



## Agenda

### Council of Governors Meeting

**Date:** Wednesday 12 February

**2025 Time:** 18:30 – 20:30

**Venue:** Microsoft Teams

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 17 October 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 for:</b> Governor priorities and areas of interest and governor questions submitted 48 hours pre the meeting via the Company Secretary mail box.</p> <p>To provide assurance and for information for this section please refer to the Integrated Performance Report; Board Committee Escalation Reports; and other information available in the January 2025 Board in Public meeting papers at: <a href="https://www.scas.nhs.uk/wp-content/uploads/2025/01/SCAS-public-Board-papers-30-January-2025.pdf">https://www.scas.nhs.uk/wp-content/uploads/2025/01/SCAS-public-Board-papers-30-January-2025.pdf</a></p>	David Eltringham	Verbal For Assurance	18:55

	a) Integrated Performance Report b) Board Committee Escalation Reports	Non-Executive Directors		
<b>Council of Governors Operations:</b>				
<b>8.</b>	<b>Non-Executive Director update</b>	Katie Kapernaros	Verbal To note	19:40
<b>9.</b>	<b>Membership and Engagement Committee report</b>	Alan Weir	To note	19:50
<b>10.</b>	<b>Nominations Committee - Reappointment of Trust Chair</b>	Becky Southall	To approve	20:00
<b>11.</b>	<b>Council of Governors Development Plan update</b>	Becky Southall	To note	20:10
<b>Closing Business</b>				
<b>12.</b>	<b>Any Other Business</b>	Keith Willett	To note	20:20
<b>13.</b>	<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	-
<b>14.</b>	<b>Review of meeting effectiveness</b>	Keith Willett	To note	20:30
<b>15.</b>	<b>Time, Date, and Venue of next Meeting</b> 10 April Venue / Teams tbc 18:30 – 21:00			



## Minutes Council of Governors

**Date:** 17 October 2024

**Time:** 18:30 - 20:30

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

### Governor's present

Helen Ramsay	Public Governor, Oxfordshire & Lead Governor
Mike Appleyard	Public Governor, Buckinghamshire
Anne Crampton	Appointed Governor
Lloyd Day	Staff Governor, 999 Operations South
Tim Ellison	CRF Governor
Chris Jenner	Staff Governor, PTS and Logistics
Tony Jones	Public Governor, Berkshire
David Luckett	Public Governor, Hampshire
Charles McGill	Public Governor, Hampshire
Mark Potts	Public Governor, Berkshire (Microsoft Teams)
Ian Sayer	Staff Governor, 999 Operations North (Microsoft Teams)
Alan Weir	Staff Governor, Corporate Services
Cllr Barry Wood	Appointed Governor (Microsoft Teams)
Christopher Wood	Public Governor, Hampshire (Microsoft Teams)

### Governor apologies

Rachael Cook	Staff Governor, Staff Governor, 999 EOC
Mark Davis	Public Governor, Berkshire & Deputy Lead Governor
Hilary Foley	Public Governor, Hampshire
Paul Kelly	Public Governor, Buckinghamshire
Tony Nicholson	Public Governor, Hampshire
Huw Pateman	Public Governor, Buckinghamshire

### Governors not in attendance

Grahame Hoskin	Appointed Governor
Tariq Khan	Staff Governor, NHS 111
David Wesson	Public Governor, Oxfordshire

### Directors/Others in attendance

Professor Sir Keith Willett CBE	Non-Executive Director & Chair
Sumit Biswas	Non-Executive Director
Les Broude	Non-Executive Director
Ian Green	Non-Executive Director
Mike McEnaney	Non-Executive Director
David Eltringham	Chief Executive
Kofo Abayomi	Head of Corporate Governance & Compliance
Margaret Eaglestone	Stakeholder and Engagement Manager
Louise Hall	Governance Improvement Lead

Tom Stevenson	Deputy Director of Communications, Marketing and Engagement
Susan Wall	Corporate Governance and Compliance Manager
<b>Other apologies</b>	
Nigel Chapman	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Dhammika Perera	Non-Executive Director
Jamie O'Callaghan	Interim Chief Governance Officer

Item No.	Agenda Item
<b>1.</b>	<b>Chairs welcome &amp; apologies for absence</b>
1.1	Keith Willett, Non-Executive Director, and Chair welcomed all to the meeting, and apologies for absence were noted.
1.2	Keith Willett informed the new style agenda had been configured in collaboration with the Lead Governor and represented the premise of governor's priorities and areas of interest for which the intention was to provide assurance.
<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 29 July 2024 meeting</b>
3.1	The minutes for the 29 July 2024 Council of Governor (CoG) meeting was approved as a true record of the meeting.
<b>4.</b>	<b>Action Log and Matters Arising</b>
4.1	The Action Log was reviewed.
4.2	<b>Actions closed/on the agenda:</b> Action 5 - Clarification of processes in place around vehicle defects and safety Action 6 - Follow up meeting held to review CoG meeting structure Action 7 - consideration for a named Non-Executive Director (NED) to take responsibility for an Integrated Care Board Action 8 - Governor priority question from July CoG meeting relating to staff health and well-being Action 9 - Governor priority question from July CoG meeting relating to processes and staff support on sub-optimal decision making in good faith. It was noted aspects, particularly Freedom to Speak Up and Psychological Safety, had been covered in the CoG workshop held before the formal meeting Action 10 - Governor priority question from July CoG meeting relating to international paramedic competency Action 11 - Executive Director Lead to be nominated as the Health Inequalities Executive Lead Action 12 - date to be set for the Annual Members Meeting Action 14 - CoG Development Action Plan prioritisation, on the agenda

4.3	<p><b>Action open</b></p> <p>Action 13 - Policy and procedures for Governor ride outs</p>
4.4	<p><u>Policy and procedures for Governor ride outs</u></p> <p>Keith Willett informed that ride outs for Governors was being reviewed in terms of associated risks and benefits for the role of Governors and information was being sought from other Ambulance Foundation Trusts to assist in establishing what was appropriate.</p>
5.	<p><b>Governor priorities and areas of interest</b></p>
5.1	<p>Helen Ramsay, Public Governor, Oxfordshire, and Lead Governor outlined the 6 Governor priorities and areas of interest questions that had been provided by the Governors prior to the CoG formal meeting included in the paper pack.</p>
5.2	<p>Keith Willett informed assurance for the priority areas of interest would be provided via the series of updates from NEDs present and David Eltringham, Chief Executive Officer. Supporting documentation as detailed was available from the September Board in Public paper pack.</p>
5.3	<p>The Council <b>noted</b> the priorities and areas of interest questions submitted.</p>
6.	<p><b>Area of assurance for questions and Governor priorities and areas of interest</b></p>
6.1	<p>Les Broude, Non-Executive Director gave an update on the challenges and effectiveness of the Trusts financial position as Chair of the Finance and Performance Committee (FPC), highlighting:</p> <ul style="list-style-type: none"> <li>• FPC meetings focused on the delivery of the financial forecast for the Trust and achievement of savings via Cost Improvement Programmes (CIPs) and effectiveness targets and additional Extraordinary FPC meetings (EFPC) were scheduled over the next 3 weeks for Executives to detail CIP programme delivery that supported the achievement of the year end forecast;</li> <li>• the Committee reviewed relevant Business cases for recommendation to the Board; and</li> <li>• areas recently reviewed in detail where targets were being missed were; Vehicles off Road (VORs), meal time compliance and clear up delays.</li> </ul>
6.2	<p><u>Questions from governors &amp; responses to Governor's priorities and areas of interest</u></p> <p>Alan Weir, Staff Governor sought assurance on if the £10.1 million savings figure would be achieved. Les Broude informed the upcoming EFPC meetings were in place to challenge, seek assurance and understand the plans in place for delivery of the savings. External support was in place for the Executive Director's to assist with their plans. Keith Willett added that CIP efficiencies of between 3% – 5% were required annually by NHS organisations. The Trust had to be financially viable within the structure that had been set and for the current financial year the requirement was for delivery of a near 10% CIP saving.</p>
6.3	<p><u>Long waits for Category 3 calls</u></p> <p>Lloyd Day, Staff Governor expressed concern around the drop in quality of service particularly being experienced by long wait times for Category 3 patients. Les Broude, explained the operational service was constrained by monies</p>

	<p>available within the system and the aim was to ensure funding was used effectively without compromise to patient care and safety. The FPC had reviewed Category 3 and how performance could be improved, and it was not financially viable to increase both vehicles and people. Keith Willett informed that Quality Impact Assessments (QIAs), a risk assessment process was undertaken in such circumstances to assess severity of risk and harm and mitigations would be put in place. It was challenging and a matter of balancing resources whilst maximising patient benefit without risk.</p>
6.4	<p>Tony Jones, Public Governor acknowledged the tough position the Trust was experiencing and enquired about the Trusts potential increased vulnerability to criticism of operational services, and findings of coroners, as covered recently in the national press. Les Broude stated that QIAs gave assurance for matters in that a quality review and investigation of issues had taken place. The Trust also assimilated other ambulance trust issues and learnings, and issues were reviewed at the Patient Safety and Experience Group.</p>
6.5	<p>Charles McGill, Public Governor enquired what the next steps were if the Trust was unable to make improvements via all the process being implemented. Les Broude gave assurance that patient safety was the priority and if targets were deemed undoable the Trust would be required to inform the region, who had been involved in the setting of targets. Keith Willett stated that in this scenario if the Trust could not operate within the commissioning money it would then become a political decision by the region and beyond.</p>
6.6	<p><u>Overdue maintenance across the Trust Estate</u></p> <p>Les Broude reported the backlog of maintenance was at £47.0 million. Areas requiring maintenance were prioritised and it was a continual challenge in making improvements and that approximately a third of the backlog was being addressed in year. Ian Green informed mitigations in relation to addressing cold office environments at Northern House were being evaluated. It was noted for improved communication to staff regarding issues and the management of them.</p>
6.7	<p><u>Impact of Vehicles Off Road (VOR)</u></p> <p>Les Broude, reported there were 325 vehicles in the fleet with 52 new vehicles being introduced that would replace older vehicles and increase the fleet to 340 vehicles. There were currently challenges with not enough resource around garage/workshop facilities which was being reviewed. The Director of Fleet and Operational Support Services had developed a sound improvement plan that had been presented to the FPC and a priority aim was to maintain the vehicles sooner for a well maintained fleet. The new vehicles were Fiat; however, the Fleet Improvement Plan included a review of 3 alternative vehicles to ensure compatibility of vehicles for staff. The Fleet Plan was built on 23% of VORs, with the current position being 42% VORs. It was noted there were pinch points during the day for the turnaround of vehicles and well maintained vehicles in the future should improve resource availability.</p>
6.8	<p><u>Patient Transport Service (PTS) Contracts</u></p> <p>Les Broude reported the Trust had been very disappointed in not securing the PTS contracts. They had been one of the final two bidders in the process and had passed all the requirements, however EMED Group had secured the PTS contracts and were currently acquiring many contracts across the whole network service. The process identified that the Trust could improve on tender</p>

	<p>application style, and in the provision of more information round effectiveness. A professional tender writing service would be employed for future tenders. Les Broude outlined that as part of the CIP process a review of the PTS Service in how to reduce costs was being undertaken which would assist in securing future contracts. Barry Wood, Appointed Governor enquired if the issue was solely being undercut on price. Keith Willett reported there had been little difference on the price, and that cost had not been the only efficiency aspect. He added that SCAS were more cautious around infection control post Covid and assessing patient care which made for more expense. Chris Weir stated more clarity was required around ramifications for staff and those in scope who would be moving to EMED Group as for some there would be a significant travel implication. David Eltringham acknowledged it was a difficult time for colleagues and that the Trust was sensitive to the lack of certainty and assured that work was being undertaken to resolve matters and there was a communication planned to affected staff the following day.</p>
6.9	<p><u>Mental Health Training Team</u></p> <p>Ian Green, Non-Executive Director stated that the reduction in Mental Health Training Team staff formed part of the Corporate review. He informed that mental health conditions were no longer being commissioned throughout the SCAS patch and conversations were taking place around the parity of mental health and physical health. Lloyd Day pointed out it had been reported widely in national news that 111 Services was the first point of contact for Mental Health Services, and this coincided with a decrease in coverage by the Trust. David Eltringham reported there were healthcare inequalities in different areas of the SCAS patch and the Trust was continuing to press commissioners for a review of investment in the challenging financial circumstances as Mental Health Services was absolutely vital in terms of support for patients.</p>
6.10	<p><u>AACE Self-assessment</u></p> <p>Sumit Biswas, Non-Executive Director reported work had accelerated on this matter. John Back, Chief Medical Officer was the Executive Director lead and the AACE self-assessment health inequalities matrix had been drafted and required finalisation. Other Trusts information had supported where improvements were required.</p>
6.11	<p>The Council <b>noted</b> the Area of assurance for questions and Governor priorities and areas of interest</p>
<b>7.</b>	<p><b>Chief Executive Officer's (CEO) Report</b></p>
7.1	<p>David Eltringham took the CEOs report as read providing updates and additional information as below:</p>
7.2	<p><u>Executive Director appointments</u></p> <p>Duncan Roberts, Chief Paramedic had joined the Trust mid-September and as part of his remit would be developing paramedic career development pathways and patient pathways. Rebecca Southall, Chief Governance Officer would be joining the Trust mid-December and would bring experience in recovery support in addition to governance.</p>
7.3	<p><u>Operational challenges</u></p> <p>Commissioning levels impacted on the Trust's performance and work continued with system partners on improvements to deliver the plan in place, in particular</p>

	<p>around handover delays in Portsmouth and South-East Hampshire, and a new Emergency Department was scheduled to open at the Queen Alexandra Hospital, Portsmouth which would assist with improvements. Other initiatives included, Single Point of Access where senior clinical decision makers had reduced the need for an ambulance in around 75% of cases, and the Release to Respond initiative, a patient handover model, to reduce the amount of time for patients waiting in ambulances outside hospitals. He reported for assurance there was a considerable amount of work being undertaken in addressing issues and he was working closely with partners and colleagues on such matters as mental health, discharge, mobile care, and integrated teams.</p>
7.4	<p><u>Corporate Review</u></p> <p>The Corporate review had been driven by an underlying financial problem and was an essential part of helping the Trust achieve financial stability. The consultation period had recently closed, and the next phase was to consolidate information to finalise structures for implementation. He acknowledged it was a difficult time for staff and the Trust was committed to supporting affected colleagues.</p>
7.5	<p><u>Executive Team Structure review</u></p> <p>The Executive Team Structure review had been launched the previous week, and was aligned to but separate to the Corporate review. The process for Executives was different having oversight by the Remuneration Committee, a NED based Committee. The revised Executive Team structure included Clinical, Operational, Corporate, and People Directorates, with Governance sitting outside this for support, oversight, and scrutiny. The proposed new structure in support of integration and partnership working included shared roles with other ambulance service organisations to align and support such areas as: common operating models for patients; provision of better value of money; and assist in driving better equality in healthcare.</p>
7.6	<p><u>Questions from Governors</u></p> <p>Alan Weir enquired if collaborative working was being adopted into other organisations. David Eltringham responded that others within the system were adopting this, and that SCAS was a key player, and the aim was for SCAS to have sovereignty whilst continuing to work in partnership within the care systems.</p>
7.7	<p>Helen Ramsay enquired about the handling of patient responsibility with the initiative Release to Respond. David Eltringham informed that a standard operating procedure was being co-created with all partners that would set out clear governance and responsibility for the patient on their journey.</p>
7.8	<p>Tony Jones enquired about collaboration with Governors at other Ambulance Trusts. David Eltringham expressed this was possible and was part of the Governance Team agenda.</p>
7.9	<p>Lloyd Day acknowledged that much work had been undertaken to improve matters within the Hampshire area from an operational aspect. He enquired what would happen if the Queen Alexandra Hospital (QA), Portsmouth did not meet the requirements of the Release to Respond initiative. He expressed concern about harm to patients and staff owing to the long waits in ambulances outside hospitals which had duly been recorded in the Trusts internal system. David Eltringham stated that all entries on the system would be followed up via the Health and Safety Group and other Committee's as appropriate. Regarding</p>



	Release to Respond it was a collaborative approach with commitment from Executive Teams across all hospitals in the patch to ensure the capacity and conditions to ensure delivery of the initiative.
7.10	Ian Green, for assurance, informed that the People and Culture Committee of which he was Chair received regular updates on governance matters and oversight around the welfare of staff affected by the Corporate review in their concerns and how to support them through the process.
7.11	Sumit Biswas, for assurance regarding Release to Respond informed that this had been discussed at the Quality and Safety Committee, of which he was a member. There was a reporting system in place for the initiative so any safety issues would be addressed to ensure that patients would be clinically safe. In relation to the Remuneration Committee an all NED meeting had taken place when David Eltringham had presented the proposed Executive Structure, and a final version would be approved by the Committee in due course.
7.12	Keith Willett informed that on conclusion of the Executive Structure the number of NEDs may need to be reviewed to align with the new structure.
7.13	The Council <b>noted</b> the Chief Executive Officer's Report.
<b>8.</b>	<b>Annual Report and Accounts</b>
8.1	Keith Willett informed the Annual Report and Accounts was being presented to the Council as part of statutory requirement and that the report had been published on the Trust website. He informed the record of Governors attendance at Council of Governors meetings, although optional, had unfortunately been omitted from the report. Attendance would be added in the next Annual Report and Accounts to show that elected/appointed Governors were fulfilling their roles for the required attendance at formal CoG meetings.
8.2	The Council <b>noted</b> the Annual Report and Accounts
<b>9.</b>	<b>Membership and Engagement Committee (MEC) report</b>
9.1	Alan Weir, reported on his first MEC meeting since taking over the role as Chair and gave thanks for the outgoing Chair Mark Davis for his valued work.
9.2	The October MEC meeting had included the following presentations from: Oxford Community and Voluntary Association to assist in how Governors could engage with local community groups; Tony Jones, who updated on an engagement pilot he was conducting in local communities in Berkshire; and Charles McGill, who updated on an emergency services day he is planning in collaboration with Fawley Council in May 2025.
9.3	Work was progressing on Health Inequalities via the Governor working group, and it was noted that the matrix had now been completed.
9.4	The Council <b>noted</b> the update.
<b>10.</b>	<b>Governor Action Plan</b>
10.1	Keith Willett informed the Governor action plan had been reviewed by the

10.2	<p>Governance Team and Lead Governor. Kofo Abayomi, Head of Corporate Governance and Compliance stated the plan was continuing to be developed and for any feedback to be made outside of the meeting.</p> <p>The Council <b>noted</b> the update.</p>
<b>11.</b>	<b>Any Other Business</b>
11.1	No items for any other business had been raised.
<b>12.</b>	<b>Questions from Members/Observers</b>
12.1	There were no questions from members.
<b>13.</b>	<b>Review of meeting effectiveness</b>
13.1	Keith Willett acknowledged the work and support of Jamie O’Callaghan, Interim Chief Governance Officer in his time with the Trust.
13.2	<ul style="list-style-type: none"> <li>• Governor attendance at the workshop that had preceded the formal meeting had been disappointing with only 6 in attendance;</li> <li>• the new meeting format was informative and positive and promoted greater participation;</li> <li>• the NEDs had drawn questions back to ensure assurance was given for that particular aspect;</li> <li>• there had been a better lead time for NEDs to prepare responses for Governor priorities and areas of interest prior to the meeting; and</li> <li>• for a survey to be undertaken early in the new year to assess Governor’s preferences and availability for CoG meetings <b>Action – for a survey to be undertaken to establish the optimal meeting time and type of meeting for CoG meetings</b></li> </ul> <p>Meeting ended at 20:17.</p>
<b>14.</b>	<b>Date, Time, and Venue of next Meeting</b>
14.1	Wednesday 12 February 18:30 Microsoft Teams

## Council of Governors Meeting 12 February 2025

Key for Status     Open     Propose to Close

Action No.	Agenda Item & No.	Detail of Action	Action Owner	Due Date	Status	Progress Update
July 2024						
13	CoG Development action plan	Policy and procedures for governor ride outs to be established	KA	12.02.25	Propose to Close	17.10.24 update - Currently liaising with other Ambulance Trusts and will report back with an update.  Ride out policy and procedures circulated to governors February 2025.
October 2024						
15	Review of meeting	For a survey to be undertaken to establish the optimal meeting time and type of meeting for CoG meetings	Governance/Comms	12.02.25	Propose to Close	17.10.24 - Update to be provided at February meeting.  Survey to be circulated February 2025.



**Council of Governors  
12 February 2025**

**Report title**

Governor priorities and areas of interest

**Agenda item**

5

**Report executive owner**

Becky Southall, Chief Governance Officer

**Report author**

Helen Ramsay, Lead Governor

**Governance Pathway:  
Previous consideration**

Not Applicable

**Governance Pathway:  
Next steps**

Assurance of Council of Governors

**Executive Summary**

Following a pre-meeting of the Council of Governors, the Governors would like to seek assurance on the topics in the report.

**Alignment with Strategic Objectives**

With which strategic theme(s) does the subject matter align? Well Led

**Relevant Business Assurance Framework (BAF) Risk**

To which BAF risk is the subject matter relevant?

SR9 - Delivery of the Trust Improvement Programme

<b>Financial Validation</b>	Capital and/or revenue implications? NONE
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<b>Recommendation(s)</b>
<p>What is the Committee/Board asked to do: Respond to the assurance topics raised by the governors.</p>

<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	
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## 1. Background / Introduction

- 1.1 The purpose of this report is to highlight the current governor priorities and areas of interest and to seek assurance on the topics raised in this report.

## 2. Detail

- 2.1 Governors would like to seek assurance from the NEDs on the implementation of 'release to respond' – on whether it is being supported at all levels in all areas and how has it affected SCAS' performance across the different areas of the region.
- 2.2 Governors would like to seek assurance on if the implementation of the new rotas has been effective and what the staff feedback/response is (e.g. has sickness increased and has there been a significant move to flexible working and loss of operational hours has increased due to mismatched shifts.) Governors would also like to understand the financial implication of the Agenda for Change Short Notice Shift Change payment and process on the trust.
- 2.3 Governors have heard an article on BBC news saying the "South East Coast Ambulance Service (SECamb) and South Central Ambulance Service (SCAS) will work to become more financially sustainable" and that 'the strategic lead will develop a joint case for change that will explore how the group model could work' and governors would like to understand what this means for SCAS.
- 2.4 Given the high VOR rate and the challenges for fleet, governors would like to seek assurance from NEDs on what the trust is doing to resolve this.
- 2.5 Last year, wellbeing week was run and there was very poor take up from staff particularly those on shift/not in the office and governors understand wellbeing week is being planned to run again this year. Governors would like to seek assurance from NEDs that they are satisfied that the definition of what success in staff engagement during wellbeing week looks like is clear.
- 2.6 Governors would like to seek assurance from NEDs on the financial impact of the impending cessation of the PTS operations across most of the trust.
- 2.7 Governors would like to seek assurance that there is capacity within the governance team to be able to support governors to do their role as effectively as possible e.g. to supply papers in advance of meetings with enough time for governors to read them and to provide minutes of meetings within a set time frame (e.g. three weeks) to enable the governors to be assured their concerns are accurately recorded with time for something to be done about them ahead of the next meeting.
- 2.8 Recognising that the Trust has pledged to do better at making public meetings more accessible, can the governors seek assurance from the NEDs that there is a strategy in place to improve public engagement with trust public meetings and to ensure the equipment is fit for purpose.
- 2.9 Governors would like to understand the current progress vs plan on the fit for future improvement programme. What relevant information do you need the meeting to have regard to in its consideration of your report?

## 3. Quality Impact

- 3.1 Does the action [or decision not to act] have an impact on patient safety, patient experience or clinical effectiveness? No quality impact.

#### **4. Financial Impact**

- 4.1 Does the required action [or decision not to act] have a financial impact and can this be quantified? No financial impact.

#### **5. Risk and compliance impact**

- 5.1 The purpose of the report is to seek assurance on the topics raised and that there is no risk and compliance impact.

#### **6. Equality, diversity and inclusion impact**

- 6.1 The purpose of the report is to seek assurance on the topics raised and that there is no impact on particular groups of individuals.

#### **7. Next steps**

- 7.1 The Council of Governors will review the responses to the assurance topics raised.

#### **8. Recommendation(s)**

- 8.1 The Group / Committee / Board is asked to:
- 8.1.1 Respond to the assurance topics raised by the governors

#### **9. Appendices**

- 9.1 None



**Council of Governors  
12 February 2025**

<b>Report title</b>	CEO Report
<b>Agenda item</b>	6
<b>Report executive owner</b>	David Eltringham, Chief Executive Officer
<b>Report author</b>	David Eltringham, Chief Executive Officer
<b>Governance Pathway: Previous consideration</b>	Not Applicable
<b>Governance Pathway: Next steps</b>	Not Applicable

**Executive Summary**

The CEO Report includes the following:

- Performance update
- Finance update
- Operating Model
- Recovery Support Programme Meetings
- South Central Ambulance Service/South East Coast Ambulance Service Collaboration
- Executive Structure Review
- Corporate Review
- Elective Recovery Plan
- Home Office Visit
- Acknowledgements

**Alignment with Strategic Objectives**



The CEO report aligns with the Well Led objective.

**Relevant Board Assurance Framework (BAF) Risk**

The CEO report relates to All BAF risks.

<b>Financial Validation</b>	Not Applicable
<b>Recommendation(s)</b>	
What is the Committee/Board asked to <b>Note</b> the CEO report.	

For Assurance		For decision		For discussion		To note	✓
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## **Chief Executive Officer's update**

**30 January 2025**

### **Performance**

The NHS has continued to manage the significant demand on its services which has been impacting across the entire country. Our own service has not been immune, and staff have worked incredibly hard to deliver care both virtually via phone support and clinically in person. Despite December seeing the highest ever number of ambulance incidents across England, we worked more closely than ever with our partners and were in the top three Trusts for achieving Category 2 response times.

A number of new initiatives and innovations have enabled us to achieve better together. 'Release to respond' is one such development, now operating across all the Trusts in our patch and in due course our border hospitals also. This is designed so our crews are able to leave patients in the care of hospitals quickly, thereby freeing them up to respond more promptly to serious and life-threatening calls coming in from the community. Single Point of Access (SPoA) also reduces ambulance attendances prior to dispatch and provides alternatives to A&E once an Ambulance crew is on scene. Whilst re-engineering processes has improved the care pathways that patient's access, modernization of facilities such as the new Emergency Department at Queen Alexandra Hospital Portsmouth, has seen early successes. Improving patient flow through the hospital thereby reducing handover delays is already improving care for patients and whilst still early days, SCAS has seen a noticeable improvement in the number of hours lost waiting to handover patients to the department.

The challenges of Winter are by no means over but with continued close cooperation with our NHS and social care partners, we remain optimistic that further developments can be made for the benefit of our patients and the population we serve.

### **Finance update**

Whilst much hard work has gone in to improving our finances, and significant progress being made, our financial position remains challenged. The Hampshire and Isle of Wight Integrated Care System of which we are a part, committed to an overall deficit of £70m, supported by a non-recurrent cash backing from NHS England. SCAS benefitted to the tune of £6m from a share of this allocated deficit funding. Our current position as of month 9, is a reported deficit of

£2.4m (£1.2m after deficit support funding), which aligned with the planned position. The current year to date position is a deficit of £8.7m (£3.9m deficit after deficit support funding) with the Trust forecasting to achieve its control total of £10.1m deficit (£4.0m after deficit support funding).

Work continues in earnest to make the organisation fit for the future, both operationally and financially. Future reports will feature the progress being made in operational modernisation as well as other initiatives running across the service to make efficiencies and improve our effectiveness in the delivery of care to our patients.

### **Operating Model**

Whilst our response to Category and 1 and Category 2 calls attracts much attention, it is our response to the lower acuity Category 3 and Category 4 calls that is now inviting greater scrutiny. As a service, we are committed to ensuring that the response to these less urgent calls, is the best possible one for our patients, utilising the most appropriate care pathways available in primary and community care.

To understand the nature and response to the calls we are getting, we are working closely with our commissioners to explore our service data, focusing on our response times and associated outcomes for patients. Commissioners are seeking greater transparency and evidence of efficiency in our approach. With healthcare resources being increasingly stretched, there is increasing need to demonstrate we are providing cost effective services, that are proportionate for the patient's condition and that are being provided for them in the most suitable environment for their needs.

### **Recovery Support Programme (RSP) Meetings**

SCAS continues to engage with our Recovery Support Programme (RSP) with progress meetings taking place to set out our improvement journey. Invaluable input and support from NHS England colleagues is helping to move the organisation forward, developing SCAS staff along the way and providing critical friends to challenge thinking and encourage innovation and improvement. For that input and knowledge, we are hugely appreciative.

## **SCAS/SECAMB Collaboration**

As previously reported, SCAS and our neighbouring South-East Coast Ambulance Service have agreed that it is sensible for us to collaborate across a range of different areas, in part addressing the challenges of increased demand and challenging finances but ultimately aiming to improve outcomes for our patients. As we work towards the creation of a group model, our organisations continue to retain their independence but come together, as we did in December, to share knowledge and ideas. As a result of that productive joint board meeting, a Memorandum of Understanding (MOU) is expected to be presented to the board this month. This collaboration aims to establish a joint strategy and appoint a shared advisor.

Alongside this partnership, we will continue working with all five ambulance services as part of the recently created Southern Ambulance Services Collaboration (SASC). More to follow on recent progress in future reports.

## **Executive Structure Review**

In order to deliver the challenging portfolio of work associated with making our organisation fit for purpose, the Executive Structure review was launched on the 8 October 2024. I received much feedback which was carefully reviewed and a revised proposal has now been approved by the Trust's Remuneration Committee. The new structures were communicated to staff attending the Trust's Team Brief Live Question and Answer session over a week ago and the document is also available for staff to view on the Trust intranet site.

As a result of the changes and identification of new directorates and associated portfolios, we are now in a position to begin the recruitment process for the vacant substantive positions in the Executive Team which are:

Chief Finance Officer

Chief People Officer

Executive Director of Operations

The role of Deputy Chief Executive will be recruited using the Trusts organisational change process.

Once this process is complete, the successful appointees will take leadership of their new teams, some of which will have changed as a result of the Corporate Review.

## **Corporate Review**

The review and subsequent reshaping of corporate services has been an understandably hard time for very many staff in the Trust. With the financial imperative of achieving a £7m saving by the end of Quarter 2 and an associated 20% reduction in whole time equivalent staff, the consultation proposal was far reaching with a challenging timeframe to adhere to.

The process is well underway with the consultation complete and departments currently working through their staff's provisional status. Staff will be informed of their status in February so that the appointments process can begin. The appointments process is expected to take four months for most staff although some teams or individuals may take longer if there are appeals or complex individual circumstances.

## **Home Office Pharmacy Visit**

Last week SCAS hosted a visit from the Home Office controlled drugs licensing team. This is part of SCAS's ambition to obtain a controlled drugs license for our new medicines management facility at Adanac Park, Southampton. We have recently brought medicine packing in-house and obtaining this license will bring great benefits to SCAS and enable to us to further drive improvements for patients.

## **Acknowledgements**

On behalf of the Board, I wish to formally acknowledge and express our sincere gratitude for the contributions of Melanie Saunders, Chief People Officer and Aneel Pattni, Chief Finance Officer, during the time they have worked with our ambulance service. We deeply appreciate their hard work and service. We wish them both the very best in their future endeavors.

David Eltringham

Chief Executive

January 2025



**Council of Governors  
12 February**

<b>Report title</b>	Membership and Engagement Committee update for Council of Governors meeting in public
<b>Agenda item</b>	9
<b>Report executive owner</b>	Gillian Hodgetts, Director of Communications, Marketing and Engagement
<b>Report author</b>	Margaret Eaglestone, Stakeholder and Engagement Manager
<b>Governance Pathway: Previous consideration</b>	Not applicable
<b>Governance Pathway: Next steps</b>	Council of Governors to note

**Executive Summary**

An update of the Membership and Engagement Committee (MEC) activity since October 17, 2024.

**Alignment with Strategic Objectives**

Partnership & Stakeholder Engagement

**Relevant Business Assurance Framework (BAF) Risk**

SR4 - Engagement with Stakeholder

**Financial Validation**

Not applicable

**Recommendation(s)**

The Council of Governors is asked to note the update

**For Assurance**

**For decision**

**For discussion**

**To note**

✓

## **1. Background / Introduction**

- 1.1 This report gives an overview of the activity of the MEC.

## **2. Detail**

### **MEC meeting notes**

- 2.1 The last MEC was held on 28 January online from 6 – 8 pm. Duncan Robertson, Chief Paramedic, presented on the upcoming public talk in March on out of hospital cardiac arrest. Roger Batterbury, Patient Panel, Chair, gave an update on the patient panel. Governors gave an update on engagement with underrepresented communities to address health inequalities, and on engagement with members and the wider public. Margaret Eaglestone gave an overview of engagement in a key safe campaign survey and an update on public talks.

### **Public talks and events**

- 2.2 The Annual Members Meeting was held on 23 October, which was advertised to SCAS members and the wider public. Helen Ramsay, Lead Governor, gave an update on the membership and public engagement.
- 2.3 A public talk was held in person at the John Radcliffe, Oxford, on 18 November, in collaboration with Oxford University Hospital NHS FT (OUH). Helen Ramsay, Lead Governor, SCAS, and Margaret Eaglestone, Stakeholder and Engagement Manager, met and greeted attendees as they arrived. Malcolm Gee, Community First Responder (CFR) held a captivated audience with an introduction to CFR and defibrillator education. Professor Keith Willett CBE, SCAS Chair, welcomed members and introduced speakers from both SCAS and OUH, and talked about the role of the governor and members in improving our services. Alan Weir, Urgent Care Manager, SCAS MEC Chair, and Ian Sayer, Operations Team Leader, talked about the differences between cardiac arrest and heart attack, including signs and symptoms, with guidance on what to do in an emergency. John Black, Chief Medical Officer, SCAS, talked the epidemiology of out-of-hospital cardiac arrest (OHCA) and future developments in clinical research. Dr Julian Ormerod MA PhD FRCP CCDS, Consultant Cardiologist, OUH, presented on a new type of implantable defibrillator. Despite bad weather and heavy traffic in Oxford, the talk was well attended by members and the wider public.
- 2.4 The next public talk will be held on 4 March, online, 7 – 8 pm. Professor Keith Willett, will introduce Duncan Robertson, Chief Paramedic, and Liam Sagi, Association of Ambulance Chief Executives (AACE), who will talk about the chain of survival, out of hospital cardiac arrest and health inequalities, with an interactive session on CPR. Please email [membership@scas.nhs.uk](mailto:membership@scas.nhs.uk) to register.
- 2.5 Chas McGill, Public Governor, Hampshire, is overseeing meetings with Fawley Parish Council, in preparation for an emergency services event at Calshot on 24 May. Please contact [membership@scas.nhs.uk](mailto:membership@scas.nhs.uk) if you would like to attend

### **Key safe campaign survey**

- 2.6 A survey on a public key safe campaign was sent out to members in December. A frontline member of staff suggested we run a public campaign and set up a way for people to submit their key safe code, to be stored on our systems should an ambulance crew need to get into their house. We would need to find a technical solution to allow people to safely submit their codes, and for them to be stored in an easy to access way – even if someone had no previous contact with the



ambulance service. So, we wanted to test how much of a response a campaign like this might get before we go any further. We asked our members five quick questions will help us decide what we want to do next. The paper is available to view in Appendix 1. The results will be reviewed at the next MEC which will be held on January 28.

### **Health inequalities engagement**

- 2.7 The Governor Health Inequalities working group continues to meet monthly and engage in areas of demand and deprivation. A thematic analysis of feedback and insight of the calendar year was co-produced and is available to view in Appendix 2. Helen Ramsay, Lead Governor, and Margaret Eaglestone have registered as ambassadors for the Core20Plus Cohort 3.
- 2.8 Helen Ramsay attended the Marmot Place launch in Oxford on 25 Nov 24 and networked with local community organisations. Through a contact made at this event, she is attending the Health Café run by AFiUK (African Families in United Kingdom) in Blackbird Leys in February to observe a session with a view to potential collaboration with SCAS at a future event to look at access to healthcare.
- 2.9 Helen also attended the Brighter Futures event on 21 November 24 in Banbury at the Hill Community Centre. This brought together public sector and third sector organisations in Banbury focused on adult and child social care. Through a contact made at this event, Helen is hoping to engage on healthcare access with A Band of Brothers in the Oxford area. Hilary is also hoping to connect with A Band of Brothers in the Hampshire area. A Band of Brothers is a national organisation (ABOB) which works with young men involved in the criminal justice system. It provides them with the support they need to make the transition to an adulthood free of crime, and filled with a sense of belonging, connection and purpose
- 2.10 Tony Jones met with Barbados & Friends Association in November, attended Pakistani Community Centre in January, and attended Maidenhead Community Centre in January and University of the third age (U3A) to get insights into equity on access to SCAS services.
- 2.11 Huw Pateman attended Community Impact, Bucks, on health provision for travellers and shared feedback with the working group.
- 2.12 SCAS attended Barton Community Centre, in December, and Paulsgrove Community Centre, in January, to share key messages on how to stay safe in the winter and deliver demonstrations on CPR. SCAS will attend Conniburrow Community Centre, Milton Keynes, in February. Please contact [membership@scas.nhs.uk](mailto:membership@scas.nhs.uk) if you want to attend and support SCAS.
- 2.13 Margaret Eaglestone has secured places with Oxford County Council for SCAS staff to attend a train the trainer course on Make Every Contact Count (MECC). Governors are asked to submit expressions of interest to Margaret Eaglestone for a dedicated Governor training course in MECC.

### **3. Quality Impact**

- 3.1 The work of the MEC has an impact on patient safety, patient experience and clinical effectiveness, in sharing the insights and feedback received, whilst engaging with local populations, with SCAS, to improve the safety and efficacy of SCAS services.

#### **4. Financial Impact**

- 4.1 Not applicable.

#### **5. Risk and compliance impact**

- 5.1 The Governors have a statutory duty to engage with the Trust membership and wider public.
- 5.2 BAF SR4 – engagement with stakeholders.

#### **6. Equality, diversity and inclusion impact**

- 6.1 Governor engagement with underrepresented communities in areas of demand and deprivation is working to improve equity of access to SCAS services.

#### **7. Next steps**

- 7.1 Engagement with membership and the wider public is planned in 2025 with a focus on addressing health inequalities.
- 7.2 To be noted by the Council of Governors.

#### **8. Recommendation(s)**

- 8.1 The Council of Governor is asked to note the update.

#### **9. Appendices**

- 9.1 Appendix 1 – Key Safe Campaign Survey
- 9.2 Appendix 2 – Health Inequalities Thematic Analysis



**Membership and Engagement Committee (MEC)**  
**28 January 2025**

<b>Report title</b>	Key safe campaign – membership survey summary
<b>Agenda item</b>	9
<b>Report executive owner</b>	-
<b>Report author</b>	Margaret Eaglestone
<b>Governance Pathway: Previous consideration</b>	Not applicable
<b>Governance Pathway: Next steps</b>	Communications team reviewing feedback to consider if campaign should progress

**Executive Summary**

As a way of testing membership engagement levels, we ran an online survey to gather feedback on a staff suggestion to create a public campaign for people to submit their key safe code, to be stored on our systems should an ambulance crew need to get into their house.

Taking the idea forward would mean finding a technical solution to allow people to safely submit their codes, and for them to be stored in an easy to access way – even if someone had no previous contact with the ambulance service. So, we wanted to test how much of a response a campaign like this might get before we go any further, whilst also testing levels of interest amongst the membership for responding to online survey.

The survey went out to 3,903 Foundation Trust members in December. We received 126 complete responses, 3.23% of the people who received the email invitation. Please view demographic analysis for more information.

Over 50% were positive about the idea. A further review of all the comments will be completed in January before deciding whether to progress. Initial results and a

thankyou to those who responded were sent out with the January Membership e-Bulletin.

### Alignment with Strategic Objectives

With which strategic theme(s) does the subject matter align?

High Quality Care & Patient Experience  
Partnership & Stakeholder Engagement

### Relevant Board Assurance Framework (BAF) Risk

To which BAF risk(s) is the subject matter relevant?

SR4 - Engagement with Stakeholders

### Financial Validation

Capital and/or revenue implications?  
**No financial impact at this stage**

### Recommendation(s)

What is the Committee asked to do:

Consider the level of engagement from members and discuss the potential of running further membership surveys and a regular or ad hoc basis.

**For Assurance**

✓

**For decision**

✓

**For discussion**

✓

**To note**

✓

## 1. Background / Introduction

A key safe campaign survey was sent out to Foundation Trust members in December.

## 2. Detail

Increasing numbers of people have 'key safes' attached to the outside of their properties. The safes have a door key inside and a pin code to open them. They are often used by frail or less mobile people to allow community support and other services to let themselves in. If no one can let our crews into a property, they need to seek police support to force access, which delays getting to a patient that might need urgent help.

A frontline member of staff suggested we run a public campaign and set up a way for people to submit their key safe code, to be stored on our systems should an ambulance crew need to get into their house. We would need to find a technical solution to allow people to safely submit their codes, and for them to be stored in an easy to access way – even if someone had no previous contact with the ambulance service. So, we wanted to test how much of a response a campaign like this might get before we go any further.

We asked our members five quick questions will help us decide what we want to do next.

### Engagement level

The survey was sent to 3903 members. 179 (4.59%) opened the email, 154 (3.94%) started the survey and 126 (3.23%) completed the survey. Please view analysis of demographics in appendix 9.1 - demographic analysis of key safe campaign survey.

### Summary of responses

36 % of respondents have a key safe, 24% of respondents have a relative who has a key safe and 11 % have a friend who has a key safe. Over 50% of respondents would share their code with the ambulance service and encourage a friend to share their code with the ambulance service. Respondents gave comments on what information they would need to see before giving a key safe code to the ambulance service and shared helpful messages that they thought might convince others to share a key safe code with the ambulance service.

The free text responses are still being analysed before making a decision on if/how to progress the project. Themes identified include:

- Information security – how we'd collect codes and keep them safe
- Assurance that it's not a scam
- Potential liability of SCAS if the data was hacked

## 3. Quality Impact

- 3.1 Progressing a campaign has some potential to improve patient experience and service quality by supporting faster access to homes where no one is able to open the door. Further analysis and discussion with operations is needed to quantify the potential impact.

#### **4. Financial Impact**

- 4.1 Report for information at this stage, further work is needed to identify possible costs of implementation.

#### **5. Risk and compliance impact**

- 5.1 What is the risk to the trust if the recommended course of action is not taken? (If / then / leading to)
- 5.2 Does it relate to any of the existing risks on the risk register (in addition to the BAF)? Which? How?
- 5.3 Does the decision relate to a regulatory requirement or another form of compliance?

#### **6. Equality, diversity and inclusion impact**

- 6.1 Impact assessment not carried out at this stage. Campaign would have some potential to improve access for more vulnerable patients. Roll out of a campaign would need to consider how to reach all demographics in a equitable way.

#### **7. Next steps**

- 7.1 What will you do next?

#### **8. Recommendation(s)**

- 8.1 The Committee is asked to:
- 8.1.1 Consider the level of engagement from members and discuss the potential of running further surveys and a regular or ad hoc basis.

#### **9. Appendices**

- 9.1 None

## Feedback Themes from SCAS Governor Health Inequality Group Engagement (2023/24)

Notes by Helen Ramsay – 15 Nov 24

### Context:

The health inequalities governor working group consists of Margaret Eaglestone (SCAS Stakeholder and Engagement Manager) and the following governors:

Tim Ellison (CFR governor), Alan Weir (Staff governor), Hilary Foley (Public Governor Hampshire), Tony Jones (Public Governor Berkshire) and Helen Ramsay (Lead Governor and Public Governor Oxfordshire).

The group was formed in 2023 and has been collating feedback from various public engagement events throughout 2024.

The themes identified from the engagement are as follows:

1. Equity of access to healthcare services: 999, 111, PTS
2. Health issue prevention to improve health outcomes
3. Member engagement
4. SCAS as an anchor organisation

#### 1. Equity of access to healthcare services:

The main feedback in this area was from different groups who felt their needs were perhaps not met by a 'standard approach' e.g. feedback on 999 service from parents of children with Down's syndrome (from babies to young adults) and feedback on 111 service from mental health patients and feedback on language barriers faced by those whose first language was not English.

Partners in public services reported that local infrastructure in new developments in Portsmouth, Southampton and Milton Keynes, does not support equity of access to services with insufficient public transport to healthcare providers, limited or no travel expenses to reach healthcare providers, and difficulty in accessing or lack of provision of primary care, especially GP practises. Healthcare information and literacy, often with English as a second language is also a barrier to equity of access to healthcare in some areas.

**Accessibility:** Ensure all services are physically and digitally accessible for people with disabilities.

**Identify Gaps:** Use demographic data to target services where they are most needed. Allocate resources to improve facilities in deprived areas.

**Community Partnerships:** Engage with local organisations/communities to understand their needs and promote services with continuous feedback.

#### 2. Health issue prevention to improve health outcomes

Again key groups e.g. parents of those with Down's syndrome had specific feedback in this area e.g. for oximeters to offered to parents of Down's syndrome because babies and young children suffered from higher instances of breathing difficulties. And also groups such as those from the Banbury mosque requested information on how to avoid diabetes e.g. through diet and exercise as they found diabetes was more prevalent in their community than in other parts of the population.

**Promote Health Education:** Provide accessible information about healthy lifestyles, disease prevention, and mental health and tailor programs to different cultural, linguistic, and socioeconomic groups

**Increase access:** to vaccinations, screenings, and regular check-ups, especially in underserved areas.

**Work in collaboration with key organisations:** Improve housing, education, and employment opportunities in disadvantaged communities and address issues like food insecurity, heating for the elderly and vulnerable and general poverty particularly due to the 'cost of living crises.

### 3. Member engagement

Member engagement feedback was also a key theme for two reasons.

The first was interaction with the service itself, with many members of the public expressing appreciation for the opportunity to get to see and look inside an ambulance for the first time before they have to travel in one to make it less frightening particularly for the elderly. (In addition, members of the public were very grateful to be given the opportunity through member engagement to express their thanks to SCAS for experiences they had had with 999 or 111 service.)

The second was to be able to receive information from SCAS as part of the public engagement work around healthcare service provision in their area e.g. a falls service or where to go for information on diabetes.

### 4. Anchor organisation

SCAS is an “Anchor organisation”, that is we are relatively large, and we cover a significant geographical footprint of a diverse population and are deeply connected to local areas. We can improve local social, economic, and environmental conditions, positively impacting public health in many ways such as through purchasing and creating job and training opportunities beyond our primary services or by increasing our understanding of why particular groups face barriers in accessing healthcare services. We can use the anchor approach to address health inequalities by focusing on the root causes of poor outcomes through co-production with the communities that we serve, voluntary and public sector bodies (such as local authorities who can also be an anchor organisation).





**Council of Governors  
12 February 2025**

**Report title** Reappointment of Trust Chair

**Agenda item** 10

**Report executive owner** Becky Southall, Chief Governance Officer

**Report author** Susan Wall, Governance and Compliance Manager

**Governance Pathway:  
Previous consideration** Not Applicable

**Governance Pathway:  
Next steps** Approval of Council of Governors

**Executive Summary**

As a Foundation Trust, the Chair and Non-Executive Directors are appointed and re-appointed by the Council of Governors at a general meeting.

The Nominations Committee met 27 January 2025 to consider the re-appointment of the incumbent Trust Chair, Keith Willett for a further two-year term from 1 April 2025 to 31 March 2027.

**Alignment with Strategic Objectives**

The re-appointment of the Chair links to all of the strategic objectives as it is the role of the board to set and oversee delivery of the objectives, but it is particularly pertinent to Well Led

### Relevant Business Assurance Framework (BAF) Risk

The re-appointment of the Chair links to all of the Board Assurance Framework risks as these are the risks to delivery of the strategic objectives, which the board is responsible for monitoring and overseeing.

### Financial Validation

There are no financial impacts for re-appointment.

### Recommendation(s)

The Council of Governors are asked to approve the recommendation made by the Nominations Committee to re-appoint the Chair for a further two-year term from 1 April 2025 to 31 March 2027.

For Assurance		For decision	✓	For discussion		To note	
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## **1. Background / Introduction**

- 1.1 The Chair's term of office comes to the end on 31 March 2025 and the Nominations Committee met on 27 January 2025 to consider the proposal to re-appoint the Chair for a further two year term and request the Council of Governors endorse their recommendation for a further term.

## **2. Detail**

- 2.1 The Nominations Committee comprising of a representative from each constituency of the Council of governors formally met and endorsed the proposal for the Chair to be re-appointed for a further two year term.

## **3. Quality Impact**

- 3.1 The knowledge and performance of the Chair and style that he adopts and encourages will support the Trust to demonstrate that it is a Well Led organisation and will help to ensure that the statutory duty of quality is met.

## **4. Financial Impact**

- 4.1 There is no financial impact to appoint the Chair into a second term as his post is funded via existing budgets..

## **5. Risk and compliance impact**

- 5.1 There are no risks associated with re-appointing the Chair into a second term as this is within regulatory and legislative requirements and the appropriate governance processes have been followed.

## **6. Equality, diversity and inclusion impact**

- 6.1 We anticipate a positive impact of a second term for the Chair given his inclusive style and approach.

## **7. Next steps**

- 7.1 Approval by Council of Governors.

## **8. Recommendation(s)**

- 8.1 The Council of Governors is asked to approve the re-appointment of the Chair for a further two year term.

## **9. Appendices**

9.1 Not applicable



**Council of Governors  
12 February 2025**

**Report title** Council of Governors Development Plan update

**Agenda item** 11

**Report executive owner** Becky Southall, Chief Governance Officer

**Report author** Susan Wall, Corporate Governance and Compliance Manager

**Governance Pathway:  
Previous consideration** Not Applicable

**Governance Pathway:  
Next steps** To note by Council of Governors

**Executive Summary**

To provide an update the Council of Governors Development plan and progress on actions arising from a Council of Governor workshop held January 2024.

**Alignment with Strategic Objectives**

Not applicable

**Relevant Business Assurance Framework (BAF) Risk**

Not applicable.

<b>Financial Validation</b>	There are no financial impacts.
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<b>Recommendation(s)</b>
The Council of Governors is asked to note the report.

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## **COUNCIL OF GOVERNORS MEETING – February 2025**

### **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**

<u><b>Development Area</b></u>	<u><b>Description</b></u>	<u><b>Aim</b></u>	<u><b>Due date</b></u>	<u><b>Update</b></u>	<u><b>status</b></u>
<b><u>Accountability</u></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	April 25	Portal is populated. Further review/allocate resource and update CoG	
Governor Ride-outs and visits	Information gathering / learning	Familiarisation / learning opportunities/ staff contact	Complete	Review of SCAS policy underway. Update to be received by CoG Feb 25 February 2025 – review complete and communication has been issued to governors	
<b><u>Engagement</u></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	



<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Due date</u></b>	<b><u>Update</u></b>	<b><u>status</u></b>
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	Complete	Information available on: Sharing information, News Page, Stakeholder Bulletins  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.	
SCAS email addresses	Comms	Enable Governors to communicate with public / members.	Complete	All Governors now have SCAS emails.	

<p>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.</p>	<p>Governors may also work with the Trust to build relationships with organisations that can help gather the views of seldom heard groups.</p>	<p>Governors' understanding of / contribution: To include:</p> <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</li> </ul>	<p>In-place &amp; on-going  Complete</p>	<p>Communications &amp; Engagement can support:</p> <p>Community and voluntary sector on-going engagement and opportunities for Governors</p> <p>Governors with information and introductions</p>	
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<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Due date</u></b>	<b><u>Update</u></b>	<b><u>status</u></b>
		trust members and public?			
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><u>Training &amp; Development</u></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/topics of the Away Day / Workshops	Learning and Development	Improve Governors' knowledge	Feb 2025	Topics will be gained via the governor poll to be circulated February 2025.	
Training requirements – identify suitable courses for Governors	Learning and Development	Improve Governors' knowledge	Complete	Training courses to be circulated when available	
<b><u>System Involvement</u></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	

<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Due date</u></b>	<b><u>Update</u></b>	<b><u>status</u></b>
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.	

<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Due date</u></b>	<b><u>Update</u></b>	<b><u>status</u></b>
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	Complete-Ongoing	<p>Report to be received by the Member and Engagement Committee (next meeting tbc)</p> <p>February 2025 update Provide 1-1 support to governors for public and member engagement. Identify new governors and arrange to meet with them online or in person, to scope out areas of interest, and map stakeholders in their local community and networks, including relevant community and voluntary sector organisations.</p> <p>Scope out and deliver public and membership engagement training to support new and current governors in developing helpful strategies.</p> <p>Develop, design and deliver resources for online and in person engagement activities, including personalised presentations for key community groups, membership flyers, informative literature in addition to online digital resources to raise awareness of and promote governors on digital platforms, websites and through social media channels.</p> <p>Provide an ongoing source of information on community and voluntary sector activity, opportunities for engagement, public relations and strategic partnership events including dedicated public talks and forums.</p> <p>Provide the governance team with press, media and engagement updates, to keep governors informed of what is happening across SCAS.</p>	

<b><u>Development Area</u></b>	<b><u>Description</u></b>	<b><u>Aim</u></b>	<b><u>Due date</u></b>	<b><u>Update</u></b>	<b><u>status</u></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

Area	Comments/feedback	Action Owner	Next Steps	Rating
<b>Communications &amp; Receiving Information</b>	Fortnightly Governors briefing from Secretariat	Governance & Comms	Regular monthly bulletin for Governors in place	
	Monthly bulletin is generalised, Governors need focused information 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/topics to be restarted, this was done via MS Teams	Governance & Comms	Link to governor interests Topics will be gained via the governor poll to be circulated February 2025.	
	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 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.</li> <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>	Governance & Comms	<p>Will be uploaded to the portal.</p> <p>Workshop April 2024 Regular webinars Information on SCAS Hub</p> <p>On-going</p>	
	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. Topics will be gained via the governor poll to be circulated February 2025.	
	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 February 2025 update from Chief Nurse <i>Feedback received by SCAS is assessed as soon as we receive it by the Pt Experience team and divided into informal feedback, formal complaints, and health care professional feedback(HPC).</i>	

			<p><i>We acknowledge the feedback and if its formal complaint we outline the complaints process and when the complainant can expect to receive a response.</i></p> <p><i>The complaint is investigated, and a response drawn up shared with the appropriate director of service and sent out from the CEO.</i></p> <p><i>HPC is also reviewed, and feedback given to either the individual hcp or provider.</i></p> <p><i>All feedback is assessed and if any element of a pt safety incident identified a datix is raised and the Pt Safety Team will review.</i></p> <p><i>Learning from all feedback is feed into the learning from experience reports.</i></p> <p><i>Complaints numbers and response times are monitored by the PT Safety and PT Experience Group, Quality and Safety Committee and part of the IPR reporting to Board.</i></p>	
<b>Governor Involvement</b>	Allocating Governors to ICB to strengthen relationship, using place to achieve this.	Governance & Comms	<p>Communications can assist in introducing Governors to Governors at other NHS FT. This is already happening in Oxford and Southampton.</p> <p>Feedback and outcomes from engagements are record by Communications</p>	
	How do Governors feedback information from constituencies to SCAS – develop a system/process of interaction		<p>Consideration as part of the Governance Improvement workstream</p> <p>Update February 2025 - There is already a system in place. Governors share feedback with Margaret Eaglestone, which is then shared with relevant channels – patient experience, operations, health inequalities, recruitment etc,</p>	
	Work is required to make Governors feel that they are part of the organisation		<p>Consideration as part of the Governance Improvement workstream</p>	

	Governors need to be encouraged to map out their stakeholders.		NHS elect provided training for Governors in May.	
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