



Governor Handbook September 2024

Thank you for becoming a Governor, and welcome to South East Coast Ambulance Service NHS Foundation Trust – SECamb for short! This handbook is designed to provide the introductory information you need at the beginning of your work with us and to point you in the direction of further support and information.

Introduction to SECamb

South East Coast Ambulance Service NHS Foundation Trust (SECamb) is part of the National Health Service (NHS). It was formed in 2006 following the merger of the three former ambulance trusts in Kent, Surrey and Sussex and became a Foundation Trust on 1 March 2011.

We respond to 999 calls from the public, non-emergency 111 calls, urgent calls from healthcare professionals.



We are led by a Trust Board, which is made up of a Non-Executive Chairman, Non-Executive Directors, and Executive Directors, including the Chief Executive. As a Foundation Trust, we have a Council of Governors of 23 members being 14 publicly elected Governors, 4 staff-elected Governors and 5 Governors appointed from key partner organisations. SECamb provides services to over 4.5 million people living in Kent, Surrey, Sussex and parts of



Northeast Hampshire & Berkshire: an area of 3,600 square miles. We are one of 10 ambulance trusts in England. During 2021/22, we answered & responded to 149,3426 NHS 111 calls which includes the abandoned calls. We received & responded to 1,039,850 999 calls in our two Emergency Operations Centres (EOCs) which includes the abandon calls.

We deliver our services from 108 sites including:

- Trust Headquarters are based in Crawley, West Sussex.
- The Trust has two emergency operation centres (EOC) where 999 calls are received, clinical advice provided, and emergency vehicles dispatched if needed. These are located at the HQ building and at Medway.

- The Trust has one Contact Centre at Medway where 111 calls are received and responded to.
- Eleven Make Ready Centres.
- 22 Ambulance Stations
- 67 Ambulance Community Response Posts
- Two Hazardous Area Response

SECamb employs just over 4,800 staff, including bank workers.

Operations – 111 Urgent Care	464
Operations – EOC	622
Operations – A&E	2312
Operations – HART	87
Medical Director – Critical Care	80
Other Staff	804

We are privileged to have the support of volunteers within our Trust made up of:

- Community First Responders
- Chaplains
- Governors
- Foundation Trust members on our Inclusion Hub Advisory Group



We use a fleet of over 800 vehicles, including 404 A&E ambulances, 135 response cars, 35 Hazardous Area Response Team (HART) vehicles and 247 other supporting vehicles.



For financial year 2022/23, we reported total income of £326.6m and a deficit of £5.7m. This included the impact of technical system adjustment of £6.0m price change impairment and £0.3 capital grants and donations.

Excluding these, the Trust delivered the breakeven position in line with plan. Efficiency improvements of £5.4m were delivered. 70 percent of the savings were achieved recurrently with the remaining 30 percent on a non-recurrent basis.

The Trust invested £32.3m on capital developments in 2022-23 including Right of Use (ROU) assets of £9.3m. The most significant capital spends in the year involved £11.7m on estates modernisation and the completion of the Make Ready Centres in Medway.

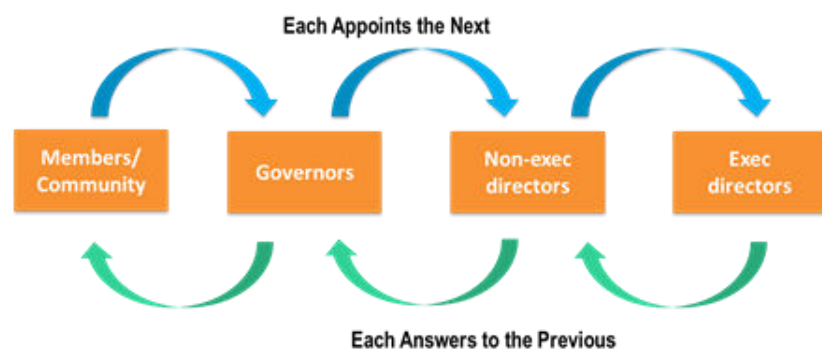
Other investment included new vehicle kits and clinical equipment to enhance our fleet and the resilience of our digital infrastructures and IT systems.

The Trust's cash balance on 31 March 2023 was £44.1m, 8 percent better than plan.

SECamb is a Foundation Trust (FT)

Foundation Trusts (FTs) are accountable to the communities they serve. When SECamb became a Foundation Trust it involved major changes in the way the Trust is governed, with our members and Governors playing a vital role in this new governance structure.

SECamb has a public membership of around 9,300 people, drawn from all over the South East Coast region. These people may have a personal or professional interest in SECamb, they may be a patient or a carer, or they may simply be members of the public who want to know more about their local ambulance service. In addition, our staff are also members of the Trust.



As a Foundation Trust, SECamb not only has a membership but also a Council of Governors. All our public and staff members are entitled to stand for election to the Council of Governors. Public members vote for Governors in their geographical constituency and staff members elect Governors

according to their role, e.g., operational or non-operational.

The Council of Governors

The Council of Governors works in conjunction with the Trust's Board of Directors to steer the Trust forward. The Council is made up of 19 people in total, plus a Chair, who is also the Chair of the Board of Directors.

There are 12 elected public Governors, three elected staff Governors, and four appointed Governors, appointed by organisations that SECamb works closely with.

Public Governors as of the 1st of August 2023

2 Public Governor – East Sussex (including Brighton & Hove)

4 Public Governor – Kent, Medway, and East London

2 SECamb Public Governor – West Sussex

4 SECamb Public Governor – Surrey, West London, and parts of NE Hants

Staff Governors

Operational: 2

Non-operational: 1

Appointed

Voluntary Organisation or Charity: 1

Regional Resilience Forum: 2

University: 1

SECamb and the wider NHS



SECamb is part of a complex range of NHS providers across the health economy and works closely with many NHS partners to ensure services for patients are joined-up and as effective as possible. SECamb is a provider organisation. Other provider organisations include acute hospitals, community health trusts, and mental health trusts. SECamb provides clinical staff to work on air ambulances in our area, but air ambulance services are currently run as charitable organisations and are not part

of the NHS.

Commissioning of NHS Services

The Trust and its commissioners are working together to develop good relationships. This is an overview of the different individuals and bodies involved in commissioning health services.

The Secretary of State for Health

The Secretary of State for Health has ultimate responsibility for the provision of a comprehensive health service in England and ensuring the whole system works together to respond to the priorities of communities and meet the needs of patients.

The Department of Health

The Department of Health (DH or DoH) is responsible for strategic leadership of both the health and social care systems, but is no longer the headquarters of the NHS, nor does it directly manage any NHS organisations. For detailed information about the DoH please visit <https://www.gov.uk/government/organisations/department-of-health>

Integrated Care Systems

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

Following several years of locally led development, recommendations of NHS England and passage of the Health and Care Act (2022), 42 ICSs were established across England on a statutory basis on 1st July 2022.

Health and Wellbeing Boards

Most Local Authorities have established a Health and Wellbeing Board to act as a forum for local commissioners across the NHS, social care, public health and other services. The boards are intended to:

- increase democratic input into strategic decisions about health and wellbeing services,
- strengthen working relationships between health and social care,
- encourage integrated commissioning of health and social care services.

Sustainability & Transformation Partnerships (STPs)

STPs are place-based plans for the future of health and social care in the respective areas. There are 4 STPs within our patch click on each one to read more about the plan and its aims:

[Kent and Medway](#)

[Sussex and East Surrey](#)

[Frimley Health and Care](#)

[Surrey Heartlands](#)

Health Overview &Scrutiny Committees

HOSCs (Health Overview and Scrutiny Committees) are a central Government initiative aiming to involve the public in improving local health services. The HOSC can scrutinise (carry out and independent checks on) any local health services provided and commissioned through the NHS as well as those provided by local authorities.

External governance

NHS England

Through our [seven integrated regional teams](#), NHS England supports local [integrated care systems \(ICS\)](#), made up of public services that provide health and care – NHS organisations, primary care professionals, local councils, social care providers and the community, voluntary and social enterprise sector – to improve the health of the population, improve the quality of care, tackle inequalities and deliver care more efficiently.

Care Quality Commission (CQC)

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) has reaffirmed its commitment to making improvements following the publication of a Care Quality Commission (CQC) report on Wednesday 26th October.

The inspection, which took place in August, and looked at SECAMB's urgent and emergency care, as well as its resilience teams, sees the Trust's overall rating move from 'Good' to 'Requires Improvement'. The individual rating for Caring remains rated as 'Good'.

The inspection also checked on the Trust's progress in meeting the requirements from a well-led inspection which took place in February. The February inspection resulted in an 'Inadequate' well-led rating, rated the Trust NHS 111 service as 'Good' but suspended other ratings until the latest inspection had been completed.

SECAMB is pleased the care provided by its staff was recognised with a 'Good' rating and that inspectors found and were encouraged that Trust leaders were showing a sense of urgency in prioritising the issues which had previously been identified.

The report found that there was additional pressure on SECAMB's services which included increased staff sickness and increased delays in hospital handover. It also found, as flagged in a wider national CQC report published last week, State of Care, that the South East, along with other areas, has a health and social care system that is 'gridlocked'. Inspectors recognised that SECAMB is unable to solve all its issues alone and encouraged the Trust to work with the wider health system to find resolutions.

SECAMB has outlined an improvement plan focusing on four main areas: Quality Improvement, Responsive Care, Sustainability, and People and Culture. Work includes improving learning from incidents as well as further recruitment and greater retention of staff. It also involves growing the Trust's voice within the wider NHS system to support improved patient pathways, reduce hospital handover delays and develop new partnerships.

Read the full report here on our website in the [What we do](#) section.

Internal governance

Governance in a Foundation Trust

The Board of Directors is accountable for the running of the Trust. It is responsible for delivering the business plan and for ensuring that management systems and staff are in place to achieve the Trust's aims. The Council of Governors holds the Non-Executive Directors (NEDs), individually and collectively, to account for the performance of the Board of Directors.

The Board of Directors is made up of both Executive Directors and NEDs. NEDs are appointed by the Council of Governors to bring skills and experience from outside the Trust onto the Board. NEDs scrutinise the work of the Executive Directors through the Trust's Committee structure and should provide the Council of Governors with assurance that the Trust is making decisions based on the best information available and in the best interests of patients. This structure is designed to ensure clear accountability between the Executive Directors of the Trust and the Trust's key stakeholders.



Role and responsibilities of Governors

It is helpful to start by being clear about the difference between the role of the Board of Directors and the role of the Council of Governors. These two bodies should work together as critical partners.

In simple terms, these roles can be defined as follows:

Directors	Governors
Setting the strategic direction of the Trust	Representing the best interests of members and the public
Operational management of the Trust	Holding the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors

Statutory Duties

Governors have certain statutory duties that they are expected to perform as part of their role. The statutory responsibilities of the Council of Governors as a collective body are:

- Appoint and, if necessary, remove the Chairman and Non-Executive Directors.
- Set the pay levels and conditions of employment for the Chairman and Non-Executive Directors.
- Approve the appointment of the Chief Executive (the Council does not appoint the Chief Executive).
- Receive the Trust's Annual Report and Accounts and the Auditor's Report.
- Appoint or remove the Trust's Auditors.
- Governors must decide whether the Trust's private patient work would significantly interfere with the Trust's principal purpose, which is to provide goods and services for the health service in England or performing the Trust's other functions.
- The Council of Governors must also approve any proposed increase in non-NHS income of 5% or more in any financial year. Approval (here and below) means that at least half of the Governors taking part in the vote agree.
- To hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors.
- To represent the interests of members of the Trust as a whole and the interests of the public.

- The Council of Governors may require one or more of the directors to attend a Governors' meeting to obtain information about the Trust's performance of its functions of the directors' performance of their duties, and to help the Council of Governors to decide whether to propose a vote on the Trust's or director's performance.
- Significant transactions' must be approved by the Governors. SECamb has defined 'significant transactions' within its [Constitution](#).
- The Council of Governors must also approve an application by the Trust to enter a merger, acquisition, or dissolution.
- Amendments to the Trust's Constitution must be approved by the Council of Governors and the Board of Directors.

When preparing the SECamb Annual Plan that sets out our plans for the coming years, legislation states that the Trust's Board of Directors "must have regard to the views of the Council of Governors". In practice, this means that the Council will have a role to play in influencing and shaping the development of the Annual Plan.

The Council has the important role of appointing the Chair and Non-Executive Directors. The Council is ultimately responsible for making these appointments, and recommendations for people to fill these posts must be made by a Nominations Committee on which there are more Governors than SECamb staff members. Since the Chair and NEDs have such crucial roles within the Trust, getting these appointments right will be vital to the continued success of the Trust.

What it means to be a Governor

The Council of Governors has been working together for some time now and the Trust's understanding of the role of a Governor has evolved in this time. The descriptions of the role, below, were developed by working with Governors to define the role in a way that is clear and concise.

Governors' act as critical friends to the Trust, and in doing so should represent the interests of stakeholders (the public, patients, SECamb staff and organisations that work closely with or have an interest in the Trust). In addition to performing statutory duties, all Governors have advisory, guardianship, and ambassadorial roles. The elements of these are set out below.

Roles and responsibilities

Roles and responsibilities	
Statutory As detailed above	Guardianship Holding the Non-Executive Directors to account for performance of the Board Ensuring that the Trust is run in a way that reflects its purpose Guarding the public interest through constructive challenge and acting as a critical friend
Ambassadorial Recruiting and engaging with members of the Trust Ensuring the Trust feeds back to members on its vision, strategy and plans	Advisory Advising on the annual plan and quality accounts Supporting the Board of Directors by providing an independent perspective on Trust plans and developments Ensuring the Trust seeks the views of members to inform its plans

In practice, Governors fulfil their role through a variety of mechanisms. It is the Trust's responsibility to ensure that Governors have the information, training and access to the Trust Board that they need to fulfil the role.

The role of the Lead Governor



Foundation Trusts are required to select a Lead Governor from among members of the Council. The formal role of the Lead Governor is to act as a point of contact with NHS England, should this be required. SECAMB's Lead and Deputy are also involved in finalising Council meeting agendas, on behalf of their fellow Governors, and the Lead Governor has a permanent seat on the Nominations Committee.

In practice, the Lead and Deputy may also be available to other Governors who wish to discuss any queries or concerns, or to ask advice.

The Lead Governor presents an annual report on behalf of the Council at the Trust's Annual Members Meeting each September.

Council of Governors assurance map

This 'assurance map' aims to make it simple for Governors to see what information they should expect access to, and when and how they should receive it. There are two elements to this map. The first grid sets out the sources of assurance to enable the Council to fulfil its statutory role. The second grid sets out additional sources of assurance that the Trust wishes to provide in areas considered of particular interest to Governors.

Statutory assurance

The Council will gain assurance about:	Sources of Assurance	Where to find this	When to expect this
Delivery of annual plan	On-going interaction with the Trust		
	Chief Executive updates	Council / Board papers	Each Council meeting
	Annual report	Presented to CoG	July / August
	Annual report from the external auditors	Presented to CoG	September
Financial stability	Chief Executive updates	Council / Board papers	Each Council meeting
	Annual accounts	Presented to CoG	September
	Annual report from the external auditors	Presented to CoG	September
Performance	Chief Executive updates	Council / Board papers	Each Council meeting
	Performance Dashboard	Board papers	Each Board meeting
Leadership	Chairman and NED's appraisal	Summary to be provided to CoG	As advised

Other sources of assurance

The Council will gain assurance about:	Sources of Assurance	Where to find this	When to expect this
Patient safety	Safeguarding annual report	Board papers	To be confirmed
	Infection control annual report	Board papers	July
	Annual report	Presented to CoG	September
Quality	Quality Account	Board papers	September
	Clinical Quality Report	Board papers	Each Board meeting
	Commissioning for Quality and Innovation (CQUIN) targets	Board papers	Each Board meeting
	Patient survey results	SECamb website	As advised
	Complaints and Patient Advice and Liaison (PALS) annual report	Board papers	July
Risk management	Risk Register	Board papers	Each Board meeting
	Quality and Patient Safety Committee (QPS) report and minutes	Board papers	Each Board meeting
Leadership	NHS Staff survey	Presented to CoG	April / May
	Equality Duty compliance – outcome of EDS grading process and equality objective progress	Summary to be provided to CoG	April / May
	Chairman and NED's appraisal	Summary to be provided to CoG	As advised

Representing members

The Governor role is sometimes strongly defined in terms of 'representing members' views. The Trust has worked with our Governors to develop a shared understanding of what it means to represent members. The focus is on representing the best interests of members and the wider public.

Different Foundation Trusts adopt different approaches. Ours is that we expect our Governors to bring the perspective of our local communities into the Trust, but we do not expect Governors to be formally consulting with members in their constituencies about the Trusts' plans, nor conducting patient surveys. This approach has been adopted for several reasons. Governors do not necessarily have the skills, knowledge, or confidence to undertake face-to-face engagement with the public or staff, nor may they have the time to do so effectively. Conversely, we believe that the Trust has a duty to involve and engage the public and our staff and other stakeholders (including our Foundation Trust members) when planning changes to our services.

Public and Staff-Elected Governors represent their members in the sense that they are elected from among them, by them, and bring their personal views and perspectives to the Council and the Trust. Governors are expected to be aware of and stay in touch with local issues as far as possible (or in the case of our appointed Governors, to bring the general perspective of their sector to help the Trust). However, as we see it, the Trust also has a responsibility to understand members' views – and Governors should ensure that this is happening.



Our Inclusion Strategy provides opportunities for Governors, members and the wider public to interact where Governors feel it would be useful. The Trust has set up an Inclusion Hub Advisory Group, which is made up of a diverse group of Foundation Trust public members.

Governors are invited to meetings of this group, to hear members' views and work with members on issues of relevance to patients and the Trust.

Staff-Elected Governors are permanent members of the Staff Engagement Forum, a similar group consisting of diverse staff members from across the Trust, which is consulted on plans and service delivery as well as staff welfare issues.

The Trust also facilitates members' engagement when we are making our annual plans and preparing our quality account. In addition, Governor's input to a regular newsletter to our members and have dedicated email addresses, which allow their constituents to contact them.

All Governors are also encouraged to join Trust staff and volunteers at public events to help recruit members and hear feedback on the service when they can.

Induction and training

The Trust provides support and training for Governors to help them fulfil the role.

An introduction to the Trust and the Council will be held on Trust premises, with the date notified to election candidates/prospective appointees in advance, to incorporate:

- A one-to-one meeting with the [Chair](#),
- A meeting with the Lead and/or Deputy Lead Governor, who will advise you that Governors are expected where possible to join one of the groups or Committees of the Council,
- A meeting with the [Head of Corporate Governance](#), to include booking dates for further familiarisation with the Trust (see more on this below) and a conversation about any training and development needs and support on offer from the Trust,
- The option to be given a mentor from among existing Governors, who can provide occasional advice and support remotely and/ or face to face support as agreed between mentor and mentee (potential mentors will try to attend the induction day),
- An afternoon of activity (as available) e.g., observing in one of our Emergency Operations Centres, a visit to a Make Ready Centre.
- A programme of familiarisation with the Trust, to include the opportunity to observe with 999 crews, visits to EOC, 111, and a Make Ready Centre.

New Governors will be provided with this Governor Handbook, our Annual Report, our Inclusion Strategy and [the Monitor \(now NHSE\)](#) guidance for Governors, for reference.

Existing Governors will endeavour to meet informally with newly elected Governors as soon as possible after they join the Trust.

In addition, Governors will be invited to other events such as our staff awards ceremonies and consultation events.

If Governors wish, the Trust can arrange bespoke training in areas where it would help in the role; examples of training sessions we have run include understanding financial information, public speaking and giving presentations, and basic lifesaving skills.

The [Head of Corporate Governance](#) is the first point of call for Governors seeking information, training, or support. Please see 'Sources of support and information', for contact details please see page 19.

Time commitment as a Governor

Our current Governors have said that the more you can put into the role time wise, the more you will get out of it as it can be a steep but rewarding learning curve. On average, our Governors give between 2 – 4 days per month. Staff Governors have up to 22.5 hours per month to undertake the role as part of their work schedule.

Our Council of Governors' meetings take place six times per year, and the formal part takes a full morning while the afternoon is currently used to enable Governors to receive briefings from and hold discussions with our Non-Executive Directors, and to run other in-depth sessions about Trust priorities and work areas. The dates are set annually to give Governors as much notice as possible.

In addition, Governors are very much encouraged to attend formal meetings of the Board of Directors, which are held in public, and Governors and members of the public can ask questions. These are held eleven times per year for a full morning.



You can then choose to attend other SECAMB events like our staff awards, meet with local Community First Responder volunteer groups, help us at membership recruitment events, or even give talks to local groups about the Trust. It really depends on your wishes.

The Council has set up Committees and Working Groups to help it fulfil its duties. In addition, the Board has set up a Nominations Committee to enable the Council to fulfil its role relating to appointments and remuneration. More information about these below. Governors are encouraged to join one or more of the groups below during their time as a Governor.

Nominations Committee

The Nominations Committee (NomCom) is responsible for making recommendations to the Council of Governors about the appointment and re-appointment of Non-Executive Directors, including the Chair of the Trust. It also receives information about the performance of the NEDs and agrees the process by which NEDs have their performance reviewed, as well as setting the remuneration of the NEDs and Chair. The NomCom does not make decisions about appointments and remuneration but is authorised to bring recommendations to the full Council for consideration.

Since we became a Foundation Trust, the Committee has devised the process for recruiting the Chair and other NEDs, undertaken a number of recruitment and reappointment exercises, and reviewed remuneration several times.

Membership Development Committee

The Membership Development Committee (MDC) advises on the recruitment and engagement of members with the Trust. Any Council of Governor can be part of the committee, and we recommend all Governors take part to ensure that the Trust engages effectively with public, staff FT members, and has a constituency of public members that are representative of the communities we serve.

The Trust is required to report to NHSI on the way we engage with members and on the make-up of our staff and public membership.

Key areas of work have included regular membership monitoring, planning the content of the Annual Members Meeting, devising the annual

Members Satisfaction Survey and advising on membership recruitment and engagement opportunities.

Governor Development Committee

The Governor Development Committee (GDC) works alongside the Trust's Head of Corporate Governance to ensure that Governors have the information and support they need to fulfil their role. The ethos of the GDC is that Governors need to be involved in identifying their own development needs to enable the Trust to meet them.

The group has devised a programme of development opportunities (including training and learning about the Trust) for Governors over the years and has suggested a number of improvements to the interaction between the Board and the Council.

Understanding the time commitment

The table below gives you an idea of how many days per year the role may take, depending on how much you choose to participate. Ideally, we would have a Council that is fully engaged with all our activities. The more you are involved, the more effective you will be in your understanding of the Trust and the duties of the Council. Our Board meetings are recorded, and you are encouraged to attend, but you do not have to attend each one in person.

To discharge your duties as a Council you will need to attend our Council of Governor meetings in person.

Council meetings	Membership Development Committee	Governor Development Committee	Nominations Committee	Public Board Meetings	Member events/ staff awards/ local health meetings etc.
6 per year	3 per year	6 per year	4 per year*	6 per year	10 per year
	Added =	Added =	Added =	Added =	Added =
6 Days	9 days	15 days	19 days	15 days	40 days per year for taking part in all listed activities

On average, our Governors give 3 days a month to the role. *Those that are on the Nominations Committee (you are elected by your peers on the Council) may see an increase in meetings around the time of Chair and Non-Executive Director Recruitment. All other committees are open to all Governors to attend.

Eligibility and Terms of Office

The [Trust's Constitution](#) sets out clear regulations about who is eligible to become a Governor and what their terms of office are once elected or appointed.

Council of Governors - tenure

- An elected Governor may hold office for a period of up to 3 years, subject to paragraph 9 of Annex 5.
- An elected Governor shall cease to hold office if he ceases to be a Member of the Constituency or class by which he was elected.
- An elected Governor shall be eligible for re-election at the end of his term but may not hold office for longer than 9 years.
- An appointed Governor may hold office for a period in accordance with Annex 3.
- An appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him.
- An appointed Governor shall be eligible for reappointment at the end of his term but may not hold office for longer than 9 years.

Eligibility

- Governors will have been advised of these eligibility criteria prior to standing for election or being appointed, however it is worth reiterating them here. Please do read these carefully and inform the Trust of you have any queries or concerns.

You are ineligible to become a Governor if:

- You are an Executive or Non-Executive of SECamb.
- You are the spouse or close relative of a member of the Board of Directors of the Trust.
- You are a member of the local authority's scrutiny committee covering health matters.
- You are a Governor or director of another NHS Foundation Trust or NHS Trust.
- For elected Governors, you cease to be a member of the constituency by which you were elected.
- For appointed Governors, you cease to be employed by the organisation which appointed you or the organisation withdraws its appointment of you.
- NHSE uses its powers to remove you, suspend you from office or disqualify you.
- You have been dismissed (other than for reasons of redundancy) from any paid employment with a health service body in the preceding 2 years.
- You fail to confirm that you will abide by the Trust's code of conduct.
- You have previously been or are currently subject to a sex offender order and/or required to register under the Sex Offenders Act 1997 or committed a sexual offence prior to the requirement to register under the current legislation.
- You are incapable by reason of mental disorder, illness or injury of managing your property and affairs.
- You are considered a vexatious complainant.
- You are disqualified under the Local Government Act 2000.
- You are considered unsuitable by the Board of Directors on the basis of disclosures obtained through a possible application to the Disclosure and Barring Service.

Terms of office

Elected Governors (staff and public) may hold office for a period of up to 3 years and may stand for re-election twice. After 9 years in the role, elected Governors must leave the Council and cannot re-stand for election for at least twelve months.

Appointed Governors are also appointed by their organisations for an initial 3-year term and may be re-appointed for a subsequent 3-year term, after which time the appointing organisation should nominate someone else, and the initial appointee cannot be reappointed.

Governor Code of Conduct

All Governors are required to sign a Code of Conduct and a Confidentiality Agreement. As ambassadors and guardians for the Trust, Governors should conduct themselves in ways that is fitting for a public role. All Governors must sign a declaration stating that they agree to follow the Trust's Code of Conduct for Governors. There is also a process in place for managing concerns about Governors.

In brief, this states that Governors should:

- Contribute to the workings of the Council of Governors in order for it to fulfil its role and functions.
- Act in the best interests of the Trust and its members.
- Adhere to the Trust's rules and relevant policies and support its objectives, in particular those of retaining foundation trust status.
- Support the vision and aims of the Trust.
- Not use the role to pursue personal or political agendas.
- Recognise that the role is a collective one. Governor's exercise collective decision-making on behalf of all patients, members, local public and staff.
- Note that the functions allocated to Governors are not of a managerial nature.
- Recognise that, other than when attending meetings and events as a Governor, Governors have no rights or privileges over any other member of the Trust or member of the public.
- Value and respect other Governors and all members of staff.
- Respect the confidentiality of information received in the role.
- Attend meetings of the Council of Governors, members' meetings and training events, on a regular basis, in order to carry out the role.
- Abide by the "Nolan Principles of Public Life": Selflessness; Integrity; Objectivity; Accountability; Openness; Honesty and Leadership.

Enabling you to participate

By its nature, the Trust covers a large geographical area and endeavours to hold Council and Board meetings in different parts of the area where we work to enable members of the public to attend.

Governors are entitled to claim all reasonable expenses incurred while carrying out the duties of the role. At the time of writing, Governors can claim £0.45 per mile for journeys by car (this rate is recommended by Government and the National Council of Voluntary Organisations). The Trust will also reimburse public transport fares and parking costs. Governors may claim up to 10,000 miles at 45p/mile before there are any tax implications.

Governors who may have mobility difficulties will be supported to attend meetings: we will reimburse costs for specialised transport; however, Governors will be expected to make the transport arrangements themselves.



We are committed to providing any reasonable support you may need to enable you to participate fully. Please discuss any such needs with the Assistant Company Secretary.

Council meetings are held mainly at our Head Quarters in Crawley. Meetings of the committees of the Council are currently held at our headquarters in Crawley in West Sussex. We endeavor to ensure all venues are accessible and will provide lunch and refreshments when appropriate.

Calling, Notice and Minutes of Meetings

The Council of Governors is to meet a minimum of four times in each financial year. Before each meeting of the Council of Governors, a notice of the meeting specifying the business proposed to be transacted shall be delivered to every Governor so as to be available to him at least five clear working days before the meeting. Notice will also be published on the Trust's website and, if practicable, in the Trust's membership newsletter.

Meetings of the Council of Governors may be called by the Secretary, the Chairman, or by ten Governors (including at least two elected Governors and two appointed Governors) who give written notice (including by fax and email) to the Secretary specifying the business to be carried out. The Secretary shall send a written notice to all Governors as soon as possible after receipt of such a request and will call a meeting of the Council of Governors within the next twenty-eight days. If the Secretary fails to convene such a meeting, then the Chairman or ten Governors, whichever is the case, shall convene such a meeting.

Minutes of any meeting of the Council of Governors shall be published on the website within 28 days of such meeting.

Sources of support and information

Internal sources of support

The Trust's Assistant Company Secretary is the first point of contact for any enquiries from Governors:



Richard Banks, Head of Corporate Governance

South East Coast Ambulance Service NHS Foundation Trust Nexus House, 4 Gatwick Road, Crawley, RH10 9BG.

Email: Richard.Banks@secamb.nhs.uk

Mobile/ SMS/text: 07501 495787

Tel: 0300 123 0999 (switchboard)

The Chair of the Council (and Board) Usman Khan can also be contacted when needed:



Usman Khan, Chair

South East Coast Ambulance Service NHS Foundation Trust Nexus House, 4 Gatwick Road, Crawley, RH10 9BG

Email: usman.khan@secamb.nhs.uk

Tel: 0300 123 0999 (switchboard)



Andrew Latham, Lead Governor (2024-25)

The Lead Governor or Deputy Lead Governor can also be contacted with enquiries, and you will be given a full list of contact details for fellow Governors.

Further support is provided by Jodie Simper who manages our Membership Office and supports Richard Banks with any Governor queries on expenses, member engagement, training, or elections.



Jodie Simper, Corporate Governance & Membership Manager

South East Coast Ambulance Service NHS Foundation Trust Nexus House, 4 Gatwick Road, Crawley, RH10 9BG.

Email: Jodie.simper@secamb.nhs.uk

Mobile/ SMS/text: 07770 728 250

Membership Office: 0300 123 9180

Other members of the Corporate Governance team are:



Peter Lee, Director of Corporate Governance / Company Secretary

South East Coast Ambulance Service NHS Foundation Trust Nexus House, 4 Gatwick Road, Crawley, RH10 9BG.

Email: peter.lee@secamb.nhs.uk

Tel: 0300 123 0999 (switchboard)



Leigh Herbasz, Corporate Governance Officer

South East Coast Ambulance Service NHS Foundation Trust Nexus House, 4 Gatwick Road, Crawley, RH10 9BG.

Mobile: 07796 479572

E-Mail: leigh.herbasz@secamb.nhs.uk



Karen Rubins-Lawrie, Corporate Governance Administrator

South East Coast Ambulance Service NHS Foundation Trust Nexus House, 4 Gatwick Road, Crawley, RH10 9BG.

Mobile: 07824 408 345

Email: karen.rubins-lawrie@secamb.nhs.uk

Additional key documents

Governors will also be provided with several key documents to support them in the role. Many are available on the Trust's website: www.secamb.nhs.uk + Latest Annual Report and Accounts

- [The Trust's Constitution](#)
- [Monitor's guidance](#) on the role of a Governor
- Inclusion Strategy (membership strategy)
- Code of Conduct and Confidentiality Agreement
- Expenses claim forms.

External sources of support and information

If you are unable to access documents online, please contact the Head of Corporate Governance with your query and the Trust will try to provide any printed copies of any documents you need.

NHS England Website: NHS England

NHS Providers

Website: <https://www.nhsproviders.org/>

Contact: enquiries@nhsproviders.org

Care Quality Commission

Website: <http://www.cqc.org.uk/>

Contact: <http://www.cqc.org.uk/contact-us>

[Sign up for their regular e-newsletter](#)