



## Council of Governors meeting

**DATE:** Monday 31 July 2023  
**TIME:** 17.00– 19.00  
**VENUE:** Newbury College (Monks Lane, Newbury, England, RG14 7TD); - Forum Meeting Room

<u>Item</u>	<u>Action</u>	<u>Time</u>
<b>OPENING BUSINESS</b>		
<b>1</b> Chair's Welcome and Apologies for Absence Keith Willett	<b>Verbal To note</b>	17.00
<b>2</b> Declaration of Interests Keith Willett	<b>Verbal To note</b>	
<b>3</b> Minutes from Meeting on 5 April 2023 Keith Willett	<b>Page 4 To approve</b>	
<b>4</b> Action Log Keith Willett	<b>Page 8 To note</b>	17.05
<b>ACCOUNTABILITY FOR BOARD PERFORMANCE</b>		
<b>5</b> Chief Executive's Report David Eltringham	<b>Verbal To note</b>	17.10
<b>6</b> Improvement Plan update Mike Murphy	<b>Page 10 To note</b>	17.20
<b>7</b> Governance Update Daryl Lutchmaya	<b>Page 34 To note</b>	17.25
<b>8</b> System Special Notifications update Helen Young, Sarah Thompson	<b>Verbal To note</b>	17.30
<b>9</b> Annual Accounts and Annual Report 202/2023 including Auditors' Reports Daryl Lutchmaya	<b>Page 38 To note</b>	17.35
<b>10</b> Questions from Governors All	<b>Verbal To note</b>	17.40
<b>COMMITTEE UPDATE</b>		
<b>11</b> Report from the Membership and Engagement Mark Davis, Simon Mortimore	<b>Page 40 To note</b>	18.10
<b>ITEMS FOR DISCUSSION &amp; NOTING</b>		
<b>12</b> Communication Strategy for Governors update Helen Ramsay, Daryl Lutchmaya	<b>Page 49 To note</b>	18.15
<b>13</b> CoG Development Action Plan Update Daryl Lutchmaya	<b>Page 52 To note</b>	18.25

<u>Item</u>		<u>Action</u>	<u>Time</u>
<b>14</b>	<b>Non-Executive Director Update</b> Nigel Chapman	<b>Page 70</b> <b>To note</b>	18.30
<b>15</b>	<b>Lead Governor's Report</b> Helen Ramsay	<b>Page 78</b> <b>To note</b>	18.35
<b>CLOSING BUSINESS</b>			
<b>16</b>	<b>Any Other Business</b> Keith Willett	<b>Verbal</b> <b>To note</b>	18.40
<b>17</b>	<b>Questions from Members/Observers</b> Keith Willett	<b>Verbal</b> <b>To note</b>	18.45
<b>18</b>	<b>Review of Meeting</b> Keith Willett, All Governors	<b>Verbal</b> <b>To note</b>	18.50
<b>19</b>	<b>CoG Forward Planner</b> Keith Willett	<b>Page 81</b> <b>To note</b>	18.55
<b>20</b>	<b>Date and Time of Next Meeting</b> Keith Willett  <b>Wednesday 4 October 2023</b>	<b>Verbal</b> <b>To note</b>	19.00

*The Board resolves that in the interests of public order, the meeting adjourn to enable the Board to complete business without the presence of the public.*

## Why does the CoG hold the NEDS to account? QUALITY LEARNING AND SUPPORT FOR NHS GOVERNORS



# Our Values



## Caring:

Compassion for our patients, ourselves and our partners



## Professionalism

Setting high standards and delivering what we promise



## Innovation

Continuously striving to create improved outcomes for all



## Teamwork

Delivering high performance through an inclusive and collaborative approach



**Draft Unapproved minutes of the meeting in public of the South Central Ambulance Service (SCAS) NHS Foundation Trust Council of Governors (CoG) held on Monday 5 April 2023 via Microsoft Teams**

**Governors present**

**John Baldwin;** Andy Bartlett (Public Governor – Hampshire); Loren Bennett (Staff Governor); Rachael Cook (Staff Governor); Anne Crampton (Partner Governor - LA); Mark Davis (Deputy Lead Governor and Public Governor – Berkshire); Claire Dobbs (Partner Governor – Air Ambulance); **Tim Ellison (CFR Governor, Romsey);** Frank Epstein (Public Governor – Berkshire); Hilary Foley (Public Governor – Hampshire); Sherri Green (Staff Governor); Graeme Hoskin (Partner Governor – LA); Loretta Light (Public Governor – Oxfordshire); Charles McGill (Public Governor – Hampshire); Maybeth Pardey (Staff Governor); Mark Perryman (Public Governor – Hampshire); David Ross (CFR Governor); Ian Sayer (Staff Governor); Barry Wood (Lead Governor / Partner Governor – LA); Tony Nicholson (Public Governor – Hampshire); Helen Ramsay (Public Governor – Oxfordshire); **Alan Weir;** David Wesson (Public Governor – Oxfordshire); **Tariq**

**Governors not in attendance**

Mike Appleyard (Public Governor – Buckinghamshire); David Luckett (Public Governor – Hampshire) and Stephen Bromhall (Public Governor – Buckinghamshire).

*Sherri Green (Staff Governor); Maybeth Pardey (Staff Governor); Mark Perryman (Public Governor – Hampshire); Andy Bartlett (Public Governor – Hampshire); Loren Bennett (Staff Governor); Rachael Cook (Staff Governor); David Ross (CFR Governor); Ian Sayer (Staff Governor); **Alan Weir Staff Governor - ); and David Wesson (Public Governor – Oxfordshire.***

**Directors/Others in attendance**

Professor Sir Keith Willett CBE (Chair); David Eltringham (Chief Executive); Sumit Biswas (NED and Deputy Chair); Les Broude (NED); Nigel Chapman (NED); Mike McEnaney (NED); Dr Dhammika Perera (NED); Dr Anne Stebbing (NED); Dr John Black (Medical Director); Paul Kempster (Chief Operating Officer); Jill Lanham (Director of Digital); Professor Helen Young (Director of Patient Care and Service Transformation); Michael Wood (Interim Director of Corporate Governance and Company Secretary); Sophie Joseph (Interim Assistant Company Secretary); Margaret Eaglestone (Membership and Engagement Manager) and Vivienne Parsons (Population Demand Item).

**Directors / Executives' apologies received**

Mike Murphy (Director of Strategy and Business Development); Aneel Pattni (Chief Finance Officer) and Melanie Saunders (Chief People Officer).

**Observers**

There were no observers at this meeting

**OPENING BUSINESS**

**22/083 - Chair's Introduction, including Apologies for Absence and Meeting Priorities**

The Chair welcomed all to the meeting, especially new Governors and noted apologies for absence as above.

## 22/084 - Declarations of Interests

No declarations were made.

## 22/085 - Minutes

The Minutes of the meeting held on 30 January 2023 were **APPROVED**, subject to several minor editorial amendments which would be addressed following the meeting.

## 22/086 - Action Log

The Council of Governors Action Log was **noted**. It was agreed to close Actions 5, 7 and 8.

## Holding the NEDs to account for the performance of the Board

### 22/087 – Patient Quality Update

The Director of Patient Care & Service Transformation presented her report (circulated) to Council, the following key points being highlighted:

- within the Trust's Improvement Plan, the Patient Workstream was one of four major areas of focus for quality improvement;
- the Safeguarding team's capacity had been increased to 8 WTEs, including an Associate Director of Safeguarding who had an extended portfolio of responsibilities;
- all Safeguarding policies had now been reviewed in full and were being embedded across the Trust;
- in the light of the Mental Health Capacity Act, the Trust's Mental Health Policy had been re-written and additional staff recruited to support work in this area;
- with regard to Serious Incidents (Sis) the Trust had embedded correct reporting protocols using the Datix system, as monitored and reviewed by the SI Harm Panel. The Board was fully sighted on SIs via the Quality & Safety Committee and through escalation reports;
- the Trust's Duty of Candour Policy had also been reviewed;
- the storage of controlled drugs (CDs) had been identified as a 'must do' action by CQC and this had now been addressed;
- 10,000 items of medical equipment (including Zoll defibrillators) had now been audited and included on the fixed asset register.

Council **noted** the report.

### 22/089 – SCAS Demand and Population Presentation

The Chair welcomed Vivienne Parsons to the meeting who made a presentation on Demand and Population which highlighted seven key Index of Deprivation measures by area, covering income, crime and employment levels. Arising out of discussion, the Chair invited Governors to reflect on how they serve their local communities with regard to inequalities, noting that Hampshire (Southampton, Portsmouth, Gosport) was the most deprived area according to the data. Council was advised that research was on-going post-Covid with KPMG looking at the impact of the pandemic on inequalities and this research (once published) could be shared with Governors for information.

The Lead Governor commented that local authorities retained a lot of data in respect of social deprivation and the programmes that were in place to address need. It was **noted** that Integrated Care Systems (ICS) were using health inequalities data to inform the allocation of resources, but more strategic thinking and partnership working was needed in this regard.

The Chair thanked Vivienne Parsons for her presentation and looked forward to re-visiting the subject at a later meeting.

## 22/090 – Chief Executive’s Report

Council **received** a report from the Chief Executive reflecting on his first five weeks in post. Governors were informed that the CEO had previously worked in an ambulance trust and still retained his registration as a practising nurse. The CEO commented that he had met widely with staff, volunteers and stakeholders and had been impressed by the extent of commitment and talent across the Trust. A ‘10-Point Plan’ had been developed with a clear focus on improving quality and care outcomes, which included an emphasis on training and development.

Governors were advised that the Trust was facing a challenging financial settlement for 2023/24 which was still subject to detailed dialogue with the ICB and NHSE. In respect of the Trust’s NOF4 status, a meeting had been held recently as part of the Recovery Support Programme (RSP) to review progress with the improvement plan and the potential to ‘exit’ NOF4 status later in the year.

Arising out of discussion, Governors enquired how Council could engage with the CQC improvement process. In response, the Chair commented that a wider discussion on progress against the improvement plan would be considered at Council’s meeting on 31 July 2023. Governors also welcomed an opportunity to meet personally with the CEO.

The Chair thanked the CEO for his introductory report.

## 22/091 – NED Report

Council **noted** the revised Board and Committee allocations in respect of NEDs and Governor observers, as detailed in the report presented by the Chair.

Two new Non-Executive Directors: Mike McEnaney and Dr Dhammika Perera provided brief personal introductions for the benefit of Governors. It was noted that Mr McEnaney had latterly been Finance Director at a large NHS Foundation Trust, prior to which he had worked in industry, and was now the Chair of the Audit Committee. He had already participated in a ‘ride out’ and was looking forward to working with the Trust.

Dr Perera was a physician with a public health specialty who had worked extensively overseas who recognised that ambulance services had great potential in terms of the evolution of their role. He too looked forward to working with the Trust.

The Chair thanked both NEDs for their introductions, and thanked all Governors who had provided feedback in respect of NED appraisals.

*(Executive and Non-Executive Directors left the meeting at this point).*

## Membership and Engagement

### 22/092 – Membership & Engagement Update

The Chair of the Membership & Engagement Committee presented his report to Council, highlighting four key areas, as follows:

- **Recruitment Roadshows:** the roadshow events had been well-attended by Governors and over 500 members had participated in the events;
- **Community Engagement:** Trust staff, Governors and volunteers attended an event held at a mosque, in collaboration with the Southampton Council of Faith. Given the success of this event, more engagement with local communities was planned;
- **Population Demand:** the Committee had received an earlier presentation in respect of Demand and Population and it was intended to use the helpful data to inform future projects;
- **Stakeholder Management:** a Stakeholder Bulletin had now been developed and circulated to Governors. Future stakeholder engagement plans would be considered at the

Committee's next meeting. It was reported that Hilary Ramsay had now joined the Committee.

The Chair wished to record his thanks to all Governors who had participated in the roadshow events which had been very popular.

#### **Items for information / discussion by exception**

##### **22/093 – Non-Executive Director Update**

Council received a report from Sumit Biswas (Deputy Chair of the Board) on his work as a NED. Council was informed that SB chaired the Remuneration Committee and sat on the People & Culture Committee which was developing a new People Strategy. The intention was for the People & Culture Committee to present a report to Council on its work later in the year. It was further noted that SB was closely involved with the Trust's digital transformation agenda and the cultural changes that were required. Some problems had been encountered with the PTS system and more staff training had been put in place. Discussions were on-going with the Director of Digital in terms of prioritising IT developments. The Chair commented that it was planned to have a Board Development Seminar focused on 'how to be a digitally-savvy Board' during the year.

Governors welcomed the update and looked forward to receiving further reports as highlighted.

##### **22/094 – Lead Governor Report**

The Lead Governor presented her first report to Council commenting that she had had several meetings with the Chair and the governance team and had been involved in new Governor inductions. A consistent theme to emerge from discussions with fellow Governors was the need to improve communications with the Trust. Some positive initiatives, such as the Stakeholder Bulletin, had been developed but more work was required in terms of the Governors' Portal on the website and giving Governors advance notice of meeting dates.

With regard to REAP levels which Council had historically been advised of, the Chair commented that this was essentially an operational matter. It was **noted** that an update on industrial action had been prepared but had now been delayed due to strike action having been postponed.

In response to difficulties encountered with administrative support arrangements for Council, the Chair acknowledged recent problems related to staff continuity, but was pleased to advise that staffing levels were stabilising with the appointment of a new administrator and a substantive Director of Corporate Governance.

##### **22/095 – Strategy Day**

The Chair confirmed that a Strategy Day would be held on 31 July 2023 and encouraged as many Governors to attend this in-person event as possible, given recent poor attendance levels at in-person meetings. There were particular social and communication benefits of Governors physically meeting as a group which helped to engender cohesive working.

#### **CLOSING BUSINESS**

##### **22/096 – Any Other Business**

The Deputy Lead Governor raised the matter of how Council meetings could be better publicised in order to encourage attendance by members of the public, similar to the way in which public Board meetings were promoted. It was **agreed** to consider this matter further with the Trust's Communications team.

There being no other business, the meeting closed at 20.25.

**Council of Governors Meeting 31 July 2023**

**Council of Governors Action Log**

<b>Ref No/Item</b>	<b>Action Required</b>	<b>Lead</b>	<b>Date Raised</b>	<b>Due Date</b>	<b>Status</b>
Action 1	KPI's and milestones for the enabling plans to be shared with the CoG.	MM	16/06/2022	<del>31/03/23</del> 04/10/2023	<b>Action in hand</b> KPI's and milestones will be available at the end of the financial year and the conclusion of the budget cycle.  To follow in the new financial year.
Action 22/021	A meeting of the CoG Development Working Group to be convened to review the SCAS Council of Governors Appointed Partner Governor positions, following the abolition of Clinical Commissioning Groups on 30 June.	<del>SJ</del> DL	27/07/2022	<del>30/01/23</del> 04/10/2023	<b>Action in hand</b> (merged with 21/056-02) To be discussed between the Lead Governor, the Company Secretary and the Chair and reported at the next CoG meeting.
Action 22/043	A briefing session on urgent care pathways and on clinical assessments at 111 to be provided to the Governors.	<del>SJ</del> DL	06/10/2022	<del>31/07/2023</del> 04/10/2023	<b>Action in hand</b> To be clarified at the meeting.
Action 22/045	Representation by Sustainability and Transformation Programme (STP) or Integrated Care System (ICS) to be included in the stakeholder session as this represent the citizen that SCAS serves.	MM	06/10/2022	04/10/2023	<b>Action in hand</b> To be clarified at the meeting.
Action 22/047	Assistant Company Secretary to take forward the arrangements for patient	<del>SJ</del> DL	06/10/2022	<del>17/02/2023</del> 04/10/2023	<b>Action in hand</b>



Ref No/Item	Action Required	Lead	Date Raised	Due Date	Status
	stories be available to the Governors via their portal.				The Assistant Company Secretary is working with IT to gain access to the portal and will work on improving the content.



**Agenda item:6**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>Improvement Plan</b>
<b>Presented by:</b>	<b>Mike Murphy, Chief Strategy Officer</b>
<b>Paper for Debate, Decision or Information:</b>	For Information
<b>Main Aim</b>	To update the Governors on the Improvement Plan.
<b>Summary of key points for consideration</b>	<p>The Improvement Plan was presented by the Executive team to the July Tripartite Provider Assurance Meeting (TPAM) on 17<sup>th</sup> July 2023. The slide pack, due to size, is not attached but is available on request the majority of the information presented having been provided to Board through IPOB.</p> <p>The summary slides presented by Executives on the day, a summary governance structure and a presentation on the proposed Board Development programme given by the CEO are attached for information.</p> <p>The key points to emerge from that meeting (prior to the publication of minutes) are as follows:</p> <ul style="list-style-type: none"> <li>• Commissioners have raised concerns about how the Board of the Trust gain assurance. This has been a common thread of discussion during the last few TPAM meetings. The Trust is now adapting the way it reports on the Improvement Plan. This was recognised and positive feedback received.</li> <li>• Commissioners shared the governance structure being implemented for the Trust to support progress through the RSP. The structure also outlined the links between this RSP and that being developed to support the HloW ICS which is now in NOF4 for Finance.</li> <li>• The presentation on Board Development was welcomed.</li> <li>• It was confirmed that the RSP review meeting, has been delayed and will likely be held in Q3. The Trust target exit date is also confirmed as March 2024 although this will be linked with the progress of the HloW system and its own exit from NOF4 (Finance).</li> <li>• The impact of the financial challenge that SCAS faces on the delivery of the Improvement Plan has yet to be fully understood.</li> </ul>

<b>Recommendations or Outcome Required :</b>	The Council of Governors are asked to: <ul style="list-style-type: none"> <li>• NOTE the Improvement Plan.</li> </ul>
<b>Previous Forum:</b>	SCAS Private Trust Board, 27 July 2023
<b>Statutory Requirements Met:</b>	
<b>Contact in case of query concerning this paper:</b>	Mike Murphy, Chief Strategy Officer

# SCAS Tripartite Provider Assurance Meeting

17<sup>th</sup> July 2023

# CEO Update



- Current context and environment is creating challenging circumstances - finding an appropriate balance between quality and safety, operational performance, people and culture and finance is essential
- Focus is on supporting the team to move towards longer term thinking - 3-5 years down the road, building and developing the ten point plan, engaging with staff and reconnecting to our strategy
- Development of our revised IPR continues, a key component for strengthening our governance
- Our work with SECamb as a key partner continues. ACCTS is a key area of focus, as are wider conversations around collaboration and common approaches for the people of the SE
- Stuart Rees has joined as FD to help us strengthen our financial sustainability work. Barry Thurston joins in August to cover digital while recruitment continues

# Improvement Programme Overview



- Further development of the Improvement Programme this month, including assurance and how we update TPAM (tripling background pack enabling a more detailed discussion in the meeting)
- Significant amount of work underway in terms of governance and strengthening internal assurance – accepting improvements are needed
- Conscious about the challenging context, but committed as an organisation to balance the priorities
- Beginning to focus more on workstream interdependencies and areas of significant transformation
- Several exciting pieces of work are due to commence in Q2, the outputs of which will enable us to increase our understanding as an organisation and focus our improvement efforts.



# Improvement Programme Workstreams

Key messages

# Governance & Well Led:

## Highlights:

- Key focus for the organisation overall is strengthening internal governance and assurance which includes multiple strands of work including flow of information, decision making and timetabling
- The Board and Committee observation, coaching and feedback work is starting this month, with initial 1:1s being planned to focus on improvements needed. This work is with the committee Chair and lead Exec
- This work will align with the board seminars facilitated by GGI, and will also include a series of After Action Review type sessions enabling committees and the board to consider what has gone well and what might require additional focus

## Metrics:

- Information will be collected manually from July monitoring **timeliness of papers** and an internal process will be put in place to understand **quality of papers**, particularly in relation to ability for decision making and gaining assurance – whilst this will be relatively subjective it will still enable improvement focus where necessary
- The supportive governance review **recommendations from 2022** are being reviewed to ensure all recommendations are aligned with improvement work and progress against this will be reviewed this month

## Challenges:

- Considerable improvement work is needed in terms of structure and processes of governance. This will take time to be embedded and requires associated culture change
- The team will be strengthened once the internal recruitment has completed, which will help create capacity
- Whilst structures and processes are key, behaviour within the structures and processes are also key and this work links with elements of the other workstreams
- NHSE are providing additional support for some specific elements of work which might identify other areas requiring improvement, particularly around interdependencies

### Board and Committee Observation

- 1:1s with each Board member to understand aspirations and individual views
- 2:2s with each Committee pair to understand improvement aims and agree focus
- Observation and supportive feedback
- Improvement plans and coaching cycles
- Themes to be identified and discussed
- Linking with Executive Team Coaching and objective setting



# Culture & Staff Wellbeing:

Actions

Embedding



## Highlights:

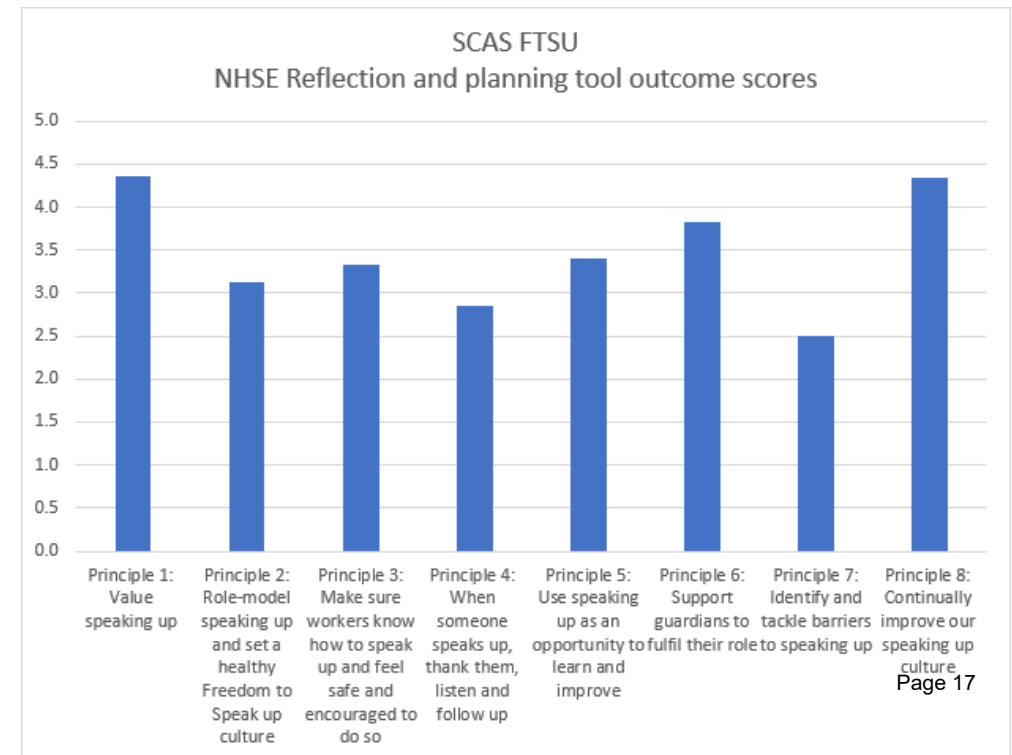
- FTSU self-assessment complete. Independent review by ICB colleague commended the standard of work and recommended consideration of use as a case study for other trusts
- New cohort of FTSU Champions trained, increasing total active champions to 23 and improving diversity of champions which now includes a volunteer and members of the BAME and Women’s Network Groups
- Ops Retention Plan complete and signed off at Operational Group, includes 3 streams which are 1/3 complete

## Metrics:

- **Staff Retention Rate:** improved by 2%, staff turnover has seen a steady improvement
- **Vacancy rate:** IWP vacancy rate has increased by 3%. Attrition is better (though 79% of plan), however recruitment is still a challenge at 81%. Therefore, overall IWP workforce is at 99% of plan. Overall, trust vacancy rate has decreased for 3<sup>rd</sup> successive month
- **Appraisals:** down by 5%, although up from 59% this time last year. Reviewing trajectory to recover back to 90%, and to 95% by December 23

## Challenges:

- Defining People Voice (PV) qualitative output continues to be a challenge, development work continues, and our BI lead is engaging with Senior Qualitative Data Analyst from NHSE. Proposed output format being reviewed with Exec & SRO in July
- Identifying FTSU metrics: FTSU SME & team and BI discuss the best way to measure performance, in review with NGO guidelines. Options for case tracking being investigated



# Performance Improvement:

## Highlights:

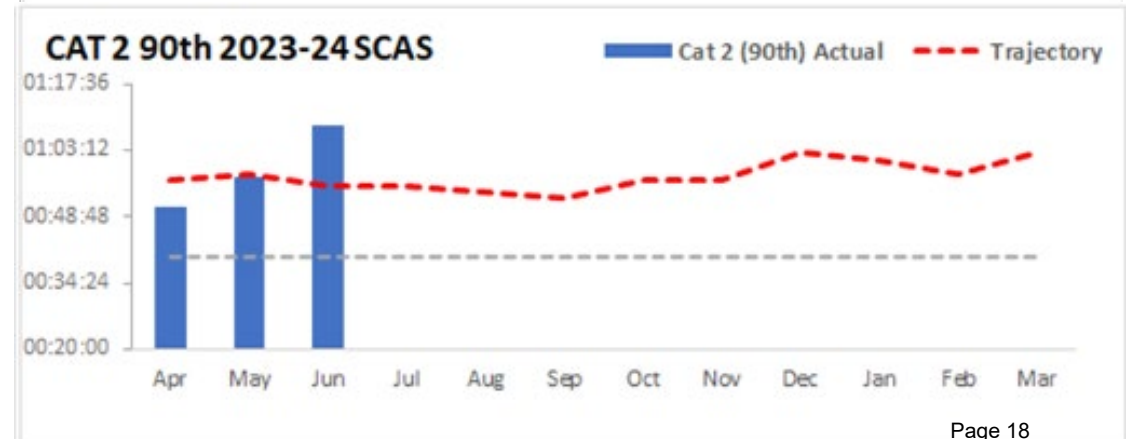
- Operational Development Plan (ODP) workshop held with senior leaders, focusing on opportunities for improvement. ODP action plan being developed with linkages to wider trust development work. Some areas of focus are operations specific, but many align / rely on other areas of focus
- Category 2 segmentation work has begun in earnest with CAD configuration. Changes specified and revised SOPs and workflows prepared
- Partis House Project on track for September 23 delivery, expanding 111 capacity

## Metrics:

- Category 2 response times:** increase to 00:29:42 by Q1 end. Trajectory target of 00:27:59
- Mean 999 call answer time:** overall decrease from Q4 to Q1; currently 25s but outside trajectory (24s)
- Shifts ending NLT 30 mins:** 1% increase to 84% compliance but below trajectory of 85%

## Challenges:

- Financial challenge has necessitated the splitting of the EOC/111 Call Centre Career Path Retention Project, introducing an element of delay. Will streamline governance/better tailor delivery going forwards





# Patient Safety:

## Highlights:

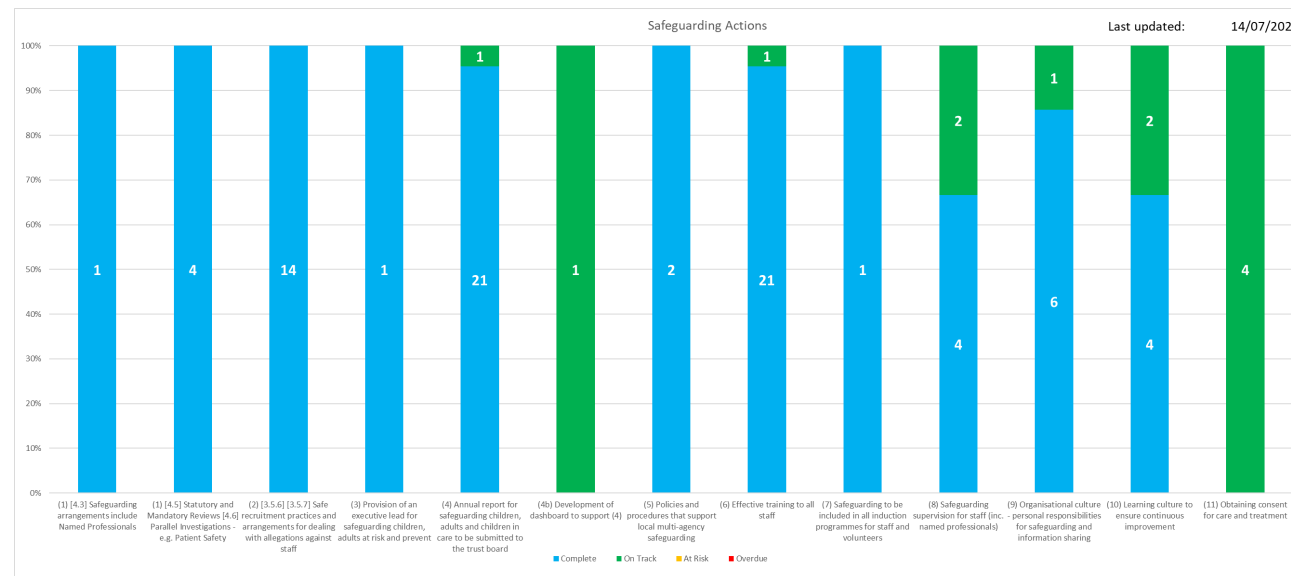
- Safeguarding compliance against SAAF assessed as 87% completion – ahead of trajectory and backed up by ICS safeguarding oversight scrutiny
- Significant increase in Safeguarding L1/L2 training compliance since introduction in Apr 23 (55%/40% respectively)
- Baseline MaPSaF survey results analysed and action plan endorsed by PSG. Action plan communicated to all staff in a ‘You Said/We Did’ format. Builds staff confidence when giving feedback
- SECAmb L3 peer review of SCAS IPC Service. Initial feedback positive, awaiting formal report

## Metrics:

- **Q1 Update:** patient safety metrics currently in analysis for Q1. Full reporting expected Aug 23
- **Compliance against SAAF:** delivery/compliance at 87% against a Q1 trajectory of 70%
- **Safeguarding referrals:** indicative upward trend suggests above trajectory for reporting

## Challenges:

- Safeguarding L3 training delivery has dipped below trajectory. Currently 68% delivery against 72% target (Priority A learners). Mitigation put in place to get back on track and being closely monitored
- Asset Management System financial approval delayed. Now approved at Executive Transformation Board (ETB) on 12 Jul 23, allowing project development



# Improvement Programme – next steps



- Governance remains a priority focus for the Improvement Programme and the Trust overall. Our aim is to ensure this workstream is back on track by the end of Q2 with significant progress in several areas
- Due diligence of workstream improvement plans, including aims, outcomes and timescales continues – ensuring alignment with forecast metrics and trajectories
- Initial themes from the Board and Committee observation work will help identify areas of further development needed and outputs will link to the Executive Development work and team coaching
- Focus on CQC preparedness will start in Q2, to ensure readiness; this includes evidence review and accessibility of information
- Further discussions will take place around areas of work which are cross workstreams – e.g., the trust operating model work and leadership development
- Independent leadership and culture diagnostic is being planned which will support the organisation with an objective view of the areas requiring focus including where there is variation. This will help ensure improvement efforts are focussed with outputs maximised
- The revised IPR will begin to enable increased internal discussions, increasing assurance and enabling focus on mitigation where required.

**Thank you.**

**Any Questions?**

# OF 4 Well Led Undertakings & Exit Criteria 2022

Proposed Exit Date: March 2024

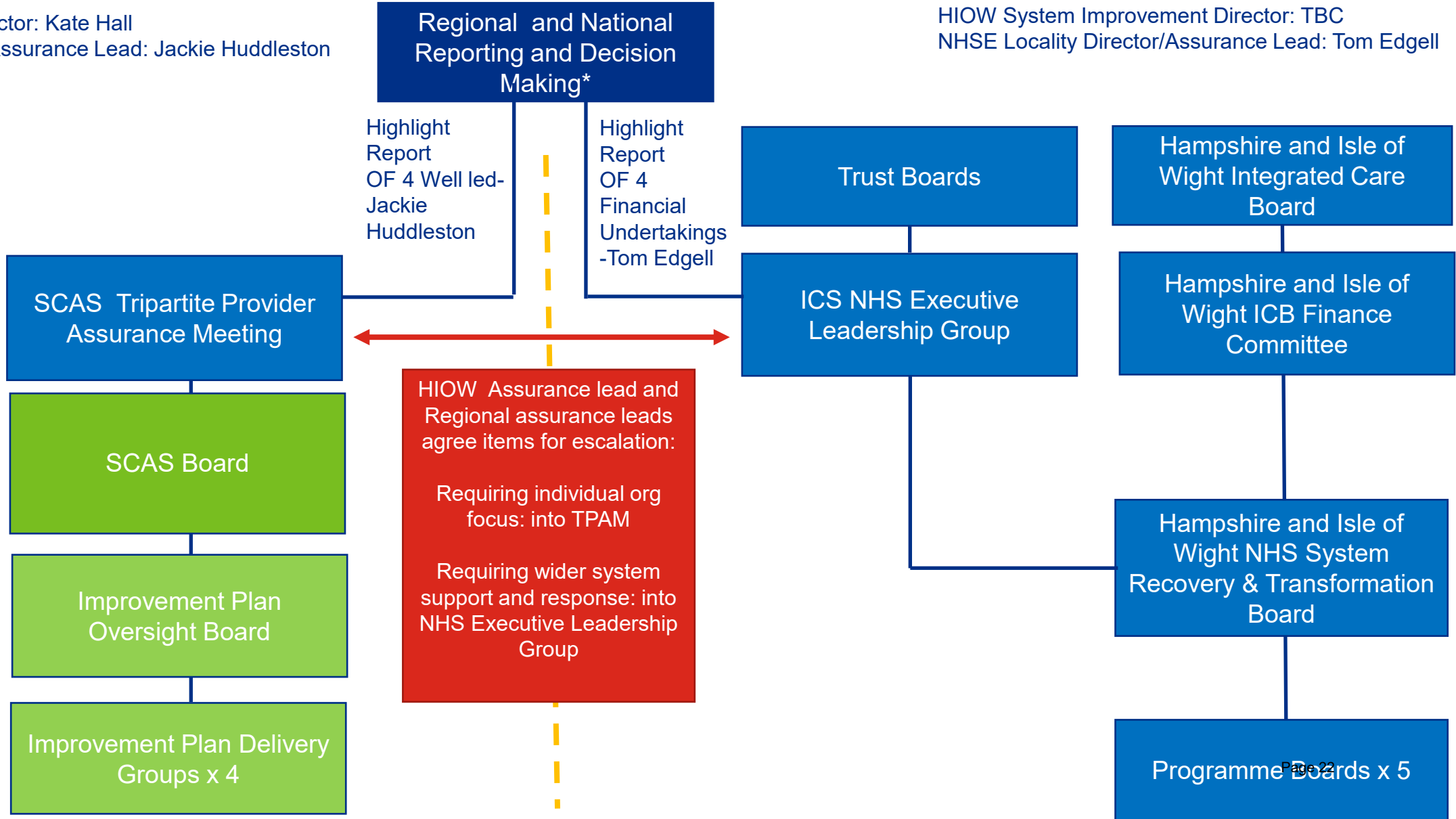
# OF 4 Financial Undertakings & Exit Criteria 2023 (all HIOW Providers)

Proposed Exit Date: Q1 2024/25

NHSE Improvement Director: Kate Hall  
 NHSE Locality Director/Assurance Lead: Jackie Huddleston

HIOW System Improvement Director: TBC  
 NHSE Locality Director/Assurance Lead: Tom Edgell

- Regional/national
- HIOW
- SCAS



\*Note: SCAS exit from NOF 4 to 3 will be through delivery of both sets of exit criteria

# Developing a high performing board - SCAS Board and Executive Team Development

Update for TPAM - 17<sup>th</sup> July 2023



# Agenda

- Common Themes
- Hygiene Factors
- Model
  - Board Development
  - Operating Model
  - Executive Development
- Summary
- Q&A



# Common Themes (OF 4 / Ambulance Trusts)

- Effectiveness of board and committees, flow of information, decision making and ability to provide assurance
- Internal leadership infrastructure needing strengthening, impacting on effectiveness of devolved leadership, including role of executives
- Poor and varied accountability structures and processes
- Challenges with staff really feeling engaged, despite great efforts to engage
- Leadership capacity and capability in the 'middle layer'

# Hygiene Factors

- Review of decision making processes and meetings being done
- Aligned Exec and Non-Exec portfolios and objective to strategic goals, BAF risks and 10-point plan
- Agreed and confirmed Executive Portfolios
- CEO objectives set
- Objective setting for each Exec Director is in progress(7/9)
- NEDs have been appraised by the Chair
- Starting regular reviews of progress
- Aligning with an annual planning round to ensure there is a golden thread throughout
- Started to think about long term (5year) planning and sustainability - transformation.

### BOARD DEVELOPMENT

Increasing assurance through improved effectiveness of Board and Committees through observation, support through 1:1s, 2:2s and focused action and feedback loops

### BOARD DEVELOPMENT

Review of internal governance and accountability between Board, Sub-Committees and EMT enabling effective decision making

### BOARD DEVELOPMENT

Demonstrating impact and improving assurance through increased use of data, ensuring the Board has access to timely accurate information enabling decision making and assurance

### DEVELOPING AN OPERATING MODEL FOR THE FUTURE

Ensuring the performance accountability framework structure is fit for purpose, enabling delegated responsibility and authority (links to leadership development)

**Developing a Well-led and high performing organisation**

### EXECUTIVE TEAM DEVELOPMENT

Increasing assurance through improved effectiveness of Board and Committees through observation, support through 1:1s and 2:2s and focused action and feedback loops

### DEVELOPING AN OPERATING MODEL FOR THE FUTURE

Ensuring the organisation is fit for the future, considering clinical pathways, reducing variation and delivering consistent high quality

### DEVELOPING AN OPERATING MODEL FOR THE FUTURE

Understanding the leadership strengths and areas requiring development organisation wide in order to develop clear leadership

### EXECUTIVE TEAM DEVELOPMENT

Portfolio reviews, development days, team coaching and individual coaching to support individual and group development

## Board Development

Increasing assurance - through improved effectiveness of Board and Committees through observation, support through 2:2s, focused action and feedback loops

Review of internal governance and accountability - between Board, Sub-Committees and EMT enabling effective decision making

Demonstrating impact and improving assurance - through increased use of data, ensuring the board has access to timely accurate information enabling decision making and assurance

## Future Operating Model

Understanding the leadership strengths and areas requiring development organisation wide, to develop clear leadership development programmes for staff groups

Ensuring the organisation is fit for the future, looking at clinical pathways, reducing variation and delivering consistent high-quality services for local populations

Ensuring the performance and accountability framework structure is fit for purpose, enabling delegated responsibility and authority

## Executive Team Development

Increasing assurance through improved effectiveness of Board and Committees through observation, support through 1:1s, 2:2s, focused feedback and action loops

Development days, team and individual coaching addressing key themes, supporting group and team development

## BOARD DEVELOPMENT

Increasing assurance through improved effectiveness of Board and Committees through observation, support through 1:1s, 2:2s and focused action and feedback loops

## BOARD DEVELOPMENT

Review of internal governance and accountability between Board, Sub-Committees and EMT enabling effective decision making

## BOARD DEVELOPMENT

Demonstrating impact and improving assurance through increased use of data, ensuring the Board has access to timely accurate information enabling decision making and assurance

## DEVELOPING AN OPERATING MODEL FOR THE FUTURE

Ensuring the performance accountability framework structure is fit for purpose, enabling delegated responsibility and authority (links to leadership development)

**Developing a Well-led and high performing organisation**

## EXECUTIVE TEAM DEVELOPMENT

Increasing assurance through improved effectiveness of Board and Committees through observation, support through 1:1s and 2:2s and focused action and feedback loops

## DEVELOPING AN OPERATING MODEL FOR THE FUTURE

Ensuring the organisation is fit for the future, considering clinical pathways, reducing variation and delivering consistent high quality

## DEVELOPING AN OPERATING MODEL FOR THE FUTURE

Understanding the leadership strengths and areas requiring development organisation wide in order to develop clear leadership

## EXECUTIVE TEAM DEVELOPMENT

Portfolio reviews, development days, team coaching and individual coaching to support individual and group development

# Summary

- Significant period of change with several key areas of focus
- A clear picture of what needs to be done and a plan to deliver and develop
- Independent review work that is (current/ planned) will help give a robust baseline
- Long term strategic plan – probable organisational reset - Tuesday
- Board and Committee observation work will support the improvement work of both the Board and the Exec during 2023/24
- Programme is iterative and can be flexed to accommodate changing situations



**Thank you.**

Any questions?



**Agenda item: 7**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>Governance Update</b>
<b>Presented by:</b>	<b>Daryl Lutchmaya, Chief Governance Officer</b>
<b>Paper for Debate, Decision or Information:</b>	For Information
<b>Main Aim:</b>	To update the Governors on current governance progress.
<b>Summary of key points for consideration</b>	<ul style="list-style-type: none"> <li>• The Annual Members Meeting on Thursday 6 September 2023</li> <li>• The response to ICBs' Joint Forward Plans</li> <li>• The renewal of 2nd term – Ian Green</li> </ul>
<b>Recommendations or Outcome Required :</b>	The Council of Governors are asked to: <ul style="list-style-type: none"> <li>• NOTE the update</li> </ul>
<b>Previous Forum:</b>	Trust Board Meeting, 27 July 2023
<b>Statutory Requirements Met:</b>	
<b>Contact in case of query concerning this paper:</b>	Daryl Lutchmaya, Chief Governance Officer



## **COUNCIL OF GOVERNORS MEETING – 31 JULY 2023**

### **Governance Update**

#### **1. Annual Members Meeting**

The Trust will be convening its Annual Members Meeting on Thursday 6 September 2023. The meeting is where the Governors officially receive the Trust's annual report and accounts. The meeting will be held virtually.

The Trust is required to hold an Annual Members Meeting within nine months of the end of each financial year. The meeting enables the Board of Directors to present the annual accounts, provide feedback on how the trust has performed over the last year and the challenges and financial plan for the year ahead. The Annual Members' Meeting is a chance for Trust members, staff and members of the public to come together to learn more about the Trust's services, achievements and its future vision.

Governors also provide an update of some of their work on the members behalf over the last year and present the Trust Membership Report. There is also a chance to ask questions during the meeting about the information presented.

The Annual Members Meeting is open to all members of the Trust, Governors, Directors, representatives of the Trust's auditors and members of the public.

#### **2. Oversight Framework 4 and Recovery Support Programme**

During NHS organisations across Hampshire and Isle of Wight have a combined financial deficit that is significant and challenging. In order to tackle this we have developed a joint recovery plan to transform health and care services and we are now implementing this.

The approach to system recovery consists of establishing both grip and control of cost within and across organisations, and the delivery of five transformation programmes to address the operational and financial challenges within the system. We already have some agreed processes in place that provide consistent control for key areas, most significantly the management of temporary staffing spend.

In addition, a distributed leadership model for delivery of the system recovery plan has been agreed, with Trust Chief Executives, Chief Finance Officers, and clinical leaders, taking key leadership roles across five key transformation programmes of work as follows:

- Elective Care
- Urgent and emergency care
- Discharge
- Local (primary and community) Care
- Workforce

In addition, each organisation has developed an individual organisation recovery plan. The combined intention of both the system recovery and the individual organisation recovery plans is to ensure financial recovery and longer-term sustainability across Hampshire and the Isle of Wight.

The ICB Board will receive reports on the system position and its progress towards recovery at each of its meetings.

Following NHS England regional and national decision making, all NHS organisations (the Integrated Care Board and all the NHS Trusts within the Integrated Care System, have been moved into Oversight Framework 4/Recovery Support Programme. We received formal notification of this action on 1 June 2023.

This NHS England support package will include a System Improvement Director, appointed by NHS England. This Director will work with system partners to develop a detailed support offer and will provide oversight and co-ordination of the support package.

As a result of entering the Recovery Support Programme, all NHS Boards in Hampshire and Isle of Wight will be agreeing regulatory undertakings with NHS England. These will be discussed in draft, in private board meetings and a collective representation will be made to NHS England, on behalf of the system, for approval prior to formal publication.

A formal entry meeting into the Recovery Support Programme will take place with the National NHS England team in due course.

As reflected in NHS England's Recovery Support Programme entry letter, the Hampshire and Isle of Wight system will exit the Recovery Support Programme when we have:

- Developed a system wide recovery plan, including a financial improvement trajectory, which aims to secure financial sustainability and recovery,
- Demonstrated the impact of the HIOW system priority programmes (including but not limited to Urgent and Emergency Care UEC, elective, community and primary care, discharge, and workforce) are contributing to the effective, sustainable delivery of the system-wide recovery plan and the financial improvement trajectory,
- Ensured system-wide governance and oversight processes are in place to oversee delivery of the system recovery plan, and
- Taken all reasonable steps to deliver the milestones and financial improvement trajectory within the agreed system recovery plan without adversely impacting delivery of other national operational planning priorities (unless specifically agreed with NHSE) or the quality of care for patients.

As a next stage we will codevelop (between NHS England region and system leaders) the specific evidence that will be required to demonstrate delivery against these exit criteria.

### **3. Response to ICBs' Joint Forward Plans**

At the Trust Board meeting held on 29 June 2023, the four ICBs' Joint Forward Plans (HIOW, BOB, BLMK and Frimley) were received and considered. The Board was satisfied that SCAS had actively been involved in the development of the Joint Forward Plans and endorsed them. Due to the timing of the submission of the ICB's Joint Forward Plans, it had been necessary to consider them at this meeting. The Joint Forward Plans are available on each of the ICBs' websites.

#### **4. Renewal of 2nd Term – Ian Green**

The Trust convened an extraordinary meeting of the Council of Governors on Friday 30 June to consider the Council of Governors Nomination Committee's recommendation to appoint Ian Green, Non-Executive Director for a second term of three years. Ian's first term of service expired on 30 June 2023 and the extraordinary meeting was convened in order to ensure continuity of service. The Council of Governors unanimously approved the recommendation.



**Agenda item: 9**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>2022/23 Annual Accounts and Annual Report</b>
<b>Presented by:</b>	<b>Daryl Lutchmaya, Chief Governance Officer</b>
<b>Paper for Debate, Decision or Information:</b>	For Information
<b>Main Aim:</b>	To provide an update to the Governors with a 2022/23 Annual Accounts and Annual Report update.
<b>Summary of key points for consideration</b>	<ul style="list-style-type: none"> <li>• The Annual Accounts and Annual Report were signed off by the Audit Committee on 13 July 2023.</li> <li>• Following completion of the audit of the annual report and accounts, the Trust’s external auditors Azets have given the following opinions: <ul style="list-style-type: none"> <li>○ An unqualified opinion that the accounts give a true and fair view of the financial position of the Group and of the Trust as at 31 March 2023</li> <li>○ A qualified opinion of the Remuneration Report and the Staff Report.</li> </ul> </li> </ul>
<b>Recommendations or Outcome Required :</b>	The Council of Governors are asked to: <ul style="list-style-type: none"> <li>• NOTE the sign off of the 2022/23 Annual Accounts and Annual Report</li> <li>• NOTE the Trust’s external auditor’s opinion</li> </ul>
<b>Previous Forum:</b>	Audit Committee, 13 July 2023 Trust Board Meeting, 27 July 2023
<b>Statutory Requirements Met:</b>	
<b>Contact in case of query concerning this paper:</b>	Daryl Lutchmaya, Chief Governance Officer



**COUNCIL OF GOVERNORS MEETING – 31 JULY 2023**  
**2022/23 Annual Accounts and Annual Report**

The Audit Committee approved the signing of the 2022-23 Annual Report and Accounts on 13<sup>th</sup> July 2023, having been given delegated authority by the Trust Board to do so.

Following completion of the audit of the annual report and accounts, the Trust's external auditors Azets have given the following opinions:

- An unqualified opinion that the accounts give a true and fair view of the financial position of the Group and of the Trust as at 31 March 2023
- A qualified opinion of the Remuneration Report and the Staff Report, based on the following:
  - The Remuneration Report is not complete as it does not include the pension entitlement information for the Medical Director.
  - The auditors have also been unable to obtain sufficient assurance over the accuracy of the data provided to NHS Pensions for the Chief Finance Officer and the Chief Executive and therefore the associated pension disclosures within the Remuneration Report.

The factors causing the qualified opinion of the Remuneration Report and the Staff Report are not fully within the Trust's control, and we therefore cannot guarantee that any further delay to the signing of the Annual Report and Accounts would result in satisfactory resolution of these issues.

The Audit Findings Report and Auditor's Annual Report set out two significant weaknesses in relation to value for money and several internal control recommendations. Management responses have been provided for each.

As many of the internal control recommendations have been rolled forward from 2021/22, it is proposed that the Audit Committee monitor progress against resolving these recommendations. This was agreed at the Board Seminar on 29th June.



**Agenda item:11**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>Membership and Engagement Committee update (MEC)</b>
<b>Presented by:</b>	<b>Mark Davis, MEC Chair, Public Governor, Berkshire</b>
<b>Paper for Debate, Decision or Information:</b>	For Information
<b>Main Aim:</b>	To provide an update on the activities of the MEC
<b>Summary of key points for consideration</b>	Governor engagement activities: <ul style="list-style-type: none"> <li>• NHS Providers Governor Focus Conference showcase SCAS recruitment and engagement roadshow as an example of good engagement and outreach</li> <li>• MEC workshop on health inequalities</li> <li>• Governor engagement activities</li> </ul>
<b>Recommendations or Outcome Required :</b>	The Council of Governors are asked to: <ul style="list-style-type: none"> <li>• provide feedback on the plans and to suggest other improvements</li> <li>• provide feedback on useful content for the Governors portal</li> </ul>
<b>Previous Forum:</b>	N/A
<b>Statutory Requirements Met:</b>	
<b>Contact in case of query concerning this paper:</b>	Margaret Eaglestone, Stakeholder and Engagement Manager



## **COG update July 2023**

### **Update on engagement activities.**

#### **Recruitment and Membership Roadshow presented as case study at NHS Providers Governor Focus Conference in May.**

NHS Providers invited SCAS to present a case study of our recruitment and membership roadshow at the Governor Focus Conference held in London in May. Helen Ramsay, Loretta Light, Loren Bennett and Margaret Eaglestone attended.

SCAS visited ten sites across the south-central area to promote recruitment and advertise vacancies at the Trust.

Governors attended six sites as part of an initiative to pilot membership outreach instead of holding a fixed membership meeting in one location and expecting members and members of the public to come to us.

Professor Keith Willett, Chairman, joined us on 18 February in High Wycombe to support our engagement drive.

Governors and staff were able raise awareness of what the ambulance service does and showcase vehicles. It was a fantastic opportunity to engage with the public across the counties we deliver our services and get feedback on what's working and what needs improvement.

We collaborated with recruitment to attend each location with a local Governor equipped with resources including membership forms, children's activity packs and merchandise ready to engage with their members and the public at large.

These events provided a one stop shop for those who are looking to join the emergency services and a chance to meet members from the frontline who will be on hand to share their real-life experiences and give you a glimpse into their working lives.

The feedback from Governors, public and staff has been positive and we hope to collaborate with recruitment again to engage with our members and the public at large to ensure that we are bringing engagement to local communities where it matters most.

<b>Date</b>	<b>Venue</b>	<b>Governor</b>	<b>Public</b>
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21 January	Newbury	Helen Ramsay	51
28 January	Otterbourne	Chas McGill Tony Nicholson	24
4 Feb	Whiteley, Fareham	Andy Bartlett Hilary Foley	36
11 Feb	Oxford	Loretta Light Loren Bennet	34
18 Feb	High Wycombe	Ian Sayer <b>Keith Willett, Chair</b>	65
26 Feb	Milton Keynes	Mike Appleyard	51



## MEC TOR update

## Terms

Maximum of 2 x terms on MEC (1 x term is 3 x years, aligns with Governor term of office) excluding appointed Governors and CFR

- In place from October 2023
- Expressions of interest to be in the MEC to be made at October COG
- Votes cast at January COG

## Governor Representation:

- Public x 6
- Staff x 2
- Appointed x 1
- CFR x 1
- Total x10

## Annual Members Meeting

8.1 contribute to, and support the executive in, the planning and delivery of the Annual Members Meeting

Please note that as long as the Governance of the AMM is covered in the Annual General Meeting (AGM) then it is possible to hold the AMM as a separate Governor event e.g., we collaborated with recruitment on a roadshow earlier in 2023 to engage with members and the public at large. However, please note that if the AGM is now called the AMM, the nature of activities is not to be confused.

## **Health inequalities**

Our Business Information team is correlating data on demand and areas of deprivation to help us to understand which communities are most profoundly affected by health inequalities so that we can engage with them for feedback and share information on access to services.

Governors attending the MEC on 18 May participated in a workshop with data on demand and deprivation presented by Simon Mortimore, Business Information, and led by Keith Willett, to explore engagement opportunities and develop a plan to engage with under-represented communities across the SCAS area.

- **Southampton**

- These areas are spread across Southampton and examples are Northam, Thornhill & Shirley
- **Portsmouth**
- Portsmouth has the highest population ranked in 10% most deprived
- Portsmouth shows 15 areas (12%) where they are ranked in the 10% most deprived out of 125 LSOA's the highest being Fratton
- This area has the 3<sup>rd</sup> highest population within SCAS
- Portsmouth has over the years had large scale housing development without the investment in the main hospital QAH. These factors along with deprivation may contribute to the performance issues seen in the SEOCE area.
- **Oxford**
- 8 of the 89 neighbourhoods in Oxford are amongst the 20% most deprived.
- 23 neighbourhoods are in the 20% least deprived
- Oxford is considered to have an 'n'-shaped profile as the neighbourhoods are considered to have close to average levels of income deprivation
- **Milton Keynes**
- 17 of the 152 neighbourhoods in Milton Keynes are amongst the 20% most deprived.
- These appear to cluster in the central south area of the Milton Keynes Region

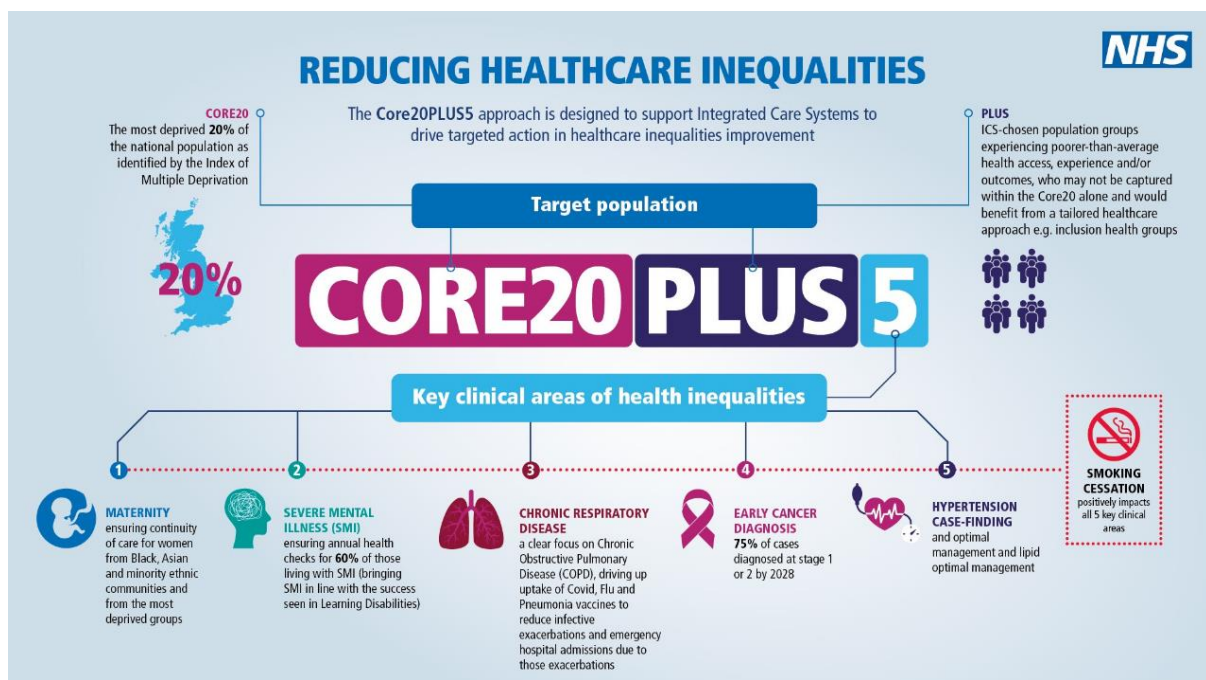
**Health inequalities** such as deprivation, low income and poor housing have always meant poorer health, reduced quality of life and early life-expectancy for many people. The COVID-19 pandemic has starkly exposed how these existing inequalities - and the interconnections between them such as race, gender or geography, are associated with an increased risk of becoming ill with a disease such as COVID-19.

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new '**triple aim**' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to 'all likely effects' of their decisions in relation to three areas:

1. health and wellbeing for people, including its effects in relation to inequalities
2. quality of health services for all individuals, including the effects of inequalities in relation to the benefits that people can obtain from those services
3. the sustainable use of NHS resources.

<https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/>

In addition, the **Core20PLUS5** is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement. Many ICBs are aligning their engagement with Core20PLUS5.



- Margaret Eaglestone (ME) is working with ICB partners to build networks and explore opportunities for collaboration to engage in partnership with under-represented communities and address health inequalities.
- This includes a partnership with the Academic Health Science Network (AHSN) Wessex on the Innovation for Healthcare Inequalities (InHip) programme which will be delivered in areas of deprivation in Southampton and Portsmouth. ME has attended planning meetings and SCAS will be involved in the programme.

- <https://wessexahsn.org.uk/projects/586/innovation-for-health-inequalities-inhip>
- <https://www.england.nhs.uk/aac/what-we-do/innovation-for-healthcare-inequalities-programme/>
- ME is also in communication with Portsmouth and Southampton local authorities and is currently planning activities in partnership with “Stronger Communities” within Southampton City Council. This in addition to regular engagement meetings with the Hampshire and IOW ICB engagement network.
- ME sits on an engagement collaborative within Bedfordshire, Luton and Milton Keynes ICB and is exploring opportunities for engagement with under-represented communities in areas of deprivation. ME has met with local MK Healthwatch to and is meeting with MK local authorities.
- ME is in contact with BOB ICB engagement lead and is in communication with Oxfordshire Healthwatch and local authorities.
- The approach is based on co-production i.e. asking communities what they want and taking engagement to them rather than expecting them to come to us.
- The above engagement activities are in addition to ongoing coordination of multi-service events throughout the year.
- Governors will be invited to join engagement activities.

### **Governor activities**

#### Tony Nicholson

29 May Calshot event organised by SCAS

#### Loretta Light

27 May Introduction to Southampton Hospital Heart Meeting.

23 May Manning showcase at NHS Providers Governors Conference

26 May Presentation to Oxfordshire Healthwatch

9 June Presentation at Wantage library rescheduled as no bookings received

#### Loren Bennett

23 May Manning showcase at NHS Providers Governors Conference

- Promoting Staff Governor role within PTS

#### Stephen Bromhall

25 June                   Hindy Association, Milton Keynes

Chas McGill

29 May                   Lead Calshot event and planning next year's event

Tim Ellison

7 May                   Windsor Coronation Event

28 May                  Calshot Emergency Services Day

6 June                  Volunteer week event Portsmouth

8 June                  Volunteer week event Southampton

14 June                 Hampshire CFR coordinators meeting

Ian Sayer

25 June                   Hindy Association, Milton Keynes

Helen Ramsay

- Continued to like and share the SCAS posts on Facebook to engage with the public and supported the LinkedIn posts trying to publicise recruitment.
- Human CV events at Cherwell school in Oxford where I spoke to children aged 12 about what I do for my work and as part of this was able to explain more about SCAS and the governor role.
- On 12<sup>th</sup> May, went to Northern House to see Rachael Cook and her team for an amazing brunch they had put together – it was wonderful to meet more of the SCAS staff and so lovely to celebrate International Nurses Day with them.
- Also in May, went to the Governors Conference in London with Loretta, Margaret Eaglestone and Loren and met with lead governors from other Trusts across the country and found out about and joined the National Lead Governors Association. Mark Davis is now also a member representing SCAS too, which is great. This association helps us ask questions and learn best practice from other trusts.
- Also in May, attended Chas's fabulous Calshot event with family, where Dan Friend and the staff had set up amazing engagement activities for the public. Loren did an amazing job on the stand and together, she and I had some great conversations with the public about SCAS, what it does and how to become a member of the Foundation Trust. Her sons joined up as members too!

- 30<sup>th</sup> June attended Bicester market to support the recruitment team with their stand speaking to the public about vacancies in the 999 and 111 call centres. The market was fairly busy and they did have some people stop by who were genuinely interested in working at SCAS – including one who very much wanted to do volunteering so could speak more about being a governor and the team could explain the CFR role too, that was very positive as this individual had been trained in healthcare several years previously in Italy.
- Main in-depth public engagement this quarter was with Asylum Welcome. HR was able to find out who runs the Health Access team there and had a detailed conversation with her in June about what has worked well and what else they need to do to help Asylum seekers in Oxfordshire with access to health.





**Agenda item:12**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>Communication plan</b>
<b>Presented by:</b>	<b>Helen Ramsay, Lead Governor Daryl Lutchmaya, Chief Governance Officer</b>
<b>Paper for Debate, Decision or Information:</b>	For Information
<b>Main Aim:</b>	To set out a communication plan to ensure improved governance and an improved relationship with the Council of Governors.
<b>Summary of key points for consideration</b>	The improvements that have taken place since the last meeting: <ul style="list-style-type: none"> <li>• two sessions introducing the new Governance team to Governors</li> <li>• regular communication between the Lead Governor, Chair and Chief Governance Officer</li> </ul>
<b>Recommendations or Outcome Required:</b>	The Council of Governors are asked to: <ul style="list-style-type: none"> <li>• provide feedback on the plans and to suggest other improvements</li> <li>• provide feedback on useful content for the Governors portal</li> </ul>
<b>Previous Forum:</b>	N/A
<b>Statutory Requirements Met:</b>	
<b>Contact in case of query concerning this paper:</b>	Daryl Lutchmaya, Chief Governance Officer



## **Communication Strategy for Governors**

### **Purpose**

The purpose of the report is to provide assurance of improved communication between the Trust and the Council of Governors.

### **Executive Summary**

The new Governance Team have held two introductory sessions with Governors since the last Council of Governors meeting with the view of identifying ways of improving interaction with Governors. The term 'reset' was used to highlight that a concerted effort and a plan would be put in place to formalise a new way of working.

Activities that have taken place since the last meeting include:

- NHS Providers Governor Focus Conference
- Recruitment and Membership Roadshow presented as case study at NHS Providers Governor Focus Conference in May
- Health inequalities workshop
- Events and engagement activities

### **Communication with the Company Secretary Team**

Target Communication Timelines:

<b>Papers for the Board of Directors public meeting</b>	Up to 5 days before the meeting
<b>Papers for Council of Governors</b>	Up to 5 days before the meeting
<b>Minutes for Council of Governors meeting</b>	2 weeks after the meeting

The Lead Governor and Chief Governance Officer will plan to have fortnightly catch-ups to inform each other about any issues that have arisen and to update on actions. This will start when the full Governance Team is recruited and in place by October.

### **Stakeholder News**

The membership bulletin is sent out to members (including Governors) once a month via the membership database provided by Civica <https://www.scas.nhs.uk/members-e-bulletin/>

The stakeholder bulletin is sent out to our ICS and other partners and is also sent out to Governors once every two months <https://www.scas.nhs.uk/stakeholder-bulletin/>

### **Issues raised by the Governors**

Following consultation, Governors have raised particular issues as detailed below:

- the process for governors to be updated on SCAS items in the media;
- the Governors Portal issues have still not been resolved;
- REAP and other critical incident updates can be arranged to be sent directly to Governors,
- strategic approach / interaction between Governors / NEDs in order to be updated about the work with the different ICBs that SCAS are aligned to.

Following the two introductory sessions, a number of ideas were discussed and which need to be further developed and formalised which are described below.

### **Next Steps**

Consideration of the following initiatives will be explored with a view to being developed:

- Quarterly Briefings on SCAS issues that are important to Governors;
- Ad hoc webinars on topical SCAS related issues;
- Informal meetings between NEDs and Governors;
- Annual CoG Day to concentrate on Council of Governor business;
- Growth of membership for the Council of Governors to become more representative.



**Agenda item: 13**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>CoG Development Action Plan Update</b>
<b>Presented by:</b>	Daryl Lutchmaya, Chief Governance Officer
<b>Paper for Debate, Decision or Information:</b>	Information
<b>Main Aim:</b>	To present an update on progress with the implementation of the CoG Development Action Plan
<b>Summary of key points for consideration:</b>	An update on progress with implementing the CoG Development Action Plan is presented at every CoG meeting.
<b>Recommendations or Outcome Required :</b>	Council is asked to <b>note</b> progress with implementing the action plan.
<b>Previous Forum:</b>	N/A
<b>Statutory Requirements Met:</b>	N/A
<b>Contact in case of query concerning this paper:</b>	Daryl Lutchmaya, Chief Governance Officer



## COUNCIL OF GOVERNORS MEETING: 31 July 2023

### COG DEVELOPMENT ACTION PLAN UPDATE

#### BACKGROUND

1. At the last Council meeting held on 30 January 2023, Governors received a progress report in respect of the approved CoG Development Action Plan, 2022/23. This report provides a further update on progress as reported at the last meeting.
2. A copy of the updated Action Plan is attached.

#### COG DEVELOPMENT ACTION PLAN UPDATE

3. **Action A:** The format of future CoG meetings/workshops to be considered by the Chair and Chief Governance Officer. **Meetings are being held in person and in the evenings.**

Governors requested help with understanding the socioeconomic profile of the geographic constituents. **Business Information, have analysed demand and population data. Margaret Eaglestone is leading on engagement on access to healthcare to address health inequalities to support engagement strategy and NHS guidance. Business Information ran a workshop at recent MEC, to inform Governors and to support engagement.**

**Please refer to the Draft Forward Plan.**

4. **Action B:** To help potentially improve Governor attendance/participation, consideration to be given to holding one meeting per annum in the evening. **This has been achieved during 2022/23 and for the July 2023.**
5. **Action C1:** We will continue the briefing and Q&A sessions, and will introduce a Governor mentoring scheme to support/develop newly-elected and appointed Governors. **A Governors' Workshop was achieved in January 2023. A comprehensive plan will be developed by October 2023.**
6. **Action C2: Alternative options for Governors to observe shifts/understand the different roles within SCAS,** had been impeded due to rising Covid-19 cases at that time. In the interim period, and in the light of industrial action, it has so far not been possible to facilitate observational shifts for Governors with frontline crews and in our call centres. **To date a number of Governors have been on ride outs with frontline crews. Further actions to enable Governors to visit the 999 & 111 Call Centres. A comprehensive plan will be developed by October 2023.**
7. **Action D: NED/Governor buddy walk-arounds.** The 'buddying' system is being reviewed and the intention is that walk-arounds will gain momentum. **Additional support from the Governance Team will be allocated to helping facilitate buddying meetings.**
8. **Action E: Plans for the Annual Members' Meeting and engagement event –** This event was held in collaboration with recruitment earlier this year and showcased at NHS Providers

Governor Focus Conference as a good example of engagement. Please see MEC/COG update and flyer attached.

An engagement strategy has been drafted – see attached.

An Annual Members Meeting is planned for 6 September 2023.

#### **CONCLUSION AND RECOMMENDATION TO THE COG**

9. Council is asked to **note** this progress report.

## Membership and public engagement strategy

### 1. Executive summary

This strategy sets out the priorities for engagement as we move into system working and considers what has been learned during the pandemic about community engagement and communication channels and methods. The key points are:

- **Membership** and representation across the south-central area.
- Engagement with under-represented groups to address **health inequalities**.
- Engagement with the **public at large** as we move towards system working integrating the benefits of rapid adoption of digital engagement during the pandemic with the benefits of face-to-face engagement in a **hybrid approach**.
- **Mitigation** of risks and **evaluation** of successes.

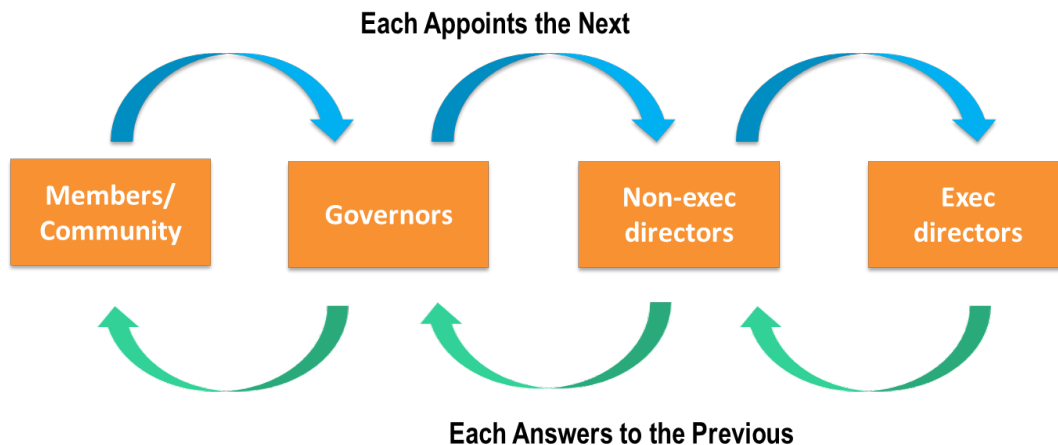
### 2. Purpose

#### South Central Ambulance Service NHS Foundation Trust (SCAS)

SCAS NHS FT provides traditional 999 emergency services, as well as non-emergency patient transport services, NHS 111 services and logistics, commercial and training services across Berkshire, Buckinghamshire, Hampshire, Oxfordshire and non-emergency patient transport services across Surrey and Sussex. We serve a population of 4 million in Berkshire, Buckinghamshire, Hampshire and Oxfordshire. Demand for our services is increasing every year and in the last 12 months we answered over 500,000 urgent calls. We employ 4,551 staff who, together with our 1,100 volunteers, enable us to operate 24 hours a day, 7 days a week.

#### Foundation Trust (FT) governance structure

NHS foundation trusts (FTs) were created in 2004 with the objective of working more closely with their local communities to ensure services are best suited to the current and future needs of patients. SCAS NHS FT was established in 2012 and we now have 4,537 public members and 4,570 staff members (valid on 5 April 2022). Therefore, in this strategy, the use of the term members refers to both public and staff members.



**Figure 1 FT model**

The governance structure that supports engagement with local communities is built on our membership. Our membership elects Governors to represent them in a number of different and important areas which include providing a view on the strategic direction of the trust, gaining assurance about the performance of the Board and performing various statutory functions including the appointment and remuneration of the Chair and non-executive directors.

### **Members**

Foundation Trust membership can be hugely beneficial to the Trust in a number of ways.

In particular, members:

- can be advocates for the Trust in their engagement with the wider health system, other organisations and the public.
- provide a pool of committed individuals who can offer feedback and advice to the Trust on how well it is doing and how it could improve
- strengthen the legitimacy of governors through competitive elections and by holding them to account for their responsibilities and actions

### **Governors**

Beyond the actual members of the Trust, Governors also have a responsibility to represent the interests of the wider community. They are required do represent the interests of the members of the Trust and the public. As we move into working with the Integrated Care Systems (ICS), Governors will continue to represent the interests of the members of the NHS foundation



trust and public. NHS England guidance asks Governors to support collaboration between organisations and the delivery of better, joined up care, governors are required to form a rounded view of the interests of the “public at large” and not just the public and members in their own local area.

SCAS would expect governors to deliver the following actions to support membership and general engagement:

Action	Frequency
Stakeholder organisation contacted by a Governor. If there is interest, offer to give a presentation. Provide a case study of a good conversation and report back to SCAS any outcomes e.g. feedback, membership etc.	1 per month
Events attended	1 per year
Your health matters film or talk	1 per year

### **Learning from the pandemic**

This strategy outlines what SCAS will do to ensure that the Trust continues to communicate and engage with it’s stakeholders using lessons learned during Covid-19. During the pandemic, we had to innovate our communication and engagement to ensure that we could continue to work with our membership and the general public when some of our usual methods were no longer possible due to social distancing. The accelerated use of digital communication and engagement has many benefits but there are also some disadvantages hence hybrid working is the suggested approach.

### **3. Background**

#### **Communities**

The NHS, local authorities, community and voluntary sector and other public sector organisations have worked closely together to improve local services and the patient experience for years, but the pandemic has accelerated this journey and brought communities and their role in shaping health and care clearly into greater focus.

Community involvement has been one of the hallmarks of our response to the pandemic. It saw local people mobilise to help their friends and neighbours

and work with health and care organisations to find creative solutions to new challenges. This enriched our multi-agency response, made our communications more authentic, deepened our understanding of communities, changed behaviours, and built more trust between local people and health and care organisations, where in some cases barriers had previously existed.

### **South-central population profile**

The south-central area covers four counties including Berkshire, Buckinghamshire, Oxfordshire and Hampshire with non-emergency patient transport service (NEPTS) contracts in Sussex and Surrey.











Key trends: Based on the Office of National Statistics (ONS) population estimates between 2020-2043, the SCAS footprint is predicted to change as follows:

- Overall, the population is set to increase by 6%, from 1,736,523 to 1,846,212.
- The proportion of over 65s is set to increase by nearly 43.2% from 316,985 in 2020 to 453,879 in 2043 – which indicates that the proportion of people living with a life-limiting condition is also projected to significantly increase.
- The under-16 population is set to decrease by 6.5% and the working age population by 0.4%. Only in Wokingham, Oxfordshire and Buckinghamshire is the working age population forecast to rise, by 5.38%, 0.48% and 0.29% respectively. The highest forecast growth of 65+ population is in Wokingham, with a change of 48.8%

### **Engagement principles**

We have a job to do and part of the solution to tackling health inequalities and helping people to live longer in good health, is to build on our approach to the pandemic and work with and listen to communities, so that we ensure the right levels of participation and the right facilitation to involve communities in shaping health and care in their area.

Nationally, working with people and communities is recognised as the most effective way to tackle inequality and prevent ill health. NHS England has produced ten core principles for Integrated Care Boards to adopt set out in Figure 2 below.

 1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	 6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
 2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	 7. Use community development approaches that empower people and communities, making connections to social action.
 3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	 8. Use co-production, insight and engagement to achieve accountable health and care services.
 4. Build relationships with excluded groups, especially those affected by inequalities.	 9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
 5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	 10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

**Figure 2: NHS England (2021), Principles for working with people and communities**

Continuous conversations with communities are also a crucial in maintaining relationships, deepening understanding, and maintaining involvement. NHS England has introduced the ‘Public Involvement Spectrum’, to support systems with the involvement process and this model has been incorporated into the approach set out in this document.

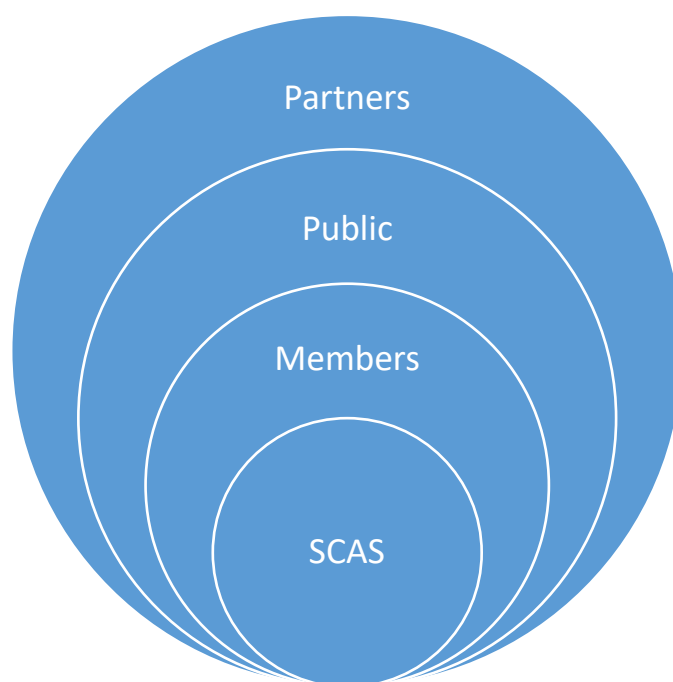


**Figure 3: NHS England (2021), The Public Involvement Spectrum**

At SCAS, we have already started to use this guidance in working with people and communities, for example, we set up an online forum for non-emergency patient transport services users to share feedback.

We work closely with Healthwatch and voluntary, community and social enterprise organisations and have already established community networks, both from their involvement and outreach work.

#### 4. Stakeholder engagement



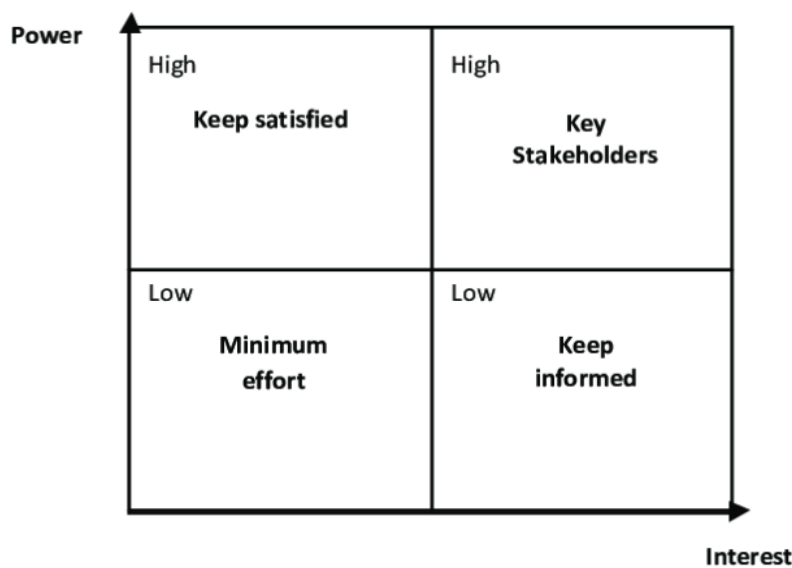
**Figure 4: stakeholder map**

SCAS is positioning itself as a regional, national and global leader, therefore maintaining the right and regular communication with individuals and groups is vital.

Engaging with stakeholders is as much about getting their views as it is imparting information to them. By mapping the stakeholders, we can analyse their communications needs and establish appropriate channels to update them on the Trust's activities, seek their views, reassure any concerns and address any misunderstandings and share information with them to help them influence the public on our behalf.

Different audiences will have differing levels of influence and interest and so it is vital to recognise that a variety of different methods of communication will need to be employed, ranging from face-to-face interactions to following us on our Twitter feed.

Stakeholder engagement will also encourage a partnership approach and facilitate their involvement in the on-going evolution of our health delivery plans. This will in turn engender a feeling of willingness to engage and should positively support SCAS's desire to deliver on our strategy while being viewed as a good employer and a good partner.



**Figure 5: Power and influence stakeholder grid**

We will use the power and influence grid and map out our stakeholders into four groups accordingly. These four groups define at a high level, the key stakeholder groups according to their principle relationships with SCAS. Each stakeholder exerts influence and is measured on a power and influence ratio as well as in accordance with the nature of relationship held with SCAS. From this it is possible to identify and inform the priority for the given stakeholder management approach. All stakeholder engagement will be regularly evaluated.

## 5. Objectives

The objectives of our strategy are:

- 1. To maintain a substantial, engaged and representative membership**
- 2. To engage with under-represented communities to address health inequalities**
- 3. To explore and implement hybrid communication and engagement channels to effectively engage and communicate with members, public and stakeholders**
- 4. Identify and mitigate risks in achieving objectives set out and evaluate and highlight successes**

This strategy is supporting the SCAS corporate and communications strategy, not least through being a responsive organisation with a good understanding of the needs of its patients and the communities it serves.

### **Objective 1: To maintain a substantial, engaged and representative membership**

- To retain our current membership and monitor activity levels to ensure that our membership is active and engaged
- To take steps to ensure that our membership is representative of the diversity of the population that we serve, with planned targeted membership drives if necessary
- Communicate the Trust's strategic objectives clearly to our membership and the wider public
- To develop and support potential Governors

Membership targets were set in the first instance between Monitor (now NHS Improvement and NHS England) and the Trust to achieve Foundation Trust status. We can also compare the Trust membership numbers to the base population numbers which results in an index score to show if the membership is representative in that area. Please view population profile report for the most recent membership analysis data. We work currently with a customer

relationship management system (CRM)\* provided by Civica. ENGAGE contains membership data and enables the Trust to analyse our membership and to send out communications to our membership.

## **Objective 2: To engage with under-represented communities to address health inequalities**

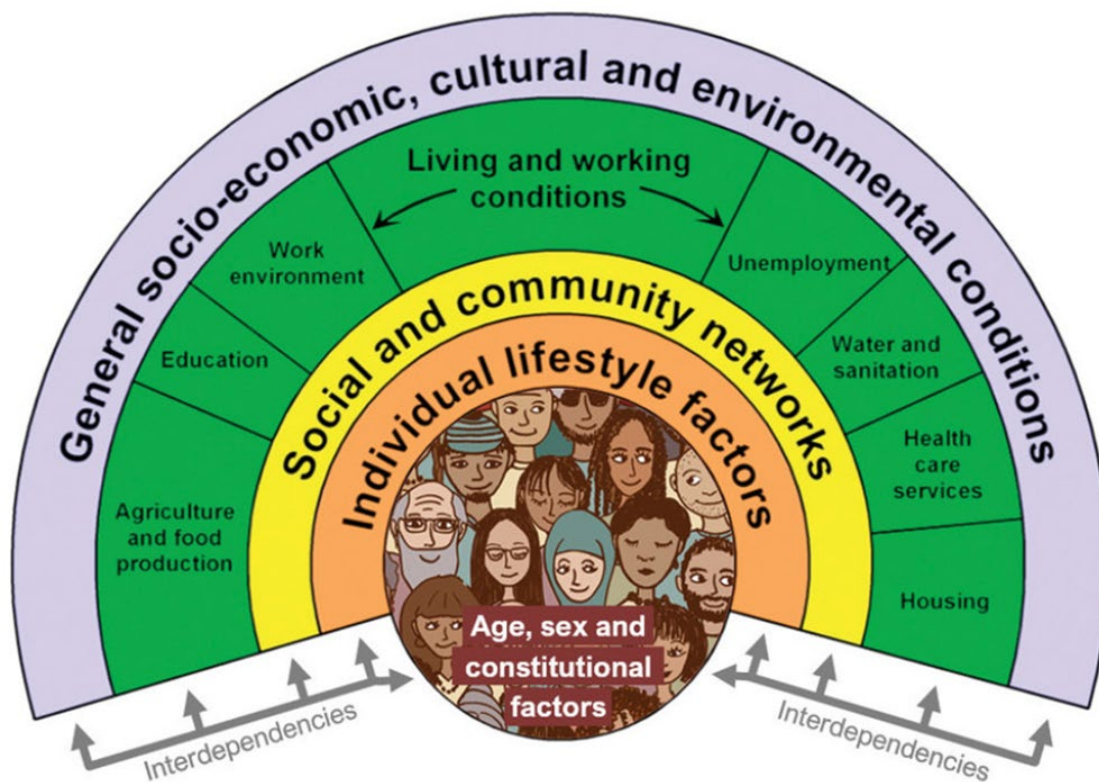
- To put the voices of people and communities at the centre of decision-making and governance
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions
- Understand community's needs, experience and aspirations for health and care
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
- Provide clear and accessible public information on vision, plans and progress to build understanding and trust
- Use community development approaches that empower people and communities, making connections to social action
- Use co-production, insight and engagement to achieve accountable services
- Co-produce and redesign services and tackle system priorities in partnership with people and communities
- Learn from what works and build on networks, relationships, activity in local places

The unequal distribution of the social determinants of health, such as education, housing and employment, drives inequalities in physical and mental health, reduces an individual's ability to prevent sickness, or to take action and access treatment when ill health occurs. These inequalities are complex and embedded in society but they are also preventable.

Health inequalities such as deprivation, low income and poor housing have always meant poorer health, reduced quality of life and early life-expectancy for many people. The COVID-19 pandemic has starkly exposed how these existing inequalities - and the interconnections between them such as race,

gender or geography, are associated with an increased risk of becoming ill with a disease such as COVID-19.

Importantly, as a result of the pandemic, we have learnt how health inequalities can impact on people's lives. Therefore, it is vital to act now and drive forward work programmes that reduce inequalities, prevent poor health and improve people's opportunities for better health.



**Figure 6:** Dahlgren and Whitehead model of the main determinants of health

We use data from CIVICA Engage customer relationship management (CRM) and other sources including Joint Strategic Needs Assessment (JSNA), Public Health England (PHE) and the Office of National Statistics (ONS) to help us to understand better the people we serve. This provides us with information to support the delivery of a targeted and structured approach to engagement to address health inequalities and explore how we can improve our services to meet their needs and add value.



### **Objective 3: To explore and implement hybrid communication and engagement channels to effectively engage with members and the public at large**

- To learn from the lessons during the pandemic, to maximise the benefits of digital engagement whilst bring back face-to-face engagement, when possible, in a hybrid approach to encourage a two-way conversation
- To ensure that a wide range of communication media and methods are explored to aid effectiveness to ensure that members and public at large are kept informed
- To promote the work of the Trust and the Governors and communicate our strategic objectives clearly
- To support the governors to identify opportunities for engagement, between governors, members and the public at large
- To ensure that members and the public at large's views are heard, understood and acted upon as appropriate, provide information to members and take into consideration members' views on how best to do so
- To promote nominations and elections effectively using resources available
- Manage our stakeholder contacts and communications effectively

### **Objective 4: Identify and mitigate risks and evaluate and highlight successes**

#### **Risks**

1. Operational pressures and staff sickness can mean that we have a lack of staff capacity to support engagement initiatives. This must be taken into consideration but does not mean that the provision of information should be compromised.
2. Social distancing means that many of our usual engagement initiatives have been put on hold and whilst regulations have been lifted, we are aware that they might be re-introduced again so we need to be flexible. We need to innovate our communication and engagement to ensure that we can find effective ways to reach out. We continue to analyse the outreach and impact of initiatives so that we can continue to review and improve them.
3. Accessibility to digital engagement might be limited to public and members' availability and access to internet and devices. In addition, we need to ensure that digital innovations are as accessible as possible to any public or members with a disability.

4. Infection, prevention and control measures support public safety but this may inhibit engagement in some conditions.

## Evaluation

Our success will be measured through quantitative and qualitative methods. It will be determined by the level of engagement, membership data, analytics and feedback.

### Quantitative

Item	Action
Membership	Number of members will indicate retention of members to fulfil a representative and fully engaged membership base with increases seen in the identified areas.
Representation	Analysis of membership to ensure that it is representative.
Engagement	Analysis of engagement activities, including events (both online and face-to-face), forums, surveys
Communications	Data analysis of hybrid communication and engagement activities
Elections	Total number of nominations in elections and election turnout

### Qualitative

Item	Action
Engagement	Case studies
Service improvement	Feedback on services or complaints received
Membership survey	Results and comments

CoG Development Action Plan Update, 2023/24 (July 2023)

Actions	Timescale	Lead
<p><b>A - CoG Meetings, Workshops &amp; Papers (positivity rating – 95%)</b></p> <p>The format of future CoG meetings/workshops to be considered by the Chair and Chief Governance Officer, taking into account COVID restrictions and other factors such as financial, environmental and team building/dynamics</p>	On-going	CGO/Chair
<p><b>B - Board Meetings (positivity rating – 77%)</b></p> <p>To help potentially improve Governor attendance/participation, consideration to be given to holding one meeting per annum in the evening</p>	On-going	CGO/Chair
<p><b>C - Skills, Training and Development (positivity rating – 98%)</b></p> <p>We will continue the briefing and Q&amp;A sessions, and will introduce a Governor mentoring scheme to support/develop newly-elected and appointed Governors. Note: a facilitated Governors' Workshop was held on 18 January 2023</p> <p>Establish alternative options (utilising technology) for Governors to observe shifts or to understand the different roles within SCAS*</p>	January 2023	CGO
	May 2021	CGO
<p><b>D - NED / Governor Buddying (positivity rating – 98%)</b></p> <p>NED / Governor buddy walkarounds – 1 per year (for information awareness rather than compliance)* It is proposed to schedule walkarounds from February 2023 onwards.</p>	February 2023 onwards	CGO
<p><b>E – Engagement (positivity rating – 75%)</b></p> <p>Activities to support our engagement strategy and recent NHSE guidance which recommends greater public engagement will be pursued.</p>	On-going	ME
<p><b>F – CoG Committees (positivity rating – 87%)</b></p> <p>To help develop the understanding/awareness of those who are not members of a particular Committee, we will introduce a new Committee Annual Report; this will summarise the work undertaken by the Committee during the past year and present an overview of planned work for the coming year. This will be presented as part of the Annual Members Meeting.</p>	On-going	CGO

Actions	Timescale	Lead
<b>G – Misc</b> Visit other high-performing CoGs – what learnings can be taken from other CoGs good governance (or from poor practice)*	On-going	CGO

Chair	Keith Willett	CGO	Daryl Lutchmaya	ME	Margaret Eaglestone
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\* outstanding action carried forward from the CoG Development Action Plan for 2021

Completed	In-Hand	Delayed by Covid / rolled over
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# WE'RE ON TOUR

## Recruitment Roadshow 2023



Call Handlers



Ambulance  
Crews



Patient  
Transport

**Coming to a town near you**, it's the South Central Ambulance Service Recruitment Roadshow 2023. We're recruiting to a range of roles. Come and talk to us to find out more.

### Visit us at the following locations:

**Friday 13 January**  
Worthing, Sussex

**Saturday 14 January**  
Godstone, Surrey

**Saturday 21 January**  
Newbury

**Saturday 28 January**  
Bicester

**Milton Keynes**  
Otterbourne

**Saturday 4 February**  
Whiteley, Fareham

**Saturday 11 February**  
Oxford

**Saturday 18 February**  
High Wycombe

**Sunday 26 February**  
Milton Keynes



Find out more at [scasjobs.co.uk](https://scasjobs.co.uk)





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# Non-Executive Director Update

Nigel Chapman  
Non-Executive Director  
Council of Governors Meeting  
31<sup>st</sup> July 2023





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# Introduction

The Non-Executive Directors have undertaken a range of activities associated with their role since the previous Council of Governors meeting.

This presentation highlights activities undertaken by Nigel Chapman in his role as a SCAS NED, the issues and opportunities faced by the Trust and Nigel will invite questions from the Governors.



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# Nigel Chapman

- I joined SCAS as a NED in March 2016; my term of office ends March 2025
- I chair the SCAS Charitable Funds Committee. The CFR lead Governor is a substantive member of this committee.
- I also sit on the new Finance and Performance Committee and contribute to strategy development when required.
- I am the NED buddy for Helen Ramsay, Loretta Light and Dave Wesson – all Oxfordshire Governors.





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# Selection of Q1 activities undertaken

## Board/Board Committee/CoG meetings

I attended the following meetings:

- Board Meetings on 25 May and 27 July
- Board Seminars on 27 April and 29 June
- Charitable Funds Committees on April 12 and 12 July
- Finance and Performance Committees on 17 May June 19 and July 20
- Improvement Programme Oversight Boards on 1 June and 3 July



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# Selection of Q1 activities undertaken

## Other SCAS activities

- Visited SCAS locations in Milton Keynes (as part of Board), Didcot RC, Northern House EOC and 111 to meet staff and see operations
- Board training on 17 May ('Effective chairing of meetings and Constructive Challenge')
- Appeal against dismissal panel on 6 July – appeal not upheld
- One to ones with Keith Willett, Vanessa Casey and Mike Murphy
- Joined NED discussion with David Eltringham on developing his 10 Point Plan
- Regular NED calls with Kate Hall, NHS Improvement Director



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# My current NED portfolio

**During 2023-24 I hold the NED portfolio role for:**

- **Development of the SCA Charity** - I meet the SCAS Charity Director regularly and keep close to progress and issues in this area
- **Champion for the SCAS Volunteers** – Progress on the implementation of the SCAS Volunteer Strategy is monitored through and at the CFC. I have taken up specific Volunteer issue with Execs and am always open to contact on issues.
- **Sustainability** Have liaised with CFOs and attended sub committees. It is getting less priority than previously as a result of staff turnover and budgetary pressures



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# My views on the main challenges (risks) and opportunities for the Trust

## Areas of Challenge

- Keeping focus on quality service and patient safety, as the drive to meet a “break even” budget intensifies. Improving core performance in times of peak demand with less money.
- Embedding best practice and sharper assurance processes – in response to the CQC inspection outcomes
- Relaunching our agreed strategy and enthusing staff and partners to help deliver it



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# My views on the main challenges (risks) and opportunities for the Trust

## Areas of Opportunity

- The financial pressures mean making choices and focussing on fewer new developments and doing them very well.
- Using the CQC work and our strategy relaunch as a way of using that focus on us to build partnerships and deeper relationships with NHSE, ICBs and other partners
- Reconnecting with staff under new leadership
- Building the profile of the SCA Charity with corporates and communities to raise profile and funds



**Agenda item: 18**

<b>Meeting:</b>	<b>Council of Governors</b>
<b>Date of Meeting:</b>	<b>31 July 2023</b>
<b>Title of Paper:</b>	<b>Lead Governor's Report</b>
<b>Presented by:</b>	<b>Helen Ramsay, Lead Governor</b>
<b>Paper for Debate, Decision or Information:</b>	Information
<b>Main Aim:</b>	To present a report from the Lead Governor, highlighting key activities in the last three months.
<b>Summary of key points for consideration:</b>	The report summarises the highlights from the previous three months as lead governor..
<b>Recommendations or Outcome Required :</b>	Note
<b>Previous Forum:</b>	Standing agenda item – a report is provided at every formal CoG meeting held in public
<b>Statutory Requirements Met:</b>	N/A
<b>Contact in case of query concerning this paper:</b>	Daryl Lutchmaya, Chief Governance Officer

LEAD GOVERNOR'S REPORT

REPORT FROM LEAD GOVERNOR: HELEN RAMSAY

In the past 3 months, I have been working hard to build on the relationship between SCAS and the Council of Governors. As a Council of Governors we now have an active WhatsApp group that allows us to share thoughts and ideas and support each other. I continue to meet regularly with Sir Keith Willet and to work with Daryl Lutchmaya and his Governance team to address governor concerns as much as possible. I endeavour to provide the Council of Governors with monthly updates on the topics being discussed and the progress being made. Daryl Lutchmaya and his Governance team have provided an update on the Communication Plan included within this Council of Governor meeting pack.

There have been many highlights and progress made in the last three months in my work as Lead Governor with SCAS and I have attempted to summarise these as follows.

I was invited to attend the Membership Engagement Committee on 18<sup>th</sup> May in person which was very productive in generating ideas and thoughts on how SCAS and governors in particular can work with the data highlighting health inequalities in order to be able to target more effectively the engagement work we do to those who need it most. I have spent time during recent weeks working more closely with the Health Access Team at Asylum Welcome, based in Oxford and am working with the Membership Engagement Secretary, Margaret Eaglestone to feedback learnings from this work.

On 23<sup>rd</sup> May, I attended the National NHS Providers Governor Focus Conference at the Kia Oval in London alongside colleagues Loren Bennett, Margaret Eaglestone and Loretta Light who presented the SCAS case study of the Recruitment and Membership Roadshow. There was interest from other Trust governor colleagues at the conference and the opportunity to discuss ideas and challenges. We were given helpful updates on current national health policy and thoughts, ideas and perspectives on the role of governors in diversity, inclusion and health inequalities and the governor role in a sustained crisis.

Myself and Mark Davis are now members of the Lead (and Deputy Lead) Governor Association whereby other Trust lead governors reach out to us as part of benchmarking or seeking advice on challenges within their Trusts.

The 999 day at Calshot on 28<sup>th</sup> May, organised by fellow governor Chas McGill and SCAS colleagues, was a wonderful way to promote SCAS and engage with many enthusiastic members of the public who had come out on such a sunny day by the sea. It was very well-supported both by SCAS staff and members of the public, it was a highlight for me and my family – all ages enjoyed it!

On 2<sup>nd</sup> June, Mark Davis, Deputy Lead Governor, attended the meeting between Buckinghamshire, Oxfordshire and Berkshire West (BOB) Lead Governors and the BOB ICB Acting Chair, Sim Scavazza to discuss ways for the ICB to seek and receive governor and patient feedback to seek assurance for the population it serves. The BOB ICB Joint Forward Plan Summary was reviewed and discussed and follow up discussions are planned.

On 30<sup>th</sup> June, I was able to attend the recruitment event in Bicester with SCAS staff which helped to show both support for the staff and the importance of the roles they are recruiting for and also to help to publicise more about the governor role to members of the public who might be interested in this in future.

Also in June, I worked closely with other governor colleagues and the Nominations Committee to review the approval of terms for Non Executive Director roles culminating in an extraordinary Council of Governor meeting which was able to be held at the end of June and I thank governors

very much for enabling this to happen and for their support in attending. As part of my role with the nominations committee, I have worked with Professor Sir Keith Willet and Daryl Lutchmaya to explore new ideas to help bring diverse talent to SCAS to assist with future NED succession planning.

Just today, on 26<sup>th</sup> July I was able to attend the Queen's Medal and Long Service Awards event at Tithe Barn Bicester. This was a wonderful occasion and such a special way to celebrate the excellent work and inspiring dedication of SCAS staff. I had the chance to speak with SCAS colleagues and their families to understand more about their roles and their dedication to the work SCAS do, it was a very moving afternoon.

I would like to thank the governors very much for both their support and their hard work; this has been a very challenging time for SCAS but I believe your feedback, engagement, support and challenge is key to the success of SCAS and your views and perspectives are very much valued. Thank you.

Helen Ramsay  
Lead Governor  
26 July 2023



Item	Item Detail	Lead	April 23	July 23	October 23	January 24
<b>STRATEGY &amp; PERFORMANCE</b>						
CEO's Report		Chief Executive Officer	X	X	X	X
Improvement Plan update		Chief Strategy Officer	X	X	X	X
ICB Update		Chief Strategy Officer	X	X	X	X
Questions from Governors		Governors	X	X	X	X
<b>COG COMMITTEE UPDATES</b>						
Report from the Nominations Committee		Chair of Nominations Committee	X	X	X	X
Report from the Membership and Engagement Committee		Chair of Membership and Engagement Committee	X	X	X	X
<b>ANNUAL BOARD COMMITTEE REPORTS</b>						
Board and Committee annual schedule		Chair / Chief Governance Officer	X			
Audit Committee Report		Chair of Audit Committee		X		
People and Culture Committee Report		Chair of People and Culture Committee			X	
Finance & Performance Committee Report		Chair of Finance & Performance Committee	X			
Quality and Safety Committee Report		Chair of Quality and Safety Committee				X
<b>ITEMS FOR INFORMATION / DISCUSSION BY EXCEPTION</b>						
Annual Accounts and Annual Report 2022/2023 including Auditors' Reports		Chief Finance Officer		X		
Financial Performance Report (including Estates)		Chief Finance Officer	X	X	X	X

Item	Item Detail	Lead	April 23	July 23	October 23	January 24
People Directorate Report		Chief People Officer	X	X	X	X
Quality Directorate Update		Chief Nurse Officer / Chief Medical Officer	X	X	X	X
Digital Directorate Update		Chief Digital Officer	X	X	X	X
Operations Update - 999, 111 & Other		Chief Operating Officer	X	X	X	X
Governance Directorate Update		Chief Governance Officer	X	X	X	X
<b>COG OPERATIONS</b>						
Lead Governor's Report		Lead Governor	X	X	X	X
Election and Governor update		Chief Governance Officer	X	X	X	X
Council of Governor's Development Action Plan		Chief Governance Officer	X	X	X	X
Communications Strategy for Governors		Director of Communications / Chief Governance Officer		X		X
Membership and Engagement update		Director of Communications / Chief Governance Officer	X		X	
<b>AWAY DAY &amp; WORKSHOP SESSIONS</b>						
Annual Away Day		Chair / Lead Governor / Chief Governance Officer				X
Feedback and Analysis of Council of Governor's Effectiveness Review		Chair / Lead Governor / Chief Governance Officer				X
Annual Strategy Planning		Chair / Lead Governor / Chief Strategy Officer / Chief Governance Officer	X			
Membership and Engagement Strategy		Chair / Lead Governor / Director of Communications / Chief Governance Officer		X		
Communications Strategy		Chair / Lead Governor / Director of Communications / Chief Governance Officer			X	