



Finance & Performance Committee
Minutes of the meeting held in public on 17.1.19
in Carlton Court, St Asaph

Present:

Mr Mark Polin	BCUHB Chair – Committee Chair
Mr John Cunliffe	Independent Member
Mrs Lyn Meadows	Independent Member

In Attendance:

Mr Andrew Doughton	Wales Audit Office - <i>observer</i>
Mr Russell Favager	Executive Director of Finance (<i>part meeting</i>)
Mrs Sue Green	Executive Director Workforce and Organisational Development (OD)
Mrs Gill Harris	Executive Director Nursing and Midwifery (<i>part meeting</i>)
Mr Michael Hearty	Financial Advisor
Mrs Sue Hill	Finance Director – Operational
Mr Geoff Lang	Turnaround Director (<i>part meeting</i>)
Dr Evan Moore	Executive Medical Director
Dr Jill Newman	Director of Performance (<i>part meeting</i>)
Mr Rob Nolan	Finance Director Commissioning & Strategy (<i>part meeting</i>)
Mrs Llinos Roberts	Executive Business Manager (<i>part meeting</i>)
Mr Steve Vaughan	Interim Director Secondary Care (<i>part meeting</i>)
Mr Mark Wilkinson	Executive Director of Planning & Performance
Mrs Meinir Williams	Interim Associate Director Unscheduled Care (<i>part meeting</i>)
Ms Diane Davies	Business Support Manager

Agenda Item Discussed	Action By
<p>FP19/1 Apologies for absence</p> <p>Apologies for absence were received from Ms Helen Wilkinson.</p>	
<p>FP19/2 Declaration of Interests</p> <p>None declared.</p>	
<p>FP19/3 Draft minutes of the previous meeting held on 22.11.18 and summary action plan</p> <p>FP19/3.1 The minutes were agreed as an accurate record.</p> <p>The closed actions were accepted and updates provided as follows: FP18/159.3 It was agreed that the Executive Director Planning and Performance would provide the Chair of the Informatics and Information Governance Committee member</p>	MW

<p>with a further update on the testing plan on a risk assessed basis for Business Continuity. The action was re-opened.</p> <p>FP18/180.10 Executive team discussion on this item was noted, including the key area of front end decision making. It was agreed that the Executive Director of Planning and Performance would liaise with the Executive Director of Primary and Community Services to consult with the Chairman and members' for their views on the report being prepared before circulation to partners.</p>	MW/CS
<p>FP19/4 Finance report Month 9</p> <p>FP19/4.1 The Executive Director of Finance introduced this item. He reported that the position for month 9 was at £1m adverse variance in month which was due to non delivery of savings plans consisting of £300k original schemes and £700k turnaround schemes, in addition care packages are £800k overspent which had been offset by primary care and other budget under spending. He advised that the cumulative position was an adverse variance of £1.9m to deliver the £35m financial plan and control total. He emphasised that the planned monthly deficit run rate was expected to reduce to £2m if all savings were delivered. He advised of the reasons for the Area Teams deteriorating positions and reminded members of the continuing variances within the Mental Health (£3.4m) and Secondary Care (£5.2m) Divisions, pointing out that Care Packages accounted for £3.3m and Primary Care Drugs £2.9m.</p> <p>FP19/4.2 The Executive Director of Finance reported that £11.6m resource had been received in respect of RTT from Welsh Government therefore £2.6m was currently being spent at risk and that, should target delivery not be achieved, some of the WG resource would be clawed back. He advised that the savings achieved to date were £25.7m against the plan of £28.7m. He reminded the Committee of the 'ramp up' in savings which had been planned for in the final quarter. The Chairman emphasised that lessons needed to be learned for the future in respect of 'ramping up' going forward and that a cohesive Executive Team approach was also required which he believed was not the current position.</p> <p>FP19/4.3 In respect of the Month 9 heat map provided in the presentation the non-efficacy of Area Team accountability was questioned by the Financial Advisor. He was assured that support had been provided and that a systemic approach was adopted going forward. He also suggested viewing shared model documents on the same page. In the discussion which followed the Chairman questioned the challenge associated with separating finance and performance accountability and the Executive Director of Nursing and Midwifery highlighted that quality perspectives should also be taken into account. The Chairman also questioned whether Divisional Plans would also serve the higher purpose of driving activity and delivery of the organisation's priorities. The Executive Director of Planning and Performance advised that whilst these were not sufficiently developed, they were being explored and the Accountability Framework going forward would be set up to address the objectives of the 3 year plan. A discussion ensued on the quality of senior and middle management, in which the Chairman questioned the level of clarity on expectations. The Executives provided examples of working together moving forward. The issue of GP Cluster and locality accountability challenges were also discussed, in which the Executive Medical Director pointed out various GP pressures and it was also acknowledged that managed practices were more expensive. In respect of Care Packages, concerns regarding systems and processes were discussed. It was noted that an individual with commissioning experience had now been appointed and the</p>	

Turnaround Director confirmed that a plan was being developed to review this area. The Executive Director Planning and Performance reminded members of the need for further discussion with Local Authorities.

FP19/4.4 In response to the Chairman's concern it was confirmed that staff were currently dealing with preparedness for the coming financial year with a committed planning focus. It was also confirmed that the Executive Team 'held the list' in respect of prioritisation to ensure timely commencement. In the discussion in which the Chairman sought assurance on the delivery of the Plan by the end of February 2019 in line with WG expectation, it was noted that more dedicated finance support was required and it was also agreed that the Executive Director of Planning and Performance would provide the Chairman with an update on partnership opportunities with Registered Social Landlords across North Wales.

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FP19/4.5 In the discussion which ensued on the analysis of Savings Schemes provided, the Chairman observed that there was widespread non delivery. The Committee questioned organisational fatigue and issues with headroom, capacity and capability. The Financial Advisor also questioned whether the risk on turnaround focus precluded a focus on 3/5/10 year planning. The Chairman questioned whether delivery of the schemes was realistic emphasising the Committee's need to understand the essential activity required to deliver the £7m of alternative schemes outlined.

In respect of the year end forecast the Chairman urged action to reduce the £7m likely forecast variance to £5m or below over the last 3 months of the financial year. Actions being taken to recover the position were outlined by the Executive Director of Finance, and, in regard to non-pay schemes, he stated that some of the actions should not have consequences that affected other essential areas such as RTT and Unscheduled Care. The key risks outlined were discussed and the Chairman pointed out the potential non delivery of additional high risk schemes of £3.6m, he reiterated his concern on the need for a coherent plan to exercise financial control by 31.3.19. He requested that the Executive Director of Finance provide a timeline report to include additional financial controls, clawback possibilities and risks. It was also agreed that table 4.2 should include HRG4+, RTT performance and FNC with the report being submitted to the Health Board meeting on 24.1.19.

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FP19/4.6 With regard to the current year end forecast by Divisions the Executive Director of Finance highlighted this as £8.7m. He reminded the Committee that at month 7 the Divisional risk was £10m and hence turnaround actions of £7.7m were developed by the Turnaround Director. At the time his assessment was the risk to delivery was between £3.4m if everything delivered to £8m, hence why a £5m risk had been identified. The current divisional assessment is that the forecast outturn would be £44m, however this includes only £1.2m of divisional turnaround savings being delivered. However, the Executive Team believe more savings can be delivered particularly around procurement and prescribing and more central controls over the next couple of months which would reduce this figure down to £42m. The Executive Director of Finance highlighted lessons to be learnt by the Health Board from 2018/19 included capacity and capability within Secondary Care operational management is inadequate; savings schemes need to be fully identified before the start of the financial year; need to strengthen the support from PMO and service improvement to Divisions around savings schemes management; enhanced workforce controls required; Joint ownership and better system working required and better grip and control around packages of care

processes required.

FP19/4.7 The Executive Director of Finance ran through the slides on potential reduced expenditure opportunities around pay and non pay for the remaining months of the year and explained that central system controls and instruction would be introduced in some areas to ensure there is an increased level of scrutiny and control over the remainder of the year. He then summarised the key points at month 9 as

- The year to date deficit is £30.2m and over plan by £1.9m against the cumulative plan. The in-month position is £1.0m over plan.
- Main cause of the overspend in month related to under delivery against savings plans across most divisions.
 - Of the £7m Turnaround Schemes allocated in M08, currently there are only plans to deliver £1.2m in divisional forecasts.
 - Central Area, all of Secondary Care and MHL D currently have either no plans or very low value of new schemes to help deliver the £7m target.
 - In month position of £1.0m
 - Impact of £0.7m in month.
 - Original schemes behind plan by £0.3m.
- Care packages over spent in month (£0.8m), predominantly in MHL D.
- Offset by underspends on Primary Care and other budgets.
- Based on the overspend reported in M09, the year-end forecast has been revised to £42m and an Accountable Officer letter sent to Welsh Government.
- Action must continue to be taken to reduce the year-end forecast and implement the agreed recovery actions.
- Short timescale now to deliver turnaround actions that will impact on the run rate in this financial year.

It was resolved that the Committee

- noted the report including the increased forecast outturn of £42.0m.
- noted that the management of cash remains a key priority and a request for a further £7.0m repayable strategic cash support will be submitted to Welsh Government to support the increase in the forecast deficit and ensure that payments can continue to be made during March 2019.

The Chairman re-ordered agenda items from this point

FP19/13 Paybill Review Progress report

FP19/13.1 The Executive Director of Workforce and Organisational Development (OD) presented this item. She provided assurance that actions were being put in place or in the process of providing benefit. She described work undertaken in respect of counting and reporting of non-core/additional hours which was expected to result in -£8m. In addition, the Executive Director of Workforce & OD explained benefits resulting from the introduction of Establishment Control, such as 33% reduction in pay related changes and reductions in hour changes as well as vacancies. She agreed to provide the Committee with a briefing note outlining the reductions advised. In respect of rota and roster management it was noted that templates had been introduced to wards

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requiring intensive support and examples were provided of the benefits achieved, especially 'making it easier to do the right process'. The Financial Advisor acknowledged the positive initiatives, however he questioned at what point other considerations would be given to support management resilience. It was the Executive Director of Workforce & OD's opinion that this consideration should take place by the end of Quarter 2.

FP19/13.2 Various initiatives had been introduced in respect of Junior Doctor management, reported the quantification of benefits realisation was close to completion. The Executive Director of Workforce & OD outlined intensive support being introduced regarding skill mixes as proof of concept at Wrexham Maelor and Ysbyty Glan Clwyd, also highlighting marketing campaigns and further activities. She advised that there were plans for continued improvements with temporary nurse staffing and other arrangements being considered to deal with admin temporary staffing.

FP19/13.3 The Chairman requested clarity on whether the absence of controls in some of the areas highlighted indicated any financial mis-management, however he was assured that this was not the case and that there was an awareness of the procedure to follow, with any overpayment monies being recovered.

It was resolved that the Committee

noted the report and support the continued progression of the opportunities outlined.

FP19/13.4 The Chairman informed the Committee that, following discussion with the Minister and NHS Wales Chief Executive, it was agreed that WG's Financial Delivery Unit would provide support to the organisation and that he had made a decision to commission an assurance review of current financial control management and turnaround activity into the new financial year.

The Executive Business Manager left the meeting

FP19/5 Turnaround Programme Savings report – Month 9 2018/19

FP19/5.1 The Turnaround Director presented this item. He drew attention to savings which had been built into specific plans by Divisions with a forecast delivery of £38.8m which was clearly short of the £45m target set by the Board and the residual element related to savings schemes not identified in full. The programme and savings requirement reflected the changes agreed in month 6 and the introduction of an additional £7.7m of turnaround schemes to replace the under-performing resource utilisation schemes. These additions were intended to maintain the programme at £45m, however at the end of December forecast savings stood at £38.8m, being 86% of the target level. Plans to deliver the additional schemes to bridge the savings deficit were progressing at a divisional level. Current risk profiles and values were pointed out as well as the position on recurrent savings.

FP19/5.2 In response to the Chairman, the Turnaround Director advised that the Acute sites (with the exception of Ysbyty Gwynedd) had not delivered additional savings as well as the other Areas. In response to the Committee's question as to why the West was better at delivering savings, he advised that there was less reliance on agency staff as there were more substantive staff in post and there had been more focussed work on non-pay areas eg theatres. In addition there was a more stable and experienced

hospital management team in place with a good relationship with the West Area Team. It was also noted that their Staff Survey results were more positive in the West too. A discussion ensued on best practices in which the Chairman suggested cross representation accountability meetings.

FP19/5.3 The Committee discussed the issues highlighted around the non-delivery of savings including availability of support and a sense of staff pressures. The Committee was clear that current methodology was not effective and that 'big ticket' items such as service transformation were not being addressed. The Chairman clarified that the Committee needed to be made aware should resources not be in place by 1.4.19. Discussion ensued on capability and capacity as well as priorities and the need for a decision regarding PMO utilisation as an enabler or deliverer also needed to be made to ensure adequate staffing. The Executive Director Workforce & OD reminded members that the BCU Improvement system was included in year 1 of the Workforce Strategy moving forward. Key actions within the workstreams of Average Length of Stay, Clinical Variation (Secondary Care), Outpatients and Theatres were highlighted.

It was resolved that the Committee

- Noted the forecast position for divisional savings schemes currently stands at £38.8m
- Noted the additional savings which have been delivered against the turnaround targets and the remaining gap of £6.2m to achieve the £45m target.
- Noted the shortfall against turnaround savings targets which is a key risk to delivery in 2018/19.
- Noted the escalation activity which is ongoing to secure further in year savings
- Noted the work ongoing in relation to resource utilisation schemes

FP19/9 Integrated Quality and Performance report Month 9

IQPR / RTT / Unscheduled Care

FP19/9.1 The Performance Director joined the meeting for this item and provided an update on the Key Performance Indicators. She advised of the deteriorating position in respect of RTT and the challenges involved with managing patients presenting with increased levels of urgency and treating out of turn, across a variety of specialities. The Performance Director also drew attention to the effect on interconnected services such as endoscopy and variation across hospital sites. The Committee questioned the strength of the narrative within the new format report and referenced trajectories and timelines. Discussion ensued in which it was agreed that the Performance Director would issue further clarity on Board and F&P templates to authors. The Committee emphasised the need for clarity on trajectories moving into the new financial year for both RTT and Unscheduled Care. In discussion on the waiting lists the Executive Medical Director commented that there was an issue regarding confidence with the numbers involved. The Chairman emphasised the financial risk involved and invited the Interim Director Secondary Care and Interim Associate Director Unscheduled Care to join the meeting for the RTT and Unscheduled Care discussions.

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FP19/12 RTT

FP19/12.1 The Interim Director Secondary Care advised of that the number of long waiting patients had deteriorated over the past 2 months to 7144 at the end of

December 2018. However, in overall terms the cohort patients had reduced and were continuing to track in line with the forecast as in the previous year. He advised that this data was being explored with the Delivery Unit to understand the variation in the figures. He raised concern in respect of the cohort composition as there were aspects of the pathway that were under most pressure. The further potential effect of diagnostic testing pressures in endoscopy due to cancer referrals was highlighted.

FP19/12.2 In discussion of the targets within the graphs provided on Stages 1-4, the Chairman emphasised the need for greater clarity with the figures in the run up to the next financial year. The Interim Director Secondary Care outlined a stocktake of the year end forecast completed in December, highlighting various specialty improvements and deteriorations. He advised the recalculated forecast was less than 6300 which was a worse position than previously indicated. He drew the Committee's attention to specific actions agreed with WG that were detailed in the report and being monitored at weekly Access meetings. It was noted that discussions held on sites emphasised the priority and that the figures were non-negotiable. In respect of financial considerations he advised that an instruction had been issued to cease outsourced work.

FP19/12.3 The Interim Director Secondary Care advised the Committee that RTT work was focussed on implementing the WG actions, addressing potential data anomalies, establishing governance and leadership arrangements going forward and performance managing the delivery. Following the Chairman's concern regarding how the organisation could improve internal understanding, a discussion ensued in which the Executive Medical Director confirmed that the Executive Team was addressing this issue with departments. The Associate Director Unscheduled Care stated a need for key specialty specific decisions to be made, as in the case of orthopaedics. The Chairman requested that the Executive Team provide a briefing on their discussions to F&P members following the meeting. He also requested a further briefing on planned care.

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FP19/11 Unscheduled Care 90 day plan and Winter Resilience update report

FP19/11.1 The Associate Director Unscheduled Care advised that the demand management 90 day plan included pathway and engagement tasks, and had achieved its improvement trajectory within the first 30 days. This demonstrated an increased WAST utilisation of BCUHB's Minor Injury Units by 25% based on the same period of the previous year. She advised that patient flow remained the most challenging area of the next 90 day cycle with varying degrees of success by locality against the flow trajectories which was likely to remain for the next 18 weeks. She drew attention to Area performances as well as the deterioration in 4 hour Emergency Department (ED) wait performance which was understood to be worsening at Wrexham Maelor (WM). However, she reported there had been a remarkable improvement at WM in respect of > 60 minute ambulance handover despite challenging presentations.

FP19/11.2 The Associate Director Unscheduled Care reported that each DGH site had been at high escalation level since the Christmas period, including the highest level 4. The Executive Director of Nursing and Midwifery pointed out issues which had arisen in moving patient risk from ambulance to ED. She also highlighted site capacity and capability along with additional Director level work and the immediate actions undertaken to draw attention to appropriate staffing availability.

FP19/11.3 The Associate Director Unscheduled Care advised that the next 90 day plan

cycle was being finalised with the inclusion of job planning improvements and relaunch at all sites. The Chairman noted that various senior substantive appointments had been made recently and welcomed the improvements they would make.

FP19/11.4 The Committee questioned whether the Shropshire Doctor model had been explored at BCU and also a recent experience within ED in respect of the “I Can” mental health campaign which the Associate Director Unscheduled Care explained. She drew attention to, and commended, work which improved the patient pathway that had been delivered in partnership with the Third Sector.

It was resolved that the Committee noted:

- The report and progress made against the 90 day plan.
- The progress and update against the Winter Resilience Plan
- And recognised the achievement against the 90 day measures and how this indicated the system ability and resilience to meet periods of demand and high escalation
- The position highlighted at Ysbyty Glan Clwyd and the ongoing work to agree actions to address and improve performance.
- the next cycle of the 90 day plan was being finalised but would include all outstanding actions carried forward from this iteration.
- The ongoing focus to improve partnership working relating to BCU's Unscheduled Care Improvement journey above the current Associate Director attendance at Leadership Group, and Executive representation of the plans at the Regional Partnership Board

FP19.8 3 year plan

FP19.8.1 The Executive Director of Planning and Performance provided a verbal update on development of the 3 year plan. He advised that feedback provided at the Board development session held on 10.1.19 had been incorporated, with particular attention to connectivity with ‘A Healthier Wales’. It was noted that the next iteration would be presented to the Board on 24.1.19 including Healthier Wales deliverables, examples of which were provided in the financial planning update presentation. The presentation also included ‘The plan on a page’.

FP19.8.2 The Executive Director of Planning and Performance reported that there was confidence within the Executive Team that fulfilment of the Plan would result in a successful health service. He emphasised the need to identify metrics at pace, and that the plan should be viewed through the lens of affordability, workforce deliverability and the achievement of BCU and WG performance expectations.

FP19.8.3 In response to the Financial Advisor it was agreed that supporting strategies would be linked within the document. Debate ensued on whether there should be emphasis on delivery of year 1 which was understood to have been considered by the Executive Team. The Executive Director of Planning and Performance stated ownership of the 3 year plan resided with the Executive Team and he also acknowledged that a number of comments had been provided by the Chairman for consideration and inclusion.

The Committee resolved to
note the verbal update

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<p><i>The Turnaround Director left the meeting</i></p>	
<p>FP19.6 Financial Planning <i>The Finance Director Commissioning and Strategic Financial Planning joined the meeting</i></p> <p>FP19.6.1 The Executive Director of Finance provided a powerpoint presentation to update the Committee on financial planning for 2019/20. The presentation outlined the following Health Board wide elements which were being put in place and should result in delivery being improved on the current year: Building on quality improvement; Leadership Capacity and Capability improvements; Joint ownership and system working; Partnerships; Workforce, Estates and Digital Strategies; Clinical Strategy; Engagement and Turnaround / Transformation Function. The Chairman’s concern on whether the Clinical Strategy would be in place by 1.9.19 was noted. Following discussion, it was agreed that the Financial Strategy should also be listed and that the Plan should be considered by the North Wales Regional Partnership Board.</p> <p>FP19.6.2 The Executive Director of Finance outlined the considerable resources held nationally which could be accessed via the submission of professional, good quality bids, these needed to be worked up now. He also advised that it was the Executive Team view that whilst the Board had agreed a Deficit Reduction Programme in March 2018 with a deficit of £20m in 2019/2020, it was now considered that a more realistic figure would be £35m, based on current information and likely savings delivery however this was unlikely to be politically acceptable. In addition, the Executive Team believed that in consideration of capacity and infrastructure to deliver cash releasing savings of £34.5m that £25m was more realistic for 2019/20 only, although plans should still be developed for £34.5m. In respect of whether BCU should invest the “Healthier Wales” funding of £9.5m or limit to a certain value ie £5m and target any new investments against national monies, the Executive Team believed that investment was required to deliver the plans within the strategy and therefore should be held at the current level, however this was part of an iterative process. The Committee were advised that the savings figures had been derived based upon current years delivery and the Executive Team’s assessment of the areas identified for 2019/2020 and what would be delivered in year.</p> <p>FP19.6.3 A reminder of the breakdown of the £49m underlying deficit was provided by service area and cost driver. It was agreed that the Executive Director Finance / Finance Director – Commissioning and Planning would discuss the data provided on the deficit assessment with the Chairman outside the meeting. The approach to setting savings targets was outlined in the presentation, this was based upon themed benchmarking evidence, ultimately themed savings would be allocated against Divisions relevant subjective budgets, only 0.5% of Divisional savings targets are based upon a direct percentage target. The Chairman questioned whether the approach was high risk, highlighting particular concern with current performance and disbursed ownership instead of exploring a more centralised approach, the Executive Director of Finance stated that some Health Board wide schemes were being explored by the Executive Team. The Chairman also expressed concern that Mental Health & Learning Disabilities improvements would not take place without additional funding. The Chairman requested that a clearer description of the savings model be prepared along with assurance on the delivery method.</p> <p>FP19.6.4 Determinants of when BCU could close the gap to achieve financial balance</p>	<p>MW</p> <p>RF/RN</p> <p>GL</p>

<p>was also outlined in which the requirement for strong clinical and service leadership supported by capable business support and good quality business intelligence, including benchmarking and variation was noted. The Chairman encouraged the Executive Director of Finance and the Executive Director of Planning and Performance to work together with the Communications Department to consider more positive messaging.</p> <p>It was resolved that the Committee Submit the draft 3 year plan to the public session of the 24.1.19 Board meeting Submit the accompanying draft financial plan to the InCommittee session of the 24.1.19 Board meeting</p>	
<p>FP19.7 Capital Programme month 9</p> <p>The Committee considered the Capital programme report. It was agreed that the Executive Director of Planning and Performance would provide further detail on the Air Handling Unit following the meeting to members along with the use of contingency in respect of the Ysbyty Gwynedd ED Development.</p> <p>It was resolved that the Committee noted the report</p>	MW
<p>FP19/10 Interim Performance Accountability Framework</p> <p>FP19/10.1 The Executive Director of Planning and Performance presented this item. The report drew attention to the following key points:</p> <ul style="list-style-type: none"> • Interim accountability review arrangements to run in 2019 with intent to learn from process and adapt and adopt for 2019-2022 planning period. • Delivering BCU plans requires a team focus. • Accountability is exercised via a) the Board and Committees, b) individual objective setting, and c) quarterly accountability review meetings. • Health Economy based accountability reviews (three economies: West, Central and East) with the performance of divisions and Areas as a 'subset' of geographic economy based performance. • Escalation framework mirroring Welsh Government framework of tiered escalation. <p>FP19/10.2 The Chair concurred that objective setting in line with the 3 year plan was an essential element of the Framework. In response to the Financial Advisor's question it was explained that the Framework was interim in order to make improvements via experience. Discussion ensued on senior officer delegation in which the Chairman sought assurance that Executives were prioritising accountability meetings. The Chairman queried whether there was a change in direction in respect of the statement that 'Within these accountability meetings individual directors will normally assume overall responsibility for reporting from within their own portfolio' which the Executive Director Planning and Performance clarified.</p> <p>It was resolved that the Committee noted the report and accepted the interim arrangements being tested with a view to adaption and adoption aligned to the 3 year operational plan 2019-2022. agreed the arrangements replace the existing framework ratified in December 2017 and</p>	

advise the Audit Committee of the change.	
FP19/14 Issues of significance to inform the Chair's assurance report To be completed outside of the meeting.	
FP19/15 Summary of In Committee business to be reported in public It was resolved that the Committee note the report.	
FP19/16 Date of Next Meeting 9.00am 26.2.19	
FP19/17 Exclusion of the Press and Public 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.	