

# Minutes of the Finance and Performance Committee 21 February 2018

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Agenda Item No: 12.6

Minutes of the Finance and Performance Committee

**Date** Wednesday 21<sup>st</sup> February 2018  
**Venue** Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)  
**Time** 8.30am

**Present:**

<u>Name</u>	<u>Role</u>
Mary Martin	Non-Executive Director (Chair)
Sue Rawlings	Non-Executive Director
Mike Sharon	Director of Strategic Planning & Performance
Alan Duffell	Director of Workforce (part)
Gwen Nuttall	Chief Operating Officer (part)
Jeremy Vanes	Chairman (part)

**In Attendance:**

<u>Name</u>	<u>Role</u>
Helen Troalen	Deputy Chief Finance Officer
Baljinder Chanian	CRN WM Finance Accountant (part)
Claire Richards	PA to Director of Strategic Planning & Performance (Note Taker)

<b>012/2018</b>	<b><u>Apologies for Absence</u></b> Apologies were received from Kevin Stringer, Junior Hemans and Simon Evans.	
<b>013/2018</b>	<b><u>Minutes of Meeting Held on 24<sup>th</sup> January 2018</u></b> The minutes were agreed to be a true record.	
<b>014/2018</b>	<b><u>Action Points From Previous Meeting</u></b>	
<b>014.01</b>	<u>BAF SR4 Estates Strategy Board Development Session</u> – M Martin asked K Stringer to confirm the date of the Estates/West Park Board Development session. M Sharon stated that this was likely to be in the next financial year.	<b>KS</b>
<b>014.02</b>	<u>BAF SR4</u> – K Stringer had updated to reflect the positive actions being undertaken. <b>Action closed.</b>	
<b>014.03</b>	<u>BAF SR4, 10 and 11</u> – K Stringer to merge the risks from 1 <sup>st</sup> April onwards.	<b>KS</b>
<b>014.04</b>	<u>Ambulatory Care &amp; Frailty Business Case</u> – M Sharon stated that work was ongoing to update the recommended changes.	<b>MS</b>
<b>014.05</b>	<u>Capital Programme (CCTV Update)</u> – K Stringer had emailed to confirm that this work has been completed as per the bid submitted. <b>Action closed.</b>	
<b>015/2018</b>	<b><u>Declaration of Interest</u></b> None declared.	
<b>16/2018</b>	<b><u>NIHR CRN: West Midlands Report</u></b> B Chanian presented the report.	

	<p>The final submission for Quarter 3 2017/18 was submitted on 25<sup>th</sup> January 2018. The CRN reported an under spend of approximately £70k against the full annual allocation of £27.4m this represents 0.26% of the total allocation and is within the guidelines. The £70k has now been allocated and will be fully utilised by the year end. B Chanian stated that there are posts within the forecast that are not due to start until February/March, however, this is being monitored monthly and if there is an underspend the amount will be redistributed.</p> <p><u>Annual Financial Plan</u> 18/19 Plans were drawn up during November and December based on assessment of income not changing significantly from 17/18. Final allocations were confirmed by NIHR to be £27.6m (17/18 £27.2m). This leaves £467k (£1.7%) to allocate, the guidelines allow a 10% unallocated rate at the start of the year. B Chanian stated that the executive team will consider options to use the £467k for any emerging priorities within the year.</p> <p>B Chanian informed the Committee that the Financial Control Health Check Visit suggested that disclosure statements be sent to partner organisations asking them to confirm their usage of NIHR funds. B Chanian confirmed that disclosure statements had been issued and that all but one had been returned. The Primary Care disclosure statement that is outstanding will be completed for the whole year.</p> <p>B Chanian stated that monitoring visits have taken place throughout year and that CRN have visited all organisations at least once by the end of the current year. S Rawlings asked if there had been any recommendations following the visits. B Chanian stated that there had not been any recommendations but that the visits had improved overall communication and relationships. H Troalen stated that the findings from the finance health check compliance with reporting and PO monitoring visits were one of the best in the Country.</p> <p>S Rawlings stated that HLO2a and HLO7 targets had slipped last quarter and asked if any action plans were in place to improve this. M Martin asked if there were any financial penalties if targets were missed. B Chanian stated that she would request a response from P Boyle. Please see response from P Boyle below:</p> <p><i>“An action plan is in place to improve HLO2a, which has been reviewed by the national team and has been assessed as a robust plan. It is acknowledged that it will take some time for older studies, where the recruitment targets were unrealistic, to close and so we are not expecting to meet the target for HLO2a during 2018/19.</i></p> <p><i>For HLO7 we are in the process of appointing a Clinical Research Lead which will help improve performance. With the national portfolio limited we will need to generate our own studies which again will take some time.</i></p> <p><i>We do not have any financial penalties for not meeting HLO2a and HLO7.”</i></p> <p>The Committee thanked B Chanian for attending the meeting.</p>	
<p><b>17/2018</b></p> <p>017.1</p>	<p><b><u>Governance</u></b></p> <p><u>BAF Update</u> – The BAF report and management of the BAF was discussed. Highlights are as follows:</p> <p><u>SR4</u> – H Troalen confirmed that K Stringer had escalated the £6m Cannock support issue to the NHSI national FD. A discussion also took place regarding the £4.8m disputed invoice. M Martin asked if the £4.8m could be escalated as the Trust had been awaiting an arbitration date for some time. G Nuttall stated that this had been escalated to the Regional Director of Finance at</p>	

	NHSI. A further discussion took place, M Martin felt that this was an uncontrollable risk.																			
<b>018/2018</b>	<b><u>Financial Performance for Period 10</u></b>																			
018.1	<u>Trust Financial Report</u> H Troalen provided an overview of the Finance Report.																			
018.1.1	Income and Expenditure (I&E) position as at month 10 (against the internal and NHSI plan) is as follows:  <table border="1"> <thead> <tr> <th></th> <th>Target (£'000)</th> <th>Unachieved STF</th> <th>Restated Target</th> <th>Performance</th> <th>Variance (£000)</th> </tr> </thead> <tbody> <tr> <td>Performance Against NHSI Month 10</td> <td>8,068</td> <td>2,045</td> <td>6,023</td> <td>4,942</td> <td>(1,081)</td> </tr> <tr> <td>I&amp;E Target Performance Month 10</td> <td>14,548</td> <td>2,045</td> <td>12,503</td> <td>4,942</td> <td>(7,561)</td> </tr> </tbody> </table> <p>The Trust had a strong financial performance in month 10. Activity levels were high in January and although the Trust under performed on electives the income was above plan on day cases and non-elective admissions. The in-month financial performance demonstrates that the Trust dealt well with winter related activity as the Trust had predicted the loss of elective income but this was more than recovered by non-elective income. The cost of delivering the activity was also high with pay overspent by £0.9m in-month. After taking out one-off winter pressures funding of £423k the Trust delivered a small in month surplus of £40k. However, despite the strong in-month performance, the year to date position is £1.1m behind plan. This reflects the deterioration that the Trust is expecting in the finances in quarter four as less non-recurrent measures are available to support the position and CIP performance is still behind plan.</p>		Target (£'000)	Unachieved STF	Restated Target	Performance	Variance (£000)	Performance Against NHSI Month 10	8,068	2,045	6,023	4,942	(1,081)	I&E Target Performance Month 10	14,548	2,045	12,503	4,942	(7,561)	
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I&E Target Performance Month 10	14,548	2,045	12,503	4,942	(7,561)															
018.1.2	The main issues are: <ol style="list-style-type: none"> <li>1) MSFT transitional income (£6m) and the 16/17 year end invoice in dispute with host commissioner (£4.8m). Both of these are in escalation.</li> <li>2) An estimated £7m shortfall against the CIP plan which is reflected in the forecast outturn position and is the main driver behind the £6m shortfall against control total.</li> <li>3) STF income risk (£4.4m). This is also factored into the forecast. The main problem with this is the loss of cash that the Trust would otherwise have access to and the subsequent impact on the Trust's financial ratings.</li> <li>4) Agreement with the host commissioner for the re-investment of MRET/readmissions/fines and stranded costs.</li> </ol>																			
018.1.3	CIP: In month 10 there has been an under recovery of £1.3m against the in-month CIP plan but the year to date position is CIP achievement of £16.4m against a £20.1m plan. The remaining plan (months 11 and 12) is to deliver a further £6.8m but only a further £2.5m has been identified taking the full year CIP forecast to £18.9m. The non-delivery of recurrent and cash releasing CIP continues to be an issue and the risk of this moves into the new financial year.																			
018.1.4	Forecast: The Trust is continuing to forecast a £4.3m deficit. More work needs to be done to understand the high pay bill in January and whether this has a material impact on the forecast outturn.																			
018.1.5	Cash: The Trust had a cash balance of £14.5m as at 31st January 2018 which is £18.3m below the plan. However, despite being below plan, weekly cash monitoring is in place and it is not anticipated that distress financing will be required this financial year.																			
018.1.6	H Troalen informed the Committee that the internal audit report had identified that the capital plan is not reflected well in the cash forecast. The other area highlighted for improvement was that the cash forecast relies heavily on what has happened in the past. HT said that this is not accurate and that has been raised with internal auditors to amend as it is only the non-pay expenditure and the capital expenditure that relies on what has happened in the past to inform cash outflows.																			

018.1.7	A recommendation from the audit is that the Trust completes a 12 month rolling forecast, this recommendation has been accepted. Further work needs to be completed before compiling an action plan.
018.1.8	S Rawlings asked why pay costs had increased in January. H Troalen provided a breakdown of pay costs one of which was £150k pay arrears back dated to April. M Martin asked if work needed to take place to improve accrual pay. H Troalen stated that this was a one off incident and that she would make further checks on the reasons for this. See item 021.4 for update.
018.1.9	S Rawlings stated that there seemed to be a shift between Agency and Bank. G Nuttall confirmed that this was expected. H Troalen stated that it was important to ensure that the forecast was correct for February and March. A discussion took place regarding overtime costs and activity forecast. M Sharon informed the Committee that the Trust will be coding AEC work against CDU in the future which will show an increase in CDU activity.
018.1.10	A discussion took place regarding contract negotiations with the CCGs. M Sharon confirmed that primary focus would be regarding the impact of planning guidance on the activity levels to be negotiated in the contract and whether this activity could be delivered. M Martin asked about the situation regarding return of fines and MRET for 2017/18. M Sharon stated that discussions were ongoing with Wolverhampton CCG but he was unsure of a specific date to discuss with Staffordshire at this time. It was confirmed that the total sum being discussed was some £1.4m but that discussion could be impacted by the outcome of the arbitration on the disputed invoice.
018.1.11	H Troalen provided an update on the payment of creditors. The Trust is currently running a week in arrears in order to protect the cash position. This is constantly monitored, however, it would cost £2 – 3m to bring this back in line and at present this is not financially viable. As part of the internal audit Grant Thornton indicated that when other Trusts needed to acquire loans the expectation from the centre is that creditors run out far longer than the week in arrears that we have at present. M Martin asked if there had been any instances where suppliers had threatened not to supply due to late payment. H Troalen stated that this was not the case and reassured the Committee that the Trust took a sensitive approach to invoice payments recognising any particular difficulties for small and/or local suppliers
018.1.12	A low priority recommendation from the internal audit was that the Trust set out a Creditors Policy. H Troalen stated that this would be actioned.
018.1.13	S Rawlings drew attention to page 13 of the Supplementary Report and queried why the NHS accrued income had increased. H Troalen provided as response, see item 021.4.
018.1.14	<p>H Troalen circulated a copy of the year to date and forecast position. H Troalen stated that the Trust was forecasting a £0.55m in the year end accounts after the inclusion of £5.5m of STF monies. Excluding the STF and after adjusting for known risks, H Troalen stated that the most likely position would be a deficit of £-5.6m but a there is still a lot that can be done, including minimising the risk on CCG income in order to achieve the forecast £-4.253m deficit.</p> <p>A discussion took place regarding CIP savings. M Martin asked if there were plans to limit expenditure within the last 2 months of the financial year. G Nuttall stated that this was not the case.</p> <p>The report was noted.</p>

018.2	<p><u>Supplementary Finance Report</u> The supplementary report was read in conjunction with the Finance Report.</p> <p>The report was noted.</p>							
018.3	<p><u>Financial Recovery Board (FRB) Report</u> M Sharon presented the above report.</p>							
018.3.1	<p>The 2017/18 CIP Target is £26.900m. This is broken down into a £20.000m recurrent CIP Target and £6.900m non-recurrent CIP Target.</p>							
018.3.2	<p>At month 10, the Trust is forecasting to deliver £18.946m, this has increased from month 9 to month 10 by £0.486m. Of which, the Trust's recurrent YTD delivery is £4.981m (this represents a current increase of £0.480m from month 9) with forecast outturn of £6.491m and the Trust's non-recurrent YTD delivery is £11.376m with forecast outturn of £12.456m.</p>							
018.3.3	<p>As of month 10, the Trust has delivered £16.357m (88%) YTD against a YTD plan of £18.436m.</p>							
018.3.4	<p>The Division One Programme requested FRB approval to remove a previously approved scheme - DYSIS Technology for Colposcopy treatment. FRB approved the scheme to be removed from 2017/18 and to be transferred to 2018/19. The transfer of this scheme does not impact the month 10 forecast outturn £18.946m. However, the Division One Programme presented 10 new recurrent PIDs for FRB approval with a combined value of £141,001 in year and £352,013 recurrently (these schemes have been included in the £18.946m forecast outturn). FRB approved all 10 PIDs.</p>							
018.3.5	<p>M Sharon informed the Committee that the Trust has populated the template for the Use of Resources Review on 2<sup>nd</sup> March, which forms part of the NHSI visit and overall CQC assessment of the Trust's rating. M Sharon stated that most of the indicators in terms of efficiency across the organisation are better than median and there are a relatively small number of areas which appear to be worse than median.</p>							
018.3.6	<p>M Sharon stated that the Model Hospital metrics are now showing a reduction of £29m to £23m, which is forming the basis for 2018/19 CIP Plan. The Trust has agreed that the 2018-19 CIP target will range from £20 - £25m, which is broken down as follows:</p> <table data-bbox="252 1429 1377 1529"> <tr> <td>Recurrent Target</td> <td>£10m</td> </tr> <tr> <td>Non-recurrent Target</td> <td>£10m</td> </tr> <tr> <td>Budgeted reductions in Bank, Agency and WLI</td> <td>£5m (included as additional stretch).</td> </tr> </table>	Recurrent Target	£10m	Non-recurrent Target	£10m	Budgeted reductions in Bank, Agency and WLI	£5m (included as additional stretch).	
Recurrent Target	£10m							
Non-recurrent Target	£10m							
Budgeted reductions in Bank, Agency and WLI	£5m (included as additional stretch).							
018.3.7	<p>G Nuttall informed the Committee that there were plans to achieve £20m CIP savings but felt that the additional £5m savings would be difficult to achieve.</p>							
018.3.8	<p>M Martin informed the Committee that she had had discussions with N Simmonds regarding national procurement savings and felt that this could reduce savings locally.</p>							
018.3.9	<p>M Martin asked when the Division 2 Outpatients Scheme would be complete. M Sharon stated that the project was due to end October 2018. G Nuttall stated that the project was a little behind schedule at present.</p>							
018.3.10	<p>M Martin noted that CIP performance this year was the highest achieved to date and thanked Trust staff for their efforts and noted that Deloitte had had a positive impact on CIP performance</p>							

	The report was noted.	
018.4	<p><u>Annual Operating Plan</u></p> <p>H Troalen presented the Annual Operating Plan and provided an overview of the current position, which is as follow:</p> <ul style="list-style-type: none"> <li>- The activity volumes that commissioners want to buy is unclear. Therefore, the capacity required, and the cost of that capacity, for the Trust to deliver the commissioned volume of activity and stay within performance targets is difficult to assess.</li> <li>- The financial plans of other STP organisations are not known and the role of the STP in the 2018/19 planning round is still emerging.</li> <li>- The income and expenditure plan is currently £16.9m short of delivering the required control total, although £6.1m of net opportunities have been identified and could be built into the financial plan.</li> <li>- An operating plan submission is required on 8th March with no ambiguity about whether the Trust is accepting or rejecting the control total.</li> </ul> <p>On the basis of the following:</p> <ul style="list-style-type: none"> <li>- The draft budget currently has a gap between income and expenditure of £16.9m.</li> <li>- Excluded from the budget are risks and opportunities totalling a net opportunity of £6.1m.</li> <li>- There are cost pressures and business cases still under review.</li> <li>- Commissioner plans for 2018/19 activity are still yet to be agreed and contracted.</li> <li>- CIP is still being worked up.</li> </ul> <p>The recommendation of the report is that the Trust Board be asked to debate the financial challenge that agreeing or not agreeing to the 2018/19 control total of £2.292m surplus will have on the Trust. H Troalen stated that the report had been submitted to Trust Board to debate at the meeting on Monday 26<sup>th</sup> February. The Trust Board will be required to agree or reject the control total of £2.292m in the 8th March operating plan submission. The Trust Board will be required to note that an Income and Expenditure budget will be submitted to the Board in March in order that the budget can be signed off before the start of the new financial year.</p> <p>A discussion took place regarding the decision as to whether to accept or reject the control total. H Troalen stated that additional calculations and refinements were taking place, but felt that it would be a significant stretch to hit the control total. H Troalen informed the Committee that if the Trust rejected the control total it would be liable to pay approximately £4 – 5m fines. A further discussion took place between the Committee members. The Chairman and Non-Executive Directors stated that they would like an overview of both scenarios before making a decision regarding the control total. M Martin felt that if the Trust agreed to accept the control total there should be clear list of assumptions (risk elements) identified in the response. H Troalen stated that the Trust had been very open, transparent and credible with NHSI with regards to what is achievable in terms of the control total.</p> <p>Further discussion would take place at the Trust Board Meeting. M Martin stated that she would not be present for part of the Trust Board Meeting but would feedback comments to J Vanes.</p> <p>M Sharon stated that the NHSI use of resources visit on 2<sup>nd</sup> March might provide an opportunity for informal dialogue with NHSI.</p>	MM
018.5	<p><u>Temporary Staffing Expenditure Dashboard</u></p> <p>The report was noted.</p>	

018.6	<p><u>Quarterly Cash Flow Report – Update</u> H Troalen provided a verbal update.</p> <p>The cash position at the end of January 2018 was £14.8m cash, forecasting year end as £5.3m.</p>	
<p><b>019/2018</b></p> <p>019.1</p> <p>019.1.1</p> <p>019.1.2</p> <p>019.1.3</p> <p>019.1.4</p> <p>019.1.5</p> <p>019.1.6</p>	<p><b><u>Performance</u></b></p> <p><u>Performance Element of the IQP Report (National &amp; Contractual Standards)</u> G Nuttall provided an update on the report.</p> <p><u>Patient Experience</u> – A total of 52 operations were cancelled in January, compared with 33 for the same period last year. The cancelled operations as a percentage of admissions target was not achieved in January. G Nuttall stated that February’s performance had improved.</p> <p><u>Waiting Times RTT</u> – RTT incomplete performance saw a slight improvement during January, with limited disruption from scheduled cancelled operations. Work continues to focus on reducing the backlog where possible and work closely with Directorates. Diagnostics saw further improvement during January, with additional cardiac sessions utilised to meet the increased demand. The Trust remains within target.</p> <p><u>Urgent Care</u> – Performance deteriorated further in January. The Trust’s total time spent in the Emergency Department performance in January was 73.80%, Vocare’s performance was 93.90%, giving a combined figure of 84.73% against a target of 95%. G Nuttall stated that the Trust’s performance was mid-range nationally.</p> <p><u>Ambulance Conveyances</u> – The fine for Ambulances during January was £105,800,00. This is based on 199 patients between 30-60 minutes @ £200 per patient and 66 patients &gt;60 minutes @ £1,000 per patient. There were no patients who breached the 12 hour decision to admit target during January 2018.</p> <p><u>Cancer</u> – Performance is as follows:</p> <p>Two Week Wait – There were 123 patient breaches in month (largely due to patient choice, a knock on effect from Christmas and New Year). G Nuttall stated that there had been a national campaign for breast and gastro referrals, which has caused a significant increase in referrals.</p> <p>31 Day Sub Surgery – There were 7 patient breaches in month, all capacity issues. 62 Day Traditional – There were 28 patient breaches in month. 62 Day Screening – There were 10 patient breaches in month.</p> <p><u>Patients Over 104 Days</u> – There are currently 23 patients at 104+ days on the cancer waiting list, all of these patients have had a harm review and no harm has been identified.</p> <p><u>Cancer Recovery Plan</u> – G Nuttall stated that there had been an increase in engagement and weekly conference calls. The Regional Clinical Lead met with clinicians and MDTs, and reported positive organisational commitment and willingness to change. G Nuttall informed the Committee that a separate diagnostics recovery plan is being developed.</p> <p>The Committee noted the report.</p>	
019.2	<p><u>Performance against Contractual Standards (Fines)</u> M Sharon provided an update on fines and confirmed that the 12 hour breach fine that was discussed at last month’s meeting has now been waived.</p>	



	The Committee noted the report.	
019.3	<u>STP Update</u> M Sharon stated that in the Black Country, work had focussed on building relationships.	
019.4	<u>Contracting Round Update</u> M Sharon provided a verbal update and stated that negotiations continued to take place with Wolverhampton City Council regarding the 0-19 contract. The Trust had previously submitted a bid at the tender price of £200k less than current price for year 1 and £300k less than the current price for year 2. However, throughout the tendering process the bidders were asked to assume use of the Local Authority case management system and this had proved to be an unmanageable IG risk. The Trust had therefore costed an alternative solution and was discussing with the Local Authority next steps to agree a final contract.	
020/2018	<b><u>Financial Planning</u></b>	
020.1	<u>Service Line Reporting</u> H Troalen provided an update.  The PLICS/SLR reports will continue to be produced on a monthly basis.  Preparation for the 2017/18 CTP submission and Reference Costs will continue, chiefly by reference to the recently issued guidance and by using feedback from the Divisions on the monthly PLICS/SLR reports.  The department will continue to examine information systems in the context of the new CTP guidance to understand whether there are any issues regarding the detailed activity information that the CTP requires from 1 <sup>st</sup> April 2018.  M Martin referred to page 2 of the report stating that one of the main risks was the use of out of date software and asked if this could be upgraded. H Troalen stated that she would look into this.  The Committee noted the report.	HT
021/2018	<b><u>Reports to Note for Period 10</u></b>	
021.1	<u>Financial Monitoring NHSi Return</u> The return was noted.	
021.2	<u>Financial Monitoring NHSi Return Commentary Template</u> The commentary template was noted.	
021.3	<u>Annual Work Plan</u> The work plan was noted.	
021.4	<u>Finance Minutes</u> H Troalen drew attention to page 3 “NHS Accrued Income increased by £4.0m to £12.8m in month 10. This increase has arisen as a result of increased accruals in respect of the Trust's performance, activity levels and CQUIN for month 1-10 which has seen an in-month increase of £2.5m to £7.1m. Invoices and credit notes for these will be raised once a full reconciliation has taken place” in response to the query from S Rawlings at 018.1.8.	

	The minutes were noted.	
021.5	<p><u>Capital Programme Update</u> M Martin asked if the CRL had been agreed. H Troalen confirmed that £18.6m had been agreed. Business cases have been received for £17.7m and a further 6 business cases were submitted to CRG on 20<sup>th</sup> January. H Troalen informed the Committee that she felt the overall spend would be very close to budget.</p> <p>The report was noted.</p>	
<b>022/2018</b>	<b><u>Any Other Business</u></b>	
022.01	<p><u>Yearly Finance &amp; Performance Committee Objectives</u> – M Martin led a discussion regarding the yearly Finance &amp; Performance Committee objectives. The following objectives were set at the beginning of the financial year:</p> <ul style="list-style-type: none"> <li>• Improve/Review supplementary finance report</li> <li>• Coding/Data Capture</li> </ul>	
022.01.1	Supplementary Review – M Martin felt that following a review of the Supplementary Report the Committee were much happier with the content. The report was shorter and less repetitive.	
022.01.2	Coding/Data Capture – M Martin was unsure whether there had been sufficient liaising regarding this objective and suggested a request for further information at the next Committee Meeting. G Nuttall stated that there had been further clinical engagement with covers but mainly via the clinical route. The next Coding/Data Capture Report is due to be submitted to the Finance & Performance Committee Meeting in March and will be added to the agenda as per the work plan.	
022.01	<p><u>Finance &amp; Performance Committee Self-Assessment</u> – M Martin confirmed that the Finance &amp; Performance Committee self-assessment was not due to be completed until the end of 2018.</p> <p>The meeting ended at 10.52am.</p>	
<b>023/2018</b>	<b><u>Date and Time of Next Meeting</u></b>	
	The next Finance & Performance meeting will take place on Wednesday 21 <sup>st</sup> March 2018 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12 midday on Friday 16 <sup>th</sup> March 2018.	