



COUNCIL OF GOVERNORS MEETING

(open to Trust members, members of the public, and the press)

- DATE:** Thursday 9 January 2014
- TIME:** 18.30pm to 21.00pm
(refreshments from 18.00pm)
- VENUE:** King Charles Room (1st Floor)
Shaw House
Church Road
Newbury
Berkshire RG14 2DR
- CHAIR OF MEETING:** Trevor Jones, Trust Chairman
- GOVERNORS:** See Members of the Council of Governors (overleaf)
- DIRECTORS:** See Members of the Board of Directors (overleaf)
- IN ATTENDANCE:** Steve Garside, Company Secretary
- APOLOGIES:** None received as at 27 December 2013
- *****
- FUTURE MEETING DATES:** Monday 24 March 2014, Shaw House, Newbury
Wednesday 14 May 2014, Shaw House, Newbury
- FUTURE WORKSHOP DATES:** Tuesday 14 January 2014, Parklands Suite, Regency
Park Hotel, Thatcham, Berkshire

Current Members of the Council of Governors

Olukemi Adenubi	Elected Public Governor - Hampshire Constituency
Paul Carnell	Elected Public Governor - Hampshire Constituency
Sabrina Chetcuti	Appointed Partner Governor (CCGs – North)
David Chilvers	Appointed Partner Governor (CCGs – South)
Gary Clark	Elected Public Governor - Berkshire Constituency
Patrick Conafray	Elected Public Governor - Oxfordshire Constituency
Eddie Cottrell	Elected Staff Governor
John Donne	Elected Staff Governor
Bob Duggan	Elected Public Governor - Buckinghamshire Constituency
Christina Fowler	Elected Staff Governor
Allan Glass	Appointed Partner Governor (Local Authority)
Melanie Hampton	Elected Public Governor - Berkshire Constituency (Lead)
Simon Hoare	Appointed Partner Governor (Local Authority)
Keith House	Appointed Partner Governor (Local Authority)
Barry Lipscomb	Appointed Partner Governor (Air Ambulance Charities)
David Palmer	Elected Staff Governor
Benita Playfoot	Elected Public Governor - Berkshire Constituency
Allan Read	Elected Public Governor - Hampshire Constituency
David Ridley	Elected Public Governor - Buckinghamshire Constituency
Alan Tottle	Elected Public Governor - Hampshire Constituency
Carol Watts	Elected Staff Governor
Tim Windsor-Shaw	Elected Public Governor - Oxfordshire Constituency

Designate Members of the Council of Governors (terms of office commence 1/3/2014)

Ian Hammond	Elected Public Governor – Berkshire Constituency
Dave Johnson	Elected Public Governor – Buckinghamshire Constituency
Mike Shread	Elected Public Governor – Oxfordshire
Jeni Bremner	Elected Public Governor – Hampshire
Tricia Kelly	Elected Public Governor – Hampshire
Jonathan Cotterell	Elected Public Governor – Hampshire

Current Members of the Board of Directors (voting)

Trevor Jones	Chairman
Alastair-Mitchell Baker	Vice-Chair, Senior Independent Director
Ilona Blue	Non-Executive Director
Claire Carless	Non-Executive Director
Mike Hawker	Non-Executive Director
Keith Nuttall	Non-Executive Director
Eddie Weiss	Non-Executive Director
Professor David Williams	Non-Executive Director
Will Hancock	Chief Executive
John Black	Medical Director
Deirdre Thompson	Director of Quality and Patient Care
Charles Porter	Director of Finance
James Underhay	Director of Strategy, Business Development, Comms. and Engagement
Sue Byrne	Chief Operating Officer

AGENDA – COUNCIL OF GOVERNORS – 9 JANUARY 2014
18.30pm – 21.00pm, King Charles Room, Shaw House, Church Road, Newbury, RG14 2DR

*****Governors to direct questions / comments through the Chair; please state your name and role before speaking for the benefit of the members and public present*****

No.	Item	Time	Enclosures
1.	OPENING BUSINESS		
1.1	Chairman's Introduction, including apologies for absence <i>(Trevor Jones – Chairman)</i> <ul style="list-style-type: none"> to receive an opening introduction from the Trust Chairman, including apologies received in respect of absence 	18.30	(Verbal)
1.2	Declaration of Governors' Interests <i>(Trevor Jones – Chairman)</i> <ul style="list-style-type: none"> to note any interests from governors as part of their obligation to declare any interest relevant to any item under consideration at the meeting 	18.40	(Verbal)
1.3	Minutes of the Council of Governors' meeting held on 9 December 2013 <i>(Trevor Jones – Chairman)</i> <ul style="list-style-type: none"> to <u>approve</u> the minutes of the meeting held on 9 December 2013 	18.42	Enclosure A
1.4	Matters arising from the Council of Governors' meeting held on 9 December 2013 <i>(Steve Garside – Company Secretary)</i> <ul style="list-style-type: none"> to note progress with the matters arising from the meeting held on 9 December 2013 	18.45	Enclosure B
1.5	Update on 2013 Elected Public Governor Elections <i>(Steve Garside – Company Secretary)</i> <ul style="list-style-type: none"> to present the outcomes of the election process, including a full record of governors and their terms of office 	18.55	Enclosure C
2.	HOLDING THE BOARD OF DIRECTORS TO ACCOUNT FOR THE PERFORMANCE OF THE TRUST, VIA THE NON EXECUTIVE DIRECTORS		
2.1a	An Overview of Plans for Improving Operational Performance and Efficiency <i>(Sue Byrne, Chief Operating Officer)</i> <ul style="list-style-type: none"> to receive a presentation giving an overview of plans for improving operational performance and efficiency 	19.05	Enclosure D
2.1b	An Overview of Operational Planning and Delivery Issues – questions from governors <i>(Governors; Trevor Jones, Eddie Weiss, Professor David Williams and Mike Hawker - Non Executive Directors)</i> <ul style="list-style-type: none"> questions from the governors to the NEDs regarding issues covered in the overview of operational planning presentation 	19.20	(Verbal)

2.2a	Chief Executive's Report <i>(Will Hancock, Chief Executive)</i>	19.45	Enclosure E
	<ul style="list-style-type: none"> • to receive a written report from the Chief Executive covering key issues for the Trust, including clinical and operational performance 		
2.2b	Chief Executive's Report – questions from governors <i>Governors; Trevor Jones, Eddie Weiss, Professor David Williams and Mike Hawker - Non Executive Directors)</i>	19.55	(Verbal)
	<ul style="list-style-type: none"> • questions from the governors to the NEDs regarding issues covered in the Chief Executive's Report 		
3. TRUST CHAIR AND NON EXECUTIVE DIRECTOR REMUNERATION			
3.1	SCAS NHS Foundation Trust Chair and NED Remuneration Policy <i>(Trevor Jones – Chair of the Nominations Committee; Melanie Hampton – Lead Governor and Member of Nominations Committee)</i>	20.15	Enclosure F
	<ul style="list-style-type: none"> • to consider a recommendation from the Nominations Committee regarding a policy for Chair and NED remuneration 		
4. ITEMS FOR INFORMATION / NOTING			
4.1	Council of Governors meeting dates and work programme <i>(Steve Garside – Company Secretary)</i>	20.30	Enclosure G
	<ul style="list-style-type: none"> • to note the meeting dates for 2014/15, and consider a proposed programme of work for the Council of Governors 		
4.2	Charter of Expectations Status Report <i>(Steve Garside – Company Secretary)</i>	20.40	Enclosure H
	<ul style="list-style-type: none"> • to note a status report of governor activity, as at 31 December 2013, against the annual charter of expectations agreed at the July 2013 meeting 		
4.3	Lead Governor Election Process <i>(Steve Garside – Company Secretary)</i>	20.50	Enclosure I
	<ul style="list-style-type: none"> • to note the process for the appointment of a Lead Governor from 1 April 2014 		
5. CLOSING BUSINESS			
5.1	Any Other Business <i>(Trevor Jones – Chairman)</i>	20.55	(Verbal)
	<ul style="list-style-type: none"> • to note any items of additional business, including those notified by the governors to the Company Secretary no less than two working days prior to the meeting 		
5.2	Date and Time of Next Meeting <i>(Trevor Jones – Chairman)</i>	21.00	(Verbal)
	<ul style="list-style-type: none"> • to note that the next formal meeting will be held on Monday 24 March 2014 at Shaw House, Newbury, commencing at 18.30pm 		

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Minutes of the Council of Governors meeting held on 9 December 2013
Presented by:	Trevor Jones, Chairman
Paper for Debate, Decision or Information:	Approval
Main Aim:	To ensure good governance practice in confirming that the minutes of the 9 December 2013 meeting represent an accurate record of business undertaken
Summary of key points for consideration:	These minutes, in draft form, were initially circulated to governors on 13 December 2013.
Recommendations or Outcome Required :	Approval
Previous Forum:	N/A
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

Unapproved minutes of the ninth meeting of the South Central Ambulance Service NHS Foundation Trust Council of Governors held on Monday 9 December 2013 at Shaw House, Newbury

Present:

Trevor Jones (Chairman), Olukemi Adenubi (Hampshire Constituency), Paul Carnell (Hampshire Constituency), Sabrina Chetcuti (Appointed Partner Governor (CCG)), David Chilvers (Appointed Partner Governor (CCG) *from 3.1*), Gary Clark (Berkshire Constituency), Patrick Conafray (Oxfordshire Constituency), Eddie Cottrell (Staff Constituency), Bob Duggan (Buckinghamshire Constituency), Allan Glass (Appointed Partner Governor (LA)), Melanie Hampton (Berkshire Constituency / Lead Governor), Keith House (Appointed Partner Governor (LA)), Barry Lipscomb (Appointed Partner Governor (charity)), David Palmer (Staff Constituency), Benita Playfoot (Berkshire Constituency), David Ridley (Buckinghamshire Constituency), Richard Ryan (Hampshire Constituency), Tim Windsor-Shaw (Oxfordshire Constituency)

In attendance:

Alastair Mitchell-Baker (Non-Executive Director), Claire Carless (Non-Executive Director), James Underhay (Director of Strategy and Business Development, Communications and Engagement), Steve Garside (Company Secretary), Sharon Walters (Director of Human Resources), Mike Shread (Oxfordshire Constituency designate)

Apologies rec'd:

Simon Hoare (Appointed Partner Governor (LA)), Christina Fowler (Staff Constituency), Allan Read (Hampshire Constituency), Al Tottle (Hampshire Constituency)

Not present:

John Donne (Staff Constituency), Carol Watts (Staff Constituency)

Opening Business

1.1 - Apologies for Absence and Chairman's Welcome

The Chairman welcomed all to the meeting and apologies were noted from four governors.

Steve Garside provided an update on the elections process, highlighting that elections had not been required in Oxfordshire with two candidates coming forward for the two places. The Council of Governors (CoG) noted that Tim Windsor-Shaw had been reconfirmed as an Oxfordshire public governor for the next three years, and the Committee also welcomed Mike Shread to the meeting, having been informed that he would be joining the Trust as an Oxfordshire public governor in the New Year.

The Chairman expressed his gratitude for the contribution made by Gary Clark, who had decided not to stand for re-election, and this was reinforced by his fellow governors.

The CoG discussed the issue of staff influenza vaccination, which had been raised outside of the meeting by Barry Lipscomb, and responded to by Steve Garside. The NEDs expressed their disappointment with the current vaccination take-up of 37%, but highlighted the actions the Trust was taking to improve this, as well as some of the challenges faced.

David Palmer stated that it was possible that the Trust were not recording instances where staff had received their vaccination outside of SCAS. Steve Garside agreed to look into this.

Action 1.1

Steve Garside to investigate whether the Trust's vaccination figures include instances where staff are receiving the vaccination outside of SCAS.

1.2 - Declaration of Governors' Interests

There were no new declarations of interest, although governors noted that they would declare any interests, as appropriate, once the identity of the preferred candidate for the NED/Audit Committee Chair position is revealed.

1.3 - Minutes of the Council of Governors' meeting held on 8 October 2013

The minutes of the previous meeting were **approved** without amendment.

1.4 - Matters arising from the Council of Governors' meeting held on 8 October 2013

The CoG confirmed that they were content with the progress made against the four action points from the previous meeting.

Appointment of Non-Executive Director / Audit Committee Chair**2.1 - Recommendation from the Nominations Committee**

The Chairman presented the background to the recommendation from the Nominations Committee, and Melanie Hampton described the process that resulted in Mr Mike Hawker being identified as the preferred candidate for the NED/Audit Committee Chair position.

The Chairman provided an overview of Mr Hawker's background, advising that he would be able to make the necessary time commitment and would be a good fit with the make-up of the current Board.

The governors expressed a view that this had been a robust process and that they were content to support the recommendation being made.

Sharon Walters, in response to a question from a governor, provided details of the costs associated with the process, including those for engaging the services of recruitment and selection experts.

The CoG **approved** the appointment of Mike Hawker as Non-Executive Director and Audit Committee Chair from 1 January 2014, for an initial period of three years, and in accordance with the remuneration levels previously agreed.

Both the Chairman and the CoG acknowledged that they wished to express their gratitude to Eddie Weiss, the current Audit Committee Chair, for the significant contribution he had made to the Trust.

Action 2.1

Steve Garside to circulate further details, including a biography, of Mike Hawker to the governors.

Holding the Board of Directors to account for the performance of the Trust, via the Non-Executive Directors**3.1 – An Update on SCAS' Commercial Services**

The Chairman explained that this item was seen as helpful preparation for the governors' strategy workshop in January. It was noted that the presentation had been prepared in the context that this was a public meeting, and that the ensuing discussions would also need to be mindful of this.

James Underhay presented an overview of the slides, particularly covering the current commercial environment and performance.

A range of questions were asked including in relation to:

- the Integrated Transformation Fund, and the transfer of £3.8bn from NHS to Social Care budgets nationally
- the scope of the new Patient Transport Services contract in Hampshire
- SCAS' interest in Bedfordshire and Hertfordshire (it was noted that SCAS already have a presence in these areas)
- expanding services in response to the Keogh Report (and the importance of ensuring that the quality of existing services is retained)
- expanding services in the wider public sector (these would need to align closely with SCAS' core strategy)
- the need for SCAS to engage effectively with commissioners, to help identify patient needs and shape services accordingly

Alastair Mitchell-Baker and Claire Carless provided details of their assurance process over commercial bids, highlighting that emphasis was placed on quality and not purely price. The former highlighted that SCAS would not bid for any contracts outside of the region if it was considered that this would have a detrimental effect on service provision in South Central.

In response to a discussion about home to school transport, Richard Ryan disclosed an interest in terms of being associated with a charity that provides such services in Fareham.

Benita Playfoot stated that she was currently acting as a Business Development Advisor to the largest private ambulance provider in the country.

James Underhay provided further details of the Keogh Report, including the potential opportunities for SCAS, and it was noted that this would form a key part of the discussions at the governors' strategy workshop.

Action 3.1

James Underhay to circulate to the governors planning/reading materials ahead of the 14 January 2014 governors' strategy workshop.

Representing the interests of Trust members and members of the public

4.1 – Public and Membership Engagement

James Underhay and David Ridley delivered a presentation on public and membership engagement, covering achievements to date and future priorities, and the expectations in terms of governor contribution.

It was agreed that, whilst there were considerable benefits in participating in joint engagement events, SCAS needed to ensure that they had a prominent role in such events.

The CoG acknowledged that membership engagement was challenging, but that all governors had a responsibility (not just those serving on the Membership and Engagement Committee), and that it would be important to tailor the approach to the particular audience.

Reports from Council of Governors Sub Committees

5.1 - Report from the Membership and Engagement Committee

The CoG received the minutes from the last two meetings held on 3 October and 21 November.

Items for Information

6.1 – Update on the ‘Review of the Effectiveness of the CoG’ Action Plan

Steve Garside presented an update on progress in implementing the recommendations in the action plan. As part of this the governors **approved** both the training and development policy and the updated Code of Conduct.

In relation to training and development, Steve Garside advised that a number of Foundation Trusts were ending their membership of the Foundation Trust Governors Association, on the basis that the £3-4k annual subscription charge was not providing good value-for-money. He explained that SCAS could use this money for other forms of training and development, but that the decision rested with the governors.

It was agreed that governors would send their views to Steve Garside, who in turn would look into whether the FTGA essential brief publications were available free-of-charge and outside of the subscription regime.

Action 6.1

Governors to provide feedback on the value of the support offered by the FTGA; Steve Garside to ascertain whether the essential brief publications form part of the annual subscription charge or can be obtained free-of-charge from the FTGA website.

Closing Business

7.1 - Any Other Business

The CoG discussed the recent BBC coverage of hospital handover delays, and noted that Sue Byrne, Chief Operating Officer, would be in attendance at the next meeting to provide an update on operational planning and resource issues.

7.2 - Date and Time of Next Meeting

The next meeting was noted as being held on Thursday 9 January 2014 at Shaw House, Newbury commencing at 18.30pm.

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Matters arising from meeting held on 9 December 2013
Presented by:	Steve Garside, Company Secretary
Paper for Debate, Decision or Information:	Information
Main Aim:	To ensure good governance practice in confirming that the action points from the 9 December 2013 Council of Governors meeting are in hand / have been delivered.
Summary of key points for consideration:	<p>There were four actions arising from the previous meeting on 9 December 2013, and three of these are considered to have been completed:</p> <ul style="list-style-type: none"> • Clarification has been sought that the Trust's flu vaccination figures do include cases where staff have been vaccinated outside of SCAS • Biographical details on the recently appointed Mike Hawker, Non-Executive Director and Audit Committee Chair have been circulated • Preparatory reading for the strategy workshop on 14 January 2014 has also been circulated <p>Governors feedback on the possibility of not reviewing membership of the FTGA in 2014/15 is sought (it has been clarified that the FTGA Essential Briefs appear to be generally available on the FTGA website).</p>
Recommendations or Outcome Required :	To note progress with the actions from the previous Council of Governors meeting
Previous Forum:	N/A
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

Enclosure B - Matters Arising Schedule – Council of Governors meeting 9 January 2014

ACTIONS AGREED AT 9 DECEMBER 2013 COUNCIL OF GOVERNORS MEETING					
Ref No	Agenda Topic	Summary of Action Required	Lead	Due Date	Status
1.1	Influenza vaccination	Steve Garside to investigate whether the Trust's vaccination figures include instances where staff are receiving the vaccination outside of SCAS.	SG	ASAP	Arrangements are in place to ensure that the Trust's vaccination figures include those instances where staff have received the vaccination outside of SCAS. Action is being taken to investigate any discrepancies in this respect.
2.1	New NED appointment	Steve Garside to circulate further details, including a biography, of Mike Hawker to the governors.	SG	ASAP	Action completed. Details circulated on 27 December 2013.
3.1	Commercial services	James Underhay to circulate to the governors planning/reading materials ahead of the 14 January 2014 governors' strategy workshop.	JU	ASAP	Action completed. Reading materials were circulated on 16 December 2013.
6.1	Governor training and development	Governors to provide feedback on the value of the support offered by the FTGA; Steve Garside to ascertain whether the essential brief publications form part of the annual subscription charge or can be obtained free-of-charge from the FTGA website.	CoG/ SG	9.1.14	No feedback received from governors. Please note that FTGA Essential Briefs are available on the FTGA website (membership does not appear to be required). http://www.ftga.org.uk/guidance-library/ftga-publications/essential-briefs/

CoG = all governors; SG = Steve Garside; JU = James Underhay

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Update on 2013 Elected Public Governor Elections
Presented by:	Steve Garside, Company Secretary
Paper for Debate, Decision or Information:	Information / Decision
Main Aim:	To formally report on the outcomes of the 2013 public governor elections
Summary of key points for consideration:	<ul style="list-style-type: none"> • Elections have been recently held to fill the public governor positions created by either existing vacancies (three positions) or where governors have a term of office that expires on 28 February 2014 (seven positions) • Elections have been carried out in accordance with the Trust's Constitution and the model election rules, and overseen by an independent provider of electoral services, <i>Electoral Reform Services</i> • Elections were not required in Oxfordshire (two nominations for two vacancies) but have been held in Berkshire, Buckinghamshire and Hampshire • All positions have been filled
Recommendations or Outcome Required :	To note an update on the outcomes of the recent election process.
Previous Forum:	Updates on the election process have been provided at previous meetings
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

Enclosure C

Update on 2013 Elected Public Governor Elections

1. BACKGROUND

- 1.1 Governors will be aware that the Trust has been holding elections to fill the public governor positions created by either existing vacancies (three positions) or where governors have a term of office that expires on 28 February 2014 (seven positions), across all of our public membership constituencies:
- Two in Berkshire
 - Two in Buckinghamshire
 - Four in Hampshire
 - Two in Oxfordshire
- 1.2 Elections have been carried out in accordance with the Trust's Constitution and the model election rules, and overseen by an independent provider of electoral services, *Electoral Reform Services*. They ran from 20 November to 10 December, with results published on 11 December.
- 1.3 The outcomes of the elections are reported in the sections below, and Appendix A shows the election reform from Electoral Reform Services, whilst Appendix B presents an up-to-date record of all governors and their periods of office.

2. OXFORDSHIRE

- 2.1 There were two vacancies, created by the resignation of Bob Lassam earlier in the year, and Tim Windsor-Shaw's term of office expiring on 28 February 2014.
- 2.2 Two candidates declared that they would stand for election, and therefore Tim Windsor-Shaw (second term) and Michael Shread (first term) have been appointed for three years each on an uncontested basis.

3. BERKSHIRE

- 3.1 There were two vacancies, created by Melanie Hampton and Gary Clark's terms of office expiring on 28 February 2014.
- 3.2 Gary Clark chose not to stand for re-election, and three candidates took part in the election.
- 3.3 Melanie Hampton (second term) and Ian Hammond (first term) were successful in being elected for three years.

4. BUCKINGHAMSHIRE

- 4.1 There were two vacancies, created by the resignation of Richard Fraser earlier in the year, and David Ridley's term of office expiring on 28 February 2014.

- 4.2 Three candidates took part in the election, and David Ridley (second term) and Dave Johnson (first term) were successful in being elected for three years.

5. HAMPSHIRE

- 5.1 There were four vacancies, created by the resignation of James Hartridge earlier in the year, and the terms of office of Allan Read, Al Tottle, and Richard Ryan expiring on 28 February 2014.
- 5.2 Eleven candidates participated in the election, with Allan Read (second term), Jeni Bremner (first term), Tricia Kelly (first term), and Jonathan Cotterell (first term) all being successful in being elected for three years.

6. CONCLUSIONS

- 6.1 The elections were conducted in accordance with the Trust's rules and constitutional arrangements, with the process overseen by an independent third party, Electoral Reform Services.

Steve Garside
Company Secretary
27 December 2013

10th December 2013

**SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST
ELECTION TO THE COUNCIL OF GOVERNORS 2013**

My report of voting in the above election, which closed at 5pm on Tuesday 10th December 2013, is as follows.

Public: Berkshire

Number of eligible voters:		2,607
Total number of votes cast:		276
Turnout:		10.6%
Number of votes found to be invalid:		1
Blank or Spoilt	1	
No declaration form received	0	
Total number of valid votes to be counted:		275

Result (2 to elect)

HAMPTON, Melanie Caroline Alexander	204	Elected
HAMMOND, Ian	194	Elected
GRANT, Debbie	60	

Public: Buckinghamshire

Number of eligible voters:		2,638
Total number of votes cast:		289
Turnout:		11%
Number of votes found to be invalid:		0
Blank or Spoilt	0	
No declaration form received	0	
Total number of valid votes to be counted:		289

Result (2 to elect)

RIDLEY, David	248	Elected
JOHNSON, Dave	144	Elected
DE.MYERS-ROBINSON, Christine	97	



Public: Hampshire

Number of eligible voters:		4,839
Total number of votes cast:		648
Turnout:		13.4%
Number of votes found to be invalid:		2
Blank or Spoilt	2	
No declaration form received	0	
Total number of valid votes to be counted:		646

Result (4 to elect)

BREMNER, Jeni	413	Elected
KELLY, Tricia	355	Elected
COTTERELL, Jonathan	247	Elected
READ, Allan C.....	237	Elected
TOTTLE, Al.....	215	
RYAN, Richard.....	211	
SAUNDERS, Robert.....	107	
TRENCHARD, Keith	88	
BEG, Ali	86	
SOLLITT, Maureen Ann.....	75	
LLALO, Riccardo	68	

Electoral Reform Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the ballot:-

- a) was sent the details of the ballot and
- b) if they chose to participate in the ballot, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and ERS is satisfied that these were in accordance with accepted good electoral practice.

All voting materials will be stored for twelve months.

Yours sincerely



Ciara Norris
Returning Officer
On behalf of South Central Ambulance Service NHS Foundation Trust



ENCLOSURE C – APPENDIX B
COUNCIL OF GOVERNORS - REGISTER OF GOVERNORS

Name		Constituency	Term	Current Term of Office
Olukemi	ADENUBI	Hampshire Constituency	1	01/03/2012 - 01/03/2015
Paul	CARNELL	Hampshire Constituency	1	01/03/2012 - 01/03/2015
Sabrina	CHETCUTI	Appointed Partner Governor (Clinical Commissioning Groups – North)	1	01/08/2013 – 30/06/2016
David	CHILVERS	Appointed Partner Governor (Clinical Commissioning Groups - South)	1	01/07/2013 – 30/06/2016
Gary	CLARK	Berkshire Constituency	1	01/03/2012 – 01/03/2014
Patrick	CONAFRAY	Oxfordshire Constituency	1	01/03/2012 - 01/03/2015
Eddie	COTTRELL	Staff Constituency (Emergency Operations Centre)	1	01/03/2012 - 01/03/2015
John	DONNE	Staff Constituency (Operational Clinical Staff and Mangers)	1	01/03/2012 - 01/03/2015
Bob	DUGGAN	Buckinghamshire Constituency	1	01/03/2012 - 01/03/2015
Christina	FOWLER	Staff Constituency (Commercial Services and Support Staff)	1	01/03/2012 - 01/03/2015

Name		Constituency	Term	Current Term of Office
Allan	GLASS	Appointed Partner Governor (Local Authority)	1	01/08/2013 – 01/03/2015
Melanie	HAMPTON	Berkshire Constituency / Lead Governor (to 28/02/14)	2	01/03/2014 – 01/03/2017
Simon	HOARE	Appointed Partner Governor (Local Authority)	1	01/03/2012 – 01/03/2014
Keith	HOUSE	Appointed Partner Governor (Local Authority)	1	01/03/2012 - 01/03/2015
Barry	LIPSCOMB	Appointed Partner Governor (Air Ambulance Charities)	1	01/03/2012 - 01/03/2015
David	PALMER	Staff Constituency (Operational Clinical Staff and Mangers)	1	01/03/2012 - 01/03/2015
Allan	READ	Hampshire Constituency	2	01/03/2014 – 01/03/2017
David	RIDLEY	Buckinghamshire Constituency	2	01/03/2014 – 01/03/2017
Al	TOTTLE	Hampshire Constituency	1	01/03/2012 – 01/03/2014
Carol	WATTS	Staff Constituency (Operational Clinical Staff and Mangers)	1	01/03/2012 - 01/03/2015
Tim	WINDSOR- SHAW	Oxfordshire Constituency	2	01/03/2014 – 01/03/2017

GOVERNORS DESIGNATE

Name		Constituency	Term	Current Term of Office
Jeni	BREMNER	Hampshire Constituency	1	01/03/2014 – 01/03/2017
Jonathan	COTTERELL	Hampshire Constituency	1	01/03/2014 – 01/03/2017
Ian	HAMMOND	Berkshire Constituency	1	01/03/2014 – 01/03/2017
Dave	JOHNSON	Buckinghamshire Constituency	1	01/03/2014 – 01/03/2017
Tricia	KELLY	Hampshire Constituency	1	01/03/2014 – 01/03/2017
Mike	SHREAD	Oxfordshire Constituency	1	01/03/2014 – 01/03/2017

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	An Overview of Plans for Improving Operational Performance and Efficiency
Presented by:	Sue Byrne, Chief Operating Officer
Paper for Debate, Decision or Information:	Receive for information and debate
Main Aim:	To provide an update to the Council of Governors on the Chief Operating Officer's review of operational planning activities
Summary of key points for consideration:	<p>The paper includes the following:</p> <ul style="list-style-type: none"> • People planning • Private providers • Fleet • CFRs and co-responder schemes
Recommendations or Outcome Required :	Governors are asked to consider the paper and direct any questions to the Non-Executive Directors in attendance, as part of their holding to account role.
Previous Forum:	N/A
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Assistant Company Secretary, 01869 365032



Enclosure D

An Overview of Plans for Improving Operational Planning, Performance and Efficiency

PURPOSE

- 1 The purpose of the paper is to give an overview about the current status of the review of operational planning that the Chief Operating Officer has been conducting since joining the Trust in July 2013.

EXECUTIVE SUMMARY

- 2 The main areas for focus have centred around the activities which impact most on clinical safety, health and safety and operational efficiency. These areas include:-
 - Demand Planning
 - People Planning and Rostering
 - Use of Private Providers
 - Vehicle Maintenance
 - OSD
 - Make Ready
 - CFR's and Co-Responding
- 3 There is a need to create simplicity, robustness, and accountability within the Trust's processes to enable SCAS to effectively plan all resources, people and equipment in a cost effective way, enabling the Trust to deliver to its service standards.
- 4 In order to deliver to ensure any transformation occurs without risk it is anticipated that some aspects of this plan will take place over an extended timeframe.

KEY ISSUES

People Planning

- 5 A working group has been identified to commence work on this area. A number of areas for improvement have been identified through a workshop with the team. The plan is to start with introducing standard working practices across the Trust and then to simplify rota planning and reduce errors. Rotas, as in any organisation, can be the source of much discontent amongst staff and therefore are vital to get right and to keep simple. At the moment feedback from staff is that there is too much unpredictability in start times, working patterns, non voluntary overtime and an inability to book short notice leave.

- 6 From a management perspective there is a need to better align the workforce with the demand to get the best use of our resources. The team are tasked with finding out how we get the right balance between the needs of staff and the Trust. Some options to explore are:
- New rota patterns
 - More flexible working options for staff
 - More part time and banked staff
 - Better planning of shift ends and break times to ensure reduction of shift overruns
 - Access for staff into the database to book their own holidays
 - Local ownership of rotas and holidays

Manning Levels

- 7 Demand has continued to grow. The challenge for the ambulance service and indeed the whole NHS is how to manage the number of calls we respond to with an ambulance. Strategies for how this might be achieved need to be considered in line with our forecasted demand and associated recruitment plan to bring the two closer into line. HR and Operations are currently working on compiling a piece of analysis which will enable us to see the issues more clearly and enable decision making.

Private Providers

- 8 Significant work has been done in regard to the use of Private Providers (PPs). Until recently these resources have not been fitted with Terrafix and therefore had to be used via telephones, and their usage was less effective.
- 9 Recent changes to the contract have meant that more control has been put in place in terms of quality of provision and the frequency of the review of the service provided. In addition the introduction of Terrafix in these services will mean we are better able to utilise them more effectively. There is a significant operational saving in the budget for this financial year which the team are working hard to deliver. Terrafix units should be in place in all our PP's by the end of December
- 10 New levels of review for both clinical and operational performance have been introduced to ensure we get good clinical outcomes and better value for money.
- 11 Even with the work done by the Ops Team and Procurement to reframe the contract, and the manner in which we engage with PPs, they are still more expensive than our own resource and therefore our priority still has to be to minimise their use outside of peak times. Another method that the Operations Team are working on with the Education Team is to use agency paramedics to provide additional resource on our own vehicles.
- 12 The influx of additional vehicles in time for the December peak has given us a unique opportunity to make best use of this opportunity. For the longer term it may also present us with a great opportunity to recruit new staff through this route. We will only be using this resource on a fairly small scale this year as we trial its effectiveness.

Operational Support Desk

- 13 The Operational Resource Desk was set up to manage the movement of vehicles between sites according to demand, to collect vehicles for workshops that are due for MOT and service, and handle equipment repatriation, replacement and repair. It sits between operations, people planning and vehicle services. The premise on which this team was set up was a sensible one but in reality the process has never worked satisfactorily. In the last few weeks a renewed focus on process and compliance has been put into place with a noticeable improvement on servicing and MOT compliance, reduction of vehicle shortages and reduction of wasted collection journeys. Further changes in fleet (below) will further enhance this performance. However we now rarely experience vehicle shortages and the number of wasted journeys to move vehicles has been dramatically reduced.

Fleet

- 14 There are a number of challenges:
- Planning of daily vehicle and people deployment occurs within different teams. Action has taken place to improve the communication between the two teams and make it more timely, thereby reducing opportunities for failure.
 - Inter site movements of vehicles have been higher than necessary due to vehicle services deployment of vehicles. As the new fleet arrives the fleet has been stabilised within regions aligned to the Area Manager. This will reduce vehicle movements, improve ownership of fleet by the crews and improve performance against KPIs such as Make Ready, MOT, Service and Damage. Once in place the drive to reduce incidental damage will become a cost improvement project (CIP).
 - VOR at times has been higher than desirable. In the last six months real inroads have been made reducing VOR by nearly a 20%.

Make Ready

- 15 Work has been underway with the make ready service since July of this year in an effort to improve service and compliance. Significant progress has been made with deep clean compliance improving by over 20% during that time. November results show us that we achieved 100% of deep cleans on our frontline vehicles. Further work continues including:
- A review of the contract ready for retender in the new year
 - A significant rota review has been conducted and make ready teams are now working hours in line with demand and vehicle availability
 - A clinical review of the intervals required for deep cleans
 - Focus on daily clean compliance and the reallocation of resource to shift times where most deep cleaning can be performed
 - Innovation around cleaning processes to reduce use of chemicals
 - Fast turnaround process reducing lost time for crews
 - Reducing stock use and waste
 - Reduction of stock levels and waste

CFR's and Co-Responder Schemes

- 16 Our CFR and Co-Responder schemes are important to us and significant in our ability to respond quickly especially in times of peak demand or in remote areas. A top to toe review of processes and procedures has been completed alongside a full audit to look at consistency and effectiveness. There are a number of work streams identified which are being worked through by the team. Our audit has identified a number of areas we need to improve on record keeping. The objective is to finish all these streams of works, address the audit issues and be ready for re-audit before the end of the financial year. This work will mean that CFR schemes are managed consistently North and South.
- 17 Opportunities have been put into the diary for CFR groups North and South to meet with the COO and the Regional Director in Nov, Dec and Jan which should then inform a new strand of work on communication and working together ready to roll out in the new financial year.
- 18 Work on Co-Responder Schemes has continued with renewed focus especially in Hampshire and Oxfordshire where new opportunities to work co-operatively have been identified to roll out in the New Year.

CONCLUSIONS

- 19 In summary a great deal of actions are in progress with a great deal of work identified to be done.
- Processes and procedures need to be reviewed.
 - Duplication needs to be removed and synergies exploited
 - More accountability and empowerment will be given to individuals to ensure control, action and decision making
 - The progress experienced thus far should continue to bear fruit with new opportunities unfolding in the New Year
- 20 Each area will be targeted with the appropriate measures of service improvement and cost saving.
- 21 Cross functional teams need to be tasked with engaging with these projects to resolve root cause issues.

Sue Byrne
Chief Operating Officer
December 2013

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Chief Executive's Report
Presented by:	Will Hancock, Chief Executive
Paper for Debate, Decision or Information:	Information
Main Aim:	To update the Council of Governors on a range of issues and developments affecting the Trust, including in relation to current clinical and operational performance (this can be supplemented by the most recent Integrated Performance Report)
Summary of key points for consideration:	Governors are encouraged to direct questions on any issues raised by the report to the Non Executive Directors present.
Recommendations or Outcome Required :	Note
Previous Forum:	A Chief Executive's Report is presented at every Council of Governors meeting as a standing agenda item
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



ENCLOSURE E

CHIEF EXECUTIVE'S REPORT

PURPOSE

- 1 The purpose of this report is to keep governors up-to-date on key issues affecting the Trust, where they do not already feature on the meeting agenda. Governors are also encouraged to attend Board of Directors meetings and read the associated papers and minutes.

OPERATIONAL AND CLINICAL PERFORMANCE

- 2 The Trust has had two good opening quarters to 2013/14, achieving the required levels of performance on the national response time standards (red 1, red 2, and red 19) and, as a result, had a confirmed governance rating from Monitor of 'green'.
- 3 Quarter 3 is historically a difficult period for performance, due to the onset of winter. We have robust winter plans in place, and we have secured some of the winter funding that commissioners across the region have available to allocate to providers of NHS services.
- 4 As you will have seen from the extensive Integrated Performance Report which was circulated to you on 16 December, we are continuing to achieve the three national response time standards for the quarter at overall SCAS level, although the biggest challenge is on red 2 in the Thames Valley.
- 5 Our clinical performance remains strong, relative to other Ambulance Trusts, particularly in terms of stroke, STEMI (with percutaneous coronary intervention) and cardiac arrest, although there are areas for further improvement.
- 6 We remain confident that we will achieve our forecast financial surplus of £1.5m for 2013/14 but, as for all NHS organisations, the next few years will be particularly challenging from a financial perspective and this will need to be factored into our future plans.
- 7 I will update the Governors on the end of quarter 3 position at the meeting, as well as performance on 999 and 111 over the Christmas period.

OTHER ITEMS OF INTEREST, NOT ON TODAY'S MEETING AGENDA

Strategic Planning

- 8 The Trust is currently reviewing its strategic priorities, as part of the process of submitting next year's forward plan to Monitor. A key component of this process is our annual strategy workshop with the Trust's Governors, which is being held on 14 January 2014.
- 9 The urgent and emergency care review, being led by the NHS' National Medical Director, has key implications for our strategic priorities, not least

because the interim report promotes a greater role for ambulance services in the delivery of care, with ambulance seen as not just a transport service but also one providing mobile urgent treatment.

- 10 The report also reinforces the NHS111 service – which SCAS is currently delivering across a number of regions - as a gateway to urgent care, and the emphasis on ambulance services providing a greater range of treatment services at home / on scene is an extension of our current focus on see and treat.

NHS111

- 11 We continue to receive good feedback in terms of the services we are providing in Oxfordshire, Hampshire and Berkshire, and are prepared for what could be a challenging holiday period in terms of call volumes.
- 12 In recent developments, SCAS took control of the provision of NHS111 for Buckinghamshire (not Milton Keynes) on 20 November from the previous NHS Direct call centre in Milton Keynes. The following week (26 November) we commenced phasing this activity across into Northern House (20% of activity, rising to 100% by the end of January). On 27 November, we formally commenced offering the National NHS111 winter resilience service from the Milton Keynes call centre. The provision for Buckinghamshire is until March/April 2015, whilst the Winter Resilience Service will operate until the end of March 2014.
- 13 We remain fully committed to the integration of our 111 and 999 services and, with this in mind, the Board has approved a change from the current 999 call prioritisation system to NHS Pathways (NHSP). NHSP is already used by SCAS for 111 and moving the 999 business onto the same system will bring a range of benefits both to the organisation and patients, not least in terms of providing emergency call takers with direct, automatic access to a local directory of services.

Annual Staff Survey

- 14 The deadline for responses to the 2013 Staff Survey expired on 2 December 2013 and we achieved a highly creditable overall response rate of 60%. The results are being analysed by The Picker Institute and I will share more details in due course.

Annual Staff Recognition Awards 2013 ('AMBIES')

- 15 Our 2013 Annual Staff Recognition Awards event (the "Ambies") took place on the evening of Thursday 28 November at the Randolph Hotel, Oxford, and was another hugely successful evening.
- 16 There were eleven award categories, and the Governors Ambassadors Award was won by Mark Browning. Mark has done a huge amount of developing clinical prioritisation tools for elderly patient fallers and offers highly valuable feedback to falls managements teams in terms of prioritising high risk fallers. This system highlights repetitive fallers and enables health care professions to provide tailored and specific input to help prevent patients from falling again.

Monitor

- 17 Monitor has recently implemented a new framework for assessing the performance and governance of NHS Foundation Trusts. With effect from the quarter 3 return we will be submitting at the end of January, a Risk Assessment Framework will replace the Compliance Framework. There will be two ratings: *continuity of services* and *governance*.
- 18 The continuity of services rating is concerned with short and medium-term financial sustainability, and considers liquidity and capital service capacity. The governance rating will take into account CQC concerns, access and outcomes (e.g. national performance standards), third party reports, staff and patient trends, and financial risk.

Board Meeting Dates 2014/15

- 19 Following the meetings on 29 January and 26 March, the Board will be meeting in public on a bi-monthly basis throughout 2014/15, with meeting dates of 28 May 2014, 30 July, 24 September, 26 November, 28 January 2015, and 25 March. We are planning to hold the meetings in May and July in the evening to help facilitate greater governor and public attendance.

Will Hancock, Chief Executive
Steve Garside, Company Secretary
December 2013

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	SCAS Chair and NED Remuneration Policy
Presented by:	Trevor Jones, Chairman and Melanie Hampton, Lead Governor and member of the Nominations Committee
Paper for Debate, Decision or Information:	Decision
Main Aim:	To agree a process for the future review of Chair and NED remuneration
Summary of key points for consideration:	<ul style="list-style-type: none"> • The statutory duties of the governors include to determine the remuneration and allowances and other terms and conditions of the Chair and NEDs • the Council of Governors approved new remunerations levels for the SCAS FT Chair and NEDs in April 2013, reflecting the Trust's FT status and the increased responsibility and accountability this brings to the Chair and NEDs • a simple policy is required to govern the future review of remuneration levels. This policy, which has been approved by the Nominations Committee, proposes that an annual review be undertaken, acknowledging that four main factors are likely to have an impact: <ul style="list-style-type: none"> ○ changes in role / responsibilities ○ changes in market conditions (particularly the FT market) ○ new legislation / changes in existing legislation ○ executive pay levels
Recommendations or Outcome Required :	To consider a recommendation from the Nominations Committee regarding a proposed policy for Chair and NED remuneration
Previous Forum:	Council of Governors meeting, April 2013
Statutory Requirements Met:	Yes – setting Chair/NED remuneration is a statutory duty of the governors
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



CHAIR AND NON EXECUTIVE DIRECTORS – REMUNERATION POLICY



CHAIR AND NED REMUNERATION POLICY

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1. BACKGROUND

The statutory roles and responsibilities of the Council of Governors (CoG) include “*to decide the remuneration and allowances and other terms and conditions of the Chair and the other Non Executive Directors*”.

The terms and conditions offered will be important factors in attracting, retaining and motivating the Chair and other Non Executive Directors (NEDs), and can typically include:

- the term that the Chair and NED will serve
- the responsibilities of the Chair and NED
- the remuneration and allowances that the Chair and NED will receive (e.g. pay, taxable and non-taxable benefits, etc)
- the location of work
- the hours of work expected
- any termination payments, including notice periods

A key guiding principle, as highlighted in the Monitor Code of Governance, is that “*levels of remuneration for the Chair and NEDs should reflect the time commitment and responsibilities of their roles*”.

2. PURPOSE OF THE POLICY

The purpose of this policy is to provide a transparent framework which the SCAS FT CoG, supported by the Nominations Committee, can use in determining remuneration levels, and other associated allowances, for the Chair and NEDs.

The policy should be used in conjunction with supporting guidance issued by Monitor such as the ‘*Code of Governance*’ and ‘*Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors*’.

3. SCAS FT COUNCIL OF GOVERNORS NOMINATIONS COMMITTEE

The SCAS FT CoG has established a Nominations Committee to help support its responsibilities in relation to the remuneration and allowances of the Chair and NEDs.

The terms of reference for the Nominations Committee include to make recommendations to the CoG regarding the remuneration, allowances, and other terms of conditions of the Chair and the NEDs, making an assessment as to the level of remuneration required to attract and retain individuals of the right calibre and with the skills required.

In determining the recommendation(s) it makes to the CoG, the Nominations Committee will take into account all factors that it deems necessary. These

will include the scope of responsibilities of the Chair and the NEDs, the expected time commitment of the post, rates of pay in comparable organisations (particularly the NHS Foundation Trust sector), the general level of pay increases within the Trust and the wider NHS, and guidance issued by the independent regulator or other relevant bodies.

The Nominations Committee will have access to the advice of the Trust's Director of Human Resources and consider the use of external professional advisors on market pay rates and trends if deemed necessary and cost effective.

The work of the Nominations Committee, in terms of remuneration and allowances, broadly falls into two categories:

- firstly, reviewing and adjusting (if deemed appropriate) remuneration levels to reflect Foundation Trust status (this is normally carried out in the first twelve months of FT status), and
- secondly, reviewing, on an ongoing basis, and adjusting (if deemed appropriate), remuneration levels after the initial adjustment for Foundation Trust status has been made

There are a range of factors that could potentially influence remuneration levels and therefore it is considered to be good governance practice for remuneration levels to be reviewed on an annual basis.

4. CURRENT SCAS FT CHAIR AND NED REMUNERATION LEVELS

During 2012/13, and around six months after SCAS became an FT, the Nominations Committee determined that remuneration levels for the Chair and NED roles should be reviewed.

A comprehensive review, supported by external independent benchmarking data of remuneration levels across the FT sector was undertaken, and this concluded that remuneration levels for the Chair and NEDs should be adjusted to be closer to the FT sector averages. This reflected:

- the differences between the roles now being undertaken by the Chair and NEDs since SCAS became an FT, compared to those prior to authorisation in March 2012. The committee concluded that the FT role carries greater responsibility, accountability, and reputational risk, as well as an increased workload and a range of new stakeholders for the Chair and NEDs to engage with (and therefore an overall greater time commitment)
- in light of the changes in role highlighted above, the need to identify a fair rate of remuneration for the work being undertaken (with reference to rates of pay in comparable organisations), which in turn would support SCAS to

be more competitive in terms of the future recruitment of a new Chair/NEDs

As a result, adjusted remuneration levels from 1 April 2013 were recommended, and approved by the CoG, and were pitched just below those rates being paid by other Ambulance NHS Foundation Trusts

Role	£ per annum
Trust Chair	40,000
NED with Vice-Chair / Senior Independent Director roles	15,000
NED with Audit Committee Chair responsibilities	15,000
NED with Quality and Safety Committee Chair responsibilities	15,000
Other NEDs	12,000

The CoG approved the new rates on the basis that formalised role descriptions for the Chair and NEDs, setting out clear expectations in terms of duties, attendance requirements, appraisal arrangements and time commitments, would be produced. These rates still apply at the time of writing.

5. POLICY FOR ONGOING REVIEW OF REMUNERATION LEVELS

As governors have the statutory duty of determining the remuneration and other terms and conditions of the Chair and NEDs, the governor members of the Nominations Committee, on behalf of the CoG, should determine whether a review is required.

Any review should be an informed decision, made with the advice of the Trust's Director of Human Resources and relevant external advisors where appropriate (e.g. if market conditions are believed to have changed). The Chair and Company Secretary can also advise if the responsibilities of the Chair and NEDs have changed; for instance, as a result of new requirements set by Monitor or other regulators, or changes in legislation..

Although a review can be instigated at any time, and should always be undertaken prior to commencing an external recruitment process, as a minimum the Nominations Committee will undertake an annual review of remuneration levels.

Generally, there will be four main factors that might be seen to trigger an adjustment to the prevailing levels of Chair and NED remuneration:

- 1. changes in the Chair/NED role and responsibilities** – there are a number of potential scenarios the Committee will need to consider:
 - o changes to the generic Chair and NED role; for example as required by law or regulation. These could impact on the duties that

the Chair/NED needs to perform, and the associated time commitment, as well as the exposure to risk (e.g. reputation) faced by each individual.

- changes in the scale and/or complexity of the Trust's operations. This could have an impact on the Chair and NED role, for example, in terms of the level of input required, and the activities the Chair and NEDs might need to undertake in terms of seeking assurance over the running of the organisation
 - a marked change in the range of an individual's responsibilities or in the time he/she can commit to the role.
2. **changes in market conditions** – a significant change in market conditions (e.g. within the NHS Foundation Trust sector) may mean existing terms and conditions should be adjusted, with the aim of ensuring that SCAS FT levels are sufficient to attract, retain and motivate NEDs of the quality and with the skills and experience required to lead the Trust successfully (without paying more than is necessary for this purpose, and at a level which is affordable for the Trust). Even if market conditions are not known to have changed significantly, the Nominations Committee should consult external professional advisers to market-test pay levels at least once every three years (e.g. FTN benchmarking data)
 3. **legislation** – the Nominations Committee will need to ensure that the Trust's arrangements in connection with the remuneration and terms of service of Chair and NEDs are in accordance with all relevant laws and regulations, and make any adjustments that are required accordingly.
 4. **executive pay levels** – changes in executive pay levels in the Trust, the NHS, and the wider public sector may act as a barometer in terms of a review of NED pay levels. For example, FTN benchmarking data indicates that some Foundation Trusts make adjustments to NED pay in line with the annual pay awards for staff.

Any recommendations made by the Nominations Committee should be mindful of the social and economic environment in which the Trust is operating, including being sensitive to pay and employment conditions elsewhere in the Trust.

Any new or changed set of terms and conditions for the Chair or other NEDs will require approval of a majority of the voting governors at a Council of Governors meeting.

Produced by: Steve Garside, Company Secretary

Approved by NC: 26 November 2013

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Council of Governors meeting dates and work programme 2014/15
Presented by:	Steve Garside, Company Secretary
Paper for Debate, Decision or Information:	Information
Main Aim:	To confirm the meeting dates for 2014/15 and set out an initial programme of business (which will need to remain fluid)
Summary of key points for consideration:	<ul style="list-style-type: none"> • We have consulted with governors over the meeting arrangements for 2014/15; the consensus is that the meeting strategy in 2013/14 has been appropriate and should be continued • A minimum of five formal meetings will be held in 2014/15, as follows: <ul style="list-style-type: none"> ○ Wednesday 14 May 2014 ○ Tuesday 22 July 2014 ○ Wednesday 1 October 2014 ○ Thursday 8 January 2015 ○ Monday 16 March 2015 • Meetings will be held at Shaw House, Newbury, and will run from 18.30pm until 21.00pm (governors will have the option of holding a pre-meet from 18.00pm) • An initial programme of business is presented, although this will need to reflect new issues and developments as they emerge
Recommendations or Outcome Required :	To note the meeting dates for 2014/15 and the proposed initial programme of business
Previous Forum:	Meeting dates are set annually
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

ENCLOSURE G - SCAS FT COUNCIL OF GOVERNORS MEETING DATES AND WORK PROGRAMME - 2014/15

<u>Date of Meeting</u>	<u>Venue</u>	<u>Time</u>	<u>Coverage</u>
Wednesday 14 May 2014	Shaw House, Newbury	18.00 – 18.30 Networking 18.30 – 21.00 Full Council Meeting	<ol style="list-style-type: none"> 1. Chairman's Introduction, including update on Board of Directors activity 2. Quality and Patient Safety – How NEDs gain assurance 3. Chief Executive's Report on current issues, developments and performance 4. Annual review of the effectiveness of CoG 5. Reports from Nominations Committee and Membership and Engagement Committee 6. Update from governors on governor activity
Tuesday 22 July 2014	Shaw House, Newbury	18.00 – 18.30 Networking 18.30 – 21.00 Full Council Meeting	<ol style="list-style-type: none"> 1. Chairman's Introduction, including update on Board of Directors activity 2. Hot Topic tbc – How NEDs gain assurance 3. Chief Executive's Report on current issues, developments and performance 4. Annual Accounts, Quality Accounts and Annual Report 2013/14 5. Reports from Nominations Committee and Membership and Engagement Committee 6. Update from governors on governor activity
Wednesday 1 October 2014	Shaw House, Newbury	18.00 – 18.30 Networking 18.30 – 21.00 Full Council Meeting	<ol style="list-style-type: none"> 1. Chairman's Introduction, including update on Board of Directors activity 2. Hot Topic tbc – How NEDs gain assurance 3. Chief Executive's Report on current issues, developments and performance 4. Elections Update 5. Reports from Nominations Committee and Membership and Engagement Committee 6. Update from governors on governor activity
Thursday 8 January 2015	Shaw House, Newbury	18.00 – 18.30 Networking 18.30 – 21.00 Full Council Meeting	<ol style="list-style-type: none"> 1. Chairman's Introduction, including update on Board of Directors activity 2. Hot Topic tbc – How NEDs gain assurance 3. Chief Executive's Report on current issues, developments and performance 4. Strategic priorities update 5. Reports from Nominations Committee and Membership and Engagement Committee 6. Update from governors on governor activity

Monday 16 March 2015	Shaw House, Newbury	18.00 – 18.30 Networking 18.30 – 21.00 Full Council Meeting	<ol style="list-style-type: none"> 1. Chairman's Introduction, including update on Board of Directors activity 2. Hot Topic tbc – How NEDs gain assurance 3. Strategy Update post January workshop 4. Chief Executive's Report on current issues, developments and performance 5. Quality accounts and priorities update 6. Reports from Nominations Committee and Membership and Engagement Committee 7. Update from governors on governor activity
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NOTES

- Any proposed constitutional amendments will be presented as required
- Nominations Committee reports will include NED appointments/reappointments/appraisal/remuneration updates/decisions, as appropriate

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Charter of Expectations Status Report
Presented by:	Steve Garside, Company Secretary
Paper for Debate, Decision or Information:	Information
Main Aim:	To report the latest position (end of Q3) of governor activity against the agreed charter of expectations for 2013/14
Summary of key points for consideration:	<ul style="list-style-type: none"> • In July 2013, the CoG considered a <i>Governor Charter of Expectations</i> which had been recommended by a governor task and finish group. The CoG supported this, and agreed to the range of activities which were suggested as being necessary – as a minimum - for governors to deliver in a typical year • In agreeing to the expectations the CoG noted the importance for each governor to deliver the suggested activities, given the extended statutory duties and learning from Mid Staffordshire. • Attached is a report showing each governor's position against the various expectations as at the end of 2013/14 quarter 3 • The data has been checked with each governor • Where a requirement has already been delivered for the year then this has been shaded in green • A final report will be presented at the May 2014 meeting, and the 2013/14 review of the effectiveness of the CoG will consider the outcomes in terms of the final position
Recommendations or Outcome Required :	To note the latest position (end of Q3) of governor activity against the agreed charter of expectations for 2013/14
Previous Forum:	Charter of Expectations agreed at July 2013 meeting
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

GOVERNOR ACTIVITY 2013/14

STATUS AS AT 31 DECEMBER 2013 (END OF Q3) vs ANNUAL CHARTER OF EXPECTATIONS

	ESSENTIAL										HIGHLY DESIRABLE		End of Year status
	A	B	C	D	E	F	G	H	I	J	K		
	Formal CoG (4 of 5)	Formal Additional CoG (1 of 1)	Public Board (1 of 6)	Noms Comm. (75%)	M&E Comm. (75%)	Strategy Event (attend)	Engage. Events (Min of 2)	Engage. Events (Min of 1)	Staff feedback (Min of 1)	Training sessions (1 of 2)	AGM / AMM (attend)		
K Adenubi	2/3	1/1	0/4	N/A	N/A	Jan 14	3	N/A	N/A	1/2	0/1		
P Carnell	3/3	1/1	1/4	N/A	N/A	Jan 14	1	N/A	N/A	2/2	0/1		
G Clark	2/3	1/1	2/4	N/A	2/4	Jan 14	7	N/A	N/A	0/2	0/1		
P Conafray	0/3	1/1	0/4	N/A	2/4	Jan 14	2	N/A	N/A	0/2	0/1		
B Duggan	3/3	1/1	3/4	4/4	3/4	Jan 14	4	N/A	N/A	2/2	1/1		
M Hampton	3/3	1/1	0/4	4/4	N/A	Jan 14	3	N/A	N/A	0/2	1/1		
A Read	3/3	0/1	0/4	N/A	3/4	Jan 14	1	N/A	N/A	2/2	0/1		
D Ridley	3/3	1/1	2/4	N/A	4/4	Jan 14	4	N/A	N/A	2/2	1/1		
R Ryan	2/3	1/1	0/4	N/A	3/4	Jan 14	5	N/A	N/A	1/2	0/1		
A Tottle	2/3	0/1	1/4	N/A	N/A	Jan 14	10	N/A	N/A	0/2	1/1		
T W-Shaw	3/3	1/1	1/4	N/A	3/4	Jan 14	2	N/A	N/A	1/2	1/1		
E Cottrell	2/3	1/1	0/4	4/4	N/A	Jan 14	N/A	0	0	1/2	0/1		
J Donne	1/3	0/1	0/4	N/A	N/A	Jan 14	N/A	0	0	0/2	0/1		
C Fowler	3/3	0/1	0/4	N/A	N/A	Jan 14	N/A	1	0	2/2	0/1		
D Palmer	2/3	1/1	0/3	N/A	N/A	Jan 14	N/A	0	0	0/2	1/1		
C Watts	1/3	0/1	0/4	N/A	0/4	Jan 14	N/A	0	0	0/2	0/1		
S Chetcuti	1/1	1/1	2/2	N/A	N/A	Jan 14	N/A	1	N/A	1/1	1/1		
D Chilvers	0/2	1/1	0/2	N/A	N/A	Jan 14	N/A	0	N/A	1/1	0/1		
A Glass	1/1	1/1	2/2	N/A	N/A	Jan 14	N/A	1	N/A	1/1	1/1		
S Hoare	1/3	0/1	0/4	N/A	N/A	Jan 14	N/A	0	N/A	0/2	0/1		
K House	3/3	1/1	1/4	0/4	N/A	Jan 14	N/A	0	N/A	2/2	0/1		
B Lipscomb	2/3	1/1	1/4	N/A	3/4	Jan 14	N/A	0	N/A	0/2	0/1		

NOTES

ESSENTIAL

- A) Attend at least 4 of the 5 formal CoG meetings held each year (unless there are exceptional circumstances), or 80% of the meetings held, having prepared and read the papers in advance
 - B) Attend at least 1 of the 6 Board meetings in public held each year, and ideally 2 (unless there are exceptional circumstances), in order to observe first-hand the NEDs holding the executives to account for the performance of the Trust
 - C) Nominations Committee members only – attend at least 75% of committee meetings held each year
 - D) Membership & Engagement Committee members only – at least 75% of committee meetings held each year
 - E) Attend the strategy workshop that is held each year so that governors can bring forward the views of their constituents and help develop the Trust's Annual Forward plan
 - F) Attend at least 2 membership engagement / constituency events each year – public governors only
 - G) Attend at least 1 membership engagement / constituency events each year – staff and appointed governors only
 - H) Staff governors only - hold at least 1 event each year to feedback to constituents on the work of the CoG
- Also: ALL GOVERNORS - undertake sufficient activity to ensure an appropriate understanding of the NHS and SCAS, and the governor role, and to keep abreast of new developments
- Also: ALL GOVERNORS - each governor should be able to demonstrate and evidence to the Council of Governors that they have engaged with Trust members and members of the public, and can genuinely represent the wider views of the public rather than purely their own or those of a small circle.
- Also: APPOINTED PARTNER GOVERNORS ONLY - ensure appropriate feedback to constituents on the work of the CoG

HIGHLY DESIRABLE

- I) Attend at least 1 of every 2 governor workshops that are held each year for the purposes of ensuring that governors are equipped with the skills and knowledge they need to discharge their duties appropriately (e.g. finance, quality and safety workshops)
- J) Attend the Annual General / Members Meeting

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	9 January 2014
Title of Paper:	Lead Governor Election Process
Presented by:	Steve Garside, Company Secretary
Paper for Debate, Decision or Information:	Information/decision
Main Aim:	To establish arrangements for the appointment of a Lead Governor from 1 April 2014
Summary of key points for consideration:	<ul style="list-style-type: none"> • The current lead governor was appointed from 6 September 2012 to 5 September 2013; this was then extended to 31 March 2014 in light of the forthcoming elections and the uncertainty around the election outcomes • A process is now required to facilitate an appointment for the period 1 April 2014 to 31 March 2015 • Agreement is sought that the current lead governor can potentially serve one further term of one year, should she choose to make a nomination • Agreement is sought that newly elected governors, who will formally come into position on 1 March 2014, will be able to vote should a secret ballot be required but cannot stand for this particular election given the prerequisite level of knowledge of SCAS, the Council of Governors and Monitor that is arguably required to undertake the role effectively
Recommendations or Outcome Required :	To agree the process to facilitate the appointment of a lead governor from 1 April 2014
Previous Forum:	At the July 2013 meeting it was agreed to extend the current lead governor's term until 31 March 2014
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



COUNCIL OF GOVERNORS 9 JANUARY 2014 (Enc. I)

PROCESS FOR THE APPOINTMENT OF A LEAD GOVERNOR FROM 1 APRIL 2014

BACKGROUND

1. The SCAS FT constitution sets out (section A5 6.15) that *“the Council of Governors (CoG) will nominate a Lead Governor through whom the Council of Governors should communicate directly with Monitor if the Trust is at risk of significantly breaching its Terms of Authorisation {now provider licence} and if these concerns cannot be satisfactorily resolved”*.
2. The role of the Lead Governor is covered in two current key Monitor documents, and the relevant extracts are provided:
 - Appendix A – extract from the Monitor *Code of Governance*
 - Appendix B – extract from Monitor’s *“Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors”*
3. SCAS has an approved process for appointing a lead governor (see Appendix C), and this extends the role from that prescribed by Monitor to being *“responsible for receiving from governors and communicating to the Trust Chairman directly, any comments, observations and concerns expressed to him/her by the Governors other than at meetings of the CoG regarding the performance of the Trust or any other serious or material matter, relating to the Trust or its business”*.
4. The lead governor role at SCAS also involves being a member of the Nominations Committee, as agreed by the CoG at the 5 March 2012 meeting.

THE CURRENT LEAD GOVERNOR POSITION

5. The SCAS process at Appendix C was agreed by the CoG and used to support the appointment of the incumbent lead governor, Melanie Hampton, for the period 6 September 2012 to 5 September 2013.
6. At the July 2013 meeting, it was proposed by the governors that, in light of the forthcoming public governor elections process, and the uncertainty around the outcomes, Melanie Hampton’s term as lead governor should be extended until 31 March 2014. This was agreed.
7. The Trust’s interpretation of the above is that Melanie Hampton should be regarded as being on her first term as lead governor (which should be seen as one appointed term of 12 months, with an extension to support the CoG through the elections period). This is important as, under the current lead governor appointment process:
 - governors may be appointed for one year, but shall be eligible for re-appointment by a meeting of the Council of Governors;

- the Lead Governor is elected for a period of one year, and can be re-elected for a further year if they remain in post as a governor. A maximum two year term can be served.
8. The Council of Governors are asked to confirm that, should the current Lead Governor wish to seek re-election, and is successful, she can be appointed for one further term of one year.

APPOINTMENT OF LEAD GOVERNOR FROM 1 APRIL 2014 TO 31 MARCH 2015

9. A process is now required to facilitate the appointment of a lead governor from 1 April 2014. It is recognised that circumstances are not necessarily ideal given that there will six incoming governors from 1 March 2014. It is therefore proposed that:
- given the need to undertake a suitable induction programme, and develop an understanding of how the Council of Governors operates, none of the recently elected governors can stand for the position of Lead Governor (this means up to eight governors can potentially nominate themselves to stand)
 - the incoming governors shall be allowed to vote in the event that a secret ballot is required, and any ballot would not be held before 1 March 2014 in order to enable the incoming governors to form an opinion on prospective candidates for the Lead Governor position.
10. Adopting and tailoring the current process as set out in Appendix C, it is suggested that the following arrangements are applied:
- the term of the appointment of Lead Governor from 1 April 2014 is for one year, or until the point that the appointed Lead Governor ceases to serve as a SCAS FT governor, whichever is soonest
 - Thursday 9 January 2014 CoG meeting – confirm process for appointment of lead governor
 - Monday 13 January (9am) to Friday 31 January (5pm) – elected governors from a public constituency to notify Steve Garside, Company Secretary via email (steve.garside@scas.nhs.uk) if they wish to nominate themselves for the position of lead governor:
 - submitting a 150 supporting statement on their skills and attributes to deliver this role (template to be issued)
 - providing details of a seconding governor.
 - Monday 3 February – in the event that nominations are received by the deadline of Friday 31 January (5pm) by just one of the currently elected public governors, that governor is confirmed as Lead Governor, with an announcement that day and confirmed at the 24 March 2014 CoG meeting. In the event that nominations are received by the deadline of Friday 31 January (5pm) by two or more of the currently elected public governors, a secret ballot will be held, with an announcement that day
 - Monday 3 March – official ballot papers for the election of Lead Governor to be issued by the Company Secretary to all governors, including supporting

statement from each candidate. All governors to make one vote in support of a candidate;

- Monday 17 March (5pm) – deadline for return of completed ballot papers, either by email or post
- Tuesday 18 March – votes to be counted and announcement made.
- Monday 24 March – acknowledgement of outcome at CoG meeting
- Tuesday 1 April – new term of lead governor commences

RECOMMENDATIONS

11. The SCAS FT Council of Governors are requested to:
- with reference to sections 5 to 8 of the paper, agree that the current Lead Governor may stand for one further term of one year should they wish to;
 - with reference to sections 9 to 10 of the paper, agree the arrangements for the appointment of a Lead Governor for the period 1 April 2014 to 31 March 2015.

Steve Garside
Company Secretary
27 December 2013

“The role of the nominated lead governor”

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust’s council of governors. This will be in a limited number of circumstances and in particular where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairman or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the council of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors, including the deputy chairman of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor’s Board of its formal powers to remove the chairman or nonexecutive directors. The council of governors appoints the chairman and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor’s concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its terms of authorisation {now licence}. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust’s governors, but at speed and through one established point of contact, the trust’s nominated lead governor. The lead governor should take steps to understand Monitor’s role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor. The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairman or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust’s constitution, or alternatively, whilst complying with the trust’s constitution, may be inappropriate.

In such circumstances, where the chairman, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor. Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change”.

APPENDIX B – EXTRACT FROM MONITOR ‘YOUR STATUTORY DUTIES’ DOCUMENT (page 17)

“Lead governor”

Monitor has asked all NHS foundation trusts to nominate a “lead governor”. This individual will liaise between Monitor and the council of governors where, for example, we have concerns about the leadership provided to an NHS foundation trust or in circumstances where it would be inappropriate for the chair to contact us, or vice versa (for example, regarding concerns about the appointment or removal of the chair).

However, the term “lead governor” has created some confusion. Monitor did not intend the person holding this role to “lead” the council of governors or assume greater power or responsibility than other governors. We recognise that many NHS foundation trusts have broadened the original intention of this role and given greater responsibility or power to their lead governor. Every trust can decide how best to structure its own council; we continue to require only that the lead governor act as a point of contact between Monitor and the council of governors when needed. Directors and governors alike should always remember that the council of governors as a whole has the responsibilities and powers in statute, and not individual governors.

Where NHS foundation trusts choose to broaden the lead governor’s role, directors and the council of governors should agree what it should and should not include. The council of governors should vote on or otherwise decide who the lead governor will be; directors (including the chair) should not be involved in this process.

Having a lead governor does not, in itself, prevent any other governor from making contact with Monitor directly if they feel this is necessary. The Independent Panel for Advising Governors can provide advice if the council approves the submission of a question to it (see Chapter 3).

The chair of the board of directors is also the chair of the council of governors. The NHS foundation trust may decide that one governor should lead the council of governors where it is not considered appropriate for the chair or another one of the non-executive directors to do so. These occasions are likely to be infrequent but one example may be a meeting discussing the appointment of the chair.

The lead governor could also have a role in certain circumstances where it would not be appropriate for the chair to contact Monitor, or Monitor to contact the chair (for example, in relation to appointment of the chair). Communication would instead take place between the lead governor and Monitor in such circumstances. Routine communication from Monitor to governors will, as a matter of course, be disseminated via board secretaries.

The existence of a lead governor does not, in itself, prevent any governor from making contact with Monitor directly if they feel it is necessary.

It is suggested that the term lead governor is used, to prevent confusion with the deputy chair. Alternative titles such as vice chair or presiding governor have also been suggested.

The lead governor should be chosen by the council of governors. The lead governor should not deputise for the deputy chair of the board of directors.

APPENDIX C - SCAS FT LEAD GOVERNOR APPOINTMENT PROCESS

Introduction

1. The Constitution allows the governors to appoint a Lead Governor at a meeting of the Council of Governors.
2. The Lead Governor is responsible for receiving from Governors and communicating to the Chairman directly, any comments, observations and concerns expressed to him/her by the Governors other than at meetings of the Council of Governors regarding the performance of the Trust or any other serious or material matter, relating to the Trust or its business.

Detail

3. In considering the process of appointment or election of a Lead Governor, the following rules apply:
 - Only governors from the 'Public Constituencies' may stand;
 - Governors may be appointed for one year, but shall be eligible for re-appointment by a meeting of the Council of Governors;
 - In the event that the existing Lead Governor indicates that he no longer wishes to stand for re-appointment, or that he does, and this is contended by a further nomination, an election will become necessary.
 - In the event of an election, the Nomination Forms to allow governors to nominate themselves will be circulated by the Company Secretary to members of the Council of Governors.
 - Eligible governors may nominate themselves for the role of Lead Governor;
 - In the event that there is more than one nomination for this role, a secret ballot will take place at the next scheduled Council of Governors meeting; and
 - The result of the ballot shall be announced at that meeting.

Electing the Lead Governor

Qualification

The Lead Governor must be one of the Elected Governors from a Public Constituency.

The election will be carried out by a secret ballot

Election Process

- Nominations for Lead Governor must be proposed and seconded by a current governor with the permission of the nominee.

- Any Governor wishing to stand for appointment must complete and return the form 3 clear days before the specified Council of Governors meeting.
- The nomination form should include a nomination statement giving details of skills and reasons for wishing to stand in no more than 150 words.
- At the specified meeting of the Council of Governors, the Corporate Secretary will circulate ballot papers containing the candidate's names and a secret ballot will take place.
- If there is only one nomination that person is duly elected.
- Where there is more than one nomination for appointment, a secret ballot will take place of all governors present at the meeting with each governor having one vote for each contested appointment.
- The meeting shall adjourn while the ballot is taken and the governor whose nomination received the largest number of votes shall be appointed.
- In the event of an equality of votes, the Chair of the meeting shall have a casting vote.
- The results of the ballot shall be announced at the meeting.
- The Lead Governor is elected for a period of one year, and can be re-elected for a further year if they remain in post as a governor. A maximum two year term can be served.

**LEAD GOVERNOR NOMINATION FORM
(for the appointment from 1 April 2014)**

I, _____, being a public Governor for the _____ Constituency wish to nominate myself to the role of Lead Governor of the Council of Governors of South Central Ambulance Service NHS Foundation Trust for appointment from 1 April 2014. I have read the relevant extract from the Monitor Code of Governance (page 35) covering the role of the nominated lead governor, as well as section 2 of the SCAS Lead Governor Appointment Process document, and believe that my skills and attributes will be helpful in the role as highlighted below:

Please complete with no more than 150 words:

Signed by Nominee

Print Name

Dated

Signed by Secunder as a current Governor
with permission from the Nominee

Print Name

Dated

Please return to Steve Garside, Company Secretary, via email
(steve.garside@scas.nhs.uk) by no later than **5pm 31 January 2014**.