



**South East Coast
Ambulance Service**
NHS Foundation Trust



Trust Board Meeting to be held in public

07 August 2025

10.00-13.00

Trust HQ, Nexus House, Crawley

Agenda

| Item No. | Time | Item | Paper | Purpose | Lead |
|---|---|--|--------|-------------|------|
| Board Administration & Governance | | | | | |
| 42/25 | 10.00 | Welcome and Apologies for absence | - | - | MW |
| 43/25 | 10.01 | Declarations of interest | - | To Note | MW |
| 44/25 | 10.02 | Minutes of the previous meeting: 5 June 2025 | Y | Decision | MW |
| 45/25 | 10.03 | Matters arising (Action log) | Y | Decision | PL |
| 46/25 | 10.05 | Chair's Report | Y | Information | MW |
| 47/25 | 10.10 | Audit & Risk Committee | Y | Assurance | HG |
| 48/25 | 10.10 | Shadow Board Feedback | Verbal | Information | KN |
| 49/25 | 10.25 | Chief Executive's Report | Y | Information | SW |
| 50/25 | 10.35 | Armed Forces Covenant | Verbal | Information | SB |
| Strategy & Performance | | | | | |
| 51/25 | 10.45 | Board Story – impact of digital innovation | Y | Framing | JA |
| 52/25 | 10.50 | Digital Strategic Delivery Plan | Y | Assurance | NR |
| Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS | | | | | |
| 53/25 | Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report c) Month 3 Finance Report | | | | |
| 54/25 | 11.10 | Finance & Investment Committee Report | Y | Assurance | PB |
| | | Q1 Efficiency & Productivity Review | | Assurance | SB |
| | 11.35 | Break | | | |
| Strategic Aim: We Deliver High Quality Care | | | | | |
| 55/25 | Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report | | | | |
| 56/25 | 11.45 | Quality & Patient Safety Committee Report | Y | Assurance | LS |
| 57/25 | 12.05 | Chief Paramedic Report | Y | Information | JL |
| Strategic Aim: Our People Enjoy Working at SECamb | | | | | |

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| 58/25 | Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report | | | | |
| 59/25 | 12.25 | People Committee Assurance Report | Y | Assurance | MP |
| 60/25 | 12.45 | Wellbeing Strategy | Y | Decision | MD |
| Closing | | | | | |
| 61/25 | 12.55 | Any other business | | | MW |
| After the meeting is closed any questions received ¹ from members of the public / observers of the meeting will be addressed. | | | | | |

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



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|------------------------|---------------------------|-------|
| | Item No | 46-25 |
| Name of meeting | Trust Board | |
| Date | 07.08.2025 | |
| Name of paper | Chair Board Report | |
| Report Author | Michael Whitehouse, Chair | |

Introduction

Since our last meeting in June, we have concluded the year-end report and accounts for 2024-25, which have now been laid before Parliament. These will be presented at the Annual Members Meeting in September and represent a positive year for the organisation.

Having come to the end of Q1, this meeting will have a focus on sustainability, and specifically the very challenging efficiency and productivity programme in place.

This is also the first Board meeting where we will have the opportunity to consider the views of the new Shadow Board. Hearing different voices is something the Board really welcomes, to support its diverse thinking and oversight.

Board Meeting Overview

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

**We deliver high quality
patient care**

**Our people enjoy
working at SECAmb**

**We are a sustainable
partner as part of an
integrated NHS**

The BAF helps to ensure ongoing Board oversight of the delivery of our strategic priorities; in year planning commitments; and areas of compliance. It provides the Board with clarity on progress against the organisational objectives and the main risks to their achievement, thereby informing the Assurance Cycle.

The primary focus of this meeting will be on Sustainable Partner, where we will be considering the progress against the operating plan during Q1 and the very important digital plan that is a key enabler of our strategic aims.

Board Development

Thank you to all Board members and other senior leaders that joined the Board Development session in July. The focus was on speaking up, to help better understand how we are helping to foster an open speak-up culture and are having the courage to hold important conversations that

ultimately enhance patient care. This is also part of the Board's aim to ensure connectivity and hearing different voices.

This session helped the Board to have even greater insights into the work to ensure an open speak-up culture and the time with other leaders was invaluable, in exploring what more could be done. I then observed the recent People Committee where a really courageous colleague (newly qualified paramedic) joined to share his experience of speaking up in the context of sexual safety. This was such a powerful story which helped frame the committee's subsequent discussion, as outlined on the related Committee Board Report. This type of input at committee is encouraged.

Council of Governors

The feedback and challenge from our council of governors (COG) also helps to ensure the Board hears different voices. The COG last met in June, and the key areas of focus included:

- The impact of the changes at NHSE / ICBs on our strategic aims.
- Assurance that the Board has the right level of information to assess progress against the strategy and how risks are managed. Including the extent to which we are progressing our overarching aim of differentiating our response to patients, e.g. virtual care.
- The Trust's readiness for the next CQC inspection.
- Our response to the NHSE Education Quality Inspection.
- The approach and how we intend to engage on the development of a volunteer strategy.
- Risks to our efficiency and productivity programme.
- Digital enablement and how the implementation plan is shaping up.
- And a constructive discussion about the overall level of change and how we are supporting our people through this.

The non-executive directors were able to describe how they are seeking assurance on all of these issues and, acknowledging the risks that exist in the current operating context, are broadly confident in the way these are being managed by the executive. The Governors I think welcomed the openness in which these matters are being addressed, and I and my NED colleagues thank them for their continued interest and due diligence.

Engagements

I have continued to hold discussions about the work on closer collaboration with SCAS and, as the Board is aware, we are due to consider the related business case in October, at the Board to Board.

During the last month I held meetings with a number of system colleagues as well those from other ambulance trusts. This included hosting a visit from the new Chair at Sussex Community and meeting the incoming Chief Executive of SASH. The collective challenges being faced by us all continue to be significant, and I re-state my belief that working together will ensure the best possible care for patients.



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| Agenda No | 47/25 |
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|------------------------|---|
| Name of meeting | Trust Board |
| Date | 07.08.2025 |
| Name of paper | Audit & Risk Committee Assurance Report – 17 July 2025 |
| Author | Howard Goodbourn Independent Non-Executive Director – Committee Chair |

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 17 July 2025 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

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

The committee reviewed its [AUC Cycle of Business 2025 26.xls](#), which will help ensure it covers the relevant areas over the coming year.

ALERT

Digital Resilience

The Committee received multiple updates providing assurance on the Trust’s digital resilience, with a focus on cyber security, IT infrastructure, and digital transformation:

- **Cyber Risk:** Cybersecurity remains the Trust’s highest-rated risk (score 16, target 12). A structured work programme is in place and monitored through the Finance and Investment Committee. Key actions include:
 - Recruitment of an interim Head of Security.
 - Commissioning of an independent cyber assessment (contract awarded).
 - Exploration of a 24/7 operations centre in collaboration with SASC and SWAS.
- **Cyber Assurance Framework (CAF):** The CAF return was submitted on 30 June as a mandatory requirement. One item remains on an improvement plan (records management), currently under review by NHS England.
- **Cultural Shift:** The organisation is moving toward a culture of completeness and accountability in digital delivery. The PMO is now embedded and tracking progress, with BDO oversight ensuring alignment with audit recommendations.

The Committee was assured that digital resilience is being actively strengthened, with clear governance, investment in capability, and a maturing approach to cyber and IT risk management. The Digital Plan will be presented to the Board for its assurance.

FOI Compliance

Having raised concern about this earlier in the year, the Committee received a positive update on Freedom of Information (FOI) compliance:

- **Backlog Reduction:** The FOI backlog has been reduced to just 15 Trust-wide, reflecting significant progress in managing requests.
- **Compliance Performance:** The Trust achieved 100% compliance for the previous month and month-to-date, demonstrating strong operational performance in this area.
- **Sustainability and Oversight:** The Committee noted that long-term oversight of FOI compliance will be maintained through the BSM (Business Support Managers) plan. There is also an intention to increase the proactive publication of information to further enhance transparency.

The Committee commended the progress made and was assured that FOI compliance is being effectively managed and sustained. It will receive a further update later in the year.

ASSURE

Risk Management

The Committee received an update on the Trust's risk management arrangements, with a focus on embedding a more consistent and aligned approach across directorates. Key developments include:

- **Implementation of the Risk Appetite Framework:** Approved in April 2025, the framework is now being operationalised. A new **risk dashboard** has been introduced, covering the Board Assurance Framework risks.
- **Dashboard Use and Assurance:** The dashboard has been positively by the Committee as it help ensure clarity in driving executive-level risk discussions. It is now embedded in monthly executive meetings and is helping to foster a culture of urgency and accountability.

The Committee was assured that risk management is progressing well, with clear visibility, structured oversight, and a maturing culture of risk ownership across the organisation.

Internal Audit

The Audit & Risk Committee received a comprehensive update on the Internal Audit programme and progress for 2025/26:

- **Audit Activity:** Of the six planned station visits, two have been completed. Three audits are currently underway: efficiency, sexual safety, and the ER trial. The audit on the management of violence is due to commence shortly, with Terms of Reference approved.
- **Audit Follow-Up:** Of 15 recommendations, most have been addressed, with only one or two outstanding. Some legacy HR-related actions from 2023 remain unresolved. These are now under the ownership of the Chief People Officer and Chief Paramedic, with plans in place to close them.

- **Governance and Accountability:** The Committee emphasised the need for clear ownership and timelines for all outstanding actions. A structured approach to succession planning and talent management is being developed, aligned with business continuity expectations.

ADVISE

Counter Fraud

The Committee received a detailed update on counter fraud activity, including legislative changes, case updates, and assurance on internal controls:

- **New Legislation:** The Committee was briefed on the upcoming “Failure to Prevent Fraud” offence, effective from 1 September 2025, introduced under the Economic Crime Act. This will require the Trust to reassess its fraud risks, particularly where organisational benefit may arise from fraudulent activity (e.g., KPI manipulation or procurement irregularities). Updated risk assessment and policy templates will be issued by the Counter Fraud Authority (CFA).
- **Annual Counter Fraud Report 2024–25:**
 - It was noted that no fraud risk assessment was completed last year, which should have been rated red. This has now been prioritised.
 - A new Counter Fraud Champion is in place, following long-term absence of the previous postholder.
 - The report includes improved tracking of losses and recoveries, in line with CFA guidance.
 - While the overall rating remains green, some areas have shifted to red due to updated standards. Most are expected to return to green in the next cycle.
- **Governance and Assurance:** The Committee acknowledged the importance of maintaining momentum in fraud prevention and compliance. Strong action has been taken in response to breaches of declarations, and the Trust is committed to strengthening internal controls and ensuring timely updates.

The Committee was assured that the Trust is responding appropriately to evolving fraud risks and legislative requirements, with a clear focus on transparency, accountability, and continuous improvement.

IQR Review

The executive is reviewing the IQR to ensure it continues to evolve and improve. This aligns to the Insightful Board and how we reflect on the related principles in our reporting of key metrics, so it is consistent with the BAF and ensures greater visibility of areas such as productivity and health inequalities. The committee will continue to monitor progress with this and ensure changes are in line with the needs of the Board.

Recommendation

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

Board

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



Step 3

Agree what additional assurance/actions are required

Step 4

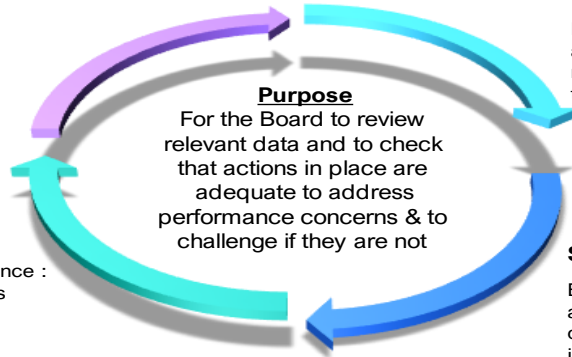
Board minute to capture the additional assurance / action required to be brought back to the next meeting.

Step 2

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

Step 1

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





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| Item No | 49-25 |
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| Name of meeting | Trust Board |
| Date | 07.08.2025 |
| Name of paper | Chief Executive's Report |
| 1 | This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during July and August 2025 to date. |
| | A. Local Issues |
| 2 | Executive Management Board The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes. |
| 3 | One of the important issues regularly discussed by EMB recently has been delivery of our Productivity and Efficiencies programme, ensuring that we are staying on track with local delivery, whilst also paying close attention to our operational response time performance standards and the wider regional and national NHS financial climate. |
| 4 | As we will see from this month's Board papers and the month 3 financial report, we remain on plan as a Trust year to date regarding our financial position despite seeing a slip in delivery of planned cost improvement programmes. |
| 5 | However, in order for this to continue, we need to maintain close grip and focus on both our Cost Improvement Programme and on operational performance and take prompt action where needed to address both. |
| 6 | Other key issues discussed include collaboration with SCAS, succession planning and talent management within SECamb, delivery of our Tier 1 programmes and operational performance. |
| 7 | EMB continues to hold meetings each month as a joint session with the Trust's Senior Management Group and also with a wider senior leadership group. These have also focused heavily on productivity and efficiencies. |
| 8 | Engagement During the past couple of months, I have attended a number of regional and national NHS leadership meetings, including specific sessions focussed on the evolving national digital approach, the new National Oversight Framework now in place and, of course, the recently published NHS 10 Year Plan. |

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| 9 | These sessions are useful to ensure we continue to closely align our strategic plans with the national direction for the NHS, as well as with the evolving priorities for our regional partners. |
| 10 | I have also continued my 'Connect with the Chief' programme, with an interesting and well attended session held at Thanet on 10 June and was pleased to be joined for the session by our Chief Paramedic Officer, Jaqualine Lindridge. |
| 11 | During the visit, I was pleased to meet with our fleet and make ready teams, as well as hosting an informative roundtable session, with good discussion taking place on issues including a paramedic practitioner prescribing model and the provision of bariatric equipment in more rural areas like Thanet. I was also pleased to spend time meeting crews at the Emergency Department of the Queen Elizabeth The Queen Mother Hospital at Margate. |
| 12 | Whilst at Thanet, I also enjoyed awarding the winners trophy to Thanet MRFC football team, who took home the title at our first ever Family Fun Day football tournament in May. |
| 13 | The Connect with the Chief programme continues with the next session at Ashford on 5 August 2025. |
| 14 | On 8 July, I was pleased to attend Brighton Make Ready Centre with our Chief Nursing Officer/Deputy CEO Margaret Dalziel when our Freedom to Speak Up (FTSU) team played host to the Freedom to Speak Up National Ambulance Network for a day of honest conversation, reflection and forward-thinking. |
| 15 | FTSU Guardians from many other Trusts attended to share experiences and ideas about the future of the Guardian role following the recent announcement about the intended closure of the National Guardian's Office. Full oversight for Speaking Up will now fall with the Trust Board and will be a clear part of any Well-Led review. |
| 16 | The session was a timely opportunity to talk openly about what this change might mean for our service and the sector as a whole, as well as an informative session from an external speaker on compassion fatigue |
| 17 | 'Hearing Different Voices' – Shadow Board update I am delighted that, following a number of preparatory and developmental meetings, during August our Shadow Board will meet formally for the first time shortly ahead of our Trust Board meeting and that we will have the opportunity to hear their views and feedback on the issues they have discussed during the August Board meeting. |
| 18 | Our Shadow Board is a key part of our Engagement Framework, and I was very pleased to meet with our Shadow Board members on 11 July 2025 for an in-person introductory session as part of their development programme. |

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| 19 | My thanks again to our NED Co-Chairs, Max Pullen and Karen Norman for their support with our Shadow Board; I am very much looking forward to seeing it grow and develop over time. |
| 20 | Signing of Armed Forces Covenant I was delighted, ahead of Armed Forces Day on June 28, to reaffirm our ongoing commitment to colleagues connected to the Armed Forces community as I re-signed our Armed Forces Covenant along with our Chief Finance Officer Simon Bell. |
| 21 | The covenant, originally signed by SECamb in 2018, is a promise to ensure that those who serve or have served in the armed forces, and their families are treated fairly and with respect. |
| 22 | We signed the covenant at a meeting with the Chair of our Armed Forces Network, Gareth Williams, where we discussed the renewed commitment and reflected on progress made in recent years. |
| 23 | I'm proud this progress has recently seen SECamb receive a Gold Award from the Ministry of Defence – an upgrade from the Silver we had already received. The Gold Award is the highest honour a civilian employer can receive and recognises organisations that go above and beyond to support veterans, reservists and military families. |
| B. Regional Issues | |
| 24 | SECamb Charity update Our SECamb Charity has now soft launched internally, marking a key milestone in its development. |
| 25 | A programme of engagement is underway to shape its future direction, including drop-in sessions, surveys and conversations with staff, supporters, and patients. |
| 26 | Branded materials have been developed and will be shared across the Trust and a growing number of fundraising opportunities are now available. Charity intranet pages are live, with public-facing internet pages currently in development. |
| 27 | We were delighted to secure £142,000 from NHS Charities Together to fund a new project led by the Community Resilience team. The funding will support the recruitment of two Community Resuscitation Officers who will deliver BLS and defibrillator training in local communities, helping to strengthen the early response to cardiac arrest. |
| 28 | A snapshot overview has been completed to assess current activity and opportunities. The next phase of work will focus on developing the charity's strategy, building income streams, launching a wider appeal, and supporting income generation over the next year. |
| 29 | Advanced Paramedic Practitioner (APP) Conference The invaluable role our APPs carry out was on show as we held our second annual APP conference recently, which I was pleased to attend. |

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| 30 | The event, spread over two days, with sessions in Ashford and in Crawley, provided a fantastic opportunity for the clinicians to gather and hear from speakers including Richard Barratt, Trauma Team Leader at Queen Victoria Hospital. |
| 31 | Conference sessions included wound assessment and management, patient feedback, remote consultation, remote assessments of abdomens and sepsis. |
| 32 | Thanks also go to Deputy Director of QI and Patient Experience, Jo Turner, for an engaging session on Quality Improvement. |
| 33 | Collaboration with South Central Ambulance Service (SCAS) Following the joint Board meetings held at the end of May 2025 to review the progress of our collaboration, executive teams from both Trusts have, as of July, agreed on the key areas of focus for the remainder of the year. |
| 34 | A primary focus will be aligning our clinical models to enhance patient care, alongside fostering greater consistency in our engagement with commissioners across Hampshire and the Isle of Wight and Surrey Heartlands Integrated Care Boards (ICBs). |
| 35 | As a result, joint system governance will be implemented in the second half of the year, in preparation for a more coordinated commissioning process in 2026/27. |
| 36 | In parallel, work continues towards the development of a joint collaboration case, scheduled for completion by October of this year. This document will outline the roadmap for the coming months as we progress towards establishing a group model between the two organisations |
| C. National Issues | |
| 37 | Launch of NHS 10 Year Plan Last month, the Government published its 10-Year Plan for the NHS, placing a renewed emphasis on delivering more hospital care in the community, expanding digital services, and prioritising prevention. |
| 38 | It was heartening to see that many of the ambitions for the ambulance sector closely align with our own strategic direction. The plan highlights the ambulance service as playing a key role within neighbourhood health models, with an increased use of digital tools to support remote patient assessment and care. It also includes the adoption of advanced analytics and AI to help reduce unnecessary dispatches and enable clinicians to connect with specialists remotely for real-time guidance and treatment. |
| 39 | Over the coming months, we will continue to work closely with our partners, both nationally and regionally, to align our strategy with the 10-Year Plan — ensuring the voice of the ambulance service is heard at every level. We will also work closely with our staff and volunteers to ensure they are engaged in this work. |
| 40 | I will, of course, continue to keep the Board updated as further details emerge and we begin to implement aspects of this plan. |

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| 41 | <p>Flu vaccination success</p> <p>It's fantastic to report that the Trust recorded one of the highest flu vaccination uptake rates for patient-facing staff nationally — an impressive 73.7%.</p> |
| 42 | <p>This figure significantly outperforms the national combined total of 37.8% for NHS trusts and GP practices, placing SECamb among the top-performing trusts for vaccination uptake in 2025.</p> |
| 43 | <p>Our success reflects:</p> <ul style="list-style-type: none"> • Easier access to peer-to-peer vaccination • The effectiveness of our “Coffee for a Jab” campaign • Real-time uptake tracking through our Business Intelligence platform, which enabled targeted support for areas with lower engagement |
| 44 | <p>With the Emergency and Urgent Care Plan, published in June, placing renewed importance on improving frontline NHS vaccination rates, I'm pleased to see we are already ahead of the curve in this area.</p> |
| 45 | <p>Funeral for Professor Douglas Chamberlain</p> <p>On 20 June 2025, I was very proud to represent SECamb at the funeral in Hove for Professor Douglas Chamberlain, together with Jaqui Lindridge, our Chief Paramedic Officer, Dr Richard Quirk, our Chief Medical Officer and a large number of other colleagues from both SECamb and ambulance services across the country.</p> |
| 46 | <p>It was a truly inspirational service and an extremely fitting tribute to the significant impact that Professor Chamberlain made on the development of pre-hospital care and the paramedic profession in the UK.</p> |



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| | | Item No | 51-25 |
| Name of meeting | Trust Board | | |
| Date | 07.08.2025 | | |
| Name of paper | Board Story | | |
| Executive sponsor | Jennifer Allan, Chief Operating Officer | | |
| Author name and role | Janine Compton, Director of Communications & Engagement | | |
| <p>Utilising digital solutions to improve patient care</p> <p>Our Board Story this month highlights just one example of the positive impact that utilising digital solutions can have on improving patient care – a service which allows our frontline clinicians to securely access key parts of a patient’s GP record while at their side.</p> <p>The GP Connect service allows authorised clinicians to view key parts of a patient’s GP record. Ambulance crews working out of our Paddock Wood Operational Unit are piloting access to the system from within the Trust’s electronic patient care record (ePCR), allowing them to have a greater overview of a patient’s clinical history while attending a call.</p> <p>As well as supporting clinicians to make more informed clinical decisions, potential benefits also may include faster decisions about the best treatment options for patients and a reduction in the number of avoidable hospital conveyances.</p> <p>The delivery of the pilot forms part of our overall strategy to design a future model with the appropriate service which will be compatible with the Trust’s overall shared care records system, and which will integrate fully to the National Care Record System (NCRS) as a single access point for crews.</p> <p>In today’s Board, we hear from Practice Development Lead, Sean Edwards, Paramedic Ella Beagley and IT Implementation Manager Temisan Ariri about their experiences of developing and implementing the pilot.</p> | | | |
| Recommendations, decisions or actions sought | For Information | | |



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| | | Item No | 52-25 |
| Name of meeting | Trust Board | | |
| Date | 07 August 2025 | | |
| Name of paper | Digital Transformation Work Programme 2025-26 | | |
| Executive sponsor | Nick Roberts, Chief Digital Information Officer | | |
| Author name and role | Nick Roberts, Chief Digital Information Officer | | |
| <p>This paper defines the work programme for the delivery of the Digital Transformation Strategy for FY2025/26, and where work will continue into FY2026/27. It is divided into six streams of work:</p> <ol style="list-style-type: none">1. Cyber Security Assurance2. Digital Workforce3. Data and Artificial Intelligence4. Digital Infrastructure5. Collaborative Initiatives, and6. Product Delivery. <p>The programme is aligned with our organisational strategic objectives and BAF and requires £4.1m of Capital and an additional £608K of revenue in FY25/26. The original earmarked allocation of Capital was £4.9m, so this programme releases £800K for use against other trust priorities. The programme also identifies £320K of revenue savings, in addition to existing CIP commitments of £771K. Further work is underway in each stream to identify other opportunities.</p> <p>Each of the first five streams, and all products in the sixth stream, will have a business case defining deliverables, costs, resources, and timescales for delivery, to be submitted by end of September. This will allow validation and assurance of the individual projects, and impact assessment of the programme on revenue, so that any required course corrections or reprioritisation can be agreed.</p> <p>A draft programme governance and assurance model is included in this report. A more developed version requires further review before socialising.</p> <p>The programme of work has been reviewed by EMB (23/07) and FIC (24/07). Both board and committee have provided strong support to proceed to Trust Board as defined and using the proposed Capital requested. Both EMB and FIC require that the programme be monitored carefully for revenue impact, both this year and recurring, to ensure the programme is both funded and sustainable as the business cases are approved and the year progresses.</p> | | | |
| Recommendations | For Assurance | | |

Digital Transformation Work Programme

2025/56









Digital Transformation Programme

Executive Summary

The 2025/26 Digital Transformation Programme will strengthen the foundations of our digital estate to set us up to deliver on the future virtual care ambitions of the Trust strategy, whilst supporting in-year productivity and safety challenges faced within the Trust. The programme will require a capital spend of £4.1m and an additional revenue cost of £608k in 2025/26.

Programme Overview – 2025/26 Deliverables

- **Cyber Security Assurance**
Will strengthen our cyber posture by embedding 24/7 proactive monitoring and alerting, increasing cyber awareness through dedicated leadership and strengthening the security and management of our mobile devices.
- **Digital Workforce**
Will create a digital workforce that can safely and securely create a robust digital architecture to support the ambitions of the Trust strategy and capitalise on the technology of tomorrow.
- **Data & Artificial Intelligence**
Will create new data products to enable in year productivity improvements, whilst beginning the migration to a new data platform that can provide the necessary scalability and compute for broader self-service analytics and implementing M365 Co-Pilot.
- **Digital Infrastructure**
Will modernise our network and Wi-Fi capabilities, increase the resilience of our data centre infrastructure, embed good change management practices to prevent future outages and improve the recovery time of our most critical systems.
- **Collaborative Initiatives**
Will foster relationships through the SASC collaborative through new initiatives to trial AI systems within our EOC, and jointly co-lead on the creation of a cyber security operations centre.
- **Product Delivery**
Will enable the migration of our core rostering platform to a more resilient and effective cloud solution, whilst delivering improvements to our operational capabilities through the MDVS solution.

BAF / Strategy Alignment

- Cyber Security Risk**
Greatest risk and highest priority on plan. Focus on reducing risk and improving recoverability
- Models of Care**
Key support here is through improved reporting and analytics
- Productivity**
Focus on using ShCR to improve JCT and help reduce C2 Mean.
- Virtual Care**
Exploring AI use cases within EOC to support safe, effective and productive care.
- Collaboration**
Tortus EOC Call transcription pilot; HIKSSS led AI Ambient Voice pilot to identify patient clinical risk factors
- Org Operating Model**
Reducing manual effort through systems improvements – GRS Cloud for better integration with ERS

Key Risks & Dependencies – what we are doing to mitigate these

- Risk - Cyber Security Incident**
Cyber role on Digital Leadership Team.
24/7/365 monitoring and response capability.
Policy and process improvements
- Risk - Digital Team Capacity/Capability**
Interim resourcing to increase capacity and capability to deliver programme this year.
Restructure to embed change for future.
- Risk - Infrastructure Failure**
Parity between Crawley and Medway to enable fast failover; with and Wi-Fi upgrades.
Kick-off new WAN tender
- Dependency: HR Restructure Support**
Expert HR support required to navigate process.
Support to resolve existing grievances.
- Risk - Revenue budget shortfall**
Pressure on future budget being mitigated through further savings, mainly contracts.
- Dependency: Prioritisation**
Ability to utilise good governance to re-prioritise programme in line with changing Corporate Strategy and objectives.

100 Day Reflection



What's Working Well

Passionate People: Staff genuinely care about patient outcomes and are eager to embrace technology. Digital staff keen to deliver a good service.

Innovation Appetite: Pockets of innovation across the organisation shows potential that can be harnessed to deliver strategic aims.

Regional Relationships: SASC can form the basis of collaborative delivery of some key programme objectives. Regional technology leads keen to be involved.

Areas of Excellence: Our EOC systems rigour demonstrates a solid core capability that can work effectively. Ecosystem can be developed around this.

Key Discoveries

In my first 100 days, I've discovered an organisation with incredible potential, held back by cultural limitations, up to date skills, infrastructure, and processes that haven't kept pace with ambition.

Data Rich, Insight Poor: Vast amounts of data captured and reported but limited ability to turn it into actionable intelligence. Tooling very limited.

Security Vulnerabilities: Aging infrastructure creating genuine risks that need increasing attention and level of expert oversight. Area for collaboration.

Change Fatigue: Previous technology implementations have created wariness about new digital initiatives. A restructured Digital service will need to prove itself.

Operational Pressures: Immediate operational demands often override strategic digital improvement, requiring better overall processes and scheduling.

Tech over Impact: Previous projects were typically implemented to introduce new technology instead of first understanding business requirements and involving stakeholders.

Critical Challenges

Legacy Infrastructure: Critical systems approaching end-of-life with limited resilience and scalability. Limited integration capability.

Cyber Security Gaps: Insufficient monitoring and response capabilities creating operational risk.

Coordination Challenges: Well-intentioned efforts not always aligned, leading to duplicated work and mixed messages, challenges by poor service structure.

Resource Constraints: Limited technical capacity and capability to support both day-to-day operations and transformation.

Strategic Insights



Build Foundations

Infrastructure and security must be placed on to a strong footing to enable future digital innovations to be implemented.



Security as Enabler

Strong cyber security shouldn't constrain digital progress. Properly implemented security frameworks can accelerate safe innovation.



Architecture Thinking

Individual system procurements must align with enterprise architecture strategy - tactical solutions create long-term strategic debt. Design must be done with the business.

Digital Transformation Programme

Strategic Programmes Delivering Integrated Digital Excellence



Cyber Security Assurance

- 24/7 proactive monitoring & alerting
- Enhanced cyber security strategy
- Secure mobile device management
- Dedicated cyber leadership

Capital: £308k

Revenue: £407k

- BAF
- BAF: Cyber Resilience Risk
 - Enables: Virtual Care Security

Digital Workforce

- Aligned job roles & responsibilities
- Structured training programmes
- Reduced coordination ambiguity
- Enhanced workforce planning

Capital: £211k

Revenue: £15k*

- BAF
- BAF: Digital Capacity and Capability
 - Enables: Future change capabilities

Data & Artificial Intelligence

- Modern data platform and governance
- Real-time productivity dashboards
- Self-service analytics capability
- M365 Co-pilot Implementation

Capital: £604k

Revenue: £96k

- BAF
- Enables: Internal productivity improvements
 - Enables: Models of Care Reporting

Digital Infrastructure

- Resilient data centre infrastructure
- Modern network & Wi-Fi
- ITIL – Standardised model and reporting
- Enhanced BCP/DRP capability

Capital: £1,628k

Revenue: £75k

- BAF
- BAF: Cyber Resilience Risk
 - Enables: More reliable virtual consultation capability

Collaborative Initiatives

- Integrated patient information access (NCRS plus)
- SASC Cyber and EOC AI initiatives
- Collaborative SASC Digital proposition by October 2025
- Trust integration engine to enhance data sharing

Capital: £180k

Revenue: £0k

- BAF
- BAF: SE – Ambulance Transformation Programme
 - BAF: SCAS / SASC priority areas

Product Delivery

- GRS Cloud migration
- MDVS
- Emergency Services Communications Programme
- Cleric CAD Web

Capital: £1,178k

Revenue: £15k

- BAF
- Enables: Enhanced tooling for staff
 - Enables: Future collaboration initiatives

Strategic Outcomes

- Enhanced patient care through journey towards digital excellence
- Improved operational resilience & efficiency
- Future-ready workforce & technology platform
- Strengthened regional collaboration

Key Dependencies

- Leadership commitment & resource allocation
- Recognition regional strategy still developing and we may need to pivot to accommodate
- Staff engagement & change management
- Regional partner collaboration
- Technology vendor partnerships

Timeline & Confidence

Overall programme Delivery: 18-24 months

Confidence level: Medium

Capital Investment: £4,109K

Revenue Investment: £608k

Optimism Bias included in Capital investment: 238k

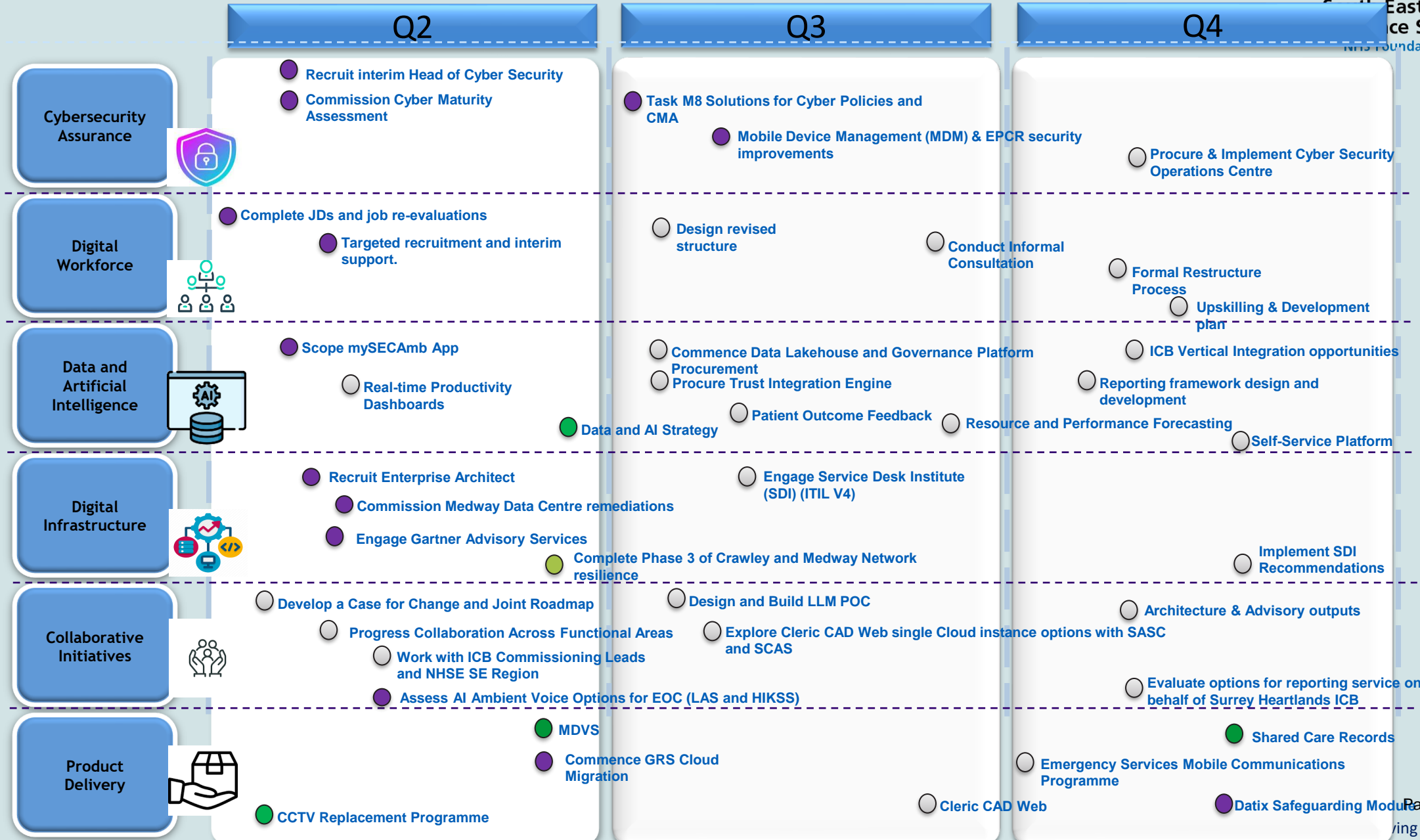
Financial Summary – Capital & Revenue

The Digital Transformation Plan will require **£4,109k** of capital with a **£238k contingency** and **£608k** of revenue in **FY25/26**. This produces a cost pressure of **£771k** in **FY26/27** which will be partially offset by identified **cost improvements** totalling **£320k**. Further work is ongoing to review opportunities to convert estimated revenue costs into capital where possible and to identify further opportunities for next year. Key unknown is **final restructure cost outturn**.

| Programme | Capital | Capital Contingency | Revenue (25/26) | CIPs 25/26 | Forecast Capital Requirement 26/27** | Forecasted Recurring Cost 26/27+ | Forecasted Cost Improvements 26/27 |
|----------------------------------|----------------|---------------------|-----------------|--------------|--------------------------------------|----------------------------------|------------------------------------|
| Cyber Assurance | £308k | £22k | £407k | £0k | £0k | £60k | £140k – Workspace 1 |
| Digital Workforce | £211k | £23k | £15k* | £0k | £0k | £270k | £TBD Post Analysis |
| Data and Artificial Intelligence | £604k | £100k | £96k | £0k | £0k | £353k | £TBD |
| Digital Infrastructure | £1,628k | £48k | £75k | £476k | £600k | £72k | £180k - Telephony |
| Collaborative Initiatives | £180k | £20k | £0k | £0k | £0k | £0k | £TBD -Post Analysis |
| Product Delivery | £1,178k | £24k | £15k | £52k | £0k | £16k | £Nil |
| Total | £4,109k | £238k | £608k | £528k | £600k | £771k | £320k |

| Pay Area | 25/26 Digital Budget | 26/27 Cost Pressures (in addition to CIPs) | 26/27 Estimated Savings (in addition to CIPs) | 26/27 Required Digital Budget |
|--------------|----------------------|--|---|-------------------------------|
| Pay | £4,575k | £270k | £0k | £4,845k |
| Non-Pay | £8,662k | £501k | £320k | £8,843k |
| Total | £13,237k | £771k | £320k | £13,688k |

Digital Transformation Programme - Roadmap



Status

Not started



On track



At Risk



Off track



Complete



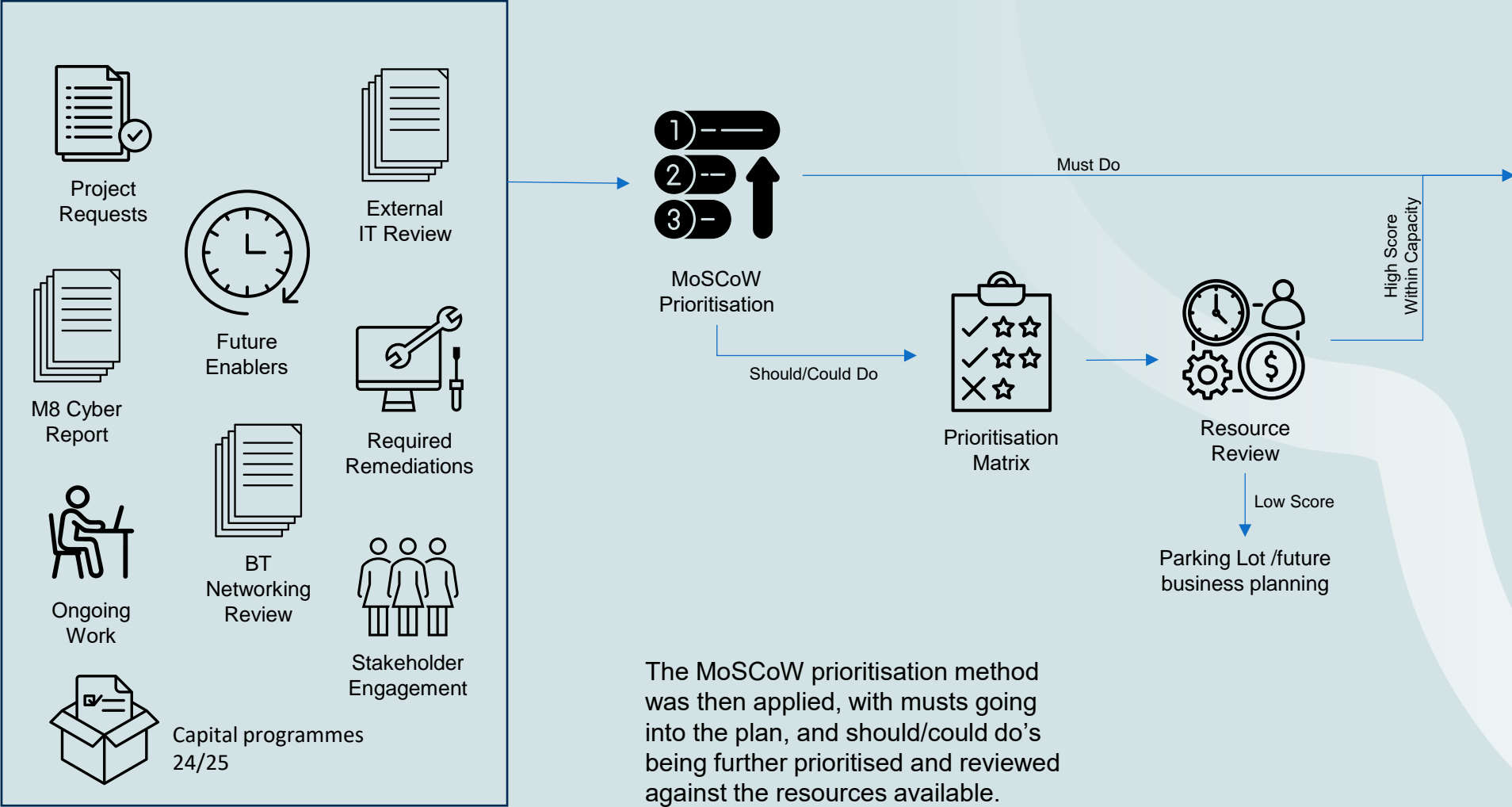
Dependencies



In Scoping



Planning Process

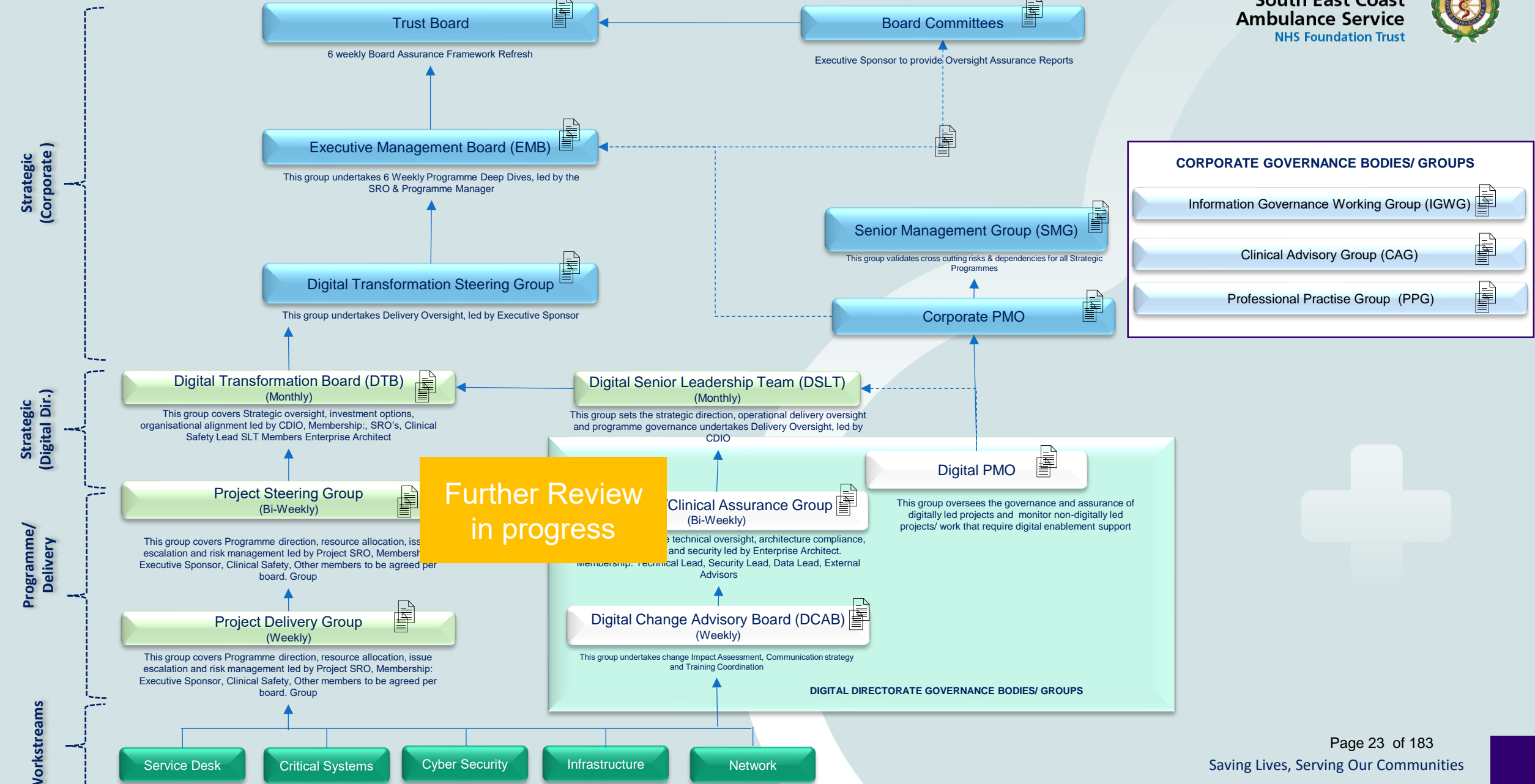


The MoSCoW prioritisation method was then applied, with musts going into the plan, and should/could do's being further prioritised and reviewed against the resources available.

High scoring projects where resource capacity was available were built into the plan, with others being moved into the backlog to track the request for future planning purposes.

All requests, project work and external reviews were collated into a schedule for review and prioritisation.

Digital Directorate Programme Governance/ Assurance

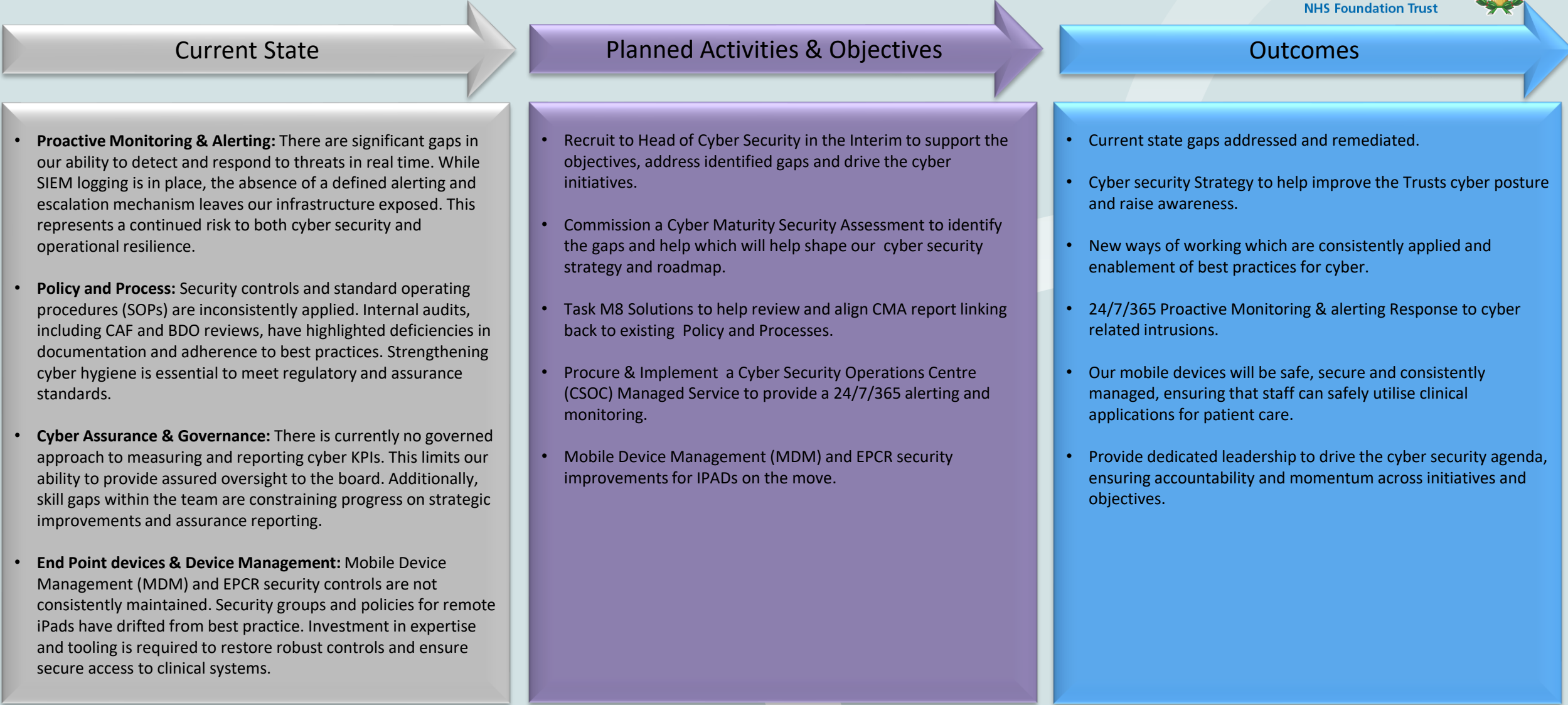


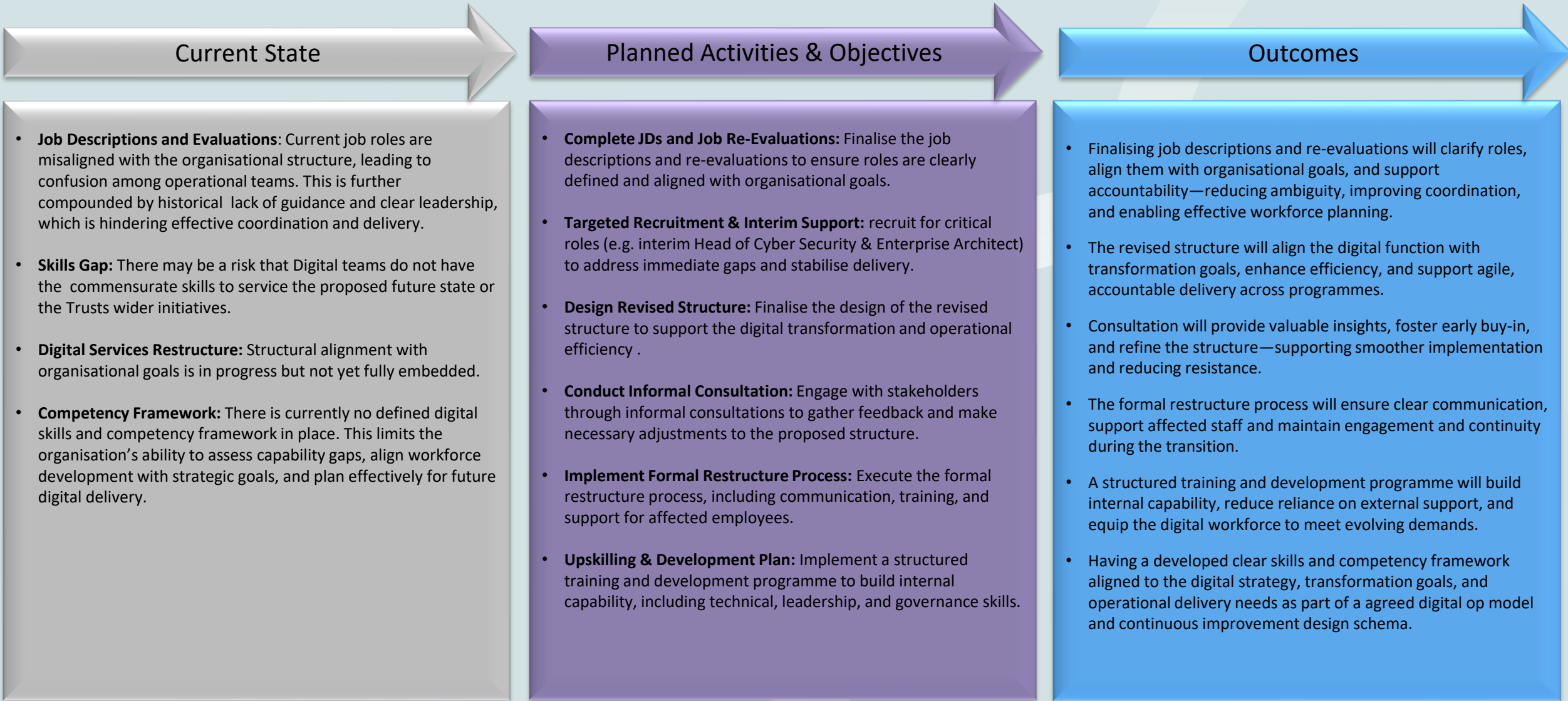


Appendices



Cyber Security Assurance





Data and Artificial Intelligence



Current State

- **Site Resilience:** Crawley and Medway Data Centers are at risk. BCP/DRP cannot be reliably invoked due to infrastructure and network configuration issues. Medway’s generator faults further compromise failover capability.
- Persistent network and Wi-Fi outages across SECamb are driven by legacy design and accumulated misconfigurations over time. Resulting in poor performance and Resiliency.
- The current WAN lacks modern resilience, efficiency, and scalability. Limited redundancy, outdated contracts, and poor performance—especially in clinical and remote sites—poses risks to service continuity and value for money.
- Service Desk Operations: Lack of ITIL alignment is leading to inconsistent incident handling, a reactive support model, and poor user experience.

Planned Activities & Objectives

- Commission Future tech to undertake the remediation work for Medway outlined in the Future tech report.
- Recruit an interim Enterprise Architect to design solutions that address persistent network and Wi-Fi outages caused by legacy infrastructure and misconfigurations—improving performance, resilience, and alignment with business goals.
- Complete Phase 3 of Crawley & Medway resilience work.
- Commission And Engage Gartner Advisory Services who will provide expert, vendor-neutral guidance to accelerate infrastructure decisions, ensure alignment with NHS standards, and reduce risk across SECamb’s digital initiatives.
- Engage SDI to help review to help standardise service desk operations, embed ITIL best practices, and improve user experience through consistent, proactive support and focussed communication.

Outcomes

- Robust Datacentre resilience infrastructure—enabling reliable BCP/DRP invocation of Primary and secondary sites in the event of a DRP situation
- The new WAN will improve our resilience, cut costs, and enhance application delivery across the estate supporting both clinical and non-clinical services with scalability for future growth.
- New network and Wi-Fi infrastructure will resolve persistent outages by eliminating design flaws and misconfigurations, improving performance, resilience, and service reliability across SECamb in line with best practices.
- ITIL will standardise incident handling, shift support from reactive to proactive, and improve user experience through clearer SLAs and accountability.

Collaborative Initiatives



Current State

- **Regional Review:** A regional review conducted by Carnall Farrar for NHSE SE Region highlighted the need for improvement, standardisation, and enhanced collaboration in the commissioning and delivery of integrated urgent and emergency care (iUEC) services by ambulance providers in the South East of England
- **Memorandum of Understanding (MoU):** South Central Ambulance Service (SCAS) and South East Coast Ambulance Service (SECamb) have committed to an MoU to collaborate by sharing knowledge and resources
- **Operational and Financial Challenges:** The NHS is currently facing significant operational and financial challenges at national, regional, and local levels, with a growing and aging population presenting more complex health needs

Planned Activities & Objectives

- **Develop a Case for Change and Joint Roadmap:** Explore various options and forms for collaboration and make recommendations to the Boards.
- **Progress Collaboration Across Functional Areas:** Identify and validate functional areas for collaboration during the feasibility phase such as the Handheld Device Replacement Programme mandated by DHSC & Home Office.
- **Work with Strategic partners such as ICB Commissioning Leads and NHSE SE Region:** Reconfigure commissioning arrangements to support collaborative initiatives.
- **AI Ambient Voice :** Assess Options for EOC (LAS Tortus, Scotland evaluation- HIKSs clinical audit)
- Develop a Case for Change and Joint Roadmap
- **Build LLM POC in conjunction with SASC**
- Explore Cleric CAD Web single Cloud instance options with SASC and SCAS
- Evaluate options for reporting service on behalf of Surrey Heartlands ICB.

Outcomes

- Fostered approach to a collaborative relationship between SCAS and SECamb that delivers benefits for patients.
- An improved and standardised approach in commissioning and delivering of iUEC services.
- Improved operational and financial resilience having a collaborative approach in resourcing and workforce sharing.
- Promoted innovation and efficiency through enablement of mutual respect, transparency, and shared comes regionally.
- Improved Integration across internal and external systems and services to link the existing fragmentation between services to access up to date patient information.
- Support overall strategy to design a future model with the appropriate service wrapper compatible with the Trust's overall share care records system integrated fully to National Care Record System (NCRS) as a single access point for crews.
- Efficiencies gained, shared service and architecture, aligning with broader digital initiatives and collaboration goals
- Consistent, high-quality reporting across the partnerships

Product Delivery



Current State

- **Regional Review:** A regional review conducted by Carnall Farrar for NHSE SE Region highlighted the need for improvement, standardisation, and enhanced collaboration in the commissioning and delivery of integrated urgent and emergency care (iUEC) services by ambulance providers in the South East of England
- **Memorandum of Understanding (MoU):** South Central Ambulance Service (SCAS) and South East Coast Ambulance Service (SECamb) have committed to an MoU to collaborate by sharing knowledge and resources
- **Operational and Financial Challenges:** The NHS is currently facing significant operational and financial challenges at national, regional, and local levels, with a growing and aging population presenting more complex health needs
- **Access to NCRS Implementation:** Paramedics do not currently have one secure access point to a Single Patient Records despite covering three geographical locations, crew sometimes rely on remote support from a clinician specialist teams. Plans to provide integrated access to patient information through several local and national shared care record initiatives, including KMCR, TVS, and GP Connect and ultimately access to NCRS

Planned Activities & Objectives

- **Develop a Case for Change and Joint Roadmap:** Explore various options and forms for collaboration and make recommendations to the Boards.
- **Progress Collaboration Across Functional Areas:** Identify and validate functional areas for collaboration during the feasibility phase such as the Handheld Device Replacement Programme mandated by DHSC & Home Office.
- **Work with Strategic partners such as ICB Commissioning Leads and NHSE SE Region:** Reconfigure commissioning arrangements to support collaborative initiatives.
- **Introduce Pilots to test the efficacy of the Trust's care records systems and processes:** Assess the current clinical systems on how crews access a new care record platform and assess quality of care delivered to patients.
- Emergency Services Mobile Communications Programme (ESMCP)
- Explore Cleric CAD Web single Cloud instance options with SASC and SCAS.
- Site Security across the Estate - CCTV Replacement Programme
- Datix Corporate Risk Reporting
- GRS Cloud Migration
- MDVS

Outcomes

- Fostered approach to a collaborative relationship between SCAS and SECamb that delivers benefits for patients.
- An improved and standardised approach in commissioning and delivering of iUEC services.
- Improved operational and financial resilience having a collaborative approach in resourcing and workforce sharing.
- Promoted innovation and efficiency through enablement of mutual respect, transparency, and shared comes regionally.
- Improved Integration across internal and external systems and services to link the existing fragmentation between services to access up to date patient information.
- Support overall strategy to design a future model with the appropriate service wrapper compatible with the Trust's overall share care records system integrated fully to National Care Record System (NCRS) as a single access point for crews.
- Efficiencies gained, shared service and architecture, aligning with broader digital initiatives and collaboration goals
- Consistent, high-quality reporting across the partnerships

Programme Costs – Detail



**South East Coast
Ambulance Service**
NHS Foundation Trust



| 2025/26 (Budget) Capital Approved incl VAT | 2025/26 Actual Spend | 2025/26 Remaining Forecast | 2025-26 Total Capital Forecast | 2025/26 Capital Variance | 2025/26 Total Revenue Forecast |
|---|----------------------|----------------------------|-----------------------------------|-----------------------------|-----------------------------------|
| £4,900,000.00 | £494,940.76 | £3,594,069.87 | £4,089,010.63 | -£810,989.37 | £608,193.41 |

| Digital Workstreams | Quoted Cost | Estimate | Level of Confidence | Capital Contingency | Allocated Capital 2025/26 | 2025/26 Actual Capital Spend | Remaining Capital Forecast 2025-26 | Remaining Capital Forecast 2026/27 | Total Project Revenue Forecast |
|---|--------------|--------------|---------------------|------------------------|------------------------------|------------------------------------|--|---|--------------------------------------|
| 1.0.DIGITAL INFRASTRUCTURE - P1 | | | | | | | | | |
| Data Centre Resilience | £ 638,035.00 | | High | £ - | £ 765,642.00 | | £ 765,642.00 | | |
| Programme / Project Consultancy Costs | | £ 100,000.00 | Medium | £ 10,000.00 | £ 90,000.00 | | £ 90,000.00 | | |
| LAN Refresh | | | High | | £ 140,741.35 | £ 140,741.35 | £ - | | |
| Network Remediations (BT Consultancy) | | | High | | £ 51,342.00 | | £ 51,342.00 | | |
| New CISCO and Meraki Network Infrastructure Implementation - WiFi AP & Switches | | £ 182,400.00 | Low | £ 36,480.00 | £ 145,920.00 | | £ 145,920.00 | | £ 75,000.00 |
| Emergency Service VOIP | | | High | £ - | £ 248,472.22 | | £ 248,472.22 | | |
| ISDN Replacement (Technical & Infrastructure) | | | High | £ - | £ 167,281.20 | | £ 167,281.20 | | |
| Workplace 1 Migration to Intune | | £ 20,000.00 | Medium | £ 1,000.00 | £ 19,000.00 | | | | |
| Total | | | | £ 47,480.00 | £ 1,628,398.77 | £ 140,741.35 | £ 1,468,657.42 | £ - | £ 75,000.00 |
| 2.0. CYBER SECURITY- P1 | | | | | | | | | |
| Privilege Access Management (PAM) | | | High | £ - | | | £ - | | £ 123,693.41 |
| Red To Green - M8 | £ 39,656.40 | | High | £ - | £ 39,656.40 | | £ 39,656.40 | | |
| Cyber Security Operations Centre (CSOC) 3yr Term & onboarding | | £ 24,000.00 | Medium | £ - | £ 24,000.00 | | £ 24,000.00 | | £ 180,000.00 |
| Cyber Security Lead - Consultancy Costs(Interim) | | | High | £ - | | | £ - | | £ 103,500.00 |
| Programme/Project Consultancy - Implementation Cost | | £ 100,000.00 | Medium | £ 10,000.00 | £ 90,000.00 | | £ 90,000.00 | | |
| Cyber Maturity Assessment (CMA) | | £ 30,000.00 | Medium | £ 3,000.00 | £ 27,000.00 | | £ 27,000.00 | | |
| Penetration Testing | £ 34,200.00 | | High | £ - | £ 34,200.00 | | £ 34,200.00 | | |
| Mobile Device Management (MDM) - EndPoint Solution Counsultancy CDW | | | High | £ - | £ 11,952.00 | | £ 11,952.00 | | |
| Mobile Device Management (MDM) - Security Solution 3YR Term | | £ 90,000.00 | Low | £ 9,000.00 | £ 81,000.00 | | £ 81,000.00 | | |
| Total | | | | £ 22,000.00 | £ 307,808.40 | £ - | £ 307,808.40 | £ - | £ 407,193.41 |
| 3.0. DATA & Artificial Intelligence (AI) | | | | | | | | | |
| Implementation Costs | | | | £ - | | | £ - | | |
| Integration Engine | | £ 303,600.00 | Medium | £ - | £ 303,600.00 | | £ 303,600.00 | | |
| Data lakehouse | | | | £ - | | | £ - | | £ 56,000.00 |
| Programme/Project Consutancy Costs - Lakehouse Migration | | £ 250,000.00 | Medium | £ 50,000.00 | £ 200,000.00 | | £ 200,000.00 | £ 400,000.00 | |
| Data governance platform | | | | £ - | | | £ - | | £ 10,000.00 |
| Artificial Intelligence | | £ - | | £ - | | | £ - | £ 200,000.00 | £ 30,000.00 |
| M365 Copilot Implementation | | £ 150,000.00 | Low | £ 50,000.00 | £ 100,000.00 | | £ 100,000.00 | | |
| Total | | | | £100,000.00 | £603,600.00 | £0.00 | £603,600.00 | £600,000.00 | £96,000.00 |

Programme Costs – Detail

| Digital Workstreams | Quoted Cost | Estimate | Level of Confidence | Capital Contingency | Allocated Capital 2025/26 | 2025/26 Actual Capital Spend | Remaining Capital Forecast 2025-26 | Remaining Capital Forecast 2026/27 | Total Project Revenue Forecast |
|---|-------------|--------------|---------------------|---------------------|---------------------------|------------------------------|------------------------------------|------------------------------------|--------------------------------|
| 4.0. Collaborative Initiatives | | | | | | | | | |
| Programme/Project Consultancy - Implementation Cost | | £ 100,000.00 | Medium | £ 10,000.00 | £ 90,000.00 | | £ 90,000.00 | | |
| EOC AI Trial - Tortus AI Trial (HIKSS) | | £ 100,000.00 | Medium | £ 10,000.00 | £ 90,000.00 | | £ 90,000.00 | | |
| Total | | | | £ 20,000.00 | £ 180,000.00 | £ - | £ 180,000.00 | £ - | £ - |
| 5.0. Digital Workforce | | | | | | | | | |
| Complete JDs and Job Re-Evaluations | | | High | £ - | | | £ - | | |
| Targeted Recruitment & Interim Support | | £100,000 | Medium | £ 10,000.00 | £ 90,000.00 | | £ 90,000.00 | | |
| Design Revised Structure | AC | | High | £ - | | | £ - | | |
| Conduct Informal Consultation | | | High | £ - | | | £ - | | |
| Implement Formal Restructure Process | | | High | £ - | | | £ - | | |
| Upskilling & Development Plan | | | High | £ - | | | £ - | | |
| Gartner Advisory Services | | | Medium | £ - | | | £ - | | £ 15,000.00 |
| ITIL Training version 4 - Service Delivery (Improving Digital Services process) | | £ 24,000.00 | Medium | £ 2,400.00 | £ 21,600.00 | | £ 21,600.00 | | |
| Head of Cyber Security and Business Continuity (Substantive Post Restructure 8C) | | | Medium | £ - | | | £ - | | |
| Enterprise Architect interim Counslutancy interim (Substantive Post Restructure 8D) | | £ 110,000.00 | Medium | £ 11,000.00 | £ 99,000.00 | | £ 99,000.00 | | |
| Total | | | | £ 23,400.00 | £ 210,600.00 | £ - | £ 210,600.00 | £ - | £ 15,000.00 |
| 6.0. Product Delivery | | | | | | | | | |
| MDVS | | | High | £ - | £ 67,167.58 | £ 47,480.09 | £ 19,687.49 | | £ - |
| National Care Record System (NCRS) | | | High | £ - | £ 179,993.73 | £ 36,083.17 | £ 143,910.56 | | £ - |
| Estates - CCTV Replacement Programme | | | High | £ - | £ 227,627.05 | £ 227,627.05 | £ - | | £ - |
| GRS Cloud Migration | | | High | £ - | £ 272,156.00 | | £ 272,156.00 | | £ - |
| Emergency Services Mobile Communications Programme (ESMCP) | | £ 222,000.00 | Medium | £ 11,100.00 | £ 210,900.00 | £ - | £ 210,900.00 | | £ - |
| Other items | | | High | £ - | £ 43,009.10 | £ 43,009.10 | £ - | | |
| Datix Safeguarding Module & onboarding | | £ 15,000.00 | Medium | £ 750.00 | £ 14,250.00 | | £ 14,250.00 | | £ 15,000.00 |
| CAD Improvements | | £ 75,000.00 | High | £ 7,500.00 | £ 67,500.00 | | £ 67,500.00 | | |
| CAD Cleric Web | | | High | £ - | | | £ - | | |
| Programme/Project Consultancy - Implementation Cost | | £ 100,000.00 | Medium | £ 5,000.00 | £ 95,000.00 | | £ 95,000.00 | | |
| Total | | | | £ 24,350.00 | £ 1,177,603.46 | £ 354,199.41 | £ 823,404.05 | £ - | £ 15,000.00 |

Programme Risks

| Risk | Pre-Mitigation/ Current Risk Score | | | Mitigation Strategies | Residual/ Target Score | | |
|---|------------------------------------|-------------|------------|---|------------------------|-------------|------------|
| | Likelihood | Consequence | Risk Score | | Likelihood | Consequence | Risk Score |
| 1. Cyber Security Incident Major security breach due to current vulnerabilities | 4 | 4 | 16 | <ul style="list-style-type: none"> Immediate SOC implementation Enhanced monitoring deployment Staff training programmes Regular penetration testing | 3 | 4 | 12 |
| 2. Revenue Budget Shortfall Projects provided with only a capital budget, with no additional revenue allocation | 4 | 4 | 16 | <ul style="list-style-type: none"> Review opportunities to capitalise costs Deliver additional efficiencies within existing cost envelope Phased delivery approach Additional funding approval Programme prioritisation Regular finance cadence to ensure programmes are running to budget. | 2 | 4 | 8 |
| 3. Infrastructure Failure Legacy systems failure during transformation causing service disruption | 3 | 4 | 12 | <ul style="list-style-type: none"> Robust BCP/DRP planning Phased migration approach 24/7 monitoring implementation Vendor support agreements | 1 | 4 | 4 |
| 4. Skills/Resource Shortage Insufficient technical capacity to deliver transformation | 3 | 4 | 12 | <ul style="list-style-type: none"> Effective planning and prioritisation Early recruitment campaigns Strategic vendor partnerships Interim specialist support | 2 | 4 | 8 |
| 5. Change Resistance Staff resistance leading to poor adoption and programme failure | 2 | 3 | 6 | <ul style="list-style-type: none"> Clinical champion networks Communication strategy Phased implementation approach Training and support programmes | 1 | 3 | 3 |



Project Priority Criteria

| Criteria | Definition | P1 High (3 Points) | P2 Medium (2 points) | P3 Low (1 point) | Weighting for Calculations |
|--|--|---|---|--|----------------------------|
| Project Dealing with Performance of Process | The project is to optimise a process that has a measured output and is not meeting customer and/or SECAMB specifications | Process is not measured | Process does not meet customer and/or SECAMB performance specifications | Process meets customer and SECAMB specifications | |
| Level of Pain Staff/Users | Customer Satisfaction (CS) rating of process area or internal customer satisfaction survey result level | Customer Satisfaction (CS) rating of less than 5 or internal survey top box less than 10% | Customer Satisfaction (CS) rating of less than 7 or internal survey top box less than 20% | Customer Satisfaction (CS) rating between 7 & 9 or internal top box greater than 20%. | |
| Net Cost Savings or Revenue Impact | Cost Savings & Revenue Generation (including capacity) | > £500K | £200 - £500K | < £200K | |
| Cyber Security | Project contributes to the Cyber Security Resilience of the Trust | Mitigation of High Cyber Risk - | Mitigation of MED Cyber Risk | Mitigation of LOW Cyber Risk | |
| Impact to Digital Services Satisfaction | Level of impact to Digital Services team satisfaction | Project will address and eliminate a major cause of dissatisfaction in the workplace. | Project will reduce defects and make the operating environment for employees more positive. | Project will address a major cause of dissatisfaction in customers and this in turn will improve the interactions between customers and employees. | |
| Potential Benefit/Impact to other business units in SECAMB | The applicability of the results of the project to other processes within other SECAMB Operating Units. | Project could be applied to all/large subset of SECAMB business units | Project could be applied to a few subset of SECAMB business units | Project could be applied to 1 subset of SECAMB business units | |
| Clinical Safety | Project contributes to the Clinical Safety within the Trust | Mitigation of HIGH Clinical Safety Risks | Mitigation of MED Clinical Safety Risks | Mitigation of LOW Clinical Safety Risks | |
| Compliance (mandated by external/regulatory body) | Project contributes work that is mandated by a Regulatory Body | Mandated to adhere to External Regulatory Compliance | Mandated to improve Departmental compliance | Recommended/suggested to achieve best/better practice | |
| Use of Annual Internal/External Funding/Allocation | Externally Funded Project that requires delivery in Year | Funding provided to achieve specific digital timebound projects integrating with external systems | Funding provided to raise Digital Maturity around specific deliverables | Funding provided to generalised Digital improvements around unspecified with unspecific deliverables. | |
| | | | | | 0 |



South East Coast
Ambulance Service
NHS Foundation Trust



Board Assurance Framework

2025/2026

August



Our Strategy 2024-2029

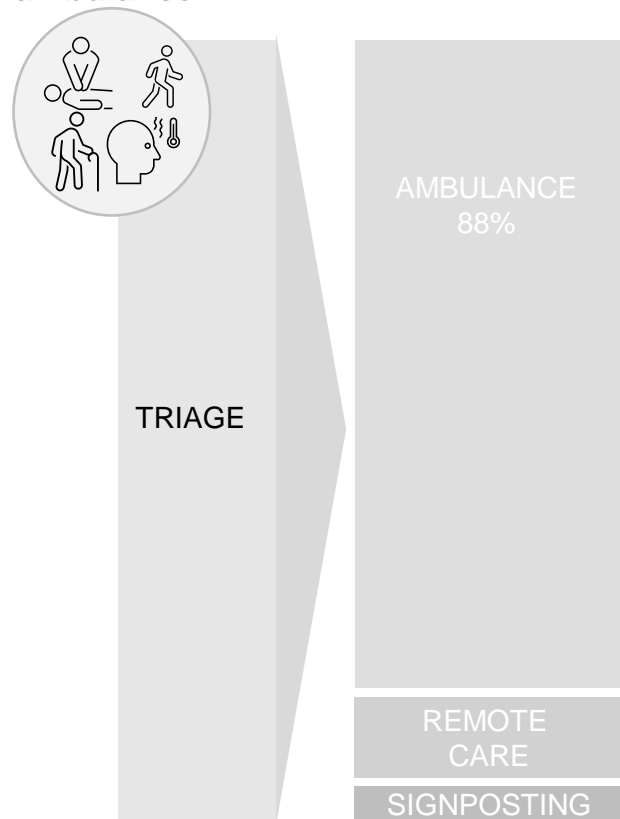
+ **Our Vision:** To transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients

+ **Our Purpose:**
Saving Lives,
Serving Our Communities

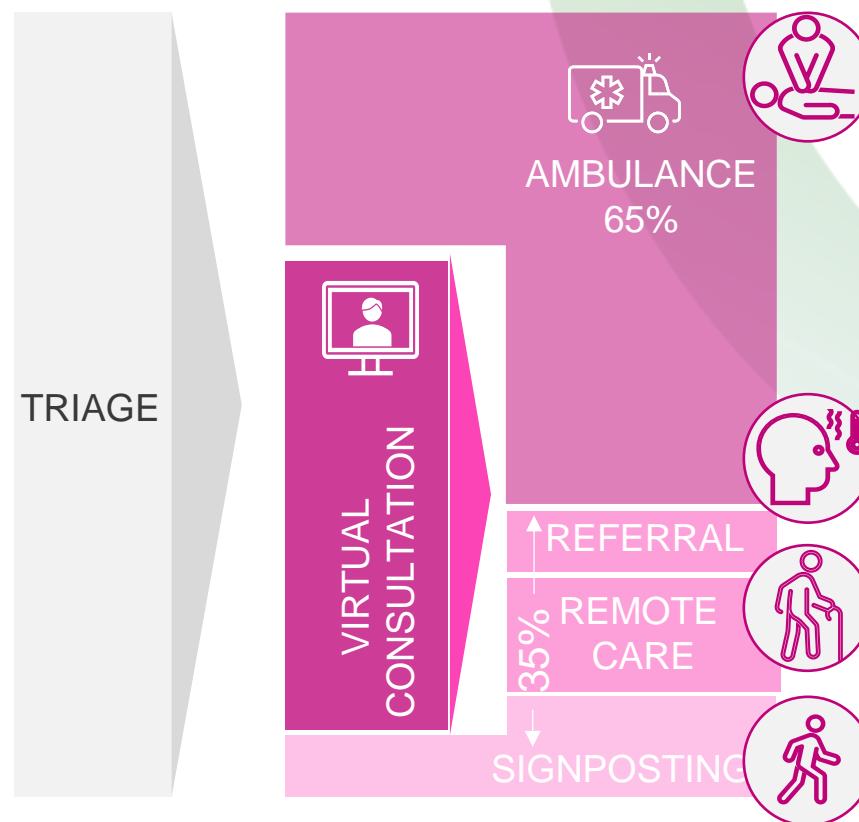


Our Strategy 2024-2029

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.

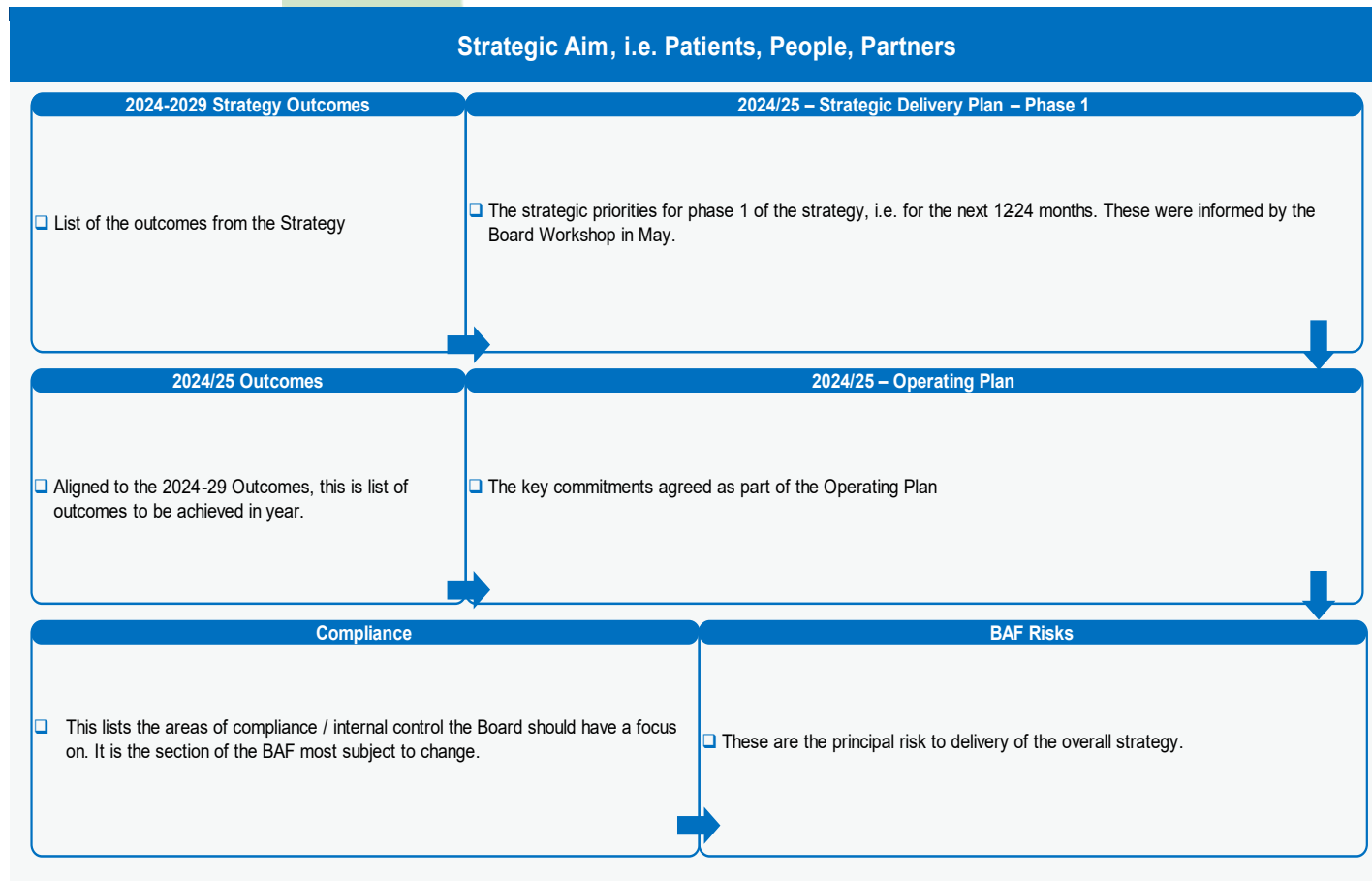


How our Board Assurance Framework (BAF) Works



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 :



- ✦ 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.

Exception reporting will be provided as required following committee oversight

| Board Highlight Report – | | | | |
|-------------------------------------|-----------------|-----------------------|-----------------|--------------|
| Progress Report Against Milestones: | | SRO / Executive Lead: | | Previous RAG |
| Key achievements against milestone | | | | Current RAG |
| 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. |

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We are a sustainable partner as part of an integrated NHS



We Are a Sustainable Partner



We are a sustainable partner

Executive Summary



Financial Position

- ✦ The Trust remains **financially on track** with month 3 year-to-date performance in line with plan. We have secured £5million funding for C2 performance improvements, with an additional £5million anticipated in September, contingent on achieving our response time trajectories.

Partnership Performance

- ✦ Our sustainability strategy heavily relies on **system-wide collaboration** to deliver productivity gains. However, **significant delivery risks** exist around our partnership-dependent initiatives:
 - **UCR acceptance rates:** Target of 60% remains challenging with static performance despite system productivity efforts
 - **Hospital handover improvements:** 2 minutes of our C2 trajectory depends on reducing handover times to 18 minutes average through acute provider partnerships
 - Plans with partner providers are **still in development**, creating trajectory risk.
- However, recent meetings with NHSE and ICS partners have confirmed commitment not to penalise Secamb for system performance under-delivery and endorsed our re-focus on alternatives to ED and escalation of long handover times, plans for which are in progress.

Operational Support Challenges

- ✦ **Vehicle availability** continues to impact our operational sustainability, with Vehicle Off Road (VOR) rates above our 10% year-end target. This directly affects our ability to maintain service levels and is expected to improve C2 response times by ~20 seconds once resolved.

Forward Outlook

- ✦ The Trust is actively **de-risking delivery plans** while preparing contingency measures for potential partnership shortfalls. New vehicle fleet (92 MAN DCAs) expected Q3 will support improved availability.

Key Risk: Under-delivery of recurrent productivity/CIP savings this year will compound the 2026/27 challenge, requiring Board consideration of sustainability planning beyond the current year as we consider our 3-year plans.

We are a sustainable partner as part of an integrated NHS

2024-2029 Strategy Outcomes

- ❑ Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- ❑ Increase utilisation of alternatives to ED - 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) | | | | | | | All year | All year | Claire Webster | EMB | Yes | Chief Strategy Officer | Finance & Investment |
| | | Develop Business Case (SCAS) | | | | | | | Q3 | Q3 | | | | | |
| Multi-Year Plan | | Deliver multi-year plan to support a break-even trajectory. | | | | | | | Dec-25 | Dec-25 | 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 CWO strategy delivery and sustainability, including break-even trajectory. | | | | | | | Mar-25 | Mar-25 | Claire Webster | EMB | No | Chief Strategy Officer | Finance & Investment |
| Digital Enablement | | Implement priority digital initiatives , supporting overarching Trust Strategy | | | | | | | Q4 | Q4 | Reeta Hosein | EMB | Yes | Chief Digital Information Officer | Finance & Investment |
| 2025/26 – Operating Plan | | | | | | | | | | BAF Risks | | | | | |
| Initiative | | Sub-Initiative (if required) | | Current RAG | Previous RAG | Executive Lead | EMB / SMG | PMO | Oversight Committee | Date Last Reviewed @ Committee | Risk Detail | | Risk Score | Target Score | Owner |
| Deliver Financial Plan | Meet CIP Plan of £20.5m | | | | Chief Finance Officer | SMG | No | FIC | 24/7/2025 | | 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 |
| | Deliver £10m efficiencies & eq. £10.5m productivity | | | | | SMG | No | FIC | 24/7/2025 | | | | | | |
| Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2 | | | | | Chief Nursing Officer | EMB | No | People | 31/07/2025 | | 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 |
| Monitor System Led Productivity Schemes - improving alternatives to ED and reducing hospital handovers | | | | | Chief Operating Officer | SMG | No | FIC | 24/7/2025 | | 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 | 06 | CSO |
| Deliver Strategic Estates Review | Creation of Joint 111/999 Centre | | | | Chief Finance Officer | SMG | Yes | FIC | N/A | | 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 |
| | Redevelopment of Corporate HQ | | | | | | | | | | | | | | |
| | Full Trust Estate Review | | | | | | No | FIC | | | | | | | |
| Complete Support Services Review | Make Ready Service Model | | | | Chief Strategy Officer | SMG | Yes | FIC | n/a | | 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 |
| | Vehicle Provision | | | | | SMG | No | FIC | 24/7/2025 | | | | | | |

We are a sustainable partner as part of an integrated NHS

| 2025/26 – Compliance & Assurance | | | | | | |
|---|-------------|--------------|------------------------|---------------------|---------------------------------------|---|
| Compliance Initiative | Current RAG | Previous RAG | Executive Lead | Oversight Committee | Date of Scheduled Review at Committee | Committee Feedback |
| Meet H&SE compliance requirements | | NA | Chief Nursing Officer | People | July 2025 | Overall, the committee has a reasonable level of assurance with our H&S compliance. The internal H&S review reported to the committee in April 2025 demonstrated that H&S is largely viewed positively with good awareness of reporting mechanisms. However, areas of further improvement were identified, including training and managers being clearer on their responsibilities. The safety culture maturity assessment concluded level 3 of 5. The improvement plan aims to achieve level 5, over time, and the committee was content with the progress against this at its July meeting. |
| Vehicle & Driver Safety / Driving Standards | | NA | Chief Strategy Officer | Finance | Sept 2025 | |
| Data Security / Cyber Assurance Framework | | NA | CDIO | Audit & Risk | July 2025 | The annual Data Protection & Security Toolkit, based on the new Cyber Assurance Framework, submitted in June 2025 was largely compliant. However, there are some gaps in assurance related to the Cyber BAF Risk, with the related actions included in the Digital Strategy Implementation Plan scheduled to be received by the Board in August. |

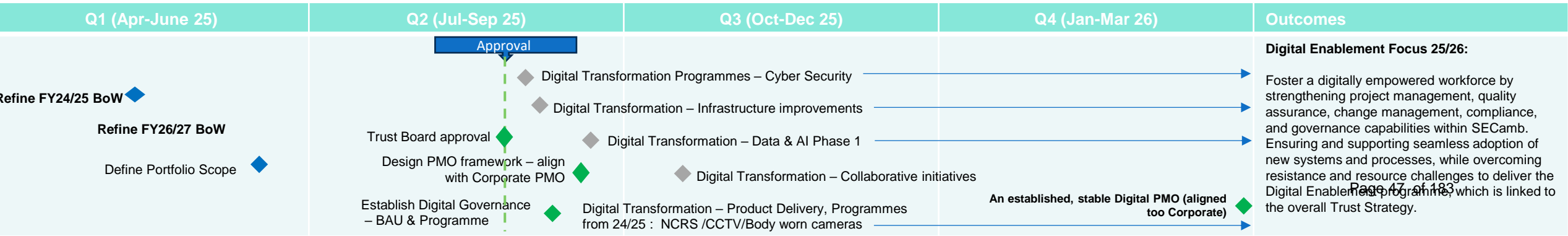
Board Highlight Report – Digital Enablement

SRO / Executive Lead:

Nick Roberts

| Key |
|-----------|
| Completed |
| On Track |
| At Risk |
| Delayed |

| Progress Report Against Milestones: | Risks & Issues: | Initial | Current | Target | Mitigation |
|---|--|---------|---------|--------|--|
| Key achievements against milestone <ul style="list-style-type: none">Implemented a Strategic Foundation:<ul style="list-style-type: none">Completed a re-baseline of FY25-26 Digital Portfolio priorities (under CDIO review)Established a Digital budget allocation framework for revenue and capital spendAligned Governance & Structure:<ul style="list-style-type: none">Aligned Digital PMO with Corporate Governance protocolsEnhanced governance framework with new Finance & Digital Lead subgroupsImproved project request processes and commence PMO structure reviewImproved Risk & Operations:<ul style="list-style-type: none">Implemented Biweekly Digital Risk management via Digital Leadership TeamMajor project deliveries: Shared Care Records (3,500 Care ID accounts in progress) and MDVS completion (final site due 23/07) Upcoming activities and milestones <ul style="list-style-type: none">Robust Project Governance Implementation – A comprehensive and sustainable governance framework for all in-flight projects and portfolios including all required project artefacts and documentation standardsCross-Corporate Collaboration Enhancement - Strengthen relationships with other Corporate workstreams and groups to provide an integrated approach to digital transformation initiativesCritical Programmes:<ul style="list-style-type: none">CCTV Replacement – 31.07.25MDVS Programme Closure & Transition to BAU – 31.07.25, with Lesson Learnt – Aug 25Shared Care Records – Governance and assurance protocols finalised alongside all required artifacts completed and approved – 31.07.25Emergency Services Mobile Communications Programme - A Home Office & DHSC led programme commencing from September 2025 Escalation to Board of Directors <p>None at this time</p> | Budget Sustainability: There is a risk that projects are funded solely through capital without corresponding revenue allocations leading to revenue shortfalls for ongoing costs that causes programme instability and an inability to deliver strategic objectives | 16 | 16 | 8 | Early Financial Planning: Proactive engagement with Finance during planning and business case development ensuring a phased delivery approach to manage financial exposure. Programme Prioritisation: Weighted assessment process aligned to Trust Strategy |
| | Legacy Infrastructure: There is a risk that legacy infrastructure fails during the transformation process leading to significant service disruptions and system outages that causes compromised patient care delivery and operational continuity failure. | 16 | 8 | 4 | Comprehensive System Assessment: Full evaluation of legacy system health and vulnerabilities Robust Business Continuity Planning: Enhanced BCP/DRP with regular testing protocols and 24/7 System Monitoring for early failure detection |
| | Cyber Security: There is a risk that a major cybersecurity incident exploits existing system vulnerabilities leading to data breaches, service disruption, and unauthorised access to sensitive information that causes reputational damage, regulatory non-compliance, and compromised patient data security | 16 | 16 | 12 | Security Operations Center (SOC): implementation this FY with regular vulnerability assessments, security testing and ongoing penetration testing with vulnerability management. Enhanced Security Architecture: Advanced monitoring deployment and network segmentation Workforce Security Training: Staff awareness programmes with multi-factor authentication |
| | Skills & Resource Shortage: There is a risk that insufficient technical skills and resource capacity exist within the organisation leading to delays, reduced quality delivery, or failure to meet transformation objectives that causes programme delivery failure and inability to achieve digital transformation goals | 15 | 12 | 8 | Strategic Workforce Planning: Early recruitment campaigns and succession planning with interim specialist support for critical capabilities Partnership Strategy: Strategic vendor relationships and targeted specialist recruitment Knowledge Management: Structured upskilling and knowledge transfer programmes |
| | Staff Resistance: There is a risk that staff resistance to change occurs across the organisation leading to low adoption rates of new systems and processes that causes transformation programme failure and inability to realise expected benefits | 6 | 6 | 3 | Clinical Champion Networks: Early engagement with clinical and operational leaders Comprehensive Communication Strategy: Multi-channel programme and project communication embedding feedback loops and lessons learnt processes. Phased Implementation: Gradual rollout with tailored training and support programmes |



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

Governance: Provider Collaboration Tier 1 Programme Board formally established in June 2025, providing strategic oversight and governance to oversee delivery across functional initiatives, business case pillars, and programme enablers.

Functional Initiatives: Progress continues across key areas, underpinned by strong cross-organisational relationships, shared best practices, and aligned terminology. Occupational Health contract end dates have been harmonised to March 2026, with similar alignment underway for payroll contracts—enabling joint procurement opportunities that could offer enhanced quality and cost efficiencies compared to individual arrangements.

Joint Executive Meeting (July 2025): A prioritisation review of functional initiatives was undertaken, and priorities were confirmed, ensuring delivery is aligned with available capacity. Clear criteria were established for initiatives placed on hold, supporting focused and achievable progress.

Business Case Development: Continued progress in both clinical and financial modelling, has been made including the development of a joint Medium-Term Financial Planning (MTFP) and quantification of year-one efficiency benefits.

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

Phase 2: Business Case Cont..

- 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:

Initial

Current

Target

Mitigation

Risk: Capacity constraints - There is a risk that limited availability and competing priorities of Executive leaders, Subject Matter Experts (SMEs), and programme delivery resources across partner organisations may impact the timely development, alignment, and delivery of collaboration priorities. This could delay the progression of key workstreams, hinder decision-making, and reduce the effectiveness of the Provider Collaboration Programme.

16

12

8

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. SME and Programme Management resources have been identified for key workstreams.

Risk: Funding Requirements - There is a risk that the necessary funding to support transitional arrangements or joint investments required for the successful implementation of collaboration priorities may not be secured in a timely or coordinated manner. This could delay progress, limit the scope of delivery, or reduce the effectiveness of the proposed changes.

16

16

8

Transitional funding requirements to be identified as part of the financial sustainability component of the business case. Some additional investment is recommended to support business case timelines. SME and programme support provided by both Trusts in a "goodwill" manner.

Risk: Strategic Commissioning - There is a risk that ongoing structural and functional changes within NHSE & ICBs may not align with the objectives, timing, or delivery model of the Provider Collaboration Programme. Variability and instability across the systems could strain efforts to coordinate effectively, potentially leading to delays, duplication, or misalignment.

16

12

6

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.

Q1 (Apr-June 25)

Q2 (Jul-Sep 25)

Q3 (Oct-Dec 25)

Q4 (Jan-Mar 26)

Outcomes



- Enhance patient outcomes through collaboration to ensure high-performing, sustainable services in the short, medium, and long term

Board Highlight Report – Multi-Year Plan

SRO/Executive Lead

Simon Bell







Key

Completed

On Track

At Risk

Delayed

| Progress Report Against Milestones: | | Previous RAG | Current RAG | RAG Summary | | | | |
|--|--|---|-------------|--|---------|---|--|----------------|
| <div>Key achievements against milestone<ul style="list-style-type: none">Basic medium-term financial model already in place, as commissioned as pat on 25/26 operational planning.Board to Board financial case for change discussion enables aligned multi-year planning with SCAS.Initial SECamb/SCAS financial planning group held and assigned leads to T&F groups include the 'Multi-year plan' T&F group.</div> <div>Upcoming activities and milestones<ul style="list-style-type: none">Multi-year financial planning group to meet in first two weeks of June to agree a joint model and timeline of activities for next three months, which will enable delivery of a multi-year plan for both organisations. The plan will include the flexibility to turn on/off collaboration opportunities.</div> <div>Escalation to Board of Directors – None</div> | | | | | | | | |
| | | Risks & Issues: | | Initial | Current | Target | Mitigation | |
| | | Risk: Development could be delayed by working across two organisations | | 6 | 6 | | The model can be run with only one organisations data, therefore development can go ahead without delay. | |
| | | Risk: Resources to undertake development and quality assurance is not available. | | 6 | 6 | | Additional development resource has been acquired. | |
| | | Risk: The requirement for a multi-year plan from NHSE may require a differential approach, assumptions and/or timeline. | | 6 | 6 | | The model will be designed to be flexible to meet the needs of multiple audiences. | |
| Q1 (Apr-June 25) | | Q2 (Jul-Sep 25) | | Q3 (Oct-Dec 25) | | Q4 (Jan-Mar 26) | | Outcomes |
| <div>Initial financial planning meeting with SECamb/ SCAS. </div> <div>Initial multi-year plan T&F group meeting with SECamb/SCAS. </div> | | <div>Draft multi-year plan presented to execs. </div> <div>'Live' multi-year plan presented to execs. </div> | | <div>Multi-year plan used as basis for '26/27 Operational Planning' & 'Case for Change'.</div> <div>'Live' multi-year plan presented to execs. </div> | | <div>'Live' multi-year plan presented to execs. </div> | | Page 49 of 183 |

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 2 = 8 |
| 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

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. Downside risk mitigation planning: Process of identifying downside risk mitigation in place and operating.

Gaps in control: 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. Budgeting errors: Omission of full NQP trainee numbers and TOIL budget in plans has created an additional cost pressure in the order of £1.3m in year.

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 C2 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. Clarification from NHSE that £5m performance funding associated with improvement in C2 trajectory can be earned providing Trust delivers its component of the improvement (to 27 minutes) independent of the 'system' 2 minute improvement. Oversight by NHSE at National, Regional, and local level continues on a monthly basis. Downside mitigation planning in place. This includes estate review coming to September Board development session.

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. Under-delivery of recurrent CIP plans likely.

| | |
|----------------------|--------------------------------------|
| 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 |

| Mitigating Actions planned/ underway | Executive Lead | Due Date | Progress |
|--|----------------|----------------|----------|
| Quarterly review process & non-recurrent mitigations for C2 and recurrent CIP under-delivery | SB | 16th July | On track |
| September Board Development Session on downside mitigation planning, including estate strategy development | SB | 30th September | On track |

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: | Accountable Director | Chief Digital Information Officer |
| Controls, assurance and gaps | Committee | Finance and Investment Committee |
| Controls:. | Initial risk score | Consequence 4 X Likelihood 4 = 16 |
| Gaps in control:. | Current Risk Score | Consequence 4 X Likelihood 4 = 16 |
| Positive sources of assurance: | Target risk score | Consequence 4 X Likelihood 3 = 12 |
| Negative sources of assurance: | Risk treatment | Treat |
| Gaps in assurance: | Target date | Q4 2025/26 |

| Mitigating Actions planned/ underway | Executive Lead | Due Date | Progress |
|--------------------------------------|----------------|----------|----------------|
| | | | |
| | | | |
| | | | Page 52 of 183 |

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

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.

Initial risk score

Consequence 4 X
Likelihood 4 = 16

Current Risk Score

Consequence 3 X
Likelihood 3 = 9

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

Restructure of Digital Directorate

CDIO

Q4 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 Q4.

Business cases to support delivery of digital strategy

HOD

Q3 2025/26

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.

JD Evaluation

CDIO

Q3 2025/26

Complete JDs and Job Re-Evaluations: Finalise the job descriptions and re-evaluations to ensure roles are clearly defined and aligned with organisational goals.

Governance

CDIO/HOD

Q3 2025/26

Detailed Capital plans to support the Digital transformation programme have also been completed which will be controlled via various sub-groups (inc finance and workforce) to track progress and decision making.

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. Successful outcomes from meetings to date

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. Most recent meeting re-stated commitment that Secamb will not be penalised for non-delivery of system productivity.

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 <i>(Down from 16 due to reduced financial consequence)</i> |
| 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 | Complete |
| Refocus system partnership work on alternatives to ED and | CSO / COO | Sep 2025 | Agreement being enacted by SP&T with partnership managers; detailed plans for the work |



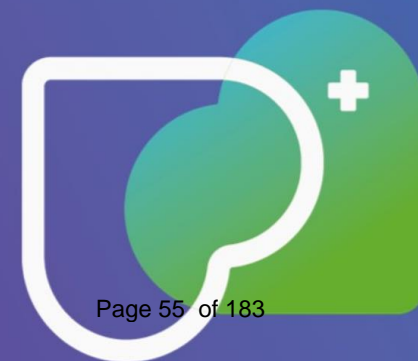
South East Coast
Ambulance Service
NHS Foundation Trust



Integrated Quality Report

Trust Board August 2025

Data up to and including June 2025





What

We continue to develop the refreshed IQR, which now includes the NHSE Oversight Framework segmentation information, and adjustments following feedback at the June Board. The report will continue to be improved over the next reporting cycle.

Performance in June remained strong clinically, but with response time performance deteriorating from the first two months of the year and the C2 mean well above target at over 30min against a target of just under 27min. Productivity metrics were variable in month with H&T rate and H&T clinical call productivity not achieving the trajectory of improvement needed, and challenges delivering both internal and system productivity, although Job Cycle Time and hospital handover times continued to improve. 999 call answer rates remain well ahead of the 5sec AQI standard, although audit compliance remains below the required level, and our 111 performance has been good with continued low conversion to ED dispositions. Workforce indicators are stable but we have not seen the desired improvement in timeliness of our Employee Relations processes as yet, and more work needed to understand underlying drivers of turnover and workforce planning. The financial position is on track YTD but with significant risk in terms of both funding flows related to the delivery of the C2 mean and risks in the delivery of the efficiency programme through the remainder of the year.

So What

Further actions in line with our resilience (winter) plan have been taken aimed at improving C2 and wider response times and embedding improvement ahead of seasonal pressures, to support a timely response to patients. The delivery of internal productivity schemes, and the identification of new actions where needed, will be key to ensuring we remain on track for robust performance and receive related funding flows, enabling us to meet our financial plan.

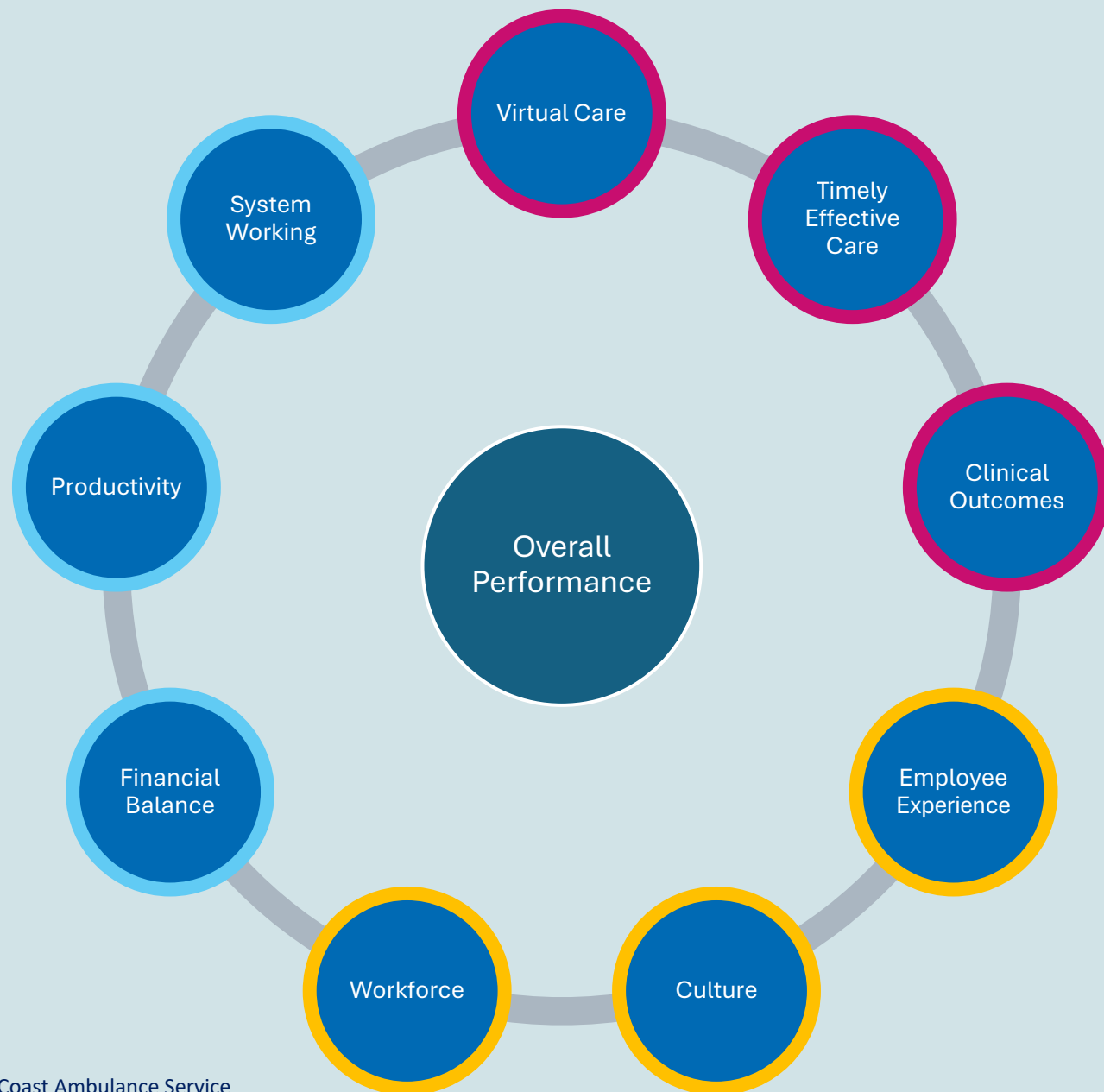
Clinical pathways are being enhanced through continued work on cardiac care and new initiatives around Falls, including education for care homes and greater use of CFRs for falls. Collaborative work between clinical, quality and operational leads is in train to support culture and quality in EOC and address audit non-compliance, while education and training to support productivity expectations within the H&T clinical teams are being put in place. We also continue to work with system partners to improve UCR acceptance rates and hospital handovers, with a focus on escalation and alternatives to ED.

We need to address our employee relations offer and workforce planning to support improvement for our people and leaders, enabling them to deliver for our patients. The divisional structure and leadership teams were formally launched in June and are working to prioritise delivery of performance and quality plans, in partnership with the wider organisation, while designing the new clinical operating model that will support autonomy for local leaders. Corporate restructures including People Services have been implemented and further planning is in progress to determine the future organisational change plan.

What Next

SMG and EMB are focused on the productivity and efficiency plans, with proactive check and challenge and robust oversight processes being put in place to address risks around internal and system productivity delivery, and efficiency schemes. Additional proactive performance actions have been put in place and a resilience (winter) plan framework implemented ahead of seasonal pressures and in line with the NHSE UEC plan. There are also further productivity schemes being worked up and a re-focus of system productivity work on hospital handover escalation and use of alternatives to ED.

A quality summit is planned for August between quality and operational leads to support collaborative work to address culture and clinical challenges in EOC and support audit compliance. Further work to optimise care pathways through the Models of Care programme is in progress, focusing on the 3 priority models of care. People services will be working to revise key policies during Q2/3 to support improved employee relations management while continuing to work to enhance trades union relations and employee experience, building on work to date on sexual safety and FTSU and the Board and Shadow Board focus on these areas.



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 delivered in-year



| | | | | |
|--|--|---|--|---|
| | 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. |

We are a sustainable partner as part of an integrated NHS



Sustainable Partner

What?

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.

Productivity metrics showed variable performance in June. Hospital Handover times continue to improve, while UCR acceptance rate remains static (against an expectation of improvement due to system productivity work) and H&T calls/hr rate is behind its improvement plan, while the operational abstraction rate has increased.

Vehicle availability due to a combination of factors remains low, with our Vehicle of Road rate (VOR) above the target for the end of the year of 10%. Make Ready performance will be included as a supporting metric in future IQRs as a key driver for vehicle availability. The combination of VOR and Make Ready performance are areas of productivity improvement to increase availability for crews on the road.

So What?

The Trust's month 3 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. There are continued challenges in achieving the ambitious productivity improvements planned for 2025/26 both internally and with system partners. The work is ongoing through partnership leads to address UCR acceptance rates however this remains challenging. Further plans are needed internally to improve H&T productivity and abstraction rates and these are being worked up.

Vehicle availability is negatively impacting performance. We don't have a consolidated way of measuring the impact at the beginning of shifts when crews start and vehicles are not available, but the issues are quantified locally. Whilst this is not currently a major performance driver, improving availability is expected to improve C2 response time by end of year by around 20 seconds with a reduction in VOR. The issues are also driven by the FIAT DCAs being more restricted in who can drive them.

What Next?

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. Identification of further downside mitigation for this year (likely to be non-recurrent) and next year (more recurrent) will be necessary. Under-delivery of recurrent CIP this year will magnify the CIP/productivity challenge in 26/27 given the implications of June's CSR. It is important that the Board considers the CIP plan, recurrency of savings, and the impact of any non-delivery into 26/27. A particular area of focus from NHSE will be how (quickly) organisations are de-risking CIP delivery throughout 25/26.

System productivity work will be re-focused on long hospital handover escalation to address excessive waits over 30min, and on use of alternatives to ED such as SDEC. Internally a robust training and productivity expectation setting plan is being put in place in EOC clinical in partnership with clinical and quality colleagues. The divisional teams are focusing on proactively managing abstractions including improving compliance with and oversight of policies such as absence management.

The new MAN DCA vehicles (92) and electrics DCA Fords are expected from Q3 25/26. We are exploring a combination of slightly increasing the fleet size as a short-term measure to improve availability during transition, and the new MAN vehicles should support an improvement in availability. The Make Ready changes done in the contract in Q1 and from Winter 24 have shown an improvement in throughput which will be shown once the data is included.

We are a sustainable partner as part of an integrated NHS

| | |
|---|-----------------------|
| 1 | Tier 1 |
| 2 | Tier 2 |
| 3 | QI |
| 4 | 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 Case for Change (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
- ❑ Reduce Vehicle off Road Rate – 11-12%
- ❑ Achieve over 90% Compliance for Make Ready

2025/26 – Operating Plan

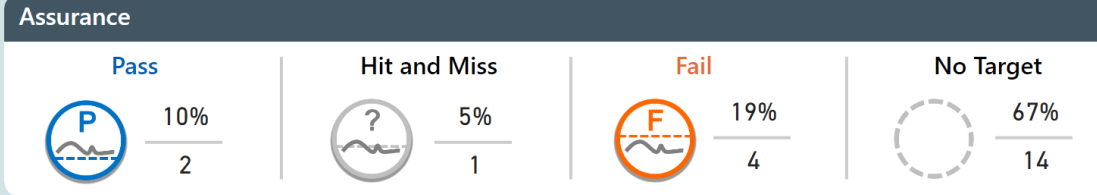
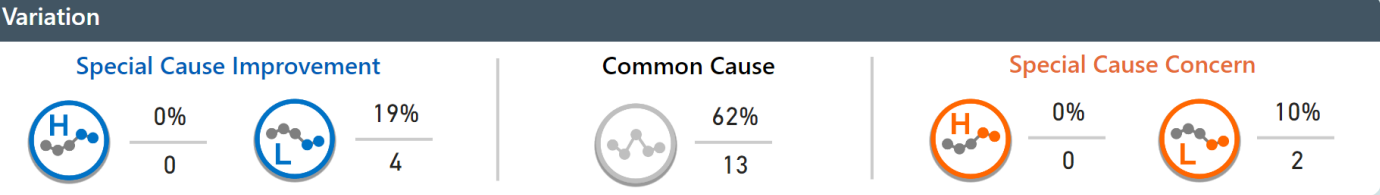
- ❑ Deliver **Financial Plan**
 - ❑ Meet CIP Plan of £23m (Efficiencies - £10m; Clinical productivity – eq. £10.5m)
- ❑ Deliver **strategic estates review** (inc. Trust HQ refurbishment - 111/999 Contact Centre & Corporate Floor) 2
- ❑ Implement H&S improvement plan to progress Trust to Level 4 of maturity 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.



| Productivity | | | | | | | |
|--|--|--------|----------|----------|----------|---|---|
| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
| Board | % of DCA vehicles off road (VOR) | Jun-25 | 16.2% | 10% | 15.6% |  |  |
| Board | Number of RTCs per 10k miles travelled | Jun-25 | 0.6 | | 0.8 |  | |
| Board | Handover Time Mean | Jun-25 | 00:17:57 | 00:17:30 | 00:19:09 |  |  |
| Board | Hear & Treat per Clinical Hour | Jun-25 | 0.5 | | 0.5 |  | |
| Board | See & Convey to ED % | Jun-25 | 52.2% | | 52.3% |  | |
| Board | See & Convey to Non-ED % | Jun-25 | 2.4% | | 2.8% |  | |
| Board | UCR Acceptance % | Jun-25 | 18.9% | 60% | 20.3% |  |  |
| Supporting | 111 to 999 Referrals (Calls Triage) % | Jun-25 | 6% | 13% | 6.5% |  |  |
| Supporting | % of SRV vehicles off road (VOR) | Jun-25 | 3.9% | | 5.1% |  | |
| Supporting | Critical Vehicle Failure Rate (CVFR) | Jun-25 | 108 | | 100.1 |  | |
| Supporting | Vehicles Off Road (VOR) % | Jun-25 | 14.9% | 10% | 14.4% |  |  |
| Supporting | 999 Operational Abstraction Rate % | Jun-25 | 28.5% | 32.4% | 22.4% |  |  |
| Supporting | Hear & Treat Recontact within 48 Hours % | Jun-25 | 2.2% | | 2% |  | |
| Supporting | Hours Lost at Handover as a Proportion of Provided Hours % | Jun-25 | 0.9% | | 1.1% |  | |
| Supporting | Number of Hours Lost at Hospital Handover | Jun-25 | 2647 | | 3343.2 |  | |
| Pending metric: Make Ready Compliance % - Data not available to BI/Not currently collected | | | | | | | |
| Pending metric: Rate of Admission from ED - Needs to be defined | | | | | | | |

| Health & Safety | | | | | | | |
|-----------------|---|--------|-------|--------|-------|---|---|
| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
| Board | Health & Safety Incidents | Jun-25 | 30 | | 35.6 |  | |
| Board | Organisational Risks Outstanding Review % | Jun-25 | 29.9% | 30% | 29.2% |  |  |
| Supporting | Number of RIDDOR Reports | Jun-25 | 8 | | 9.4 |  | |
| Supporting | Manual Handling Incidents | Jun-25 | 17 | | 24.1 |  | |
| Supporting | Violence and Aggression Incidents (Number of Victims - Staff) | Jun-25 | 126 | | 120.9 |  | |

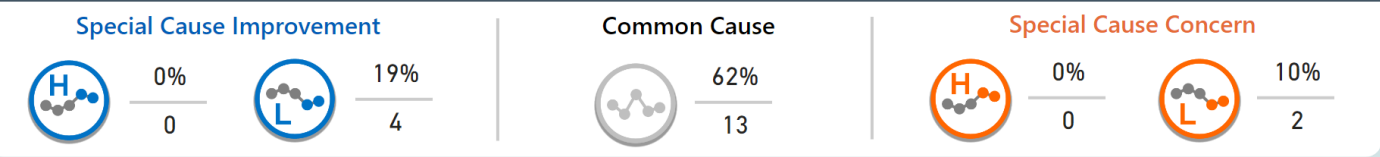
| Finance | | | | | | |
|------------|---------------------------------|--------|-------|--------|--------|--|
| Type | Metric | Latest | Value | Target | Mean | |
| Board | Surplus/Deficit (£000s) Month | Jun-25 | -865 | -2 | -46 | |
| Supporting | Agency Spend (£000s) Month | Jun-25 | -78.2 | -161 | -249.8 | |
| Supporting | Capital Expenditure (£000s) YTD | Jun-25 | 1672 | 28259 | 9290.3 | |

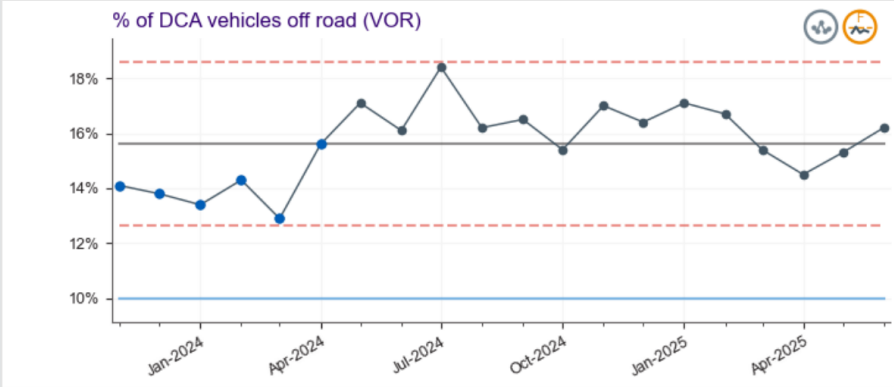
| Efficiency | | | | | |
|------------|---|--------|-------|---------|--------|
| Type | Metric | Latest | Value | Target | Mean |
| Board | Cost Improvement Plan (CIP) (£000s) Month | Jun-25 | 480 | | 1437.6 |
| Board | Cost Improvement Plans (CIPS) (£000s) YTD | Jun-25 | 484.2 | 1243.76 | 9472.7 |

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

Variation





FL-4

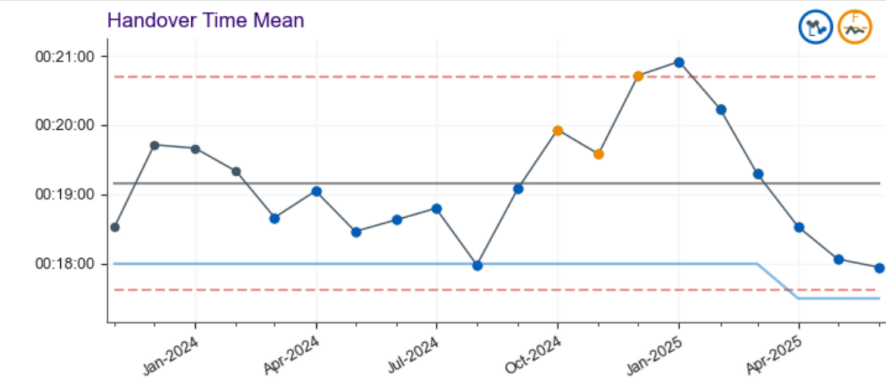
Dept: Fleet

Metric Type: Board

Latest: 16.2%

Target: 10%

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



999-39

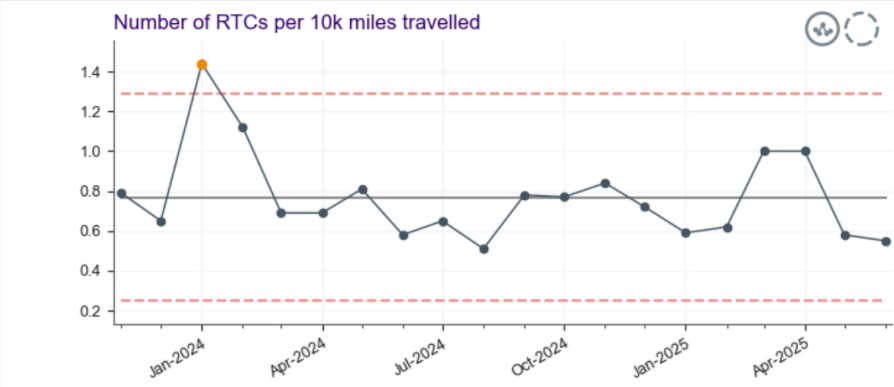
Dept: Operations 999

Metric Type: Board

Latest: 00:17:57

Target: 00:17:30

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.



FL-2

Dept: Fleet

Metric Type: Board

Latest: 0.6

Common cause variation, no significant change.

Number of RTCs per 10K miles travelled

What?

No significant change to RTCs per 10k travelled.

So what?

RTC's reduce vehicle availability and increase VOR, The repair times and costs to fix these vehicles post RTC is high having a negative impact on the Trust both operationally and financially.

What next?

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

What?

This has continued to improve and we are currently 27 seconds above the target of 17.30.

So what?

Work will continue to support meeting the target

What next?

Continue to be an area of clinical operations with a focus with system partners to support meeting our C2 mean. we will be focusing on escalation of longer handovers and use of alternatives to ED such as SDEC.

% of DCA Vehicles off road (VOR)

What?

Current DCA VOR rate at 16.2%

So what?

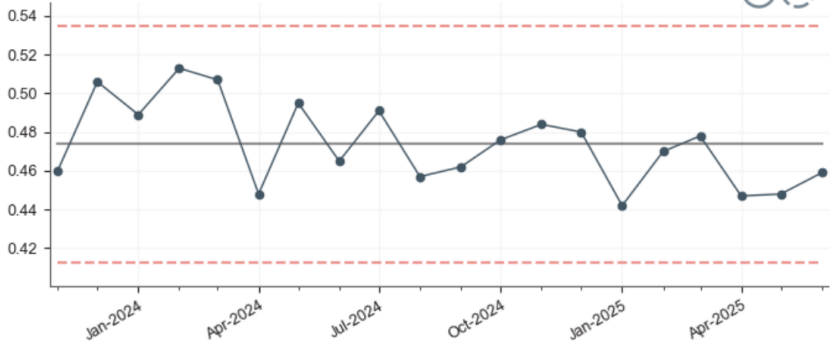
Parts supply for FIAT DCA spares is still challenging with multiple parts still back ordered to Italy. This is the main driver of the increased VOR over the last 12 months along with aging fleet..

What next?

Due to the reliability of the Fiat 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 has arrived in Trust for staff feedback with the first vehicles of our orders expected to become operational by the end of Q2 2025/26.



Hear & Treat per Clinical Hour



999-41

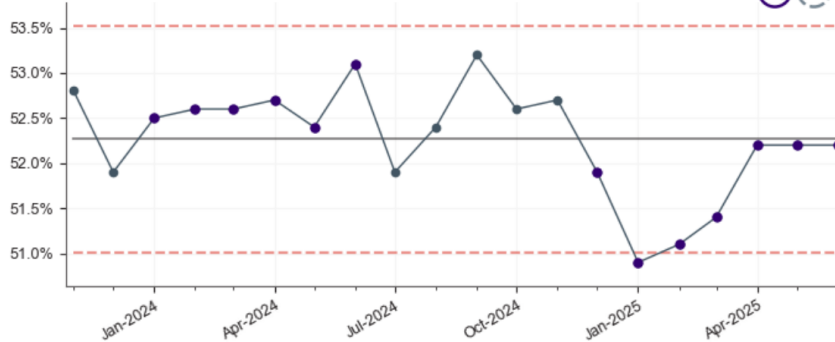
Dept: Operations 999

Metric Type: Board

Latest: 0.5

Common cause variation, no significant change.

See & Convey to ED %



999-9

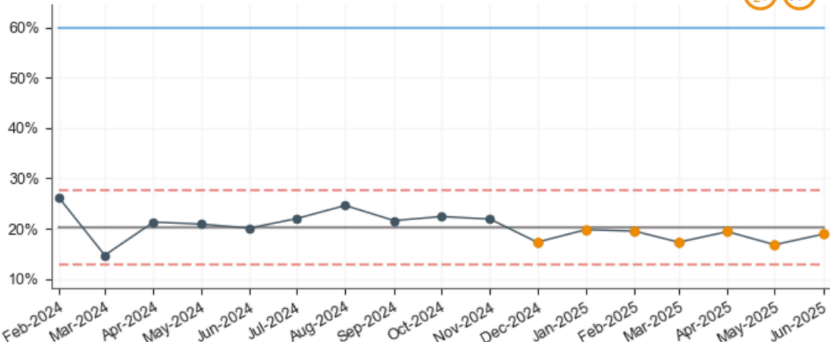
Dept: Operations 999

Metric Type: Board

Latest: 52.2%

Special cause variation where DOWN is neither improvement or concern

UCR Acceptance %



999-40

Dept: Operations 999

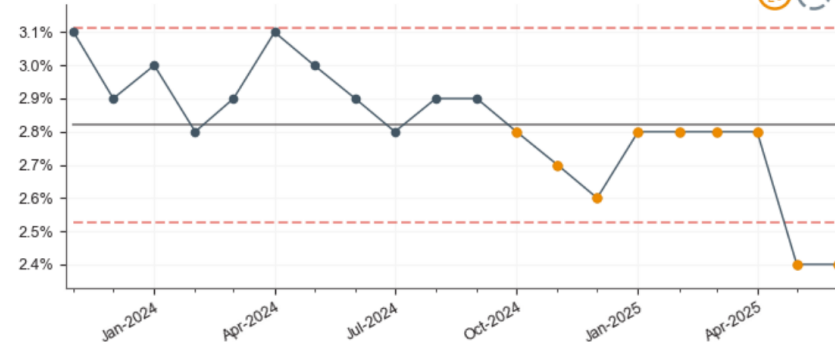
Metric Type: Board

Latest: 18.9%

Target: 60%

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.

See & Convey to Non-ED %



999-9

Dept: Operations 999

Metric Type: Board

Latest: 2.4%

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

UCR Acceptance Rate

What?

In June, 18.95% of 1,082 incidents referred via the UCR portal were accepted (n=205). While Medway's recent go-live has contributed to a marginal increase in referrals, the majority (81%) were rejected due to no response (36%), clinical inappropriateness (32%), or capacity issues (23%). Acceptance rates varied significantly across the region, with North West Surrey at 57% and the lowest-performing area at 4.7%.

So what?

Acceptance rates remain below desired levels, with wide variation across geographies and services. Most UCR services are already operating at or near capacity, limiting the potential impact of increased referrals. Rejection patterns indicate both systemic issues (e.g., response delays, capacity constraints) and clinical misalignment between referrals and service scope.

What next?

Targeted actions are underway, including clinical deep dives in Surrey, provider engagement in Sussex following internal restructures, and addressing GP referral volumes impacting capacity in some areas. In Kent & Medway, phased UCR portal rollout remains a key priority for 2025. Medway is live with improvement meetings in place; North Kent will go live pending governance sign-off, and a pilot will begin in West Kent imminently.

Hear and Treat per Clinical Hour

What?

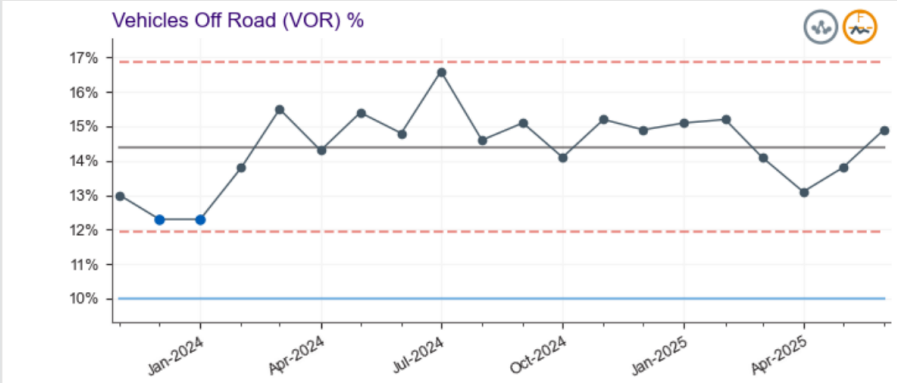
A key focus for the Trust is to drive virtual clinician productivity as part of the Virtual Care Tier 1 programme is improve the H & T generation per clinical hour provided, in addition to increasing the volume of H & T capacity via the dual training of paramedics to support clinical validation and assessments via C2 segmentation and C3/C4 clinical validation in the Unscheduled Care Navigation Hubs. Although the overall Hear & Treat outcomes per hour is trending upwards in Q1 of 25/26, it is still below target.

So what?

The Hear and Treat finished at 15.5% for the month of June, with 4.1 % attributable to EMA activity. Almost 34% of eligible C2 incidents underwent a clinical assessment as part of C2 segmentation (2% increase on previous month), with 17% downgraded to a C3/4 disposition and more than 28% downgraded to a non-ambulance disposition. There is real variability in Hear and Treat rates each day with different contributing factors to the higher levels which gives a challenge to being able to deliver the target levels consistently.

What next?

As part of the Virtual Care working group, it has been identified that clinicians undertaking virtual care need clinical education and further training, to enhance their skills and help them to become more competent and confident when undertaking virtual care. This will generate a higher degree of downgrades and increased Hear & Treat.



FL-13

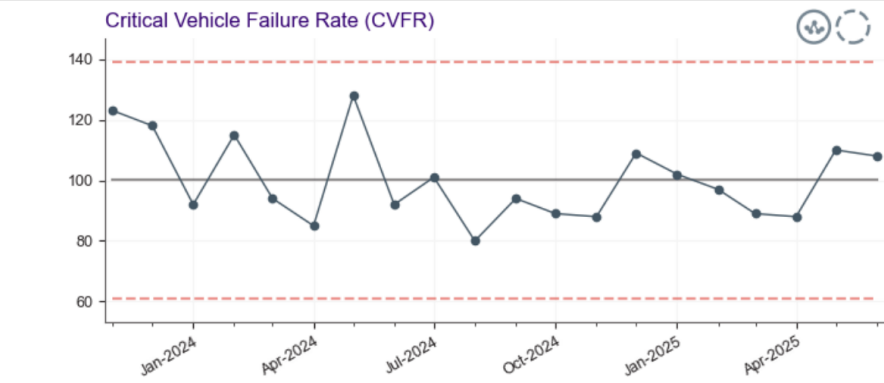
Dept: Fleet

Metric Type: Supporting

Latest: 14.9%

Target: 10%

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



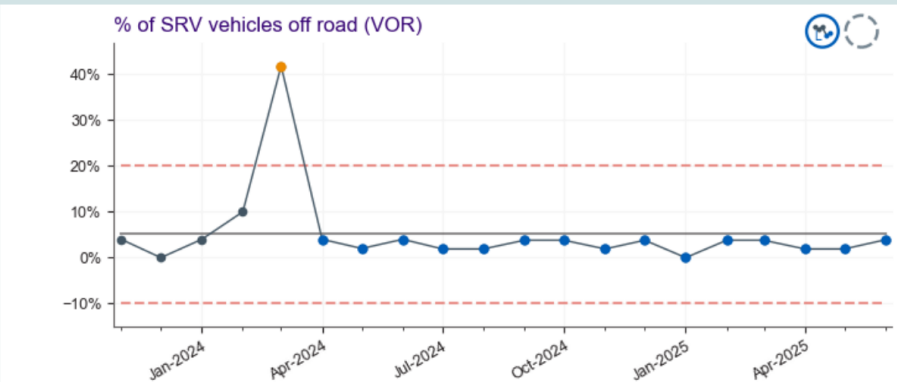
FL-12

Dept: Fleet

Metric Type: Supporting

Latest: 108

Common cause variation, no significant change.



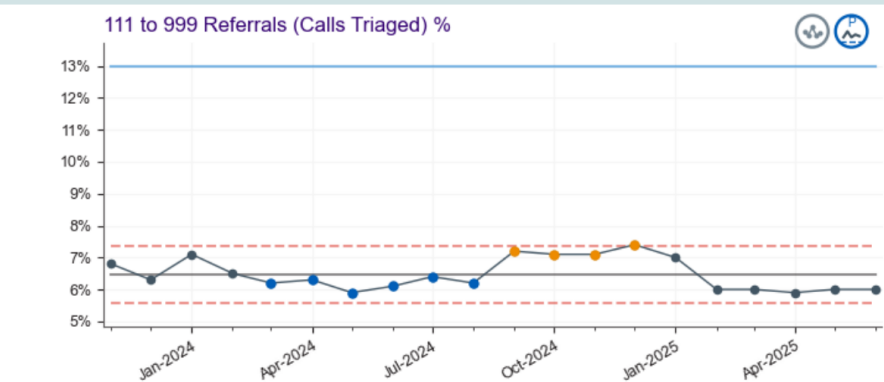
FL-5

Dept: Fleet

Metric Type: Supporting

Latest: 3.9%

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



111-4

Dept: Operations 111

Metric Type: Supporting

Latest: 6%

Target: 13%

Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Vehicle Off Road (VOR) %

What?
Have seen a slight increase to VOR rate over the last two months.

So what?
An increase in VOR has an impact on daily vehicle availability that can negatively impact operational hours as these hours are lost due to crews not having an operational vehicle ready for the start of their shift.

What next?
The 97 new DCAs will offer further improvements on VOR rates 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 which will be considered as part of the Trusts phase 2 restructure..

% of SRV vehicles off road (VOR)

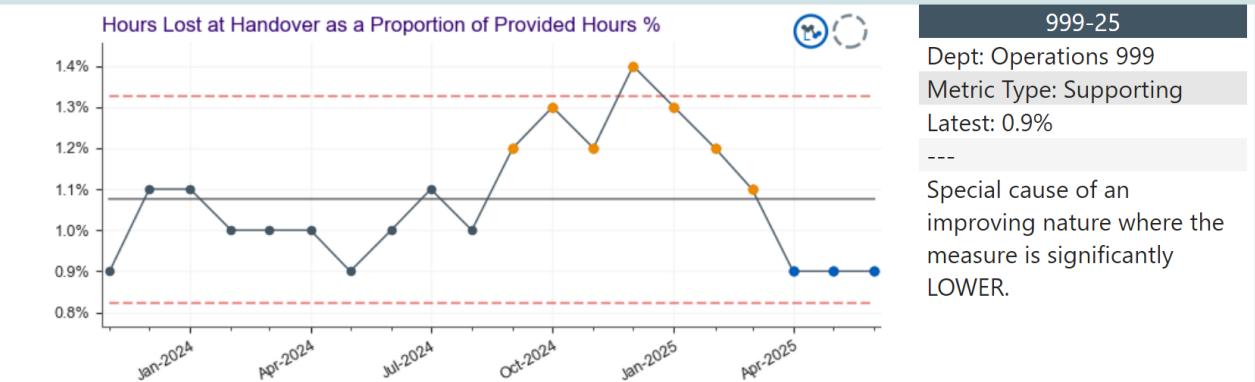
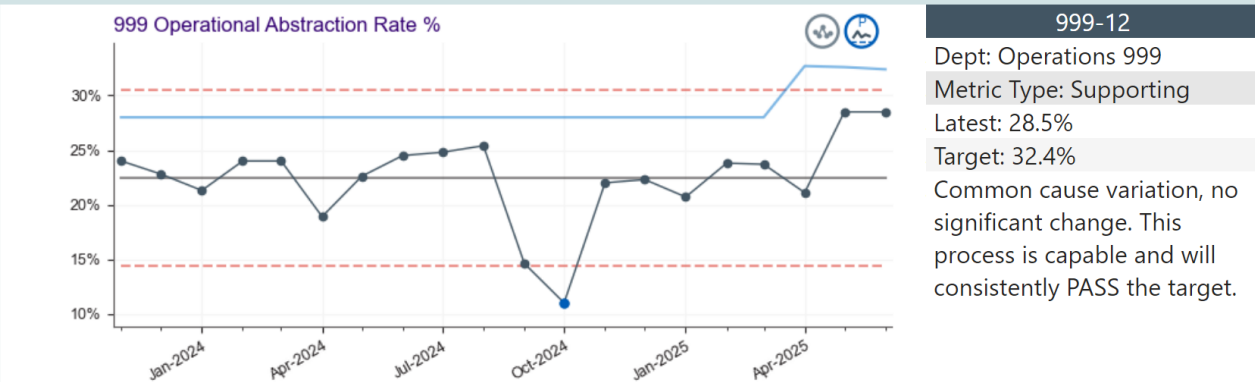
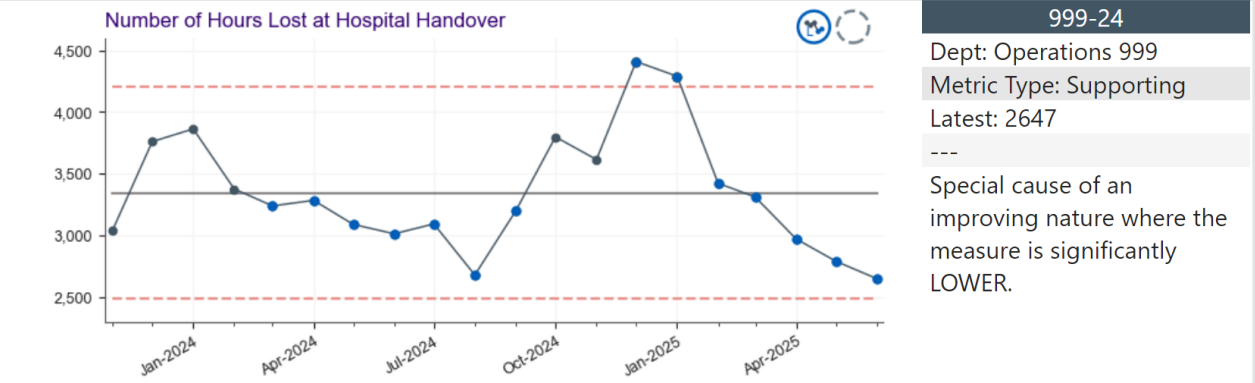
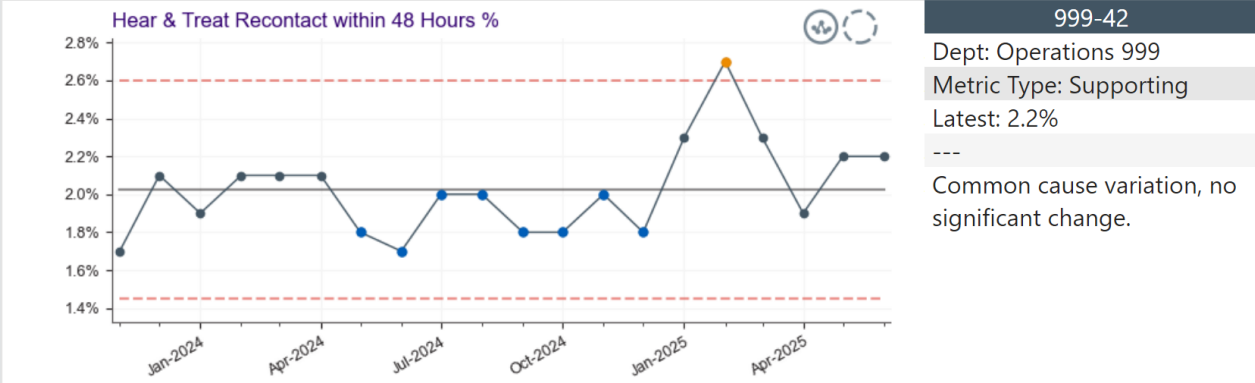
SRV VOR % remains stable due to all vehicle being within their agreed replacement life cycle.

Critical Vehicle Failure Rate (CVFR)

What?
Have seen a slight increase to CVFR in recent months

So what?
Have seen a slight increase in CVFR this is mainly due to vehicle age and the reliability of the Fiat product.

What next?
New DCAs are expected to be delivered end of Q2 that will reduce average fleet age and vehicle reliability.



Hear & Treat Recontact

What? Contact from patients who have received a Hear & Treat outcome (alternative disposition to ambulance dispatch) remains relatively low and is trending downwards.

So what? H & T recontact is a measure of clinical effectiveness and needs further analysis to evaluate risk and the impact of the Hear & Treat intervention.

What next? The Trust will be incorporating this metric in its new Virtual Care productivity dashboard, to ensure that the quality and impact of virtual care can be recorded and reviewed.

999 Operational abstraction

What? Abstraction rates in May and June increased from previous months.

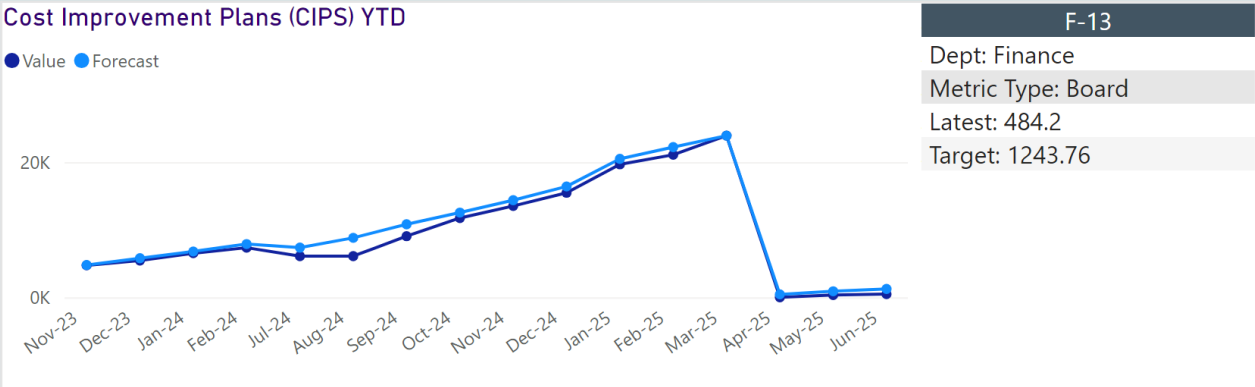
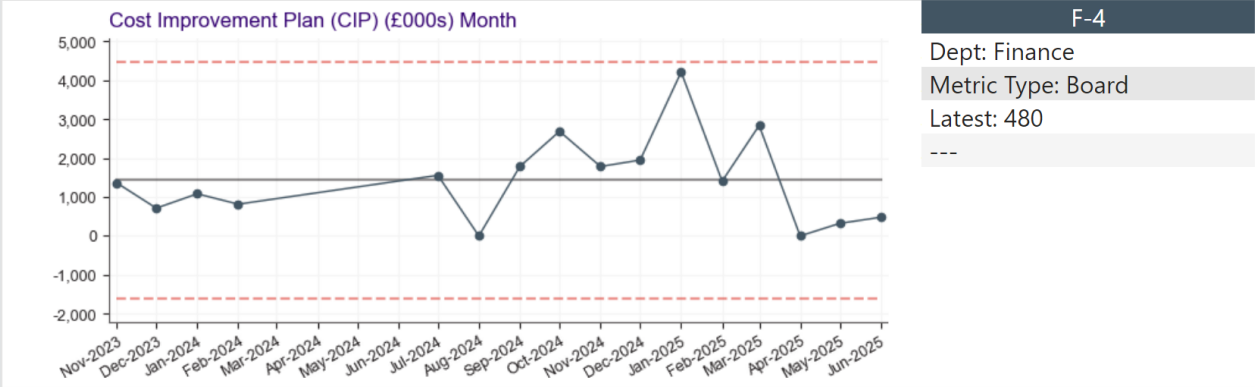
So what? There are a number of factors that combined to cause this increase: Implementation of a revised Key Skills programme with additional number of hours and delivery schedule weighted to months such as May June and July to reduce pressure on months with higher demand challenge. High annual leave rates as per policy upper limit.

What next? Oversight of abstraction rates is undertaken by the Divisional Directors at the Divisional Management Meetings. Each Operating Unit Manager is required to report monthly on levels of abstraction to provide assurance that all staff absent from the workplace are appropriately supported and managers are following Trust policy consistently. Longer term work on updated Trust policies and procedures is ongoing with HR colleagues.

What? Hours lost to Hospital Handovers continue to improve

So what? The number of hours lost due to handovers is improving as we continue to focus on this priority area with all system partners working collaboratively on an agree plan.

What Next? We continue to focus on this with system partners as a key productivity scheme that will contribute to improvements in the C2 mean, including looking at escalation processes to avoid long handover times and using SDEC and UTC more effectively.



What?
We are £0.4m off-target in achieving £0.8m, compared to the plan of £1.2m at the end of quarter 1.

So what?
The Trust must deliver £9.2m of the efficiency target of £10.0m within the next ten months to achieve the underlying efficiency target and reach the breakeven position.

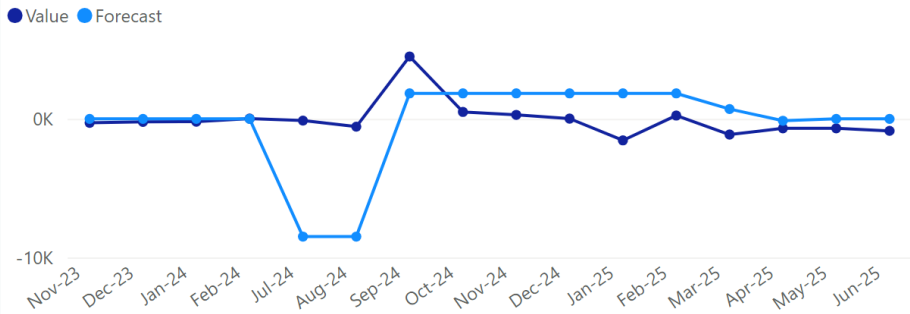
- What next?**
Advance “validated” and “scoped” schemes of £1.7m and £1.3m respectively through Executive Director and/or Quality Impact Assessment (QIA) approval and move them to the delivery stage.
- Expedite the completion of templates and financial validation for the £1.1m proposed schemes.
 - Minimise risks associated with the identified schemes by speeding up the implementation of policy and process changes.
 - Ensure compliance with the budget, including the efficiency target.

What?
The current forecast gap is £6.6m based on the £3.4m fully validated schemes that have moved to the delivery phase, compared to the target of £10m. Furthermore, the existing pipeline schemes of £7.6m, excluding the £3.4m fully validated schemes, are £4.2m. However, most of the high-value schemes are contingent on the achievement of milestones, including policy changes, which means only part savings will be realised this financial year.

So what?
The current number of schemes is still below the planned target, and more initiatives are required to mitigate the shortfall. Additionally, 74% of the expected efficiency savings are anticipated in the second half of the year, which may be challenging due to operational winter pressures.

What next?
The Productivity and Efficiency Team, alongside Finance Business Partners (FBPs), is working with the Senior Management Group and scheme leads to advance schemes through to the delivery phase and identify new initiatives to close the gap.

Surplus/Deficit (£000s) Month



F-6

Dept: Finance

Metric Type: Board

Latest: -865

Target: -2

What?
The Trust is reporting a £2.2m deficit for the 3 months to June 2025, this is as plan.

So what?
The deficit year to date position is in part due to the impact of CIP being planned more towards the second half of the year.

What next?
The Trust is confident in meeting its financial plan for 2025/26

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

So what?
The Trust will not be receiving any deficit support funding to achieve this.

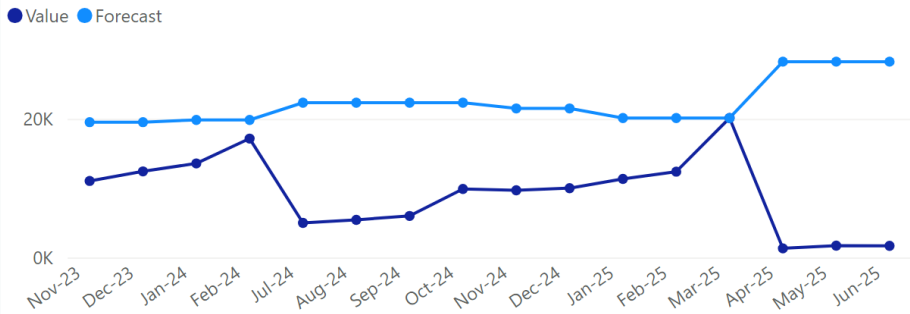
What next?
However, additional ambulance growth funding has been allocated to enable the Trust to deliver a further improvement in C2 mean to 25 minutes for 2025/26.

This plan is supported by the £22.6m efficiency target, £10m cash releasing (as mentioned above) and £12.6m from productivity improvements helping it to meet its performance target.

The Trusts cash position is £23.4m as at 30 June 2025.

Page 70 of 183

Capital Expenditure (\$000s) YTD



F-14

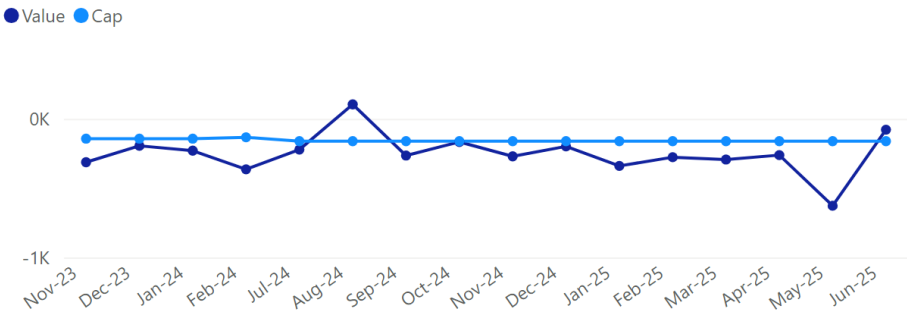
Dept: Finance

Metric Type: Supporting

Latest: 1672

Target: 28259

Agency Spend (£000s) Month



F-8

Dept: Finance

Metric Type: Supporting

Latest: -78.2

Target: -161

What?

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.

So what?

The capital spend for 2024/25 covered improvements in Digital, Estates and Fleet (including Medical equipment).

What next?

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 June 2025, the Trust has spent £1.7m, this is £1.3m ahead of plan, due to the timing of purchased assets.

The Trust is confident in meeting its capital plan for 2025/26

What?

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.

So what?

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.

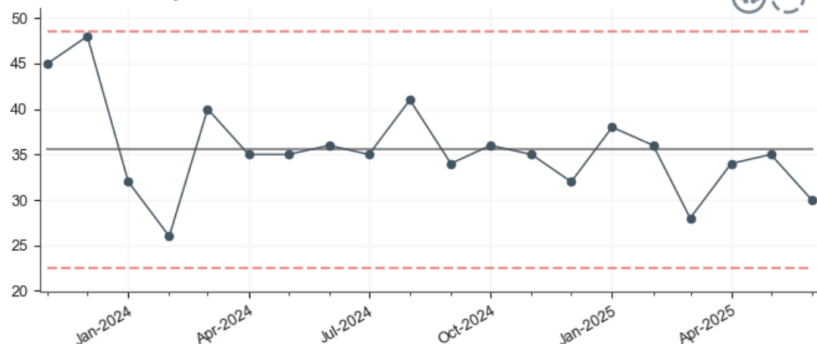
What next?

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

For the year to June 2025 the Trust is £222k above this plan to provide the clinical resource whilst recruitment is underway.



Health & Safety Incidents



QS-20

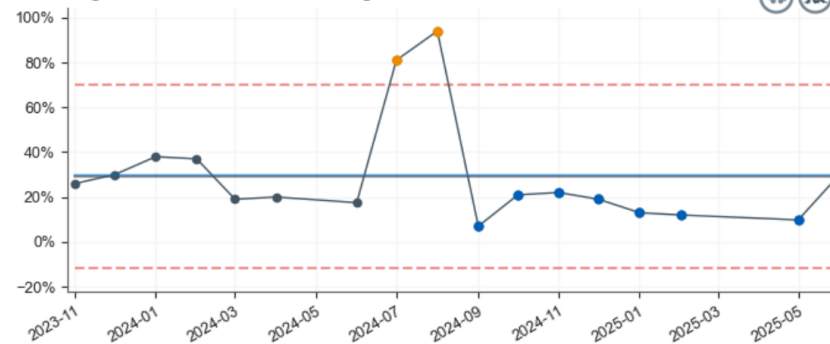
Dept: Quality & Safety

Metric Type: Board

Latest: 30

Common cause variation, no significant change.

Organisational Risks Outstanding Review %



QS-24

Dept: Quality & Safety

Metric Type: Board

Latest: 29.9%

Target: 30%

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

What? A total of 35 Health & Safety incidents was reported by staff in May 2025, decreasing to 30 incidents in June 2025. These figures are broadly comparable to the same period in the previous year. All incidents reported during this period were classified as low harm.

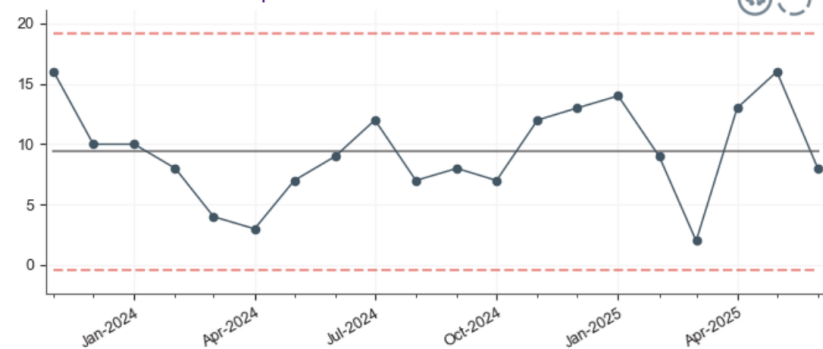
So what? Although incident numbers remain stable and low in severity, they highlight the ongoing need for vigilance to prevent harm to staff. The consistency suggests existing controls are largely effective but also reinforces the importance of continued improvement to reduce avoidable incidents, support staff wellbeing, and maintain trust in our safety culture.

What next? To support a proactive and preventative safety culture, the following key initiatives are underway in 2025:

- Additional internal Health & Safety reviews to identify local risks and best practice Roll-out of Health & Safety culture questionnaires to understand staff attitudes and opportunities for improvement.
- Establishment of a Musculoskeletal (MSK) Injury Reduction Working Group to address one of our most common injury types.
- Attainment of IOSH accreditation to deliver the IOSH Managing Safely course internally, building management capability and safety leadership.
- Benchmarking key metrics with other Ambulance Trusts to identify learning and drive improvement.



Number of RIDDOR Reports



QS-9

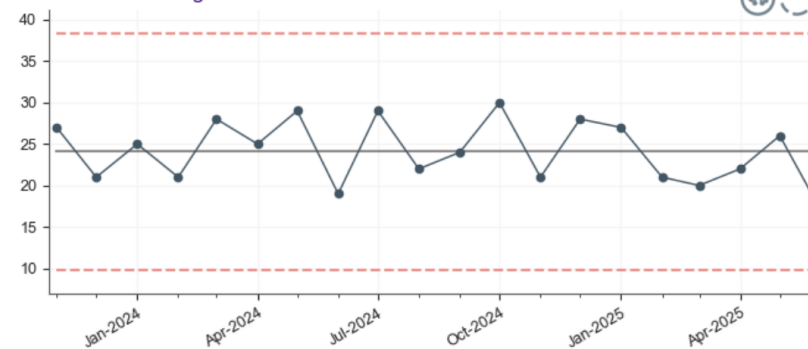
Dept: Quality & Safety

Metric Type: Supporting

Latest: 8

Common cause variation, no significant change.

Manual Handling Incidents



QS-22

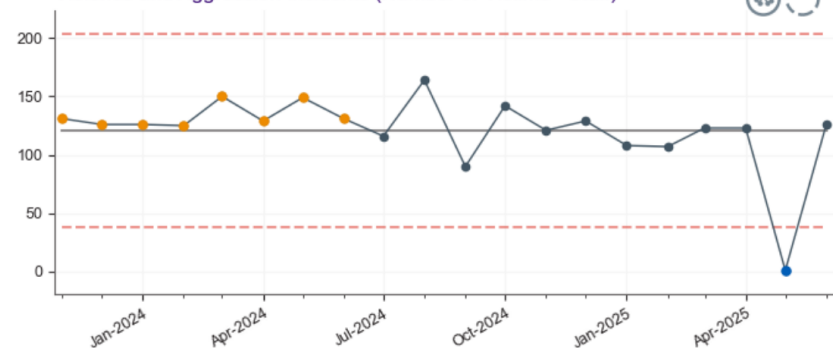
Dept: Quality & Safety

Metric Type: Supporting

Latest: 17

Common cause variation, no significant change.

Violence and Aggression Incidents (Number of Victims - Staff)



QS-13

Dept: Quality & Safety

Metric Type: Supporting

Latest: 126

Common cause variation, no significant change.

Manual Handling Incidents

What? A total of 26 Manual Handling incidents were reported by staff in May 2025, and 17 incidents in June 2025.

So what? Manual Handling incidents remain a key contributor to staff injuries, posing ongoing health and safety risks. These incidents can lead to musculoskeletal injuries, staff absence, and increased operational pressures.

What next? 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.

Violence & Aggression Incident Reporting

What – Reports of violence and abuse have seen a reduction for 9 out of the last 10 months.

So what – Call handler incidents are the main reduction in incidents and assaults have remained stable at an average of 27 per month.

What next – Communication campaign to understand possible under reporting of call handler incidents. Conflict resolution training continues with CFR colleagues receiving training.

111 Violence and Abuse incidents were reported by staff in May 2025 and 124 incidents in June 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 9 of the last 10 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 86% 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 2500 staff have received training / Continued support for body worn cameras

RIDDOR

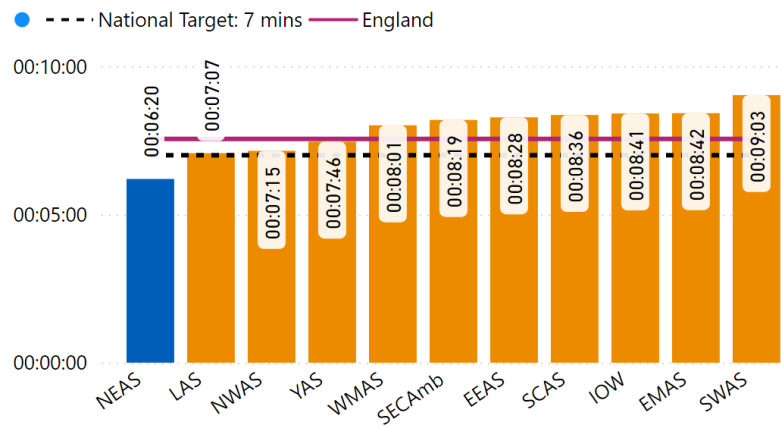
What? During May 2025, the Trust reported 16 RIDDOR incidents to the Health and Safety Executive (HSE). In June 2025, 8 RIDDOR incidents were reported.

So what? On-time reporting improved significantly across all months, indicating better compliance and process efficiency.

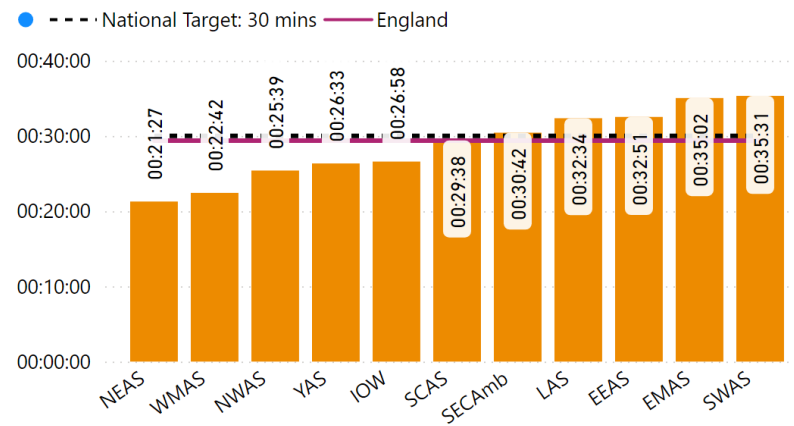
What next?

Musculoskeletal (MSK) injuries remain 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 target areas for improvement. Additionally, we are exploring learning opportunities from all RIDDOR-reported incidents to inform preventative actions and enhance staff safety going forward.

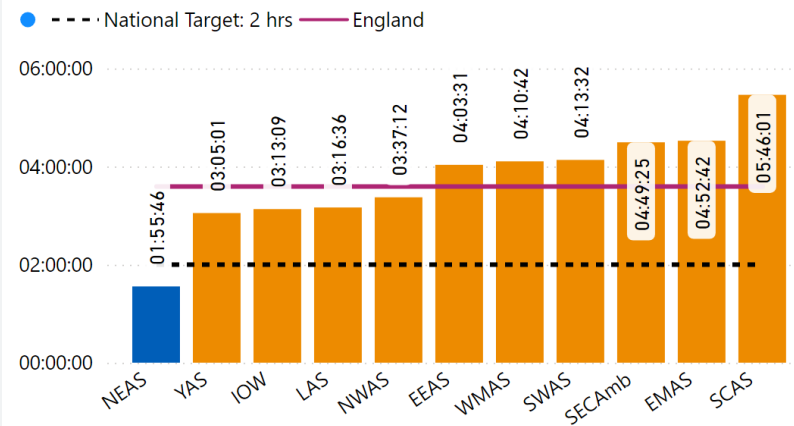
Mean Response Time: C1



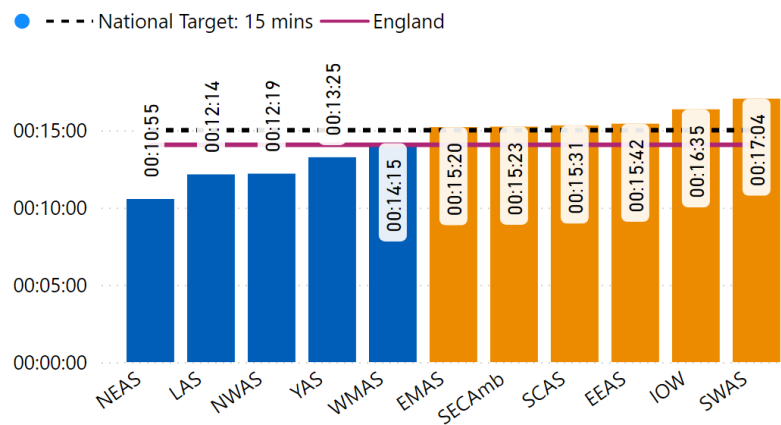
Mean Response Time: C2



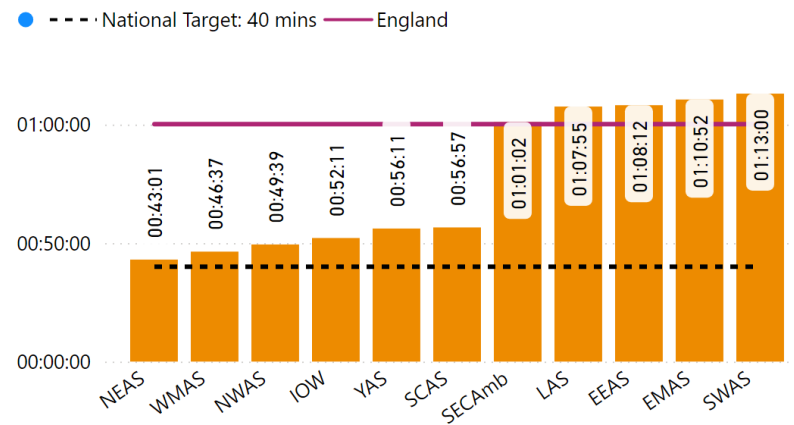
90th Centile Response Time: C3



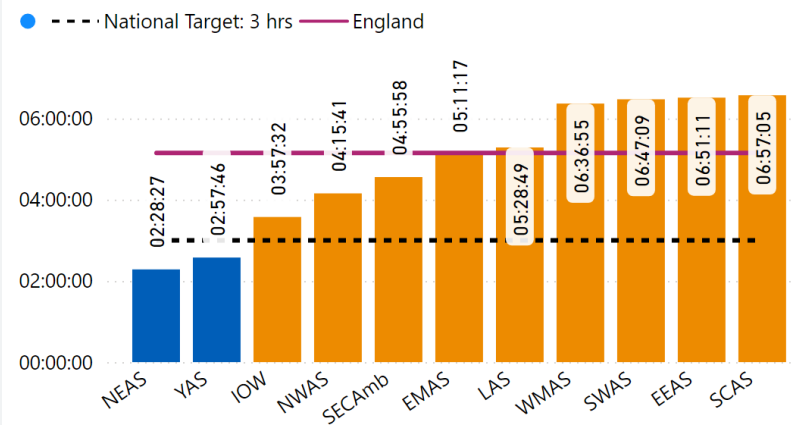
90th Centile Response Time: C1



90th Centile Response Time: C2

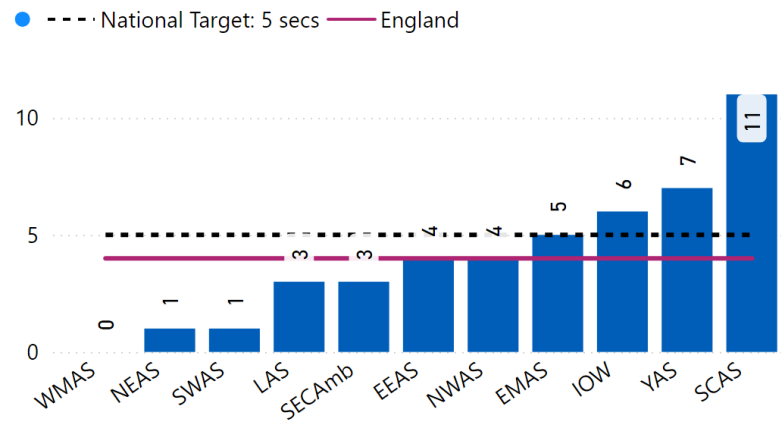


90th Centile Response Time: C4

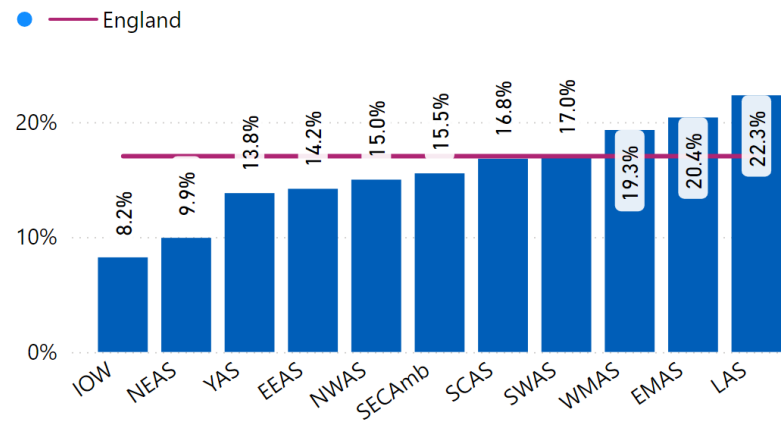


Summary:
•Overall SECamb's AQI performance deteriorated in June however, the Trust continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times. All Trusts are being challenged to improve their C2 mean in the coming year in line with NHSE guidance.

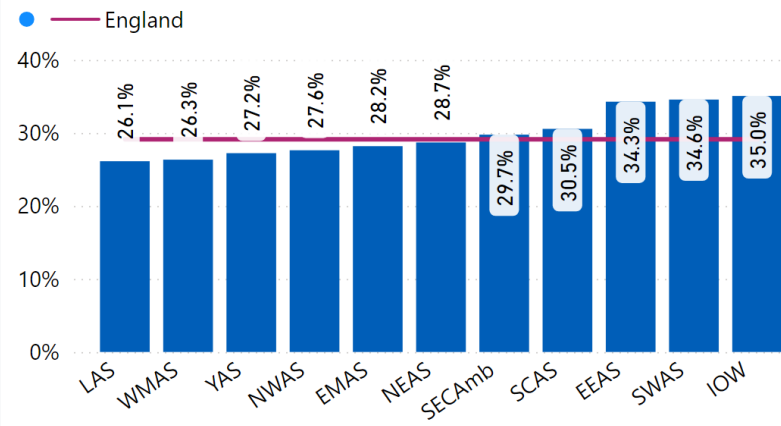
Mean Call Answer Time



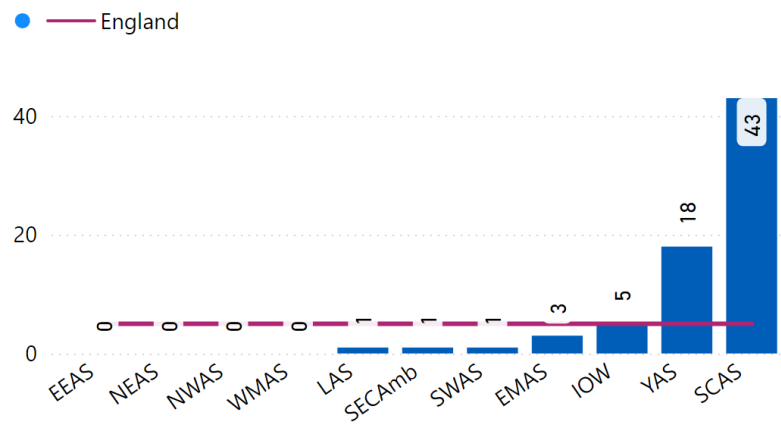
Hear & Treat %



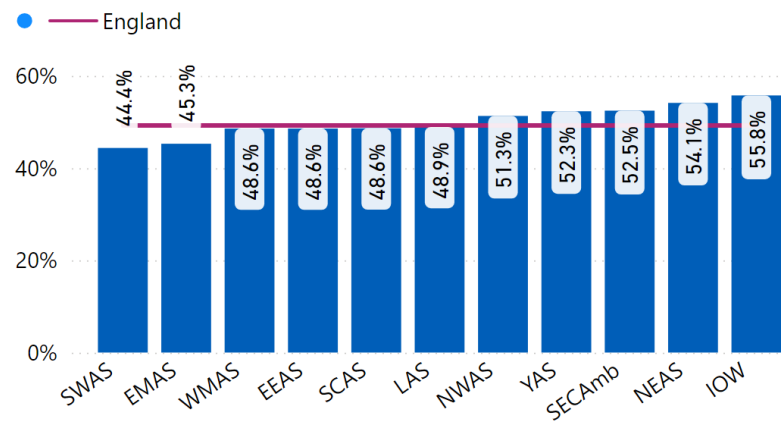
See & Treat %



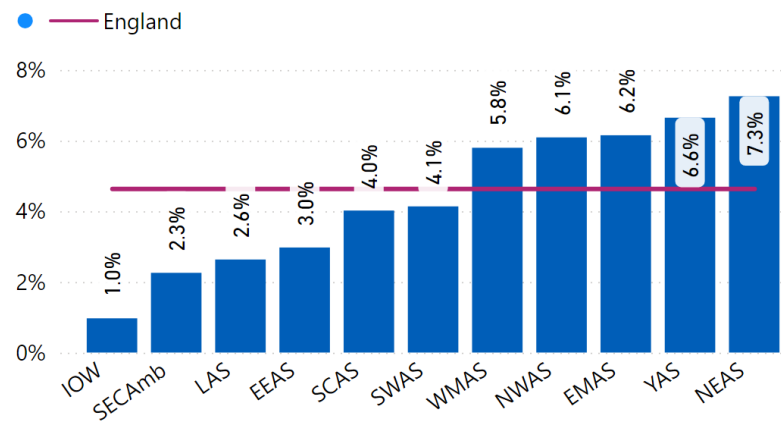
90th Centile Call Answer Time



See & Convey % (ED)



See & Convey % (Non-ED)





| | |
|----------------|--|
| 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 |

| | | | |
|--|---|---------|-------|
| | | Item No | 53-25 |
| Name of meeting | Trust Board | | |
| Date | 7 August 2025 | | |
| Name of paper | M03 (June 2025) Financial Performance | | |
| Executive sponsor | Simon Bell – Chief Finance Officer | | |
| Authors names and roles | Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Financial Planning and Reporting), Priscilla Ashun-Sarpy (Head of Financial Management), Rachel Murphy (Financial Manager - Projects, Business, and Investments) | | |
| <p>This report provides the year-to-date (YTD) financial performance of the Trust.</p> <p>The Trust reported a favourable variance of £5k compared to the planned deficit of £2,238k for the 3 months ending June 2025 (year to date). The Trust is forecasting to achieve its financial breakeven plan and the planned C2 mean performance.</p> <p>YTD cash-releasing efficiencies delivered amount to £817k, which is £427k below the planned target. This shortfall is largely due to delays in progressing identified schemes through to the delivery phase, including the Quality Impact Assessment (QIA) validated schemes, totalling £1,710k. Recurrent and non-recurrent schemes account for 51% and 49% of the total savings, respectively, both aligning with the planned target.</p> <p>YTD Capital expenditure of £1,673k is £1,262k above plan, which relates to slippage from the 2024/25 plan and will even out over the year.</p> <p>In June 2025 cash receipts exceeded payments by £182k which has decreased the cash balance to £23,408k from £23,226k in the previous month. The closing balance is £8,534k below plan. The key driver for the adverse variance against plan is the Trust not receiving all the first tranche, £5,079k of the £10,158k capacity support funding (anticipated to have received £2,540k more year to date) and £1,808 worth of income from ICB in line with anticipation. The remainder of the adverse variance is driven by earlier than planned capital payments.</p> <p>Note: Tables are subject to rounding differences (+/- £1k).</p> | | | |
| Recommendations, decisions, or actions sought | The Board is asked to note the financial performance for year to June 2025 (M03) of the 2025/26 financial year, in the context of the view taken by the finance committee, as set out in its report to the Board. | | |
| Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases). | | N/A | |

2025/26

**Finance Report to the Board of Directors
3 Months to 30 June 2025**

Executive Summary

The Trust reported a £2,233k deficit for the 3 months to June 2025 (YTD), £5k better than planned.

Note: Tables are subject to rounding differences (+/- £1k).

| £000 | Year to June 2025 | | | Forecast to March 2026 | | |
|-------------------------------------|-------------------|----------------|----------|------------------------|------------|----------|
| | Plan | Actual | Variance | Plan | Actual | Variance |
| Income | 89,093 | 89,529 | 437 | 356,152 | 356,722 | 569 |
| Expenditure | (91,331) | (91,762) | (432) | (356,154) | (356,724) | (569) |
| Trust Surplus / (Deficit) | (2,238) | (2,233) | 5 | (2) | (2) | 0 |
| System 'Control' Adjustments | 0 | 0 | 0 | 2 | 2 | 0 |
| Reported Surplus / (Deficit) | (2,238) | (2,233) | 5 | 0 | 0 | 0 |
| Efficiency Programme | 1,244 | 817 | (427) | 10,000 | 10,000 | 0 |
| Cash | 30,964 | 23,408 | (7,556) | 30,427 | 30,427 | 0 |
| Capital Expenditure | 411 | 1,673 | (1,262) | 28,259 | 28,259 | 0 |

*Reported Surplus / (Deficit) represents the system (Control total) position, reconciliation provided separately

Year to June 2025 (YTD)

- For June 2025, the Trust's financial position is £5k better than planned.
- The overall financial performance is a combination of adverse and favourable variances. Favourable variances in several directorates, particularly in Paramedical, Medical, and Quality & Nursing (Q&N), are helping to compensate for some of the emerging financial pressures. These pressures include overspending in the NHS 111 service, Human Resources (HR), and Strategy and Transformation (S&T), as well as increased depreciation and financing costs.
- The Trust's breakeven financial plan for 2025/26 depends on achieving a £10,000k cash-releasing efficiency target, representing 2.0% of operating expenditure.
 - As of Quarter 1 (Q1), ending June 2025, the Trust has achieved £817k in efficiency savings, which is a third below the plan. The distribution of the Q1 savings between recurrent and non-recurrent categories is 51% and 49%, respectively, aligning with the plan.
 - This means we must deliver £9,183k in savings over the next nine months to meet the £10,000k target to achieve the breakeven financial position.
- We are forecasting to deliver £3.4m for the fully validated schemes. The remainder of £6.6m, is expected to be delivered by the £1,710k worth of validated schemes awaiting QIA review, the scoped and proposed schemes of £1,335k and £1,133k as well as non-recurrent measures. The Trust is exploring further opportunities to mitigate risk and to ensure the delivery of the £10m cash releasing efficiency targets.
- In June 2025 the cash balance was £23,408k and is £7,556k below plan. The key drivers for the adverse variance against plan is the Trust not receiving all the first tranche, £2,540k of the Ambulance capacity support funding in line with agreement, and from delays in block funding receipts from the ICBs for both 2024/25 and 2025/26. Reconciliations are underway to recover the outstanding funds.
- YTD Capital expenditure of £1,673k is £1,262k above plan, which relates to slippage from the 2024/25 plan and will even out over the year.

1. Income

| | Year to June 2025 | | | Forecast to March 2025 | | |
|---------------------|-------------------|---------------|------------|------------------------|----------------|------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| | Plan | Actual | Variance | Plan | Actual | Variance |
| 999 Income | 80,070 | 80,489 | 419 | 320,280 | 320,700 | 420 |
| 111 Income | 7,299 | 7,299 | 0 | 29,196 | 29,196 | 0 |
| Education Income | 859 | 734 | (125) | 3,279 | 3,286 | 7 |
| Other Income | 865 | 1,007 | 143 | 3,397 | 3,540 | 142 |
| Total Income | 89,093 | 89,529 | 437 | 356,152 | 356,722 | 569 |

- 999 income is £419k above plan, this is from the receipt of additional capacity funding for 2024/25 being received in this financial year.
- 111 income remains on plan. The Trust still awaits confirmation of the financial envelope for 2025/26 from its commissioners.
- Education income is £125k behind plan driven by reduced expenditure for funded projects.
- Other income is £143k favourable compared to plan, due to additional events and delayed winter funding received.

2. Expenditure

The table below shows the expenditure plan and outturn by directorate. The below is offset by the corresponding funding the Trust receives and recognised under income.

| Expenditure By Directorate* | Year to June 2025 | | | Forecast to March 2025 | | |
|--------------------------------------|-------------------|-----------------|--------------|------------------------|------------------|--------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| | Plan | Actual | Variance | Plan | Actual | Variance |
| Chief Executive Office | (1,172) | (1,285) | (113) | (4,623) | (4,841) | (218) |
| Finance & Corporate Services | (4,159) | (4,039) | 120 | (16,753) | (16,620) | 133 |
| Quality and Safety | (1,596) | (1,422) | 174 | (6,297) | (6,123) | 174 |
| Medical | (3,305) | (3,118) | 187 | (13,523) | (13,379) | 144 |
| Operations | (52,301) | (52,232) | 70 | (206,573) | (205,573) | 1,001 |
| Operations - 111 | (7,650) | (7,963) | (313) | (29,411) | (29,726) | (315) |
| Strategic Planning & Transformation | (7,222) | (7,372) | (150) | (28,527) | (28,678) | (151) |
| Human Resources | (1,390) | (1,543) | (153) | (5,413) | (5,549) | (136) |
| Digital | (3,331) | (3,272) | 59 | (13,238) | (13,160) | 78 |
| Paramedical | (1,861) | (1,657) | 204 | (7,459) | (7,342) | 117 |
| Total Directorate Expenditure | (83,987) | (83,903) | 85 | (331,817) | (330,991) | 827 |
| Depreciation | (4,157) | (4,701) | (544) | (19,081) | (19,869) | (788) |
| Impairments | 0 | 0 | 0 | 0 | 0 | 0 |
| Financing Costs | (267) | (438) | (171) | (1,067) | (1,238) | (171) |
| Corporate Expenditure | (2,920) | (2,725) | 195 | (4,188) | (4,632) | (443) |
| Total Expenditure | (91,331) | (91,766) | (436) | (356,154) | (356,728) | (573) |
| Planned Profit on Sale of Assets | 0 | 4 | 4 | 0 | 4 | 4 |
| Total Trust Expenditure | (91,331) | (91,762) | (431) | (356,154) | (356,724) | (570) |

*Excludes Income - Values subject to rounding

Year to Date performance against plan

- Total expenditure for the year to June 2025 was £91,762k, which is £431k above plan.
- The net underspend is driven by a mix of favourable and unfavourable variances, detailed as follows:
- The net underspend in Operations results from the following:
 - We are reporting higher costs of £403k in the Emergency Operations Centre (EOC), mainly because twice the planned number of staff are currently in training. Moreover, call handlers are overstaffed due to lower than expected attrition, which has improved the 5 seconds call answering time to 2 seconds. Additionally, higher sickness levels have increased overtime and Time Off In Lieu (TOIL) payments.
 - Offsetting these are 9% less spend in Specialist Operations, relating to the timing of various planned expenses, especially vehicle costs and delays in procuring protective clothing due to stock shortages.
 - Costs in Field Operations are also £288k below plan, mainly because pay is £242k underspend due to lower overtime and TOIL payments, as our staff are encouraged to focus more on their wellbeing and work-life balance by taking time off, along with the timing of travel spend of £46k.
- The financial performance of our NHS 111 service slightly improved this month, exceeding the plan by 4%, compared to 6.0% last month. The main driver remains increased pay costs of £ 559k, owing to reliance on agency staff and overtime to ensure safe service delivery, while sickness levels stay high at 9. 9.6%, against a target of 7.0%. This is partly offset by an improvement in the IC 24 subcontract following a review.
- Additional cost pressures in S & T include unbudgeted transformation costs of £ 151k. HR is overspending due to increased external investigation costs related to the transition. Also, the Chief Executive Office is £113k over budget, mainly because of external facilitation for senior management group development.
- Further, depreciation is £544k higher than planned, owing to asset timing, and higher interest payments have increased finance costs by £171k.
- These overspends are partly offset by favourable variances, including £535k in pay savings from support and back- office functions, mainly due to the timing of recruitment during restructuring, particularly within the Q&N, Paramedical, Medical, and Finance & Corporate Services directorates.

3. Workforce

- The following table shows the analysis of the movement in WTE by directorate and comparison to the monthly plan:

| WTE* By Directorate | | | | Month of June 2025 | | | Vacancies* - June 2025 | | |
|--|----------------|----------------|----------------|--------------------|----------------|---------------|------------------------|----------------|--------------|
| | May-25 | Jun-25 | Movt | Plan | Actual | Variance | Plan | Actual | Variance |
| Chief Executive Office | 52.2 | 55.5 | 3.3 | 52.8 | 55.5 | (2.7) | 52.8 | 56.3 | (3.5) |
| Finance | 37.1 | 39.2 | 2.1 | 44.3 | 39.2 | 5.1 | 44.3 | 38.9 | 5.3 |
| Quality and Safety | 89.5 | 90.7 | 1.2 | 99.0 | 90.7 | 8.2 | 99.0 | 89.4 | 9.6 |
| Medical | 123.2 | 115.7 | (7.5) | 129.2 | 115.7 | 13.5 | 129.2 | 106.2 | 23.0 |
| Operations | 3,947.2 | 3,829.6 | (117.6) | 3,767.4 | 3,829.6 | (62.2) | 3,767.4 | 3,587.5 | 179.9 |
| Operations - 111 | 470.6 | 454.8 | (15.8) | 428.3 | 454.8 | (26.5) | 428.3 | 369.9 | 58.4 |
| Strategic Planning & Transformation | 122.8 | 123.9 | 1.1 | 119.4 | 123.9 | (4.5) | 119.4 | 114.3 | 5.1 |
| Human Resources | 61.6 | 63.3 | 1.7 | 64.5 | 63.3 | 1.2 | 64.5 | 60.5 | 4.0 |
| Digital | 75.9 | 73.4 | (2.4) | 70.0 | 73.4 | (3.4) | 70.0 | 70.0 | 0.0 |
| Paramedical | 81.7 | 81.0 | (0.7) | 91.5 | 81.0 | 10.5 | 91.5 | 83.1 | 8.4 |
| Total Whole Time Equivalent (WTE) | 5,061.6 | 4,927.0 | (134.6) | 4,866.4 | 4,927.0 | (60.6) | 4,866.4 | 4,576.1 | 290.3 |

*Net Funded WTE less Contracted (ESR) WTE

- The Trust is 60.6 WTE above plan for June that is driven by over-establishment and additional overtime, including TOIL, provided in Operations to meet demand. These are offset by vacancies Medical and Corporate directorates.
- Vacancies in operations are supported by overtime and bank.

4. Efficiency Programme

The Trust submitted a breakeven financial plan for 2025/26 predicated on the delivery of a £10,000k cash-releasing efficiency target, which represents 2.0% of operating expenditure. In addition, there's an internal 10% contingency, which increases the target to £11,000k and does not negatively impact performance or the quality and safety of patients.

Summary of Schemes on the Pipeline Tracker

| Scheme Category | Fully Validated | Validated | Scoped | Total Schemes | Proposed | Total |
|--|-----------------|--------------|--------------|---------------|--------------|--------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Digital Productivity | 254 | 10 | - | 264 | - | 264 |
| Discretionary Non Pay | 350 | 110 | - | 460 | - | 460 |
| Estates and Facilities optimisation | - | - | 196 | 196 | - | 196 |
| Fleet - Fuel: Bunkered Fuel & Price Differenti | 552 | - | - | 552 | - | 552 |
| Fleet - Other Efficiencies | 377 | 100 | - | 477 | - | 477 |
| Income generation | 200 | - | - | 200 | 46 | 246 |
| Medicines Management - Drugs | 60 | - | 40 | 100 | - | 100 |
| Medicines Management - Equipment | - | - | 100 | 100 | - | 100 |
| Operations Efficiencies | 237 | 1,236 | 620 | 2,093 | 118 | 2,211 |
| Optimisation in establishment - clinical | 175 | - | 299 | 474 | - | 474 |
| Optimisation in establishment - non clinical | 339 | 85 | 80 | 504 | 76 | 580 |
| Policy review | 56 | - | - | 56 | 250 | 306 |
| Process review | 150 | - | - | 150 | 20 | 170 |
| Procurement contracts review | 405 | - | - | 405 | 303 | 708 |
| Service Redesign | - | 55 | - | 55 | 275 | 330 |
| Supply Chain review | 76 | - | - | 76 | - | 76 |
| Travel and subsistence | 62 | 114 | - | 176 | 45 | 221 |
| Uniform review | 147 | - | - | 147 | - | 147 |
| Grand Total | 3,439 | 1,710 | 1,335 | 6,483 | 1,133 | 7,617 |

- As detailed in the table above, for Q1, ending June 2025, we are reporting a total of 87 efficiency schemes valued at £7,617k in the Pipeline Tracker. This figure is £2,383k (24%) below the planned target of £10,000k and £3,383k (31%) below the internal target of £11,000k.
- Overall, compared to the figures we reported last month, the total number of schemes has reduced by two from 89 schemes, but the value of schemes has fallen by 10% following a

review of the timing of achievability of schemes, particularly those dependent on policy changes.

- Among the 87 schemes, 62 have been developed, amounting to £6,483k. We saw a positive movement in all the categories as follows.
 - 34 schemes worth £3,439k have moved to the delivery phase, which is an increase of 68.5% compared to last month.
 - This means that the number of “validated” schemes decreased by 48.6% since last month to 18, totalling £1,710k, while “scoped” schemes currently stand at 10, a reduction in value of 43.8% from £2,376k to £1,335k. These schemes are currently undergoing executive approval and review by the QIA before they can proceed to the delivery phase.
- Additionally, proposed schemes under development have been reduced to 25 from the 34 reported last month, amounting to £1,133k.

Summary of YTD Efficiency Delivery – Scheme Category

| Scheme Category | YTD M03 Plan | | | YTD M03 Actuals | | | Variance | | | Full Year (FY) Plan | | | FY Forecast - Fully Validated | | | Variance | | |
|---|--------------|---------------|-------|-----------------|---------------|-------|------------|---------------|-------|---------------------|---------------|--------|-------------------------------|---------------|-------|------------|---------------|---------|
| | Recurrent | Non Recurrent | Total | Recurrent | Non Recurrent | Total | Recurrent | Non Recurrent | Total | Recurrent | Non Recurrent | Total | Recurrent | Non Recurrent | Total | Recurrent | Non Recurrent | Total |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Digital Productivity | 6 | 0 | 6 | 126 | 0 | 126 | 120 | 0 | 120 | 427 | 150 | 577 | 659 | 0 | 659 | 233 | (150) | 83 |
| Discretionary Non Pay | 38 | 0 | 38 | 0 | 49 | 49 | (38) | 49 | 11 | 500 | 0 | 500 | 50 | 300 | 350 | (450) | 300 | (150) |
| Estates and Facilities optimisation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 96 | 0 | 96 | 0 | 0 | 0 | (96) | 0 | (96) |
| Fleet - Fuel Bunkered Fuel & Price Differential | 0 | 96 | 96 | 138 | 0 | 138 | 138 | (96) | 42 | 0 | 385 | 385 | 552 | 0 | 552 | 552 | (385) | 167 |
| Fleet - Other Efficiencies | 0 | 0 | 0 | 93 | 0 | 93 | 93 | 0 | 93 | 0 | 0 | 0 | 377 | 0 | 377 | 377 | 0 | 377 |
| Income generation | 0 | 49 | 49 | 1 | 0 | 1 | 1 | (49) | (49) | 46 | 200 | 246 | 200 | 0 | 200 | 154 | (200) | (46) |
| Medicines Management - Consumables | 15 | 0 | 15 | 0 | 0 | 0 | (15) | 0 | (15) | 60 | 0 | 60 | 0 | 0 | 0 | (60) | 0 | (60) |
| Medicines Management - Drugs | 7 | 0 | 7 | 0 | 0 | 0 | (7) | 0 | (7) | 40 | 0 | 40 | 60 | 0 | 60 | 20 | 0 | 20 |
| Medicines Management - Equipment | 20 | 0 | 20 | 0 | 0 | 0 | (20) | 0 | (20) | 100 | 0 | 100 | 0 | 0 | 0 | (100) | 0 | (100) |
| Operations Efficiencies | 494 | 190 | 684 | 10 | 0 | 10 | (484) | (190) | (674) | 3,191 | 758 | 3,949 | 237 | 0 | 237 | (2,954) | (758) | (3,712) |
| Optimisation in establishment - clinical | 0 | 105 | 105 | 0 | 105 | 105 | 0 | 0 | 0 | 0 | 175 | 175 | 0 | 175 | 175 | 0 | 0 | 0 |
| Optimisation in establishment - non clinical | 0 | 86 | 86 | 0 | 237 | 237 | 0 | 151 | 151 | 0 | 986 | 986 | 0 | 339 | 339 | 0 | (647) | (647) |
| Policy review | 0 | 0 | 0 | 14 | 0 | 14 | 14 | 0 | 14 | 1,200 | 0 | 1,200 | 56 | 0 | 56 | (1,144) | 0 | (1,144) |
| Process review | 0 | 14 | 14 | 0 | 0 | 0 | 0 | (14) | (14) | 20 | 56 | 76 | 150 | 0 | 150 | 130 | (56) | 74 |
| Procurement contracts review | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 929 | 0 | 929 | 0 | 0 | 0 | (929) | 0 | (929) |
| Service Redesign | 27 | 13 | 39 | 0 | 0 | 0 | (27) | (13) | (39) | 107 | 50 | 157 | 0 | 0 | 0 | (107) | (50) | (157) |
| Supply Chain review | 0 | 0 | 0 | 0 | 8 | 8 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 76 | 76 | 0 | 76 | 76 |
| Travel and subsistence | 9 | 0 | 9 | 0 | 0 | 0 | (9) | 0 | (9) | 144 | 0 | 144 | 41 | 21 | 62 | (103) | 21 | (82) |
| Uniform review | 14 | 61 | 75 | 37 | 0 | 37 | 23 | (61) | (38) | 137 | 244 | 381 | 147 | 0 | 147 | 10 | (244) | (234) |
| Recurrent / Non recurrent percentage | 51% | 49% | | 51% | 49% | | 50% | 50% | | 70% | 30% | | 74% | 26% | | 68% | 32% | |
| | 630 | 614 | 1,244 | 418 | 399 | 817 | (212) | (215) | (427) | 6,996 | 3,004 | 10,000 | 2,529 | 911 | 3,440 | (4,467) | (2,093) | (6,560) |

- We are reporting savings of £817k compared to the planned target of £1,244k, resulting in a shortfall of £427k (34%). This shortfall is evenly split between recurrent and non-recurrent savings. It is primarily due to delays in advancing schemes to the delivery phase and the timing of the QIA review, particularly for the operations schemes. So far, 54 (62%) templates out of the 87 schemes have been completed, with 33 (38%) still outstanding.
- The year-to-date recurrent and non-recurrent savings account for 51% and 49% of the total savings as planned.
- Our current forecast of fully validated schemes is £3,440k, and the remainder of £6,560k will be delivered by schemes in the pipeline and non-recurrent measures whilst the Trust is exploring further opportunities.
- This forecast suggests recurrent savings will increase to 74%, compared to the planned 70%, resulting in a decrease in non-recurring savings to 26%.
- The overall risk rating for the program is amber. Schemes are evaluated based on their risk levels, considering factors such as achievability, dependencies related to policy changes,

timely process adjustments, and contract reviews. The delivery risk assessment categorises schemes as follows: 26% rated "Green," 59% rated "Amber," and 15% rated "Red." The success of schemes rated Amber and Red mainly depends on changes to policies, processes, and service improvements.

- Additionally, approximately 74% of the expected efficiency savings are anticipated to be realised in the second half of the year; however, operational pressures may present challenges during winter. The projected savings distribution is: Q1 - 12%, Q2 - 14%, Q3 - 35%, and Q4 - 39%.
- The Trust remains committed to achieving the £9,183k savings over the next nine months to meet the underlying efficiency target of £10,000k and reach breakeven.
- The Productivity and Efficiency Team, along with Finance Business Partners (FBPs), is working with the Senior Management Group (SMG) leads to:
 - Develop and accelerate identified initiatives through the Executive Director/QIA and into the delivery phases.
 - Promote sustainable initiatives and explore new opportunities to minimise risks, ensuring that each directorate meets its assigned targets to address the shortfall.
- Regular updates on progress are provided to the SMG, Joint Leadership Team, and the Finance and Investment Committee.

5. Statement of Financial Position and Cash

| | £000 31 May 2025 | £000 Change | £000 30 June 2025 |
|---|---------------------|----------------|----------------------|
| NON-CURRENT ASSETS | | | |
| Property, Plant and Equipment | 99,954 | (1,449) | 98,505 |
| Intangible Assets | 1,617 | (139) | 1,478 |
| Trade and Other Receivables | 47 | 0 | 47 |
| Total Non-Current Assets | 101,618 | (1,588) | 100,030 |
| CURRENT ASSETS | | | |
| Inventories | 2,738 | 7 | 2,745 |
| Trade and Other Receivables | 16,961 | (104) | 16,857 |
| Asset Held for Sale | 1,373 | 0 | 1,373 |
| Other Current Assets | 0 | 0 | 0 |
| Cash and Cash Equivalents | 23,226 | 182 | 23,408 |
| Total Current Assets | 44,298 | 85 | 44,383 |
| CURRENT LIABILITIES | | | |
| Trade and Other Payables | (33,681) | 256 | (33,425) |
| Provisions for Liabilities and Charges | (14,518) | (4,389) | (18,907) |
| Borrowings | (4,448) | 382 | (4,066) |
| Total Current Liabilities | (52,647) | (3,751) | (56,398) |
| Total Assets Less Current Liabilities | 93,269 | (5,254) | 88,015 |
| NON-CURRENT LIABILITIES | | | |
| Provisions for Liabilities and Charges | (12,094) | 4,389 | (7,705) |
| Borrowings | (18,798) | 0 | (18,798) |
| Total Non-Current Liabilities | (30,892) | 4,389 | (26,503) |
| TOTAL ASSETS EMPLOYED | 62,377 | (865) | 61,512 |
| FINANCED BY TAXPAYERS EQUITY: | | | |
| Public dividend capital | 109,889 | 0 | 109,889 |
| Revaluation reserve | 5,413 | 0 | 5,413 |
| Donated asset reserve | 0 | 0 | 0 |
| Income and expenditure reserve | (51,557) | 0 | (51,557) |
| Income and expenditure reserve - current year | (1,368) | (865) | (2,233) |
| TOTAL TAX PAYERS' EQUITY | 62,377 | (865) | 61,512 |

- Non-Current Assets decreased by £1,588k in the month arising mainly from £19k monthly negative additions and monthly depreciation of £1,570k.
- Movement within Trade and other receivables is a net decrease of £104k that is driven by receipt of recovery support program for 2024/25, a decrease in accrued income following receipt of 50 per cent of the growth funding expected and increase in VAT receivable.

- The cash balance was £23,408k and is £7,557k below plan. The key driver for the adverse variance against plan is the Trust only receiving 50 per cent, £2,540k of the growth funding in line with agreement. The remainder of the adverse variance is driven by reduced block funding and increased payables partly due to the £2,162k for building and customising our ambulances that was anticipated to be paid later in the year.
- Trade and other payables decreased slightly by £256k.
- Provisions and revaluation reserve had no in-month changes.
- Borrowings decreased by £382k overall, arising £382k of lease payments.
- There has been no change to Public divided capital (PDC) that is used for funding non-current asset purchases.

• **Cash Flow:**

| STATEMENT OF CASH FLOWS | MTH | YTD |
|---|---------------|----------------|
| | £000 | £000 |
| Cash flows from operating activities | (705) | (1,799) |
| <i>Non-cash or non-operating income and expense:</i> | | |
| Depreciation & Amortisation | 1,567 | 4,701 |
| (Increase)/decrease in receivables | 104 | (2,278) |
| (Increase)/decrease in inventories | (7) | (50) |
| Increase/(decrease) in trade and other payables | 279 | (3,820) |
| Increase/(decrease) in other liabilities | (535) | (736) |
| Increase/(decrease) in provisions | 0 | (92) |
| Net cash generated from / (used in) operations | 704 | (4,075) |
| Interest received | 107 | 366 |
| Interest paid | (178) | (534) |
| (Increase)/decrease in property, plant and equipment | 21 | 486 |
| Proceeds from sales of property, plant and equipment | 0 | 4 |
| Net cash generated from/(used in) investing activities | (49) | 322 |
| Increase/(decrease) in borrowings | (381) | (1,595) |
| PDC dividend (paid)/refunded | (90) | (270) |
| Net cash generated from/(used in) financing activities | (471) | (1,865) |
| Increase/(decrease) in cash and cash equivalents | 183 | (5,618) |
| Cash and cash equivalents at start of period | 23,226 | 29,027 |
| Cash and cash equivalents at end of period | 23,408 | 23,408 |

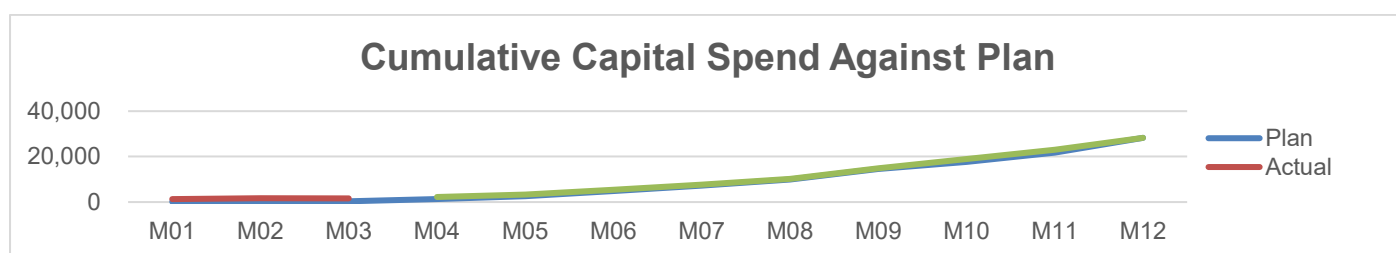
- The above table shows the movement of cash flow in the month (MTH) and year to date (YTD).

6. Capital

- The in-month capital spend is £(27)k. The in-month actual is £164k lower compared to the plan of £137k. This is due to the reversal of an accrual for the Medway build, against the final payment made, which resulted in reduction in spend in-month.

| | In Month June 2025 | | | Year to June 2025 | | | Actual to March 2026 | | |
|-------------------------------|--------------------|-------------|-------------|-------------------|--------------|----------------|----------------------|----------------|--------------|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan | Forecast | Variance |
| Original Plan | | | | | | | | | |
| Estates | 20 | (489) | 509 | 60 | (346) | 406 | 3,800 | 3,267 | 533 |
| Strategic Estates | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IT | 41 | 40 | 1 | 123 | 495 | (372) | 5,400 | 5,400 | (0) |
| Fleet | 16 | 409 | (393) | 48 | 658 | (610) | 1,500 | 1,974 | (474) |
| Medical | 0 | 0 | 0 | 0 | 839 | (839) | 374 | 839 | (465) |
| Total Original Plan | 77 | (41) | 118 | 231 | 1,645 | (1,414) | 11,074 | 11,480 | (406) |
| CDEL Credit | 0 | 0 | 0 | 0 | 0 | 0 | (1,400) | (1,805) | 405 |
| PDC | 0 | 14 | (14) | 0 | 27 | (27) | 11,485 | 11,485 | 0 |
| Total Purchased Assets | 77 | (27) | 104 | 231 | 1,673 | (1,442) | 21,159 | 21,159 | (0) |
| Leased Assets | | | | | | | | | |
| Estates | 20 | 0 | 20 | 60 | 0 | 60 | 900 | 900 | 0 |
| Fleet | 40 | 0 | 40 | 120 | 0 | 120 | 4,700 | 4,700 | 0 |
| Specialist Ops | 0 | 0 | 0 | 0 | 0 | 0 | 1,500 | 1,500 | 0 |
| Total Leased Assets | 60 | 0 | 60 | 180 | 0 | 180 | 7,100 | 7,100 | 0 |
| Total Capital Plan | 137 | (27) | 164 | 411 | 1,673 | (1,262) | 28,259 | 28,259 | (0) |

- The YTD spend is £1,672k, which is £1.262k more than the plan of £411k. This is due to slippage from 2024/25 and will even out over the rest of the year.
- The Trusts annual spend is forecast to be on plan of £28,259k.



7. Risks and Opportunities

Table – Risk with rating

| Risk ID | Risk Status | Risk Title | Current Rating |
|---------------------|-------------|---|----------------|
| 487 | Active | Compliance with Health and Safety regulations and the Equality Act 2010 | 12 |
| 517 | Active | Compliance with Procurement Regulations | 12 |
| 587 | Active | Paddock Wood Medical Distribution Centre Refurbishment (leaking roof) | 12 |
| 639 | Active | Legacy Pay Remediation | 12 |
| 640 | Active | Financial Plan | 12 |
| 522 | Active | Capturing accurate Procurement Contract Data | 9 |
| 637 | Active | Under committing capital resource | 9 |
| 638 | Active | Fraud | 9 |
| 641 | Active | Internal Controls | 9 |
| 642 | Active | Finance Team Capacity & Capability | 9 |
| 524 | Active | e-Procurement Platform | 6 |
| 551 | Active | Electric Vehicle Infrastructure | 6 |

- The table above shows those risks to achieving the finance department's objective that are linked to the organisation's ability to achieve its financial target.
- Potential opportunities for the year have been incorporated into the Trust's plan which mitigate risks identified.



| | |
|------------------|-------|
| Agenda No | 54-25 |
|------------------|-------|

| | |
|------------------------|--|
| Name of meeting | Trust Board |
| Date | 07 August 2025 |
| Name of paper | Finance & Investment Committee Assurance Report – 24 July 2025 |
| Author | Paul Brocklehurst Independent Non-Executive Director – Committee Chair |

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 24 July 2025 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

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

The committee reviewed its [Cycle of Business 2025 26](#), which will inform its focus for the year, with flexibility to adjust based on any emerging risks / issues.

ASSURE

Financial Performance Month 3 / Efficiencies & Productivity Review 2024-25

At Month 3, the Trust remains on track to deliver a break-even financial position by year-end. However, there is caution in interpreting this headline position. Closer scrutiny reveals significant risks around delivery of the Cost Improvement Plan (CIP), particularly in achieving recurrent savings, and meeting the C2 performance target by the end of September — both of which are critical to securing £5 million in performance-related funding.

The Committee was assured that a dedicated team is in place to lead the Efficiencies and Productivity Programme, with a clear message that the initiative is a collective organisational effort and not solely driven by the Finance function.

Teams have initiated a focused reassessment of priorities aiming to balance short term delivery with long term sustainability. These may include temporary non-recurrent measures (e.g. pausing recruitment or training) to protect financial delivery. The broader implications of such actions on future years are also being considered. The plan remains deliverable, but proactive decisions and tighter focus will be essential in the coming months. Continued alignment, phased restructuring, and targeted efficiency delivery will be key to achieving year-end goals. The Committee supported transparent Leadership around the consequences of

such actions, both for the remainder of this year and into the next financial year—noting clearly that there are no untapped reserves or quick fixes available.

Operational Performance

Demand increased in June, with reduced resource leading to performance dips (e.g 31 minute C2 mean response time). Conversely, April and May showed better performance due to more stable resourcing and manageable demand.

The team acknowledged ongoing risks to delivering the C2 main performance target, particularly regarding system-wide and internal productivity. While earlier plans had primarily focused on the Shared Care Record as a key enabler of digital productivity, a recent mapping exercise has identified a broader range of digital improvement opportunities. A coordinated plan is now being developed in collaboration with operational leads to harness these opportunities and reallocate resources to support productivity gains.

An informative evaluation of Virtual Care & the Unscheduled Care Navigation Hubs was received. Clinical outcomes are positive, with experienced clinicians in hubs effectively diverting patients from ED to more appropriate care pathways. Financial value for money remains unclear, with Commissioners agreeing to gather full cost data for a more comprehensive review, and full value for money assessment completed by the end of the year. The Committee recognised this volume of work in helping to shape future care models effectively.

Enhanced focus continues on managing clinical abstractions and broader performance recovery, noting planning for Winter pressures is already underway.

ALERT

Risks

A summary of key risks aligning to the FIC were presented and reviewed, outlining significant changes, emerging risks and summarising mitigation plans and strategic alignment. Cyber Resilience and Digital Capability Investment remain the two highest-rated risks, with focus around cyber shifting toward recovery capability and resilience, acknowledging the inevitability of zero-day attacks. Technology-related risks currently account for 26% of all risks, compared to 10% for workforce-related issues, the Committee supported the ongoing mitigation efforts, and welcomed the development of a consolidated improvement plan to address performance risks and support the delivery of strategic targets.

Digital Transformation

An update on the Digital Transformation Programme was received, which aims to deliver both short-term stability and security improvements while aligning with longer-term strategic goals and collaborative initiatives. The 6 key programme areas identified were:

1. Cybersecurity

2. Digital Workforce
3. Data & AI
4. Infrastructure
5. Collaboration
6. Product Delivery

The plan is viewed as comprehensive, clear, and more investable compared to previous iterations, and the Committee were encouraged to expect programme adjustments as priorities and project delivery evolve.

Support was conveyed around the progress made with collaborative initiatives, and advanced technology deployments with partner organisations. It was accepted that some projects will extend beyond the current financial year, requiring capital funding into the next year and potentially impacting revenue budgets, and regular transparent reporting is planned around this for clarity and robustness, to maintain flexible financial management.

ADVISE

Corporate Benchmarking/Patient Level Information Costing (PLICS)

Corporate services costs decreased slightly by £143k due to varying factors, reports from NHSE are expected to provide further clarity. The PLICS data shows a 4% increase in cost per incident, driven mainly by pay awards and a 4.6% rise in activity. Final analysis is underway, and the Committee looks forward to the detailed findings.

Green Plan Refresh

The Committee were updated on the Trust's Sustainability Strategy and progress against the Green Plan initially presented in 2022. Significant capital investment is required, particularly for infrastructure upgrades such as vehicle charging stations, solar panels, and vehicle replacement. Therefore, continued readiness to apply for central funding to support capital investments is critical. The Green Plan remains on track with clear strategic pillars and tangible progress made, with staff engagement and cross service collaboration being strong enablers for its success.

Fleet Performance

A detailed update was received on current fleet challenges, vehicle off-road (VOR) rates, progress with the new fleet commissioning, and future vehicle-related innovations. Informative and detailed discussion took place around fleet staff pay variables, and the challenges around recruitment and retention. Work is underway to develop a comprehensive trust-wide VOR metric with support from BI and operational teams, noting the current VOR measure (service/maintenance) does not fully reflect true vehicle availability.

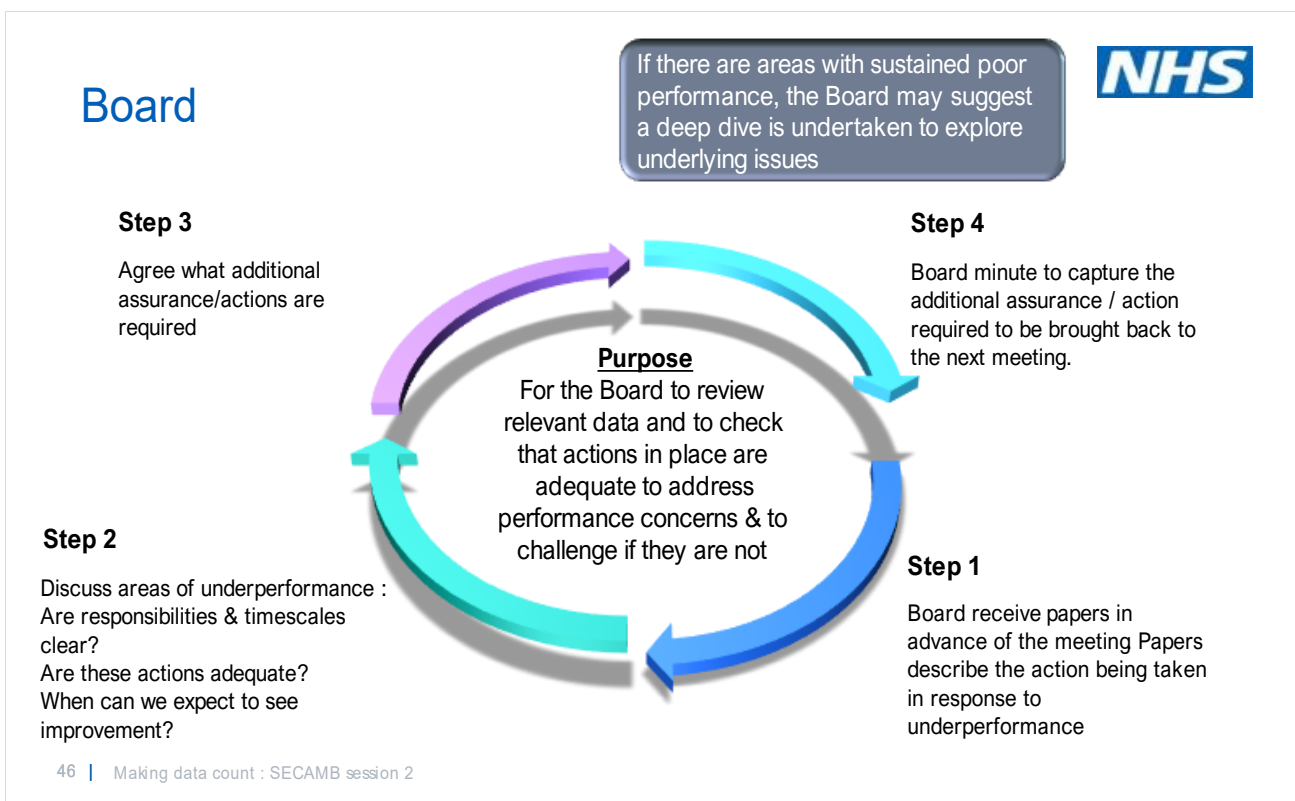
The Committee endorsed the approach to staff engagement and change management around new fleet adoption, and the planned roadshow to present the new MAN ambulance with 27 vehicles to be commissioned initially, and 65 in total planned for rollout by year end. Feedback from the roadshow will

inform adjustments to vehicle design and fit prior to full deployment, and is being treated as a change management programme, with a focus on engagement, frontline acceptance and cultural alignment.

The Committee welcomed news of planned future innovations, such as AI technologies to enhance driver behavioural monitoring (distraction, seat belt use, fatigue etc) and patient safety monitoring in the rear of the vehicle. These tools will significantly improve further productivity and enhance safety.

Recommendation

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





South East Coast
Ambulance Service
NHS Foundation Trust



Board Assurance Framework

2025/2026

August



We deliver high quality patient care



Delivering High Quality Patient Care



Delivering High Quality Patient Care Executive Summary



- + The Patient Safety Incident Review Framework (PSIRF) continues to develop well across the organisation, ownership from local teams becoming evident as knowledge and confidence is growing in this field. This is being led and strengthened by the patient safety, PALS and incident management teams now being structured around the Divisional model following the organisational process, reporting information directly into the Divisional governance groups, and management groups.
- + Three PSIRs were signed off in July, now totalling 5 completed, meeting the PSIRP target. These investigations articulated insights into missed defibrillation, discharge on scene, multiple symptoms calls and use of the major trauma triage tool. Now approved, the recommendations will be shared with formal groups to design SMART objectives.
- + The Acute ST Elevation Myocardial Infarction care bundle compliance continues to improve following action taken to prompt clinical colleagues to apply every element of the bundle to patients where appropriate. PGD compliance is at 95.2% and showing signs of stability at this level of compliance
- + The Tier 1 programme comprising of Virtual Care and Models of Care is reviewing its scope to expedite the benefits set out and remove scope creep. It is prioritising focused actions to enhance clinical productivity and deliver a higher Hear & Treat rate through improved call rates and interventions. The balance of activity between C2 segmentation and C3/4 validation is being reviewed to optimise our responses to patients. A framework has been set out to define the core and MDT elements of our UCNH hubs following the Q1 evaluation undertaken, which aims to bring greater consistency to the hub offer and optimise use of resources.
- + We continue to work to improve hospital handovers and care pathways and will be focusing on the use of alternatives to ED such as SDEC in the coming months. There is a trial planned in Brighton of overnight management of lower priority calls in line with NHSE guidance, aiming to support patients to access local community-based services the following day. Operational actions to support delivery of the key C2 mean response time, and a resilience winter plan aligned with NHSE UEC plans, are in place.
- + Several data sources over a period have indicated an ongoing issue with reaching and maintaining audit compliance within call handling in Integrated Care (IC), leading to a thorough review being undertaken by the Q&N senior team. Consequently, a Quality Summit is to be held on 12th August facilitated by the QI team but designed jointly by the IC senior leadership team and the Quality Leadership team to harness Trust-wide knowledge, resources and commitment to set out a clear plan of action recognising this to be a critical patient safety issue. As is usual practice for Quality Summits held by SECamb, the CQC will be joining this event being fully sighted on this issue.
- + On 31st July SECamb received a Reg 28 - Prevention of Future Death (PFD) from Kent & Medway Coroner in relation to the sad death of Azroy DAWES-CLARKE on the 26 Nov 2021 at HMP Elmley. Separate PFD's relating to the same incident have also been sent to the Director General CE of His Majesty's Prison and Probation Services, THE SoS for Justice and the SoS for Health & Social Care.
- + The section relating to us and also received by the Governing Governor of HMP Elmley and The CEO of Oxleas NHS FT, is related to lack of joint review and learning from this incident across these three bodies, and ongoing confusion as to which public body has primacy in emergency within prison setting. The Executive lead for the response is the Chief Paramedic Officer, with the SRO the Director of Specialist Ops. The PFD and response will come for information to November Public Board.

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| | |
|---|-----------------------|
| 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 Q4
- ☐ Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4
- ☐ Deliver the 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 | 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 (Reversible 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 | 24.07.2025 |
| Set out Health Inequalities objectives for 25-27 | | | | Chief Nursing Officer | SMG | No | QPSC | Due Sept. |
| Develop Quality Assurance Blueprint | | | N/A | Chief Nursing Officer | SMG | No | QPSC | Due November |
| 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 | | | Chief Nursing Officer | SMG | No | QPSC | 26.06.2025 |
| Patient Monitoring Replacement | Commence the replacement scheme by Q4 | | | Chief Medical Officer | SMG | Yes | QPSC | Due Sept. |
| | Design future replacement programme by Q4 | | | | | | QPSC | Due Nov |
| Deliver improved clinical productivity through our QI priorities | IFTs | | | Chief Nursing Officer | SMG | No | QPSC | |
| | EOC Clinical Audit | | | 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. | 16 | 08 | COO |
| Page 97 of 183 | | | |

We deliver high quality patient care

2025/26– Compliance & Assurance

| Compliance Initiative | Current RAG | Previous RAG | Executive Lead | Oversight Committee | Date of Last / Scheduled Review at Committee | Committee Feedback |
|----------------------------|-------------|--------------|-------------------------|---------------------|--|---|
| EPRR assurance | | N/A | Chief Operating Officer | Audit & Risk | July 2025 | Commissioners have agreed the Trust's self assessment of substantially assured against the relevant measures. |
| Medicines Management & CDs | | | Chief Medical Officer | Quality | Sept 2025 | IA 'station visits' review in Q2 (reported to the committee in Sept) will focus on medicines management. The annual Controlled Drugs Accountable Officer report is scheduled to be received in September too. |
| PSIRF | | N/A | Chief Nursing Officer | Quality | November 2025 | 2024-25 Implemented PSIRF Principles / Standards. In Q3 IA is due to test the effectiveness of PSIRF including how learning is captured and shared. |

Board Highlight Report – Virtual Care

SRO/Delivery Lead

Jen Allen – Chief Operating Officer

| Key |
|-----------|
| Completed |
| On Track |
| At Risk |
| Delayed |

| Progress Report Against Milestones: | Previous RAG | Current RAG | RAG Summary | | | |
|---|---|-------------|--|---------|--------|--|
| <p>Key achievements against milestones</p> <p>Training: 50%+ PaCCs staff trained; focus on dual-role rotas; no new sessions until current ones filled.</p> <p>Demand & Workforce: Heat maps (C2–C5) and trust-wide demand mapped; rota alignment in progress.</p> <p>C2 Segmentation: Daily target met; review at risk due to response delays; proposal in development.</p> <p>UCR Portal: Medway onboarded; West Kent & HCRG by August; East Kent pending.</p> <p>Video Consultations: CAD integration complete; training/testing underway; go-live end Aug.</p> <p>Overnight Operations Trial: Brighton pilot proposed; awaiting PPG approval & NHSE guidance.</p> <p>C3/C4 Validation: Data collated; analysis planned using C2 model.</p> <p>Productivity: Baseline set (2 calls/hr, 35% hear & treat); outcome quality under review.</p> <p>Training Needs: Survey distributed; mental health a key priority.</p> <p>Productivity Conversations: Started in EOC; framework in development.</p> <p>Workforce Tool: Real-time dashboard previewed; rollout pending GRS updates.</p> <p>UCNH development: Framework for definition of core and MDT hub components completed</p> <p>Upcoming activities and milestones</p> <p>WS3: UCNH Phase 2: Core hub review and consistent implementation, SOP update</p> <p>WS4: Completion of UCR Portal Kent roll-out, establish formal governance for Brighton Overnight Operations trial. Consider plan for UTC and SDEC pathway optimisation</p> <p>WS5: Productivity tracking, Training delivery, Virtual Consultation SOP, workforce planning</p> <p>Escalation to Board of Directors</p> | | | 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 | | Initial | Current | Target | Mitigation |
| | Balance Quality & Performance: Focusing too heavily on productivity metrics could compromise the quality of validations. Clinicians may feel pressured to meet targets leading to potential errors or missed opportunities for high quality patient care | | 12 | 12 | 8 | <ul style="list-style-type: none">Deliverables to be created from outcomes & feedback of Summit around Quality of CareQuality metrics to be added to programme measures |
| | Operational Performance & Reputation: There is a risk that changes in service models (e.g. C2 Segmentation) may negatively impact response times, patient satisfaction, and public trust. These delays could also distort performance metrics and reduce transparency, requiring robust mitigation and communication strategies. | | 9 | 9 | 6 | <ul style="list-style-type: none">Triage tools & dispatch overrides being developed to support |
| | Technology Transition: Disruption during the move to the new Cleric web portal could affect productivity and data accuracy. | | 6 | 6 | 3 | <ul style="list-style-type: none">Ensure a planned & phased rolloutComprehensive Training PlanTransition Support TeamPre & Post implementation review |
| | Clinical Productivity: There is a risk that the VC Programme will be unable to deliver planned clinical productivity improvements while maintaining safe and effective patient outcomes. This could lead to unrealised operational efficiencies, reduced programme impact, and challenges to financial sustainability | | 16 | 16 | 8 | <ul style="list-style-type: none">Agree & Define a Framework aligned with KPIsEmbed performance reporting within governanceImplement SOP across Virtual Care |

| Q1 (Apr-June 25) | Q2 (Jul-Sep 25) | Q3 (Oct-Dec 25) | Q4 (Jan-Mar 26) | Outcomes |
|---|--|---|--|--|
| <div><div></div> VC Dashboard & Performance Framework</div> <div><div></div> Evaluation of the UCNHs</div> <div><div></div> UCR Portal Launch - Kent</div> <div><div></div> Overnight Operations: Confirm Mandate from NHS E, Assess Risks & Process Requirements</div> <div><div></div> C2 Seg: Maximise Agency Resources</div> <div><div></div> C2 Seg: Integrate BI Tools for Decision Making</div> <div><div></div> 111 Efficiencies: Review DoS, Optimise H&T Pathways</div> | <div><div></div> Virtual Care Training Needs Analysis</div> <div><div></div> UCNH SOP & Process update/changes</div> <div><div></div> C3/4 Validations: Design & Implement KPIs for Clinical Productivity</div> <div><div></div> ECALs: Implement a Structured Approach to ECALs Triage & Navigation</div> | <div><div></div> Training Education: Establish Joint Shadowing with Partners</div> <div><div></div> ECALs: Optimise UCNHs to Support ECALs</div> <div><div></div> Assess UTV Resourcing & Contract Opportunities</div> <div><div></div> C2 Seg: Achieve 125 Daily Segmentations</div> <div><div></div> C3/4 Validations: Reduce the number of deployments from 60% to 45%</div> | <div><div></div></div> <div><div></div></div> <div><div></div></div> | <ul style="list-style-type: none">• 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

- Joint Ops/Medical/EOC/Quality/Paramedic oversight by unified programme board commenced in June 2025 under the programme title 'We Deliver High Quality Patient Care'. Agenda incs standing item on SCAS collab and CRG update for crossover.
- BI MOC dashboard for level 1 metrics in place.
- Bespoke BI dashboard from Mental Health and EOLC in place – Falls dashboard in progress. Rev CA dashboard needs being explored.
- Three areas of focus for MOCs reporting element refined for steering group oversight.
- Programme risks reviewed and aligned with VC.
- Delivery of reversible CA MoC is via the well-established Cardiac Arrest Outcome Improvement Group and progressing at pace.
- Establishment of dedicated Falls T&F group in August due to volume of MOC workstreams within it including productivity and efficiency schemes and need for cross organisational input and grip on deliverables.
- Care homes education piece underway 9 out of 10 OUs have confirmed resource to deliver on this and outreach underway with oversight via Falls T&F group.

Upcoming activities and milestones

- Continue internal and external engagement and communications plan, with an emphasis on PPIE and developing succinct and accessible messaging and branding document.
- 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 Q2 25/26 milestone deadlines. Note joint programme risks for VC/MOC detailed on slide 16.

Risks

Initial

Current

Target

Mitigation

Risk: Pathway Focus Delays. There is a risk that the delay in CRG system recommendation for a pathway of care to have regional focus on a particular pathway of Care may affect the speed of the delivery of a Models of Care that relates to this.

9

9

9

Focus is on head injuries and falls regionally. MOC falls lead joined the CRG working group for alignment and oversight. Working closely with the CRG to monitor progress and encourage timely agreement on the regional pathway focus. Maintaining regular communication with stakeholders to ensure alignment and readiness for implementation. Conduct stakeholder mapping exercise to develop external engagement approach. Where possible, we have begun programme activities (e.g., data analysis) independently of external partners, and then realign with them once they are ready to finalise the system plan.

BI Capacity: There is a risk that the lack of capacity in the BI team to action data requests required to bring the MoCs up to date will delay year 1 progress as it's predominantly about baselining the data for each model.

9

6

6

Dedicated resource was allocated from 3rd April to scope requirements; delivery has been in June/July with further work to do on dashboards and data analysis due to analyst annual leave in Apr/May. Milestone for end of Q2 for designing MOC dashboard for delivery tracking. Explore budget for overtime in BI to complete requests if necessary. This is being captured on the corporate risk register as there is wider impact and issues on this so we can anticipate some movement.

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.

Year 2 delivery aims are drafted for all 11 MoCs, incorporating insights from the strategy check and challenge process

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.

MoC Dashboard fully operational

Evaluation framework drafted & initiate the PDSA cycles

Scope any resource cases for the financial planning cycle

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

Q3 (Oct-Dec 25)

Submit EIA, QIA & DPIA's

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

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| Programme: | Virtual Care & Models of Care Joint Risks | Exec: Jen Allen (VC) / Richard Quirk (MoC) | | |
|--|---|---|--------|--|
| | | SRO: John O'Sullivan (VC) / Andy Collen (MoC) | | |
| Description | Initial | Current | Target | Mitigation |
| Financial Sustainability: There is a risk that the long-term financial sustainability of both the Models of Care and Virtual Care programmes may be compromised due to inadequate funding, unclear commissioning timelines, or insufficient resource allocation. This could lead to inconsistent service delivery, reduced clinical oversight, and failure to achieve planned productivity improvements. | 12 | 12 | 6 | Develop and maintain robust business cases aligned with ICB priorities. Engage finance and commissioning teams early to secure funding. Implement phased delivery plans aligned with financial cycles. Monitor financial performance and adjust resource plans accordingly. |
| Workforce: There is a risk that both programmes will face challenges in recruiting, training, and retaining a skilled workforce. This includes capacity constraints, gaps in workforce planning expertise, and the impact of resource reallocation (e.g. from 111 to 999). These issues may delay delivery, reduce quality, and undermine staff confidence | 16 | 16 | 8 | Establish a joint workforce planning group across both programmes. Use flexible staffing models and external support where needed. Monitor workforce metrics and adjust plans dynamically |
| Stakeholder Engagement: There is a risk that poor engagement and communication with key stakeholders—including clinicians, patients, and system partners—could undermine the success of both programmes. Misalignment in expectations, resistance to change, and lack of shared understanding may delay implementation and reduce impact. | 9 | 9 | 6 | Implement a joint stakeholder engagement strategy. Align messaging across both programmes. Establish feedback loops and adapt based on stakeholder input. |
| Data & Reporting: There is a risk that limitations in data infrastructure, coding inconsistencies (e.g. between EPCR and PACCS), and fragmented reporting systems will hinder the ability to monitor, evaluate, and improve programme outcomes. This could affect decision-making, compliance, and service quality. | 9 | 9 | 6 | Standardise data definitions and reporting tools across programmes. Integrate systems to reduce duplication and improve accuracy. Assign dedicated BI support and conduct regular data quality audits |
| Organisational Change: There is a risk that organisational and process changes—such as the shift to registrant-led care and changes in operational oversight—may disrupt established workflows and team dynamics. Clinicians and non-registrants may feel disconnected from their roles or perceive the changes negatively, leading to resistance, reduced morale, and implementation delays. Effective facilitation, clear communication, and adherence to the organisational change policy are essential to manage expectations, maintain engagement, and ensure a smooth transition. | 9 | 9 | 6 | Stakeholder Engagement & Co-Design Clear & Consistent Communication Change Champions & Peer Support Adhere to Organisational Change Policy |
| Operational Performance & Reputation: There is a risk that changes in service models (e.g. C2 Segmentation) may negatively impact response times, patient satisfaction, and public trust. These delays could also distort performance metrics and reduce transparency, requiring robust mitigation and communication strategies. | 9 | 9 | 6 | Phased Implementation Adhere to minimum response time thresholds Staff training & support |

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 |
| Controls, assurance and gaps | | Committee | Quality and Patient Safety Committee |
| 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. | | Initial risk score | Consequence 5 X Likelihood 5 = 25 |
| 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. | | Current Risk Score | Consequence 4 X Likelihood 3 = 12 |
| 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. | | Target risk score | Consequence 4 X Likelihood 2 = 8 |
| 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. | | Risk treatment | Treat |
| 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. | | Target date | Q4 2025/26 |
| 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 was completed in May 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 and set expectations
Risk averse re: clinical practice meaning low appetite to make productivity changes without significant assurance on safety, reducing potential pace of delivery

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 and Quarterly review; detailed planning and QIA process to assure safe delivery; Support team incl senior coordinating role, finance and BI input for productivity and efficiency in place.

Gaps in control: Ongoing process of Clinical Operating Model Design creating possible gaps in leadership or governance structures. Impact of People Services restructure and vacancies on ER and policy changes required.

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: Continued lack of increase in H&T rate and clinical call productivity

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

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 4 = 16

Target risk score Consequence 4 X Likelihood 2 = 8

Risk treatment Treat

Target date Q4 2025/26

| Mitigating Actions planned/ underway | Executive Lead | Due Date | Progress |
|--------------------------------------|----------------|----------|----------|
|--------------------------------------|----------------|----------|----------|

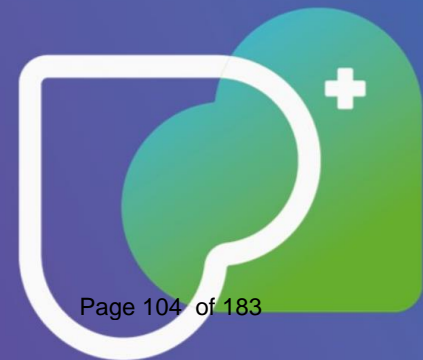
| | | | |
|---|-------------------------|------------|--|
| Design and delivery of three priority models of care | Chief Medical Officer | Q4 2025/26 | These are all on track for delivery as planned. |
| Ongoing work with SCAS and SASC to enhance productivity and efficiencies | Chief Strategy Officer | Q4 2025/26 | CSO now joint strategic advisor for SCAS and SECamb. |
| Q2 immediate resource productivity improvements published via Bulletin | Chief Operating Officer | Q2 2025/26 | In progress |
| Escalation plan being put in place regarding H&T productivity, aligned with quality summit work and development of Hubs | Chief Operating Officer | Q2 2025/26 | In progress |



Integrated Quality Report

Trust Board August 2025

Data up to and including June 2025



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 delivered in-year



| | | | | |
|--|--|---|--|---|
| | 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. |

We deliver high quality patient care



Quality Patient Care

What?

Our Acute ST Elevation Myocardial Infarction care bundle compliance continues to improve following action we have taken to remind clinical colleagues to ensure every element of the bundle are offered to patients where appropriate. Our PGD compliance is at 95.2% and beginning to achieve stability at this high level of compliance.

This month we have started recording the percentage of calls that we receive to 999 from care homes and nursing homes. It is recognised that a significant percentage of 999 calls from care and nursing homes are not appropriate and so we are working with home managers to educate staff on how to manage situations in the homes without the need to call 999. We aim to reduce calls by 1% across the Trust.

In relation to our EOC operation, call answer times remain strong, but H&T rates are below target and clinical and EMA audit compliance remains in need of improvement. In 111, call response remains good and our conversion of calls to 999 is low, with further improvements seen since implementing the new 111 sub-contract model. In June our response times deteriorated and our C2 mean was over 3 minutes above target, driven by a combination of increased demand and delayed delivery of internal (especially H&T) and system productivity, despite sustained improvement in Job Cycle Time following the implementation of new processes such as the Local Community Dispatch Model.

So what?

The Acute STEMI care bundle is an evidence based good practice package of care offered to patients and we are demonstrating that colleagues are offering the full bundle to patients in the majority of cases – leading to better outcomes for those patients. A strong PGD compliance rate indicates that clinical colleagues are safely administering medications.

By better educating care home managers and staff on how to manage their resident's health needs at home, they will not call 999 as frequently. This will free-up resources to be sent to patients requiring emergency care.

The new 111 sub-contract is supporting strong performance and financial sustainability of 111 in Kent and Sussex. We are working closely across operations and quality to address audit compliance in EOC as well as collaborating across the Trust and with partners on a range of productivity schemes. Further actions to support response times have been implemented as part of our resilience (winter) planning in line with the NHSE UEC plan.

What next?

We will continue to monitor the care offered post ROSC and the call to angiography time for patients STEMI to ensure we are compliant with agreed standards. Following strong PDG compliance recently, the Trust is now further developing the rationalisation of its PGDs to ensure they are suitable for each grade of staff.

The pilot for care home education has been a success and now we are rolling this out to care homes with high frequency 999 calls in Sussex and Surrey.

The Virtual Care programme is prioritising focused actions to enhance clinical productivity and deliver a higher H&T rate through improved call rates and outcomes, and we are reviewing the balance of activity between C2 segmentation and C3/4 validation to optimise our responses to patients. Further internal productivity schemes are also being worked up. We continue to work to improve hospital handovers and the use of optimal care pathways and will be focusing on the use of alternatives to ED such as SDEC in the coming months. A Quality Summit planned jointly between operations and quality leadership is taking place in August to support the ongoing work on clinical and EMA audit and improved culture within EOC.

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
 - ❑ Job Cycle Time (JCT)
 - ❑ Resources Per Incident (RPI)

2025/26 – Operating Plan

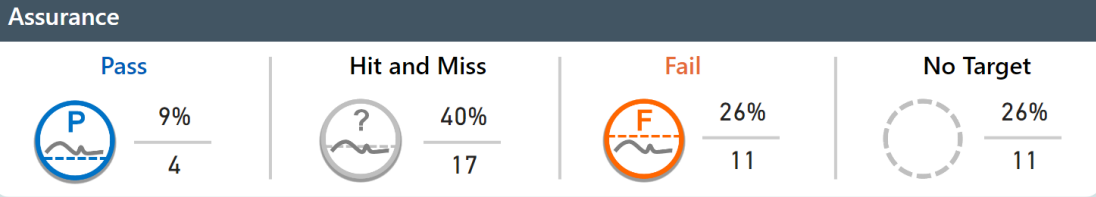
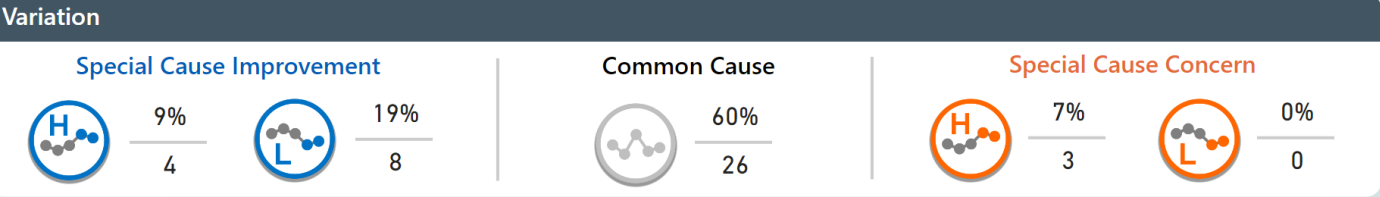
- ❑ Operational Performance Plan – continuous monitoring through the IQR 
- ❑ Set out HI objectives for 2025-2027 by Q3 
- ❑ Develop Quality Assurance Blueprint, including design of station accreditation complete by Q4 
- ❑ Deliver our three Quality Account priorities by Q4 
- ❑ Patient Monitoring replacement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























Compliance

















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



BAF Risks

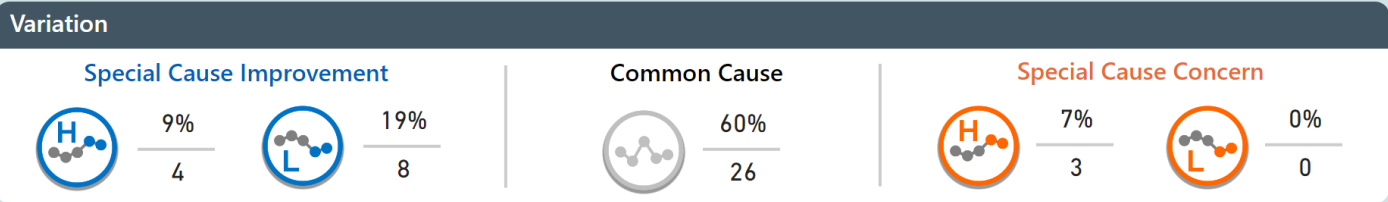
- ❑ **Delivery of our Trust Strategy:** There is a risk that we are unable to deliver our clinical strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer, or unimproved, patient outcomes.
- ❑ **Internal Productivity Improvements:**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

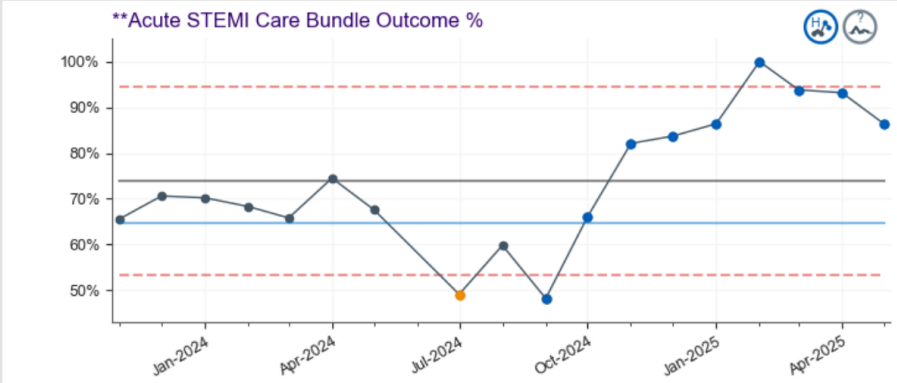


| Clinical Effectiveness & Patient Outcomes | | | | | | | |
|---|---|--------|----------|----------|----------|---|---|
| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
| Board | **Acute STEMI Care Bundle Outcome % | May-25 | 86.4% | 64.7% | 74% |  |  |
| Board | **Cardiac Arrest - Post ROSC % | Feb-25 | 80.8% | 76.8% | 77.2% |  |  |
| Board | **Cardiac ROSC ALL % | Feb-25 | 30% | 23.8% | 28.3% |  |  |
| Board | **Cardiac ROSC Utstein % | Feb-25 | 65.8% | 45.1% | 54.4% |  |  |
| Board | **Cardiac Survival ALL % | Mar-25 | 13.2% | 11.5% | 11.4% |  |  |
| Board | **Cardiac Survival Utstein % | Mar-25 | 30% | 25.6% | 33.5% |  |  |
| Board | Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean | Dec-23 | 02:41:00 | 02:22:00 | 02:36:00 |  |  |
| Board | Hear & Treat % | Jun-25 | 15.5% | 16.3% | 14.3% |  |  |
| Board | See & Convey % | Jun-25 | 54.7% | 55% | 55.1% |  |  |
| Board | See & Treat % | Jun-25 | 29.7% | 35% | 30.5% |  |  |
| Supporting | Compliant NHS Pathways Audits (Clinical) % | Jun-25 | 86.2% | 100% | 83.5% |  |  |
| Supporting | Compliant NHS Pathways Audits (EMA) % | Jun-25 | 83.6% | 100% | 81.3% | | |
| Supporting | Required NHS Pathways Audits Completed (Clinical) % | Jun-25 | 100.5% | 100% | 102% | | |
| Supporting | Required NHS Pathways Audits Completed (EMA) % | Jun-25 | 101.4% | 100% | 102.8% | | |
| Supporting | A&E Dispositions % | Jun-25 | 7% | 9% | 7.6% | | |
| Supporting | PGD Compliance % | Jun-25 | 95.2% | 95% | 90.3% | | |

| Response Times | | | | | | | |
|----------------|------------------------------------|--------|----------|----------|----------|---|---|
| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
| Board | 111 Calls Answered in 60 Seconds % | Jun-25 | 77.4% | 95% | 62.9% |  |  |
| Board | 999 Call Answer Mean | Jun-25 | 00:00:03 | 00:00:05 | 00:00:07 |  |  |
| Board | 999 Call Answer 90th Centile | Jun-25 | 00:00:01 | 00:00:10 | 00:00:14 |  |  |
| Board | Cat 1 Mean | Jun-25 | 00:08:18 | 00:07:00 | 00:08:21 |  |  |
| Board | Cat 1 90th Centile | Jun-25 | 00:15:23 | 00:15:00 | 00:15:22 |  |  |
| Board | Cat 2 Mean ★ | Jun-25 | 00:30:42 | 00:26:56 | 00:28:24 |  |  |
| Board | Cat 2 90th Centile | Jun-25 | 01:01:01 | 00:40:00 | 00:57:48 |  |  |
| Supporting | Cat 3 90th Centile | Jun-25 | 04:49:39 | 02:00:00 | 04:53:48 |  |  |
| Supporting | Cat 4 90th Centile | Jun-25 | 04:56:28 | 03:00:00 | 05:10:41 |  |  |
| Supporting | Section 136 Mean Response Time | Jun-25 | 00:23:06 | 00:18:00 | 00:24:12 |  |  |

| Models of Care | | | | | | | |
|---|-----------------------------------|--------|-------|--------|------|---|---|
| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
| Board | % of 999 Calls from Nursing Homes | Jun-25 | 5.8% | 8.4% | 6.1% |  |  |
| Pending metric: EOLC - Needs to be defined | | | | | | | |
| Pending metric: Falls Measure - Needs to be defined | | | | | | | |





M-5

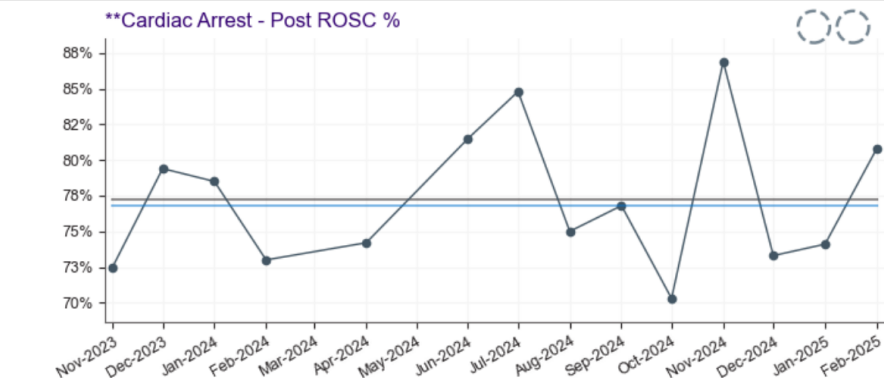
Dept: Medical

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

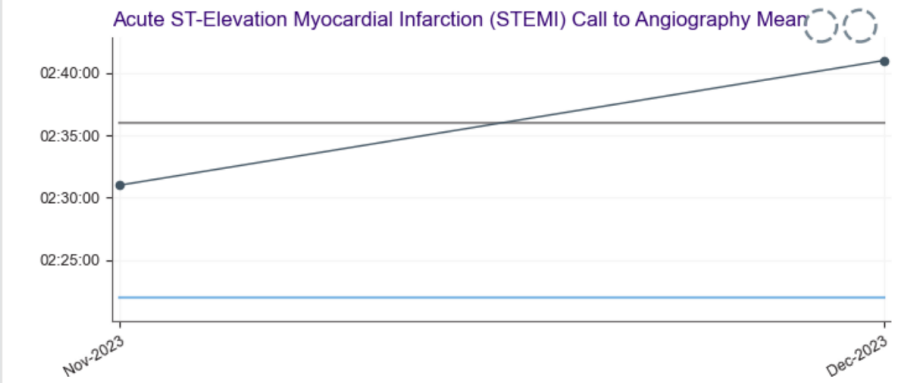
Dept: Medical

Metric Type: Board

Latest: 80.8%

Target: 76.8%

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



M-6

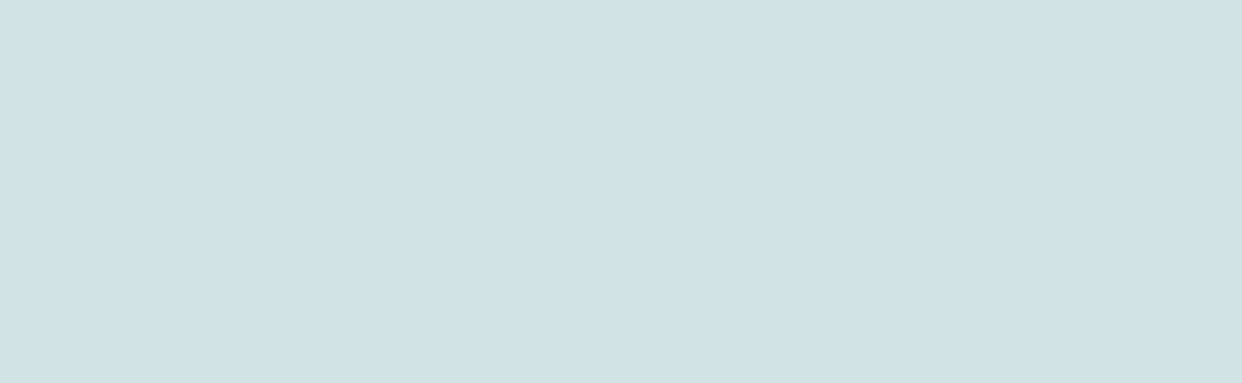
Dept: Medical

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.



What? The significant improvement in STEMI care bundle compliance has been sustained in this data period. The data has been quality assured (QA) by two senior clinicians in the team. The QA found that the application of audit has been consistent and so the improvements seen are due to performance changes not auditing changes.

So what? This means that more patients with a confirmed STEMI are receiving the care bundle. This means that those patients are receiving aspirin and GTN, having their pain monitored and being offered analgesia when required.

What next? Early analysis suggests that the improvement in performance is due to the new structure within the Health informatics team. The health informatics leads visit every OU quarterly, outwardly promoting audit and improvement actions. We aim to further improve compliance to the care bundle and will also use the same approach to improve other areas of audit, such as Falls and Cardiac Arrest Care.

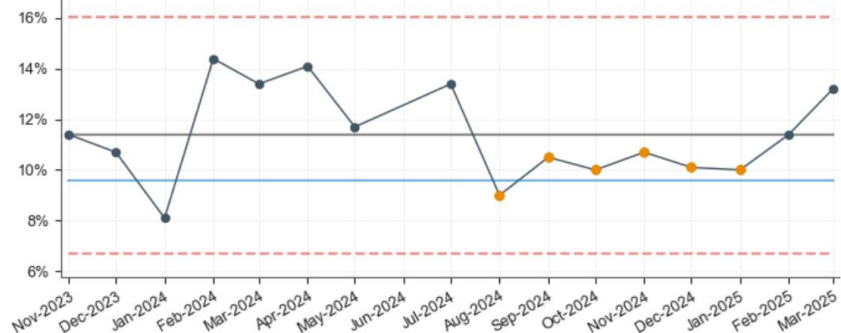
What? The percentage of post ROSC patients that receive the care bundle remains variable month to month (due to small numbers) but constant over time. The latest shows compliance exceeding target.

So what? Performance remains stable, more focussed clinical feedback is being trialled, delivered by CCPs for clinicians after they have attended a cardiac arrest. This is in the early stages, being piloted in three OUs. 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.

What next? Continued monitoring of care bundle compliance and embed the CCP feedback process in more OUs.



**Cardiac Survival ALL %



M-4

Dept: Medical

Metric Type: Board

Latest: 13.2%

Target: 9.6%

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

**Cardiac Survival Utstein %



M-3

Dept: Medical

Metric Type: Board

Latest: 30%

Target: 25.6%

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

**Cardiac ROSC ALL %



M-2

Dept: Medical

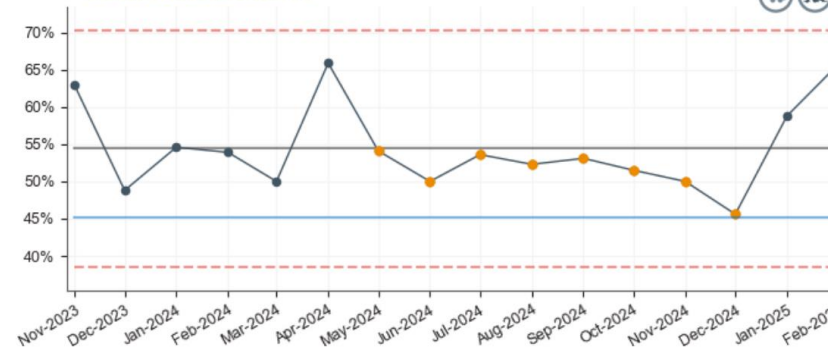
Metric Type: Board

Latest: 30%

Target: 23.8%

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

**Cardiac ROSC Utstein %



M-1

Dept: Medical

Metric Type: Board

Latest: 65.8%

Target: 45.1%

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

What?

Cardiac arrest survival - both overall and for the Utstein cohort - remains stable, showing common cause variation with no statistically significant change. Latest figures are 13.2% (target: 9.6%) and 30% (target: 25.6%), respectively.

So What?

While survival rates continue to exceed targets, the data shows no consistent upward trend. However, a new research collaboration between the Critical Care and Health Informatics teams, utilising our cardiac arrest registry, will allow exploration of deeper patterns in survivorship, including longer-term outcomes.

What Next?

Support the new survivorship research by ensuring high-quality data capture continues. Use insights to identify modifiable factors in survival and build future QI cycles that move survival from a stable to an improving state.

What?

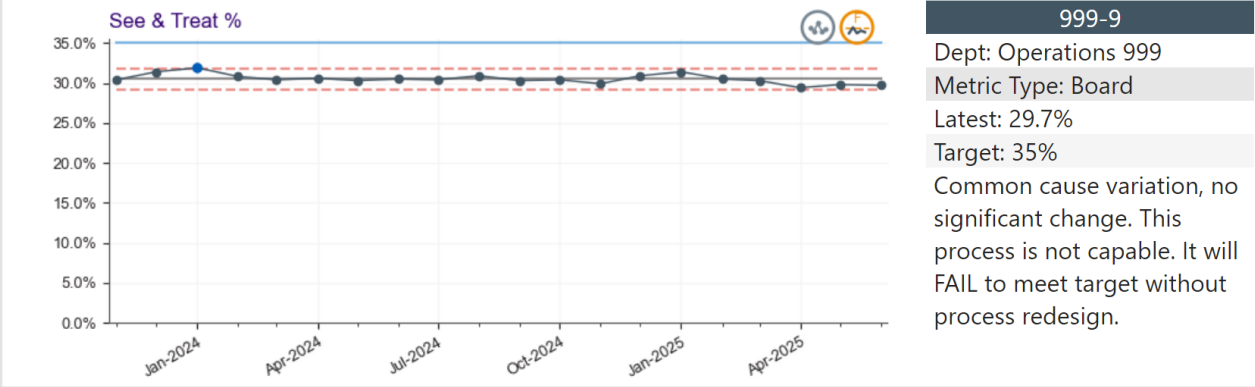
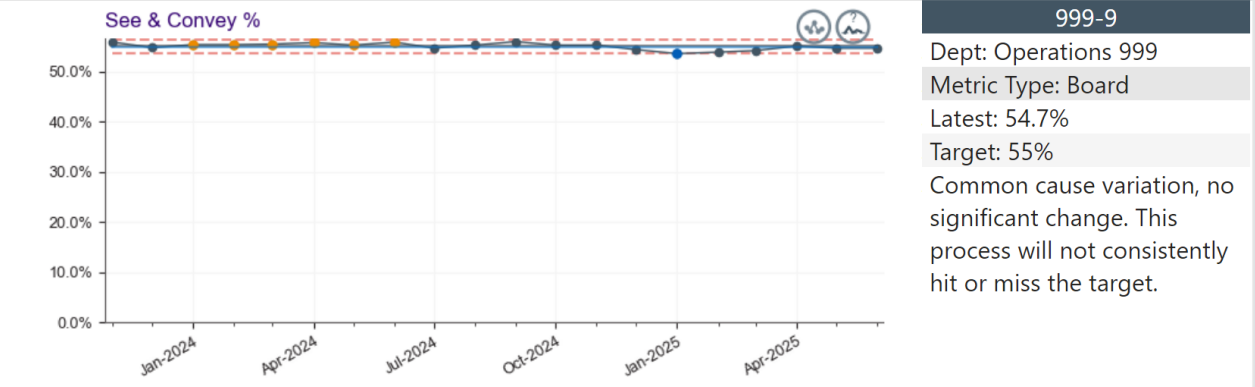
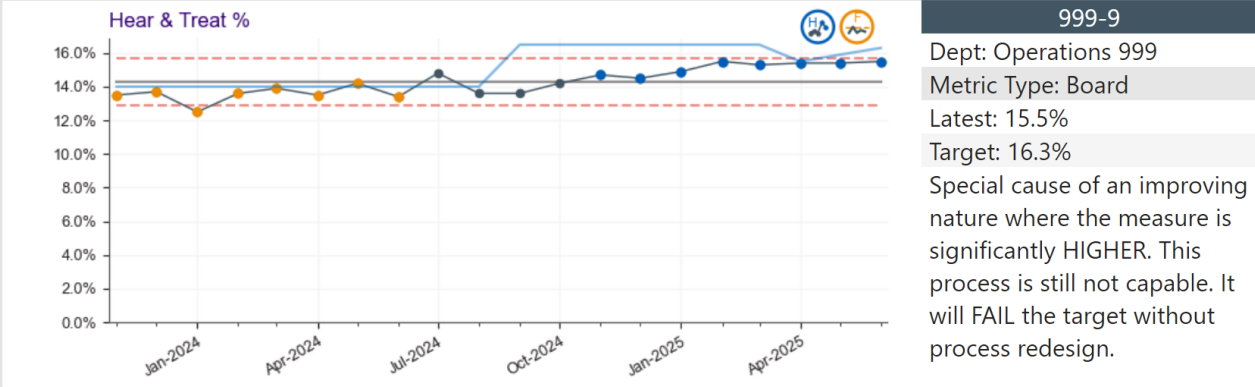
Return of spontaneous circulation (ROSC) rates - both overall and for the Utstein group - continue to exceed targets but remain within common cause variation. Latest values are 30% (target: 23.8%) and 65.8% (target: 45.1%).

So What?

Though not yet statistically significant, recent data suggests early benefit from the trial of Critical Care Paramedic-delivered cardiac arrest feedback. This aligns with a wider system focus on quality resuscitation and supports the observed improvements in post-ROSC bundle compliance.

What Next

Proceed with the trust-wide rollout of CCP feedback, closely monitoring impact. Combine this with local team engagement and post-event review processes to embed consistent ROSC gains across the organisation.



Hear & Treat

What? 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. However, there is real variability daily, linked to case acuity, clinician availability and clinician productivity, which adversely impacts the ability to deliver the target levels consistently.

So what? There are five key areas of focus to improve the effectiveness of virtual care and to increase Hear & Treat.

1. Clinician capacity, with the current EOC clinician capacity sitting at marginally over 60% of requirement to achieve 100% C3/C4 clinical validation.
2. Clinical productivity, with the number of cases answered per clinician per hour static at circa 1.3
3. Clinicians managing the right cases at the right time, with appropriate clinical navigation and a focus on cases to optimise Hear & Treat outcomes i.e. C2 Segmentation vs. C3/C4 validation
4. Good utilisation of the Directory of Services (DoS) and alternative patient pathways e.g. UCR services, which remains at circa 20% acceptance rate
5. Increased clinical effectiveness and outcomes identified alternative to ambulance dispatch, driven by clinical education to improve the confidence and competence of clinicians undertaking virtual care.

What next? The Trust has revisited its virtual care plan to ensure a concerted focus on clinician productivity, with clear actions and milestones in place to improve this metric. Training is ongoing with regards to UEC Paramedics receiving NHS PaCCS training and mentoring, prior to participating in a 50:50 rota, which starts in July. In addition, the Trust is working with commissioners to improve UCR service acceptance rates, the C2 Segmentation process is being revisited, following meetings with NHS E.

The Trust is also going through organisational change and is developing a new clinical operating model, which will align to the Trust strategy and increase virtual care and subsequently, Hear & Treat.

See & Treat and See & Convey

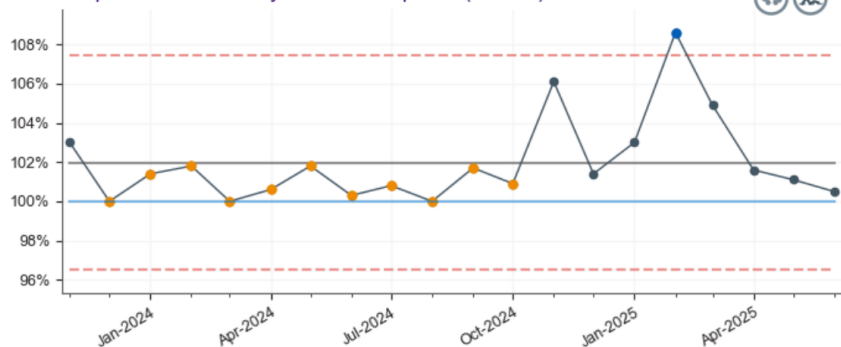
What? We have seen Hear & Treat grow to 15.5%, while See & Treat has fallen to below 30%, while See & Convey remains stable at 54-55%

So what? There is a logical correlation between these metrics, although it should be noted See & Convey % is directly related to the acuity of patients and availability of suitable alternative referral pathways.

What next? Work continues with health system partners and SECamb colleagues (cross-directorate), to make improvements to pathways, alongside enhancing utilisation of Hubs in the region to support reductions in avoidable conveyance.



Required NHS Pathways Audits Completed (Clinical) %



M-23

Dept: Nursing & Quality

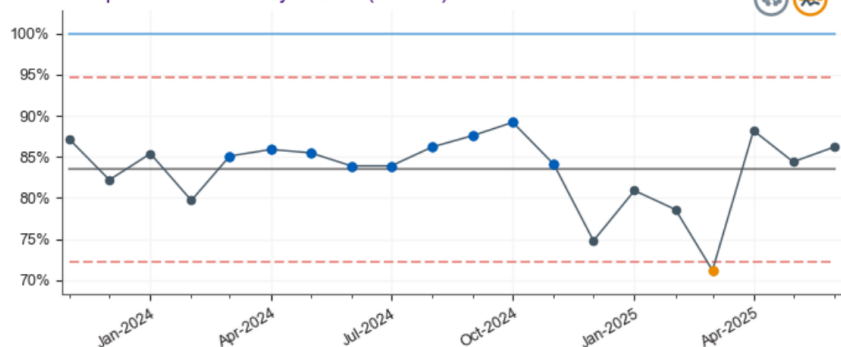
Metric Type: Supporting

Latest: 100.5%

Target: 100%

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

Compliant NHS Pathways Audits (Clinical) %



M-20

Dept: Nursing & Quality

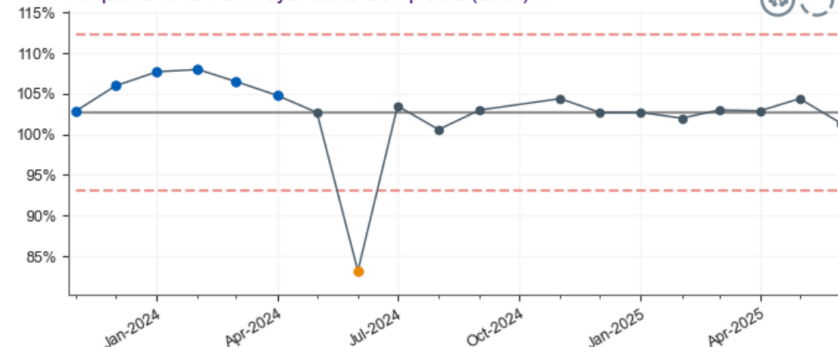
Metric Type: Supporting

Latest: 86.2%

Target: 100%

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

Required NHS Pathways Audits Completed (EMA) %



M-21

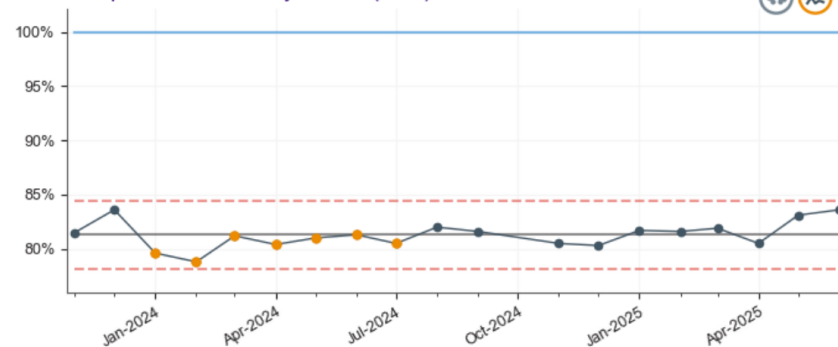
Dept: Nursing & Quality

Metric Type: Supporting

Latest: 101.4%

Common cause variation, no significant change.

Compliant NHS Pathways Audits (EMA) %



M-22

Dept: Nursing & Quality

Metric Type: Supporting

Latest: 83.6%

Target: 100%

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

What? Required pathways audit continue to be completed to the expected 100% target. Any above target activity is because of additional audits retrospectively completed for investigation purposes. Call audit compliance continues to be persistently lower than target.

So what? Audits are being completed in a timely manner which means results can be fed back quickly, this ensures the feedback is as constructive as possible for the clinician. Low compliance can lead to an inappropriate or unsafe disposition for the patient.

What next?

- An internal OD review has been undertaken to identify any human factor impacts adversely impacting compliance 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, with the support of the NHS E team.
- 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, with support provided by ICB subject matter experts.
- Dashboards in development to closely monitor teams' performance at staff level as well as teams' level

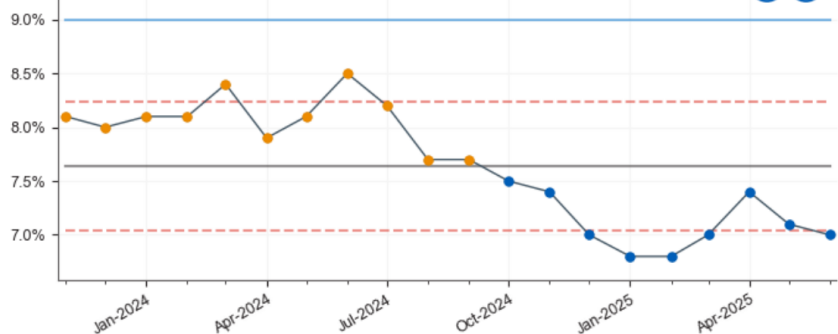
What? Required pathways audit continue to be completed to the expected 100% target. Any above target activity is because of additional audits retrospectively completed for investigation purposes. Call audit compliance continues to be persistently lower than target.

So what? Audits are being completed in a timely manner which means results can be fed back quickly, this ensures the feedback is as constructive as possible for the EMA. Low compliance can lead to an inappropriate or unsafe disposition for the patient.

What next? A QI project is addressing the low compliance for clinical calls, once complete any transferable actions will be implemented for EMA auditing. In the meantime, EMA call compliance will be monitored.



A&E Dispositions %



111-5

Dept: Operations 111

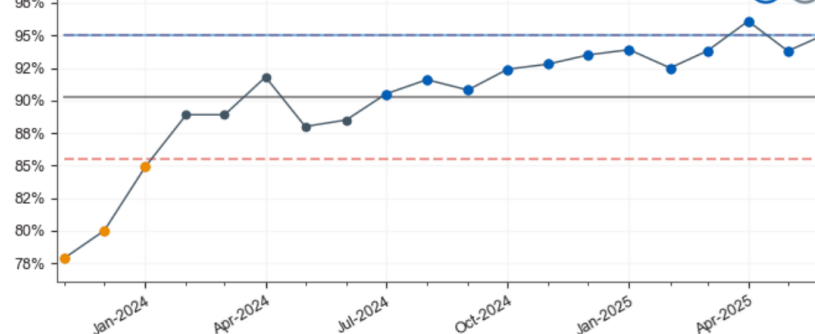
Metric Type: Supporting

Latest: 7%

Target: 9%

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

PGD Compliance %



MM-8

Dept: Medicines Management

Metric Type: Supporting

Latest: 95.2%

Target: 95%

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

111 Clinical Performance

What? During June, KMS 111 had an ambulance referral rate of 6.0% (4,764 sent of ambulances sent of 78,896 triaged cases) and this was supported by a C3/C4 ambulance validation rate of 63.6%, in line with commissioner expectations.

Clinical assessment in the Clinical Assessment Service (CAS) of ED dispositions remains a key focus of the Trust. In June, 43.9% 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 35%, a minor decrease from May but indicative of sustained clinical capacity. In addition, the proportion of cases identified by NHS E requiring clinical assessment via 111 First was 4,266 with 5,020 (85%) receiving a clinical intervention. Again, the Trust's 111 service delivered exceptional performance with regards to its ED referral rate, achieving 7.1% vs. a target of 9%.

So what? The service continues to make a difference to not only our 999 service, but also the wider healthcare economy. The positive impact of the CAS and its clinical interventions is vital in reducing unheralded demand to EDs and facilitating appropriate care, optimising patient pathways.

What next? The service continues to settle down following the change to the new sub-contractual operating model in June. A "lookback" review report is being undertaken, with opportunities to improve service effectiveness and efficiencies being an area of focus.

PGD compliance (MM-8)

What?

Our PGD compliance is at 95.2% and beginning to achieve stability at this high level of compliance.

So what?

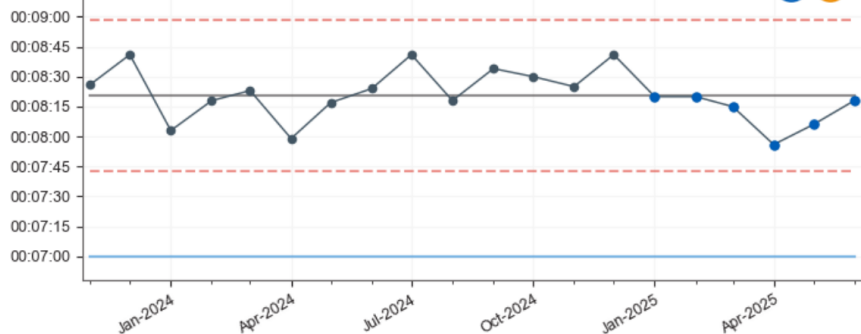
Training and compliance ensure that all healthcare professionals administer medicines under PGDs consistently, regardless of location or individual practice variations This is crucial for maintaining high-quality care.

What next?

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 95.2% and is above target. Progress is expected to be maintained.



Cat 1 Mean



999-2

Dept: Operations 999

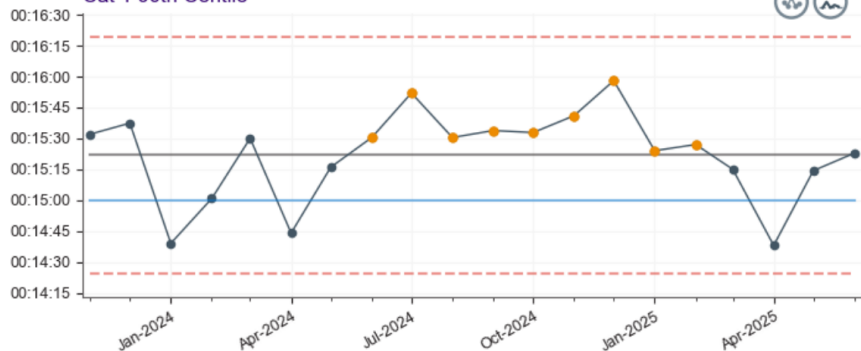
Metric Type: Board

Latest: 00:08:18

Target: 00:07:00

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

Cat 1 90th Centile



999-2

Dept: Operations 999

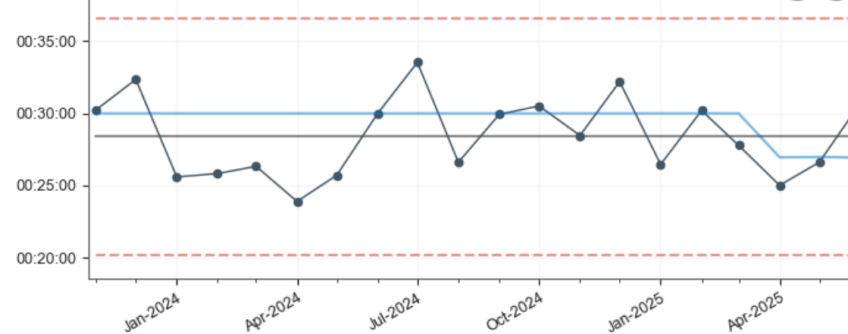
Metric Type: Board

Latest: 00:15:23

Target: 00:15:00

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

Cat 2 Mean ★



999-4

Dept: Operations 999

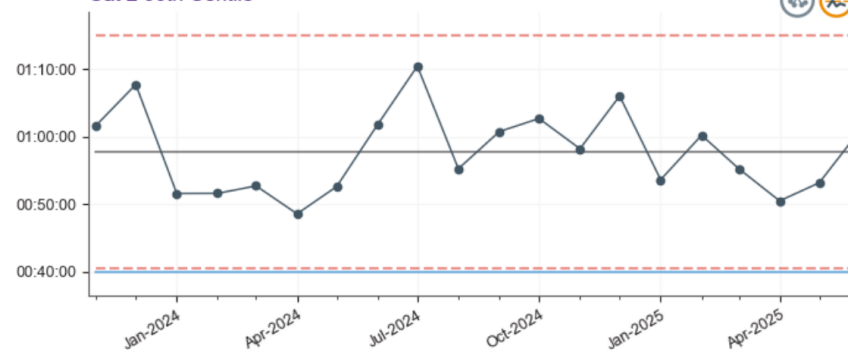
Metric Type: Board

Latest: 00:30:42

Target: 00:26:56

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

Cat 2 90th Centile



999-4

Dept: Operations 999

Metric Type: Board

Latest: 01:01:01

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

What? For the year 2024/5 C1 performance was 8.24 mins against an ARP target of 7 minutes

So what? C1 Mean performance did not improve in June, although level of variation (17sec deterioration) is within normal limits.

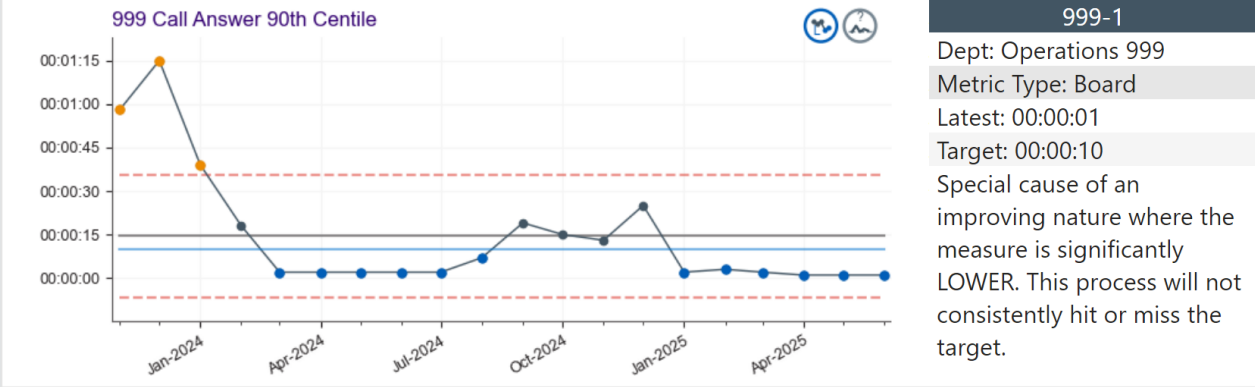
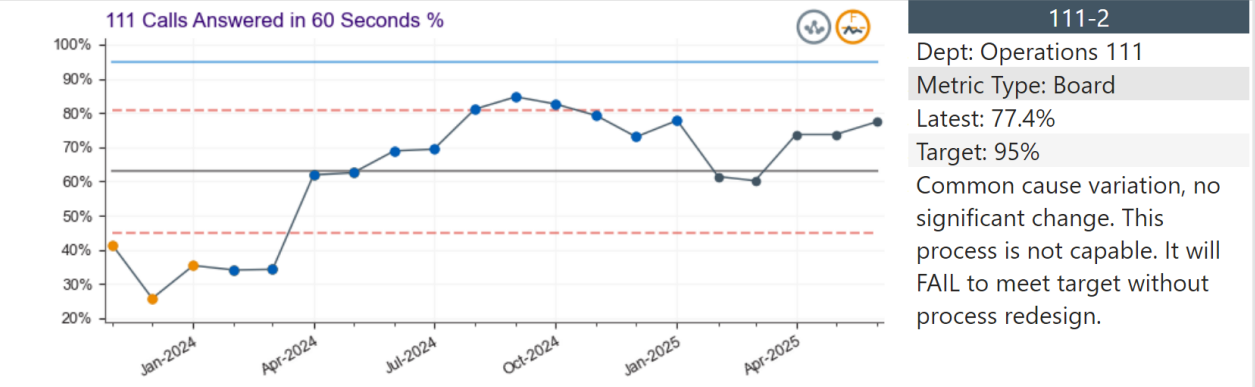
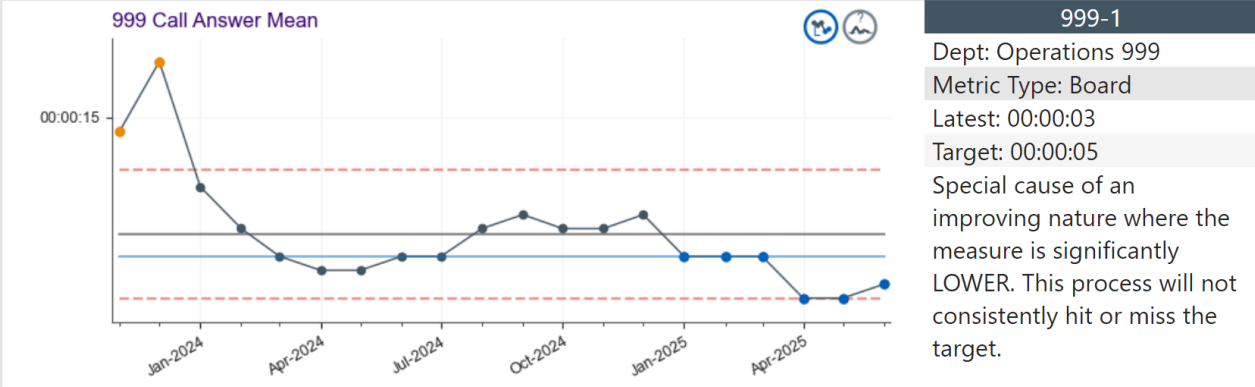
What next? Continuation of the Local Community Dispatch Model is now BAU and does not appear to have had a detrimental impact upon C1 performance and this is being monitored regularly.

Cat 2 Performance

What? C2 Mean in June has deteriorated by 2min 51sec from May.

So what? June has seen more challenges in Field Ops resourcing along with demand pressure points caused by periods of hot weather. The C2 mean is the key performance measure monitored by NHSE and June performance was above target therefore mitigating actions are being put in place.

What next? Continuing 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), along with targeted application of overtime where appropriate. Continued focus on productivity schemes to improve the long-term trend of C2 mean in line with the trajectory through this year.



999 Call Handling Performance

What? Performance in June saw the Trust comfortably meet the AQI target of 5 secs, for the sixth consecutive month, with a call answer mean of 2 secs. Activity in June was up 2.5 % vs. June, with an average 21.9K calls per week. Through negotiation with NHS E via AACE ten of the eleven English ambulance trusts will retain Intelligent Routing Platform (IRP), which facilitates the movement of calls between 999 services more easily, and enables greater 999 call resilience. The current staffing position is 273 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 12 further in training or mentoring. This training has offset staff turnover in Q1 and has ensured good service performance year to date. Sickness and abstraction remained stable within acceptable tolerance levels for June

So what? SECamb's consistent delivery of 999 call answering means the long waits that patients experienced prior to and immediately after the move to the Medway contact centre in 2023 no longer occur. This means patients get a timelier ambulance response and it reduces the pressure on EMAs and the inherent moral injury generated by elongated 999 call waits.

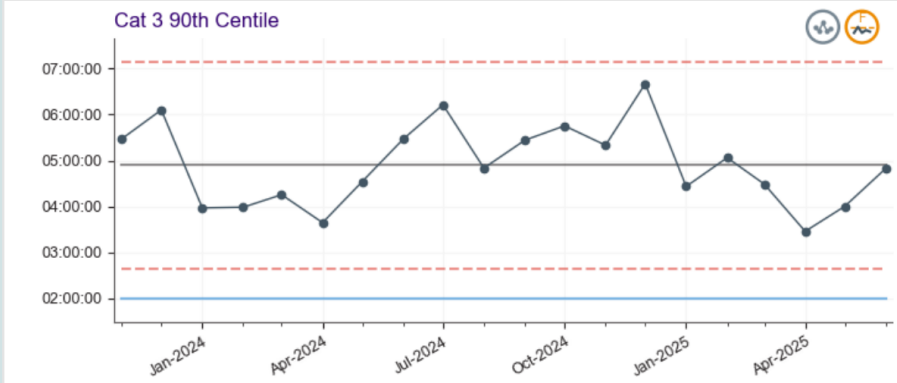
What next? Looking ahead, the service experienced a fall in attrition last month and overtime will be reviewed and targeted where needed. The EOC operations rota review is now fully in place with the updated EMA rota having started in May, with the new dispatch relief rota pilot taking effect in June.

111 Call Handling Performance

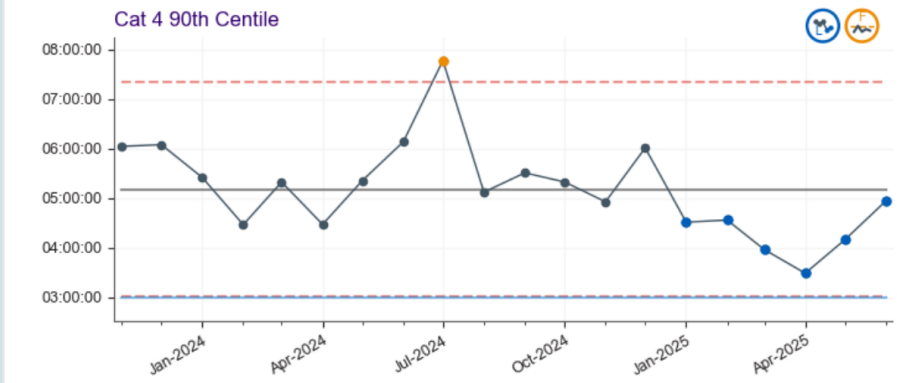
What? The 111-service transitioned to a revised operating model in June, with a new sub-contractor operating configuration and contract in place.

So what? The model has been embedded successfully with improved call handling metrics, with a lower rate of abandoned calls of 4.3% and a quicker average speed to answer of 70 secs. Overall, the service's operational and clinical metrics have improved with a more equitable split of activity between SECamb and its sub-contractor.

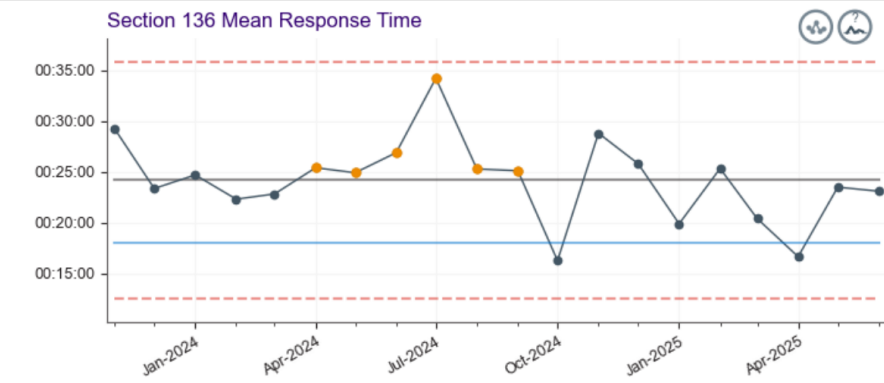
What next? The service is now in a period of stabilisation and is continuing to review to find efficiencies and optimise performance. Recruitment remains positive, with staffing levels now stable resulting in the number of NHS Pathways (NHS P) courses per month being reduced. In June, the total call handling staffing was 271 WTE including 12.6 WTE in training. "Hybrid" flexible working remains a key focus of the service, and currently there are more than 130 operations colleagues with a Hybrid 'kit'. A review of hybrid working and potentially extending this will take place in Q2 25/26, following the changes in operating model in June. The Trust will endeavour to address the ongoing funding shortfall though dialogue with commissioners, with the current service now being extended, and via the Trust's efficiency programme and digital innovation.



999-5
Dept: Operations 999
Metric Type: Supporting
Latest: 04:49:39
Target: 02:00:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-6
Dept: Operations 999
Metric Type: Supporting
Latest: 04:56:28
Target: 03:00:00
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



999-18
Dept: Operations 999
Metric Type: Supporting
Latest: 00:23:06
Target: 00:18:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What? C3 response times are above target, with some known dispatch delays due to all c3 and c4s going into validation and challenges with demand .This can create increased response times. 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.

So what? Ensuring patients are supported through 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. These metrics are also supported by the embedding of staff numbers and the local community dispatch model – however there is still a long way to go to meet the national AQI standards. The risk to patients is low as categorised as non-emergency response however this can affect patient experience and system and longer term outcomes.

What next? We continue to focus on C3 & C4 calls to ensure they have adequate clinical oversight as they are a cohort of patients that are suitable for Hear & Treat and alternative care pathways.

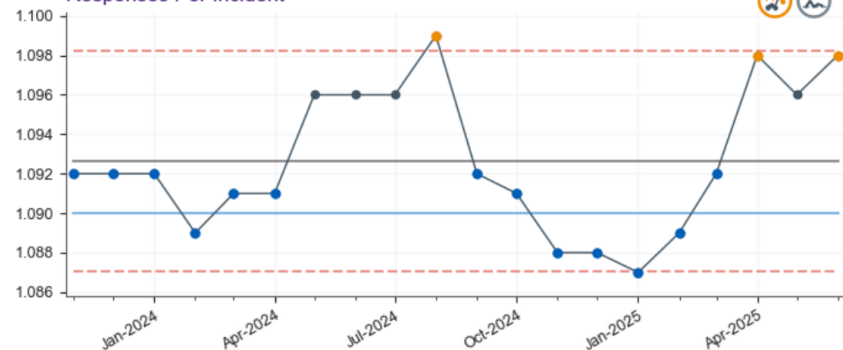
What?
There is no significant change to S136 metric

So what?
Numbers are low and there is some variation in the metric

What next?
We continue to work in partnership with the Police to address the current issues through Right Person Right care Programme



Responses Per Incident



999-17

Dept: Operations 999

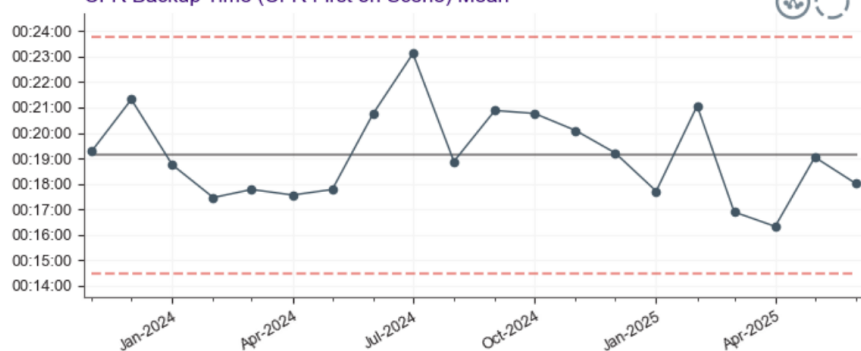
Metric Type: Board

Latest: 1.1

Target: 1.09

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

CFR Backup Time (CFR First on Scene) Mean



999-36

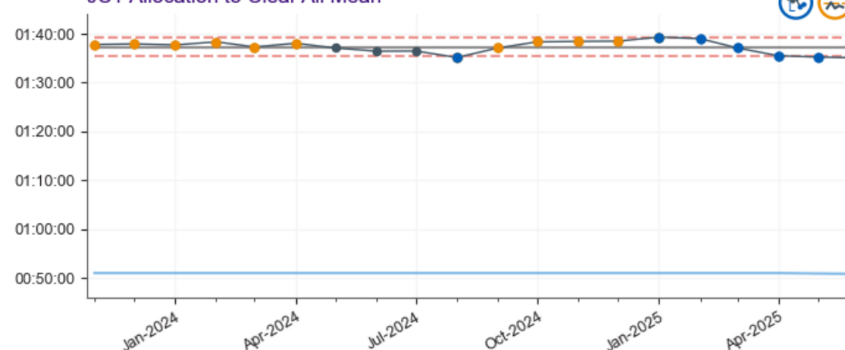
Dept: Operations 999

Metric Type: Board

Latest: 00:18:01

Common cause variation, no significant change.

JCT Allocation to Clear All Mean



999-44

Dept: Operations 999

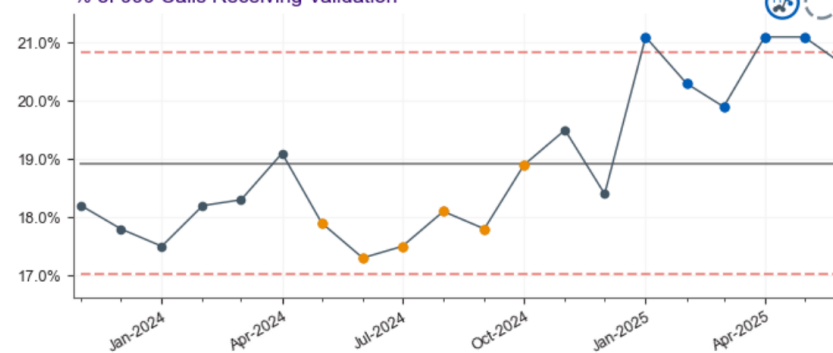
Metric Type: Board

Latest: 01:35:05

Target: 00:50:49

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.

% of 999 Calls Receiving Validation



999-34

Dept: Operations 999

Metric Type: Board

Latest: 20.6%

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

Responses Per Incident (RPI)

What? RPI continues to be a key area of focus for the Trust, with RPI above the target.

So what? This means the Trust is on average dispatching marginally more resource to each incident than planned, thereby adversely impacting ambulance availability elsewhere.

What next? A pilot began in Q1 to enable Critical Care Paramedics, supported by a Resource Dispatcher, to work on the critical care desk to prioritise C2 cases and where appropriate, ensure appropriate resource is dispatched according to the incident acuity and patient needs. This pilot has so far proved successful in Q1 and will continue for at least another 3 months and subject to evaluation, will then be incorporated into Trust standard practice. The Trust is also reviewing its dispatch policy, to ascertain whether it dispatches "excessive" resource for certain incidents.

JCT Allocation to Clear All Mean

What? JCT Allocation to Clear remains above target with a slight improving trend from March 2025

So what? Local Community Dispatch Model (LCDM) has been piloted and demonstrates improvements to overall JCT due to lower travel time and mileage. A robust evaluation has been completed, and this is now part of our BAU plans.

What next? Continue with LCDM and explore other actions that would lead to JCT reduction.

% 999 Calls Receiving Validation

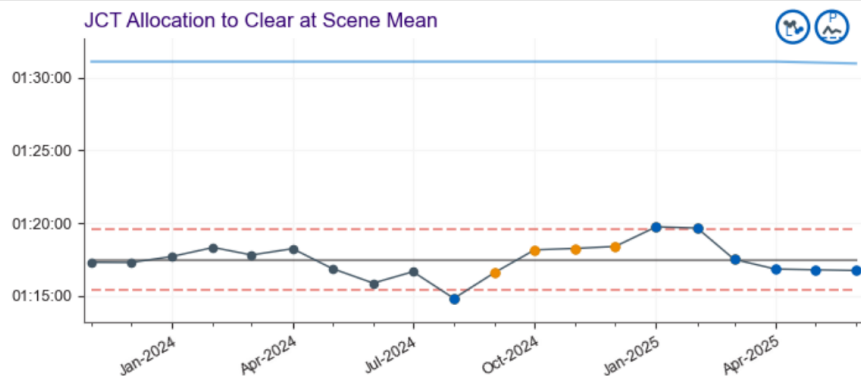
What? There is an improving trend and this is important, as it's aligned to the Trust strategy of clinically assessing cases pre ambulance dispatch, where safe and appropriate to do so.

So what? The Trust is increasing its virtual care capacity in the hubs, following NHS PaCCS training, with the new 50:50 UEC:VC rotas going live in July.

What next? The Trust Virtual Care programme will support this goal going forwards, as specialist capacity and productivity of clinician intervention prior to ambulance dispatch increases.



JCT Allocation to Clear at Scene Mean



999-11

Dept: Operations 999

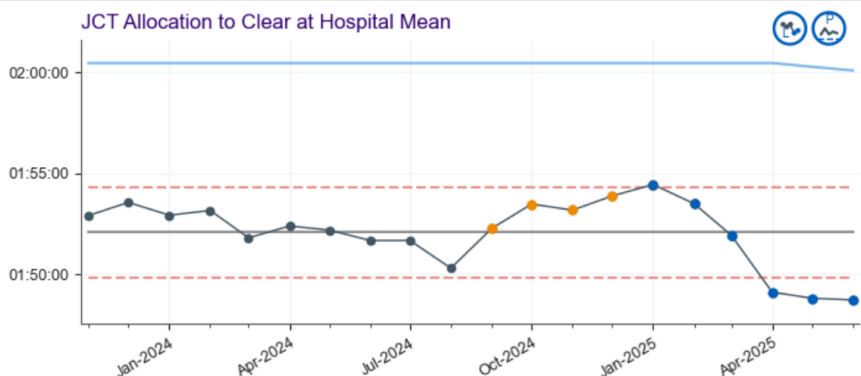
Metric Type: Board

Latest: 01:16:45

Target: 01:30:58

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

JCT Allocation to Clear at Hospital Mean



999-11

Dept: Operations 999

Metric Type: Board

Latest: 01:48:45

Target: 02:00:05

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

JCT Allocation to Clear at Scene and at Hospital.

What?

Improved JCT clear at hospital has continued from April into June.

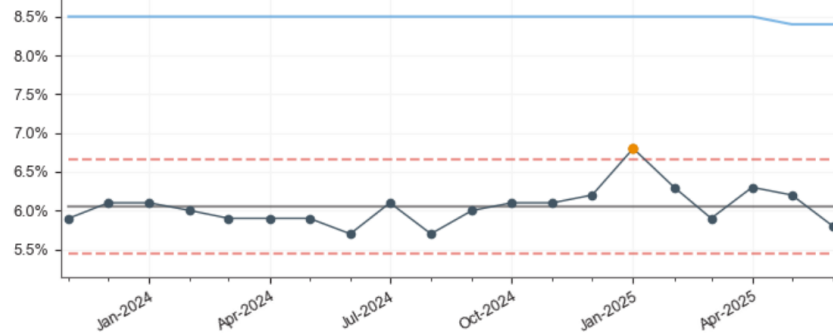
So what?

This improvement is driven by improvement in handovers at hospital and crew to clear.

What next?

Further improvements are intended to be realised as we focus on efficiency actions and working in partnerships with hospital colleagues.

% of 999 Calls from Nursing Homes



999-35

Dept: Operations 999

Metric Type: Board

Latest: 5.8%

Target: 8.4%

Common cause variation, no significant change. This process is capable and will consistently PASS the target.

What? - Percentage of 999 calls from nursing homes

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.

So what?

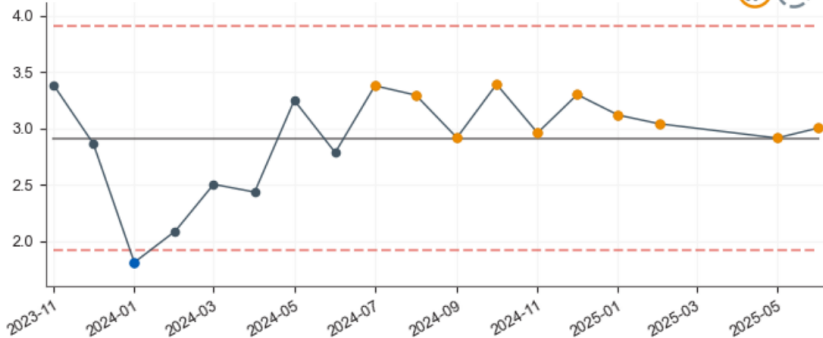
This APP has been commissioned to lead a project, Trust-wide, to work with the care homes who call 999 most frequently to support and educate them on what to call for help and when to manage the situation within the care facility.

What next?

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



Harm Incidents per 1000 Incidents



QS-29

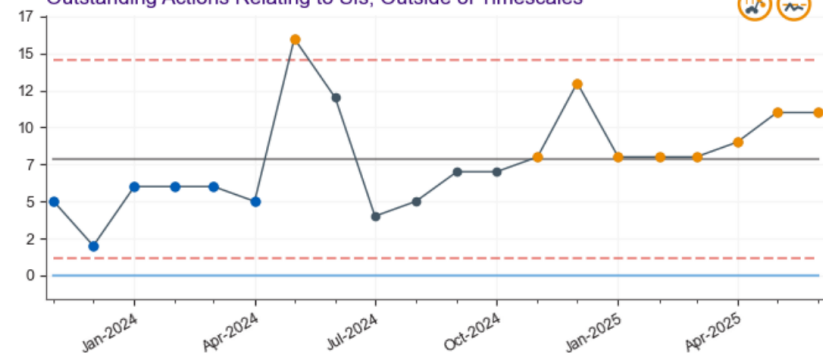
Dept: Quality & Safety

Metric Type: Supporting

Latest: 3

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

Outstanding Actions Relating to SIs, Outside of Timescales



QS-17

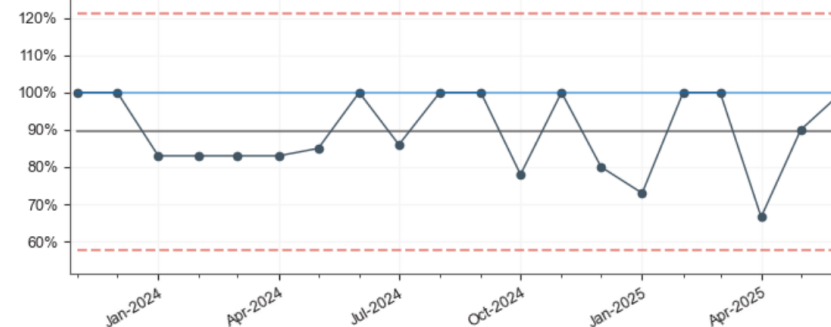
Dept: Quality & Safety

Metric Type: Supporting

Latest: 11

Target: 0
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.

Duty of Candour Compliance %



QS-3

Dept: Quality & Safety

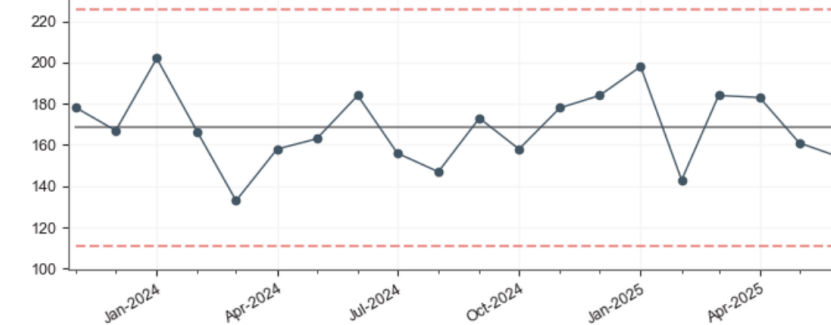
Metric Type: Supporting

Latest: 100%

Target: 100%

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

Number of Medicines Incidents



MM-1

Dept: Medicines Management

Metric Type: Supporting

Latest: 154

Common cause variation, no significant change.

Harm per 1000 incidents

What? The annual number of incidents reporting moderate, severe or fatal harm remains consistent and the drop in harm reported in early 2024 would explain how this expected common cause variation would suggest special cause of a concerning nature.

So What? The reduction in harm in 2024 coincides with the introduction of PSIRF and DCIQ. As such the data for this time may not be reliable.

What next? The Patient Safety framework is moving away from monitoring safety through harm although a focus on incidents triggering duty of candour.

Outstanding actions relating to Serious Incidents (Sis), outside of timescales

What? These are actions agreed following now closed Serious Incident Investigations and are pending evidence of completion to close.

So what? This special cause of a concerning nature might suggest incomplete actions may lead to a similar patient safety incident, but we understand most actions are person focused and unlikely to result in system improvement likely to be seen under PSIRF.

What next? Outstanding actions are now monitored at DGG level to provide supportive oversight.

Duty of candour compliance

What? Our target is to undertake 100% of duty of candour within ten working days (a regulatory requirement).

So what? Compliance was 100% in June, but we do experience common cause variation each month. In general, this may be because we are unable to source contact details during this time period or experience complex safeguarding challenges.

What next? Weekly reporting at system-led Incident Review Groups and a focus on written improvement responses with training being rolled out to improve the quality of these duty of candour conversations.

Number of Medicines Incidents (MM-1)

What?

Incident reporting has decreased slightly over the last two months but is aligned to common cause variation.

So what?

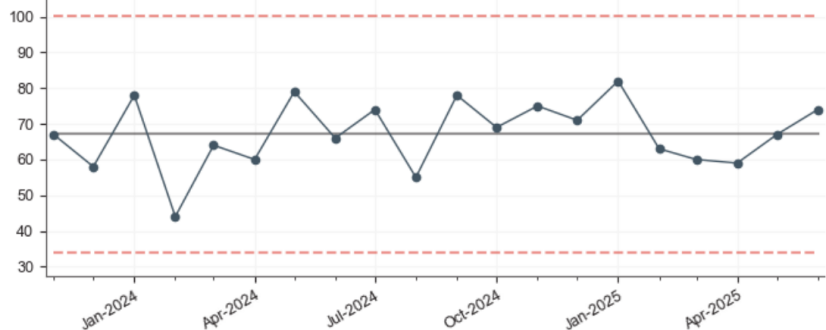
Individuals are encouraged to report medicines-related incidents to demonstrate transparency, integrity; supporting the identification of trends and subsequent learning, quality improvement and increased patient safety.

What next?

Reporting of medicines-related incidents continues to be encouraged and supports evidence of patient safety care. Themes are discussed at Medicines Governance Group for further action.



Number of Complaints



QS-5

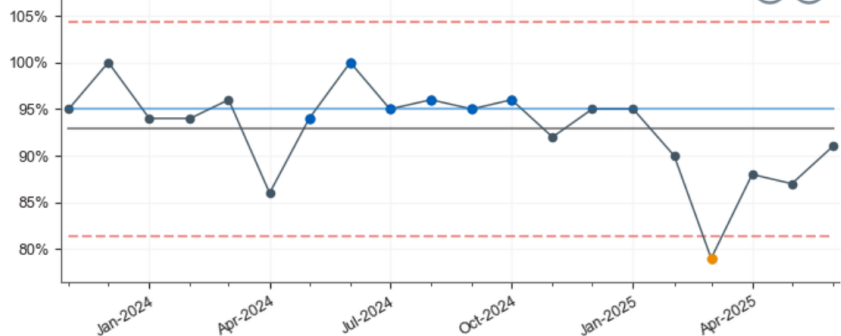
Dept: Quality & Safety

Metric Type: Supporting

Latest: 74

Common cause variation, no significant change.

Complaints Reporting Timeliness %



QS-4

Dept: Quality & Safety

Metric Type: Supporting

Latest: 91%

Target: 95%

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

What?

- The number of complaints received is within the normal variation.
- There was a dip in response timeliness due to sickness within the team, but this was back over 90% for June.

So what?

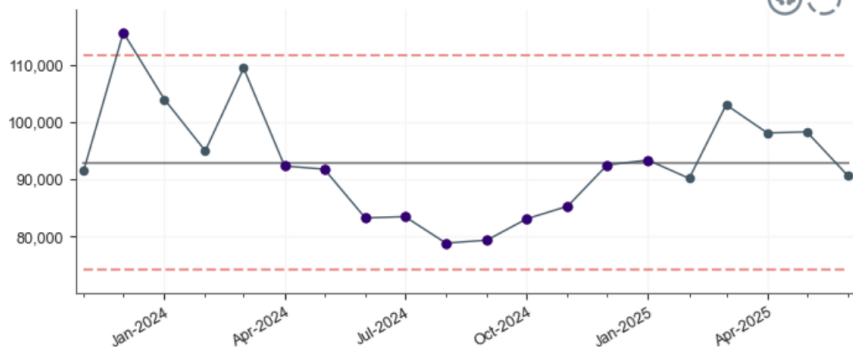
- There are no concerns that the no. of complaints across the Trust are increasing and the process for managing these is consistent.

What next?

- As reported on the last report, an organisational change process underway, from 1 September 2025, the PALS team will move 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.
- Continue to process new complaints in a timely manner.
- Increase response timeliness to Trust 95% target.



111 Calls Offered



111-1

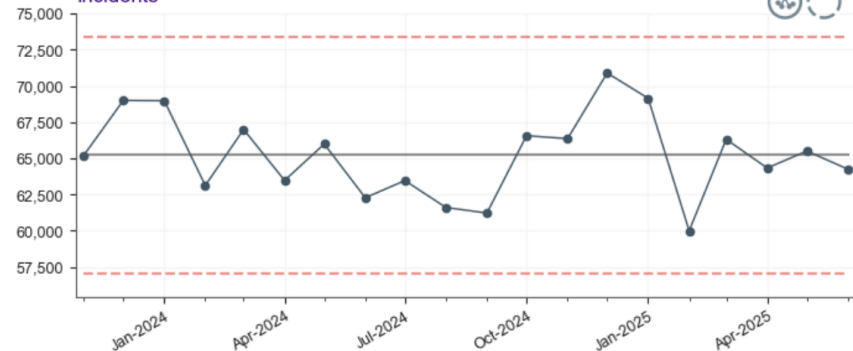
Dept: Operations 111

Metric Type: Supporting

Latest: 90618

Common cause variation, no significant change.

Incidents



999-10

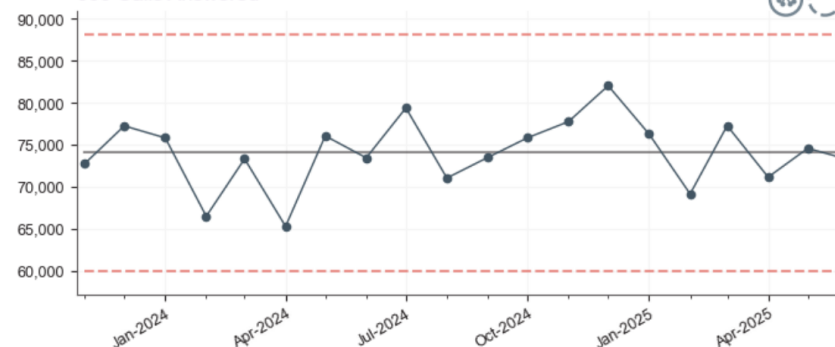
Dept: Operations 999

Metric Type: Supporting

Latest: 64247

Common cause variation, no significant change.

999 Calls Answered



999-10

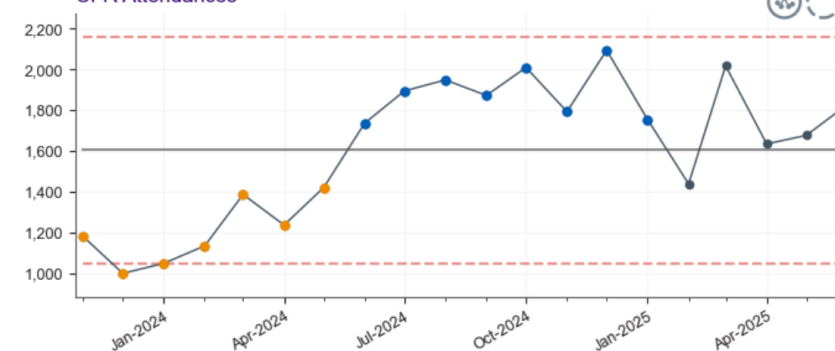
Dept: Operations 999

Metric Type: Supporting

Latest: 73230

Common cause variation, no significant change.

CFR Attendances



999-10

Dept: Operations 999

Metric Type: Supporting

Latest: 1827

Common cause variation, no significant change.

111 Calls

What? Although the underlying number of calls offered in 111 is trending upwards, there was a small dip in June in comparison to May, as there were two less public holidays. However, the actual number of calls answered and the average speed to answer are on an improving trajectory. The service continues to record an abandoned call rate below the contractual target of 5%.

So what? The 111 service does have a positive impact on our 999 service and other system service providers, including EDs and primary care.

What next? The 111 service has now entered a period stabilisation, following the change in operating model in Q1. It will continue reviewing opportunities to implement digital innovation and improve service efficiency and the patient care.

Incidents

What? The volume of incidents that the Trust has responded to has remained broadly level across the past 15 months.

So what? 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.

What next? The Trust is reviewing its current scheduling function as part of the organisational change process, with a view to optimising planning and forecasting going forward, to optimise performance.

999 Calls

What? 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.

So what? Patients wait less time to have their 999 calls answered, meaning a timelier response and reducing the time before a call is passed on for clinical assessment or ambulance dispatch.

What next? The service is working with SCAS to identify best practice that can be shared and improve operational efficiency across their contact centres.

CFR Attendances

What? Slight improving trend since April.

So What? Not a significant change

What Next? New appointment to lead role for volunteers from July and their focus will be to set out an improvement plan and implement. The Board has approved the AACE report on volunteering and plan to develop a strategy so work will be undertaken in line with this process.



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

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



| | |
|------------------|-------|
| Agenda No | 56/25 |
|------------------|-------|

| | |
|------------------------|--|
| Name of meeting | Trust Board |
| Date | 07 August 2025 |
| Name of paper | Quality & Patient Safety Committee Assurance Report – 26 June 2025 |
| Author | Liz Sharp Independent Non-Executive Director – Committee Chair |

INTRODUCTION

The Quality & Patient Safety Committee is guided by a [Cycle of Business](#) that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk.

This assurance report provides an overview of the most recent meeting on 26 June 2025, and is set out in the following way:

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

ALERT

Models of Care

This key strategic programme is delivering as planned. The committee took time to explore the dependency on system partners and is pleased that partners are well engaged. The unscheduled care navigation hubs are cited as a good example of effective multi agency working.

The committee also explored how we ensure good patient outcomes for the patients we do not convey, and noted that this is being built in to the programme; there are still issues with access to patient data when they leave our service; a national shared care record is the long term vision.

This discussion reinforced the importance of digital alignment, with digital input needed for each model of care. The digital plan is due to be considered by the Board in August.

Cardiac Care is one of the models of care, and while we have the highest cardiac survival of all ambulance trusts, the committee sought assurance that we are using data to improve even further. There was a constructive discussion about equity with some of the more deprived areas in our region having fewer public access defibrillators and fewer community first responders, reinforcing that cardiac survival is not an issue solely for the ambulance service. There is a relaunch of Good Sam in September, and the committee will return to this topic at its meeting in November.

Virtual Care

One of the main areas of risk / concern from this programme is hear and treat. There is a challenging target and also some confusion nationally about how different trusts count this; the way we count is considered to be cautious. The committee acknowledges this is complex and in aiming to meet the target we must maintain quality.

Overall, the committee does not have the level of assurance it would like, especially when triangulating data from complaints, and noting the ongoing work to upskill our clinicians in this virtual care space.

Both these strategic programmes will remain a focus throughout the year.

UEC Pathways Development

Connecting the discussions on models of care and virtual care, the committee welcomed the efforts of the executive to engage commissioners in these pathway developments as there is only so much we can reasonably do. There is some positive progress with enhanced UEC pathways and identifying pathway gaps.

Challenges include clinical oversight with some pathways led by partners, some ICBs, and some NHSE, leading to much variation. Consistency is therefore a key barrier, and work is ongoing to reduce unwarranted variation.

The divisional model will position us well with the quality and clinical leads ensuring local focus to best needs of the populations.

At a national level we have input into the draft national ambulance commissioning specification. Regionally, we are using our models of care to reinforce with commissioners what good outcomes are so that as part of the planning round for next year we are more outcomes focussed. The committee encouraged the executive in this work and with the need to demonstrate to commissioners how innovation can deliver better patient care.

EOC / 111 Risk

This is an excellent example of how a number of issues have been brought together to establish one augmented risk, related to ensuring the ongoing competency of EOC staff. The committee took much assurance from the actions being taken with now weekly oversight of a detailed action plan. This will ensure effective feedback is provided consistently to ensure high standards. A quality summit is scheduled for August which acknowledges the complexities with call centre quality and productivity e.g. balancing quality and performance and compassion fatigue. The committee will then consider in September an update on the action plan.

Unscheduled Care Navigation Hubs Evaluation

The committee noted that via the finance committee further analysis is needed to assess value for money noting that on average one patient was assessed via the hubs each hour. The analysis was unable to determine clear patient outcomes, although some acute trusts perceived a benefit through lower conveyance to emergency departments. There was other feedback that little difference was made as the pathways are not available (link to earlier item).

In summary, the evaluation doesn't really draw clear conclusions relating to clinical outcome or cost. The next step is to design our approach to winter via the virtual care programme and discuss with commissioners the model of hubs they prefer, e.g. physical or virtual.

ASSURE

ADVISE

Integrated Patient Safety Report Including Q1 LFD Report

This report presents key patient safety themes identified through triangulated data from incidents, complaints, claims, inquests, and patient engagement. Six priority themes are explored: call handling, mental health emergencies, ambulance response delays, medicines, equipment and working with our partners. While safety improvements are underway, the committee supported the continued focus on:

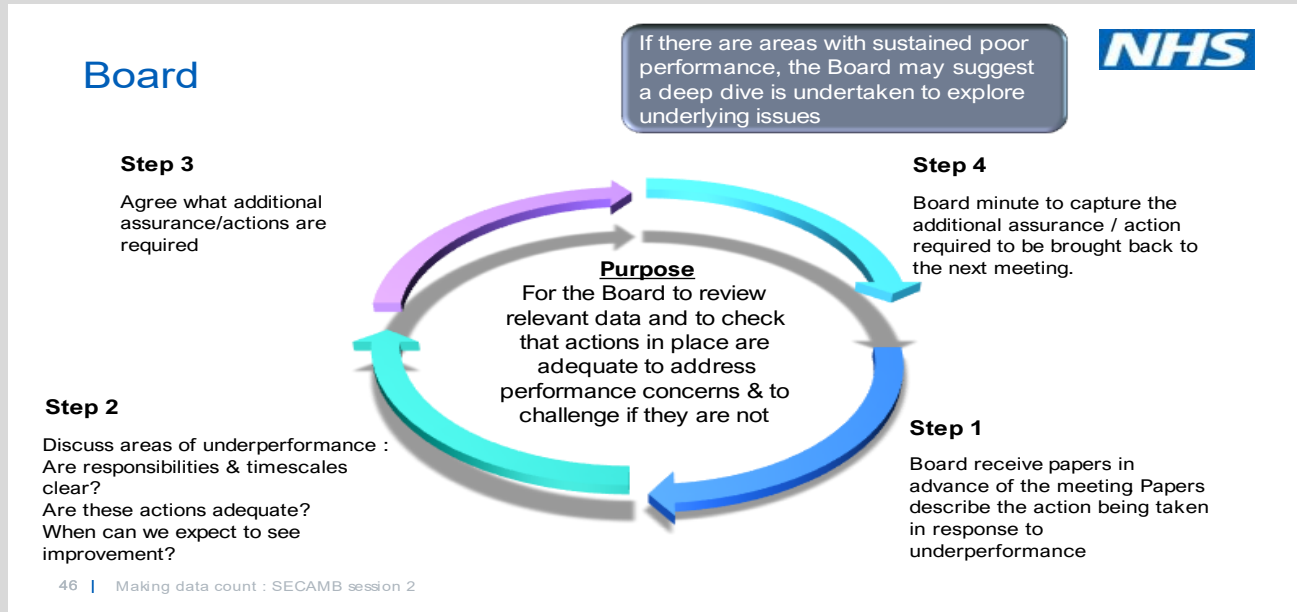
- Strengthening quality of Duty of Candour and patient involvement
- Embedding system-wide learning and safety improvements
- Addressing risks in call handling, timely ambulance responses and oxygen delivery
- Ensuring safe care for patient experiencing mental health crisis

Quality Account: Suicidal Patients Declining Conveyance (decision framework)

Mental Health is one of the 11 models of care and the committee noted the challenges for our staff in these situations. Issues include access to records and our clinicians are able to get the most up to date information for people in contact with mental health services. It is a very complex area and there is good clinical support for crews who need to escalate / seek advice.

Recommendation

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





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|---|--------------------------------------|---------|-------|
| | | Item No | 57-25 |
| Name of meeting | Trust Board | | |
| Date | 07.08.2025 | | |
| Name of paper | Chief Paramedic Board Report | | |
| Executive Lead | Jaqualine Lindridge, Chief Paramedic | | |
| <p>This is the first report from the Chief Paramedic which provides a summary of the issues during the first quarter of 2025-26 and seeks to bring the voice of the paramedic and clinical workforce to the Trust Board of Directors.</p> | | | |
| Recommendations, decisions or actions sought | For Information | | |



Report of the Chief Paramedic Officer

Date: August 2025

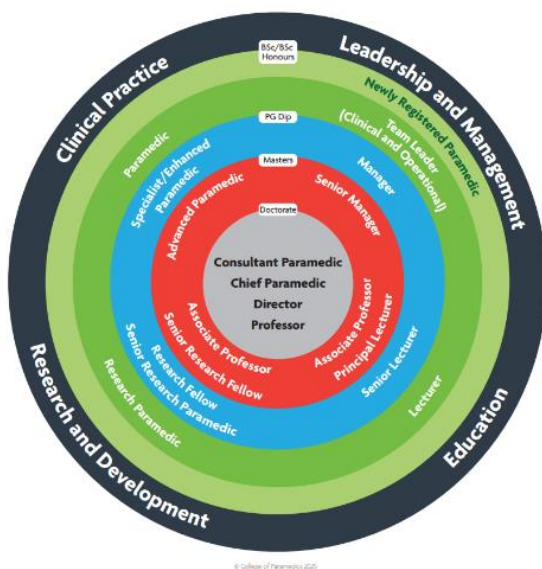
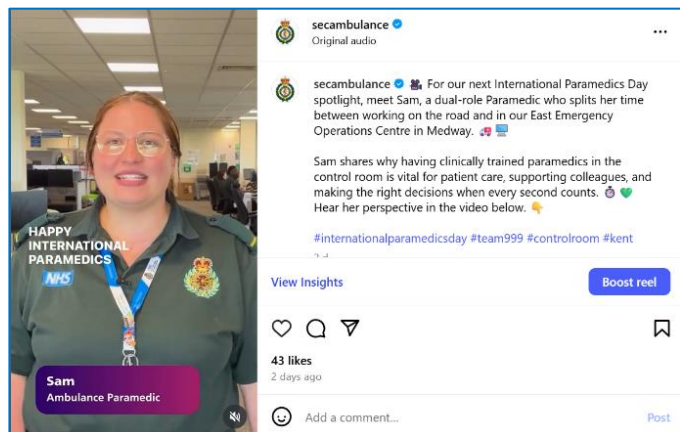
Prepared by: Jaqualine Lindridge

For: Trust Board of Directors

Introduction

This report provides a summary of the issues raised to the Chief Paramedic during the first quarter of this financial year and seeks to bring the voice of the paramedic and clinical workforce to the Trust Board of Directors.

We celebrated International Paramedics Day on the 8th July. This year's theme was 'unity and community', in recognition that no paramedic works alone. We spotlighted several paramedics across the Trust, including Sam who in true 'unity and community' style works collaboratively across the frontline in both Field Operations and in our Emergency Operations Centre (EOC) at Medway. I'd like to begin this report by thanking all our paramedics for everything they do to care for our patients and to make SECamb a great place to practice paramedicine.

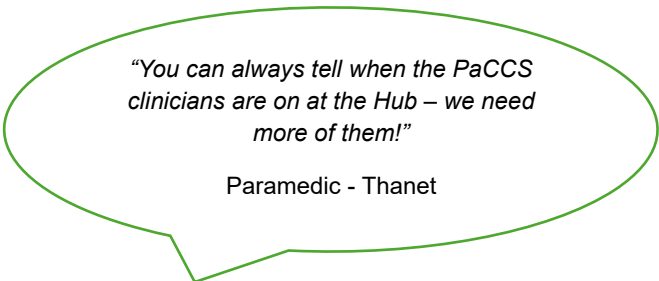


The report that follows is set out in four main sections, reflecting the College of Paramedics career framework. This sets out four pillars of practice: clinical practice, leadership and management, education, and research and development.

Using this framework, this report will set out views from our paramedic and clinical workforce, enabling their voice to be heard by the Board.

Clinical Practice

Many of our clinicians have told me that they crave better access to community pathways and frequently struggle to access the right pathways to meet patients' needs, particularly when they are presenting with a low acuity problem. Alongside this, I have heard praise from field operations clinicians for our virtual care colleagues, with staff reporting that they see a noticeably different case load when their local hub is well staffed with virtual care clinicians.



"You can always tell when the PaCCS clinicians are on at the Hub – we need more of them!"

Paramedic - Thanet

I have also heard from clinicians that there is more opportunity to link education and clinical practice, for example by developing short videos and skill drills for infrequently performed skills which staff can access from time to time to help them to stay fresh with procedures which paramedics use rarely but in high-stakes situations. Following on from this, there is a sense of real anticipation for clinical supervision, and I am hearing from colleagues that they are keen to get going with this as it is implemented across the Summer.

June also saw our Advanced Paramedic Practitioner (APP) conferences take place in Kent and Sussex. At these events I heard from a variety of APPs on their ideas for developing clinical practice, including testing non-medical prescribing processes for APPs in field operations (it's coming!) and on the challenges of maintaining skills in a multi-functional role which crosses field operations and virtual care. I also heard of the challenges in overnight capacity and demand, and we need to more to support our clinicians at particular times of day.

The inclusion of 'post discharge review' familiarisation on the quarter one key skills programme has led to much debate, with clinicians keen to receive feedback on their clinical practice in this and other areas. Alongside this I hear frustrations from our clinicians in the extent of digital access to information which can help them to meet the care needs of patients, both in relation to clinical feedback but also in relation to navigating the healthcare system and accessing the health records and care plans they need to ensure they provide the most safe and effective care they can for patients.

In response to issues raised, we are:

- Investigating how we improve access to appropriate care pathways and the development of 'trusted assessor' models as well as reviewing the technology we use to navigate directories of services
- Developing a feedback app, called MySECAmb, to provide clinicians with greater insight into the care they provide to patients
- Piloting access to electronic health records using GP connect and NCRS

Leadership and management

Key issues raised to me by colleagues in relation to wellbeing are late breaks, late finishes and working out of their normal areas when the service is busy. This has been an issue for some time, and earlier this year we commenced piloting a Local Community Dispatch Model.

This pilot has been well received, with staff reporting that they are working out of their normal areas much less frequently, and this is helping them to provide patients with better care as they are practising more often in the healthcare system they are most familiar with. The impact of the pilot has also had a positive effect on staff wellbeing, improving access to timely breaks and importantly helping our people to go home on time more often at the end of their shifts.

A related wellbeing issue is access to flexible working. This is important to our clinical workforce in relation to work-life balance, managing caring responsibilities and supporting access to portfolio careers. Alongside this, I have heard from clinicians who would both value a closer sense of team at their base locations and would like to feel more connected with colleagues in different, but closely linked departments, such as field operations and EOC, suggesting a need for more closer working opportunities.

Moving on from wellbeing to improvement, every clinician joining field operations undertakes a clinical induction course at Brinsbury College to prepare them to practice safely and effectively in our workplace. At the end of each course, clinicians team up to share their improvement ideas. One of the recent cohorts was particularly conscious of the environment and has suggested a novel uniform recycling scheme!



In response to issues raised we are:

- Considering a pilot of self-rostering and team-based working
- Considering the feasibility of implementing a uniform recycling scheme

Education

The education pillar of practice has been a key talking point for clinicians across the Trust. I have heard that our core annual clinical update programme, Key Skills, is improving and I found my first experience of this programme at Chertsey to be very well delivered. Our Continuing Professional Development offer is comprehensive and provides much of the learning opportunities clinicians seek. I have also heard that this CPD programme focusses on field operations, and we need to do more for paramedics and other clinicians working in our Emergency Operations Centre and Integrated Care services, as well as our volunteers, to ensure they have parity of access to CPD.

"One of the reasons I work here is because the CPD available here is just so fantastic!"
Paramedic - Medway

I have heard that the development time afforded to Newly Qualified Paramedics is very well received and an important component of their development as they start their career journey. Alongside this, I have also heard that there is a lack of elective development time for our paramedics working at the band 6 level, and this is an area for us to consider.

Focussing on our apprentice paramedics, I have heard consistent feedback that there is opportunity to improve how we provide consistent mentorship during their degree

programmes, and also that some staff experience financial challenges when undertaking longer term training activities which is another area we need to do further work in.

In response to issues raised we:

- Are developing an integrated education department to ensure equity and parity of access to education across our staff groups
- Are undertaking a training needs analysis for virtual care clinical practice to inform the introduction of key skills for EOC based clinicians
- Have developed a new locally based Clinical Education Practitioner role to provide greater access to education and mentorship for apprentices and other learners
- Are scoping a multi-year education and development strategy to further transform education services, responding to learner feedback and needs

Celebrating success



I'd also like to share a celebration for our driver training department, who received an award in June. The team were hailed 1st place runner up in the supporting apprenticeship through driving award by FutureQuals who gave the accolade for the approach our driver training department took in supporting students and how the team have contributed to the wider successes of the students through apprenticeship schemes.

Well done!

Research and development

In the first quarter of the year, SECamb contributed to 5 research publications, covering critical care, resuscitation, trauma and clinical feedback. One of these articles was published in collaboration between SECamb and Barts Heart Centre and reported on a retrospective cohort study examining the impact of our critical care paramedic (CCP) service on the delivery of care to patients who have achieved a return of spontaneous circulation (ROSC) after an out of hospital cardiac arrest. The results of this study were that CCPs had a positive impact on the delivery of the post-ROSC bundle of care, an important measure of the effectiveness of the care we provide to this important patient group. Alan Cowley, our Head of



Original research



Does critical care paramedic deployment improve delivery of post-resuscitation care following out-of-hospital cardiac arrest? A retrospective cohort study

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Critical Care, undertook this study as part of his master's degree, which underlines the important link between clinical practice, research and development, and education. Our CCP service is a highly research active team, with 17 peer reviewed articles published since 2018 and another one currently in peer review.

Our Research and Development team held a clinical research summit on prehospital pain management in July, at the University of Kent. The voice of paramedic researchers was heard loud and clear with three amazing speakers: Greg Whitley from East Midlands Ambulance Service, Victoria Dra'gon from South Central Ambulance Service and Mike Smyth from the Warwick Clinical Trials unit, all of whom presented actionable research findings with the ability to influence and improve care for patients. I was struck by the quality of the research presented, the interesting debates and the strong appetite from summit delegates to bring more evidence-based practice into the ambulance setting.

In response to issues raised:

- We should use the emerging evidence to inform the development of education and clinical practice in relation to analgesia

Conclusion

This report highlights celebrations, improvement ideas and concerns through the lens of our paramedics and clinicians across all four of the pillars of practice which structure our work. The rich feedback received from our staff is used to influence and effect improvements in how we structure our practice and develop our clinical services at SECamb.

The feedback within this report will be used to inform in particular two of the key objectives this Board approved for the Chief Paramedic earlier this year, the development of a multi-year integrated education strategy and the development of a trust wide learning framework. The support of this Board is sought in ensuring these strategies and frameworks are balanced and ambitious both in responding to clinician feedback and in meeting the needs of patients and those who care for them.

In conclusion, I would like to thank all our staff for their hard work and contributions in ensuring we deliver high quality care to our patients.





South East Coast
Ambulance Service
NHS Foundation Trust



Board Assurance Framework

2025/2026

August





Our People Enjoy Working at SECAMB



Our People enjoy working at SECAMB Executive Summary



- ✦ As we progress into Year 2 of our People Services Improvement Programme, we are building on the strong foundations laid during Phase 1. The restructure of the People Services function is well underway, with consultation completed and recruitment into new roles progressing. This marks a significant step toward delivering a more efficient, responsive, and supportive service for our staff.
- ✦ We acknowledge that the scale and pace of organisational change have presented real challenges. The restructure process has been difficult and has had a tangible impact on our people, contributing to increased workloads and pressure across teams. While necessary for long-term improvement, these changes have affected delivery timelines and staff experience. We are actively working to mitigate these impacts through improved engagement, clearer governance, and targeted support.
- ✦ The Trust remains in a period of significant transformation. The implementation of the Clinical and Corporate Operating Models is progressing, with divisional structures now in place and leadership teams appointed. However, we recognise the ongoing risks associated with change fatigue, workforce capacity, and the need for sustained cultural improvement.
- ✦ Our focus remains on addressing root causes, improving staff experience, and ensuring the People function is equipped to support the organisation through this transition and beyond. The launch of the Trust shadow board and a refreshed Wellbeing Strategy are key enablers in achieving our ambition to make SECAMB a great place to work.

Our people enjoy working at SECamb

| | |
|---|-----------------------|
| 1 | Tier 1 |
| 2 | Tier 2 |
| 3 | QI |
| 4 | 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 | Q3 | | EMB | | Chief People Officer | People Committee |
| | Implement transition to first phase of Clinical Divisional Model | Q2 | Q2 | | EMB | Yes | Chief Operating Officer | People Committee |
| | Complete design of second phase of Clinical Divisional Model | Q4 | 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 | 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 | No | People Committee | July 25 |
| Implement Shadow Board | | | | Director of Communications/ Chief People Officer | EMB | No | People Committee | May 25 |
| Embed Values & Behaviours Framework | | | | Chief People Officer | EMB | No | 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. | 16 | 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 |

Our people enjoy working at SECamb

2025/26 – Compliance & Assurance

| Compliance Initiative | Current RAG | Previous RAG | Executive Lead | Oversight Committee | Date of Scheduled Review at Committee | Committee Feedback |
|---|-------------|--------------|-------------------------|---------------------|---------------------------------------|--|
| Equality Act / EDI Plan | | NA | Chief People Officer | People | Sept 2025 | EDI has been a focus at the Board Development sessions in 2025, and four priority areas have been agreed. Progress against these is due to be formally assessed by the People committee in September. |
| Meet our Sexual Safety Charter commitments | | NA | Chief Nursing Officer | People | July 2025 | The committee is assured by the progress in the last 12 months and is confident this has the right level of priority within the executive. It acknowledges much of the underlying cultural issues require time to rectify. Some concern was expressed about how there had been a loss of momentum in some areas of the Charter. The work through the local leadership team will support the cultural shift needed. |
| Education | | NA | Chief Paramedic Officer | People | Sept 2025 | As reported to the Board in June, the committee was assured with the level of grip demonstrated by the executive, following the NHSE Education Quality Review. It will assess the evidence required by the October deadline to seek assurance all the necessary actions have been taken. |
| Statutory & Mandatory Training & Appraisals | | NA | Chief Paramedic Officer | People | July 2025 | There is good progress with stat and man training – now meeting the 85% target. However, work still needed to improve appraisal rates. This is being supported by improvements in the system and the committee expects to see better compliance over the next quarter. |

| Board Highlight Report – People Services Improvement Programme | | | | | | SRO / Executive Lead: | | Key | | | |
|---|--|--|---|---|---|--|---|---|--------|--|--|
| | | | | | | Sarah Wainwright | | Completed | | | |
| | | | | | | | | On Track | | | |
| | | | | | | | | At Risk | | | |
| | | | | | | | | Delayed | | | |
| Progress Report Against Milestones | | | | | Previous RAG | Current RAG | RAG Summary | | | | |
| Key achievements against milestone <ul style="list-style-type: none">Corporate Restructure Phase 1: Restructure concluded. Lessons learned and closure report in progress.HRBP & ER Team Changes: Redeployment meetings underway. ER B7 and B8 job adverts approved. 2 X B6 Policy Advisors adverts outInterim Support: Business Support Facilitator and Administrator successfully onboarded. 2 x Senior ER Managers 8A appointed (1 year FTC) + 1 x Head of ER Operations (FTC until Sep)ER Case Settlements: currently in progressER Data Quality: ER Data Workshop held on 10 July with a focus on strengthening internal processes and confidence in reporting. Priorities agreed to improve data complianceEngagement Sessions: Initial directorate sessions complete. Q3 rounds to be confirmedPayroll Contract Review: Potential extension required at this stage to allow for thorough reviewSexual Safety Charter: SRO changes, internal audit in progress. Sexual Safety Policy approved at JPF. Communication and embedding plan in progress (People Committee) Upcoming activities and milestones <ul style="list-style-type: none">Embedding New Structures: Ongoing focus on implementing new structures, tracking impact, and adjusting interim arrangements. HRBP absence contingency plan is being finalisedRe-org Communications: Internal department comms to support transitionExternal audit Case Review: Integrate recommendations into programme scope and timelineNational Policy Framework: Approved at JPF. Begin phased rolloutPriority Policy Reviews: Grievance and Disciplinary reviews scheduled to start w/c 04 Aug. Reviews underway for additional People and Operational/Efficiency PoliciesER Case Backlog Review: Deep dive into backlog and resourcing pressures w/c 25 AugRecruitment Hub: Case drafting in progress for Aug SACS review Escalation to Board of Directors <ul style="list-style-type: none">None | | | | | | | The programme remains in active delivery, with key Q1 milestones achieved and interim support in place. However, limited internal appointments following the restructure have triggered redeployment and redundancy processes, leading to workforce disruption and reduced engagement. Scope changes underway to realign expectations and sustain momentum. | | | | |
| | | | | | Risks & Issues | | Initial | Current | Target | 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 space | | 16 | 12 | 8 | <ul style="list-style-type: none">Rephase programme deliverables to align with realistic staff onboarding timelinesInterim and FTC support in place to cover activitiesSMG supporting reprioritisation and sequencing of lower-impact activity to protect ER delivery capacity | |
| Issue Restructure outcomes led to delays in appointing senior leadership to the divisional model, which coupled with ongoing challenges related to TU representation, is directly impacting the progression of ER cases. | | N/A | 9 | 6 | <ul style="list-style-type: none">Transition team in place to provide interim leadership and manage escalationsPrioritisation framework being applied to high-risk ER casesReview of TU abstraction approach underway to improve consistency and capacity | | | | | | |
| Q1 (Apr-June 25) | | Q2 (Jul-Sep 25) | | Q3 (Oct-Dec 25) | | Q4 (Jan-Mar 26) | | Outcomes | | | |
| Consultation completed  | |  New structures in place | | Business Partner teams in post  | | Recruitment, Service Centre, OD & EDI Business Case Approved  | | Recruitment, Service Centre, OD & EDI consultation launched  | | | |
| Data compliance audit completed  | | Grievance Panel & MDT Frameworks reviewed  | |  New ER ways of working embedded | |  Divisional BI Dashboard released | | <ul style="list-style-type: none">Embed People Services new structures to enable effective supportDevelop Case for Change for optimising Recruitment and Service Centre functionsEnhance ER processes to ensure fair, timely case resolutions with strengthened staff confidence in People ServicesDevelop capability and professional practice of People Services | | | |
| ER Process Mapping framework reviewed  | | ER Community of Practice launched  | |  Mediation Programme review | |  CIPD Mapping Phase 2 assessments completed | | | | | |
| Payroll contract reviewed  | |  CIPD Mapping Phase 1 assessments completed | |  SCAS & People Services tender specification confirmed | | NHS Fair Recruitment Framework implemented  | | | | | |
| | | Recognition Agreement reviewed  | | Priority policies JPF agreed  | |  Recognition Agreement launched | | | | | |

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

- Divisional governance structure designed, agreed and implemented
- Transition initiated with divisional model in place from 1 June
- Divisional Leadership responsibilities workshops completed.

Design – Operating Configuration Workstream

- Engagement approach and timeline for design and implementation of clinical operating model (field ops and integrated care) implemented
- Job description validation/review exercise for Field Operations roles within scope completed
- 5 x Engagement Launch Sessions completed for Integrated Care and Field Operations (proposed timelines for organisational change process communicated with affected colleagues)
- Comms plan developed. Programme support page for affected colleagues developed, approved and published on The Zone.
- 2 x OD facilitated Design Workshops completed (Field Ops focussed but Integrated Care represented for streamlining and collaborative input)
- OD facilitated Design workshop designed and scheduled for Integrated Care with Field Operations representation/input
- Second phase engagement design workshops (through August) scheduled and developed

Design – Specialist Teams Workstream

- Immediate scope agreed – integration of Community Resilience & clarity of interim leadership structure for Specialist Operations (CCP/APP structures and SCAS collaboration out of scope for this phase)

UPCOMING ACTIVITIES & KEY MILESTONES

- IC Job Description validation exercise group sessions
- Second Design Workshops for Integrated Care and Field Ops and development of model design using outputs from workshops
- Divisional governance review planning
- Development of Divisional Leadership Team Charter following outcome of Leadership responsibilities workshop
- Development of Specialist Ops interim leadership structure

Previous RAG

Current RAG

RAG Summary

N/A

Programme currently on track to deliver against key milestones.

Risks & Issues:

Initial

Current

Target

Mitigation

Failure to effectively manage engagement process in Clinical Operating Model design workstreams could result in unsatisfactory outcomes and reduced staff engagement.

12

8

6

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

8

8

6

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

8

COO as SRO well placed to ensure changes are operationally safe. Engagement is currently good with a robust plan to support transition and design process.

Q1 (Apr-Jun 25)

Q2 (Jul-Sep 25)

Q3 (Oct-Dec 25)

Q4 (Jan-Mar 26)

Outcomes

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 JD validation exercise completed for affected roles

Field Ops JD validation exercise completed for affected roles

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

IC Div Leadership team structure drafted

Business case/op model proposal EMB sign-off

Interim Leadership Structure for Specialist Operations agreed

Evolve definition and design of broader integrated divisional operating model

Operating Model transition for wider support functions

Fornal consultation period completed

New field ops/IC clinical operating model implemented

Clearly defined specialist ops/resilience model embedded across front-line ops

- 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

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. Enhanced ER triage process. Wellbeing Strategy refresh scheduled for 25/26. Adoption of NHS Fair recruitment framework to improve internal shortlisting and selection experience. EDI Plan implementation. OD interventions underway to support divisional leadership teams. Funding secured from NHSE for 'Do No Harm' programme in 25/26 to support culture and leadership development and continue mediation programme.

Gaps in control: Inconsistencies in approach to ER casework. Inconsistent decision-making across the organisation impacting staff experience. The framework for OD interventions are underway but will be phased over next year.

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 work is ongoing to address moving towards a culture of informal resolution.

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

| | |
|----------------------|--------------------------------------|
| 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 |

| Mitigating Actions planned/ underway | Executive Lead | Due Date | Progress |
|--|-------------------------|----------|---|
| OD Interventions | Chief People Officer | Q4 25/26 | OD interventions underway to support divisional leadership teams and embedding new structures and operating models |
| 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.

Controls, assurance and gaps

Controls: People Services Improvement Programme (Tier 1) in delivery stage. 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, OD and EDI. CIPD mapping to be rolled out across all People Services staff. Opportunities for collaboration with SCAS underway. 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

| | |
|----------------------|--------------------------------------|
| 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 |

| 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 | Consultation and outcomes complete; Recruitment and appointments to role underway |
| 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: Operational pressures to meet Category 2 mean response times and Hear & Treat targets. In-year contractual obligations linked to financial performance.

| | |
|----------------------|--------------------------------------|
| Accountable Director | Chief People Officer |
| Committee | People Committee |
| Initial risk score | Consequence 4 X Likelihood 5 = 20 |
| Current Risk Score | Consequence 4 X Likelihood 4 = 16 |
| 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 is actively monitored through the Board Assurance Framework (BAF), with defined in-year and multi-year deliverables. Programme Management Office (PMO) is coordinating the transition to the future operating model as outlined in the Trust Strategy. Collaboration with system partners to explore opportunities for increasing workforce capacity. Regular programme governance and reporting through established steering groups.

Gaps in control: Absence of a defined workforce model and clinical skills mix to support virtual care delivery. No in-year workforce plan aligned to transformation objectives. Current capacity and capability gaps are likely to impact productivity and service delivery. Workforce transformation not yet embedded within strategic planning or committee annual cycles.

Positive sources of assurance: Virtual Care Programme oversight through BAF. Effective programme management and governance structures and cadence of meetings across programmes of work reporting to steering groups.

Negative sources of assurance: Strategic misalignment with commissioning intentions and NHS Long-Term Plan.

Gaps in assurance: Long-term workforce planning not yet integrated into committee annual plans

| Mitigating Actions planned/ underway | Executive Lead | Due Date | Progress |
|---|----------------------|--------------|--|
| Development of a 2025/26 workforce plan | Chief People Officer | Q1 2025/26 | Completed as part of financial planning and efficiency programme. |
| Development of a long-term sustainable workforce model | Chief People Officer | Q4 2025/26 | Initial scoping completed in June/July, follow up meetings scheduled for August. Data collation underway |
| Named senior resource to provide expert input to support workforce transformation | Chief People Officer | Q2 2025/2026 | Senior resource identified and assigned. Workforce planning to be embedded into People Services as part of Phase 2 restructure (Q4). |

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. 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 earliest. 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. |
| Ongoing communications plan in relation to organisational changes | Director of Strategy and Communications | Q4 2025/26 | Implementation of plan underway. |

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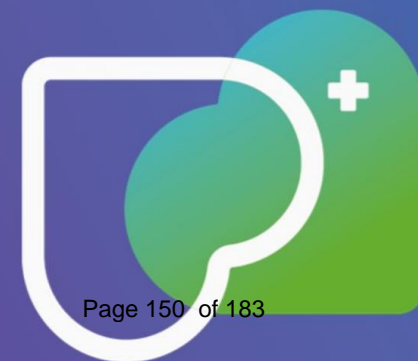
South East Coast
Ambulance Service
NHS Foundation Trust



Integrated Quality Report

Trust Board August 2025

Data up to and including June 2025



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 delivered in-year



| | | | | |
|--|--|---|--|---|
|  | 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. |



Our people enjoy working at SECamb

People

What?

We've seen a slight improvement in the number of open grievance cases. Bullying, harassment, and sexual safety cases remain stable, with no significant change this month. Staff turnover continues to sit below target, and sickness absence has returned to target levels. Appraisal deliveries and training compliance are both on target.

So what?

We know that delays in resolving ER cases, especially legacy and complex ones are having an impact on our people. While some indicators are encouraging, we continue working to better understand the underlying causes, themes, and hotspots to ensure we are responding effectively. While the volume of new cases is not increasing, the time taken to resolve them remains a concern.

The over-establishment position is creating financial pressure at a time when we need to be tightly aligned with our service and transformation goals. The vacancy rate, although high, is not necessarily a sign of under-resourcing but rather it highlights the need for better alignment between our workforce model and actual demand, and recognition that there are seasonal factors in the supply of student paramedics.

We are also seeing positive signs in areas like turnover and sickness absence, and we are working to understand more about the underlying causes and whether these improvements are sustainable. Without that insight, we risk missing early warning signs or failing to act where support is needed.

What next?

We are reviewing our policies and strengthening informal resolution routes to help reduce the number of formal cases. Management training is planned to support earlier and more consistent resolution, and we are planning further sexual safety and investigation training for the autumn.

Workforce action plans will be reviewed for areas with higher turnover to ensure they are being implemented effectively and are focused on the right issues. We will continue to monitor themes and hotspots across ER cases to ensure we are responding to the right signals.

Our workforce planning approach is shifting to a longer-term horizon, with a new strategic group being established to align staffing with service transformation and financial sustainability. This will help us move from reactive workforce management to a more proactive, future-focused model that supports both our people and our patients.

We remain focused on hearing from our people. Senior leadership visits have been held in all areas, and we have launched the latest NHS Pulse survey.



Our people enjoy working at SECamb

| | |
|---|-----------------------|
| 1 | Tier 1 |
| 2 | Tier 2 |
| 3 | QI |
| 4 | 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 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**

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



5%
1



16%
3

Common Cause



68%
13

Special Cause Concern



5%
1



0%
0

Assurance

Pass



5%
1

Hit and Miss



58%
11

Fail



21%
4

No Target



16%
3

Culture

| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
|------------|--|--------|-------|--------|-------|-----------|-----------|
| Board | Collective Grievances Open | Jun-25 | 0 | 1 | 1.3 | | |
| Board | Count of Grievances Closed | Jun-25 | 9 | 3 | 15 | | |
| Board | Count of Sexual Safety / Sexual Misconduct Cases | Jun-25 | 2 | 3 | 3.9 | | |
| Board | Individual Grievances Open | Jun-25 | 3 | 5 | 14.1 | | |
| Supporting | Bullying & Harrassment Internal | Jun-25 | 2 | 2 | 2 | | |
| Supporting | Disciplinary Cases | Jun-25 | 7 | 3 | 9.9 | | |
| Supporting | Mean Suspension Duration (Days) | Jun-25 | 223 | 70 | 144.5 | | |
| Supporting | Freedom to Speak up: Cases Opened in Month | Jun-25 | 16 | 3 | 10.2 | | |
| Supporting | Freedom to Speak Up: Total Open Cases | Jun-25 | 23 | | 22.7 | | |

Pending metric: Improved Speaking Up Metric - Needs to be defined

Employee Experience

| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
|------------|---|--------|-------|--------|-------|-----------|-----------|
| Supporting | % of Meal Breaks Outside of Window | Jun-25 | 47.8% | | 49.1% | | |
| Supporting | % of Meal Breaks Taken | Jun-25 | 98.5% | 98% | 98.2% | | |
| Supporting | 999 Frontline Late Finishes/Over-Runs % | Jun-25 | 43.2% | 45% | 43.5% | | |

Pending metric: WRES/WDES - Needs to be defined

Pending metric: Improved Recommend as Place to Work Metric - Needs to be defined

Employee Development

| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
|-------|--|--------|-------|--------|-------|-----------|-----------|
| Board | Appraisals Rolling Year % | Jun-25 | 63.7% | 85% | 63.1% | | |
| Board | Statutory & Mandatory Training CSTF Rolling Year % | Jun-25 | 85% | | 82.3% | | |

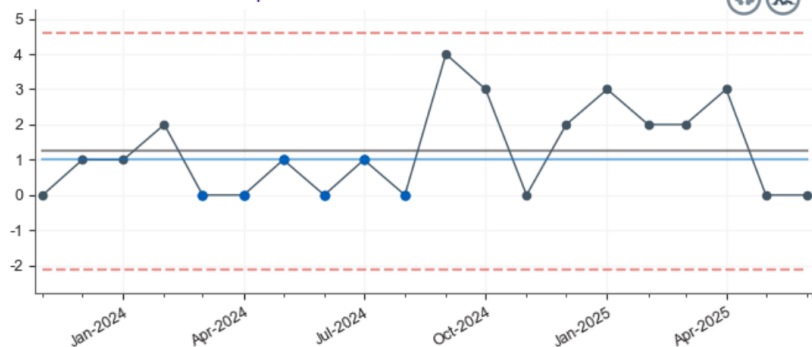
Pending metric: Education - Needs to be defined

Workforce

| Type | Metric | Latest | Value | Target | Mean | Variation | Assurance |
|------------|--|--------|--------|---------|--------|-----------|-----------|
| Board | Annual Rolling Turnover Rate | Jun-25 | 13.6% | 15% | 16.4% | | |
| Board | Sickness Absence % | Jun-25 | 5.6% | 5% | 6.6% | | |
| Board | Turnover Rate % | Jun-25 | 0.7% | 0.8% | 1.1% | | |
| Supporting | Number of Staff WTE (Excl bank and agency) | Jun-25 | 4619.2 | 4579.26 | 4516.2 | | |
| Supporting | Vacancy Rate % | Jun-25 | -1.7% | 5% | 1.3% | | |



Collective Grievances Open



WF-11

Dept: Workforce HR

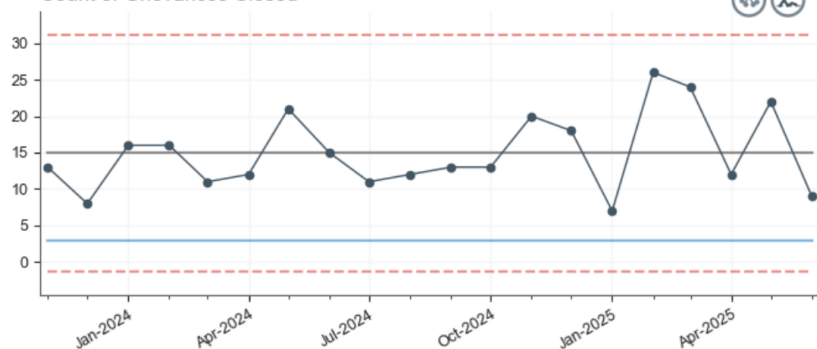
Metric Type: Board

Latest: 0

Target: 1

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

Count of Grievances Closed



WF-42

Dept: Workforce HR

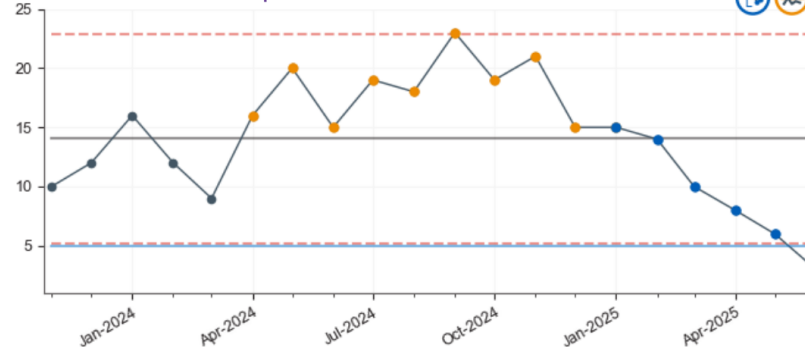
Metric Type: Board

Latest: 9

Target: 3

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

Individual Grievances Open



WF-10

Dept: Workforce HR

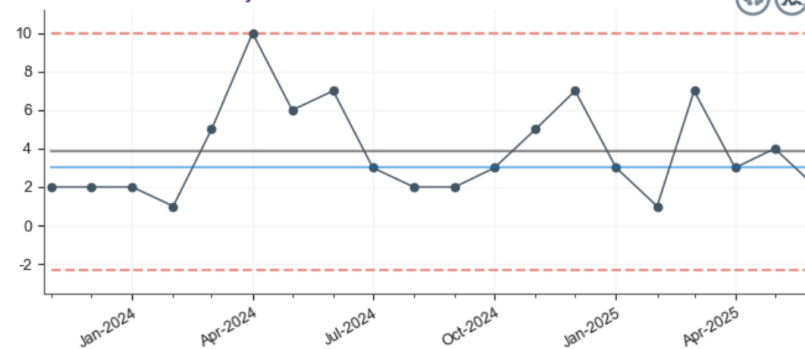
Metric Type: Board

Latest: 3

Target: 5

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

Count of Sexual Safety / Sexual Misconduct Cases



WF-41

Dept: Workforce HR

Metric Type: Board

Latest: 2

Target: 3

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

What?

3 new grievance cases were raised in June. There are currently 73 open grievance cases, including both individual and collective matters. In June, 8 cases were closed.

So What?

The number of open cases remains high, which indicates continued pressure on internal resolution processes and a poor experience for our people. Collective grievances related to pay and conditions were prolonged due to external impacts, which limits the organisation's ability to progress these case.

What Next?

- Grievance policies are under review to strengthen early and informal resolution routes.
- Management training is being developed to support this approach and reduce the number of formal cases.
- The triage panel continues to review all cases to ensure appropriate and timely action is taken.
- Negotiations have recommenced in relation to the collective grievance relating to pay

Please note: For Grievances there is currently review and improvement work which is ongoing, and figures may be updated later

What?

In June, 2 sexual safety cases were raised. These are in addition to ongoing cases already under review.

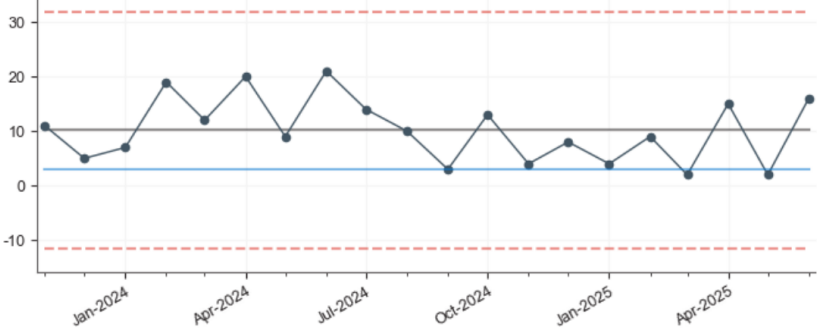
So what?

Sexual safety cases, while low in number, are serious in nature and require careful handling. The organisation has a dedicated panel in place to review each case and determine next steps. Where cases are complex, external investigators with relevant expertise are appointed. This approach helps ensure that cases are managed consistently and with appropriate sensitivity.

What Next?

- The panel continues to review concluded cases to identify learning and improve future handling.
- A further round of sexual safety training for managers is planned for early autumn to strengthen internal capability and ensure consistent standards.

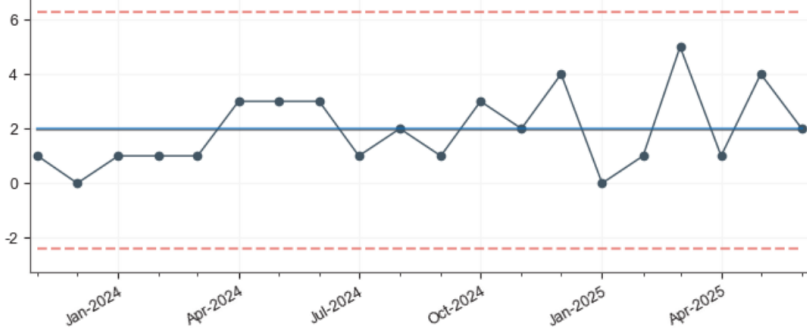
Freedom to Speak up: Cases Opened in Month



QS-27

Dept: Quality & Safety
Metric Type: Supporting
Latest: 16
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

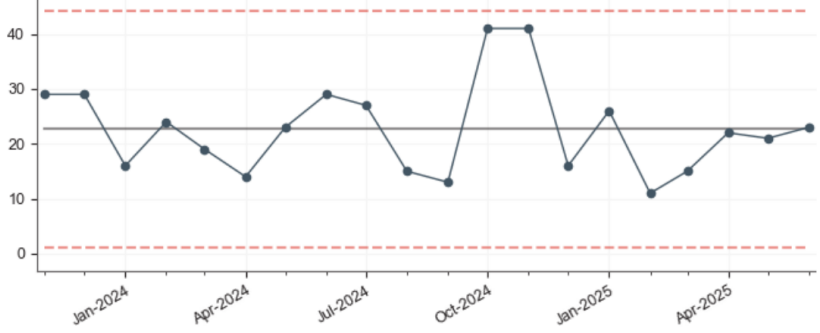
Bullying & Harrassment Internal



WF-12

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

Freedom to Speak Up: Total Open Cases

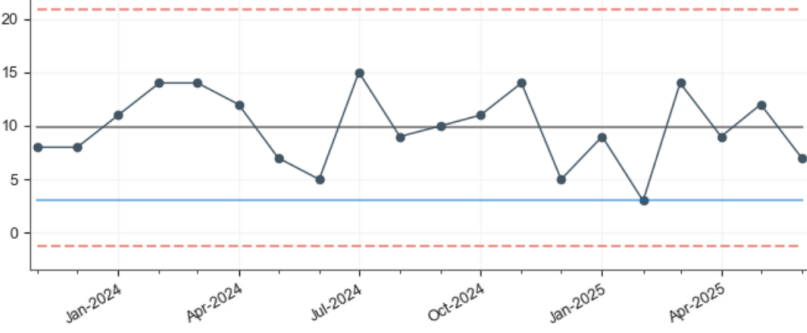


QS-27

Dept: Quality & Safety
Metric Type: Supporting
Latest: 23

Common cause variation, no significant change.

Disciplinary Cases



WF-9

Dept: Workforce HR
Metric Type: Supporting
Latest: 7
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
In June 2025, 23 concerns were raised to the FTSU team. Of these, 5 were raised anonymously and one reported experiencing detriment from speaking up. Integrated care (EOC/111) remained a hotspot accounting for 8 concerns. Thanet was also a hotspot with 4 concerns raised relating to this area.

So what?
The themes during June were leadership, system process and worker wellbeing. The continued concentration of concerns in integrated care suggests ongoing challenges in this area.

What next?
The FTSU team will continue to ensure that they work with leadership teams in all areas, to encourage local leadership to take ownership of the concerns in their areas and to be curious about the data and themes presented to them. We will continue to use the FTSU data, alongside other metrics to inform regional discussions and share insights with leadership. The focus as always will be on promoting speaking up, addressing barriers and ensuring wellbeing is central to local leadership improvement efforts.

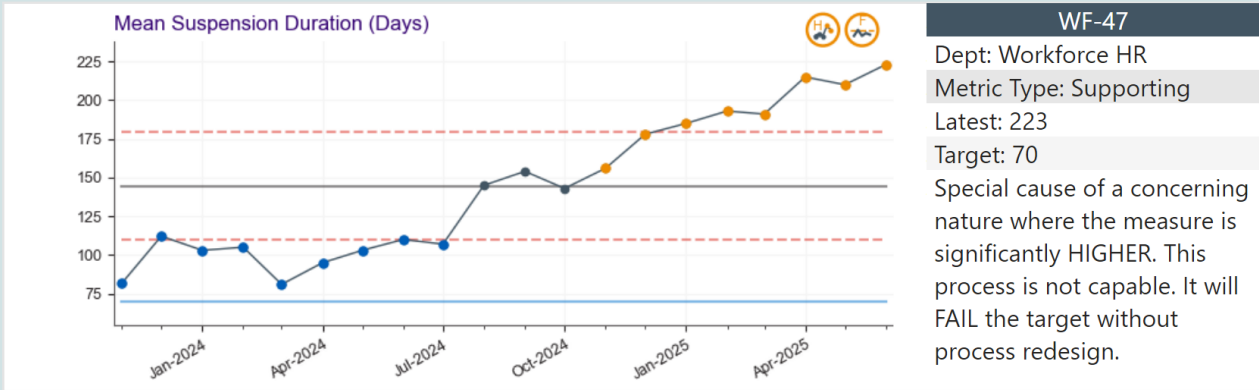
What?
In June, 2 new bullying and harassment cases were raised. The number of live disciplinary cases is currently 57.

So what?
While the number of new bullying cases is low, these cases are often complex and can take time to resolve. Further analysis of trends and themes is needed to identify and address any emerging hotspots. The current volume of disciplinary cases remains high, and this, alongside other employee relations activity, is contributing to delays in progressing cases. This presents a risk to timely resolution and to maintaining confidence in internal processes.

What next?

- Bite-sized training for managers on handling bullying and harassment cases is planned for the autumn.
- Updated investigation training will be rolled out to support consistent and timely resolution of disciplinary cases.
- Case volumes, resolution times, and any emerging themes will continue to be monitored to ensure appropriate action is taken.

Please note: For Bullying & Harassment & Disciplinary Cases there is currently review and improvement work which is ongoing, and figures may be updated later



What?

There are currently 17 live suspensions across the organisation.

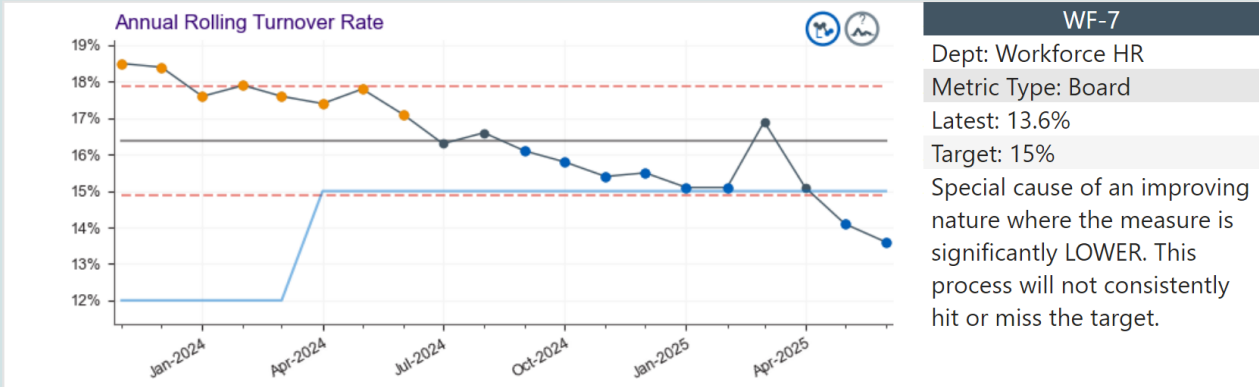
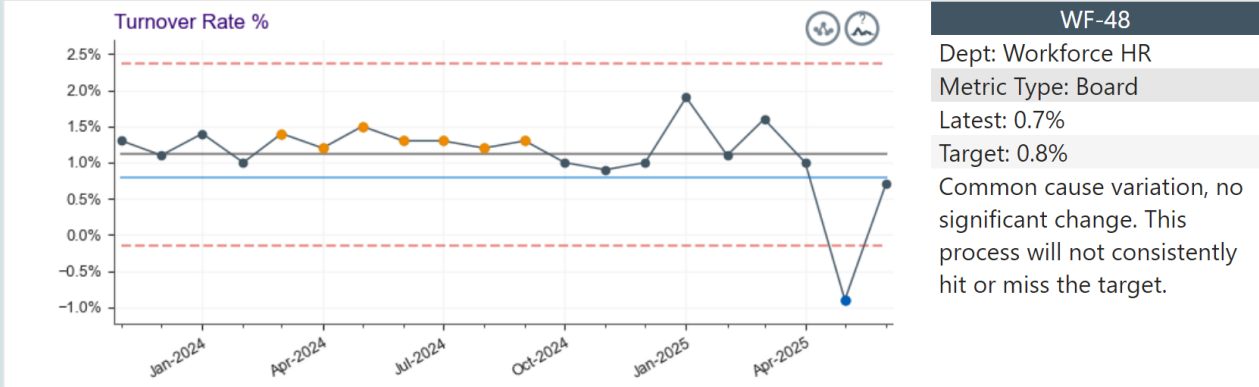
So what?

All new suspensions are reviewed and risk-assessed by the Executive Team before being enacted. Weekly reviews of live cases are in place. However, a number of cases remain open for extended periods due to involvement from external agencies, which limits the organisation’s ability to progress them. This creates delays in resolution and can impact both the individuals involved and operational continuity.

What Next?

- The use of “Other Substantial Reason” (OSR) is being applied more consistently to allow internal processes to continue where appropriate, even when external agencies are involved.
- Continued weekly oversight by the Executive Team will ensure that delays are tracked and escalated where necessary.
- Further review of suspension durations, themes and causes is planned to identify opportunities to reduce unnecessary delays.

Please note: For Suspensions there is currently review and improvement work which is ongoing, and figures may be updated later



What?

In June, 42 staff left the organisation — the highest monthly figure in recent months. Despite this, the annual rolling turnover rate remains below target for the second consecutive month.

So What?

The spike in June may reflect short-term movement linked to structural changes, particularly in Operations and 111. However, due to the absence of SPC-confirmed trends or special cause variation, it is not yet possible to determine whether this is part of a wider pattern. Further analysis is needed to understand whether turnover is stabilising or if there are emerging risks in specific areas.

What Next?

- Action plans for outlier areas will be reviewed in August to ensure they remain focused and are being implemented effectively.
- Additional trend analysis will be undertaken to assess whether recent changes represent normal variation or require targeted intervention.
- Broader cultural initiatives continue to support retention across the organisation.



What?

Sickness absence is currently reported at 5.0%, following a higher figure of 12.0% in May.

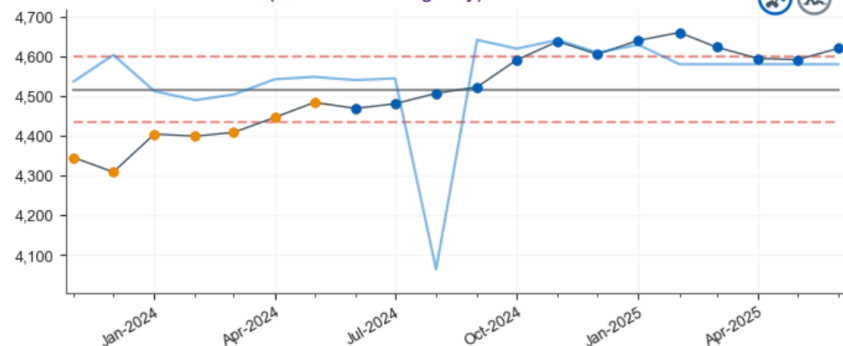
So What?

With only two recent data points available, it is not possible to determine whether the current level represents a meaningful trend or special cause variation. The reduction from May is notable, but further data is needed to confirm whether this reflects sustained improvement or normal fluctuation. Sickness absence remains a key operational and financial risk area.

What next?

- 12-month action plan in place
- Policy review underway
- Ongoing monitoring will focus on identifying whether the current reduction is sustained and whether local actions are having the intended impact.

Number of Staff WTE (Excl bank and agency)



WF-1

Dept: Workforce HR

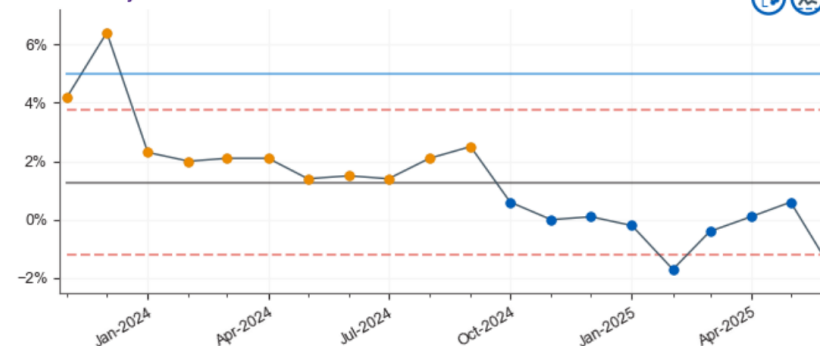
Metric Type: Supporting

Latest: 4619.2

Target: 4579.26

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

Vacancy Rate %



WF-4

Dept: Workforce HR

Metric Type: Supporting

Latest: -1.7%

Target: 5%

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

What?

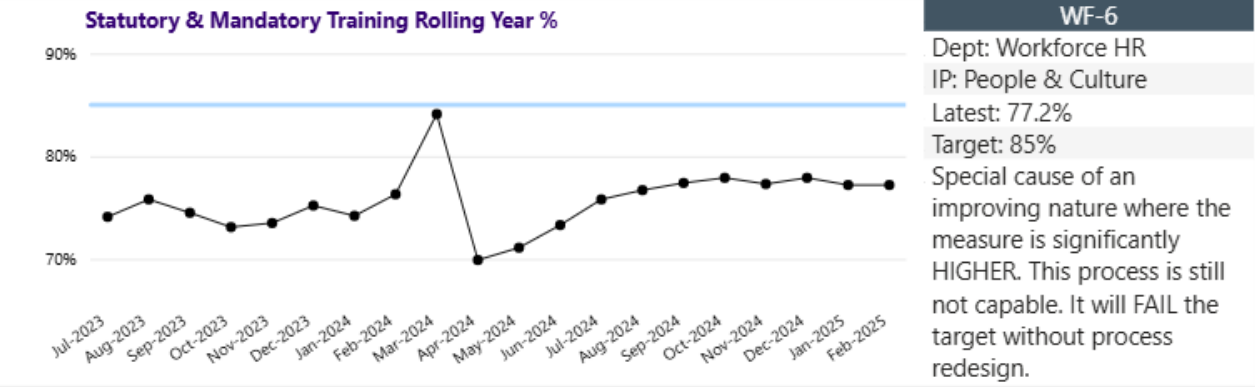
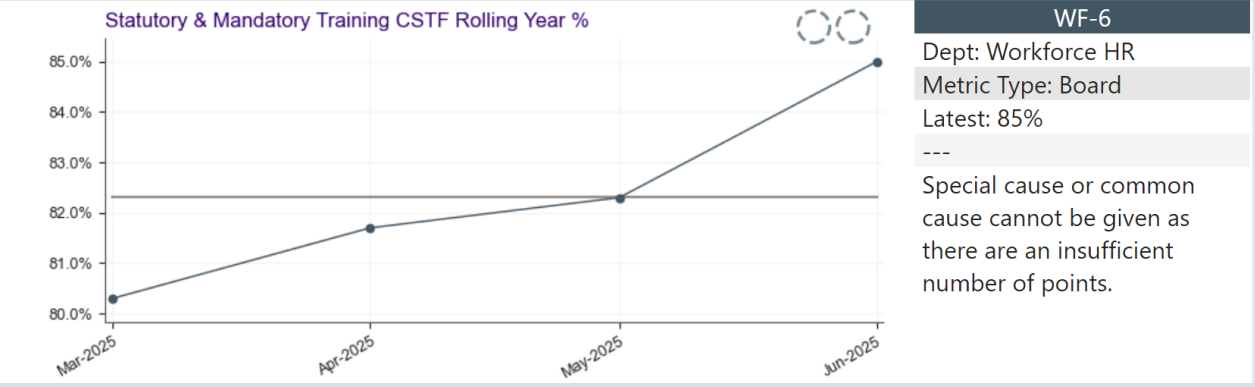
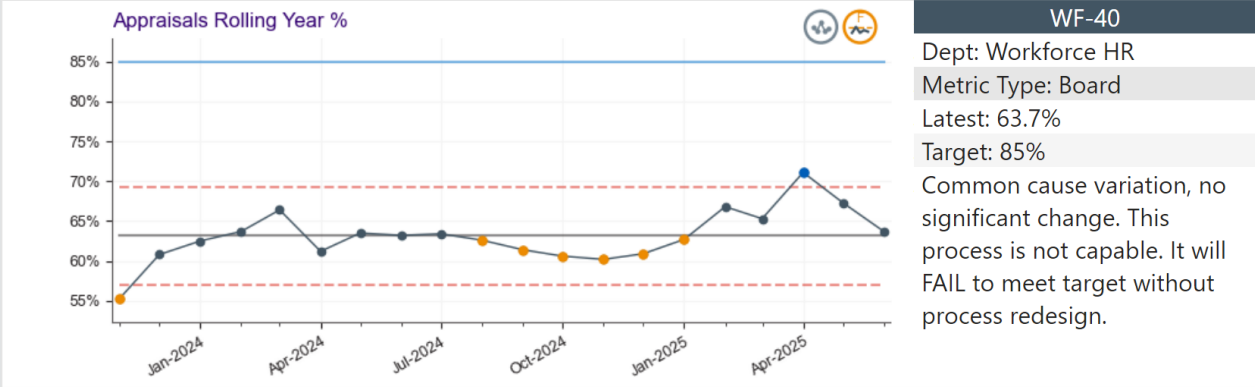
The chart for workforce WTE shows special cause variation, with the Trust currently operating above its established staffing levels. The vacancy rate chart shows values consistently exceeding target.

So What?

The over-establishment is linked to legacy workforce planning decisions and the pipeline from training programmes which is seasonal. This is expected to correct through attrition. While anticipated, this position creates financial pressure currently and is being monitored. The vacancy rate exceeding target may appear positive, but in the current context, it reflects a mismatch between establishment and actual workforce needs.

What Next?

- The Workforce Planning Group continues to monitor short-term staffing needs.
- A new strategic workforce group is being developed to support longer-term (3–5 year) planning aligned with service transformation and financial strategy.
- Vacancy rate and WTE will be reviewed alongside financial forecasts to ensure staffing levels remain sustainable and responsive to service needs.



What?

Between July 2024 and July 2025, appraisal completion volumes showed notable variability across the period. A total of 3,050 appraisals were completed, averaging around 235 per month.

So what?

The data indicates a general upward trend in completions over the year. Some fluctuations month to month suggests peaks in activity potentially aligned with internal cycles such as performance review period.

What next?

Appraisal delivery still remains below target with an action plan to be developed and resourced within education with a measurable timeframe.

What?

An analysis of current compliance levels for statutory training across the organisation indicates that the Trust is now operating above the required compliance threshold of **85%**. All directorates have achieved compliance rates above 79%, with the Operations and Quality & Nursing directorates demonstrating compliance in excess of **85%**.

So what?

This upward trend reflects a positive trajectory in training compliance and provides assurance that the Trust is aligned with the requirements set out in the NHSE Core Skills Training Framework specifically for frontline operations where the skills gap had previously existed.

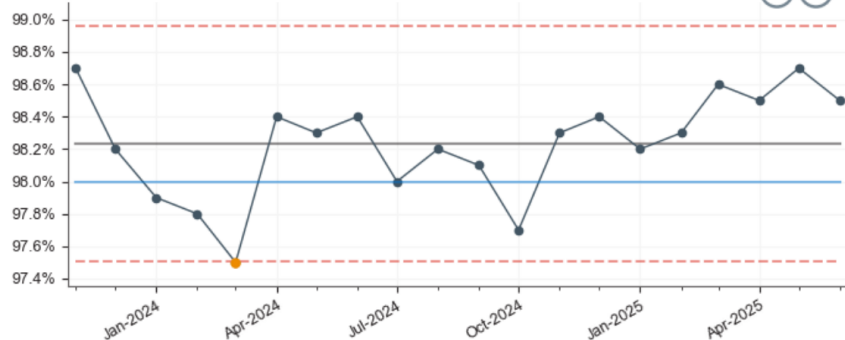
What next?

The ongoing focus remains on improving the recording and reporting of other mandated training courses, as illustrated in the second graph. Additionally, directorates currently below full compliance will be encouraged to use the quarter three period to raise compliance levels above 85% in specific topics required.

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% of Meal Breaks Taken



999-27

Dept: Operations 999

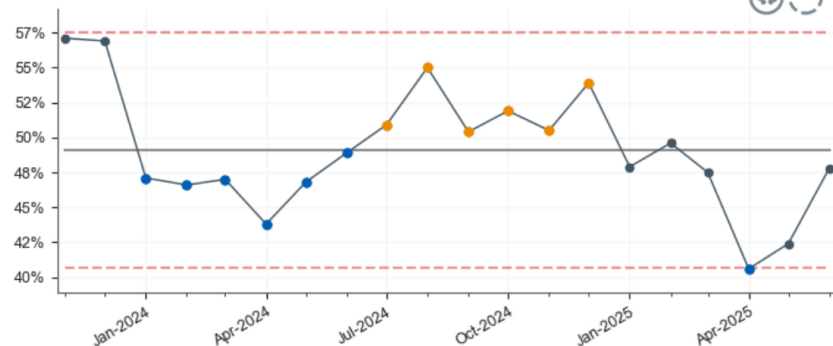
Metric Type: Supporting

Latest: 98.5%

Target: 98%

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

% of Meal Breaks Outside of Window



999-28

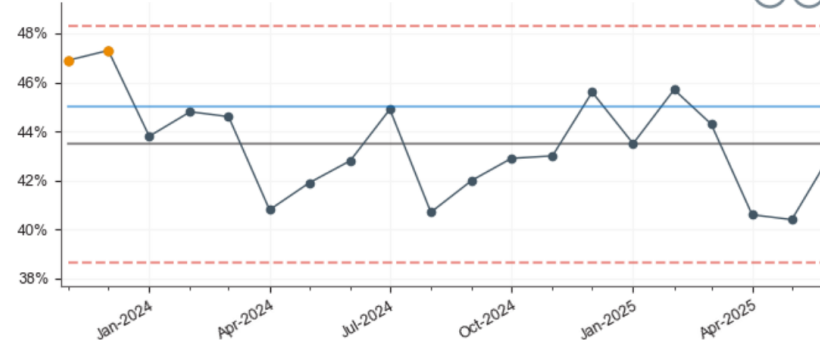
Dept: Operations 999

Metric Type: Supporting

Latest: 47.8%

Common cause variation, no significant change.

999 Frontline Late Finishes/Over-Runs %



999-15

Dept: Operations 999

Metric Type: Supporting

Latest: 43.2%

Target: 45%

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

What? Slight deterioration noted in June

So what? Deterioration likely associated with increased operational pressure and associated higher levels of Clinical Safety Plan escalation.

What next? Focus on implementing good resourcing oversight and planning to reduce disparity between operational hours and patient demand, also supporting EOC decision making to ensure meal-breaks are allocated appropriately.

What? Despite slight deterioration in June this metric remains within target.

So what? Deterioration likely associated with increased operational pressure and associated higher levels of Clinical Safety Plan escalation.

What next? Reduction of over-runs remains focus of EOC and Field Ops teams.



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

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



| | |
|------------------|-------|
| Agenda No | 59-25 |
|------------------|-------|

| | |
|------------------------|--|
| Name of meeting | Trust Board |
| Date | 7 August 2025 |
| Name of paper | People Committee Assurance Report – 31 July 2025 |
| Author | Max Puller, Independent Non-Executive Director – Committee Chair |

INTRODUCTION

The People Committee is guided by a [Cycle of Business](#) that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the meeting on 31 July, and is set out in the following way:

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

ALERT

Staff Story – Sexual Safety

The meeting was framed by a very powerful Staff Story from a newly qualified paramedic and their experience related to sexual safety. The committee was so grateful for the courage this colleague demonstrated, which helped to inform the discussion that followed about where we need to do better, both proactively and reactively. While work is progressing against the Sexual Safety Charter there has been some loss of momentum in particular areas. There are no significant risks requiring immediate action, but the committee has challenged the executive to see if we can go further faster, particularly with the quality of investigations. It acknowledges that these are often very complex and supports the specialist training being provided. The hope is that this training will start to have a demonstrable impact over the coming months, as managers’ confidence builds.

The committee is assured by the seriousness with which this is being taken by the executive, and the actions that are being prioritised.

Wellbeing Strategy

This strategy aligns to the NHS 10 year plan (e.g. staff treatment hubs and staff standards) and sets out three themes; learning from lived experience; embedding wellbeing in everything we do; developing the

proactive response to wellbeing. The related Charter will cover what the trust will offer and what is expected from our people to attend to their wellbeing.

The committee supports this strategy and the plan to prioritise the basics, to ensure we do these well. It also felt the strategy was quite progressive in balancing the responsibilities of the employer and the employee. It therefore recommends to the Board its approval.

Stat Man Training / Appraisals

As the Board will note from the IQR, there is a much improved position with stat man training with compliance exceeding the target of 85%. The committee explored some of the drivers for this which include simplifying the process via the Discover system. Similar simplification is being planned for appraisals, which is still behind target. The committee expects to see improvement with this over the coming weeks/months and notes the related actions arising from last year's internal audit. A full update on this is expected at the audit committee in September.

ASSURE

Organisational Operating Model & BAF Risk 649 Org Change

People Services Improvement Plan & BAF Risk 603 People Function

The committee reviewed these two strategic priorities and is assured by progress to-date. The restructures arising from the operating model have left some initial gaps, as expected through people leaving and/or redeployment. Therefore, while there is an initial increase in risk, the expectation is that this will be managed effectively until the new posts are filled which will shift our capacity to support the level of organisational change needed to meet our strategic aims.

Phase two of the people plan is underway with clear milestones. There is good confidence in delivery reflected by the reduced BAF risk.

HART SORT Culture

Work to address the cultural issues has been ongoing and the committee accepts that it can be a lengthy process to make sustainable cultural change. It asked in May if we were going fast enough and used this meeting to review the improvement plan; there were some employee relations matters that needed addressing first, which have now been concluded.

The committee supports the aim to ensure improvement is both co designed and co delivered by the leadership team, and so the first step is to focus on building the leadership. There is assurance that the issues are clearly identified, and the fact that interventions will be owned by the leadership team is a key change from previous plans. It is also right that the executive has underscored the link between culture, leadership and clinical outcomes. The committee really welcomes the plan and will receive regular updates to monitor progress.

ADVISE

Cultural Hotpots

A helpful paper was received confirming the process the executive has put in place to triangulate data sources to help identify 'hotspots'. The aim is to then hold exploratory conversations with local leadership teams to understand the drivers and any action / support needs. The outputs of this triangulation will inform the committee's 'discovery session' in September, which will include how local teams are being engaged.

Unscheduled Care Navigation Hubs Evaluation

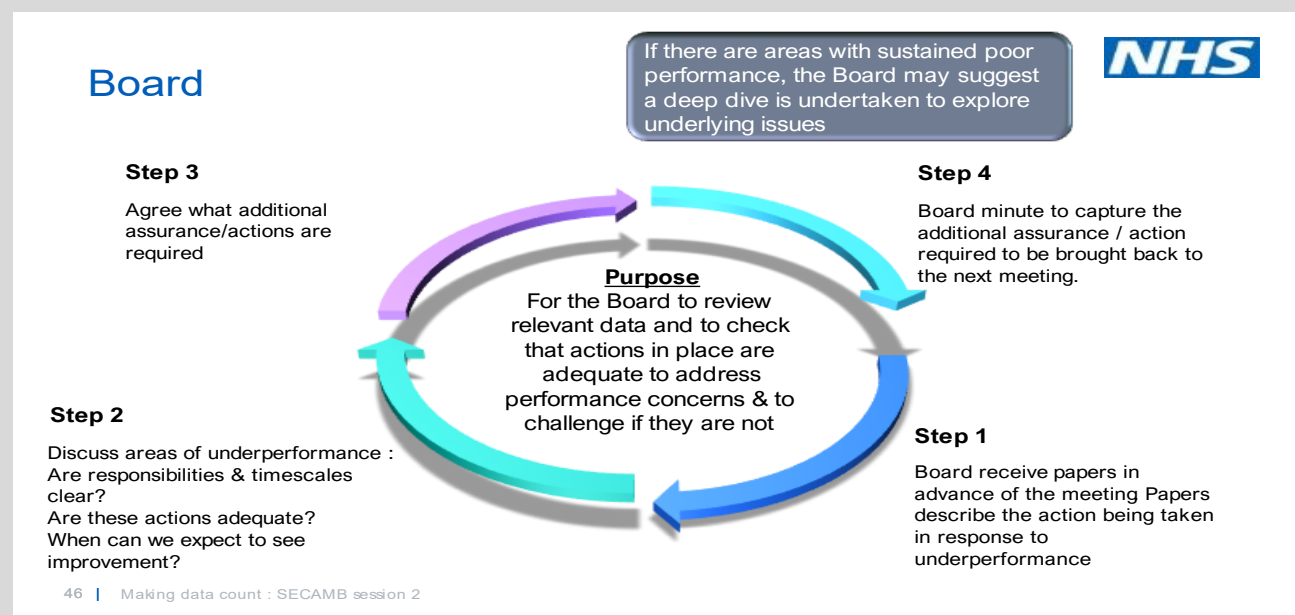
In addition to the review at both the quality and finance committees, the people committee considered the evaluation through the lens of our people. It noted some of the confusion by the variation in models, both in terms of staffing and delivery. Therefore, one of the lessons is to be clearer on the nature of a core SECAMB hub to provide support to crews and the nature of MDT input to facilitate an unscheduled navigation. Also, to be clearer about the ask of the different clinicians and a more consistent deployment of PACCS clinicians. Overall, while there is a need for further evaluation, as reported by the other committee, there has been some valuable learning and positive relationship building opportunities. It has been an innovative and exciting pilot, and the concept is here to stay, and so we need to evolve to ensure it is as effective as possible for staff and patients.

Health & Safety

Following the internal review concluded earlier this year, the committee considered the related improvement plan and the confidence in moving from 3 to the highest level, 5 – by the end of 2026-27. The main areas of focus relate to leadership and employee involvement. The committee reinforced the need to ensure we do not underestimate the effort needed to achieve this; linking to the earlier discussions about culture, related to sexual safety and HART SORT.

Recommendation

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





| | | | |
|---|--|--|-------|
| | | Agenda No | 60-25 |
| Name of meeting | Trust Board | | |
| Date | 07.08.2025 | | |
| Name of paper | Wellbeing Strategy | | |
| Responsible Executive | Margaret Dalziel, Chief Nurse | | |
| Author | Andrew Gordon, Head of Mental Health | | |
| <p>South East Coast Ambulance Service (SECamb) Wellbeing Strategy outlines a five-year plan to enhance the health, resilience, and support systems for its staff, volunteers, and students. The strategy is built around three core themes:</p> <ul style="list-style-type: none">• Learning from Lived Experience: Establishing a Wellbeing Forum, expanding wellbeing advocates, and embedding staff voices into wellbeing initiatives.• Embedding Wellbeing in Everything We Do: Introducing a Wellbeing Charter, integrating wellbeing into all policies, and enhancing training and support for staff and students.• Building a Proactive Model – Strengthening the Wellbeing Hub, improving trauma response, expanding chaplaincy and social prescribing, and reviewing musculoskeletal and EAP support. <p>Delivery of the strategy will be overseen by a Wellbeing Forum with clear governance, performance metrics, and a strong focus on equality, diversity, and inclusion.</p> <p>The People Committee reviewed this at its meeting on 31 July and recommend its approval by the Board.</p> | | | |
| Recommendations, decisions or actions sought | As recommended by People committee the Board is asked to consider and endorse this new wellbeing strategy and the contained recommendations. | | |
| Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases). | | Each recommendation contained will have its own impact assessment. | |



WELLBEING STRATEGY

2025 – 2030



Saving Lives,
Serving Our Communities

| Document Information | | | |
|----------------------|---------------|----------------------|-----------|
| Document Status | FINAL VERSION | First Published Date | July 2025 |
| Last reviewed | N/A | Next review | July 2028 |
| Original Author | Andrew Gordon | | |

| Version Control | | | |
|-----------------|---------------|---------------------|---------------|
| V | Status | Date of publication | Author |
| 0.1 | First draft | 19/02/2025 | Andrew Gordon |
| 0.3 | Second draft | 25/04/2025 | Andrew Gordon |
| 0.5 | Final draft | 02/06/2025 | Andrew Gordon |
| 1.0 | Final version | 17/07/2025 | Andrew Gordon |



Forward – Rosamond Morris, Paramedic

I joined South East Coast Ambulance Service (SECamb) as a paramedic at 40, with a supportive family and a positive outlook on life. Despite my mental health awareness and own personal resilience, I encountered a difficult incident when responding to an emergency on duty and started to struggle.

Attending multiple traumatic incidents began to put me in a situation where I was experiencing significant emotional distress, affecting my personal and professional life. I didn't really want to do much on my days off and withdrew from friends and family. I felt a sense of guilt when people asked what was wrong, I chose to do this job, isn't that what I signed up for? I felt like a robot going to work, and just another person in green signing on for the day and hoping to get through it without any more damage.

A colleague, who was also a wellbeing advocate, noticed a change in my personality and recommended the Wellbeing Hub, whilst initially hesitant, I sought help. Through the wellbeing hub, I was able to access treatment for Post Traumatic Stress Disorder and within weeks, I noticed significant improvements in my health and wellbeing.

Many of my colleagues and friends in the ambulance service have experienced difficult incidents or been injured through work and it is important that SECamb continues to look after its staff, placing them at the centre of any wellbeing offer. When difficult incidents occur, we need to ensure staff feel empowered and supported to get the help they need; nobody should be "just another person in green." The wellbeing strategy will set out how SECamb will develop its wellbeing offer over the next five years, and I am looking forward to supporting delivering the strategy where I can.

Forward – Simon Welden, Chief Executive

As the Chief Executive of South East Coast Ambulance Service (SECamb), I am deeply committed to the wellbeing of all our staff, volunteers, and students. Working in the ambulance service is incredibly demanding and the dedication and resilience of our workforce is inspiring. It is our responsibility at SECamb to ensure you have the support you need to thrive.

This Wellbeing Strategy is our promise to you. Over the next five years, we will focus on three key themes: learning from lived experience, embedding wellbeing in everything we do, and the developing of a proactive response to wellbeing issues. These themes are not just words on paper; they will develop to underpin our commitment to creating a healthier, happier, and more supportive work environment.

We have listened to your experiences and insights, and this strategy reflects our collective vision for a workplace where wellbeing is prioritised. We will establish a Wellbeing Forum that will play a vital role in bringing this strategy to life, ensuring that our initiatives are effective and continuously evolving.

Together, we will build a culture that values and supports everyone, fostering an environment where you can excel both personally and professionally. I am confident that by delivering on this strategy, we can make SECamb a place where everyone feels valued, supported, and empowered.

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Introduction

Working for the ambulance service can be incredibly demanding, staff working in the ambulance service can regularly be exposed to traumatic incidents and experience significant stress because of the work. In addition to this, working for the ambulance service can be physically demanding too, with musculoskeletal injuries being one of the most prevalent reasons for staff sickness.

This Wellbeing Strategy sets out the foundations for how South East Coast Ambulance Service (SECamb) will respond to staff wellbeing and welfare issues over the next five years. It will not only ensure that SECamb continues to meet its statutory obligations but establish how SECamb will develop the wellbeing offer in partnership with staff, volunteers, and students from across the organisation.

Within the strategy, there are three key themes:

- Learning from lived experience.
- Embedding wellbeing in everything we do.
- Developing the proactive response to wellbeing.

These three themes will be central to shaping the wellbeing offer in SECamb over the coming years and provide a frame of reference for any wellbeing interventions going forward. The strategy will be delivered through a 'Wellbeing Forum,' that will see diverse representation from across the organisation and be responsible for overseeing the delivery of the recommendations outlined in appendix 1.

What is Wellbeing?

Wellbeing can be defined as the holistic state of employees' physical, mind, social, community, financial and spiritual health; wellbeing is not just about burnout and illness, but the presence of factors that enhance personal and professional resilience. A well-structured approach to wellbeing acknowledges the diverse needs of employees across various roles and leverages inclusive strategies to ensure every individual feels valued, supported, and empowered. In practice, organisational wellbeing involves creating environments where trust, respect, and fairness are embedded in daily operations, and where employees have access to resources that enable them to thrive both personally and professionally.

Context

In 2022 the Care Quality Commission, as part of their inspection at SECamb, made several strong statements in relation to wellbeing of staff, one of the key conclusions was

“There was evidence of staff under such pressure that it was having a detrimental effect on both their mental and physical wellbeing. Most of the staff described feeling exhausted and burnt-out by the job with the current pressures. Not all staff felt that staff welfare was given sufficient priority.”

The pressure on staff wellbeing is reflective in staff sickness data which highlights that in 2024, 121,494 days were lost due to sickness and in 2023, 124,124 days were lost to sickness. In the last three years the financial cost of sickness to the organisation is estimated to be £35 million. The primary areas of sickness in



SECamb are mental health related issues (24% of absence days in 2024) and gastrointestinal, cold & flu and respiratory issues (24% of absence days in 2024), this is followed closely by musculoskeletal (18.64% of absence days in 2024).

Currently, South East Coast Ambulance Service operates a Wellbeing Hub that in the last calendar year (2024) processed approaching 2,000 referrals for a range of interventions including wellbeing assessments, physiotherapy, trauma risk management (TRiM) and specialist external trauma therapy. The Wellbeing Hub also supports a directory of services for staff to access, facilitates various events and maintains an active intranet page with a range of proactive resources for people to access.

Nationally, the health and wellbeing of NHS staff has become an increasing priority, with several initiatives and strategies being introduced to improve working conditions and mental health support for employees. NHS England's People Plan and the NHS Long Term Plan both emphasize the need for staff wellbeing, with a focus on improving support systems for those experiencing mental health difficulties, reducing burnout, and the fostering a healthy work environment. The NHS People Promise further reinforces the importance of staff care, promising to support staff in feeling valued, well-supported, and able to thrive in their roles.

Underpinning all the work around wellbeing is various statutory obligations. Primarily, The Health & Safety at Work Act (1974) imposes a duty on employers to protect the health, safety, and welfare of employees. To discharge this duty, organisations must take reasonable steps to assess and mitigate risks that could negatively impact on the health and wellbeing of staff.

The Human Rights Act 1998 also plays a crucial role in staff wellbeing, particularly in terms of the right to life (Article 2) and the prohibition of inhumane or degrading treatment (Article 3). Employers are obligated to create working conditions that respect these fundamental rights, providing a safe environment free from undue stress, harassment, or physical harm.

Further, the Equality Act 2010 prohibits discrimination on the grounds of age, disability, gender, race, religion, and other protected characteristics, and it is essential that wellbeing interventions address the needs of a diverse workforce. It is essential that policies and practices are inclusive and promote equality, ensuring that all staff have equity of access to the necessary support.

The Strategy

A healthy, resilient, and happy workforce is essential for delivering the highest quality care to patients. The overall wellbeing vision for SECamb is for staff to be as thrive whilst at work. The wellbeing strategy will directly support the delivery of this vision through three key themes.

Learning from Lived Experience

One of the most important parts of delivering the strategy will be ensuring that it is co-delivered with a diverse group of employees from across the organisation; we must not only listen to lived experience but actively learn from it.

1.1 Establishing a Wellbeing Forum

To start this journey, and to support the overall implantation of the wellbeing strategy, a SECamb Wellbeing Forum will be established, it will invite stakeholders and representatives from across the organisation. This forum will be chaired by the Head of Wellbeing and report into the employee experience committee to ensure that issues are addressed openly and transparently with clear lines of responsibility and accountability. The wellbeing forum will also be a space where people can pitch ideas about wellbeing, share their own lived experience and work collectively on how to improve and prioritise wellbeing across the organisation.

The Wellbeing Forum will also be responsible for completing and ensuring progress against the NHS Health & Wellbeing Framework Organisational Diagnostic Tool (appendix 2).

1.2 Developing the Network of Wellbeing Advocates

SECamb already has over fifty wellbeing advocates who are SECamb employees who volunteer their time to support the delivery of the wellbeing agenda in the organisation and advocate for staff wellbeing in the organisation. Developing the network of wellbeing advocates and supporting the development of the role will enable the building of a strong feedback loop between the delivery of the wellbeing strategy and staff across the organisation.

1.3 Conducting a staff engagement exercise on Wellbeing.

There is no value in working to deliver a wellbeing strategy, if the voice and perspective of staff, volunteers and students across the organisation is not active listened to. As part of launching the strategy, an engagement exercise will take place that focuses on how SECamb can improve and evolve its wellbeing offer. The engagement exercise will also consider how staff, volunteers and students can work in partnership to develop wellbeing interventions that are meaningful and authentic.

1.4 Developing Environmental Wellbeing Standards

The environment you are working in can have a significant impact on wellbeing, more broadly it can influence the sense of safety comfort and connection you have with the workplace. For example, walking into an empty cluttered office that is dark and dingy is going to impact on your wellbeing more negatively than walking into an office with people you know, that is clean, tidy, and welcoming.



There are no definitive set standards on what constitutes a 'good working environment' from a wellbeing perspective, however it is something that the Care Quality Commission consider, in its 2022 inspection, they noted that staff had communal areas to eat and relax, separate toilet and shower facilities and a dedicated wellbeing room.

In partnership with staff from across the organisation, SECamb will look to develop environmental standards for wellbeing, which will be the benchmark for all areas of business to aspire to working towards.

Embedding Wellbeing in Everything We Do

Wellbeing in SECamb is not only the responsibility of one person or one team, but also the responsibility of everyone within the organisation. The wellbeing charter will set out the foundation for this, and it will be further supported by a number of other workstreams to ensure that wellbeing is considered throughout our decision making.

2.1 Wellbeing Charter

As part of the delivery of the strategy, SECamb will work on introducing a wellbeing charter. It will set out what staff can expect from the organisation but also what staff, volunteers and students will commit to in return. An example of what this could look like is included below and has been heavily inspired by Sussex Police's wellbeing vision that is contained in their wellbeing strategy:

| We (South East Coast Ambulance Service) will | You (staff, volunteers, and students) will |
|---|---|
| Provide competent and compassionate leaders who will actively support you and your wellbeing. | Act as soon as you are concerned about your wellbeing, or you are concerned about the wellbeing of your colleagues. |
| Empower you to develop your personal and professional resilience at every stage of your career journey. | Put your wellbeing at the heart of everything you do, making sure you look after both your physical and mental health. Make every effort to attend any wellbeing related de-briefs, checkups and training that is required as part of your role. |
| Champion culture that is inclusive and challenge stigma and develop a culture where it is okay to tell us if you are not okay | Actively challenge discrimination and stigma in the workplace |
| Provide you with high quality, professional support when you are injured at work. | Let us know how we can best support you when you are struggling with your wellbeing |
| Actively involve you in the development of the wellbeing offer | Have a positive approach to wellbeing and provide constructive feedback (positive or negative) about our wellbeing offer. |



2.2 Considering wellbeing in all policies.

In 2020, the Centre for Mental Health published the report 'Our Place' which examined a number of examples of how local government has supported the health and wellbeing of communities. One of the examples of best practice in this report was Basildon Borough Council who adopted a "Health in all Policies" approach, this mode ensured that Basildon Council considered the impact on people's health and wellbeing in every policy decision. It was noted that this not only led to changing attitudes towards health and wellbeing but placed the local authority in a better position to provide support as an employer.

Many of the policies and decisions SECamb takes already give great weighting to the health impact on local communities but extending the considerations to ensure that when decisions are made, explicit consideration is given to the wellbeing impact on staff will support SECamb to deliver its wellbeing vision.

2.3 Supporting staff with training and development on wellbeing.

Line managers are critical people in supporting someone's wellbeing, however it can sometimes be challenging for them to know where to go to get support, advice, and guidance on how to support people with wellbeing issues. SECamb will work towards developing a learning and development program that is mandatory for managers and focuses on how to support someone with a variety of wellbeing related issues.

Additional consideration also will be given to what learning and development is required for roles across the organisation in relation to wellbeing issues and personal resilience.

2.4 Reviewing the emotional impact on new employees.

Given that most ambulance service staff will at some point in their career, either directly or vicariously, will be exposed to a traumatic experience, professional preparation to equip staff deal with these events is critical to safeguard health and wellbeing.

It is essential that when new staff are joining SECamb that they have an opportunity to understand and reflect on how this will impact on them personally and professionally. SECamb will start work reviewing its approach to supporting and empowering new employees to emotionally prepare themselves for working in the ambulance service, to ensure people are safe at work and feel supported.

2.5 Supporting the development of a safe learning environment for students.

Students play a vital role in supporting the development of the ambulance sector as a whole and are an important part of the workforce. The Safe Learning Environment Charter is a structured initiative by NHS England aimed at fostering an inclusive, supportive, and effective learning environment for healthcare learners and all NHS education providers will align with the charter.

Within the charter there is a maturity matrix, which lists what each provider should be aspiring towards in different domain areas from level 1 (foundational) to level 3 (good), in the wellbeing domain to achieve level 3 providers must demonstrate:



- Learners are informed about resources and services that promote their health and wellbeing and can access them easily.
- There are policies in place to protect the physical safety of lone workers.
- Learners receive meaningful pastoral support from clinical and education providers, including reflective learning spaces and debriefing after potentially traumatic events.

To support achieving level 3, student representatives will be invited to the Wellbeing Forum and be a key part of implementing the wellbeing strategy overall.

Building and Developing a Proactive Model

'Prevention is better than cure' is the foundation of any wellbeing intervention and ensuring SECamb is focused on how we are proactively supporting wellbeing is not just a 'nice to do,' but it is grounded in legislation through the Health & Safety at Work Act (1974).

3.1 Developing the Wellbeing Hub

The Wellbeing Hub is a non-clinical service that exists to support and promote the health and wellbeing of staff in SECamb. Within the 2024 calendar year, the wellbeing hub had nearing 30,000 interactions with staff and dealt with nearing 2,000 referrals for both physical health and emotional health. Most of these referrals are dealt with in-house by one of the Wellbeing Hubs practitioners.

The Wellbeing Hub has responsibility for supporting the strategic direction of wellbeing in SECamb as well as the delivery of a number of operational functions including but not limited to:

- Processing wellbeing hub referrals.
- Processing adjusted duties requests.
- Supporting staff directly through brief interventions.
- Supporting staff with physiotherapy.
- Referring staff for external therapy where it is appropriate.
- Signposting staff for the appropriate support.
- Managing the suicide postvention process.
- Maintaining a directory of wellbeing services
- Promoting positive health and wellbeing across the organisation through events, communication, and direct contact with staff.
- Representing SECamb at national and local wellbeing events.

The Wellbeing Hub is highly regarded by people who use their services, with 80% of people who completed the evaluation saying the quality of support received was 'very good' and 90% saying they would use the Wellbeing Hub again and recommend the Wellbeing Hub to a colleague.

Below is a 'word cloud' of feedback received by The Wellbeing Hub:

adopted the 'five ways' model for contextualising individual wellbeing however this does not necessarily scale up helpfully to organisational interventions.

3.2 Wellbeing through Chaplaincy

The chaplaincy service within SECamb exists to help staff and volunteers by providing pastoral care alongside other internal support services. The chaplains across SECamb, provide support to staff and volunteers of any faith, or none; they are available for anyone who needs someone to talk to, in confidence. Chaplains are there to listen to staff, with the chaplain's own specialist skills, and to be completely non-judgemental in their approach.

The chaplaincy operates a 24/7 telephone service that people can access when required and will also, when invited, visit staff who are ill at home or in hospital, and offer care to families and friends. In addition, they will offer support when a member of staff dies, particularly if this is in service.

Chaplaincy is an essential part of SECamb's wellbeing offer and a key part to building and developing a proactive approach to wellbeing. Through the newly established wellbeing forum, work will take place to explore how chaplaincy could be better utilised and supported across the organisation.

3.3 Reviewing the approach to traumatic incidents.

Every individual has a unique response to traumatic incidents, and being exposed to a traumatic incident can result in psychological distress. Some individuals may even go on to develop post-traumatic stress disorder (PTSD) as a result. Trauma is not limited to attendance at an incident and as such, may equally affect staff who are supporting others through a traumatic event, or being involved indirectly.

At present the trust's primary responses for employees who have experienced a traumatic incident is either via the Trauma Risk Management (TRiM) pathway or a referral to the wellbeing hub. The Wellbeing Hub dealt with 146 referrals for 'trauma' in the 2024 calendar year and referred 146 people for external psychological support. This external psychological support is predominately 'eye movement desensitization and reprocessing' (EMDR) which is an evidenced base therapy for people who have experienced trauma.

TRiM is a model that provides trauma focused peer support to people who have experienced a traumatic incident. It is a 'non-medical model' and is grounded in 'active mentoring' aligned with National Institute for Health and Care excellent guidance on management of post traumatic illnesses.

In 2024, there were 251 TRiM interventions, with thirty-nine of these being referred on for onward support. Currently the Trust has 194 trained TRiM practitioners (10 per operating unit) with thirteen co-ordinators and 2 TRiM leads, who train and support staff in maintaining this provision.

The TRiM pathway in SECamb has mostly been supported through people giving up their own time to volunteer to support their colleagues, in 2023 a small budget was allocated to support some abstractions for TRiM practitioners.

There is currently no standardised policy or model that SECamb has adopted that directs the organisational response in response to staff who have experience traumatic incidents. In 2022, the CQC reported that:

“Local managers did not always debrief and support staff after any serious incident. There was an inconsistent approach to providing debriefs and support to staff after a distressing incident. Local managers told us that they tried to undertake an informal debrief with staff after a distressing incident but there was not a formalised process with staff trained to undertake debriefs with staff. One staff member attended a very distressing incident and tried to approach their manager for support and their manager was very dismissive. Managers at one make ready centre had implemented a scorecard for staff which included a wellbeing section, but this was a local practice and was not standardised across the service.”

Whilst formal debriefs are not a function of TRiM or the Wellbeing Hub, there is a clear need to ensure a standardised and consistent approach for responding to staff, volunteers and students who are experiencing psychological distress because of trauma exposure at work. SECamb will complete a more in-depth review of the organisational response to staff who have experienced traumatic and distressing incidents is required, with a view to produce a report with recommendations as well as a policy that underpins the approach.

Delivering the Wellbeing Strategy

The delivery of the wellbeing strategy will be overseen by the Wellbeing Forum and clear lines of accountability and governance will be developed. The Wellbeing Forum will develop a strategy implementation plan as well as measure the overall progress against the NHS Health and Wellbeing Framework Organisational Diagnostic Tool.

The Wellbeing Forum will also develop the key performance metrics to measure performance of wellbeing as a whole and a successful implementation of the Wellbeing Strategy will be improvements in NHS Staff Survey Results and a reduction in the levels of days lost to sickness absence.

Equality, Diversity & Inclusion

To develop this strategy, a number of stakeholders were engaged with, including staff groups, people with lived experience and subject matter experts. The strategy itself was authored by someone with lived experience of mental health challenges.

Successful implementation of the wellbeing strategy will impact on all characteristics protected by the Equality Act (2010), as well as additional groups including but not limited to those from the armed forces community, carers and people who have experienced domestic abuse.

To ensure that there is no adverse impact on specific groups of people, work will take place to ensure each recommendation set out in the strategy will consider the impact on specific groups through the appropriate organisational methods. All work undertaken through The Wellbeing Forum must demonstrate that it is utilising the lived experience of a variety of people to inform the development of the wellbeing offer in SECamb. SECamb staff groups, colleagues representing staff unions and people with lived experience will all be invited to be part of The Wellbeing Forum and actively support the delivery of key workstreams.



Appendix 1: Summary of recommendations

| # | Recommendation | Theme |
|-----|--|---|
| 1.1 | Establish a trust-wide Wellbeing Forum with clear lines of governance | Learning from lived experience |
| 1.2 | Commence work on developing the network of wellbeing advocates | Learning from lived experience |
| 1.3 | Conduct a staff engagement exercise on wellbeing | Learning from lived experience |
| 2.1 | Develop and adopt a SECamb wellbeing charter | Embedding wellbeing in everything we do |
| 2.2 | Develop and adopt a 'wellbeing in all policies' approach | Embedding wellbeing in everything we do |
| 2.3 | Review the training offer to staff on wellbeing as well as first- and second-line supervisors. | Embedding wellbeing in everything we do |
| 2.4 | Work towards achieving Safe Learning Environment Charter level 3 for the wellbeing domain | Embedding wellbeing in everything we do |
| 3.1 | Develop the proactive model for wellbeing hub interventions | Building and developing a proactive response to wellbeing |
| 3.2 | Review the wellbeing offer of the chaplaincy service | Building and developing a proactive response to wellbeing |
| 3.3 | Review SECAmbs response to staff who have experienced trauma | Building and developing a proactive response to wellbeing |

Appendix 2: NHS Health & Wellbeing Framework Organisational Diagnostic Tool



Wellbeing-Framework-Diagnostic-Tool



Saving Lives,
Serving Our Communities