



Agenda

Council of Governors Meeting in Public

Date: Wednesday 22 October 2025

Time: 19:30 – 21:00

**Venue: Newbury Education Centre & Recruitment Centre, Bone Lane, Newbury, RG14 5UE
/ Microsoft Teams**

Item No.	Item	Lead	Action	Time
Opening Business				
1.	Chair's Welcome & apologies for absence	Keith Willett	Verbal/ To note	19:30
2.	Declarations of Interests	Keith Willett	Verbal/ To note	-
3.	Review of minutes 21 July 2025	Keith Willett	Paper To note	-
4.	Action Log and Matters Arising	Keith Willett	Paper To note	-
Governor Development				
6.	Fleet update	Lem Freezer	Presentation Q&A	19:35
Statutory Duties: Performance and holding to account				
7.	Governor priorities and areas of interest	Helen Ramsay	Paper To note	20:00
8.	Chief Executive's Update	David Eltringham	Paper To note	20:05
9.	Area of assurance for: Governor priorities and areas of interest and governor questions submitted 48 hours pre the meeting via the Company Secretary mail box.			20:15

	<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 September 2025 Board in Public meeting papers at: SCAS-Public-Board-Papers_25Sept25v1.pdf</p> <p>a) Integrated Performance Report</p> <p>b) Board Committee Escalation Reports</p>	<p>NEDs</p> <p>NEDs</p>	<p>Verbal For Assurance</p>	
Council of Governors Operations:				
10.	Membership and Engagement Committee update	Alan Weir	Paper To note	20.45
11.	Election Update <ul style="list-style-type: none"> • Single Transferable Vote 	Becky Southall	Paper To note	20.50
Closing Business				
12.	Any Other Business	Keith Willett	To note	20:55
13.	Questions from Members/Observers <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	-
14.	Review of meeting effectiveness	Keith Willett	To note	21:00
15.	Time, Date, and Venue of next Meeting 18 February 2026 Venue tbc / Teams 18:30 – 21:00			



Minutes Council of Governors

Date: 21 July 2025
Time: 18:30 - 20:30
Venue: Microsoft Teams

Governor's present

Helen Ramsay (HR)	Public Governor, Oxfordshire & Lead Governor
Mike Appleyard (MA)	Public Governor, Buckinghamshire
Rachael Cook (RC)	Staff Governor, 999 EOC
Anne Crampton (AC)	Appointed Governor
Mark Davis (MD)	Public Governor, Berkshire & Deputy Lead Governor
Lloyd Day (LD)	Staff Governor, 999 Operations South
Tim Ellison (TE)	CRF Governor
Hilary Foley (HF)	Public Governor, Hampshire
Grahame Hoskin (GH)	Appointed Governor
Paul Kelly (PK)	Public Governor, Buckinghamshire
David Lockett (DL)	Public Governor, Hampshire
Charles McGill (CM)	Public Governor, Hampshire
Huw Pateman (HW)	Public Governor, Buckinghamshire
Mark Potts (MP)	Public Governor, Berkshire
Ian Sayer (IS)	Staff Governor, 999 Operations North
Alan Weir (AW)	Staff Governor, Corporate Services

Governor apologies

Chris Jenner (CJ)	Staff Governor, PTS and Logistics
Tony Jones (TJ)	Public Governor, Berkshire
Tariq Khan (TK)	Staff Governor, NHS 111
Tony Nicholson (TN)	Public Governor, Hampshire

Governors not in attendance

David Wesson (DW)	Public Governor, Oxfordshire
Cllr Barry Wood (BW)	Appointed Governor
Christopher Wood (CW)	Public Governor, Hampshire

Directors/Others in attendance

Professor Sir Keith Willett CBE (KW)	Non-Executive Director & Chair
Harbhajan Brar (HB)	Non-Executive Director
Les Broude (LB)	Non-Executive Director
Ian Green (IG)	Non-Executive Director
Ruth Williams (RW)	Non-Executive Director
David Eltringham (DE)	Chief Executive
Guy Alexander (GA)	Head of Quality & Compliance
Jane Campbell (JC)	Assistant Director of Quality
Margaret Eaglestone (ME)	Stakeholder and Engagement Manager
Saricka March (SM)	Learning Disability Specialist

Dipen Rajyaguru (DR)	Head of Equality, Diversity, and Inclusion
Susan Wall (SW)	Corporate Governance & Compliance Manager (minutes)
Other apologies	
Gary Ford (GF)	Non-Executive Director
Katie Kapernaros (KK)	Non-Executive Director
Mike McEnaney (MM)	Non-Executive Director
Becky Southall (BS)	Chief Governance Officer
Kofo Abayomi (KA)	Head of Corporate Governance & Compliance

Item No.	Agenda Item
1.	Chairs welcome & apologies for absence
1.1	Keith Willett (KW), Non-Executive Director and Chair welcomed attendees and introduced Harbhajan Brar (HR), a new Non-Executive Director who shared his background in HR and interest in improving organisational culture. Apologies for absence were noted.
2.	Declarations of Interest
2.1	None declared at this meeting.
3.	Minutes from 22 May 2025 meeting
3.1	The minutes from the 22 May 2025 Council of Governors (CoG) meeting were approved.
4.	Action Log and Matters Arising
4.1	The Action Log was reviewed with actions designated for closure agreed. One action remained open regarding bank staff shift requirements (1 shift in 90 days) that remained under review. David Eltringham (DE), Chief Executive Officer confirmed policy details were being finalised.
4.2	CPR (Cardiopulmonary Resuscitation) training for governors would be rescheduled. Action: CPR training to take place at a future in-person CoG meeting.
4.3	The updated governor terms and election schedule was noted with an Action: to provide clarification on eligibility for CRF and public governor roles.
	Governor Development
5.	CQC Well Led Preparation
5.1	Jane Campbell (JC), Assistant Director of Quality gave an update on the unannounced Care Quality Commission (CQC) assessment in May that had focused on two core services Emergency Operations Centres, and 999 Service under the new CQC Assessment Framework. Preparations were in place for the upcoming CQC Well-Led Inspection expected in September 2025, and a Well-Led inspection was required for the Trust overall rating.
5.2	JC outlined the Well-Led review would assess leadership, governance, and culture across the organisation, focusing on how the Trust ensures high-

	<p>quality, safe, and sustainable care. Governors may be invited to participate in CQC-led focus groups designed to gather insights into how governors:</p> <ul style="list-style-type: none"> • Hold Non-Executive Directors (NEDs) to account. • Represent the interests of members and the public. • Have an understanding of the Trust strategic priorities and performance. • How the Trust promotes a positive culture and how this is reflected at Board and wider across the organisation.
5.3	Discussions around inspections covered: inspection scope, data sources, and stakeholder engagement and collaboration.
5.4	JC informed there were regular meetings with the Trust's lead CQC inspector, which DE corroborated adding the Trust had developed a commendable collaborative relationship with the CQC.
5.5	The Council NOTED the CQC and Well Led presentation.
6.	Equality, Diversity & Inclusion
6.1	Dipen Rajyaguru (DR), Head of Equality, Diversity, and Inclusion (EDI) delivered a thought-provoking and interactive session focusing on SCAS's ongoing commitment to Equality, Diversity, and Inclusion. The presentation was aimed to deepen governors' understanding of EDI principles in relevance to the engagement aspect of the governor role and in holding the Board to account on EDI performance and culture. Key themes covered were microaggressions, privilege, and allyship.
6.2	DR informed the Trust's EDI programme was built around inclusive leadership, staff engagement, and data-driven improvement. Initiatives ensured promotion of inclusive behaviours in all aspects of their governance work, examples being: Staff networks; inclusive recruitment practices; Mandatory EDI training for all staff; and ongoing review of policies to ensure equity and fairness. Governors were welcome to attend EDI induction sessions.
6.3	The Council NOTED the Equality, Diversity & Inclusion presentation.
	Statutory Duties: Performance and holding to account
7.	Governor priorities and areas of interest
7.1	Helen Ramsay (HR) Public Governor, Oxfordshire and Lead Governor referred to the paper in the meeting pack detailing governor priorities and areas of interest. Responses to the questions would be provided at the next couple of items.
7.2	The Council NOTED the priorities and areas of interest questions.
8.0	Chief Executive Officer Update
8.1	David Eltringham (DE) provided the Chief Executive Officer (CEO) update, key points included:

8.2	<p>Operational Performance:</p> <ul style="list-style-type: none"> Category 2, Q1 response time was better than target at 26:08 (target 30:00). July performance had dipped owing to planned reduced overtime and private provision, and rota imbalances, however the year end projected position remained under target at 28:28 versus the target of 29:49. The Trust was now slightly over-established with improvements being seen in the increased ability to match hours and demand across the geography of the Trust. Recruitment had been paused, including two international paramedic cohorts, due to over-establishment and financial constraints.
8.3	<p>Financial Performance:</p> <ul style="list-style-type: none"> Q1 was reported on plan after income re-profiling, with an underlying deficit of £1.6 million remaining. The financial year CIP target is £24.0 million with a gap of £4.3 million still to be identified. £1.8 million was in arbitration with Integrated Care Systems that commissioners are managing.
8.4	<p>Recovery Support:</p> <ul style="list-style-type: none"> September 2025 was the anticipated exit from the Recovery Support Programme (RSP), with the New Segmentation Framework likely placing the Trust in Segment 4 (non-RSP). Reassessment was quarterly in the new framework and provided more opportunity to demonstrate improvement.
8.5	<p>Ten Year Plan:</p> <ul style="list-style-type: none"> The Government published the 10 Year Health Plan for England on 3 July 2025 and the Trusts Fit for the Future plans aligned with the vision as set out in the plan. There was a work stream of CEOs participating in developing a delivery plan by September 2025 in which DE was involved.
8.6	<p>Strategic Partnerships:</p> <ul style="list-style-type: none"> The Trust was continuing its collaboration with South East Coast Ambulance Service (SECAMB) and a joint Board meeting was planned for October 2025. Integrated Care Systems (ICS) and regional teams were working together in strengthening partnership working.
8.7	<p>Events:</p> <ul style="list-style-type: none"> Long Service Awards and Portsmouth Pride attended.
8.8	<p>Questions from Governors</p> <p>Lloyd Day (LD), Staff Governor sought assurance on the pressure on resources with staff from Hampshire being redeployed to support emergencies in Berkshire highlighting this was alongside the pause in recruitment and an increase in the Resource Escalation Action Plan (REAP) level across the Trust. DE responded the gaps were known and that work was continuing in exploring solutions to address rebalancing and reprofiling rotas.</p>
8.9	<p>Tim Ellison (TE), Community First Responder (CFR) Governor sought assurance around the dilemma between achieving both response times and meeting budget. DE explained response times were fundamentally a patient</p>

	<p>safety issue and resourced to ensure a timely response to patients. The requirement was for delivery on both financial and performance plans and the Trust was actively working to balance both priorities with a clear plan in development.</p>
8.10	<p>In relation to the Trust expecting to exit RSP TE enquired about what the noticeable impacts would be for staff and patients. DE highlighted key improvements were: strengthened governance with the introduction of the Finance and Performance Committee; enhanced Board oversight; and a more robust Board Assurance Framework supporting risk management. For staff there would be more confidence in leadership and decision making processes and easier access to support particularly in areas like safeguarding and medicines management. For patients, it should translate into smoother operations and more reliable frontline services. Overall, it would reflect a more stable, accountable, and well-governed organisation. KW added exiting RSP would reduce the level of scrutiny and oversight and allow the Trust to focus on our Fit for the Future modernisation.</p>
8.11	<p>The Council NOTED the Chief Executive Officer's Report.</p>
9.	<p>Area of assurance: a) Governor priorities and areas of interest b) Integrated Performance Report c) Board Committee Escalation Reports</p>
9.1	<p>a) Governor priorities and areas of interest responses:</p> <p>Long Waits and Reduced Hours Les Broude LB, NED, confirmed that reduced overtime and private provision had impacted performance. However, the move to REAP Level 3 had released more staff for frontline work. DE added that rebalancing of staff across divisions was underway.</p>
9.2	<p>Rota Design and Funding LB clarified that reduced operational hours were due to improved efficiency, particularly reduced hospital handover delays. The issue was not necessarily around funding but the alignment of demand, operational hours, and delivery. As mentioned above the current rota model was being reviewed to match demand more dynamically.</p>
9.3	<p>ECA/IAP Job Prospects Ian Green (IG), NED, acknowledged concerns about job availability for trainees. While recruitment was paused, the Trust aimed to offer roles to all current trainees. DE added that the situation should ease in 2026, and efforts would be made to place staff close to their base locations. A challenge was that active management had improved attrition rates, and this along with robust recruitment had contributed to the Trust being over established.</p>
9.4	<p>Alan Weir (AW) Staff Governor, Corporate Services sought assurance that Trust UCAS students would have a role on completion of their training. IG explained it was a challenging situation and that unfortunately not all students would be found a role, but that matters could change depending on when the Trust eased its recruitment restrictions. Modelling was underway to guide that decision. DE added students were being given a clear picture so that they could plan accordingly. This issue was not unique to SCAS as other</p>

	<p>ambulance services and healthcare professions, including nursing and junior doctors, were facing similar recruitment pauses due to budget constraints and performance standards.</p>
9.5	<p>Vehicle Availability and Air Conditioning</p> <p>LB noted that new vehicles with functioning air conditioning were being introduced into the fleet over the next 12-18 months which would resolve the issues being experienced from older vehicles. Vehicle off-road (VOR) times had improved but unfortunately had spiked in June. A detailed fleet report would be presented at a future COG meeting to assist governors in understanding the challenges, opportunities, and actions being taken around fleet. Action: Fleet update report to be presented at the October 2025 CoG meeting.</p>
9.6	<p>Financial Recovery Milestones</p> <p>DE confirmed the Trust was on plan after income re-profiling, though underlying challenges remained. The Trust was actively managing its financial position.</p>
9.7	<p>TUPE Process Risks and Costs</p> <p>The TUPE (Transfer of Undertakings Protection of Employment) process IG acknowledged was legally complex, prioritising employee protection but creating uncertainty for employers, especially regarding staffing numbers. Concerns were raised by AW around poor planning and late communication during a recent contract transfer when engagement with affected staff had been delayed, despite considerable notice being given. IG informed lessons had been learned which would improve future transitions, which would focus on earlier planning, clearer communication, and better resource allocation. The People and Culture Committee, of which he was Chair, had recognised these issues and were committed to ensuring improvements.</p>
9.8	<p>Community Engagement and CPR Events</p> <p>Margaret Eaglestone explained that confusion around a recent event had arisen as the event had fallen outside of the Trusts area. While staff are encouraged to attend events, availability is subject to operational demand. A need was acknowledged for improvement in communication around event delivery for governors.</p>
9.9	<p>Ofsted Inspection Communication</p> <p>DE acknowledged that governors should have been informed simultaneously with the wider organisation regarding the inspection. The delay had been due to embargoed information, and improvements in communication would be made.</p>
9.10	<p>Annual Report and AGM Preparation</p> <p>KW confirmed that an extraordinary CoG meeting would be held on 22 September to review the Annual Report and Accounts and audit letter ahead of the Annual Members Meeting 09 October 2025.</p>
9.11	<p>Future of Governors Post-10 Year Plan</p> <p>KW explained that the government's 10-year plan proposed removing the requirement for Foundation Trusts to have governors. However, no formal guidance has been issued; but in general recruitment was being placed on hold unless already initiated across NHS Foundation Trusts.. The Trust would</p>

9.12	<p>continue to support and engage with governors until further direction was received. DE was participating in a national workstream on this issue.</p> <p>The Council NOTED the Area of assurance for: Questions; Governor priorities and areas of interest; IPR; and Board Committee Escalation Reports.</p>
10.	Deputy Chair appointment
10.1	KW informed the Nominations Committee had met ahead of the CoG meeting to consider the recommendation of Ian Green (IG) NED as the next Deputy Chair, following the end of tenure of, Sumit Biswas, NED that June. The Committee noted the experience IG brought and approved his appointment to Deputy Chair until the end of his tenure, June 2026. The governors voted and approved the appointment.
10.2	The Council APPROVED the appointment of Ian Green, Non-Executive Director as Deputy Chair following recommendation from the Nominations Committee.
11.	Membership and Engagement Committee (MEC) update
11.1	AW drew attention to the breadth and inclusivity of governor's engagement work since the last CoG meeting which supported EDI initiatives. Owing to meeting scheduling a formal MEC update would be provided at the October 2025 CoG meeting.
11.2	The Council NOTED the Update.
12.	Council of Governors Governance update
12.1	<p>The following was noted:</p> <ul style="list-style-type: none"> • Annual Members Meeting confirmed for 9 October 2025. • Extraordinary Council of Governors meeting scheduled for 22 September 2025 for review of the Annual Report and Accounts and Audit letter. • Governor development sessions would continue to be integrated into future COG meetings, aligned with strategic priorities.
12.2	The Council NOTED the Governance update.
13.0	Any Other Business
13.1	<ul style="list-style-type: none"> • Clarification on governor tenures pending national guidance on the future of Foundation Trust governors and governance. Action: update on governor tenures to be provided at October CoG meeting.
13.2	There was no other business discussed at this meeting.
14.0	Questions from Members/Observers
14.1	There were no questions from members.
15.0	Review of meeting effectiveness

15.1	KW thanked all for their time and contributions and hoped that the responses to governor's questions had been addressed and provided assurance that the organisation was actively tackling the challenges it faced. The pressures across the NHS in balancing performance and finance were significant and for governor's appreciation and engagement in understanding and supporting this.
15.2	KW gave thanks to the governors for their thoughtful questions, constructive critique, and work undertaken on membership engagement acknowledging the efforts taken in governor representation in their communities, staff groups, and local authorities.
16.	Date, Time, and Venue of next Meeting
16.1	22 October, venue (tbc) and Teams



South Central Ambulance Service NHS Foundation Trust

Council of Governors ACTION LOG						Status
Minute Ref:	Agenda Item	Action	Owner	Due Date	Update	
Meeting date: 31 July 2025						
CoG/25/001	Action log	CPR training to take place at a future in-person CoG meeting.	Becky Southall	Oct 2025	Training in place ahead of 22 October 2025 CoG meeting	Closed
CoG/25/002	Action log	to provide clarification on eligibility for CRF and public governor roles.	Becky Southall	Oct 2025	The composition of the council of governors comprises of 4 constituencies: Public, Staff, CFR, and appointed. The CFR is a separate constituency and is therefore not classed as a public governor role.	Closed
CoG/25/003	Area of assurance	Fleet update report to be presented at the October 2025 CoG meeting.	Stuart Rees	Oct 2025	On the agenda at item 5	Closed
CoG/25/004	AOB	update on governor tenures to be provided at October CoG meeting.	Becky Southall	Oct 2025	Completed	Closed
Meeting date: 12 May 2025						
7.3	Area of assurance	Review policies and procedures around the minimum requirement of bank staff to do one shift in 90 days to ensure future bank staff.	Becky Southall	Oct 2025	Since the action was raised, the trust put into place an arrangement whereby bank workers could work as a third person on a shift to ensure their ability to remain on the bank. However, since that time, there are now bank shifts available so this should not be an issue going forwards.	Closed



Council of Governors
22 October 2025

Report title	Governor priorities and areas of interest
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Agenda item	7
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Report executive owner	Becky Southall, Chief Governance Officer
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Report author	Helen Ramsay, Lead Governor
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Governance Pathway: Previous consideration	Not applicable
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Governance Pathway: Next steps	For assurance
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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

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

For Assurance	✓	For decision		For discussion		To note	
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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 The governors believe that SCAS is a good Trust and needs to concentrate on what it is doing and not dilute it. The governors would like to have an understanding from the executive team to understand the benefits of any further closer collaboration/joint activities with SECamb.
- 2.2 Governors understand that in 2021 there were 109 fully working cameras at North Harbour available for SCAS staff to use but in 2025, there are only 28 fully working cameras available for staff to use. Given the age of the cameras, the batteries are no longer lasting a full shift and in some cases the record functionality no longer works due to swelling of the battery. How are NEDs assured that the safety of SCAS staff is not compromised by the deterioration of the body worn cameras.
- 2.3 Governors would like to seek assurance from the NEDs that they are confident about the road worthiness of the ambulances currently on the road given the challenges of the vehicles and the pressured time for prechecks.
- 2.4 Due to the geographical balance of clinical staff, governors understand that SCAS is still having to spend on private providers in High Wycombe and Slough. Given that the Trust is already starting to feel the pressure already on staffing, how are NEDs assured that the plan for Winter resilience will be able to meet patient demand now that several of the contingency providers have been switched off and that budgets have been reduced?
- 2.5 Are the NEDs satisfied that the Trust will hit the financial breakeven target on 31 March. And what is Plan B if this does not happen?
- 2.6 Governors would like to understand if the NEDs are assured that in the main, primary response to incidents is by an EDCA (a paramedic or nurse led vehicle) rather than a UEDCA (technician/AAP led) and TECA (2xECA) resources.

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
22 October 2025

Report title Chief Executive Officer's Report

Agenda item 8

Report executive owner David Eltringham, Chief Executive Officer

Report author David Eltringham, Chief Executive Officer

**Governance Pathway:
Previous consideration** September Board in Public

**Governance Pathway:
Next steps** Not Applicable

Executive Summary

The CEO report provides an update on internal trust matters, including organisational performance and seeks to bring to the attention of the board areas to note relating to system-wide and national developments.

Alignment with Strategic Objectives

The CEO report aligns with the Well Led objective but underpins delivery of all trust objectives.

Relevant Board Assurance Framework (BAF) Risk

As the CEO report relates to all objectives it is also pertinent to all BAF risks.

Financial Validation Not Applicable

Recommendation(s)
The Board is asked to NOTE the report and to RAISE any questions.

For Assurance		For decision		For discussion		To note	✓
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Chief Executive Officer's Update

25th September 2025

National Context

The NHS Oversight Framework 2025/26 was published in July 2025 and sets out a clear and consistent framework for NHS England to assess the performance of Integrated Care Boards (ICBS) NHS Trusts and NHS Foundation Trusts, based on a core set of defined delivery metrics. All providers and ICBs have been placed into a segment according to their performance across this range of metrics and SCAS has been placed in Segment 4 with a ranking against other ambulance services of 8/10. The Trust continues to be in Recovery Support which technically is segment 5 in the new framework but will have different arrangements set around it.

Analysis of the calculation to arrive at the segmentation score shows that our people metrics (staff survey results, sickness levels and turnover rates) are driving the lower segmentation score. Focussed work is in place to deal with this and this is set out in the relevant section of our improvement plan linked to our 'Fit for the Future' programme.

Recovery Support Programme

Linked to our segmentation, a huge amount of work has taken place over the last 18 months to manage our exit from RSP. This includes work to modernise our services and return to financial balance in line with our Financial Recovery Plan. Importantly, the changes that we are making will ensure that SCAS achieves its ambition to become a care navigator and to deliver our strategy of *Right Care, First Time for our Patients*.

The executive team with the support of senior leaders across the organisation have been heavily focused on developing programmes of work aligned to our 5 strategic fit for the future themes, that will see us deliver the Transition Criteria that we are required to meet in order to secure our exit from RSP at the same time as making overall improvements to the way that we run and deliver our services.

Our non-executive directors have also been engaged in the development of our Fit for the Future strategic framework, which is our single Improvement Plan that captures, guides and acts as an oversight mechanism for all the work that we are doing. I am pleased that we will be presenting our Fit for the Future Framework to this September board for approval.

The approach that we are taking will ensure that as a board, we have a holistic view of the progress we are making towards achieving our ambition, by tracking our key programmes of improvement work, our performance against the metrics in the NHS Oversight Framework and our Operating Plan deliverables, with risks to delivery clearly identified, so that we can ensure these are managed and mitigated. Our board will receive regular updates on our progress and further, detailed scrutiny will take place within our board committees. Our framework has re-emphasised our direction of travel as an organisation and provides a methodical way of tracking progress through robust and effective reporting, governance and oversight.

Performance

In my last report I was pleased to report that we had started the new financial year in a positive position, but performance became more challenging during July. Our mean Category 2 response time was 27.11 minutes during August which was an improvement on the July position and above target, but we have continued to experience challenges as we have moved into September. Our ability to get to patients quickly is a key measure of safety and quality of care and it is important that we describe it in this way.

As an executive team we remain focused on delivering category 2 performance to ensure that we reach our patients in a timely way to provide the urgent and life preserving treatment that they need, and we have established a team dedicated to resolving issues and supporting our operational teams to deliver against the targets that we agreed as part of our Operational Plan.

We understand the drivers for the challenges we are experiencing, which are multifactorial in nature and include vehicle availability due to the age of our current fleet. We have plans in place to replace our fleet and to open additional workshop capacity so that any repairs and maintenance can be undertaken in a timely way, which will significantly improve the availability of vehicles and ensure that our crews are out on the road. This is a key programme of work within our enabling services' strategic theme.

As we approach the winter period, with the rise in demand that is inevitable with the onset of colder weather and seasonal illnesses, we continue to work with partners across the system to ensure there are no delays in handover that impacts the ability of our crews to respond in a timely way. In line with our modernisation plans, our Hear and Treat is delivering successfully, and performance remains above plan. Hear and Treat not only reduces unnecessary conveyances to hospitals, which relieves the pressure in Emergency Departments, but also ensures that our

patients are treated in the most appropriate setting and that our crews are available to attend to patients in the most urgent need.

Whilst we retain a sharp focus on delivering category 2 performance, we are required to do so within budget and to deliver care in a safe and effective way. We are therefore mindful of the need to constantly maintain the balance between quality, operational and financial performance as the ability to take decisions in this balanced way is a hallmark of an organisation that is well led.

Finance

Whilst we remain on plan to return to deliver on year 3 of our Financial Recovery Plan and return to financial balance at the end of 2025/26, the financial position at month 5 is extremely tight and unanticipated cost pressures that have arisen since the start of the financial year means that we are required to deliver savings over and above our Cost Improvement Plan target of £21.4m.

Resultantly, we continue to operate and review the grip and control measures we have in place to ensure that we deliver on our commitment. Our executive team scrutinises the financial position on a weekly basis to ensure that we can take timely decisions with regards to expenditure and cost savings and although we are making steady progress with regards to identifying and delivering our CIP target for 2025/26, the requirement for additional savings will inevitably lead to difficult decisions needing to be taken.

SECAmb Partnership

The executive teams and boards at SCAS and SECAmb continue to work together to identify areas where collaborative working across the two organisations would be beneficial in terms of creating efficiencies and learning and sharing best practice. Work is in train across several areas of trust business and is already proving fruitful in areas such as operations, where we are focusing on aligning the way that we deliver services for the benefit of the population across both of our geographies.

Our boards have been working together to define a direction of travel for more formalised collaborative working arrangements and the development of a roadmap that will take us to this position. A series of executive to executive and board to board meetings have and continue to take place and we have committed to signing off an Outline Business Case in October 2025.

Staff Survey

The National NHS Staff Survey is being launched on 24th September 2025, and I would like to encourage all staff to participate and give their views on what it is like to work in the trust. Whilst the results were disappointing last year, we hope that the work that we have embarked upon to listen and hear our staff, to redefine our values and behaviours and to improve our culture will have had positive impact on the experience of our staff. The results will not be published until next year and we will use the outputs, together with other sources of feedback to review and refresh the programmes of work set out in our People and Culture strategic theme, to ensure these are delivering the changes that we want to see and remain relevant.

Ministerial Letter

I had the pleasure of receiving a letter from the Minister of State for Health and Secondary Care acknowledging the vital contribution that our Community First Responders and Volunteers make to our organisation and the population that we serve. This acknowledgement relates to recent research carried out by King's College, which evidences the contribution made, both in terms of relieving pressure on our crews and thereby improving category 2 response times and improving outcomes for population and reducing health inequalities.

I extend my thanks on behalf of the Trust Board to our Community First Responders and indeed to all staff across our organisation, both in front line and corporate services, who work tirelessly to ensure that we deliver the best care that we can to our population.

David Eltringham
Chief Executive



**Council of Governors
22 October 2025**

Report title

Membership and Engagement Committee update

Agenda item

10

Report executive owner

Gillian Hodgetts, Director of Communications, Marketing and Engagement

Report author

Margaret Eaglestone, Stakeholder Engagement Manager

**Governance Pathway:
Previous consideration**

Not applicable

**Governance Pathway:
Next steps**

Council of Governors to note

Executive Summary

An update on the activity of the Membership and Engagement Committee (MEC) since the last meeting on **6 October**.

Alignment with Strategic Objectives

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

Select Strategic Objective.

Partnership and Stakeholder Engagement

Relevant Business Assurance Framework (BAF) Risk

To which BAF risk is the subject matter relevant?

Select BAF Risk.

SR4 - Engagement with Stakeholders

Financial Validation

Not applicable

Recommendation(s)

What is the Committee/Board asked to do:

Please amend as appropriate. The following is intended as a guide only.

- Receive a report/paper for noting

For Assurance

For decision

For discussion

To note



1. Background / Introduction

- 1.1 To update the Council of Governors on MEC activity

2. Detail

- 2.1 The MEC was held on **6 October** 2025 in person and online at Newbury Education Centre.
- 2.2 The MEC was preceded by a **workshop** focused on developing an engagement strategy, led by Alan Weir and Helen Ramsay, and coordinated by Margaret Eaglestone. The session was attended in person by Chris Jenner, Hilary Foley, Chas McGill, and David Luckett.
- 2.3 During the workshop, participants reviewed the Governor poll and explored ways to strengthen engagement between governors, members, and the wider public. Using the AMEC framework, we aligned engagement objectives with SCAS strategic priorities and identified key audiences, along with practical approaches for effective engagement within the available resources.
- 2.4 The AMEC Integrated Evaluation Framework is a structured approach developed by the International Association for Measurement and Evaluation of Communication (AMEC) to measure and evaluate the effectiveness of communication and public relations efforts.
- 2.5 For further details, please refer to the PowerPoint presentation in appendix 2. The next steps include summarising key messages and co-producing a final engagement strategy.
- 2.6 The MEC was attended by governors in person. Keith Willett, Kate Kapernaros and Susan Wall joined online.
- 2.7 Stuart Webb, Education Manager and Kenneth Wilcox, Education Facilitator, presented on road safety awareness, to promote the road safety awareness campaign which SCAS is launching in November. They provided governors with three key messages to share with the public: **Stay calm, Move aside safely. Never break the law to help.** Please see PowerPoint in appendix 2 for reference.
- 2.8 Governors gave an update on **engagement activity** over recent months, which includes but is not only limited to Chas McGill attended a call centre, learnt about clinical pathways, met with a Team Leader in Nursling and attended Port Solent 999 Family Fun Day. Chris Jenner also attended Port Solent 999 Family Fun Day. Huw Pateman attended Hight Wycombe Shopping Centre engagement event and the emergency services day at Milton Keynes Blue Light Hub.
- 2.9 Margaret Eaglestone gave an update on the **busy calendar of events** over the summer months and will keep governors informed of forthcoming public engagement activity and events.
- 2.10 Helen Ramsay confirmed that the **nominations for Governor elections will run from 9 December to 8 January and elections will run from 30 January to 24 February**. Margaret Eaglestone will contact Governors to request case studies, testimonials, quotes, and videos, and to seek their support in promoting the elections across their networks. The MEC emphasised the importance of encouraging diversity within the Council of Governors and agreed that the election campaign should actively reflect and promote this commitment.

1. Quality Impact

1.1 Not applicable

2. Financial Impact

2.1 Not applicable

3. Risk and compliance impact

3.1 Not applicable

4. Equality, diversity and inclusion impact

4.1 The MEC emphasised the importance of encouraging diversity within the Council of Governors throughout the elections campaign and agreed that the election campaign should actively reflect and promote this commitment.

5. Next steps

5.1 What will you do next?

6. Recommendation(s)

6.1 The Council of Governors is asked to:

6.1.1 Note the report

7. Appendices

7.1 Appendix 1 – Workshop presentation

7.2 Appendix 2 - Road safety awareness presentation



**South Central
Ambulance Service**
NHS Foundation Trust



MEC engagement workshop

Alan Weir, Helen Ramsay, Margaret
Eaglestone

Purpose of today's workshop

To co-produce a Renewed Governor Engagement Strategy

Overview

- Current Position
- Rationale for a Renewed Engagement Strategy
- Strategic Aims for Engagement
- Priority Audiences
- Approach to Engagement
- Measurement and Evaluation
- Breakout Session: Defining Objectives and Actions
- Next Steps

Governor Poll

- **Key Themes from Governor Poll:**

- Public perception dominated by service delays
- Difficulty targeting engagement effectively
- Engagement more effective when linked to clear goals

- **Support Needs:**

- Clear objectives and key messages
- Training and confidence building

Governor poll - challenges

- **Please can you say in your own words what the challenges or barriers you face in engaging with members or the wider public?**
- It is difficult talking to members of the public. All I get is how long it took to get an ambulance. Long delays do not put SCAS in a good light
- Having to hand data that demonstrates why targets are not being met
- Knowing with whom to engage and how to target that engagement for specific groups
- I am so much more motivated to do something where there is a goal and a measurable output, than just going to an event because it is easy

- **Please can you say in your own words what support would help you feel more confident in your engagement role?**
- Clear ideas about what, and who, engagement is aimed at
- I think liaising with other NHS trusts and combining opportunities to work together on joint engagement events with diverse groups would help my confidence
- Having a clear idea what precisely we are supposed to be telling the public
- Updated target messages
- As a staff governor I do not know how to identify key stakeholders and how to convey the objective of my engagement with them
- Face to face training would be a good start

Why do we need a refreshed engagement strategy



- To align with Trust priorities and strategic objectives
- To strengthen governors' ability to represent members effectively
- To ensure accountability and measurable impact
- Framework: AMEC model – Align, Plan, Implement, Measure, Evaluate



Strategic aims for engagement

- **Aligned to Trust Priorities:**
 - Safe, high-quality care and reduced health inequalities
 - Responsive and timely services
 - Digital and data-enabled transformation
 - A positive, supportive staff culture
 - Partnership and sustainability
- **Engagement Objectives (SMART):**
 - Educate and empower communities
 - Build trust and collaboration
 - Reduce demand through informed choices

***Right Care, First time,
for our **patients*****

Our Aims

**Enabling
Services**

*To deliver high quality,
timely and responsive
support, enabling our
front-line staff to respond
effectively to patient
demand*

Digital Transformation

**To deliver modern digital, data and
technology services & support that enable
our workforce to deliver the Right Care,
First Time for our Patients**

Clinical Effectiveness

*To deliver safe, high quality care
improving measurable outcomes for
patients, and reducing health
inequalities*

People and Culture

*To ensure our people feel a sense of
fulfilment and satisfaction in the work
they do*

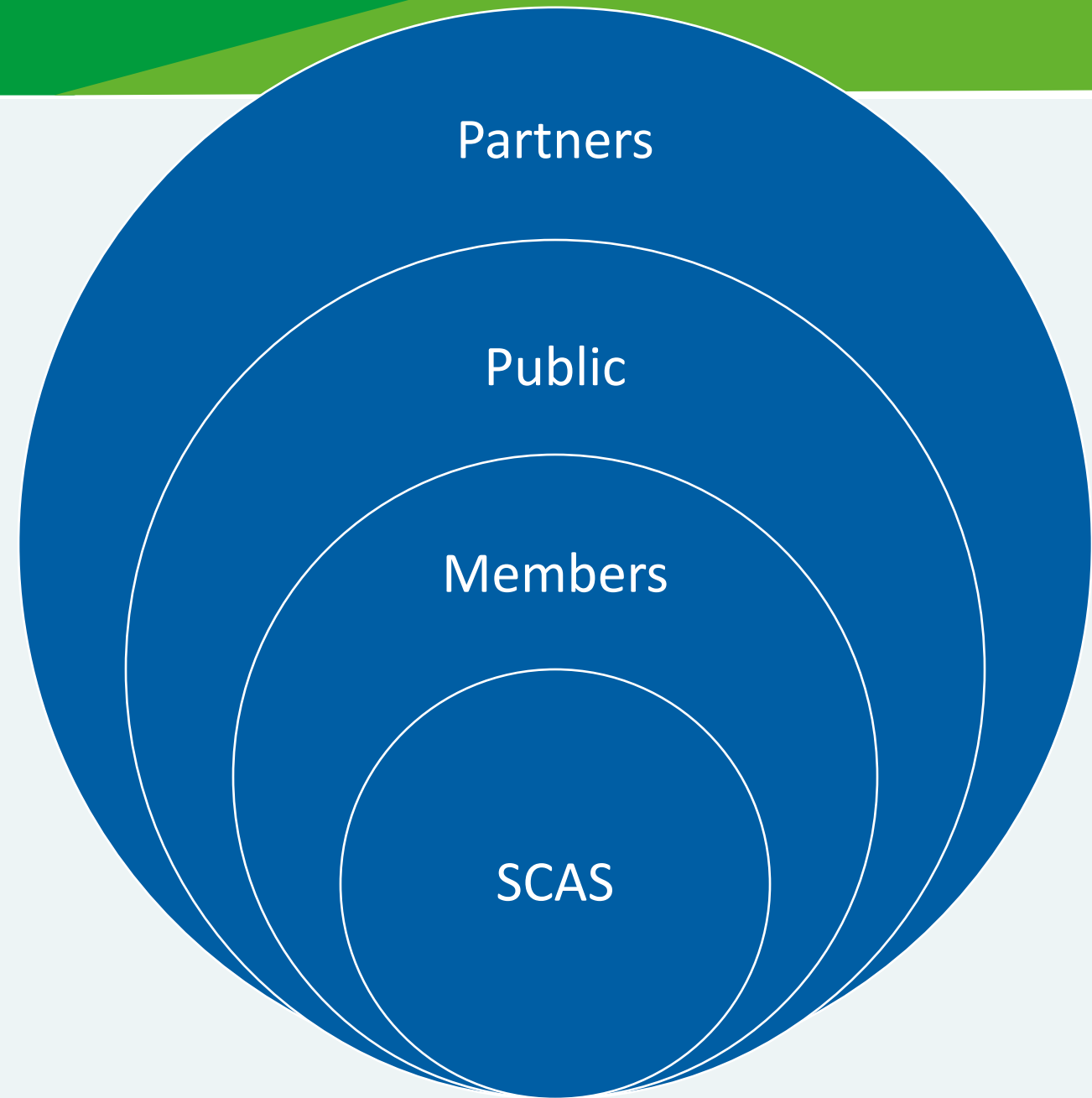
**Partnerships and
Sustainability**

*To become a sustainable
organisation working
effectively across
systems and as part of an
integrated NHS*

Priority audiences

Who we need to engage:

- Trust Members
 - Patients and Public
 - Staff
 - NHS System Partners
 - Local Communities
-
- Key Consideration: What do they need to know, feel, or do?



Approach to engagement

Practical Methods:

- Engagement Forums and Events
- Surveys and Feedback

Mechanisms

- Website and Digital Channels
- E-Bulletins and Updates



Ladder of engagement



Measurement and evaluation

Tracking Engagement:

- Number of events and forums
- Attendance and participation levels
- Digital interactions and feedback

Evaluating Effectiveness:

- Outputs – what we delivered
- Out-takes – what audiences understood
- Outcomes – what changed as a result

Governance Role:

- Ensure accountability and continuous learning

Breakout session

Discussion Points:

- Which audiences should be prioritised?
- What specific outcomes should we aim for?
- What practical actions can governors take?

- Output:

Agreed engagement objectives and proposed actions

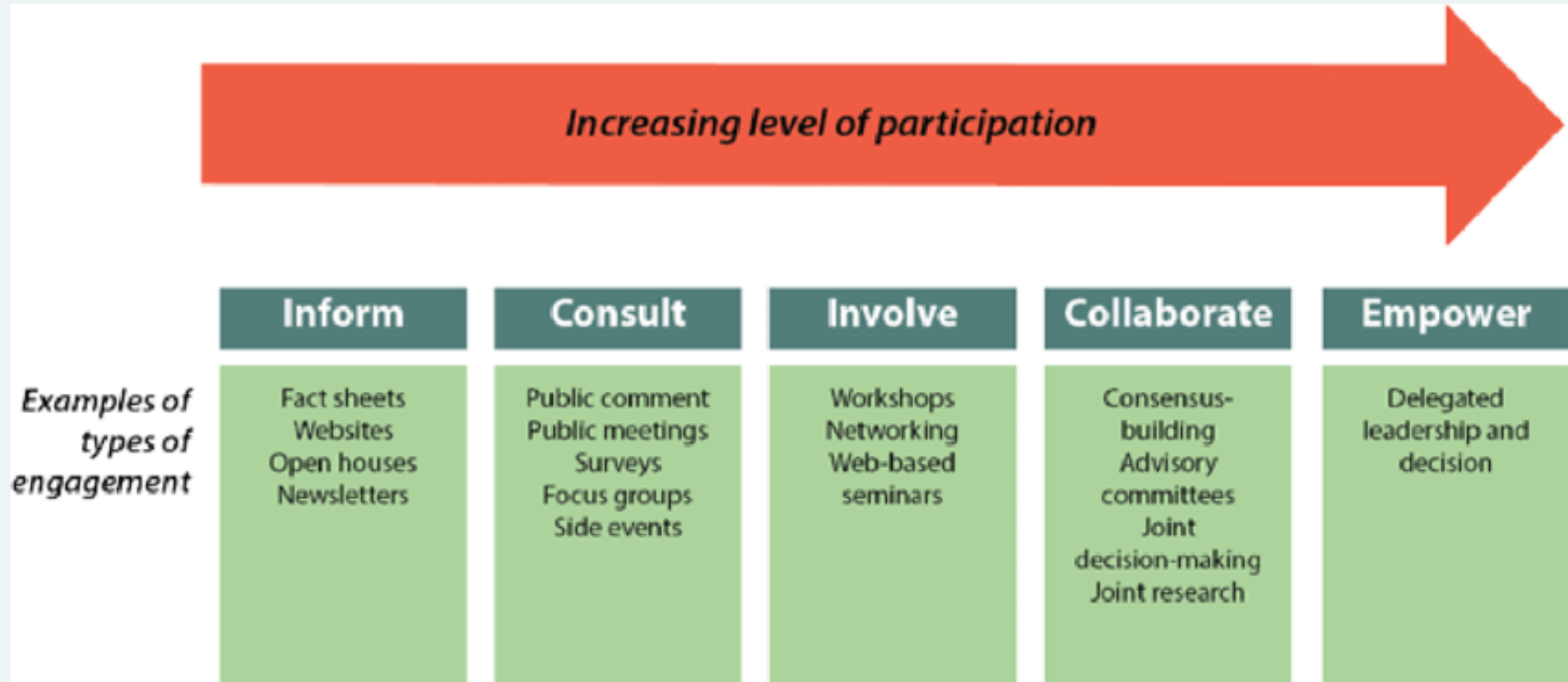
Next steps

Refine engagement objectives from today's workshop:

- Draft the Engagement Strategy for Council review
 - Establish mechanisms for ongoing measurement and reporting
 - Continue to strengthen governors' capacity to engage effectively
-
- Shared ownership:
 - Building trust, collaboration, and meaningful impact

Q&A

Ladder of engagement





Road Safety Awareness

Driving Education & Driving Standards



Driving Education

- Assessments for any staff who drive within the trust
- Blue Light Driver Training (Ambulance & Car)
- PTS Driver Training
- RTW, Support Days, C1 Support

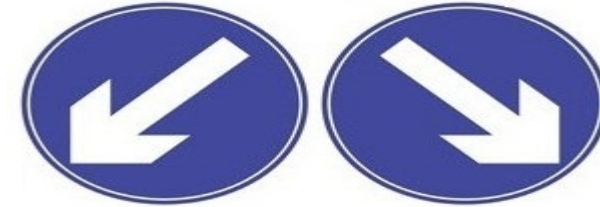
Driving Standards

- Incidents, Collisions, Investigations
- Driving Policy (CPP19)
- Internal Points System
- Parking, Speeding Tickets
- Licence Checks

What we can do: Emergency Exemptions



- Contravene a keep left/right sign.
- Exceed statutory speed limits.
- Treating red traffic lights as Stop and/or give way.



Important: These are *exemptions*, not rights. The driver ***does nothing that would be classed as careless or dangerous***

Common Misconceptions:



- We can't cross or straddle solid white lines (outside of RWC Rule 129)
- We can not contravene signs such as: No entry, No Right Turn, No Overtaking, No U-Turns
- We still must give way at roundabout and junctions (unless traffic allows)
- An ambulance weighs approx. 5.5 tonnes, they do not accelerate or stop easily.
- Go the incorrect way around a roundabout
- Travel the wrong way down a one-way street



What does the Highway Code Say?

- **Rule 219**
- **Emergency and Incident Support vehicles.** You should look and listen for ambulances, fire engines, police, doctors or other emergency vehicles using flashing blue, red or green lights and sirens or flashing headlights, or traffic officer and incident support vehicles using flashing amber lights. When one approaches do not panic. Consider the route of such a vehicle and take appropriate action to let it pass, while complying with all traffic signs. If necessary, pull to the side of the road and stop, but try to avoid stopping before the brow of a hill, a bend or narrow section of road. Do not endanger yourself, other road users or pedestrians and avoid mounting the kerb. Do not brake harshly on approach to a junction or roundabout, as a following vehicle may not have the same view as you.

What should you do upon hearing sirens:

- **Stay calm** – don't panic or slam brakes.
- **Check your surroundings** – look for safe spaces to move.
- **Pull over to the left if possible** – never stop in the middle of a junction.
- **Don't block or race emergency vehicles.**
- **Never go through a red light to “make space”** – it's unsafe and still illegal for you

Key Points

- Stay calm
- Move aside safely
- Never break the law to help

Blue Light Aware Video





**South Central
Ambulance Service**
NHS Foundation Trust

Thank you



**Council of Governors
22 October 2025**

Title	Election Update
Agenda Item	11

Detailed below are the Governor Election stages and dates.

ELECTION STAGE	DATES
Trust to send nomination material and data to CES	Tuesday, 25 Nov 2025
Notice of Election / nomination open	Tuesday, 9 Dec 2025
Nominations deadline	Thursday, 8 Jan 2026
Summary of valid nominated candidates published	Friday, 9 Jan 2026
Final date for candidate withdrawal	Tuesday, 13 Jan 2026
Electoral data to be provided by Trust	Friday, 16 Jan 2026
Notice of Poll published	Thursday, 29 Jan 2026
Voting packs despatched	Friday, 30 Jan 2026
Close of election	Tuesday, 24 Feb 2026
Declaration of results	Wednesday, 25 Feb 2026

For Assurance		For decision		For discussion		To note	x
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