



Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 27 March 2025 at 09:30

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

Voting Directors:

Martin Havenhand	Chair
Anne Cooper	Non-Executive Director/Deputy Chair
Tim Gilpin	Non-Executive Director (Senior Independent Director)
Amanda Moat	Non-Executive Director
Peter Reading	Chief Executive
Nick Smith	Chief Operating Officer
Kathryn Vause	Executive Director of Finance
Dave Green	Executive Director of Quality and Chief Paramedic

Non-Voting Directors:

Mandy Wilcock	Director of People and Organisational Development
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Contributing Directors:

Steven Dykes	Acting Medical Director
Adam Layland	Director of Partnerships and Operations (South 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

Associate Non-Executive Directors:

Rebecca Randell	Associate Non-Executive Director
Tabitha Arulampalam	Associate Non-Executive Director
Katie Lees	Associate Non-Executive Director

In Attendance:

Helen Edwards	Associate Director of Communications and Community Engagement
Lynsey Ryder	Head of Corporate Governance
Odette Colgrave	Corporate Business Officer (minute-taker)
Jo Jennings	Senior Executive Officer
Paul Whitehouse	Head of Leadership and Organisational Development (Item 17)
Mussarat Suleman	Head of Employee Health and Wellbeing (Item 19)

Apologies:

Marc Thomas	Deputy Chief Executive
Andrew Chang	Non-Executive Director
Saghir Alam	Non-Executive Director
Jeevan Gill	Director of Partnerships and Operations (Humber and North Yorkshire)

BoD25/03/1	Welcome and Apologies
1.1	Martin Havenhand welcomed all to the Board
1.2	Apologies were received from Marc Thomas, Andrew Chang, Saghir Alam and Jeevan Gill.
1.3	The meeting was quorate.
BoD25/03/2	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.
BoD25/03/3	Minutes of Previous Meeting
3.1	The minutes of the meeting of the Board of Directors held in public on 30 January 2025 were approved as an accurate record.
3.2	There were no matters arising.
BoD25/03/4	Action Log
4.1	BoD25/01/8.8 – Sickness issues: the lead should be Mandy Wilcock.
4.2	BoD25/03/20.2 – Internal Audit report on expenses: Mandy Wilcock recently met with auditors to work through actions. The team is scheduled to present to the Audit and Risk Committee in May with progress against the plan. Following this, the Board will be updated for assurance and closure of the action.
4.3	BoD25/03/20.3 – action to close.
4.4	BoD24/11/18.3 – action to close.
4.5	All other actions are completed, or review date is May 2025.
BoD25/03/5	Patient Story
5.1	Dave Green introduced the patient story about a patient who had significant mental health challenges throughout their life and was attended by the Mental Health Response Vehicle.
5.2	The Board members recognised the hard work done over the past few years to implement the mental health response vehicles. Louise Whittaker had presented at the recent Association of Ambulance Chief Executives (AACE) national event (Ambulance Leadership Forum) in relation to this work.
5.3	Steven Dykes highlighted that the patient's situation could have been prevented if not for the lack of support from community nurse services and suggested analysis of the impact of community services cost reductions on our service.
5.4	Katie Lees suggested increasing the visibility of this work and making partners aware of our mental health vehicles. She emphasised that mental health services are generally challenged, and sharing stories could lead to more input and support. Dave Green to discuss further with Katie Lees and to put her in

	contact with Lesley Butterworth, Head of Nursing and Patient Experience, regarding this.
5.5	Peter Reading highlighted the need for further investment in this area and suggested a conversation with commissioners regarding specialist funding to address the volume of services required.
5.6	Resolved: The Board thanked the patient for sharing her story and noted the contents and areas of learning.
BoD25/03/6	Chair's Report
6.1	Martin Havenhand presented the Chair's report and highlighted the following key points: <ul style="list-style-type: none"> • The Non-Executive Director Health and Wellbeing Champion/Lead will be Saghir Alam with effect from 01 April 2025. • The Yorkshire Ambulance Service Research Institute Spring Seminar was held on 4 March 2025 which showcased several key projects. • The Trust-wide Quality Improvement Webinar was held on 18 March 2025 and showcased several examples of good work in this priority area for the Board.
6.2	Resolved The Board noted the report.
BoD25/03/7	Chief Executive's Report
7.1	Peter Reading presented the Chief Executive's report, highlighting the introduction of NHS Pathways, a new triage tool for our 999 call centres. The report also included several other positive developments.
7.2	Martin Havenhand sought assurance in relation to the implementation of national eligibility criteria changes to the non-emergency Patient Transport Services (PTS) which are commissioned through the three Integrated Care Board (ICBs). Nick Smith advised there is varying support from the three areas, however there are mechanisms in place to address this. It was noted this work is led by the ICBs and not the Trust.
7.3	It was recognised that implementation of the new eligibility criteria may result in an increase in complaints to the Trust, however the complaints process has been strengthened.
7.4	Resolved The Board noted the report.
BoD25/03/8	2025/26 Planning
8.1	Kathryn Vause gave an update on the revenue and capital positions as part of the financial plans. The following key points were highlighted:
8.2	Revenue: <ul style="list-style-type: none"> • The financial plan was approved at the extraordinary board meeting on 20 March 2025 prior to submission to the ICB.

- The ICB will submit the consolidated system plan today (27 March) to NHSE.
- The Trust plan is a breakeven plan, it reflects a level of risk, including a vacancy factor and efficiency target totalling 5.1%. Of that total efficiency requirement £11 million is yet to be identified.
- The plan also assumes additional ambulance capacity funding of £11 million, this has yet to be formally agreed.
- Budgets are currently being set within the parameters of this plan, and a formal paper detailing all of this will be presented at the April Board meeting.

8.3 **Capital:**

A high-level capital plan was submitted on 26 March 2025. This concludes significant collaborative working with all ICBs. Currently the Trust has been allocated £24.6 million (the Trust's average capital spend over the last three years has been £27 million). Not included in the current allocation is capital available from NHS England (NHSE) specifically to expedite the fleet replacement programme, to more quickly reduce the average age of the fleet.

- 8.4 A business case is to be submitted, and the expenditure against that funding must reflect additionality. The available funding for this totals £6.4 million. The detailed plan against these allocations will be included in the report to the April Board meeting for approval.
- 8.5 Carol Weir provided a verbal update on business planning, emphasising the importance of learning from previous years and focusing on priorities and delivery of the strategy. There is no workforce growth within the figures submitted to the ICB and NSHE today. Key areas of focus include improving hear and treat, clinicians in the Emergency Operations Centre (EOC), and Category 2 (C2) performance under 30 minutes.
- 8.6 The Trust has discussed and agreed eight strategic priorities to ensure impactful results. Much of the work is transformational and innovative, requiring a clear focus on delivery.
- 8.7 Amanda Moat suggested use of statistical process control charts to analyse general trends.
- 8.8 Anne Cooper sought assurance from Executive Directors that they are focused on internal governance processes and ensuring confidence in alignment with these processes.
- 8.9 Nick Smith confirmed the senior team will refresh their accountabilities and governance, working with front-line staff. Mandy Wilcock also added the appraisal process will be used to ensure objectives are met in respect of Executive Director's objectives.
- 8.10 Carol Weir reassured the board that the process is clearer and more streamlined, with achievable metrics and milestones aligned with the Performance Management Framework. The Project Management Office (PMO) with Quality Improvement (QI) support will also ensure that efficiencies and priorities are delivered.

8.11	Kathryn Vause advised that the service plans from other directorates need to be available to the finance team to set the budget plans in a timely manner. The budgets should be finalised and reported in month two.
8.12	Resolved: The Board noted the verbal update.
BoD25/03/9	Performance Management Framework
9.1	This framework was discussed in detail at the Strategic Forum held in February 2025. Carol Weir sought approval of the Performance Management Framework to strengthen performance and deliver sustainable patient services.
9.2	Key elements were discussed, emphasising clear accountability and structured processes for Board assurance. It highlighted the importance of standard metrics, risk mitigation, and embedding QI into the approach. The implementation is expected by the end of Quarter 1, with some teams better placed and support being aligned.
9.3	Observations of the performance management meetings was encouraged for Non-Executive Directors (NEDs)
9.4	Resolved The Board approved the Performance Management Framework and its implementation to support systematic performance monitoring, management, review and improvement across all levels of the organisation.
BoD25/03/10	Finance and Performance Committee Chair's Report
10.1	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 28 January and 25 February 2025
10.2	The key points raised were: <ul style="list-style-type: none"> • Capital allocation at the time of the February meeting was significantly less than the current year. The matter was escalated to the ICB and NHSE. • Implementation of PTS eligibility criteria is likely to give rise to unintended consequences of complaints and a reduction in hospital appointment attendance.
10.3	Anne Cooper confirmed the Board will also receive assurance from the Quality Committee in respect of PTS related complaints.
10.4	Nick Smith assured the Board the programme of work will include appropriate communication with patients who would like transport but who no longer are eligible.
10.5	Amanda Moat felt that ICBs should also measure this impact on patients and any consequences of non-attendance. Steven Dykes advised the impact will be mostly on vulnerable communities and ICBs need to ensure these areas are being monitored.

10.6 Tim Gilpin emphasised the importance of the relationships between all committees, particularly regarding performance, quality, and the impact of services in the upcoming year. It is essential to understand, through assurance mechanisms, if the Executives are exploring these interrelationships. These discussions are held at the Trust Executive Group meetings.

10.7 **Resolved**
The Board noted the report.

BoD25/03/11 **Operational Assurance Report**

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

- Overall pressure and Resource Escalation Action Plan (REAP) levels have reduced.
- De-escalated to REAP level 2 in February 2025.
- Reduction in handover time has helped our Category 2 response times.
- West Yorkshire highlights include engagement with University of Huddersfield.
- Good initiatives in South Yorkshire and the Category 2 response time average was 27 minutes, compared to the national standard of 30 minutes.
- Humber and North Yorkshire's success with Category 2 average response time is due to the Transfer of Care model implemented at Hull which will be rolled out across Yorkshire.
- There are some risks due to non-recruitment of Emergency Medical Dispatchers (EMDs), although these risks are in our plans.
- Integrated Urgent Care, turnover has reduced to 26%.
- The implementation of the revised PTS Eligibility Criteria on behalf of commissioners is progressing well and is on track for implementation on the 21 April 2025. The Trust will see an impact over the next six weeks.

11.2 Anne Cooper gave assurance that the Quality Committee has also seen all the hard work in handover times; hear and treat rates and seeing results which are positive for patients.

11.3 Martin Havenhand sought assurance on the Key Performance Indicators (KPIs) on our target for Category 2 for each ICB. Nick Smith confirmed the following for each ICB:

- South Yorkshire - 28 minutes
- West Yorkshire - 31.26 minutes
- Humber North Yorkshire - 37.31 minutes.

11.4 It was noted the Trust's overall Category 2 performance was 32 minutes.

11.5 **Resolved**
The Board noted the report.

BoD25/03/12	Finance Report
12.1	<p>Kathryn Vause presented the Financial Performance Report. The Trust's financial position at Month 11 (period ending 28 February 2025) was reported as follows:</p> <ul style="list-style-type: none"> • For the year-end forecast, the Trust are reporting a break-even position. • Since Month 10 all risks have been mitigated, the Trust have taken several actions to achieve a break-even position at year end. • Agency spend has reduced in Integrated Urgent Care (IUC) during the year, although a small year to date (YTD) overspend of £13k against the agency cap. • As at 28 February 2025 the Trust holds a cash balance of £46.8 million. • YTD the Trust is underspending against the capital plan by £10.86 million (purchased and leased assets combined) but expects to spend the full capital allocation by 31 March 2025.
12.2	<p>Although the Board members are aware that the next financial year will be challenging, Amanda Moat expressed gratitude to both good leadership and the finance team on their hard work of reducing the risks to the break-even year end position.</p>
12.3	<p>Resolved</p> <p>The Board noted:</p> <ul style="list-style-type: none"> • The Trust's financial performance to 28 February 2025; • The capital expenditure against plan; and • All associated risks.
BoD25/03/13	Quality Committee Chair's Report
13.1	<p>Anne Cooper, in her capacity as Chair of the Quality Committee, presented the Quality Committee Chair's Report from the meetings held on 20 February and 20 March 2025.</p>
13.2	<p>The key points raised were:</p> <ul style="list-style-type: none"> • The Committee noted the improvements in the infection prevention and control audit results. • Noted the positive progress on controlled drugs management. • Noted the positive progress with Right Care, Right Person and was assured that steps had been taken to mitigate the risks. • Received the six-monthly update on health inequalities and noted the need for resources to continue this work.
13.3	<p>Resolved</p> <p>The Board noted the report.</p>
BoD25/03/14	Quality and Clinical Highlight Report
14.1	<p>Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the following:</p> <ul style="list-style-type: none"> • A workshop was held to review insight data and begin preparations for themes for improvement in 2025/26. • Patient Experience Framework development for 2025/26

	<ul style="list-style-type: none"> • YAS Quality Improvement (QI) Webinar event was held on 18 March 2025 with 244 participants. The Board session on 24 April 2025 will support this work further. • There are some delays in the complaints process. This has been added to the business plan for next year; to achieve a 10% reduction in the time it takes to complete the complaint.
14.2	Martin Havenhand requested confirmation regarding the promptness of responses. Anne Cooper assured that an internal audit review will be conducted early in 2025/26 and this is actively discussed at Quality Committee.
14.3	Peter Reading confirmed that all complaints are now being approved by the Chief Executive, although a backlog extending over 18 months still remains.
14.4	<p>Steven Dykes presented the clinical sections of the Quality and Clinical highlight report, drawing attention to the following points:</p> <ul style="list-style-type: none"> • Development of a Trust report on ambulance health inequalities indicators using 2023 data. • Focussed work on mental health in women • The YAS Research Institute is experiencing growth and a successful seminar was held on 04 March 2025. We anticipate a successful year ahead and have received grant support amounting to £800k.
14.5	<p>Resolved</p> <p>The Board noted the report.</p>
BoD25/03/15	People Committee Chair's Report
15.1	<p>Tim Gilpin, in his capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 18 March 2025 and the key points were:</p> <ul style="list-style-type: none"> • The improvements in turnover and vacancy rates were noted in IUC. • Positive staff survey results; some were the best results in the ambulance sector for this year.
15.2	Mandy Wilcock confirmed that the Committee discussed the leadership development programmes and ways to support leaders. Work is ongoing but progressing slowly.
15.3	<p>Resolved</p> <p>The Board noted the report.</p>
BoD25/03/16	People and Organisational Development Highlight Report
16.1	<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"> • The new online appraisal and career conversation form has been launched. Now able to upload documentation directly and the information will transfer electronically to the Electronic Staff Record (ESR). • Staff survey results and health and wellbeing are on the agenda.

- Much effort has been put into addressing the need for essential training compliance, using a compliance dashboard to inform managers where training is required.
- There is a risk relating to staff completing apprenticeships, greater focus from the YAS Academy will reduce this risk.

16.2 Mandy Wilcock stated that there are staff and targeted plans to address sickness rates. The Trust aims to concentrate on preventative measures and the health and wellbeing of its staff. A company named PLEAZ is being piloted, and updates on this pilot will be provided to the Board. This programme is designed to encourage staff to prioritise their own health and wellbeing. This platform will be available to staff via an App and MS Teams.

16.3 Katie Lees suggested that some of the sickness could be related to neuro diversity and asked whether the Trust are looking at this.

16.4 The occupational health provider Optima are reviewing this trend; however the main causes of sickness are anxiety, stress and musculoskeletal disorders.

16.5 **Resolved**

The Board noted the report.

Paul Whitehouse joined the meeting at 11:32

BoD25/03/17 **National NHS Staff Survey 2024**

17.1 The NHS Staff Survey presentation provided an overview of the results from the survey conducted in Yorkshire Ambulance Service NHS Trust from September to November 2024.

17.2 Positive achievements were highlighted, including improvements in patient feedback, staff engagement, and team performance. The organisation scored higher than last year in several categories and is first in the sector for three years running in the area of People Promise themes.

17.3 The commitment to compassionate leadership, culture, and equality is outlined. Survey data shows improvements in areas such as manager support, collaborative problem-solving, career progression fairness, and reductions in discrimination experiences. The percentage of respondents recommending YAS as a place to work increased.

17.4 Employee satisfaction with recognition and reward is presented, also showing slight increases in value of work, pay level, and staff who are feeling more appreciated and recognised by their managers. Flexible working and work-life balance support show improvements, emphasising the importance of flexible working.

17.5 Paul Whitehouse assured the Board areas of poor uptake of the survey will be focused on.

17.6 Adam Layland suggested that further support from all staff networks should be considered and advised that the Lesbian, Gay, Bisexual, Transgender (LGBT)

	Network in particular is willing to contribute. Mandy Wilcock confirmed networks will continue to support this piece of work.
17.7	Dave Green discussed clinical supervision, emphasising the importance of engaging with appropriate staff and gathering baseline data at national level. It highlights the interest in benchmarking data to facilitate national conversations and will be closely monitored by the Quality Committee.
17.8	Martin Havenhand raised the issue of doing all we can to encourage and facilitate staff to complete the annual staff survey. He mentioned again the need to plan that no other surveys are taking place at the same time and emphasised the importance of staff being allowed the 15 minute standby time to complete the survey.
17.9	Kathryn Vause drew particular attention to one of the sub-themes that 61% of staff would consider leaving the Trust as soon as they found another job. Therefore we need to be mindful on the communication we deliver to staff when relaying these results trust wide. (see 17.10 below)
17.10	Resolved The Board noted the report. Post meeting: In relation to 17.9 the Board should note that the percentage of staff who would consider leaving the Trust is 15.5% not 61% which was stated in error at the meeting.
BoD25/03/18	YAS Together Culture Development
18.1	Mandy Wilcock presented the paper which outlined the progress made in the cultural development programme and referenced how this was reflected in the national staff survey. The YAS behavioural framework is emphasised, with opportunities for improvement and a dashboard to track progress.
18.2	Key actions include addressing bullying and harassment, sexual safety, and recruiting for diversity. A board-level maturity assessment is scheduled for April 2025. Mandy Wilcock stressed the importance of targeting areas where progress is slow and working more with leaders who have the most impact.
18.3	Concerns were raised about the response rate and the need to focus on specific areas. The importance of an Equality, Diversity and Inclusion (EDI) plan and changing behaviour to achieve outcomes was discussed.
	Resolved
18.4	The Board noted the progress made and next steps in the YAS cultural development programme of work.
	<i>Mussarat Suleman was dialled into the meeting at 12:10</i>
BoD25/03/19	Health and Wellbeing
19.1	a) Health and Wellbeing Plan 2024/25: Closing Report Mussarat Suleman gave an overview of the closing report. The Health and Wellbeing Plan 2024/25 closing report highlighted the progress made in meeting most priorities while noting challenges, particularly regarding workforce

numbers and vaccination rates. The report emphasised the need for enhanced local engagement and a focus on mental health over the next year.

- 19.2
- **Priorities and Challenges:** Most priorities were met, with two marked as amber due to workload. Budget and workforce challenges are anticipated for the next 12 months.
 - **Vaccination Engagement:** The report identifies low adoption rates for vaccinations, particularly in flu campaigns, and discusses ongoing efforts to ensure staff are immunised for their roles.
- 19.3
- It was noted that over referral from managers seems to be a common theme therefore further training from our occupational health provider, Optima, will be provided to managers.
- 19.4
- b) Health and Wellbeing Plan 2025/26
Mussarat Suleman gave an overview of the Health and Wellbeing Plan 2025/26.
- 19.5
- **Future Focus:** For 2025/26, there will be a focus on mental health and local engagement, with an emphasis on metrics that assess the impact on staff health and wellbeing. There are nine high level priorities.
- 19.6
- Results/outcomes and benefits will be delivered later to provide assurance to the Board of the tracked progress against the nine priorities. Martin Havenhand sought assurance that these also align with the Trust's Business Plan.
- 19.7
- Resolved**
a) The Board noted the contents of the report and the continuous positive progress.
- 19.8
- Resolved**
b) The Board noted the contents of the paper and approved the proposed 2025/26 Trust Health and Wellbeing Plan for implementation (Draft).

BoD25/03/20 **Board Governance Report**

20.1 David O'Brien presented the Board Governance Report with the following key items:

- Health and Wellbeing Guardian (Saghir Alam)
- Statutory and Mandatory Training: Non-Executive Roles
- Appointment of acting Medical Director (Steven Dykes)
- Recruitment of Non-Executive Directors
- Public Record of Urgent Board Decisions:
 - Leasing of Hazardous Area Response Team vehicles.
 - Leasing of 34 Dual-Crewed Ambulance vehicles.

20.2 **Resolved**

The Board noted the developments in Board governance outlined in this report.

BoD25/03/21 **Any Other Business**

21.1 There were no items of any other business.

BoD25/03/22	Risks
22.1	No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
BoD25/03/23	Date and Time of Next Meeting
23.1	The next meeting is scheduled to take place on Thursday 22 May 2025.
	The meeting closed at 12:24.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**