NHS Yorkshire Ambulance Service NHS Trust

Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 21 May 2026 at 09:30

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

Voting Directors	Martin Havenhand	Chair
	Amanda Moat	Non-Executive Director (Deputy Chair)
	Andrew Chang	Non-Executive Director (Senior Independent
	Saghir Alam	Non-Executive Director
	Melanie Hudson	Non-Executive Director
	Marc Thomas	Deputy Chief Executive and Chief Operations
	Kathryn Vause	Executive Director of Finance
	Dave Green	Executive Director of Quality and Chief Paramedic
	Shona McCallum	Executive Medical Director
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
	Sam Bentley	Freedom To Speak Up Guardian (item 22)
	Emily Cole	Corporate Governance Officer
	Odette Colgrave	Corporate Governance Manager
Apologies:	Peter Reading	Chief Executive
	Becky Malby	Non-Executive Director
	Tabitha Arulampalam	Non-Executive Director

BoD26/05/1 **Welcome and Apologies**

1.1 Martin Havenhand welcomed all to the Board.

1.2 Apologies were received from Peter Reading, Becky Malby, Tabitha Arulampalam

1.3 The meeting was quorate.

BoD26/05/2 **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.

BoD26/05/3 **Minutes of Previous Meeting**

3.1 The minutes of the meeting of the Board of Directors held in public on 26 March 2026 were approved as an accurate record.

3.2 **Matters arising - Financial Performance Report M11**

Kathryn Vause explained that the minutes from the previous meeting rightly outlined her concerns regarding the forecast year end capital position (as at month 11. Given significant disruption to the capital programme as a result of the Trust's Double Crewed Ambulance (DCA) convertors going into administration, there were real concerns that we would be unable to use our full capital allocation. However, Kathryn updated Board that the Trust did in fact spend the full the original allocation, plus a further £1.67m made available through national slippage. Kathryn reported this as a real benefit to staff and patients and noted the hard work of those involved in delivering so much in the last few weeks of the financial year.

BoD26/05/4 **Action Log**

4.1 There were no actions to update.

BoD26/05/5 **Patient Story**

5.1 Dave Green introduced the patient story, which was delivered by James Goulding, Chief Clinical Information Officer. The story outlined the use of a new digital solution – RapidSOS – to locate patients. The story was shared anonymously and included reference to suicide.

5.2 James Goulding outlined the clinical safety and improvement aspects of the case, with particular reference to the benefits for patients. Martin Havenhand commented on the clarity of the presentation and the key principles and thanked James Goulding for his contribution.

5.3 **Resolved:**

The Board noted the contents of the patient story.

BoD26/05/6 **Chair's Report**

6.1 Martin Havenhand presented the Chair's Report. He advised that when Andrew Chang steps down at the end of his second term as Non-Executive Director the Trust would need to appoint a new Senior Independent Director. The Board supported the recommendation that Melanie Hudson be appointed as Senior Independent Director, effective from 01 July 2026.

6.2 David O'Brien confirmed that the Senior Independent Director role also takes on the Non-Executive Director (NED) champion for Freedom to Speak Up.

6.3 Marc Thomas asked if board directors objectives could be shared. It was noted that a report would be produced for presentation to the board showing

NEDs objectives and Executive Directors objectives relating to delivery of our approved business plan.

6.4 **Resolved**
The Board noted the report.

BoD26/02/7 **Chief Executive's Report**

7.1 Marc Thomas presented the Chief Executive's Report. The Board noted the global fellowship programme, which involves paramedics travelling to Zambia. It was noted that the programme had been beneficial to both organisations, and that a future update would be brought to the Board.

7.2 Saghir Alam referred to Dying Matters Awareness Week in South Yorkshire and asked how the Trust was engaging with diverse communities. Helen Edwards advised that the volunteer campaign would help to address this by reflecting roles held by people from diverse communities. She added that NHS Charities Together funding would support work with volunteers, campaigns and community engagement colleagues.

7.3 **Resolved**
The Board noted the report.

BoD26/05/8 **Business Plan 2025/26 Closing Report**

8.1 Carol Weir presented the Business Plan 2025/26 Closing Report and highlighted the year-end position against delivery of the Trust's priorities. The Board heard that quarterly highlight reports had been provided through Senior Responsible Officers and that the report had been structured to demonstrate progress achieved, areas requiring further focus, and the actions proposed for the year ahead.

8.2 In presenting the key achievements, it was reported that performance in relation to patients had improved, including Category 2 performance being better than in the previous year and in line with the plan. Positive progress was also noted in relation to the implementation of the NHS Pathways digital triage system, staff survey results, and the impact of the YAS Together programme. Improvements in handover times were highlighted, with performance reported to be nine minutes better than plan. The Board also heard that the planned efficiencies had been delivered.

8.3 The Board noted that a number of areas had not delivered as planned, including Hear and Treat (H&T), and that further focus would be required in respect of clinical capacity, crew clear, sickness absence reduction and the benefits realisation associated with telematics. It was confirmed that these matters had been incorporated into the 2026/27 Business Plan and would continue to be monitored through the Trust's established performance and assurance arrangements.

8.4 Kathryn Vause outlined the year-end financial position and advised that the Trust had achieved a better than break-even position and reduced its underlying deficit, representing a positive direction of travel. The Board was advised that a £2.5 million surplus had been achieved and that, through

arrangements agreed via West Yorkshire Integrated Care Board (ICB) and NHS England, organisations improving their financial position would receive matched capital allocation. It was anticipated that the Trust would therefore be able to access £2.5 million of additional capital in 2026/27. In discussion, Martin Havenhand welcomed the position achieved in the context of the wider financial challenges facing organisations and emphasised the importance of maximising the benefit of the available capital funding.

8.5 During discussion, Amanda Moat sought clarification regarding the reported status of electronic Patient Record (ePR), noting that the programme had previously been described as green whereas the year-end report showed an amber rating. In response, Sam Robinson advised that the programme would previously have been rated green and remained broadly on track, with 90% of iPad devices having been rolled out; however, dependency and migration issues had created a knock-on impact which meant the programme was now behind plan and therefore appropriately reflected as amber. It was confirmed that the narrative in future reporting would be strengthened to ensure this position was clear.

8.6 Katie Lees asked how the position in relation to H&T had been presented nationally, and it was agreed that this would be picked up further within the 2026/27 reporting. Rebecca Randell sought assurance regarding slippage in the EDI workstream arising from staff absence and asked what could be done in future to mitigate the impact of such absence on delivery. In response, Mandy Wilcock advised that subject matter experts had been connected with colleagues in other ambulance trusts and support had been sought through TIDE partners; however, the work remained within a specialist field and recruitment had been challenging. Whilst this had enabled progress to continue in most areas, some of the larger pieces of work had been delayed. It was noted that additional consultancy support might need to be considered going forward.

8.7 Mandy Wilcock thanked Carol Weir and the wider team for their leadership in closing the 2025/26 Business Plan, noting that the process had strengthened organisational focus, performance management and clarity of objectives, including within appraisal discussions. Martin Havenhand agreed and commented that the report provided a clear account of the full planning cycle from commencement to year end.

8.8 Melanie Hudson welcomed the clarity of the report and asked that future reporting make more explicit which actions had not been achieved within the year and had been carried forward. Carol Weir confirmed that these had been built into the 2026/27 Business Plan and would continue to be monitored. Marc Thomas added that future reports will distinguish more clearly those actions that were part of multi-year programmes, such as H&T, with milestones identified across successive years.

8.9 **Resolved**

The Trust Board:

- Noted the year-end delivery position against the 2025/26 Business Plan;
- Took assurance from the areas of delivery and impact set out in this report;

- Noted the areas where planned benefits were not fully realised and the corrective actions embedded in the 2026/27 Annual Business Plan;
- Supported the planned activity for 2026-27aligned to the agreed business plan, as noted in the paper.

BoD26/05/9 **Annual Business Plan 2026/27 Update**

9.1 Carol Weir introduced the Annual Business Plan 2026/27 and advised that the plan reflected Year 3 of the Trust's strategy, with a focus on three priority areas for the year ahead.:

1. improving the right response through increased H&T and reduced emergency department conveyance;
2. improving operational productivity and performance, including Category 2;
3. supporting staff through reduced sickness absence.

9.2 The Board heard that the plan would be delivered through the Trust's existing performance and assurance framework, with oversight of the H&T programme to continue through the Operational Performance Group meetings. It was noted that the plan placed particular emphasis on improving productivity and performance, including delivery of Category 2 response times of under 25 minutes, reducing sickness absence, and supporting delivery through the Clinical Response Model and the YAS Together programme. The Board also noted that delivery would remain challenging and that the Trust would continue to work with system partners to improve handovers and develop alternative pathways for patients.

9.3 During discussion, Amanda Moat asked whether sufficient consideration had been given to the impact of changes to the sickness policy and the extent to which responsibility had been delegated to Team Leaders. Mandy Wilcock advised that the approach aimed to strengthen management expectations while maintaining a compassionate and supportive culture, with a clear balance between effective attendance management and staff wellbeing. Marc Thomas noted the significant level of involvement required from Area Operations Managers (AOMs) and queried whether there was scope to review how the Team Leader role continued to evolve. Mandy Wilcock confirmed that this could be reviewed further within the operational context.

9.4 The Board discussed the importance of setting clear expectations in relation to attendance and return to work, including for newly trained staff, and considered whether any comparative review of previous and current approaches to sickness management would be beneficial. In response, Mandy Wilcock reported that the Trust's data did not indicate that younger staff were the principal driver of absence levels and that the predominant pattern related to older staff with long-term health conditions. It was acknowledged, however, that further feedback from Team Leaders would be valuable in understanding local variations and identifying any additional support required.

9.5 Martin Havenhand referred to emerging national discussion regarding sickness certification and return to work support, and suggested that it would be helpful for the Trust to remain sighted on any pilot or national developments that might support more timely rehabilitation and return to work arrangements. Melanie Hudson noted that a 0.5% reduction in sickness absence represented a

significant workforce impact in full-time equivalent terms and requested that this be clearly articulated in future reporting. **Mandy Wilcock agreed to provide clarification on the quantified impact of the proposed 0.5% reduction in sickness absence.**

Action: Mandy Wilcock

9.6 Carol Weir noted that the Trust needed to demonstrate more clearly the improvements being achieved through the plan, including the relationship between productivity initiatives and performance gains such as reductions in Category 2 response times. **It was agreed that future public reporting should more explicitly highlight productivity benefits as a distinct component of delivery.**

Action: Carol Weir

9.7 Andrew Chang commended the quality of the document and suggested that it should be made more widely available across the Trust. Martin Havenhand also emphasised the importance of reflecting, through Board reporting and communications, the strength of the Trust's engagement with partners and the positive benefits this was delivering for patients.

9.8 **Resolved**
The Board approved the 2026/27 Annual Business Plan.

BoD26/05/10 **Trust Revenue Financial Plan 2026/27 to 2028/29**

10.1 Kathryn Vause confirmed that the Trust Revenue Financial Plan for 2026/27 to 2028/29 had been approved previously by the Board of Directors in private session.

10.2 It was noted that the plan was based on a break-even position and assumed receipt of all expected funding together with delivery of the 4% efficiency requirement. The Board noted that £2.1 million of the plan remained unidentified.

10.3 Marc Thomas advised that, within 999 Operations, further work was required in relation to budget management and financial decision-making arrangements. He noted that these arrangements were complex and that greater clarity was needed regarding the level at which decisions were being taken, including in relation to overtime. He acknowledged that there was scope for improvement.

10.4 In response to a question from Martin Havenhand regarding whether sufficient assurance could be provided that a robust and resilient plan was in place, Marc Thomas stated that the issues were recognised and that work was underway to develop a plan. However, he advised that he was not yet able to provide full assurance, as a firm plan had not yet been fully established.

10.5 Martin Havenhand emphasised that he did not wish the Trust to carry an unmanaged risk in relation to delivery of the financial plan.

10.6 Kathryn Vause advised that regular performance review meetings were in place and confirmed that this matter would continue to be reviewed. Andrew

Chang concurred with this approach and in his capacity as Chair of the Finance and Performance Committee, referred to the Committee's consideration of this matter.

10.7 **Resolved**
The Trust Board:

- Noted the financial framework for 2026/27.
- Noted the underlying recurrent deficit position.
- Noted the risks to delivery of the plan.
- Approved the break-even financial plan for 2026/27.
- Approved budgets to be set within the parameters of this plan.

BoD26/05/11 **Trust Capital Plan, 2026/27 to 2029/30**

11.1 Kathryn Vause presented the Trust Capital Plan for 2026/27 to 2029/30 and advised that the plan may require adjustment during the year, subject to assumptions regarding access to capital funding through the bidding process. It was noted that these funds were not guaranteed.

11.2 The Board noted that the Trust had fully utilised its capital allocation for 2025/26 and had also been able to bring forward a proportion of capital expenditure from 2026/27 in order to maximise the use of available funding.

11.3 It was confirmed that not all proposed schemes would be affordable within the available funding envelope and that prioritisation would therefore be required, with further detail to be presented to the Board as appropriate.

11.4 It was noted that this area of financial risk should be included as part of the induction for the new Non-Executive Director in his role as incoming Chair of the Finance and Performance Committee.

Action: Kathryn Vause

11.5 Melanie Hudson sought assurance regarding any potential patient risk associated with the introduction of electric vehicles, particularly in relation to whether these vehicles would be deployed only at stations with appropriate charging infrastructure.

11.6 In response, Kathryn Vause confirmed that an assessment had been undertaken which identified that electric vehicle deployment would not be suitable in all areas due to limitations in vehicle range. The Trust had mapped those areas where use would be viable and intended to undertake a limited trial in appropriate locations. It was noted that only one electric vehicle had been received to date and, as such, the scope for extensive trialling was currently limited.

11.7 Melanie Hudson referred to the quality impact assessment within the paper and asked whether there were any quality or patient safety risks arising from the proposals that should be explicitly reflected. Kathryn Vause confirmed that no quality risks had been identified in relation to the proposals set out in the Trust Capital Plan.

11.8 Saghir Alam asked what mitigating actions were in place in respect of price inflation and other longer-term financial risks. In response, Kathryn Vause advised that the 2026/27 plan had been developed alongside the revenue plan and that known cost pressures had been considered as part of the financial planning process.

11.9 The Board was advised that one key area of pressure related to pay awards. A higher figure than originally anticipated had subsequently been agreed. Given the Trust's workforce profile, including a significant number of Agenda for Change staff, this had represented a material consideration. It was noted that the relevant uplift had now been received, providing assurance from a pay perspective.

11.10 Kathryn Vause further advised that, since submission of the planning return, increased fuel costs had emerged as an additional pressure for the Trust, reflecting the scale of fuel usage across operations. It was noted that these increases also had implications for suppliers, including patient transport services, and that this position would continue to be reviewed throughout the year.

11.11 Sam Robinson added that technology costs were also expected to increase significantly. Work undertaken with Kathryn Vause's team indicated an anticipated increase of approximately 20% over the coming years, with at least a 30% increase projected in the next financial year. It was noted that this was not unique to Yorkshire Ambulance Service but reflected broader sector-wide pressures within information technology. Whilst the risk could be forecast, the precise financial impact remained uncertain.

11.12 Kathryn Vause acknowledged that it was highly unlikely the Trust would receive any additional capital funding during the year. Should further financial pressures arise, priorities within the plan would need to be reviewed and managed accordingly as part of the Trust's overall financial management arrangements.

11.13 Andrew Chang confirmed that the Finance and Performance Committee had reviewed the Trust Capital Expenditure Plan and had supported the proposal presented to the Board.

11.14 **Resolved**

The Trust Board:

- Noted the available capital funding.
- Approved the 2026/27 to 2029/30 Trust capital expenditure plan.
- Noted the risks in section 6.

BoD26/05/12 **Corporate Risk and Board Assurance Framework**

12.1 David O'Brien presented the quarter 4 Corporate Risk Register and Board Assurance Framework report, which provided assurance on the Trust's principal risks at year end. The Board noted that the report included an executive summary and a more detailed review of a number of risks where score movement or additional scrutiny was required.

12.2 In discussion on the recruitment and retention risk within the Emergency Operations Centre, Amanda Moat advised that she was not comfortable relying on a single metric to assess progress and suggested that a broader range of indicators should be considered. It was agreed that this would be explored further at a future Board Strategic Forum session.

Action: David O'Brien

12.3 Martin Havenhand noted that a number of new corporate risks had been opened and requested further detail on Risk 727 in relation to arrangements with blue-light partners. In response, Dave Green advised that the Trust had historically operated under informal arrangements with police and fire service partners, but that the scale of the request had increased over time. Work was therefore underway to formalise these arrangements through a service level agreement, including consideration of an appropriate charging mechanism. The Board noted that discussions with partners were ongoing and that the position would be developed further over the coming period.

12.4 Rebecca Randell queried the position in relation to Risk 582 (Loss of Blood Products) and the reference to errors relating to records. Shona McCallum advised that the matter would require further review and noted that she was presently aware of only one incident.

12.5 The Board discussed Risk 612 relating to 999 West handovers. Martin Havenhand noted the inclusion of this risk on the risk register and requested clarification on the reason for its reintroduction. David O'Brien advised that handover risks had previously been de-escalated following improvement in transfer of care arrangements, but had subsequently required re-escalation due to further delays. The Board noted that performance had since begun to improve steadily.

12.6 Martin Havenhand sought assurance in relation to the West Yorkshire handover position, noting that whilst the Board understood the nature of the issue, it was important to be clear what assurance could be taken from the controls in place. In response, Marc Thomas advised that the 45-minute handover process was not being followed consistently and that leaders across the West locality were investigating the reasons for this. It was noted that the principal issue related to inconsistent adherence by partner organisations to agreed standard operating procedures

12.7 Marc Thomas added that handover delays in Humber and North Yorkshire and South Yorkshire had both reduced, whereas improvement in West Yorkshire had been slower and now represented the principle area of concern, particularly in Bradford, Pinderfields and Airedale. It was confirmed that these locations would remain a focus for further work.

12.8 In relation to Risk 737, Marc Thomas advised that external partners had been given notice on their contract. The risk had subsequently been mitigated through use of internal resource and the appointment of an external company, resulting in a reduction in score from 15 to 12, although this was not yet reflected in the report presented.

12.9 The Board also noted the opening of new Risk 735 in relation to COPD care, which had initially been scored at 15 and had subsequently reduced to 12 following mitigating action. Dave Green advised that the risk had been managed effectively to date and that best practice would continue to be promoted through the Trust Executive Group.

12.10 In relation to Risk 725, the Board noted a reduced score associated with compliance regarding Freedom of Information performance. It was reported that legal compliance had previously improved from approximately 70% to above 90–95%, but that performance had since declined and would require continued monitoring.

12.11 **Resolved**
The Committee:

- Noted the position regarding Board Assurance Framework (BAF) strategic risks at the end of 2025/26 and transition to 2026/27.
- Identified no areas that require further information or additional assurance.

BoD26/05/13 **Finance and Performance Committee Chair's Report**

13.1 Andrew Chang in his capacity as Chair of the Finance and Performance Committee, presented from the meeting held on 16 April 2026.

13.2 The Committee raised an Alert on Information Governance training compliance: 87.85% at 31 March 2026 versus a 90% target and 95% aspiration. Having questioned whether the 90% target remains appropriate and referred this to People Committee, it now recommends Board discussion on the target and improvement approach.

13.3 The Board expressed concern regarding the matter having been escalated and agreed that the position was not acceptable. Martin Havenhand emphasised the need to understand the underlying processes and sought assurance on the actions that would be taken by Executive colleagues to address the issues identified. The Board noted that one of the matters was subject to potential review by NHS England and could have implications for the Trust's segment status and Care Quality Commission assessment.

13.4 The Board requested clear assurance on the controls in place together with a defined action plan to address the issues raised.

Action: David O'Brien / Mandy Wilcock

13.5 In discussion on the proposed 95% target, Mandy Wilcock advised that whilst this should remain an aspiration, it would be challenging to achieve consistently in the context of turnover and sickness absence. It was agreed that the matter would be considered further through the People Committee.

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

BoD26/05/14 **Operational Assurance Report**

14.1 Marc Thomas presented the Operational Assurance Report. The Board received a Business Intelligence presentation on long-term performance trends, including comparison of Yorkshire Ambulance Service performance against national figures from April 2018 to the latest available period.

14.2 The Board noted updates on mean 999 call answer times, Category 1 mean and percentage performance, Category 2 mean performance, Hear & Treat rates, conveyance to hospital rates, and sickness absence. The Board noted management's view that these data trends are reflected in current plans and strategic priorities.

14.3 The Board noted the three priorities presented: improving the right response through increased H&T and reduced emergency department conveyance; improving operational productivity and performance, including Category 2; and supporting staff through reduced sickness absence.

14.4 Marc Thomas highlighted that Category 1 mean response performance had remained stable and strong, whilst a number of other measures continued to reflect the residual impact of system pressures and workforce challenges. Martin Havenhand referred to the final slides within the presentation and asked whether they demonstrated that the Trust had not fully recovered from the impact of the COVID-19 period, and what ongoing legacy factors remained. Mandy Wilcock advised that sickness absence continued to be a significant contributory factor.

14.5 In discussion on Category 1 on-scene performance, Katie Lees asked about the peak observed during 2024 and whether categorisation may previously have been inaccurate. Dave Green confirmed that categorisation was now being undertaken more accurately, noting that this remained dependent on the information available from patients at the point of call.

14.6 The Board discussed the significant gap between Yorkshire Ambulance Service and the England average in relation to Hear and Treat performance and the associated rate of conveyance to hospital. It was noted that the Trust appeared to convey a greater proportion of patients to hospital and that this may in part reflect the relative availability of alternative pathways across the region. Martin Havenhand sought assurance as to whether this position was evidenced and queried why other ambulance services appeared to have access to a broader range of alternatives. Marc Thomas advised that further national work was underway through NHS England to review hear and treat arrangements and that this was expected to provide greater insight into pathways used elsewhere, including community-based options, care coordination and single points of access.

14.7 Shona McCallum confirmed that national review work was also mapping the alternative pathways available to ambulance trusts and that, in comparison with other areas, Yorkshire currently had fewer services in place to support avoidance of conveyance. The Board noted the importance of continued engagement with ICBs and acute hospital partners regarding the direct services and pathways required to improve performance in this area.

The Board welcomed the external review support being undertaken in relation to hear and treat, including the evidence this would provide to strengthen improvement work. Shona McCallum advised that newly appointed expert support would also assist this programme.

14.8 Andrew Chang asked whether the Trust could be fully confident in its explanation for the gap in conveyance rates. In response, Marc Thomas acknowledged that there was more to understand about decision-making on scene, and Shona McCallum added that stronger senior clinical input would be required, particularly in relation to complex decisions about non-conveyance. Amanda Moat noted that where patients had previously been unsuccessful in accessing alternatives, they may be less likely to continue seeking such support, and that momentum would need to be built to change this pattern.

14.9 In discussion on sickness absence, Melanie Hudson asked whether workforce growth may have influenced the position and it was confirmed that the workforce had increased since 2023, with the Trust's sickness rate remaining broadly similar to that of other ambulance trusts. Martin Havenhand requested that future presentations differentiate more clearly between areas of the service, including comparisons between 999 and 111, in order to support a more informed understanding of where absence was occurring.

14.10 Mandy Wilcock advised that some trusts made greater use of alternative duties, and that this was being explored in more detail locally, noting that operational staff could in some cases only undertake frontline roles. Andrew Chang queried how West Midlands Ambulance Service accounted for its lower reported rate, and it was noted that this may in part reflect the use of alternative duties, including home-based work.

14.11 Carol Weir noted that these measures formed part of the key metrics within the national oversight framework. Melanie Hudson highlighted continuing concern in relation to improvement in call handling performance. Marc Thomas advised that, whilst progress had been made, there remained a number of areas where further improvement was required and that these had been incorporated within the Trust's priority objectives.

14.12 Martin Havenhand emphasised the importance of being able to demonstrate a clear link between the activities underway and the benefits and outcomes expected, and asked that future reporting support Board challenge where planned actions were not delivering the intended improvement so that approaches could be reviewed and adjusted in a timely way. Rebecca Randell also drew attention to an inconsistency in the recruitment data for Emergency Operations Centre (EOC) clinical staffing between the appendix and the main report. It was confirmed that an updated Month 1 version had been produced and that the annex contained an error, with the figures in the main report being the more accurate position.

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

BoD26/05/15 **Financial Performance Report – Month 1 (April 2026)**

15.1 Kathryn Vause presented the Financial performance report (Month 1) for April 2026.

15.2 The Board noted the key highlights from the month 1 financial position, including a revenue underspend of £86k against plan and a forecast year-end position of break-even. Kathryn Vause advised that the principal pressure at this stage related to fuel costs. In month 1, diesel expenditure was approximately £100k above plan. Although fuel usage had reduced, prices had increased by more than 30%, with the average price reported at £1.74 per litre, which was above the level assumed within the plan. It was noted that forecasting remained challenging given the volatility in both usage and price.

15.3 The Board received an update on the productivity and efficiency programme, including the position in relation to unidentified savings, in-year pressures and associated benefits. Kathryn Vause advised that further cost reductions had been identified within budgets which were expected to mitigate the remaining unidentified element, and she expressed confidence that this could be addressed.

15.4 It was noted that delivery targets remained embedded across all budgets, although a number of schemes continued to be assessed as high risk, particularly within IT. These would continue to be monitored closely through the Trust's financial governance arrangements.

15.5 In relation to capital, the Board noted that expenditure was £2.8 million below plan at month 1, with no immediate concerns reported. It was recognised, however, that the liquidation of one of the Trust's conversion suppliers had affected delivery timescales and that some schemes had therefore been brought forward from 2027/28 to support continued programme delivery.

15.6 Martin Havenhand asked whether a clearer schedule could be provided showing the cost improvement and efficiency figures that the Trust was required to deliver. In response, Kathryn Vause confirmed that this information was available and could be reported to provide assurance. She further advised that the efficiency programme continued to be reported through the Finance and Performance Committee and that revised oversight arrangements were being established to strengthen in-year monitoring. It was noted that all Executive Directors would be members of this group, which would review delivery of the in-year plan and support future benchmarking of efficiencies.

15.7 The Board noted that the revised oversight group would report through both the Finance and Performance Committee and the Trust Executive Group, and that Peter Reading would chair the group.

15.8 **Resolved**

The Trust Board noted:

- The Trust's financial performance for April 2026.
- All associated risks.

BoD26/05/16 **Quality Committee Chair's Report**

16.1 Melanie Hudson in her capacity as Deputy Chair of the Quality Committee, presented the reports from the meetings held on 09 April and 07 May 2026.

16.2 The Board noted that there were no alerts arising from the April report presented. In discussion, the Board considered whether further review was required in relation to patients who were being conveyed to hospital on a recurring basis. Dave Green advised that, during periods of significant handover delay, conveyance rates had improved and noted that clinical decision-making on scene involved balancing risk, the availability of alternative pathways, and what was in the patient's best interests. The Board acknowledged the potential influence of human factors in these decisions.

16.3 Two alerts had been identified in the May report, relating to medicines management and mortality reviews. Martin Havenhand emphasised that the Board should maintain a clear focus on the alerts reported, particularly the mortality alert. In response, Shona McCallum advised that the Trust did not yet have a sufficiently effective mortality governance structure in place. This had been identified through internal audit work. Whilst no immediate concerns had been identified, it was acknowledged that the governance arrangements required further strengthening.

16.4 In relation to medicines management alert, the Board was advised that the technical connectivity issues identified regarding the app were being addressed and that appropriate plans were in place. Sam Robinson confirmed that the Trust was taking a proactive approach to resolving the issues.

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

BoD26/05/17 **Quality and Clinical Highlight Report**

17.1 Dave Green presented the Quality and Clinical Highlight Report.
The Board noted that internal audit actions had been addressed. It was further reported that complaint response performance stood at 23% against an internal target of 10%. The Board heard that the Patient Relations team had been working intensively to improve complaint handling, including progressing sign-off arrangements during periods of annual leave, and that responses were now being issued more quickly.

17.2 An update was provided on the use of text-based self-care advice for patients, enabling advice and links to be issued directly by text message. It was noted that this had been introduced as part of a quality improvement project, piloted in Hull, and that there was strong interest in extending the approach more widely across the workforce.

17.3 Shona McCallum reported on the initial review meeting at which variations in practice were identified in the way DATIX was being used across the organisation. A task and finish group had been established to review current usage, ensure the system was being used correctly and consistently, and report back within the next month.

17.4 Amanda Moat asked whether there was a longer-term strategy for DATIX. In response, Dave Green advised that the Trust intended to remain with DATIX, but acknowledged that the current system was not yet being used to its full potential. Benchmarking had been undertaken and had not identified a perfect alternative solution. It was noted that, as the Trust had moved from the previous DATIX service, there was now an opportunity to make better use of the current platform.

17.5 The Board noted that a small amount of additional resource would be required to support delivery of training programmes and that this work would need to be widened on a Trust-wide basis. The Board received an update on the Quality Assurance Programme, which formed part of the Trust's response to an audit recommendation.

17.6 Dave Green advised that, following the transition to Patient Safety Incident Response Framework (PSIRF), the Trust was seeking to strengthen how lessons learned were identified and embedded through the quality assurance process. This included clearer visibility of action plans and the supporting governance arrangements to ensure that improvements could be tracked and evidenced.

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

BoD26/05/18 **People Committee Chair's Report**

18.1 Mandy Wilcock presented the People Committee Chair's Report arising from the meeting of the Committee.

18.2 The Board was advised that two advise notes remained under consideration, relating to employment tribunals and workforce supply risk relating to a new clinical skills assessment process for graduate paramedic recruits.

18.3 The Committee had considered the arrangements in place for candidate assessment and progression, including the opportunity for applicants to undertake a second assessment before progressing to interview. It was reported that engagement was taking place with higher education institutions to address areas where applicants had been unable to demonstrate the required competence in core areas.

18.4 Dave Green and Dawn Adams would meet with representatives of the higher education institutions to discuss the gaps identified. Board members were advised that this formed part of a wider national conversation regarding expectations and consistency of standards.

18.5 During discussion, Martin Havenhand expressed concern regarding the position outlined. In response, assurance was provided that the approach was informed by educational expertise and sought to ensure that applicants were given an appropriate opportunity to re-sit assessments where suitable.

18.6 Rebecca Randell raised a query in relation to the curriculum, and Dave Green confirmed that he would take this discussion outside of the meeting. The Board also noted that recruitment and establishment levels continued to be

monitored closely, including full time equivalent requirements. Whilst attrition had improved, it was recognised that the organisation did not currently require the same level of recruitment as in previous years, and that the response would continue to be managed over the medium term.

18.7 Andrew Chang declared his interest during this item due to being a member of York St Johns' for Higher Education Institution.

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

BoD26/05/19 **People and Organisational Development Highlight Report**

19.1 Mandy Wilcock presented the People and Organisational Development Highlight Report.

19.2 Following a two-week extension to 14 April 2026, appraisal and career conversation compliance reached 89%. Excluding the Emergency Operations Centre, compliance would have been 93% and on target.

19.3 Appraisal plans are monitored through regular performance meetings, with service areas required to present monthly delivery plans. Some areas remained challenged, with further work underway on information technology support and team objectives.

19.4 The position on senior appraisals will remain open until the end of June and continue to be monitored through the dashboard.

19.5 A developing risk relating to bank staff management and compliance arrangements will be presented to the People Committee.
The Board noted forthcoming legislative changes, including day one rights, flexible working, harassment protections and time off to vote. Members also noted the potential for further industrial action, a possible extension to tribunal claim timescales from three to six months, and the removal of some financial caps.

19.6 It was reported that average timescales for long-term cases were 18.9 weeks, with the quickest concluded in around 16 weeks. Sexual safety cases could take longer, particularly where police involvement was required. Work was underway to separate police-related cases and a disciplinary review group had been established to improve timescales and address the impact of delays.

19.7 In relation to discrimination cases, the Board noted that alternative duties and reasonable adjustments remained a priority. The Trust continued to work with solicitors on tribunal cases and recognised that further action would be required in this area.

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

BoD26/05/20 **YAS Together Culture Development Programme End of Year Report 2025/26**

20.1 Mandy Wilcock presented the report and drew the Board's attention to a number of key matters arising. The Board noted that the focus for Years 3 and 4 would centre on a number of specific areas, including the quality element and the area of outstanding practice, with further detail to be brought back in due course. It was reported that the cultural maturity assessment demonstrated sustained improvement over the previous three years, providing assurance of positive progress across the organisation.

20.2 The Board heard, however, that progress across the YAS Together pillars was not yet consistent. While some pillars were more established, further work was required in relation to the Grow and Care Together themes, particularly around career progression and violence reduction.

20.3 It was acknowledged that greater consistency was required across these areas and that communication between leaders and staff remained a challenge. In response to a question from Amanda Moat regarding capacity and resources, Mandy Wilcock confirmed that these matters were reflected within the Trust's priorities and advised that sufficient capacity was currently in place.

20.4 Martin Havenhand commented that the YAS Together programme ran in parallel with the organisation's approach to developing its people and queried whether the programme was being sufficiently resourced to deliver the Trust's strategy, including whether there were any aspects of the programme requiring further improvement. During discussion, the Board emphasised the importance of the Executive Team continuing to review and re-evaluate the position, to ensure that the intended outcomes were delivered.

20.5 Andrew Chang referred to the earlier discussion regarding employment tribunals and queried whether there may be a correlation between the issues highlighted within the report and the number of tribunal cases, asking whether the relevant data was available and how success would be measured.

20.6 In response, Mandy Wilcock advised that the Employee Relations report submitted to the People Committee was reviewed in detail and that a number of cases related to matters such as sexual safety and reasonable adjustments. She further noted that it had become easier for cases to proceed to tribunal and confirmed that attention was being given to understanding those cases which had not been successfully defended. The Board also heard that a number of cases had been withdrawn, whilst in other instances the tribunal had indicated that insufficient information had been provided.

20.7 Mandy Wilcock confirmed that thresholds had changed and that all relevant matters continued to be reviewed through the appropriate panel arrangements. The Trust does have sufficient resources in order to deliver our strategy.

20.8 **Resolved**
The Trust Board:

- Noted the progress and impact of the YAS Together Culture Development Programme during 2025/26, evidenced through NHS Staff Survey trends from 2024 to 2025
- Noted the Culture Maturity Framework assessment and continued progression
- Supported delivery of the 2026/27 priorities to address identified risks and sustain cultural improvement.

BoD26/05/21

Sickness Reduction Plan

21.1 Mandy Wilcock highlighted the principle matters arising from the report. The Board noted that the plan aligned fully with Trust Priority 3 in relation to clear governance and performance oversight, and that delivery would be monitored through the People Committee, the Trust Executive Group and the Board.

21.2 The Board heard that the work was focused on three principal areas: improving support for mental health and wellbeing in order to help prevent sickness absence; ensuring that staff were supported to return to work effectively and sustainably; and strengthening the use of alternative duties and workplace adjustments for colleagues with longer-term health conditions.

21.3 It was reported that the approach to reducing sickness absence was underpinned by a quality improvement programme, with targeted activity focused on priority areas. Six stations had been reviewed in detail, with three demonstrating consistently strong performance in relation to sickness absence, and this work was being led through a quality improvement approach to better understand the interventions contributing to positive outcomes.

21.4 The Board noted that this work also aligned with Trust Priority 2 in respect of matching resource with demand. It was further recognised that factors such as rostering arrangements, relief rota cover and annual leave patterns could all have an impact on staff availability and sickness absence levels.

21.5 Martin Havenhand requested further assurance regarding the reduction plan and emphasised the importance of presenting clear headline information to the Board. It was acknowledged that the report contained a significant level of detail and that future reporting would seek to provide the Board with an appropriate level of concise assurance.

21.6 Carol Weir confirmed that a detailed plan sat beneath the overarching approach and advised that the articulation of clear goals would be strengthened further. Melanie Hudson referred to the use of alternative duties and queried whether this approach was demonstrably effective, noting the potential for a reduction in sickness absence to have a consequential impact on operational performance. In response, Mandy Wilcock provided assurance that the quality and effectiveness of alternative duty arrangements would continue to be monitored.

21.7 In relation to Team Based Working, the Board noted that this remained linked to Trust Priority 2. Marc Thomas advised that the matter had been considered by the Trust Executive Group two weeks previously and that a further update would be brought to the Board in July 2026.

21.8 Martin Havenhand commented that it will be necessary for the Board to receive assurances that a clear absence reduction plan was in place and that the actions were delivering the desired outcomes.

21.9 The Board noted that the plan was not being presented for approval at this stage and that a further report, with a more detailed action plan, would be received by the Board in June 2026.

Action: Mandy Wilcock

21.10 **Resolved**
The Trust Board:

- Noted the data analysis undertaken to design the plan.
- Noted that the Sickness Absence Reduction Plan for 26/27 report would be presented to the June board for approval.
- Supported the governance of this plan via the People and Culture Group with assurance through the People Committee.

Sam Bentley joined the meeting at 1200

BoD26/05/22 **Freedom To Speak Up Report**

22.1 Sam Bentley presented the Freedom to Speak Up report. Amanda Moat sought clarification regarding the source of the data presented. In response, the Board was advised that the information was drawn from the Workforce Race Equality Standard, Human Resources casework and Employee Relations cases, and that it was possible to distinguish between matters relating to bullying and harassment. It was further noted that regular discussions took place through the People and Culture Group in order to understand themes emerging across teams, identify any concerns being raised and ensure appropriate visibility of issues.

22.2 Melanie Hudson asked whether future reporting could include data relating to protected characteristics in order to provide the Board with a clearer understanding of the profile of those raising concerns. She also asked for assurance regarding whether cases progressed into formal processes and whether themes and findings were shared with other groups.

22.3 In response, the Board was advised that the number of cases progressing into formal processes could be tracked and monitored. The Board also heard that demographic information was requested from staff, although completion rates remained low. It was noted that concerns were not always raised in face-to-face settings and could also be received by email or telephone.

22.4 It was further noted that cases were revisited at the point of closure in order to support the ongoing capture of relevant information and learning. The Board noted that, whilst this information was not routinely reported through the Women and Allies Network, engagement did take place through other staff network groups as appropriate.

22.5 Andrew Chang advised the Board that Melanie Hudson would assume the role of Non-Executive Director lead in support of Freedom to Speak Up and would

hold regular meetings with the Chief Executive and the Freedom to Speak Up Guardians.

22.6 **Resolved**
The Trust Board:

- Noted the progress and developments in the Freedom to Speak Up (FTSU) function
- Took assurance from the actions underway to strengthen the speaking up culture
- Supported the next steps for FTSU.

Sam Bentley left the meeting at 1215

BoD26/05/23 **Audit and Risk Committee Chair's Report**

23.1 Amanda Moat presented the Audit and Risk Committee Chair's Report and advised that the Committee had approved its Terms of Reference. The Board received an update in relation to the annual accounts and internal audit matters, including the Head of Internal Audit Opinion, which was anticipated to be Moderate.

23.2 During discussion, Martin Havenhand expressed concern regarding the movement in assurance and sought clarification as to whether this reflected a deterioration in delivery against agreed actions. In response, David O'Brien advised that a number of actions arising from two separate reports had not been completed within the required timescales. However, he provided assurance that performance had improved significantly, with 59% of actions completed in the period June to January, rising to 94% between February and May, including two months in which completion reached 100%. He further advised that the controls implemented since January had been effective and that the organisation was now in a much stronger position. A report would be brought to the Board in July to provide assurance regarding the position on audit actions.

Action: David O'Brien

23.3 The Board emphasised the importance of ensuring that actions arising from internal audit and other assurance reports are delivered within agreed timescales. It was noted that where delivery is at risk, this should be identified promptly and revised timescales agreed through the appropriate governance process.

23.4 **Resolved**
The Trust Board:

- The Trust Board is asked to note the contents of the report and action items in the alert section.

BoD26/05/24 **Board Governance Report**

24.1 David O'Brien presented the Board Governance Report and provided an update on recent developments relating to Board governance.

24.2 The Board noted that: approval had been received for the appointment of a new Non-Executive Director; and that Melanie Hudson had been appointed as

the new Senior Independent Director and the NED champion for Freedom to Speak Up.

24.3 The Board also received the revised Terms of Reference for the Audit and Risk Committee for approval.

24.4 **Resolved**
The Trust Board:

- Noted the position regarding the recruitment process for a Non-Executive Director.
- Noted the arrangements regarding the Senior Independent Director
- Approved the Audit and Risk Committee Terms of Reference for 2026/27.

BoD26/05/25 **Any Other Business**

25.1 There were no items of any other business.

BoD26/05/26 **Risks**

26.1 A potential new risk was identified relating to the impact of the Employment Rights Act 2025. This would be investigated further and raised via the Trust's established risk management processes as appropriate.

BoD26/05/27 **Date and Time of Next Meeting**

27.1 The next meeting is scheduled to take place on Thursday 23 July 2026.

The meeting closed at 12:55.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ CHAIRMAN

_____ DATE