

**COFNODION HEB EU CYMERADWYO O GYFARFOD Y PWYLLGOR CYLLID/
UNAPPROVED MINUTES OF THE FINANCE COMMITTEE MEETING**

Date and Time of Meeting:	Monday 27 th January 2020, 9.30 – 12.30 am
Venue:	Boardroom, Ystwyth Building, St. David's Park, Carmarthen

Present:	Mr Michael Hearty, Associate Member (Committee Chair) Mr Mike Lewis, Independent Member (Committee Vice Chair) Mrs Judith Hardisty, Vice Chair of Hywel Dda University Health Board (HDdUHB) Mr Maynard Davies, Independent Member
In Attendance:	Miss Maria Battle, Chair of Hywel Dda University Health Board Mr Steve Moore, Chief Executive Officer Mr Huw Thomas, Executive Director of Finance Mrs Lisa Gostling, Executive Director of Workforce & Organisational Development Mr Keith Jones, Assistant Director of Acute Services (part) Mr Mark Bowling, Assistant Director of Finance (part) Mr Chris Williams, Senior Value Business Partner (part) Mr Shaun Ayres, Interim Contracting Manager (part) Ms Alison Gittins, Head of Corporate & Partnership Governance Ms Sonja Wright, Committee Services Officer (Secretariat) Mr John Edwards, Financial Management Graduate Trainee (Observing) Mr Gwern Dafis, Finance Student (Observing) Miss Sristi Rai, Finance Student (Observing)

AGENDA ITEM	ITEM	
FC(20)01	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	Action
	The Chair, Mr Michael Hearty, welcomed all to the meeting. Apologies were received from: <ul style="list-style-type: none"> Mr Paul Newman, Independent Member Mrs Ann Griffiths, Partnership Forum Chair Mr Andrew Carruthers, Executive Director of Operations 	

FC(20)02	DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	

FC(20)03	MINUTES OF PREVIOUS MEETING HELD ON 19th DECEMBER 2019	
	The minutes of the Finance Committee meeting held on 19 th December 2019 were ACCEPTED as an accurate record. RESOLVED – that the minutes of the Finance Committee meeting held on 19 th December 2019 be APPROVED as an accurate record.	

FC(20)04	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 19th DECEMBER 2019	
	<p>An update was provided on the Table of Actions from the meeting held on 19th December 2019 and confirmation received that all outstanding actions had been progressed or were forward-planned for a future Committee meeting, with the exception of:</p> <ul style="list-style-type: none"> • FC(19)236: Matters Arising and Table of Actions from the Meeting Held on 26th November 2019 - <i>To provide an update on the action to create a review process to ensure consistency against job plans through the Table of Actions.</i> Members were informed that a review process had now been established, which would ensure consistency across job plans and support job planning. • FC(19)236: Matters Arising and Table of Actions from the Meeting Held on 26th November 2019 – <i>To submit a procedure outlining the implementation of Project Bank Accounts (PBA) policy to a future Committee meeting for approval.</i> The Committee was informed that an update regarding the set-up and management of these accounts would be established once the PBA policy and further guidance had been received from Welsh Government (WG). <p>It was noted that all other remaining items on the Table of Actions are reflected on the agenda for today’s Committee meeting.</p>	HT

FC(20)05	FINANCIAL PERFORMANCE PRESENTATION/ FINANCE REPORT MONTH 9	
	<p>Members were presented with the Financial Performance Presentation and the Finance Report Month 9.</p> <p>Mr Huw Thomas advised Members of a consistent position for HDdUHB with the Month 9 Year to Date (YTD) variance to breakeven standing at £20.1m, and a revised projected year-end deficit position of £25.0m. Whilst there is as yet no confirmed indication whether WG intends to draw back a proportion of the additional £10 million resource allocation provided for 2020/21, this still represents a risk.</p> <p>Significant in-month adverse variances against plan were highlighted, with the primary factors cited as Medicines Management - Primary Care Prescribing, operational surge and cost of drugs within Unscheduled Care (USC), particularly in Wthybush General Hospital (WGH), and the impact of the unidentified savings profile gap. Favourable gains from a reduction in HDdUHB’s share of the Welsh Risk Pool (WRP) had reduced some of this risk.</p> <p>Members were informed that the impact of recent cancelled operations due to Winter surge is now manifesting in increased pressures within Planned Care, including an increased cost of drugs. Consistent challenges facing Radiology and Women and Children’s services were highlighted, namely</p>	

the premium-cost outsourcing of Magnetic Resonance Imaging (MRI) at Bronglais General Hospital (BGH), and the Radiology Directorate's outsourcing of reporting due to current recruitment challenges.

In response to a query on whether a strategy has been developed to drive down the high costs associated with Medicines Management, Mr Thomas drew Members' attention to the step-change in the price of Category M drugs, and the increased use of New Oral Anticoagulants (NOACs), adding that although the volume of drug usage remains consistent, there is little that can be undertaken at a Health Board level to influence drugs pricing as this is set on a UK-wide basis. Pricing-related constraints notwithstanding, Mr Thomas assured Members that all efforts are being made to maintain pressure upon areas of excess growth.

Referring to the increased use of NOACs and their accompanying cost challenges, Mr Thomas confirmed that the introduction of these drugs had been predicated upon a business case which assumed an overall benefit to be derived from their usage; however this value proposition is now being tested, although potential improvements in the effective use of Phlebotomy services has been acknowledged. Mr Thomas confirmed that he would seek further detail on the nature and scale of potential benefit and provide this to the Committee.

HT

Mr Thomas emphasised the need to quantify benefits, providing an example from a recent Holding To Account (HTA) meeting with the Pathology Directorate, in which the provision of a value benefit through the simplification of testing procedures was expected to manifest in terms of expenditure reduction and reduced waiting lists. He added that Directorates are actively encouraged to clarify the financial values of 2020/21 investment returns. As a caveat, Mr Steve Moore emphasised the need to balance cash benefits against value for money considerations in order to ensure the stability of HDdUHB services.

In the context of Referral To Treatment (RTT), and the impact of costs associated with drugs and cancelled operations which would not be offset by WG funding allocation, the need for a mature discussion in relation to possible changes to Planned Care for 2020/21 was highlighted in order to provide opportunity for HDdUHB to recover its position.

In order to deliver the end-of-year projection, Directorates have been issued with a Control Total requirement and assurance was provided by Mr Thomas that most Directorates have plans in place to address this, but there remained some risk that the Health Board might not achieve its Control Total.

Discussion was held regarding hospital bed pressures, with a query raised relating to cost savings shown in relation to surge beds, despite increased demand. Mr Thomas explained that these savings related to staffing supply challenges, but assured Members that there would be no short-term actions taken to address staffing shortfall which might compromise quality and patient safety.

	<p>Mrs Judith Hardisty requested that for future reporting, Mental Health be separated out from Facilities and Medicines Management on the Financial Performance Presentation slide showing Assured and Marginal Risk Savings Schemes.</p> <p>Concerns were raised regarding consideration being given to 'holding' vacancies within GGH and the Women and Children's Directorate and the additional pressure this may bring. Mr Thomas confirmed that there would be no delays in respect of clinical recruitment and that any delays would only apply to administrative and clerical posts. Mr Thomas added that the Health Board's Workforce Control Panel holds responsibility for overseeing recruitment and providing assurance on delivery of HDdUHB's Establishment strategy.</p> <p>Noting that there would be no meeting of the Finance Committee in February 2020, Mr Hearty queried the process by which any issues and updates relating to the Forecast Outturn and RTT position would be communicated to Committee Members prior to the next meeting, scheduled for 13th March 2020. Mr Thomas confirmed that a briefing would be provided to Members covering the February 2020 position, which could also be presented at the Board Seminar session to be held on 13th February 2020.</p> <p>Mr Hearty commented upon the unfavourable messaging presented by the £6.6m savings gap, £4.5m of which is comprised of unidentified schemes, adding that delivery of a savings total of nearly £30m for 2020/21 would require a step-change for the Health Board. Mrs Maria Battle informed Members that the Minister had confirmed that HDdUHB's position would be carefully considered, and had emphasised opportunities for delivery in the context of the national picture.</p>	<p>HT</p> <p>HT/JW</p>
	<p>The Committee DISCUSSED the financial position for Month 9</p>	

<p>FC(20)06</p>	<p>SUPPLEMENTARY FINANCE REPORT MONTH 9</p>	
	<p>Covered under FC(20)05 Financial Performance Presentation/ Finance Report Month 9 above.</p>	
	<p>The Committee NOTED the Supplementary Finance Report Month 9 report.</p>	

<p>FC(20)07</p>	<p>TURNAROUND REPORT MONTH 9</p>	
	<p>Members were informed that the monthly Turnaround Report would be amalgamated with the monthly Finance Report for future Finance Committee meetings. In addition, turnaround, escalation and HTA processes would be rationalised to reflect planning controls evidenced by individual Directorates, and the Executive Director of Finance would assume certain elements of the Turnaround Director role.</p>	

	<p>Mr Michael Hearty enquired whether provision would be made for the identification of opportunities created by new workstreams. Mr Thomas responded that deep dives could be undertaken to identify issues, which would then be reported by exception.</p> <p>Members sought assurance that Transformation projects would continue once the allocation of transformation funding ceased. Mr Moore confirmed that these projects would be amalgamated within the overall HDdUHB strategy, and as such would feature on the agendas of Board-level Committees rather than being progressed as discrete workstreams.</p>	
	<p>The Committee DISCUSSED and NOTED the Turnaround Report Month 8.</p>	

<p>FC(20)08</p>	<p>REFERRAL TO TREATMENT TIME (RTT) MONTH 9</p> <p><i>Mr Keith Jones joined the Committee meeting</i></p> <p>Members were presented with the RTT Month 9 report, providing progress in respect of the Financial Plan and planned expenditure trajectory to support RTT, Diagnostic and Therapy service waiting times.</p> <p>Assurance was received that HDdUHB remains on course to meet the existing Financial Plan target of £6.45m. However, in terms of risk to year-end delivery, the impact of pressures in USC, exacerbated by an outbreak of Norovirus, had resulted in a significant risk to the delivery of the 36-week breach targets i.e. zero breaches by March 2020, specifically within Orthopaedics. Here, challenges in recovering approximately 200 cases for treatment had necessitated external capacity scoping in order to support recovery. Results from a recent mini tender competition process indicate the existence of external capacity, albeit at a significant cost. Informal discussions will therefore be held with WG to determine whether their support would be forthcoming for the commissioning of external providers.</p> <p>Members noted that detail of the financial consequence to HDdUHB Recovery Plan would be available imminently. Members further noted that any savings that had resulted from recent cancelled operations would be negated by additional out-of-hours activity costs which would be incurred in recovering the RTT position.</p> <p>Further discussion was held relating to patient choice in the context of outsourcing, with consideration required as to what constitutes a 'Reasonable Offer' in terms of treatment choice. The expectation is that not all 200 Orthopaedic patients would wish to receive treatment elsewhere, which represents a further potential risk to the end-of-year RTT position.</p> <p>Notwithstanding the current challenges, Miss Battle and Mr Moore recognised the steady improvement in HDdUHB's RTT position overall, and thanked Mr Keith Jones and the operational teams involved for their efforts in managing the position in the face of increased pressures.</p> <p><i>Mr Keith Jones left the Committee meeting</i></p>	
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The Committee **DISCUSSED** and **NOTED** the progress to Month 9 in respect of the Financial Plan and planned expenditure trajectory to support RTT, Diagnostic and Therapy service waiting times delivery for 2019/20.

FC(20)09	WORKFORCE PAY CONTROLS	
	<p>Members were presented with the Workforce Pay Controls report.</p> <p>Mrs Lisa Gostling informed Members that the reporting template showing progress against actions identified by the KPMG Workforce Assessment had been revised to track actual savings, assessed on a quarterly basis.</p> <p>Members were informed that a report would be submitted to Executive Team at the end of February 2020 presenting results of the analysis of practice across Directorates and shifts where Consultants have acted down, including options and recommendations for resolution.</p> <p>Members noted the increased efficiency of rostering systems, with a further action plan in place to review savings resulting from improved management control and access to systems.</p> <p>Members further noted that a delay in implementation of the All-Wales Medical Bank Model has necessitated negotiation of Health Board-level contracts with the Medical Bank, creating a risk that Welsh Health Boards could act independently and adopt different systems.</p> <p>Mrs Gostling confirmed that further analysis of sickness is being undertaken, drilling down to individual staff groups and areas where increases are reported, in order to support more effective targeting.</p> <p>Members were informed that promotion of Bank sign-up has been progressed, with the procurement of the <i>Allocate</i> system. Work is also being undertaken with Counter-Fraud to investigate staff overpayments, and management training is in place to increase awareness of the need to manage payments effectively, supported by improvements in the methods of reclaiming overpayments.</p> <p>In response to a query from Mr Mike Lewis, Mrs Gostling undertook to provide an update regarding timescales for the proposed option to introduce a single Emergency Department (ED) rota system at the next Committee meeting on 13th March 2020.</p> <p>Promotion of Bank staff recruitment for Health Care Support Worker (HCSW) posts was also discussed, with a new recruitment scheme in operation to place Bank HCSWs with additional specific training within Mental Health services, and restrictions placed upon the use of Thornbury agency staff. It was acknowledged, however, that agency staff remain necessary for the provision of support during surge situations.</p> <p>Members acknowledged that a robust and useful assessment of workforce issues had been produced by KPMG, the actions from which would be</p>	<p style="text-align: right;">LG</p>

	<p>progressed through the adoption of a holistic approach to recruitment planning and rota management within HDdUHB.</p>	
	<p>The Committee NOTED the Workforce Pay Controls - Progress against the Grip and Control Action Plan and Progress against the Establishment Control Project.</p>	

FC(20)10	CAPITAL FINANCIAL MANAGEMENT	
	<p>Members were presented with the Capital Financial Management report, providing the most recent update in regard to the All-Wales Capital Programme (AWCP) and the Capital Resource Limit (CRL) for 2019/20.</p> <p>Members were informed that risks in terms of spending allocation were minimal, and that in this respect, HDdUHB remains in a healthy position.</p> <p>Two issues of note were raised by Mr Thomas:</p> <ul style="list-style-type: none"> • The overspend of £250k for WGH Wards 9 and 10 refurbishment scheme would be subject to audit by the Executive Director of Planning, Performance & Commissioning to identify lessons to be learnt. • A delay in the handover of Phase 1 of the GGH Women and Children's Scheme may result in slippage of around £30m. Mitigating actions are being developed, although the impact upon delivery of the CRL is not expected to be significant. A re-profiling exercise is underway, the details of which would be presented to the next meeting of the Business Planning and Performance Assurance Committee. 	
	<p>The Committee</p> <ul style="list-style-type: none"> • NOTED the Capital Resource Limit for 2019/20 together with expenditure allocations and profile; • NOTED the work being undertaken to manage the financial risks identified. 	

FC(20)11	CONTRACTS UPDATE	
	<p><i>Mr Shaun Ayres joined the Committee meeting</i></p> <p>Members were presented with the Contracts Update report, providing the Month 9 and forecast position in relation to HDdUHB's Long Term Agreements (LTAs).</p> <p>Members were informed that Swansea Bay University Health Board (SBUHB) remains above contract plan, with the main drivers for over-performance/ overspend found in Critical Care, Cardiology, Neurology, Vascular Surgery and Spinal Surgery. Additional cost pressures also remain within High Cost Drugs, reported at £92,000 above the Financial Plan at Month 8. Mitigating actions are in place i.e. a review of validation</p>	

	<p>methodology in respect of high-cost drugs, checking patient optimisation assessment processes, and a planned change in approach to contracting whereby contracts are matched to outturn.</p> <p>Mr Mike Lewis referred to the apparent paradox arising from the overspend against activity which is under-performance, and queried whether a return to planned activity levels would have financial consequences. Mr Shaun Ayres responded that the overall activity is only marginally below plan, and the overspend lies predominantly within areas of high cost procedures (such as Spinal). Moreover, these high-cost areas are above the activity plan and require SBUHB to outsource much of this activity, Consequently, based on the marginal rate within the contract, HDdUHB only pays 70% of the cost.</p> <p>Mr Hearty referred to fixed and variable costing methods, suggesting that a review of a specific contract could be undertaken to establish costs and value for money, noting the importance of gathering further detail regarding the relative efficiencies of other providers.</p> <p><i>Mr Shaun Ayres left the Committee meeting</i></p>	
	<p>The Committee NOTED the content of the Contracts Update report and the steps being taken to mitigate the financial risk in the LTAs.</p>	

FC(20)12	<p>EXTERNAL HEALTH BOARD RTT REPORT</p> <p>Members were presented with an update report regarding External Health Board Referral to Treatment (RTT) performance against targets in relation to HDdUHB residents on open pathways at other provider sites.</p> <p>Members acknowledged the value of the report and suggested that the Quality, Safety & Experience Assurance Committee (QSEAC) should be sighted upon RTT delays within external providers, from a patient experience perspective.</p>	SA/SW
	<ul style="list-style-type: none"> The Committee NOTED the content of the External Health Board Referral to Treatment (RTT) Update. 	

FC(20)13	<p>EXTERNAL FINANCE REVIEW</p> <p>Members were provided with a verbal update on the External Financial Review, noting that KPMG has completed all the requested reports, bar a final report on the examination of deficit drivers. It is understood that the main driver identified relates to volume, and work is ongoing with the Finance Delivery Unit (FDU) to complete revisions to the report. No further update has been provided.</p> <p>Mr Thomas informed Members that the analysis of deficit drivers had raised some challenging issues, whilst acknowledging that the overall work had been valuable in the main, with findings relating to efficiency and grip and control currently being progressed. A correlation between the findings of the KPMG review with those of a previous review undertaken by Deloitte</p>	
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	<p>has also been recognised; this would inform HDdUHB's financial strategy and promote an increased focus upon population variance.</p> <p>Mr Moore confirmed that he would seek the view of the Director General (DG) during forthcoming scheduled discussions. Miss Battle added that she had discussed the 3-Year Plan with the DG in December 2019, and stated the importance of re-iterating the narrative around HDdUHB's position, particularly in discussion with Local Authority partners.</p> <p>It was agreed that a revision of the Finance Committee workplan would be undertaken in order to ensure focus upon the identification of efficiencies, and to maximise effectiveness in providing assurance to the Board.</p>	HT
	<p>The Committee NOTED the verbal update on the External Finance Review.</p>	

FC(20)14	DRAFT INDICATIVE FINANCIAL PLAN 2020-21	
	<p>Members received an update regarding the Draft Indicative Financial Plan 2020/21.</p> <p>Mr Thomas advised that assumption challenges remained to be worked through before completion of the Plan and outlined lessons learned from 2019/20 as follows:</p> <ul style="list-style-type: none"> • Whilst HDdUHB's deficit of £25m has hitherto been retained centrally, work by KPMG has assisted in unblocking and allocating out elements of the £25m; it is aimed to further establish local ownership of deficit share within the Health Board for 2020/21. • KPMG Grip and Control work relating to workforce pay has provoked a robust response on the part of HDdUHB; the establishment of rostering and job-planning systems will provide assurance to the Board in relation to staffing issues. • An optimism bias in financial planning during 2019/20 has been identified. This will be addressed during 2020/21 by improved linkages between cost pressures and financial planning assumptions, enhanced rigour in recognising the benefits of investments, and a focus upon delivery. • Improved clarity and governance is required in relation to translating identified savings opportunities into actionable plans, testing risk appetite, and monitoring opportunities. • Enhanced focus upon financial sustainability across Directorates over the medium term will be embedded within the Health Board. <p>Mr Thomas confirmed that a copy of the Financial Plan would be issued to Members prior to the next Committee meeting scheduled for 13th March 2020, and that the Plan would be framed around the five learning points outlined above.</p>	HT

	<p>Mr Hearty highlighted the need for more robust monitoring of financial challenges and pressures, and greater transparency in reporting these. Increased rigour should be applied to the differentiation of essential and desirable strategy elements during the planning process, and to linking and balancing short-term financial considerations with long-term benefits.</p> <p>Mrs Judith Hardisty recommended improvements in the utilisation of individual funding streams, basing funding allocations upon an understanding of those areas within the Health Board which were ‘working’ and should therefore be prioritised, with funds moved across accordingly. Mr Thomas responded that this would be addressed through a ‘benefits realisation’ process.</p>	
	<p>The Committee NOTED the Draft Indicative Financial Plan 2020/21.</p>	

<p>FC(20)15</p>	<p>EXECUTIVE TEAM OPPORTUNITIES FRAMEWORK</p> <p><i>Mr Mark Bowling and Mr Chris Williams joined the Committee meeting</i></p> <p>Members were presented with an overview of the Executive Team Opportunities Framework setting out proposed workflow, responsibilities and supporting processes, with the Framework intended to operate alongside existing processes on a ‘Business as Usual’ basis.</p> <p>Members noted an explanation of the Framework methodology, and the classification of opportunities in terms of either short-term, technical efficiency measures or longer-term transformative work with potential to impact upon the deficit. Opportunities identified on the Framework would be refreshed weekly and rated, together with financial values, based upon the regular RAG-rating criteria.</p> <p>Mr Mark Bowling assured Members that KPMG’s analysis of deficit drivers would inform decision-making within individual specialties, adding that the Framework would depend upon constant challenge in order to maintain its robustness as a tool. In this context, the role of the Finance Committee and Finance Team in the triangulation and sense-checking of proposed opportunities to ensure their validity and to provide assurance was emphasised.</p> <p>In response to a query regarding the roll-out of training across Directorates to promote adoption of the Opportunities Framework methodology and opportunity analysis, it was explained that existing initiatives, e.g. EQIP, would feed into the Framework. In addition, there is close linkage to the Framework from the Value-Based Healthcare Team.</p> <p>Mr Thomas added that it is intended to further develop the Opportunities Framework in order to monitor quality aspects, as well as financial values linked to identified opportunities, although the Framework is not intended to provide a benefits realisation testing function.</p> <p>Differences in management of the respective opportunity types were explained, with ‘larger’, transformative opportunities being presented to Finance Committee for consideration.</p>	
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	<p>The need to balance a grip upon Framework processes with the facility to identify and propose opportunities without undue bureaucracy was recognised; in this respect, the importance of the Finance Team’s role in managing the processes supporting the operation of the Framework was acknowledged.</p> <p>Members agreed that the Opportunities Framework would offer a useful tool for the robust scrutiny of ideas within HDdUHB, ensuring rigorous testing is undertaken to promote confidence and provide assurance to the Board.</p> <p><i>Mr Mark Bowling and Mr Chris Williams left the Committee meeting</i></p>	
	<p>The Committee NOTED the Executive Team Opportunities Framework overview.</p>	

FC(20)16	<p>FINANCE COMMITTEE UPDATE REPORT TO BOARD FROM PREVIOUS MEETING</p> <p>Members were presented with the Finance Committee Update Report to the 30th January 2020 Board meeting, for information.</p> <p>The Committee NOTED the Finance Committee Update Report to Board.</p>	
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FC(20)17	<p>FINANCE COMMITTEE ANNUAL WORKPLAN</p> <p>Members were presented with the Finance Committee Annual Workplan.</p> <p>The Committee NOTED the Finance Committee Annual Workplan.</p>	
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FC(20)18	<p>REFLECTIVE SUMMARY</p> <p>Mr Thomas outlined the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting:</p> <ul style="list-style-type: none"> • A consistent financial position for HDdUHB presented, with notable pressures in USC, Medicines Management and Planned Care; • Delivery of Control Totals, with up to £0.5m remaining a challenge; • Risks to RTT delivery discussed, together with options available to mitigate the risk of non-delivery relating to approximately 200 orthopaedic cases at year-end; • A revised approach to workforce systems established in response to the KPMG Grip and Control findings; • Slippage noted with regard to WGH Wards 9 and 10 refurbishment Schemes and GGH Women and Children Phase II schemes; 	
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	<ul style="list-style-type: none"> • Performance against plan for SBUHB, Cardiff Bay UHB and WHSSC contracts; • Introduction of the Opportunities Framework as a tool enabling scrutiny and analysis of opportunities across the Health Board. 	
	The Committee NOTED the key topics discussed during the meeting for inclusion in the Finance Committee Update Report to the next Public Board meeting.	

FC(20)19	ANY OTHER BUSINESS	
	<p>Wales Ambulance Services Trust</p> <p>Mr Thomas drew Members' attention to the ministerial announcement regarding the Wales Ambulance Services Trust and proposals for the introduction of incentives and sanctions to be applied with regard to delays in Ambulance turnaround. Members noted the intention that incentive payments would feed into a development fund to support the system as a whole.</p> <p>Members further noted that Terms of Reference for the incentive scheme are yet to be agreed with regard to payments, with further work required before the scheme can be enacted.</p>	

FC(20)20	DATE OF NEXT MEETING	
	Friday 13 th March 2020, 1.00-4.00 pm, Boardroom, Ystwyth Building, St. David's Park, Carmarthen	