



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

**Thursday 24 July 2025 at 09:30**

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

**Voting Directors:**

Martin Havenhand	Chair
Anne Cooper	Non-Executive Director/Deputy Chair
Tim Gilpin	Non-Executive Director (Senior Independent Director)
Amanda Moat	Non-Executive Director
Andrew Chang	Non-Executive Director
Saghir Alam	Non-Executive Director
Peter Reading	Chief Executive
Nick Smith	Chief Operating Officer
Kathryn Vause	Executive Director of Finance
Dave Green	Executive Director of Quality and Chief Paramedic

**Non-Voting Directors:**

Marc Thomas	Deputy Chief Executive
Mandy Wilcock	Director of People and Organisational Development

**Contributing Directors:**

Steven Dykes	Acting Medical Director
Adam Layland	Director of Partnerships and Operations (South Yorkshire)
Rachel Gillott	Director of Partnerships and Operations (West Yorkshire)
David O'Brien	Director of Corporate Services and Company Secretary

**Associate Non-Executive Directors:**

Tabitha Arulampalam	Associate Non-Executive Director
Katie Lees	Associate Non-Executive Director
Rebecca Randell	Associate Non-Executive Director

**In Attendance:**

Helen Edwards	Associate Director of Communications and Community Engagement
Odette Colgrave	Corporate Business Officer (minute-Taker)

**Apologies:**

Carol Weir	Director of Strategy, Planning and Performance
Sam Robinson	Chief Digital Information Officer

BoD25/07/1	<b>Welcome and Apologies</b>
1.1	Martin Havenhand welcomed all to the Board
1.2	Apologies were received from Carol Weir and Sam Robinson
1.3	The meeting was quorate.
BoD25/07/2	<b>Declaration of Interests</b>
2.1	No declarations of interest were reported. If any declarations of interest arose during the meeting these would be considered at that time.
BoD25/07/3	<b>Minutes of Previous Meeting</b>
3.1	The minutes of the meeting of the Board of Directors held in public on 22 May 2025 were approved as an accurate record
3.2	There were no matters arising.
BoD25/07/4	<b>Action Log</b>
4.1	BoD25/05/15.3 – Update received and review date to be September 2025 BoD25/05/21.3 – Action to close. BoD25/05/4.3 – Action to close.
BoD25/07/5	<b>Patient Story</b>
5.1	Dave Green introduced the patient story about our Patient Transport Service supporting dialysis patients. This story gave an insight into when patient journeys can go right and when things can go wrong.
5.2	Nick Smith noted that it was good to observe the Trust's positive impact on this group of patients, who can require up to six dialysis trips per week. It was noted that as dialysis progresses some patients' mobility will decline which places increasing demands on the ambulance service.
5.3	Adam Layland noted that patients may be required to remain at hospital for up to four hours during treatment, followed by additional waiting time for transportation. Such prolonged periods can negatively affect their mental and physical well-being. From a social perspective, assigning regular staff members could help this by facilitating rapport-building with patients.
5.4	Nick Smith noted that during the COVID pandemic, Patient Transport Services (PTS) switched to single patient journeys. While this might be the optimum scenario for the patient, cost concerns have led the Trust to gradually re-introduce multiple patient journeys .
5.5	Since COVID, the Trust has lost many volunteer drivers who had established relationships with patients and with the Trust. The Service is now more reliant on taxis, which presents additional challenges. Dave Green advised that the Trust has a dedicated engagement officer who can help to address this issue.
5.6	Peter Reading noted that patient impact and service quality delivered by PTS are considerable. However, the recent introduction of new eligibility criteria had resulted in more complaints being received, and around twenty MPs

	representing constituents across the Trust's operational footprint had raised various issues, with patient health impact being the primary concern.
5.7	Anne Cooper fully supported the view that PTS is a clinical service, noting that the Trust transports vulnerable patients with complex needs. She sought assurance regarding the Trust's actions to address the downward trend in PTS volunteer numbers.
5.8	Nick Smith confirmed volunteer numbers had dropped after COVID. The Trust needs to investigate the reasons for this decline—such as availability and age groups—and find solutions. Increasing community engagement and raising awareness are key steps forward.
5.9	<b>Resolved:</b> The Board noted the Patient Story.
BoD25/07/6	<b>Chair's Report</b>
6.1	Martin Havenhand presented the Chair's report and highlighted the following key points: <ul style="list-style-type: none"> <li>• Tabitha Arulampalam will become a full Non-Executive Director (NED) with effect from 01 August 2025</li> <li>• A further round of NED interviews will take place on 30 July 2025; five candidates have been shortlisted.</li> <li>• The objectives for the Chair and Non-Executive Directors for the period 2025/26 have been agreed.</li> <li>• In addition to Andrew Chang's objectives as set out in the Chair's report, he is now the Senior Independent Director from 1 August 2025. Andrew Chang will also Take on the lead NED role for Freedom To Speak Up (FTSU) and will be the NED lead for the sustainability group.</li> </ul>
6.2	<b>Resolved</b> The Board noted the Chair's report.
BoD25/07/7	<b>Chief Executive's Report</b>
7.1	Peter Reading presented the Chief Executive's report and explained that he would present a summary of the NHS 10 Year Plan in a private session later that day.
7.2	<b>Resolved</b> The Board noted the Chief Executive's report.
BoD25/07/8	<b>Business Plan 2025/26 Q1 Report</b>
8.1	Marc Thomas presented the Business Plan 2025/26 Q1 report and highlighted the following key items: <ul style="list-style-type: none"> <li>• Progress made towards NHS Pathways Implementation: this was now over halfway complete and was expected to significantly impact performance, especially hear and treat rates.</li> <li>• Efficiency has been affected by dual running and changes in clinical practice; lessons are being learned.</li> <li>• Attendance management has now transitioned to a new system – GRS</li> </ul>

- System collaboration has reduced handover delays and improved performance;
  - Progress in utilising different pathways and the implementation of eligibility criteria for PTS has been introduced.
  - Q1 business plan activity focussed on planning and readiness for implementation, while Q2 onwards will focus more on delivery
  - There remain some outstanding matters regarding finances, particularly about securing NHSE additional growth funding and ensuring its effective use to meet targets.
- 8.2 Martin Havenhand noted that in terms of the national oversight framework the report indicated that the period to August 2025 is key and inquired about how the Trust was positioned regarding this. Marc Thomas responded that the Trust's performance is assessed based on data up to and including August, with decisions expected by September. It was currently unclear whether monthly deliverables are required on an ongoing basis; however, at this stage August appears to be the final reporting month and as a result this data might receive particular attention. Trust performance remains strong, with indicators projected to show improvement since June. Sickness continues to present challenges, and while a seasonal decline is anticipated, it had not yet materialised.
- 8.3 Kathryn Vause noted that in terms of the additional growth funding the Trust has fulfilled its tasks and met the criteria. The Trust is currently reviewing the data and developing the final narrative. It was noted a meeting will be held on 25 July 2025 with all three integrated Care Boards at the Executive Leadership Board meeting.
- 8.4 Mandy Wilcock noted that addressing sickness requires a preventative approach. Shifting from Empactis to a more person-centred GRS system is expected to help. However it should be noted that management capacity is limited and some team leaders manage up to 40 staff, making meaningful conversations with all individuals challenging, so this is not a quick fix.
- 8.5 Regarding the current sickness levels, it was explained that mental health issues are currently the leading cause of absence, followed by musculoskeletal (MSK) conditions.
- 8.6 Tabitha Arulampalam requested clarification regarding a statement in the report which suggested the Trust might need to adopt a "revised approach" in order to achieve its performance targets. Marc Thomas confirmed that this might need the Trust to make some short-term investments (e.g. increased overtime) in order to achieve performance goals (such as ambulance hours on the road).
- 8.7 Rebecca Randell asked about possible delays in digital developments such as iPad Electronic Patient Record (ePR) and cyber resilience testing. Steven Dykes, as SRO for the ePR project, confirmed there were some delays caused by requirements from Apple and lessons learned from the new platform. The implementation plan accounts for these risks and allows some flexibility. Costs were under control and delivery was still on schedule, though timelines are tight.

8.8	Anne Cooper sought assurance in relation to the development and use of alternative care pathways for patients. The Board has discussed the financial and delivery challenges in ICB areas, and yet one of the Trust's business plan deliverables involves redirecting patients to alternative care pathways. Given the reliance on partners in this area the extent of additional actions available to the Trust remains unclear.
8.9	Rachel Gillott confirmed there are sufficient pathways to be optimised, with low risk in influencing new ones. The Trust is identifying gaps, and effective colleague engagement will support partners.
8.10	Saghir Alam asked if the Trust benchmarks with other trusts regarding mental health services for staff. Mandy Wilcock responded that the Trust does benchmark informally and previously has produced full reports. The Trust does collaborate with unions through our Health and Wellbeing Group and is focusing on several areas, including the transitioning from Empactis to GRS.
8.11	<p><b>Resolved</b></p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted the progress and position at the end of Q1 regarding delivery of the Trust business plan priorities for 2025/26.</li> <li>• Supported the planned activity for Q2 including where additional focus is required, as noted in the paper.</li> <li>• Considered and supported the recommended next steps, specifically action and assurance on the performance required to access the remaining additional growth funding.</li> </ul>
BoD25/07/9	<b>Corporate Risk Report</b>
9.1	<p>David O'Brien presented the risk report for Q1, supported by the corporate risk register, with the following key points:</p> <ul style="list-style-type: none"> <li>• Four new corporate risks have been opened - <ul style="list-style-type: none"> <li>○ Risk 687: National Intelligent Routing Platform (15, High Risk)</li> <li>○ Risk 689: National Risk Register capability requirements and response (15, High Risk)</li> <li>○ Risk 688: West - Bradford Cat 2 90th Performance (12, Moderate Risk).</li> <li>○ Risk 579: National HART training courses (12, Moderate Risk)</li> </ul> </li> <li>• Five risks have reduced in score but remain on the corporate risk register which include hospital handovers in South and in North and East.</li> <li>• One particular risk has been de-escalated - Risk 522: Trust Better Payment Practice Code Performance (reduced from 12 to 9)</li> </ul>
9.2	<p><b>Resolved</b></p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Noted the Q1 position regarding corporate risks.</li> <li>• Confirmed there were no areas identified that required further assurance.</li> </ul>
BoD25/07/10	<b>Board Assurance Framework (BAF) Report</b>
10.1	David O'Brien presented the Q1 report on the Board Assurance Framework, highlighting the revisions proposed set out in section 4.5 of the report, which included the development of a new strategic to focus on quality from a patient

	perspective, and the merging of two risks relating to access to care and patient flow that were duplicative
10.2	Tabitha Arulampalam sought assurance regarding the Trust's assessment and mitigation of cyber risk. It was explained that external advice from a cyber security subject matter expert indicate that the Trust had previously under-scored its cyber risk, particularly in relation to the likely impact of a catastrophic cyber-attack. It was important to note that the Trust's cyber security arrangements are sound and that multiple external sources of assurance have confirmed this. In addition the Trust is continuing to address certain areas to further reduce our vulnerabilities, and the business plan deliverables for 2025/26 include further investment in cyber security.
10.3	Anne Cooper noted that the BAF and the corporate risk reporting are being effective in guiding governance and risk assurance within the appropriate committees.
10.4	<b>Resolved</b> The Board : <ul style="list-style-type: none"> <li>• Noted the position regarding BAF strategic risks at the end of 2025/26 Q1</li> <li>• Noted the proposed revisions to the BAF as set out in 4.5</li> </ul>
BoD25/07/11	<b>Finance and Performance Committee Chair's Report</b>
11.1	Amanda Moat, in her capacity as Chair of the Finance and Performance Committee, presented the Finance and Performance Committee Chair's Report from the meetings held on 20 May and 19 June 2025.
11.2	Amanda drew attention to a contract amendment concerning opening hours implemented by partner providers which had an effect on the Trust. This change occurred without prior consultation with the Trust's services.
11.3	<b>Resolved</b> The Board noted the report.
BoD25/07/12	<b>Operational Assurance Report</b>
12.1	Nick Smith presented the Operational Assurance Report. The following key points were raised: <ul style="list-style-type: none"> <li>• The average response to Category 2 calls for 2025/26 Q1 was 25 minutes and 49 seconds which was 4 minutes below the revised NHS standard of 30 minutes.</li> <li>• 'Transfer of Care' has continued to be implemented during June with Northern General Hospital (Sheffield), Pinderfields (Wakefield) and Airedale now joining the list of successful implementations of (no more than) 45 minutes release. Emergency departments in Doncaster, Rotherham, and Barnsley were planned to implement during July and August.</li> <li>• Remote Care continues to deliver high levels of service, especially in Integrated Urgent Care (IUC) performance is improved and there is reduced reliance on agency staff, incentives and overtime.</li> </ul>

	<ul style="list-style-type: none"> <li>• There has been month on month improvement in staff turnover in IUC, but levels remain high compared to other areas of the Trust (although lower than many other 111 providers.)</li> <li>• Crew clear times have continued to improve month on month in 2025/26.</li> <li>• The impact of introducing new eligibility criteria for Patient Transport Services has increased the number of complaints received, although this has been lower than anticipated.</li> </ul>
12.2	Anne Cooper sought assurance in relation to the 45 minutes waiting time and impact on crew clear. Dave Green advised that the Trust has plans in place with each acute trust and that the latest data showed that the Trust was achieving a waiting time of 19 minutes.
12.3	<b>Resolved</b> The Board noted the report.
BoD25/07/13	<b>Finance Report</b>
13.1	Kathryn Vause presented the Financial Performance Report for Month 3. The Trust's financial position at 30 June 2025 was reported as follows: <ul style="list-style-type: none"> <li>• <b>Revenue Finance Position:</b> At Month 3 the Trust was reporting a year-to-date (YTD) surplus variance to plan of £258k and a forecast break-even position.</li> <li>• <b>Capital:</b> Year to date the Trust had spent £6.28m against a plan of £2.53m and are forecasting break-even against the annual capital plan.</li> <li>• <b>Efficiencies:</b> Year to date there is an adverse variance of £1.8m. The forecast is break-even against the annual plan.</li> <li>• <b>Cash:</b> At 30 June 2025 the Trust holds a cash balance of £41.5m with low borrowings of £2.5m</li> <li>• <b>Better Payment Code:</b> Achieved all targets, including sustained improvements in the timely processing of invoices.</li> </ul>
13.2	Kathryn Vause expressed appreciation for colleagues' efforts in IUC, noting there had been no agency spend.
13.3	Regarding capital, at the previous Board meeting a risk was raised concerning replacement of Double Crew Ambulances (DCAs). This risk has now been mitigated.
13.4	Cost savings are currently £1.8 million under the year-to-date plan, with forecasts suggesting full achievement of targets. Additionally, numerous further plans have been submitted from operations.
13.5	Nick Smith commented on the complexity surrounding efficiencies, having reviewed budget lines and considered factors such as decreasing income, meal breaks, and overtime. This remains a challenging area, and collaboration continues with Trade Unions to address ongoing issues.
13.6	Kathryn Vause's overall message confirmed the gap is closing regarding achievement of savings but the Trust must remain focused. Some schemes will be over-delivered to mitigate any shortfalls elsewhere.

13.7	<p><b>Resolved</b></p> <p>The Board noted:.</p> <ul style="list-style-type: none"> <li>• The financial position as of 30 June 2025.</li> <li>• All associated risks as presented in the paper</li> </ul>
BoD25/07/14	<p><b>Quality Committee Chair's Report</b></p>
14.1	<p>Anne Cooper, in her capacity as Chair of the Quality Committee, presented the Quality Committee Chair's Report from the meetings held on 12 June and 15 July 2025.</p>
14.2	<p>There is ongoing concern about slow progress with complaints and low feedback levels, though the team is actively addressing these issues.</p>
14.3	<p>During the operational update to Quality Committee, Adam Layland had shared a challenging example from South Yorkshire, highlighting that despite having adequate staff on the road, a patient was still failed due to insufficient resources during meal breaks, resulting in a catastrophic clinical outcome. Dave Green confirmed that actions and lessons learned will be addressed.</p>
14.4	<p><b>Resolved</b></p> <p>The Board noted the report.</p>
BoD25/07/15	<p><b>Quality and Clinical Highlight Report</b></p>
15.1	<p>Dave Green presented the quality sections of the Quality and Clinical highlight report, drawing attention to the recent patient safety incident regarding an urgent care clinicians' actions during resuscitation. A national initiative on deaths in care is underway to provide ongoing assurance and learning.</p>
15.2	<p>Anne Cooper requested clarification regarding the processes for local resolution of complaints and their effects on team leaders. While progress has been positive, Dave Green indicated that a more comprehensive investigation and in-depth analysis are planned, contingent upon the availability and capacity of team leaders.</p>
15.3	<p>Dave Green stated that the Quality Improvement (QI) Leaders Programme has trained 30 staff and the QI Foundation Programme has trained 195 staff, (noting that these numbers differ from those reported in the paper).</p>
15.4	<p>Steven Dykes presented the clinical Sections of the highlight report confirming there are a significant number of research projects continuing and the Trust have gained funding to undergraduate internship programme for paramedics.</p>
15.5	<p>Trust colleagues had been successful in obtaining a National Institute for Health and Care Research (NIHR) Developing Research Leaders Programme award for Allied Health Professionals.</p>
15.6	<p><b>Resolved</b></p> <p>The Board noted the report.</p>



BoD25/07/16	<p><b>People Committee Chair's Report</b></p> <p>16.1 Tim Gilpin, in his capacity as Chair of the People Committee, presented the People Committee Chair's Report from the meeting held on 06 May 2025 with the following key highlights:</p> <ul style="list-style-type: none"> <li>• There were no alerts or advise to report.</li> <li>• Risks discussed and related to: <ul style="list-style-type: none"> <li>○ Sickness absence</li> <li>○ Trade Union engagement</li> <li>○ Hazardous Area Response Team Training</li> </ul> </li> <li>• While turnover rates have decreased, there is growing attention on the limited number of roles available for graduates to apply for.</li> </ul> <p>16.2 Peter Reading noted that the emergence of a potential over-supply of new qualified paramedics is presenting as a risk nationwide. There is an expectation of a forthcoming national workforce plan, which will address the anticipated demand, supply availability, and the extent of ongoing investment by universities.</p> <p>16.3 Dave Green confirmed that newly qualified paramedics are being placed in alternative roles until paramedic positions open up.</p> <p>16.4 Tim Gilpin thanked Mandy Wilcock and the HR team for their support while he chaired the People Committee and wished new chair Tabitha Arulampalam all the best.</p> <p>16.5 <b>Resolved</b> The Board noted the report.</p>
BoD25/07/17	<p><b>People and Organisational Development Highlight Report</b></p> <p>17.1 Mandy Wilcock presented the People and Organisational Development highlight report, drawing attention to the following two key points:</p> <ul style="list-style-type: none"> <li>• <b>Top 100 Apprenticeship Employer:</b> the Trust had achieved an improved ranking for 2025 at 12th, up from 23rd in 2024 and 36th in 2025</li> <li>• <b>National Education and Training Survey (NETS):</b> significantly increased response rate showing positive placement experiences in the Trust that benchmark well in the region and sector</li> </ul> <p>17.2 Martin Havenhand, on behalf of the Board, thanked the leadership team for improving the apprenticeship ranking.</p> <p>17.3 Saghir Alam noted data indicating disparities in experiences of bullying, harassment, and abuse from patients, relatives, and managers when comparing Black and Minority Ethnic (BME) staff to white staff. Mandy Wilcock reported that several actions with an anti-racism approach are being implemented. The chair of the Race and Ethnicity network is also addressing concerns about increased violence and aggression involving BME staff.</p> <p>17.4 Amanda Moat clarified that while absence rates are below target, this is overseen by the Absence Group and additional governance is in place and will be monitored by the People and Culture Group. The Trust sickness rate</p>

at June 2025 is 7.1% with short-term sickness at 3.1% and long-term absence 4.0% (end of May rates were 6.8% with 2.8% short-term sickness and 4.0% long-term absence). This is significantly above target (5%) and higher than during the equivalent period in previous years.

17.5 Martin Havenhand relayed Board members' concerns about sickness and requested updates on actions taken and their effectiveness, emphasising its priority.

17.6 Anne Cooper asked if employing a physio has had a positive effect on the level of musculoskeletal injuries experienced by staff. Dave Green confirmed that this is reducing musculoskeletal injuries but noted it cannot be implemented more widely.

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

BoD25/07/18 **YAS Together Culture Development Report**

18.1 Mandy Wilcock presented the YAS Together Culture Development report drawing particular attention to the Trust's cultural development work to improve the sexual safety of our staff, students and volunteers. 35 senior managers have been trained by our external specialist legal services partner.

18.2 Sexual safety Case outcomes are reviewed quarterly through a local assurance group to ensure consistency. Since launch, 46 sexual safety cases have been commissioned, with a further 17 commissioned in 2025/26 to date reflecting increased reporting and willingness to challenge behaviour.

18.3 Adam Layland expressed concern that over 50% of concluded cases resulted in a final written warning or dismissal, with the remaining cases resulting in informal outcomes, often due to 'no case to answer' or insufficient evidence. Mandy Wilcock provided assurance that the Trust would review all cases over the past 12 months and further work with 'no case to answer' in respect of sexual safety. Adam Layland would continue to support this piece of work.

18.4 The NHS England eLearning module on Understanding Sexual Misconduct in the Workplace had been approved as mandatory learning and made available to staff to complete from April 2025. The current compliance rate is 70.46% which is one the fastest completion rates for new eLearning modules.

18.5 Mandy Wilcock confirmed that a further update report on the Trust's cultural report will be provided at the Board meeting in October. Tabitha Arulampalam requested that the October report include information on distance travelled, using self-assessments and other methods, to provide the Board with assurance. Mandy Wilcock noted that most measures are based on the annual staff survey, while the quarterly pulse survey has a low response rate for this question.

**Action: Mandy Wilcock**

18.6 **Resolved**  
The Board noted the progress made and next steps in the YAS Together Cultural Development Programme of work.

BoD25/07/19

## **Staff Networks Annual Reports**

- 19.1 Mandy Wilcock presented a paper setting out annual reports from the staff support networks. Executive Sponsors and Non-Executive Champions for each network were invited to comment on behalf of their respective network.
- 19.2 Reports were presented from each of the five networks:
- Armed Forces Network
  - Disability Support Network
  - Pride@YAS (LGBT+)
  - Race Equality Network
  - Women and Allies Network
- 19.3 It was noted that each network is at a different stage of maturity and faces distinct challenges, however each plays a vital role in supporting an inclusive, equitable, and progressive organisational culture. These staff-led groups are aligned with the Trust's values and wider diversity and inclusion objectives, with a focus on promoting wellbeing, representation, and a sense of belonging across the workforce.
- 19.4 Dave Green, in his capacity as the Executive Sponsor for the Armed Forces Network confirmed there are 90 staff members in this network and they had provided positive feedback about the support received. An annual conference is being held on 17 September 2025 to continue working with the College of Paramedics and NHSE.
- 19.5 Nick Smith, in his capacity as the Executive Sponsor for Disability Support Network, confirmed there is good attendance of meetings. A recent report focused on technology, iPad development and the need to support staff in respect of reasonable adjustments. Objectives are clear with a small number of priorities, however there are some issues in relation to leadership.
- 19.6 Adam Layland, in his capacity as the Executive Sponsor for LGBT, confirmed there are 300 members actively engaged in events. It was noted the last PRIDE event in Leeds was delayed due to a protest and police were present. He feels proud of individual support this network provides to prevent suicide. There had been no Board members present at any PRIDE events so far this year. Andrew Chang agreed to attend the PRIDE event at Hull.
- 19.7 Andrew Chang, in his capacity as the Non-Executive Champion for Race Equality Network stated it is probably the smallest of all the networks and is challenging for members. The network now has a new Chair and Deputy Chair with new energy and membership has doubled. More events are being held and planned and a good example was previous drop-in sessions were held during the riots in Rotherham.
- 19.8 Kathryn Vause, in her capacity as Executive Sponsor for the Women and Allies Network confirmed this has strong leadership and over 250+ members. However this is low compared to the number of women in the Trust. Operational staff find it difficult to attend meetings and unsure how far the network reaches to the wider Trust. There had been really good work on new

	<p>policies such as the Menopause and New Parent policies. Anne Cooper, in her capacity as the Non-Executive Champion also echoed that the network had tried lots of work to engage operational staff, using the welfare van and online events. Anne Cooper added that some staff show bravery when talking about taboo subjects such as cancer and menopause giving their personal experiences.</p>
19.9	Amanda Moat felt that at the moment some staff might only approach networks when they reach crisis point and these should be made more accessible when they need support.
19.10	Martin Havenhand suggested a half-yearly report followed by an annual report where each network Chair will present their findings, issues and concerns.
19.11	A discussion was held in respect of abusive calls and how these will be managed with a three-strike policy instead of immediate action. For remote patient care, it has been suggested to reduce the warning threshold from two to one. Mandy Wilcock advised staff are not required to tolerate abuse—while staff protection is vital, denying care should also be avoided. Nurses and support workers on wards continue providing care despite similar challenges. A report outlining our policy and approach to abusive calls, incorporating different perspectives, is needed
19.12	<p><b>Resolved</b></p> <p>The Board noted the report.</p>
BoD25/07/20	<b>Audit and Risk Committee Chair's Report</b>
20.1	Andrew Chang, in his capacity as Chair of the Audit and Risk Committee, presented the Audit and Risk Committee Chair's Report from the meeting held on 24 June 2025 and took the paper as read. This included an update to the committee Terms of Reference
20.2	<p><b>Resolved</b></p> <p>The Board:</p> <ul style="list-style-type: none"> <li>• Approved the changes to the Terms of Reference</li> <li>• Noted the report</li> </ul>
BoD25/07/21	<b>Board Governance Report</b>
21.1	David O'Brien presented the Board Governance Report confirming the Trust Establishment Order has approved for one additional Non-Executive position on the Board of Directors. The chairs and memberships of the Board assurance committees had been reviewed and were presented to the Board. Following the departure of Jeevan Gill to another Trust on a secondment, Peter Reading will now be the Board's Executive Sponsor for the Race Equality Network
21.2	For 2024/25 the Trust met the requirements of the Fit and Proper Person Test Framework and the Trust's position was submitted to NHSE ahead of the 30 June deadline.

21.3	NHSE had confirmed the appointment of Tabitha Arulampalam as a Non-Executive Director of the Trust. Interviews for the next round of NED recruitment would take place on 30 July.
21.4	<b>Resolved</b> The Board: <ul style="list-style-type: none"> <li>Noted the developments in Board governance as outlined in this report.</li> <li>Approved the appointment of Peter Reading as Executive Sponsor of the Race Equality Network.</li> </ul>
BoD25/07/22	<b>Assurance Committee Annual Reports</b>
22.1	David O'Brien presented a paper setting out annual reports from the Board's assurance committees. The annual reports provided assurance regarding the effectiveness of the Board committees in their roles as part of the Trust's governance and assurance framework.
22.2	<b>Resolved</b> The Board received assurance via the 2024/25 annual reports of the Finance and Performance Committee, the Quality Committee, the People Committee, and the Audit and Risk Committee.
BoD25/07/23	<b>Assurance Committees Terms of Reference (TOR)</b>
23.1	David O'Brien presented a paper setting out the Terms of Reference for Board assurance committees. These had been reviewed and approved by each committee and were presented here for approval.
23.2	This document will be published on Pulse and on the Trust website.
23.3	<b>Resolved</b> The Board approved the committees' Terms of Reference, subject to any final amendments that may be required.
BoD25/07/24	<b>Any Other Business</b>
24.1	Martin Havenhand thanked Steven Dykes, Deputy Medical Director, who was attending his last board meeting, for his significant contributions over the past 15 years at the Trust. The Trust also appreciated his service as Acting Medical Director and wished him success with his future role as Executive Clinical Director at East Midlands Ambulance Service.
24.2	Martin Havenhand acknowledged Tim Gilpin, Non-Executive Director was attending his final public meeting as his term as Non-Executive Director was finishing at the end of July. The Board thanked Tim for his considerable contribution to the Trust and the added value he had made during his tenure.
BoD25/07/25	<b>Risks</b>
25.1	No additional risks were raised for inclusion on the risk register or the Board Assurance Framework.

BoD25/07/26  
26.1

**Date and Time of Next Meeting**

The next meeting is scheduled to Take place on Thursday 25 September 2025.

The meeting closed at 12:23.

**CERTIFIED AS A TRUE RECORD OF PROCEEDINGS**

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

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