



## Agenda

### Council of Governors Meeting in Public

**Date: 04 March 2026**

**Time: 18:30 – 20:40**

**Venue: Newbury Education & Recruitment Centre, Bone Lane, Newbury, RG14 5UE  
 / 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/<br>To note                 | 18:30 |
| 2.  | <b>Declarations of Interests</b>                   | Keith Willett    | Verbal/<br>To note                 | -     |
| 3.  | <b>Review of minutes: 22 October 2025</b>          | Keith Willett    | Paper<br>To note                   | -     |
| 4.  | <b>Action Log and Matters Arising</b>              | Keith Willett    | Paper<br>To note                   | -     |
| <b>Governor Development</b>                                 |  |                  |                                    |       |
| 5.  | <b>Digital update</b>                              | Craig Ellis      | Presentation<br>Q&A                | 18:35 |
| <b>Statutory Duties: Performance and holding to account</b> |  |                  |                                    |       |
| 6.  | <b>Governor priorities and areas of interest</b>   | Lead<br>Governor | Paper<br>For<br>Assurance/no<br>te | 19:10 |
| 7.  | <b>Chief Executive's Update</b>                    | Stuart Rees      | Paper<br>To note                   | 19:15 |
| 8.  | <b>CQC Report and Response</b>                     | Becky<br>Murray  | Paper<br>To note                   | 19:25 |

|   |   |                  |                           |       |
|---|---|------------------|---------------------------|-------|
|   |   |                  |                           |       |
| 9.                                      | <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 February 2026 Board in Public meeting papers at: <a href="https://scas.nhs.uk/wp-content/uploads/2026/01/SCAS-public-Board-papers_5Feb2026a.pdf">scas.nhs.uk/wp-content/uploads/2026/01/SCAS-public-Board-papers_5Feb2026a.pdf</a></p> <p>a) Integrated Performance Report</p> <p>b) Board Committee Escalation Reports</p> | NEDs<br><br>NEDs | Verbal For Assurance      | 19:35 |
| <b>Council of Governors Operations:</b> |   |                  |                           |       |
| 10.                                     | <b>Membership and Engagement Committee update</b>   | AW/ME            | Paper For Assurance /note | 20.15 |
| 11.                                     | <b>Governor Bulletin</b>  | Keith Willett    | Verbal To Discuss         | 20:25 |
| <b>Closing Business</b>                 |   |                  |                           |       |
| 13.                                     | <b>Any Other Business</b>   | Keith Willett    | To note                   | 20:30 |
| 14.                                     | <p><b>Questions from Members/Observers</b></p> <p><i>Questions from Members/Observers should be submitted to the Company.Secretary@scas.nhs.uk mailbox 48 hours before the meeting.</i></p>   | Keith Willett    | To note                   | -     |
| 15.                                     | <b>Review of meeting effectiveness</b>  | Keith Willett    | To note                   | -     |
| 16.                                     | <p><b>Time, Date, and Venue of next Meeting:</b></p> <p>10 June 2026<br/>Newbury Education &amp; Recruitment Centre,<br/>Bone Lane, Newbury RG14 5UE / Teams<br/>18:30 – 21:00</p>  |                  |                           | 20:40 |



**Date:** 22 October 2025

**Time:** 19:30 – 21:00

**Venue:** Newbury Training & Education Centre / Microsoft Teams

**Governor's present**

|                      |   |
|----------------------|---|
| Helen Ramsay (HR)    | Public Governor, Oxfordshire & Lead Governor      |
| Rachael Cook (RC)    | Staff Governor, 999 EOC                           |
| Anne Crampton (AC)   | Appointed Governor                                |
| Lloyd Day (LD)       | Staff Governor, 999 Operations South              |
| Mark Davis (MD)      | Public Governor, Berkshire & Deputy Lead Governor |
| Tim Ellison (TE)     | CRF Governor                                      |
| Chris Jenner (CJ)    | Staff Governor, PTS and Logistics                 |
| Tony Jones (TJ)      | Public Governor, Berkshire                        |
| Paul Kelly (PK)      | Public Governor, Buckinghamshire                  |
| Tariq Khan (TK)      | Staff Governor, NHS 111                           |
| David Lockett (DL)   | Public Governor, Hampshire                        |
| Charles McGill (CM)  | Public Governor, Hampshire                        |
| Huw Pateman (HW)     | Public Governor, Buckinghamshire                  |
| David Wesson (DW)    | Public Governor, Oxfordshire                      |
| Cllr Barry Wood (BW) | Appointed Governor                                |

**Governor apologies**

|                 |                                    |
|-----------------|------------------------------------|
| Mark Potts (MP) | Public Governor, Berkshire         |
| Alan Weir (AW)  | Staff Governor, Corporate Services |

**Governors not in attendance**

|                     |                                      |
|---------------------|--------------------------------------|
| Mike Appleyard (MA) | Public Governor, Buckinghamshire     |
| Hilary Foley (HF)   | Public Governor, Hampshire           |
| Grahame Hoskin (GH) | Appointed Governor                   |
| Ian Sayer (IS)      | Staff Governor, 999 Operations North |

**Directors/Others in attendance**

|                                      |  |
|--------------------------------------|--|
| Professor Sir Keith Willett CBE (KW) | Non-Executive Director & Chair                   |
| Harbhajan Brar (HB)                  | Non-Executive Director                           |
| Ian Green (IG)                       | Non-Executive Director                           |
| Katie Kapernaros (KK)                | Non-Executive Director                           |
| Mike McEnaney (MM)                   | Non-Executive Director                           |
| Ruth Williams (RW)                   | Non-Executive Director                           |
| David Eltringham (DE)                | Chief Executive Officer                          |
| Lem Freezer (LF)                     | Director of Fleet & Operational Support Services |

|                          |   |
|--------------------------|---|
| Danny Hariram (DH)       | Interim Chief People Officer                        |
| David Ruiz-Celada (DRC)  | Joint Strategic Lead, SCAS, SECAMB                  |
| Becky Southall (BS)      | Chief Governance Officer                            |
| David Radbourne (DR)     | NHSE T  |
| Susan Wall (SW)          | Corporate Governance & Compliance Manager (minutes) |
| <b>Other apologies</b>   |   |
| Gary Ford (GF)           | Non-Executive Director                              |
| Les Broude (LB)          | Non-Executive Director                              |
| Margaret Eaglestone (ME) | Stakeholder and Engagement Manager                  |

| Item No. | Agenda Item   |
|----------|---|
| 1.       | <b>Chairs welcome &amp; apologies for absence</b>   |
| 1.1      | Keith Willett (KW), Non-Executive Director and Chair welcomed attendees and apologies for absence were noted.   |
| 2.       | <b>Declarations of Interest</b>   |
| 2.1      | None declared at this meeting.  |
| 3.       | <b>Review of Minutes</b>  |
| 3.1      | The minutes from the 21 July 2025 Council of Governors (CoG) meeting were approved as accurate.   |
| 4.       | <b>Action Log and Matters Arising</b>   |
| 4.1      | All actions were designated for closure; all actions were agreed to be closed.  |
| 5.       | <b>Fleet update</b>   |
| 5.1      | Lem Freezer (LF), Director of Fleet and Operational Support Services, South Central Fleet Services (SCFS) presented a SCAS fleet overview that would include Performance with a focus on Vehicles off Road (VOR), and Compliance in ensuring a safe fleet. Points highlighted:  |
| 5.2      | <u>Fleet overview</u> <ul style="list-style-type: none"> <li>• Fleet profile – approximately 1,000 vehicles that were a mix of leased/owned consisting of diesel, hybrid, and electric vehicles.</li> <li>• Movement was towards a ‘one fleet’ model of operating.</li> <li>• The Trust was signed up to the NHS timeline for Net Zero.<br/>Net Zero targets:<br/>2026 - Sustainable travel strategy in place.</li> </ul> |

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| 5.3 | <p>2027 - All new leased/owned vehicles (except ambulances) to be net zero.<br/> 2030 - Ambulances to meet net zero target.</p> <ul style="list-style-type: none"> <li>• First 8 EV Dual Crewed ambulances were arriving imminently and infrastructure upgrades were underway. These vehicles would support intelligence in adjusting to the future operating model.</li> </ul> <p><u>Vehicle Off Road (VOR)</u></p> <ul style="list-style-type: none"> <li>• Current VOR at around 40% (target at 23%).</li> <li>• Main causes of VORs were unscheduled breakdowns of mechanical faults (gearboxes, engines), auxiliary charging issues, suspension, and electrics.</li> <li>• VORs were higher in the North owing to the geography and longer mileage routes.</li> <li>• VOR events had doubled since the National decision to move to Fiat with events doubling from 600 to 1,200) pressurising workshop capacity.</li> <li>• Make ready process and enhanced cleans for infection protection control.</li> <li>• Challenges of running a transient fleet model instead of a fixed fleet model would be aligned with hub-based stations.</li> </ul> |
| 5.4 | <p><u>Improvement actions</u></p> <ul style="list-style-type: none"> <li>• New workshop planned at Aylesbury supporting additional workshop capacity and would reduce movement of vehicles from workshops to ambulance stations.</li> <li>• Enhanced data analytics would provide earlier defect detection/trends enabling preventative checks/maintenance packages; and would provide improvements between operational and fleet planning via daily availability and location of vehicles.</li> </ul>   |
| 5.5 | <p><u>Compliance &amp; Safety</u></p> <ul style="list-style-type: none"> <li>• Mandatory safety inspections completed as part of blue light operator's licence.</li> <li>• External audits by UK Logistics; advise best practice.</li> <li>• SCFS operated fleet workshops and utilised a digital fleet management system.</li> <li>• Vehicles had individual maintenance plans.</li> <li>• Mandatory 12-week inspections; minimum 4 brake tests/year per vehicle.</li> <li>• New Head of Compliance and governance appointed.</li> </ul>  |
| 5.6 | <p><b>Governor Questions:</b><br/> LD sought assurance on minor fault repairs and EV charging and infrastructure. LF reported minor faults were scheduled to be fixed within the 12-week inspection cycle and for faults to be reported. Estates work was</p>  |

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| <p>5.7</p> <p>5.8</p> <p>5.9</p> <p>5.10</p>          | <p>ongoing in support of the increase in EVs and operational model changes anticipated.</p> <p>TE sought assurance on workshop locations and if there were alternative ways of resolving VORs without going back to a workshop. LF explained mobile repairs had been explored, however compliance paperwork limited outsourcing options. The new workshop when operational would provide additional capacity.</p> <p>KK reported a group of NEDs had visited the SCFS site when data was reviewed as part of the process in establishing improvements to ensure the Trust delivered what it was commissioned to do.</p> <p>MM, as Chair of SCFS informed control and improved significantly over the last 18 months, and an internal audit had been conducted on fleet management services and operational safety.</p> <p>The Committee <b>NOTED</b> the report.</p> |
| <p>6.</p> <p>6.1</p> <p>6.2</p>                       | <p><b>Governor priorities and areas of interest</b></p> <p>KW stated fleet concerns had been addressed in the previous item, and responses to other governor priorities would be provided at the next couple of items.</p> <p>The Council <b>NOTED</b> the priorities and areas of interest questions.</p>   |
| <p>7.</p> <p>7.1</p> <p>7.2</p> <p>7.3</p> <p>7.4</p> | <p><b>Chief Executive Officer Update</b></p> <p>David Eltringham (DE) provided the Chief Executive Officer (CEO) update, key points included:</p> <p><b>National Context</b></p> <ul style="list-style-type: none"> <li>• NHS reorganisation was ongoing; ICS leadership was stable; winter planning focus.</li> </ul> <p><b>Performance</b></p> <ul style="list-style-type: none"> <li>• CAT2 response times had been marginally off target in October. EPSP activated.</li> <li>• Call answer times were strong; and PTS Hampshire contract had been extended for 2 years.</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• On track for income/expenditure balance by March 2026 (final year of 3-year recovery plan).</li> <li>• No contingency: risks remain but patient safety was prioritised.</li> </ul>                            |

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| <p>7.5</p> <p>7.6</p> <p>7.7</p> <p>7.8</p>            | <ul style="list-style-type: none"> <li>• Achievement of Financial Plan and transition would support collaboration with SECAMB.</li> </ul> <p><b>People</b></p> <ul style="list-style-type: none"> <li>• Interim Chief People Officer in post.</li> <li>• Values &amp; behaviours collaborative programme had gone live.</li> <li>• Staff survey had opened.</li> <li>• Flu vaccination campaign had commenced.</li> </ul> <p><b>Regulation</b></p> <ul style="list-style-type: none"> <li>• Recovery Support Programme exit recommended by region and awaiting national sign-off.</li> <li>• Care Quality Commission reports were pending publication.</li> </ul> <p><b>Discussion Points</b></p> <ul style="list-style-type: none"> <li>• Impact of EPSP on staff and patients; thematic review undertaken to support improvement.</li> <li>• Staff engagement: need for better frontline voice; pulse surveys under consideration.</li> <li>• Oversight framework: SCAS remains Level 4 until financial and people metrics improve.</li> </ul> <p>The Council <b>NOTED</b> the Chief Executive Officer's Report.</p> |
| <p>8.0</p> <p>8.1</p> <p>8.2</p> <p>8.3</p> <p>8.4</p> | <p><b>Area of assurance:</b></p> <p><b>a) Governor priorities and areas of interest</b></p> <p><b>b) Integrated Performance Report</b></p> <p><b>c) Board Committee Escalation Reports</b></p> <p>Governor priorities and areas of interest responses not provided at other items:</p> <p><b>Body worn cameras</b></p> <ul style="list-style-type: none"> <li>• Body-worn cameras: issues with battery/software; cross-team work ongoing to resolve issues.</li> </ul> <p><b>Winter resilience PPs</b></p> <ul style="list-style-type: none"> <li>• Winter assurance framework had been signed off by the Board; it was realistic and deliverable based on modelling.</li> </ul> <p>The Council <b>NOTED</b> the reports.</p>  |
| <p>9.</p> <p>9.1</p>                                   | <p><b>Membership and Engagement Committee (MEC) update</b></p> <p>HR reported:</p> <ul style="list-style-type: none"> <li>• A workshop had been held as a follow up to the governor poll on engagement, and the next step was to co-produce an engagement</li> </ul>   |

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| 9.2  | <p>strategy.</p> <ul style="list-style-type: none"> <li>• Road safety awareness campaign was presented ahead of the external campaign.</li> <li>• Governors were asked to assist in promoting the upcoming elections, and to encourage others to stand as governors.</li> </ul> <p>The Council <b>NOTED</b> the Membership and Engagement Update.</p> |
| 10.  | <p><b>Election update</b></p>   |
| 10.1 | <p>BM reported:</p> <ul style="list-style-type: none"> <li>• Civica had been engaged to run the election process.</li> <li>• A Single Transferable Vote option would be adopted as it provided greater representation and flexibility than First Past the Post (the Trust's constitution covered both options).</li> </ul>                            |
| 10.2 | <p>The Council <b>NOTED</b> the Governance update.</p>  |
| 11.  | <p><b>Any Other Business</b></p>  |
| 11.1 | <p>There was no other business raised or discussed at the meeting.</p>  |
| 12.  | <p><b>Questions from Members/Observers</b></p>  |
| 12.1 | <p>There were no questions from members.</p>  |
| 13.  | <p><b>Review of meeting effectiveness</b></p>   |
| 13.1 | <p>KW gave thanks to the governors for their questions and engagement in the meeting and encouraged governors to share their experiences of being a governor in promoting the governor election.</p>  |
| 14.  | <p><b>Date, Time, and Venue of next Meeting</b></p>   |
| 14.1 | <p>4 March 2026<br/>Newbury Education &amp; Training Centre / Teams<br/>18:30 – 21:00</p>   |





**Council of Governors**  
**04 Mar 26**

|                     |  |
|---------------------|--|
| <b>Report title</b> | <b>Governor priorities and areas of interest</b> |
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| <b>Agenda item</b> | <b>6</b> |
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| <b>Report executive owner</b> | <b>Becky Southall, Chief Governance Officer</b> |
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| <b>Report author</b> | <b>Helen Ramsay, Lead Governor</b> |
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| <b>Governance Pathway:<br/>Previous consideration</b> | n/a |
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| <b>Governance Pathway:<br/>Next steps</b> | a/a |
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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

|                             |   |
|-----------------------------|---|
| <b>Financial Validation</b> | Capital and/or revenue implications? NONE |
|-----------------------------|---|

| Recommendation(s)  |
|--|
| What is the Committee/Board asked to do:<br>Respond to the assurance topics raised by the governors. |

| For Assurance | ✓ | For decision |  | For discussion |  | To note |
|---------------|---|--------------|--|----------------|--|---------|
|               |   |              |  |                |  |         |

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| <p><b>1. Background / Introduction</b></p> <p>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.</p>  |
| <p><b>2. Detail</b></p> <p>2.1 Can the governors seek feedback from the NEDs on the new meal break policy/trial and the impact on staff and patients.</p> <p>2.2 What assurance do the NEDs have that SCAS will meet the category 2 target and the break-even target by year end? And what scrutiny and attention is being brought to ensure that we do?</p> <p>2.3 Governors understand that some of the vehicles are very close to their maximum weight limit. Please can governors seek assurance from NEDs on what is being done to address this concern.</p> <p>2.4 Please can governors seek thoughts and views from the NEDs on the new group structure and what it looks like for SCAS.</p> <p>2.5 Please can governors seek thoughts and views from the NEDs on the staff survey results and if these are not yet able to be shared, please can NEDs advise what is being done to prepare for these.</p> <p>2.6 Governors are concerned with the continued use of EPSP over a prolonged period and the associated excessively long waits for category 3 patients. Governors would like to seek assurance from NEDs that there is not an acceptance that this is now the ongoing state due to demand and pressures and would like to understand what is being done to give that assurance.</p> |
| <p><b>3. Quality Impact</b></p> <p>3.1 Does the action [or decision not to act] have an impact on patient safety, patient experience or clinical effectiveness? No quality impact.</p>   |
| <p><b>4. Financial Impact</b></p> <p>4.1 Does the required action [or decision not to act] have a financial impact and can this be quantified? No financial impact.</p>  |

## **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



| <b>Council of Governors<br/>4 March 2026</b> |  |
|--|--|
| <b>Title</b>                                 | <b>Chief Executive Officer's Report</b>          |
| <b>Report Author</b>                         | <b>David Eltringham, Chief Executive Officer</b> |
| <b>Executive Owner</b>                       | <b>David Eltringham, Chief Executive Officer</b> |
| <b>Agenda Item</b>                           | <b>7</b>   |
| <b>Governance Pathway:<br/>Previous</b>      | Trust Board 5 February 2026                      |
| <b>Governance Pathway<br/>Next Steps</b>     | n/a  |

## **1. Purpose**

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.

## **2. Executive Summary**

### **National Context**

#### **Recovery Support Programme**

Since my last report, I am pleased to announce that formal notification has been received from NHS England of the Trust's exit from the Recovery Support Programme. There is a paper later on the agenda confirming this and as the confirmation letter suggests, it is right to take the time to reflect on the significant progress that has been made over the last 2 years, that has provided confidence in our readiness to exit the programme.

I would also like to take this opportunity to thank our staff for the hard work and commitment they have demonstrated to returning SCAS to a sustainable position as a Trust, to ensure we are able to deliver the best care that we can to our patients and the population we serve. However, whilst this is a moment to pause and reflect, we are not complacent and will remain focused on delivering further improvements through our Fit for the Future Programme.

## **Multi-Year Plan**

Following the first submission, we continue to develop our 3-year Multi-Year Plan, which will ensure that our workforce, operational and financial plans are aligned, and we can monitor and drive our performance across all these areas, which underpin our ability to provide good quality, safe services. This is a different approach to planning and along with achieving year 3 of our Financial Recovery Plan, will ensure that SCAS is sustainable into the future. The priorities for next year under our Fit for the Future programme will reflect the commitments set out in our Multi-Year Plan and will drive our improvement work as we move into 2026/27.

## **CQC Well Led Inspection**

At the time of writing this report, we are preparing for our CQC Well Led Inspection which is taking place on 27-29<sup>th</sup> January. We are in the process of submitting the documents that the CQC has requested to inform the inspection and over the 3 days, the CQC inspection team will hold interviews with our board members, senior leaders, subject matter experts and stakeholder panels with our governors and staff. We will report further when the report is received and remain committed to acting on the observations of the inspection team and taking any further improvement action that is required and that does not already feature in our Fit for the Future Improvement Plan.

## **Collaboration with South-East Coast Ambulance Service (SECAmb)**

Our collaboration work is continuing alongside the work that we are focusing on internally and our respective Executive Teams continue to meet to determine how we can learn and share best practice and work in more efficient and effective way.

Colleagues in SECAmb are supporting us with additional fleet as we work through our Fleet Improvement Programme and we are continuing to work on areas such as a common operating model across the two organisations to ensure consistency in the quality and standards of care that we deliver to our populations.

In line with the decision to establish a Group Model with a single Joint Chair and Chief Executive Officer, recruitment to these posts is underway via an open and competitive process, which is expected to conclude in February and March respectively. However, as we remain two separate, statutory organisations with two boards, we have put into place governance arrangements to ensure that both boards have oversight of the work that is required during the Transition period. The terms of reference for a new Committee in Common are later on the agenda for this meeting.

### **Operational Performance**

Since my last report, both SCAS and the system as a whole has experienced a challenging period due to winter pressures. During this time the executive team has maintained a daily focus on category 2 performance and has taken a dynamic approach to implementing actions and initiatives aimed at improving our performance.

Full details of our quality, operational and people performance is contained within the Integrated Performance Report (IPR) that forms part of this agenda. For December 2025, our category 2 mean performance was 31.54, which is above our target of 30 minutes. Whilst we put into place anticipatory measures as part of our Winter Planning exercise, including additional staffing to manage expected additional demands on the service, we continued to experience challenges with our fleet with a 43.1% vehicles off the road (VOR) rate and with staff sickness.

Our Hear & Treat performance was also below target for the first time in 4 months, which contributed to our response times, as this initiative is key to ensuring that we only send an ambulance and convey patients to hospital that need hospital treatment. Staff sickness impacted on our ability to deliver Hear & Treat, but is expected to reduce as seasonal illnesses subside.

### **Fleet and VOR**

Our ability to respond to category 2 calls in timely way culminated in a decision to call a Business Continuity Incident on 16<sup>th</sup> January 2026. This has enabled us to seek additional

support and releases staff across the trust to focus on returning performance to target levels.

A key contributor to our ability to respond to our patients in a timely way is our Fleet position and this is reflected in our Board Assurance Framework as a strategic risk, which has board focus. The reasons for our challenges are multi-factorial but include the age of our fleet and the consequent impact on workshop demand, vehicles that are in use being overused to try and meet demand, leading to more faults developing, delays in new vehicles being delivered and the logistics of moving the fleet around our geography to match with crews.

However, we have put into place a Fleet Improvement Plan, which is aimed at tackling these issues, including opening additional workshop capacity so that we can undertake repairs and ensure vehicles are roadworthy in a timely way.

Whilst we are content that we have put into place arrangements that will increase vehicle availability and reduce VOR in the coming months, we have taken additional actions to support the availability of our fleet. This includes reviewing our current processes with a view to streamlining these, monitoring electric vehicle charging to ensure this does not become a reason for VOR, outsourcing bigger repairs to SECAMB and external providers, and establishing a logistics cell to ensure that we can swiftly move our vehicles to where they are needed and reduce non-availability of our crews. The actions that we have agreed are monitored on a daily basis by our Incident Management Group, which has been established in response to our Business Continuity Incident being called.

We will remain focused on short- and medium-term actions until such time that our fleet position stabilises, with scrutiny at executive, Finance and Performance Committee and the Board.

## **Financial Performance**

The trust remains on track to deliver year 3 of its Financial Recovery Plan and deliver a break-even position at the end of the financial year. This has without doubt been an extremely challenging year, in which we have had to make difficult decision and continually

strike a careful balance between operational performance, financial performance and ensuring that quality of care is not impacted.

The executive team continue to monitor the financial position on a weekly basis and together with other senior leaders across the trust, we are working collectively to priority areas of investment for 2026/27 and beyond, together with the identification of Cost Improvement Programmes (CIP) that will deliver our required efficiency savings.

## **People & Culture**

- **Cultural Development – Staff Engagement**

As part of our Fit for the Future (FFF) integrated improvement plan we undertaken an extensive exercise to refresh our values and create a behavioural framework that will inform how we live our values. Our primary driver was to ensure that this was a co-creation exercise undertaken in partnership with our staff, and we have engaged extensively to develop a set of values and behaviours that will in turn enable our staff to feel valued when they come to work, which was a key message from the work that we undertook.

We will continue to develop this work over the coming weeks and ensure that we have a robust engagement and launch plan in place in readiness for formal board sign off in April 2026.

- **A day in the life of.....**

The BBC spent the day with one of our Specialist Practitioners, Chrissy Ames to learn about the crucial support that they provide to our patients. The [article](#) brings to life our strategic aim to become a care navigator and ensure that patients are treated in the most appropriate setting, enabling them to be treated at home when they do not need to be conveyed to a hospital setting.

This provides a much better experience for patients, particularly the frail elderly who can deteriorate further when they are hospitalised and also relieves pressure on our partners within the system. I am delighted that the BBC were able to spend the day with Chrissy

and enable her to demonstrate to the public that a modern ambulance service provides services that extend beyond dispatching a traditional ambulance.

### **3. Areas of Risk**

Areas of risk have been highlighted throughout this paper and the risks around our financial position, operational performance and people and culture are linked to our strategic themes and the corresponding Board Assurance Framework (BAF) risks.

### **4. Link to Strategic Theme**

As indicated above, this paper links to all our strategic themes.

### **5. Link to Board Assurance Framework Risk(s)**

This paper links to the following BAF risks:

- (14) Quality performance
- (17) Fleet Improvement Plan
- (19) Efficiency and productivity
- (24) Finance
- (22) Staff Engagement
- (25) Collaboration

### **6. Quality/Equality Impact Assessment**

Not required for this paper but elements of the work referred to will be subject to QIA/EIA as appropriate.

### **7. Recommendations**

The board is asked to NOTE the update and to RAISE any questions arising.

|                      |  |                     |  |                       |  |                |          |
|----------------------|--|---------------------|--|-----------------------|--|----------------|----------|
| <b>For Assurance</b> |  | <b>For decision</b> |  | <b>For discussion</b> |  | <b>To note</b> | <b>x</b> |
|----------------------|--|---------------------|--|-----------------------|--|----------------|----------|



**COUNCIL OF GOVERNORS**  
**4<sup>th</sup> March 2026**

|                                      |   |
|--------------------------------------|---|
| <b>Title</b>                         | <b>Care Quality Commission (CQC) Update</b>   |
| <b>Report Author</b>                 | <b>Becky Murray, Chief Governance Officer</b> |
| <b>Executive Owner</b>               | <b>Becky Murray, Chief Governance Officer</b> |
| <b>Agenda Item</b>                   | <b>8</b>                                      |
| <b>Governance Pathway: Previous</b>  | None – report is for the Council of Governors |
| <b>Governance Pathway Next Steps</b> | None – report is for the Council of Governors |

**1. Purpose**

To present the findings of the CQC service inspections and provide an update following the Well Led inspection.

**2. Executive Summary**

The Trust underwent two core service inspections during May 2025, and the reports were published on the CQC website in August 2025. The Emergency Operations Centre was rated good overall, and the Emergency & Urgent Care service was rated overall requires improvement. Ratings against each of the domains are as follows:

|                                    |                      |
|------------------------------------|----------------------|
| <b>Emergency Operations Centre</b> |                      |
| Safe                               | Good                 |
| Effective                          | Good                 |
| Caring                             | Good                 |
| Responsive                         | Good                 |
| Well Led                           | Good                 |
| <b>Emergency &amp; Urgent Care</b> |                      |
| Safe                               | Requires Improvement |
| Effective                          | Good                 |
| Caring                             | Good                 |
| Responsive                         | Good                 |
| Well Led                           | Requires Improvement |

It should be noted that CQC no longer issues trusts with must and should do actions under the new inspection regime, although response to specific issues identified were requested. It should also be noted that the areas identified for improvement were not areas that the trust was not previously aware of. All necessary action is already in train under the umbrella of the Fit for the Future Programme.

The reports can be accessed by clicking here:

- [Emergency Operations Centre](#)
- [Emergency & Urgent Care](#)

### **Well Led Inspection**

The Trust underwent a Well Led Inspection on 27-29<sup>th</sup> January 2026, prior to which the CQC requested evidence and then interviewed members of the board, senior leaders and subject matter experts across the Trust. Focus Groups were also held and a number of governors participated; thanks are extended to those involved.

We do not yet have a publication date for the report, but it should be noted that there were no immediate areas of concern highlighted to the executive team either during the inspection or in the feedback letter that was received days after the inspection. The inspectors commented on the level of openness and transparency that they encountered from all teams and staff that were interviewed and the board placed on record its thanks to staff at the February meeting. A further update will be provided when the report is issued for factual accuracy, and a publication date is confirmed

### **3. Areas of Risk**

There are no specific areas of risk to highlight as the areas that were identified during the service inspections were known to the trust and there are plans in place to address these. The risk lies in failing to take appropriate action and this is mitigated via management activity and board scrutiny and oversight.

### **4. Link to Strategic Theme**

The paper links predominantly to our Clinical Effectiveness strategic theme.

### **5. Link to Board Assurance Framework Risk(s)**

The paper links predominantly to SR14, Clinical Quality but also to SR23, Leadership.

### **6. Quality/Equality Impact Assessment**

Not required

## 7. Recommendations

The Council of Governors is asked to note the reports and the update provided in this paper around the Well Led Inspection

|                      |  |                     |  |                       |  |                |          |
|----------------------|--|---------------------|--|-----------------------|--|----------------|----------|
| <b>For Assurance</b> |  | <b>For decision</b> |  | <b>For discussion</b> |  | <b>To note</b> | <b>x</b> |
|----------------------|--|---------------------|--|-----------------------|--|----------------|----------|



**Council of Governors meeting**

|                                      |   |
|--------------------------------------|---|
| <b>Title</b>                         | <b>Membership and Engagement Committee</b>                                    |
| <b>Report Author</b>                 | <b>Margaret Eaglestone, Stakeholder and Engagement Manager</b>                |
| <b>Executive Owner</b>               | <b>Gillian Hodgetts, Director of Communications, Marketing and Engagement</b> |
| <b>Agenda Item</b>                   | <b>10</b>   |
| <b>Governance Pathway: Previous</b>  | N/A   |
| <b>Governance Pathway Next Steps</b> | N/A   |

**1. Purpose**

This paper provides assurance on the activity of the Membership and Engagement Committee (MEC), including recent community engagement, the governor election communications campaign, and progress on the Community Resilience Grant programme, and outlines how this activity supports Trust strategic priorities.

**2. Executive Summary**

This paper provides an update on recent and ongoing engagement activity, the governor election communications campaign, and the delivery of the Community Resilience Grant programme. Collectively, these initiatives support SCAS’s strategic objectives around strengthening community relationships, improving participation and governance, and addressing health inequalities through prevention and education.

- **Engagement Update**

Governors have continued to play an active role in community engagement across a wide range of settings, including schools, community groups, public events, and health-focused workshops. Activity over recent months has focused on raising awareness of SCAS services, promoting career opportunities, supporting public safety messaging, and encouraging membership and governor participation.

Notably, targeted face-to-face engagement activity in Berkshire has resulted in a significant increase in membership and a contested governor election in that constituency, demonstrating the effectiveness of direct community outreach.

In addition, the Volunteer Manager provided an overview of SCAS volunteers’ contribution at the most recent MEC on 24 February, as part of Volunteers’ Month, highlighting the critical role volunteers play in supporting service delivery and community connection.

This ongoing engagement programme strengthens public trust, increases awareness of SCAS services, and supports inclusive participation in governance and community initiatives.

- **Governor Election Communications and Engagement Campaign**

A comprehensive and inclusive communications and engagement campaign is being delivered to support the nomination and election of governors across staff, public and Community First Responder constituencies. The campaign aims to raise awareness, encourage nominations, and maximise voter participation through coordinated internal and external communications.

There are 11 governor vacancies in total, with all but one contested. Strong nomination levels have been achieved across public, CFR, and most staff constituencies, indicating effective engagement and messaging.

Key risks, including reduced nominations and late membership registration, have been mitigated through enhanced online resources, clear guidance, and consistent communications throughout the campaign.

The campaign progressed through February as planned, with a focus on maximising voter turnout through to the close of elections. This work supports public and staff member engagement within the Trust.

- **Community Resilience Grant Programme**

SCAS Charity has successfully secured funding through a Community Resilience Grant to address health inequalities related to out-of-hospital cardiac arrest (OHCA).

The programme is delivering free community Basic Life Support training sessions targeted at communities experiencing higher levels of deprivation and emergency service demand.

Sessions are currently planned across Portsmouth, Southampton, Gosport, Havant, Milton Keynes, and Oxford, delivered by first responders in partnership with local and system stakeholders.

Engagement activity is underway to identify priority communities, build sustainable relationships, and support effective delivery.

The programme aims to:

1. Educate and empower communities in Basic Life Support skills
2. Improve emergency response knowledge and confidence
3. Increase appropriate use of 999 and 111 services
4. Gather feedback to inform future service development and address inequalities

This initiative directly supports SCAS's objectives around prevention, community resilience, and reducing health inequalities, while strengthening relationships with communities most at risk.

- **Conclusion and Assurance**

The engagement programme, governor election campaign, and Community Resilience Grant delivery are all progressing positively and in line with strategic objectives.

Strong community outreach is increasing awareness and participation, the elections campaign has achieved high nomination levels across most constituencies, and the resilience programme is targeting areas of greatest need to deliver measurable community benefit.

Together, these initiatives provide assurance that SCAS is actively strengthening engagement, governance, and preventative community-focused work while aligning with its wider strategic priorities.

### **3. Areas of Risk**

- **Clinical / Quality Risk**

There is a risk that patient and community feedback gathered through engagement and resilience activity is not effectively translated into service improvement, limiting its impact on patient experience and outcomes. This is mitigated through structured feedback mechanisms, thematic analysis, and escalation through existing quality governance processes to inform service development and improvement actions.

- **Financial Risk**

There is a risk that engagement activity and delivery of the Community Resilience Grant programme do not achieve anticipated value for money or sustainable impact. This is mitigated through targeted delivery in high-need areas, partnership working to maximise resources, and ongoing monitoring of outcomes against agreed objectives.

- **Business Risk**

There is a risk that insufficient community engagement and participation could impact Trust reputation, governance effectiveness, and public confidence. This is mitigated through proactive outreach by governors, a comprehensive election communications campaign, and inclusive engagement approaches across diverse communities.

- **Performance Risk**

There is a risk that low participation in governor elections or community programmes could limit the effectiveness of governance and preventative initiatives. This is mitigated through coordinated communications, targeted engagement activity, clear messaging, and ongoing monitoring of nomination, turnout, and programme delivery metrics.

- Ongoing monitoring will ensure that learning from engagement and feedback activity is systematically embedded into service improvement plans, supporting continuous improvement in patient experience and quality of care.

**4. Link to Strategic Theme**

Enabling Services

**5. Link to Board Assurance Framework Risk(s)**

SR25 - Collaboration

**6. Quality/Equality Impact Assessment**

NA

**7. Recommendations**

These need to clearly state what you are asking the Board to consider e.g.

|                      |          |                     |  |                       |  |                |  |
|----------------------|----------|---------------------|--|-----------------------|--|----------------|--|
| <b>For Assurance</b> | <b>x</b> | <b>For decision</b> |  | <b>For discussion</b> |  | <b>To note</b> |  |
|----------------------|----------|---------------------|--|-----------------------|--|----------------|--|