



Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 26 March 2026 at 09:30

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

Voting Directors	Martin Havenhand	Chair
	Amanda Moat	Non-Executive Director (Deputy Chair)
	Saghir Alam	Non-Executive Director
	Tabitha Arulampalam	Non-Executive Director
	Becky Malby	Non-Executive Director
	Peter Reading	Chief Executive
	Marc Thomas	Deputy Chief Executive and Chief Operating Officer
	Kathryn Vause	Executive Director of Finance
	Dave Green	Executive Director of Quality and Chief Paramedic
Non-Voting Directors	Mandy Wilcock	Director of People and Organisational Development
	David O'Brien	Director of Corporate Services and Company
	Carol Weir	Director of Strategy, Planning and Performance
	Sam Robinson	Chief Digital Information Officer
In Attendance	Katherine Lees	Associate Non-Executive Director
	Rebecca Randell	Associate Non-Executive Director
	Helen Edwards	Associate Director of Communications and Community
	Cath Hill	Advancing Quality Alliance (Observing)
	Mussarat Suleman	Head of Employee Health and Wellbeing (item 20)
	Odette Colgrave	Corporate Governance Manager
Apologies:	Andrew Chang	Non-Executive Director (Senior Independent
	Shona McCallum	Executive Medical Director
	Melanie Hudson	Non-Executive Director

- BoD26/03/1 **Welcome and Apologies**
- 1.1 Martin Havenhand welcomed all to the Board.
 - 1.2 Cath Hill from the Advancing Quality Alliance (AQUA) was in attendance to undertake meeting observation for the Well-Led developmental review ongoing in the Trust.
 - 1.3 Apologies were received from Andrew Chang, Shona McCallum, and Melanie Hudson.
 - 1.4 The meeting was quorate.
- BoD26/03/2 **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.
- BoD26/03/3 **Minutes of Previous Meeting**
- 3.1 The minutes of the meeting of the Board of Directors held in public on 29 January 2026 were approved as an accurate record subject to the following amendments:
 - 3.2 Mandy Wilcock :
 - 8.4 (2nd bullet point) should read: The highest achievement rate for staff survey responses at 66%.
 - 3.3 Dave Green:
 - 13.6 NHS Pathways to be replaced by Academy of Medical Priority Dispatch System (AMPDS).
 - 15.1 POMs should be Prescription Only Medicines
 - 3.4 There were no matters arising.
- BoD26/03/4 **Action Log**
- 4.1 No outstanding actions.
- BoD26/03/5 **Patient Story**
- 5.1 Dave Green introduced the patient story. The story concerned a severe traumatic injury experienced in a workplace. The account included first-hand accounts from the patient, family, ambulance staff, fire service crew and air ambulance clinicians. Timely and skilled interventions by paramedics and colleagues from other emergency services had led to a well-managed response and supportive and impactful aftercare.
 - 5.2 Dave Green set the incident into context, explaining that the nature and severity of this injury was very rare, not often witnessed by ambulance paramedics, and is usually only seen in war zones.

- 5.3 The Board reflected on the importance of early multi-agency response, clinical supervision for rare high-impact incidents, and emotional support for staff, patients and their families.
- 5.4 Becky Malby sought clarification regarding whether the Trust had maintained regular contact with the patient in the period after the trauma in order to monitor their mental health and well-being, and sought more general clarification regarding the support offer provided by the Trust following such incidents.

Action: Dave Green

- 5.5 Tabitha Arulampalam noted the positive collaboration between partners and sought assurance regarding the support provided by the Trust to staff following this type of event. Dave Green explained that all staff participate in debriefs 48 and 72 hours after such incidents. While not every trauma is followed by these sessions, they were conducted in this case due to the nature of the event. Mandy Wilcock explained that an employee support helpline operates and peer support arrangements are available. Although the Trust sometimes struggles with timely responses, improvements are underway for post-incident support processes.

- 5.6 **Resolved:**
The Board noted the contents of the patient story.

BoD26/03/6

Chair's Report

- 6.1 Martin Havenhand delivered the Chair's report. He drew attention to the work of the Armed Forces Network, of which Dave Green is the Executive Sponsor and Martin is the Non-Executive Board Champion. The Armed Forces Network has a new Deputy Chair, Adam Crighton. Adam, a former Marine, brings relevant experience and is now working in the Learning and Development team.
- 6.2 Tabitha Arulampalam sought assurance regarding the Trust's work in relation to inequalities and the level of volunteering in deprived areas. Peter Reading explained that this is a concern, particularly given demographic factors such as age and ethnicity across the region. Efforts are underway to engage and recruit from various population groups; and the Trust is actively involved through community engagement initiatives in Bradford aimed at recruiting Community First Responders in the Muslim community. It was confirmed that the Board Strategic Forum on 23 April would include an item on Volunteering and Community Engagement.
- 6.3 Mandy Wilcock noted that there are certain barriers when working with the ambulance sector on these issues. Rebecca Randell highlighted the lower availability of defibrillators in deprived areas and sought assurance about the actions taken by Yorkshire Ambulance Service in relation to this. Peter Reading explained that there is a national map identifying these disparities, and there is a project in Bradford to install more defibrillators in underserved locations. Although NHS resources are limited, the Yorkshire Ambulance Service Charity is supporting this initiative.

- 6.4 Saghir Alam discussed partnership work with councils and expressed hope for increased volunteer recruitment.
- 6.5 Carol Weir reported that as of December 2025, 8,551 community defibrillators have been installed across Yorkshire.
- Resolved**
- 6.6 The Board noted the report.

BoD26/03/7 **Chief Executive's Report**

- 7.1 Peter Reading presented the Chief Executive's report, with the following key points highlighted:
- The YAS Charity had organised a CPR-a-thon event at Sheffield Meadowhall shopping centre which had done much to raise awareness of CPR and the work of the Charity.
 - The most recent set of National Oversight Framework data showed that the Trust has retained its position in segment one and now ranks second amongst the ten ambulance trusts (an improvement from third previously). Although this is a positive position, continued attention is needed regarding performance metrics for which the Trust performs less well, such as staff sickness levels and conveyance rates.
 - Staff survey results have been highly positive, marking the best performance within the ambulance sector. The Trust was highest in seven of the nine People Promise themes, and second in the other two themes. There is a separate agenda on the Staff Survey results.
- 7.2 Tabitha Arulampalam acknowledged the strong staff survey results and the hard work that lay behind them, noting that the Trust should take pride in these collective efforts and accomplishments. The staff survey results were the focus of an agenda item later in the meeting.
- 7.3 **Resolved**
The Board noted the report.

BoD26/03/8 **Chair's Report: Finance and Performance Committee**

- 8.1 Chair's reports were received from three Finance and Performance Committee meetings held on 22 January, 19 February and 19 March 2026.
- 8.2 22 January 2026
The Committee reviewed Q3 delivery of the business plan priorities. Cyber resilience (Priority 3.4) moved to Red due to supplier issues and is now expected to complete in 2026/27.
The Committee highlighted continued risks around sickness absence and operational priorities and noted a dip in Hear and Treat performance.
- 8.3 19 February 2026
The Committee escalated the operational risk arising from the Trust's ambulance converter entering administration, with mitigation options under

consideration. It also monitored appraisal compliance and emerging operational estates and call-handling risks,

8.4 19 March 2026

No alert issues were raised.

The Committee reviewed and recommended approval by the Board of the 2026/27 Revenue Plan, the 2026/27–2029/30 Capital Plan, the Green Plan, and multiple draft regional contracts.

8.5 **Resolved**

The Board noted the reports

BoD26/03/9 **Financial Performance Report M11**

9.1 Kathryn Vause presented the Financial Performance Report for 2025/26 Month 11. The Trust's financial position at 28 February 2026 was reported as follows.

9.2 Revenue Finance Position: At month 11, income exceeded expenditure by £2.6m. As the planned position was a small deficit the Trust has a favourable variance of £2.9m. The Trust is forecasting a £2.5m surplus position by year end.

9.3 Capital: Year to date the Trust had spent £20m against a plan of £41m and is forecasting a breakeven position at the year end. The capital position became complicated in Q4 and the challenges in managing this are fully understood by NHSE. The Trust will not face penalties for any underspend.

9.4 Efficiencies: The financial position reflects full achievement of the efficiency plan both year to date and forecast.

9.5 Better Payment Practice Code (BPPC): all targets have been achieved for the fourth consecutive month.

9.6 Risks to the reported position included:

- Recruitment and/or overtime being lower than forecast.
- Non pay equipment orders not being delivered within required year end deadlines.
- Rising fuel prices.
- High level of capital expenditure due for completion in March.

9.7 Tabitha Arulampalam sought assurance regarding how the Trust would manage the risk and impacts of fuel supply and fuel prices associated with the military action in the Middle East. Kathryn Vause explained that the Trust will monitor both fuel pricing and usage/supply monthly. Our fuel contracts provide protection against price volatility. For the current financial year, Trust operations had not been impacted as enough bunker fuel was purchased and stored in advance.

9.8 **Resolved**

The Board noted:

- The Trust's financial performance to 28 February 2026.

- All associated risks.
- Directorate name changes following senior management review.

BoD26/03/10

Yorkshire Ambulance Service Green Plan 2025/26 – 2027/28

- 10.1 Kathryn Vause presented a report in support of approval for the Yorkshire Ambulance Service Green Plan. The Trust had refreshed its Green Plan and set the organisation’s sustainability priorities for 2025/26–2027/28. The plan aligns with the Greener NHS Strategy and other statutory duties under the Health and Care Act 2022, and includes Board-approved commitments to meet NHS England’s net-zero targets for 2040 (Scopes 1 and 2) and 2045 (Scope 3).
- 10.2 The plan sets out high-level, high impact, strategic objectives across nine key service lines aimed at reducing the Trust’s carbon footprint. The success of the plan will be in its implementation, specifically the delivery of the departmental actions that sit beneath the plan and which will be managed and monitored as part of the Environmental Sustainability Oversight Group (ESOG) and Environmental Sustainability Delivery Group (ESDG) governance process.
- 10.3 The Trust engaged external consultants, Inspired PLC, to support the development of the plan, to calculate the Trust’s Carbon Footprint, and to illustrate progress since the Trust’s initial assessment in 2010. We are currently at the midpoint of the project and are due to receive our Carbon Footprint Plus (emissions we can influence but do not control) assessment and an updated Green Plan in Quarter 3 2026/27.
- 10.4 Amanda Moat confirmed that the Board could be assured regarding the governance of the development process and regarding the governance arrangements in place to support its delivery.
- 10.5 Marc Thomas highlighted operational considerations regarding the move towards electric DCAs, noting challenges such as limited vehicle numbers, technology maturity, higher costs versus diesel, reduced vehicle range, infrastructure requirements, and differing suitability for urban versus rural areas.
- 10.6 Tabitha Arulampalam supported the clarity of the plan and sought assurance regarding the affordability of the actions given national/international risks, and whether an affordability risk assessment had been completed (including fleet-related concerns). Marc Thomas advised that funding would be sourced via identified budgets and that national infrastructure funding opportunities are available to apply for. Kathryn Vause noted discussions with NHSE, including potential support in accessing capital funding (with current capital offers focused on electric vehicles), while recognising this may introduce financial pressures.
- 10.7 Becky Malby sought assurance regarding how the organisation would sustain enthusiasm and link “green” ambitions to strategic vision, health, partnerships and financial considerations. The Board noted staff engagement opportunities (including younger staff interest in climate change) and the

potential to strengthen partnerships and share the action plan more widely with partners and staff.

10.8 Rebecca Randell sought clarification on whether NHSE support extends beyond access to funding (to include implementation of rural infrastructure); it was clarified that support relates to access to funding rather than delivery of infrastructure.

10.9 Martin Havenhand requested that key actions/priority areas be surfaced earlier in the document to improve accessibility and engagement for external readers; Kathryn Vause confirmed she would work with Helen Edwards to improve the presentation of the document.

Action: Kathryn Vause / Helen Edwards

10.10 **Resolved**

The Trust Board approved the Green Plan, and its supporting management and governance mechanisms.

BoD26/03/11 **Operational Assurance Report**

11.1 Marc Thomas presented the Operational Assurance Report. This report provides assurance on Trust-wide operational performance for February 2026, focusing on key exceptions across 999 Operations, Remote Patient Care (EOC and IUC) and the Patient Transport Service (PTS), and reflecting discussions from the Performance Review and Improvement Group.

11.2 In 999 Operations, Category 2 mean response time increased to 25:55 in February but was significantly better than the plan for the year. Demand was 5.4% below forecast. Performance was impacted by higher than planned responses at scene and extended crew clear times, which remain above trajectory pending delayed auto-alert implementation. Hear and Treat performance stayed below trajectory plan at 12.7%. Positive contributors to 999 Operations performance included improved arrival-to-handover times and reduced sickness (7.7%), with workforce levels remaining above plan due to strong retention and earlier recruitment.

11.3 In EOC, call answering mean times held at 11 seconds and was above the plan, with workforce levels broadly aligned to trajectory. Clinical staffing reached its highest level this year. Hear and Treat underperformance continued following NHS Pathways implementation, driven by coding changes, additional clinical requirements, and reduced availability.

11.4 In IUC, call answering performance standards dropped to 82.8% of calls answered within 120 seconds, impacted by higher demand and increased NRRCs (Not Ready Reason Codes).

11.5 PTS performance remained strong overall, with improved short-notice performance, though pre-planned pickups remain slightly below trajectory. Workforce, sickness, and journey efficiency continue to be well managed.

- 11.6 Patient Transport Services (PTS) reported strong performance overall and remains on track against KPIs. Positive feedback had been received from Integrated Care Board (ICB) partners. .
- 11.7 Amanda Moat highlighted the case for further changes to the clinical response model, particularly at the front end of the service, including adjustments to Hear and Treat. Marc Thomas referred to the submitted plan for 2026/27 which sets out higher Hear and Treat rates and increasing crew hours on the road as key levers to improve performance. The Board Strategic Forum in April will include a focussed item on remote care transformation. An important element of this is continued work with partners to support navigation of patients to local services as a means of reducing unnecessary conveyance.
- 11.8 Becky Malby noted improvement that health inequalities will be discussed at a Strategic Forum. She emphasised that there is no single approach that fits all places; and recommended further place-based conversations with partners. Heat mapping work is being progressed via the Quality Committee, and clarity is needed on what is meant by “place”.
- 11.9 Katie Lees suggested learning from other ambulance services and other systems approaches (including out-of-hours provision for Rochdale, Oldham and Bury). She noted that the North West Ambulance Service has outsourced some Category 2/3 activity and this may provide learning for remote care.
- 11.10 Martin Havenhand asked whether the wider system partnerships recognise the benefits of this approach. Marc Thomas confirmed that partnerships can fund this and that the organisation’s role is to support partners to understand the benefits for patients, including contributing staff time as appropriate.
- 11.11 Martin Havenhand further emphasised the importance of clearly articulating the rationale and patient benefit within our organisational narrative,
- 11.12 **Resolved**
The Board noted the contents of the report.

BoD26/03/12 **Quality Committee Chair’s Report**

- 12.1 Becky Malby, in her capacity as Chair of the Quality Committee, presented her Chair’s reports from the meetings held in February and March 2026.
- 12.2 Highlights included sustained improvements to the complaints processes, with all audit actions progressed and a new governance system in place. As a result, the time taken to address complaints has improved significantly.
- 12.3 The Quality Committee continues to have oversight of four strategic risks in the Board Assurance Framework. One of these, concerning Health Inequalities, will require re-framing following a Board Strategic Forum session to be held soon.

- 12.4 The Committee intends to conduct an in-depth review of mental health concerns, focusing on ambulance staff experiencing stress.
- 12.5 For site visits, colleagues are working on improving how reports from visits are shared, including the use of online forms.
- 12.6 **Resolved**
The Board noted the contents of the report.

BoD26/03/13

Quality and Clinical Highlight Report

- 13.1 Dave Green presented the Quality and Clinical Highlight Report.
- 13.2 **Highlights:**
- Patient Safety: Investigation, quality and organisational learning is improving; RLDatix system refresh is strengthening oversight; Patient Safety Incident Investigation timeliness is improving.
 - Patient Experience: Complaints response times have improved and are 21% faster year-to-date; local complaints resolution is expanding (Emergency Operational Centre (EOC) planned); work is progressing on digitised patient feedback.
 - Clinical Effectiveness and Research: A new outcomes dashboard and a QR booking facility for supervision are nearing launch; critical care governance being consolidated; data governance and clinical dashboards progressing.
 - Quality Improvement (QI): QI priorities are aligned to the 2026/27 Business Plan; Senior QI Lead in post; QI Fellows cohort completed.
- 13.3 **Lowlights:**
- Patient Safety: Patient Safety Implementation Response Framework (PSIRF) implementation needs further standardisation across devolved area teams.
 - Patient Experience: Patient relations administrative resilience remains fragile; RLDatix feedback module constraints; learning-from-complaints governance needs strengthening.
 - Clinical Effectiveness & Research: COPD nebuliser risk remains active (no air-driven nebulisers) with Aerogen pilot proposed; National Institute of Health Research Regional Research Delivery Network (NIHR RRDN) funding reduced (~£40k).
- 13.4 Patient feedback initiatives were discussed, including uncertainty about whether paper-based surveys are still required given the adoption of digital methods. Saghir Alam highlighted the difficulty in reaching certain patient groups for surveys and suggested that good engagement strategies, potentially in second languages, could enhance participation.
- 13.5 **Resolved**
The Board noted the contents of the report.

BoD26/03/14

People Committee Chair's Report

14.1

Tabatha Arulampalam, in her capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held in March 2026. The committee focused on the following:

- Strategic risk 7- actions being taken across the YAS to reduce sickness rates.
- Approval of several Work Plans and Governance papers for 2026/27.
- Review of Business Plan performance for the third quarter for 2025/26.
- Presentation and discussion of the National Staff Survey results.
- Review of the People Dashboard, noting-
 - Improvement in completion rates of appraisals; not yet at target.
 - The potential impact on staff competence as a result of the historic non- compliance of essential learning.

14.2

Mandy Wilcock confirmed that there will be a closer look at individuals' essential learning compliance, aided by the dashboard, which helps identify staff who require attention. Efforts with line managers focus on performance management, escalation points, and removing staff from duty if training is not up to date. Staff are alerted when their training has lapsed and given a timeframe to complete it. Progress updates will be shared with the People and Culture group and People Committee.

14.3

Amanda Moat noted improvements in organisational maturity, suggesting that local data can help triangulate findings with performance metrics. She emphasised the need to clarify the timeline for milestones and completion, highlighting both progress and areas still requiring attention.

14.4

Rebecca Randell recounted her experience with Yorkshire Ambulance Service's online training, noting she received an automated email two months later stating the requirement needed repeating. Mandy Wilcock clarified that the initial course had not been saved properly; most issues relate to this, and contact details in the system can be updated to confirm completion. There is concern about staff completing training without it being recorded.

14.5

Resolved

The Board noted the contents of the report.

BoD26/03/15

People and Organisational Development Highlight Report

15.1

Mandy Wilcock presented the People and Organisational Development highlight report, offering an overview of key achievements, challenges, and risks within the services provided by the directorate.

15.2

Employment tribunals currently stand at 15 cases. This figure is higher than previous years, however, several cases involve sexual safety allegations which are complex and significant cases which bring potential reputational risk.

15.3

This year's staff survey indicated a decline related to sexual safety incidents. Significant progress is still required in areas of sexual safety, violence, and aggression within the organisation.

- 15.4 Saghir Alam inquired about costs associated with employment tribunals. The organisation is not permitted to settle cases directly and must proceed through the NHSE treasury. When successful in tribunal cases, solicitors manage the defence, and awards can be paid if ordered. All cases, including routine grievances, are documented, and feedback is provided by legal representatives. Any policy concerns identified are addressed, and solicitors will provide further training based on the feedback received.
- 15.5 Appraisal rates across the Trust are consistently high, with an 86% completion rate trust wide, and nearly 90% among senior leadership. Final signoffs are pending, and reports will be submitted to the Trust Executive Group and the People and Culture Group to address any outstanding concerns.
- 15.6 Becky Malby highlighted the importance of building resilience among younger staff members. Mandy Wilcock noted the presence of 90 indicators concerning sickness, which will be explored further. Mental health considerations are particularly relevant when engaging with younger staff.
- 15.7 Martin Havenhand raised the issue of women in senior leadership roles, particularly from ethnic groups. A toolkit had been developed, and a national webinar is being held to support women and ethnic minority staff moving into leadership roles. Data is being gathered on Band 6 and 7 appointments over the past 12 months to evaluate progress amongst women and/or ethnic group members.
- 15.8 Mandy Wilcock confirmed that despite challenges around gender and race gaps at Band 6/7 levels, efforts continue using sector-wide toolkits and collaboration with staff networks, focusing on confidence-building initiatives. Pay gap information will be reported via the People Committee. While improvements in gender equality have been observed, racial equality requires further attention. The EDI Plans remain a focal point for ongoing improvement.
- 15.9 **Resolved**
The Board noted the contents of the report.

BoD26/03/16 **National Staff Survey Results**

- 16.1 Mandy Wilcock presented the 2025 National Staff Survey results. The results show strong, organisation wide improvement, with all People Promise themes rising and the highest response rate in the Trust's history (66%).
- 16.2 Key gains include better perceptions of staffing levels, stronger cross team working, improved line manager support, reduced burnout indicators and progress in inclusion and discrimination outcomes. Staff feel safer speaking up, more valued by managers, and more positive about recommending the Trust as a place to work.
- 16.3 However, staff involvement in change activity has declined, violence and unwanted behaviours from the public remain a challenge, reporting

confidence has softened, and perceptions of career progression and team cohesion have dipped.

- 16.4 Cultural initiatives show positive results, but further improvement is needed. The organisation aims for a collaborative; supportive culture focused on continual improvement. Inclusivity and staff wellbeing remain priorities. Further data analysis is planned to identify areas for improvement at team level.
- 16.5 Non-engagement (34%) will be looked at: engagement strategies include personalising communication and linking qualitative feedback with key trends.
- 16.6 Overall, the Trust is moving in a positive direction, but further focus is needed on staff influence, workforce sustainability, and visible development and progression.
- 16.7 Based on the results, development areas for 2026/27 are:
- 1. From Voice to Influence:** the Trust must shift from “safe to speak” to “actively shaping.” This includes embedding staff in change via structured forums, co-design, and visible “you said, we did” loops.
 - 2. From Resilience to Sustainability:** While pressure indicators are easing, violence, harassment, and presenteeism remain high and require structural interventions.
 - 3. From Stability to Visible Progression:** Career pathways, talent development, and team cohesion need to be strengthened to maintain motivation and retention.
- 16.8 **Resolved**
The Trust Board noted the outcomes of the National Staff Survey and was assured regarding the areas of focus for further development.

Mus Suleman joined the meeting at 1315

BoD26/03/17 **Health and Wellbeing Plan 2025/26 Closing Report**

- 17.1 Mandy Wilcock and Mus Suleman presented the closing report of the 2025/26 Health and Well Being Plan. The report provided assurance regarding the positive year-end progress made against the plan, which supports the Trust's 'Our People' strategic ambition.
- 17.2 The 2025/26 plan focussed on personal and professional wellbeing, with nine approved priorities supported by two sub-plans. Delivery against the priorities was on track for the year except for one - to reduce trust absence levels which has remained challenging for the Trust
- 17.3 Staff engagement and participation in wellbeing initiatives have increased, with positive feedback and improved health metrics reported. Work against the pilot internal immunisations programme and future of Occupational Health (OH) has progressed at pace.
- 17.4 Increased quality of OH referrals and financial savings across the OH contract continue to be achieved through localised engagement and increased

awareness. Work continues in this area to further drive effectiveness and efficiencies.

- 17.5 Risk remains around high levels of sickness absence and associated costs. Data led deep dive work continues to analyse the root cause of absences across the Trust, and this insight will form focused workstreams for 2026/27.
- 17.6 Martin Havenhand expressed appreciation for the progress made in eight out of nine priority areas.
- 17.7 Regarding staff sickness levels, the Board noted that this remains a major concern and this is the focus of a Business Plan priority for 2026/27. Despite considerable efforts in the previous year, including implementation of new processes and systems, sickness levels remain high. There is recognition that workplace relationships, organisational values, and colleague health and wellbeing can contribute to improved levels of attendance. It was noted that successful workplace well-being initiatives piloted in EOC have been extended to 111.
- 17.8 Rebecca Randell queried how sickness levels compared with other trusts. Mus Suleman responded that while sickness is a concern across the NHS and not exclusive to the public sector, data shows the Trust is above average, especially higher than acute trusts.
- 17.9 Mandy Wilcock offered to provide benchmarking data to confirm that the Trust is in the upper quartile for sickness rates in comparison to acute trusts and other sectors.
- Action: Mandy Wilcock**
- 17.10 The Board discussed the mental health and well-being of staff, noting that staff stress and anxiety often originates outside the workplace. Mus Suleman confirmed that a range of ongoing efforts are in place regarding mental health support for staff.
- 17.11 **Resolved**
The Trust Board noted the contents of the report, recognising the sustained and positive progress made against the planned priorities.

BoD26/03/18 **Proposed Health and Wellbeing Plan 2026/27**

- 18.1 Mus Suleman presented the proposed Health and Well-Being Plan for 2026/27. The 2026/27 Plan outlines the priorities for supporting staff health and wellbeing in 2026/27, in support of the 'Our People' strategic ambition.. The plan aligns with the YAS Together 'Care Together' pillar and the NHS Growing Occupational Health and Wellbeing Strategy, aiming to foster a diverse, inclusive, and continuously improving organisation where all staff feel valued and empowered.
- 18.2 Four high-level priorities were proposed for 2026/27:
(1) To research and deliver an immunisation programme including a pilot across all YAS Academy sites by March 2027.

- (2) Develop a needs-driven business proposal with a clear vision for the provision of Occupational Health Services by March 2027.
- (3) Collaborate with Health & Safety colleagues to improve Musculoskeletal (MSK) injury awareness at Trust level and implement interventions to reduce harm.
- (4) Business Priority – Reduce sickness absence (detailed workstreams to be defined following completion of the comprehensive data analysis and focus groups).

- 18.3 The plan is informed by learning from research and audit work, staff survey results and other channels of engagement with staff. The plan will be supported by robust outcome measures and a communications strategy. Financial risks are acknowledged, specifically if staff absence rates remain high.
- 18.4 This streamlined plan will be supported by a comprehensive core offer, designed to provide wide-ranging health and wellbeing support to all staff.
- 18.5 Peter Reading expressed full support for all four priorities and sought assurance regarding the emphasis placed on mental health support. Mus Suleman confirmed that mental health initiatives will continue as part of the comprehensive staff health and well-being core offer.
- 18.6 Dave Green offered additional support for priority three relating to improved musculoskeletal injury awareness and invited colleagues to reach out if needed.
- 18.7 Tabitha Arulampalam endorsed the overall approach and the four identified priorities, recognising the substantial progress made in the area of mental health and emphasising its continued importance as part of the core offer.
- 18.8 Katie Lees suggested that the cohort of long-term sickness absentees could be surveyed to determine whether they are awaiting appointments or interventions, diagnostics, or treatments as this could be a significant factor in the time required away from work.
- 18.9 **Resolved**
The Trust Board approved the proposed 2026/27 Trust Health and Wellbeing Plan.

Mus Suleman left the meeting at 13.46

BoD26/03/19 **Equality, Diversity and Inclusion (EDI) Action Plan 2024/27 Progress Update (Year 2)**

- 19.1 Mandy Wilcock presented a report on the EDI Plan 2024-27. The report provided assurance regarding progress in delivering the planned priorities for 2025/26. Overall progress has been made across all agreed 2025/26 objectives. Some areas of delivery had been impacted by staffing capacity constraints, with appropriate mitigating actions put in place where original delivery timescales had not been achieved.

- 19.2 Key achievements included externally validated improvements in Equality, Diversity and Inclusion maturity through the award of Gold TIDE mark status and the Veterans Aware Silver Award, strengthened support for internationally recruited colleagues, and the introduction of disability leave provision within the Special Leave Policy.
- 19.3 Statutory and regulatory assurance requirements have been met, with improvements reported in Workforce Race and Disability Equality Standard metrics and pay gap reporting on track for publication within agreed timescales.
- 19.4 Delivery of EDI priorities is supported by the five equality support networks. This is greatly appreciated, along with the ongoing support from Executive Director Sponsors and Non-Executive Director Champions of these networks.
- 19.5 Priority development programmes remain active, including the Inclusive Recruitment and Selection review, development of an Active Bystander to Upstander Programme, and an Anti-Racism Charter and rollout of cultural awareness training.
- 19.6 Proposed 2026/27 objectives have been refined to ensure deliverability and alignment with emerging national and sector priorities, with appropriate partners identified and outcome measures under development. Planned initiatives include a neurodiversity pledge and increased representation of women in operational leadership roles.
- 19.7 Becky Malby sought assurance regarding the status of the allyship programme, currently rated as amber, and asked about planned next steps. Mandy Wilcock confirmed that further work is underway, particularly relating to our Race Discrimination Charter. The allyship programme aims to reinforce both bystander and upstander approaches—encouraging action when issues are observed. Some measures are progressing more slowly due to capacity constraints and the current lack of a full EDI team.
- 19.8 Rebecca Randell sought assurance about the effectiveness of the TIDE initiative. Mandy Wilcock explained that a tabletop exercise and strategic overview are conducted to assess progress on EDI actions. Attaining the TIDE Gold Award enables the Trust to access valuable development resources and consultancy opportunities, offering recognition and associated benefits. This facilitates the sharing of best practices and demonstrates the organisation's strategic commitment to addressing EDI challenges.
- 19.9 Saghir Alam sought assurance regarding the arrangements for inclusive recruitment and the work being done to identify and remove barriers to inclusion in the recruitment process. Mandy Wilcock advised that considerable work is invested in this, including engagement with unsuccessful candidates and those who discontinue their applications, with findings compiled for learning and improvement.
- 19.10 **Resolved**
The Trust Board:

- Noted the progress made against the 2025/26 Equality, Diversity and Inclusion Action Plan objectives.
- Endorsed the proposed 2026/27 objectives.

BoD26/03/20

Nursing and Midwifery Job Review and Audit

- 20.1 Mandy Wilcock presented a report on the Nursing and Midwifery Job Review and Audit. The report provided assurance to the Board regarding the status of work arising from the 2023 Agenda for Change pay deal to review all nursing and midwifery job descriptions and to ensure that local arrangements are robust, prioritised, and delivered with quality
- 20.2 The report clarified the Trust Board’s responsibilities for governance and oversight, including the appointment of a Senior Responsible Owner for this work whose role included assuring local understanding of national profiles and guidance, and overseeing job documentation, compliance, monitoring, and mandated data collections, with assurance through established governance routes. Mandy Wilcock was identified as the Senior Responsible Owner
- 20.3 The report provided assurance that the leadership and partnership arrangements are in place in the Trust. An initial review has identified six job descriptions (nine posts, Bands 6–8D) requiring review (roles that may be undertaken by either nurses or paramedics are out of scope). The next step is to validate job content with postholders. The risk associated with this work is low.
- 20.4 **Resolved**
The Board noted the assurance regarding progress against the national review requirements.
The Board confirmed Mandy Wilcock as the Senior Responsible Owner.

BoD26/03/21

Board Governance Report

- 21.1 David O’Brien presented the Board Governance Report which provided information and assurance regarding developments relating to Board governance.
- 21.2 **Non-Executive Director Recruitment.**
The Trust was in the process of recruiting a new Non-Executive Director. 13 applications had been received although one applicant withdrew prior to shortlisting. Four candidates had been shortlisted for interview on 22 April. The successful candidate is expected to commence in role on 01 July 2026 or as soon as possible thereafter.
- 21.3 **Committees’ Terms for Reference for 2026/27.**
Terms of Reference for four committees have been reviewed by those committees and recommended to the Board for approval;
- Quality Committee
 - People Committee
 - Finance and Performance Committee
 - Remuneration and Nominations Committee

- 21.4 The Audit and Risk Committee Terms of Reference will be brought to the Board in May for approval. The Charitable Funds Committee Terms of Reference will be brought to the Corporate Trustee in May for approval.
- 21.5 **Resolved**
The Board:
1. Noted the recruitment process for a Non-Executive Director.
2. Approved the committees' Terms of Reference for 2026/27.
- BoD26/03/22 **Any Other Business**
22.1 There were no items of any other business.
- BoD26/03/23 **Risks**
23.1 No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.
- BoD26/03/24 **Date and Time of Next Meeting**
24.1 The next meeting is scheduled to take place on Thursday 21 May 2026.

The meeting closed at 13:54.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

CHAIRMAN

DATE