



Finance & Performance Committee
Minutes of the meeting held in public on 30.9.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chairman
Cllr Cheryl Carlisle	Independent Member (<i>part meeting</i>)
Mr John Cunliffe	Independent Member / Committee Vice Chair
Mrs Jackie Hughes	Independent Member
Mr Eifion Jones	Independent Member
Mrs Lyn Meadows	Independent Member
Ms Helen Wilkinson	Independent Member

In Attendance:

Mr Mike Whiteley	Financial Audit Team Leader, Wales Audit Office
Mrs Mags Barnaby	Interim Director of Acute Care
Mr Neil Bradshaw	Assistant Director Strategy ~ Capital Planning (<i>part meeting</i>)
Mr Phillip Burns	Interim Recovery Director
Ms Deborah Carter	Associate Director of Quality Assurance (<i>part meeting</i>)
Mr Gary Doherty	Chief Executive
Mrs Kate Dunn	Head of Corporate Affairs
Dr David Fearnley	Executive Medical Director
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mr Michael Hearty	Independent Financial Adviser
Ms Sue Hill	Acting Executive Director of Finance
Mr Hywel Jones	Director, Finance Delivery Unit (FDU)
Mrs Llinos Roberts	Executive Business Manager
Mr Andrew Sallows	Delivery Programme Director, Welsh Government (WG)
Mr Adrian Thomas	Executive Director of Therapies & Health Sciences (<i>part meeting</i>)
Mr Tony Uttley	Interim Financial Director – Operational Finance
Mr Mark Wilkinson	Executive Director of Planning & Performance

Agenda Item Discussed	Action By
<p>FP19/213.1 Opening Remarks</p> <p>FP19/213.1.1 The Chair opened the meeting by expressing his continuing concern around the quality and timeliness of papers for Committees and Board. He had received some criticism for allowing the agenda for the last Health Board meeting to be circulated late and for a number of presentations to be delivered without prior publication. Yet he now found himself being disappointed to note within the papers for this meeting a lack of agreement on the actions around referral to</p>	

<p>treatment (RTT) delivery, the absence of a paper on follow up, and that the unscheduled care presentation had been published late. The Chair indicated that he had repeatedly highlighted his concerns and was disappointed in how these were being responded to by the Executive Team which appeared discourteous or disrespectful. He said he was not prepared to continue to accept this situation which might suggest the Executive Team failed to recognise the seriousness of the current situation and this was now threatening confidence in the Executive Team. The Chair made reference to a Ministerial letter of the 4th June which had led him to focus the Board and Committee agendas more directly on the Annual Plan, finance and performance in terms of RTT and unscheduled care in particular, yet all of these areas still required significant improvement and all remained of concern. He welcomed representatives of Welsh Government (WG) and Wales Audit Office to the meeting and noted that they would no doubt be providing a view on how the organisation might move forward.</p> <p>FP19/213.1.2 The Chief Executive accepted that there were continued issues of governance which needed to be resolved – some of which related to process and some to individuals taking responsibility. He reiterated the importance of the Board being able to agree a deliverable plan whilst balancing ambition with realism. He recorded that some areas of performance were demonstrating month on month improvement but accepted the challenge that remained in a range of areas.</p>	
<p>FP19/213.2 Apologies for absence and declaration of interests</p> <p>None raised.</p>	
<p>FP19/214 Draft minutes of the previous meeting held on 22.8.19 and summary action plan</p> <p>FP19/214.1 The minutes were agreed as an accurate record and updates were provided to the summary action log.</p>	
<p>FP19/215 2019/20 Annual Plan: Monitoring of Progress against Actions for F&P</p> <p>FP19/215.1 The Executive Director of Planning & Performance presented the regular report which summarised the self-assessment undertaken by the Executive Team on the actions within the Annual Plan. He indicated that the report demonstrated a range of challenges around planned care and confirmed that a random sample of indicators (focusing on ambers) would be picked for more detailed scrutiny to test the appropriateness of the self-assessment.</p> <p>FP19/215.2 A discussion ensued. The Committee Vice-Chair noted that the coversheet stated “not applicable” against the section on governance issues and risks which he felt was inappropriate. He also enquired whether the decision to move to an all Wales business case for robotic assisted surgery had created delays in planned care and it was confirmed this had not had a significant detrimental effect. The Committee Vice-Chair went on to raise issues around inconsistencies in how performance was reported via the RAG summary and</p>	MW

<p>within the accompanying narrative, and that it was not clear how performance would be recovered when it had gone off-track. It was agreed that consideration be given as to how this could be better represented within future reports to provide increased assurance around grip and control.</p> <p>FP19/215.3 Members suggested that the wording against AP039 could be interpreted as the Committee not being supportive of developing the business case for stroke care, whereas the reality was that the Committee were unable to support it at that time as the associated funding had not been identified. This point was accepted. A question was raised around APO25b and it was agreed to ask the Executive Director of Therapies & Health Sciences to provide an update on the associated milestones for endoscopy and diagnostics sustainability to the next meeting, and assuring the Committee around the planning capability to deliver what is required. The Chair referred to APO31 which indicated that the recruitment of advanced nurse practitioners had not been successful and the Executive Director of Workforce & OD confirmed that she and the Executive Director of Primary & Community Services were working on external provision and alternative models linked to actions around Care Closer to Home. The Executive Medical Director referred to APO52 relating to the Welsh Community Care Information System which was rated as red, and suggested that this was an example of where the original plan might need to be varied. The wider point was made that where milestones were now due it would be opportune to reflect and vary actions as appropriate – for example where it was now evident that an action would not be delivered.</p> <p>FP19/215.4 The Independent Financial Adviser noted the need for synergy between the annual plan delivery and the work of the Financial Recovery Group (FRG). The Chief Executive also acknowledged the need to balance other competing programmes of work such as the Improvement Groups and the need to manage interdependencies.</p> <p>FP19/215.5 It was resolved that the Committee note the report and assist in addressing the governance issues raised.</p> <p><i>[Mr Adrian Thomas joined the meeting]</i></p>	<p>MW</p> <p>AT</p> <p>Exec Team</p>
<p>FP19/216 Annual Plan Refresh</p> <p>FP19/216.1 The Executive Director of Planning & Performance presented the paper which provided an update in respect of the work undertaken to secure Board support for the 2019/20 annual plan at the November Board meeting. The paper provided a range of trajectories by site and by speciality for the remainder of the year and it was reported that there was a sound basis on which to move to the next round of accountability reviews. Discussions were ongoing with WG regarding the approach for the performance areas as set out within Annex C of the NHS Wales Planning Framework. The Interim Director of Acute Care reported that the follow up validation would commence in October and it was anticipated this would reduce the list by 10-15%.</p> <p>FP19/216.2 A discussion ensued. A concern was raised regarding the setting of unachievable trajectories. It was reported that some targets were set externally –</p>	

<p>for example infection prevention and delayed transfers of care. However, it was felt that from a governance perspective it was important for members to understand which targets were externally set, the process for agreeing the local trajectories and on what basis the levels were set. A comment was made that the paper had been provided for information and assurance but the member making this point did not feel it was transparent enough to provide this assurance. A member noted that the RTT shortfall and endoscopy pressures were flagged as key concerns in this paper, and he sought assurance that there were plans in train. The Chief Executive noted that success in addressing these issues hinged on the development and implementation of a credible plan, but reminded members there were specific papers later on the agenda.</p> <p>FP19/216.3 The Delivery Programme Director (WG) highlighted that whilst technically WG set targets nationally it was Public Health Wales who then set the improvement trajectories in collaboration with the Health Board. He also commented that the trajectories should be set as part of the Integrated Medium Term Plan processes, and that currently he felt that detail was lacking as to whether trajectories and plans were viable and deliverable in terms of finance and workforce in particular. The Independent Financial Adviser was surprised at the level of detail of this conversation at Committee level and felt the fundamental issue was to ensure a broad understanding about what was achievable and what the organisation's ambitions were against the plan.</p> <p>FP19/216.4 It was agreed that the Executive Team would take all the comments on board and work to strengthen the report whilst acknowledging the conflicts in terms of contextualising large amounts of complex data into meaningful papers for members.</p> <p>FP19/216.5 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Receive the report 2. Note the refreshed planning profiles and activity plans for 2019/20 3. Note the areas identified with greatest risk, specifically RTT and unscheduled care, for which there will be a continued focus upon testing and refining action plans to improve performance coupled with strengthened command and control arrangements. 	Exec Team
<p>FP19/217.1 Performance Summary</p> <p>FP19/217.1.1 The Executive Director of Planning & Performance presented the report which accompanied the Integrated Quality Performance Report (IQPR) and aimed to provide an executive summary of the key areas of concern and to explain the current understanding of the reasons for this level of performance. He added that the intention was to better shape the scrutiny of the IQPR by Committees and to move away from focusing on slight changes in performance figures month on month, and to provide a stronger all Wales context.</p> <p>FP19/217.1.2 The Executive Director of Planning & Performance highlighted key points from the performance papers. He suggested that in terms of unscheduled care a whole systems approach must be taken and that WG were focusing on a year on year improvement. He noted that three out of four measures had</p>	

<p>improved in August 2019 compared to August 2018 but that it was disappointing that the expected progression across headline measures was not yet being seen, with system demand increasing and a higher level of acuity being evident. He noted that this was a UK-wide trend and not specific to BCUHB.</p> <p><i>[Cllr Cheryl Carlisle left the meeting]</i></p> <p>In terms of planned care it was highlighted that BCUHB was one of the top performing Boards for suspected or actual cancer cases, however, there had been a month on month deterioration for other elements of planned care even though the Board was believed to be delivering the expected levels of activity. The Executive Director of Planning & Performance noted that it was essential to move the organisation onto a sustainable footing for planned care via the development and implementation of key business cases – for example orthopaedics.</p> <p>FP19/217.1.3 A discussion ensued. The Interim Director of Acute Care acknowledged that current performance suggested the organisation was not doing enough; she set out plans to focus on improving the efficiency of clinics including overbooking for those clinics where there were high did not attend (DNA) rates, and standardising booking approaches (i.e. treat in turn) whilst still retaining the flexibility to vary this based on clinical need. The Executive Medical Director added that improving clinical governance around booking systems would also reduce harm and that a compassionate approach would be taken for identifying alternatives for those on waiting lists. The Interim Director of Acute Care confirmed that the Access Policy had been refreshed and the planned care teams were working with the more challenged areas to address issues of consistency. The Chair summarised that in simplistic terms for future reporting, the Board and Committees required clear performance trajectories, the ability to track progress against these and clearly identified actions to address non-delivery.</p>	
<p>FP19/217.2 Integrated Quality and Performance report</p> <p>FP19/217.2.1 Discussion of the IQPR took place as part of item FP19/217.1</p> <p>FP19/217.2.2 It was resolved that the Committee scrutinise the report, and where concerns are not adequately addressed consider escalation in accordance with the Performance Management Framework of the Board.</p>	
<p>FP19/217.3 Referral to Treatment</p> <p><i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>FP19/217.3.1 The Interim Director of Acute Care presented the paper which updated the Committee on the delivery approach for RTT and endoscopy performance management and a renewed focus on treat in turn together with the use of non-recurrent resources where needed. She addressed each element of the RTT recovery plan in turn, highlighting any key areas of concern and noting that given the scale of the overall challenge the Board would need to drive hard on improving grip and control within those areas which would have the biggest impact. The Associate Director of Quality Assurance suggested that a copy of a paper on follow up to the Quality, Safety & Experience Committee be circulated. With regards to the endoscopy recovery plan it was reported that the capacity and demand planning had been completed. In response to a question regarding the</p>	DC

<p>timeline for implementing the Vanguard Unit and the third room at Wrexham Maelor Hospital, the Executive Director of Therapies & Health Sciences confirmed this was anticipated to be within the next three to four weeks.</p> <p>FP19/217.3.2 The Delivery Programme Director (WG) stated that he had continued concerns around the pace of delivery and timescales. He also noted that the described benefits appeared to be more short-term. He asked whether there was a collective awareness of the size of the task by service and speciality, and whether financial support had been signed off for the Vanguard Unit and the third room in Wrexham. The Chief Executive responded that plans which included financial resourcing had been shared with WG but no specific request for funding had been submitted. He indicated the Board would need to make some decisions at its November meeting around the annual plan and resource allocation issues. He acknowledged there was an insufficient level of confidence around the RTT position but felt that performance had been turned around in previous years and that the RTT recovery plan could build on what was already in place. The Delivery Programme Director concluded by reminding the Board that every day was crucial and improving pace was imperative.</p> <p>FP19/217.3.3 The Chair expressed concern that six months into the year RTT performance was in a worse position, with a lack of clearly defined actions. He felt there were issues around internal governance and a lack of confidence as to what would change to provide a greater level of assurance. The Chair was of the view that the proposed trajectory was put at risk by the growing funding gap for RTT and the emerging funding gap for endoscopy. The Committee Vice-Chair shared these concerns and that the costs associated with the recovery plan were not sufficiently quantified. It was agreed that a paper would be prepared for the next F&P Committee providing costed detail of the RTT and endoscopy recovery plans and the anticipated added benefits. The Chair indicated that a Board level discussion would also need to be planned. The Director, Finance Delivery Unit raised a point around the subjectivity of the RAG status' and how the Executive Team had decided on the ratings. The Interim Director of Acute Care undertook to provide further explanation and to contextualise this approach. The Interim Recovery Director highlighted the importance of ensuring a common understanding of progress and the performance figures on a weekly basis and the outputs from the recovery plans. A member made reference to longer term transformation of services which would offer more sustainable solutions. It was noted that the majority of patients waiting over 36 weeks were within the specialities of orthopaedics, urology and eyecare. Business cases were being prepared with a timeline of the eyecare business case being submitted to the November F&P Committee, and the urology and orthopaedics business cases being submitted to the November Board.</p> <p>FP19/217.3.4 It was resolved that the Committee note the paper.</p>	<p>MB / AT</p> <p>MB</p> <p>MB</p>
<p>FP19/217.4 Unscheduled Care <i>[Agenda item taken out of order at Chair's discretion]</i></p> <p>FP19/217.4.1 The Associate Director of Quality Assurance presented a range of slides which provided a performance update for unscheduled care as at August</p>	

<p>2019. With regards to 4 hour waits a stretch target of 75% against a 95% expectation had been set, with current performance at 73%. The slides set out areas of challenge and progress for each of the three acute sites, together with summary updates on SICAT (Single Integrated Clinical Assessment Triage) and Minor Injury Unit activity, and performance against key targets compared to August 2018.</p> <p>FP19/217.4.2 The Independent Financial Adviser enquired whether there were inconsistencies across sites in tackling RTT and unscheduled care. Members were assured that the standards for service provision were the same, however, there were different challenges on each site. It was reported that Ysbyty Glan Clwyd had consistently improved as had delayed transfers of care performance. The Independent Financial Adviser also suggested that some of the schemes set out be deemed part of normal business and not require a full PID (Project Initiation Document) approach.</p> <p>FP19/217.4.3 The Associate Director of Quality Assurance was asked to provide a paper for the next F&P Committee on the use of Winter Pressures monies. In terms of staffing numbers it was reported that weekends remained a challenge requiring a sustainable solution as part of workforce optimisation work.</p> <p>FP19/217.4.4 The Interim Recovery Director suggested that there were opportunities within unscheduled care to improve finances but that there were associated risks and whilst the Improvement Group was beginning to show traction, pace needed to improve over the next 4-5 weeks to address issues around point prevalence. He confirmed this was a focus for the FRG.</p> <p><i>[Mrs Deborah Carter left the meeting]</i></p>	DC
<p>FP19/218 Capital Programme report Month 5 <i>[Mr Neil Bradshaw joined the meeting]</i></p> <p>FP19/218.1 The Assistant Director Strategy ~ Capital Planning presented the paper which briefed the Committee on the delivery of the approved capital programme and progress on expenditure against the Capital Resource Limit (CRL). He highlighted there had been some slippage in terms of expenditure which predominantly was a result of timing issues. In terms of the discretionary capital programme all schemes were now out to tender and there was a level of confidence that they would be delivered. Members' attention was drawn to the Month 6 review of the CRL position by WG with the intention of freezing the budget for 2019/20, with revised forecast expenditure profiles being developed from month 6 onwards.</p> <p>FP19/218.2 A discussion ensued. The question was asked whether slippage could be utilised for other schemes, e.g.; pharmacy robot for other sites. The Assistant Director Strategy ~ Capital Planning confirmed that there was a process to pick up the use of slippage monies but it would not be possible to procure, deliver and install another pharmacy robot in the time left. A query was raised regarding the estates disposal programme and it was confirmed that the list within the paper only related to those requiring ministerial approval. It was also</p>	

highlighted that timing was key to ensure monies from disposal were received at the optimum point in the financial year.

FP19/218.3 It was resolved that the Committee receive the report

[Mr Neil Bradshaw left the meeting]

FP19/221 Finance Report Month 5

[Agenda item taken out of order at Chair's discretion]

FP19/221.1 The Acting Executive Director of Finance presented the financial report, noting that she had made efforts to reduce the length of the report and to improve the format. She highlighted that at the end of Month 5 the Health Board was overspent by £18.2m, which was £4.9m worse than the year to date control total profile of £13.3m. The key reason for the year to date shortfall was that the savings target had not been fully identified nor delivered with a shortfall of £3.6m against plan. The Acting Executive Director of Finance reminded members of the main areas of concern which included an additional £10m stretch savings target; a secondary care overspend of £4.7m; non-pay issues around drugs; continuing health care; recruitment and estates challenges in terms of the pressure of a multi-site model.

FP19/221.2 The Acting Executive Director of Finance referred to reviews by WG, Deloitte and Price Waterhouse Cooper which all concluded there was insufficient financial governance and control within the organisation. She also highlighted capacity and capability issues in reviewing the clinical services model and delivering the Better Care Spending Well initiative. Budget management was flagged as a key driver behind the current financial position and the Acting Executive Director of Finance set out a range of actions which were being implemented to address this such as the financial recovery programme; the work and scrutiny of the FRG; divisional review meetings; review of standing financial instructions; support to budget holders and benchmarking (FDU analysis). The forecast position was set out in section 2.2 of the paper and it was reported that additional recovery costs had been built in to allow further investment in capacity and capability to deliver the financial recovery, unscheduled care and RTT programmes. The Acting Executive Director of Finance concluded by summarising the key risks as being prescribing, continuing health care and delivery of the savings target.

FP19/221.3 The Independent Financial Adviser felt that the financial gap was clearly understood, and suggested that the Board needed to consider at what stage it would need to formally signal to WG that the savings plan and control total were not going to be met. The Acting Executive Director of Finance indicated that the month 6 position would provide a detailed forecast by division and the delivery of cash releasing savings (as opposed to cost avoidance plans) was key to improving the run rate and the ability to deliver the required position. The Chair enquired as to the level of confidence in seeing an improvement and requested that a planned trajectory for the remainder of the year be provided to the next F&P meeting. The Independent Financial Adviser noted that the Board needed to be cognisant of future cost pressures alongside managing current expenditure. The Interim Recovery Director reported that the savings programme broadly had £42m

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in savings plans, £23m of which were rated green with a further £5-7m due to move out of red rating over the next week. On this basis he felt that the £35m savings target was achievable but the main challenge would be the normalising of business to ensure grip and control in the longer-term. The Chair indicated he felt more assured around the savings programme but that sustainability was the issue. He requested that the Month 6 finance report reflect the RTT plans.

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FP19/221.4 A member raised a point that he would wish to see stronger alignment in the narrative across various reports as when read in isolation it was difficult to triangulate performance, finance and progress. He also suggested that cost avoidance measures needed to come through more clearly. The Interim Recovery Director confirmed that all schemes did have a PID and that the over-arching plan for the Improvement Groups was to offset the non-recurring schemes. The Executive Director of Workforce & OD noted the challenge of ensuring that improving patient care did not impact detrimentally on the financial position and vice-versa. She was of the view that the organisation needed to build a level of risk appetite and choices into the decisions that it would need to be taking for 2020-21.

FP19/221.5 The Chair suggested that planning for winter pressures needed to be taken into account and how the dynamics could be managed, following on from a summer which had also been pressured in terms of unscheduled care. It was noted that the Strategy, Partnerships & Population Health Committee were considering a paper on winter pressures on 1st October. The Committee Vice-Chair enquired whether the additional costs of £1.4m relating to digital negotiations had been included within the forecast position, and it was confirmed this was the case. He also sought information regarding the scale of the financial pressure relating to the non-emergency patient transport service as he was under the impression that this had been transferred some time ago. The Acting Executive Director of Finance indicated the service was expected to transfer within the next couple of months and she would follow up the associated costs and confirm with Committee members. A member noted that the paper made reference to unfunded posts within the establishment and he asked whether this was a significant issue. The Executive Director of Workforce & OD reported that as a result of the establishment and budgetary controls, this gap had been reducing. The unfunded posts primarily related to resolving short-term need within the medical workforce around 4 hour performance, and overall there were not large numbers nor significant concerns. A Committee Member enquired how much of the £35m savings would be recurring and whether there would be legacy schemes for 2020-21 and beyond. The Interim Recovery Director confirmed that in order to deliver the in-year figure, some non-recurring schemes were having to be considered but the plan would be to have £35m of recurring savings schemes by the end of March 2020 with a work plan for the Improvement Groups extending into 2020-21. The Chair raised the issue of acute expenditure and it was reported there was a robust focus within the divisions however the Executive Team were mindful of not deviating too far from a locality approach. In terms of pay costs and locum expenditure it was noted that this had slipped; the Executive Director of Workforce & OD confirmed that a workforce optimisation PID had been submitted for consideration by the FRG on the 1st October. Again in this area there was evidence that actions were taking

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<p>effect in terms of grip and control but more progress was required in terms of changing models of service delivery.</p> <p>FP19/221.6 It was resolved that the report be noted, with particular reference to the forecast position of a £35m deficit and the specific actions in progress to improve the expenditure run rate.</p>	
<p>FP19/219 Financial Recovery Group monthly report</p> <p>FP19/219.1 The Interim Recovery Director presented the report which provided an update for the Committee with regard to the organisation's progress in addressing the Financial Recovery Action Plan (FRAP). He summarised that he was now seeing evidence of movement in the right direction with improved grip and control through the Vacancy Authorisation Panel (VAP) and Workforce Authorisation Panel (WAP). He referred to the FRAP – a summary of which had been circulated – and offered to work through the wider document with members outside of the meeting if they so wished. He felt that the FRAP offered a good sense of where the FRG needed to challenge, for example the Improvement Groups were now better structured and meeting more consistently. In addition, fortnightly divisional and directorate meetings were taking place, and a separate piece of work was being undertaken on procurement processes. The Interim Recovery Director suggested that the main area of risk to delivery of the recovery plan was the ability to move at pace.</p> <p>FP19/219.2 A discussion ensued. The Committee Vice-Chair noted that the paper referred to PIDs being redrafted for static red schemes and enquired what would be different in the amended PID. The Executive Director of Workforce & OD confirmed that the potential for double counting had been identified and clarity was needed on the gross and net savings figures. The Committee Vice-Chair also raised the issue of capacity to drive the recovery programme beyond the current timeframe. The Interim Recovery Director felt the issue was more around capability and that conversations were already happening to manage the impact and transition. He felt that the current cohort of individuals would not allow for an easy transition but reminded the Committee that it was every single individual's remit to support the pillars of recovery. A member made a comment that he found it difficult to reconcile the assurances given with the actual figures. The Chair noted that the amount of cost avoidance had doubled compared to the previous year but was assured that this would allow the organisation to deliver the year-end plans, and the focus would move to further cash releasing schemes for the next year. He also referred to the line by line vacancy review detailed within the paper and the Interim Recovery Director stated that this would start to provide evidence for the VAP.</p>	
<p>FP19/220 Financial Recovery Action Plan progress</p> <p>FP19/220.1 The Chair and Vice-Chair queried whether the summary document was sufficiently detailed to provide the required level of assurance and evidence where actions had been closed. The Acting Executive Director of Finance confirmed there was a far more detailed spreadsheet that supported the summary, and she would be happy to go through this with members. The Chief Executive</p>	

<p>added that the FRG scrutinized the detail. On this basis the members were satisfied with the level of reporting to the Committee. A member enquired as to the Interim Recovery Director's level of confidence in terms of pace and progress, and he indicated that he remained confident around the delivery of the £35m savings target but that the challenge would be to ensure that the latter part of the year did not impact adversely on 2020-21. He was also asked what the response had been across the organisation to his role and the recovery programme. It was reported that a wider understanding was evident alongside the rigour and direction from the Improvement Groups. Draft plans had been requested from health economies by end of October with a 3% efficiency requirement for 2021 and beyond. The Interim Recovery Director concluded that a key element of the change programme was around leadership and the Board's role in making choices.</p> <p>FP19/220.2 It was resolved that the Committee note the contents of the report.</p>	
<p>FP19/222 Shared Services Partnership Committee quarterly assurance report</p> <p>It was resolved that the Committee note the report</p>	
<p>FP19/223 2019/20 Monthly Monitoring Report</p> <p>It was resolved that the Committee note the contents of the report that had been made to the Welsh Government about the Health Board's financial position for the fifth month of 2019-20</p>	
<p>FP19/224 Summary of In Committee business to be reported in public</p> <p>It was resolved that the Committee note the report</p>	
<p>FP19/225 Issues of significance to inform the Chair's assurance report</p> <p>To be agreed outside of the meeting</p>	
<p>FP19/226 Date of next meeting</p> <p>Noted as 24.10.19 9.30am Boardroom, Carlton Court</p>	
<p>FP19/227 Exclusion of the Press and Public</p> <p>It was resolved 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>	