



UNAPPROVED MINUTES

PUBLIC BOARD OF DIRECTORS' MEETING

Details:**23 July 2012, at 9.00 hours**Meeting Rooms 1 & 2, Horizon Place, Mellors Way, Nottingham Business Park,
Nottingham, NG8 6PY**Attendees:**

Jon Towler	<i>JT</i>	Chairman (Meeting Chair)
Gary Austin	<i>GA</i>	Non Executive Director
Stuart Dawkins	<i>SD</i>	Non Executive Director
David Farrelly	<i>DF</i>	Director of Transformation & Strategy
Karen Glover	<i>KGI</i>	Director of Nursing & Quality
James Gray	<i>JG</i>	Medical Director
Phil Milligan	<i>PJM</i>	Chief Executive
Gill Newton CBE	<i>GN</i>	Non Executive Director
Peter Ripley	<i>PR</i>	Director of Operations
Jon Sargeant	<i>JS</i>	Director of Finance & Performance
Andrew Spice	<i>AS</i>	Commercial Director
Pauline Tagg MBE	<i>PT</i>	Non Executive Director
Dermot Toberty	<i>DT</i>	Non Executive Director

In Attendance:

Richard Henderson	<i>RH</i>	Assistant Director of Operations - Transformation
Rebecca Long	<i>RL</i>	minute taker
Karen Sullivan	<i>KS</i>	Trust Secretary

All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

The following policies / procedures were approved at this meeting:		Version	ID Code
a	Risk Management Policy	7.0	

Minutes		Action
PB/12/101	CHAIRMAN'S WELCOME AND INTRODUCTION	
	Jon Sargeant was welcomed to his first Trust Board meeting since taking up post as the Director of Finance and Performance. Members of the public were also welcomed and thanked for their interest in Trust activities.	
PB/12/102	APOLOGIES	
	Apologies were received from Robert Walker, Head of Communications.	

PB/12/103	DECLARATIONS OF INTEREST	
	No declarations were received	
PB/12/104	QUESTIONS FROM THE PUBLIC RELATING TO THE AGENDA	
	No questions from the public were received.	
PB/12/105	MINUTES OF PREVIOUS MEETING	
	<p>The minutes of the meeting held on 28 May 2012 were agreed as an accurate record, subject to the following amendments:</p> <ul style="list-style-type: none"> • Page 4, Item PB/12/77: Annual Business Cycle – paragraph 4 should be amended to read: ‘...It was agreed that a report, which would include the work undertaken by the Healthcare Decisions Panel (HDP), would be received in November each year’ • Page 4, Item PB/12/78: Committee Structure – paragraph 6 to have the following additional text added: ‘ The structure diagram should be amended to show that responsibility for clinical aspects of supplies and equipment fell under the Medical Director, whilst procurement processes fell under the Commercial Director’ • Page 8, Item PB/12/84: Integrated Board Report – reference to national Directors’ of Clinical Care (DOCC) group to be amended to read National Ambulance Service Medical Directors Group (NASMED) • Page 13, Item PB/12/89: Safeguarding Annual Report – paragraph 2 to be amended to read: ‘Karen Glover reported that a positive letter had been received from NHS Midlands and East in relation to a recent review of adult safeguarding • Page 13, Item PB/12/89: Safeguarding Annual Report – paragraph 6 should be amended to read: ‘Karen Glover explained that this was a risk which the Trust had highlighted to the Care Quality Commission and related to the requirement for local authorities to provide feedback...’ • Page 13, Item PB/12/89: Safeguarding Annual Report – paragraph 6 should be amended to read: ‘Feedback to staff was always provided when it was received from local authorities. 	
PB/12/106	MATTERS ARISING ACTION LOG	
	<p>The Public Board Action Log was reviewed and the following additional updates noted:</p> <ul style="list-style-type: none"> • Action 86 – would be completed by the September Board meeting • Action 89 - Focus groups had been held in each county. An action plan would be submitted to the Executive Team the following week. A briefing would then be issued across the 	

	Trust .	
PB/12/107	CHIEF EXECUTIVE'S REPORT	
	<p>Phil Milligan presented the Chief Executive's Report; the following points were highlighted:</p> <p>National Award - the Trust had received an award in the Patient Safety in Diagnosis category of National Patient Safety and Care Integration Awards (previously the National Patient Safety Awards) for the Northamptonshire Falls Service. It was agreed that a letter of congratulations would be sent to the staff involved on behalf of the Trust Board.</p> <p>Violence and aggression – the Trust consistently secured more court cases resulting in a conviction for assaults against staff compared to other Ambulance Trusts. This demonstrated that the Trust supported staff members who had been assaulted. Congratulations were extended to the Security Team.</p> <p>Local Area Team (LAT) - the local area structure had been announced. It was agreed that a full list of appointments would be circulated following this meeting.</p> <p>During discussion Stuart Dawkins queried whether the Trust would respond to the NHS Commissioning Board's consultation exercise. It was agreed that comments on the consultation document would be forwarded to David Farrelly for inclusion and a response which would be drafted by the end of August.</p> <p>Stuart Dawkins commented that concern had been expressed that the loss of Patient Transport Service (PTS) contracts would have a negative impact on resilience and queried whether there was any update on this. Phil Milligan responded that the robustness of arrangements would not be verified until testing had been completed. Andrew Spice reported that a table top exercise would be undertaken during July, with a full test planned following the closure of the Paralympics.</p> <p>Jon Towler queried whether there were any implications for the Trust following the new PTS providers taking over the service. James Gray responded that the main area for concern was around transportation of patients with a perceived clinical need, for example where they required oxygen therapy whilst travelling. The new service providers had not been accepting these patients for transport and, as a result, were referring them to EMAS. It was noted that there had been an increase in the number of transfers for patients with a perceived clinical need. It was reported that this had been flagged to Commissioners. The need for an escort from the hospital had been stressed when taking any bookings for inter-facility transfers where the patient had an additional clinical need. Peter Ripley commented that the Trust was transporting patients when requested (circa five or six per day), but highlighted that some of these cases had involved taking the patient a considerable distance.</p> <p>Pauline Tagg queried whether the Commissioner had expected that the new providers would transport patients in this category. Andrew Spice responded that this was unclear but clarity had been sought from the Commissioners.</p>	<p>PJM</p> <p>PJM</p> <p>DF</p>

PB/12/108	SCHEME OF DELEGATION
	<p>Karen Sullivan presented the Scheme of Delegation for consideration.</p> <p>There were two key changes proposed:</p> <ul style="list-style-type: none"> • the introduction of expenditure authorisation levels, including transactions requiring Board approval; • revised approval routes for policies and procedures. <p>It was reported that the Director of Finance and Performance wished to make more detailed changes to the Scheme of Delegation to improve control further and therefore the Board was asked to delegate authority to him to implement a schedule of authorisation levels below Board level as an urgent interim measure to improve financial control. A more detailed Scheme of Delegation setting out all authorisation levels would be presented to the September Board meeting along with revised Standing Orders (SOs) and Standing Financial Instructions (SFIs).</p> <p>During the discussion Stuart Dawkins queried whether staff would be clear on the definition of expenditure. Jon Sargeant responded that this would be clarified in the submission to the September Board.</p> <p>After discussion the Board:</p> <ul style="list-style-type: none"> • approved the expenditure levels in appendix A for incorporation into the Trust's Scheme of Delegation • delegated authority to the Director of Finance and Performance to implement temporary expenditure authorisation levels below Board level until the September Board meeting. • approved the scheme of delegation for the approval of policies and procedures set out in appendix B with effect from 1 September 2012 and which replaced the existing Appendix 5 in the Policy Development Framework.
PB/12/109	BEING THERE FOR PATIENTS – OUR PROGRAMME TO IMPROVE RESPONSE TIMES
	<p>Phil Milligan presented the Being There for Patients – Our Programme to Improve Response Times report for consideration.</p> <p>It was stated that, as part of the Trust's vision and strategic objectives, quality of patient care was paramount. It was acknowledged that the Trust had, in recent years, faced significant challenges around achievement of national standards which had resulted in some patients experiencing unacceptable waiting times. This programme aimed to address these issues by introducing a sustainable plan to improve both the Trust's estate and service delivery model.</p> <p>Phil Milligan acknowledged that concern around the Estates Plan had been expressed by some stakeholders. Many ambulance stations had been built before the expansion of housing developments which meant that they were now located some minutes away from main roads, adding to the time needed to reach emergencies. In addition, many stations were in need of repair and stood empty for the majority of the day.</p> <p>The proposed changes to the service model represented real progress in the way the Trust would offer care to patients. Investment in Emergency Care Practitioners (ECPs) would ensure more people were treated and remained</p>

	<p>at home. The urgent care response would improve services to those referred to hospital by their General Practitioner (GP) or other healthcare professionals. These changes would protect paramedic crews to attend the calls where they were really needed and would improve response times.</p> <p>A jointly commissioned review of funding available to the Trust had been initiated, which would identify other areas of innovation and efficiency. It was anticipated that the findings of the review would be reported at the September Board meeting.</p> <p>Estates Plan</p> <p>Andrew Spice presented the Estates Plan for consideration.</p> <p>Many existing buildings were in poor condition and would be costly to improve. The review of the estate had focussed on three areas:</p> <ul style="list-style-type: none"> • Performance • Staff working conditions • An Infrastructure that met organisational requirements. <p>Consultation on the proposals would commence in September 2012. A full business case would then be submitted at the January Board meeting.</p> <p>Karen Glover noted that implementation of the changes may, initially, result in a dip in performance and sought assurance that complaints and claims would be closely monitored to ensure that appropriate interventions were in place to protect the patient experience.</p> <p>Gary Austin queried why the Estates Plan included a training location. David Farrelly responded that there were specific requirements for Paramedic training which would need to be addressed. It was reported that work was underway, with input from the Health Innovation and Education Cluster (HIEC), to establish what training would be required and whether this could be done locally. Outcomes from this work would be submitted at the November Board meeting.</p> <p>Jon Towler noted that where staff would need to travel further to work under the new plan they would receive financial protection under Agenda for Change. The cost of this had not been included in the report.</p> <p>Jon Towler queried whether the new model could impact on rural locations as the majority of proposed hubs would be in populated urban areas. Andrew Spice acknowledged that this was a risk which would be reviewed and addressed through the consultation exercise. Peter Ripley responded that this risk linked to the new service model, which proposed staggered shift start times to avoid a scenario of all vehicles being close to the hub at the same time.</p> <p>Pauline Tagg noted that Lincolnshire showed the least improvement in response times under the plan and queried why this was. Andrew Spice responded that, given the geography, it was difficult to cluster into a hub without significantly increasing travelling times and modelling had identified this as the best option.</p> <p>In response to a query from Pauline Tagg, Andrew Spice confirmed that the improvements identified in the report could be achieved through the Estates Plan only, without the implementation of the new service model.</p> <p>In response to a query from Stuart Dawkins, Andrew Spice confirmed that the new service model and the Estates Plan had been tested together and were</p>	<p>AS</p> <p>DF</p> <p>AS</p>
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	<p>treat – this would be submitted at the September Board meeting</p> <ul style="list-style-type: none"> • Workforce transition – this would be discussed further at the August Board development session • Number of vehicles and justification for those numbers, including use of multi-patient vehicles to be incorporated into the Fleet Strategy • Impact on shift pattern – this would be discussed further at the August Board development session • ECPs – how an increase in numbers might be funded - this would be discussed further at the August Board development session • Clarification of assumptions within the paper - this would be discussed further at the August Board development session. <p>After discussion the Board:</p> <ul style="list-style-type: none"> • approved the implementation of the new service model, the optimisation of shifts patterns and the workforce plan subject to the gaps identified by the Board being addressed. 	<p>DF</p> <p>AS</p> <p>PR</p> <p>PR</p> <p>PR</p>
PB/12/110	STRATEGY APPROVAL AND UPDATE	
	<p>David Farrelly presented the Strategy Approval and Update Report for consideration.</p> <p>Approval was sought for a number of key strategies which underpinned the Integrated Business Plan (IBP).</p> <p>Governance Strategy</p> <p>Gary Austin noted that section 5.9 showed the Director of Finance and Performance as the nominated Senior Information Risk Owner (SIRO) and queried whether this was correct. It was agreed that this would be amended to show the Director of Operations as the SIRO.</p> <p>Stuart Dawkins suggested that the document should differentiate between voting and non-voting Board Directors. It was agreed that this would be incorporated.</p> <p>After discussion the Board approved the Governance Strategy, subject to the above amendments.</p> <p>Quality Strategy</p> <p>The Board approved the Quality Strategy.</p> <p>Performance Management Strategy</p> <p>The strategy had been approved by the Trust Board during 2010 and it was reported that the only change made had been to reflect the current Committee structure. It was noted that there was a plan in place to improve the Strategy and that any comments on the document should be forwarded directly to Jon Sargeant for inclusion in the next version.</p> <p>Stuart Dawkins commented that Section 10 was unclear as to whether it related to performance or reputation. It was agreed that this section would be reworded.</p> <p>Dermot Toberty noted that Section 4.2 made reference to Appendix A but the document had no appendices attached. It was agreed that this would be</p>	<p>KS</p> <p>KS</p> <p>All</p> <p>JS</p> <p>JS</p>

	<p>corrected.</p> <p>After discussion the Board approved the Performance Management Strategy subject to the above amendments.</p> <p>Membership Strategy</p> <p>Gary Austin queried whether the latest Census data on population had been included. David Farrelly responded that this would be incorporated into the next version of the document.</p> <p>Employee Engagement Strategy</p> <p>Dermot Toberty commented that, although 23 actions were listed, it was not clear what the priorities were or what timescales were involved. In addition, there was no clarity regarding local accountability to deliver. David Farrelly responded that this was covered by one of the recommendations in the recently received Deloitte's report and was in progress, with revised job descriptions being drafted.</p> <p>Dermot Toberty suggested that a metric be added to show improvement and managing expectations. David Farrelly responded that there was a trajectory for improvement over a five year period. Jon Towler suggested that a target for completion of the forthcoming Staff Survey may be a useful initial metric.</p> <p>Stuart Dawkins noted that page 3 of the document stated that it was exempt from public accessibility which was incorrect. It was agreed that this would be amended.</p> <p>After discussion the Board approved the Employee Engagement Strategy, subject to the above amendments.</p> <p>Information Communication Technology (ICT) Strategy</p> <p>It was noted that the ICT Vision was due to be presented at the September Board meeting.</p> <p>After discussion the Board approved the ICT Strategy.</p> <p>Clinical Strategy</p> <p>After discussion the Board agreed to delegate authority to the Chief Executive in consultation with the Chairman to approve the Clinical Strategy as this had not been presented to the Board.</p>	<p>DF</p> <p>DF</p>
PB/12/111	RISK MANAGEMENT POLICY	
	<p>Karen Glover presented the Risk Management Policy V7.0 for consideration. The policy was reviewed by the Quality and Governance Committee on 21 June and recommendations had been incorporated.</p> <p>During discussion it was noted that section 10.9 did not accurately reflect which Committees received reports generated from Covalent. It was agreed that this would be amended as the Audit Committee did not receive Covalent reports.</p> <p>After discussion the Board approved the Risk Management Policy V7.0, subject to the above amendment.</p>	KG
PB/12/112	FOUNDATION TRUST CONSULTATION – REPORT ON OUTCOME	
	David Farrelly presented the Foundation Trust Consultation Report on the outcome of the Trust's formal consultation on the application to become an	

	<p>NHS Foundation Trust (FT).</p> <p>It was reported that 871 formal responses had been received.</p> <p>During the discussion Jon Towler commented that the outcome showed that the Trust should be engaging more with young people. It was agreed that this would be discussed with the relevant lead to identify a means of engaging with under-16 year olds.</p> <p>It was agreed that the following amendments would be made to the consultation response report:</p> <ul style="list-style-type: none"> • A section to be included on why representation from each unitary authority would not be appropriate • The “did not disclose” figure to be amended (table on pages 11 and 12) • A section to be included on response rate and plans for what would be done differently for Governor engagement events. <p>After discussion the Board:</p> <ul style="list-style-type: none"> ○ approved the Trust Response to the consultation in respect of: <ul style="list-style-type: none"> ○ age of membership remaining unchanged at 16 years; ○ age of a Governor remaining unchanged at 16 years; ○ the number of Governors remaining unchanged within Northamptonshire (2 Governors); and ○ the criteria for Governors in Lincolnshire remaining unchanged (3 for the whole of Lincolnshire). ○ approved this information for inclusion as part of Appendix 6 of the Trust’s Integrated Business Plan application document. 	<p>DF</p> <p>DF</p>
PB/12/113	INTEGRATED BOARD REPORT	
	<p>Jon Sargeant presented the Integrated Board Report (IBR) for consideration.</p> <p>The Performance Report showed that although the A 19 target had been met in June, A19 performance overall for quarter one had been below target.</p> <p>Activity was ahead of plan and increased income had been generated as a result. Results against clinical performance indicators (CPIs) continued to be good, although it was acknowledged that some improvement was required in relation to pain scores.</p> <p>It was agreed that finance related issues would be addressed under item PR/12/114 – Director of Finance and Performance Report.</p> <p>James Gray noted that although statistical process control (SPC) charts had been included, they did not show a rolling 12 month view, as had previously been agreed. It was agreed that this would be amended in the next report.</p> <p>Section 4 - Jon Towler stressed that more assurance was required in the summary section.</p> <p>Section 5 -Gill Newton commented that recruitment to the EOC had been underway at the time of the previous meeting and was still ongoing and queried why this was. Peter Ripley responded that high staff turnover had been experienced in the EOC. In addition, a number of call handlers had been working on the CFR and Helicopter (HEMS) dispatch desks which had left a number of vacancies to back-fill. Phil Milligan noted that high turnover represented a risk and that details of actions to be taken should be included</p>	<p>JS</p> <p>JS</p> <p>PR</p>

	<p>in the EOC Strategy.</p> <p>Dermot Toberty commented that clarity was needed on whether the Payment by Results information related to planned or forecast figures.</p> <p>Section 6 – it was reported that a number of issues had already been highlighted to the Business Intelligence Unit (BIU) but had not yet been revised in the report. This included an inconsistent definition of ‘unauthorised absence’, removal of the return to work interview section and accurate display of benchmarking information.</p> <p>Essential Education (EE) performance and number of appraisals completed were off trajectory. It was agreed that this would be raised at the Performance Management Committee (PMC) on 24 July.</p> <p>Gary Austin queried why sickness absence data had only been shown for April. It was agreed that despite the time taken for the validation process sickness absence data would be no more than two months in arrears in future. It was also agreed that a paper would be produced outlining the different data streams used for reporting sickness absence.</p> <p>Section 8 – Gill Newton noted that closure of Patient Advice and Liaison Service (PALS) concerns at divisional level was still problematic and queried whether further action had been taken. Karen Glover reported that this was now a key line of enquiry (KLoE) at the PMC. It was agreed that closure of PALS would be emphasised at the PMC and reported back to the Board.</p> <p>Section 11 - Gary Austin noted that uptake of the Electronic Care Solution/Patient Report Form (ECS/ePRF) appeared low at 58%. James Gray explained that uptake had been increasing although the number of receiving units able to utilise ECS in the Lincolnshire Division was low. It was agreed ECS/ePRF usage would be emphasised at the PMC meeting.</p> <p>After discussion the Board endorsed the actions proposed in the Integrated Board Report.</p> <p>The meeting adjourned for lunch.</p>	<p>JS</p> <p>JS</p> <p>DF</p> <p>JS</p> <p>DF</p> <p>KG</p> <p>JG</p>
PB/12/114	FINANCE REPORT	
	<p>Jon Sargeant presented the Finance Report as at June 2012 for consideration.</p> <p>A pattern of overspending and under-delivery on the Cost Improvement Programme (CIP) plans was highlighted. Income performance had remained similar to previous months.</p> <p>Stuart Dawkins noted that there had been no improvement in non-conveyance and queried whether there was a non-conveyance plan in place. James Gray confirmed that there was a plan in place but EMAS had not yet been given access to the Directory of Services which was having a negative impact.</p> <p>Dermot Toberty queried what was included in the ‘Other’ category of section 3.2 to account for £0.3 million. It was agreed that this would be checked and the information provided.</p> <p>Phil Milligan queried the governance arrangements around the accounting practices of hosted organisations. The table in section 3.1 showed a variance against budget for hosted organisations, however, no other information had been provided. It was agreed that this would be clarified.</p>	<p>JS</p> <p>JS</p>

	<p>Phil Milligan also requested clarity on the governance arrangements for hosted organisations and the assurance received by EMAS in support of the information included in the Trust's accounts.</p> <p>Concerns were raised that divisional budget responsibilities had not been clarified. Jon Sargeant reported that steps had already been taken to address this.</p> <p>It was reported that three months of the contingency had been applied and a break-even position was anticipated. It was noted that non-delivery of the budget represented a significant risk to the Integrated Business Plan.</p> <p>Jon Towler stressed the importance of knowing what Transformation funding had been agreed with the Commissioners (section 3.1). Phil Milligan responded that the Finance Team had received the relevant information, and was in the process of collating it.</p> <p>Cost Improvement Programme (CIP)</p> <p>It was agreed that further work to identify milestones on CIP schemes was needed. Performance against milestones would be closely monitored.</p> <p>Dermot Toberty commented that better progress against the CIP schemes had been anticipated by this point in the year. It was agreed that a position statement, with best and worst case scenarios for delivery, would be produced.</p> <p>Concern was also raised that the largest elements of CIP related to the Resource Management Centre (RMC). It was agreed that greater understanding was needed around the link between overtime and demand.</p> <p>It was agreed that a note, covering the key financial issues, would be produced prior to the mock Board to Board exercise.</p>	<p>JG</p> <p>JS</p> <p>JS</p> <p>JS</p>
PB/12/115	BOARD ASSURANCE FRAMEWORK	
	<p>Karen Sullivan presented the Board Assurance Framework (BAF) for consideration.</p> <p>The BAF had been discussed at both the Quality and Governance Committee and Trust Executive Group meetings and feedback had been incorporated.</p> <p>During the discussion Gill Newton requested an update on compliance with the Care Quality Commission's (CQC) requirements under outcome 12 and the issue of Criminal Records Bureau (CRB) checks for staff (relating to Risk 10). Karen Glover reported that only two CRB checks were outstanding and that these had been submitted to the CRB. Self declaration forms had been received from both members of staff. An action plan to ensure compliance with outcome 12 had been submitted to the CQC. The actions required to demonstrate compliance would be complete by 31 July.</p> <p>There was some discussion around personal files and providing evidence of CRB checks for Community First Responders (CFRs). It was agreed that a position statement would be circulated.</p> <p>It was noted that the score for risk 2 may need to be adjusted once Jon Sargeant had completed his assessment of CIPs and the financial position.</p> <p>After discussion the Board agreed the Board Assurance Framework.</p>	<p>DF</p>

PB/12/116	PROVIDER MANAGEMENT REGIME	
	<p>David Farrelly presented the Provider Management Regime (PMR) report for consideration.</p> <p>It was noted that the Governance Risk Rating (GRR) had changed to Green. Phil Milligan reported that Declaration 2 would be signed.</p> <p>After discussion the Board approved the Provider Management Regime for submission to NHS Midlands and East (SHA).</p> <p>It was agreed that the submission would be shared with John Piper, IMD Consultancy, prior to submission to the SHA.</p>	DF
PB/12/117	RISK MANAGEMENT (STAFF & PATIENT SAFETY) ANNUAL REPORT	
	<p>Karen Glover presented the Risk Management (Staff and Patient Safety) Annual Report for consideration.</p> <p>During discussion Jon Towler commented that the percentages shown in the first table on page 14 appeared to be incorrect. It was agreed that these would be checked.</p> <p>After discussion the Board agreed the priorities within the report and approved the work plan for 2012/13.</p>	KG
PB/12/118	SERIOUS INCIDENTS REPORT	
	<p>Karen Glover presented the Serious Incidents (SI) Report for consideration.</p> <p>It was reported that the 50% of investigation reports not submitted to the Primary Care Trust (PCT) within agreed timescales related to one report which was not submitted on time as it was not of adequate quality. This had been addressed with the Investigations Officer concerned.</p> <p>It was also reported that EMAS was supporting an investigation into a possible never event, involving an independent provider, details would be included in the next SI Report.</p> <p>Jon Towler noted that the action taken in response to the seventh incident listed on page five did not appear to address the concerns identified by the incident.</p> <p>After discussion the Board endorsed the actions outlined in the Serious Incident Report.</p>	
PB/12/119	ANNUAL ACCOUNTS – YEAR ENDING 31 MARCH 2012	
	<p>Jon Sargeant presented the Annual Accounts for the year ending 31 March 2012 for adoption.</p> <p>It was reported that the reports had been reviewed by the Audit Committee and that Board adoption was required in accordance with the Trust's Standing Orders.</p> <p>After discussion the Board adopted the Annual Accounts 2012/13.</p>	
PB/12/120	RECORD OF BUSINESS OF SUB COMMITTEES/GROUPS REPORTING TO THE	

	BOARD	
	<p>The Record of Business of the following Committees reporting to the Board were received for review:</p> <ul style="list-style-type: none"> • Quality and Governance Committee • Audit Committee • Charitable Funds Committee • Investments Committee <p>During the discussion the following additional points were highlighted:</p> <p>Audit Committee – a review of arrangements for ensuring compliance with Care Quality Commission (CQC) Standards undertaken by Internal Audit had provided Limited assurance.</p> <p>Charitable Funds Committee – a process was now in place to encourage staff to propose plans for the allocation of funds. There had been discussions around ring-fencing funding to create an innovation fund.</p> <p>After discussion the Board agreed to receive the Record of Business and endorsed the identified actions.</p>	
PB/12/121	TRANSFORMATION AND SERVICE IMPROVEMENT PROGRAMME BOARD UPDATE REPORT	
	<p>David Farrelly presented the Transformation and Service Improvement Programme Board update report.</p> <p>During discussion it was agreed that future reports would show exceptions against milestones and details of action being taken where benefits had not been realised. It was agreed that the report would be more objective, with a relevant timeline.</p> <p>After discussion the Board noted the Transformation and Service Improvement Programme Board update report.</p>	DF
PB/12/122	AUDIT COMMITTEE MINUTES	
	The minutes of the Audit Committee meeting, held on 29 June 2012 were received and noted.	
PB/12/123	QUALITY AND GOVERNANCE COMMITTEE MINUTES	
	The minutes of the Quality and Governance Committee meeting, held on 21 June 2012 were received and noted.	
PB/12/124	INVESTMENTS COMMITTEE MINUTES	
	<p>The minutes of the Investments Committee meeting, held on 28 May and 05 July 2012 were received and noted.</p> <p>Dermot Toberty noted that the unapproved minutes of the 05 July meeting stated that the Committee had received the cash flow statement. It was reported that the minutes would be amended to show that the Committee had reviewed the statement.</p>	JS

PB/12/125	CHARITABLE FUNDS MINUTES	
	The minutes of the Charitable Funds Committee meeting, held on 21 June 2012 were received and noted.	
PB/12/126	ANY OTHER BUSINESS	
	No other business was raised.	
PB/12/127	CONFIDENTIAL MEETING MOTION	
	The Board resolved that representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1[2] Public Bodies [Admission to Meetings] Act 1960).	

Details of the Next Meeting

The next Board meeting will be held on 24 September 2012 at 10.00 hours in Meeting Rooms 1 & 2 at Trust Headquarters, Horizon Place, Nottingham Business Park, Nottingham.

Meeting administration: Rebecca Long – 0115 8845103 – rebecca.long@emas.nhs.uk