



**Minutes of the Board of Directors Meeting (held in PUBLIC)
 27 July 2023 at 9am at York City Council Offices**

Present:

Martin Havenhand	Chair
Anne Cooper	Non-Executive Director
Andrew Chang	Non-Executive Director
Tim Gilpin	Non-Executive Director/Deputy Chair
Amanda Moat	Non-Executive Director
Jeremy Pease	Non-Executive Director
Peter Reading	Interim Chief Executive
Steven Dykes	Acting Medical Director
Nick Smith	Interim Chief Operating Officer
Kathryn Vause	Executive Director of Finance

In Attendance:

Zafir Ali	Associate Non-Executive Director
Helen Edwards	Associate Director of Communications and Community Engagement
Jeevan Gill	System Partnership Director (Humber and North Yorkshire)
Rachel Gillott	System Partnership Director (West Yorkshire)
Dave Green	Interim Associate Director of Quality and Safety
Lynn Hughes	Interim Company Secretary
Adam Layland	System Partnership Director (South Yorkshire)
Simon Marsh	Chief Information Officer

BoD23/07/1 **Welcome and Apologies**

- 1.1 The Chair welcomed everyone to the meeting and was pleased to welcome Peter Reading, Interim Chief Executive to his first Board meeting held in public since he commenced in post.
- 1.2 Apologies were received from Jeremy Pease, Non-executive Director and Clare Ashby, Interim Executive Director Quality, Governance and Performance Assurance.
- 1.3 The meeting was quorate.

BoD23/07/2 **Declaration of Interests**

- 2.1 No declarations of interest were reported on open agenda items. It was noted that any declarations of interest would be considered if and when they occurred during the meeting.

BoD23/07/3 **Minutes of Previous Meeting**

- 3.1 **Resolved:** the minutes of the meeting held on 27 April 2023 were approved as an accurate record

BoD23/07/4 **Matters Arising**

- 4.1 There were no matters arising in addition to those included on the agenda.

PBoD23/07/5 **Action Log**

- 5.1 The completed actions were agreed to be closed with progress against open actions noted.

- BoD23/07/6 **Chair's Report**
- 6.1 The Chair's report was received and noted. He drew reference to Peter Reading joining the Trust as interim Chief Executive for a period of 12 months from June 2023; the meetings and visits he had attended since the last Board meeting, which included internal and external stakeholder meetings.
- 6.2 **Resolved:** the Chair's report was noted.
- BoD23/07/7 **Chief Executive's Report**
- 7.1.1 Peter Reading, Interim Chief Executive was pleased to introduce his report, which was received and noted. He explained that everyone had been most welcoming since he commenced in post and he had had the pleasure of meeting a large number of staff at many of the Trust's sites. He drew reference to the:
- 7.1.2 Trust's Operating Model - Development and implementation of the Trust's operating model. Phase 3 consultation was taking place during June and July 2023, which included Executive level and direct reports and the outcome of the consultation was planned to be considered by the Remuneration and Nomination Committee in late July 2023.
- 7.1.3 BT 999 Outage Incident - A national outage of the British Telecom 999 functionality occurred on 25 June 2023, which resulted in 999 calls being unanswered by BT with functionality partially restored within an hour and full resolution by early evening. The Trust's command and control on-call functionality was initiated during the national outage and escalations made as appropriate to the National Ambulance Co-Ordination Centre (NACC) and NHS England.
- 7.1.4 National Covid Public Inquiry - In response to the request made by the National Covid Public Inquiry to all ambulance Trusts in England, the Trust had submitted evidence. A draft Response (Witness Statement) was submitted on 6 July 2023 as requested and the Trust was awaiting feedback before its final signed Witness Statement is submitted.
- 7.1.5 Trust Apprenticeships Programme – The Trust had been announced as the top-ranked NHS Trust in England in the Department for Education [Top 100 Apprenticeship Employers](#). The Head of YAS Academy has been invited to attend a celebration lunch and networking event at the House of Common, which will be hosted by Gillian Keegan, Secretary of State for Education, in September 2023.
- 7.1.6 Opening of New Logistics Hub - The Trust had reached a major milestone with the opening of the new Logistics Hub, which had been developed to ensure a central storage facility is available to meet future demand and modernisation of services, and to enable benefits from purchasing from central storage and distribution. Teams had started to move into the Hub during July 2023.
- 7.2 Celebrating our Volunteers – The Trust has circa 1,000 volunteers, which are highly valued. Over the last year volunteers had offered almost 261,500 hours and supported over 29,000 patients. In recognition of this, in June 2023 the Trust celebrated the huge impact volunteers had on the Trust's patients, staff and communities.
- 7.3 **Resolved:** the Chief Executive report was noted.

- BoD23/07/8 **Patient Story**
- 8.1 Dave Green, Interim Associate Director of Quality and Patient Safety introduced a patient story, which was presented via a video recording of Helen Jones, the mother of a young son who sadly passed away. The Board were most saddened to hear the story and noted the importance of personal belongings to families of patients. The personal belongings of the patient had been disposed of, which had been standard practice in the circumstances but the Board noted that work was underway to develop a Trust personal belongings policy with plans to introduce training to line managers and at induction for new starters joining the Trust to ensure lessons learned are taken forwarded and embedded as standard practice.
- 8.2 In response to the Chair's request, it was agreed that a high-level update would be provided to the Board on the implementation plans once they are finalised.
ACTION (C Ashby)
- 8.3 **Resolved:** the Patient Story was noted.
- BoD23/07/9 **Trust's Five Year Strategy 2024-29 Programme**
- 9.1 Peter Reading, Interim Chief Executive thanked Carol Weir, Interim Director of Strategy and Helen Edwards, Associate Director of Communications and Engagement for drafting the paper. Additional time had been allocated to a Board Strategic Forum later that day for Carol Weir to engage Board members on the development of the strategy.
- 9.2 The development of the Trust's Strategy included internal and engagement with staff and key stakeholders including the three ICBs. The Trust's Strategy Partnership Directors would support Carol and Helen in the engagement with ICS's. The Strategy is aimed to be finalised for submission to the Board for approval in November 2023. Peter Reading drew reference to the risks in driving forward the development of the strategy at pace and noted that despite the operational pressures the Executive Team were confident the target date for completion of the strategy was achievable.
- 9.3 In response to Jeevan Gill, System Partnership Director's query, it was agreed that Police and Fire Services would be added to the engagement plan.
ACTION (P Reading)
- 9.4 The proposal to establish a Strategy Programme Board, including membership was considered and approved.
- 9.5 **Resolved:** i) the Trust's Five Year Strategy 2024-29 Programme was noted, which included communication and engagement prior to the Strategy being presented to the Board for approval in November 2023; and
ii) the establishment and membership of a Strategy Programme Board was approved.
- BoD23/07/10 **Business Plan 2023/24**
- 10.1 It was noted that the 18 operational objectives to support the delivery of requirements set by NHS England and the Trust's priorities for the year had been agreed in principle by the Board at its meeting held in private on 25 May 2023. The operational objectives aligned to strategic priorities and ambitions of the Trust, to establish a 'golden thread' of governance and accountability.
- 10.2 Each of the operational objectives were supported by a plan, which sets out clear deliverable actions/focus work, metrics, and key milestones, in order to support delivery, with a 'plan on a page' or 'mandate' to support each objective. These plans were agreed in principle with engagement and review of all activity to be taken forward by Board Committees and Executive leads.

- 10.3 Quarter one updates for all the 18 operational objectives identified that there were no operational objectives rated as red, eight objectives were rated as amber; and ten objectives were rated as green.
- 10.4 Reflection on feedback received on the Trust's current approach to business planning had been considered and a number of changes to the annual planning framework had been considered. The Board welcomed the improvements planned to be taken forward with regards to the business planning process.
- 10.5 **Resolved:** i) the operational objectives and Business Plan for 2023/24 update report was noted including a quarter one assessment against the Business Plan's operational objectives; and
ii) the improvements to the business planning process were welcomed.

BoD23/07/11 **Risk Report**

- 11.1 Dave Green, Interim Associate Director of Quality and Patient Safety presented the report and drew reference to the following:
- 11.2 3.2.4 'Hospital Handover Delays', which continued to remain the highest risk for the Trust. It was noted that work was underway to split the risk.
- 11.2.1 Adam Layland, System Partnership Director explained that since the appointment of the three System Partnership Directors at the Trust cultural issues were evident but improvements had been noted over the last six months in comparison to the handover times experienced in 2022. Dave Green, Interim Associate Director of Quality and Patient Safety queried if discussion had taken place over a shared risk for hospital handovers. The Chair noted that he had attended West Yorkshire Associate of Acute Trusts (WYAAT) Programme Board meeting recently, which identified West Yorkshire significantly more efficient for hospital handovers in comparison to other areas. Peter Reading, Interim Chief Executive explained that he was meeting the Chief Executive of Mid Yorkshire NHS Trust and planned to discuss partnership working opportunities around hospital handover processes.
- 11.3 The Trust had identified three new interrelated corporate risks in relation to the management of major incidents and the application of recommendations arising from the Manchester Arena Inquiry recommendations: Risk 555 - Major Incident Capability (15, High Risk); Risk 556 - Major Incident Exercising (12, Moderate Risk); and Risk 557 - Continuous Improvement (Incidents and Exercises) (12, Moderate Risk).
- 11.3.1 Nick Smith, Chief Operating Officer, explained that a gap analysis had been developed to oversee improvements needed across the Trust in support of implementing the recommendations of the Manchester Arena Inquiry. A full business case was currently being developed. The Chair queried the timescale of implementation and the scale of the resources required, which initiated discussion around the possibility of reprioritising financial resources/efficiency plans, if necessary, in future.
- 11.4 Dave Green was pleased to report that for the first time in three years the Trust had achieved 96% compliance rate resulting in the closure of risk '3.11 Data Security and Protection Toolkit'. The Chair congratulated the team for driving forward the work to improve compliance, which was a great achievement and confirmed the Board's support in future year's for continued success.
- 11.5 Work continued on the development of the Board Assurance Framework (BAF). David O'Brien, Associate Director, Performance Assurance and Risk was working to further develop the BAF and that would continue following the approval of the

Trust's Five-Year Strategy. An annual review of the BAF would also take place by the Board prior to April 2024.

11.6 The Chair drew reference to the number of risks included on the Corporate Risk Register and the need for a review to be undertaken to ensure risks are up to date and can be managed appropriately by risk owners. Dave Green, Interim Associate Director of Quality and Patient Safety noted that the Trust had plans to introduce a new risk management reporting system in the autumn, which would support the separation of risks and issues and work would continue to identify any shared strategic and high-level operational risks with key stakeholders.

11.7 It was noted that the Trust had a Risk Sub-group in place, which initiated discussion around the responsibility of Trust Executive Group (TEG) and TEG's responsibility for risk management. It was noted that the updated TEG Terms of Reference were included later on the agenda for approval and included oversight of risk management (including the BAF and the Corporate Risk Register).

11.8 **Resolved:** the Risk Report was received and noted.

BoD23/07/12 **Integrated Performance Report**

12.1 **Resolved:** the revised Integrated Performance report was received and noted, which was supported by additional reports on the agenda covering quality and patient safety, finance, operational and workforce.

BoD23/07/13 **Finance Report (month 3)**

13.1 The financial performance as at 30 June 2023 was noted to be on track to break-even for the current financial year against plan. Risks to delivery included an unidentified financial gap of £4.5m and non-achievement of our waste reduction/cost savings plan.

13.2 Kathryn Vause, Executive Director of Finance drew attention to the biggest risks to operational delivery in terms of the inability to recruit to the planned staffing establishment, which potentially has an adverse effect to the level of service offered and the achievement of key performance targets. There continued to be significant underspends across pay budgets particularly IUC, A&E Operations and EOC and the forecast assumes that recruitment trajectories will be on track with approved staffing establishments by 31 March 2024.

13.3 PTS non-pay was noted to be underspent as well as the Mental Health Investment Standard (MHIS) was also reported to be underspent, and the associated income reflected the agreement with commissioners to only recover enough income to cover costs. Assumptions are that all funds currently held in reserves will be fully committed.

13.4 Capital confirmed funds were £16.6m for purchased assets and a leased (Right of Use) asset plan of £23.6m. A Capital Departmental Expenditure Limit (CDEL) had not been confirmed for Right of Use Assets. The Trust could be notified of a limit during year or alternatively NHS England may decide to manage the position centrally. It was noted that until the position is confirmed, the Trust will enter into all new lease agreements at risk of breaching CDEL.

13.5 The Trust's annual waste reduction /efficiency programme totalled £15.7m, which included 11 individual schemes; £6.6m of these schemes are low/medium risk and the current forecast assumes that will be achieved in full. The high-risk schemes related to efficiencies that have been incorporated into A&E demand modelling and are essential to delivering the required improvement in Cat 2 performance. The current position and forecast related mainly to underachievement in improvement of the Hear and Treat rate and are mitigated by slippage in recruitment.

- 13.6 NHS England recommend that all organisations implement the Standard Financial Controls in relation to the system position, which the Trust provides a regional service across three ICB footprints with planning activities and financial performance monitoring undertaken through a single host system of West Yorkshire ICS. Despite the Trust's break-even plan, the West Yorkshire system as a whole reported a significant financial deficit (£25m forecast at month 2), which had resulted in all organisations within the system required to comply with a series of additional reporting requirements and more stringent expenditure controls.
- 13.7 The Chair thanked Kathryn Vause for the first financial performance report provided to the meeting held in public, which was most informative.
- 13.8 Anne Cooper, Non-executive Director queried what assurances could be provided to the Board to support the successful delivery of waste reduction schemes. In response, Kathryn Vause explained that the Cost Improvement Group had been re-established to closely monitor schemes with Nick Smith, Interim Chief Operating Officer as Chair of the group. In-year schemes were on track for delivery with greater focus taking place on 2024 and longer-term schemes.
- 13.9 The Chair drew reference to the £13.5m waste reduction target, which he considered was of concern and suggested a change to the term used from waste reduction to cost improvement. He queried how consideration could be made as a Board to use an alternative method to address the underspend position at pace. In response, Nick Smith, Interim Chief Operating Officer and Mandy Wilcock, Director of People and Organisational Development explained that there was a clear plan being taken forward for IUC and EOC, which had been discussed at TEG the previous day and TEG agreed that stronger oversight would take place to oversee and drive forward deliverables. Anne Cooper, Non-executive Director drew reference to the Deep Dive that had been undertaken by Quality Committee, which noted that difference arrangements were required for recruitment and retention of staff in IUC in comparison to other areas across the Trust.
- 13.10 **Resolved:** i) the Trust's financial performance as at 30 June 2023 was noted; ii) the capital expenditure against plan was noted; iii) the additional expenditure controls was noted; and iv) all associated risks and mitigating plans in place were noted.

BoD23/07/14 **Operational Report**

- 14.1 The Operational Report provided an updated on the Trust's operational performance as at 30 June 2023 against key operational performance metrics for A&E, IUC and PTS. Nick Smith, Interim Chief Operating Officer drew reference to:
- 14.1.1 Severe operational pressure across all operational service lines with the Trust continued to remain at Resource Escalation Action Plan (REAP) Level 3 'Severe Pressure', which was consistent across the ambulance sector with all UK ambulance services operating at REAP Level 3 as at 10 July 2023.
- 14.1.2 Industrial action continued to impact the Trust with action taken by 'Unite the Union' and indirectly from the Junior Doctors strikes. The impact of industrial action by 'Unite the Union' had been minimal to date at the Trust with a marginal loss of 111 call handlers at Call-Flex on the 2 June 2023, with no impact on patients reported.
- 14.1.3 A&E continued to overachieve its trajectory for Category 2 mean response times (28 minutes 3 seconds against the 30 minutes target).
- 14.1.4 Call taking across all three service lines remained a challenge with additional external capacity secured for 999 calls taking from the West Midlands Ambulance Service (WMAS) and through additional national capacity for 111. Nick Smith

reported that since taking on the role of interim Chief Operating Officer his priority had been to combine leadership across the three service lines to achieve a consistent approach to delivery of contractual requirements. Steven Dykes, Acting Medical Director highlighted the importance of closely monitoring Category 1 performance in addition to Category 2.

14.2 The Chair queried the performance measurement arrangements in place for patient safety. In response, Anne Cooper, Non-executive Director explained that Clare Ashby and she had commenced visiting teams, which would be used to support the work Clare Ashby and Steven Dykes plan to take forward on patient safety outcomes.

14.3 **Resolved:** the Operational performance report was noted.

BoD23/07/15 **Highlight Report from Finance and Performance Committee**

15.1 The highlight report from the Finance and Performance Committee meetings held on 11 May 2023, 8 June 2023 and 6 July 2023 was noted.

BoD23/07/16 **Amanda Moat, Non-executive Director/Chair of Finance and Performance**

16.1 Committee alerted the Board on the significant investment of resource required to support the delivery of the Manchester Arena Inquiry recommendations and a full business case was being prepared for review.

16.2 **Resolved:** the highlight report from the Finance and Performance Committee was noted.

BoD23/07/17 **Quality and Clinical Report**

17.1 Dave Green, Interim Associate Director of Quality and Patient Safety and Steven Dykes, Acting Medical Director drew reference to the highlights which included work ongoing to continually improve on patient safety. A sexual safety charter and pledge had been developed, and the Schwartz rounds were well established across the Trust, which helped to support the cultural changes required to support staff and to encourage increased reporting. Patient experience continued to receive a high level of compliments.

17.2 Steven Dykes reported on clinical effectiveness, which noted improvement in cardiac arrest outcomes for January and February 2023 in comparison to December 2022

17.3 In terms of lowlights, Dave Green drew reference to the Safeguarding Team's capacity, which remained a risk with a score of 20 on the risk register, which was discussed in detail at TEG the previous day with recommendations on a Sexual Safety Charter being developed for discussion with the Board.

17.4 Andrew Chang, Non-executive Director queried if the patient experience pilot was going to plan. In response, Dave Green explained that the pilot had not commenced to date.

17.5 Andrew Chang, Non-executive Director drew reference to a third of complaints received related to attitude issues and queried if there was a timescale in place to address that. In response, Dave Green explained that improvement plans were under development to be taken forward over the next 12 to 18 months.

17.6 The Chair referred to the improvements with regards to clinical effectiveness and if any lessons had been learned to achieve the improvement. In response, Steven Dykes explained that once Covid surge and demand pressures relaxed improvements were noted as well as a standardised approach now used.

17.7 **Resolved:** the Quality and Clinical report was noted.

BoD23/07/18 **Patient Safety and Incident Report Framework**

18.1 Dave Green, Interim Associate Director of Quality and Patient Safety explained that the Patient Safety and Incident Report Framework (PSIRF) formed part of the NHS Patient Safety Strategy (published by NHS England 2019 and updated in 2021). PSIRF is the new framework that all NHS providers are required to adopt in replace of the current Serious Incident framework. The proposed date to commence implementation of the PSIRF at the Trust was 29 September 2023, which was supported.

18.2 **Resolved:** the Patient Safety and Incident Response Framework plans for adoption at the Trust were supported to commence from 29 September 2023.

BoD23/07/19 **Highlight Report from Quality Committee**

19.1 The highlight report from the Quality Committee meetings held on 11 May 2023, 8 June 2023 and 6 July 2023 was noted.

19.2 Anne Cooper, Non-executive Director/Chair of the Quality Committee alerted the Board on:

19.2.1 Backlog of Serious Incidents were impacting on accumulating number of Coroners cases. An investigation into the position was planned to be reported to the Board at its meeting held in private.

19.2.2 Quality exceptions within the clinical effectiveness report identified that the worst ever survival to discharge rates were seen in December 2022, with an improvement shown in January 2023.

19.2.3 Concerns raised around the Quality and Risk management team and the impact of the changes to the Operating Framework had been escalated to the Board in private.

19.3 It was noted that the concerns raised around the Quality and Risk management team and the impact of the changes to the Operating Framework were escalated to the Board in private and it was agreed necessary actions would be taken forward by TEG.

19.4 **Resolved:** the highlight report from the Quality Committee meetings was received and noted.

BoD23/07/20 **People Report**

20.1 The People report was received and noted, which included highlights, lowlights, risks and focus of improvement plans in place. Mandy Wilcock, Director of People and Organisational Development drew reference to the noted sickness absence levels across the Trust, which were above the internal target. She highlighted the increased number of freedom to speak up (FTSU) cases reported, which was noted and would be taken forward to improve the cultural challenges, however, the increased workload raised concern in terms of capacity of the HR and FTSU teams to manage and support staff.

20.2 Andrew Chang, Non-executive Director queried the skill mix of staff within HR and in response, Mandy Wilcock explained that the skill mix of HR practitioners was good but they did not match the increase volume.

20.3 In response to the Chair's query, Mandy Wilcock confirmed that additional capacity was required within HR to take forward the momentum of work. It was noted that the Board was in support of increasing capacity with HR.

ACTION (M Wilcock/K Vause)

- 20.4 **Resolved:** the People report was received and noted.
- BoD23/07/21 **Highlight Report from People Committee**
- 21.1 **Resolved:** the highlight report from the People Committee, which covered meetings held on 4 May 2023 and 29 June was received and noted.
- BoD23/07/22 **Highlight Report from Audit and Risk Committee**
- 22.1 The highlight report from the Audit and Risk Committee meetings held on 29 June 2023 and 26 July 2023 was noted. Andrew Chang, Non-executive Director and Chair of the Audit and Risk Committee alerted the Board that the completion of the external audit of the Trust's Annual Report and Accounts for 2022/23 was delayed. Following discussion with Ernst Young, the Trust's external auditor's completion of their audit is anticipated to be in early September 2023.
- 22.2 **Resolved:** the highlight report from the Audit and Risk Committee was received and noted.
- BoD23/07/23 **System Partnership Update**
- 23.1 The System Partnership report included updates on work taken forward across Humber and North Yorkshire; South Yorkshire; and West Yorkshire. It was noted that TEG had the opportunity to discuss and consider the ICB forward plans and the System Partnership Directors (SPDs) would continue to work closely across the emergency pathways.
- 23.2 The Board were pleased to note the progress made since the appointment of the SPDs and thanked them for their comprehensive update.
- 23.3 **Resolved:** the System Partnership Update report was received and noted.
- BoD23/07/24 **Delegated Financial Limits**
- 24.1 **Resolved:** the revised delegated financial limits were approved:
- i) Board Over £1000,000;
 - ii) Chief Executive Up to £1000,000 in year and Up to £1,250,000 multiple years;
 - iii) Executive Director of Finance Up to £500,000;
 - iv) Directors Up to £100,000;
 - v) Associate Directors or equivalent/Area Managers Up to £25,000; and
 - vi) Head of Department/Locality Managers Up to £10,000.
- BoD23/07/25 **Trust Executive Group Terms of Reference**
- 25.1 **Resolved:** the updated Trust Executive Group Terms of Reference were considered and approved subject to 8.1 being changed to state meetings will be held at least fortnightly.
- BoD23/07/26 **Governance Report (including Fit and Proper Person Compliance; Declaration of Interests, Gifts and Hospitality Registers)**
- 26.1 The Governance report was received and Lynn Hughes, Interim Company Secretary confirmed that a review of Board Committee Terms of Reference had been completed and revised Terms of Reference would be made available on the Trust's website.
- 26.2 Arrangements were in place to take forward the requirements of the NHS Long Term Workforce Plan, which was published by NHS England (NHSE) on 30 June 2023 through the Trust's governance structure.
- 26.3 Compliance against the Fit and Proper Person Requirements had been completed and reported to the Audit and Risk Committee in accordance with the Care Quality

Commission's Regulation 5: Fit and Proper Persons Requirement (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

26.4 The Board and staff declarations of interest, gifts and hospitality for the year 1 April 2022 to 20 July 2023 and the arrangements in place to escalate any individuals who are not compliant was received and noted. Members were reminded of their responsibility to report any changes as and when they occur or any inaccuracies with regards to their returns that are included on registers.

26.5 **Resolved:** the Governance report including the Fit and Proper Person Compliance; Declaration of Interests, Gifts and Hospitality Registers were received and noted.

BoD23/07/27 **Any Other Business**

27.1 There was no other business.

BoD23/07/28 **Risks**

28.1 There were no new risks raised for consideration at this time of adding to risk registers or the Board Assurance Framework.

BoD23/07/29 **Date and Time of Next Meeting**

29.1 The next meeting is scheduled to take place on Thursday, 26 October 2023 at 9.00am

BoD23/07/30 **Move to Confidential Meeting (Meeting in Private)**

30.1 **Resolved:** that the remaining business to be transacted is of a confidential nature and from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

CHAIRMAN

DATE