



COUNCIL OF GOVERNORS MEETING

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

DATE: Thursday 11 January 2018

TIME: 18.30h to 21.00h

VENUE: Dolman Room 1
Shaw House
Church Road
Newbury
Berkshire RG14 2DR

STATUS: Meeting in public

CHAIR OF MEETING: Lena Samuels, Trust Chair

GOVERNORS: See Members of the Council of Governors (overleaf)

IN ATTENDANCE: Alastair Mitchell-Baker, Non-Executive Director
Sumit Biswas, Non-Executive Director
Nigel Chapman, Non-Executive Director
Will Hancock, Chief Executive
James Underhay, Deputy Chief Executive
Philip Astle, Chief Operating Officer
Professor Helen Young, Director of Patient Care and
Service Transformation
Steve Garside, Company Secretary

APOLOGIES: Keith House, Partner Governor
David Lockett, Public Governor (Hampshire)

FUTURE MEETING DATES: Wednesday 7 February 2018 (private)
Monday 16 April 2018 (public)
Tuesday 5 June 2018 (private)
Tuesday 24 July 2018 (public)
Wednesday 3 October 2018 (public)
Thursday 10 January 2019 (public)
Wednesday 6 February 2019 (private)

Current Members of the Council of Governors (20/26)

Name	Constituency	Current term
Paul Ader	Public - Oxfordshire	(1) To 28/02/2020
Andy Bartlett *	Public – Hampshire	(1) To 28/02/2018
James Birdseye	Staff – 999 North	(1) To 28/02/2018
Paul Carnell	Public - Hampshire	(2) To 28/02/2018
Sabrina Chetcuti	Partner (CCGs – North)	(2) To 30/06/2019
David Chilvers	Partner (CCGs – South)	(2) To 30/06/2019
Jeanette Clifford	Partner Governor (Local Authority)	(1) To 30/09/2020
Richard Coates	Public – Hampshire	(2) To 28/02/2020
Mark Davis	Public - Berkshire	(1) To 28/02/2020
David Drew	Partner (Air Ambulance Charities)	(1) To 30/09/2020
Bob Duggan *	Public – Buckinghamshire	(2) To 28/02/2018
Frank Epstein	Public - Berkshire	(1) To 28/02/2020
Michele Foote	Staff – Contact Centres	(1) To 28/02/2018
Colin Godbold *	Public – Berkshire	(1) To 28/02/2018
Keith House	Partner (Local Authority)	(2) To 28/02/2018
Barry Lipscomb	Lead/Public Governor – Hampshire	(2) To 28/02/2020
David Luckett MBE	Public - Hampshire	(1) To 28/02/2020
David Palmer *	Staff – 999 South	(2) To 28/02/2018
Ray Rowsell	Public – Hampshire	(1) To 28/02/2018
Debbie Sengelow	Staff – Corporate/support/other	(1) To 28/02/2018

(* recently re-elected and will serve a further term from 1/03/2018)

Designate Members of the Council of Governors

Name	Constituency
Professor Robert Crocker	Public - Buckinghamshire
Bernadette Devine	Public - Buckinghamshire
Charles McGill MBE	Public - Hampshire
Tony Nicholson	Public - Hampshire
Loretta Light	Public - Oxfordshire
Stephen Haynes	Public - Oxfordshire
Emma Crozier	Staff - NEPTS and Logistics Field
Lynn Dove-Dixon	Staff - Corporate/support/other
Jim Dunderdale	Staff – Contact Centres inc. NHS 111 and EOC
Kate Moss	Staff - 999 Operations – North

(* recently elected and will commence their first terms on 1/03/2018)

AGENDA – COUNCIL OF GOVERNORS – 11 JANUARY 2018
18.30pm – 21.00pm, Dolman Room 1, Shaw House, Church Road, Newbury, RG14 2DR

*****PLEASE DIRECT QUESTIONS / COMMENTS THROUGH THE CHAIR*****

No.	Item	Time	Method	PDF no
1.	OPENING BUSINESS			
1.1	Chair’s Introduction, including Apologies for Absence <i>(Lena Samuels)</i>	18.30	(Verbal)	-
1.2	Declaration of Interests <i>(Lena Samuels)</i> <ul style="list-style-type: none"> to note any new interests, including those relevant to the meeting 	18.31	(Verbal)	-
1.3	Approval of the minutes of the meeting held on 4 October 2017 <i>(Lena Samuels)</i> <ul style="list-style-type: none"> to <u>approve</u> the minutes of the last formal CoG meeting in public 	18.32	Enc. A	6
1.4	Matters arising from the meeting held on 4 October 2017 <i>(Steve Garside)</i> <ul style="list-style-type: none"> to note progress with the actions arising from the last formal CoG meeting in public 	18.33	Enc. B	18
1.5	Approval of the minutes of the extraordinary meeting held on 30 November 2017 <i>(Lena Samuels)</i> <ul style="list-style-type: none"> to <u>approve</u> the minutes of the extraordinary CoG meeting 	18.38	Enc. C	21
1.6	Matters arising from the extraordinary meeting held on 30 November 2017 <i>(Steve Garside)</i> <ul style="list-style-type: none"> to note progress with the actions arising from the extraordinary CoG meeting in private 	18.40	Enc. D	27
2.	HOLDING THE NEDS TO ACCOUNT FOR THE PERFORMANCE OF THE BOARD			
2.1a	Chief Executive’s Report including Performance Update <i>(Will Hancock; Philip Astle)</i> <ul style="list-style-type: none"> to receive a report on key current issues 	18.42*	Enc. E	29
2.1b	Chief Executive’s Report including Performance Update - Questions <i>(Governors; NEDs)</i> <ul style="list-style-type: none"> questions from governors, primarily to the NEDs 	18.50*	Verbal	-
3.	ITEMS FOR DECISION			
3.1	Appointment of Non-Executive Directors to the Deputy Chair and Senior Independent Director Roles <i>(Lena Samuels; Governor members of the Nominations Committee)</i> <ul style="list-style-type: none"> to consider a recommendation from the Nominations Committee 	19.30*	Enc. F	36

No.	Item	Time	Method	PDF no
3.2	Governor Representation and the Composition of the CoG <i>(Steve Garside)</i> <ul style="list-style-type: none"> to consider the outcomes of, and recommendations from, the Task and Finish Group established to review governor representation 	19.40*	Enc. G	41
3.3	Local Clinical Quality Indicator – Sepsis <i>(Professor Helen Young)</i> <ul style="list-style-type: none"> to receive additional information on sepsis in order for Governors to confirm/finalise the indicator which will go forward for external audit 	20.00*	Enc. H	48
4.	REPORTS FROM COUNCIL OF GOVERNORS COMMITTEES AND GROUPS			
4.1	Report from the Membership and Engagement Committee <i>(Mark Davis; James Underhay)</i> <ul style="list-style-type: none"> to receive an update on the work of the sub-committee 	20.15	Enc. I	52
5.	OTHER ITEMS FOR INFORMATION/DISCUSSION BY EXCEPTION			
5.1	Governor Activities <i>(Governors)</i> <ul style="list-style-type: none"> to receive feedback from governors on activities undertaken by: <ul style="list-style-type: none"> public governors staff governors partner governors 	20.20	(Verbal)	-
5.2	Non-Executive Directors Activities <i>(Nigel Chapman)</i> <ul style="list-style-type: none"> an overview of activities undertaken over the past three months 	20.30	Enc. J	58
5.3	Company Secretary's Report <i>(Steve Garside)</i> <ul style="list-style-type: none"> to receive an update on matters of interest 	20.35	Enc. K	64
5.4	Lead Governor's Report <i>(Barry Lipscomb)</i> <ul style="list-style-type: none"> to note a report on activities undertaken by the Lead Governor since the previous meeting on 4 October 	20.45	Enc. L	74
6.	CLOSING BUSINESS			
6.1	Any Other Business including Questions from Members/Observers <i>(Lena Samuels)</i> <ul style="list-style-type: none"> to note any items of additional business, including those notified by the governors and Trust members to the Company Secretary no less than two working days prior to the meeting 	20.50	(Verbal)	-
6.2	Date and Time of Next Meeting <i>(Lena Samuels)</i> <ul style="list-style-type: none"> to note that the next formal meeting in public will be held on Monday 16 April 2018 at Shaw House, Newbury, commencing at 18.30pm 	21.00	(Verbal)	-

*suggested priority items

GOVERNOR FUNCTIONS AND DUTIES

Governor general functions	This meeting
Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors (<i>see below</i>)	✓
Represent the interests of the members of the Trust as a whole and the interests of the public	✓
Governor specific duties	
Receive annual accounts, auditor's report and annual report	
Appoint and, if appropriate, remove the external auditor	
Contribute to the development of the annual plan	
Appoint and, if appropriate, remove the Chair	
Appoint and, if appropriate, remove the other Non-Executive Directors	✓
Decide remuneration and terms of conditions for Chair / other Non-Executive Directors	✓
Approve appointment of Chief Executive	
Approve significant transactions (as defined in the Trust Constitution)	
Approve an application to enter into a merger, acquisition, separation or dissolution	
Decide whether the Trust's non-NHS work would significantly interfere with its 'principle purpose'	
Approve amendments to the Constitution	✓

Why does the CoG hold the *NEDS* to account?



COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Minutes of the Council of Governors meeting held on 4 October 2017
Presented by:	Lena Samuels, Chair
Paper for Debate, Decision or Information:	Approval
Main Aim:	To ensure good governance practice in confirming that the minutes of the 4 October 2017 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 October 2017. They are produced by the Company Secretary and issued directly to the Council of Governors without any separate, prior review.
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

ENCLOSURE A

Unapproved minutes of the twenty fifth meeting of the South Central Ambulance Service NHS Foundation Trust Council of Governors (CoG) held on Wednesday 4 October 2017 at Shaw House, Newbury

Governors present (14/20):

Paul Ader (Public Governor – Oxfordshire); Andy Bartlett (Public Governor – Hampshire); Paul Carnell (Public Governor – Hampshire); Sabrina Chetcuti (Partner Governor – CCGs); Councillor Jeanette Clifford (Partner Governor – LA); Richard Coates (Public Governor - Hampshire); Mark Davis (Public Governor – Berkshire); David Drew (Partner Governor - Air Ambulance); Colin Godbold (Public Governor – Berkshire); Councillor Keith House (Partner Governor (LA); Barry Lipscomb (Public Governor – Hampshire & Lead Governor); David Palmer (Staff Governor); Ray Rowsell (Public Governor – Hampshire); Debbie Sengelow (Staff Governor)

Governors apologies received (5/20):

James Birdseye (Staff Governor); Bob Duggan (Public Governor - Buckinghamshire); Frank Epstein (Public Governor – Berkshire); Michele Foote (Staff Governor); David Lockett (Public Governor – Hampshire)

Governors not present (1/20):

David Chilvers (Partner Governor – CCGs)

Directors/Executives in attendance:

Lena Samuels (Chair); Ilona Blue (NED); Sumit Biswas (NED); Mike Hawker (NED); Will Hancock (Chief Executive); James Underhay (Deputy Chief Executive); Philip Astle (Chief Operating Officer); Professor Helen Young (Director of Patient Care and Service Transformation); Steve Garside (Company Secretary); Debbie Marrs (Assistant Director of Patient Care)

Opening Business

1.1 - Chair's Introduction, including Apologies for Absence

The Chair welcomed all to the meeting, including Councillor Jeanette Clifford and David Drew who were attending for the first time since officially commencing their Governor roles on 1 October.

The Chair explained that, in light of the focus generally being on the Non-Executive Directors (NEDs), and with the exception of the Chief Executive, other Executive Directors may leave the meeting after completing their various items and presentations.

Steve Garside acknowledged that apologies had been received in advance of the meeting from five governors, as acknowledged in the minutes.

1.2 - Declaration of Interests

No new interests were declared by Governors.

1.3 - Approval of the minutes of the meeting held on 18 July 2017

Barry Lipscomb asked that the reference to “121 meetings” in section 5.4 of the minutes be amended to “1-2-1 meetings”. Subject to this amendment, the minutes were **APPROVED**.

1.4 - Matters arising from the meeting held on 18 July 2017

A verbal update was taken on three particular actions:

- Actions 2.2b(1) and 2.2b(2) – Professor Helen Young advised, in relation to incidents, that the backlog reported at the previous meeting had now largely been addressed and that feedback was being provided to staff who had reported the incident. This had been helped by an increase in the number of Clinical Governance Leads.

Debbie Sengelow stated that she had spoken to Jane Campbell since the previous meeting and that, in her opinion, the various issues raised had not yet been fully addressed. Professor Helen Young agreed to revisit the issues, including establishing a timescale for when the required modifications would be made to the Datix system.

Ilona Blue commented that staff had expressed concerns to her during Leadership Walkarounds that feedback was not being provided to staff once incidents had been investigated and conclusions reached. Philip Astle noted that this represented a key area of focus for Care Quality Commission (CQC) inspections.

In conclusion it was agreed that Professor Helen Young and Ilona Blue would revisit both actions and provide an update report at the next meeting

Action 1.4

Professor Helen Young and Ilona Blue to revisit actions 2.2b(1) and 2.2b(2) from the July meeting – both relating to incident reporting – and provide an update at the January 2018 meeting.

- Action 2.2b(3) – Professor Helen Young advised that the internal investigation into the Liphook incident, which had been discussed at the previous meeting, had concluded that due process had been followed and that no specific changes to practices and procedures were required. She also noted that there were discrepancies between what had been reported in the media and the information available to SCAS about the incident.

Debbie Marrs explained that the issue of whether the Air Ambulance was able to support the response to the incident due to inclement weather conditions was largely academic as it had been concluded that the Air Ambulance would not have been an appropriate resource to send for the nature of this particular incident.

David Drew took the opportunity to reiterate to the CoG that the two regional Air Ambulance Charities worked very closely together, and that if one charity could not respond to a particular incident the other would aim to step in and support.

Finally, the Chief Executive stated that this incident demonstrated the vital importance of carrying out robust investigations, and also being cautious about what was reported in the media.

In relation to action 5.1, Ray Rowsell advised that he was not clear if Community First Responders (CFRs) knew who to contact if problems were encountered in relation to the installation of a defibrillator. Philip Astle responded that it should be widely known that the CFRs should inform their Community Liaison and Training Officer if there are any issues. The Chair thanked Ray Rowsell for his feedback and advised that the communication arrangements around issues of this type would be revisited.

2.1a – Chief Executive’s Report including Performance Update

The Chief Executive reinforced the view expressed in his report that three of the biggest current priorities were performance and service delivery, the implementation of the Ambulance Response Programme (ARP) changes, and developing the new Thames Valley Integrated Urgent Care contract. He noted the significant focus on winter preparedness, and that a cohort of new graduates and clinicians coming through the pipeline would help support the Trust’s response in this area.

The CoG **NOTED** the comprehensive written report from the Chief Executive.

2.1b – Chief Executive’s Report including Performance Update – Questions

A range of questions were asked by Governors, with answers given, including:

- performance reporting for the new Thames Valley Integrated Urgent Care contract
 - the Chief Executive advised that the content and format of the Trust’s Integrated Performance Report (IPR) was being reviewed and, amongst a range of other issues to address, would need to consider appropriate measures for this new contract
 - the Governors noted the view of the NEDs present that much progress had been made with the development of the IPR in recent years, and that the dashboard on the front page particularly provided a very good snapshot of overall performance
 - whilst some of the existing NHS111 performance measures would also be applicable to the new contract (e.g. speed of call answer), there would be a set of new factors to consider including in relation to the extent to which SCAS was providing sufficient clinical support and signposting the patient to the most appropriate service
- Patient Transport Services (PTS) in Surrey
 - Mike Hawker explained that the key issue behind activity levels proving to be lower than expected was the accuracy of information provided to SCAS by the commissioners at the contract initiation stages. He added that there were broader issues around PTS performance in general and that an improvement plan was in the process of being implemented
- financial performance – Ilona Blue stated that achievement of the Cost Improvement Programme for 2017/18 (£6.8m) was not without risk. She noted that after five months of the year the Trust had achieved £2.4m against a year-to-date plan of £2.7m, adding that it was often the case that ground needed to be recovered in the second half of the year. Mike Hawker commented that, in general terms, there were more risks than opportunities around the financial position, and Sumit Biswas highlighted the importance of finding additional cost improvement schemes in the coming months
- Newly Qualified Paramedics (NQPs) – David Palmer expressed concerns, as a Team Leader, over the arrangements for transitioning NQPs into the band 6 paramedic roles. He stated that it was not necessarily clear what was required over the two year period for NQPs to satisfactorily achieve the progression. The Chair asked David Palmer to pick this issue up with Melanie Saunders.

Finally, Colin Godbold advised that he had recently attended an East Berkshire Clinical Commissioning Group Community Partnership Forum meeting and had been struck by the lack of clarity over the eligibility criteria for different non-emergency services for those

patients living on the East Berkshire and Surrey borders. The Chair stated that this issue was at the heart of some of the discussions taking place at Accountable Care System level, and the Chief Executive expressed surprise that these issues would arise for NHS services.

2.2a – Update on Hospital Handover Delays

The Chair stated that the situation in terms of handover delays at Queen Alexandra Hospital (QAH) in Portsmouth remained a key area of focus for the Trust and Board.

Philip Astle thanked the Hampshire Public Governors for requesting the update report. In terms of developments since the last CoG meeting he noted that:

- NHS Improvement and NHS England (NHSE) had written jointly to Ambulance Trust Chief Executives highlighting their concerns over hospital handover delays, and recording this as the second largest priority for the forthcoming winter period
- Portsmouth Hospitals NHS Trust (PHT) had been the subject of further interventions from the CQC; a number of recent changes had also been made at Board/Senior Leadership Team level and SCAS had seen some encouraging early signs as a result (regular meetings between the respective management teams were being held)
- SCAS had employed consultants who, with the agreement of PHT, would be reviewing handover related processes in the hospital and making recommendations.

In terms of context, Philip Astle informed the CoG that, in August, QAH was the 54th worst ranking hospital for handover delays nationally. He noted that SCAS and the whole South East Hampshire health economy remained strongly focused on the situation, which he described as unacceptable from the perspective of both patients and staff.

The CoG **NOTED** a comprehensive update on the handover delays position at QAH, including the actions being taken by SCAS in order to try and resolve the problems.

2.2b – Update on Hospital Handover Delays – Questions

A range of questions were asked by Governors, with answers given, including:

- handover problems at other hospital sites – Philip Astle advised that although there had been an increase in lost hours at other sites recently, potentially linked to acuity, the year-on-year position was broadly the same
- NED awareness – Richard Coates stated that the problems in Portsmouth were a significant concern and that he was unclear as to just how well the NEDs understood this. He noted that, whilst not all factors were under SCAS' control, little progress was appearing to be made despite extensive Board discussions in both SCAS and PHT. He asked whether greater pressure could be exerted; for instance, enforcing financial penalties on PHT for delays exceeding the allotted fifteen minutes.

Mike Hawker responded that the SCAS NEDs were very much aware of, and frustrated by, the problems and the impact they were having, but that he was uncertain as to whether applying financial penalties was the right answer. He added that both he and Professor David Williams had held a further meeting with PHT NEDs and provided them with some pointers and information to take back to their Trust.

Mike Hawker highlighted the fact that SCAS had instigated, and was funding, a consultancy review of the problems at QAH as further evidence of the Trust's resolve to address the issues.

Ilona Blue advised that the Board routinely received and considered information on handover delays, both through the monthly Integrated Performance Report and Quality and Patient Safety Board Report, and had been doing so for a number of years

- winter – Ilona Blue commented that the actions that SCAS was taking were likely to have the effect of reducing, rather than eliminating, the impact over the winter period. Sumit Biswas expressed hope that the new leadership team at PHT would make some progress in addressing the problems, and noted that NHSE was exerting an unprecedented level of pressure
- root cause – Mike Hawker offered a view that the main issue was probably at middle/junior management level, and one of engagement and consistency of practice. Sumit Biswas added that flow and capacity issues were also a factor, including the social care arrangements in the Portsmouth area.

Professor Helen Young informed the CoG that the CQC had very recently issued an important letter covering a range of quality and patient safety issues; she noted that the expectations outlined in the letter regarding handover arrangements would be helpful to SCAS in its conversations with PHT about shared risk and accountability.

Barry Lipscomb advised that he was very pleased and grateful that the requested report had been produced and discussed. He noted that there was a long way to go to address the problems, but that Governors needed to balance their concerns with realism as to the extent to which SCAS had full control over the underlying issues.

The Chair agreed to share the high-level observations (including potential solutions) of the consultancy review that SCAS had initiated with the CoG when available.

Action 2.2b

Philip Astle to share the high-level outcomes of the independent assessment of the handover process at Queen Alexandra Hospital, Portsmouth with the Governors, when available.

Finally, and in relation to section 3.19 in the report, Debbie Marrs advised that the review of cases where patients had to wait an excessive amount of time for an ambulance response (linked to handover delays) had shown that there had been no cases where serious harm had resulted.

2.3a – Ambulance Response Programme (ARP) – An Overview

Philip Astle highlighted a number of key points from his presentation on ARP, including:

- the incoming changes would not mean making a faster response, but would reduce some of the pressure of responding to those who did not necessarily need as fast a response as other cases; this process of clinical prioritisation would be a step-change and would reduce rather than completely eliminate long waits
- SCAS had already been participating in the dispatch on disposition elements of ARP, and the range of changes now being implemented (by 31 October) would involve new measures and targets
- the category 1 target would require an average response time for all incidents of less than seven minutes, with nine out of ten incidents responded to in less than fifteen minutes (the definitions of the other categories was also explained).

The CoG **NOTED** a comprehensive presentation in the pack of papers, and a verbal overview from Philip Astle of slides 5-14.

2.3b – Ambulance Response Programme (ARP) – An Overview – Questions

A range of questions were asked by Governors, with answers given, including:

- mapping of current performance and future assumptions – the Chair explained that extensive mapping was being undertaken and that, if the Trust made no changes in terms of resource mix, SCAS would be very close to achieving the new targets but would fall just short
- communications – the Chair agreed with the view expressed by a number of Governors that effective communication of the ARP changes to patients and stakeholders would be crucial; she noted that this also needed to focus on behaviours and appropriate use of the service
- financial implications – the Chair advised that the financial impact of implementing ARP was still being assessed. James Underhay added that whilst new vehicles may be required at some point, this would not be in the current financial year. Philip Astle explained that no additional staff were being recruited and that the main shift from an operational perspective was the balance between the use of ambulances and cars
- learning from other pilot sites – SCAS was actively liaising with the other pilot sites in order to take and apply appropriate learning. Ilona Blue added that other sites were learning from SCAS' experiences in terms of applying the dispatch on disposition related changes
- Board focus – Sumit Biswas stated that the NEDs were highly focused on the implementation of ARP and particularly the risks and associated staff issues. Ilona Blue assured Governors that the focus on long waits would continue, despite the fact that ARP was expected to reduce the volume of these
- rural vs urban – Philip Astle advised that he did not envisage ARP bringing about an equality in response times for patients in rural areas compared to urban; however, he anticipated that the gap would be closed somewhat due to needing fewer vehicles in the urban areas
- risks – Mike Hawker commented, in relation to the potential risks described in the presentation, that the biggest risk for SCAS was probably achieving the right mix of vehicles and that this was being mitigated by the extensive modelling that was taking place.

Action 2.3b

Steve Garside to circulate a summary slide showing the expected level of performance on the new ARP standards if no adjustments are made to staffing/vehicle mix (i.e. current conditions are maintained).

2.4 – Update on Quality Accounts Priorities including Selection of 2017/18 Clinical Quality Indicator

Debbie Marrs took the CoG through a presentation giving details of the progress the Trust was making against its quality accounts priorities.

The CoG discussed stroke care and how this would be impacted by ARP. The Chief Executive highlighted that stroke tended to be considered in two elements: speed of response (e.g. conveyance to a hyper-acute stroke unit) and then quality of care at scene and in hospital. He noted that those Trusts that had been piloting ARP so far had seen a small improvement in the care for stroke patients, primarily linked to speed of response.

James Underhay informed the CoG that a new set of clinical quality indicators was likely to be issued in April 2018.

Debbie Marrs highlighted the attention of the Governors to the selection of a local clinical quality indicator for audit review. She noted that, in previous years, indicators from the 'patient experience' and 'clinical effectiveness' strands had been selected, and suggested that this year an indicator relating to 'patient safety' might be appropriate.

Debbie Marrs and Professor Helen Young made a recommendation that Governors select an indicator relating to sepsis, noting that this had become particularly high profile in recent times.

Professor Helen Young noted that just the area of coverage needed to be selected today and that the actual indicator would then be determined at the January meeting. Mike Hawker added that this would allow the Trust to confirm with Grant Thornton what could realistically be measured.

Richard Coates suggested that long waits should be selected as an alternative. Professor Helen Young advised that this was not classified as a clinical indicator, but was measured as a matter of course and reported through the IPR. Barry Lipscomb added that ARP would impact on the measurement of long waits and that he supported the recommendation of sepsis.

David Palmer suggested statutory and mandatory training. Helen Young responded that this was also not a clinical indicator, but again was reported in some detail in the IPR.

Following further consideration, a clear majority of Governors confirmed that they wished for an indicator relating to sepsis to be selected. It was agreed that a further discussion would take place in January to identify the specific indicator to be put forward for external audit review.

The CoG **APPROVED** a verbal recommendation that sepsis be the focus of the local clinical quality indicator to be selected for external audit review in March 2018.

Action 2.4

A paper to be presented at the January CoG meeting to help facilitate a decision about the sepsis related local clinical quality indicator to be selected for external audit review.

Reports from Council of Governors Committees and Groups

3.1 – Report from the Nominations Committee

The Chair advised that the Nominations Committee had been extremely busy taking forward the process that was agreed at the last CoG meeting in relation to the appointment of new NEDs. She added that this had included delivery of the long-listing stage of the process.

Keith House reported that the level and quality of interest in the NED roles had been significant, and that he anticipated the short-listing and interviewing stages to be quite challenging for the committee, but in a positive way. Barry Lipscomb supported these comments.

Keith House and Steve Garside discussed how the process would work in terms of presenting recommendations to the CoG on 30 November; it was noted that whilst the identity of the preferred candidates would not be revealed, Governors would receive sufficient information by way of a profile to be able to make an informed decision.

The CoG **NOTED** the update report on NED recruitment.

3.2 – Report from the Membership and Engagement Committee

Mark Davis, the new chair of the Membership and Engagement Committee, provided a verbal report in relation to the committee meeting that had taken place on 26 September.

The following key points were noted:

- Mark Davis and fellow committee members paid tribute to the excellent contribution made by former Governor and committee chair Sue Thomas
- the committee currently had six members and would welcome further Governors joining, particularly from the staff governor constituency; the next meeting was taking place on 1 February.
- Governors were thanked for their recent engagement activity, with a reminder issued to complete and submit feedback forms to Monica Moro
- the committee had particularly considered feedback from the Berkshire Show event, drawing a conclusion that the availability of vehicles and front line staff at events, as well as good weather, were key success factors

Debbie Sengelow advised that she had attended the Saturday of the Berkshire Show and felt that there was no obvious leadership in terms of organisation and co-ordination of the SCAS element of the event. Colin Godbold agreed with this and reflected that it was fortunate that the Lead Community Response Manager and a number of CFRs were present on the day.

Colin Godbold noted a recent email from Monica Moro that proposed establishing Patient Experience Groups in Surrey and Sussex. He questioned whether this was necessary given the existence of other NHS organisations in the two counties, including emergency services provider South East Coast Ambulance Service NHS Foundation Trust.

The Chair stated that SCAS needed to look at how it engaged with patients in any area in which it was providing services. She noted that SCAS could join up with other providers at key events, but that each organisation had its own branding and messages that it would wish to communicate. It was resolved that a further discussion would take place at the Membership and Engagement Committee.

Action 3.2

The Membership and Engagement Committee to hold a further discussion about the approach to engagement (e.g. patient experience) opportunities in Surrey and Sussex.

The CoG **NOTED** the update report on the work of the Membership and Engagement Committee.

Other Items for Information/Discussion

4.1 – Governor Activities

It was noted that this had partly been covered by the previous item and that, in the interests of time, a fuller discussion would take place at the next meeting.

4.2 – Non-Executive Directors Activities

The CoG noted a comprehensive report from Mike Hawker detailing his activities over the last few months. He highlighted two issues in particular:

- the Audit Committee generally reviewed in detail two major risks for the Trust at each of its meetings; at the most recent meeting, the take-up of statutory and mandatory training was considered, and it was agreed that senior managers for areas where compliance

levels were not acceptable should be required to attend a future meeting and explain how they intend to improve staff take-up

- being a Director of South Central Fleet Services Limited (the Trust's wholly owned subsidiary company) had enabled him to recognise the significant benefits of SCAS having a greater focus on issues associated with vehicle availability and efficiency.

Barry Lipscomb, citing the Board meeting in private on 13 July as an example, asked whether all of the business being undertaken in private was appropriate. Mike Hawker responded that, in his view, it was, essentially as it reflected items that at that particular stage were confidential, be it from a commercial, staff or patient perspective. Ilona Blue added that the Board frequently challenged itself on whether items on the private Board agenda should be on there, compared to the public agenda, and she equally felt assured as to the Trust's approach to this.

Barry Lipscomb also enquired about the Board teleconference on 30 August. Mike Hawker stated that this had been arranged essentially as an additional opportunity for the Board to review performance and keep abreast of progress with key strategic developments, including the launch of the new Thames Valley Integrated Urgent Care service. Sumit Biswas added that it was a one hour teleconference, involving nearly all of the Board members, and that briefing papers had been provided in advance.

Debbie Sengelow, in noting the reference to Leadership Walkarounds, stated that some staff members in corporate/support areas (e.g. Northern House, Southern House, Bone Lane etc.) were concerned that they did not see enough of the Executives and NEDs. Sumit Biswas commented that this was extremely helpful feedback which would be taken forward into shaping the future leadership walkarounds programme.

Action 4.2

Professor Helen Young to ensure that the leadership walkaround programme provides sufficient opportunities for Board members to engage with staff working in corporate/support areas.

The CoG **NOTED** this latest report on the work being undertaken by a NED.

4.3 – Company Secretary's Report

Steve Garside advised that he would take his report as read.

Paul Carnell asked about the nominations process for the public Governor elections. Steve Garside explained that he had emailed all current Governors with details of the process and that he would resend the email to Paul Carnell having received an 'undeliverable' message.

The CoG noted:

- the reminder of the public and staff Governor elections process and timetable
- the meeting of the Task and Finish Group on 23 October to review Governor representation and the composition of the CoG
- the process for nominating a SCAS Governor to stand for election to the NHS Providers Governor Advisory Committee (which would start on 8 December)
- the date of 30 November for an extraordinary meeting of the CoG in relation to NED appointments
- communications that had been issued since the last meeting, including briefings on ARP and the new Thames Valley Integrated Urgent Care contract.

4.4 – Lead Governor's Report

Barry Lipscomb advised of a few developments since his report was issued:

- the meeting on 26 September had been with the Company Secretary only
- he had attended the Board meeting in public and Annual General Meeting on 28 September
- he had attended the Membership and Engagement Committee meeting on 26 September, and a discussion had taken place regarding the provision of 'business cards' for public Governors.

David Drew stated that he supported Barry Lipscomb's efforts to engage with other NHS Foundation Trust Governors.

The Chair noted the reference in the report to "*some Governors experience what they see as resistance when the subject (of views raised) may be construed as 'operational' and when seeking to bring matters to the formal attention of the CoG and/or Board*". She asked Governors for their views on this.

Paul Carnell noted that he had asked a question at the recent Board meeting in public around staff being granted/refused annual leave, which he felt would not have been taken at a CoG meeting on the grounds of being perceived as an operational issue.

Mike Hawker advised that he had taken forward the question raised by Paul Carnell at the Board meeting, and that Steve Garside was currently seeking to obtain a response from Philip Astle and Melanie Saunders.

Colin Godbold commented that the Governor model was quite a peculiar one, but that overall he felt it worked pretty well within SCAS. A number of Governors indicated their agreement to this assertion.

The Chair informed the Governors that, with the expected arrival of additional NEDs in the next few months, she planned to refresh their portfolios and review the approaches to dealing with Governor questions.

The Chair also advised that she was passionate about SCAS improving its CQC rating (i.e. from 'good' to 'outstanding'); in particular, the well-led element required the Trust to evidence its overarching governance and scrutiny model, including the challenge and holding to account that came from the Governors. She explained that this demonstrated why SCAS valued open and minuted discussions (i.e. in formal meetings rather than through off-line mechanisms) and had recently introduced a new item on the Board meeting in public agenda to further support this ambition.

David Palmer stated that it would be helpful to revisit and reinforce the staff Governor role as he often fielded issues and questions that were best suited to staff-side or operational management channels.

Debbie Sengelow advised that, in relation to the Datix system incident reporting issues discussed earlier in the meeting, she did not believe that these had been answered and was therefore somewhat concerned that the Executive had appeared to indicate that the issues had been resolved. The Chair confirmed that she had contacted Helen Young earlier in the day advising that the issues raised needed a more robust response than that provided in the matters arising schedule.

The Chair thanked the CoG for providing this feedback, which she said would be taken forward and actioned appropriately.

Closing Business

5.1 – Any Other Business including Questions from Members/Observers

Sabrina Chetcuti noted that the annual strategy workshop was only a few months away and highlighted the importance of Governors having a timely briefing on the Trust's current strategy and some of the ongoing key strategic developments in order to be able to hold discussions with constituents.

Action 5.1a

James Underhay to ensure that Governors are provided with a suitable briefing on the Trust's proposed future strategy in good time ahead of the 7 February 2018 annual strategy workshop.

Paul Ader stated that he had found Philip Astle's presentation on ARP to be extremely good and informative, and a number of other Governors concurred with this.

Barry Lipscomb asked whether Governors could be provided with a list of individual NED responsibilities; Steve Garside confirmed that he would recirculate the document that was last distributed to the Governors earlier in the year.

Action 5.1b

Steve Garside to recirculate to Governors the latest NED roles and responsibilities document.

The Chair added that NED roles and responsibilities would be reviewed again following the current round of NED recruitment, and that this would include the informal NED:Governor buddying arrangements.

5.2 – Date and Time of Next Meeting

It was noted that the next meeting in public was due to take place on Thursday 11 January 2018.

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Matters arising from the meeting held on 4 October 2017
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 4 October 2017 Council of Governors meeting are in hand / have been delivered.
Summary of key points for consideration:	There were eight actions arising from the previous meeting on 4 October 2017; five of these have been fully completed and are considered to be closed, and two are in hand with a verbal update to be provided at the meeting.
Recommendations or Outcome Required :	To note progress with the actions from the previous Council of Governors meeting
Previous Forum:	An update is presented at each Council of Governors meeting
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 11 January 2018

ACTIONS AGREED AT 4 OCTOBER 2017 COUNCIL OF GOVERNORS MEETING					
Ref No	Agenda Topic	Summary of Action Required	Lead	Due Date	Status
Action 1.4	Matters arising from the meeting held on 18 July 2017	Professor Helen Young and Ilona Blue to revisit actions 2.2b(1) and 2.2b(2) from the July meeting – both relating to incident reporting – and provide an update at the January 2018 meeting.	HY, IB	11/01/18	<u>Partly completed</u> Ilona Blue and Professor Helen Young have met and discussed the actions; an update will be provided at today's meeting.
Action 2.2b	Update on Hospital Handover Delays – Questions	Philip Astle to share the high-level outcomes of the independent assessment of the handover process at Queen Alexandra Hospital, Portsmouth with the Governors, when available.	PA	31/11/17	<u>Action completed</u> This was circulated to the Governors on 24 November.
Action 2.3b	Ambulance Response Programme (ARP) – An Overview – Questions	Steve Garside to circulate a summary slide showing the expected level of performance on the new ARP standards if no adjustments are made to staffing/vehicle mix (i.e. current conditions are maintained).	SG	30/10/17	<u>Action completed</u> The summary slide was circulated to the Governors on 13 October. An update on performance on the new ARP standards is included in the Chief Executive's Report/Integrated Performance Report.
Action 2.4	Update on Quality Accounts Priorities including Selection of 2017/18 Clinical Quality Indicator	A paper to be presented at the January CoG meeting to help facilitate a decision about the sepsis related local clinical quality indicator to be selected for external audit review.	HY	11/01/18	<u>Action completed</u> The paper is included on today's agenda – this suggests the wording for an appropriate quality indicator for the CoG to agree and then be externally audited.

Action 3.2	Report from the Membership and Engagement Committee	The Membership and Engagement Committee to hold a further discussion about the approach to engagement (e.g. patient experience) opportunities in Surrey and Sussex.	JU	1/2/2018	<u>Action in hand</u> A discussion will take place at the next Membership and Engagement Committee on 1 February 2018.
Action 4.2	Non-Executive Directors Activities	Professor Helen Young to ensure that the leadership walkaround programme provides sufficient opportunities for Board members to engage with staff working in corporate/support areas.	HY	30/10/17	<u>Action completed</u> Professor Helen Young has advised that corporate/support areas have been added to the Leadership Walkaround schedule for 2018.
Action 5.1a	Any Other Business including Questions from Members/Observers	James Underhay to ensure that Governors are provided with a suitable briefing on the Trust's proposed future strategy in good time ahead of the 1 February 2018 annual strategy workshop.	JU	11/01/18	<u>Action in hand</u> A briefing will be issued imminently. An updated version of the SCAS Strategy 2017-2022 was circulated to Governors on 28 December.
Action 5.1b	Any Other Business including Questions from Members/Observers	Steve Garside to recirculate to Governors the latest NED roles and responsibilities document.	SG	30/10/17	<u>Action completed</u> The current NED roles and responsibilities document was re-circulated on 25 October. This is now being revisited in light of recent changes to the composition of the NEDs.

Key for leads

IB Ilona Blue, Non-Executive Director
 JU James Underhay, Deputy Chief Executive
 HY Professor Helen Young, Director of Patient Care and Service Transformation
 PA Philip Astle, Chief Operating Officer
 SG Steve Garside, Company Secretary

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Minutes of the extraordinary Council of Governors meeting held on 30 November 2017
Presented by:	Lena Samuels, Chair
Paper for Debate, Decision or Information:	Approval
Main Aim:	To ensure good governance practice in confirming that the minutes of the extraordinary meeting held on 30 November 2017 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 11 December 2017. They are produced by the Company Secretary and issued directly to the Council of Governors without any separate, prior review.
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

ENCLOSURE C

Unapproved minutes of the extraordinary meeting of the South Central Ambulance Service NHS Foundation Trust Council of Governors (CoG) held on Thursday 30 November 2017 at Shaw House, Newbury

Governors present (16/20):

Paul Ader (Public Governor – Oxfordshire); Andy Bartlett (Public Governor – Hampshire); James Birdseye (Staff Governor); Paul Carnell (Public Governor – Hampshire); Sabrina Chetcuti (Partner Governor – CCGs); Richard Coates (Public Governor - Hampshire); Mark Davis (Public Governor – Berkshire); David Drew (Partner Governor - Air Ambulance); Bob Duggan (Public Governor - Buckinghamshire); Frank Epstein (Public Governor – Berkshire); Michele Foote (Staff Governor); Colin Godbold (Public Governor – Berkshire); Councillor Keith House (Partner Governor (LA)); David Luckett (Public Governor – Hampshire) – part; David Palmer (Staff Governor); Debbie Sengelow (Staff Governor)

Governors apologies received (3/20):

Councillor Jeanette Clifford (Partner Governor – LA); Barry Lipscomb (Public Governor – Hampshire & Lead Governor); Ray Rowsell (Public Governor – Hampshire)

Governors not present (1/20):

David Chilvers (Partner Governor – CCGs)

Directors/Executives in attendance:

Lena Samuels (Chair); Will Hancock (Chief Executive); Melanie Saunders (Director of Human Resources and Organisational Development); Steve Garside (Company Secretary); Bukola James-Adeyemi (Senior Administrator)

Opening Business

1.1 - Chair's Introduction, including Apologies for Absence

The Chair welcomed all to the meeting, and thanked the Governors who had also attended the Board meeting in public earlier in the day.

Apologies were noted from Jeanette Clifford, Barry Lipscomb and Ray Rowsell.

The Chair explained that the main purpose of the meeting was to consider a number of recommendations from the Nominations Committee, which had been made after a lengthy and detailed recruitment process.

1.2 - Declaration of Interests

No new interests were declared.

Nominations Committee Reports and Recommendations

2.1 – Appointment of new Non-Executive Directors

Melanie Saunders advised that there had been a very good pool of candidates for the Non-Executive Director (NED) roles, and that she was extremely comfortable with the process that had been applied. She noted that Gatenby Sanderson had provided excellent support.

Bob Duggan explained that his major input to the process had come slightly later than that of Keith House and Barry Lipscomb. He provided an overview of the format of the interviews

(two stages) and reflected that a good field of candidates had been seen by the Trust. He also explained the rationale for not disclosing the names of the candidates at this stage.

Keith House expressed his gratitude to Bob Duggan for joining the interview panel at very short notice following advice from Barry Lipscomb that he would not be available to attend as planned. He agreed that Gatenby Sanderson had provided excellent support, with the panel having over fifty applications at the longlisting stage.

Keith House noted that more than the three candidates could have been recommended for appointment; one had been discounted late in the process on the grounds of a technical issue, and another was being held in reserve. He informed the CoG that the Chief Executive had met all of the preferred candidates and was very comfortable with the recommendations.

In terms of the three recommended candidates, Keith House highlighted the following:

- Candidate 3 was regarded as the successor to Professor David Williams as the lead clinical NED;
- Candidate 1 had some clinical background but was seen as being better suited to a more general (i.e. non clinical) NED role
- Candidate 2 had a very strong business background and had been identified for the other general (i.e. non clinical) NED role

Keith House noted that the Nominations Committee was also strongly recommending to the CoG the reappointment of Ilona Blue; her experience and expertise was seen as particularly valuable within the context of the Board's ongoing requirements, and that the proposed reappointment should be aligned with the next scheduled NED recruitment exercise.

Finally, Keith House explained that the recommendations came with the full support of all five Nominations Committee members.

Governors asked a range of questions in relation to the recommendations made, including:

- how will the new candidates make a difference?
 - the Chair noted that the three candidates bring the skills and expertise required to address the specific requirements identified, as well as a strong understanding of how governance works in the NHS. She added that they had demonstrated effective communication skills, and an ability to add value strategically and make an immediate impact
- why are the candidates interested in the NED roles at SCAS?
 - the Chair explained that each individual had different motivations; for example, candidate 3, having very recent experience in clinical practice, saw this as a natural next step and an opportunity to give something back to the NHS.
 - Keith House advised that candidate 2 had some previous clinical experience, but more recently had worked in the commercial and social care sectors. He described the candidate as having a different and interesting range of skills and being particularly enthusiastic and passionate. He also noted that candidate 3 brought a wealth of NHS experience, including as an NHS NED, and possessed strong influencing skills which would be helpful with the Trust's stakeholder engagement work

- Bob Duggan stated that all three candidates were very personable and had given extremely good interviews, including delivering a presentation on a particularly challenging question.
- does the Nominations Committee have a contingency plan if the recommendations are not fully accepted or if a candidate(s) does not take up the offer?
 - Keith House stated that a plan B was in place, with at least one other candidate being fully appointable, but that he did not envisage a problem with any of the three recommended candidates. Melanie Saunders confirmed that all three candidates remained very keen, and that their passion for joining SCAS had shone through
- will the candidates help with the desire to have greater diversity at Board level?
 - the Chair advised that all three candidates would add value in a range of different ways. David Palmer added that the aim had to be a Board that better reflected the community SCAS was serving, whilst providing the required skill base that had been identified
 - Bob Duggan informed the CoG that all three candidates lived in the South Central region and between them had experience of a range of different Trusts. He noted that they had all undertaken significant research into SCAS. Melanie Saunders advised that the candidates were keen to be associated with a good and innovative Trust, and had clearly thought about the SCAS values
 - the Chair noted that all three candidates were clear that they were not seeking 'just another role'; she was confident that they would add significant value, make a wide ranging contribution, and support SCAS on the journey from 'good' to 'outstanding'
- how will the individuals fit into the wider Board team?
 - the Chair advised that all three individuals had great personalities, and had demonstrated warmth and a team ethos
- how will this impact on the Deputy Chair and Senior Independent Director roles?
 - the Chair explained that all roles, responsibilities and ways of working would be reviewed given the forthcoming changes in the NED composition of the Board; details of the outcomes would be shared with the CoG in due course

Richard Coates asked whether any of the recommended candidates had been a NED in an organisation with major CQC problems in the last two years. Bob Duggan confirmed that none had.

Debbie Sengelow asked how the intake of both new NEDs and new Governors would be managed. The Chair responded that this would be an exciting time for the Trust, and that there would be a tailored programme of induction for both NEDs and Governors. She added that this would include a focus on the Trust's values (teamwork, innovation, professionalism and caring) and future strategic direction.

Paul Carnell proposed a resolution that all three candidates be appointed in line with the recommendations made in the paper. The CoG **APPROVED** the appointment of the three candidates recommended by the Nominations Committee for an initial term of three years each.

Paul Carnell, on behalf of the CoG, expressed his gratitude to the Nominations Committee for their work.

Melanie Saunders advised that all three candidates were aware of this evening's meeting, and that the appointments would be confirmed once all necessary checks (including Fit and Proper Person) had been completed. The CoG noted that candidate names, profiles and details of location would be shared once the appointments were confirmed.

Action 2.1

Melanie Saunders to confirm the NED appointments, including candidate names, profiles and details of location, once all necessary checks have been completed.

2.2 – Re-appointment of Ilona Blue, Non-Executive Director

The Chair highlighted the recommendation to reappoint Ilona Blue for a third term (1 March 2018 to 31 December 2019) for the reasons outlined in the paper. She noted that this would provide an element of continuity given the other changes, and that Ilona Blue was happy to be considered for reappointment.

Sabrina Chetcuti stated that the recommendation made perfect sense, and this was supported by David Drew. Richard Coates added that Ilona Blue asked very good questions at Board meetings and held the Executive Directors to account in an effective way.

The CoG **APPROVED** a recommendation to reappoint Ilona Blue as a SCAS NED for a third term, running from 1 March 2018 to 31 December 2019.

Steve Garside advised that, with the recommendations now considered and accepted, he would like to propose that Professor David Williams' final term of office be extended from 31 December 2017 to 31 March 2018, in order to support an effective handover to the newly appointed lead clinical NED.

The CoG **APPROVED** a recommendation to extend Professor David Williams' final term as a SCAS NED from 31 December 2017 to 31 March 2018.

Closing Business

3.1 – SCAS Business Update

The Chief Executive opened his item by declaring that he was delighted with the decision of the CoG to appoint three new NEDs, and reappoint Ilona Blue.

The Chief Executive expanded on comments he had made in the Board meeting regarding performance in the early stages of the Ambulance Response Programme (ARP), noting that anecdotal feedback was that the pressure on the service had eased a little and patients were benefiting from a reduction in long waits. The CoG was informed that, whilst SCAS was not quite achieving the Category 1 Response standard in November, its average performance of 7m 12s was in accordance with the modelling undertaken prior to implementation.

A range of questions were asked, and comments made, including:

- Care Quality Commission (CQC) – Bob Duggan noted that a representative from the CQC had been present at the Board meeting in public that afternoon. The Chair confirmed that this was normal practice in terms of intelligence gathering prior to a future inspection; she also acknowledged the example of good governance that had been demonstrated by the Board taking and responding to questions within the environment of a formal meeting
- the impact of ARP on the utilisation of Community First Responders (CFRs) – in response to a comment made by Paul Ader about CFR usage post the introduction of

ARP, the Chief Executive advised that similar concerns had been raised by Frank Epstein during the Board meeting in public, specifically in relation to the South Buckinghamshire/East Berkshire scheme, and that this matter would be looked into. He added that there had been no specific policy decision taken not to send CFRs to certain incidents since ARP was introduced (unlike fire co-responders), and that the coverage of the Indirect Resources Desk would continue to be monitored. In addition, he mentioned that Philip Astle had noted that it would be important to reiterate, via appropriate communication in the next few weeks, that SCAS continued – post ARP – to greatly value the contribution made by its CFRs

Colin Godbold asked whether there would be CFR input if some tweaks were to be made to CFR arrangements post ARP. The Chair confirmed that sessions on ARP had been held with CFRs but that she accepted the general point about communication and consultation. Finally, the Chief Executive advised that, whilst the required validated data was not yet available, it was possible that there could be an element of geographical variation in the utilisation of CFRs post ARP (in the same way that this was evident prior to ARP).

The Chair confirmed that the Trust would communicate with all CFRs in the next few weeks to reaffirm their value to SCAS and to clarify the nature of their role going forward following the introduction of ARP.

Action 3.1a

The Trust to communicate with all CFRs in the next few weeks to reaffirm their value to SCAS and to clarify the nature of their role going forward following the introduction of ARP.

- Specialist Paramedic role – James Birdseye enquired as to what the Trust's future vision was for the Specialist Paramedic role, having observed that a number continued to look elsewhere for alternative roles (including since the introduction of ARP). David Palmer supported this observation and stressed the importance of management being clear as to what they wanted from the role. The Chief Executive agreed to feedback the comments made to Philip Astle, Chief Operating Officer.

Action 3.1b

The Chief Executive to feedback comments made by Governors to the Chief Operating Officer, in relation to:

- a) the utilisation of CFRs post ARP
- b) the Specialist Paramedic role

3.2 – Any Other Business

No other items of business were discussed.

3.3 – Date and Time of Next Meeting

The next meeting was noted as taking place on 11 January 2018 at Shaw House in Newbury, commencing at 6.30pm.

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Matters arising from the extraordinary meeting held on 30 November 2017
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 30 November 2017 Council of Governors extraordinary meeting are in hand / have been delivered.
Summary of key points for consideration:	There were three actions arising from the extraordinary meeting on 30 November 2017; due to the nature of the actions and the relatively short turnaround between the meeting and writing papers a verbal update will be provided at the meeting.
Recommendations or Outcome Required :	To note progress with the actions from the extraordinary meeting of the Council of Governors
Previous Forum:	N/A
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

Enclosure D - Matters Arising Schedule – Council of Governors Meeting 11 January 2018

ACTIONS AGREED AT 30 NOVEMBER 2017 EXTRAORDINARY COUNCIL OF GOVERNORS MEETING					
Ref No	Agenda Topic	Summary of Action Required	Lead	Due Date	Status
Action 2.1	Appointment of new Non-Executive Directors	Melanie Saunders to confirm the NED appointments, including candidate names, profiles and details of location, once all necessary checks have been completed.	MS	ASAP	<u>Action in hand</u> At the time of writing (just after the Christmas break), recruitment checks, including those in relation to the Fit and Proper Person Test, are still being finalised. A verbal update will be provided at the meeting.
Action 3.1a	SCAS Business Update	The Trust to communicate with all CFRs in the next few weeks to reaffirm their value to SCAS and to clarify the nature of their role going forward following the introduction of ARP.	PA	ASAP	<u>Verbal update to be provided</u> Philip Astle will provide a verbal update at the meeting, including on the latest position in relation to CFR utilisation post ARP (see also below).
Action 3.1b	SCAS Business Update	The Chief Executive to feedback comments made by Governors to the Chief Operating Officer, in relation to: a) the utilisation of CFRs post ARP b) the Specialist Paramedic role	WH	ASAP	<u>Action completed</u> The comments made were fed back to Philip Astle, Chief Operating Officer. Philip Astle will provide a verbal update at the meeting.

Key for leads

MS Melanie Saunders, Director of Human Resources and Organisational Development
 WH Will Hancock, Chief Executive
 PA Philip Astle, Chief Operating Officer

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Chief Executive's Report including Performance Update
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.
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



COUNCIL OF GOVERNORS MEETING – 11 JANUARY 2018

ENCLOSURE E

CHIEF EXECUTIVE'S REPORT INCLUDING PERFORMANCE UPDATE

PURPOSE

- 1 The purpose of my report is to keep the Council of Governors (CoG) abreast of key matters for the Trust. Governors are also strongly encouraged to read the 30 November 2017 Board meeting in public papers and minutes, and the Integrated Performance Report (IPR) which is circulated each month (most recently on 2 January, containing the November performance data).

EXECUTIVE SUMMARY / TOP THREE ISSUES FOR CoG ATTENTION

- 2 The three areas that I would particularly like to bring to the Governors attention are:
 - performance - our focus on further strengthening operational performance across 999, 111 and Patient Transport Services (PTS) continues, as we aim to ensure that we provide resilient services over the current and highly challenging winter period
 - Ambulance Response Programme (ARP) – we are focused on embedding the new operational standards, and associated changes, which we discussed in detail at the 4 October meeting
 - strategy – we continue to actively contribute to the various ongoing strategic initiatives, including Accountable Care Systems (ACS) and Sustainability and Transformation Plans (STP), and additionally we are pursuing an opportunity to become a Global Digital Exemplar (GDE).

OPERATIONAL PERFORMANCE

NHS Improvement (NHSI) 'Single Oversight Framework'

- 3 We remain in segment 1 (maximum autonomy) under NHSI's *Single Oversight Framework* regulatory approach, one of only two Ambulance Trusts in the country to be in the highest category. On a related matter, NHSI has confirmed that performance on the new ARP standards will not formally be assessed until 1 April 2018.

NHS 999 performance

- 4 The IPR circulated on 2 January reports on performance in the first full month of the new ARP standards (November). I was delighted with the effort that went into successfully implementing the required changes, and we made a good start, hitting all of the new standards with the exception of the Category 1 mean standard where we were sixteen seconds out. We were particularly

well resourced and demand was kind to us, falling by 0.3% compared with October.

Category (see 'Glossary')	Target	Actual – Nov 2017
1	Mean - 7 minutes	7 minutes, 16 seconds
1	90 th Percentile – 15 minutes	13 minutes, 1 second
2	Mean - 18 minutes	14 minutes, 40 seconds
2	90 th Percentile – 40 minutes	28 minutes, 29 seconds
3	90 th Percentile – 2 hours	1 hour, 50 minutes
4	90 th Percentile – 3 hours	2 hours, 54 minutes

- 5 We have an improvement action plan in place to drive us towards the Category 1 mean target, but generally our performance compares well with the other Trusts who went live with ARP at a similar time to us.
- 6 Despite the new performance regime, the underlying challenges of staff sickness, matching resources to demand, and hospital handover delays remain and will need to be overcome if we are to improve and sustain performance under the ARP regime.

Hospital handover delays

- 7 We discussed hospital handover delays at Queen Alexandra Hospital (QAH) in Portsmouth extensively at our last meeting, and there is no doubt that the overall performance under ARP will be impacted even more adversely by handover delays at particular hospitals. Despite the emphasis that NHS England (NHSE) is placing nationally on handovers, the problems at Portsmouth have worsened, particularly over the Christmas and New Year period. There has been considerable media coverage of this, and correspondence with the Governors. I would like to pay tribute to the staff and volunteers at both SCAS and Portsmouth Hospitals Trust who worked together – many of whom went 'above and beyond' - to ensure that patients were kept safe.
- 8 The latest validated data for QAH is shown below, and the Chief Operating Officer will be in attendance at the CoG meeting to update on December (looking to be a particularly bad month) and describe how the system is responding.

	Total lost hours	Lost hours at QAH	% of QAH/Total
November 2017	1,759	629	36
October 2017	1,361	537	39
September 2017	1,427	600	42
August 2017	1,205	511	42
July 2017	1,017	338	33
June 2017	952	291	31
May 2017	1,099	452	41
April 2017	814	300	37
March 2017	1,498	846	56
February 2017	1,501	732	49
January 2017	2,582	1,183	46

December 2016	1,990	871	44
November 2016	1,424	660	46

111 performance

- 9 We have seen a drop in NHS111 performance in recent times, with 93.3% of calls answered within 60 seconds, compared with 96.1% in October and the target of 95%. Call abandonment rates remain low, but we have seen demand increase in line with the expected winter profile and vacancy and sickness rates continue to be a concern.

PTS performance

- 10 PTS call answer performance has improved in the last couple of months, which is pleasing given the level of management attention and the performance improvement plan that was developed. In particular, we have benefited from a successful recruitment drive with increased numbers of staff in the PTS call centre.

QUALITY OF CARE

Care Quality Commission (CQC) inspection - SCAS

- 11 We continue to make good progress in implementing our action plans to address the 'must do' and 'should do' recommendations from the CQC inspection last year when we were awarded an overall "Good" rating.
- 12 An important area of focus for the Executive Team is the new CQC inspection regime and ensuring that we are in a good state of readiness for an inspection that could now take place at any point.
- 13 I was pleased to be invited by the CQC to be an Executive Reviewer for a recent 'well-led' inspection of an NHS provider which has provided me with some valuable insights into the new regime.

FINANCE AND USE OF RESOURCES

Financial performance

- 14 We are on track to deliver our budget for 2017/18 of a £1.4m deficit. However, this will require delivery of a challenging Cost Improvement Programme of £6.8m, as well as addressing a number of other financial challenges in the final quarter of the year.
- 15 Focus is now turning to next year and the process for setting and approving the 2018/19 budget before 31 March.

STRATEGIC CHANGE

SCAS Strategy Refresh Process

- 16 We have now finalised the review and refreshing of our corporate strategy, as part of the development of our 2017-2022 Strategic Plan. A summary version of the strategy was circulated to Governors on 27 December and should serve as a useful engagement tool.

- 17 I am looking forward to the annual joint CoG and Board of Directors strategy workshop on 7 February, which will provide us with an opportunity to consider some of our strategic opportunities in greater detail.

ACS

- 18 We continue to be engaged in all of our local ACS. At recent Board Seminars we have been joined by colleagues from the Buckinghamshire and Portsmouth/South East Hampshire systems, and have been able to consider the emerging plans in greater detail.
- 19 I am particularly pleased that the Portsmouth and South East Hampshire Plan – which will be presented at our January Board meeting in public - recognises, as part of the urgent and emergency care reform workstream, the need to improve patient flow at QAH in order to reduce ambulance queuing and A&E waiting times.

Digital Strategy

- 20 We were delighted to be invited by NHSE to express an interest in participating in the Ambulance GDE programme, which we regard as a key component of our future digital strategy.
- 21 Following our participation in a joint initiative group, we now have the opportunity to become an exemplar over the next two and a half years, and confirmed our expression of interest (with full Board support) ahead of the deadline of 17 November.
- 22 Becoming a GDE is prestigious, would set us apart as one of the leading Ambulance Trusts in the digital sphere, and enable us to take advantage of opportunities as they arise, be it from further funding initiatives, or learning from the projects that the other GDEs are undertaking. Some of the projects that we have planned should lead to:
- rapidly improved messaging and information exchange between Trust frontline services and acute hospital receiving units
 - improved predictive analysis enabling better planning by the Trust and partners
 - improved medicines and stock management
 - improved patient care through clinician access to real time specific information
 - solutions that are scalable and available for adoption by other UK ambulance and urgent care services
 - improved telephony services across the region allowing for improved care transfer and organisational cost reduction through the use of shared resources.
- 23 We are awaiting the outcomes of our expression of interest.

LEADERSHIP AND IMPROVEMENT CAPABILITY (WELL-LED)

NHS Staff Survey 2017

- 24 The National Staff Survey has now been completed, and the results are being collated by Picker Europe (our third party survey provider) with the interim results due to be communicated to SCAS in early 2018.
- 25 Although an embargo will be placed on the results until the official NHSE release date, which is due during mid-February, I am delighted that the SCAS response rate was 61%.
- 26 This means that we had the highest ambulance response rate ever recorded, were ranked number 1 in the UK (including all ambulance trusts), and will have some really meaningful results to analyse and act upon.

Governor elections

- 27 The Trust's Governors are a key element of our governance arrangements, supporting our capacity to improve through their holding to account role, and by providing vital insights both personally and from Trust members and stakeholders.
- 28 SCAS has been holding a further round of public and staff governor elections, and I am delighted to congratulate the candidates who have been successfully elected/re-elected:
- Andy Bartlett (Public – Hampshire)
 - Professor Robert Crocker (Public – Buckinghamshire)
 - Emma Crozier (Staff – PTS and Logistics Field)
 - Bernadette Devine (Public – Buckinghamshire)
 - Lynn Dove-Dixon (Staff – Corporate/Support/Other)
 - Bob Duggan (Public – Buckinghamshire)
 - Jim Dunderdale (Staff – Contact Centres inc. NHS111/EOC)
 - Colin Godbold (Public – Berkshire)
 - Stephen Haynes (Public – Oxfordshire)
 - Loretta Light (Public – Oxfordshire)
 - Charles McGill (Public – Hampshire)
 - Kate Moss (Staff – 999 North)
 - Tony Nicholson (Public – Hampshire)
 - David Palmer (Staff – 999 South)

Lead Director: Will Hancock, Chief Executive
Author: Steve Garside, Company Secretary
Date: 3 January 2018

GLOSSARY FOR NEW ARP PERFORMANCE STANDARDS

- Category 1: Time critical life-threatening event needing immediate intervention and/or resuscitation
- Category 2: Potentially serious conditions that may require rapid assessment, urgent on-scene intervention, and/or urgent transport
- Category 3: Urgent problem that needs treatment to relieve suffering and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.
- Category 4: Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe. 999 or 111 calls that may require a face to face ambulance clinician assessment.

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Appointment of Non-Executive Directors to the Deputy Chair and Senior Independent Director Roles
Presented by:	Lena Samuels, Chair of Nominations Committee, and Governor members of the Nominations Committee
Paper for Debate, Decision or Information:	Decision
Main Aim:	To present a recommendation from the Nominations Committee (a sub-committee of the Council of Governors) in relation to the appointment of NEDs to the Deputy Chair and Senior Independent Director roles .
Summary of key points for consideration:	<p>The recent Non-Executive Director (NED) recruitment process has confirmed the departure from SCAS of the current Deputy Chair/Senior Independent Director, Alastair Mitchell-Baker, when his term of office expires on 31 March 2018.</p> <p>SCAS has historically combined the Deputy Chair and Senior Independent Director roles. However, the current view of the Trust is that the two roles should be separated out and delivered by separate NEDs.</p> <p>The Nominations Committee, supported by the Chair and Company Secretary, has considered a range of factors as part of the process of identifying the NEDs recommended to take on the roles of Deputy Chair and Senior Independent Director. The recommendation of the Nominations Committee is that Sumit Biswas be appointed as Deputy Chair and Ilona Blue as Senior Independent Director.</p>
Recommendations or Outcome Required :	Approval of recommendation
Previous Forum:	The Council of Governors previously appointed, in March 2012, Alastair Mitchell-Baker to the joint role of Deputy Chair and Senior Independent Director.
Statutory Requirements Met:	Yes
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

COUNCIL OF GOVERNORS MEETING – 11 JANUARY 2018

ENCLOSURE F

**APPOINTMENT OF NON-EXECUTIVE DIRECTORS TO THE DEPUTY CHAIR AND SENIOR
INDEPENDENT DIRECTOR ROLES**

BACKGROUND

1. The recent Non-Executive Director (NED) recruitment process has confirmed the departure from SCAS of the current Deputy Chair/Senior Independent Director, Alastair Mitchell-Baker, when his term of office expires on 31 March 2018.
2. The constitutional requirements in terms of the roles of the Deputy Chair and Senior Independent Director, and their appointment, are as follows:
 - **Deputy Chair** – *“a Non-Executive Director who is appointed to perform the duties of the Chair in any circumstances when the Chair is unable to perform those duties. The Council of Governors, at a general meeting of the Council of Governors, shall appoint one of the Non-Executive Directors as a Deputy Chair (for such a period as they specify but not to exceed the remainder of their term as a NED)”.*
 - **Senior Independent Director** – *“a Non-Executive Director nominated to the role of Senior Independent Director in accordance with the provisions of this constitution. The Board of Directors may appoint one of the Non-Executive Directors to be the Senior Independent Director, in consultation with the Council of Governors. The Senior Independent Director could be the Deputy Chair”.*
3. SCAS has historically combined the Deputy Chair and Senior Independent Director roles, with the overall role attracting additional remuneration of £3k per annum. However, the current view of the Trust is that the two roles should be separated out and delivered by separate NEDs. This is a reflection of the fact that:
 - the two roles are quite distinct, requiring different skills and potentially a different time commitment
 - the expectations of the NEDs, and what they will deliver, have grown over time and are considerable, and therefore roles, responsibilities and ways of working are being closely looked at following the latest round of NED recruitment
4. Appendix A shows how the roles and responsibilities of the originally combined role would now be delivered.
5. The main focus of the Deputy Chair role is in formally deputising for the Chair in his/her absence (e.g. chairing meetings of the Board of Directors and Council of Governors when required), and chairing the Board’s Remuneration Committee. It is proposed that this role would attract additional remuneration of £1k per annum, subject to ongoing review.
6. The main focus of the Senior Independent Director role is delivering the annual appraisal of the Chair and taking responsibility for an orderly succession process for the Chair role where a reappointment or a new appointment is necessary. It has stronger links with the Council of Governors, including being available to Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the Chair. It is proposed that this role would attract additional remuneration of £2k per annum, subject to ongoing review.

FACTORS CONSIDERED

7. The Nominations Committee, supported by the Chair and Company Secretary, has considered a range of factors as part of the process of identifying the NEDs recommended to take on the roles of Deputy Chair and Senior Independent Director. These have included:
- understanding of SCAS and the functioning of its Board and Council of Governors – this was considered to be vitally important to both roles and therefore supported the appointment of existing (i.e. in place now and beyond 31 March 2018) rather than incoming NEDs.
 - required skills and expertise – the Deputy Chair role particularly requires strong meeting chairing skills (e.g. of Board/Council of Governors meetings) whilst the skills required to deliver the Senior Independent Director role focus on communication, influencing and negotiation. It was considered that all of the existing NEDs have the required skills and expertise to deliver either of the roles.
 - other key portfolios/roles – the view of the Trust is that the role of chairing one of the major Board sub-committees (i.e. Audit, Quality and Safety, and Charitable Funds) represents a significant additional responsibility beyond the core NED role. Although roles and responsibilities are currently being reviewed it is considered that the current chairing arrangements for Audit (Mike Hawker) and Charitable Funds (Nigel Chapman) should continue given the expertise required and the need for continuity.
 - increased Board resilience – the importance of providing all NEDs with some enhanced responsibilities beyond their core NED role was recognised, with the benefit to the Trust of having key responsibilities shared out with no excessive reliance on any one individual
 - flexibility/time commitment – both roles, and particularly the Senior Independent Director role, potentially require an increased time commitment and degree of greater flexibility (including the need to respond quickly to any emerging issues).
 - remaining term of office – this was considered important in terms of taking a longer-term approach to the appointments and allowing the nominated NEDs to establish themselves in their roles. It was considered that all existing NEDs have sufficient longevity in their current term of office to be considered for these roles.
8. The Chair held discussions with all of the NEDs prior to consideration by the Nominations Committee.

RECOMMENDATIONS FROM THE NOMINATIONS COMMITTEE

9. Having taken account of the above factors, and additional supporting information presented by the Chair and Company Secretary, the recommendation of the Nominations Committee is as follows:
- **Deputy Chair** – Sumit Biswas be appointed to this role from 1 April 2018 to no earlier than 30 June 2019 (end of current term of office), with the role to receive additional remuneration of £1k per annum subject to satisfactory performance
 - **Senior Independent Director** – Ilona Blue be appointed to this role from 1 April 2018 to no earlier than 31 December 2019 (end of current term of office), with the role to receive additional remuneration of £2k per annum subject to satisfactory performance
10. The CoG, taking into account the detailed work undertaken by its Nominations Committee, is asked to consider and approve the recommendation made in section 9 above.

Steve Garside
Company Secretary, SCAS FT
January 2018

APPENDIX Ai – ROLE DESCRIPTION FOR SENIOR INDEPENDENT DIRECTOR ROLE AT SCAS FT

The Senior Independent Director (SID) is a NED appointed by the Board of Directors, in consultation with the Council of Governors.

The SID will be available to members of the Trust, and to governors, if they have concerns that contact through the usual channels of Chair, Chief Executive, Director of Finance and Company Secretary has failed to resolve, or where it would be inappropriate to use such channels.

The SID role will include:

- together with the Deputy Chair:
 - supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair (the SID also has a role in supporting the Chair as Chair of the Council of Governors)
 - acting as a sounding board for the Chief Executive and providing support to support the aim of the Chair and Chief Executive developing and sustaining an effective working relationship
 - assisting the Chair in the evaluation of the performance of the Board and delivery of Board development activities
- holding a meeting with the other NEDs in the absence of the Chair at least annually as part of the appraisal process, and in other circumstances where such meetings are appropriate (e.g. informing the re-appointment process for the Chair, where governors have expressed concern regarding the Chair or where the Board is experiencing a period of stress)
- on behalf of the Council of Governors, who will determine the process, carry out the annual appraisal of the Chair (meeting with the Lead Governor at least once per annum for the purposes of this process)
- take responsibility for an orderly succession process for the Chair role where a reappointment or a new appointment is necessary, as determined by the Council of Governors
- maintain regular contact with the Council of Governors and attend meetings of the Council of Governors to obtain a clear understanding of governors' views on the key strategic and performance issues facing the Trust.
- be available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the Chair; Chair's appraisal or setting the Chair's objectives for example.
- in rare cases where there are concerns about the performance of the Chair, provide support and guidance to the Council of Governors in seeking to resolve concerns or in the absence of a resolution in taking formal action; this will include liaison with the lead governor.

APPENDIX Aii – ROLE DESCRIPTION FOR DEPUTY CHAIR ROLE AT SCAS FT

The Deputy Chair is a Non-Executive Director who is appointed to perform the duties of the Chair in any circumstances when the Chair is unable to perform those duties. The Deputy Chair will also be the Chair of the Remuneration Committee, delivering the duties recorded in the terms of reference as approved by the Board.

The Deputy Chair role will include:

- deputising for the Chair in his/her absence in a formal Deputy Chair capacity (including chairing meetings of the Board of Directors and Council of Governors in exceptional circumstances), and chairing the Remuneration Committee
- together with the Senior Independent Director:
 - supporting the Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Chair
 - acting as a sounding board for the Chief Executive and providing support to support the aim of the Chair and Chief Executive developing and sustaining an effective working relationship
 - assisting the Chair in the evaluation of the performance of the Board and delivery of Board development activities

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Governor Representation and the Composition of the CoG
Presented by:	Steve Garside (Company Secretary), and Governor members of the Task and Finish Group
Paper for Debate, Decision or Information:	Decision
Main Aim:	To present the recommendations from the Task and Finish Group following a review of governor representation and the composition of the CoG
Summary of key points for consideration:	<p>At the Council of Governors (CoG) meeting on 18 July 2017, it was acknowledged that it is good practice for CoGs to review their governor composition periodically to ensure that it provides for appropriate and balanced representation, and is reflective of the Trust's key stakeholders and partners. It was agreed that a Task and Finish Group should be established to carry out a review and report back to the CoG.</p> <p>The Task and Finish Group has held two meetings, and makes three recommendations for the CoG to consider:</p> <ul style="list-style-type: none"> • that a new governor role is established for an elected active Community First Responder to represent this important and substantial area of the Trust's volunteering community • that further review is undertaken into the opportunities for having governor representation from the independent mental health sector • that further review is undertaken into the opportunities for having young people representation on the CoG
Recommendations or Outcome Required :	Approval of recommendations
Previous Forum:	18 July and 4 October 2017
Statutory Requirements Met:	Yes
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032

COUNCIL OF GOVERNORS MEETING – 11 JANUARY 2018

ENCLOSURE G

GOVERNOR REPRESENTATION AND THE COMPOSITION OF THE COUNCIL OF GOVERNORS

BACKGROUND

1. At the Council of Governors (CoG) meeting on 18 July 2017, it was acknowledged that it is good practice for CoGs to review their governor composition periodically to ensure that it provides for appropriate and balanced representation, and is reflective of the Trust's key stakeholders and partners.
2. It was agreed that a Task and Finish Group should be established to carry out a review and report back to the CoG. The terms of reference (ToR) for the review are shown at Appendix A, and the membership of the Group was as follows:
 - Lena Samuels, Chair
 - Mark Davis, Chair of the Membership and Engagement Committee
 - Steve Garside, Company Secretary
 - Keith House, Partner Governor
 - Barry Lipscomb, Lead Governor
 - David Lockett, Public Governor
 - James Underhay, Deputy Chief Executive (and Lead Director for Engagement)
3. Two meetings of the Group were held, as reported below.

MEETING 1 – 23 OCTOBER 2017

4. The Group considered a range of issues, in accordance with its ToR and with reference to some comparative information on the composition of other CoGs, including in the Ambulance Foundation Trust sector. In summary, it was resolved that:
 - there was no great appetite for substantially increasing the size of the SCAS CoG from its current number of 26, but that the Group was receptive to a small increase to incorporate additional representation where this would demonstrably add value
 - no changes to the current public governor constituencies, and the number of governors within, are recommended. Surrey and Sussex were particularly considered and it was noted that:
 - SCAS has a commercial involvement in Surrey and Sussex (patient transport services) as a contractor and having a constituency for either or both of these counties would set a precedent which would need to be followed for other geographical areas where the Trust is providing services on a commercial basis (for example, the national pandemic flu service)
 - the key issue was considered to be that the Trust is suitably engaging with users of PTS in Surrey and Sussex and obtaining their views on the service. This is considered to be the case, and could continue to be monitored by the Membership and Engagement Committee. Key performance indicators for the service and patient experience in Surrey and Sussex are also reported in the Board Quality and Patient Safety Report

- anyone residing in Surrey and Sussex with an interest in SCAS can still become a public member of the Trust, and even a Governor. However, South East Coast Ambulance Service, as the emergency services provider in those counties, should arguably be the lead Foundation Trust for Governor/Member representation
- the Group are not recommending any changes to the staff governor constituencies. It is felt that the representation is broadly appropriate and that the focus should be on developing the staff governor role (including engagement with staff members), particularly with some newly elected staff governors about to join the CoG
- in terms of the existing appointed partner governor constituencies it was considered that these are generally appropriate at the current time and that the extent to which they are effective is determined by the individuals appointed to serve on the SCAS CoG. It was noted that one of the three Local Authority seats is vacant and that South East England Councils should be asked to put forward individuals based on political, rather than geographical, balance.
- a range of potential other options for governor representation were considered, and the Group concluded that the following should be taken forward for further consideration:
 - a governor representative for the Trust's volunteers
 - a governor representative for organisations leading on the treatment of/support for specific health issues, which may be of direct relevance to SCAS (e.g. mental health)
 - a governor representative which will allow the views of younger people to be better represented and understood by SCAS

MEETING 2 – 4 DECEMBER 2017

5. The Group considered the three potential opportunities for additional governor representation in greater detail. It was resolved that:

Volunteers

- all volunteers play a vitally important role for the Trust. However, the number of active community first responders (CFRs) is more than comparable with a staff governor constituency. Whilst volunteer car drivers are essentially represented by the PTS staff governor, and co-responding volunteers are part of a contractual relationship between SCAS and the relevant body (e.g. fire, police etc.), the establishment of an elected CFR representative was seen by the Group as being potentially beneficial in terms of providing a focal point for representation of key CFR insights. These insights would be at a strategic level and within the context of the overall governor role and duties, and would reinforce the role of the public governor to represent the Trust's public members and members of the public

Organisations leading on the treatment of/support for specific health issues

- the Group focused on the growing impact of mental health on SCAS and the wider ambulance sector, both in terms of treating patients who have mental health/learning disability related conditions, and the mental health and well-being of its staff. It was considered that this is a vitally important area and that potentially there could be some value in having an appointed partner governor from the independent mental health sector, such as the Mind or Scope bodies. Subject to the views of the wider CoG, it was resolved to explore this in further detail

The views of younger people

- people aged fourteen or over can become public members of SCAS, but need to be sixteen to stand to become a governor. SCAS has 45 members aged 14-16, and 356

aged 17-21, out of 13,500+ members (24 November 2017), with none of the current governors falling within the 16-21 age group, despite an elections campaign which has tried to attract younger people. SCAS, however, is increasingly active in terms of engaging with young people, including through schools and colleges.

The Group discussed the opportunities, and associated pros and cons, of having young people representation on the CoG. These include establishing a Youth Forum (or equivalent) or perhaps liaising with local colleges who provide public service courses.

Subject to the views of the wider CoG, this could be explored in further detail.

RECOMMENDATIONS TO THE COUNCIL OF GOVERNORS

6. The Task and Finish Group, having carried out a detailed review of the issues highlighted in its ToR, makes the following recommendations for consideration by the full CoG:
 - Recommendation 1 - that a new governor role is established for an elected active Community First Responder to represent this important and substantial area of the Trust's volunteering community
 - Recommendation 2 - that further review is undertaken into the opportunities for having governor representation from the independent mental health sector
 - Recommendation 3 - that further review is undertaken into the opportunities for having young people representation on the CoG

Steve Garside
Company Secretary, SCAS FT
January 2018

APPENDIX A: REVIEW OF GOVERNOR REPRESENTATION AND COMPOSITION: TASK AND FINISH GROUP – TERMS OF REFERENCE

BACKGROUND

It is good practice for a Council of Governors (CoG) to review its governor composition periodically to ensure that it provides for appropriate and balanced representation (in terms of elected public and staff governors), and is reflective of the Trust's key stakeholders and partners (in terms of appointed partner governors).

The last comprehensive review of the SCAS CoG took place in 2015. It concluded that the model at that time in terms of the composition of the CoG worked well, with no obvious gaps. However, it was felt that exploring the benefits and feasibility of extending the appointed partner governor constituency to have representation from the third sector would be worthwhile. This was subsequently considered, but no immediate changes were recommended.

The current composition of the SCAS FT CoG is therefore as follows:

	Number of Governors	Total
Public Governors		15
Hampshire	6	
Berkshire	3	
Buckinghamshire	3	
Oxfordshire	3	
Staff Governors		5
999 Operations - North	1	
999 Operations – South	1	
Contact centres including NHS111, EOC and PTS	1	
PTS logistics field staff	1	
Corporate/support/other	1	
Appointed Governors		6
Clinical Commissioning Groups / commissioners	2	
Local Authorities (Statute)	3	
Other (Partnership organisation) – <i>currently AA Charities</i>	1	
TOTAL		26

It was agreed at the CoG meeting on 18 July 2017 that it would be appropriate and timely to carry out a further review of the composition of the CoG. In particular, it was felt that the following issues should be considered:

- should the Trust's public constituencies be extended to include Surrey and Sussex, where SCAS is currently providing non-emergency PTS?
- are the staff constituencies and rules around staff membership appropriate, and do they provide for the best representation of the SCAS workforce?
- with increasing national focus on emergency services collaboration, and increased partnership working in South Central, should other blue light services be represented on the SCAS CoG?
- given the recent resignation of Jan Warwick, should SCAS continue to have three Local Authority appointed partner governors (i.e. two in Hampshire and one in the Thames Valley) as opposed to, say, two?
- are there other areas that should be represented, reflecting the Trust's key current stakeholders and partners?

PURPOSE AND SCOPE

A Task and Finish Group will be established to oversee this review, and the overall purpose is to ensure that the SCAS CoG remains appropriate in terms of its size and composition. In carrying out the review, the Task and Finish Group will be mindful of the following requirements and expectations:

Regulatory / legal requirements

- the Monitor Code of Governance states that “the council of governors should not be so large as to be unwieldy. The council of governors should be of sufficient size for the requirements of its duties”.
- the aggregate number of public governors should be more than half of the total number of members of the CoG
- there is a statutory requirement to have at least one local authority appointed governor
- there is a statutory requirement to have at least three staff governors
- there is no requirement to have a governor from a commissioning body

SCAS specific requirements

- SCAS would wish to have representation from a broad range of individuals with skills and experience that can add value to the Trust
- SCAS would need to ensure that, in providing an appropriate balance between elected public and other governors, there are no undue risks to the quoracy of meetings (noting also that the CoG has agreed to minimise the number of elections that are held)
- SCAS management would wish to input to the process in terms of identifying key, current stakeholders, and considering the appropriateness of them being represented on the CoG
- SCAS also needs to be mindful of the recent national focus on closer working between the emergency services

MEMBERSHIP

The membership of the Task and Finish Group is:

- Lena Samuels, Chair and Chair of the Task and Finish Group
- James Underhay, Director of Communications and Engagement
- Steve Garside, Company Secretary
- Barry Lipscomb, Lead Governor (subject to BL agreement)
- Mark Davis, Chair of the Membership and Engagement Committee (subject to MD agreement)
- One public governor
- One staff governor
- One appointed partner governor

Administrative support to the Task and Finish Group will be provided by the Senior Administrator (Company Secretariat).

METHODOLOGY

The Task and Finish Group will meet as appropriate (a minimum of one face-to-face meeting) to consider the issues covered in the purpose and scope of these terms of reference, and determine what further actions are required to reach conclusions and identify recommendations.

REPORTING

The outcomes of the review, including any recommendations, will be presented to the Council of Governors at the next appropriate meeting. They will first be discussed with the Chief Executive to ensure that any changes to the composition of the CoG are in alignment with the Trust's strategy and stakeholder engagement.

Steve Garside
Company Secretary
August 2017

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Local Clinical Quality Indicator - Sepsis
Presented by:	Helen Young, Director of Patient Care and Service Transformation
Paper for Debate, Decision or Information:	Information
Main Aim:	To provide further information on the Sepsis clinical quality indicator selected by the Governors at the meeting on 4 October 2017.
Summary of key points for consideration:	<p>The purpose of this paper is to provide the Council of Governors with further information to support their decision in choosing the quality indicator around Sepsis for external auditing.</p> <p>'Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection'.</p> <p>There are around 150,000 cases of Sepsis every year in the UK, with approximately 44,000 deaths attributed to Sepsis; of patients admitted to Intensive Care from the Emergency Department, 80-90% will arrive by ambulance, so ambulance staff are well placed to recognise Sepsis cases.</p> <p>Missed Sepsis cases have been a theme in some SCAS SIRI investigations, and retrospective review of these cases show that many of these would have been identified had SCAS been using a Sepsis recognition tool.</p> <p>Initial discussions with Grant Thornton (external auditors) have indicated that the indicator can be tested – this may include: numbers of patients from ePR, number of NEWS completed, and compliance with pathway e.g. score of 5 conveyance.</p>
Recommendations or Outcome Required :	To confirm the choice of the clinical quality indicator for external audit review in March 2018.
Previous Forum:	October 2017
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



COUNCIL OF GOVERNORS MEETING

ENCLOSURE H

LOCAL CLINICAL QUALITY INDICATOR – SEPSIS

PURPOSE

- 1 The purpose of the paper is to provide further information to support the selection of the local indicator for external auditing.
- 2 The Council of Governors (CoG) is asked to agree the selection of auditing Sepsis in adults as per the indicator in the 2016/17 Quality Accounts.

EXECUTIVE SUMMARY

- 3 A quality account provides the public, our commissioners, and staff information about SCAS' quality of care to patients, carers and families. It is part of the Annual Reporting requirements for NHS Improvement (NHSI). It also provides a framework to assess the quality of the service on what matters to patients.
- 4 The Quality Accounts provide assurance about our commitment to improve the quality of the services we provide and demonstrate a shared understanding of what is important. The Quality Report and Accounts set out our vision for quality improvements in a way that engages local communities, patients, key stakeholders and staff.
- 5 The accounts are publically available documents, and are sent to NHS England and NHSI, published on our website and NHS Choices, and are delivered through local clinical leadership, monitoring processes such as audit and surveys and analysis of incidents/complaints/claims as well as a range of other performance measures.
- 6 The Quality reports encourage Foundation Trust Boards to focus on quality improvements and take ownership for priorities and measures within them. It provides an opportunity for a wide debate on quality, including with the CoG.
- 7 Further information about expectations for the 2016/17 Quality Accounts can be found at:
<http://www.nhs.uk/aboutNHSCoices/professionals/healthandcareprofessionals/quality-accounts/Documents/2017/nhs-quality-account-reporting-arrangements.pdf>

KEY ISSUES

- 8 The purpose of this paper is to provide the CoG with further information to support their decision in choosing the quality indicator around Sepsis for external auditing. Below is a direct extract from the Quality Accounts for information:

2016/17 Sepsis indicator as described in the mandated Quality Account

1a To improve the recognition of sepsis in adults

To achieve this:

- Review and reissue the Sepsis tools throughout all SCAS areas and ensure staff understanding in all areas of business
- Create a further Sepsis campaign approach that aligns to the calendar of Trust wide campaign events
- Monitor the use of the tool through audit of adverse incident data and patient clinical records
- Continue to work with national groups and initiatives on Sepsis awareness and training.

What is sepsis?

- 9 'Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection' (surviving Sepsis Campaign 2016).

There are around 150,000 cases of Sepsis every year in the UK, with approximately 44,000 deaths attributed to Sepsis; of patients admitted to Intensive Care from the Emergency Department, 80-90% will arrive by ambulance, so ambulance staff are well placed to recognise Sepsis cases.

Missed Sepsis cases have been a theme in some SCAS Serious Incidents Requiring Investigation, and retrospective review of these cases show that many of these would have been identified had SCAS been using a Sepsis recognition tool.

SCAS *does* have a Sepsis recognition tool on its Electronic Patient Records (ePR) devices for both paediatric and adult cases, but this is based around the older Systemic Inflammatory Response Syndrome scoring.

Why we chose this indicator?

- 10 Sepsis is a time-critical and life-threatening condition that can lead to organ damage, multi-organ failure, septic shock and eventually death. It is caused by the body's immune response to a bacterial or fungal infection. It commonly originates from the lungs, bowel, skin and soft tissues and urinary tract. Rarer sources include the lining of the brain (meningitis), liver, or indwelling devices such as catheters.

Sepsis is one of the leading causes of death in the developed world.

Early recognition of life-threatening Sepsis is essential to enable the ambulance service to initiate lifesaving therapy and issue a pre-arrival alert to the hospital. We have been responding to national campaigns on Sepsis and improving clinical assessments from an initial call to responding to patients. In last year's quality report, we improved the way we dealt with Sepsis in children and are working hard to continue this for adults.

To aid early recognition of Sepsis by our frontline ambulance clinicians the Trust has developed both paediatric and adult Sepsis screening tools. These tools promote appropriate management of septic patients using a structured and systematic 'check-list' approach; they do not however replace clinical judgment or clinical experience.

Through effective distribution and application of these tools SCAS aims to reduce adverse incidents relating to Sepsis and reduce patient harm.

NEWS (National Early Warning Score) scoring

- 11 Clinical judgement is probably more important than any screening tool, but the NEWS scoring system has been shown to be the most effective in-hospital screening tool for Sepsis. This tool is based on aggregate scoring of physiological signs, such as blood pressure, heart rate and respiratory rate to detect deterioration in patients.

CONCLUSIONS

- 12 External limited assurance will be required on a chosen indicator and the mandated indicators in line with the Annual Reporting Manual for Foundation Trusts.
- 13 Commissioners will provide a full report in response to the Quality Report and Accounts which must be included in the final report. Any feedback from Healthwatch and Health Overview and Scrutiny Committees will also be included.
- 14 The clinical data set for quarter 4 (Q4) is to be completed in April 2018 and the measurement criteria for the new priorities will be developed at the end of Q4.
- 15 Quality Accounts will be uploaded onto NHS Choices and the SCAS website in June 2018.
- 16 Initial discussions with Grant Thornton (external auditors) have indicated that the indicator can be tested – this may include:
- numbers of patients from ePR
 - number of NEWS completed
 - compliance with pathway e.g. score of 5 conveyance - a higher score on NEWS means that the patient is more acutely unwell which would necessitate being transported to A&E.

RECOMMENDATIONS TO THE COUNCIL OF GOVERNORS

- 17 The CoG is asked confirm the choice of quality indicator for auditing.

Debbie Marrs
Assistant Director of Quality and Patient Care
19th December 2017

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Report from the Membership and Engagement Committee
Presented by:	Mark Davis, Chair of the Membership and Engagement Committee
Paper for Debate, Decision or Information:	Information
Main Aim:	To present an update report from one of the two formal sub-committees of the Council of Governors.
Summary of key points for consideration:	A report is presented from the Membership and Engagement Committee and a verbal commentary will be provided by Mark Davis
Recommendations or Outcome Required :	To note the report from the Membership and Engagement Committee
Previous Forum:	October 2017
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Bukola James-Adeyemi, Senior Administrator (Company Secretary's Office) 01869365029



COUNCIL OF GOVERNORS 11 JANUARY 2018

ENCLOSURE I

REPORT FROM THE MEMBERSHIP AND ENGAGEMENT COMMITTEE

MEMBERSHIP AND ENGAGEMENT COMMITTEE – KEY ISSUES

1. The Membership and Engagement Committee (MEC) last met on 26 September 2017; although a verbal update was provided at the 4 October Council of Governors (CoG) meeting, the minutes of the meeting are now presented and can be seen at Appendix A.
2. In receiving the minutes the CoG are asked to note that:
 - the main objective of the Committee is to make recommendations and report to the CoG about membership recruitment, engagement, communications, involvement and representation.
 - the main areas of focus for the Committee at the meeting on 26 September 2017 were: discussion on some key questions in relation to the 2017/19 Membership and Public Engagement Strategy; approval of the 2017/19 Membership and Engagement Strategy Action Plan; and consideration of the outcomes of the Membership and Patient Care Survey
 - it was agreed that the meetings would now be for two hours (6pm – 8pm) but continue to be held on a quarterly basis
 - one of the newly appointed Partner Governors (David Drew) and David Lockett (Public Governor, Hampshire) attended and joined the Committee, while Richard Coates (Public Governor, Hampshire) has expressed an interest in attending the next meeting.
3. There is one further meeting in 2017/18, on 1 February 2018, and the meeting dates for 2018/19 are 23 April, 3 July, 10 October, and 24 January 2019. Governors who are not members of the Committee are strongly encouraged to consider joining the MEC.
4. The CoG is asked to note the report.

'Bukola James-Adeyemi
Senior Administrator (Company Secretary's Office)
December 2017

Minutes of the twenty-fourth meeting of the South Central Ambulance Service NHS Foundation Trust Membership and Engagement Committee held on 26 September 2017 at Shaw House, Newbury

Present: Sue Thomas, Appointed Partner Governor (Air Ambulance Charity) and Committee Chair
Barry Lipscomb, Lead and Public Governor (Hampshire)
Bob Duggan, Public Governor (Buckinghamshire)
Paul Ader, Public Governor (Oxfordshire)
Mark Davis, Public Governor (Berkshire) (Committee Chair Designate)
David Lockett, Public Governor (Hampshire)
David Drew, Appointed Partner Governor (Air Ambulance Charity) (Designate)

In attendance: James Underhay, Director of Communications and Engagement
Steve Garside, Company Secretary
Monica Moro, Membership, Engagement and Marketing Support Officer
'Bukola James-Adeyemi, Minute taker

Apologies: Lena Samuels, Chair

MEC17/19

Chair's Welcome, Apologies for Absence and Declaration of Interests

The Committee Chair stated that this would be her last meeting and encouraged the Committee members to continue to do their best to make the Committee effective and productive.

The Committee Chair welcomed all to the meeting including David Lockett, public Governor for Hampshire, and David Drew, Appointed Partner Governor (Air Ambulance Charity) (Designate). Apologies were noted from Lena Samuels.

Members acknowledged that the Committee had progressed particularly well since Lena Samuels started attending the meetings and that her presence had made a tangible difference.

No new declarations of interest were declared.

It was noted that the Terms of Reference (ToR) had been included in the papers for information purposes and to help new attendees gain a better understanding of the Committee's role.

MEC17/20

Minutes and Matters Arising from Meeting of 27 June 2017

The minutes of the previous meeting were taken as read and approved without amendment.

It was agreed that most of the actions had either been completed or were in hand. The Committee requested a further update on some specific actions:

17/11 – it was agreed that action should be regarded as closed. However, it was advised that users of the Governors portal should contact Monica Moro if they experience any difficulty.

17/12a – although the action was considered to have been completed, the Committee was disappointed with the outcome that there had been no response from Buckinghamshire members to Bob Duggan's email communication

17/12b – linked to 17/12a, it was advised that the Hampshire Governors should send their narrative via email by the last week in October to Monica Moro for publication in the Foundation Times. This communication would be targeted at Hampshire Foundation Trust (FT) members only. In addition, it was suggested that the Foundation Times should include details of the forthcoming Governors election to encourage FT members to vote.

Action 17/20a

Monica Moro to email Committee members with the deadline for the Hampshire Governors to email their narrative for the November Foundation Times. A further discussion on response to take place at the February meeting.

In response to Paul Ader's question with regards to how the Foundation Times is distributed and analysed, Monica Moro stated that the Trust uses the Membership Engagement Services (MES) membership database for distribution only. The Committee asked that a budget request for an annual fee of £750 should be made to James Underhay for the funding of a feature which would allow FT members on the membership database to be analysed.

Action 17/20b

Monica Moro to put in a budget request for an annual fee of £750 to James Underhay for the funding of a feature which would allow FT members on the membership database to be analysed.

Paul Ader added that this would enable the Trust to identify the 100 FT members who will be part of the proposed 'SCAS 100 Virtual Club'.

17/12d – Monica Moro informed the Committee that she had completed the action and it would be discussed later on in the meeting.

17/17c - James Underhay agreed to fund the annual cost of introducing the SCAS brand into communications to members. Monica Moro advised that she will be contacting MES to finalise this.

MEC17/21**Discussion re: 2017/19 Membership and Public Engagement (MPE) Strategy – Key Questions**

The Committee was reminded that the document had already been approved and had been discussed in some detail (e.g. with the full Council of Governors). It was noted that the strategy would be expected to evolve further. However, it was noted that discussions on the key questions via the two teleconferences had not necessarily produced the desired outcomes and that further teleconferences had been halted for the time being. The Committee agreed that the key questions should be revisited and discussed at the February meeting. It was acknowledged that there now needed to be a focus on delivery of the strategy.

Action 17/21

The Committee to revisit and discuss the key questions in relation to the 2017/19 Membership and Public Engagement at the February meeting.

Paul Ader expressed a view that the Trust needed to focus on fully engaging with the existing members rather than recruiting new members. James Underhay stated that the Trust had reached its statutory requirement in relation to membership, but is not necessarily gaining the views and feedback of the general public (e.g. challenges and concerns) via Governors engagement activity.

As iterated at previous meetings, James Underhay stated that the Trust produces and makes available a considerable amount of materials for Governors and members of the public. However, the Trust is struggling with its engagement expectations and needs as governors are not effectively reflecting this, particularly in their feedback.

In response to David Drew's question, James Underhay reiterated that part of the role of Governors when they attend events is to communicate with the public. However, the Trust is struggling with Governors not being able to capture the views of the public which are needed to improve and shape the Trust's future.

Bob Duggan suggested that the Committee should change the way the key questions are viewed and to hold a one-off face-to-face meeting to finalise the paper. In addition, the Committee Chair advised that it is important that Governors attend events with a full understanding of the Trust's key messages and feedback to Monica Moro.

Monica Moro shared a copy of the summary of the plan of the strategies which answers most of the key questions. The summary includes analysed information on the FT members and the level of participation the members want to have.

MEC17/22

Update on 2017/19 Membership and Public Engagement Strategy Action Plan

The Committee noted that the action plan reflects the key themes from the Joint CoG and Board workshop in June. The action plan was discussed, with a number of outcomes including:

- Question 2, point 3 – it was advised that the efforts of volunteers, particularly the Patient Transport Services team and Community First Responders (CFRs) who attend events, should not be overlooked. The Committee advised that the wording needed to be changed to “Whilst we appreciate all the work the staff try to do for us, we have the understanding that in certain circumstances they do not always have the time and ability to do to help us out more”. The Committee also agreed there is a need to build the awareness of the SCA Charity during events.
- Question 2, point 4 – It was advised that the word ‘Apathy from’ should be replaced with ‘Reluctance of the’
- Question 3, point 4 – It was noted that the Web Manager is already working on ensuring that an update email of what is new on the Governor portal is issued to the Governors

The Committee **APPROVED** the action plan subject to incorporating the amendments above. In addition, it was agreed that Monica Moro would circulate the updated version of the Strategy and its summary to the CoG.

MEC17/23

Update on progress/issues since the previous meeting including 2017/18 Engagement Activity and Future Plans

Monica Moro updated the Committee on the paper and stated that there are still a couple of Governors who have not been particularly active from an engagement perspective. In addition, she noted that she had received feedback on the Berkshire Show event from both Sue Thomas and Colin Godbold.

The Committee advised that, during the MEC update at the next CoG meeting, the Governors who have made the effort to attend engagement activities should be appreciated but that it should also be mentioned that feedback from events is generally lacking. Furthermore, it was agreed that the Governors engagement feedback form should be added to the Governors portal search engine.

Action 17/23a

Monica Moro to ensure the Governors engagement feedback form is added to the Governors portal search engine.

The Committee requested that Monica Moro present a summary of Governors' engagement feedback at the February meeting.

Action 17/23b

Monica Moro to present a summary of Governors' engagement feedback at the February meeting.

MEC17/24

Membership and Patient Care Survey

Monica Moro explained that the survey questions are the same as in previous years in order to provide an informed comparison and to identify areas where the Trust has improved or otherwise. She mentioned that one common theme that came out of the survey was that in 2016 the Trust did not do as well as it had done in 2015. However, it has picked up again in 2017 with more positive feedback and survey results. It was noted that 543 responses were received; this is an improvement on the 2016 survey when 375 responses were received.

On question three of the survey, the Committee advised that the 47% of the responders who would like to receive more regular communications should be provided with this and also offered 'virtual 100' membership.

The Committee noted a high percentage of responders who would like to volunteer; Monica Moro stated that she will follow-up in particular with a young lady of Black and Minority Ethnic (BME) origin who is extremely keen on volunteering and becoming a SCAS paramedic.

On the question of CFRs, Mark Davis stated that what will change the figures is the new skill sets the CFRs are adopting which will enable them to have more clinical input for patients before being backed up by the clinical crews. Monica Moro agreed to share the responses to the question with the Lead Community Response Manager.

MEC17/25

Any Other Business

South Central Ambulance (SCA) Charity Update

James Underhay updated on recent SCA charity activities:

- a new Chief Executive has been appointed and is due to start at the end of October
- the Charity Finance Officer is back after a period of planned sick leave
- the Q-volunteering project was a success and has now concluded
- the next Charitable Funds Committee meeting is scheduled to be held in October

Update on branding SCAS with our members

Monica Moro informed the Committee that she now has the funding for branding SCAS with the FT members.

Key messages for reporting to next CoG meeting

Steve Garside reminded the Committee that most of the key messages had already been identified during the course of the meeting.

Others

David Lockett advised that he would like to join the Committee.

Barry Lipscomb asked if Governors can be provided with business cards. Monica Moro responded that she would work on the template and agree with Governors outside of the meeting. However, it was advised that personal emails should not be added on the cards but linked to the website where the governors can be contacted.

MEC17/26

Date of Next Meeting

It was noted that the next meeting would be held on 1st February 2018. Steve Garside stated that the Company Secretariat is now looking at meeting dates for next year. The Committee agreed that the meeting should now be for two hours (6pm – 8pm) but continue on a quarterly basis.

Finally, members thanked the outgoing Committee Chair for her contributions, humour and patience, and noted that she would be hugely missed.

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Non-Executive Director Activities
Presented by:	Nigel Chapman, Non-Executive Director
Paper for Debate, Decision or Information:	Discussion
Main Aim:	To help governors develop a greater understanding of the activities undertaken by the Non-Executive Directors, and the outcomes that result from this in terms of the NED "holding to account" role
Summary of key points for consideration:	Today's presentation is from Nigel Chapman, NED, who will take any questions from the governors
Recommendations or Outcome Required :	Note
Previous Forum:	October 2017
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



Enclosure J Update on NED Activities

Nigel Chapman, Q3 2017/18

Council of Governors Meeting – 11 January 2018

Purpose of this item:

- To highlight some of the activities undertaken by a particular NED in the last 2-3 months
- To explain the outcomes that have resulted from these NED activities, including assurance / added value
- To help develop governors' understanding of the role of the NED
- To take questions from the governors

Selection of recent activities undertaken by Nigel Chapman:

Board meetings/teleconference

- Attended 26 October Board seminar which focused on a range of strategic performance and planning items including Accountable Care Systems (ACsSs)– Portsmouth and South East Hampshire
- Attended 30 November Board meetings in public/private
- Attended 14 December Board seminar which focused on a range of strategic performance and planning items including ACsSs – Buckinghamshire

Board sub-committee meetings

- Attended and chaired Charitable Funds Committee meeting – 25 October
- Attended Quality and Safety Committee meeting – 7 December
- Attended and chaired Extraordinary Charitable Funds Committee meeting– 28 November

Selection of recent activities cont'd:

Others

- Leadership walkaround at:
 - Bletchley Resource Centre with Debbie Marrs – 17 October
 - Stoke Mandeville Resource Centre with Lynda Lambourne - 14 November
- One-to-one meeting with the new South Central Ambulance Charity Chief Executive Officer to discuss the Charity's priorities – 13 November
- One-to-one meeting with SCAS Deputy Director of Communications and Marketing to discuss the Communications Strategy – December

Questions from governors

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Company Secretary's Report
Presented by:	Steve Garside, Company Secretary
Paper for Debate, Decision or Information:	Information
Main Aim:	To update the Governors on a range of matters including: <ul style="list-style-type: none"> • an update on the outcomes of the recent public and staff governor elections • an overview of the outcomes of a meeting with the Lead Governor to consider the functioning of the Council of Governors (CoG) • confirmation of the SCAS nomination for NHS Providers' Governor Advisory Committee • CoG meeting dates and programme of business for 2018/19 • amendment to the Governors Expenses Policy • communications since the last meeting.
Summary of key points for consideration:	
Recommendations or Outcome Required :	To note and consider the report, and approve a proposed amendment to the Governors Expenses Policy
Previous Forum:	October 2017
Statutory Requirements Met:	Yes
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



COUNCIL OF GOVERNORS 11 JANUARY 2018

ENCLOSURE K

COMPANY SECRETARY'S REPORT

PURPOSE

- 1 The purpose of the report is to highlight a number of key issues:
 - an update on the outcomes of the recent public and staff Governor elections
 - an overview of the outcomes of a meeting with the Lead Governor to consider the functioning of the Council of Governors (CoG)
 - confirmation of the SCAS' nomination for NHS Providers' Governor Advisory Committee
 - CoG meeting dates and programme of business for 2018/19
 - proposed amendment to the Governors Expenses Policy
 - communications since the last meeting.

PUBLIC AND STAFF GOVERNOR ELECTIONS - OUTCOMES

- 2 The outcomes of the latest public and staff Governor elections are now known, and I would like to congratulate the following on successfully being elected/re-elected:
 - Andy Bartlett (Public – Hampshire) – re-elected
 - Professor Robert Crocker (Public – Buckinghamshire) – elected
 - Emma Crozier (Staff – PTS and Logistics Field) – elected
 - Bernadette Devine (Public – Buckinghamshire) - elected
 - Lynn Dove-Dixon (Staff – Corporate/Support/Other) - elected
 - Bob Duggan (Public – Buckinghamshire) – re-elected
 - Jim Dunderdale (Staff – Contact Centres inc. NHS111/EOC) - elected
 - Colin Godbold (Public – Berkshire) – re-elected
 - Stephen Haynes (Public – Oxfordshire) – elected
 - Loretta Light (Public – Oxfordshire) – elected
 - Charles McGill (Public – Hampshire) – elected
 - Kate Moss (Staff – 999 North) – elected
 - Tony Nicholson (Public – Hampshire) - elected
 - David Palmer (Staff – 999 South) – re-elected
- 3 I would also like to acknowledge the contribution made by those Governors who will be concluding their Governor roles on 28 February 2018, having either not sought re-election or being unsuccessful in doing so.
- 4 As with all previous elections, a full de-brief of the process will be conducted, with any relevant learning taken forward to be applied in future elections processes. This will include ways to improve member engagement in the governor elections process.

- 5 The voting reports, as provided by Electoral Reform Services, are available on the Trust's website: <http://www.scas.nhs.uk/about-scas/council-of-governors/governors-election/>

MEETING TO DISCUSS THE FUNCTIONING OF THE SCAS COG

- 6 All meetings of the CoG are reviewed by the Chair, Lead Governor and Company Secretary to consider feedback from the Governors and identify whether any improvements can be made.
- 7 On 15 November 2017, and in accordance with good practice, the Chair, Senior Independent Director, Lead Governor, Company Secretary and an additional Public Governor (Ray Rowsell) met to consider the more general functioning of the CoG. This was considered timely as both the Chair and Lead Governor had been in their respective positions for over six months (covering three formal meetings of the CoG).
- 8 All parties agreed that the current functioning of the SCAS CoG is generally effective and continues on a positive trajectory; equally, all parties remain fully committed to having the best possible CoG and identifying where further improvements can be made.
- 9 Appendix A reports on the main outcomes of the meeting.

NHS PROVIDERS GOVERNOR ADVISORY COMMITTEE

- 10 Further to the process agreed at the previous meeting, the SCAS nomination for the position of Ambulance sector representative on NHS Providers' (NHSP) Governor Advisory Committee is Colin Godbold.
- 11 The Governor Advisory Committee oversees the governor support work provided by NHSP and allows them to benefit from valuable advice on governor specific issues. The NHSP ballot now runs from 26 January to 30 March, and successful candidates will serve an initial term of 1 April 2018 to 31 March 2021.

COG MEETING DATES AND PROGRAMME OF BUSINESS 2018/19

- 12 CoG meeting dates for 2018/19 were communicated to Governors on 3 November. All meetings will be held at Shaw House, Newbury, running from 6.30-9.00pm, and the dates are as follow:
- Monday 16 April 2018 (formal CoG meeting)
 - Tuesday 5 June 2018 (CoG/Board working meeting – topic tbc)
 - Tuesday 24 July 2018 (formal CoG meeting)
 - Wednesday 3 October 2018 (formal CoG meeting)
 - Thursday 10 January 2019 (formal CoG meeting)
 - Wednesday 6 February 2019 (CoG/Board working meeting – strategy)
- 13 An indicative programme of business is presented at Appendix B, and this will be supplemented by exceptional items and new issues and developments as they emerge.

AMENDMENT TO THE GOVERNORS EXPENSES POLICY

- 14 I am proposing an amendment to the Governors Expenses Policy (available on the Governors Portal) following a number of recent cases where Governors have been seeking to be reimbursed for travelling expenses for meetings/events held many months, and in some cases, years ago. The proposed amendment (section 4.5) is:

From:

“Once completed, claim forms should be submitted to the Company Secretary for authorisation and payment. If a governor is involved in a series of governor activities, and is claiming for these in one submission, the claim should be made within four weeks of the most recent governor activity taking place”.

To:

“Once completed, claim forms should be submitted to the Company Secretary for authorisation and payment. Governors can claim for a series of activities in one submission, but all claims should be made within three months of the activity/activities taking place”.

COMMUNICATIONS SINCE THE PREVIOUS MEETING ON 4 OCTOBER 2017

- 15 Since the papers were issued for the previous meeting on 4 October the Company Secretariat has communicated with the CoG on a range of issues, including the following:

Date	Communication
2 October	Circulated minutes of 2016/17 Annual General Meeting held on 28 September
2 October	Advised of the appointment of a new SCAS Charity Chief Executive
5 October	Circulated NHS Providers’ Governor Focus newsletter
13 October	Circulated minutes of 4 October CoG meeting
16 October	Following email sent by the Lead Governor, I clarified the approach to producing and issuing minutes for CoG (and Board) meetings at SCAS (<i>the minutes are my attempt to factually record, as best as possible, the proceedings of the meeting. They are issued without any referral</i>).
25 October	Circulated briefing from NHS Providers on the 2017 Political Party conferences
25 October	Circulated minutes of 28 September Board meeting in public
25 October	Re-circulated current NED roles and responsibilities document
2 November	Circulated a progress update on the early stages of the implementation of the new Ambulance Response Programme (ARP) changes
3 November	Advised Governors of the Board meeting in public dates for 2018/19

3 November	Advised Governors of the CoG meeting dates for 2018/19
3 November	Circulated the latest (M6) Integrated Performance Report (with briefing)
6 November	Circulated agenda for the 30 November extraordinary CoG meeting
23 November	Circulated papers for 30 November Board meeting in public and extraordinary CoG meeting
23 November	Circulated briefing from NHS Providers on the 2017 Political Budget and implications for the NHS
11 December	Circulated minutes of 30 November extraordinary CoG meeting
12 December	Circulated NHS Providers' Governor Focus newsletter
27 December	Circulated minutes of 30 November Board meeting in public
28 December	Circulated summary version of SCAS' updated strategy for 2017-2022
2 January	Circulated update regarding current system pressures in South East Hampshire
2 January	Circulated message from Will Hancock, Chief Executive, to all 999, 111 and PTS operations staff acknowledging their efforts and hard work throughout 2017
2 January	Circulated the latest (M8) Integrated Performance Report (with briefing)
Various - media	Highlighted media coverage including in relation to: <ul style="list-style-type: none"> • the SCAS CoG meeting on 4 October (Portsmouth News) • ambulance handover delays (national and local coverage) • vandalism to ambulance vehicles
Various - other	Circulated updates on the 2017 public and staff Governor elections

RECOMMENDATIONS TO THE COUNCIL OF GOVERNORS

16 The Council of Governors is asked to note the report.

Steve Garside
Company Secretary
29 December 2017

APPENDIX A – KEY OUTCOMES FROM THE MEETING TO REVIEW THE FUNCTIONING OF THE COG

Area	Key discussion themes	Agreed actions
Governor understanding of the Governor role	<ul style="list-style-type: none"> • Governor role is prescribed in the Monitor “Your Statutory Duties” document • SCAS reinforces role through induction and meeting agendas/papers • Main challenge for Governors is framing questions appropriately (i.e. within the context of the Governor’s duties) and avoiding straying into operational detail. 	<p>1. A workshop should be convened to support Governors in formulating appropriate questions within the context of their role and duties. Key/topical issues could be used as practical examples to work through in shaping questions. Consideration could be given to external support/facilitation (e.g. NHS Providers).</p>
Governor understanding of SCAS and the NED role	<ul style="list-style-type: none"> • Mechanisms are in place to support Governors understanding of SCAS and the NED role, including through induction, buddying arrangements, presence of NEDs at meetings, opportunities to participate in EOC visits, ride-outs etc. 	<p>2. SCAS will extend its arrangements to allow each Governor the opportunity to attend one of the following meetings each year as an observer in order to further develop an understanding of the NED role:</p> <ul style="list-style-type: none"> ○ Audit Committee ○ Quality and Safety Committee ○ Charitable Funds Committee <p>(One Governor maximum per meeting so a rota will be developed, with priority given to those who are taking other opportunities to understand the NED role (e.g. by attending CoG and Board meetings, being part of the buddying arrangements etc.).</p>
Meeting effectiveness	<ul style="list-style-type: none"> • Feedback is sought and considered after each meeting of the CoG 	<p>3. The Membership and Engagement Committee to continue to explore</p>

	<ul style="list-style-type: none"> • Very positive feedback was received about the previous meeting on 4 October (continue to assess on a meeting by meeting basis) • Little evidence that questions raised/comments made by Governors at CoG meetings arise out of engagement with Trust members and members of the public. 	<p>opportunities for effective member/public engagement, and to make recommendations to the full CoG as appropriate.</p>
<p>General communication outside of meetings</p>	<ul style="list-style-type: none"> • General communication outside of meetings is considered to be good and keeps Governors suitably up-to-date • Forewarning of possible high-profile media coverage is greatly valued • Communication (including 'for information' purposes) can sometimes give rise to a high volume of questions from Governors to the Company Secretary (see below). 	<p>N/A</p>
<p>Process for questions outside of meetings</p>	<ul style="list-style-type: none"> • Governors have, on average, a monthly formal opportunity to ask questions of the NEDs (e.g. CoG and Board meetings) and this way such questions, and their answers, can be documented formally to demonstrate the Trust's governance system • It is also acknowledged that, from time to time, a question may require an answer outside of the cycle of meetings. Governors need to communicate all questions through the Company Secretary so that they can be properly recorded and addressed; questions need to be relevant to the Governor role and not stray into management/operational territory • Given constraints over the time available at CoG meetings (impacted by the size of the CoG, and the important and broad agenda to be delivered), additional briefing sessions could be arranged where Governors consider that they need further information in order to be 	<ol style="list-style-type: none"> 4. The Company Secretary to develop a short protocol/guidance notes to cover the process of Governors raising, and receiving answers to, questions. 5. Governors to highlight to the Company Secretary whether there are topics – relevant to the Governor role – which may benefit from an additional briefing session/workshop.

	able to deliver their roles	
Engagement between Governors and Members	<ul style="list-style-type: none"> • Well documented that this is extremely challenging and remains an area of focus for the Membership and Engagement Committee • Further work required to raise the profile of individual Governors with their constituency members. 	6. The Foundation Times publication will be used to profile a particular Governor or Governors in each edition, with tailored messages for their constituencies.
General	<ul style="list-style-type: none"> • It is important to understand the views of each individual Governor, in an uninhibited way, on matters associated with the Council of Governors and their role: <ul style="list-style-type: none"> ○ what works well? ○ what works less well? ○ how can we improve? 	7. A survey to be undertaken (e.g. Survey Monkey) of Governors to obtain their views on a range of issues associated with the functioning of the Council of Governors and their roles. Timing of survey to be assessed (e.g. post elections/new governor induction etc.).

APPENDIX B - SCAS FT COUNCIL OF GOVERNORS MEETING DATES – 2018/2019

<u>STANDARD AGENDA FOR FORMAL MEETINGS</u>	<u>MEETING*</u>
<ol style="list-style-type: none"> 1. Chair’s Introduction, including update on Board of Directors activity 2. Chief Executive’s Report including Performance Update 3. Hot Topic tbc – How NEDs gain assurance 4. Statutory duties (where required): <ul style="list-style-type: none"> • <i>NED appointments, re-appointments, removal, appraisal and remuneration</i> • <i>appointment/reappointment of external auditors</i> • <i>approval of significant transactions, mergers and acquisitions</i> • <i>approval of changes to the Trust Constitution</i> • <i>approval of any increase of more than 5% of private income in any financial year</i> 5. Reports from Nominations Committee and Membership and Engagement Committee 6. Update from governors on governor activity and engagement 7. NED activities 8. Company Secretary’s Report 9. Lead Governor’s Report 	<p><u>Monday 16 April 2018 (formal)</u></p> <ul style="list-style-type: none"> • Standard agenda • Council of Governors Review 2017/18 <p><u>Tuesday 5 June 2018 (working)</u></p> <ul style="list-style-type: none"> • Governors and Directors will work together on a key issue for the Trust – topic tbc <p><u>Tuesday 24 July 2018 (formal)</u></p> <ul style="list-style-type: none"> • Standard agenda • Annual Report and Accounts 2017/18 including audit reports and outcomes of audit of governor selected quality indicator <p><u>Wednesday 3 October 2018 (formal)</u></p> <ul style="list-style-type: none"> • Standard agenda • External Auditors presentation <p><u>Thursday 10 January 2019 (formal)</u></p> <ul style="list-style-type: none"> • Standard agenda • Council of Governors work programme 2019/2020 • Lead Governor Election Process - 1 April 2019 to 31 March 2021 • Quality Accounts/Priorities and selection of governor local clinical quality indicator <p><u>Wednesday 6 February 2019 (working)</u></p> <ul style="list-style-type: none"> • Governors and Directors will work together on a key issue for the Trust – SCAS strategy

10. Any Other Business including Questions from Trust Members and Observers	
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* All meetings will be held at Shaw House, Newbury, with networking 18.00-18.30pm and meeting 18.30-21.00pm.

COUNCIL OF GOVERNORS

Meeting:	Council of Governors
Date of Meeting:	11 January 2018
Title of Paper:	Lead Governor's Report
Presented by:	Barry Lipscomb, Lead Governor (and Public Governor for Hampshire)
Paper for Debate, Decision or Information:	Information
Main Aim:	To present a report from the Lead Governor, highlighting key activities undertaken since the previous CoG meeting
Summary of key points for consideration:	The report presents a record of key activities undertaken by the current Lead Governor, Barry Lipscomb, since the previous CoG meeting on 4 October
Recommendations or Outcome Required :	Note
Previous Forum:	N/A
Statutory Requirements Met:	N/A
Contact in case of query concerning this paper:	Steve Garside, Company Secretary, 01869 365032



COUNCIL OF GOVERNORS 11 JANUARY 2018

ENCLOSURE L

LEAD GOVERNOR'S REPORT

The following is a record of key activities undertaken by the Lead Governor since the papers for the last Council of Governors (CoG) meeting (4 October) were issued:

Date	Activity
28 September	Attended the public Board meeting, and presented at the 2016/17 Annual General Meeting on the work of the Governors over the last twelve months.
4 October	Attended the CoG meeting
10 October	Teleconference call - NEDs short listing
23 October	Attended the Task and Finish Group meeting to review the composition of the CoG
6 November	Teleconference with Chair and Company Secretary to review 4 October Council of Governors meeting and agree the extraordinary CoG meeting agenda (30 November)
15 November	Meeting to discuss the functioning of the CoG (including interactions outside of meetings) with Lena Samuels, Alastair Mitchell-Baker, Steve Garside and Ray Rowsell.
17 November	Attended NED second interviews
20 November	Teleconference with Lena Samuels, Will Hancock, Steve Garside, Bob Duggan, Keith House and Melanie Saunders to discuss feedback in relation to the NED interviews
28 November	Telconference with Lena Samuels, Will Hancock, Steve Garside, Melanie Saunders, Bob Duggan, Keith House and David Palmer to discuss the presentation of recommendations in relation to NED appointments at the 30 November CoG meeting
28 November	Teleconference with Lena Samuels and Steve Garside to agree the agenda for the 11 January CoG meeting
4 December	Task and Finish Group follow up teleconference to review the composition of the CoG
13 December	Nominations Committee teleconference to discuss the Deputy Chair/SID

	roles
11 January 2018 (planned)	To attend new Governor Induction Programme

Set against our principal defined duties as Governors, my main reflections after nine months in the Lead Governor role are:-

1 That Governors are broadly delivering most of the principal defined duties.

However (*and this is a very significant caveat*, drawing on my own experience and observations and the spontaneously proffered concerns of other Governors, which happen to dovetail perfectly with my own reservations), I feel that there is significant and urgent work to be done in the following fields, if Governors are to be enabled to fully deliver on their defined duties.

2 The role of elected Governors needs to be re-appraised by the Trust, to recognise the special needs, nature and responsibilities of the elected Governor in particular but not solely.

3 In line with that, the over prevalent concept of the need to “manage” Governors has come to be over reliant on adherence to process rather than on ensuring the maximum benefit to both the Trust and the public through the essential ability of Governors to freely question and otherwise contribute to the solution of challenging areas. A particular aspect of Governor concern here needs urgent consideration by the CoG in a Part 2 Meeting where Governors can freely and confidentially discuss their colleagues’ apprehensions and consider what action(s) may need to be taken.

4 To be effective, Governors need better support between CoG meetings in respect of briefing on challenging areas where assurances have been given but only changes in outcome will be a satisfactory performance marker. Recent examples are problems with oxygen supplies at Ambulance Stations and continuing problems with hospital handover delays, where the situation remains completely unsatisfactory and where only good SCAS management support has to date prevented the tragedy of loss of life as a consequence of handover delays. The problem is not confined to SE Hampshire and presents a major challenge to Governors in ensuring the required levels of performance and public service by the Trust.

I wish to unreservedly set these real concerns in perspective by paying the warmest tribute to the operational clinical staff who deliver the highest possible standard of care to our patients within often quote severe constraints. They are deserving of our best support, which is why I make the preceding comments, which I commend for your serious consideration.

Barry Lipscomb
Lead Governor
1 January 2018