



Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 30 January 2025 at 09:15

Venue: Kirkstall, Fountains and Rosedale, Trust Headquarters, Wakefield

Voting Directors:

Martin Havenhand	Chair
Tim Gilpin	Non-Executive Director (Senior Independent Director)
Jeremy Pease	Non-Executive Director
Amanda Moat	Non-Executive Director
Andrew Chang	Non-Executive Director
Peter Reading	Chief Executive
Nick Smith	Chief Operating Officer
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)
Jeevan Gill	Director of Partnerships and Operations (Humber and North Yorkshire)
Rachel Gillott	Director of Partnerships and Operations (West Yorkshire)
Carol Weir	Director of Strategy, Planning and Performance
Sam Robinson	Chief Digital Information Officer
David O'Brien	Director of Corporate Services and Company Secretary

In Attendance:

Helen Edwards	Associate Director of Communications and Community Engagement
Lynsey Ryder	Head of Corporate Governance
Saghir Alam	Non-Executive Director (Designate)
Tabitha Arulampalam	Associate Non-Executive Director (Designate)
Katie Lees	Associate Non-Executive Director (Designate)
Odette Colgrave	Corporate Business Officer (minute-taker)
Jo Jennings	Senior Executive Officer

Apologies:

Dave Green	Executive Director of Quality and Chief Paramedic
Anne Cooper	Non-Executive Director/Deputy Chair
Rebecca Randell	Associate Non-Executive Director (Designate)

BoD25/01/1	Welcome and Apologies
1.1	Martin Havenhand welcomed all to the Board with special mention to the new Non-Executive Director (NED), Saghir Alam and new Associate Non-Executive Directors (ANED), Tabitha Arulampalam and Katie Lees as new Board members. It was noted that Rebecca Randell has also been appointed as a new ANED. All four will formally commence their new roles from 01 February 2025.
1.2	This will be the last public meeting for Jeremy Pease, Non-Executive Director who has completed two terms of office and will leave the Trust on 31 January 2025. It was reported that Julian Mark, Executive Medical Director is retiring at the end of March.
1.3	Apologies were received from Anne Cooper, Dave Green and Rebecca Randell.
1.4	The meeting was quorate.
BoD25/01/2	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.
BoD25/01/3	Minutes of Previous Meeting
3.1	The minutes of the meeting of the Board of Directors held in public on 28 November 2024 were approved as an accurate record.
3.2	There were no matters arising.
BoD25/01/4	Action Log
4.1	BoD25/01/11.3 – recommended for closure. BoD25/01/13.2 – update , proposal to change the date and extend to March 2025. Marc Thomas will continue the Business Plan process and will return back to Board with product efficiencies.
BoD25/01/5	Patient Story
5.1	Clare Ashby introduced the patient story about our excessive response time to a patient who was having a stroke; from a relative's perspective.
5.2	The story illustrated the human impact when the Trust's services were under severe pressure with high demand and, the transfer of care is significantly challenged.
5.3	Martin Havenhand highlighted the two key issues which was the service received from YAS and the pressures of the system.
5.4	One of the lessons learned was the importance of the duty of candour and it was reported that there is now a more robust system in place. It was also mentioned that our joint work with Hull Royal Infirmary to reduce the transfer of care time could have a significant impact on patient care if it was introduced where appropriate across the region.

5.5	Tim Gilpin highlighted the experience of the patient's husband, and the patient, along with service pressures and lack of resources at A&E departments. Tim expressed his concerns over the lack of compassion and empathy from the call handler and the Board members were assured this had been addressed.
5.6	Peter Reading gave the Board assurance that the Trust has changed the arrangements for all complaints to be signed off by direct reports and a covering letter signed by Peter. This has made a significant improvement in the responses issued from the Patient Relations team. Peter Reading agreed to liaise with the Critical Friends Network to do further work on the tone of response letters to be more empathetic and compassionate.
5.7	It was noted that the husband of the patient is now a member of the YAS Critical Friends Network to provide feedback and to contribute to improve our services.
5.8	Carol Weir added that patient experience is one of the improvement priorities for next year and the Trust will focus on patients and learn from experiences.
5.9	Jeremy Pease confirmed any harm caused to the patient due to delays will be monitored by the Quality Committee.
5.10	Resolved: The Board noted the contents and areas of learning.
BoD25/01/6	Chair's Report
6.1	Martin Havenhand presented the Chair's report and reported that response to the recruitment exercise for the new NED and ANED roles was exceptional, receiving 78 expressions of interest and 48 applications.
6.2	Resolved The Board noted the report.
BoD25/01/7	Chief Executive's Report
7.1	Peter Reading presented the Chief Executive's report adding the following key points for the Board's attention: <ul style="list-style-type: none"> • Planning guidance from NHSE was released earlier today. • The Trust received a visit from Karim Smith, Minister of Health who met Martin Havenhand, Peter Reading, Emergency Operations Centre staff and the Critical Friends Network. She also had the opportunity to view a new mental health vehicle. • Peter Reading was invited to speak at the Exemplar People Promise Meeting on Monday 27 January 2025 to showcase the good work Mandy Wilcock and her team have led from our People Promise. • Three paramedics who rowed across the Atlantic have now successfully reached Antigua.
7.2	Resolved The Board noted the report.

Business Plan: Quarterly Update Report

- 8.1 Marc Thomas presented the quarterly update report for the Business Plan. Two key points highlighted were 'crew clear' and sickness absence.
- 8.2 The average crew clear time had worsened and had a significant impact on our overall response times although this varies across the YAS area. The key focus of quarter four (Q4) will be in the West. Leeds Teaching Hospital sites have the longest crew clear times. This will be reported on as part of Q4 and end of year plan.
- 8.3 Sickness absence continues to increase (7.5% in November against plan of 5.9%) and is expected to remain above plan during the winter months with sharp increases in colds and flu, and winter pressures impacting our ability to support compliance and engagement.
- 8.4 Jeremy Pease queried whether there was any correlation to the low flu vaccination rate and high sickness in December. A discussion was held in relation to promoting the vaccination programme earlier in the year.
- 8.5 Clare Ashby agreed both are related and is working alongside NHSE on the lack of uptake from frontline staff, although YAS is comparative with other ambulance services. The Trust is aiming to improve education regarding benefits for patients.
- 8.6 *Andrew Chang joined the meeting at 09:52.*
- 8.7 Mandy Wilcock agreed that the high sickness levels were linked to the low level of flu vaccination, however, mental health, stress and anxiety also contribute considerably to the high sickness figures.
- 8.8 Tim Gilpin sought assurance the lower uptake of flu vaccination compared with other ambulance trusts and the wider NHS. Marc Thomas confirmed that the Trust has developed a detailed analysis which shows a number of sickness issues, this will form part of the report to Board in two months. The Trust needs some innovative ideas to solve these issues.
- Action: Marc Thomas**
- 8.9 Martin Havenhand sought assurance that measures being implemented by the Trust are showing an impact on sickness absence. Mandy Wilcock will provide details of any deep dives to the board via the People Committee.
- 8.10 Martin Havenhand noted that the business plan report showed that 22 workstreams were off track at Q3 and asked if any objectives will not be met and what actions will be put in place to address these. It was agreed this will be explored and discussed in more detail during the Strategic Forum meeting today.
- 8.11 **Resolved:**
The Board:
- Noted the progress in Q3 on delivery of the Trust business plan priorities for 2024/25

- Noted the impact of workstreams that are off-track and supports the recovery plans to improve progress and delivery of the Trust business plan priorities

BoD25/01/9

Transfer of Care

9.1 Nick Smith delivered a presentation supported by Jeevan Gill on the Transfer of Care (45 minutes) work and improvements which had been carried out jointly between Hull Royal Infirmary and YAS.

9.2 The following key points were discussed in relation to handover times and the progress the Trust has made with Hull Royal Infirmary (HRI). This hospital has the largest and busiest A&E department in Yorkshire. Jeevan Gill and her team have worked closely with HRI to improve conveyance rates and reduce handover delays:

- Impact of handover delays and approach taken
- Engagement with senior clinical and operational teams
- Trust and system level actions
- Governance arrangements and success metrics
- Patient flow and impact
- 1,000 hours lost since Dec-Jan 2025
- Lessons learned and national picture
- Clear communication (6-week programme)
- To roll out to four other trusts in the region

9.3 Nick Smith gave assurance about the significant improvements and impact these changes have made. The importance of Trust presence in senior clinician meetings was highlighted to push for best practice and to influence NHSE and the Integrated Care Boards (ICBs). Julian Mark added that this has been a huge cultural piece of work and is collectively a risk of patient ownership.

9.4 Jeremy Pease was assured the Trust is using the data wisely in terms of patient experience and evidence shows there are currently no further treatments in corridors at HRI. Jeevan Gill confirmed the Trust will continue to monitor this.

9.5 Regional leaders have visited four other acute trusts to discuss implementation with executive leads and ICBs to drive this forward with other organisations. Our Directors of Partnerships and Operations are also engaging with Chief Operating Officers.

9.6 Peter Reading gave assurance to the Board that he has hosted acute partners and ICB colleagues to listen to 999 and 111 calls received by the Trust to help them understand the ambulance service perspective.

9.7 **Resolved:**

The Board noted the content of the report and presentation.

BoD25/01/10

Corporate Risk and Board Assurance Framework

- 10.1 David O'Brien presented the Corporate Risk Report and the key highlights were:
- Six new corporate risks have been opened
 - The greatest corporate risks remain handover delays in South and in North and East, both scored as the maximum '25' (high risk)
 - One existing corporate risk has increased in score and three corporate risks have reduced
 - Five corporate risks have been de-escalated
- 10.2 It was noted that the hospital handover risks in East (Risk 602) have been partially mitigated by the Transfer of Care work in Hull and Julian Mark wanted to acknowledge this risk had potentially changed. David O'Brien explained that these risks are managed within all three areas of the Director of Partnership and Operations and so this risk covers handover delays across North and East Yorkshire, however there may be scope to reduce the risk relating to the East element of this
- 10.3 David O'Brien presented the Board Assurance Framework quarterly report. This presented the status of strategic risks and mitigation actions at the close of 2024/25 Quarter 3 (information correct as of 31 December 2024). Appendix A provided a summary of each current risk status and Appendix B showed the more detailed position of each strategic risk and the progress on mitigation actions. Appendix C provided a 'signpost' to other sources of assurance about the BAF risks that were provided in the Board papers for that day.
- 10.4 It was noted that three of the BAF strategic risks are above the expected risk level as forecast during the BAF development and other planning work for 2024/25. These were:
- Strategic Risk 3: Patient Flow – the main driver of this risk is response times and hospital handover delays, and Q3 had been very challenging for these. There had been notable improvements during January (as evidenced by the Transfer of Care item) but it is too early to reduce the risk.
 - Strategic Risk 8: Recruitment and Retention – although recruitment has been successful across many staff groups, there are ongoing issues with retention which has not improved as expected (particularly in IUC/111)
 - Strategic Risk 12: Revenue Resources – at Month 9 the Trust faced a notable risk regarding the ability to achieve a break-even year-end budget position.
- 10.5 Strategic Risk 5 relating to Emergency Preparedness Recovery and Response (EPRR) had been reduced in line with the forecast. This was because four key actions had been completed and the People Committee had received additional assurance about further improvement in EPRR and a downward trajectory in EPRR risk.
- 10.6 During Q3 the Trust's internal auditors, 360 Assurance, carried out a review of the Board Assurance Framework. The review resulted in a rating of 'significant assurance' and noted that some features of the BAF represent leading practice.

10.7 **Resolved**

The Board:

- Noted the position regarding corporate risk
- Identified any areas for further information or assurance

The Board:

- Noted the current position regarding BAF strategic risks
- Identified any areas for further investigation or assurance

BoD25/01/11 **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 meetings held on 26 November 2024 and 19 December 2024.

11.2 The key points raised were:

- A culture shift is required in the organisation as cost improvement programmes have not been developed historically.
- The committee were assured by the actions being taken by executive performance governance.
- The committee were assured by the oversight and monitoring in place to plan and execute mitigations. Some plans would require Board and partners' support, so the year-end break-even position remains at risk.

11.3 Martin Havenhand sought assurance in relation to the budget holder accountability and ownership of cost improvements which is an area for scrutiny and assurance in 2025.

11.4 **Resolved**

The Board noted the report.

BoD25/01/12 **Operational Assurance Report**

12.1 Nick Smith presented the Operational Assurance Report. The following key points were raised:

- The YAS Resource Escalation Action Plan (REAP) provides the Trust with a structured set of considerations and arrangements to assist in Business Continuity Management (BCM). In December 2024, due to significant pressures the Trust moved to the highest REAP level 4. This resulted in the implementation of the strategic cell, however, was stood down on 20 January 2025 due to a reduction in pressures.
- The Category 2 mean response time in December was over 41 minutes, against a plan of 39 minutes. This was significantly more than the interim NHS standard of 30 minutes and the statutory standard of 18 minutes.
- The main drivers of this deterioration in response times were a 4.3% above plan increase in 'on scene responses' and a 5 minute above plan increase in hospital handover.
- Sickness absence during December has been high at 8.5% against a plan of 6.5%.
- Call taking was excellent during Christmas and the New Year in remote care IUC, 999 and 111. The Trust paid no incentives this year and wanted to recognise the hard work done in these areas.

	<ul style="list-style-type: none"> Resilience continues to meet the HART (Hazardous Area Response Team) and SORT (Specialist Operational Response Team) availability standards.
12.2	<p>Resolved</p> <p>The Board noted the report.</p>
BoD25/01/13	<p>Finance Report</p>
13.1	<p>Kathryn Vause presented the Financial Performance Report. The Trust's financial position at Month 9 (period ending 31 December 2024) was reported as follows:</p> <ul style="list-style-type: none"> Highlighted that the Executive Summary shows the correct deficit variance of £910k and is incorrect on Page 2, 1.1 an error shows £901k. The Trust has an adverse variance against the efficiency plan; YTD £1.0m and forecast £1.9m. Year to date, the Trust is underspending against the capital plan but expect to spend the full allocation by the year end, and so is reporting break-even. YTD overspend £518k and forecast underspend of £437k against agency cap. Cash balance at month end £48.6m Cost savings and efficiencies were also incorrect in the report.
13.2	<p>A revised amended report to be circulated to board members after the meeting.</p> <p style="text-align: right;">Action: Kathryn Vause</p>
13.3	<p>Kathryn Vause wanted to draw attention to the Board the hard work that has taken place with operational and finance colleagues since the submission of the Month 9 figures. NHSE also completed a deep dive to look at areas of improvement with our financial position. At Month 9, the Trust is reporting a year-to-date deficit of £910k and a forecast break-even position against plan.</p>
13.4	<p>Resolved</p> <p>The Board noted the report.</p>
BoD25/01/14	<p>Quality Committee Chair's Report</p>
14.1	<p>Jeremy Pease, in his capacity as Deputy Chair of the Quality Committee, presented the Quality Committee Chair's Report from the meetings held on 21 November 2024, 7 December 2024 and 16 January 2025.</p>
14.2	<p>The key points raised were:</p> <ul style="list-style-type: none"> Concern remains regarding the impact of performance on patient care and risks to the public. Excellent progress in relation to the implementation of Transfer of Care at Hull Royal Infirmary. Primary Percutaneous Coronary Intervention (PPCI) (often known as angioplasty) issues, where referral/acceptance rates are decreasing as the units are requiring the ECG to be sent in advance, was leading to an increase in on-scene time. A further update will be provided to Board. There is a need to increase our understanding of excessive waits and the relation to quality and safety, and potential harm. Further work is being undertaken and an update will be provided to Board.

14.3	Julian Mark wanted to also note a deep dive had been completed looking into where deaths were associated with excessive delays and the findings from this report. This is also being underpinned with the Category 2 segmentation work.
14.4	Resolved The Board noted the report.
BoD25/01/15	Quality and Clinical Highlight Report
15.1	Julian Mark presented the clinical sections of the Quality and Clinical highlight report, drawing attention to the following points: <ul style="list-style-type: none"> • Outputs from the pre-alerts study that YAS developed and completed together with the University of Sheffield have been published in the Emergency Medicine Journal • Further work with acute trusts to develop the appropriateness of pre alerts. • Issues remain with ambulance services and emergency departments (EDs) and the impact across UK on the understanding of pre alerts
15.2	Clare Ashby presented the Quality sections of the Quality and Clinical highlight report, drawing attention to four of following: <ul style="list-style-type: none"> • Consultant Midwife currently being recruited to support improvement plans from maternity reviews (received 22 applications) • The clinical supervision work continues to progress well, with more than 1600 staff attending clinical support sessions so far (exceeding the target set of c.700 by end of Q3) • The challenge for Infection Prevention and Control (IPC) continues. Supporting frontline staff and managers to support effective IPC practices. • Focus will be on bare below the elbow; personal protective equipment (PPE) and uptake of flu vaccinations.
15.3	Resolved The Board noted the report.
BoD25/01/16	Quality Account Improvement Priorities
16.1	Clare Ashby presented and sought approval of the draft priorities for improvement 2025/26. The three priorities highlighted in the report were: <ul style="list-style-type: none"> • Patient experience • Clinical effectiveness • Patient safety
16.2	Whilst good progress has been made towards the 2024/25 priorities for improvement, these are not yet fully embedded within the Trust. Therefore, it is recommended that these priorities are carried over to fully achieve these. Clinical Governance Group meetings we will focus on priorities for 2025/26.
16.3	All three priorities have been agreed by the Trust Executive Group and need to be approved by Board. The Board provisionally agreed the three priorities pending the business planning process and agreement of priorities.
16.4	Resolved The Board provisionally agreed the 2025/26 draft Priorities for Improvement.

BoD25/01/17 17.1	<p>Management of Controlled Drugs Update</p> <p>Julian Mark presented an update on controlled drug assurance across the Trust and the following key points were raised:</p> <ul style="list-style-type: none"> • Publishing of the Medicines Policy on the Electronic Staff Record (ESR) has gone live this week • Local management teams have read and acknowledged the Medicines Policy • Project plan for the Trust-wide implementation of the Medicines Management App for Controlled Drugs has been finalised, with completion by the end of June 2025 • The App will make the process much simpler, improve productivity and reduce impact for staff.
17.2	<p>Nick Smith gave assurance to the Board that there has been significant progress in this area and complete compliance will be achieved.</p>
17.3	<p>Resolved</p> <p>The Board was provided with assurance and information around the Trust's compliance against the Controlled Drugs Standard Operating Procedures.</p>
BoD25/01/18 18.1	<p>People Committee Chair's Report</p> <p>Tim Gilpin, in his capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 21 January 2025 and the key points were:</p>
	<ul style="list-style-type: none"> • Increasing sickness absence rates above the usual seasonal trend (9.2%), in line with sector, affected by the 'quademic' of four viruses and low take-up rate of flu vaccination • Received and noted the Gender Pay Gap data (as of 31 March 2024) with analysis showing that although the mean gap has increased, all other indicators show positive improvements • It was noted what the drivers are for stress absence and is the Trust ensuring staff are fit and able to return
18.2	<p>Peter Reading commended the HR team for the feedback they received from the NHSE visit in relation to the cultural change programme of work completed.</p>
18.3	<p>Resolved</p> <p>The Board noted the report.</p>
BoD25/01/19 19.1	<p>People and Organisational Development Highlight Report</p> <p>Mandy Wilcock presented the People and Organisational Development highlight report, drawing attention to the following key points:</p>
	<ul style="list-style-type: none"> • Sickness absence is significantly above target (5%) and higher than previous years • Turnover is showing a decreasing trend • Despite the on-going work with managers providing advice, guidance and training to help support staff make quality referrals where required, the number of referrals remain high as do the costs associated with non-attendance and short notice cancellation of occupational health appointments

- 19.2 Mandy Wilcock gave assurance to the Board that although the Trust has exceeded the threshold for staff not completing apprenticeship programmes, a number of plans have been put in place to address this.
- 19.3 Staff survey results are currently embargoed and these will be provided shortly.
- 19.4 Further data will be provided on the low uptake of the flu vaccination for frontline staff (21% frontline, 30% overall staff).
- 19.5 **Resolved**
The Board noted the report.

BoD25/01/20 **Audit and Risk Committee Chair's Report**

- 20.1 Andrew Chang, in his capacity as Chair of the Audit and Risk Committee, presented the Audit and Risk Committee Chair's Report from the meetings held on 2 December 2024 and 21 January 2025. The key points were:
- Received and considered a "limited assurance" internal audit report on expenses (administered through EASY Expenses), Mandy Wilcock gave assurance plans have been put in place to address the issues. Noted the continued improved position on overdue management actions from internal audits. However, the Board were reminded that performance in this area is considered by the Head of Internal Audit in making her annual assessment of the Trust.
 - The Trust needs to develop a policy or equivalent control mechanism. This can be achieved through a simple change to the Trust's Standing Orders / SFIs that will require any engagement with the external auditor for non-audit services to be approved by ARC prior contract.
 - The Committee recommends that the board approves a change to the SFIs as described in the appendix. The Company Secretary and Director of Finance have both approved this change.
- 20.2 Martin Havenhand expressed further assurance on expenses must be provided to Board on the forward plan.
- Action: Mandy Wilcock**
- 20.3 Martin Havenhand commented that discussions should take place with the auditors to extend the completion date of any outstanding actions if we are unable to deliver these audit recommendations to previously agreed timelines . David O'Brien confirmed the majority of actions have been extended and on behalf of the Board he will highlight all actions that are overdue.
- Action: David O'Brien**
- 20.4 **Resolved**
The Board:
- Noted the report
 - Approved the change to the SFIs as described in the appendix

BoD25/01/21 **Corporate Governance Report and Committee Membership**

21.1	<p>David O'Brien presented the Corporate Governance report and the key highlights were:</p> <ul style="list-style-type: none"> • Section 2.2 shows the committee membership <ul style="list-style-type: none"> ○ the retirement of Jeremy Pease ○ new appointments of NED and Associate NEDs • An annual governance meeting review will be completed in June 2025 • To note Board meeting dates for 2025/26 (including Corporate Trustee additional meetings required in November to receive annual accounts and May to agree the Charity's accounts.) • NHSE EDI plan and expectations of Board members
21.2	The Board were supportive of the membership.
21.3	<p>Resolved</p> <p>The Board noted the developments in Board governance outlined in this report.</p>
BoD25/01/22	Any Other Business
22.1	Martin Havenhand recorded appreciation on behalf of the Board for the support Jeremy Pease has provided to the Trust over the past six years with today being his last Public Board Meeting. Jeremy will be missed for his engagement and good relationships with colleagues across the Trust. Martin thanked Jeremy for his excellent contributions and being a role model of what a NED should be.
22.2	On behalf of the Board, Martin Havenhand showed his appreciation for Julian Mark's contributions, expertise and knowledge. Not only has Julian been influential in the Trust but also nationally in the ambulance sector.
BoD25/01/23	Risks
23.1	No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
BoD25/01/24	Date and Time of Next Meeting
24.1	<p>The next meeting is scheduled to take place on Thursday 27 March 2025.</p> <p>The meeting closed at 12:03 hrs.</p>

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**