



Finance & Investment Committee (F&IC) Minutes

Venue: Kirkstall & Fountains, Springhill 1, WF2 0XQ
Date: Thursday 15 September 2016
Time: 1400 hours
Chairman: John Nutton

Membership:

John Nutton	(JN)	Non-Executive Director & Chairman of F&IC
Pat Drake	(PD)	YAS Deputy Chairman & Non-Executive Director
David Macklin	(DM)	Executive Director of Operations
Robert D Toole	(RDT)	Executive Director of Finance & Performance (Interim)
Alex Crickmar	(AC)	Deputy Director of Finance

Apologies:

Anne Allen	(AA)	Trust Secretary
Roberta Barker	(RBa)	Executive Director of HR (Interim)

In Attendance:

Barrie Senior	(BS)	Non-Executive Director (Observing)
Ronnie Coutts	(RC)	Non- Executive Director (Observing)
Leaf Mobbs	(LM)	Director of Business Development
Mike Fairbotham	(MF)	Associate Director of Procurement and Logistics (Items 8.0 & 8.1)
Chris Dexter	(CD)	Managing Director, PTS (For Items 5.1 & 5.2)
Mark Marshall	(MM)	Urgent Care Manager (For Items 5.1 & 5.2)
Mark Stower	(MS)	Deputy Head of Procurement (Observing)

Minutes produced by:

Joanne Lancaster	(JL)	Committee Services Manager
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	The meeting commenced at 1405 hours.	
1.	<p>Introduction and Apologies</p> <p>JN welcomed everyone to the meeting and apologised for the delay to the start of the meeting.</p> <p>JN formally thanked Mary Wareing for her time as Chairman of the Finance and Investment Committee and wished her well in her future endeavours.</p>	

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	<p>JN questioned HR representation at the Finance and Investment Committee. DM confirmed that RBa attended the Quality Committee and workforce issues were picked up in that forum. The Governance Review would also clarify membership of each Committee.</p> <p>Apologies were noted as above.</p>	
2.	<p>Declaration of Interests for any item on the agenda There were no interests to be declared in relation to the agenda items but would be noted throughout the meeting should they arise.</p>	
3.	<p>Feedback from Board Meetings As JN had not been at the previous Trust Board meeting he invited colleagues who had been present to update the F&IC on any feedback.</p> <p>BS reported that there had been discussion concerning finance versus quality in decision making, specifically in relation to overtime and private provision. Assurance had been provided that the Trust had the correct balance between the two and that it always had patient and staff safety at the forefront of any decisions made.</p> <p>DM added that the issue had also been discussed at the Quality Committee earlier that day. He explained that there was a challenge between maintaining both quality and performance. The service had to make decisions based on the funding available whilst still maintaining a quality service. He advised that NHSI appeared to be supportive of the challenge the Trust faced with the increase in demand. He reported that Commissioners had sent the Trust a formal Notice on performance which he believed was neither appropriate given the clinical ARP Pilot under NHS England nor a constructive way to resolve the challenging demand environment the Trust was facing.</p> <p>DM assured F&IC that there were no inherent patient or staff safety issues and this would continue to be monitored closely. He added that the Quality Committee had asked that a relevant paper be provided to Audit Committee.</p>	
4.0	<p>Minutes of the Meeting held on 14 July 2016 The Minutes of the Finance & Investment Committee Meeting held on 14 July 2016 were approved as a true and fair representation of the meeting.</p>	
4.1	<p>Action Log and Matters Arising The Action Log was reviewed and updated.</p> <p>Action 2016/001 – Consideration to resource released in PTS to be matched up with the workforce requirements in A&E – PTS was on the agenda. Action closed.</p>	

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	<p>Action 2016/010 – End of Shift Overtime – DM updated the F&IC advising that electronic timesheets had been introduced and a Standard Operating Procedure had been established. Locality Managers were authorising overtime and a sample was being checked to ensure that overtime was being claimed appropriately. Staff were aware that this was taking place.</p> <p>RDT added that the GRS system could be used to provide additional information and analysis, it was intended to match this against the CAD system for enhanced assurance that overtime claims were accurate and appropriate additionally identifying those exceptions that required review.</p> <p>DM reported that this CIP should be achieved and that savings would have been greater than anticipated if it had not been for the significant increase in demand.</p> <p>Action 2016/011 – Job Descriptions were reflective of responsibilities and accountabilities – RDT advised that this had been discussed at TEG. There were approximately 900 Job Descriptions across the Trust and the HR team would be looking to streamline these in due course. Action closed.</p> <p>Action 2016/012 – Non-financial benefits of the PTS transformation – This was on the agenda. Item closed.</p> <p>Action 2016/013 – STP – This was in the agenda. Item closed.</p> <p>Action 2016/014 – Model Ambulance Template – RDT advised that the Carter Review made no reference to a ‘Model Ambulance Template’. He was investigating whether there was such a thing in existence. Action remains open.</p>
<p>5.0</p>	<p>For Assurance: PTS Service Transformation & Financial Plans Update PF arrived at 14:25 hours.</p> <p>CD apologised for the paper which had been included with the agenda pack and tabled an updated version to Committee members.</p> <p>CD advised that based on a detailed review of the first quarter position the 2016/17 PTS full year forecast was a deficit of £(2.4)m which was £(0.2)m favourable to budget. He explained that the PTS contribution had improved.</p> <p>RDT advised that whilst the PTS whilst was on-line with budget the service had secured additional income against two of their contracts but recognised that the service was still required to deliver its Cost Improvement Plans. Reserves had been made from the additional income secured to enable CD to create the management resource required to lead the service and transformation.</p>

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<p>JN stated his belief that the service was going in the right direction and had shown several improvements in performance and quality indicators, but he questioned why the service had not been able to achieve the cost savings as identified by the Curzon report.</p> <p>CD explained what the service had achieved and how the benefits would be realised by 2017/18. He added that some of the new ways of working had not been accelerated due to some capacity and other issues that were still being resolved.</p> <p>Discussion took place around the reduced allocation of overheads following the implementation of PLICS which meant that PTS had gained £1.3m against overheads allocated at the time of the Curzon turnaround review. In addition, the current turnaround projection anticipated additional income of £0.8m compared with the equivalent position post Curzon review. These factors had helped the financial position of the service on a like for like comparison in assessing the breakeven position. JN questioned whether, given these hitherto unforeseen benefits, the former breakeven position should be increased by the amount of these benefits to keep the pressure on cost improvement.</p> <p>JN asked whether there were any other options that PTS could consider to improve its financial performance.</p> <p>CD responded that there was no additional capacity to accelerate the transformation programme to enable earlier wins to be made.</p> <p>RDT reiterated that funding had been set aside for a management structure to support this.</p> <p>PF added that he was considering the overall structure across NHS 111 and PTS with a paper going to TEG.</p> <p>CD advised that his PTS management structure would be with TEG within the month.</p> <p>JN requested that a paper be produced for F&IC which addressed the following:</p> <p>Action:</p> <ol style="list-style-type: none"> 1. Step changes/actions made each quarter for PTS; 2. What still need to be actioned; 3. What resources were required to deliver the programme and what more could be delivered with more resources; 4. Financial risk analysis of losing PTS business; 5. A summary of which contracts the service was likely to keep and lose and potential mitigations. 	<p>CD 2016/015</p>

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<p>Action: It was agreed that RC would spend time with PTS to review and better understand the impact that delays in management restructuring was having on the deliverability and time frame of PTS transformation.</p> <p>JN thanked CD for the update.</p> <p>Assurance: The Finance and Investment Committee noted the update (see summary at end of minutes).</p>	<p>RC/CD 2016/016</p>
<p>5.1 For Assurance: PTS Tender Submissions</p> <ul style="list-style-type: none"> • PQQs • Bids <p>For Assurance: Lessons Learned from previous PTS Bids JN welcomed Mark Marshall (MM), Urgent Care Manager to the meeting.</p> <p>CD explained the paper provided an overview of the PTS tender submissions and lessons learned from previous PTS bids.</p> <p>He informed the Committee that an invitation to tender for Hull (Non-Emergency Medical Transport Service (NEMTS) was published on 22 July 2016; YAS established a bid team and the tender was completed and submitted on 7 September 2016.</p> <p>He advised that the key change from the current PTS contract was a move to 24/7 service provision and on-day discharges which would now be part of the core service. There were two lots 'core' and 'priority' patient movements and a requirement for a single point of access for all PTS. Lot 1 was considered saloon car mobility work and had no mandated value and Lot 2 was all other work with a mandated value of £0.7m.</p> <p>DM expressed his concerns concerning the 24/7 discharge process and felt that there would need to be clear governance and accountability in relation to which organisation was responsible for discharge. He added that under NHS Agenda for Change the out of hours supplement for YAS staff would prove a challenge to make the service commercially viable.</p> <p>CD explained that the Trust had no choice but to enter the full bid including the 24/7 element. He outlined the complexities arising from Hull CCG having not included the East Riding CCG in their tender. He confirmed that the governance and responsibility over discharge would lay with the Acute Trust.</p> <p>BS asked if the Trust had a set of criteria which was used to determine whether or not it should bid for a tender.</p>	

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<p>CD responded that this had been to TEG several times to ensure that the correct level of assurance was given that YAS should provide a bid.</p> <p>LM explained that she had developed a bid template that would be completed for future bids to ensure that a transparent and systematic process had been gone through to aid with the decision on whether or not to bid for tenders.</p> <p>Discussion took place around the financial element of the bid. One element was pricing which was within the CCG budget with a view to minimise the loss of points application (15% of Tender Evaluation + 5% for extra contractual journeys). Whilst recognising there was some tender evaluation risk, it was felt that this could be mitigated within submission (70% quality of submission, 10% Presentation & interview). RDT explained that there was a fuller document which covered the financial implications of the bid, sadly not included, that would be brought to the next F&I by PTS management (presented at Private Board 27/09/2016). If the Trust had decided not to bid then it would find itself in a worse finance position having to substantially reduce overheads. The bid aimed to contribute to overheads and have at least an overall break even position on the contract.</p> <p>AC stated that the bid would nevertheless still cause a cost pressure of c.£300k per annum to the Trust due to a reduction in the Hull CCG income if the bid was won at the proposed price. This would be clarified in the detailed financials which the Committee should have received as outlined previously by RDT. Mitigating actions such as additional income on the East Riding element of the contract would be required to offset this impact.</p> <p>RDT assured the Committee that the financial details had been worked through thoroughly. Information from PLICS had been used so that the bid and Executive Team had robust financial information on which to base their costings and pricing strategy. He believed that the quality of YAS' bid would be above others that had bid.</p> <p>Discussion took place around Hull CCG not including East Riding CCG within the tender and the implications this might have for patients in the East Riding area.</p> <p>CD outlined the timetable and the next steps. The presentation for this bid, if the Trust was invited to this stage, would be mid-October.</p> <p>CD advised that the Pre-Qualification Questionnaire (PQQ) for South Yorkshire had been submitted on 31 August 2016. He informed the Committee that the work was split in to two lots; Lot 1 was renal dialysis and oncology and Lot 2 was core PTS work.</p> <p>CD explained how PTS was currently delivered in the South</p>	

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	<p>Yorkshire area and the providers which currently delivered it. He added that there would be the potential to work with other providers.</p> <p>CD reported that YAS currently had a good relationship with South Yorkshire Commissioners.</p> <p>Discussion took place around the bid panels and the dialogue with them during presentations.</p> <p>JN thanked CD for the update and asked that as these and future bids progressed, further analysis of these be brought within the regular PTS updates.</p> <p>Action: Analysis on bids and mitigation plans for lost bids to be provided to F&IC within the regular PTS updates.</p> <p>The lessons learned from previous bids were noted.</p> <p>Approval: The Finance and Investment Committee noted the update of the Hull NEMTS Bid and the South Yorkshire PTS PQQ and were assured that lessons had been learned from previous bids.</p> <p>PF left the meeting at 15:20 hours.</p>	<p>CD 2016/017</p>
<p>7.1</p>	<p>For Assurance: Business Development Update This item was taken out of order of the agenda.</p> <p>LM provided a verbal update to the F&IC on the Business Development Directorate. She advised that the core responsibilities were strategy, planning, stakeholder relationships, communications and engagement, Vanguard oversight and the Community Training Team.</p> <p>She reported that the Associate Business Development Director had been appointed and would be starting with YAS in October.</p> <p>She advised that the Communications Team restructure was progressing. The format of Teambrief had been reviewed to make it more focused and relevant to staff.</p> <p>She referred to the changing environment and landscape within the NHS and the financial challenges faced by Trusts. She advised that the Secretary of State for Health was keen to increase performance in the delivery of emergency care on a regional basis. LM believed that YAS had a strong partnership role in assisting with this vision. She advised that it was important to get members of TEG building relationships with the Acute Trusts and with CCGs.</p> <p>She updated F&IC on work being undertaken with TEG colleagues,</p>	

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	<p>for example Urgent Care/Vanguard. She advised that it was possible that West Yorkshire might be chosen for an Accelerator Zone for emergency care performance.</p> <p>Discussion took place around this, whether there was additional funding attached to it and YAS' role within it.</p> <p>LM outlined some of the solutions YAS might be able to offer in terms of emergency care, which were in their infancy and would need to be developed and articulated further going forward. JN noted and thanked LM for the update.</p> <p>Approval: The Finance and Investment Committee noted the update on the Business Development Team.</p>	
6.0	<p>For Assurance: Financial Review 2016/17 (Month 4)</p> <ul style="list-style-type: none"> • Financial Risks; • Year to date Financial Performance; • IPR – Finance Section; • CIP Tracker; • Capital Expenditure – Part-year Review. <p>AC outlined the details of the paper which provided an overview of the key points in relation to the Month 4 Finance Position, the Integrated Performance report plus an update on the Trust's financial risks and any exceptional budgetary items of note.</p> <p>AC explained the financial position against the control total which was detailed at the table at paragraph 2.4 of the report. He confirmed that the Trust was required to achieve a control total of £5.12m to enable it to access the £1.52m 'General Fund' from the national Sustainability and Transformation Fund (STF). He reported that the STF was assessed on a quarterly basis and was assessed on a non-claw back basis (ie if attained quarter one but not quarter two, quarter one would not be clawed back).</p> <p>He informed the Committee that as the plan submitted by the Trust had phased STF funding over the last 6 months of the year however now that the national guidance on STF funding had been published, this instructed that STF had to be accounted for over the full financial year. This was therefore causing a timing difference at this point in the financial year but it should resolve going forward.</p> <p>AC referred to the key variances in overspends to date:</p> <ul style="list-style-type: none"> • A&E Private Providers; • People & Engagement Training; • Fleet Maintenance; • along with Procurement, Estates and Special Operations also contributors as areas of overspend. 	

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<p>He confirmed that work was on-going to mitigate against the overspends.</p> <p>AC reported that agency spend was still over the agency cap limit, an overspend of £358k at Month 4.</p> <p>AC referred to the Tables at 3.8 and 3.9 of the report which summarised the movement in the Reserves budget since the Board approved budget on 29 March 2016.</p> <p>RDT explained the movement in the Reserves budget in detail to the Committee.</p> <p>RDT confirmed there was no longer a 'pot of money' available to offset against overspends and it would be imperative that budget holders brought their budgets within/under allocation in order to achieve the Trust's control total.</p> <p>AC referred to the Balance Sheet and advised that the Trust's cash was above plan at the end of July 2016.</p> <p>LM left the meeting at 16:00 hours.</p> <p>AC outlined performance against the capital plan which was detailed on pages 11, 12 and 13 of the report. This showed the Trust was off track against plan, mainly as a result of delays in Estate and ICT schemes. An escalated capital meeting led by the Finance Director had been held to provide further review and assurance on the potential risks and forecast outturn of the capital position, as well as look at how planning and commitments could be better managed and understood as part of continuous improvement on delivery of planned objectives.</p> <p>AC also outlined the key risks to the capital plan including:</p> <ul style="list-style-type: none"> • national capital funding constraints and that the Trust's capital limits had yet to be approved in full. Elements yet to be approved included the capital to revenue transfer from 15/16 of £3.6m and the utilisation of £2.1m internally generated cash (from prior year surplus). The impact of not receiving this funding and spending over the limit would be a breach of statutory financial duty. • Other risks included: Hub and Spoke purchase of Land, training facility purchase and number of other estate and ICT schemes due to potential procurement timescales. <p>RDT confirmed he had spoken with Sue Lorimer at NHSI regarding capital funding and it was fully expected that the Trust would still receive the £3.6m and potentially be able to justify the case for £2.1m, subject to identification of an appropriate site for the Doncaster Hub first alongside review of potential Training facility investment.</p>	

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<p>RDT stated his belief that the Trust required a robust planning process for Capital Spend with a 2-3 year view. The Trust had improved in this regard but it could improve further.</p> <p>AC outlined the 2017/18-2018/19 financial planning timetable. National guidance would be published shortly however it was expected that this would require final plans to be signed off before the end of December when historically this had been March/April previously.</p> <p>Discussion took place around the requirement for a two-year operating plan; that aimed to provide some measure of financial certainty / security for Trusts.</p> <p>DM stated that although it might offer some financial assurance there would be some fundamentals that would require re-visiting in the cycle, for example, demand.</p> <p>BS referred to the CIP forecast was not showing 100% achievement against target and asked whether this would be resolved for the year end.</p> <p>RDT responded that work was on-going to achieve the CIP target though it was clear that much depended on demand impacts and management resources. It was also clear that focus should be made on high value/areas of return such as the Transformation projects which should generate both the greatest return and aligning support service focus to frontline delivery.</p> <p>AC added that although progress had been made in some process efficiency / CIP areas, for example meal breaks and medicine management, this had been counteracted by the increase in demand.</p> <p>Approval: The Finance and investment Committee noted the update and gained appropriate assurance on the financial performance to date including the risks to the delivery of the financial plan</p> <p>AC left the meeting at 16:20 hours.</p>	
<p>6.1</p> <p>For Assurance: PLICS Update</p> <p>RDT outlined the details of the report which was to provide the Committee with an update on the implementation of PLICs.</p> <p>RDT informed the Committee that apportionment of overheads/support service costs to service lines had been agreed by the associated budget holders and agreed by the Deputy Director of Finance. He advised that these had not been approved by Service Line Leads as yet.</p>	

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<p>He advised the F&IC of the capabilities of the system including how it might be used within PTS and A&E, adding that discussions had taken place with managers to ascertain the information which would be most beneficial to each service area.</p> <p>DM remarked that it was important that budget holders understood the methodology that would be used. He added that as the system developed it would be a useful tool to aid with getting the cost base down.</p> <p>RDT outlined the next steps.</p> <p>JN thanked RDT for the update.</p> <p>Approval: The Finance and Investment Committee noted the progress to date on the implementation of the PLICs system and gained assurance this was on plan.</p>	
<p>6.2 For Assurance: Sustainability and Transformation Plans (STPs) RDT guided the F&IC through a presentation on the Sustainability and Transformation Plans (STPs).</p> <p>RDT advised that STPs were the Department of Health's idea to create efficiencies in the system and to provide the right services at the right time. YAS was in four STPs with West Yorkshire the largest of these.</p> <p>RDT reported that YAS had submitted five nationally developed STP templates which included one submission for each of the STPs and one for the whole of YAS.</p> <p>He explained that the first stage had been to submit a 'do-nothing' scenario which included national key assumptions (with CIPs at 2%). The YAS submission had included the paramedic career progression figures. He advised that it did not include any system wide solutions, for example Vanguard. The 16/17 finances reconciled to YAS' Financial Plan.</p> <p>He outlined what this would mean for the Trust for the next five years which highlighted a deficit in years 2019/20 and 2020/21. This emphasised the need for a national solution to the paramedic pay band.</p> <p>RDT stated his belief that there were some opportunities to realise efficiencies within the organisation if done correctly. The cost pressure within the submissions was with the Paramedic pay band.</p> <p>RDT referred to the Apprenticeship Levy which would also be a cost pressure on the organisation of approximately £1m.</p>	

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	<p>opportunities that might be gained in working with partner agencies / Northern Ambulance Alliance.</p> <p>Action: A discussion to take place at the Trust Board in Private on collaboration with the Northern Ambulance Alliance.</p> <p>RDT explained it was important that YAS managed the control total and that the Trust had actions in place to achieve this.</p> <p>JN thanked RDT for the update and presentation.</p> <p>Approval: The Finance and Investment Committee noted the update and gained assurance that the Trust's process for the STPs (Finance) was being managed effectively.</p>	<p>RDT (for CEO RB) 2016/019</p>
<p>8.0</p>	<p>For Assurance: Procurement Update including:</p> <ul style="list-style-type: none"> • Local Contracting and Tendering • National Framework & e-procurement Update <p>This item was taken out of order of the agreed agenda.</p> <p>MF outlined the details of the paper which updated the F&IC on key procurement activity which had taken place since the previous meeting.</p> <p>JN advised that F&IC members had read the paper and asked members for any comments.</p> <p>MF brought to the attention of F&IC the Fleet vehicle spares contract. He updated the F&IC in respect of this.</p> <p>DM questioned the feasibility of providing an in-house provision of vehicle recovery as this would not be his preferred option.</p> <p>MF explained this was an option at this stage but deemed more expensive though no further action (i.e. termination) would be taken until an appropriate way forward alternative service was agreed.</p> <p>DM asked what the current situation was in respect of Garage Doors.</p> <p>MF advised that he was working with the Estates team on the specification of this.</p> <p>MF advised that the national framework for tyres had been finalised. DM asked whether winter/all-weather tyres had been considered. MF advised that technology had now changed to allow for tyres that did not require changing during the winter months.</p> <p>In respect of the new DCAs (Fiat Ducato chassis) MF advised that a demonstration vehicle had been available to view at the Trust that</p>	

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<p>day. It had received extremely positive feedback. The first vehicle would be delivered in October. Discussion took place around some issues with garage door heights at stations.</p> <p>DM advised there would be communications on the new vehicles coming into use and the significant engagement with staff in choosing the specification. It was intended that there would be a storyboard on YAS TV.</p> <p>JN thanked MF for the update and noted the benefits achieved to date by the new procurement team.</p> <p>Approval: The Finance and Investment Committee noted the update and gained assurance that the procurement process and associated contracting conformance were being managed effectively.</p>	
<p>8.1 Stretcher Contract This item was taken out of order of the agreed agenda.</p> <p>MF outlined the details of the report which updated the F&IC members on the progress made to date relating to the new bariatric stretchers and sought support for the within budget spend of £858k (ex-VAT) on the bariatric stretchers to go forward to the Trust Board for final approval.</p> <p>MF advised that a mini competition had been undertaken from the national framework with the aim of reducing the price of the bariatric stretchers.</p> <p>There had been one month's trial with ten stretchers across the region from one of the suppliers, though this proved not to be sufficiently robust enough at this time.</p> <p>A second trial had taken place with a second supplier and this had matched the Trust's expectations. This supplier had additionally provided a competitive price per stretcher.</p> <p>RDT remarked that it had never been the intention to have a bariatric stretcher on every bariatric capable DCA so this had been an excellent achievement within the same capital allocation by the Procurement team.</p> <p>JN thanked MF for the update and noted the benefits achieved through professional negotiation of the contract.</p> <p>Approval: The Finance and investment Committee noted the update and recommended to Trust Board the spend decision of £858k (ex-VAT) which was within the budgeted amount.</p>	

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<p>6.3</p>	<p>For Assurance: Financial Framework (budgets) This item was taken out of order of the agreed agenda. RDT reported that the report outlined a financial framework for the identification and management of financial plans to support operating plans, service delivery and developments in 2017/18.</p> <p>He advised that there had been a couple of amendments following TEG that Monday:</p> <ul style="list-style-type: none"> • To update table Capital Expenditure to include Statutory and Regulatory compliance; • To amend paragraph 6.3 to clarify that posts would not automatically be deleted from budgets in respect of the Vacancy Panel. <p>RDT assured the F&IC that all front line jobs continued to be recruited to and that TMG was aware that all other vacancies and agency/interim staff would be required to go through the Vacancy Panel. JN thanked RDT for the update.</p> <p>Approval: The Finance and Investment Committee noted the update.</p>	
<p>7.0</p>	<p>For Assurance: Contracting Update This item was taken out of order of the agreed agenda. JN invited questions from the F&IC.</p> <p>It was noted that NHS 111 Out of Hours service had not yet been signed.</p> <p>A contract notice for non-achievement of the national Red 1 and 2 categories had been issued by Commissioners and the Trust was contractually required to respond to this notice. DM would make arrangements for the response with an appropriate rebuttal given the clinical ARP pilot being undertaken under the auspices of NHS England.</p> <p>BS asked about previous discussions in relation to financial risks in connection with LCD. RDT responded this was part of ongoing discussions with the CEO and he confirmed that there was financial (step in obligations) liability for the remainder of the contract. The Trust had contractual responsibility to deliver the service.</p> <p>JN thanked RDT for the update.</p> <p>Approval: The Finance and Investment Committee noted the update and gained assurance on the contract negotiations.</p>	

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9.0	<p>For Assurance: Statement to the Audit Committee</p> <ul style="list-style-type: none"> • Board Assurance Framework/Risk Register relating to the Finance and Investment Committee <p>JN advised that the BAF had been attached for reference.</p> <p>RDT summarised the following:</p> <ul style="list-style-type: none"> • The F&IC did not gain assurance on the PTS Transformation; • There was a greater awareness of tender submissions; • There was a level of assurance on procurement; • Financial position was noted; • Financial framework was noted; • Contract Update was noted; • Update on Business Delivery was noted; • Further discussions to be had regarding back office/NAA/STP. <p>Approval: The Finance and Investment Committee noted the reports submitted.</p>	
10.0	<p>Summary of issues to the Trust Board</p> <p>JN advised that the Finance and Investment Committee had recommended the Bariatric Stretcher contract to the Trust Board.</p> <p>The meeting finished at 1745 hours.</p>	
13.0	<p>Dates and Time of Next Meeting: 8 December 2016 - 1400-1700</p>	

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**