

# Approved Minutes of the Finance and Performance Committee of 20 March 2019

13 May 2019

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Agenda Item No: 12.7

Minutes of the Finance and Performance Committee

**Date** Wednesday 20<sup>th</sup> March 2019  
**Venue** Conference Room, Hollybush House, The Royal Wolverhampton NHS Trust (RWT)  
**Time** 8.30am

**Present:**

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

**In Attendance:**

| <u>Name</u>     | <u>Role</u>   |
|-----------------|---|
| Helen Troalen   | Deputy Chief Financial Officer  |
| Pauline Boyle   | Chief Operating Officer, NIHR CRN West Midlands                             |
| Claire Richards | PA to Director & Deputy Director of Strategic Planning & Performance (Mins) |

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| 026/2019 | <b><u>Apologies for Absence</u></b><br>Apologies were received from Simon Evans and Keith Wilshere.  |    |
| 027/2019 | <b><u>Minutes of Meeting Held on 20<sup>th</sup> February 2019</u></b><br>The minutes were agreed to be a true record.   |    |
| 028/2019 | <b><u>Action Points From Previous Meeting</u></b>  |    |
| 028.01   | <u>Finished Consultant Episodes</u> – H Troalen stated that she would provide an update on FCEs at the April Finance & Performance Committee Meeting.  | HT |
| 028.02   | <u>Trust Financial Report (MSFT Funding)</u> – A discussion took place regarding the remaining 2 payments of £0.2m MSFT funding that the Department of Health had not paid, totalling a debt of £0.4m. S Rawlings asked if South Staffordshire had been underpaid. K Stringer stated that the Trust would continue to pursue payment, escalate and that he would liaise with South Staffordshire regarding their payments and report back. | KS |
| 028.03   | <u>Division 1 Performance Update (Audit Report)</u> – L Grant stated that he will submit a copy of the report once available.  | LG |
| 028.04   | <u>Meeting Reflection (Work Plan)</u> – The work plan was updated to reflect a quarterly agenda item. <b>Action closed.</b>  |    |

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| 028.05   | <p><u>Committee Meetings Terms of Reference</u> – K Wilshere to ensure all Terms of Reference for Committees reflect the need for a self-assessment every 2 years. M Martin asked C Richards to obtain an update from K Wilshere. <b>Update:</b> C Richards emailed K Wilshere on 20<sup>th</sup> March requesting an update on this action.</p>   | <b>KW</b> |
| 028.06   | <p><u>Cancer Action Plan (CAP)</u> – The work plan was updated to ensure that the CAP was discussed as a standard agenda item. <b>Action closed.</b></p>   |           |
| 028.07   | <p><u>HARBR Taster Sessions</u> – Mary Martin, Sue Rawlings, and Junior Hemans agreed to attend a taster session following the next Committee Meeting. C Richards to email Rob Johns and make arrangements. Update: The taster session has been arranged to take place at 11am following next month’s meeting (24<sup>th</sup> April). <b>Action closed.</b></p>   |           |
| 029/2019 | <p><b><u>Declarations of Interest</u></b><br/>There were no declarations of interest.</p>  |           |
| 030/2019 | <p><b><u>NIHR CRN: West Midlands Report</u></b></p> <p>P Boyle provided an update on the above report and stated that the National team have changed the national funding model. The budget for 2019/20 has been reduced by 5%. The reduction will not be passed onto partner organisations. A cost recovery plan has been developed and the network intend to finish 2019/20 with a £0 year-end balance.</p> <p>The Network Partnership Group agreed a 3 year funding model which ends 31<sup>st</sup> March 2020. The network will convene a task and finish group to develop future funding options for funding for 2020/21. The options will then be debated and voted upon by the Network Partnership Group.</p> <p>The final submission for Q3 2018/19 was submitted on 25<sup>th</sup> January 2019. The CRN reported an unallocated figure of £47k, which is less than 1% of the total allocation for financial year 2018/19. NIHR CC have confirmed that the return has been received and approved.</p> <p>A discussion took place regarding the high level objectives and processing payments for excess treatment costs. Time and target for commercial studies will be included within the funding model going forward. P Boyle highlighted that the West Midlands CRN is currently the worst in the country for recruiting to this. All partner organisations are recruiting to clinical trials.</p> <p>The Committee discussed whether the actions taken to address the shortfall would impact on funding for next financial year. P Boyle stated that funding for next financial year would be dependent on this month’s performance and predicted a 5% reduction which would need to be passed onto partner organisations. A Partnership Group Meeting took place last week and they were notified of the impact. The Task and Finish Group will provide funding models.</p> <p>M Martin queried why the savings had not been achieved previously. P Boyle stated that regular reviews take place but that the impact of achieving the savings without passing them onto partner organisations would impact on expansion outside of the NHS.</p> <p>P Boyle outlined the changes to the national funding model.</p> <p>The Committee noted the report.</p> |           |
| 031/2019 | <p><b><u>Governance</u></b></p>  |           |

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| 031.01    | <u>BAF Update</u> – The Committee discussed the BAF update. M Martin noted that all 4 risks were updated post Trust Board Meeting.  |                     |
| 031.01.01 | <p><u>SR8</u> – A discussion took place regarding failure to deliver recurrent CIPs. The Committee acknowledged that it would be extremely difficult for the Trust to achieve £25m of savings going forward and felt that it was right that a stretch target be put in place. The Committee discussed positive assurances. M Martin suggesting adding weekly reviews and COO sign off process for agency spends. A Duffell also suggested adding that the Trust was trialling the use of the LMS system to electronically record agency usage within Division 3 and if successful would roll out to Division 1 and 2.</p> <p>A discussion took place regarding bank costs and the increasing trend within medical bank costs. G Nuttall stated that processes had been put in place to address this but that reporting was still being finalised. K Stringer expressed concerns regarding the additional £100k per month for Nurse bank costs. Further discussions took place regarding the reasons for the increase. G Nuttall stated that there is an expectation that ward levels/nurse skill mix reviews require specific staffing levels. M Martin suggested that G Nuttall add a control to this risk surrounding pay.</p> <p>G Nuttall informed the Committee that work continues to progress with Divisions regarding the review of clinical fellows.</p> | <p>GN</p> <p>GN</p> |
| 031.01.02 | <u>SR9</u> – K Stringer stated that further work on the underlying financial position has identified that it is deteriorating due to increased levels of non-recurrent CIP. A discussion took place and K Stringer stated that there was a need to ensure that this was being measured fairly as the definitions could fluctuate from Trust to Trust. K Stringer informed the Committee that NHSI have confirmed that RWT will drop to level 3 (out of 4 where 1 is the best) which will involve monthly monitoring and requests for more detailed returns.   |                     |
| 031.02    | <p><u>Yearly Objective Setting</u> – A discussion took place regarding possible yearly objectives. The following were agreed and would be added to the yearly work plan:</p> <ul style="list-style-type: none"> <li>• More focus on understanding the underlying deficit.</li> <li>• The need to develop understanding surrounding RTT. G Nuttall stated that S Evans would be able to provide a 10 minute update on the sub-specialties experiencing significant pressures at the next meeting (General Surgery, Ophthalmology, Gastroenterology and Head and Neck).</li> </ul>  |                     |
| 032/2019  | <u>Performance</u>  |                     |
| 032.01    | <p><u>Quarterly Contracting Report inc Contracting Round Update</u> – M Sharon informed the Committee that the report had been tabled at short notice due to ongoing contract negotiations. The last meeting took place with Wolverhampton CCG yesterday (19<sup>th</sup> March) and RWT intends to sign a Heads of Agreement with Wolverhampton CCG on 21<sup>st</sup> March 2019 with the final contract to be formally signed by 4<sup>th</sup> April 2019.</p> <p>RWT have agreed a contract value of £207m Wolverhampton CCG as its main commissioner. This compares to a forecast outturn of c£198m. This financial value will be constructed around the Aligned Incentive Scheme (AIS) developed during 2018/19. Walsall CCG have indicated that they wish to pursue an AIS with RWT in line with Wolverhampton CCG and this will be resolved by 22<sup>nd</sup> March 2019.</p> <p>Staffordshire CCGs continue to experience significant financial pressures and at present have been unable to make an offer to RWT. As an STP, Staffordshire has extended contract signature</p>  |                     |

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|   | <p>to 4<sup>th</sup> April 2019 (which we have aligned to the Wolverhampton CCG contract to avoid multiple CCG contracts for 2019/20). The contract offer from RWT to Staffordshire CCGs is £103.9m per annum which is unaffordable to the Health Economy. Daily calls with colleagues from Staffordshire CCGs and well established relationships are in place to try to reach a mutually acceptable arrangement.</p> <p>RWT have been offered 5 CQUIN schemes and are currently working with operational and clinical colleagues to assess the viability of each proposed scheme. M Sharon stated that the CQUINs proposed were high risk and some were out of the control of the Trust but that it is hoped payment of 90% will be built into the Aligned Incentive Contract (AIC).</p> <p>M Sharon informed the Committee that the City of Wolverhampton Council and looking to form a 10 year partnership agreement. Discussions are ongoing.</p>  |           |
| <p>032.02</p> <p>032.02.01</p> <p>032.02.02</p> <p>032.02.03</p> <p>032.02.04</p> | <p><u>Performance Element of the IQP Report (National &amp; Contractual Standards)</u> – G Nuttall gave an overview of the performance element of the IQPR.</p> <p><u>Referral to Treatment Incomplete</u> – RTT continues to be affected by the rise in urgent referrals into cancer 2 week wait taking priority over routine appointments. The Trust continues to focus on reducing the backlog where possible and work closely with Directorates to use all available capacity effectively.</p> <p><u>Diagnostics</u> – The target has shown significant improvement during February and is now back within standard. The Trust continues to see an increase of cardiac referrals into radiology for CT and MRI Heart.</p> <p><u>Emergency Department</u> – The Trust failed to achieve both type 1 and the All Types target for the month. There were no patients who breached the 12 hour decision to admit target during the month of February. G Nuttall reported that the Trust ED was in the top 30 nationally.</p> <p><u>Cancer</u> – The Trust is currently predicting possible failure of the 2 week wait, 2 week wait Breast Symptomatic, 31 Day First Treatment, 31 Day Sub Surgery, 31 Day Sub Radiotherapy, 62 Day Wait for First Treatment, 62 Day Screening and 62 Day Consultant Upgrade for February. Validation is ongoing and final cancer data is uploaded nationally 6 weeks after month end. Discussions took place as to whether there was capacity for assistance from other Trusts or within the private sector. G Nuttall stated that other Trusts were experiencing difficulties achieving the target nationally and that there was not any additional capacity to assist. G Nuttall felt that there was a need to report on 28 day performance at the monthly Finance &amp; Performance Committee Meetings and felt that the 2 week wait target may change to a 28 day diagnostic target. Cancer remains and ongoing challenge.</p> <p>S Rawlings asked for an update on the health visiting/nursing statistics on p12 of the report. G Nuttall stated that she would look into why they were not included within the report and feedback.</p> <p>The Committee noted the report.</p> | <p>GN</p> |
| <p>032.03</p>   | <p><u>Cancer Action Plan</u> – G Nuttall provided an update and stated that the Cancer Action Plan would be circulated to the Finance &amp; Performance Committee on a monthly basis for information.</p> <p>G Nuttall stated that the Intensive Support Team will review pathways and sign off their report in June. G Nuttall felt that they would say that RWT has made significant progress but is unable to keep up with volume due to capacity problems.</p>   |           |

|                                 | The action plan was noted.  |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
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| 032.04                          | <u>Performance against Contractual Standards (Fines)</u> – The report was noted.  |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| 032.05                          | <p><u>STP Update</u> – M Sharon provided an update on the STP. Staffordshire are lining up a consultation process that may impact on services provided at Cannock Hospital. The Black Country STP will be making a decision next month on whether Sandwell &amp; West Birmingham CCG will remain within the Black Country or be split.</p> <p>A Duffell informed the Committee that he had been selected as HRD for Black Country STP. The Committee were also informed that Dr Odum was Vice Chair of the Clinical Reference Group.</p>  |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| <b>033/2019</b>                 | <b><u>Financial Performance for Period 11</u></b>   |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| 033.01                          | <p><u>Trust Financial Report and Forecast Outturn</u> – K Stringer reported that the deficit position before PSF is £5.6m year-to-date. The position deteriorated by £2.9m in February and this is predominately driven by pay overspends and CIP shortfall. Patient income continues to be strong but not at a sufficient level to mitigate the expenditure issues.</p> <table border="1" data-bbox="263 884 1305 1030"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">Year to Date</th> </tr> <tr> <th>Plan £'000</th> <th>Actual £'000</th> <th>Variance £'000</th> </tr> </thead> <tbody> <tr> <td>Surplus/(Deficit)</td> <td>(2,343)</td> <td>(7,996)</td> <td>(5,623)</td> </tr> <tr> <td>Achieved PSF</td> <td>(10,084)</td> <td>(7,421)</td> <td>(2,664)</td> </tr> <tr> <td>Control Total Surplus/(Deficit)</td> <td>(7,741)</td> <td>(545)</td> <td>(8,286)</td> </tr> </tbody> </table>   |              | Year to Date   |  |  | Plan £'000 | Actual £'000 | Variance £'000 | Surplus/(Deficit) | (2,343) | (7,996) | (5,623) | Achieved PSF | (10,084) | (7,421) | (2,664) | Control Total Surplus/(Deficit) | (7,741) | (545) | (8,286) |  |
|                                 | Year to Date  |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
|                                 | Plan £'000  | Actual £'000 | Variance £'000 |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| Surplus/(Deficit)               | (2,343)   | (7,996)      | (5,623)        |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| Achieved PSF                    | (10,084)  | (7,421)      | (2,664)        |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| Control Total Surplus/(Deficit) | (7,741)   | (545)        | (8,286)        |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| 033.01.01                       | <p><b>Forecast:</b> The Trust has maintained a forecast of a £15m deficit since month 9 with a best case scenario of a £13.7m deficit. However, since that time a number of unplanned benefits have materialised which will improve the position. These include: rates rebate £0.3m, removing the winter ward expenditure reserve £0.8m, lower than planned depreciation £0.3m, removal of provisions £0.3m to £0.6m and other income negotiations £1m - £1.3m. In addition, patient income is higher than forecast month on month and expenditure forecasting is also prudent. Across all of the items it is expected that the forecast will improve by £4.2m taking the outturn into the region of the £10.4m deficit expected by NHSI (before PSF). K Stringer reported that the actual year end could be impacted by re-distributed, un-earned PSF but he would not know how much the Trust could receive until the accounts were being drafted.</p>  |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |
| 033.01.02                       | <p><b>Financial Risks:</b> The material risks to delivering the revised forecast outturn are as follows:</p> <ul style="list-style-type: none"> <li>• The single biggest risk to the year-end position is patient income risk as the final year end activity is agreed and reconciled. This includes transacting the aligned incentives contract (£0.5m), agreeing the return of readmissions money (£0.9m), agreeing funding for the AEC/frailty model of care (£0.9m) and/or securing transition funding for the 2017/18 ward closure (£1.1m).</li> <li>• Confirmation of the £6.0m funding for MSFT support. The Trust has received £5.8m in cash and continues to seek an explanation about the £0.2m shortfall in this year and in 2017/18.</li> <li>• The accounting treatment of single asset lives is improving the forecast by £1.3m. A recent change in guidance has put this at risk and the Trust is assessing the best way forward. K Stringer stated that this will be detailed at Audit Committee but that the Trust is planning to enact the change in 2018/19. K Stringer felt that the control total should be adjusted to reflect the new guidance for 2019/20.</li> </ul> |              |                |  |  |            |              |                |                   |         |         |         |              |          |         |         |                                 |         |       |         |  |

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| 033.01.03       | <b>Patient Income:</b> K Stringer stated that patient income had increased by £1.3m and was good compared to plan in month.   |    |
| 033.01.04       | <b>Pay:</b> K Stringer highlighted pay issues on page 7 of the report. The Committee queried the vacant post figures on page 11 of the report. H Troalen stated that she would check on the figures and report back.  | HT |
| 033.01.05       | <b>Cash:</b> At the 28th February 2019 the Trust had a cash balance of £15.6m which is £1.7m above the plan. K Stringer informed the Committee that the payment for Stroke has been approved. A discussion took place regarding Pathology funding and that the Trust was incurring preliminary costs in advance of formal approval by the Department of Health.   |    |
| 033.02          | <u>Supplementary Finance Report</u> – The supplementary report was read in conjunction with the Finance Report.<br><br>M Martin expressed concerns that a number of the appendices did not have the action plans completed. M Martin asked if this could be addressed in next month's report. The report was noted.   | HT |
| 033.03          | <u>Financial Recovery Board (FRB) Report</u> – M Sharon outlined the highlights from the FRB Report.<br><br>The 2018/19 CIP Target is £25m. This is broken down into a £15m recurrent CIP Target and £10m non-recurrent CIP Target. At month 11, the Trust is forecasting to deliver £14.880m (an increase of £0.617m since month 10), leaving a shortfall of £10.120m against the CIP Target. The Trust's recurrent YTD delivery is £1.756m with forecast outturn of £4.341m and the Trust's non-recurrent YTD delivery is £10.644m with forecast outturn of £10.539m.<br><br>The Trust has delivered £12.400m YTD against a YTD FRB Approved Plan of £12.435m. However, this only relates to schemes FRB has approved. The YTD Trust CIP Plan is £22.336m. As a result, the Trust has only delivered 56% of the YTD Trust Plan.<br><br>M Sharon informed the Committee that a total of £4.6/4.7m has already been identified which puts the Trust in a stronger position than this time last year. M Sharon stated that the SLR/Model Hospital reporting has suggested some deep dives that are now taking place. M Sharon and G Nuttall continue to work through the CQI/CIP split that will take place 1 <sup>st</sup> April onwards.<br><br>S Rawlings asked if savings would be shown within the first quarter or back profiled. M Sharon stated that there would be an element of back loading. G Nuttall stated that some schemes such as the Theatre Productivity Programmes are ongoing.<br><br>The report was noted. |    |
| 033.04          | <u>Temporary Staffing Expenditure Dashboard</u> – A Duffell provided an update on the report. Discussions took place regarding the pay budget, vacancy factor and impact of pension changes. A Duffell stated that control over the medical element will be improved 2019/20.   |    |
| <b>034/2018</b> | <b><u>Financial Planning</u></b>  |    |
| 034.01          | <u>Annual Income &amp; Expenditure Plan</u> – K Stringer provided a verbal update, stating that the financial plan feels more high risk than last financial year despite good contract negotiations. K Stringer stated that there was £2m more risk from contract negotiations than in plan and that there was a question as to whether the Trust could earn some of this back if commissioner  |    |

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|                 | <p>elective QIPP did not materialise. There is a need to compare this with Divisions against activity assumptions. K Stringer agreed to provide S Field with a copy of the final paper.</p> <p>The final paper will be presented to Executive Directors for discussion on Tuesday 26<sup>th</sup> March, which will then be circulated to the Finance &amp; Performance Committee for virtual sign off via teleconference on 27<sup>th</sup> March at 3pm, before being presented to Trust Board on 4<sup>th</sup> April. C Richards to liaise with J Hemans regarding his availability for the above telephone conference. <b>Update: Action completed and closed.</b></p> <p>J Vanes and S Field entered the meeting and introductions were made.</p> <p>M Martin provided J Vanes and S Field with a brief update of the discussions that had taken place prior to their arrival.</p> <p>J Vanes reported that during a recent NHS Provider Meeting he had been informed that a number of Trusts were seriously contending their control total. A discussion took place regarding this.</p> | KS/HT |
| 034.02          | <p><u>Procurement Strategy</u> – K Stringer stated that In order to satisfy the recommendations outlined within Lord Carter’s review, NHSI and STP Back Office consolidation requirements, the Trust and University Hospitals of North Midlands (UHNM) commenced a Partnership Agreement on 1<sup>st</sup> October 2017 for the Provision of a range of Procurement and Supply Chain related services. The Partnership is due to end on 31<sup>st</sup> March 2019. Therefore RWT and UHNM are presenting to Executives a proposal for an Integrated Procurement Function. Staff from RWT would be TUPE’d to UHNM as it is the bigger function.</p> <p>K Stringer stated that the business case had been submitted to the Contracting &amp; Commissioning Group and Executive Directors and had been approved. The Finance &amp; Performance Committee approved the business case to be submitted to TMC and onto Trust Board for final approval.</p> <p>The Committee commended the team for their over performance on savings delivery this financial year.</p>                              |       |
| <b>035/2019</b> | <b><u>Training &amp; Development</u></b>   |       |
| 035.01          | <p><u>Budget Training Report</u> – The Committee noted the report.</p> <p>S Rawlings expressed concerns regarding the cancelled training. H Troalen explained that training had been put on hold due to the pausing of non-mandatory training January – March for winter pressure/financial recovery. However, 1:1 training took place with new budget holders and training sessions would recommence in the new financial year.</p> <p>H Troalen informed the Committee that The Operating Game training was now externally funded and that the Finance Department would provide the NEDs with a copy of the training dates.</p>  | HT    |
| <b>036/2019</b> | <b><u>Reports to Note for Period 11</u></b>  |       |
| 036.01          | <u>NHSI Monitoring Return</u> – The return was noted.  |       |
| 036.02          | <u>NHSI Monitoring Return Commentary Template</u> – The template was noted.  |       |

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| 036.03          | <u>Annual Work Plan</u> – The work plan was noted.  |  |
| 036.04          | <u>Finance Minutes</u> – The minutes were noted.  |  |
| 036.05          | <u>Capital Report</u> – The report was noted.   |  |
| <b>037/2019</b> | <p><b><u>Any Other Business</u></b></p> <p>037.01 <u>Extraordinary Finance &amp; Performance Committee Meeting 2019/20 Budget</u> – An extraordinary meeting of the Finance &amp; Performance Committee virtually took place on 27<sup>th</sup> March 2019 to review the 2019/20 budget.</p> <p><b>Attendees Present:</b><br/> David Loughton, Chief Executive Officer<br/> Mary Martin, Non-Executive Director, Chair<br/> Sue Rawlings, Non-Executive Director<br/> Junior Hemans, Non-Executive Director<br/> Kevin Stringer, Chief Finance Officer<br/> Gwen Nuttall, Chief Operating Officer</p> <p>The Trust Board had delegated approval of the budgets to this Committee to ensure that the Trust starts the new year with approved budgets.</p> <p>The Committee were only able to approve the April budget as at the time of meeting the Trust did not have a budget that will deliver the control total.</p> <p>The Trust has an escalation meeting with NHSI/E on Friday 29<sup>th</sup> March. A verbal update will be delivered to Trust Board on Monday 1<sup>st</sup> April that will either allow for the 2019/20 budget to be approved or will advise of the next steps. It is likely that Trust Board will again delegate sign off to the April Finance and Performance Committee Meeting.</p> |  |
| <b>038/2019</b> | <p><b><u>Date and Time of Next Meeting</u></b></p> <p>The next Finance &amp; Performance meeting will take place on Wednesday 24<sup>th</sup> April 2019 at 8:30am, Conference Room, Hollybush House. Reports will be required by 12 midday on Thursday 18<sup>th</sup> April (<b>please note change of day due to Bank Holiday</b>).</p>   |  |