



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

**Thursday 22 May 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)
Andrew Chang	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:**

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

**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)
Jeevan Gill	Director of Partnerships and Operations (Humber and North 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:**

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)
Tracey Wilson	Senior Executive Officer
Tim Millington	Interim Associate Director of Paramedic Practice (Item 17)
Sam Bentley	Freedom to Speak Up Guardian (Item 21)
Kirsty Holt	Freedom to Speak Up Guardian (Item 21)

**Apologies:**

Amanda Moat	Non-Executive Director
Saghir Alam	Non-Executive Director
Rebecca Randell	Associate Non-Executive Director

BoD25/05/1	<b>Welcome and Apologies</b>
1.1	Martin Havenhand welcomed all to the Board
1.2	Apologies were received from Amanda Moat, Rebecca Randell and Saghir Alam.
1.3	The meeting was quorate.
BoD25/05/2	<b>Declaration of Interests</b>
2.1	No declarations of interest were reported. If any declarations of interest arose during the meeting these would be considered at that time.
BoD25/05/3	<b>Minutes of Previous Meeting</b>
3.1	The minutes of the meeting of the Board of Directors held in public on 27 March 2025 were approved as an accurate record subject to the amendment of apologies to be noted for Tabitha Arulampalam.
3.2	There were no matters arising.
BoD25/05/4	<b>Action Log</b>
4.1	BoD24/11/13.2 Finance Report – on the Private Board meeting agenda. Action recommended to close.
4.2	BoD25/01/8.8 – Business Plan, will return to Board in July 2025(on workplan). Action recommended to close.
BoD25/05/5	<b>Patient Story</b>
5.1	Dave Green introduced the patient story about recognising the Trust's volunteers in readiness for volunteer week and to spotlight volunteers who go above and beyond for patients.
5.2	This Volunteers' Week (1-7 June) the Trust is celebrating the positive impact that volunteers have on patients, staff and communities. The Trust has almost 1,000 volunteers and, in the last year, they have offered almost 261,500 hours of support and helped over 29,000 patients.
5.3	Amy Ingham, Volunteering Manager would be leading a piece of work on changing the profile of volunteers in respect of, ethnicity, age and sex.
5.4	Jeevan Gill also confirmed ten of the Trust's Race Equality Network (REN) members have volunteered to become a Community First Responder (CFR).
5.5	<b>Resolved:</b> The Board noted the contents of the video.
BoD25/05/6	<b>Chair's Report</b>
6.1	Martin Havenhand presented the Chair's report and highlighted the following key points: <ul style="list-style-type: none"> <li>Recruitment for the Non-Executive (NED) role, concluded with 24 applications.</li> </ul>

- All NED appraisals have been completed.
- It is essential that all senior leaders have completed appraisals by the end of June - which is aligned to our business plan.
- The Trust is supporting Pride and would recommend all board members consider attending one of the following events:
  - York - 7 June
  - Hull - 26 July
  - Wakefield - 3 August
  - Doncaster - 9 August

## 6.2 **Resolved**

The Board noted the report.

## BoD25/05/7 **Chief Executive's Report**

7.1 Peter Reading presented the Chief Executive's report, highlighting positive developments and significant contributions.

## 7.2 **Resolved**

The Board noted the report.

## BoD25/05/8 **Business Plans:**

### 8.1 **Business Plan 2024/25 Closing Report**

Carol Weir presented the report which summarised the 2024/25 business plan delivery performance across key areas, highlighting both achievements and ongoing areas of focus. The summary outlined the achievements in each of the Trust's nine business plan priorities and four bold ambitions.

8.2 The closing report had been signed off by the Trust Executive Group and received by assurance committees. It was noted that by year end the Trust had improved its position compared to Q3. However, two workstreams remained at red status, indicating significant slippage in delivery: telematics and sickness absence. The Trust would continue to focus on delivery of these priorities .

8.3 Tabitha Arulampalam sought clarification in respect of the delivery status of the staff health and wellbeing workstream . Carol Weir and Mandy Wilcock explained that although most areas of the annual health and wellbeing plan had been delivered, the key target for sickness absence was not achieved and appraisals completion compliance had not reached the target level.

8.4 Martin Havenhand raised concerns regarding the delivery status of the body-worn cameras work , which indicated green, despite the Board not being assured that all ambulance stations are utilising this equipment and optimising this resource for staff safety.

8.5 The Board was assured that although not all priorities had been delivered as planned, significant progress had been made. In addition the Board was assured that the Trust is getting better at developing more focussed plans and then implementing those plans. the continued learning about this had been applied to planning for 2025-26. Appreciation was expressed to Carol Weir and her team for their contributions to this.

- 8.6 **Resolved:**  
The Board noted the progress and position at year end on delivery of the Trust business plan priorities for 2024/25.

BoD25/05/9 **Business Plan 2025/26**

- 9.1 Carol Weir provided an update on the Business Plan 2025/26 for Board approval. The following key points were highlighted:
- The Trust's strategic priorities are aligned with the national planning guidance, with Integrated Care Board (ICB) plans, and with the Trust's Performance Management Framework (PMF) to ensure effective delivery.
  - There are eight business plan priorities, aligned to the Trust's bold ambitions, with clear objectives for the year.
  - The plan also delivers on the ambulance service priorities found in the NHS England (NHSE) Operating Plan 2025-26.
  - Delivery performance will be monitored through the PMF and tracking will identify workstream metrics and milestones.
  - The business plan will be reported quarterly through governance structures to Trust Board, aligned to the Board Assurance Framework (BAF) to identify and control strategic risks.
- 9.2 Martin Havenhand suggested that the business plan should emphasise the importance of embedding a culture of improvement through enhanced utilisation of data and quality improvement (QI) plans. Dave Green confirmed this is captured within the QI enabling plan.
- 9.3 Tim Gilpin asked why a target had not been set in relation to staff turnover. It was discussed and noted that the Trust is aiming to continue to reduce turnover, The Trust is taking a flexible approach to reducing turnover by focusing on elements such as teamwork, health and well-being, and management in IUC. Mandy Wilcock confirmed that retention in IUC has improved and turnover has been reduced from 30% to 25% .
- 9.4 **Monitoring and assurance reporting of turnover to be included in the People Committee workplan.**
- Action: Mandy Wilcock**
- 9.5 **Resolved**  
The Board approved the 2025-26 Annual Business Plan.

BoD25/05/10 **Corporate Risk Report (CRR) and Board Assurance Framework (BAF):**

10.1 **Corporate Risk Report**

David O'Brien presented the CRR with the following key points:

- Greatest corporate risk is Risk 623: Hospital Handover (South), although this had reduced from 25 to 20 it remains a high risk.
- New corporate risks opened in the last quarter were:
  - Risk 677: Exporting of CAD incident logs (15, High Risk) [since closed]
  - Risk 678: Trade Union engagement with workforce policies (12, Moderate Risk)

	<ul style="list-style-type: none"> <li>○ Risk 633: Fleet Availability – North and East (16, High Risk)</li> </ul>
10.2	<ul style="list-style-type: none"> <li>• One corporate risk had been increased, Risk 669: Associate Ambulance Practitioner (AAP) apprentices passed planned end date (increased from 12 to 16).</li> <li>• Two other risks have been reduced in score but remain on the CRR: <ul style="list-style-type: none"> <li>○ Risk 602: Hospital Handover - North and East (reduced from 25 to 20).</li> <li>○ Risk 603: Operational Performance – North and East (reduced from 20 to 16).</li> </ul> </li> <li>• Seven risks had been de-escalated and three risks had been closed from the CRR.</li> <li>• Two areas of emerging risk have been identified: <ul style="list-style-type: none"> <li>○ Electrical Vehicle (EV) charging points</li> <li>○ Intelligent Routing Platform (IRP) central funding</li> </ul> </li> </ul>
10.3	<p><b>Resolved</b></p> <p>The Board noted the current position regarding corporate risks</p>
BoD25/05/11	<b>3.1b Board Assurance Framework Report</b>
11.1	<p>David O'Brien presented the Q4 report on the Board Assurance Framework, highlighting three key messages regarding the strategic risks:</p> <ol style="list-style-type: none"> <li>1. No strategic risks increased in score during 2024/25 Q4</li> <li>2. Two strategic risks were reduced in score during 2024/25 Q4, in line with forecast: <ul style="list-style-type: none"> <li>• Risk 1: Timely Response</li> <li>• Risk 3: Patient Flow</li> </ul> </li> <li>3. All other strategic risk exposures are as forecast for year-end.</li> </ol>
11.2	<p>In the context of the new business plan, the BAF would be reviewed at the Board Strategic Forum in June and the revised BAF would be effective from the Public Board in July 2025.</p>
11.3	<p><b>Resolved</b></p> <p>The Board :</p> <ul style="list-style-type: none"> <li>• Noted the position regarding BAF strategic risks at the end of 2024/25 Q4</li> <li>• Confirmed there were no areas identified for further investigation or assurance</li> </ul>
BoD25/05/12	<b>Finance and Performance Committee Chair's Report</b>
12.1	<p>Kathryn Vause, in her capacity as Lead Director of the Finance and Performance Committee, presented the Finance and Performance Committee report relating to the meetings held on 25 March 2025 and 22 April 2025.</p>
12.2	<p>The Committee had held significant discussions in relation to efficiencies, cost improvement plans and targets to reduce corporate costs. The Committee had also endorsed the Environmental and Sustainability Group Terms of Reference (TOR) and supported the proposal that the Group be overseen by the Trust Executive Group (TEG).</p>
12.3	<p><b>Resolved</b></p>

The Board noted the report.

BoD25/05/13

### **Operational Assurance Report**

13.1

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

- The Trust had continued to operate at REAP (Resource Escalation Action Plan) level 2 since the last de-escalation on 3 February 2025
- Category 2 calls response times 31 minutes and 57 minutes (35 second improvement)
- 'Transfer of Care' had been implemented successfully at Hull, York and Scarborough. Further implementation plans would see go-live dates for Airedale, Pinderfields, Northern General and Doncaster by the end of July 2025
- Crew clear continued to be a concern, especially in West Yorkshire. This would be addressed through the 2025/26 business planning priorities.
- Relationships with the wider system continued to be maintained and YAS had influenced the content of ICB Urgent and Emergency Care (UEC) plans.
- Remote Care continued to deliver high levels of service, especially in IUC which showed improved performance and reduced reliance on agency staff, incentives and overtime.
- Implementation of NHS Pathways would be the main priority for the next months as the programme rolls out.
- Patient Transport Services (PTS) had successfully rolled out the revised eligibility criteria in South and West Yorkshire on behalf of commissioners. Humber and North Yorkshire would be implemented at the end of May 2025.

13.2

It was noted the Trust had received several complaints in respect of the new eligibility criteria for PTS. The Trust was working with the individual cases and relevant ICBs.

13.3

### **Resolved**

The Board noted the report.

BoD25/05/14

### **Finance Report**

14.1

Kathryn Vause presented the Financial Performance Report. The Trust's financial position at 30 April 2025 was reported as follows:

- Modest favourable variance of £49k against the planned £73k deficit
- A breakeven position, in line with plan was forecast
- Budgets had been set within the parameters of that plan and Directors had agreed the allocation of efficiency targets
- The gap (unidentified efficiencies) of £11 million detailed in the budget setting had been reduced to £8.9 million
- A 5% cost reduction target had been applied in support services

14.2

### **Resolved**

The Board noted:

- The setting of budgets within the approved 2025-2026 plan.
- The allocation of efficiencies within those budgets.

- The financial position as of 30 April 2025.

BoD25/05/15

### **Quality Committee Chair's Report**

- 15.1 Dave Green, in his capacity as Lead Director of the Quality Committee, presented the Quality Committee Chair's Report from the meetings held on 22 April 2025 and 15 May 2025.
- 15.2 The key points raised were:
- The committee had discussed the need for an action plan to tackle the excessive delays that had recently emerged in Bradford and the Committee was seeking the support of the Board for this.
  - Concerns in relation to the implementation of transfer of care in Bradford and handover delays would be reviewed.
- 15.3 Nick Smith confirmed that the Trust is focussing on operations in Bradford, and specifically on high-risk areas with actions linked to the business plan, aiming to maximise availability, improve crew clear, enhance leadership visibility, and manage work on-site. Rest breaks and rotas would also be reviewed to maximise resources.
- 15.4 **The Quality Committee would oversee the progress in Bradford and give assurance to Board.**
- Action: Anne Cooper/Dave Green**
- 15.5 **Resolved**  
The Board noted the report.

BoD25/05/16

### **Quality and Clinical Highlight Report**

- 16.1 Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the following four points:
- Achievement of all four local theme improvement targets as part of Patient Safety Incident Response Framework (PSIRF) plan for 2024/25 leading to improved patient safety.
  - Clinical effectiveness – reviews had been conducted in response to Health Services Safety Investigations Body (HSSIB) reports relating to paramedic electrocardiogram (ECG) interpretation in the context of Acute Coronary Syndrome (ACS).
  - Quality and quantitative data collected from the recent Newly Qualified Paramedic (NQP) development days and clinical supervision Q4 data showcases high levels of engagement with 1338 staff receiving clinical supervision between January and April 2025, and widely positive feedback received following the NQP development days.
  - The time to respond to complaints needs to be improved and this has been identified as a business priority for this year. This will be monitored through the governance structures.
- 16.2 Anne Cooper confirmed that an internal audit review of customer complaint responses will be undertaken.
- 16.3 Steven Dykes presented the clinical sections of the highlight report, with the following key points:
- Regional cardiological work and pathways for heart attacks

- YAS Research Institute (YASRI) received its highest ever level of funding from the National Institute of Healthcare Research (NIHR) for 2025-26, at £571,171.09 to support research delivery.
- Public Health Lead invited to present the Trust's work on health inequalities at the Seacole Group Symposium at the House of Lords
- A controlled drug internal audit review had been conducted, resulting in a limited assurance rating. An action plan had been agreed to address these issues via the Quality Committee.

Positive feedback was received in relation to the clinical response model workshop that Steven Dykes had facilitated.

- 16.4 Anne Cooper asked how the Trust will include public and patient views in the development of the clinical response model. Steven Dykes confirmed that the Trust had put in place an engagement plan involving the Critical Friends Network (CFN), Healthwatch colleagues, and the steering group.

16.5 **Resolved**

The Board noted the report.

- 16.6 *Tim Millington joined the meeting at 11:20*  
*Katie Lees left the meeting at 11:20*

BoD25/05/17 **Clinical Supervision**

- 17.1 A clinical supervision update 2024/25 was presented by Tim Millington, Interim Associate Director of Paramedic Practice.
- 17.2 Nick Smith suggested changing the title of 'Clinical Supervision' as it could be regarded as misleading. However, Dave Green confirmed this cannot be changed at present. It was also confirmed that the team leader role will not be the clinical supervisor.
- 17.3 Sam Robinson offered support in relation to communication and data.
- 17.4 Peter Reading confirmed that the introduction of clinical supervision had positively impacted on Trust practices, providing assurance to the Board of clinical support, the quality of clinical work and enhancing staff wellbeing.
- 17.5 Tim Millington advised on future plans to involve Community First Responders. Team-based working discussions and clinical supervisions could also be incorporated into investment days.
- 17.6 **Resolved**  
The Board noted the contents of the presentation.

*Tim Millington left the meeting at 11:35*

BoD25/05/18 **People Committee Chair's Report**

- 18.1 Tim Gilpin, in his capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 06 May 2025. The key points were:
- No red or amber for alerts or advise were reported.



- Adam Layland presented his work on an anti-racism campaign that is being led by South Yorkshire and gave a brief overview:
  - The pilot scheme was focused on the experience and impact on our staff and patients
  - Help to address inequalities and key actions launched in relation to better language being used
- The Committee had supported this pilot for health inequalities and education with staff in respect of ethnicity.

## 18.2 **Resolved**

The Board noted the report.

BoD25/05/19

## **People and Organisational Development Highlight Report**

19.1

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

- The recent audit of the Fit and Proper Person test received significant assurance in recognition of our robust processes.
- Although the Trust sickness rate at March 2025 was 7.3%, this was being monitored closely by the Organisational Efficiency Group (OEG) and the Absence Group. Assurance reports will come to the Board to monitor progress.
- Appraisals compliance rate is at 71.9%. The Trust will reinforce and target areas of challenge and will deep dive in performance meetings.
- The Trust has won, for the second year, the apprenticeship large employee award from the School of Sciences University of Huddersfield. Congratulations to all operational and Academy staff.

## 19.2 **Resolved**

The Board noted the report.

BoD25/05/20

## **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 meeting held on 29 April 2025 and the key points were:

- Received and considered two "limited assurance" internal audit reports
  - Data Quality
  - Controlled Drugs
- All Internal audit recommended management actions have been agreed for implementation.
- The Board Assurance Framework had received "significant assurance" from internal audit.
- Changes to the Terms of Reference (TOR) had been proposed and the Committee asked for Board approval.

## 20.2 **Resolved**

The Board:

- Approved the changes to TOR
- Noted the report

BoD25/05/21	<b>Freedom to Speak Up (FTSU) six monthly Report</b>
21.1	<p>Freedom to Speak Up Guardians, Sam Bentley and Kirsty Holt presented the FTSU six monthly report and the following key points were discussed:</p> <ul style="list-style-type: none"> <li>• 82 new concerns were raised via FTSU during 2024/25.</li> <li>• The data demonstrates that towards the end of Q3 and into Q4 there was a dip in the number of new concerns raised via FTSU.</li> <li>• One contributing factor behind this dip is that during the second half of the year there were capacity constraints in the FTSU function which resulted in limited availability of the FTSU Guardians to receive new cases.</li> <li>• Whilst the number of new FTSU cases has decreased towards the end of 2024/25, there remains a substantial number of open ongoing cases (61 as of May 2025), many of which are complex in nature.</li> </ul>
21.2	<p>Andrew Chang asked if the Trust should be concerned with the level of complex cases. FTSU Guardians gave assurance that staff are becoming aware of the FTSU process and isolated cases are being fully supported.</p>
21.3	<p>Kathryn Vause also raised there are themes emerging in relation to fraudulent behaviour. The Trust has counter fraud specialists provided via our internal auditors to support these concerns. <b>It was noted the contact details for counter fraud referrals will be updated for accessibility.</b></p> <p style="text-align: right;"><b>Action: S Bentley/K Holt</b></p>
21.4	<p>Adam Layland expressed gratitude for the contribution of the FTSU Guardians to strengthening the Trust. He emphasised the importance of their work, especially considering a recent case resulting in dismissal, and sought assurance that they are adequately supported by the Trust.</p>
21.5	<p>The Guardians confirmed that they do reach out to the Head of Safeguarding for support and support each other, and receive good line management support.</p>
21.6	<p>It was noted that compliance rates for the FTSU e-learning modules are below target. All Executive Directors and senior leaders must complete these modules. This should be added to the Board work plan, with progress monitored.</p>
21.7	<p><b>Resolved</b></p> <p>The Board:</p> <ol style="list-style-type: none"> <li>1. Received the assurance report from the FTSU Guardians.</li> <li>2. Approved the proposal to add the 'Follow Up' e-learning module to the required training for Non-Executive Directors and Associate Non-Executive Directors.</li> <li>3. Noted the proposal for the National Guardian's Office to facilitate a FTSU session at a Board Strategic Forum.</li> </ol>
BoD25/05/22	<b>Board Governance Report</b>
22.1	<p>David O'Brien presented the Board Governance Report with the following key items:</p> <ul style="list-style-type: none"> <li>• The new Trust's revised Establishment Order, if approved, would increase the number of Non-Executive Director positions on the Board of Directors from six (Chair plus five) to seven (Chair plus six).</li> </ul>

- Three internal audit reviews relating to corporate governance had received “significance assurance”: Board Assurance Framework, Fit and Proper Person Test Compliance; and NHS Code of Governance Compliance
- The Head of Internal Audit Opinion will be “significance assurance”.
- The new governance meeting software package, AdminControl, went live for Finance and Performance Committee meeting on 20 May 2025 and will be rolled out to further meetings in the coming months.

#### **Resolved**

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

#### **BoD25/05/23 Any Other Business**

23.1 There were no items of any other business.

#### **BoD25/05/24 Risks**

24.1 No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.

#### **BoD25/05/25 Date and Time of Next Meeting**

25.1 The next meeting is scheduled to take place on Thursday 24 July 2025.

The meeting closed at 12:23.

### **CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

\_\_\_\_\_ **CHAIRMAN**

\_\_\_\_\_ **DATE**