

Board Meeting 23 September 2025: final minutes

Hybrid attendance: Meeting Room, South Central Ambulance Service NHS Foundation Trust, Unit 7-8 Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR / Microsoft Teams link

Present

- Benjamin Haselwood – Trustee (Education)
- Giles Adams – Honorary Treasurer
- Helen Hardy – Chair of Paramedic Council
- Jonathan Davies – Trustee (Membership)
- Jon Price – President (Chair)
- Kerry Robertshaw – Vice President (Honorary Secretary) (Vice Chair)
- Mary Jane Emery – Trustee (Clinical Development)

In attendance

- Helen Lumber – Executive Assistant to the Chief Executive (Secretariat)
- Imogen Carter – Head of Governance
- Lewis Andrews – Chief Operating Officer
- Mike Hamilton-Taylor – Volunteer Relationship Manager (Observer)
- Tracy Nicholls – Chief Executive

Meeting commenced at 9.05am

B64/25 Welcome, apologies and introductions

Our Chair welcomed everyone to the hybrid Board of Trustees meeting and introductions were made. The meeting was recorded.

Apologies

- Jaqualine Lindridge – Trustee (Professional Standards)
- Edward Harry – Trustee (Research)

B65/25 Declarations of interest / mental health and wellbeing check in

The Board of Trustees were reminded of the requirement to complete a declaration of interest form and return to the Business Administration Team should anything change.

A mental health and wellbeing check in took place.

B66/25 Minutes of previous meeting

The previous minutes were accepted as a true and accurate record. An electronic copy of the minutes will be shared via TeamEngine for e-signing.

Our Trustee (Clinical Development) raised a question about clarification on votes on items in the previous minutes. It was noted that item 55.25 had fewer total votes than item 56.25 which may be misleading for someone reading the minutes who was not in attendance and queried if these votes are retrospective. Our Chair and Secretariat highlighted that the Chair moved onto the next item before the voting had finished and moving forward, whereby items require a vote, the Chair will not now move on to the next item until all

voting members have voted and if more time is required then that can be requested which can be minutes. It was confirmed that there were some votes received outside of the meeting, which is why the voting numbers are different to the number of voting attendees present at the meeting.

B67/25 Action log

The action log was reviewed and will be updated accordingly.

B68/25 Matters arising

68.1 Letter re: Gaza

Our Chief Executive mentioned that we have received a recorded delivery letter from the UK Healthcare Petitions to the Royal Colleges (UKHPRC) for Gaza and provided a historical summary to date to the Board of Trustees.

Due to the importance of this matter, it was agreed that we continue to hold the line in that we cannot engage as per our previous communications with the sender, it was confirmed that we have discussed this with our Board of Trustees who have collectively agreed with our response and we will once again offer the opportunity to meet. A discussion also took place on our limitations as a Charity organisation, the need to comply with charity law (and the risks to the charity, profession and impact on members if we didn't) and the content of the previous position statements we had made.

Action: Our Chair, on behalf of our Board of Trustees to draft a formal response to the sender of the letter outlining our response.

68.2 Police activity South Western Ambulance Services Foundation NHS Trust

Our Chief Executive provided an update on recent police activity to our Board of Trustees that has been in the press recently. It was noted the importance of what this may mean for Paramedics and Newly Qualified Paramedics (NQPs) particularly as the case progresses.

B69/25 Volunteering recommendations

Our Chair provided a summary of the work that was presented by our Volunteer Relationship Manager at our Board Development Session on 22 September 2025 which proved valuable and insightful.

Our Board of Trustees reflected and reiterated on elements of risk assessments, next of kin details and the examples that were provided.

Our Trustee (Clinical Development) had two points to raise as a result of the Volunteer Relationship Manager's report: The first was do we have an Incident Reporting Standard Operating Procedure (SOP), if not, can one be established? The second, is there a formal risk assessment undertaken prior to each face-to-face event, if not can a process be established?

Action: The Chief Operating Officer to address establishment of an Incident Reporting SOP and formal risk assessment of College face to face events the away from the meeting and report back to the Board

B70/25 Membership reports

Membership reports for July and August 2025 were received by our Board of Trustees.

Each report covers the following elements:

- Joiners v leavers
- Active memberships
- Full membership change
- Student membership change
- Associate membership change

- Total members change
- Total membership split by category
- Active members
- Cancellations
- Social media report

Our Chief Operating Officer provided the following summary to our Board of Trustees:

- Currently onboarding a high number of student members
- We have transferred a number of associate members to full members due to the additional member benefits they have which is positive
- Recent fee increase assurance provided

Our Chair of Paramedic Council suggested including how many liaisons we have in each of the areas outlined in future reports as it would prove helpful in order to reach out. Our Chief Operating Officer advised that when Trust visits take place, we provide them with numbers of liaisons in areas.

Our Chair mentioned that a Membership Committee is being formed and worked through which will be chaired by our Trustee (Membership).

B71/25 Finance update

71.1/25 Management accounts, cashflows and restricted reserves

The report of up to present date finance information on accounts, cashflows and restricted reserves were presented as a positive picture and received by our Board of Trustees.

Our Honorary Treasurer advised that we can tell you what is in the accounts, which are healthy with a growth in surplus and overall charity funds, however, we cannot tell you whether that is in line with where we would want to be as there is no published trajectory. A discussion at our Board Development Session was around the hope that next year we will have an understanding of individual budgets across the different areas. There is an ability in a supportive way to hold to account the expectation that we see.

Our Trustee (Clinical Development) queried under other expenditure what are we actually showing under quarter two compared to what was presented at the previous meeting and within that some of the figures are different – are we including the previous figures? What would be helpful is if we have not hit the end of quarter three then we just have four reports each year and there maybe a simpler way of presenting. Our Chair reiterated a discussion that took place previously and our Head of Governance advised that the Finance, Risk and Assurance Committee meetings and Board of Trustee meetings will be set out in a more improved way from 2026 to enable four reports to be prepared and presented.

Our Chief Executive agreed but felt it was important from a transparency perspective to receive these reports now with the new improved plan for 2026.

Our Chief Operating Officer responded to the earlier question raised by our Trustee (Clinical Development) in that the reports presented are for quarter two plus up to 31st of August and up to 8th September.

A question was raised in regards to accountability and it was noted that accountability lies equally with all the Board of Trustees and that our Finance, Risk and Assurance Committee (FRAC) gives you the opportunity for those Board of Trustees to attend and ask questions on behalf of the Board of Trustees should you wish get down to more granular information.

Our Chair expressed their thanks for presenting the papers at this meeting which provide a valuable insight and assurance together with appreciation of the amount of work involved compiling the reports.

Action: Four sets of reports to be presented to Board of Trustee meetings in 2026 for quarters one, two and three with quarter four being the final set for the year together with a planned versus actual picture to be included. Our Honorary Treasurer and/or Chief Operating Officer to feedback to our Management Accountant accordingly.

B72/25 Governance

72.1 Board committee assurance report template

Our Head of Governance presented our template following initial conversations in July and confirmed that this is an assurance report for committees of the Board.

Additional comments were made as follows:

- Our Vice President (Honorary Secretary) was supportive of the template with a minor amendment to change it to say alert, advise, assure, as assure would be at the end. Alert, advise, assure was preferred by the group.
- Our Trustee (Education) suggested moving the main objectives of the committee i.e. purpose to the top of the template. This was challenged by our Honorary Treasurer and preferred that it was left where it currently was placed

A vote took place during the meeting as follows out of a maximum of nine with quoracy of five Trustees in office needed (two Trustees absent):

Approve – 1

Approve pending minor amendments – 5

Not approve – 0

Abstain – 0

Action: Our Head of Governance to make the minor amendments and finalise the Board committee assurance report template for implementation.

72.2 Draft annual Board workplan

Our Head of Governance presented our draft annual board workplan which goes into more detail following previous iterations that have been introduced.

Our Trustee (Clinical Development) asked a question around the Finance, Risk, Assurance Committee (FRAC) report that is highlighted on the workplan showing we have it in after every quarter or after two quarters? as they are more comfortable with it being every quarter. Our Head of Governance agreed.

Our Trustee (Clinical Development) asked a further question under the strategy implementation plan highlighted on the workplan in January and July of each year, is that different to an update on the progress against the business plan? as in, will this be our strategy over the whole life cycle of the strategy? and if so, then would we benefit from having one in July and half year point of what is our progress against the annual business plan? Our Head of Governance and Chief Executive advised that the half year is the business plan which relates to the money and the strategy implementation plan is our team's workplan against the strategy in how they are going to deliver their areas of their portfolio against the strategy three-year plan.

It was noted that in addition to when we have people attending Board of Trustee meetings to present updates on their portfolios/workstreams we could do a half yearly 'how we're doing against the first year of their work plan' which will be slightly separate to the business plan and smart objectives that are set for each of the portfolio areas will be included which will mean that the financial elements will come as part of the business plan and we have got five months to adjust or realign priorities.

Our Chief Executive and Chief Operating Officer responded and advised that they will be meeting with their team in a couple of weeks to progress the work plans and we will have a longer term vision of the first three years, keeping to high level progress about how they're doing and where the challenges are and where the success is as long as it is not too labour intensive.

Our Chair highlighted that there are items on this plan whereby work goes to Congress and there does not appear to be a Congress Annual Workplan and it was suggested that we also have one of these in place as well.

Our Trustee (Education) queried that an overlay of the other seasonal timeline was mentioned for example, for the membership fee review item where it says brief and paper recommendation to the Board, can we change this to say 'to be reviewed at X for implementation Y'? as it will help clarify when the decision needs to be made and when the implementation is likely to be.

Our Vice President asked why the Honours and Awards Committee (HAC) was only reporting once annually, and after explanation from the Head of Governance that the season was shorter than a year and would be completed at the reporting month indicated in the draft plan, the Vice President asked that the HAC report in April to assure the season is on track.

Our Trustee (Education) highlighted that they will be exploring as part of assurance flow the rationale and further understanding of the Education Committee as to why it is not a Committee of the Board and whether it can become a part of the Board. Our Chief Executive shared some historical information which may be beneficial in that in previous years, these groups were just developed however, everyone on the Board was actually also doing the doing which is similar with the Research and Development Committee (RDAC) also and together with professional standards, clinical development there is likely more work to explore.

Our Chair thanked our Head of Governance for this work.

Action: Our Head of Governance to take on board comments outlined and make the required amendments/additions.

72.3 Honours and awards commitment

Our Head of Governance presented a briefing paper asking our Board of Trustees to consider the Honours and Awards as an ongoing workstream and vote on one of the options outlined.

The Honours and Awards recognise and celebrate outstanding work and contributions to the furtherance and development of the College of Paramedics, paramedicine, and the paramedic profession, thus promoting the paramedic profession. Approving the H&As workstream over a number of years would allow for smooth running and efficiency within the workstream, including the process of seeking sponsorship to offset the cost.

1. The Board reviews the need for the H&As workstream on an annual basis and approves the continuation into the 2025-2026 season
2. The Board approves the workstream for 3 years, including the 2025-2026 season, and requests to review again in July 2028 for the 2028-2029 season.
3. The Board approves the workstream for a period of time that the Board decides, including the 2025-2026 season, and requests to review again in July of the relevant year for the following season.
4. The Board rejects the continuation of the H&As workstream

It was noted by our Head of Governance recommended option 2. Our Vice-President (Honorary Secretary) was also in support of the recommended option 2.

Our Chair queried if in the financial notification section where it said the overall figure as of the 10 September was £5,167. Sponsorship was sought and received. Is that figure post the sponsorship or is that pre sponsorship? No, it's pre sponsorship.

Our Trustee (Clinical Development) asked if any feedback is being obtained from people. Our Head of Governance confirmed that a feedback questionnaire has been issued and we are currently reviewing the responses received to date.

Our Chair asked if there is any scope to expand on the range of honours and awards. Our Head of Governance explained that this is one of the things that is written into the terms of reference that we want to look at it and two awards have recently been proposed; a Professor Douglas Chamberlain and something for honouring Professor Malcolm Woolard.

Our Trustee (Clinical Development) asked, if Board approved the workstream for 3 years, and given that the project group report recommended to retain the same honours and awards and not add any further, would it still be possible to add in further awards during the 3 years before the next review? The Head of Governance confirmed that awards could be added but would need a full work up and submitted in plenty of time to be considered for the following season.

Our Chief Executive noted the importance on how we make our nominations process easy, but also how we celebrate those awards and everybody that was at this year's ceremony felt a real sense of celebration, and they felt very warm and valued to be there. But we need to consider how we get Paramedics into that nomination space to say 'we see you' and that it's probably for all of us to support colleagues to do that.

Our Vice President (Honorary Secretary) was struck by there only being 18 nominations for the whole process and they can see there is a communications plan and how can we help with this.

A vote took place during the meeting as follows out of a maximum of nine with quoracy of five Trustees in office needed (two Trustees absent):

Annual approval – 0

3 year review – 7

Board of Trustees preference of review – 0

No approval – 0

Action: Our Head of Governance to take forward the Honours and Awards work as a 3 year review.

B73/25 Chief Executive update

73.1 Briefing paper

A briefing paper was prepared by our Chief Executive and received by our Board of Trustees. The following headlines were noted:

- Developments and issues
 - Fitness To Practise
 - Launch of the British Indian Allied Health Professional Association (BIAHPA)
 - Newly Qualified Paramedics (NQPs) webinar
 - Letter to the Secretary of State for Health and Social Care
 - Business continuity
 - Ambulance Trust visits
 - Emergency services show
 - Working with Paramedic and Student Councils
 - Strategy day

- Directorate updates
 - Chief Operating Officer
 - Education
 - Research
 - Clinical development – emergency and critical care
 - Clinical development – primary and urgent care
 - Governance
 - Policy and public affairs
- Staffing update
 - Recruitment for an Events Assistant is ongoing which was approved at Remuneration Committee in 2024

Our Trustee (Education) wished to bring the Board of Trustees attention to a section within the Chief Executive briefing paper which they were not aware of which is highlighted below.

The other area of the SETs we are drawing attention to is Standard 6, this standard covers assessment. We are keen to explore the implications of academic standards on the demonstration of the Standards of Proficiency by learners. The issue being that the pass mark for a BSc is 40%, this means that a learner could successfully complete a Paramedic programme and become eligible to register having only ever demonstrated knowledge and capability at 40%. (It is slightly more complex than this but essentially this is the case). We are already addressing this to some extent with our Programme Management Guidance for programmes endorsed by ourselves; in this we stipulate an expectation that;

- *Any assessment of paramedic drugs/pharmacology is attributed a pass mark of at least 85%, access to drug guidelines should likely be available for such assessments.*
- *Any assessment of electrocardiogram interpretation and management is attributed a pass mark of at least 75%.*
- *An appropriate assessment of Advanced Life Support is undertaken to the standards upheld by the UK Resuscitation Council - this relates to all patient groups.*

73.2 Newly Qualified Paramedics (NMQs)

Our Chief Executive provided an update on the NMQ situation as work continues. We held a second webinar, which was much less well attended, however, we had a very specific set of topics such as Continuous Professional Development (CPD opportunities and mental health and wellbeing) and it was understandable that less people would attend. We had about 60 attend the second webinar and we signposted the CPD opportunities, including online opportunities and Jo Mildenhall and Katie Pavoni joined for the mental health and wellbeing section.

At the webinar, our Chief Executive spoke about how people advised on how they are feeling at the moment and how to deal with those feelings. So again, good feedback. Some of the questions in the chat were really about what's happening with recruitment and individual ambulance services.

Our Chief Executive expressed her thanks to our Head of Education and her team for the work they've undertaken around this. We have secured a sort of stakeholder partner who are devising a whole cardiac arrest package for people right from patient assessment to resuscitation and handover.

We have more webinars planned and we send out communications to the NMQs. The Labrador and Newfoundland webinar that we offered was well attended. People were looking at how they could potentially look at going abroad.

Our Chief Executive expressed her personal thanks to our Chief Operating Officer for their work on the business continuity, volunteering, and digital infrastructure workstreams.

73.3 State of the nation report

Our Chief Operating Officer has had a brief conversation with our Strategic Advisor and we will need to look at what our state of the nation report index will look like early next year with our strategy starting to become embedded, where does this sit and how critical is this with our priorities.

B74/25 Summary and close

The following items were noted by our Board of Trustees:

- B74.1/25 President/Vice President (Honorary Secretary) update
- B74.2/25 Chair of Paramedic Council update

Our Honorary Treasurer noted that there was no Board Assurance Framework with our agenda for this meeting. Our Chief Executive advised that it has recently been updated and we now have a version 6 which will be submitted to our next Finance, Risk and Assurance Committee (FRAC) in the first instance and then shared with our Board of Trustees for information.

Meeting formally closed at 11.25am

Ed Harry

Ed Harry
Date: 2026-03-01 13:14 CET
Role: Trustee (Research)

Jon Price

Jon Price
Date: 2026-03-01 17:09 CET
Role: President

Mary-Jane Emery

Mary-Jane Emery
Date: 2026-03-04 10:49 CET
Role: Trustee (Clinical Development)

Helen Hardy

Helen Hardy
Date: 2026-03-04 15:39 CET
Role: Chair of Paramedic Council

Jonathan Davies

Jonathan Davies
Date: 2026-03-06 13:38 CET
Role: Trustee (Membership)

Benjamin P. Haselwood

Benjamin P. Haselwood
Date: 2026-03-09 22:28 CET
Role: Trustee (Education)