East Midlands Ambulance Service NHS
NHS Trust

Time Required	10 minutes	Paper No.	PB/12/50

Report to: **PUBLIC BOARD OF DIRECTORS' MEETING**
Date: **19 March 2012**

Subject:	Record of Business of Board Sub Committees
Report by:	Jon Towler, Chairman

Purpose of Report

To inform the Board of the main points, risks (and mitigations to those risks) identified by the following Sub Committees and Groups reporting to the Trust Board:

- Quality & Governance Committee
- Transformation Programme Board
- Audit Committee

Implications:

Quality (including Patient Safety, Staff Safety, Dignity and Patient Experience) •
Human Resources including Equality •
Legal •
Policy •
Financial (including any funding requirements)
Media/Communications •

Details of any identified risk(s): Details of any identified risks are provided in the attached paper.	**Risk Assessment**		
	Consequence (A)	**Likelihood** (B)	**Score** (A x B)
	N/A	**N/A**	**N/A**
Details of mitigation of identified risk(s):	N/A		
This paper links to the following Trust Strategies:	N/A		
This paper links to the following Strategic Objectives:			

Recommendation(s)

The Trust Board is asked to receive the report, endorse any identified actions and determine whether any further actions are required.		
Management of Item *(delete tick boxes as appropriate)*	PMO: Level 1Level 2	Function ☑

RECORD OF BUSINESS

Committee/Group and Meeting Date:	Key Points:
Quality & Governance Committee 06 February 2012 **Director Lead:** Dr James Gray	The QGC will be reviewing its annual cycle to ensure a better balance and review policies over a 2 year cycle Specific criteria for the escalation of SI's to the board were considered and agreed and added into the Reporting and Investigation of SIs procedure Decision was taken to defer the trust level 2 NHSLA assessment due to FT risk of non-compliance The committee was provided with a review of Clinical Governance at Warwickshire and Northamptonshire Air Ambulance Charity and accepted this for assurance It was agreed to introduce a proforma to monitor progress against the quality strategy key objectives CQC ongoing compliance action plan was reviewed and noted for the QRP Internal Audit CQC Benchmarking report and action plan was reviewed and endorsed

Key Risks identified at the meeting:	Mitigating Actions:
Patient Safety Risks due to Operational response delays	Detailed work on long post-handover times to be undertaken Centiles to be added to delay reporting Added to the corporate risk register
Ambulance Quality Indicator – specific results	Paper to come to board for discussion
Concerns raised from staff regarding the Essential education Workbooks	Letter from the committee chair to the CEO highlighting the issue

Committee/Group and Meeting Date:	Key Points:	Key Risks:	Mitigating Actions:	Director Lead:
Transformation Programme Board 06 February 2012	**CIP:** ○ In year delivery against 6.4% target	Behind plan to M9. Some scheme slippage within overall CIP delivery to M9 most notably in overtime control/ Use of Third Parties/Operational Efficiency schemes	Executive action initiated to ensure financial balance achieved. Executive lead to review expenditure	Dr James Gray
	Foundation Trust: ○ HDD1- Review progress of HDD 1 action plan	Progress to meet the target reviewed by Executive Team 13.02.12	Meeting with SHA 08.02.12 – HDD I refresh as part of HDD II	David Farrelly
	Operations Programme ○ NHS Pathways project	Funding for the NHS Pathways project awaiting confirmation	Capital Programme	Brian Brewster

Committee/Group and Meeting Date:	Key Points:	Source:	Key Risks:	Mitigating Actions:	Director Lead:
Audit Committee 24 February 2012	**Alerts**				Brian Brewster
	The Trust makes 95% of it's non-pay purchases without an official purchase order.	Int	Unauthorised goods and services incurred by the Trust. Efficiencies of the computerised ordering/payment systems not fully utilised.	Increase the number of orders raised.	
	The Trust's ability to break-even financially is the key factor in the Value For Money opinion for 2011/2012.	Ext	The Trust does not receive an unqualified audit opinion on the matter	Monitor break-even progress and forecast closely.	
	Resource Management Centre – (RMC) Payroll Follow Up -Progress to date report identified areas where progress had been minimal	Ext	Efficiencies required by the Trust to achieve Cost Improvement Programs (CIPs) are not being made. Unplanned overtime (50% of total) is not within the scope of the RMC	Executive team to directly monitor progress with presentations to the Audit Committee and Trust Board.	
	Requirement for the Trust's 2011/2012 Quality Accounts to be Externally Audited had been removed.	Ext	No "dry-run" to establish that the Trust's document is compliant with requirements.	Consider request review by External Audit.	
	Advise				
	The Trust should consider the commercial viability of	Int	Trust is losing money.	Carry out a viability study.	

	continuing to supply a lease car service to other clients.				
	The Audit Committee had requested that a heat map of the Trust's critical systems be presented at the Audit Committee meeting 4 May 2012.	AC	Critical systems may remain unidentified.	Heat map to be prepared.	
	The Trust's General Managers to confirm that the nil returns received in respect of Interests and Gifts and Hospitality were correct.	AC	The Trust is unaware of the influence staff members Interests in potential suppliers and that they may have received actual, or offers of, Gifts and Hospitality.	Trust General Managers to give confirmation of "nil returns" received.	
	Assurance				
	Significant progress had been made in this area with all categories of Property Plant and Equipment that these assets subject to testing and confirmation of existence.	Fin	Assets included within the valuations on the Trust's Statement of Financial Position do not physically exist.	Procedures put in place are continued with.	

Source Key:

Int – Internal Audit
Ext – External Audit
AC – Audit Committee
Fin – Finance Committee