Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
30th March 2017

AGENDA ITEM NUMBER	**6.3**	
TITLE OF PAPER	**Financial Management Committee Minutes**	
Confidential		
Suitable for public access	√	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
These minutes were reviewed and approved at the Financial Management Committee meeting held on 19th February 2017 and 23rd March 2017.		
STRATEGIC OBJECTIVE(S):		
Best outcomes	√	
Excellent experience	√	
Skilled & motivated teams	√	
Top productivity	√	
EXECUTIVE SUMMARY	The minutes of the Financial Management Committee meetings held on 16th January 2017, 19th January 2017 and 16th February 2017 are attached for noting. The key points are: - • The year-end forecast was subject to a Committee meeting on 16th January 2017 and was opened up to all Board members. At that meeting a change in forecast for 2016/17 was approved; • reviewed year to date CIP and capital reports which set out the reasons for the main variances and reviewed the forecasts for the year noting that the capital programme would underspend by £0.5m; • discussed an update on budget setting for 2017/18, including contract discussions with commissioners; and • reviewed operational performance, in particular the A&E performance and how it impacted on workforce and finances.	
RECOMMENDATION	Receive and note the paper	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety		
Patient impact		
Employee		
Other stakeholder	The impact on stakeholders through the Trust achieving its required financial targets, hence enabling the appropriate investment into services and infrastructure.	
Equality & diversity		

Finance	
Legal	
Link to relevant Board Assurance Framework Principle Risk	Financial risks 4.
AUTHOR NAME/ROLE	Paul Doyle, Deputy Director of Finance Please approach for any further information required.
PRESENTED BY DIRECTOR	Meyrick Vevers, Non-Executive Director and Acting Committee Chair
DATE	23rd March 2017
TRUST BOARD ACTION	Receive

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
30th March 2017

FINANCIAL MANAGEMENT COMMITTEE
EXTRAORDINARY MEETING
MINUTES
16TH JANUARY 2017

PRESENT:	Meyrick Vevers	Non-Executive Director (Chair)
	Neil Hayward	Non-Executive Director
	Simon Marshall	Director of Finance and Information
IN ATTENDANCE	Louise McKenzie	Director of Workforce Transformation
	Suzanne Rankin	Chief Executive
	Paul Doyle	Deputy Director of Finance
	Terry Price	Non-Executive Director
	Keith Malcouronne	Non-Executive Director
	Heather Caudle	Chief Nurse
	Aileen McLeish	Chairman
	Chris Ketley	Non-Executive Director
SECRETARY:	Des Irving-Brown	Assistant Director, Financial Management
APOLOGIES:	None	

Actions

1. Introductions and Apologies for Absence

Meyrick Vevers welcomed everyone and stated that this extraordinary meeting was quorate and had also been opened up to fellow Trust Board members. This was due to the discussion about the 2016/17 financial forecast and any potential change which had to be notified to NHS Improvement before the next full Trust Board meeting.

2. Finances as at 31st December 2016

2.1 Finance Report

The Director of Finance and Information summarised the month 9 financial position, stating that December was a challenging month, with particularly low outpatient activity and elective cancellations running longer than initially planned.

Although costs were down in December a review of accruals was required In order to secure the quarter 3 control target. Looking forward, January is expected to be even more difficult, and February, being a short month, will be challenging as well.

Activity levels are still high compared to the QIPP expectations.

Neil Hayward questioned the disconnect between then month 9 position and the balance of the year forecast, stating that the month 9 position does not appear to reflect the challenges flagged in the forecast report. The Director of Finance and Information agreed to review this as that was not the intention. SM

The Director of Finance and Information explained that the current known risks for quarter 4 are £1.5m around contract risk share, £1.0m around CQUINs and £0.5m around CIP's.

Keith Malcouronne asked which organisation was responsible for reducing the activity in line with QIPP's and the Chief Executive explained that it was a joint responsibility with the CCG. Neil Hayward said it would be helpful to understand the reasons around failure to reduce activity to provide visibility of the nature of the relationship with the CCG and whether the risk share is appropriate.

The Director of Finance and Information explained that the risk share can't be deflected as the CCG has an affordability issue. However, currently, the Trust would be reducing its surplus under the proposed risk share, whereas the CCG would be holding their bottom line, which isn't equitable. The further issue around the risk share is that an agreed sensible baseline has not yet been agreed nine months into the year, with the CCG wanting to include all activity, whereas it doesn't have plans to reduce all activity, so there is a further disconnect.

The Chief Executive explained that the historic model for clinicians was to grow services to cover costs, and trying to reverse this thinking is a slow process, although inroads are being made with conversations being held with senior clinicians. Basically, if activity is coming out then costs, including beds, should follow, and this is the philosophy that needs to be embedded.

2.2 Full Year Forecast

Neil Hayward asked for an explanation of the basis for the forecast. The Director of Finance and Information explained that the forecast assumes £2.5m of lost income relating to risk share and CQUIN (including £0.7m additional savings assumed to be achievable) and £2.1m loss of STF. Neil Hayward asked why the £0.7m of additional savings is not dropped out on the basis that it may not be achievable.

The Director of Finance and Information explained that the cash received under the STF is the only benefit from hitting the control target, and the STF is clouding the issue, as the original plan, before the STF was brought online, was to as a minimum breakeven, and that is where the Trust is likely to land.

The Director of Finance and Information stated that the steer from the Committee appears to be to reduce the assumed savings, bringing the reduction in the forecast closer to £5m as there is still a risk around delivering additional savings.

Terry Price suggested that it was worth pointing out that the Trust will still be breaking even regardless of the STF and therefore the Trust is doing its bit in the system.

The question on the wider system impact was discussed, and the concern that the CCG will be tipped into a large deficit next year, which will have an impact on the Trust. It was agreed that it was better to signal this in this financial year to flag up potential budget issues with the £14m control target for 2017/18 earlier rather than waiting to post and adverse result in quarter 4.

Aileen McLeish asked whether there were any immediate actions to be taken in the short term to stem the losses, such as reducing elective services. The Chief Executive explained that there was already an agreement to close beds, however, given the current operational climate, this was hugely challenging and may not be feasible.

Aileen McLeish asked whether agency costs had been reviewed. The Director of Workforce Transformation explained that a high level of focus was currently being undertaken in the Medicine Division to review use of agency and challenge current practices.

The Committee agreed a reduction of the forecast based on the discussion by £4.9m against the NHSI control total.

3. Any Other Business

There were no items of any other business.

4 Date and Time of Next Meeting

Thursday 19th January 2017 at 8.30am in Room 2, Chertsey House, St. Peter's Hospital.

FINANCIAL MANAGEMENT COMMITTEE MEETING
MINUTES
19TH JANUARY 2017

PRESENT:	Meyrick Vevers	Non-Executive Director (Chair)
	Neil Hayward	Non-Executive Director
	Simon Marshall	Director of Finance and Information
	Tom Smerdon	Director of Operations – Emergency Care
	James Thomas	Director of Operations – Planned Care
IN ATTENDANCE	Louise McKenzie	Director of Workforce Transformation
	Suzanne Rankin	Chief Executive
	Colleen Sherlock	Head of Workforce Planning and Intelligence
	Paul Doyle	Deputy Director of Finance
	Aileen McLeish	Chairman
SECRETARY:	Des Irving-Brown	Assistant Director, Financial Management
APOLOGIES:	None	

Actions

1. Introductions and Apologies for Absence

Meyrick Vevers welcomed everyone to the meeting and stated that the meeting was quorate.

2. Minutes of the Meeting held on 17th November 2016

Minutes of the meeting held on the 17th November 2016 were agreed.

It was also agreed that the minutes from the extraordinary meeting held on 16th January 2017 should be brought back to this Committee for sign-off before being presented to the Trust Board. PD

3. Matters Arising – Actions List

It was noted that all the action points were all completed.

4. Operational Performance

4.1 ASPH NHSI Performance

The Director of Operations – Emergency Care introduced the report and provided a detailed update on December's performance stating that the A&E performance was below the agreed trajectory, with December performance at 87.5%, which was a reduction on November. Attendances were not up, but admissions were, which had an impact on throughput in the department. It was explained that respiratory illnesses appeared to be the most significant driver for increased admissions.

Social Care provision started to reduce before Christmas – this is similar to previous years, and plans had been made to deal with this, and the Trust was able to cope over Christmas and New Year, however, January performance has been difficult.

There is a focus in the system to reduce pressure on hospitals, and the Trust held a reboot week in January to accelerate discharges and improve flow and this was

effective in getting the system flowing. The focus is now on getting other aspects of the urgent care service to apply a similar reboot process.

The Chief Executive asked whether the comparative flow through A&E and UCC has shifted year on year and whether this supports the national trend of patients being more ill and genuinely requiring hospital care. The Director of Operations – Emergency Care stated that this could be looked at. TS

In terms of Emergency pathways, the paediatric pathway still needs to be reviewed.

The Director of Operations – Planned Care explained that elective surgery was cancelled from 19th December 2016 and has only come back on line in the week commencing 16th January 2017, which has had a negative impact on RTT. This represents a more extreme cancellation programme than has been seen in previous years, although significant planning went in to re-deploy resources to ensure the cost impact was reduced as far as possible.

The Director of Finance and Information summarised that this longer cancellation programme had not been planned for to the extent that it continued and therefore there was still an impact on the finances which would continue into mid-January, as the consequence of this deeper and longer impact reduces income, but cost is not avoided to the same extent.

4.2 Operational Performance Report

Neil Hayward stated that the paper captured the pressures the Trust is under, and questioned how this will impact on long term planning and asked whether this discussion could be added to the schedule of business. PD

The Committee agreed that two reports were not required for the Operational Performance agenda item, and that papers 4.1 and 4.2 should be reviewed with the Director of Operations agreeing which format should be brought back for future months. TS/JT

Neil Hayward also asked whether a better connection between the Operational Report and the financial consequences could be developed throughout the year. The Director of Finance and Information explained that the challenge was around the control total methodology for budget setting, where financial targets were effectively dictated by NHSI, and therefore did not necessarily match up to the known operational pressures in the organisation. These differences and pressures have been signalled to NHSI, but have not been acknowledged to date. Therefore, trying to link the operational pressures to the financial outputs is difficult.

This paper was noted.

5. Workforce Report

The Director of Workforce Transformation introduced the report, stating that this month's report was fairly comprehensive, but in summary, the biggest challenge currently is around having the required impact on agency.

The Head of Workforce Planning and Intelligence explained that the amount of Workforce reporting to NHSI will be increased from February, with a level of detail to reporting names of highest paid agency staff. The Committee advised that legal advice should be sought before providing this level of detail, as personal details should not be able to be released. CS

The Head of Workforce Planning and Intelligence informed the Committee of the current processes being undertaken to try and reduce agency spend. This includes a medical staffing scrutiny group which is reviewing issues around planning, rostering and recording for medical staff and various options are being investigated in order to improve these.

Neil Hayward commented that the centre's approach may not make an impact, and that local controls and how spend is signed off may be more effective. The Director of Finance and Information explained that the deployment of the existing 150 consultants in the Trust should also be rigorously reviewed, as there is some way to go to ensure resources are being efficiently used. The same holds for rota's for middle grades and trainees across the organisation.

Meyrick Vevers asked about the comment in the report regarding language difficulties for international staff. The Head of Workforce Planning and Intelligence explained that the pass rate for the English language test required for visa's has been increased which is deterring some staff that had been engaged by the Trust and therefore the number of staff arriving is lower than expected. A further issue is that from 2017, a £3k work visa charge is payable by the organisation recruiting overseas nurses per person, payable up front.

Meyrick Vevers suggested an impact analysis of some of these challenges needed to be presented to the Committee, but this could be done offline. The Chief Executive stated that this was the "downside" analysis the Trust Executives were currently undertaking and that this could be made visible to the Non-Executive directors. SM

The Director of Workforce Transformation stated that early indications were that the staff survey results were improving year on year. It was also noted that stability of "staff in post for more than one year" is also better.

The paper was noted by the Committee, and it was suggested that a further discussion on these issues should be held at the Workforce & Organisational Development Committee.

6. Finances as at 31st December 2016

6.1 Operational Effectiveness/Efficiency Metrics

The Director of Finance and Information talked through the monthly operational metrics paper, highlighting the key issues. Some of the metrics would have been impacted by the different activity levels in December.

The paper was noted by the Committee.

6.2 Detailed CIP Review

The Director of Finance and Information stated that several initiatives are being considered in order to reverse the slippage, including closing escalation beds, and enhanced referral management systems.

Neil Hayward asked whether the schemes in the plan were developed by Divisions, or whether it was just a target given by Finance. The Director of Finance and Information replied that these represented schemes that were built by the Divisions. Neil Hayward also asked what the repercussions were if CIP targets were missed – did it impact future investment in these areas, for example?

The Director of Finance and Information stated that Divisions were pushed to

deliver alternative schemes, but careful consideration had to be given to ongoing services and the local challenges within each Division.

There are opportunities around agency, especially in the Medicine Division, but there are some schemes in the Corporate areas which also need a push.

As well as identifying additional savings schemes for 2016/17, the focus was now also shifting towards 2017/18 delivery, and closing down that programme.

Meyrick Vevers asked whether a discussion around Vascular services should be held in this Committee or at the Trust Board. It was agreed that this would be a private Trust Board discussion as it impacts on strategy.

The paper was noted by the Committee.

6.3 Updated Finance Report

The Director of Finance and Information summarised the updated finance report, stating that the quarter 3 target for finance and performance had been met, and the STF was secured, however the issues looking forward are around the risk share arrangements and CQUIN delivery, and the CIP issue will also have to be turned around as quickly as possible to reduce the impact to the end of the year. Agency continues to be a challenge.

The agreed reduced forecast has been submitted – some pressure from NHSI on changing the forecast back is expected, especially in respect of talking to the CCG about the risk share, but the submission went in as agreed at the meeting on 16th January 2017.

The paper was noted by the Committee.

7. Business Planning – Verbal Update

Meyrick Vevers explained that the two year plan was noted, albeit that the mechanism of agreeing the plan occurred in a Board meeting before the plan was submitted in December, and is therefore minuted elsewhere.

8. Service Line Reporting Month 6

The paper was noted by the Committee.

9. Identification of Financial Risks

9.1 Items for Risk Register

No new risks noted.

9.2 Key Points to take to Trust Board

The key points to take to the Trust Board Meeting in January 2017 were:

- 2016/17 forecast; and
- Carter Report outputs.

10. Items for Information or Approval

10.1 Schedule of Business

This paper was noted.

10.2 Business Case Approvals

The cases considered and approved, or partly approved, in November and December 2016 were as set out below:

- Urology Consultants - approved; and
- Ophthalmology Consultant, Specialist Nurse and Senior Optometrist posts – partly approved with feedback given to the Division.

The paper was noted by the Committee.

10.3 Tender Waivers>£50k

There were no single tender waivers over £50k in November or December 2016.

10.4 Contract Extension – PACS

The Director of Finance and Information explained the nature of the Imaging Picture Archiving and Communication System "PACS" contract, which has been running at lower levels of delivery, and hence the Trust has been paying a lower rate. A lot of work has now been done by the consortium of Trusts working with the supplier to get the system to acceptable levels.

In terms of the core system functionality including disaster recovery, we are now happy with what has been provided and as all the Trusts wish to continue using the system we have negotiated a contract extension in line with the original contract provisions.

The paper was noted by the Committee

10.5 Carter and Reference Costs Updates

Neil Hayward suggested this report be shared with the Governors and Board, as it shows a good story of the hard work the Trust has been doing. It also underpins the argument against stretch targets from NHSI, which undermines the Trust's ability to sustain these efficiencies.

The paper was noted by the Committee.

11. Any Other Business

There were no items of any other business.

12. Date and Time of Next Meeting

Thursday 16th February 2017 at 8.30am in Room 2, Chertsey House, St. Peter's Hospital.

FINANCIAL MANAGEMENT COMMITTEE MEETING
MINUTES
16TH FEBRUARY 2017

PRESENT:	Meyrick Vevers	Non-Executive Director (Chair)
	Neil Hayward	Non-Executive Director
	Tom Smerdon	Director of Operations – Unplanned Care
	James Thomas	Director of Operations – Planned Care
IN ATTENDANCE	Louise McKenzie	Director of Workforce Transformation
	Suzanne Rankin	Chief Executive
	Colleen Sherlock	Head of Workforce Planning and Intelligence
	Paul Doyle	Deputy Director of Finance
SECRETARY:	Des Irving-Brown	Assistant Director, Financial Management
APOLOGIES:	Simon Marshall	Director of Finance and Information

Actions

1. Introductions and Apologies for Absence

Meyrick Vevers welcomed everyone to the meeting, noted the apologies and stated that the meeting was quorate.

2. Minutes of the Meetings held on 16th and 19th January 2017

2.1 Meeting held on 16th January 2017

Minutes of the meeting held on the 16th January 2017 were agreed.

2.2 Meeting held on 19th January 2017

Minutes of the meeting held on the 19th January 2017 were agreed with one change requested on section 5. PD

3. Matters Arising – Actions List

It was noted that all the action points were either completed, on the agenda or not yet due.

4. Operational Performance Report

4.1 ASPH NHSI Performance

Meyrick Vevers started by asking whether the papers presented to the Financial Management Committee were produced specially for the Committee or whether they were used for the running of the business.

The Director of Operations – Unplanned Care apologised for the late papers and explained that the information in the papers stemmed from data already submitted to NHSI. The question of timing for the NHSI reports and what then goes to Committees was discussed, and it was agreed that the current process was driven by the need to produce performance reports for NHSI rather than producing operational data used to run the organisation.

The Trust produces a significant amount of operational data on a daily, weekly and monthly basis which contains all the data in the reports received by the

Committee.

The Chief Executive explained the background to the current format of the Operational Report produced for the Financial Management Committee, stating that the format had evolved over time to provide detail on actions taken to address the performance issues flagged in the performance indicators, and acknowledged that the Operational Report does not explain the financial impact of the operational issues. Meyrick Vevers suggested that a further discussion should be held offline to determine what information should be provided, and what the Committee would like to see going forward. TS/JT/MV

The Director of Operations – Unplanned Care confirmed that some of the detail in the reports could be removed going forward and introduced the report stating that January's A&E performance was below the agreed trajectory, at 87.2%, which was a slight reduction on December. January's performance was more of a struggle than expected, and the Trust's position in the national pack has deteriorated, and work is being done to improve this. Early indicators point to issues of flow within the hospital and reduction in availability of external step down capacity which continues to be a problem.

It has also been identified that the A&E performance at night is not as streamlined as during the day, and the staffing is being reviewed to ensure reliance on agency staff at night is reduced, and the Trust is seeking ways to address this with the substantive staff in A&E.

The Trust has been in discussion with NHSI about performance, in respect of how the Trust had taken all the expected actions, but there doesn't seem to be any significant shift in performance. Issues such as staff fatigue and behaviours need to be addressed as all other practical measures have been taken. The A&E target for quarter 4 is 92%, which equates to less than 25 breaches a day, and this what the team is working towards.

The Chief Executive explained that, to put the flow issue into context, yesterday there were 65 medically fit patients that could be discharged, but had nowhere to go, and that's 2 wards worth of beds blocked, so the external pathway is critical to resolving flow problems. However there is more than can be done to improve internal flow as well, which is within the gift of the Trust to resolve, and this is the focus currently.

In relation to the table of medically fit patients unable to be discharged (page 8 of report), Meyrick Vevers asked whether there could be visibility of the comparative figure of medically unfit patients to demonstrate whether this supports some of the performance issues. TS

The Trust was non-compliant on the cancer 2 week and 31 day standards and a tracking issue has been identified and is being addressed. There is no financial implication for the recovery required to achieve compliance on these standards.

The Director of Operations – Planned Care explained that the Trust is trying to plan elective activity around the financial agenda for the rest of the year by not running additional weekend lists, whilst ensuring the Trust level RTT target is still being met. This is being done by delaying elective surgery where clinically safe to do so. Some of this is being driven by bed capacity, where medical patients are in surgical beds, and therefore surgical activity cannot happen, but also other factors such as clinician sickness and vacancies which have resulted in cancellations.

Neil Hayward asked both Directors of Operations what key issues were cause for concern for them around performance between now and the end of the year. The

Director of Operations - Planned Care replied that the cancellation of surgery was difficult and distressing for patients; the risk of harm to patients due to delays and the impact on staff and staff morale from continually having to cancel procedures were all factors that were of concern. The Director of Operations - Unplanned Care – replied that the level of heat on the emergency pathway; issues in the care sector and the amount of change that needs to happen internally, which is difficult to achieve when people are fatigued and there is so much pressure in the hospital without trying to make improvements, were all concerning issues.

The papers were noted.

5. Workforce Report

The Director of Workforce Transformation introduced the report, stating that the Workforce Report follows on from the Operational Performance Report and reflects the issues raised above.

The vacancy factor has reduced, and this has increased substantive and bank costs. The rise in nursing temporary workforce and agency spend has been raised and a review is being undertaken to understand this.

The Head of Workforce Planning and Intelligence explained that 78 more posts have been put into the establishment over the last year, however, the "staff in post" numbers are only slightly higher than at the same point last year (10 more doctors and 8 more nurses), and so the new posts have effectively caused a temporary staffing pressure. Despite this, the agency spend element of temporary staffing is £0.7m lower than at the same point last year.

Neil Hayward suggested that the solution was a long term one, and needs to revolve around reducing reliance on third party suppliers in an environment of diminishing workforce supply. Better planning of staff and the elements of hiring and more efficient rostering of staff all needed to be addressed. The Director of Workforce Transformation stated that the statistic that needs to be urgently shifted is the percentage of staff that stay for less than a year, which is high and needs to be reduced.

Neil Hayward suggested that a sign off criteria should be drawn up around what conditions need to be met when approving agency rates above £120 an hour (NHSI requires Chief Executive sign off on all hourly rates amounts above £120). LM

Also, the Committee has asked for sight of the medical workforce plan. LM

Meyrick Vevers asked that the Finance team provide a reconciliation of the £7m year on year increase in pay. PD

This paper was noted.

6. Finances as at 31st January 2017

6.1 Operational Effectiveness/Efficiency Metrics

The Deputy Director of Finance talked through the monthly operational metrics paper, highlighting the key issues in terms of increased LOS and excess bed days (long staying patients) which were highlighted in point 4 above, and the reduced average tariff which impacts the income reduction in the Finance Report.

The paper was noted by the Committee.

6.2 Capital Report

The Deputy Director of Finance stated the capital spend went up as expected in January, and will continue to rise. However, as per the letter in the report, NHSI have asked organisations for any slippage they can provide and the Trust has agreed to offer up £0.5m of slippage to the end of the year.

The paper was noted by the Committee.

6.3 Finance Report

The Deputy Director of Finance summarised the finance report, stating that the operational expenditure dropped overall, although pay went up in the month, this was more than offset by a reduction in non-pay. Income was down in the month, which is good for the CCG. Discussions are still ongoing about the final settlement with the CCG, with the CCG affordability gap still an issue. This might end up in arbitration.

In terms of the month 10 position, it was £1.3m adverse to budget, and that is only circa £0.2m worse than was expected based on the risks raised last month. As a result the revised forecast approved by the Trust Board in January is still being held.

The paper was noted by the Committee.

7. Business Planning Update

The Deputy Director of Finance explained that the CCG has received a letter from NHSE telling them that there are two groups of CCGs that hadn't submitted a balanced plan, and these are those who would be offered more support in delivering additional QIPP's (CCG CIP's) to close their gaps and those who will get an envelope budget and have to look at everything they commission within that envelope. NWS CCG falls into the latter group.

Following this, a second letter has been received by the CCG indicating that there will potentially be a form of block contract applied to commissioning.

The Trust has contacted NHSI and said this kind of commissioning approach cannot be done independently by the commissioners. It was also flagged that this is rationing at a significant level and could present a significant risk to the Trust, because if demand doesn't stop, the cost will be borne by the Trust but it won't get paid. The CCG will have to come up with a new plan, and the Chief Executive has asked to be involved in all discussions, due to the potential risk to the Trust.

Neil Hayward suggested that this needs to be provided as a Board update so that the Board understands the risks and issues that have arisen in the past few days. The Chief Executive agreed that it would be the focus of the planned Board conference all on 24th February 2017. SR

8. Identification of Financial Risks

8.1 Items for Risk Register

No new risks noted.

8.2 Key Points to take to Trust Board

There will be no Trust Board Meeting in February 2017, but the planned Trust

Board conference call will discuss changes in commissioning intentions flagged in point 7 above.

9. Items for Information or Approval

9.1 Schedule of Business

The A&E build and land sale Business Cases need to be brought at the same time to understand how the proceeds of the sale will be spent. This will be at the March meeting. PD

The Stroke business case is also scheduled to come in March.

This paper was noted.

9.2 Business Case Approvals

The Business Cases considered and approved, or partly approved, in January 2017 were as set out below:

- Additional Maxillofacial Consultant and nurses (approved with no additional administration costs); and

- Replacement Consultant Microbiologist (approved subject to a valid job plan and confirmation of expected savings).

The paper was noted by the Committee.

9.3 Tender Waivers>£50k

There was one single tender waiver over £50k in January 2017 relating to two server upgrades. The details were:

Organised Computer Systems Ltd (OCSL) for £73,303 covering two server upgrades. The equipment is consistent with the existing HP storage and no other vendors equipment will fit. Supplier has provided a substantial discount compared to its original quote.

It should be noted that the last reported single tender waiver in excess of £50,000 was in July 2016, so this is the second such waiver this financial year.

The paper was noted by the Committee

10. Any Other Business

No other business was raised.

11. Date and Time of Next Meeting

Thursday 23rd March 2017 at 8.30am in Room 2, Chertsey House, St. Peter's Hospital.