



Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 25 September 2025 at 09:30

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

Voting Directors:

Martin Havenhand	Chair
Anne Cooper	Non-Executive Director/Deputy Chair
Amanda Moat	Non-Executive Director
Tabitha Arulampalam	Non-Executive Director
Saghir Alam	Non-Executive Director
Peter Reading	Chief Executive
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:

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

Associate Non-Executive Directors:

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

In Attendance:

Odette Colgrave	Corporate Business Officer (minute-Taker)
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Apologies:

Andrew Chang	Non-Executive Director (Senior Independent Director)
Nick Smith	Chief Operating Officer
Helen Edwards	Associate Director of Communications and Community Engagement

BoD25/09/1	Welcome and Apologies 1.1 Martin Havenhand welcomed all to the Board and a special welcome to Melanie Hudson, our new Non-Executive Director. 1.2 Apologies were received from Nick Smith, Helen Edwards and Andrew Chang. 1.3 The meeting was quorate. <i>Rebecca Randell joined the meeting at 09:35</i>
BoD25/09/2	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.
BoD25/09/3	Minutes of Previous Meeting 3.1 The minutes of the meeting of the Board of Directors held in public on 25 July 2025 were approved as an accurate record subject to the following amendments: 3.2 15.1 – the last sentence to be amended to ‘A review of the Learning from Deaths process is underway nationally.’ 3.3 16.3 – to be amended to ‘as part of Association of Ambulance Chief Executives (AACE) and other Trusts were starting to explore the possibility of using Newly Qualified Paramedics (NQPs) in non-paramedic roles but that was only in early conversations.’ 3.4 Matters Arising: Tabitha Arulampalam requested assurance regarding our cyber security measures and virtual testing protocols. Sam Robinson confirmed that NHSE conduct active rehearsals, which provide assurance on our response procedures. Ongoing updates and assurance will be reported to the Board.
BoD25/09/4	Action Log 4.1 BoD25/05/15.3 – Anne Cooper confirmed the update is included in the Quality Committee Chair’s update. Agreed to close. 4.2 Peter Reading also wanted to add that Bradford will be implementing Transfer of Care next week which will hopefully impact on their handover delays significantly. 4.3 BoD25/05/18.5 – To be reviewed November 2025.
BoD25/09/5	Patient Story 5.1 Dave Green introduced the video in relation to a patient who was suffering from ongoing abdominal pain with reduced appetite. This resulted in an ambulance being dispatched to complete observations and transport the patient to St James Hospital in Leeds.

5.2	The crew that arrived included a Student Paramedic, who the patient believes saved her life after listening to her abdomen. Following her instinct and using her knowledge from her nursing background, the student was able to support the patient to get the right care for her needs. At hospital, a drain was placed and the patient had approximately four and half litres of fluid drained from her.
5.3	The student received praise from her Paramedic Science Lecturer at University of Huddersfield. The patient was discharged after two weeks. Dave Green wanted to demonstrate how listening to the patient is essential to our pathways work.
5.4	Anne Cooper also confirmed she had visited the University of Huddersfield which have excellent qualified staff who give us confidence in our future paramedics and their support for patients.
5.5	Resolved: The Board noted the Patient Story.
BoD25/09/6	Chair's Report
6.1	Martin Havenhand presented the Chair's report.
	Resolved
6.2	The Board noted the Chair's report.
BoD25/09/7	Chief Executive's Report
7.1	Peter Reading presented the Chief Executive's report, highlighting improvements in handover delays despite significant demand on emergency care services across the county.
7.2	Peter added that the increased demand over the past week had affected handover performance. One hospital, previously among the best in the region, recently recorded some of the worst performance for handovers exceeding four hours. In recent days, performance has worsened significantly, partly due to seasonal factors contributing to the surge in demand.
7.3	Carol Weir confirmed that the Trust's sexual safety work does involve managing numerous cases. There has been an increase in case reporting, and efforts are being made to address these with compassion. It is important to acknowledge the ongoing work being done in this area.
7.4	Martin Havenhand commented that matters appear to be being addressed promptly. While staff have been encouraged to raise concerns, there has sometimes been a delay before cases are heard. Carol Weir noted that colleagues are doing their utmost, and both reporters, staff, and unions have observed significant improvements that should be acknowledged. The average resolution time is approximately four months, which is close to our target, with complex cases prioritised accordingly.
7.5	The majority of cases originate from frontline operations. Although these cases tend to be less traumatic, they still present considerable challenges. Thanks were extended to staff who have come forward; union representatives

	have provided excellent feedback, even when outcomes have not always been ideal.
7.6	Mandy Wilcock confirmed lessons are reviewed after each case, with thorough analysis and follow-up actions determined as necessary. This approach has become standard practice, and all concerns are systematically addressed.
7.7	A deep-dive review was completed 13 months ago, and going forward, all cases undergo similar scrutiny to ensure lessons are learned. Emphasis is now placed on ensuring that recommended actions are implemented and fully embedded into processes.
7.8	Martin Havenhand highlighted the Trust's achievement, in winning the Talent Inclusion and Diversity Evaluation (TIDE) award for quality and diversity two years in a row. Although the Trust had earned gold both years by meeting various criteria, there is still progress to be made.
7.9	Peter Reading also noted the need to support and be sensitive to our staff in the current social and political climate. A joint staff notice from the Chief Executive supported by Andrew Chang and Tabitha Arulampalam (Non-Executive Directors) will be sent to staff in relation to tackling discrimination and racist behaviour.
7.10	Resolved The Board noted the Chief Executive's report.
BoD25/09/8	Finance and Performance Committee Chair's Report
8.1	Kathryn Vause, in her capacity as the Executive Lead of the Finance and Performance Committee, presented the Finance and Performance Committee Chair's Report from the meeting held on 21 July 2025.
8.2	A number of matters regarding sickness and absence will be reported to the People Committee. It is noted that there were no notifiable events. Reports on cyber security and the Common Computer Aided Despatch (CAD) were reviewed for assurance purposes.
8.3	Marc Thomas confirmed that NHSE have accepted that the implementation of NHS Pathways has affected performance and they will provide the growth funding if targets are met.
8.4	Resolved The Board noted the report.
BoD25/09/9	Operational Assurance Report
9.1	Peter Reading presented the Operational Assurance report on behalf of Nick Smith, Chief Operating Officer, and highlighted the following key items: • Response times, handovers, and remote patient care are all positive. • To note, in terms of the implementation of NHS Pathways, the Trust has worked closely with other ambulance trusts to ensure we have sufficient backup. • There are issues with 999 calls in EOC, which we are resolving.

	• Patient Transport Services have successfully implemented changes to Eligibility criteria across all areas of YAS 2025 on behalf of our commissioners. • The report notes sickness as a continuing concern, which has been frequently addressed but remains unchanged.
9.2	Mandy Wilcock confirmed that a recent report indicated high sickness levels nationwide, particularly related to mental health, musculoskeletal (MSK) issues, and cancer. The service, along with other acute providers, aligns with these national trends.
9.3	Adam Layland confirmed that the Trust maintains a robust process with partners to support colleagues experiencing long-term sickness. However, there appear to be delays in accessing necessary diagnostic services and treatment, impacting their timely return to frontline duties. While we provide alternative roles and have comprehensive policies—particularly for those affected by cancer—we continue to enhance our approach by adopting more person-centred processes and offering substantial support.
9.4	Rachel Gillott noted that sickness absence is regularly addressed in performance forum meetings. The Trust is exploring ways to adapt successful call centre initiatives for frontline staff.
9.5	A discussion was held in respect of Category 2 response times. Peter Reading confirmed no ambulance services have achieved the NHS constitutional standards since COVID; however the Trust is performing better than most. Adam Layland confirmed that while the Category 2 constitutional standards have been relaxed, the constitutional standards for Categories 1, 3, 4 and 5 remain.
9.6	Peter Reading will distribute a document outlining national trends for response times.
	ACTION: Peter Reading
9.7	Resolved The Board noted the report.
BoD25/09/10	Winter Strategic Approach
10.1	Marc Thomas presented the winter strategic approach to provide the horizon scan, strategic risk assessment and tactical winter plan to respond to the identified risks. One of the key areas of focus will be the sickness reduction plans and the flu vaccination plans.
10.2	The Board Assurance Statement states the Board has reviewed the Category 2 ambulance response time trajectory and is assured the Winter Plan will mitigate any risks. Kathryn Vause also confirmed Finance and Performance Committee sought and received assurance the winter plan was sufficient. Amanda Moat noted that flu vaccinations are included in the Winter Tactical Plan and asked what new approaches are being taken to boost staff vaccination rates.
10.3	Marc Thomas confirmed this is very complex and the Trust understands that more needs to be done to address this. Getting the right amount of staff and

	hours over the winter period is a key focus, with a higher uptake of vaccinations may impact on sickness levels.
10.4	Tabitha Arulampalam requested clarification regarding the lessons learned from last year, as this was not specified in the report. Considering the current sickness rates and associated financial implications, there is uncertainty about whether any changes will be implemented.
10.5	Marc Thomas reassured the board that the plan reflects small, incremental changes based on years of experience, rather than any major shifts from last year. While much data informs the process, it may not all be evident in the report. The Trust continues to assess its resources and financial constraints, ensuring alignment between resource allocation and budget plans, especially as we work to deploy more resources during winter.
10.6	No incentives were given last winter and sickness levels remained stable; with a more stable workforce, incentives will again not be provided.
10.7	It was noted that the management structure at Appendix B (section 4.10) uses many acronyms, so a glossary or key should be included.
10.8	Adam Layland suggested reviewing prescription-only medicines that expire in winter. Dave Green confirmed this will be included in the winter plan. ACTION: Dave Green
10.9	Under Section B: 25/26 Winter Plan checklist, it was agreed to amend the Flu Executive Lead from Dave Green to Mandy Wilcock. ACTION: Marc Thomas
10.10	Resolved The Board: Reviewed and approved the 2025/26 Winter Strategic Approach Reviewed and approved the 2025/26 Winter Tactical Plan Reviewed and approved the Board Assurance Statement <i>Owen Hayward joined the meeting at 11:00</i>
BoD25/09/11	Annual Emergency Preparedness, Resilience and Response (EPRR) Report 2025
11.1	Owen Hayward presented the Annual EPRR 2025 report and highlighted the following key points: • Section 4 identified partial compliance. A new annual four-day commander course is underway, and at least 90% of commanders are expected to be fully compliant by 31 March 2026. • Both live and table top exercising have been undertaken for 2024/25. • The Trust has successfully maintained its Business Continuity certification. It continues to be the sole ambulance service, and one of a select group of NHS organisations, to attain this distinction. • Updates were provided for both the Hazardous Area Response Team (HART) and the Special Operations Response Team (SORT) • The report also provided an update on work undertaken in respect of the Manchester Arena Inquiry (MAI) recommendations. While funding

bids to commissioners were unsuccessful, there have been significant changes made as a result of this work, albeit some gaps remain.

11.2 The self-assessment for the NHS England EPRR Core Standards in autumn 2024 resulted in an overall assessment being of 93.1% for 2024/25, which is **Substantially Compliant**.

11.3 It was agreed to schedule a private Board session to discuss the shortfalls around MAI funding.

ACTION: David O'Brien

11.4 In Section 7, Amanda Moat commented that the public disorder events do not come to any committees and sought assurance whether these need to be included for notifiable events to the Finance and Performance Committee.

ACTION: David O'Brien

11.5 **Resolved**

The Board:

- Noted the contents of the report.
- Are satisfied that the organisation has sufficient resources to discharge its EPRR duties
- Are assured of the work undertaken in respect of the MAI recommendations **subject to** the national resolution of further funding. (AACE and NHSE)

Owen Hayward left the meeting at 11:10

BoD25/09/12 **Finance Report**

12.1 Kathryn Vause presented the Financial Performance Report for Month 5. The Trust's financial position at 31 August 2025 was reported as follows:

- **Revenue Finance Position:** Overall, YTD at month 5, income exceeds expenditure by £1.36m. The Trust had a planned surplus of £666k, therefore the position is ahead of plan by £698k. The forecast is break-even.
- **Capital:** Year to date the Trust have spent £7.8m against a plan of £3.6m and are forecasting break-even.
- **Efficiencies:** The financial position reflects full achievement of the efficiency plan both YTD and forecast.
- The Trust have spent £140k on **Agency** staffing (against a YTD cap of £1.55m) and forecast to spend £509k (against annual cap of £3.22m), which is well within the agency cap target. The position now reflects additional agency mechanics; an initiative to increase vehicle availability over winter
- The Trust holds a cash balance of £53.2m with low borrowings of £2.5m
- Payables performance dropped to 91% by value.

12.2 In conclusion, the Executive Director of Finance expressed greater confidence in the successful delivery of the financial plan.

12.3 Peter Reading extended his thanks to the finance team, noting that there is a noticeable positive shift in attitudes towards finance throughout the

	organisation, from managers to junior staff. Evidence suggests there has been a constructive change in managerial behaviour.
12.4	Kathryn Vause noted agreement with the previous points and identified opportunities for improvement. Management of overtime could be strengthened, and there is an option to offer overtime as needed. Spending in certain areas is minimal; other areas show stronger management, particularly within the non-pay panel, which includes several Executives. Reviewing spending reveals that most expenditures are essential. The message regarding budgeting appears to be gradually having an impact.
12.5	Tabitha Arulampalam also wanted to thank the Finance team, however was concerned in relation to staff who relied heavily on overtime income. Adam Layland gave assurance the Trust have put other measures in place so that staff have a better work life balance. We are providing a better working environment for staff overall. Marc Thomas stated that, as part of next year's Business Plan, an agreement will be reached regarding acceptable levels of overtime.
12.6	Resolved The Board noted: • The Trust's financial performance to 31 August 2025. • All associated risks.
BoD25/09/13	Quality Committee Chair's Report
13.1	Anne Cooper, in her capacity as Chair of the Quality Committee, presented the Quality Committee Chair's Report from the meeting held on 19 September 2025.
13.2	The Committee received a presentation on outcomes from a deep dive into excessive delays. The Committee gained assurance that the Trust understands underlying drivers for delays, and has identified appropriate mitigating actions – recommend long-term strategic actions be considered in 2026-27 business planning.
13.3	It was noted that for Category 2, the category system will undergo a review. However, Dave Green indicated that challenges may arise regarding the availability of sufficient clinicians in the Emergency Operations Centre (EOC).
13.4	Resolved The Board noted the report.
BoD25/09/14	Quality and Clinical Highlight Report
14.1	Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the following: • Improvements in Controlled Drugs compliance, including better documentation of witness signatures and CAD numbers. • Local resolution for complaints is now live in West Yorkshire A&E operations.

	• HSJ award shortlist for the work in South Yorkshire in relation to alternatives to ED for patients in Mental Health crisis. • Low lights – Medication errors involving expired drugs and incorrect dosages continue to be among the most frequently reported incidents. • Attendance at annual clinical refresher training remains good but has fallen.
14.2	Martin Havenhand raised concerns in relation to the number of newly qualified paramedics NQPs who are not able to get jobs. Dave Green confirmed 17 NPQs have been offered to attend development days who are awaiting employment. National workforce planning need to address the issue which could go on for several years.
14.3	Dave Green provided assurance that all Pre-packed Prescription Only Medicines (POMS) system drugs are in date and confirmed plans for wider rollout of POMS pouches are in the Business Plan.
14.4	Resolved The Board noted the contents of the report.
BoD25/09/15	Infection Prevention and Control Annual Report
15.1	Dave Green presented three key areas from the Infection Prevention and Control Annual Report which has been at Quality Committee for assurance: • In 2024, Tuberculosis (TB) cases increased by 13% more than the previous year and is increasing into 2025. TB is the world's leading cause of death from a single infectious agent. • A&E Operations Audit compliance has remained consistently high throughout 2024-25 • Key priorities for 2025–26 include the continued implementation of the Healthcare Associated Infection (HCAI) action plan, development of an electronic audit platform, and establishment of an Infection Prevention & Control (IPC) link practitioner network. • The team will also maintain its leadership role in horizon scanning, outbreak management, and partnership working with UK Health Security Agency (UKHSA) and other stakeholders.
15.2	Resolved The Board : • Received assurance on the progress with the Infection Prevention and Control function to date. • Supported the IPC next steps and developments for the coming year.
BoD25/09/16	People Committee Chair's Report
16.1	Tabitha Arulampalam, in her capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 09 September 2025 with the following key highlights: • A follow up assurance report with the outcome of targeted interventions about sickness absence will be coming to the Committee meeting in November. • A longer -term view on workforce supply and demand will be discussed further at a future committee meeting.

- There were no new Corporate risks.
- Received and noted the Annual Workforce Equality Profile and Equality, Diversity and Inclusion action plan.

16.2 **Resolved**

The Board noted the contents of the report.

BoD25/09/17

People and Organisational Development Highlight Report

17.1

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

- New absence recording system via the Global Rostering System (GRS) went live on 05 August 2025 replacing an automated absence reporting line.
- A more person-centred approach and implementation proved to be effective. Mandy Wilcock wishes to extend her appreciation to the scheduling team and to Senior Responsible Officer Adam Layland for their exemplary leadership and management during this rollout.
- Essential learning – marginally below the 90% target at 89.7% (showing a steady improvement trend since March 2025)
- Two risk areas of significance are sickness and pipeline of direct entry for NQPs.
- The Trust is working with the Royal College with development of NQPs and support around culture and behaviours.

17.2

Melanie Hudson inquired about the reasons apprentices have exceeded their planned end date and asked about the nature of our relationships with higher education institutions. Mandy Wilcock stated that a paper will be presented to Trust Executive Group (TEG) proposing a solution to allow more time for the academy. Staff assigned to alternative duties are currently assisting apprentices with their portfolios. Mandy indicated she is willing to share updates regarding ongoing work with universities.

17.3

Martin Havenhand sought assurance in relation to the staff survey and whether we have better plans than last year to encourage greater participation. Mandy Wilcock confirmed we have better team awards and a £5 Costa voucher. Engagement using the same methods on the welfare vehicles and team leaders. The aim is to get a champion for each area and a large cash prize will be awarded to the team who finishes first. There are other interventions but still work to do. The new iPads will also enable frontline staff to complete the survey online. It was noted no other surveys will be sent out during this period.

17.4

Resolved

The Board noted the contents of the report.

BoD25/09/18

Workforce Diversity Profile Report

18.1

Mandy Wilcock presented the Workforce Diversity Profile report and the key highlights discussed were:

- The National Census 2021 data does indicate disparity in our workforce profile against that of the local communities we serve.

	• The Trust has a 3-year Equality, Diversity and Inclusion (EDI) action plan and continue to work hard on our actions and end to end recruitment. • An Anti-racism statement has been issued by the Chief Executive and the Trust is now working on an anti-racism charter. • Sexual safety and professional standards have sight of more cases and challenging behaviours against protected characteristics. • Allyship with staff networks continue to promote and support bystander training.
18.2	Adam Layland was pleased to see an increase in LGBT disclosure up from 8.06 to 8.79% and is positive for our organisation. Peter Reading also noted that staff are also disclosing disability and has almost doubled since 2023 from 5.49% to 9.6%.
18.3	Mandy Wilcock assured Saghir Alam that we are engaging with BME colleagues, communities, colleges, and hard-to-reach areas. Although colleges cover a wide region, our focus is on deprived areas, and further work is needed. Saghir Alam was advised to contact Nabila Ayum, Head of Diversity & Inclusion, for more information.
18.4	Melanie Hudson asked about our volunteer profile, and Peter Reading confirmed it mainly consists of older white males, reflecting the national trend.
18.5	Resolved The Board noted the contents of the report.
BoD25/09/19	YAS Charity Update Report
19.1	Kathryn Vause presented the YAS Charity Update Report, noting significant progress since the appointment of Carey Taylor as Head of Charity and under the leadership of Helen Edwards, Associate Director of Communications and Community Engagement. Following an initial emphasis on governance, the charity is now focused on fundraising through a range of initiatives, including community engagement, support for staff and volunteers, and activities aimed at saving lives.
19.2	To note, support from the Board is crucial to develop its brand and identity which can include using social media to help raise the profile.
19.3	Resolved The Board noted the activities and progress made by the YAS Charity and the range of opportunities to support its work.
BoD25/09/20	Audit and Risk Committee Chair's Report
20.1	Amanda Moat, in her capacity as Chair of the Audit and Risk Committee, presented the Audit and Risk Committee Chair's Report from the meeting held on 22 July 2025.
20.2	The key highlights were: • The 2024/25 Audit and Risk Committee Annual Report was approved. • No new risks were identified.

20.3	Resolved The Board noted the contents of the report.
BoD25/09/21	Board Governance Report
21.1	David O'Brien presented the Board Governance Report confirming the following key points: • Melanie Hudson was appointed as a Non-Executive Director • Committee membership changes for Quality Committee and People Committee • Board Development day will be held on Monday 29 September 2025 facilitated by Integrated Development Ltd.
21.2	Resolved The Board: • Noted the developments in Board governance as outlined in this report. • Approved the changes to committee membership as proposed in 2.2 of the report
BoD25/09/22	Provider Trust Capability
22.1	David O'Brien presented a report as part of the National Oversight Framework (NOF). A self-assessment of the Trust is based on 6 domains and this along with supporting evidence must be submitted to NHSE by 23 October 2025.
22.2	The self-assessment will go to TEG and then Board for sign off on the 23 October 2025.
22.3	Resolved The Board noted the overview of the Provider Trust Capability Assessment and supported the approach taken by the Trust.
BoD25/09/23	Any Other Business
23.1	There were no items of any other business.
BoD25/09/24	Risks
24.1	No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
BoD25/09/25	Date and Time of Next Meeting
25.1	The next meeting is scheduled to take place on Thursday 27 November 2025.
	The meeting closed at 12:24.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ CHAIRMAN

_____ DATE