



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

Thursday 22 July 2024 at 13:15

Venue: Kirkstall, Fountains and Rosedale, Springhill 1, Wakefield

Voting Directors:

Martin Havenhand	Chair
Tim Gilpin	Non-Executive Director/Deputy Chair
Anne Cooper	Non-Executive Director (Senior Independent Director)
Jeremy Pease	Non-Executive Director
Andrew Chang	Non-Executive Director
Amanda Moat	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

Non-Voting Directors:

Marc Thomas	Deputy Chief Executive
Mandy Wilcock	Director of People and Organisational Development

Contributing Directors:

Adam Layland	Director of Partnerships and Operations (South Yorkshire)
Rachel Gillott	Director of Partnerships and Operations (West Yorkshire)
Jeevan Gill	Director of Partnerships and Operations (Humber and North Yorkshire)
Carol Weir	Director of Strategy, Planning and Performance
David O'Brien	Director of Corporate Services and Company Secretary
Sam Robinson	Chief Digital Information Officer

In Attendance:

Rebecca Randell	NEXT Director
Helen Edwards	Head of Communications and Community Engagement
Lynsey Ryder	Head of Corporate Affairs
Odette Colgrave	Corporate Business Officer (minute-taker)
Jo Jennings	Senior Executive Officer

Apologies: None

BoD24/07/1 Welcome and Apologies

- 1.1 Martin Havenhand welcomed all to the Board meeting, with special welcome to Sam Robinson, Chief Digital Information Officer, who was attending her first meeting of the Board.
- 1.2 There were no apologies.

1.3	The meeting was quorate.
BoD24/07/2	Declaration of Interests
2.1	No declarations of interest were reported. If any declarations of interest arose during the meeting these would be considered at that time.
BoD24/07/3	Minutes of Previous Meeting
3.1	The minutes of the meetings of the Board of Directors held in public on 30 May 2024 and 20 June 2024 were approved as an accurate record subject to the following amendment: <ul style="list-style-type: none"> 30 May 2024 – 5.4 Anne Cooper advised there is a well-established care provision in Leeds.
3.2	There were no matters arising.
BoD24/07/4	Action Log
4.1	Actions were discussed as appropriate and completed actions closed.
BoD24/07/5	Patient Story
5.1	Dave Green introduced the patient story regarding an incident in 2021 where a 16-year-old boy lost his life in open water in South Yorkshire.
5.2	The following was noted: <ul style="list-style-type: none"> The emotional impact of such incidents on YAS staff and the support required for this. The Trust's role in raising awareness of the risks in relation to open water and an ongoing workstream to support this which includes visits to schools. The specialised nature of working in/around water and the regulations relating to this. A Task and Finish Group has been established with the Fire Service and YAS Health and Safety colleagues.
5.3	The Task and Finish Group is to explore working near water and any further actions that can be undertaken to help make this effective and as safe as possible. The Trust is asked to support this piece of work.
5.4	It was suggested that the Restart a Heart day could be used as an opportunity to raise awareness of this in schools. This was supported by other members of the Board.
5.5	Resolved. The Board received assurance regarding ongoing work in the Trust to increase awareness of the risks of open water.
BoD24/07/6	Chair's Report
6.1	Martin Havenhand thanked Tim Gilpin, Deputy Chair, and other colleagues for their support during his period of absence over recent months.
6.2	It was remarked that we have a new government and that the new government had indicated its intention to address key issues facing the NHS.

- 6.3 The Chairs, Non-Executive Directors and Chief Executives appraisals have been completed in line with the Board's Business Planning timetable. Some senior leader appraisals are outstanding, completion of these is now critical if this objective is to be delivered.
- 6.4 The Ambulance Leadership Forum online event on Tuesday 08 October 2024 will focus on leadership 'Leading at all levels'. All Board members and attendees were asked to note this date.
- 6.5 The Long Service Awards were held on 11 July 2024 during which over 220 colleagues were recognised who had reached 20, 30, 40- and 50 years' service in the NHS.
- 6.6 **Resolved**
The Board noted the update.

BoD24/07/7 **Chief Executive's Report**

- 7.1 Peter Reading presented the Chief Executive's report and drew attention to the following:
- The appointment of Sam Robinson, Chief Digital Information Officer.
 - Two staff were recognised in the King's Birthday Honours List, Jason Carlyon in recognition of his services to resuscitation and Ola Zahran for distinguished service.
 - David O'Brien advised that from 01 August 2024 the Risk, Policy and Information Governance teams will be transferring to his portfolio. Marc Thomas will be the Senior Information Risk Owner (SIRO) and David O'Brien and Sam Robinson will be the Deputy SIROs.

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

BoD24/07/8 **2024/25 Business Plan Priorities: Quarter 1 Report**

- 8.1 Carol Weir gave an overview of the progress made on the Business Plan priorities during Quarter 1 and gave assurance that these are monitored via the monthly performance meetings and senior responsible officers (SROs).
- 8.2 The following was noted:
- More work has been completed in relation to recruitment and retention with the capacity planning group, placing the Trust in a better position in comparison to last year. There is a need to reduce agency spend in Integrated Urgent Care (IUC) and a new model will be developed to address the overspend. Vacant shifts on mental health vehicles has resulted in an underspend in this area.
 - Kathryn Vause highlighted an exception regarding availability of fleet. Slippage has occurred due to incorrect fitting of blue lights by a third-party supplier. Kathryn Vause and Nick Smith will be seeking assurance from the supplier that future delivery timescales can be met.
 - Assurance regarding clinical supervision and patient safety will be provided to the Trust Board through the Quality Committee and Clinical Governance highlight reports.

- 8.3 Martin Havenhand stated it was important that all Executive Directors and SROs prioritise their responsibility and identified actions to ensure the objectives get delivered.
- 8.4 Peter Reading confirmed that objectives for his direct reports will be presented at the next Remuneration and Nomination Committee meeting (29 July)
- 8.5 Mandy Wilcock confirmed that approximately 60% of senior leaders have completed appraisals, although this figure could be higher due to the records not being updated in the electronic staff record (ESR) system. Martin Havenhand expressed his concerns that all appraisals should have been completed in Quarter 1 as per the Trust's Business Plan and he would like the board to be kept informed of the progress in completing this task.
- 8.6 Anne Cooper commended the report as more helpful, however, there was a lack of quality metrics. Carol Weir commented that she would ensure quality metrics are incorporated more clearly in future reports.
- 8.7 Marc Thomas gave the Board assurance that there are improved processes in place for trajectory, narrative and flow of information.
- 8.8 **Resolved**
The Board:
- Noted the Quarter 1 progress on delivery of the Trust business plan priorities for 2024/25.
 - Noted the reported impact of workstreams that are off-track and supported the recovery plans.

BoD24/07/9 **Risk Report**

- 9.1 David O'Brien presented the Risk Report detailing changes to, and new corporate risks since the previous report provided on 30 May 2024 with the following key highlights:
- The greatest corporate risk is hospital handover. This risk has been disaggregated to reflect the position in different operational areas. The highest risk is found in North and East:
 - Hospital Handover – South (20, high risk)
 - Hospital Handover – N&E (25, high risk)
 - Hospital Handover – West (10, moderate risk)
 - New corporate risk 637, industrial action by General Practitioners: this had been opened as a 'high risk' but its precise scoring is yet to be confirmed, this had been discussed at both the Quality Committee (18 July) and the Performance and Finance Committee (23 July)

- 9.2 **Resolved**
The Board noted the position regarding risks.

BoD24/07/10 **Board Assurance Framework**

- 10.1 David O'Brien presented the new Board Assurance Framework that has been developed to align with the Trust Strategy 2024-29. The Board Assurance Framework sets out Executive Director ownership and Committee oversight arrangements for each of these risks and the associated priority actions.

- 10.2 Risk 14, Digital Technology and Cyber Security and Risk 15, Action in Response to Climate Change are two key areas for development in the Trust's assurance framework. In addition, Marc Thomas and Carol Weir will be conducting a piece of work to strengthen assurance regarding service performance through the performance review meetings and onward reporting to the Trust Executive Group.
- 10.3 Jeremy Pease raised concern of the high number of actions the Chief Operating Officer is responsible for. Nick Smith gave assurance that these are manageable and are all part of the Trust's agreed plans.
- 10.4 Adam Layland noted a point of accuracy for Strategic Risk 4. The Board Assurance Committee should be Quality Committee and the Trust Executive Group (TEG) reporting Committee should be Clinical Governance Group.
- 10.5 Carol Weir praised David O'Brien on the contents of the framework and alignment to the Trust Strategy. Martin Havenhand emphasised that it is the accountable Executive Directors who must provide assurance to the Board and its Assurance Committees and not David O'Brien.
- 10.6 Formal BAF reporting to TEG, Committees and Board will commence from September.
- 10.7 **It was agreed to arrange a Board Strategic Forum session to review the Trust's risk appetite.**
(ACTION: David O'Brien)
- 10.8 **Resolved**
The Board:
1. Noted the new set of strategic risks aligned to the Trust Strategy 2024-29
 2. Noted that the Board Assurance Framework is a live document and will continue to evolve.
 3. Supported the intention to hold a session on the Board's strategic risk appetite later in 2024/25.
 4. Noted the key issues identified in Section 7 of this report, particularly those relating to the need to strengthen elements of the Trust's governance and assurance framework.
 5. Approved the new Board Assurance Framework, subject to final adjustments as required, with reporting to commence in September 2024.

BoD24/07/11 **Finance and Performance Committee Chair's Report**

- 11.1 Amanda Moat, in her capacity as Chair of the Finance and Performance Committee, presented the Finance and Performance Committee report relating to the meeting held on 25 June 2024. A highlight from the report was the need to maintain pressure at system level to support actions for acute providers which enable us to release vehicles at handover.
- 11.2 Peter Reading added that the national lead for IUC has focussed on handover delays and co-presented data with London Ambulance Service. Marc Thomas,

Nick Smith and Peter Reading have presented this information to the Executive Leadership Board who have given support and will cascade to the Integrated Commissioning Boards (ICBs).

11.3 A business case will be presented to a future meeting to address the current vacancies in the Capital Finance team.

11.4 **Resolved**

The Board noted the report.

BoD24/07/12 **Operational Assurance Report**

12.1 Nick Smith presented the Operational Assurance Report, drawing attention to the following points:

- The Trust had secured non-recurrent funding for June and July to improve Category 2 performance.
- The Emergency Operations Centre (EOC) continues to answer around 15,000 999 calls each week. The average call answer time is five seconds from 01 April 2024, a reduction compared to the same period in 2023/24 which was 16 seconds.
- The Trust implemented CRS/LifeX on 17 July 2024, this is a national mandated digital radio interface system, no operational issues were seen. This was a significant piece of work between Information and Communications Technology (ICT), Business Intelligence (BI) and Emergency Operations Centre (EOC) and they should be congratulated.
- The 'Case for Change' is progressing well. New rotas went live in early June with no impact on performance. Uniform has now been issued to the majority of staff, which will be mandatory from September. Feedback has been positive.
- The year-to-date position for Category 2 mean performance is just over 29 minutes, West Yorkshire (28 minutes), South Yorkshire (24 minutes) and Humber and North Yorkshire (35 minutes). To date, in July, Humber and North Yorkshire are achieving 28 minutes.
- Recruitment to the clinical assessor roles in EOC continues to be challenging despite significant focus by the team.
- The recruitment pipeline in IUC is good, but there is still high reliance on agency staff. This is causing a significant financial overspend at Month 3. Mitigating actions are being taken.

12.2 Martin Havenhand drew attention to the proportion of 999 calls getting a disposition of Category 1 which is higher in the Trust than any other ambulance service in the UK. Nick Smith advised this could be in relation to population health and availability of pathways as this is similar across all the other northern ambulance services. Julian Mark advised that the Trust is a centre of excellence for the use of Advanced Medical Priority Dispatch System (AMPDS), accredited by the International Academy of Emergency Dispatch. As such, we're confident that we're using AMPDS correctly, so the high proportion of Category 1 calls reflects genuine demand, rather than a local interpretation/application of AMPDS.

- 12.3 Anne Cooper sought assurance by requesting data on patterns regarding hear and treat rates, and whether the Trust is seeing any improvements from our actions on this. Nick Smith confirmed that we have increased the number of clinicians but work will continue on this as the Trust needs to offer alternatives which require more development.
- 12.4 Jeremy Pease asked whether we seek feedback from patients about their experiences of hear and treat. Anne Cooper confirmed this is discussed in depth at the Quality Committee.
- 12.5 **Resolved**
The Board noted the report.

BoD24/07/13 **Finance Report**

- 13.1 Kathryn Vause presented the Financial Performance Report. The Trust's financial position at Month 03 (30 June 2024) was reported as follows:
- Year to Date (YTD) deficit £0.9m, with a forecast of break-even.
 - Agency spend is £2m YTD and exceeding our agency cap by £608k. The majority of this expenditure is within IUC.
 - There are overspends in pay and non-pay in PTS.
- 13.2 Kathryn Vause acknowledged that delayed budget setting caused by the prolonged national planning process has been unhelpful to budget holders. However the efficiency requirements have been well understood for some time. If efficiency targets are not met, there may be a need to reduce expenditure.
- 13.3 On 12 June 2024 the West Yorkshire system submitted a £50m deficit financial plan. This plan is owned by all system partners, including YAS. Peer review and mutual accountability will be used to review/improve as necessary.
- 13.4 Kathryn Vause outlined a process being implemented by NHSE, whereby systems are allocated a level according to their financial challenges and levels of risk. There will be intervention in the systems graded at the higher levels. Andrew Chang raised concerns on whether NHSE would intervene in Yorkshire and Humber. Amanda Moat confirmed they may, depending on ICB submissions and action plans. This may have an impact on YAS. Martin Havenhand supported Kathryn's message that the Trust has a responsibility to deliver a break-even plan and clearly the Trust has over spent on agency staff at M3. If this continues the Board will need assurance that the break-even plan can be delivered.
- 13.5 **Resolved**
The Board noted the report.

BoD24/07/14 **Quality Committee Chair's Report**

- 14.1 Anne Cooper, in her capacity as Chair of the Quality Committee, presented the Quality Committee Highlight Report from the meeting held on 21 June 2024.
- 14.2 The Quality Committee had no new significant issues to alert the Board to, however, the Committee wanted to highlight ongoing delayed responses to avoid normalising this. 300 patients waited more than 30 minutes for a

Category 1 response, and 732 patients waited more than 80 minutes for a Category 2 response. These times are two times the 90th centile response standard. Although this month shows a marginal improvement, we need to focus on improving this position.

14.3 Peter Reading confirmed colleagues in ICBs and acute trusts are undertaking research on patients who spend 12 hours or more in A&E departments and asked if the Trust could also commission some research from an ambulance sector perspective.

14.4 Julian Mark advised that during 2014 there was a sudden spike in long lies. 2,500 cases were clinically reviewed. He reported that we are receiving £750k for research and further work and research will continue on patients who experience a long lie after a fall and associated morbidity.

14.5 **Resolved**

The Board noted the report.

BoD24/07/15 **Quality and Clinical Highlight Report**

15.1 Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the following key points:

- Health and Safety Policy which was provided in the supporting documents for information
- A revision of the terms of reference to the Trust Learning Group has been undertaken. The group is now named Patient Safety Learning Group (PSLG) and focusses on learning and improvement from incidents from all sources and clinical audit.
- Two local Patient Safety Incident Review Framework (PSIRF) themes and suggested learning were presented at PSLG in April and June, these related to 999/IUC telephony concerns and care of patients who have fallen in our care.
- 246 staff have received clinical supervision. Dave Green thanked Mark Millins, Associate Director Paramedic Practice, for this piece of work. A further 700 staff will have received training by Quarter 3.
- Delayed handover and delayed response have been highlighted from the data collection and thematic review from Quarter 1 and are now being reviewed as a Patient Safety Incident Investigations (PSII)
- Formal complaint themes remain static with attitude, call handling and clinical care remaining the top three themes. Delayed response complaints have decreased over the quarter.
- Lack of adherence to bare below the elbows in some frontline staff.

15.2 Julian Mark presented the clinical sections of the Quality and Clinical highlight report, drawing attention to the following points:

- The Trust sponsored and hosted National Institute for Health and Care Research (NIHR) Health Services and Delivery Research-funded study 'impact and care trajectory for ambulance patients who have a long lie after a fall'.
- The use of ePR had fallen below 90% and this has impacted the health records team.

- Adherence to the Controlled Drugs (CD) signing out process by some frontline clinicians is still a concern and further work is underway to address the issue.

15.3 **Resolved**

The Board noted the report.

BoD24/07/16 **People Committee Chair's Report**

16.1 Tim Gilpin, in his capacity as Chair of the People Committee, presented the People Committee Highlight Report arising from the meeting held on 09 July 2024. The People Committee had no new significant issues to alert the Board to.

16.2 The Committee received and noted the progress on recruitment and retention and were assured on progress but wished to continue oversight to ensure current trajectories remain on-track. There is a concern in relation to the use of agency staff in call centres and this is putting pressure on our financial position.

16.3 **Resolved**

The Board noted the report.

BoD24/07/17 **People and Organisational Development Highlight Report**

17.1 Mandy Wilcock presented the People and Organisational Development highlight report, drawing attention to the following key points:

- The Succession Planning Toolkit was launched in June 2024 with Directorates asked to complete their plans by end of Quarter 3. To our knowledge, the toolkit is the first NHS succession planning tool, hence there has been considerable external interest in the Trust's roll out of this.
- AACE Equality and Diversity Improvement Plan for the Ambulance Sector: The Culture Review of the English Ambulance Services highlighted six areas of concern and for imminent action. The Trust will be developing a sector wide diversity inclusion plan.
- Total sickness absence for June 2024 was 6.3%; this is slightly higher than in June 2023. Total absence for June 2024 comprised of 2.8% short term and 3.5% long term. The work of the Sickness Absence Group continues with a focus on compliance with day one callbacks, return to work meetings and adherence to trigger points.
- WRES Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. This has increased for BME staff (41.2%, 2023 to 44.6%, 2024). The action plan will include proposals to tackle this area.

17.2 **Resolved**

The Board noted the report.

BoD24/07/18 **NHS Staff Survey**

18.1 Mandy Wilcock presented the NHS National Staff Survey (NSS) results providing assurance for Trust Board that the outcomes of the 2023 survey have been considered, rolled out and used to inform an ongoing plan for engagement and improvement.

18.2 The Trust's response rate was significantly improved on previous years, achieving 51% compared with 34% in 2021 and 2022. All People Promise elements and themes scores have improved, the majority showing a statistically significant increase, giving a two-year improvement trend.

18.3 The target response rate has not yet been set for this year.

18.4 **Resolved**

The Board noted the contents.

BoD24/07/19 **Audit and Risk Committee Chair's Report**

19.1 Andrew Chang, in his capacity as Chair of Audit and Risk Committee, presented the Audit and Risk Committee Report relating to the meetings held on 26, 27 June and 16 July 2024. The Audit and Risk Committee had no new significant issues to alert the Board to. The following points were raised:

- The Committee noted that the increase in internal audit overdue actions, which was reported through Quarter 4 2023/24 and Quarter 1 this year, persists. The Committee will continue to monitor the situation, and the Board was asked to note the 360 Assurance's focus on action clearance for its Head of Internal Audit Opinion for 2024/25. The Trust's policy for the Management of Medical Devices was out of date and deficient. Management reported that the policy had subsequently been reviewed and approved. Additionally, staff were not able to clearly say if there was a policy for the management of consumables.
- It was found that 10% of the consumables reviewed on ambulances had expired.

19.2 Kathryn Vause confirmed that the Trust was strengthening its assurance processes regarding outstanding internal audit actions. David O'Brien is developing guidance about this and will present this at a future session of the Senior Leadership Community.

19.3 **Resolved**

The Board noted the report.

BoD24/07/20 **Quality Improvement Enabling Plan**

20.1 Dave Green presented the Quality Improvement (QI) Enabling Plan for approval.

20.2 **Resolved**

The Board :

- Approved the Quality Improvement Enabling Plan 2024 – 2029
- Asked that all Directors ensure that QI is embedded in their areas of responsibility.
- Asked to receive assurance that the four key components of the plan are being delivered.

BoD24/07/21	System Partnership Quarterly Update
21.1	<p>Rachel Gillott gave a verbal update. The following was noted:</p> <ul style="list-style-type: none"> Positive feedback received and the presence of the Directors of Partnerships and Operations (DPOs) has been welcomed by system partners.
21.2	The Board received assurance that all DPOs are engaging in the correct forums to maximise resources in resolving patient flow to reduce handovers.
21.3	Adam Layland confirmed all place Director meetings for South Yorkshire have been held and all the actions align with our Business Priorities. There is an emphasis for patient safety plans for handover and Category 2. The Trust is working with blue light partners and the culture group to learn from best practice.
21.4	Jeevan Gill continues to work on the national partnership agreement, Right Care Right Person (RCRP). Engagement has improved and further collaborative work will continue. The Humberside and Fire working group will be re-established.
21.5	Following his recent meetings with ICB Chairs and Chief Executives Martin Havenhand commented that the presence of the DPOs has improved our reputation and relationships with ICBs and the roles are proving to be successful in the collaboration with system partners and strengthening the governance relating to emergency care services.
21.6	<p>Resolved</p> <p>The Board noted the update.</p>
BoD24/07/22	Corporate Governance Report
22.1	<p>David O'Brien presented the Corporate Governance Report and drew attention to the following points:</p> <ul style="list-style-type: none"> The Trust has received a draft new Establishment Order from the Department of Health and Social Care (DHSC). When approved, this will increase the number of Non-Executive positions on the Board of Directors from six (Chair plus five) to seven (Chair plus six). It was noted that we are not able to increase the number of Executive Directors due to not being a Foundation Trust. From September 2024 the Trust will start recruiting two further Non-Executive Directors plus an Associate Non-Executive Director.
22.2	<p>Resolved</p> <p>The Board noted the developments in Board governance outlined in this report.</p>
BoD24/07/23	Committee Annual Reports 2023-24
23.1	David O'Brien presented the Committee Annual Reports providing assurance regarding the effectiveness of the Board Committees as part of the Trust's governance and assurance framework.
23.2	The Audit and Risk Committee has an externally facilitated review of its effectiveness and maturity each year and it was recommend the other three committees align with this approach in future.

- 23.3 Martin Havenhand thanked David O'Brien for the hard work producing this report.
- 23.4 **Resolved**
The Board received assurance via the 2023/24 annual reports of the Finance and Performance Committee, the Quality Committee, the People Committee, and the Audit and Risk Committee.
- BoD24/07/24 **Committees Terms of Reference 2024-25**
- 24.1 David O'Brien presented the Board Committees Terms of Reference 2024-25.
- 24.2 **Resolved**
The Board approved the Committees Terms of Reference, pending any final amendments that may be required.
- BoD24/07/25 **Governance Guide: Board of Directors**
- 25.1 David O'Brien presented the Governance Guide: Board of Directors, to seek approval to various aspects of the Trust's Board-level governance arrangements. This document supports the Trust to comply with the NHS Code of Governance (2023).
- 25.2 The final approved document will be published on Pulse and on the Trust's website. The document will be included in the induction materials to support future new Board members. The document will be reviewed regularly and presented to the Board annually.
- 25.3 **Resolved**
The Board approved the Corporate Governance Guide: The Board of Directors
- BoD24/07/26 **Any Other Business**
- 26.1 There were no items of any other business.
- BoD24/07/27 **Risks**
- 27.1 No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
- BoD24/07/28 **Date and Time of Next Meeting**
- 28.1 The next meeting is scheduled to take place on Thursday 26 September 2024.
- The meeting closed at 15:52 hrs.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ CHAIRMAN

_____ DATE