COUNCIL OF GOVERNORS MEETING

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

DATE: Monday 16 April 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: Sumit Biswas, NED/Deputy Chair
GOVERNORS: See Members of the Council of Governors (overleaf)
IN ATTENDANCE: Ilona Blue, NED/Senior Independent Director
                Les Broude, NED
                Nigel Chapman, NED
                Mike Hawker, NED
                Priya Singh, NED (observing)
                Anne Stebbing, NED (observing)
                Will Hancock, Chief Executive
                James Underhay, Deputy Chief Executive
                Philip Astle, Chief Operating Officer
                Melanie Saunders, Director of HR and OD
                Professor Helen Young, Director of Patient Care and Service Transformation
                Steve Garside, Company Secretary
                ‘Bukola James-Adeyemi, Senior Administrator
APOLOGIES (as at 5/4): Lena Samuels, Chair
                        Keith House, Partner (Local Authority) Governor
****
FUTURE MEETING DATES: 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)
<table>
<thead>
<tr>
<th>Name</th>
<th>Constituency</th>
<th>Current term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Ader</td>
<td>Public - Oxfordshire</td>
<td>(1) To 28/02/2020</td>
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<tr>
<td>Andy Bartlett</td>
<td>Public – Hampshire</td>
<td>(2) To 28/02/2021</td>
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<tr>
<td>Sabrina Chetcuti</td>
<td>Partner (CCGs – North)</td>
<td>(2) To 30/06/2019</td>
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<tr>
<td>David Chilvers</td>
<td>Partner (CCGs – South)</td>
<td>(2) To 30/06/2019</td>
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<tr>
<td>Jeanette Clifford</td>
<td>Partner Governor (Local Authority)</td>
<td>(1) To 30/09/2020</td>
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<tr>
<td>Anne Crampton</td>
<td>Partner Governor (Local Authority)</td>
<td>(1) To 31/03/2021</td>
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<tr>
<td>Richard Coates</td>
<td>Public – Hampshire</td>
<td>(2) To 28/02/2020</td>
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<tr>
<td>Professor Robert Crocker</td>
<td>Public - Buckinghamshire</td>
<td>(1) To 28/02/2021</td>
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<tr>
<td>Emma Crozier</td>
<td>Staff - NEPTS and Logistics Field</td>
<td>(1) To 28/02/2021</td>
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<tr>
<td>Mark Davis</td>
<td>Public - Berkshire</td>
<td>(1) To 28/02/2020</td>
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<td>Bernadette Devine</td>
<td>Public - Buckinghamshire</td>
<td>(1) To 28/02/2021</td>
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<tr>
<td>Lynn Dove-Dixon</td>
<td>Staff - Corporate/support/other</td>
<td>(1) To 28/02/2021</td>
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<td>David Drew</td>
<td>Partner (Air Ambulance Charities)</td>
<td>(1) To 30/09/2020</td>
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<tr>
<td>Bob Duggan</td>
<td>Public – Buckinghamshire</td>
<td>(3) To 28/02/2021</td>
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<td>Jim Dunderdale</td>
<td>Staff – Contact Centres inc.111 &amp; EOC</td>
<td>(1) To 28/02/2021</td>
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<td>Frank Epstein</td>
<td>Public - Berkshire</td>
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<td>Colin Godbold</td>
<td>Public – Berkshire</td>
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<td>Stephen Haynes</td>
<td>Public - Oxfordshire</td>
<td>(1) To 28/02/2021</td>
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<td>Keith House</td>
<td>Partner (Local Authority)</td>
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<td>Loretta Light</td>
<td>Public - Oxfordshire</td>
<td>(1) To 28/02/2021</td>
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<td>Barry Lipscomb</td>
<td>Lead/Public Governor – Hampshire</td>
<td>(2) To 28/02/2020</td>
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<td>David Luckett MBE</td>
<td>Public - Hampshire</td>
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<tr>
<td>Charles McGill MBE</td>
<td>Public - Hampshire</td>
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<tr>
<td>Kate Moss</td>
<td>Staff - 999 Operations – North</td>
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<td>Tony Nicholson</td>
<td>Public - Hampshire</td>
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<td>David Palmer</td>
<td>Staff – 999 South</td>
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### AGENDA – COUNCIL OF GOVERNORS – 16 APRIL 2018

18.30pm – 21.00pm, Dolman Room 1, Shaw House, Church Road, Newbury, RG14 2DR

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Time</th>
<th>Method</th>
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<tbody>
<tr>
<td>1.</td>
<td>OPENING BUSINESS</td>
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<tr>
<td>1.1</td>
<td>Chair’s Introduction, including Apologies for Absence</td>
<td>18.30</td>
<td>(Verbal)</td>
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<td></td>
<td>(Sumit Biswas)</td>
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<tr>
<td>1.2</td>
<td>Declaration of Interests</td>
<td>18.31</td>
<td>(Verbal)</td>
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<td>(Sumit Biswas)</td>
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<td>• to note any new interests, including those relevant to the</td>
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<td>meeting</td>
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<td>1.3</td>
<td>Approval of the minutes of the meeting held on 11 January 2018</td>
<td>18.32</td>
<td>Enc. A</td>
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<tr>
<td></td>
<td>(Sumit Biswas)</td>
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<td>• to approve the minutes of the last formal CoG meeting in public</td>
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<td>1.4</td>
<td>Matters arising from the meeting held on 11 January 2018</td>
<td>18.33</td>
<td>Enc. B</td>
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<tr>
<td></td>
<td>(Steve Garside)</td>
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<td>• to note progress with the actions arising from the last</td>
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<td>formal CoG meeting in public</td>
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<td>2.</td>
<td>HOLDING THE NEDS TO ACCOUNT FOR THE PERFORMANCE OF THE BOARD</td>
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<tr>
<td>2.1a</td>
<td>Chief Executive’s Report including Performance Update</td>
<td>18.35*</td>
<td>Enc. C</td>
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<tr>
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<td>(Will Hancock; Philip Astle)</td>
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<td>2.1b</td>
<td>Chief Executive’s Report including Performance Update - Questions</td>
<td>18.45*</td>
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<td>• questions from governors, primarily to the NEDs</td>
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<td>2.2a</td>
<td>SCAS Workforce and Organisational Development – A</td>
<td>19.10*</td>
<td>Enc. D</td>
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<td>Briefing on Current Issues</td>
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<td>(Melanie Saunders)</td>
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<td>• to receive a report on key current workforce issues</td>
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<tr>
<td>2.2b</td>
<td>SCAS Workforce and Organisational Development – A</td>
<td>19.30*</td>
<td>Verbal</td>
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<td>• questions from governors, primarily to the NEDs</td>
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<td>3.</td>
<td>REPORTS FROM COMMITTEES AND GROUPS</td>
<td>20.00</td>
<td>Enc. E</td>
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<tr>
<td>3.1</td>
<td>Report from the Nominations Committee</td>
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<td></td>
<td>(Steve Garside; Governors on the Nominations Committee)</td>
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<tr>
<td></td>
<td>• to receive an update on the work of the sub-committee</td>
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</tbody>
</table>
**NO. | ITEM | TIME | METHOD**
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3.2 | Report from the Membership and Engagement Committee *(Mark Davis; James Underhay)*  
  - to receive an update on the work of the sub-committee | 20.10 | Enc. F

4. OTHER ITEMS FOR INFORMATION/DISCUSSION BY EXCEPTION

**4.1 Governor Activities *(Governors)***  
- to receive feedback from governors on activities undertaken:  
  - public governors (Berkshire, Buckinghamshire, Hampshire and Oxfordshire)  
  - staff governors  
  - partner governors | 20.15 | (Verbal)

**4.2 Non-Executive Director Activities *(Ilona Blue)***  
- an overview of activities undertaken over the past three months | 20.25 | Enc. G

**4.3 Company Secretary’s Report *(Steve Garside)***  
- to receive an update on matters of interest | 20.30 | Enc. H

**4.4 Lead Governor’s Report *(Barry Lipscomb)***  
- to note a report on activities undertaken by the Lead Governor since the previous meeting on 11 January | 20.40 | Enc. I

**4.5 Council of Governors Review 2017/18 *(Steve Garside)***  
- to note the 2017/18 review and consider priorities for 2018/19 | 20.45 | Enc. J

5. CLOSING BUSINESS

**5.1 Any Other Business including Questions from Members/Observers *(Sumit Biswas)***  
- 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)

**5.2 Date and Time of Next Meeting *(Sumit Biswas)***  
- to note that the next formal meeting in public will be held on Tuesday 24 July 2018 at Shaw House, Newbury, commencing at 18.30pm | 21.00 | (Verbal)

*suggested priority items*
## GOVERNOR FUNCTIONS AND DUTIES

<table>
<thead>
<tr>
<th>Governor general functions</th>
<th>This meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors (see below)</td>
<td>✓</td>
</tr>
<tr>
<td>Represent the interests of the members of the Trust as a whole and the interests of the public</td>
<td>✓</td>
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</tbody>
</table>

### 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

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

Minutes of the meeting held on 11 January 2018
<table>
<thead>
<tr>
<th><strong>Meeting:</strong></th>
<th>Council of Governors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Meeting:</strong></td>
<td>16 April 2018</td>
</tr>
<tr>
<td><strong>Title of Paper:</strong></td>
<td>Minutes of the Council of Governors meeting held on 11 January 2018</td>
</tr>
<tr>
<td><strong>Presented by:</strong></td>
<td>Sumit Biswas, Deputy Chair</td>
</tr>
<tr>
<td><strong>Paper for Debate, Decision or Information:</strong></td>
<td>Approval</td>
</tr>
<tr>
<td><strong>Main Aim:</strong></td>
<td>To ensure good governance practice in confirming that the minutes of the 11 January 2018 meeting represent an accurate record of business undertaken</td>
</tr>
<tr>
<td><strong>Summary of key points for consideration:</strong></td>
<td>These minutes, in draft form, were initially circulated to governors on 18 January 2018. They are produced by the Company Secretary and issued directly to the Council of Governors without any separate, prior review.</td>
</tr>
<tr>
<td><strong>Recommendations or Outcome Required:</strong></td>
<td>Approval</td>
</tr>
<tr>
<td><strong>Previous Forum:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Statutory Requirements Met:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Contact in case of query concerning this paper:</strong></td>
<td>Steve Garside, Company Secretary, 01869 365032</td>
</tr>
</tbody>
</table>
Unapproved minutes of the twenty sixth formal/in public meeting of the South Central Ambulance Service (SCAS) NHS Foundation Trust Council of Governors (CoG) held on Thursday 11 January 2018 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); Councillor Jeanette Clifford (Partner Governor – LA); Richard Coates (Public Governor - Hampshire); 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); Barry Lipscomb (Public Governor – Hampshire & Lead Governor); David Palmer (Staff Governor); Ray Rowsell (Public Governor – Hampshire); Debbie Sengelow (Staff Governor)

Governors apologies received (3/20):
Mark Davis (Public Governor – Berkshire); Councillor Keith House (Partner Governor (LA); David Luckett (Public Governor – Hampshire)

Governors not present (1/20):
David Chilvers (Partner Governor – CCGs)

Directors/Executives in attendance:
Lena Samuels (Chair); Alastair Mitchell-Baker (Deputy Chair); Sumit Biswas (NED); Nigel Chapman (NED); Will Hancock (Chief Executive) - part; James Underhay (Deputy Chief Executive); Philip Astle (Chief Operating Officer); Professor Helen Young (Director of Patient Care and Service Transformation); Steve Garside (Company Secretary); Bukola James-Adeyemi (Senior Administrator)

Governors with designate status present (8/10):
Professor Bob Crocker (Public Governor – Buckinghamshire); Bernadette Devine (Public Governor – Buckinghamshire); Lynn Dove-Dixon (Staff Governor); Jim Dunderdale (Staff Governor); Steve Haynes (Public Governor – Oxfordshire); Loretta Light (Public Governor – Oxfordshire); Charles McGill (Public Governor – Hampshire); Tony Nicholson (Public Governor – Hampshire)

Opening Business

1.1 - Chair’s Introduction, including Apologies for Absence
The Chair welcomed all to the meeting including a number of the recently elected Governors, whose terms of office would commence on 1 March. She noted that an induction session for these Governors had been held prior to the CoG meeting, and this had included a particular focus on equality and diversity, and holding to account.

The Chair expressed her huge thanks to SCAS staff for their hard work and commitment over a difficult Christmas and New Year period. She also noted that one of the Trust’s priorities for 2018 would be to relaunch the SCAS values, and that these (caring, teamwork, professionalism and innovation) should also be at the heart of the work undertaken by Governors.

Apologies were noted from Mark Davis, Keith House and David Luckett.
1.2 - Declaration of Interests
Sumit Biswas declared an interest in item 3.1 and advised that he would be content to leave the room for this discussion if the Governors deemed that to be appropriate.

1.3 - Approval of the minutes of the meeting held on 4 October 2017
The minutes of the meeting held on 4 October 2017 were approved without amendment. The Chair reiterated that CoG meeting minutes, once drafted by the Company Secretary, were issued directly to the Governors without any additional referral or scrutiny.

1.4 - Matters arising from the meeting held on 4 October 2017
An update was taken on a number of actions from the October meeting:

- action 1.4 (incident reporting) – Professor Young advised that she had met with Ilona Blue to discuss Debbie Sengelow’s feedback. The Datix incident reporting form had been revised and the new version would be launched on 1 April; in addition to this, awareness of the process for reporting incidents had been raised throughout December, and a staff survey regarding Datix was planned for mid-January.

In terms of the backlog of incidents, Professor Young informed the CoG that all incidents reported in 2016 had now been resolved and cleared, and the remainder (which were mainly relatively recent cases) would be addressed by 31 March.

Debbie Sengelow thanked Professor Young for the action that had been taken, and Michele Foote advised that there was still an issue to resolve in terms of notification generated by the Datix system going into staff junk email accounts.

- action 5.1 (annual strategy workshop) – Steve Garside informed the CoG that the plan was to have ACS as the main topic for the forthcoming annual strategy workshop, and that further details would follow in due course.

1.5 - Approval of the minutes of the extraordinary meeting held on 30 November 2017
The minutes of the meeting held on 30 November 2017 were approved without amendment.

1.6 – Matters arising from the extraordinary meeting held on 30 November 2017
An update was taken on a number of actions from the November meeting:

- action 2.1 (appointment of new NEDs) – Steve Garside advised that Fit and Proper Person Test checks were currently being processed for all three individuals. He noted that it was hoped that one individual could start on 1 February and the other two on 1 April, and that no concerns had been raised by the checks completed so far.

- action 3.1a (CFRs) – Philip Astle reported that Nic Morecroft, Lead Community Response Manager, was currently in the process of visiting all of the CFR schemes. He added that, whilst there was an initial period after the implementation of ARP where the deployment of CFRs was reported as being below ‘normal levels’ in some places, the current utilisation position was back in line with that prior to ARP and in accordance with the Trust's expectations. The CoG was informed that the average unique contribution being made by CFRs to the Category 1 standard was a very creditable 31 seconds.

Philip Astle advised that the two trials involving CFRs – fallers and silent alarms – were in the process of being evaluated, including from a clinical safety perspective, before any decision regarding full roll-out was taken.

Richard Coates asked what concerns the Trust had in relation to the falls trial for CFRs. Philip Astle explained that there were no concerns regarding competency, but that SCAS needed to robustly evaluate the trial against specific safety standards. He noted that this would result in a slight delay to the original plan but that it was hoped that the next cohort of CFRs could begin training in February.
The Chair expressed her thanks on behalf of the Board to the Trust’s CFRs.

- action 3.1b (Specialist Paramedics) – Philip Astle advised that there had been much debate about the Specialist Paramedic role since the introduction of ARP and that the focus was very much on trying to retain these highly skilled individuals. He noted that the Specialist Paramedics would be presented with opportunities to undertake some work outside of the Trust (for example, in primary care); this would be funded by SCAS, and allow staff to further advance their careers

| Holding the NEDs to Account for the Performance of the Board |

### 2.1a – Chief Executive’s Report including Performance Update

The Chief Executive presented an overview of the current challenges faced by SCAS, including noting the following:

- the period over Christmas and the New Year, and continuing into 2018, had been traumatic and very difficult for staff (both front-line and in the Emergency Operations Centre) and patients

- the adverse (cold) weather has had some impact, with the consequence of there being a considerable number of sick people; influenza had also been prevalent and this had particularly affected the frail and elderly

- there were examples, across the NHS, of inadequate care being provided and the dignity of patients being compromised

- in reality this was only the start of the traditional winter period, although there had been an element of respite over the last few days

- the real ‘pinch-point’ had been Queen Alexandra Hospital in Portsmouth, where hundreds of hours had been lost due to handover delays, and patients had been held in ambulances. This was extremely challenging for staff and hugely regretful for patients; every attempt had been made to address the problems but New Year’s Eve had been unprecedented in terms of the scale of the problems

- there was a significant focus on supporting SCAS staff through this period; the Chief Executive stated that he was immensely proud of the workforce, and that the key message was “we have got to keep going”.

The CoG noted the comprehensive written report provided by 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:

- the impact and management of influenza – Professor Helen Young advised that a number of SCAS staff had been absent through sickness, with a number reporting ‘flu like symptoms. She added that there were financial incentives for Trusts who could achieve a 70% staff vaccination rate; SCAS was likely to reach 60% by the end of March and currently had the highest take-up rate of all Ambulance Trusts.

- the “concentric divert” approach – Philip Astle advised that this was a process whereby two (or potentially more) hospitals could agree between them that the ambulance service diverts to a specified hospital, for capacity reasons, regardless of proximity. He informed the CoG that SCAS would only consent to this if it was clear that there would be no adverse safety implications for patients. He also noted that at one point during the Christmas and New Year period all of the Emergency Departments in Hampshire had advised that they could not receive any additional patients, and that NHS England had intervened and issued each hospital with a number of patients that they needed to accept in order to address the high level of demand.
additional resources required to improve service performance – Colin Godbold asked whether the Trust could articulate, in financial terms, what would be required to ensure that a better service could be provided to patients. Alastair Mitchell-Baker responded that NHS Providers had recently written to the Secretary of State for Health setting out what might be required across both health and social care; this was a reflection of the fact that additional resources were not just needed for the urgent and emergency care system, but also for out of hours and alternative care pathways.

Alastair Mitchell-Baker extended his response to state that, whilst an additional few million pounds would no doubt be helpful for SCAS, there was not an abundance of people looking to join the service and work in front-line or call centre roles.

Nigel Chapman stated that it would not necessarily be helpful to put a ‘price-tag’ on what was needed at individual organisational level, but that an holistic approach was required to highlight the funding issues facing the NHS. He agreed that, certainly in the short term, there was a lack of trained supply and that the focus of the ACS needed to be on organisations working together to come up with the best possible solutions.

Sumit Biswas acknowledged that he understood Colin Godbold’s point about being able to articulate to people in the South Central area what SCAS might need by way of additional resources. He informed the CoG that, under the previous performance regime (i.e. pre ARP), the Trust was very clear how much additional funding was required to improve performance on the national response time standards by a given percentage point, and that this information had been presented to commissioners.

the performance picture across the whole region – Bob Duggan noted that the situation in Portsmouth was particularly dire but asked whether there were other areas which were overcoming the challenges and maintaining a good service for patients. The Chief Executive responded that most Emergency Departments had experienced periods where demand had surged and they had been overwhelmed; however, generally these had been addressed through short-term escalation processes and an injection of increased capacity (for example, Milton Keynes). He noted that these hospitals needed to be distinguished from those which were encountering chronic and systemic problems.

Finally, James Birdseye shared his experiences of working on the frontline over Christmas and New Year, acknowledging that he greatly appreciated the Chief Executive’s comments about supporting the workforce. He noted that, at times, he had witnessed very sick patients left unattended in hospital corridors, and also spoken to staff who were feeling desperate about the situation and struggling from a mental wellbeing perspective.

James Birdseye, reflecting on the long waits and hospital handover delays, expressed a view that SCAS was doing a very good job but that he was less clear as to whether the hospitals were responding with the same capability. He noted that SCAS had potential options around the use of the Hazardous Area Response Team, tents, and the ‘jumbulance’, and stated that he believed that they should now be deployed.

**Items for Decision**

3.1 - Appointment of NEDs to the Deputy Chair and Senior Independent Director Roles

*(Sumit Biswas left the meeting at this point)*.

The Chair explained that the NED recruitment process had confirmed the departure of Alastair Mitchell-Baker from the Trust on 31 March after twelve years of fantastic service. She noted that a decision had been taken, supported by the Nominations Committee, to separate the roles of Deputy Chair and Senior Independent Director; this was largely a reflection of the extensive responsibilities and duties that the NEDs were being asked to take on.
The Chair reiterated the recommendation that the Nominations Committee was making to the CoG, namely that Sumit Biswas be appointed as Deputy Chair and Ilona Blue as Senior Independent Director, both with effect from 1 April and for the level of remuneration proposed in the paper.

Barry Lipscomb informed the CoG that, as a member of the Nominations Committee, he found the rationale for the recommendation to be very clear and that it had his full support.

Richard Coates stated that he considered that the Senior Independent Director, given the nature of the role, should attend all meetings of the CoG. David Palmer responded that he did not support this comment on the grounds that all of the NEDs had busy lives outside of SCAS. David Palmer’s view was endorsed by Sabrina Chetcuti, and with no further explicit agreement from the CoG to his recommendation, Richard Coates accepted that his view was not supported.

The CoG approved the recommendation from the Nominations Committee that:

- Sumit Biswas be appointed to the role of Deputy Chair from 1 April, with the role to receive additional remuneration of £1k per annum subject to satisfactory performance
- Ilona Blue be appointed to the role of Senior Independent Director from 1 April, with the role to receive additional remuneration of £2k per annum subject to satisfactory performance

3.2 - Governor Representation and the Composition of the CoG

(Sumit Biswas returned to the meeting at this point; the Chief Executive departed).

Steve Garside explained that the Task and Finish Group was making three recommendations regarding potential future Governor representation for the CoG to consider. The paper was taken as read and the recommendations were discussed with the key points as follows:

CFRs

- Bob Duggan stated that he supported the rationale for having CFR representation on the CoG as they had a distinct contribution to make
- Colin Godbold asked whether SCAS intended to apply the approach adopted by West Midlands Ambulance Service NHS Foundation Trust, whereby no active CFR would be eligible to be a public Governor. Steve Garside advised that the view of the Task and Finish Group was that it did not wish to make this distinction, and that all active CFRs could stand to become the CFR Governor representative, but that anyone elected to become a public Governor was there to represent the public members and not CFRs.
- David Palmer asked about the status of this particular proposed Governor representative. Steve Garside explained that they would be separate from elected public Governors and staff Governors and would be regarded as an appointed Governor representative, albeit the appointment may need to be made through some form of election/ballot process.

mental health

- Sabrina Chetcuti commented that she felt mental health representation would be a good idea as there was insufficient focus generally on the challenges faced by both patients and staff. She asked whether the representation should come from the NHS rather than the independent/charity sector (as recommended), and Steve Garside advised that SCAS was already working in partnership with a number of NHS mental health services providers including in relation to the Thames Valley Integrated Urgent Care contract.
- Ray Rowsell stated that he supported this area continuing to be further explored and some more information being provided at the next meeting.

1 Although the CoG approved additional remuneration for the Senior Independent Director role, and the appointment of Ilona Blue to that role, Ilona Blue does not draw any remuneration from SCAS as a Civil Servant.
Paul Ader asked whether an existing public or staff Governor could be tasked with taking on the additional responsibility of bringing mental health related perspectives to the CoG. The Chair advised that the view of the Task and Finish Group was that this was a specialist area requiring the input of someone with a professional expertise in mental health issues, and that the role of the public and staff Governor was much wider and had to be focused on representing the broad interests of members and the public. The Chair added, as an aside, that a background in mental health could form part of the Trust’s requirements for the next round of NED recruitment.

Youth Parliament

- Paul Ader commented that he supported the principle of what the Trust was looking to achieve, and asked whether a briefing could be provided on how SCAS was engaging with younger people.
- David Drew suggested that the Youth Parliament may be one option for taking this forward. Steve Garside explained that generally Trusts had been able to facilitate young people representation on their CoGs by establishing a Youth Forum; this, however, required a considerable investment of time and money.
- Sabrina Chetcuti suggested that it would be worth exploring opportunities with local colleges, especially those with a focus on healthcare or public service; this was supported by Jeanette Clifford.

In conclusion it was agreed that:

- arrangements should be taken forward with a view to having a CFR representative on the CoG
- opportunities to have representation from the mental health sector, and from younger people, should be further explored ahead of a discussion at the 16 April meeting.

**Action 3.2a**
Steve Garside to take forward arrangements for establishing a new CFR Governor role on the SCAS CoG.

**Action 3.2b**
Steve Garside to further explore opportunities to have representation from the mental health sector, and from younger people, on the SCAS CoG, and provide an update at the 16 April meeting.

**Action 3.2c**
James Underhay to circulate a short briefing setting out how the Trust engages with younger people.

3.3 - Local Clinical Quality Indicator - Sepsis

Professor Young reminded the CoG that they had selected Sepsis as the subject of the local clinical quality indicator for external audit review. She advised that, having liaised with Grant Thornton, a recommendation was being made that the specific indicator for review should be "to improve the recognition of Sepsis in adults".

In response to a question from Colin Godbold, Professor Young advised that the external audit review would take place at the end of quarter 4, and would consider the effectiveness of the Trust’s response to a range of Sepsis cases over a randomly selected period.

Barry Lipscomb asked why the recommendation focused purely on adults. Professor Young responded that Sepsis in children had been considered last year, both nationally and within SCAS.
David Palmer stated that the electronic patient reporting system does not, as yet, have the facility to record National Early Warning Scores (NEWS). Professor Young advised that a workaround would need to be found in light of this.

David Palmer also suggested that there had been a delay in the roll-out of the training.

The Chair noted that the Governors had selected Sepsis, and therefore asked Professor Young to highlight, as a matter of urgency, if the issues raised by David Palmer were likely to constrain External Audit from obtaining the information required to audit the selected indicator; otherwise it would be presumed that everything was in hand.

David Palmer stated that, despite the issues he had raised, he still considered that auditing the selected indicator would be beneficial and informative for the CoG.

**Action 3.3**
Professor Helen Young to provide an update at the 16 April meeting on progress auditing the local clinical quality indicator selected by Governors.

**Reports from Council of Governors Committees and Groups**

4.1 – Report from the Membership and Engagement Committee
Paul Ader presented the report from the Membership and Engagement Committee on behalf of Mark Davis. He highlighted the minutes of the last committee meeting on 26 September and a number of key points including:

- the importance of member and public engagement to the Governor role (i.e. one of the two main duties)
- David Drew and David Luckett had recently joined the committee and a number of vacancies remained if other Governors were interested
- James Underhay had raised an important point at the last meeting in relation to how effective member and public engagement could truly be measured.

Ray Rowsell, in noting that he would be concluding his role as a SCAS Governor at the end of February, asked whether he could attend the next committee meeting to share his observations about engagement. Paul Ader responded that he would be very welcome.

David Palmer asked about the ‘Virtual 100 club’. Paul Ader and James Underhay explained that this was an initiative to engage more closely with the most active proportion of the Trust’s 13,500 public members (i.e. those who communicated with the Trust, attended meetings, responded to surveys etc.).

**Other Items for Information/Discussion**

5.1 – Governor Activities
The Chair asked for Governors to provide feedback from any activities undertaken since the previous meeting. A range of contributions were made, including:

- Bob Duggan advised that he remained part of a national Lead Governor Network and had attended a recent meeting; he also noted that he would be putting himself forward for the position of Chair of this network
- Ray Rowsell informed the CoG that he had attended an Infrastructure Delivery Group meeting at Havant Borough Council; the Group had been considering a plan which contained some
inaccurate information about SCAS/the Ambulance sector. Steve Garside advised that he had asked the Head of Operations for South East Hampshire, Tracy Redman, to pick this issue up

• Ray Rowsell also highlighted that he had visited Queen Alexandra Hospital in Portsmouth on New Year’s Eve. He noted that, on arrival, eleven ambulance vehicles were queuing and that SCAS staff described the situation as “normal”. He also fed back that SCAS staff appeared to be well informed about the challenges and the actions that management were taking. Philip Astle praised Michele Foote for her own personal contribution on New Year’s Eve.

• Sabrina Chetcuti reported that she had been part of a Berkshire West Clinical Commissioning Group Federation quality assurance visit to Newbury Station; this had been very positive and a report had been issued to SCAS

• Colin Godbold advised that he had chaired a very good meeting of the Berkshire Engagement Forum at Newbury College. Representatives from the Berkshire Fire Co-Responder Scheme had been present and made a hugely valuable contribution

• Paul Ader reported on a visit to the Northern House Emergency Operations Centre prior to Christmas; this had provided valuable learning, and he expressed his gratitude to ‘Bukola James-Adeyemi for making the arrangements

Finally, Barry Lipscomb asked whether Governors required Disclosure and Barring Service (DBS) checks in order to participate in a crew ride-out. Steve Garside responded that a risk assessment had informed a decision that these checks were not required on the grounds that Governors would not have direct and unattended contact with patients.

5.2 – Non-Executive Directors Activities
Nigel Chapman highlighted some of his key reflections on being a NED at SCAS. These included:

• despite being a member of a number of Boards, he noted that that the SCAS Board had particularly robust discussions and that the NHS Foundation Trust Governor model placed additional scrutiny on the contribution made by the NEDs

• he was working closely with Steve Garside on further improving the Board papers, and that progress was being made in terms of strengthening accountability and the presentation of information

• both he and Sumit Biswas were supporting the Communications Team in the development of a new communications and engagement strategy; the Board was likely to be reviewing a draft version at its February Seminar

• in his capacity of Chair of the Charitable Funds Committee, he was supporting the aim to further develop and professionalise the SCAS Charity. He noted that the Trust’s CFRs were excellent supporters of the Charity

• the leadership walkaround process, and the associated engagement with staff, was vital in terms of supplementing the significant amount of reading undertaken by Board members

In conclusion, Nigel Chapman stated that he considered the NED team to be very strong and sharing the same ambition as the Executive Team in relation to moving from ‘good’ to ‘outstanding’.

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

• communications and engagement strategy – in response to a question from Paul Ader, Nigel Chapman advised that details of the final strategy would be shared with the Membership and
Engagement Committee, but in the meantime further work was required to sharpen up on priorities

- leadership walkarounds – in response to a question from Debbie Sengelow, Nigel Chapman confirmed that he would ensure that the future leadership walkaround programme incorporated sufficient opportunities to visit the Trust's corporate and support areas

- assurance over fleet capability - in response to a question from Ray Rowsell, Alastair Mitchell-Baker advised that the Board of the Trust's subsidiary company – South Central Fleet Services Limited (SCFS) – monitored the fleet of the emergency services division in great detail, and that Mike Hawker (NED) was also a member of the SCFS Board. Alastair Mitchell-Baker highlighted a range of fleet-related key performance indicators in the SCAS Integrated Performance Report, and the focus on fleet as part of the leadership walkaround programme.

Ray Rowsell advised that, whilst he did not expect the NEDs to have specialist knowledge of fleet issues, the focus of their assurance needed to go beyond purely clinical issues. He noted that he was liaising with his NED 'buddy', Mike Hawker, over this particular subject.

Action 5.2
Professor Helen Young to ensure that the leadership walkaround programme includes sufficient opportunities for Board members to visit corporate and support areas throughout SCAS.

5.3 – Company Secretary’s Report
Steve Garside advised that he was seeking approval for an amendment to the Governors’ Expenses Policy, in line with the recommendation in his report. The CoG approved the following amendment to the policy, effective from 1 April 2018:

“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 must be made within three months of the activity/activities taking place unless there are extenuating circumstances”.

Action 5.3a
‘Bukola James-Adeyemi to re-issue the revised Governors’ Expenses Policy on 1 April 2018.

Steve Garside presented an overview of the meeting that had been held to discuss the functioning of the CoG. In particular he noted that:

- there was a view amongst all of the participants of the meeting that the current functioning of the SCAS CoG is generally effective and continuing to move in a positive direction, but that some further improvements could be made as part of the desire to have the best possible CoG

- the starting point for further CoG development should be a survey to understand the views of all Governors on what works well and what can be improved

- a workshop should be held to take forward some focused work on the nature of the Governor role and how this can best be delivered in SCAS.

Debbie Sengelow asked whether the outgoing Governors would have an exit interview. The Chair confirmed that the intention was to include the outgoing Governors in the proposed survey but, either way, their feedback would be sought.

The Chair expressed an opinion that SCAS had a good CoG but that improvements could always be made and now was a good time to do this; the views, ideas and perspectives of all Governors would be crucial to this. She also noted that the new Governor induction event held earlier in the day had included a new session, involving case studies, around how Governors should hold the NEDs to account.
David Drew asked how the impact and effectiveness of the CoG could truly be measured. The Chair stated that being able to demonstrate that the statutory duties had been delivered would be important. She also noted that the approach of the Care Quality Commission to this particular aspect would be to review the minutes of CoG and Board meetings and assess the extent to which Governors were able to ask questions and receive an answer.

Ray Rowsell supported Steve Garside’s view that the survey should allow Governors to feedback in an uninhibited way. He also noted that the meeting on 15 November to review the functioning of the CoG had been a ‘full and frank’ discussion, as should be the case.

Barry Lipscomb thanked Steve Garside for developing and presenting an action plan. He indicated his support for this, but asked that the subject of ‘accountability’ be included as part of action 1. He confirmed that, with this refinement, the issues he had raised in his Lead Governor’s Report were entirely picked up by the action plan.

The CoG approved the CoG Development Action Plan, as proposed, and Steve Garside confirmed that he would provide an update on progress at the April meeting.

<table>
<thead>
<tr>
<th>Action 5.3b</th>
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<tbody>
<tr>
<td>Steve Garside to provide an update on progress against the CoG Development Action Plan at the 16 April meeting.</td>
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</table>

5.4 – Lead Governor’s Report
Barry Lipscomb advised that sections 1-4 of his report were an attempt to reflect the views of all Governors. He reiterated his comment that the Company Secretary’s CoG Development Action Plan addressed these points, and highlighted the sentiments he had expressed in his report in relation to operational and clinical staff and the quality of care they were providing to patients in such challenging times.

Closing Business

6.1 – Any Other Business including Questions from Members/Observers
The Chair noted that she had received some questions and comments over the Christmas/New Year period from David Drew, and wished to share these, and responses, with the wider CoG:

- BBC media coverage of ‘drunk tanks’ in Oxford City Centre (“a safe environment where those who have self-inflicted can rest and recuperate for a while”) – Philip Astle advised that these were not unique to Oxford but were also located in other urban areas such as Portsmouth and Southampton. James Birdseye informed the CoG that the Royal College of Emergency Medicine had expressed concern about this initiative in light of a potential risk of overlooking patients who were acutely unwell

- influenza – the Chair advised that David Drew’s question had been addressed earlier in the meeting

- use of social media to keep patients updated – the Chair stated that there had been periods over Christmas/New Year where social media had been used quite actively to communicate key messages to patients about the 999 and 111 services, and the challenges being experienced. She noted, however, that there were further opportunities for SCAS to make greater use of social media in this area, similar to the way it is used by the Recruitment Team in terms of job opportunities.

Frank Epstein asked about the appointment of new NEDs. Steve Garside advised that the Fit and Proper Person Test checks were still being progressed but that he did not envisage any problems.

Ray Rowsell commented that he had recently heard an anecdote that around 1/3 of the beds at Queen Alexandra Hospital in Portsmouth were filled by people who were not ill. He raised this in
recognition of the power of a simple message when most other explanations of the problems there were complex and not necessarily understood by the general public.

Richard Coates raised three items of other business:

- he noted that there had been some criticism on social media of the quality of the “NHS111” service in his area, with a suggestion that patients were losing confidence in this and going directly to 999. Alastair Mitchell-Baker questioned whether this actually related to the 111 service provided by SCAS or the out of hours service delivered by other providers. He noted that there were significant issues with the out of hours service but that the public may not be able to distinguish this from the 111 service. Philip Astle agreed to look into this, and also consider whether callers to NHS111 could be provided with a reference number.

- he had submitted questions to Steve Garside regarding fire-related safeguarding referrals, and the financing of the Hazardous Area Resource Team, and received answers to both. He asked whether he would be able to make some suggestions regarding possible future SCAS service lines at the Strategy Workshop on 7 February. Steve Garside confirmed that this would be appropriate and that any suggestions would be given due consideration.

- he asked the Chief Operating Officer to not hesitate in seeking to make the most possible use of CFRs during these times of great pressure. The Chair noted this comment and stated that the Trust hugely appreciated and valued the contribution made by the CFR community.

<table>
<thead>
<tr>
<th>Action 6.1</th>
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<tbody>
<tr>
<td>Philip Astle to consider:</td>
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<tr>
<td>a) from a reputational management perspective, whether there is evidence of confusion amongst the public in Hampshire about the NHS111 service provided by SCAS compared with the out of hours services provided by other organisations</td>
</tr>
<tr>
<td>b) whether callers to the SCAS NHS111 service could be provided with a reference number.</td>
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</table>

Philip Astle provided a real-time update on the evening’s position at Queen Alexandra Hospital in Portsmouth, noting that currently there were no SCAS ambulances queuing outside.

Finally, Alastair Mitchell-Baker advised that this would be his last attendance at a CoG meeting prior to leaving his role with the Trust at the end of March. Barry Lipscomb thanked Alastair Mitchell-Baker for his significant contribution to SCAS and acknowledged that he would be greatly missed.

6.2 – Date and Time of Next Meeting
It was noted that the next formal meeting in public would be taking place on Monday 16 April.

Acronyms used
- ACS: Accountable Care Systems
- ARP: Ambulance Response Programme
- CFR: Community First Responder
- NED: Non-Executive Director
ENCLOSURE B

Matters arising from the meeting held on 11 January 2018
**COUNCIL OF GOVERNORS**

<table>
<thead>
<tr>
<th>Meeting:</th>
<th>Council of Governors</th>
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<tbody>
<tr>
<td>Date of Meeting:</td>
<td>16 April 2018</td>
</tr>
<tr>
<td>Title of Paper:</td>
<td>Matters arising from the meeting held on 11 January 2018</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Steve Garside, Company Secretary</td>
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</tbody>
</table>

**Main Aim:**

To ensure good governance practice in confirming that the action points from the 11 January 2018 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 11 January 2018; six of these have been fully completed and are considered to be closed, and two are still being progressed. In relation to some of the actions that have been fully completed:

- the Board member leadership walkthrough programme includes additional coverage of corporate/support areas
- auditing of the local clinical quality indicator selected by Governors is progressing to plan
- the updated Governors’ Expenses Policy has been reissued

**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
## ACTIONS AGREED AT 11 JANUARY 2018 COUNCIL OF GOVERNORS MEETING

<table>
<thead>
<tr>
<th>Ref No</th>
<th>Agenda Topic</th>
<th>Summary of Action Required</th>
<th>Lead</th>
<th>Due Date</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Action 3.2a</td>
<td>Governor Representation and the Composition of the CoG</td>
<td>Steve Garside to take forward arrangements for establishing a new CFR Governor role on the SCAS CoG.</td>
<td>SG</td>
<td>16/4/2018</td>
<td>Action in hand&lt;br&gt; An update is provided in the Company Secretary’s Report item on today’s meeting agenda (Enc. H). This is being progressed.</td>
</tr>
<tr>
<td>Action 3.2b</td>
<td>Governor Representation and the Composition of the CoG</td>
<td>Steve Garside to further explore opportunities to have representation from the mental health sector, and from younger people, on the SCAS CoG, and provide an update at the 16 April meeting.</td>
<td>SG</td>
<td>16/4/2018</td>
<td>Action outstanding/to be resolved&lt;br&gt; An update is provided in the Company Secretary’s Report item on today’s meeting agenda (Enc. H).</td>
</tr>
<tr>
<td>Action 3.2c</td>
<td>Governor Representation and the Composition of the CoG</td>
<td>James Underhay to circulate a short briefing setting out how the Trust engages with younger people.</td>
<td>JU</td>
<td>16/4/2018</td>
<td>Action completed&lt;br&gt; A short briefing was circulated on 5 April.</td>
</tr>
<tr>
<td>Action 3.3</td>
<td>Local Clinical Quality Indicator - Sepsis</td>
<td>Professor Helen Young to provide an update at the 16 April meeting on progress auditing the local clinical quality indicator selected by Governors.</td>
<td>HY</td>
<td>16/4/2018</td>
<td>Action completed&lt;br&gt; No issues have been identified in relation to the local clinical quality indicator selected by Governor (sepsis) and the audit is beginning w/c 16 April. We hope to present the outcomes at the July meeting.</td>
</tr>
<tr>
<td>Action 5.2</td>
<td>Non-Executive Directors Activities</td>
<td>Professor Helen Young to ensure that the leadership walkaround programme includes</td>
<td>HY</td>
<td>16/4/2018</td>
<td>Action completed&lt;br&gt; The programme now includes</td>
</tr>
</tbody>
</table>
sufficient opportunities for Board members to visit corporate and support areas throughout SCAS. a number of visits to corporate and support areas. In the next couple of months this will include Southern House, Northern House, Nursling and the new Unit 2 facility in Bicester.

| Action 5.3a | Company Secretary’s Report | ‘Bukola James-Adeyemi to re-issue the revised Governors’ Expenses Policy on 1 April 2018. | BJA | 1/4/2018 | Action completed The updated Governors’ Expenses Policy has been reissued, and is also available on the Governors Portal. |
| Action 5.3b | Company Secretary’s Report | Steve Garside to provide an update on progress against the CoG Development Action Plan at the 16 April meeting. | SG | 16/4/2018 | Action completed An update is provided in the Company Secretary’s Report item on today’s meeting agenda (Enc. H). |
| Action 6.1 | Any Other Business including Questions from Members/Observers | Philip Astle to consider: a) from a reputational management perspective, whether there is evidence of confusion amongst the public in Hampshire about the NHS111 service provided by SCAS compared with the out of hours services provided by other organisations b) whether callers to the SCAS NHS111 service could be provided with a reference number. | PA | 16/4/2018 | Action completed Philip Astle has advised that “There is no doubt that the majority of the public will consider the 111 service and the “doctors” of the Out of Hours (OOH) service as part of the same organisation (even if that organisation is, in their minds, the NHS). Even if they are aware of the difference between providers they still have to phone 111 back if their needs are not met by OOHs. We need to address any potential confusion, and the partnership approach that
we have adopted in Thames Valley and are now adopting in Hampshire seems the right way of going”.

Philip Astle has also advised that “111 callers are not provided with a reference number, this is done for 999 callers only. This is done in 999 for ease in finding an existing job if a patient calls back; the Emergency Call Taker can search on that event number. This will not benefit the patient as we can search for them when they call us back. I will also be concerned that this will lengthen our call length due to the patient wanting to write the number down and so on. We are looking at texting solutions so this will be the way forward.

Key for leads

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
BJA  ‘Bukola James-Adeyemi, Senior Administrator (Company Secretary’s Office)
ENCLOSURE C

Chief Executive’s Report including Performance Update
## Council of Governors Meeting

**Meeting:** Council of Governors  
**Date of Meeting:** 16 April 2018  
**Title of Paper:** Chief Executive’s Report including Performance Update  
**Presented by:** Will Hancock, Chief Executive  

### Main Aim:
To update the Council of Governors on a range of issues and developments affecting the Trust. The report is shaped around the key themes used by the regulator NHS Improvement to assess providers:

- operational performance  
- quality of care  
- strategic change  
- finance and use of resources  
- leadership and improvement capability

### 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
### 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 papers for the 29 March Board meeting in public, at which a number of Governors were present.

### EXECUTIVE SUMMARY / TOP THREE ISSUES FOR BOARD ATTENTION

2. The three areas that I would particularly like to bring to the Governors attention are:

   - **service delivery** – maximum focus continues to be applied on ensuring that we deliver the best possible outcomes for those using SCAS services, be it 999, 111, Integrated Urgent Care (IUC) or Patient Transport Services, whilst supporting our staff in the process.

   - **staff survey** – we had another very positive staff survey result but must ensure that we successfully translate the outcomes of this into action plans that will further enhance the physical and mental health and well-being of our workforce.

   - **strategy** – we continue to actively contribute to the various ongoing strategic initiatives, including Integrated Care Systems (previously Accountable Care Systems) and Sustainability and Transformation Plans. We must also look to capitalise, over the next few years, on our successful bid to become a Global Digital Exemplar.

### OPERATIONAL PERFORMANCE

#### NHSI ‘Single Oversight Framework’

3. We remain in segment 1 (maximum autonomy) under NHSI’s Single Oversight Framework (SOF) regulatory approach, one of only two Ambulance Trusts in the country to be in the highest category. From 1 April, performance on the Ambulance Response Programme (ARP) standards will be taken into account as part of the SOF assessment.

#### NHS 999 performance

4. The Integrated Performance Report in the March Board papers reports on the first four months of performance against the ARP standards. We discussed a very challenging first half of January at our last meeting, and since then have also experienced difficulties from a weather perspective, particularly at the end of February.

5. That said, we delivered an improved level of performance in February, with three targets being successfully achieved – Category 1 response 90th percentile, Category 1 transport, and Category 2 – and we were only marginally out on the particularly key Category 1 response target (7 minutes and 5 seconds, against the target of 7 minutes).
Performance in February was generally better in Hampshire, compared to the Thames Valley. Although hospital handover delays remained high at Queen Alexandra Hospital in Portsmouth, we were helped by an increased level of cover and managed to deliver a creditable performance.

Thames Valley

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<th>Performance Measure</th>
<th>Feb-18 Actual</th>
<th>Plan</th>
<th>RAG</th>
<th>Year to date Actual</th>
<th>Plan</th>
<th>RAG</th>
<th>Full year Forecast</th>
<th>Plan</th>
<th>RAG</th>
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<tr>
<td>Cat 3 90th Percentile - 2 Hours</td>
<td>02:17:40</td>
<td>02:14:31</td>
<td>R</td>
<td>02:17:26</td>
<td>02:00:00</td>
<td>R</td>
<td>02:17:26</td>
<td>02:00:00</td>
<td>R</td>
</tr>
<tr>
<td>Cat 4 90th Percentile - 3 Hours</td>
<td>03:27:43</td>
<td>03:18:53</td>
<td>R</td>
<td>03:00:00</td>
<td>03:00:00</td>
<td>R</td>
<td>03:00:00</td>
<td>03:00:00</td>
<td>R</td>
</tr>
</tbody>
</table>
We have continued to experience high levels of handover delays during February with the Trust losing 1,900 hours (compared to 2,564 hours in January). Portsmouth Hospital Trust (PHT) continues to be the main outlier with 782 hours lost for the month. We are working closely with the PHT management team to identify areas for improvement to ensure they are better prepared for next winter. This includes reviewing the expansion opportunities for the Emergency Department (ED) to increase their capacity and avoid ambulances being unable to handover their patients.

**NHS 111 performance**

NHS111 performance was also better than January but still fell short of the call answer target (84.3% vs 95% target). Disappointingly the referrals to 999 and EDs have remained higher than we would have wanted. However, the national benchmarking presented to the NHS shows that we are a top third performer for NHS111 but we continue to focus on performance improvement locally.

As an aside, and in relation to NHS111 provision in Hampshire, our commissioners have formally announced their intention to directly award contracts to the existing NHS111 and GP out-of-hours providers (SCAS, North Hampshire Urgent Care and Portsmouth Health Limited) so that we can work together to co-design and deliver Integrated Urgent Care (IUC) Services.

The commissioners have published a Prior Information Notice (PIN) explaining why they are postponing a competitive procurement and are giving the market 30 days to raise any legal objections. If there are no legal objections, their intention is to award three year contracts.

We welcome the opportunity to work with partners to design future services and to bring forward the benefits of IUC Services for all of our patients.

**Patient Transport Service (PTS) performance**

PTS call answer performance has improved over the winter period, which is pleasing given the level of management attention and the performance improvement plan that was developed. The service, however, is not without its challenges and one of the aims of the
transformation programme recently approved by the Board for the Commercial Division is to improve our capability for sustaining high levels of service delivery and patient care.

Alongside the restructuring there continues to be an ongoing ‘end to end’ review of processes and procedures to ensure these are ‘fit for purpose’ for the future business, and where possible supported effectively with existing or future technologies. The investment in Commercial Services business will have a positive impact on staff and the introduction of a programme of development and training tailored to support staff working in new positions will ensure that individuals are clear about their new roles, understand the background and rationale for the changes, and are properly equipped to deliver excellent patient care.

QUALITY OF CARE

Care Quality Commission (CQC) inspection - SCAS

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. I would like to thank those members of staff and Governors (Bob Duggan, Richard Coates, Sabrina Chetcuti, Jeanette Clifford and Debbie Sengelow) who recently took part in ‘keeping in touch’ focus group meetings with members of the CQC inspection team.

CQC – Local System Reviews

I have made reference previously to the Local System Reviews. The aim of these reviews is to understand how effectively people and patients move through the health and social care system, with a particular focus on the interfaces between different services.

The report following the review of Oxfordshire recognises that the services provided by SCAS, and the work of our staff, are successes within the healthcare system. This includes our work with High Intensity Users, the Chipping Norton First Aid Unit, the high level of care that we provide to patients enabling them to be treated in their own homes without the need to be taken to hospital, our successful Patient Transport Service, and the development of NHS 111 into our new IUC Service.

There are, however, issues for all partners to address including reviewing and developing the way that the health and social care system in Oxfordshire strategically plans and commissions services. A copy of the report can be accessed at:


We are awaiting the report following the review of Hampshire which took place in late March.

FINANCE AND USE OF RESOURCES

Financial performance

The Trust remains on track to deliver its budget for 2017/18 of a £1.4m deficit. In terms of the 2018/19 budget, which is underpinned by the second year of a two year agreed contract with commissioners, the Board has agreed a realistic, yet challenging, budget that will reduce this deficit by around half (i.e. to a £700k deficit).
**STRATEGIC CHANGE**

**Integrated Care Systems (ICS)**

20 We continue to be appropriately engaged in all of our local ICS, with key Executive Directors, Managers and Non-Executive Directors assigned to help shape and inform our contribution.

21 We held a very good session on ICS with the Governors on 7 February (as part of our annual strategy workshop) and identified the importance, where possible, of SCAS Governors engaging with the Governors of other NHS Foundation Trusts to help further understand the challenges faced by local systems and the actions being taken.

22 We also intend, following the recent changes in Governors and NEDs, to re-launch the informal buddying scheme, with the aim of this supporting the flow of information about progress being made in each of the ICS.

**Digital Strategy**

23 I am delighted to report that we have been successful in our bid to become a Global Digital Exemplar (GDE). This will be a key component of our digital strategy over the next few years and enable us to take advantage of a range 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.

**LEADERSHIP AND IMPROVEMENT CAPABILITY (WELL-LED)**

**NHS Staff Survey 2017**

24 We had another great response from SCAS staff to the 2017 NHS Staff Survey. A total of 2061 staff participated, giving us a response rate of 61%, again the highest return rate of all Ambulance Trusts. This provides the Trust with meaningful and valuable data to use as the basis for addressing the issues which matter most to our staff.

25 I am particularly delighted with the positive feedback on issues such as support from immediate management, communication between senior management and staff, staff confidence and security in reporting unsafe clinical practice, effective team working and fairness and effectiveness of procedures for reporting errors, near misses and incidents.

26 We discussed in detail the staff survey results at the Board meeting on 29 March (item 12) and the full and summary results can be accessed at:

Non-Executive Director (NED) appointments

I was delighted to welcome three new NEDs to SCAS, with Les Broude joining on 1 February, and Priya Singh and Anne Stebbing officially starting on 1 April, each appointed by the CoG and following the hard work of the Nominations Committee.

Lead Director:  Will Hancock, Chief Executive  
Author:  Steve Garside, Company Secretary  
Date:  5 April 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1</td>
<td>Time critical life-threatening event needing immediate intervention and/or resuscitation</td>
</tr>
<tr>
<td>Category 2</td>
<td>Potentially serious conditions that may require rapid assessment, urgent on-scene intervention, and/or urgent transport</td>
</tr>
<tr>
<td>Category 3</td>
<td>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.</td>
</tr>
<tr>
<td>Category 4</td>
<td>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.</td>
</tr>
</tbody>
</table>
ENCLOSURE D

SCAS Workforce and Organisational Development – A Briefing on Current Issues
<table>
<thead>
<tr>
<th>Meeting:</th>
<th>Council of Governors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Meeting:</td>
<td>16 April 2018</td>
</tr>
<tr>
<td>Title of Paper:</td>
<td>SCAS Workforce and Organisational Development – A Briefing on Key Current Issues</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Melanie Saunders, Director of Human Resources and Organisational Development</td>
</tr>
<tr>
<td>Paper for Debate, Decision or Information:</td>
<td>Information</td>
</tr>
<tr>
<td>Main Aim:</td>
<td>To brief the Governors on a range of current workforce and organisational development opportunities and challenges for the Trust, with a particular emphasis on:</td>
</tr>
<tr>
<td></td>
<td>- Workforce planning</td>
</tr>
<tr>
<td></td>
<td>- Appraisals</td>
</tr>
<tr>
<td></td>
<td>- Training</td>
</tr>
<tr>
<td></td>
<td>- Staff survey results and areas of focus</td>
</tr>
<tr>
<td></td>
<td>- Organisational development</td>
</tr>
<tr>
<td></td>
<td>- initiatives for supporting staff and improving their health and well-being</td>
</tr>
<tr>
<td>Summary of key points for consideration:</td>
<td>Governors are encouraged to direct questions on any issues raised by the report to the Non Executive Directors present.</td>
</tr>
<tr>
<td>Recommendations or Outcome Required :</td>
<td>Note</td>
</tr>
<tr>
<td>Previous Forum:</td>
<td>Workforce related matters are discussed at every meeting of the Council of Governors</td>
</tr>
<tr>
<td>Statutory Requirements Met:</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact in case of query concerning this paper:</td>
<td>Steve Garside, Company Secretary, 01869 365032</td>
</tr>
</tbody>
</table>
SCAS WORKFORCE AND ORGANISATIONAL DEVELOPMENT – A BRIEFING ON CURRENT ISSUES

PURPOSE

1 The purpose of the report is to provide a high level overview of some of our workforce and organisation development challenges and opportunities from 2017/18, along with an initial view of our strategic organisational development ambitions as we head into 2018/19.

2 Much of the performance elements relating to the workforce agenda (for example, recruitment, attrition, sickness absence etc.) are reported in the Board reports, including the Integrated Performance Report (IPR), throughout the course of the year. The most recent Board papers, which include the IPR but also the staff survey results and our position on the gender pay gap, can be found at:


3 I will provide an overview of the key topics and themes at the Council of Governors meeting, along within an opportunity for questions and discussion.

WORKFORCE PLANS

4 Our workforce plans have been designed to deliver continuing workforce improvements, thus supporting:

   • safe and effective patient care and key performance targets;
   • workforce sustainability and improving workforce numbers beyond 2017/18;
   • continued improvement on recruitment, attrition (leavers) and workforce stability;
   • reduced reliance on agency workers and achievement of reductions in agency spend; and
   • delivery of transformation plans.

5 The Trust now benefits from four fully integrated workforce plans (integrating finance, deployment/demand profiles, recruitment and education), one for each of the core areas of the business.

6 To month 11 (February 2018) we achieved the following:
<table>
<thead>
<tr>
<th></th>
<th>Forecast</th>
<th>M11 Actual</th>
<th>Variance to plan</th>
<th>Variance to M1</th>
</tr>
</thead>
<tbody>
<tr>
<td>999 Recruitment</td>
<td>233</td>
<td>200</td>
<td>-33</td>
<td></td>
</tr>
<tr>
<td>999 Attrition</td>
<td>164</td>
<td>199</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>999 Workforce</td>
<td>1601</td>
<td>1532</td>
<td>-69</td>
<td>-8</td>
</tr>
<tr>
<td>EOC Recruitment</td>
<td>94</td>
<td>80</td>
<td>-14</td>
<td></td>
</tr>
<tr>
<td>EOC Attrition</td>
<td>66</td>
<td>59</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>EOC Workforce</td>
<td>254</td>
<td>230</td>
<td>-24</td>
<td>4</td>
</tr>
<tr>
<td>111 Recruitment</td>
<td>119</td>
<td>92</td>
<td>-27</td>
<td></td>
</tr>
<tr>
<td>111 Attrition</td>
<td>71</td>
<td>63</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>111 Workforce</td>
<td>230</td>
<td>163*</td>
<td>-67</td>
<td>-12</td>
</tr>
<tr>
<td>PTS Recruitment</td>
<td>223</td>
<td>166</td>
<td>-57</td>
<td></td>
</tr>
<tr>
<td>PTS Attrition</td>
<td>89</td>
<td>108</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>PTS Workforce</td>
<td>586</td>
<td>545</td>
<td>-41</td>
<td>41</td>
</tr>
</tbody>
</table>

*111 benefits additional 52 agency/bank workforce.

7 The challenge of recruiting to forecast has been evident throughout the year across the range of workforce plans, in particular with Call Handling roles both within 111 and 999. These remain difficult posts to recruit to due to strong local competition for this workforce, all of whom offer differing and highly competitive employment packages. We have increased our social media activity and are scoping out new working practices to support attraction and retention of staff.

8 We have, however, had successes in trailblazing new methods of working; this is evident in the positive achievements of Home Working Clinicians for the 111 service. This methodology has provided a flexible workforce and the service in the North which piloted the trail is at budgeted establishment. The PTS service is also benefiting from higher levels of recruitment activity and have reduced their overall vacancy rate. There is collaborative work on going to support a flow of staff progression from PTS to 999 front line; this will be piloted in the second quarter of 2018/2019.

9 The open days held in January 2018 in both Bicester and Otterbourne continue to be hugely productive in terms of attraction and applications, whilst also engaging school leavers and those seeking information for career planning. The open evenings for the Clinical Co-ordination Centre (CCC) are less successful so we have modified the strategy and are giving more regular opportunities to candidates. We in 2017/2018 attended over 30 events in schools, colleges, job fairs and targeted careers events.

10 The 999 workforce plan for 2018/19 has been re-developed to take into account a changing workforce mix designed to support new performance standards under the Ambulance Response Programme (ARP).

**APPRAISALS**

11 Following our 2016 staff survey results, and as part of development of our Care Quality Commission action plan, we aimed to improve appraisal (both numbers of staff receiving an appraisal and the quality of the appraisal) throughout the year. During the year (to month 11) we improved compliance from 79.6% (April 2017) to 86%. Additionally 80% of 2017 staff survey participants confirmed they had received an appraisal in the last 12 months; this represents an improvement from 76% reporting they had received an appraisal during the 2016 staff survey.

12 During Q3 the appraisal process in SCAS was also reviewed. The primary purpose of the review was to enhance the quality of the staff experience of their appraisal. However, it is
envisaged that addressing the quality of appraisals should have a knock on effect in compliance: a move from "making people do it" because we are measuring performance to "people wanting to do it" because it is a rewarding experience.

The revised documentation was developed following feedback and focus groups with a range of stakeholders and was launched during January 2018.

**VALUES BASED BEHAVIOURS**

14 With the launch of the new appraisal we took the opportunity to re-launch our Values Based Behavioural sets. Our ambition is to continue to move towards an organisational culture with a greater emphasis on appropriate behaviours and an expectation that our staff model our values and associated behaviours at work, both in their professional role and towards each other.

15 The behavioural set documents provide role relevant examples of the behaviours expected at work and the purpose of these documents is to provide SCAS employees (at all levels of the organisation) with behavioural guidelines to support them within their jobs and to allow them to understand what behaviours are expected of them at work.

16 Seven different sets of behaviours have been designed to cover all our staff groups. An example of the behaviours set is attached at appendix A.

**STATUTORY AND MANDATORY TRAINING**

17 Following our 2016 staff survey results, and as part of development of our Care Quality Commission action plan, we aimed to improve statutory and mandatory training compliance throughout the year. During the year (to month 11) we remained steady across all core subject areas, however 90% of 2017 staff survey participants confirmed they had received mandatory training in the last 12 months, this represents an improvement from 84% reporting they had received mandatory training during the 2016 staff survey.

18 Our face to face delivery, whilst not without challenge, has been our most successful year to-date. In all, 1652 front-line staff and managers were trained, with only 198 staff outstanding; these staff members will be prioritised for attendance at 2018/19 face to face training which commences in April 2018.

19 Engaging staff in completion of our e-learning programme continues to be a challenge; complexity of the system remains a core response for non-compliance. We will continue to focus efforts on improving in this area during 2018.

**2017 NHS NATIONAL STAFF SURVEY**

20 During the autumn of 2017 a total of 3373 SCAS employees were sent a questionnaire of which 3373 were eligible to complete. Of these, 2061 returned a completed survey, giving a response rate of 61.1%; this exceeded our target of 60% and our response rate from 2016 of 59.6%. The average response rate for 'Picker' Ambulance Trusts was 47.3%, SCAS once again achieved the highest response rate of all Ambulance Trusts.

21 The 2017 results indicate a continuing improvement on the last three years of survey results, demonstrating that the ongoing organisation development agenda continues to benefit our staff and their working lives. Our top 10 improvements since 2016 are shown in table 1 below.
### Table 1 - Top 10 Improvements

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>CHANGE SINCE 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability: organisation made adequate adjustment(s) to enable me to carry out work</td>
<td>63%</td>
<td>66%</td>
<td>74%</td>
<td>8%</td>
</tr>
<tr>
<td>Had mandatory training in the last 12 months</td>
<td>86%</td>
<td>84%</td>
<td>90%</td>
<td>6%</td>
</tr>
<tr>
<td>Senior managers act on staff feedback</td>
<td>20%</td>
<td>21%</td>
<td>27%</td>
<td>6%</td>
</tr>
<tr>
<td>Immediate manager can be counted upon to help with difficult tasks</td>
<td>70%</td>
<td>71%</td>
<td>76%</td>
<td>5%</td>
</tr>
<tr>
<td>Organisation takes action to ensure errors are not repeated</td>
<td>50%</td>
<td>56%</td>
<td>61%</td>
<td>5%</td>
</tr>
<tr>
<td>Staff given feedback about changes made in response to reported errors</td>
<td>43%</td>
<td>50%</td>
<td>54%</td>
<td>4%</td>
</tr>
<tr>
<td>Had appraisal/KSF review in last 12 months</td>
<td>75%</td>
<td>76%</td>
<td>80%</td>
<td>4%</td>
</tr>
<tr>
<td>Supported by manager to receive training, learning or development identified in appraisal</td>
<td>45%</td>
<td>47%</td>
<td>51%</td>
<td>4%</td>
</tr>
<tr>
<td>Feedback from patients/service users is used to make informed decisions within dept</td>
<td>36%</td>
<td>36%</td>
<td>40%</td>
<td>4%</td>
</tr>
<tr>
<td>Enough staff at organisation to do my job properly</td>
<td>15%</td>
<td>18%</td>
<td>22%</td>
<td>4%</td>
</tr>
</tbody>
</table>

22 The Trust scores significantly lower than average (compared to ‘picker’ Ambulance Trusts) on three questions, as outlined in table 2 below.

### Table 2 - Identified Weaknesses

<table>
<thead>
<tr>
<th>Q4g</th>
<th>Enough staff at organisation to do my job properly</th>
<th>SCAS</th>
<th>AVE</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q19</td>
<td>Had mandatory training in the last 12 months</td>
<td>90%</td>
<td>92%</td>
<td>84%</td>
</tr>
<tr>
<td>Q20a</td>
<td>Had appraisal/KSF review in last 12 months</td>
<td>80%</td>
<td>83%</td>
<td>76%</td>
</tr>
</tbody>
</table>

23 Each question was within 5% of the ‘picker’ Ambulance average, more importantly each question also featured within SCAS’ top 10 improvements for 2017. The Trust continued to provide key focus on Recruitment, Statutory and Mandatory Training and Appraisal during 2017; it is therefore reassuring to see the impact of our efforts in these areas continuing to be noted by our workforce.

### OTHER KEY ACHIEVEMENTS

24 During the year the Trust opened two new Education centres, one in Newbury (Bone Lane) and one in Bicester (adjacent to Northern House). This included opening our first simulation centre within the Newbury site.

25 We were successful in achieving GOLD status as a Ministry of Defence (MoD) employer, which we were presented by HRH Prince Harry of Windsor.

26 We also have signed up to the NHS Step in to Health initiative which supports MOD leavers in to the NHS, we were one of the first Trusts to sign up to this, we were then invited to an event and had the pleasure of a meet and greet with HRH Prince William of Windsor. SCAS’s successes are also being used as a case study for NHS employers through their promotional material and online. Secondary to this and to support our widening participation of employment we have signed up to the government’s programme ‘See Potential’ where we were invited to attend (as the only NHS Trust alongside JLR, BT and Deloitte) a HMRC event in London to present our work as a benchmark organisation. We
will continue to maintain our energy surrounding these. This has supported our aim to be a local employer of choice.

27 We continued our ambition to move to paperless solutions with the continued development of our electronic ways of working programme (e-WoW), successfully embedding e-Timesheets, e-filing (for HR files) and e-Expenses.

28 The Trust played an instrumental role in the development and the delivery of the national agreement to move Paramedics into Band 6 whilst implementing the range of elements within the agreement within our Trust.

29 Towards the end of the year, the Trust released positive statistics in relation to Gender Pay. While our gender pay gap of 5.1% is significantly below the UK average of 18.1% we are still committed to do more to close this gap. The first step in rectifying SCAS’ pay gap is to identify the causes and driving factors behind it; this work will continue following refresh of the data for 2018/19.

### STRATEGIC DIRECTION FOR 2018/19 AND BEYOND - ORGANISATIONAL DEVELOPMENT STRATEGY

30 During 2017/18 the Trust developed its first Organisational Development (OD) strategy and continues to complete the associated implementation plan. Both are due for Board review during quarter 1 of 2018/19.

31 OD is an organisational-wide effort to align the business strategy, structure and people to respond and adapt to the changing external environment.

32 The external environment in which SCAS operates is changing significantly and we are assuming a pivotal role in the provision of Integrated Urgent and emergency care services in local care systems. The overarching SCAS strategy has been updated to reflect this.

33 These changes place changing demands on our leadership, our workforce, our systems and our structures. Collaboration, integration, system leadership and commercial skills will all play an important role in our future.

34 SCAS has identified the following strategic aims for the period 2017-2022

<table>
<thead>
<tr>
<th>SCAS aims</th>
<th>Strategic objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Provider of choice</strong></td>
<td>To secure our competitive position and to win contracts, in order to deliver our service strategy</td>
</tr>
<tr>
<td></td>
<td>▪ To improve clinical outcomes and ensure patient safety</td>
</tr>
<tr>
<td></td>
<td>▪ To provide a positive patient experience</td>
</tr>
<tr>
<td></td>
<td>▪ To achieve Contractual key performance indicators (KPIs) consistently</td>
</tr>
<tr>
<td><strong>2. Partner of choice</strong></td>
<td>To ensure right care, first time</td>
</tr>
<tr>
<td></td>
<td>▪ To offer person-centred and locally responsive pathways of care</td>
</tr>
<tr>
<td></td>
<td>▪ To develop and grow our services to meet a range of customer needs</td>
</tr>
<tr>
<td></td>
<td>▪ To work with partners to improve pathways across local care systems</td>
</tr>
<tr>
<td><strong>3. Employer of choice</strong></td>
<td>To attract, recruit, develop and retain the workforce to deliver our service strategy</td>
</tr>
<tr>
<td></td>
<td>▪ To lead and engage staff in a culture of learning and improvement</td>
</tr>
<tr>
<td></td>
<td>▪ To motivate, enable and support our people to deliver excellence</td>
</tr>
</tbody>
</table>
4. **Sustainable and dynamic organisation**

To ensure sound governance, value for money and strong financial standing

- To transform our cost base
- To ensure future sustainability by winning viable contracts and developing robust service lines.

---

35 The overarching SCAS Strategy, the Service Strategy and our Values, as well as the feedback from the Executive Team, the SCAS Board and the Senior Leadership Team have been combined in putting together seven OD objectives. Aligned with the ‘McKinsey 7S framework’ model, these are:

1. Our Strategy will be clear, communicated and inspire people to deliver their best contribution.
2. Our Systems will be lean and efficient. They will make it easy for people to do the right thing and focus on what really matters.
3. Our Structures will be cost effective and empower staff with the emphasis on “team”. They will be flexible and adaptable to support changing needs and enable partnership working and integration.
4. Our Shared Values; Teamwork, Caring, Professional and Innovation underpin everything we do and will help us to achieve our vision of saving lives and enabling patients to get the care they need.
5. Our Style will be to support each other, work collaboratively and to inspire and empower people to contribute their best and “be the best they can be”
6. Our Skills will be in continuous improvement, business management and in inspirational leadership
7. Our Staff will have the clarity of role and purpose and the skills they need to excel in their work and will have opportunities for learning and growth. We will the right size and shape of workforce to deliver our vision.

---

36 SCAS is in the early days of its work on OD, and key areas for development during 2018 will include:

- Improving productivity through system/process design
- The Commercial Services Transformation Programme
- The 999 shift rota review (with a core focus on balancing patient demand, deployment and work-life balance).
• Embedding our values based behaviours throughout the organisation
• Continuing to develop our clinical workforce
• Implementing the national pay reforms (currently under consultation within the NHS)
• Continuing development of our team and leadership development programmes.

37 Other developing strategies include those for Communications, Health and Wellbeing and Digital Transformation, and these will be important enablers for delivering the OD Strategy.

<table>
<thead>
<tr>
<th>STRATEGIC DIRECTION FOR 2018/19 AND BEYOND - HEALTH, WELLBEING AND ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 Staff engagement and health, safety and wellbeing is a key organisation priority for 2018/19, whilst we will also strive to reduce our higher than average sickness absence rate.</td>
</tr>
<tr>
<td>39 Our health and wellbeing plan is currently undergoing a refresh; key aims will include:</td>
</tr>
<tr>
<td>• Equipping our managers to better manage, lead and support staff, including safety, health and wellbeing and staff satisfaction.</td>
</tr>
<tr>
<td>• Providing occupational health and wellbeing services which are focussed not only on intervention but also on prevention.</td>
</tr>
<tr>
<td>• Implementing a transparent, consistent and supportive sickness and attendance policy with the support of occupational health and our employee wellbeing services.</td>
</tr>
<tr>
<td>40 Furthermore, building a reputation as an employer that cares about the wellbeing of its employees could support the Trust in attracting and retaining staff. Investing in staff health and wellbeing is proven to bring benefits for patient care; by having strong and consistent teams of staff healthier and happier staff are likely to be more productive and motivated to deliver safer patient care.</td>
</tr>
<tr>
<td>41 In conclusion, none of our plans would be able to be brought to fruition if it were not for our staff and volunteers. Throughout 2018 the Executive Team will continue to work together with our teams and those providing vital services to our patients as we strive to achieve our ambition of becoming a world class service, enabling patients to get the right care, first time.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 The CoG is asked to note the report, and direct questions primarily to the Non-Executive Directors as part of their holding to account role.</td>
</tr>
</tbody>
</table>

Melanie Saunders  
Director of Human Resources and Organisational Development  
6 April 2018
APPENDIX 1

Values Based Behaviour Set for Front Line (Patient Facing) Staff

HOW WE DELIVER OUR SERVICES

HOW WE WORK WITH EACH OTHER
The right care for our patients – is our single greatest priority

<table>
<thead>
<tr>
<th>Effective Behaviours</th>
<th>Ineffective behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Focuses upon patient wellbeing at all times. Responds quickly to ensure the best care is delivered as soon as possible</td>
<td>➤ Is distracted by concerns that divert attention from patient needs. Does not demonstrate a sufficient sense of urgency</td>
</tr>
<tr>
<td>➤ Treats all patients with dignity, care and compassion. Takes time to reassure them and their carers whilst providing medical care</td>
<td>➤ Is abrupt or cold towards patients and their careers. Does not respect their needs in terms of dignity or reassurance</td>
</tr>
<tr>
<td>➤ Seeks to understand and respect cultural, personal and family wishes for how the patient is treated, without compromising patient care</td>
<td>➤ Makes assumptions about how patients and those around them should be treated. Is unwilling to adopt approach to suit their wishes</td>
</tr>
<tr>
<td>➤ Treats each patient as an individual and seeks to understand their broader concerns and history as well as the presenting medical issue</td>
<td>➤ Adopts a purely clinical or logistical approach that does not pay attention to the actual patient experience or their wider concerns</td>
</tr>
<tr>
<td>➤ Speaks up when encountering poor or unacceptable service and takes steps to rectify this where possible</td>
<td>➤ Excuses or explains away instances of poor or unacceptable service. Does not seek to find causes or rectify problems</td>
</tr>
</tbody>
</table>

We look after each other – as well as our patients

<table>
<thead>
<tr>
<th>Effective Behaviours</th>
<th>Ineffective behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Actively supports their colleagues. Is sensitive to their well-being and comes to their aid whenever needed</td>
<td>➤ Remains detached when colleagues are under pressure or experiencing difficulty. Does not pay attention to their well-being</td>
</tr>
<tr>
<td>➤ Plays to the strengths of those within the team and provides opportunities for others to develop and learn through their guidance</td>
<td>➤ Is overly hierarchical or status conscious when assigning tasks within the team. Does not offer opportunities for others to learn and develop</td>
</tr>
<tr>
<td>➤ Speaks up if they see instances of bullying, favouritism or any other behaviour that harms or marginalises anyone</td>
<td>➤ Turns a ‘blind eye’ to behaviour that might be harmful, spiteful or damaging to the well-being of others</td>
</tr>
<tr>
<td>➤ Takes a positive and up-beat approach to work. Takes time to thank and recognise those that support them</td>
<td>➤ Is consistently negative or cynical about their work. Rarely takes time to thank or recognise those that have supported them</td>
</tr>
<tr>
<td>➤ Places the safety of themselves and their colleagues as a priority at all times through use of the appropriate procedures and equipment</td>
<td>➤ Risks the safety of themselves or others by paying insufficient attention to the necessary procedures or use of the appropriate equipment</td>
</tr>
</tbody>
</table>
### Professionalism
Setting high standards & delivering what we promise

<table>
<thead>
<tr>
<th>Effective Behaviours</th>
<th>Ineffective Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Demonstrates a clear belief in the value of the service, as well as their own team’s ability to contribute to this</td>
<td>➤ Expresses doubts or reservations about the value of the service or the ability of their own team to contribute to this</td>
</tr>
<tr>
<td>➤ Is seen as credible and professional by patients, carers and all that they come into contact with. Is quickly trusted and respected</td>
<td>➤ Has limited credibility with those that they come into contact with. Does not quickly establish relationships or earn their trust and respect</td>
</tr>
<tr>
<td>➤ Works actively with colleagues when problems occur. Seeks solutions rather than apportioning blame and is prepared to take a lead in this</td>
<td>➤ Seeks to blame others when mistakes occur and operates from a ‘not my problem’ stance that allows situations to fester or remain unresolved</td>
</tr>
<tr>
<td>➤ Adopts a ‘can-do’ and positive approach to situations that inspires others to invest energy even within tough or stretching circumstances</td>
<td>➤ Does little to inspire or energise others, allowing them to become demotivated or disillusioned especially when facing difficulties</td>
</tr>
<tr>
<td>➤ Sets high standards for themselves and those that they work with. Does not compromise on quality, safety or standards of patient care</td>
<td>➤ Works to a minimum level of acceptability rather than stretching for higher standards. Accepts mediocrity rather than striving for excellence</td>
</tr>
</tbody>
</table>
Innovation
Continuous improvement through empowerment of our people

<table>
<thead>
<tr>
<th>Effective Behaviours</th>
<th>Ineffective behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>➔ Recognises and identifies with the wider role that SCAS increasingly plays in supporting integrated patient services</td>
<td>➔ Sees SCAS purely as an ambulance service. Does not recognise the wider role that it plays through stronger integration of patient services</td>
</tr>
<tr>
<td>➔ Recognises the importance of cost control whilst suggesting where further investment may ultimately provide savings and added value</td>
<td>➔ Uses resources without regard for cost control or does not take opportunities to suggest where investment may add value</td>
</tr>
<tr>
<td>➔ Welcomes and engages with new technology for greater efficiency and enhanced service delivery</td>
<td>➔ Is resistant to new technology or is cynical about the benefits it may offer in terms of efficiency and service delivery</td>
</tr>
<tr>
<td>➔ Actively works with colleagues and partners to find ways to improve the quality and safety of services</td>
<td>➔ Does not take up or seek out opportunities to work with others to improve the quality and safety of services</td>
</tr>
<tr>
<td>➔ Keeps own skills up-to-date through training and development. Openly discusses issues with team leaders and clinical mentors</td>
<td>➔ Does not commit or protect time for own skills development and training. Does not share issues with team leaders and clinical mentors</td>
</tr>
</tbody>
</table>
## Teamwork

Delivering high performance through an inclusive & collaborative approach which values diversity

### Collaboration and Connectivity – enable us to achieve outstanding results

<table>
<thead>
<tr>
<th>Effective Behaviours</th>
<th>Ineffective behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Works collaboratively with other teams within SCAS. Takes a ‘one team’ approach and shows respect and courtesy to all colleagues</td>
<td>- Rarely collaborates with other teams across the service and allows barriers to form between them</td>
</tr>
<tr>
<td>➤ Openly shares information with clinicians, GP’s, carers and other professionals in order to provide patients with fully joined up care</td>
<td>- Does not actively offer or share information with other medical, clinical or support professionals and so allows patient care to be fragmented</td>
</tr>
<tr>
<td>➤ Actively connects to others within the system that are involved in patient pathways and care, regardless of level or specialism</td>
<td>- Avoids or is ineffective at connecting to others within the system that are involved in patient pathways and care</td>
</tr>
<tr>
<td>➤ Supports the flow of constructive communication and support between teams</td>
<td>- Acts as a blocker or distorter of effective communication and support between teams.</td>
</tr>
<tr>
<td>➤ Willingly spends time with their counterparts in other teams and functions in order to share information, ideas and experience</td>
<td>- Takes an insular view of their role in SCAS, missing opportunities to share information, ideas and experience with their counterparts</td>
</tr>
</tbody>
</table>

### High performing teams - are at the heart of all we deliver

<table>
<thead>
<tr>
<th>Effective Behaviours</th>
<th>Ineffective behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Is trusted within their team to respect confidentiality and offer support when needed</td>
<td>- Loses the trust of others by failing to respect confidentiality or offer support when needed</td>
</tr>
<tr>
<td>➤ Is a strong team-player and openly shares credit and responsibility with the team for both successes and any issues that arise</td>
<td>- Works in isolation from others and is reluctant to share credit for success with others within the team.</td>
</tr>
<tr>
<td>➤ Works towards high standards and goals for their team that are stretching but achievable</td>
<td>- Rejects or does not take full ownership of their team’s standards and goals when these are stretching or difficult to achieve</td>
</tr>
<tr>
<td>➤ Works well in multi-disciplinary teams that bring together a breadth of experience and perspectives. Values and respects diversity</td>
<td>- Prefers to work in teams that have only a limited range of experience and perspectives. Does not show respect for diversity</td>
</tr>
<tr>
<td>➤ Is sensitive to team relationships and dynamics, whilst being prepared to speak up and challenge when necessary</td>
<td>- Engages in internal politics or disrespectful behaviour and disrupts or derails effective team performance</td>
</tr>
</tbody>
</table>
ENCLOSURE E

Report from the Nominations Committee
<table>
<thead>
<tr>
<th><strong>Meeting:</strong></th>
<th>Council of Governors</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Meeting:</strong></td>
<td>16 April 2018</td>
</tr>
<tr>
<td><strong>Title of Paper:</strong></td>
<td>Report from the Nominations Committee</td>
</tr>
<tr>
<td><strong>Presented by:</strong></td>
<td>Steve Garside (Company Secretary) and governor members of the Nominations Committee</td>
</tr>
<tr>
<td><strong>Paper for Debate, Decision or Information:</strong></td>
<td>Information</td>
</tr>
<tr>
<td><strong>Main Aim:</strong></td>
<td>To present an update report from one of the two formal sub-committees of the Council of Governors; in this case, the Nominations Committee.</td>
</tr>
<tr>
<td><strong>Summary of key points for consideration:</strong></td>
<td>Following approval by the CoG at its meeting on 30 November 2017, three new NEDs have now officially started with the Trust: Les Broud (1 February), Priya Singh (1 April) and Anne Stebbing (1 April). Board committee membership arrangements have been reviewed and updated. The 2017/18 round of Chair and NED appraisals has been completed, with oversight from the Nominations Committee. Governor feedback was through two online surveys and has been factored into the process. The report presents the high level outcomes for information.</td>
</tr>
<tr>
<td><strong>Recommendations or Outcome Required :</strong></td>
<td>To note the report.</td>
</tr>
<tr>
<td><strong>Previous Forum:</strong></td>
<td>A report from the Nominations Committee is presented at each meeting (where there are matters to report)</td>
</tr>
<tr>
<td><strong>Statutory Requirements Met:</strong></td>
<td>Yes – all Council of Governors are required to have a Nominations Committee</td>
</tr>
<tr>
<td><strong>Contact in case of query concerning this paper:</strong></td>
<td>Steve Garside, Company Secretary, 01869 365032</td>
</tr>
</tbody>
</table>
COUNCIL OF GOVERNORS 16 APRIL 2018

ENCLOSURE E

REPORT FROM THE NOMINATIONS COMMITTEE (NC)

PURPOSE

1 The purpose of the report is to provide an update on the work of the Nominations Committee (NC), which acts with delegated authority from the Council of Governors (CoG) to review issues and make recommendations in relation to Non-Executive Director (NED) matters (e.g. appointments, appraisal, remuneration etc.).

2 As a reminder, and particularly for the benefit of new governors, the composition of the committee is as follows:

- Lena Samuels, Chair
- Barry Lipscomb, Lead Governor
- Keith House, Appointed Partner Governor
- David Palmer, Staff Governor
- Bob Duggan, Public Governor

3 Where items of business – within the context of the work of the NC - relate directly to the Chair, these are overseen by the Senior Independent Director (Alastair Mitchell-Baker to 31 March 2018, Ilona Blue from 1 April 2018).

APPOINTMENT OF NON-EXECUTIVE DIRECTORS

4 The CoG approved the appointment of three new NEDs at an extraordinary meeting on 30 November 2017. Subsequent to this, the Trust has carried out recruitment checks in accordance with the Fit and Proper Person Test regulations, including in relation to the Disclosure and Barring Service (DBS).

5 All recruitment checks were satisfactorily completed. Les Broude joined SCAS on 1 February 2018, and Priya Singh and Anne Stebbing joined on 1 April 2018 following the planned departure of Alastair Mitchell-Baker and Professor David Williams.

6 The CoG approved the appointment of Ilona Blue and Sumit Biswas to the Senior Independent Director (SID) and Deputy Chair positions respectively at its last meeting.

7 Following the changes in the composition of the NEDs, the revised Board committee membership arrangements can be seen at Appendix A.

CHAIR AND NED APPRAISALS 2017/18

8 The Chair and NED annual appraisals are informed by:

- feedback from Governors
- feedback from Board members
- data relating to the delivery of duties, including attendance at meetings.
In accordance with its terms of reference, the NC came together to agree the process for obtaining Governor feedback for the 2017/18 appraisals, and for receiving details of the high level outcomes of the individual appraisals of the Chair and NEDs. A key element of the agreed process for obtaining Governor feedback were two online surveys – one for the Chair, and one covering the other NEDs.

Chair appraisal (commentary provided by Alastair Mitchell-Baker, SID during 2017/18)

The appraisal process was based on feedback collated by the Company Secretary and SID, which was used to inform the Chair’s appraisal with the SID on 9 March 2018. The feedback from Governors was collected using an online survey and was discussed by the SID with the Lead Governor. Feedback from the Executive Directors was collated by the Company Secretary and informed by a discussion between the SID and Chief Executive. The SID held a private meeting with the other NEDs to collect feedback.

The online Governor survey had a response rate of 95% and the scores (fully and somewhat agree) were as follows:

- Understands Governor role and supports its delivery – 84%
- Supports Governors in their particular representative role – 79%
- Presides effectively over CoG meetings – 84%
- Inspires respect, confidence and co-operation of Governors – 84%
- Presides effectively over Board meetings – 79%
- Espouses and promotes the core SCAS values – 84%
- Actively/effectively engages with key stakeholder – 79%

The key themes that emerged from the appraisal process are that:

- Lena has had a very positive start to her role as Chair with overwhelming support from across Governors, NEDs, Executive Directors and external stakeholders for her inclusive and open style and approach.
- Lena has chaired the Board and CoG well and ensured an increase in opportunities for Governors and NEDs to contribute to SCAS.
- Lena has established effective working relationships with the Chief Executive and Company Secretary.
- Lena has established strong working relationships with Board members, staff and Governors (as borne out by the survey results). A small number of Governors have questioned the approach to dealing with certain issues during the course of the year. These issues, when raised with the Trust, have been explored and addressed as far as possible. They have, in part, related to the interpretation of the respective roles of the Chair and Governors within the context of the Foundation Trust governance model. The planned workshop on 5 June will aim to consider this further as part of an ongoing approach to strengthening the functioning of the CoG and the relationship between CoG and Board.
- Lena has been a very effective ambassador for SCAS externally.
- five key objectives and areas for development were identified and agreed (see below).

The current SCAS NED appraisal process includes four levels in relation to performance: outstanding, fully satisfactory, generally competent with areas for improvement, and poor. For 2017/18 the SID has assessed the Chair’s performance as fully satisfactory, and noted that this represented a very positive first year for the Chair in a new role.

Key development objectives for 2018/19 have been agreed as follows:
1) Continue to develop and lead effective stakeholder engagement approaches for SCAS both personally and by enhancing opportunities for NEDs and Governors to contribute

2) Continue to develop understanding and engagement with all aspects of SCAS business

3) Work with wider NED team and Company Secretary to ensure Governors are appropriately supported in their roles and to enhance their oversight, assurance and strategic contribution. Continue to develop a robust approach for communicating and responding to questions between meetings, in accordance with the Governor role and good governance practice.

4) Ensure commissioning of a ‘Well Led Review’ in line with NHS Improvement requirements. To lead development of an action plan following this, which will also include working with the Company Secretary to further refine agenda planning and papers for Board.

5) Work with Chief Executive to ensure key business challenges and risks facing SCAS, including its role within the wider care system, are effectively led and managed.

**NED appraisals (commentary provided by Lena Samuels, Chair)**

15 The appraisal process was based on feedback collated by the Company Secretary and Chair which was used to inform the Chair’s appraisal with each of the NEDs during March 2018: Ilona Blue, Sumit Biswas, Nigel Chapman, and Mike Hawker. Exit style interviews were conducted with Alastair Mitchell-Baker and Professor David Williams, although the feedback obtained was still shared.

16 The feedback from Governors was collected using an online survey. Feedback from the Executive Directors was collated by the Company Secretary and the Chair also held a discussion with the Chief Executive.

17 The online Governor survey had a response rate of 85% and a summary of the average scores (fully and somewhat agree), covering all six NEDs, is as follows:

- Makes an effective contribution at CoG meetings – 94%
- Makes an effective contribution at Board meetings – 80%
- Demonstrates a good understanding of SCAS and its environment – 94%
- Communicates and engages effectively with Governors and key stakeholders – 90%

18 The view of the Chair is that the Governor feedback triangulated consistently with the other areas of feedback obtained, was fair, and that there were no surprises.

19 All NEDs appraised received an assessment rating of **fully satisfactory**, and key development objectives for 2018/19 have been agreed with each NED, with some common themes:

- the requirement for NEDs to continue to actively engage with stakeholders in the local health economy, reflecting the significant current focus on integrated care systems and collaboration

- each NED will be assigned with a particular portfolio area of responsibility. These will be shared with the Governors in due course and will enable Governors to make contact with a NED on a particular issue if additional assurance is required, as part of the buddying scheme which is due to be relaunched shortly

- in line with a cascade approach to appraisal, a number of the objectives for the Chair (for example, working with the Company Secretary to ensure Governors are appropriately supported in their roles) are also reflected in specific individual objectives for each NED
Chair and NED appraisals 2018/19

20 The Trust has a new approach to employee appraisal in 2018/19, with a greater focus on values (professionalism, caring, innovation and teamwork) and behaviours. This approach will also apply to the appraisal of the Chair and NEDs going forward.

RECOMMENDATION

21 The CoG is asked to note the report, and particularly the view of the Nominations Committee that a robust and effective approach to the appraisals of the Chair and NEDs for 2017/18 has been applied.

Steve Garside
Company Secretary
5 April 2018
<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Executive lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>Mike Hawker (Chair)</td>
<td>Charles Porter</td>
</tr>
<tr>
<td></td>
<td>Ilona Blue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sumit Biswas</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Les Broude</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priya Singh (Q&amp;S link)</td>
<td></td>
</tr>
<tr>
<td>Quality and Safety</td>
<td>Anne Stebbing (Chair)</td>
<td>Helen Young/John Black</td>
</tr>
<tr>
<td></td>
<td>Priya Singh</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nigel Chapman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sumit Biswas</td>
<td></td>
</tr>
<tr>
<td>Charitable Funds</td>
<td>Nigel Chapman (Chair)</td>
<td>James Underhay/Vanessa Casey</td>
</tr>
<tr>
<td></td>
<td>Mike Hawker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lena Samuels</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Les Broude</td>
<td></td>
</tr>
<tr>
<td>Remuneration</td>
<td>Sumit Biswas (Chair)</td>
<td>Melanie Saunders</td>
</tr>
<tr>
<td></td>
<td>Ilona Blue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lena Samuels</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anne Stebbing</td>
<td></td>
</tr>
</tbody>
</table>
ENCLOSURE F

Report from the Membership and Engagement Committee
**Meeting:** Council of Governors

**Date of Meeting:** 16 April 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; in this case the Membership and Engagement Committee.

**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.

The report covers the outcomes of the last meeting on 1 February 2018 and an overview of future plans.

**Recommendations or Outcome Required:** To note the report from the Membership and Engagement Committee

**Previous Forum:** January 2018

**Statutory Requirements Met:** N/A

**Contact in case of query concerning this paper:** Bukola James-Adeyemi, Senior Administrator (Company Secretary's Office) 01869365029
REPORT FROM THE MEMBERSHIP AND ENGAGEMENT COMMITTEE

MEMBERSHIP AND ENGAGEMENT COMMITTEE – KEY ISSUES

1. The Membership and Engagement Committee (MEC) last met on 1 February 2018, the minutes of the meeting are now presented at Appendix A.

2. In receiving the minutes the Council of Governors (CoG) is 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 1 February were to:
     - discuss progress/issues in relation to the delivery of the 2017/18 Engagement Plan
     - review the 2017/18 Annual Members Meeting
     - review the Autumn 2017 Public and Staff Governor Elections
     - discuss some outstanding issues in relation to the 2017/19 Membership and Public Engagement Strategy
   - Ray Rowsell, now a former Public Governor for Hampshire, attended the meeting prior to his departure and helpfully shared some of his personal thoughts and reflections on Governors Engagement and the process over the three years of his term of office.
   - Richard Coates (Public Governor for Hampshire) and Frank Epstein (Public Governor for Berkshire) attended the meeting, and the latter has subsequently confirmed his wish to join the Committee
   - it was agreed that, going forward, the committee will meet three times a year (rather than four) with additional meetings convened if there is business to be attended to.

3. The current membership of the MEC is therefore:
   - Mark Davis (Chair)
   - Paul Ader
   - David Drew
   - Bob Duggan
   - Frank Epstein
   - Barry Lipscomb
   - David Luckett

4. The next meeting will take place on Monday 30 April, 6pm at Shaw House in Newbury.

5. As part of the planning for the next meeting, Mark Davis (Committee Chair), Lena Samuels (Trust Chair), Steve Garside and Monica Moro met on 3 April. It was agreed that at the meeting on 30 April the Committee would reflect on the planning and delivery of
engagement events, in terms of the pre, during and after stages. It will also look at the
different information available to support Governors at events. A full report on the
Committee’s discussions, with key messages for the CoG, will be presented at the CoG
meeting on 24 July.

6 The CoG is asked to note the report. Governors who are not members of the Committee
are strongly encouraged to consider joining, and we would particularly welcome
involvement from staff Governors as the remit of the Committee covers staff engagement
as well as public engagement.

*Bukola James-Adeyemi
Senior Administrator (Company Secretary's Office)
5 April 2018
Minutes of the twenty-fifth meeting of the South Central Ambulance Service NHS Foundation Trust Membership and Engagement Committee held on 1 February 2018 at Shaw House, Newbury

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

In attendance:  
James Underhay, Director of Communications and Engagement  
Steve Garside, Company Secretary  
Vanessa Casey, SCA Charity, CEO  
'Bukola James-Adeyemi, Minute taker  
Ray Rowsell, Public Governor (Hampshire)  
Richard Coates, Public Governor (Hampshire)  
Frank Epstein, Public Governor (Berkshire)

Apologies:  
Lena Samuels, Chair  
Monica Moro, Membership and Engagement Manager

MEC17/27  
Chair’s Welcome, Apologies for Absence and Declaration of Interests  
The Committee Chair welcomed all to the meeting including Ray Rowsell, public Governor for Hampshire, Richard Coates, public Governor for Hampshire and Frank Epstein, public Governor for Berkshire. In addition, Vanessa Casey, the new South Central Ambulance (SCA) Charity Chief Executive was also welcomed to the meeting. Apologies were noted from Lena Samuels and Monica Moro.

No new interests were declared.

MEC17/28  
Minutes and Matters Arising from Meeting of 26 September 2017  
The minutes of the previous meeting were **approved** without amendment.

It was agreed that most of the actions had been completed and the Committee requested a further update on:

17/23a – Governor Portal Search Engine

Steve Garside informed the Committee that from his conversation with Monica Moro the Communications Team for technical reasons were unable to have the feedback form in the search engine. However, the Committee was assured that the form is accessible and in a prominent position on the Governor Portal.

MEC17/29  
Update on progress/issues since the previous meeting including 2017/18 Engagement Activity and Future Plans  
James Underhay, on behalf of Monica Moro, presented the paper and highlighted the benefits of Governors reporting events they plan to attend or have attended.

Barry Lipscomb explained that it is important for Governors to complete the feedback forms and return to Monica Moro via email; the information supplied would be used:

- to populate the record of activity
- to verify travel expenses claims.
The Committee Chair added that completing the feedback form is crucial for planning in the future be it positive or negative. Also, on the subject of organising private events, he reiterated that the Trust can help publicise such events via its social media platforms. It was noted the Care Quality Commission (CQC) may request to see the record so as to ascertain how SCAS engages with patients, its members and members of the public.

James Underhay advised that for completeness the Committee Chair should email Governors reminding them of the importance of completing the post-event feedback forms.

**Action 17/29a**
The Committee Chair to email the CoG reminding them of the importance of completing the post-event feedback forms.

The Committee agreed that paper 3a should be relabelled as ‘Governors’ involvement or Engagement’ and a different column should be added for the different types of Governor activities to show the number of visits including hours of engagement; this can then be used to measure the involvement of Governors and their duties.

In addition, David Drew suggested that the form should have a column for Governors to record one or two sentences on the impact of the event attended. He pointed out an error on the record of Governors Activities and requested an update to reflect the names of current Governors, Steve Garside agreed to inform Monica Moro.

Ray Rowsell shared some of his own personal thoughts on Governor engagement and the process over the last three years. These include but are not limited to the following:

**Governors’ perspectives**
- dedicated volunteers who either organise or attend events
- sometimes there were no identified SCAS contact at events
- no clear purpose for engaging with the public at events
- no advance information on arrangements such as car parking, availability of food and drinks etc.
- generally expected to recruit new members whilst the organisers aim to engage with younger people and talk about the Trust.

**Volunteering staff perspectives**
- non-availability of event materials and attractions e.g. vehicles – however, when available it changes the dynamics of the event and attracts the public
- lack of proper support from the Trust
- misconception that Governors are at events to criticise volunteering staff

**Observations**
- Some of the events are unsuitable for SCAS engagement
- Governors receive mixed messages about their role at public events e.g. to sign up as many members as they can and the other was for them to focus on the quality of members, not quantity
  - SCAS management conspicuous by its absence

In conclusion, Ray Rowsell stated that it might be useful to have an organiser, governors workshop to get the best out of these events and work out what a perfect event would be and which to target in the future. He agreed to email the Committee his notes for future reference and hoped that the Committee would use them to further develop the feedback form.

Paul Ader suggested that key messages of the themes that Governors could be conveying through engagement should be added to the feedback form as a list of things to talk about at events and for planning purposes. In addition, he suggested that for events, the Committee need to have a strategic plan and that an operational plan can be developed by the event lead on the day.
The Committee Chair stated that it would be worth asking Monica Moro to give a talk on what is in place for the events at the next meeting.

**Action 17/29b**

Monica Moro to give a talk on what is in place for the events at the next meeting.

The Committee agreed to develop the feedback form further as it is missing its purpose and the information that would help with planning.

**Action 17/29c**

The Committee agreed to develop the feedback form further as it is missing its purpose and the information that would help with planning.

Barry Lipscomb advised that the new Governors should be paired with existing governors to help boost their confidence. On the shortage vehicles for event use, Frank Epstein advised that Community First Responder (CFR community) can help in this area.

**MEC17/30**  
**Review of 2017/18 Annual Members Meeting (AMM)**

The paper was taken as read and James Underhay mentioned that the Trust has struggled in organising the AMMs. He stated that the AMMs were run on the same day as the Annual General Meetings (AGM) and rotated county to county until a complete cycle and that it was poorly attended.

In line with the recommendations from previous MEC meetings to decouple the AMM from the AGM, for trial the event was held in Bicester. However, a major bottleneck was encountered when the organisers at the last minute were informed there would be no parking onsite; as a result, no members of the public turned up.

Going forward, the Committee Chair requested for the Committee’s opinion on how to improve next year’s AMM:

- combine it with other internal events such as the Recruitment open day to help create awareness and at the same time promote what the Trust does. In addition, it was noted that the location for such event would require a big space
- make available different range of attractions: CFRs on site, Ambulance/Educational Unit, 999 TED etc.
- engage the expertise of the SCA Charity team to help with getting more people to attend the AMM
- increase the level of awareness of the public
- encourage members of the public to sponsor ambulances to create a sense of ownership
- develop ways of engaging better with the public in terms of the identity of the Trust and what we do and publish data about ownership including what the Charity provides.

**MEC17/31**  
**Review of the Autumn 2017 Public and Staff Governor Elections**

It was noted that the Trust had quite an extensive campaign to encourage and attract people with some of the initiatives highlighted in section four of the paper.

On the question regarding Governors ability to canvass for votes during the election, Steve Garside stated that individuals can campaign however they want to but could not be supported by the Trust.

It was suggested that the Trust can contact its local health bodies e.g. the Clinical Commissioning Groups informing them of the elections. Paul Ader added that people who are interested in the hospital governors election are likely to be interested in the Trust’s Governor elections.

Additionally, Paul Ader made two specific requests:
• for the Trust to focus and engage more with the subset of members who voted at the last elections as they are likely to be more proactive. Barry Lipscomb advised that the Trust can identify this group of people via a ‘marked register’ (most likely obtainable from Electoral Reform Services).
• on the Governors portal, new Governors should be added to the list including their term of office and photographs; differentiating them with colour shading.

**Action 17/31**
On the Governors portal, new Governors to be added to the list including their term of office and photographs; differentiating them with colour shading.

**MEC17/32**

**2017/19 Membership and Public Engagement Strategy – Outstanding Key Questions**
Paul Ader explained the paper originated from the Committee’s reflections on the joint CoG/Board workshop on Public Engagement (6 June 2017) including next steps discussion on the outcomes of the workshop at their meeting on 27 June 2017.

The Committee Chair advised that the Committee has two options regarding the paper:
• to carry out further work on it
• to put it to rest

In conclusion, it was agreed that Paul Ader and James Underhay should come up with a subset of actions, activities, and messages that can be used by the Committee offline and to present it at the next meeting.

**Action 17/32**
Paul Ader and James Underhay to come up with a subset of actions, activities, and messages that can be used by the Committee offline and to present it at the next meeting.

On behalf of the Committee, the Committee Chair thanked Paul Ader for the time and effort he had put into the paper.

**MEC17/33**

**Membership and Engagement Committee Terms of Reference (ToR)**
Steve Garside stated that the purpose of the item is to consider the current ToR and identify any required amendments:

• Section 3.1 – Appointment of a Vice-Chair: the Committee agreed not to have a Vice-Chair but to appoint an acting chair on the day of the meeting if the Committee Chair is unable to attend

• Section 5.4 – Attendance: Paul Ader suggested that if a member is unable to attend any of the meetings, a verbal or written comment should be forwarded to the Committee

• Section 6.1 – Frequency: Barry Lipscomb expressed a view that the Committee Chair if after considering in advance the agenda of each meeting can decide if there is no real business to be transacted, to either defer the meeting to the next meeting date or discuss via email. Paul Ader added that should there is a need for additional conversation in between regular meetings and if it falls concurrently with the CoG meeting, extraordinary meetings can be organised to discuss and resolve any issues arising.

Finally, the Committee agreed that the meeting should now be held at least three times a year.

• Section 11 – Review: Barry Lipscomb stated that there are two aspects to this:
  o what the Committee is doing in terms of subject and progress
  o the Committee effectiveness – he urged the Committee to look at this as a matter of good governance. It was suggested that at least three days after the meeting there should be a wash-up session to determine the effectiveness of the Committee
- General – links the SCA Charity and staff Governor Engagement: Steve Garside stated at the moment there is no explicit reference in the ToR regarding the Charity, staff engagement, and Governor elections. The Committee, recognising how difficult it is to get staff Governors to join the MEC, agreed that it would be advantageous to get them involved. It is hoped that one or two of the new staff Governor would join the Committee.

Barry Lipscomb raised a concern about getting engagement feedback from the appointed Governors from the Clinical Commissioning Groups, and the Local Authority; Steve Garside agreed to take this offline and look into it in more details.

**Action 17/33a**
Steve Garside look into the engagement feedback from the appointed Governors from the Clinical Commissioning Groups, and the Local Authority in more details offline.

Paul Ader recommended that the scope of the Committee regarding Governors’ engagement including links to the Charity, staff engagement and Governors election should be more explicit; Steve Garside agreed to look into this. In addition, Paul Ader suggested that Steve Garside should provide the Committee with the wording before it is included in the ToR.

**Action 17/33b**
In line with the recommendation to make the scope of the Committee more explicit, Steve Garside to provide the Committee with the wording around the Charity, and staff engagement and Governors election before it is included in the ToR.

**MEC17/34**
**Meeting Dates/Programme of Business 2018/19**
‘Bukola James-Adeyemi presented the papers and highlighted the programme of business for 2018/19. The Committee agreed that the agenda items can be covered at three meetings.

In addition, it was agreed that the April meeting would go ahead but the others should be rearranged as indicated earlier.

**MEC17/35**
**Any Other Business**

**South Central Ambulance (SCA) Charity Update**
Vanessa Casey thanked the Committee for the warm welcome and for inviting her to future meetings. She mentioned that she started in October 2017 and has noted that:

- the Trust has a fantastic group of volunteers and CFRs
- the Charity lacks strong and solid external support base – Vanessa Casey emphasised that she would like to work with the Committee in this area including developing key messages and strong public support as well as grow the Charity and increase its fundraising to benefit SCAS as a whole.

Vanessa Casey informed the Committee that she has met with Monica Moro to discuss ways Governors can help engage with the Charity.

David Drew asked Vanessa Casey to give some thoughts on how SCA Charity can be distinguished from the Air Ambulance Charities with regard to fundraising. James Underhay explained that the branding and aims of both Charities are very different and stated that one of the tasks for Vanessa Casey is to look at other sources of income and funding for the Charity.

In response to Paul Ader’s question about the branding of the CFR vehicles, Vanessa Casey informed the Committee that the Charity now has a unified branding process and that going forward all the CFR vehicles would have the SCA Charity branding.

Barry Lipscomb raised a concern about the public being confused about the SCA Charity and the two Air Ambulance Charities collection box. He advised that Vanessa Casey should not be satisfied with assuming the public would recognise the differences.
Update on branding SCAS with our members
The Committee was informed that this has been sorted and now features on members’ emails.

Establishing Patient Experience Groups in Surrey and Sussex
James Underhay reminded the Committee that a Task and Finish group was established to review the composition of the CoG and had agreed not to have a Governor for Surrey or Sussex.

In addition, he explained that the Trust is getting a considerable amount of inbound views from the public and service users in Surrey and Sussex via feedback forms, emails and that multiple points of engagement including through the Health Overview and Scrutiny Committee and SCAS Hospital Ambulance Liaison Officers in the local hospitals and patient groups are already in existence.

Update on the response to Hampshire Governors’ email with regard to the November Foundation Times
Barry Lipscomb informed the Committee that this got caught up in the November elections and Lena Samuels advised that it should be included in the February edition.

Key messages for reporting to next CoG meeting
It was agreed that the Committee Chair and Steve Garside would pick this up outside of the meeting.

Others
The Committee Chair, given that it is his first chairing role on the Committee was thanked for the capable way the meeting was conducted.

Ray Rowsell thanked the Committee for allowing him to share his thoughts on SCAS public engagement over the three-year period of his term of office as SCAS public Governor.

In response to Richard Coates question about the location of the Patient Transport Services feedback forms, James Underhay explained that the forms can be found on the vehicles and that it is a pre-populated green form that is self-addressed.

In addition, Richard Coates asked if the Trust would consider giving the CFRs the patient feedback forms to leave service users at the point of service delivery i.e. when they go on a call to help with gathering comments for the Trust. The Committee Chair acknowledged this to be a good suggestion and advised that the responding team’s consent would need to be sought.

Finally, in response to Richard Coates concern about CFRs not being encouraged enough to become Foundation Trust members, it was established that they should be automatically signed up.

MEC17/36
Date of Next Meeting
It was noted that the next meeting would be held on 23 April at Shaw House in Newbury, however, to bear in mind that the Committee would now meet three times per annum. Therefore, the Company Secretariat would rearrange the other meeting dates to reflect the decision of the Committee.

Action 17/36
The Company Secretariat to rearrange the other meeting dates to reflect the decision of the Committee to now meet three times a year.
ENCLOSURE G

Non-Executive Director Activities
**Meeting:** Council of Governors  

**Date of Meeting:** 16 April 2018  

**Title of Paper:** Non-Executive Director Activities  

**Presented by:** Ilona Blue, Non-Executive Director (Senior Independent 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 Ilona Blue, NED and Senior Independent Director, who will take any questions from the governors  

**Recommendations or Outcome Required:** Note  

**Previous Forum:** January 2018  

**Statutory Requirements Met:** N/A  

**Contact in case of query concerning this paper:** Steve Garside, Company Secretary, 01869 365032
Enclosure G
Update on NED Activities

Ilona Blue, Senior Independent Director

Q4 2017/18

Council of Governors Meeting – 16 April 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 Q4 activities undertaken by Ilona Blue:

Board and Board committee meetings/teleconferences

- Attended 25 January Board meetings in public/private
- Participated in Extraordinary Remuneration Committee teleconference – 1 February
- Attended 22 February Board seminar which focused on a range of strategic performance and planning items, including the 2018/19 budget*
- Attended 29 March Board meetings in public/private

* I participated in a number of meeting/calls with the Director of Finance and Audit Committee Chair to provide additional oversight and scrutiny of the development of the 2018/19 Budget
Selection of recent activities cont’d:

Others

• Leadership walkarounds at:
  – Didcot Resource Centre – 19 January
  – Driving Standards, Newbury – 9 February
  – Kidlington Resource Centre – 15 March

• Participated in a NEDs only meeting to provide feedback to Alastair Mitchell-Baker ahead of his appraisal of the Trust Chair

• Participated in my 2017/18 appraisal meeting with the Chair, 15 March

• Meeting with Alastair Mitchell-Baker as part of handover of Senior Independent Director responsibilities
ENCLOSURE H

Company Secretary’s Report
**Meeting:** Council of Governors  

**Date of Meeting:** 16 April 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:  

**Summary of key points for consideration:**  
- Recent changes to the composition of the CoG  
- Progress with implementation of the CoG Development Action Plan  
- Progress taking forward the discussions regarding future representation on the CoG  
- SCAS’ nomination for representation on the NHS Providers’ Governor Advisory Committee  
- The meeting between the Care Quality Commission and a group of SCAS Governors on 6 March  
- Communications since the last meeting  

**Recommendations or Outcome Required:** To note and consider the report  

**Previous Forum:** January 2018  

**Statutory Requirements Met:** Yes  

**Contact in case of query concerning this paper:** Steve Garside, Company Secretary, 01869 365032
COUNCIL OF GOVERNORS 16 APRIL 2018

ENCLOSURE H

COMPANY SECRETARY’S REPORT

PURPOSE

1 The purpose of the report is to:

- provide details of recent changes in relation to the composition of the Council of Governors (CoG)
- present an update on progress with implementation of the CoG Development Action Plan
- present an update on progress taking forward the discussions regarding future representation on the CoG
- provide an update on SCAS’ nomination for representation on the NHS Providers’ Governor Advisory Committee
- inform the CoG of a meeting that took place between the Care Quality Commission (CQC) and a small number of Governors in March
- highlight communications since the last meeting.

RECENT CHANGES IN RELATION TO THE COMPOSITION OF THE COG

2 The ten public and staff Governors elected for the first time in the Autumn 2017 elections have undertaken a tailored induction programme and officially began their terms of office on 1 March 2018.

3 In terms of appointed Local Authority Partner Governors, I am delighted to report that the South East England Councils body has confirmed the re-appointment of Cllr Keith House for a third (and final, under the SCAS Constitution) term of office, running from 1 March 2018 to 28 February 2021.

4 The South East England Councils body has also confirmed the appointment of Cllr Dr Anne Crampton, Conservative councillor at Hart District Council (DC), to fill the outstanding Local Authority Partner Governor vacancy. Anne has worked in the NHS for thirty years, mainly as a GP in Berkshire. She is a member of the Hampshire Health and Wellbeing Board and also founded the Hart DC Health and Wellbeing Board back in 2012 (chairing it until last year). She has also held portfolio responsibilities for housing and community wellbeing. Anne’s first term of office will run from 1 April 2018 to 31 March 2021.

5 In terms of appointed Clinical Commissioning Partner Governors, The four Berkshire West Clinical Commissioning Groups merged on 1 April to become a single Berkshire West CCG. There have been some changes to lay membership and responsibilities as a result, but I am delighted to report that the new body has confirmed that they would like Sabrina Chetcuti to continue as their CCG Partner Governor on the SCAS CoG. Sabrina’s term therefore continues unchanged to 30 June 2019.
CoG DEVELOPMENT ACTION PLAN

6 The CoG approved a Development Action Plan at the January meeting. An update on progress implementing the seven recommendations is presented at Appendix A.

7 One of the key actions will be the joint CoG/Board working meeting on 5 June. The aims of this meeting will include developing the capabilities, skills and team-building required to further strengthen the functioning of the CoG and support the Trust to become a well-led organisation, as measured by the CQC. I am looking for a small number of Governors (e.g. Lead Governor, plus 2-4 others) to support the planning of this event.

GOVERNOR REPRESENTATION

8 We agreed at the last meeting that I would take forward the arrangements for establishing a new Community First Responder (CFR) Governor role on the SCAS CoG. I have held discussions with another Ambulance Foundation Trust that has followed a similar route, and also with the SCAS Head of Operations for Community Engagement and Training. Work has started on developing a role outline and considering the process required for making such an appointment (this is likely to require the support of an external, independent electoral services provider).

9 It was agreed that we would continue to explore further opportunities to have representation from the mental health sector, and from younger people, on the SCAS CoG. I have had some further discussions, including gaining a greater understanding of how SCAS is already engaging with younger people, but having prioritised the action in relation to the CFR Governor role, I do not have any firmer recommendations to make at this stage.

NHS PROVIDERS GOVERNOR ADVISORY COMMITTEE

10 As noted at the previous meeting, the SCAS nomination for the position of Ambulance sector representative on NHS Providers' (NHSP) Governor Advisory Committee was Colin Godbold.

11 The NHSP ballot was due to run from 26 January to 30 March, but has now been extended to the end of April in light of an administrative error. Successful candidates will serve an initial term of 1 April 2018 (tbc) to 31 March 2021.

CARE QUALITY COMMISSION ‘KEEPING IN TOUCH’ FOCUS GROUP MEETING

12 As communicated on 8 February, the CQC asked to meet with a small group of Governors, as part of their ‘keeping in touch’ approach, to find out more about the Governor role and to obtain the views of Governors on some of the key inspection themes (for example, the extent to which the organisation is well-led and focused on the quality and safety of services etc.).

13 SCAS was represented by Bob Duggan, Richard Coates, Sabrina Chetcuti, Jeanette Clifford and Debbie Sengelow at the meeting which took place on 6 March (Barry Lipscomb, Lead Governor, was also scheduled to attend but was unwell).

14 My understanding is that this was a very positive meeting, and I would ask the Governors present to feedback as part of item 4.1.

COMMUNICATIONS SINCE THE PREVIOUS MEETING ON 11 JANUARY 2018

15 Since the papers were issued for the previous meeting on 11 January the Company Secretariat has communicated with the CoG on a range of issues, including the following:
<table>
<thead>
<tr>
<th>Date</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 January</td>
<td>Advised of a national newspaper feature following a journalist spending the day with two Reading-based SCAS paramedics to witness what life is like on the frontline of emergency medicine</td>
</tr>
<tr>
<td>18 January</td>
<td>Circulated minutes of 11 January CoG meeting in public</td>
</tr>
<tr>
<td>26 January</td>
<td>Communicated that NHS England has announced that SCAS will be one of three trusts to join the ambulance version of the Global Digital Exemplar programme</td>
</tr>
<tr>
<td>30 January</td>
<td>Circulated Chief Executive’s New Year Broadcast highlighting the key priorities for our three core services during 2018 alongside a range of developments, improvements and innovations that we will be delivering across the Trust during the year</td>
</tr>
<tr>
<td>13 February</td>
<td>Advised of annual NHS Providers ‘Governor Focus Conference’ on 24 May, with an opportunity for another Governor to attend with the Lead Governor</td>
</tr>
<tr>
<td>19 February</td>
<td>Circulated minutes of 25 January Board meeting in public</td>
</tr>
<tr>
<td>12 February and 16 February</td>
<td>Launched 2017/18 Chair and NED Appraisal Governor feedback surveys, having agreed the content with the Chair, SID and Lead Governor</td>
</tr>
<tr>
<td>14 February</td>
<td>Provided details of feedback received regarding the Annual Strategy Workshop on 7 February and the future action to be taken in response to this, having discussed this with the Lead Governor</td>
</tr>
<tr>
<td>23 February</td>
<td>Circulated the latest (M11) Integrated Performance Report (with briefing)</td>
</tr>
<tr>
<td>19 March</td>
<td>Circulated agenda for the 16 April CoG meeting in public, having agreed this with the Lead Governor</td>
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<tr>
<td>4 April</td>
<td>Advised of Anne Stebbing and Priya Singh officially starting their terms as new SCAS NEDs</td>
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<tr>
<td>4 April</td>
<td>Advised of re-appointment of Keith House and new appointment of Anne Crampton (LA Partner Governors)</td>
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<tr>
<td>Various - media</td>
<td>Highlighted media coverage including in relation to:</td>
</tr>
<tr>
<td></td>
<td>• winter pressures</td>
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<tr>
<td></td>
<td>• snow/adverse weather</td>
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<td>• ambulance handover delays</td>
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**RECOMMENDATIONS TO THE COUNCIL OF GOVERNORS**

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

Steve Garside  
Company Secretary  
5 April 2018
## APPENDIX A – COUNCIL OF GOVERNORS DEVELOPMENT ACTION PLAN – UPDATE ON ACTIONS (AS AT 31 MARCH 2018)

<table>
<thead>
<tr>
<th>Area</th>
<th>Agreed actions</th>
</tr>
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<tbody>
<tr>
<td><strong>Governor understanding of the Governor role</strong></td>
<td>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).</td>
</tr>
<tr>
<td>• Governor role is prescribed in the Monitor “Your Statutory Duties” document</td>
<td></td>
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<tr>
<td>• SCAS reinforces role through induction and meeting agendas/papers</td>
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<tr>
<td>• Main challenge for Governors is framing questions appropriately (i.e. within the context of the Governor’s duties) and avoiding straying into operational detail.</td>
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<tr>
<td><strong>Governor understanding of SCAS and the NED role</strong></td>
<td>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:</td>
</tr>
</tbody>
</table>
| • Mechanisms are in place to support Governors understanding of SCAS and the NED role, including through induction, buddy arrangements, presence of NEDs at meetings, opportunities to participate in EOC visits, ride-outs etc. | o Audit Committee  
  o Quality and Safety Committee  
  o Charitable Funds Committee |
| **Meeting effectiveness**                                          | 3. The Membership and Engagement Committee to continue to explore opportunities for effective member/public engagement, and to make recommendations to the full CoG as appropriate. |
| • Feedback is sought and considered after each meeting of the CoG   |                                                                                                                                                                                                              |
| • 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. |                                                                                                                                                                                                              |

**Status as at 31 March 2018**

| **Action in hand/ongoing**                                          | This will, in part, be covered by the CoG/Board workshop on 5 June. | Additionally, the Induction Event for new Governors on 11 January included a session on how to frame appropriate questions within the context of the Governor role. Consideration is being given to extending this session for other Governors. |
| **Action completed/ongoing**                                       | SCAS has invited Governors to attend a meeting of one of its Board committees. At the time of writing four Governors have taken up this invitation. |                                                                                                                                 |
| **Action ongoing**                                                 | This continues to be an area of focus for the Membership and Engagement Committee. |                                                                                                                                 |

Page 4 of 6
<table>
<thead>
<tr>
<th>General communication outside of meetings</th>
<th>N/A</th>
<th>Process for questions outside of meetings</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>- General communication outside of meetings is considered to be good and keeps Governors suitably up-to-date</td>
<td></td>
<td>- 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</td>
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<tr>
<td>- Forewarning of possible high-profile media coverage is greatly valued</td>
<td></td>
<td>- 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</td>
<td></td>
</tr>
<tr>
<td>- Communication (including ‘for information’ purposes) can sometimes give rise to a high volume of questions from Governors to the Company Secretary (see below).</td>
<td></td>
<td>4. The Company Secretary to develop a short protocol/guidance notes to cover the process of Governors raising, and receiving answers to, questions.</td>
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</table>

**Action outstanding**
This will be developed in the coming weeks.
<table>
<thead>
<tr>
<th><strong>Company Secretary</strong> 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 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 able to deliver their roles</td>
</tr>
</tbody>
</table>

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.  
**Action ongoing**  
At the time of writing, no Governors have indicated that there are topics – relevant to the Governor role – which may benefit from an additional briefing session/workshop.

<table>
<thead>
<tr>
<th><strong>Engagement between Governors and Members</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Well documented that this is extremely challenging and remains an area of focus for the Membership and Engagement Committee</td>
</tr>
<tr>
<td>- Further work required to raise the profile of individual Governors with their constituency members.</td>
</tr>
</tbody>
</table>

6. The Foundation Times publication will be used to profile a particular Governor or Governors in each edition, with tailored messages for their constituencies.  
**Action completed/ongoing**  
The Foundation Times publication will continue to be used to include a profile on a particular Governor(s). The Spring edition will have a specific focus on the new staff Governors.

<table>
<thead>
<tr>
<th><strong>General</strong></th>
</tr>
</thead>
</table>
| - 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:  
  - 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.).  
**Action in hand**  
A survey will be carried out in late April/early May to help inform planning for the CoG/Board workshop on 5 June.
ENCLOSURE I

Lead Governor’s Report
**COUNCIL OF GOVERNORS**

<table>
<thead>
<tr>
<th>Meeting:</th>
<th>Council of Governors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Meeting:</td>
<td>16 April 2018</td>
</tr>
<tr>
<td>Title of Paper:</td>
<td>Lead Governor’s Report</td>
</tr>
<tr>
<td>Presented by:</td>
<td>Barry Lipscomb, Lead Governor (and Public Governor for Hampshire)</td>
</tr>
<tr>
<td>Paper for Debate, Decision or Information:</td>
<td>Information</td>
</tr>
<tr>
<td>Main Aim:</td>
<td>To present a report from the Lead Governor, highlighting key activities undertaken since the previous CoG meeting</td>
</tr>
<tr>
<td>Summary of key points for consideration:</td>
<td>The report presents a record of key activities undertaken by the current Lead Governor, Barry Lipscomb, since the previous CoG meeting on 11 January</td>
</tr>
<tr>
<td>Recommendations or Outcome Required :</td>
<td>Note</td>
</tr>
<tr>
<td>Previous Forum:</td>
<td>N/A</td>
</tr>
<tr>
<td>Statutory Requirements Met:</td>
<td>N/A</td>
</tr>
<tr>
<td>Contact in case of query concerning this paper:</td>
<td>Steve Garside, Company Secretary, 01869 365032</td>
</tr>
</tbody>
</table>
COUNCIL OF GOVERNORS 16 APRIL 2018

ENCLOSURE I

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 (11 January) were issued:

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 January</td>
<td>Attended new Governor Induction Programme, supporting the Chair and Company Secretary</td>
</tr>
<tr>
<td>11 January</td>
<td>Attended the Council of Governors meeting</td>
</tr>
<tr>
<td>12 January</td>
<td>Teleconference with Chair and Company Secretary to review 11 January Council of Governors meeting</td>
</tr>
<tr>
<td>25 January</td>
<td>Attended the public Board meeting</td>
</tr>
<tr>
<td>February</td>
<td>Liaison with Deputy Chair/Senior Independent Director and Company Secretary to design surveys for obtaining Governors feedback on the Chair and NEDs for 2017/18 appraisals</td>
</tr>
<tr>
<td>1 February</td>
<td>Attended meeting of the Membership and Engagement Committee</td>
</tr>
<tr>
<td>7 February</td>
<td>Attended the joint Board/Council of Governors Strategy Workshop</td>
</tr>
<tr>
<td>14 February</td>
<td>Teleconference with Chair and Company Secretary to review 7 February joint Board/Council of Governors Strategy Workshop</td>
</tr>
<tr>
<td>1 March</td>
<td>Teleconference with Deputy Chair/Senior Independent Director to discuss high-level outcomes of the Governor feedback for the 2017/18 Chair appraisal</td>
</tr>
<tr>
<td>16 March</td>
<td>Teleconference with Company Secretary to agree agenda for the 16 April Council of Governors meeting</td>
</tr>
<tr>
<td>26 March</td>
<td>Nominations Committee teleconference to consider high-level outcomes of the 2017/18 Chair and NED appraisals</td>
</tr>
<tr>
<td>29 March</td>
<td>Attended the public Board meeting</td>
</tr>
</tbody>
</table>
Set against our principal defined duties as Governors, my main reflections after nine months in the Lead Governor role are that Governors are broadly delivering most of the principal defined duties.

Beyond that, I am reluctant to comment further in this format, as I am not prepared to expose myself to reactions which my comments to CoG in previous iterations of my Leader’s Report have led to. I have always sought to be constructive, objective and fair in what I have said both in these reports and elsewhere and I am grateful to the many Governors who I know to be supportive of that and of the informal leadership that many have sought from me. I am aware that SCAS NHS FT does not share my interpretation of the Lead Governor role (as conveyed to all who were Governors at the time of my unopposed election a year ago). We have a Workshop planned for June at which these issues can be fully discussed and Governors’ legitimate wishes and aspirations established and acted upon. It is crucial that we all give the matter serious prior thought and fully engage on the night.

As Governors, especially those of us who were publicly elected, we have clear responsibilities to our public, patients and staff, as well as hopefully significantly contributing to the success of SCAS FT which means a great deal to many of us. I will continue to do all I can to enable us to fulfil them.

As we say on our publications “Proud to serve”.

Barry Lipscomb
Lead Governor
4 April 2018
ENCLOSURE J

Council of Governors Review 2017/18
### Council of Governors Review 2017/18

#### Main Aim:
To present a review of the Council of Governors activities for the 2017/18 financial year.

#### Summary of key points for consideration:
- The Council of Governors Review is also included in the Trust’s 2017/18 Annual Report, and therefore satisfies the requirements of the Annual Reporting Manual.
- The Council of Governors successfully delivered its statutory duties in 2017/18.
- Consideration as to the priorities for 2018/19 is requested.

#### Recommendations or Outcome Required:
To note the annual review of the Council of Governors.

#### Contact in case of query concerning this paper:
Steve Garside, Company Secretary, 01869 365032
COUNCIL OF GOVERNORS REVIEW 2017/18

BACKGROUND

The Trust’s Council of Governors (CoG) plays an essential role in the governance of South Central Ambulance Service NHS Foundation Trust (SCAS), providing a forum through which the Board of Directors is accountable to the local community.

The Trust’s Constitution, reflecting relevant legislation, sets out the key requirements in respect of the functioning of the CoG. This includes its general functions, which are to:

- hold the Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors, and
- represent the interests of the members of the Trust as a whole and the interests of the public

SCAS became a Foundation Trust on 1 March 2012; the period 1 April 2017 to 31 March 2018 represented the sixth full year of working for the SCAS CoG.

MEMBERSHIP AND MEETINGS

Membership of the CoG

The CoG is chaired by the Trust Chair, and the full composition of Governors numbers twenty six, as follows:

- fifteen elected Public Governors across four constituencies (Hampshire, Berkshire, Oxfordshire and Buckinghamshire)
- five elected Staff Governors
- three appointed Local Authority Partner Governors
- two appointed Clinical Commissioning Group Partner Governors
- one appointed Partner Governor (the Air Ambulance Charities)

The CoG elects a Lead Governor; Barry Lipscomb served in this position throughout 2017/18.

The CoG started the year with twenty three Governors in place. The three vacancies at this point related to the Buckinghamshire Public Governor constituency (two vacancies) and the Patient Transport Services Staff Governor constituency.

The CoG ended the year with twenty five Governors in place and therefore one vacancy (Local Authority Partner constituency).

There were a number of changes to the composition of the CoG during the year, including as a result of the Autumn 2017 Public and Staff Governor elections. At these elections, four Governors were re-elected and ten Governors were elected for the first time.

Details about each governor, including biographies and declared interests, can be seen on the Trust's website at:

Formal meetings of the CoG

Five formal meetings of the CoG were held during 2017/18: in April 2017, July 2017, October 2017, November 2017, and January 2018. Four of the five meetings were held in public, and in accordance with the Trust’s Constitution (i.e. fully quorate).

The additional meeting, in November 2017, was a confidential meeting in private to consider the recommended appointment of three new NEDs (the minutes of this meeting were presented at the subsequent meeting in public in January 2018).

All five meetings were chaired by the Trust Chair, and were well attended by Board members, including NEDs.

Details of all CoG meetings in public can be found at:


Appendix A reports on the attendance of Governors at formal meetings of the CoG. This is also reported in the Trust’s Annual Report, as a specific requirement of the NHS Foundation Trust Reporting Manual.

Other meetings of the CoG

The CoG has two formal sub-committees; the Nominations Committee, and the Membership and Engagement Committee. Details of their meetings and work programmes are explained below.

Two joint CoG and Board working meetings were held during the year; in June 2017, to consider member and public engagement, and in February 2018, to obtain the views of the Governors on the Trust’s strategy in respect of local Integrated Care Systems.

DUTIES AND FUNCTIONS

Delivery of specific statutory duties

The Governors have a range of specific statutory duties; all of the statutory duties relevant to 2017/18 were satisfactorily discharged.
Receive annual accounts, auditor’s report and annual report  ✓  Received annual accounts and reports at the July 2017 meeting.

Appoint and, if appropriate, remove the external auditor  ✓  The CoG approved a new external audit appointment in 2017/18 (Grant Thornton), supported by the work of a Governor task and finish group.

Directors must have regard to Governors’ views when preparing the forward plan  ✓  The CoG and Board hold an annual joint strategy workshop at which the Trust’s future plans are discussed. Governors were part of a major refresh of the Trust’s strategy, which took place during 2017/18. The annual strategy workshop on 7 February looked at SCAS’ role in Integrated Care Systems.

Appoint and, if appropriate, remove the Chair  N/A  In 2016/17 the CoG approved the appointment of a new Chair, which came into effect on 1 April 2017. Governors were extensively involved in the 2017/18 appraisal of the Chair.

Appoint and, if appropriate, remove the other Non-Executive Directors (NEDs)  ✓  During 2017/18, and following a process led by the CoG, three new NEDs were appointed (one started on 1 February 2018 and the other two on 1 April 2018. Governors were extensively involved in the 2017/18 appraisal of the NEDs.

Decide remuneration and terms of conditions for Chair and other NEDs  ✓  During 2017/18 the CoG accepted a recommendation from the Nominations Committee that the remuneration level for the NED who chairs the Charitable Funds Committee be increased from £12k to £15k.

Approve appointment of Chief Executive  N/A  No new appointment was made in 2017/18.

Approve significant transactions  N/A  No significant transactions required approval in 2017/18.

Approve an application by the Trust to enter into a merger, acquisition, separation or dissolution  N/A  No such applications occurred in 2017/18.

Decide whether the Trust’s non-NHS work would significantly interfere with its ‘principle purpose’  N/A  This was not required during 2017/18.

Approve amendments to the Constitution  N/A  No constitutional amendments were proposed during 2017/18.

**Delivery of other duties and functions of the CoG**

There are general duties for the Governors in relation to holding the Board of Directors to account for the performance of the Trust via the NEDs, and in representing the interests of the members and the public.
A range of mechanisms are in place to support the Governors with their holding to account role, including (but not exclusive to):

- all formal meetings of the CoG include an update from the Chief Executive on key strategic issues and operational performance, with an opportunity for Governors to ask questions. The format of CoG meetings is such that Governors can hear from the NEDs how they seek assurance and hold the Executive Directors to account for improving the performance of the Trust, and ask questions about this.

- six Board meetings in public are held each year, and Governor attendance at these has been strongly promoted. Governors are able to ask questions at the meetings, with the responses recorded in detail in the Board minutes.

- the Trust ensures that the Governors receive the papers for Board meetings one week ahead of the meeting, and the minutes on a timely basis subsequent to the meeting having taken place.

- Governors have been invited to ‘buddy up’ with one of the Trust’s NEDs to help develop their understanding of how the NEDs seek assurance over the day-to-day running of the organisation.

- Governors have a detailed involvement in the appraisal of the Chair and NEDs.

- information is regularly circulated by the Company Secretariat to keep Governors up-to-date on key Trust issues, developments, and performance with any questions and comments being responded to as appropriate.

During 2017/18, most of the Trust’s Governors in post at the end of the year had attended at least one of the Board meetings in public.

The work of the Membership and Engagement Committee has been key to the Governors’ other general duty of representing the interests of the members and the public. During the course of the year, Governors have attended a range of membership recruitment and engagement events, and used other opportunities to meet with Trust members and members of the public to ascertain their views on the Trust.

In March 2018, a number of Governors participated in a focus group meeting with representatives from the Care Quality Commission, and there is likely to be further engagement between the CQC and the CoG in 2018/19 as part of the regulatory approach.

### CoG SUB-COMMITTEES

#### Nominations Committee

One of two formal sub-committees, the Nominations Committee is chaired by the Trust Chair and has four other Governor members (the Lead Governor and one Governor each from the categories of Local Authority, Staff and Public).

The Nominations Committee has met, or held teleconferences, formally on four occasions during 2017/18; meeting attendance levels can be seen at Appendix A.

During the year, and with delegated authority from the CoG, the Nominations Committee has performed a range of tasks including:

- overseeing an extensive and competitive recruitment process for the successful appointment of three new NEDs.

- developing processes for the 2017/18 Chair and NED appraisals.
In addition to the four formal meetings or teleconferences, a number of the committee members were involved in supplementary activities such as long-listing, short-listing and interviewing for the NED vacancies.

**Membership and Engagement Committee**

The CoG already has an established Membership and Engagement Committee, whose main role is to recommend strategies to the CoG for the recruitment of, and engagement with, Trust members.

The Membership and Engagement Committee ended the year with six members, comprising five Public Governors, and one appointed Partner Governor.

The Membership and Engagement Committee has met on four occasions during 2017/18; meeting attendance levels can be seen at Appendix A.

During the year, the Membership and Engagement Committee has:

- overseen development of the 2017-2019 Membership and Public Engagement Strategy
- agreed a Foundation Trust Membership Plan for 2017/18, and monitored progress throughout the year
- contributed to the development of the Trust’s annual Member Satisfaction and Patient Care survey
- considered how Governors can support the work of the SCA Charity.

### GOVERNOR SUPPORT, TRAINING AND DEVELOPMENT

**Support, training and development**

The Trust has a formal duty to ensure that Governors are equipped with the skills and knowledge they require to undertake their role; during the course of the year the Trust has supported Governors in this respect. In addition to the mechanisms outlined to support the general duties of Governors, the Trust has:

- provided a comprehensive and tailored induction programme for all new Governors
- provided opportunities for Governors to develop their understanding of the work of the Trust and its NEDs, including visits to the call centres, crew ride-outs, and attendance at Board committee meetings (a new initiative)
- provided access to relevant external training as provided by NHS Improvement and NHS Providers (for instance, NED recruitment training for Governors on the Nominations Committee; events aimed at Lead Governors);
- arranged internal training and briefing sessions from time to time in accordance with Governor needs
- issued regular briefings and bulletins on SCAS and the wider NHS.

The Governors approved a ‘Governor Development Plan’ at its meeting in January 2018; this will consider further requirements in terms of support and training.
Conclusions
The CoG has overseen some major achievements during 2017/18 and helped contribute to the overall success of the Trust. It has appointed three new NEDs and effectively delivered all of the relevant statutory duties.

It is considered that the CoG has a good working relationship with the Board of Directors, and Directors regularly attend CoG meetings to answer questions, participate in discussions, and help the Governors deliver their statutory duties. In turn, the Trust has benefitted from the perspectives brought by a diverse group of Governors, and this has been demonstrated in recent years by the Governors’ input to strategy discussions and CQC inspection processes.

Priorities for 2018/19
The CoG has identified the following priorities for 2018/19:

- contributing to the development of the Trust’s future strategic priorities and forward plans, in a complex and challenging environment and with a strong focus on local systems working together
- given the challenges faced by the NHS, continuing the strong focus that the Governors have in terms of holding the Board to account, via the NEDs, for the performance of the Trust
- reflecting a continually growing membership that now stands at over 17,000 (public and staff), further developing arrangements for engaging with the Trust’s membership and ensuring that the interests of members are suitably represented and that their views are brought to the attention of the Trust
- continuing to review the effectiveness of the CoG to ensure that the Governors are appropriately supported to deliver their roles, that value is added where appropriate, and the functioning of the CoG is delivered in the most cost effective way.

Steve Garside
Company Secretary
5 April 2018
Appendix A: Attendance at meetings for all Governors who served during 2017/18

<table>
<thead>
<tr>
<th>Governor</th>
<th>Constituency</th>
<th>Current term of office</th>
<th>Formal CoG meetings (2)</th>
<th>Membership and Engagement Committee</th>
<th>Nominations Committee (exc. teleconferences)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Ader</td>
<td>Public – Oxfordshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>5/5</td>
<td>4/4</td>
<td>N/A</td>
</tr>
<tr>
<td>Andy Bartlett</td>
<td>Public – Hampshire</td>
<td>1/3/2018 – 28/2/2021</td>
<td>4/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>James Birdseye (3)</td>
<td>Staff – 999 North</td>
<td>1/3/2015 – 28/2/2018</td>
<td>3/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>David Burbage (4)</td>
<td>Partner – LA</td>
<td>1/10/2014 – 30/9/2017</td>
<td>0/2</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Paul Carnell (5)</td>
<td>Public – Hampshire</td>
<td>1/3/2015 – 28/2/2018</td>
<td>4/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sabrina Chetcuti</td>
<td>Partner – CCG</td>
<td>1/7/2016 – 30/6/2019</td>
<td>5/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>David Chivers</td>
<td>Partner - CCG</td>
<td>1/7/2016 – 30/6/2019</td>
<td>1/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Jeanette Clifford</td>
<td>Partner – LA</td>
<td>1/10/2017 – 30/9/2020</td>
<td>2/3</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Richard Coates</td>
<td>Public – Hampshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>5/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Bob Crocker</td>
<td>Public – Bucks</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Emma Crozier</td>
<td>Staff - PTS</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Mark Davis</td>
<td>Public – Berkshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>3/5</td>
<td>3/3</td>
<td>N/A</td>
</tr>
<tr>
<td>Bernadette Devine</td>
<td>Public – Bucks</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Lynne Dove-Dixon</td>
<td>Staff – Corp/support</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>David Drew</td>
<td>Partner – Charity</td>
<td>1/10/2017 – 30/9/2020</td>
<td>3/3</td>
<td>2/2</td>
<td>N/A</td>
</tr>
<tr>
<td>Jim Dunderdale</td>
<td>Staff – Contact centres</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Frank Epstein</td>
<td>Public – Berkshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>4/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Michele Foote (6)</td>
<td>Staff – Contact centres</td>
<td>1/3/2015 – 28/2/2018</td>
<td>3/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Mike Fox-Davies (7)</td>
<td>Public – Oxfordshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>1/1</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Colin Godbold</td>
<td>Public – Berkshire</td>
<td>1/3/2018 – 28/2/2021</td>
<td>4/5</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Stephen Haynes</td>
<td>Public – Oxfordshire</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Keith House</td>
<td>Partner – LA</td>
<td>1/3/2018 – 28/2/2021</td>
<td>2/5</td>
<td>N/A</td>
<td>4/4</td>
</tr>
<tr>
<td>Joyce Hutchinson (8)</td>
<td>Public – Oxfordshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>1/2</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Loretta Light</td>
<td>Public – Oxfordshire</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>David Luckett MBE</td>
<td>Public – Hampshire</td>
<td>1/3/2017 – 28/2/2020</td>
<td>2/5</td>
<td>2/2</td>
<td>N/A</td>
</tr>
<tr>
<td>Charles McGill MBE</td>
<td>Public – Hampshire</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kate Moss</td>
<td>Staff – 999 North</td>
<td>1/3/2018 – 28/2/2021</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Tony Nicholson | Public – Hampshire | 1/3/2018 – 28/2/2021 | N/A | N/A | N/A
David Palmer | Staff - 999 South | 1/3/2018 – 28/2/2021 | 4/5 | N/A | 4/4
Ray Rowsell (9) | Public – Hampshire | 1/3/2015 – 28/2/2018 | 4/5 | N/A | N/A
Debbie Sengelow (10) | Staff – Corp/support | 1/3/2015 – 28/2/2018 | 4/5 | N/A | N/A
Sue Thomas (11) | Partner – Charity | 1/10/2014 – 30/9/2017 | 1/2 | 3/3 | N/A
Jan Warwick (12) | Partner – LA | 1/3/2015 – 28/2/2018 | 1/1 | 0/1 | N/A

**KEY**

1. this is a full record of the governors who served during 2017/18. Those highlighted in bold were in post at the end of the 2017/18 year (i.e. on 31 March 2018)

2. meetings on 3 April 2017, 18 July 2017, 4 October 2017, 30 November 2017 (NED appointments), and 11 January 2018

3. did not seek re-election when term of office expired on 28 February 2018

4. did not seek re-appointment when term of office expired on 30 September 2017

5. was not re-elected and term of office expired on 28 February 2018

6. did not seek re-election when term of office expired on 28 February 2018

7. resigned on 2 June 2017 (term of office was until 28 February 2020)

8. resigned on 23 August 2017 (term of office was until 28 February 2020)

9. was not re-elected and term of office expired on 28 February 2018

10. did not seek re-election when term of office expired on 28 February 2018

11. was not re-appointed when term of office expired on 30 September 2017 as representation switched from Thames Valley to Hampshire and IoW Air Ambulance Charity

12. resigned on 20 June 2017 (term of office was until 28 February 2018)