



Minutes of the meeting of the Finance and Performance Committee held in public on 24th June 201 via Teams

Present: John Cunliffe Eifion Jones Linda Tomos	Independent Member / Committee Chair Independent Member / Committee Vice Chair Independent Member
In Attendance: Louise Brereton Andrew Doughton Kate Dunn Nick Graham Sue Hill Andrew Kent Kelsey Rees-Dyke Tom Stanford Chris Stockport Mark Wilkinson Meinir Williams Jo Whitehead	Board Secretary Audit Wales (<i>observing</i>) Head of Corporate Affairs (for minutes) Associate Director Workforce Planning & Performance Executive Director of Finance Interim Head of Planned Care Improvement (<i>part meeting</i>) Project Manager – <i>observing (part meeting)</i> Interim Finance Director – Operational Finance Executive Director of Primary Care & Community Services Executive Director Planning and Performance Acute Care Director (West) Chief Executive

Agenda Item Discussed	Action By
<p>FP21/94 Chairman's Welcome and Introductory Remarks</p> <p>FP21/94.1 The Chair welcomed everyone to the meeting and recorded the following Chair's Actions:</p> <ol style="list-style-type: none"> 1. Health Board Chair's Action completed on 27.5.21 regarding the tender for the redevelopment of the Critical Care Unit at Wrexham Maelor 2. Dual Committee and Health Board Chair's Action completed on 15.6.21 regarding the recommissioning of orthodontic services in Penrhyndeudraeth 3. Dual Committee and Health Board Chair's Action completed on 21.6.21 to approve contract with Lightfoot Solutions to provide healthcare consultancy and specialist technology services, to aid Winter Planning and delivery and ongoing support. 	
<p>FP21/95 Apologies for absence</p> <p>FP21/95.1 Apologies were recorded for Sue Green, Arpan Guha, Gill Harris and Dave Harries.</p>	

<p>FP21/96 Declaration of Interests</p> <p>FP21/96.1 No declarations of interest were declared.</p>	
<p>FP21/97 Draft minutes of the previous meeting held on 29.4.21 and summary action plan</p> <p>FP21/97.1 The minutes were approved as an accurate record, and updates were provided to the summary action log</p>	
<p>FP21/98 Board Assurance Framework (BAF)</p> <p>FP21/98.1 The Board Secretary presented the report indicating there were no material changes to note. She confirmed that all BAF risks had been subject to monthly review and ‘check and challenge’ at the Risk Management Group (RMG). She highlighted that the BAF continued to evolve as a result of recent discussions at the Audit Committee workshop and at the RMG, and that there was additional support planned via the Good Governance Institute. Members’ attention was drawn to two risks where the target score was outside of the agreed risk appetite. The Board Secretary confirmed that once the BAF had been approved by the Health Board these would be remapped however there would potentially still be gaps – for example within the unscheduled care risk.</p> <p>FP21/98.2 The Chair acknowledged that sometimes a higher risk level outside of the risk appetite would need to be tolerated, but he suggested that there needed to be a mechanism to record this. He was also unclear whether the target was being used to set the tolerance, or whether the target was what the organisation thought it could achieve at a point in time. The Board Secretary would take these points away for further thought. She would also endeavour to ensure a consistent report layout (ie portrait as opposed to landscape) as per Chair’s preference.</p> <p>FP21/98.3 An Independent Member noted that the narrative was better articulated than in previous reports but felt that attention needed to be maintained on ensuring that mitigation did actually happen. The Vice-Chair supported the direction of travel in terms of BAF development and noted it had been a positive session at the Audit Committee workshop. In response to a question regarding the impact of reviewing the ophthalmology business case on BAF20-05, the Chief Executive suggested this would change the likelihood as opposed to the impact, through expediting a more complete solution sooner whilst continuing to mitigate the risk through insourcing and waiting list initiative type activity for cataracts.</p> <p><i>[Chris Stockport and Kelsey Rees-Dyke joined the meeting]</i></p> <p>FP21/98.4 It was noted that the current and inherent risk were the same within BAF20-05 and the Board Secretary indicated that this had been highlighted at the RMG also</p>	<p>LB</p>

<p>and whilst there was sufficient mitigation to suggest that the current risk could be reduced there remained an element of nervousness. The Chief Executive indicated that the decision to reduce risk score was affected by the logical versus emotional aspects.</p> <p>FP21/98.5 In response to a question from the Chair regarding BAF20-17 the Executive Director of Finance confirmed that the Welsh Government (WG) maturity matrix guide for value based healthcare was actively being utilised, and this would be made clearer in the updated risk.</p> <p>FP21/98.6 The Chair queried why the target risk was less than the risk appetite on BAF20-20 and the Board Secretary would follow this up with the Director of Estates and Facilities.</p> <p>FP21/98.7 With regards to BAF20-28 the Board Secretary would ensure that future narrative would reflect that the Digital Strategy had now been approved as a framework by the Health Board, whilst acknowledging there was not currently funding identified for its implementation.</p> <p>FP21/98.8 It was resolved that the Committee review and note the progress on the Principal Risks as set out in the Board Assurance Framework.</p>	<p>SH</p> <p>LB</p> <p>LB</p>
<p>FP21/99 Annual Plan 2021/22</p> <p>FP21/99.1 The Executive Director of Planning and Performance confirmed that an earlier iteration of the Annual Plan had been discussed at the Strategy, Partnerships and Population Health Committee on the 17th June, and that an extraordinary Board Workshop had been arranged for the afternoon of the 24th June. Feedback from the F&P Committee’s discussion would be shared at the Board Workshop to enable further refinements to be made ahead of submitting the Annual Plan to WG by the 30th June. The Health Board would receive and endorse the Annual Plan in public on the 15th July. The Executive Director of Planning and Performance confirmed that the Executive Team had supported the Annual Plan at their meeting on the 23rd June pending the strengthening of references to the impact of long covid, and to the work on the development of Diagnostic Treatment Centres (DTCs) and the potential to move towards a managed service model for finance and delivery. He confirmed that a letter had been sent to Dr Andrew Goodall in this regard. The Chief Executive added that the Health Board was in active conversation with WG regarding securing additional resources for planned care recovery, and there was a positive intent around the model of a cataract hub.</p> <p>FP21/99.2 An Independent Member welcomed the clear articulation within the Annual Plan but commented that it was rather long and there perhaps could have been better use made of appendices without losing the focus on key messages and priorities. She also suggested that section 2.3 (Programme for Government) could have been</p>	

<p>stronger bearing in mind the dynamic discussions with WG, and that linking this section more robustly to the development of a North Wales Medical School would more clearly support an overall holistic vision. The Chief Executive supported this comment. In terms of the length of the document she acknowledged the challenge in meeting a wide range of preferences and needs, however, she confirmed that an easy read summary version would also be produced.</p> <p>FP21/99.3 The Vice-Chair commented he would wish to have seen more of a workforce focus within the Annual Plan including specific recruitment and retention targets to enable the Board to deliver the plan. It was confirmed that this level of detail was within the supporting documentation and minimum datasets and also was linked to national and local performance reporting. The Chief Executive suggested that officers look at including headline numbers for minimum datasets.</p> <p>FP21/99.4 The Chair acknowledged the improvements to the Annual Plan although there remained much work to do, including ensuring it could be more timeline based. He suggested that the financial risk and savings elements of the Annual Plan needed to align more closely with the information within the latest finance report, and it was agreed that this would be addressed before submission. He also would wish to see a clearer reference to when the Clinical Services Plan would be available and its implementation timeline.</p> <p>FP21/99.5 It was resolved that the Committee receive the draft refreshed plan for discussion, comment and feedback ahead of presentation to the Board Workshop on 24th June.</p> <p><i>[Kelsey Rees-Dyke left the meeting]</i></p>	<p>MW</p> <p>SH</p>
<p>FP21/100 Quality and Performance Report</p> <p>FP21/100.1 The Executive Director of Planning and Performance presented the report and highlighted pressures around unscheduled care with attendances now back up to pre-pandemic levels. In terms of planned care he reported modest improvements in the total numbers waiting but an anticipation of worsening performance as the year went on.</p> <p>FP21/100.2 An Independent Member felt that the disappointing performance was inevitable but at least the reasons were well understood. She sought assurance that patients were being kept informed during their wait for treatment to help them understand the prioritisation process. In response to a comment from the Vice Chair the Executive Director of Planning and Performance confirmed there was separate validation work ongoing to identify patients who no longer needed or wished to remain on a waiting list.</p>	

<p>FP21/100.3 The Chair observed that there were also some positives within the paper in terms of stroke performance and a reduction in Referral to Treatment for the first time since December 2020. It was noted however that where this related to first appointments it would likely impact upon diagnostics performance.</p> <p>FP21/100.4 It was resolved that the Finance and Performance Committee scrutinise the report.</p>	
<p>FP21/120 Performance and Accountability Framework : Use and effectiveness</p> <p>FP21/120.1 The Executive Director of Planning and Performance presented the paper, acknowledging there was more work to do in terms of embedding the framework which had been paused during the pandemic. He clarified that the covering report should have made reference to five divisions not three.</p> <p>FP21/120.2 The Chair expressed disappointment that it had taken seven months from the framework being approved to the first performance accountability meeting. He also asked that the terms of reference for the Performance Oversight Group be shared. The Chair noted reference to local performance and accountability meetings taking place on a regular basis and it was confirmed that members of the performance team were in attendance and would therefore have a view as to how they were developing.</p> <p>FP21/120.3 It was resolved that the Committee note:</p> <ol style="list-style-type: none"> 1. The Performance and Accountability Framework (PAF) was approved by the Board in November 2020 with a review date of March 2021. 2. The review of the PAF did not take place as planned and subsequent feedback from the Executive Divisional, Divisional and Local Accountability meetings has highlighted variation in the operation of the Framework. 3. Given the variation that has been highlighted, and as the PAF has been in place for six months, it is timely to review its use and effectiveness. 4. A review of the PAF will be undertaken by the Performance Team, with Terms of Reference for the Review to be agreed by the Performance Oversight Group (POG). 5. An update report detailing the process, timescale and progress of the review to be brought to the August F&P meeting. Final findings and recommendations of the review to be shared with the Committee. 	MW
<p>FP21/101 Planning Principles and Timetable 2022/25</p> <p>FP21/101.1 The Executive Director of Planning and Performance presented the paper which had been developed at the Committee's request. He confirmed it had received general support at the Executive Team meeting although the point had been made that there was work to be done around the levels of planning for different purposes.</p>	

<p>FP21/101.2 An Independent Member welcomed the progress being made and enquired as to expectations from WG or other Health Boards in terms of their approach. The Executive Director of Planning and Performance reported that a strategic framework was expected from WG by the autumn. He indicated that it was apparent from all Wales discussions that all organisations were grappling with similar issues. In terms of a consensus as to the type and amount of information to be provided, the Executive Director of Planning and Performance acknowledged there would always be personal preferences and that the performance team would need to carefully consider the audience eg; the Board, WG and individual members. The Chair added that Committee and Board members would require assurance that the supporting detail is there and accessible, with the narrative wrapped around appropriately to reflect this. He felt there was a need to be clear that performance must be measurable and allow the Board to assess whether the organisation was delivering against expectations. It was suggested that a wider conversation around audiences and perceptions would be helpful at some point. The Board Secretary would look into feasibility of a board workshop session.</p> <p>FP21/101.3 It was resolved that the committee:</p> <ol style="list-style-type: none"> 1. Receive the report 2. Endorse the planning principles and outline timetable for 2022/25 	LB
<p>FP21/102 Planned Care Update</p> <p>FP21/102.1 Andrew Kent (Interim Head of Planned Care Improvement) joined the meeting to present the paper. He recognised the significance of the planned care agenda and the challenges facing the organisation, and noted that in particular the increase in over 52 week waiters was of concern. He reminded members of the implementation of the six point plan to restart, treat and transform care. He referenced the difficulty in the organisation needed to deliver four quarters' of work in three quarters' of time and capacity for the two cohorts (pre Covid patients and the Covid backlog). He reported that separate funding had been received and that the organisation must be SMART in its operational planning and follow the set trajectories in order to utilise the funding effectively to deliver what was required. It was reported that a range of approaches would be implemented including additionality, in-sourcing and out-sourcing, and that transformation would be a key element. Members' attention was drawn to the 'treat' element in that there were two areas where in-patient activity had not yet commenced. Firstly Abergele where there were significant workforce risks in terms of 24/7 medical cover, with the current estimate being a mid July start date. Secondly orthopaedic in-patients in the West. The Interim Head of Planned Care Improvement went onto explain that within Cohort 1 and following validation, around 209 patients had been removed from the waiting list with the remaining patients moving into the 'hard to reach hard to treat' category. For Cohort 2, some 2229 patients had been removed from the list. In terms of transformation, the associated procurement elements had been completed and a paper would be shared at the Planned Care Group and then the Executive Team. In addition the out-sourcing was now out to tender. New pathways were being developed for hip, hand and knee surgery and</p>	

<p>consideration being given to hand surgery being undertaken at Llandudno General Hospital. Finally the Interim Head of Planned Care Improvement confirmed that planned care remained a significant risk scored at 25, although progress was starting to be seen. He noted that the recovery of the planned care position was highly complex and acknowledged it dominated many conversations across a range of forums.</p> <p>FP21/102.2 The Chair noted an error in the table showing the previous waiting list total. He also noted that the F&P Committee had been listed within the table showing the evaluation of specifications process and queried whether this was appropriate. The Board Secretary would look further into this. In response to a question from an Independent Member relating to the morale of the planned care workforce, the Interim Head of Planned Care Improvement acknowledged it was a very difficult situation and many staff were tired. In addition he was aware of frustrations amongst surgeons who desperately wanted to operate. He suggested that all staff within planned care came to work wanting to do their best for patients and that to see the backlogs growing was very hard. An Independent Member enquired as to the timeframe for the modular theatres and cataract business case. The Interim Head of Planned Care Improvement confirmed that plans for the orthopaedic modular theatre were in the final stages, however, the cataract centre would be some months away. In response to a further question regarding utilising sites to full capacity he confirmed that additionality was commencing via additional clinical sessions in the evenings and weekends.</p> <p>FP21/102.3 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note that the backlog clearance has commenced with high risk stratified patients being treated in order of priority 2. Note the specifications have been completed for insourcing and outsourcing 3. Note the planning and monitoring being undertaken to ensure quality and value for money for the backlog clearance 4. Recognise the complexity of the work and the recognition of Executive and Board support with the challenges and opportunities that lie ahead in the recovery programme. <p><i>[Andrew Kent left the meeting]</i></p>	LB
<p>FP21/103 Unscheduled Care Report</p> <p>FP/21.103.1 The Acute Care Director (West) presented the paper highlighting that the 4 hour Emergency Department (ED) target remained below the 25% aspiration. She noted there had been a recent marked increase in attendances of up to 200 per day in some cases, and performance was compounded by the need to maintain red and green pathways and comply with social distancing. These requirements could amount to a 30% net reduction in capacity. Members were assured that work on improvement plans was moving ahead with pace and that the outcome of bids submitted to WG should soon be known. The Acute Care Director (West) indicated that high numbers of fit for discharge patients were still being seen across sites, and there had been frequent escalation within the ambulance service. It was also noted that the Contact</p>	

<p>First service formed part of the 111 rollout. In terms of performance trajectories these would continue to be monitored against plan but trajectories would need to be adjusted as the improvement plans matured.</p> <p>FP/21.103.2 The Chair referred to the draft terms of reference for the Urgent and Emergency Care Improvement Group (UECIG) and queried the indication that it was accountable to the F&P Committee. He suggested that if this was the case it would need to be a formal sub-committee of F&P. The Chief Executive and Board Secretary would pick this matter up as part of a governance and alignment conversation outside of the meeting.</p> <p>FP21/103.3 A discussion took place around the launch of the 111 service and some members indicated that they had not personally seen much coverage or information. Executives assured the Committee that there had been a full range of internal and external communications and media coverage, and examples and details were provided to members.</p> <p>FP21/103.4 It was resolved that the Committee:</p> <ol style="list-style-type: none"> 1. Note progress of the Urgent and Emergency Care Improvement programme Unscheduled Care 2. Note draft terms of reference for the Urgent and Emergency Care Improvement Group 3. Note Tier 1 performance updates for May 2021 across BCUHB, the key drivers attributing to performance alongside identified mitigating actions and anticipated outcomes. 	<p>JW LB</p>
<p>FP21/104 Transformation update</p> <p>FP21/104.1 The Executive Director of Primary and Community Care Services provided a verbal update. He indicated that recent presentations to the Executive Management Group and Board Workshop meetings had been received and there was evidently an appetite for greater pace around this work which was being taken forward around three main areas of activity. These were 1. Supporting the Board to provide strategic level intelligence and translating priorities into a transformational workplan; 2. Coordinating and leading a cohort of prioritised transformational value based care programmes; and 3. Supporting the whole organisation to get involved in transformation. The Executive Director of Primary and Community Care Services reported that the existing teams within the transformation function had moved under his portfolio and there were also plans to deploy additional capacity through WG funding. An outline structure for the wider team had been developed and interviews were being held within the next week for the Director of Transformation. 1:1 conversations were being held with existing teams to work through the transition and there would likely be a brief pause and reflect ahead of moving ahead with new activity. It was suggested that a written report be provided to the next meeting which would outline the programme methodology, set out timeframes as part of a PMO approach, and confirm the monitoring and compliance arrangements.</p>	<p>CS</p>

<p>FP21/104.2 An Independent Member queried how the Targeted Intervention Improvement Framework (TIIF) related to transformation teams and the Executive Director of Primary Care and Community Services acknowledged that the TIIF was recognised as a clear set of priorities to be delivered. He indicated that a dispersed approach had been taken to ensure ownership by teams and the service. In response to a comment from the Vice Chair he also undertook to consider how the transformation agenda could be applied to externally commissioned or outsourced services.</p>	<p>CS</p>
<p>FP21/105 Capital Programme report Month 2</p> <p>FP21/105.1 The Executive Director of Planning and Performance presented the paper and indicated there was currently a significant amount of activity in terms of the capital programme. The paper set out timescales for the development of the Adult and Older Persons Mental Health In-Patient Unit on the Ysbyty Glan Clwyd (YGC) site. In relation to the Wrexham Continuity Programme it was noted that changes had been applied since approval of the original business case, and the scheme was now more significant in terms of capital costs. The Executive Director of Planning and Performance reported that historically capital spend had been less during the early part of a financial year, however, 2021/22 was looking to be different in that many schemes had been delayed due to Covid. He added that a wide range of urgent Covid related work continued to be undertaken across all sites. In addition the Executive Team had approved a pause in spending whilst Divisions were required to prioritise their schemes.</p> <p>FP21/105.2 The Chair noted that the paper did not incorporate the cumulative graph in terms of expenditure which he had previously found helpful. He also queried whether medical equipment replacement was not going to be supported by suppliers in 2021-22, and the Executive Director of Planning and Performance confirmed that some planned replacement costs would need to be brought forward.</p> <p>FP21/105.3 It was resolved that the Committee receive and scrutinise the report.</p>	
<p>FP21/106 Finance Report Month 1</p> <p>FP21/106.1 It was resolved that the report be noted</p>	
<p>FP21/107 Finance Report Month 2</p> <p>FP21/107.1 The Executive Director of Finance presented the paper and highlighted a significant change in the M2 position around the confirmation from WG that the impact of the non-delivery of savings from 2020/21 would be funded as part of the Covid response. A £32.6m allocation had now been confirmed which would allow the Health Board to plan for a small surplus in 2021/22 which would allow some flexibility around the potential to fund some additional schemes. In response to a question from an Independent Member, the Executive Director of Finance confirmed the allocation was</p>	

ring fenced relating to savings and there was an expectation that Covid costs would be offset by Covid allocation monies. The Executive Director of Finance went on to report that savings of £10.2m were still being forecast which was the same position as at M1. Work was ongoing with Divisions around further savings opportunities and a new toolkit to be launched by the Financial Delivery Unit was being reviewed. The Executive Director of Finance reported that forecasting in detail against the Annual Plan would commence from M3. It was also highlighted that agency expenditure had increased in M2 which would be monitored. Opportunities relating to non-pay within primary care prescribing were set out within Appendix 3. The appendix showed how expenditure had grown over the last 12 months by £5.7m and data was also provided for total prescribing costs and numbers of items by Local Authority area. Information was provided on the top ten Drug Cost Baskets of cost increases with Selective Serotonin Re-Uptake Inhibitors being the largest increase at 163%. It was highlighted that the BCUHB Chief Pharmacist had provided a view within section 5. The Chair welcomed the comparison to the rest of Wales in terms of prescribing and enquired whether expected costs going forward had been built into budgets, and the Executive Director of Finance confirmed that where possible this had been addressed.

FP21/107.2 It was confirmed that the staff bonus payment of £17.7m had been fully provided in 2020/21 and would not be a cost pressure within the current year. The estimated pay award impact for the first two months was noted as £1.2m. The Vice Chair felt that the main concern remained the forecast shortfall within the savings plans. The Executive Director of Finance reported that as many members of the finance team had been pulled back from other duties as possible, and the remaining vacancies were being actively recruited to. She was confident in the ability to deliver the £17m savings but confirmed this was wider than just a finance conversation.

FP21/107.3 The Chair expressed concern that savings delivery was already £0.6m averse and raised a point as to whether focus had been lost. The Executive Director of Finance acknowledged that a Covid outbreak in Q4 had affected focus but she was comfortable that sufficient time could now be invested to ensure delivery and to address the position within Divisions too.

FP21/107.4 The Vice Chair enquired whether the prescribing variation across West, Centre and East could be explained and the Executive Director of Finance undertook to look into this further.

FP21/107.5 In response to a question from an Independent Member the Executive Director of Finance confirmed she was confident that in terms of vacancies the budgeted position could support the approach set out in the Annual Plan. She also confirmed that two senior vacancies had now been appointed to.

FP21/107.6 It was resolved that the report be noted.

SH

FP21/108 Workforce Performance Report

FP21/108.1 The Associate Director Workforce Planning & Performance presented the paper and highlighted that work was now having a positive effect on vacancy rates. A holistic approach was being taken to look at targeted improvement. He drew members' attention to the addition of a medical bank for junior doctors; work being undertaken with Child and Adolescent Mental Health Services (CAMHS) regarding the use of alternative roles to support vacancies; and work associated to the commissioning of a medical school for North Wales. In terms of sickness absence across the organisation this remained around the Welsh average. Finally he welcomed any feedback on the refreshed format of the report.

FP21/108.1 The Vice Chair noted a stark contrast between areas in terms of nursing levels and vacancies and he welcomed the reported success in terms of overseas recruitment. He enquired how carried forward leave would be managed into 2021/22 and whether this would be a pressure. The Associate Director Workforce Planning and Performance confirmed this was being managed locally with central guidance but undertook to provide some detail within the next report if members would find it helpful. An Independent Member enquired whether the requirement for nurses to have specialist qualifications by 2023 had been included in training programmes and whether non-UK trained nurses would have to re-train. The Associate Director Workforce Planning and Performance confirmed there was ongoing support to meet these requirements. He added that the organisation performed fairly well in terms of recruitment but the main challenge was around retention. He suggested that pathways with clinical fellowships was key and that the development of a medical and health sciences school for North Wales would be a catalyst.

NG

FP21/108.2 The Executive Director of Finance noted that the report indicated in terms of establishment there were only 29 GPs in post against a budget of 63. The Associate Director Workforce Planning and Performance acknowledged this was a significant issue and he suggested that the next report could look at providing more detail around how this shortfall was being managed. The Executive Director of Primary Care and Community Services added that some data for directly employed GPs was not accurately recorded and there were complexities in terms of sessions for GPs differing to those of hospital doctors.

NG

FP21/108.3 Independent Members felt the overall format of the report had improved. The Chair suggested that consideration be given to the use of a dashboard at the beginning of the report to provide headline expectations and performance against key measures. The Associate Director of Workforce Planning and Performance would give this some thought.

NG

FP21/108.4 It was resolved that the Committee note the report and planned improvements to reporting.

<p>FP21/109 Care Packages : Approach to the 2021/22 Fees</p> <p>FP21/109.1 The Executive Director of Finance presented the paper and confirmed that all associated costs had been provided for within the draft Annual Plan. Work was ongoing with care providers to develop more consistency within the Continuing Healthcare approach and methodology. It was expected that the provision would be fully utilised in year.</p> <p>FP21/109.2 The Vice Chair enquired whether minimum staffing levels were written into the formal agreements with care homes and the Executive Director of Finance undertook to confirm this outside of the meeting. The Executive Director of Primary Care and Community Services assured members that the Board clearly set out its expectations as a commissioner and inspections did take place within care homes.</p> <p>FP21/109.3 An Independent Member noted the emphasis on shared social care and expectations to work collaboratively, and enquired whether this would impact on the Board’s approach going forward – for example around sharing costs? This was acknowledged as a sound expectation but a conversation that would be particularly challenging as part of inter-organisational relationships</p> <p>FP21/109.4 It was resolved that the Committee approve inflationary uplifts for 2021/22 in relation to CHC and FNC and a further additional premium to the CHC rate to support market stability.</p>	
<p>FP21/110 Approval to lease surplus land at Cefni Hospital to Llangefni Town Council</p> <p>FP21/110.1 The Executive Director of Planning and Performance presented the paper. In response to a query from the Chair as to whether a five year clause was appropriate considering that the Board operated within a three year planning cycle, he indicated that there were no anticipated circumstances in which the organisation would need that area of land. It was also reported that the Llangefni Town Council intended to utilise the land as open space community use.</p> <p>FP21/110.2 It was resolved that the Committee approve the granting of a ten year lease with break clause at year five, on a peppercorn rent to Llangefni Town Council.</p>	
<p>FP21/112 Monthly monitoring M1 report - Sue Hill</p> <p>FP21/112.1 It was resolved that the Committee note the contents of the report that has been made to Welsh Government about the Health Board’s financial position for Month 1 of 2021/22.</p>	

<p>FP21/113 Monthly Monitoring M2 Report</p> <p>FP21/113.1 It was resolved that the Committee note the contents of the report that has been made to Welsh Government about the Health Board's financial position for Month 2 of 2021/22.</p>	
<p>FP21/114 Shared Services Partnership Committee Quarter 4 Assurance Report -</p> <p>FP21/114.1 An Independent Member enquired why there was such a variation in performance against a key target to approve vacancies within five days. The Executive Director of Finance expressed her view that this national target was somewhat unrealistic. The Chair recalled historical issues relating to recruiting managers not being informed when a vacancy was not approved. Officers were not aware if this remained a problem but the Associate Director Workforce Planning & Performance undertook to make enquiries.</p> <p>FP21.114.2 It was resolved that the Committee note the report.</p>	<p>NG</p>
<p>FP21/115 Summary of Private business to be reported in public</p> <p>FP21/115.1 It was resolved that the Committee note the report.</p>	
<p>FP21/116 Issues of significance to inform the Chair's assurance report</p> <p>FP21/116.1 To be agreed outside of the meeting.</p>	
<p>FP21/117 Date of next meeting</p> <p>26.8.21</p>	
<p>FP21/118 Exclusion of the Press and Public</p> <p>FP21/118.1 It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	