



## Agenda

### Council of Governors Meeting

**Date: Thursday 17 October 2024**

**Time: 18:30 – 20:30**

**Venue: Shaw House, Communities and Wellbeing, West Berkshire Council Shaw House,  
 Newbury, RG14 2DR**

Item No.	Item	Lead	Action	Time
<b>Opening Business</b>				
1.	<b>Chair’s Welcome &amp; apologies for absence</b>	Keith Willett	Verbal/ To note	18:30
2.	<b>Declarations of Interests</b>	Keith Willett	Verbal/ To note	
3.	<b>Minutes from 29 July 2024 meeting</b>	Keith Willett	To note	
4.	<b>Action Log and Matters Arising</b>	Keith Willett	To note	
<b>Statutory Duties: Performance and holding to account</b>				
5.	<b>Governor priorities and areas of interest</b>	Helen Ramsay	To note	18:40
6.	<b>Chief Executive’s Update</b>	David Eltringham	To note	18:45
7.	<p><b>Area of assurance:</b> to provide assurance and to inform discussion in this section please refer to the Integrated Performance Report; Board Committee Escalation Reports; and other information available in the September 2024 Board in Public meeting papers at: <a href="https://www.scas.nhs.uk/Board-Meetings">Board Meetings   South Central Ambulance Service (scas.nhs.uk)</a></p> <p>a) Integrated Performance Report</p> <p>b) Board Committee Escalation Reports</p>	<p>David Eltringham</p> <p>Non-</p>	Verbal For Assurance	19:00

		Executive Directors		
8.	<b>Governors' response to assurance update</b>	All	Verbal	19:20
9.	<b>Questions from Governors</b> <i>Questions from Governors should be submitted to the Company.Secretary@scas.nhs.uk mailbox 48 hours before the meeting.</i>	All		19:50
10.	<b>Annual Report and Accounts</b>	Jamie O'Callaghan	To note	20:00
<b>Council of Governors Operations:</b>				
11.	<b>Membership and Engagement Committee report</b>	Alan Weir	To note	20:10
12.	<b>Council of Governors Development Action Plan</b>	Jamie O'Callaghan	To note	20:15
<b>Closing Business</b>				
13.	<b>Any Other Business</b>	Keith Willett	To note	20:20
14.	<b>Questions from Members/Observers</b> <i>Questions from Members/Observers should be submitted to the Company.Secretary@scas.nhs.uk mailbox 48 hours before the meeting.</i>	Keith Willett	To note	
15.	<b>Review of meeting effectiveness</b>	Keith Willett	To note	20:30
16.	<b>Time, Date, and Venue of next Meeting</b> Wednesday 12 February 2025, Shaw House			



## Minutes Council of Governors

**Date:** 29 July 2024

**Time:** 17:00 – 19:30

**Venue:** Shaw House, Communities and Wellbeing, West Berkshire Council, Shaw House, Newbury, RG14 2DR

### **Governor's present**

Mark Davis	Public Governor, Berkshire & Deputy Lead Governor
Mike Appleyard	Public Governor, Buckinghamshire
Rachael Cook	Staff Governor, Staff Governor, 999 EOC
Lloyd Day	Staff Governor, 999 Operations South
Tim Ellison	CRF Governor
Hilary Foley	Public Governor, Hampshire
Tariq Khan	Staff Governor, NHS 111
Paul Kelly	Public Governor, Buckinghamshire
David Luckett	Public Governor, Hampshire
Charles McGill	Public Governor, Hampshire
Tony Nicholson	Public Governor, Hampshire
Huw Pateman	Public Governor, Buckinghamshire (Teams)
Mark Potts	Public Governor, Berkshire
Alan Weir	Staff Governor, Corporate Services
Heather Wicks	Public Governor, Oxfordshire
Cllr Barry Wood	Appointed Governor (Teams)
Christopher Wood	Public Governor, Hampshire

### **Governor apologies**

Anne Crampton	Appointed Governor
Grahame Hoskin	Appointed Governor
Chris Jenner	Staff Governor, PTS and Logistics
Tony Jones	Public Governor, Berkshire
Helen Ramsay	Public Governor, Oxfordshire & Lead Governor
David Wesson	Public Governor, Oxfordshire

### **Governors not in attendance**

Ian Sayer	Staff Governor, 999 Operations North
-----------	--------------------------------------

### **Directors/Others in attendance**

Sumit Biswas	Non-Executive Director, Deputy Chair & Acting Chair
Les Broude	Non-Executive Director
Nigel Chapman	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Mike McEnaney	Non-Executive Director
Dhammika Perera	Non-Executive Director (Teams)
David Eltringham	Chief Executive
Kofo Abayomi	Head of Corporate Governance & Compliance
Susan Wall	Corporate Governance and Compliance Manager

## Presenters

Jess Berry Head of Inequalities in Population Health Inequalities Team, Hampshire & Isle of Wight, Integrated Care Board  
Campbell Todd Deputy Director of Population Health and Health Inequalities, Hampshire & Isle of Wight, Integrated Care Board

## Other apologies

Professor Sir Keith Willet Non-Executive Director & Chair  
CBE  
Ian Green Non-Executive Director  
Margaret Eaglestone Stakeholder and Engagement Manager  
Jamie O'Callaghan Interim Chief Governance Officer

Item No.	Agenda Item
<b>1.</b>	<b>Chairs Welcome</b>
1.1	Sumit Biswas, Non-Executive Director, and acting Chair welcomed all to the meeting, and apologies for absence were noted.
1.2	Sumit Biswas apologised for the short notice cancellation of the planned workshop that day. David Eltringham, Chief Executive Officer stated that owing to the changes and current absences in the Executive Team it had not been possible to deliver the Fit for the Future workshop. Caroline Morris, Transformation Programme Director had stepped up to cover this work, which included a review of workshops.
1.3	Sumit Biswas drew attention to the revised agenda that included questions on areas of priorities and interest raised by the governors, and the intention was to provide assurance for these.
<b>2.</b>	<b>Declarations of Interest</b>
2.1	There were no declarations of interest pertinent to items on the agenda.
<b>3.</b>	<b>Minutes from 3 April 2024 meeting &amp; 29 April 2024 Extraordinary meeting</b>
3.1	The minutes for Council of Governor (CoG) meetings were approved as a true record of the meeting, subject to corrections for attendees for the 3 April Meeting 2024.
<b>4.</b>	<b>Action Log and Matters Arising</b>
4.1	The Action Log was reviewed.
4.2	<b>Actions closed:</b> Action 2 – CoG Development Action plan, on the agenda Action 4 – Review of agenda structure, pilot agenda in place for that meeting
<b>5.</b>	<b>Governor priorities and areas of interest</b>

5.1	Sumit Biswas outlined the questions circulated had been provided by the Governors prior to the meeting and comprised of areas where assurance was being sought. Owing to the number of areas raised and possible time limitations the aim was to provide responses that day if not matters would be followed up outside of the meeting. Additional questions received prior to the meeting would be addressed also.
5.2	<b>The Council noted the questions submitted.</b>
6.	<b>Chief Executives Report</b>
6.1	David Eltringham commenced by offering his thoughts and condolences to family, friends, and colleagues on behalf of the Board and Council of Governors in acknowledging the recent passing of three colleagues.
6.2	<p>The Chief Executives Report was taken as read with additional points being:</p> <ul style="list-style-type: none"> <li>• Jamie O'Callaghan had joined as interim Chief Governance Officer (CGO), and the post of CGO had been out to recruitment with interviews scheduled for the following week;</li> <li>• Duncan Robertson had been appointed as Chief Paramedic. This was a new Executive level role that was key for the organisation;</li> <li>• the Executive team were focusing on four areas: quality and safety; operational performance; workforce and wellbeing; and finance to assist in ensuring stability and maintaining services for patients and the community under the current NHS pressures; and</li> <li>• in relation to the new government the Trust would be working alongside in making changes and improvements and there would be an opportunity to participate in the development of the NHS 10 year plan.</li> </ul>
6.3	<b>The Council noted the Chief Executives Report.</b>
7.	<p><b>Area of assurance:</b> To inform the discussion on the agenda items listed in this section, included are the: Integrated Performance Report; and Board Committee Escalation Reports.</p> <p>a) Integrated Performance Report</p> <p>b) Board Committee Escalation reports:</p> <ul style="list-style-type: none"> <li>i. Finance &amp; Performance update</li> <li>ii. People &amp; Culture update</li> <li>iii. Quality &amp; Safety update</li> </ul>
7.1	Sumit Biswas acknowledged the reports as supporting information for discussions, and responses to governor questions arising from the papers and governor priorities and areas of interest would be provided at item 8 or other items as appropriate.
7.2	<b>The Council noted the format.</b>
7.3	<b>The Council noted the format.</b>
8.	<b>Questions from Governors &amp; response to priorities</b>
8.1	Tony Nicholson enquired what were the implications of the continuing financial pressures; and for an update on the original intention to announce the proposed

	<p>Hub locations by the end of June 2024. In relation to the Hubs David Eltringham informed conclusions were being reached. The matter was not just related to the financials with the delay being impacted by: more questions needing to be asked; the period of purdah; and capacity. Caroline Morris was now leading the work with a consultancy who had already been commissioned.</p>
8.2	<p>Sumit Biswas clarified the concept of a Hub was about bringing people together under new working practices, and was not necessarily a building; perhaps there could have been clearer communication around this. Les Broude agreed improved communication was required, and in relation to the Fit for the Future Programme Pillars it was logical to decide the various programmes and within that to come up with a proposal. Feedback on next steps would be provided by Caroline Morris with follow on communications of what the Trust was aiming to do over the next 3 -5 years.</p>
8.3	<p>Nigel Chapman stated the future was complicated with short term urgent priorities alongside longer term aspects and that it was not possible to just broadcast all information or broadcast an overload of information without engagement to ensure communications were not broadcast in the wrong way. He highlighted team leaders were critical in the dissemination of information. Hilary Foley added it could be a positive opportunity in needing more time to have further conversations on 'buy in' to the programme. Alan Wier added it was not necessarily about the broadcasting, as no information had been forthcoming in regard to the corporate restructure for which the pause was causing anxiety amongst staff. Lloyd Day added frontline members of staff had very limited time for administration, being allocated 4 hours in every 17 weeks, which would impact on accessing communications or why surveys were not responded to. Sumit Biswas summarised there were multiple ways required for the dissemination of information.</p>
8.4	<p>Heather Wicks queried if the Fit for the Future Programme and Southern Ambulance Collaboration enhanced and complemented one another so as not to be limiting capacity.</p>
8.5	<p>Barry Wood enquired about: the slippage on the capital programme of £6.0 million, and how would this be addressed; would the formation of the South East Ambulance Collaboration assist in the purchasing of ambulances as costs could go up; and was money not being spent invested. Mike McEnaney, Non-Executive Director stated a subsidiary company of SCAS, South Central Fleet Services (SCFS) managed the onboarding, repair, and maintenance of the Trusts fleet. SCFS met quarterly when capital and safety standards were reviewed and validated. There was a national procurement directive for Fiat vehicles, however the vehicles were proving problematical in terms of earlier engine replacement than planned. Other pressures impacting the availability of vehicles was the delay in new vehicles and an aging fleet requiring more repair. Les Broude, in response to the capital programme query informed there was a capital plan that included everything from vehicles to estates which was prioritised. The programme was closely monitored by the Interim Director of Finance and the aim was for monies to be spent within its allocation to minimise risk, and there was just enough cash for operating without borrowing. Capital projects were long term and existing and new policies introduced would assist in enhancing better cash management.</p>
8.6	<p>Lloyd Day raised a concern on the safe running of vehicles for operational use in relation to a common fault on the Fiat ambulances relating to indicator</p>

cancellation. Mark Davis added there had been issues with the poor performance of Fiat ambulances from the beginning, and was costing the Trust money. David Eltringham stated that the Director of Operations ensured there were processes in place for testing ambulances. The purchase of ambulances had been based on a national productivity and efficiency directive to move to a standardised ambulance chassis, however a proposal by the National Ambulance Advisory Group was to widen purchasing options. It was noted that Mike McEnaney would follow up the question posed. **Action: for the processes in place around vehicle defects and safety to be clarified**

8.7 Mike Appleyard enquired if the South East Ambulance Collaboration, based on the current governance of organisation, would mean a loss of autonomy. David Eltringham informed that all ambulance providers were being encouraged to participate in collaborations by NHS England, and the ICBs had signed up to this work.

8.8 Mike Appleyard referred to Category performance levels detailed in the Integrated Performance Report. It would make sense for the metrics to be reduced and for the focus to be on the issues causing the problems especially with media focus on Category 1s. The current performance showed 29:50 minutes against a target of 30:00 minutes. Nigel Chapman, Non-Executive Director said it was a good point regarding the focus to be on issues, however it was complex as it was more about what was or wasn't in control by SCAS. The numbers fluctuated monthly and would be thereabouts in terms of provider hours, staff hours and vehicles on the road. David Eltringham clarified the target nationally for urgent and emergency was 30:00 minutes whereas the previous year it had been 18:00. Nigel Chapman clarified for Mike Appleyard that the use of 'thereabouts' related to the numbers varying monthly so it would be a reference to the average. Les Broude informed SCAS were liaising with commissioners in how the system needs to work as a whole in terms of handover delays and this aspect was reviewed at the Finance and Performance Committee.

8.9 Tony Nicholson referred to the five digital security risks reported and queried associated cost implications with the current financial challenges. Les Broude informed: the cost of mitigation would fall within the digital budget; there was a capital budget for IT improvement; and the Chief Digital Officer would be reporting to the September Finance and Performance Committee the mitigations around risks with recommendations to Board. Katie Kapernaros, Non-Executive Director said there was a cost to doing things but also cost to not doing things in terms of risk in IT and a failure in not modifying would carry its own risk. Sumit Biswas added there had been a session at Board and for staff on cyber security risks, and that the introduction of a Digital Risk Register had been a positive step.

8.10 Mark Potts enquired about the level of vacancies which he had been alerted to from observing the People and Culture Committee, and Chris Wood enquired about the culture of maintaining staffing levels. Sumit Biswas, a member of the People and Culture Committee replied that workforce shortfalls were reviewed at every meeting, and although this was not solid assurance, were reviewed for: risk and staffing tolerance levels; performance issues; and to review the compliment of people in the right areas. Nigel Chapman said vacancy numbers varied all the time with the gap between reality and ambition being much more stable and favourable than previously. There were challenges, however the Trust was committed to stabilising numbers and the situation was monitored.

	Matters were challenging with the requirement to focus on results, and sensitivities to the impact on staff was recognised, especially for those transitioning to new contracts.
8.11	David Eltringham provided responses: the Executive Team were sensitive to challenges, and that it had been a shock and disappointment in the loss of the Patient Transport Service (PTS) contract; non-recurrent monies had been invested in growing corporate areas and now it was necessary to re-structure; the fleet in SCAS was poor compared to other ambulance trusts; and although much work had been put into improving communications acknowledged this was an area the Trust need to get better at. He was working with the Director of Communications, Marketing, and Engagement in how to mobilise communications more effectively to ensure the correct channels and clear messaging that would include liaison with those connected to stations.
8.12	Sumit Biswas said in relation to Board changes these had already been mentioned. Regarding organisational continuity the Remunerations Committee reviewed: Director roles; the areas of responsibility; how to address changes and risks; and succession planning.
8.13	Regarding meeting administration, the following points were raised: for timely circulation of papers to allow for questions from Governors and the public; accuracy of papers; prompt circulation of minutes; frequency of meetings; and to clarify the format and expectations around governor priority questions and responses. Kofo Abayomi said the minutes would be circulated within the time frame stipulated in governance documents. It was also agreed that a follow up meeting would be put in place which would cover the matters raised around the CoG administration. <b>Action: follow up meeting to be held to review CoG, administration, meeting, and new style agenda.</b>
8.14	Hilary Foley asked if it was possible for a named NED to take responsibility for an ICB, and if this could be an action. <b>Action to consider for a named NED to take responsibility for an ICB.</b>
8.15	Priority 4 (Health and Wellbeing) this would be responded to post meeting. <b>Action: for a response to be provided for priority 4 around the follow up to the health and wellbeing week.</b>
8.16	<b>It was noted that the priorities raised by governors had been spoken to and where further actions were required this had been noted as separate actions.</b>
<b>9.</b>	<b>Information presentation – Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) Health Inequalities</b>
9.1	Sumit Biswas introduced Campbell Todd, Deputy Director of Population Health and Health Inequalities, HIOW ICB, and Jessica Berry, Head of Inequalities in Population Health Inequalities Team, HIOW ICB.
9.2	Campbell Todd stated the focus for the team was to set out the strategic approach and framework for HIOW ICB in providing stewardship for the new NHS mandatory responsibilities for the NHS realisation in supporting health inequalities. This work was supported by the Executive Lead for Population Health and Inequalities, Lara Alloway, Chief Medical Officer, HIOW ICB.



9.3	<p>The presenters outlined their 5 year forward plan was being renewed with a strengthened focus on prevention and health inequalities in line with the principles set out for organisations by the NHS. They expressed that SCAS as partner service provider, and as part of the wider system, had a unique role in being an anchor organisation with front line staff being open to wider than the clinical need when in people's homes. This was an opportunity to work collaboratively and to support and engage with the wider system.</p>
9.4	<p>Mike Appleyard enquired about the availability of monies that should be coming from authorities in support of localities and the impact of this initiative on budgets, and Paul Kelly raised that the programme had already started and if additional needs were required by SCAS in how to progress the connection. Sumit Biswas replied that it was more about the overall joined up collaborative practical approach, and Katie Kapernaros informed similar conversations were being held in Oxford Health where it was happening in pockets.</p>
9.5	<p>Sumit Biswas was confirmed for the MEC to take the lead informed by the Health and Inequalities Governor working Group for Health Inequalities</p>
9.6	<p><b>The Council noted the presentation and the lead role of the MEC in supporting Health and Inequalities.</b></p>
10.	<p><b>Non-Executive Director Report: Dhammika Perera</b></p>
10.1	<p>Dhammika Perera, Non-Executive Director detailed his NED update as outlined on slides in the paper pack previously circulated.</p>
10.2	<p>Points to highlight relating to observations of key challenges:</p> <ul style="list-style-type: none"> <li>• the difficulties in adhering to Cost Improvement Programmes that were multifaceted in the continual requirement in reducing costs and finding efficiencies. This was whilst aiming to achieve targets and maintaining key indicators within acceptable limits for patient safety and quality of services without any compromise;</li> <li>• work had been undertaken in the embedding of improvements in such a way to be visible and lead to better results at a future CQC inspection to take into account the changes in how the CQC were now undertaking inspections; and</li> <li>• the impact of circumstances both within and outside of the NHS having a major negative impact on SCAS that were outside the control of SCAS, an example being handover delays.</li> </ul>
10.3	<p>Heather Wicks enquired: what was being done to work up the assurance and monitoring of improvement plans for the Non-Executive Directors to be assured to address these and other challenges; was there a Corporate Risk Register; and how did the organisation assure itself in the dissemination of messages and evidence of change. Sumit Biswas responded the risk register could be found in the Board in Public papers; and the embedding of change was a communications improvement loop piece to be put in practice to know if the Trust had improved or not. Dhammika Perera mentioned a lot of work had already been undertaken around the embedding piece but there was more to be done for more frequent communications so that it was fresh in staff minds what they were doing differently now compared to two years ago.</p>
10.4	<p>Sumit Biswas confirmed a response to priority 6 (Staff Support when making a decision in good faith) and priority 8 (International Paramedic competency)</p>

10.5	<p>would be followed up post the meeting, and had been delayed owing to input being required from clinical teams to be able to bring back assurance to the governors. <b>Action – to provide assurance to the governors on their priority areas of staff support when making a decision in good faith (priority 6)</b>  <b>Action – to provide assurance on international paramedic competency (priority 8).</b></p> <p><b>The Council noted the update and actions.</b></p>
11.	<p><b>Council of Governor Committee updates:</b></p> <p><b>a) Membership and Engagement Committee (MEC) report</b></p> <p>11.1 Mark Davis highlighted from the MEC update report: the useful presentation from the Resuscitations Council UK received at the last meeting covering their approach to managing health inequalities; and the work of Governors public engagement. He also gave acknowledgement to the tremendous job Helen Ramsay, Lead Governor was doing.</p> <p>11.2 <b>The Council noted the update.</b></p> <p><b>b)Membership and Engagement approval of Chair and Deputy</b></p> <p>11.3 The Council received a proposal to appoint a new Chair - Alan Weir, and Deputy Chair – Mark Potts, for the MEC. The Council approved the proposal. Tony Nicholson gave thanks for Mark Davis as the out-going MEC Chair for his time as Chair which was echoed by the Council and those present.</p> <p>11.4 <b>The Council APPROVED Alan Weir as Chair, and Mark Potts as Deputy Chair for the Membership and Engagement Committee.</b></p> <p><b>c)Health and Inequalities Governor Working Group</b></p> <p>11.5 Alan Weir stated the presentation to the Council earlier that evening by HIOW ICB Health Inequalities Team at item 9 had covered the background around Health Inequalities. The Governor Working Group was addressing how to progress aspects of mandatory Health and Inequalities matters in particular: AACE Maturity Matrix gap analysis; to establish who the nominated Executive Director was for Health Inequalities; and for some steer and guidance on the direction of strategy. David Eltringham informed he was currently reviewing for an Executive Director Lead. <b>Action: for an Executive Director to be nominated as the Health Inequalities Executive Lead.</b>  It was noted an event organised by Chas McGill had been successful with positive feedback received, and other Governors were welcome to join the newly formed working group.</p> <p>11.6 <b>The Council noted the update and action.</b></p>
12.	<p><b>Governance update</b></p> <p>12.1 Sumit Biswas took the Governance update report as read. It was noted for the date for the Annual Members Meeting (AMM)/Annual General Meeting (AGM) to be determined. <b>Action: for the AMM/AGM meeting date to be confirmed.</b></p> <p>12.2 In discussion following, the Council acknowledged work was ongoing to improve governance processes associated with the COG, including the timeliness of papers, availability of minutes, and responses / follow-through to assurance points notified</p>

12.3	<b>The Council noted the update and action.</b>
<b>13.</b>	<b>Council of Governors Development Action Plan</b>
13.1	Sumit Biswas took the information provided for the item as read and invited questions. It was noted: the Governors portal was work in progress; to follow up the Policy and Procedures for Governor Ride Outs; and for the Development Action Plan to be reviewed for prioritisation of areas, timelines, and dates in considering capacity. <b>Action: Policy and Procedures for Governor Ride Outs to be established.</b> <b>Action: Governor Development Action Plan to be prioritised for what was applicable with appropriate timelines.</b>
13.2	<b>The Council noted the Governors Development Action Plan update and actions.</b>
<b>14.</b>	<b>Any Other Business</b>
14.1	Noted for individual administration queries to be sent to the Governance Team for resolution.
<b>15.</b>	<b>Questions from Members/Observers</b>
15.1	Sumit Biswas said he hoped the areas of assurance stipulated by the Governors had been responded or reacted to, or an action taken for response.
15.2	Other questions raised prior to the meeting relating to Governor Buddies and the replacement of an appointed governor were in hand.
15.3	Barry Wood enquired how governors could best find out post the PTS changes if this change in service provider was appropriate for patients. David Eltringham said the decision in awarding the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care Service (ICS) PTS contract rested with the Trust's commissioners and if the question was to test how well the transition to the new provider had gone that would need to be put to the commissioner in BOB ICS, which the Council could follow up appropriately the methods leading to the change.
15.4	Mark Davies raised two issues: the fact that there had been no provision for refreshments made by the Trust for staff who were volunteering at an event; and the withdrawal of the provision of fresh milk at centres. David Eltringham replied: he had attended the aforementioned event and had subsequently put in place a budget to support teams at such events; and the Trust was having to make many difficult decisions and in relation to the decision to replace fresh milk with long life milk was one, the saving of from this being similar to the cost of one paramedic. However, following the reaction from staff they were reviewing the possibility of allocating monies to centres to provide the choice in how it was spent.
<b>16.</b>	<b>Areas for highlight to Non-Executive Directors</b>
16.1	Sumit Biswas stated that areas of highlight had been covered throughout the meeting as part of the revised format in addressing Governor priorities and interests.

<p><b>17.</b></p> <p>17.1</p> <p>17.2</p>	<p><b>Review of meeting effectiveness</b></p> <p>Sumit Biswas apologised for the meeting over running. The extension to the meeting time had been agreed with those present to assist in covering the planned agenda. He summarised the meeting had covered what the Governors had wished to address, and a review of the new format had been planned.</p> <p>Lloyd Day expressed it had been an improvement to previous meetings as the agenda had related to what Governors had felt was important with space to ask questions, rather than the focus being on presentations. Other expressed agreement with this.</p> <p>Meeting ended at 20:00.</p>
<p><b>18.</b></p> <p>18.1</p>	<p><b>Date, Time, and Venue of next Meeting</b></p> <p>Thursday 17 October at 18:30, at Shaw House, Communities and Wellbeing, West Berkshire Council, Shaw House, Newbury, RG14 2DR</p>

## Council of Governors Meeting 17 October 2024

Key for Status  Open  Propose to Close

Action No.	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
5	Questions from Governors & responses to priorities	For the processes in place around vehicle defects and safety to be clarified	MMcE	17.10.24	Propose to Close	<p>Both SCAS and SCFS maintain the highest standards across all aspects of our fleet maintenance operations.</p> <p>The Director of Fleet and Operational Support Services described the specific response taken in relation to a recent report, as follows:</p> <p>A defect was brought to our attention by a staff governor, relating to Fiat DCA indicators not self-cancelling. This was investigated alongside the Fleet Operations Manager.</p> <p>Following the investigation, in collaboration with the Driving Standards Manager, assurance was provided to the original reporter that the identified issue did not require an immediate Vehicle Off Road (VOR) response. Current practice remains in effect where reports occur, SCAS instructs drivers to continue their shifts, and the Operational</p>

						<p>Support Desk (OSD) schedules workshop appointments at the earliest convenience.</p> <p>In addition to this specific issue, I want to emphasise our commitment to broader fleet safety standards. While the Fiat DCA experiences high defect rates from the second year onward, please be assured that SCAS and SCFS consistently uphold all legal and SCAS safety protocols. Our current VOR levels significantly exceed the KPI position of 23% due to this strict adherence to safety and the high standards that you would expect from a blue light responder fleet. We continue to operate an effective defect triage system through the OSD, and we actively explore ways to enhance fleet efficiency and safety.</p>
6	Questions from Governors & responses to priorities	Follow up meeting to be held to review CoG administration, the meetings, and new style agenda	SB/JO	17.10.24	Propose to Close	Follow up meeting to review CoG administration held 28.08 24.
7	Questions from Governors & responses to priorities	For consideration for a named NED to take responsibility for an ICB	JO	17.10.24	Propose to Close	Further to consideration by the Chair and NEDs, it has been agreed that reporting on ICB/ICSs should sit with the CEO or Chair.
8	Questions from Governors & responses to priorities	For Governor Priority 4 (Health and Wellbeing) response to be provided	IG	17.10.24	Propose to Close	Staff Health and Well-being is an important issue that is regularly reviewed by the People and Culture Committee, including feedback from the well-being week. We continue to seek assurance that our offer around staff

						support and well-being is appropriately targeted and impactful for staff. A further report will be considered by P&C Committee shortly as part of its annual cycle of business.
9	NED update	To provide assurance to the governors on support available to staff who have made a sub-optimal decision in good faith as requested under item 10 of the meeting held on 29 July 2024 (Original Governors request Assurance that NEDs are confident that there is sufficient process for supporting members of staff when caught out in a particular area where staff try to make the right decision at the time in good faith (e.g. due to long waits) but then are later found to have made the wrong decision)	DP	17.10.24	Propose to Close	Our clinical practice guidelines (JRCALC) and clinical operational policies and procedures are regularly updated. We expect our clinicians to always exercise their professional judgement on a case-by-case basis and to seek advice and guidance from other experienced clinicians from primary and secondary care when required as described in our clinical strategy. When clinical incidents arise, our clinical governance teams review the case end-to-end using Patient Safety incident Review Framework (PSIRF) methodology to identify and cascade new learning when identified.
10	NED update	To provide assurance on international paramedic competency as requested under item 10 of the meeting held on 29 July 2024 (Original Governor request - Governors understand that there are at least two ambulance trusts where there has been overseas recruitment of paramedics recently who have had to be subsequently dismissed because of	DP	17.10.24	Propose to Close	Rest of World applications were introduced at SCAS as part of the 2023-24 recruitment plan. Consideration of associated risks is closely reviewed and monitored by SCAS Education Team with oversight from the People and Culture or Quality and Safety Committee as appropriate. Both of which have escalation reporting pathways to the Trust Board.

		inadequate competence. Please can we seek assurance on if this has been identified as a risk (clinical and reputational) and if so, how is this being addressed).				
11	CoG Committee updates	For an Executive Director to be nominated as the Health Inequalities Executive Lead	DE	17.10.24	Propose to Close	20.08.24 John Black confirmed as the Health Inequalities Executive Lead
12	Governance update	For the AMM/AGM meeting date to be confirmed	JO	17.10.24	Propose to Close	AMM meeting date confirmed 23 October 2024
13	CoG Development action plan	Policy and procedures for governor ride outs to be established	JO	12.02.25	Open	Currently liaising with other Ambulance Trusts and will report back with an update.
14	CoG Development action plan	Action plan to be prioritised for what was applicable with appropriate timelines	JO	17.10.24	Propose to Close	On the agenda





## Report Cover Sheet

<b>Report Title:</b>	Governor priorities and areas of interest
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Thursday, 17 October 2024
<b>Agenda Item:</b>	5
<b>Executive Summary:</b>	Following a Council of Governors pre-meeting of Governors, the Governors would like to seek assurance on the topics in the report.
<b>Recommendations:</b>	The Council of Governors is asked to Note the report.
<b>Accountable Director:</b>	Jamie O'Callaghan, Interim Chief Governance Officer
<b>Author:</b>	Helen Ramsay, Lead Governor
<b>Previously considered at:</b>	Governor CoG Pre Meeting
<b>Purpose of Report:</b>	Assure
<b>Paper Status:</b>	Internal
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options -</b></p> <ul style="list-style-type: none"> <li>• <b>Significant</b> – High level of confidence in delivery of existing mechanisms/objectives</li> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> <li>• <b>Partial</b> – Some confidence in delivery of existing mechanisms/objectives</li> <li>• <b>No Assurance</b> – No confidence in delivery</li> </ul> <p><b>Assurance Level Rating:</b> Partial - Response to be delivered at COG</p>

<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	Well Led
<b>Links to BAF Risks or Significant Risk Register:</b>	SR9 - Delivery of the Trust Improvement Programme
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/A
<b>List of Appendices</b>	N/A

## COUNCIL OF GOVERNORS MEETING – 17 Oct 2024

### Governor priorities and areas of interest to seek assurance on

Question for assurance	
1.	<p>Excessively long waits for category 3 calls are starkly reflected in the Board papers. At the same time, governors understand there are potentially ambulances not being deployed due to staff availability, as overtime is being financially constrained to reduce overspend.</p> <p>How are NEDs assured: first, that the full patient safety risk of those delays and staff management are considered in the Trust's response model; and also, on the plans to reduce the delays?</p>
2.	<p>Governors understand that there are to be significant redundancies in the mental health training team (potentially cut from four to one) but that, nationally, mental health advice is increasingly expected to be provided in the first instance via 111.</p> <p>Please can we seek NEDs' assurance if this has been identified as a risk (clinical and reputational) and if so, how is it being addressed?</p>
3.	<p>At the last CoG governors raised the issue of the AACE self-assessment health inequalities matrix that almost all other Ambulance trusts have completed.</p> <p>Please can we seek NEDs' assurance that SCAS has now also completed this; or, if not, whether the noncompliance been entered into the central risk register?</p>
4.	<p>Governors are concerned about overdue maintenance across the Trust Estate, and particularly where there are implications for staff welfare as winter approaches. In Northern house, for example, window draughts have not been addressed since last year - meaning staff have to wear coats during cold weather in the call centre.</p> <p>Please can we seek NEDs' assurance that, as part of preparations for winter, there is a named individual who is taking due account and that a prioritised list of estate maintenance issues has been created and is being addressed?</p>
5.	<p>Governors are concerned that, at public board, the problem of Vehicles Off Road (VOR) was reviewed but it was addressed wholly around the availability statistics.</p> <p>Can governors seek assurance that, beyond these, NEDs are also doing a deep dive on the practical effects on the front line staff in terms of morale and patient impact?</p>
6.	<p>The loss of the two PTS contracts has clearly been significant commercially.</p> <p>What assurance can NEDs offer governors as to why SCAS lost these contracts and what learnings are being taken on board?</p>



## Report Cover Sheet

<b>Report Title:</b>	CEO Briefing
<b>Name of Meeting</b>	Council of Governors Meeting
<b>Date of Meeting:</b>	Thursday, 17 October 2024
<b>Agenda Item:</b>	6
<b>Executive Summary:</b>	<p>The CEO Report includes the following:</p> <ul style="list-style-type: none"> <li>• Operational challenges and staff recognition</li> <li>• Corporate review</li> <li>• New 'Team Brief Live' process introduced</li> <li>• Southern Ambulance Services Collaboration (SASC)</li> <li>• Recovery support programme, transformation and collaboration</li> </ul>
<b>Recommendations:</b>	<p>The Council of Governors are asked to:</p> <p>Note</p>
<b>Accountable Director:</b>	David Eltringham – Chief Executive Officer
<b>Author:</b>	David Eltringham – Chief Executive Officer
<b>Previously considered at:</b>	N/A
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<p><b>Assurance Level Rating Options -</b></p> <p><b>Assurance Level Rating:</b> Acceptable</p>
<b>Justification of Assurance Rating:</b>	Not Applicable

<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not Applicable
<b>List of Appendices</b>	Not Applicable

# Meeting Report

<b>Name of Meeting</b>	Council of Governors
<b>Title</b>	Chief Executive Officer's Update
<b>Author</b>	David Eltringham, Chief Executive Officer
<b>Accountable Director</b>	David Eltringham, Chief Executive Officer
<b>Date</b>	17/10/2024

## 1. Purpose

The purpose of this CEO Report is to keep the Council of Governors abreast of key issues and developments since its last meeting held in July 2024.

## 2. Background and links to previous papers

This update is based on information relating to July to September 2024.

## 3. Executive summary

This report provides an update on key areas at SCAS, including:

- Operational challenges and staff recognition
- Corporate review
- New 'Team Brief Live' process introduced
- Southern Ambulance Services Collaboration (SASC)
- Recovery support programme, transformation and collaboration

## **Operational challenges and staff recognition**

As you know, the operating environment continues to be tough. The periods of extreme heat, whilst few this summer, still put extra pressure on our services as well as increased demand over the bank holiday periods. Our focus remains around balancing patient safety, performance and staff wellbeing whilst working within the financial constraints. We are also working with system partners on improvements, in particular handover delays in Portsmouth and South-East Hampshire. I want to thank each member of the SCAS team for their dedication and ongoing commitment in helping us deliver high quality care to our patients.

On the 30 July we held the SCAS Long Service awards at Farnham Castle on the Surrey/Hampshire borders. Over 100 attendees enjoyed the event with staff and their guests representing all services and being recognised for their outstanding long service of more than 20 years. More detail may be found in the Communications Board paper.

## **Corporate review**

The corporate services review launched on Tuesday 20 August, with the consultation due to close at midnight on 11 October. The review is an essential part of helping us return to financial sustainability and is part of making our organisation fit for the future.

Over a number of years, the Trust's corporate costs have increased as we have taken on staff to support the delivery of new contracts. Now that some of those contracts have ended, our corporate workforce is significantly larger, proportionally, than national benchmarks. We need to bring corporate services back in line, which will in turn help to address the deficit and ensure we are fit for the future. The proposals to restructure corporate services are a core part of our financial recovery plan and aim to reduce costs by £7.1m.

We have also been running two sessions weekly, one for staff affected and one for line managers to answer any queries and to give support outside of their direct line management.

The consultation is not something the Trust leadership has entered into lightly. We understand that the proposals will have a significant impact on all staff in our corporate services and we are committed to supporting colleagues who are affected.

### **New 'Team Brief Live' process introduced**

To improve the cascade of communications within the Trust, and in response to feedback we have heard from staff, we have developed a new monthly drum beat of communications messaging. From previous surveys that the Communications team have undertaken, it is evident that many staff prefer face to face communication and particularly value this at a local level with their direct line managers.

Following the month end SCAS Board meetings, on the first Tuesday of every month, I now lead, with the support of the Executive team, 'Team Brief Live', held on TEAMS. I present key operational performance and top line issues from areas including quality and patient safety and financial performance. This is followed by me presenting updates on three key areas of work across the Trust.

All SCAS leaders with managerial responsibilities are required to attend the TEAMS briefing. Following the session, managers are asked to cascade the information that has been shared, with their teams and to gather any questions/comments that may result. They are also emailed a written version of the Team Brief as a crib sheet that allows them to not only brief consistently but to tailor the messages to their own specific areas. We are cognisant that we have many challenges with reaching staff, geographically, with rosters and in specific areas such as call centres that require staff to be taking calls continually with little time to receive briefings.

In the third week of every month, again Tuesdays 9-10am, I lead a follow up feedback session with the same group of leaders, where they are requested to feedback comments, thoughts/questions from their teams, following the briefing that they were given. These sessions are designed to listen and hear staff feedback, to take away themes that we can address going forward and to use it to inform future staff communications.



I hosted the first 'Team Brief Live' early in September with the first feedback session last week, hosted by Stuart Rees in my absence. Valuable feedback resulted and we are already using this to prepare for the next 'Team Brief Live' in early October.

### **Southern Ambulance Services Collaboration (SASC)**

SASC is a Collaboration of five ambulance services, East of England (EEAST), London (LAS), South Central (SCAS), South East Coast (SECAMB), and South Western (SWAST). The founding goals of the collaboration are to support the delivery of consistently high-quality frontline care, enhance the wellbeing of our staff, manage financial constraints and develop a culture of 'stealing with pride'. After a workshop involving over 100 staff from across the five partner Trusts in early June, a manifesto has now been developed outlining three key priorities for the first year to improve the services we deliver to our people, patients and communities.

The three priorities are Shared Procurement, Artificial Intelligence in Emergency Operations Centres and developing a model for ambulance resources.

All five Trusts are being asked to approve the manifesto at their trust boards this month.

### **Recovery support programme, transformation and collaboration**

I mentioned in the July report that we were participating in the review of exit criteria in respect of our recovery support programme. The transition criteria was approved at the private Board meeting in August and we are making good progress in adapting our programme governance to deliver the necessary improvements.

Winter is always an important time for the NHS. The second half of the year is the time when we test and deliver on the work we have planned for in the first half of the year. Our focus is on delivering improvements to elective waiting times, ambulance handovers and response times, and the overall recovery of urgent and emergency care services. The system knows that a lot of our collective effort is on tackling access challenges and improving our collective financial performance, so we can exit from the recovery support programme.

To further strengthen system development, the NHS Chief Executives came together last month to discuss what more we need to do to deliver our transformation programmes this year, and we held a wider development day with NHS Chairs. We have taken the learning from this year's planning process and are now starting the process earlier, to ensure we are in a strong position going into next year.

Thank you,

David Eltringham



## Report Cover Sheet

<b>Report Title:</b>	Annual Report and Accounts 2023/24
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Monday 17 October 2024
<b>Agenda Item:</b>	10
<b>Executive Summary:</b>	<p>This report satisfies the statutory duty, as set out in the National Health Service Act 2006, that the Council of Governors receive the annual accounts, any report of the auditor on them, and the annual report.</p> <p>All of these documents can be accessed here <a href="#">SCAS Annual Report 2023/24</a></p>
<b>Recommendations:</b>	The Council of Governors are asked to note the annual report (which includes the accounts and auditors report as required).
<b>Accountable Director:</b>	Jamie O'Callaghan, Interim Chief Governance Officer
<b>Author:</b>	The annual report is authored by relevant members of the executive team.
<b>Previously considered at:</b>	The Annual Report, accounts, and a presentation containing detailing the auditor's findings for 2023/24 were considered and approved, as appropriate, by the Board at its meeting held on 27 June 2024.
<b>Purpose of Report:</b>	For noting
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li><b>Acceptable</b></li> </ul>
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/a

**List of Appendices**

None – the main report is accessible by link, included above.



## Report Cover Sheet

<b>Report Title:</b>	Membership and Engagement Committee (MEC) update
<b>Name of Meeting</b>	Council of Governors (COG)
<b>Date of Meeting:</b>	Thursday, 17 October 2024
<b>Agenda Item:</b>	11
<b>Executive Summary:</b>	<p>The purpose of the MEC is to make recommendations and report to the COG about membership recruitment, engagement, communications, involvement, and representation.</p> <p>This report gives an update on the activities of the MEC, membership and public engagement, including SCAS governor health inequalities working group.</p>
<b>Recommendations:</b>	The Council of Governors is asked to Note the report
<b>Accountable Director:</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
<b>Author:</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Previously considered at:</b>	Not applicable
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating:</b> Acceptable
<b>Justification of Assurance Rating:</b>	Not applicable
<b>Strategic Objective(s):</b>	Not applicable

<b>Links to BAF Risks or Significant Risk Register:</b>	Not applicable
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	Not applicable
<b>List of Appendices</b>	None



## Meeting Report

<b>Name of Meeting</b>	Council of Governors Meeting
<b>Title</b>	Membership and Engagement Committee (MEC)
<b>Author</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Accountable Director</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
<b>Date</b>	17 October 2024

### Purpose

The purpose of the MEC is to make recommendations and report to the COG about membership recruitment, engagement, communications, involvement, and representation.

### 1. Executive Summary

Alan Weir has been appointed as Chair, and Mark Potts as Deputy Chair, to the MEC.

Clare Woodstock, Oxford Community and Voluntary Association (OCVA) presented to Governors about OCVA, how Governors can engage with local community groups and get insight and feedback on service improvement and health inequalities.

Governors gave an update on recent engagement activities. Tony Jones, Public Governor, presented on a pilot that he is running in Berkshire to engage with local communities. Chas McGill, Public Governor, presented on an emergency services day that he is planning in collaboration with Fawley Council in 2025.

Margaret Eaglestone updated on “Your Health Matters” a series of public talks featuring our expert healthcare professionals featuring the work that they do at SCAS. The talks are aimed at our public and staff members, and the wider public and are often held in collaboration with other NHS Trusts and ICS partners. SCAS is collaborating with Oxford University Hospitals, Buckinghamshire Healthcare, Hampshire Hospitals and AACE on future public talks.

Helen Ramsay, Lead Governor, gave an update on the Governor working group, leading on health inequalities.

- John Black, Chief Medical Officer, has been appointed as Executive Director Lead for health inequalities and is working with Margaret Eaglestone (ME).
- Governors have engaged with local communities to get feedback on SCAS services and explore equity of access to our services. This includes engagement with Southampton Council of Faiths, Banbury Mosque, a series of events in partnership with the NHS and local authorities in Oxfordshire and an emergency services day in Milton Keynes.
- ME is gathering insights and feedback to share with SCAS for service improvement, to reduce demand on the services and improve cost efficiency.
- ME is scoping out a self-assessment process to gauge our progress against key objectives in reducing health inequalities.
- ME is working with Oxfordshire County Council to offer Make Every Contact Count training available to staff. There are three places on a train the trainer course.





## Report Cover Sheet

<b>Report Title:</b>	Council of Governors Development Plan Update
<b>Name of Meeting</b>	Council of Governors
<b>Date of Meeting:</b>	Thursday 17 October 2024
<b>Agenda Item:</b>	12
<b>Executive Summary:</b>	The report is to provide an update on the Council of Governors Development Plan.
<b>Recommendations:</b>	The Council of Governors are asked to consider the information presented and note the report.
<b>Accountable Director:</b>	Jamie O'Callaghan, Interim Chief Governance Officer
<b>Author:</b>	Susan Wall, Corporate Governance and Compliance Manager
<b>Previously considered at:</b>	The Development Plan is considered at each Council of Governors meeting.
<b>Purpose of Report:</b>	Note
<b>Paper Status:</b>	Public
<b>Assurance Level:</b>	<b>Assurance Level Rating Options -</b> <ul style="list-style-type: none"> <li>• <b>Acceptable</b> – General confidence in delivery of existing mechanisms/objectives</li> </ul>
<b>Justification of Assurance Rating:</b>	N/A
<b>Strategic Objective(s):</b>	All Strategic Objectives
<b>Links to BAF Risks or Significant Risk Register:</b>	All BAF Risks
<b>Quality Domain(s)</b>	Not applicable
<b>Next Steps:</b>	N/a
<b>List of Appendices</b>	None

## **COUNCIL OF GOVERNORS MEETING – OCTOBER 2024**

### **Council of Governors Development Plan update**

#### **Purpose**

The report is to provide an update on the Council of Governors Development Plan.

#### **Background and Links to Previous Papers**

A Council of Governor workshop held in January 2024 provided an opportunity for Governors to collaborate to think about what support they would like to receive to assist them in their communications and engagement. The items of interest raised have been added as an addendum to the Council of Governors Development Plan. The report details progress updates.

The Council is asked to note the update.

### Draft Council of Governors Development Plan

<b>Development Area</b>	<b>Description</b>	<b>Aim</b>	<b>Due date</b>	<b>Update</b>	<b>status</b>
<b>Accountability</b>					
NED / Governor buddy system	Support network	To ensure that NEDs and Governors stay in touch and can raise issues	Complete	Buddies allocated	
Board Committee observations	Information sharing	Rota established to enable 2 observers to attend each Board Committee	Complete	Plan and process in place. Invites to scas emails	
NED briefings to Governors at CoG meetings	Information sharing	Rota of NEDs to present NED updates about their areas of work.	Complete	Following consideration by the Chair and NEDs it has been agreed that, with the exception of new NEDs introducing themselves to CoG, there will not be a regular NED briefing to CoG.	
Monthly Governor email updates in addition to the Stakeholders Bulletin & Hot News on the Governors Portal	Information sharing	Regular updates circulated based upon current events / news (email to Council of Governors (CoG and NEDs)	Complete	Stakeholder bulletin complete	
Maintain the Governors Portal	Information source	Information relevant to Governors' working environment	Feb 25	Portal is populated. Further review/allocate resource and update CoG	
Governor Ride-outs and visits	Information gathering / learning	Familiarisation / learning opportunities/ staff contact	Feb 25	Review of SCAS policy underway. Update to be received by CoG Feb 25	
<b>Engagement</b>					

<b>Development Area</b>	<b>Description</b>	<b>Aim</b>	<b>Due date</b>	<b>Update</b>	<b>status</b>
Review and update the SCAS website to highlight the work of Governors	Public awareness	Maintain Governors' profiles and current / future engagements / events	Complete	August 2024	
Governor drop-in events where members and the public can meet governors / webinars	Public awareness / membership	Focus on triple aim at non-SCAS sites	Complete	'Your Health Matters' meetings provide this opportunity. CoG encouraged to attend.	
A dedicated page on the SCAS website to share information and surveys to gather members' and the public's views	Public awareness / membership	Two-way communication	Oct 24	<p>Information available on:            Sharing information            News Page            Stakeholder Bulletins</p> <p>The comms team explored options for an interactive platform to share surveys and receive patient and public feedback, however, most providers were to support specific consultations on transformation or change, and not appropriate for day-to-day usage. The patient experience team has mechanisms in place to share patient surveys.</p>	

<b>Development Area</b>	<b>Description</b>	<b>Aim</b>	<b>Due date</b>	<b>Update</b>	<b>status</b>
SCAS email addresses	Comms	Enable Governors to communicate with public / members.	Complete	All Governors now have SCAS emails.	
Engage with other stakeholders that have a role in promoting the interests of patients and the public, e.g. local branches of Healthwatch and voluntary sector organisations.	Governors may also work with the Trust to build relationships with organisations that can help gather the views of seldom heard groups.	Governors' understanding of / contribution: To include: <ul style="list-style-type: none"> <li>• SCAS ICS footprint</li> <li>• key partners in the system</li> <li>• Membership ICP</li> <li>• Membership the ICB</li> <li>• SCAS contribution to the ICS</li> <li>• ICS impact on existing SCAS plans</li> <li>• How is SCAS having regard in its decision-making to the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources?</li> <li>• How can the Council of Governors support SCAS in leading in or contributing to its ICS?</li> <li>• How can the Council of Governors best communicate the ICS plans to the trust members and public?</li> </ul>	In-place & on-going  Complete	Communications & Engagement can support:  Community and voluntary sector on-going engagement and opportunities for Governors  Governors with information and introductions	
Address health inequalities in both SCAS's plan and contributing to that for the wider system based upon population health data (e.g. demographics and deprivation data) that underpins the ICB's planning, including the identification of unmet need.		Helps the Council of Governors to understand the impact of action taken by SCAS to address health inequalities.	Complete	A Health Inequalities Governor Working Group has been established	
<b>Training &amp; Development</b>					

<b>Development Area</b>	<b>Description</b>	<b>Aim</b>	<b>Due date</b>	<b>Update</b>	<b>status</b>
Develop the CoG Induction material.	Reference	Introduce new Governors to SCAS	Complete		
Update the Governor's Handbook	Reference	Keep Governors informed about SCAS policies	Complete		
Plan the subjects of the Away Day / Workshops	Learning and Development	Improve Governors' knowledge	To be confirmed	Verbal update Oct 24 Further update Feb 25	
Training requirements – identify suitable courses for Governors	Learning and Development	Improve Governors' knowledge	Complete	Training courses to be circulated when available	
<b>System Involvement</b>					
Facilitate engagement between the ICB, the ICP and SCAS's Council of Governors	Information	To deliver the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.	Complete	Appropriate mechanisms in place for CoG to meet to fulfil its role and responsibilities in relation to the ICB & ICP	
Ensure Governors receive information on the ICP's integrated care strategy and the ICB' five-year forward plan, as decisions and aspects of delivery that directly affect SCAS and its patients	Information	Governors are updated in a timely way on system, plans, decisions, and delivery	complete	Links to relevant documents sent to Governors via the communications team and governance team.	
Council of Governors should consider how it can engage with patients and the community across the geography of the ICS	Information	Governors can become more impactful	Ongoing	Report to be received by the Member and Engagement Committee (next meeting tbc)	

<b>Development Area</b>	<b>Description</b>	<b>Aim</b>	<b>Due date</b>	<b>Update</b>	<b>status</b>
Board members should provide ICS updates at Council of Governors meetings to ensure that Governors are well informed and have an opportunity to ask questions	Information	Chair / Board members to cascade key messages after an ICP or ICB meeting	Complete	Included in CEO or Chair updates at CoG formal meetings.	
Governor engagement sessions arranged by the ICB or ICP to update on progress in the delivery of system plans.	Information	To deliver the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.	Governors will be notified of opportunities	Complete	

Council of Governors Workshop feedback 31 January 2024

<b>Area</b>	<b>Comments/feedback</b>	<b>Action Owner</b>	<b>Next Steps</b>	<b>Rating</b>
	Fortnightly Governors briefing from Secretariat	Governance & Comms	Regular monthly bulletin for Governors in place	
	Monthly bulletin is generalised, Governors need focused information			

<b>Communications &amp; Receiving Information</b>	and data to effectively communicate with constituencies.			
	Personalised weekly update so Governors are informed and able to talk to their networks.		Piloted weekly and Governors agreed monthly was sufficient	
	Portal to be fixed	Governance	Work in progress and planned training session (x2) to be offered to all Governors, completed	
	Regular briefings on areas of ambulance service to be restarted, this was done via MS Teams	Governance & Comms	Link to governor interests	
	SCAS to do more about raising the profile of Governors.	Governance & Comms	Complete & on-going	
	Governors need to know about critical incidents and when these are stood down.	Governance	Complete Communications available to Governors: Hub Hot news Staff matters Critical updates	
	What other ways do we use to share comms outwards to community groups etc and to link ideas	Comms	Complete – See Engagement Strategy	
<b>Fit for the Future -FFF</b> <ul style="list-style-type: none"> <li>• FAQ should be made available re: FFF</li> <li>• Need to confirm how many hubs and where re: FFF to avoid speculation</li> <li>• We need to find a way of addressing the public’s concerns and not communicate things that might not be relevant to them. This is especially in relation to FFF where a connection with the public needs to be made so that they understand how it affects</li> </ul>	Governance & Comms	Will be uploaded to the portal.  Workshop April 2024 Regular webinars Information on SCAS Hub  On-going		



	<p>them directly – such as the link between supporting staff and improved performance (faster response times and call answering). Partis House / MK is what we need to aim for and share the positive outcomes from it.</p> <ul style="list-style-type: none"> <li>• People need to understand what the scale is, numbers, locations and what features we are addressing / problems to solve re: FFF</li> <li>• Need FFF website to keep people updated</li> </ul>			
	Comms should be in layman terms and not too technical – especially when communicating externally – know your audience	Comms	Noted	
	We need to test our communication and how effective it is – see how it is landing	Governance & Comms	Board continues to monitor the effectiveness of communications at SCAS.	
<b>Education &amp; Training</b>	Governors want to continue with education sessions.	Governance	Education sessions and other CoG support mechanisms to be considered as part of on-going governance improvement workstream.	
	Governors want to be integrated into the ambulance service, be able to access information and teams		Governors to be supported to fulfil their role and responsibility.	
	Governors need social media templates highlighting – who is a Governor and the role of a Governor		It is not possible for Social Media templates to be introduced. To consider – story of a governor for social media	
	Governors want information about their role and what they do shared with the public in addition to the website.		Opportunities for engagement are shared with Governors	

	What does moving to Hubs mean for patients?		Information will be shared with CoG as FFF develops.	
	Information flow map to be developed		Communications collate feedback and outcomes from relevant events.	
	Governors requested a session on safeguarding		Added to work plan	
	Governors wanted to know why there are high volumes of complaints about staff and why this is an issue in the ambulance service		CoG to receive relevant information to assure itself that Board has appropriate oversight and assurance relating to complaints. Feb 25	
<b>Governor Involvement</b>	Allocating Governors to ICB to strengthen relationship, using place to achieve this.	Governance & Comms	Communications can assist in introducing Governors to Governors at other NHS FT. This is already happening in Oxford and Southampton. Feedback and outcomes from engagements are record by Communications	
	How do Governors feedback information from constituencies to SCAS – develop a system/process of interaction		Consideration as part of the Governance Improvement workstream Update Feb 25	
	Work is required to make Governors feel that they are part of the organisation		Consideration as part of the Governance Improvement workstream Update Feb 25	
	Governors need to be encouraged to map out their stakeholders.		NHS elect provided training for Governors in May.	