



## Finance & Investment Committee Extraordinary Meeting Minutes

**Venue:** Chief Executive's Office, Springhill 2, WF2 0XQ

**Date:** Wednesday 22 January 2014

**Time:** 1000 hours

### Attendees:

| Name          | (Initials) | Title                                       |
|---------------|------------|---|
| Elaine Bond   | (EB)       | Non-Executive Director (Chairman)           |
| Pat Drake     | (PD)       | Non-Executive Director                      |
| Rod Barnes    | (RB)       | Executive Director of Finance & Performance |
| Dave Whiting  | (DW)       | Chief Executive                             |
| Anna Rispin   | (AR)       | Associate Director of Finance               |
| Russell Hobbs | (RH)       | Executive Director of Operations            |
| Mary Wareing  | (MW)       | Non-Executive Director                      |

### In attendance:

|               |      |                                    |
|---------------|------|------------------------------------|
| Barrie Senior | (BS) | Non-Executive Director             |
| John Nutton   | (JN) | Non-Executive Director (Designate) |

### Apologies:

None

### Minutes produced by:

Mel Gatecliff (MG) Board Support Officer

The meeting commenced at 1000 hours.

|     |   | Action |
|-----|---|--------|
| 1.0 | <b>Introduction &amp; Apologies</b><br>EB welcomed everyone to the meeting, including MW who was attending her first F&IC meeting since returning from maternity leave.<br><br>EB stated that the primary reasons for the meeting were: to consider several procurement contracts, a number of which seen before; to receive an update from RB on the new TDA planning guidance; and to receive an update on the budget setting process for 2014/15.<br><br>No apologies had been received for the meeting. |        |
| 2.0 | <b>Declarations of Members' Interests</b><br>There were no interests to be declared in relation to the agenda items.  |        |
| 3.0 | <b>Procurement Forward Plan – Update of Contracts for Review</b><br>EB asked why the new report cover form, which had been developed by AA, had not been used.  |        |

|   | <b>Action</b> |
|---|---------------|
| <p>RB agreed that the new form, the format of which picked up pertinent points making it easier for people to consider the information, should have been used, adding he would ensure it was used going forward.</p> <p>DW stated that TEG's engagement in the procurement process was improving. He acknowledged, however, that there remained more work to be done to ensure that appropriate scrutiny was undertaken on every occasion.</p> <p>EB stressed that F&amp;IC needed to see evidence of challenge and asked whether papers were considered by SMG.</p> <p>RB replied that time pressures meant that not all papers would be considered by SMG but he assured EB that all papers received a great deal of scrutiny in TEG, etc before coming to F&amp;IC.</p> <p>PD stressed that F&amp;IC needed to be assured that scrutiny was at the right level and referenced appropriately. For example, did RH have sight of the vehicles' contracts before they came to F&amp;IC?</p> <p>BS stated that, as Chairman of the Audit Committee, if he did not observe F&amp;IC meetings he would have to rely on the report cover sheet which implied that the paper had not been subject to any scrutiny. He stressed the need to see documentation evidencing the whole of the scrutiny process as, where through time pressures scrutiny did not take place, there was an organisational risk.</p> <p>RB stated that the process conformed to YAS' Scheme of Delegation, adding that the new report form contained a tick box which confirmed that a contract had been approved in line with the Scheme.</p> <p>EB acknowledged that some of the contracts considered by F&amp;IC were at the Committee's request rather than because of their value.</p> <p>RB stated that the Trust aimed to achieve increased robustness in terms of the actual groups doing the tendering work. Rather than Executives looking at the outcome at the end of the process, they would be involved during the course of the process.</p> <p>EB invited comment on the contracts with significant delays.</p> <p>She stated her belief that the two-year delay in sections 3.1 and 3.2 was staggering and asked about underlying issues around the items.</p> <p>RB stated that part of the process relating to the External Vehicle Mechanical Servicing and Repairs contract had been trying to establish the Trust's actual needs, which had proved to be a complex process.</p> <p>EB asked at what point during the two-year delay was the decision made to pull the contract.</p> |               |

|   | <b>Action</b> |
|---|---------------|
| <p>RB replied that the contract was pulled in May 2013 because the AD of Support Services had concerns regarding the completion of the specification.</p> <p>DW stated that turnover issues in the department and the instability in Operations had also been factors.</p> <p>EB asked how F&amp;IC could be assured that problems with contracts of that nature were addressed at an earlier stage going forward.</p> <p>RB replied that the Trust needed to be clearer about what it wanted a service to look like at the beginning of the process, although a lot more thought was now going into this. The Trust had been without a Fleet manager for a long time and this was one of the knock on effects.</p> <p>EB stated that she would have expected the Head of Procurement to raise drifting issues before they became so serious.</p> <p>RB replied that AR and he had spent a lot of time working through the issues in Procurement, a lot of which would be solved by having the right individuals in place.</p> <p>PD stated her belief that having an appropriate Procurement strategy which contained clear principles, objectives, roles and responsibilities would help the situation.</p> <p>EB stated she would expect the strategy to contain a drill down in relation to the identification of enablers which had previously not been done.</p> <p>PD stated that a clear cross reference to other strategies including Estates and Fleet was also required.</p> <p>JN asked whether an overall analysis of vehicle repairs, etc had been carried out.</p> <p>RB confirmed that it had for the future.</p> <p>In relation to the purchase of liquid fuels, RB stated that YAS would see an increase in spend as it moved across to increased use of bunkered fuels. There would, however, be a related drop in the use of fuel cards.</p> <p>DW stated that bunkered fuels were a key aspect of the new Estates strategy.</p> <p>PD asked whether the national ambulance uniform contract would still allow a YAS brand.</p> <p>RB confirmed that uniform would still be YAS-branded. NEAS was leading the procurement exercise but they were comfortable that they could achieve local badging.</p> |               |

|  | <b>Action</b> |
|--|---------------|
| <p>DW confirmed that all of the individual ambulance trusts believed that local identification was important.</p> <p>In relation to the neutral vendor for agency staff, PD asked whether the Trust was confident that savings could be made to reduce the current £1m spend.</p> <p>DW confirmed that the Trust was trying to reduce the overall cost of using agency staff.</p> <p>RB stated that the contract covered a wide range of roles and in some areas, particularly in the lower grades the Trust would expect to see agency costs. For example, the cleaning function was a major user of agency staff.</p> <p>Using agency staff in administrative and cleaning roles proved to be no more expensive than YAS employing people directly as there were none of the on-costs that the Trust would incur with direct employees.</p> <p>AR stated that further information was included in the paper going to the Board.</p> <p>When considering contracts that were still on target, EB asked RB to clarify the final sentence in 5.1, Vehicle Spares: 'The national procurement group is not in a position to assist at this time.'</p> <p>RB replied that it was because vehicle spares were not part of the group's current remit.</p> <p>EB asked whether they should be.</p> <p>RB stated that, historically, regional rather than national organisations had been used. Unipart, for example, had a national presence but it was stronger in some parts of the country than others. It was YAS' current belief that more value could be gained from a regional as opposed to a national tender.</p> <p>All of the ambulance trusts could see the benefits of doing things collaboratively but although vehicle contracts had worked to an extent other areas had not been so successful.</p> <p>EB asked why a mini competition had been held in relation to van conversions, etc and why it was not a wider competition.</p> <p>RB replied that it was a recommended practice within the national framework agreement.</p> <p>EB asked why the contract relating to 5.2, Medical Consumables, was not included in the set of papers.</p> <p>RB replied that the value would not necessarily bring it to F&amp;IC as it was a single tender waiver unlikely to be worth more than £100k.</p> |               |

|  | <b>Action</b>    |
|--|------------------|
| <p>PD asked whether any large ICT contracts were due for renewal.</p> <p>RB replied that there were several, including the mobile phone contract. ICT Infrastructure Manager, Ola Zahran, was currently undertaking a stock take which would be tied to the Procurement Workplan. ICT contracts had previously been disjointed as historically the department had preferred to work on its own.</p> <p>RB further stated that that Procurement team now had an IT specialist on board which was helping the situation.</p> <p>It was agreed that all ICT contracts should be added to the Procurement Forward Plan.</p> <p><b>Action:</b><br/> <b>RB to ensure that all ICT contracts are included in Procurement Forward Plan going forward.</b></p> <p><b>Approval:</b><br/> <b>The Finance and Investment Committee noted the content of update report.</b></p> <p>The meeting moved on to consider the individual contracts.</p>   | <p><b>RB</b></p> |
| <p><b>3.1 Liquid Fuels</b></p> <p>EB asked if there were any questions about the contract for the Supply of Liquid Fuel.</p> <p>MW observed that although the report contained a lot of information about the purchase of vehicle fuel, there was very little detail about heating oil.</p> <p>AR replied that this was because it was a very small part of the whole contract.</p> <p>MW stated it would be useful to see the objectives of procurement exercises upfront to enable the NEDs to assess whether these had been achieved.</p> <p>RB stated that this was part of the upfront work before the main tendering exercise kicked off.</p> <p>EB asked why the contract was split into two geographical sections, as one of the companies was cheaper than the other and the difference in the distances between the two geographies was minimal.</p> <p>AR replied with her belief that it was because neither company covered the whole geographic area.</p> <p>It was agreed that RB should clarify the reasons and report back to F&amp;IC.</p> |                  |

|   | Action           |
|---|------------------|
| <p><b>Action:</b><br/> <b>RB to clarify the reason for splitting the Liquid Fuels contract between two companies and report back to F&amp;IC.</b></p> <p><b>Approval:</b><br/> <b>The Finance and Investment Committee approved the award of the Liquid Fuels contract to Web Oil Ltd and Certas Energy Ltd and a blanket purchase order on an annual basis to be raised with delegated authority for the Associate Director of Support Services to authorise “call off” orders to enable expediency of fuel deliveries.</b></p>  | <p><b>RB</b></p> |
| <p><b>3.2 Fuel Cards (Appendix in Paper 3.0)</b><br/>           EB stated that the Single Tender Waiver re Fuel Cards had been attached to Paper 3.0 as Appendix 2 and invited questions.</p> <p>There were no questions.</p> <p><b>Approval:</b><br/> <b>The Finance and Investment Committee noted and approved the Single Tender Waiver as attached to Paper 3.0 as Appendix 2.</b></p>  |                  |
| <p><b>3.3 PTS Ambulance Capital Purchase – 2013/14</b><br/>           EB stated that it was a good paper which gave hope that the change of PTS vehicles would have a positive impact from a patient perspective.</p> <p>DW stated that the capital purchase of the new vehicles would make a big difference.</p> <p>MW stated that the funds had been made available because of slippage and asked how the Trust would cover the shortfall.</p> <p>RB replied that the money had been brought forward and the situation would be reversed later to cover the ‘shortfall’.</p> <p>MW stated that, given that the approach had changed from that originally proposed, did YAS still aim to purchase second hand vehicles.</p> <p>RB replied that 40+ vehicles were currently on long term lease and the plan was to buy them when they came out of their lease period.</p> <p>He further stated that the Finance department had considered the options of purchasing versus leasing, using industry rates for comparison. The evaluation compared a PTS Ambulance over a 5, 6 or 7 year working life with a lease for the same term. The outcome of the evaluation supported that there was little difference between the two options and that the commercial decision should be based on whether the Trust had Capital Purchase or Lease Revenue available.</p> <p>JN stated that the discounted analysis should have been applied to both options.</p> |                  |

|   | <b>Action</b>    |
|---|------------------|
| <p>RB stated he was not concerned about the capital expenditure in the current year, as there were no alternative calls on capital spend.</p> <p>JN noted that PTS' current methods of operation were under review and asked whether the Trust might be committing to capital expenditure for items that might not be needed in 2-3 years whereas a lease could have a break built into it.</p> <p>It was agreed that discount rates applying to lease agreements would need to be incorporated into future purchasing versus leasing comparisons.</p> <p><b>Action:</b><br/> <b>RB to ensure that discount rates applying to lease agreements is incorporated into future purchasing v leasing comparisons.</b></p> <p>JN asked whether leases including maintenance ie whole life costs had been considered.</p> <p>RB replied that analysis had been carried out and for older vehicles there was a financial advantage to doing the work in-house.</p> <p>DW stated that the Trust would need to ensure that local support was available geographically, including the rural areas.</p> <p>RB stated that, although there was plenty of scope for internal improvement, external dealers did not turn repairs round as quickly as might be expected.</p> <p>DW confirmed that, although it was sensible to assume that emergency vehicles would be dealt with as a priority, this was rarely the case.</p> <p>RB confirmed that a further update would be provided at the Board meeting on 28 January 2014.</p> | <p><b>RB</b></p> |
| <p><b>Action:</b><br/> <b>RB to provide further update on the PTS ambulance capital purchase at the Board meeting on 28 January 2014.</b></p> <p><b>Approval:</b><br/> <b>The Finance and Investment Committee noted the paper and recommended that the Trust Board approve the capital purchase of replacement Peugeot Boxer PTS twin wheelchair carrying Ambulance vans from available funds in 2013/14 budget, in line with the replacement profile, directly from O&amp;H Conversions in Goole.</b></p>   | <p><b>RB</b></p> |

|     |   | <b>Action</b>     |
|-----|---|-------------------|
| 3.4 | <p><b>A&amp;E Ambulance Conversions</b></p> <p>PD queried the low commitment to collaboration mentioned in section 2.10.</p> <p>RB replied that it had, to a certain extent, been a timing issue. EMAS had developed their own van and WMAS used different vehicles. However, discussions were still under way in relation to van conversions with other organisations possibly interested in going down the same path as YAS.</p> <p>DW stated that there was definitely a mind shift away from coach built to van conversions which made sense as the vehicles were lighter, more fuel efficient and more manoeuvrable.</p> <p>He further stated that in each of his recent ride outs with crews in Leeds and Sheffield he had worked in van conversions and although they were not as spacious as the coach built vehicles, he had received positive feedback from the crews who were using them.</p> <p>EB asked what the roll out period would be.</p> <p>RB replied that it would span year end, confirming that the vehicles would be on the road by the end of June.</p> <p>EB asked if F&amp;IC would see the next request for approval of purchase at the same time in 2015.</p> <p>DW replied that timescales might be able to be brought forward slightly although end of October to end of March was the key period of time for purchasing new vehicles.</p> <p>JN asked why, if the Trust was confident that it needed the vehicles, it could not negotiate a discount if it was willing to buy them early.</p> <p>RB agreed that for future years this was something that could be considered.</p> <p>MW asked how the budget impact from the reduced maintenance costs mentioned in section 2.9 would be taken.</p> <p>RB replied that the saving would form part of the CIP.</p> <p>EB stated she was mindful that colleagues had not had sight of the contract documents, so if anyone would like to see them they should request a copy via RB or AR.</p> <p><b>Action:</b><br/> <b>Requests to see copies of full contracts to be submitted to RB/AR.</b></p> <p>EB asked that the information be transferred to the new report template for presentation at the Board meeting on 28 January.</p> | <p><b>All</b></p> |



|  | <b>Action</b>    |
|--|------------------|
| <p>RB replied that, as the papers for the meeting had already been distributed, he would ensure that copies of the new template were tabled on the day.</p> <p><b>Action:</b><br/> <b>RB to table copies of documents in new report template at the Board meeting on 28 January 2014.</b></p> <p><b>Approval:</b><br/> <b>The Finance and Investment Committee noted the report and recommended to the Trust Board the purchase of 43 Replacement Mercedes Sprinter 519 Ambulance vans in line with the replacement profile and as approved by the Vehicle and Equipment Working Group.</b></p>  | <p><b>RB</b></p> |
| <p><b>4.0 NHS Trust Development Authority (TDA) Annual Planning Guidance</b></p> <p>RB stated that the latest version of the TDA planning guidance was published on 23 December and the Trust was currently aligning its own documents to the TDA planning timeline. Directorate level planning meetings had been held during December 2013 and January 2014.</p> <p>The Annual Business Plan templates had been amended to reflect the new two-year focus which brought NHS trusts into line with the NHS Foundation Trust planning processes laid out by Monitor and would be a precursor to the update of the LTFM and IBP in June 2014.</p> <p>The checklist and pro-formas, which were similar to the assurance statements that came to Board on a monthly basis, had been submitted to the TDA on 13 January.</p> <p>RB outlined the business planning timeframe.</p> <p>He confirmed that there remained many details to be finalised before the formal contract sign-off date of 28 February.</p> <p>RB further stated that the full two-year operating plan would go to Board at the end of March, adding that F&amp;IC would need sight of the revised LTFM before it went to Board.</p> <p>RB stated that the strategic five-year Integrated Business Plan (IBP) for 2014/15- 2018/19 and supporting LTFM must be refreshed and submitted to the TDA by 20 June. The Monitor-led Quality Governance assessment was currently due to take place in October/November 2014 with a CQC inspection around the same time.</p> <p>DW confirmed that whilst this would be a new CQC inspection, the Trust was still subject to follow up reviews of the concerns from the last inspection.</p> <p>RB stated that the Board to Board meeting was due to take place December 2014/January 2015.</p> |                  |

|   | Action |
|---|--------|
| <p>The Monitor 12-week assessment phase was due between January and April 2015 and final FT authorisation currently due in April/May 2015.</p> <p>PD stated her belief that a lot hinged on the new inspection regime with the CQC. In addition, a couple of issues for YAS to consider were the integration agenda and digitisation and seven-day working which would have a big impact on how YAS carried out its business.</p> <p>RB stated that, of all of the business planning guidance currently available for reference when completing plans, it was his belief that the NHS England document, 'Everyone Counts: Planning for Patients 2014/15-2018/19 was the most useful in terms of setting the strategic scene.</p> <p>Information contained therein included:</p> <ul style="list-style-type: none"> <li>• <b>Local convenient services</b> tailored for minority groups and addressing local needs and inequalities.</li> <li>• <b>Quality Plans</b> including: plans to address issues from the staff survey; the roll out of 'Compassion in Practice'; demonstrating improvements in patient experience; and improving reporting and learning from harm.</li> <li>• <b>Empowering patients</b> including: better information on staying well and service options via the web; information about the 'friends and family' test roll out across the NHS by March 2015; and more patient involvement in service planning and commissioning decisions.</li> </ul> <p>PD stated that although 'Compassion in Practice' was a Nursing standard, the Quality Committee had agreed that the Trust should adhere to the principles of the strategy.</p> <p>RB stated that when the Trust undertook significant change in the future it would need to convince Commissioners that there had been enough patient involvement.</p> <p>Further information contained in the NHS England document included:</p> <ul style="list-style-type: none"> <li>• <b>7 day services</b> supporting discharge and avoiding unnecessary admissions.</li> <li>• <b>Long-term conditions</b> and improving quality of life.</li> <li>• <b>Every contact counts</b> and promotion of healthy lifestyles.</li> <li>• <b>Reduction in hospital emergency activity</b> with a target of 15% by 2020/21.</li> <li>• <b>Shared Data</b> with increased use of NHS numbers and Summary Care Record (GPs, NHS 111 and A&amp;E); personalised care plans for patients with LTCs, Hospital and GP co-management.</li> </ul> <p>PD stated that the Integrated Boards were looking at how things could be done differently because of reductions in funding which could provide commercial opportunities for YAS.</p> |        |

|   | <b>Action</b> |
|---|---------------|
| <p>Developments in relation to the commissioning of services included:</p> <ul style="list-style-type: none"> <li>• CCGs to produce new 111 service specification;</li> <li>• CCGs and Urgent Care Boards to identify lead commissioners for ambulance services;</li> <li>• Specialist services consolidated in 15 to 30 centres nationally.</li> </ul> <p>RB stated that the consolidation of specialist services could have significant implications for YAS in terms of travel times, etc.</p> <p>MW asked whether the new 111 service specification could be used as the basis for renegotiating the current contract.</p> <p>RB replied that YAS was negotiating with its Commissioners, as having run through the financial analysis for 2014/15 and taken out the non-recurrent support, the Trust was looking at an underlying loss of £4.8m, which was not sustainable.</p> <p>DW agreed that it was no longer tenable to continue with the contract as it currently stood. The matter would need to be considered by the Board and appropriate next steps considered.</p> <p>RB stated that in the future provider service redesign would need to evidence:</p> <ul style="list-style-type: none"> <li>• Clinical commissioner support;</li> <li>• Clinical evidence base;</li> <li>• Patient and public engagement.</li> </ul> <p>PD stressed that things would need to be done differently in the future in terms of clinical priorities. For example business cases would need to include details of priorities and health benefits in future.</p> <p>RB outlined the details of the TDA Planning Themes, which included:</p> <ul style="list-style-type: none"> <li>• Financial and investment strategy, including: two year financial plans; financial sustainability; Cost Improvement Programme; QIPP; Capital; key risks and risk mitigation; a surplus of more than 1% of turnover; Tariff deflator 1.8% (2.2% inflation, 4% efficiency); contingency reserves.</li> <li>• Approach taken to improve quality and safety which included: the approach to quality improvement and methodology used and the key improvements to be delivered over the next two years across CQC domains of: Safe; Caring; Effective; Responsive; and Well-led.</li> <li>• Delivery of contractual and national targets and standards.</li> <li>• Workforce plans, including proposed changes; quality impact; and staff engagement and support.</li> </ul> <p>RB stated that the contingency reserves requirement of ½% would only be around £500k whereas YAS would be looking at a contingency of around 2-3%, as there were currently too many service areas with a degree of uncertainty. However, this would not be widely publicised.</p> |               |

|   | Action |
|---|--------|
| <p>JN asked whether the required 4% efficiencies would be achievable.</p> <p>RB replied that they should be.</p> <p>RB stated that the key themes emerging from the Directorate Business planning meetings included:</p> <ul style="list-style-type: none"> <li>• <b>Operations:</b> CCG level performance; ACQIs; Trauma strategy; Paramedic Pathfinder; Tour de France; and ePRF (ECS).</li> <li>• <b>People and Engagement:</b> Culture and capability; recruitment; communications; engagement; and FOI.</li> <li>• <b>PTS:</b> Unplanned transport; fleet and staff utilisation; increased use of volunteers; and automation via Cleric and Web.</li> <li>• <b>NHS 111:</b> Recruitment to clinical roles; productivity; IT integration; integration with clinical hub; and sustainability.</li> <li>• <b>Medical Directorate:</b> Clinical development strategy; and R&amp;D strategy.</li> <li>• <b>Standards and Compliance:</b> progress clinical quality strategy; quality framework; CQUIN developments; and Hillsborough including firming up legal costs and requests for financial support from the Commissioners.</li> <li>• <b>P&amp;E:</b> Resourcing and workforce model; footprint; and broadened product range.</li> <li>• <b>Support Services:</b> <ul style="list-style-type: none"> <li>○ <b>Fleet:</b> Hub and spoke; Accident reduction; CIP on Fuel; understanding PTS fleet requirements; reduce VORs to below 5%; and Income generation.</li> <li>○ <b>Estates:</b> Hub and Spoke; Leeds HART site; and reducing estate maintenance.</li> <li>○ <b>ICT:</b> ECS role out; data warehouse implementation; development of mobile applications; shared data 999/111/GPs, on-line; and Res Web developments.</li> <li>○ <b>Finance:</b> LTFM/IBP refresh; SLR &amp; tariffs; procurement structures and systems; and Commissioner Contract account management.</li> </ul> </li> </ul> <p>DW stated that many of the potential ICT developments were quite forward-thinking. For example, the YAS news item live app would allow DW to do live messaging across the Trust.</p> <p>PD stated that that were opportunities to use technology to free up expenditure in other areas and provide opportunities in healthcare.</p> <p>RB outlined the links between YAS' strategic plans and the Service Transformation Plans priorities for 2014/15. These included:</p> <ul style="list-style-type: none"> <li>• <b>Urgent Care:</b> <ul style="list-style-type: none"> <li>○ Paramedic Pathfinder;</li> <li>○ NHS 111 sustainability;</li> <li>○ Care co-ordination model;</li> <li>○ Community ECPs / Advanced Paramedics.</li> </ul> </li> </ul> |        |

|     |  | <b>Action</b> |
|-----|--|---------------|
|     | <ul style="list-style-type: none"> <li>• <b>Organisational Development &amp; Leadership:</b> <ul style="list-style-type: none"> <li>○ Patient Centred Professionalism;</li> <li>○ Service Line Management;</li> <li>○ Management &amp; Leadership development.</li> </ul> </li> <li>• <b>PTS Transformation;</b></li> <li>• <b>Urgent tier and unscheduled transport;</b></li> <li>• <b>Data Warehouse &amp; Web Development;</b></li> <li>• <b>Hub and spoke and Make Ready;</b></li> <li>• <b>ePRF (ECS).</b></li> </ul> <p>MW stated her belief that the plans seemed more focussed and directed than in previous years,</p> <p>RB stated that A&amp;E Service Developments included:</p> <ul style="list-style-type: none"> <li>• ECS Revenue year 1 non recurrent (IBP) (£865,000);</li> <li>• ECS Recurrent 1 year (£578,000);</li> <li>• Tour de France (£200,000);</li> <li>• YAS MERIT ACCS (£250,000);</li> <li>• MERIT Hospitals (£430,000);</li> <li>• Hillsborough (£750,000);</li> <li>• Unsocial Hours Pay (£400,000):</li> <li>• Enhanced Care Team, Major Trauma (IBP) (£500,000);</li> <li>• NHSD Calls (£550,000).</li> </ul> <p>DW stated that the Trust was in active discussions with other ambulance services about unsocial hours pay.</p> <p>He confirmed that the Commissioners currently had no appetite for the Enhanced Care Team from the doctors' side although Executive Medical Director, Julian Mark, was still investigating the possibility of a no cost option with the military whilst compiling evidence which related to the clinical advantages of having such a service.</p> <p>RB outlined the next steps which would take place during January and February 2014. These included:</p> <ul style="list-style-type: none"> <li>• Completion and return of Directorate Operating Plans;</li> <li>• Scope Service Transformation Programme for 2014/15;</li> <li>• Agree Workforce Plans, Revenue budgets and Capital priorities;</li> <li>• Finalise CIP and development priorities;</li> <li>• Agree Commissioner contracts (A&amp;E, NHS 111 &amp; PTS);</li> <li>• Contracts agreed 28 February 2014.</li> </ul> <p>EB thanked RB for a useful update.</p> |               |
| 5.0 | <p><b>2014/2015 Annual Budget Setting Process Update – Revenue &amp; Capital</b></p> <p>AR provided an overview of progress to date in relation to the draft 2014/15 revenue and capital budgets. She confirmed that the A&amp;E budget templates had gone out so the timeline was currently on track.</p>   |               |

