South East Coast Ambulance Service
NHS Foundation Trust

Trust Board Meeting to be held in public

6 February 2025

10.00-13.00

Trust HQ, Nexus House, Crawley

Agenda

Item No.	Time	Item	Purpose	Lead
Board Governance				
82/24	10.00	Welcome and Apologies for absence	-	UK
83/24	10.01	Declarations of interest	To Note	UK
84/24	10.02	Minutes of the previous meeting: 05 December 2024	Decision	UK
85/24	10.03	Matters arising (Action log)	Decision	PL
86/24	10.05	Chair's Report	Information	UK
87/24	10.15	Senior Independent Director Appointment	Decision	UK
88/24	10.20	Audit & Risk Committee Report	Assurance	MW
89/24	10.25	Chief Executive's Report	Information	SW
Strategy & Performance				
90/24	10.40	Board Story	-	SW
91/24	10.55	**Strategic Aim: We Deliver High Quality Care**	Assurance	
		Supporting Papers: a) Quality & Patient Safety Committee Report b) Board Assurance Framework – Progress / Risks c) Integrated Quality Report		
92/24	11.10	Patient & Public Engagement Strategy	Decision	MD
93/24	11.20	Chief Paramedic – Role & Priorities	Information	JL
	11.40	Break		
94/24	11.50	**Strategic Aim: Our People Enjoy Working at SECAmb**	Assurance	
		Supporting Papers: a) People Committee Report b) Board Assurance Framework – Progress / Risks c) Integrated Quality Report		
95/24	12.10	**Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS**	Assurance	
		Supporting Papers: a) Finance & Investment Committee Report		

		b) Board Assurance Framework – Progress / Risks c) Integrated Quality Report d) Month 9 Finance Report		
96/24	12.30	Integrated Multi Year Business Plan 2025-28	Information	SB
Closing				
97/24	12.55	Any other business		UK
After the meeting is closed any questions received[1] from members of the public / observers of the meeting will be addressed.				

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[1] Only questions submitted at least 24 hours in advance of the Board meeting will be taken. Please see website for further details: Trust Board

Trust Board Meeting

05 December 2024

Nexus House, Crawley

Minutes of the meeting, which was held in public.

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Present:

Usman Khan	(UK)	Chair
Simon Weldon	(SW)	Chief Executive
David Ruiz-Celada	(DR)	Chief Strategy Officer
Jen Allen	(JE)	Chief Operating Officer
Jacqueline Lindridge	(JL)	Chief Paramedic Officer
Howard Goodbourn	(HG)	Independent Non-Executive Director
Liz Sharp	(LS)	Independent Non-Executive Director
Margaret Dalziel	(MD)	Executive Director of Quality & Nursing
Max Puller	(MP)	Independent Non-Executive Director
Paul Brocklehurst	(PB)	Independent Non-Executive Director
Simon Bell	(SB)	Chief Finance Officer
Richard Quirk	(RQ)	Acting Chief Medical Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Sarah Wainwright	(SWa)	Chief People Officer

In attendance:

Peter Lee	(PL)	Director of Corporate Governance / Company Secretary
Stephen Bromhall	(SBr)	Chief Digital & Information Officer
Steve Lennox	(SL)	Improvement Director
Janine Compton	(JC)	Director of Communications

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66/24   Welcome and Apologies for absence
UK welcomed members, and those in attendance and observing.

The following apologies were noted:

Mojgan Sani	(MS)	Independent Non-Executive Director
Karen Norman	(KN)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Senior Independent Director / Deputy Chair

67/24   Declarations of conflicts of interest
The Trust maintains a register of directors' interests, set out in the paper. No additional declarations were made in relation to agenda items.

68/24   Minutes of the meeting held in public 03.10.2024.
The minutes were approved as a true and accurate record.

69/24   Action Log [10.03-10.04]

The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

70/24   Chair's Report [10.04–10.07]

UK took report as read, setting out the approach to the Board. He acknowledged the very busy last few weeks and in the context of the strategy, reflected a growing sense from engagement with stakeholders that we are being seen as a system enabler. There is increasing awareness of both the ambulance sector and its role in the system, and SECAmb.

71/24   Chief Executive's Report [10.07–10.28]

SW highlighted three themes from his report.

1. Celebrating people – the staff awards were held throughout November. It was good to celebrate the great work of so many of our people, with numerous stories of kindness shown to each other. SW thanked everyone involved.

2. NHS 10 Year Plan – SW outlined the themes from the Plan and encouraged discussion by the Board about what the NHS will need to look like in 10 years to meet the challenges.

3. Outlook for NHS - In terms of the money, we are still to receive the planning guidance, but the headlines in terms of what is likely include the fact that from the £22b much has already been committed this year and next, related to pay settlements. Our strategy plans to reduce the number of times we send an ambulance. This will be a challenge but one we need to meet in way that ensure better patient care.

There were no questions.

SW then turned to the **Southern Ambulance Collaboration** summarising that since October, the collaboration continues to progress with the three priority areas: procurement, digital and the operating model. SW outlined the approach to each.

PB asked how we choose the right things to go at which compliments our strategy. SW responded that in the Digital and AI space the workshop recently was to precisely do this, and we took 12 potential initiatives and shortlisted to three. Preferred is live call transcription and this supports our people and improves the offer to the public. On procurement we are looking at medical consumables initially to understand the reasons for variation. And productivity is creating a common language to understand better our operating models; for example, how we construct meals breaks across the five trusts is very different.

72/24   Board Story [10.28-10.50]

JL introduced Michelle Skillington who joined to describe the work she and a colleague have led, championing our Values and aligned to our strategy and the direction of travel in the 10-year plan: reducing calls from care homes and work differently for the benefit of patients.

Michelle provided the background and how this initiative was taken forward. Firstly, it was to better understand the issues within the care home to then improve relations to ensure greater team working. There was 36% reduction in first year by giving tools to make an impact including training with the carers at the Homes. More calls are now appropriate, requiring our clinical response. Winter planning is much better

too, coordinated between us Hubs, community teams and Homes. In the last quarter there was close to 100% reduction in calls. Michelle noted the engagement with other ambulance services to share learning.

UK thanked Michelle for setting out the work so clearly.

SS asked whether this could be rolled out in other Ous. Michelle responded that she has explored this but requires community team infrastructure; West Kent has this.

LS asked how the residents have responded to these interventions. Michelle responded that they spent much time at the Homes and the resident there feel heard by not being taken to hospital unless necessary. The feedback is positive about the greater options they now have.

HG asked about barriers to replicating this and how we can break these down perhaps through the new Hubs. He challenged the executive to really push this.

MD agreed, and while noting Michelle's point about community services there are characteristics in this model that should be replicable, e.g. teaching and support.

JA reflected on this being a great example of waste in the system that harms patients. Also of how our advanced practitioners can make a difference and so with JL, JA will explore how to ensure we use our senior clinicians in this way.

SW thanked Michelle and her colleague who also led this. As we head into the next item (10-year plan) the following themes emerge; link to hospital to community – the challenge in the wider NHS is where the 48/52 split is stuck (48% community and 52% hospital). We therefore need to understand how we can meet this challenge. No one wants to go to hospital unless they have to and so our model is still default - hospital.

UK thanked Michelle again; this is a good example of going above and beyond.

73/24   NHS 10 Year Plan [10.50-11.04]
UK thanked DR for the report which helps bring this to life. DR put it into context as the Plan has multiple phases; first phase is consultation. We have responded via AACE and also through our strategy we are positioned well to draw parallels. The second phase starts soon and our Big Conversation this week covers this. The sector engagement session is on 16 December, so lots of ways to contribute to the debate. DR added that we need to think sector wide and to integrate funding to shift the ambulance operating model. Analogue to digital – we need a framework that joins up better with our partners. And Prevention – the Board Story was a great example, and we also need to help shape the commissioning framework.

UK opened to questions.

MW commented that it is important we think carefully in our response to this Plan and it is positive to see the alignment with our strategy.

SS asked about ICBs, using Sussex as an example who have focus on early discharge, rather than admission avoidance. She asked how this sits with our ICBs and how we support them to think in different ways. DR agreed Sussex are focussed on flow. We do operate across multiple systems and so we have emphasised in our response related to commissioning that local examples of how we resolve the dichotomy of regionally commissioned services while resolving place level challenges. So, thinking more about the structure of strategic commissioning.

UK summarised that the evolution of our governance and focus on the three strategic aims helps reflect our journey through our strategy. Helpful to see the greater detail at committee level too.

74/24   We Deliver High Quality Care [11.04-11.24]
Both LS and HG summarised from their reports the key issues. LS explained the overlap with the finance committee which oversees operational performance. C2 performance is a great success given the national challenges. Cardiac arrest outcomes link directly to operational performance, and we have exceeded our target which is great for patients. We are still pushing to go even further and use our learning framework to improve our effectiveness and patient outcomes.

HG agreed performance is good. H&T is slightly behind plan, and this is critical to our strategy, better for patients and value for money / use of resources. The other reflection from the NED perspective is to see delivery of Hubs; this has been really impressive in the timeframe available. We spoke at FIC about how we monitor effectiveness and use the IQR to include more intelligent data to assess impact for patients, and the system. HG noted the winter plan is very comprehensive.

UK thanked LS and HG for their summary, which demonstrates good output and assurance from both committees.

SW acknowledged the good performance and contribution of our people to deliver this. We are not complacent, and he invited the Board to think about how we keep this going in the context of others struggling to do so, and the tension seen across the country between money and performance. SW also acknowledged the contribution of our hospitals who are facilitating timey handovers; this has been many years of work to get to this improved position.

PB asked the Cyber risk and the recent IT incident. SBr responded that the incident on 5 October led to us engaging BT at corporate level and we have some recommendations that we are taking forward to mitigate recurrence, both related to technical and processes. We know the issues, and a further review has not identified anything new. We therefore have a clear understanding and evolving the plan to address this by the end of 2024-25.

75/24   Clinical Leadership Model [11.24-11.38]
SW introduced this, explaining the journey to reorientate a clinical model now having a Chief Paramedic, and the interplay in the leadership model.

MD started by outlining the work on this which involved the engagement of NEDs; she thanked them for their questions and challenges. Like any new team there will be a period of evolution. MD recognises the value of a Chief Paramedic on the Board, and the paper describes the integration of the clinical roles. MD summarised the distinct responsibilities, shared interests across patient quality and safety and how this needs to be closely aligned with the Chief Operating Officer.

RQ added that we are working really well to support and challenge each other. He referred to slide 6 and the CMO core responsibilities in setting standards.

JL then added on education development and training, and the work to bring this together as an integrated portfolio, explaining the balance between what is central and delivered locally.

MD then outlined the approach to evaluation and effectiveness.

All directors committed to presenting to the Board in a united way.

UK thanked MD RQ and JL for this overview and reflected that we should never take for granted aligned clinical leadership. He then opened to questions.

SS is very supportive and welcomed education and training being under one roof. It is also good to see progress with clinical supervision, not just the practice but welfare and wellbeing too. Th challenge is how we take forward professional standards and how this will come together under JL's leadership.

LS supports this too. She highlighted the importance to our paramedic workforce to see a Chief Paramedic at the Board who can impact and influence. LS asked how the workforce have responded to this. JL responded that the feedback to-date has been positive with lots of questions about the role.

76/24   EPRR Annual Assurance [11.38-11.50]

JA stated by noted this is a good news story with improved assurance compared to recent years. She thanked the whole EPRR team. Some standards we need to work through, but nothing alarming, including system relationships and working. But there are strong foundations in place.

PB asked if following the recent cyber assessment, we are confident we will address the issues. SBr responded that we had an external audit of our cyber resilience plan, which was quite positive, but work still to do which we are aiming to conclude by the end of the year. JA added that she and SBr are connected and looking to integrate cyber resilience into EPRR.

SS asked about culture and the findings in particular related to HART and SORT. JA responded that culture is difficult to assess in the way these standards are designed. But there is a plan of development, which is not fully fixed and while doesn't preclude us from having a robust HART and EPRR function in the here and now, it will impact delivery of our ambitions. With JL, JA is reviewing the plan to address the culture to see what other interventions might be needed. SS asked that the plan JA mentioned comes to the People Committee for further assurance.

Action
In the context of EPRR Assurance, the plan to address the cultural issues in HART/SORT teams, outlined by JA at the Board in December, will come to the People Committee in Q4, for additional assurance.

JC noted that on HART culture, for first time in a long time we have seen much improved staff survey response rate in the HART team. This will give a rich source of data when we see the feedback.

[Break 11.50-12.00]

77/24   Our People Enjoy Working at SECAmb [12.00-12.16]

SS confirmed that the committee spent much time on the HR plan and there is good clarity on the four priorities. Acknowledging this is a long term plan, the committee stress tested the initial priorities. SS then summarised the output of the discussion with the BAF risks under the committee's purview, as set out in her report.

SS noted the disappointing progress being made with EDI. There is more needed with more explicit senior ownership. SS suggested that this requires executive lean in, like with the HR plan, as this is not just for the HR Director.

SWa outline the work to develop the HR operating model which needs time and engagement to ensure we get it right. There has been much engagement already with both the operations and HR teams to come up with the principles; a hybrid model is where we are landing. The full structure will be shared in January.

SWa then noted the positive approach to MARS which closed with 28 approved applications. There was positive engagement with TUs on this so despite the related BAF risk, this is an example of where we can and have worked well in partnership.

On EDI, SWa reinforced the work to integrate the actions into one plan. There was a good session with the SLT last week. UK confirmed the plan to bring this to the Board development session in March, to ensure Board leadership.

MP asked about the change management expertise and identified risk in now having this; how we will enable change to stick and succeed? SWa explained that we spent time at EMB yesterday on this. There is a good plan for the next six months including how we ensure this expertise / capacity is included.

JA supported SWa in that operations and HR are working very closely together to ensure the right balance between operational leaders having HR support, and ensuring they maintain their own autonomy to lead their teams. The focus is on culture and leadership development, including integrating EDI and health inequalities within this; there is more thinking on this needed, but it is in our minds as we take this forward.

SW reflected a key theme is attending to the basics and ensuring sustainability. Getting the right people and right structure is critical. We also need to revitalise relations with TUs. Linking the theme to EDI and op model, SW commented on our centralised culture which has disenfranchised people; this is not a recipe for change. Therefore, the divisional structure is vital to unlock quite a lot of this.

> **Action**
> Acknowledging the importance of the divisional model, the People Committee will oversee its development, in particular the underlying design principles and how these will be implemented.

UK reflected on the level of assurance and focus of the Board on this area in recent months. He referred to 'thinning the treacle' to help ensure local leadership drives our strategic ambition.

78/24 FTSU Guardian Report [12.16-12.42]

Kim Blakeburn, FTSU Guardian, joined. MD put the paper in context demonstrating a positive shift moving FTSU from a space of holding complex HR situations, to ensuring issues are dealt with at the right pace. That said, we are still seeing lots of people speaking up via FTSU but also via the staff survey and directly with managers / leaders. In summary good progress and a shifting focus.

Kim then summarised her report. The purpose it to update on progress and the themes coming through, as well as the key achievements / areas of focus:

1. Most improved trust in FTSU indicators from last years' Staff Survey. Supported by enhanced team and use of BI.
2. This year we have seen a reduction in anonymous reporting and cases of detriment; demonstrating greater confidence and fear.
3. University workshops for students is helping to raise awareness early in professional development.
4. Aim is to establish an ambassador network by end of 2024-25.
5. Some issues re gender imbalances.
6. EOC continues to be a hotspot.

UK thanked Kim for the clear update.

SS noted lots of really positive progress, with us being in a much better place than three years ago. However still disappointing to see EOC remaining a hotpot despite the work there on culture. Also, with gender pay gap / appointments, linked to the EDI plan. SS asked about universities, which was a concern from governors, and whether we have a handle on the issues. JL responded that the education dept is to undertake a diagnostic. The work here than spans the Trust. We are midway through the diagnostic and have spent time with the Universities. We will need to review the challenge about whether we understand fully the issues and therefore if we have right actions.

MD added that we are coming to COG next week to set out how we undertaking this review, linked to the work on sexual harassment, racisms and bullying. We are working alongside HCPC and this is a priority and in our thought leadership space; it is a complex area and important not to jimp to things but get to the root of the issues.

SW added that this will be an ongoing theme through our conversations in the coming months. The Board session earlier in the year with Julie Stone was profound. SW is in discussion with JL about our education and training approach to bring more thematic focus. Will need to stay with the complexity and hold this difficulty as some solutions will likely not work. SW welcomes the help of the whole Board in working through this, so that is a conversation at the top of all our minds.

SS welcomed this and good to hear it is being given real focus, time and thought. She asked for timescales of the diagnostic. JL responded that it will be by the end of January, most likely.

> **Action**
> The sexual safety diagnostic being undertaken by JL, related to universities and issues with students that is due to conclude by February 2025, will come back to the Board in April, to ensure ongoing visibility and assurance.

MP commented on the decline in anonymous cases and detriment, which speaks not just to the journey of FTSU but a broader indicator of culture improvement in the Trust.

SW restated his personal commitment to FTSU and meets with FTUG monthly. He agreed there has been significant improvement, but the journey is never done.

Kim concluded by thanking the Board for its support.

UK thanked Kim again and SS for her NED leadership. The commitment from the Board is absolute and total.

79/24 Sustainable Partnerships [12.42-12.57]
HG confirmed the assurance received by the finance committee that we are on plan to achieve the control total; this is now breakeven with the additional income received. We are close with the efficiency plan too. And there is a good level of assurance with the mitigation of the BAF (financial control) risk.

In terms of planning for 2025-26, HG is reassured that we are in a better place than last year in our preparation, but there is a long way to go and many likely challenges. The committee needs more assurance on the three-year plan (BAF 'sustainability' risk).

The closure of the related medicines distribution centre risks was welcomed, following the work there is not complete.

SB added that for next year and the following two years it is important to pause and understand the issue. The national picture is that the NHS has an additional £22b over two years. The NHS is not yet in a position to advise how this will be used e.g. we don't know the revenue and capital position for next year other than the expectation of flat cash, or even a reduction. We are unsure when the comprehensive spending review will be. Of the £22b we don't know if this contains the £2.2b deficit this year. This is relevant to our overall assurance given out underlying £10.5m deficit, albeit covered this year. We know we have areas of opportunity to become more efficient, some of which he outlined, including through our revision to the clinical model as per the strategy. So, even if our £10m deficit is covered with income we should still drive efficiencies and reduce cost. SB therefore wanted the Board not to take false assurance just by the bottom-line number.

UK thanked SB for this overview and challenge.

HG pushed back a little on the need to wait for planning guidance as while this will give more certainty, we can do the work now to plan and undertake scenario analysis. SW clarified that we are doing this type of planning now and have enough certainty already on some of the numbers.

UK summarised that in terms of assurance, compared to many of our peers we are in relatively strong position.

80/24   RSP [12.57-13.02]
DR reminded the Board that in June 2022 it agreed our Improvement Journey. Much has happened since then with really strong progress. He referred to the section in the BAF that sets out our position and we are working with regional team to provide the evidence to support movement from NOF 4 to 3, subject to the national governance meeting supporting this recommendation.

The main issues of continued focus include the HR plan and financial sustainability.

SL agreed that the Trust is ready to move to NOF 3.

SW asked the Board to positively assert that we are ready to do this. This is not just about ticking a box but goes directly to our confidence that we are ready.

UK sought the Board's support to the recommendation to Exit RSP. The Board unanimously agreed, confirming its confidence that we are at the right point to Exit.

DR thanked everyone in the last three years to get to this position.

81/24   Review of Board Effectiveness [13.03-13.04]
UK felt there were lots of examples of the Values and thanked the committee chairs for the further iteration of approach via committee assurance.

82/24   AOB
None.

There being no further business, the Chair closed the meeting at 13.04.

UK then confirmed there have been no questions from the Public.

Signed as a true and accurate record by the Chair: _____

Date   _____

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)	Comments / Update
07.12.2023	67 23	Delivery of the improvements identified by the IT external review to be overseen by the audit committee. With a report to the Board in 2024-25 (date tbc) confirming all the actions have been closed and assurance on their impact.	SB	30.04.2025	Audit Committee / Board	IP	A report to audit committee was received in July - see escalation report. The final report is scheduled for the meeting on 19 December and the outcome of this will be reported to the Board at its next meeting in Febriary 2025. A further report was provided to the Finance Committee in January (see report) and additional assurance was requested. A report to the Board is scheduled for April.
06.12.2024	76 24	In the context of EPRR Assurance, the plan to address the cultural issues in HART/SORT teams, outlined by JA at the Board in December, will come to the People Committee in Q4, for additional assurance.	JA	20.03.2025	People Committee	IP	Added to the agenda for March.
06.12.2024	77 24	Acknowledging the importance of the divisional model, the People Committee will oversee its development, in particular the underlying design principles and how these will be implemented.	JA	20.03.2025	People Committee	IP	Added to the agenda for March / COB.
06.12.2024	78 24	The sexual safety diagnostic being undertaken by JL, related to universities and issues with students that is due to conclude by February 2025, will come back to the Board in April, to ensure ongoing visibility and assurance.	JL	30.04.2025	Board	IP	

Key

	Not yet due
■	Due
■	Overdue
■	Closed

	Item No	86-24
Name of meeting	Trust Board	
Date	06.02.2025	
Name of paper	Chair Board Report	
Report Author	Usman Khan, Chair	

Introduction

It is with some sadness that this will be my last Board meeting. I have really enjoyed my time at SECAMB and have met some amazing people. Although my time here has been much shorter that I had initially planned, I am really proud of the continued improvement the organisation has made in the past year.   I am grateful to my Board colleagues and to the Council of Governors (COG) for their understanding and support. The COG is in the process of securing my successor and this should be concluded by the time the Board meets on the 6 February.

Board Meeting Overview

Meetings of the Board are framed by the Board Assurance Framework (BAF), against the three strategic aims:

We deliver high quality patient care	Our people enjoy working at SECAmb	We are a sustainable partner as part of an integrated NHS

The BAF has been revised to reflect the Trust strategy, ensuring Board oversight of the delivery of our strategic priorities; in year planning commitments; and compliance. Providing the Board with clarity on progress against the organisational objectives and the main risks to their achievement, thereby informing the Assurance Cycle.
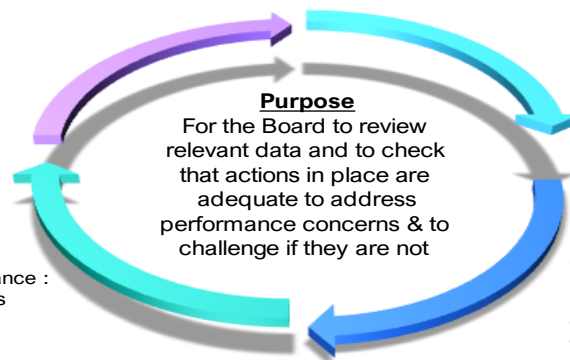
Board

Step 3
Agree what additional assurance/actions are required

Step 4
Board minute to capture the additional assurance / action required to be brought back to the next meeting.

Purpose
For the Board to review relevant data and to check that actions in place are adequate to address performance concerns & to challenge if they are not

Step 2
Discuss areas of underperformance :
Are responsibilities & timescales clear?
Are these actions adequate?
When can we expect to see improvement?

Step 1
Board receive papers in advance of the meeting. Papers describe the action being taken in response to underperformance

If there are areas with sustained poor performance, the Board may suggest a deep dive is undertaken to explore underlying issues

NHS

46 | Making data count : SECAMB session 2

This Board meeting will have a focus on quality and patient safety:

- The Board Story is from a member of our driving standards team, to reinforce the critical role they have in keeping our people and patients safe.
- In December we heard from the Board's three clinical directors and how they are developing a new leadership model. To follow on from this, we will at this meeting hear from the Chief Paramedic Officer, and their priorities as we move into 2025-26.
- The Board is asked to approve the new Patient & Public Engagement Strategy, which will help ensure we use patient and public feedback to help shape the way we provide services.
- And there will time to explore our planning for 2025-26, which will be another challenging year as we balance the need to continue providing safe and effective care, within the financial constraints we have within our system.

Council of Governors

The COG last met in December and the issues explored included the following:

- The ongoing challenges were acknowledged and the COG felt the clarity of direction the Trust strategy provides is supporting our delivery.
- There is much support for the Hubs, but some caution noted given the stage of their evolution; the outcome of the effectiveness review will be reported in due course.
- The financial challenges are well understood, and it was agreed that we need to continue leading the debate to shift our operating model in line with the strategy.
- There was some good intel from governors related to their constituent engagement. For example, a staff governor reflected feedback about some of challenges with the Hubs. This type of feedback will continue to be encouraged.
- The development of the learning framework was supported with governors reinforcing the need to ensure learning from good practice too, both internally and with others. There was some challenge that we do lots of good work, but this is not always widely communicated.

- There was some focus on fallers / frailty, noting the work still to do in this area, as part of the models of care priority in the BAF. Governors encouraged the Trust to better utilise volunteers, learning from others where they do this better.
- There was a good discussion about the HR Plan and support for the approach being taken to deal this time with the root causes.

There was also a joint Board / COG in December, where we spent time to review the approach to the planning for 2025-26, seeking views on some of the red lines. This has informed the work that has been undertaken since, and there is a specific item on the agenda (96-24).

Collaboration

Work continues on the Southern Ambulance Service Collaboration and the next formal update will be reported to the Board in April, when we will also update on the collaboration with South Central Ambulance Service.

Name of meeting	Trust Board
Date	06 February 2025
Name of paper	Senior Independent Director Appointment
Author	Peter Lee, Company Secretary
Synopsis	The Code of Governance requires the Board of Directors to appoint one of the Independent Non-Executive Directors to be the Senior Independent Director (SID). In January, following initial engagement with Governors, the NEDs were invited to express an interest in becoming the new SID and were each provided the role description (Appendix A). The role of the SID attracts additional remuneration of £2,500 p.a. On behalf of the Board, the Chair and Chief Executive held interviews and recommends the appointment of Karen Norman.
Recommendations, decisions or actions sought	The Board is asked to appoint Karen Norman to become the Trust's new SID with immediate effect.

SENIOR INDEPENDENT DIRECTOR ROLE DESCRIPTION

In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary.

The senior independent director should be available to governors if they have concerns that contact through the normal channels of chairperson, chief executive, finance director or trust secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could be the deputy chairperson. Led by the senior independent director, the non-executive directors should meet without the chairperson present, at least annually, to appraise the chairperson's performance, and on other such occasions as are deemed appropriate. In addition to the duties described here the senior independent director has the same duties as the other non-executive directors.

THE SENIOR INDEPENDENT DIRECTOR, THE CHAIR AND NON-EXECUTIVE DIRECTORS

The senior independent director has a key role in supporting the chair in leading the board of directors and acting as a sounding board and source of advice for the chair. The senior independent director also has a role in supporting the chair as chair of the council of governors.

The senior independent director should hold a meeting with the other non-executive directors in the absence of the chair at least annually as part of the appraisal process. There may be other circumstances where such meetings are appropriate. Examples might include the appointment or re-appointment process for the chair, where governors have expressed concern regarding the chair or when the board is experiencing a period of stress as described below.

THE SENIOR INDEPENDENT DIRECTOR AND THE COUNCIL OF GOVERNORS

While the council of governors determines the process for the annual appraisal of the chair, the senior independent director is responsible for carrying out the appraisal of the chair on their behalf as set out as best practice in the code of governance. The senior independent director might also take responsibility for an orderly succession process for the chair role where a reappointment or a new appointment is necessary.

The senior independent director should maintain regular contact with the council of governors and attend meetings of the council of governors to obtain a clear understanding of governors' views on the key strategic and performance issues facing the foundation trust.

The senior independent director should also be available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; chair's appraisal or setting the chair's objectives for example. In rare cases where there are concerns about the performance of the chair, the senior independent director should provide support and guidance to the council of governors in seeking to resolve concerns or, in the absence of a resolution, in taking formal action.

Where the foundation trust has appointed a lead governor the senior independent director should liaise with the lead governor in such circumstances.

THE SENIOR INDEPENDENT DIRECTOR AND THE BOARD

In circumstances where the board is undergoing a period of stress the senior independent director has a vital role in intervening to resolve issues of concern. These might include unresolved concerns on the part of the council of governors regarding the chair's performance; where the relationship between the chair and chief executive is either too close or not sufficiently harmonious; where the trust's strategy is not supported by the whole board; where key decisions are being made without reference to the board or where succession planning is being ignored.

In the circumstances outlined above the senior independent director will work with the chair, other directors and/or governors, to resolve significant issues. Boards of directors and councils of governors need to have a clear understanding of the circumstances when the senior independent director might intervene so that the senior independent director's intervention is not sought in respect of trivial or inappropriate matters.

3

Agenda No	88/24

Name of meeting	Trust Board
Date	06 February 2025
Name of paper	Audit & Risk Committee Assurance Report – 19 December 2024
Author	Michael Whitehouse Independent Non-Executive Director – Committee Chair

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 19 September 2024 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

ASSURE

Internal Audit & Assessment of Internal Controls

The outcome of two reviews from the annual Internal Audit Plan were considered - EOC and Station Visits. Internal Audit has available four possible outcomes, describing the level of assurance the Board can take, two are negative (Limited or No Assurance) and two are positive (Substantial or Moderate Assurance). These two reviews both concluded Moderate Assurance. In relation to Station Visits Internal Audit described both the design and operation of the internal controls they tested at these visits to be effective. This conclusion related more to process than culture and the committee has asked that the upcoming culture review (due to be completed in Q4 as part of the IA plan) brings this out more.

While there are still a number of reviews to be completed, year to date each review has been above the line and so there is increasing confidence that there might be an improved Head of Internal Audit Opinion this year.

A separate paper was provided by the executive, setting out assessment of the key internal controls, including those that were identified last year as having weaknesses. Taken together with the outputs of the Internal Audit plan to-date, this gives good assurance that the controls are working more effectively. This was supported by the Chairs of both finance and quality committees who reported confidence in the controls related to their respective purviews.

1

ALERT

Risk Management
Internal Audit also undertook a Risk Maturity Assessment, the findings from which indicate an improving picture from the 2023-24 year end assessment. This tested our risk management arrangements related to Governance, Assessment, Mitigation, Reporting, and Continuous Improvement against five maturity levels: Naïve > Aware > Defined > Managed > Enabled. Save for Continuous Improvement, which was assessed as Enabled, the other four areas were Defined. This was positive and supports the improvements that have been made. However, the committee challenged the executive to go further to ensure risk is threaded through the organisation from road to board.

One of the priorities is to develop our risk appetite framework. The committee supported the need to approach this in two phases. Firstly, to establish a new risk appetite statement and framework to be used initially by the Executive and Board from Q1 2025-26, and then following the training needs analysis, start to embed this through the organisation in stages throughout the next 12-18 months. This has been learning from others that have done this, such as NEAS.

ADVISE

External Audit / Year End Process
The initial audit risks were explored, and there is nothing unexpected to report. The committee is assured by the improvements reported earlier in the year, related to the year end process, and the fact that the Trust is due to exit the Recovery Support Programme will be seen positively in the value for money assessment.

Cyber Assurance Framework
This new framework replaces the Data Security and Protection Toolkit. We are well prepared for this, and the committee agreed with the executive's approach to not overstate our position.

The committee explored our cyber resilience, in the event of an attack – this is one of our BAF risks. It has asked for a paper for the next meeting in March, setting this out. In the meantime, some assurance was received from the cyber security exercise completed each year (last one in November) and the cyber incident response plan that is in place.

2

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle

Board

If there are areas with sustained poor performance, the Board may suggest a deep dive is undertaken to explore underlying issues

NHS

Step 3

Agree what additional assurance/actions are required

Step 4

Board minute to capture the additional assurance / action required to be brought back to the next meeting.

Purpose

For the Board to review relevant data and to check that actions in place are adequate to address performance concerns & to challenge if they are not

Step 2

Discuss areas of underperformance :
Are responsibilities & timescales clear?
Are these actions adequate?
When can we expect to see improvement?

Step 1

Board receive papers in advance of the meeting Papers describe the action being taken in response to underperformance

46 | Making data count : SECAMB session 2

3

South East Coast Ambulance Service **NHS**

NHS Foundation Trust

		Item No	89/24

Name of meeting	Trust Board
Date	06 February 2025
Name of paper	Chief Executive's Report

1	This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during December 2024 and January 2025.
	A. Local Issues
2	**Executive Management Board** The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes.
3	Key issues discussed by EMB recently have included an ongoing focus on our HR Improvement Plan, our emerging divisional structure and our approach to efficiencies and productivity moving forward.
4	We also continue to closely monitor operational performance at EMB, including our performance over the busy Christmas and New Year period. Despite increased demand during the period compared to last year and real pressure amongst our system partners, I am pleased and proud that we continue to perform well compared to our ambulance colleagues on Category 2 responses and 999 call answer times. We remain one of the highest performers nationally for our Category 2 response times.
5	EMB also continues to hold meetings each month as a joint session with the Trust's Senior Management Group and also with a wider senior leadership group. These meetings help to ensure we are taking a consistent approach, as a senior leadership team, to addressing key issues including financial performance and the implementation of our strategy.
6	**Chair to take up new role** On 8 January 2025, we announced that our Chair, Usman Khan, had decided to leave SECAmb in March to take up a full-time Executive Director role at NHS London.
7	I'd like to thank Usman for the energy and perspective he has brought to the role of Chair, which has helped us to build solid foundations across the organisation as

	we continue our improvement journey. It's been a pleasure working alongside him and I wish him well with his new role.
8	We are already working closely with our Council of Governors to appoint a new chair to ensure stability and expect to be able make an announcement shortly.
9	The new appointment will be for an interim period of time, while we progress the work underway with our colleagues at South Central Ambulance Service to explore creating a group model.
10	**Appointments to Executive Team** Following recent competitive recruitment processes, I am pleased to confirm a number of permanent appointments to our Executive Team.
11	Firstly, I'm pleased to welcome Margaret Dalziel into the role of Deputy CEO. In this new role, she will maintain accountability for her Executive portfolio (Quality and Nursing) whilst taking on additional responsibilities to support me in driving the strategic direction of the Trust and the pace of transformation. This includes acting as the CEO if I am away from the Trust, as well as working with me on a day-to-day basis to provide compassionate and inclusive leadership across the wider organisation.
12	I am also pleased to welcome both Sarah Wainwright (Chief People Officer) and Simon Bell (Chief Finance Officer) into substantive Executive roles.
13	Sarah joined SECAmb in April 2024 as Interim Director of HR & OD and prior to this, was Regional Deputy Director of Workforce at NHS England South East. She has over 20 years' experience in senior HR roles within the Civil Service and the NHS and is an experienced system leader, delivering people and culture change programmes at both system and organisational level.
14	Simon has more than 27 years of financial leadership in the NHS, with 13 years as a Director of Finance. Before joining SECAmb, Simon worked in the South West and North East and Yorkshire regions of England, latterly as a Place Director of Finance with an Integrated Care Board.
15	I am sure you will join me in congratulating Margaret, Sarah and Simon on their new appointments. I am very much looking forward to working with them all in their new roles, as we face the opportunities and challenges ahead.
16	**HR Improvement Programme** We continue to make good progress in delivering our HR Improvement Programme.
17	As a reminder, the Plan is focussed in four key areas – Developing a new HR Operating Model, Employee Relations (ER), Working with our trade unions and ER Training – and during the past couple of months, all four workstreams have achieved planned milestones that are starting to address long-standing issues.

18	I am pleased to report that targeted training in ER has commenced, which Employee Relations team members and 30 of our Senior Managers have attended. This, coupled with resolution of 50% of our longest-standing and most complex ER cases, will further support our commitment to an improved experience for all involved.
19	The new HR Operating Model is taking shape, and I am encouraged by the support of the entire Executive Team in 'leaning-in' and providing shared ownership across the People function.
20	As we move forwards in developing a new structure for the HR Team, we will continue to realign service functions, providing more balanced portfolios and ensuring that we are resourcing teams in the right way.
21	**Engagement** During the past couple of months, I have continued to attend national, regional and local meetings on behalf of the organisation.
22	These include the continuation of my 'Connect with the Chief' programme, with recent visits to Paddock Wood and Polegate and which both also included time spent with crews at the local A&Es.
23	This programme sees me visit many of our sites, where colleagues are able to meet with me for a one-to-one session, attend informal roundtable discussions and showcase anything they would particularly like to share.
24	As well as meeting with operational colleagues, I have also enjoyed especially meeting wider team members during my visits, including the Make Ready and Fleet teams at both sites and the Medicines Team at Paddock Wood.
25	It's been great to have really engaging conversations, both individually and in round table discussions and to have the opportunity to hear directly from colleagues on their experiences, challenges and ideas.
26	On 10 January 2025, the Chair and I were also pleased to welcome the Chief Executive, Chair and Chief Nurse from NHS Sussex to Polegate Make Ready Centre, to tour the site and spend time in the Unscheduled Care Navigation Hub. We had great feedback after the visit and I know they were really impressed with that they saw; thank you to everyone involved in the visit.
27	Finally, on 9 January 2025, I was pleased to take part in a live interview and phone in with BBC Radio Sussex. It was a great opportunity to share key messages with the public and to highlight the hard work put in by colleagues across the Trust, every day.
28	**Impact of national IT issue** On 8 January 2025, we declared a Business Continuity Incident (BCI) due to an issue that affected the sending to and receipt of of emails from nhs.net email addresses to SECAmb and which impacted on our ability to communicate effectively with our NHS partners.

29	Patients calling 999 or 111 were not affected directly during the incident. We are currently finalising an in-depth review but, working with our partners, have not identified any patient harm to date.
30	The issue appears to have been triggered by a national IT change made just before Christmas which also affected a number of other Trusts. Following work by the IT team, in discussion with national teams, the BCI was stood down on 9 January 2025.
31	A separate paper on this, including a root cause analysis, is on today's Board agenda.
	B. Regional Issues
32	**Clinical hubs making a difference** I continue to be pleased with the impact that the five, multi-disciplinary Unscheduled Care Navigation Hubs (UCNHs) we launched during the winter across our region are having and am pleased to have many of them recently.
33	As a reminder, the introduction of the hubs is key to ensuring we deliver on our five-year clinically led strategy and are they are already delivering a range of benefits both for our patients and for the wider NHS system.
34	We now have UCNHs in place at Polegate, Brighton, Paddock Wood, Ashford and Rochester, plus two virtual hubs covering Surrey. The hubs see our highly skilled clinicians joined by specialist teams from across the local healthcare system to ensure 999 calls are receiving the most appropriate response.
35	Their introduction means more patients across each of our counties are benefitting from receiving the most appropriate response first time and by working with our hospital and community partners, we are helping to support local A&E departments by reducing the number of patients being taken in unnecessarily.
36	Moving forward, we will continue to work with our healthcare partners and the ICBs in each area to ensure that the Hubs continue to develop sustainably, and we are able to clearly measure the positive impact they are having.
37	**Collaboration** We are continuing to work alongside our colleagues at South Central Ambulance Service (SCAS), to ensure that both organisations can provide the best possible care to their local communities and that colleagues have access to the best systems, support and opportunities available.
38	The Boards of both Trusts met in November of last year to begin to explore opportunities where we can work collaboratively together, including exploring the creation of a group model. A joint strategic lead will support this, working across both Boards.
39	Both trusts are also part of the wider Southern Ambulance Service Collaboration (SASC), which also aims to bring benefits from greater joint working across

	ambulance trusts in the south; an update on this is being covered on today's agenda.
	C. National Issues
40	**Financial position** As a Trust, we currently remain on plan in month 9 to deliver a forecast outturn break-even position, in line with our plan for 2024/25, including £10.5million national deficit support funding.
41	As part of the £22billion announced for the NHS in the Autumn Budget, national deficit funding of approximately £2.2bn will be made available again in 25/26 although, at the time of writing, national planning guidance and the accompanying detail has not been published.
42	Our draft financial plan, as has been discussed during the year with our system partners, remains to deliver no worse than a £10.5m deficit (before deficit funding), a C2 mean response time of 28.5 minutes and no increase in workforce. This will require the organisation to identify and deliver c.£10m of productivity improvements and c.£10m of cost improvements.
43	Work is already underway within the Trust, led by our Senior Management Group, on our financial plans for next year, with good progress being made. However, there is no doubt that the financial position both regionally and nationally remains extremely challenging.
44	**National first for SECAmb with digital alerting** In early December 2024, we announced that we had become the first ambulance service in Europe to fit digital alerting to our emergency vehicles, so that road users can be alerted to their presence.
45	We are testing the system, Safety Cloud by HAAS Alert, which enables real-time alerting between emergency and other vehicles, with the aim of improving road safety.
46	Alerts are delivered to drivers today through navigation apps including Apple Map and alerts will also become available through new compatible vehicles as they come to the market. Drivers can receive the alerts, potentially in advance of seeing or hearing a vehicle's blue lights and sirens, with the extra time not only creating a safer experience for motorists but also our crews.
47	As a Trust, we are absolutely committed to doing all we can to ensure the safety on the roads of our staff, our patients and other road users and I look forward to seeing how the trial progresses.

Our commitment to safe driving – an introduction

Simon Weldon, Chief Executive

- We are determined to ensure that we make SECAmb the safest place for driving it can be

- The consequences when it goes wrong, for our people, our patients and the public, can be significant

- We are very pleased to be joined today by the parents of paramedic Alice Clark, who tragically lost her life in a road traffic collision in January 2022

- I'd like to personally thank Gill and Graeme for their bravery in being part of this commitment

Saving Lives, Serving Our Communities

Context

- We operate a fleet of c. 530 vehicles, including ambulances, response vehicles and specialist vehicles

- Between them, our fleet covers 15 million miles per year – 41,000 miles every day

- Our frontline staff undertake an initial four-week 'emergency response' driving course, which includes 150 hours of on road driving and subsequent refresher training

- Driving under emergency conditions allows blue light drivers to exceed national speed limits (within boundaries) where needed, proceed (with caution) through red lights and contravene other road signs and regulations if proportionate to the progress of their journey

Saving Lives, Serving Our Communities

Driving in SECAmb

- We have a multi-layered framework in place to support safe driving within SECAmb

- This includes a driving standards team, refresher training, use of telematics and CCTV to support safer driving, regular awareness campaigns, etc.

- However, we know we need to do more to change the culture around driving and in speaking up

- It's vital that, using our Trust values of Kindness, Courage and Integrity, we build on what's already in place and do more to achieve our ambition of making SECAmb the safest possible place for driving

Saving Lives, Serving Our Communities

Saving Lives, Serving Our Communities

DRIVING STANDARDS PRESENTATION

FEBRUARY 2025

Sarah Critchlow

Fleet Risk Reduction & Driving Standards Manager

Driving Standards highlights to date:

Introduction of Driving Standards Manager Group for all Trusts October 2024

Safe in the Back Campaign (supported by AACE (Association of Ambulance Chief Executives)

New Driving Standards Policy & Procedure introduced August 2023

Driving Standards Education Pages via the Zone

HAAS Alert System

Audits with H&S (seatbelts/harnesses/reversing/VDI)

'Speak Up' Driving Standards Campaign

Scene Management & post incident Training for all Operational Supervisors

Driving Standards inputs to Operational Readiness courses

Driving Standards and Driver Training included in Key Skills 2025 onwards

Vehicle Daily Inspections campaign

DriverCheck (driving licence compliance) @ 99% for Operational staff

Driving Standards Review Panel (6 month figures)

Independent group made up of Operations, Security, Professional Standards, Patient Safety, Driving Standards and Risk meet every week for an hour to review incidents that have been highlighted as requiring investigation/education and training.

Driving Standards Resolutions
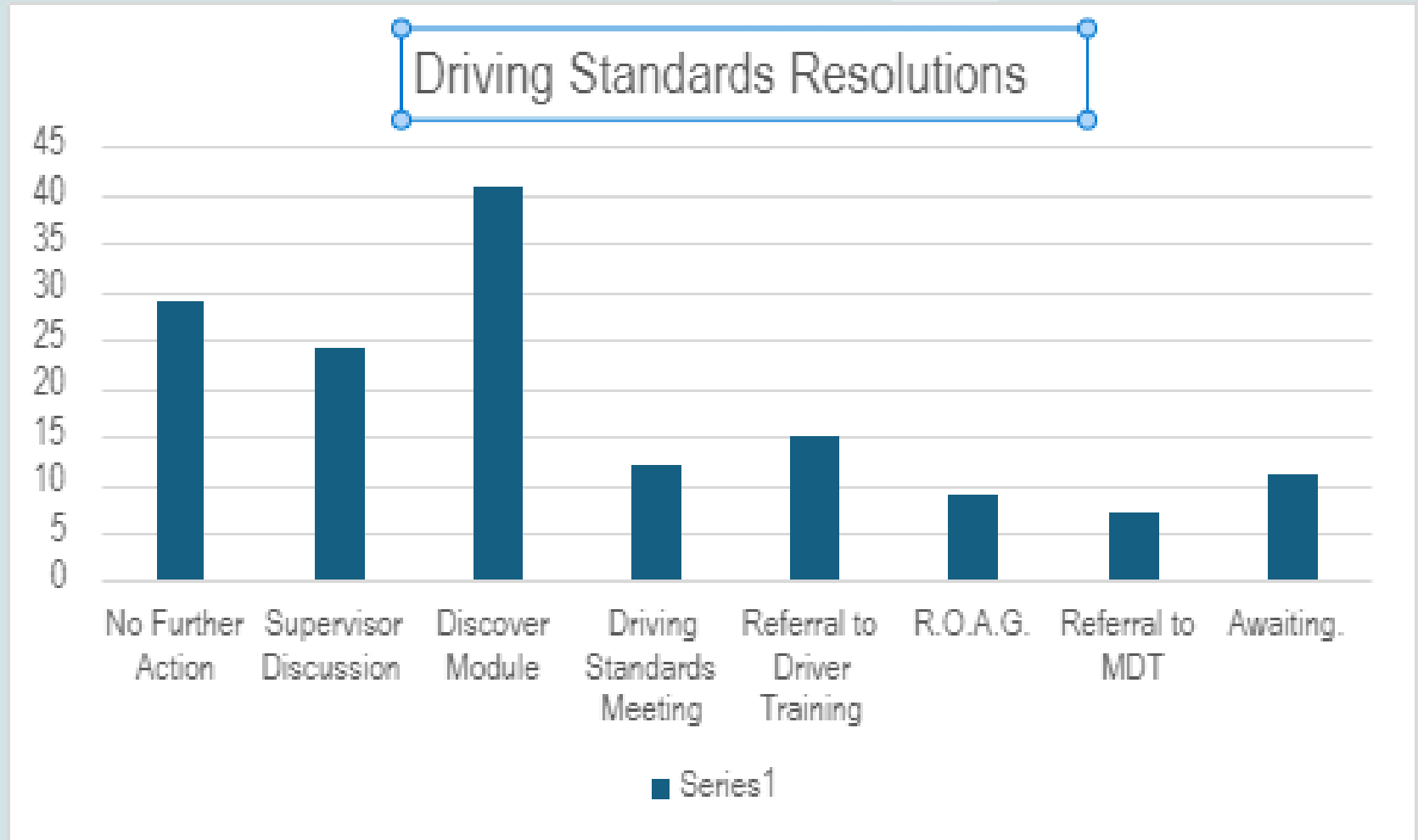
Priority Areas for 2025

(continuation of learning and education in these areas, supported by review, retraining or capability/disciplinary if appropriate).

+ *Use of banksperson when reversing or manoeuvring at slow speed*

+ *Speed / red lights*

+ *Carelessness, 'not our vehicle', culture, lack of responsibility*

+ *Use of sirens*

+ *Decision making and forward planning*

+ *Health & Safety Audit checks (seatbelts/reversing/daily inspections)*

+ *Drink/drug testing policy*

+ *Familiarisation/driver training for high performance electric vehicles*

Saving Lives, Serving Our Communities

2025 Initiatives (reference to Regulation 28 Prevention of Future Deaths report for Coroner)

- *Speak up – Driving Behaviour campaign*
- *Driver ID – part of software solution for the new in vehicle technology*
- *Internal Points system to bolster driving review outcomes – along with use of HR processes*
- *Drink/Drug Policy – ongoing discussion and work with HR Departments and AACE*
- *Power BI platform to replace current RTC reporting process, to allow greater interrogation and statistics.*
- *Own driving licence points – reviewed with line managers*
- *Culture project to look at driver behaviour*

South East Coast Ambulance Service

Costs paid – June to October 2024

- The Trust pay everything up to £25,000 as per our agreement with QBE Insurers.
- We travel c 15 million miles per year

Month	Costs paid	Number of insurance claims	Uninsured loss recovery
June	£16,295	32	0
July	£52,760	42	£6,636
August	£26,950	28	£495
September	£26,310	45	£2,142
October	£21,420	32	£1,567

TRIGGER WARNING

VIDEOS TO FOLLOW

Speed – red traffic lights

Speed – red traffic lights

Forward planning

Cultural challenges

SECAmb and Driving Standards – the future?

- **To be the lead Ambulance Trust for Driving Standards**

- *Reduction in number of avoidable collisions = improved safety for our people, the public and reduced costs.*

- *Pride in vehicles and in driving safety across all SECAmb drivers*

- *Closer working relationship with South Central Ambulance Driving Standards (sharing of joint projects)*

- *Prince Michael Road Safety Awards * (HAAS Alert)*

		Agenda No	91/24
Name of meeting	Trust Board		
Date	6 February 2025		
Name of paper	Quality & Patient Safety Committee Assurance Report – 9 January 2025		
Author	Liz Sharp Independent Non-Executive Director – Committee Chair		

INTRODUCTION

The Quality & Patient Safety Committee is guided by a cycle of business that algins with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk.

This assurance report provides an overview of the most recent meeting on 9 January 2025, and is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

ASSURE

Cardiac Arrest Annual Report 2023/24

In the reporting period survival to 30 days post arrest for our patients was 11.5%, which was our highest ever reported survival figure, and the highest survival figure reported by all English ambulance trusts. This is also a 2% increase on last year and 2% higher than the national average, which we have remained above for the past three years.

Right Care Right Person
Risk 457 - Police Withdrawal of Response to Mental Health Crisis Incidents
The committee has received regular updates, and the latest analysis shows there has been no significant increase or inappropriate referrals identified. One of the initial concerns was that the Police might not attend when needed but this has not materialised. The committee has been impressed with the interagency working that has helped ensured no adverse impact on patients.

Medicines Distribution
In December the Board received assurance from the finance committee following the completion of the remedial work that had addressed the longstanding quality and health and safety risks related to the medicines distribution centre estate. QPSC received a closure report providing assurance that this has had a positive impact on medicines management / distribution. The facility now provides improved process flow

and segregation, and has additional space to facilitate staff training and to expand the function, should the need arise in the future. A follow up audit will be undertaken independently in early 2025-26, to provide external assurance.

Serious Incidents Lookback / PSIRF Implementation
A helpful paper providing analysis of the Trust's safety profile based on Serious Incidents (SIs) over the two years, leading up to the implementation of the Patient Safety Incident Response Framework (PSIRF), demonstrated examples of actions leading to improved patient safety. There is good progress in the implementation of PSIRF standards, and the related focus on systemic improvement plans will provide the necessary framework to support ongoing review of learning.

Key Skills
The committee is assured that this key skills programme reflects the needs of the organisation and is compliant with the Core Skills Training Framework. There has been robust methodology and evidence of good stakeholder engagement. It is a mix of classroom and self-directed training and undertaken over a 3-year rolling cycle. Abstraction is confirmed as part of the plan and training allocation.

ALERT

Patient & Public Engagement Strategy
On of the BAF priorities, the committee recommends this enabling strategy for approval by the Board. It includes a detailed approach to integrating patient and public feedback, enhancing communication with patients, families and carers, and promoting equality, diversity and inclusion by creating accessible and flexible choices for involvement.

Chief Paramedic Role / Priorities
There was a helpful review of the emerging priorities for the Chief Paramedic, which will be presented to the Board. The committee supported these, noting caution about trying to do too much, too soon.

ADVISE

Models of Care
The approach and governance being put in place for the development of the 11 models of care, is still in the early stages. The executive will be agreeing in February which to prioritise, acknowledging that some of 11 models are in different stages of maturity. A three-year roll out plan is due to be finalised by April 2025.

Provider Collaboratives
While some are still I the early stages of development, the Trust is engaged in the provider collaboratives within each ICB. As they develop the committee will monitor the outputs and seek assurance that we are influencing the right areas.

Integrated Pt Safety Report
This is the first report in the new format, which identifies systemic challenges across nine patient safety themes, identifying gaps and opportunities for improvement. Improvement plans are in place for seven out
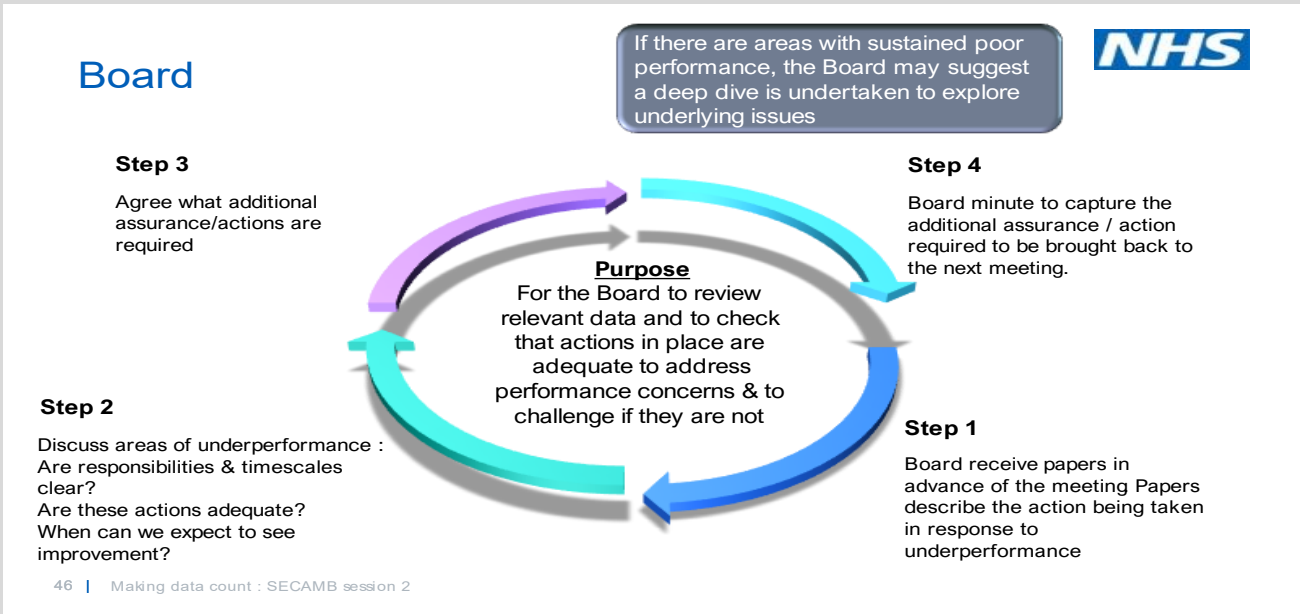
2

of nine themes, with ongoing efforts to enhance data capture and learning dissemination. There is also continued focus on embedding insights into practice and addressing outstanding risks.

Learning from Deaths – Q4 2023/24
As reported previously to the Board, this process does not provide much additional learning than we get from PSIRF. There is work nationally on this across the ambulance sector to see how we might ensure greater value. Going forward the committee will review the outputs in the context of the new Integrated Patient Safety Report.

Recommendation
The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle
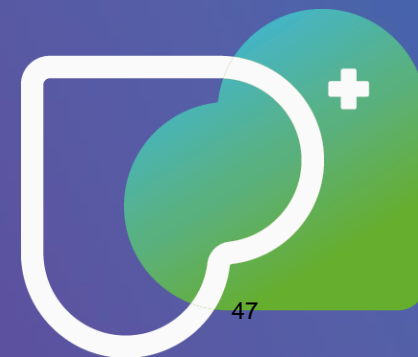

Board

NHS

If there are areas with sustained poor performance, the Board may suggest a deep dive is undertaken to explore underlying issues

Step 3
Agree what additional assurance/actions are required

Step 4
Board minute to capture the additional assurance / action required to be brought back to the next meeting.

Purpose
For the Board to review relevant data and to check that actions in place are adequate to address performance concerns & to challenge if they are not

Step 2
Discuss areas of underperformance :
Are responsibilities & timescales clear?
Are these actions adequate?
When can we expect to see improvement?

Step 1
Board receive papers in advance of the meeting Papers describe the action being taken in response to underperformance

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Board Assurance Framework

February 2025

Contents:
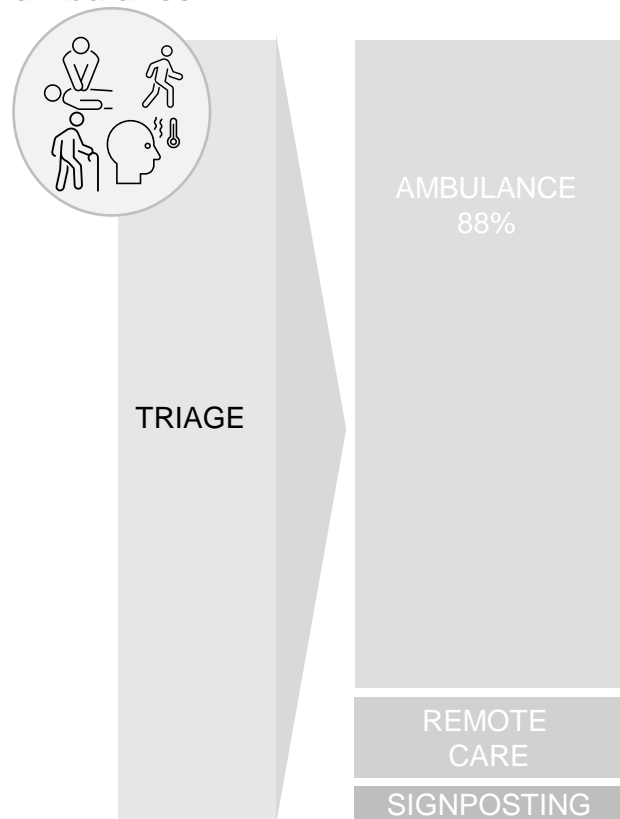
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Our Strategy 2024-2029

+ **Our Vision:** To transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients

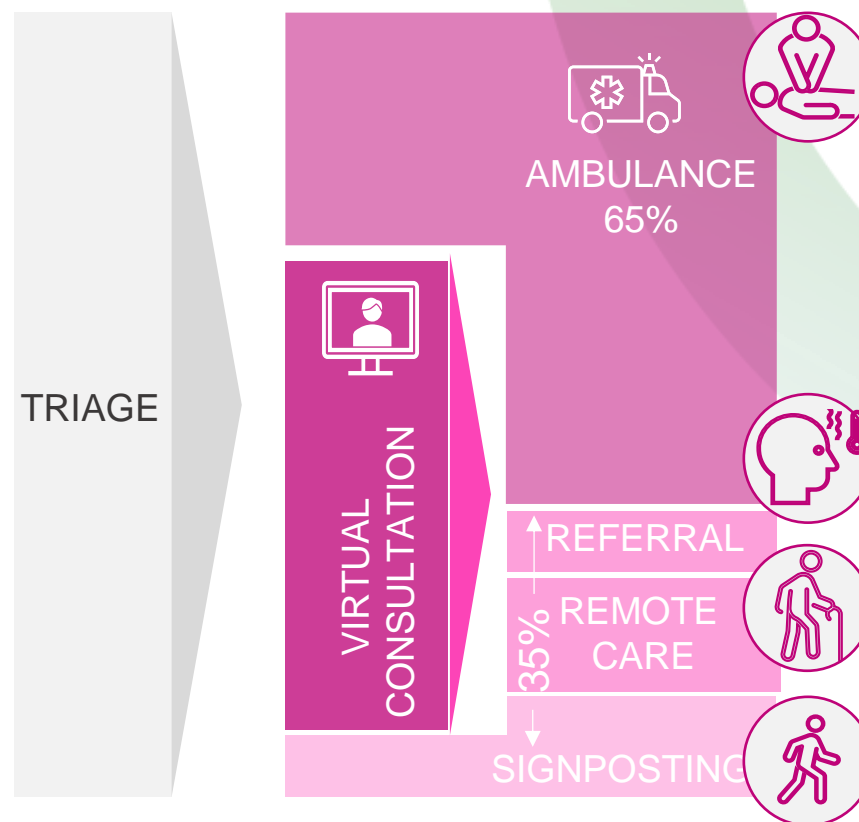+ **Our Purpose:**

Saving Lives,

Serving Our Communities

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Our Strategy 2024-2029

NOW: We have the same response for most of our patients - we send an ambulance.

TRIAGE

AMBULANCE 88%

REMOTE CARE

SIGNPOSTING

FUTURE: We will provide a different response according to patient need.

TRIAGE

VIRTUAL CONSULTATION

AMBULANCE 65%

REFERRAL

35% REMOTE CARE

SIGNPOSTING

Timely care for emergency patients:

Resources will be refocused to provide a better and faster response to our emergency patients.

Virtual care for non-emergency patients:

Patient needs are thoroughly assessed by a senior clinician remotely. This clinical assessment will enable patients to be cared for directly or referred to the most appropriate care provider.

Connecting other patients with the right care, if they don't need us:

If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.
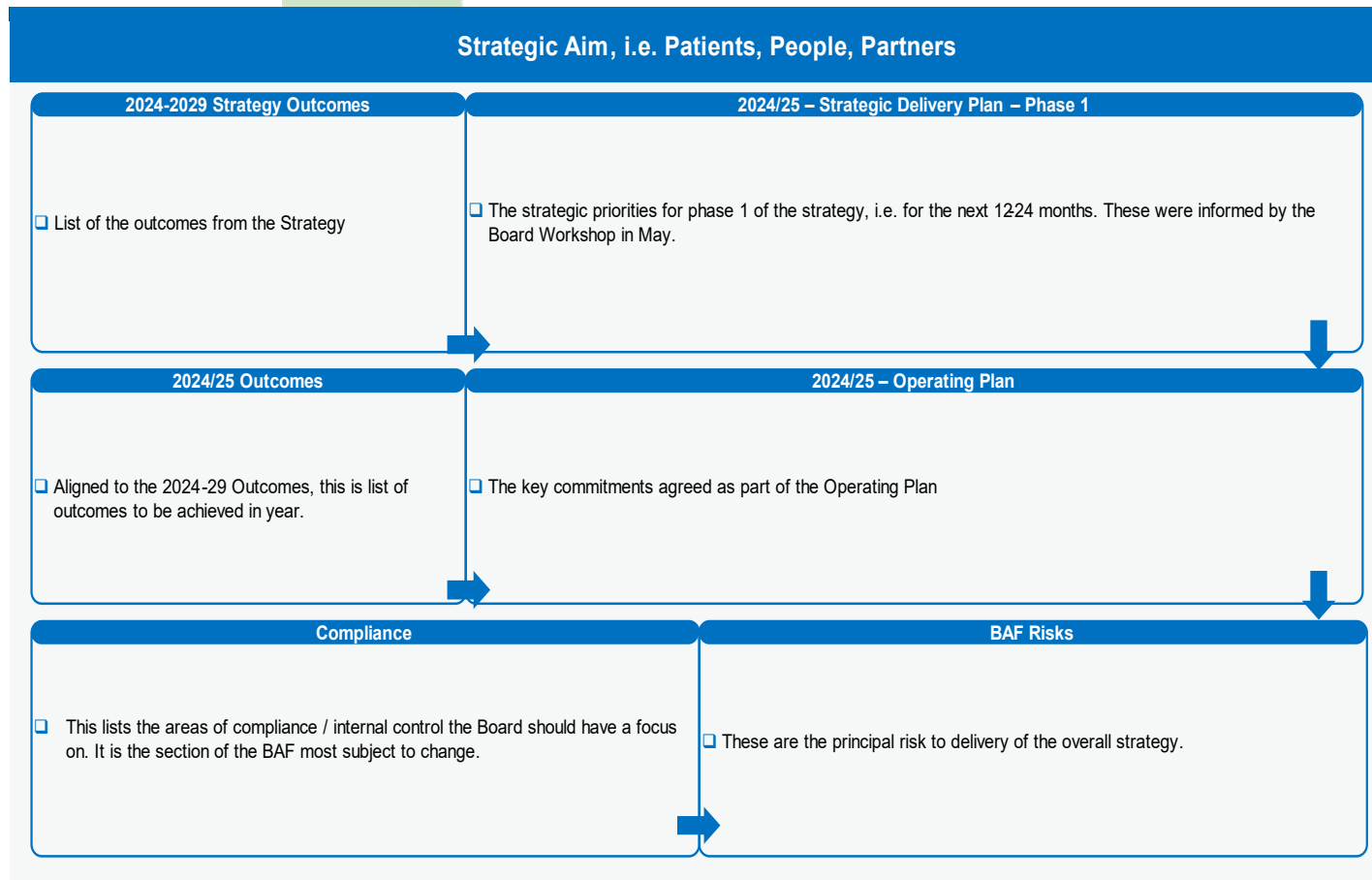
How our Board Assurance Framework (BAF) Works
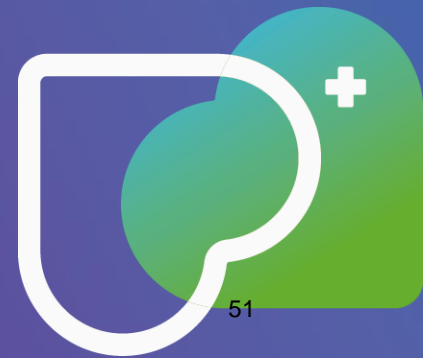
Our BAF:

+ The BAF is designed to bring together in a single place all the relevant information to help the Board assess progress against its strategic vision and the principal risks to delivery. This will support the Board's assurance on both the longer-term vision and in-year delivery.

+ **Strategic Priorities** – this sets out the key priorities for the coming 12-24 months that will help set the foundations for delivery of the overall strategic vision.

+ **Operating Plan** – this section of the BAF includes the key commitments the Board has made for the current financial year.

+ **Compliance** – these are the internal control issues that are either most critical, or where the Board has greatest concern; they may therefore change over the course of the year subject to the level of the Board's assurance.

Strategic Aim, i.e. Patients, People, Partners

2024-2029 Strategy Outcomes
❑ List of the outcomes from the Strategy

2024/25 – Strategic Delivery Plan – Phase 1
❑ The strategic priorities for phase 1 of the strategy, i.e. for the next 12-24 months. These were informed by the Board Workshop in May.

2024/25 Outcomes
❑ Aligned to the 2024-29 Outcomes, this is list of outcomes to be achieved in year.

2024/25 – Operating Plan
❑ The key commitments agreed as part of the Operating Plan

Compliance
❑ This lists the areas of compliance / internal control the Board should have a focus on. It is the section of the BAF most subject to change.

BAF Risks
❑ These are the principal risk to delivery of the overall strategy.

52

How our BAF reflects our Strategy :

- The Trust's priorities are aligned with three strategic aims, which help frame each meeting agenda of the Trust Board.

- Taken together with the related risks and sections of the IQR, The BAF provides the Board with the data and information to help inform its level of assurance in meeting the agreed aims:

Delivering High Quality Care

We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.

Our People Enjoy Working at SECAmb

We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.

We are a Sustainable Partner

We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.

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Reporting Templates

We deliver high quality patient care

2024/25 – Strategic Transformation Plan – Phase 1

Project	Milestone	Baseline Target	Forecast Target	Current RAG	Previous RAG	Executive Lead	Oversight Committee
Unscheduled Care Navigation Hub – Design & Implementation	Define scope of hub models agreed by ICBs	June 2024		(green)	(amber)	Director of Operations	Quality & Patient Safety
	Implement first new hub	October 2024			(amber)		
	Evaluation to inform future scope of virtual care	March 2025			(amber)		
Clinical models of Care – Design and Agreement with ICBs	Scope determined with ICBs	Q2				Chief Medical Officer	Quality & Patient Safety
Patient Experience & Engagement	Enabling strategy for 2025 – 2035 developed	End of Q3				Director of Quality / Chief Nurse	Quality & Patient Safety

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date last reviewed at Committee
Operational performance plan					
Deliver the three Quality Account Priorities	Post-discharge reviews				
	Reduction in Health Inequalities				
	Patient Care Records Review Implementation				
Expand number of volunteers by 150					
Implementation of 80% of NHSE PSRIF Standards/Principles					
Deliver 2 Clinical QI priorities	Safety in the Waiting List				
	IFTs				

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
There is an ongoing, multi-year risk that the financial environment for the NHS prevents local commissioners from supporting our clinical strategy	20	04	SP&T
There is a risk that, as a consequence of the NHS funding environment we have insufficient levels of leadership capacity to deliver our strategy and/or that our leadership structure does not allow for effective strategic delivery.	12	08	CEO

Board Highlight Report – Unscheduled Care Navigation Hubs

Progress Report Against Milestones:	SRO / Delivery Lead:		Previous RAG	Current RAG
Key achievements against milestone	Emma Williams			

Risks & Issues:	Score	Mitigation
Funding & Financial Stability		
Stakeholder Engagement and Buy In		
IT & Estates Infrastructure		

Upcoming activities and milestones

Escalation to Board of Directors

Q1	Q2	Q3	Q4
◆ Define scope of hub models	◆ Completion of final evaluation model	◆ Staggered GO LIVE of 5 new hubs	◆ QI / Evaluation Phase (Local ICB Level – continuous monitoring)
◆ Develop evaluation & ROI model & programme governance	◆ Governance structures & stakeholder engagement approaches confirmed	◆ QI / Evaluation Phase 1 (Local ICB Level – continuous monitoring)	
	◆ Go/No-Go criteria developed & reviewed to ensure readiness		

Each of our strategic delivery programs will receive a Board-Level highlight report at every meeting

BAF Risk 537 – Funding

There is an ongoing, multi-year risk that the financial environment for the NHS prevents local commissioners from supporting our clinical strategy

Controls, assurance and gaps

Controls: we have the vision and a strategy which has been signed off by the Board. There is an agreed financial plan, with enhanced financial controls to be implemented. Our partners have signed up to the vision, however the available funding has not yet allowed them to commit to delivery.

Gaps in control: there is no agreement in place with commissioners for the 2024/25 financial year. No agreed multi-year plan with associated funding to support implementing our clinical model.

Positive sources of assurance: ICB clinical plans and strategy delivery plans refer to our strategy e.g.: Surrey Heartlands, shared delivery plan for Sussex. Strategic Commissioning group set up as formal governance route between SECAmb and ICB partners to develop a multi-year plan. NHSE through RSP has an expectation that we will develop this multi-year plan as part of our exit criteria. Our strategic delivery plan derives from our Strategy and is reflected in the BAF for 2024/25.

Negative sources of assurance: This year we are planning for a £16.5 million deficit. Current plans for ICBs do not support a multi-year funding arrangement to get SECAmb to financial sustainability.

Gaps in assurance: The Board has not yet seen the plan between June 2024 and December 2024 to develop the multi-year plan to exit RSP. There is a significant challenge in coordinating and aligning the multiple stakeholders involved in developing the multi-year plan, given the complexity and scale of the work. The Board has not yet seen the recommendations from the Southeast Ambulance Commissioning review or how the recommendations will affect the ability to deliver the multi-year plan.

Accountable Director	Strategic Planning and Transformation
Committee	Finance and Investment Committee
Initial risk score	Consequence 5 X Likelihood 4 = 20
Current Risk Score	Consequence 5 X Likelihood 4 = 20
Target risk score	Consequence 4 X Likelihood 1 = 04
Risk treatment	Treat
Target date	Q4 2024/25

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
We are developing a multi-year plan to exit RSP in collaboration with ICB partners and our region	SP&T, CFO	Q3 2024	The work is due to commence at the end of June, once the year one funding round is resolved.

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Exception reporting will be provided as required following committee oversight

Each of our BAF Risks has a detailed risk page

Delivering High Quality Patient Care

Saving Lives, Serving Our Communities

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Delivering High Quality Patient Care Executive Summary

- Across Quality Metrics in the IQR it is evident that for several of our processes (other than the new metrics), we are beginning to see much less variation. This means that the processes are working well and in control this being the first step of sustained improvement. Our focus now is to move to a target of success.

- This month our redeveloped Medicines Distribution Centre has been completed. The improved flow of medicines through the unit has improved patient safety and the enhanced environment has improved the working conditions for our staff.

- SECAmb received two Regulation 28 Report - Action to Prevent Future Death notices in Nov 2024 – Jan 2025), available in the public domain, both of which have been responded to:
  - West Sussex, Brighton and Hove Coroner: re Joel Phillip Colk, date of incident – 02.10.2023
    - Narrative: Joel Phillip Colk died on 2 October 2023 having intentionally ingested at least 50 times more than the lowest fatal level of sodium nitrite with the intent of taking his own life. Corner concerned that NHS Pathways does not differentiate between types of, severity of or the drugs/chemicals reported as being the cause of the overdose; does not differentiate call classification taking into account the amount reported as ingested, the timing of ingestion or the patient's weight; does not reflect the time sensitive nature for an effective response. The Court was also told that clinicians do not carry on any Ambulances Methylene Blue which is the antidote to sodium nitrite ingestion as this is not within national guidance
  - West Kent Coroner: re Alice Olivia Clark, date of incident -19.01.2022
    - Narrative: The death of Alice Olivia Clark was due to a road traffic accident but that there was a failure by the South East Coast Ambulance Service in their investigation of complaints they had received from other members of their staff over the driving of Edward Riding where if it had been acted upon could have changed the outcome

- We maintained good standards of response to our patients over the Christmas and winter period, including 999 call answering at 8 seconds and C2 mean at 32 minutes for December, despite increased seasonal demand and impact of sickness. These responses compare favourably to peers and we were able to offer support to other ambulance trusts and avoid any business continuity issues. However, we are very mindful of the need to further improve responsiveness as well as monitoring longer waits and clinical outcomes. We will focus through the remainder of the year to sustain the improvements made and incorporate further productivity and effectiveness of care within the planning process.

- A key aspect of our strategy to differentiate our care is now being embedded through the virtual care programme, where the Unscheduled Care Navigation Hub evaluation is planned for April following set up/pilot of the hubs across the three ICSs. The programme is also putting in place a key deliverables plan for the next three months to increase the Hear & Treat rate in parallel with longer term planning, as we are behind trajectory but are confident we can improve this.

- The AACE review of volunteering within the Trust is now anticipated to complete in early 2025/26 and will inform a collaborative process of setting the strategy for volunteers, third sector and wider collaboration in Secamb next year.

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Saving Lives, Serving Our Communities

We deliver high quality patient care

2024-2029 Strategy Outcomes

- ❑ Deliver virtual consultation for 55% of our patients
- ❑ Answer 999 calls within 5 seconds
- ❑ Deliver national standards for C1 and C2 mean and 90th
- ❑ Improve outcomes for patients with cardiac arrest and stroke
- ❑ Reduce health inequalities

2024/25 – Strategic Transformation Plan – Phase 1

- ❑ Unscheduled Care Navigation Hub - Design & implementation
  - • Define scope of hub models agreed by the ICBs **by June 2024**
  - • Implement new hubs, first **by October 2024**
  - • Evaluation to inform future scope of virtual care **by April 2025**
- ❑ Models of Care – Design and Agreement with ICBs and NHS England for SECAmb/SCAS Models of Care workstream.
  - • Scope to be determined with NHSE/ICBs **by Q4**
- ❑ Patient Experience and Engagement enabling strategy for 2025-2030 **by end of Q3**.

2024/25 Outcomes

- ❑ C2 Mean 30 mins **for the full year**
- ❑ Call Answer 5 secs **for the full year**
- ❑ H&T 16% **by Q4**
- ❑ Cardiac Arrest outcomes – increase in survival by 2% **in year 2 vs a 9.5% baseline**
- ❑ Work with partners to improve stroke outcomes by improving diagnostic accuracy and reduce time to definitive intervention **by Q4**

2024/25 – Operating Plan

- ❑ Operational Performance Plan – **continuous monitoring**
- ❑ Deliver our three Quality Account priorities (post-discharge reviews, reduction in health inequalities focus on maternity and mental illness, and implement Patient Care Records review and feedback) **by Q4**
- ❑ Expand number of volunteers from 435 by 150, with an expansion of their role **by Q4**
- ❑ Implementation of 80% of our NHSE PSIRF Standards/Principles **by Q4**
- ❑ Deliver 2 clinical QI priorities (Safety in the waiting list, IFTs) **by Q4**

Compliance

- ❑ Compliance to CQC standards
- ❑ Compliance against our EPRR assurance cycle – including delivery of HART/Specialist Operations Improvement Plan
- ❑ Deliver improvements in medicines management
- ❑ Improvements in the NHS Impact self-assessment
- ❑ Deliver the Patient Safety Incident Response Plan
- ❑ Compliance to Incident Management Cycle and The Statutory Duty of Candour

BAF Risks

- ❑ **Delivery of our Clinical Strategy:** There is a risk that we are unable to achieve improved patient outcomes through delivery of our clinical strategy, due to the impact of the challenging financial environment on local commissioning decisions.
- ❑ **Clinical Model (structure):** There is a risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.

We deliver high quality patient care

Programme	Milestone	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Unscheduled Care Navigation Hub – Design & Implementation	Define scope of hub models agreed by ICBs	June 2024	Complete	Kate Mackney	EMB for reporting SMG for delivery	Yes	Chief Operating Officer	Quality & Patient Safety
	Implementation of all 7 UCNHs	October 2024	Complete					
	Evaluation to inform future scope of virtual care	April 2025	April 2025					
Models of Care – Design and Agreement with ICBs/NHSE	Scope determined with ICBs/NHSE as part of the strategic commissioning review of SCAS and SECAmb	Q2	Q3/Q4	Katie Spendiff	EMB	No	Chief Medical Officer	Quality & Patient Safety
Patient Experience & Engagement	Enabling strategy for 2025 – 2035 developed	End of Q3	Complete pending QPSC	Victoria Baldock	EMB	No	Director of Quality / Chief Nurse	Quality & Patient Safety

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Programme Manager / Lead	EMB / SMG	PMO	Oversight Committee	Date last reviewed at Committee
Operational performance plan				n/a	SMG	No	FIC	
Deliver the three Quality Account Priorities	Post-discharge reviews			Andy Collen	EMB	No	QPSC	17/10/24
	Reduction in Health Inequalities			Julie Ormrod	EMB	No	QPSC	17/10/24
	Patient Care Records Review Implementation			Nicola Brooks	EMB	No	QPSC	17/10/2024
Expand number of volunteers by 150								N/A waiting external review
Implementation of 80% of NHSE PSRIF Standards / Principles				Neil Salmon	SMG	No	Jan 2025	Jan 2025
Deliver 2 Clinical QI priorities	Safety in the Waiting List			Amy Igweonu	SMG	No	QPSC	Jan 2025
	IFTs			Amy Igweonu	SMG	No	QPSC	Jan 2025

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Delivery of our Clinical Strategy: There is a risk that we are unable to achieve improved patient outcomes through delivery of our clinical strategy, due to the impact of the challenging financial environment on local commissioning decisions.	20	04	SP&T
Clinical Model (structure): There is a risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.	12	08 58	SP&T

Board Highlight Report – Virtual Care Programme

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

Key achievements against milestones:
- Virtual Care programme established & transitioned to Operations
- Review of Onward Governance & SRO Requirements completed
- Four Workstreams established under Virtual Care and delivery leads agreed:
  - ❖ Performance Monitoring & Evaluation
  - ❖ Clinical Governance & Improvement
  - ❖ Future Virtual Care
  - ❖ Optimising Patient Pathways

- Completion of the first draft of the Evaluation Framework for UNCHs & reviewed at EMB & FIC
- Strong engagement across all Workstream Delivery Groups, initiating the scoping and design of priorities and deliverables. Completion confirmed for early February
- All workstreams have completed initial reviews, outlining immediate deliverables ("Hear & Now") and long-term alignment with Strategic Objectives
- Reporting cadence schedule finalised, with Key Lines of Enquiry (KLOEs) in development
- Development of the Data Digest under W.S1 (Performance Monitoring & Evaluation) is underway to ensure consistent and accurate reporting on Virtual Care impact and status to committees and partners. First report delivered and reviewed at EMB & FIC (Feb)

Upcoming activities and milestones:
- Ongoing review of workstreams within the Virtual Care Steering Group at fortnightly Steering Group
- 3-month deliverable plan being scoped & produced, inc. timelines & metrics for each workstream, to be completed by mid Feb
- Continued evaluation of interdependencies with other Tier 1 Programmes, particularly Models of Care.

Escalation to Board of Directors: None

Previous RAG	Current RAG	RAG Summary
🟩	🟩	The Virtual Care Programme is advancing on schedule, with Workstream Delivery Groups successfully launched and key deliverables strategically prioritised to drive progress.

Risks & Issues:	Score	Mitigation
Risk: Financial Sustainability - The long-term financial viability of the Virtual Care Programme could be at risk due to inadequate funding, resource allocation, or unforeseen costs.	N/A → 12	**Financial Planning:** Develop detailed budgets, contingency plans, and cost control measures. **Stakeholder Engagement**: Advocate for sustained funding with evidence of programme benefits.
Risk: Workforce - The Virtual Care Programme could face challenges in recruiting, training, and retaining a skilled workforce capable of managing and delivering virtual care services.	N/A → 16	**Workforce Planning:** Ensure succession plans, adopt flexible staffing, and leverage analytics to anticipate needs. **Training & Upskilling:** Implement internal training and provide mentoring with hands-on learning.
Risk: Trusted Assessor Status - Potential for misalignment with partner expectations, resource limitations, and challenges in meeting regulatory standards. Resistance to change, data security concerns, and insufficient monitoring could also hinder progress, potentially damaging the trust's reputation and relationships with partners.	N/A → 8	**Alignment with Partner Expectations:** Align & engage with partners via Strategic Partnership Managers for each system. **Building Trust and Relationships:** Foster strong relationships with partners through transparency, regular updates, and collaborative problem-solving.

Q1 (Apr-June 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
		Virtual Care Programme established ◆	Completion of Phase 1: wrap up of existing virtual care projects ◆
		Programme workstreams established and leads agreed ◆	Development of future H&T model ◆
		Design of initial mandate with benefits and outcomes ◆	Complete workstream design workshops ◆
			Begin planning of Phase 2 ◆
		Design of virtual care hubs evaluation ◆	Evaluation of virtual care hubs commences Q1 ◆
		Finalise KPIs and other performance metrics ◆	

SRO/Delivery Lead

Richard Quirk/Andy Collen

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

Key achievements against milestones

Integrated Models of Care (SECamb/SCAS overseen by NHS England):
- Regional Clinical Reference Group (CRG) is chaired by NHS England with SCAS & SECAmb reviewing regional data to identify Models of Care that should be prioritised for improvement.
- Geographical areas of 'concern' identified and Models of Care where greatest patient impact have been identified for both SCAS and SECamb.
- Next step is to agree a plan with system partners (acute, mental health and community Trusts and commissioners.

Models of Care (internal):
- Review of independent NHSE analysis of our data that informed the MoCs undertaken with Steering Group members in Dec 2024.
- High-level scope, key outcomes and deliverables for the project presented to EMB 11.12.24 and QPSC 09.01.25 with wide acceptance minuted.
- Steering Group and Working Group membership agreed, representation sought, and ToRs drafted for review and relevant approvals.
- Inaugural Working Group meeting took place on 09.01.25 – Authors reviewing MoCs and undertaking prioritisation exercise in Q4. Leads and support identified. Metrics to be updated.
- Mandate has started to be drafted with aim for completion by end of Q4.

Upcoming activities and milestones
- Steering Group to meet in March to review progress to date from working group & to review mandate.
- Need to receive CRGs aims as a group and what pathways they choose to focus on system wise and how this interacts with the relevant MoCs.
- Working group taking place with the authors of the MoCs to align on the tasks, timeline, and risks and benefits of the phased 3-year programme delivery approach.

Escalation to Board of Directors - N/A

Previous RAG	Current RAG	RAG Summary
Green	Green	Models of Care – on track to meet Q4 milestone deadlines around planning activities and identify key priorities for implementation in FY26. Pathways of Care – programme commencement pending a decision on the regional pathway focus from CRG

Risks & Issues:	Score		Mitigation
Issue *(Integrated Pathways of Care):* Delays in the commencement of the Integrated Pathways of Care programme are being caused by dependencies on, and the complexity of, engaging external integrated partners	12	→12	▪ Conduct stakeholder mapping exercise to develop external engagement approach ▪ Where possible, begin programme activities (e.g., data analysis) independently of external partners, and then realign with them once they are ready to finalise the system plan
Risk *(Integrated Pathways of Care):* Local urgent care capacity restraints	9	→ 9	▪ Work will be required with the data & analytics team to understand the workforce requirements to deliver this work ▪ Close work with the workstream lead for Urgent Care Navigation Hubs
Risk *(Integrated Pathways of Care):* Patient safety risk of new clinical pathway definition	12	→12	▪ Communication both internally and externally about what these Pathways of Care are not, including what is in scope or not.
Risk *(Integrated Pathways of Care):* Transition from current model to new Pathways of Care	9	→ 9	▪ Communicating clearly the difference between the service models, incl. education needs required internally and externally.
Risk *(Models of Care):* Capacity of Medical team to deliver this workstream	6	→ 9	▪ Consultant paramedics will review and prioritize the Practice Development Leads' programmes of work, and allocate resources to implement the necessary MoC revisions.

Q1 (Apr-June 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)

- 3 of 11 MoC developed and presented to QCGG
- 11 of 11 MoC have completed the first PPG checkpoint

- External engagement initiated (NHSE SE Region, SCAS, ICBs)
- Complete MoC data analysis down to Place level to inform prioritisation for implementation

- Map 'As-Is' of current state
- Review independent NHSE analysis of data and agree our areas of focus for system work on pathways

- High level programme scope endorsed by EMB
- Identify priorities for implementation of Models of Care / Pathways of Care
- Develop implementation plan
- Sign off programme mandate
- Prepare funding & approvals for FY25/26 scope and requirements

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Board Highlight Report – Patient Engagement & Experience

Progress Report Against Milestones:

Key achievements against milestone
- Following stakeholder events final Quality Account priority agreed to be 'Framework for Staff Decision-Making and Documentation in Managing Suicidal Patients Declining Conveyance'.
- Final Quality Account priority agreed at CQGG on 21st November with further work on how to achieve this ambition.
- First draft of Patient and Public Engagement Strategy 2025-2029 agreed at CQGG on 21st November.
- Business case submitted for additional investment in the patient engagement team to enable effective delivery of the Patient and Public Engagement Strategy.

Upcoming activities and milestones
- Patient and Public Engagement Strategy agreed at QPSC 09 January 2025.
- Final Quality Account Priority agreed at QPSC on 09 January 2025.
- Three indicators per domain (clinical effectiveness, patient safety and patient experience) being identified for the 2025/26 Quality Account.
- Submit working draft of Quality Account to EMB for review in Q4.
- Publish final version of Patient and Public Engagement Strategy after Feb Board.

Escalation to Board of Directors
- None

SRO / Executive Lead:

Margaret Dalziel

Previous RAG	Current RAG
🟩	🟩

Risks & Issues:

Risks & Issues:	Score	Mitigation
There is a risk that due to the patient engagement team being only a team of two people, there will not be capacity to support all the plans for patient and public engagement across the Trust and our local communities..	8 →12	• Urgency vs importance matrix completed to support prioritisation. This has been translated into a Gantt chart to map out plan for actions over next 3 months.
There is a risk that the lead for patient engagement cannot fulfil the role and meet the plan as Quality Accounts are held in that portfolio, taking 25-30% of capacity of small team.	8 → 8	▪ Review of the team and expected workload to be undertaken in Q3 for consideration into Directorate workforce. ▪ Proposed PS structure identifies separate Quality Assurance role to undertake this function – for sign off 07/02/25

Q1 (Apr-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
◆ Publish 2023/24 Quality Account ◆ Network with VCSEs to boost inclusion and diversity from seldom heard voices in engagement sessions and involvement opportunities ◆ Initiatives to increase PEQ responses ◆ Gather examples of patient and public engagement strategies from other ambulance and NHS Trusts nationally.	◆ Initial workshop for planning patient and public engagement strategy ◆ Literature review and gap analysis to support strategy ◆ Develop MS Forms survey to gain views of patients and stakeholders to inform the patient and public engagement strategy ◆ Meet with key internal stakeholders to agree 3-5 potential priorities for 2024/25 QA ◆ Agreed QA priorities aligned to Trust strategy and objectives to be shared with stakeholders for consultation.	◆ Final QA priority discussed to be agreed at CQGG (21st November) ◆ First draft of Patient and Public Engagement Strategy 2025-2029 to be available for review.	◆ Identify three indicators per domain (clinical effectiveness, patient safety and patient experience) for the 2024/25 QA ◆ Submit working draft of Quality Account to EMB for review ◆ Publish final version of patient and public engagement strategy and share widely.

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BAF Risk 537 – Delivery of our Clinical Strategy

There is a risk that we are unable to achieve improved patient outcomes through delivery of our clinical strategy, due to the impact of the challenging financial environment on local commissioning decisions.

Controls, assurance and gaps

Controls: we have the vision and a strategy which has been signed off by the Board. We have a financial plan and enhanced controls that achieves delivery of the priorities for year one of the strategy. Partners have signed up to the strategy.

Gaps in control: While we have agreed with commissioners a financial plan for 2024/25, there is no agreed multi-year plan with associated funding to support implementing our clinical model. This includes lack of a multi-year investment strategy that assures the Board of having credible plans to deliver changes needed (i.e. digital, clinical pathways, etc)

Positive sources of assurance: ICB clinical plans and strategy delivery plans refer to our strategy e.g.: Surrey Heartlands, shared delivery plan for Sussex. Strategic Commissioning group set up as formal governance route between SECAmb and ICB partners to develop a multi-year plan. NHSE through RSP has an expectation that we will develop this multi-year plan as part of our exit criteria. Our strategic delivery plan derives from our Strategy and is reflected in the BAF for 2024/25. The Executive team are developing the plans for 25/26 as part of the financial recovery, including the development of an investment pipeline 25/26 which will be done during the Autumn 24.

Negative sources of assurance: This year we are planning for a £10 million deficit. Current plans for ICBs do not support a multi-year funding arrangement to get SECAmb to financial sustainability.

Gaps in assurance: The Board has not yet seen the multi-year plan to exit RSP. There is a significant challenge in coordinating and aligning the multiple stakeholders involved in developing the multi-year plan, given the complexity and scale of the work.

Accountable Director	**Strategic Planning and Transformation**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 4 = 20**
Current Risk Score	**Consequence 5 X Likelihood 4 = 20**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
We are developing a multi-year plan to exit RSP in collaboration with ICB partners and our region	SP&T, CFO	Completed	All section 106 undertakings certificates of completion have been issued to the Trust. As part of segment three, HR Improvement Plan and the Multi-year plan will continue to be monitored by the ICB.
Effectively influence via the Strategic Commissioning review the development of alternative to ED pathways that will support delivery of our workforce trajectories	SP&T	Q4 2024/25	A clinical reference group has been established by region designing the scope of the pathway re-design work. Ambulance Commissioning Workshops with SE Region and Commissioners have started. Timelines are not clear at this point in time and we are seeking clarity from ICBs.

BAF Risk 538 – Clinical Model (Structure)

There is a risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.

Controls, assurance and gaps

Controls: the Executive structure for 2024/25 has been agreed to meet today's challenges. The following appointments have recently been completed: Director of Nursing and Quality, Director of HR and OD (FTC), Director of Operations (FTC), Chief Paramedic and Chief Digital Information Officer (FTC.)

Gaps in control: work is underway to review the wider leadership structure. The design work for the regional model in operations and HR is at the core of the future model and the design process is underway

Positive sources of assurance: Appointments and Remuneration Committee support the new Executive Structure. Leadership competency framework – refreshed appointments process has been developed.
A project and delivery leads have been identified, multiple design workshops have taken place with key SMEs and EMB.

Negative sources of assurance: none currently identified.

Gaps in assurance: none currently identified.

Accountable Director	**Strategic Planning and Transformation**
Committee	**People Committee Audit and Risk Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q3 2025/26**

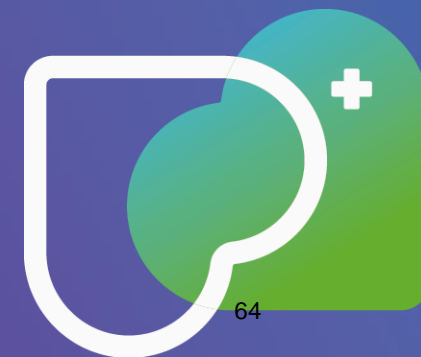| Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Posts critical for strategic delivery are open, namely Programme and Divisional Directors	CEO, SP&T	Q4 2024/25.	Programme team appointed. Delivery of Divisional model is FY 24/25.
Define Operating model	CEO, Operations, HR, CNO	Completed for 2024/25	Design work underway. MARS Scheme now closed. We expect the first iteration of Divisional teams to be in place by early September 2025/26.

Integrated Quality Report

Trust Board – February 2025

Reporting Period: November & December 2024

Contents

Saving Lives, Serving Our Communities

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Icon Descriptions

	(P)	(?)	(F)	(dashed)
H	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
L	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.
(common)	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
L	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.

(up arrow)				Special cause variation where **UP** is neither improvement nor concern.
(down arrow)				Special cause variation where **DOWN** is neither improvement nor concern.
(dashed circle)				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

Our Objectives for 24/25

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

Saving Lives, Serving Our Communities

Quality of Care

QUALITY OF CARE

Summary

December 2024　　Pass (P)　　Hit and Miss (?)　　Fail (F)　　No Target

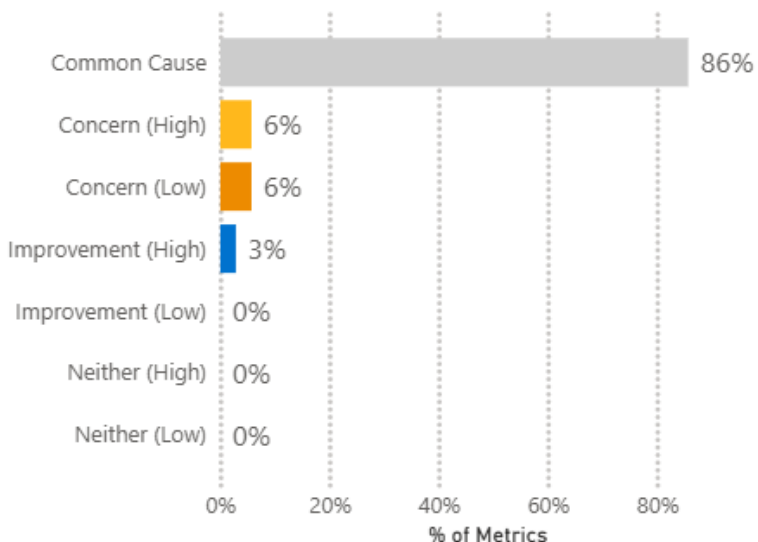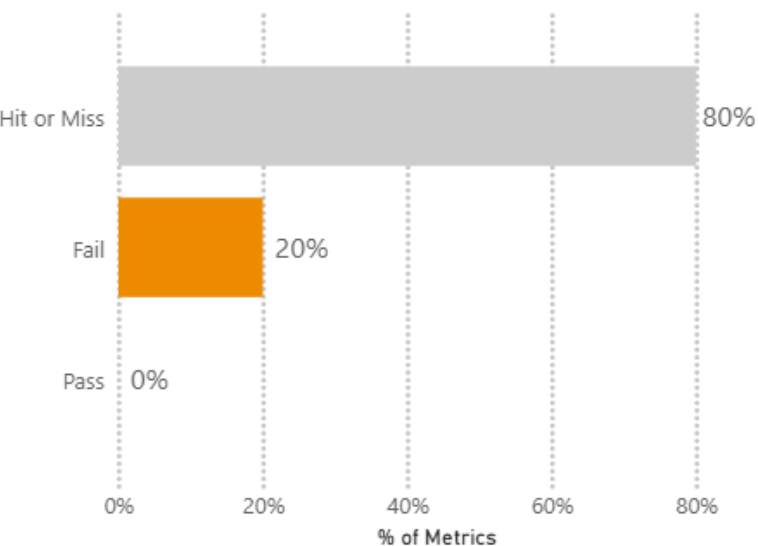|	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement (H / L)		Single Witness Signature Use CDs Non-Omnicell	PGD Compliance %	
Common Cause		Duty of Candour Compliance % Hand Hygiene Compliance % Deep Clean Compliance % Complaints Reporting Timeliness %	Compliant NHS Pathways Audits (Clinical) %	Number of Medicines Incidents Number of Datix Incidents Violence and Aggression Incidents (Number of Victims - St... Outstanding Actions Relating to SIs, Outside of Timescales Health & Safety Incidents Manual Handling Incidents Proportion of Complaints Relating to Crew Attitude % Number of Complaints Time Spent in CSP 3 or Higher % Number of Compliments No Harm Incidents per 1000 Incidents Harm Incidents per 1000 Incidents Count of No Harm Incidents Count of Low Harm Incidents
Special Cause Concern (H / L)		Medicines Management % Weekly Station Audits Complet...	Compliant NHS Pathways Audits (EMA) %	Count of Moderate Harm Incidents

69

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

QUALITY OF CARE Overview (1 of 3)

Variation Icon Summary

Category	% of Metrics
Common Cause	86%
Concern (High)	6%
Concern (Low)	6%
Improvement (High)	3%
Improvement (Low)	0%
Neither (High)	0%
Neither (Low)	0%

Assurance Icon Summary

Category	% of Metrics
Hit or Miss	80%
Fail	20%
Pass	0%

Incidents

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Medicines Incidents	Quality Improvement	Dec-2024	184		122.63	172.75	222.87		
Medicines Management % Weekly Station Audits Completed	Quality Improvement	Dec-2024	76.3%	95%	82.43%	92.79%	103.15%		
Number of Datix Incidents	Quality Improvement	Dec-2024	1734		1202.12	1525.1	1848.08		
Duty of Candour Compliance %	Quality Improvement	Dec-2024	80%	100%	75.41%	93.05%	110.69%		
Open and Honest Complience	Quality Improvement	Dec-2024	0%	100%		49.5%			
Learning Responses from IRG	Quality Improvement	Dec-2024	4			4.64			
Violence and Aggression Incidents (Number of Victims - Staff)	Quality Improvement	Dec-2024	129		73.77	127.95	182.13		
Number of RIDDOR Reports	Quality Improvement	Dec-2024	13		2.06	9.2	16.34		
Outstanding Actions Relating to SIs, Outside of Timescales	Quality Improvement	Dec-2024	13		-0.76	8.2	17.16		
Health & Safety Incidents	Quality Improvement	Dec-2024	32		17.8	34.6	51.4		

Patient Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Complaints relating to privacy and respect %	Quality Improvement	Dec-2024	0%		0%	0%	0%		
Proportion of Complaints Relating to Crew Attitude %	Quality Improvement	Dec-2024	64%		27.94%	55.8%	83.66%		
Complaints Reporting Timeliness %	Quality Improvement	Dec-2024	95%	95%	83.93%	94.85%	105.77%		
Number of Complaints	Quality Improvement	Dec-2024	71		25.31	67.45	109.59		
Complaints per 1000 999 Calls Answered	Quality Improvement	Dec-2024	0.74		0.3	0.8	1.29		
Number of Compliments	Quality Improvement	Dec-2024	146		48.67	160.25	271.83		
No Harm Incidents per 1000 Incidents	Quality Improvement	Dec-2024	20.94		18.97	20.97	22.98		
Harm Incidents per 1000 Incidents	Quality Improvement	Dec-2024	3.3		1.94	2.98	4.02		

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QUALITY OF CARE Overview (2 of 3)

Variation Icon Summary

	%
Common Cause	86%
Concern (High)	6%
Concern (Low)	6%
Improvement (High)	3%
Improvement (Low)	0%
Neither (High)	0%
Neither (Low)	0%

Assurance Icon Summary

	%
Hit or Miss	80%
Fail	20%
Pass	0%
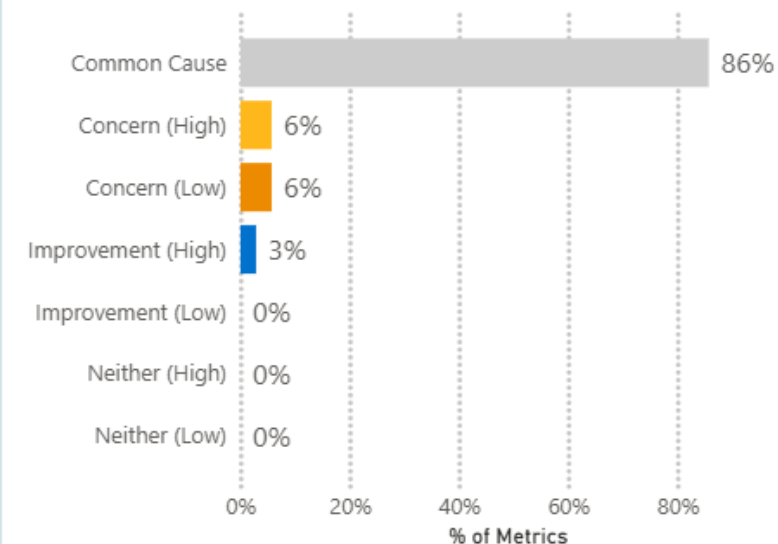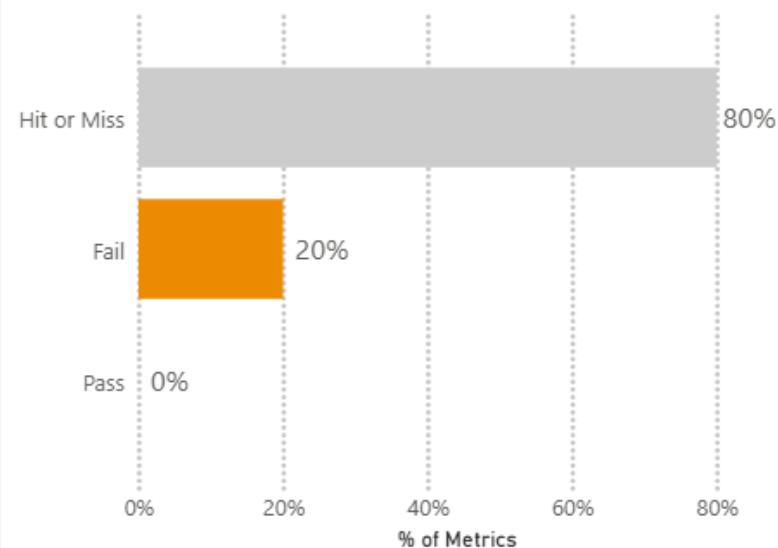
Clinical Effectiveness & Patient Outcomes

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
**Cardiac ROSC Utstein %	Quality Improvement	Jul-2024	53.6%	45.1%	32.24%	52.45%	72.67%		
**Cardiac ROSC ALL %	Quality Improvement	Jul-2024	30.3%	23.8%	17.29%	28.79%	40.28%		
**Sepsis Care Bundle %	Quality Improvement	Jun-2024	100%	85%		88.19%			
**Cardiac Survival Utstein %	Quality Improvement	Oct-2024	34.9%	25.6%	10.33%	33.1%	55.87%		
**Cardiac Survival ALL %	Quality Improvement	Oct-2024	9%	9.6%	4.25%	11.91%	19.57%		
**Cardiac Arrest - Post ROSC %	Quality Improvement	Jun-2024	81.5%	76.8%		72.52%			
**Acute STEMI Care Bundle Outcome %	Quality Improvement	May-2024	67.6%	64.7%		67.86%			
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	Quality Improvement	Dec-2023	02:41:00	02:22:00		02:32:38			
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	Quality Improvement	Dec-2023	04:07:00	03:14:00		03:26:23			
Stroke - Call to Hospital Arrival Mean	Quality Improvement	Dec-2023	01:28:00	01:29:00		01:29:53			
Stroke - Call to Hospital Arrival 90th Centile	Quality Improvement	Dec-2023	02:08:00	02:20:00		02:17:15			
**Stroke - Assessed F2F Diagnostic Bundle %	Quality Improvement	Feb-2024	98.6%	96.3%		97.95%			
**Sensitivity of Cardiac Arrest Detection During Telephone Triage %	Quality Improvement	Jun-2024	92.3%	93.8%		92.49%			
**Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	Quality Improvement	Jun-2024	79.5%	77.9%		78.68%			
Required NHS Pathways Audits Completed (EMA) %	Quality Improvement	Dec-2024	102.7%		93.01%	103.52%	114.03%		
Compliant NHS Pathways Audits (EMA) %	Quality Improvement	Dec-2024	80.3%	100%	77.22%	82.23%	87.24%		
Compliant NHS Pathways Audits (Clinical) %	Quality Improvement	Dec-2024	74.8%	100%	72.82%	85.22%	97.62%		
Required NHS Pathways Audits Completed (Clinical) %	Quality Improvement	Dec-2024	101.4%	100%	95.01%	100.47%	105.93%		
Time Spent in CSP 3 or Higher %	Quality Improvement	Dec-2024	73.3%		22.72%	51.51%	80.29%		
Falls Care Bundle Compliance %	Quality Improvement	Sep-2024	40.7%			36.85%			

Infection Prevention Control

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hand Hygiene Compliance %	Quality Improvement	Dec-2024	88.7%	90%	74.26%	85.6%	96.94%		
Deep Clean Compliance %	Quality Improvement	Nov-2024	76%	100%	63.87%	84.52%	105.18%		

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QUALITY OF CARE

Overview (3 of 3)

Variation Icon Summary

% of Metrics

Common Cause	86%
Concern (High)	6%
Concern (Low)	6%
Improvement (High)	3%
Improvement (Low)	0%
Neither (High)	0%
Neither (Low)	0%

Assurance Icon Summary

% of Metrics

Hit or Miss	80%
Fail	20%
Pass	0%
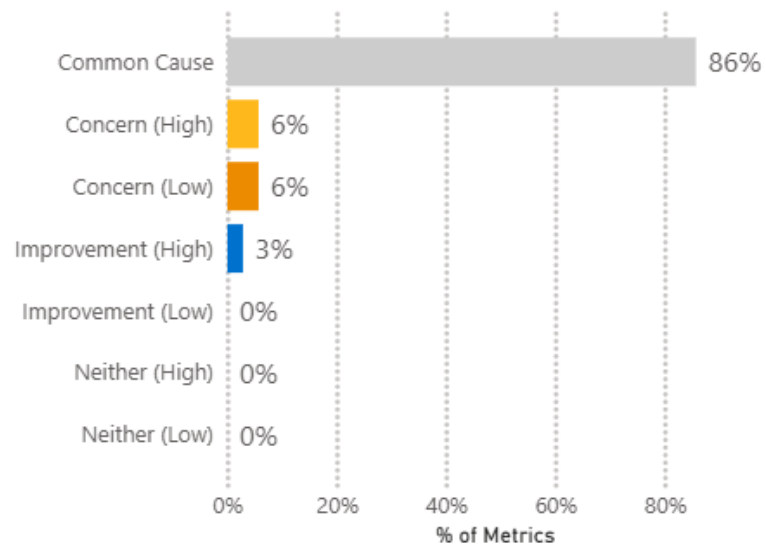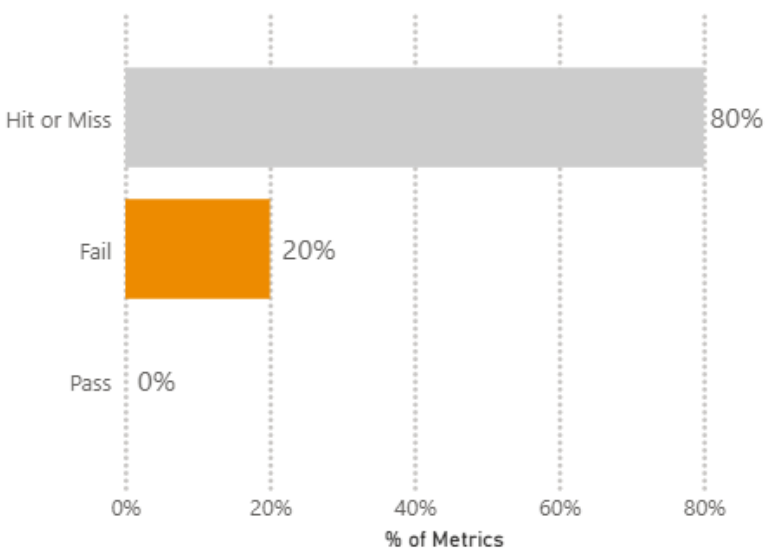
Health & Safety

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Manual Handling Incidents	Quality Improvement	Dec-2024	28		9.45	25.55	41.65		
Organisational Risks Outstanding Review %	Quality Improvement	Dec-2024	19%	30%	-14.02%	32.14%	78.3%		

Medicine Management

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Unauthorised and Unwitnessed CD Returns	Quality Improvement	Nov-2024	2			1.5			
Number of CDs Taken Home	Quality Improvement	Dec-2024	21			11.92			
PGD Compliance %	Quality Improvement	Dec-2024	93.5%	95%	78.15%	85.04%	91.92%		
Resilience Stock Holding of Medicines in the Trust	Quality Improvement	Dec-2024	95%	100%	38.51%	117.05%	195.59%		

QUALITY OF CARE

SIs, Incidents, & Duty of Candour

Number of Datix Incidents

QS-1
Dept: Quality & Safety
IP: Quality Improvement
Latest: 1734

Common cause variation, no significant change.

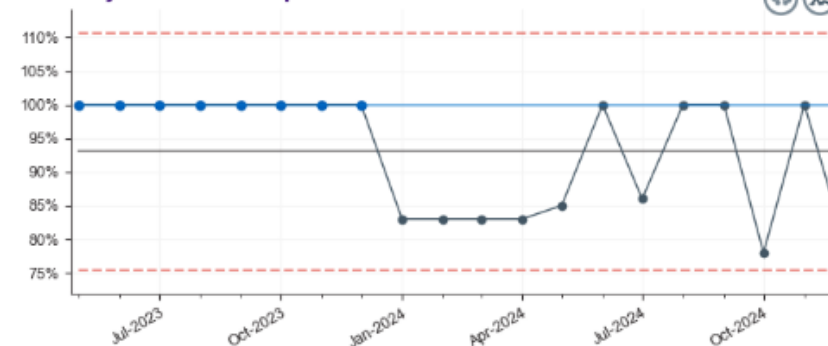**Outstanding Actions Relating to SIs, Outside of Timescales**
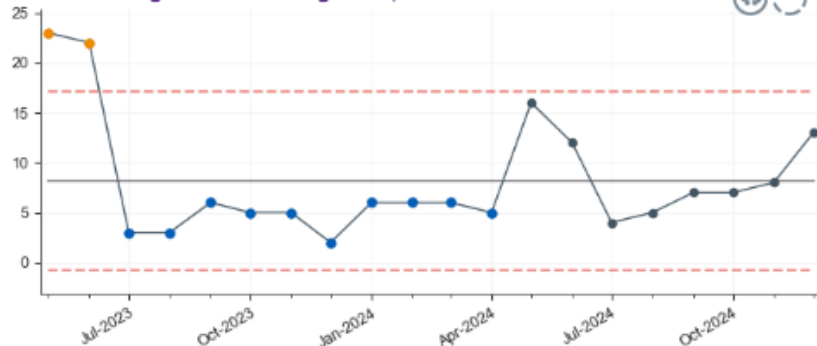
QS-17
Dept: Quality & Safety
IP: Quality Improvement
Latest: 13

Common cause variation, no significant change.

Duty of Candour Compliance %

QS-3
Dept: Quality & Safety
IP: Quality Improvement
Latest: 80%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

(QS-1) Number of Datix incidents - The number of incidents reported is showing normal variation. The targeted approach to the management of breached incidents is ongoing and the number remains under 10%.

(QS-17) Outstanding actions relating to SIs–.The last of the SI actions have now been added to Datix. These are being reviewed, and individual support offered to ensure these are closed as quickly as possible. These will now continue to reduce over the coming months until they are all complete.

(QS-3) Duty of Candour Compliance – The reduction in duty of candour compliance is due to an inability to contact people over the festive period. An escalation has been made to EOC in relation to duty of candour and the team are working with the EOC SLT to streamline processes to improve the effectiveness.

What actions are we taking?

(QS-1) Non-SI incidents – As part of the PSIRF review process, the Datix team are redesigning an incident reporting training programme to help improve the culture surrounding the culture, quality and timeliness of incident reporting across the organisation.
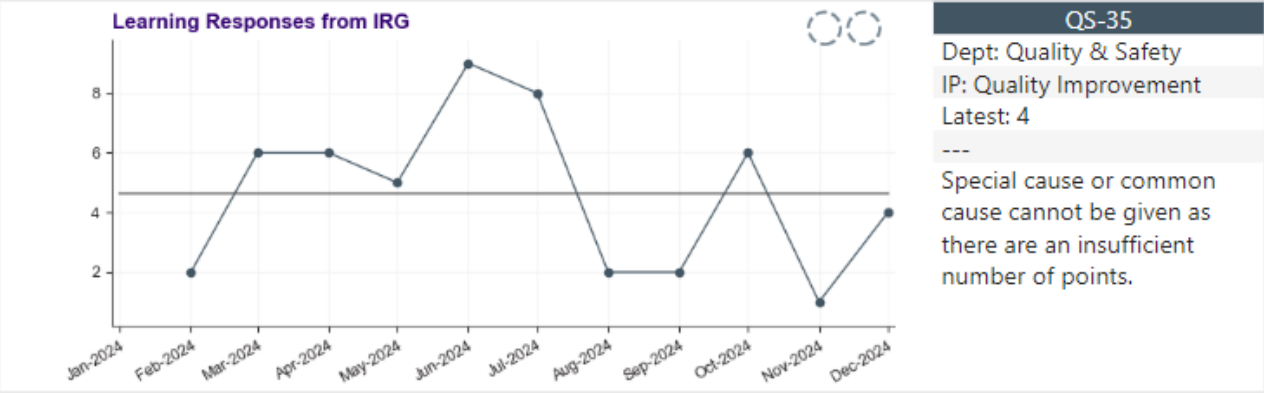
(QS-3)
DOC training has started to be rolled out across the Trust to all OU's and EOC. This has been temporarily paused in Q3 due to operational demands but will commence again in Q1 of 2025-26.

73

QUALITY OF CARE

Open & Honest, and Learning responses

Learning Responses from IRG

QS-35
Dept: Quality & Safety
IP: Quality Improvement
Latest: 4

Special cause or common cause cannot be given as there are an insufficient number of points.

| Summary	What actions are we taking?
QS35 – Commissioned learning responses are an indicator of areas within the Trust, where the possibility of systemic learning has been identified. These investigations should focus on supporting our understanding of the complex socio-technical systems in which we work. This data is currently showing normal variation which we would expect. A review of the Incident Review Group supporting this process has been undertaken and a new process implemented, focusing on learning from themes/trends and commissioning learning responses proportionately.	• O&H conversations are allocated in the Incident Review Groups (IRGs), and the compliance of these is monitored within this meeting. Greater onus is now being placed on compliance with these now that the Duty of Candour (DOC) compliance has improved. • DOC / O&H training has started to be rolled out across the Trust to all OU's and EOC. This has been temporarily paused in Q3 due to operational demands but will start again at the beginning of Q1 2025-26.

74

QUALITY OF CARE

No Harm and Harm

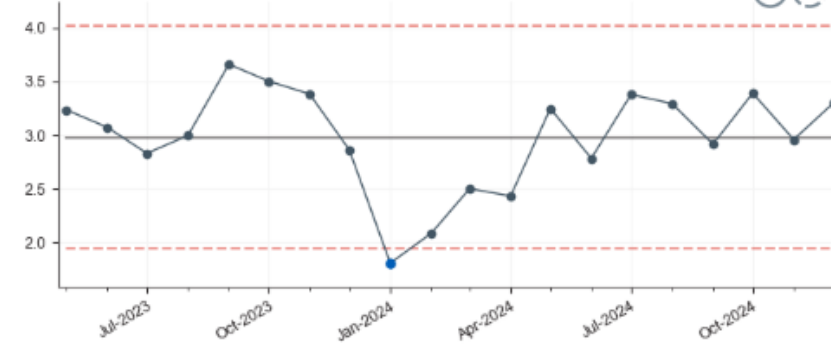**No Harm Incidents per 1000 Incidents**
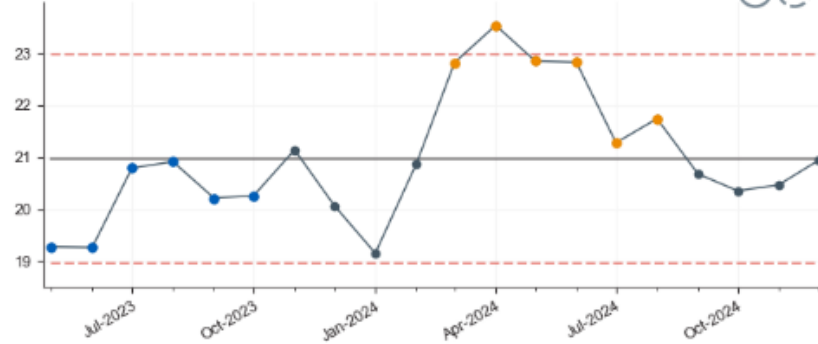
QS-28
Dept: Quality & Safety
IP: Quality Improvement
Latest: 20.94

Common cause variation, no significant change.

Harm Incidents per 1000 Incidents

QS-29
Dept: Quality & Safety
IP: Quality Improvement
Latest: 3.3

Common cause variation, no significant change.

QS-28 – No Harm incidents per 1000 incidents – This data is showing normal variation. A high level of no harm incidents demonstrates a positive incident reporting culture.

QS-29 – Harm incidents per 1000 incidents - This data sits within the standard normal deviation range. Less variation has been observed since May 2024 which reflects a good process and aligns with the full implementation of PSIRF. The next step on the improvement journey now the process is in control is to move to an improvement target of reducing harm incidents which will be achieved through delivery of the patient safety improvement plan which is currently in development.

What actions are we taking?

- A PSIRF review is now underway following the 12 months since implementation.
- A training improvement package is currently being designed to assist in improving the quality of DCIQ and grade of harm assessment.
- Engagement and attendance within Incident Review Groups (IRGs) continues to improve. Feedback is gleaned from all those involved and continues to suggest the meetings are both effective and positive.
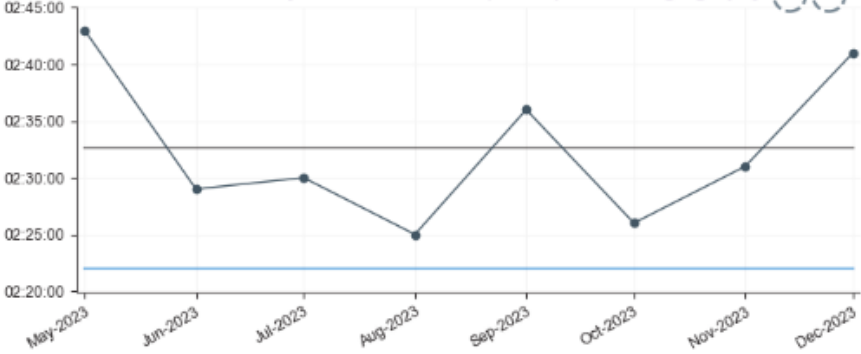
75

QUALITY OF CARE Impact on Patient Care - Cardiac

Cardiac ROSC ALL %
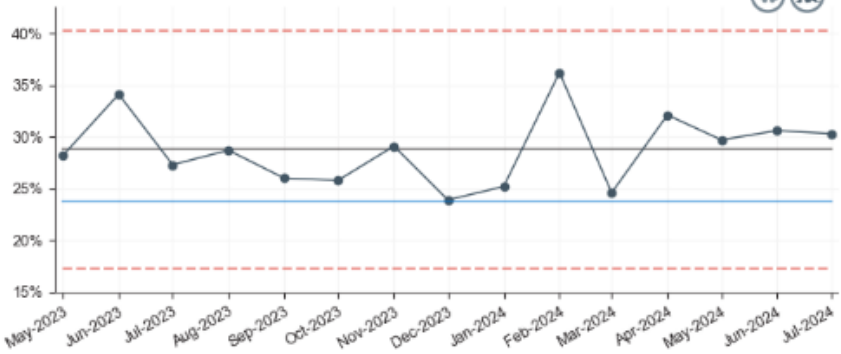
M-2	
Dept: Medical	
IP: Quality Improvement	
Latest: 30.3%	
Target: 23.8%	
Common cause variation, no significant change. This process will not consistently hit or miss the target.	

Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean

M-6	
Dept: Medical	
IP: Quality Improvement	
Latest: 02:41:00	
Target: 02:22:00	
Special cause or common cause cannot be given as there are an insufficient number of points.	

Cardiac ROSC Utstein %

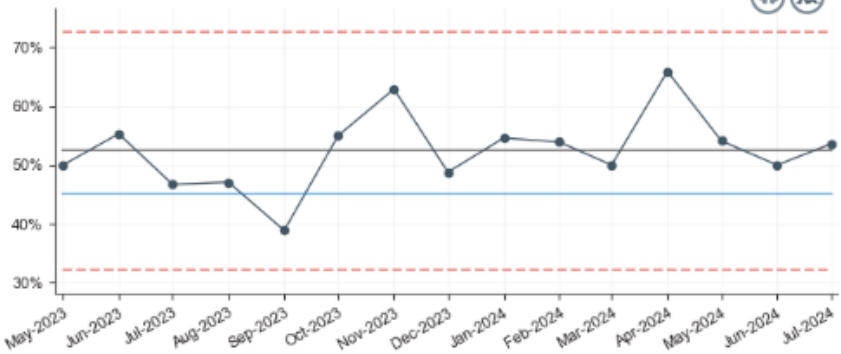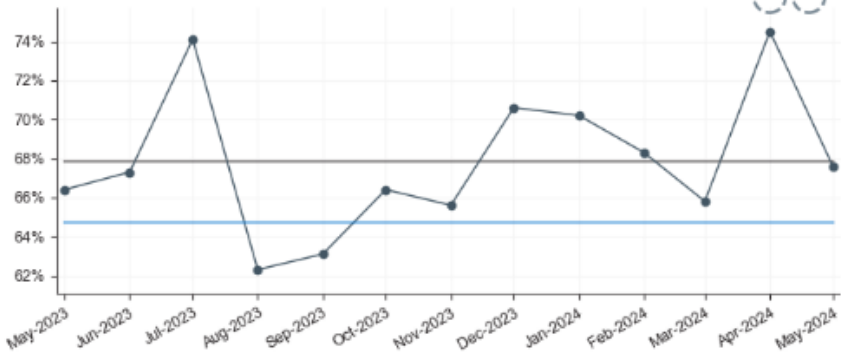| M-1	
Dept: Medical	
IP: Quality Improvement	
Latest: 53.6%	
Target: 45.1%	
Common cause variation, no significant change. This process will not consistently hit or miss the target.	

Acute STEMI Care Bundle Outcome %

M-5	
Dept: Medical	
IP: Quality Improvement	
Latest: 67.6%	
Target: 64.7%	
Special cause or common cause cannot be given as there are an insufficient number of points.	

Summary

Cardiac Arrest ROSC: – ROSC and survival rates for cardiac arrest patients continue to show a positive trend, (notwithstanding that small numbers can cause significant changes month-on-month) and remaining consistently above the national average.

STEMI Care Bundle – Compliance remains variable but within normal tolerances.

Timeliness of STEMI Care – Call to angioplasty times are longer than the national average.

What actions are we taking?

Focused initiatives, across multiple teams, continues through the Cardiac Arrest Outcomes Improvement Programme which meets quarterly. ROSC and survival rates are monitored and discussed through this group.

The common reasons for non-compliance are the lack of 2 pain scores and the administration of analgesia. OU feedback work has started to encourage clinicians to always document pain scores and analgesia.

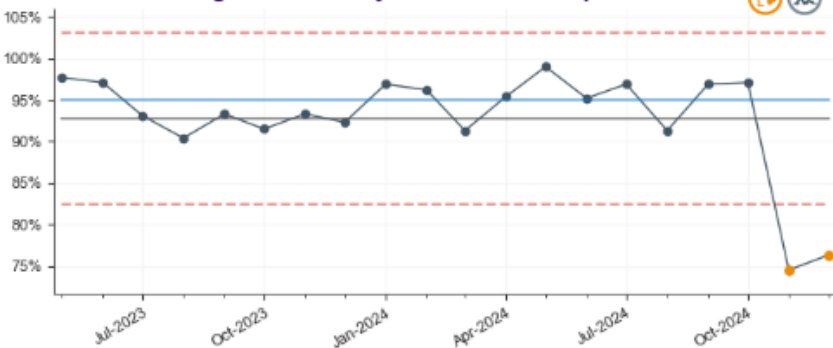# QUALITY OF CARE Medicines Management (1 of 2)

Number of Medicines Incidents
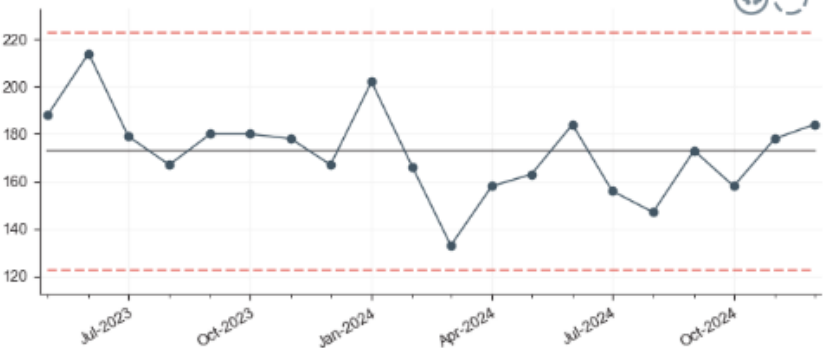
MM-1
Dept: Medicines Management
IP: Quality Improvement
Latest: 184

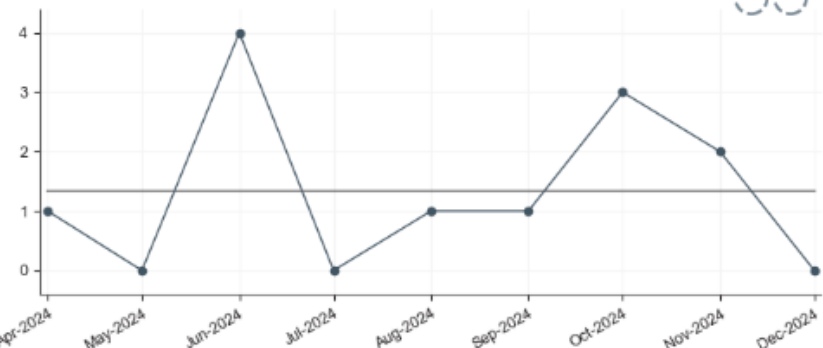Common cause variation, no significant change.

Medicines Management % Weekly Station Audits Completed

MM-7
Dept: Medicines Management
IP: Quality Improvement
Latest: 76.3%
Target: 95%
Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

Unauthorised and Unwitnessed CD Returns

MM-11
Dept: Medicines Management
IP: Quality Improvement
Latest: 0

Special cause or common cause cannot be given as there are an insufficient number of points.

Number of CDs Taken Home
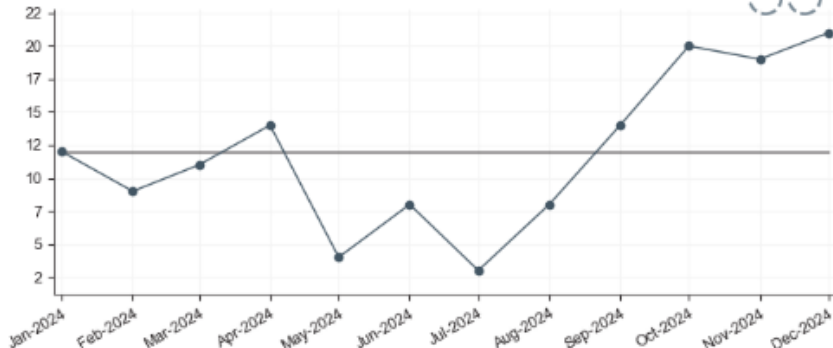
MM-10
Dept: Medicines Management
IP: Quality Improvement
Latest: 21

Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

MM-1: Reporting of incidents continues to be encouraged. The team have been actively recording incidents of CDs taken home to ensure we have complete records.

MM-11: We are tracking the number of times a paramedic uses the unwitnessed bar code when there could have been a person to witness the return of Controlled Drugs. The figure should ideally be zero.

MM-7: The medicines management audits are now capturing data from HART and EPRR and they are non-compliant with their audit requirements. This is pulling the data down.

MM-10: We are reporting the number of times CDs are taken home by paramedics after shift.

What actions are we taking?

MM-1: Reporting is encouraged and there are no causes for concerns at the current time.

MM-11: We will continue to track and look for themes.

MM-7: Continue to work with teams to understand operational pressures to undertaking the weekly audits.

MM-10: Work is being done to identify persistent offenders and address individually.

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QUALITY OF CARE Medicines Management (2 of 2)

PGD Compliance %

MM-8

Dept: Medicines Management
IP: Quality Improvement
Latest: 93.5%
Target: 95%

Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

Resilience Stock Holding of Medicines in the Trust

MM-9

Dept: Medicines Management
IP: Quality Improvement
Latest: 95%
Target: 100%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

MM-8: PGD compliance is trending upwards and is a reflection of everyone's hard work to get the PGDs reviewed and reauthorisation complete. Communicaton cascades are being used to ensure teams are aware of updates.

MM-9: Resilience stock at the MDC was depleted during Christmas and New Year activity.

What actions are we taking?

MM-9: Plans are on track to build resilience back to sensible levels.

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QUALITY OF CARE   Impact on Patient Care – Falls

Falls Care Bundle Compliance %

M-29
Dept: Medical
IP: Quality Improvement
Latest: 40.7%
Special cause or common cause cannot be given as there are an insufficient number of points.
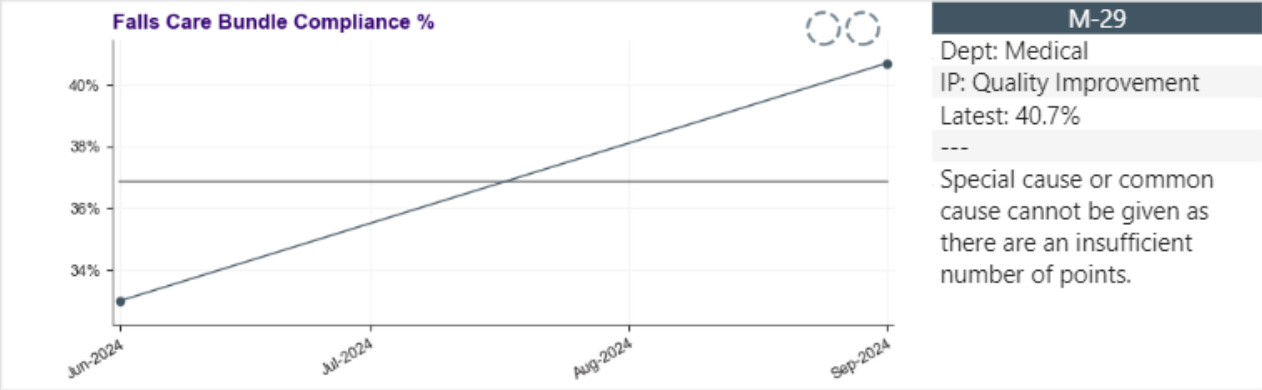
Summary

Falls Care Bundle Compliance – Falls is a new clinical outcome indicator (COI) introduced by NHSE. As such, we do not current have access to national data for comparison or enough data to support the SPC chart (24 data points). Compliance is improving and this will continue to be monitored.

What actions are we taking?

The Health Informatics team are engaging with OUs to ensure there is awareness of the new COI.
We are seeking clarity on the definition of extrinsic vs intrinsic falls.
Ttrend analysis will be completed next year (once we have more data) to understand specific areas for improvement.

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QUALITY OF CARE   Patient Experience

Number of Complaints

QS-5
Dept: Quality & Safety
IP: Quality Improvement
Latest: 71

Common cause variation, no significant change.

Complaints Reporting Timeliness %
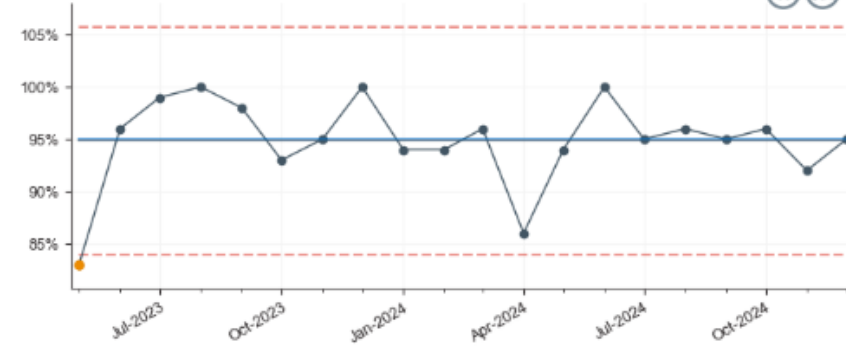
QS-4
Dept: Quality & Safety
IP: Quality Improvement
Latest: 95%
Target: 95%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Proportion of Complaints Relating to Crew Attitude %
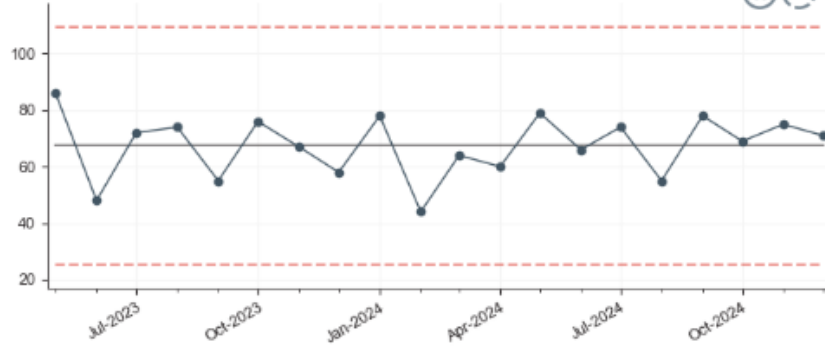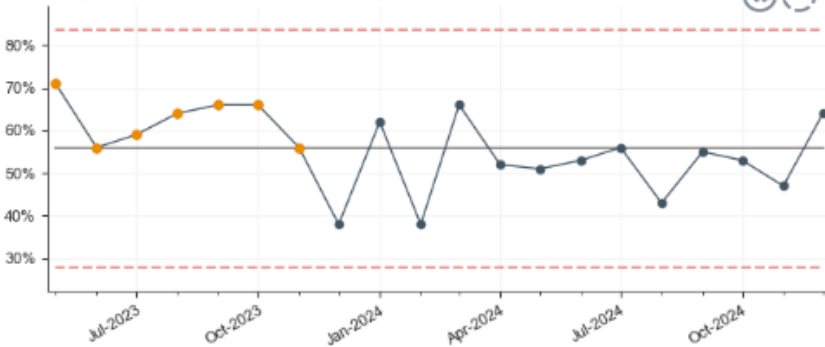
QS-10
Dept: Quality & Safety
IP: Quality Improvement
Latest: 64%

Common cause variation, no significant change.

Summary

- With the support of operational, 111 and 999 colleagues the 95% timeliness target continues to be consistently met.
- The number of complaints received is showing normal variation.
- The number of complaints relating to staff attitude is showing normal variation.

What actions are we taking?

- The deep dive into complaints relating to care, residential, nursing homes and hospices has been delayed due to long term sickness within the team, impacting capacity. This will be completed by end of February 2025 and improvement recommendations identified.
- The number of concerns received from health care professionals increased by 280% during the last quarter, a deep dive is currently underway to investigate the reason for this and to consider any mitigation or controls required.

QUALITY OF CARE Safety in the Workplace (1 of 3)
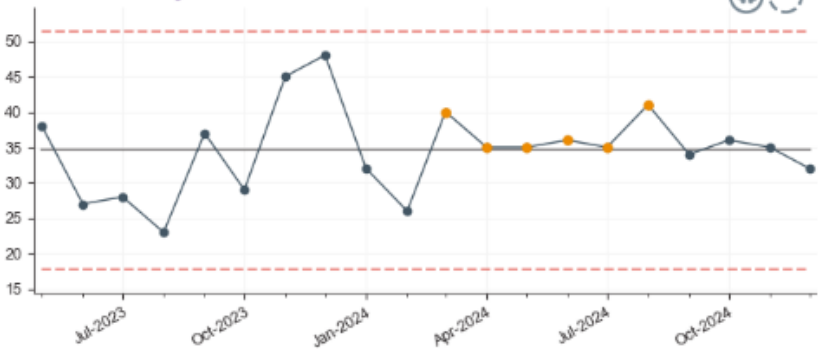
Health & Safety Incidents — QS-20
Dept: Quality & Safety
IP: Quality Improvement
Latest: 32

Common cause variation, no significant change.
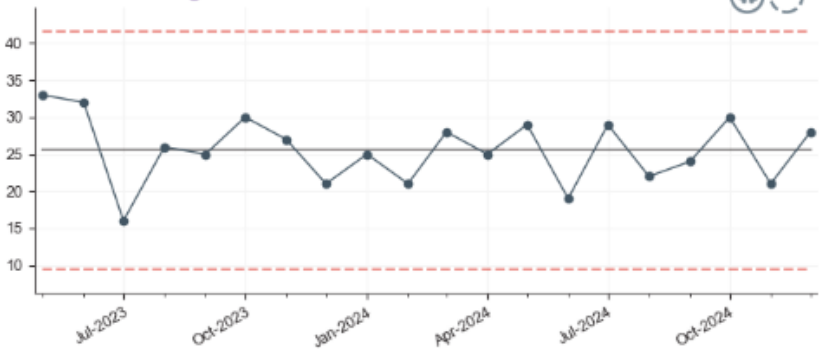
Manual Handling Incidents — QS-22
Dept: Quality & Safety
IP: Quality Improvement
Latest: 28

Common cause variation, no significant change.

Health & Safety Incidents

The number of H&S incidents is showing normal variation with a steady number being received now for several months. There were 71 incidents in total reported in November and December 2024.

The highest reported categories are slip, trips and falls and cuts/abrasions. 16 incidents were reproted as moderate harm with the remainder low or no harm.

What are we doing

Health & Safety internal reviews went live in June 2024, and these are now complete and the final analysis is being undertaken. A safety maturity gradient tool has been applied which at the mid-point reviewed suggested a score of 3/5. A full improvement plan will be developed as part of the final report which will be completed by the end of Q4.

The team undertake regular visits to local Operating Units to support, review and complete annual audits to identify opportunities for improvement.

The regional and Trust-wide Health & Safety groups continue to monitor incident trends.

Manual Handling Incidents

- The number of manual handling incidents remains within normal variation.

- There were 56 manual handling incidents reported in November and December 2024. 52 of these related to manual handling when lisfting a patient. 17 resulted in moderate harm with the remainder low or no harm.

What are we doing

- The H&S team have commenced a manual handling T&F group, and the first meeting is set for 5th February 2025.

- Face to face manual handling training will be included in kesy skills for all frontline staff from April 2025.

- Monitoring of all incident data, including themes/trends continues at regional sub-groups and Central Health & Safety working group.

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QUALITY OF CARE Safety in the Workplace (2 of 3)

**Deep Clean Compliance %** — QS-19
Dept: Quality & Safety
IP: Quality Improvement
Latest: 76%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Hand Hygiene Compliance % — QS-7
Dept: Quality & Safety
IP: Quality Improvement
Latest: 88.7%
Target: 90%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Deep Clean Compliance %
Deep Clean is provided by Churchill as part of the Make-Ready service. We have had a performance improvement plan in place however this has not resulted in a marked improvement in performance, driven primarily by workforce challenges and productivity challenges within the operating model for Churchill.
 Current Deep Clean % for November 2024 is 76% with the Deep Cleans being suspended in December to assist Ops with winter pressures. This change was made in partnership with our IPC function and signed off appropriately as not impacting on patient safety. The future deep clean practice will be considered in the future review of the MRC process.
Other key indicators include the % of vehicles Made Ready which stands at 72% for November 2024 and 84% for December 2024. The shortfalls are largely driven by the hours provided by the contractor against the contract, plus the additional operational shifts put on above the requirement at some sites.
Note – there is significant variation in compliance score depending on the site, , there remain sites where delivering the Deep Cleans and vehicle prep remains a challenge for example the VPP sites (non-full MRCs) along with sites where the contractors have higher staff vacancies. This is driven by the infrastructure of the VPP sites (need to move vehicles to deliver Make Ready), and workforce challenges. Current Churchill MRO Vacancy rate = 19% December 2024
What actions are we taking?
Contract Management and cost control: We are awaiting the renewal of the contract cost from Churchill that will incorporate the NLW increases.
Harm review carried out low harm coming through.
Quality auditing: The Joint vehicle audit regime has been reviewed and improved upon significantly. We are now seeing high returns of joint audits between MRCMs and Churchill. Churchill are reporting an 87% compliance score of their internal audits Updated December 2024 - we are aiming to increase the joint Audit frequencies.
Churchill Recruitment: We have agreed that Churchill can advertise on our Vacancy bulletins to try and reach a further audience. This has see an improvement in applicants that are in the process of being shortlisted.
In addition to the measures above, we are reviewing our overall approach to provisioning services for Make-Ready as part of the review of the operating model for operational support. The contract with Churchill has now been extended for 1 year giving us the opportunity to maintain current arrangements whilst we work with them on improvement plans, or changes to how we supply this service as a whole.

Hand Hygiene Compliance

Hand hygiene compliance is showing normal variation. Compliance has improved since a dip earlier in the year, but further improvement actions are being implemented to improve this further.

November = **86.2%** and December = **88.7%**.

What Actions are we taking?

- The IPC Team will continue to monitor local compliance levels and discuss any issues with the local management teams.
- As part of the results from the AACE commissioned ZEAL survey the IPC Team will be developing additional training sessions for all Operational Line Managers across the Trust from Q1 of 2025 / 2026.
- This training will support both understanding of the importance of carrying out the Practice reviews as well as why they play an essential role in keeping our patients and staff safe.

QUALITY OF CARE Safety in the Workplace (3 of 3)

Violence and Aggression Incidents (Number of Victims - Staff)

QS-13
Dept: Quality & Safety
IP: Quality Improvement
Latest: 129

Common cause variation, no significant change.

Violence & Abuse

Violence and aggression incidents are showing normal variation. Three of the last 4 months have shown a reduction or no increase compared to reporting in 2023. The Trust however will still show a year-by-year increase in the number of reported incidents of violence and abuse towards staff.

Staff reported 121 violence and aggression related incidents in November 2024. **19**% of these incidents were categorised as assaults.

Staff reported 130 violence and aggression related incidents in December 2024. **18**% of these incidents were categorised as assaults.

This is the first time that assaults have been below average in both numerical (average 27) and as a percentage for two consecutive months.

Most incidents continue to be verbal aggression directed at our staff working within our contact centres.

Q1 & Q2 Protected Characteristics data show that females under 30 are most likely to be subjected to violence or aggression.

What actions are we taking?

- Face to Face Conflict Resolution Training (CRT) for front-line staff. 1342 staff trained as of end Dec 2024.
- Monthly monitoring at the Violence Reduction working group and Health & Safety group continues.
- We continue to triage incidents and provide contact and support to staff if appropriate in reporting to police for investigation.
- Monthly partnership meetings are held with police to provide updates on cases involving our staff.
- Workstream ongoing to identify and manage frequent suspects of violence and abuse towards staff.

What changes do we expect from these actions ?

- An increase in staff confidence and satisfaction that we are taking violence and aggression seriously as a Trust .
- Increased use and sharing of Body Worn Cameras and CCTV Data with police partners to increase sanctions.
- A possible shift in trend during 2024. Recent data has started to show a possible slowing in the rate of increase in reported incidents. It is too early to identify if this is a sustained change.

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System Integration and Performance

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

SYSTEM INTEGRATION and PERFORMANCE Summary

December 2024	Pass (P)	Hit and Miss (?)	Fail (F)	No Target

Special Cause Improvement (H) (L)		See & Convey % Responses Per Incident 111 Calls Abandoned - (Offered) % 999 Call Answer Mean 999 Call Answer 90th Centile	Hear & Treat % Average Wrap Up Time 111 Calls Answered in 60 Seconds %	CFR Attendances % of SRV vehicles off road (VOR) Proportion of Wrap Up Times > 15 minutes
Common Cause	Cat 1T 90th Centile Cat 1T Mean A&E Dispositions %	Cat 2 Mean Cat 4 90th Centile	See & Treat % Vehicles Off Road (VOR) % Cat 1 Mean Cat 2 90th Centile Cat 3 90th Centile	Critical Vehicle Failure Rate (CVFR) % of planned vehicle services completed Duplicate Calls % 999 Calls Answered
Special Cause Concern (H) (L)	111 to 999 Referrals (Calls Triaged) %	Clinical Contact % 999 Frontline Hours Provided %	Ambulance Validation %	999 Referrals % of DCA vehicles off road (VOR) ECAL Mean Response Time FFR Attendances Number of Hours Lost at Hospital Handover Hours Lost at Handover as a Proportion of Provided Hours... JCT Allocation to Clear at Hospital Mean JCT Allocation to Clear at Scene Mean

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

85

SYSTEM INTEGRATION Overview (1 of 3)

Variation Icon Summary

Common Cause — 48%
Concern (High) — 15%
Concern (Low) — 7%
Improvement (High) — 6%
Improvement (Low) — 15%
Neither (High) — 4%
Neither (Low) — 6%

% of Metrics

Assurance Icon Summary

Hit or Miss — 46%
Fail — 38%
Pass — 17%

% of Metrics
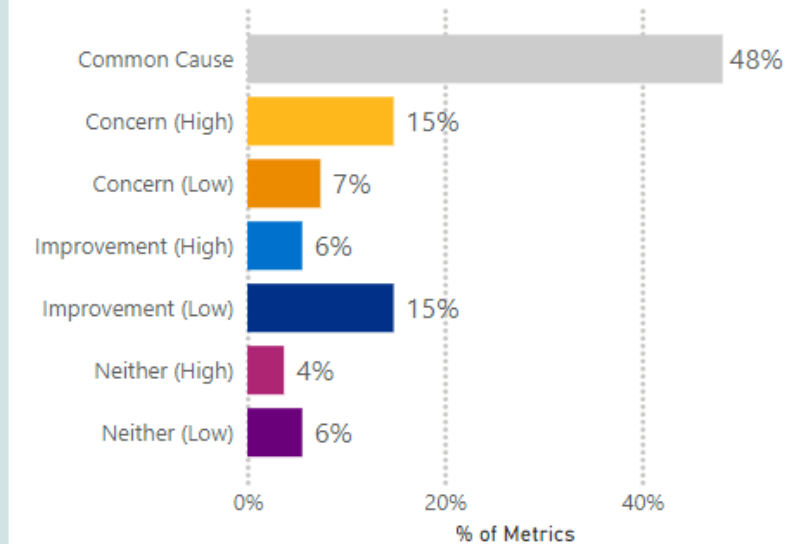
Response Times

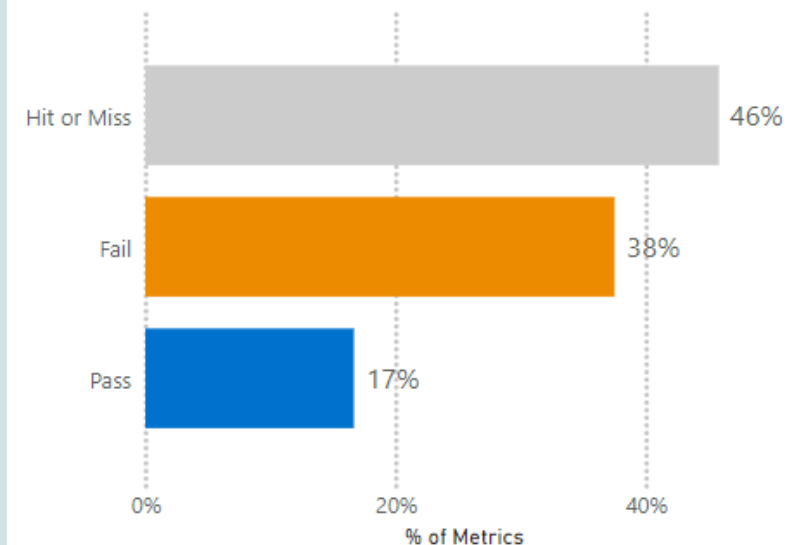| Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Section 135 Mean Response Time	Responsive Care	Dec-2024			01:12:37		01:40:24		
Section 136 Mean Response Time	Responsive Care	Dec-2024	00:25:48		00:13:43	00:24:38	00:35:32		
Cat 1 Mean	Responsive Care	Dec-2024	00:08:41	00:07:00	00:07:38	00:08:30	00:09:23		
Cat 1 90th Centile	Responsive Care	Dec-2024	00:15:58	00:15:00	00:14:11	00:15:35	00:16:59		
Cat 1T Mean	Responsive Care	Dec-2024	00:10:02	00:19:00	00:08:49	00:09:54	00:10:59		
Cat 1T 90th Centile	Responsive Care	Dec-2024	00:18:20	00:30:00	00:16:13	00:18:17	00:20:21		
Cat 2 Mean	Responsive Care	Dec-2024	00:32:12	00:30:00	00:20:38	00:28:40	00:36:42		
Cat 2 90th Centile	Responsive Care	Dec-2024	01:06:03	00:40:00	00:40:57	00:58:28	01:16:00		
Cat 3 90th Centile	Responsive Care	Dec-2024	06:40:00	02:00:00	02:55:14	05:06:08	07:17:01		
Cat 4 90th Centile	Responsive Care	Dec-2024	06:00:40	03:00:00	02:59:01	06:07:04	09:15:07		
HCP 3 Mean	Responsive Care	Dec-2024	02:31:31		01:10:42	02:09:13	03:07:44		
HCP 3 90th Centile	Responsive Care	Dec-2024	05:40:43		02:07:35	04:50:17	07:32:58		
HCP 4 Mean	Responsive Care	Dec-2024	03:26:14		01:25:25	02:48:00	04:10:36		
HCP 4 90th Centile	Responsive Care	Dec-2024	08:32:00		02:58:45	06:39:33	10:20:22		

Emergency Operations Centres (EOC)

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Duplicate Calls %	Responsive Care	Dec-2024	24.2%		20.87%	23.42%	25.97%		
999 Calls Answered	Responsive Care	Dec-2024	82028		61336.92	73468.9	85600.88		
999 Call Answer Mean	Responsive Care	Dec-2024	00:00:08	00:00:05	00:00:02	00:00:14	00:00:29		
999 Call Answer 90th Centile	Responsive Care	Dec-2024	00:00:25	00:00:10	00:00:13	00:00:45	00:01:43		

SYSTEM INTEGRATION Overview (2 of 3)

Variation Icon Summary

Category	% of Metrics
Common Cause	48%
Concern (High)	15%
Concern (Low)	7%
Improvement (High)	6%
Improvement (Low)	15%
Neither (High)	4%
Neither (Low)	6%

Assurance Icon Summary

Category	% of Metrics
Hit or Miss	46%
Fail	38%
Pass	17%
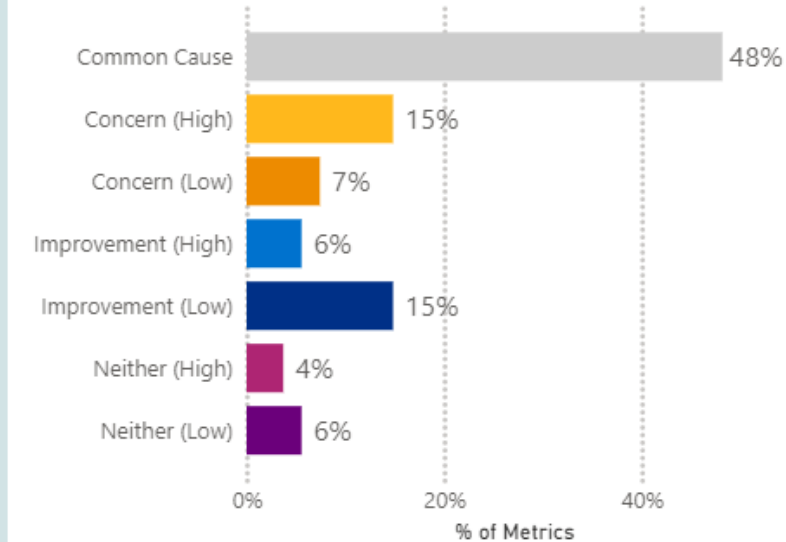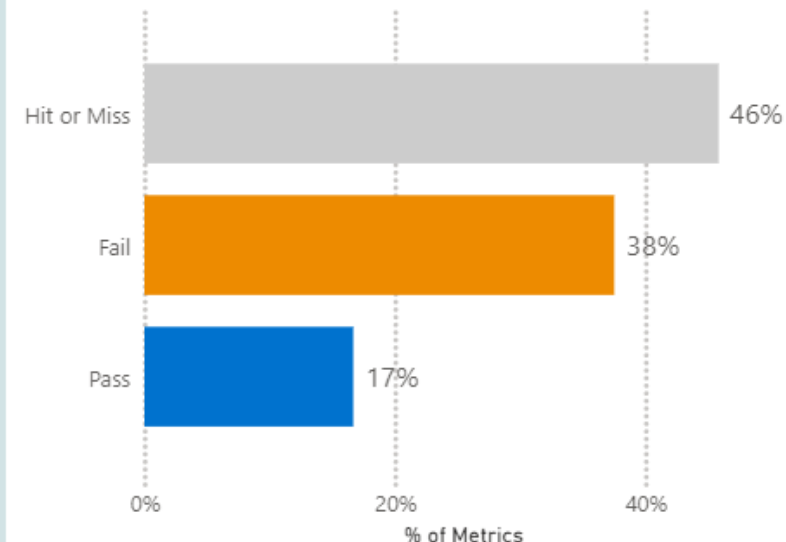
Utilisation

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Hours Provided %	Responsive Care	Dec-2024	98.1%	100%	87.02%	99.24%	111.46%		
Provided Bank Hours %	Responsive Care	Dec-2024	0%		0.27%	0.54%	0.8%		
Provided Overtime Hours %	Responsive Care	Dec-2024	2%		-55.27%	18.36%	91.99%		
999 Operational Abstraction Rate %	Responsive Care	Dec-2024	22.3%	28%	15.72%	24.51%	33.3%		
999 Remaining Annual Leave FY	Responsive Care	Dec-2024	12.7%		11.09%	26.59%	42.09%		
Vehicles Off Road (VOR) %	Responsive Care	Dec-2024	14.9%	10%	11.51%	14.13%	16.74%		
% of DCA vehicles off road (VOR)	Responsive Care	Dec-2024	16.4%		12.27%	15.3%	18.32%		
% of SRV vehicles off road (VOR)	Responsive Care	Dec-2024	3.8%		-8.76%	5.42%	19.6%		
Critical Vehicle Failure Rate (CVFR)	Responsive Care	Dec-2024	109		53.39	100.15	146.91		
Number of RTCs per 10k miles travelled	Responsive Care	Dec-2024	0.72		0.28	0.75	1.22		
% of planned vehicle services completed	Responsive Care	Dec-2024	73%		58.84%	72.58%	86.32%		
% of statutory estates compliance (gas, water, electrical, asbestos, fire, LOLER)	Responsive Care	Dec-2024	99%	95%		94.72%			
Incidents Cat 2 Proportion (Cat 1-4)	Responsive Care	Dec-2024	67.4%		61.58%	64.16%	66.73%		
111 to 999 Referrals (Calls Triaged) %	Responsive Care	Dec-2024	7.4%	13%	5.82%	6.58%	7.33%		
Incidents	Responsive Care	Dec-2024	70891		57646.13	64195.75	70745.37		

111

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
111 Calls Offered	Responsive Care	Dec-2024	92495		73216.36	91553.7	109891.04		
111 Calls Answered in 60 Seconds %	Responsive Care	Dec-2024	73%	95%	40.12%	54.5%	68.87%		
111 Calls Abandoned - (Offered) %	Responsive Care	Dec-2024	4.4%	5%	4.07%	10.46%	16.84%		
999 Referrals	Responsive Care	Dec-2024	6498		3933.53	4974.85	6016.17		

SYSTEM INTEGRATION Overview (3 of 3)

Variation Icon Summary

Category	% of Metrics
Common Cause	48%
Concern (High)	15%
Concern (Low)	7%
Improvement (High)	6%
Improvement (Low)	15%
Neither (High)	4%
Neither (Low)	6%

Assurance Icon Summary

Category	% of Metrics
Hit or Miss	46%
Fail	38%
Pass	17%
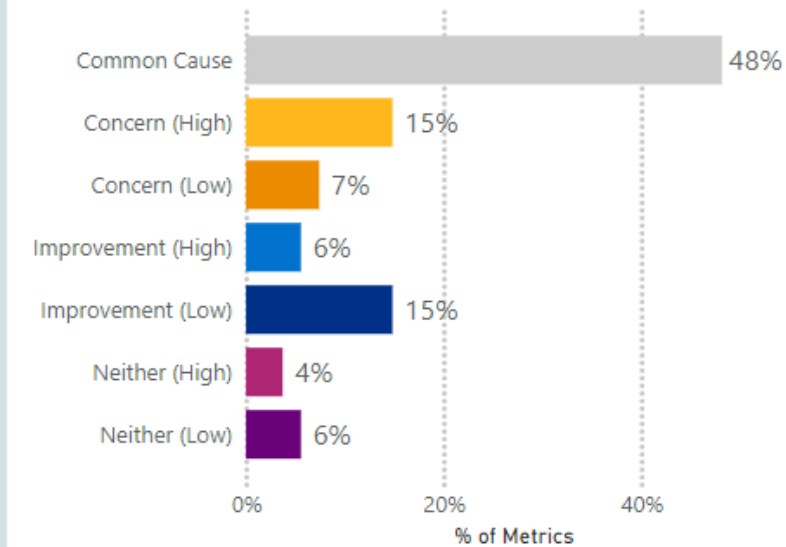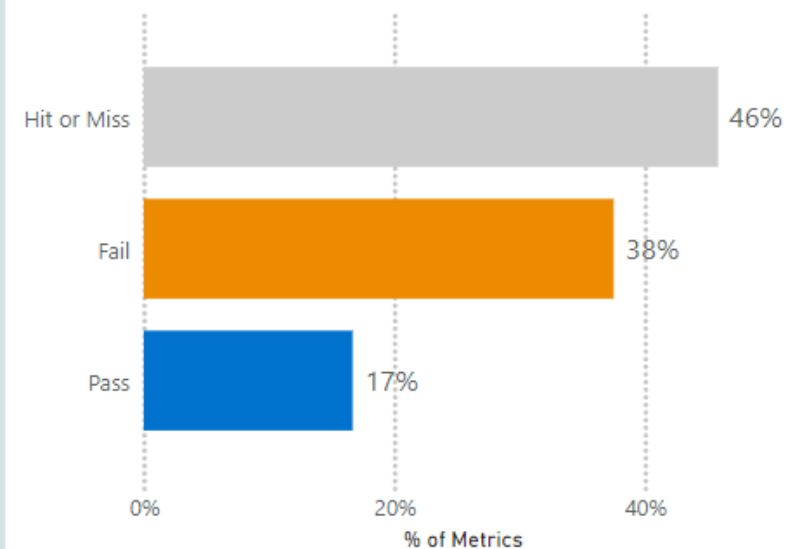
999 Frontline

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
JCT Allocation to Clear at Scene Mean	Responsive Care	Dec-2024	01:18:24		01:14:58	01:16:55	01:18:53		
JCT Allocation to Clear at Hospital Mean	Responsive Care	Dec-2024	01:53:53		01:49:59	01:52:00	01:54:02		
Responses Per Incident	Responsive Care	Dec-2024	1.09	1.09	1.09	1.09	1.1		
CFR Attendances	Responsive Care	Dec-2024	2094		963.18	1382.2	1801.22		
FFR Attendances	Responsive Care	Dec-2024	48		27.91	98.75	169.59		
ECAL Mean Response Time	Responsive Care	Dec-2024	00:27:32		00:23:22	00:25:32	00:27:42		

111/999 System Impacts

| Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hear & Treat %	Responsive Care	Dec-2024	14.5%	16.5%	11.35%	13.06%	14.77%		
See & Treat %	Responsive Care	Dec-2024	30.9%	35%	29.46%	30.71%	31.95%		
See & Convey %	Responsive Care	Dec-2024	54.4%	55%	54.52%	56.09%	57.65%		
Hours Lost at Handover as a Proportion of Provided Hours %	Responsive Care	Dec-2024	1.4%		0.76%	1.02%	1.27%		
Number of Hours Lost at Hospital Handover	Responsive Care	Dec-2024	4408.27		2298.36	3125.18	3951.99		
Average Wrap Up Time	Responsive Care	Dec-2024	00:15:43	00:15:00	00:16:16	00:16:43	00:17:10		
Proportion of Wrap Up Times > 15 minutes	Responsive Care	Dec-2024	40.2%		41.23%	44.05%	46.86%		
A&E Dispositions %	Responsive Care	Dec-2024	7%	9%	6.88%	7.82%	8.75%		
A&E Dispositions	Responsive Care	Dec-2024	6091		4652.45	5897.05	7141.65		
Clinical Contact %	Responsive Care	Dec-2024	46.7%	50%	43.75%	47.35%	50.94%		
Ambulance Validation %	Responsive Care	Dec-2024	52.1%	85%	44.16%	58.01%	71.85%		

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SYSTEM INTEGRATION Response Times

Cat 1 Mean
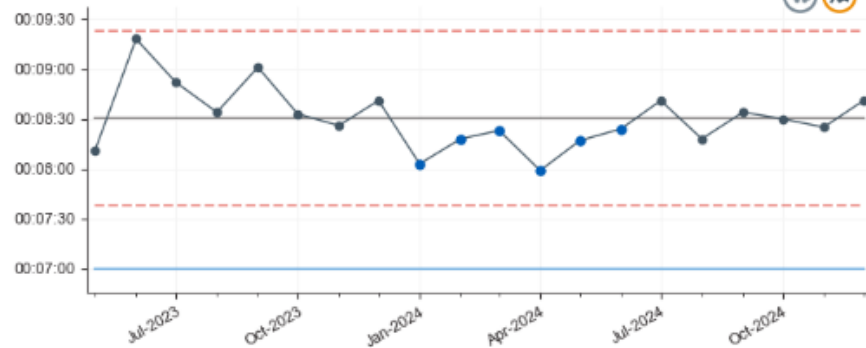
999-2
Dept: Operations 999
IP: Responsive Care
Latest: 00:08:41
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Cat 2 Mean
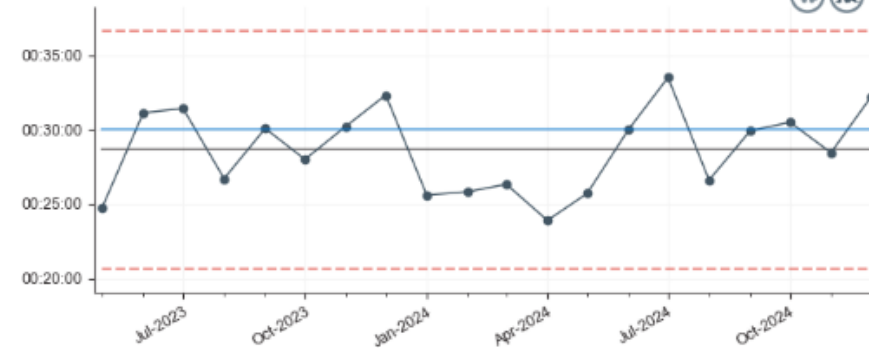
999-4
Dept: Operations 999
IP: Responsive Care
Latest: 00:32:12
Target: 00:30:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.
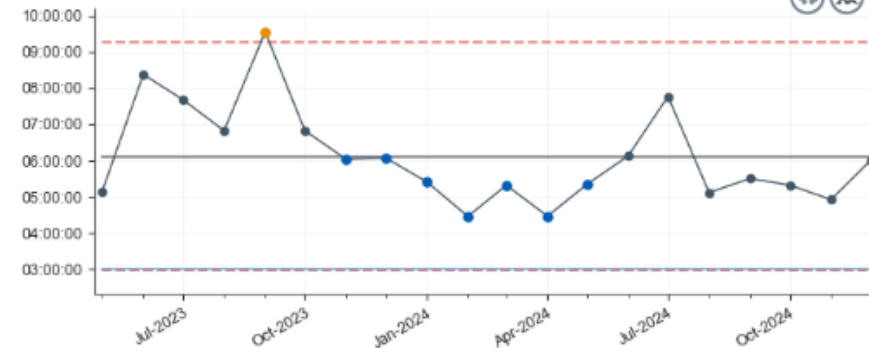
Cat 3 90th Centile
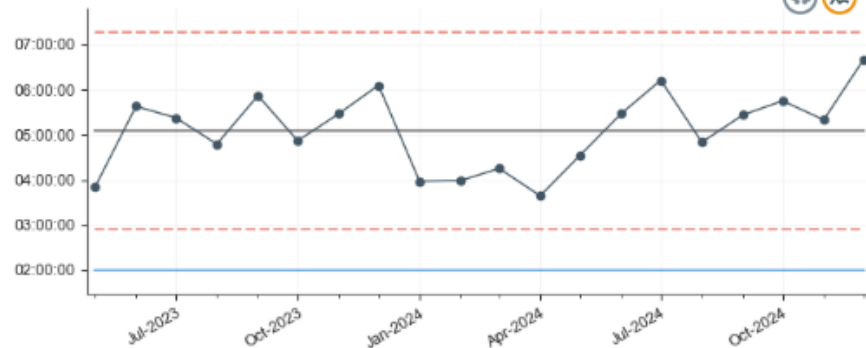
999-5
Dept: Operations 999
IP: Responsive Care
Latest: 06:40:00
Target: 02:00:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Cat 4 90th Centile

999-6
Dept: Operations 999
IP: Responsive Care
Latest: 06:00:40
Target: 03:00:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary
- As can be seen from the charts above, the Trust is failing to meet the **national ARP standards** for all categories of call and has been in this position reasonably consistently over the past 2 years.
- The key metric for the financial year, being C2 mean, remains in a positive position against the delivery plan – in December 2024, performance was 32min 12sec, against a national average of 47min 26sec.
- At the end of quarter 3, the Trust was delivering a C2 mean of 29min 05sec year to date, in line with the agreed target with commissioners and NHS E.
- The C1 mean remains challenging, although the Trust is in line with the national average.
- For both C3 and C4 mean response times, SECAmb continues to outperform the NHS E national average.
- It is important to note that SECAmb remained in REAP 3 across Q3, and was the only English ambulance trust not to escalate to REAP 4 over the festive period.

What actions are we taking?
- All 7 Unscheduled Care Navigation Hubs (UCNHs) went live in Q3 as planned, with different pilot models across the 3 ICSs.
- Focus in EOC on delivering C2 Segmentation, to enable prioritisation of C2 ambulance dispatch.
- Virtual Care programme has started, to redesign SECAmb's operating model and support the delivery of the Trust's strategy.
- Attention on abstraction management for sickness management & training planning with updated policy to simplify.
- NQP new starters onboarding with 158 new frontline staff by January.
- Specific work at Royal Sussex University Hospital ongoing between Brighton OU team, Sussex ICB & Hospital clinical leaders with external NHS E support.
- The Performance Operating Cell (POC) continues into Q4 and was helpful in ensuring performance grip across the festive period. This pilot will be evaluated in Q4 to enable appropriate evaluation.
- The Trust will continue with the CSP rapid actions, put in place via a bulletin in December to mitigate clinical risk.

SYSTEM INTEGRATION ARP Response Time Benchmarking (data provided for December 2024)

Cat 1 Mean ARP Response Time
● Cat 1 Mean ━ Target 00:07:00 ━ England Average

North East 00:06:55 · London 00:07:49 · North West 00:08:03 · Yorkshire 00:08:11 · West Midlands 00:08:34 · Isle of Wight 00:08:38 · South East Coast 00:08:41 · South Central 00:08:53 · East of England 00:09:47 · East Midlands 00:09:48 · South Western 00:09:57
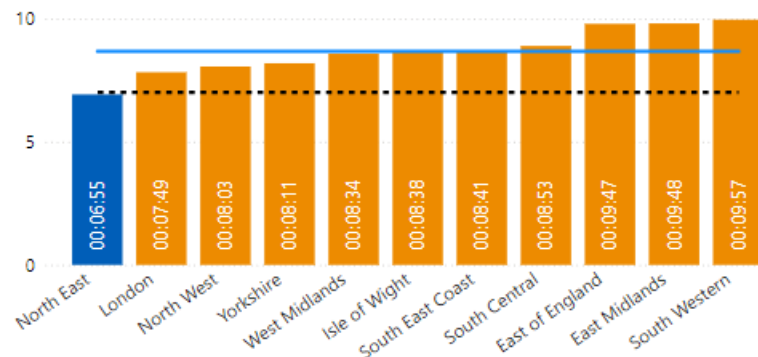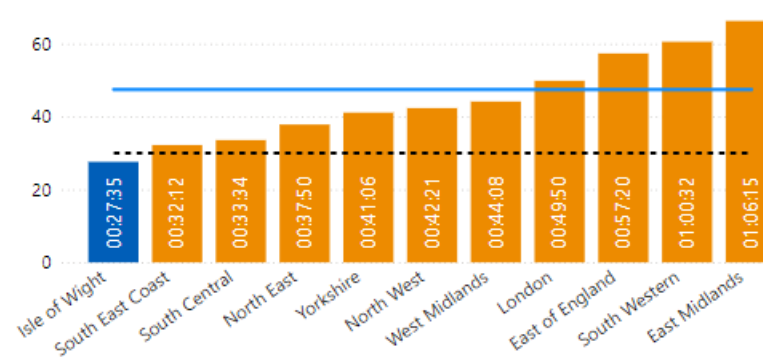
Cat 2 Mean ARP Response Time
● Cat 2 Mean ━ Target 00:30:00 ━ England Average

Isle of Wight 00:27:35 · South East Coast 00:32:12 · South Central 00:33:34 · North East 00:37:50 · Yorkshire 00:41:06 · North West 00:42:21 · West Midlands 00:44:08 · London 00:49:50 · East of England 00:57:20 · South Western 01:00:32 · East Midlands 01:06:15

Cat 3 90th centile ARP Response Time
● Cat 3 90th ━ Target 02:00:00 ━ England Average

Isle of Wight · Yorkshire 04:38:52 · London 05:22:49 · North East 05:51:48 · North West 06:03:37 · South East Coast 06:39:45 · South Central 07:01:00 · East of England 08:42:56 · West Midlands 09:01:49 · South Western 09:42:28 · East Midlands 11:00:38
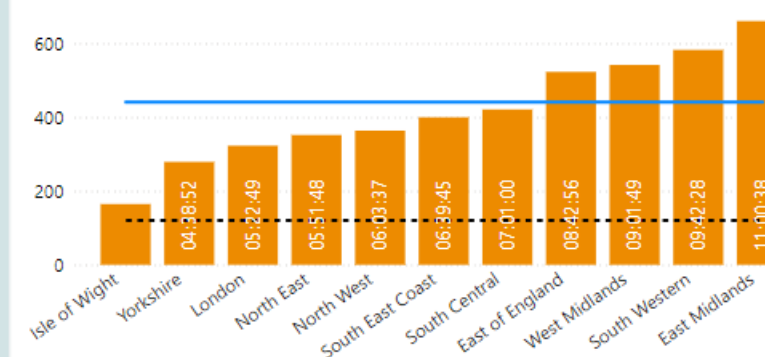
Cat 1 90th Centile ARP Response Time
● Cat 1 90th ━ Target 00:15:00 ━ England Average

North East 00:11:45 · London 00:13:27 · North West 00:13:40 · Yorkshire 00:14:14 · West Midlands 00:15:23 · South East Coast 00:15:58 · South Central 00:16:07 · East Midlands 00:17:14 · Isle of Wight 00:17:17 · East of England 00:18:16 · South Western 00:18:28
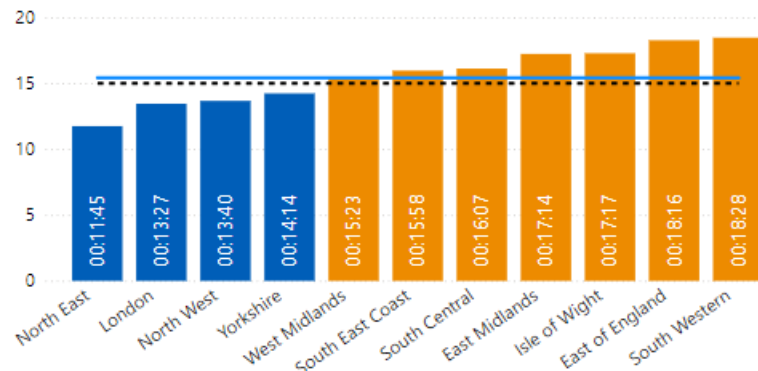
Cat 2 90th Centile ARP Response Time
● Cat 2 90th ━ Target 00:40:00 ━ England Average

Isle of Wight 00:59:36 · South Central 01:05:28 · South East Coast 01:06:04 · North East 01:15:48 · North West 01:30:58 · Yorkshire 01:32:31 · West Midlands 01:42:03 · London 01:45:00 · East of England 02:04:09 · South Western 02:10:38 · East Midlands 02:20:34
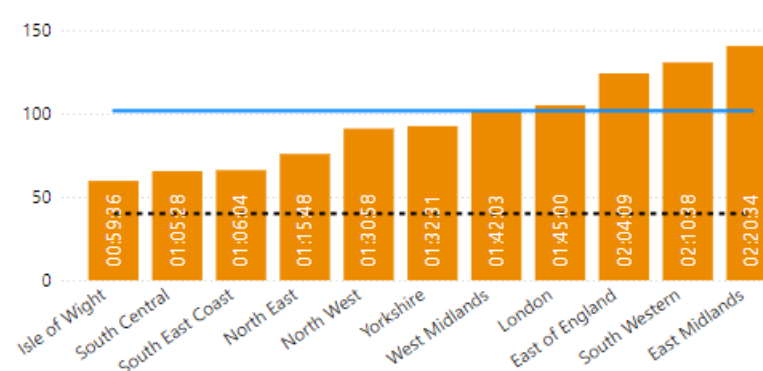
Cat 4 90th Centile ARP Response Time
● Cat 4 90th ━ Target 03:00:00 ━ England Average

Isle of Wight 03:? · North East 05:40:57 · North West 06:01:16 · South East Coast 06:08:00 · Yorkshire 07:32:54 · London 08:31:24 · South Central 09:19:22 · West Midlands 11:00:53 · South Western 12:05:25 · East of England 15:25:46 · East Midlands
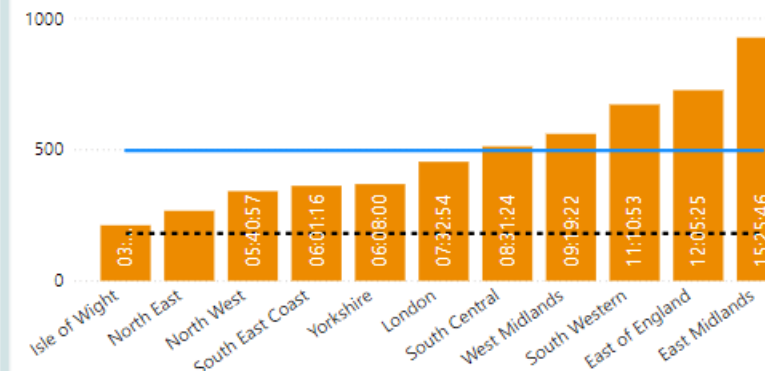
Summary
• Performance in December was 32mins 12secs, above the target of 30mins, but still 2nd best in the NHS E national AQI benchmarking table.
• The number of incidents was 32,543, with the number of Incidents with a response for the month at 61,242; with an average of 14,365 responses per week
• C2 responses remain the highest category of ambulance dispositions, accounting for almost two thirds of every ambulance dispatch.

90

SYSTEM INTEGRATION EOC Emergency Medical Advisors

999 Calls Answered

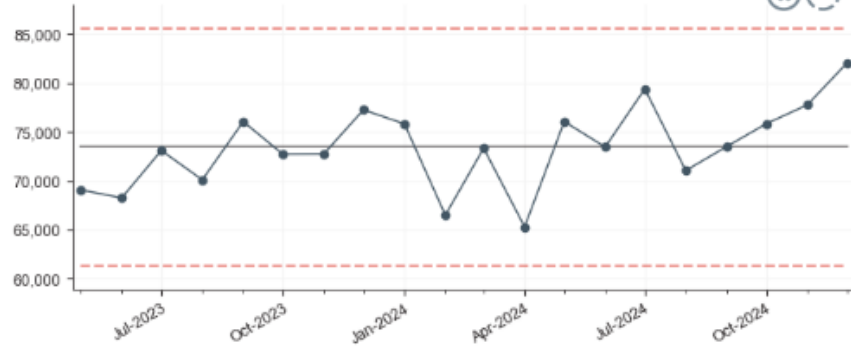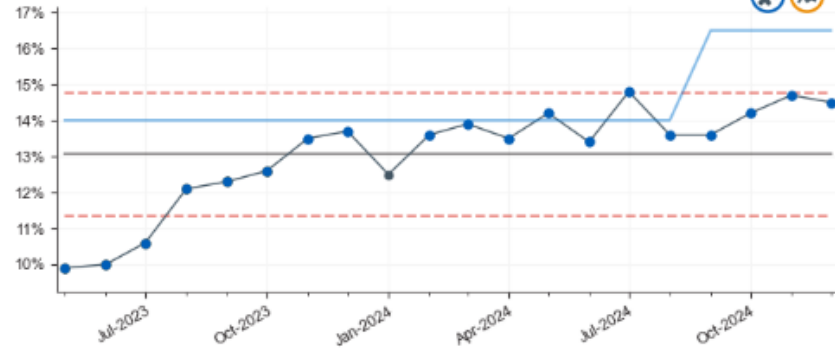| 999-10 |
| --- |
| Dept: Operations 999 |
| IP: Responsive Care |
| Latest: 82028 |
| --- |
| Common cause variation, no significant change. |

Duplicate Calls %

999-33
Dept: Operations 999
IP: Responsive Care
Latest: 24.2%
Common cause variation, no significant change.

Hear & Treat %

999-9
Dept: Operations 999
IP: Responsive Care
Latest: 14.5%
Target: 16.5%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

999 Call Answer Mean
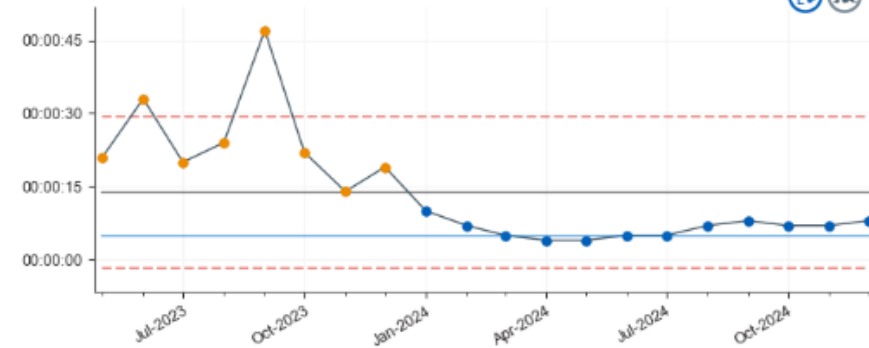
999-1
Dept: Operations 999
IP: Responsive Care
Latest: 00:00:08
Target: 00:00:05
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

Summary

- In this financial year, call answer mean time was in line with national AQI targets for Q1, behind in Q2, and remains challenged in Q3. Overall, there has been a significant improvement on 2023/24 i.e. an 8 second mean in Dec 2024 against 18 secs the previous year. The relatively small fluctuation in 999 call answering mean above the 5 seconds target in Q2 and Q3 was attributable to a variety of factors including the Trust moving towards having the requisite call handling capacity, day-to-day fluctuations in call demand and profiles, and the reduction in call handling overtime. The service is now fully staffed for its Emergency Medical Advisors (EMAs) but continues to recruit to ensure that the right call handling staffing is available to achieve the AQI target of 999 call answering in 5 secs.
- EMA recruitment and the staff retention remains important, but the main focus in Q4 will move to the quality and productivity of calls.
- The underlying trend for Hear & Treat is still upwards, but the dips in performance are attributable to multiple factors including a deficit in the clinicians available to achieve optimal virtual clinical assessment. The support provided by EOC to facilitate the launch of the Unscheduled Care Navigation Hubs (UCNHs) in relation to NHS PaCCS over Q3 has also adversely impacted clinician availability. As a result, the service has not been able to populate the rotas consistently at the 100% required to achieve the Trust Hear & Treat target. The Unscheduled Care Navigation Hubs (UCNHs) launched in Q3, and the aim will be to boost Hear & Treat in Q4 via the clinical assessment of C3/C4s. The Virtual care programme will oversee actions to improve H&T to trajectory.

What actions are we taking?

- EMA establishment is above plan for the funded establishment of 265 WTE. Despite the ongoing challenge presented by recruitment in the Gatwick area, recruitment in Medway following the move from Coxheath/Ashford to Medway in 2023 progresses well. The current position being 288 WTE of which 272 WTE are live and 16 WTE in training and/or mentoring entering January 2025.
- The 999 Call Answering improvement plan is ongoing, with a focus on the quality of call handlers and their productivity. The EOC operations rota review went smoothly and is now in place. However, despite minimal issues or concerns from staff, a second phase has commenced to address some anomalies and to ensure that the EMA rotas matched demand and is more efficient.
- C3/C4 clinical validation continues, and the C2 segmentation implementation phase 2 has now commenced, with further changes due to follow in January. The service continues to work collaboratively with NHS E to improve C2 Segmentation and Hear & Treat.
- The Hear & Treat trajectory was to achieve 15% by the end of Q3, and the Trust was slightly behind with this trajectory with a Hear & Treat of 14.4% across Q3. The full impact of the Unscheduled Care Navigation Hubs (UCNHs) as well as work on C2 segmentation should increase the Trust's virtual clinical capacity, and embedding these changes will be vital if the Trust is to achieve its stretch target of 16.5% H&T by the end of Q4.
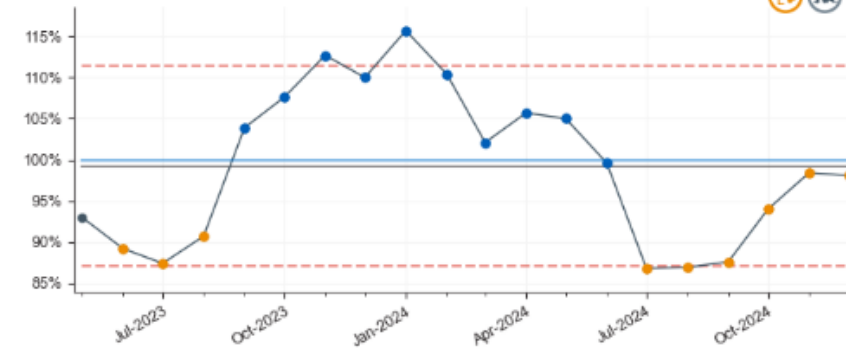
SYSTEM INTEGRATION Utilisation

Incidents
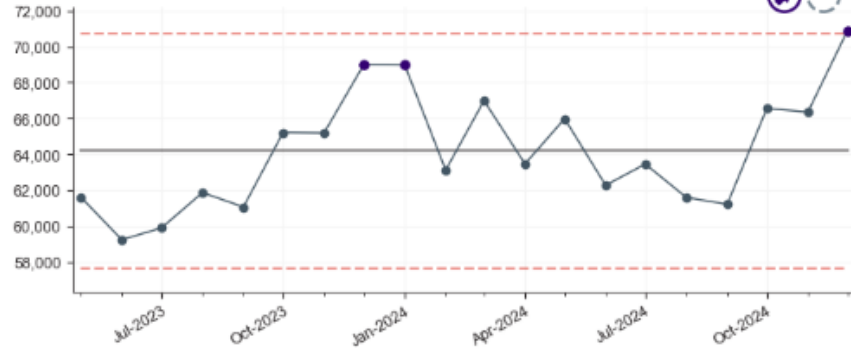
999-10
Dept: Operations 999
IP: Responsive Care
Latest: 70891

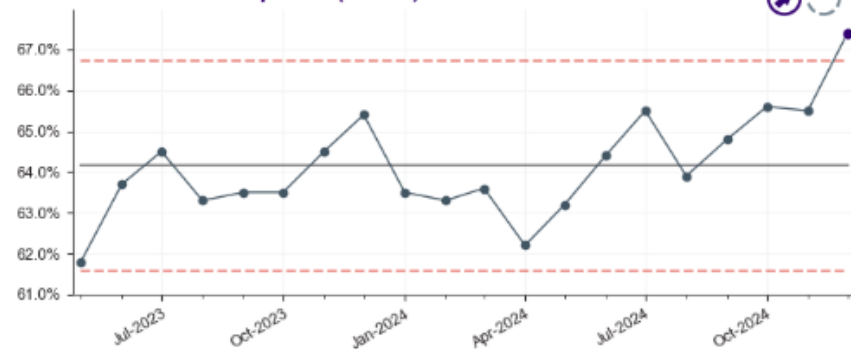Special cause variation where UP is neither improvement or concern

999 Frontline Hours Provided %

999-12
Dept: Operations 999
IP: Responsive Care
Latest: 98.1%
Target: 100%
Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.
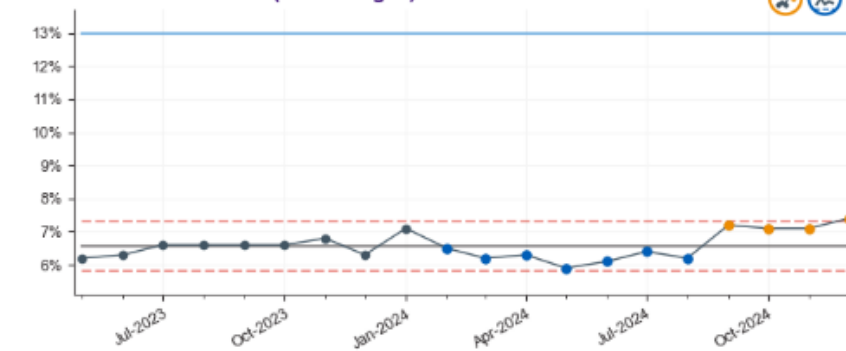
Incidents Cat 2 Proportion (Cat 1-4)

999-32
Dept: Operations 999
IP: Responsive Care
Latest: 67.4%

Special cause variation where UP is neither improvement or concern

111 to 999 Referrals (Calls Triaged) %

111-4
Dept: Operations 111
IP: Responsive Care
Latest: 7.4%
Target: 13%
Special cause of a concerning nature where the measure is significantly HIGHER. Despite deterioration the process is capable and will consistently PASS the target.

Summary

- There have been fluctuations in *frontline hours* provided monthly over the past 12 months, however with reduction in abstraction (sickness) and turnover, staffing is more stable overall.
- Training continues to be delivered against plan.
- Use of Virtual OU focused in providing extra shifts across the week is boosting crew availability and helping to maintain the Trust's strong C2 mean performance.
- Use of OTL Clinical hours through Q3 – 12,000 hours in total, has continued into Q4 to aid performance whilst we manage winter pressures.
- Focussing on NHS Pathways triage and clinical validation of ambulance referrals in 111 has resulted in a national best in class, low ambulance referral rate from 111 to 999 in Kent and Sussex.
- The Trust also continues to deliver exceptional Direct Appointment Booking (DAB) in its 111 service, supported by consistently good ED validation as per the NHS E 111 First criteria. This has enabled 111 to protect the wider healthcare economy and facilitate patient flow to the appropriate downstream services.

What actions are we taking?

- Greater flexibility between the Trust's 111 and 999 services to dynamically use clinicians to maintain C3/C4 validation at a high level, prior to ambulance dispatch. This also applies to specialist clinicians like Mental Health Practitioners and Paediatric Nurses.
- C2 Segmentation will enter its next phase, to support apposite ambulance dispatch.
- Continued focus on optimising resources through abstraction management and targeted overtime to provide additional hours – continued management of sickness and reduction in annual leave levels has improved resourcing.
- Ongoing focus on optimising clinical validation in EOC in real-time, coordinated by Clinical Safety Navigators and overseen by the Trust's Operations Managers Clinical (OMC) to mitigate risk and improve clinical effectiveness across 999.
- Urgent Community Response (UCR) Portal is fully live for Sussex and Surrey, and in part across Kent. However, downstream service capacity remains an issue, with relatively no acceptance rates from UCR services.
- EOC will continue to work with and support clinical validation in the UCNHs as they evolve in Q4.

SYSTEM INTEGRATION 999 Frontline
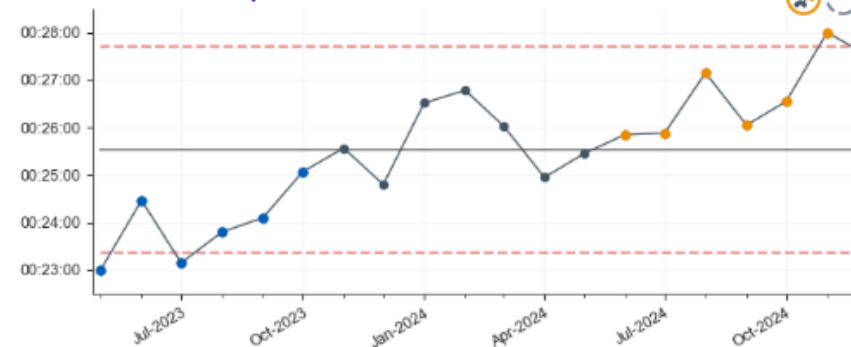

Responses Per Incident
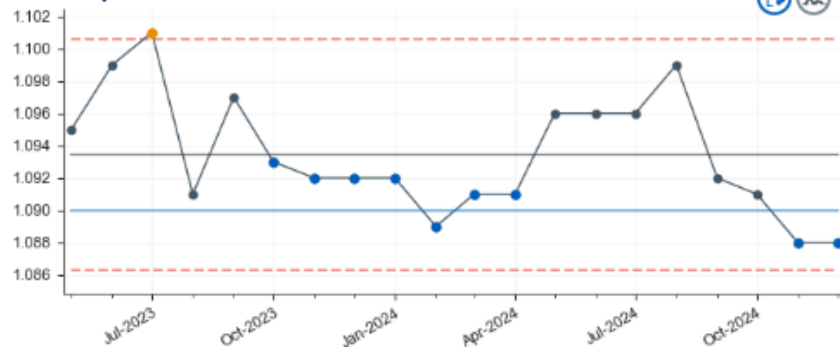
999-17
Dept: Operations 999
IP: Responsive Care
Latest: 1.09
Target: 1.09

Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

ECAL Mean Response Time

999-13
Dept: Operations 999
IP: Responsive Care
Latest: 00:27:32

Special cause of a concerning nature where the measure is significantly HIGHER.

JCT Allocation to Clear at Scene Mean
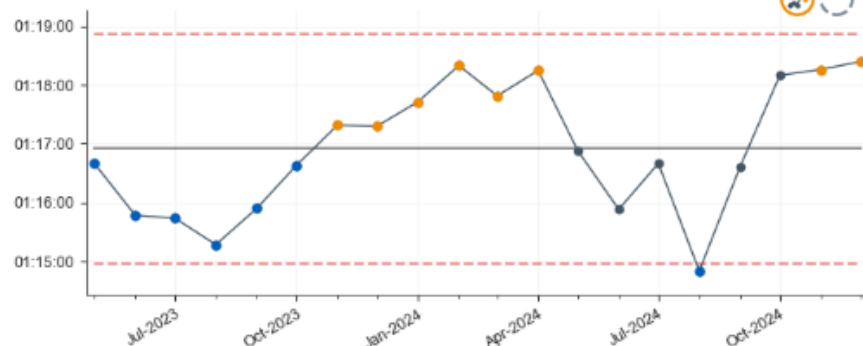
999-11
Dept: Operations 999
IP: Responsive Care
Latest: 01:18:24

Special cause of a concerning nature where the measure is significantly HIGHER.

JCT Allocation to Clear at Hospital Mean

999-11
Dept: Operations 999
IP: Responsive Care
Latest: 01:53:53

Special cause of a concerning nature where the measure is significantly HIGHER.

Summary
- The number of resources allocated per incident is an ambulance industry standard which provides an overview of dispatch efficiencies – as can be seen from the above the performance has been below or on target for several months, with common cause variation.
- Job cycle time (JCT) provides a single metric between two points in the incident journey and is directly impacted by several activities including running time to the incident (local or distant depending on demand and resource availability) and duration of time spent on scene. The latter is usually dependent on the patient's presenting complaint where often the sickest patients are moved from scene more quickly whereas the lower acuity incidents may require longer to make referrals for ongoing care within the community. JCT has seen a recent increase, potentially associated with increasing complexity of clinical presentations with winter illnesses, and the impact of winter pressures on hospital flow.

What actions are we taking?
- The Performance Operations Cell (POC) started in December and continues into January. It enables greater oversight of key operational metrics such as handover delays, on scene times and out of service issues, which helps maintain the Trust at lower levels of CSP status.
- Continued focus on delivery of UCNHs to ensure optimal response to ECALs from crews to assist with on-scene decision making and signposting to clinical pathways.
- Specific work has been undertaken in local dispatch desk areas focusing on hospital handover and on-scene times. Average Hospital Handovers across Q3 have shown an increase and are above the 18-minute mean set by the Trust at 19 minutes and 55 Secs. However, this is expected as we enter increased system demand with winter pressures, and the Trust's performance remains best in class in comparison to handover delays reported by other ambulance trusts. Targeted work at hospital handover hot spots continues with acute partner trusts.

SYSTEM INTEGRATION 111/999 System Impacts

A&E Dispositions %

111-5
Dept: Operations 111
IP: Responsive Care
Latest: 7%
Target: 9%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

See & Treat %
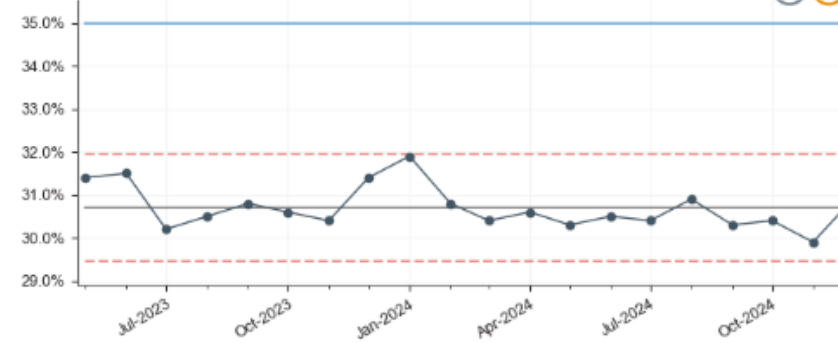
999-9
Dept: Operations 999
IP: Responsive Care
Latest: 30.9%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Number of Hours Lost at Hospital Handover
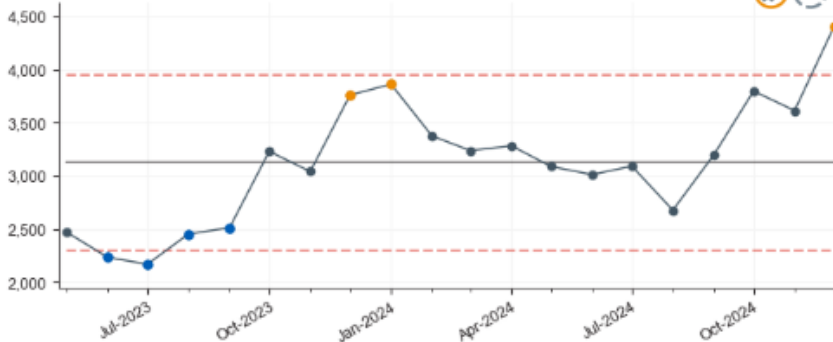
999-24
Dept: Operations 999
IP: Responsive Care
Latest: 4408.27

Special cause of a concerning nature where the measure is significantly HIGHER.

Average Wrap Up Time
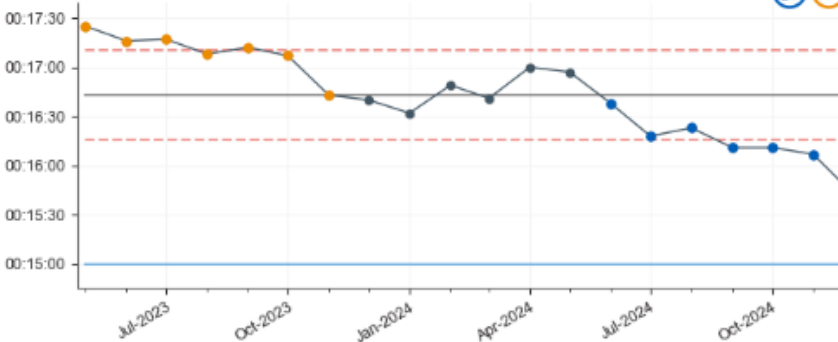
999-31
Dept: Operations 999
IP: Responsive Care
Latest: 00:15:43
Target: 00:15:00
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Summary
- The 111 to ED disposition rate has been maintained at a very low level since the introduction of "111 First", Direct Appointment Booking (DAB) and ED validation. The Trust's 111 service is consistently effective at DAB and ED validation, resulting in an ED referral rate significantly better than the NHS E 111 national average and benchmark leading DAB.
- Although the number hours lost via handover delays rose across Q3, this is consistent with wider system pressures with acute partners and remains significantly better than other ambulance trusts.
- The Trust See and Treat rate has risen to a level of 31.1% for December, noting that there is significant variation between geographical dispatch desk areas heavily influenced by the availability and accessibility of community care pathways as alternatives to Emergency Depts. This variation will be influenced by the availability and accessibility of the services, and local team confidence to use them.
- Wrap-up time have shown improvements, with average wrap up times on a positive trajectory.

What actions are we taking?
- The Trust continues to collaborate with local teams regarding the utilisation of community pathways of care i.e., Urgent Community Response (UCR) and other services.
- The UCNHs have enabled the Trust to work collaboratively with system partners as part of clinical MDTs, identifying pathways for our crews to use and avoid unnecessary conveyance to ED.
- Continued partnership working with hospitals relating to hand over time, both on a local and strategic level, monitored at the weekly (Friday) system (Commissioners + SECAmb + NHSE) calls. To note: as a Trust, SECAmb continues to see significantly **lower handover times** across all hospitals than all other English ambulance services because of this collaborative work.
- There are multiple weekly meetings, internal and external to ensure the Trust retains grip on performance and takes the requisite actions to stay on track with the Trust's delivery plan.
- Overall, Trust level performance remains relatively strong, as indicated by the national AQI benchmark tables.

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SYSTEM INTEGRATION   111

111 Calls Offered

111-1
Dept: Operations 111
IP: Responsive Care
Latest: 92495

Common cause variation, no significant change.

111 Calls Abandoned - (Offered) %
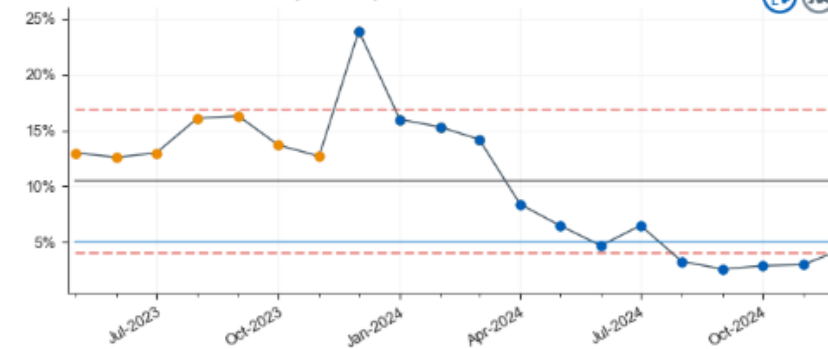
111-3
Dept: Operations 111
IP: Responsive Care
Latest: 4.4%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.
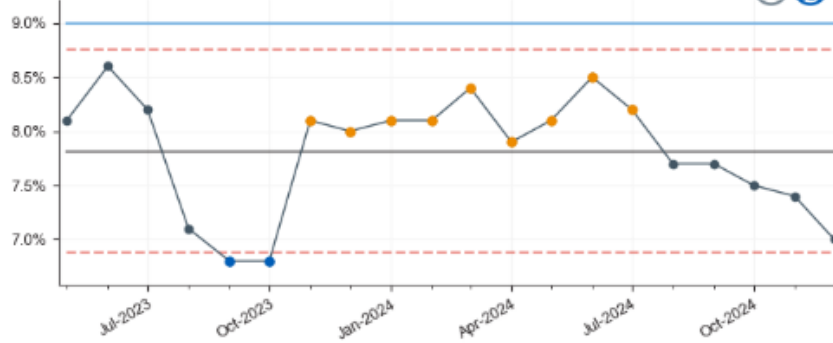
111 Calls Answered in 60 Seconds %
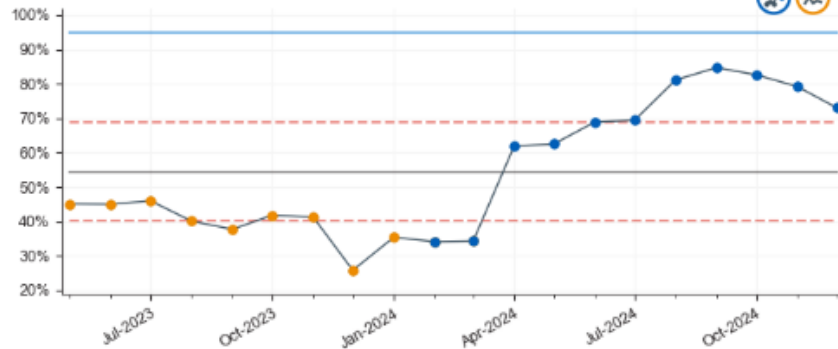
111-2
Dept: Operations 111
IP: Responsive Care
Latest: 73%
Target: 95%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

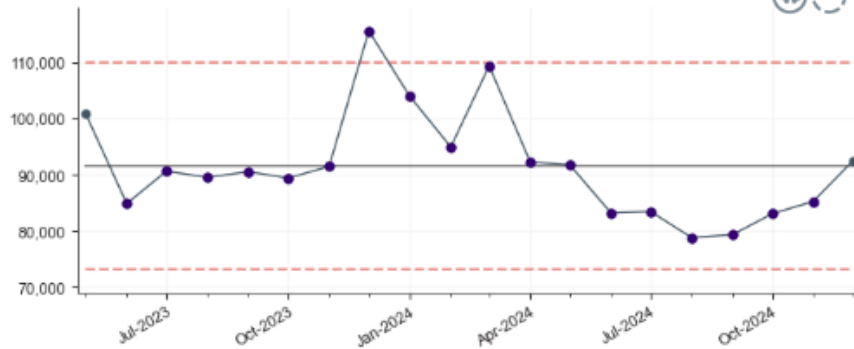**111 to 999 Referrals (Calls Triaged) %**
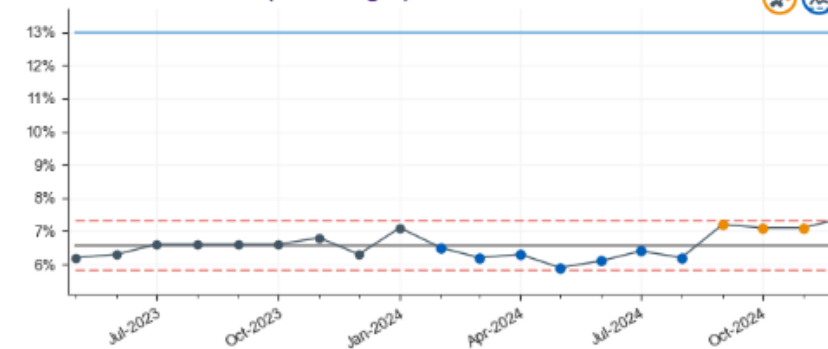
111-4
Dept: Operations 111
IP: Responsive Care
Latest: 7.4%
Target: 13%
Special cause of a concerning nature where the measure is significantly HIGHER. Despite deterioration the process is capable and will consistently PASS the target.

Summary
- Although the 111 call volume year to date has decreased, the actual calls answered has increased because of greater staff availability and better productivity.
- The service's operational responsiveness has noticeably improved in H1 of 2024/25, as reflected in the reduced Average Speed to Answer (ASA) and lower rate of abandoned calls.
- The improved operational performance of the service is directly related to the increased Health Advisor numbers, due to lower attrition and good recruitment numbers.
- The clinical outcomes remain strong, and the service leads the country in terms of ETC1 (ED) and 999 referral rates.
- The service continues to be effective in protecting the wider integrated urgent and emergency care system, as reflected in its high levels Direct Appointment Booking (DAB) significantly above the NHS E national average, whilst maintaining a stable clinical contact rate for the service. This has all been achieved despite a significant reduction in central 111 funding for this financial year.

What actions are we taking?
- The service continues to protect the wider healthcare economy by being a benchmark IUC provider nationally for 999 and ED validation, in addition to Direct Appointment Booking (DAB).
- Although the Trust was successful in working with NHS E and securing additional support from an established 3rd party 111 provider, to support operational performance delivery, this will end in Feb 2025.
- The Trust continues to work with its 111 sub-contractor to improve rota fill and performance across key metrics, operationally and clinically.
- The service has worked hard on improving culture and on staff retention, aided by now having more than 130 "Agile" Health Advisors, having the flexibility to answer 111 calls from home.
- The service has addressed its previous staff shortfall prior to moving to Medway. The funded Health Advisor call handler target of 252.6 WTE, has been surpassed with a current established staffing of 277 WTE, including 3 WTE in training.
- The Trust is working with commissioners to secure a contract extension for 111, whilst revising the current sub-contractual operating model to improve service efficiency and financial viability.

SYSTEM INTEGRATION Support Services Fleet

Critical Vehicle Failure Rate (CVFR)
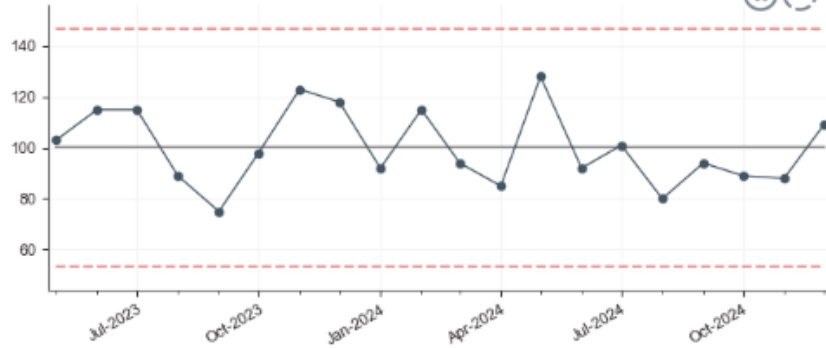
FL-12
Dept: Fleet
IP: Responsive Care
Latest: 109

Common cause variation, no significant change.

% of planned vehicle services completed

FL-3
Dept: Fleet
IP: Responsive Care
Latest: 73%

Common cause variation, no significant change.

Vehicles Off Road (VOR) %

FL-13
Dept: Fleet
IP: Responsive Care
Latest: 14.9%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary and Action Plans
Critical Vehicle Failure Rate and VOR Currently 15% of our operational DCA fleet is above recommended design life (5 years for Fiat, 7 years for Mercedes), against 38% on the 1st of April 2022.
VOR remains above target of 10% due to the known issues associated with delayed parts and reliability of FIAT and reliability of older Mercedes Fleet. Order has been placed for 27 new vehicles due in September 2025 with further potential funding from NHSEi allowing us to order a further 70 new DCAs.

In addition, vacancies within the Vehicle Maintenance Technicians (VMT) team are impacting the capacity we have to address VOR issues within our workshops (vacancies are down from c. 10% to 4% so improvement is expected). We currently have 3 vacancies as of January 2024. A Business brief has been submitted to secure funding to increase the fleet maintenance technician workforce in line with Fleet size due to planned hours deficit of 17000 maintenance hours, and we are still exploring the use of the apprenticeship scheme to increase our capacity. This is aligned to Risk ID 333.

The planned vehicle services is currently at 73% for December. This is due to less Fleet staff abstraction, a dedicated agency worker for this work and an increase of staff overtime where possible to improve our performance in this area. There are still current vacancies for VMTs and there is a requirement to increase our VMT workforce in line with vehicle numbers, so we have enough available workshop hours to meet the required demand of maintenance hours required to complete planned vehicle maintenance for our fleet size. A business improvement template has been submitted for this improvement, and we are awaiting a decision on this case and potential funding. No further improvements can be made in this area without further investment to increase the VMT workforce.
Concerns around parts supply continue to be raised nationally by Fleet Managers and escalated to suppliers regularly at quarterly meetings. We are also looking at increasing our stock lines for Fiat to support the reductions of off-road times. An order has been placed to procure 27 MAN DCAs and a further NHSEi business case will be submitted to secure further capital investment funding for 70 more replacement DCAs that will remove our oldest vehicles from Fleet and replace Fiats as they get to 5 years old.

Appendix

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations

F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Agenda No	92-24
Name of meeting	Trust Board		
Date	6 February 2025		
Name of paper	Patient and Public Engagement Strategy 2025-2029		
Responsible Executive	Margaret Dalziel, Executive Director of Quality & Nursing		
Author	Victoria Baldock, Patient Engagement Lead		
Synopsis	**Patient and Public Engagement Strategy 2025-2029:** The Patient and Public Engagement Strategy 2025-2029 has been designed to improve patient engagement, involvement and satisfaction within SECAmb. This strategy includes a detailed approach to integrating patient and public feedback, enhancing communication with patients, families and carers, and promoting equality, diversity and inclusion by creating accessible and flexible choices for involvement. It has been reviewed by the Quality & Patient Safety Committee; see Board report. **Next Steps:** • Patient Engagement team to articulate a full delivery plan to outline all actions underpinning the objectives involved in this strategy. • Patient Engagement team to co-produce an easy read version of this strategy.		
Recommendations, decisions, or actions sought.	The Board is asked to approve this enabling strategy.		
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		**Yes**	

Patient & Public Engagement Strategy

Saving lives through engaging our communities

This document outlines our ambitions for patient engagement and our plans to deliver this at SECAmb.

2025 - 2029

We are SECAmb

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

Saving Lives, Serving Our Communities

We deliver urgent and emergency care to over **five million people across 3,670 square miles**, from critically ill patients to those with minor needs. Alongside our **999 service**, we also provide **NHS 111.** As demand grows, we are committed to evolving and **improving patient outcomes** while ensuring long-term sustainability.

2023-24 - Financial year

1,100,718	**1,166,278**	**760, 949**	**648, 238**	**15, 360, 280**
999 calls received	111 calls received	Incidents generated	Incidents attended	Miles driven

Saving Lives,
Serving Our Communities

Our Strategic aims

Delivering High-Quality Care: We are committed to delivering high-quality care, ensuring every patient receives the best possible treatment and ongoing health management.

Our People Enjoy Working at SECAmb: We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.

We are a Sustainable Partner: We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.

Saving Lives, Serving Our Communities

Why have we developed this strategy?

We know that efforts to engage patients, their families, carers and the public in healthcare improvement leads to improved **quality, safety and patient experience**.

We often think we know what patients want but fail to ask or engage them directly.

We began our journey of working more closely with patients in 2022. Over the last year, we have developed a **Patient Experience Questionnaire** for patients who have used our 999 service, and we have started a **Community Forum** to hear first-hand from our patients and members of the public about ways that we can improve our service.

We are committed to **continuous improvement**. In line with our Trust values, we want to be **courageous** in hearing what patients and members of the public have to say. To do this, we will create conversations and space to hear what works and what doesn't.

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Developing our strategy

Workshop with key stakeholders to plan the development of our strategy

We used the UK Standards of Public Involvement in Research to identify what we are doing well and where there may be gaps

We gathered information on best practice when working with patients & members of the public

We engaged colleagues and professional stakeholders for their views and support

We have heard from over 500 members of the public on what is important to them

What you told us

Themes from patient feedback:

+ We need to provide more **digital and non-digital methods** for patients to have their say

+ We need to **improve our communication** and **accessibility** for people with learning disabilities and neurodivergent conditions

+ We need to increase our engagement with **young people**

+ We need to **build and strengthen** our networks and collaborate with other trusts

+ We need to attend more **community events** and engage directly with the public

+ We need to work with all of our **diverse patient groups** continuously to **adapt and evolve** our service according to current needs of our service users.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quotes taken direct from patient feedback

"

"I do think online forums are probably the easiest way forward"

"

"Consider various forms of communication for people with autism"

"

"Regular school visits with opportunities to try out CPR"

"

"Better understanding of people with learning disabilities and communication needs"

We have heard you
What we now want to achieve

We want to take a whole organisational approach to patient and public engagement. This means we will be able to:

+ Articulate a **detailed understanding** of what our patients and members of the public want

+ Ensure our services are delivered around **patient needs**

+ Provide a service that **delivers value** from a patient perspective

+ Consistently deliver **patient centred care**

To help us to do this, we will focus on five key enablers:

Building the foundations

Hearing from patients and members of the public

Working in partnership

Ensuring inclusivity

Translating into action

What each of these enablers mean is detailed on the next pages.

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Our Enablers

Working in Partnership

Equal partnership with patients & the public from the very beginning of work to be done and throughout the entire process.

Hearing from Patients and Members of the Public

Ensuring patients & the public have choice and flexibility about how we hear from them and that those choices are accessible to everyone.

Ensuring Inclusivity

This is about ensuring all our patients, and the public have equal opportunities to have their voice heard and work with us to improve our service.

Building the Foundations

Creating the conditions where patients & the public can work with us and be heard.

Better Patient Engagement

Translating into Action

Taking the input of patients & public and turning it into improvements within our system and processes to produce better patient outcomes.

Better patient outcomes
How we will use your feedback and our data

Gathering insights from various avenues such as stakeholders, patient experience questionnaire, surveys, engagement sessions, complaints and patient safety incident investigation

Analyse data

No improvement work identified

Improvement plan already in place

Improvement work identified

If no improvement work is identified, we will celebrate success and explore what is working well so we can do more of it

If improvement work is identified, we will record any risk and use our quality improvement approach to make positive change

End results = Better patient outcomes, better patient safety and better patient experience

Looking forwards

We have developed a delivery plan to map out what we need to do over the next five years to improve our patient and public engagement.

- The delivery plan, on the next page, has been designed to give you an overview of some of the key actions involved. There will be other work taking place in the background to help us achieve these.

- Some areas of the plan may change slightly as digital advancements evolve.

- We will continuously seek feedback and encourage involvement from a diverse range of communities such as:

Ethnic minorities

LGBTQ+
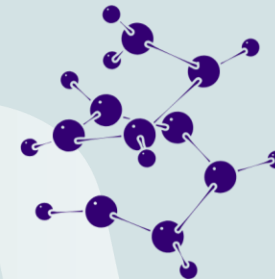
People with Learning Disabilities, Neurodiversity, Mental Health conditions and physical disabilities.

How this will be achieved

The information below outlines our areas of focus for the next five years. Each point will be developed and built upon from the year it is introduced. Additionally, preparatory work will be carried out behind the scenes to ensure that each initiative is realistically achievable when it is ready to be implemented.

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Year 1 (2025/26)
- Expand patient engagement team
- Increase presence at public events
- Create additional channels for patients and public to share feedback on our services
- Establish flexible and accessible opportunities for patients and the public to participate and get involved.

Year 2 (2026/27)
- Combine patient feedback with patient safety data to identify key insights and areas for learning.
- Provide training opportunities for our patient and public volunteers to enhance their skills and deepen their understanding of the service.
- Engage patients and the public from the outset of a project and involve them throughout its entire process.

Year 3 (2027/28)
- We will team up with department leads to ensure that patients and the public are included in all relevant workstreams.
- Enhance transparency and accountability by including patient and public representatives in meetings at all levels throughout the Trust.
- Collaborate with other organisations to share areas of success and learning.

Year 4 (2028/29)
- Increase our outreach efforts to engage with hard-to-reach groups, including targeted health promotion campaigns in underserved communities.
- We will start hosting special interest groups for patients and the public, tailored to the topics they wish to focus on, such as heart attacks, falls, neurodiversity etc.
- We will initiate Quality Improvement projects that involve young people and collaborate with educational institutions to engage them.

Year 5 (2029/30)
- We will explore aftercare approaches to support patients, families, and carers, such as peer support groups.
- Expand existing mechanisms for patients, families, and carers to share their stories through digital innovations
- We will conduct a gap analysis to assess our current position as an organisation in terms of patient engagement and use the findings to inform the development of our next Patient and Public Engagement Strategy.

How we will monitor and govern

The governance framework below details how assurance for the delivery of this strategy will be overseen. Quarterly reports on progress will be provided including details on the impact this strategy is having on our patients, staff and system partners.

SECAmb Trust Board

Quality & Patient Safety Committee (QPSC)

Quality & Clinical Governance Group (QCGG)

Patient Experience Group (PEG)

Patient Engagement team

Communication and sharing with all colleagues across the Trust and system partners

Executive Management Board (EMB)

Board Assurance Framework (BAF)

How you can get involved

When joining our patient engagement mailing list, you will receive our quarterly newsletter and email updates on all opportunities for involvement, including those detailed on the right.

Please email:
engagementteam@secamb.nhs.uk

Courage,
Kindness
& Integrity

	Agenda No	93-24

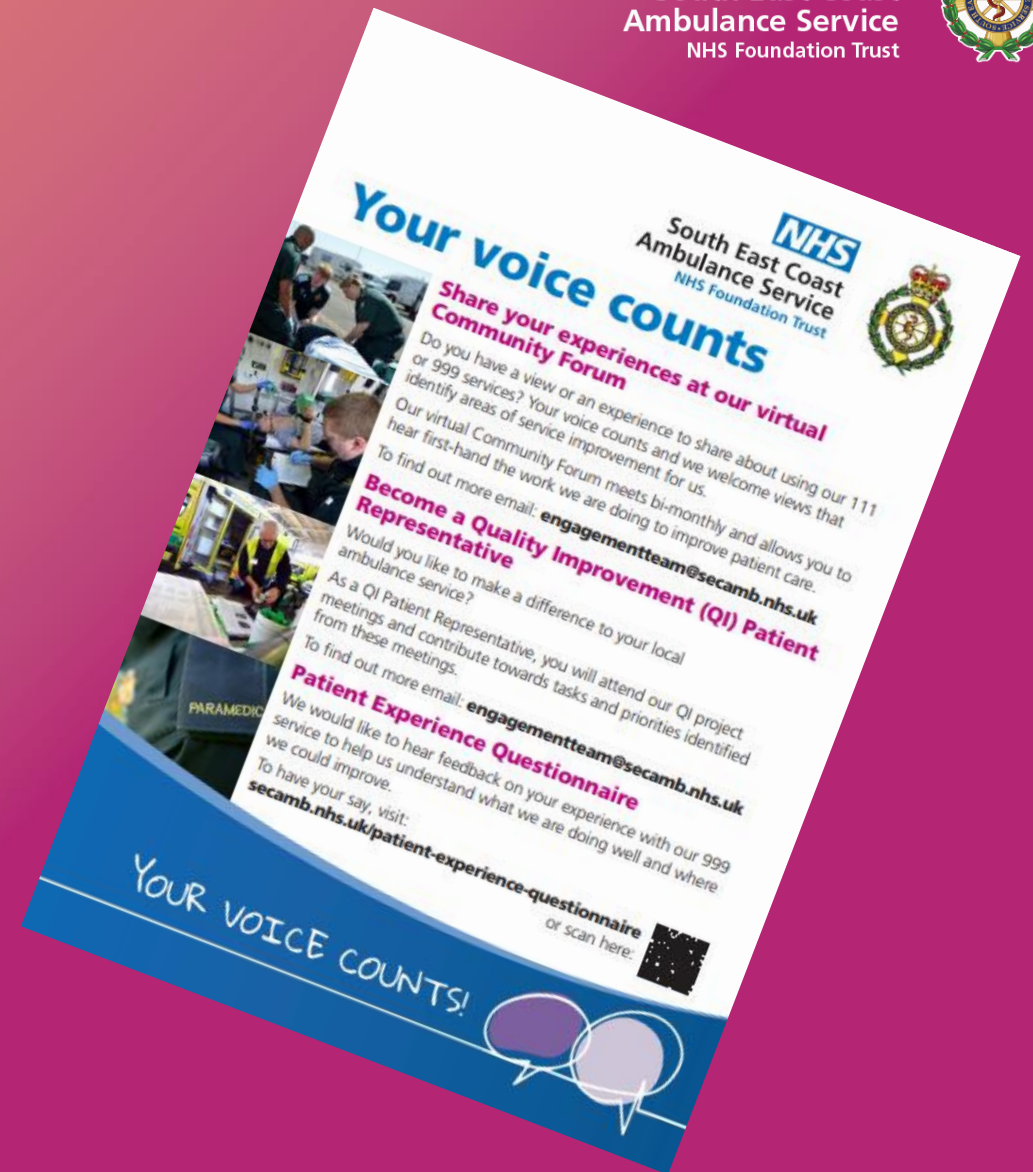| Name of meeting	Executive Management Board
Date	6th February 2025
Name of paper	Chief Paramedic Officer: Areas of focus and priority: 2025/26
Executive sponsor	Jaqualine Lindridge, Chief Paramedic Officer
Author name and role	Jaqualine Lindridge, Chief Paramedic Officer
Synopsis	This paper provides an introduction to Chief Paramedic Officer role at SECAmb and outlines 5 proposed areas of focus and priority for the financial year 2025/26, which are presented here for discussion and approval. These 5 priority areas are: 1. Growing our **Clinical** & **Professional Leadership** 2. Maturing and embedding **professional standards** 3. Becoming a **Learning Health System** 4. Optimising **Education** and **Development** 5. Developing **clinical** and **professional career structures** and **scopes of practice** Within these 5 areas of focus, a number of specific objectives for 2025/26 are proposed, along with initial indications of the support needed to deliver these commitments.
Recommendations, decisions or actions sought	That the Trust Board of Directors discuss and approve the priorities proposed for the Chief Paramedic Officer for 2025/26.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Not at this stage

Saving Lives, Serving Our Communities

Chief Paramedic Officer:

Areas of focus and priority 2025/26

Trust Board - February 2025

Background & history

1937 - '999' is born

1946 - NHS Act provides for ambulances

1964 - Millar Report: treat as well as transport

1971 - Birth of the paramedic profession

1974 - Ambulances move from local authority to health

1980/90s – Accredited training for paramedics and technicians

2001 - First undergraduate paramedics qualify

2001 - Professional registration and professional body established

Mid 2000s onwards - Bradley Report & extended, advanced and consultant practice

2021 - 1st Chief Paramedic appointed

2023 - Paramedic leadership report: Recommends Chief AHPs 'as the norm'

2024 - Culture review: Recommends a paramedic on every ambulance trust board to 'represent the paramedic voice'

2025 - 8 out of 11 Ambulance Trusts in England and Wales have Chief Paramedics (or equiv.)

Background & history

What are (modern) paramedics?

© College of Paramedics 2024

+ Allied Health Professionals (AHPs)

+ Autonomous generalists
   *at the point of registration

+ Care for people of all age groups

+ See undifferentiated patients

+ Manage varying levels of complexity

+ Operate in various environments

+ Practice in a variety of healthcare settings

Clinical Practice Pillar

Original research

british paramedic journal

COLLEGE OF paramedics
leading the development of the paramedic profession

Critical care paramedics' experiences of performing an emergency scalpel cricothyroidotomy: a qualitative study

Duncan Aldred
South East Coast Ambulance Service NHS Foundation Trust

Mark Durham
South East Coast Ambulance Service NHS Foundation Trust

Nora Prokop
South East Coast Ambulance Servic

Gary Balderston
South East Coast Ambulance Servic

Richard Crabb
South East Coast Ambulance Servic

Paul Crouch
South East Coast Ambulance Servic

Lewis Pike
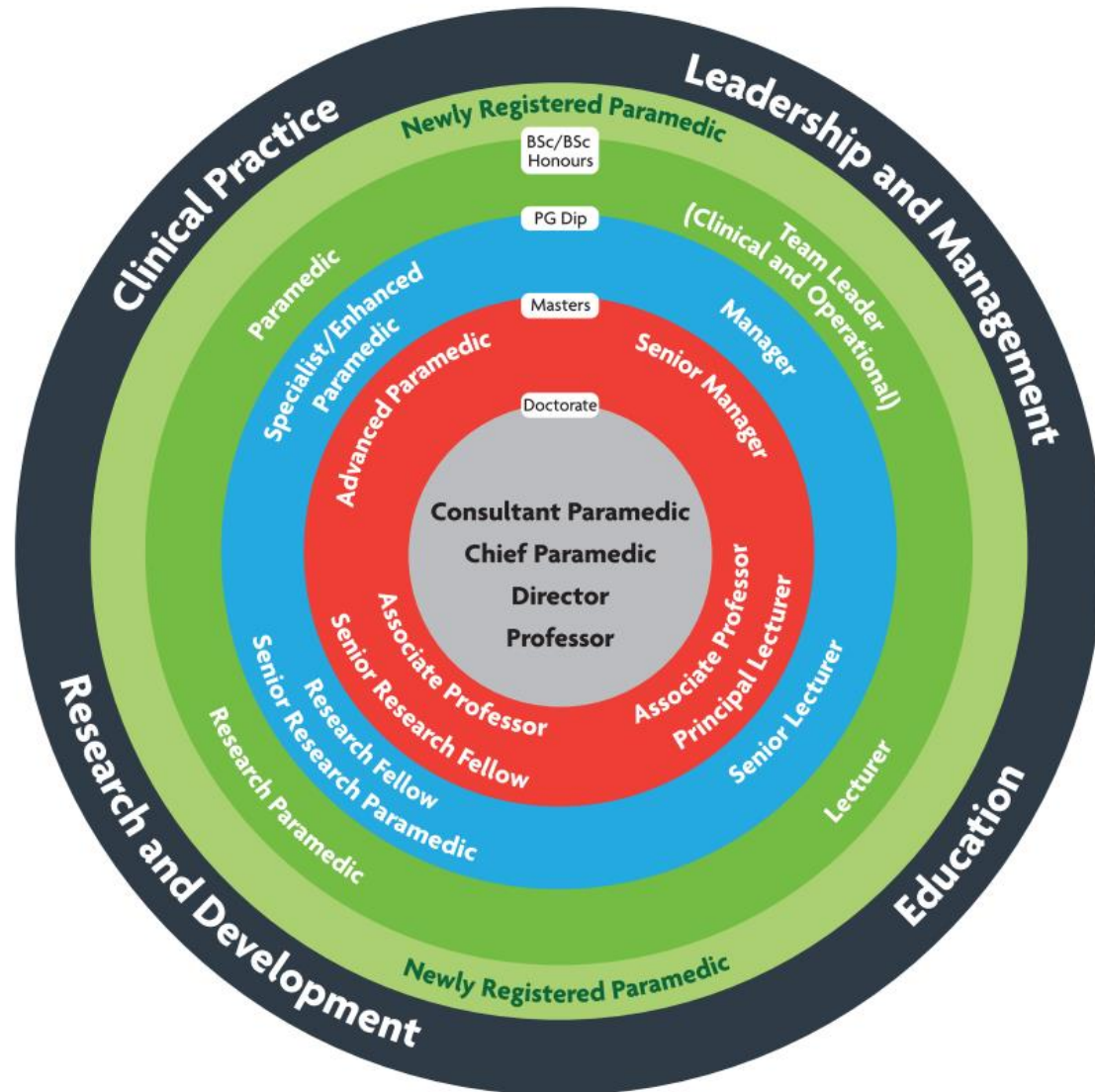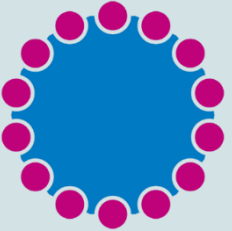South East Coast Ambulance Servic

John Children
South East Coast Ambulance Servic

Andy McBride
South East Coast Ambulance Servic

Adam Heywood
South East Coast Ambulance Servic

Julia Williams
South East Coast Ambulance Service NHS Foundation Trust
ORCID iD: https://orcid.org/0000-0003-0796-5465

Alan Cowley*
South East Coast Ambulance Service NHS Foundation Trust
ORCID iD: https://orcid.org/0000-0002-3093-4395

hcpc health prof co

Prescribing

Check the Register   About us

Location	Crawley
Sta	Registered
Peri	01/09/2023 to 31/

Additional Entitlements   ○ SP
○ IP

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Why do Ambulance Trusts need a Chief Paramedic?

- To provide **clinical** and **workforce advice** to the Trust and Board of Directors which is **grounded in the ambulance setting**

- To act as a **conduit for the paramedic voice** to the board, representing the largest group of SECAmb's clinical workforce, and to act to **solve real-world problems**

- To provide **clinical** and **professional leadership** for the ongoing development, engagement and oversight of the paramedic and associate workforce

- To **act as an exemplar of clinical practice** for the paramedic and associate workforce in achieving quality patient outcomes, fit for now and for the future

- To support **translation of clinical requirements** into functional and deliverable operating models

- To provide a **connection** between our clinical 'frontline' and the Board

UK Chief Paramedic Functions

- Quality and clinical governance, patient safety
- Quality regulation & compliance
- Education & learning
- Paramedic practice & practice development
- Clinical supervision
- Specialist practice areas, e.g. EoLC, mental health, safeguarding, health inequalities, frequent callers
- Clinical strategy and clinical standards
- Professional & driving standards
- Enhanced and advanced practice
- Operational delivery, inc. core 'frontline' and call centre-based operations
- Quality improvement, research, innovation and audit

Saving Lives, Serving Our Communities

SECAmb Clinical Triumvirate

	Chief Medical Officer	**Chief Paramedic Officer**	**Chief Nursing Officer**

Accountabilities

Clinical Practice	Medicine	Paramedicine	Nursing
Functions (not exhaustive)	*Controlled Drugs* *Medicines Management* *Clinical Safety (Standards)* *Midwifery* *Research*	*Education & education quality* *Organisational learning & development* *Enhanced and advanced paramedic practice* *Clinical supervision* *Professional standards*	*Safeguarding* *Clinical Audit (Evaluation)* *Patient experience (Evaluation)* *Public Health* *Incident management*

Saving Lives, Serving Our Communities

SECAmb Chief Paramedic Functions

At SECAmb the role of the Chief Paramedic is to ensure that everyone in our clinical workforce provide care which is **safe**, **effective** and provided with a good **experience** for patients by:

○ Ensuring the **competence** of our clinicians by the provision of **supervision** and by translating audit and feedback into learning

○ Ensuring we provide **high-quality education, training and development** which meets the needs of our patients and staff

○ Ensuring that the **scopes of practice** of our clinicians keeps pace with service needs

○ Providing the infrastructure necessary to ensure we maintain **high standards of conduct, performance and ethics** and are able to act effectively when things go wrong, and learn from when they go well

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What does SECAmb need from me?

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- **Clinical leadership** which is grounded in practice in the clinical services we deliver to our patients across Kent, Surrey and Sussex, for our multi-disciplinary clinical workforce

- Advocate for **high standards of care** and the **golden thread of quality**, ensuring that we do not permit poor or harmful practice to affect our patients, their families and carers, or our staff

- Represent the **paramedic voice** in strategic decisions, recognising that 'those who do the work, improve the work'.

- **Influence health policy and integration with the wider healthcare system**, to ensure that SECAmb is recognised as a provider of urgent and emergency care (UEC) and a key provider in the UEC system

- Drive the **professional development** of the workforce, ensuring that clinicians are able to work to the best of their professional capabilities and keep pace with patients' needs

- To bring **fresh eyes**, challenge convention and question the received wisdom

- To **scope and deliver** a foundational programme of work over the next **3-5 years** to realise improvements in five key areas, working in collaboration with clinical, operational and corporate leaders and teams across the Trust

Focus areas over the next three to five years

- Growing our **Clinical** & **Professional Leadership**

- Maturing and embedding **professional standards**

- Becoming a **Learning Health System**

- Optimising **Education** and **Development**

- Developing **clinical** and **professional career structures** and **scopes of practice**

South East Coast Ambulance Service

Growing our **Clinical** & **Professional Leadership**

- I propose the appointment of a **Deputy Chief Paramedic Officer** to support developing our **learning systems** and to provide **senior clinical leadership** to our paramedic and non-paramedic workforce as part of a rich **clinical career structure**

- To support our clinical teams, we will complete and embed new **divisional clinical leadership** structures beginning with the **paramedical leadership** structures in field operations, and review and refresh the clinical leadership model at the sub-divisional levels including the development of clinical fellowships.

- Clinical leadership will be **multidisciplinary** and responsive to the needs of our patients and our staff

Maturing and embedding **professional standards**

- To support our clinicians to uphold the highest standards of conduct, performance and ethics we will refresh our professional standards function, and establish a **Professional Standards Group** to provide governance oversight of professional standards for all our clinical professions, decision panels and regulatory body referrals and to ensure that themes and trends are captured and referred for action

- To assist our managers to support good professional standards and a just culture we will design and deliver professional standards training to Trust managers, focusing on **professional regulation**

Becoming a **Learning Health System**

A learning health system is[1]:

+ Team, provider or group of providers

+ Systematic approach

+ Community of stakeholders

+ Learning from routine data

+ Improving as a result

+ Business as usual

Optimising **Education** and **Development**

- To ensure continuous improvement of our education and development services we will develop a cohesive education **quality management system** and use this to inform and develop a multi-year and multi-disciplinary Trust Clinical and Leadership Education Strategy which is coproduced with staff and service users

- To ensure that our education services are the best they can be, we will develop a refreshed and **integrated Trust education, training and development department**, bringing education delivery functions across the Trust together

Developing **clinical** and **professional career structures** and **scopes of practice**

- To guide the development of clinical career pathways which meet the needs of our patients and staff, we will establish a **professional practice and career council** to steer this work

- We will undertake a gap analysis of the requirements of the Trust strategy and Models of Care against our current workforce **capabilities**, review and reduce unwarranted variation in **clinical scopes of practice**

- Following this, we will produce a clear roadmap for the development of our multidisciplinary **clinical career structure** which is flexible and meets the needs of our patients and of our diverse workforce, beginning with paramedicine

3 priority areas & commitments for year one

	Professional Standards	**Education & Development**	**Professional Careers**
Q1	Establish Professional Standards Group & redesign function policy and procedure		Appoint a Deputy Chief Paramedic Officer
Q2		Approve a multi-year Clinical Leadership and Education Strategy and complete a refresh our Trust-wide education function	
Q3			
Q4			Launch coproduced paramedical career structure

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The Board is asked to support:

+ Approval of the principles, priorities and commitments outlined in this paper

+ Resources
- Investment will be needed to establish new roles, infrastructure and development opportunities
- Existing resource will be reviewed to identify opportunities for efficiencies, improved financial control, and re-investment of current funding to ensure best value for money
- Support will be required to support organizational change, for example HR, programme and change management

+ Data, digital and analytics
- The development of a learning health system will require medium to long-term input of data analytics to develop the data flows and analysis needed, this will need to be scoped
- The development of management systems and blended learning will benefit from digital enablement in terms of systems and software

+ Teamwork
- Effective working across different departments will be essential to deliver changes which affect multiple directorates
- This foundational work will include changes to how work is organized and delivered which may require organizational development which will require the investment and support of leaders across the Trust, and in particular Board members

Agenda No	94-24

Name of meeting	Trust Board
Date	7 February 2025
Name of paper	People Committee Assurance Report – 30 January 2025
Author	Subo Shanmuganathan Independent Non-Executive Director – Committee Chair

INTRODUCTION

The People Committee is guided by a cycle of business that algins with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 30 January 2025 and is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

At this meeting the primary focus was on the Risk Register, Risk 540: Historical Pay Issues Update (ECSW/TAAPs), HR Improvement Plan, Unscheduled Care Navigation Hubs review in the light of the Virtual Care programme, Equality Diversity and Inclusion (EDI) Plan, and initial Staff Survey results.

ASSURE

Risk Register: Overview of HR Risks
This is part of a new broader piece of alignment work to present to all committees. The report shows all People risks in the broadest definition and the committee was asked to confirm if this met their assurance. This is a good way to move forward and creates a better routine around reviewing risks and developing the whole executive and leadership team, avoiding silo work.

BAF Risk 540: Historical Pay Issues Update (ECSW/TAAPs)
ECSW/TAAPs have now been re-banded to Band 4 from 3 and paid back to January 2024. This this will close 9 grievances. The underlying issue has now been resolved and they have set in place the correct way to use AfC, which will take effect from February 2025.

There is a package of historical pay issues being worked through for ECSW/TAAPs and Section 2 USH payments which we hope to resolve by April 2025. Section 2 was not written with the Ambulance Service in

mind and is not an easy calculation to make so mistakes were made. We don't have the costs yet as negotiations are yet to take place with the Trade Unions on how far we go back for repayment. Section 2 USH grievances are multiple, both individual and group. Total of 31 grievances are live on both these issues, so resolution will reduce this and take the pressure off the ER team.

The committee felt that this is a good example of partnership working. Many of the issues were pre-empted and the executive is in regular discussion with the TUs about the remining back pay.

Staff Survey: Initial results update
The response rate was the highest ever, so the different approach taken has been successful. Credibility on results, which are mostly green. We are yet to receive the national benchmarking or free text comments. The people promise scores are positive. Once the full report is available after 8 March, it will come to the next meeting, but the initial findings are being shared with managers to start to develop their plans.

ALERT

Equality Diversity & Inclusion
The EDI Manager has developed a single action plan aligned with AACE. Some of the data is highlighting areas of concern. There is a Board development session on 6 March to shape this and ensure focus on a smaller number of priorities for delivery in 2025/26.

Trade Union BAF Risk
Four meetings with the Trade Unions have been held so far, resulting in an agreement for the new JPF ToRs which will align to the new divisional model. We hope this will prove to be a significant change. We are still discussing the approval route of policies to reduce all going to JPF. The new ToRs are due to be formally accepted at the next meeting on 10.2.25. The recognition agreement, which is negotiated with the Full Time Officers of each Union, will then be reviewed.

In terms of progression, important work has taken place, but challenges remain.

HR Improvement Plan
Workshops have taken place with the HR team to debate on the operating model. A hybrid model was decided on and developed over Christmas. Phase 1 will be to strengthen the Employee Relations area and phase 2 will address Recruitment and Service Centre. Design principles are being embedded into other corporate areas and there is a session on 7 February to design a collaborative approach to implement.

ER training has commenced with the HR team to increase capability and consistency, with good feedback. Train the trainer is underway. Management training started on 29.1.25.

ADVISE

Unscheduled Care Navigation Hubs
An interim report was considered ahead of the formal evaluation in April. There is limited staff and patient experience data currently and this will now be gathered in a more structured format. Staff training is

2

delivered well by EOC but needs to substantiated better to ensure it is fully integrated into our governance. Frustration for staff is where there are deficits to get patient to the right clinical care, so collaboration with staff is very valuable.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle
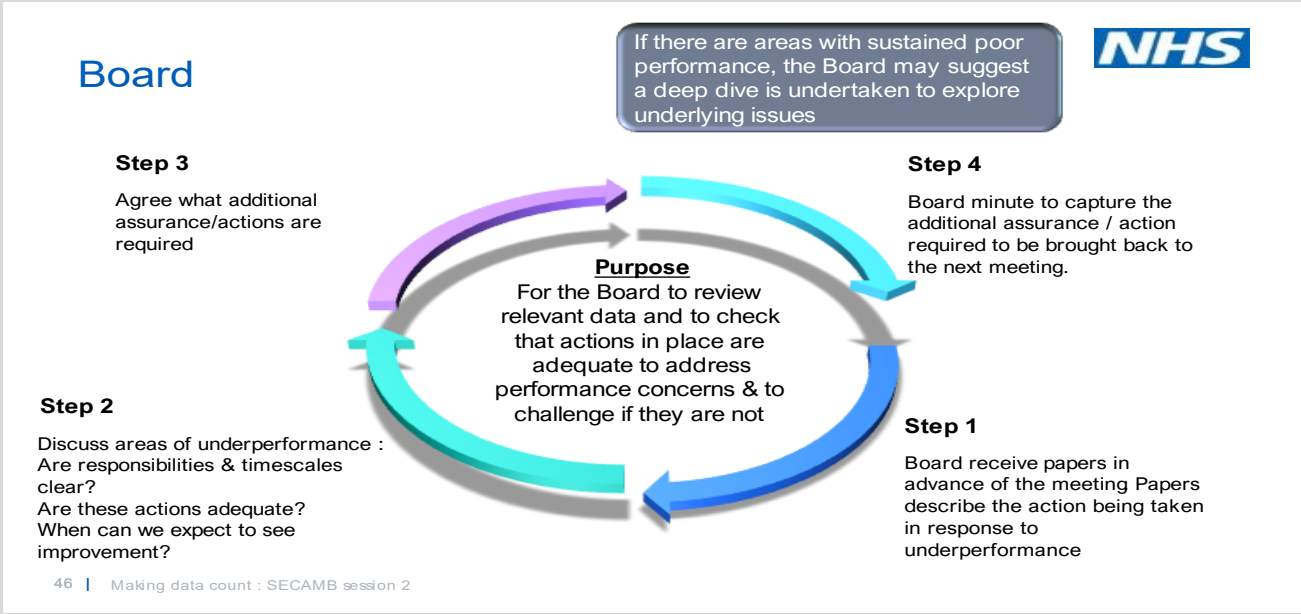
Board Assurance Framework

February 2025
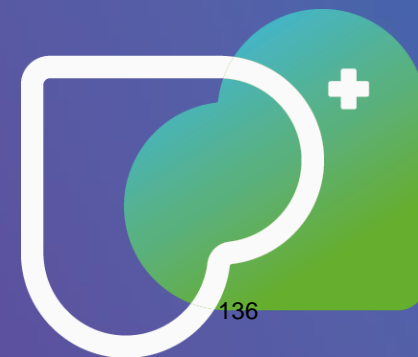
Our People Enjoy Working at SECAmb

Our People enjoy working at SECAmb Executive Summary

- The 4 in-year priorities within the HR Improvement Plan were agreed, and the project plans for each stream is underway. Engagement is underway for the Operating model with final options due to be shared in January; work has commenced on addressing the backlog of legacy ER cases and a dashboard to support monitoring and reporting is now available; ER training for managers is scheduled for January; and the Joint Partnership Forum has met twice to develop terms of reference for re-establishing a joint committee.

- The Trust MARS scheme was closed in November. 28 applications were approved and Agreements are now being finalised.

- Work has progressed on the next stages of developing and implementing the regional divisional operating model. This will begin with the appointment of three Divisional Quality Leads in November 2024, and three Divisional Directors by FY24/25 end.

- The implementation of clinical supervision continues, following a successful pilot at the Guildford Operating Unit. Training for supervisors has commenced, using the NHS Core Supervision modules, and will continue into the next quarter. We are on track to have 80% of frontline staff engaged in a supervisory relationship by end of the financial year.

Our people enjoy working at SECAmb

2024-2029 Strategy Outcomes

- ❑ Career development opportunities for all staff across the Trust – 70% staff surveyed agree
- ❑ Our staff recommend SECAmb as place to work – over 60% staff surveyed agree
- ❑ Staff turnover reduced to 10%
- ❑ Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators

2024/25 – Strategic Transformation Plan – Phase 1

- ❑ Restructure
  - • Implement new senior leadership structure **by Q2**
  - • Define the operating model for Ops Directorate – structure under exec / regional model **by Q3**

- ❑ Definition of workforce plan from 2025
  - • Scope to be developed by Q3 following the development of our Clinical Models of Care

- ❑ HR Improvement Plan
  - • Deliver HR Improvement Plan to increase capacity & capability by Q4
  - • Improve response to ER casework and reduce backlog by Q4
  - • Agreed cohorts of managers trained in ER by Q4
  - • Improved relationships with Trade Unions

2024/25 Outcomes

- ❑ Improve retention **to 15% by April 25**
- ❑ Improve staff reporting they feel safer in speaking up – **NQPS and Staff Survey**
- ❑ Improve staff recommending SECAmb as a place to work **(23/24 survey)**
- ❑ Over 85% of staff have an annual appraisal **by Q4**
- ❑ Over 85% of identified managers have completed or commenced their leadership development program **by Q4**

2024/25 – Operating Plan

- ❑ Deliver 24/25 education, training and development plan **(quarterly)**
- ❑ 80% rollout clinical supervision **by Q1 25/26**
- ❑ Deliver workforce plan, including sickness, retention and recruitment trajectories – **continuous monthly monitoring**
- ❑ Deliver 1 People QI priority (EOC Clinical Audit process) **by Q4**

Compliance

- ❑ Delivery of EDI Plan - WRES/DES
- ❑ Meet our Sexual Safety Charter commitments
- ❑ Meet our HSE obligations
- ❑ Delivery of Improvement in the FTSU Plan – measured by a reduction in anonymous reporting and perceived detriment

BAF Risks

- ❑ **Culture and Staff welfare:** There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy without continued effective trade union engagement.
- ❑ **Staff Morale:** There is a risk that the failure to correct the historic pay issues (in relation to ECSW, TAAPs pay and section 2) could have a significant impact on morale.
- ❑ **Human Resources Function:** There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.

Our people enjoy working at SECAmb

2024/25 – Strategic Transformation Plan – Phase 1

Programme	Milestone	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Divisional Leadership Restructure	Appoint required Executive Directors & Director of Governance	Q2	Complete	Eileen Sanderson	EMB	No	CEO	People
	Define the new 'divisional' operating model for the Operations Directorate	Q3	Complete	*PM resource requirement under review (Jan 2025)*	EMB	Yes	Chief operating officer	Finance & Investment
	Appoint & onboard 3 Divisional Directors	Q4	Q4				CEO	People
	Define the scope and delivery plan for next phase of regional operating model delivery (Phase 2+ : FY25/26)	Q4	Q4				Chief operating officer	Finance & Investment
HR Improvement Plan	**HR Operating Model** | Defining service and Phase 1 HR structures	Q4	Q4 – TBC after 07 Feb	Roxana Oldershaw	EMB	Yes	Chief of People	People
	ER Casework | Improve response to ER casework and reduce backlog	Quarterly	Quarterly – continue in 25-26					
	ER Training | Managers trained to lead with confidence (planned training delivered to HR Team and Managers)	Q4	On track for Q4					
	Partnerships | Effective partnership working with TU (JNCC implementation)	Q4	On track for Q4					
Workforce Plan from 2025	*This deliverable is included in the 3-year business plan detailed delivery plan*	Q3	Q3	Jo Turl	EMB	Yes	Chief of People	People

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Programme Manager	EMB / SMG	PMO	Oversight Committee	Date last reviewed at Committee
Deliver 24/25 education, training and development plan		🟨	⬜	Tara Burn	SMG	No	People Committee	Due 30.01.2025
80% rollout clinical supervision		🟨	🟩	Andy Collen	SMG	No	QPSC	Due 17.10.2024
Deliver workforce plan including sickness, retention and recruitment trajectories		🟨	🟨	n/a	SMG	No	People Committee	12.09.2024
Deliver 1 People QI priority	EOC Clinical Audit Process	🟨	N/A	Amy Igweonu	SMG	No	QPSC	Commenced Jan 2025

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Culture & Staff Welfare: There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy without continued effective trade union engagement.	16	08	HR &OD
Staff Morale: There is a risk that the failure to correct the historic pay issues (in relation to ECSW, TAAPs pay and section 2) could have a significant impact on morale.	09	04	CFO
Human Resources Function: There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.	20	08	HR & OD

Board Highlight Report – Divisional Operating Model Programme

SRO/Delivery Lead

Jen Allan (COO)

Complete
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestone

Programme formalisation:
- 21 Nov – Programme Board steering group formally established

Phase 1 (Divisional Director Restructure & Appointment):
- Consultation concluded for 3x Divisional Director posts

Phase 2 (Divisional Operating Model and Structure):
- 7 Jan - Programme engagement pack socialised at Teams A/B away day

Upcoming activities and milestones

Phase 1 (Divisional Director Restructure & Appointment):
- Appointment process in progress for 3x Divisional Director posts

Phase 2 (Divisional Operating Model and Structure):
- Finalise programme scoping & definition (programme mandate for sign-off and integrated project and engagement plan for baselining).
- Strategy aligned design principles for the divisional operating model to be socialised with EMB in January
- Develop & implement phased engagement plan, tailored to range of impacted groups (frontline staff, internal management, external partners)
- Identify key elements of the operating model for exploration to inform series of co-design sessions with relevant stakeholders

Escalation to Board of Directors
- N/A

Previous RAG	Current RAG	RAG Summary
(Green)	(Amber)	Phase 1 Restructure (BAU) remains on track. Phase 2 (Divisional Model) steering groups well underway. Amber status acknowledges that the programme scope and resourcing is not yet defined or confirmed.

Risks & Issues:

Risks & Issues	Score	Mitigation
Issue: It has been identified that SECAmb lacks sufficient capacity and expertise in critical areas like HR and change management, risking the quality of execution across the divisional operating model.	12 → 12	Programme resource requirements with SRO and PMO for review and funding prioritisation.
Issue: Difficulty of identifying and managing varying perceptions of the divisional model. Overall impression that design has progressed significantly without input or involvement of impacted staff.	9 → 9	Formalise transparent engagement process for the design and development of the divisional model, starting with pre-engagement activity.
Risk: The individuals essential to delivering the change and those most impacted by its execution are also crucial for providing critical services. If not carefully managed, the programme could strain BAU staffing and disrupt service delivery.	N/A → 15	The COO, as SRO, is well-placed with the SLT to ensure service changes are operationally safe, while a dedicated change manager would help minimise impacts on frontline staff.

Q1 (Apr-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
Executive Director appointments completed (COO & CPO)	Identification and appointment of leads for individual work packages	Phase 1 (FY24/25): 3x Divisional Directors restructure consultation completed and outcome published	Phase 1 (FY24/25): 3x Divisional Directors appointment completed
	Governance structure agreed and full resource plan appointed to oversee the Programme of works (FY24/25)	Complete programme definition ('mandate') for Phase 2 and draft integrated plan (including FY24/25 and FY25/26+)	Programme engagement pack socialised at Teams A/B away day
			Phase 2 FY25/26 fully integrated and costed programme plan approved for funding and implementation

Board Highlight Report – HR Improvement Plan

SRO / Executive Lead: Sarah Wainwright

| Complete |
| On Track |
| At Risk |
| Delayed |

Progress Report Against Milestones

Key achievements against milestones
- **Operating Model** – review meetings and engagement complete
- **Executive Lean-In Plan review** - Wellbeing team transitioned to Q&N from 01 Jan 25; L&D Team on track for "lift and shift" into CPO structure from Feb
- **Interim Assistant Directors** in post since 01 Jan, transition meetings underway
- **ToR updated following four rounds of feedback** - further amendments for sign off at JPF in February
- **ER Training delivered** as planned, with positive feedback from HR & Ops attendees:
  - **Open grievances triaging** workshop – 06 & 10 Dec, with monthly review meetings to monitor progress scheduled for 28/29 Jan, 27/28 Feb & 17/18 Mar
  - **CPD Training** – 10 Dec
  - **Evaluate ER, Refresh, Rebuild, Excel** – 14 & 15 Jan
  - **Train The Trainer** – 20 Jan

Upcoming activities and milestones
- **Business Case approval** delayed to 07 Feb, potentially impacting programme consultation period
- **ER Manager Training** on track for delivery w/c 27 Jan & 03 Feb
- **Specialist Investigations training (Sexual Safety)** dates confirmed for HR staff – 27 Jan and Investigators & Commissioning Managers – 06 Feb, 12 Feb & 28 Mar
- **JPF new governance implementation**, including adoption of new committee name - JNCC to start from Mar 24, following formal sign off of ToRs in Feb (delay as ToRs not signed off in Dec)
- Facilitate appointment of **SECAmb & Trade Union Mediation** service provider
- Undertake **review of HR Improvement Plan (Phase 1)** – Lessons Learned and ROI

Escalation to Board of Directors:
- None

Previous RAG	Current RAG	RAG Summary
		• Consultation launch continues to be at risk of being delayed due to Business Case submission moved from 18 Jan to 07 Feb • JPF activities slipped due to further review meetings and change requests

Risks & Issues	Score	Mitigation/Notes
Issue: There is an issue that the Phase 1 Operating Model consultation period's launch is being delayed as a result of agreed decision to undertake corporate restructure together. The new launch date is yet to be confirmed. This delay and uncertainty could lead to a loss of productivity and motivation within the HR directorate.	12 → 9	• Appoint CSU for streamlined support in corporate change, with no conflict of interest • Take actions to reduce future delays (match JDs, prepare consultation schedule, engagement strategy, and timeline) • Continue HR engagement through bulletins, comms surveys etc. • Ensure stability through senior leadership appointments • Review fixed term contracts with a view of extending them where required

| Q1 | Q2 | Q3 | Oct 24 | Q3 | Nov 24 | Q3 | Dec 24 | Q4 | Jan 25 | Q4 | Feb 25 | Q4 | Mar 25 |

Q3 | Oct 24
- Executive Lean-In Plan approved
- Transitional Plan approved
- Complex and legacy cases allocated to external providers
- Steering Group in place and ToR agreed
- Training cohorts identified & abstraction plan agreed with Ops
- Quarterly Action Learning Sets Plan developed
- JPF ToR drafted

Q3 | Nov 24
- Exec Lean-in Plan implemented
- MARS complete
- ER KPIs confirmed
- ER Dashboard V1.0 released
- Training KPIs agreed with HH
- Training scope socialised with TUs
- Grievance Triage Process approved

Q3 | Dec 24
- Operating Model Engagement meetings
- CPD Training delivered
- Grievance Workshops
- JPF T&F ToR sign off

Q4 | Jan 25
- Operating Model Business Case approved
- HR JD evaluation complete
- Executive Lean-In Plan Review
- Interim Associate Directors in post
- Manager Training
- Train the Trainer
- ER System upgrades
- ToR approved by JPF

Q4 | Feb 25
- Consultation Launch
- Deputy Director in post
- Specialist Investigations Training
- ER Training
- ER Dashboard V2.0 released

Q4 | Mar 25
- Consultation Closing Date
- Mediation Official Launch
- JNCC implementation

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Board Highlight Report – Nexus House Re-Design

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

Key achievements against milestone
- Budget and floorplans fully approved by Steering group
- Key requirements categorised by Steering Group
- Change Impact Assessments are near completion - EOC, 111 and Corporate Teams
- Intranet page for programme commencement and regular updates and F&Q section completed
- Communication and engagement plan signed off incl, first Key Stakeholder Communication sent 23/01
- Hybrid Working model separated from Nexus House programme and now managed as a standalone working group
- Integration with Trust OD team to support staff critical behaviors in blending 111 and 999 personal

Upcoming activities and milestones
- GO Live of Intranet Site, Chief's Message & Continued Stakeholder Communications
- Completion of Change Impact Assessment for the "As Is" and "To Be" Modelling
- Sign off of LIVE environment building phasing for integrated contact centre
- Introduction of Change Champions, Floor Reps & Design Groups and run drop in sessions for all staff
- Tender release for full Design & Build contract inc. M&E, Furniture & Digital (utilising incumbent suppliers)
- Tender Evaluation (In-House Panel Review)
- Development of detailed activity plan for each programme workstreams
  - Design & Build
  - Digital
  - Procurement
  - HSS & IPC
  - Estates
  - EPRR
  - Change

Escalation to Board of Directors
- None

Previous RAG	Current RAG	RAG Summary
		Potential programme delay due to late approvals and alterations to drawings, to be managed across the work programme in 25/26. Licence To Alter (LTA) will progress in parallel to tender to prevent further delays.

Risks & Issues:	Score	Mitigation
Risk: Temporary loss of critical service (999 EOC)	9 → 9	• Ensure appointed contractor receives comprehensive onboarding before any works commence on site, including all site activities, procedures and policies to be followed • Schedule around critical dates • Ensure all contractor RAMS are submitted, reviewed and approved before commencement • Ensure all failover systems and critical support teams are briefed and available on call throughout the construction programme • Ensure regular communications and planning between contractors, operations and IT support teams
Risk: Project budget limiting the ability to deliver all required features	9 → 9	• Review requirements in accordance with business need & available budget • Investigate opportunity for value engineering, through concept designs to reduce overall costs
Risk: Risk of programme delays due to delays in decision making and availability of key decision makers to attend meetings	9 → 9	• Key stakeholders to the programme, with delays/lack of attendance to meetings escalated quickly • Overall Trust change fatigue • Comprehensive communication & engagement plans developed

Q1 (Apr-June 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)

Q2 (Jul-Sep 24)
- ◆ Programme Manager recruited
- Ridge appointed as professional advisors ◆
- ◆ Change Manager recruited

Q3 (Oct-Dec 24)
- ◆ Programme Governance set up
- Trust wide comms and intranet site completed ◆
- Key requirements categorised by Steering Group ◆
- Communication and engagement plan signed off ◆
- Floorplan designs and costs signed off ◆

Q4 (Jan-Mar 25)
- M&E design freeze ◆
- Change Impact Assessments ◆
- LTA approved with landlord ◆
- ◆ Business Readiness Criteria
- ◆ LIVE environment build phases approved
- ◆ Workstreams plans signed off
- ◆ D&B Tender issued
- 143 D&B tender closed for evaluation ◆

BAF Risk 539 – Culture and Staff Welfare

There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy without continued effective trade union engagement.

Controls, assurance and gaps

Controls: JPF meetings re-established. Programme to define the future work programme of JPF. Working in partnership with union colleagues into internal improvement programmes (e.g. employment relations, fair recruitment). Successful partnership working such as the agreement on the re-banding of ECSWs / TAAPs. Work in partnership to improve the approach to employee relations (ER) , which forms part of the wider HR plan to develop a proposal for training co-design and delivery of some sessions with Trade Unions in ER training. Additional HR support for complex case resolution.

Gaps in control: Inconsistencies in approach to ER casework within HR function which is impacting Trade Union relationships. Training for managers in key people-related policies. Updated Terms of Reference for JPF required.

Positive sources of assurance: Positive engagement with TU colleagues around ECSWs, TAAPs rebanding, Section 2 resolution and updating JPF Terms of Reference (ToRs) . Improvement in the management of polices with more best practice examples co-developed with TUs and fewer out of date. Active involvement of TUs in communications through "Big Conversations."

Negative sources of assurance: Grant Reviews (2022 and 2023) and Hunter Healthcare diagnostics report (2024) both identified risks in relation to SECAmb's management of ER cases. The number of formal cases remains high and appears to have increased, and the root causes have not yet been resolved.

Gaps in assurance: We have yet to agree a joint-forward workplan with Union colleagues.

Accountable Director	Human Resources and Organisational Development
Committee	People Committee
Initial risk score	Consequence 4 X Likelihood 4 = 16
Current Risk Score	Consequence 4 X Likelihood 4 = 16
Target risk score	Consequence 4 X Likelihood 2 = 08
Risk treatment	Treat
Target date	Q4 2025/26

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Agree revised ToR for JPF, including a joint workplan.	HR & OD	Q4 2024	Approval milestone for ToR and workplan February 2025.
HR improvement Plan – year one delivery	HR & OD	Q4 2024/25	Board sign off Oct 24. First phase of delivery (year 1) due by April 2025.
Specialist sexual misconduct investigation support	HR & OD	Q4 2024/25	Support scoped. Sexual misconduct investigation training commencing Q4 2025.
Delivery of management ER training	HR &OD	Q1 2025	Delivery scheduled to begin Jan 2025 for ER team and managers.
Mediation between TUs and SECAmb management	HR & OD	Q4 2024/25	Scoping work with TUs has commenced.

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BAF Risk 540 – Staff Morale

There is a risk that the failure to correct the historic pay issues (in relation to ECSW, TAAPs pay and section 2) could have a significant impact on morale.

Controls, assurance and gaps

Controls: ECSW re-banding has taken place for 24/25 –paid in October and backdated to Jan 24. TAAPs rebanding complete and pay backdated to Jan 24. Financial estimates established in 23/24 and a provision has been made for the 24/25 budget, which provided the parameters for the review work to happen. In October 24, EMB approved funding for resources for next phase of work. Employment of an experienced consultant to support this programme of work. There is evidence of positive working with Trade Unions through the working group and a strong partnership framework to allow constructive and honest working to resolve historical issues.

Gaps in control: Further analytical work to verify impact around section 2, but otherwise work on financial impact nearing completion. Clear and agreed process for rectification of past error including any time limitations. Revised Partnership Framework for Trade Union engagement.

Positive sources of assurance: Board and EMB sighted on the issues underlying the risk. Working group established and reporting to JPF around implementation of approach.

Negative sources of assurance: none yet identified.

Gaps in assurance: Rectification programme underway but further clarity needed on costs and timescales for aspects of work. Not all elements of the programme may be completed in 2024/25.

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 3 = 15**
Current Risk Score	**Consequence 3 X Likelihood 3 = 9**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Funding estimates will be confirmed	CFO	Completed	
TAAPs contracts	CFO	Q4 2024/25	Options paper approved at EMB 14 November. Recommended outcome due Q4.

Risk 603 – Human Resources Function

There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.

Controls, assurance and gaps

Accountable Director	**Human Resources and Organisational Development**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 5 = 20**
Current Risk Score	**Consequence 4 X Likelihood 5 = 20**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls: There is a Board agreed HR improvement plan in place. Transitional resource plan agreed at EMB October 2024 and is providing capacity and capability through the transition. Project Management expertise from external consultants in place to support strategic delivery and implementation of Project Management Office. £300k budget for external consultancy focussed on improvements to Employee Relations (ER) training, investigations and complex casework. HR Business Partners have received additional training in relation to all aspects of HR and ER which they will roll out across the organisation. "Lean in" plan to provide Executive support from other Directorates to HR function. Phasing of organisational changes requiring HR input (e.g.: restructure). Agreed plan in place for strategic delivery.

Gaps in control: HR improvement plan mid-delivery. There is a two-phase restructure of the function planned which is in the early stages of delivery (i.e.: structure review has commenced.) Staff turnover at a senior level and ongoing uncertainty due to the restructure has potential to impact productivity and reduce capacity to support organisational change.

Positive sources of assurance: Board agreement of HR improvement plan, regular review by People Committee and EMB. Improvement Journey steering group reviews data around compliance and quality in relation to this risk. Strategic delivery of Tier One projects closely monitored by EMB to ensure timely delivery; SMG similarly monitors Tier Two projects. Whole Trust restructure planned so that corporate departments are managed concurrently.

Negative sources of assurance: Review by Hunter Healthcare stated that there was a need for immediate improvement in the function and identified some high-risk areas.

Gaps in assurance: None identified

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Engagement of external consultants to increase capacity and resolve HR cases	HR & OD	Q4 2024/25	On track to achieve target of 50% closure of complex cases by end Q4.
HR improvement Plan – year one delivery	HR & OD	Q4 2024/25	On track – completion of year one plan due by end of Q4.
Delivery of management ER training	HR &OD	Q1 2025	Delivery completed for ER team. Roll out for managers from January 2025.

Integrated Quality Report

Trust Board – February 2025

Reporting Period: November & December 2024

Icon Descriptions

	(P)	(?)	(F)	(dashed)
H	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
L	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.
(common)	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H (concern)	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
L (concern)	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.

(up arrow)				Special cause variation where **UP** is neither improvement nor concern.
(down arrow)				Special cause variation where **DOWN** is neither improvement nor concern.
(dashed)				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

Our Objectives for 24/25

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

Our people enjoy working at SECAmb

People

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

PEOPLE

Summary

December 2024	Pass (P)	Hit and Miss (?)	Fail (F)	No Target
Special Cause Improvement (H) (L)		Vacancy Rate %	Number of Staff WTE (Excl bank and agency) Annual Rolling Turnover Rate Grievances Mean Case Length (Days)	Fundamentals Training Completion %
Common Cause	Count of Grievances Closed	Turnover Rate % Individual Grievances Open 999 Frontline Late Finishes/Over-Runs % % of Meal Breaks Taken Freedom to Speak up: Cases Opened in Month Count of Until it Stops Cases Time to Hire - Individual Recruitment (Days) Suspension Closures	Sickness Absence % Appraisals Rolling Year % Current licence details held for Operational Staff % Until it Stops Average Case Length Time to Hire - Volume (Days) Number of Wellbeing Hub Referrals	% of Meal Breaks Outside of Window Freedom to Speak Up: Total Open Cases
Special Cause Concern (H) (L)		Mean Suspension Duration (Days) Active Suspensions		Average Late Finish/Over-Run Time

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PEOPLE

Overview (1 of 2)

Variation Icon Summary

Category	% of Metrics
Common Cause	73%
Concern (High)	9%
Concern (Low)	0%
Improvement (High)	9%
Improvement (Low)	9%
Neither (High)	0%
Neither (Low)	0%

Assurance Icon Summary

Category	% of Metrics
Hit or Miss	58%
Fail	38%
Pass	4%
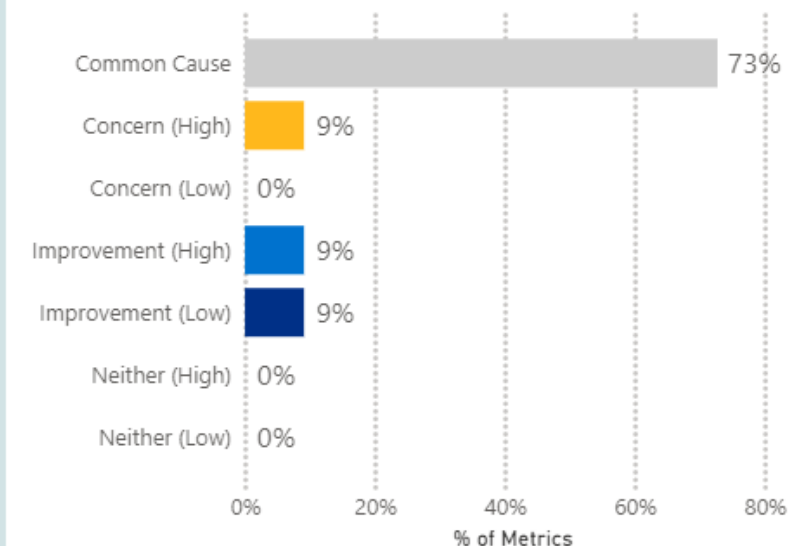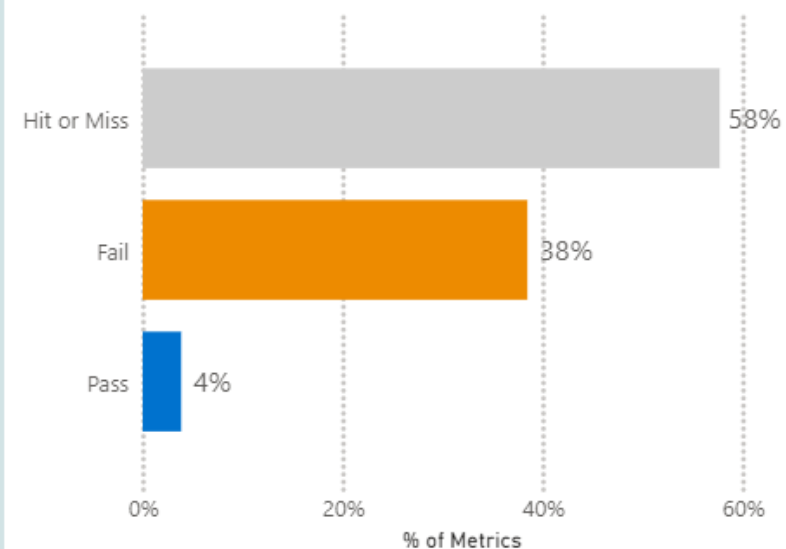
Workforce

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Staff WTE (Excl bank and agency)	People & Culture	Dec-2024	4604.28	4608.67	4280.72	4380.38	4480.04		
Vacancy Rate %	People & Culture	Dec-2024	0.1%	5%	0.09%	3.04%	5.99%		
Turnover Rate %	People & Culture	Dec-2024	1%	0.8%	0.58%	1.27%	1.95%		
Annual Rolling Turnover Rate	People & Culture	Dec-2024	15.5%	15%	16.45%	17.47%	18.49%		
Sickness Absence %	People & Culture	Dec-2024	7.7%	5%	5.42%	6.75%	8.08%		
DBS Compliance %	People & Culture	Dec-2024	100%	90%	88.37%	96.71%	105.05%		
Current licence details held for Operational Staff %	People & Culture	Nov-2024	99.3%	100%	96.9%	98.39%	99.88%		
Time to Hire - Volume (Days)	People & Culture	Dec-2024	81	60	63.08	150.3	237.52		
Time to Hire - Individual Recruitment (Days)	People & Culture	Dec-2024	58	60	42.73	72.55	102.37		

Employee Development

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Appraisals Rolling Year %	People & Culture	Dec-2024	60.9%	85%	54.85%	60.65%	66.45%		

Employee Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Late Finishes/Over-Runs %	People & Culture	Dec-2024	45.6%	45%	40.2%	44.68%	49.16%		
Average Late Finish/Over-Run Time	People & Culture	Dec-2024	00:38:00		00:36:29	00:37:36	00:38:43		
% of Meal Breaks Taken	People & Culture	Dec-2024	98.4%	98%	97.44%	98.28%	99.12%		
% of Meal Breaks Outside of Window	People & Culture	Dec-2024	53.9%		-1136.86%	308.3%	1753.46%		

PEOPLE

Overview (2 of 2)

Variation Icon Summary

	% of Metrics
Common Cause	73%
Concern (High)	9%
Concern (Low)	0%
Improvement (High)	9%
Improvement (Low)	9%
Neither (High)	0%
Neither (Low)	0%

Assurance Icon Summary

	% of Metrics
Hit or Miss	58%
Fail	38%
Pass	4%
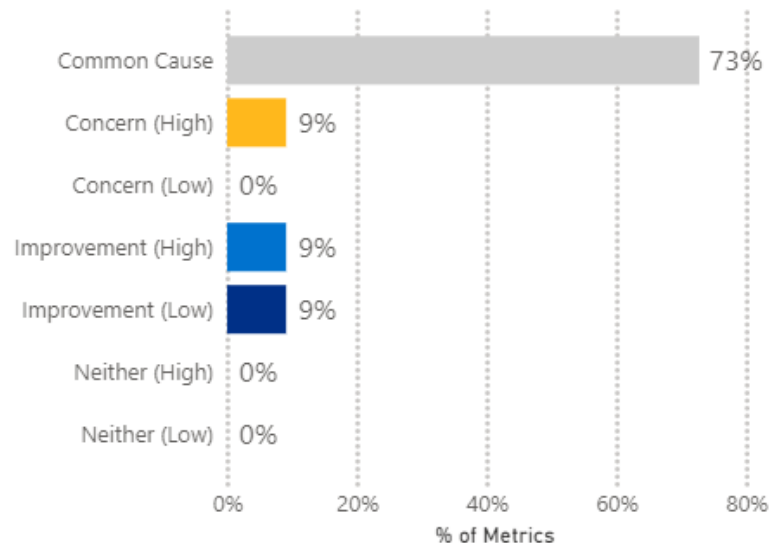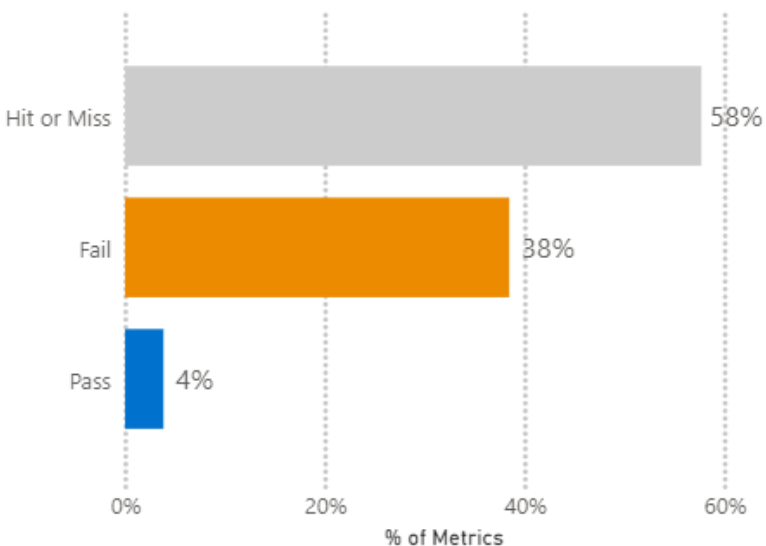
Culture

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Individual Grievances Open	People & Culture	Dec-2024	15	5	4.75	15.25	25.75		
Collective Grievances Open	People & Culture	Dec-2024	2	1	-2.07	1.15	4.37		
Count of Grievances Closed	People & Culture	Dec-2024	18	3	4.29	13.95	23.61		
Grievances Mean Case Length (Days)	People & Culture	Dec-2024	91	93	104.7	144.4	184.1		
Bullying & Harrassment Internal	People & Culture	Dec-2024	4	2	-0.97	1.55	4.07		
Disciplinary Cases	People & Culture	Dec-2024	5	3	-1.45	9.05	19.55		
Freedom to Speak Up: Total Open Cases	People & Culture	Dec-2024	16		3.43	24.85	46.27		
Freedom to Speak up: Cases Opened in Month	People & Culture	Dec-2024	8	3	-6	9.4	24.8		
Freedom to Speak up: Cases Closed in Month	People & Culture	Dec-2024	8		-4.77	12.45	29.67		
Count of Until it Stops Cases	People & Culture	Dec-2024	7	3	-1.77	3.55	8.87		

Health & Wellbeing

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Wellbeing Hub Referrals	People & Culture	Dec-2024	128	86	94.3	127.84	161.39		

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PEOPLE

Workforce (1 of 3)

Number of Staff WTE (Excl bank and agency)
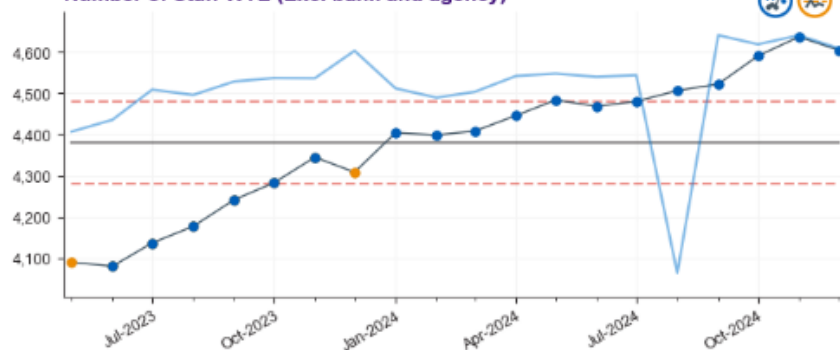
WF-1
Dept: Workforce HR
IP: People & Culture
Latest: 4604.28
Target: 4608.67
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

Vacancy Rate %
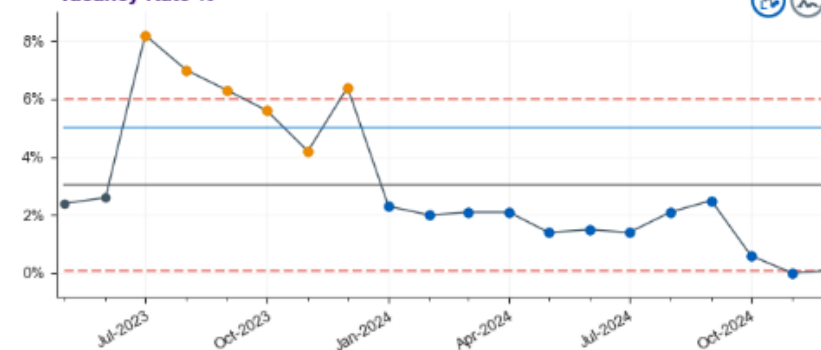
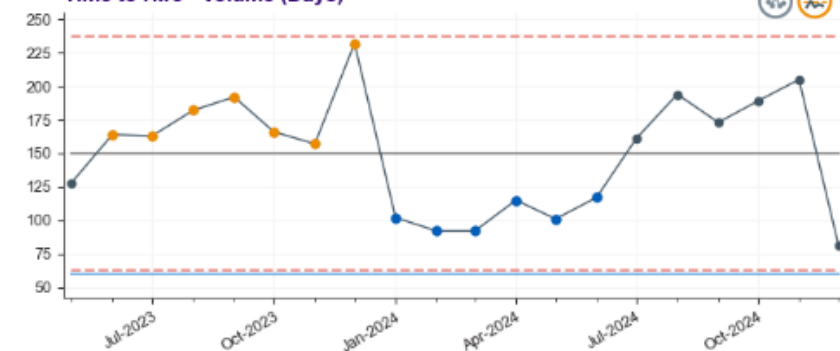| WF-4 |
| --- |
| Dept: Workforce HR |
| IP: People & Culture |
| Latest: 0.1% |
| Target: 5% |
| Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target. |

Time to Hire - Volume (Days)

WF-43
Dept: Workforce HR
IP: People & Culture
Latest: 81
Target: 60
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Time to Hire - Individual Recruitment (Days)

WF-51
Dept: Workforce HR
IP: People & Culture
Latest: 58
Target: 60
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

The vacancy rate reflects the ongoing work to recruit to the workforce plan.

Time to Hire (TTH) for volume recruitment is within common cause variation, and has an expected direction at this time as we conclude the NQP recruitment cycle for this year. This is an anticipated drop and not due to any processes failing* TTH should reduce as cohorts that have been recruited from universities join the Trust and the cycle for this year concludes.

TTH reporting is now available for both working and calendar days. This allows us to benchmark appropriately with other Trusts, as there is an inconsistency with what is used and disparity for comparison. December TTH (working days) for volume was 58*, and individual recruitment was 44.

*Certain cohorts such as NQPs will have no room to reduce the TTH as the campaigns are in line with university end of course dates. Attraction and targeted recruitment of NQPs starts months in advance of hire dates.

What actions are we taking?

The Trust continues to aim to fill courses to capacity and ensure alignment with the trajectories in the workforce plan. The Recruitment Team continue to focus on ensuring vacancies are filled with good quality candidates.

A review of the five stages of recruitment is underway and focus is on;
Enhancing Attraction
Effective Shortlisting
Selection
Pre-Employment Checks
Onboarding

PEOPLE

Workforce (2 of 3)

Turnover Rate %

WF-48	
Dept:	Workforce HR
IP:	People & Culture
Latest:	1%
Target:	0.8%

Common cause variation, no significant change. This process will not consistently hit or miss the target.

Annual Rolling Turnover Rate
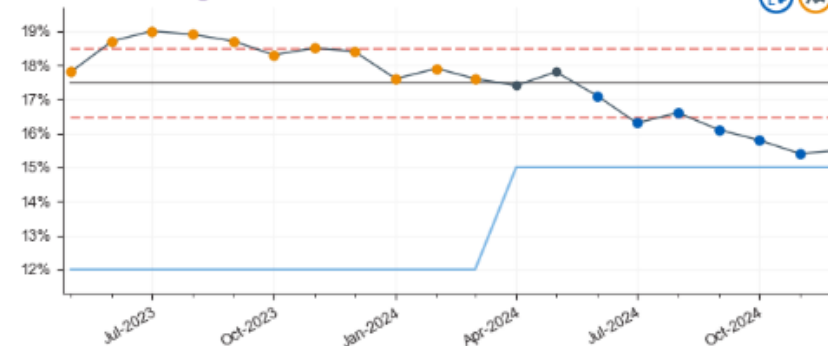
WF-7	
Dept:	Workforce HR
IP:	People & Culture
Latest:	15.5%
Target:	15%

Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Summary:

Turnover currently stands at 15.53% which is our best result for at least the last two years. Overall, turnover rate remains within controls, and the annual rolling rate has an improved position.

EOC has seen their retention initiatives reduce turnover to 42.78% from 50.94% for the same period last year. 111 has seen their retention initiative reduce turnover to 45.15% from 60.09% for the same period last year.

 A reminder that 28 colleagues were accepted under the Trusts Mutually Agreeable Resignation Scheme. These will start to show in figures for January and February 2025.

What actions are we taking?

Of the two long standing terms and conditions issues we reported in the last IQR, we have now rebanded all TAAPs to Band 4 and processed their backdated salaries. We are also in the final stages of presenting our findings on the 11 Section Two (Agenda for Change) pay challenges.

The Trust Strategy Tier 1 projects include activities that have an impact on recruitment and retention, such as the focus on reducing the grievances cases, a workstream within the Human Resources Improvement Plan, and the increase in clinical roles to support the Hubs and PACCS.

The Trust continues to focus on leadership development and culture, both of which are having positive impacts on attrition.

PEOPLE

Workforce (3 of 3)

(999 Frontline)

Actual and Planned Establishment
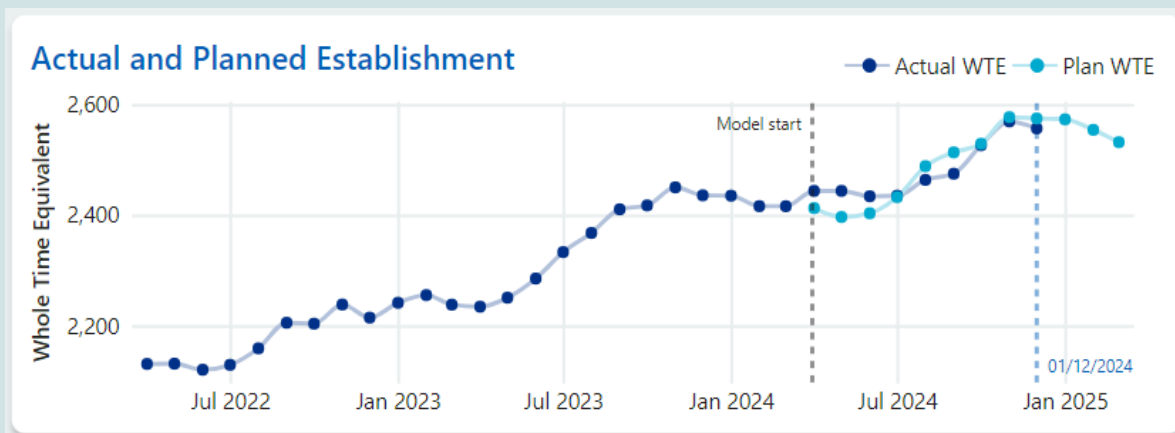
Summary – 999 Frontline
Total budget for field ops is 2407.9 for 2024/25. Decembers' data shows a decrease in WTE against the workforce plan (-17.8WTE). For AAP/Technicians, we saw new starters with 22.15WTE in November and 0.0WTE in December. In November we saw less actual leavers against planned. December more leavers than planned.
For ECSWs, we saw new starters with 1.44WTE in November and 0.0WTE in December. In November we saw less actual leavers against planned. December more leavers than planned.

Mitigating actions – 999 Frontline
The main risk for this financial year is not related to challenges in meeting the workforce plan, but rather that attrition continues to reduce while recruitment continues, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario.

Additional Information
Attrition for field operations is forecast at 9.2% in 24/25 which is a 0.5% reduction on the 23/24 plan. The Trust has also seen positive trends, with attrition rates in field operations consistently falling below plan in 23/24. However, if this trend continues it may result in further over establishment in some areas, creating a financial challenge in an already pressured year. The workforce plans will be revisited quarterly through 24/25, and recruitment plans will be adjusted accordingly if attrition does continue to reduce, in an attempt to correct the financial challenge this will create.

(EOC EMA)

Actual and Planned Establishment

Summary – EOC EMA
EMA establishment in October saw that we are on target with +0.9WTE from plan (+0.3%). November and December saw 31 new starters (against planned of 24), we saw more leavers than planned with 29.26WTE leaving against planned 25.64WTE.

Mitigating actions – EOC EMA
The main risk for this financial year is not related to challenges in meeting the workforce plan, but rather that attrition continues to reduce overall, while recruitment continues, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario.

Additional Information
Attrition is planned at 55.3% across 24/25, representing a 17% reduction on 23/24. However, it is worth noting that 23/24 also factored in an increase in attrition as a result of the Emergency Operations Centre move from Coxheath to Medway, which has now completed and no further attrition is expected as a result of this. Similarly to field operations, EMA attrition also fell below plan by 17%, a potential early indicator that we can expect attrition to fall below plan again for this year.

PEOPLE

Culture (1 of 2)

Freedom to Speak Up: Total Open Cases
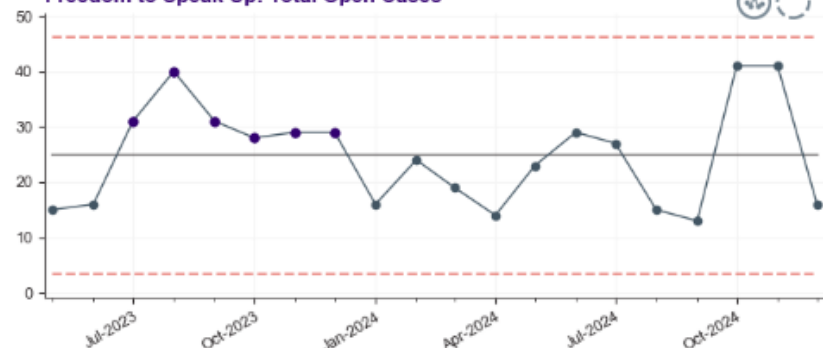
QS-27
Dept: Quality & Safety
IP: People & Culture
Latest: 16

Common cause variation, no significant change.

Individual Grievances Open
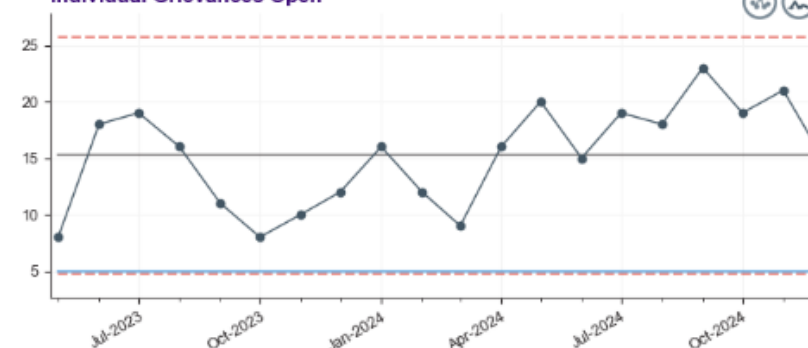
WF-10
Dept: Workforce HR
IP: People & Culture
Latest: 15
Target: 5
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Count of Until it Stops Cases

WF-41
Dept: Workforce HR
IP: People & Culture
Latest: 7
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Count of Grievances Closed

WF-42
Dept: Workforce HR
IP: People & Culture
Latest: 18
Target: 3
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Until it Stops Average Case Length

WF-50
Dept: Workforce HR
IP: People & Culture
Latest: 151
Target: 93
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Grievances Mean Case Length (Days)
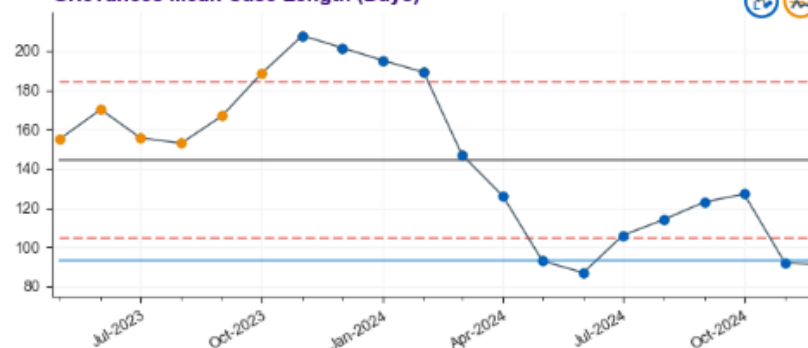
WF-44
Dept: Workforce HR
IP: People & Culture
Latest: 91
Target: 93
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Note: Until it stop cases relate to inappropriate sexualised behaviours

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PEOPLE

Culture (2 of 2)

Summary

Grievances

We have 74 active grievances as at 21-01-25, an increase in 21% since 1st Oct 2024.

FTSU

During November and December 2024, 57 concerns were raised to the FTSU team, reflecting an increase from the 40 concerns raised during the same period in 2023.
Of the 57 concerns raised, 16% were submitted anonymously. This is a slight increase compared to last year, when 10% of concerns were raised anonymously for the same period. As the number of anonymous reports has risen, it remains important to review this, to ensure individuals feel supported in raising concerns openly.
In terms of detriment, 5% of individuals who raised concerns during November and December 2024 reported experiencing detriment as a result of speaking up. This marks a significant improvement compared to the same period last year, where 43% of individuals reported detriment.

What actions are we taking?

Grievances

A Resolution Policy is pending JPF approval . This revised policy supports informal resolutions and further builds on alternative resolution support such as Mediation.
We have commenced a Grievance Triage Process and implementation of weekly grievance panel meetings, which has enabled a closer monitoring and triaging of new grievances
An MDT & Triage working party has been established and Grievance Culture and Employee Harm meeting initiated.
We have implemented monthly case review meetings, led by the Chief People Officer, to 'unblock' issues and monitor progress on case resolution
Increased capacity through external support to address the very complex cases, which will reduce the number of longstanding cases.
Thematic review of most recent cases, to understand any presenting trends to assess opportunities to address current concerns.

FTSU

The FTSU team has identified recent barriers in responding positively to concerns raised, including instances of defensiveness and reluctance to view concerns as true reflections of experiences. These challenges have been escalated to the Executive lead, and we are exploring collaborative learning opportunities, such as organisational development initiatives, to address them.
Additionally, we are developing plans to establish a network of FTSU champions. This initiative aims to strengthen the message that speaking up is the right thing to do and to further embed a culture of openness and trust. We will continue to work with leadership teams to promote transparency and ensure concerns are met with a constructive and supportive response. In hotspot areas we will ensure these are identified and an agreed plan is put in place with clear leadership responsibilities between the service and FTSU teams, and progress tracked appropriately.

PEOPLE

Employee Sickness

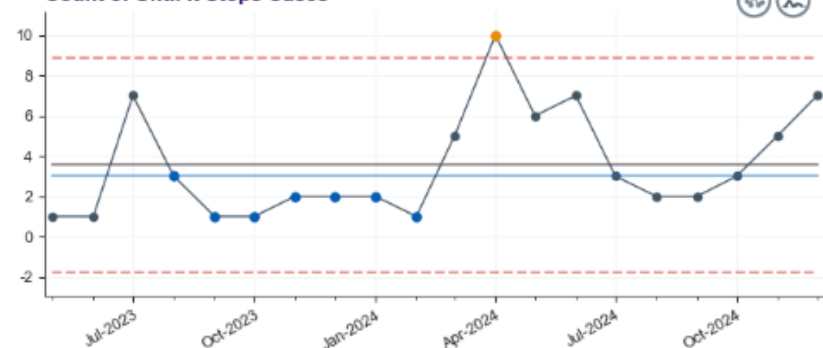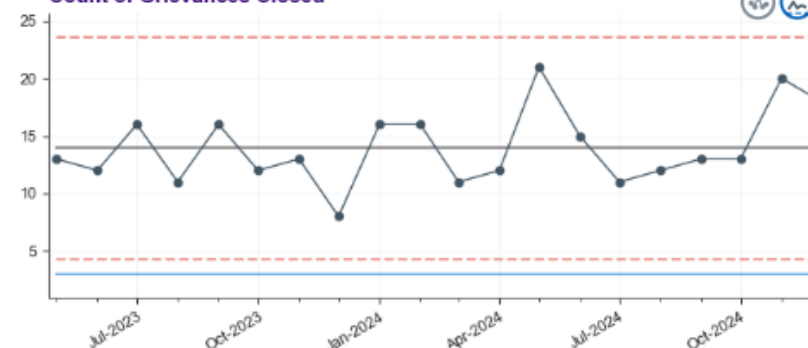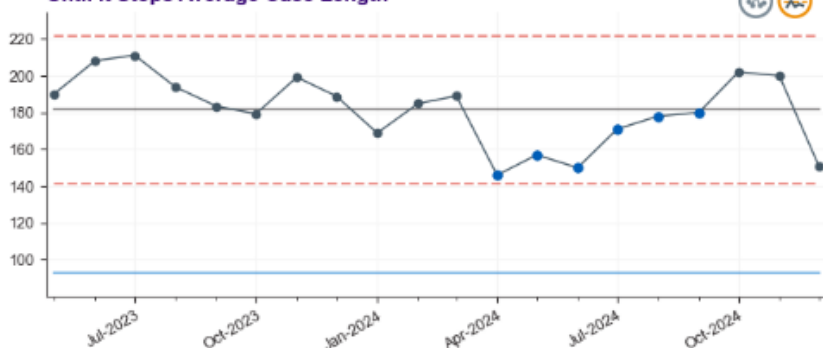**WF-49**
Dept: Workforce HR
IP: People & Culture
Latest: 7.7%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.


WF-25
Dept: Workforce Wellbeing
IP: People & Culture
Latest: 128
Target: 86
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

Sickness absence is within controls at 7.47%, but above target and at present we are likely to fail our mandatory improvement target. We are exploring other mechanisms to address sickness absence including a focus on wellbeing support.

We have recently submitted a NHSE Funding request to carry out some dedicated work on reducing sickness absence.

We continue to explore approaches to managing long term sickness (LTS), as this accounts for 3.28% of total absence.

Sickness is multi-factorial so further work has continued to understand the main causes of high levels of sickness, in order to create improvement projects.

What actions are we taking?

The Wellbeing Hub has now transferred to Nursing and Quality under the leadership of the new Head of Mental Health. A full review of Wellbeing will be undertaken over the next quarter.

There is a workstream within the Human Resources Improvement Plan addressing the backlog of grievances and employee relations cases. There is a direct link to the time taken to address cases and the harm this can cause to our people. We are targeting long standing cases which should positively impact a small number of sickness absence circumstances.

PEOPLE

Employee Experience

999 Frontline Late Finishes/Over-Runs %
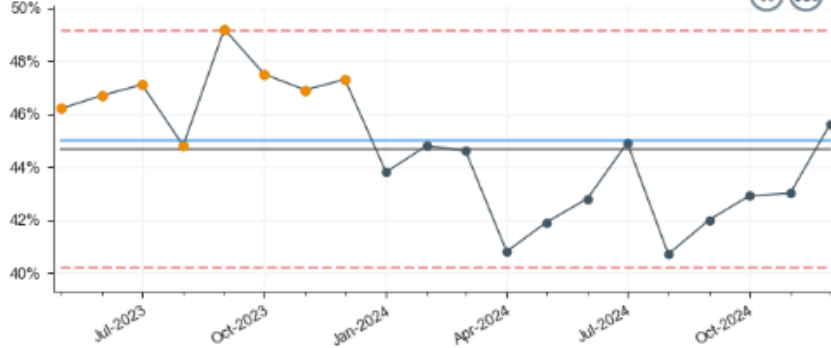
999-15
Dept: Operations 999
IP: People & Culture
Latest: 45.6%
Target: 45%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Time Spent in CSP 3 or Higher %
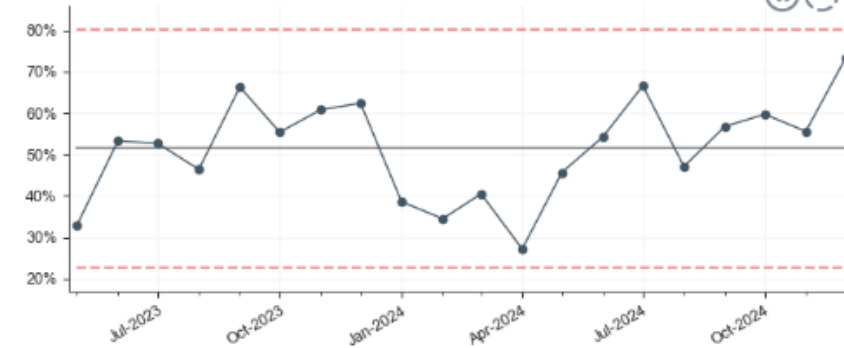
999-14
Dept: Operations 999
IP: Quality Improvement
Latest: 73.3%

Common cause variation, no significant change.

% of Meal Breaks Taken

999-27
Dept: Operations 999
IP: People & Culture
Latest: 98.4%
Target: 98%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary
- This compilation of charts has been designed to provide a view of the key metrics that are directly related to the factors staff report as important to them.
- While the late finishes and meal break metrics directly affect field operations, the time spent at higher levels of CSP significantly impacts EOC staff, especially dispatchers and clinicians managing response and flow.

What actions are we taking?
- **Policy Reviews**: The meal break, end of shift and sign on procedures & restrictions are all being looked at within the Southern Alliance to identify best practice and find the optimum position between staff welfare and patient care
- **Ready to Respond' Programme**: This is a stocktake to ensure colleagues have everything they need to succeed in their role: the right kit, conditions, knowledge & training. 60% of staff have now been through the programme.
- **Placed-Based Educators Pilot**: Embedded through collaborative working (Clin Ed & Ops), this will be BAU from April 2025. Results show a significant increase in learners completing their education programme successfully and on time.
- **Focus Groups by OUMs**: On day 4 of key skills, the operational leadership team spend 2 – 3 hours with frontline teams addressing concerns about standards (professional, driving, moral). The sessions address myths and assumptions and are received well.
- **Staff Training, Appraisals and Mandatory & Statutory Training**: these are high areas of focus within Operations

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PEOPLE

Employee Suspensions

Active Suspensions
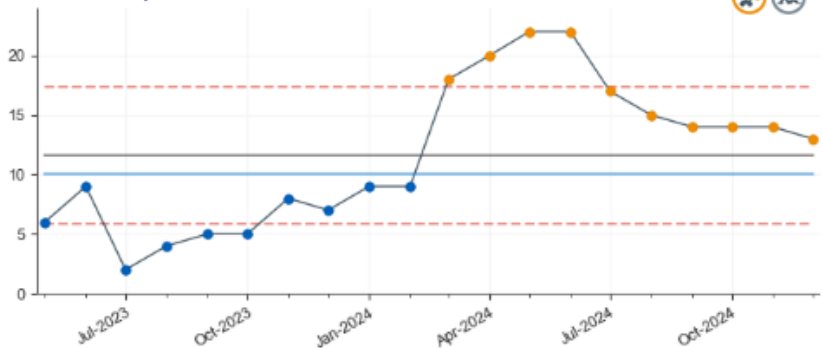
WF-46
Dept: Workforce HR
IP: People & Culture
Latest: 13
Target: 10
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

Mean Suspension Duration (Days)
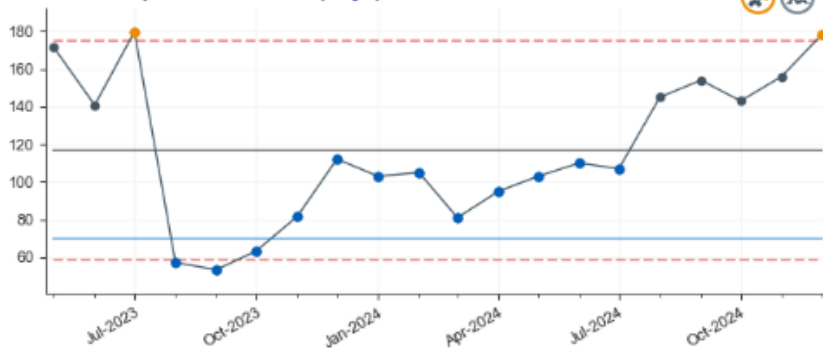
WF-47
Dept: Workforce HR
IP: People & Culture
Latest: 178
Target: 70
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

Suspension Closures

WF-45
Dept: Workforce HR
IP: People & Culture
Latest: 1
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

There are currently 13 active suspensions, 6 of which cannot be progressed at this time due to involvement of external agencies. This small number of cases are where delays can be significant and this impacts the mean suspension duration as a result.

What actions are we taking?

Full risk assessments are completed before any suspensions are authorised. Weekly reviews take place to ensure that individual cases are continually monitored. A further review is undertaken every fortnight, which involves two Executive Directors, to provide appropriate checks and challenge, as well as ensuring cases are progressing take place.

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PEOPLE

Employee Development

Statutory & Mandatory Training Rolling Year %

WF-6
Dept: Workforce HR
IP: People & Culture
Latest: 77.9%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

Appraisals Rolling Year %

WF-40
Dept: Workforce HR
IP: People & Culture
Latest: 60.9%
Target: 85%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

Statutory & Mandatory training and Appraisals continue to under-perform against the Trust's target of 85% but has an improving nature against target.

Statutory & Mandatory Training -

As of December 2024, the rolling overall compliance rate for (CSTF) statutory training stands at 81.18%, showing a continued upward trajectory since the start of Q1 this year. This reflects steady progress from April, The Trust remains committed to achieving 85% compliance across all (CSTF) statutory training requirements.

Appraisals – The recorded appraisal rates remains relatively stable, fluctuating between 60%-65% throughout the period indicating systemic apathy, which will require more targeted or structural changes.

Anecdotally, it is suggested that completed appraisals are under-reported. Some appraisals are being completed on paper and recorded on local 'scorecards', as opposed to through the formal ESR Appraisal system, therefore they are not reflected in the 'official' reported completion data. The current process is not capable of meeting the Trust's compliance rate

What actions are we taking?

Statutory and mandatory training

- We are now in a situation of implementing tangible actions on CSTF subjects, to ensure modules are appropriate, and aligned with the needs of the relevant staff groups and with national partners. We will plan to update on the effectiveness and quality of the e-learning module and key skills classroom delivery by Q2.
- Discussions continue to take place to scope the most appropriate learning management platform to undertake all Statutory and Mandatory training.
- ETDG is now receiving monthly progress reports on the issues and mitigations in improving the CSTF compliancy percentage. When appropriate any "issues" that have been identified and cannot be mitigated are being reported into the risk assurance group, with the next review in April.
- Corporate colleague currently show the lowest completion rate of the CSTF. A communication strategy is currently under design for February – April with the intention to increase % align with the start of Q1.

Appraisals

L&D provided an update on the Trust's appraisal position was submitted to the Senior Management Group on 15 January 2025 with recommendations for short-term actions and long-term culture shift actions.

The L&D team will undertake further inquiry within the Operations Directorate to understand local processes being used to record appraisals with the aim of identifying a solution to eliminate the disparity between completed appraisals and reported completed appraisals.

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Appendix

Saving Lives, Serving Our Communities

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations

F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

Agenda No	95/24

Name of meeting	Trust Board
Date	6 February 2025
Name of paper	Finance & Investment Committee Assurance Report – 23 January 2025
Author	Howard Goodbourn Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 23 January and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

ASSURE

Financial Performance / Efficiencies 2024-25
In the context of the related risks recorded on the risk register / BAF there was robust exploration of the financial performance. The Trust is on track to achieve its financial break-even plan for the year ending 31 March 2025. The efficiencies achieved to-date are over £15m and while this is about £900k lower than planned, the shortfall is mainly attributed to a delay in one of the disposals. Capital expenditure is below plan due to the timing of leased assets but expected to deliver by year end.

The procurement and contract management risk was discussed. There are good examples of achieving better value through procurement, as part of the improvements being put in place. We are well prepared for the upcoming changes in procurement rules.

Operational Performance / Virtual Care
The robust performance over the Christmas period was acknowledged. This was down to strong leadership and management of risk. The committee warned against normalising a 30 min C2 mean but in the context of winter and the current challenges, this is considered stable performance and compares well to other trusts. 999 call answer remains good despite high demand.

There is good analysis of the Virtual Care Programme which includes a specific focus on H&T and Unscheduled Care Navigation Hubs. A formal evaluation of the Hubs will be undertaken in April. In the meantime, there is good assurance from the focus in this complex area, which is central to our strategic aims.

1

H&T remains below plan, and the drivers are not yet very clear. The executive is undertaking further analysis of this, speaking with other trusts, to ensure a clearer picture.

ALERT

Financial Planning 2025-26
BAF Risk 542 - Financial Sustainability Plan.
At the time of the meeting, we had still to receive the planning guidance and allocations. Although we broadly know the money available, we are still working through with the ICB what the expectations will be, e.g. performance. At a strategic level we are assuming the £10.5m additional funding this year that helps us breakeven, will be made recurrent for next year. Therefore, our current plan does not extend the underlying £10.5m deficit, with an expectation to reduce this from 2028. This assumes we will make circa £10m in efficiencies and £10m in productivity, which links directly to the transformation required by our strategic ambition to move to a more virtual response. The plan also maintains performance at 28m C2 mean.

At its next meeting the committee will undertake a review of the workforce and productivity plans, in context of both financial and operational performance, to seek assurance on our cost effectiveness.

Digital
BAF Risk 544 – Cyber Resilience
Digital Enablement is a programme of work that has recently been escalated by the Executive Management Board, acknowledging the current gaps in assurance. The committee supports this, noting the slippage with some of the priorities and the need for further clarity on the areas of focus for 2025-26.

A cyber review was commissioned for all ambulances services in Q3, finding that SECAmb is in the mid quartile compared to our peers. A plan is being developed to improve our digital maturity.

Noting the scrutiny being provided by the audit committee, further assurance is needed that our cyber resilience is strong enough and that the priorities will support the overall trust strategy. The audit committee is due to receive a report in March and the outcome of this will be reported to the Board in April.

ADVISE

Fleet Performance
In the past year, the committee has given closer attention to the management of fleet, to acknowledge its close alignment to operational performance / patient safety. The vehicle off road (VOR) risk has been managed really effectively. In identifying this risk, steps have been taken in the last 12-24 months to minimise its impact, for example, increasing the size of the fleet and amending make ready processes. Although the VOR rate is now 16% from 10%, the consequence of ambulance availability is of concern but being managed. The long-term solution will be through the fleet replacement plan.

2

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle

Board

If there are areas with sustained poor performance, the Board may suggest a deep dive is undertaken to explore underlying issues

NHS

Step 3
Agree what additional assurance/actions are required

Step 4
Board minute to capture the additional assurance / action required to be brought back to the next meeting.

Purpose
For the Board to review relevant data and to check that actions in place are adequate to address performance concerns & to challenge if they are not

Step 2
Discuss areas of underperformance :
Are responsibilities & timescales clear?
Are these actions adequate?
When can we expect to see improvement?

Step 1
Board receive papers in advance of the meeting Papers describe the action being taken in response to underperformance

46 | Making data count : SECAMB session 2

3

Board Assurance Framework

February 2025

We Are a Sustainable Partner

We are a sustainable partner
Executive Summary

- Control total compliant deficit plan of £10.5million agreed with NHSE. £2.2billion deficit funding now agreed by HMT and allocated to ICBs. SH ICB has allocated £10.5million to the Foundation Trust and as such month 9 is a surplus in line with the new allocation and FOT is an expected break-even position. CIP plans are delivering and expected to outturn at £22.6million of the £23.9million plan.

- Planning guidance is anticipated at the time of writing but a real terms cut in funding is expected for our main commissioners, alongside an expectation improved performance, productivity, and no increase in workforce. Deficit support funding is expected to be made available to ICBs in 25/26 although the detail of how this is allocated is to be confirmed.

- Mindful of the National planning context the Trust has a draft 25/26 plan which describes a deficit position of £10.5million (before any deficit support funding) and which delivers a C2 mean performance of 28.5 minutes. However, this requires productivity improvement and cost reduction in the order of £23.5million to achieve. The development of productivity and efficiency plans to support this plan is underway.

- NHS SE Region have confirmed the S.106 undertakings have been issued certificates of compliance. We have submitted our evidence of progress against Recovery Support Programme (NOF4) to National via our ICB and Regional colleagues and we are waiting for confirmation of the segment 3 areas of focus, which we expect to be around financial recovery, HR improvement and Board development.

We are a sustainable partner as part of an integrated NHS

2024-2029 Strategy Outcomes

- Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- Increase utilisation of alternatives to ED from 12 to 31%
- Reduce conveyance to ED 54 to 39%,
- Saving 150-200k bed days per year
- Reduce direct scope 1 CO2e emissions by 50%
- Achieve a top-quartile Digital Maturity Assessment

2024/25 – Strategic Transformation Plan – Phase 1

- Develop a multi-year plan that is agreed with ICBs, delivers our strategy, and achieves break even within 3 years, **by Q3**
- Refresh our strategic commissioning framework to support our sustainability plan **by Q3**
- Develop an enabling Digital Strategy that support delivery of our Trust-wide Strategy **by Q3**
- Engage in collaboration opportunities with other services to improve productivity by at least £0.5m **by Q4**
- Refresh our core enabling strategies to support our '24-'29 Trust-wide Strategy, **by Q4**

2024/25 Outcomes

- Deliver a £10.5m deficit plan (break-even with £10.5m non-recurrent deficit support funding)
- Handover delay mean of 18 min for the full year, with no single site exceeding 19 min (S)
- Maximise utilisation of UCR services, measured against available capacity (S)
- Manage growth in activity under 2.4% Y-o-Y (S)

S – indicates this is a jointly owned target with partners

2024/25 – Operating Plan

- Deliver financial plan **(continuous monthly monitoring)**
  - Meet our CIP Plan of £23.9m
  - Deliver 1 Sustainability QI priority (Logistics Waste reduction) **by Q4**
- Review our service delivery model for Make Ready
- Deliver 6 priority Green Plan initiatives **by Q4**

Compliance

- Meet our Recovery Support Programme priorities to exit NOF4
- Environmental sustainability report
- FT License

BAF Risks

- **System Collaboration:** There is a risk that the Board is unable to collaborate effectively with ICBS, due to the regional footprint and capacity to engage.
- **Sustainable Financial Plan:** There is a risk that due to uncertainty over medium to long term funding (3-5 years), that the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and improves value for money.
- **Internal Financial Control:** There is a risk our internal financial controls are not robust enough to ensure we are managing within our budget.
- **Cyber-attack:** There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and/or patient harm.

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We are a sustainable partner as part of an integrated NHS

2024/25 – Strategic Transformation Plan – Phase 1

Programme	Status	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Develop multi-year plan	Approach agreed internally and with ICBs. Baseline three-year plan to EMB end August. First draft integrated plan to EMB before Christmas	Q3	Q3	Jo Turl	EMB	Yes	CFO	Finance & Investment
Refresh strategic commission framework to support sustainability plan	Programme being scoped as part of the response to SE Ambulance Review	Q3	Complete	Claire Webster	EMB	Yes	SP&T	Finance & Investment
Develop enabling Digital Strategy	Digital and Data Strategy 2024 – 2026 Scoped & Approved for implementation - (October Trust Board)	Q3	Complete	Phillipa Desborough	EMB	Yes	CDIO	Finance & Investment
Engage in productivity collaboration opportunities	Collaborative work with SCAS led by SP&T. Southern Ambulance Collaborative launched. Collaboration plan to be shared with Board in November 2024.	Q4	Q4	Claire Webster	EMB	Yes	SP&T	Finance & Investment
Refresh core enabling strategies	Draft Procurement Strategy produced, Estates strategy being refreshed	Q4	Q4	?	EMB	No	CFO	Finance & Investment

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Programme Manager	EMB / SMG	PMO	Oversight Committee	Date Last reviewed by Committee
Deliver financial plan	Meet CIP plan of £23.9m	🟩	🟧	Judit Freidl	SMG	No	FIC	November 24
	Deliver logistics waste reduction (QI)	🟧	⬜	Amy Igweonu	SMG	No	FIC	TBD
Review service delivery model for Make Ready		🟧	⬜	Rosie Bucknall	SMG	No	FIC	TBD
Deliver 6 priority green initiatives	The introduction/trial of an electric DCA	🟧	⬜	Rob Martin	SMG	No	FIC	TBD
	The removal of single use cups	🟩	⬜	Lee-Ann Witney	SMG	No	FIC	
	The introduction of 3 Evitos on the PP rota	🟩	⬜	Rob Martin	SMG	No	FIC	
	Amending the Lease car and support vehicle policy to mandate the use of hybrid/electric	🟩	⬜	Judit Freidl	SMG	No	FIC	
	The potential reduction of CO_2 Emissions from vehicles due to the intended target of increasing Hear and Treat from 11% to 16+%pa	🟩	⬜	Lee-Ann Witney	SMG	No	QPSC	
	A trial to determine the benefits of Eco run	🟧	⬜	Lee-Ann Witney	SMG	No	FIC	
	The introduction of an Entonox Track and Trace system	🟧	⬜	Katie Spendiff	SMG	No	QPSC	

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
System Collaboration: There is a risk that the Board is unable to collaborate effectively with ICBs, due to the regional footprint and capacity to engage.	12	04	SP&T
Sustainable Financial Plan: There is a risk that due to uncertainty over medium to long term funding (3-5 years), the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and improves value for money.	16	12	CFO
Internal Financial Control: There is a risk our internal financial controls are not robust enough to ensure we are managing within our budget.	12	04	CFO
Cyber Attack: There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and/or patient harm.	16	08	CDIO

Board Highlight Report – Multi-Year Plan Development

Progress Report Against Milestones:

Key achievements against milestone
- Produce and agree with ICBs plan and timeline
- A draft baseline 25/26 position has been developed, including draft workforce plan to initiate recruitment cycle with universities in 25/26
- EMB have reviewed the initial scenarios in August 2024
- ICBs have provided us with a consolidated income position for 24/25 a key control function lacking during planning for 24/25
- We have appointed to a programme integration lead for the component parts of the 3 year plan and additional resource to develop an integrated financial model

Upcoming activities and milestones
- The Trust is on track on its review of all investment for 25/26. No other cases will be considered in-year during October/November
- First draft of integrated plan to EMB before Christmas

Escalation to Board of Directors
- N/A

SRO / Executive Lead:

Simon Bell

Previous RAG	Current RAG

Risks & Issues:

Risks & Issues:	Score	Mitigation
Capacity of Finance Team to produce and maintain a 3 year finance plan	12 → 8	▪ Review of capacity in hand ▪ Additional people resource in place
Commissioners unable to commit to multi-year plan as one year funding settlement for 25/26 likely	9 → 9	▪ Known issue. Working with ICBs & NHSE to gain agreement in principle through Finance Committees
Lack of financial clarity from ICBs means Trust income is unclear	9 → 9	▪ Confirmed senior ICB finance resource into the SCG to co-ordinate contract negotiations

Q1 (Mar-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
◆ Agree 24/25 deficit plan with NHSE in line with supportable control total	◆ Produce first draft baseline plan (assuming 0% uplift in funding and 27/28 break-even trajectory) by end August 24	◆ All business cases (workforce, capital, and revenue) aligned and prioritised against strategic objectives by end October. ◆ Comprehensive version of recovery plan shared with ICBs and NHSE by End of November ◆ RSP Exit Criteria Assessment	◆ Ongoing iterative development of plan in line with planning guidance and commissioning intentions

Board Highlight Report – Digital Enablement

SRO / Executive Lead:

Stephen Bromhall

Progress Report Against Milestones:

Key achievements against milestone
- Digital Enablement Programme mandate approved by EMB 13th Nov
- Digital Strategy Steering Group (DSSG) established
- DSSG approved approach to the Digital Prioritised Programme of Work (PPoW), enabling a single point of clarity for the Digital & Trust direction of digital travel
- Digital Work planning workshops to develop the FY25/26 plan have been completed for the following priority areas:
  - External Review & Reports
  - Digital & Data Strategy
  - 24-25 Workplan Review (Agree work to "Start, Stop, Carry on")
  - Trust Strategy & Corporate Programme Tier 1
  - National / Mandated Requirements
  - Draft 25-26 Workplan

Upcoming activities and milestones
- Validate status and impact of projects not yet delivered in the 24_25 Workplan
- Outputs from the Digital planning workshops to be used to develop Digital project proposals and inform the 25_26 workplan priorities. DSSG to review the plan by March 2025
- Digital Delivery governance fully implemented
- Digital Demand Management Process implemented
- Planning for fully costed, prioritised 25_26 Programme delivery roadmap

Escalation to Board of Directors
- None

Previous RAG	Current RAG	RAG Summary
		The overall program RAG status remains amber due to the lack of clarity regarding the priorities for digital projects in FY25-26, as well as uncertainties surrounding funding availability.

Risks & Issues:

Risks & Issues	Score	Mitigation
Risk – There is a risk that the Digital Enablement programme won't be able to scope the FY26 priority projects without the right level of operational representation and engagement	8 → 8	Operational representation is now considered with: Operationally driven Demand Management Process, representation in DSSG and with Corporate PMO to support T1 programmes to identify Digital Requirements
Risk – Revenue funding to support the Digital Enablement programme is unconfirmed and capital requirements for individual projects are still undetermined. This presents a risk that available funding may not align with planning assumptions, potentially reducing the programme's scope	12 → 6	Requirements gathering and costings for Digital Services and corporate projects for 25-26 are underway and will be prioritised through DSSG gateway reviews. This documentation and understanding will facilitate scope adjustments at pace once funding plans are confirmed.
Risk – There is a risk that unless Digital Services transition to controlled programme delivery and planning, enabled by a Digital PMO support, the delivery of Digital and Data Strategy will be impacted and an embedded and sustained operating model will not be achieved	3 → 12	Secure Digital PMO support that is integrated with the Trust Tiers 1,2 & 3 **Update 23/01/25** – No progress has been made on securing Digital PMO post end of February
Risk - Organisation wide key milestones will be impacted if Digital Enablement dependencies are not identified	3 → 8	Further collaboration between Digital and other directorates needed to agree and forward plan for Digital requirements

Q1 (Apr-June 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)

Q3 (Oct-Dec 24):
- Scope of programme agreed
- Complete x6 workshops to develop 25/26 workplan
- Implement PMO framework
- Complete refinement of FY24/25 plan
- Establish Digital Strategy Steering Group
- Begin drafting business cases
- Implement Digital Demand management process

Q4 (Jan-Mar 25):
- Prioritised digital work programme agreed for FY26
- Develop fully costed, prioritised programme of work
- Finalise and submit delivery roadmap
- Finish drafting business cases

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Board Highlight Report – Collaboration & Partnerships

David Ruiz-Celada

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Previous RAG	Current RAG	RAG Summary
		Programme is running on track to timeline and milestones. MoU has been updated following stakeholder feedback and the planning has been undertaken to develop the approach and framework for the Case for Change.

Key achievements against milestone
- MoU external review: NHSE and ICB colleagues provided feedback on the MoU, which has been reflected in the updated version.
- Key functional collaboration areas identified:
  - Driver Training
  - Resilience and specialist operations
  - Harmonising Operational Leadership structures and models
  - Embedding Quality Improvement methodology and approach
  - Occupational Health provision
  - Scope further collaboration in the medium-to-long term for key enabling areas such as systems (i.e. CAD) or education and training
- Case for change planning session held identifying approach and key deliverables which include:
  - A written case for change document, roadmap and business case – includes comprehensive analysis, evidence base across the domains
  - An accessible narrative-driven document that explains the *why* at a high level
  - A constant communication platform

Upcoming activities and milestones
- MOU formal sign off by each Trust Board – SCAS 30 Jan, SECAmb 06 Feb 2025
- Development of a Case for Change
- Development of a Joint Roadmap

Escalation to Board of Directors: None

Risks & Issues:

Risks & Issues:	Score	Mitigation
Risk: Capacity to lead and deliver the programme objectives as set out in the MoU on top of core delivery of our strategy.	12 → 12	• Proposal to appoint a Joint Strategic Lead to provide the leadership capacity (secondment). • Proposal to identify and secure the necessary enabling resources across both organizations. Once the MoU has been approved, at Trust Board the risk and mitigations will be reviewed.

Q1 (Apr-June 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
		Agreed prioritisation of work to collaborate between SCAS and SECAmb	Governance requirements drafted
			Start development of joint roadmap and case for change
		Develop MOU between both SCAS & SECAmb	MOU signed off by SCAS & SECAmb

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BAF risk 541 – System Collaboration

There is a risk that the Board is unable to collaborate effectively with ICBs, due to the regional footprint and capacity to engage.

Controls, assurance and gaps

Controls: Partnership manager, quality lead and Executive Lead for each ICB. Agreed system governance structure in place through contract review meetings, system level quality collaboratives and the strategic commissioning group.

Gaps in control: The Board does not have full visibility of all the ICB meetings and the expectations for their involvement. No clear process to ensure that the board can attend and engage with the ICBs. The scheduling of the ICB meetings is not well coordinated and there is no mechanism for delegating attendance. Future divisional model will strenghten partnership collaboration.

Positive sources of assurance: Ad-hoc invitations to and attendance at Senior system meetings (Sussex Committee in common). 2023/24 External Well-Led Review provided confidence that organisation had made good progress. The re-structure of the divisional model is moving ahead now that MARS has completed. Trust actively involved in South East region Ambulance commissioning review

Negative sources of assurance: Executives cannot always attend Senior meetings and rely upon more junior staff members. There is evidence we do not have visbility of all system activity and, as a result, may miss key engagement opportunities.

Gaps in assurance: No board-level partnership management strategy.

Accountable Director	**Strategic Planning and Transformation**
Committee	**Trust Board**
Initial risk score	**Consequence 4 X Likelihood 3 = 12**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q1 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Board level partnership management strategy	SP&T	Q1 2025/26	EMB are reviewing the partnership strategy approach for 2024/25.Explicit objectives for collaboration at senior levels required for 2025/26.
Board members have objectives relating to system engagement and collaboration	SP&T	Completed	Executive Team members have explicit system-level responsibilities and we have seen an increase in visibility of NEDs in system settings.
Appointment of Divisional Directors	Operations	Q4 2024/5	Consultation has started
Execution of MARS	HR & OD	Completed	MARS comms completed and applications opened 30/9

BAF Risk 542 – Sustainable Financial Plan

There is a risk that due to uncertainty over medium to long term funding (3-5 years), the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and provides value for money.

Controls, assurance and gaps

Controls: The Trust is in dialogue with the national and regional team about the medium-term financial settlement. SECAmb has drafted a recovery plan, which will include additional cost savings within three years. SAM meeting continues to discuss three year plan and request support for plan from ICBs in the context of a (likely) one year financial settlement for 2025/26. Deficit support funding will be available in 25/26 at ICB level but otherwise planning guidance is outstanding at the time of writing.

Gaps in control: Allocated funding largely outside of SECAmb and ICB control. Implications of budget still being reviewed by NHSE.

Positive sources of assurance: Trust strategy in place and communicated to ICBs and NHSE region. Monthly updates provided to Finance and Investment Committee and Trust Board. Expect recommendation from Region to National NHSE that the Trust exist NOF4 while acknowledging lack of clarity around 3-5 year funding. CSR still expected Summer 25.

Negative sources of assurance: None yet identified.

Gaps in assurance: Annual planning cycle in NHS and likely CSR will impact commissioner and NHSE ability to confirm longer term funding. SAM and SCG asked to provide confirmation of how ICBs /NHSE will provide agreement to a three year recovery plan in the context of a single year settlement for the NHS in 25/26 which has yet to be confirmed.

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 3 = 12**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Continue to engage positively with ICB, regional and national colleagues particularly through SAM (regional strategic assurance meeting) in relation to additional income.	CEO, CFO, CSO	Completed for 2024/25	ICB have identified a finance lead to co-ordinate all ICB expenditure plans and reconcile to Trust income plans as part of lead in to 25/26 planning.
Extension of RSP for up to twelve months. Sustainable financial plan to be drafted within that timeframe.	CSO	Q4 2024/25	SE Region NHSE expected to recommend to National Team that the FT exists NOF4
Three year recovery plan	CFO	Q4 2024/25	First draft of three year recovery plan went to EMB Aug 2. SAM and SCG have asked for confirmation of approval process – currently outstanding.

BAF Risk 543 – Internal Financial Control

There is a risk our internal financial controls are not robust enough to ensure we are managing within our budget.

Controls, assurance and gaps

Controls: Additional financial controls implemented in July 24 and SFIs approved by EMB on 14 August. Now in operation around procurement, contract management, recruitment, pay control, and management of £23.9m CIP plan. At month 9 plan is FOT break-even after additional deficit support funding at £10.5m received from NHSE. CIP is forecast at £23m. Review of controls undertaken by SH ICB turnaround resource. First draft of integrated plan presented to EMB before Christmas. Plan parameters set at no worse than £10.5million deficit (before any deficit funding support – expected to be available to the ICB in 25/26), C2 mean of 28.5 minutes, and no increase in workforce. Multi-year plan draft presented to FIC in January.

Gaps in control: None currently identfied.

Positive sources of assurance: Monthly reporting to FIC and Board. SMG looking at CIP monthly. Monthly meeting with Directorates to consider CIP. Improvements seen to contract management. M9 finance plan YTD and FOT in line with plan. Additional resources of £10.5m received, allowing organisation to break even in 2024/25.

Negative sources of assurance: Underlying deficit.

Gaps in assurance: Further work needed to address linkages between training, fleet, make ready, operational capacity (including overtime) and outputs for performance. Part of developing CIP plan in 25/26

Accountable Director	Chief Finance Officer
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 3 = 12**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
CIPs reported on a bi-monthly basis to EMB	CFO	Ongoing	Month 7 forecast id £23m of £23.9m target
£8.6 million outstanding in additional funding bids	CFO	Q4 2024/25	£8.6 million outstanding in additional funding bids. £2m confirmed not being funded from NHSE for hubs. ICBs and Trust have agreed to fund this. £0.5m RSP funding confirmed and being received once spend validated. £2.5m capacity funding received from NHSE. £1.7m additional capacity funding expected. Additional £0.8m capacity funding offered by NHSE

BAF Risk 544 – Cyber Attack

There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and/or patient harm.

Controls, assurance and gaps

Controls: SECAmb: Firewalls around network perimeter; Permissions based privileges; Anti-virus/ anti-malware software on all devices which are regularly patched; Trust and CAD vendor alerted to specific risks by NHS digital; In and out of hours responses to disable impacted devices; NHS secure boundary; Penetration testing and social engineering testing; Remote monitoring of end points; standardised action card and business continuity plan for handling cyber-security events. Network vulnerability identified, additional internal controls applied. Further analysis by 3rd party around networks and security has identified some configuration changes – currently being scoped. Supply chain: NHSE mandate that digital supply chain risks considered as part of the procurement process via AACE digital group, technology solution identified in line with NHSE guidance.

Gaps in control: SECAmb: No security on-call team; Trust submission of CAF (cyber assurance framework) compliance shows organisation is not compliant; No programme of training or awareness focussing on cyber-security; No ID verification for in-person or telephone users approaching IT for support. Controls around social engineering for staff are not sufficiently robust. Robustness of leavers process. Supply chain: NHSE mandate not in place for products which have been procured historically.

Positive sources of assurance: Cyber preparedness review gave a maturity score of 65/ 100 (high amber) - this is in line with other equivalent organisations in terms of maturity. Finance and Investment Committee furnished with latest report by NHSE in January 2025. Test of cyber security arrangements conducted November 2024 – outcome identified some learning and strengths.

Negative sources of assurance: Review by an independent expert organisation has identified network misconfiguration.

Gaps in assurance: None identified.

Accountable Director	**Chief Digital and Information Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 4 = 20**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q2 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Increasing penetration testing	CDIO	Q2 2025/26	Remediation due to be completed by 31 March 2025 to enable penetration testing to recommence in the new financial year.
Automation of leavers process to reduce risk	CDIO, HR&OD	Q1 2025/26	NHS wide HR future strategy working group have identified this as a risk. Solution identified in Digitial Strategy and in funding round for 25/26.
"Go to green" plan from cyber preparedness review	CDIO	Q1 2025/26	Go to green plan provided to Finance and Investment Committee January 2025. Funding not yet confirmed.

Integrated Quality Report

Trust Board – February 2025

Reporting Period: November & December 2024

Icon Descriptions

	P	?	F	(dashed)
H·L (blue, HIGHER)	Special cause of an improving nature where the measure is significantly HIGHER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
L (blue, LOWER)	Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of an improving nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.
(grey, common)	Common cause variation, no significant change. This process is capable and will consistently PASS the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H·L (orange, HIGHER)	Special cause of a concerning nature where the measure is significantly HIGHER. The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly HIGHER. Assurance cannot be given as a target has not been provided.
L (orange, LOWER)	Special cause of a concerning nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measure is significantly LOWER. Assurance cannot be given as a target has not been provided.

↗ (purple up arrow)				Special cause variation where UP is neither improvement nor concern.
↘ (purple down arrow)				Special cause variation where DOWN is neither improvement nor concern.
(dashed circle)				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

Our Objectives for 24/25

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

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Saving Lives, Serving Our Communities

Sustainability & Finance

South East Coast Ambulance Service

Saving Lives, Serving Our Communities

SUSTAINABILITY & FINANCE   Delivery Against Plan

	December 2024 In the month			April 2024 to December 2024 Year to date			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	29,647	30,612	966	261,074	263,557	2,483	349,963	351,259	1,296
Operating Expenditure	(29,634)	(30,594)	(960)	(259,771)	(260,406)	(635)	(349,958)	(349,418)	539
Trust Surplus/(Deficit)	*13*	*18*	*5*	*(9,572)*	*3,151*	*12,723*	*5*	*1,841*	*1,836*
Reporting adjustments:									
Remove Impact of Donated Assets	*0*	*0*	*0*	*1*	*1*	*0*	*2*	*2*	*0*
Remove Impact of Impairments	*0*	*0*	*0*	*0*	*(1,836)*	*1,836*	*0*	*(1,836)*	*1,836*
Reported Surplus/(Deficit)	**13**	**18**	**5**	**1,304**	**1,316**	**12**	**7**	**7**	**0**

Cash	32,794	33,460	666	32,794	33,460	666	29,249	40,746	11,497
Capital Expenditure	1,724	307	1,417	13,062	9,608	3,454	22,338	21,120	1,218
Efficiency Target	2,031	1,950	(81)	16,406	15,473	(933)	23,926	23,926	0

*values subject to rounding

Summary

1. The Trust is monitored against its 'control total' set by NHS England. The "reported" position removes the value of impairments and donated assets that are not in the Trust's ability to control. In September 2024 Commissioners confirmed that the Trust will receive, an additional £10,500k on a non-recurrent basis to support the delivery of the Integrated Care Systems plan. The Trust now has £7k surplus plan for 2024/25.

2. For the 9 months (year to date) to 31 December 2024, the Trust's financial performance was £12k better than planned. This is driven by lower than planned profits on disposal because of delays in selling Trust assets offset by income for the new Adult Critical Care Service and underspend across the Trust because of vacant positions within support and Corporate functions and favourable fuel rates. The additional (£2,500k) non-recurrent income to maintain the C2 performance levels are offset by associated cost.

3. The efficiency programme is £933k behind plan, mainly due to the delays in the planned sale of Trust assets.

4. The cash position was £666k higher than planned due to receiving non-recurrent funding. The Trust has revised its cash forecast to £40,746k, £11,497k above plan to incorporate the additional £10,500k non-recurrent support being received.

5. Capital expenditure is £3,454k below plan year to date. This is due to the timing in receiving DCA (Double Crewed Ambulances) which are expected during quarter 4.

What actions are we taking?

1. Finance continues to work with budget holders to ensure that Trust delivers its plan. The Trust has started developing its 2025-26 multi-year plan to enable informed discussions to take place with system partners during Q4 2024/25.

2. Regular updates are being provided to the Joint Leadership Team, Senior Management Group and the Finance and Investment Committee on financial performance, including delivery of the efficiency plans and the planning for 2025-26.

3. Monthly budget holder financial performance meetings are continuing to take place to ensure that each directorate delivers their element of the financial plan e.g., budget and efficiency target.

4. The Trust has developed its 2024/25 operating plan that aligns with strategy and partnership working.

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SUSTAINABILITY & FINANCE   Delivery Against Plan

Actual   Plan

Income £000s

NHS Pay Deal

Pay £000s

NHS Pay Deal

Reported Surplus / (Deficit) £000s

Non-Recurrent Deficit Funding
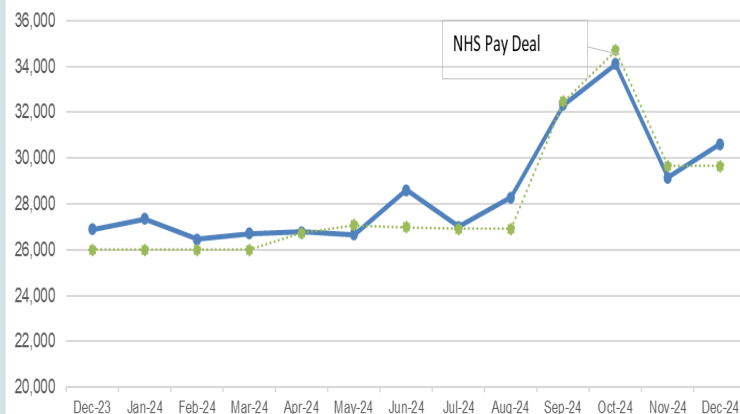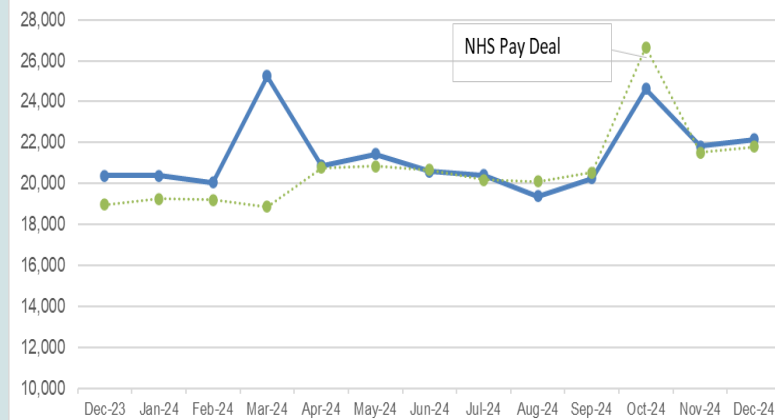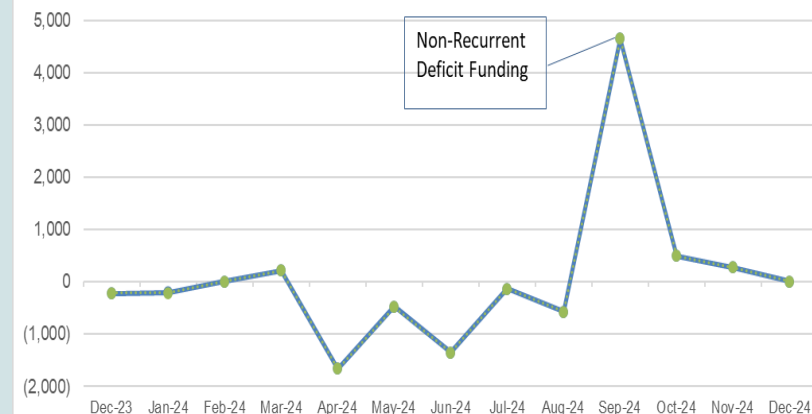
Cash £000s
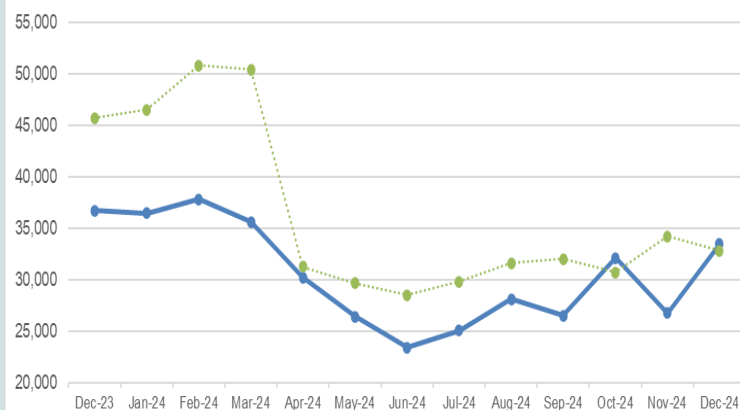
Capital Expenditure £000s

(2,000)
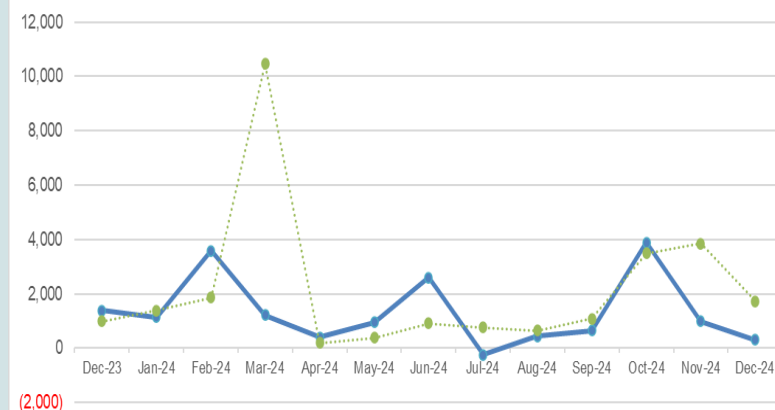
Summary

- The Trust's financial performance was £12k better than planned for 9 months to December 2024 when compared to the plan.

- The financial performance in all our key business areas were on track. However, this is largely due to the transfer of operations costs to the £2.5m additional non-recurrent funding. Effective controls and mitigations are in place to ensure the subsequent run rate of spend for the rest of the financial year remains in line with the expected assumptions to facilitate the delivery of the planned £7k surplus.

- The main areas to highlight from the graphs are the surge in September 2024 relating to payment of the 2024-25 5.5% NHS pay award, and the receipt of the first six months of the non-recurrent deficit funding, improving both cash and our reported position. Capital expenditure was behind plan in March 2024 due to delays in receiving DCA vehicles.

Appendix

Saving Lives, Serving Our Communities

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations

F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service NHS

NHS Foundation Trust

		Item No	95-24
Name of meeting	Trust Board		
Date	06 February 2025		
Name of paper	M09 (December 2024) Financial Performance		
Executive sponsor	Simon Bell – Chief Finance Officer		
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Financial Planning and Reporting), Priscilla Ashun-Sarpy (Head of Financial Management), Rachel Murphy (Financial Manager - Projects, Business, and Investments)		

This report provides the year-to-date (YTD) and full-year forecast (FY) financial performance of the Trust.

The Trust reported a favourable variance of £12k against its planned surplus of £1,304k for the three quarters ending in December 2024. This variance includes an additional £2,500k in funding to support improvements in C2 means. This funding aligns with the bid approved by NHS England and is matched by the costs of the additional resources provided by Operations.

The YTD delivery of efficiencies is £15,473k, which is £933k lower than planned. This shortfall is mainly attributed to a delay in the expected sale of Crawley, which accounts for £843k of the difference. The remaining £90k underachievement is distributed across several cash-releasing schemes that have not met their milestones.

The Trust is on track to achieve its financial break-even plan for the year ending 31 March 2025.

Capital expenditure of £9,608k is £3,454k below plan mainly due to the timing of leased assets.

In M09 cash receipts exceeded payments by £6,735k which has increased the cash balance by that amount compared to M08. The M09 closing cash was £33,460k and £666k above than planned. The improved cash position is driven by Commissioners settling the agreed non-recurrent funding (£2.500k), pay awards (Kent & Medway ICB) and NARU income. The cash forecast remains the same as last month and is £40,746k that incorporates the above and the additional £10,500k support from Commissioners to deliver the £7k surplus.

Note: Tables are subject to rounding differences (+/- £1k).

Recommendations, decisions, or actions sought	For information
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A

2024/25

Finance Report to the Board of Directors

9 Months to 31 December 2024

Executive Summary

The Trust reported a £1,316k surplus for the 9 months to December 2024 (YTD) in line with the plan.

Note: Tables are subject to rounding differences (+/- £1k).

	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	261,074	263,557	2,483	349,963	351,259	1,296
Expenditure	(261,493)	(261,012)	481	(351,680)	(350,867)	812
Planned Profit on Sale of Assets	1,722	606	(1,116)	1,722	1,449	(273)
Trust Surplus / (Deficit)	**1,303**	**3,151**	**1,848**	**5**	**1,841**	**1,836**
Reporting adjustments:						
Remove Impact of Donated Assets	1	1	0	2	2	0
Remove Impact of Impairments	0	(1,836)	(1,836)	0	(1,836)	(1,836)
Reported Surplus / (Deficit)*	**1,304**	**1,316**	**12**	**7**	**7**	**0**

Efficiency Programme	16,406	15,473	(933)	23,926	23,926	0
Cash	32,794	33,460	666	29,249	40,746	11,497
Capital Expenditure	13,062	9,608	3,454	22,338	21,120	1,218

*Reported Surplus / (Deficit) represents w hat the Trust is held to account for by the ICB/NHSE

Year to December 2024 (YTD)

- For December 2024, the Trust's financial position is in line with the plan.

- The overall financial performance is made up of a combination of unfavourable and favourable variances. The adverse variance is largely due to higher operational costs, specifically an additional £2,500k needed for operational capacity pay resources to maintain the C2 performance. Fortunately, this cost is offset by a £2,500k of non-recurrent income.

- Additionally, we are facing further pressures from a planned profit from property disposals that fell short by £1,116k due to delays in asset disposal. Increased costs within our NHS 111 service and other directorates, particularly the Chief Executive Office (CEO), Finance & Corporate Services (F&CS), and Human Resources (HR), are being offset by favourable variances in other areas, notably savings within Medical. Further details will be discussed below.

- The Trust's surplus plan of £7k is based on the delivery of £23,926k of efficiencies, which is 6.6% of the Trust's planned operating expenditure.

  - At YTD December 2024, the Trust has achieved £15,473k in efficiency savings, 5.7% below the target.
  - The £933k shortfall is primarily due to £843k in non-cash releasing schemes, largely caused by delays in property sales. The remaining £90k shortfall in cash-releasing savings is due to unmet operational efficiency milestones and procurement delays.

- o While £3,078k cash-releasing efficiencies have been saved YTD, 62% of these savings are from non-recurrent budget underspending.
  - o As a result, recurrent savings account for 74.0% of total savings, below the target of 79.2%. Non-recurrent savings have risen to 26.0%, compared to a planned 20.9%.
  - o The risk-adjusted forecast decreased from £23,028k to £22,644k, which is £1,282k below the target. The cash-releasing plan underperformance still accounts for £898k of the shortfall, while non-cash savings dropped by £384k due to delays in the Coxheath sale. An alternative scheme is currently being scoped to mitigate this shortfall.
  - o The Trust expects to realise £1,672k (35.2%) of the cash-releasing target of £4,750k in the fourth quarter but is likely to rely on non-recurring budget underspending.

- Despite the current amber risk rating for the efficiency program, the Trust is committed to achieving its 2024/25 target of £23,926k, with ongoing engagement and mitigation plans in place.

- The M09 closing cash was £33,460k and £666k higher than planned. The is driven by Commissioners settling the agreed non-recurrent funding (£2.5m), pay awards (Kent & Medway ICB) and NARU income. The revised cash forecast is £40,746k that incorporates the above and the additional £10,500k support from Commissioners to deliver the £7k surplus.

- Capital expenditure of £9,608k is £3,454k below plan due to a slight delay in the receipt of the remaining 57 leased DCAs.

- The reversal of £1,836k impairment is based on asset revaluation. The reversal of the impairment had a positive impact on the Trust's position, however this benefit from revaluation is removed and adjusts the reported position to £1,316k surplus in line with plan. An impairment and its reversal are adjusted for in the financial position and is treated as an allowable adverse or favourable movement against assets value which has also been agreed with auditors.

Full Year Forecast

- For the year ending March 2025, the Trust is projecting to meet the agreed planned surplus of £7k.

- The following provides further detail of the elements of the financial position.

1. Income

	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	224,432	227,134	2,702	299,243	301,553	2,310
111 Income	21,503	21,456	(47)	28,670	28,607	(63)
HEE Income	1,984	2,481	497	2,605	3,338	733
Other Income	13,155	12,486	(669)	19,445	17,761	(1,684)
Total Income	**261,074**	**263,557**	**2,483**	**349,963**	**351,259**	**1,296**

- 999 income is £2,702k greater than plan, this is mainly from additional income (£2,500k) from NHS England to support funding the additional resources, and associated expenditure, required to improve C2 mean performance.

- 111 income is £47k below plan, this is due to the reduction in the cost of prescription fees, that is recharged to commissioners and subsequently is offset by the decrease in expenditure.

- HEE (Health Education England) income is £497k above plan. This reflects the most recent funding schedules received for 2024/25 and the additional expenditure for some of the ongoing projects (mainly for the advance clinical paramedic (PP)) and is matched to the actual expenditure.

- Other income is £669k below plan, this is a result of the planned additional £3,000k of additional funding is mitigated by the recognition of income received in the previous year (£1,172k), in addition to the new Adult Critical Care Service (£587k) and the sale of obsolete equipment (£67k).

- The total income forecast is £1,296k above plan. The additional £6,000k of planned income to support the position, is mitigated by: £2,500k relates to the re-allocation or of the additional 999 capacity funding as mentioned above, £1,700k of additional recurrent funding expected from NHS England to support ambulance capacity, £1,172k from the income recognition mentioned above and £782k from funding for the adult critical care transfer service. The remainder is driven by the additional income expected from HEE income. The Trust is still awaiting confirmation of the start and the funding of the recently awarded Gatwick contract.

2. Expenditure

The below table shows the expenditure plan and outturn by directorate. The below is offset by corresponding funding the Trust receives and recognised under income.

Expenditure By Directorate*	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	(3,569)	(4,036)	(467)	(4,670)	(5,485)	(815)
Finance & Corporate Services	(12,060)	(12,349)	(289)	(16,181)	(16,883)	(702)
Quality and Safety	(2,731)	(2,724)	7	(3,636)	(3,627)	9
Medical	(10,913)	(10,261)	652	(14,706)	(14,082)	624
Operations	(147,100)	(148,281)	(1,181)	(195,948)	(197,999)	(2,051)
Operations - 111	(21,802)	(22,317)	(515)	(29,059)	(29,945)	(886)
Strategic Planning & Transformation	(21,380)	(21,410)	(30)	(28,651)	(28,949)	(298)
Human Resources	(4,645)	(4,897)	(252)	(6,280)	(6,751)	(471)
Digital	(8,747)	(8,694)	53	(11,672)	(11,751)	(79)
Paramedical	(4,063)	(4,023)	40	(5,444)	(5,737)	(293)
Total Directorate Expenditure	**(237,010)**	**(238,992)**	**(1,982)**	**(316,247)**	**(321,209)**	**(4,962)**
Depreciation	(13,967)	(13,674)	293	(19,196)	(19,017)	179
Impairments	0	1,836	1,836	0	1,836	1,836
Financing Costs	(641)	(121)	520	(854)	75	929
Corporate Expenditure	(9,875)	(10,061)	(186)	(15,382)	(12,553)	2,829
Total Expenditure	**(261,493)**	**(261,012)**	**481**	**(351,680)**	**(350,867)**	**812**
Further Trust Savings Required	0	0	0	0	0	0
Planned Profit on Sale of Assets	1,722	606	(1,116)	1,722	1,449	(273)
Total Trust Expenditure	**(259,771)**	**(260,406)**	**(635)**	**(349,958)**	**(349,418)**	**540**

*Excludes Income - Values subject to rounding

Year to Date performance against plan

- Total expenditure at YTD December 2024 was £260,406k, which is £635k below plan.

- This figure includes an additional capacity resource expenditure of £2,500k in Operations, which is matched by equivalent income. Favourable variances in other directorates have offset the cost pressures in different areas, as detailed below.

- Excluding the additional capacity cost of £2,500k, the YTD operations position is £1,319k below plan. The main factors contributing to this underspend are as follows:

  o Field operations account for £532k of the total underspend. This is mainly due to a significant reduction in overtime and time off in lieu (TOIL) payments, as funding from additional capacity has been allocated to overtime. This reduction offsets the YTD bank staff costs equalling £763k. Additionally, spending on planned recruitments is 45.5% below target, and we have maintained savings of £355k on private ambulance providers due to a 27.1% decrease in the provision of hours in Quarter 1.

  o Within Specialist Operations, there is a favourable variance of £618k, which represents 46.8% of the overall underspend. This is largely due to the timing of various planned expenditures, including underspent vehicle expenses of £268k because of delays in the delivery of planned lease vehicles and protective clothing expenses of £170k.

  o The Emergency Operations Centre (EOC) is £191k below plan, mainly due to the transfer of overtime costs to additional capacity funding. Furthermore, reliance on

agency resources at premium rates, along with overtime to support the service, has significantly decreased since the international clinicians became fully operational in September 2024.

- We are reporting YTD financial performance in our NHS 111, which has exceeded the plan by £515k. The primary cause of this variance is increased pay costs amounting to £573k, mainly due to our dependence on agency clinicians to ensure safe service delivery, particularly during the festive period and winter pressures. The service continues to face challenges in recruiting clinicians, which contrasts with the successes seen in the EOC. This overspent is partially offset by an underspend of £58k across various non-pay categories, particularly in facilities costs.

- Other key favourable variances across several directorates include pay savings of £705k in support and back-office functions. These savings are largely because of delayed recruitment and restructuring, especially within the Medical and Paramedical divisions.

- This is offsetting higher than planned expenditure in HR amounting to £252k, due to the recruitment of additional resources to enhance senior management and employee relations, thereby improving HR service delivery. The CEO's department also experienced overspending, largely due to the requirement of engaging external specialist contractors for transition and training purposes. Furthermore, F&CS is overspent by £289k because of an increased number of minor works required to ensure compliance with health and safety regulations across various Trust sites.

- On the positive side, finance costs have resulted in an additional favourable variance of £520k, because of the interest earned from banks, which reflects the current high interest rates.

The table below shows the Trust expenditure as categorised by NHS England as part of the Provider Financial Return (PFR).

NHSE Categories	Year to December 2024			Forecast to March 2024		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Pay/Staff Costs	(191,171)	(190,444)	727	(257,742)	(260,278)	(2,536)
Depreciation	(13,967)	(13,674)	293	(19,197)	(19,015)	182
Premises Costs	(16,131)	(13,069)	3,062	(21,698)	(18,765)	2,933
Transport Costs	(12,900)	(12,220)	680	(17,418)	(16,614)	804
Purchase of Healthcare (PAPs;IC24;HEMS)	(8,541)	(8,371)	170	(10,879)	(10,820)	59
Supplies and Services	(7,435)	(7,791)	(356)	(10,031)	(10,685)	(654)
Establishment	(4,454)	(4,653)	(199)	(6,192)	(6,911)	(719)
Education Costs	(1,616)	(1,029)	587	(2,175)	(1,887)	288
Operating Lease Expenditure	(1,521)	(1,223)	298	(2,028)	(1,691)	337
Finance Costs	(640)	1,715	2,355	(855)	1,912	2,767
Clinical Negligence (CNST)	(1,476)	(1,509)	(33)	(1,967)	(2,001)	(34)
Other	81	(8,744)	(8,825)	(1,498)	(4,113)	(2,615)
Total Expenditure	**(259,771)**	**(261,012)**	**(1,241)**	**(351,680)**	**(350,867)**	**813**
Planned Profit on Sale of Assets	0	606	606	1,722	1,449	(273)
Total Trust Expenditure	**(259,771)**	**(260,406)**	**(635)**	**(349,958)**	**(349,418)**	**540**

Full year performance against plan

- As of December 2024, the Trust predicts that the plan will be successfully achieved.

South East Coast Ambulance Service NHS
NHS Foundation Trust

3. Workforce

- The following table shows the analysis of the movement in WTE by directorate and comparison to the month plan:

WTE* By Directorate	Analysis to December 2024			Month of December 2024			Vacancies* - December 2024		
	Nov-24	Dec-24	Movt	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	49.6	51.1	1.5	51.8	51.1	0.8	51.8	49.5	2.3
Finance	41.7	39.8	(1.9)	43.8	39.8	4.0	43.8	40.4	3.4
Quality and Safety	55.4	55.5	0.1	55.7	55.5	0.2	55.7	57.1	(1.4)
Medical	141.5	144.2	2.7	155.7	144.2	11.5	155.7	139.4	16.3
Operations	3,771.7	3,906.9	135.2	3,853.6	3,906.9	(53.3)	3,853.6	3,631.9	221.6
Operations - 111	414.4	401.3	(13.1)	428.3	401.3	27.0	428.3	380.0	48.3
Strategic Planning & Transformation	119.3	123.5	4.2	121.5	123.5	(2.0)	121.5	119.4	2.1
Human Resources	71.7	70.0	(1.7)	71.6	70.0	1.7	71.6	69.6	2.0
Digital	66.4	69.2	2.8	70.0	69.2	0.8	70.0	69.0	1.0
Paramedical	60.0	61.6	1.6	68.3	61.6	6.7	68.3	59.9	8.4
Total Whole Time Equivalent (WTE)	**4,791.6**	**4,922.9**	**131.3**	**4,920.3**	**4,922.9**	**(2.6)**	**4,920.3**	**4,616.3**	**304.0**

*Excludes 3rd Party Providers (PAPs)   *Net Funded WTE less Contracted (ESR) WTE

- 131.3WTE more was provided in December compared to last month, mainly in Operations, reflecting seasonality.

- The Trust is 2.6WTE above plan for December, this mainly due to the additional overtime provided in Operations to meet demand, including EOC, as noted above, 111 and Medical, linked to current vacancies. Operational vacancies are supported by overtime and bank.

4. Service Line

- The table below shows the Income and Expenditure attributable to our key service lines, this excludes reporting (system) adjustments.

Trust Position	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	261,074	263,557	2,483	349,963	351,259	1,296
Expenditure	(259,771)	(260,406)	(635)	(349,958)	(349,418)	540
Trust Surplus / (Deficit)	**1,303**	**3,151**	**1,848**	**5**	**1,841**	**1,836**
Reporting adjustments:	1	(1,835)	(1,836)	0	0	0
Reported Surplus / (Deficit)*	**1,304**	**1,316**	**12**	**7**	**7**	**0**

999 (Emergency Services)	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	236,683	238,164	1,482	317,482	317,371	(111)
Expenditure	(234,570)	(235,182)	(612)	(316,369)	(314,899)	1,470
Trust Surplus / (Deficit)	**2,113**	**2,982**	**870**	**1,114**	**2,472**	**1,358**
Reporting adjustments:	1	(1,835)	(1,836)	0	0	0
Reported Surplus / (Deficit)*	**2,114**	**1,147**	**(966)**	**1,114**	**2,472**	**1,358**

111 (KMS)	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	21,503	21,456	(47)	28,670	28,606	(65)
Expenditure	(21,802)	(22,317)	(514)	(29,059)	(29,942)	(883)
Trust Surplus / (Deficit)	**(300)**	**(861)**	**(561)**	**(389)**	**(1,337)**	**(948)**
Reporting adjustments:	0	0	0	0	0	0
Reported Surplus / (Deficit)*	**(300)**	**(861)**	**(561)**	**(389)**	**(1,337)**	**(948)**

Other	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	2,889	3,937	1,048	3,810	5,283	1,472
Expenditure	(3,399)	(2,907)	492	(4,530)	(4,577)	(47)
Trust Surplus / (Deficit)	**(510)**	**1,030**	**1,540**	**(720)**	**706**	**1,425**
Reporting adjustments:	0	0	0	0	0	0
Reported Surplus / (Deficit)*	**(510)**	**1,030**	**1,540**	**(720)**	**706**	**1,425**

- Assumptions:
    - 999 includes the Hazardous Area Response Team (HART) and Helicopter Emergency Medical Service (HEMs) as well as core functions.
    - 111 reflects the direct cost, including depreciation for delivering the 111 and Clinical Advice Service (CAS) for Kent, Medway, and Sussex.
    - Other includes directly commissioned services and funded projects, including Neonatal, Adult Critical Care Transfer Service, Gatwick Airport, Commercial Events, International Paramedic Recruitment, Specialist Operations Response Team (SORT) and specific HEE Education projects e.g.: Placements and development of the Level 7 Advanced Clinical Practitioners.

- 999 is £966k below plan for the YTD, mainly driven by the reversal of the impairment (£1,836k).

- 111 is £561k worse than plan, as noted above, relating to additional clinical support.

- Other is £1,540k better than plan from benefits from HEE education projects in addition to the Adult Critical Care Transfer Service contributing £421k.

5.   Efficiency Programme

- The Trust's revised financial plan surplus of £7k for 2024/25 is predicated on the delivery of a £23,926k efficiency target, which represents 6.6% of operating the expenditure.

Pipeline Tracker - Cash Releasing and Non-Cash Releasing Efficiencies

Scheme Category	Fully Validated	Validated	Scoped	Total Schemes	Proposed	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Digital Productivity	167	-	-	167	-	167
Discretionary Non Pay	73	-	-	73	-	73
External consultancy & contractors	51	-	-	51	-	51
Fleet - Fuel: Bunkered Fuel & Price Differentia	500	-	-	500	-	500
Fleet - Other Efficiencies	100	-	-	100	-	100
Hear and Treat improvement	1,629	-	-	1,629	-	1,629
Income generation	1,722	-	-	1,722	-	1,722
Medicines Management - Drugs	93	-	-	93	-	93
Medicines Management - Equipment	44	-	-	44	-	44
Operations Efficiencies	1,307	-	-	1,307	-	1,307
Optimisation in establishment - clinical	2,350	-	-	2,350	-	2,350
Optimisation in establishment - non clinical	3,046	-	-	3,046	-	3,046
Policy & Process review	391	-	-	391	80	471
Procurement contracts review	129	-	40	169	298	467
Recruitment & Retention optimisation	1,000	-	-	1,000	-	1,000
Reduction in Sickness Absence	620	-	-	620	-	620
Savings following sale of property	267	-	-	267	-	267
Service Redesign	9,871	-	-	9,871	384	10,255
Supply Chain review	148	-	-	148	-	148
Grand Total	23,508	0	40	23,548	762	24,310

- As of the end of December 2024 (YTD month 9), 60 efficiency schemes equalling £24,310k have been identified on the Pipeline Tracker. We have developed 43 of these schemes valued at £23,548k. This remains 98.4% of our target of £23,926k, as detailed in the table above.

- Out of these, 40 schemes totalling £23,508k have been transferred to the delivery phase.
  - Of these, 16 non-cash-releasing schemes valued at £19,176k were recognised during the planning stage.
  - The remaining 24 cash-releasing schemes account for £4,332k, which is 89.0% of the £4,750k target, including the anticipated £450k savings from collaboration with SCAS.

- We still have 3 procurement contract review schemes, valued at £40k, in the "scoped" phase, which are currently awaiting approval from executive directors and a QIA review.

- Additionally, the number of proposed schemes has increased to 17, now amounting to £762k, up from £378k last month. This increase is largely due to the "Keeping Patients Safe in the Waiting List" scheme, which is valued at £384k and is currently being scoped to address the shortfall in our non-cash-releasing target. The 16 cash-releasing procurement contract review schemes, equalling £378k, are still under development to help close the existing gap.

Summary of YTD Efficiency Delivery - Cash-releasing and Non-Cash releasing

2024-25 M9 Efficiencies Status	Plan YTD M09			Actuals YTD M09				Full Year Plan			Full Year Forecast Fully Validated Schemes				Full Year Forecast Risk Adjusted Fully Validated Schemes			
	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total	Variance	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total	Variance	Recurrent	Non Recurrent	Total	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cash Releasing Efficiencies	3,168	0	3,168	1,170	1,908	3,078	(90)	4,750	0	4,750	2,745	1,587	4,332	(418)	2,265	1,587	3,852	(898)
Non-Cash Releasing Efficiencies	9,818	3,423	13,238	10,283	2,112	12,395	(843)	16,371	2,803	19,174	16,371	2,803	19,174	0	16,371	2,419	18,790	(384)
Total Efficiencies	12,986	3,423	16,406	11,453	4,020	15,473	(933)	21,121	2,803	23,924	19,116	4,390	23,506	(418)	18,636	4,006	22,642	(1,282)
Recurrent /Non recurrent percentage	79.2%	20.9%		74.0%	26.0%			88.3%	11.7%		81.3%	18.7%			82.3%	17.7%		

- At the end of the third quarter (YTD December 2024), The Trust achieved efficiency savings of £15,473k, falling short of the planned target by £933k, or 5.7%.

- This shortfall is mainly due to delays in the planned sale of properties, resulting in an underachievement of £843k in our non-cash generating schemes during the first quarter. YTD, we have reported savings of £12,395k against a target of £13,238k.

- We had also planned for YTD cash-releasing efficiency savings of £3,164k, but we delivered £3,078k, which is £90k (2.7%) below the plan. Notably, 62.0% (£1,908k) of these savings came from non-recurrent sources. Overall, our performance reflects a blend of overachievement and underachievement, as detailed in the directorate summary below.

- Originally, we aimed for 100% cash-releasing savings. However, current recurrent savings account for 74.0% of total savings, compared to the planned 79.2%. This adjustment has resulted in non-recurrent schemes representing 26.0% of total savings, up from the planned 20.9%.

- The efficiency program is currently assessed as having an "amber" risk rating. The present full-year risk-adjusted forecast has decreased by £384k, moving from £23,028k to £22,642k, which is £1,282k or 5.4% below the target of £23,926k. This adjustment is mainly because Coxheath is being remarketed, meaning the anticipated profit of £384k from its disposal will not be realised in this financial year. To address this shortfall, an alternative initiative titled "Keeping Patient Safe in the Waiting List" is being developed.

Summary of YTD Efficiency Delivery - Cash releasing by Directorate

Directorate	YTD M09 Plan	YTD M09 Actuals	Variance		Full Year (FY) Plan	FY Forecast - Risk	Variance	
	£000	£000	£000		£000	£000	£000	
Chief Executive Office	28	32	3	✅	42	42	0	✅
Finance & Corporate Services	709	475	(233)	❌	1,061	520	(541)	❌
HR	667	667	0	✅	1,000	1,000	0	✅
Medical	266	255	(11)	❌	399	399	0	✅
Operations	943	821	(122)	❌	1,414	934	(480)	❌
Quality & Nursing	21	32	11	✅	31	75	44	✅
Strategic Planning & Transformation	174	705	531	✅	261	790	529	✅
Digital and Information	61	92	31	✅	92	92	(0)	❌
Trust wide	300	0	(300)	❌	450	0	(450)	✅
	3,168	3,078	(90)		4,750	3,852	(898)	

- As outlined in the directorate summary of our cash-releasing schemes, we are currently reporting a YTD gap of £90k and a projected full-year shortfall of £898k. These shortfalls are primarily due to unmet milestones, including expected contract reviews and delays in changes to HR policies that impact various operational schemes. The underperformance is partially offset by non-recurrent budget underspends.

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- The YTD adverse variance of £90k is mainly driven by the delayed anticipated savings of £300k from the SCAS collaboration review, the timing of recognising expected procurement contract review savings in Finance, and net slippage of £122k in Operations, resulting from delays in HR policy changes. These have been partially mitigated by an overachievement of £531k in SP&T, largely due to reduced fuel rates that generated non-recurrent savings of £500k, along with additional minor savings across other directorates, notably £31k from Digital.

- The risk-adjusted shortfall for the full year remains at £898k. This is attributed to delayed procurement contract reviews amounting to £541k, the "Removal of Additional TOIL Payment" initiative, which targets savings of £480k in Operations, and unrealised benefits from the SCAS collaboration review, accounting for another £450k. Again, these shortfalls have been partially offset by the aforementioned non-recurrent budget savings.

- Most cash-releasing efficiencies are expected to be realised in the second half of the year. However, this could pose challenges due to the winter pressures that the Trust typically faces during this period.

- Ongoing efforts are in place to ensure the successful delivery of the planned efficiency target for 2024/25. The Trust remains committed to generating £1,672k (35.2%) to meet the total cash-releasing target of £4,750k by the fourth quarter, although this achievement will likely be largely subsidised on a non-recurrent basis.

- Finance Business Partners (FBPs) are collaborating closely with the Senior Management Group (SMG) leads to:
  - Develop and expedite identified initiatives through the Executive Director/QIA and delivery phases, aiming to reduce the current cash-releasing forecast variance of £898k.
  - Identify budget underspends as non-recurrent efficiencies.
  - Promote sustainable schemes and explore new opportunities to mitigate potential risks, ensuring that each directorate meets its allocated cash-releasing target.

- Regular updates on progress are provided to the SMG, Joint Leadership Team, and the Finance and Investment Committee.

6. Agency

	Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Agency Expenditure	(1,449)	(1,439)	10	(1,932)	(1,932)	0

- Overall spend with agencies is £10k less than planned.

- Majority of the agency spend for the year to date was in 111 (£1,045k) and to provide additional capacity support in EOC (£142k).

South East Coast Ambulance Service NHS
NHS Foundation Trust
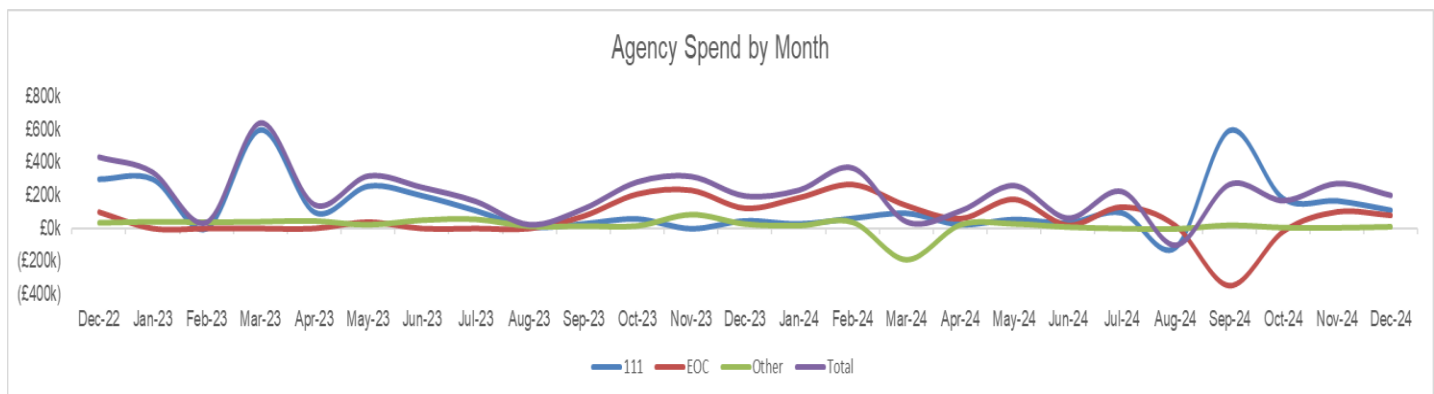
7.   Statement of Financial Position and Cash

	£000 30 November 2024	£000 Change	£000 31 December 2024	£000 31 March 2024
NON-CURRENT ASSETS				
Property, Plant and Equipment	98,129	(306)	97,823	97,966
Intangible Assets	1,478	(134)	1,344	2,131
Trade and Other Receivables	0	0	0	0
Total Non-Current Assets	**99,607**	**(440)**	**99,167**	**100,097**
CURRENT ASSETS				
Inventories	2,924	128	3,052	2,684
Trade and Other Receivables	17,180	(5,385)	11,795	6,739
Asset Held for Sale	1,373	0	1,373	1,953
Other Current Assets	0	0	0	0
Cash and Cash Equivalents	26,725	6,735	33,460	35,568
Total Current Assets	**48,202**	**1,478**	**49,680**	**46,944**
CURRENT LIABILITIES				
Trade and Other Payables	(33,797)	(3,212)	(37,009)	(34,236)
Provisions for Liabilities and Charges	(13,155)	2,616	(10,539)	(13,881)
Borrowings	(5,361)	(504)	(5,865)	(5,245)
Total Current Liabilities	**(52,313)**	**(1,100)**	**(53,413)**	**(53,362)**
Total Assets Less Current Liabilities	**95,496**	**(62)**	**95,434**	**93,679**
NON-CURRENT LIABILITIES				
Provisions for Liabilities and Charges	(10,757)	(856)	(11,613)	(10,757)
Borrowings	(19,171)	936	(18,235)	(19,513)
Total Non-Current Liabilities	**(29,928)**	**80**	**(29,848)**	**(30,270)**
TOTAL ASSETS EMPLOYED	**65,568**	**18**	**65,586**	**63,409**
FINANCED BY TAXPAYERS EQUITY:				
Public dividend capital	109,537	0	109,537	109,537
Revaluation reserve	5,215	(13)	5,202	6,871
Donated asset reserve	0	0	0	0
Income and expenditure reserve	(52,318)	14	(52,304)	(52,999)
Income and expenditure reserve - current year	3,134	17	3,151	0
TOTAL TAX PAYERS' EQUITY	**65,568**	**18**	**65,586**	**63,409**

- Non-Current Assets decreased by £440k in the month arising mainly from £1,244k monthly additions offset by monthly depreciation of £1,531k and £153k of disposals.

- M09 movement within Trade and other receivables is a net decrease of £5,385k. The net decrease is driven by the Trust receiving cash for the pro-rata and previously accrued £2.5m non-recurrent support funding and pay award from Kent and Medway ICB.

- The closing cash position at the end of December 2024 was £33,460k and £666k higher than planned. The is driven by Commissioners settling the agreed non-recurrent funding (£2.5m), pay awards (Kent & Medway ICB) and NARU income. The revised cash forecast is £40,746k that incorporates the above and the additional £10,500k support from Commissioners to deliver the £7k surplus.

- Trade and other payables increased by £3,212k which is driven by the Trust accruing for unbilled services £2,161k and holding on account £1,051k more invoices that were recently received which are being actively validated by the Trust.

- The provision balances decreased by £1,760k during the month and relates to the release of dilapidation for five sites that the Trust no longer leases (as of 2024/25).

- Borrowings decreased by £432k overall (recurrent and non-recurrently) that arise from offsetting lease payments towards lease cars.

- The £31k increase on the I&E reserve represents the Trust's reported surplus.
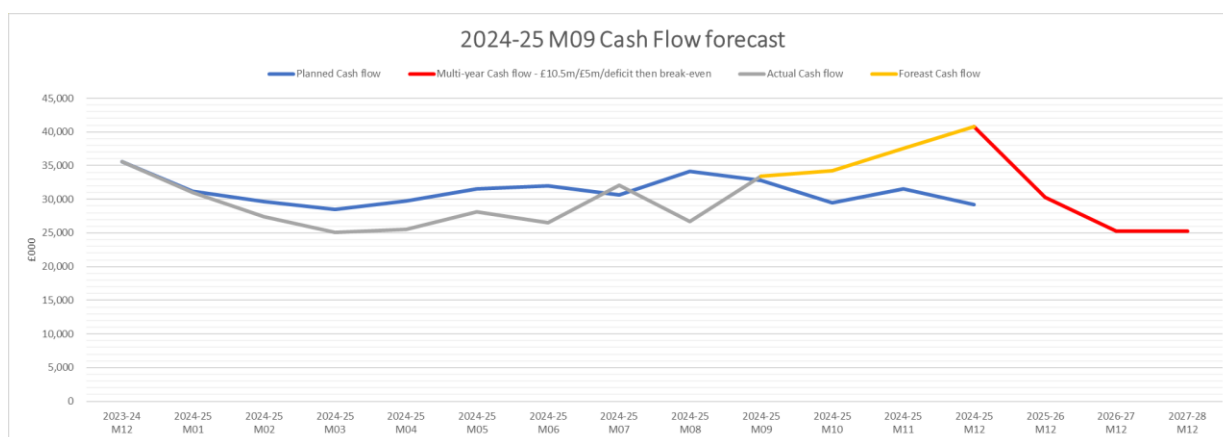
- The Trust is forecasting a £40,746k closing cash balance for 2024-25. The above graph shows the 2024-25 planned (blue line), actual (grey line) and forecast (yellow line) cash balance. The latter incorporates the additional £6.0m income that was agreed after the July 2024 plan submission, which was reflected in the £10,493k agreed deficit plan and the £10,500k support from Commissioners that revised the Trust plans for the year to £7k surplus. Assuming a £10.5m and £5m deficit for 2025-26 and 2026-27 respectively and then a breakeven for 2027-28 (red line) would mean the Trust can retain £25.3m worth of cash that will be sufficient to meet approximately one month's worth of pay obligations. The Trust cannot afford to carry on business as usual as cash would be used up within the next 18 months and the Trust would need to seek cash support from DHSC and HMT that would be interest bearing, based on the then published rates. This would further increase the deficit as finance cost would increase and is not financially sustainable.

8.   Capital

- The in-month capital spend is £307k. The in-month actual is £1,417k lower compared to the plan of £1,724k. This is due to the slight delay in the remainder of the 57 leased DCAs for the year.
- The Trust has underspent on the YTD capital plan of £13,062k by £3,454k, which is mainly due to the slight delay in the remainder of the leased DCAs, these will be caught up by the end of the financial year.

	In Month December 2024			Year to December 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Original Plan									
Estates	500	132	368	3,531	2,202	1,329	4,501	4,693	(192)
Strategic Estates	0	21	(21)	0	344	(344)	0	344	(344)
IT	388	89	299	1,229	843	386	3,907	3,127	780
Fleet	597	19	578	1,692	2,066	(374)	3,058	3,901	(843)
Medical	0	0	0	45	0	45	45	45	0
Total Original Plan	**1,485**	**261**	**1,224**	**6,497**	**5,455**	**1,042**	**11,511**	**12,110**	**(599)**
Extra Allocation*									
Total Extra Allocation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
CDEL Credit**									
Total Sales Income	0	0	0	0	(656)	656	(1,903)	(1,013)	(890)
Total Spend	0	0	0	0	0	0	1,903	0	1,903
Total CDEL Credit	**0**	**0**	**0**	**0**	**(656)**	**656**	**0**	**(1,013)**	**1,013**
PDC									
Total PDC	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Purchased Assets	**1,485**	**261**	**1,224**	**6,497**	**4,799**	**1,698**	**11,511**	**11,097**	**414**
Leased Assets									
Estates	40	(18)	58	339	496	(157)	674	744	(70)
Fleet	199	65	134	5,998	4,105	1,893	7,825	6,777	1,048
Specialist Ops	0	0	0	228	209	19	2,328	2,503	(175)
Total Leased Assets	**239**	**47**	**192**	**6,565**	**4,809**	**1,756**	**10,827**	**10,023**	**804**
Total Capital Plan	**1,724**	**307**	**1,417**	**13,062**	**9,608**	**3,454**	**22,338**	**21,120**	**1,218**

- The Trust is forecasting to spend £21,120k against a plan of £22,338k by year end. £414k of this underspend is due to the original purchased plan including a 5% overplanning margin, the Trust are unable to spend this, so the forecast now matches the actual allocation from the ICB. The remaining £804k relates to an underspend on leased assets, due to approvals not progressing as planned.

Cumulative Capital Spend Against Plan
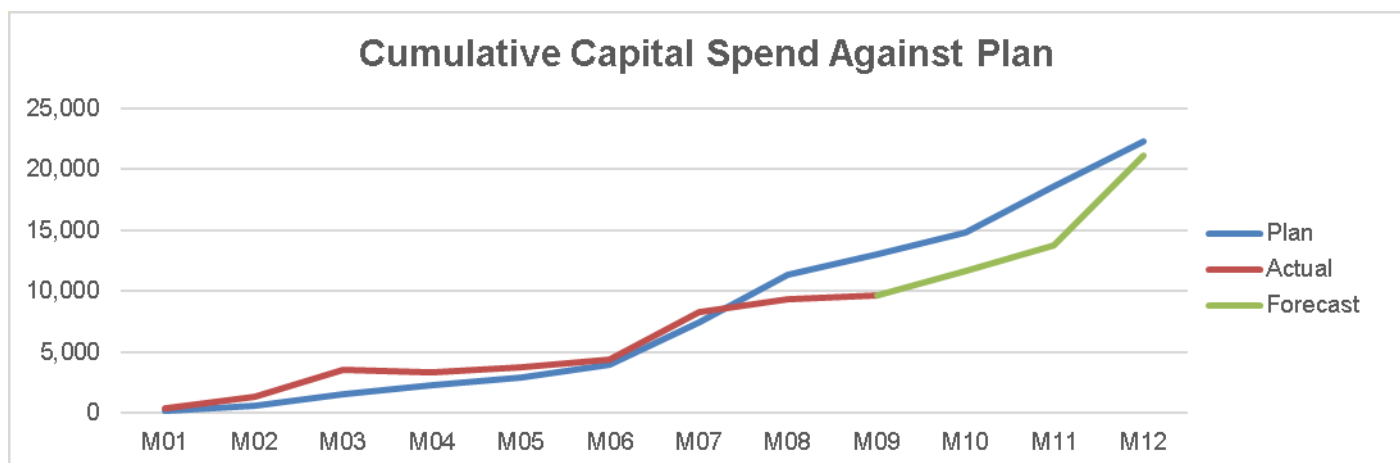
9.   Risks and Opportunities

Table – Risk with rating

Extreme (BAF) – 2 (Financial) Risk 540 – Historic Pay Issues (ECSW) Risk 542 – Sustainable Financial Plan	High - 10 Risk 487 – Nexus House H & S/Accessibility Compliance Risk 517 – New Procurement Act Risk 521 – Outdated SFI's Risk 522 – Procurement Contract Management Risk 534 – Financial Sustainability of Capital Plan Risk – 535 – Financial Fraud Risk Risk – (BAF) 543 Internal Financial Control Risk – 545 – non compliance of Procurement Regs 548 – Finance Team Capacity Risk – 549 – Estates Issues and Risks Risk 587 - Paddock Wood - Repairs to Roof
Moderate - 2 Risk 523 – Capacity of Procurement Team Risk 551 – Electric Vehicle Infrastructure	Low – 1 Risk 524 - move to e-procurement platform

- The table above shows those risks to achieving the finance department's objective that are linked to the organisation's ability to achieve its financial target.

- Potential opportunities for the year have been incorporated into the Trust's plan which mitigate risks identified.

Integrated Multi Year Business Plan
2025 – 2028
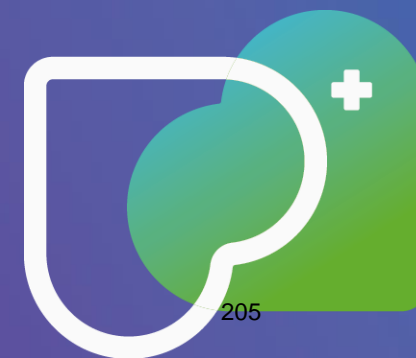
Agenda

1. Context: national guidance
2. Our strategy
3. Integrated business plan

Context: national guidance

Multi year business planning: Planning approach & timeline

- ICBs to co-ordinate system-wide planning.
- Headline submission (£ bridge, performance, activity, WTEs) – 27th Feb.
- One full and final submission and Board assurance templates – 27th Mar.
- Expectation is a balanced system financial position.
- Plans must include responses to the productivity/efficiency packs.
- Board to Boards to take place in April, which will form a 'compact'.
- NHS England will provide support to targeted systems/trusts.

Multi year business planning: Board assurance

- Individual organisation Board-led check and challenge process, to include sign-off of the full plan submission to NHS England on 27th Mar.
- Full plan must include: plan summary, key assumptions, trade-offs, deliverability.
- All Boards will be expected, as a minimum, to confirm that:
  - National priorities will be achieved through reducing unwarranted variation, improving productivity and using evidence-based models of care.
  - Local prioritisation is supported through a robust QEIA process and objective prioritisation.
  - Plans are fully integrated, deliverable and adequate risk mitigation is in place.

Saving Lives, Serving Our Communities

Multi year business planning: Planning guidance particulars

Financial

- The NHS funding settlement must cover final pay settlements, increased NI, quality improvements.
- System partners are required to collaborate to deliver a balanced net system financial position.
- Organisations will need to deliver efficiencies of 1% and achieve a 4% improvement in productivity, in order to deal with demand growth (this is prior to any additional improvements required locally to balance plans).
- All systems are expected to deliver a 30% reduction in agency spend and a 10% reduction in bank use.
- Deficit support funding is half of what was expected.
- Impact of convergence on local ICBs is greater than expected.

Quality

- Priority target: Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
- Work towards delivering hospital handovers within 15 minutes, and no handovers over 45 minutes.
- Increase referrals to the community including: urgent community response (UCR), virtual wards, same day urgent care (SDEC) and urgent treatment centers (UTCs).
- Improve hear and treat rates, increasing the proportion of Category 2 calls, and ensuring all 3 and 4 calls are clinically navigated, validated and triaged.
- Implement all elements of the People Promise.

Saving Lives, Serving Our Communities
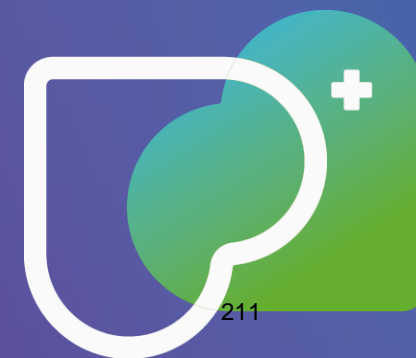
Our strategy

Our strategic framework

Our vision

Saving lives, serving our communities

What this means for our patients, people and partners

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

7 strategic commitments to direct how we will change

1. We will provide early and effective triage of patient need

2. We will provide timely and standardised care for emergency patients

3. We will respond to our non-emergency patients virtually

4. We will create an inclusive and compassionate environment where our people are happy

5. We will invest in our people's careers to better meet patient needs

6. We will become a sustainable and productive organisation

7. We will collaborate with our partners to establish our role as a UEC system leader

Our delivery model

Our strategy is to differentiate our response to best meet patient needs

To use our resources effectively, we are moving away from a 'one size fits all' approach. This will ensure all our patients receive the most appropriate response for their needs.

NOW: We have the same response for most of our patients - we send an ambulance.

TRIAGE

AMBULANCE 88%

REMOTE CARE

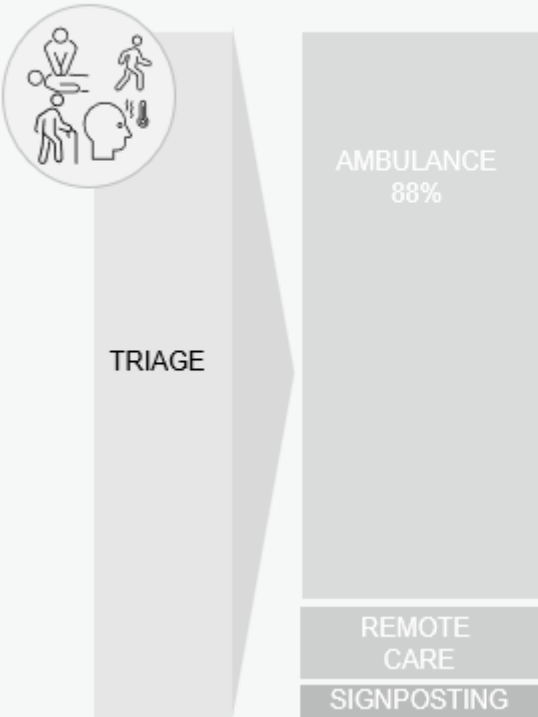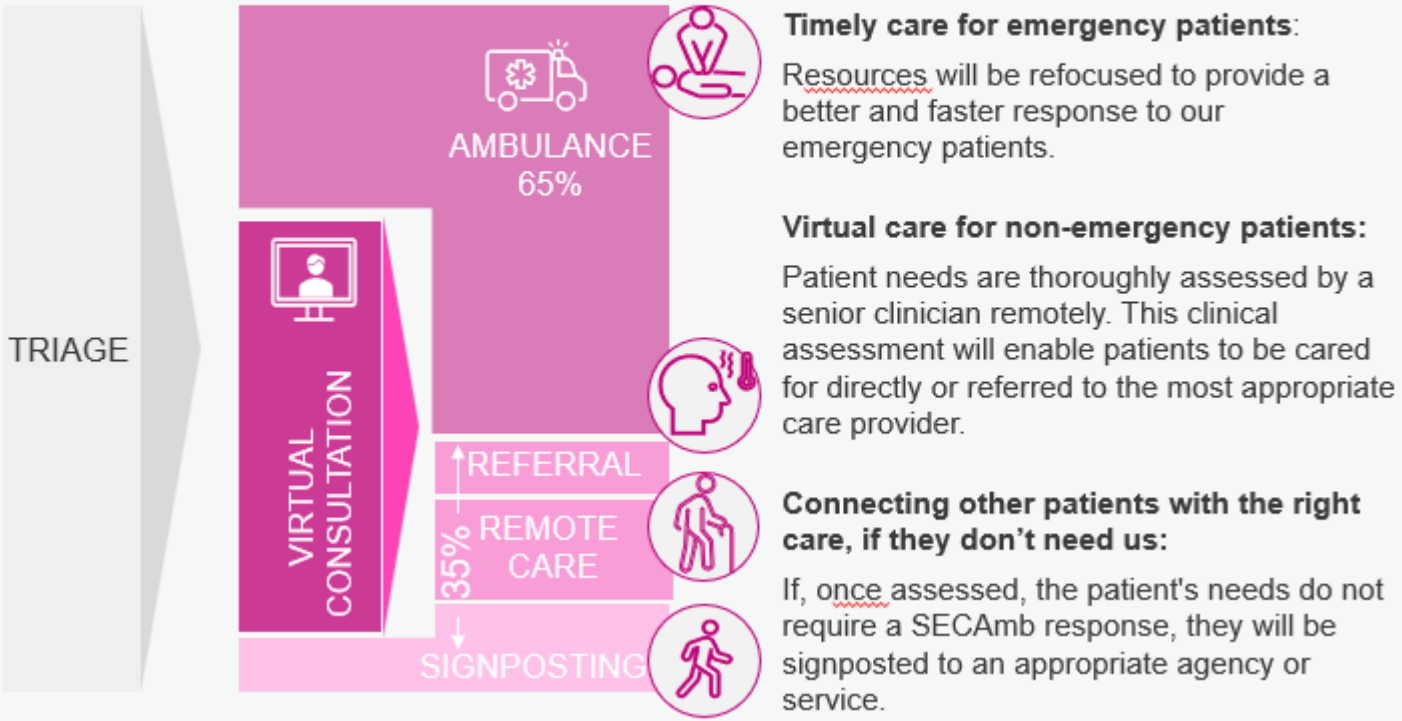SIGNPOSTING

FUTURE: We will provide a different response according to patient need.

TRIAGE

VIRTUAL CONSULTATION

AMBULANCE 65%

REFERRAL

REMOTE CARE 35%

SIGNPOSTING

Timely care for emergency patients:
Resources will be refocused to provide a better and faster response to our emergency patients.

Virtual care for non-emergency patients:
Patient needs are thoroughly assessed by a senior clinician remotely. This clinical assessment will enable patients to be cared for directly or referred to the most appropriate care provider.

Connecting other patients with the right care, if they don't need us:
If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.

Our objectives for 24/25

NHS
South East Coast Ambulance Service
NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
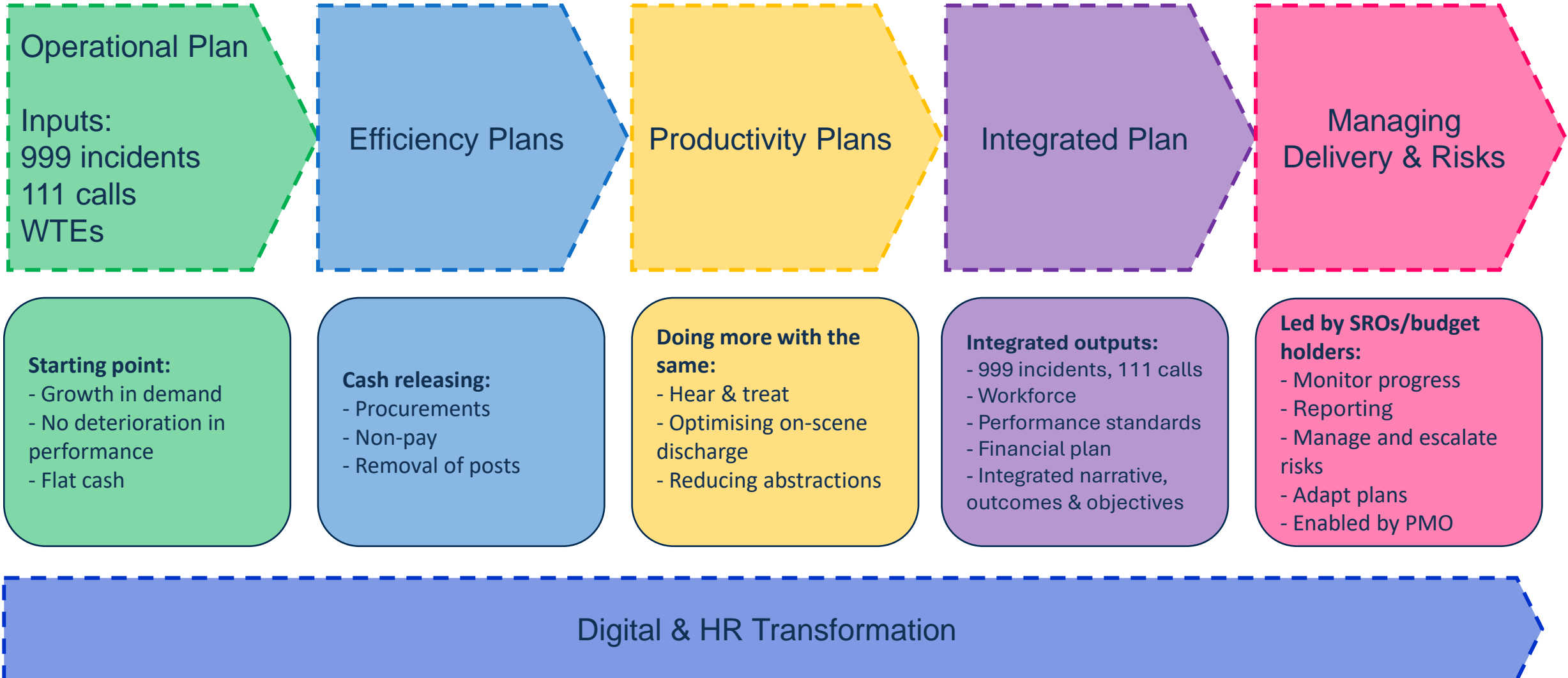- Develop and begin to deliver on a digital strategy

Saving Lives, Serving Our Communities

Integrated business plan

Our multi year business planning process

Operational Plan

Inputs:
999 incidents
111 calls
WTEs

Efficiency Plans

Productivity Plans

Integrated Plan

Managing Delivery & Risks

Starting point:
- Growth in demand
- No deterioration in performance
- Flat cash

Cash releasing:
- Procurements
- Non-pay
- Removal of posts

Doing more with the same:
- Hear & treat
- Optimising on-scene discharge
- Reducing abstractions

Integrated outputs:
- 999 incidents, 111 calls
- Workforce
- Performance standards
- Financial plan
- Integrated narrative, outcomes & objectives

Led by SROs/budget holders:
- Monitor progress
- Reporting
- Manage and escalate risks
- Adapt plans
- Enabled by PMO

Digital & HR Transformation

Saving Lives, Serving Our Communities

Multi Year Business Planning: Three phase timeline

217
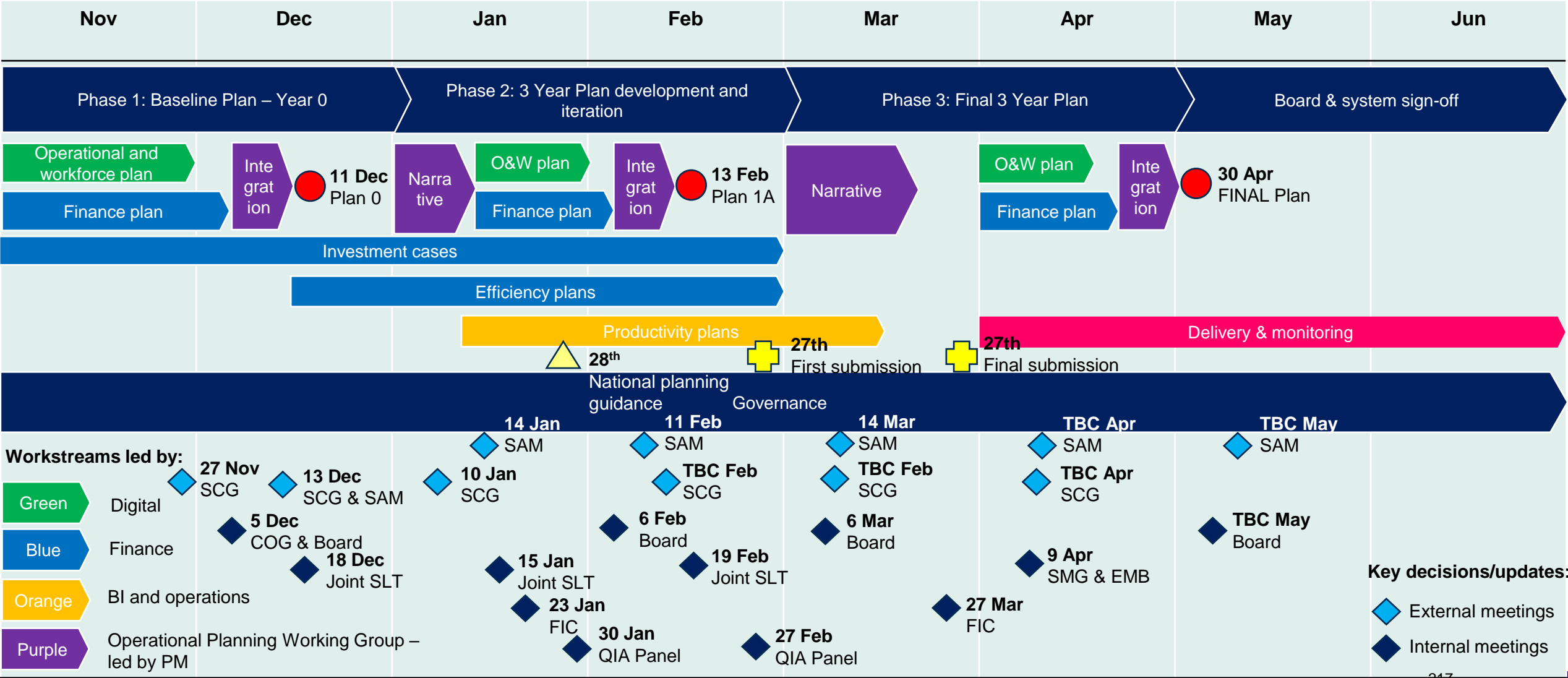
Agreed planning parameters:

- We will not deteriorate from a -£10.5m deficit in 2025/26.
- We plan to break even by end 2027/28.
- We will stay within our existing WTE in 2025/26.
- We will maintain current quality/performance (inc. Cat 2 mean 28m 30s).

Therefore, the following deliverables have been agreed for 2025/26:

- We will deliver a trust-wide £10m efficiency plan recurrently.
- We will improve productivity in order to meet the increase in demand.
- Investments will only be made if they deliver direct efficiencies or a budget is identified.
- Organisational restructure must be cost neutral and ideally make efficiencies, at end state.