlighted ambulance handover challenges which had also been critical during the previous weekend. She reported that Delayed Transfers of Care were improving as a result of the introduction of robust reviews. Whilst acknowledging a shift in Primary Care performance, the Chairman was advised of national discussions taking place to identify the source of key performance indicators (KPIs) and that BCU's Improvement Group was in the process of identifying local KPIs by the end of July.</p> <p><b>FP19/126.3</b> It was confirmed that the additional efficiencies being identified within the PwC review would be incorporated in due course. The Executive Director of Planning and Performance confirmed that work was on track to deliver against the timelines indicated in the RTT outcomes and would be reported by exception if not. The Chairman sought clarification on whether the specialty level recovery plan would report at the July Board meeting instead of being prepared by the end of September. He also questioned whether the £2.2m expenditure and figures provided in the report correlated with WG expectation. The Deputy Director FDU confirmed that a reconciliation of up activity against cost was required. It was agreed that the Acting Executive Director of Nursing &amp; Midwifery would liaise with Andrew Sallows, to provide assurance that WG and BCU had an agreed understanding of the figures provided. It was agreed that the Performance Director would provide improvement by specialty level within the next report</p> <p><b>FP19/126.4</b> In respect of Cancer performance the Chairman questioned whether performance was on track. The Chairman requested that the Executive Director of Therapies and Health Sciences attend the next meeting to respond on this and diagnostic waiting time performance. In the meantime, the Executive Director of Performance and Planning would liaise with him to arrange a briefing on all remedial actions undertaken following the meeting. The Chairman requested that should an executive accountable for a measure of concern not be a designated executive in attendance at the Committee, then he be informed in order to consider whether a requirement to attend be arranged. The Chairman advised that, in light of the emerging PwC report,</p>	<p>MW</p> <p>MW</p> <p>DC JN</p> <p>AT</p> <p>MW/AT</p> <p>MW/SH</p>

<p>discussion was in hand to potentially include the Chief Executive in attendance at Finance and Performance Committee meetings.</p>	
<p><b>FP19/126.5</b> It was agreed that the Performance Director would arrange for all future reporting areas to be provided in the same format. In respect of Diagnostic Waiting times, the Executive Director Planning and Performance advised that the Executive Team had taken a decision to commission non-recurrent outsourcing and progress a mobile unit at Ysbyty Glan Clwyd whilst a longer term Endoscopy business case was being progressed as outlined within the 3 year plan. He also advised that there was a national solution being considered. Workforce issues within Radiology were noted and it was clarified that ‘harm’ was being overseen by the Quality, Safety and Experience Committee.</p>	JN
<p><b>FP19/126.6</b> In respect of the follow up waiting list the Acting Executive Director of Nursing and Midwifery advised of a range of actions being undertaken that would result in a reduction of patients requiring appointments in keeping with WG Delivery Unit recommendations.</p>	
<p><b>FP19/126.7</b> The Performance Director provided an update in regard to the Eye Care Measure which included advice that there was a national expectation that performance would deteriorate due to backlog clearance based on clinical risk. In response to the Chairman she advised that there was confidence that the deterioration would only continue until the end of quarter 2. The Performance Director advised that other data would also be included in developing reports within this area and drew attention to the operational changes which were taking place, including the use of Optometrists for some work. In response to the Chairman, the Performance Director confirmed that BCU was represented at national meetings. The Executive Medical Director was requested to confirm to the Chairman BCU’s representation at a national Research and Development Group so that he could be assured of BCU’s involvement.</p>	EM
<p><b>FP19/126.8</b> In respect of referrals, it was confirmed that the details provided were a critical component part in the development of business plans and that Rheumatology issues were in the process of being explored.</p>	
<p><b>FP19/126.9</b> With regard to Unscheduled Care, attention was drawn to reporting anomalies which were agreed to be addressed in future reports. The Chairman questioned whether GP Out of Hours, SICAT and 111 could be reported separately going forward. A discussion ensued on the low numbers of urgent patients reported.</p>	JN
<p><b>FP19/126.10</b> In respect of Stroke performance, it was noted that new data sets had been introduced and there was an expectation of improvement for the next report. The Executive Director of Planning and Performance referred to the long term investment required in this service, advising that a business case had been presented to the Executive Management Group and Strategy, Partnerships and Population Health Committee with an expectation that it would be submitted to the July Health Board meeting.</p>	

<p><b>FP19/126.11</b> A discussion ensued on whether Programme Business Cases prepared for WG required scrutiny by the F&amp;P Committee as they were not investment decisions but an agreement of direction of travel. The Chairman was assured that those which had been considered at the recent SPPH Committee for the July Board did not require investment decisions.</p> <p><b>FP19/126.12</b> In respect of Emergency Department (ED) &amp; Minor Injury Unit (MIU) performance and Ambulance Handovers, issues at Wrexham Maelor Hospital were highlighted. The Chairman sought clarity on the definition of 'very urgent' out of hours patients.</p> <p><b>FP19/126.13</b> Finance and Workforce performance was noted.</p> <p><b>It was resolved that the Committee</b> noted the report and expressed concern with quality issues within the report.</p> <p><i>The Executive Director of Planning and Performance advised on what action would be taken to address the issues ahead of the next iteration.</i></p>	<p>DC/CS</p>
<p><b>FP19/128 Capital Programme report month 2</b></p> <p><b>FP19/128.1</b> The Assistant Director Strategy - Capital joined the meeting to present this item. It was noted that Welsh Government had issued the initial allocation for the 2019/20 financial year in March 2019 and the Capital Resource Limit for month 2 remained unchanged from month 1 at £21.725m.</p> <p><b>FP19/128.2</b> In respect of the discretionary capital programme, following confirmation, and satisfactory audit, of the accruals from 2018/19 the brokerage requirement had increased by £0.591m to £2.146m. The Health Board had also managed year-end slippage within the Integrated Capital Fund. As a consequence the resource available for 2019/20 had been confirmed as £10.439m.</p> <p><b>FP19/128.3</b> It was noted that following confirmation from Welsh Government of additional capital support to take forward the Health Board's orthopaedic plan, the provision previously made within the discretionary programme (Transformation planned care) was able to be released to support the revised programme. In response to the Chairman, the Assistant Director Strategy – Capital confirmed that resources were in place. The Executive Director of Planning and Performance responded that the resilience of the electrical and infrastructure work needed to be addressed within the Wrexham Maelor redevelopment programme.</p> <p><b>It was resolved that the Committee</b> noted the report</p> <p><i>The Assistant Director Strategy - Capital left the meeting</i></p>	

<p><b>FP19/127 Presentation : Excellent Hospital Care ~ Planned Care</b></p> <p><b>FP19/127.1</b> The Executive Director of Planning and Performance highlighted the need to agree the plan with WG and made specific reference to the delivery challenges around additional activity and the impact of pension legislation; winter pressures; demand and case mix. He also noted the opportunities from improving treatment in turn, productivity gains and waiting list validation. It was noted that introducing the prospective RTT expenditure proforma and approval process would be key in meeting the planning challenges outlined.</p> <p><b>FP19/127.2</b> The Chairman questioned whether sign off was expected before or after the July Board meeting. The Executive Director of Planning and Performance advised of the iterative process being worked through, drawing attention to the Orthopaedic issues around RTT performance. He explained that the Planned Care Improvement Group would help inform the Committee. The Chairman re-iterated the importance of establishing an agreed shared understanding of numbers with WG.</p> <p><b>FP19/127.3</b> The Executive Director of Planning and Performance reported that moving to treating 70% from backlog, 20% containment and 10% urgent at 'zero cost' increase was welcomed in improving RTT performance. In response to the Committee's question regarding the level of confidence in achievement of delivery, he stated that if the actions were carried out then significant improvement could be achieved, highlighting the potential large scale changes that implementing the business cases would achieve. On the ground challenges were highlighted by the Acting Executive Director of Nursing and Midwifery which included ensuring that the introduction of more efficient processes were monitored and continued to be implemented.</p> <p><b>FP19/127.4</b> The Chairman emphasised the need for improvement and sought guidance on the timeline envisaged. Following discussion, he requested that an Executive brief be submitted to the July Board clarifying a trigger point date on which outline remedial actions would be undertaken should turnaround not be achieved. It was also noted that modelling the trajectory would require work before presentation.</p> <p><b>FP19/127.5</b> The Chairman sought assurance that the following were demonstrated: confirmation that actions were on track, having confidence in delivery and detail of how risk was being mitigated.</p> <p><b>It was resolved that the Committee</b> noted the presentation</p> <p><i>The Executive Director of Workforce &amp; OD, Turnaround Director, IM John Cunliffe, IM Lyn Meadows and Acting Executive Director of Finance joined the meeting.</i></p>	<p>MW</p> <p>MW</p>
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<p><b>FP19/130 Unscheduled Care and Building Better Care report</b></p>	
<p><b>FP19/130.1</b> The Chairman requested that the Executive Director of Nursing &amp; Midwifery and the Executive Director of Planning and Performance liaise to discuss what detail and reporting could be incorporated within the IQPR.</p>	<p>MW/DC</p>
<p><b>FP19/130.2</b> The Acting Executive Director of Nursing and Midwifery presented the report highlighting the issues arising from ambulance handover at Wrexham Maelor. It was understood that a business case was being developed to assist improvement and there was a need to address cultural normalisation. In response to the Chairman, the Acting Executive Director of Nursing and Midwifery advised on the various different factors affecting the site since the previous year, both positive and negative.</p>	
<p><b>FP19/130.3</b> The Chairman questioned whether corrective actions taken within Health Economies were replicated across the organisation, discussion ensued in which it was noted that different locations often required different solutions. He was pleased to acknowledge the signs of improvement emerging from the senior leadership team led 'reset'. The Acting Executive Director of Nursing and Midwifery assured the Chairman that the newly introduced roles of Interim Hospital Managing Directors were making a difference. She also reported on the work to address 'medically fit for discharge' patients which he had questioned. Attention was drawn to the developing modelling of Single Integrated Clinical Assessment &amp; Triage (SICAT).</p>	
<p><b>FP19/130.4</b> In respect of the second cycle of 90 day planning it was noted that a Programme Management Office (PMO) review had been undertaken to fully understand the impact and delivery to date, with the aim of exploring why an effect was not being seen in BCU's key performance indicators and to ensure the next cycle of planning was focused on key priorities to deliver the outcomes. In addition, a critical success factor dashboard had been developed which was starting to be used across the ED footprint to support a clearer focus on which elements were and were not working.</p>	
<p><b>FP19/130.5</b> The Chairman confirmed that the Board was committed to seeing Unscheduled Care improvements through and ensuring that actions were completed.</p>	
<p><b>It was resolved that the Committee</b></p>	
<ul style="list-style-type: none"> <li>• noted the report</li> <li>• confirmed the need for continued provision of bimonthly Unscheduled and Planned care reports to the F&amp;P Committee</li> <li>• requested that future coversheets be completed in full, especially in the areas of governance and risk.</li> </ul>	<p>DC/MW</p> <p>DC</p>
<p><b>FP19/127 Annual Plan progress monitoring report</b></p>	

<p><b>FP19/127.1</b> The Executive Director of Planning and Performance presented the report stating it would drive action within the organisation. The Committee was provided with clarification on how long an action would remain at amber before it was considered of concern. A discussion ensued in which questions on self assessments, evidence gathering and visibility of earlier milestones were raised.</p> <p><b>FP19/127.2</b> It was agreed that the Executive Director of Planning and Performance would reflect on the discussion and consider how evidence on delivery would be checked through random sampling. He also undertook to ensure robust processes were in place in respect of recording RAG ratings.</p> <p><b>It was resolved that the Committee</b> noted the report agreed the addition of the following in future reports:</p> <ul style="list-style-type: none"> <li>• milestones to actions</li> <li>• 10% random spot checks</li> <li>• provide to July Health Board meeting followed by quarterly reports</li> <li>• ensure the Chairman approved the report prior to submission to the Board</li> </ul>	<p>MW</p> <p>MW</p> <p>MW</p>
<p><b>FP19/131 Draft minutes of the previous meeting held on 23.5.19 and summary action plan</b></p> <p><b>FP19/131.1</b> The minutes were approved as an accurate record.</p> <p><b>FP19/131.2</b> Updates were provided to the summary action log, noting that an additional action highlighted in the previous minutes FP19/104.4 would be added.</p>	<p>DD</p>
<p><b>FP19/131b Savings Programme Group (SPG) Update from meeting held 23.5.19</b></p> <p><b>FP19/131b.1</b> The SPG Chair provided a verbal update on the meeting that had been held that morning. He summarised that there had been an improved position, though Red RAG status remained on some schemes. The Group were concerned with the lack of savings schemes confirmed for the Mental Health &amp; Learning Disabilities Division in respect of their £1.75m target. He also advised that a Financial Recovery Group had been setup which would report minutes via the SPG. The Acting Executive Director of Finance agreed to amend the SPG ToR to reflect this and consider renaming the Group to Strategic Savings Group following the suggestion of the Executive Director of Workforce &amp;OD.</p> <p><b>FP19/131b.2</b> The SPG Chair confirmed that PwC's Grip and Control report had been considered and it was understood that the Acting Executive Director of Finance would be considering further work undertaken at Cardiff and Vale UHB. He reported that the pipeline prospects had shown signs of improvement however there was a gap of £3.4m savings to be addressed.</p>	<p>SH</p>

<p><b>FP19/131b.3</b> It was reported that an engagement plan was in place to drive forward more suggestions and that pipeline opportunities had increased to £36-49m potentially into year 2 &amp; 3 which would be reported in one report to simplify monitoring. The SPG Chair reported that a Recovery Director had been appointed and would commence duty on 1.7.19. An SPG member also drew attention to discussion on training and managing staff in this area.</p> <p><b>FP19/131b.4</b> The Chairman stated that as expenditure was currently running hot it was necessary to turn off the tap where possible to reduce spending. He referred to previous discussions in which areas such as travel and procurement had been identified for exploration. The Acting Executive Director of Finance advised that a suite of documentation and guidance would be available for all employees to access as a resource on financial improvement, governance and service improvement via dedicated intranet pages by 28.6.19. The intention was to incorporate financial awareness within the culture so that more resources could be allocated to front line care. In addition she highlighted work on variation being moved forward with clinicians.</p> <p><b>FP19/131b.5</b> The Chairman requested that documentation provided to the SPG should be in the same format as Committee submissions and be supported by completed coversheets. The Acting Executive Director of Finance explained that the FRG included divisional representatives from across the Health Board. In response to the Chairman, the Executive Director of Workforce &amp; OD outlined the division of responsibility between the Recovery Director and the Acting Executive Director of Finance roles. The Independent Members present asked to have access to the savings tracker alluded to.</p> <p><b>The Committee resolved to</b> note the verbal update</p>	<p>SH</p> <p>SH</p>
<p><b>FP19/132 Finance Report Month 2</b></p> <p><b>FP19/132.1</b> The Acting Executive Director of Finance presented the report which highlighted that at the end of Month 2, the Health Board was overspent by £7.5m being £1.7m adverse variance to plan and had achieved £2.6m savings, being £2.1m behind plan. She reported that the main issues had been around Secondary Care (referring members to financial performance at the 3 District General Hospital sites), Pay (Health Board additional £2.5m due to pay award and an additional £2.8m in Primary Care) and also Agency &amp; Locum expenditure (as referenced on page 11).</p> <p><b>FP19/132.2</b> In respect of Non-Pay it was reported that there had been an additional increase of £2m on month 1. The Chairman questioned attention to Primary Care Drug expenditure and was advised of actions being reported to the SPG. It was noted that a larger scheme was currently under development within the Area Teams which would surpass the current small scale scheme. Control in the area of Secondary Care drugs expenditure was also of concern. The Committee questioned the repercussion to Secondary Care on the resulting £0.5m underspend forecast on the year regarding uptake of</p>	

enhanced primary care services.

**FP19/132.3** The Acting Executive Finance Director outlined the RTT spend to Month 2 of £2.29m, having spent £1.3m in month. She reported that whilst the current forecast was circa £13.7m for work planned to date, it was not all the work that would be undertaken, advising that this would be reported in the following month.

**FP19/132.4** In respect of allocations there was £28.7m non-recurrent of which £13.7m had been received for RTT. The Acting Executive Director of Finance provided clarification to the Chairman on why the anticipated RTT funding had not been reflected in the ledger.

**FP19/132.5** In respect of savings delivery she advised that the £31.1m savings reported had now increased to £31.5m and that whilst there had been £2.7m conversion to green, it was of concern that the performance was plateauing. The underlying deficit position was reported as £55.1m, being a £1.3m improvement from the draft plan based on review work with FDU colleagues.

**FP19/132.6** In regard to the balance sheet the revenue cash balance was reported as £2.9m and was within the internal target set by the Health Board. It was noted that £35m of strategic cash support and £10m of working capital balances support would be required by the Health Board in 2019/20. This would be finalised later in the year with a formal request to be submitted to WG following agreement of the Board.

**FP19/132.7** With regards to the Capital programme, the Acting Executive Director Finance advised that the Ysbyty Gwynedd Emergency Department was not due to overspend, but that the project had been delayed from last year and the capital allocation into the current financial year.

**FP19/132.8** Discussion followed on how the new savings target of £35m was being managed via a tracker tool, clarity was provided on the financial performance and forecast illustrated in peaks and troughs and an explanation provided on the joint ownership being managed appropriately between Executive Directors and Divisions in respect of their savings requirements.

**FP19/132.9** The Chairman raised concern in respect of Wrexham Maelor financial performance which the Acting Executive Director of Finance clarified would be addressed with the further introduction of regional accountability.

**FP19/132.10** The Acting Executive Director of Finance highlighted that it was important that the organisation aligned its focus on both cost control and savings moving forward. The Executive Director of Workforce drew attention to the reduction in pay costs being achieved which was recognised by the Committee.

**FP19/132.11** The Deputy Director FDU observed that there was a correlation in respect of the highest acute overspend having the highest savings target.

<p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>noted the Finance report and forecast position of £35m deficit</li> <li>requested a briefing note to provide assurance that CHC monitoring was being managed more effectively</li> <li>consider whether CHC risk should be considered at RED at the next iteration</li> <li>provide greater detail on what action was being undertaken in respect of savings that were out of kilter within the policies and procedures paper being prepared</li> <li>reverse red typeface utilised within the Financial Performance by Division data table going forward</li> </ul>	<p>SH/TU</p> <p>SH</p> <p>SH/TU</p> <p>SH/TU</p>
<p><b>FP19/133 Review of Corporate Risk Assurance Framework – risks assigned to the Finance and Performance Committee</b></p> <p>A discussion ensued on BCU's risk management approach which was understood to be discussed at the next Board Development session. In addition the Executive Director of Workforce &amp;OD stated that a newly appointed Risk Manager would be commencing shortly.</p> <p>Following review of the risks assigned, <b>it was resolved that the Committee</b></p> <p><b>CRR06 – Financial Stability</b></p> <ul style="list-style-type: none"> <li>agreed the risk remain the same</li> </ul> <p><b>CRR07 – Capital Systems</b></p> <p>Supported the proposed closure of the risk on the basis that following receipt of the Specialist Audit Systems report that confirmed “reasonable assurance” for capital systems with “substantial assurance” and best practice for monitoring and reporting, there was an adequate level of assurance received and achievement of the target risk score.</p> <ul style="list-style-type: none"> <li>agreed closure of the risk</li> </ul> <p><b>CRR11a – Unscheduled Care Access</b></p> <ul style="list-style-type: none"> <li>agreed the risk remain the same</li> </ul> <p><b>CRR11b – Planned Care Access</b></p> <ul style="list-style-type: none"> <li>agreed that recalibration was required</li> </ul> <p><b>CRR12 – Estates and Environment</b></p>	<p>MW</p> <p>MW</p>

<p>Reflected that a greater understanding of the estate being addressed within the Estates strategy was needed.</p> <ul style="list-style-type: none"> <li>agreed that the Executive Director of Workforce &amp;OD and the Acting Executive Director of Finance would meet to discuss and agree the risk rating</li> </ul> <p><b>CRR19 - Countess of Chester Hospital - Discontinued RTT for Patients in Wales</b></p> <p>Noted that further developments had taken place and that it was proposed that the risk be de-escalated, reviewed and updated to encompass the wider issue of contracting out services to NHS England Maternity Services and managed by the Finance Directorate.</p> <ul style="list-style-type: none"> <li>agreed that the risk be de-escalated to tier 2</li> </ul>	<p>SG/SH</p> <p>MW</p>
<p><b>FP19/134 Proposal for outsourcing elective Orthopaedic work as part of the Orthopaedic Plan</b></p> <p><b>FP19/134.1</b> The report provided a proposal to move forward with the commissioning of additional orthopaedic activity with NHS providers in England as part of the overall orthopaedic programme. It was noted that the SPPH Committee was scheduled to consider the Orthopaedic Plan on 4.7.19. The Executive Director of Planning and Performance drew attention to WG's expectations and advised the proposal would enable a commitment to be given to English providers and pointed out that the Orthopaedic Plan might not deliver at the time and rate expected.</p> <p><b>FP19/134.2</b> The Committee was concerned to be informed that there was likelihood of reduced BCU clinician availability due to recruitment issues. Discussion ensued in which it was clarified that final expenditure might be less than £18m due to patient case mix, assurance was given that PBR pricing was being adhered to and it was noted that there was a 3 year contract committment.</p> <p><b>FP19/134.3</b> The Chairman requested that BCU's Chief Executive seek clarification with the NHS Wales Director General on whether there might be any impediment to entering into a 3 year agreement and that confirmation was sought on this point.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>agreed to request BCU's CEO to seek clarification on 3 year agreement <i>following which</i>;</li> <li>agreed to submit to the July Health Board for consideration</li> </ul>	<p>MW&gt;GD</p> <p>MW</p>
<p><b>FP19/135 Strategic recruitment position and plans</b></p> <p><b>FP19/135.1</b> The Executive Director of Workforce &amp;OD presented this item.</p>	

<p>She highlighted three main priorities in relation to BCU staffing was to ensure that the Health Board has:</p> <ul style="list-style-type: none"> <li>• the right information available and the capability to analyse and use it to plan and act;</li> <li>• a recruitment and retention plan around staffing in the right numbers, as efficiently and effectively as possible;</li> <li>• reviewed challenged specialties and roles to identify potential alternatives in the best interests of BCU's patients/communities.</li> </ul> <p><b>FP19/135.2</b> It was noted that the report provided an outline of the current situation across the Health Board, key staff groups and highlighted specific areas of challenge. In addition, plans were outlined for a more strategic approach to recruitment and retention with all recruitment, including Medical and Dental, in one team under the Associate Director Workforce Performance and Improvement and a Head of Resourcing. The resourcing team would bring together Recruitment, Rostering and Temporary Staffing and provide a strategic and holistic approach with joined up recruitment and retention campaigns to increase substantive staffing levels, maximising effectiveness of those staff by efficient rostering and where substantive provision falls short it would seek to provide temporary staffing in the most cost efficient way. In addition, she highlighted potential benefits with strategic data, safety and medical vulnerability which this development could help support.</p> <p><b>FP19/135.3</b> The Committee questioned whether it was envisaged that further stretch could be achieved with the reduction in vacancy rates from over 10% to 9% or less that was outlined in respect of Nursing and Medical posts.</p> <p><b>FP19/135.4</b> The Chairman questioned whether there was any potential to recoup spending with shared services in respect of the current recruitment service to BCU, however it was noted that the transactional element of recruitment would remain and continue to be dealt with in this way.</p> <p><b>It was resolved that the Committee</b> Noted the report agreed that the Executive Director of Workforce &amp; OD prepare a briefing note on retention</p>	<p>SG</p>
<p><b>FP19/136 Turnaround Programme Savings Report – Month 2 2019/20</b></p> <p>The Chairman noted that this report had been considered by the SPG earlier that day and on that basis he did not intend to invite discussion at the Committee. He thanked the Turnaround Director for his committed service in difficult circumstances and with few resources.</p> <p><b>It was resolved that the Committee noted</b></p> <ul style="list-style-type: none"> <li>• the increase in savings schemes developed and the improved risk profile over the previous month's report</li> <li>• the residual gap in amber / green risk assessed schemes of £10.09m</li> </ul>	

<p>in cash releasing savings and £15.98m in total savings</p> <ul style="list-style-type: none"> <li>• the impact of the shortfall in savings identification against the budgetary plan of £1.57m.</li> <li>• the achievement of savings of £2.59m, which is £0.38m above profile.</li> <li>• the work ongoing with PwC to finalise schemes in development and to identify further savings to meet the plan requirements by the end of June.</li> <li>• the requirement to increase cash releasing savings and total savings delivered in year by £10m if the control total deficit of £25m is to be achieved.</li> </ul>	
<p><b>FP19/137 Summary of InCommittee business to be reported in public</b></p> <p><b>It was resolved that</b> the Committee note the report</p>	
<p><b>FP19/138 Issues of significance to inform the Chair's assurance report</b></p> <p>To be agreed with Chair</p>	
<p><b>FP19/139 Date of next meeting</b></p> <p>It was noted that the Committee would next meet on 29.7.19 at 11.00am in the Boardroom, Carlton Court</p>	
<p><b>Exclusion of the Press and Public</b></p> <p><b>It was resolved that</b> representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	