



**Finance & Performance Committee**  
**DRAFT Minutes of the meeting held in public on 27.8.20**  
**via Webex**

**Present:**

Mark Polin (MP)	BCUHB Chairman
John Cunliffe	Independent Member / Committee Vice Chair
Eifion Jones	Independent Member

**In Attendance:**

Sally Baxter (SB)	Assistant Director Health Strategy
Neil Bradshaw (NB)	Assistant Director Capital Strategy ( <i>part meeting</i> )
Andrew Doughton	Wales Audit representative – to observe
Mark Elias	Consultant Radiologist ( <i>part meeting</i> )
David Fearnley (DF)	Executive Medical Director
David Fletcher	Directorate General Manager N W Managed Clinical Services ( <i>part meeting</i> )
Sue Green	Executive Director Workforce and Organisational Development (OD)
Gill Harris	Deputy Chief Executive / Executive Director Nursing and Midwifery ( <i>part meeting</i> )
Sue Hill (SH)	Acting Executive Director of Finance
Ian Howard	Assistant Director Strategic and Business Analysis ( <i>part meeting</i> )
David Jones	Radiology Manager ( <i>part meeting</i> )
Marian Wyn Jones	Board Advisor
Andrew Kent	Interim Head of Planned Care Improvement ( <i>part meeting</i> )
Joel Tofton	Senior Analyst, Financial Delivery Unit (FDU) – <i>to observe</i>
Pat Youds	Professional Lead, Radiography / Radiology Manager ( <i>part meeting</i> )
Diane Davies	Corporate Governance Manager (Committee Secretariat)

Agenda item	Action by
<p><b>FP20/91 Chairman's opening remarks and apologies for absence</b></p> <p><b>FP20/91.1</b> It was noted that BCUHB was presently unable to accommodate attendance by members of the public to Health Board committee meetings due to Covid-19 restrictions.</p> <p><b>FP20/91.2</b> The Chairman explained that Simon Dean would not be in attendance as his secondment as Interim Chief Executive was ending on 31.8.20 and the Deputy Chief Executive was in attendance.</p> <p><b>FP20/91.3</b> Apologies were received from Simon Dean, Helen Wilkinson, Jill Newman, Gavin Macdonald and Mark Wilkinson – for whom Sally Baxter deputised.</p>	

<p><b>FP20/92 Declarations of Interest</b></p> <p>None received</p>	
<p><b>FP20/93 Draft minutes of the previous meeting held on 16.7.20 and summary action log</b></p> <p><b>FP20/93.1</b> The minutes were agreed as an accurate record and updates were provided to the summary action log.</p> <p><b>FP20/93.2</b> In respect of FP20/77 the Committee was pleased to note that Covid19 Block contract updates would be provided to each Committee meeting going forward as the expenditure was significant. It was agreed that future reports would also provide further detail of the services provided and it was noted that WG were aware of BCU's current position and were about to start the next round of discussion with NHS England, although imminent guidance was not currently expected.</p>	SH
<p><b>FP20/94 Operational plan 2020/21 Q2 monitoring report (OPMR)</b></p> <p><b>FP20/94.1</b> The Assistant Director Health Strategy presented this report which provided July 2020 monitoring data. She advised that in regard to AN3.1 Review of healthy weight services for children, a business case was being developed and delayed recruitment processes were now commencing.</p> <p><b>FP20/94.2</b> The Committee raised a number of questions. The Executive Medical Director clarified the reasons for the pause in respect to engagement sessions being held with psychologists for action AN18.6 Implementation of recommendations from the Psychological Therapies review. In respect of action AN27.1 Develop preferred service model for acute urology services, the Committee raised concern on the reasons the preferred strategic model was not being progressed. The Chairman advised that significant correspondence was taking place in respect of this issue and that he had requested a report to be prepared by the Medical Director Secondary Care which he undertook to share with members on receipt. The Executive Medical Director also undertook to raise the issue of robotic surgery progress at the next All Wales Medical Directors meeting and feedback to the members.</p> <p><b>FP20/94.3</b> The Committee was concerned with the recent national issues affecting functionality of the Attend Anywhere software being utilised for areas of patient bookings. The Executive Medical Director clarified the position and emphasised the need for a more strategic investment in technology rather than many individual projects. The Committee stressed the need to ensure that contingency would be built into BCU's Q3 and Q4 planning.</p> <p><b>FP20/94.4</b> The Chairman requested that member briefings be provided in respect of :</p> <p>AN19.1 Review current process for booking and allocation to ensure it is fit for purpose and consistently applied across North Wales</p> <p>AN25.2 Support outpatient transformation to identify community facilities where face to face consultations could be offered and deliver appointments and treatments as local as possible where there is equity of access</p>	MP DF  SB

<p><b>It was resolved that</b> the Committee noted the report and progress made</p>	
<p><b>FP20/95 Quality and Performance (QAP) report</b></p> <p><b>FP20/95.1</b> The Assistant Director Health Strategy presented this item and highlighted a number of areas provided within the executive summary of the report.</p> <p><i>The Deputy Chief Executive joined the meeting</i></p> <p><b>FP20/95.2</b> The Chairman acknowledged the significant work undertaken to produce the report, however he asked that future reports avoided duplication and streamlined the format so that Board members could easily appreciate ‘what was happening’ in positive as well as negative areas and ‘what was being done’ to address these areas. The Deputy Chief Executive undertook to address this within the Executive Team.</p> <p><b>FP20/95.3</b> The Chairman reflected that the report provided positive news in addressing diagnostic and phlebotomy services and BCU was reporting the lowest staff sickness rate in Wales. However, he was greatly concerned with Planned and Unscheduled Care, especially in respect of winter protection planning which the Board needed to be sighted on. The Deputy Chief Executive acknowledged the complexity of the incoming winter period which would be extremely challenging and undertook to move this forward. The Chairman requested that the report also reflect improvements introduced through the response to Covid19 and how temporary hospitals would be used in respect of surge capacity. In discussion of learning, the Deputy Chief Executive assured that, following exploration of Acute and Area flow issues, trigger points would be shared across the economies to make improvements.</p> <p><b>FP20/95.4</b> The Chairman questioned what consideration was being undertaken to evaluate prioritisation of investment within Emergency Departments should Welsh Government financial support become available in the future. The Executive Director Workforce and OD advised that arrangements were in hand to explore this area with Kendal Bluck; in addition the service plan reviews, which had been paused due to the Covid19 response, would be explored by the executive team.</p> <p><b>FP20/95.5</b> The Chairman stated that the organisation needed to focus on quality and patient safety ensuring the involvement of clinical colleagues.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	<p>GH</p> <p>GH GH</p>
<p><b>FP20/96 Planned Care update including RTT and essential services</b></p> <p><i>The Interim Head of Planned Care Improvement joined the meeting</i></p> <p><b>FP20/96.1</b> The Deputy Chief Executive introduced this item. She reported that much work was taking place on clinical prioritisation via clinical desktop reviews and she contextualised that in previous years there would be a scheduled reduction in planned activity during the upcoming period, however this would not be an option in the current climate. Additionally, the customary availability of contractual English providers to</p>	

draw on would be significantly reduced due to the national Covid19 response. The Deputy Chief Executive advised that alternative ways of demonstrating improvements were also being explored with WG.

**FP20/96.2** The Interim Head of Planned Care Improvement presented the report, advising that the organisation was in a process of re-stratification with waiting lists over 36 weeks on the incline. Potential cancer referrals were at pre-Covid19 levels, however recommencement had not been as quick as possible as this had been affected by a number of issues including patients not wishing to attend. He stated that at the current run rate there was a potential for patients exceeding 36 week waiting times to increase to 60,000 by March 2021. For meaningful comparison purposes, the Interim Head of Planned Care Improvement advised that appropriate benchmarking data was being sought. He drew attention to theatre capacity and also other workforce issues highlighted in the report which were affecting the restart process.

**FP20/96.3** A discussion ensued on RTT and new measurements as advised within the report, in which the Interim Head of Planned Care Improvement stressed the risk and mitigation work being undertaken. In respect of essential services, it was noted that compliance with the Essential Service Framework was being reviewed on a monthly basis. The July position demonstrated the majority of essential services were being maintained and actions had been implemented to address shortfalls. Attention was drawn to actions to address delays in diagnostic pathways and phlebotomy service eg use of facilities at Spire Yale for diagnostics and essential surgery procedures. It was noted that referrals for urgent suspected cancer and the volume of confirmed strokes had increased, returning to their near pre-covid levels. The list of essential services (ie those services that needed to continue throughout Covid 19 to avoid the risk of harm arising from life threatening and life changing treatments) provided within the report was acknowledged.

**FP20/96.4** The Committee raised their grave concern regarding the current position, likening it to a perfect storm due to the additional pressure of Covid19. The Committee stressed the need to address the situation with ambitious and radical change. A number of alternative ways of working to help to help allieviate the waiting list position such as operating over more days in the week, increasing staff levels and inhouse activities instead of expensive outsourcing short term solutions were put forward. The Committee acknowledged the Public's patience and support during the initial peak of Covid19 however, it was necessary to address the population's needs effectively at the earliest opportunity in restarting procedures.

**FP20/96.5** The Committee also discussed the Orthopaedic position, being a high volume service which was not life threatening. Discussion ensued on alternative ways of providing surgical interventions, including the use of temporary hospital capacity. It was agreed that a report be presented to the next meeting along with greater detail on the development of a diagnostics and treatment centre. The Chairman stressed the Board's significant concern in this area and undertook to consider whether a Committee meeting be held in September to hasten a solution, whilst also considering patient safety and the balance of financial prudence required in the use of available WG funding. The Deputy Chief Executive emphasised that whilst it was acknowledged that delays caused patient harm it was not the organisation's intent to do so. In response to the Chairman's question as to whether the timeline for presentation of a revised

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Orthopaedics business case to the Committee was soon enough, the Deputy Chief Executive agreed to address this within the October RTT report. In response to the Acting Executive Director of Finance, the Interim Head of Planned Care Improvement confirmed that plans were in hand to address costing with the Finance Director – Provider Services.

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**FP20/96.6** The Executive Director Workforce and OD referred to the complex resources required to address the issues discussed. She also stated that the current models being explored to ensure less infection and improve staff safety might not necessarily meet community expectation which would need to be addressed through effective BCU communications. The Chairman stressed the Board's commitment to support patients within the North Wales population and looked to the Board's executive professional leads to put forward plans to address the situation, including discussion with other stakeholders.

**FP20/96.7** Discussion ensued in respect of the patient target date approach and concerns regarding treatment priorities, the Deputy Chief Executive supported the approach to patient assessment being undertaken which had resulted in a greater clinician lead approach than previously and improved consistency. The Assistant Director Health Strategy pointed out that social impacts and health inequalities needed also to be addressed to ensure that some groups within the population were not adversely affected. The Interim Head of Planned Care Improvement assured that work was underway in conjunction with WG to develop a vulnerability index to address this. In further discussion of BCU's socio-economic duty, the Executive Director Workforce and OD advised that she would move forward, with executive colleagues, the improved submission of equality impact assessments.

**FP20/96.8** The Chairman questioned why Ysbyty Glan Clwyd planned and essential service provision was out of kilter with other sites. He was advised that restart issues were being addressed and monitored and that transfers to community hospitals were also impacting. The recovery plan for imaging outlined in the report was noted, as well as Planned Care Group work to address the challenges involved.

**FP20/96.9** The Committee noted the proportion of Outpatient Department (OPD) activity being delivered virtually and work being moved forward by the OPD improvement group with clinicians to increase this level.

**FP20/96.10** The Board Advisor and Chairman emphasised that restarting planned care was a mandatory requirement of the Board.

It **was resolved that** the Committee noted

- the overall growth in the waiting times due to the Covid19 legacy and continuing reduction in available/functional capacity
- that essential elective activity being undertaken was lower in number than pre-Covid19
- that the paper described the challenging scenario for planned care and its mitigations in a pandemic
- that the recovery and re-set would take a considerable amount of time which needed to be measured in quarters/years rather than in months.

<p>ageed</p> <ul style="list-style-type: none"> <li>that moving forward a diagnostic and treatment centre for North Wales be explored at pace, with progress presented to the Committee at a date agreed by the Chairman</li> </ul> <p><i>The Interim Head of Planned Care Improvement and FDU observer left the meeting</i></p>	
<p><b>FP20/97 Unscheduled Care and Building Better Care update</b></p> <p><b>FP20/97.1</b> The Deputy Chief Executive presented the report which outlined the July position. She stated that the newly appointed Interim Chief Operating Officer was leading with a refreshed approach that included moving forward the Unscheduled Care Improvement Group with partners. Attention was drawn to the marked increase of presentations at Emergency Departments (ED) and that EDs at both Ysbyty Gwynedd (YG) and Ysbyty Glan Clwyd (YGC) had reached level 4 (max capacity) at times. She reported that this had necessitated urgent conversations with Welsh Ambulance Service Trust in regard to conveyances to YGC particularly. The Deputy Chief Executive also outlined issues arising from the reduced numbers of beds at acute and community sites due to the Covid19 response, which would impact on surge plans going forward. She also advised that 'Winter' plans were being developed to present to the Committee and Health Board. Attention was also drawn to outbreak impacts on services.</p> <p><b>FP20/97.2</b> In response to the Committee, the Deputy Chief Executive assured that a communications plan was being drawn together by the Workforce and OD team to provide greater understanding on the utilisation of BCU's temporary hospitals resource for the Public. This would include detail on potential alternative activities to support the response to Covid19 and other health services.</p> <p><b>It was resolved that the Committee</b></p> <ul style="list-style-type: none"> <li>noted the Unscheduled Care performance in July across BCUHB and for each Health Community</li> <li>agreed the next report would provide greater detail on the use of temporary hospitals and how the organisation would overcome restrictions which were creating barriers to theatre usage due to the Covid19 response.</li> </ul>	
<p><b>FP20/98 Capital Programme Month 3</b></p> <p><b>FP20/98.1</b> The Assistant Director Capital Strategy joined the meeting to present this item. He highlighted to the Committee that the pandemic had an adverse impact on the progress of a number of schemes planned to commence on site during the first quarter of 2020/21 (ie. extension/refurbishment of Ruthin Hospital, Substance Misuse units at Holyhead and Shotton and the Integrated Dementia unit at Bryn Beryl hospital) . However, the schemes had now commenced and mitigating measures had been implemented to maintain social distancing and minimise risks. There was an expectation that the measures would extend the programme and potentially increase the out turn cost.</p>	

<p><b>FP20/98.2</b> Due to the challenges of releasing staff to attend project boards and design user groups, alternative governance arrangements were put in place to allow the designs of the Royal Alexandra Hospital (formerly known as North Denbighshire Community hospital) and the redevelopment of the new build Ablett unit to progress. However, physical surveys could not progress during quarter 1 and the development of the business cases had therefore been delayed. Both the full business case for the Royal Alexandra hospital and the outline business case for the Ablett unit were expected to be submitted to the Committee in October. He advised that since the approval of the outline business case for the Royal Alexandra hospital WG had issued guidance re-basing the calculation of capital cost for all business cases this, combined with adapting the design to respond to WG's climate emergency, the necessity to appoint a new supply chain partner and the condition of the existing building, were all expected to increase the target cost for the project.</p> <p><b>FP20/98.3</b> The Committee discussed the consultation undertaken around the redevelopment of the Ablett unit as a new build. It was noted that wide engagement had taken place but not formal consultation as there was no service change. The Assistant Director Health Strategy informed of the NW Community Health Council positive reflection on the engagement undertaken. The Chairman sought assurance that the Executive team were mindful of public opinion in respect of this development.</p> <p><b>FP20/98.4</b> The Acting Executive Director of Finance queried how effectively the Supply Chain Provider was working with the Health Board on the Royal Alex development, given that the Health Board had not previously worked with the company, and sought further detail for discussion with the Executive team.</p> <p><b>FP20/98.5</b> It was agreed that the Executive Director Workforce &amp; OD would discuss with the Assistant Director Capital Strategy, outside the meeting, the proposals to address electric charging point commuting cost recovery for staff, given concerns raised by a member of the Committee.</p> <p><b>FP20/98.6</b> In response to the Chairman, the Assistant Director Capital Strategy confirmed that Estates were involved in the development of the Orthopaedics business case.</p> <p><b>It was resolved that</b> the Committee noted the report</p> <p>The Assistant Director Capital Strategy left the meeting</p>	<p>NB</p> <p>SG/NB</p>
<p><b>FP20/99 Finance Reports - Month 4 and 3</b></p> <p><b>FP20/99.1</b> The Acting Executive Director of Finance presented this report. It was noted that the £3.3m in-month deficit, £13.3m year to date deficit, was in line with the plan for Month 4. The position assumed that all Covid19 costs incurred by the Health Board were fully funded. The value of WG funding available for Covid19 had not yet been confirmed and this therefore a significant risk to the financial position. Following discussions with WG, the Health Board was reviewing its income assumptions around anticipated Covid19 funding, with a view to effecting any amendments in Month 5.</p>	

<p><b>FP20/99.2</b> The overall net cost of Covid19 on the year to date position was reported as £52.6m. Some specific funding sources had been redirected to Covid19 to provide funding of £2.4m. £17.5m of WG income had been received to cover year to date costs and a further £32.7m of WG funding was anticipated, giving a nil overall impact on the position. In Month 4, actual expenditure was £7.1m. Offsetting underspends were seen in Elective Care, where activity had significantly reduced as part of the pandemic response, with limited planned activity in July leading to cost reductions of £2.6m. In addition, there had been £0.5m slippage against some investments planned for 2020/21 and the use of £0.1m of Cluster funding. This provided a total cost of Covid19 for July of £8.2m.</p> <p><b>FP20/99.3</b> In respect of the forecast, the Health Board was anticipating that it would achieve the £40.0m deficit, as per the financial plan at the end of the year, on the basis that all Covid19 costs were fully funded by WG. It was noted that any changes to income assumptions for anticipated WG Covid19 funding would impact on the forecast.</p> <p><b>FP20/99.4</b> In respect of the identification of savings plans, and the delivery of plans already identified, it was noted that these had been severely impacted by Covid19 with savings currently forecast to under deliver by £30.8m against the £45.0m target. The Acting Executive Director of Finance advised that there would be critical focus on converting savings that were in the pipeline. She also drew the Committee's attention to the prescribing cost analysis provided within the report which indicated rising drug prices during the pandemic, in one case by 600% which was of concern.</p> <p><b>FP20/99.5</b> In response to the Committee, the Acting Executive Director of Finance assured ongoing discussion with WG also included awareness of a potential risk to cash flow arising from additional Covid19 expenditure. She agreed to look into the largest budget variance of £2.5m and feedback to the Committee.</p> <p><b>FP20/99.6</b> The Acting Executive Director of Finance agreed to share with the Chairman and Committee members the change of accountable officer letter to be provided to WG before the commencement of Mrs Gill Harris as Interim Chief Executive until Ms Jo Whitehead takes up the substantive role in January 2021.</p> <p><b>It was resolved that</b> the Committee noted the report</p>	<p>SH</p> <p>SH</p>
<p><b>FP20/100 Interim report on Covid 19 financial governance</b></p> <p><b>FP20/100.1</b> The Acting Executive Director of Finance explained the briefing paper was intended as a pre-cursor to the "Lessons Learned" report from the Finance Governance Self-Assessment Group, which was planned to report at a later meeting. This report provided a specific early summary of the self-assessment against each of the 10 key Principles of Financial Governance set out in the Welsh Government guidance of 30.3.20. It was reported that up to Month 4, the Health Board had reported Covid19 related costs of £56million, with a forecast of £122million, across a number of key Revenue, Capital and Charitable Funds elements. Information was also provided to compare the BCU approach to a sample of other NHS Wales organisations. It was noted that the Covid19 specific Finance Risk (ID 3152) – 'Covid19 expenditure may exceed funding available from WG' was logged in the Finance Directorate's risk log.</p>	



<p><b>FP20/100.2</b> The Acting Executive Director of Finance reported that formal “Lessons Learned” paper would be presented to the Committee in October, however in the main the Lessons Learned were in relation to;</p> <ul style="list-style-type: none"> <li>• Formalising the SORD for any future Emergency Control Centre(s), and sub-groups.</li> <li>• Formalising and clarifying what must be reported to the Board versus what can be managed within such an Emergency Control Centre.</li> <li>• Improved Communication Governance in relation to Policy changes (for example temporary pay related changes that were implemented during CV19).</li> <li>• Continue to working closely with NWSSP Procurement to further tighten up the controls over purchase orders between £5,000 and the £25,000 Tender limits.</li> </ul> <p><b>FP20/100.3</b> The Chairman questioned why expenditure attributed to Covid19 was rising. Discussion ensued in which the Executive Director of Workforce and OD suggested that pay costs could be a factor and the Executive Medical Director advised that BCU had dealt with a different ‘flattened’ profile in response to Covid19 as opposed to the peaks of other Health Boards.</p> <p><b>FP20/100.4</b> It was agreed that further detail would be provided in the next report to the Committee, including demonstrating a reconciliation of the additional pay costs.</p> <p><b>FP20/74.5</b> The Acting Director of Finance agreed to clarify the anomaly in respect of the Provider income analysis (Appendix A) following the meeting.</p> <p><b>It was resolved that</b> the Committee note</p> <ul style="list-style-type: none"> <li>• the early self-assessment against the key Welsh Government Principles.</li> <li>• the formal “Lessons Learned Report” from the Governance Cell will be issued for discussion at the October Committee meeting.</li> </ul> <p>agreed</p> <ul style="list-style-type: none"> <li>• future Finance reports would include the Covid19 expenditure within their monthly position reporting, in line with other Health Boards in Wales.</li> </ul>	<p>SH</p> <p>SH</p> <p>SH</p>
<p><b>FP20/101 Estates / Capital business cases</b></p> <p><b>FP20/101.1 Nuclear Medicine Consolidation Strategic Outline Business Case</b></p> <p><b>FP20/101.1.1</b> The Committee was supportive of the direction being undertaken as the ‘right thing to do’ and recognised the licensing issue detailed in the document. Clarification was sought on what level of engagement and consideration had been undertaken in respect of a single site choice of the consolidation of nuclear medicine services. The Consultant Radiologist advised that an options appraisal would be taken forward at a later stage to include the 3 main district general hospital sites. It was understood from the Assistant Director Health Strategy that the North Wales Community Health Council had commended the approach undertaken with other CHCs in Wales regarding this proposal in respect of consultation.</p>	

<p><b>FP20/101.2</b> In response to the Committee, the Consultant Radiologist explained the differences between nuclear medicine and imaging diagnostics, providing examples and explaining the additional benefits for patient diagnosis.</p> <p><b>FP20/101.3</b> The Executive Director Therapies and Health Sciences joined the meeting and advised that the Executive team were supportive of the OBC which would provide a more sustainable service and, in the long term, financial savings.</p> <p><b>FP20/101.4</b> Following the suggestion of the Deputy Chief Executive, the Executive Director Therapies and Health Sciences agreed that the timeline outlined would allow for the work to develop the Diagnostic and Treatment Centre discussed earlier in the meeting to be dovetailed with the SOC so that additional potential financial savings opportunities could be explored. She was mindful however that that this consideration should not cause delays to the agreed SOC schedule.</p> <p><b>FP20/101.5</b> The Chairman commended the colleagues (who had joined the meeting for this item only) in their preparation of a detailed and comprehensive OBC which had enabled the Committee to consider the proposal in detail.</p> <p><b>It was resolved that</b> the Committee agreed submission of the OBC to the next Board meeting</p>	
<p><b>FP20/101.2 Staff Lottery – from Charitable Funds</b></p> <p><b>FP20/101.2</b> In consideration of the proposal, the Committee questioned the level of oversight of BCU’s Charitable Funds Committee and it was agreed that a comparative be undertaken with a staff lottery operating within a South Wales Health Board and reported back. In addition, the Committee questioned whether market testing had been undertaken with BCU staff. Whilst it was noted that the Local Partnership Forum had been supportive it was agreed that this should be explored further to ensure a successful launch and opportunity to improve the profile of Awyr Las with BCU staff. In discussion of governance concerns, as a previous Chair of the Charitable Funds Committee, the Board Advisor stated that it was impossible to convert restricted funds to non restricted and therefore the opportunity to increase general funds was welcomed. The Committee also questioned whether the governance process was sufficiently robust in respect of potential fraud.</p> <p><b>It was resolved that</b> the Committee agreed to consider a revised paper at the 29.10.20 Committee meeting, addressing the concerns raised and to include more detail of how the lottery would be implemented and operated, along with evidence of sufficient potential staff support.</p>	<p>SH</p> <p>SH</p>
<p><b>FP20/102 Committee Annual report 2019/20</b></p> <p><b>FP20/102.1</b> The Acting Executive Director of Finance presented this item, advising that she had been prudent in respect of the draft assessments she had applied to each of the Committee objectives within the report. The Committee agreed these, with the exception of bullet 5 to be amended to amber status.</p>	

<p><b>FP20/102.2</b> The Chairman emphasised to the Executives present that he expected a review of the Health Board's Performance Management framework to be addressed as a priority in 2020/21, and this should be included in the Committee's focus for the year ahead section.</p> <p><b>FP20/102.3</b> As a point of accuracy, the appendices required relabelling.</p> <p><b>It was resolved that</b> the Committee</p> <ul style="list-style-type: none"> <li>• agreed the overall rating as 'amber'</li> <li>• agreed the individual Committee objectives' RAG status draft ratings, with the exception of point 5 to be amended to amber</li> <li>• approved the Committee Annual Report 2019/20, subject to the amendments agreed above, for submission to the Audit Committee to be held on 17.9.20.</li> </ul>	<p>GH</p> <p>DD</p> <p>SH</p>
<p><b>FP20/103 Monthly monitoring reports Months 4 and 3</b></p> <p><b>It was resolved that</b> the Committee noted the reports</p>	
<p><b>FP20/104 Summary of private business to be reported in public</b></p> <p><b>It was resolved that</b> the Committee noted the report</p>	
<p><b>FP20/105 Issues of significance to inform the Chair's assurance report</b></p> <p>To be agreed outside the meeting</p>	
<p><b>FP20/106 Date of next meeting</b></p> <p>A meeting would be held on 29.10.20 however, the Chairman would advise should a meeting also be required during September to address urgent business.</p>	
<p><b>Exclusion of the Press and Public</b>  Resolution to exclude the Press and Public  "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>	