

Finance & Investment Committee (F&IC) Minutes

Venue:Roche, YAS HQ, Springhill 2, WF2 0XQDate:Thursday 14 December 2017Time:1300 hoursChairman:John Nutton

Membership:

John Nutton Ronnie Coutts Pat Drake Rod Barnes Mark Bradley Leaf Mobbs	(JN) (RC) (PD) (RB) (MB) (LM)	Non-Executive Director & Chairman of F&IC Non- Executive Director YAS Deputy Chairman & Non-Executive Director Chief Executive Executive Director of Finance Director of Planning & Development
Apologies: Pat Drake	(PD)	YAS Deputy Chairman & Non-Executive Director
Leaf Mobbs	(LM)	Director of Urgent Care and Integration
Anne Allen Chris Dexter	(AA) (CD)	Trust Secretary Managing Director, PTS (Item 11)
CIIIIS Dexter	(CD)	Managing Director, 113 (item 11)
In Attendance:		
Alex Crickmar	(AC)	Deputy Director of Finance
Rachel Monaghan	(RM)	Associate Director of Performance Assurance and Risk
Matt Sandford	(MS)	Associate Director of Business Development
Stephen Segasby	(SS)	Deputy Director of Operations (Item 10)
Emma Bolton	(EB)	Director of Fleet, Estates and Facilities (Item 7, 12, 13 &13.1)
Richard Moyes	(RM)	Head of Fleet Services (Item 13 & 13.1)
Mike Fairbotham	(MF)	Associate Director of Procurement & Logistics
Mandy Exley	(ME)	Insight Programme (Observer)
Minutes produced by:		
Joanne Lancaster	(JL)	Committee Services Manager

		Action
	The meeting commenced at 1300 hours.	
1.0	Introduction and Apologies JN welcomed everyone to the meeting and apologies were noted as above.	

		Action
2.0	Declaration of Interests for any item on the agenda There were no interests to be declared in relation to the agenda items but any would be noted throughout the meeting should they arise.	
3.0	Feedback from Board Meetings The last Board Meeting in Public and Board Meeting in Private had taken place on 28 November 2017 where the Trust's positive financial position had been noted. The Board had approved non recurrent spend in 2017/18 to undertake essential maintenance of estates and invest to save schemes.	
4.0	For Approval: Minutes of the meeting of 14 September 2017 and 16 November 2017 (extraordinary meeting) The minutes of the meeting held on 14 September 2017 and the minutes of the extraordinary meeting of the 16 November 2017 were agreed as a true and fair representation of the meetings.	
4.1	Action Log: Action 2016/014 – Model Ambulance Template – AC updated on the Model Ambulance Template advising that this had been discussed at the last National Director of Finance meeting. At present the information presented was at a high level and was being developed further by the national team with the expectation that there would be an update in the early part of 2018. Further updates would be brought to the Committee as this developed. Action remains open.	
	Action 2017/002 – Fleet Replacement Profile - This would be discussed at item 13. Action closed.	
	Action 2017/003 – Fleet utilisation – JN referred to a discussion which had taken place at the Quality Committee earlier that day with regards to risks around vehicle availability. MB explained that work was on-going to understand the issues and address them with colleagues from Fleet and A&E Operations working closely together to resolve the issues. Future plans would be discussed at item 13 – Fleet Strategy later in the meeting. Action closed.	
	Action 2017/004 – Back office benchmarking - This would be covered under the Model Ambulance Template (action 2016/014). Action closed.	
	Action 2017/011 – Calderdale and Huddersfield NHS Foundation Trust reconfiguration – The outcome had been reported to TEG and Board. Action closed.	
	Action 2017/013 – PTS update – This item was on the agenda. A further update to F&IC in March 2018. Action remains open.	
	Action 2017/014 – Assurance flow and cycle of Committee/Board meetings – Discussion took place in relation to the assurance flow and the cycle of Committee and Board meetings. It was suggested that where an extraordinary F&IC or Board of Directors Meeting was required	

		Action
telephone con of such meetir	e then it would be pragmatic to do this via email or ference when a physical meeting was not possible. Notes ngs would be recorded and submitted to the next formal seeting. Action closed.	
Action 2017/0	15 – Purchase of DCA Vehicles - This would be covered Action closed.	
Action 2017/0 item 10.0. Act	16 – Assurance on Winter Plans – This was covered at tion closed.	
It was noted th	nat all other actions had been appropriately closed.	
RB arrived at	1325 hours.	
(F&IC) Terms The updated of	: Draft Updated Finance and Investment Committee of Reference draft F&IC Terms of Reference were noted and the F&IC these for approval by the Board of Directors.	
-	draft F&IC Terms of Reference were noted and the nended these for approval by the Board of Directors.	
& Review and A	: Draft Financial Plan 2018/19 and Five Year Plan - Agree surplus for 2018/19 : 2018/19 & Five Year Capital Plan	
2018/19 to 202 plan and the n presented the	0) outlined the Trust's draft 5 year financial plan from 22/23 setting out the key assumptions underpinning the next steps for further development. The paper (6.1) approach taken to developing the draft five year capital sentation guided F&IC through both papers.	
the last meetin budgets to det identify the un financial plan. presented and on the delivery	made on the draft financial plan 2018/19 – 2022/23 since ng in September was noted including a review of 2017/18 termine recurrent / non-recurrent expenditure in order to derlying financial position and the development of the The key assumptions for the 2018/19 plan were d were noted by the Committee. The financial plan focused y of the control total before STF income, with STF ease after 18/19.	
	ther posts that remained as vacancies could potentially be the structure and be counted as a CIP.	
MB responded be explored.	d that the potential for CIP savings from vacancies would	
	ok place in relation to the Ambulance Response ARP) and it was noted that YAS was not currently	

	Action
achieving the national KPIs in relation to all of the standards. which could be put in place to ensure that the national standar met were being discussed as well as a view as to what could considered acceptable performance within the current financial envelope. Nationally, work was still progressing on the ARP s and what was included within the standards. It was anticipated few months' time the Trust would be in a better position to definite impact of ARP on YAS in terms of resources and costs.	rds were be al standards ed that in a
Winter planning assumptions were discussed and how the Tra approach this in 2018/19. It was suggested that the profiling be in line with the Trust's financial risks including winter plans Committee noted that staff recruitment would be key to ensur Trust had the right resource for the winter period and this had challenge for the Trust during the current year.	of reserves . The ing the
Discussion took place in relation to student Paramedics and t attrition from courses; YAS was keen to understand the reaso and was considering possible solutions.	
YAS had commenced discussions with Commissioners on the for 2018/19 for 999 and NHS 111 although it was noted that the requirement of £8.2m in the financial plan for 2018/19 had as additional income.	he CIP
A 1% contingency reserve would be held centrally to take acc potential risks that were not planned for. The Committee ackr the approach and that not all risks would materialise as first c at the beginning of the financial year, although other risks mig materialise as the year progressed.	nowledged onsidered
RC suggested that going forward an earlier more detailed and budget was presented to F&IC to allow discussions to identify and themes at an earlier stage in the cycle.	-
AC commented that there was a fine balance between risks materialising and contingency funds required to be set aside. needed to be better at identifying when risks might arise and probability of this.	
RB added that the pace of change of the external environmer be recognised and at times the Trust had to react at short not central instructions.	
It was noted that the Trust had not agreed the Control Total for and this had yet to be agreed. MB noted the Trust would need negotiate a lower control total and the financial plan was pred 2018/19's control total being the same as 2017/18. The Comm noted the approach. The Committee also discussed and note implications of not planning to or achieving the control total.	d to licated on mittee

Other key assumptions discussed by the Committee included the expectation that activity growth would occur. It was noted that the Trust was in discussions with Commissioners as to whether there would be additional income received for activity. The Committee also discussed the impact of ARP on vehicle mix requirements and that NHSE had published the Integrated Urgent Care Specification and whilst there were risks associated with this there would also be opportunities for the Trust. The next steps for the 2018/19 financial plans and budgets were set out and noted by the Committee with the expectation that a revised plan would need to be submitted to NHSI in the new year. Management also presented to the Committee the financial plan beyond 2018/19 (to 2022/23) including key assumptions. The Committee noted the development of the medium term financial plan including the key outputs, assumptions and risks including Paramedic re-banding income which is currently assumed to be non-recurrent. The approach to Capital Planning was explained with the plans being scored using a matrix based on national STP assessment criteria. The Capital Plan would be aligned with the development of the organisation's Strategic Plan. It was planned to access the Trust's existing cash for the funding. JN asked whether the next element of the Hub and Spoke Programme was being developed and it was confirmed that a plan was being worked up for the Bradford station site. The isso the 2018/19 Capital Plan were noted including slippage against the plan and the delay in approval of the CRL. It was suggested that the Furst could assume it would receive Replacement funding each year as historically that had always been the case, meaning the Trust could move much earlier in the year with progressing Capital Plan schemes. It was noted by the Committee that the Trust was a lot more progressed with the Capital Plan for 2018/19 than had previously been the case. JN thanked MB and AC for the update and commented that the Committee was assumed with the ap		Action
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 Re-confirmed the approach to the 2018/19 Surplus of £1.9m 	 Re-confirmed the approach to the 2018/19 Surplus of £1.9m 	

		Action
	(excluding STF) and to negotiate with NHS Improvement a revised control total;	
	 Considered the robustness of CIP proposals following deep dives; 	
	 Confirmed the approach to CIPs and signing off by 16 January 2018; 	
	• Supported a Trust wide zero based budgeting exercise.	
	 For 2019/2022 Use the model as the foundation on which to develop the five year plan in parallel to the Trust wide strategy. 	
	 Approval: (Paper 6.1) The Finance and Investment Committee: Supported the approach taken regarding capital planning; Noted the first draft plan for 2018/19 and future years; Noted the financial risks highlighted in the paper; Noted and supported the next steps highlighted in the paper. 	
9.0	For Assurance: Financial Review 2017/18 (Month 7) – Review of 2017/18 Forecast Position & Control Total This item was taken out of order of the agenda.	
	The paper provided an overview of the key points in relation to the Trust's Month 7 financial position.	
	The 2017/18 STF incentive scheme was outlined. The Trust had received a letter from NHSI on 29 November 2017 which detailed how they would use the unallocated/unearned 70% element of the fund to incentivise and reward providers that were able to deliver a financial position that was better than the agreed 2017/18 Control Total. This amounted to £1 for every £1 agreed above the 2017/18 Control Total.	
	In addition, any residual from the 70% of STF linked to Control Totals at the year-end would be paid as a year-end revenue bonus to providers that had delivered their individual Control Total and it would be weighted to reward providers that exceeded their Control Total and committed to the improvement earlier in the financial year.	
	As in 2016/17 STF payments must result in a pound for pound additional bottom line improvement.	
	It was noted that the Trust would require a caveat from NHSI that should it agree to over deliver against the control total this was on a non- recurrent basis and the Trust would not be expected to achieve the same level of surplus recurrently.	
	MB remarked that the Trust had a genuine reason as to why it was currently forecasting a better than expected positive year-end financial position.	

	Action
The year to date position for the Trust was a £2,341k surplus (including STF) against a planned surplus of £1,781k a positive variance of £560k. At Month 7 the forecast year end position is a £3.4m surplus which was in line with plan (including STF). This position includes expenditure on a number of non-recurrent investments largely funded by a significant non-recurrent underspend in A&E Operations. These investments were shown in the forecast position against the relevant service. Due to this, department budgets were due to overspend by the year end by £390k. At this point in the year a balance of uncommitted resource of £3.7m was forecasted. It was noted that this forecast continued to be dovetailed into robust winter resource plans to ensure forecast spend reflected the operational and performance needs of the service in the later months of the financial year.	

There were a number of potential risks and benefits outlined: Potential Risks:

- Hillsborough;
- HR Employment Tribunal(s).

Potential Benefits:

- Winter Pressures being lower than assumed;
- Discount factor benefit arising from an increase in interest rates;
- Further potential department underspends;
- Fuel reserve potentially not required.

If all potential risks and benefits were to materialise the total uncommitted resource would increase to £4.9m. This position was based on a number of significant assumptions and it should be noted that changes to these assumptions could materially change the forecast outturn.

Discussion took place in relation to schemes that the Trust could accelerate such as medical equipment to utilise the available reserves. Discussion also took place with regards to the benefit to the wider NHS of supporting the NHS financial position through a higher surplus position against control total.

TEG had discussed the possibility of increasing the non-recurrent expenditure and would consider other options as they arose.

Discussion took place in relation to increasing the 2017/18 Control Total given the financial position and it was agreed that this would be discussed by the Board in January/February 2018.

Action:

That the discussions in relation to the 2017/18 Control Total be discussed by the Board at the January/February 2018 meetings.

Approval:

The Finance and Investment Committee:

MB

2017/017

T C It 2 W M T t P T t C W C S M	 Noted the Trust's positive financial performance for 2017/18 at Month 7; Noted the financial risks outlined in the report in particular in relation to A&E and winter spend commitments as well as continued uncertainty regarding issues such as Holiday Pay, discount factor and legal cases; Noted the continued focus required on CIP identification and delivery. For Assurance: Capital Plan Update – Slippage and Mitigations This item was taken out of order of the agenda. The paper presented the current risks to the delivery of the 2017/18 capital plan and proposed mitigations. It was noted that there had been significant slippage in delivery of the 2017/18 capital programme and this was currently forecast to be £2.9m with the potential for further slippage beyond this. The current risk had mainly materialised from the challenges regarding the procurement of the replacement 999 DCAs (the issue had been discussed at the extraordinary F&IC on 16 November 2017). To mitigate the current slippage against the 2017/18 capital programme the Trust had reviewed the draft 2018/19 capital plan and identified potential mitigations through bringing forward plans from future years. The Committee discussed the proposed mitigations. It was noted that for	
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th c w D s n		
s m	the van conversions the chassis would be procured this year and then converted in 2018/19. Defibrillator purchase planned for next year would be brought forward to this year.	
	Discussion took place in relation to mitigating against a similar issue of slippage of the capital plan in future years and it was suggested that more schemes should be planned with the assumption some of these would slip.	
	JN asked whether capital procurement could be commenced earlier in the financial year.	
c b 2 h a s tł	AC responded that as the Trust's planning matured it should be better at commencing schemes earlier in the cycle. To some extent the Trust was beholden to when NHSI agreed plans and the CRL. In terms of the 2018/19 plan, because this has been developed earlier this year, this had allowed the Trust to put forward mitigations for slippage in 2017/18 and puts the trust in a better position to deliver its plans. Also the Trust should consider procuring through longer contracts which would reduce the amount of approvals each year (e.g. Fleet) and therefore speed up	
А	the process.	

		Action
	A paper to be presented to F&IC March 2018 on reasons for capital slippage and potential actions that would improve this in future years.	MB 2017/018
	It was noted that the Trust had reserved slots with the manufacturer for the van conversions and that YAS would need to provide a schedule.	
	AC also set out that, even if the mitigations were approved, there was still a significant risk of the CRL not being spent in year, given the level of capital expenditure to be incurred in the last quarter. It was also expected that the slippage would have an impact on the year-end cash balance. The Committee noted the points raised.	
	The Committee agreed that should further slippage in the programme be identified that TEG take action in line with delegated limits to approve mitigations where possible.	
	 Approval: The Finance and Investment Committee: Noted the financial risks highlighted in the paper with regards to forecast slippage against 2017/18 capital programme; Agreed to the mitigations proposed and these are progressed in line with the proposed approvals route; To recommend approval to the Board of Directors. 	
10.0	For Assurance: Non-Recurrent Spend The paper was taken out of order of the agenda.	
	The paper provided assurance in relation to winter plans and associated finances.	
	The background to the underspend was explained which was in the main due to budgeted overtime which had not been taken up by staff. Assurance was provided that all likely costs of additional resources required over the winter period were covered in the A&E Operations forecast. Additional financial resource was available should it be required; it was noted that there was a natural ceiling to the spend over winter as workforce resource were not available to provide services beyond a certain level.	
	It was noted that there would be a challenge in 2018/19 as it was assumed that vacancies would be filled and there would be an increased uptake in overtime.	
	Discussion took place in relation to attrition and recruitment to the Paramedic role. The Trust was trying to understand the issues in relation to this and trying to address this on recruitment drives.	
	Approval: The Finance and Investment Committee noted the update and	
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		Action
	gained assurance with regard to winter plans and associated finances. In particular the F&IC noted:	
	 The assurance regarding funding of A&E Operations over winter 2017/18; 	
	 Noted the balance of funding available should further resource be required in A&E Operations over winter 2017/18; Agreed the decision made in principle at F&IC on 16 November 2017 regarding non-recurrent estates spend. 	
.0	For Approval: Sale of Fairfields, Rotherham The paper was taken out of order of the agenda.	
	The paper sought approval of the sale of Fairfields South to the recommended purchaser.	
	The property was in poor condition and under-utilised and required significant investment to return it to a standard which was fit for purpose.	
	The property had been registered with the Government's Surplus Property Register, e-PIMS, for the requisite 40 days during which time it did not receive any interest from other public sector bodies.	
	The property had therefore been marketed on the open market on the 4 September 2017 for a period of 10 weeks. A summary of the offers received was provided to the F&IC.	
	The F&IC noted the preferred offer which had undergone due diligence and provided the highest value.	
	Approval: The Finance and Investment Committee recommended that Board approved and authorised the Director of Fleet, Estates and Facilities to progress to completion the sale of Fairfields to the preferred offer.	
	The Finance and Investment Committee meeting closed at 1500 hours. The Trust Chairman had nominated Ronnie Coutts, Non-Executive Director to propose that a meeting of the Board of Directors was convened.	
	To be resolved that the business to be transacted is of a confidential nature and that under the terms of the Public Bodies (Admission to Meetings) Act, 1960, Section 1, subsections 2&3, the Press and the public to be excluded from this part of the meeting.	
	The Finance and Investment Committee reconvened at 1510 hours under the Chairmanship of JN.	
.0	For Assurance: Planning & Development Team Update	

		Action
	The paper updated the current and planned commercial work undertaken by the Planning and Development team.	
	It was noted that the role of the Planning and Development Team had broadened to support the Trust in a range of corporate planning, commercial and external engagement functions.	
	The team was developing the capacity and capability within the organisation to manage a tender pipeline and respond effectively to market testing. The team would provide F&IC with regular Tender Status Reports to monitor progress and effectiveness of business development activity.	
	It was noted that the clarification meeting for the North Yorkshire PTS tender had gone well. The team continued to engage with Commissioners in West Yorkshire.	
	RC agreed to circulate a presentation that he had in relation to bids to Commissioners which he felt might be beneficial to colleagues.	
	Action: Circulate presentation which suggested positive bidding skills when bidding for tenders to Commissioners.	RC 2017/019
	Approval: The Finance and Investment Committee noted the contents of the paper.	
11.0	For Assurance: A&E, PTS and NHS 111 Contract Negotiation and Contract Management Update 2018/19	
	The paper set out the current position in relation A&E, NHS 111 contracts and provided an update on contact negotiations for 2018/19.	
	It was noted that discussions were underway with Commissioners to confirm the terms of a contract variation for the second year (2018/19) of the current two year contract of the 999 service. NHS England had released a draft national contract variation which would formally implement the ARP national standards in to the NHS standard contract. There were ongoing discussions in relation to increased activity and demand. The Trust was considering what a flat cash settlement would mean for the Trust.	
	The current agreement for NHS 111 was due to expire in March 2018. Commissioners intended to agree a new contract to YAS for a transitional year to bridge the gap between the current agreement and the implementation of the new Integrated Urgent Care (IUC) service from 2019/20 onwards. Discussions with Commissioners had jointly identified priorities including reviewing the contract financial baseline, activity growth and performance and IUC specification. There was also an acknowledgement from Commissioners to mitigate the risks to YAS	

		Action
	during the transitional year of the LCD sub-contract arrangement.	
	It was noted that there were currently a number of Acute Trust reconfigurations across the region and the risks attached to these had been raised with Commissioners. YAS had produced a draft process and costing methodology in relation to reconfigurations and this was now being refined in partnership with Commissioners prior to being jointly presented at JSCB.	
	Post tender contract negotiations for PTS were now nearly complete and the next step was to prepare for the contract variation in South Yorkshire. Following an initial meeting Commissioners were refining their requirements.	
	Approval: The F&IC noted the current position in relation to the 2017/18 contract management position and the current position in relation to the negotiation of the A&E, NHS 111 and PTS contracts 2018/19 onwards.	
	RC left the meeting at 1535 hours.	
12.0	For Assurance: Estates Strategy EB guided F&IC through a presentation which outlined the Estates Strategy.	
	The Trust had recently undergone a detailed maintenance backlog survey the estate. This had resulted in highlighting a £6.8m total maintenance backlog across the estate of which £2.45m was of high and significant risk.	
	The future direction of travel was noted including resolving current issues, improvements to the working and external environment and innovate use of buildings.	
	The Trust was looking at a number of collaboration opportunities in addition to opportunities for disposal of assets.	
	JN asked for an update on the Doncaster Hub and Spoke scheme at the next F&IC to be jointly presented by EB and Deborah Mitchel.	
	Action: A presentation on the progress of the Doncaster Hub and Spoke scheme to be presented at the March F&IC.	EB 2017/020
	Should the Trust implement all of the schemes detailed in the confidential appendix then it was anticipated that the backlog maintenance could be significantly reduced to £1.1m within 8 years. JN asked that the detailed workplan to implement the Estates Strategy be brought to F&IC in June 2018.	

		Action
	Action: The detailed workplan to implement the Estates Strategy to be brought to F&IC in June 2018.	EB 2017/021
	Approval: The Finance and Investment Committee noted the update.	
13.0 & 13.1	For Assurance: Fleet Strategy & Six Month Review – Vehicles Replacement Plan (Joint Item) RM guided the F&IC through a presentation on the Fleet Strategy.	
	The Fleet Strategy had been developed by Fleet with cross-directorate input.	
	RM outlined the risks for the Trust in regard to its Fleet which included an ageing fleet, increased operational and maintenance costs, inconsistency of vehicle maintenance and process standardisation and fleet size issues.	
	The Capital Cost flat line was noted with the figures in red indicating the number of vehicles to lose. The Trust DCA flat line was 125% peak vehicle rates. The implementation of the Hub and Spoke Programme would provide further resilience into the fleet system.	
	JN asked whether it was possible to smooth out the purchase of vehicles as there appeared to be 'peaks and troughs' in the plan.	
	The Trust was carefully monitoring the effect of the ARP on the vehicle mix requirements for the organisation and discussions were taking place between Fleet and A&E Operations to determine the requirements.	
	MB referenced the 5 year Capital Plan and the challenges of ensuring the capital programme aligned to the Organisational Strategy.	
	Discussion took place in relation to risks in relation to vehicle availability and it was confirmed that the Trust was considering different options to mitigate this.	
	Approval: The F&IC noted the update.	
14.0	For Assurance: PTS Update The presentation was noted and the item was deferred until March 2018.	
	Action: PTS Update to be on the agenda for the 15 March 2018 meeting.	CD 2017/022
	Approval: The Finance and Investment Committee noted the update.	
	RM left the meeting at 1600 hours.	
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		Action
15.0	For Assurance: Procurement Update The paper updated on key procurement activity which had taken place since the previous F&IC in September 2017.	
	It was noted that work on the NHS Future Operating Model (FOM) which replaced the DHL NHS Supply chain contract was gathering momentum with the suppliers of major categories of spend announced in November 2017. These services would commence in April 2018 for medical supplies, July 2018 for Capital and non-Medical and October 2018 for a logistics full service. It was expected that procurement budgets would be top-sliced in April 2019 to ensure procurement took place through this route. YAS was working towards the use of the NHS FOM.	
	To date this year the Procurement team had completed 73 projects with a contract value of £3.6m.	
	MF provided an update on the procurement of the van conversion Lot which had been discussed at the F&IC on 16 November 2017. This had not been awarded. The intention was to reissue this Lot as a separate tender during December 2017. Areas of this tender would be revised accordingly. The capital funding assigned to this procurement was in the process of being reallocated to other capital projects brought forward from 2018/19.	
	JN asked for assurance on the tender exercise to the March F&IC meeting.	
	Action: Provide assurance on the van conversion procurement to March F&IC.	MF 2017/023
	There was a joint NAA procurement for a Fleet Management System which NWAS was leading on. YAS was involved in the specification development. A saving in excess of over £100k had been made in comparison to had the Trust procured a similar system individually.	
	The Procurement team was working wish MGS to implement the Medical Gases contract. Currently bracket conversions were being undertaken on vehicles for the safe storage of the gas cylinders.	
	There had been a successful procurement of defibrillation and monitoring devices with the successful provider being Ortus Limited. Due diligence had taken place.	
	Work was progressing with the Estates team to develop a specification for Total Facilities Management Contract.	
	Approval: The Finance and Investment Committee noted the update and	

		Action
	gained assurance that the procurement process and associated contracting conformance were being managed effectively.	
16.0	For Assurance: Northern Ambulance Alliance (NAA) Update RB provided an update on the work of the NAA since the last F&IC meeting.	
	RB advised that at the last NAA meeting that East Midlands Ambulance Service had been approved as an Associate Member of the NAA.	
	A joint meeting between the NAA Boards and senior teams would take place on 16 January 2018 in Leeds. An agenda and meeting format was being developed; the legal firm Deloittes LLP would facilitate the session.	
	Work was progressing on each of the NAA workstreams.	
	A Programme Director post had gone out for advertisement.	
	Approval: The finance and Investment Committee noted the update and gained assurance that the NAA workstreams were progressing appropriately.	
17.0	For Assurance: Statement to the Audit Committee Board Assurance Framework/Risk Register risks relating to F&IC 	
	JN advised that the BAF had been attached for reference and that the relevant risks for F&IC assurance had been addressed through meeting papers and discussion.	
14.0	 Summary of issues to Trust Board JN summarised the items for Trust Board which included the two papers recommended for approval by the Board: Capital Plan Update – Slippage and Mitigations Sale of Fairfields, South 	
	The meeting closed at 1625 hours.	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ CHAIRMAN

_____DATE