



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

**Thursday 29 January 2026 at 09:00**

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

<b>Voting Directors</b>	Martin Havenhand Amanda Moat Andrew Chang Saghir Alam Tabitha Arulampalam Melanie Hudson Peter Reading Marc Thomas Kathryn Vause Dave Green Shona McCallum	Chair Non-Executive Director (Deputy Chair) Non-Executive Director (Senior Independent Director) Non-Executive Director Non-Executive Director Non-Executive Director Chief Executive Deputy Chief Executive and Chief Operations Officer Executive Director of Finance Executive Director of Quality and Chief Paramedic Executive Medical Director
<b>Non-Voting Directors</b>	Mandy Wilcock David O'Brien Carol Weir Sam Robinson	Director of People and Organisational Development Director of Corporate Services and Company Secretary Director of Strategy, Planning and Performance Chief Digital Information Officer
<b>In Attendance</b>	Katherine Lees Sam Bentley Kirsty Holt Odette Colgrave	Associate Non-Executive Director FTSU Guardian (item 19) FTSU Guardian (item 19) Corporate Governance Manager
<b>Apologies:</b>	Rebecca Randell Helen Edwards	Associate Non-Executive Director Associate Director of Communications and Community Engagement

BoD26/02/1 **Welcome and Apologies**

- 1.1 Martin Havenhand welcomed all to the Board
- 1.2 Apologies were received from Rebecca Randell and Helen Edwards.
- 1.3 The meeting was quorate.

- BoD26/02/2 **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.
- BoD26/02/3 **Minutes of Previous Meeting**  
3.1 The minutes of the meeting of the Board of Directors held in public on 27 November 2025 were approved as an accurate record subject to the following amendments:  
  
3.2 Kathryn Vause confirmed  
  - 12.1 should say 'evidence' not conduct.
  - 13.1 word missing should say no recurrent **benefits**.  
3.3 There were no matters arising.
- BoD26/02/4 **Action Log**  
4.1
  - **BoD25/09/11.3**
  - **BoD25/09/11.4**Both actions recommended for closure. Actions closed.
- BoD26/02/5 **Patient Story**  
5.1 Dave Green introduced the patient story about a daughter whose Dad became unwell in the night and an ambulance was called. Sadly the patient died and his daughter was given a bereavement leaflet and was advised that his death would be registered and that no further action was required.  
  
5.2 Despite making 15 calls over the weekend to 111, she contacted her dad's GP who were unaware of her father's death. The information provided on the leaflet was incorrect. In addition an IT system issue was blamed for the failure of communication between the services.  
  
5.3 The daughter made a complaint to Yorkshire Ambulance Service and was dissatisfied with how it was handled. The daughter and her husband are now working with our service to help produce a new version of the bereavement leaflet given to patients.  
  
5.4 Martin Havenhand expressed concern about the difficult situation that had been outlined in the story to the board. He sought assurance regarding the actions taken and asked for a report to be presented to the next board detailing everything the Trust had done to address the issues raised.  
  
5.5 Dave Green confirmed that the leaflet has been revised and redistributed, and the Trust is also evaluating the possibility of offering a digital version online.  
  
5.6 Shona McCallum had assumed the role of medical representative for end-of-life and palliative care. She will collaborate closely with the palliative care leader to support our response efforts. Shona will provide an update at the next Board meeting, ensuring sufficient time for discussion. This approach will enable the Board to confirm that any issues or concerns have been addressed appropriately. Furthermore, Yorkshire Ambulance Service will be able to demonstrate that effective mitigation measures have been implemented.

- 5.7 **Resolved:**  
The Board noted the contents of the patient story video and noted that a report will be presented to the next board meeting.
- BoD26/02/6 **Chair's Report**  
6.1 Martin Havenhand delivered the Chair's report without further remarks.
- 6.2 **Resolved**  
The Board noted the report.
- BoD26/02/7 **Chief Executive's Report**  
7.1 Peter Reading presented the Chief Executive's report, with the following key points highlighted:
- Martin Havenhand has been reappointed as Chair for a further three-year term from 1<sup>st</sup> April 2026.
  - We expect to remain in segment 1 of the NHSE national oversight framework for Quarter 2 and we remain confident about our Category 2 response times, with an announcement soon.
  - The conveying of assistance dogs' initiative in ambulances supported by Peter Reading and , backed by the Association of Ambulance Chief Executives (AACE), starts from 1 February 2026.
- 7.2 **Resolved**  
The Board noted the report.
- BoD26/02/8 **Business Plan 2025/26 – Q3 Performance and Assurance Report**  
8.1 Carol Weir presented the Business Plan Q3 performance and highlighted the following key points:
- 8.2 **Q3 Performance Overview**  
Operational performance has shown notable improvement this quarter. In December, results were particularly strong, exceeding the targets set in the business plan. Handovers have improved compared to forecast expectations, indicating enhanced efficiency within operations.
- 8.3 **Key Operational Metrics**
- Crew clear times after patient handover have improved but have now reached a plateau, suggesting further intervention may be required to sustain progress.
  - The NHS Pathways rollout was completed, although Hear & Treat (H&T) performance remains below plan. Actions are being implemented to address these shortfalls.
  - Controlled drugs management and clinical audits are performing very well, reflecting strong compliance and care standards.
  - The electronic Patient Record (ePR) project is currently behind schedule but is forecasted to be delivered within the year.
- 8.4 **People and Culture**
- Engagement with our people continues to move in the right direction, contributing positively to organisational climate.

- The highest achievement rate for investigation time stands at 66%.

#### 8.5 **Financial and Workforce Position**

- The financial position has strengthened and the Trust is forecasting positively for the year end.
- Detailed work has been undertaken to address sickness absence, with improved efforts during Q4 focusing on workforce resilience, sickness absence, and recruitment gaps.

#### 8.6 **System Partnerships**

- Work continues in collaboration with system partners to further drive improvement and achieve business plan objectives.

8.7 Becky Malby highlighted the value of staff appraisals, noting that 78% have been completed. Comparisons between departments show some are performing well, while others currently stand at 67%. Leadership completion is at 85%. She emphasised that senior leaders should set an example and questioned when improvements will be seen, specifically asking when the target of 90% would be achieved.

8.8 Regarding crew clear, Becky noted its significant impact on staff morale and stressed that this issue extends beyond patient experience. She queried whether this area is considered a 'hot spot' and what actions are being taken to address it.

8.9 In relation to meal breaks, it was mentioned that the organisation plans to bring insights from other ambulance trusts to future board meetings for learning purposes.

8.10 Mandy Wilcock confirmed ongoing efforts concerning appraisals, including recent discussions at committees and performance meetings. A substantial increase in appraisal completion rates is anticipated in Q4. Tabitha Arulampalam asked in the People Committee about achieving the 90% target, and Mandy stated that they expect to reach this milestone by October 2026. Efforts to achieve this sooner are ongoing and involve regular discussions with service lines.

8.11 Saghir Alam inquired whether monitoring occurs quarterly or only at year-end. Mandy clarified that monitoring actually takes place monthly. Overdue appraisals are identified and discussed during each performance meeting, and dashboards for each service line are used to track progress and highlight outstanding appraisals.

8.12 Marc Thomas noted that crew turnaround times have shortened, causing stress at hospitals and higher sickness rates. The lack of downtime options affects staff wellbeing, as discussed in the People Committee; multiple factors driving sickness are hard to pinpoint.

8.13 Amanda Moat reported at the Quality Committee that recovery will not happen in Q4, with plan timelines delayed.

- 8.14 Marc Thomas acknowledged the issue's complexity and plans a strategic session to address it.
- 8.15 Carol Weir highlighted early planning, prioritising ambitions, and team collaboration to improve delivery and challenge outcomes.
- 8.16 **Resolved:**  
The Board
- Noted the progress and position at Q3 on delivery of the Trust business plan priorities for 2025/26.
  - Supported the planned activity for Q4 including where additional focus is required, as noted in the paper.
  - Considered and supported the recommended next steps.
  - Asked for assurance that staff appraisals and crew clear times were being addressed.
- BoD26/02/9 **Corporate Risk Report (CRR)**
- 9.1 David O'Brien delivered an overview of the Corporate Risk Register, emphasising newly identified risks as well as changes in several risks detailed in the appendix.
- 9.2 **Resolved**  
The Board:
- Noted the current position regarding corporate risks.
  - No risks were identified that required further information or additional assurance
- BoD26/02/10 **Board Assurance Framework (BAF) Report**
- 10.1 David O'Brien presented the status of Board Assurance Framework and highlighted three key risks:
- Strategic Risk 12 relating to revenue resources has been reduced from 16 (high risk) to 12 (moderate risk).
  - Strategic Risk 8 relating to recruitment and retention remains at 16 (high risk) but there is potential to reduce this risk in the near future.
  - Strategic Risk 4 relating to medicines management and the need to strengthen key controls of controlled drugs process and compliance.
- 10.2 David informed the Board the BAF had received significant assurance and all associated risks will be re-evaluated at the end of March 2026.
- 10.3 Melanie Hudson asked whether the team is comfortable accepting risks rated as red or if they need review. Many strategic risks remain unchanged, but efforts are ongoing to strengthen our approach.
- 10.4 Marc Thomas highlighted significant improvement in our quantitative position compared to last year and three years ago, despite still having several high-level risks.
- 10.5 Martin Havenhand highlighted an example of our collaboration with our partner Trust leaders, specifically addressing hospital patient handover times. Over the past year, handover times dropped significantly showing substantial progress.

**Resolved**

The Board:

- 10.6
- Noted the position regarding BAF strategic risks at the end of 2025/26 Q3 and transition into Q4.
  - No areas were identified that required further information or additional assurance

BoD26/02/11 **Finance and Performance Committee Chair's Report**

11.1 Andrew Chang in his capacity as Chair of the Finance and Performance Committee, presented from the meeting held on 25 November 2025.

11.2 **Resolved**

The Board noted the contents of the report.

BoD26/02/12 **Financial Performance Report M9**

12.1 Kathryn Vause presented the Financial Performance Report. The Trust's financial position at 31 December 2025 was reported as follows.

12.2 Year-to-date, we have achieved a £2.3M surplus, performing better than the original break-even plan due to non-recurrent benefits. This improvement arises from details provided in planning guidance.

12.3 Our capital plans are ahead of year-to-date expectations, and we remain at break even. We have opted to accept national capital slippage.

12.4 The Trust's cash balance is healthy, enabling us to benefit from this slippage. Performance against payment of invoices stands at 93%, just below the 95% target. Trust efficiency targets have been fully met, although some financial risks remain.

12.5 Tabitha Arulampalam thanked Kathryn Vause and her team for strengthening the Trust's financial position.

12.6 **Resolved**

The Board noted:

- The Trust's financial performance to 31 December 2025.
- All associated risks.

BoD26/02/13 **Operational Assurance Report**

13.1 Marc Thomas presented the Operational Assurance Report. The following key points were raised:

- Clinical performance is below the national average; we need to prioritise higher acuity patients and increase ED validations.
- December 999 response times were the second lowest in the country.
- January performance was very strong, the best we have seen since COVID and ahead of our planned targets.
- For 999 call handling, we have been steadily improving as a result of NHS Pathways over the past six months.

13.2 The recovery plan is not progressing as well as anticipated; we expected to be on track by April, but it now looks like we will reach our goals by summer.

- 13.3 Becky Malby queried whether the current clinical model indicates that new staff are participating in remote care. Dave Green will incorporate both legacy experience and previous roles as part of our current initiatives. This approach will enhance our existing staff resources. Dave Green confirmed that the Trust is aware of the challenges faced and plans to address them during next year's strategic planning.
- 13.4 Amanda Moat sought clarification on monitoring practices, specifically regarding how staff can be aligned with their capabilities. She is interested in understanding the inputs involved and the reporting process, considering this as a valuable example. Mandy Wilcock suggested that reviewing our capability gaps would be beneficial.
- 13.5 Martin Havenhand noted that Hear and Treat (H&T) rates are low and this is a critical Board priority, requiring significant progress. He noted that NHS Pathways' introduction is one factor behind the delays but would like a broader understanding. The Board must address this. Sickness rates are worsening despite initiatives and tools; leadership and relationships are failing. Progress is needed in these areas.
- 13.6 Marc Thomas confirmed for H&T that we now have more clinicians in EOC than before, allowing us to speak with more patients. Our clinical approach has evolved, and unlike in the past when NHS Pathways led us to direct many patients to 111, this referral rate has now decreased. The quality of service we provide has remained steady. However, there is still room for improvement, while nothing has gone wrong, continued progress is necessary.

**Resolved**

- 13.7 The Board noted the contents of the report.

BoD26/02/14 **Quality Committee Chair's Report**

- 14.1 Becky Malby, in her capacity as Chair of the Quality Committee, presented from the meetings held on 18 December 2025 and 15 January 2026.
- The Committee observed that differences in alternative pathway availability affect YAS's ability to meet needs within the system.
  - Internal efforts are underway to realign the pathways team and review priorities with system partners to determine the most suitable pathways.
  - Patient complaints: Actions for improvement are being implemented.
  - Health inequalities will be addressed at the Board Strategic Forum.
  - A deep dive into data related to Bradford has been conducted; the findings are valuable, and data quality continues to improve.
  - Meal break issues are currently under oversight by all relevant committees.
  - Hear and Treat (H&T) efforts extend beyond our organisation; partnerships are essential, though availability of services varies across the region.

- 14.2 **Resolved**  
The Board noted the contents of the report.
- BoD26/02/15 **Quality and Clinical Highlight Report**
- 15.1 Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the following points:
- Notable progress in patient safety regarding medication, as detailed in the Executive Summary.
  - Patient experience complaints are at their lowest levels since COVID-19, with each department now recording just over 30 complaints, a significant reduction from the 80+ cases noted when Dave Green assumed leadership.
  - With regard to clinical supervision, we are nearing the completion of the second year in our three-year program. In Q2–3, we fell slightly short of the target, conducting just under 3,000 supervision sessions.
  - Feedback on our efforts, particularly in resuscitation, paediatrics, and collaborative initiatives with system partners, has been overwhelmingly positive.
  - Areas for further attention include Pharmacy Operations Management System (POMS), where productive discussions are ongoing.
  - Additionally, clinical handover processes are progressing, with qualifications being achieved; however, the Band 5 job description is still pending accreditation.
- 15.2 Shona McCallum presented the clinical sections of the highlight report, with the following key points:
- Internal audit actions relating to the Patient Safety Incident Response Framework
  - Looking to embed action plans from patient complaints into response letters to ensure accountability and practicality for staff.
  - Implementing a monthly system that reports to Clinical Governance Group (CCG) and the Quality Committee, allowing targeted incident tracking and follow-up via assurance meetings.
- 15.3 Amanda Moat commented that when complaints are raised, we should identify serious incidents and their frequency. Shona McCallum noted low/no-harm themes but questioned if an emerging risk exists. A report detailing incident hotspots will be available in a few months.
- 15.4 Saghir Alam stated that complaints are valuable for learning, though response times remain lengthy. Shona McCallum confirmed that PSIRF investigations are on track, but timely responses are challenging for multi-agency cases.
- 15.5 Melanie Hudson asked about complaints relating to staff attitudes; Shona McCallum confirmed the action plan is in place. Dave Green works with local teams to identify individuals with consistent behaviour patterns. Mandy Wilcock will coordinate with the academy and Dave Green for additional training. Dave Green introduced this at the academy, it will be addressed at the Senior Leaders Community.

15.6 **Resolved**  
The Board noted the contents of the report.

BoD26/02/16 **Quality Account – Priorities for Improvement 2026-27**

16.1 Dave Green presented the proposed 2026/27 Priorities for Improvement for inclusion within the Trust's statutory Quality Account. The paper also provided an update on progress against the 2025/26 priorities. For 2026/27, three Trust-wide priorities are proposed, each aligned to national policy, regulatory requirements, and the three domains of quality:

- Patient Experience
- Clinical Effectiveness
- Patient Safety

16.2 **Resolved**  
The Trust Board discussed and approved the outline Priorities for Improvement for the 2026/27 Quality Account.

BoD26/02/17 **People Committee Chair's Report**

17.1 Tabatha Arulampalam, in her capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 20 January 2026.

17.2 Reporting sickness absence data is encouraging, as our deep dive has revealed emerging patterns and reasons behind them. Multiple factors contribute to these trends, with the data highlighting specific areas, such as areas where higher staff numbers to team leader ratio correlates with increased sickness rates. We are working to identify these patterns and hotspots.

17.3 The challenge lies in applying a consistent approach across the Trust, instead of focusing on just three or four ambulance stations. The core issue relates to leadership and cultural change.

17.4 The People Committee is interested in the outcomes of these initiatives; while training has improved, some workforce issues remain unaddressed. Our goal is to have the right people in the right roles at the right time, progressing toward an ideal state. Measures are being implemented to provide assurance, and recruitment and retention (R&R) are under review. There are no new risks identified.

17.5 We have identified three stations with consistently high sickness rates over the past three years and prioritised them for intervention. By comparing these to three similarly sized stations with low sickness, we aim to share effective practices. This QI project will measure the impact of interventions, noting that increased handovers correlate with higher sickness, though further analysis is needed.

17.6 **Resolved**  
The Board noted the contents of the report.

BoD26/02/18 18.1	<p><b>People and Organisational Development Highlight Report</b></p> <p>Mandy Wilcock presented the People and Organisational Development highlight report, which provided a brief overview of the highlights, lowlights, and risks within the services in the People Directorate.</p>
18.2	<p><b>Resolved</b></p> <p>The Board noted the contents of the report.</p>
BoD26/02/19 19.1	<p><b>Audit and Risk Committee Chair's Report</b></p> <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.</p>
	<ul style="list-style-type: none"> <li>• The Committee recommends to the Board that the Contract Clause to be able to extend the external auditors Bishop Fleming term for another two years to include the 25/26 and 26/27 audits is approved.</li> <li>• The follow-up statistics of internal audit actions show a deterioration in performance. Discussions revealed this is in part due to the quality of evidence submitted to close actions is not meeting required standards</li> </ul>
19.2	<p><b>Resolved</b></p> <p>The Board noted the contents of the report and approved the appointment of Bishop Fleming as external auditors for a further two years .</p>
BoD26/02/20 20.1	<p><b>Freedom To Speak Up (FTSU) Report</b></p> <p>Sam Bentley and Kirsty Holt, our freedom to speak up guardians presented the FSTU report with the following key points:</p>
	<ul style="list-style-type: none"> <li>• There has been an overall increase in reports and awareness about the service</li> <li>• Main themes include work and safety pressures, increased instances of behavioural issues, and bullying or harassment.</li> <li>• Staff report feeling safe when accessing the service.</li> <li>• Fluctuations in reporting numbers, such as a significant dip during Q3/Q4 2024/25 due to guardians' absences, and a spike during FTSU month, were observed.</li> <li>• Case numbers rose from 82 at the end of 24/25 to 86 currently.</li> <li>• Visibility has improved, especially in remote patient care, and staff are becoming more comfortable raising concerns.</li> <li>• Organisational pressures, including staff absence, negatively impact psychological safety, leading to increased contact during high-pressure periods.</li> <li>• Peaks often align with communication campaigns, civil unrest, or racist incidents.</li> <li>• While case numbers can seem alarming, context is important.</li> <li>• The organisation is preparing for the transition to NHSE, ensuring that principles remain stable despite structural changes.</li> <li>• Next steps: boost awareness and training, enhance the BI dashboard, support well-led initiatives, and continue Board development activities.</li> <li>• Staff confidence is rising; not all contacts are cases, and signposting continues.</li> </ul>

- 20.2 Andrew Chang asked if they had sufficient coverage. Kirsty Holt advised it is challenging in terms of defining capacity, but we are well supported by David O'Brien. Case load determines visibility, and both monitoring case numbers and focusing on specific themes or areas remain priorities due to the large geographic region. They do not work 24/7, staff work in shifts, which means some missed calls on weekends. We adapt to changes, such as late-night turnovers at 6pm, and capture relevant crews. Most activity occurs during standard weekday hours. The Trust do have ambassadors available for discussions. Recruiting additional ambassadors may be considered if needed.
- 20.3 It was noted both length of service and special characteristics are not recorded initially to give the Trust any trends. Mandy Wilcock confirmed we can look to bring into People Committee and link with ESR to share any broad themes.
- 20.4 Becky Malby asked if there is a link between staff attitudes and patient complaints. Dave Green noted known hotspots and ongoing cultural reviews. Mandy Wilcock mentioned that, following the Lucy Letby case, they have observed some correlation between complaints and areas needing cultural work, focusing on specific teams or individuals.
- BoD26/02/21 **Board Governance Report**
- 21.1 David O'Brien provided an update on issues and developments relating to Board governance with the following key points:
- The proposed appointment of a NED lead for safeguarding.
  - Arrangements for the developmental review of the Trust's Well-Led arrangements.
  - The Board in March will be observed and the well-led interviews will commence in February 2026.
- 21.2 **Resolved**  
The Board:
1. Approved the appointment of Melanie Hudson as the NED lead for safeguarding.
  2. Noted the arrangements for the forthcoming Well-Led developmental review
- BoD26/02/22 **Any Other Business**
- 22.1 There were no items of any other business.
- BoD26/02/23 **Risks**
- 23.1 No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
- BoD26/02/24 **Date and Time of Next Meeting**
- 24.1 The next meeting is scheduled to take place on Thursday 26 March 2025.
- 24.2 The meeting closed at 11:20.

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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