

**Meeting of the Oxford Health NHS Foundation Trust**

**Finance and Investment Committee**

BOD 39/2019

(Agenda item: 15)

Minutes of a meeting held on

Monday, 21 January 2019 at 09:00

in the Boardroom, Warneford Hospital,

Warneford Lane, Headington, Oxford OX3 7JX

|  |  |
| --- | --- |
| **Present:** |  |
| Chris Hurst | Non-Executive Director (**CMH**) (Chair) |
| John Allison | Non-Executive Director (**JA**) |
| Stuart Bell | Chief Executive (the **CEO/SB**) |
| Martin Howell | Trust Chair (**MH**) |
| Mike McEnaney | Director of Finance (the **DoF/MME**) |
|  |  |
| **In attendance:** |  |
| Claire Dalley | Director of Estates & Facilities (the **DoE/CD**) (*part meeting*) |
| Alison Gordon | Head of Financial Management (**AG**) (*part meeting*) |
| Kerry Rogers | Director of Corporate Affairs & Company Secretary (the **DoCA/CoSec/KR**) (*part meeting*) |
| Peter Smith | Senior Procurement Manager (**PS**) (*part meeting*) |
| Martyn Ward | Director of Strategy & Chief Information Officer (the **DoS/CIO/MW**) |
| Hannah Smith | Assistant Trust Secretary (**HS**) (Minutes) |

|  |  |  |
| --- | --- | --- |
| **1.**  a | **Apologies for Absence**  No apologies for absence. The meeting was confirmed to be quorate. | **Action** |
| **2.**  a | **Declarations of Interest**  No interests were declared pertinent to matters on the agenda. |  |
| **3.**  a  b  c  d  e  f | **Minutes of the meeting on 15 November 2018 and Matters Arising**  The Minutes were approved as a true and accurate record of the meeting subject to amending item 5(d) (deletion in ~~strikethrough~~, insertion in *italics*): “as much parking space as was feasible would be ~~sort~~ *sought*”.  ***Matters Arising***  **Item 11(c) from the meeting on 12 July 2018 – an item on Learning Disabilities, particular regarding staffing, to be scheduled for a future Board Seminar further to discussion of the Revised Business Case for the Learning Disabilities Low Secure Unit (LD LSU)**  The Committee noted there had been no availability for the Board Seminar in December 2018 and that the January 2019 Seminar had been cancelled. However, the Committee confirmed that reasonable assurance that the proposed new LD LSU could be staffed was still required. The DoF acknowledged this and added that although funding had been confirmed (as would be discussed under item 4 below), a further updated business case for the LD LSU would, in any event, need to be submitted and would require review by this Committee and/or the Board in January or February 2019. An updated business case for the Child & Adolescent Mental Health Services’ Psychiatric Intensive Care Unit (**CAMHS PICU**) would also need to be reviewed. The Chair emphasised the importance of there being sufficient time to examine these business cases thoroughly and to discuss issues such as staffing to support their proposals.  **Item 9(c) from the meeting on 13 September 2018 – Oxford Pharmacy Store (OPS) reporting**  The DoF noted that reporting on OPS’ financial position should continue to be provided to this Committee. However, it was not yet confirmed whether separate quality reporting in relation to OPS should be presented to either the Quality Committee or to its Well Led quality sub-committee.  *AG joined the meeting*.  **Item 13 from the meeting on 15 November 2018 – Cost Improvement Programme (CIP) Report**  The Committee noted that a simplified version of the CIP report for Board meetings was anticipated for FY20 and was due to be reformatted. The Action would be on hold for the start of FY20.  The Committee confirmed that the following item from the 13 September 2018 Summary of Actions had been completed and progressed: 3(b)-(c) Warneford Foundation – discussed with governors and would also be further highlighted by the CEO at the upcoming Governors’ Strategy Session on 28 February 2019.  The Committee noted that the following action from the 13 September 2018 Summary of Actions was to be progressed: 12(a) amendments to the Finance & Investment Committee annual report | **HS**  **MME**  **HS** |
| **4.**  a  b | **Learning Disabilities Low Secure Unit (LD LSU)**  The DoF provided an oral update and explained that the anticipated paper at FIC 02/2019 had been withdrawn but, as referred to at item 3(b) above, a further updated business case for the LD LSU would be submitted to this Committee and/or the Board for review in January or February 2019. He confirmed that the Trust had been successful in its bid for Sustainability and Transformation Partnership (**STP**) capital funding to support the LD LSU proposal. Subject to: (i) confirmation and assurance from NHS England about the proposal and the price and bed occupancy level to be procured within the contract; (ii) updating of the LD LSU business case with these details, followed by review by the Board and, if appropriate, approval; and (iii) resubmission of the business case to NHS Improvement, then the project could be ready to start from April 2019.  **The Committee noted the oral update and that an updated LD LSU business case would be submitted to this Committee and/or the Board for review in January or February 2019**. | **MME** |
| **5.**  a  b  c  d  e  f  g  h  i | **Warneford Foundation**  The DoF presented the minutes of the Warneford Foundation Steering Group meetings on 12 November 2018, 03 December 2018 and 20 December 2019, at papers FIC 05(i)-(iii)/2019. The DoF provided an update that, further to discussion at the previous meeting of this Committee, the Memorandum of Understanding had been signed; this did not legally bind the Trust but clarified intentions to establish a Joint Venture (**JV**) and the land which would be assigned to this. No financial commitments had yet been made.  Negotiations were continuing on the sale value of the land. The Committee noted the ongoing variance between the Trust’s valuation and that of the University and that the Trust was remaining steadfast. Negotiations should complete by the end of April 2019 when all organisations were expected to be in a position to sign a legally binding agreement which would formalise the phase 1 financial commitment to cover design and planning. The DoF noted that there was still significant work to do prior to April.  The DoF confirmed the importance of protecting the Trust’s voting position as a JV partner when the JV agreement was finalised; it would be necessary to establish where the Trust would hold a veto or where certain decisions would need to be made unanimously by all three JV partners.  The DoF noted that implications of public sector procurement requirements (and the risk of any challenge) were also being considered, although only one third of the proposed building would be in public sector use (through the Trust). For the purpose of the procurement regulations, the University’s interest in the building did not count as public sector use although the Trust’s did.  The Committee considered further funding which would be required and the contribution which could be made through the sale of land at Hill Top Road after a share of sale proceeds had been given to the Department of Health.  *The DoCA/CoSec and the DoE joined the meeting*.  The Committee discussed keeping regulators updated and any approvals which may need to be acquired. The CEO reported that NHS Improvement and NHS England had been kept updated and the potential positive impact upon mental health highlighted. However, it was noted that a more formal approval process may be required, especially for entry into a JV which may be subject to a high level of scrutiny, before any legal binding agreement could be signed.  The CEO noted that work was also progressing to identify suitable tenants for the rental space which would be available in the new building (as required under the commercial model in order to ensure that all debt would be repaid in under 25 years). This may be an attractive option for the pharmaceutical industry looking to engage in collaborative research.  John Allison asked how the issues which had been identified in the Steering Group minutes around car parking had been resolved. The CEO replied that although in all other respects the proposals had been recognised as in keeping with the City Council’s policies for use of the site for clinical and academic collaboration, car parking was still recognised as a challenge. John Allison asked what data or algorithms were available to understand use of the site and the car parking challenge. The DoE replied that there were algorithms but work was currently taking place to understand use of the site and traffic management and environmental plans. The DoF added that even by the time the next agreements were signed in April, there still may not be clarity on the best position which could be achieved on car parking. The Chair reminded the meeting of the other users of the site who would also need to access car parking, noting that this should not be allowed to jeopardise partnerships and that an outline agreement may be required. The Trust Chair noted that the wider context for the issue was not just about car parking but about transport in the city, including responsibilities of the City Council to provide alternative means of transport and greater use of Park & Ride or other facilities. The CEO replied that as work developed on car parking, this would be shared with the Committee as it became available.  **The Committee received the minutes and noted the discussion**. | **CD/**  **MME** |
| **6.**  a  b  c  d | **Capital Projects (Estates schemes) update**  The DoE presented Paper FIC 03/2018 on progress to deliver the FY19 Capital Programme (Estates schemes) and reported no concerns in relation to individual projects. She highlighted that 53 projects had been completed since April 2018 and 10 projects were currently on site, as set out in the report.  The DoE reported that the Capital Programme Sub-Committee (**CPSC**) had agreed to the installation of drug storage mechanical ventilation for temperature control at 7 locations across Community Hospitals. This was a result of joint work from the Directorate, Pharmacy and Estates teams to identify locations where there was a risk of loss of drugs due to excessive temperatures and further to recommendations by the Care Quality Commission. This work was now ongoing and was anticipated to complete by the end of the year.  The Chair made a general observation that in future it may be worth considering how to integrate the reporting on capital items. Currently this was split over reporting on: individual projects; longer term projects in the pipeline; and the financial position. These perspectives could be brought together, potentially under one agenda item.  **The Committee noted the report**. |  |
| **7.**  a  b  c  d | **Capital Programme (Estates and IT) financial update**  The DoF presented the report FIC 07/2019 on the year-to-date position for the period to 31 December 2018. Following the Q2 financial reforecast submitted to NHS Improvement and a subsequent further review by the DoE, the forecast capital position was revised again from £9.1 to £8.1 million, as approved by the Executive and the CPSC earlier in January 2019. Total spend across all schemes for the year-to-date was £3.95 million. It was noted that the report included year-to-date plan figures which were based upon the original plan; the monthly plan profile needed to be re-assessed to reflect the revised plan of £8.1 million. However, actual spend was still significantly behind plan and the DoF highlighted the need to improve upon capital spend against commitment.  The Capital Programme was comprised of Estates and IT schemes, including projects carried forward from FY18. The main areas of under-spend related to: the LD LSU (pending confirmation of funding, as discussed at item 4 above); the CAMHS PICU which was awaiting business case approval and operational capital; and slippage/delays, rather than cancellations. The DoF referred to the pipeline report included in the Estates Capital Investments Requirements report at paper FIC 04/2019 (to be discussed at item 8 below) and noted the high level of demand for capital and that it would be important to consider the approach to be taken in response to demand. He added that individual projects however, once undertaken, generally came in on plan.  The Chair referred to the report and under-spend against plan in relation to the Global Digital Exemplar (**GDE**)programme. He noted that it was important for the Trust not to underdeliver in relation to the GDE programme, especially considering the funding which had been secured. The DoF agreed and noted that there was a monthly meeting of the Digital Programme Board, with attendance from NHS Digital, which helped to ensure that the Trust remained compliant with GDE programme requirements. He added that funding for GDE delivery was also partially unmatched.  **The Committee noted the report.** |  |
| **8.**  a  b  c  d | **Capital Investment (Estates) Requirements FY19-FY23**  The DoE presented the report FIC 04/2019 which included: details of the agreed FY19 Estates’ Capital Investment (reflecting agreed reduction in expenditure) and updated investment profiles for FY20-FY23; a schedule of potential slippage for projects which may be delayed into FY20; and a pipeline report. She noted that the report was Estates-specific and did not cover IT. She highlighted that demand for capital investment could outstrip currently agreed resources, especially after the agreed reduction in expenditure on the Capital Programme; the FY19 Capital Programme had been reworked to accommodate the agreed reduction and projects had been moved into FY20. However, even excluding projects such as the LD LSU and the CAMHS PICU, the remaining unmet demand for development projects could amount to £7.6 million. She emphasised the importance of continuing to prioritise projects and assess if they were adequately funded. The DoF added that it was also challenging whilst information was not currently available on the next tranche of possible STP funding or capital funding to support the NHS 10-year strategy.  The Chair noted that difficult decisions may need to be made around prioritising projects but cautioned that risk should not be allowed to creep into the Trust’s estate and facilities. The DoF agreed that maintaining safe services was critical. However, he suggested that the Trust could consider spending less on moving services and staff as these moves did not necessarily add value and in some cases increased the size and operating costs of the estate to be maintained. The DoE reminded the meeting that some moves were necessitated after services were evicted from sites, noting that this had particularly been the case in Community Services. The Committee recognised the challenge of bringing together Community Services with Primary Care without the support of strategic capital investment or pending the outcome of public consultations.  The Chair asked whether lessons learned in reducing the FY19 Capital Programme indicated the need to modify the Operational Plan or further revisions to the FY20-23 Capital Programme. The DoF replied that the issue was with the scale of the pipeline which included some large projects which would need more time for assessment by the Executive and the Extended Executive before priorities were set. The Chair emphasised the importance of rigour in considering proposals for expanding service capacity; he noted that whilst the clinical case for expansion may always be worthy, in the current economic climate, the Trust needed to challenge itself especially on whether service expansion could be safely and adequately staffed. He noted that the Trust’s ability to staff services was highly relevant to prioritisation of capital investment, especially when there was a potential variance between capacity to invest and demand for investment. The DoF agreed and added that although the Trust’s typical response to an increase in demand had been to expand to meet it, given the historic lack of funding of mental health services in Oxfordshire this may no longer be feasible as demand was overtaking capacity to meet it and staffing through agency usage was not sustainable. John Allison reminded the meeting that delaying projects may just defer problems whilst ultimately some projects may need to be cancelled.  **The Committee noted the report**. |  |
| **9.**  a  b  c | **Capital Programme Sub-Committee (CPSC) meetings**  The DoF presented the minutes of the CPSC meetings on 07 August 2018[[1]](#footnote-1), 04 September 2018, 06 November 2018 and 04 December 2018 at papers FIC 05(i)-(iiii)/2019. He noted that he had no matters of concern to highlight.  John Allison noted that the minutes did not evidence discussion of the affordability of capital projects; he suggested that this should be a question which the CPSC also regularly challenged itself upon and could demonstrate that it had done so, further to the discussion which this Committee had also had at item 8 above. The DoF replied that the minutes did not then evidence the detail of the discussions which did take place at CPSC, especially as each business case which was considered contained a detailed financial justification as well as consideration of safety elements; he explained that the minutes may be focused on recording the final decisions taken. The DoF added that the capital budget was not overspent and that if unplanned calls upon capital were made then discussion took place to consider what could be reduced in order to ensure that capital expenditure remained within the available financial envelope. John Allison noted that not being overspent did not necessarily address the question of overall affordability and use of resources; he cautioned that projects should not necessarily be accepted based on their worthiness without careful consideration of their overall affordability, which could be evidenced. The CEO added that he did not believe that to be the prevailing attitude of the CPSC and that overall/final approval of some of the larger more strategic schemes may, in any event, fall outside of its remit.  **The Committee received the minutes**.  *The DoE left the meeting*. |  |
| **10.**  a  b  c  d  e | **Financial Recovery and Sustainability Plan FY19**  The DoF tabled a presentation to the meeting which set out: the proposed approach to deficit management; the Q2 financial reforecast position against the latest FY19 forecast; risks and opportunities to the forecast; and actions being taken on the Financial Recovery and Sustainability Plan. He highlighted the deficit variance to forecast at Month 8 and explained that this mainly related to Out of Area Treatments/Placements (**OATs**) and agency spend.  He drew the Committee’s attention to the actions being taken to achieve the forecast, including the opportunities:   * to achieve some reduction in OATs especially in Learning Disability services; * in relation to school health nurses and some overperformance; * around reduction in non-pay and agency premium spend (which could also help to offset changes in Agenda for Change) as well as more movement towards cessation of agency use; * in relation to the potential contribution from the Forensic New Care Model (final figures being validated); * around potential commercial revenue from OCTC (the Oxford Cognitive Therapy Centre) and Learning & Development; and * in relation to the gainshare from Buckinghamshire Continuing Health Care.   He also drew the Committee’s attention to the risks in relation to: the Buckinghamshire CQUIN (Commissioning for Quality and Innovation payments); the worsening Month 9 financial position compared to Month 8; and increased costs from NHS Property Services who had not yet provided details to explain the increases. He highlighted the importance of maximising funding in the Oxfordshire system, noting that even if this year this benefitted the acute sector, next year it could still result in an overall benefit for the Trust.  The Committee reviewed the Q2 reforecast position on page 3 and noted the summary forecast deficit variance of £7.558 million and compared this to page 4 and the Month 5 target forecast deficit variance of £10.665 million and the Month 8 forecast deficit variance of £13.641 million. The Chair noted that it would be helpful to understand how likely the summary forecast deficit variance of £7.558 million was to crystallise and what the best or worst case could represent. If the Months 10-12 position could deteriorate further then it would be important to indicate this and demonstrate a proactive, rather than reactive, stance to avoid any doubt about the organisation’s grip on its operational financial position. The DoF added that work was continuing on the underlying financial position and more detail would be available for the upcoming Board meeting; the underlying position was severe but the Trust could maintain its forecast overall. He emphasised the positive impact from the potential contribution from the Forensic New Care Model to the position.  **The Committee noted the presentation**.  *PS joined the meeting*. |  |
| **11.**  a  b  c | **Procurement Policy**  The DoF and PS presented the paper FIC 13/2019 which provided a revised version of the Procurement Policy. PS confirmed that no substantial changes had been required but updates, including for the General Data Protection Regulation and in anticipation of changes pending EU exit, had been included. The Chair asked for assurance that the policy was compliant with relevant requirements, consistent with good practice and the Trust’s other policies and represented an effective policy. PS confirmed that it was and that the revised version also provided more clarity on when tenders should be undertaken and when it was appropriate to use a Single Action Tender Waiver.  The CEO requested more detail in the policy on Healthcare Commissioning as the Trust may become more involved in this through participation in New Care Models. This may result in fewer tenders but more opportunities for provider collaboratives to work together to make the best use of the available resources; this would also be in line with the NHS long term plan which could also be referenced. The Chair agreed that the policy could start to signpost that this would be a fast-moving area of change which could require more flexibility than the conventional position. The DoF agreed that the policy could be revised further to start to develop a more strategic view of commissioning and procurement. The Chair requested that an updated version of the policy be shared with the Committee in due course.  **Subject to the comments above and the inclusion of a more strategic view of commissioning and procurement, the Committee supported and endorsed the revised Procurement Policy and noted that an updated version would be brought back in due course.** | **MME** |
| **12.**  a  b | **Procurement Update**  The DoF presented the paper at FIC 12/2019 which provided an update on strategic and operational procurement work, key performance indicators and national and local developments. The Chair noted the work which had been taking place with the Trust’s supply chain to prepare for EU exit but that work by the Oxford Pharmacy Store (**OPS**) was not mentioned in it. The DoF replied that OPS was operating within overall NHS requirements and following national guidance including in not stockpiling.  **The Committee noted the update**.  *PS left the meeting.* |  |
| **13.**  a  b  c  d  e  f  g  h  i  j  k | **Updates on: (i) draft FY20 Operational Plan; and (ii) FY20 Financial Plan**  The Committee received the paper FIC 08/2019 on the initial FY20 Operational Plan submission which had been made on 14 January 2019.  The DoF tabled a presentation on the FY20 Financial Plan setting out NHS Improvement planning requirements, key dates and the baseline FY20 Financial Plan. The available guidance encouraged collaboration and alignment of financial plans with commissioners, including demand and capacity planning. The Trust’s FY20 Financial Plan submission would be followed by an aggregate system FY20 Operating Plan submission (final versions due in April 2019) and then a system-wide 5-year plan due during the summer period 2019.  The DoF emphasised that with high levels of mental health activity in Oxfordshire in particular, if appropriate funding was not provided then the Trust may need to reduce service provision; the Trust had warned the CCG of this. The Trust Chair noted that given the time which had elapsed since the independent review conducted by Trevor Shipman (and which had confirmed underinvestment in Oxfordshire mental health services), and in light of the financial position, this was a measured approach to take. The Chair agreed and added that, as already discussed at this meeting, the current position indicated that the Trust would find it increasingly difficult to meet demand from the perspective of funding, revenue, estate and also staffing.  John Allison referred to the draft FY20 Operational Plan at paper FIC 08/2019 and the introduction to the submission. Whilst he commended the document and noted that it presented the realistic position and provided a useful warning for the CCG in relation to the challenges which the Trust faced, he recommended that: financial sustainability should be ranked more highly amongst the Trust’s priorities; the impact of appropriate staffing upon maintaining quality of services for patients should be highlighted; demand and capacity issues should not be overcomplicated; and the use of colour in the document was not adding to the sense/overall readability. The DoF took these points to feed back to the Strategy & Business Development team.  The DoCA/CoSec referred to the FY20 Financial Plan and asked whether the FY20 Control Total which had been assigned to the Trust assumed an appropriate level of funding from commissioners. The DoF replied that it was not so sophisticated, being based on FY18 figures with some adjustments. The Committee reviewed the FY20 Control Total, noting that before Provider Sustainability Funding and Financial Recovery Funding (**PSF & FRF**), the underlying control total was £4.755 million but this was cancelled out by the cash value of PSF & FRF. The Committee discussed Control Totals assigned to other organisations and noted that whilst it was still currently possible for organisations to use profits from land sales to meet their Control Totals, NHS Improvement would not permit this from next financial year. The Committee considered whether the Trust could reject its Control Total or reduce or cease activity in order to meet it. The CEO emphasised the importance of explaining the consequences of the Trust working to meet its Control Total so that commissioners and stakeholders would be under no allusions as to the implications for reduced service delivery.  The Committee reviewed the baseline FY20 Financial Plan and noted the consequence of having not achieved the FY19 Control Total in the increased national efficiency requirement levied upon the Trust. The standard national efficiency requirement was 1.1% but as the Trust was in a deficit position, it was required to achieve a further 0.5% which therefore increased its total national efficiency requirement from the standard 1.1% up to 1.6%. This would need to be delivered through further Cost Improvement Programme savings next year. Assuming that the Trust operated for another year with no contingency reserves, this amounted to a FY20 baseline deficit.  The DoF highlighted that demand and activity control and additional income would be key to reducing the underlying deficit. This would require further discussions with Oxfordshire CCG on funding available in Oxfordshire, especially in light of the findings from the independent review conducted by Trevor Shipman as to historic underfunding of mental health services. The value could amount to £10 million to fund a standstill level of activity, a further £5 million to achieve stability and £7 million to implement the Five Year Forward View for Mental Health or the national Mental Health Investment/Development Standards.  The Chair noted that if the Trust was to meet its FY20 Control Total this would involve a degree of reduction/cessation in activity levels; it would also be important to remain consistent in delivering this message, as the Trust had been over the past year. The CEO added that it was still important to recognise some service development should be supported, most critically in relation to the development of crisis resolution home treatment so as to be able to support the most critically ill patients first and, in so doing, be able to reduce OATs.  The Committee discussed the assumption that the Trust operate for another year with no contingency reserves for unplanned in-year pressures. The CEO expressed some concern with this. The DoF noted that providing for contingency reserves would increase the deficit position and the gap to break even. The Chair added that it could, however, further help to demonstrate the extent to which capacity reduction would need to be undertaken.  The Trust Chair asked about the funding position in other areas such as Buckinghamshire, Bath and North East Somerset. The DoF replied that the position was more reasonable and that demand and capacity could be managed more effectively in these areas.  **The Committee note the updates on the draft FY20 Operational Plan and the FY20 Financial Plan**. | **MME** |
| **14.**  a  b  c | **Cash Management report – cashflow and working capital**  The DoF presented the report FIC 09/2019 which showed actual cash flow as at 31 December 2018 and a forecast to 31 December 2019; the cash forecast to 31 December 2019 was £6.2 million (before actions taken to manage working capital). The meeting discussed working capital management, including through prompt collection of debts and payment of obligations (as set out in more detail in the report), and noted the importance of this to improve the cash position. The DoF noted work also taking place with the DoS/CIO and the positive impact of changing payment dates. The DoS/CIO highlighted the supporting paper which set out receipts and payments, including from various commissioners.  The Committee discussed the Trust’s going concern position. The DoF noted that the Trust had already dropped on its Use of Resources risk rating to become an overall ‘4’ (where ‘1’ was the best rating/low risk and ‘4’ the worst/high risk). John Allison asked if there was a figure to aim for in order to maintain going concern status. The DoF replied that £6 million may be sufficient but this would require strict cash management and restricted capital programme expenditure. The Chair acknowledged the good work which was being done to manage working capital and achieve a more granular level of detail around cashflow; the aim should still be to achieve more than the £6 million cash forecast.  **The Committee noted the report and the actions to safeguard the Trust’s cash position but maintain good practice in managing working capital**. |  |
| **15.**  a  b | **Investment Policy**  The DoF presented the paper FIC 11/2019 and confirmed that the Investment Policy had been reviewed and no changes were proposed.  **The Committee confirmed no changes were required to the policy.** |  |
| **16.**  a  b | **Cost Improvement Programme (CIP) report**  The DoF presented the report FIC 10/2019 on CIP delivery and noted that this provided a summary. John Allison referred to the agency spend project, noting that spend remained high; he asked about continuing use of agency. The DoF replied that community services still required some use of agency Healthcare Assistants (**HCAs**), especially at weekends,but he confirmed that cost savings from the HCA project had been netted out against use from the staff bank.  **The Committee noted the report**. |  |
| **17.**  a | **Any Other Business**  There being no further business the meeting was closed by the Chair of the Committee at: 12:05. |  |
|  | **Date of Next Meeting: Tuesday, 19 March 2019 09:00 – 12:00 in the Boardroom, Warneford Hospital, Headington, Oxford OX3 7JX** |  |

**Attendance 2018 - 2019**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **May 2018** | **July 2018** | **Sept 2018** | **Nov 2018** | **Jan 2019** | **Mar 2019** |
| *Committee members – counted in the quorum* | | | | | | |
| Chris Hurst |  |  | *✓* |  | ✓ |  |
| John Allison |  |  |  |  | ✓ |  |
| Martin Howell |  |  | *✓* |  | ✓ |  |
| Stuart Bell |  |  | *✓* | *x* | ✓ |  |
| Mike McEnaney |  |  | *✓* |  | ✓ |  |
|  |  |  |  |  |  |  |
| *Regular attendees* | | | | | | |
| Claire Dalley |  | *✓* | *Deputy* | *✓* | ✓ |  |
| Paul Dodd |  | *x* | *x* | *✓* | x |  |
| Dominic Hardisty |  | *✓* | *✓* | *x* | x |  |
| Kerry Rogers |  | *x* | *x* | *✓* | ✓ |  |
| Hannah Smith |  | *✓* | *✓* | *x* | ✓ |  |

1. The draft minutes of the Capital Programme Sub-Committee meeting on 07 August 2018 had previously been presented to the Finance & Investment Committee meeting on 15 November 2018. [↑](#footnote-ref-1)