

**CONFIRMED**

**EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST  
OPEN BOARD MEETING HELD  
WEDNESDAY 25 APRIL 2007  
CONFERENCE ROOM, LUTON AMBULANCE STATION, BEDFORDSHIRE**

**MINUTES**

**Present:** Maria Ball (Chair)  
Anna Bennett (Acting Chief Executive)  
Chris Bland (Interim Director of Finance)  
Seamus Elliott (Director of HR and OD)  
John Scott (Clinical Director)  
Oskan Edwardson (Director of Operations)  
Caroline Bailes (Non Executive Director)  
Paul Remington (Non Executive Director)  
Jagtar Singh (Non Executive Director)  
Gill Bennett (Associate Director Service Development)

**In Attendance:** Hayden Newton (Interim Chief Executive designate)  
Helen Edmondson (Associate Director of Corporate Affairs)  
Frank Ward (Staffside representative)  
Gary Morgan (*item 8.4*)  
Michael Taylor (East of England PPI Forum Chair)  
Rosemary Harris (minute-taker)

**Apologies:** Chris Carney (Chief Executive)  
Adrian Matthews (Associate Director Service Development)  
Paula Grayson (Non Executive Director)

Item	Subject	Action
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1. **Apologies**

Noted as above.

2. **Chair's Announcements**

Maria Ball introduced and welcomed Hayden Newton. She outlined that as Chris Carney was not able to return to work for longer than originally anticipated, Hayden Newton had been appointed Interim Chief Executive with effect from 30 April. Maria Ball reported that he was an experienced Ambulance Trust Chief Executive and currently part-time interim Chief Executive for the ASA.

Maria Ball reported that in his role as Interim Chief Executive Hayden Newton was the Accountable Officer for the Trust.

Thanks were recorded to Anna Bennett who has been undertaking the role of

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Acting Chief Executive.

### 3. **Minutes of Meeting held on 28 March 2007**

Item 5 – September 2007 to be replaced by September 2006.

O Edwardson/

Item 6.2 – Oskan Edwardson to confirm amendments to second line.

H Edmondson

Subject to certain further grammatical amendments, the minutes were then considered to be a true and accurate reflection of the meeting.

### 4. **Matters Arising**

#### 4.1 **Removal of Resource Accounting & Budgeting (RAB)**

Chris Bland reported that the Trust was in discussion with the SHA on the impact of the changes to Resource Accounting & Budgeting (RAB) system. In changing the 2007/08 plan to reflect the removal of RAB adjustments the Trust has been required to include an unidentified CRES of £700,000 which the SHA are aware is covered by the 2006/07 surplus. The commitment that the Trust will be able to utilise carry forward surpluses remains.

#### 4.2 **ESSA Risk Sharing**

Anna Bennett confirmed that she had written to the SHA on this matter. She did not believe that the risk share agreement would be tested for 2006/07. Anna Bennett agreed to continue to pursue a definite response from the SHA.

A Bennett

#### 4.3 **Commissioning Update**

Anna Bennett reported that the commissioning process was nearing conclusion and agreement. There were still outstanding issues with ORH and Call Connect. It was recognised that ORH has been commissioned and that their report was awaited to inform the discussion about recurrent funding for call connect. For the 2007/08 SLA Commissioners were likely to sign up to £3M for Call Connect. The SLA will also include a commitment to resolve the commissioning position for the recurrent costs of call connect within two months of the Trust submitting its Business Case. Anna Bennett outlined that the Business Case was vital for the achievement of the Call Connect target. The Board were informed that the Trust expected to submit its Business Case to Commissioners by end of May 2007, therefore requiring them to respond by end of July 2007.

Anna reported that the SLA that had been secured would see the Trust receiving 2.5% for inflation, last year's activity outturn built into the baseline and a further 2% activity for 2007/8 at 50% of full cost. She reported that any activity above this would be paid at £110 per response. Paul Remington sought clarification regarding what the settlement did not cover. Anna Bennett reported that the original proposal from the Trust had asked for Commissioners to support 4% extra activity at 70% of the tariff and any activity over would be a shared risk, but they had not been happy to support this.

Hayden Newton sought clarification regarding whether £3M was sufficient resource for Call Connect and what CRES the Trust was implementing. Anna Bennett outlined that £3M was lower than the initial ORH work had suggested

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was needed and that the timing of implementation would need to be managed. She reported that a 2.5 % CRES would be applied across all budgets. Hayden Newton highlighted that he was concerned how these risks would be managed.

Anna Bennett reported that the Trust was likely to meet the £1.7M control total for 2006/7 and it was likely that the control total would be £1.4M for 2007/8. (Pre RAB changes).

Overall, Anna Bennett reported that given the position of the East of England the agreed SLA was reasonable. It was agreed that phasing and careful planning would be needed if the targets were to be achieved with £3M. Hayden Newton stated that it was important to agree a trajectory and timescales for changes to be progressed.

It was agreed that the Board would receive the Call Connect Business Case prior to its submission to Commissioners and that the Board would monitor it over the coming months. O Edwardson

### 5. **Chief Executive Overview**

Anna Bennett noted that the 2006/07 year has been completed with the Trust delivering the key 75% performance figure and was projecting achievement of the financial target of a £1.6M surplus. Trust was planning as one service with a single service plan and a single budget for 2007/08. Major current projects included moving towards a single CAD system, Digital Radio and Call Connect. She noted a potential danger this year in focusing on Call Connect without focusing on the service redesign.

Anna Bennett recorded her thanks to colleagues for their sterling efforts in achieving such a successful end of year position in terms of performance and the financial position.

### 6. **PPI Update**

Michael Taylor reported that a PPI Forum meeting had recently been held at Cambridge where the commentary on the Declaration on Standards for Better Health Core Standards had been agreed. He outlined that the Forum had used their work plan to structure their comments.

Michael Taylor would provide a written report to the next Board meeting. M Taylor

### 7. **Performance Reports**

#### 7.1 **Finance and Information Technology**

Chris Bland reported that although the Trust's cash position was quite strong, there had been an undershooting of the Trust's External Financing Limit (EFL). This had happened due to an administrative error (transposition of two figures) meaning that the Trust had 'drawn down' £540k less than they were required to. The Trust was in discussion with the SHA as to whether this amount could be reimbursed in 2007/8.

Caroline Bailes asked why the Trust was asking for this cash if it had not been

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needed. Anna Bennett explained that for the purposes of the NHS financial system the Trust had to end the year with an agreed cash position. The Trust had asked the SHA to look at the future cash and capital position in relation to matters including the carrying forward of unspent monies. There was unlikely to be any immediate impact in 2007/08 but the cash position may be more challenging when the Trust seeks to utilise carry forward surpluses.

Jagtar Singh asked what would be done to prevent future administrative errors. Chris Bland indicated that new procedures had been introduced including the need for two signatures as a check. It was agreed that Chris Bland would review the guidance for the drawing down of cash. C Bland

Paul Remington asked whether the EFL was likely to change, and also what would be the result if the £540k could not be recovered. Anna Bennett explained that the NHS financial systems were constantly changing. She reported that the undershooting of £540k was unlikely to impact on the achievement of the Trust's statutory financial duties but if the Trust did maximise its spending in 2007/8 then the availability of cash may become an issue at the end of the year.

### **7.2 Operations Performance Report**

Oskan Edwardson was pleased to report that the Trust had achieved its 8 minute Category A response target both for the full year and the nine months for which the new Trust had been operational. Emergency demand had risen by 6.37%, and the Trust was currently achieving 63% against the new Call Connect target.

Oskan Edwardson reported that three major projects were underway:

- Digital Radio initial testing in Essex, firstly in non-emergency vehicles followed by the A&E.
- procurement of a new CAD system was currently going through the tendering process with four potential suppliers remaining.
- the relocation of the Bedford A&E Control room into premises presently occupied by NHS Direct; the Trust was in negotiation with NHSD over vacating the premises.

He reported that the Trust had instigated a project to review management information under the Information project lead, Alison Webb.

Roy Wallis had been appointed as regional Head of Emergency Planning. His first task would be to host a Department of Health visit in May during which a high-level review of the Emergency Planning function would be undertaken. Oskan Edwardson reported that Jagtar Singh was the Non-Executive Lead.

Five Members of Parliament had visited the Trust, and these visits had been successful and positive. Michael Taylor commented that the PPI Forum members knew the region's MPs and were in a position to assist in maintaining these positive contacts. It was agreed that the possibility of a hosted event would be considered in the future. H Edmondson

#### **Area Summaries:**

**Essex:** good performance with all targets achieved.

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Beds & Herts: good performance but the key issue remained the relocation of the A&E Control Room.

Norfolk: OOH contract was the key issue; discussions were going well but the market was extremely competitive.

Suffolk: the Trust's efforts in Operation Galleon had been much appreciated by the health community

Cambridgeshire: a good deal of work was in progress on the Hinchingsbrooke consultation. Various roadwork projects were underway in Cambridgeshire which could have an operational impact.

### **Production:**

A key area was the current Scheduling Review which represented a critical part of the Service's restructuring and modernisation.

### **Distribution:**

The major concern was the modernisation of the Control Rooms as the Trust moved towards implementation of the Call Connect targets.

### **Emergency Planning:**

The Emergency Planning team was a very small unit but it 'punched above its weight'. There was a real discrepancy between resources allocated to Fire and Police emergency planning and those allocated to Ambulance. The Emergency Planning team performed well but on an extremely small budget.

Michael Taylor noted that the PPI forums were involved in the Acute Review process and had been asked to promote ambulance issues. Maria Ball thanked Michael Taylor for his support.

Caroline Bailes sought clarification regarding the point that Category A performance may not be maintained in Norfolk unless funding continued for the schemes in place. Oskan Edwardson reported that the schemes would be remaining in place until the Call Connect Improvement Plan had been implemented.

## **7.3 Clinical Performance**

### **Air Ambulance**

John Scott reported that fundraising for the second East Anglian helicopter was launched on 24<sup>th</sup> April. He hoped that two SLAs would be signed with the Air Ambulance Charities in the near future. Anna Bennett reported that the Charity had agreed to make £100K available for staff in 2007/08. Maria Ball said that it was planned to launch an Air Ambulance project for Hertfordshire but that the Trust was not involved.

### **Critical Care**

John Scott outlined that a key issue was relations between NHS and non-NHS organisations providing care to the benefit of patients. Critical care should be operationally managed and clinically governed within the Trust. Critical care should be considered across different platforms as it was important for patients with medical needs in addition to those with traumatic injuries.

John Scott said that this Trust had the opportunity to lead the country in the field of critical care and invited the Board to support in principle the

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development of critical care provision to be delivered in different ways.

In discussion, Hayden Newton stated that a clear vision from the Board would be needed on the overall package of critical care as part of the discussion on the Trust's strategy. It was agreed to give support in principle and that John Scott would discuss this with Hayden Newton outside the meeting

J Scott and  
H Newton

Caroline Bailes asked about the difference between what the Trust was doing at present and what was proposed, and whether there would be financial implications. John Scott explained that at present the Trust was doing very little with those seriously medically ill. John Scott reported that the cost implications were at present uncertain. There would be a need for partnership between NHS and non-NHS organisations. Elements of risk would include medicines management. It was agreed to continue the discussion of this subject after the formal meeting.

### Research

John Scott reported that the country had recently been divided up by county in order to co-ordinate research, creating the Comprehensive Local Research Networks (CLRN). The Trust had been aligned with Norfolk and Suffolk and had been encouraged to support the bid by the Norfolk and Norwich Hospital to become the host Trust for the local CLRN.

### Defining clinical practice between staff groups

John Scott outlined that the Trust had been reviewing the needs of different groups of staff and their interactions in the provision of patient care and would be setting up a forum to produce more formal guidance.

### Palliative Care and end of life decisions

Opportunities were now becoming recognised for staff to develop a special interest in this area of clinical care with a view to developing the way the Trust responds to calls from patients in the final stages of illness.

In addition to his written report, John Scott verbally reported that the SHA was looking at the way Serious Untoward Incidents were reported, including interaction between the SHA and commissioning PCTs. John Scott agreed to produce a paper to the Integrated Governance Committee which would then be brought to the Board.

J Scott

Oskan Edwardson reported that on 1<sup>st</sup> May 2007 the Trust had implemented a change to the Doctors Urgent call system as required by the Department of Health. He outlined that the new process involving prioritisation of non life-threatening calls but in effect neither doctors nor patients would notice any difference.

## **7.4 Human Resources and Workforce**

Seamus Elliott reported that the end of year average sickness figure for the Trust was 6.85%. The HR Directors were working towards introducing uniformity of sickness reporting across Trusts, identifying a format and reviewing sickness categories and data. It was important to reduce staff sickness levels and a programme on handling sickness had been agreed with the staff side.

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Staff turnover for the year had been 7.3%, a low figure compared with other NHS organisations. The workforce will need to increase to meet the commitments of Call Connect.

Seamus reported that it was likely that education funding available in 2007/8 would be a level similar to last year.

### **7.5 Complaints and PALS**

Anna Bennett reported that a detailed review of Complaints and PALS was to take place in the Integrated Governance Committee. A full annual report on complaints would be presented to the Board at its July meeting.

### **7.6 Service Development Report**

Gill Bennett reported on the current service tender situation. The Trust's tender for the provision of PTS services for Basildon and Thurrock had been shortlisted, but as yet there was no date for an outcome. The shortlisting decision on the North Essex Out of Hours tender had been deferred until 4<sup>th</sup> May. The tender bid for the GP Out of Hours provision in Norfolk had been completed and a date was awaited.

The Trust had been a partner in the LAS bid for some of its PTS work, and the LAS bid had been unsuccessful. As a result some staff would be lost and this would have some TUPE implications. Gill Bennett agreed to give feedback on the reasons for the LAS not being awarded the contract. G Bennett

Gill Bennett reported that the Trust was a partner member of the Hertfordshire Out of Hours services organisation, which would strengthen its position for future work. The Hertfordshire ECPs were already been participating in this scheme.

Anna Bennett pointed out that newly introduced services would have different specific models and might have an impact on staff working. Paul Remington indicated there would also be boundary and parameter issues.

## **8. General Management Reports**

### **8.1 Assurance Framework 2006-7**

Chris Bland produced a paper for consideration by the Board. This matter would be further considered at the next Integrated Governance meeting and would be returned to the Board. In the meantime, the Board needed to be assured that controls were in place and risks identified. Anna Bennett stated that the key approach was to identify all the mechanisms for an Assurance Framework. C Bland

Caroline Bailes identified that it would have been helpful if the paper had been circulated in advance.

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### 8.2 **2007/08 Service Plan**

Anna Bennett introduced the report which set out the high level objectives for the short term. Jagtar Singh asked whether there could be two versions, one for internal and one for external distribution. Anna Bennett explained that there was a requirement to make the Service Plan a public document which was planned for July 2007; therefore there would be two plans. There was also the requirement to send a message to staff on what the Trust was setting out to achieve both in this year and in the longer term.

Jagtar Singh asked whether there had been any external consultation on the document. Gill Bennett reported that the draft Plan had been presented to the PPI Forum and their amendments had been incorporated.

The Board discussed the further development of the Service Plan and the timescale of its publication. Maria Ball pointed out that Board members had only received the report the previous day and needed further time to look at it. She suggested that the Board accept the document as a working draft with a view to approving the wider strategy in July. Anna Bennett explained that there would need to be additional project plans which provided further detail, for example on CAD, Call Connect and manpower. The merger plan still existed and key elements within it were being monitored as progress was being made.

Paul Remington stressed that the Service Plan needed to be monitored regularly but at the same time, incorporated quickly into the Trust's management plans. He stated that circulating the draft document should not prejudice any future plans.

Jagtar Singh suggested that the Board needed to decide on milestone dates to move the plan on from draft status. He was anxious that the plan should not remain draft for too long, and asked that a final working document should be endorsed at the next Board meeting and that Board members should give their comments to Anna Bennett within two weeks.

Board  
members

**The Board accepted the framework of the paper '2007/08 Service Plan' as a working draft but with the proviso that it should be varied according to forthcoming strategic reviews.**

### 8.3 **2007/8 – 2009/10 Financial Strategy including 2007/8 Budget**

Chris Bland's report dealt with the key issues on future funding outlining a number of essential issues and principles. A particular issue was the expectation of an extension of the payment by results (PbR) regime to include Ambulance Trusts and Practice Based Commissioning (PBC). The financial strategy had also been influenced by the financial implications of the Service Plan.

In addition Chris Bland circulated a budget summary pulling together the financial assumptions for 2007/8 in detail, taking all the recent changes into account. These assumptions had implications for efficiency savings with a CRES target of 3.38% across all non-A&E activities.

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A question and answer session followed.

Hayden Newton enquired whether there were any risks for Ambulance Trusts around PBC and PbR. Gill Bennett said that the Trust should be advantaged, with a likely high level of satisfaction from PBC groups; the risks lay in not having clear strategic direction over what opportunities to pursue.

Paul Remington stressed the challenges of adopting the financial strategy. Chris Bland explained that financial strategy should underpin the service strategy. Anna Bennett stated the Executive would revisit the strategy over the forthcoming years; a three-year position and beyond would be needed. Managers needed to be given a budget to ensure a system of control; but they would also be informed that they still needed to justify their spending and aim for efficiency savings.

Jagtar Singh enquired what the Trust's position was on the holding of financial reserves. Anna Bennett explained that in the pre-RAB (Resource Accounting and Budgeting) scenario the Trust was able to hold reserves. However, in the new post-RAB evolving procedure, the Trust would lose the freedom to decide when these reserves could be spent; there would be increased SHA control on decisions. Anna Bennett said that discussions were taking place with the SHA regarding the adverse impact of the withdrawal of RAB which was due to result in an adverse movement of £700k in 2007/08. The SHA had stated its commitment to retain this surplus within the organisation, and was looking at how the sum could be released. She wished to place on record the Trust's understanding that the SHA was committed to ensuring that the Trust could access previous year's surpluses.

Maria Ball expressed the view that the Board was struggling with a vast quantity of information coming all at once. A two-stage process was needed, firstly the approval of a short-term working budget, and secondly consideration of long-term planning.

Caroline Bailes stated that she would have a problem approving the budget given that Board members were having difficulty understanding all the details. Maria Ball suggested that the Board should state its broad approval of the document as a framework working budget but that full approval should await the opportunity to study it in more detail. Chris Bland pointed out that the Audit Committee would be involved, and also suggested that a Non-Executive Director might work with him to assist the Board's understanding.

**The Board stated its broad approval of the Financial Strategy document as a framework working budget but with the proviso that full approval should await the opportunity to study it in more detail.**

### **8.4 Standards for Better Health Declaration**

Gary Morgan attended the meeting for this item and explained to the Board the provisions of the paper 'Commentary on Core Standards':

- The Board was happy to accept the general statement of compliance and hygiene code which would be incorporated into the final declaration.

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- The Board accepted the insufficient assurance statement for medicines management.
- Gary Morgan noted that the text on page 7 under C7e should read “Healthcare organisations challenge discrimination, promote equality and respect human rights.” The Disability Discrimination Act was a newly introduced element. Seamus Elliott stated that it was difficult at present for the Trust to understand exactly what compliance to the Act was required.
- In the area of records management (C9) the Trust had shown slight weakness in some areas, and in most cases was still working according to local policies. It was noted that corporate record management particularly needed to be further addressed.
- The Healthcare Commission report on complaints procedure assessed as unsatisfactory the Trust’s procedures on discrimination against complainants. Actions were in place to revise these procedures (C14a and C14b)
- Anna Bennett confirmed she had considered the comments made by the PPI for inclusion and did not feel that they contradicted the statement of compliance (C17). Michael Taylor also confirmed that he was happy that in the PPI’s opinion there were no areas relating to the views of the patient in which the Trust was not in compliance. The Trust Board noted the positive views of the Health Overview and Scrutiny Committees.
- The Board agreed to confirm compliance in the areas of equality, access and secure environments (C18 and C20a)
- In the area of public health (C22 and C23), John Scott stated that compliance would be able to be demonstrated in many areas. John Scott stated that general guidance on public health provision was difficult because of significant local variations; however, on balance the Trust could provide evidence that it was taking the public health recommendations into account. It was agreed that the Board was broadly happy with this position.
- In the area of Corporate Governance (C7), Anna Bennett affirmed the view of compliance, noting that the delay in provision of the Assurance Framework was not significant.

Hayden Newton sought reassurance that clear evidence of the Trust’s assumptions was in place as the Healthcare Commission check would be rigorous. Anna Bennett and Gary Morgan confirmed that the relevant evidence was available if required.

### **8.5 The Board approved the Declaration on core standards.**

Gary Morgan reported that the Declaration had to be made available publicly by 18<sup>th</sup> May. It was agreed that it would be placed on the Trust’s website. Helen Edmondson and Gary Morgan would liaise on the most appropriate method of publicising the declaration via press release or advertisements in local papers (drawing attention to the fact that the declaration could be viewed on the website).

H Edmondson  
and G Morgan

### **8.6 Equality and Diversity**

Seamus Elliott talked to a progress report from the Diversity Steering Group setting out its key objectives and priorities. The Group had agreed to move towards a single Equality Scheme. The Trust was legally required to produce

S Elliott

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a Gender scheme by 30<sup>th</sup> April 2007, and a draft Gender Equality Scheme was presented as an interim step to the production of a comprehensive single Equality Scheme.

Jagtar Singh stated that a good group of people were working on the details. They were meeting every six weeks and would eventually meet quarterly, and report to the Integrated Governance Committee once a quarter. Capacity and resource issues resulting from the scheme's implementation were under consideration.

### **8.7 Workforce Plan**

Seamus Elliott presented a paper on the Trust's Workforce Plan for 2007-2012. He reported that there was a national requirement to submit plans to inform national education funding policy. The Trust would be meeting the SHA on this matter and it was hoped that the Trust would be able to satisfy both the Department of Health and the SHA. The assumption was that in the long term the Trust would increase its workforce numbers.

Seamus Elliott reported that benchmarking with the other ambulance trusts had been undertaken and the Trust was much more aware of the steps needed; for example, the need to increase the number of paramedics and reduce the number of technicians. This would be discussed with Oskan Edwardson and workforce representatives.

S Elliott

The SHA had agreed that this process would have significant implications for education funding, and had acknowledged that additional funding might be made available for increased education – for example on Call Connect.

Paul Remington pointed out that the Government was reducing NHS funding but the Trust was predicting an increased workforce.

Gill Bennett stressed the need to promote the role of Healthcare Assistants and Emergency Care Assistants.

Seamus Elliott stated that the workforce plan was a pragmatic plan for the present, although assumptions would inevitably change and it would need regular reviewing.

**The Board accepted the Workforce Plan and acknowledged that regular reviews would be necessary.**

### **8.8 Staff Survey and Action Plan**

Seamus Elliott presented the National NHS Staff Survey Report for 2006 together with a local analysis and a draft Action Plan to be discussed with staffside representatives.

The Trust's results were very positive compared to other Ambulance Services but there were local variations. Maria Ball asked that this issue be reflected in the Trust's Action Plan.

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**The Board received and noted the Staff Survey report and draft Action Plan.**

### **8.9 Electronic Patient Care Record Report**

The CSC Project Initiation Document for Release 3 (*Commercial In Confidence*) document was shown to the Board. John Scott explained that this gave detail of forthcoming changes. He was not aware of anything that would pose a risk to the Trust. There would be financial implications, especially in areas of training, but these should not be of great significance.

Anna Bennett explained that the Board would be signing this document but the Trust was not a bill payer. The Trust would be the party committing the costs but not the part of the contract. She reassured the Board that no substantial cost would be involved.

J Scott

**The Board agreed that John Scott could sign the document.**

### **8.10 Peterborough Ambulance Station**

Anna Bennett reported that all the necessary transactions had been completed on 30<sup>th</sup> March 2007. In addition, a letter had been received from the Chief Executive of Peterborough and Stamford Foundation Trust agreeing to work on identifying whether there would be any opportunity for the Trust to acquire additional land. Anna Bennett reported that contractors were on site to carry out the alterations required to the interim station and that no problems were anticipated with the planning application and that it should be approved within 5-6 weeks.

### **8.11 Call Connect Action Plan**

In presenting his Call Connect Report, Oskan Edwardson drew attention to the estimated current gap in performance measured against the new Call Connect standards. For Category A calls this currently stood at 11-13% with a figure across the Trust of 64.1% for 2006/7 as against the 75% required. The challenge of overcoming this gap should not be underestimated.

The modernisation workstreams affecting the HEOCs included replacing the CAD system, introducing digital radio, enlarging the control rooms, developing dispatch technology, and undertaking a dispatch management review. Oskan Edwardson stressed how much the Trust was trying to achieve in a very short timeframe. Nevertheless, the Trust was committed to the trajectories of achieving 69% by the end of July 2007, and 72% by the end of November. However, these trajectories were under threat because of late commissioning decisions. Maria Ball pointed out that the scheduling and trajectory plans had been agreed before the commissioning delay, and asked if the trajectory dates should be amended. Oskan replied that it would be good if this could be done, and a reply was awaited from the Department of Health.

Hayden Newton reported that it was uncertain if incentive money would be available.

H Edmondson

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**The Board accepted the report and agreed that Call Connect should be a standing item on the Agenda.**

**9. Items to Note**

**9.1 Declarations of Interest**

The Board noted the completed Declarations of Interest. Board members were asked to sign the relevant Declarations of Interest and return them to Helen Edmondson. All

**9.2 IG Toolkit**

Anna Bennett asked the Board to note that the Trust had submitted its self assessment that had given an 'amber' position, indicating that the Trust was not compliant in all areas.

**9.3 Terms of Reference – Service Delivery Board**

The Board noted that the quoracy terms had changed and that the job titles of the Associate Directors of Service Development were to be corrected. H Edmondson

**10. AOB**

There being no further business, the meeting was closed.

**11. Date and Time of Next Meeting**

23 May in Cambridgeshire (location to be advised)