



Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 27 November 2025 at 09:30

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

Voting Directors	Martin Havenhand Anne Cooper Amanda Moat Saghir Alam Tabitha Arulampalam Melanie Hudson Peter Reading Kathryn Vause Dave Green Shona McCallum Nick Smith	Chair Non-Executive Director (Deputy Chair) Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Executive Director of Finance Executive Director of Quality and Chief Paramedic Executive Medical Director Chief Operating Officer
Non-Voting Directors	Marc Thomas Mandy Wilcock	Deputy Chief Executive Director of People and Organisational Development
Contributing Directors	Carol Weir Adam Layland Rachel Gillott David O'Brien	Director of Strategy, Planning and Performance Director of Partnerships and Operations (SY) Director of Partnerships and Operations (WY) Director of Corporate Services and Company Secretary
In Attendance	Katherine Lees Rebecca Randell Odette Colgrave Lewis Henery Hazel O'Neill	Associate Non-Executive Director Associate Non-Executive Director Corporate Governance Manager 360 Assurance (Auditor for BAF review) Head of Safeguarding (for item ...)
Apologies:	Andrew Chang Helen Edwards Sam Robinson	Non-Executive Director (Senior Independent Director) Associate Director of Communications and Community Engagement Chief Digital Information Officer

BoD25/11/1 Welcome and Apologies

- 1.1 Martin Havenhand welcomed all to the Board
- 1.2 Apologies were received from Andrew Chang, Helen Edwards and Sam Robinson.
- 1.3 The meeting was quorate.

BoD25/11/2 Declaration of Interests

- 2.1

	<p>No declarations of interest were reported. If any declarations of interest arose during the meeting these would be considered at that time.</p>
BoD25/11/3	<p>Minutes of Previous Meeting</p> <p>3.1 The minutes of the meeting of the Board of Directors held in public on 25 September 2025 were approved as an accurate record subject to the following amendment:</p>
	<p>3.2 Paragraph 12.4: Kathryn Vause noted agreement with the previous points noted. This was on the basis that she had seen much stronger management of budgets in relation to overtime in Operations, and also requests coming through the non-pay panel. This panel was set up as a grip and control measure last year and is chaired by Kathryn Vause. There has been a notable change in the orders coming through, signalling a move in the right direction in terms of stronger budget management.</p>
	<p>3.3 There were no matters arising.</p>
BoD25/11/4	<p>Action Log</p> <p>4.1 BoD25/05/15.3 Dave Green provided assurance a deep dive was performed concerning excessive ambulance delays in Bradford which identified that further work is required. Agreed action to close.</p> <p>4.2 BoD25/07/18.5 Action to Close BoD25/09/10.8 Action to Close BoD25/09/10.9 Action to Close</p> <p>4.3 BoD25/09/10.9 Review January 2026 BoD25/09/11.4 Review January 2026 (Peter Reading added all Chairs of Ambulance trusts have agreed to write to Penny Dash in advance of any decision making. Marc Thomas confirmed not all trusts have taken consistent approach to the Manchester Arena Inquiry recommendations.)</p>
BoD25/11/5	<p>Patient Story</p> <p>5.1 Dave Green introduced the patient story about a man who suffered a cardiac arrest. His wife performed CPR guided by the call handler until paramedics arrived. The story detailed her account of her experience of calling 999 and the support she was given.</p> <p>5.2 It also outlined events after the medical team reached the scene and shared the wife's emotions throughout. Later, the couple met the attending crews, who explained their actions during the incident.</p> <p>5.3 Amanda Moat inquired about the availability of CPR training within the community. Dave Green responded that such training is provided by the Community Engagement team, with a particular focus on reaching hard-to-access communities.</p>

	5.4	Peter Reading further remarked that the Trust is leading nationally on CPR training in the community, largely owing to our involvement in Restart a Heart Day (RSAH).
	5.5	Anne Cooper emphasised not forgetting the call handler, whose ability to remain calm is a valuable skill.
	5.6	Resolved: The Board noted the contents of the video.
BoD25/11/6		Chair's Report
	6.1	Martin Havenhand presented the Chair's report and the following key points were highlighted: <ul style="list-style-type: none"> • NED engagement activities will be included in future updates. • Katie Lees highlighted positive progress as a disability champion, including new training and support for neurodiverse staff, visual aids for iPads, and colour coding for dyslexia. The Trust was praised for its supportive environment. • Anne Cooper recognised ancillary staff and commended Callflex for maintaining high standards and supporting crews. • Tabitha Arulampalam noted recurring themes from quality visits, with a focus on team leadership and collaboration. • Peter Reading shared that Rotherham and Barnsley have been recognised nationally for innovations such as x-ray services in care homes and a specialist paramedic hub. • Rachel Gillott also confirmed Rotherham's involvement in a national programme, expected to provide valuable learning. • Martin Havenhand emphasised a growing culture of Quality Improvement (QI), innovation, and learning across the organisation.
	6.2	Resolved The Board noted the report.
BoD25/11/7		Chief Executive's Report
	7.1	Peter Reading presented the Chief Executive's report, with the following key points highlighted: <ul style="list-style-type: none"> • Restart a Heart Day (RSAH) • UK Contact Centre Forum Awards • Operational and Financial Performance is very good • Staff Survey uptake very positive
	7.2	Rachel Gillott confirmed in relation to section 4 of the report - falls awareness – there is collaborative work ongoing with our West Yorkshire partners and a Business Case has been developed with the benefits realised.
	7.3	Peter Reading also confirmed there is a national initiative to increase the public awareness of risks with falls and to offer advice and to minimise risks.

7.4	<p>Resolved The Board noted the report.</p> <p>BoD25/11/8</p> <p>8.1 Business Plan 2025/26 – Q2 Performance and Assurance Report Marc Thomas presented the Business Plan Q2 performance and highlighted the following key points:</p> <ul style="list-style-type: none"> • NHS Pathways: Progressing well; call handlers are better positioned to direct patients to appropriate services. • Patient Handovers: Slight increase noted but performance remained stable at Q2 and significantly improved compared to last year. There are signs of pressure building on handover times during Q3 • Hull Ambulance Station: Quality visits conducted; photos of improvements shared, positively impacting morale and working conditions. • Areas for Further Focus: Emphasis on “hear and treat” initiatives, with updates at Quality Committee. • Sickness Absence: Positive collaboration with operations colleagues, reviewing shift lengths and patterns. • Clinical Pathways: Rated amber-green in the latest report. Efforts continue, but access to alternative pathways is declining due to reduced funding from ICBs and community services. • 10-Year Plan: Aims to expand the above services. <p>8.2 Amanda Moat asked in relation to Funding & Community Transition: Marc Thomas confirmed progress on moving funding to community care is slow but ongoing, with discussions continuing in planning rounds as confirmed by Carol Weir.</p> <p>8.3 Financial Planning: Kathryn Vause confirmed “Left shift” funding is available as a top slice, not a direct transfer mechanism.</p> <p>8.4 Care Pathways: Anne Cooper suggested to continue monitoring the effectiveness of care pathways.</p> <p>8.5 Melanie Hudson requested an update on NHS Pathways & Call Handling: Marc Thomas confirmed NHS Pathways implementation has increased pressure on call handling. Support from South East Coast is ending soon, but the situation is stabilising. Staffing remains tight, especially for December/January.</p> <p>8.6 Workforce: Call handler workforce is limited, with slower-than-expected training due to operational and cultural differences between EOC and IUC.</p> <p>8.7 Winter Pressures: Confidence levels vary by region. South Yorkshire partners are strong; Hull has faced challenges but remains committed. Airedale and Bradford hospitals are identified as highest risk. National recognition of sector vulnerability as winter approaches. Engagement at the national level is ongoing to highlight acute care needs.</p> <p>8.8 Tabitha Arulampalam sought Board assurance in respect of NHS Pathways. Marc Thomas confirmed there is ongoing collaboration with partners to mitigate risks, especially in alternative care pathways. Additional resources</p>
-----	--

		<p>are being allocated to these areas. Local teams are strengthening relationships and maintaining regular meetings with partners, particularly in York.</p>
8.9		<p>Meal Breaks: Ongoing challenges with staff meal breaks. The issue is complex, involving both operational and staff-side factors, and will be reviewed over the next year. The Executive team to review perennial issues, with updates to follow in future meetings.</p>
8.10		<p>Resolved: The Board</p> <ul style="list-style-type: none"> Noted the progress and position at Q2 end on delivery of the Trust business plan priorities for 2025/26. Supported the planned activity for Q3 including where additional focus is required, as noted in the paper. Considered and supported the recommended next steps.
BoD25/11/9	9.1	<p>Corporate Risk Report (CRR) David O'Brien presented the Corporate Risk Register with the following key points:</p> <ul style="list-style-type: none"> New Risks: Six new risks were identified between August and October, including Risk 707, a high-risk Fire Evacuations Drills issue. Assurance is being sought through the Performance and Finance Committee, and further updates will be provided. Sickness Absence: Risk 362 has been escalated from moderate to high. Risk Reductions: Some operational risks in the South have been downgraded, while handover risks in the West have improved due to transfer of care initiatives. Risk Evaluation: The appendix includes an evaluation matrix and a link for further details on risk management. Leadership Changes: A new risk has been added regarding senior leadership changes. Fire Safety: A vacant fire post has now been filled. A new fire and safety policy is in place and a new programme of drills is being introduced. Assurance is being sought on how mitigation of this risk is being accelerated. Accessibility: The fire and safety policy will be reviewed to ensure inclusivity, including wheelchair access.
9.2		<p>Peter Reading queried the de-escalation from the corporate risk register of the risk relating to Hospital Handover in the West operational area. Whilst recognising the positive impact that Transfer of Care has had on handover times, there was some inconsistent implementation and signs that handover processes and handover times were coming under pressure at certain emergency departments, including in the West Yorkshire area.</p>
9.3		<p>David O'Brien and Rachel Gillott explained that the reduction in this score had been confirmed via the Trust's established risk management processes, and that it did reflect the position at the time of the risk review (albeit several weeks earlier). David advised that the Board itself should not seek to alter the outcome of that risk review. Instead, in accordance with the Trust's risk</p>

	<p>management processes, the Board should refer the risk back to the Executive for further review, and seek detailed assurance regarding the ongoing management of this risk.</p>
9.4	<p>Resolved</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the position regarding corporate risks. Referred the risk relating Hospital Handover (West) back to the Executive for further review and detailed assurance .
BoD25/11/10	<p>Board Assurance Framework Report</p>
10.1	<p>David O'Brien presented the status of Board Assurance Framework strategic risks at the end of 2025/26 Q2 and transition into Q3. It was explained that the BAF now incorporated revised strategic risks as requested by Board and committees, and that these had taken effect from the start of Q3 (01 October).</p>
10.2	<p>It was explained that assurance about strategic risks in the BAF does not come only from this report, and that several Board agenda items that day address areas of strategic risk and the mitigations being progressed. For instance, various agenda items will cover strategic risks 1 to 5 relating to our Our Patients, strategic risks 6 to 9 relating to Our People, strategic risk 11 relating to health inequalities, and strategic risks 12 and 13 relating to revenue budgets and capital investments.</p>
10.3	<p>Several positive developments were highlighted across the organisation: compared to the equivalent period of 2024/25 the strategic risks are more stable and are within forecasted levels, which indicated a good level of control. However, even where risks are being managed well there remain challenges. Examples of this include but are not limited to:</p> <ul style="list-style-type: none"> Risk 1 Timely Response: Cat2 response times have been well ahead of the planned trajectory and handover delays are much improved although coming under pressure in some places, but progress on meal breaks represented an area of risk, particularly given the requirements to further reduce Cat2 response times in 2026/27 and beyond. Risk 2 – Appropriate Care: Positive progress has been made with NHS Pathways implementation, but challenges remain regarding the provision and utilisation of alternative pathways. Risk 8 – Recruitment and Retention – recruitment has been strong and retention rates have steadily improved, however a hot spot remains regarding the recruitment pipeline into EOC (although the issues are understood and are being mitigated).
10.4	<p>For many of the strategic risks there is evidence of good progress with the mitigations. However, this did not automatically mean that risk exposures can be reduced at this time. It was emphasised that risk exposures would only be reduced when there was a good degree of confidence that mitigation actions are being effective and the control of the risk is sustained.</p>

10.5	It was noted that an internal audit review of the Board Assurance Framework is being conducted by 360 Assurance. As part of this Board members will receive a short survey. It was further noted that the full Board Assurance Framework had been issued to Board members, along with accompanying guidance.
10.6	Resolved
	The Board:
	<ul style="list-style-type: none"> Noted the position regarding BAF strategic risks at the end of 2025/26 Q2 and transition into Q3. Did not identify any areas that require further information or additional assurance
BoD25/11/11	Operational Assurance Report
11.1	<p>Nick Smith presented the Operational Assurance Report. The following key points were raised:</p> <ul style="list-style-type: none"> Updates were provided on Category 2, with a focus on "Hear and Treat" as the service moves into the winter period. Year-to-date handover performance is at 9 minutes better than last year. September saw significant increases, but performance has since stabilised. There has been variability in performance, with an observed increase in calls transferred to 999. Considerable work has been undertaken to implement NHS Pathways. For the EPRR - a self-assessment has been completed, and the organisation is compliant. Adjustments have been made with partners to manage impacts, including a reduction in the use of taxis for patient conveyance. Crew clear times are improving.
11.2	<p>Rebecca Randell queried what has led to the crew clear time improvements. Significant work has been done in Leeds, with related initiatives in Bradford over the past 12 months. Quality improvement projects have included enhancements to Wi-Fi connectivity and technology programs, as well as feedback on staff experiences with completing the Electronic Patient Record (EpR). Differences in the availability of alternative pathways in different operational areas were noted.</p>
11.3	<p>The process was discussed regarding when crews become unavailable. Targeted support is being provided to individuals and outliers by local team managers. Additional efforts are being made to increase the on-site presence of team leaders to support crews.</p>
11.4	<p>National evidence indicates that successful use of the electronic patient record (ePR) depends on effective training and rollout. It was emphasised by Anne Cooper that staff should not be expected to adopt new technology without adequate training.</p>
11.5	<p>Tabitha Arulampalam sought assurance in relation to sickness in IUC. The nature of the service and ongoing changes (e.g., rota, uniform) have influenced staff morale, which has improved. A significant reduction in</p>

		turnover has been observed, attributed to the nature of the role and shift patterns.
11.6	Resolved	The Board noted the contents of the report.
BoD25/11/12	Finance and Performance Committee Chair's Report	
12.1		The report covered the meeting held on 16 October 2025. One alert already discussed was in relation to the Trust's non-compliance with regulatory requirement to conduct yearly fire drills.
12.2	Resolved	The Board noted the contents of the report.
BoD25/11/13	Financial Performance Report	
13.1		Kathryn Vause presented the Financial Performance Report. The Trust's financial position at 30 April 2025 was reported as follows: <ul style="list-style-type: none"> • The Trust reported a year-to-date surplus of £1.21m, this is ahead of plan by £995k. A breakeven position by year end is forecast. • Capital expenditure is £10.7m against a plan of £8.5m, with a further £5.6m of orders raised. • Agency staffing spend is significantly below target; £257k (YTD cap £1.9m), forecast to spend £526k (annual cap £3.7m). • The Trust holds a cash balance of £58.1m and low borrowings of £2.35m. • The annual efficiency programme totals £23.1m and has been met in full. • In year position – confidence to deliver our plan • We need to remember non recurrent are behind this confidence – we need to ensure productivity and efficiency to deliver our plans
13.2		Both Tabitha Arulampalam and Melanie Hudson felt assured we are ahead of plan, however queried whether this positive trajectory will continue into the next financial year. The organisation currently has more vacancies factored in than necessary. Improved planning is needed to determine whether all vacancies must be filled in the coming year, as the current over-delivery would not be replicated if all positions were filled. Kathryn Vause is confident the Trust will deliver our plan.
13.3	Resolved	The Board noted: <ul style="list-style-type: none"> • The Trust's financial performance to 31 October 2025. • All associated risks.
BoD25/11/14	Quality Committee Chair's Report	
14.1		Anne Cooper, in her capacity as Chair of the Quality Committee, presented her last Quality Committee Chair's Report from the meetings held on 9 October and 13 November 2025. The two key highlights were: <ul style="list-style-type: none"> • The Clinical Response Model • Health Inequalities
14.2		It was noted Tabitha Arulampalam, Shona McCallum and Ruth Crabtree will be further considering Health Inequality issues and how we are working with

	<p>partners. This will be followed up closely by the Quality Committee to give greater assurance to Board regarding progress.</p>
14.3	Shona McCallum is discussing with Carol Weir strategies for achieving the Trust's objectives on health inequalities.
14.4	Martin Havenhand referenced the internal audit report on the Patient Safety Incident Response Framework (PSIRF), which provided only limited assurance. Anne Cooper confirmed there is an action plan. Monitoring of the internal audit actions by the Quality Committee is appropriate to maintain oversight. Compared to many other trusts, this Trust is currently in a relatively good position regarding PSIRF but have room to continue maturing.
14.5	Anne Cooper highlighted the advancements achieved in recent years and to acknowledge those who have contributed to these successes, with special emphasis on key priorities and patient-centred initiatives.
14.6	Martin Havenhand expressed his thanks to Anne Cooper for her leadership and development of the Quality Committee.
14.7	<p>Resolved</p> <p>The Board noted the contents of the report.</p>
BoD25/11/15	<p>Quality and Clinical Highlight Report</p>
15.1	<p>Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the following four points:</p> <ul style="list-style-type: none"> • The organisation is the first ambulance service to achieve accreditation for out-of-hospital neonatal resuscitation. • A Quality Improvement webinar was held; participation levels among clinicians and patient engagement were noted. • Ongoing work continues to improve learning processes and address Risk 194, with a focus on creating capacity over Health & Safety. • Incidents in high-acuity calls are being monitored as the system transitions from old to new pathways. Senior management has engaged with the team to investigate further.
15.2	<p>Shona McCallum presented the clinical sections of the highlight report, with the following key points:</p> <ul style="list-style-type: none"> • Some vacancies remain within the clinical effectiveness team. • A workshop on system-wide learning from deaths was well received. • The role of medicine safety was discussed. • Controlled drugs have undergone review. • New pouches will be introduced in Leeds in the new year.
15.3	<p>Anne Cooper noted ineffective breathing as a high-risk issue, which the patient safety group will address. Dave Green mentioned this was closed last year but, as pathways transition, Dave Green and Shona McCallum will work to improve them.</p>
15.4	<p>Resolved</p>

The Board noted the contents of the report.

Hazel O'Neill joined the meeting at 11:25

BoD25/11/16

16.1

Safeguarding Annual Report

Dave Green and Hazel O'Neill (Head of Safeguarding) presented the Safeguarding Annual Report to provide oversight and assurance that safeguarding duties are being discharged effectively. The following key points were discussed:

- Safeguarding training compliance has improved, especially for Level 3 adult and child training, following the introduction of an ambulance-specific e-learning module.
- The Trust has participated in statutory safeguarding reviews, integrating lessons learned into practice.
- Audit actions for managing safeguarding and sexual safety allegations are complete and embedded.

16.2

Melanie Hudson queried why the Trust remains an outlier in the ambulance sector with most trusts mandating Level 3 Safeguarding training to all paramedics. The Trust currently requires only 900 staff to be level 3 trained. Hazel O'Neill confirmed the Trust have managed the risk by training the appropriate staff and the training plan for 2026/27 will see a reduction in training hours. Front line staff account for 70% of referrals.

16.3

Resolved

The Trust Board:

- Noted and supported the progress with the Safeguarding function to date
- Supported the safeguarding next steps and developments for the coming year

Hazel O'Neill left the meeting at 11:35

BoD25/11/17

17.1

People Committee Chair's Report

Tabatha Arulampalam, in her capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 18 November 2025. The key points were:

- Meal Breaks
- Sickness absence reduction report
- People and Culture
- NHS Staff survey – good response rate

17.2

The Board should be aware that the Trust target for an absence reduction is unlikely to be delivered for 2025/26.

17.3

Resolved

The Board noted the contents of the report.

BoD25/11/18

18.1

People and Organisational Development Highlight Report

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

	<ul style="list-style-type: none"> • 69 open disciplinary cases at month end, 34 of which are Sexual Safety cases. • The Directorate winter plan is in place which includes training more managers to investigate and hear disciplinaries in order to ensure 999 and 111 managers can concentrate on the delivery of patient care • Uptake of flu vaccinations 42.9% managing winter pressures has exceeded our target but slowing down. • Operational services - now recording why staff are not taking the vaccine. • Welfare support, Health and Wellbeing vehicles and psychological drop-in sessions continue. • The use of the PLEAZ app. • Appraisal rates are steadily improving at 76%, although off target. • We achieved a 65% staff survey response rate (target: 50%) with one day remaining. Incentives, frontline leadership, and team competitions have been effective.
18.2	Melanie Hudson sought assurance on the Apprentice Progress Learning Planned End Date (PPED). Mandy Wilcock confirmed this was agreed in TEG last week to increase the time to complete their portfolio. The Skills England risk threshold is 15% and the Trust is currently at 30%. YAS Academy continue to offer a wide range of actions and interventions are in place, managed through a specific project group, with data tracking and engagement with A&E Operations and Trade Unions.
18.3	Martin Havenhand reiterated the importance of appraisals these figures are unacceptable (75.7%), and annual appraisals are a staff right and performance must be improved. While some areas perform well, greater focus and support are needed where performance lags. Peter Reading confirmed that leaders will continue to work on this.
	Resolved
18.4	The Board noted the contents of the report.
BoD25/11/19	YAS Together Culture Development Programme Report
19.1	Mandy Wilcock presented the YAS Together Culture Development Programme Report, drawing attention to the following key points: <ul style="list-style-type: none"> • Data supports the continuation of meaningful initiatives. • There has been a year-on-year reduction in staff turnover; while progress has been made, further improvement is needed. • All aspects of the People Promise have shown year-on-year increases. • Workforce representation has improved across all protected groups. • Sickness absence and appraisal processes remain areas of risk. • Operational pressures continue to present significant challenges.
19.2	Top 5 Priorities Moving Forward <ol style="list-style-type: none"> 1. Reduce staff absence rates. 2. Review and enhance flexible working arrangements, including team-based working. 3. Improve the quality of appraisals and career development opportunities. 4. Continue embedding Quality Improvement (QI) initiatives.

	<p>5. Develop and implement a clear plan for violence reduction and prevention.</p>
19.3	<p>Tabitha Arulampalam requested confirmation regarding the Maturity Framework, and Mandy Wilcock verified that the Board had completed this process during a live session in which the self-assessment was conducted and each score thoroughly reviewed. Strong leadership is essential, and our main challenge is ensuring top-quality leaders.</p>
19.4	<p>Anne Cooper expressed gratitude that QI is now an integral part of the Trust. The use of QI methods in operations has led to outstanding results.</p>
19.5	<p>Resolved The Trust Board:</p> <ul style="list-style-type: none"> • Acknowledged the cultural progress delivered to date, alongside the high-risk areas that require immediate and sustained action. Continued Board support was sought to enable delivery of the 2026/27 programme to ensure alignment with national standards and the Trust's long-term strategic aims. • Championed the YAS Together Pillars visibly across board level, strategic and local forums to sustain momentum and reinforce alignment with organisational values and priorities.
BoD25/11/20	<p>Audit and Risk Committee Chair's Report</p>
20.1	<p>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 11 November 2025 and the key points were:</p> <ul style="list-style-type: none"> • The Committee approved the YAS Charity Annual Report and Accounts and Letter of Representation. • External audit considers internal audit assurance assessments in their overall opinion. • Three out of four reports from the 2025/26 audit plan received limited assurance and one received moderate assurance.
20.2	<p>The report noted that the Trust's position on timely completion of internal audit actions was behind the year-end position achieved in 2024/25, and that management focus would be required during the remainder of 2025/26 to improve the position.</p>
20.3	<p>The report noted that the Audit and Risk Committee had reviewed a change to the Trust's Standing Financial Instructions that had been proposed following an annual review of the operation of the Trust Standing Orders and SFIs. The change concerned the direction of delegation within the Scheme of Financial Delegation. The Committee endorsed the change and had recommended that the Board approve it.</p>
20.4	<p>Resolved The Board noted the contents of the report.</p>

BoD25/11/21	Board Governance Report David O'Brien provided an update on issues and developments relating to Board governance. <ul style="list-style-type: none"> • Changes to board membership • Changes to assurance committee membership • Changes to Trust Executive Group membership • An update on an NHSE-led Board Development Programme • A change to the Trust's Standing Financial Instructions, relating to the operation of the scheme of financial delegation. This had been reviewed by the Audit and Risk Committee, which recommended Board approval of the change.
21.2	Resolved <ol style="list-style-type: none"> 1. The Board noted the developments in Board governance as outlined in this report. 2. The Board approved: <ul style="list-style-type: none"> • the board membership as set out in 2.1 and Appendix A • the changes to committee membership as set out in 2.2 • the TEG membership as set out 2.3 and Appendix B • the changes to the Standing Financial Instructions as set out in 2.5
BoD25/11/22	International Holocaust Remembrance Alliance (IHRA) : Definition of Antisemitism Peter Reading explained that on 16 October 2025 NHS England issued a letter in the names of Sir James Mackay, Chief Executive, and Jo Lenaghan, Chief Workforce Officer which encouraged all NHS organisations to adopt the IHRA definition of antisemitism. This aligned with the Trust's position on eradicating discrimination and racism of all types, and the Trust had issued several statements about this in recent weeks.
22.1	Resolved The Yorkshire Ambulance Service NHS Trust agreed to formally adopt the IHRA working definition of antisemitism.
BoD25/11/23	Any Other Business There were no items of any other business.
23.1	
BoD25/11/24	Risks No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
24.1	
BoD25/11/25	Date and Time of Next Meeting The next meeting is scheduled to take place on Thursday 11 December 2025.
25.1	
25.2	Due to organisational changes there were some colleagues who would not be regular attendees at future board meetings and Martin Havenhand wanted to record the boards thanks and appreciation to: Nick Smith as he transitions to

a new Associate Chief Operating Officer (ACOO) overseeing West Yorkshire and Central Services.

- Adam Layland as he transitions to a new (ACOO) overseeing East, North and South Yorkshire.
- Rachel Gillott who is leaving the Trust and we wish her well in her next endeavour.
- Jeevan Gill, who is currently on secondment with another Trust.

25.3 Today marks Anne Cooper's last meeting after seven years as a NED, Senior Independent Director, Deputy Chair and Chair of the Quality Committee. The Board acknowledged Anne's significant contribution to YAS and the work of the board and in particular her focus on the patient and her passion for improving the quality of our services. She has been a role model for others who has supported colleagues throughout the organisation and she will be missed.

The meeting closed at 12:19.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

**_____
CHAIRMAN**

**_____
DATE**