South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors
Meeting to be held in public.
19 June 2025
Banstead MRC, The Horseshoe, Bolters Ln, Banstead SM7 2AS
1000:1300

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction					
01/25	10:00	Welcome and Introductions	-	-	Chair
02/25	10:10	Apologies for Absence	-	-	Chair
03/25	10:12	Declarations of Interest	**Y**	Information	Chair
04/25	10:15	Minutes from the previous meeting 13.03.2025	**Y**	Decision	Chair
05/25	10:18	Action Log / Matters Arising	**Y**	Decision	PL
Performance and holding to account. To inform the discussion on the agenda items listed in this section, included is the Integrated Quality Report & Board Assurance Framework.					
06/25	10:20	Update from the Chief Executive	**Verbal**	Information	SW
07/25	10:50	Patients: Delivering High Quality Patient Care	**Y**	Assurance	LS
08/25	11:20	People: Our People Enjoy Working at SECAmb	**Y**	Assurance	MP
09/25	11:50	Sustainability: We are a Sustainable Partner	**Y**	Assurance	HG
Break 1220-1230					
Governance					
10/25	12:30	Governor and Membership Development Committee Report	**Y**	Information	AL
11/25	12:40	Governor Activities and Queries Report	**Y**	Information	AL
12/25	12:45	Nominations Committee Report	**Y**	Information	UK
Administration					
13/25	12:55	Any Other Business (AOB)	-	-	Chair
14/25	12:52	Questions from the public	-	-	Chair
15/25	12:58	Review of meeting effectiveness	-	-	Chair
Date of Next Meeting: Thursday 08th September 2025					Chair

Questions submitted by the public for this meeting will have their name and a summary of their question and the response included in the minutes of the meeting.

PLEASE NOTE: This meeting of the Council is being held in person**,** in addition to using Microsoft Teams. The meeting will be video-recorded and made available for public viewing following the meeting. Anyone who asks a question gives consent to being recorded and the publication of their participation in the meeting.

There is a section of the agenda for questions from the public. During the rest of the meeting, attendees who are not members of the Council are asked to remain on mute with their video off in order to help the meeting run smoothly. *This is a strict rule and anyone not following this will be removed from the meeting.*

Southeast Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 13th March 2025

Present:

Michael Whitehouse	(MW)	Chair
Karen Norman	(KN)	NED/SID
Liz Sharp	(LS)	NED
Subo Shanmuganathan	(SS)	NED
Howard Goodbourn	(HG)	NED
Paul Brocklehurst	(PB)	NED
Angela Glynn	(AG)	Appointed Governor
Ellie Simpkin	(ES)	Appointed Governor
Kirsty Booth	(KB)	Staff Governor (non-operational)
Andrew Latham	(AL)	Public Governor
Harvey Nash	(HN)	Public Governor
Leigh Westwood	(LW)	Public Governor
Martin Brand	(MB)	Public Governor
Peter Shore	(PS)	Public Governor
Ray Rogers	(RR)	Public Governor
Zak Foley	(ZF)	Public Governor
Stephen Mardlin	(SM)	Appointed Governor
Frances Pollard	(FP)	Public Governor
Garrie Richardson	(GR)	Operational Staff Governor
Matt Deadman	(MD)	Appointed Governor
Aidan Parsons	(AP)	Public Governor
Nick Harrison	(NH)	Staff Governor (left at 11am)

In Attendance

Peter Lee	(PL)	Director of Corporate Governance and Company Secretary
Richard Banks	(RB)	Head of Corporate Governance

Apologies:

Simon Weldon	(SW)	Chief Executive
Max Puller	(MP)	NED
Andy Erskine	(AE)	Appointed Governor
Mojgan Sani	(MS)	NED
Ariel Mammama	(AM)	Staff Governor
Mark Rist	(MR)	Public Governor

Item No.	Introduction and matters arising
47/24	**Introduction** MW welcomed all attendees to the Council of Governors meeting. MW expressed gratitude to all SECAmb colleagues for their contributions, highlighting the exceptional achievement of SECAmb coming out of special measures. MW emphasized that this success is due to the collective efforts of everyone who ensures that patients are at the heart of everything SECAmb does. MW presented the results of the staff survey, noting a significant increase in engagement levels. This improvement indicates that staff are having honest conversations within SECAmb, and the survey scores reflect a positive direction of travel. MW acknowledged that there is still more work to be done and expressed ambition to make SECAmb the best trust in the country.
48/24	**Apologies for Absence** The apologies were noted as listed above.
49/24	**Declarations of Interest** No additional interests were declared to those already recorded on the register of interests, available on the trust website.
50/24	**Minutes from the previous meeting** The minutes were approved as a true and accurate record of the meeting from 12th December 2024.
51/24	**Action Log / Matters Arising** The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.
Governance	
52/24	**Governor and Membership Development Committee ToR Approval** AL paid tribute to Usman who has relinquished his responsibility as chair and wish him well every success in NHS London. AL paid tribute to Usman, who has relinquished his responsibility as Chair, and wished him every success in his new role at NHS London. AL also welcomed MW as the new

	Chair, expressing confidence in MW's ability and preparedness to take on this role, and extended best wishes for success. AL confirmed as the trust is about to move out of RSP and confirmed this as excellent news. **Decision** ToR approved, noting MDC and GDC now effectively combined.
53/24	**Governor Development Committee Report** AL presented the Governor Development Committee Report, highlighting the following points: 1. The Council of Governors would appreciate understanding the reasons behind NED's non-attendance. 2. The Annual Members' Meeting (AMM) is developing, and a Task and Finish (T&F) group has been formed. AL expressed gratitude to the governors for offering their service to the committee. 3. AL thanked the governors for their due diligence and for attending sub-committee meetings to ensure duties are represented effectively. There were no questions from the governors. Regarding NED's non-attendance, AL emphasized the importance of courtesy and suggested that if a NED cannot attend, they should provide a note in advance. AL noted the difficulty in executing their role effectively without NED's attendance and stressed the need to brief NED colleagues. AL welcomed governor assistance and mentioned the recent Board Development Day, which provided an opportunity to consider diversity within SECAmb. AL acknowledged that more work is needed in this area. At the Annual Ambulance Conference in Leeds, SW chaired a committee discussion on digital matters. Several executive colleagues were present to ensure SECAmb had a national voice. AL was struck by the presentation on increasing diversity within organisations, noting the particular challenges and the need for further efforts in this area. AL mentioned the upcoming AGM and the need for more initiatives to be brought forward for governors within the South East, including the paramedic community, which presents a challenge. AL welcomed insights and participation in committees, encouraging thoughtful consideration of these matters.
54/24	**Governor Activities and Queries Report** The report was noted with no comments.
55/24	**Nominations Committee Report** The report was noted with no comments.
Performance and holding to account.	

56/24	MD, covering for SW, expressed delight at attending the meeting for the first time and looked forward to engaging with everyone. MD spoke on behalf of SW, who apologised for his absence. MD reflected on 42 years in the NHS and discussed the recent meeting of CEOs and Chairs to draft plans for the upcoming year. MD noted the progress since SW's last meeting. MD announced that SECAmb has exited special measures. The CQC visited in May 2022 and placed the trust into RSP 4. Every part of the organisation has worked diligently to achieve staff sustainability and exit special measures, receiving confirmation two weeks ago. SECAmb is now at NOF 3, with ongoing oversight focused on HR improvement plans and engagement with trade unions. Extra support is being provided at the regional and ICB levels. MD highlighted SECAmb's good relationship with providers and noted that SECAmb is the only trust meeting the national target for handover times, which is exceptional compared to other ambulance trusts where patients often wait for hours. MD emphasised the commitment to continued improvement and the ambition to excel in areas such as EDI. MD outlined priorities for the year and mentioned the final review on April 24th at the joint board/COG meeting, linked to strategy and winter support. MD provided updates on the efficiency and productivity programs, including a £10 million efficiency program managed by SMG with EMB support, and a £4 million internal productivity program aimed at improving Cat 2 mean response times. MD discussed partnerships, including work with the SCAS team and the joint appointment of DRC as Director of Strategy, which is expected to have a positive impact. MD shared results from the staff survey, noting improvements in response rates and overall scores. SECAmb performed above sector average, particularly in morale and speaking up about concerns. MD concluded by expressing gratitude to Angela for her work with students and encouraged continued efforts in all areas. **Areas of Focus** MD noted a 5% deterioration in certain areas, with awareness of specific hotspots. Gender-related issues saw a 3% deterioration, and physical violence incidents also deteriorated by 3%. These trends are consistent with the national trend across the health and social care landscape. MD emphasised the importance of using data to address these issues, with local areas examining their own hotspots and working with teams to gain a richer understanding. EDI and violence and aggression are key areas of focus, with local leaders responsible for addressing these issues.

	Corporately, organisational change processes are being managed to ensure structures support success. MW thanked the executive colleagues for their leadership and opened the floor for questions. **Governor Questions** PS inquired about the survey results, noting a mismatch with the GMB survey. MD assured that all data sources are being considered and triangulated. SS acknowledged the smaller sample size of the GMB survey but highlighted key issues that need addressing. MS emphasised the importance of focusing on systemic issues and improving organizational leadership. KB expressed concerns about ongoing issues with TU relationships and the impact on business operations. MD stressed the importance of progressing business alongside partnership working and maintaining clear expectations. AL asked if the paperwork associated with the staff survey results would be distributed. MD confirmed that it would be sent out. AL raised a question about the formal process for evaluating strategic and operational plans. MW expressed confidence in the current strategy despite financial challenges and emphasized the importance of scrutinizing plans. MD highlighted the importance of planning and agility in responding to system partners, noting that the right structures are in place. NH asked about the allocation of the £10.2 million. MD explained that it is part of the overall budget plan to achieve a 25-minute Cat 2 mean response time. PS asked if the increase in National Insurance has been fully funded. HG confirmed that it has been incorporated into the plans.
57/24	**Delivering High Quality Patient Care** LS presented the Quality Agenda, highlighting progress made against each item. LS mentioned the rollout of the rapid KSS with differing models requested by system partners. A review will be conducted during the spring. Key areas of complaint, such as ePCR and the patient safety incident framework, have been validated externally by the system assurance meeting, which enabled SECAmb to exit RSP. Significant amounts of evidence were requested by the system to exit the support program. LS acknowledged the challenges in the sector and discussed the efforts to meet operational performance, congratulating everyone for achieving the Cat 2 response time with the support of system partners and hubs. LS emphasised the importance of delivering high-quality patient care within financial constraints and mentioned the joint meeting in April to review how this can be translated into care delivery.

	LS reviewed the cardiac arrest annual report, noting a 30-day survival rate of 11.5%, the highest figure by any ambulance trust and 2% higher than last year. LS thanked all who performed CPR, including the public, ER, CFR, and ambulance crews. LS assured that the process for ensuring the paramedic voice is heard at the board level is in place and welcomed any questions. **Governor Questions** MB acknowledged the importance of the cardiac arrest survival rate and inquired about the real-time oversight of the MDC. LS assured that oversight is maintained by the Chief Pharmacist and measured on key metrics. RR asked about the criteria for public defibrillators. LS explained that there is a network run by BHF, and the medical directorate is looking at where defibrillators are missing. HN inquired about the evaluation of hubs and their impact on response times. LS explained that hubs are being reviewed, with different clinical models in place, and a comprehensive review is ongoing. MB raised concerns about the commissioning of hubs and the acceptance rate. LS acknowledged the issues and assured that work is in progress to address them. KN mentioned the importance of the provider collaborative and the role of social services. MW emphasized the need for evaluation and assurance. KB shared frustrations from the paramedic workforce about their clinical qualifications. MD acknowledged the problem and emphasised the importance of pushing for recognition. MW concluded the discussion, emphasising the importance of delivering high-quality patient care and addressing the challenges faced by SECAmb. AL raised concerns about Category 3 (C3) response times, noting that they are currently around 7 hours. AL shared experiences as an ER responder, highlighting the issue of ambulances being sent to cover points while elderly fallers wait in the system for clinical evaluation. AL questioned whether the clinical navigation system is working effectively, as C3 response times do not appear to be improving. LS responded that hubs are actively pulling people off the stack and monitoring which patients can be dealt with and removed from the stack. LS mentioned that the EOC is making a big push on first responders and that there is ongoing work to improve the situation. LS encouraged visits to the hubs to see the operations firsthand. AL asked if the experience in their area is replicated in other areas and if there are resources to reduce C3 response times. LS assured that efforts are being made to address these issues and improve response times.

58/24	**Our People Enjoy Working at SECAmb** SS highlighted the need to focus on the workforce and the implication of skill sets in different hubs. The HR Impact Plan is progressing, although there has been some slippage in delivery timescales. Aligning the impact plan with the trust restructure was deemed sensible, and it is crucial to ensure timely delivery. MB raised concerns about the intervention interviewing of student paramedics and the issues related to processes, systems, and communication. The report from NSHE, confirmed by MB as delivered in August last year, highlighted significant issues, including derogatory comments and rostering system problems. MB questioned the assurance on the trust's actions and the establishment of a project or working group to address these issues. SS acknowledged the concerns and confirmed that discussions with the Chief Paramedic Officer have taken place. The committee needs assurance on the delay and the HR Impact Plan, which will be reviewed in detail at the next committee meeting. MD discussed the importance of embracing partnerships and working collaboratively. Despite having skills and capabilities, there are still small pockets within the trust that need to be integrated. The discussion also touched on the increasing recognition of students and the structures being worked on to support them. HN raised concerns about the overall HR impact of changes, particularly in relation to the CQC focus. The appraisal rates are currently low, and there is a need for improvement in performance management. SS highlighted the importance of meaningful conversations between line managers and employees about development and aspirations. The HR Impact Plan needs to provide assurance that these changes will be implemented effectively. MW acknowledged the degree of change required and expressed confidence in the Chief People Officers ability to lead these efforts. The importance of management and leadership training was highlighted, and it was noted that training continues despite challenges. The discussion also emphasized the need for a culture of accountability and strong, decisive action from the top. KN provided reassurance on the clinical supervision of paramedics and the importance of metrics in evaluating progress. The meeting concluded with a commitment to address the discussed issues and drive positive change within the organization. Follow-up meetings will be scheduled to review progress and ensure accountability. MW highlighted that 150 graduates are joining annually, and significant effort is put into ensuring their experience is positive. Even if they do not stay, the goal is for them to leave with a good experience and become ambassadors for the organization throughout their careers. MW acknowledged AG's comments about moving towards a more collaborative space and suggested a private session with JL to explain the organization's response and provide assurance.

	AL asked for confirmation that ECSW pay harmonisation is now completed, and everyone has been paid correctly. SS confirmed and congratulated SWa for resolving this issue. LW raised concerns about the timing of the external review of community resilience, given the financial year. LW sought assurance that the report would be reviewed promptly, and any financial elements considered. MW emphasised the importance of holding NEDs accountable. MD mentioned that findings were presented last week, and an agreed plan and way forward are in place. PS questioned the HR Impact Plan, noting that it would take time to deliver. PS emphasised the need for a culture of accountability, particularly in response to increasing employee sickness rates. SS agreed and highlighted the importance of strong and decisive action from the top. SS mentioned that the HR Impact Plan is a work in progress and that papers coming to the People Committee will ensure the right questions are asked and BAF risks discussed. MW acknowledged the need for honesty about the degree of change required and expressed confidence in the CPO's ability to lead these efforts. MW emphasized the importance of addressing the root cause of cultural issues within the ambulance service and ensuring systems and processes around student placements are effective. SS added that constant questions about students and their management are on the radar, and FTSU guardians have visited all higher education establishments. AG, appointed governor for education, agreed that culture change is necessary and noted that SECAmb is becoming more open and collaborative. AG highlighted the importance of engaging with relevant stakeholders and working together to improve. MD reiterated the need for the organization to embrace partnerships and work collaboratively. MD noted that students are now being frequently discussed, which was not the case two years ago, and various structures are being worked on to support them. HN raised concerns about the overall HR impact of changes, particularly in relation to the CQC focus. HN questioned whether the NEDs have assurance that the organization will get back on track despite reappraisals. SS acknowledged the need for improvement in appraisal rates and emphasized the importance of meaningful conversations between line managers and employees about development and aspirations. SS noted that the HR Impact Plan needs to provide assurance that these changes will be implemented effectively. MW emphasized the need for honesty about the degree of change required and expressed confidence in the CPO's ability to lead these efforts. MW highlighted the importance of management and leadership training and noted that training continues despite challenges. KN provided reassurance on the clinical supervision of paramedics and the importance of metrics in evaluating progress. The meeting concluded with a commitment to address the discussed issues and drive positive change within the organisation. Follow-up meetings will be scheduled to review progress and ensure accountability.
59/24	**We are a Sustainable Partner** During the meeting, HG reported good performance on C2 mean and confirmed that the trust is on track to meet financial targets and maintain financial balance.

	The focus is now on the 2025/26 financial year. The cyber security review conducted by revealed more detailed information this year, and a plan is being developed to address the findings. Collaboration with SCAS and the exit from RSP were also discussed, with overall positive outcomes from a financial and performance perspective. Paul Brocklehurst provided an update on cyber security, noting that normal checks were conducted, and a more detailed review was performed this year. A plan is coming to AUC, and the organization is positioned in the middle of the pack regarding cyber security. The digital strategy approved by the board has led to significant activity, with the DSG meeting three to four times. A permanent CDIO has been appointed, starting on April 1st, which is expected to help significantly. Network issues have been reviewed by BT, and root causes have been identified, with solutions underway. Governor MB raised questions about local and national projects, such as the national mobilizations application and future CAD and MDT placements for Crawley/Medway connectivity. PB assured that progress is being made, especially with the permanent CDIO in place, although full assurance will come later. MB also inquired about compliance with national projects, and PB confirmed current compliance. PS asked about the trust's involvement with systems, noting that significant involvement should be recorded in the minutes. HG agreed to have a separate section for systems partners. MW assured that engagement with ICB chairs is ongoing, and KN confirmed extensive interaction and representation in Sussex. The governance map set two years ago includes ICS Quality collaboration, commissioning groups, and CEO groups, with appointed divisional directors. KB inquired about compliance with the NHS Procurement Act, effective February 24th. HG confirmed that a plan has been in place for several months to ensure compliance, and actions are being double-checked. KN highlighted the organization's involvement in acute collaboration work, contributing to system redesign. MW expressed appreciation for MD and colleagues, noting the quality of speakers at the ambulance sector conference. MW emphasized the importance of strategy assurance and thorough scrutiny of issues. The meeting concluded with a commitment to address the discussed topics and provide assurance on strategy implementation.
Administration	
60/24	**Any Other Business** MW noted that one item was missed. Max sent apologies as he is attending an away day today. Mojgan is on holiday and provided advance notice. AL raised a point about the IQR report from the end of December. The council is being asked questions regarding its impact, and it would be better to have the most up-to-date report. PL acknowledged this and explained that the current IQR is produced bi-monthly and was presented to the board in February. The next board meeting is in April. PL also

	mentioned that the timing of data should not matter for scrutiny, as the IQR is designed to be reviewed over time using SPC charts. LS added that not achieving targets is not always an issue. The volume of demand has exceeded budgeted expectations, and this needs to be put into perspective.
61/24	**Questions from the public** None received.
62/24	**Review of meeting effectiveness** MW asked if the meeting met expectations and if there was anything attendees would like to see improved. MB suggested a better balance between NED reports and other discussions, noting that lengthy presentations and discussions often lead to rushing through NED reports. MB recommended reviewing the order of the agenda moving forward. KB commented that while the agenda hasn't changed, the discussions have improved. Conversations were better today, indicating that the council is maturing and asking better questions, learning together. PL emphasised the importance of asking questions to all board members, noting that everyone is equally accountable. Although committee chairs lead the discussions, it is important to encourage questions to anyone. MB highlighted the need for a dedicated conversation about digital strategy, noting that the FIC report often focuses on HG and finances. MB suggested that the digital report should be more comprehensive and include an addendum. PL agreed to take this away and to consider a real emphasis on digital productivity.
	Date of next Formal Council of Governors Meeting: 19th June 2025

Status Key Code: C- Complete, IP - In progress, S - Superseded

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST - Trust Council of Governors Action Log							
Key							
	Closed						
	Due						
Meeting Date	Agenda item	Action Point	Owner	Completion Date	Report to:	Status: (C, IP)	Comments / Update

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	07/25

Name of meeting	Council of Governors
Date	19 June 2025
Name of paper	NED Highlight Report – We delivery high quality patient care

The priorities aligned to the Trust Strategy are set out in the Board Assurance Framework, which is framed against the three Strategic Aims:

1. **We delivery high quality patient care**
2. Our people enjoy working at SECAmb
3. We are a sustainable partner as part of an integrated NHS.

This report summarises the main issues the Board has focussed on under strategic aim 1, since the last Council of Governors meeting in March. It identifies the specific issues explored up by the independent non-executive directors (NEDs), in order to support the Council of Governors' statutory duty in holding the NEDs to account for the performance of the Board of Directors.

At the April Board meeting the Board reviewed the year just ended, which it agreed was a positive year with one of the best C2 mean performance standards, and *the* best cardiac survival rates. The progress against the strategic priorities was also commended, especially with the way the executive established the Unscheduled Care Navigation Hubs. The outcome of the evaluation is due to be considered during the next committee cycle in June / July.

The Board also approved the operating plan and the strategic priorities for 2025-26, as set out in the BAF. One of the key priorities this year is Models of Care, which was a focus of the Board Story in April. There are 11 models of care (conditions) and the Board considered three and the specific plans for the year ahead to ensure we better meet needs of patients; these were falls, frailty and older people; end of life; and reversible cardiac arrest. The Board reflected positively on this demonstrating strategy in action and the challenge is how we measure what is different at the end of the year, noting the role of our system partners. This will continue to be a focus of QPSC and the Board will receive an update directly at its October meeting.

The focus of QPSC is aligned well to the BAF and risk register and broadly there is a good level of assurance related to quality and patient safety. In June the committee's focus will include exploring the gap in assurance related to H&T and the quality of triage; how we intend to further improve cardiac survival; and progress with the quality account priority – framework for decision making in the management of suicidal patients declining conveyance.

BAF

We deliver high quality patient care

1 Tier 1
2 Tier 2
QI
Directorate objective

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

2025/26 – Strategic Transformation Plan

- ❑ Models of Care 1
  - 3 Focus Models of Care (Reversible Cardiac Arrest, Palliative and End of Life Care , Falls, Frailty and Older People) to be delivered within 25/26
  - Produce a three-year delivery plan for the 11 Models of Care
- ❑ Delivering Improved Virtual Care / Integration 1
  - Evaluation to inform future scope of virtual care commences April 2025
  - Design future model to inform Virtual Care, including integration of 111/PC
  - Establish commissioning implications of evaluation outcomes and inform multi -year commissioning framework

2025/26 Outcomes

- ❑ C2 Mean <25 mins average for the full year
- ❑ Call Answer 5 secs average for the full year
- ❑ H&T Average for 25/26 of 18% / 19.4% by end of Q4
- ❑ Cardiac Arrest outcomes – improve survival to 11.5%
- ❑ Internal productivity
  - ❑ Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes by 1%
  - ❑ Job Cycle Time (JCT)
  - ❑ Resources Per Incident (RPI)

2025/26 – Operating Plan

- ❑ Operational Performance Plan – continuous monitoring through the IQR
- ❑ Set out Health Inequalities objectives for 2025 -2027 by Q3
- ❑ Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4
- ❑ Deliver our three Quality Account priorities by Q4
- ❑ Patient Monitoring replacement scheme by Q4 & design future model for replacements 2
- ❑ Deliver improved clinical productivity through our QI priorities by Q4
  - IFTs
  - EOC Clinical Audit

Compliance

- ❑ EPRR assurance
- ❑ Medicines Management & Controlled Drugs
- ❑ PSIRF Compliance to standards

BAF Risks

- ❑ **Delivery of our Trust Strategy:** There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.
- ❑ **Internal Productivity Improvements:** There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	08/25

Name of meeting	Council of Governors
Date	19 June 2025
Name of paper	**NED Highlight Report – Our people enjoy working at SECAmb**

The priorities aligned to the Trust Strategy are set out in the Board Assurance Framework, which is framed against the three Strategic Aims:

1. We delivery high quality patient care
2. **Our people enjoy working at SECAmb**
3. We are a sustainable partner as part of an integrated NHS.

This report summarises the main issues the Board has focussed on under strategic aim 2, since the last Council of Governors meeting in March. It identifies the specific areas of focus of the independent non-executive directors (NEDs), in order to support the Council of Governors' statutory duty in holding the NEDs to account for the performance of the Board of Directors.

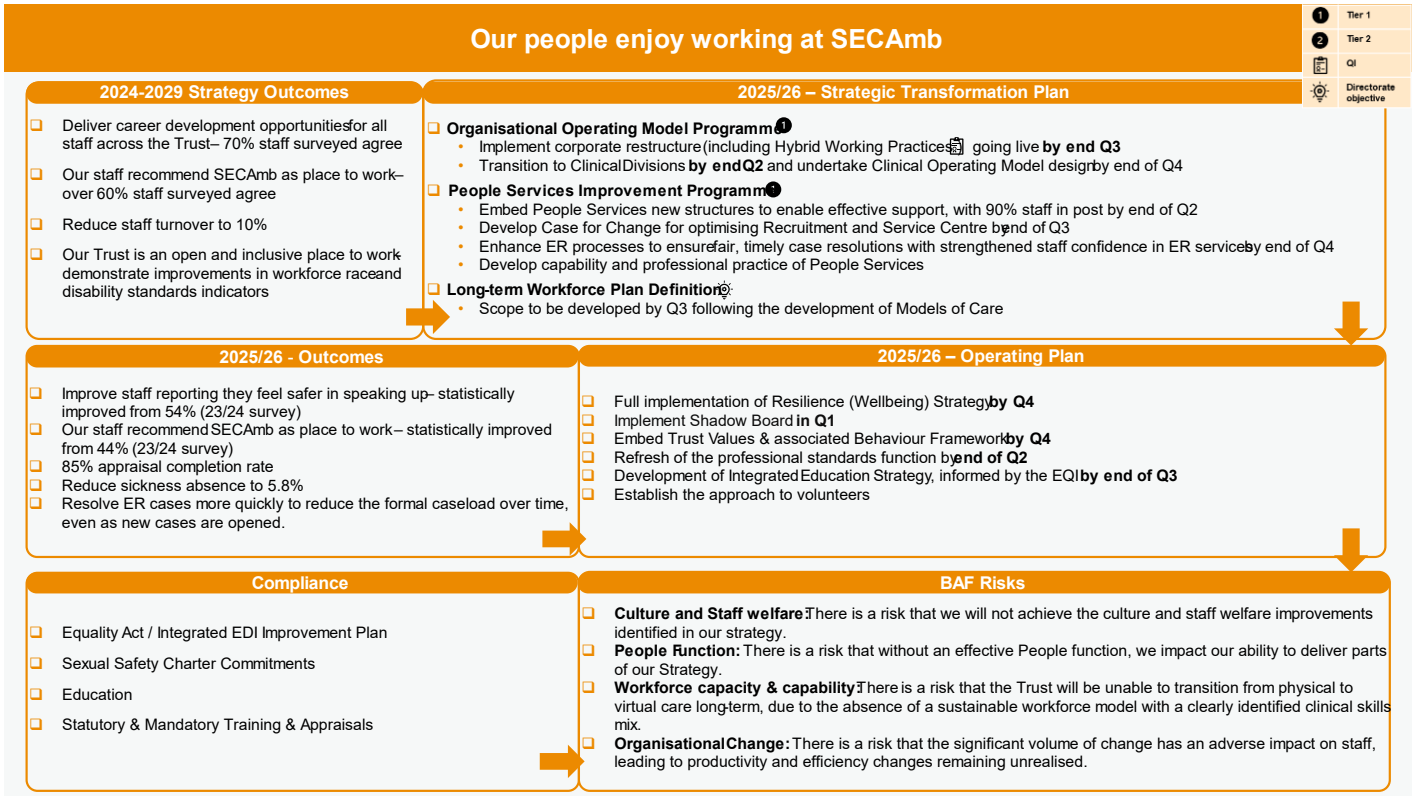
The Board meeting in June had a focus on this strategic aim. The Board Story was about the patient experience of receiving care from a CFR, which helped frame the separate report arising from the external review of our volunteers. The executive has responded openly to the recommendations and will be engaging stakeholders on the development of a new volunteer strategy. The People Committee will oversee this prior to being received by the Board for approval in December 2025.

The People Services Improvement Plan remains an area of focus. The Board supported the plan for 2025-26, which is an evolution from last year, with the overall aim to continue to rebuild trust in the function. The People Committee noted the anecdotal evidence that confidence is growing in relation to the support people are receiving, which is probably best described as 'green shoots'. One of the areas of early success is Mediation, where referrals are being resolved on average within 21 days.

EDI has been a key feature of the Board Development Programme, and the Board acknowledges there is more to do. It has agreed four focus areas for the next 12 months - Staff Networks; Inclusive Recruitment; Staff Development; and Improved Reporting.

As the COG is aware, an Education Quality Intervention was carried out by NHSE last year. The response to the recommendations has been considered by the Board. It noted that while there are a number of areas of concern to address the review also included some positive feedback about learner experiences. The improvement plan has clear milestones which the People Committee will track. It has encouraged the executive to ensure clarity of the impact of the interventions listed in the plan. Currently there are some gaps such as our approach with practice educators, and how we build relations with our partners. More assurance will be needed through the plan.

BAF


Our people enjoy working at SECAmb
1 Tier 1
2 Tier 2
QI
Directorate objective
2024-2029 Strategy Outcomes
Deliver 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
Reduce staff turnover to 10%
Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators
2025/26 – Strategic Transformation Plan
Organisational Operating Model Programme 1
Implement corporate restructure (including Hybrid Working Practices) going live by end Q3
Transition to Clinical Divisions by end Q2 and undertake Clinical Operating Model design by end of Q4
People Services Improvement Programme 2
Embed People Services new structures to enable effective support, with 90% staff in post by end of Q2
Develop Case for Change for optimising Recruitment and Service Centre by end of Q3
Enhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in ER service by end of Q4
Develop capability and professional practice of People Services
Long-term Workforce Plan Definition
Scope to be developed by Q3 following the development of Models of Care
2025/26 - Outcomes
Improve staff reporting they feel safer in speaking up – statistically improved from 54% (23/24 survey)
Our staff recommend SECAmb as place to work – statistically improved from 44% (23/24 survey)
85% appraisal completion rate
Reduce sickness absence to 5.8%
Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened.
2025/26 – Operating Plan
Full implementation of Resilience (Wellbeing) Strategy by Q4
Implement Shadow Board in Q1
Embed Trust Values & associated Behaviour Framework by Q4
Refresh of the professional standards function by end of Q2
Development of Integrated Education Strategy, informed by the EQI by end of Q3
Establish the approach to volunteers
Compliance
Equality Act / Integrated EDI Improvement Plan
Sexual Safety Charter Commitments
Education
Statutory & Mandatory Training & Appraisals
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.
People Function: There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.
Workforce capacity & capability: There is a risk that the Trust will be unable to transition from physical to virtual care long-term, due to the absence of a sustainable workforce model with a clearly identified clinical skills mix.
Organisational Change: There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	09/25

Name of meeting	Council of Governors
Date	19 June 2025
Name of paper	**NED Highlight Report – We are a sustainable partner as part of an Integrated NHS**

The priorities aligned to the Trust Strategy are set out in the Board Assurance Framework, which is framed against the three Strategic Aims:

1. We delivery high quality patient care
2. Our people enjoy working at SECAmb
3. **We are a sustainable partner as part of an integrated NHS.**

This report summarises the main issues the Board has focussed on under strategic aim 3, since the last Council of Governors meeting in March. It identifies the areas of focus from the independent non-executive directors (NEDs), in order to support the Council of Governors' statutory duty in holding the NEDs to account for the performance of the Board of Directors.

The Board commended the executive for achieving both the C2 mean target and financial balance for the year just ended, which were the two main commitments in the integrated operating plan. The current year will be even more challenging and while the Board is confident in the operating plan for 2025-26, which improves the C2 mean to 25 minutes while remaining in financial balance (breakeven), there is much risk which the Finance Committee will be scrutinising. In particular, with the efficiency and productivity plans that will be subject to detailed quarterly review. The outputs of Q1 will be reported to the Board in August.

At the end of June, the Board will be signing off the final Annual Report and Accounts. As part of this process, the Head of Internal Audit provides an Opinion on the system of governance and internal control. The COG will be aware that the last three years this Opinion has been negative / below the line. The Opinion this year is improved and is now positive / above the line. Overall, Internal Audit provides "Moderate Assurance that there is a sound system of internal controls, designed to meet the Trust's objectives, that controls are being applied consistently across various services".

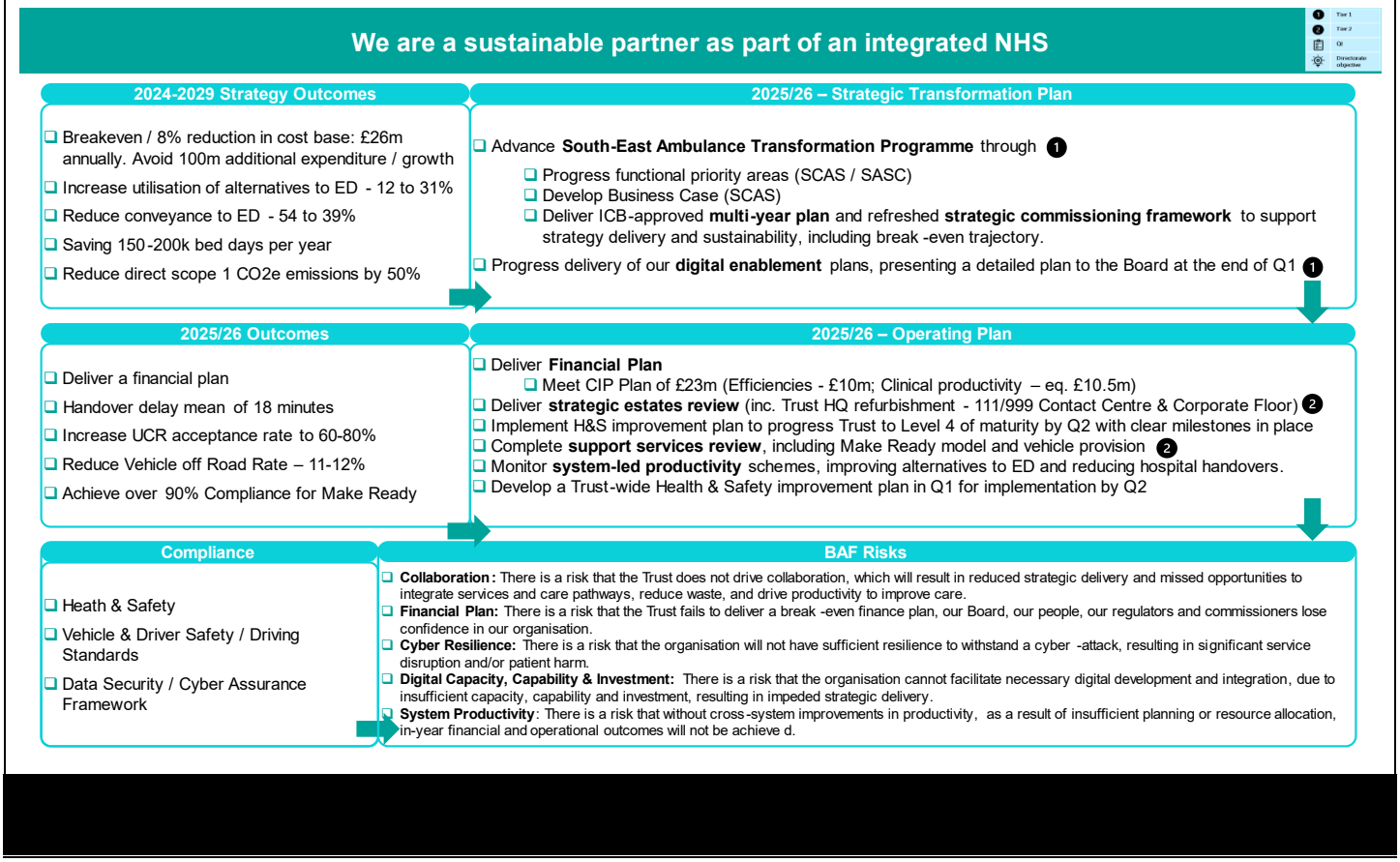
The Finance Committee is assured with the continued improvements in procurement. The executive is actively responding to the Procurement Act 2023, with staff training completed and ongoing learning planned. Plans are underway to formalise the Procurement Pipeline, and recent activities include the successful tender of a legal services retainer and a current tender to establish a preferred supplier list for recruitment agencies, thus regulating spend and contractual terms. The committee noted the strong collaborative procurement within the Southern Alliance.

Digital

The Board requires further assurance related to Digital, with digital enablement one of the key strategic priorities. While some assurance was provided at the April Board meeting, with the programme of work undertaken last year, it is yet to receive the assurance on the areas of focus for 2025-26. It acknowledges

the time needed for the new CDIO to undertake an assessment and will therefore receive the plan at its meeting in August, with scrutiny first at the July Finance Committee.

BAF



South East Coast Ambulance Service NHS Foundation Trust
Council of Governors
Governor and Membership Development Committee Report

12th June 2025

1. Introduction

1.1. The Governor and Membership Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.

1.2. The duties of the GMDC are:

- To provide comprehensive support and advice to the Trust on matters related to the Council of Governors and Trust membership.
- Proposing Council agenda items, advising on ways of working, planning Governors' training and development, and making recommendations on membership recruitment, communications, involvement, and representation.
- To enhance the effectiveness of the Council of Governors by addressing both the development needs of Governors and strategies for engaging and maintaining a diverse and active Trust membership.

1.3. The Lead Governor Chairs the Committee, and both the Lead and Deputy Lead Governors attend meetings.

1.4. All Governors are entitled and encouraged to join the Committee, as it is an area of interest to all. The Chair of the Trust is invited to attend all meetings.

1.5. Governors are strongly encouraged to read the full minutes from the GMDC meeting.

1.6. The minutes attached as an appendix of the most recent approved minutes from GDC held 20th February 2025. These minutes are confirmed as an accurate record.

1.7. The GMDC meeting held today, 12th June 2025, had no feedback for the previous CoG Meeting held on 13th March 2025;

1.8. The GMDC meeting held today, 12th June 2025, provided items of interest for the agenda of the CoG being held on 19th June 2025;

- Dedicated report on Digital, which has been asked for previously.
- Would like Jacqualine Lindridge to present to the CoG about the action plan to address the NHSE report into the poor experience of student paramedics while on placement – processes and systems not just culture)
- Review of Hubs: would like a detailed report on the review of the Hub and if they are meeting their strategic aims.
- Format of Agenda: NED questioning to be earlier in the meeting.
- Re-write of Constitution: Governors were advised this would be finished in January; please provide an update.

2. Items of note

2.1. Governors were invited to volunteer for the next Governor Online Event on 31 July 2025. The Corporate Governance Team will follow up via email to seek hosts for the event. Andrew Latham has confirmed his attendance, but additional volunteers are needed. Governors would like to invite James Pavey, as the Divisional Director of Kent, to attend and answer operational questions from the members and the public

2.2. Governors received an update on the Annual Members Meeting, including details on the venue, schedule, invited guests, stand holders, and expected attendees. The next Task and Finish Group meeting is scheduled for 1 July 2025.

2.3. Two Governors were asked to volunteer to write an article for the upcoming Trust Members newsletter. Kirsty Booth and Zak Foley have already submitted their articles. Andrew Cuthbert and Andy Erskine have agreed to write the final two articles for this year's newsletters.

2.4. Governors agreed to the introduction of a short session for the Governors after the end of each CoG, to reflect on the outcomes of the preparations made in the pre-meeting.

2.5. A request was made for information on the Driver Training programme, specifically regarding the qualification colleagues receive and whether there is a plan to refresh this training every 2–3 years. It was suggested that a clear outline of the training process—including initial certification, practical components, and any planned refresher cycles—could be presented to Governors at a future meeting for greater clarity and assurance. Andrew Latham provided some information and will liaise with Andrew Cuthbert to signpost him to the appropriate department.

2.6. The meeting agreed that future meetings of the GMDC should routinely include the draft agenda pf the relevant forthcoming CoG so as to help the process of informing and finalising an agreed final agenda.

2.7. Governors proposed establishing a standard process for responding to emails received via their constituency inboxes. In cases where the content falls outside their remit, they suggested sending a polite acknowledgment—thanking the sender and advising that the message will be forwarded to the appropriate department—signed by the Governors.

3. Recommendations:

3.1. The Council is asked to:

3.2. Note this report.

3.3. Note the minutes of the previous meeting included within the appendix.

3.4. All governors are invited to join the next meeting of the GMDC on 21st August 2025 at Banstead, 2nd Floor Redhill Suite.

Jodie Simper (On behalf of the GDC)
Corporate Governance and Membership Manager

Meeting Minutes

Meeting: Governor Development Committee
Location: McIndoe 2
Date/Time: Thursday 20th February 2024 0930 – 1130
Chair Andrew Latham, West Sussex Public Governor and Lead Governor
Minutes: Karen Rubins-Lawrie, Corporate Governance Administrator
Attendees:

Name	Title	Initials
Andrew Latham	West Sussex Public Governor and Lead Governor	AL
Harvey Nash	West Sussex Public Governor	HN
Martin Brand	Surrey Public Governor	MB
Peter Shore	Surrey Public Governor	PS
Zak Foley	Brighton and East Sussex Public Governor	ZF
Leigh Westwood	Brighton and East Sussex Public Governor	LW
Angela Glynn	Appointed Governor	AG
Kirsty Booth	Non-Operational Staff Governor	KB

In Attendance:

Name	Title	Initials
Jodie Simper	Corporate Governance and Membership Manager	JS
Lara Waywell	Deputy Director of Operations	LW
Gareth Williams	Operations Manager / Armed Forces Network Chair	GW
Usman Khan	Chair	UK

Apologies:

Name	Title	Initials
Stephen Mardlin	Appointed Governor	SM
Ariel Mammana	Non-Operational Staff Governor	AM
Ellie Simpkin	Appointed Governor	ES
Mark Rist	Brighton and East Sussex Public Governor	MR
Andy Erskine	Appointed Governor	AE
Richard Banks	Head of Corporate Governance	RB
Linda Caine	Medway, Kent and East London Public Governor	LC
Nick Harrison	Operational Staff Governor	NH

Standing Agenda items	
Agenda Item No.	**Item**
30/24	**Welcome and introductions**. AL welcomed everyone and introductions were made. HN raised the scheduled care hubs as a standing item, LW is attending today. **ACTION:** JS to add as future agenda item.

31/24	**Apologies for Absence** Apologies were noted as above.
32/24	**Minutes from the previous meeting** The minutes of the previous meeting were agreed and approved with minor amendments.
33/24	**Action Log** No actions.

34/24	**UCNH Discussion** MB inquired about the functionality and challenges of the hubs, and the role of other care pathways outside the emergency department (ED). He questioned how the system functions if the ED turns SECAmb away. HN asked about the value the hubs bring and their alignment with the overall strategy. KB reported on her visit to the Brighton hub with Subo and Karen Norman. She highlighted the strategy team's efforts to simplify referral processes, and the barriers faced, such as non-paramedic professions not accepting paramedic referrals. AL raised concerns about inconsistencies between hubs and how the trust can create a more structured format, considering health inequalities. He noted that our strategy is based on 50% of non-life threatening emergencies being referred elsewhere, but Urgent Community Response accept only 20% of referrals. He questioned how the trust ensures third-party delivery. LW emphasised the importance of virtual care in the strategy and the need to influence partners. LW discussed the move away from a centralised function to a devolved team with three divisional directors for Kent, Surrey, and Sussex. The goal is to be recognised as a trusted referrer and make remote referrals. LW announced her appointment as Divisional Director of Surrey and the ongoing recruitment for the new structure. LW plans to present the new operating structure at a future meeting. LW shared a presentation including: • Key UNCH Principles: • Right Care, Right Place • Reduce Variation and Streamline Clinician Access • Prevent Avoidable Hospital Attendance • Protect Frontline Capacity for High Acuity Incidents • Foster Collaboration and Optimise System Resources • Feasibility Approach Test Models KB shared a success story from her Brighton visit where a patient was cared for in the community, avoiding an ED visit. MB asked if clinicians at the hubs were commissioned. LW confirmed there are funding and commissioning issues and there are ongoing discussions with partners to improve funding. LW noted that an ED reported 6-12 fewer admissions per day due to the hub's work.

	PS asked about hub/patient responsibility. LW confirmed it lies with the decision-making clinician. PS noted the lack of a governance structure, LW confirmed there is a governance structure and will be share it post-meeting. LW suggested inviting APPs from the hub to future meetings for more in-depth clinical data. LW also encourage governors to visit the hubs. **ACTION:** JS/RB to assist arranging APPs to attended future GDC meetings. **ACTION:** JS to liaise with governors and hubs to arrange visitations. LW noted that some colleagues from the Brighton hub are visiting Age UK to explore potential support opportunities. Conversations are ongoing about further devolving responsibilities at the local level. Through closer collaboration with SCAS, there is hope to learn from each other and improve working models. MW mentioned that conversations with SECAmb paramedics have been more favourable than those at SCAS. KB pointed out that this is a question for commissioners, as both SCAS and SECAmb share the same commissioner. MB stated that the area in Hampshire tends to be neglected, LW advised she will address this issue. LW explained staff hours, performance trends, and ECALs. There was a discussion about the value of paramedics and the need for their skills to be recognised by other healthcare teams and colleagues. It was noted that GPs are increasingly valuing paramedics, leading to higher recruitment in their surgeries. The discussion also covered advanced practice training at universities. LW expressed a desire for staff members to rotate and experience ED work, and vice versa with ED nurses. There are many opportunities for individuals to explore new career paths and gain skills. Richard Quirk will begin evaluations of the hubs in April, focusing on clinical effectiveness, patient safety and experience, clinician satisfaction, resource utilisation, and value for money. LW advised that Richard Quirk can be invited to a future meeting to present the conclusions of the evaluation. **ACTION:** KB to liaise with Richard Quirk offline to find out when the due date for completion of the evaluations is. **ACTION:** JS/RB to invite Richard Quirk to a future GDC to give an overview of the hub evaluations. Discussion took place around patient experience and readmission statistics. KB confirmed data is being tracked for every patient in the hub and we are able to tell if there has been a recontact. PS asked who funds treatment for clinician time. LW advised it is funded by the clinician's trust for four hours per week. LW to share presentation with colleagues after meeting.
35/24	**AMM Update** JS provided an update on the Annual Members' Meeting (AMM), advising that venues are currently being considered, and costs are being analysed. JS mentioned that the CoG meeting will be held on a separate day to allow full focus on the AMM.

	JS requested volunteers for a Task & Finish Group for AMM planning, and the following members volunteered: • Peter Shore • Harvey Nash • Andrew Latham • JS advised two new governors will also be joining. KB suggested Epsom racecourse as we have good links through Banstead. **ACTION:** JS to look into Epsom Racecourse, and set up Task and Finish Group.
36/24	**Armed Forces Network** GW joined the meeting and introduced himself. He provided a brief history of the Armed Forces Network, which started in 2021 and sits alongside the Inclusion Programme. The trust signed the Armed Forces Covenant in 2018. The network has 89 members, including veterans, reservists, and allies who are close family members. Adult cadet instructors are also included, and anyone with a connection of any sort is encouraged to join. The policy for veterans and reservists enabled the silver award, allowing for training and mobilisation of reservists with no repercussions in their SECAmb role. Regarding recruitment, GW mentioned the employer benefit for recruiting service leavers, such as claiming NI back for a year. There has been a challenge with medics leaving the military without qualifications that align with the trust's requirements. However, the military is now moving towards a paramedic model. Currently, there is a project with the MoD where military personnel are taken on as NQPs for two years, but they remain military personnel and can be called back if needed. Another programme will allow paramedics to join on an ad hoc basis to keep their skills and qualifications up to date. GW gave an update on recent and ongoing work within the network: • The network ran an insight day online for all trusts aimed and all military personnel, along with an in-person event at Tangmere. • The network has attended several careers fairs and events to promote recruitment. • Military personnel have participated in various events, such as a CPR training event with 50 attendees, leading to further collaboration. • A wellness walk to northern France last year involved eight veterans and linked with 47 Commando. SECAmb provided sponsorship for a memorial, and there are plans to go again this year. • Linking with GP surgeries, other trusts, and organisations and will start hosting podcasts covering a range of topics. • Applying for the gold award. • The network supports November ceremonies, including poppy livery on ambulances. • Simon Bell became the Executive Sponsor last year. • Armed Forces Day. • The trust's social media platforms are very active. • The aim is to include more members in the trust and bring people together. It was noted that Aidan Parsons, one of the new governors, is a reservist, along with Stephen Mardlin being a retired Navy Captain creating a direct link between the governors and the network. MB also mentioned the potential link between increased mental health issues in certain SECAmb areas and military service. GW advised that there are veterans' hubs operating 24/7 in the area.

	PS asked how many reservists are in the trust, and GW estimated around 40, noting that not everyone is known.

37/24	**Governor Activity**
	Committee Observations
	JS confirmed that for every committee attended, every governor should complete Part A and Part B of the forms. Part A can be a joint response, but Part B is private and needs to be completed by each individual.
	AL asked if everyone was happy with the form.
	MB stated that Part B can be challenging to find something different to say under each heading and was unsure how to answer the question about whether NEDs are good ambassadors externally. The team needs to be aware that governors may not have the information to fill out the form completely.
	• Part B:
	  • PS suggested it may be worth noting on the form that responses to every heading are not mandatory.
	  • HN advised that providing a specific example could help governors understand what they need to write.
	• Part A:
	  • PS noted that this can be missed if governors are completing one form on behalf of each other. KB would prefer that everyone completed their own.
	  • MB asked who the customer is for Part A. JS confirmed that the Chair will receive these, along with the papers for CoG.
	
	MB feels it would be helpful to have a sample when completing the form. A discussion took place around the wording and meaning of the questions and the best way to use the form.
	ACTION: JS to review forms and guidance around completion, recirculating for comments before final approval. Liaise with Karen Norman.
	HN advised that NHS Providers seemed surprised governors were commenting on NEDs. He has found their approach outdated and tired, and wouldn't recommend using them again.
	Membership Newsletter
	JS asked for volunteer from governors to write an article about their roles work at SECAmb.
	• KB volunteered.
	
	JS advised going forward there will be other articles required.
	• ZF agreed to an article from a young governor's perspective.
	• PS suggested an article based on the upcoming hub visits.
	•
	Bringing constituency views to CoG
	JS asked governors to think of ideas for this and submit.

38/24	**Council of Governors Meeting** **Feedback** PS stated that the lack of attendance from NEDS at CoG was disappointing, with three out of eight sending apologies for the last CoG, which is a major space to hold the NEDs to account. Reasons as to why they cannot come may provide more assurance. All agreed. **Questions** AL noted that MB will raise the previously discussed issue, and Peter Lee has liaised with MB via email. MB advised that he was informed by one NED that they had received the report. MB wants to know from the NEDs if the report has been seen and if they have answered any questions about how the work is progressing. MB shared concerns about the content of the report getting into the hands of a journalist. AL suggested that MB should refer back to Peter Lee to clarify issues.

	MB would like to raise the Digital area of the Finance and Investment Committee (FIC). He would like a dedicated report on the digital side due to significant issues raised previously. The information governors are receiving is not sufficient to discuss the ongoing projects based on the information gained at FIC. B It was widely recognised at FIC that there is a gap in Digital. An extended period of time will be allocated for Digital at the next FIC. NEDs have all advised that they are less assured now than they were before the last FIC meeting. AL noted that Michael Whitehouse has been appointed as the new Chair, which means Paul Brocklehurst has moved over to FIC, this may provide further dedicated time to this concern. PS raised the trade union survey and the concerning issues it highlighted, especially the number of grievances asking if there could be a response to the issues raised. HN raised the death of Alice Clarke. The coroner noted issues with the driving of another named individual asking if we are satisfied that something has been done.
39/24	**GMDC ToR** AL stated that the ToR is for the CoG to consider and approve. HN provided feedback on the quorum, questioning whether a majority should be elected rather than appointed. AL responded that all governors are equal, and the variation of backgrounds means it is open to all governors. It was agreed to leave this as is. HN also suggested including a timetable, with GDMC being 2 or 3 weeks before CoG. Under frequency, it could state "normally 2 or 3 weeks before CoG" to allow flexibility if needed. The ToR will now go to the next CoG meeting.
40/24	**Any Other Business** JS advised that going forward there will be only one meeting, GDMC, combining the Governor Membership and Development Committees. This meeting will be slightly longer to allow for both areas to be covered. UK joined the meeting to thank the governors for the work being done by the CoG. He expressed his appreciation for the value of governors within Foundation Trusts, which he has come to understand through meeting CoG members during his time at SECAmb. He noted that the inclusion of local and regional voices will be increasingly important as we move forward. AL thanked UK for his contributions during his time at SECAmb and wished him luck in his future role. JS advised that with regards to the complaint letter sent to Surrey governors from a Surrey patient, please ignore and do not reply, as it is being dealt with.
41/24	**Review of Meeting Effectiveness** The meeting ended at 11:45am.

Date of Next Meeting:
GDMC Thursday 12th June, Banstead MRC

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Governor Activities and Queries

March 2024

1. Governor activities

1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.

1.2 It is compiled from the Governors' updating of an online form and other activities of which the Assistant Company Secretary has been made aware.

1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.

1.4 Governors are asked to maximise attendance at both GDC/MDC and COG and where possible are reminded of the value add in attending board.

Date	Activity	Governor
13.03.2025	Pre-meet CoG	Stephen Mardlin Matt Deadman Andrew Cuthbert Harvey Nash Zak Foley Angela Glynn Aidan Parsons Ellie Simpkin Leigh Westwood Martin Brand Andrew Latham Peter Shore Ray Rogers Kirsty Booth Garrie Richardson Fran Pollard
13.03.2025	CoG Part One	Stephen Mardlin Matt Deadman Andrew Cuthbert Harvey Nash Zak Foley Angela Glynn Aidan Parsons

		Ellie Simpkin Leigh Westwood Martin Brand Andrew Latham Peter Shore Ray Rogers Kirsty Booth Garrie Richardson Fran Pollard Nicholas Harrison
13.03.205	CoG Part Two	Stephen Mardlin Matt Deadman Andrew Cuthbert Harvey Nash Zak Foley Angela Glynn Aidan Parsons Ellie Simpkin Leigh Westwood Martin Brand Andrew Latham Peter Shore Ray Rogers Kirsty Booth Garrie Richardson Fran Pollard
21.03.2025	Public Events Planning – Task & Finish Group	Martin Brand Zak Foley
24.03.2025	Governor Observation – Audit Committee	Leigh Westwood
27.03.2025	Governor Observation – Finance & Investment Committee	Harvey Nash Ray Rogers Andrew Latham
04.04.2025	Public Events Planning – Task & Finish Group	Martin Brand Zak Foley
10.04.2025	Governor Observation – Quality Patient Safety Committee	Peter Shore Andrew Latham
15.04.2025	Governor Observation – The People Committee	Harvey Nash
24.04.2025	Joint Board & Council of Governors	Stephen Mardlin Peter Shore Martin Brand Kirsty Booth Andrew Latham Andy Erskine Ray Rogers

		Garrie Richardson Harvey Nash Aidan Parsons
02.05.2025	Public Events Planning – Task & Finish Group	Zak Foley
15.05.2025	Governor Observation – The People Committee	Peter Shore Garrie Richardson
16.05.2025	Public Events Planning – Task & Finish Group	Zak Foley
19.05.2025	Observation Shift – Guildford	Andy Erskine
29.05.2025	Governor Observation – Finance & Investment Committee	Andrew Latham Mark Rist
05.06.2025	Trust Board Meeting	Andrew Latham Leigh Westwood
10.06.2025	Banstead Make Ready (MRC) Visit	Ray Rogers
07.06.2025	South of England Show – Patient Engagement Event	Zak Foley
08.06.2025	South of England Show – Patient Engagement Event	Zak Foley Harvey Nash
10.06.2025	Banstead MRC Visit	Ray Rogers
12.06.2025	Governor and Membership Development Committee (GMDC)	Andrew Latham Stephen Mardlin Andy Erskine Zak Foley Ellie Simpkin Ray Rogers Andrew Cuthbert Peter Shore

2. Governor Enquiries and Information Requests

2.1. The Trust asks that general enquiries and requests for information from Governors come via Richard Banks and his team. An update about the types of enquiries received and action taken, or response will be provided in this paper at each public Council meeting.

Date	Query	Response

Recommendations

2.2. The Council is asked to note this report.

2.3. Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that work can be captured.

Jodie Simper
Corporate Governance Manager

Richard Banks
Assistant Company

Governor Activities Form Responses

Council of Governors

19th June 2025

Zak Foley

Patient Engagement Task and Finish Group – 21st March 2025 Teams

Following on from the third public events task and finish group meeting, further discussion and arrangements have made in relation to group budget and specific objective. The meeting covered the following:

- Update on action log – review of completed and scheduled actions
- Discussion around the potential risks and ethical considerations of events
- Update and discussion into the event planning 'toolbox' idea
- MS Teams group for TFG still work in progress – will act as central area
- Discussion into the insurance coverage for the events (action taken)
- Discussion into the importance of the risk assessment prior to events
- Discussion into universal aspects that are deemed important to events

Once again, this meeting served a productive and effective agenda that allowed discussion into each scheduled area. The attendance if this meeting was lower (four attendees) and the TFG Chair (Victoria Baldock) was on annual leave so covered by Danny Dixon. Within this meeting I was able to convey my two points of practical aspects for the events and handouts for the events that I hope to see incorporated in the delivery of our events.

Patient Engagement Task and Finish Group – 4th April 2025 Teams

Following on from the fourth public events task and finish group meeting, further discussion and exploration has been made in relation to logistics and events in action. The meeting covered the following:

- Update on action log and events tracker
- Discussion around the potential risks and ethical considerations of events
- Information – Victoria Baldock attended SMG and will return following the first event (South of England Show)
- Discussion into membership indicators – where did we succeed in recruiting members?
- Discussion into the format of event – fleet, interactive stations, personnel
- Discussion into the potential of uniform to try on/explore
- Discussion into universal form for feedback

As always, this meeting served a productive and effective agenda that allowed for flexible discussion into each area. The attendance of this meeting was lower (three attendees and the chair) but this did not limit contribution. I was also pleased to see that my points regarding the possibility of volunteer youth fundraisers had been raised at the SMG in conjunction to fundraising abilities at events. I have taken some actions

down that will be executed in due course to ensure a follow up on some of the areas discussed previously.

Patient Engagement Task and Finish Group – 2nd May 2025 Teams
Following on from the fifth public events task and finish group meeting, this session has been focused mainly on the upcoming South of England Show event SECAmb will be attending. The session also covered risk assessment factors for general event planning. The meeting covered the following:

- Update on action log and events tracker
- Update on South of England Show – final stages
- Action/role assignments for South of England Show
- Discussion into final planning factors for the South of England Show
- Discussion into risk assessments for the South of England Show
- Discussion into statutory risk assessment framework for the phased planning approach
- Discussion into event logistics and potential of divisional equipment (HART,Ops)

As always, this meeting served a productive and effective agenda that allowed for flexible discussion into each area. The attendance of this meeting was sufficient and also included new members (FD, ED, SBW) joining the group from different branches of the trust. This session was mainly focused on the upcoming South of England Show covering final aspects to take into account. It is nice to see the puzzle coming together as such.

Patient Engagement Task and Finish Group – 16th May 2025 Teams
Following on from the sixth public events task and finish group meeting, this session has been focused on how we can promote events with SECAmb and how this will look when planning events in the future. The session also covered an update on the South of England Show confirming the final stages of preparation. The meeting covered the following:

- Update on action log and events tracker
- Update on the South of England Show - we are ready!
- Review of Signposting document (action taken)
- Discussion into promotion methods when advertising events
- Discussion into integrating with EPRR regarding events moving forward
- Discussion into event promotion enablers (social media platforms, adds, handouts)

As always, this meeting served a productive and effective agenda that allowed for flexible discussion into each area. The attendance of this meeting was balanced. This session was mainly focused on promoting events and how this may look moving forward. The signposting document I collated was well received and I will be integrating some suggestions and also looking into the business card style handout for future events.

South of England Show - 7th June 2025 Ardingly

- Event set up
- Public engagement
- Recruitment of new Trust members (6 in total)
- Liaison with colleagues from around the Trust

South of England Show - 6th June 2025 Ardingly

- Event set up & breakdown
- Public engagement
- CPR Demonstrations
- Recruitment of new Trust Members (7+ in total)
- Liaison with colleagues from around the Trust

Ray Rogers

Visit to Banstead Make Ready Centre – 10th June 2025

Visit Banstead Make Ready Centre and UCNHub on 10 June. Dan the senior paramedic in charge was extremely helpful and generous with his time and patience with my questions. An excellent new comprehensive Centre.

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST
Council of Governors
Nominations Committee Report

19 June 2025

1. Introduction

1.1. The Nominations Committee (NomCom) is a Committee of the Council that makes recommendations to the Council on the appointment and remuneration of Non-Executive Directors (NEDs) and considers NEDs' appraisals, including the appraisal of the Chair.

1.2. This report provides an overview of the most recent nominations committee activity.

2. NED Appraisals

2.1. The committee met on 22 May 2025 to receive the appraisals for the NEDs. This included a satisfactory assessment against the Fit and Proper Persons Test Framework.

2.2. Governors were thanked for their feedback which will be incorporated into work plans for the remainder of the year.

3. NED Recruitment

3.1. Peter Schild and Suzanne O'Brien started with us on 09 June 2025.

3.2. Governors were thanked for their support in recruitment process

4. Recommendation

4.1. For information.

Michael Whitehouse

Chair (on behalf of the Nominations Committee)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board June 2025

Data up to and including April 2025

April 2025 data – presented June 2025

What

The IQR has been refreshed this month to align to our 2025/26 Board Assurance Framework priorities and to refine the focus of metrics for Board committees enabling oversight and triangulation through the Board discussion. The refreshed report and process will be reviewed and improved through the next 6 months.

The Trust finished 2024/25 with strong operational, clinical and financial performance, and remains in a robust position through April. Changes to dispatch through the Local Community Dispatch Model have supported improved incident cycle time and staff experience, and a C2 mean of 25:02 was achieved, supported by relatively strong resourcing and stable demand in April. Handover times are in seasonal variation and call answering has exceeded target at 1second with a good staffing position in call handling. Achieving our H&T trajectory remains challenging as the rate is increasing but not on target; an increase in S&C rate alongside the greater H&T rate has been observed. This is expected, but will be reviewed to ensure appropriate, as the use of alternatives to ED is still limited. We continue to deliver improving cardiac outcomes and good patient safety and Health & Safety indicators, with the first PSIRF reviews completed this month. There is an improvement in MAST and Appraisal driven by focus from HR and managers, while turnover continues in improving trend and our employee relations position is stable.

So What

Although performance was good, the spring and summer period needs greater focus on responsiveness to enable a 25min average C2 mean across the year to be achieved. Clinical training of B6 paramedics to contribute to H&T rate, greater clinical call handling productivity, and further work with system partners on alternative pathways and handovers is also in train and will be needed to impact on the overall position.

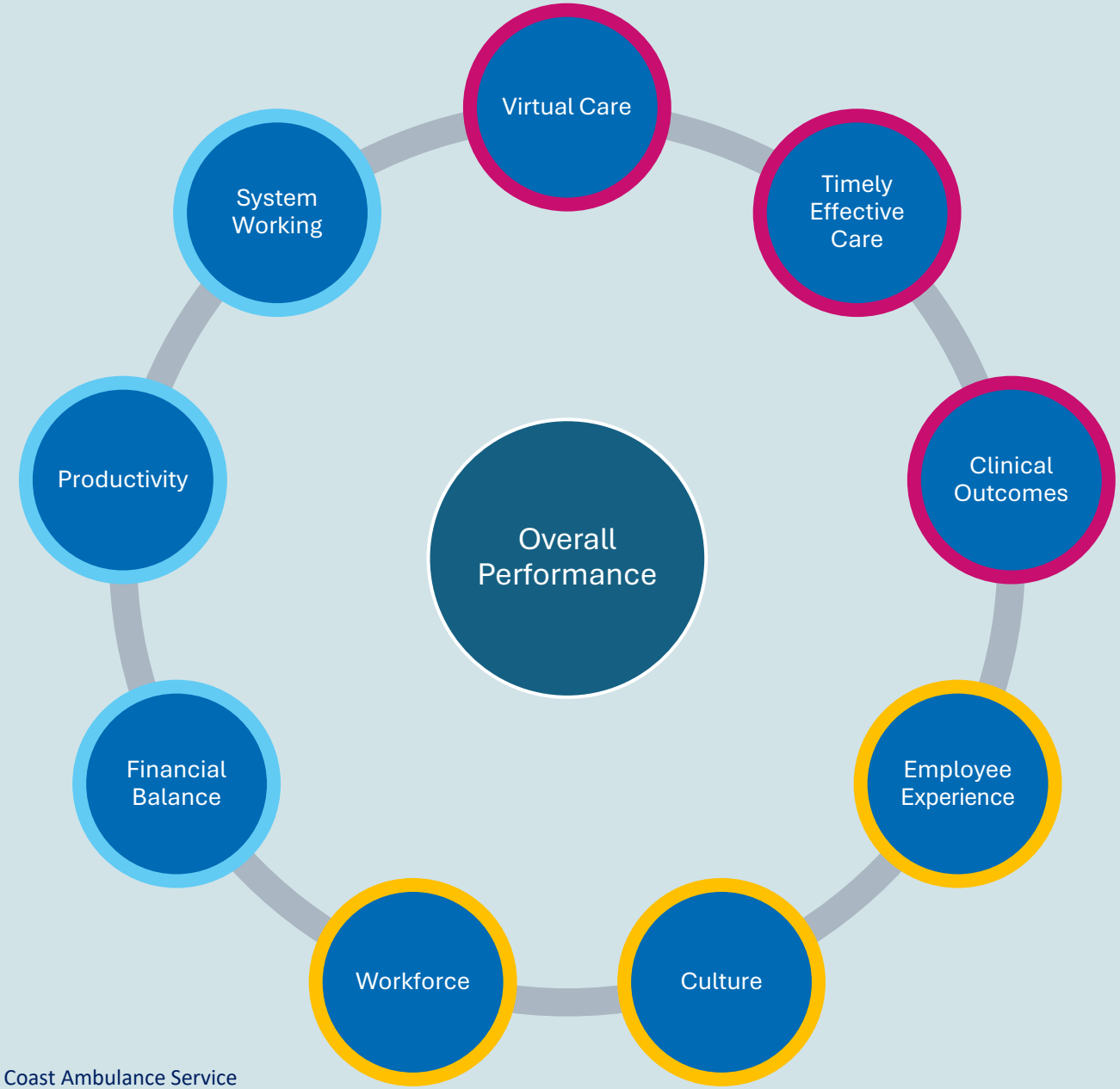
Clinical indicators are strong and will be enhanced by our focus on three particular models of care, including Falls which is now being monitored as a Board metric. We will continue to embed PSIRF to support a learning culture and to use QI to make improvements, and embed enhanced quality governance from floor to Board, as well as working through our aligned Virtual Care and Models of Care programmes.

The divisional clinical operating model is now being implemented supporting local autonomy and focus and enhancing integration of clinical, operational and corporate leadership teams. Following our improved Staff survey results, local processes to continue to embed change and target hotspot areas have been put in place, while SMG is undertaking work on sickness rates and abstractions. The corporate restructure is moving towards completion and will offer greater resource for employee relations support, which is needed to address case numbers, length of time to resolve cases, and continued high levels of suspension days in the Trust.

What Next

Further focus on our productivity programme will be needed to ensure that the planned improvements to care delivery are made as soon as possible so the impact on performance, particularly the C2 mean, is achieved. Similarly, the efficiency programme will be a key area to ensure that we meet our financial plan throughout the year. We will review delivery of efficiency and productivity on a quarterly basis with the next Executive check and challenge in July 2025.

Our ongoing work to improve employee experience and culture will continue through collaboration with staff, unions and the corporate restructure, and with the integrated divisional leadership teams supporting improvement in appraisal, clinical supervision, Speaking Up and MAST. We will also be developing more resilience metrics incl. EPRR and Cyber elements and moving forward looking to bring an organisational resilience framing to our understanding of performance.



BAF outcomes 25/26

- Category 2 Mean <25 minutes average for the full year
- Call Answer 5 seconds average for the full year
- Hear & Treat 18% average for 25/26 / 19.7% by the end of Q4
- Cardiac Arrest outcomes: Improve survival to 11.5%
- Internal productivity:
  - Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes
  - Job cycle time (JCT)
  - Responses per incident (RPI)

- Improve staff reporting they feel safer in speaking up: statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as a place to work: statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase Urgent Community Response (UCR) acceptance rate of 60-80%
- Reduce Vehicle Off Road rate (VOR): 11-12%
- Achieve over 90% compliance for Make Ready

What we will deliver in 2025/26

We deliver high quality patient care

- Deliver an average Cat 2 mean response time of 25 mins and 999 call-answer of 5 secs
- Increase clinical triage of Cat 2-5 calls, delivering Hear & Treat of 19.7% by Mar 26
- 3 Focus Models of Care:
  - Palliative and EOL Care
  - Reversible Cardiac Arrest – increase survival to 11.5%
  - Falls, frailty and older people – reduce vehicle dispatch to fallers by 10% using more CFRs
- Deliver improved clinical productivity using QI (Eq. to 4mins C2 mean)
- Overhaul our oversight framework for quality of care aligned to our new divisional model, including station accreditation programme

Our people enjoy working at SECAmb

- Completion of our organisational re-design to deliver empowered Divisions
- Improve our People Services enabling effective support for our staff and enhanced ER resolution timelines
- Publication of our workforce plan in alignment with our clinical models of care
- Implement Wellbeing Strategy
- Launch of our first ever Shadow Board
- Expansion of the role of our volunteers

We are a sustainable partner as part of an integrated NHS

- Safely deliver our financial breakeven plan, including our efficiencies of £10m
- Work in partnership with the systems to deliver productivity improvements (Eq. to 2mins C2 mean)
- Develop a Business Case and roadmap for collaborating more closely with SCAS
- Publish a strategic estates plan that supports our development for the next 5 years
- Improve the quality and integration of our data systems to improve efficiency, productivity and outcomes
- Deliver vehicle replacement, >90 new MAN DCAs to be deliver in-year

Icon Descriptions

Integrated Quality Report

			
 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.
 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 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.
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			Special cause variation where **UP** is neither improvement nor concern.
			Special cause variation where **DOWN** is neither improvement nor concern.
			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
NHS Foundation Trust

People

Workforce trends remain steady, with continued improvement in retention across key areas and a focus on embedding local initiatives to sustain progress. Organisational change activity is ongoing across both corporate and operational areas with the introduction of a new divisional operating model. Formal consultation across 3 corporate areas has now closed, with a second phase being planned in other directorates for completion by the end of the year. We are progressing efficiencies with workforce planning and vacancy controls in place to support financial and service alignment.

There continues to be a focus on strengthening assurance around appraisal and statutory training compliance. Appraisal compliance has improved by 8.1% since the last IQR and is now being driven through directorate-level accountability for compliance, with a revised cycle launched in April 2025. Work continues to improve the quality of appraisals alongside this. Statutory and mandatory training compliance is progressing towards the 85% target, with the 2025/26 programme now underway with good learner feedback. Data cleansing is underway to ensure accurate reporting, with CSTF compliance now at 83.23%.

Employee relations activity continues to be closely monitored, with enhanced triage processes supporting earlier resolution and a reduction in formal cases. Work is underway to build a learning culture through a new community of practice, aligned to the 2025/26 People Improvement Plan. The organisational change aims to create more focussed ER capacity and support for divisional teams locally to deal with cases in a more timely fashion.

Following the publication of the 2024 NHS Staff Survey results in March, the first 'check in' with managers will take place in June to check on progress made in using their local results to frame discussions with their teams and drive improvements.

Our first Shadow Board will take place in July 2024, with preparation work well underway.

Our people enjoy working at SECAmb

1 Tier 1
2 Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

- Deliver 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
- Reduce staff turnover to 10%
- Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators

2025/26 – Strategic Transformation Plan

- **Organisational Operating Model Programme** 1
  - Implement corporate restructure (including Hybrid Working Practices) going live **by end Q3**
  - Transition to Clinical Divisions **by end Q2** and undertake Clinical Operating Model design by end of Q4
- **People Services Improvement Programme** 1
  - Embed People Services new structures to enable effective support, with 90% staff in post by end of Q2
  - Develop Case for Change for optimising Recruitment and Service Centre by end of Q3
  - Enhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in ER services by end of Q4
  - Develop capability and professional practice of People Services
- **Long-term Workforce Plan Definition**
  - Scope to be developed by Q3 following the development of Models of Care

2025/26 - Outcomes

- Improve staff reporting they feel safer in speaking up – statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as place to work – statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened.

2025/26 – Operating Plan

- Full implementation of Resilience (Wellbeing) Strategy **by Q4**
- Implement Shadow Board **in Q1**
- Embed Trust Values & associated Behaviour Framework **by Q4**
- Refresh of the professional standards function by **end of Q2**
- Development of Integrated Education Strategy, informed by the EQI **by end of Q3**
- Establish the approach to volunteers

Compliance

- Equality Act / Integrated EDI Improvement Plan
- Sexual Safety Charter Commitments
- Education
- Statutory & Mandatory Training & Appraisals

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.
- **People Function:** There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.
- **Workforce capacity & capability:** There is a risk that the Trust does not have a sustainable workforce model, supported by a 2025/26 workforce plan with a clearly identified clinical skill mix, due to competing strategic and operational priorities, resulting in an inability to transition from physical to virtual care long-term.
- **Organisational Change:** There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
10%	15%		65%		5%	0%		
2	3		13		1	0		

Assurance

Pass	Hit and Miss	Fail	No Target
5%	45%	30%	20%
1	9	6	4

Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Apr-25	3	1	1.3		
Board	Count of Grievances Closed	Apr-25	12	3	14.8		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Apr-25	3	3	3.7		
Board	Individual Grievances Open	Apr-25	8	5	14.6		F
Supporting	Bullying & Harrassment Internal	Apr-25	1	2	1.7		
Supporting	Disciplinary Cases	Apr-25	9	3	10		
Supporting	Mean Suspension Duration (Days)	Apr-25	215	70	128.7	H	F
Supporting	Freedom to Speak up: Cases Opened in Month	Apr-25	15	3	10		
Supporting	Freedom to Speak Up: Total Open Cases	Apr-25	22		23.5		

Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Apr-25	15.1%	15%	16.9%	L	F
Board	Sickness Absence %	Apr-25	5.8%	5%	6.6%		F
Board	Turnover Rate %	Apr-25	1%	0.8%	1.3%		
Supporting	Number of Staff WTE (Excl bank and agency)	Apr-25	4594	4579.26	4481.9	H	F
Supporting	Vacancy Rate %	Apr-25	0.1%	5%	1.9%	L	P
Supporting	CFR Attendances	Apr-25	1634		1529		

Employee Experience

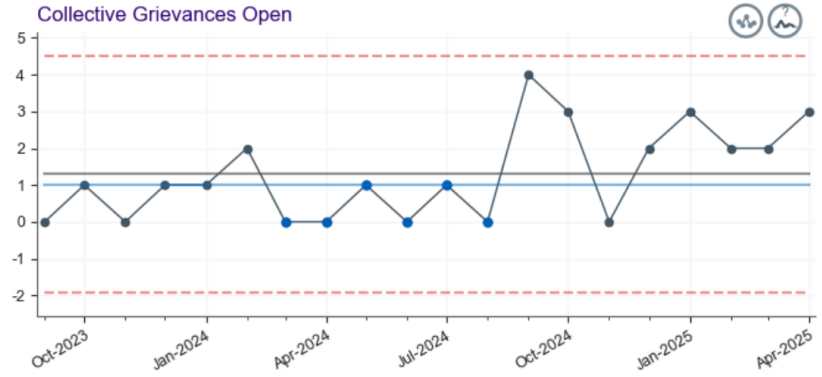
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	% of Meal Breaks Outside of Window	Apr-25	40.6%		50.3%	L	
Supporting	% of Meal Breaks Taken	Apr-25	98.6%	98%	98.3%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Apr-25	40.7%	45%	44.1%		

Pending metric: WRES/WDES - Needs to be defined

Employee Development

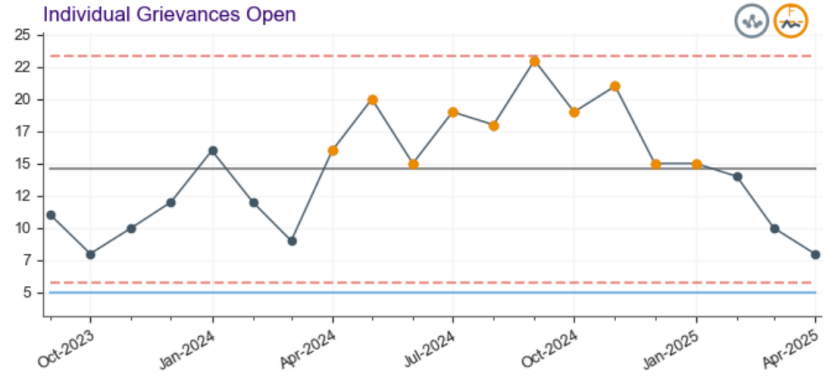
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Apr-25	71.1%	85%	62.2%	H	F
Board	Statutory & Mandatory Training CSTF Rolling Year %	Apr-25	81.7%		81%		

Pending metric: Education - Needs to be defined



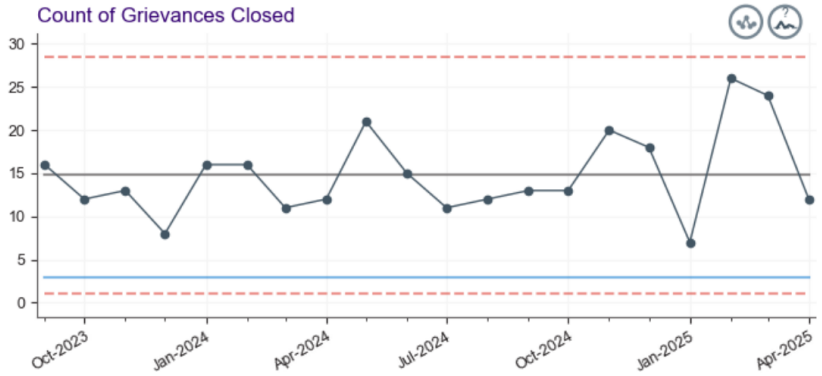
WF-11

Dept: Workforce HR
Metric Type: Board
Latest: 3
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.



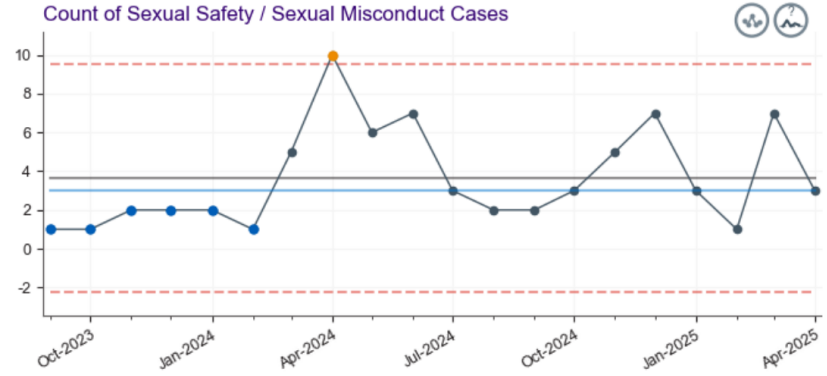
WF-10

Dept: Workforce HR
Metric Type: Board
Latest: 8
Target: 5
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-42

Dept: Workforce HR
Metric Type: Board
Latest: 12
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-41

Dept: Workforce HR
Metric Type: Board
Latest: 3
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Grievances

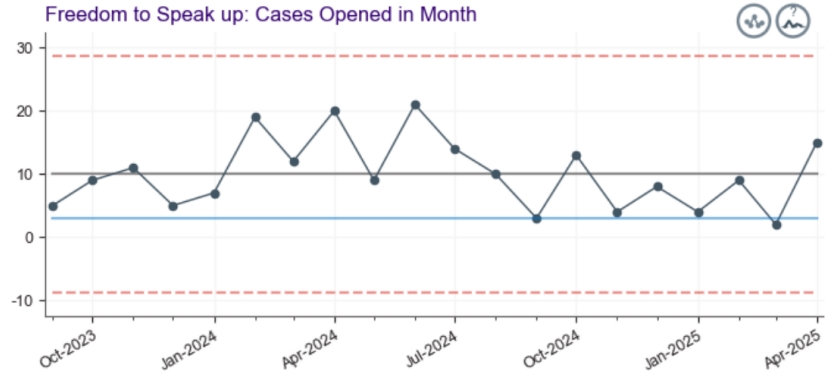
12 grievances have been closed and 8 grievances opened during this month. The introduction of an enhanced triage processes has helped to reduce the number of grievances by 12 cases since February. The introduction of this triage has resulted in cases being assessed with improved rigour, so that some cases have been redirected to line managers, policy applied more appropriately, or redirection to an alternative approach such as mediation. Without the triage process in place, we would have reported 19 new grievances opened during this month as opposed to 8.

Grievances

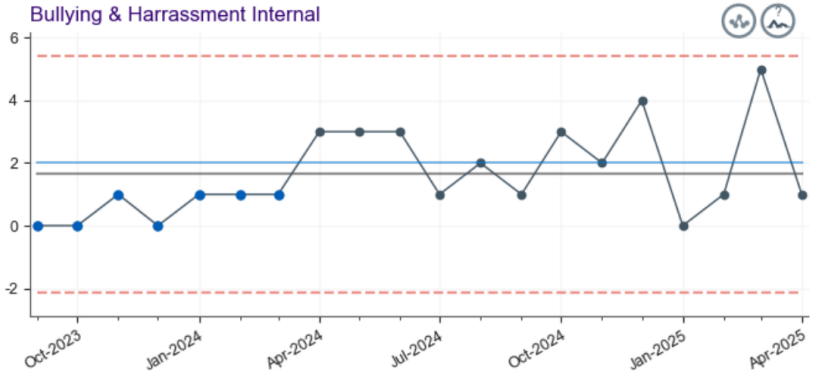
There are a number of multiple cases (n19) from one individual which are near to conclusion, and this will improve the closure rate next month. However there has been a reduction in individual cases open from previous months. Whilst it is noted that the 'target' has been set at 5 cases, it is challenging to reduce grievances, and the current method has been the introduction of triage and training line managers to reduce the need for staff to raise formal complaints because their claims are being managed informally by their line manager wherever possible.

Sexual Safety

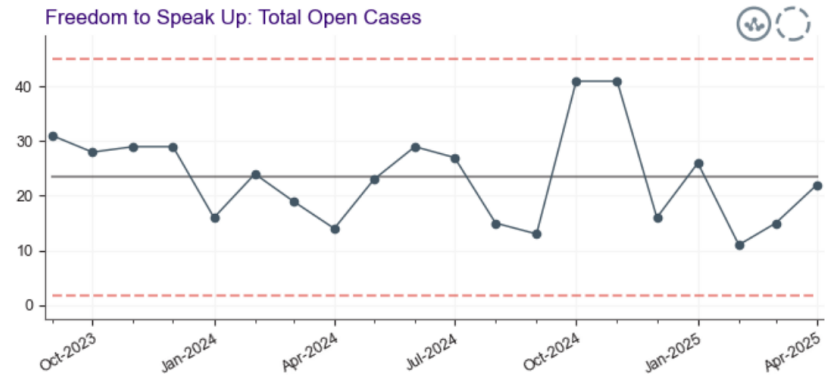
An external review of MDT process has been completed and the redesign of the format and make-up of this process is currently being undertaken.



QS-27
Dept: Quality & Safety
Metric Type: Supporting
Latest: 15
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

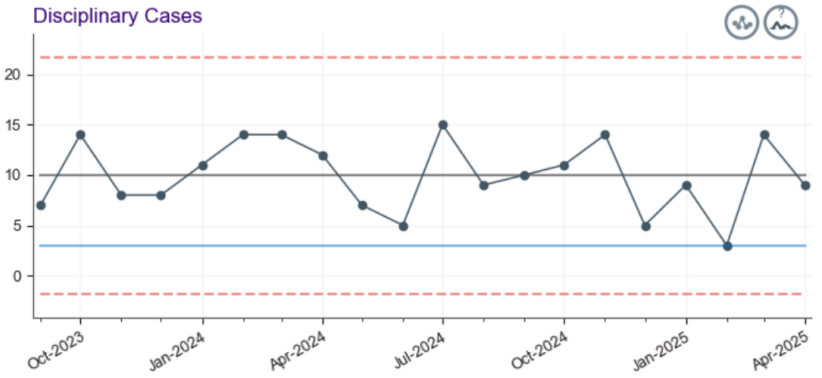


WF-12
Dept: Workforce HR
Metric Type: Supporting
Latest: 1
Target: 2
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-27
Dept: Quality & Safety
Metric Type: Supporting
Latest: 22

Common cause variation, no significant change.



WF-9
Dept: Workforce HR
Metric Type: Supporting
Latest: 9
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

FTSU: open cases opened in month

Remains within normal variation on SPC chart. During March and April 2025;

- 38 concerns were raised to the FTSU team. 26% were submitted anonymously and 3% included detriment.
- 10 concerns arose from EOC, 7 from Field Operations, and 4 from Digital.
- Worker safety & wellbeing remained a key theme
- The trend in the number of concerns being closed with a satisfactory outcome continues to improve.
- Additional to the cases mapped here, there has been an increase in staff seeking advice and guidance, many of whom are now feeling confident to address concerns locally themselves.

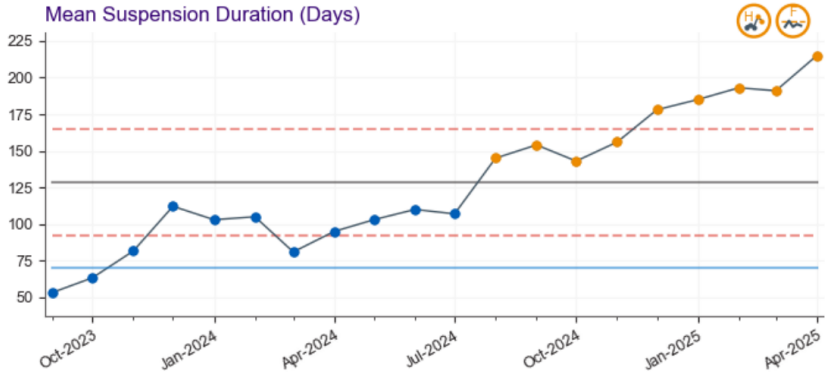
In response to the rise in anonymous reporting, leadership speak up workshops are being planned at both a local and senior level to strengthen confidence in open conversations.

Bullying and Harassment

The number of B and H cases remains low with one recorded this month. We continue to monitor this closely in line with the reported bullying and harassment through the national staff survey.

Disciplinary

In March we had the highest number of cases closed in 12 months, 24 cases (average number being 13 over a 12 month period). The current MDT approach provides clarity on next steps or alternative action such as informal processes. This approach aims to help to reduce the number of cases received. Focus attention on legacy cases continues with regular case reviews, to monitor progress.

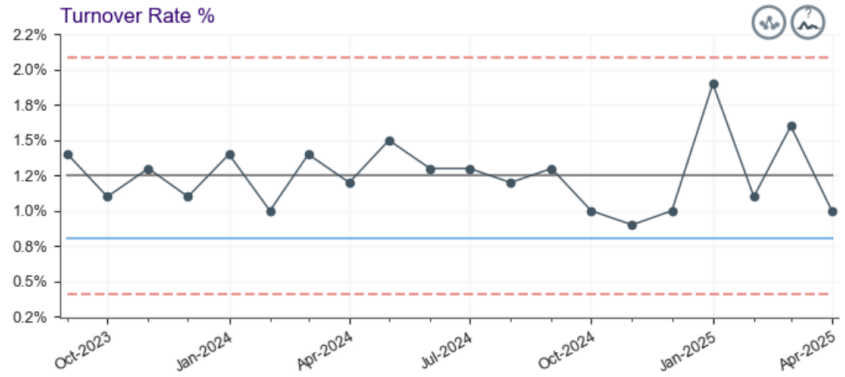


WF-47
Dept: Workforce HR
Metric Type: Supporting
Latest: 215
Target: 70
Special cause of a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.

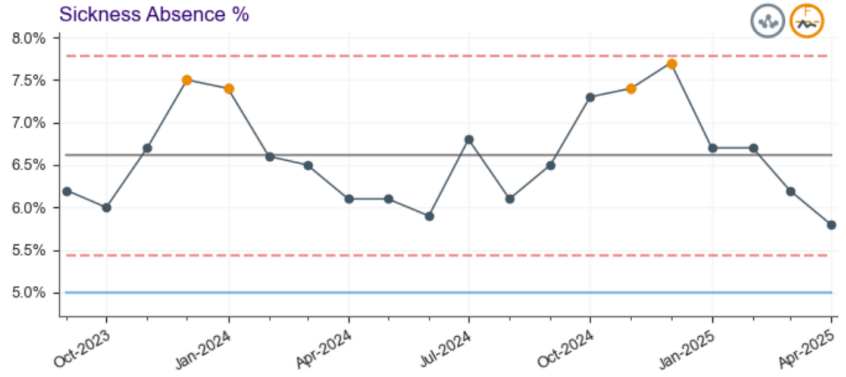
Suspensions

To note that this chart represents the number of days not number of suspensions. For context, as at 28.05.25 we currently have 20 staff suspended.

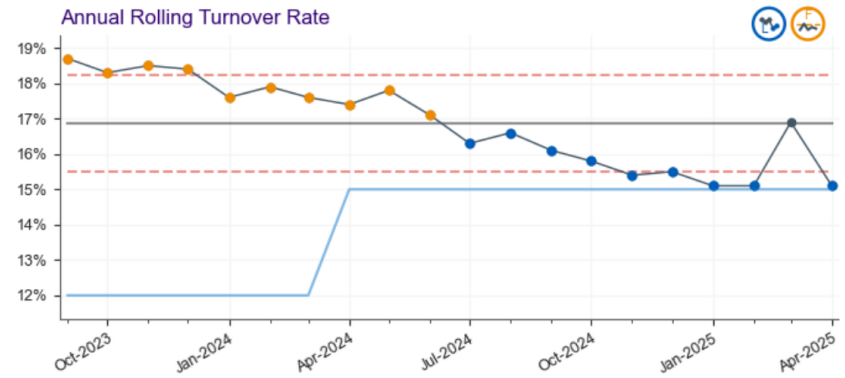
Each new potential suspension is reviewed and risk assessed by Execs prior to suspension being actioned. The suspensions currently live are reviewed by Execs on a weekly basis. The common cause for suspensions having longer length of days has been the involvement of an external agency and which has meant that in some cases SECAMB is not able to proceed to take action and this can take a long time to conclude.



WF-48
Dept: Workforce HR
Metric Type: Board
Latest: 1%
Target: 0.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-49
Dept: Workforce HR
Metric Type: Board
Latest: 5.8%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-7
Dept: Workforce HR
Metric Type: Board
Latest: 15.1%
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.

Turnover

Our retention activities are focusing on local initiatives to support Trust Wide retention. We continue to focus on Culture, Gender Pay Gap, Do No Harm, and Sexual Safety as our key drivers as we strive to make SECAmb a great place to work.

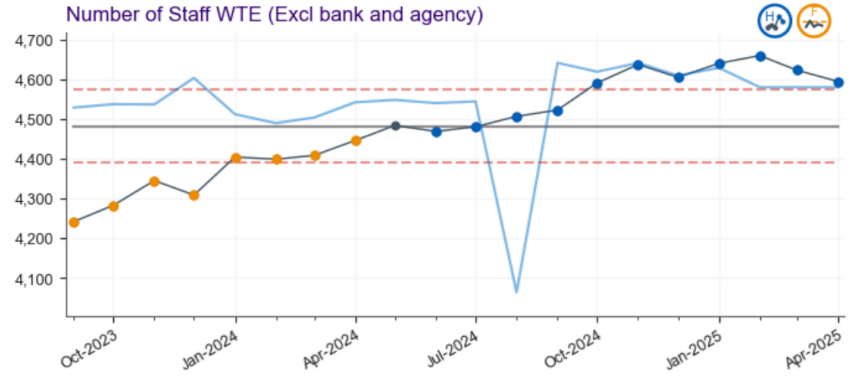
Working with the Quality Improvement Team, 111 has implemented retention initiatives during the past six months, using the Trust's continuous improvement methodology. As a result, 111 has seen turnover fall from 54.94% to 38.85%. This has had a positive impact on Trust wide turnover. A similar approach in EOC has seen their turnover fall from 44.46% to 34.34%.

There are restructures going on across Corporate Services, and between June and September we may see some variation in turnover figures as change is embedded, and the impact is fully realised.

Sickness Absence

Rolling Sickness absence is within normal variation. Our focus on long term sickness absence produced a 0.2% improvement over the last six months, however short term sickness absence increased.

SMG have commissioned a deep dive into sickness absence, focusing on cause and processing in order to improve how absence is managed. There is also a link to the employee relations cases which is being considered as part of the triage of cases to support resolution that may allow people to return to work, and to avoid harm that may cause the absence.



WF-1

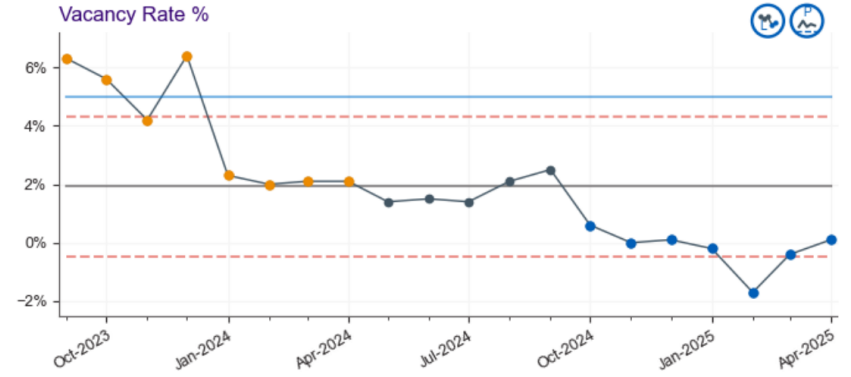
Dept: Workforce HR

Metric Type: Supporting

Latest: 4594

Target: 4579.26

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.



WF-4

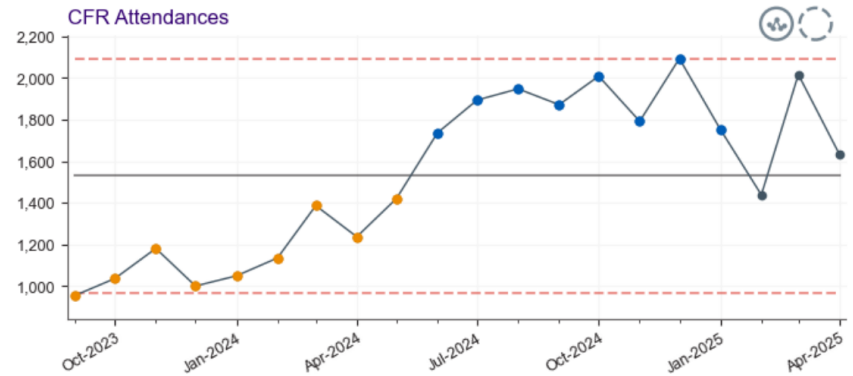
Dept: Workforce HR

Metric Type: Supporting

Latest: 0.1%

Target: 5%

Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.



999-10

Dept: Operations 999

Metric Type: Supporting

Latest: 1634

Common cause variation, no significant change.

Number of Staff WTE

The workforce and establishment shows special cause variation, with the Trust currently operating above its established staffing levels. This over-establishment is linked to legacy workforce planning decisions and the pipeline from training and development programmes. While anticipated, this position is being monitored to ensure alignment with future workforce needs and financial sustainability.

The Trust has a long-established Workforce Planning Group that currently focuses on short-term (12-month) planning. A new strategic workforce group is being developed to extend this horizon, enabling more robust 3–5 year planning aligned with service transformation and financial strategy.

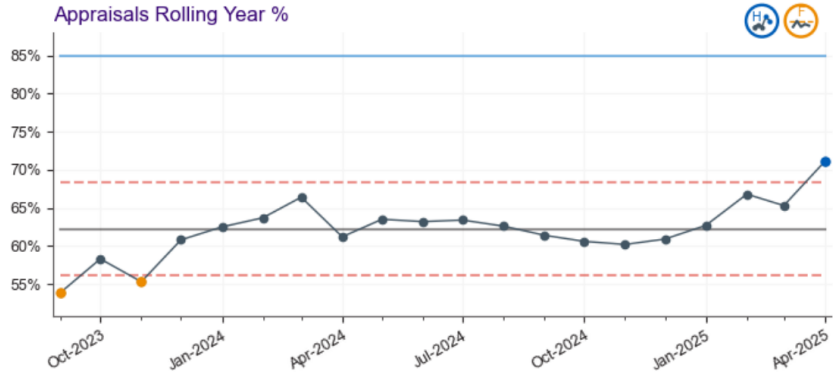
Number of Staff WTE

The current climate where the Trust is over-established, there are financial pressures resulting in vacancy controls and the Trust is part-way through large scale restructures, it is expected that vacancy rate will be low.

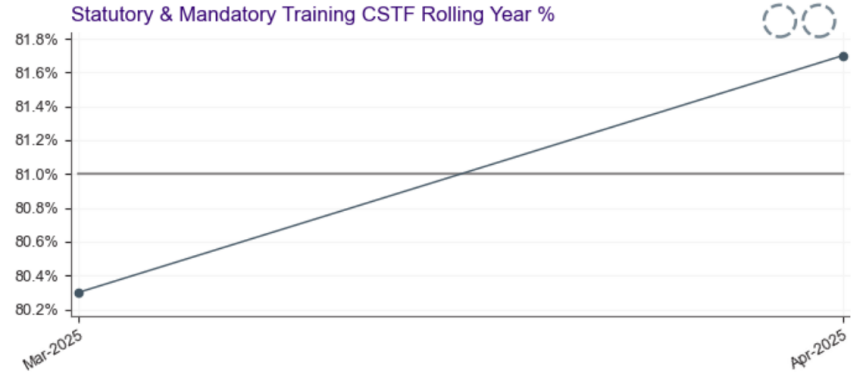
This position will continue to be reviewed through established workforce planning and governance processes, ensuring that any adjustments to staffing levels are aligned with service redesign, financial constraints, and longer-term workforce strategy.

People: Employee Development | Board Metrics

Integrated Quality Report



WF-40
Dept: Workforce HR
Metric Type: Board
Latest: 71.1%
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.



WF-6
Dept: Workforce HR
Metric Type: Board
Latest: 81.7%

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

At last review appraisal compliance was 63% (June 2024), this has significantly increased to 71.1% **(+8.1%).**

The actions specified in the 2024 IQR are still pending after the recent restructure of education. However, will be part of the objectives for the Learning and Development within education to achieve within this current year.

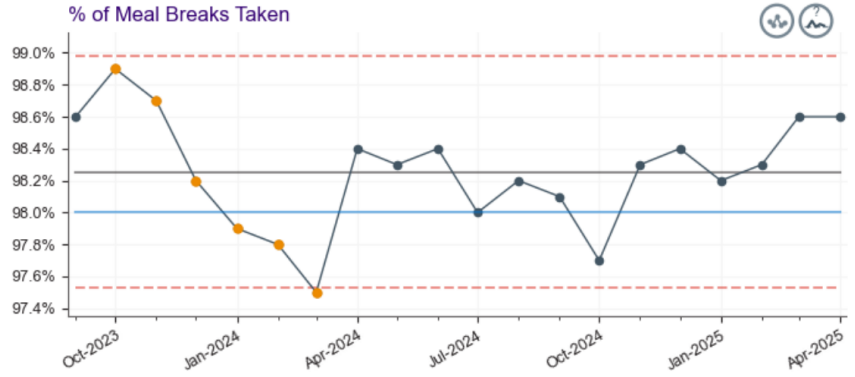
The focus of the coming year will be to ensure that individual directorates comply with the completion of appraisals in a timely manner, to ensure the upward trend of completion rates continues to improve by 10% within the next reporting year and thus achieve target.

To note, the appraisal start date has been amended with all appraisals to commence from the April 2025.

This report provides an overview of the current compliance percentage for Statutory training across the organisation. There has been an increase in compliance data in the training subjects required to meet the NHSE Core Skills Training Framework **(83.23%)**.

Resuscitation Level 2 and 3 is currently in delivery as part of the key skills programme and will ensure the overall training target of 85% target is achieved and recorded by quarter two. Resilience and Specialist Operations eLearning module has been changed from an eLearning module for all clinicians to classroom delivery in quarter four for frontline staff and the e-learning module will be completed by all new starters further improving training compliance data. The Rolling Year % totals shown in the above graph includes Resilience and Specialist Operations.

The focus for data training compliance improvement is now on the recording and reporting of other mandated courses identified in the trust training needs analysis, 2024. This includes the new e-learning modules Sexual Safety at Work, training subjects required under the EPRR Core Standards, the Health and Safety at Work Act and the centralise recording of Safeguarding Level 3.



999-27

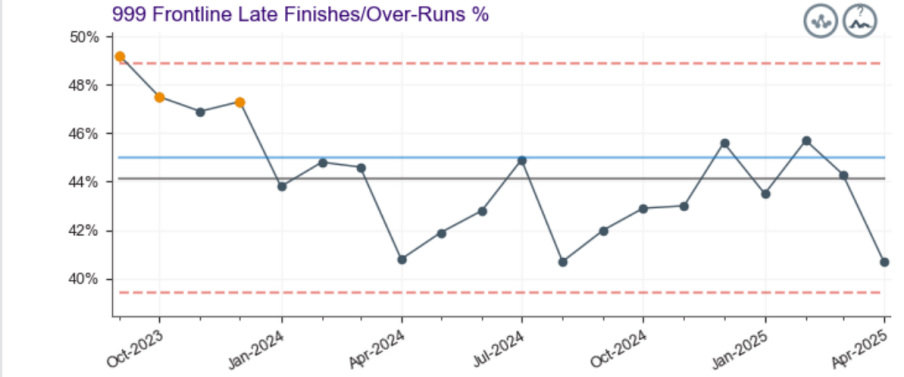
Dept: Operations 999

Metric Type: Supporting

Latest: 98.6%

Target: 98%

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



999-15

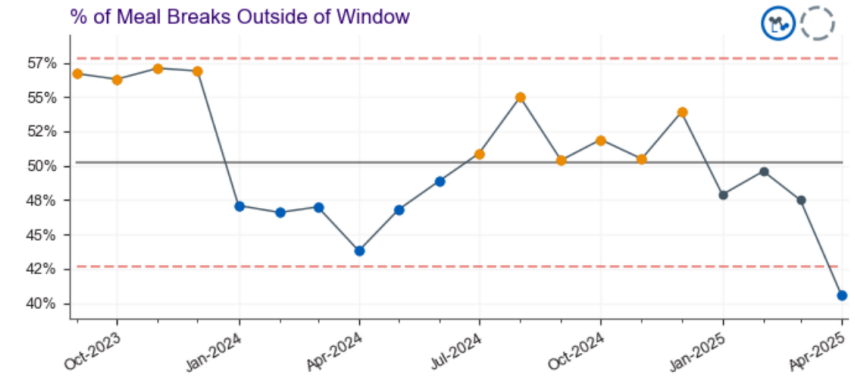
Dept: Operations 999

Metric Type: Supporting

Latest: 40.7%

Target: 45%

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



999-28

Dept: Operations 999

Metric Type: Supporting

Latest: 40.6%

Special cause of an improving nature where the measure is significantly LOWER.

- Further benefits from the LCDM are demonstrated above which is beneficial
- meal breaks within windows increased
- reduction in claims for meal breaks out of area
- less over-runs fand late finishes for staff
- Increased availability of ambulances for patients

Appendix 1: Glossary

Integrated Quality Report

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

NHS
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NHS Foundation Trust

Integrated Quality Report

Trust Board June 2025

Data up to and including April 2025

April 2025 data – presented June 2025

What
The IQR has been refreshed this month to align to our 2025/26 Board Assurance Framework priorities and to refine the focus of metrics for Board committees enabling oversight and triangulation through the Board discussion. The refreshed report and process will be reviewed and improved through the next 6 months.

The Trust finished 2024/25 with strong operational, clinical and financial performance, and remains in a robust position through April. Changes to dispatch through the Local Community Dispatch Model have supported improved incident cycle time and staff experience, and a C2 mean of 25:02 was achieved, supported by relatively strong resourcing and stable demand in April. Handover times are in seasonal variation and call answering has exceeded target at 1second with a good staffing position in call handling. Achieving our H&T trajectory remains challenging as the rate is increasing but not on target; an increase in S&C rate alongside the greater H&T rate has been observed. This is expected, but will be reviewed to ensure appropriate, as the use of alternatives to ED is still limited. We continue to deliver improving cardiac outcomes and good patient safety and Health & Safety indicators, with the first PSIRF reviews completed this month. There is an improvement in MAST and Appraisal driven by focus from HR and managers, while turnover continues in improving trend and our employee relations position is stable.

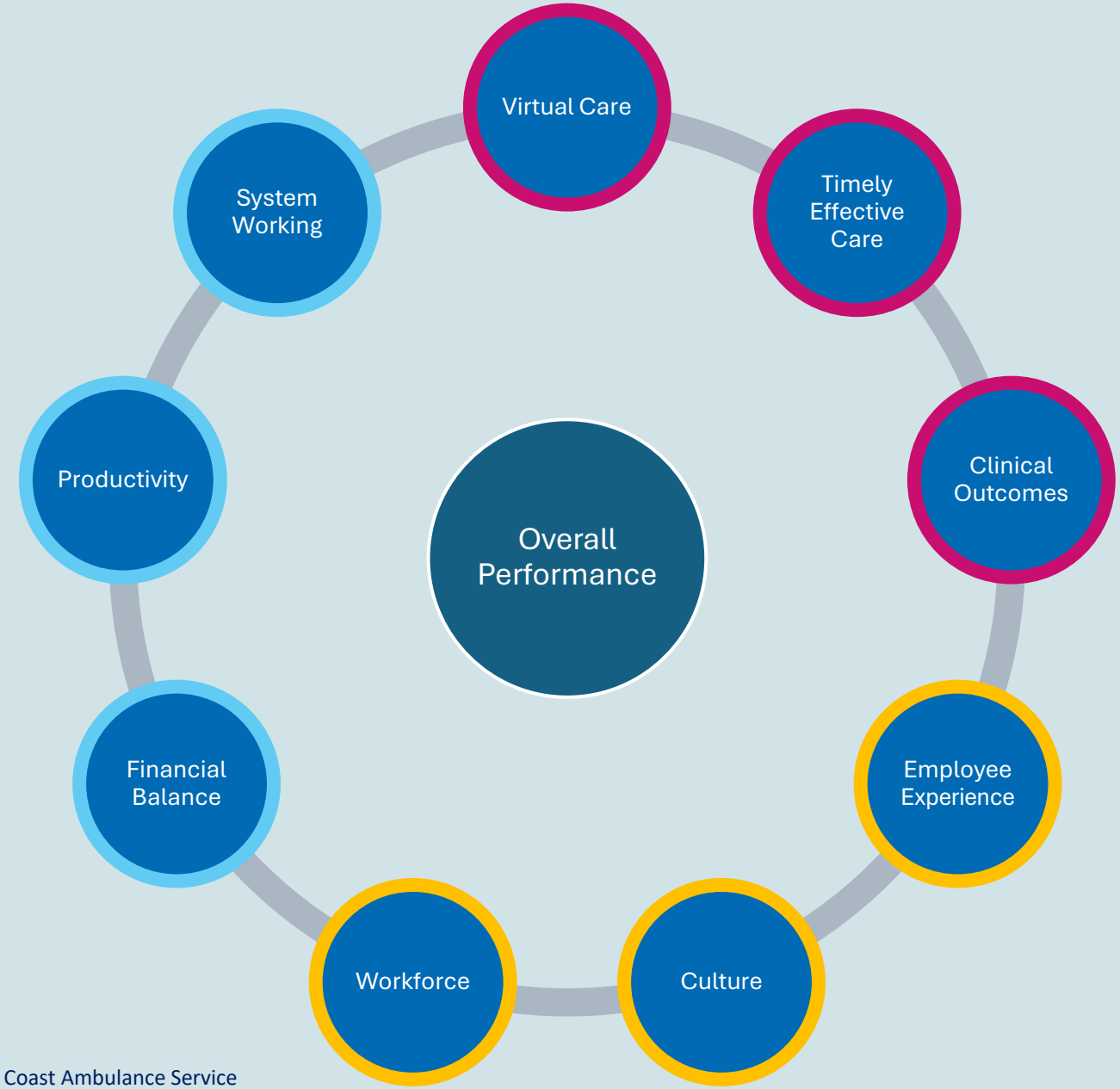
So What
Although performance was good, the spring and summer period needs greater focus on responsiveness to enable a 25min average C2 mean across the year to be achieved. Clinical training of B6 paramedics to contribute to H&T rate, greater clinical call handling productivity, and further work with system partners on alternative pathways and handovers is also in train and will be needed to impact on the overall position.

Clinical indicators are strong and will be enhanced by our focus on three particular models of care, including Falls which is now being monitored as a Board metric. We will continue to embed PSIRF to support a learning culture and to use QI to make improvements, and embed enhanced quality governance from floor to Board, as well as working through our aligned Virtual Care and Models of Care programmes.

The divisional clinical operating model is now being implemented supporting local autonomy and focus and enhancing integration of clinical, operational and corporate leadership teams. Following our improved Staff survey results, local processes to continue to embed change and target hotspot areas have been put in place, while SMG is undertaking work on sickness rates and abstractions. The corporate restructure is moving towards completion and will offer greater resource for employee relations support, which is needed to address case numbers, length of time to resolve cases, and continued high levels of suspension days in the Trust.

What Next
Further focus on our productivity programme will be needed to ensure that the planned improvements to care delivery are made as soon as possible so the impact on performance, particularly the C2 mean, is achieved. Similarly, the efficiency programme will be a key area to ensure that we meet our financial plan throughout the year. We will review delivery of efficiency and productivity on a quarterly basis with the next Executive check and challenge in July 2025.

Our ongoing work to improve employee experience and culture will continue through collaboration with staff, unions and the corporate restructure, and with the integrated divisional leadership teams supporting improvement in appraisal, clinical supervision, Speaking Up and MAST. We will also be developing more resilience metrics incl. EPRR and Cyber elements and moving forward looking to bring an organisational resilience framing to our understanding of performance.



BAF outcomes 25/26

- Category 2 Mean <25 minutes average for the full year
- Call Answer 5 seconds average for the full year
- Hear & Treat 18% average for 25/26 / 19.7% by the end of Q4
- Cardiac Arrest outcomes: Improve survival to 11.5%
- Internal productivity:
  - Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes
  - Job cycle time (JCT)
  - Responses per incident (RPI)

- Improve staff reporting they feel safer in speaking up: statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as a place to work: statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase Urgent Community Response (UCR) acceptance rate of 60-80%
- Reduce Vehicle Off Road rate (VOR): 11-12%
- Achieve over 90% compliance for Make Ready

What we will deliver in 2025/26

We deliver high quality patient care

- Deliver an average Cat 2 mean response time of 25 mins and 999 call-answer of 5 secs
- Increase clinical triage of Cat 2-5 calls, delivering Hear & Treat of 19.7% by Mar 26
- 3 Focus Models of Care:
  - Palliative and EOL Care
  - Reversible Cardiac Arrest – increase survival to 11.5%
  - Falls, frailty and older people – reduce vehicle dispatch to fallers by 10% using more CFRs
- Deliver improved clinical productivity using QI (Eq. to 4mins C2 mean)
- Overhaul our oversight framework for quality of care aligned to our new divisional model, including station accreditation programme

Our people enjoy working at SECAmb

- Completion of our organisational re-design to deliver empowered Divisions
- Improve our People Services enabling effective support for our staff and enhanced ER resolution timelines
- Publication of our workforce plan in alignment with our clinical models of care
- Implement Wellbeing Strategy
- Launch of our first ever Shadow Board
- Expansion of the role of our volunteers

We are a sustainable partner as part of an integrated NHS

- Safely deliver our financial breakeven plan, including our efficiencies of £10m
- Work in partnership with the systems to deliver productivity improvements (Eq. to 2mins C2 mean)
- Develop a Business Case and roadmap for collaborating more closely with SCAS
- Publish a strategic estates plan that supports our development for the next 5 years
- Improve the quality and integration of our data systems to improve efficiency, productivity and outcomes
- Deliver vehicle replacement, >90 new MAN DCAs to be deliver in-year

Icon Descriptions

Integrated Quality Report

	P	?	F	
	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.
	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 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.
	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.
	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.

				Special cause variation where **UP** is neither improvement nor concern.
				Special cause variation where **DOWN** is neither improvement nor concern.
				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
NHS Foundation Trust

Quality Patient Care

The Trust's Quality Patient Care Board and supporting metrics demonstrate overall stability and consistency, with most indicators showing normal variation, though a consistent decline in NHS Pathways clinical audit compliance has been noted over recent months. There are numerous activities in place to both understand and address this as outlined on slide 14.

28 patients survived an out of hospital cardiac arrest in December 2024. All cause survival of out of hospital cardiac arrest is reported at 10% for the month of January, which is broadly consistent with the autumn and winter period. This is below our target level, and the Cardiac Arrest Outcome Improvement Group are reviewing data to identify actionable improvement opportunities. Return of spontaneous circulation rates remain strong and stable, as does our Utstein survival rate at 36.4%. In other areas of cardiac care, STEMI care bundle delivery has improved significantly to 86.4%, supporting improved outcomes and reduced mortality in this patient group.

Our PGD training compliance is at 96.1% and beginning to achieve stability at this high level of compliance.

The Trust has recently changed its approach to vehicle deep cleaning to streamline the Make Ready process following a QIA, aligned to and in discussion with AACE and the national IPC teams, and has included Specialist operations teams in medications auditing, necessitating a change to reporting.

We deliver high quality patient care

1	Tier 1
2	Tier 2
	QI
	Directorate objective

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

2025/26 – Strategic Transformation Plan

- ❑ Models of Care 1
  - 3 Focus Models of Care (Reversible Cardiac Arrest, Palliative and End of Life Care, Falls, Frailty and Older People) to be delivered within 25/26
  - Produce a three-year delivery plan for the 11 Models of Care
- ❑ Delivering Improved Virtual Care / Integration 1
  - Evaluation to inform future scope of virtual care commences April 2025
  - Design future model to inform Virtual Care, including integration of 111/PC
  - Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework

2025/26 Outcomes

- ❑ C2 Mean <25 mins average for the full year
- ❑ Call Answer 5 secs average for the full year
- ❑ H&T Average for 25/26 of 18% / 19.4% by end of Q4
- ❑ Cardiac Arrest outcomes – improve survival to 11.5%
- ❑ Internal productivity
  - ❑ Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes by 1%
  - ❑ Job Cycle Time (JCT)
  - ❑ Resources Per Incident (RPI)

2025/26 – Operating Plan

- ❑ Operational Performance Plan – continuous monitoring through the IQR
- ❑ Set out Health Inequalities objectives for 2025-2027 by Q3
- ❑ Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4
- ❑ Deliver our three Quality Account priorities by Q4
- ❑ Patient Monitoring replacement scheme by Q4 & design future model for replacements 2
- ❑ Deliver improved clinical productivity through our QI priorities by Q4
  - IFTs
  - EOC Clinical Audit

Compliance

- ❑ EPRR assurance
- ❑ Medicines Management & Controlled Drugs
- ❑ PSIRF Compliance to standards

BAF Risks

- ❑ **Delivery of our Trust Strategy:** There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.
- ❑ **Internal Productivity Improvements:** There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
11%	9%		72%		2%	2%		
5	4		34		1	1		

Assurance

Pass	Hit and Miss	Fail	No Target
2%	32%	21%	45%
1	15	10	21

Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Jan-25	86.4%	64.7%	68%		
Board	**Cardiac Arrest - Post ROSC %	Jan-25	74.1%	76.8%	76.1%		
Board	**Cardiac ROSC ALL %	Jan-25	25.6%	23.8%	27.9%		
Board	**Cardiac ROSC Utstein %	Jan-25	58.8%	45.1%	52.9%		
Board	**Cardiac Survival ALL %	Jan-25	10%	9.6%	11%		
Board	**Cardiac Survival Utstein %	Jan-25	36.4%	25.6%	33.2%		
Board	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	Dec-23	02:41:00	02:22:00	02:33:30		
Board	Hear & Treat %	Apr-25	15.4%	16.5%	14%		
Board	See & Convey %	Apr-25	55.1%	55%	55.3%		
Board	See & Treat %	Apr-25	29.4%	35%	30.6%		
Supporting	Compliant NHS Pathways Audits (Clinical) %	Apr-25	88.2%	100%	82.9%		
Supporting	Compliant NHS Pathways Audits (EMA) %	Apr-25	80.5%	100%	81.3%		
Supporting	Required NHS Pathways Audits Completed (Clinical) %	Apr-25	101.6%	100%	102.1%		
Supporting	Required NHS Pathways Audits Completed (EMA) %	Apr-25	102.9%		102.9%		
Supporting	A&E Dispositions %	Apr-25	7.4%	9%	7.6%		
Supporting	PGD Compliance %	Apr-25	96.1%	95%	88.1%		

Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Calls Answered in 60 Seconds %	Apr-25	73.7%	95%	59.3%		
Board	999 Call Answer Mean	Apr-25	00:00:02	00:00:05	00:00:10		
Board	999 Call Answer 90th Centile	Apr-25	00:00:01	00:00:10	00:00:27		
Board	Cat 1 Mean	Apr-25	00:07:56	00:07:00	00:08:24		
Board	Cat 1 90th Centile	Apr-25	00:14:38	00:15:00	00:15:26		
Board	Cat 2 Mean	Apr-25	00:25:01	00:30:00	00:28:26		
Board	Cat 2 90th Centile	Apr-25	00:50:31	00:40:00	00:57:53		
Supporting	Cat 3 90th Centile	Apr-25	03:27:31	02:00:00	04:59:32		
Supporting	Cat 4 90th Centile	Apr-25	03:29:09	03:00:00	05:32:31		
Supporting	HCP 3 90th Centile	Apr-25	03:28:38		04:40:24		
Supporting	HCP 3 Mean	Apr-25	01:32:04		02:05:04		
Supporting	HCP 4 90th Centile	Apr-25	05:15:05		06:32:33		
Supporting	HCP 4 Mean	Apr-25	02:01:40		02:44:47		
Supporting	Section 136 Mean Response Time	Apr-25	00:16:40		00:24:24		

Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Falls Care Bundle Compliance %	Dec-24	44.2%		39.3%		
Board	% of 999 Calls from Nursing Homes	Apr-25	6.3%		6%		

Pending metric: EOLC - Needs to be defined

NHS South East Coast Ambulance Service NHS Foundation Trust

Quality Patient Care Overview

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
11%	9%		72%		2%	2%		
5	4		34		1	1		

Assurance

Pass	Hit and Miss	Fail	No Target
2%	32%	21%	45%
1	15	10	21

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Apr-25	21.1%		18.5%		
Board	CFR Backup Time (CFR First on Scene) Mean	Apr-25	00:16:20		00:19:10		
Board	Responses Per Incident	Apr-25	1.1	1.09	1.1		
Board	JCT Allocation to Clear at Hospital Mean	Apr-25	01:49:08		01:52:23		
Board	JCT Allocation to Clear at Scene Mean	Apr-25	01:16:51		01:17:26		
Board	JCT Allocation to Clear All Mean	Apr-25	01:35:31		01:37:32		

Demand

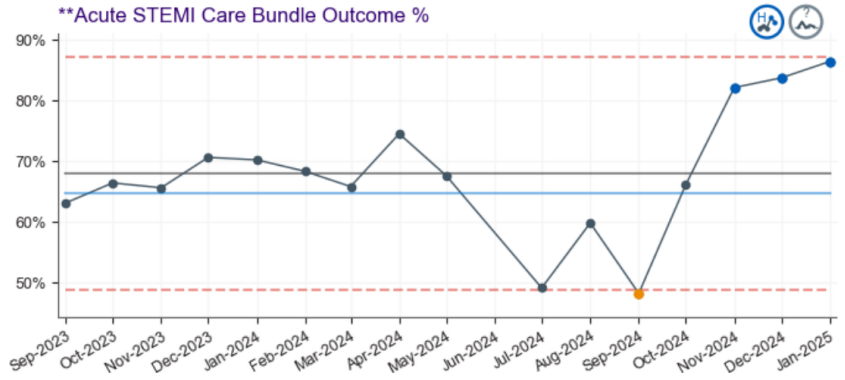
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Apr-25	98084		92484.6		
Supporting	999 Calls Answered	Apr-25	68673		74010.5		
Supporting	Incidents	Apr-25	64323		65053.1		

Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	Duty of Candour Compliance %	Apr-25	66.6%	100%	90%		
Supporting	Harm Incidents per 1000 Incidents	Feb-25	3		3		
Supporting	Outstanding Actions Relating to SIs, Outside of Timescales	Apr-25	9		7.3		
Supporting	Number of Medicines Incidents	Apr-25	183		170.8		

Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	Complaints Reporting Timeliness %	Apr-25	88%	95%	93.6%		
Supporting	Number of Complaints	Apr-25	59		66.7		



M-5

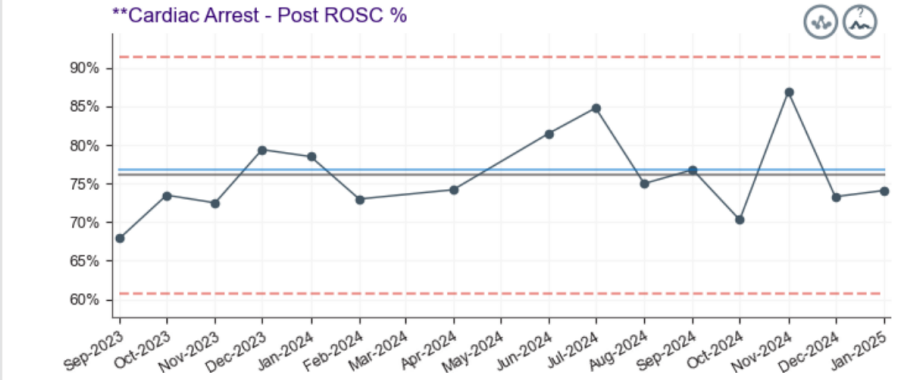
Dept: Medical

Metric Type: Board

Latest: 86.4%

Target: 64.7%

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



M-11

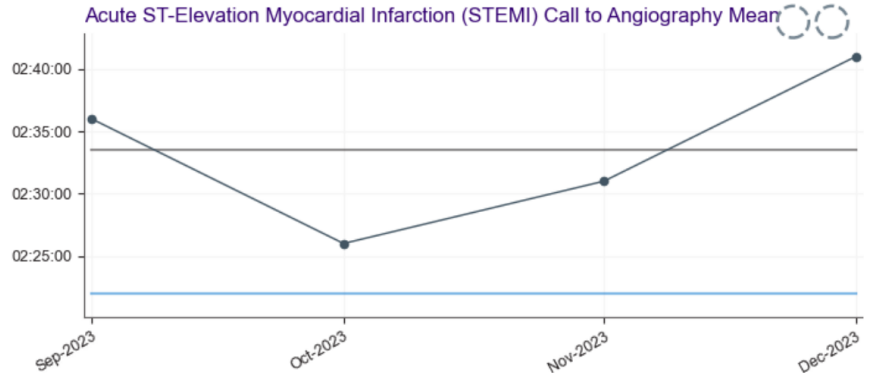
Dept: Medical

Metric Type: Board

Latest: 74.1%

Target: 76.8%

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



M-6

Dept: Medical

Metric Type: Board

Latest: 02:41:00

Target: 02:22:00

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

Recent data shows a **significant improvement in Acute STEMI Care Bundle compliance**, now at **86.4%**, significantly above the **64.7%** target. This likely reflects strengthened processes around early ECG acquisition, prompt recognition of STEMI, and consistent delivery of pre-hospital interventions such as aspirin administration and direct conveyance to PCI centres. Clinically, this improvement supports better myocardial preservation and reduced mortality.

The **mean call-to-angiography time has risen to 2:41:00**, exceeding the **target of 2:22:00**. Though trend data is limited, potential contributing factors include delays in inter-hospital transfer, variable lab availability, or handover inefficiencies. These delays could negatively impact patient outcomes by prolonging ischaemic time. Addressing this will require closer coordination with receiving centres, review of bypass protocols, and real-time feedback mechanisms to crews on timeliness metrics. Increased dispatch of senior clinicians, such as Critical care paramedics (CCP), to active STEMI may also assist with reduced scene time.

Sustaining bundle compliance while reducing angiography delays should be a dual focus, as both are essential to achieving optimal STEMI outcomes.

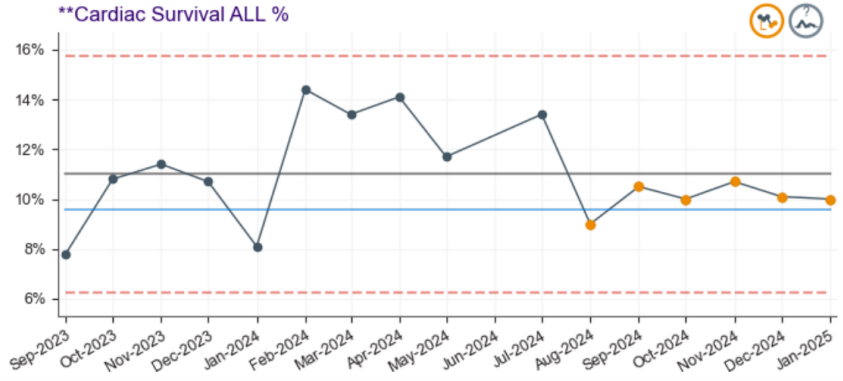
Current compliance with the Post-ROSC care bundle stands at **74.1%**, slightly below the **76.8%** target, with no significant trend of improvement over time. The bundle includes interventions such as 12-lead ECG, blood glucose monitoring, temperature management, and timely conveyance to specialist care.

It is important to note that **there is limited evidence to directly link compliance with this bundle to improved patient outcomes**. However, these elements align with recognised post-resuscitation care priorities, and consistent delivery may support neurological recovery and survival.

Internal data indicates that **bundle compliance is notably higher when a Critical Care Paramedic (CCP) is present on scene**, suggesting that senior clinical leadership can positively influence care delivery in complex, high-pressure scenarios. To improve performance, the service may benefit from enhanced training, simplification of documentation, and structured team debriefs following resuscitations.

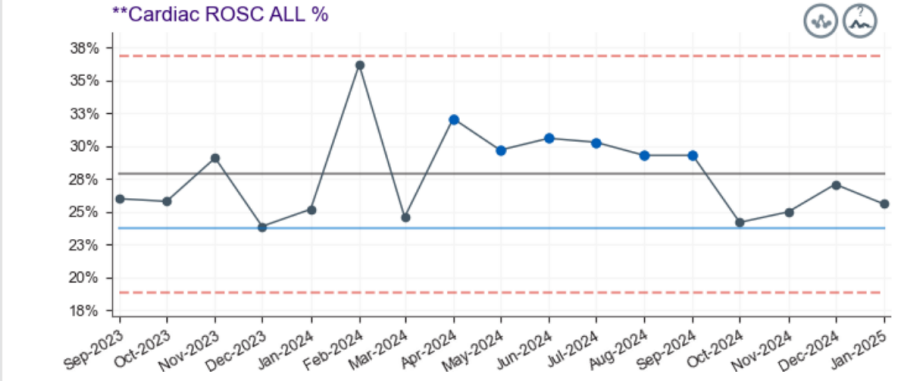
Quality Patient Care: Clinical Effectiveness & Patient Outcomes | Board Metrics

Integrated Quality Report



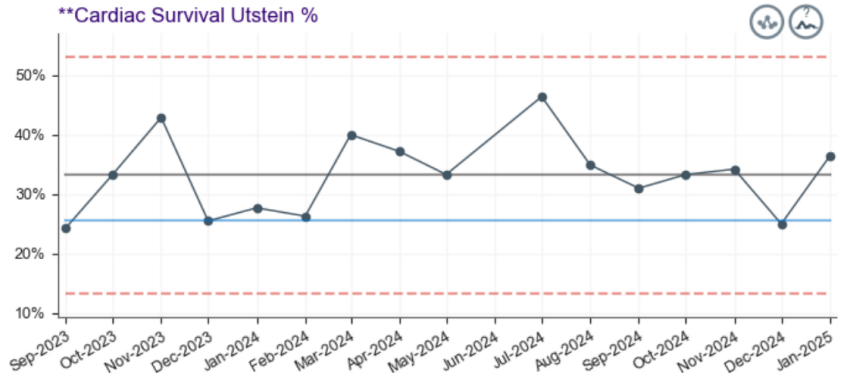
M-4

Dept: Medical
Metric Type: Board
Latest: 10%
Target: 9.6%
Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



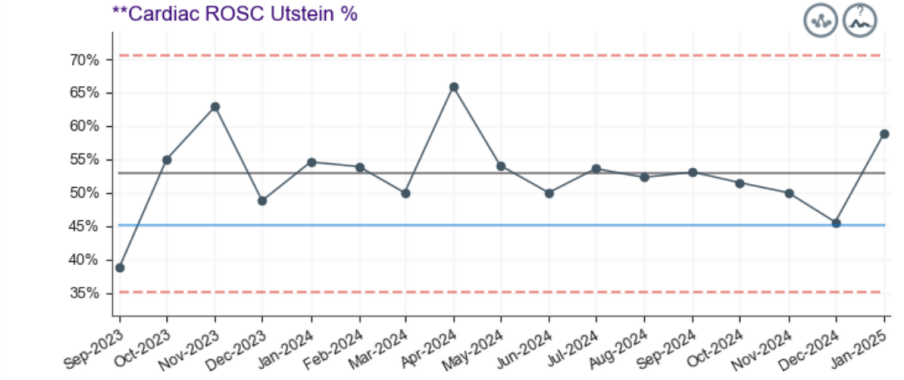
M-2

Dept: Medical
Metric Type: Board
Latest: 25.6%
Target: 23.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-3

Dept: Medical
Metric Type: Board
Latest: 36.4%
Target: 25.6%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



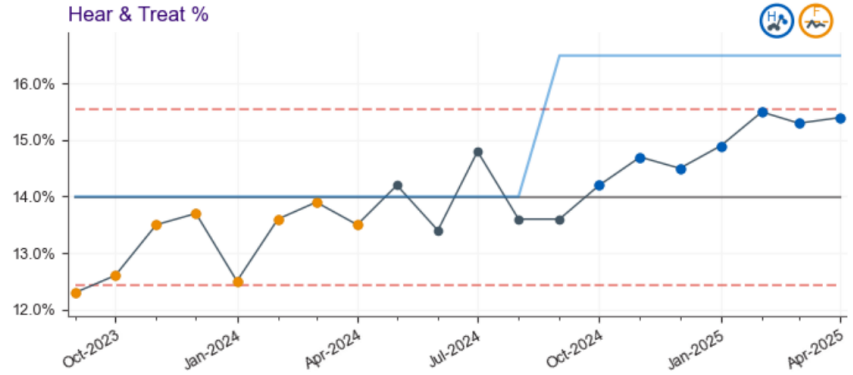
M-1

Dept: Medical
Metric Type: Board
Latest: 58.8%
Target: 45.1%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

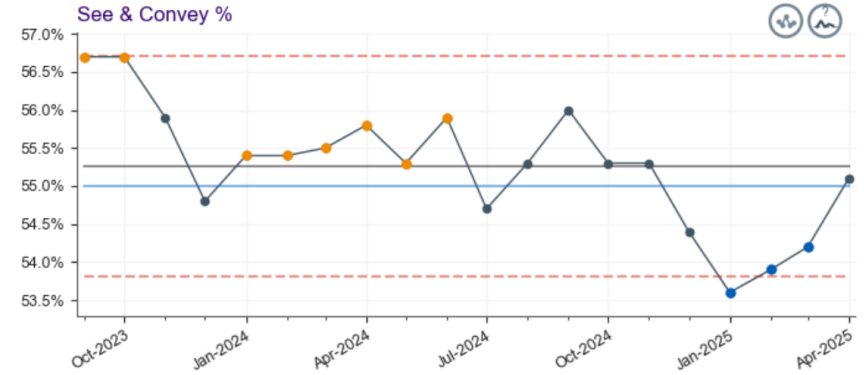
Return of Spontaneous Circulation (ROSC):
ROSC rates remain consistent. Overall ROSC (M-2) is 25.6%, just above the national average of **23.8%**, while Utstein ROSC (M-1) is **58.8%**, comfortably exceeding the national benchmark of **45.1%**. Both measures display **common cause variation**, indicating no significant change over time. These results suggest that pre-hospital resuscitation is being delivered effectively and in line with national performance, particularly for the Utstein group—typically those with the best chance of survival.

Survival to Discharge:
Overall survival from cardiac arrest (M-4) is reported at 10%, marginally above the national average of **9.8%** (Apr-Dec 24). However, the recent run of data points **consistently below the Trust's own average** suggests a **special cause concern** and a potential downward trend. This may reflect clinical or system factors occurring post-ROSC—such as variability in hospital-based care, delays in definitive interventions, or changes in patient acuity.
Utstein Survival (M-3) is **36.4%**, well above the **national average of 25.6%**, but shows no consistent upward or downward trend. This metric remains a reliable indicator of system performance in high-potential cases and underscores the continued value of early defibrillation and bystander CPR.

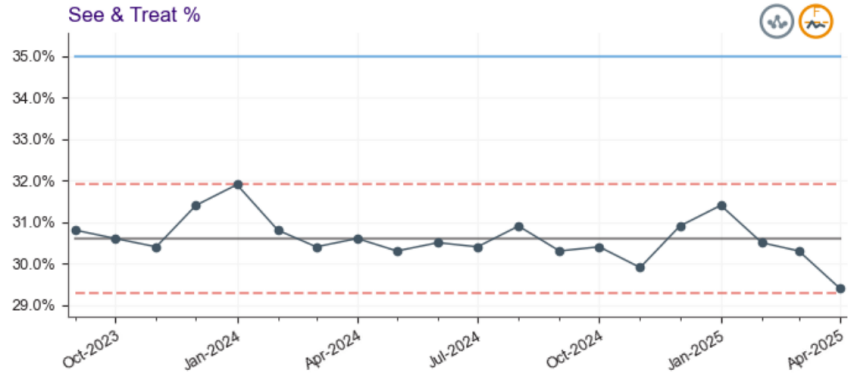
- The **disconnect between stable ROSC rates and a potential decline in survival** warrants further investigation. While hospital care is outside the Trust's direct control, there may be upstream factors—such as scene times, decision-making post-ROSC, or variation in handover quality—that can be optimised.
- The **Cardiac Arrest Outcome Improvement Group** will be pivotal in interpreting these trends, identifying contributory factors, and coordinating any pre-hospital changes that could positively influence patient outcomes.
- The continued strength in **Utstein survival** highlights effective recognition and response in high-potential arrests. Further focus on bystander engagement, rapid defibrillation, and reducing time to first shock will support sustained performance.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 15.4%
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.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 55.1%
Target: 55%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 29.4%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Although there is an underlying trend upwards with regards to the Trust's Hear & Treat, it is still behind the target trajectory for Q1 of 25/26. The Trust continues to use NHS E guidance to focus on key elements of virtual care, such as C3/C4 validation and C2 segmentation. There is real variability in Hear & Treat rates each day, ranging from 13.58% to 17.98% across April. Each day can have a different contributing factor to the higher levels such as case acuity, overall, Trust demand, virtual care clinician capacity etc. which adversely impacts the ability to deliver the target levels consistently.

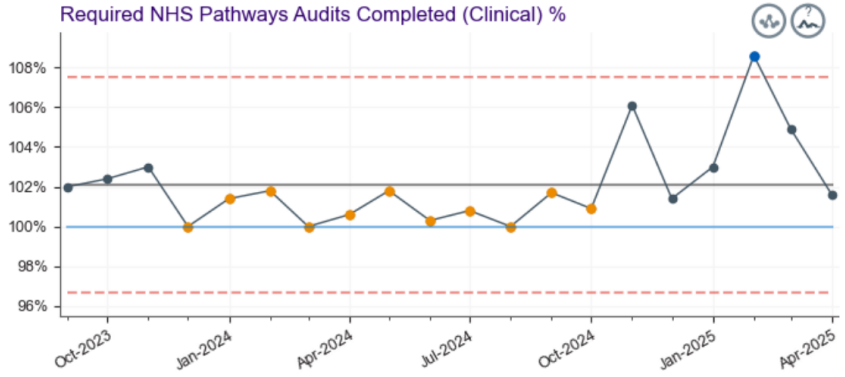
Current EOC substantive clinical staffing sits at 61% to achieve the 100% C3/C4 clinical validation. This reaffirms the importance of the next phase of training for the band 6 dual role Paramedics, which commenced with 13 of the 72 awaiting staff already trained and ready to start on the rota on 16th July 2025 (further 8 currently in training). With the pending start of the dual role working for our operational paramedics, a review of the daily operating model for this group of staff is urgently required which should then allow a timelier flow of patients through the system as efficiency is improved.

Following a declining picture of audit compliance in addition to issues with the audit process, the team are working closely with the EOC Practice Development team to review and change the dynamic including creating a new clinical audit tool for NHS Pathways (NHS P) auditing, following support from NHS E. This collaborative piece of work is supported by the QI team and is vital to ensure service safety and clinical effectiveness. The Virtual Care programme is the key vehicle for the Trust to ensure grip with regards to its key strategic goal of facilitating more virtual care and reducing See & Treat. A key component of this programme is focused on optimising alternative care pathways.

A recent UCNH review day brought together Urgent Care Response (UCR) teams from Kent localities where the opportunity was taken to push the UCR portal, which is vital to completing the full deployment of the UCR portal across the SECAmb areas and should see the first of the Kent providers live on the portal in Q1 of 25/26.

Quality Patient Care: Clinical Effectiveness & Patient Outcomes | Supporting Metrics

Integrated Quality Report



M-23

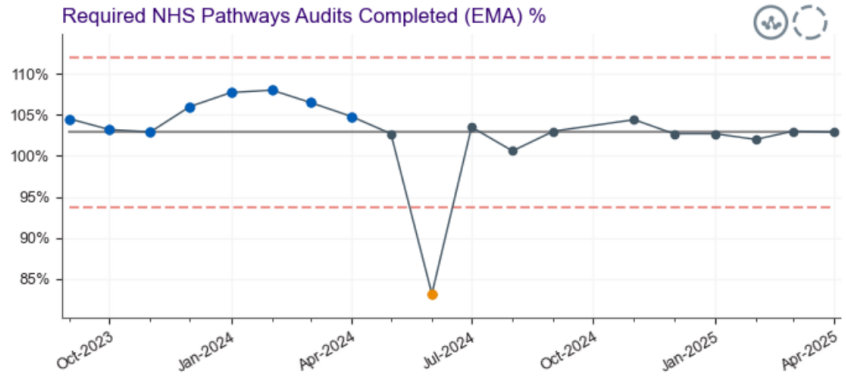
Dept: Medical

Metric Type: Supporting

Latest: 101.6%

Target: 100%

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



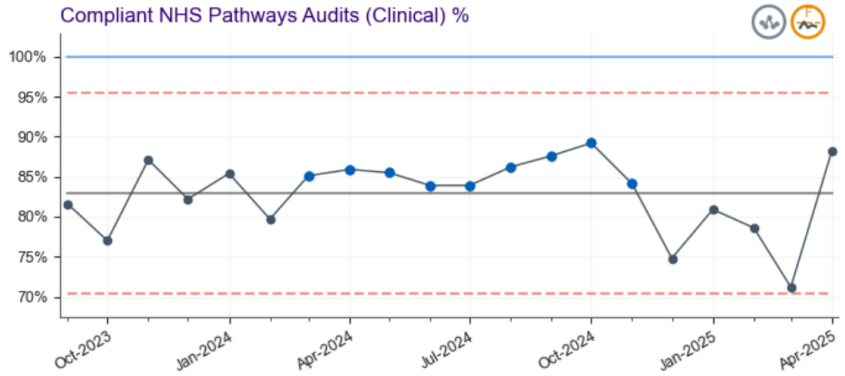
M-21

Dept: Medical

Metric Type: Supporting

Latest: 102.9%

Common cause variation, no significant change.



M-20

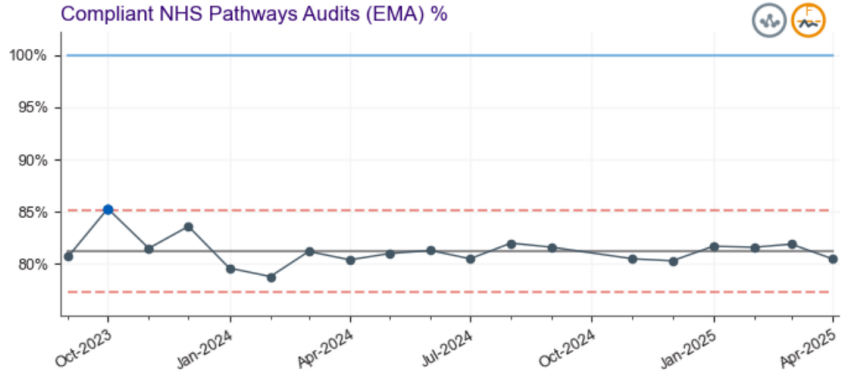
Dept: Medical

Metric Type: Supporting

Latest: 88.2%

Target: 100%

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



M-22

Dept: Medical

Metric Type: Supporting

Latest: 80.5%

Target: 100%

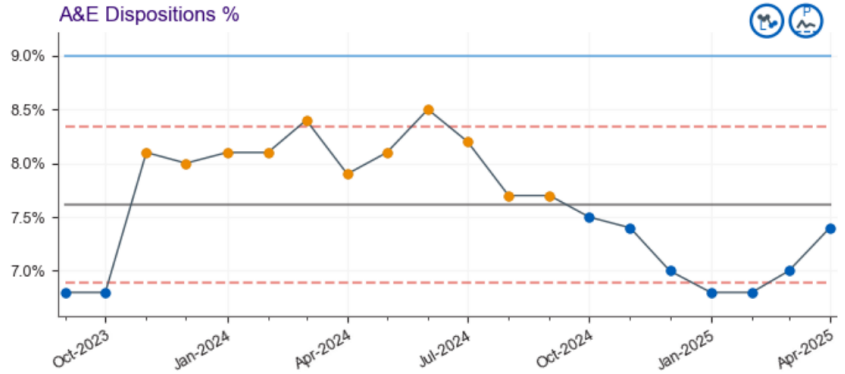
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary:

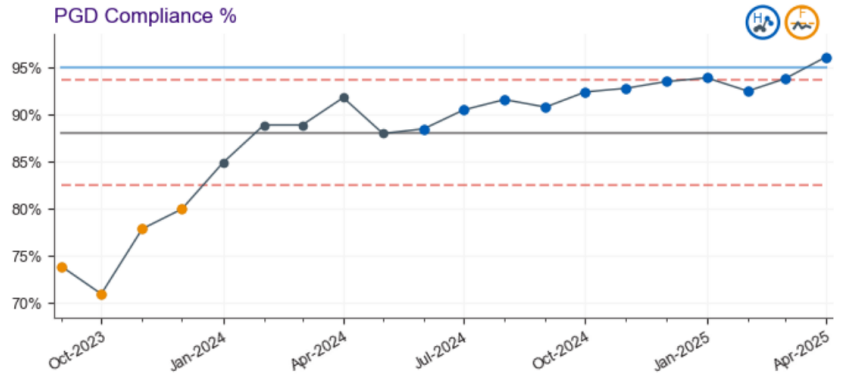
- NHSP 999 (clinical) audit activity continues as per plan with the target for 100% of audits each month being consistently achieved. Performance is within normal variation.
- This is replicated for EMA audit activity with activity also showing normal variation and the target of 100% being consistently achieved
- Any above target activity is as a result of additional audits retrospectively completed for investigation purposes.

Actions:

- An internal OD review has been undertaken to identify any human factor impacts adversely impacting compliancy and gaps identified.
- A culture review has also commenced.
- A collaborative piece of work is currently underway jointly with the EOC and EOC Practice Development management teams to review and revise the NHS Pathways Audit Tool for a trial period
- A QI Project to address the identified gaps/actions has commenced May 2025
- Training for EOC colleagues on 'how to give' and 'how to receive feedback' is underway
- Levelling training is continuing to be rolled out to EOC colleagues and a new tracker developed
- Dashboards in development to closely monitor teams' performance at staff level as well as teams' level



111-5
Dept: Operations 111
Metric Type: Supporting
Latest: 7.4%
Target: 9%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.



MM-8
Dept: Medicines Management
Metric Type: Supporting
Latest: 96.1%
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 Clinical Performance

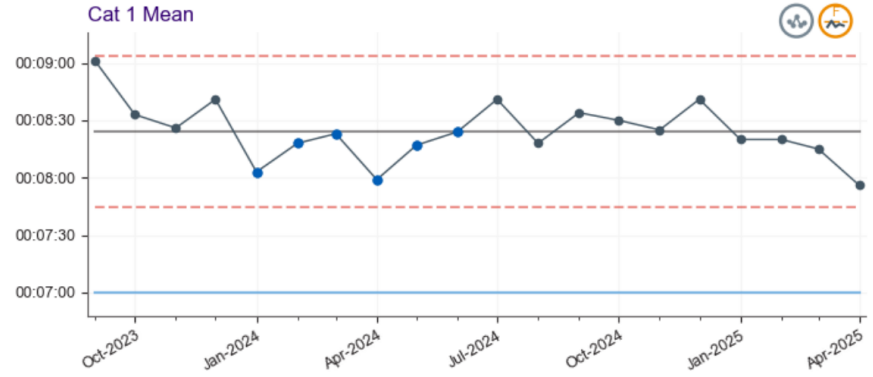
During April 2025, KMS 111 had an ambulance referral rate of 5.95% (4,863 ambulances sent of 81,669 triaged cases) and this was supported by a C3/C4 ambulance validation rate of 46.00%, with the service contracted to validate 50% of this activity.

Clinical assessment in the Clinical Assessment Service (CAS) of ED dispositions remains a key focus of the Trust. In April, 44.75% of all calls triaged were assessed by a clinician, in line with the NHS E national average.

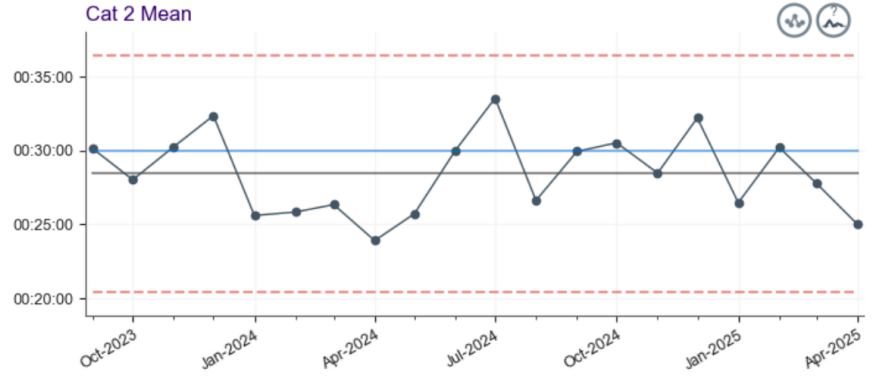
The proportion of total calls initially given an ED disposition that received remote clinical intervention was 44.01%, an increase from March and indicative of sustained clinical capacity. In addition, the proportion of cases identified by NHS E requiring clinical assessment via 111 First was 5,500, with 4,640 (84.4%) receiving a clinical intervention. These clinical interventions are vital in reducing unheralded demand to EDs and protecting the wider healthcare economy. Again, the Trust's 111 service delivered exceptional performance with regards to its ED referral rate, achieving 7.5% vs a target of 9%.

PGD compliance (MM-8)

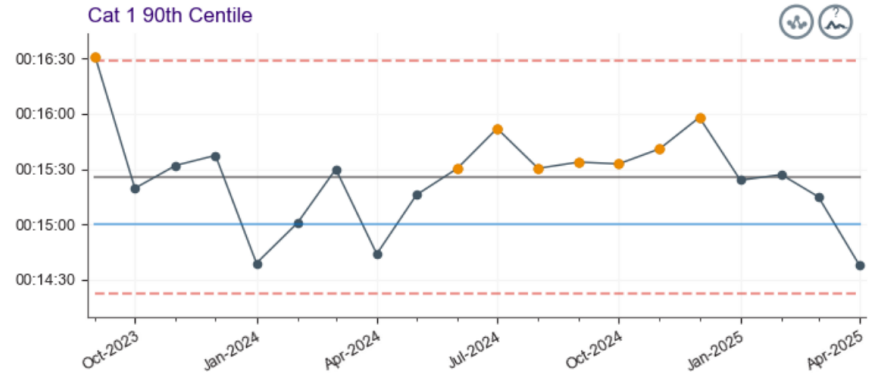
Significant work has been undertaken to understand staff roles and rationalise the groups of staff expected to undertake PGD competency assessments. This is reflected in the current compliance of 96.1% and is above target. Progress is expected to be maintained.



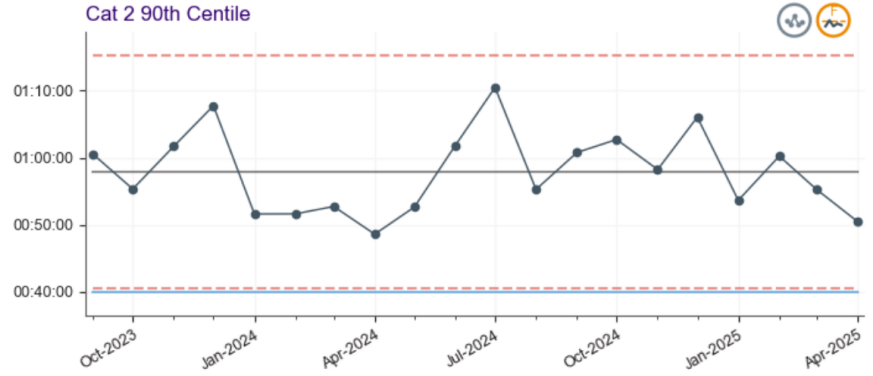
999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:07:56
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:25:01
Target: 00:30:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:14:38
Target: 00:15:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:50:31
Target: 00:40:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

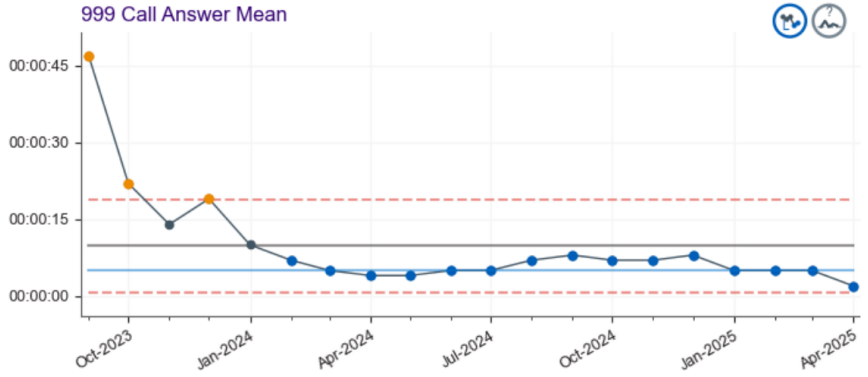
Cat 1 Performance

- For the year 2024/5 C1 performance was 8.24 seconds against an ARP target of 7 minutes

- C1 performance has continued to improve in 2025 and was 7.55 in April 2025
- Improved focus by CCD on C1 dispatch is showing improvement to RPI and no patient detriment.

Cat 2 Performance

- In February the C2 mean was 30.12 seconds due to demand, however, in March it was below the 30 minutes national target at 27:48 which was better than the NHSE average of 28:34 and the Trust was mid table in the national AQI benchmarking table.
- For the year 24/25, SECAmb achieved a C2 mean of 28:51min.
- In April performance continued to improve and the C2 mean was 25.02 seconds, this was achieved by providing the required hours on the road and a reduction in demand.
- We continue to focus on delivery of the C2 mean with all OUM's across Operations. with regular prospective reviews of hours available on the road, monitoring abstractions and improving sickness rates (both long and short term)



999-1

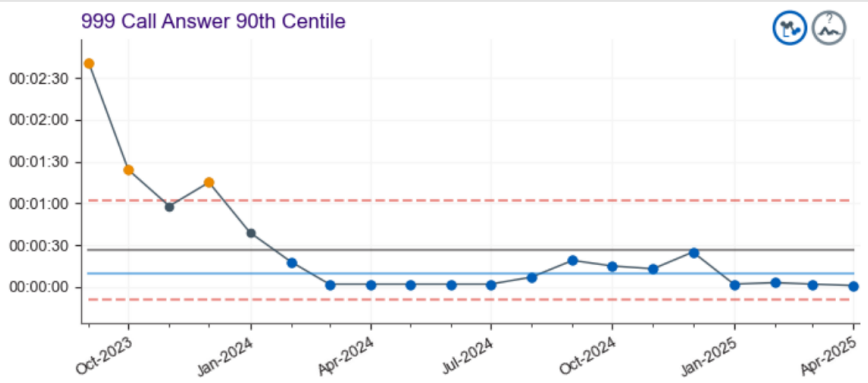
Dept: Operations 999

Metric Type: Board

Latest: 00:00:02

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.



999-1

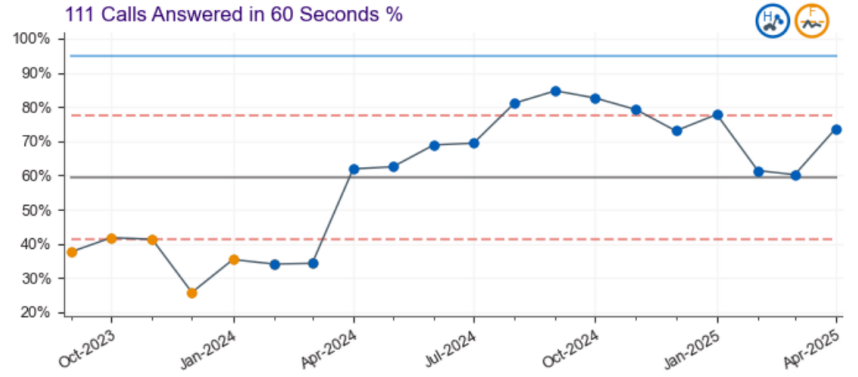
Dept: Operations 999

Metric Type: Board

Latest: 00:00:01

Target: 00:00:10

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



111-2

Dept: Operations 111

Metric Type: Board

Latest: 73.7%

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.

999 Call Handling Performance

Performance in April saw the Trust comfortably meet the AQI target of 5 secs, for the fourth consecutive month, with a mean call answer time of 2 secs.

Activity – Daily activity was down 4.7% vs. March, with an average 18.8K calls per week.

Despite some 999 still services struggling, Intelligent Routing Platform (IRP) call overflow across most ambulance services remains low, with few long waits necessitating calls diverting via IRP and the Trust accepting more calls to support other services, than "flowed out". NHS E has agreed to extend IRP until the end of Q1 25/26, and ambulance trusts are in dialogue with NHS E regarding IRP, via AACE.

Current staffing position - service currently has 278 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 15 further in training or mentoring. This training should offset staff turnover in Q1 and ensure good service performance is maintained.

Sickness in April remained stable at 8.5%, with abstractions overall at 27.2%, due to lower uptake of annual leave.

Looking ahead - the service experienced a fall in attrition last month and overtime will be reviewed and targeted where needed. The ongoing impact of the re-banding of ECSWs is being monitored; consequently, Emergency Medical Advisor (EMA) recruitment continues to be reviewed to align with current trends in attrition. The EOC operations rota review is now in place with further reviews ongoing. An updated EMA rota will be in place in May, with a dispatch relief rota pilot taking effect in June.

111 Call Handling Performance

Recruitment remains positive, with staffing levels now stable resulting in the number of NHS Pathways (NHS P) courses per month being reduced.

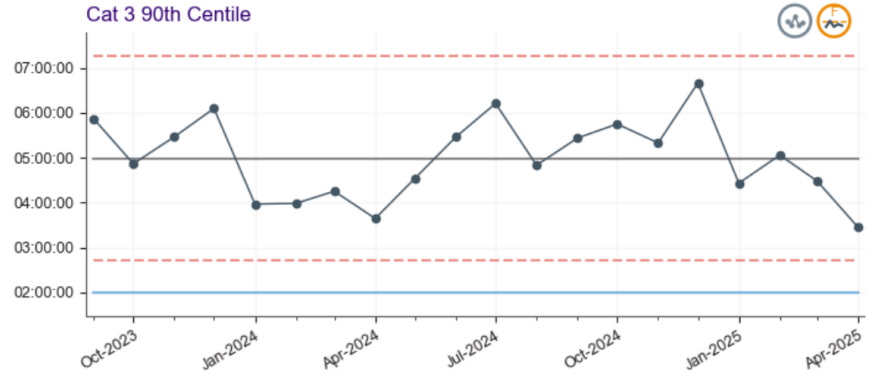
April total call handling staffing was 282 WTEs including 8 WTEs in training.

Recruitment remains strong, with improved retention linked to increased "Hybrid" flexible working. Currently more than 130 operations colleagues have a Hybrid 'kit'. A review of hybrid working and potentially extending this will take place in Q1 25/26, following the changes in operating model in May.

Following the successful embedding of psychometric testing, this is now being used in conjunction with newly designed face-to-face interviews to improve the calibre of NHS P trainees.

A risk remains with staff in training and requiring mentoring and coaching, this will adversely impact service delivery short term and potentially increase sickness and attrition. However, performance is on an improving trajectory and has been sustained throughout 24/25 and continues in quarter 1 of 25/26.

The service continues over-staffing its 111 call handlers, above that which it is funded for following the significant reduction in commissioner funding for 23/24, continuing into 24/25. The Trust will endeavour to address the funding shortfall though dialogue with commissioners when extending the current service, and through the Trust's efficiency programme and digital innovation.



999-5

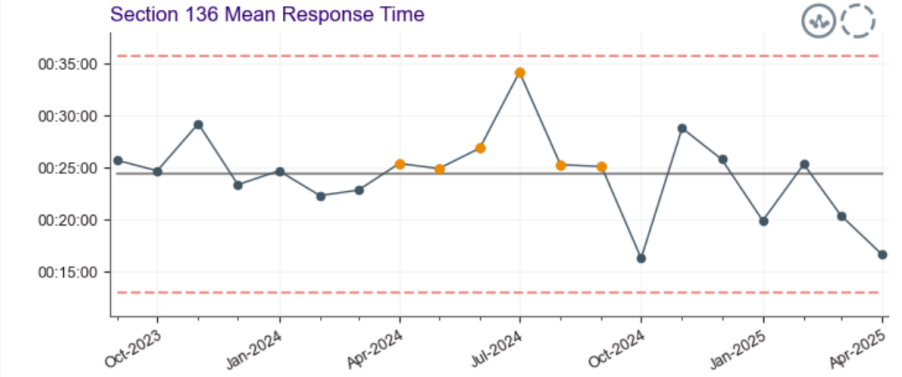
Dept: Operations 999

Metric Type: Supporting

Latest: 03:27:31

Target: 02:00:00

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



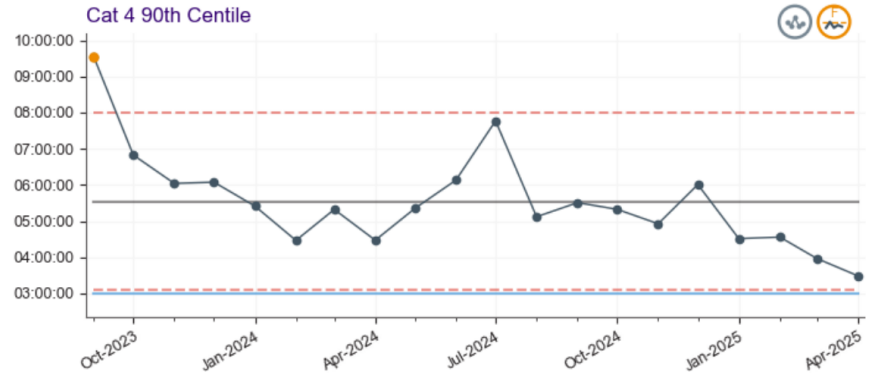
999-18

Dept: Operations 999

Metric Type: Supporting

Latest: 00:16:40

Common cause variation, no significant change.



999-6

Dept: Operations 999

Metric Type: Supporting

Latest: 03:29:09

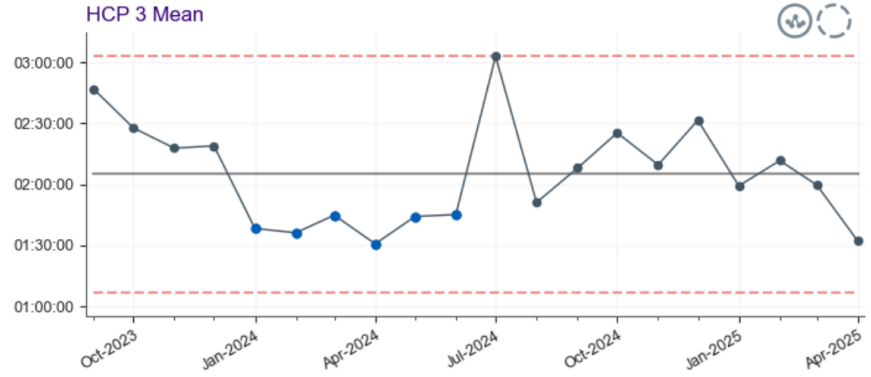
Target: 03:00:00

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

C3 response times continue to improve with the embedding of staff numbers and the local community dispatch model – there is still a long way to go to meet the national AQI standard and there are known dispatch delays due to all c3 and c4s going into validation, This can create increased response times, however the correlation and conversion to hear and treat from C3 and C4 is reliant on validation in a timely manner which collectively contact centres and field operations are working to improve process and timeliness.

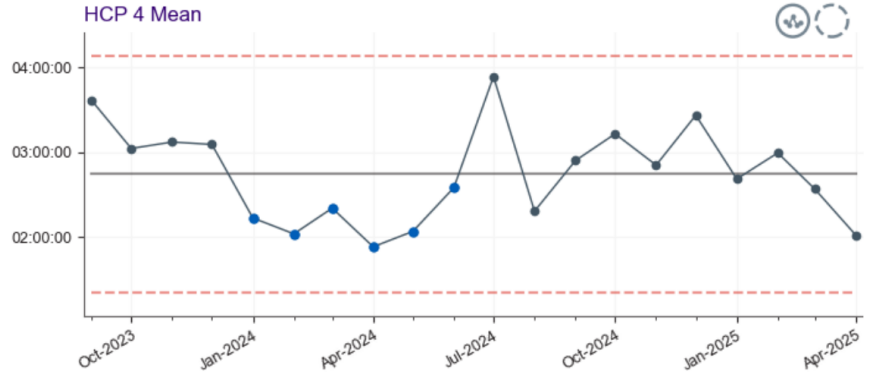
C4 response times (very low numbers of activity) remain challenged due to volume of C2 and C3s which are dispatched ahead of this call type. The risk to patients is low as categorised as non emergency response.

136 mean response time – shows no significant change – numbers are low and working in partnership with police to address nature of incident is ongoing through Right person right care programmes.



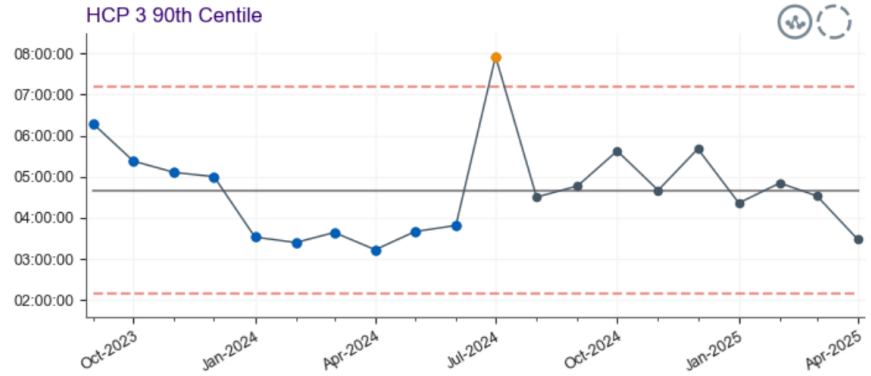
999-7
Dept: Operations 999
Metric Type: Supporting
Latest: 01:32:04

Common cause variation, no significant change.



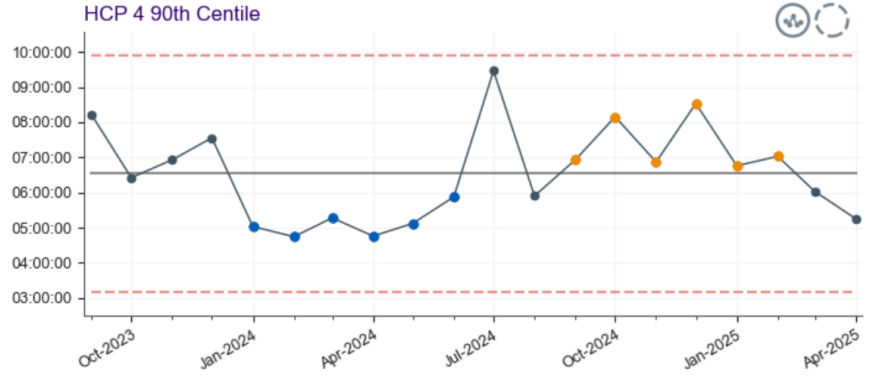
999-7
Dept: Operations 999
Metric Type: Supporting
Latest: 02:01:40

Common cause variation, no significant change.



999-7
Dept: Operations 999
Metric Type: Supporting
Latest: 03:28:38

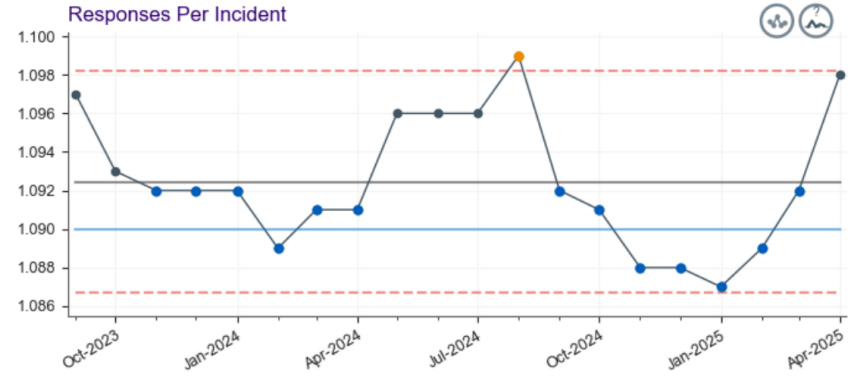
Common cause variation, no significant change.



999-7
Dept: Operations 999
Metric Type: Supporting
Latest: 05:15:05

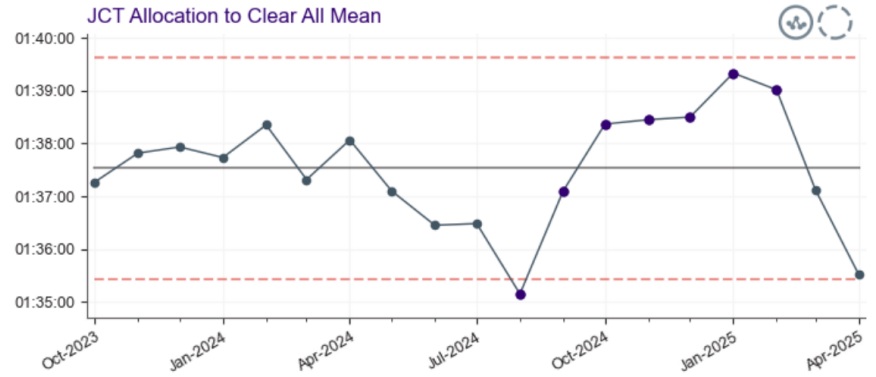
Common cause variation, no significant change.

HCP response times correlate to the provision of Urgent Transport vehicle (UTV) provision and the mean is within expected ranges. The 90th centile demonstrates that when unable to dispatch a UTV the work is dispatched on numerous times by 999 ambulances which get diverted to high acuity work. Recent changes to policy and focus on IFTs continues to keep focus and provide a downward trajectory.



999-17

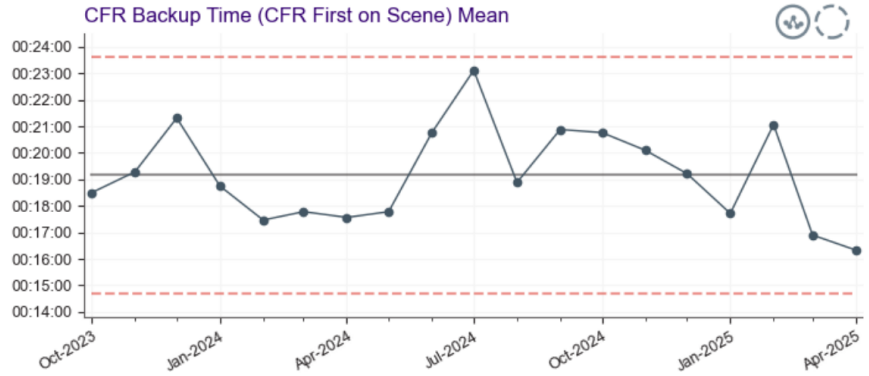
Dept: Operations 999
Metric Type: Board
Latest: 1.1
Target: 1.09
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-44

Dept: Operations 999
Metric Type: Board
Latest: 01:35:31

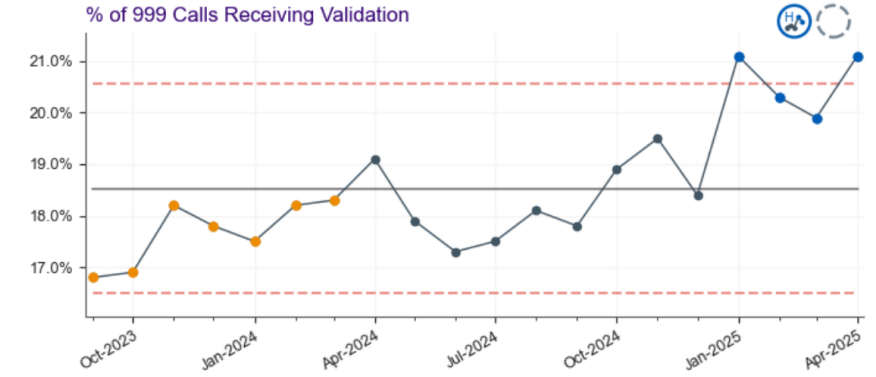
Common cause variation, no significant change.



999-36

Dept: Operations 999
Metric Type: Board
Latest: 00:16:20

Common cause variation, no significant change.



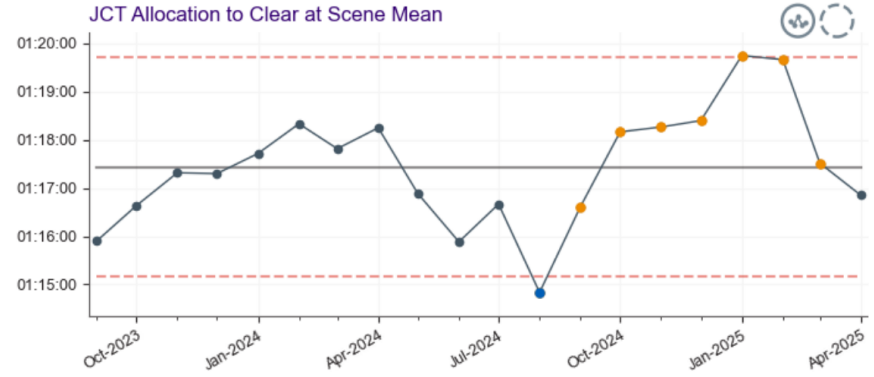
999-34

Dept: Operations 999
Metric Type: Board
Latest: 21.1%

Special cause of an improving nature where the measure is significantly HIGHER.

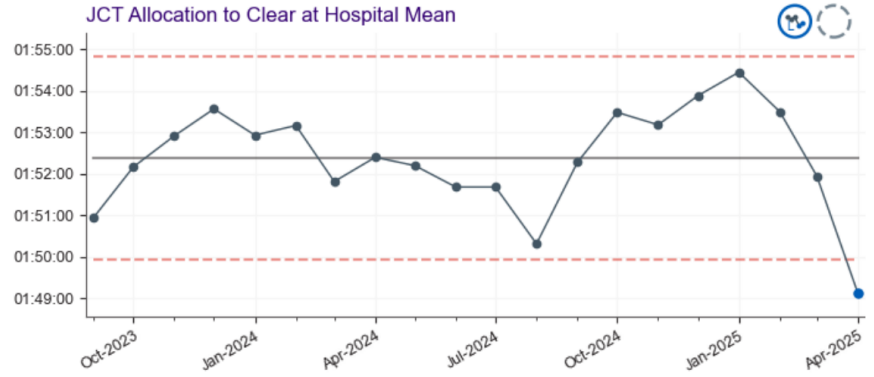
RPI – @

JCT shows normal variation for time of year
Local Community Dispatch Model 9LCDM) has been piloted and demonstrates improvements to overall JCT due to lower travel time and mileage. A robust evaluation will be completed at the end of May 2025.



999-11
Dept: Operations 999
Metric Type: Board
Latest: 01:16:51

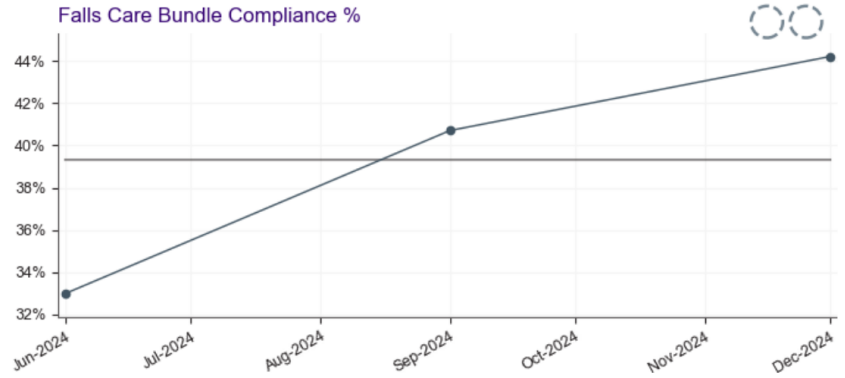
Common cause variation, no significant change.



999-11
Dept: Operations 999
Metric Type: Board
Latest: 01:49:08

Special cause of an improving nature where the measure is significantly LOWER.

JCT – allocation to clear at scene – correlation to LCDM and expected reductions is demonstrated from March through to the end of April – and is seen to be having a great variance when we convey the patients to hospital – the benefits of local crews who know local pathways has always showed shorter job cycle times although should be noted it is only JCT to clear at hospital that current has seen a year-on-year improvement for April verus April.



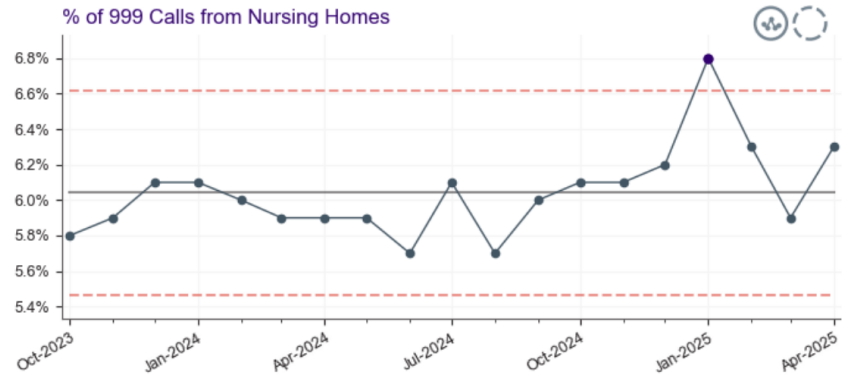
M-29

Dept: Medical

Metric Type: Board

Latest: 44.2%

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



999-35

Dept: Operations 999

Metric Type: Board

Latest: 6.3%

Common cause variation, no significant change.

Summary:

- Falls audit data is monitored quarterly as per the national audit requirements.
- Current compliance remains below target but shows a clear positive trend
- Insufficient data currently exists to identify trends or commonality with confidence.
- However, the upward trajectory in compliance is encouraging.

Since November 2024, Health Informatics Leads have:

- Provided regular feedback to Operating Units on audit results, highlighting both positive findings and areas for improvement.
- Distributed targeted resources to support areas with lower compliance.

Which has contributed to the positive increase in compliance.

Actions:

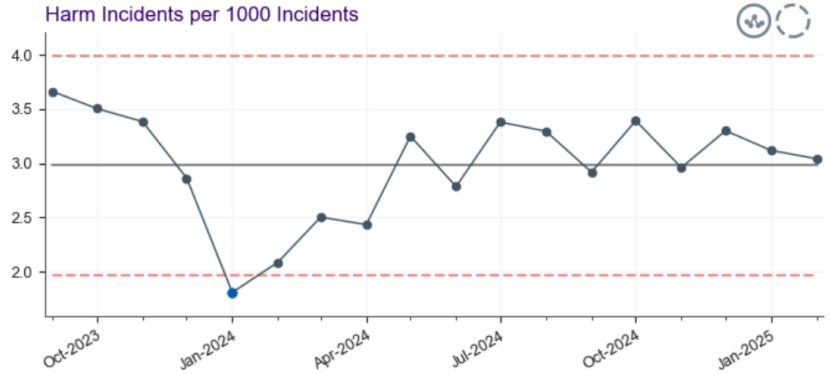
- Health Informatics Leads are visiting Operating Units to provide targeted compliance feedback.
- Dashboards are being developed to support appraisals by displaying individual compliance data for road staff.
- Resources have been distributed to stations focused on key low compliance areas, including examples of intrinsic vs. extrinsic falls.
- A revised approach to collecting and analysing falls data is in development to ensure proportional representation of Operating Unit data. This change is based on feedback from the Brighton System Governance Group and continues to follow NHSE guidance for this audit.

Summary

This is new measure for this year as part of our productivity plans and follows a presentation that an Advanced Paramedic Practitioner gave to the Trust Board about a project they had led to educate care home staff on how to manage patients who deteriorated without the need to always call an ambulance.

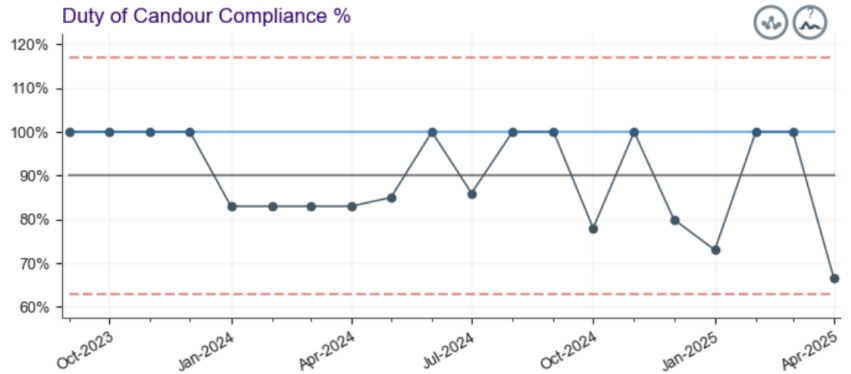
This APP has been commissioned to lead a project, Trust-wide, to work with the care homes who call 999 most frequently to support and educate them on what to call for help and when to manage the situation within the care facility.

We aim to reduce unnecessary calls from care homes by 1% over this year.

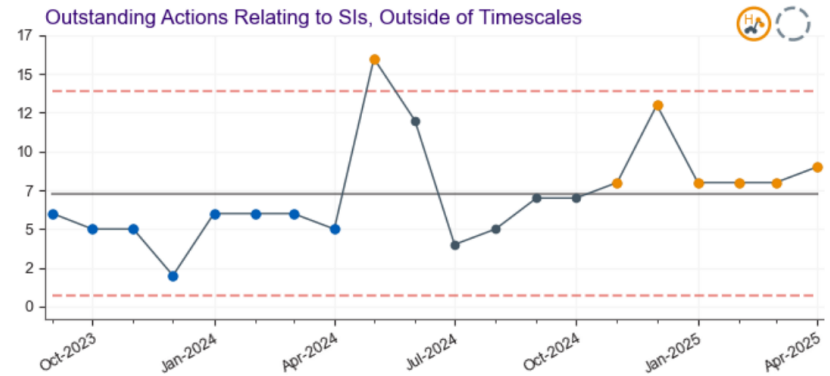


QS-29
Dept: Quality & Safety
Metric Type: Supporting
Latest: 3

Common cause variation, no significant change.



QS-3
Dept: Quality & Safety
Metric Type: Supporting
Latest: 66.6%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-17
Dept: Quality & Safety
Metric Type: Supporting
Latest: 9

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

MM-1
Dept: Medicines Management
Metric Type: Supporting
Latest: 183

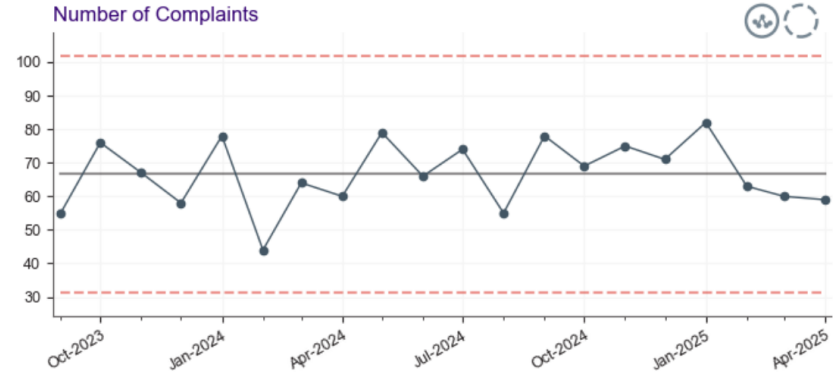
Common cause variation, no significant change.

Harm per 1000 incidents we attend shows, common cause variation and no significant change. System Governance Groups are reviewing variation amongst OUs to ensure consistent cross organisation reporting.

Outstanding actions relating to Serious Incidents (Sis), outside of timescales The Trust have closed their final Serious Incident (SI) case and work is underway to close all remaining SI actions. Outstanding actions have been divided between systems with a focus on the quality and effectiveness of the actions.

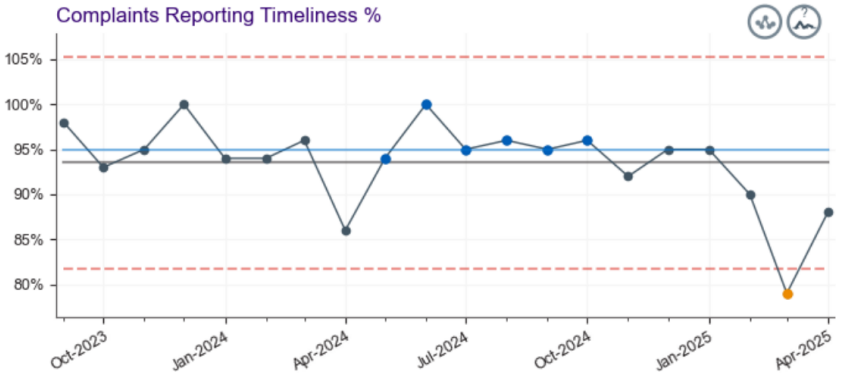
Duty of candour compliance. Common cause variation seen. Four of six incidents requiring duty of candour were completed on time. The Trust had challenges identifying next of kin and/or contacting those involved for the remaining two. However, every effort was made within the 10-day period.

Number of Medicines Incidents (MM-1)
Reporting of medicines-related incidents continues to be encouraged. There is no increase in harms associated with medicines use.



QS-5
Dept: Quality & Safety
Metric Type: Supporting
Latest: 59

Common cause variation, no significant change.



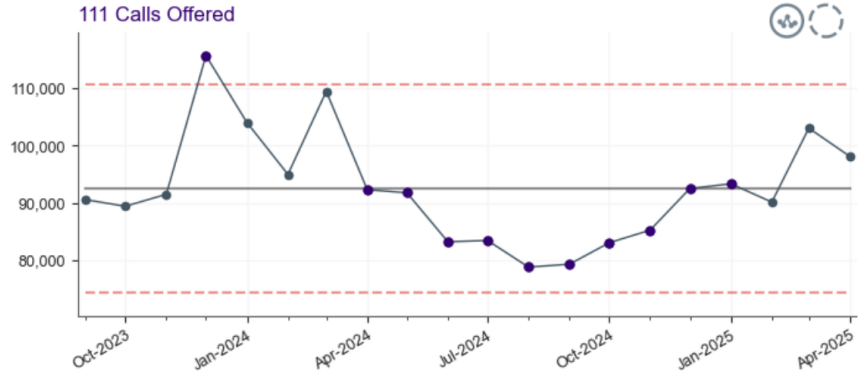
QS-4
Dept: Quality & Safety
Metric Type: Supporting
Latest: 88%
Target: 95%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Complaints
Number of complaints remains consistent and within normal variation on SPC chart.

Complaints reporting timeliness
April has seen a return of timely responses following a dip below normal variation in March. This was due to sickness across the teams, and a loss in capacity to process responses accordingly.

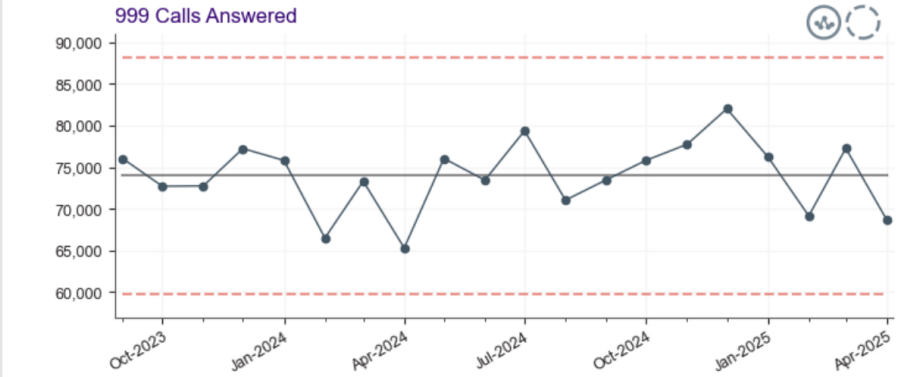
Under the current organisational change process underway, the PALS teams will be moving into Divisional based patient safety and experience teams, that will enhance the ability to identify, analyse and address underlying issues affecting local populations resulting in complaints being raised.

It will also provide greater grip on timeliness and oversight of complaints, enabling the teams to consistently reach and maintain the 95% as per national target.



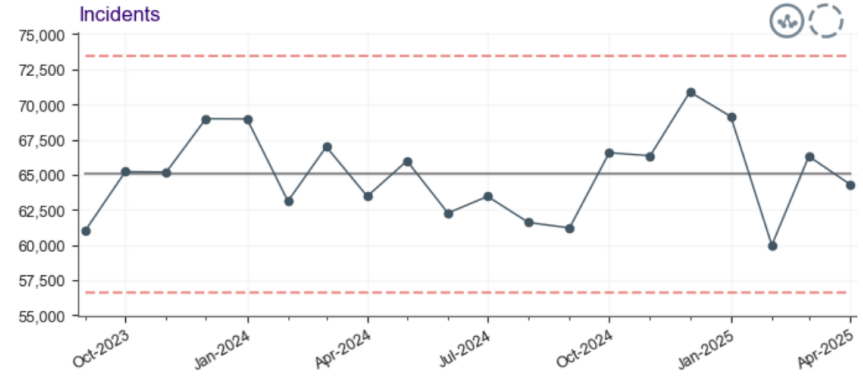
111-1
Dept: Operations 111
Metric Type: Supporting
Latest: 98084

Common cause variation, no significant change.



999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 68673

Common cause variation, no significant change.



999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 64323

Common cause variation, no significant change.

111 Calls
The number of 111 calls offered continues to trend upwards however, the volume of calls answered by the service, and the average speed to answer is also on an improving trajectory.
The service continues to record an abandoned call rate below the contractual target of 5%.

999 Calls
The number of 999 calls answered remains broadly consistent however, the actual call handling performance and % of calls abandoned has significantly improved, with the Trust having achieved its 999 call answering mean and 90th centile targets every month so far this calendar year.

Incidents
The volume of incidents that the Trust has responded to has remained broadly level across the past 15 months. This has helped the Trust with regards to its planning, and scheduling appropriate resource to respond to patient demand, be that in contact centres or in field operations.

Appendix 1: Glossary

Integrated Quality Report

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board June 2025

Data up to and including April 2025

April 2025 data – presented June 2025

What

The IQR has been refreshed this month to align to our 2025/26 Board Assurance Framework priorities and to refine the focus of metrics for Board committees enabling oversight and triangulation through the Board discussion. The refreshed report and process will be reviewed and improved through the next 6 months.

The Trust finished 2024/25 with strong operational, clinical and financial performance, and remains in a robust position through April. Changes to dispatch through the Local Community Dispatch Model have supported improved incident cycle time and staff experience, and a C2 mean of 25:02 was achieved, supported by relatively strong resourcing and stable demand in April. Handover times are in seasonal variation and call answering has exceeded target at 1second with a good staffing position in call handling. Achieving our H&T trajectory remains challenging as the rate is increasing but not on target; an increase in S&C rate alongside the greater H&T rate has been observed. This is expected, but will be reviewed to ensure appropriate, as the use of alternatives to ED is still limited. We continue to deliver improving cardiac outcomes and good patient safety and Health & Safety indicators, with the first PSIRF reviews completed this month. There is an improvement in MAST and Appraisal driven by focus from HR and managers, while turnover continues in improving trend and our employee relations position is stable.

So What

Although performance was good, the spring and summer period needs greater focus on responsiveness to enable a 25min average C2 mean across the year to be achieved. Clinical training of B6 paramedics to contribute to H&T rate, greater clinical call handling productivity, and further work with system partners on alternative pathways and handovers is also in train and will be needed to impact on the overall position.

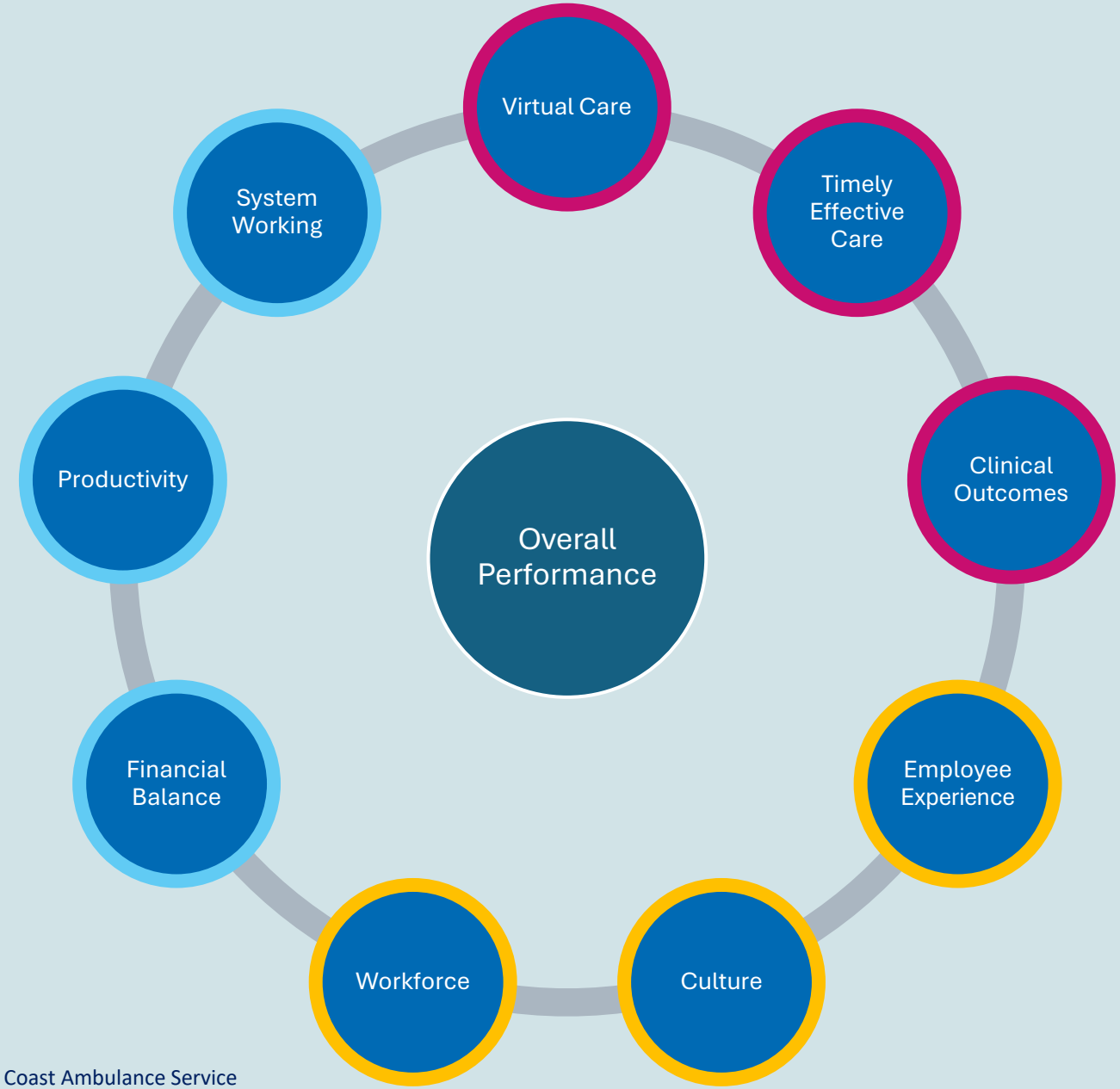
Clinical indicators are strong and will be enhanced by our focus on three particular models of care, including Falls which is now being monitored as a Board metric. We will continue to embed PSIRF to support a learning culture and to use QI to make improvements, and embed enhanced quality governance from floor to Board, as well as working through our aligned Virtual Care and Models of Care programmes.

The divisional clinical operating model is now being implemented supporting local autonomy and focus and enhancing integration of clinical, operational and corporate leadership teams. Following our improved Staff survey results, local processes to continue to embed change and target hotspot areas have been put in place, while SMG is undertaking work on sickness rates and abstractions. The corporate restructure is moving towards completion and will offer greater resource for employee relations support, which is needed to address case numbers, length of time to resolve cases, and continued high levels of suspension days in the Trust.

What Next

Further focus on our productivity programme will be needed to ensure that the planned improvements to care delivery are made as soon as possible so the impact on performance, particularly the C2 mean, is achieved. Similarly, the efficiency programme will be a key area to ensure that we meet our financial plan throughout the year. We will review delivery of efficiency and productivity on a quarterly basis with the next Executive check and challenge in July 2025.

Our ongoing work to improve employee experience and culture will continue through collaboration with staff, unions and the corporate restructure, and with the integrated divisional leadership teams supporting improvement in appraisal, clinical supervision, Speaking Up and MAST. We will also be developing more resilience metrics incl. EPRR and Cyber elements and moving forward looking to bring an organisational resilience framing to our understanding of performance.



BAF outcomes 25/26

- Category 2 Mean <25 minutes average for the full year
- Call Answer 5 seconds average for the full year
- Hear & Treat 18% average for 25/26 / 19.7% by the end of Q4
- Cardiac Arrest outcomes: Improve survival to 11.5%
- Internal productivity:
  - Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes
  - Job cycle time (JCT)
  - Responses per incident (RPI)

- Improve staff reporting they feel safer in speaking up: statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as a place to work: statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase Urgent Community Response (UCR) acceptance rate of 60-80%
- Reduce Vehicle Off Road rate (VOR): 11-12%
- Achieve over 90% compliance for Make Ready

What we will deliver in 2025/26

We deliver high quality patient care

- Deliver an average Cat 2 mean response time of 25 mins and 999 call-answer of 5 secs
- Increase clinical triage of Cat 2-5 calls, delivering Hear & Treat of 19.7% by Mar 26
- 3 Focus Models of Care:
  - Palliative and EOL Care
  - Reversible Cardiac Arrest – increase survival to 11.5%
  - Falls, frailty and older people – reduce vehicle dispatch to fallers by 10% using more CFRs
- Deliver improved clinical productivity using QI (Eq. to 4mins C2 mean)
- Overhaul our oversight framework for quality of care aligned to our new divisional model, including station accreditation programme

Our people enjoy working at SECAmb

- Completion of our organisational re-design to deliver empowered Divisions
- Improve our People Services enabling effective support for our staff and enhanced ER resolution timelines
- Publication of our workforce plan in alignment with our clinical models of care
- Implement Wellbeing Strategy
- Launch of our first ever Shadow Board
- Expansion of the role of our volunteers

We are a sustainable partner as part of an integrated NHS

- Safely deliver our financial breakeven plan, including our efficiencies of £10m
- Work in partnership with the systems to deliver productivity improvements (Eq. to 2mins C2 mean)
- Develop a Business Case and roadmap for collaborating more closely with SCAS
- Publish a strategic estates plan that supports our development for the next 5 years
- Improve the quality and integration of our data systems to improve efficiency, productivity and outcomes
- Deliver vehicle replacement, >90 new MAN DCAs to be deliver in-year

Icon Descriptions

Integrated Quality Report

				
	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.
	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 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.
	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.
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				Special cause variation where **UP** is neither improvement nor concern.
				Special cause variation where **DOWN** is neither improvement nor concern.
				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.

Sustainable Partner

The Trust's plan in 25/26 has a high reliability in our ability to work in partnership across multiple part of the system and region to help drive productivity and efficiency and deliver our strategy. Specifically, 2 minutes of our C2 Mean trajectory are attributable to improving UCR acceptance rates (to 60%) and reducing handover times (to 18 minutes on average). The Board should be alerted that those plans are still in development, creating a C2 Mean trajectory risk, and we are in the process of leveraging our newly implemented divisions working with our partnerships to develop those system-level plans directly with our partner providers in the Acutes and Community.

The Trust's month 1 year to date and forecast revenue financial position is in line with plan. This includes £5million funding for improved C2 performance already received as well as an additional £5million anticipated in September but which is contingent on successful achievement of C2 trajectories through the year. NHSE have confirmed that the funding will only be linked to productivity improvements attributable to the Trust, and therefore we would not be at financial detriment if the system productivity does not materialise, however there would be an impact on our C2 Mean trajectory.

CIP and productivity plans continue to be developed in detail and de-risked but are anticipated to be fully delivered as part of forecast reporting to Board and to NHSE.

We are a sustainable partner as part of an integrated NHS

1 Tier 1
2 Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

- Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- Increase utilisation of alternatives to ED - 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%

2025/26 – Strategic Transformation Plan

- Advance **South-East Ambulance Transformation Programme** through 1
  - Progress functional priority areas (SCAS / SASC)
  - Develop Business Case (SCAS)
  - Deliver ICB-approved **multi-year plan** and refreshed **strategic commissioning framework** to support strategy delivery and sustainability, including break-even trajectory.
- Progress delivery of our **digital enablement** plans, presenting a detailed plan to the Board at the end of Q1

2025/26 Outcomes

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase UCR acceptance rate to 60-80%
- Reduce Vehicle off Road Rate – 11-12%
- Achieve over 90% Compliance for Make Ready

2025/26 – Operating Plan

- Deliver **Financial Plan**
  - Meet CIP Plan of £23m (Efficiencies - £10m; Clinical productivity – eq. £10.5m)
- Deliver **strategic estates review** (inc. Trust HQ refurbishment - 111/999 Contact Centre & Corporate Floor) 2
- Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2 with clear milestones in place
- Complete **support services review**, including Make Ready model and vehicle provision 2
- Monitor **system-led productivity** schemes, improving alternatives to ED and reducing hospital handovers.

Compliance

- Heath & Safety
- Vehicle & Driver Safety / Driving Standards
- Data Security / Cyber Assurance Framework

BAF Risks

- **System Collaboration:** There is a risk that, due to leadership capacity, the Trust does drive collaboration, resulting in reduced strategic delivery.
- **Sustainable Financial Plan:** There is a risk that, due to significant sector uncertainty and challenging productivity plans (see separate risks), we do not deliver our financial plan for 2025/26.
- **Cyber Resilience:** There is a risk that the organisation will not have sufficient resilience to withstand a cyber-attack, resulting in significant service disruption and/or patient harm.
- **Digital Capacity, Capability & Investment:** There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery.
- **System Productivity**: There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved.

Sustainable Partner Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
0%	10%	81%		0%	5%
0	2	17		0	1

Assurance

Pass	Hit and Miss	Fail	No Target
5%	14%	5%	76%
1	3	1	16

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of DCA vehicles off road (VOR)	Apr-25	14.5%		15.6%		
Board	Number of RTCs per 10k miles travelled	Apr-25	1		0.8		
Board	Handover Time Mean	Apr-25	00:18:32	00:18:00	00:19:15		
Board	Hear & Treat per Clinical Hour	Apr-25	0.4		0.5		
Board	See & Convey to ED %	Apr-25	52.2%		52.3%		
Board	See & Convey to Non-ED %	Apr-25	2.8%		2.9%		
Board	UCR Acceptance %	Apr-25	19.4%		20.6%		
Supporting	111 to 999 Referrals (Calls Triaged) %	Apr-25	5.9%	13%	6.5%		
Supporting	% of SRV vehicles off road (VOR)	Apr-25	1.9%		5.2%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Apr-25	88		97.9		
Supporting	Vehicles Off Road (VOR) %	Apr-25	13.1%	10%	14.4%		
Supporting	999 Operational Abstraction Rate %	Apr-25	21.1%	28%	23.1%		
Supporting	Hear & Treat Recontact within 48 Hours %	Apr-25	1.9%		2%		
Supporting	Hours Lost at Handover as a Proportion of Provided Hours %	Apr-25	0.9%		1.1%		
Supporting	Number of Hours Lost at Hospital Handover	Apr-25	2928.9		3356.4		

Pending metric: Make Ready Compliance % - Data not available to BI/Not currently collected

Resilience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

Pending metric: Data Security / Cyber Assurance - Needs to be defined

Pending metric: EPRR Standards Compliance % - Needs to be defined

Health & Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Health & Safety Incidents	Feb-25	36		36.1		
Board	Organisational Risks Outstanding Review %	Feb-25	12%	30%	30.5%		
Supporting	Number of RIDDOR Reports	Feb-25	9		9.5		
Supporting	Manual Handling Incidents	Feb-25	21		25.1		
Supporting	Violence and Aggression Incidents (Number of Victims - Staff)	Feb-25	107		127.3		

Finance

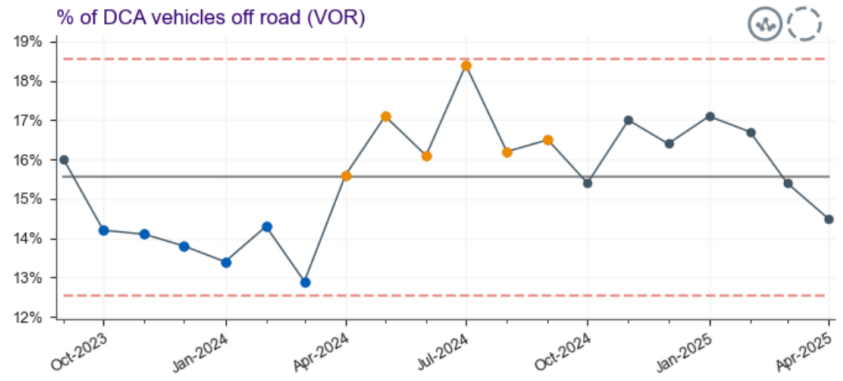
Type	Metric	Latest	Value	Target	Mean
Board	Surplus/Deficit (£000s) Month	Apr-25	-685	-135.8	58.3
Supporting	Capital Expenditure (£000s) YTD	Apr-25	1304	28259	10336.6
Supporting	Agency Spend (£000s) Month	Apr-25	-261.6	-161	-230.4

Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Apr-25	0		1497.7
Board	Cost Improvement Plans (CIPS) (£000s) YTD	Apr-25	0	442.31	9778.9

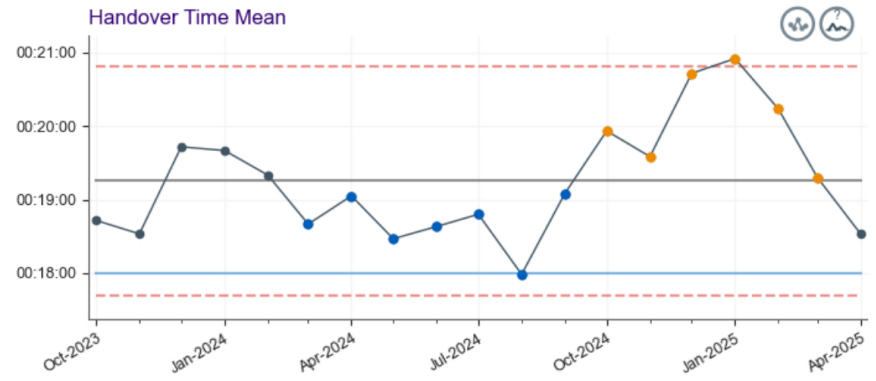
Pending metric: Cost per Call - Data not not available to BI/Not currently collected

Pending metric: Cost per Hour on the Road - Data not not available to BI/Not currently collected



FL-4
Dept: Fleet
Metric Type: Board
Latest: 14.5%

Common cause variation, no significant change.



999-39
Dept: Operations 999
Metric Type: Board
Latest: 00:18:32
Target: 00:18:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

FL-2
Dept: Fleet
Metric Type: Board
Latest: 1

Common cause variation, no significant change.

% of DCA Vehicles off road (VOR)

Parts supply for FIAT DCA spares is still challenging with multiple parts still back ordered to Italy. This is the main driver of the increased VOR over the last 12 months. Due to the reliability of this product the Trust have now ordered 92 MAN box DCAs and 5 Electric Transit DCAs that will assist with reducing VOR Rates.
The demonstrator DCA vehicle is now built and is expected June 2025 for staff feedback with the first vehicles of our orders expected to become operational by the end of Q2 2025/26.

Number of RTCs per 10K miles travelled

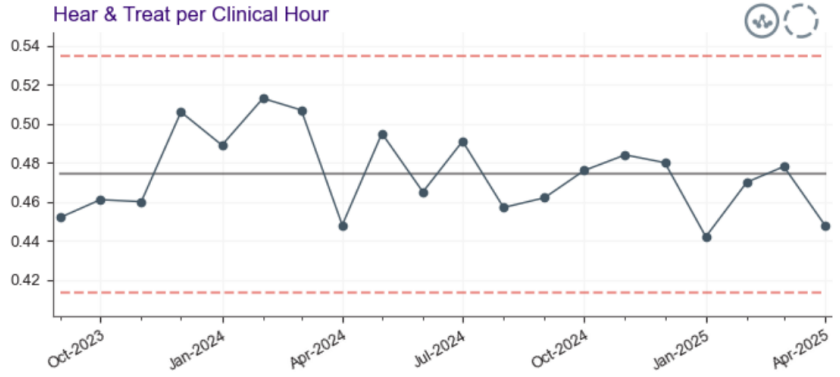
The introduction of the driving standards review panel have seen improvements in learning and education to staff post RTC which will help drive reductions in RTCs and associated vehicle downtime and costs. We are working in collaboration with SCAS to adopt a new approach to driver safety, learning from their "points system", and expect to further develop this over the summer as the functional collaboration case evolves.

Hospital Handovers continue to be an area of clinical operations focus with slight improvements across the systems

We saw seasonal variation over winter and improvements demonstrated since January 2025, however, we continue to see challenges at the Royal County and we are working with colleagues across that system following a recent CQC inspection.

Sustainable Partner: Productivity | Board Metrics

Integrated Quality Report



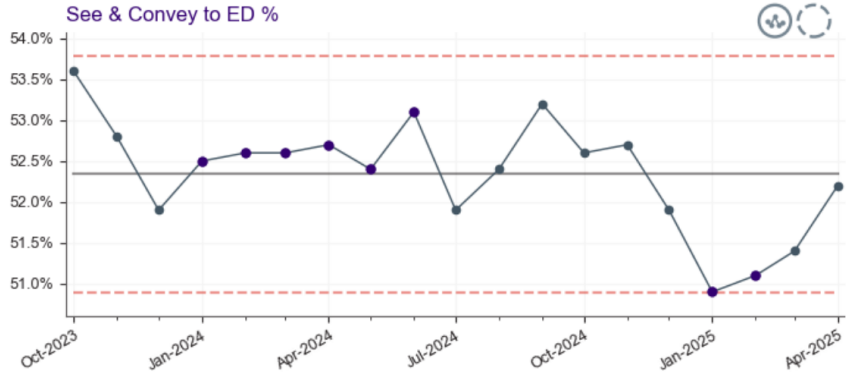
999-41

Dept: Operations 999

Metric Type: Board

Latest: 0.4

Common cause variation, no significant change.



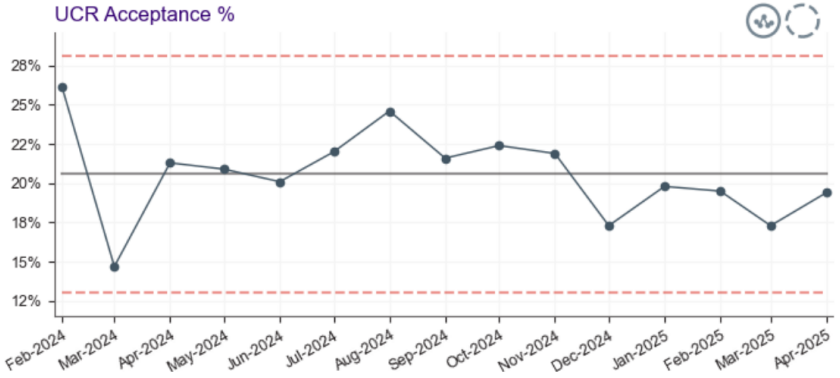
999-9

Dept: Operations 999

Metric Type: Board

Latest: 52.2%

Common cause variation, no significant change.



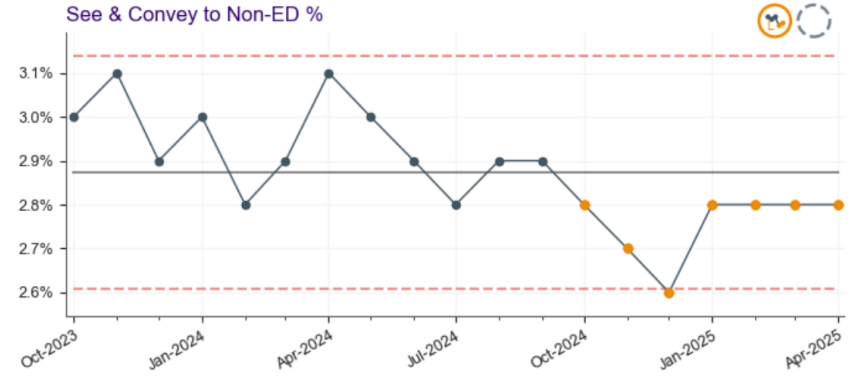
999-40

Dept: Operations 999

Metric Type: Board

Latest: 19.4%

Common cause variation, no significant change.



999-9

Dept: Operations 999

Metric Type: Board

Latest: 2.8%

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

UCR Acceptance Rate

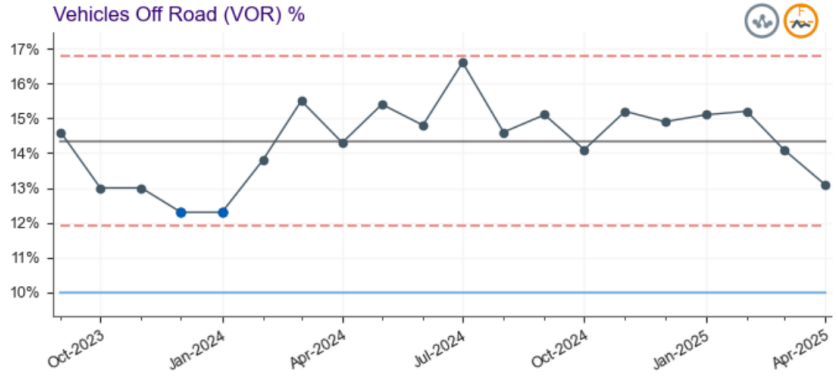
UCR Acceptance rate remains around 20%. Capacity continues to be the main reason that referrals are being declined, and as part of our system productivity plans, we are developing system-level improvement trajectories with Kent, Surrey, Sussex and Frimley, with an aim to achieve a 60% rate in 25/26.

A recent UCNH review day brought together UCR teams from Kent localities where the opportunity was taken to push the UCR portal, which is vital to completing the setup of the UCR portal across the SECAmb areas and should see the first of the Kent providers live on the portal.

Hear and Treat per Clinical Hour

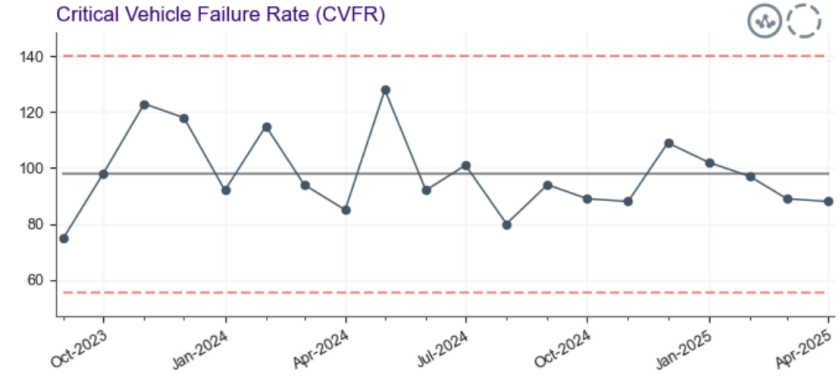
A key focus to drive internal productivity as part of the Virtual Care Tier 1 programme is improve the H&T generation per clinical hour provided, in addition to increasing the volume of H&T capacity via the dual training of paramedics to support clinical validation and assessments via C2 segmentation and Unscheduled Care Navigation Hubs.

- Hear and Treat finished at 15.4% for the month of April, with 4.19% attributable to EMA activity. Over 36% of eligible C2 incidents underwent a clinical assessment as part of C2 segmentation, with 12% downgraded to a C3/4 disposition and 30% downgraded to a non-ambulance disposition. There is real variability in Hear and Treat rates each day ranging from 13.58% to 17.98%. Each day can have a different contributing factor to the higher levels which gives a challenge to being able to deliver the target levels consistently.
- Current EOC substantive clinical staffing sits at 61% to achieve the Trust H&T target. Training for the band 6 dual role Paramedics has commenced with 13 of the 72 awaiting staff already trained and ready to start on the rota on 16th July 2025 (further 8 currently in training). With the pending start of the dual role working for our operational paramedics, a review of the daily operating model for this group of staff is urgently required which should then allow a timelier flow of patients through the system as efficiency is improved.
- The evaluation of the UCNH and review into our clinical productivity shows significant variation of calls/hr achieved, and the improvement plan this year is focussed on driving up the overall rate at which individual clinician's close cases, and the effectiveness in closing them as a H&T.



FL-13

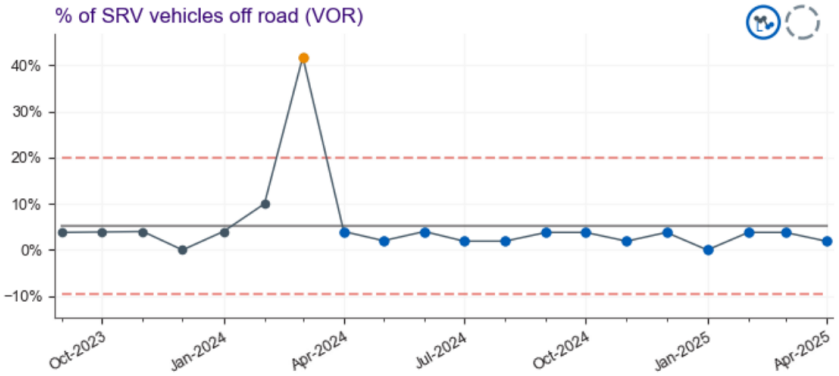
Dept: Fleet
Metric Type: Supporting
Latest: 13.1%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



FL-12

Dept: Fleet
Metric Type: Supporting
Latest: 88

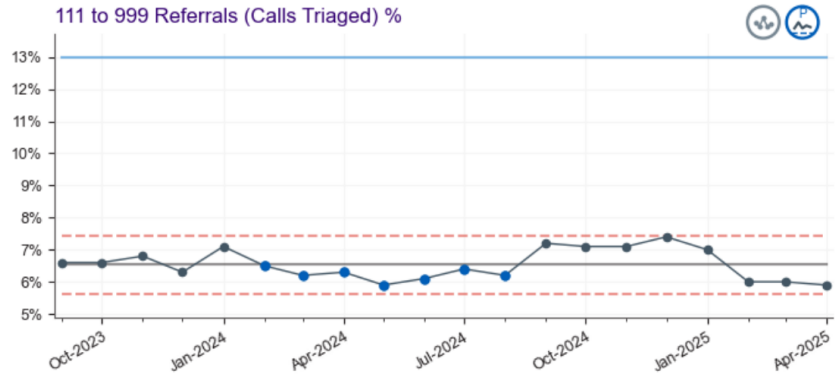
Common cause variation, no significant change.



FL-5

Dept: Fleet
Metric Type: Supporting
Latest: 1.9%

Special cause of an improving nature where the measure is significantly LOWER.



111-4

Dept: Operations 111
Metric Type: Supporting
Latest: 5.9%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Vehicle Off Road (VOR) %

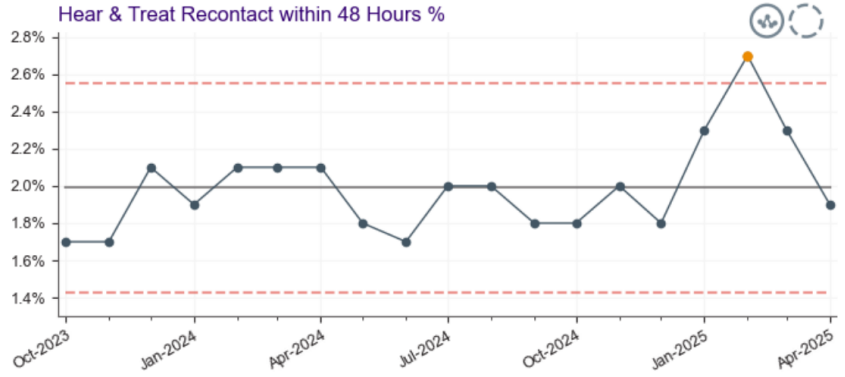
We have seen some improvements to overall VOR % against agreed target of 10%, the 97 new DCAs will offer further improvements on this once fully in service by Q3/Q4 2025/26. Along with the newer vehicles that will improve reliability and reduce average Fleet age that will bring all DCAs into their agreed replacement life cycles there is also a need to increase our Fleet maintenance staff in line with the number of vehicles we have in service.

% of SRV vehicles off road (VOR)

SRV VOR % remains stable due to all vehicle being within their greed replacement life cycle.

Critical Vehicle Failure Rate (CVFR)

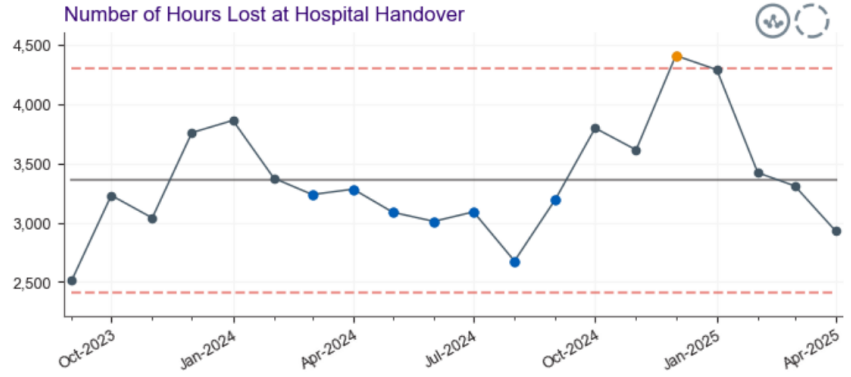
CVFR remains on a downward trajectory, The introduction of driver daily vehicle inspections (POWDERY checks) has seen improvements of vehicle serviceability before shift commencement reducing CVFR whilst in operational service.



999-42

Dept: Operations 999
Metric Type: Supporting
Latest: 1.9%

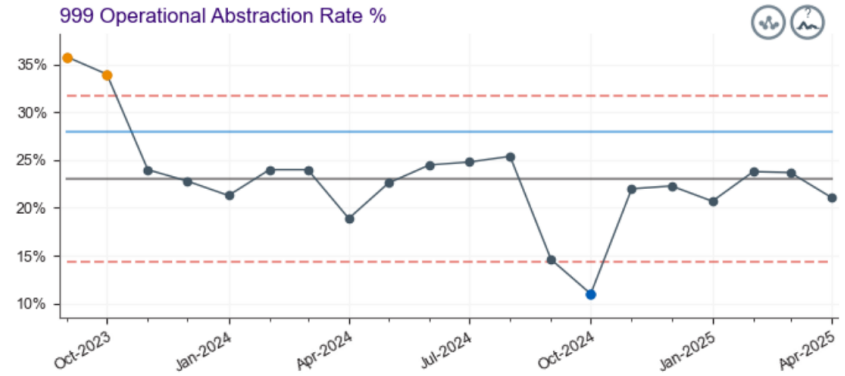
Common cause variation, no significant change.



999-24

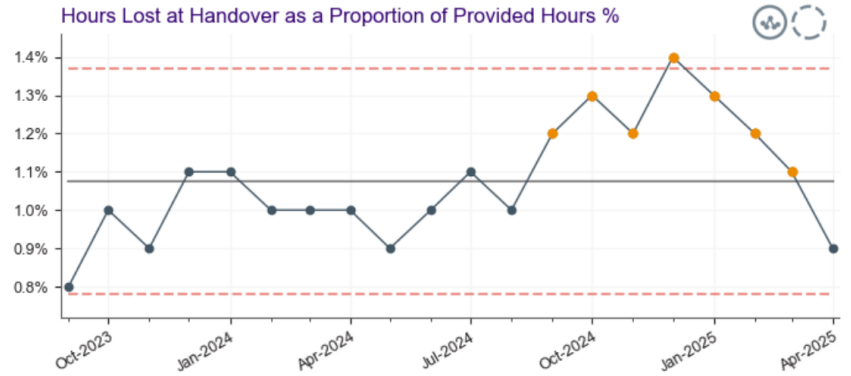
Dept: Operations 999
Metric Type: Supporting
Latest: 2928.9

Common cause variation, no significant change.



999-12

Dept: Operations 999
Metric Type: Supporting
Latest: 21.1%
Target: 28%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-25

Dept: Operations 999
Metric Type: Supporting
Latest: 0.9%

Common cause variation, no significant change.

999 Operational abstraction

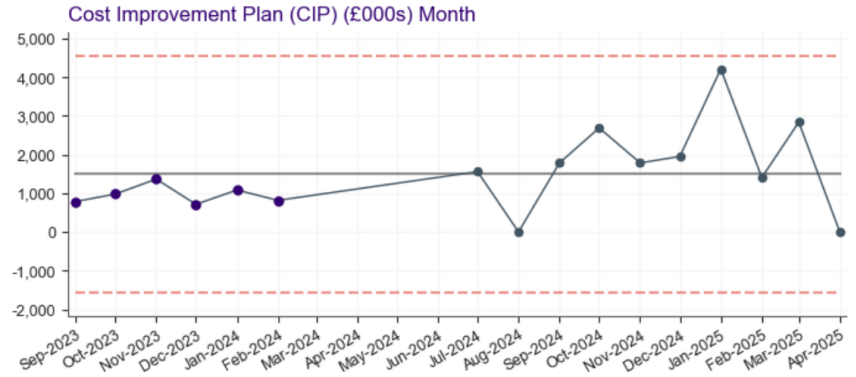
This is being reviewed following a detailed review across all Operating Units by PA consulting. Actions been agreed to address difference across the OU's and a drive to ensure all policies & procedures are followed particularly in relation to 'alternative duties, sickness management and training.

Hear & Teat Recontact

Although contact from patients who have received a Hear & Treat outcome (alternative disposition to ambulance dispatch) remains relatively low and is trending downwards, the Trust will be incorporating this in its new Virtual Care productivity dashboard, to ensure that the quality and impact of virtual care can be recorded and reviewed.

Sustainable Partner: Efficiency | Board Metrics

Integrated Quality Report

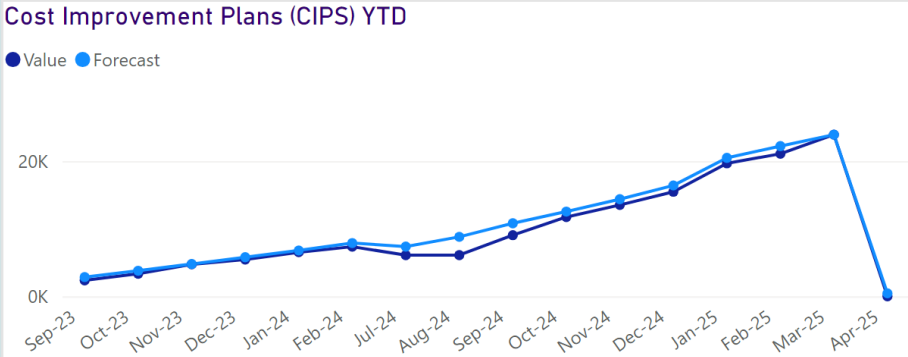


F-4

Dept: Finance

Metric Type: Board

Latest: 0



F-13

Dept: Finance

Metric Type: Board

Latest: 0

Target: 442.31

The Trust achieved its target efficiency target of £23.9m for the year to 31 March 2025.

£18.3m as achieved from productivity improvements and £5.6m from cash releasing schemes.

£17.7m of these schemes are delivered recurrently with £6.2m being delivered non recurrently (in year) to achieve the target.

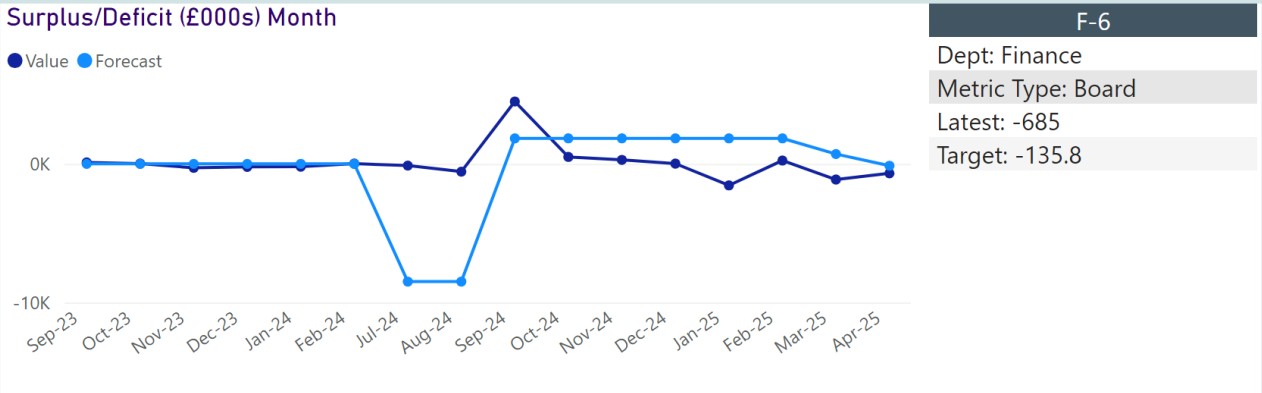
For the financial year 2025/26 the Trust has a total efficiency target of £22.6m. £12.6m from increased productivity linked to improving its C2 mean time to 25 minutes by March 2026 and a £10.0m cash releasing target (CIP).

The Trust is currently working through proposed schemes, and £8.9m cash releasing schemes have been identified.

Efficiencies are being owned and managed by the Senior Management Group that meets on a weekly basis. £0.0m of the CIP has been recognised for the year to April, as all schemes must go thorough a Quality Impact Appraisal (QIA) before it can be recognised.

Sustainable Partner: Finance | Board Metrics

Integrated Quality Report



F-6
Dept: Finance
Metric Type: Board
Latest: -685
Target: -135.8

The Trust achieved its break-even plan for the financial year 2024/25.

This was partly achieved from additional deficit support funding provided by its commissioners and additional ambulance growth funding helping the Trust to deliver an improved C2 mean performance.

For 2025/26 the Trust has again a break-even financial plan.

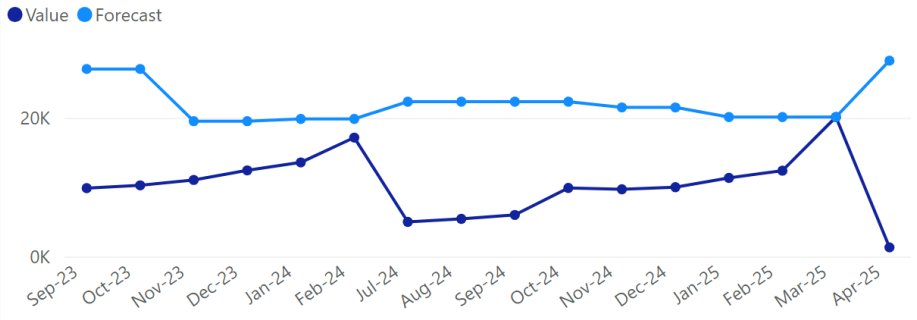
The Trust will not be receiving any deficit support funding to achieve this. However, additional ambulance growth funding has been allocated to enable the Trust to deliver a further improvement in C2 mean to 25 minutes by March 2026.

This plan is supported by the £22.6m efficiency target as mentioned above.

For the year to April 2025 (1 month), the Trust has achieved its planned deficit of £0.7m.

The Trusts cash position is £24.9m as at 30 April 2025.

Capital Expenditure ($000s) YTD



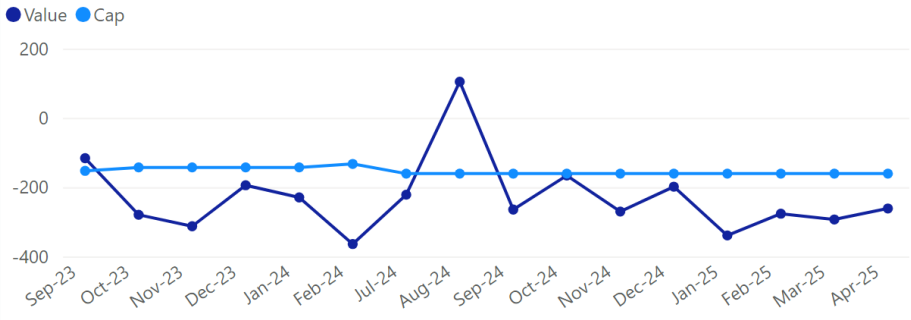
F-14
Dept: Finance
Metric Type: Supporting
Latest: 1304
Target: 28259

For the financial year 2024/25, the Trust incurred £20.1m of capital expenditure, this was £2.2m below plan, this underspend was agreed with its system partners.

For 2025/26 the Trust has a capital plan of £28.3m, this includes £10.7m for ambulance purchases and £0.8m for Estates that is supported by national capital funding.

For the year to April 2026, the Trust has spent £1.3m, £1.2m ahead of plan, due to the timing of purchased assets.

Agency Spend (£000s) Month

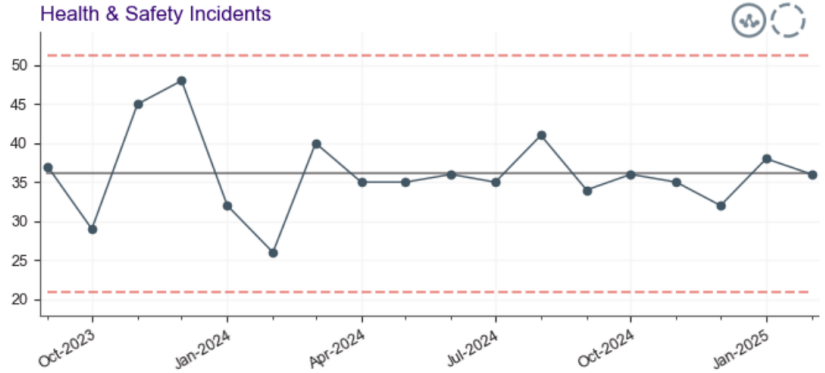


F-8
Dept: Finance
Metric Type: Supporting
Latest: -261.6
Target: -161

For the financial year 2024/25 the Trust spent £2.3m on the provision of third party agency employees, this was £0.4m above plan.

This overspend was due to meet demand in both its 999 and 111 contact centres and to support productivity improvements within its 999 call centre, supporting the improvement in C2 mean and improved C2 segmentation, these improvements were supported by additional funding.

For 2025/26 in line with planning guidance, the Trust is planning to continue its reliance on agency staff by recruiting into its vacant positions.



QS-20
Dept: Quality & Safety
Metric Type: Board
Latest: 36

Common cause variation, no significant change.

QS-24
Dept: Quality & Safety
Metric Type: Board
Latest: 12%
Target: 30%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

H&S Incident Reporting

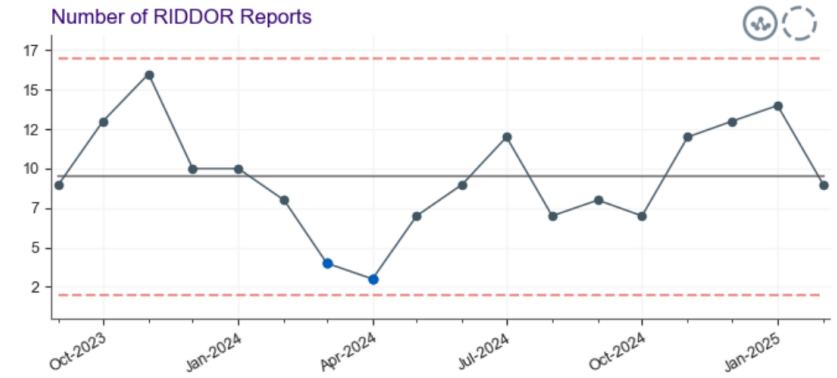
28 Health & Safety incidents were reported by staff in March 2025 and 36 incidents in April 2025. These figures are consistent with the same period in the previous year. All incidents reported during this period were classified as low harm.

Monitoring & Governance

The Trust maintains robust monitoring processes for Health & Safety incidents:
- Incident data is reviewed at both regional levels and by the Trust Health & Safety Working Group.
- Health & Safety risks are assessed monthly through the Risk Assurance Group and relevant H&S meetings.

Key Health & Safety Initiatives for 2025

To support a proactive and preventative safety culture, the following initiatives are underway as reflected in the Trust wide improvement plan:
- Additional internal Health & Safety reviews
- Health & Safety culture questionnaires
- Establishment of a Musculoskeletal (MSK) Injury Reduction Working Group
- Attaining IOSH accreditation to deliver the IOSH Managing Safely course internally
- Benchmarking key metrics with other Ambulance Trusts
- Exploring learning opportunities from RIDDOR-related incidents



QS-9

Dept: Quality & Safety

Metric Type: Supporting

Latest: 9

Common cause variation, no significant change.

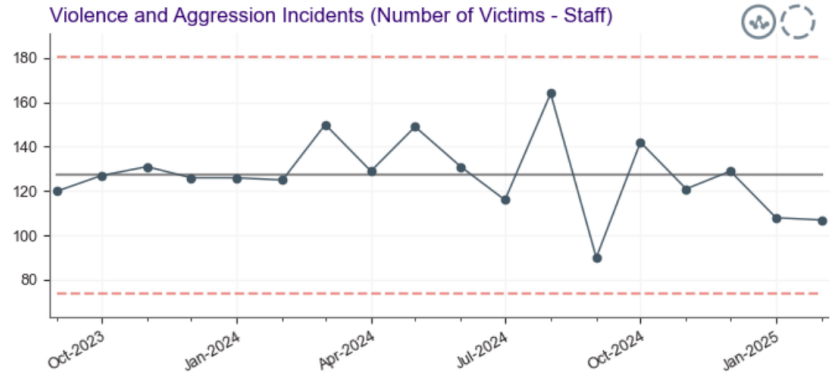
QS-22

Dept: Quality & Safety

Metric Type: Supporting

Latest: 21

Common cause variation, no significant change.



QS-13

Dept: Quality & Safety

Metric Type: Supporting

Latest: 107

Common cause variation, no significant change.

RIDDOR Incidents

During March 2025, the Trust reported 2 RIDDOR incidents to the Health and Safety Executive (HSE). This number significantly increased in April, with 13 incidents reported. This represents a notable rise compared to April 2024, when only 3 incidents were reported.

Musculoskeletal (MSK) injuries continue to be the most frequently reported category under RIDDOR. To address this, the Trust's MSK Injury Reduction Working Group is actively reviewing these incidents to identify trends and areas for improvement. Additionally, we are exploring learning opportunities from RIDDOR-related incidents to inform preventative actions and enhance staff safety going forward.

Violence & Aggression Incident Reporting

122 Violence and Abuse incidents were reported by staff in March 2025 and 127 incidents in April 2025. These figures show a decrease in comparison with the same period in the previous year. Reports have seen a reduction or no change through 8 of the last 9 months.

Monitoring & Governance

The Trust maintains robust monitoring and triage processes for violence and abuse incidents:

- Incident data is reviewed at the monthly Violence Reduction Working Group at regional levels and by the Trust Health & Safety Working Group.
- The Trust is currently 88% compliant with the new NHS Violence Reduction Standards

Key Initiatives for 2025

- Local violence risk assessment reviews
- Continued partnership working with relevant police forces.
- Hate crime focus with Kent Police
- Conflict resolution training delivery – over 2000 staff have received training.
- Continued support for body worn cameras

Manual Handling Incidents

A total of 20 Manual Handling incidents were reported by staff in March 2025, and 22 incidents in April 2025. These figures indicate a decrease of 10 incidents overall across both months for the same period last year.

Monitoring & Governance

The Trust maintains robust monitoring processes for Manual Handling incidents:

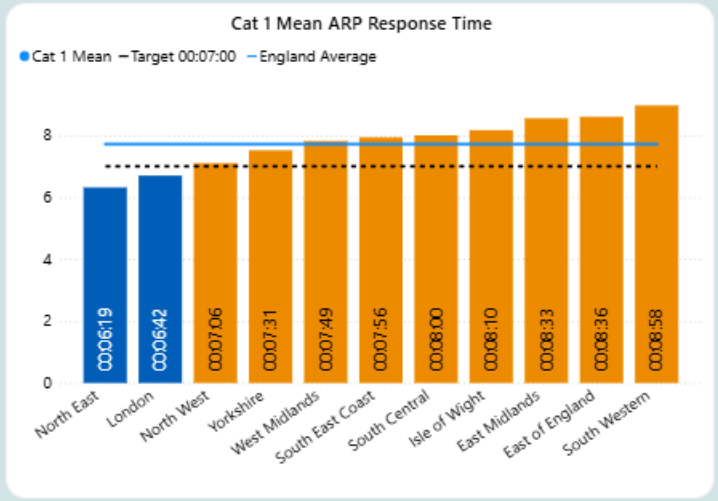
- Incident data is reviewed at both regional levels and by the Trust Health & Safety Working Group.
- Health & Safety risks are assessed monthly through the Risk Assurance Group and relevant H&S meetings.

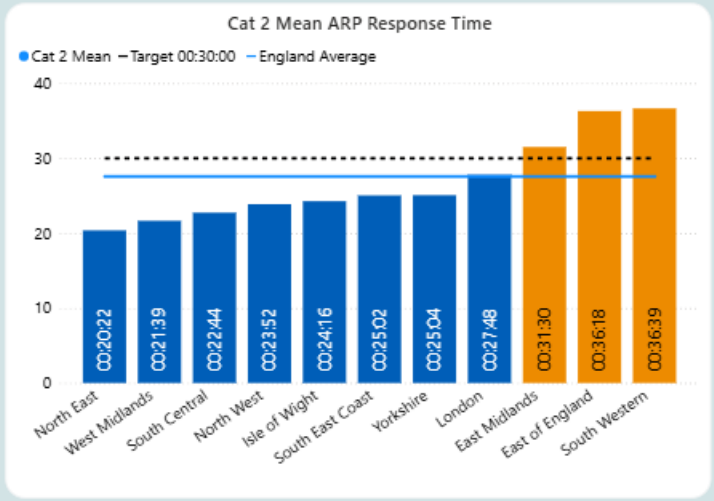
Manual Handling Initiatives for 2025

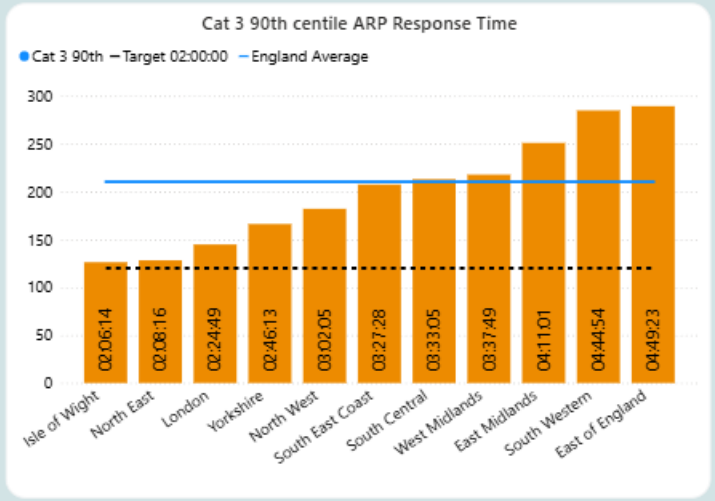
The Trust has established a Musculoskeletal (MSK) Injury Reduction Working Group to support targeted interventions and promote staff safety across all areas of the organisation.

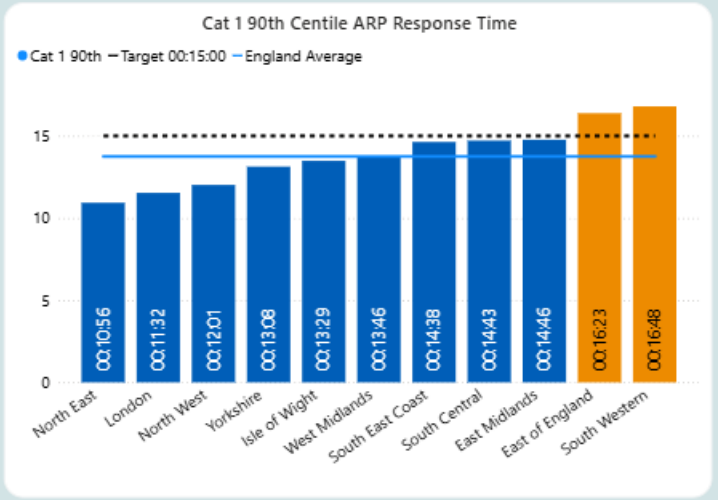
Sustainable Partner: Response Time Benchmarking April 2025

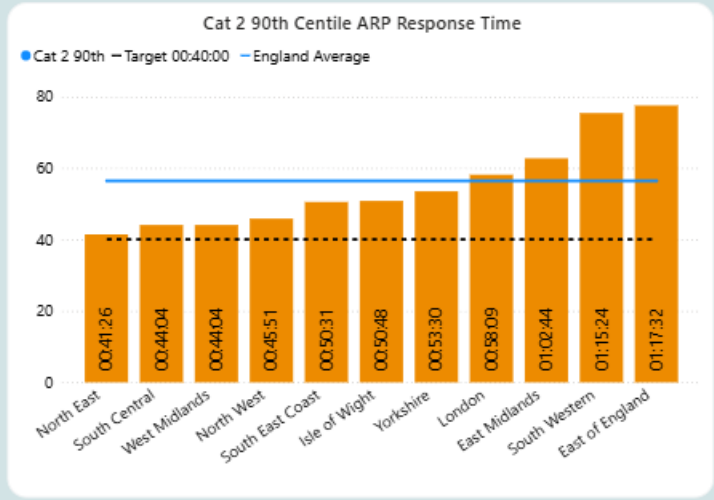
Integrated Quality Report

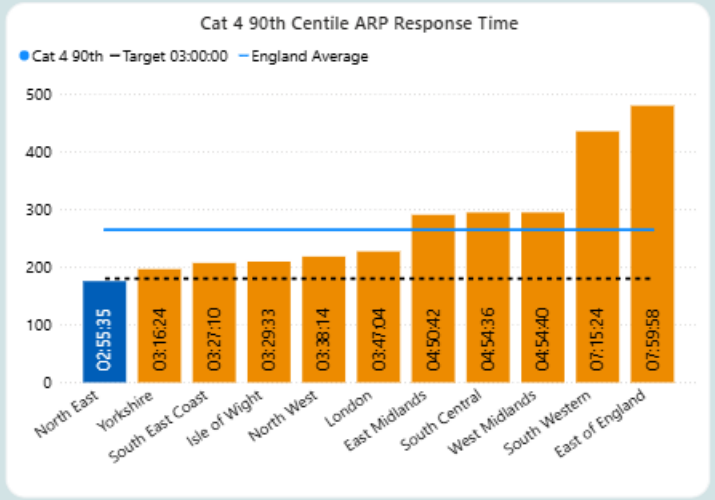












Summary:

•Secamb remain benchmarking broadly in the middle of the range of English NHS Ambulance Trusts for response times. All Trusts are being challenged to improve their C2 mean in the coming year in line with NHSE guidance.

Sustainable Partner: Response Time Benchmarking April 2025

Integrated Quality Report

Incident Outcomes		H&T
England		16.2%
1	London	20.5%
2	East Midlands	19.0%
3	West Midlands	18.9%
4	South Central	15.7%
5	North West	15.6%
6	South East Coast	15.4%
7	Yorkshire	14.7%
8	East of England	14.5%
9	South Western	13.8%
10	Isle of Wight	8.6%
11	North East	8.3%

Incident Outcomes		S&T
England		29.1%
1	South Western	35.8%
2	East of England	33.7%
3	Isle of Wight	33.5%
4	South Central	31.3%
5	South East Coast	29.5%
6	North East	29.4%
7	East Midlands	28.1%
8	North West	27.0%
9	West Midlands	26.6%
10	Yorkshire	26.1%
11	London	26.0%

Incident Outcomes		S&C (elsewhere)
England		4.7%
1	North East	7.3%
2	Yorkshire	6.4%
3	East Midlands	6.3%
4	West Midlands	5.9%
5	North West	5.9%
6	South Western	4.5%
7	South Central	4.1%
8	East of England	2.9%
9	London	2.8%
10	South East Coast	2.0%
11	Isle of Wight	1.2%

Incident Outcomes		S&C (to ED)
England		50.0%
1	South Western	45.9%
2	East Midlands	46.5%
3	West Midlands	48.6%
4	South Central	48.8%
5	East of England	48.9%
6	London	50.7%
7	North West	51.5%
8	Yorkshire	52.8%
9	South East Coast	53.2%
10	North East	55.1%
11	Isle of Wight	56.6%

Call Answer Times		Mean
England		2
1	North East	0
2	West Midlands	0
3	London	1
4	North West	1
5	South Western	1
6	East of England	2
7	South East Coast	2
8	East Midlands	6
9	Isle of Wight	6
10	Yorkshire	6
11	South Central	7

Call Answer Times		90th centile
England		2
1	East of England	0
2	North East	0
3	North West	0
4	West Midlands	0
5	London	1
6	South East Coast	1
7	South Western	1
8	East Midlands	3
9	Isle of Wight	5
10	South Central	5
11	Yorkshire	14

Call Answer Times		95th centile
England		10
1	North West	0
2	West Midlands	0
3	East of England	1
4	North East	1
5	South Western	1
6	London	2
7	South East Coast	2
8	East Midlands	26
9	Isle of Wight	42
10	Yorkshire	46
11	South Central	51

Call Answer Times		99th centile
England		48
1	West Midlands	7
2	South Western	8
3	North East	12
4	South East Coast	24
5	North West	31
6	London	35
7	East of England	66
8	East Midlands	102
9	Yorkshire	116
10	South Central	126
11	Isle of Wight	139

Summary:

•Secamb benchmark well on call answer times. H&T performance is in the middle of the range with room for improvement. As referenced in the report above, S&C outcomes will be reviewed.

Appendix 1: Glossary

Integrated Quality Report

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

June v1.0

Contents:

South East Coast Ambulance Service NHS Foundation Trust

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

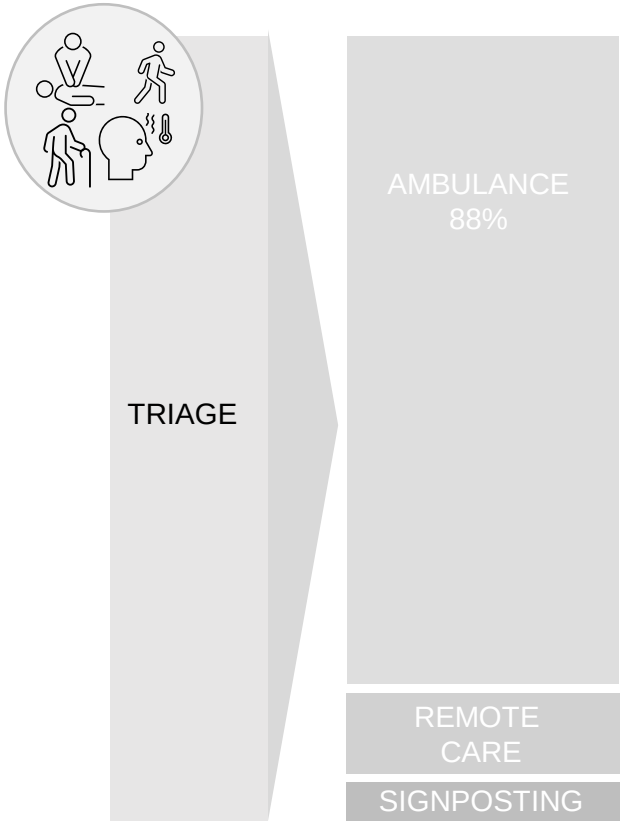
- **Our Purpose:**

Saving Lives,

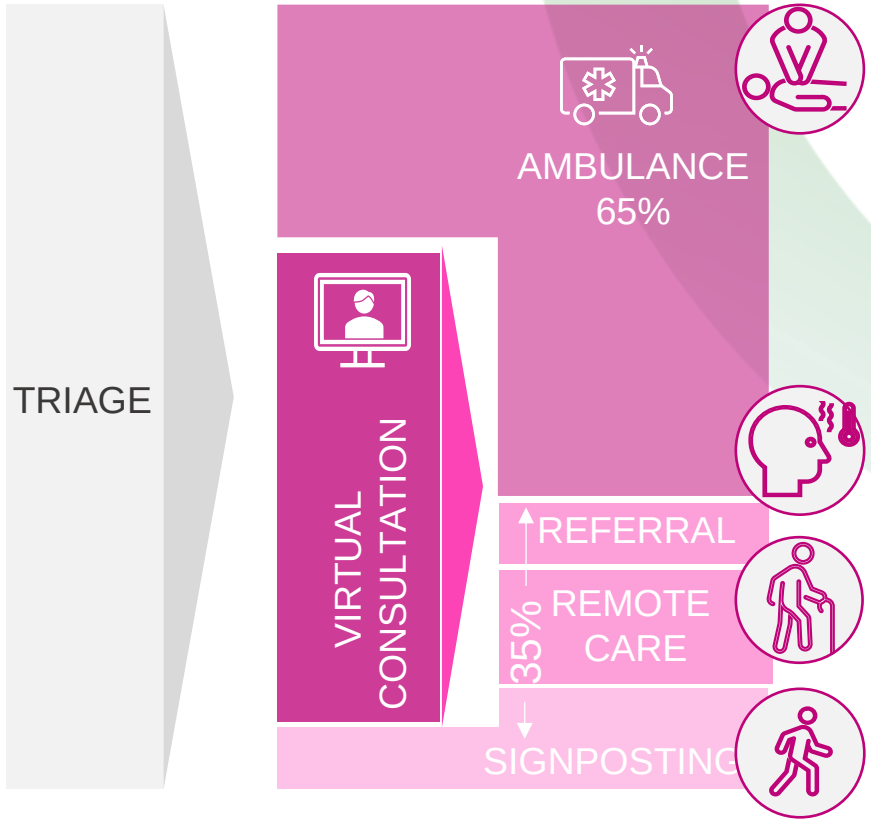
Serving Our Communities

Our Strategy 2024-2029

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



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



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.

NHS
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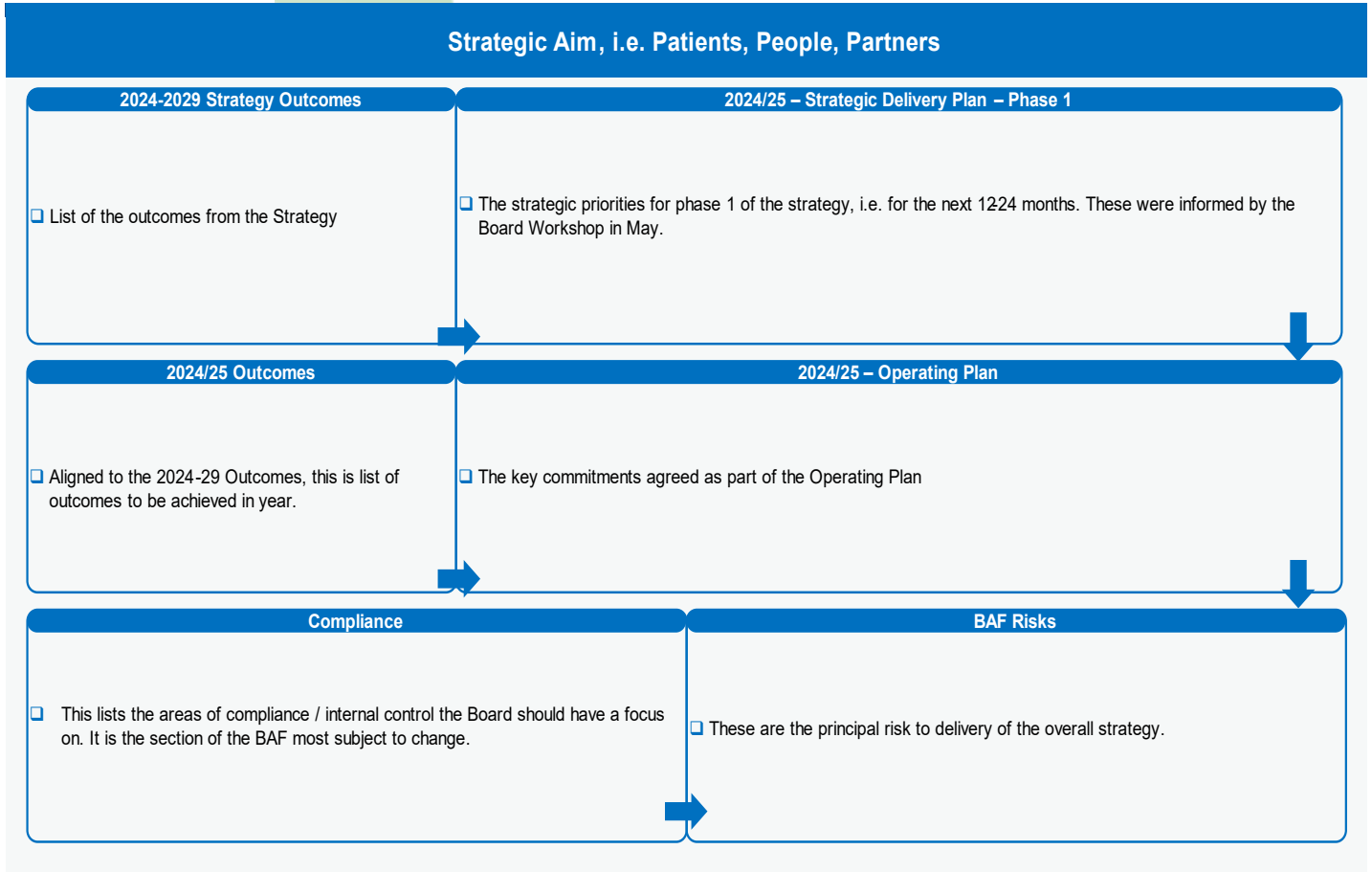
How our Board Assurance Framework (BAF) Works

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.



How our BAF reflects our Strategy :

South East Coast Ambulance Service NHS Foundation Trust

- 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.

Reporting Templates

South East Coast Ambulance Service NHS Foundation Trust

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				Director of Operations	Quality & Patient Safety
	Implement first new hub	October 2024					
	Evaluation to inform future scope of virtual care	March 2025					
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

Exception reporting will be provided as required following committee oversight

Board Highlight Report –

Progress Report Against Milestones:	SRO / Executive Lead:	Previous RAG	Current RAG
Key achievements against milestone			
Upcoming activities and milestones	Risks & Issues:	Score	Mitigation
Escalation to Board of Directors			

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

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.

Each of our BAF Risks has a detailed risk page

South East Coast Ambulance Service NHS Foundation Trust

Our People Enjoy Working at SECAmb

Our People enjoy working at SECAmb Executive Summary

South East Coast Ambulance Service NHS Foundation Trust

- As we move beyond the foundations that were built during Phase 1, we recognise there is more to do embed the People Services function to deliver a more **efficient, responsive, and supportive service** to staff across the Trust.
- We are benefitting from milestones achieved in Phase 1, such as the launch of the mediation programme and the Employee Relations Investigation training delivered to our managers and ER team, and we continue to focus on programmes to change our culture and address our case management.
- The objectives for the People Services for next Financial Year have been confirmed and we are finalising the mandate and action plan, mapping dependencies across all Tier 1 programs, for which there are many.
- We recognise the year ahead will be another year of transition, supporting a restructure and further improvement across both the department and the organisation. The focus will remain on resolving the root cause of the issues to ensure a sustained position into Year 3 and beyond.

Our people enjoy working at SECAmb

1	Tier 1
2	Tier 2
QI	QI
Directorate objective	Directorate objective

2024-2029 Strategy Outcomes

- Deliver 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
- Reduce staff turnover to 10%
- Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators

2025/26 – Strategic Transformation Plan

- **Organisational Operating Model Programme** 1
  - Implement corporate restructure (including Hybrid Working Practices) going live **by end Q3**
  - Transition to Clinical Divisions **by end Q2** and undertake Clinical Operating Model design by end of Q4
- **People Services Improvement Programme** 1
  - Embed People Services new structures to enable effective support, with 90% staff in post by end of Q2
  - Develop Case for Change for optimising Recruitment and Service Centre by end of Q3
  - Enhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in ER services by end of Q4
  - Develop capability and professional practice of People Services
- **Long-term Workforce Plan Definition**
  - Scope to be developed by Q3 following the development of Models of Care

2025/26 - Outcomes

- Improve staff reporting they feel safer in speaking up – statistically improved from 54% (23/24 survey)
- Our staff recommend SECAmb as place to work – statistically improved from 44% (23/24 survey)
- 85% appraisal completion rate
- Reduce sickness absence to 5.8%
- Resolve ER cases more quickly to reduce the formal caseload over time, even as new cases are opened.

2025/26 – Operating Plan

- Full implementation of Resilience (Wellbeing) Strategy **by Q4**
- Implement Shadow Board **in Q1**
- Embed Trust Values & associated Behaviour Framework **by Q4**
- Refresh of the professional standards function by **end of Q2**
- Development of Integrated Education Strategy, informed by the EQI **by end of Q3**
- Establish the approach to volunteers

Compliance

- Equality Act / Integrated EDI Improvement Plan
- Sexual Safety Charter Commitments
- Education
- Statutory & Mandatory Training & Appraisals

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.
- **People Function:** There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.
- **Workforce capacity & capability:** There is a risk that the Trust will be unable to transition from physical to virtual care long-term, due to the absence of a sustainable workforce model with a clearly identified clinical skills mix.
- **Organisational Change:** There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.

Our people enjoy working at SECAmb

2025/26 – Strategic Transformation Plan

Programme	Milestone	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Organisational Operating Model	Implement corporate restructure (including Hybrid Working Practices)	Q3			EMB	Yes	Chief People Officer	People Committee
	Implement transition to first phase of Clinical Divisional Model	Q2			EMB	Yes	Chief Operating Officer	People Committee
	Complete design of second phase of Clinical Divisional Model	Q4						
People Services Improvement	Embed People Services new structures to enable effective support	Q3	Q3	Roxana Oldershaw	EMB	Yes	Chief People Officer	People Committee
	Develop Case for Change for optimising Recruitment and Service Centre	Q4	Q4					
	Enhance ER processes to ensure fair, timely case resolutions	Q4	Q4					
	Develop Capability and Professional Practice of People Services	Q4	Q4					
Workforce Plan	Scope to be developed following the development of Models of Care	Q3			EMB		Chief People Officer	People

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date last reviewed @ Committee
Full implementation of Wellbeing Strategy				Chief Nursing Officer	EMB		People Committee	
Implement Shadow Board				Director of Communications/ Chief People Officer	EMB	No	People Committee	
Launch new Values & Behaviours Framework				Chief People Officer	EMB		People Committee	
Refresh of Professional Standards Function				Chief Paramedic Officer	SMG	No	Quality Committee	
Development of Integrated Education Strategy				Chief Paramedic Officer	EMB	No	People/ Quality Committee	

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Culture and Staff welfare: There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy.	16	08	CPeO
People Function: There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.	12	08	CPeO
Workforce capacity & capability: There is a risk that the Trust will be unable to transition from physical to virtual care long-term, due to the absence of a sustainable workforce model with a clearly identified clinical skills mix.	20	08	CPeO
Organisational Change: There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised	16	08	CPeO

Board Highlight Report – People Services Improvement Programme

SRO / Executive Lead: Sarah Wainwright

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones

Key achievements against milestones

- **Phase 1 Completion**: successfully delivered the first phase of the HR Improvement Plan
- **MARS Programme**: 29 colleagues exited the Trust
- **Suspension Review & Grievance Triage implementation:** greater oversight and consistency **Mediation Launch:** 30 trained mediators; sample average resolution time reduced from 209 to 21 days
- **ER Casework Improvements**: ongoing progress with further developments planned
- **ER Training**: well-received, with staff welcomed upskilling and development opportunities; ER Investigations: 49 attendees (Operational Managers, Senior Managers, and HR); CPD: 21 attendees (HR Team); Sexual Safety: 60 attendees (Investigators & Commissioning Managers)
- **Phase 2 Planning:** scope, objectives, and milestones confirmed; Steering Group and Delivery Group Terms of Reference agreed and meetings reinstated
- **Recruitment Collaboration**: discussions underway with Royal Free, SCAS & EEAST
- **ER Team Stabilisation**: additional resources identified, including Power BI Analytics Lead (ER data and reporting), ER Case Management Consultant (data compliance) and Head of ER (programme delivery)

Upcoming activities and milestones

- **Senior Leadership Engagement**: wider engagement sessions planned for programme updates
- **People Services Consultation**: process completed, feedback collated to inform updates to ER job descriptions; consideration meetings scheduled with outcomes document due 04 Jun
- **Payroll Contract:** review underway in collaboration with SCAS
- **Policy Review**: prioritise policy updates for better clarity and understanding
- **Data compliance audit:** external review of current MI and case management system for ER

Escalation to Board of Directors

- None

Previous RAG	Current RAG	RAG Summary
N/A		The first phase of the HR Improvement Plan, running from Oct 24 to Mar 25 has now been completed. Phase 2 has been rebranded as the **People Services Improvement Programme**, with a new scope and set of objectives, currently on track

Risks & Issues	April	May	Mitigation
Risk PSIP5: People Services Restructure | There is a risk that the programme deliverables may be delayed due to the ongoing restructure (consultation outcomes, role realignment, recruitment timelines, and staff transitions) as current engagement and resources are impacted, particularly in the ER department	N/A →	16	• Rephase programme deliverables to align with realistic staff onboarding timelines • Maintain close engagement with key stakeholders to monitor dependencies • Monitor weekly through risk reviews and escalate concerns early

Q1 (Apr-June 25)

- Consultation completed
- Data compliance audit completed
- ER Process Mapping framework reviewed
- Payroll contract reviewed

Q2 (Jul-Sep 25)

- New structures in place
- Grievance Panel & MDT Frameworks reviewed
- ER Community of Practice launched
- CIPD Mapping Phase 1 assessments completed

Q3 (Oct-Dec 25)

- Business Partner teams in post
- Recruitment & Service Centre Business Case Approved
- New ER ways of working embedded
- Mediation Programme review completed
- SCAS & People Services tender specification confirmed

Q4 (Jan-Mar 26)

- Recruitment & Service Centre consultation launched
- NHS Fair Recruitment Framework implemented
- CIPD Mapping Phase 2 assessments completed
- Divisional BI Dashboard released

Outcomes

- Embed People Services new structures to enable effective support
- Develop Case for Change for optimising Recruitment and Service Centre functions
- Enhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in ER services
- Develop capability and professional practice of People Services

Board Highlight Report – Organisational Operating Model

SRO / Executive Lead: Sarah Wainwright

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

The Organisational Operating Model group aims to enhance oversight, risk management and delivery of our future model by **bringing the Clinical Operating Model, Corporate Operating Model and Organisational Development & Culture programmes of work under one strategic framework**. This integrated approach will ensure that corporate functions and clinical operations are optimally structured and supported, improving collaboration, decision-making and overall service delivery. Each of the programmes is complex and affects staff across the organisation. The oversight group believes it more effective to run each programme separately rather than to incorporate into one as was original suggested. Each group will report separately into the agreed governance forum (EMB or SMG).

The Organisational Operating Model Oversight Group will focus on delivering a strategically aligned structure across all three programmes:

Clinical Operating Model
- Develop a more effective clinical operating model through the Divisions, ensuring streamlined structures, clear accountabilities and improved service delivery.
- Enhance governance and leadership, enabling greater autonomy, faster decision-making and better patient care.
- Strengthen operational processes and make best use of clinical resources to support delivery of the Trust's strategic priorities.

Corporate Operating Model
- Phase 1: Restructure HR, Quality & Nursing and Strategy & Transformation to align with the new divisional model, ensuring better integration and support for frontline services.
- Phase 2: To be confirmed (possibly Digital, Paramedical and Finance)

OD and Culture
- Implement a holistic OD plan to support implementation of new clinical and corporate operating models, development of divisional teams and associated activity with partners and wider stakeholders.
- Embed 'hybrid working' programme activity into wider OD plan and capture other complementary work currently underway such as Leadership development framework, Values and Behaviours and new Engagement Framework.
- *Workstreams to be scoped*

Previous RAG	Current RAG	RAG Summary
N/A		

Risks & Issues:	Score		Mitigation
The volume of organisational change will negatively impact on service delivery [covered in BAF risk 649]			Phasing Corporate and Divisional structure changes to enable focus on each in turn
Competing priorities within the Clinical operating model Design workstreams will be unable to be resolved, resulting in unsatisfactory outcomes or staff disengagement			Robust engagement to seek all views but manage expectations Clear objectives against which options can be evaluated
Contrasts between SECAmb and SCAS models will be unable to be resolved due to lack of organisational buy in or clinical risk associated with leaner structures			Early engagement and insight to SCAS models and ability to codesign a best of breed solution

Key Priorities (to be confirmed)

Clinical Operating Model

Transition
- Divisional Directors appointed
- Divisional Leadership Teams developed and embedded
- Divisional Governance & Processes implemented, aligned to Trust Governance

Design
- Operating Configuration – including first line management & MRC model
  - Develop aims of and options for the future wider Divisional structures
- Specialist Teams – including Volunteers, APPs, CCPs, HART, SORT teams
  - Consider optimal roles, function and leadership structures to support integrated working and delivery of the strategy

Corporate Operating Model

- Phase 1 Corporate Structures (x4) implemented
- Development of Divisional senior leaders/ways of working
- Phase 2 Corporate Structures design and implementation

OD & Culture

- 'Ways of Working' incl. Hybrid working, values and behaviours – scoping and engagement
- Individual, team and divisional OD interventions for senior divisional teams
- Leadership and management development scoped

Board Highlight Report – Clinical Operating Model

SRO / Executive Lead: Jen Allan

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

KEY ACHIEVEMENTS AGAINST MILESTONES

Transition Workstream
- 3 x Divisional Directors (Field Ops) appointed
- Divisional governance and reporting developed and implemented for field operations
- Transition initiated with divisional model in place from 1 June

Design – Operating Configuration Workstream
- Engagement approach and timeline for design and implementation of clinical operating model (field ops) developed
- Core design team for clinical operating model established
- Operating Model design expert consulted
- Initial engagement session conducted (Joint Teams B) around intention and high-level timelines
- SCAS collaboration discussions continued for identification of alignment opportunities within operating model design
- Operating Model parameters and aims drafted
- Programme governance groups established

Design – Specialist Teams Workstream
- Scope agreed

UPCOMING ACTIVITIES & KEY MILESTONES
- Development and agreement of Specialist Ops / Resilience model design plan to consider optimal roles, function and leadership structures to support integrated working and delivery of the strategy
- IC & Field Operations Job Description validation exercise group sessions undertaken (June 2025)
- Launch of divisional governance meetings (field ops) / Divisional leadership teams embedded
- Completion of divisional leadership responsibilities workshops and RACI matrix agreed

Previous RAG	Current RAG	RAG Summary
N/A		Programme currently on track to deliver against key milestones.

Risks & Issues:	April	May	Mitigation
Failure to effectively manage engagement process in Clinical Operating Model design workstreams could result in unsatisfactory outcomes and reduced staff engagement.	N/A	12	Robust engagement plan to seek all views but manage expectations. Clear objectives identified against which options can be evaluated.
Unresolved contrasts between the SECAmb and SCAS models due to limited buy-in or clinical risk concerns, could delay delivery or affect outcomes	N/A	8	Early engagement with SCAS to understand their model and collaboratively co-design an optimal, integrated solution. Recognition there will not be perfect / immediate alignment
Requirement of key staff in delivering change while maintaining critical services could place pressure on BAU operations and risk service disruption if not carefully managed.	12 →	12	COO as SRO well placed to ensure im changes are operationally safe. Engagement is currently good and with a robust plan to support transition and design process.

Q1 (Apr-Jun 25)
- 3 x Div Directors appointed
- Clear engagement approach defined and implemented
- Operating Model Design expert consulted & recommendations made
- Core Div Leadership Team Responsibilities drafted
- Div Governance and reporting developed and implemented
- IC Div Leadership team structure drafted
- Current op model review completed
- IC & Field Ops JD validation exercise completed for affected roles

Q2 (Jul-Sep 25)
- Div Director for Kent in Post
- Div Governance review undertaken and adjusted as required
- IC Div Leadership team structure approved
- Core Div Leadership Team Roles and Responsibilities agreed (RACI Matrix)
- Engagement period for design completed
- Business case/op model proposal EMB sign-off

Q3 (Oct-Dec 25)
- Operating Model transition for wider support functions
- Fornal consultation period completed
- Evolve definition and design of broader integrated divisional operating model

Q4 (Jan-Mar 26)
- New field ops/IC clinical operating model implemented
- Clearly defined specialist ops/resilience model embedded across front-line ops

Outcomes
- Alignment of SECAmb organisational structure to ICB boundaries
- Improved relationships and integrated working practices with ICBs & system partners
- Provide more integrated patient pathways and service delivery in each ICS to enable our strategic ambitions

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

Contributory factors, causes and dependencies: Scale of organisational change, continuing into 25/26; ER Casework backlog still high; legacy of inconsistent ER case management; varied leadership behaviours, and a slow rollout of cultural improvement initiatives

Accountable Director	**Chief People Office**
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 = 8**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

Controls: Mediation Programme launched, with a six-month review scheduled for Oct 2025; ER training delivered on investigations, CPD, and Sexual Safety; further training scheduled for 2025/26, including management training in key people policies. Ongoing enhancement of ER processes and governance, including integration of absence monitoring with ER data to support early intervention and safe staffing. ER mapping framework design in progress to support appropriate decision-making at each stage. Establish an ER Community of Practice to support consistency and capability. Enhanced ER triage process. Wellbeing Strategy refresh scheduled for 25/26. Project Management expertise from external consultants in place to support strategic delivery and implementation of Project Management Office. Adoption of NHS Fair recruitment framework to improve internal shortlisting and selection experience. EDI Plan implementation. OD interventions underway to support divisional leadership teams.

Gaps in control: Inconsistencies in approach to ER casework. Inconsistent decision-making across the organisation impacting staff experience. The OD interventions underway but not yet imbedded.

Positive sources of assurance:. Staff survey results show improved morale. Suspension Review and Grievance Triage Panel forums in place, with standardised triage practices reducing unnecessary escalations. Positive results from Mediation Programme to date. External providers commissioned to support complex investigations and reduce case backlog. Realignment of L&D and Wellbeing under appropriate leadership for better integration.

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 the root causes have not yet been resolved.

Gaps in assurance: Limited evidence of sustained improvements across all directorates. Ongoing staff feedback indicates variable experience of ER processes and inconsistent support.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of management ER training	Chief People Officer	Q2 25/26	Delivery of this training begun in Q4 2024/25
Embed Trust Values & Behaviour Framework	Director of Comms	Q3 25/26	
Refresh Wellbeing Strategy implementation plan	Chief Quality & Nursing	Q4 25/26	The Wellbeing Strategy proposal has been developed and is awaiting discussion/approval at the People Committee alongside an analysis outlining the options for the future Wellbeing model by the end of July 2025..

BAF Risk 603 – People Function

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

Contributory factors, causes and dependencies: Scale of organisational change, continuing into 25/26; ER Casework backlog still high.

Accountable Director	**Chief People Officer**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 5 = 20**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 8**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

Controls: Phase 1 of the HR Improvement Plan showed positive outcomes; now transitioning into the rebranded People Services Improvement Programme (Tier 1). Transitional resource plan approved by EMB (Oct 2024) and refreshed May 2025 to provide capacity during the restructure. Interim senior HR team in place to provide stability following MARS. New People Services operating model designed to support both centralised and decentralised working. New structures approved, with implementation planned by September 2025. Phase 2 restructure to focus on optimising Recruitment and the Service Centre. CIPD mapping to be rolled out across all People Services staff. Opportunities for collaboration with SCAS. Whole Trust restructure coordinated to align corporate functions with divisional model for improved local support.

Gaps in control: Two-phase restructure is ongoing and in early stages of implementation, with most functions yet to transition to the new model.

Positive sources of assurance: Tier 1 programme progress continues to be tracked across various governance forums including Steering Group and Executive Check & Challenge meetings, People Committee forum, EMB and Trust Board through RAG. 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. Concerns raised around ER process consistency and staff confidence in outcomes. Delays in case resolution until new structures embedded and teams are fully staffed.

Gaps in assurance: None identified

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of People Services Improvement Programme	Chief People Officer	Q4 2025/26	Mandate for Year 2 program set and workstreams underway
People Services Restructure	Chief People Officer	Q2 2025/26	Restructure underway, Consultation now complete and under review, outcome to be shared with impacted divisions in June 2025.
NHS Fair Recruitment framework implemented	Chief People Officer	Q3 2025/26	Scoping work being undertaken as part of the collaboration opportunities.

BAF Risk 648 - Workforce capacity & capability

There is a risk that the Trust will be unable to transition from physical to virtual care long-term, due to the absence of a sustainable workforce model with a clearly identified clinical skills mix.

Contributory factors, causes and dependencies:

Accountable Director	**Chief People Officer**
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 2026/27**

Controls, assurance and gaps

Controls: virtual care programme monitored as part of BAF. Collaboration with partners could increase workforce capacity.

Gaps in control: current gaps in both capacity and capability have a likely impact on both productivity and delivery. No defined workforce model, in-year plan or clinical skill mix yet identified.

Positive sources of assurance: Virtual care programme monitored through BAF with clearly identified in-year and multi-year deliverables.

Negative sources of assurance:

Gaps in assurance:

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Development of a 2025/26 workforce plan	Chief People Officer	Q1 2025/26	Not yet started.
Development of a long-term sustainable workforce model	Chief People Officer	Q4 2025/26	Not yet started.

BAF Risk 649 – Organisational Change

There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised

Contributory factors, causes and dependencies: Scale of organisational change across two phases; change fatigue and uncertainty.

Controls, assurance and gaps

Controls: Tier 1 Programmes in place to manage change, bringing the Clinical Operating Model, Corporate Operating Model and Organisational Development & Culture programmes of work under one strategic umbrella. Divisional Directors appointed and Leadership Teams in place by Q2. Hybrid Working practices scoping and embedding. OD Plan under review. Regular staff briefings, pulse surveys and feedback mechanisms to monitor understanding and sentiment. CSU support in place. Divisional leadership development support underway.

Gaps in control: Line management roles and new structures not fully stabilised. Lack of stability in certain functions while structures embed. Embedding of new model not due until Sep at the earlies. Staggered approach to divisional restructures is delaying full implementation of change.

Positive sources of assurance: Phase 1 Corporate Structures in delivery stage, consultation processes is complete for key areas (May 25). Regular staff engagement through consultation processes.. Impact Assessments undertaken as part of restructure process. Established governance structures with clear programme milestones and delivery plans.

Negative sources of assurance: Staff feedback indicating change fatigue and lack of clarity on future roles. Uncertainty around hybrid working requirements and timelines.

Gaps in assurance: N/A

Accountable Director	**Chief People Officer**
Committee	**People Committee**
Initial risk score	**Consequence 4 Likelihood 4 = 16**
Current Risk Score	**Consequence 4 Likelihood 4 = 16**
Target risk score	**Consequence 4 Likelihood 2 = 8**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of restructure has clear plan and end date	Chief People Officer	Q4 2025/26	Implementation of planned restructure underway. Alignment of timing of organisational restructures to reduce loss of staff.
Ongoing communications plan in relation to organisational changes	Director of Strategy and Communications	Q4 2025/26	Implementation of plan underway.

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Board Assurance Framework

2025/2026

June v1.0

Delivering High Quality Patient Care

Delivering High Quality Patient Care Executive Summary

The embedding of PSIRF continues to develop with the first two completed Patient Safety Incident investigations presented to the oversight group leading to structural changes, such as within JRCALC and the Trust guidelines in relation to medication administered to patients who are fitting.

We deliver high quality patient care

1	Tier 1
2	Tier 2
	QI
	Directorate objective

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

2025/26 – Strategic Transformation Plan

- ❑ Models of Care 1
  - 3 Focus Models of Care (Reversible Cardiac Arrest, Palliative and End of Life Care, Falls, Frailty and Older People) to be delivered within 25/26
  - Produce a three-year delivery plan for the 11 Models of Care
- ❑ Delivering Improved Virtual Care / Integration 1
  - Evaluation to inform future scope of virtual care commences April 2025
  - Design future model to inform Virtual Care, including integration of 111/PC
  - Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework

2025/26 Outcomes

- ❑ C2 Mean <25 mins average for the full year
- ❑ Call Answer 5 secs average for the full year
- ❑ H&T Average for 25/26 of 18% / 19.4% by end of Q4
- ❑ Cardiac Arrest outcomes – improve survival to 11.5%
- ❑ Internal productivity
  - ❑ Reduce the volume of unnecessary calls from our highest calling Nursing/Residential Homes by 1%
  - ❑ Job Cycle Time (JCT)
  - ❑ Resources Per Incident (RPI)

2025/26 – Operating Plan

- ❑ Operational Performance Plan – continuous monitoring through the IQR
- ❑ Set out Health Inequalities objectives for 2025-2027 by Q3
- ❑ Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4
- ❑ Deliver our three Quality Account priorities by Q4
- ❑ Patient Monitoring replacement scheme by Q4 & design future model for replacements 2
- ❑ Deliver improved clinical productivity through our QI priorities by Q4
  - IFTs
  - EOC Clinical Audit

Compliance

- ❑ EPRR assurance
- ❑ Medicines Management & Controlled Drugs
- ❑ PSIRF Compliance to standards

BAF Risks

- ❑ **Delivery of our Trust Strategy:** There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.
- ❑ **Internal Productivity Improvements:** There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.

We deliver high quality patient care

2025/26– Strategic Transformation Plan

Programme	Milestone	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Virtual Care Programme	Evaluation to inform future scope of virtual care	Q1	Q1	Kate Mackney	EMB for Reporting SMG for Delivery	Yes	Chief Operating Officer	Quality & Patient Safety
	Design future model to inform Virtual Care, including integration of 111/PC	Q3	Q3					
	Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework	Q4	Q4					
Models of Care	Design 3 year delivery plan for MoC and obtain agreement with system partners	Q1	Q1	Katie Spendiff	EMB	Yes	Chief Medical Officer	Quality & Patient Safety
	Deliver 3 Focus Models of Care (Reversable Cardiac Arrest, Palliative and End of Life Care, Falls & Frailty and Older People) within 25/26	Q4	Q4					

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Operational Performance Plan				Chief Operating Officer	SMG	No	FIC	
Set out Health Inequalities objectives for 25-27			N/A	Chief Medical Officer	SMG	No	QPSC	
Develop Quality Assurance Blueprint			N/A	Chief Nursing Officer	SMG	No	QPSC	
Deliver the three Quality Account Priorities	Health Inequalities Year 2: 1) Maternity 2) MH			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	ePCR			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	Framework for patients with Suicidal ideations/intent		N/A	Chief Nursing Officer	SMG	No	QPSC	N/A
Patient Monitoring Replacement	Commence the replacement scheme by Q4		N/A	Chief Medical Officer	SMG	Yes	QPSC	N/A
	Design future replacement programme by Q4		N/A				QPSC	N/A
Develop a Trust-wide patient safety improvement plan				Chief Nursing Officer	SMG	No	QPSC	
Deliver improved clinical productivity through our QI priorities	IFTs			Chief Nursing Officer	SMG	No	QPSC	
	EOC Clinical Audit		N/A	Chief Nursing Officer	SMG	No	QPSC	N/A

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Delivery of our Trust Strategy: There is a risk that we are unable to deliver our trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.	12	08	CSO
Internal Productivity Improvements: There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.	12	08	COO

Board Highlight Report – Virtual Care

SRO/Delivery Lead

Jen Allen – Chief Operating Officer

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

Key achievements against milestones

- **Programme Governance Realignment:** Programme governance structure re-aligned to ensure consistency with the wider Model of Care Programme. The new Steering Group is set to launch in June 2025.
- **UCNH Evaluation Paper:** Evaluation completed and currently under review. Ready for socialisation at relevant committees and governance meetings alongside Virtual Care Committee reports.
- **Kent Hub Review** Completed: In collaboration with the ICB and system partners, the Kent Hub Review was completed with several actionable outcomes:
  - UCR Portal installed in North and West Kent
  - UCR Portal pathway to be established for East Kent
  - Joint ICB-led UCNH Dashboard developed
  - Improved connection between EOC and UCNHs
- **Launch of Workstream 5: Clinical Productivity:** Focused on increasing Hear & Treat activity. Productivity outcomes are now being integrated into the wider Virtual Care Programme for enhanced delivery.
- **Transition of Workstreams:** Workstream 1 (Performance & Evaluation) and Workstream 2 (Clinical Governance) proposed for closure. Deliverables to be transitioned into business-as-usual (BAU), other programmes, or presented at governance forums (e.g., Evaluation & Audit Framework).

Upcoming activities and milestones

- **Governance Engagement**: Socialisation of the UCNH Evaluation Paper and Virtual Care Committee Report across relevant governance groups to demonstrate progress and impact.
- **Clinical Productivity Workstream Progress:** Draft Standard Operating Procedure (SOP) for Virtual Consultations, Baseline Key Performance Indicators (KPIs) identified and under review, Draft governance and accountability structures developed

Escalation to Board of Directors

Previous RAG	Current RAG	RAG Summary
		The programme is rated **Amber** as governance alignment, workstream transitions, and key deliverables (SOPs, KPIs, evaluation) are still in progress; to reach **Green**, these elements must be finalised and embedded, and the pace and progress of clinical productivity schemes must accelerate to demonstrate measurable impact

Risks	April	May	Mitigation
Risk: Local ICB-level funding and commissioning timelines for the current financial year remain uncertain. This creates immediate risk to the continuity and consistency of MDT staffing in UCNHs, which are important to the Virtual Care model. Without clear commissioning agreements and confirmed funding, there is a risk of gaps in staffing, inconsistent service provision, and reduced clinical oversight.	12	12	• Development and submission of robust Business Cases to ICBs to secure short-term funding. • Ongoing engagement with ICB leads to align UCNH priorities with local operational plans. • Contingency planning for temporary workforce models if funding is delayed.
Risk: There is a risk that the Virtual Care Programme will be unable to deliver planned clinical productivity improvements while maintaining safe and effective patient outcomes. This may result from insufficient design, inconsistent implementation, or a lack of accountability around standardised service delivery processes and productivity expectations across different teams or settings. If unresolved, this could lead to unrealised operational efficiencies, reduced programme impact, and challenges to financial sustainability	N/A	16	• Define and agree a clear clinical productivity framework with aligned KPIs • Implement standard operating procedures across virtual care settings • Embed performance reporting and feedback loops into routine governance • Provide clinical leadership development and change management support • Pilot new approaches before wider rollout to ensure feasibility and safety

Q1 (Apr-June 25)	Q2 (Jul-Sep 25)	Q3 (Oct-Dec 25)	Q4 (Jan-Mar 26)	Outcomes
VC Dashboard & Performance Framework Evaluation of the UCNHs UCR Portal Launch - Kent Overnight Operations: Confirm Mandate from NHS E, Assess Risks & Process Requirements C2 Seg: Maximise Agency Resources C2 Seg: Integrate BI Tools for Decision Making 111 Efficiencies: Review DoS, Optimise H&T Pathways	C3/4 Validations: Design & Implement KPIs for Clinical Productivity	C2 Seg: Achieve 125 Daily Segmentations C3/4 Validations: Reduce the number of deployments from 60% to 45% ECALs: Implement a Structured Approach to ECALs Triage & Navigation	Training Education: Establish Joint Shadowing with Partners ECALs: Optimise UCNHs to Support ECALs Assess UTV Resourcing & Contract Opportunities	• Optimise usage of alternative pathways for clinically appropriate patients • Enhance patient centered care • Effective Care Planning and better utilisation of emergency responses • Increase hear and treat • Ensure 55% of patients to receive a virtual response • Trusted assessor

Board Highlight Report – Models of Care

SRO/Delivery Lead

Richard Quirk / Andy Collen

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

Key achievements against milestones

- Governance structure reviewed while mapping alignment between VC and MOC programmes to avoid duplication and streamline the governance on the relevant workstreams. Joint Ops/Medical/EOC/Quality/Paramedic oversight by unified programme board commencing June 2025 under the programme title 'We provide High Quality Care'.
- Year 1 delivery aims for all 11 MoCs agreed by clinical leads and moved into individual quarterly milestone plans for FY 25/26. Overarching programme in place to monitor progress on deliverables.
- Mapped interdependencies with other Trust programmes to ensure alignment.
- Baseline data process through one-to-one sessions between the clinical lead and BI analyst completed and Level 1 & 2 metric data now shared with authors.
- Indicative target metrics for the Models of Care established, with a five-year trajectory outlined in the mandate.
- Session with Executives to align VC and MOC programmes and outline future pathways and a high-level model undertaken.

Upcoming activities and milestones

- Develop an internal and external engagement and communications plan, with an emphasis on PPIE.
- Define and scope workforce planning requirements for years 1 and 2 across all 11 MOC.
- Map out the goals of the Clinical Reference Groups, their chosen system-wide pathways, and how these intersect with the relevant MoCs.

Escalation to Board of Directors

- None at this stage.

Previous RAG	Current RAG	RAG Summary
		Models of Care – broadly on track to meet Q1 25/26 milestone deadlines. Workforce planning to commence at pace. Pathways of Care - Focus is on head injuries and falls regionally. MOC falls lead to join the CRG working group for alignment & oversight.

Risks	April	May	Mitigation
Risk: Transition to new pathways of care. There is a risk that the transition to stop Seg/Validation and move to Virtual Care will have a significant impact on clinical roles and settings. This could impact operational performance during transition and a reduction in staff satisfaction during organisational change.	6	4	**Develop clear and consistent communications** to articulate the differences between service models, including internal and external education requirements. Support the organisational change needed to implement these models and ensure alignment of goals and expectations from the Board through to steering and working groups and mapping VC deliverables to MOC and joint oversight via refreshed governance model. Comms plan in development and joint governance model in place.
Risk: The long-term **financial viability of the Models of Care Programme** could be at risk due to inadequate or changes in funding, resource allocation, or unforeseen costs. This could result in delays, reduced scope, or failure to deliver the programme's intended outcomes.	6	6	**Develop detailed budgets**, contingency plans, and cost control measures. Advocate for sustained funding with evidence of programme benefits. Regularly review financial health and address emerging risks promptly. Periodic review and adjustment of programme scope in line with available resources. Watch and wait re this risk and changing landscape of commissioning.
Risk: Gap in workforce planning expertise in the Trust. There is a risk that a lack of workforce planning expertise being made available to the programme will have a significant impact on our ability to deliver the MOC outcomes required as workforce planning and changes are a core component of the succesful delivery of the models.	9	9	**Acquire resource.** TI has been allocated from HR to work on this and there has been potential resource identified in NHS England that could be used at no cost to support this. Initial scoping for this is being undertaken via the SCAS/SECAmb collab work with mapping against proposed operational models. Score maintained until the broader MOC workforce planning scoping commences in late May 2025 now resource is identified.
Risk: Delay in CRG system recommendation for a pathway of care. There is a risk that the delay to the agreement of the regional focus on a particular pathway of Care may affect the speed of the delivery of a Models of Care that relates to this.	12	9	**Monitor CRG progress.** Focus is on head injuries and falls regionally. MOC falls lead to join the CRG working group for alignment and oversight. Work closely with the CRG to monitor progress and encourage timely agreement on the regional pathway focus. Maintain regular communication with stakeholders to ensure alignment and readiness for implementation.

Q1 (Apr-June 25)

- MOC Steering and Working Groups fully operational, to drive delivery.
- Year 1 MoC delivery aims translated into actionable, cross-referenced milestone plans aligned with VC, SCAS & Digital deliverables.
- Scope workforce planning needs for year 1 & 2

Q2 (Jul-Sep 25)

- Design MoC dashboard for delivery tracking
- Draft programme EIA, QIA & DPIA's & send for review
- Submit resource cases, ensure a mid-year strategy review by the Board to ensure priorities are aligned with SCAS collaboration outcomes and financial planning.
- Year 2 delivery aims are drafted for all 11 MoCs, incorporating insights from the strategy check and challenge process
- Evaluation framework drafted & initiate the PDSA cycles
- Scope any resource cases for the financial planning cycle

Q3 (Oct-Dec 25)

- Submit EIA, QIA & DPIA's
- MoC Dashboard fully operational
- Approved programme EIA, QIA & DPIA's to meet legal, quality & inclusion standards
- Year 2 delivery aims are finalised and underpinned by updated maturity matrices across all MoCs, aligning future delivery with strategic growth
- Outcome of financial planning cycle confirms resource allocations to support Year 2 MoC implementation

Q4 (Jan-Mar 26)

- Year 1 Evaluation Completed

Outcomes

- Ensure patients receive a timely response, either physical or virtual depending on outcome of triaging, to meet their ongoing needs

BAF Risk 537 – Delivery of our Trust Strategy

There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.

Contributory factors, causes and dependencies: Reliance on engagement with commissioners and partners to support strategic delivery, against a backdrop of considerable financial pressure.

Accountable Director	**Acting Chief Medical Officer**
Committee	**Quality and Patient Safety Committee**
Initial risk score	**Consequence 5 X Likelihood 5 = 25**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 8**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

Controls: Vision and strategy agreed at Board. Agreed organisational financial plan which prioritises strategic delivery. Multi-year plan developed as part of exit criteria for Recovery Support Programme. A fully functioning programme board providing leadership and governance. A workforce committed to the improvements needed. Learning from the virtual care provided by the navigation hubs. Clinical leads appointed to each of the 11 models of care workstreams. A full time programme manager overseeing delivery. Business Intelligence support has been secured.

Gaps in control: Supporting workforce plans to build capability not yet live. Some loss of organisational capability and memory through ongoing organisational restructure and MARS scheme.

Positive sources of assurance: Robust monitoring of both strategic delivery and patient outcomes through BAF. Consultant Paramedic overseeing the clinical leadership of the 11 models of care. Programme board membership from each directorate overseeing delivery. Models of care debated within the Professional Practice group (PPG). External scrutiny via the Clinical Reference Group (CRG) at NHS England region.

Negative sources of assurance: Previous CQC inspection report describing sub standard care and the need to change. Past inclusion in the RSP programme due to past failings in the delivery of care need to influence future models. Patient feedback (particularly about long waits) need to be considered.

Gaps in assurance: Presentation of the three year delivery plan is yet to be presented to Board (planned for Q1 25/26). Operational planning is still required to ensure that clinical plans are deliverable. The joint clinical model with SCAS is yet to be developed.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Evaluation to inform future scope of virtual care	Acting Chief Medical Officer	Q1 2025/26	This will conclude in April 2025.
Workforce Planning Lead to appointed to programme.	Chief People Officer	Q1 2025/26	Nominated individual assigned.
Business Intelligence Analyst to be assigned to Trust Strategy/Models of Care to support development of plan.	Chief Digital Officer	Q1 2025/26	Nominated individual assigned.

BAF Risk 646 – Internal Productivity Improvements

There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability

Contributory factors, causes and dependencies:
Organisational culture and employee relations situation limiting ability to make change
Risk averse in regards to clinical practice meaning low appetite to make productivity changes without significant assurance on safety, reducing potential pace of delivery

Accountable Director	**Chief Operating Officer**
Committee	**Finance and Investment 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 = 8**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

Controls: Ongoing process to enhance ER processes and renegotiate policies prioritised within People BAF; Specific schemes and robust oversight of productivity scheme delivery through SMG; detailed planning and QIA process to assure safe delivery. Quarterly review process for productivity and efficiency schemes.

Gaps in control: Ongoing process of Clinical Operating Model Design creating possible gaps in leadership or governance structures.

Positive sources of assurance: Robust monitoring of both strategic delivery and outcomes through SMG, EMB and BAF. IQR reporting. Operational reporting. Finance reporting

Negative sources of assurance:

Gaps in assurance: Limited analytical and finance capability/capacity to understand impact of productivity changes and ensure embedded / benefits realised.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Design and delivery of three priority models of care	Chief Medical Officer	Q4 2025/26	This will commence in April 2025.
Ongoing work with SCAS and SASC to enhance productivity and efficiencies	Chief Strategy Officer	Q4 2025/26	CSO now joint strategic advisor for SCAS and SECAmb.
Support team incl senior coordinating role, finance and BI input for productivity and efficiency being put in place	Chief Finance Officer	Q1 2025/26	Under discussion

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Board Assurance Framework

2025/2026

June v1.0

We Are a Sustainable Partner

We are a sustainable partner as part of an integrated NHS

Tier 1
Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

- Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- Increase utilisation of alternatives to ED - 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%

2025/26 – Strategic Transformation Plan

- Advance **South-East Ambulance Transformation Programme** through 1
  - Progress functional priority areas (SCAS / SASC)
  - Develop Business Case (SCAS)
  - Deliver ICB-approved **multi-year plan** and refreshed **strategic commissioning framework** to support strategy delivery and sustainability, including break-even trajectory.
- Progress delivery of our **digital enablement** plans, presenting a detailed plan to the Board at the end of Q1 1

2025/26 Outcomes

- Deliver a financial plan
- Handover delay mean of 18 minutes
- Increase UCR acceptance rate to 60-80%
- Reduce Vehicle off Road Rate – 11-12%
- Achieve over 90% Compliance for Make Ready

2025/26 – Operating Plan

- Deliver **Financial Plan**
  - Meet CIP Plan of £23m (Efficiencies - £10m; Clinical productivity – eq. £10.5m)
- Deliver **strategic estates review** (inc. Trust HQ refurbishment - 111/999 Contact Centre & Corporate Floor) 2
- Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2 with clear milestones in place
- Complete **support services review**, including Make Ready model and vehicle provision 2
- Monitor **system-led productivity** schemes, improving alternatives to ED and reducing hospital handovers.
- Develop a Trust-wide Health & Safety improvement plan in Q1 for implementation by Q2

Compliance

- Heath & Safety
- Vehicle & Driver Safety / Driving Standards
- Data Security / Cyber Assurance Framework

BAF Risks

- **Collaboration:** There is a risk that the Trust does not drive collaboration, which will result in reduced strategic delivery and missed opportunities to integrate services and care pathways, reduce waste, and drive productivity to improve care.
- **Financial Plan:** There is a risk that the Trust fails to deliver a break-even finance plan, our Board, our people, our regulators and commissioners lose confidence in our organisation.
- **Cyber Resilience:** There is a risk that the organisation will not have sufficient resilience to withstand a cyber-attack, resulting in significant service disruption and/or patient harm.
- **Digital Capacity, Capability & Investment:** There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery.
- **System Productivity**: There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved.

We are a sustainable partner as part of an integrated NHS

2025/26 – Strategic Transformation Plan

Programme	Status	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Collaboration & Partnerships	Progress functional priority areas (SCAS / SASC)			Claire Webster	EMB	Yes	Chief Strategy Officer	Finance & Investment
	Develop Business Case (SCAS)							
Multi-Year Plan	Deliver multi-year plan to support a break-even trajectory.			Jo Turl	EMB	No	Chief Finance Officer	Finance & Investment
Strategic Commissioning Framework	Work with ICB commissioning leads to deliver a refreshed strategic commissioning framework to support strategy delivery and sustainability, including break-even trajectory.			Claire Webster	EMB	No	Chief Strategy Officer	Finance & Investment
Digital Enablement	Implement priority **digital initiatives**, supporting overarching Trust Strategy			Hiran Patel	EMB	Yes	Chief Digital Information Officer	Finance & Investment

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Deliver Financial Plan	Meet CIP Plan of £20.5m			Chief Finance Officer	SMG	No	FIC	
	Deliver £10m efficiencies & eq. £10.5m productivity						FIC	
Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2				Chief Nursing Officer				
Monitor System Led Productivity Schemes - improving alternatives to ED and reducing hospital handovers				Chief Operating Officer				
Deliver Strategic Estates Review	Creation of Joint 111/999 Centre			Chief Finance Officer	SMG	Yes	FIC	N/A
	Redevelopment of Corporate HQ							
	Full Trust Estate Review						FIC	
Complete Support Services Review	Make Ready Service Model			Chief Strategy Officer	SMG	Yes	FIC	
	Vehicle Provision						FIC	

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Collaboration: There is a risk that the trust does not drive collaboration, which will result in reduced strategic delivery and missed opportunities to integrate services and care pathways , reduce waste, and drive productivity to improve care.	12	04	CSO
Financial Plan: There is a risk that the Trust fails to deliver a break-even finance plan, our Board, our people, our regulators and commissioners lose confidence in our organisation.	12	06	CFO
System Productivity: There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved	12	08	CSO
Cyber Resilience: There is a risk that the organisation will not have sufficient resilience to withstand a cyber-attack, resulting in significant service disruption and/or patient harm.	16	12	CDIO
Digital Capacity, Capability & Investment: There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery.	16	08	CDIO

Board Highlight Report – Digital Enablement

SRO / Executive Lead: Nick Roberts

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestone
After Review these Programmes have been successfully completed:

Project Name	Outcome	Completion Date
Visual IVR	✓ Improve efficiencies within EOC & 111 ✓ Align with the Digital strategy	Feb 2025
111 Recall	✓ Reduced manual data entry by 111 service ✓ Improved patient experience ✓ Efficiency in response times saving 2-3 minutes per patient call	Apr 2025
Liquid Voice<> CLERIC Integration	✓ Innovative patient solutions ✓ Improved efficiencies within EOC & 111 ✓ Align with the Digital strategy	Apr 2025
ePCR Truncate Project	✓ Introduce a new user interface designed to enhance user experience, accessibility, and overall efficiency ✓ Reduced "Automatic Case Closure Timing" (from 72 hours to 16 hours) (Approved by PPG & CST Dev. Board)	May 2025

Upcoming activities and milestones
- Re-baseline Digital Portfolio priorities for FY25_26
- Refine/Aligning Digital Directorate PMO with Corporate Governance and Reporting protocols.
- Ensure robust governance in place & all required artifacts for all in-flight projects and portfolios.
- Baseline and agree internally budget allocation for Digital spend for current financial year.

Notification to Board
- Gap Analysis Report – highlighting the current state (post PM leavers), existing gaps and future state of reporting to provide an oversight of in-flight programmes & previously agreed initiatives.
- Refine the existing Digital Demand Management process – highlight inconsistencies in existing process with no linkage to Corporate PMO and Operational teams within Digital Directorate. Aim to review the Digital Programme Key Deliverables e.g. Shared Care Records Project (reset, formerly NCRS)
- Submission of the re-baselined Digital Programmes for 25_26, aim to align with Corporate PMO with the emerging Tier 1, 2 and 3 programmes of work

Escalation to Board of Directors - None

Previous RAG	Current RAG	RAG Summary
		The overall RAG status for May 2025 remains amber due to Programme re-baseline to provide clarity on Programme vs Corporate priorities, dependencies between the Tier 1 Programmes, Finances and matched Resources agreed to deliver FY 25-26 Book of Work.

Risks & Issues:	Apr	May	Mitigation
Risk: That if the Digital Transformation Programme is not presented to Trust Board on 7 August, there may not be enough time and capacity to deliver the programme this financial year.	16	12	Resource changes applied to Digital Delivery Team and programme being developed. On track to present to Trust Board on 7 August. Further work required to produce supporting business cases.
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		Review of current project inflight items is underway to identify the budget allocation required for the 25/26 plan. Update to be provided to Trust Board for 7 Aug 25,
Risk: There is a risk that there is insufficient capacity across the Digital Directorate to deliver both BAU & project work.	15	6	The Book of Work review has highlighted a skills and resourcing gap, currently being quantified for an interim resource request to support Tier 1 project delivery. A shortage of BAs has impacted governance, delivery, quality, and benefits realisation. The Digital PMO requires adequate resourcing to sustain delivery of ongoing and planned initiatives.
Risk: Non-delivery of the Shared Care Record solution to clinical frontline staff may inhibit the best outcomes for patients and reduce opportunities to improve C2 mean response times.	12		NCRS programme being rebased to include impact of all Health Information Exchanges to ensure fast and safe access to relevant external patient records. Consideration of impacts on response and handover performance now part of the project. Usage policies and processes being evaluated.
Risk: There is a risk that until the remediation work for Crawley and Medway infrastructure is completed, failover between EOCs may be impeded and take longer than necessary.	16		BT Report on configuration changes being implemented over multiple dates, with initial work concluding on 18 June 2025. A Phase 2 will enable full alignment of Medway and Crawley EOC configuration to enable rapid failover in event of a business continuity requirement.

Q1 (Apr-June 25)

- **Refine FY24/25 BoW**
- **Refine FY26/27 BoW**
- Define Portfolio Scope
- **Establish Digital Governance BAU & Programme**
- Business Case - Backfill Submission

Q2 (Jul-Sep 25)

- **Digital Programme Delivery Roadmap**
- **Secure Approval of Costed Prioritised BoW**
- **Define PMO framework**
- **Portfolio Scope Approved**
- Refine Digital Demand management process
- Implement Digital Demand management process
- **Implement Digital Governance BAU & Programme**
- New PID & Business Case Development
- Finalise Business Case Development– FY26/27

Q3 (Oct-Dec 25)

- **Future Business Planning – FY26/27**
- **Business Case Submissions & Approvals**

Q4 (Jan-Mar 26)

- **Transition to BAU BoW FY 25/26**
- **Deliver FY26/27 BoW**

Outcomes (for developing plan, not actual projects)

- Successful transition of Digital services to enable implementation of Digital Service and Corporate improvement programmes
- Allocate limited resources are, and demand is planned through reprioritisation exercise. A defined programme of works with costings to be developed and embedded with controls and appropriate governance.

Board Highlight Report – Collaboration & Partnerships

SRO/Delivery Lead

David Ruiz-Celada

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestone

- MoU signed off by the Chairs at each Trust – Feb 2025
- Joint Strategic Lead role commenced – Feb 2025
- Phase 1: Discovery phase completed, including analysis of strategic alignment, operational variations and identification of key business case workstreams - April 2025
- Key functional collaboration areas scoping commenced to identify what will be delivered in year, key milestones, KPI's and benefits
- Governance established with the first Joint Strategic Collaborative Committee (JSCC), held April 2025
- Joint Executive-to-Executive workshop held May 2025, which focused on three critical workstreams, aligned with the business case framework with the outputs feeding into the discussion at the joint Boards on the 28th May.

Upcoming activities and milestones

- Continued progression and monitoring of the Functional Collaboration initiatives. Focus on benefits realisation and developing joint efficiency and productivity pipeline to support 25/26 and 26/27

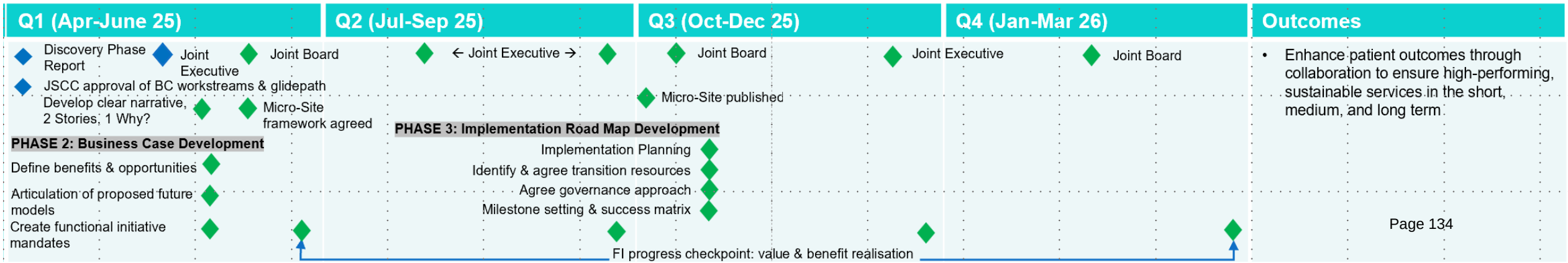
<u>Phase 2: Business Case (1 April - 28 May 2025)</u>

- Development of strategic business case for collaboration
- Articulation of proposed future models
- Development of clinical case and financial case to support 8th October joint Board milestones

Escalation to Board of Directors - None

Previous RAG	Current RAG	RAG Summary
		Programme is running on track to timeline and milestones. Governance and meeting scheduled established. Discovery phased completed and end of phase report to be presented at JSCC.

Risks & Issues:	Apr	May	Mitigation
Risk: Capacity constraints (Executive, SME and Programme)	16	12	Align joint executive objectives to collaboration priorities agreed via E2E and B2B. This will help ensure a balance of capacity and integration with the strategic direction and annual priorities. Existing programmes within each organisation are likely to align with these efforts.
Risk: Funding required to fund transitional arrangements or necessary joint investments	16	16	Transitional funding requirements to be identified as part of the financial sustainability component of the Business Case.
Risk: Alignment with strategic commissioning changes and impacts of NHSE/ICB re-configurations	16	16	Provider Executives and SHICB leads have established aligned programmes of work to co-design the changes in organisational structures and functions aligned to emerging commissioning model. However, the variability and instability in NHSE and ICB systems may strain these efforts.



BAF Risk 541 – Collaboration

There is a risk that the trust does not drive collaboration, which will result in reduced strategic delivery and missed opportunities to integrate services and care pathways , reduce waste, and drive productivity to improve care.

Contributory factors, causes and dependencies: increasing NHS financial constraints require providers to integrate and collaborate to provide consistent care, reduce waste, and drive productivity so investment can focus on front line patient care. CF Report recommended this workstream to kick off in 2024, with HIOW and SHICB working to establish single strategic commissioning function for 999/111 across Southeast. Success depends on alignment with partner organisations and ability to adapt to structural changes in regional healthcare landscape.

Controls, assurance and gaps

Controls: Sector-level engagement via Association of Ambulance Chief Executives with 2 executives chairing national groups; CEO chairs Southern Ambulance Services Collaborative Initiative; MOU with South Central Ambulance Service for collaboration business case development; joint strategic collaboration committee with SCAS; Joint Strategic Lead appointment in Chief Strategy Officer role shared with SCAS; regional steering group chaired by ICBs; divisional restructuring to align with local systems.

Gaps in control: Collaboration business case still in development; dependency on external partner commitment and ICB commissioning decisions; new divisional structure implementation ongoing.

Positive sources of assurance: Strong sector leadership positions and national influence; established governance structures with SCAS and regional partners; ICB engagement in steering group provides strategic alignment; scheduled board meetings for decision-making.

Negative sources of assurance: Complex multi-partner environment with competing priorities; financial constraints across all partners; structural changes in commissioning creating uncertainty.

Gaps in assurance: Environment of uncertainty as ICBs submit their consolidation plans; limited visibility of ICB commissioning consolidation timelines.

Accountable Director	**Chief Strategy Officer**
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	**Q4 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Complete collaboration business case development with South Central Ambulance Service	Joint Strategic Lead	October 2025	Joint strategic collaboration committee overseeing development
Joint board meetings to review collaboration case and determine next steps	Joint Strategic Lead	May & October 2025	Board meetings scheduled 28th May and 8th October 2025
Complete divisional restructuring to align with local systems	Chief Operating Officer	September 2025	Restructuring in progress to support local integration
Maintain sector leadership roles and national group participation	Chief Executive Officer	Ongoing	2 executives chair national groups; CEO chairs Southern Collaborative
Establish Joint Strategic Commissioning Group	Chief Strategy Officer	July 2025	To be established to oversee strategic commissioning alignment

BAF Risk 640 – Financial Plan

There is a risk that the Trust fails to deliver a break-even finance plan, our Board, our people, our regulators and commissioners lose confidence in our organisation.

Contributory factors, causes and dependencies: Uncertainty given changes at ICB/ national level. See link to risk 647 System Productivity

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 3 X Likelihood 2 = 06**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

Controls: Planning improvements: Planning for 25/26 incorporated substantial improvements over 24/25 information and controls and better integrated operational performance, ops support (fleet/make ready), workforce, and capital. Additional resource brought in to help integrate planning and, also prepare ten-year planning insight. Workforce: Omission of NQP training numbers from plan has created an affordability issue which will need further mitigation and incorporating as an improvement for 26/27 planning. Guidance clarification: NHSE has clarified guidance such that the H2 £5m performance funding is independent of the 2 minutes of C2 performance improvement dependent on system actions

Gaps in control: Training: Gap highlighted around pre-committed NQP numbers not adequately reflected in the finance element of the plan. This will require further mitigation. **System C2 Contribution:** The C2 performance element of the plan relies on 2 minutes of time being contributed by the wider system including reduced handover delays and a more consistent UEC capacity/capability. No detailed plans have been supplied at the time of final plan submission. £5m of funding linked to achieving 25 min C2 mean is therefore at risk if the additional 2 minutes is not realised in the system. **Training impacts:** Omission of NQP training numbers from plan has created an affordability issue which will need further mitigation and incorporating as an improvement for 26/27 planning.

Positive sources of assurance: Compliant plan submitted on 27th March. No negative feedback received/queries outstanding. 24/25 plan outcomes in line with plan across workforce, finance, and operational performance domains. Internal audit financial systems audit gives reasonable assurance. SECAmb and Lead ICB CEO have written to all ICB CEOs advising that if credible system plans to contribute to 2 minutes of C2 mean performance are not produced and realised then the Trust will invoice for the balance of £5m in order to offset the loss of the C" related NHSE income and breakeven. Also, that ICBs need to fund £2m of additional 111 capacity which NHSE has been funding or else accept a performance deterioration.

Negative sources of assurance:

Gaps in assurance: No detailed plans received and assured from ICBs at submission stage. No response to the CEO letter as yet received. No plans for system contribution for C2 performance yet received nor risk assessed.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress

BAF Risk 544 – Cyber Resilience

Public Version of this risk is redacted

There is a risk that the organisation will not have sufficient resilience to withstand a cyber-attack, resulting in significant service disruption and/or patient harm.

Contributory factors, causes and dependencies:

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. Incomplete cyber policies and procedures.

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 Information 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 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Increasing penetration testing	CDIO	Q2 2025/26	New penetration test to be undertaken due to the time elapse from the last report - due to be completed by end of Q1 2025.
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. Plan provides improvements to policies and procedures but must be enhanced with technical interventions. Project with business case for funding approvalrequired before implementation.

BAF Risk 650 - Digital Capacity, Capability & Investment

There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery

Contributory factors, causes and dependencies: NHS funding environment. Partner/ wider NHS focus given ongoing changes at national and regional level may make investment more challenging. Integration with national programmes (i.e.: national care records programme)

Accountable Director	**Chief Digital Information Officer (CDIO)**
Committee	**Finance and Investment**
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**

Controls, assurance and gaps

Controls: Recruitment to key senior roles in Directorate, including new CDIO and Head of Service Delivery April 2025. Digital Strategy approved by Board in Autumn 2024, outlining necessary digital development and integration – this forms part of wider strategic delivery. Business cases in relation to Digital Directorate approved as part of 2025/26 planning cycle (substantive increase in workforce of £70k and additional non-recurrent transitional costs). Opportunities for collaboration with partners in the digital space. Ongoing Digital check and challenge with Executive team.

Gaps in control: Digital restructure paused temporarily- key senior and administrative roles vacant following MARS. Business cases for Digital capital and revenue workstreams are high level and there is and therefore insufficient detail in the work programme currently to assure expenditure and delivery plans for FY25/26.

Positive sources of assurance: Strategic and operational delivery monitored through Audit and Risk Committee. Revised Digital Delivery resourcing has improved service engagement and project productivity.

Negative sources of assurance:

Gaps in assurance: Digital Transformation Programme to be presented to Trust Board on 7 August 2025.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Restructure of Digital Directorate	CDIO	Q3 2025/26	Parts of restructure completed- e.g.: Permanent CDIO in post. Restructure paused due to inconsistencies in preparation and is being reviewed for launch in Q3.
Business cases to support delivery of digital strategy			Business cases to support strategic delivery submitted comprising £4.8m capital and £1.5m revenue funding. Programme of work to Trust Board 7 August with subsequent completion of business cases to enable funding approval.

BAF Risk 647 – System Productivity

There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved

Contributory factors, causes and dependencies: National focus on improving NHS productivity following consecutive years of decline since COVID, combined with financial pressures limiting growth needed to cope with inflationary pressures. System productivity plans for 2025/26 require hospital handover times <18 minutes and urgent community response teams to accept 60% of referrals to meet C2 25 min.

Controls, assurance and gaps

Controls: Strategic commissioning group and contract review meetings with system partners; system partnership leads engaging directly with providers; operational teams restructuring to align with systems; regional teams reviewing system plans as part of new oversight framework (first meeting 24th June).

Gaps in control: System plans not yet received from 4 systems.

Positive sources of assurance: NHS England confirmed £10m funding will not be removed if targets missed due to reasons beyond our control; established governance structures and regional oversight framework.

Negative sources of assurance: System plans not yet received from 4 systems, YTD trends for UCR at M02 remain at 21% and Handover time trends remain above plan in 3 or 4 systems, with an upward trend

Gaps in assurance: n/a

Accountable Director	**Chief Strategy Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 3 X Likelihood 4 = 12** ***(Down from 16 due to reduced financial consequence)***
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
Design and delivery of three priority models of care with input from system partners	Chief Medical Officer	Q4 2025/26	This will commence in April 2025 as part of our Tier 1 programmes
Secure submission of system productivity plans from all 4 systems (Kent, Surrey, Sussex, Frimley)	Chief Strategy Officer	June 2025	System partnership leads engaging with providers directly
Establish regular monitoring of handover times and community response acceptance rates via CRM	Chief Operations Officer	June 2025	Metrics framework to be developed