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

TRUST BOARD
24th September 2015

TITLE	**Minutes of the Finance and Performance Committee meetings held on 23rd July 2015 and 20th August 2015**
EXECUTIVE SUMMARY	The minutes of the Finance and Performance Committee meetings held on 23rd July 2015 and 20th August 2015 are attached for noting. The key points are: - ▪ **Financial Position at 31st July 2015** – the Committee reviewed the month 4 financial position; ▪ **Operational Performance** – received an update on month 4 performance and discussed the key issues around A&E and cancer performance; ▪ **Monitor** – discussed the Trust's proposed response to Monitor's letter on the financial challenges facing the NHS and how the Trust could assist; and ▪ **Business Case Review** – received a paper which reviewed the implementation of previously approved business cases and the lessons learned. Further work was required on workforce reporting to the Committee and the September meeting received the first draft of a new style report.
BOARD ASSURANCE (Risk) / IMPLICATIONS	The Board is assured by the scrutiny provided by the Finance and Performance Committee on matters of financial risk.
ALIGN TO TRUST RISK REGISTER	Aligns with monitoring various risks on the Trust Risk Register in respect of (i) performance targets, (ii) CIP's, (iii) temporary/agency staff expenditure and (iv) budget management.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The impact on stakeholders through the Trust achieving its required financial targets, hence enabling the appropriate investment into services and infrastructure.
EQUALITY AND DIVERSITY ISSUES	None that we are aware of.
LEGAL ISSUES	None that we are aware of.
The Trust Board is asked to:	Note the minutes of the Finance and Performance Committee meetings held on 23rd July 2015 and 20th August 2015.
Submitted by:	Nadeem Aziz, Non-Executive Director and Committee Chair Paul Doyle, Deputy Director of Finance
Date:	17th September 2015
Decision:	For Receiving

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

Minutes of the Finance Committee meeting held on 23rd July 2015

PRESENT:	Nadeem Aziz	Non-Executive Director (Chair)
	Clive Goodwin	Non-Executive Director
	Peter Taylor	Non-Executive Director
	Simon Marshall	Director of Finance and Information
	Lorraine Knight	Interim Chief Operating Officer
IN ATTENDANCE	Paul Doyle	Deputy Director of Finance
	Suzanne Rankin	Chief Executive
SECRETARY:	Des Irving-Brown	Assistant Director Financial Management
APOLOGIES:	None	

Actions

1. Apologies for Absence

None given.

2. Minutes of the Meeting held on 18th June 2015

Minutes of the meeting held on the 18th June 2015 were agreed.

3. Matters Arising

Actions List

It was noted that action point 4 would be covered in item 5.1 of the agenda, but Nadeem Aziz mentioned that he was concerned that the Committee was not seeing progress on this item, and invited any contributions from Committee members to be channelled through Peter Taylor, who is supporting the Workforce team.

The Committee agreed that the essence of what it should be reviewing and addressing was:

1) What establishment is the Trust funded for;
2) What is the gap to getting the Trust to "business as usual" – i.e. recruiting to all the funded posts;
3) What is the trajectory to get to full establishment (recruitment pipeline, which should be feeding into the financial forecast); and
4) What are the issues in delivering this.

Other HR/workforce issues are for the Workforce and Organisational Development Committee to review.

The Director of Finance and Information provided an update on Monitor's plan to cap the agency pay rates paid to agency staff (at the moment, only applicable to nursing), as well as capping the fee agencies levy for providing staff. This could potentially interrupt the supply of staff in hard to recruit to areas, which typically attract high rates, like ITU. Also, due to the proximity to London, this could mean staff will continue to go to London hospitals to get a higher rate as AFC rates include

outer /inner London weighting, which is significantly higher than the fringe weighting paid by the Trust.

All other action points were either completed, not yet due or agenda items.

4. Operational Performance as at 30th June 2015

4.1 Operational Performance Report

The Interim Chief Operating Officer provided a brief summary of the report, pointing out that A&E performance targets are not yet being met (4 hour target standard metric), however, the Trust is meeting its recovery trajectory that was agreed with Monitor. Achieving this trajectory has been difficult, and the teams continue to struggle – the Alamac work has now begun, and it is expected that this will help.

Peter Taylor asked why the A&E targets continue to be an issue. The Interim Chief Operating Officer explained that there are several reasons, including sector wide drivers, as well as some early indications from the Alamac work that there are insufficient packages of care in the community which is pushing patients into A&E. There is a lack of assessment areas, which has been addressed by providing six additional trolleys in A&E in the mornings, which is helping, but hasn't resolved the issue entirely.

It was pointed out that, once the Alamac work concludes, and recommendations are agreed, there is a question around whether the solution is affordable, or whether additional resources can be secured, given the current market supply issues.

Clive Goodwin queried some of the metrics on the report, stating that the number of admissions is lower, but breaches are higher, so is there a point that, where a patient is breached, there is no point admitting them to a ward bed. The Interim Chief Officer confirmed that, if they have breached and need to be admitted, they will be admitted. There is a relationship between how busy and under pressure the department is and the decision to admit. Clive Goodwin requested that more information be included how close the "no breach" patients come to breaching, to understand the pressure on the department LK

Nadeem Aziz suggested that at some point, a deep dive be undertaken to test whether the actions being taken in A&E are effective, although it is too early for this at the moment. The trigger point will be if the current positive trajectory turns negative, at which point a deep dive will be requested.

The Chief Executive mentioned that Monitor has requested a detailed report demonstrating what mitigations the Trust has in place to counter any adverse movement in direction – the Trust will need a set of alternative flexible plans to deal with adverse movements, which is a piece of work the team will be getting on with soon.

The 18 weeks targets are mostly being met now. In the future targets are going to change to measure incomplete pathways only, although internally the current targets will continue to be measured. The 18 weeks pathways had issues in Urology due to vacancies, and also some administration issues, which have now been addressed.

The Cancer breach was due to a late referral into the Trust, but 62 day wait time is at risk, as there has been an extraordinarily high level of lung cancers in July. However if these can be acted on quickly, the target should be achieved in quarter 2.

The overall waiting list in Endoscopy has been reduced, but there is still an issue

with the backlogs within that list. This is probably due to locums dealing with the "urgents" rather than dealing with backlogs, and also, there appears to be a reduction in additional sessions by Trust staff, now that locums have been brought in. The capacity requirements have been reviewed, and the Trust needs 28 internal sessions per week, 2 Cobham sessions per week and 14 locums sessions per week, however, the locum capacity is not at that level, so the team is working with them to find out why.

The Trust was hoping that backlog reductions would happen by August, but it now appears this will happen by September or even a bit later. In terms of costs, the team is trying to spread the costs out by using internal staff instead of locums for more expensive sessions, although this can impact efficiency, and the Interim Chief Operating Officer is reviewing this. It was noted that the agency being used is not a framework agency, but that they are working to get on the framework, which is another reason the Trust is trying to push to get the backlogs cleared as quickly as possible. The waiting list needs to be reduced to 700 to be sustainable.

4.2 Urgent Care Recovery Plan

The Trust is working on 4 key priorities, and the paper describes the targets and trajectory, which is expected to be delivered by December 2015.

In terms of the "Urgent Care Centre", the Interim Chief Operating Officer stated that the tender is due to conclude in September, which may be difficult for some suppliers to achieve, and the expected delivery date is January 2016. It was noted that the current A&E team will be bidding in this tender.

The Chief Executive explained that ultimately the Trust has to design a service that meets the needs of the patients, and this has to be balanced against the risk of losing staff.

5. Workforce Reporting

5.1 Workforce Report (May data) – for information

There were no additional points to raise other than what was raised in Section 3, Matter Arising.

Clive Goodwin noted that there was a lot of data, and wordy sentences, which made it difficult to read.

The paper was noted.

6. Finances as at 30th June 2015

6.1 Operational Effectiveness/Efficiency Metrics

The Director of Finance and Information pointed out the EBITDA box, which indicated that it was a strong month, financially.

The beddays are lower due to taking the Ashford beds out, and this pushed some of the metrics the wrong way, but the tariff per bed day is holding up. Some of the metrics are still not moving the right way (e.g. agency).

The Committee asked that the Clinical supplies cost metric be analysed to understand why it's not moving in the right direction. The Deputy Director of Finance explained that the type of beds that came out probably don't attract high clinical

supplies, and that the metric may need to be adjusted, but this will be reviewed. PD

The Deputy Director of Finance explained the additional example metric under the table, which was addressing the action point raised in June. It was noted that the reduction that was modelled would not have a significant effect on the metric, in part because a large proportion of agency spend was covering substantive posts, so some of the spend would still need to be incurred, just in a different category.

6.2 Finance Report

The Director of Finance and Information stated that the June was the strongest month, in terms of financial performance, for some time, and that the Trust is on target, but some of the improvement was below the line, which means it's not cash that can be spent on other things.

The Monitor Metric for the quarter was a 3 rather than the planned 2, and is not expected that the full financial year will move from a 3, although there is nervousness around the MSK project, which could have a significant impact.

The agency bill is stubbornly not moving, because as initiatives are taken to reduce cost, the Trust is generating more cost pressures just as quickly. The Committee discussed possible interventions and controls which can be deployed, whilst ensuring the safety agenda, which is driving the staffing levels the Board has approved.

Reserves in the forecast are still circa £2m, but these will dwindle as schemes such as the enhanced nursing levels are rolled in.

Nadeem Aziz asked what the minimum and maximum cash balances represents. The Deputy Director of Finance explained these and also that the end of month balance was also shown. Most commissioners pay on the 15th of the month, and payroll goes out on the 26th, and many creditors are paid at month end, coupled with delays in receiving over-performance, which makes the month end balances look low at month end. The Trust is keeping its head above water, but there is a risk around the over-performance being paid a quarter in arrears, although, at this stage this is not considered to be significant.

The rest of the report was noted.

6.3 Monitor Quarter 1 Compliance Return

The Deputy Director of Finance stated that this is the standard quarterly report to be submitted to Monitor by the end of the month after Trust Board approval. As mentioned earlier, the Trust achieved a 3 for the quarter, and is projecting a 3 for the full financial year, but within individual months/quarters, a 2 may be achieved.

In respect of the 12 month declaration this would be discussed further at the Trust Board meeting as it was not felt that this was possible in all four quarters up to 30th June 2016.

The paper was noted.

7. CQUIN's Dashboard

The Director of Finance and Information pointed out that there are still some schemes which are being negotiated, and the report flags up that some schemes with non-NWS CCG are at risk.

The report was noted.

8. Business Case Review Update

Nadeem Aziz stated that he could not pick up "lessons learnt" from this report and therefore, the report should be brought back, highlighting the learnings. It was noted that the paper was encouraging and helpful, and all that is required is a summary at the front, stating what's been learnt. PD

Clive Goodwin stated that the paper focussed on projects to drive income, and questioned whether this was the most important thing on which to focus. The Director of Finance and Information explained that this was inevitable, as with resources under pressure, service managers have to show how the costs will be recovered, which is generally through income. Anything relating to a cost reduction project would fall under the CIP programme.

9. Finance and Performance Committee Review

9.1 Terms of Reference Review

Deferred for future updates following the sub-committee review to be held at the July Board.

9.2 Draft Annual Report for the Trust Board

This paper was noted. The Deputy Director of Finance asked the Committee to confirm that they were happy with the 2015/16 objectives, to which members responded that they were in agreement with these as stated in the paper.

10. Identification of Financial Risks

10.1 Items for Risk Register

Noted.

10.2 Key Points to take to the Trust Board

- Financial Performance;
- Monitor Return for Quarter 1; and
- Annual Report of the Committee.

11. Items for Information or Approval

11.1 Schedule of Business

The Schedule of Business was noted.

Peter Taylor requested a marketing effectiveness review. Nadeem Aziz pointed out that a report was recently submitted to the Board, and questioned what further information was required. Peter Taylor stated that the Board report showed the marketing position, but not whether any related expenditure was effective in driving this position. Clive Goodwin asked what was spent on Marketing, to which the Director of Finance and Information responded "very little, although there are a few staff costs involved". The Director of Finance and Information agreed to review the cost. It was agreed that a high level summary is required and, unless there is something material coming out of the Director of Finance and Information's review, it

does not need to come back to this Committee.

Peter Taylor also asked for a review of Procurement relating to a) assessing whether the relationships between procurement & consultants is satisfactory, and b) whether the cost of procurement is at the right level. It was agreed that this would be done for the January 2016 meeting to tie in with the release of the Lord Carter reports on operational productivity in provider organisations. PD

11.2 Business Case Approvals

The two Business Cases approved by TEC were noted.

11.3 Tender Waivers >£50k - None

There were no tender waivers over £50k in June 2015.

11.4 HFMA NHS Financial Temperature Check

This paper was noted.

12. Any Other Business

None.

13. Date and Time of Next Meeting

Thursday 20th August 2015 at 8.30am in Room 3, Chertsey House, St. Peter's Hospital

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

Minutes of the Finance Committee meeting held on 20th August 2015

PRESENT:	Nadeem Aziz	Non-Executive Director (Chair)
	Clive Goodwin	Non-Executive Director (conference call)
	Peter Taylor	Non-Executive Director
IN ATTENDANCE	Paul Doyle	Deputy Director of Finance
	Suzanne Rankin	Chief Executive
	David Fluck	Medical Director
	Julian Ruse	Associate Director of Performance
	Stephen Hepworth	Associate Director of Business Development (agenda item 7)
SECRETARY:	Linda Nyika	Divisional Accountant
APOLOGIES:	Simon Marshall	Director of Finance and Information
	Lorraine Knight	Interim Chief Operating Officer

Actions

1. Apologies for Absence

As above.

2. Minutes of the Meeting held on 23rd July 2015

Minutes of the meeting held on the 23rd July 2015 were agreed.

3. Matters Arising

Actions List point 1.0

The Chief Executive fed back to the Committee that the strategic tool has been used to review NICU, with results showing that this service was making an 8% contribution, rather that the intended 15%, and that further substantial investment was required to maintain the service's viability by increasing capacity.

Peter Taylor went on to suggest that the Trust needed to consider whether the tool would be used to look at the Trust's services as portfolios, or as specific areas, as well as the depth and scope of the strategic review that would be undertaken using the tool now, given that the merger was on the horizon.

Nadeem Aziz asked that information addressing the following be brought back to the Committee at subsequent meetings:

- What the strategic tool is;
- How it is expected to influence strategic decision-making; and
- What the Trust's strategy is, going forward

Overall, the Committee perceived the strategic tool as a very useful instrument that would provide a means of stress-testing the robustness of future strategies. SM/SR

Action point 3.0

Nadeem Aziz expressed his concern that the development of a new style of workforce report for the Committee did not appear to be progressing. The Deputy Director of Finance confirmed that a meeting had now been set up for early September with workforce colleagues and Peter Taylor to discuss the type and style of report. Nadeem Aziz suggested that a 3-page summary would be adequate for the Committee.

Peter Taylor noted that the Committee needed a greater understanding of the drivers of the variances within the workforce report i.e. whether they were due to the Trust having more staff on the 'shop-floor', increases in the use of temporary staffing due to difficulties in potential staff getting visas to work in the UK etc.

The Chief Executive highlighted the need for a shared understanding of the outcomes expected by the Committee between herself, Louise McKenzie (Director of Workforce Transformation), Colleen Sherlock (Head of Workforce Planning) and Lorraine Knight (Interim Chief Operating Officer), for a joined-up approach to be realised.

All other action points were either completed, not yet due or discussed as agenda items.

4. Operational Performance as at 31st July 2015

4.1 Operational Performance Report

The Associate Director of Performance provided a brief summary of the report, pointing out that the Trust remained compliant for the 18-week admitted (91.2%) and non-admitted (95.7%) standards. Overall, admissions remained static, with one additional patient being admitted per day compared to July 2014, and average LOS slipping to 7 days per patient, against a 6.25 day LOS recovery target.

The closure of 43 rehabilitation beds at Ashford hospital has contributed to stemming patient flow within the Trust, where only 10 community beds have been provided to date, with the number set to increase to 20 later in the year. Nadeem Aziz asked what the CCG is doing about increasing capacity within the community. The Chief Executive highlighted that the Better Care Fund (BCF) has been provided to social care via the Local Authorities, however it appears that the funding is not being used in the right places, as there are no beds available to purchase at the price that the Local Authorities are willing to pay. The work being undertaken by Nera is expected to help ASPH's proposal to provide transitional care for sub-acute patients whom the CCG should then pay for. Nadeem Aziz also highlighted the need to revise the forecast and recovery trajectory to reflect the risks posed by these system-wide constraints.

Peter Taylor suggested creating a 'tick-box' report that identifies what the Trust said it would deliver and what has actually been delivered against this list, as a means of providing assurance to Monitor, as well as considering a scenario-based forecast with trajectories for each scenario. The Chief Executive mentioned the usefulness of having sight of the social care plans which it had not seen yet. The work being undertaken by Alamac would provide an overview of these plans, (where a report is expected in September) providing information which will form the basis of a scenario-based trajectory and forecast.

The Associate Director of Performance highlighted that all cancer standards were compliant, except the 62- day standard. The Trust received the highest ever number of in-month cancer referrals in July 2015 due to better awareness campaigns which are currently being run (e.g. the breast cancer campaign), recently issued NICE

guidelines surrounding cancer referrals, as well as having an aging population that is more prone to secondary and tertiary cancers following better therapeutic interventions for primary cancers. Increasing incidence of complex pathways and delays in tertiary centre referrals were also sighted as further causes for high number of in-month breaches.

Clive Goodwin asked why the August figures were forecast to be below trajectory. The Associate Director of Performance identified the over-heating in tertiary cancer centres due to increased demand and delays in the diagnostics element of the pathway as some of the reasons of the low forecast. He also highlighted this as a risk area if cancer referrals remained substantially high, as performance against the trajectory would be more adversely affected, with knock-on effects on elective activity as cancer patients would take priority. Nadeem Aziz asked the Associate Director of Performance to undertake demand and capacity work to better understand and manage this. JR

The Associate Director of Performance also highlighted that although the Trust missed the A&E 4hour target (93.19% achieved), this was a 0.13% improvement ahead of the recovery trajectory.

Following analysis performed using a DoH tool in which the Trust's data was inputted, the Associate Director of Performance highlighted that target-driven behaviour appeared to exist in A&E, particularly in Majors, where an exponential clearance rate was seen as patients approached the 4-hour target. Peter Taylor asked whether this could be because A&E staff are trying to implement 'Lean principles' by trying to treat patients that can be cleared and discharged quicker first. The Associate Director of Performance assured the Committee that patients were being prioritised according to their clinical needs.

The Chief Executive then mentioned that the lack of adequate numbers of doctors in A&E with the right clinical capabilities could be a contributory factor to the absence of smooth patient flow within A&E, where the clinician's tolerance to risk also has a bearing on their clinical decision-making. Clive Goodwin then asked that while the individual clinicians use their discretion to manage patients, was the Trust comfortable that the integrity of clinical decision-making is being maintained at all times, where clinical decisions were being made in the best interest of the patients, rather than to meet targets. The Medical Director suggested the need to maintain a system that supports all levels/grades of clinicians with a variety of clinical capabilities. He was also sure that the necessary clinical capabilities were present within the department, however, there was a possibility that they were not being deployed in the right places/location.

Clive Goodwin mentioned that his query regarding breach analysis (action point 4) had not been fully addressed, where the Associate Director of Performance is to provide a one-page summary addressing it. The Chief Executive suggested that breach analysis by week-day, time of day and clinician would also be useful to determine what variations existed in decisions to refer patients to physicians, where this information could be collected with Alamac. JR

5. Finances as at 31st July 2015

5.1 Operational Effectiveness/Efficiency Metrics

The Deputy Director of Finance highlighted that the closure of rehabilitation beds at Ashford was helping to keep the 'pay and clinical supplies Per bed day' lower than in previous months. The Medical Director asked how the 'pay and clinical supplies Per bed day' metrics helped, or are used by, the Trust. The Deputy Director of Finance

mentioned these were internal metrics that have been developed for monitoring purposes, but are not benchmarked against other Trusts.

The Deputy Director of Finance talked through the additional information provided on restating the Clinical Supplies per Bed Day metric to account for the recent bed closures. It was agreed that the target for clinical supplies per bed day should be reviewed in the light of the Ashford bed closures. PD

5.2 Finance Report

The Deputy Director of Finance presented the finances for month 4 which showed that the Trust was slightly ahead on it its operational budgets with CIP's also on plan.

Nadeem Aziz asked where the Trust was with regards to back-log maintenance and capital in general. The Deputy Director of Finance stated that while work was currently behind schedule due to restricted access to clinical areas as a result of the Trust's escalation status, the works should be completed later in this financial year.

Clive Goodwin asked how much of the positivity would be reflected in the Trust's finances going forward. The Deputy Director of Finance mentioned that provisions had been made to pay the CCG back for A&E over-performance and additional cap deductions for specialist commissioners. It is not clear to what extent commissioner QIPP's were delivering but the Trust would need to make an appropriate cost response if they started to bite.

The Deputy Director of Finance then presented an additional paper to try and address the Committee's requirements in respect of income price/volume/mix analysis.

Nadeem Aziz commented that this paper showed very important information as changes in sales and volume mix will help with prioritisation when making budgeting and strategic decisions. He also queried what the large sales and volume mixes in Trauma & Orthopaedics (T&O) indicated. The Associate Director of Business Development mentioned that T&O undertook a lot of backlog work in the last financial year which might have been included in this year's budgets, making the year-to-date variance largely adverse.

Peter Taylor and Nadeem Aziz identified that a better understanding of the reasons behind each of the sales and volume mix figures would be useful to the Committee, in order to identify:

- how much of this is caused by changes in trends and patient mix;
- how much of it was due to process issues or operational changes; and
- whether anything could be done to influence the trends.

The Deputy Director of Finance was asked to provide a short supplementary paper to the finance report each month which would give the Committee a broad brush understanding of the sale and volume mix figures presented in this report. PD

6. Monitor Letters and Trust Response

The Trust had received two letters from Monitor regarding the financial challenge facing the NHS, Monitor's request for the Trust to make a higher contribution in 2015/16, and the annual plan submission and quarter 4 out-turn.

The Deputy Director of Finance gave a brief explanation of how Monitor had formulated their requested target surplus, which included a reduction in external

consultancy fees and contingencies, vacancy freezes and the implementation of Monitors agency restrictions.

The Chief Executive explained how Monitor was satisfied with the response given by the Trust so far; all-be-it a low level response, raising the concern that the Trust had no visibility as to what other Trusts were submitting, and that the Trust was exposed to the risk of overspending on agency staffing.

Overall, the Committee were happy with the drafted response, in terms of the letter being data driven. Nadeem Aziz suggested that the tone of the letter could be stronger, identifying some of the Trust's risks e.g. surrounding the delivery of CIP programmes, where the Trust's target is 5% for 2015/16, while other Trusts have set their CIP target at 4%. Peter Taylor also pointed out that Trust needs to be prepared to justify its controls on aspects such as workforce and agency management. The Chief Executive suggested comments that could be included in the letter which will be aimed at increasing the level of assurance on the robustness of the Trust's controls. SR

7. Business Case Review Update

The Associate Director of Business Development gave a brief overview of the outcomes of the review.

Nadeem Aziz asked how the learning gathered from the review is being embedded within future business cases, further re-iterating the need to ensure learning is embedded, and for failing projects to be brought to the attention of the Committee sooner rather than later. The Associate Director of Business Development responded by sighting an example that going forward, all business cases will have to be sent to the Estates department in order to ensure that all estates & facilities costs that will be incurred are captured within the costings.

Peter Taylor queried whether the Trust was perhaps being too negative by billing failed projects as having achieved nothing, further stating that often the projects will have at least part-achieved the initial target. The Chief Executive also suggested that perhaps a shift in culture is required, where failure needs to be recognised as being essential for improvement and innovation to occur in the organisation. Nadeem Aziz added that from his experience, high performing teams/ organisations often tolerate a pre-determined level of risk-taking in order to breed innovation.

The Medical Director also raised the need to develop a matrix against which project performance is continually measured and tracked (specific key performance indicators KPI's for each project) in order to determine whether the project is moving towards success or failure. The Associate Director of Business Development responded by identifying that at present KPI's were being put forward for the projects; however these needed to be more robust.

8. Identification of Financial Risks

8.1 Items for Risk Register

None noted.

8.2 Key Points to take to the Trust Board

There is no Board meeting in August. A Strategy Committee meeting is being held instead.

9. Items for Information or Approval

9.1 Schedule of Business

The Deputy Director of Finance explained the amendments that were made to the Schedule of Business, which was noted by the Committee.

9.2 Business Case Approvals

1) Ophthalmology Business Case
2) Lithotripsy Business Case

The Business Cases approvals by TEC were noted.

9.3 Tender Waivers >£50k - None

There were no tender waivers over £50k in July 2015.

10. Any Other Business

None.

11. Date and Time of Next Meeting

17th September 2015 at 8.30am in Room 3, Chertsey House, St. Peter's Hospital