Board of Directors (in Public)
23 July 2026

Report Title	Assurance Committees' Annual Reports: 2025/26
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Accountable Director(s)	Committee Chairs (Non-Executive Directors) Committee Lead Directors (Executive Directors)
Previous committees/groups	People Committee Quality Committee Finance and Performance Committee Audit and Risk Committee
Recommended action(s)	Assurance
Purpose of the paper	Provide assurance regarding the effectiveness of the Board committees in their roles as part of the Trust's governance and assurance arrangements

Executive Summary

What?

As part of the Trust's corporate governance arrangements each of the Board assurance committees has prepared an annual report for 2025/26. Amongst other things, these annual reports provide assurance regarding the extent to which each committee fulfilled its purpose and remit in 2025/26 as defined by their Terms of Reference and captured in their annual workplan. These annual reports are enclosed as appendices to this cover sheet:

Appendix 1: Quality Committee Annual Report
Appendix 2: People Committee Annual Report
Appendix 3: Finance and Performance Committee Annual Report
Appendix 4: Audit and Risk Committee Annual Report

Each of these annual reports refers to further material (Committee workplans, ToRs etc.). In the interests of brevity that supporting material is not enclosed with these papers. However, it is available upon request should any Board member wish to receive it. Workplans and Terms of Reference have been reviewed and approved by each committee.

So What?

These annual reports provide assurance that the Trust's governance arrangements are working well and as intended. This constitutes one source of assurance for the Board regarding the effectiveness of the Trust's system of governance, assurance, and internal control.

What Next?

This exercise has identified improvement opportunities for each committee, and these will result in a stronger set of arrangements for governance and assurance in the Trust.

Learning from the recent Well-Led review will be used to inform further developments in the committee governance arrangements.

Recommendation(s)	The Board receives assurance via the 2025/26 annual reports of the Finance and Performance Committee, the Quality Committee, the People Committee, and the Audit and Risk Committee.
Link to Board Assurance Framework Risks (board and level 2 committees only)	All Strategic Risks

APPENDIX 1

The Quality Committee
Annual Report 2025-26

1. EXECUTIVE SUMMARY

1.1 This annual report provides a summary of the activity of the Quality Committee (the Committee) from April 2025 to March 2026 and an assessment of compliance against its terms of reference (ToR).

1.2 The self-assessment has been undertaken by the Committee Chair and lead Executive Director for consideration by the Committee. The self-assessment identifies 55 areas of compliance, four areas of partial compliance, and nine areas that were not applicable.

- The areas of partial compliance relate to use of data, information governance and health related IT clinical safety compliance, and timeliness of receipt of agenda items and minutes.
- The not applicable areas relate to external attendees, voting arrangements and urgent decision-making; these circumstances did not occur during the 2025-26 meeting cycle.

1.3 Meetings were well attended and all were quorate.

1.4 The Committee workplan has been adhered to. Following each meeting a Chair's 'AAA' ('Alert, Advise, Assure') report has been presented to the Board, drawing attention to matters of significance.

1.5 The Committee received Board Assurance Framework (BAF) updates at each meeting to review the effectiveness of controls for BAF risks within its remit, including access to care, quality for patients, medicines management, and reducing health inequalities.

1.6 Meeting effectiveness has been reviewed at each meeting. These reviews were generally positive with action taken on areas for improvement.

2.0 BACKGROUND

2.1 The Quality Committee is a standing committee that has been formally constituted by the Board of Directors of Yorkshire Ambulance Service NHS Trust (the Trust) in accordance with its Standing Orders.

2.2 The purpose of the Committee, in accordance with the 2025-26 ToR, is to gain assurance on behalf of the Board of Directors that the Trust is making sufficient progress towards its Quality priorities to support the delivery of the Trust's strategic objectives and business plan priorities whilst being assured as to compliance with appropriate regulatory and statutory requirements.

2.3 The purpose of the Committee is to seek and obtain assurance on behalf of the Board of Directors to demonstrate that the Trust:

- Is making sufficient progress towards improving patient safety, patient experience, and clinical outcomes, and reducing health inequalities.
- Is making sufficient progress towards the delivery of the Trust's strategic ambitions and business plan priorities in respect of the remit of the Quality Committee.
- Has in place the appropriate plans, policies, systems, data, intelligence and processes to support delivery of the above.
- Can be assured regarding compliance with appropriate policy, regulatory, and statutory requirements.
- Can be assured regarding the operation and effectiveness of systems of governance, risk management and internal control as they apply to the remit of the Committee.

3.0 ASSURANCE STATEMENT

3.1 The Committee receives assurance from the executive director members of the Committee and, from the subject matter experts who attend the meetings as required, dependant on the agenda items being discussed. Assurance is provided through written reports, both regular in accordance with the workplan and bespoke reports as requested, through challenge by members of the Committee and by members seeking to validate the information provided through wider knowledge of the organisation; specialist areas of expertise and attending Board of Directors meetings.

3.2 The Committee is assured that it has the right membership to provide the appropriate level and calibre of information and challenge and that the correct reporting methods, structures and workplans are in place to provide oversight on behalf of the Board in respect of progress and performance in the areas covered by its Terms of Reference.

3.3 Part of its assurance role is to receive the Board Assurance Framework (BAF); a primary assurance document for the Board which details the key controls in place to ensure that the risks to achieving the strategic objectives are being well managed. The BAF lists those Committees that are responsible for receiving assurance in respect of the effectiveness of those controls, the Quality Committee must ensure it receives sufficient assurance through the reports that come to the Committee in relation to:

- BAF Risk 2 – Provide access to appropriate care
- BAF Risk 3 – Deliver quality for patients
- BAF Risk 4 – Strengthen medicines management
- BAF Risk 11 – Collaborate effectively to improve population health and reduce health inequalities

The Committee received a BAF report at each meeting. In addition to the scheduled workplan reports, the Committee requested specific reports relating to controlled

drugs, alternative pathways, Category 2 response times, excessive delays, clinical response model, hear and treat performance and quality/safety oversight of the clinical queue.

4.0 REVIEW OF COMPLIANCE WITH TERMS OF REFERENCE

4.1 A self-assessment of compliance against all aspects of the ToR was undertaken by the Committee Chair and lead Executive Director.

4.2 There were 68 areas to be considered regarding the compliance or non-compliance of the Committee, against its terms of reference. The Committee was compliant with 55 areas. There were four areas of partial compliance and nine areas which were not applicable, as follows:

4.2.1 Partial Compliance

The timely and effective use of relevant and robust data and intelligence to drive improvement in the quality of care.

Whilst there is significant evidence of data being presented across a range of subjects, the requirement for an outcomes-focused quality dashboard has been identified. This work is being progressed with the support of the Committee, and regular progress updates are received.

The management and delivery of information governance and health related IT clinical safety compliance across the Trust's functions.

Partial compliance was assessed because information governance sits formally within the remit of the Finance and Performance Committee rather than Quality Committee and has therefore not been reported on. In addition, the absence of a Chief Clinical Information Officer (CCIO) limited the Committee's ability to gain assurance relating to IT clinical safety.

In the 2026/27 terms of reference, this requirement has been revised to refer to 'the management and delivery of digital clinical safety compliance across the Trust's functions'. A CCIO is now in post, and an annual assurance report on digital clinical safety has been incorporated into the Committee's workplan.

Items for inclusion on the agenda shall be submitted to the secretary at least seven days prior to the meeting. Agendas can only be amended by the agreement of the Committee Chair and Lead Director.

Agenda items were mostly received with seven days prior notice. Any amendments to agendas were agreed by the Committee Chair. Note full compliance during the tenure of the current Chair.

The Committee secretary shall minute the proceedings of all Committee meetings and provide draft minutes within five working days, reviewed by the Lead Director and then approved by the Committee Chair within 10 working days of the meeting.

Adherence to timescales was inconsistent throughout the year. Note full compliance during the tenure of the current Chair.

4.2.2 Not applicable

The areas assessed as not applicable relate to circumstances that did not arise during the year including the invitation to individuals from external organisations, the need for a vote, urgent decision-making, additional meetings, and the establishment of task-and-finish groups.

5.0 MEMBERS AND MEETINGS

5.1 Anne Cooper, Non-Executive Director, was the Committee Chair from April to November 2025. Becky Malby, Non-Executive Director, was the Committee Chair from December 2025 to March 2026.

5.2 During 2025-26 the Committee met formally on 11 occasions.

5.3 The quoracy for the Committee is three members, comprising at least two non-executive directors and one executive director present. The meetings were always quorate. The record of Members' attendance at meetings of the Committee during 2025-26 is shown at Appendix A.

5.4 The following individuals were in regular attendance during the year at the Committee's meetings:

- Phil Gleeson, Critical Friends Network member
- Lesley Butterworth, Head of Nursing and Patient Experience
- Jonathan Turnbull-Ross, Associate Director of Quality Improvement
- Tim Millington, Associate Director Paramedicine
- Adam Layland, Associate Chief Operating Officer – 999 Operations
- Julia Nixon, Associate Chief Operating Officer – Remote Care
- Katie Lees, Associate Non-Executive Director
- Lynsey Ryder, Head of Corporate Governance and Deputy Company Secretary

6.0 COMMITTEE WORKINGS

6.1 The Committee had an approved workplan for 2025-26 which included a calendar of key events that sets out the annual cycle of work and reporting. The workplan was kept under regular review and updated as required.

6.2 The Committee worked with other Board assurance Committees and regularly received matters for its consideration with referrals on matters made to other Committees for assurance purposes as and when required.

6.3 Prior to each meeting the Chair formally reviewed the agenda with the Director of Quality & Chief Paramedic and the Head of Corporate Governance/Deputy Company Secretary. Individual agenda items were consulted on with relevant responsible persons as required.

6.4 Following each meeting, the Chair reported to the Board, drawing attention to matters of significance. For example, the Board was alerted to excessive delays in Bradford, Calderdale and Kirklees (May 2025) and variation in availability of alternative pathways (January 2026). The minutes of the meetings were received by the Board at its meetings in private.

7.0 MEETING EFFECTIVENESS

7.1 Feedback on the Committee's effectiveness was largely positive. Administration was generally effective, agendas aligned well to priorities, papers were clear and structured, and chairing was praised as inclusive and effective. There was also strong focus on patient safety, staff perspectives, risk, constructive discussion, appropriate challenge, and a culture consistent with Trust values.

7.2 Areas for improvement included occasional administrative issues, lengthy or overly operational agendas and papers, and limited time for deeper discussion. Feedback also highlighted opportunities to strengthen patient voice, improve clarity around risk and risk appetite, and enhance executive-to-executive challenge. Overall, suggested improvements focused on tighter agenda planning, clearer papers and presentations, and better support for presenters.

7.3 Action has been taken to improve agenda management and the quality of papers, with particular focus on reducing the length of papers and strengthening executive summaries. These changes have led to noticeable improvements.

8.0 WORK OF THE COMMITTEE

8.1 During 2025-26 the Committee sought assurance of the overall delivery of the Trust's strategic objectives in the context of quality of care and services and the effective mitigation of identified risk. The main areas of reporting to receive this assurance were as follows:

<u>Regulatory:</u>

- Safeguarding
- Caldicott Guardian
- Complaints/Concerns/Comments/Compliments
- Medicines Optimisation and Controlled Drugs

<u>Assurance:</u>

- Academic Research
- Business Plan 2025/26
- Clinical Audit
- Clinical Supervision
- Coroners and Claims
- Health Inequalities
- Infection, Prevention and Control
- Learning from incidents

- Patient experience
- Patient safety
- Quality Improvement
- Risk and Board Assurance Framework
- Mortality/Learning from deaths

9.0 RECOMMENDATION

9.1 It is recommended that the Quality Committee reviews and agrees this annual report and self-assessment for presentation for assurance to the Audit and Risk Committee and Trust Board.

APPENDIX A: QUALITY COMMITTEE ATTENDANCE RECORD 2025-26

Quality Committee		Member Period	Meeting Dates										
			17-Apr-25	15-May-25	12-Jun-25	15-Jul-25	09-Sep-25	09-Oct-25	13-Nov-25	18-Dec-25	15-Jan-26	12-Feb-26	12-Mar-26
Anne Cooper	Chair, NED	April to November	Y	Y	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A
Andrew Chang	Vice-Chair, NED	April to June	Apols	Apols	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Saghir Alam	Member, NED April to June Vice-Chair, NED July to Oct	April to October	Apols	Apols	Y	Y	Apols	Apols	N/A	N/A	N/A	N/A	N/A
Dave Green	Executive Director of Quality and Chief Paramedic	April to March	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Steven Dykes	Acting Medical Director	April to September	Y	Y	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A
Melanie Hudson	Vice-Chair, NED	November to March	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Apols	Y
Amanda Moat	Member, NED	July to March	N/A	N/A	N/A	Apols	Y	Y	Y	Y	Y	Y	Y
Shona McCallum	Executive Medical Director	October to March	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y	Y	Y
Becky Malby	Chair, NED	December to March	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y	Y

APPENDIX 2

The People Committee
Annual Report 2025-26

1.0 INTRODUCTION

1.1 This annual report provides a summary of the activity of the People Committee (the Committee) from April 2025 to March 2026 and an assessment of compliance against all areas of the Committee's terms of reference (ToR).

2.0 BACKGROUND

2.1 The People Committee is a standing committee of the Trust that has been formally constituted by the Board of Directors of the Yorkshire Ambulance Service NHS Trust (the Trust) in accordance with its Standing Orders.

2.2 The purpose of the Committee is to seek and obtain assurance on behalf of the Board of Directors to demonstrate that, in the context of the matters set out below, the Trust:

- Is making sufficient progress towards the delivery of the Trust's strategic ambitions and business plan priorities in respect of the 'Our People' bold ambition and the remit of the Committee.
- Has in place the appropriate plans, policies, systems, and processes to support delivery of the above.
- Can be assured regarding compliance with appropriate policy, regulatory, and statutory requirements.
- Can be assured regarding the operation and effectiveness of systems of governance, risk management, and internal control as they apply to the remit of the Committee.

3.0 MEMBERS AND MEETINGS

3.1 Tim Gilpin was the Committee Chair from April to July 2025, Tabitha Arulampalam has been the Committee Chair from September 2025 to March 2026.

3.2 During 2025-26 the Committee met formally on six occasions. All were ordinary meetings in accordance with the committee workplan and the Trust's cycle of corporate governance meetings.

3.3 The quorum for the Committee requires at least three Committee members to be present at each meeting. For the purposes of quoracy, the three Committee members present must include at least two Non-Executive Directors and one Executive Director, including either the Director of People and Organisational Development or the Deputy Chief Executive and Chief Operating Officer). The six meetings held during 2025/26 were quorate at all times.

3.4 The record of Members' attendance at meetings of the Committee during 2025/26 is shown at Appendix A.

3.5 In addition to the formal Committee Members, the following individuals were in regular attendance at the Committee meetings during the year:

- Suzanne Hartshorne, Deputy Director of People and Organisational Development
- Dawn Adams, Associate Director of People Development
- David O'Brien, Director of Corporate Services and Company Secretary
- Lynsey Ryder, Head of Corporate Governance and Deputy Company Secretary
- Rebecca Randell, Associate Non-Executive Director

3.6 Other senior managers (for example, Heads of Service and / or subject matter experts) have also been requested to attend the Committee throughout the year to discuss specific items including plans and projects within the remit of the Committee, including staff health and well-being, sickness absence, equality, diversity and inclusion, cultural development, Freedom to Speak Up, appraisals, essential learning, and the staff survey.

4.0 REVIEW OF COMPLIANCE WITH TERMS OF REFERENCE

4.1 A self-assessment of compliance during 2025/26 against all aspects of the ToR was undertaken by the Committee Chair and lead Executive Director.

4.2 There were 62 areas to be considered regarding the compliance or non-compliance of the Committee against its terms of reference. The Committee was fully compliant with 51 areas. There was one area of partial compliance and ten areas that were not applicable, as follows:

4.2.1 Partial Compliance:

> **The committee secretary shall minute the proceedings of all Committee meetings and provide draft minutes within five working days, reviewed by the Lead Director and then approved by the Committee Chair within 10 working days of the meeting.**

Adherence to timescales was inconsistent throughout the year.

4.2.2 Not applicable

The areas assessed as not applicable relate to the development of workforce submissions as this work takes place outside the Committee; and circumstances that did not arise during the year including the invitation to individuals from external organisations, the need for a vote, urgent decision-making, the need for additional meetings and the establishment of task and finish groups.

5.0 COMMITTEE WORKINGS

5.1 The Committee had an approved workplan for 2025-26 which included a calendar of key events that sets out the annual cycle of work and reporting. The workplan was kept under regular review, updated as required, and included as supporting material in the papers for each meeting.

5.2 The Committee linked with other Board assurance Committees as required, with referrals on matters made to other Committees for assurance purposes as and when relevant. For example, in the context of productivity and performance of ambulance crews some matters regarding rest break policy proposals were linked to the work of the Finance and Performance Committee.

5.3 Prior to each meeting the Chair formally reviewed the agenda with both the Director of People and Organisational Development and the Head of Corporate Governance/Deputy Company Secretary. Other relevant responsible colleagues were consulted on agenda items as required.

5.4 Following each meeting the Chair reported to the Board via the established 'AAA' report ('Alert, Advise, and Assure'), drawing the Board's attention to matters of significance. Minutes of the Committee's meetings were received by the Board.

6.0 REVIEW OF MEETING EFFECTIVENESS

6.1 There was a standing agenda item at the end of each meeting to evaluate and reflect on the effectiveness of the meeting. The key points raised during the year were as follows:

- There was broadly positive assessment of meeting effectiveness.
- Administration was generally strong, with papers circulated on time, technology used well, and agendas managed smoothly.
- Agenda items were seen as relevant, well-structured and aligned to the Committee's remit and strategic priorities, with a good balance of operational and strategic matters overall.
- Papers were usually clear and tailored to committee needs,
- The Chair was viewed as effective in leading focused, inclusive discussions and drawing out a range of perspectives.
- Staff voice was well represented, risk was appropriately embedded throughout,
- Discussions were open, constructive and respectful, reflecting Trust values and supporting effective assurance.

6.2 Some areas for improvement were identified, as follows:

- Feedback suggested that some agenda items and papers were too lengthy or operationally focused.
- There were also opportunities to strengthen direct patient voice and enhance the quality of executive summaries.

- While challenge was generally appropriate and assurance was usually achieved, executive-to-executive challenge was less evident in some areas.

6.3 Action has been taken to improve the quality of papers, with particular focus on strengthening executive summaries which has led to noticeable improvements. The use of the assurance structure 'what, so what, what next' has been more evident in papers and presentations.

7.0 WORK OF THE COMMITTEE

7.1 During 2025-26 the Committee sought assurance regarding sufficient progress towards the timely delivery of the Trust's strategic ambitions and business plan priorities, as well as compliance with appropriate regulatory and statutory requirements. Examples of the work carried out in relation to the purpose of the Committee as defined in the ToR are assurance reports covering:

- YAS Together and People Promise programme
- Health and Wellbeing plan
- Absence Reduction plan
- National Staff Survey engagement and improvement plans
- Equality, diversity, and inclusion
- Workforce Equality Standards (race and disability)
- Equality pay gaps (gender, race, and disability)
- Workforce planning
- Training plan
- Violence Reduction plan
- Employee Relations
- Fit and Proper Person Framework
- Nursing and Midwifery Job Evaluation National Audit

8.0 RECOMMENDATION

8.1 It is recommended that the People Committee reviews and agrees this annual report and self-assessment for presentation for assurance to the Audit and Risk Committee and Trust Board.

APPENDIX A: PEOPLE COMMITTEE ATTENDANCE RECORD 2025-26

People Committee Members		Membership Period	Meeting Dates					
			06-May-25	08-Jul-25	09-Sep-25	18-Nov-25	20-Jan-26	17-Mar-26
Tim Gilpin	Chair, NED	April to July	Y	Y	N/A	N/A	N/A	N/A
Amanda Moat	Vice-Chair, NED	Full Year	Y	Y	Y	Y	Y	Y
Andrew Chang	Member, NED	April to July	Apols	Apols	N/A	N/A	N/A	N/A
Mandy Wilcock	Member, Director of People and Organisational Development	Full Year	Y	Y	Y	Y	Y	Y
Nick Smith	Chief Operating Officer	April to November	Y	Y	Y	Y	N/A	N/A
Tabitha Arulampalam	Chair, NED	September to March	N/A	N/A	Y	Y	Y	Y
Anne Cooper	Member, NED	September only	N/A	N/A	Y	N/A	N/A	N/A
Melanie Hudson	Member, NED	October to March	N/A	N/A	N/A	Y	Y	Y
Marc Thomas	Member, Deputy Chief Executive & Chief Operating Officer	January to March	N/A	N/A	N/A	N/A	Y	Y

APPENDIX 3

The Finance and Performance Committee
Annual Report 2025-26

1.0 EXECUTIVE SUMMARY

1.1 This annual report provides a summary of the activity of the Finance and Performance Committee (the Committee) from April 2025 to March 2026 and an assessment of compliance against its terms of reference (ToR).

1.2 The self-assessment has been undertaken by the Committee Chair and lead Executive Director for consideration by the Committee. The draft self-assessment identifies 60 areas of full compliance, three areas of partial compliance, one area of non-compliance and nine areas that were not applicable.

- The areas of partial compliance relate to the timeliness of receipt of agenda items and minutes, and one aspect of onward reporting to the Board (one AAA report – from September 2025 - was not reported to Board in a timely manner).
- The not applicable areas relate to requests for assurance from other committees, external attendees, voting arrangements, urgent decision-making and task-and-finish groups; these circumstances did not occur during the 2025-26 meeting cycle.

1.3 Meetings of the Committee have been well attended and all were quorate. On one occasion a substitute NED member was required in order to secure a quorum.

1.4 The Committee workplan has been adhered to. Following each meeting a Chair's 'AAA' ('Alert, Advise, and Assure') report has been presented to the Board, drawing attention to matters of significance, with the exception of the September meeting as noted above.

1.5 Meeting effectiveness has been reviewed at each meeting; these effectiveness reviews were generally positive with action taken on areas for improvement.

2.0 BACKGROUND

2.1 The Finance and Performance Committee is a standing committee that has been formally constituted by the Board of Directors of Yorkshire Ambulance Service NHS Trust (the Trust) in accordance with its Standing Orders.

2.2 The purpose of the Committee is to seek and obtain assurance on behalf of the Board of Directors to demonstrate that, in the context of the matters set below, the Trust:

- Is making sufficient progress towards the delivery of the Trust's strategic ambitions and business plan priorities.

- Is making sufficient progress regarding the Trust's financial and performance targets, indicators, and outcomes.
- Has in place the appropriate plans, policies, systems, and processes to support delivery of the above.
- Can be assured regarding compliance with appropriate policy, regulatory, and statutory requirements.
- Can be assured regarding the operation and effectiveness of systems of governance, risk management, and internal control as they apply to the remit of the Committee.

3.0 MEMBERS AND MEETINGS

3.1 Amanda Moat was the Committee Chair from April to June 2025; Andrew Chang was the Committee Chair from July 2025 to March 2026.

3.2 During 2025-26 the Committee met formally on ten occasions.

3.3 The quorum for the Committee requires at least three Committee members to be present. For the purposes of quoracy, the three Committee members present must include at least two Non-Executive Directors and one Executive Director. The ten meetings held during 2025-26 were quorate at all times, although on one occasion a substitute NED member was required in order to secure a quorum

3.4 The record of Members' attendance at meetings of the Committee during 2025/26 is shown at Appendix A.

3.5 In addition to the formal Committee Members, the following individuals were in regular attendance at the Committee meetings during the year:

- Sam Robinson, Chief Digital Information Officer
- Louise Engledow, Deputy Director of Finance
- Carol Weir, Director of Strategy, Planning and Performance
- David O'Brien, Director of Corporate Services and Company Secretary
- Lynsey Ryder, Head of Corporate Governance and Deputy Company Secretary

3.6 Other senior managers (for example, Heads of Service and / or subject matter experts) have also been requested to attend the Committee throughout the year to discuss specific items including contracts, procurement, fleet, and estates.

4.0 REVIEW OF COMPLIANCE WITH TERMS OF REFERENCE

4.1 A self-assessment of compliance against all aspects of the ToR was undertaken by the Committee Chair and lead Executive Director

4.2 There were 73 areas to be considered regarding the compliance or non-compliance of the Committee against its terms of reference. The Committee was compliant with 60 areas. There were three areas of partial compliance, one area of non-compliance, and nine areas that were not applicable, as follows:

4.2.3 Partial Compliance

Items for inclusion on the agenda shall be submitted to the secretary at least seven days prior to the meeting. Agendas can only be amended by the agreement of the Committee Chair and Lead Director.

Agenda items were mostly received with seven days prior notice, but a small number were not. Any amendments to agendas were agreed by the Committee Chair.

The Committee secretary shall minute the proceedings of all Committee meetings and provide draft minutes within five working days, reviewed by the Lead Director and then approved by the Committee Chair within 10 working days of the meeting.

Adherence to timescales was inconsistent throughout the year.

Following each meeting of the Committee the Chair will report to the Board of Directors on how the Committee has discharged its responsibilities. Such reports will alert the Board to any matters that require action, advise the Board on other important matters, and assure the Board about the routine business transacted by the Committee.

Chair's reports were submitted and presented at the Board of Directors meetings in AAA format. The report from the September 2025 meeting was produced but was not reported to the following Board meeting. A process has been implemented to ensure AAA reports from committees are produced and submitted to the Board.

4.2.4 Non-compliance

The Committee Chair shall attend the Annual General Meeting of the Trust to respond to any stakeholder questions regarding the Committee's work during the year.

The Committee Chair registered apologies for the 2025 Annual General Meeting.

4.2.5 Not applicable

The areas assessed as not applicable related to circumstances that did not arise during the year including requests for assurance from other committees, the invitation to individuals from external organisations, the need for a vote, the need for additional meetings, decisions by email, and the establishment of task and finish groups.

5.0 COMMITTEE WORKINGS

5.1 The Committee had an approved workplan for 2025-26 which included a calendar of key events that sets out the annual cycle of work and reporting. The workplan was kept under regular review and updated as required.

5.2 The Committee worked with other Board assurance Committees with referrals on matters made to other Committees for assurance purposes as and when required.

For example, appropriate links were made with the People Committee regarding information governance training compliance, sickness absence, and paramedic vacancy rates.

5.3 Prior to each meeting the Chair formally reviewed the agenda with both the Director of Finance and the Head of Corporate Governance/Deputy Company Secretary. Other relevant responsible colleagues were consulted on agenda items as required.

5.4 Following each meeting the Chair reported to the Board, drawing attention to matters of significance, with one exception as detailed at point 4.2.1 of this report. Minutes of the Committee's meetings were received by the Board.

6.0 REVIEW OF MEETING EFFECTIVENESS

6.1 There was a standing agenda item at the end of each meeting to evaluate and reflect on the effectiveness of the meeting. The key points raised during the year were as follows:

- The evaluations indicate that Committee meetings were generally effective and well managed.
- Meeting administration was largely timely and efficient, with papers circulated on time and minutes and action logs appropriately reviewed and updated.
- Agendas were well aligned to the Terms of Reference, workplan and strategic priorities, achieving a good balance between strategic and operational matters while maintaining a clear focus on assurance.
- Papers were usually clear, concise and of an appropriate length to support effective discussion and decision-making.
- Chairing was consistently strong, with meetings generally running to time, discussions kept focused and inclusive, and actions clearly articulated.
- Members described the overall culture as respectful, constructive and aligned with Trust values, with open and transparent interactions between Executive and Non-Executive members.
- Risk was well embedded within Committee discussions, with regular review of mitigations, escalation of emerging issues and a strong emphasis on assurance.
- Debate and challenge were described as mature, supportive and appropriately focused on organisational priorities, performance and risk, with members participating actively and benefiting from cross-committee perspectives.

6.2 Some areas for improvement were identified, as follows:

- Executive summaries could be strengthened to better draw out the key messages rather than repeat the detail of full reports.
- Patient and staff voice was not yet consistently visible within discussions or reporting, highlighting an opportunity to strengthen how these perspectives are reflected in future meetings.

Action has been taken to improve the quality of papers, with particular focus on strengthening executive summaries which has led to noticeable improvements.

7.0 WORK OF THE COMMITTEE

7.1 During 2025-26 the Committee sought assurance of sufficient progress towards the timely delivery of the Trust's strategic ambitions and business plan priorities, along with consideration to the Trust's financial and performance issues and assurance as to compliance with appropriate regulatory and statutory requirements. Examples of the work carried out in relation to the purpose of the Committee as defined in the ToR are assurance reports covering:

- Revenue and capital planning
- Financial performance
- Operational performance
- Business planning
- Business plan performance
- Operational efficiency
- Review of contracts and variations
- Review of procurement strategies
- Review of business cases and tenders
- Relevant management group activity

8.0 RECOMMENDATION

8.1 It is recommended that the Finance and Performance Committee reviews and agrees this annual report and self-assessment for presentation for assurance to the Audit and Risk Committee and Trust Board.

APPENDIX A: FINANCE AND PERFORMANCE COMMITTEE ATTENDANCE RECORD 2025-26

Finance and Performance Committee Members		Membership Period	Meeting Dates									
			22-Apr-25	20-May-25	19-Jun-25	21-Jul-25	23-Sep-25	16-Oct-25	25-Nov-25	22-Jan-26	19-Feb-26	19-Mar-26
Amanda Moat	Chair, NED	April to June	Y	Y	Y	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Saghir Alam	Member NED to Nov 2025 Vice-Chair, from Dec 2026	April to March	Apols	Apols	Y	Y	Y	Apols	Y	Y	Y	Apols
Tim Gilpin	Member, NED	April to July	Y	Y	y	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kathryn Vause	Executive Director of Finance	April to March	Y	Y	Apols	Y	Y	Y	Y	Y	Y	Y
Nick Smith	Chief Operating Officer	April to November	Y	Y	Y	Apols	Apols	Y	Y	N/A	N/A	N/A
Andrew Chang	Chair, NED	July to March	N/A	N/A	N/A	Y	Y	Y	Y	Y	Y	Y
Anne Cooper	Vice-Chair, NED	July to November	N/A	N/A	N/A	Y	Y	Y	Y	N/A	N/A	N/A
Becky Malby	Member, NED	December to March	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y
Marc Thomas	Deputy CEO and COO	December to March	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y

APPENDIX 4

The Audit and Risk Committee
Annual Report 2025/26

1.0 Introduction

1.1 This report provides assurance that the Audit and Risk Committee has carried out its purpose and duties in accordance with its Terms of Reference (ToR).

1.2 The main focus of this report is the Committee's work during 2025/26. However the report also includes an initial commentary on the Audit and Risk Committee's year-end work during 2026/27 Q1 to conclude the governance, assurance, and reporting associated with the 2025/26 annual report and accounts.

2.0 Background

2.1 Under the NHS Code of Governance and other related regulatory frameworks each NHS trust is expected to include within its governance and assurance arrangements a formally constituted audit committee (or equivalent) that reports to its governing body. The Trust's Standing Orders 4.6 and 4.6.1 provide for the establishment of the Audit and Risk Committee to report direct to the Board of Directors.

2.2 The remit of the Audit and Risk Committee is formally agreed Terms of Reference and is consistent with the guidelines for NHS audit committees as set out in HFMA NHS Audit Committee Handbook (Fifth Edition, 2024).

2.3 This report primarily covers the work of the Audit and Risk Committee during the 2025/26 financial year. In particular, it addresses various matters for which the Audit and Risk Committee has oversight for the Board.

3.0 Members and Meetings

3.1 Standing Order 4.6.1 stipulates that the Audit and Risk Committee should be chaired by a Non-Executive Director. Throughout the period covered by this report the committee was chaired by Andrew Chang (April 2025 to June 2025) and Amanda Moat (July 2025 onwards), both Non-Executive Directors. Throughout this period the Executive Lead for the committee was Kathryn Vause, Executive Director of Finance.

3.2 During 2025/26 the Audit and Risk Committee met formally on five occasions as shown below.

- 29 April 2025

- 24 June 2025 (Annual Report and Accounts)
- 22 July 2025
- 11 November 2025
- 13 January 2026

3.3 All meetings were quorate. The meeting proceedings were managed in accordance with Trust Standing Orders and the Committee's Terms of Reference

3.4 Appendix A sets out the attendance record of the Members of the Audit and Risk Committee for the five meetings referenced in 3.2.

3.5 During the year the Committee held regular meetings in private with internal and external auditors.

4.0 Audit Committee Governance Arrangements

4.1 The Audit and Risk Committee operated in accordance with its Terms of Reference. For the 2025/26 financial year the Terms of Reference were reviewed and approved by the committee at its meeting held on 29 April 2025 and ratified by the Board on 22 May 2025.

4.2 The work of the Audit and Risk Committee is scheduled and delivered in accordance with an approved workplan derived from the committee's Terms of Reference. The workplan sets out an annual cycle of governance, assurance, and reporting. The workplan for 2025/26 was approved by the committee at its meeting held on 21 January 2025. The workplan is kept under regular review, retains sufficient flexibility to accommodate new requirements and ad hoc items, and is updated as required workplan.

4.3 The Audit and Risk Committee works with other assurance committees and the Trust Board. It receives matters for consideration from those bodies and refers matters to those governance bodies for assurance purposes as and when required.

4.4 Prior to each meeting of the Committee the Chair formally reviews the agenda with both the Director of Finance and the Director of Corporate Services and Company Secretary. Individual agenda items were consulted on with the relevant responsible person on an 'as needed' basis.

4.5 Following each meeting of the committee the Chair formally reports to the Board of Directors via a 'Triple A' (Alert, Advise, Assure) report.

5.0 Committee Effectiveness

Maturity Self-Assessment

5.1 During 2025/26 the Committee undertook a self-assessment review based on the audit committee matrix jointly developed by 360 Assurance and Audit Yorkshire in conjunction with the Good Governance Institute.

5.2 The assessment demonstrated that the Committee was in a stronger position compared to the most recent equivalent assessment carried out in 2023/24, with several examples of mature approaches and best practice. Identified areas of strength included:

- The Committee's clarity of purpose, objectives, and planning.
- The balance of skills, knowledge, and experience provided by Committee members and other regular attendees.
- The Committee's relationship with key governance and assurance documents and processes, including the Board Assurance Framework, the Annual Governance Statement, and the Internal Audit Plan.
- The strength and range of assurance provided by reports and information received by the Committee.
- The independence and effectiveness of the Committee
- The Committee's relationship with the Board and other committees.
- The Committee's relationships with internal audit, external audit, and counter fraud.
- The Committee's agenda, administration, and cycle of business.

5.3 The effectiveness exercise identified one main area about which the Committee could review and strengthen its current arrangements:

- To more clearly define the skills and experience required for Committee members and to ensure this is captured in the Board skills matrix and built into the induction, development, and succession planning arrangements for Non-Executive Directors.

Compliance with Terms of Reference

5.4 This annual report includes an assessment of the Committee's compliance with its own Terms of Reference for 2025/26. Appendix B sets out an analysis of this. Overall the committee demonstrated a significant level of compliance with its terms of reference during 2025/26.

5.5 Two areas of partial compliance or non-compliance were identified, as follows:

ToR Reference		**Compliance**
4.7.1(g)	The Committee will receive reports from the Charitable Funds Committee regarding governance, risk management, control, audit, and financial reporting matters	Partial
7.5	The Chief Executive shall attend meetings to discuss with the Committee the process for assurance that supports the Annual Governance Statement, to review each year's draft internal audit plan, and the draft annual accounts.	Partial

Meeting Evaluation Feedback

5.6 Meeting evaluation forms were completed and submitted for four meetings during 2025/26:

- 29 April 2025
- 22 July 2025
- 11 November 2025
- 13 January 2026

5.7 The main consistent themes emerging from these evaluation forms was:

- The chairing of meetings is effective, inclusive and engaging.
- Meeting agendas provide a good balance of strategic and operational issues.
- Papers are of good quality, providing the right level of detail (reflecting the complexity of the organisation) but also signposting to the key points.
- Members and attendees participate fully in discussions and reach decisions by consensus.
- The Committee has a culture of openness, honesty, and transparency. Executive colleagues take responsibility to own and resolve difficult issues.
- The Committee achieves appropriate assurance.

6.0 Key Work of the Committee

2024/25 Annual Report and Accounts

6.1 The Committee reviewed the Trust's Annual Report and Accounts for 2024/25 and recommended these for approval by the Board of Directors. The Committee also reviewed and received other items associated with year-end governance and reporting. The 2024/25 year-end items considered by the committee were:

- Annual Report
- Annual Accounts and Financial Statements
- Statement of Post-Balance Sheet Events
- Statement of Going Concern
- Annual Governance Statement
- Internal Audit Annual Report and Opinion
- External Audit ISA 260 (Audit Completion Report)
- Auditor's Annual Report
- Letter of Representations to the External Auditor
- NHS Code of Governance Compliance
- Board Members' Register of Interests
- Quality Account

6.2 Completion of the audit work on the annual report and accounts for 2024/25 was achieved on time. The Committee reviewed the 2024/25 annual report and accounts at its meeting held on 24 June 2025. Upon the Committee's recommendation, the Board of Directors approved the 2024/25 annual report and accounts on 26 June 2025.

External Audit

6.3. Throughout 2025/26 the Committee was advised by and received reports and technical updates from Bishop Fleming in their capacity as the Trust's external auditors. The Committee received the external auditor reports regarding the planning, completion and findings of audit of the annual report and accounts.

6.4 During 2025/26 the Committee undertook an effectiveness review of the Trust's external auditors. The findings of the review were positive. On this basis the Committee recommended that the Board approve a two-year extension to the contract for external audit provision.

Internal Audit

6.5 Throughout 2025/26 the Committee was advised by and received reports and technical updates from 360 Assurance in their capacity as the Trust's internal auditors. The Committee approved the 2025/26 internal audit plan, received regular updates on the progress of the plan, the findings of individual reviews, and the implementation of management actions arising from reviews.

6.6 The Committee received the Internal Audit Annual Report for 2024/25, including the Head of Internal Audit Opinion. For 2025/25 the Trust received an overall opinion of 'significant' assurance.

6.7 During 2025/26 the Committee undertook an effectiveness review of its internal auditors. The findings of the review were positive.

Counter Fraud

6.8 Throughout the year the Committee received advice and reports from 360 Assurance in their capacity as the Trust's counter fraud service provider. The Committee approved the annual Counter Fraud plan, received regular progress reports and updates, and received the Counter Fraud annual report.

6.9 The Committee approved the submission of the Counter Fraud Functional Standard Return for 2024/25 which confirmed full compliance with the Counter Fraud Functional Standard.

Governance, Risk Management and Internal Control

6.11 During the year the Committee received reports on various aspects of the Trust's system of governance, risk management and internal control. This included regular reporting of corporate risks and the strategic risks set out in the Trust's Board Assurance Framework.

6.12 The Committee reviewed and approved the Trust's Annual Governance Statement which sets out in detail the main features of the organisation's system of governance, risk management and internal control and how effectively these operated.

6.13 Financial controls routinely reviewed by the committee include contracts, single tender waivers, and special payments.

Assurance from Other Committees

6.14 Under its Terms of Reference the Audit and Risk Committee should expect to receive risk assurance reports and / or other reports from committees, as follows:

- Quality Committee
- Finance and Performance Committee
- People Committee
- Charitable Funds Committee

6.15 During 2025/26 the committee received quarterly risk assurance reports from the Quality Committee, the People Committee, and the Finance and Performance Committee.

6.16 The Committee received the Annual Report and Accounts for the YAS Charity. The Committee did not receive a routine assurance report from the Charitable Funds Committee. This will be reviewed during 2026/27.

7.0 URGENT AND FLEXIBLE DECISION MAKING

7.1 The Trust's Standing Orders allow for urgent and flexible decisions to be taken by the Chairs of Committees outside of the planned cycle of committee meetings. Such decisions should be ratified by the Committee at its next ordinary meeting.

7.2 During 2025/26 the Chair of the Audit and Risk Committee enacted no urgent or flexible decisions.

8.0 2025/26 YEAR-END

2025/26 Annual Report and Accounts

8.1 At its meeting held on 23 June 2026 the Committee reviewed the Trust's Annual Report and Accounts for 2025/26 and recommended these for approval by the Board of Directors. The Committee also reviewed and received other items associated with year-end governance and reporting. The 2025/26 year-end items considered by the committee were:

- Annual Report
- Annual Accounts and Financial Statements

- Statement of Post-Balance Sheet Events
- Statement of Going Concern
- Annual Governance Statement
- Internal Audit Annual Report and Opinion
- External Audit ISA 260 (Audit Completion Report)
- External Audit Annual Report
- Letter of Representations to the External Auditor
- NHS Code of Governance Compliance
- Board Members' Register of Interests
- Quality Account

8.2 Upon the Committee's recommendation, the Board of Directors approved the Trust's Annual Report and Accounts on 25 June 2026.

9. Retirement of Andrew Chang

9.1 Andrew Chang retired from the role of Non-Executive Director with the Trust on 30 June 2026, having served for six years.

9.2 Andrew had been Chair of the Audit and Risk Committee for five years, from June 2020 to June 2025. During the period July 2025 to June 2026 Andrew was Chair of the Finance and Performance Committee and the Charitable Funds Committee.

9.2 The Committee recognises and here formally records its thanks to Andrew Chang for his service to the Audit and Risk Committee and for his contribution to the governance and culture of the Trust more generally.

APPENDIX A: AUDIT AND RISK COMMITTEE ATTENDANCE RECORD 2025-26

Audit and Risk Committee		Membership Period	Meeting Dates				
			29-Apr-25	24-Jun-25	22-Jul-25	11-Nov-25	13-Jan-26
Amanda Moat	Member, April to June 2025 Chair, July 2025 onwards	Full Year	Y	Y	Y	Y	Y
Andrew Chang	Chair	April to June	Y	Y	N/A	N/A	N/A
Anne Cooper	Vice-Chair	April to June	Y	Y	N/A	N/A	N/A
Tabitha Arulampalam	Vice-Chair	July onwards	N/A	N/A	Y	Y	Y
Saghir Alam	Member	July onwards	N/A	N/A	Y	Y	Y