South East Coast Ambulance Service
NHS Foundation Trust

Trust Board Meeting to be held in public

02 October 2025

10.30-13.15

McIndoe 1, Nexus House, Crawley

Agenda

Item No.	Time	Item	Paper	Purpose	Lead
Board Administration & Governance					
62/25	10.30	Welcome and Apologies for absence	-	-	MW
63/25	10.31	Declarations of interest	-	To Note	MW
64/25	10.32	Minutes of the previous meeting: 7 August 2025	Y	Decision	MW
65/25	10.33	Matters arising (Action log)	Y	Decision	PL
66/25	10.35	Chair's Report	Y	Information	MW
67/25	10.40	Audit & Risk Committee Report	Y	Assurance	HG
68/25	10.50	Shadow Board Feedback	Verbal	Information	MP
69/25	11.00	Chief Executive's Report	Y	Information	SW
Strategy & Performance					
Strategic Aim: We Deliver High Quality Care					
70/25	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report				
71/25	11.15	Quality & Patient Safety Committee Report	Y	Assurance	LS
72/25	11.25	Models of Care	Y	Assurance	RQ
	12.05	Break			
73/25	12.15	Winter Plan / Board Assurance Statement	Y	Decision	JA
Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS					
74/25	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report c) Month 5 Finance Report				
75/25	12.35	Finance & Investment Committee Report	Y	Assurance	SO
Strategic Aim: Our People Enjoy Working at SECAmb					
76/25	Supporting Papers:				

	a) Board Assurance Framework b) Integrated Quality Report				
77/25	12.50	People Committee Assurance Report	Y	Assurance	MP
Closing					
78/25	13.10	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

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting

7 August 2025

Nexus House, Crawley

Minutes of the meeting, which was held in public.

Present:

Michael Whitehouse	(MW)	Chair
Simon Weldon	(SW)	Chief Executive
David Ruiz-Celada	(DR)	Chief Strategy Officer
Jacqueline Lindridge	(JL)	Chief Paramedic Officer
Howard Goodbourn	(HG)	Independent Non-Executive Director
Jen Allan	(JA)	Chief Operating Officer
Karen Norman	(KN)	Senior Independent Director
Liz Sharp	(LS)	Deputy Chair
Margaret Dalziel	(MD)	Chief Nursing Officer
Mojgan Sani	(MS)	Independent Non-Executive Director
Nick Roberts	NR)	Chief Digital & Information Officer
Paul Brocklehurst	(PB)	Independent Non-Executive Director
Richard Quirk	(RQ)	Acting Chief Medical Officer
Sarah Wainwright	(SWa)	Chief People Officer
Simon Bell	(SB)	Chief Finance Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director

In attendance:

Peter Lee	(PL)	Director of Corporate Governance / Company Secretary

---

42/25 Welcome and Apologies for absence

MW welcomed members, and those in attendance and observing. In particular members of Shadow Board whose views are incredibly important.

The following apologies were noted:

Peter Schild	(PS)	Independent Non-Executive Director
Suzanne O'Brien	(SO)	Independent Non-Executive Director
Max Puller	(MP)	Independent Non-Executive Director
Janine Compton	(JC)	Director of Communications & Engagement

43/25 Declarations of conflicts of interest

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

44/25 Minutes of the meeting held in public 05.06.2025

The minutes were approved as a true and accurate record.

45/25 Action Log [10.00-10.01]
The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

46/25 Chair's Report [10.01–10.03]
MW summarised his report, setting the scene for today's meeting, and explaining the schedule of focus and emphasis on partnerships and sustainability. He reinforced the Board's commitment to being efficient and balancing this with ensuring good quality patient care.

There were no questions.

47/25 Audit & Risk Committee Report [10.03–10.12]
HG summarised the output of the last meeting:

- Digital resilience as covered on today's agenda. The committee is assured resilience is actively being strengthened. One of the biggest BAF risks but comfortable it is being addressed.
- FOI Compliance is a good example of how risk was managed through a backlog. A plan was pulled put together and delivered effectively.
- Risk Management continues to be assured with progress, with good visibility and a maturing culture of risk ownership.
- There are some gaps in management follow up linked to Internal Audit, which are being addressed.

MW thanked HG for his update. He asked SS about progress with FTSU in her role as FTSU NED. SS responded that we are doing much better with data and monitoring especially where detriment is identified. In terms of culture, there is still a journey to go, but signs of improvement. Some hot spots, e.g. EOC which the Board is sighted on.

MW then asked MD about risk and how we use the delegated model to ensure from a patient perspective we get the risk appetite right to empower our people with innovation. MD responded by outlining the work of the Innovators Den, where the ideas coming through are all focussed on how to enhance patient care; demonstrating the message is clear.

48/25 Shadow Board Feedback [10.12–10.32]
KN provided feedback from the first meeting held yesterday, starting by talking through the process then how the discussion went. The aim was to run it like a pseudo board set up, like here, using three papers from today's meeting. The relevant executives came to talk to the papers:

- CEO Report – feedback was that it helped to link to what is happening in the workplace. Suggestions included how we emphasise successes more; link to outcomes in patient care; include less jargon; and how words like restructure / realign etc. can provoke anxiety, so something about language.

- Digital Plan – there was good debate and highlighting the importance of project information filtering to the front line, e.g. how we engage front line users.

- Chief Paramedic Report – good feedback about the difference noted when hubs are well staffed. Some frustration expressed re pathway access and a discussion about training and education and whether it is equitable.

The Hot Topic was productivity and efficiency. Here there was also good discussion about how we might work together on these issues e.g. procurement training and winter pressures.

MW offered shadow board members who were in the audience if they wished to add anything; they agreed it was a good and accurate summary.

MW asked the Board for any reflections.

PB asked how we communicate and KN explained that this came up yesterday and so are exploring how it communicates its work.

HG picked up the point about filtering down to front line and how we ensure we get across decisions made at Board, perhaps something more formal. KN responded that this too was discussed and there is some feedback about how the shadow board might organise themselves in engaging and influencing more widely.

MD added that she and JC have discussed how we influence the shadow board to review things before they come to Board to ensure greater influence at the start of a conversation, e.g. strategy developments. MW welcomed this and when this happens papers will need to reference that engagement.

SWa reflected on how many shadow board members are observing today and welcomes their input and how they can influence how we manage at board and ensure accessibility to board papers.

MW summarised that we are very proud of this initiative and the contribution and experience it provides to members. He thanked members again for their time and commitment.

49/25 Chief Executive's Report [10.32–10.47]

SW highlighted specific areas from his report to support today's conversation, drawing the board's attention first to digital transformation. This provides an opportunity to set out a road map for the future, which is central to the board duty to look to the future. Digital is a key enabler of our trust strategy.

The second area is productivity and efficiency, where we need to view this through the lens of whether we are responding to patients in the right way. For example, only sending an ambulance when needed, as per our clinical strategy.

SW then highlighted how the NHS transformation continues at pace with agreement of the alignment of Surrey and Sussex ICBs over the next 18 months. This represents a significant change in our commissioning landscape, linked to the work on ambulance service commissioning, and moving to a single commissioner across the Southeast and a single contracting team for the next planning round.

Lastly, SW referred to the armed forces covenant and thanked all colleagues who have served for their country.

MS asked about any specific risks for us, from meetings related to the 10-year plan. SW responded that there is an AACE workshop next week and the main challenge is the increasing demand and how we meet this as referred to earlier. We will need to use new pathways / digital aligned to our strategic priorities. All linked to our strategic ambition.

LS asked about the Charity and how this supports our reach into communities especially where there are current inequalities. SW is really pleased to see this and links back to the Models of Care, in particular out of hospital cardiac arrest.

KN followed up on the risk MS asked about and reliance on partners and explored the main barriers to collaboration in this space. SW reflected that it is true to say that change at scale we are seeing across ICBs is

not without its impact with colleagues unsure about their futures. These are the same people involved in supporting the transformation we need to make and so are fully mindful of this.

MW thanked SW for his report and all his work for the organisation.

50/25 Armed Forces Covenant [10.47-11.00]
SB welcomed Simon Warner-Ingate, Deputy Chair of the Armed Forces Network. The Trust has been awarded the Gold Award, and the covenant is a promise we treat people and their families fairly.

Simon added this is a promise including ensuring access to services. Any organisation can sign up to the Covenant and thanked SECAmb for doing this. The Gold Award means we are an armed forces community friendly employer. Some people transitioning from armed forces find it really difficult and Simon outlined some of the work the trust does to support colleagues and the focus of the Network.

MW thanked Simon for this overview and asked about the wellbeing provision and the crisis line specifically for veterans. Linking to the wellbeing strategy later on the agenda.

JL asked what more we can do to support. Simon confirmed that the support of Board through SB and PB as Board links is great and sufficient.

MW thanked Simon again for all his work and for coming to talk to the Board today.

51/25 Board Story [11.00-11.06]
JA introduced the Board Story which is an example of how using digital can be used to improve patient care. As laid out in the 10-year plan, digital will be key enabler to deliver more sustainable care to patients. This is not just about systems but how we work. The video helps to frame both the opportunities and challenges. After the video was played, MW asked that we move directly to the digital strategy then pick up any reflections in the round.

52/25 Digital Plan [11.06-11.40]
NR reflected on the video and how what we implement has a positive impact on patient care. This Plan follows the Strategy agreed last year. It is driven by engagement with the digital priorities and sets out six streams of work, linked to strategic aims and risks set out in the BAF. NR then highlighted the key headlines.

MW asked about the assurance on deliverability this year, e.g. do we have money in capital and revenue and given we are in August what is the timing of business cases. SB responded first on the money confirming this is agreed and in the capital plan this year. We have worked closely as an executive and via the finance committee on this. This is strategically important and one of our BAF priorities. On the business case point NR is confident on the governance and in delivering this year. PB added that he is happy with the Plan and the biggest difference he has noticed is the level of wider executive support; for example, NR was on leave at the last meeting of the finance committee, and this Plan was presented by his executive colleagues.

Action
Finance Committee to receive assurance on the plan and timing of the six business cases related to the digital plan.

MW then asked for the clinical view. LS responded that there is a risk highlighted on digital in the report from the quality committee and felt that inclusion of a productivity benefit would help but supported the Plan. RQ agreed that this will make a difference to patient care and asked how we will balance competing interests re GP access and what we would like related to one software package across the region. NR responded that we have a number of care records systems, and it is not practical for our clinicians to

navigate all of this. Our EPCR is integrated into core systems, and we are through a revised programme of work – Shared Care Record, identifying flags in the patient record which confirm where we need to look for data. The 10-year plan commits to a national single patient record. So, some of what we will do will respond to practical outputs of this commitment. We have the right direction but will be a multi-year effort.

HG noted that in addition to financial support, there is a dependency on HR restructure support. SWa responded that we are sequencing restructures and digital is one of the priorities.

DR asked if there was more money available from the centre, would we have things ready to deploy. NR responded by explaining his concern to not over stretch capacity / capability; so, in direct answer it would depend on what is needed.

SS commented that this sounds like a dynamic programme and asked whether there is any learning from the current use of AI in EOC. NR responded that AI is an early adoption from other trusts, e.g. via SACS on tools like listing on calls for non-verbal cues.

KN noted that it seems like there are good links in place but asked if commissioning could impact on this. DR responded that this should help to deliver for patients. One of benefits moving to a single commissioner will support discussions on aligning systems. A single commissioning group is due to be established in Q3 and will use this as the opportunity to address these issues.

SW added that SACS is looking more on managing convergence, and some of this is commercially sensitive.

MW summarised that in agreeing this Plan we are building solid foundations including in support of models of care and are taking no regrets decisions so that in the future we won't have to address mistakes of the past / or prevent any collaboration with SCAS. The Board agreed the Plan.

Break 11.41-11.51

53-54/25 Sustainable Partnerships [11.41-12.43]
The BAF, IQR and M3 Finance Report informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the Finance Committee.

PB then summarised the output of the most recent meeting of the **Finance & Investment Committee**, which had a focus on efficiencies. We are behind currently as we are on performance, but much work is ongoing led by the executive team. The committee will continue to seek assurance. The Digital Plan was reviewed as discussed; this was considered very good but ambitious, and so again the committee will need to keep track of this.

MW checked with JA on operational performance and the assessment of risk over the next 2-3 months. JA reflected a dynamic picture, as illustrated by the IQR. The June position which was the data available for the committee was less robust than May, but we have seen improvement in July, particularly through the work on productivity in job cycle times. There remain challenges with hear and treat, with some link to system dependencies, e.g. pathways and handover delays. There is considerable focus over the coming weeks which will inform immediate actions and the winter plan that will come to Board in October.

DR corrected the report which should read 97 vehicles not 65 and reflected on the positive steps to ensure these new vehicles that followed good engagement with staff.

Q1 Efficiency & Productivity Review

SB talked to some slides that he tabled, explaining the work being undertaken on a daily basis in the context of increased regional oversight. The aim is to submit by the end of September a compliant 3-year plan. Much focus will be on underlying sustainable positions, not just meeting the in-year bottom line.

The Board noted that at the end of Q1 we are behind plan. The finance report shows being on plan reinforcing the issue pertaining to our recurrent position; SB confirmed that we are confident in delivering the plan just not the recurrent savings. He then reminded the Board that performance links to funding with circa £10m for achieving the 27min C2 mean. £5m is therefore at risk at month 6 if we not on plan then against this target. We are reviewing currently what more we can do.

The area of most importance is hear and treat as it is a central plank to our strategy (virtual care). SB felt that there can be reasonable confidence we will deliver 27m C2 mean and earn the additional £5m. This is not just about the money but our promise to our patients.

SB then talked to the slides which set out in more detail the position and the gaps. An additional £2.8m is identified but non recurrently. Regional oversight is more about *how* we are delivering not just whether we will deliver.

SB highlighted the four areas we are working through on recurrent cost reduction: fleet; estates; digital; and people. This is about ensuring best use of funds to the benefit of our patients.

MW thanked SB for this overview. It is important we recognise nothing here moves us from our strategic direction and in fact reinforces the importance of delivering our strategy. MW is interested in what is more in our direct control.

In response to this, JA explained the culture shift and how crucial this is. Buy in to the strategy and the 'why' i.e. sustainable support to people and delivery for patients. She wondered if the message is not fully heard yet and so the programme ongoing to engage will help set out where we are and what support is needed to move us on in the agreed strategic direction. In creating more meaningful autonomy via the divisional Model, we need to reinforce this is about doing what is needed not only what people would like to do.

MW challenged that we have limited time, and we need to do more; he is not yet assured on this. MD agreed that we need to think on this.

HG overall is comfortable from a financial perspective; nothing too unachievable. He is more concerned about operational performance and asked whether the aim is 25 mins or 27 mins and to what extent are we reliant on the system.

DR responded that the target is revised from 25 to 27 mins as commissioners agree that we cannot be held to account for things not in our control. Specifically, the 2 mins was for system productivity, and we recognise the ICB challenges and against this context have not been able to leverage the change needed. UCR is more directly linked to commissioners shift on demand and capacity.

SS asked for our confidence in the hear and treat improvement, as one of the risk factors is workforce. SWa responded that we recognise the need to adjust the workforce trajectory; we are looking to align to the new 10-year plan. JA is confident we will make a difference with hear and treat, but not sure we will achieve the target of 20% we set initially. She outlined the actions some of which have taken longer than expected to get off the ground.

MS asked about adverse NHS111 financial performance and what improvement is in place to support this. JA responded that 111 clinical relies on agency and have a plan to reduce this significantly, and longer term to integrate better with 9999, but not in position to do this now.

SW commented on some of the questions:

- Everything we have heard requires us to accelerate our strategy. So how do we go faster and sustainably.
- Since we wrote the strategy, one significant change is the ICB and commissioning landscape being reset. These are the people we rely on in our strategy to help deliver the strategic change. This change results in better patient care.
- We do need a new plan to take account of the operating context, with the focus currently on managing change.
- The workforce plan will need to be re-written also in the context of these changes and the 10-year plan.
- The key slide to reflect on is the one SB referred to on the difficult decisions to lower our recurrent cost base. This will be explored through next Board cycle in Q3. And we are starting to outline some of these choices at the development session in September.
- On culture, there is a real risk we end up centralising everything to meet the challenges. But the paradox is that the approach to autonomy and how we engage colleagues in the right way can be better at meeting these challenges. So, SW encourages us all to ask for help and not pretend we can do it on our own.

MW then summarised that this is about pace, and we can't get away from this. We agree on local autonomy and the need to devolve responsibility to ensure ownership and sustainable change. There is more work on supporting people's understanding of this.

55-57/25 We Deliver High Quality Care [12.43-13.03]
The BAF & IQR informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the Quality Committee.

LS summarised the output of the most recent meeting of the **Quality & Patient Safety Committee.** Triangulating the earlier discussion, LS started by setting out the review of models of care, which is central to our strategy and links to the pathway's discussion. The committee explored how we ensure good patient outcomes for patients we don't convey and how we know we ensure best outcomes. Also, and linked to the digital item earlier, we have access to patient data but do not often know what happens when they leave us. Digital alignment is therefore key and so welcomes the Plan agreed. On Cardiac Care the committee pushed further on how we can improve especially in areas of inequity. It will continue to look at health inequalities.

LS then reflected on how we have spoken today much about virtual care and hear and treat; the committee noted that there is still some confusion about how this is counted but satisfied we are on the cautious side. The complexity is acknowledged, and the committee is testing how we ensure ongoing quality; there is still some gaps in assurance that we will continue to explore. Including with our public engagement on the future of virtual care and how we ensure we continue to meet needs of patients.

The other area of risk discussed was around UCR pathways. There has been much effort to engage partners but there is only so much we can do. Progress is being made but requires ongoing effort.

MW is impressed by level of scrutiny at this committee. He asked MD about the risks in EOC identified by the committee. MD responded that we are working closely as an executive to focus on specific areas of work, and this will frame the quality summit next week. This has been longstanding issue and the leadership team in EOC 111 is fully engaged. The outputs will be reported to the next meeting.

There were no further questions.

Chief Paramedic Report
JL highlighted the main points from this first Chief Paramedic report, using the four pillars of paramedic practice. Some of the challenges include access to pathways we have already covered.

The Board noted Prof Julia Willaims' lifetime achievement award.

MW liked this report and how it will help to ensure the paramedic voice at Board.

58-60/25 Our People Enjoy Working at SECAmb [13.03-13.15]
The BAF & IQR informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the People Committee.

KN summarised the output of the most recent meeting of the **People Committee**. This began with a powerful staff story related to sexual safety. Work is progressing against the Charter, but the committee challenged the executive to go further faster especially with how we investigate incidents.

The committee reviewed the wellbeing strategy which it recommends to the Board.

In relation to compliance, the committee was also pleased to note improvement in stat man training as set out in the IQR and greater assurance on health and safety.

The Board noted across FIC QPSC and PC the outcome of the evaluation of the Hubs and the further analysis needed.

SWa added thanks to the colleague who shared their story. We will be working with them on the programme of work re sexual safety. In terms of cultural hotpots there is more work ongoing and will report outputs and action taken in September.

MW asked if the Board is content with the pace to improve the environment for sexual safety. SWa responded that we have a refreshed approach with a new Steering Group, SRO and executive lead. Focus and pace are the priority. MD added that we are at a point where we need to increase our intolerance. MW supports this.

Wellbeing Strategy
MD reflected how this puts staff at the heart of the strategy and is here for approval as recommended by People Committee; it aims to be more proactive and clearer in duty of both employer and employee.

The Board approved the strategy.

61/25 AOB
MW asked each of the committee chairs to confirm their confidence we are across the main risks; each one felt that we are.

There being no further business, the Chair closed the meeting at 13.15.

PL confirmed there have been no questions from the Public.

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

Date _____

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)
05.06.2025	32 25	The People & Quality Committees to oversee the development of the new Volunteer Strategy, which will then come to Board in December for approval.	JA	04.12.2025	Board	IP
05.06.2025	32 25	Gap in Assurance: The Quality Committee to review the work led by Julie Ormrod to identify and address the inequalities highlighted by the relevant metrics.	MD	13.11.2025	QPSC	IP
07.08.2025	52 25	Finance Committee to receive assurance on the plan and timing of the six business cases related to the digital plan.	NR	27.11.2025	FIC	IP

Key

	Not yet due
	Due
	Overdue
	Closed

ɔard Action Log

Comments / Update
Following the review in Sept the committee will receive a specific update at the next meeting in November.

South East Coast Ambulance Service
NHS Foundation Trust

		Item No	66-25
Name of meeting	Trust Board		
Date	02.10.2025		
Name of paper	Chair Board Report		
Report Author	Michael Whitehouse, Chair		

Introduction & 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.

This meeting has a specific focus on our strategic aim: *We deliver high quality patient care*, and how progress against one of our key strategic priorities (Models of Care) supports the Winter Plan which the Board will also be asked to consider for approval.

This will be the second meeting where we will have the opportunity to consider the views of the new Shadow Board. They will be considering both models of care and the winter plan, and I look forward to hearing the different perspectives they will bring.

Board Development

We had another really constructive development session in early September, where we started what will be a series of conversations about how we ensure the Trust is sustainable. The planning round this year requires the Board to reach agreement by the end of December, and although this is challenging it will allow time in Q4 to focus on getting in place robust efficiency and productivity plans. We will hear more about the immediate next steps in part 2 and will explore the approach and decisions we will need to take, at our Joint Board / COG later in October.

The session also helped to consider the well led quality statements to inform the Board's ongoing improvement. It was really good to be joined by a number of different colleagues so that we were able to hear different views and perspectives.

Council of Governors / Annual Members Meeting

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

- The steps being taken to ensure a supportive working environment for EOC colleagues, acknowledging the particular stressors they experience. This is an area of specific focus of the Board as set out in the report from the quality committee.
- Focus on health inequalities, related to access to CFRs and Public access defibs in particular communities.
- The impact and ongoing evaluation of the Unscheduled Care Navigation Hubs
- Our ongoing confidence in achieving the C2 mean target and in terms of the system productivity how this impacts our financial position
- The approach to planning over the next 3 years
- Importance of maintaining progress with sexual safety and the Charter to Board signed up to and the extent to which training will have the impact needed
- Education and the learning from the NHSE Education Quality Intervention, which has received specific focus by the people committee.
- Appraisals and the ongoing difficulty achieving compliance against the target set out in the IQR.
- Improvements in People Services

The non-executive directors were able to describe how they are seeking assurance, while being clear about the risks that continue to exist in the current operating context. Many of these issues will be picked up at this Board meeting.

The AMM was another excellent event, with colleagues showcasing all their excellent work. The stalls they supported helped to provide great insights and it was good to hear in the formal part of the meeting, from our head of research and chief paramedic about the priorities for reach and education. The statutory duties were also concluded, with the formal receipt of the annual report and accounts, which to confirm again demonstrated significant improvement from the year before.

Engagements

I have continued to hold further discussions about the work on closer collaboration with SCAS and we are due to have a Board to Board on 8 October, after which time we will be able to communicate more fully about the next steps.

In addition, I have in the last few weeks joined Simon at Banstead and St Helier hospital as part of the 'meet the chief' sessions and was privileged to receive on behalf of SECAmb the Military Covenant Gold Award from the Lord Lieutenant at the ceremony held at the Army Air Museum.

Lastly, I would like to acknowledge the significant contribution of Steve Lennox to our improvement journey over the last three years. Steve was formally allocated our Improvement Director and has been an invaluable critical friend to SECAmb during his time supporting us. Steve is now needed elsewhere in the health system where I am sure he will make an equally telling

contribution. On behalf of the Board, I thank Steve for everything he has done and wish him all the best for the future.

[redacted]

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	67/25

Name of meeting	Trust Board
Date	02.10.2025
Name of paper	Audit & Risk Committee Assurance Report – 18 September 2025
Author	Howard Goodbourn Independent Non-Executive Director – Committee Chair

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 18 September 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

ALERT

We Will Statements

As an output of the Board's annual effectiveness review undertaken in May, it agreed a number of We Will Statements from the areas identified where the Board would be even more curious. These Statements act as an aide-memoir and used through the year to help in the Board's development. The committee undertook a review of these and confirmed good progress with RAG rating each green save for three that were amber, as summarised below:

Statement	Comments
We will ensure all committee papers are completed on time unless the matter is an urgent escalation. This will allow time for colleagues to process the necessary information**.**	Papers are usually shared a week in advance, but some papers arrive late, and the committee members have reminded management of the challenges this can sometimes create.
We will ensure papers are short, focussed and succinct and that discussion points are highlighted and invite supplementary information being supplied in appendices.	Papers are felt to be improving in their quality, and feedback has encouraged more thought to the specific areas requiring the committees' consideration. A recent report to QPSC (related to PSIRF) was an excellent example of where the cover paper helped draw out the key issues. We are using this as a template for future papers.

We will invite the staff networks to visibly contribute to the work of the People Committee and furnish the Board with an annual joint report that reflects the improvements and challenges within their area of oversight**.**	The committee had scheduled in September an EDI discovery session through the lens of the Staff Networks but needed to defer this.

Standing Financial Instructions (SFIs)
The committee considered the changes to the SFIs as part of the annual review and recommends these to the Board for approval. They relate in the main to the strengthening of procurement.

ASSURE

Internal Audit
BDO completed three reviews as part of the annual internal audit plan: IT; Efficiency Programme; and Sexual Safety. Each one with Moderate Assurance, which maintains the positive trend of positive reviews.

In response to the sexual safety review, BDO found good evidence that some of the actions being taken are starting to embed, with signs of positive momentum in this crucial and complex area. The committee noted the ongoing assurance being sought by the People Committee, which triangulates with these findings. Notwithstanding the positive outcome the survey conducted by BDO included feedback that is of concern and helps to reinforce the journey of improvement still required.

Risk Management
The Committee remains assured with the arrangements in place to support effective risk management. The evolution of the risk reporting into the other board committees is positive, helping ensuring better visibility of the key risks. In November the committee will receive an interim report on the risk appetite framework pilot; indications are that some revisions will be required, which was predicted. In particular in relation to the number of appetite levels to support more nuanced evaluation of risk.

Information Governance
As reflected in the recent Annual Governance Statement, we have strong IG controls in place. IG awareness is good, as indicated by the frequency with which the team is engaged to support impact assessments and information sharing agreements.

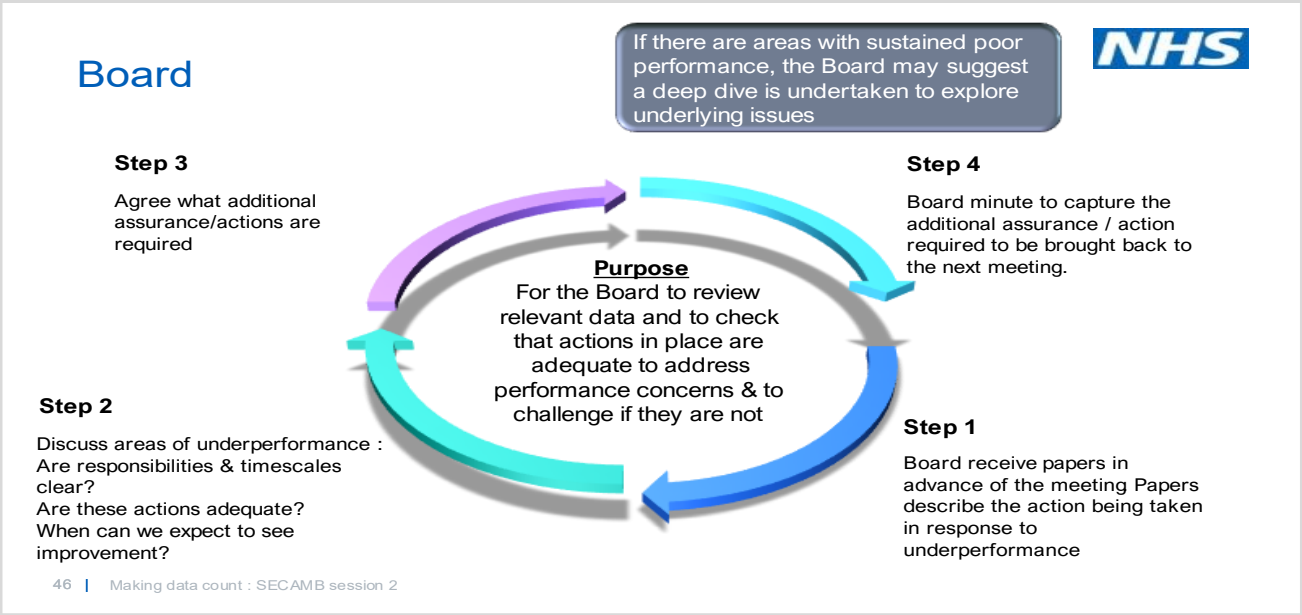
The committee also sought the view of the Senior Information Risk Owner (SIRO) who provided his assurance with the level of expertise in place in this area. The recent introduction of Head of Information Security helps add a further dimension, which is positive.

ADVISE

Counter Fraud
The Committee received an update on counter fraud activity, with good progress being made against the workplan. There is nothing significant to highlight to the Board. The committee remains assured that the Trust is responding appropriately to evolving fraud risks.

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

Item No	69-25

Name of meeting	Trust Board
Date	02.10.2025
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 August and September 2025 to date.
2	I am pleased to have taken on board feedback from our Shadow Board in preparing my Board Report this month.
	A. Local Issues
3	**Delivery of our Strategy** I have been pleased to see continuing evidence during this period of the work underway throughout the Trust to progress our five-year strategy and ensure we are delivering the very best care for our patients.
4	I was particularly pleased to see us publicly launch our 'Models of Care' programme in August – an ambitious programme focussing on 11 health conditions such as frailty and falls, major trauma, mental health, and end-of-life care – that will transform how we care for our patients, and which absolutely brings our strategy to life.
5	The programme will allow more patients, who do not have time-critical conditions, to be better cared for, either by managing their health conditions with a telephone call from a clinician, or by directing them to more appropriate services via clinicians in the Trust's Urgent and Emergency Care Hubs. This will ensure that SECAmb has more ambulances available to attend patients in an emergency or critical condition.
6	I am encouraged by the early progress we are seeing. For example, our work with partners on frailty and falls is helping to prevent avoidable hospital admissions; our focus on reversible cardiac arrest is ensuring faster delivery of life-saving interventions and our strengthened approach to end-of-life care is supporting patients and families to avoid unnecessary crises at a vulnerable time.
7	Recognising the strong links between our own Trust Strategy and the national NHS 10-Year Plan, I was pleased to participate in a national podcast hosted by the NHS Confederation in September, exploring what the Plan means for ambulance trusts across the country.

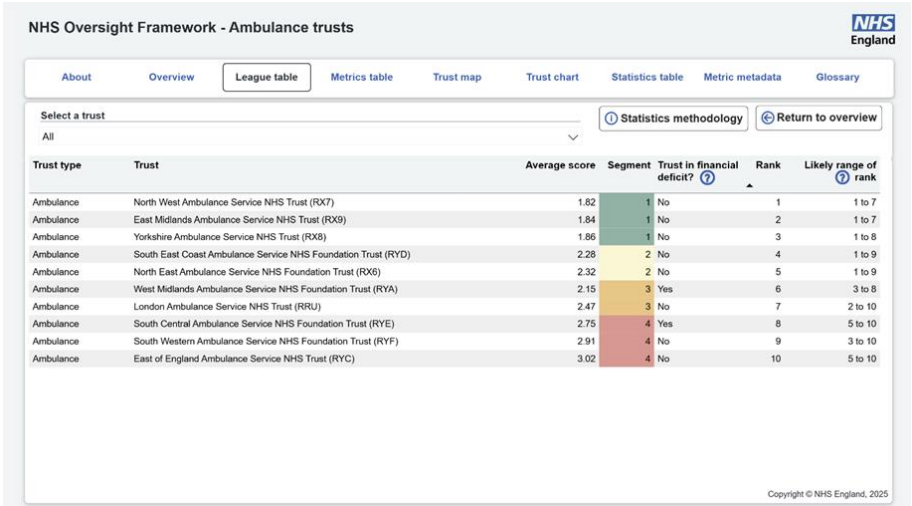
8	Together with colleagues from the Association of Ambulance Chief Executives (AACE) and from South Western Ambulance Service, we reflected on the opportunities and challenges of delivering on the aspirations of these plans.
9	While the ambition to embed neighbourhood healthcare models was welcomed, the panel acknowledged that ambulance services, commissioned at a regional level, face structural challenges in aligning with locally devolved care models.
10	The conversation emphasised the importance of collaboration across commissioning, planning, and delivery and I was pleased to highlight SECAmb's own experience with urgent care hubs as an example of how devolved decision-making can support tailored, community-based care.
11	I also made a strong case for digital transformation across the NHS, recognising it as a key enabler for delivering the kind of responsive, high-quality care patients expect and deserve.
12	**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.
13	EMB consider a range of key issues during their meetings and important issues discussed during this period have included: • Our approach to taking forward important Equality, Diversity & Inclusion (EDI) initiatives, ensuring that the actions we are taking make a real difference for our staff and our patients • Improvements to our Trust HQ, which will provide much improved facilities for EOC, 111 and corporate staff • Our approach to winter, ensuring we are as prepared as we can be
14	We have also continued to closely monitor the delivery of our Productivity and Efficiencies programme, ensuring we are balancing delivering a responsive service to our patients, supporting our people and building a sustainable organisation.
15	EMB also continues to hold meetings each month as a joint session with the Trust's Senior Management Group and also with a wider senior leadership group. These sessions are extremely useful in ensuring that, as a wider leadership team, we are consistently prioritising the right issues.
16	**Looking ahead** As we move forwards, I have been pleased to see that work has progressed well to prepare us, as far as possible, for the forthcoming winter, with our Winter Plan being discussed by the Board today.
17 18	The Plan focuses on four key areas - prevention, pathways, response and collaboration - and on a range of key actions such as vaccination, increasing Hear & Treat responses and utilising alternatives to Emergency Departments, given likely pressures on demand and capacity. Thank you to the Emergency

	Preparedness, Resilience and Response (EPRR) Team and to colleagues across the Trust for their work in pulling this important plan together.
19	We have also recently seen the publication of the NHS Planning Framework, intended as a guide for local NHS leaders to shape their plans for their organisations for the medium term and which provides clarity on roles and responsibilities within the context of the new NHS operating model, outlined in the NHS 10 Year Plan.
20	Co-ordinated by Simon Bell, our Chief Finance Officer and with input from our whole leadership team, work is already underway to develop our plans around finance, quality, activity and workforce, with the aim of a final plan for 2026/27 being submitted at the end of this calendar year.
21	**Engagement** During recent weeks, I have continued to attend a number of regional and national NHS leadership meetings, with many focussed on the new National Oversight Framework and the recently published NHS 10 Year Plan.
22	This includes NHS Provider events for Chairs and Chief Executives which are always useful in gaining wider views from outside of the ambulance sector.
23	On 27 August 2025, I was pleased to meet with Alison Bennett, MP for Mid Sussex, ahead of her spending time in our Emergency Operations Centre at Crawley and on an observation shift with an ambulance crew. It was good to hear afterwards that Alison enjoyed her time with us and found it informative and interesting.
24	During this period, I have continued my 'Connect with the Chief' programme, with interesting and well attended sessions held at Gatwick on 13 August and Banstead on 2 September, where I was joined by our Chair, Michael Whitehouse.
25	These were both extremely useful events, with colleagues at both sessions providing feedback on the key issues which are important to them, as well as highlighting the things they are most proud of locally.
26	I have now undertaken ten 'Connect with the Chief' sessions since we launched the programme last year and have thoroughly enjoyed spending time with our people during every visit.
27	As part of our six-month review of our wider Engagement Framework, we have recently considered the key themes arising from the Connect with the Chief sessions, to identify themes that come up regularly across different sites.
28	Overarching issues identified include education & training, estates and equipment provision and flexible working. Key themes are shared with EMB and leadership teams, to allow issues to be addressed and prioritised as needed.
29	**'Hearing Different Voices' – Shadow Board update**

	I am pleased to see our Shadow Board continue to go from strength to strength, with their second formal meeting taking place just before our October Board meeting.
30	Following their first Shadow Board meeting, it was fantastic to see many members of our Shadow Board present at our August Board meeting, to see firsthand their feedback on a number of items being given 'live' during the Trust Board meeting.
31	Their feedback was constructive, considered and extremely useful, and I look forward to seeing this continue and grow over coming months. As our Shadow Board members settle into their new roles, it's exciting to hear their ideas about how their roles can develop and make even more difference.
32	**Annual Members Meeting (AMM)** On 12 September 2025, I was pleased to welcome many colleagues and members of the public to our Annual Members Meeting.
33	Held at the K2 Leisure Centre in Crawley, the event provided a great opportunity for us to reflect on recent achievements during the year and discuss our priorities for the coming months.
34	A big thank you to all colleagues who attended to showcase their areas of work and developments with a variety of stalls, demonstrations and displays ahead of the formal meeting, including those on our staff networks and our recently relaunched charity. It was great to see the real sense of pride from many teams.
35	Thank you also to our volunteer community first responders who gave up their time to provide CPR training on the day – a vital life skill which I would encourage everyone to learn.
36	A particular highlight for me was the demonstration given by our CFRs, where the team demonstrated the benefits of a Raizer chair device that CFRs can use to help patients who have suffered a non-injury fall.
37	The formal meeting discussions allowed us to outline our work over the past year as we begin to implement our clinically led strategy, including how our clinical hubs are helping ensure patients get the most appropriate response first time working closely with our local NHS system partners.
38	**Nexus House redevelopment** I was pleased to see that we have reached a major milestone in the redevelopment of our headquarters and contact centres for 999 and 111 (West) at Nexus House.
39	Following a competitive procurement process, approval has been given to proceed with our preferred building contractor, marking the start of a significant investment in our operational infrastructure with work starting in October.
40	This redevelopment has been carefully planned to strengthen the resilience, security and functionality of our control centre operations. Our emergency

	operations centre (EOC) and 111 contact centre, will remain onsite throughout the works while corporate staff will work agilely.
41	A key feature of the redevelopment is the creation of a dedicated, fit-for-purpose space for our 111 service. Originally rapidly relocated during the COVID-19 pandemic to cope with the increased demand we were seeing, the 111 centre at Nexus House has become an essential part of our urgent care response. This investment ensures it now has a permanent home that supports its continued growth and integration.
42	The programme forms part of our wider commitment to modernise our estate, improve working environments and ensure our infrastructure meets the demands of a modern ambulance service. It also reflects our commitment to staff wellbeing and patient safety.
43	I look forward to sharing further updates as the project progresses.
	B. Regional Issues
44	**SECAmb Charity update** I have been pleased to see our Charity continue to build momentum following its soft launch during the summer. Drop-in sessions, more than 120 survey responses, and meetings with teams have generated strong engagement and valuable ideas from frontline staff and supporters.
45	Work on developing the charity's strategy is progressing well, aligned to our Trust priorities and closely linked with volunteering and community resilience. Governance has been strengthened through the first meeting of the Charitable Funds Committee since the charity relaunch, a financial and governance review, and the introduction of regular finance meetings.
46	It's good to see that a new website has been developed to showcase the charity publicly, supported by internal communications and branded resources.
47	Fundraising opportunities are expanding, including the development of Outrun an Ambulance, helping to build sustainable income for future growth and impact and I look forward to supporting this as we move forwards.
48	**Collaboration with South Central Ambulance Service (SCAS)** Further to the joint Board meetings convened at the end of May 2025 to review progress in relation to our collaboration, the Executive Teams of both Trusts confirmed in July the key areas of focus for the remainder of the year.
49	A key priority remains the alignment of clinical models to support the delivery of improved patient care for patients across the whole region. It's also been good to see sharing of best practice in a number of different areas including call answer support agreement, maintenance of some of our medical equipment, aligning our green plans and quality improvement approaches.

50	The Executive Teams from both Trusts will reconvene on 30 September to jointly review progress and consider additional opportunities for collaboration. This will be followed by a joint meeting of both Boards on 8 October.
51	Concurrently, preparation of a joint collaboration case remains underway. This document will set out the proposed roadmap for the months ahead as both organisations work towards the establishment of a formal group model.
	C. National Issues
52	**National Oversight Framework/League tables** On 9 September 2025, the Government published the NHS National Oversight Framework (NOF) and accompanying league tables that provide a summary of the performance of NHS trusts broken down into in three categories - acute trusts, non-acute hospital trusts and ambulance trusts.
53	Through the NOF, every NHS Trust in the country has been placed into one of five 'segments' ranging from 1 (best performing) to 5 (those Trusts in special measures requiring the highest level of support from NHS England).
54	Metrics used to measure the performance of ambulance services are as below: • Average Cat 2 response times for Q1 2025/26 • Percentage of ambulance patients conveyed to emergency departments – year to date • Combined finance • Planned surplus/deficit • Variance year to date financial plan (at month 3 2025) • Relative difference in costs • NHS Staff Survey 2024 – raising concerns score • NHS Staff Survey 2024 – engagement score • Sickness absence rate
55	The accompanying league tables are based on the summary delivery score of each organisation ranked against the other trusts within their segment. Below is the league table for the ambulance sector:



NHS Oversight Framework - Ambulance trusts

NHS England

About | Overview | League table | Metrics table | Trust map | Trust chart | Statistics table | Metric metadata | Glossary

Select a trust: All

Statistics methodology | Return to overview

Trust type	Trust	Average score	Segment	Trust in financial deficit?	Rank	Likely range of rank
Ambulance	North West Ambulance Service NHS Trust (RX7)	1.82	1	No	1	1 to 7
Ambulance	East Midlands Ambulance Service NHS Trust (RX9)	1.84	1	No	2	1 to 7
Ambulance	Yorkshire Ambulance Service NHS Trust (RX8)	1.86	1	No	3	1 to 8
Ambulance	South East Coast Ambulance Service NHS Foundation Trust (RYD)	2.28	2	No	4	1 to 9
Ambulance	North East Ambulance Service NHS Foundation Trust (RX6)	2.32	2	No	5	1 to 9
Ambulance	West Midlands Ambulance Service NHS Foundation Trust (RYA)	2.15	3	Yes	6	3 to 8
Ambulance	London Ambulance Service NHS Trust (RRU)	2.47	3	No	7	2 to 10
Ambulance	South Central Ambulance Service NHS Foundation Trust (RYE)	2.75	4	Yes	8	5 to 10
Ambulance	South Western Ambulance Service NHS Foundation Trust (RYF)	2.91	4	No	9	3 to 10
Ambulance	East of England Ambulance Service NHS Trust (RYC)	3.02	4	No	10	5 to 10

56	As the above table shows, I was very pleased that SECAmb were placed into segment two and ranked fourth in the ambulance league table. We know there are areas to improve on, and we are committed to making further progress but these rankings absolutely show that the hard work and excellent care of our teams is making a real difference to our patients, and we are continuing to build a sustainable organisation.
57	**NHS Staff Survey 2025** On 12 September 2025, we launched our survey period for the 2025 NHS Staff Survey, which will run until 28 November 2025.
58	Following the 2024 Survey, which saw us achieve our highest response rate ever – 67% - we are looking to match this for this year, ensuring we hear from as many of our people as possible.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

October

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:**

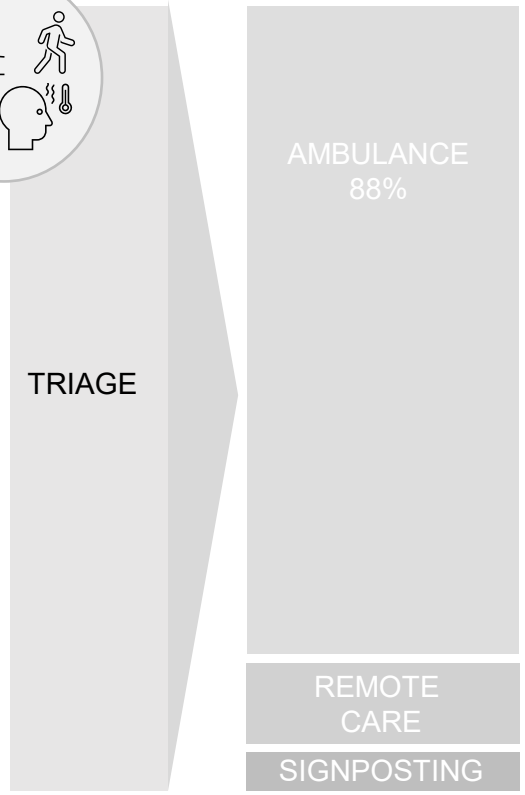
Saving Lives,

Serving Our Communities

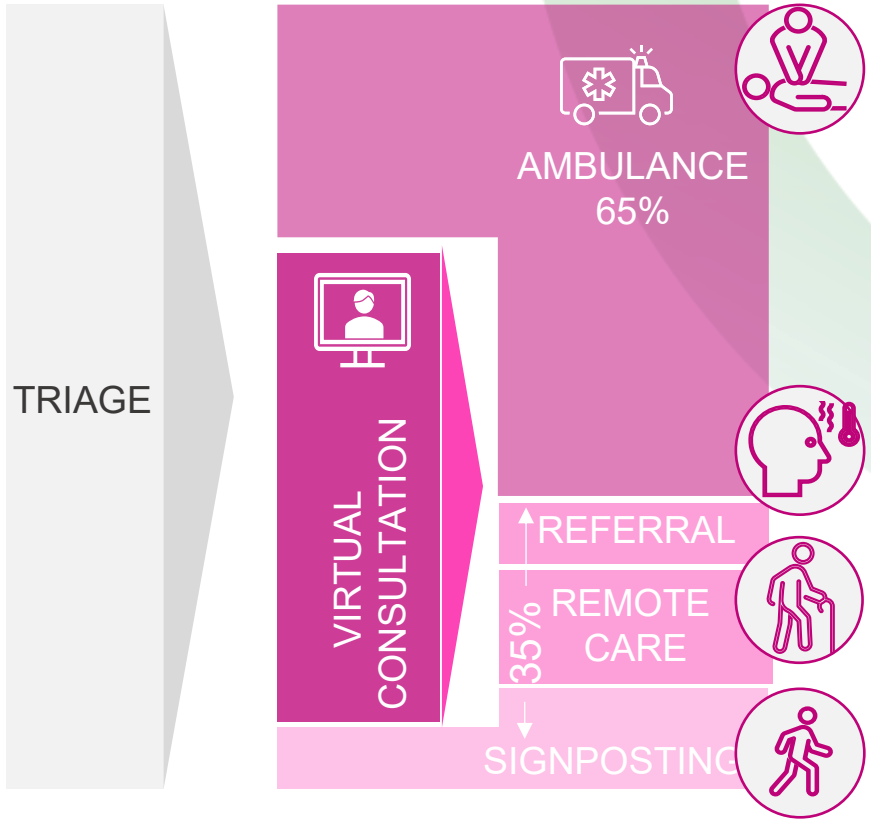
Our Strategy 2024-2029

NHS South East Coast Ambulance Service NHS Foundation Trust

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



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



Timely care for emergency patients:

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

Virtual care for non-emergency patients:

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

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

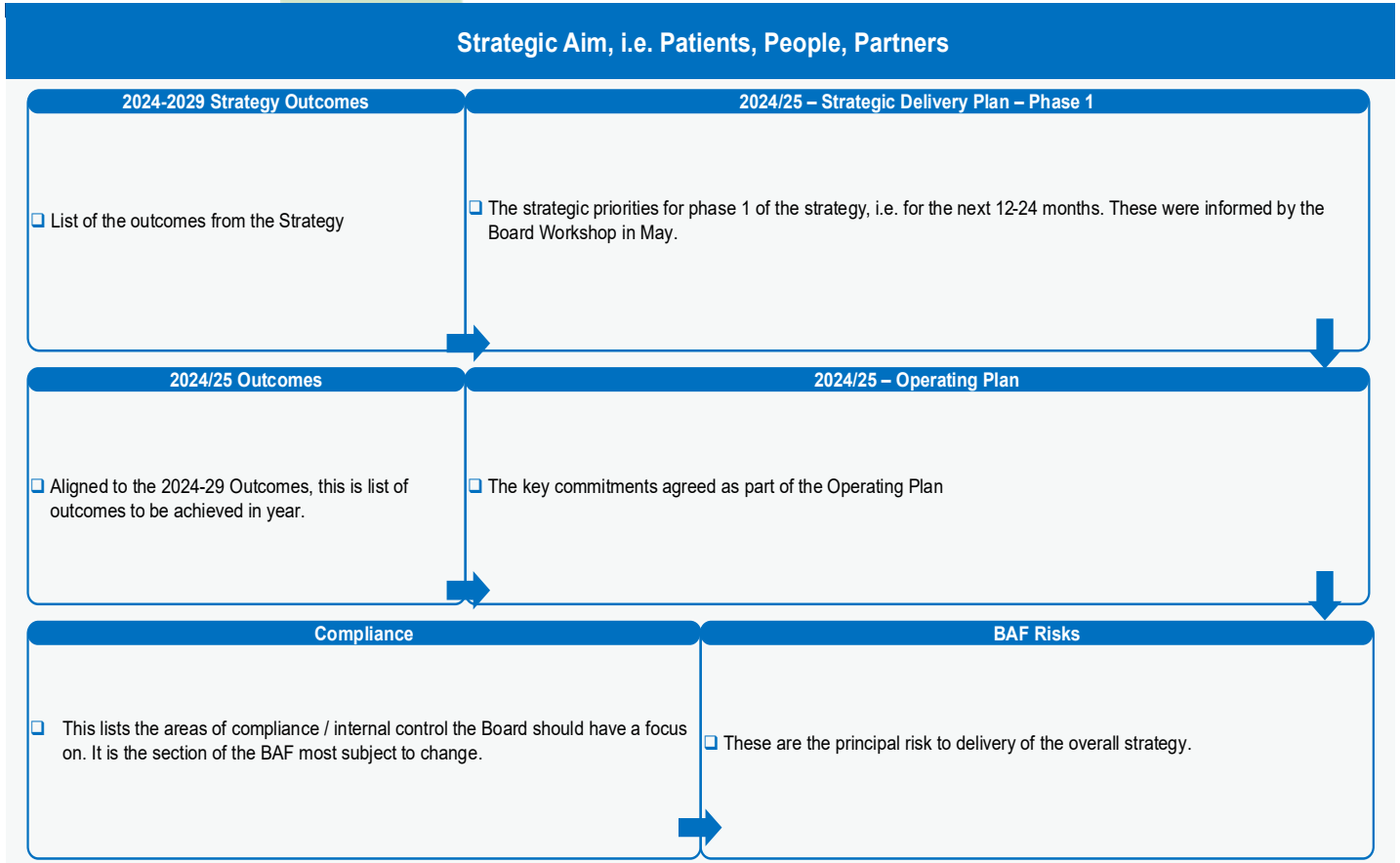
If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

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.

Reporting Templates

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

2024/25 – Strategic Transformation Plan – Phase 1

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

2024/25 – Operating Plan

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

BAF Risks

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

Exception reporting will be provided as required following committee oversight

Board Highlight Report –

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

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

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

BAF Risk 537 – Funding

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

Controls, assurance and gaps

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

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

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

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

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

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

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

Each of our BAF Risks has a detailed risk page

Delivering High Quality Patient Care

We deliver high quality patient care

1 Tier 1
2 Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 Outcomes

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

2025/26 – Operating Plan

- ❑ Operational Performance Plan – continuous monitoring through the IQR
- ❑ Set out Health Inequalities objectives for 2025-2027 by 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	Yes	Chief Operating Officer	Quality & Patient Safety
	Design future model to inform Virtual Care, including integration of 111/PC	Q3	Q3					
	Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework	Q4	Q4					
Models of Care	Design 3 year delivery plan for MoC and obtain agreement with system partners	Q1	Q1	Katie Spendiff	EMB	Yes	Chief Medical Officer	Quality & Patient Safety
	Deliver 3 Focus Models of Care (Reversable Cardiac Arrest, Palliative and End of Life Care, Falls & Frailty and Older People) within 25/26	Q4	Q4					

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Operational Performance Plan				Chief Operating Officer	SMG	No	FIC	
Set out Health Inequalities objectives for 25-27				Chief Nursing Officer	SMG	No	QPSC	
Develop Quality Assurance Blueprint			N/A	Chief Nursing Officer	SMG	No	QPSC	
Deliver the three Quality Account Priorities	Health Inequalities Year 2: 1) Maternity 2) MH			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	ePCR			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	Framework for patients with Suicidal ideations/intent			Chief Nursing Officer	SMG	No	QPSC	N/A
Patient Monitoring Replacement	Commence the replacement scheme by Q4			Chief Medical Officer	SMG	Yes	QPSC	11/09/2025
	Design future replacement programme by Q4						QPSC	11/09/2025
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.	09	06	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

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			Chief Operating Officer	Audit & Risk	July 2025	Commissioners have agreed the Trust's self assessment of substantially assured against the relevant measures. The final assessment is due to come to Board in December, via Nov Audit Committee.
Medicines Management & CDs			*Chief Medical Officer*	Quality	Nov 2025	CD Accountable Officer annual report is due to be considered by QPSC.
PSIRF			*Chief Nursing Officer*	Quality	Sept 2025	2024-25 Implemented PSIRF Principles / Standards – compliance is over 90% as reported to QPSC in Sept. In Q3 IA is due to test the effectiveness of PSIRF including how learning is captured and shared.

Virtual Care Programme - Executive Summary

Exec. Sponsor:	Jen Allan
PM:	Kate Mackney
Last updated:	28th August 2025

Programme Outcomes

- **We will provide early and effective triage of patient need:** Increase Hear & Treat outcomes to 19.7% by end Mar 26
- **We will respond to our non-emergency patients virtually:** Increase Clinical Calls per Hour across the Trust to 2CPH by end Mar 26

Previous RAG	Current RAG	Impact on outcomes
		• *Delay in initiating VC training* • *Expectations of Future Transformation vs BAU delivery* • *Both will impact the achievement of H&T & CPH Targets*

Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (period)	Target	Trend	So what?
Hear & Treat %	IQR	15.6% (July 25)	16.7%	H&T has dropped out of an improving trend and is missing target.	Focus on sustaining gains in clinical validation and H&T. Monitor staffing to balance capacity and efficiency and support productivity improvements.
Clinical Calls Per Hour	Local	0.93 (July 25)	2	H&T incidents per staff hour are in a deteriorating trend.	Investigate and reinforce practices that reduce repeat triage to improve performance and patient experience. Explore enhancements such as better decision support tools or targeted training to increase successful H&T outcomes.
C2 Response	IQR	00:30:34 (July 25)	00:25:00	C2 Response Time remain in normal variation and is failing to meet the target	Continue to enhance and optimise support of Virtual Consultations with productivity conversations and training and education

Top 3 Risks (BAF/Corporate only)

Description	Type/ ID	Current	Target	Trend	Control effectiveness & next step
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.	BAF/537	09	6	↓	• VC & MoC programmes to lead with a clear, co-designed vision that integrates population health, digital innovation, and workforce transformation to realise the future mode
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 clinical pathway definition	CORP/681	12	4	↔	• Deliverables to be scoped & created from Quality Summit outcome report • Quality metrics to be embedded in programme measures
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	CORP/688	12	8	↓	• Establish a joint workforce planning group across both programmes. • Prioritise training and succession planning. • Use flexible staffing models and external support where needed. • Monitor workforce metrics and adjust plans dynamically

Assurance

Headline assurance:	The Year 1 VC programme is planned to deliver BAU & efficiencies at present. MOC is delivering the transformation specification in Year 1 alongside the delivery of efficiencies programmes identified in the 3 areas of focus. In Year 2 the VC programme will need to be resourced in a way that can operationalise the specification to implement the changes to our service delivery. At a programme level there is an acceptance that strategic change is limited by the here and now for year 1. Our rolling plan assumes that the Models of Care team will develop the specification leaving the VC team free to deliver in year BAU and then be ready to operationalise against the spec from the 1st April 2026.	**Status:**	Under control
		Ask of this forum:	Note

Virtual Care Programme - Controls & Decisions

Exec. Sponsor:	Jen Allan
PM:	Kate Mackney
Last updated:	28th August 2025

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
N/A				

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
Integration of AI tools for remote triage	Assistant Director of Data and Analytics	Mar 26	In progress	Delay in AI integration may limit the effectiveness of H&T optimisation	VC Programme to continue optimising H&T workflows using existing digital and clinical pathways, without reliance on AI tools
Nexus House redevelopment commencement	Nexus House Programme Manager	Mar 26	In progress	Potential disruption to H&T operations due to delays in HQ infrastructure changes.	VC Programme to maintain H&T performance by leveraging UCNHs, EOC East, and 111 services outside of the main HQ/EOC environment.

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Draft proposal for short-term support interventions (e.g. bite-sized training, shadowing)	30/07/2025	Delayed	Delay in identifying and implementing immediate support measures may impact staff readiness and confidence.	Proposal to be finalised by 06 Sep 2025 following stakeholder input; interim support via existing resources.
Establish a management framework/SOP for oversight of clinician productivity and performance, including on-the-day productivity tracking, shift coordination, call allocation in Cleric	15/08/2025	Missed	Lack of structured oversight may lead to inconsistent clinician performance, reduced visibility of daily activity, and inefficiencies in call handling.	Interim oversight via manual reporting and shift huddles. Full framework to be implemented by 30 Sep 2025, pending finalisation of Cleric configuration and dashboard setup.
Auto-present of cases to clinicians in CAD	30/08/2025	Delayed	Delay affects management of CPH and productivity.	Expected functionality launch tbc pending build scope
Roll out UCR Portal in Kent, with engagement support from SPMs and PDLs.	30/08/2025	Delayed	Delay in rollout may impact referral acceptance to urgent community response pathways in East & West Kent, reducing efficiency and visibility of referrals & rejections.	Engagement sessions required with commissioners and SECAmb Senior Leaders to discuss & agree next steps with providers/ICB

EMB outcome, inc. decision requests (post-meeting)**:**	EMB is content with the progress being made in some areas but has asked that further analysis on the model for virtual care to ensure a deeper understanding of the strategic transformation needed. This clarity will be established in the coming weeks and will report to the next meeting of QPSC.
Relevant Board Committee outcome (post-meeting):	Next due at QPSC in November

BAF Risks

- BAF Risk 537 - Delivery of our Trust Strategy
- BAF Risk 646 - Internal Productivity Improvement
- BAF Risk 647 - System Productivity
- BAF Risk 648 - Workforce Capacity & Capability

Models of Care Programme - Executive Summary

Exec. Sponsor:	Richard Quirk
PM:	Katie Spendiff
Last updated:	04.09.25

Programme Outcomes

• Patients requiring emergency Category 1 and high-acuity Category 2 responses (Type A patients) will receive a timely physical response from a paramedic crewed ambulance whose roles are designed to meet their needs.
• Patients with urgent care lower acuity Category 2, 3 & 4 responses (Type B patients) will receive a timely virtual response from the correct speciality who will meet their ongoing needs.

Previous RAG	Current RAG	Impact on outcomes
		Currently on track with the programme in-year deliverables.

Headline Key Performance Indicators (KPI)

KPI	MOC	IQR or local	Baseline	Target	current	Trend	So what?
Cardiac Arrest Survival Rate (All)	Reversible Cardiac Arrest	BAF	11.5%	12.5%	13.06% (April 25) 13.4% aggregate ytd		Fluctuations in this value are expected over the year. This reflects only 2 months of data. It takes minimum of 90 days to confirm survival data (national guidance).
Response time to patients who have fallen	Falls, Frailty & Older People	Local	1 hour 47m (C3 mean) 1 hour 51m (C4 mean)	1 hour 35m (C3) 1 hour 39m (C4)	1 hour 28m (C3) 1 hour 35m (C4)		Cautious optimism that we are reducing waiting times however winter pressure may impact this.
Ambulance attendance to Non-Injury Falls calls	Falls, Frailty & Older People	Local	5.3% of overall ambulance activity to fallers	4.8%	5.1% (August)		Use of CFRs to attend patients who fall (without an injury) starting to show impact. All CFRs now trained to attend falls calls. EOC dispatch requires further improvement.
999 calls from residential and care homes.	Falls, Frailty & Older People	Local	8.5%	7.7%	8.3%		APPs in place for first contact with top frequency care homes. Education programme starting and showing early impact.
Percentage of crews spending more than 3 hours on scene with patients at End of Life	End of Life Care, Palliative & Dying	Local	Surrey 4.6% Kent 5.4% Sussex 5.7% TRUST – 5.3%	4.8%	Surrey 7.6% Kent 6.9% Sussex 5.0% TRUST – 6.2%		Delay in securing the data dashboard of breakdown of calls for EOLC patients to understand which patients are calling 999 due to lack of other available service. With this identified, work to commence with commissioners on alternative pathways.

Top 3 Risks (BAF/Corporate only)

Description	Type / ID	Current	Target	Trend	Control effectiveness & next step
Data & Reporting: There is a risk that limitations in data infrastructure & resource, 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, service quality and the ability to receive reports in timely way	Prog/690	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. Align reporting with strategic KPIs and governance structures.
Finance: 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.	Prog/680	8	8	↓	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.	Corp/688	12	8	↓	Establish a joint workforce planning group across both programmes. Prioritise training and succession planning. Use flexible staffing models and external support where needed. Monitor workforce metrics and adjust plans dynamically

Assurance

Headline assurance:

Reversible Cardiac Arrest Model of Care

- Survival rates maintaining stability at 11.5% for past two financial years, with current year data showing positive trajectory
- Community First Responder utilisation demonstrating improving trend from 6.8% baseline to 7.3% (Aug 25)
- Defibrillator data downloads pilot successfully established, now informing clinical feedback loops and driving quality improvement initiatives

Falls, Frailty & Older People Model of Care

- CFR capability strengthened with falls response training completed
- Care home call volumes reducing following targeted education and engagement programme implementation
- Comprehensive training matrix review underway to align frailty and falls management education with staff grades and roles across Frontline and EOC
- Cross-county pathway mapping progressing, with identification of system blockers and early intervention opportunities
- Long-lie dispatch process review initiated to optimise response protocols

End of Life Care, Palliative & Dying

- Data collection and analysis processes established to monitor quality and outcomes of end-of-life care interventions.
- EOLC policy and procedure reviewed and updated out for consultation in October
- Commissioner engagement scheduled to ensure service alignment with strategic priorities and secure sustainable funding model

Status:	**Under control** / Needs intervention
Ask of this forum:	Decision / Endorse / **Note**

Models of Care Programme - Controls & Decisions

Exec. Sponsor:	Richard Quirk
PM:	Katie Spendiff
Last updated:	04.09.25

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
Metric for EOLC measure	Scope	Approval of new stretch target metric.	Data review led to a stretch target being implemented.	Greater assurance on measuring impact of initiatives and progress on this MOC.

Dependencies (material only)	MOC	Owner	Due	Status	Risk if delayed	Mitigation
National Care Record System	End of Life Care, Palliative & Dying	CMO	October 25		The planned roll out of GP Connect does not allow frontline staff to view full care plans for EOLC patients.	CMO and CPaO on project steering group to challenge approach and explore any blockers on utilising NCRS in the Trust and highlight clinical impact of decision making.
Cleric system work for GoodSam deployment	Reversible Cardiac Arrest	Deputy CMO	September 25		Update to CAD dependent on external organisation (Cleric) and is a key dependency for all other actions (progressing other actions without this will be counter-productive and reduce engagement). Estimated resolution late September.	Working with Critical Systems to build in testing time and follow-up with Cleric for completion date in September for delivery.

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Nil				

EMB outcome, inc. decision requests (post-meeting)**:**	EMB asked for more detailed breakdown of the numerical/targets for the three focus Models of Care to demonstrate impact on patient care. These are now added to slide 1 of this deck.
Relevant Board Committee outcome (post-meeting):	The committee is reasonably assured with progress noting that fallers and end of life care were two of the models identified to have a specific focus as they have specific challenges. Progress has therefore been limited. The dependency on CFRs was also explored and so it will be important that this is reflected in the volunteer strategy due to come to Board in December.

BAF Risks

- BAF 537 - Delivery of our Trust Strategy
- BAF 646 - Internal Productivity Improvements
- BAF 647 - System Productivity
- BAF 648 - Workforce Capacity & Capability

BAF Risk 537 – Delivery of our Trust Strategy

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

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

Accountable Director	**Acting Chief Medical Officer**
Committee	**Quality and Patient Safety Committee**
Initial risk score	**Consequence 5 X Likelihood 5 = 25**
Current Risk Score	**Consequence 3 X Likelihood 3 = 9**
Target risk score	**Consequence 3 X Likelihood 2 = 6**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

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

Gaps in control: Supporting workforce plans to build capability not yet live.

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

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

Gaps in assurance: Presentation of the year 2 plans. Operational planning is still required to ensure that clinical plans are deliverable. The joint clinical model with SCAS is yet to be developed.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Evaluation to inform future scope of virtual care	Acting Chief Medical Officer	Q1 2025/26	This 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

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**

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.

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	Complete and now subsumed into Winter planning and Divisional Resilience framework
Escalation plan being put in place regarding H&T productivity, aligned with quality summit work and development of Hubs	Chief Operating Officer	Q3 2025/26	In progress. Further operational Deep Dive completed to identify high impact actions and presented to EMB for support

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board October 2025

Data up to and including August 2025

What

The Trust has been placed in National Oversight Framework segment 2 and ranked 4th in the Ambulance Trust league table. The new NOF score reflects a range of high level metrics such as operational performance (C2 mean), workforce experience (staff survey scores) and finance (delivery of plan) along with a self assessment process for the Board, which is currently in progress.

August saw a slight improvement in C2 mean, but there are ongoing significant challenges in increasing the H&T rate related to under-delivery of improvements in the clinical calls per hour rate and difficulty fully resourcing and training the required clinical roles. Incident Cycle Time improvements have been sustained; call answer rates remain robust and support has been offered to SCAS to improve their call answer times within our established capacity. The EOC audit position has improved slightly following the Quality Summit. There was continued good cardiac outcome performance, although there is variation in Duty of Candour and Complaints timeliness through August. The Trust received a CQC visit to its UEC (Field Operations) services during September and there were no patient safety issues identified.

ER case numbers remain high with limited change as yet, while a spike in turnover relates to structural changes; the trust remains over-established. The staff survey launches in September and the aim is to exceed our previous year's response rate. Appraisal rates are below target. The financial plan is on track with mitigations for the efficiency gap identified and assurance from NHSE that the anticipated growth funding (2nd tranche of £5.2m due in September) will be received. There are however continued deficits in vehicle availability to support operational performance..

Work is continuing to consolidate the IQR and BAF reports, although this has not been completed as yet. A review of metrics within the IQR has suggested some additional quality metrics should be included and the proposed Falls Focus page is being specified, with a further iteration of the report to December Board.

So What

A revised performance plan acknowledging the impact of non-delivery of system productivity and of C2 segmentation on C2 mean performance has been agreed with NHSE. Against this revised plan, the Trust is on track for C2 mean performance. However, further work is needed to ensure we manage winter demand and likely resourcing challenges; a comprehensive winter resilience plan has been created.

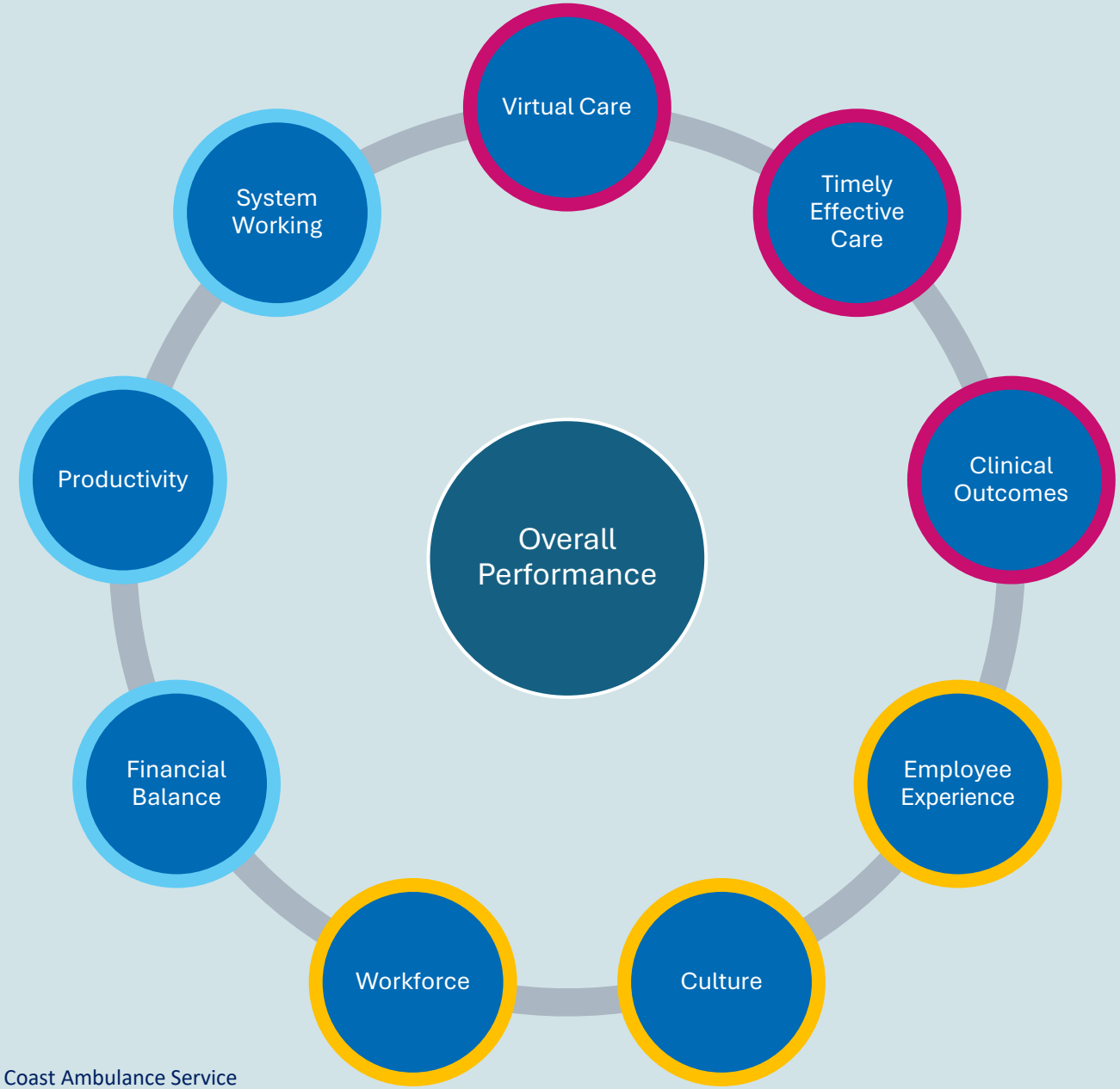
A deep dive into clinical productivity was undertaken in early September with clear actions defined to address the identified challenges and improve H&T performance. The Unscheduled Care Navigation Hubs are being supported across all operating units to deliver consistent clinical advice to crews and adjustments to the C2 segmentation process have been made to reduce impact on the C2 mean, in line with discussions with NHSE. The Models of Care programme continues to address its focus areas and we are looking to embed further improvements in Incident Cycle Time to support response to patients. A quality summit relating to EOC clinical and cultural challenges has taken place and supports ongoing action relating to improving quality in these services.

The new People directorate structure goes live in September and brings additional support to address ER caseloads, timeliness, and more strategic workforce planning. Below target vehicle availability is affecting operational delivery, with work being undertaken to improve this and further review the Make Ready process and contract. The financial position is stable following assurance around the receipt of growth funding and the improved in-year efficiency delivery.

What Next

Winter planning assurance to Board against the NHSE winter checklist will be completed in October and the winter plans embedded within the divisional resilience framework to ensure continued oversight. We are also engaging through the divisional structure with ICS and acute/community partners to support timely handover of care at hospitals and improved use of alternative pathways. Internally, there is continued focus on the H&T rate, improved resources at the front line (including through reducing sickness and ensuring a high flu vaccination rate), and enhanced response to patients who fall. New fleet comes on line during Q3 and improvements to the vehicle management process will also be worked up to support the plan

The leadership team continue to oversee improvements in the relationship with TU colleagues and optimise opportunities to improve ER processes and address the cost of employment. Alongside this we will be focusing on appraisal rates and staff survey response to support and listen to our people. Ongoing engagement with our staff is a priority, as we make changes to our operating model and address the impact of both financial constraint and system instability. Longer term financial and strategic planning is also in progress and an initial Estates strategy has been reviewed at Board to support the future financial plan. Planning for the coming years will be challenging and early clarity on the budget and therefore productivity and workforce plans is a priority as we are expected to submit initial plans end Q3.



BAF outcomes 25/26

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

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

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

What we will deliver in 2025/26

We deliver high quality patient care

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

Our people enjoy working at SECAmb

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

We are a sustainable partner as part of an integrated NHS

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

NHS South East Coast Ambulance Service NHS Foundation Trust

Icon Descriptions

Integrated Quality Report

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

				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.

NHS Performance Assessment Framework 2025/26

★	The NHS Performance Assessment Framework sets out how success and areas for improvement will be identified, and how organisations will be rated. Metrics with this icon are part of this framework.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality Patient Care

What?

The Acute STEMI care bundle continues to show above target progress demonstrating that the learning that crews have undertaken has become embedded and pain scores and analgesia are now being recorded consistently. Cardiac Arrest survival continues to be positive for all groups of patients, however for the Utstein group of patients the percentage survival and percentage ROSC appears to be trending downwards. Further work is being undertaken to understand why this is considering the total survival and ROSC is improving.

PGD compliance continues to be around target, again showing that new processes are becoming embedded. Within the model of care for 'falls, frailty and older people' we are targeting high frequency calling nursing and residential homes to support staff with making care decisions before they call 999 for an ambulance. This is showing early (but not yet statistically significant) impact on the percentage of overall calls from nursing homes. Early data is also showing positive impact of our work to dispatch CFRs to patients who have fallen over, leading to reduced dispatching of ambulances and a faster response to those who have fallen.

Patient Safety incidents remain within normal variation. Medicines incident reporting continues to increase with low or no harm being reported. It would be inappropriate to set a target for medicines reporting but instead encourage reporting which then supports learning. Duty of Candour (DoC) compliance remains variable due to the low numbers impacting the percentage measure. Compliance with responding to complaints within the agreed timeframes of 35 working days for level 2 responses and 45 working days for level 3 is below the 95% target, currently sitting at 85%.

So what?

The Trust is providing good care and positive clinical outcomes for our patients in cardiac arrest and suffering a STEMI. We are also seeing early positive signs in our three focus models of care as part of our clinical strategy – namely patients who have fallen over and those patients who reside in care or residential homes. Further work is needed to develop our care of patients at the end of life. Work on medicines reporting and PGD compliance is starting to show that practice is becoming embedded by consistently high achievements against targets.

Duty of Candour is not always able to be completed within specified timeframes due to challenges of identifying next of kin details and making contact. Whilst the majority of complaints are responded to within timeframes, a deep dive into timeliness of response to these is required to ensure that we maintain our target of 95% to ensure we are able to action and mitigate concerns at the earliest opportunity and ensure trust in our feedback processes.

What next?

Whilst cardiac arrest survival is above target and improving, further work is needed to understand why the Utstein group have declining outcomes for both ROSC and survival. Further metrics and evidence is required to demonstrate impact for our three focus models of care – particularly those patients at the end of their life. The Trust is currently filling a gap in provision for these patients and a system solution will be needed to provide better care. More details will follow in future report.

The divisions are renewing focus on DoC compliance, managing at a local level. A deep dive into timeliness of complaint responses is being undertaken to identify opportunities for improvement. The PALS officers are now aligned to the new divisional model and taking ownership for complaint responses within their area, working closely with local operational and clinical leadership teams.

Quality Patient Care Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
11%	15%		56%		0%	0%		
3	4		15		0	0		

Assurance

Pass	Hit and Miss	Fail	No Target
11%	41%	19%	30%
3	11	5	8

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Aug-25	20.2%		19.1%		
Board	CFR Backup Time (CFR First on Scene) Mean	Aug-25	00:18:12		00:19:01		
Board	Responses Per Incident	Aug-25	1.1	1.09	1.1		
Board	JCT Allocation to Clear at Hospital Mean	Aug-25	01:45:04	01:59:43	01:51:20		
Board	JCT Allocation to Clear at Scene Mean	Aug-25	01:16:42	01:30:50	01:17:23		
Board	JCT Allocation to Clear All Mean	Aug-25	01:32:48	00:50:38	01:36:48		

Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Aug-25	0.1		0.1		

Health Inequalities

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

Pending metric: Reduce Health Inequalities - Needs to be defined

Pending metric: Ratio of CFRs (or Good SAM Responders) by Areas of Deprivation - Needs to be defined

Quality Patient Care Overview

NHS South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern			
11%	15%	56%		0%	0%		
3	4	15		0	0		

Assurance

Pass	Hit and Miss	Fail	No Target
11%	41%	19%	30%
3	11	5	8

Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Jul-25	90.8%	64.7%	76.1%		
Board	**Cardiac Arrest - Post ROSC %	Apr-25	75.9%	76.8%	76.8%		
Board	**Cardiac ROSC ALL %	Apr-25	28.8%	23.8%	28.6%		
Board	**Cardiac ROSC Utstein %	Apr-25	42.1%	45.1%	53.1%		
Board	**Cardiac Survival ALL %	Apr-25	13.6%	11.5%	11.6%		
Board	**Cardiac Survival Utstein %	Apr-25	22.2%	25.6%	32.6%		
Board	Hear & Treat %	Aug-25	14.8%	17.3%	14.4%		
Board	See & Convey %	Aug-25	54.6%	55%	55%		
Board	See & Treat %	Aug-25	30.5%	35%	30.5%		

Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Aug-25	00:01:20		00:01:58		
Board	999 Call Answer Mean	Aug-25	00:00:03	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Aug-25	00:00:01	00:00:10	00:00:08		
Board	Cat 1 Mean	Aug-25	00:08:14	00:07:00	00:08:20		
Board	Cat 1 90th Centile	Aug-25	00:15:21	00:15:00	00:15:22		
Board	Cat 2 Mean ★	Aug-25	00:28:31	00:24:33	00:28:13		
Board	Cat 2 90th Centile	Aug-25	00:57:34	00:40:00	00:57:18		

Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls from Nursing Homes	Aug-25	6%	8.2%	6%		

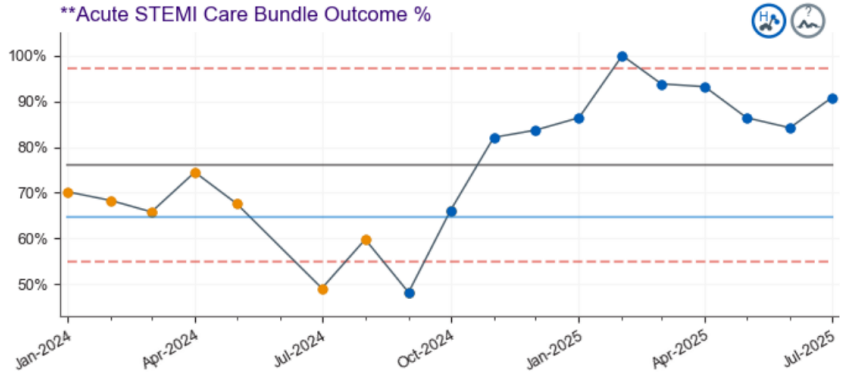
Pending metric: EOLC - Needs to be defined

Pending metric: Falls Measure - Needs to be defined

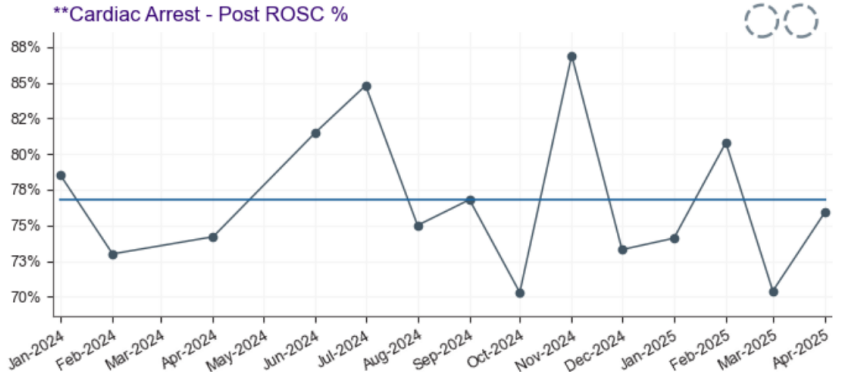
Quality Patient Care: Clinical Effectiveness & Patient Outcomes | Board Metrics

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report



M-5
Dept: Medical
Metric Type: Board
Latest: 90.8%
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: 75.9%
Target: 76.8%
Special cause or common cause cannot be given as there are an insufficient number of points.

What?
STEMI care bundle compliance is at 90.8%, significantly exceeding the target of 64.7%. Performance has shown sustained improvement since late 2024, remaining well above target and demonstrating a special cause variation of an improving nature. The data was quality assured in July 25.

So what?
This high level of compliance indicates that patients with confirmed STEMI are consistently receiving key interventions, including aspirin and GTN, pain monitoring, and analgesia. The sustained improvement suggests that recent changes to clinical practice and audit processes are embedding well across services.

What next?
Continue monitoring to ensure this higher level of compliance is maintained. Share best practice across all operating units to protect against variation and ensure resilience, particularly during periods of operational pressure. Explore opportunities to apply the same improvement approach to other care bundles. The next quality assurance of data is due in October.

What?
Post-ROSC care bundle compliance is 75.9%, narrowly below the 76.8% target. Month-to-month variation persists, with performance generally hovering around the target line but without a sustained improvement trend. With the current limited number of data points, no special or common cause variation can be assigned.

So what?
Although compliance is broadly in line with expectations, the inconsistency highlights the need for system-level actions to secure sustained delivery. Early results from the feasibility trial of CCP-led post-cardiac arrest feedback were promising, but this initiative has not yet been endorsed for wider implementation. Without scaling up, opportunities to embed consistent, high-quality post-ROSC care may be missed.

What next?
Prioritise the formal endorsement of the CCP feedback model and plan for trust-wide rollout. Wider adoption, supported by structured audit and monitoring, would provide the consistency needed to push compliance reliably above target and strengthen post-resuscitation outcomes.

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

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

M-4

Dept: Medical

Metric Type: Board

Latest: 13.6%

Target: 11.5%

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

M-2

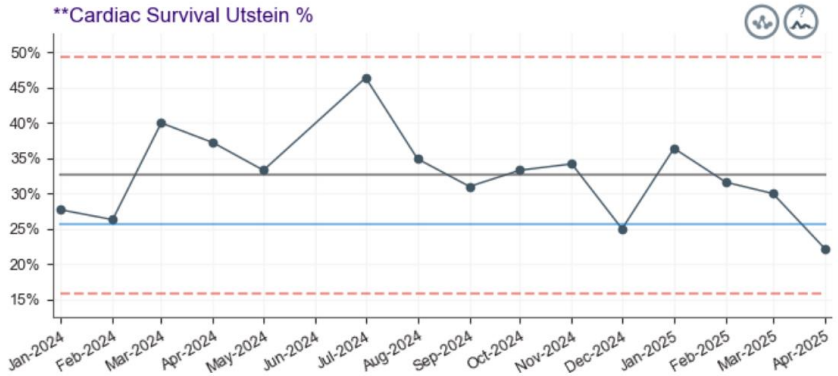
Dept: Medical

Metric Type: Board

Latest: 28.8%

Target: 23.8%

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



M-3

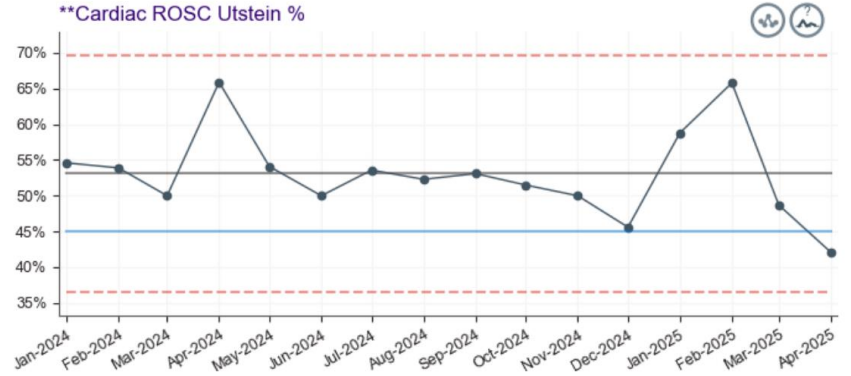
Dept: Medical

Metric Type: Board

Latest: 22.2%

Target: 25.6%

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



M-1

Dept: Medical

Metric Type: Board

Latest: 42.1%

Target: 45.1%

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

What?

Overall cardiac survival is 13.6%, above the 11.5% target, while Utstein survival is 22.2%, below the 25.6% target. Both measures remain within common cause variation with no statistically significant change. Recent months show a modest improvement in overall survival, but Utstein outcomes have trended downward since mid-2024.

So what?

While Utstein performance has dipped below target, the fact that overall survival remains consistently above target indicates that a disproportionate number of non-Utstein patients are surviving. This is a positive finding, as non-Utstein cases are generally not expected to survive, suggesting wider system improvements in recognition, response, and treatment are benefiting patients beyond the benchmark cohort.

What next?

Maintain strong data capture and pathway analysis to understand what factors are contributing to survival in non-Utstein patients, and whether these can be applied to improve outcomes for the Utstein group. At the same time, prioritise targeted QI initiatives around response times, bystander CPR, and early defibrillation to strengthen Utstein survival while sustaining broader survival gains.

What?

ROSC for all patients is 28.8%, above the 23.8% target, while ROSC in the Utstein group is 42.1%, just under the 45.1% target. Both measures remain within common cause variation with no statistically significant change. Overall ROSC has been stable and consistently above target, while Utstein ROSC has shown greater fluctuation, including a recent decline.

So what?

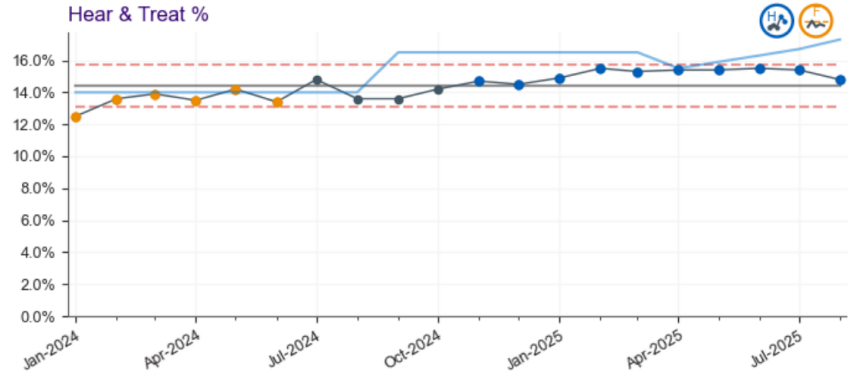
The sustained performance above target in the “all patients” group suggests that patients outside the Utstein benchmark are achieving ROSC at higher-than-expected rates, which is encouraging. This indicates system-wide gains in resuscitation quality that are benefitting a broader patient population, even if Utstein rates have dipped. Utstein performance remains an important benchmark for measuring consistency, but the unexpected ROSC in non-Utstein patients highlights positive aspects of wider resuscitation efforts.

What next?

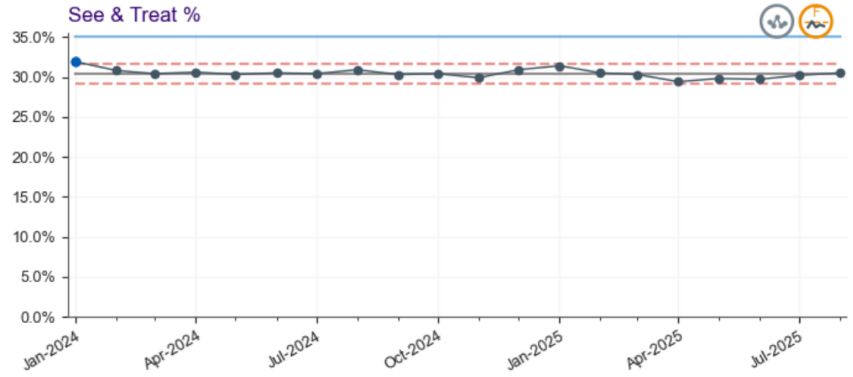
Continue strengthening delivery of high-quality resuscitation across all patient groups, while specifically targeting Utstein performance to reduce variability and lift compliance above target. Linking ROSC performance with post-ROSC care bundle monitoring and structured feedback processes will help ensure early gains are consolidated and translated into survival improvements.

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

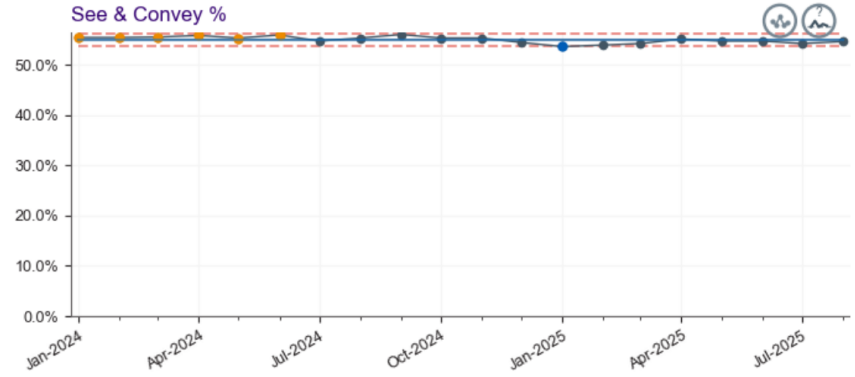
Integrated Quality Report



999-9
Dept: Operations 999
Metric Type: Board
Latest: 14.8%
Target: 17.3%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 30.5%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 54.6%
Target: 55%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

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& Q2 of 25/26. The Trust continues to use NHSE guidance to focus on key elements of virtual care, such as C3/C4 validation and C2 streaming, formerly called 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 substantial 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 improving marginally to 1.4.
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 streaming 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. A Hear & Treat Deep Dive workshop has been conducted with multi-stakeholder attendance from across the Trust. Training is ongoing with regards to UEC Paramedics receiving NHS PaCCS training and mentoring, prior to participating in a 50:50 rota, which started in Q2. In addition, the Trust is working with commissioners to improve UCR service acceptance rates, whilst the C2 streaming process has been revisited, following meetings with NHS E because of the adverse impact on the Trust's C2 mean. SECAmb 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.

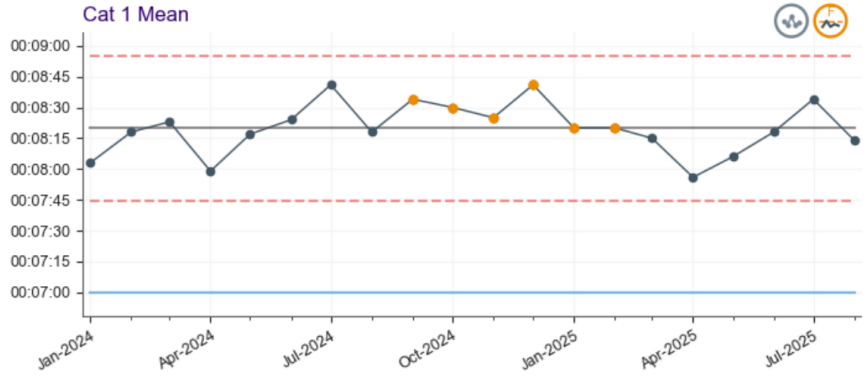
See & Treat and See & Convey

What? See & Treat is 30.5%, whilst See & Convey remains stable at 52.4%

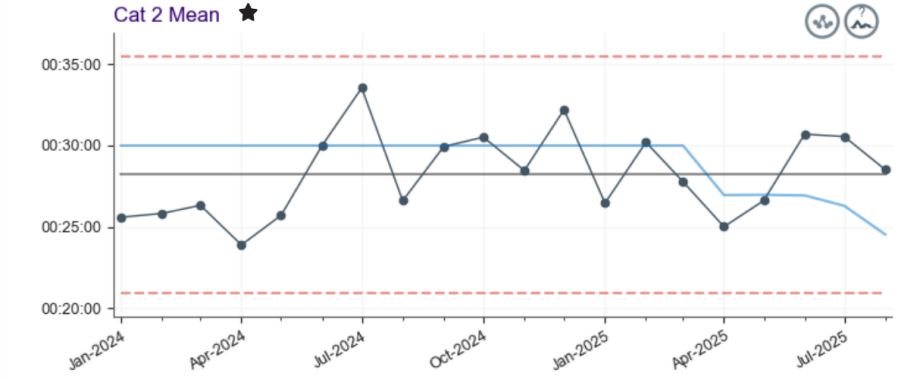
So what? It should be noted See & Convey % is directly related to the acuity of patients and availability of suitable alternative referral pathways.

What next?

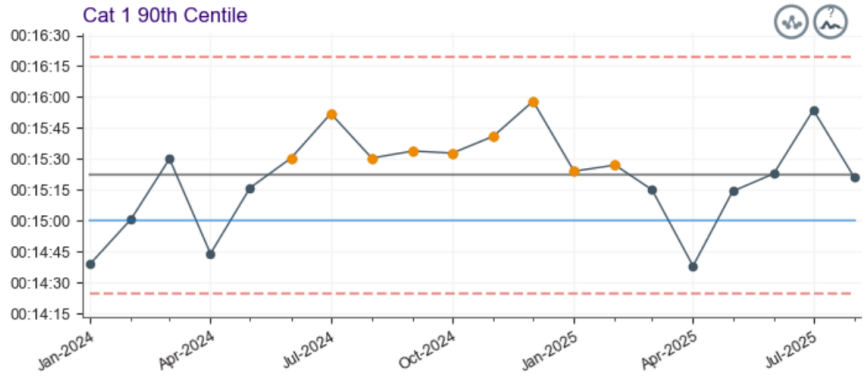
Work continues with health system partners and SECAmb colleagues (cross-directorate), to make improvements to pathways, alongside enhancing utilisation of Hubs in the region to support reductions in avoidable ED conveyance.



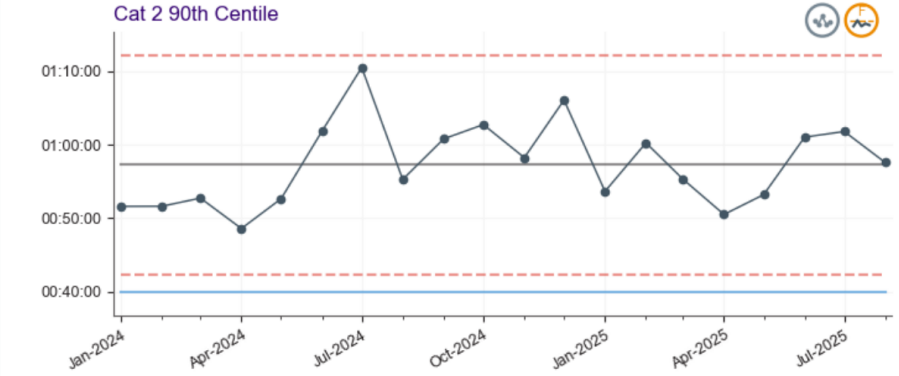
999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:08:14
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:28:31
Target: 00:24:33
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:15:21
Target: 00:15:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:57:34
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 8.34 mins against an ARP target of 7 minutes

So what? C1 Mean performance improved in August, although level of variation 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 improved in August from July.

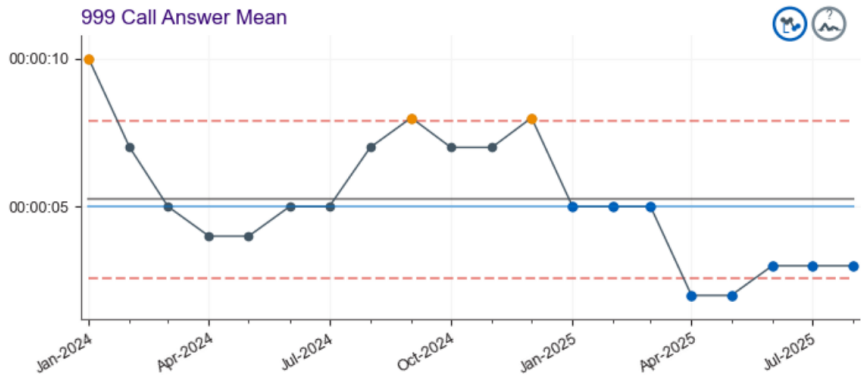
So what? Hot weather persisted in Augus with associated challenge and pressure in Field Ops.

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. Other influencing factors have mitigated against worsening C2 performance, such as reduction in job cycle times, particularly crew handover to clear times following automation (auto-clear).

Quality Patient Care: Response Times | Board Metrics

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

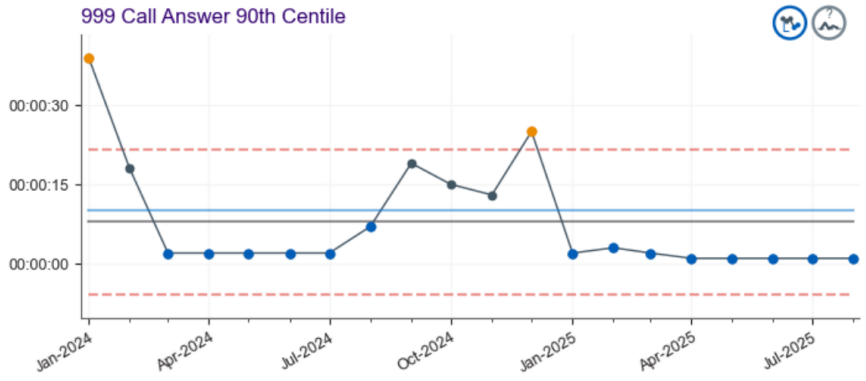


999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:03
Target: 00:00:05

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

111-9
Dept: Operations 111
Metric Type: Board
Latest: 00:01:20

Common cause variation, no significant change.



999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:01
Target: 00:00:10

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

999 Call Handling Performance

What? Performance in August saw the Trust comfortably meet the AQI target of 5 secs, for the eighth consecutive month, with a call answer mean of 3 secs. Activity in August was down 5 % vs. July, with an average 20K calls per week.
Following the decision by ten of the eleven English ambulance trusts to retain Intelligent Routing Platform (IRP), SECAmb has implemented a 999 resilience call overflow model, which facilitates the movement of calls between 999 services more easily, and SECAmb was able to answer a significant number of calls for SCAS, with no detriment to its own 999 call handling performance.
The current staffing position is 256 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 21 further in training or mentoring. This training has offset staff turnover through Q1 into Q2 and has ensured good service performance year to date.
Sickness and abstraction remained stable within acceptable tolerance levels for August.

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 rise 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 removing some of the peaks of over-staffing at times. Building on SECAmb's collaboration with SCAS, and its resilience 999 call overflow model, SECAmb is exploring supporting YAS via IRP, given the challenges they are facing with 999 call handling as they transition from AMPDS to NHS Pathways.

111 Call Handling Performance

What? The 111-service transitioned to a revised operating model in Q1, with a new sub-contractor operating configuration and contract in place.

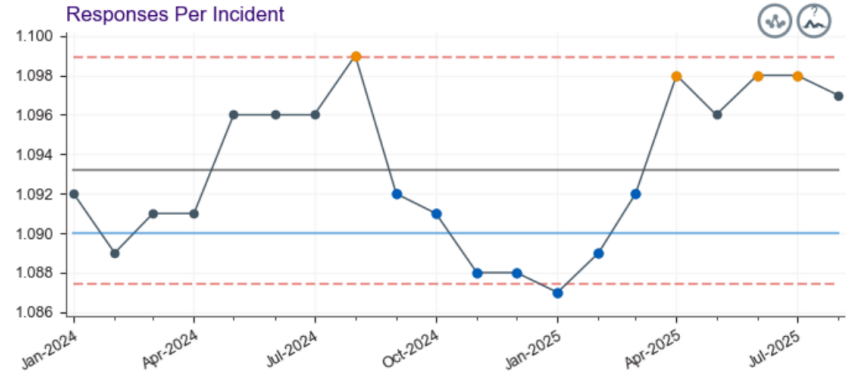
So what? The model has been embedded successfully with improved call handling metrics, with an August rate of abandoned calls of 5.0% and an average speed to answer of 80 secs. Overall, the service's operational and clinical metrics has improved with a more equitable split of activity between SECAmb 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 steady staffing levels resulting in the planned number of NHS Pathways (NHS P) courses per month being reduced in Q3.
"Hybrid" flexible working remains a key focus of the service, and currently there are more than 130 operations colleagues with a Hybrid 'kit'. Given the focus on increasing the number of bank GPs in the service, following the changes in operating model, the service is suspending increasing its number of non-clinical Hybrid workers in H2.
The Trust has reached an agreement with commissioners regarding 111 funding, with the current service now being extended formally. The Trust will endeavour to mitigate its 111 contractual financial risk via the Trust's efficiency programme and through digital innovation.

Quality Patient Care: Productivity | Board Metrics

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report



999-17

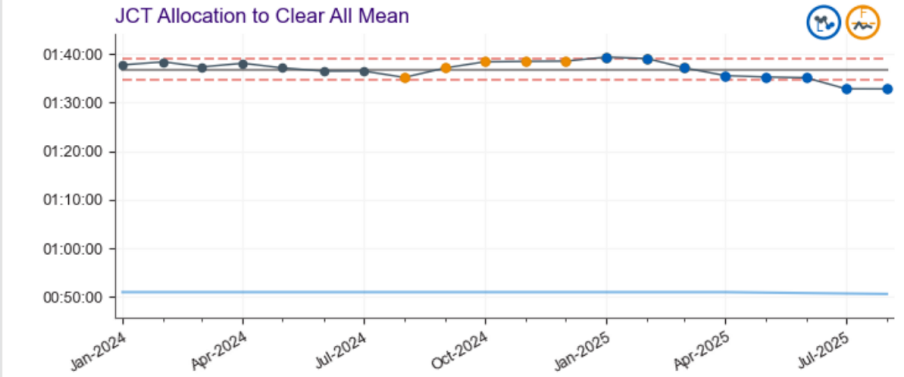
Dept: Operations 999

Metric Type: Board

Latest: 1.1

Target: 1.09

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



999-44

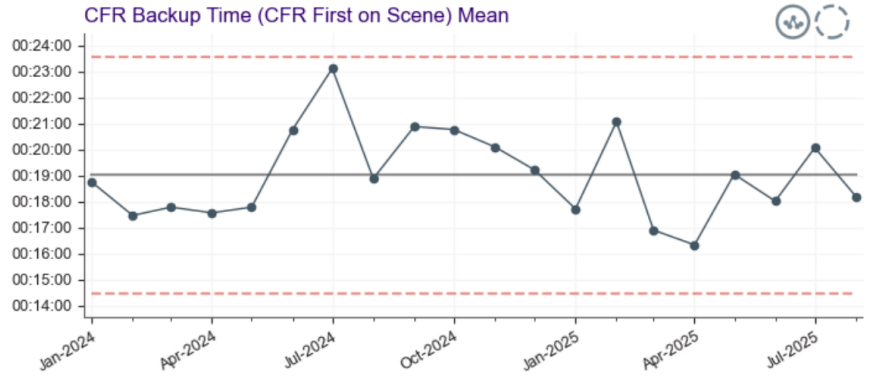
Dept: Operations 999

Metric Type: Board

Latest: 01:32:48

Target: 00:50:38

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.



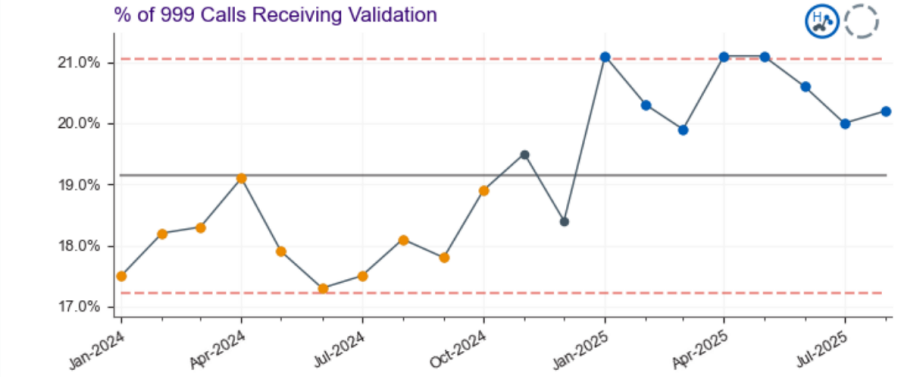
999-36

Dept: Operations 999

Metric Type: Board

Latest: 00:18:12

Common cause variation, no significant change.



999-34

Dept: Operations 999

Metric Type: Board

Latest: 20.2%

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

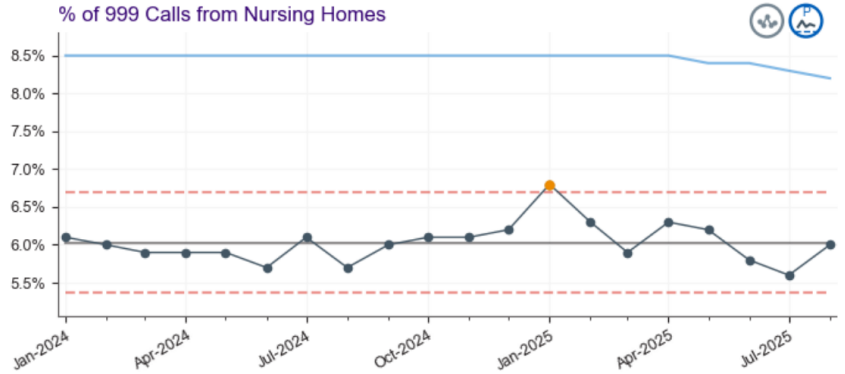
What? There is an improving trend and this is important, as it's aligned to the Trust strategy of clinically assessing cases pre ambulance dispatch, where safe and appropriate to do so.

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 having gone live in July.

What next? The Trust's Delivering High Quality Patient Care program (formerly Virtual Care and Models of Care) will support this goal going forwards, as the clinical capacity, productivity, and capability of clinician intervention prior to ambulance dispatch increases.

Quality Patient Care: Models of Care | Board Metrics

Integrated Quality Report



999-35
Dept: Operations 999
Metric Type: Board
Latest: 6%
Target: 8.2%
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. Current monthly trend is heading in the right direction, although not statistically significant yet.

Appendix 1: Glossary

Integrated Quality Report

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	71/25

Name of meeting	Trust Board
Date	02 October 2025
Name of paper	Quality & Patient Safety Committee Assurance Report – 11 September 2025
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

This assurance report provides an overview of the most recent meeting on 11 September 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

At the start of meetings, the committee undertakes a review of the **risk register** and relevant section of the **integrated quality report (IQR)**, as a way of confirming alignment to the agenda and/or any areas the committee should be sighted on / requires further assurance.

The committee has good oversight of the key risks. It did however note gaps with some risks lacking clear actions and asked the executive to ensure colleagues take ownership of these risks. There were no significant issues arising from the IQR. A number of areas show improvement, such as the myocardial infarction package of care (recording pain scores), patient group directives and cardiac survival. The committee noted that there are some recent changes impacting our obligations relating to duty of candour, which the executive is working through AACE on, and the committee will receive an update on this at its November meeting.

ALERT

EOC Risk / Quality Sumit

The quality summit was held in response to the risk related to capability and capacity of staff in Integrated Care. This was considered through the lens of quality improvement and demonstrated really positive colleague engagement. The related actin plan will be reviewed in November, and the committee reinforced the need for clear timelines and focus on outcomes. This has been an area of concern for some time and so it is important to get to the root cause.

Models of Care
There was a helpful and constructive review of this key strategic priority, where the committee reviewed the three focus models of care. The paper is here QPSC Models of Care update Sept 25.docx
and colleagues will be attending the Board meeting to set out progress to date.

The committee is reasonably assured with progress noting that fallers and end of life care were two of the models identified to have a specific focus as they have specific challenges. Progress has therefore been limited. The dependency on CFRs was also explored and so it will be important that this is reflected in the volunteer strategy due to come to Board in December.

ASSURE

Patient Safety Incident Response Framework (PSIRF) Compliance
The committee is assured with our PSIRF compliance. We are meeting over 90% of the standards, with recent closed investigations evidencing competence, consistency, and strong governance. Key areas requiring further improvement include responses to HR-linked incidents, timeliness of Patient Safety Incident Investigations (PSIIs), consistent patient/family feedback, and wider training for all learning response methods. Improvement plans are in place, including a renewed patient safety plan (Q3 2025/26), in-house modular training pilot (Q4 2025/26), and recruitment of both a Patient Safety Partner and Safety Improvement Specialist.

The committee also noted the initial feedback following the recent CQC inspection of UEC indicating there is good awareness of PSIRF which is well understood and enables a platform for learning. A further level of external assurance will be received in Q3 following the Internal Audit review of PSIRF.

Annual Reports
Annual Safeguarding Report 2024-25.docx
There is a good level of assurance with the controls we have in place to ensure safeguarding practice is well embedded. This is one of our most externally focussed functions and demonstrates excellent partnership working. Colleagues work closely with Local Authorities to develop processes to identify high risk people among the high number of referrals to proportionately identify need.

During 2024/2025 there was increasing demand on the safeguarding function across the Trust. New and innovative practices have helped embed safeguarding approaches within other vital functions of the Trust's business. And learning from incidents, complaints and safeguarding reviews have allowed the team to contribute to organisational learning and the priorities for 2025/2026 will ensure that, despite the continued rise in the overall safeguarding activity, protection and learning will be central to the safeguarding function.

IPC Annual report 2024-25.docx
The committee noted again that we achieved the highest rate of flu vaccines in the country. This and other initiatives have helped demonstrate the continuous improvement and commitment to IPC. The key achievements include the introduction of the IPC App, continued partnership working with departments across the Trust and partnership working with external colleagues. Compliance levels for IPC practices are

also being achieved on a regular basis, although the committee reinforced one particular area requiring further focus is hand hygiene. There is a QI project specific to hand hygiene due to begin in October.

Research Annual Report 2024-25 Final V1.0.pdf
The committee felt that this was a great annual report showcasing the really important work of R&D. We heard from Julia and her team at the recent Annual Members Meeting reinforcing the need to raise even further the profile of R&D.

ADVISE

Divisional Quality Leads – Strengthening Assurance and Driving Quality Governance
The Divisional Quality Leads provide senior leadership and assurance on quality governance within each divisional footprint. They oversee compliance, CQC preparedness, divisional governance structures, and learning from incidents, embedding a culture of safety and improvement. Through initiatives such as the refreshed Quality Assurance & Engagement Visit model and the Quality Governance Blueprint, they are strengthening accountability, consistency, and regulatory readiness across the Trust.

The committee explored how the clinical and quality leads will analyse and triangulate information to inform practice and unwarranted variation. The aim is to ensure clearer clinical leadership and shared practice cross-division.

Quality Account Priorities

- Severe Mental Illness Aim: 'Ensure annual physical health checks for people with SMI to at least nationally set targets.' – for this priority the focus is on excluding physical health problems in perceived mental health presentations. Good progress is being made with data sets to support the exercise defined and developed with Health Informatics. Analysis of section 136 incidents found that in most cases physical health checks were completed to enable the identification of physical health concerns. Where this was not completed the team were satisfied with the documented mitigations.

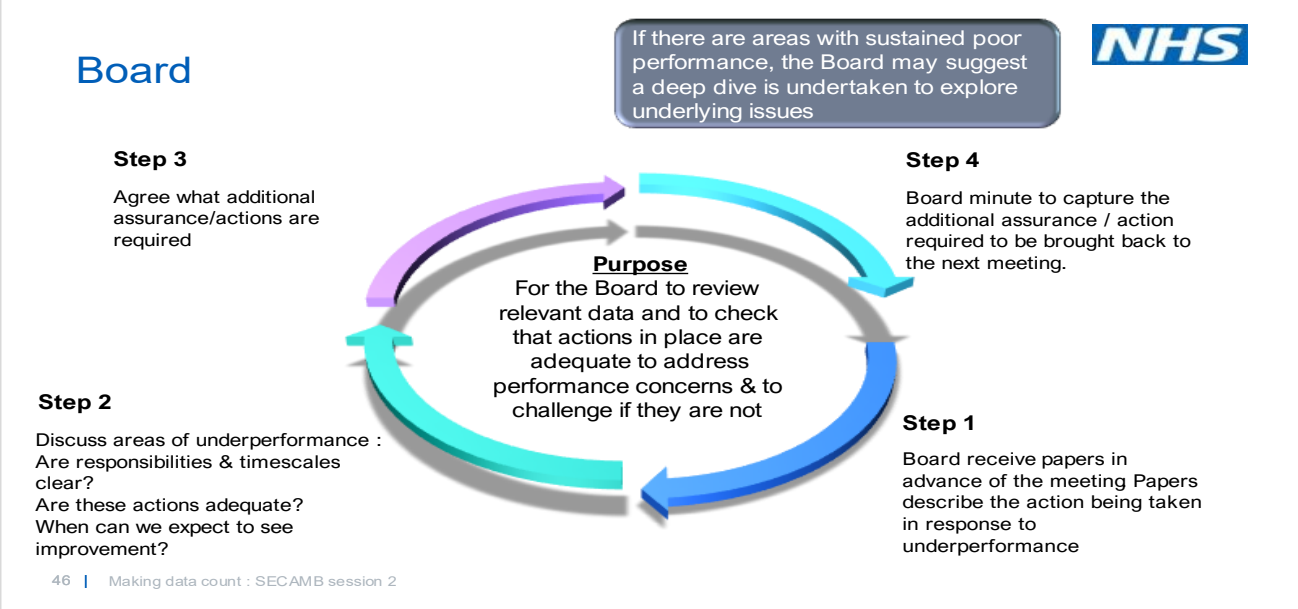
- Maternity Aim: 'Ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups.' – we have chosen to focus on pain management and ethnicity coding in pregnancy. The committee noted the ongoing issue re data and confidence of people in asking people for their ethnicity. Education is needed on why it is important to document this.

The executive has workstreams to identify the different areas of inequalities and will set this out for the committee in November.

Patient Monitoring Defibs
There is a plan in place to develop the required business case during Q3 as set out in the BAF. The asked for further assurance that this aligns to the procurement of the new ambulances.

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



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Palliative & End of Life Care Model of Care

Jen Scott-Green
EOLC lead

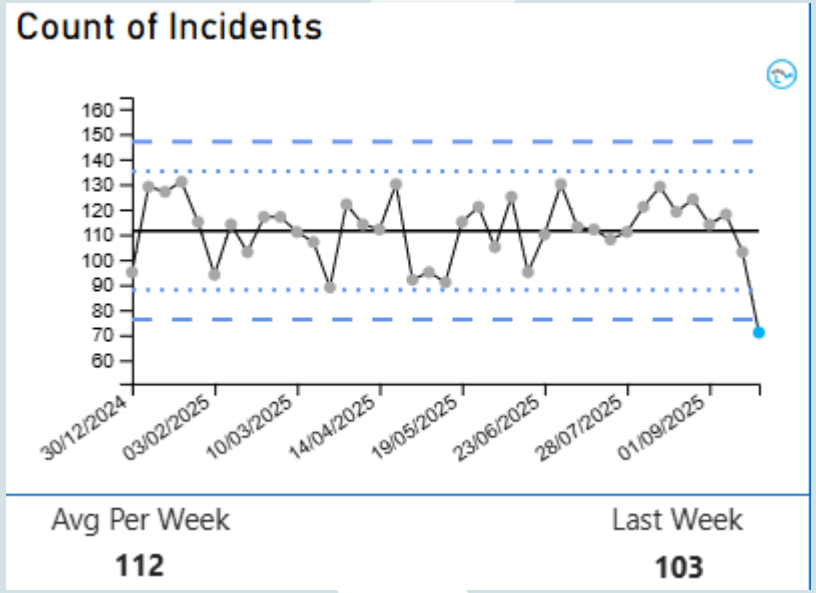
Imogen Baldock
EOLC lead

Since our last meeting….

Dashboard created to show EOLC data

- Most calls happen between 9-11am on weekdays
- Even spread of calls throughout the week.
- 82.6% registrant led care
- Average Job Cycle Time 1hr 52
- 78% See and Treat rate

DayName	Kent	Surrey	Sussex	Total
Monday	13.81%	14.93%	14.27%	**14.26%**
Tuesday	12.90%	15.52%	14.83%	**14.30%**
Wednesday	14.00%	15.32%	14.72%	**14.60%**
Thursday	14.00%	13.23%	13.32%	**13.54%**
Friday	12.97%	13.83%	13.27%	**13.29%**
Saturday	16.52%	14.13%	14.66%	**15.20%**
Sunday	15.81%	13.03%	14.94%	**14.81%**



'Resuscitation Attempts in Patients with Do Not Attempt Cardiopulmonary Resuscitation Decision attended by Emergency Medical Services: Contributing Factors and Predictors'

- Research conducted by NIHR Funded Research Interns Amelia Taylor and Emma Whidbourne
- 1827 patients with a DNACPR in OHCA
  - 377 (20%) of those patients received a resuscitation attempt
    - 87% of attempts initiated over the phone
    - 36% of those patients went on to have resuscitation given by crews.
- 68% of calls taken OOH

Top 50 longest on scene times have been audited

- All conveyances
- 20 of 42 patients admitted directly to a hospice
- 26 of 42 cases In Hours
- Most were known to EOLC teams
- Crews trying every attempt to keep people at home = multiple phone calls

Next Steps

- Meet with ICB EOLC clinical and commissioning leads. Planned for 08.10.25
- Define commissioned workload within the data
- Key Skills learning to go out in Q3.
  - Training Needs Analysis undertaken and further education planning in Q3/4.
- Review shortest 50 on scene times for positive themes

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Falls, Frailty and Older People Model of Care

Julie Ormrod
Consultant Paramedic for UEC

Tom Pullen
Practice development Lead

Current Picture

- The Trust responds to a **high volume of frailty and falls-related calls**, many of which are non-injury or low acuity.
- **Services are often reactive**, with patients waiting extended periods in the stack (sometimes 3-4+ hours for Category 3/4 calls) and experiencing multiple handovers before resolution.
- This reactive approach **frequently leads to avoidable conveyances and hospital admissions**, despite many patients being known to local community services.
- There is a clear opportunity to **shift towards proactive, system-wide intervention** - leveraging virtual triage, frailty scoring, and alternative care pathways.
- Expanding the use of **Community Falls Teams**, including CFRs and Fire & Rescue colleagues, offers a scalable solution to reduce long-lie risks and support early, safe intervention at home.

- The national direction of travel in healthcare is shifting toward **person-centred, integrated and preventative models of care**, particularly for frailty.
- Policies such as the NHS Long Term Plan and NICE guidelines advocate for **community-based, non-conveyance alternatives** for older adults.
- These drivers emphasise:
  - **Proactive identification and management** of frailty and falls risk through early triage and frailty scoring.
  - **System-wide collaboration**, particularly with UCR, Primary Care Networks, SDEC and voluntary responders.
  - **Maximising use of community-based resources** (e.g. Community Falls Teams) to reduce avoidable conveyance and improve patient experience.

What will the new model look like?

- Appropriate **triage and virtual consultation** by skilled clinicians to support early decision-making.
- **Timely face-to-face response for patients who have fallen** and are on the floor, reducing long-lie complications.
- Patients will be **streamed to the most suitable service**, including Urgent Community Response (UCR), Falls Teams or Rapid Response Services.
- Clinicians will have **access to shared care records** to make informed, joined-up decisions.
- A patient's level of frailty will be assessed using the **Rockwood Frailty Score**, supporting personalised care and appropriate escalation.

Year 1 deliverables

South East Coast Ambulance Service NHS Foundation Trust

Baseline falls and frailty-related activity to understand scale, variation and demand across counties – BI dashboard completion 6th Oct.

Business case for a dedicated frailty clinical lead to support implementation and system work, completed and submitted.

Review current frailty training – Day 2 key skills for all front-line clinicians encompasses frailty. Part of the JRCALC falls guidance group.

Map existing falls and frailty pathways across systems – linked into the regional DOS lead.

Identify governance processes required to embed changes sustainably across operational and clinical models.

Reduce long-lie falls through early recognition and rapid triage to appropriate community responders – new CFR strategy supports this. CFR manual handling training on track. Awaiting plan for access to community Raizer chairs.

Pilot virtual triage and clinical oversight for lower-acuity falls to reduce unnecessary ambulance dispatch.

Strengthening access to Community Falls Teams, including CFRs and Fire & Rescue, as first-line responders.

System-wide conversations around early intervention and prevention with ICS partners and health inequalities leads.

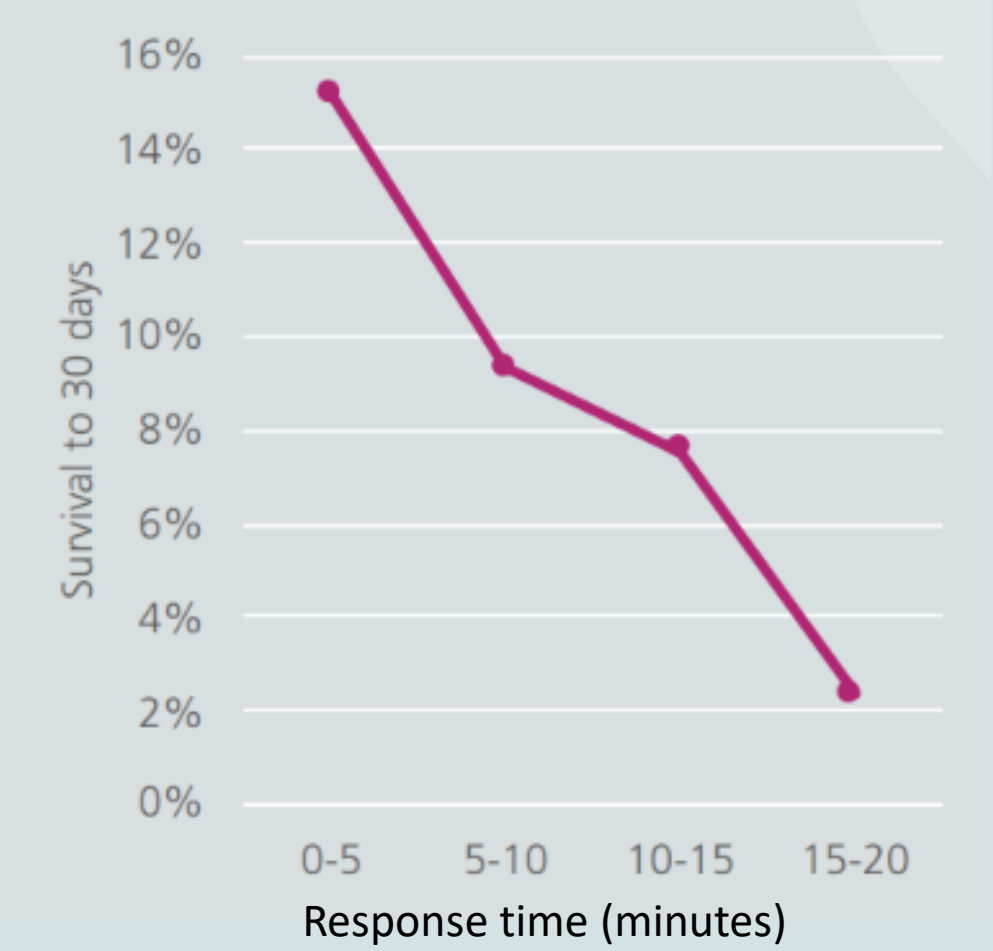
NHS
South East Coast Ambulance Service
NHS Foundation Trust

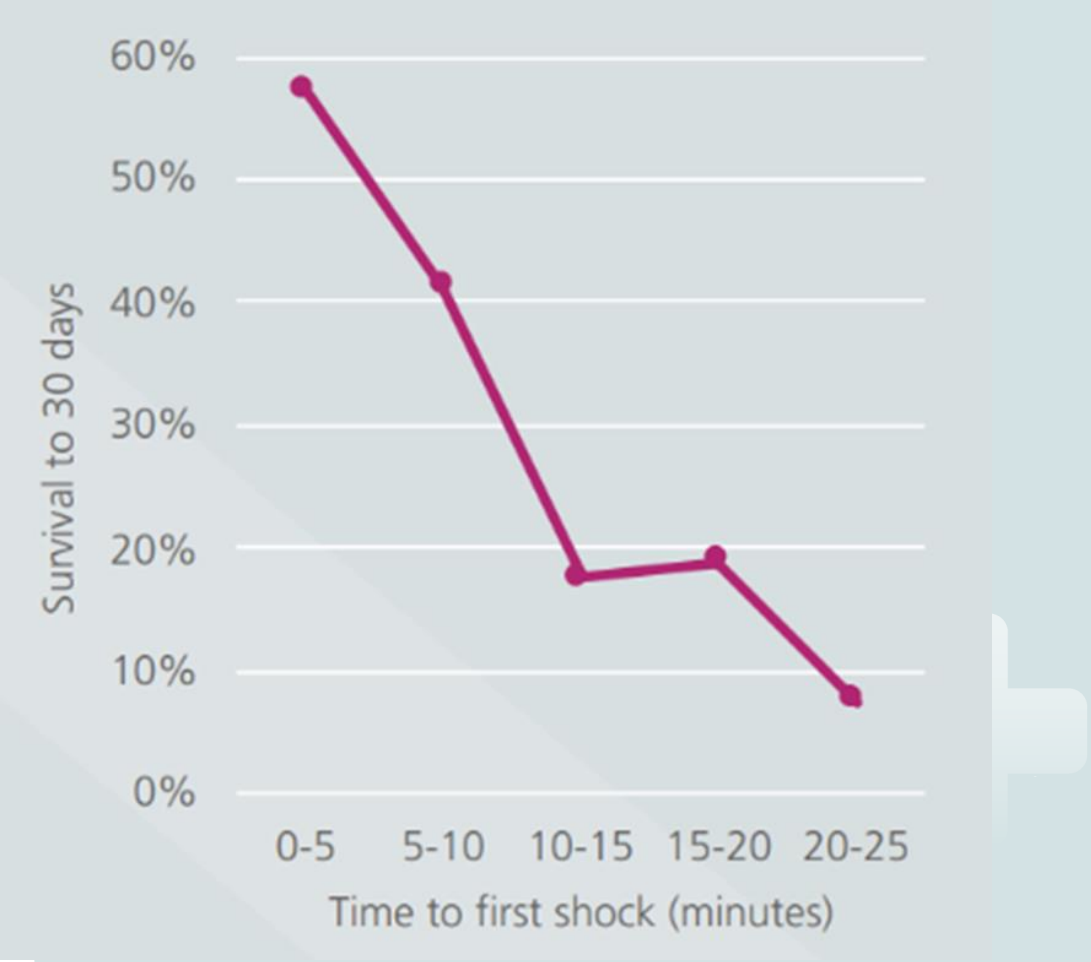
Reversible Cardiac Arrest Model of Care

Dan Cody
Consultant Paramedic for Critical Care & Resuscitation


AMBULANCE

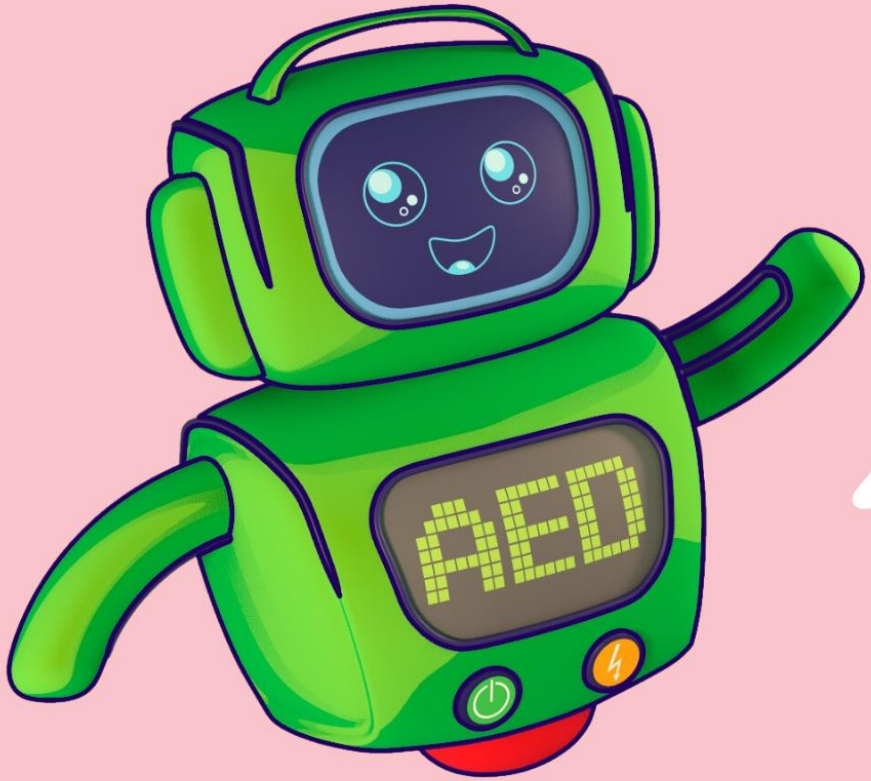
Survival to 30 days by response time





Resuscitation Council UK

NHS South East Coast Ambulance Service NHS Foundation Trust



Using a defibrillator is like having an expert by your side!

It will tell you exactly what to do.

Health Inequalities and resuscitation

Chain of survival

What's new…

- Re-launch of Goodsam to coincide with Restart a Heart Day (though full effectiveness relies on IT changes)
- Pilot of CPR feedback to crews now complete and being rolled out to other sites
- Increase in CFR utility and speed of response
- Development of Community Resilience/Volunteering Strategy
- Recruitment to Community Resuscitation Officer posts
- Year to date survival is 13.4% (against target of 12.5%)

Board Cover Sheet

Agenda No	73-25

Name of Meeting	Trust Board
Date	October 2, 2025
Name of paper	SECAmb 2025/6 Winter planning and assurance
Author(s)	Lucas Hawkes-Frost, Divisional Director for Resilience and Specialist Operations; Adam Streather, Head of Resilience Field Operations Divisional Directors
Responsible Manager	Jen Allen, COO and Accountable Emergency Officer (AEO)
Synopsis	The 2025/6 SECAmb winter plan has been developed and structured around the NHSE England Winter Planning Assurance template for Ambulance Services. The plan document focuses on aggregating assurance from various programs and priority Trust objectives, including prevention, clinical care pathways, response and performance, and collaboration. Planning emphasis is focused on further embedding 'resilient organisation' work, and continuing to develop system resilience at a local, divisional, and regional level using tools like the Divisional Resilience Framework and various escalation tools and preparation efforts.
Relevant risks and issues	This plan has been developed with an emphasis on the constrained current economic environment and the various transformational changes taking place in the wider NHS.
Recommendations, decisions or actions sought	The Board is asked to: • Review and be assured of winter planning priorities as mapped against NHSE winter planning priorities • To endorse the approach to winter planning and assurance based around prevention, pathways, response, and collaboration • To endorse the submission of the SECAmb Winter plan to NHS England

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes – this has been submitted following final revisions from EMB and FIC.

2025 / 2026 Winter Planning

South East Coast Ambulance Service NHS Foundation Trust

Prepared by: Lucas Hawkes-Frost, Divisional Director, Resilience and Specialist Operations / Adam Streather, Head of Resilience
Responsible Executive: Jen Allan, Chief Operating Officer

August 2025

Executive Summary

This report provides an overview of the SECAmb Trust-level winter planning preparations for 2025–2026. It integrates findings from the *Overview of NHS Ambulance Service Winter Preparations* (AACE) and identified performance, efficiency, and care delivery priorities (NHSE UEC plan), and is structured in alignment with the National Board Assurance Statement produced by NHS England for use in NHS Ambulance Trusts as part of integrated systems nationally.

The plan prioritises patient safety, performance delivery, financial stewardship, and system integration and where possible reflects integration of performance and safety protective actions into business-as-usual processes to improve system resilience.

The plan focuses on four key areas of prevention, pathways, response and collaboration, and on a range of key actions such as vaccination, increasing Hear & Treat responses, utilising alternatives to ED, optimising staff and vehicle resourcing, and performance oversight and coordinated escalation routes to support timely care in as resilient fashion as possible, given likely pressures on demand and capacity.

The plan has been subject to considerable assurance including at the NHSE regional exercise on 8th September and through system governance routes and the QIA/EQIA process. The plan will be overseen via Divisional, Ops and Resilience governance within the Trust and remains a live document with agile implementation planned to respond to winter pressures throughout the coming period, in line with our Resilience framework.

List of appendices:

- Appendix 1 – Equality Impact Assessment
- Appendix 2 – Quality Impact Assessment
- Appendix 3 – SECAmb 2025/6 Vaccination plan
- Appendix 4 – National Ambulance Services Responders Managers Group recommendations re volunteer use during winter pressures.
- Appendix 5 - Output of NHSE winter resilience exercise, 8 September 2025
- Appendix 6 - Divisional resilience framework

Key aspects of SECAmb Resilience Winter Plan

Action area	Key actions
Prevention	• A targeted flu vaccination campaign is underway to improve staff protection and reduce sickness rates, supported by clear return-to-work processes and adherence to infection prevention protocols • Staff support is being optimised through ongoing enhancement of employee relations processes • Utilising and continuing to develop Resilience Governance and Business Continuity planning processes in all areas of Trust business (and in line with NHSE Core Standards) • Complete workforce review and match clinician resources to demand via a new skillset-mapping exercise

Pathways	• Enhanced clinical triage through increased *hear and treat* and reduced *see and treat* rates
	  ○ Continued enhancement of the UCNH (hub) model and support offer to system and to clinicians on scene
	  ○ H&T productivity improvement actions being driven following Deep Dive workshop (9 Sept 2025)
	• Use of alternative pathways a significant focus as central to reducing avoidable emergency department (ED) conveyances
	• Shared care record systems development & continued enhancement of Cleric CAD and digital solutions to improve performance and reduce inefficiencies.
	• Proactive care planning with care homes and for specific patient cohorts

Response	• The Trust is optimising operational resourcing by redeploying frontline managers and increasing shift coverage, particularly during Q3 and Q4, and increasing the use of CFRs. • Enhanced productivity through reducing incident cycle time • Proactive fleet management and vehicle availability. Collaborative review of Make Ready and Fleet process and contracts • Staffing levels in Emergency Operations Centres (EOCs) and NHS 111 are maintained in line with demand forecasts. • Continued development of new 111 sub-contract, to affect better patient responsiveness and a more seamless service • There is a targeted efficiency programme in 111 to reduce HA AHT and improve call handling performance.

	• Recruitment for HAs to continue through H2, to maintain current high levels of performance.

Collaboration	• Organisational focus on achieving key Ambulance Response Programme (ARP) targets, notably a Category 2 mean response time agreed trajectories
	• Strong relationships and escalation where needed to maintain timely hospital handovers
	• Performance oversight
	  ○ New clinical operating model including enhanced performance and divisional structures through organisational change
	  ○ Review of REAP and OPEL frameworks through national ambulance collaborative
	• Joined up planning
	  ○ Participation at UEC Board and wider system representation
	  ○ Alignment with wider IUC recovery planning approaches.
	  ○ Monthly participation at national AACE meetings including NASMED, NDOG, HEOC, HEOC Clinical Leads, and national 111 forums.
	  ○ Ongoing meetings with 999 lead commissioner and 111 provider for Surrey, to explore Triage, Transfer and Redirection (TTR) model for Surrey in winter.

Key Risks

Risk Theme	Implication	Mitigation
Internal SECAmb organisational change ongoing	Potential instability within leadership teams	Transition to divisional model and alignment of divisions to resilience frameworks
External organisational change in wider NHS System and Local Government	Potential instability within system partners undergoing change processes	Divisional and organisational alignment at local UEC and system level and close collaboration. This risk is a key consideration within ICB winter planning also.
Financial constraints	Limited latitude for additional spending to respond to system pressures.	Divisional oversight of system pressures and ability to better target and prioritise resources to respond to pressures and shocks.
External contextual pressures which may have an impact on the wider system or function of partners within the Trust region.	European Union Entry Exit System – Risk of issues on the Strategic Road Network in Kent Increased Protest Activity across the UK. Should it escalation, may require a SECAmb response.	Resilience Team working closely with partners including on tabletop exercises. Trust developing a plan for this. Daily NILO calls with partner agencies. Early escalations. Incident Response Plan now covers Civil Disorder.
Productivity challenges	Lack of delivery of H&T capacity due to static clinician productivity in virtual care	Focus on virtual care plan to improve calls per hour, supported by targeted H&T Deep Dive workshop.
Capacity within alternative services	Unable to redirect demand away from ED due to capacity challenges in SDEC, UCR etc	Shared use of advance clinical top cover and support from Hubs to share risk and hold risk in community. Local front-door audits underway to understand referral behaviour and improve uptake on alternatives to ED particularly within the winter season.

Consideration has been given to system- and service-specific risks and therefore actions to be taken within these areas to address the key risks. For example:

- Surrey – Road network issues; hospital hot spots East Surrey
- Sussex – Sickness and staff engagement; hospital hot spots Brighton
- Kent – Adverse Weather challenges; hospital hot spots William Harvey
- EOC – Public health issues, such as media health scare

System Collaboration:

Whole-Trust Operations: The SECAmb Winter plan executive summary and schedule of key initiatives was shared with system partners for Kent, Surrey, and Sussex on system partners forum for awareness, engagement, and alignment (12 September). Draft Winter plan and assurance document tabled for discussion and engagement at all UEC boards prior to SECAmb board sign off.

Trust operational performance oversight has been developed considerably, particularly in relation to reformed approaches to daily situational awareness calls to articulate performance priorities and to build better system situational awareness of the wider system (ROC, OPEL/REAP etc). This common operating picture report brings common performance and system status data together to benefit tactical decision making.

Winter planning for 2025/6 winter pressures has been developed with a focus on the transition to the Divisional Model, and the essential alignment of actions to the key objectives of the System Winter plan in each ICS. This will be a key benefit of the divisional model, particularly in relation to providing greater consistency in our approach.

Kent: SECAmb's winter plan has been shared with the Kent and Medway ICB (September 2025), meeting core expectations for system-level engagement. Strategic and delivery-level collaboration is in place, with operational oversight provided through the Kent Divisional Governance Group (DGG). This forum enables dynamic responses to local challenges, particularly around flow and system capacity. Daily system calls support situational awareness and inform decisions on ambulance resource deployment.

Surrey: The winter plan has been shared and discussed across all Surrey UEC Boards and with colleagues in all five Acute Trusts, fulfilling system-wide engagement requirements. SECAmb has contributed to Surrey and Frimley system planning, including promoting alternative care pathways across Operating Units. A system-wide agreement is in place to conduct Front Door / ED audits in all Acute Trusts during September, in collaboration with ED teams. Oversight of winter pressures and delivery will be maintained via the weekly Divisional Management Group (DMG).

Sussex: SECAmb's Winter Plan has now been formally shared with Sussex ICB, ensuring full alignment with regional strategic priorities. Engagement is active across: Strategic level – through direct commissioner dialogue, Delivery level – via operational coordination, Place level – ensuring local responsiveness and integration. Operational delivery is being supported through: Daily system calls, OPEL meetings, and Sussex Coordination Group sessions. Winter planning session with UEC board scheduled for 25 September to consult and engage re system seasonal planning.

Integrated Care: The draft winter plan and associated mitigation actions have been shared nationally via the weekly IUC commissioner meeting and by email (5 August),

meeting expectations for national coordination. Continued engagement will be maintained through weekly IUC commissioner meetings, monthly meetings with the NHS E Director for 111/999, and monthly national 111 provider forums, chaired by SECAmb. SECAmb will also attend the daily ICB system calls, and the Strategic Commander will attend the ROC throughout the winter period.

Resilience and Specialist Operations: SECAmb is closely aligned with NHS England (NHSE) Regional planning processes, with active participation in NHSE Regional Forums. The Trust has ensured ICB-level engagement through regular attendance at the Resilience Oversight Group (ROG).

Core national expectations have been met, including completion of the Annual Assurance process for winter planning and business continuity. SECAmb participated in the regional winter planning exercise on 8 September, the learning from which is reflected in this document. Further, the SECAmb planning document has been shared and contrasted with those of other ambulance services via the National EPRR Group (NEPRRG) as a subcommittee of the National Director of Operations Group (NDOG). This was discussed at the 10 September NDOG session. These activities collectively support a coordinated and assured approach to system resilience across all levels.

Further, a follow up session was held on 12 September with ICB EPRR colleagues to discuss and agree system-wide actions and agree system ownership for learning points arising from both Exercise Aegis and wider data driven risks identified regarding responding to systems pressures regionally.

SECAmb has signed off on system-wide Business Continuity Incident declaration criteria in Sussex specifically, with similar arrangements in place for other areas of the Trust. Business continuity planning is a central part of Trust preparations. EPRR has undertaken to review and update guidance around escalation and all Trust Business Continuity plans have or are being updated in anticipation of the winter season. This approach is linked to Divisional Resilience Framework action.

System Resilience:

Detailed action plan by operational area

Theme	Field Operations	Integrated Care	Resilience and Specialist Operations
Prevention	- Prioritised vaccination clinics across Trust operations sites and administrative areas. - Tracking via Divisional Management Group (DMG) meetings - Attendance management alignment a focus of DMG.		- HART specific vaccination offer with tracking at program level. - Use of public health modelling to inform likely increases in infectious illness (COVID / influenza) which may impact staff attendance (predicted peaks December 2025/January 2026) – to be fed into SLT planning
Pathways	- Alternative pathways Front-door audits at acute sites to understand referral and transport decision making. Increasing alternative care pathway utilisation as agreed system productivity aim HOW	- Hear & Treat Virtual care pathway enhancement and improvement to clinician productivity. Continued clinical recruitment and agile deployment to validate calls and enhance H&T rates. Focus on improving IFT process Updated DoS training is being incorporated into Health Adviser and	-

		EMA Key Skills training, to optimise alternative service pathways. Additional GP Fast Trackers will be trained and deployed at peak times. Additional GPs and NMPs have been recruited to boost the 111 Clinical Assessment Service (CAS) rotas at key times. Processes being implemented to manage careline and third party calls for welfare more effectively in Q3.	
Response	- Resourcing Increasing clinical and operational capacity (OTL hours, HART team deployment, CFR deployment, etc) Focus on Out-of-Service management - Fleet availability All all-wheel-drive Kodiaq vehicles are in service and ready for winter deployment	Additional 111 and 999 call handling and clinical recruitment to support robust resourcing - Incident cycle time Enhanced oversight of Out of Service statuses On Scene Self Conveyance for eligible patients prioritised in EOC clinical discharge processes Reducing unnecessary conveyance delays for patients unsuitable for VC.	• Community Resilience and wider organisational support is an important component of system resilience for winter 2025/6. National Ambulance Services Responder Managers Group recommendations have been reviewed and implemented to help support effective planning. • Action areas have all been implemented or factored into wider organisational plans and / or processes, and include:

	Additional 4x4 vehicles will be hired if required and directed by EPRR Winter kits (stored in dedicated winter boxes) are held and managed by Logistics Fuel levels will be actively managed and not permitted to fall below minimum to maintain resilience Workshop capacity will be monitored closely, with use of external contractors where needed to maintain vehicle availability MOTs have been brought forward where possible to reduce vehicle abstraction during peak periods Bodywork repairs will only be carried out where damage is classed as dangerous and results in a VOR status		Ensuring volunteer leads are included in winter planning from the earliest stages Ensuring EOC staff are prepared and incentivised to dispatch CFRs consistently and effectively. Planning effective escalation comms that notify volunteers of genuine service need and ensure that they are utilised when they respond to such pressures. Creating plans for scaling up activity, or moving volunteers into winter-specific roles that align to evolving seasonal needs and priorities (considered as part of future volunteer strategy) Maintain volunteer management staff focus on clinical duties, unless critical. All training for volunteers completed outside of winter

			HART deployment and callsign visibility on CAD systems have been reviewed and made available to support core 999 activity wherever possible. Additional HART staffed SRV resources have been allocated until the end of Q4 to provide better flexibility in the team to provide clinical response without compromising HART capabilities.
Collaboration	- Hospital Handovers Divisional Resilience Framework Enforcing automatic clear processes Daily Leadership Huddles Deployment of on duty Operational and Tactical Commanders Robust hospital handover processes aim to maintain hospital handover standard performance, mitigating delays in patient transfers.	Frequent performance oversight in real time and use of CSP escalation Implementation of revised CSP (15.9.25) On day performance management role review and clarification Implementation of performance oversight improvement actions Clinical hubs and multidisciplinary co-ordination with urgent care partners is being leveraged to improve decision-making and reduce pressure on Emergency Departments. -	- Performance oversight has been reviewed in 2025, contemplated in a wider plan of work to evolve both systems and structural arrangements to oversee operational performance delivery. - Central to this was the development of the Divisional Resilience Framework, a series of actions and escalations that may be undertaken at a divisional level as well as the Divisional Forward / Backward Look process, providing local insight into performance

	These align with wider efforts within local UEC systems to improve whole-system patient flow. SECAmb will continue to use 111 First principles to validate ED dispositions to avoid unheralded demand in ED. - Joined up planning Utilising Divisional Resilience Framework to manage capacity and demand and embedding into Divisional practice Forward look process to support operational planning Participation at core delivery / planning / executive Local Resilience Forum activities		pressure to inform escalation of OPEL / REAP both on a divisional and organisational basis through an agreed governance process

Assurance, Escalation, and Monitoring:

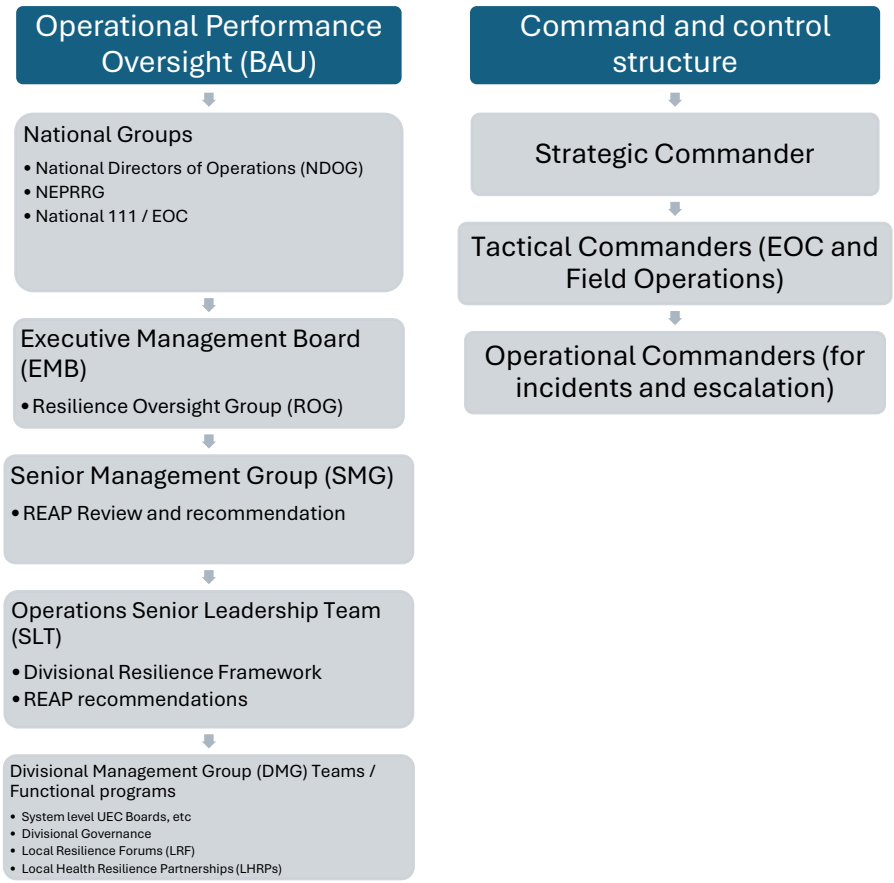
Oversight around the delivery of this plan will align with BAU Trust performance, quality, and safety systems. Delivery falls ultimately to the Trust Executive Management Board (EMB) which will hold accountability for assuring the tracking, oversight, and assurance of delivery against objectives.

These plans will be overseen and reviewed within the Resilience Oversight Group and were tested and exercised by the Resilience team and wider organisational leadership at Exercise Aegis on 8th September 2025. External performance oversight will take place on a local basis at the ICB Urgent Care Boards and Trust Performance review sessions.

Operationally, impacts and effects of these plans will be monitored, managed, and escalated via Divisional and organisational governance and operations structures, namely Divisional Management Groups, Governance Groups, and SMG/EMB.

An Equality Impact Assessment (EQIA) and Quality Impact Assessment (QIA) have been considered as part of the Winter Plan development process. These assessments ensure that proposed actions do not adversely affect patient care quality or disproportionately impact any population group. Any significant changes or escalatory actions will be subject to further EQIA/QIA review as required.

Trust forums and processes for oversight are illustrated below:



Provider:	South East Coast Ambulance Service NHS Foundation Trust

Board Assurance Statement

This section gives SECAmb the opportunity to describe the approach to creating the winter plan and demonstrate how links with other aspects of planning have been considered.

Board Assurance Statement

Assurance statement	**Confirmed (Yes / No)**	**Additional comments or qualifications (optional)**
Governance		
The Board has assured the Trust Winter Plan for 2025/26.		To be brought forward to Board on 2nd October, with review by EMB Joint Leadership Team (JLT), Finance Investment Committee (FIC) beforehand
A robust quality and equality impact assessment (QEIA) informed development of the Trust's plan and has been reviewed by the Board.	Yes	A substantial QIA and EQIA review has been undertaken in terms of the aggregate effects of winter planning and wider performance, productivity, and efficiency initiatives contemplated in this document and are appended.
The Trust's plan was developed with appropriate input from and engagement with all system partners.	Yes	Development of this plan has included all functional areas of SECAmb, led via Senior Management Group representatives for specific directorate and program areas. System partners have been engaged through both ICS and NHSE forums including UECDBs and contract/ performance meetings.
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	SECAmb participated in the scheduled NHS England Exercise (Aegis) facilitated by NHSE on 8th September 2025.

Provider:	South East Coast Ambulance Service NHS Foundation Trust

The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Jen Allan, COO and AEO is the responsible executive overseeing the development and implementation of the wider seasonal planning process and ensuring that reporting aligns with normal Board governance.
Plan content and delivery		
The Board is assured that the Trust's plan addresses the key actions outlined in Section B.	Yes	See below detail.
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Please refer to Appendix 1, outlining the EQIA process undertaken in support of this document
The Board has reviewed its Category 2 ambulance response time trajectory and is assured the Winter Plan will mitigate any risks to ensure delivery against the trajectory already signed off and returned to NHS England in Q1 2025/26.	Yes	Performance and performance mitigation actions and priorities reviewed following EMB session 13 August, 2025. Trajectory changed owing to ICB recognition around system based productivity improvement challenges. Trajectory corrected to account for 2 minute system productivity delta. New C2 trajectory on plan to be delivered organisationally, driven by focus on delivery of service as key operational priority facilitated by efficiency and productivity efforts.

Provider CEO name	**Date**	**Provider Chair name**	**Date**
Simon Weldon		Michael Whitehouse	

2025 / 2026 Winter Plan checklist

25/26 Winter Plan checklist

Board assurance checklist – key aspects covered by 25/26 Winter Plans.

The following criteria apply to the RAG ratings below:
Green: Action is fully in place and delivering the intended impact; no further action required.
Amber: Action is underway but requires further development or completion; impact is anticipated but not yet realised.
Red: Actions are not yet started or are significantly delayed; urgent action is needed to meet planning expectations or mitigate risk.

Checklist	SECAmb Plan / Action (actions / initiatives in place)	Further Action planned / required (further actions to be initiated)	Specific Impact / Outcome sought (Signal of positive effect re action items)	RAG
Demand Management / Capacity				
1. The profile of likely winter-related patient demand is modelled and understood, and plans are in place to respond to base, moderate, and extreme surges in demand.	Weekly modelling by Trust BI teams provide clear trend analysis around expected capacity production on a regional basis and the expected performance out-turn. Expected surges relating to local context, events, etc are managed and factored into performance planning in conjunction with Divisional leadership teams.	Efficiency and productivity initiatives are evaluated and underway in conjunction with a suite of agreed escalatory actions outlined in the Divisional Resilience Framework and productivity initiatives agreed via SMG and EMB	Operational demand and forecast resourcing match productivity forecast. Escalation and use of Divisional Resilience Framework and / or escalation tools like the CSP.	Demand forecasts and variable demand scenarios have been modelled. Look forward process built into Divisional Resilience Framework actions
2. Rotas have been reviewed and updated to ensure there	Divisional Resilience Framework re tactical action around resource	Heat maps being created in 111 to facilitate staff utilisation	Improved rota fill and less shortfalls 24/7.	Staffing forecasting

	is maximum decision-making capacity at times of peak pressure, including weekends and bank holidays.	planning optimisation at Divisional level. Robust command and control structure in place incl multiple levels Clinical oversight via specialist and critical care paramedics 24/7	and ensure capacity meets demand. Monitoring of UCNH and CCD cover throughout winter period and escalation as required.		consider field operations, EOC, and 111 resourcing and consider surges in sickness or other drivers of capacity pressures.
3.	Rotas have been reviewed and updated to ensure optimisation of call handler and clinical capacity within EOCs, including overnight, to manage forecasted call demand and deliver the level of clinical assessment required.	Rotas are reviewed on a daily basis, with overtime and shift slides used to minimise shortfalls. Clinical skills mapping used to ensure capacity is planned to meet demand, with use of agency clinicians to supplement rotas. Hear & Treat Deep Dive workshop in Q2 to focus on improved Hear & Treat productivity.	Trust is developing a business case to source a fit for purpose Work Force Tool (WFT) to optimise resource planning. Trust is continuing to develop 999 Intelligent Routing Platform (IRP) call resilience model with SCAS and also YAS. Trust continues with its virtual care plan to train and deploy more Paramedics in Hubs in H2 to use PaCCS and undertake Hear & Treat.	Trust achieving better 999 call handling metrics and maintaining ARP 999 call answer of 5 seconds or less.	
4.	Rotas have been reviewed and updated to ensure optimisation of front-line staffing capacity to respond	Rota and resource cover are reviewed at Divisional and Operating Unit Levels in line with organisational need. Additional capacity to manage surge and escalation is calibrated as		Rotas reflect local operating contexts and are sufficiently resourced as	

to forecasted demand profiles.	required and allocated as part of Divisional governance.		determined by local demand profiling.	
5. Annual leave schedules have been reviewed and updated ahead of winter and procedures are in place to rapidly adjust arrangements in response to surge pressures, including cancelling annual leave and standing up overtime arrangements if required.	Regular review of resource production forms a core element of Divisional performance oversight. Weekly reviews of staffing allows a more targeted approach to utilising overtime where budgeted, etc.	Divisional Resilience Framework actions provide a suite of escalatory actions that can be implemented in response to surge, including changes	Divisional resilience framework actions implemented where necessary, targeted use of additional hours.	
6. Opportunities to maximise resource utilisation have been considered, including increased utilisation of non-DCA resources to respond to incidents including use of PTS, CFRs, RRVs etc.	Supported by our Divisional Resilience Framework, SECAmb will maximise the utilisation of available resources by prioritising the tasking of Community First Responders (CFRs) and HART teams to appropriate incidents, alongside the deployment of Rapid Response Vehicles and other non-DCA assets where clinically suitable. We have already implemented actions to encourage on-scene self-conveyance for eligible patients, reducing unnecessary conveyance delays, and will further enhance operational flexibility through the activation of Response Capable Managers to provide timely support	To protect emergency performance, SECAmb will implement enhanced oversight and dynamic assessment of Inter-Facility Transfers (IFT) activity to ensure that urgent and emergency demand is prioritised without compromising patient safety.	Ensuring Inter-Facility Transfer (IFT) activity is clinically appropriate and does not compromise frontline resource availability for 999 demand. This will be achieved through real-time monitoring of IFT requests, applying clinical triage, and flexing or deferring activity during periods of system pressure, supported by escalation to Tactical Commanders when	Amber RAG owing to limited influence over external PTS / IFT capacity and recognised need to coordinate with Acute Trust providers and commissioning partners to escalate issues as early as possible with a view to achieving system level mitigations.

	and ensure an efficient response to patients.		thresholds are reached.	
7. Plans include actions to maximise clinical navigation and validation and increase ‘’hear and treat’’ rates, referring into alternative services where appropriate. Clinical models have been reviewed and can be flexibly deployed in response to operational demand to ensure delivery of performance improvements.	Trust will continue to implement its Virtual Care plan, focussing on increasing Hear & Treat by expanding clinical capacity in Hubs, with a clear focus on improving call handling productivity. Dynamic flexing of clinicians and activity between 111 and 999 to continue, ensuring the right clinician with the right skillset managing activity safely and in a timely manner. New 111 operating configuration and model in place, enabling better resilience and increased clinical capacity to manage demand.	C2 Streaming process will continue to be reviewed and evolve to improve effectiveness. SECAmb is working closely with NHS E and other Trusts to optimise its navigation and validation processes. SECAmb’s dual skilling programme, to increase clinicians’ virtual care capability via PaCCS to continue in H2. Recruitment drive to increase GP senior clinician capacity ongoing, to increase Bank GP capacity and resilience across H2. Hear and Treat improvement workstreams ongoing. Deep Dive event held 9 September to determine specific actions to continue improving Hear and Treat performance along agreed trajectories.	Increased H&T Increased UCR acceptance rates Better utilisation of alternative patient pathways, with an increase in conveyance to alternatives to ED.	H&T identified as a key focus area for improvement. Amber RAG rating indicated identified need for continued focus on achieving H&T trajectory.

8. Call Before Convey pathways are in place in line with locally agreed protocols to support “see and treat” activity and reduce avoidable conveyance. Ambulance crews should have access to additional support from EOC clinicians and SPOAs.	Unscheduled Care Navigation Hubs (UCNHs) to be refined to ensure MDTs and SPOAs utilise alternative pathways to ED, supporting crews on-scene with clinical decision-making	SECAmb to implement its Virtual Care plan, ensuring greater clinical intervention prior to ambulance dispatch and also, ambulance conveyance.	Increased usage of Service Finder. Reduced See & Treat. Better use of alternative pathways e.g. SDEC, UTCs etc.	Amber RAG rating a reflection of identified need for continued improvement and efficiency around the use of UCNH resources
9. Processes are in place to provide overnight support for call handlers and clinicians to provide urgent in-home care for non-emergency, clinically assessed patients, with follow-up services available the next day.	SECAmb is working with NHSE to develop options to manage non-emergency patient care overnight, when suitable alternative service provision is unavailable.	SECAmb to collaborate with commissioners to identify and options to ensure optimised clinical validation i.e. Triage, Transfer, and Redirection (TTR) model, within IUC.	Increased downgrade rates for ambulance validation in IUC, facilitating greater capacity for ED validation.	Meetings ongoing with 999 lead commissioner to explore options to manage these patients more effectively.
10. Plans and SOPs are in place to support ambulance crews to complete hospital handovers within 15 minutes, with none exceeding the 45-minute maximum.	SECAmb has robust plans in place to support effective hospital handovers and has been delivering low handover times consistently. The “Release to respond” protocol is well embedded and strong local relationships have been established. Our Divisional Resilience Framework Plans include escalation points to ensure timely conveyance to the hospital front door and, where appropriate, self-conveyance from the scene.	• Implement Divisional Resilience Framework Plans to maintain operational flexibility. • Apply enhanced oversight of Out of Service status to minimise downtime. • Enforce the automatic clear process to make crews available		

		promptly post-handover. • Use Daily Leadership Huddles for real-time performance review and rapid problem-solving. • Deploy On-Duty Tactical and Operational Commanders to provide live oversight, enforce compliance, and escalate issues promptly.		
11. CSP and DMP frameworks have been reviewed and updated and will be utilised as appropriate.	Revised CSP developed and implemented in Q2, with more actions in place that can be implemented at lower levels of escalation to prevent pressure rising, mitigating clinical risk. OPEL process deployed in IUC to enable 111 operational call handling performance to feed into SHREWD.	Operational workshops planned in September to enable greater oversight and grip on performance during H2. 111 IUC escalation plans to be reviewed and enable more actions to be used to mitigate clinical risk. Trust is implementing plans to manage IFT activity, welfare calls and calls from carelines	Ensuring apposite ambulance dispatch, with reduced inappropriate ambulance dispatch. Trust will spend less time in escalation level of CSP. Management of real time performance will be delegated to a lower level of	

		more effectively, with greater clinical intervention,	management, with more tactical input, requiring less strategic intervention.	
12. Discussions have taken place with NHSE regional teams, ICBs and local systems to support enhanced ability to refer patients into alternative services, reduce avoidable conveyance and ensure hospital handover compliance.	UCNHs and SPOAs in place across region to enable MDT and advanced clinical intervention to optimise patient pathways and service provider utilisation. SECAmb continues weekly meetings with ICBs and key acutes to reduce handover delays.	SECAmb to continue implementing next phase of Virtual Care plan, using advanced practitioners. SECAmb is working with Lead 999 commissioner and IUC provider to explore TTR winter model.	Reduced inappropriate ambulance dispatch. Reduced unnecessary ED conveyance. Reduced handover delays across region.	
13. Engagement has been undertaken with system partners, including primary care, to ensure appropriateness of HCP and IFT requests, supported by sufficient clinical senior decision making within EOCs.	Trust is increasing its clinical capacity to undertake virtual care, with the clinical capacity of 111 CAS, especially with regards to advanced practice being increased.	Plans in development and go-live in H2 to address inappropriate IFTs, careline activation calls and facilitate appropriate welfare calls.	Reduced careline call activations resulting in ambulance responses. Reduced number of IFTs. Reduced number of HCP calls and welfare calls resulting in ambulance response.	Divisional engagement with wider system stakeholders ongoing to ensure IFT, virtual care, and wider clinical capacity workload is appropriate.
Infection Prevention and Control / Wellbeing / Welfare				

14. Plans are in place to support staff welfare through periods of high demand.	Local liaison with community resilience and local oversight in place re provision of welfare offer for operational staff. Comprehensive wellbeing and welfare system in place to provide more substantial staff wellness offer.	Personal resilience to be considered as core aspect of organisational resilience, under development as part of the wider System Resilience offer via Resilience Oversight Group (ROG). Further, Culture, People, and Wellbeing Group initiates 18 September to oversee aspects of personal resilience and workforce experience organisationally.	Welfare offer for staff in place and reported via People Committee	
15. There is a plan in place to achieve at least a 5-percentage point improvement on last year's flu vaccination rate for frontline staff by the start of flu season.	There is a full flu vaccination programme in place which demonstrates the trusts commitment to achieve between 75% and 80% uptake for this year. SECAmb's Flu Vaccination Plan is available as an appendix to this plan.		Flu vaccine compliance between 75%and 80%. Tracked via BI Platform which shows our performance trajectory.	
16. IPC colleagues have been engaged in the development of the plan and are confident in the planned actions.	The IPC Team have had input into the plan and are confident that actions relating to IPC are in place.	Engagement locally via the Divisional Management Groups (DMGs), tracked and communicated centrally with routes for escalation.	IPC-led plan developed. Tracked and assured via Power BI Dashboard.	
17. Fit testing has taken place for all relevant staff groups with the outcome recorded on ESR, and all relevant PPE stock and flow is in place for periods of high demand.	The Trust have a new powered hood to replace existing units in circulation. This provides respiratory protection in line with IPC guidance and H&S regulations.		Safe system currently in place providing respiratory protection for all operational staff. Delivery of future solution to be	

			overseen as part of implementation planning.	
Leadership				
18. On-call arrangements are in place and have been tested.	The Trust has a comprehensive on call structure including commanders at all levels.	Active monitoring of on-call rotas and ensure resilient command structures.	Daily conference calls are held with leadership teams. Command staffing reviewed as part of Daily Trust Readiness Huddle.	
19. Business Continuity Plans have been reviewed and include processes and mitigating actions to maintain service delivery over winter.	All Business Continuity Plans have been reviewed to ensure they include robust processes and mitigating actions to maintain service delivery throughout the winter period. As part of our 2025/26 EPRR Assurance process, the Trust is completing comprehensive review of all Locality Business Continuity Plans.	Nine Business Continuity Plans are currently overdue for review. Work to update these plans is in progress and has been formally captured as an action within the EPRR Work Plan.	The Trust has established a new Business Continuity Working Group which reports into the Resilience Oversight Group.	Business continuity plan updates ongoing and work continuing to improve systems and process as per core standards action planning.
20. Learning from previous winters has been reviewed and has been factored into planning.	The Trust has undertaken a review of lessons identified from previous winter periods, including feedback from operational debriefs and incident reports. Key themes—such as surge capacity, workforce resilience, and supply chain continuity—have been factored into our winter planning for 2025/26.	Continued monitored of response arrangements during winter and evaluation of this plan.	Learning from incidents, events and exercises sits with the Resilience Oversight Group who will monitor the lessons from this year's Winter Plan.	

	The development of the Divisional Resilience Framework was an identified lesson out of previous winter planning.			

2025 / 2026 Winter Planning

South East Coast Ambulance Service NHS Foundation Trust

Appendix 1 – Equality Impact Assessment

Equality Impact Assessment (EIA) template (refer to guidance)

What piece of work does this relate to:
Lead author: Lucas Hawkes Frost **Role:** Divisional Director for Resilience & Specialist Operations

1. Is this a:

- Change to an existing strategy (long term plan of action), policy or procedure ☐
- **Change to a service or function (actions or activities)** ☐
- A new strategy or policy/procedure/business case/ ops bulletin etc. ☒
- A new service or function ☐
- Project which requires approval at Board or Working group ☐

2. Who will be impacted by this work? Tick all that apply.

Patients ☒	Student/learners ☐	Volunteers ☐	External Partners (please specify below) ☒
Carers ☐	Trade unions ☐		Others visiting Trust sites
Staff ☒	Suppliers ☐		Other (including a particular geographical area, describe below) ☐
			System partners including UCB and ICBs

3. Summarise the work being assessed. Describe current status followed by any changes that stakeholders would experience.

The SECAmb winter plan assurance document is a consolidation of various programs of work underway across the organisation to build system resilience, support the safe and effective delivery of care, and to help support the organisation identify system pressures, respond with pre-planned and considered actions, and to react to system shocks in a thoughtful and resilient way, whether in the context of winter or secondary to other external or internal issues.

4. Checklist

All the Trust's policies, programmes, strategies, services and major developments affect patients, carers, service users, employees and the wider community. These will have a greater or lesser relevance to equality, diversity and inclusion.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity and any other relevant characteristics (for example socio-economic status, social class, income, unemployment, residential location or family background and education or skills levels).

Make notes to assist with the completion of the EIA.

Questions	Yes	No
Is there potential for/ indication of or evidence that the proposed change will affect different population groups differently (including possibly discriminating against certain groups)?	☐	☒
Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the change?	☐	☒
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☒	☐
Could the proposal affect our workforce or employment practices?	☒	☐
Is there potential for or evidence that the proposed change will not promote equality of opportunity or promote good relations between different groups?	☐	☒
If yes to any of the above , please add information in the notes		
This plan outlines how the Trust will enact patient safety and performance protective actions in a thoughtful, proportionate, and stepwise manner, using pre-agreed suites of strategic, tactical, and operational actions as well as agreed escalation frameworks including the Clinical Safety Plan (CSP). This plan is protective in terms of seeking to sense, assess, analyse, and act in a manner which is balanced and proportionate and seeks to mitigate patient safety risk in the face of system pressure or shocks. This approach is a cornerstone action in any resilient system.		

In terms of employment practices, any substantive changes to terms and conditions would be managed through the normal organisational governance process. In this context, planning focuses on emphasising the need to action and escalate in a balanced, proportionate, and risk-informed way to protect patient safety, delivery, and to deliver on key Trust objectives informed by the Board Assurance Framework (BAF).

5. Equality Impact Assessment

5.1. Key stakeholders

A key principle for completing Equality impact assessment is that they should not be done in isolation. Consultation with affected groups and stakeholders needs to be built in from the start, to enrich the assessment and develop relevant mitigation. Detail here who you have involved with completing this EIA.

Name / Group	Organisation	Role on assessment team e.g., service user, manager of service, specialist (which area)
System partners	Urgent Care Boards	Consultation in terms of winter planning priorities, focus areas for productivity and performance action. System flow and escalation processes are central to the effectiveness of the local health economy and SECAmb is a key integrator of care across the wider system.
Divisional Management Teams	Internal	Alignment of winter specific planning to wider UEC recovery planning, pre-planned tactical actions within Divisional Resilience Framework, etc and opportunity to appreciate plan impacts against local divisional context.
Senior Management Group	Internal	Consultation and collaborative plan refinement through directorate deputies group to identify issues and impacts relating to corporate, governance, quality, finance, etc

Executive Management Board	Internal	Review and assurance re planning process and assurance re alignment with organisational objectives, BAF, and recommendation of the plan to the Board.

5.2. Who may be positively or negatively affected by this activity?

Protected characteristics (Equality Act 2010)

Age ☐
Disability ☐
Race ☐
Gender reassignment ☐
Marriage & civil partnership ☐
Pregnancy & maternity ☐
Religion & beliefs (including no belief) ☐
Sex (male or female) ☐
Sexual orientation ☐

In addition, consider the following vulnerable groups:

Armed forces ☐
Carers ☐
Digital exclusion ☐
Domestic abuse ☐
Education (literacy) areas ☐
Homeless ☐
Looked after children ☐
Rural areas ☐
Urban areas ☐
Socioeconomic disadvantage ☐
People with addiction or substance misuse problems ☐
People on probation ☐
Prison population ☐
Undocumented migrant, refugees, asylum seekers ☐
Sex workers ☐
Other (please specify below) ☐

5.3. **Assessment outcomes** – discussion undertaken between Click or tap to enter a date. and Click or tap to enter a date.

Protected equality characteristic	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Age	Neutral – this plan describes performance protective actions which are agnostic to protected	

	characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Disability	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Race[1]	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Gender reassignment	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Marriage & civil partnership	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Pregnancy & maternity	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical	

[1] An ethnic group or ethnicity is a named social category of people who identify with each other on the basis of shared attributes that distinguish them from other groups such as a common set of traditions, ancestry, language, history, society, culture, nation, religion, or social treatment within their residing area. A useful guide to terminology can be found here: https://www.lawsociety.org.uk/topics/ethnic-minority-lawyers/a-guide-to-race-and-ethnicity-terminology-and-language

	resources to be directed according to clinical triage methodologies.	
Religion & beliefs	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Sex	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	
Sexual orientation	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Armed forces	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Carers	Neutral – approaches advocated in this plan focus on emphasising integration of care and best connecting patients with appropriate services.	
Digital exclusion[2]	Neutral – performance protective actions do not require additional or specific access to technology beyond core 999 / 111 services.	
Domestic abuse	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
Education (literacy)	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies.	

[2] **Digital Exclusion can be linked to the following key root causes:**

- Connectivity access to the internet – can include financial barriers as well as suitable broadband speeds/connectivity
- Digital Skills the ability to use digital tools such as email, online shopping, digital healthcare - also includes having confidence in online safety, and how to utilise particular services or apps
- Technology and Accessibility access to appropriate devices to suit their individual needs – includes access to devices suitable for use with a certain disability as well as financial and location barriers
- Not wanting to use digital platforms simply not wishing to utilise digital services – this could be due to distrust of providers, online security, privacy etc.

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
Homeless	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
Looked after children	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
Rural/urban geographies	Neutral – plans focus on maximising access to alternative care pathways, however where these pathways are not available, this is not deleterious to the SECAmb response.	
Socioeconomic disadvantage	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
People with addiction or substance misuse problems	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
People on probation	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
Prison population	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan. Normal arrangements for providing care to incarcerated patients will remain unchanged.	
Undocumented migrants, refugees, asylum seekers	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical	

Vulnerable groups/existing inequity	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
	resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
Sex workers	Neutral – this plan describes performance protective actions which are agnostic to protected characteristics and focus on safeguarding clinical resources to be directed according to clinical triage methodologies. Safeguarding and other considerations are outside the purview of this plan.	
Other		

5.4 Impact on Human Rights

If a provision or feature of your policy or service potentially unlawfully interferes with a human right then it is negative. If something protects or promote a human right, then it is positive. Human rights and freedoms belong to everyone. They give the legal basis to basic values of fairness, respect, equality, dignity and autonomy. They provide a set of minimum legal standards for all public bodies, including the NHS. They protect an individual's rights whilst considering the rights of other people and wider society.

Human Rights	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
A2. Right to life (e.g. Pain relief, DNAR, competency, suicide prevention)	By definition, planning processes for responding effectively to periods of pressure, surge, or shock, involve a degree of capability degradation. The plans focus on managing these challenging operating conditions in a way which is thoughtful, considerate to prioritising quality and safety, and which prioritises care via evidence based triage and clinical decision support systems. These approaches ensure that pre-planned and risk stratified actions are taken to minimise impact and to safeguard and protect the safety and welfare of patient populations.	
A3. Prohibition of torture, inhuman or degrading treatment (e.g., Service Users unable to consent)	This plan does not contemplate changes to consent or management of patient agency.	
A4. Prohibition of slavery and forced labour (e.g., Safeguarding vulnerable patients' policies)	This plan does not contemplate changes to surveillance and reporting systems regarding safeguarding and does not impact on the Trust exercising	

Human Rights	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
	responsibilities in relation to safeguarding.	
A5. Right to liberty and security (e.g., Deprivation of liberty protocols, security policy)	This plan does not contemplate changes to surveillance and reporting systems regarding safeguarding and does not impact on the Trust exercising responsibilities in relation to safeguarding, consent, or patient agency.	
A6&7. Rights to a fair trial; and no punishment without law (e.g., MHA Tribunals)	This plan does not contemplate changes to surveillance and reporting systems regarding safeguarding and does not impact on the Trust exercising responsibilities in relation to safeguarding, consent, or patient agency.	
A8. Right to respect for private and family life, home and correspondence (e.g., Confidentiality, access to family etc)	This plan does not contemplate changes to consent or management of patient agency.	
A9. Freedom of thought, conscience and religion (e.g., Animal-derived medicines/sacred space)	This plan does not contemplate changes to consent or management of patient agency.	

Human Rights	Describe here the considerations and concerns in relation to the programme/policy for the selected groups. These may be positive, negative or neutral if there is no impact.	If you have identified any negative impacts, describe here suggested mitigations to inform the actions needed to reduce inequalities.
A10. Freedom of expression (e.g., Patient information or whistle-blowing policies)	This plan does not contemplate any change to the manner in which the Trust undertakes its responsibilities in relation to protected disclosures or whistleblowing.	
A11. Freedom of assembly and association (e.g., Trade union recognition)	This plan does not impact on the normal mechanisms for staff-side engagement and representation or the right of the management to manage within a lawful framework.	
A12. Right to marry and found a family (e.g., fertility, pregnancy)	This plan does not contemplate any changes to the legal obligations of the Trust as an employer or the normal corporate policy setting route.	
P1.A1. Protection of property (e.g., Service User property and belongings)	No impact identified.	
P1.A2. Right to education (e.g., accessible information)	No impact identified.	
P1.A3. Right to free elections (e.g., Foundation Trust governors)	This plan does not contemplate any changes to corporate governance or the constitution of the organisation.	

6. Action plan and monitoring arrangements

Insert your action plan here (example layout provided). This should be based on mitigations recommended in 6.2. Involve your key stakeholders in monitoring progress against the actions above, and add more rows as required.

ACTIONS & DECISIONS TRACKER					
What is being assessed:					
What management group will have oversight of these actions (this should be the group which has oversight of the change):					
Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/Notes
1					
2					
3					
4					

The above actions should be added to the action log for the named management group.

7. Inclusion Working Member for directorate

Based on your assessment, please indicate which course of action you are recommending to the author. You should explain your recommendation in the blank box below.

Outcome No.	Description	Tick

Outcome One	**No major change to the proposal required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken. Proceed with the programme and review EIA mid-programme.	☐
Outcome Two	**Adjust the proposal** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments would remove the barriers you identified? Proceed with adjustments, amend programme and review EIA mid-programme.	☐
Outcome Three	**Continue the proposal** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: Sufficient plans to stop or minimise the negative impact. Consider if risks need adding to the risk register. Mitigating actions for any remaining negative impacts plans to monitor the actual impact. Proceed with programme. Monitor and evaluate. Discuss with responsible management group and Inclusion Team for advice where required.	☐
Outcome Four	**Stop and rethink** the service change/proposal when the EIA shows actual or potential unlawful discrimination. Review change/proposal with the responsible management group for this area of work and identify alternative way forward	☐
Please use the box on the right to explain the rationale for your recommendation:		

8. Governance

Sign off	Inclusion Working Member for directorate	Date:

9. Version Control

Version Number	Purpose/Change	Author	Date
0.1	Drafting	Lucas Hawkes-Frost	8 August 2025

The above provides historical data about each update made to the EIA.

Please include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process.

Please send an approved copy of this EA to inclusion@secamb.nhs.uk and polsandprocs@secamb.nhs.uk

Appendix 2 – Quality Impact Assessment (QIA)

Quality Impact Assessment (QIA)

Overview			
Change Title	**2025/6 Winter planning and assurance**	**Change Lead/SRO**	**Jen Allan, AEO**
Date of QIA	**15/8/2025**	**Is this a Project? Y/N**	**No**
Portfolio	**Operations**	**If yes, note Executive Sponsor & Project Manager**	
Overview of the Change			
No specific change contemplated, this is a consolidated planning and assurance plan for operations across the winter period, as required by NHSE.			
Highest Risk Score		**Highest Financial Resources Change**	

Which clinical representatives / groups have been engaged within the Trust?	**This plan is a consolidation of ongoing Trust initiatives collated for system assurance. These initiatives have followed Trust consultative and governance processes.**
Which other groups been engaged e.g. patients, public, staff?	**NA**
Interdependencies with other projects	**Aligns with wider efficiency and performance protective initiatives.**

Finance	
Is there a Financial consequence of the change?	None specific to this document.

Change in Trust income (A)	Change in Trust Cost: (B)	Trust Savings Generated: (C)	Net Revenue Impact (A-B+C)

Workforce Establishment Changes								
Job Title	Permanent / Temporary	Clinical Y / N	Band	Current Establishment WTE	Proposed Establishment WTE	WTE		Notes
						Increase (+)	Decrease (-)	

Step 1 - Assess

Risk						
		Before Mitigation				
Theme (See Risk Guidance for detail)  Risk Guidance Description.docx	**What is the risk of introducing this change?**	**Severity (1-5)**	**Likelihood (1-5)**	**Total Risk Score (1-5)**	**How will you manage or reduce this risk?**	**With mitigation Total Risk Score**
Patient Safety	This plan is a consolidation of patient care and operational delivery initiatives designed to protect patient safety.	3	2	6	This plan is a mitigative approach to existing risks around performance delivery and performance resilience in response to escalation or shock and does not in itself introduce further risk.	4
Patient Experience	System pressure and escalation inevitably impact patient experience, however	2	3	6	This plan is a mitigative approach to existing risks around performance	4

	this plan provides assurance around approaches to pressure and escalation which seek to minimise patient impacts.				delivery and performance resilience in response to escalation or shock and does not in itself introduce further risk.	
Clinical Effectiveness	By definition, system pressure and escalation introduce risk to patient care systems. This planning and assurance process outlines Trust actions to protect quality and ensure resources are directed in line with Trust priorities and values.	2	2	4	This plan is a mitigative approach to existing risks around performance delivery and performance resilience in response to escalation or shock and does not in itself introduce further risk.	4
Staff Experience	Periods of escalation may require extraordinary actions to be taken which may have an impact on experience. However, initiatives contemplated within this assurance document have and	2	3	6	This plan is a mitigative approach to existing risks around performance delivery and performance resilience in response to escalation or shock and does not in itself introduce further risk.	4

	continue to be agreed via Trust governance and consultation arrangements involving staffside, etc.					

Equality Relevance Screening		
Protected characteristics are: Age, Disability and Carers, Race, Religion and Belief, Sex, Pregnancy or Maternity, Gender Identity or Reassignment, Sexual Orientation, Asylum seekers and Refugees, Gypsies and Travellers, Vulnerable homeless and Sex workers		
What is the level of impact of the proposed change to patients, service users, clients, carers, family members, community members or workers with protected characteristics? E.g. does the change eliminate discrimination, promote access or address health inequalities for people from protected groups? *(Please select relevant option)*		Low
Has an EHRA (Equality and Human Rights Analysis) been completed or does the QIA Panel advise that one is required? *(Please select relevant option)*		Yes
Low	**Medium**	**High**
Choose low relevance where a review of all available evidence indicates that there is no impact from the change upon these individuals or groups. If you select 'low' relevance, please note this may indicate a full equality and	Choose medium relevance where a review of all available evidence for the change has indicated there may be an impact from the change upon the individuals or groups. If you select 'medium' relevance, please complete a full equality and human rights	Choose high relevance where a review of all available evidence for the change indicates there is an impact from the change upon people from these groups, or if there is evidence of actual or potential discrimination.

human rights analysis is not proportionate, unless the author or decision maker(s) judged otherwise.	analysis to determine if there is an impact.	If you select 'high' relevance, please complete a full equality and human right analysis form and update your stakeholder engagement plan to detail how you will engage and involve individuals from these groups.

Monitoring		
Core Quality Standards	**Applicable? Y/N**	**If not applicable please explain why. If applicable please describe how and where it will be monitored.**
Ambulance Response Programme	**Yes**	**Core aspect of patient care delivery and clinical quality monitored.**
Job Cycle Time	**Yes**	**Core aspect of patient care delivery and clinical quality monitored.**
No. of resources to scene	**Yes**	**Core aspect of patient care delivery and clinical quality monitored.**
Patient safety incidents	**Yes**	**Impact managed via normal IRG and incident analysis process.**
Incidents resulting in moderate/severe harm, or death	**Yes**	**Impact managed via normal IRG and incident analysis process.**

Complaints	**Yes**	**Impact managed via normal IRG and incident analysis process.**
Patient satisfaction (Including friends and family score)	**Yes**	**Impacts and analysis of patient insight and feedback will be considered and actioned as part of routine organisational governance processes.**
Staff satisfaction	**No**	**Not specifically monitored as part of this plan**
Staff sickness (including absence due to stress)	**Yes**	**Key metric for divisional leadership oversight**
Vacancy rate/ Retention	**Yes**	**Vacancy management will form a core aspect of financial management across the relevant period.**
Clinical supervision	**No**	**Clinical supervision and oversight are not considered in the purview of this plan.**
NICE compliance	**No**	**Practice guidelines are not within the purview of this work**
Other: (please state)		

Management				
KPI title	**Information Source**	**Reporting Frequency**	**Baseline performance**	**Target Value**

Step 2 – Assure

To be completed by QIA Panel Members as part of the initial QIA review

QIA Panel Assurance			
Chair of Meeting	Name & Title	**Date of meeting**	
Feedback			
.			
Assured?			
Any other risks / Reason for escalation to Executive QIA			
Agreed date for reassessment			

Executive QIA Panel Assurance			
PROJECTS MUST PROCEED TO EXECUTIVE QIA PANEL IF ANY OF THE FOLLOWING ARE MET: **Reduction of Front Line Staff** **Any Single Pre-mitigation Risk Scores ≥8**			
	Name	**Assured?**	**Date of meeting**
Director of Quality and Nursing			
Chief Medical Officer			
Feedback			
Agreed date for reassessment			

Step 3 – Reassess

Date of Reassessment	
General observations of the change and quality impact	
Ongoing Oversight	

Risk						
Theme (See Risk Guidance for detail)	**What is the risk? (From Step 1)**	**Original Pre Mitigation Total Risk Score (From Step 1)**	**Current Severity (1-5)**	**Current Likelihood (1-5)**	**Current Total Risk (Current Severity X Current Likelihood)**	**Comments on any change of score**
Patient Safety						

Patient Experience						
Clinical Effectiveness						

Equality Relevance Screening		
	Expected Impact	**Actual Impact**
What is the level of impact of the proposed change to patients, service users, clients, carers, family members, community members or workers with protected characteristics? *(See Step 1 for full details)*	Low / Medium / High	Low / Medium / High
Has an EHRA (Equality and Human Rights Analysis) been completed or does the Clinical QIA Panel advise that one is required? *(Please select relevant option)*	Yes / No	Yes / No
Comments on any change to Equality Relevance Screening or EHRA		

Monitoring

Core Quality Standards	Applicable? (from Step 1)	What has been observed against this Quality Standard?
Ambulance Response Programme		
Job Cycle Time		
No of Resources sent to scene		
Patient safety incidents		
Incidents resulting in moderate/severe harm, or death		
Complaints		
Patient satisfaction (Including friends and family score)		
Staff satisfaction		
Staff sickness (including absence due to stress)		
Vacancy rate/ Retention		
Clinical supervision		
NICE compliance		
Other (please state)		

Management – Copy data from the first 4 columns from Step 1					
KPI	**Information Source**	**Reporting Frequency**	**Baseline**	**Target**	**Actual**

Step 3 Sign off

To be completed by the QIA Panel members as part of the QIA Review

Projects should return to the forum in which they were originally assured in line with the QIA criteria and Executive QIA Panel thresholds

QIA Panel – Sign Off			
Chair of meeting	Name & Title	**Date of meeting**	
Feedback			

Assured?	Yes/No
Is further reassessment required?	
If Yes, agreed date for reassessment	

Executive QIA Panel – Sign Off			
	Name & Title	**Assured?**	**Date**
Director of Quality and Nursing			
Chief Medical Officer			
Feedback			

Is further reassessment required?	
If Yes, agreed date for reassessment	

Reference Documents

Risk Guidance Description

Risk Guidance Description.docx

Appendix 3 – Trust Vaccination Plan

Flu Vaccination Programme Plan 2025_26-V0.3.docx

Section 1. Program Management Plan Introduction

Version	Reason for Change	Date of Approval	Approver's Name
0.1	Initial Draft	03/06/2025	
0.2	Second Draft	25/07/2025	
0.3	Chief Nursing Officer Amendments	01/08/2025	

Approver's Name	Job Title	Approved on (Date)	Signature

1. Purpose

The Program Management Plan (PMP) is a formal, approved document that defines how the program is going to be executed, monitored, and controlled and incorporates key learning points from 2024/25, when 73% of colleagues when vaccinated, and previous years.

It is formed of subsidiary plans relating to each of the program knowledge areas (e.g. communications, change management), which can be referred to in the document.

The PMP is developed in the early planning phase by the Program Manager and provides detailed plans, processes, and procedures for managing and controlling the life cycle activities of a specific project, serving as the main reference for any element of the project team asking for guidance on the project. It should offer a comprehensive view of the project, its performance baselines, guidance and clear state ant tailoring applied to the relevant organisational standards (e.g. quality standards).

The PMP is a living document, subject to approval by the Program Sponsor/Working Group and formal configuration control.

SCOPE MANAGEMENT PLAN

Program Scope

- Program Objectives

Project Objectives
To deliver a comprehensive Flu vaccination programme for SECAmb in line with NHSE guidance
To deliver the Flu Vaccination with a target of 75%-80% of frontline staff being vaccinated
To deliver the Flu Vaccination with a target of 75%-80% of all support staff being vaccinated
Work collaboratively with other departments on the delivery mechanisms

- Program Scope Boundaries

In Scope	Out of Scope
Development of a SOP to deliver the program (completed)	Other vaccinations and related training
Training process for vaccinators	Training content and process for other vaccinations
Communication to all staff on Flu program, clinics, and resources	
Tracking of vaccinations by OU (recording and monitoring uptake)	Tracking of other vaccinations
Organisational and national reporting	
Stock Management of vaccines (managed by Pharmacy team)	
Incorporate lessons learned from previous years.	

Expected Benefits

Project Benefits	Unit of Measure
By providing the flu vaccine to our staff we aim to provide protection for them	75-80% of all staff to be vaccinated
If staff are vaccinated, they also reduce the risk to their families and patients by reducing the risk of spreading the virus (herd immunity)	75-80% of all staff to be vaccinated

Key Program Assumptions

ID	Assumption	Importance	Impact if false
A1	Vaccine supply will be steady as per previous years to meet demand – the pharmacy team plan well in advance but are dependent on national deliveries	High	Gaps in supply could result in reduction of available slots for vaccinations
A2	Vaccine is supplied early enough	High but unlikely	The later the vaccine the less likely it is for the Trust to be able to vaccinate staff in a timely manner for winter.
A3	All stations will have peer or other agreed vaccinators available or additional resource can be brought in to assist (ie light duty staff) as agreed by the program group.	High	Lack of vaccinators may result in reduced availability of clinics and vaccination slots which could mean that some staff will miss out
A4	Vaccination dates/ clinics will continue throughout periods of high demand including Christmas	High	Lack of vaccination slots may result in less staff being vaccinated

Key Program Constraints

ID	Constraint	Area of Impact
0.1	Number of vaccinators will impact on number of clinics possible and ability to vaccinate staff at convenient times.	Operational areas
0.2	Number of clinics and opportunities impacts on staff ability to get to be vaccinated	Staff access to vaccinations

0.3	Operational demand may impact on staff being available for vaccination	% of staff vaccinated
0.4	Due to the proposed refurbishment of Nexus House corporate staff will need access to the vaccine at other Trust locations	Corporate staff access to vaccinations
0.5	Corporate staff working from home need access to local clinics	Trust wide

Key Program Dependencies

ID	Dependency	Owner	Impact Date
01	Delivery of the program is dependent on availability of trained vaccinators to administer the vaccine	AH	30/09/25
02	Delivery of the program is dependent on vaccine clinics taking place at all stations at convenient times	AH	30/09/25
03	Ability to vaccinate front line staff is dependent on staff availability which in turn depends on operational demand but also staff absence	Operations	30/09/25
04	Delivery of the vaccinations is dependent on timely arrival of the vaccine	AH	30/09/25
05	Ability to vaccinate corporate staff working from home at local Trusts sites	AH	30/09/25

Program Success Criteria

ID	Success Criteria
	75-80% of all support staff are vaccinated
	75-80% of front-line staff are vaccinated

Program Scope Management Approach

- Scope Management Processes

As this is a yearly national program, with clear guidance, no significant scope changes are expected.

Should a change be required, the change request will be assessed in terms of risk, dependencies and impact and formal change review will be completed and reviewed by Project board and be escalated to SMG if significant impact is identified.

Milestones

Milestone	Description	Baseline Date
Vaccine received	All vaccines are received and distributed to stages	TBC
All fridges in place	All fridges in place delivered and checked	01/09/25
All vaccinators trained	Ongoing program to train vaccinators complete. Include Alternative Duties staff to the list of vaccinators	01/09/2025
Vaccination programme launched	Vaccination program launched on email /The Zone with initial dates available	TBC
Reporting process in place	Regular reporting to SMG and EMB as well as external stakeholders in place	01/09/2025
Regular (weekly) communication to all staff	Communications plan is being implemented with frequent communication to staff	TBC
Weekly review of progress against plan and risks set up	Program group to review progress against plan weekly and report to EMB/SMG	TBC-28/2/26
Flu clinics advertised regularly	All flu clinic dates to be published weekly.	TBC-28/2/26
Vaccinators at Key Skills and other large training events/meetings	Vaccinators (mobile) to attend Key skills courses and other large training events where possible	TBC-28/2/26
Vaccinators at Crawley College and other training events	Vaccinators (mobile) to attend Crawley college and other training events.	TBC-28/2/26
Vaccinators at any corporate away days / events	Vaccinators (mobile) to attend away days / events.	TBC-28/2/26

Managing Schedule Changes

Any changes to the agreed schedule will be reviewed by the Program group and impact assessed. The impact assessment and proposed change will be reported to SMG and EMB. A Gant chart including a critical path and key milestones has been developed which will be reviewed weekly.

Measuring & Reporting Schedule Performance

The Program schedule (milestone plan) will be reviewed and updated weekly. A weekly report will be sent to SMG and EMB and an update on trajectory vs actuals will also be included. All external stakeholder reports will be completed in line with specified timelines.

Project costs (i.e. overtime) will also be reported against.

- Program Management Team

Name	Role
Margaret Dalziel, CNO	Program Sponsor
Adrian Hogan, Head of IPC	Program Manager
Jo Turner, DCNO	Program Assurance

2.9.2. Staff Required

The following staff will be required to roll out an effective vaccination programme.

Role	Skills Required	Number of Staff Required	Assignment Start Date	Duration Required
Vaccinators	Trained		01/09/25	28/2/26
Communications support	Comms expert	1 (Not full time)	01/09/25	28/2/26
Program Manager	IPC expertise and program management	1 (not full time)	01/09/25	28/2/26 + program closure
IPC team members	IPC expertise	5	01/09/25	28/02/26
Pharmacy Team	Pharmacy input on stock management	2	1/09/25	28/02/26
Senior Operations Manager	Ability to influence uptake for frontline staff	One per Dispatch Desk	01/09/25	28/02/26
EOC / 111 Senior Manager	Ability to influence uptake for both EOC / 111 staff	One at each site (Medway / Nexus House)	01/09/25	28/02/26
Directorate BSM's	Ability to influence uptake for all corporate staff	Representative for each Directorate	01/09/25	28/02/26

Staff Orientation

Online Training is available from 02/09/25 to ensure all vaccinators are trained and ready for vaccine arrival.

COMMUNICATION PLAN

- ### Communication Approach

The SECAmb communications team are working closely with the ICP team. There are several tools available which will be shared more widely.

The detailed communications elements are included in the project plan which will be developed by the communications team.

Stakeholder Group	Communication Required	Frequency	Vehicle	Owner
All staff	Regular communication and updates required. To include video	Weekly	The Zone, bulletin, email,	ED

	message from the Chief Paramedic Officer			
All staff	Verbal updates at any Trust meetings to include both frontline and support staff teams	Weekly	IPC Team to work with all teams to ensure this is on their agendas	AH
OM, OUMs	Frequent communication and updates required	Weekly plus ad hoc updates	Email, bulletin	ED
SMG and EMB	Reporting weekly of progress actual against trajectory	Weekly	Report	AH
External	updates	When and as requested	Report	AH

Program Meetings

Meeting	Purpose	Frequency	Chair	Participants
Program group catch up	Review progress against plan, agree corrective action where applicable, risk and dependency review	Fortnightly	AH	
Once Program is in delivery mode weekly update meetings	Review progress against target for vaccinations.	Weekly	AH	
	Review progress against target for vaccinations.	Fortnightly for first three months	Operational Divisional Leads	

- Project Reporting

Report	Purpose	Frequency	Owner	Distribution List
EMB and SMG report	Regular progress update and escalation as appropriate	TBC	AH	EMB and SMG

NHs Inform portal UKSHA	Reporting progress as per agreed timelines	Bi-monthly	AH	Online system
All staff	To update all staff on progress of vaccinations	Weekly as part of communications plan	Communications team	All staff via email/the zone

- Key Project Risks

ID	Risk	Probability	Impact	Mitigation Actions
R01				
R02				
R03				
R04				
R05				

Risk Management Process

- Risk Identification

All risks identified will be reported in DATIX and will be reviewed weekly as part of the progress review.

Any risk 12 and above will be escalated with appropriate mitigation to SMG/EMB.

Appendix 4 – National Ambulance Services Responders Managers Group recommendations re volunteer use during winter pressures.

Recommendation	**Implementation at SECAmb**
Ensure volunteer leads are included in winter planning from the earliest stages.	[Complete] Integration through HOCR attendance at Teams B (Pre Jun/25) or Divisional Management Groups (Post Jun/25).
Ensure EOC staff are prepared and incentivised to dispatch CFRs consistently and effectively. Consider implementation of a “think volunteer” comms campaign up to and during winter , to remind EOC staff of the effective role volunteers play.	[Ongoing] Already in place as Business as Usual. [Future] looking to identify automated dispatch mechanisms to minimise the risk of human error and ensure effective CFR utilisation.
Plan effective escalation comms that notify volunteers of genuine service need and ensure that they are utilised when they respond to such pressures.	[Ongoing] Currently achieved through existing command structure. [Future] looking to expand use of the Common Operating Picture and EverBridge to automate information.
Create plans for scaling up activity, or moving volunteers into winter-specific roles that align to evolving seasonal needs and priorities. Ensure funding is in place for this.	[In progress] to be considered as part of the future Volunteering strategy and associated business case.
Where possible, avoid reassigning volunteering team staff to clinical duties, unless critical. This will maintain continuity, morale, and increase engagement and the ability to respond quickly to needs.	[Complete] Captured within Clinical Safety Plan escalations.
Try to ensure that required training is completed prior to winter.	[Complete] All volunteer training completed within first three months of year at present. [Future] planning to reduce burden of volunteer training with reduced duplication and increased support.

Sussex Health&Care

Sussex Winter Plan

November 2025 - March 2026

Exercise Aegis – Action Plan

Improving Lives Together

Exercise Aegis – 8th September 2025

Exercise Aegis, NHS England's strategic winter preparedness exercise was held on 8th September 2025

Delegates were asked to work through three scenarios, injects and core questions designed to test system resilience, decision making and operational grip which focused on:

- Clinical and operational safety
- Urgent and emergency care performance
- Emergency department oversight
- Strategic response to pressure
- Governance and decision-making
- Workforce resilience

Surrey and Sussex systems were represented by:

- Sussex ICB
- Surrey Heartland ICB
- University Hospitals Sussex
- East Sussex Healthcare Trust
- Sussex and Surrey Healthcare Trust
- Queen Victoria Hospital
- Sussex Community Foundation Trust
- South East Coast Ambulance Service

Themes identified

Several themes were identified for further action / refinement within the Sussex Winter Plan:

- Emergency Departments and Flow
- Paediatrics
- Mental Health
- Primary Care
- System Co-ordination and Governance
- Capacity and logistics
- Infection, Prevention Control
- Future Planning

Next Steps

- A system debrief session to be held on 12th September
- SMART action plan agreed by 19th September 2025 (following slides)
- Continuous review of the Winter Plan throughout the winter period

Improving Lives Together

2025 / 2026 Winter Plan – SMART Actions

Theme: Emergency Departments & Flow

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Therapeutic interventions for MH patients in ED	Embed crisis / therapeutic MH teams in ED at peak hours; define referral and handover protocols.	Reduced MH waits in ED; fewer safety incidents; positive staff feedback.	MH Trust Leads & ED Clinical Directors	Improves patient safety, staff safety, and dignity in ED during surge.	Pilot by Jan 2026
Clarify technical vs clinical risk ownership	Document who holds decision risk (clinical vs operational) for flow/safety during escalation; agree at EPRR.	Signed accountability statement approved at System EPRR Group and shared to all providers.	ICB EPRR Lead; SECAmb Clinical Safety Lead; LRF Chair	Removes ambiguity and delays when pressure is high.	6 weeks
Review high intensity users (HIUs) with SCFT & VCSE	Identify top HIUs; MDT case reviews; increase access to talking therapies; link to VCSE for social/living support.	HIU plans in place; ≥15% reduction in repeat ED attendances for cohort.	SCFT Ops Lead; Talking Therapies Lead; VCSE Liaison	Tackles recurrent demand drivers impacting ED and UEC.	3 months
Alternative discharge routes (friends/family, take-home-and-settle)	Standardise pathway; consent forms; transport guidance; rapid telephone follow-up within 24–48h.	≥20% increase in non-PTS discharges during surge; patient satisfaction maintained.	Acute Discharge Leads; ICB UEC Lead	Frees acute capacity when PTS constrained and improves flow.	By Nov 2025
Flu pathway direct to community beds	Agree criteria and clinical governance for step-down/step-up flu cases direct to community beds.	Approved pathway live; monitored transfers; no increase in adverse events.	Community Services Lead; Acute Respiratory Lead	Reduces acute bed demand and supports timely care.	By Nov 2025
Review and amend NHS 111 messaging	Audit dispositions sending to ED; update directory of services and scripts to prioritise same-day alternatives.	Measured reduction in avoidable ED referrals from 111.	NHS 111 Clinical Lead; ICB UEC Directory of Services Lead	Supports demand management upstream of ED.	2 months
Repurpose MIUs as respiratory hubs (Minor Illness Units)	Pilot extended respiratory assessment/treatment at MIUs; staffing model; comms to public and 111.	Pilot evaluation; improved same-day capacity; reduced ED minor respiratory attendances.	ICB UEC Lead; Provider Urgent Care Leads	Adds surge capacity during winter respiratory peaks.	Pilot by Jan 2026

2025 / 2026 Winter Plan – SMART Actions

Theme: Paediatrics

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Model pediatric surge capacity (beds & workforce)	Model RSV/flu peaks; pre-agree redeployment and escalation rotas; define PICU transfer criteria.	Capacity model approved; contingency rotas in place and tested.	Paediatric Clinical Leads; ODN	Ensures readiness for RSV/flu surges.	2 months
Pediatric mutual aid & transfer protocols	Agree cross-trust mutual aid; define transfer triggers; test via desktop exercise.	Signed protocol; exercise completed; lessons logged.	Paediatric ODN Lead; Acute COOs	Supports safety and capacity during peaks.	3 months
Reduce RSV spread with LA/nurseries/school nursing	Joint comms campaign; hygiene guidance; exclusion periods; early cluster alerts; parental education.	Campaign live; reach/engagement KPIs; reduced school/nursery clusters.	Public Health Leads; LA Education; School Nursing	Reduces community transmission and pressure on ED/wards.	Before Dec 2025
RSV & COVID testing policy and PPE triggers	Agree when testing adds value (targeted cohorts); set PPE 'full use' start date; supply check.	SOP issued; compliance audits; stock levels within thresholds.	IPC Leads; Paediatric Clinical Leads	Prevents nosocomial transmission; protects staff.	6 weeks

2025 / 2026 Winter Plan – SMART Actions

Theme: Mental Health

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Manage surge in Section 136 / MH ED presentations	Identify surge assessment capacity; expand crisis alternatives (place of safety, crisis cafes, home treatment).	Surge plan documented and tested; reduced ED boarders awaiting MH.	MH Trust COO; ICB MH Commissioner	Improves safety, rights and patient flow.	By Jan 2026
Staff safety & post-incident support in ED	Security review; violence & aggression training; debrief protocol; rapid support access for affected staff.	SOP approved; incidents reviewed; staff survey improvement.	MH Trust HR Lead; ED Matron; Security Manager	Protects staff wellbeing and retention.	Quarterly review; initial updates in 2 months
SCFT capability to scale talking therapies	Assess skills and capacity; implement rapid upskilling/short-term commissioning if needed.	Capacity uplift plan signed off; wait times stable or improved.	SCFT Talking Therapies Lead; ICB MH Commissioner	Supports HIU reduction and community alternatives to ED.	8 weeks

2025 / 2026 Winter Plan – SMART Actions

Theme: Primary Care and Community

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Virtual ward winter capacity in plan	Confirm winter capacity thresholds; referral criteria; escalation/step-down rules; add to winter plan.	Virtual ward occupancy monitored against thresholds; breaches escalated.	Community Virtual Ward Lead; ICB UEC	Avoids unnecessary admissions and supports early discharge.	By Nov 2025
Place-based PC triggers via Thursday meetings	Define pressure indicators; create standard trigger-to-action flow from PCN leads into system calls.	Agreed triggers published; action log from Thursday meetings.	PCN Clinical Directors; ICB Primary Care Team	Ensures early signal and coordinated response.	By Oct 2025
Proactive LA engagement 'touchpoints'	Monthly structured meetings; shared risk log; escalation route; joint comms for public messaging.	Minutes and actions logged; timely social care support for discharge.	ICB LA Partnerships Lead; LA Adult Social Care	Strengthens community resilience and discharge flow.	Monthly from Oct 2025
Nursing home one-call clinical advice	Design single point of clinical advice and rapid response; include pharmacy; market to all homes.	Model live; reduced conveyances from care homes; positive provider feedback.	ICB Primary Care; LA; Community Services	Reduces avoidable ED attendances and admissions.	Pilot by Jan 2026
Vaccination at each contact	Enable opportunistic vaccination in ED, wards, PC, pharmacies; training; stock/logistics; data capture.	Coverage uplift across settings; monitored weekly.	Public Health; Acute; Primary Care Leads	Boosts flu/COVID protection during surge.	Winter 2025
Primary Care extended hours for respiratory demand	Negotiate extended hours sessions focused on respiratory cases; align with MIU respiratory hubs.	Extended hours rota live; same-day capacity increased.	ICB Primary Care Commissioning; PCNs	Diverts pressure from ED and supports timely care.	By Nov 2025

2025 / 2026 Winter Plan – SMART Actions

Theme: System Coordination and Governance

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Systemwide BCI declaration criteria	Define explicit triggers for system BCI; include examples; embed in winter plan and comms cascade.	Criteria published; tested in a tabletop; referenced in incident logs.	ICB EPRR Lead	Clarity for earlier coordinated action.	6 weeks
System calls membership & syndromic data flow	Confirm who attends system calls; cadence; define syndromic data sources (UKHSA, PH, 111, SHREWD) and distribution.	Published call ToR and data flow map; timely situation reports.	ICB Analytics; Public Health; UEC	Improves situational awareness and decision-making.	1 month
Public Health trigger framework	Agree thresholds that trigger joint actions (e.g., RSV clusters, flu positivity, cold weather levels).	Framework approved; triggers referenced in SITREPs and calls.	Public Health Director; ICB EPRR	Links surveillance to action consistently.	6 weeks
Extend ITU/Maternity/Paeds comms model to other networks	Pilot for frailty/respiratory networks: daily touchpoints, escalation routes, shared dashboards.	Pilot implemented; evaluation completed; decision on scale-up.	ICB Clinical Networks Lead	Strengthens grip across pressure pathways.	Pilot by Jan 2026
Major Incident communications update	Refresh comms cascade (staff, partners, public); preapproved messages; media handling.	Comms protocol approved; exercise-tested.	ICB Comms Lead	Supports confidence and consistent messaging during visible strain.	By Nov 2025
De-escalation triggers & actions	Add clear triggers and steps for stepping down from surge; recovery KPIs; lessons capture.	De-escalation section added to Winter Plan; post-incident reviews completed.	ICB EPRR	Supports safe and timely recovery.	By Nov 2025
Regional/national escalation routes	Map and publish routes for mutual aid and national support; contacts and thresholds.	Escalation map approved and used in exercises.	ICB EPRR; Regional NHSE	Accelerates access to external support when needed.	By Dec 2025
Include voluntary services in surge plans	Map VCSE capacity; define roles (welfare checks, discharge support, transport); add contacts to plan	VCSE directory in plan; VCSE engaged in exercises.	ICB VCSE Liaison; LA	Adds community capacity and resilience	2 months

2025 / 2026 Winter Plan – SMART Actions

Theme: Capacity and Logistics

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Risk assess and winterise SECAmb fleet	Complete vehicle risk assessments; winter tyres/chain plan; 4x4 coverage; mutual aid (army) triggers.	100% vehicles assessed; winterisation actions completed; mutual aid criteria documented.	SECAmb Resilience Lead; Fleet Manager	Ensures safe conveyance and continuity in severe weather.	By Nov 2025
SECAmb clinical safety escalation thresholds to LRF	Define and agree thresholds for raising clinical safety risks to the LRF; include examples.	Thresholds approved by LRF; embedded in plans and call scripts.	SECAmb Clinical Safety Lead; LRF Chair	Enables timely, appropriate escalation.	6 weeks
Confirm EMED enhanced emergency response clause	Check contract with Colin; add clause or variation if missing; circulate summary to ops leads.	Contract note issued; clause in place or variation initiated.	ICB Contracts Lead; Provider Contracts	Clarifies provider responsibilities in surge.	1 month
Critical care mutual aid protocols	Agree ICU bed sharing/transfer protocols across trusts; test via ODN exercise.	Protocol signed; exercise completed; after-action improvements tracked.	Critical Care ODN Lead; Acute COOs	Maximises ICU capacity and outcomes.	3 months
Mortuary capacity monitoring	Create dashboard and triggers; escalation routes to coroners and regional if thresholds hit.	Monthly reporting to EPRR; early warnings detected and acted upon.	Acute Estates/Facilities; Pathology	Prevents bottlenecks and reputational risk.	2 months
Bariatric equipment capital plan	Confirm bariatric kit requirements (beds, chairs, hoists); submit capital bid; delivery plan.	Capital bid submitted and tracked; equipment in place per plan.	ICB Estates & Procurement (Dan)	Improves safety, flow and patient experience.	By Jan 2026
SHREWD/wait times integration (Kent model)	Explore integration for real-time wait times; learn from Kent model; feasibility and pilot.	Feasibility complete; decision on pilot; if piloted, evaluation report.	ICB Digital/Analytics; Nick (Lead)	Improves system-wide visibility and decision-making.	2–3 months

2025 / 2026 Winter Plan – SMART Actions

Theme: Infection Control and COVID Readiness

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
IPC surge management plan refresh	Update multi-pathogen IPC plan; cohorting guidance; surge cleaning; fit testing.	Plan signed off; compliance spot-checks; supply levels confirmed.	IPC Leads (Acute & Community)	Reduces cross-infection risk during surges.	2 months
COVID readiness refresh	Review vaccination, testing, treatment access, staff sickness protocols; align with national guidance.	Updated COVID annex in Winter Plan; staff briefed.	ICB EPRR; Public Health; Providers	Ensures readiness for renewed COVID activity.	6 weeks

2024 / 2025 Winter Plan – SMART Actions

Theme: Future Planning

Action	Specific Steps	Measure of Success	Owner	Relevance/ Why	Timeline
Two-week sequenced multi-agency events and recovery events in December and January	Plan and run sequenced exercises over two weeks (incl. weekends) with all providers • Week 1: primary and community care inc VCSE/LAs: • Week 2: acute	Events delivered; lessons log and actions assigned.	ICB EPRR & UEC& SCC, LA / VCSE / NHS providers	Stress-tests end-to-end pathways and relationships.	Schedule by w/c 1 Dec 2025; deliver by mid-Dec 2025 2nd phase Jan 2026
EPRR daily IMT rhythm during events	Adopt IMT approach with daily sitreps, feedback loops, and PRR; include UEC and resilience.	Daily IMT records; rapid action tracking; stakeholder feedback positive.	ICB EPRR; Provider Gold/Silver	Improves grip and learning during exercises and live pressure.	During the 2-week events
Pre-agreed operational targets for surge	Set targets (ED 4h, ambulance handovers, discharge throughput, virtual ward occupancy) for surge phases.	Targets published and tracked on system dashboard during surge.	ICB UEC; Acute COOs; Ambulance Ops	Creates shared focus and accountability.	By Nov 2025
'Let's Get You Home' discharge campaign	Launch comms and ward support pack based on SaSH model; enable transport and settle support.	Reduced MFFD bed days; improved discharge before noon.	ICB Comms; Acute Discharge Leads	Accelerates safe discharge and patient experience.	Launch by Dec 2025
Housing resilience – districts and boroughs	Engage councils on temporary accommodation/rapid repairs/heat support; agree MoU for surge.	MoU signed; contact points listed; referrals pathway live.	LA Housing Leads; ICB Partnerships	Supports discharge and protects vulnerable people in cold weather.	3 months
Multi-pathogen clinical plans	Confirm specific plans for influenza, RSV, COVID and others; who does what, when; stock and staffing.	Standalone pathogen playbooks approved and stored with Winter Plan.	IPC; Clinical Leads; EPRR	Ensures clear, actionable plans when a pathogen spikes.	By Dec 2025

South East Coast Ambulance Service
NHS Foundation Trust

Divisional Resilience Framework

Version 0.2

Saving Lives,
Serving Our Communities

Table of Contents

Document Control

Version:	V0.2
Name of originator/ author:	Adam Streather, Head of Resilience
Responsible management group:	Resilience Oversight Group
Directorate/team accountable:	Field Operations

Approved by:	
Date approved:	

Date issued:	
Date next review due:	October 2025 – Or when required.
Target audience:	Divisional Directors and Operating Unit Managers

1. Introduction and Objectives

Introduction

The Divisional Resilience Framework (DRF) is a forward-looking planning tool developed to support Divisional Directors and Operating Unit Managers within the South East Coast Ambulance Service (SECAmb). Its primary purpose is to provide a structured suite of actions that can be implemented in response to anticipated challenges over the coming weeks.

This framework is designed to enhance divisional preparedness by equipping managers with practical, locally adaptable actions that reflect upcoming pressures—such as public events, seasonal trends, system-wide demand, and environmental conditions. It complements existing tactical and strategic plans by bridging the gap between high-level strategy and on-the-day operational response.

By embedding this framework into routine planning cycles, SECAmb aims to strengthen operational resilience, support consistent decision-making, and maintain high standards of patient care across all divisions.

Objectives

- Equip managers with a clear set of operational actions tailored to anticipated challenges, enabling timely and effective responses.
- Enable divisions to plan using intelligence on upcoming events, system pressures, and environmental factors—while allowing flexibility to reflect local contexts.
- Promote readiness by identifying potential risks and ensuring divisions are equipped to maintain service continuity under pressure.
- Establish a common framework for resilience planning across all divisions, supporting consistent standards, shared learning, and measurable outcomes.

2. Targeted Performance Metrics

The options outlined in this document are designed to support the delivery of responsive, high-quality care to patients, while taking into account the unique characteristics and operational nuances of local arrangements across divisions.

To ensure clarity and ease of use, the actions in this framework are designed around the key performance metrics that are critical to operational effectiveness, patient outcomes, and alignment with national ambulance service priorities:

- **Category 1 Performance** – Ensuring the fastest possible response to life-threatening emergencies.
- **Category 2 Performance** – Delivering timely responses to urgent, but not immediately life-threatening, incidents.
- **Category 3 & 4 Performance** – Delivering timely responses to urgent incidents.
- **Hospital Handover Delays** – Reducing the time taken to transfer patient care to hospital staff, improving patient flow and ambulance availability.

- **Out of Service (OOS) Time** – Minimising the time vehicles and crews are unavailable due to rest breaks, vehicle issues, or other non-operational factors.
- **Hear and Treat / See and Treat Rates** – Increasing the proportion of incidents resolved without hospital conveyance, supporting system-wide flow and patient-centred care.
- **Staff Abstraction and Sickness Rates** – Monitoring workforce availability to ensure sufficient operational coverage and resilience.

3. Forward Planning

Effective forward planning is essential to maintaining operational readiness and ensuring a proactive response to emerging pressures. To support this, the Resilience Team will play a key role in providing divisional leadership with timely, relevant, and actionable intelligence.

The Resilience Team will attend weekly divisional performance meetings to deliver a structured overview of both the current operational landscape and a forward-looking assessment. This engagement will enable Operating Unit Managers and Divisional Directors to anticipate and prepare for potential disruptions or surges in demand.

Forward Look Components

The forward look will include analysis and insights across the following areas:

- **Staffing and Resource Availability**: Real-time awareness of workforce levels, including sickness absence, annual leave, and on-call capacity, as well as availability of key assets such as ambulances, specialist vehicles, and medical equipment. This includes monitoring rostering systems, vehicle maintenance schedules, and mutual aid agreements to ensure operational readiness.
- **Public Events**: Identification of upcoming large-scale events (e.g. festivals, sporting events, demonstrations) that may impact call volumes, traffic flow, or resource deployment.
- **System Pressures**: Monitoring of healthcare system indicators such as hospital capacity, primary care access, and social care pressures that may influence ambulance demand or handover delays.
- **Weather Forecasts**: Assessment of short- and medium-term weather conditions, including extreme heat, cold, flooding, or storms, which may affect patient needs, road conditions, or staff availability.
- **Seasonal Trends**: Consideration of historical data and seasonal patterns (e.g. summer tourism, winter flu season) to inform proactive planning.
- **Intelligence from Multi-Agency Partners:**
    - **Local Resilience Forums (LRFs**) – Including multi-agency risk assessments, planned exercises, and community risk registers.
    - **Local Health Resilience Partnerships (LHRPs)** – Covering health-specific risks, pressures, and coordinated response planning.
    - **Partner EPRR Teams** – Including NHS and non-NHS emergency preparedness, resilience, and response teams, who may share alerts, planning assumptions, or mutual aid arrangements.

- **Industrial Action or Service Disruptions**: Awareness of any planned strikes, transport disruptions, or infrastructure issues that could affect service delivery.

4. Implementation and Governance

To ensure consistency, accountability, and traceability, the implementation of actions from the Divisional Resilience Framework will be formally recorded and monitored through existing divisional governance structures.

Action Log Recording

Each Divisional Performance Meeting will maintain an Action Log, which will serve as the central record for all decisions made regarding the implementation of framework options. This log must include:

- The specific action selected from the framework.
- The rationale for implementation, including relevant intelligence or performance data.
- The date of initiation and the division or team responsible.
- The expected duration or review date for the action.
- Status updates at each subsequent meeting.

Open and Closure Criteria

Once an action is implemented, it must remain open on the action log until a formal decision is made to withdraw or conclude it. Closure should only occur when the action is no longer required, and this decision must be supported by evidence (e.g. improved performance, reduced risk, or resolution of the triggering issue). The closure must be recorded with a clear justification and date of withdrawal.

Accountability

Divisional Directors and Operating Unit Managers are responsible for ensuring that:

- Actions are implemented as agreed.
- Progress is reviewed regularly.
- Any barriers to implementation are escalated appropriately.

This structured approach ensures that resilience actions are not only deployed effectively but are also tracked and evaluated to support learning and continuous improvement across the organisation.

Alignment with Seasonal Planning Requirements

As part of national planning requirements, the Trust is required by Integrated Care Boards (ICBs) and NHS England to submit detailed operational plans for key pressure periods, including Easter and Winter. These plans must outline the actions SECAmb will take to ensure timely and effective responses to patient needs, while also supporting the wider health and care system.

The Divisional Resilience Framework will serve as the foundation for these seasonal plans. It provides a structured set of actions that divisions can draw upon to prepare for and respond to anticipated pressures during these critical periods.

For each planning cycle, divisions will be expected to submit a report confirming:

- Which actions from the framework have been implemented.
- The rationale for their selection and the desired outcome.
- Any local adaptations or additional measures taken.

This approach ensures consistency across the organisation, supports system-wide coordination, and demonstrates SECAmb's commitment to proactive, data-informed planning.

Appendix I: Tactical Options

Option	Description	Targeted Performance Metric	Intended Outcome	Action Required to Implement
No Response Careline Calls	Dispatch CFR or HART resource to no response care line calls (and enable on-scene discharge if no patient found)	All ARP Performance	Improve resource availability by implementing appropriate response to Careline Calls	Communications to Dispatchers within EOC.
Resource Optimisation Planning	Maximise distribution of resources to effectively meet patient care.	All ARP Performance	Improved resource availability by appropriately moving resources.	Bulletin to be issued to All Frontline and EOC Staff.
On Scene Self Conveyance	Crews should, where there is no clinical intervention or deterioration, advise patients where there is appropriate transport accessible direct the patients to self-convey and present to reception at A&E, Urgent treatment centres or SDECs with appropriate written guidance.	All ARP Performance Hospital Handover See and Treat	Improved resource availability Improved ARP Performance	Bulletin to be issued to All Frontline and EOC Staff.
Conveyance to A&E "Front Door"	Where patients do not have access to transport, but otherwise would been advised to self-convey,	All ARP Performance Hospital Handover	Improved resource availability. Improved ARP Performance	Bulletin to be issued to All Frontline and EOC Staff.

	crews may drop patients at the facility “front door” and there is no requirement to handover to a clinician and they should be directed to self-present to reception.			
Out of Service Authorisations	If more than 15 minutes is needed for wrap-up due to exceptional circumstances, crews must notify their duty Operational Team Leader (OTL) with a brief explanation before the 15-minute window ends. All out-of-service requests must be authorised and recorded by the OTL, who will assess if alternatives are available.	All ARP Performance Hospital Handover Out of Service	Improve resource availability. Reduced down time.	Bulletin to be issued to All Frontline and EOC Staff.
Responding under Emergency Conditions	Crews to be reminded that the expectation of the Trust is that all Emergency Calls are ordinarily responded to on lights and sirens.	All ARP Performance	Improved resource availability Improved ARP Performance	Bulletin to be issued to All Frontline and EOC Staff.
Interfacility Transfers	All Inter Facility Transfers to be clinically reviewed	All ARP Performance	Improved resource availability	Communications to EOC Clinical Staff.

	against definition of a SECAmb IFT.		Improved ARP Performance	
Proactive CFR Messaging	Targeted and proactive messaging to Community First Responders outlining likely demand areas and any additional requests	C1, C2 & C3 Performance	Improved C1, C2 and C3 Performance	Email request to Community Resilience Team for action.
Welfare Vehicles Deployment	Targeted welfare vehicle deployment including a restock function.	OOS Time	Improved Staff Morale Less out of service	MRCM to arrange for stock to be held on these vehicles. Community Resilience to communicate to volunteers around process.
Local Leadership Team Response Availability	All Operational Team Leaders and Operations Managers to be booked on and available throughout shifts.	All ARP Performance	Improved ARP Performance	Date limited communications to local leadership teams by Operating Unit Manager. Confirmation through communicates of what “available” means e.g. appropriate call categories, SRV/DCA etc.
RCMs booking on C1 available as a minimum.	Targeted request for RCMs to book on and work from ACRPs.	C1 Performance	Improved ARP Performance	Local implementation with Operating Unit Manager Communications sent out.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

October

NHS
South East Coast Ambulance Service
NHS Foundation Trust

We Are a Sustainable Partner

We are a sustainable partner as part of an integrated NHS

1 Tier 1
2 Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Deliver Financial Plan	Meet CIP Plan of £20.5m			Chief Finance Officer	SMG	No	FIC	24/7/2025
	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		
Monitor System Led Productivity Schemes - improving alternatives to ED and reducing hospital handovers				Chief Operating Officer	SMG	No	FIC	24/7/2025
Deliver Strategic Estates Review	Creation of Joint 111/999 Centre			Chief Finance Officer	SMG	Yes	FIC	N/A
	Redevelopment of Corporate HQ							
	Full Trust Estate Review					No	FIC	
Complete Support Services Review	Make Ready Service Model			Chief Strategy Officer	SMG	Yes	FIC	n/a
	Vehicle Provision				SMG	No	FIC	24/7/2025

BAF Risks

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

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 Last / Scheduled Review at Committee	Committee Feedback
Meet H&SE compliance requirements			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 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 will review progress with the next review in Q4.
Vehicle & Driver Safety / Driving Standards	NA	NA	Chief Strategy Officer	Finance	Nov 2025	*Review planned for Sept but deferred to November*
Data Security / Cyber Assurance Framework			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 approved by the Board in August.

Digital Portfolio Context

Strategic overview for Portfolio

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	19th Sept 2025

Year 1 Focus

The portfolio's overarching objective is to enable high-quality, patient-centred care through the delivery of safe, efficient, and future-ready digital services that empower both clinical teams and operational staff.

Overall, Vision:

- Every patient and team member safeguarded by secure, resilient digital foundations and infrastructure - By empowering people through protected data, reliable infrastructure, and trusted systems.
- Resilient networks and data powering care – By enabling seamless, uninterrupted care through robust digital infrastructure and secure information flow.
- Connected care through regional and national collaboration – By fostering integrated, digitally enabled partnerships to improve outcomes and reduce inequalities across communities and Trusts.

Our **six core digital focus areas** are:

1. 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.

2. 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.

3. Data and 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.

4. 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.

5. Collaborative Initiatives: For our People and Partners: 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.

6. 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.

Strategic Alignment & Anticipated Impact

The digital transformation programme underpins the Trust's strategy objectives by delivering secure, efficient, and future ready digital services that enhance patient care and staff experience. It equips teams with the right tools and training, modernises infrastructure, and fosters seamless regional collaboration and positioning SECAmb as a digitally enabled, sustainable leader within the integrated NHS system.

Our digital initiatives directly enable all seven Trusts strategic commitments, with Cyber Security underpinning all of these:

1. Early and effective Triage: Data & Artificial Intelligence

2. Providing standardised emergency care for our Patience: Digital Workforce

3. Virtual non-emergency services: Product Delivery

4. Creating an inclusive and compassionate environment: Collaborative Initiatives

5. Invest in our people's careers: Digital Workforce

6. Sustainable and productive organisation: Digital Infrastructure

7. Collaborate with our partners to establish are role as a UEC system leader: Collaborative Initiatives

Digital Transformation Portfolio - Executive Summary

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	19th Sept 2025

Portfolio Outcomes	Previous RAG	Current RAG	Impact on outcomes
• Empowering people through protected data, reliable infrastructure, and trusted systems • Enabling seamless, uninterrupted care through robust digital infrastructure and secure information flow • Fostering integrated, digitally enabled partnerships to improve outcomes and reduce inequalities across communities and Trusts			• Improved Confidence & engagement from staff, Reduced risk and data breech and Enhanced operational efficiencies. • Continuity of care, faster clinical decision making, more focus on care, improved patient safety. • Stronger collaboration, scalable innovations, better resource allocation.

Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (period)	Target	Trend	So what?
Availability of Critical Applications (CAD/EPCR/Telephony)	Local	100%	99.9%	Sustaining	100% uptime has been maintained with no unplanned downtime/disruptions.
High Severity Cyber Alerts Actioned in 14 Days	Local	100%	95%	Improving	100% compliance YTD. Continue compliance with responding to high severity alerts.
% Of Incidents where the Shared Care Record was Accessed	Local	3.3%	TBD	Improving	Pilot currently limited to Paddock Wood. Once the benefits/impact has been analysed, access to GP Connect will be rolled out to all Operating Units which will increase the access rates.

Top 3 Risks (BAF/Corporate only)

Description	ID	Current	Target	Trend	Control effectiveness & next step
Cyber Security: There is a risk that a major cyber security 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	544	16	12	↔	The new role of Interim Head of Information Security and Business Continuity has commenced within the Digital Senior Leadership Team. Further to this there is a dedicated Cyber Assurance Programme which will put in place several controls to reduce this risk. This is subject to the cyber business case being approved. In the interim, additional focus on patching devices, and swiftly remediating high severity alerts has been embedded since June 2025.
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	650	12	08	↓	Two new interim leadership roles now in place: Enterprise Architect and Head of Information Security and Business Continuity, plus multiple roles in Digital PMO for project management and business analysis to increase capacity and capability. Programme business cases include additional resources to address this risk. In addition to this, the programme of work was re-baselined in August 2025 with consideration for the Digital Directorates capacity to deliver the scope of work.
Integration & Interoperability Challenges: There is a risk that new digital systems fail to integrate effectively with existing clinical applications (CAD, patient records, fleet management) leading to additional manual effort, data silos and workflow disruption that causes reduced operational efficiency, staff frustration, and inability to realise transformation benefits	707	12	6	↓	Trust Integration Engine procurement funded through Work Programme. Next steps are to establish market offerings, tender options and approval of the Data and AI business case. New Enterprise Architect is leading design principles with existing integration team. Cleric have confirmed they support the latest health integration standards enabling automation and improved recovery following any system failures.

Assurance

Headline assurance:	Digital Work Programme received Board support in August 2025, with business cases in draft and currently working through the approval process in collaboration with Chief Financial Officer. Portfolio on track to remain within financial parameters with detailed market analysis in train. Operational delivery improved and projects delivery completing to plan.	**Status:**	**Under control** / Needs intervention
		Ask of this forum:	Decision / Endorse / **Note** by [*date*]

Digital Transformation Portfolio - Controls & Decisions

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	19th Sept 2025

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
None	N/A	N/A	N/A	N/A

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
Regional Collaboration: Cyber security programme and TORTUS AI initiative is dependent on successful and continued engagement from SASC colleagues.	Chief Digital Information Officer	Mar-26	In Progress	Duplicated efforts, misaligned initiatives, and conflicting regional strategies that causes reduced efficiency, missed collaboration opportunities, increased costs, and failure to establish UEC system leadership	Establish formal collaboration governance with SCAS/SASC including shared digital propositions and joint initiatives and develop information sharing agreements and frameworks with regular stakeholder engagement and communication Joint governance committee meetings and escalation procedures for collaboration issues.
Technology Integration Successful integration with existing clinical systems without operational disruption	Head of Digital Delivery	Mar-26	In Progress	Legacy infrastructure constraints could derail transformation and benefits.	Conduct early technical assessments and interoperability mapping | Implement phased integration with rollback plans and sandbox testing | Engage clinical informatics teams to co-design workflows

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Adjusted business case timeline in agreement with Chief Financial Officer.	15/09/2025	Adjusted & Mitigated	Potential delay in release of vital capital expenditure may need to be phased to maintain progress.	New forecast not required. Mitigations in place to ensure current delivery timelines are maintained.
Data and AI Strategy	01/09/2025	Delayed	Delay in the delivery of the Strategy. No impact to the continued delivery of the Data and AI programme.	Data and AI strategy will be delivered in Q1 2026/27.

EMB outcome, inc. decision requests (post-meeting)**:**	EMB reinforced the link between shared care records and winter planning and has pushed for progress. There is good consensus with partners and the expectation is that this will be rolled out in the coming weeks.
Relevant Board Committee outcome (post-meeting):	The Board only in August agreed the plan and so the last meeting of FIC noted progress and explored the related metrics that will be included in the IQR to help test the impacts of the plan. The People Committee recently asked for some information about the plan through the lens of our people; how it will improve their working lives.

BAF Risks

- BAF Risk 544 - Cyber Resilience
- BAF Risk 650 - Digital Capacity, Capability & Investment

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

Business Case Development: Significant progress has been made across both the clinical and financial components of the joint business case. The Strategic Outline Case is scheduled for presentation to the Joint Board in October

- Clinical Model: Comparative analysis is in progress for workforce comparison, pathway analysis, and patient outcomes, focusing on evidence of variation and potential for standardised approaches.
- Financial modelling continues in preparation for national guidance on medium-term financial planning (MTFP), with year-one efficiency benefits being quantified and refined as new data becomes available.

Functional Collaboration: Continued progress across initiatives, key highlights -

- Alignment of Occupational Health contract end dates to March 2026, with joint single core specification being agreed for a joint procurement process. Payroll contracts are following the same process with contract end dates currently being aligned.
- In July 2025, a mutual support agreement was established between Trusts for Planned Emergency Call Answering Support enhancing patient access and system-wide efficiency
- The Provider Collaboration Tier 1 Programme Board, established in June 2025, continues to provide strategic oversight. A Joint Executive Meeting in July reviewed progress and prioritised initiatives, ensuring alignment with available capacity and strategic direction.

Upcoming activities and milestones -

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

<u>Phase 2: Business Case Cont..</u>

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

Escalation to Board of Directors - None

Previous RAG	Current RAG	RAG Summary
		Delivery is ongoing; however, the realisation of collaboration benefits are at risk of delay. Further progress has been made clarifying the strategic vision, through the development of the OBC. Constraints around time and access to subject matter expertise continue to pose challenges, potentially impacting delivery pace.

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)

- Discovery Phase Report
- Joint Executive
- Joint Board
- JSCC approval of BC workstreams & glidepath
- Develop clear narrative, 2 Stories, 1 Why?
- Micro-Site framework agreed

PHASE 2: Business Case Development

- Define benefits & opportunities
- Articulation of proposed future models
- Create functional initiative mandates

Q2 (Jul-Sep 25)

- ← Joint Executive →

Q3 (Oct-Dec 25)

- Joint Board
- Micro-Site published

PHASE 3: Implementation Road Map Development

- Implementation Planning
- Identify & agree transition resources
- Agree governance approach
- Milestone setting & success matrix

Q4 (Jan-Mar 26)

- Joint Executive
- Joint Board

FI progress checkpoint: value & benefit realisation

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:

Key achievements against milestone

- 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.

Upcoming activities and milestones

- 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.

Escalation to Board of Directors – None

Previous RAG	Current RAG	RAG Summary

Risks & Issues:	Initial	Current	Target	Mitigation
Risk: Develpment 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
Initial financial planning meeting with SECAmb/ SCAS.	Draft multi-year plan presented to execs.	Multi-year plan used as basis for '26/27 Operational Planning' & 'Case for Change'.		
Initial multi-year plan T&F group meeting with SECAmb/SCAS.	'Live' multi-year plan presented to execs.	'Live' multi-year plan presented to execs.	'Live' multi-year plan presented to execs.	

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

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 3 = 12**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 3 X Likelihood 2 = 06**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

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

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

BAF Risk 544 – 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.

Contributory factors, causes and dependencies:

Controls, assurance and gaps

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

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

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

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

Gaps in assurance: None identified

Accountable Director	**Chief Digital Information Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 3 = 12**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Increasing penetration testing	CDIO	Q3 2025/26	New penetration test commissioned and currently under way. Completion due August 2025. Report of findings expected early September 2025. Action plan to follow.
Automation of leavers process to reduce risk	CDIO, HR&OD	Q3 2025/26	A manual review has been undertaken withing to address active user accounts which have not been accessed, c1.2K accounts have been identified as not seen or logged into for the past 60/90 days. A review with HR to confirm these users are still part of SECAmb.
New cyber security transformation plan	CDIO	Q2 2025/26	A targeted approach to bolster cyber security assurance: commission cyber security assessment and recruit Head of Information Security to lead on the deliverables (inc. CSOC).

BAF Risk 650 - Digital Capacity, Capability & Investment

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

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

Accountable Director	**Chief Digital Information Officer (CDIO)**
Committee	**Finance and Investment**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

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

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

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

Negative sources of assurance:

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Restructure of Digital Directorate	CDIO	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.

Accountable Director	**Chief Strategy Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 3 X Likelihood 4 = 12** ***(Down from 16 due to reduced financial consequence)***
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

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

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

October

NHS
South East Coast Ambulance Service
NHS Foundation Trust

We Are a Sustainable Partner

We are a sustainable partner as part of an integrated NHS

1 Tier 1
2 Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Deliver Financial Plan	Meet CIP Plan of £20.5m			Chief Finance Officer	SMG	No	FIC	24/7/2025
	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		
Monitor System Led Productivity Schemes - improving alternatives to ED and reducing hospital handovers				Chief Operating Officer	SMG	No	FIC	24/7/2025
Deliver Strategic Estates Review	Creation of Joint 111/999 Centre			Chief Finance Officer	SMG	Yes	FIC	N/A
	Redevelopment of Corporate HQ							
	Full Trust Estate Review					No	FIC	
Complete Support Services Review	Make Ready Service Model			Chief Strategy Officer	SMG	Yes	FIC	n/a
	Vehicle Provision				SMG	No	FIC	24/7/2025

BAF Risks

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

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 Last / Scheduled Review at Committee	Committee Feedback
Meet H&SE compliance requirements			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 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 will review progress with the next review in Q4.
Vehicle & Driver Safety / Driving Standards	NA	NA	Chief Strategy Officer	Finance	Nov 2025	*Review planned for Sept but deferred to November*
Data Security / Cyber Assurance Framework			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 approved by the Board in August.

Digital Portfolio Context

Strategic overview for Portfolio

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	19th Sept 2025

Year 1 Focus

The portfolio's overarching objective is to enable high-quality, patient-centred care through the delivery of safe, efficient, and future-ready digital services that empower both clinical teams and operational staff.

Overall, Vision:

- Every patient and team member safeguarded by secure, resilient digital foundations and infrastructure - By empowering people through protected data, reliable infrastructure, and trusted systems.
- Resilient networks and data powering care – By enabling seamless, uninterrupted care through robust digital infrastructure and secure information flow.
- Connected care through regional and national collaboration – By fostering integrated, digitally enabled partnerships to improve outcomes and reduce inequalities across communities and Trusts.

Our **six core digital focus areas** are:

1. 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.

2. 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.

3. Data and 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.

4. 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.

5. Collaborative Initiatives: For our People and Partners: 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.

6. 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.

Strategic Alignment & Anticipated Impact

The digital transformation programme underpins the Trust's strategy objectives by delivering secure, efficient, and future ready digital services that enhance patient care and staff experience. It equips teams with the right tools and training, modernises infrastructure, and fosters seamless regional collaboration and positioning SECAmb as a digitally enabled, sustainable leader within the integrated NHS system.

Our digital initiatives directly enable all seven Trusts strategic commitments, with Cyber Security underpinning all of these:

1. Early and effective Triage: Data & Artificial Intelligence

2. Providing standardised emergency care for our Patience: Digital Workforce

3. Virtual non-emergency services: Product Delivery

4. Creating an inclusive and compassionate environment: Collaborative Initiatives

5. Invest in our people's careers: Digital Workforce

6. Sustainable and productive organisation: Digital Infrastructure

7. Collaborate with our partners to establish are role as a UEC system leader: Collaborative Initiatives

Digital Transformation Portfolio - Executive Summary

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	19th Sept 2025

Portfolio Outcomes	Previous RAG	Current RAG	Impact on outcomes
• Empowering people through protected data, reliable infrastructure, and trusted systems • Enabling seamless, uninterrupted care through robust digital infrastructure and secure information flow • Fostering integrated, digitally enabled partnerships to improve outcomes and reduce inequalities across communities and Trusts			• Improved Confidence & engagement from staff, Reduced risk and data breech and Enhanced operational efficiencies. • Continuity of care, faster clinical decision making, more focus on care, improved patient safety. • Stronger collaboration, scalable innovations, better resource allocation.

Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (period)	Target	Trend	So what?
Availability of Critical Applications (CAD/EPCR/Telephony)	Local	100%	99.9%	Sustaining	100% uptime has been maintained with no unplanned downtime/disruptions.
High Severity Cyber Alerts Actioned in 14 Days	Local	100%	95%	Improving	100% compliance YTD. Continue compliance with responding to high severity alerts.
% Of Incidents where the Shared Care Record was Accessed	Local	3.3%	TBD	Improving	Pilot currently limited to Paddock Wood. Once the benefits/impact has been analysed, access to GP Connect will be rolled out to all Operating Units which will increase the access rates.

Top 3 Risks (BAF/Corporate only)

Description	ID	Current	Target	Trend	Control effectiveness & next step
Cyber Security: There is a risk that a major cyber security 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	544	16	12	↔	The new role of Interim Head of Information Security and Business Continuity has commenced within the Digital Senior Leadership Team. Further to this there is a dedicated Cyber Assurance Programme which will put in place several controls to reduce this risk. This is subject to the cyber business case being approved. In the interim, additional focus on patching devices, and swiftly remediating high severity alerts has been embedded since June 2025.
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	650	12	08	↓	Two new interim leadership roles now in place: Enterprise Architect and Head of Information Security and Business Continuity, plus multiple roles in Digital PMO for project management and business analysis to increase capacity and capability. Programme business cases include additional resources to address this risk. In addition to this, the programme of work was re-baselined in August 2025 with consideration for the Digital Directorates capacity to deliver the scope of work.
Integration & Interoperability Challenges: There is a risk that new digital systems fail to integrate effectively with existing clinical applications (CAD, patient records, fleet management) leading to additional manual effort, data silos and workflow disruption that causes reduced operational efficiency, staff frustration, and inability to realise transformation benefits	707	12	6	↓	Trust Integration Engine procurement funded through Work Programme. Next steps are to establish market offerings, tender options and approval of the Data and AI business case. New Enterprise Architect is leading design principles with existing integration team. Cleric have confirmed they support the latest health integration standards enabling automation and improved recovery following any system failures.

Assurance

Headline assurance:	Digital Work Programme received Board support in August 2025, with business cases in draft and currently working through the approval process in collaboration with Chief Financial Officer. Portfolio on track to remain within financial parameters with detailed market analysis in train. Operational delivery improved and projects delivery completing to plan.	**Status:**	**Under control** / Needs intervention
		Ask of this forum:	Decision / Endorse / **Note** by [*date*]

Digital Transformation Portfolio - Controls & Decisions

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	19th Sept 2025

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
None	N/A	N/A	N/A	N/A

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
Regional Collaboration: Cyber security programme and TORTUS AI initiative is dependent on successful and continued engagement from SASC colleagues.	Chief Digital Information Officer	Mar-26	In Progress	Duplicated efforts, misaligned initiatives, and conflicting regional strategies that causes reduced efficiency, missed collaboration opportunities, increased costs, and failure to establish UEC system leadership	Establish formal collaboration governance with SCAS/SASC including shared digital propositions and joint initiatives and develop information sharing agreements and frameworks with regular stakeholder engagement and communication Joint governance committee meetings and escalation procedures for collaboration issues.
Technology Integration Successful integration with existing clinical systems without operational disruption	Head of Digital Delivery	Mar-26	In Progress	Legacy infrastructure constraints could derail transformation and benefits.	Conduct early technical assessments and interoperability mapping | Implement phased integration with rollback plans and sandbox testing | Engage clinical informatics teams to co-design workflows

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Adjusted business case timeline in agreement with Chief Financial Officer.	15/09/2025	Adjusted & Mitigated	Potential delay in release of vital capital expenditure may need to be phased to maintain progress.	New forecast not required. Mitigations in place to ensure current delivery timelines are maintained.
Data and AI Strategy	01/09/2025	Delayed	Delay in the delivery of the Strategy. No impact to the continued delivery of the Data and AI programme.	Data and AI strategy will be delivered in Q1 2026/27.

EMB outcome, inc. decision requests (post-meeting)**:**	EMB reinforced the link between shared care records and winter planning and has pushed for progress. There is good consensus with partners and the expectation is that this will be rolled out in the coming weeks.
Relevant Board Committee outcome (post-meeting):	The Board only in August agreed the plan and so the last meeting of FIC noted progress and explored the related metrics that will be included in the IQR to help test the impacts of the plan. The People Committee recently asked for some information about the plan through the lens of our people; how it will improve their working lives.

BAF Risks

- BAF Risk 544 - Cyber Resilience
- BAF Risk 650 - Digital Capacity, Capability & Investment

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

Business Case Development: Significant progress has been made across both the clinical and financial components of the joint business case. The Strategic Outline Case is scheduled for presentation to the Joint Board in October

- Clinical Model: Comparative analysis is in progress for workforce comparison, pathway analysis, and patient outcomes, focusing on evidence of variation and potential for standardised approaches.
- Financial modelling continues in preparation for national guidance on medium-term financial planning (MTFP), with year-one efficiency benefits being quantified and refined as new data becomes available.

Functional Collaboration: Continued progress across initiatives, key highlights -

- Alignment of Occupational Health contract end dates to March 2026, with joint single core specification being agreed for a joint procurement process. Payroll contracts are following the same process with contract end dates currently being aligned.
- In July 2025, a mutual support agreement was established between Trusts for Planned Emergency Call Answering Support enhancing patient access and system-wide efficiency
- The Provider Collaboration Tier 1 Programme Board, established in June 2025, continues to provide strategic oversight. A Joint Executive Meeting in July reviewed progress and prioritised initiatives, ensuring alignment with available capacity and strategic direction.

Upcoming activities and milestones -

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

<u>Phase 2: Business Case Cont..</u>

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

Escalation to Board of Directors - None

Previous RAG	Current RAG	RAG Summary
		Delivery is ongoing; however, the realisation of collaboration benefits are at risk of delay. Further progress has been made clarifying the strategic vision, through the development of the OBC. Constraints around time and access to subject matter expertise continue to pose challenges, potentially impacting delivery pace.

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)

- Discovery Phase Report
- Joint Executive
- Joint Board
- JSCC approval of BC workstreams & glidepath
- Develop clear narrative, 2 Stories, 1 Why?
- Micro-Site framework agreed

PHASE 2: Business Case Development

- Define benefits & opportunities
- Articulation of proposed future models
- Create functional initiative mandates

Q2 (Jul-Sep 25)

- ← Joint Executive →

Q3 (Oct-Dec 25)

- Joint Board
- Micro-Site published

PHASE 3: Implementation Road Map Development

- Implementation Planning
- Identify & agree transition resources
- Agree governance approach
- Milestone setting & success matrix

Q4 (Jan-Mar 26)

- Joint Executive
- Joint Board

FI progress checkpoint: value & benefit realisation

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:

Key achievements against milestone

- 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.

Upcoming activities and milestones

- 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.

Escalation to Board of Directors – None

Previous RAG	Current RAG	RAG Summary

Risks & Issues:	Initial	Current	Target	Mitigation
Risk: Develpment 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
Initial financial planning meeting with SECAmb/ SCAS.	Draft multi-year plan presented to execs.	Multi-year plan used as basis for '26/27 Operational Planning' & 'Case for Change'.		
Initial multi-year plan T&F group meeting with SECAmb/SCAS.	'Live' multi-year plan presented to execs.	'Live' multi-year plan presented to execs.	'Live' multi-year plan presented to execs.	

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

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 3 = 12**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 3 X Likelihood 2 = 06**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

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

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

BAF Risk 544 – 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.

Contributory factors, causes and dependencies:

Accountable Director	**Chief Digital Information Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 3 = 12**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

REDACTED

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
	CDIO	Q3 2025/26	
	CDIO, HR&OD	Q3 2025/26	
	CDIO	Q2 2025/26	

BAF Risk 650 - Digital Capacity, Capability & Investment

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

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

Accountable Director	**Chief Digital Information Officer (CDIO)**
Committee	**Finance and Investment**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

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

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

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

Negative sources of assurance:

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Restructure of Digital Directorate	CDIO	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.

Accountable Director	**Chief Strategy Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 3 X Likelihood 4 = 12** ***(Down from 16 due to reduced financial consequence)***
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

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

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

Item No	74-25

Name of meeting	Trust Board
Date	2 October 2025
Name of paper	M05 (August 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)
Synopsis	This report provides the year-to-date (YTD) financial performance of the Trust. At YTD, month 5, the Trust is reporting a favourable variance of £7k compared to the planned deficit of £2,671k. The Trust is forecasting to achieve its financial breakeven plan and the planned C2 mean performance. The Trust has achieved £1,465k (54%) of the planned £2,709k in efficiencies YTD. This represents 15% of the total savings target, leaving 85% still needed in the next seven months. We forecast reaching 84% of the planned £10,000k target, reducing the shortfall to £1,588k. Recurrent savings make up 49% of YTD totals, 8% below the planned 57%, and are expected to drop to 53% compared to the planned 70% due to increased non-recurrent schemes, including vacancies. YTD Capital expenditure of £1,698k is £849k below plan, that is caused by the sale of vehicles to a lease company that were purchased by the Trust last year and which is causing a temporary underspend. The Trust is forecasting to spend its full capital allocation by the end of the year. In August 2025 cash receipts exceeded payments by £2,203k which has increased the cash balance to £31,316k from £29,113k in the previous month. The closing balance is £3,468k above plan. The key driver for the adverse variance against plan is the timing of the employer's payments in respect of the pay award paid in August. Note: Tables are subject to rounding differences (+/- £1k).
Recommendations, decisions, or actions sought	For information

Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A

2025/26

Finance Report to the Board of Directors

5 Months to 31 August 2025

Executive Summary

The Trust reported a £2,761k deficit for the 5 months to August 2025 (YTD), £7k better than planned.

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

	Year to August 2025			Forecast to March 2026		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	149,396	149,905	509	358,376	359,227	851
Expenditure	(152,165)	(152,711)	(546)	(358,378)	(359,273)	(895)
Profit on Sale of Assets	0	45	45	0	45	45
Trust Surplus / (Deficit)	**(2,769)**	**(2,761)**	**8**	**(2)**	**(1)**	**1**
Reporting adjustments:						
Remove Impact of Donated Assets	1	0	(1)	2	1	(1)
Remove Impact of Impairments	0	0	0	0	0	0
Reported Surplus / (Deficit)*	**(2,768)**	**(2,761)**	**7**	**0**	**0**	**0**
Efficiency Programme (cash releasing)	2,709	1,465	(1,244)	10,000	10,000	0
Cash	27,848	31,316	3,468	30,427	31,492	1,065
Capital Expenditure	2,547	1,698	849	28,259	28,259	0

*Reported Surplus / (Deficit) represents what the Trust is held to account for by the ICB/NHSE

Year to August 2025 (YTD)

- For August 2025, the Trust's financial position is £7k better than planned.

- The overall financial performance shows a mix of variances. Positive variances in Medical, Quality & Nursing (Q&N), and Paramedical areas are offsetting some financial pressures, including overspending in Operations, the NHS 111 service, the CEO office, and HR, alongside increased depreciation.

- 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 the end of month 5, the Trust has achieved £1,465k in efficiency savings, which is 46% short of the target. This amount represents 15% of the total efficiency program, indicating that most savings will be realised in the second half of the year.
    - The primary reasons for this shortfall include delays in advancing identified schemes to the delivery phase and updates to HR policies.
    - To reach the breakeven target of £10,000k, the Trust needs to achieve an additional £8,535k in savings over the next seven months.
    - So far, recurrent schemes account for 49% of total savings, which is 8% below the planned target of 57%. Conversely, non-recurrent savings now make up 51%, compared to the planned figure of 43%.

- The forecast gap decreased from £2,500k last month to £1,588k this month. A significant portion of this improvement is due to the increased delivery of non-recurrent savings.

- The overall risk rating for the program is currently amber. The Trust remains committed to exploring additional opportunities to meet the £10,000k cash-releasing efficiency target.

- As of 31 August 2025, the cash balance was £31,316k and is £3,468k above plan. The key driver for the adverse variance against plan is the timing of the employers (pension, national insurance) in relation to the pay award made in August 2025 compared to the normal amounts as it includes the back pay to April 2025.

- YTD Capital expenditure of £1,698k is £849k below plan, that is caused by the sale of vehicles to a lease company that were purchased by the Trust last year and which is causing a temporary underspend. The Trust is forecasting to spend its full capital allocation by the end of the year.

1. Income

	Year to August 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	134,319	134,761	442	322,366	322,808	442
111 Income	12,222	12,222	0	29,333	29,333	0
Education Income	1,478	1,328	(150)	3,434	3,588	154
Other Income	1,377	1,594	217	3,243	3,498	255
Total Income	**149,396**	**149,905**	**509**	**358,376**	**359,227**	**851**

- 999 income is £442k 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 £150k behind plan driven by reduced expenditure for funded projects.
- Other income is £217k favourable compared to plan, due to sales of obsolete equipment, medical provision at events.

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 August 2025			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	(1,952)	(2,174)	(222)	(4,640)	(4,968)	(328)
Finance & Corporate Services	(6,873)	(6,754)	119	(16,983)	(16,677)	306
Quality and Safety	(2,651)	(2,410)	241	(6,343)	(6,101)	242
Medical	(5,551)	(5,051)	500	(13,597)	(13,121)	476
Operations	(87,171)	(87,702)	(531)	(207,860)	(206,457)	1,403
Operations - 111	(12,562)	(12,844)	(282)	(29,579)	(29,689)	(110)
Strategic Planning & Transformation	(12,303)	(12,173)	130	(28,642)	(29,424)	(782)
Human Resources	(2,323)	(2,527)	(204)	(5,416)	(5,935)	(519)
Digital	(5,506)	(5,551)	(45)	(13,162)	(13,543)	(381)
Paramedical	(3,031)	(2,806)	225	(7,509)	(7,369)	140
Total Directorate Expenditure	**(139,923)**	**(139,992)**	**(69)**	**(333,731)**	**(333,284)**	**447**
Depreciation	(7,120)	(7,499)	(379)	(19,397)	(18,107)	1,290
Impairments	0	0	0	0	0	0
Financing Costs	(445)	(161)	284	(1,067)	(938)	130
Corporate Expenditure	(4,677)	(5,060)	(382)	(4,182)	(6,946)	(2,764)
Total Expenditure	**(152,165)**	**(152,711)**	**(546)**	**(358,378)**	**(359,273)**	**(895)**
Planned Profit on Sale of Assets	0	45	45	0	45	45
Total Trust Expenditure	**(152,165)**	**(152,666)**	**(501)**	**(358,378)**	**(359,228)**	**(850)**

*Excludes Income - Values subject to rounding

Year to Date performance against plan

- Total expenditure for the year to August 2025 was £152,666k, which is exceeding the plan by £501k.

- The net overspend is the result of a combination of favourable and unfavourable variances, outlined as follows:

- We are reporting a net overspend of £531k in Operations due to the following:
    - A significant driver of this overspend is the increased costs of £678k in the Emergency Operations Centre (EOC). This increase is primarily due to over-establishment in our call-handling positions, which resulted from training double the planned number of staff in the first quarter, coupled with a positive attrition rate. This staffing improvement has led to a reduction in call answering time from 5 seconds to 3 seconds. Additionally, higher sickness levels have resulted in increased overtime and Time Off in Lieu (TOIL) payments during the first quarter. These costs are partially offset by £408k in additional capacity income from last year.
    - Offsetting this is a £224k underspend in Specialist Operations, mainly due to the timing of various planned expenses, particularly vehicle costs (£88k) and delays in procuring protective clothing (£74k) caused by stock shortages.
    - Additionally, Field Operations also reported a reduction in spending of £103k, largely because travel expenses were £72k below plan, attributable to the timing of training courses. Pay costs related to TOIL and overtime were 40% and 32% below plan, respectively. There was also a lower rate of new recruitment, which helped offset some of the issues arising from overstaffing and reliance on bank staff.

- The financial performance of our NHS 111 service improved by 10% this month but remains £282k below plan. The main issue continues to be increased pay costs of £684k, driven by reliance on clinical agency staff and overtime to ensure safe service delivery. Additionally, sickness levels are higher than expected, although this is partially offset by improvements in the IC24 subcontract after review.

- Further cost pressures include an additional £222k expenditure in the CEO's office, primarily due to increased contributions towards external consultancy support for the Association of Ambulance, as well as external facilitation for Senior Management Group (SMG) development. HR is overspending by £204k due to higher-than-anticipated costs for external investigations associated with transitions. Depreciation costs are £379k higher than anticipated, mainly due to asset timing; however, this is partially mitigated by favourable financing costs of £284k.

- These overspends are partially offset by favourable variances, including £825k in pay savings from support and back-office functions. These savings are primarily due to the timing of recruitment during restructuring, especially within the Medical, Quality & Nursing, Paramedical, and Finance & Corporate Services directorates. Moreover, there is a £130k underspend in Strategy & Transformation because Fleet costs are £331k below plan, owing to the YTD average fuel rate being 5% more favourable than the planned rate of £1.50. This is partially offset by unbudgeted transformation costs of £110k and increased uniform expenses resulting from a bulk purchase related to a national agreement currently under review.

3. Workforce

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

WTE By Directorate	Analysis to August 2025			Month of August 2025			Vacancies* - August 2025		
	Jul-25	Aug-25	Movt	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	56.1	57.8	1.7	52.8	57.8	(5.0)	52.8	58.3	(5.5)
Finance	37.1	36.8	(0.3)	44.3	36.8	7.4	44.3	37.9	6.3
Quality and Safety	92.5	91.7	(0.8)	99.0	91.7	7.2	99.0	93.0	5.9
Medical	109.2	114.6	5.4	129.2	114.6	14.6	129.2	106.5	22.7
Operations	3,719.9	3,858.7	138.8	3,758.7	3,858.7	(100.0)	3,758.7	3,624.2	134.6
Operations - 111	437.9	450.6	12.7	428.3	450.6	(22.3)	428.3	378.6	49.7
Strategic Planning & Transformation	119.7	125.5	5.9	119.4	125.5	(6.1)	119.4	116.2	3.2
Human Resources	62.4	60.3	(2.1)	63.5	60.3	3.2	63.5	60.5	3.0
Digital	71.7	73.7	2.0	70.0	73.7	(3.7)	70.0	69.0	1.0
Paramedical	75.1	80.7	5.5	90.5	80.7	9.8	90.5	81.2	9.3
Total Whole Time Equivalent (WTE)	**4,781.7**	**4,950.5**	**168.8**	**4,855.7**	**4,950.5**	**(94.7)**	**4,855.7**	**4,625.5**	**230.3**

*Net Funded WTE less Contracted (ESR) WTE

- The Trust is 94.7 WTE above plan for August

- Movements are mainly driven by 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. This 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	Proposed	Total Schemes
	£'000	£'000	£'000	£'000	£'000
Digital Productivity	207	-	-	-	207
Discretionary Non Pay	456	85	25	-	566
Estates and Facilities optimalisation	-	196	-	-	196
Fleet - Fuel: Bunkered Fuel & Price Different	622	-	-	-	622
Fleet - Other Efficiencies	307	100	-	-	407
Income generation	296	-	-	-	296
Medicines Management - Drugs	100	-	-	-	100
Medicines Management - Equipment	306	-	-	-	306
Operations Efficiencies	683	1,003	-	-	1,686
Optimisation in establishment - clinical	175	-	1,884	-	2,059
Optimisation in establishment - non clinical	460	34	140	1,076	1,711
Policy review	56	-	-	200	256
Process review	158	-	-	-	158
Procurement contracts review	555	70	-	-	625
Service Redesign	5	100	63	50	218
Supply Chain review	76	-	-	-	76
Travel and subsistence	46	45	-	-	91
Uniform review	147	-	-	-	147
Grand Total - current month	**4,654**	**1,633**	**2,112**	**1,326**	**9,725**
Last month	3,990	2,200	649	584	7,423
Movement	**663**	**(£566)**	**1,463**	**742**	**2,302**
Percentage	*17%*	*-26%*	*226%*	*127%*	*31%*

- As indicated in the table above, at Month 5, ending August 2025, we are reporting a total of 73 efficiency schemes (excluding split schemes) valued at £9,725k in the Pipeline Tracker. Although this is an improvement of £2,302k (31%) compared to last month, it still falls short of £275k (3%) against the planned target of £10,000k.

- Templates have been completed for 46 out of 73 schemes, which is 63% of the total. This leaves 27 schemes, or 37%, yet to be completed.
- Out of the 73 schemes,
  - 46 schemes, totalling £4,654k, have progressed to the delivery phase, reflecting an increase of £663k (17%) compared to last month.
  - The value of the “validated” schemes has decreased by 26% from £2,200k to £1,633k since last month. This is because 4 schemes have transitioned to the delivery phase, including meal breaks (£200k) and wellbeing savings of £100k. In contrast, the value of "scoped" schemes increased from £649k to £2,112k. Currently, 14 validated schemes and 7 scoped schemes are awaiting executive approval and/or QIA review before they can move to the delivery phase.
- Additionally, 5 proposed schemes worth £1,326k are currently under development, which marks an increase of 56% from the £584k reported last month.

Summary of YTD Efficiency Delivery Summary

Scheme Category	YTD M05 Plan	YTD M05 Actuals	Variance		Full Year (FY) Plan	Fully Validated - Risk Adjusted	Variance		FY Forecast - Risk Adjusted	Variance	
	£000	£000	£000		£000	£000	£000		£000	£000	
Digital Productivity	10	153	143	✓	577	539	(38)	✗	539	(38)	✗
Discretionary Non Pay	119	131	12	✓	500	506	6	✓	631	131	✓
Estates and Facilities optimalisation	21	0	(21)	✗	96	0	(96)	✗	196	100	✓
Fleet - Fuel: Bunkered Fuel & Price Differential	160	230	70	✓	385	552	167	✓	552	167	✓
Fleet - Other Efficiencies	0	102	102	✓	0	377	377	✓	377	377	✓
Income generation	82	20	(62)	✗	246	296	50	✓	296	50	✓
Medicines Management - Consumables	25	0	(25)	✗	60	0	(60)	✗	0	(60)	✗
Medicines Management - Drugs	15	15	0	✓	40	100	60	✓	100	60	✓
Medicines Management - Equipment	40	44	4	✓	100	256	156	✓	256	156	✓
Operations Efficiencies	1,316	0	(1,316)	✗	3,949	608	(3,341)	✗	1,610	(2,338)	✗
Optimisation in establishment - clinical	175	189	14	✓	175	189	14	✓	1,457	1,282	✓
Optimisation in establishment - non clinical	286	414	128	✓	986	446	(540)	✗	1,643	657	✓
Policy review	150	56	(94)	✗	1,200	56	(1,144)	✗	56	(1,144)	✗
Process review	28	0	(28)	✗	76	158	82	✓	158	82	✓
Procurement contracts review	59	6	(53)	✗	929	130	(799)	✗	218	(711)	✗
Service Redesign	65	1	(64)	✗	157	5	(152)	✗	55	(102)	✗
Supply Chain review	0	25	25	✓	0	76	76	✓	76	76	✓
Travel and subsistence	15	25	10	✓	144	46	(98)	✗	46	(98)	✗
Uniform review	143	55	(88)	✗	381	147	(234)	✗	147	(234)	✗
	2,709	**1,465**	**(1,244)**		**10,000**	**4,486**	**(5,514)**		**8,412**	**(1,588)**	
Recurrent v non-recurrent split											
Recurrent	1,549	712	(837)	(54%)	6,996	3,025	(3,971)	(57%)	4,486	(2,510)	(36%)
Non-recurrent	1,160	753	(407)	(35%)	3,004	1,461	(1,543)	(51%)	3,926	922	31%
Total	**2,709**	**1,465**	**(1,244)**	**(46%)**	**10,000**	**4,486**	**(5,514)**	**(55%)**	**8,412**	**(1,588)**	**(16%)**

- We have achieved YTD savings of £1,465k compared to the planned target of £2,709k as indicated in the table above. This results in a shortfall of £1,244k (46%) below the plan, which requires the Trust to deliver £8,535k (85%) in savings over the next seven months to meet the overall target of £10,000k.

- The underperformance is due to a combination of delays in advancing schemes to the delivery phase. This includes delays in the Quality Impact Assessment (QIA) review and the timing of implementing process changes, service redesign, and HR policy updates. The significant variance of £1,316k is attributed to anticipated operational efficiencies that have not been realised due to these delays. However, we are seeing some progress as the Terms & Conditions working group is actively collaborating with the unions to resolve these issues. Unfortunately, due to the current timeline, the full benefits of these schemes are likely to be felt next year, so alternative schemes are being developed.

- Additionally, uniform costs are below plan primarily because of bulk purchases related to a national agreement. This situation is under review, and we are creating a process to recognise the unissued uniforms as stock. These are partially offset by favourable performance in other areas, including fleet efficiencies (£171k), digital contract productivity (£143k), and timing of recruitments (£142k).

- Currently, 49% of the total YTD savings have been generated recurrently, compared to the planned figure of 57%. This means that non-recurring savings have increased to 51%, which is an 8% rise against the planned target of 43%.

- Our current risk-adjusted forecast is £8,412k (87%) out of the £9,725k schemes identified on the Pipeline Tracker. This includes existing risk-adjusted, fully validated schemes totalling £4,486k, validated schemes of £1,633k, and further confirmed schemes worth £2,293k that are awaiting Executive Sponsor approval and/or QIA before moving to delivery.

- Recurrent savings account for 53% of the anticipated forecast savings compared to the planned figure of 70%. This lower percentage is primarily due to our reliance on a higher proportion of non-recurrent savings, particularly from the vacancy factor and the decision to defer recruitment of Newly Qualified Paramedics (NQPs) to meet the target. Therefore, the share of non-recurrent savings is expected to rise by 17% to 47%, against the planned figure of 30%.

- At YTD month 5, our forecast gap has narrowed to £1,588k (16%) against the £10,000k target. This marks an improvement of 36% compared to the £2,500k reported last month, but further efforts are needed to close the gap. Mitigation strategies are in place, including exploring additional initiatives and utilising non-recurring flexibilities.

- The overall risk rating for the program is amber. Schemes are assessed based on their risk levels, considering factors such as achievability, dependencies related to policy changes, the timeliness of adjustments to processes, and contract reviews.

- Furthermore, approximately 66% of the efficiency savings are anticipated to be realized in the second half of the year, although operational pressures may present challenges during the winter months. The projected distribution of these savings is as follows: Q1 - 11%, Q2 - 17%, Q3 - 37%, and Q4 - 36%.

- The Trust remains committed to achieving the underlying efficiency target of £10,000k and reaching the breakeven position.

- The Productivity and Efficiency Team, along with Finance Business Partners (FBPs), is collaborating with the SMG leads to:
    - Develop and accelerate the identified initiatives, including those outstanding from the agreed schemes established by the Joint Leadership Team in August, through the Executive Director/QIA, and into the delivery phases.
    - Promote sustainable initiatives and explore new opportunities to minimize risks, ensuring that each directorate meets its assigned targets to address any shortfalls.

- 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 30 July 2025	£000 Change	£000 31 August 2025
NON-CURRENT ASSETS			
Property, Plant and Equipment	98,860	(1,025)	97,835
Intangible Assets	1,617	(66)	1,551
Trade and Other Receivables	47	0	47
Total Non-Current Assets	**100,524**	**(1,091)**	**99,433**
CURRENT ASSETS			
Inventories	2,837	36	2,873
Trade and Other Receivables	15,176	(3,218)	11,958
Asset Held for Sale	1,373	0	1,373
Other Current Assets	0	0	0
Cash and Cash Equivalents	29,113	2,203	31,316
Total Current Assets	**48,499**	**(979)**	**47,520**
CURRENT LIABILITIES			
Trade and Other Payables	(37,214)	1,170	(36,044)
Provisions for Liabilities and Charges	(18,907)	0	(18,907)
Borrowings	(17,575)	12,636	(4,939)
Total Current Liabilities	**(73,696)**	**13,806**	**(59,890)**
Total Assets Less Current Liabilities	**75,327**	**11,736**	**87,063**
NON-CURRENT LIABILITIES			
Provisions for Liabilities and Charges	(7,612)	0	(7,612)
Borrowings	(6,652)	(11,815)	(18,467)
Total Non-Current Liabilities	**(14,264)**	**(11,815)**	**(26,079)**
TOTAL ASSETS EMPLOYED	**61,063**	**(79)**	**60,984**
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	(2,682)	(79)	(2,761)
TOTAL TAX PAYERS' EQUITY	**61,063**	**(79)**	**60,984**

- Non-Current Assets decreased by £1,091k in the month arising mainly from £329k additions less £19k disposal and depreciation of £1,439k.

- Movement within Trade and other receivables is a net decrease of £3,218k that is driven by increased receipts from ICBs decreasing the outstanding value, as well as additional VAT receipts.

- As of 31 August 2025, the cash balance was £31,316k and is £3,468k above plan. The key driver for the adverse variance against plan is the timing of the employers (pension, national insurance) in relation to the pay award made in August 2025 compared to the normal amounts as it includes the back pay to April 2025.

- Trade and other payables decreased by £1,170k, mainly due to the release of the accrual for the Pay Award offset by the timing of the subsequent additional employer's payments due.

- Borrowings decreased by £821k overall, arising from 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	Plan (YTD)	Var (YTD)
	£000	£000	£000	£000
Cash flows from operating activities	19	(2,646)	(2,324)	(322)
Non-cash or non-operating income and expense:				
Depreciation & Amortisation	1,439	7,499	7,750	(251)
(Increase)/decrease in receivables	3,218	2,621	(1,440)	4,061
(Increase)/decrease in inventories	(36)	(178)	0	(178)
Increase/(decrease) in trade and other payables	(950)	(3,643)	(2,440)	(1,203)
Increase/(decrease) in other liabilities	(222)	1,704	0	1,704
Increase/(decrease) in provisions	0	(185)	(1,063)	878
Net cash generated from / (used in) operations	**3,469**	**5,173**	**483**	**4,690**
Interest received	115	587	250	337
Interest paid	(45)	(188)	(245)	57
(Increase)/decrease in property, plant and equipment	(346)	(1,715)	(3,125)	1,410
Proceeds from sales of property, plant and equipment	32	45	0	45
Net cash generated from/(used in) investing activities	**(245)**	**(1,270)**	**(3,120)**	**1,850**
Increase/(decrease) in borrowings	(822)	(1,054)	(2,825)	1,771
PDC dividend (paid)/refunded	(200)	(560)	(450)	(110)
Net cash generated from/(used in) financing activities	**(1,022)**	**(1,614)**	**(3,275)**	**1,661**
Increase/(decrease) in cash and cash equivalents	2,202	2,289	(5,912)	8,201
Cash and cash equivalents at start of period	29,113	29,027	33,760	(4,733)
Cash and cash equivalents at end of period	**31,316**	**31,316**	**27,848**	**3,468**

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

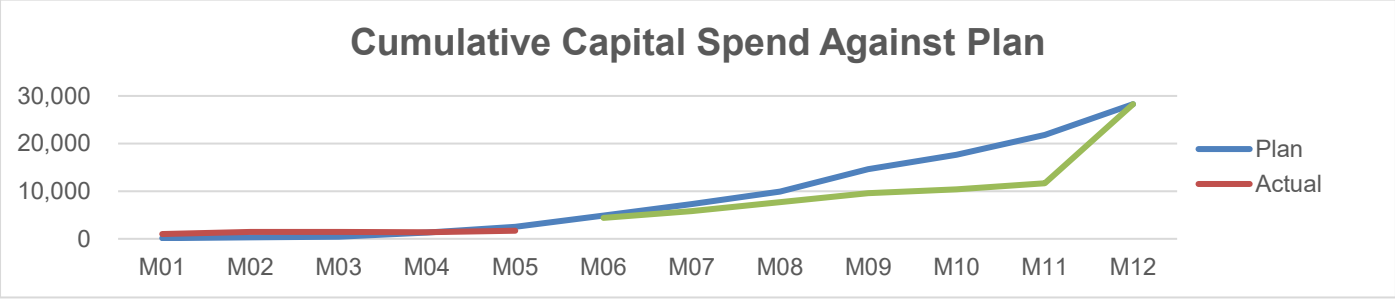
6. Capital

- The in-month capital spend is £329k. The in-month actual is £920k lower compared to the plan of £1,249k, mainly from delays in estates projects.

	In Month August 2025			Year to August 2025			Forecast to March 2026		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Original Plan									
Estates	450	41	409	850	328	522	3,800	3,800	0
Strategic Estates	0	12	(12)	0	(512)	512	0	(512)	512
IT	42	33	9	206	541	(335)	5,400	4,589	811
Fleet	517	222	295	981	688	293	1,500	2,650	(1,150)
Medical	0	0	0	0	839	(839)	374	1,364	(990)
Total Original Plan	**1,009**	**308**	**701**	**2,037**	**1,884**	**153**	**11,074**	**11,890**	**(816)**
PDC	**0**	**8**	**(8)**	**0**	**44**	**(44)**	**11,485**	**11,485**	**0**
CDEL Credit	**0**	**0**	**0**	**0**	**(2,164)**	**2,164**	**(1,400)**	**(3,969)**	**2,569**
Total Purchased Assets	**1,009**	**316**	**693**	**2,037**	**(237)**	**2,274**	**21,159**	**19,406**	**1,753**
Leased Assets									
Estates	200	(28)	228	310	(40)	350	900	813	87
Fleet	40	41	(1)	200	135	65	4,700	4,700	0
Specialist Ops	0	0	0	0	1,840	(1,840)	1,500	3,340	(1,840)
Total Leased Assets	**240**	**13**	**227**	**510**	**1,934**	**(1,424)**	**7,100**	**8,853**	**(1,753)**
Total Capital Plan	**1,249**	**329**	**920**	**2,547**	**1,698**	**849**	**28,259**	**28,259**	**(0)**

- The YTD spend is £1,698k, which is £849k less than the plan of £2,547k. This is due to the sale of vehicles to a lease company that were purchased by the Trust last year and which is causing a temporary underspend.

- The Trust is forecasting to spend its full capital allocation by the end of the year.



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 Infastructure	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.

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	75-25

Name of meeting	Trust Board
Date	2 October 2025
Name of paper	Finance & Investment Committee Assurance Report – 22 September 2025
Author	Suzanne O'Brien 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 22 September 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

At the start of the meeting the committee spent time to review the **risk register** and **integrated quality report (IQR)**. As with the other committees the principal aim of this is to ensure the committee has good visibility of the key issues as part of its cycle of business. It explored some specific risks, including re the impact of the development of the Crawley EOC over the winter period, productivity and cyber assurance. Overall, the committee is assured with its alignment with the key risks.

The review of the IQR focussed on the metrics related to operational performance, which were then covered as part of the specific agenda item. Noting the key areas of productivity in the context of winter resilience, e.g. hear and treat and availability and deployment of vehicles. The committee welcomed the improved executive summary but did note the number of metrics still with no targets. It felt that the summary slide with the KPIs could perhaps therefore give a misleading picture by not showing clearly enough some of the improvement. There is a plan in place to address this over the next quarter, to help ensure a more rounded picture.

ALERT

Winter Plan

Against the background of the IQR, there was discussion about the plans to increase H&T. The executive acknowledged that while there are plans in place they are not currently as robust as we would like. There was an engagement session earlier in the month with operational and clinical leaders to better understand why we have been unable to make more improvements; this has led to refreshed actions now in place. The committee agreed there are some green shoots, and supported the webinar the Chief Executive is leading, to endorse the need to improve productivity.

On the Winter Plan itself, the committee considered it to be robust noting it is one part of a wider approach to an organisational resilience framework. The executive is focussing on areas within our control, e.g. vaccination / supporting staff welfare / working with partners of handovers / pathways / our capacity and productivity (hear and treat). The committee supported the stated assurance in place against the specific standards, as set out. This requires Board sign off and the committee recommends this to the Board.

ASSURE

Financial Performance Month 5 / Efficiencies & Productivity

We are on track to deliver the financial plan at month 5. Some of the underlying issues were explored including the 111 contract which is showing a negative gross contribution; the reasons for this were discussed and there are plans in place to improve productivity that will then help better manage the running costs. Overall, there is good confidence in the year end position despite the risks.

One of these being the efficiency programme and the committee has asked for more analysis / assurance on specific schemes, noting the positive recent Internal Audit review re the programme.

Procurement

This progress report in relation to the Procurement Strategy helped to demonstrate that the Procurement Team have transformed this function over the past 12 months. It has been subject to Internal Audit scrutiny which has also provided assurance.

ADVISE

Strategic Estates

Further to the Board Development session in early September, the committee reviewed the key aspects that will inform the new strategy, as well as the potential investment needed. It will review the draft strategy at its next meeting ahead of the Board in December.

Digital Delivery

The committee reviewed progress of the delivery plan that the Board agreed in August. There was discussion about the appropriate metrics which will inform the revision of the IQR.

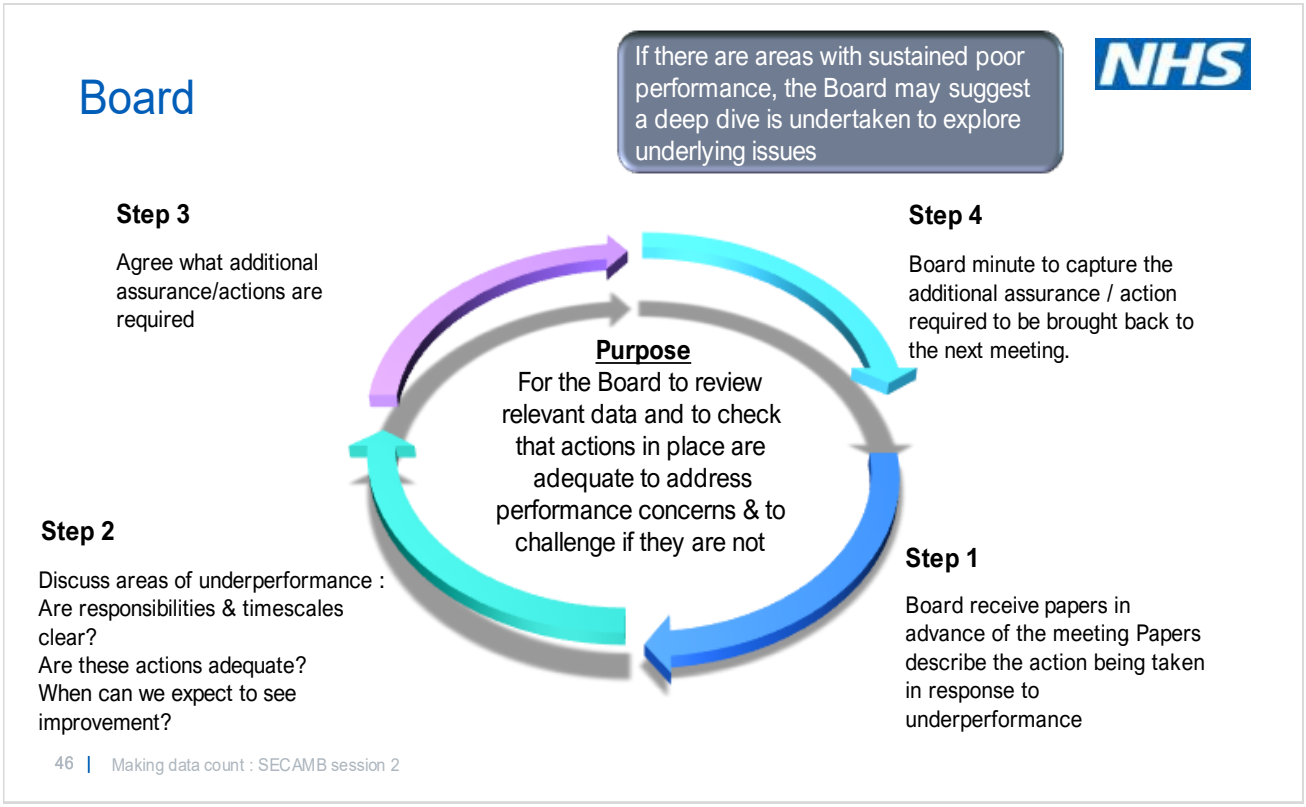
Patient Level Information Costing (PLICS)

The committee used the paper setting out the activity and cost quantum per currency of SECAmb's 2024/25 Patient Level Costing (PLICS). The Trust submitted this information at the end of July in line with the national requirements, which reports on the provision of 999 services only.

In summary, this shows a 4.3% increase in cost per incident compared to 2023/24. This is a combination of a 4.6% increase in activity, and 9.0% increase in cost quantum, mostly driven by the pay award and additional pension contribution. There is still work to do before this information can lead to better insights and the committee is therefore left a little frustrated that despite collating the data we aren't able to take this next step to confirm the 'so what' and how we might use this more strategically.

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



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

October

Our People Enjoy Working at SECAmb

Our people enjoy working at SECAmb

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

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

- **Organisational Operating Model Programme** 1
  - Implement corporate restructure (including Hybrid Working Practices QI) 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** Directorate objective
  - 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

CP

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	Vic Cole	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
Launch new 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.	12	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.	12	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 Last / Scheduled Review at Committee	Committee Feedback
Equality Act / EDI Plan			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 priorities was considered by the People committee in September; satisfied by the actions in place and progress made. A further assessment using the WRES DES data will be undertaken in November.
Meet our Sexual Safety Charter commitments			Chief Nursing Officer	People	July 2025	Review of progress at People Committee in July 25 and plan agreed with timelines
Education			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. In Sept. QPSC assessed the evidence in place to demonstrate compliance against the recommendations and was assured.
Statutory & Mandatory Training & Appraisals			Chief Paramedic Officer	People	Sept 2025	Last review of progress at the People Committee was in Sept with good progress with stat and man but lower than target on appraisals – the committee has sought further assurance on this area expecting improvement by the next meeting in November.

People Services Improvement Programme - Executive Summary

Exec. Sponsor:	Sarah Wainwright
PM:	Roxy Oldershaw
Last updated:	23 Sep 2025

Current position

- The programme is on track, supported by interim capacity to deliver the divisional model
- The new People Services structure went live on 01 Sep and is operational with interim cover
- A sequencing proposal for the next phase of corporate restructures, with wrap-around governance has been submitted to the Executive Management Board (EMB)
- Work will begin shortly on the business case for People Services Phase 2 organisational change, intended to optimise the Recruitment, Service Centre, OD and EDI functions
- Priority policy work is progressing through governance: Lease Car policy approved at the September Joint Partnership Forum (JPF); November submissions on track (Managing Health & Attendance, Disciplinary, Grievance, Flexible Working, Family Friendly and Pregnancy Loss policies, Sexual Safety). The On-Call policy working group is in place with engagement underway.
- Taskforce for uploading all Employee Relations (ER) cases on the system to improve data compliance and accuracy complete. Dashboards offline while updates are being progressed, with reporting available through interim manual reports and alignment with IQR data. Dashboard expected back online by end September.
- Sexual Safety Oversight Group in place, Terms of Reference agreed; initial data workshop complete; further workshops scheduled on a 6-weekly cycle;

Impact & Assurance

- The new structure implementation is delivering against its strategic objective; service continuity is being maintained via interim arrangements while vacancies are being recruited to
- Policy consultations and submissions are progressing to sustain momentum and embed the People Services change
- Interim ER reporting is active; the dashboard is expected to be back online by 30 Sep to restore confidence in data quality and ensure consistent reporting to governance
- Engagement with key stakeholders via governance forums, committee updates, SLT meetings

Decision and next steps

- Continue recruitment to fill remaining vacancies and maintain handovers and case continuity
- Progress the People Services Phase 2 organisational change (Recruitment, Service Centre, OD and EDI) business case for December submission
- Deliver the planned November policy submissions
- Complete the required updates to enable the end-September ER dashboard relaunch and continue internal process improvements to data validation and reporting
- Engagement sessions underway with the Divisional teams to introduce the new ways of working

Assurance

Headline assurance:	On track. People Services structure live with interim cover; recruitment progressing for vacant roles; policy submissions and business case timelines on track; interim ER reporting in place with dashboard expected by end of Sep; steady-state targeted Jan 2026.	**Status:**	Under control
		Ask of this forum:	Note

People Services Improvement Programme - Outcomes & Assurance

Exec. Sponsor:	Sarah Wainwright
PM:	Roxy Oldershaw
Last updated:	23 Sep 2025

Programme Outcomes

- **Enhanced service responsiveness:** People Services is a trusted, agile partner that enables effective service delivery across all divisions
- **Operational efficiency:** Streamlined and optimised processes that maximise productivity and minimise administration
- **Strategic People Services partnership:** People Services is delivering consistent quality advice
- **Professional development and capability:** A highly skilled People Services team that drives continuous improvement

Previous RAG	Current RAG	Impact on outcomes
		Programme in active delivery with milestones on track for achieving expected outcomes.

Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (Aug)	Target	Trend	So what?
Staff in post (% of People Services roles filled following organisational change)	Local	81% (Sep 25)	100%	↑	Capacity challenges are being mitigated, with new structures live and cover in place; recruitment ongoing (4/27 permanent roles vacant)
Grievances Closure Rate (number of closed grievances divided by number of new grievances in a month)	IQR	0.75 (6 closed; 8 new)	2	↑	Demonstrates improvements in ER processes and governance, supporting the reduction of case backlog to get the Trust to a steady-state
Average Case Resolution (grievances only, excluding ET)	IQR	157.5 days	90 days	↓	Reflects improvements of timeliness and fairness of the ER process, directly impacting staff experience and confidence in the service.

Top 3 Risks (BAF/Corporate only)

Description	Type / ID	Current	Target	Trend	Control effectiveness & next step
There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy	BAF 539 - Culture and Staff Welfare	12	8	↔	EDI Plan approved, with clear milestones and quarterly reporting assurance. OD Plan under development; OD interventions in place to support divisional leadership teams & wider organisation.
There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy (gaps in People Services capability and capacity may delay delivery of strategic workforce priorities)	BAF 603 - People Function	12	8	↓	New structure live from 01 Sep; interim cover in place, divisional support allocated and published; ER case continuity assurance. Strategic People Partners now engaging with stakeholders, including TU; further recruitment underway.
There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.	BAF 649 - Organisational Change	16	8	↔	Proposal for corporate restructure sequence to ensure business continuity and capacity. People Services restructure will be led by PS SLT. Confirm if wrap around governance is required for wider corporate restructures.

People Services Improvement Programme - Controls & Exceptions

Exec. Sponsor:	Sarah Wainwright
PM:	Roxy Oldershaw
Last updated:	23 Sep 2025

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
None required for this reporting period				

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
BI Data Access/Reporting	Chief Digital Information Officer	Sep 25	On track	Inaccurate and inconsistent reporting	ER reporting stabilised through interim data collection (Selenity + manual inputs aligned to IQR), with dashboard automation underway to enhance long-term assurance.
Corporate Restructure Sequencing	Chief People Officer	Sep-25	On track	Misalignment and overlapping of organisational change processed, leading to increased pressures	Engagement with key stakeholders to identify prioritisation and resources. Proposal to EMB for coordinated sequencing

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Lease Car Policy Approved	11 Sep 2025	Approved	Key policy reviews progressing to support new ways of working	No recovery action required
JPF agreement on proposal to update ToR, JPF operating model and Recognition Agreement.	11 Sep 2025	Approved	Supports improved engagement and clarity in partnership working	No recovery action required
Power BI dashboards relaunched	30 Sep 2025	On track	Enables consistent ER reporting and improved data assurance	No recovery action required

EMB outcome, (post-meeting)**:**	Assured with the primary focus at this time with recruitment – most on post and some sooner than planned. Further assurance sought for the review in October, related to how we induct and retain our new colleagues. Also, how our new people policies will ensure the change needed.
People Committee outcome (post-meeting):	The committee received good assurance with progress against the plan. It will over the next period start to test the impact starting at its Nov meeting with the perspectives of colleagues in people services.

BAF Risks

- BAF Risk 539 - Culture and Staff Welfare
- BAF Risk 603 - People Function
- BAF Risk 649 - Organisational Change

Clinical Operating Model Programme - Executive Summary

Exec. Sponsor:	Jennifer Allan
PM:	Victoria Cole
Last updated:	02/09/25

Programme Outcomes	Previous RAG	Current RAG	Impact on outcomes
• Enhanced clinical governance and accountability through established Clinical Divisions structure • Optimised clinical service delivery through implemented Clinical Operating Model design • Strengthened divisional leadership capability and team effectiveness through targeted OD interventions • Improved pathways and service delivery integration across each ICS			No material impact on outcomes this period. Divisional governance review re-scheduled from Sept-Dec 2025 (Q3) to Jan-Mar 2026 (Q4) to align with appointment of posts within substantive divisional senior leadership teams - interim arrangements continue, with weekly cross-divisional (DMG) meetings in place. Staff engagement (model design) review (Sept–Oct) remains on plan. Winter/BAU capacity risks are monitored; delivery/benefits forecast unchanged.

Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (period)	Target	Trend	So what?
% of operational and clinical roles defined in new structure	Local	20%	100%	↑	JD reviews and development of role definitions undertaken and continuing during design and engagement period.
% of positive feedback from staff on engagement process	Local	N/A	>75% positive	N/A	Net Promoter Score (NPS) approach to measure feedback following the design engagement process (Sept / Oct 2025)
Improved collaboration (internal & external)	Local	N/A	>75% positive	N/A	Implement a Net Promoter Score (NPS) approach to measure feedback through a structured staff and leadership feedback survey 3-6 months post-establishment (Oct-Dec 2025)

Top 3 Risks (BAF/Corporate only)

Description	Type / ID	Current	Target	Trend	Control effectiveness & next step
There is a risk that if dependencies with the Integrated Care and Scheduling/Make Ready model design are not fully resolved, it could lead to misalignment and rework causing delivery delay, and variable adoption across Divisions.	Prog/697	9	6	→	Continue to hold weekly cross-divisional leadership meetings to ensure alignment, identify emerging issues early and agree joint decisions where needed. Maintain dependency log.
There is a risk that the requirement of key staff in delivering change while maintaining critical services leads to pressure on BAU operations that causes service disruption if not carefully managed.	Prog/698	12	8	↓	COO as SRO is well placed to ensure changes are operationally safe. Key resources identified and engagement continues with leaders via meetings and 1:1s. There is a robust plan in place to support the transition and design process which is continuously monitored.
There is a risk the clinical operating model consultation will coincide with winter pressures, which will reduce staff capacity to engage, leading to delays, increased wellbeing concerns/sickness or grievances, and weakened operational delivery.	Prog/699	8	6	↓	Operational Leads engaged to ensure effective planning for capacity and readiness. Next step - monitor organisational pressure levels and staff wellbeing indicators to inform timing and adjust plans as needed.

Assurance

Headline assurance:	Confidence remains Green if the EMB endorses Operating Configuration-Field Operations Business Case this cycle - deferral would increase timeline risk. Baselined schedule updated to reflect Jan–Mar 2026 Divisional governance review. No change to outcomes forecast	**Status:**	Under control
		Ask of this forum:	Note

Clinical Operating Model Programme - Controls & Decisions

Exec. Sponsor:	Jennifer Allan
PM:	Vic Cole
Last updated:	02/09/25

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
Decoupling timelines for Integrated Care, Scheduling/Make Ready and Field Operations	Timeline	Endorsement of revised phasing	Decision (DR31) to manage IC, Scheduling/Make Ready and Field Operations on separate timelines	Improves delivery confidence and pace - focused consultation/implementation per stream and delivers earlier Field Ops benefits. Dependencies remain tracked via weekly oversight meetings.

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
OD Intervention programme	HR Lead - TBC	31 Jan 2025	Pending decision – currently under consideration whether to include within a wider OD programme under the People Portfolio	Lack of clarity on scope and ownership could delay delivery of targeted OD interventions, limiting ability to strengthen divisional leadership capability and team effectiveness in line with programme outcomes	• Engage with HR and People Portfolio leadership to confirm ownership and delivery approach • Maintain regular updates into programme governance to ensure alignment with Clinical Operating Model outcomes • Ensure OD priorities for divisional leadership are visible within broader OD programme planning, so dependencies are tracked and not overlooked
On-day Performance Workshops (Winter 25/26) – outputs to feed Clinical Operating Model	EOC OUM (WS)	30 Sept 2025 (to inform COM design)	Two workshops scheduled with EOC/OM/OTL	Missed alignment with COM	• Integrate outputs into COM.
IC Quality Summit – check & challenge of outcomes and linkage to IC culture themes	DDO - IC	31 Oct 2025 (to inform IC Business Case & consultation)		Weak assurance on quality/culture improvements; misalignment with IC operating model; reduced staff confidence; potential delay to consultation.	• Integrate outputs into IC COM design and OD plan.

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
None to report – all milestones on track	n/a	n/a	n/a	n/a

EMB outcome, inc. decision requests (post-meeting)**:**	The plan is on track and EMB supported the start of the field operations restructure aimed at ensuring a more clinically led model. There has been much engagement already and the consultation will include close working with TU colleagues.
Relevant Board Committee	Next review scheduled for November

BAF Risks

- 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.

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 across an extended period; ER Casework backlog is high; legacy of inconsistent ER case management; variation in understanding and application of HR policy, and gaps in embedding the sexual safety charter

Accountable Director	**Chief People Office**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 8**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Controls, assurance and gaps

Controls: Mediation Programme launched, with a six-month review scheduled for Oct 2025; ER investigations training delivered, Sexual Safety training delivered to 60 managers; further training scheduled for 2025/26, including management training in key people policies. Ongoing enhancement of ER processes and governance, integration of absence monitoring with ER data to support early intervention and safe staffing. Enhanced ER triage processes. Wellbeing Strategy approved. Adoption of NHS Fair recruitment framework to improve internal shortlisting and selection experience. EDI Plan implementation. OD resource dedicated to organisational change program. 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. Engagement strategy approved. Suspension Review and Grievance Triage Panel forums in place, with standardised triage practices reducing unnecessary escalations. External providers commissioned to support complex investigations and reduce case backlog. Executive and Senior Management leadership programmes underway.

Gaps in control: Inconsistencies in approach to ER casework. Inconsistent application of HR policies across the organisation impacting staff experience. The framework for OD interventions are underway but will be phased over next year. Backlog of ER cases.

Positive sources of assurance:. Staff survey results show improvement across all themes 2 years consecutively. Response rate for staff survey increased in year and >60%. Participation in engagement activities is strong and spread across Trust. Positive results within Mediation Programme. Exit from RSP. 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. NHSE continued oversight of Culture and Leadership elements under RSP.

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
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 has been approved. Work has commenced on developing an options analysis (working with key stakeholders to design the future model) for a future Wellbeing model

BAF Risk 603 – People Function

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

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

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

Controls, assurance and gaps

Controls: People Services Improvement Programme (Tier 1) in delivery stage. Transition team in place. New People Services operating model in place and staff appointed, and designed to support both centralised and decentralised working. Initial corporate restructure phase 1 now complete. Phase 2 restructure to focus on optimising Recruitment and the Service Centre, OD and EDI. CIPD and Professional mapping underway for managers and the ER teams, with other teams to follow early next year. Opportunities for collaboration with SCAS underway. Whole Trust restructure coordinated to align corporate functions with divisional model for improved local support. Sequencing of department restructures agreed and aligned to People Services capacity.

Gaps in control: Two-phase restructure is ongoing and in early stages of implementation, with most functions yet to transition to the new model. Current vacancies in People Services reduce capacity to support whole Trust restructures. Delays in case resolution until new structures embedded and teams are fully staffed.

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.

Gaps in assurance: None identified

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of People Services Improvement Programme	Chief People Officer	Q4 2025/26	Programme delivery underway
People Services Restructure	Chief People Officer	Q2 2025/26	Recruitment and appointments to role underway, with new staff in key post
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 3 = 12**
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). Programme Director – Culture Transformation now engaged with high level reconciliation and mapping of current workforce against Trust Strategy development data. Consultant Paramedic (AC) supporting to align with Models of Care programme

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 are in place. 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. Phase 1 corporate restructures now complete and key posts appointed to.

Gaps in control: Line management roles and new structures not fully stabilised. Lack of stability in certain functions while structures embed. Staggered approach to divisional restructures is delaying full implementation of change.

Positive sources of assurance: 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. Organisational change policy requires review.

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	Phase 1 corporate restructures now complete. Phase 2 sequencing agreed.
Ongoing communications plan in relation to organisational changes	Director of Communications & Engagement	Q4 2025/26	Implementation of plan underway.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board October 2025

Data up to and including August 2025

NHS South East Coast Ambulance Service NHS Foundation Trust

Icon Descriptions

Integrated Quality Report

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

				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.

NHS Performance Assessment Framework 2025/26

★	The NHS Performance Assessment Framework sets out how success and areas for improvement will be identified, and how organisations will be rated. Metrics with this icon are part of this framework.

South East Coast Ambulance Service
NHS Foundation Trust

People

What?

Grievance case volumes saw a slight reduction in August, though overall levels remain high. Sexual safety, bullying, and harassment cases remained stable, with the increase in sexual safety reporting reflecting continued engagement with the Charter. Staff turnover spiked in August due to a one-off cohort of 50 leavers, linked to outcomes from long-standing ER cases and organisational restructure. Sickness absence continues to exceed target and remains a key operational and financial risk. Appraisal delivery remains below expectations, while statutory and mandatory training compliance is showing early signs of improvement. During July 2025, 628 staff completed the NHS Pulse Survey. We are currently awaiting publication of the results. On 12 September 2025, we launched the NHS Staff Survey 2025; the completion period will run until 28 November 2025. After seeing a record number of staff complete the survey in 2024, with a Trust-wide response rate of 67%, we are hoping to match this again in this current round. The second meeting of the Shadow Board will take place on 30 September 2025, after a very positive initial meeting during August.

So what?

The sustained volume and complexity of ER cases—particularly collective grievances—continues to impact staff experience. Current capacity within People Services is limiting the pace of resolution, though improvements are expected as additional support is embedded. The Trust remains over-established, contributing to financial pressure, while the vacancy rate reflects structural misalignment rather than under-resourcing. Turnover stability is generally positive, but the August spike highlights the impact of strategic change. Sickness absence remains under close review to determine whether recent figures reflect meaningful improvement or short-term fluctuation.

What next?

Work continues to strengthen informal resolution pathways and build management capability for earlier and more consistent handling of ER cases. The new operating model for the People Services Employee Relations functions goes live from September, enabling better alignment with business needs and improved case handling. Strategic People Partners will begin targeted work with Divisions to identify and address ER hotspots. Workforce planning is shifting to a longer-term focus, with a new strategic group aligning staffing models with service transformation and financial sustainability. Engagement continues through senior leadership visits and refreshed Town Hall formats, with insights from the Pulse survey and Shadow Board informing future priorities.

NHS South East Coast Ambulance Service NHS Foundation Trust

People Overview

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
0%	11%	78%		0%	0%
0	1	7		0	0

Assurance

Pass	Hit and Miss	Fail	No Target
0%	67%	22%	11%
0	6	2	1

Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Aug-25	2	1	1.5		
Board	Count of Grievances Closed	Aug-25	6	3	14.9		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Aug-25	2	3	4.1		
Board	Individual Grievances Open	Aug-25	8	5	14.1		

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

Employee Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

Pending metric: WRES/WDES - Needs to be defined

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

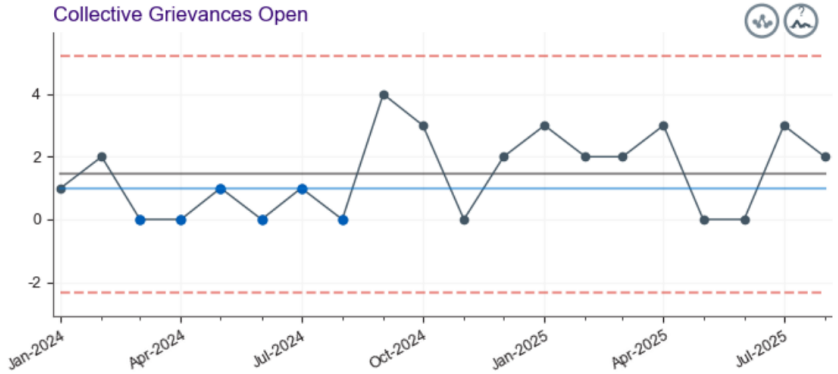
Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Aug-25	13%	15%	15.9%		
Board	Sickness Absence %	Aug-25	6.6%	5%	6.5%		
Board	Turnover Rate %	Aug-25	1%	0.8%	1.1%		

Employee Development

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Aug-25	62.3%	85%	63.6%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Aug-25	86.5%		83.6%		

Pending metric: Education - Needs to be defined



WF-11

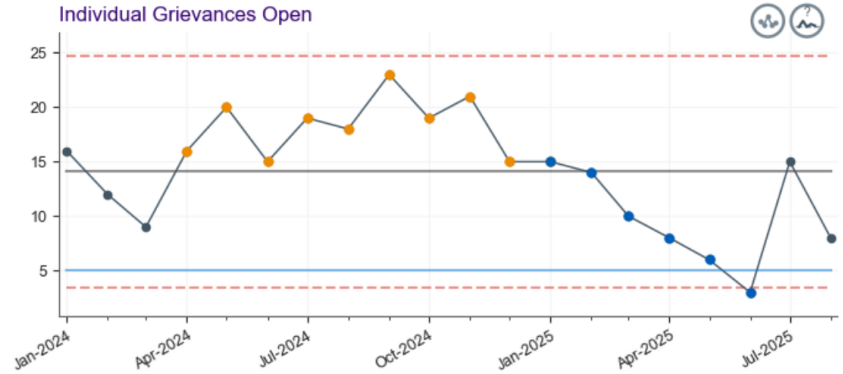
Dept: Workforce HR

Metric Type: Board

Latest: 2

Target: 1

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



WF-10

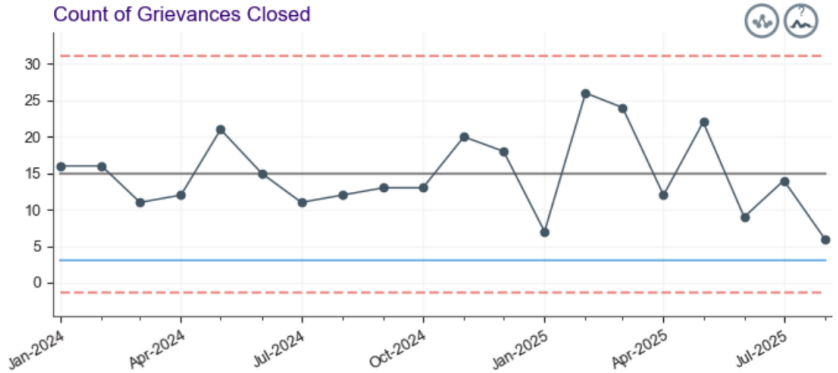
Dept: Workforce HR

Metric Type: Board

Latest: 8

Target: 5

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



WF-42

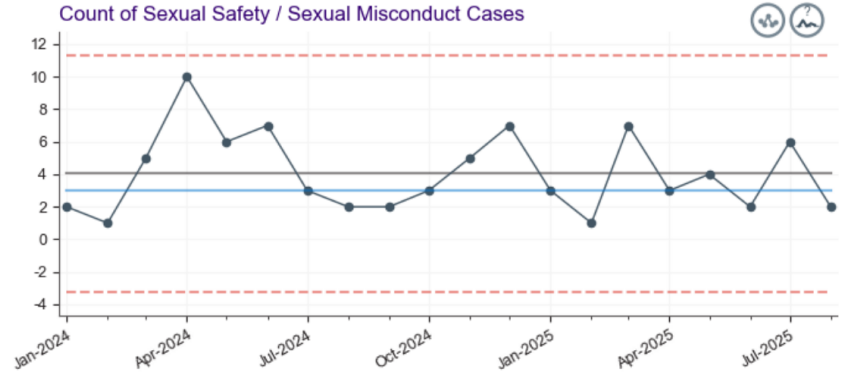
Dept: Workforce HR

Metric Type: Board

Latest: 6

Target: 3

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



WF-41

Dept: Workforce HR

Metric Type: Board

Latest: 2

Target: 3

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

What?
In August, 8 new grievance cases were raised. The total number of open cases is 87 (down by 2), comprising of 67 individual/collective cases (down by 1) and 20 trust-wide issues (e.g. Section 2, lease cars) (down by 1). 6 cases were closed.

So What?
The high volume of open cases continues to highlight pressure on resolution processes and contributes to a poor experience for staff. Progress on grievances - particularly collective grievances relating to pay and conditions - has been delayed due to current capacity constraints within the People Relations Team. However, this situation is expected to improve over the next quarter as additional resources are introduced and organisational changes take effect, policy change is enacted and renewed discussions regarding pay issues commence.

What Next?
- Grievance policies are currently under review to strengthen early and informal resolution pathways.
- Strategic People Partners recruited, filling vacant posts to work directly with divisional teams
- Negotiations have resumed regarding the collective grievance on pay.

Note: Grievance figures will be updated in future reports to reflect ongoing review and improvement work.

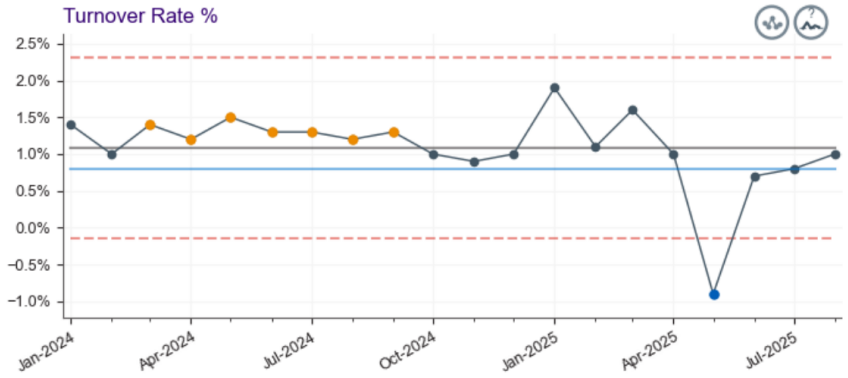
What?
In August, 2 new sexual safety cases were raised which is a reduction from the last month.

So what?
These cases are complex and require careful, sensitive handling. Each case is reviewed by a dedicated panel, and external investigators are commissioned where necessary to ensure consistency and specialist expertise, while internal capability continues to be developed.

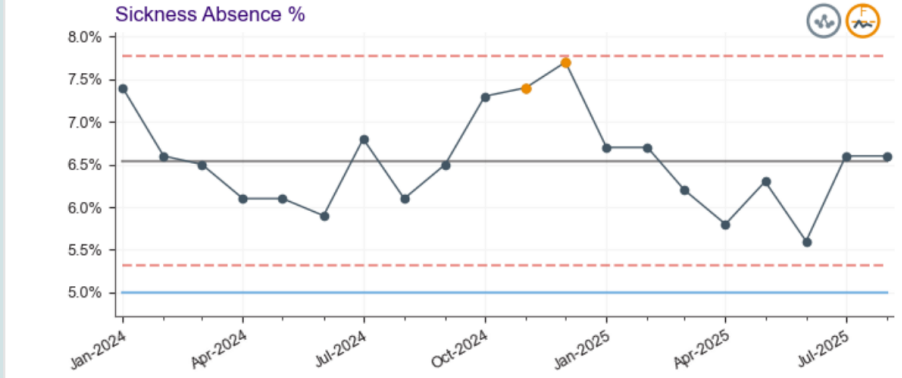
What Next?
- Ongoing panel reviews are being carried out to capture learning and strengthen future case handling.
- Training for Line Managers, Commissioning Managers, and Investigators is scheduled for the autumn.
- Steering Group for delivery of the Sexual Safety Charter refreshed and active: September workshop is focused on process mapping and reporting.

People: Workforce | Board Metrics

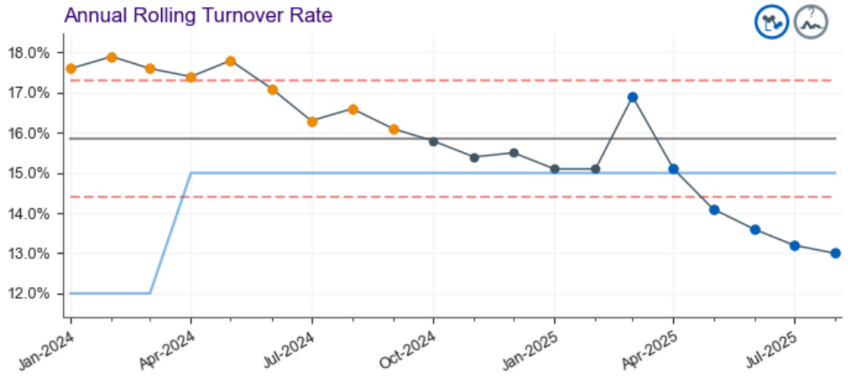
Integrated Quality Report



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



WF-49
Dept: Workforce HR
Metric Type: Board
Latest: 6.6%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-7
Dept: Workforce HR
Metric Type: Board
Latest: 13%
Target: 15%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

What?

In August, 50 staff left the organisation, many associated with closure of long standing and complex ER cases and outcomes from the Organisational Restructures.

So What?

The rolling annual turnover rate remains below target for the fourth consecutive month. The August figure reflects a stable position, there is no indication of emerging risk or trend requiring intervention at this stage.

What Next?

- Action plans for areas with higher turnover will be reviewed to ensure they remain focused and effective.
- Further analysis will be undertaken to confirm whether the current stability is sustained

What?

Sickness absence is currently reported at 6.6%, with a rolling annual figure of 6.12%, unchanged from previous month.

So What?

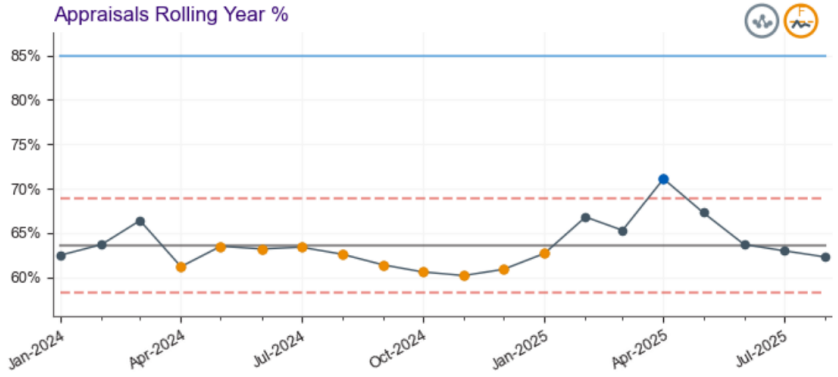
The current level remains within expected variation and does not yet indicate a sustained shift. Monitoring will continue to understand whether this improvement is being driven by local actions or is part of a short-term fluctuation.

What next?

- A 12-month action plan remains in place.
- Policy review is underway to support consistent and fair attendance management, due for completion in Q3.
- Monitoring will assess whether interventions are having the intended impact.

People: Employee Development | Board Metrics

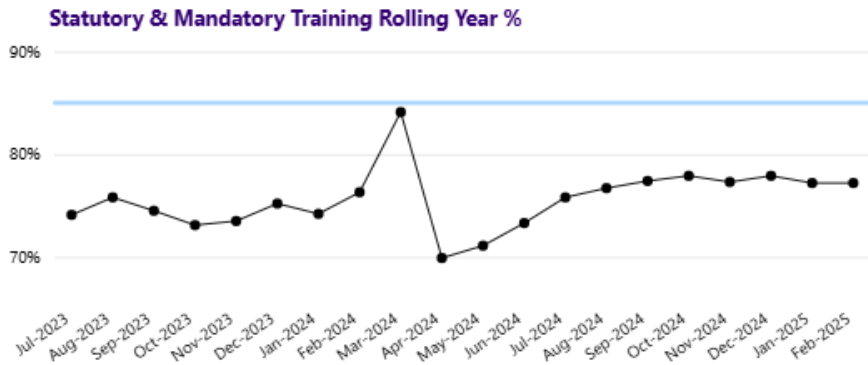
Integrated Quality Report



WF-40
Dept: Workforce HR
Metric Type: Board
Latest: 62.3%
Target: 85%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

WF-6
Dept: Workforce HR
Metric Type: Board
Latest: 86.5%

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



WF-6
Dept: Workforce HR
IP: People & Culture
Latest: 77.2%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

What?
Between September 2024 and September 2025, appraisal completion rates were variable across the Trust. A total of 3,022 appraisals out of a head count of 4468 were completed which shows a minimal increase from the previous 12 months cycle .This shows a completion rate of 67.64%

So what?
The data indicates a continuing trend to obtain completion across over the year. The fluctuations month to month suggests peaks in activity potentially aligned with internal cycles such as performance review period and the decreased rates during higher operational winter pressure months . The change over in the appraisal completion start dates away from the staff members start date in the trust to the start of the financial year may influence the completion trend but not completion rates

What next?
Appraisal delivery still remains below target .Work is ongoing which includes Workshop Development – "Reframing Appraisals", Appraisal Documentation Review and Redesign, Digital System Alignment and Support alongside Cultural Integration and Manager Enablement with the aim to drive for higher appraisal completion rates to ensure that all colleagues have regular, structured conversations about their performance, development, and alignment to organisational objectives. However, the ultimate goal is not simply to achieve high completion rates, but to ensure that appraisals are meaningful, developmental, and contribute to improved engagement, capability, and performance across the Trust.

What?
Statutory and mandatory training compliance for the Core Skills Training Framework (CSTF) has remained above target for the third month. Directorate leads with lower compliance have been contacted and asked to share targeted communications with the relevant teams. A central communication is being prepared to promote statutory and mandatory training completion in Quarter 3 for our corporate colleagues.

So what?
We have achieved the target of 85% in the nationally required Core Skills Training Framework (CSTF), Operations and Human Resources and Quality and Nursing have exceeded target.

What next?
- Work to improve the data capture of the mandatory training is still on hold awaiting input from People Analytics, this is reflected in the second graph which has not be updated.
- Review of the roles who are assigned each training mandate, with a focus on eliminating unnecessary training, will now commence till December 2025 as a requirement of NHSE stat and man Programme.

Appendix 1: Glossary

Integrated Quality Report

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	77-25

Name of meeting	Trust Board
Date	2 October 2025
Name of paper	People Committee Assurance Report – 25 September 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 25 September, 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

The committee welcomed two observers, a member of the council of governors and a member of the new Shadow Board.

ALERT

At the start of the meeting there was a helpful review of the **risk register** and **IQR**. The risk register confirmed the committee has good visibility of the key risks. There were a number of areas from the IQR that the committee sought further assurance, including:

- Further analysis of the themes arising from **grievances** to ensure greater insights.
- How we show the **turnover** data in a way that isn't only trust wide, given the challenges in specific areas e.g. EOC, field ops and support services.
- Steps being taken to manage **sickness** rates which is part of the work on productivity.
- And the long-standing issue of **appraisal** compliance. The committee will spend some time in November looking at the impact of the actions being taken.

Long Term Workforce Planning

A helpful paper was received that informed a discussion about how the workforce plan will be considered in the context of the NHS 10-year plan and 3-year workforce planning guidance. The efficiency programme has

implications for our workforce and so the picture is quite complex. Therefore, it will require careful thought to make sense of as we transform in line with our strategic aims, e.g. virtual care. The committee was reminded that we are carrying forward the modelling in our strategy, where the case for change confirmed that our skill sets will not over the coming years align with patient need. This will be central to the current planning round.

ASSURE

People Services Improvement Plan & BAF Risk 603 People Function

The plan is on track and delivering against the objectives. In September there was the launch of the new People Services directorate with the new teams / people. The new roles and responsibilities ensure a focus on the strategic partners and ER teams, with good alignment to the divisional model. The committee welcomed the high bar that has been set for new appointments and by the end of October all the roles will be filled.

Really positive progress is being made too with the relationship with our trade union colleagues and the introduction of a new TU engagement manager will help develop these. The next step is to review the Recognition Agreement.

The committee is assured with progress on the overall plan and in November will be seeking to hear from other colleagues about the extent to which it is starting to feel different / better.

EDI Priorities

The committee undertook a review of the four EDI priorities the Board agreed earlier this year. The committee is assured by the clarity we have not had previously and in addition to a clear plan, we are starting to deliver against it. The initiatives feel right, and the committee reinforced the value of hearing different voices, and it will find ways to give this platform.

1. *Staff Networks* – we have well-established staff networks with each Lead enrolled in the Accredited Staff Network Leads programme, an external development programme. The networks also have an executive and non-executive sponsor. At the next meeting the committee will review the specific aims / workplans.

2. *Inclusive recruitment* – Recruitment processes have been reviewed to ensure validity of Disability Confident Level 1 accreditation with work underway to achieve Level 2 through enhanced support for candidates with disabilities or long-term health conditions.

3. *Staff Development* – cohort 1 of the reverse mentoring programme completed successfully, and the advert is out for cohort 2. Beyond Bias workshops have been delivered. The next steps are to launch applications for positive action programmes: Springboard (for women and non-binary staff) and Ascend (for ethnically diverse colleagues).

4. *Data insights* – the EDI dashboard is undergoing further refinement with rollout expected by the end of Q3.

A full update will be provided directly to the Board at its December meeting.

Education – Response to the NHSE Education Quality Intervention
There is a good level of assurance with progress against the objectives aligned to the recommendations set out by NHS England. This followed the interim progress review meeting in July 2025, when NHSE provided positive feedback indicating their satisfaction with the steps we had taken. We are on schedule to submit the required evidence to NHSE ahead of the 3 October deadline.

There is one of the six areas that we plan to close later than had initially been requested related to ER investigations. NHSE understand this and support the revised timeframe that help deliver sustainable change.

Engagement Framework
There was a good update on the work delivered against the framework agreed by the Board last December. It reflected then how challenging some of this might be and so the committee is really pleased with the progress and impact made. For example, since its introduction more than 1,500 colleagues — equivalent to one-third of our workforce — have engaged directly through face-to-face mechanisms. Over 1,000 colleagues have also been engaged informally through a wide range of events including Staff Awards, retirement presentations, Star of the Month presentations, patient reunions, etc. In addition to those who have attended in person/joined live, more than a 1,000 staff have watched recordings of Big Conversations and Town Halls, read write ups of Connect with the Chief and Engage with the Exec sessions.

Areas of concern highlighted through this engagement and actively being addressed include clinical education; career pathways and progression; flexible working; and sexual safety. The role of the new divisional structure was explored and how we need to empower divisions to establish their own engagement framework and approach. This overarching framework will therefore be complimentary to what is happening more locally.

ADVISE

Integrated Education Strategy
The committee reviewed the approach to this strategy and the key underlying principles. In line with the presentation given at the recent Annual Members Meeting, the strategy will be developed over the coming weeks, and the committee will consider the final draft in November ahead of the Board in December.

In the meantime, acknowledging digital enablement of this strategy and the people services plan, the committee has asked the CDIO to share with the committee his plans and how these aim to support our colleagues in their work.

Professional Standards
The Chief Paramedic updated the committee on the ongoing review of professional standards. Much work has already been undertaken and with the new Head of Professional Standards there is a focus on guidance and the tools to help people navigate. The aim is to do much more thematic analysis and use learning from elsewhere. Also, to align with the People Services Improvement Plan and provide advice and support that ensures early conversations.

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.