Board of Directors (in Public)
29 January 2026

Report Title	People Committee Chair's Report
Author	Tabitha Arulampalam, Non-Executive Director and Chair of People Committee Suzanne Hartshorne, Deputy Director of People
Accountable Director	Mandy Wilcock, Director of People
Previous committees/groups	None
Recommended action(s) (assurance, approval, information)	Assurance, Information
Purpose of the paper	The report provides highlights of the People Committee to provide assurance to the Trust Board.

Executive Summary

The report provides highlights of the People Committee to provide assurance to the Trust Board. The paper aims to update the board on discussions taking place to reduce the risks set out in the Board Assurance Framework.

The Committee received assurance on key workforce priorities, noting stable strategic risks across culture, wellbeing, recruitment and retention, and leadership development. Sickness absence remains a significant concern, with the 2025/26 reduction target now unattainable. Deep-dive analysis has identified notable variation between stations and highlights the need for targeted, locally informed interventions. Further qualitative engagement with staff is planned, with progress due to return to Committee in March 2026.

Workforce planning risks are now evident, driven by misalignment between workforce supply and service demand, unresolved paramedic pipeline issues, financial constraints, and inconsistencies in HR, finance, and planning data. These factors undermine confidence in forecasting and potential to threaten safe staffing and long-term performance. The Long Term Strategic Workforce Planning group has commissioned external experts to support YAS with planning for the long term future, taking these issues into consideration. The Workforce Planning group will be presenting our plan for next year to Board and details of this will be discussed at the People Committee.

The Committee received assurance across a range of workforce programmes—including employee relations, sexual safety case management, wellbeing initiatives, strategic workforce modelling, recruitment and retention trajectories, violence prevention, meal breaks and fleet and vehicle maintenance. While positive progress is noted, several areas require strengthened governance and improved data to support decision-making. These were identified and follow up actions have been agreed.

No new risks were identified, but sickness absence and workforce planning continue to represent the most significant operational and strategic challenges.

Recommendation(s)	The Trust Board are asked to note the contents of the report.
Link to Board Assurance Framework Risks (board and level 2 committees only)	6. Develop and sustain an open and positive workplace culture. 7. Support staff health and well-being effectively.

	8. Deliver and sustain improvements in recruitment and retention. 9. Develop and sustain improvements in leadership and staff training and development.

Highlight Report

Report from: People Committee
Date of the meeting: 20 January 2026

Key discussion points at the meetings and matters to be escalated to board:

Alert:
None

Advise:

Sickness absence – The Board should be aware that the Trust target for a 0.5% sickness absence reduction will not be delivered for 2025/26 and the trajectory continues to rise The Committee was updated on discovery work to understand underlying absence reasons. The Committee will be updated on this work at the next meeting with the People and Culture Group reviewing monthly.

Workforce Planning – The Board are advised that workforce planning risks stem from staffing and demand misalignment, financial constraints, data inconsistencies, and modelling uncertainties, threatening safe staffing, recruitment, and performance standards. This is further explained in the risk section below. The Committee will be updated on this work at the next meeting with the People and Culture Group reviewing monthly.

Assure:

20 January 2026
The meeting was chaired by Tabitha Arulampalam, Non-Executive Director and was quorate. The Committee:

- Received and noted the Corporate Risk and Board Assurance Framework Update highlighting minimal movement in strategic risks, ongoing mitigation actions, and specific attention to recruitment, retention, and staff well-being. A risk, related to national minimum wage, was de-escalated, and that four strategic risks overseen by the committee showed no movement as of quarter four.
- Received an update about follow up work regarding meal breaks, and will respond in line with actions that are likely to emerge after the Board has met to consider the impact of current practice across YAS.
- Received and noted the highlight report from the People and Organisational Development Directorate with updates on employee relations, sexual safety, sickness absence rates, overpayments, job evaluation, and staff survey results, with further discussion on audit findings, recruitment, and leadership development.
- Received and noted the highlight report from the People and Culture Group, which focused on key risks regarding rising sickness absence and challenges in external paramedic recruitment. The group emphasised monitoring these organisational pressures whilst continuing ongoing work to support culture, workforce stability, and well-being initiatives.
- Received and noted the Employee Relations and Sexual Safety Case Management update including reductions in formal case numbers, improved case management processes, increased use of digital tools, and ongoing challenges with employment tribunals following the implementation of the sexual safety charter in 2022.
- Received and noted the closing report on the 2025/26 Health and Well-Being Plan which, whilst acknowledging there is much more to do, detailed positive outcomes, including mental health initiatives and flu vaccination improvements, while addressing the ongoing challenge of rising sickness absence rates and the need for targeted interventions.
- Received and noted the work towards the 2026/27 Absence Reduction Plan with results of a deep dive analysis, identifying key indicators of underlying reasons for

absence, and outlining a proposed two-fold plan for trust-wide and targeted actions. The deep dive identified three of the most challenged stations for focused intervention. The next steps are to supplement quantitative data with qualitative input from staff, to understand the real drivers of absence and inform effective interventions, with team leaders in the selected areas being central to implementing and owning these, hence an engagement and communication plan is in development.

- Received and noted the Strategic Health and Safety Group update with updates on health and safety committee activities, including risk mitigation and capacity increases.
- Received and noted an update regarding Long-Term Strategic Workforce Planning with discussions on strategic workforce modelling in partnership with ORH (Operational Research in Health Limited). ORH are supporting our work regarding long-term workforce requirements, incorporating clinical response models and sector benchmarking with milestones and commissioning briefs.
- Received and noted a workforce planning, recruitment, and retention trajectory update discussing the development of three-year workforce plans, the restructuring of planning groups, and the balance between staffing needs and financial constraints, with a focus on productivity improvements.
- Received and noted a Violence Prevention and Body Worn Camera Usage update which focused on violence prevention activities, including compliance with standards, and a focused review of body worn camera usage. The plans included focus groups, to inform an options appraisal regarding body worn cameras license renewal as well as integration with broader staff safety initiatives.
- Received and noted an assurance paper on Fleet and Vehicle Maintenance improvements and the need for further assurance and metrics at a future meeting.

Risks discussed:

The Committee reviewed the four strategic risks under the committee's remit: culture, staff well-being, recruitment and retention, and leadership/staff development, noting a reduction in the risk regarding national minimum wage; other risks remain unchanged.

The Committee highlighted sickness absence as a significant and escalating organisational risk, with rates rising sharply and remaining consistently high across the year. Discussions regarding previous health and well-being initiatives have not reduced absence, signalling deeper underlying issues. A detailed deep-dive identified multiple contributing factors and significant variation between stations, prompting targeted diagnostic work to understand local drivers and address these issue in low performing stations. The risk is intensified by its operational impact—reduced frontline availability, pressure on performance, and links to wider workforce challenges. The Trust is developing a 2026/27 absence reduction plan and undertaking focused staff engagement to uncover causes and design effective interventions. The Committee will review progress on this work at the March meeting, with the People and Culture group tracking work on a monthly basis.

The other risk of note related to workforce planning arising from misalignment between staffing supply and service demand, including the unresolved paramedic oversupply issue, which may create future shortages if recruitment pipeline reductions are made prematurely. Financial constraints and Integrated Care Board (ICB) expenditure controls pose further risk, particularly where HR, finance and planning data do not reconcile, undermining confidence in forecasts. Long-term modelling is vulnerable to uncertainty in clinical models, productivity assumptions, and operational pressures. These risks threaten the Trust's ability to meet performance standards, sustain safe staffing, and plan effectively across recruitment, training, and capability development. Strengthened governance, reliable intelligence, and cross-functional alignment are essential to mitigate these risks. The Committee will review progress on this work at the March meeting.

New risks identified:

No new risks were identified.

Suzanne Hartshorne
Deputy Director of People and Organisational Development
20 January 2026