



Minutes of the Board of Directors Meeting (held in PUBLIC)

Thursday 25 April 2024 at 1045

Venue: Kirkstall, Fountains, and Rosedale, SH1, Wakefield

Present:

Anne Cooper	Non-Executive Director (Senior Independent Director, meeting Chair)
Andrew Chang	Non-Executive Director
Amanda Moat	Non-Executive Director
Jeremy Pease	Non-Executive Director
Peter Reading	Chief Executive
Nick Smith	Chief Operating Officer
Dave Green	Executive Director of Quality and Chief Paramedic
Julian Mark	Executive Medical Director
Kathryn Vause	Executive Director of Finance

In Attendance:

Marc Thomas	Deputy Chief Executive
Mandy Wilcock	Director of People and Organisational Development
David O'Brien	Director of Corporate Services and Company Secretary
Adam Layland	Director of Partnerships and Operations
Jeevan Gill	Director of Partnerships and Operations
Rachel Gillott	Director of Partnerships and Operations
Carol Weir	Director of Strategy, Planning and Performance
Helen Edwards	Head of Communications and Community Engagement

Rebecca Randell	NExT Director
Carole Hodgson-Mullings	Aspirant Non-Executive Director (Insight Programme)

Mussarat Suleman	Head of Employee Health and Well-Being (for item 4.1)
Nabila Ayub	Head of Diversity and Inclusion (for item 4.2)

Apologies:

Martin Havenhand	Chair
Tim Gilpin	Non-Executive Director/ Deputy Chair

BoD24/04/1 | **Welcome and Apologies**

- 1.1 Anne Cooper explained that she would chair the meeting in the absence of both the Chair and Deputy Chair.
- 1.2 Anne Cooper welcomed Marc Thomas to his first Trust Board meeting since formally starting in role as Deputy Chief Executive.

1.3 Anne Cooper welcomed Rebecca Randell and Carole Hodgson-Mullings who are each participating in aspirant Non-Executive Director programmes and will be undertaking placements with the Trust for six months.

1.4 Apologies were received from Martin Havenhand and Tim Gilpin. It was noted that Nick Smith would arrive later in the meeting.

1.5 The meeting was quorate.

BoD24/04/2 **Declaration of Interests**

2.1 No declarations of interest were reported. If any declarations of interest did arise during the meeting these would be considered at that time.

BoD24/04/3 **Minutes of Previous Meeting**

3.1 The minutes of the meeting of the Board of Directors held in public on 01 February 2024 were approved as an accurate record.

3.2 There were no matters arising.

BoD24/04/4 **Action Log**

4.1 All completed actions were confirmed as closed.

4.2 BoD23/10/20.5 Freedom to Speak Up Report – this will be on Public Board Agenda May 2024, item to close.

4.3 BoD24/02/20.7 Risk Report - this will be on Public Board Agenda May 2024, item to close.

BoD24/04/5 **Staff Story**

5.1 Dave Green introduced a staff story about a digital therapeutic care tool called RITA (Reminiscence Interactive Therapy Activities) being trialled by Patient Transport Service (PTS) staff based at Huddersfield Ambulance Station.

5.2 RITA is a tablet-based software solution designed to improve the well-being of patients by reducing distress, agitation, and isolation. It helps staff to encourage communication and helps patients to feel more comfortable and at ease. The content includes photographs, music and interactive games spanning various generations and diverse backgrounds.

5.3 The Board recognised the benefits to staff and patients of the RITA tool. The Board discussed the cost implications (the unit cost of each device used in the trial is £1200), and particularly the trade-off between lower cost options which reduce the functionality and benefits offered by the more expensive devices.

Resolved

5.4 The Board noted the staff story.

BoD24/04/6 **Chairs Report**

6.1 Anne Cooper introduced the Chair's report and drew attention to the GEMS: Hidden In Plain Site (75@75) list of leaders published by the Seacole Group in partnership with Colourful Healthcare. This list recognises 75 health and social care professionals from Black, Asian, and other minoritised backgrounds whose leadership is making a difference to their organisation, to patient care and communities, or to the diversity and inclusion agenda generally. Andrew Chang is included in this list in recognition of his contribution to the Trust.

6.2 **Resolved**

The Board noted the report.

BoD24/04/7 **Chief Executive's Report**

10.1 Peter Reading presented the Chief Executive's report and drew attention to the following key matters:

10.2 The publication of the Cultural Review of Ambulance Trusts. NHS England (NHSE) has established an implementation group including four members from the ambulance sector. NHSE colleagues have expressed an interest to come on a ride-out at the Trust.

10.3 A review of the impact of the Trust's Sexual Safety Charter had taken place. The review group considered the quantity and nature cases, the capacity available to investigate cases, and the use of disciplinary measures such as suspension and early sanction agreements. A professional panel consisting of safeguarding, human resources and clinical leaders will be established to support a more consistent approach.

10.4 Meetings are being held with Place Directors and Leads across all ICB areas to further strengthen working relationships and to identify improvement opportunities relating to urgent and emergency care in local areas.

10.5 The YAS Research Institute had held a successful Spring Seminar with one hundred attendees from the Trust, NHS partners, and higher education.

10.6 The Trust has been named the Health and Science Apprenticeship Provider of the Year in the national Annual Apprenticeship Conference Apprenticeship Awards 2024. The Board congratulated the team for this award.

Resolved

10.7 The Board noted the report.

BoD24/04/8 **2023/24 Business Plan Priorities: Q4 Report**

8.1 Carol Weir presented the year-end position regarding the 18 operational objectives in the Trust's 2023/24 Business Plan. Four objectives were rated 'red' due to material issues beyond agreed tolerances. Four were rated 'amber' with moderate issues that can be resolved, and ten were rated 'green' (delivery on track). Four objectives were reported as complete, and elements of the other 14 would continue through to completion in 2024/25.

- 8.2 Julian Mark sought clarification regarding the RAG ratings as the 'red' status of Objective 3 was potentially misleading. Carol Weir recognised the limitations of the current RAG reporting and explained that this will be changing for 2024/25.
- 8.3 Marc Thomas sought assurance regarding the arrangements for completion of the outstanding 2023/24 priorities and whether these had been incorporated into the 2024/25 business plan priorities. Carol Weir confirmed that actions to complete the 2023/24 work will continue as business-as-usual activity, but these are not specifically included in the 2024/25 business plan priorities.
- 8.4 **Resolved:**
The Board noted the progress, impact, challenges, lessons learned and planned next steps for each of the eighteen operational objectives from the 2023/24 Business Plan.

BoD24/04/9 **Integrated Performance Report**

9.1 The Integrated Performance Report was presented as reference material to inform the directorate and committee assurance reports to be considered during the subsequent agenda items.

9.2 **Resolved**

The Board noted the Integrated Performance Report.

Nick Smith joined the meeting at 11.10 hrs.

BoD24/04/10 **Operational Assurance Report**

10.1 Nick Smith presented the assurance report covering the Chief Operating Officer remit, drawing attention to the following key highlights:

- EOC achieved an average call answer time of 10 seconds during 2023/24, an improvement from 50 seconds in the previous year. In 2023/24 Quarter 4 the average call answer time was 3 seconds.
- The 2023 EOC staff survey results had improved significantly from 2022. The biggest improvement was a 21.2% increase in EOC staff who would recommend the organisation as a place to work.
- The National Ambulance Resilience Unit (NARU) contract had moved from West Midlands Ambulance Service to the London Ambulance Service. Nick Smith gave assurance regarding the mitigation of risks relating to this (particularly the risk relating to NARU training provision).
- The 30-minute response time mean standard for Category 2 calls had been achieved in March 2024. This was the first time since August 2023. Overall, YAS had achieved the 30-minute mean in 6 of the 12 months during 2023/24.
- PTS call answering times had improved significantly again, the fifth consecutive month of improvement.

10.2 Nick Smith also drew attention to the following key lowlights:

- The recruitment pipeline in Integrated Urgent Care is good but there remains a high reliance on agency staff and high turnover at 20%.
- The overall Category 2 mean response time for 2023/24 was 32 minutes and 32 seconds against the required standard of 30 minutes.
- There remains significant unwarranted variation in response times to patients across Yorkshire.

10.3 Jeremy Pease sought assurance regarding how many times the new Duty to Rescue protocol had been used. Dave Green confirmed that this had been used only once. Jeevan Gill explained that on several occasions trusts had been put on standby to invoke the Duty to Rescue protocol and that this had been effective. Julian Mark clarified the circumstances in which the Duty to Rescue protocol would be invoked.

10.4 Anne Cooper sought assurance regarding the effectiveness of the Alternative Response model that had been implemented as part of the management of Category 2 calls. Dave Green explained that to date this had not worked as well as planned due to constraints with allocating crews with the right skillset for each patient. Work would be ongoing to make the Alternative Response model more effective as part the wider actions to improve to Category 2 response.

10.5 Amanda Moat sought clarity regarding which committees had oversight over the various elements of operational performance. It was suggested that the operational assurance report could be adapted to identify this.

10.6 **Resolved**

The Board noted the report.

BoD24/04/11 **Finance Report**

11.1 Kathryn Vause presented the financial performance report. The Trust's financial position at Month 11 (29 February 2024) was reported as follows:

- Income and Expenditure: £2.8m year-to-date surplus, forecast break-even.
- Organisational Efficiency Plan: £2.9m under plan year-to-date.
- Cash Balances: £68.1m at 29 February 2024.
- Better Payment Performance (Non-NHS): Volume 95%, Value 94%.
- Better Payment Performance (NHS): Volume 87%, Value 85%.
- Agency Cap: Year-to-date overspend of £1.5m.

11.2 Kathryn Vause reported that the provisional 2023/24 year-end (Month 12) position had become available. For income and expenditure, the position showed a revenue surplus of £50k, indicating that the Trust had achieved its duty to break-even. For purchased capital the position showed an £80k underspend, indicating the Trust had achieved its duty to work within its purchased capital limits. For leased capital the position showed a £3m underspend, but this is in the context of uncertainty about leased capital allocations and the limits to work within.

11.2 As Chair of the Finance and Performance Committee, and on behalf of the Board, Amanda Moat congratulated Finance colleagues, the Trust Executive Group, and other senior leaders and managers for their work in achieving this financial position for the Trust.

11.3 **Resolved**

1. The Board noted the Month 11 Finance Report, including:

- The Trust's financial performance to 29th February 2024
- The capital expenditure against plan
- All associated risks.

2. The Board noted the provisional Month 12 position reported to the meeting.

BoD24/04/12 **Finance and Performance Committee Report**

12.1 Amanda Moat presented the Finance and Performance Committee highlight report arising from the meeting held on 07 March 2024. The committee alerted the Board to the following issues:

12.2 The committee had been assured that, other than in the event of extraordinary circumstances, the Trust would achieve a year-end break-even position.

12.3 The committee had been assured that partnership work with ICBs and trusts was ongoing to strengthen urgent and emergency care performance, with good examples being the summits held in the Humber and North Yorkshire area.

12.4 The committee had continued to seek assurance regarding risks relating to unmet staffing trajectories and retention rates in 2023/24 and how this had been factored into planning for 2024/25.

12.5 **Resolved**

The Board noted the report.

BoD24/04/13 **Quality and Clinical Highlight Report**

13.1 Dave Green presented the Quality sections from the Quality and Clinical highlight report. The first draft Patient Safety Incident Investigation (PSII) had been produced in line with the Patient Safety Incident Response Framework (PSIRF). Once completed this would come through the agreed governance process and would provide assurance to the Board at a future meeting.

13.2 The first Advanced Life Support Course accredited by the Resuscitation Council UK had been delivered successfully with the support from Mark Millins. This had received positive feedback from attendees and assessors alike.

13.3 Two areas of concern were (a) delayed responses continue to be the most common reason for 'moderate harm or above' patient safety incidents, and (b) handover delays at several hospitals still present patient safety concerns. The Quality Committee would receive assurance regarding these concerns.

- 13.4 Julian Mark presented the Clinical sections from the Quality and Clinical highlight report. Highlights included the further development of the Trust's research capacity and strategy, the deployment of GPs into EOC, and the commencement of GP trainee placements to support YAS clinicians in aspects of patient care.
- 13.5 The Medical Emergency Response Intervention Team (MERIT) pilot continued to be a success with a Specialist Paramedic (Critical Care) and Immediate Care Consultant providing advanced critical care from a road-based platform to patients in the region.
- 13.5 Two concerns to note were (a) Electronic Patient Record (ePR) usage remains too low at 90% resulting in significant demands on the healthcare records team to process and validate paper records, and (b) adherence to the controlled drugs signing out process by some frontline clinicians is still a concern and further work is underway to address the issue.

The Board to be updated on the progress towards adherence to the Controlled Drugs Policy.

(ACTION, Dr Julian Mark)

- 13.6 Jeremy Pease sought assurance regarding the impact on patient handovers of the time taken for staff to complete ePR processes. Julian Mark explained that there is an intention to review ePR requirements and processes and also highlighted variations in practice regarding the point (pre-or-post handover) at which patient records are completed by crews. Marc Thomas added that wi-fi connection at hospitals needs to improve and that alternative devices could be used for ePR completion. Dave Green suggested that the quality of ePR training for Newly Qualified Paramedics could be reviewed. Peter Reading explained that the current devices are coming towards their end of life and that TEG had committed to purchasing replacement devices.

- 13.7 **Resolved**
The Board noted the report.

BoD24/04/14 Quality Committee Report

- 14.1 Jeremy Pease, in his capacity as Deputy Chair of the Quality Committee, presented the Quality Committee highlight report arising from the meeting held on 11 April 2024. The Quality Committee had no new significant issues to alert the Board to.
- 14.2 The committee had received updates and assurance reports regarding three concerns, namely (a) progress to address identified issues with the management of controlled drugs, (b) Category 2 mean response times, and (c) management of the backlog of serious incident investigations.
- 14.3 **Resolved**
The Board noted the report.

- BoD24/04/15 **People and Organisational Development Highlight Report**
- 15.1 Mandy Wilcock presented the People and Organisational Development highlight report. The NHS national staff survey results have been received, analysed, and circulated. The response rate was 51%, a significant improvement from the 34% achieved in the previous two years. A further paper will be provided for Board assurance focusing on key themes and actions being taken.
- 15.2 Recruitment and retention in the call handling centres remained a concern, particularly the continued high turnover and attrition relating to health advisor roles in the 111 call handling teams.
- 15.3 The New Operating Model programme had been completed and all new senior appointments were in place. The YAS Together workplace culture programme had progressed well with multiple elements coming to fruition. Initiatives such as Manage to Lead, the Team Charter, the Appreciation and Recognition Guide, and the Succession Planning Toolkit had been launched and well received.
- 15.4 Anne Cooper noted that although the staff survey results are positive the Trust still has areas to improve and encouraged the Executive Team to be ambitious with regard to the response to feedback from staff
- 15.5 **Resolved**
The board noted the report.
- BoD24/04/16 **People Committee Report**
- 16.1 Mandy Wilcock presented the People Committee report on behalf of Tim Gilpin. Recruitment and retention in call centres remained the key risk and was a particular concern to the committee. The next meeting would include a deep dive assurance review of progress regarding the IUC and EOC recruitment and retention improvement plans. It was noted the People Committee was yet to be adequately assured regarding the likely effectiveness and impact of these plans.
- 16.2 The 2024-25 Health and Wellbeing Plan and the 2024-27 Equality, Diversity and Inclusion Plan had been supported by the committee and both items were recommended for approval by the Trust Board at this meeting.
- 16.3 A key corporate risk related to visas and immigration, with a potential scenario in which the Trust loses its license to sponsor international clinicians. The committee was assured that appropriate action had been taken to strengthen the control framework in this area and to mitigate this risk.
- 16.4 **Resolved**
The Board noted the report.
- BoD24/04/17 **Audit and Risk Committee Report**
- 17.1 Andrew Chang, in his capacity of Chair of Audit and Risk Committee, presented the Audit and Risk Committee report relating to the meeting held on 16 April 2024. In doing so he observed that it was noticeable that risk and assurance matters being reported to committees and in other reports are consistent across agenda items and information source, and that this suggests that the Trust's risk and assurance processes include a good level of triangulation.

- 17.2 The Audit and Risk Committee had no new issues to alert the Board to.
- 17.3 The 2024/25 Internal Audit Plan had been approved, and the draft Head of Internal Audit Opinion had been received. Andrew Chang confirmed that after the meeting held on 16 April the committee had approved the 2024/25 Counter Fraud Plan.
- 17.4 Bishop Fleming, the Trust's new external auditors, had now commenced work and produced their audit plan, which had been approved.
- 17.5 **Resolved**
The Board noted the report.

Mussarat Suleman and Nabila Ayub joined the meeting at 1300 hrs.

BoD24/04/18 **Staff Health and Well-Being Plans**

18.1 **Staff Health and Well-Being Closing Report 2023/24**

- 18.2 Mussarat Suleman presented the closing report of the 2023/24 Staff and Health and Well-Being Plan. The plan comprised 13 priorities developed in consultation with stakeholders. The year-end position reported the completion of nine priorities, with three remaining in delivery and one not started. The three priorities in still in delivery would be completed during 2024/25.
- 18.3 The one priority that had not commenced related to the replacement well-being vehicle. This remained on hold due to funding constraints. However, use of the existing well-being vehicle would continue.
- 18.4 Adam Layland highlighted the impact of the health and well-being vehicles which also provide an excellent platform for staff engagement.

Resolved

- 18.5 The Board noted the report and the continued progress.

BoD24/04/19 **Staff Health and Well-Being Plan 2024/25**

- 19.1 Mussarat Suleman presented the 2024/25 Staff and Health and Well-Being Plan for approval. This plan comprised 11 priorities for based on two key themes: 'your health and well-being' and 'compassionate managers and leaders'.
- 19.2 Adam Layland reported that a significant number of Trust staff smoke regularly and he sought assurance regarding how the plan will encourage staff to adopt healthier lifestyles. Mussarat Suleman confirmed that the Trust had been working on smoking cessation with a public health consultant and will be running a national 'Stop and Swap' pilot scheme.
- 19.3 Jeremy Pease sought assurance regarding the communicating of the plan and how the Trust would embed staff well-being in all elements of its activity. Mussarat Suleman explained that the health and well-being team were seeking wider engagement opportunities and were working with the Quality Improvement team to develop approaches to measuring and improving reach and impact.

19.4 The Board sought assurance regarding the provision and impact of mental health support. It was explained that a specialist mental health worker would be joining the Trust in June to help further develop the work in this area. This will be monitored and assured via the People and Culture Group and the People Committee.

19.5 **Resolved**

The Board noted the report and approved the 2024/25 Health and Wellbeing Plan.

BoD24/04/20 **Equalities, Diversity, and Inclusion Plan 2024/27**

20.1 Nabila Ayub presented the Equalities, Diversity, and Inclusion Plan for 2024/27. This three-year plan represented a move away from the previous annual plans. A three-year timeframe would help the Trust to plan and deliver more effectively and in a more strategic way with better alignment with the Trust Strategy and the strategic risks managed via the Board Assurance Framework.

20.2 Jeremy Pease sought assurance that the EDI work had appropriate links with the Freedom to Speak Up (FTSU) Guardians to pick up common themes. Nabila Ayub confirmed that although protected characteristics are not recorded as part of the FTSU reporting there is good liaison with the FTSU Guardians and that this was set to continue and strengthen.

20.3 Rachel Gillott sought assurance regarding opportunities for shared learning with ICBs and other partners. Nabila Ayub confirmed that there is engagement with ICBs and trusts, and that EDI plans and priorities in the acute and ambulance sectors have significant areas of commonality which are likely to provide opportunities for learning and shared approaches.

20.4 The Board indicated concern about the apparently low proportion of BAME colleagues in visible management positions. In particular, the Board sought assurance regarding the number of BAME colleagues working in contact centres and their progression to team manager roles. Nabila Ayub explained that generally speaking BAME applicants do not sell themselves as well as other applicants and agreed to liaise with the appropriate senior operational managers to address this issue further.

20.5 **Resolved**

The Board:

- Noted the progress made under the 2023/24 Equalities, Diversity and Inclusion Plan.
- Approved the 2024/27 Equalities, Diversity, and Inclusion Plan.

Mussarat Suleman and Nabila Ayub left the meeting at 1335 hrs.

BoD24/04/21 **System Partnership Quarterly Report**

21.1 Rachel Gillott introduced the System Partnership Quarterly report and drew attention to the following key highlights:

- Continued engagement with partners to promote the Trust Strategy
- Forward plans to be refreshed in this quarter.
- The new leadership arrangements had resulted in a closer internal focus at present whilst the new roles become established.
- Business plan priorities that require external contribution.

21.2 Marc Thomas sought assurance regarding the planning guidance for integrated and single point of access for patients who contact both 999 and 111. Rachel Gillott confirmed there are pilot initiatives with EOC colleagues and a number of partners across the system that will provide additional capacity. Although this is underdeveloped and there are different models across three ICB areas, it is proving difficult to work with system partners to streamline into one single point of contact.

Resolved:

21.3 The Board noted the assurance paper on System Partnership

BoD24/04/22 **Governance Report**

22.1 David O'Brien presented the Governance Report and drew attention to the following key highlights:

- Board Development Programme, two further workshops had been scheduled in June and November.
- Board size and composition: changes had been circulated including new attendance arrangements for Board meetings held in Private.
- Calendar of meetings: increased to 6 Board meetings held in Public.
- Board Net Zero Lead, Kathryn Vause has been nominated.
- Trust Standing Orders delegated expenditure limits: interim changes to accommodate recent changes in the Trust's management structure.

22.2 **Resolved:**

1. The Board noted the developments in Board governance outlined in the report.
2. The Board approved:
 - The proposal to increase the number of Board meetings held in public each year, from four to six.
 - The designation of the Executive Director of Finance as the Trust's Board-level lead for net zero.
 - The changes to the delegated expenditure limits set out in 2.5.

BoD24/04/24 **Role of the Senior Independent Director**

24.1 David O'Brien presented a paper on the role of the Senior Independent Director (SID) for information. It was explained that the role of the SID is to support the Trust Chair in leading the Board of Directors, acting as a sounding board and source of advice for the Chair.

24.2 It was confirmed that the Trust's current SID is Anne Cooper.

24.3 The information in the report would be incorporated into corporate governance guidance and will be included in the induction material for future Board positions.

24.4 **Resolved:**
The Board noted the information regarding the role of Senior Independent Director.

BoD24/04/25 **Any Other Business**
25.1 There were no items of any other business.

BoD24/04/26 **Risks**
26.1 There were no additional risks raised for consideration of inclusion on risk registers of the Board Assurance Framework.

BoD24/04/27 **Date and Time of Next Meeting**
27.1 The next meeting is scheduled to take place on Thursday 30 May 2024.

The meeting closed at 1420 hrs.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**