



**Finance & Performance Committee
Minutes of the meeting held on 27.2.20
in the Boardroom, Carlton Court**

Present:

Mr Mark Polin	BCUHB Chairman
Mr John Cunliffe	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Phillip Burns	Interim Recovery Director (<i>part meeting</i>)
Mrs Deborah Carter	Acting Operations Director for Executive Director Nursing and Midwifery
Mr Simon Dean	Interim Chief Executive
Dr David Fearnley	Executive Medical Director
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Andrew Kent	Interim Planned Care Lead (<i>part meeting</i>)
Mr Rob Nolan	Finance Director ~ Commissioning and Strategy
Ms Emma Wilkins	Deputy Director, Financial Delivery Unit (FDU) Executive Director
Mr Mark Wilkinson	Planning and Performance
Ms Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p>Opening remarks</p> <p>The Chairman advised on a recent positive meeting with the Director of NHS Wales whom had advised that a ministerial announcement was expected the following week outlining available support for BCUHB from Welsh Government (WG). He noted that BCU's current Interim Chief Executive appointee was on a secondment from WG, for a period to be determined. He asked that the Interim Chief Executive ensured business cases moving forward were robust and fit for purpose, and requested that executive approach be focussed on organisational risk, addressing action plans and providing an assured level of confidence.</p>	
<p>FP20/21 Apologies for absence</p> <p>Apologies were received from Mrs Gill Harris, Ms Sue Hill, Mr Eifion Jones and Mr Michael Hearty~ Independent Finance Advisor.</p>	
<p>FP20/22 Declarations of Interest</p>	

<p>The Interim Chief Executive advised that he was currently in post on the basis of secondment from Welsh Government.</p>	
<p>FP20/23 Draft minutes of the previous meeting held on 23.1.20 and summary action plan</p> <p>FP20/23.1 The minutes were agreed as an accurate record and updates were provided to the summary action log.</p> <p>FP20/23.2 It was noted that in relation to closed action FP19/273.5 RTT, the Chair would seek further clarity on the numbers involved during discussion of item FP20/26 RTT update.</p> <p>FP20/23.3 In respect of FP20/6.11 IQPR, the Committee questioned the throughput and cost per case of the waiting list initiative undertaken with the Vanguard Unit, which the Executive Director of Planning and Performance agreed to provide. However, it was also noted that the waiting list was anticipated to be increasing.</p> <p>FP20/23.4 The Executive Director of Workforce and OD requested that members raise concerns regarding member briefings when circulated, with the appropriate executive, in order that these could be addressed prior to the meeting.</p>	MW
<p>FP20/24 2019/20 Annual Plan: Monitoring of progress against actions for F&P Committee</p> <p>FP20/5.1 The Executive Director Planning and Performance presented the report, which provided a self-assessment by the executive leads of the progress being made on delivering against the key actions of the 2019/20 operational plan. He advised that the overall picture was positive, drawing attention to the Green status of the Health Improvement & Health Inequalities Programme and Green/Amber status of the Workforce Programme. It was also noted that many actions previously reported Red/Amber had significantly progressed to Green status and the introduction of a robust business case management process had provided greater assurance and improvements. A workshop was due to take place later that day.</p> <p>FP20/5.2 The Executive Director Planning and Performance reported on the deterioration of progress within Planned Care, advising that AP021 'Implement preferred service model for acute Urology services' should have been reported at Red status within the document, on which the Committee concurred.</p> <p>FP20/5.3 The Committee raised a number of queries in relation to the report as follows:</p> <p>AP002 Improve access to children's weight management specialist services - Agreed further detail on the reason for delay would be provided.</p> <p>AP013 Develop and and implement plans to support Primary Care sustainability</p>	MW

<ul style="list-style-type: none"> - The Chairman requested that the Executive Team prepare and consider a paper to address AP013 and AP014 	SD
<p>AP014 Model for Health and Wellbeing Centres created with partners</p> <ul style="list-style-type: none"> - Confirmed as being on track 	
<p>AP016 Plan and deliver digitally enabled transformation of community services</p> <ul style="list-style-type: none"> - The rag status was questioned given the WCCIS progress position - It was agreed that the Executive Director of Planning and Performance liaise with the Executive Director of Primary and Community to ensure accuracy of the statement 	MW
<p>AP022 Orthopaedics</p> <ul style="list-style-type: none"> - The Acting Director of Operations updated the Committee on modelling progress which had moved forward. It was noted that a long delay was not anticipated. 	
<p>AP024 Rheumatology service review</p> <ul style="list-style-type: none"> - The Chairman, as lead Independent Member for Rheumatology, requested that a review be completed. The Executive Director of Planning and Performance undertook to liaise with the Executive Director of Primary and Community to circulate a review paper which had been recently completed to members. 	MW
<p>AP031 Demand : Workforce shift to improve Care Closer to Home</p> <ul style="list-style-type: none"> - The Executive Director of Workforce & OD undertook to provide an update on the Kendall Bluck workforce review to the next meeting, which would also address visibility and engagement. 	SG
<p>AP034 Demand : Flow Emergency Medical Model</p> <ul style="list-style-type: none"> - The Acting Director of Operations agreed to update the exception report 	DC
<p>AP039 Stroke Services</p> <ul style="list-style-type: none"> - The Committee stressed the need for greater clarity on funding and the planning process at an early stage. The Executive Director Planning and Performance assured that planning was in place and that previous learning had been taken into account to ensure that the business case process prioritised addressing funding. 	
<p>Workforce Programme</p> <ul style="list-style-type: none"> - The Executive Director Workforce and OD agreed to provide a workforce 'hot spots' report to the next meeting. 	SG
<p>Digital Health Programme</p> <ul style="list-style-type: none"> - It was noted that the actions were being scrutinised by the Digital and Information Governance Committee (DIGC) however, the Chairman requested that the Executive Medical Director and DIGC Chair provide feedback regarding the delayed national systems to the Interim Chief Executive and Chair to inform ongoing discussion. 	DF/JC
<p>Estates Strategy Programme</p>	
<p>AP064 – Well-being hubs</p> <ul style="list-style-type: none"> - It was agreed that the learning from wellbeing hubs be explored further by the Strategy, Planning and Population Health Committee. 	MW
<ul style="list-style-type: none"> - The Committee requested that further clarification on estate development issues arising in conjunction with partnerships be provided within a briefing, including assurance on the efficacy of Area Director awareness. The Interim Chief Executive reflected that Executive briefings required improvement in this area to ensure clarity on local and pan North Wales issues. 	MW

<p>AP073 – Residencies</p> <ul style="list-style-type: none"> - The Chairman questioned whether the Board required further sighting on the business case development being progressed, noting potential public sector capital funding. The Interim Chief Executive said that a ‘principle discussion’ would be required. <p>AP072 Central Medical Records</p> <ul style="list-style-type: none"> - The Committee pointed out that the narrative provided needed to clarify that the development of the Digital Health Record would be implemented for storage of <i>future</i> medical records only. <p>Finance Programme</p> <ul style="list-style-type: none"> - It was noted that financial governance was being discussed by the Chair, Vice Chair, Interim Chief Executive and Deputy Chief Executive. <p>FP20/5.4 In addition, the Chairman sought assurance that planned and unscheduled care would be prioritised going forward, which the Interim Chief Executive and Executive Director of Planning and Performance affirmed. It was noted that a balance of visibility and attainment of significant improvement was required. The Interim Chief Executive advised that a Board workshop to be held on 12.3.20 would address a draft annual operational plan with which the Board could have confidence on deliverability.</p> <p>FP20/5.5 The Deputy Director FDU questioned the next steps and whether there would be a ‘look back’ at the impacts made and areas of non-delivery. A discussion ensued in which the Executive Director Workforce and OD clarified how focus would be applied to high impact and high risk areas going forward. The Committee also questioned how benefits realisation would be reported which was clarified.</p> <p>FP20/5.6 The Chairman stated that where outcomes did not result in improvements it was important to question their inclusion within planning. He drew particular attention to the non-delivery of improvements to planned and unscheduled care. He stressed the need to ensure confidence was assured on the future delivery of improvements in these areas to effectively enable the Minister’s consideration of envisaged outcomes for any potential future WG support funding. The Interim Chief Executive agreed that the Board needed to be effectively advised and that it was reasonable for WG to be appraised of the benefits gained through investment. A discussion ensued on the format and content required to address these issues.</p> <p>FP20/5.7 The Chairman concluded that the present document provided a narrative on achievements to date however, it would be key to move forward on a more concise format, to be agreed as a Board, and also ensure clarity on prioritisation with clearer succinct narrative provision. Business cases would also need to ensure a clear indication of the investment required, narrative on the purpose and also ensure benefits realisation was assessed with an indication of where this will be scrutinised.</p> <p>It was resolved that the Committee noted the report.</p>	MW
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The Interim Planned Care Lead joined the meeting

FP20/25 Integrated Quality and Performance report

FP20/25.1 The Executive Director Planning and Performance presented the report drawing attention to the performance executive summary provided. The rate of deterioration in planned care was noted, however this had slowed in respect of RTT. The RTT work underway provided by WG's additional £7m funding was acknowledged. Endoscopy progress was noted, however the Executive Director Planning and Performance advised that his preference would be to provide more sustainable solutions in the longer term. In respect of Unscheduled Care, he advised the position to be very challenged, with performance below on all indicators from February 2020 to date. He advised it was his preference to provide better sustainable solutions.

FP20/25.2 The Chairman stated that scrutiny of RTT and Unscheduled Care would be considered within the relevant agenda items and agency performance would be dealt with in the Finance update. The Executive Director Planning and Performance noted that there had been a decrease in sickness and improved mandatory training compliance. The Committee remarked on the positive improvement in respect of eye care.

FP20/25.3 The Chairman questioned the primary care measures and the join up between the Acting Operations Director and Executive Director of Primary and Community services in respect of performance. The Acting Operations Director explained the connectivity of the Unscheduled Care plan and involvement of Area Directors along with other measures that would include improvement groups moving forward.

It was resolved that the Committee noted the report

FP20/26 Referral to Treatment update

FP20/26.1 The Interim Planned Care Lead advised that it would be key for BCU to meet the 13,195 target of over 36 week waiters by 31.3.20, however it was his intention to improve on this position. He drew attention to the SPC graphs which were indicating a plateau in performance. The Interim Planned Care Lead reported that systematic work was taking place regarding action plans for patients. He advised that there were areas in which NHS providers were unavailable to undertake procedures and the private sector was being utilised. £273k commitment was explained however it was reported that gastro support could not be moved forward. The Interim Planned Care Lead reported confidence on remaining in budget.

FP20/26.2 He drew attention to the 'follow on' validation and capacity plans reported within the document. It was noted that funding had been provided to move forward the validation team work. The Interim Planned Care Lead advised that a costed forward plan with timelines was being planned in order for the

organisation to be able to decide how planned care would become a sustainable and deliverable service moving forward.

FP20/26.3 The Committee requested that the Interim Planned Care Lead provide a comparative with the previous year on further activity that had been provided via additional funding. He also confirmed confidence in achieving the 13,195 target and a possible improvement within the region of hundreds of patients.

FP20/26.4 A lengthy discussion ensued on the challenges in understanding the deteriorating position, the Interim Planned Care Lead emphasised that demand knowledge was at the heart of the capacity issue. It was noted that a full capacity plan was being developed instead of a separate RTT plan which would enable a clearer understanding of available resources, potential delivery and areas to be focussed upon. The Interim Chief Executive emphasised the benefits going forward of the treat in turn process and bottom up approach being undertaken. He reported that he would be addressing this with site teams in terms of deliverability and also accountability, ensuring there was a join up with BCU's operational plan to provide greater confidence on deliverability.

FP20/26.5 Whilst this work was being progressed it was acknowledged that progress could be derailed by other events, as RTT could not be considered in isolation.

FP20/26.6 The Chairman stated there was a need for grip and control work to be clearly understood within the plan in order that the Board could be confident that maximising efficiency and productivity was on the basis of comprehending available capacity. Whilst the Interim Planned Care Lead explained the PID work being progressed with the PMO, the Chairman stated that the risk could not be reduced until this had been achieved. The Interim Chief Executive advised that whilst all would not be in place by 1.4.20, opportunities had been identified to achieve efficiencies as soon as possible.

FP20/26.7 The Interim Planned Care Lead responded that the £670k overspend, questioned by the Interim Recovery Director, was currently a commitment only which would be drawn upon if required. The Interim Chief Executive affirmed that he would address this with WG as it would be necessary to treat patients immediately in the new financial year. In the discussion which followed the Chairman also questioned BCU's position in relation to potential clawback liability. The Interim Chief Executive explained the different WG funding approach understood to be taken, in which the importance of ensuring patients were being treated was stressed. He emphasised the need to comprehend what WG funding provided to ensure that with non-recurrent funding solutions there was also a need to address the balance with sustainability. In response to the Committee he advised that following the Board workshop taking place on 12.3.20, the Board Development session on 26.3.20 would need to appraise WG funding available and consider the BCU programme necessary to deliver into the future.

AK

<p>FP20/26.8 A discussion ensued on potential cancelled operations in which the organisation underlined that the impact to individual patients, who would be tracked on a daily basis, was recognised as intrinsically important. The Chairman stated that he would seek further detail on an orthopaedic patient affected which had been drawn to his attention via an AM/MP.</p> <p>FP20/26.9 The Deputy Director FDU sought further clarification on the spending forecast, which the Interim Planned Care Lead explained was being addressed at weekly meetings, highlighting the challenges of outsourcing costs. It was agreed the Finance Director ~ Commissioning and Strategy would follow this up with her outside the meeting.</p> <p>FP20/26.10 The Committee also sought clarification on mitigation taking place to address high risk areas such as Urology and Cancer. The Interim Planned Care Lead explained these were national issues, however BCU was developing its resilience planning, albeit solutions might not materialise for another year. It was noted that continual monitoring was taking place, including outsourcing in other areas of the UK. It was agreed that the Interim Chief Executive and Chairman would be provided with further detail on follow up plans outside the meeting by the Interim Planned Care Lead to augment the information provided in the report.</p> <p>It was resolved that the Committee noted:</p> <ul style="list-style-type: none"> • the focus on achieving the year-end over 36-week position of 13,195. • the slowing of the deterioration in the over 36-week and the over 52 week position. • the progress to date on the building of the capacity plan. • the deterioration in the 15% reduction in follow up position 	<p>RN</p> <p>AK</p>
<p>FP20/27 Unscheduled Care and building better care update</p> <p>FP20/27.1 The Acting Operations Director advised the Committee that the Unscheduled Care plan had been flexed since its inception, however this had been in agreement with WG. She acknowledged the challenging period which had taken place, however there had been improvements made, especially in the smaller metrics, which would be important to maintain. She stated the importance of ensuring stability within the workforce which the Kendall Bluck review had reinforced. Processes had been refined and patient admissions had been better managed to a best in class standard. The Acting Operations Director also highlighted improvements due to work with patient assessments, discharge profiles, length of stay and ambulance handovers. In addition to Emergency Department (ED) improvements she highlighted the additional training introduced within ED to extend their skillsets and provide for a safer patient experience, especially in triage. Positive cultural change was also noted.</p> <p>FP20/27.2 The Chairman questioned whether there was sufficient capacity within the 3 acute EDs. The Executive Director Workforce & OD explained this was close to coming into alignment with the 5 year workforce plan, whilst the Interim Chief Executive stated that additional work needed to be undertaken to</p>	

attain a whole system approach that ensured effectively integrating ED within the hospital in order to move forward the improvements needed. In the discussion which followed the Interim Chief Executive advised that the 'next steps' in this area would be addressed in the Board workshop taking place on 12.3.20, including an appreciation of the hospital team perspective. The different approaches to escalation beds was discussed in which the Interim Chief Executive advised that decision making needed to be agreed on, utilising positive 'hearts and minds' engagement. The fragility of the workforce was acknowledged as the greatest challenge in this area, and discussion ensued on how various concerns were being addressed including retirements, recruitment, capacity and capability. The Executive Medical Director emphasised the importance of ensuring that clinician 'protected time' was provided.

FP20/27.3 The Committee was assured by the Acting Operations Director that a suite of metrics had been introduced which were monitored constantly and utilised for planning going forward. The Interim Chief Executive emphasised that senior leadership visibility was also important.

It was resolved that the Committee noted

- the unscheduled care performance for January across BCUHB and for each health community
- the building better care programme and ongoing work within phase 4

FP20/28 Finance Report Month 10

FP20/28.1 The Finance Director ~ Commissioning and Strategy presented the report. He drew attention to the in month position reporting that there has been an improvement in the run rate of £0.7m in Month 10. Secondary Care, Commissioner Contacts and Mental Health had all performed well. However, prescribing costs continued to increase and had a significant impact again in January i.e. £0.6m worse than expected, primarily due to the effect of national prices and this was offsetting some of the improvements seen elsewhere across the Health Board. The in-month position was £1.6m in excess of the control total plan and £0.3m above the initial plan. In respect of year to date, the Health Board was overspent by £34.3m, £12.6m higher than control total plan and £5.1m over the original plan.

FP20/28.2 In response to the Chairman it was noted that the forecast trajectory was not lowering. The Interim Recovery Director reported that the competing demand to drive improved performance within the organisation was affecting cost. In discussion of the likely effect on the forecast £41m deficit, the Executive Director Workforce and OD advised that grip and control measures had demonstrated that reductions could be achieved within the temporary workforce which included agency staff costs, although she advised that there were terms and conditions issues to be considered in partnership to enable alignment. It was noted that risks were being taken into account in respect of service improvements. The Executive Medical Director reflected that, building on engagement with staff groups would enable greater improvements into the future.

FP20/28.3 The Chairman sought assurance on when grip and control measures would provide a material difference to the organisation's position, which was outlined by the Executive Director of Workforce and OD. The Finance Director ~ Commissioning and Strategy provided greater detail of the prescribing cost pressures, advising on BCU's outlier position in Wales and the work being done to address improved resilience in contingency provision. The Interim Recovery Director also concurred that constrained budget setting had led to challenges in year which needed to be addressed in future planning.

FP20/28.4 The Chairman questioned the effectiveness of the grip and control measure PWC recommendations on the run rate and whether the Chief Finance Officers or corporate finance department was in control of the position. The Interim Chief Executive advised that there was more to do in this area, emphasising that whilst there were 'just do it' solutions to be enabled, there were also choices in development that required consideration. He reminded that BCU's deficit position was the result of choices undertaken. The Interim Chief Executive stated that BCU required a clearly articulated plan that demonstrated quality service development, workforce and finance. He emphasised the huge opportunity, as a team, to align and capitalise on different ways of working to achieve this. It was noted that financial responsibility did not solely lie with the Finance division but every one within the organisation and required greater embedding within Hospital Management Teams and budget holders in respect of their spending and decision making.

FP20/28.5 The Chairman questioned whether a reduction of £5m could be achieved, given the organisation's overall budget. The Interim Recovery Director advised that transactional savings had not been fully embedded and there was further work to be completed on transitional. The £41m savings programme had incurred slippage therefore more would be unattainable however, it was noted that there had been more recurrent savings schemes identified than previously, and a greater diversity of large scale programmes.

FP20/28.6 A discussion ensued on accountability and consequences on non-delivery. The Interim Chief Executive concurred on the importance of accountability, however it was also important to ensure that plans were realistically deliverable. He stated that accountability required a focussed balance between reward and addressing areas which had not been achieved.

FP20/28.7 The Deputy Director FDU questioned the unchanged organisation's financial position over the year, given that additional WG support and resource had been provided. The Interim Chief Executive concurred this required further understanding and stated this would not be repeated going forward, commencing with budget setting and exploration of organisational structures.

FP20/28.8 The Chairman questioned the seven risks to the financial position totalling £7.1m outlined within the report, to which the Finance Director ~ Commissioning and Strategy advised that the Welsh Risk Pool £1.7m noted was an assumption.

<p>FP20/28.9 In response to the Chairman, the Finance Director ~ Commissioning and Strategy and Interim Chief Executive affirmed confidence on delivery of £41m deficit forecast position and the Interim Recovery Director affirmed confidence in delivering the savings expectation.</p> <p>FP20/28.10 The Deputy Director FDU advised a note of caution as whilst all other Welsh Health Boards had delivered their full value on 'Green' status savings schemes, this had not been the case at BCU, which the Interim Recovery Director agreed had been a frustration in which lessons had been learned for the following year, including a cultural shift.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the forecast deficit had been increased to £41m. • the request to Welsh Government for an additional £4m Strategic Cash Assistance. 	
<p>FP20/29 Financial Recovery Group report</p> <p>The Chairman advised that the report had been discussed within the previous item. The Committee questioned what were the three top lessons that had been learned over the year, given that the organisation was not in the position expected at this point. The Interim Recovery Director was invited to report further on this at the Board workshop to take place on 12.3.20 or at the next Committee meeting. However he reflected on the challenges associated with establishing a programme that was reliant on a small team within the size of the Health Board and its inherent complexity. He reported it was his perception that most of the organisation had responded well to the grip and control methods applied. In respect of transition, he advised that there would be a need to reflect on the time required to provide training and embed cultural change. Whilst large scale programmes needed to mobilise quickly.</p> <p>It was resolved that the Committee noted the report</p>	PB
<p>FP20/30 Capital Programme report month 10</p> <p>In response to the Committee, the Executive Director Planning and Performance affirmed confidence in delivery of the Capital Resource Limit.</p> <p>It was resolved that the Committee noted the report including the exceptions</p>	
<p>FP20/31 Procurement of local frameworks for construction works</p> <p>In response to the Committee, the Executive Director Planning and Performance undertook to provide further advice on whether East, West and Central frameworks should be developed or provide a pan North Wales Framework. In addition, he would liaise with the Assistant Director Strategy to ensure that the</p>	MW

<p>with a link to the recommendation tracker system to provide assurance on the monitoring taking place. He also agreed to circulate the report recently provided by the FDU to Executive Directors of Finance in respect of Budget recommendations to Health Boards.</p> <p>It was resolved that the Committee noted the status of progress against the recommendations as set out in this paper.</p> <p>agreed the requirement of further narrative to enable further consideration of the progress of actions.</p>	
<p>FP20/34 Workforce performance quarterly report – Quarter 3</p> <p>FP20/34.1 The Executive Director Workforce and OD presented the report which provided the current BCUHB position and trend analysis across a number of key workforce performance metrics, to assist in the monitoring of progress against local and national targets. An account of remedial actions being undertaken for areas of under performance was also provided. Key points within the report were detailed in areas of : a newly introduced integrated Workforce Improvement infrastructure, Recruitment & Retention, Temporary Staffing, Medical and Dental job planning, Attendance Management, Health & Safety, Equality, Organisational Development and Communications Strategy. The Executive Director Workforce and OD drew attention to developments which had been introduced and the support that workforce colleagues provided to operational teams. She highlighted hot spot identification, impact tracking for benefit realisation, workforce optimisation and clinical/nursing productivity. It was noted that workforce objectives had been reduced from ten to five of high impact. There would also be a focus on capacity and capability. It was envisaged within quarter 4 that improved profiling work would enable potential savings.</p> <p>FP20/34.2 In response to the Committee, the Executive Director Workforce and OD agreed to arrange for the Assistant Director Communications to contact IM John Cunliffe outside the meeting in respect of questions regarding the new website highlighted at key point 9. The Executive Medical Director complimented the detail of the report, however he requested that data on new starters be provided going forward. In addition he undertook to discuss with the Executive Director Workforce and OD providing evidence of impacts eg in the reduction of sessions (slide 7) and correlation with RTT work outside the meeting.</p> <p>FP20/34.3 Discussion ensued on the static vacancy rate in comparison to the recruitment improvements reported. The Chairman particularly questioned the organisation’s policy on performance interviews within 3-6 months of a new starter’s commencement, which was understood to vary across staff groups. He emphasised the importance of addressing this. The Committee also questioned whether an online survey could be introduced for new starters to capture their initial perceptions of BCU in order to listen and learn.</p> <p>It was resolved that the Committee</p>	<p>SG</p> <p>DF</p>

noted the report	
<p>FP20/35 2019/20 monthly monitoring report</p> <p>It was resolved that the Committee noted the report on the Health Board's financial position for month 9 2019/20 submitted to Welsh Government</p>	
<p>FP20/36 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>FP20/37 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside the meeting</p>	
<p>FP20/38 Date of next meeting</p> <p>It was reported that the meeting scheduled to be held on 24.3.20 was cancelled.</p> <p>The next meeting would be held on 30.4.20 9.30 Boardroom, Carlton Court.</p>	
<p>FP20/39 Exclusion of the Press and Public</p> <p>Resolution to Exclude the Press and Public</p> <p>"That 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>	