



Minutes of the Board of Directors Meeting (in PUBLIC)

Thursday 23 July 2026 at 09:30

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

Version	Draft / Review Stage	Responsible Person	Date Sent	Date Completed
v0.3	Director of Corporate Services and Company Secretary review	David O'Brien	04.08.2026	10.08.2026
v0.4	Chair review / final draft approval	Martin Havenhand	10.08.2026	

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

BoD26/07/1	Welcome and Apologies
1.1	Martin Havenhand welcomed all to the Board.
1.2	Apologies were received from Carol Weir, Melanie Hudson and Katie Lees.
1.3	The meeting was quorate.
BoD26/07/2	Declaration of Interests
2.1	It was noted that Michael Wright's external role should be reflected appropriately within the public and private Board minutes and, where relevant, within committee records.
2.2	The Board noted that this related to his role as Managing Director at Barnsley Hospital NHS Foundation Trust and Barnsley Facilities Services Ltd.
BoD26/07/3	Minutes of Previous Meeting
3.1	The minutes of the meeting of the Board of Directors held in public on 21 May 2026 were approved as an accurate record.
3.2	Matters arising. There were no matters arising.
BoD26/07/4	Action Log
4.1	BoD26/05/9.5 The Board discussed quantifying sickness absence and noted that Mandy Wilcock would provide the relevant table. Martin Havenhand requested that the table be circulated, with assurance provided through the People Committee. It was noted that sickness absence would be considered later on the agenda. Action: Mandy Wilcock
4.2	BoD26/05/9.6 Carol Weir will update once returned from leave.
4.3	BoD26/05/11.4 Kathryn Vause to confirm this action has been completed.
4.4	All other remaining actions were recommended for closure.
BoD26/07/5	Patient Story
5.1	Dave Green introduced the patient story which demonstrated the importance of effective communication with patients and families, and the impact this has on their experience of care. The Board noted the family's reflections on the honesty, openness and support provided by the Trust.
5.2	The Board discussed the role of the Critical Care Team in cardiac arrest incidents, recognising the value of their clinical leadership, coaching approach and specialist expertise. The importance of clinical supervision for staff exposed to high-acuity incidents was also noted.
5.3	Becky Malby commented that Emergency Operations Centre colleagues did not always hear the full patient journey and that sharing the story would help demonstrate the vital role of 999 call handling. Dave Green confirmed that this would be taken forward.

- 5.4 Amanda Moat highlighted the importance of community education, including work with children and the Restart a Heart programme. Helen Edwards advised that relevant education was included within the school curriculum and supported by Trust ambassadors.
- 5.5 Tabitha Arulampalam sought assurance regarding resource availability and whether the standard of care described in the patient story could be consistently achieved, including any geographical variation. Marc Thomas advised that demand, Category 1 performance and resource availability were kept under constant review, while noting the challenges created by concurrent incidents and wider system pressures. Dave Green added that the Trust aspired to provide the highest standard of care every time, while recognising that cardiac arrest incidents were inherently unpredictable.
- 5.6 Shona McCallum advised that relevant cases were reviewed and that incidents, including those where expected drugs were not administered, would be reported through Datix. Dave Green also clarified that national practice guidance had moved the resuscitation timeframe from 30 to 45 minutes, with decisions remaining clinically led and based on individual circumstances.
- 5.7 Martin Havenhand emphasised the need for assurance that patients received the right care at the right time, supported by reliable front-end pathways and appropriate resources.
- 5.8 **Resolved:**
The Board noted the patient story and the assurance provided in relation to clinical response, resource deployment and learning from cardiac arrest incidents.

BoD26/07/6 Chair's Report

- 6.1 Martin Havenhand presented the Chairs Report, which was received by the Board.
- 6.2 **Resolved:** The Board noted the Chair's report.

BoD26/07/7 Chief Executive's Report

- 7.1 Peter Reading presented the Chief Executive's Report, which was received by the Board.
- 7.2 The Board discussed the development of Thirsk Ambulance Station and noted the use of corporate colours and the modern design approach. Martin Havenhand observed that the station appeared similar in style to the Hull station and asked whether a consistent colour scheme was being adopted across the estate.
- 7.3 Marc Thomas advised that Thirsk would be used as the Trust's standard station template, including its carbon neutral design. He noted that the same design principles and appearance would be rolled out to other stations where appropriate.

7.4 Michael Wright commented on the scale of the Trust's volunteer base, particularly Community First Responders, and noted the breadth of clinical and operational support provided, including patient transport. Peter Reading agreed to arrange a further conversation for Michael with Helen Edwards, Associate Director of Communications and Community and Amy Ingham, Volunteer Development Manager regarding volunteers. The Board noted the challenges associated with gender balance and geographical coverage of volunteers.

7.5 **Resolved:** The Board noted the Chief Executive's report.

BoD26/07/8 **2026/27 Business Plan: Assurance and Performance Q1**

8.1 Marc Thomas presented the Quarter 1 assurance report on delivery of the Trust's 2026/27 Business Plan. The Board noted progress against the three strategic priorities, including improved Hear and Treat performance, growth in the specialist paramedic workforce, work on a common Computer Aided Dispatch system for NHS 111, improved call handling, and development of alternative duties and workplace adjustment arrangements to support sickness absence reduction.

8.2 The Board discussed the slower progress under Priority 2, noting that delivery was dependent on appropriate care pathways, effective resource management against demand and Business Intelligence support. Members noted the impact of workforce capacity, operational pressures and sickness absence on delivery.

8.3 Assurance was sought on risks to delivery, governance oversight and the amber rating for workplace adjustments. Marc Thomas advised that the Business Plan was overseen through workstreams, the Programme Management Office, Business Plan Oversight meeting, Trust Executive Group and the Board, with risks escalated through these routes. No significant new risks had been identified, although limited resources and operational pressures remained key challenges. Mandy Wilcock advised that the amber rating reflected delays in agreeing governance arrangements and some missed milestones, although progress remained reasonable.

8.4 The Board requested further assurance on place-based performance, rest breaks, delivery model milestones, crew clear times, Category 2 resources, Hear and Treat delivery and sickness absence. Marc Thomas outlined actions to improve crew clear times in West Yorkshire, including increased team leader visibility, targeted conversations informed by Business Intelligence data and consideration of an automated crew clear message, subject to digital prioritisation. He advised that the Hear and Treat trajectory was positive and slightly ahead of plan, but that the Trust was not yet fully assured it would achieve 15.4% by year end.

8.5 The Board discussed sickness absence in detail and noted that it was not fully assured that performance was improving at the required pace. Mandy Wilcock advised that medium- and long-term work was progressing, but that greater short-term grip, compliance and targeted support in higher-risk areas were required. Peter Reading confirmed that the programme had been considered by Trust Executive Group, including whether additional short-term Human Resources capacity was needed, and that sickness absence was subject to monthly scrutiny with NHS England.

- 8.6 Members emphasised the importance of manager compliance, return-to-work processes, hearings being undertaken as business as usual and cultural expectations being led from the top. It was agreed that Marc Thomas and Mandy Wilcock would feed back to the People Committee, and that further assurance on delivery, execution and mitigations would be provided during the next quarter, including comparative analysis and areas of higher sickness absence such as Integrated Urgent Care and Patient Transport Services.
- 8.7 **Resolved:** The Trust Board:
1. Noted the Q1 delivery position against the 2026/27 Business Plan, including the current RAG+ ratings across the 17 workstreams.
 2. Took assurance that delivery is broadly progressing as expected for this stage of the year, with the majority of workstreams within tolerance and governance, delivery and implementation arrangements continuing to develop.
 3. Noted that benefits realisation remains limited at Q1, with many workstreams still in mobilisation, discovery, design or early implementation phases, and that delivery confidence is dependent on accelerated implementation during Q2.
 4. Noted the key risks set out in section 4, particularly Category 2 performance, Crew Clear, 999 call handling capacity, EHA recruitment, resource-to-demand alignment and sickness absence.

BoD26/07/9 **Finance and Performance Committee Chair's Report**

- 9.1 Saghir Alam in his capacity as Deputy Chair of the Finance and Performance Committee presented the reports, which provided an overview of the meetings held on 14 May and 11 June.
- 9.2 The Board noted that no alerts had been escalated from the Committee. It was acknowledged that the 999-call answer time had reduced to 13 seconds in May; however, it was also noted that a number of calls had waited more than two minutes. The Committee had considered and recommended the position in relation to diesel vehicles.
- 9.3 The Board received assurance that operational performance in both May and June had been positive.
- 9.4 **Resolved:** The Board noted the contents of the report.

BoD26/07/10 **Finance and Performance Report**

- 10.1 Kathryn Vause presented the Finance and Performance Report and highlighted the Trust's financial position for June 2026. The Board noted a reported income and expenditure surplus, a forecast break-even position and a capital underspend, which was not considered to be a concern due to the phasing and acceleration of schemes.
- 10.2 The Board noted that agency spend remained within the agreed cap and that the Trust was confident in the reported figures. Cash balances remained strong, although income was slightly behind plan due to the timing of invoicing for the uplift and awaiting Integrated Care Board guidance.

- 10.3 Kathryn Vause advised that the Trust was meeting the majority of its financial targets and was on track with efficiency delivery. Two key risks to the income and expenditure position were highlighted: fuel cost pressures, which had reduced from £1.5m to £1.0m at Month 3, and the ambulance capacity funding tranche. The Board noted that regional support had been received and that the Trust was spending the funding in line with agreed criteria.
- 10.4 The Board discussed the recurrent efficiency position. Kathryn Vause advised that, while this did not represent a risk to delivery of the financial plan, under-delivery of some recurrent schemes required continued review. Members noted that all organisations were subject to increased scrutiny of their financial position.
- 10.5 Kathryn Vause reported that new regional financial reporting arrangements were being introduced across the North East and Yorkshire region from Month 4. The model would provide greater visibility of risks to delivery of financial plans and the underlying recurrent position. It was noted that future reporting would include updates from NHSE Chair and Chief Executive briefings.
- 10.6 Michael Wright advised that the Trust would maintain focus on the efficiency programme and seek to achieve the best possible recurrent position by year end. Marc Thomas noted that, while a recurrent deficit was not desirable, the Trust understood its internal turnover position and had the ability to manage this if required.
- 10.7 Peter Reading commented that the Trust was in a significantly improved financial position compared with previous years, reflecting a positive shift in leadership and financial management. However, he emphasised the need to continue managing efficiency delivery and to maintain control in areas where pressures remained, including the Emergency Operations Centre.
- 10.8 **Resolved:** The Trust Board noted:
- The Trust's financial performance for June 2026.
 - All associated risks.

BoD26/07/11 **2026-27 Revised Capital Expenditure Plan**

- 11.1 Kathryn Vause presented the revised 2026/27 Capital Expenditure Plan for assurance. The Board noted that the plan had previously been approved and that pragmatic amendments had subsequently been made, which had been approved by the Trust Executive Group.
- 11.2 The Board noted that the changes reflected slippage from 2025/26, including spend relating to ambulance conversions, and the acceleration of schemes within the 2026/27 plan. It was further noted that indicative phased funding for the Sheffield Hub had been revised from £5m and £5m to £7m and £3m.
- 11.3 Members were advised that the Board would receive further detail on the modest changes through future reporting.
- 11.4 **Resolved:** The Trust Board noted the pragmatic changes to the Capital Expenditure Plan 2026/27 that were approved at Trust Executive Group on 17 June 2026.

BoD26/07/12 **Operational Performance Report (M3 and July reports)**

- 12.1 Marc Thomas presented the Operational Performance Report and advised that performance had remained broadly stable, although June had been affected by extreme hot weather. The Category 2 mean response performance was 25 minutes 29 seconds, which was worse than plan and reflected a small number of particularly challenging days. Performance improved by the end of July but remained slightly behind plan.
- 12.2 The Board noted that 999 call answer performance was 15 seconds in June but had deteriorated in July, again due to weather impacts. Productivity and call handler capacity remained key challenges, with a perfect day exercise planned and call handler recruitment continuing.
- 12.3 Patient Transport Services performance was mixed but close to target, with positive feedback from commissioners and hospitals. The Board also discussed geographical variation, which reflected workforce distribution across areas, with overtime being used to support delivery while recruitment and workforce balance were addressed.
- 12.4 Assurance was sought on Integrated Urgent Care call-back risks, which Marc Thomas advised were at the lower end of the threshold and being managed within available resources. Dave Green confirmed that patient safety incidents would continue to be monitored.
- 12.5 The Board discussed the longer-term impact of extreme weather. Marc Thomas advised that workforce planning varied across the year to reflect demand and that wider operational resilience was required for heat, flooding and cold weather. Peter Reading noted that lessons from recent major incidents would be reviewed nationally, with practical mitigations including uniform and vehicle air conditioning being considered.
- 12.6 The Board noted progress with integration of 999 and NHS 111 computer systems, with full integration expected by April 2027. Marc Thomas confirmed that paramedics on alternative duties were already supporting the clinical team and that additional hubs were being established, including use of the crew support line.
- 12.7 **Resolved:** The Board noted the contents of the report.

BoD26/07/13 **Quality Committee Chair's Report (June and July)**

- 13.1 Becky Malby in her capacity as the Quality Committee Chair presented the reports for June and July. The Board noted joint oversight with the Finance and Performance Committee where appropriate, to avoid duplication and support assurance across shared areas of interest.
- 13.2 The Board welcomed progress in embedding clinical supervision and noted that concerns regarding the future professional and clinical supervision model had been escalated to the People Committee for oversight.

- 13.3 Members noted concerns regarding the clarity of health inequalities targets, including translation services, and received assurance that this area was subject to executive oversight.
- 13.4 The Board noted positive assurance from the mental health deep dive and the NHS 111 deep dive, including learning from clinical incidents and engagement through the Critical Friends Network.
- 13.5 Members discussed the support available to staff responding to patients experiencing mental health issues, noting ongoing place-based challenges where responsibilities across partner agencies and mental health providers were not always clear.
- 13.6 The Board discussed a critical incident alert relating to morphine. Shona McCallum advised that a full report would be considered through the Serious Incident Review Group and that the matter had been flagged to the Integrated Care Board and Care Quality Commission. The incident was considered isolated, with no further immediate escalation required.
- 13.7 **Resolved:** The Board noted the contents of the report.

BoD26/07/14 **Quality and Clinical Highlight Report**

- 14.1 Dave Green presented the Quality and Clinical Highlight Report. The Board noted completion of the directorate amalgamation from 3 August 2026 and welcomed improvements in patient experience sign-off timeliness.
- 14.2 The Board noted the Trust's continued use of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) emergency mode, learning from remote training for 999 colleagues, and planned further work on horizon scanning, patient communication, falls audit learning, data collection and internal audit.
- 14.3 Shona McCallum updated the Board on medicines management, including incorrect dosage incidents. Further review and education would continue, with a focus on learning and moving away from a blame culture.
- 14.4 The Board discussed how quality was assessed alongside performance and noted that improved access to patient outcome and Business Intelligence data would support a better understanding of quality of care.
- 14.5 The Board noted ongoing mental health pathway pressures and the importance of escalation and continued engagement with partners.
- 14.6 **Resolved:** The Board noted the contents of the report.

BoD26/07/15 **Board Assurance: Care for the Deceased**

- 15.1 Shona McCallum presented the Board assurance statement in relation to care for the deceased and the Trust's response to Recommendations 30 to 33 from the Fuller Inquiry.

- 15.2 The Board was advised that Business Intelligence data had been reviewed to support assurance and identify any themes or trends. It was noted that the Trust did not store deceased patients and that arrangements relating to conveyance, security and dignity were being considered as part of the assurance work.
- 15.3 Members noted that relevant policies, including the policy for the management of deceased patients, would be reviewed to ensure they were clear, explicit and useful for staff. Areas for further consideration included the security and dignity of deceased patients, the use of pouches, staff positioning during conveyance and related operational guidance.
- 15.4 The Board also noted ongoing work relating to photography, clinical incidents and live streaming, which would remain areas of focus as part of the wider review.
- 15.5 Amanda Moat emphasised the importance of ensuring that policies across all disciplines were practical and accessible for staff, particularly where issues may be identified through patient care reviews or internal audit.
- 15.6 **Resolved:** The Trust Board noted the updated guidance to strengthen the policy to provide clearer guidance for staff and approve the assurance statement.

BoD26/07/16 **People Committee Chair's Report**

- 16.1 Tabitha Arulampalam in her capacity as the People Committee Chair presented the report. The Board noted the value of hearing directly from staff at committee and that this approach would continue. Dave Green provided an update on sexual safety, advising that the relevant advert had been issued.
- 16.2 The Board discussed whether staff videos could be shared. Mandy Wilcock advised that permission would be required and that some content, including matters relating to sexual safety, may not be appropriate for wider sharing or recording.
- 16.3 Martin Havenhand noted the tribunal risk escalated to the Board and emphasised the need for assurance that appropriate action was being taken, including any further escalation or resource alignment required.
- 16.4 Tabitha Arulampalam advised that the issue had been escalated due to its link to corporate risks. Mandy Wilcock advised that employment tribunal cases presented financial and reputational risks, noting that the Trust had successfully defended four cases. Areas requiring continued focus included sexual safety, threshold changes and reasonable adjustments.
- The Board noted that national changes, including extended claim periods and the use of artificial intelligence to support claims, may increase tribunal activity and
- 16.5 the associated time, resource and financial impact.
- 16.6 **Resolved:** The Board noted the contents of the report.

BoD26/07/17 **People and Organisational Development Highlight Report**

- 17.1 Mandy Wilcock presented the People and Organisational Development Highlight Report and drew attention to the publication by NHS England of the new NHS staff standards. The Board was advised that a self-assessment would be undertaken and considered through the Trust Executive Group, the Board Strategic Forum and subsequently the Board, to identify any gaps and ensure appropriate actions were being taken.
- 17.2 It was noted that the staff standards were mandatory and that Board oversight would be important. Early indications suggested that the standards aligned well with the Yorkshire Ambulance Service Together pillars.
- 17.3 The Board was informed that external paramedic recruitment was progressing positively. Following the assessment process, the Trust was working towards 75 offers and was close to being back on track.
- 17.4 Dave Green highlighted discussions with institutes of higher education in relation to the professional standards being demonstrated by recent paramedic graduates. These discussions had been useful and regular engagement would continue. It was also noted that national conversations on patient safety were not sufficiently reflected within the undergraduate curriculum.
- 17.5 Mandy Wilcock thanked Dave Green for his attendance and contribution, noting that he had been able to provide constructive challenge during the discussions.
- 17.6 The Board noted that turnover was considered to be at a healthy level overall. It was reported that turnover within Integrated Urgent Care had previously been 50%; although this remained high, it had reduced significantly and was now below the sector average. Further work would continue, with the trend moving in the right direction.
- 17.7 The Board noted that the appraisal rate was 92.1%, which was above the Trust target of 90%. It was recognised that some staff were absent due to sickness or were on phased returns.
- 17.8 It was noted that the Trust had been placed 54th in the Sunday Times national ranking of the best employers for apprenticeships. The Board was advised that the Trust had previously been ranked 12th; however, the change reflected a reduction in the number of healthcare posts being recruited to.
- 17.9 **Resolved:** The Board to note the contents of the report.

BoD26/07/18 **Lord Mann Review and NHS England Actions**

- 18.1 Mandy Wilcock presented the report, which set out the immediate actions requested by NHS England following publication of the Lord Mann Review. The recommendations were for adoption by the end of July. The Board noted that the actions related to addressing all forms of racism and noted that the Trust had already progressed a number of the requirements.
- 18.2 The Board noted that the requirements included adoption of the NHS Race and Health Observatory principles by 31 July. The work aligned with existing Trust activity, although further engagement with staff networks was required.

- 18.3 In response to a question from Becky Malby on allyship, the Board was advised that this would be progressed through existing staff networks, including the Women and Allies Network and the Race Equality Network.
- 18.4 Tabitha Arulampalam thanked colleagues for mapping the Trust's current position, including Board training requirements. The Board agreed that a further update should be provided on progress embedded to date and planned next steps.
- 18.5 Mandy Wilcock advised that the mandated Board development session would form part of a national online programme. The Board noted the potential value of using external facilitators to support this work and confirmed its support.
- 18.6 Mandy Wilcock to investigate the Board training requirements further and provide an update.

Action: Mandy Wilcock

- 18.7 **Resolved:** The Trust Board:
- a) Noted the current YAS alignment with the NHS England immediate actions.
 - b) Endorsed the adoption of NHS Seven Anti-Racism Principles and the Government definition of anti-Muslim hostility.
 - c) Supported the proposed next steps.

BoD26/07/19 'Ask Peter'

- 19.1 Peter Reading presented the update on the 'Ask Peter' staff engagement channel, noting the Communications Team's work to support its development. The Board noted a positive shift in engagement culture, while acknowledging that some issues raised had required the Trust to apologise to staff.
- 19.2 Key themes included uniforms, operational matters and staff suggestions to improve clinical risk management. Uniform concerns were specific to Yorkshire Ambulance Service ambulance crews and call handlers and were linked to national procurement arrangements. The Board noted that all questions were available for review and that the initiative had been well received.
- 19.3 **Resolved:** The Board noted the update on the Ask Peter channel of engagement for staff.

BoD26/07/20 Audit and Risk Committee Chair's Report

- 20.1 Amanda Moat in her capacity of the Audit and Risk Committee Chair presented the report and took it has read.
- 20.2 The Board noted that the alert relating to timely completion of management actions arising from internal audit reviews would be signed off in the Board meeting in private.
- 20.3 **Resolved:** The Board noted the contents of the report.

BoD26/07/21 **Board Governance Report**

- 21.1 David O'Brien presented the Board Governance Report highlighting the main changes to the committee membership arising from the retirement of Andrew Chang and the appointment of Michael Wright as a Non-Executive Director (NED).
- 21.2 Michael Wright has become the NED Champion for the Pride@YAS Network and is the NED lead for sustainability.
- 21.3 The report also confirmed that the Trust met the requirements for the 2025/26 Fit and Proper Person Test Framework and that the statutory return was submitted to NHSE ahead of the 30 June deadline.
- 21.4 **Resolved:**
- The Board confirmed the changes to committee membership as set out in 2.1.
 - The Board confirmed the changes to Non-Executive Director lead roles as set out in 2.2

BoD26/07/22 **Assurance Committees Annual Reports**

- 22.1 David O'Brien presented the Assurance Committee Annual Reports.
- 22.2 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.
- 22.3 Learning from the recent Well-Led review will be used to inform further developments in the committee governance arrangements.
- 22.4 **Resolved:** The Board received 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.

BoD26/05/23 **Any Other Business**

- 25.1 There were no items of any other business.

BoD26/05/24 **Risks**

- 26.1 No additional risks were identified.

BoD26/05/25 **Date and Time of Next Meeting**

- 27.1 The next meeting is scheduled to take place on Thursday 24 September 2026.

The meeting closed at 12:20.

CERTIFIED AS A TRUE RECORD OF PROCEEDINGS

_____ **CHAIRMAN**

_____ **DATE**