South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors
Meeting to be held in public.

8 September 2025
(Banstead MRC, The Horseshoe, Bolters Ln, Banstead SM7 2AS)
1000:1300

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction					
16/25	10:00	Welcome and Introductions	-	-	Chair
17/25	10:02	Apologies for Absence	-	-	Chair
18/25	10:05	Declarations of Interest	Y	Information	Chair
19/25	10:10	Minutes from the previous meeting 13.03.2025	Y	Decision	Chair
20/25	10:15	Action Log / Matters Arising	Y	Decision	PL
Performance and holding to account. To inform the discussion on the agenda items listed in this section, included is the Integrated Quality Report & Board Assurance Framework.					
21/25	10:20	Presentation of Annual Report and Accounts	?	Discussion	JH
22/25	10:40	Update from the Chief Executive	Verbal	Information	SW
23/25	11:00	**Patients**: Delivering High Quality Patient Care • Unscheduled Care Navigation Hubs	Y	Assurance	LS
24/25	11:30	**People**: Our People Enjoy Working at SECAmb • Student Paramedics • Resilience	Y	Assurance	KN
25/25	12:00	**Sustainability**: We are a Sustainable Partner • Efficiency & Productivity • C2 Mean	Y	Assurance	PB
Break: 1230-1240					
Governance					
26/25	12:40	Governor and Membership Development Committee Report	Y	Information	AL
27/25	12:50	Governor Activities and Queries Report	Y	Information	AL
Administration					
28/25	12:55	Any Other Business (AOB)	-	-	Chair
29/25	12:52	Questions from the public	-	-	Chair
30/25	12:58	Review of meeting effectiveness	-	-	Chair
Date of Next Meeting: 18 December 2025					Chair

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

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

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

Southeast Coast Ambulance Service NHS Foundation Trust

Council of Governors Part 1

Meeting held in public
19th June 2025
10:00 – 13:00 Banstead MRC, The Horseshoe, Bolters Ln, Banstead SM7 2AS

Present:

Simon Weldon	(SW)	Chief Executive
Michael Whitehouse	(MW)	Chair
Liz Sharp	(LS)	NED
Paul Brocklehurst	(PB)	NED
Max Puller	(MP)	NED
Peter Schild	(PSc)	NED
Ellie Simpkin	(ES)	Appointed Governor
Stephen Mardlin	(SM)	Appointed Governor
Andy Erskine	(AE)	Appointed Governor
Hilary Orpin	(HO)	Appointed Governor
Lee-Ann Farach	(LaF)	Appointed Governor
Andrew Latham	(AL)	Public Governor
Harvey Nash	(HN)	Public Governor
Leigh Westwood	(LW)	Public Governor
Martin Brand	(MB)	Public Governor
Peter Shore	(PS)	Public Governor
Zak Foley	(ZF)	Public Governor
Mark Rist	(MR)	Public Governor
Kirsty Booth	(KB)	Staff Governor (non-operational)

In Attendance

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

Apologies:

Suzanne O'Brien	(SO)	NED
Karen Norman	(KN)	NED/SID
Ariel Mammama	(AM)	Staff Governor
Garrie Richardson	(GR)	Operational Staff Governor
Mojgan Sani	(MS)	NED
Subo Shanmuganathan	(SS)	NED
Howard Goodbourn	(HG)	NED
Vanessa Fowler	(VF)	Appointed Governor
Ray Rogers	(RR)	Public Governor
Matt Deadman	(MD)	Appointed Governor
Angela Glynn	(AG)	Appointed Governor
Aidan Parsons	(AP)	Public Governor

Item No.	Introduction and matters arising
01/25	**Introduction** MW welcomed everyone to the meeting and welcomed the two new appointed governors, HO and LaF.
02/25	**Apologies for Absence** The apologies were noted as listed above.
03/25	**Declarations of Interest** No additional interests were declared to those already recorded on the register of interests, available on the trust website.
04/25	**Minutes from the previous meeting** The minutes from the previous meeting were approved with amendments.
05/25	**Action Log / Matters Arising** The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.
Performance and holding to account.	
06/25	**Update from the Chief Executive** SW opened with a tribute to Professor Douglas Chamberlain, whose pioneering work in pre-hospital care significantly shaped the organisation. His funeral will be held tomorrow, with the Trust's standard used for his coffin in recognition of his legacy. Nationally, the NHS is undergoing major structural changes. All ICBs must reduce running costs by 50% by October 2025, with Surrey and Sussex expected to partner, and Kent remaining separate. Sussex, being overfunded, will see significant allocation changes. A single regional commissioner for ambulance services is expected by year-end, though the final structure remains uncertain. The Trust is actively involved in shaping the future model. The upcoming spending review will allocate £29 billion to the NHS over three years, including £10 billion for technology. However, funding growth remains below demand

	growth, placing pressure on productivity and efficiency. This will be a key focus at the August public board meeting. The national emergency care plan introduced new standards: a 30-minute response target and a 45-minute handover time. SECAmb is among the top performers nationally. Additionally, the Trust was publicly commended for its high staff vaccination rate, reaching 74%. Internally, the Trust has transitioned to a devolved leadership model with three operational divisions empowered to make local decisions. A 6% productivity and efficiency target has been launched, with a deliverable but challenging plan in place. Collaboration with SCAS is progressing, with a joint business case expected in October. Recent cultural initiatives include the volunteer conference and Return of Spontaneous Circulation (ROSC) awards, the launch of a shadow board to amplify diverse voices, and a successful staff football tournament. **Governor Questions** **Question (AL):** At the last Council of Governors meeting, I asked about ECSW pay harmonisation and back pay. The response was that this had been resolved, but the recent bulletin mentioned ongoing challenges. Can you clarify the current position? **Answer (SW):** This matter will be reported to the Board in due course. There is no lack of scrutiny. We have corrected current and prospective pay issues. We are working with union colleagues—who have been very constructive—to agree on a formula for back pay. However, retrospective issues are complex and remain a work in progress. **Question (LaF):** With the Kent & Medway ICB footprint likely to split into four unitary authorities due to local government reorganisation, how is the Trust responding to this, especially in terms of consistent messaging and leadership? **Answer (SW):** A key issue is the redistribution of functions currently held by ICBs. Some of these may cease, and we may be asked to take them on. Boards could be expected to take on more assurance responsibilities, which risks duplication. We are actively engaged in discussions to define these functions and how they will land. Emergency planning is one area where we may take a lead role locally. **Question (AE):** I recently did an observer shift in Farnborough and Frimley Park. Will there be any impact on Frimley due to the changes? **Answer (SW):** Frimley will be affected. Parts of it fall under SCAS territory. The proposal as it stands

	would see SCAS covering those areas. We are currently mapping functions across all ICBs to understand the full impact.
07/25	**Patients: Delivering High Quality Patient Care** LS provided a summary of the committee's recent work, noting that priorities remain aligned with the Trust's strategy as outlined in the Board Assurance Framework (BAF). The April Board meeting reflected positively on the year's performance, highlighting that the Trust achieved the best Category 2 mean response times and cardiac survival rates nationally. These outcomes were attributed in part to the contributions of volunteers and emergency first responders. The committee commended the progress made, particularly the impact of the HUBS initiative, which will be formally evaluated at the upcoming QPSC meeting. The committee approved the 2025/26 plan and priorities, focusing on three of the eleven models of care: falls and frailty in older people, end-of-life care, and reversible cardiac arrest. A report on these areas will be presented in October. An assurance gap was noted in the "hear and treat" category, where performance remains below the 18% target. Improving cardiac survival remains a quality account priority, with the updated quality account due for publication next week. A new clinical priority is being developed: a decision-making framework for suicidal patients, prompted by coroner concerns regarding non-conveyance decisions. This aims to support crews in managing complex and sensitive situations. LS confirmed that the committee is on track and meeting its targets. **Question (MB):** The BAF risks seem very high-level and generic. Are you assured that you have the detailed, granular information needed? **Answer (LS):** At the committee level, we've expanded the level of reporting. The refreshed IQR provides more detailed insights, and I'm assured we can rapidly identify concerns. (MW added): It's a good challenge. While we don't want to micromanage, the IPR gives us strong visibility. However, we should consider whether we're using it effectively at Board level. **Question (KB):** Are we ready with robust plans for a CQC inspection, given our historic challenges? **Answer (LS):** Yes, there's a clear plan in place. We've been submitting regular information to the

	CQC and are now out of RSP. Quality leads are in place, and we have assurance from the evidence submitted. (SW added): We've also completed an internal well-led review. Our relationship with the CQC is now more normalised and constructive, with ongoing communication. **Question (AL):** Are you assured we can deliver the long-term strategy for patients, especially given our reliance on third-party partners like UCR, where we've seen a 70.2% acceptance rate? **Answer (SW):** This is a recognised risk. Our partners are also undergoing change, which impacts delivery. Relationships remain strong, and we're keeping the conversation active. The situation is complex and varies by region. We've started winter planning and are exploring earlier interventions for C3 and C5 categories. MW thanked LS for the comprehensive update and the committee's continued focus on delivering high-quality patient care.
08/25	**People: Our People Enjoy Working at SECAmb** MP confirmed two People Committees (PCs) had taken place since the last council meeting. The recent Board meeting focused on the theme of "Our People," with particular emphasis on volunteering. AL and LW joined the session, contributing to the discussion. Assurance was provided through the People Committee and the Quality and Patient Safety Committee (QPSC), with a strategy scheduled for Board approval in December. The committee reviewed progress against the 2024/25 plan, noting that most objectives had been delivered, with a few outstanding items being addressed. The 2025/26 plan was also supported. The committee reflected on the positive developments, described as "green shoots," and emphasised the importance of maintaining momentum. A senior leadership conversation is scheduled for February, with NHSE feedback indicating evidence of learning and improvement. The strategy will return to the PC in September for further scrutiny. Within the previous PC, a verbal update was received from the Medical Director regarding the transition of the sexual safety portfolio to SWa. The next PC meeting in July will revisit this topic. The Board Assurance Framework (BAF) continues to guide priorities and planning, with Non-Executive Directors (NEDs) monitoring progress and risk mitigation. Discussion followed on the importance of clear deliverables and timelines for addressing issues raised by student paramedics. It was agreed that further detail would be provided, and that the matter would be discussed in the appropriate forum, with personal oversight from senior leadership.

	This issue is being triangulated through the People Committee and the Audit and Risk Committee (ARC). The scope of the volunteer review was discussed, with recognition that while the current strategy focuses heavily on clinical volunteers, it also references chaplains and support volunteers. Governors are not currently included, but the strategy will be revisited in December with broader input. The role of volunteers is seen as increasingly important in supporting SECAmb's strategic goals. The committee acknowledged the ongoing uncertainty caused by internal restructuring and external changes. Concerns were raised about the potential impact on management capacity and staff wellbeing. In response, it was confirmed that individual development plans are in place for all executives, and a bespoke resilience plan is being implemented across all levels. NHSE has requested a resilience review, including succession planning, which will be reported to ARC in August. Talent management is now a more active process, with a focus on developing individuals. Improvements in statutory and mandatory training rates were noted, with current figures exceeding targets. Local autonomy for divisional directors was also highlighted as a key area of staff interest. The integrated education and resilience strategies were emphasised as critical areas of work. The committee noted that competencies, training, education, and recruitment are all aligned with a common ethos, and that appraisals should be viewed as part of this broader framework rather than in isolation. The improving picture on appraisal completion rates was welcomed. MW announced the appointment of a permanent lead for fundraising activities. KB, a staff governor, shared positive feedback on the SECAmb leadership course, describing it as highly effective and recommending its wider rollout. MW welcomed the feedback and noted the positive impact of such programs. The committee also reviewed the ER caseload, noting that while legacy cases remain, the overall direction is positive. Interventions such as mediation are being used to prevent escalation. It was acknowledged that spikes in cases can result from organisational change rather than poor practice. Confidence was expressed in the current senior leadership team's ability to manage these challenges effectively. The meeting concluded with a commitment to provide further assurance on intervention plans, including clear deliverables and evidence of progress.

	The Freedom to Speak Up (FTSU) function is being used proactively, with outreach to students already underway. The committee emphasised the importance of robust management actions in response to recent reports and agreed to follow up on the success rate of mediation and resolution of referrals at a future meeting. **Governor Questions** **Question:** **MB:** What is actually going to be done regarding the issues raised by student paramedics, and what are the timeframes and milestones? **Answer:** MP acknowledged the request and confirmed that a plan with clear deliverables and timelines would be shared. **Action** SW added that discussions with MP and PL would ensure the matter is addressed in the right forum and emphasised his personal commitment to the issue, with reporting through the People Committee and ARC. **Question:** **HN:** What is the scope of the volunteer review? Does it include CFRs, ERs, chaplains, welfare volunteers, and governors? **Answer:** MP responded that the strategy over-indexes on clinical volunteers but does reference chaplains and support volunteers. It does not currently reference governors. SW added that the purpose of the conversation is to define the role of volunteers in SECAmb, with a strategy to be informed by all and returned in December. **Question:** **HN:** Are we considering how to support management through the uncertainty caused by restructuring and external changes? **Answer:** SW confirmed that individual development plans are in place for executives, and a bespoke resilience plan is being implemented across all levels. NHSE has requested a resilience review, including succession planning, which will be reported to ARC in August. **Question:** **KB:** Is the ER caseload under control and moving in the right direction? **Answer:** MP stated that it remains a key area of focus, with legacy cases still present, but a positive direction of travel. Interventions like mediation are being used to prevent escalation. SW agreed and noted that spikes can result from organisational change, not poor practice, and expressed confidence in the current leadership team. **Question:** **AE:** What measures will NEDs expect to see to be assured on the intervention issue? **Answer:** MP committed to providing clear deliverables by September to ensure full assurance. SW added that the FTSU function is being used proactively, with the guardian reaching out to students. MW emphasised the need for robust management actions in response to the report's recommendations. **Question:** **PS:** What is the success rate of mediation and resolution of referrals? **Answer:** MP acknowledged the question and committed to taking it away and returning with the data.

09/25	**Sustainability: We are a Sustainable Partner** PB opened the discussion by highlighting the strength and maturity of the finance committee, noting that it is well-established and aligned with the Board Assurance Framework (BAF). The committee benefits from excellent support from Non-Executive Directors (NEDs), and recent meetings have evolved into productive and insightful discussions. PB expressed confidence and assurance in the committee's performance. Reflecting on the previous year, PB reported strong financial outcomes, including achieving a Category 2 (C2) mean response time improvement and maintaining a balanced financial position. The Trust delivered £10 million in efficiencies—its highest ever—and received a clean bill of health from external auditors. Internal auditors also raised no significant concerns. For the current financial year, the Trust remains on plan. £4 million of the £10 million Cost Improvement Programme (CIP) and productivity target has already been validated in Month 1, with 94% of it being recurrent. An additional £800,000 was awarded from a national health and safety initiative. The financial plan submitted to NHSE was rated as a Tier 1 plan—among the best in the country—requiring minimal national intervention. The Trust is now focused on delivery, with quarterly reviews built into the board cycle. PB praised the collaboration between Operations and Finance, describing it as a whole-organisation effort. A joined-up approach will be presented to the Board in August. For the current year, £9 million of the £10 million target has already been identified, and the Trust is in a stronger position than in previous years. A new Head of Risk has been appointed, and there are currently 123 risks recorded across the organisation, with a concentration in finance and digital. Work is underway to baseline and balance these risks appropriately. Commissioned contracts, including IC24, 999, and Churchill, were reviewed and found to be satisfactory, with the exception of the midwifery contract, which requires further assurance. The new Chief Digital Information Officer (CDIO), in post since April, is developing a comprehensive digital plan to prioritise conflicting workloads and address business-as-usual and security findings.

This plan will be presented to the Finance and Investment Committee (FIC) and the Board in August.

Internal audits on disaster recovery and digital service provision have returned moderate findings, with areas for improvement already being addressed.

MW acknowledged the importance of achieving a break-even position and maintaining financial credibility within the system.

He expressed gratitude for the committee's work and noted the importance of early intervention to avoid year-end financial pressures.

The committee discussed the £12.6 million productivity target linked to the 25-minute C2 mean improvement. Approximately 80% of the 50 initiatives supporting this target are not rated red, and £9 million has already been identified. Cash flow projections and financial performance are being monitored through FIC, with formal quarterly stocktakes planned.

SW noted that NHSE has provided an additional £10 million this year, with £5 million tied to performance outcomes.

While there is confidence in delivery, the Trust remains vigilant and is prepared to engage with commissioners if necessary. Collaboration with SASC and shared procurement strategies are expected to yield further efficiencies.

The committee also discussed the ongoing digital transformation. The new CDIO has made a strong start, supported by a solid digital strategy and a smooth handover from the previous CDIO.

Prioritisation and reporting mechanisms are being refined to ensure effective delivery. KB raised the importance of the defibrillator replacement programme, particularly its links to finance and patient safety.

The meeting concluded with a shared sense of confidence in the Trust's financial and operational planning, while acknowledging the need for continued vigilance and proactive management to sustain progress.

Governor Questions
Question:
MB: The £12.6 million productivity target linked to the 25-minute C2 mean—how is this being tracked? Is it rated red/amber/green?
Answer: PB responded that the target is broken down into around 50 initiatives, with approximately 80% not rated red. £9 million has been identified, and £4 million has already been delivered.

Question:
MB: The usual finance table in the IQR is missing—what is the projected cash flow for March next year?

	Answer: PB confirmed that cash flow is covered in the Finance and Investment Committee (FIC). SW added that the cash flow projection will be published later and that quarterly stocktakes are planned as part of the board cycle. **Question:** **MB:** If the £12.6 million linked to the C2 mean is compromised, what are the consequences? **Answer:** SW explained that NHSE provided an additional £10 million this year, with £5 million tied to delivery and in-year performance. NHSE is assured that the Trust is on track and will not penalize the Trust if issues are judged to be outside its control. However, the Handover and Turnaround (H&T) rate is a critical deliverable, and efforts are focused on improving it to best-in-class levels. **Question:** **MB:** The new CDIO is undertaking an assessment to be presented in August. Are you assured that progress is being made between April and August? **Answer:** PB confirmed assurance, noting a good handover from the previous CDIO, Stephen Bromhall. The new CDIO has made a strong start, and priorities are being set effectively. **Question:** **KB:** Regarding the defibrillator replacement programme—will funding be available, and what are the implications of a prolonged rollout? **Answer:** SW stated that this is a priority and that the Chief Medical Officer is preparing a proposal for the second half of the board cycle. There is no immediate severe patient risk identified. Funding options are being explored, including commercial arrangements that may reduce upfront costs. The proposal will return to FIC for scrutiny.
Governance	
10/25	**Governor and Membership Development Committee Report** The meeting marked the first session of the newly combined Governor and Membership Development Committee. Members acknowledged the need to review the meeting cycle to allow more time between committee meetings and subsequent reporting to the Council of Governors. This would ensure sufficient time for reflection and the raising of issues of concern by governors. The committee discussed the importance of aligning meeting schedules with RB to ensure timely and effective communication. It was noted that while some of the items raised by governors had been addressed, not all had been covered, and further time may be needed to ensure comprehensive discussion and assurance. The meeting featured a series of encouraging presentations from key individuals, including Vicky (Head of Charity) attended GMDC who introduced the new charity

	initiative, and contributions were well received and provided valuable insight into executive roles and areas of focus. The Chair extended thanks to governors for their continued commitment and active participation in committee work. It was noted that some governors had invested significant time and effort, including reviewing extensive documentation demonstrating a high level of engagement and dedication. Governors were also commended for their involvement in member engagement activities. AL noted that the Annual Members' Meeting (AMM) is scheduled for 12 September at the K2 Centre in Crawley. A dedicated Task and Finish Group has been preparing for the event, with a strong focus on engaging the local community, including non-members. Plans are in place to extend invitations to schools and other community groups. Jodie was recognised for her excellent work in coordinating the event preparations.
11/25	**Governor Activities and Queries Report** Report noted.
12/25	**Nominations Committee Report** Report noted with thanks to Governors. MW highlighted that all NEDs do meet the FPPT criteria.
Administration	
13/25	**Any Other Business** None Received.
14/25	**Questions from the public** None received.
15/25	**Review of meeting effectiveness** It was noted that the structure change bringing the NED reports first felt very useful. Governors would like to see this order continue moving forward. MB commented he would like more specificity in NED reports and asked if they could highlight any specific concerns.
	Date of next Formal Council of Governors Meeting:

	Monday 08th September 2025

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

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

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	23/25

Name of meeting	Council of Governors
Date	08 September 2025
Name of paper	NED Highlight Report – We deliver high quality patient care

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

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

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

In the last cycle, the Board received information about the evaluation of the **Unscheduled Care Navigation Hubs**. Further analysis is needed to assess value for money (on average one patient was assessed via the hubs each hour) and while some acute trusts perceived a benefit through lower conveyance to emergency departments the analysis was unable to determine clear patient outcomes. The inconsistent availability of pathways was a key factor. The winter plan scheduled to come to the Board in October will include the approach to the hubs.

Models of Care, a key strategic priority, continues to make progress with system partners well engaged, including on the hubs. In the context of patient outcomes and some of the difficulty still in getting data when people leave our service, the Board has reinforced the importance of digital alignment and at its meeting in August approved the digital delivery plan. Cardiac care is one of the focus models, and while we have the highest cardiac survival of all ambulance trusts, the Board sought assurance that we are using data to improve even further. There was a constructive discussion about equity with some of the more deprived areas in our region having fewer public access defibrillators and fewer community first responders, reinforcing that cardiac survival is not an issue solely for the ambulance service. The Board will spend time in October to further review this strategic priority.

Virtual Care is also a key strategic priority, supporting our aim of reducing our physical responses to better meet the needs of patients. One of the main areas of concern from this programme is achieving the level of Hear and Treat noting the ongoing work to upskill our clinicians in this virtual care space.

Connecting the discussions on Models of Care and Virtual Care, the Board acknowledges the efforts of the executive to engage commissioners in **UEC Pathways Development.** There is some positive progress with enhanced pathways and identifying gaps. The challenges include clinical oversight, with some pathways led by partners, some ICBs, and some NHSE, leading to much variation. Consistency is therefore a key barrier,

and work is ongoing to reduce unwarranted variation. The divisional model will position us well with the quality and clinical leads ensuring local focus to best needs of the populations.

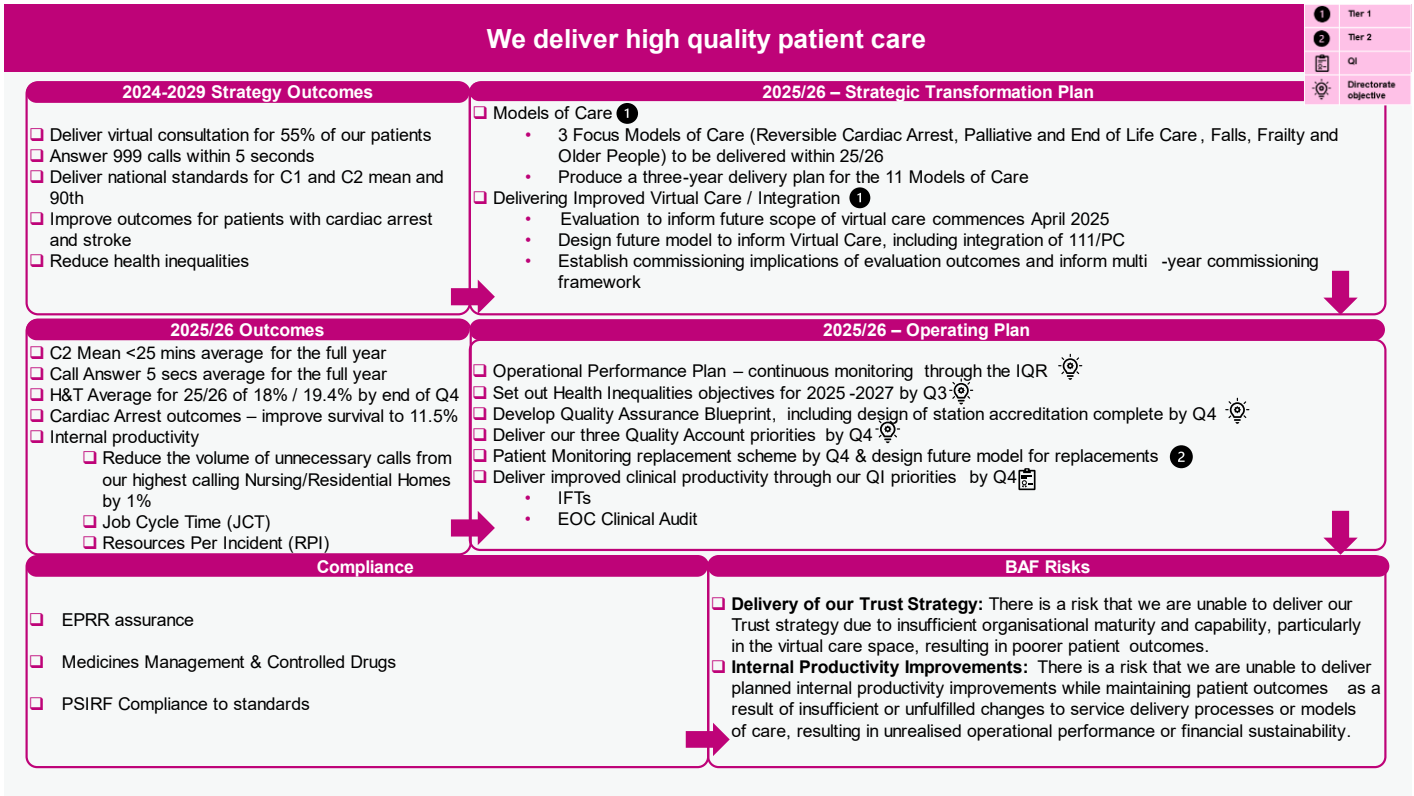
At a national level we have input into the draft national ambulance commissioning specification and regionally we are using our models of care to reinforce with commissioners what good outcomes are so that as part of the planning round for next year we are more outcomes focussed.

The Quality & Patient Safety Committee (QPSC) considered a report setting out concern about the effectiveness of **service delivery in 111 / EOC**. This is an excellent example of how a number of issues have been brought together to establish one augmented risk, related to the ongoing competency of EOC staff. Much assurance was taken from the actions being taken to ensure effective feedback is provided to support high standards. However, acknowledging the complexities within a call centre to balance quality, performance and compassion fatigue, a Quality Summit was subsequently held. The committee will consider the outputs of this in September.

The focus of QPSC is aligned well to the BAF and risk register and broadly there remains a good level of assurance related to quality and patient safety. The **Integrated Patient Safety Report** presents key patient safety themes identified through triangulated data from incidents, complaints, claims, inquests, and patient engagement. The six priority themes are: call handling; mental health emergencies; ambulance response delays; medicines; equipment; and working with our partners. While safety improvements are underway, the committee supported the continued focus on:

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

BAF



South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	24/25

Name of meeting	Council of Governors
Date	8 September 2025
Name of paper	**NED Highlight Report – Our people enjoy working at SECAmb**

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

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

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

The most recent meeting of the People Committee in July was framed by a Staff Story connected to the work on **Sexual Safety**. A newly qualified paramedic shared their experiences, which helped to inform the discussion that followed about where we need to do better, both proactively and reactively. While work is progressing against the Sexual Safety Charter there has been some loss of momentum in particular areas. There are no significant risks requiring immediate action, but the committee challenged the executive to see if we can go further faster, particularly with the quality of investigations. It acknowledges that these are often very complex and supports the specialist training being provided. The hope is that this training will start to have a demonstrable impact over the coming months, as managers' confidence builds. The Board is assured by the seriousness with which this is being taken by the executive, and the actions that are being prioritised.

The **People Services Improvement Plan** and the **Organisational Operating Model** continue to be a focus of the Board and is assured by progress to-date. The restructures arising from the operating model have left some initial gaps, as expected through people leaving and/or redeployment. Therefore, while there is an initial increase in risk, the expectation is that this will be managed effectively until the new posts are filled which will shift our capacity to support the level of organisational change needed to meet our strategic aims. The People Committee will review this aspect specifically at its September meeting acknowledging how critical it is to the Improvement Plan to ensure the right people are in post.

The **Wellbeing Strategy** was approved by the Board in August**.** It aligns to the NHS 10 year plan (e.g. staff treatment hubs and staff standards) and sets out three themes; learning from lived experience; embedding

wellbeing in everything we do; developing the proactive response to wellbeing. The related Charter will cover what the trust will offer and what is expected from our people to attend to their own wellbeing.

The Board supports the plan to prioritise the basics, to ensure we do these well and agreed that the strategy was quite progressive in balancing the responsibilities of the employer and the employee.

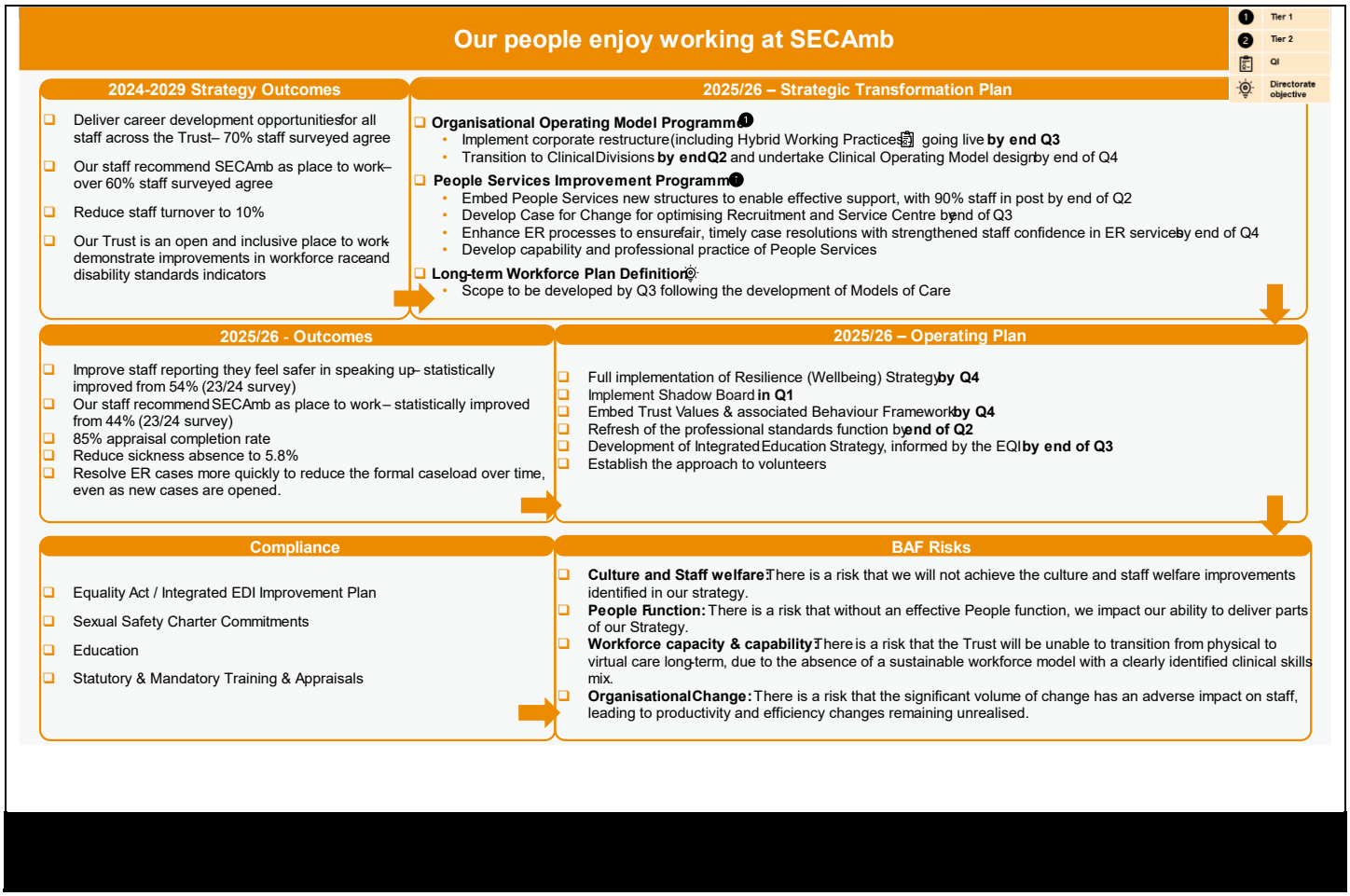
Work to address the **HART / SORT Culture** issues has been ongoing and the Board supports the aim to ensure improvement is both co designed and co delivered by the leadership team. One of the initial steps therefore is to focus on building the leadership. There is assurance that the issues are clearly identified, and the fact that interventions will be owned by the leadership team is a key change from previous plans. It is also right that the executive has underscored the link between culture, leadership and clinical outcomes. The People Committee will receive regular updates to monitor progress.

Following the internal **Health & Safety** review earlier this year, the Board has confidence in the improvement plan with the main areas of focus relating to leadership and employee involvement. This is part of the annual cycle of assurance cycle of the People Committee, and the Board has reinforced the link to culture, triangulating the themes to the other areas of focus, e.g. sexual safety and HART SORT.

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

As previously reported to the COG, the People Committee will review in September the evidence being submitted in response to the **NHSE Education Quality Intervention** (areas to be covered are set out in Appendix 1).

BAF



Appendix 1

Requirements

Mandatory Requirements

Requirement Reference Number	Review Findings	Required Action, Timeline and Evidence
MR-01	We understand that a new rostering system was implemented in the second half of 2025, and that you will be collating and analysing learner feedback by 31/07/2025.	We ask the Trust provide evidence of this feedback and the Trusts' next steps to accommodate said feedback. We also request feedback from the supervisors regarding protected time, and any impact on service provision. **Documentary evidence to be submitted by 3rd October 2025.**

MR-02	The Trust is actively working to communicate and document the scope of practice for learners at different stages of training to enable quick reference for learners and clarity for practice educators.	We ask for the following: a. the Trust provide evidence how they are clarifying apprenticeship days/shifts and communicating learner scope of practice to supervisors. b. the Trust provide a document around principles of scope of practice and evidence how this is implemented across the workforce. c. the Trust provide evidence as to how they are implementing measures to prevent repeat incidences of confusion from learners and supervisors around scope of practice. **Documentary evidence to be submitted by 3rd October 2025.**
MR-03	There has been a recent change of ambulance manufacturer which has made communication between the front crew and cab (where learners are often assigned) difficult. The Trust reported that they are looking into a new system using QR codes and a screened livestream that attendants can view.	The Trust provide evidence of the communication tools and/or systems in double crewed ambulances, and the collated feedback from learners on their experience of this. **Documentary evidence to be submitted by 3rd October 2025.**

MR-04	When asked how this process was being communicated to learners, the Trust reported that the senior leadership team encourage an open-door policy, and that staff and learners are included in all outgoing communications. The Trust reported that they could go further to obtain feedback from learners.	The Trust provide evidence that learners understand the process of reporting concerns related to the Sexual Safety Charter and feel that they able to raise these in a timely and appropriate manner and are taken seriously. **Documentary evidence to be submitted by 3rd October 2025.**

MR-05	The Trust leadership outlined their work to address safeguarding concerns raised by trainees and HEIs including a multidisciplinary team (MDT) process, including HEI representation. There was a need to capture the experience of learners within the system. An externally provided training programme was outlined, with a number of staff already having undertaken this.	The Trust provide evidence of the partnership between SECAmb and HEIs when investigating concerns or allegations raised by learners, including Standard Operating Procedures for all processes to include a mechanism to capture experience of learners in reporting concerns. The Trust to provide evidence of roll out of training across whole organisation with completion rates and future plans. **Documentary evidence to be submitted by 3rd October 2025.**
MR-06	When asked about the induction process, the Trust reported that there is a five-day online induction where psychological and sexual safety is a focus, followed by an individual station induction. These can be led by a team leader or champion that meets learners on the day whilst some stations have learner noticeboards. The Trust acknowledged that there is a gap in individual station inductions, and this is a part of their education improvement plan (EIP). The panel heard that the feedback on induction from current learners has so far been positive.	The Trust provide evidence on how the Safe Learning Environment Charter (SLEC) is implemented, with particular focus on the psychological safety of early learners. Follow up in July meeting. **Documentary evidence to be submitted by 3rd October 2025.**

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	25/25

Name of meeting	Council of Governors
Date	8 September 2025
Name of paper	**NED Highlight Report – We are a sustainable partner as part of an Integrated NHS**

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

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

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

This Strategic Aim was the main focus of the Board meeting in August. It approved the **Digital Strategic Delivery Plan** reinforcing the importance of digital alignment to the other strategic priorities. The six key programme area are Cybersecurity; Digital Workforce; Data & AI; Infrastructure; Collaboration; and Product Delivery. The plan is comprehensive and clear. Progress is already being made e.g. the collaborative initiatives and advanced technology deployments with partner organisations.

The Board received the outputs of the **Q1 Efficiencies & Productivity Review**. While the Trust remains on track to deliver a break-even financial position by year-end, there is caution in interpreting this headline position. As set out on the BAF, there continues to be significant risk to the efficiency and productivity, particularly in achieving recurrent savings and meeting the C2 performance target. This is despite the enormous collective organisational efforts. The relevant management teams have initiated a focused reassessment of priorities aiming to balance short term delivery with long term sustainability. These may include temporary non-recurrent measures to protect financial delivery. The broader implications of such actions on future years are also being considered. The plan remains deliverable, but proactive decisions and tighter focus will be essential in the coming months. Continued alignment, phased restructuring, and targeted efficiency delivery will be key to achieving year-end goals.

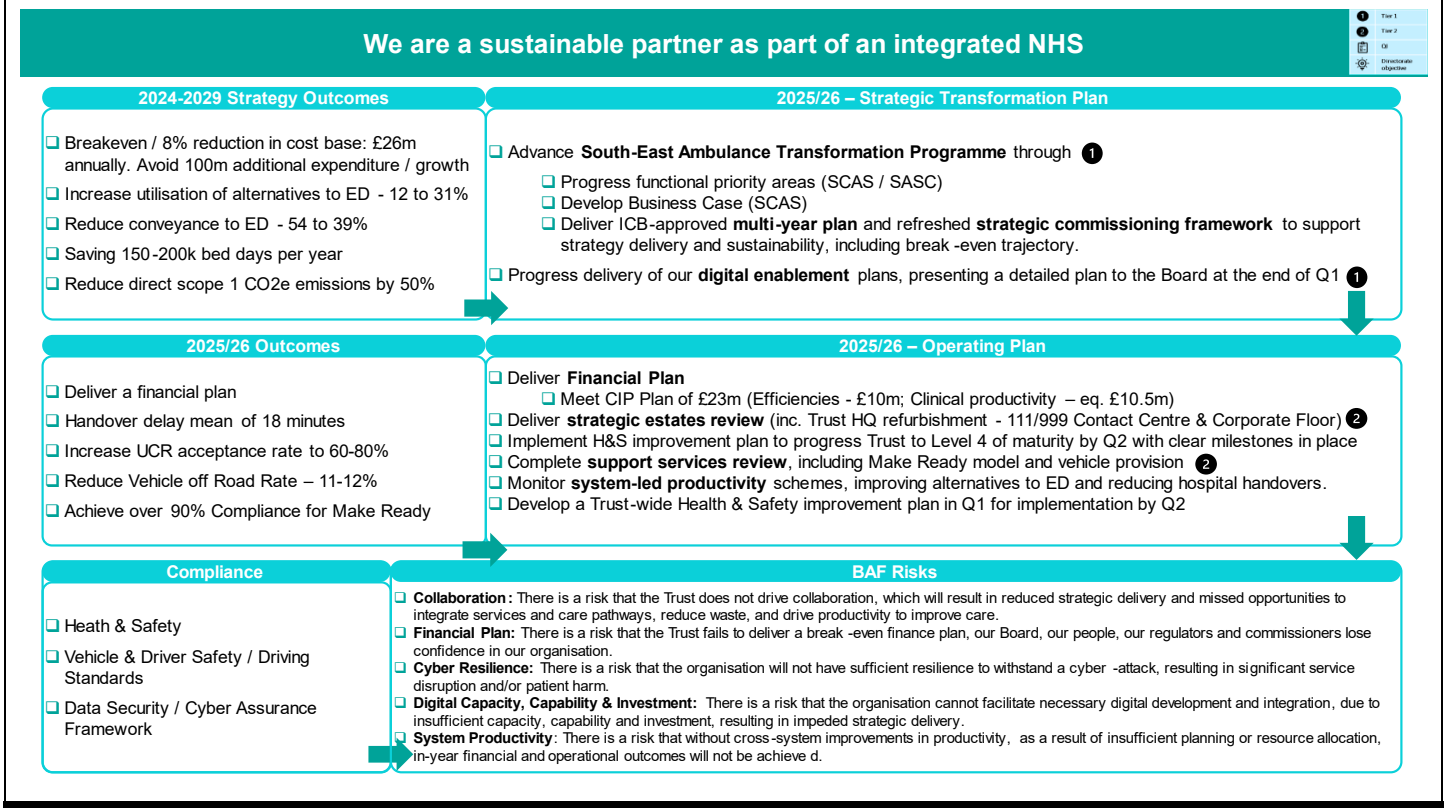
The Board will use some of its time in September to consider the four areas needed to work through on recurrent cost reduction: fleet; estates; digital; and people. Reinforcing that this is about ensuring the best use of funds to benefit our patients. This also highlights the need to accelerate our strategy (Models of Care & Virtual Care in particular) which is fundamentally about creating a more efficient clinical delivery model.

Against this background, there is ongoing risk to **Operational Performance** and delivery of the C2 mean target, particularly regarding system-wide and internal productivity. The executive is working closely with system partners during August and September to better understand the issues impacting performance. Given the challenging system landscape, it is unlikely that the 2-minute system productivity improvement

will be delivered. Therefore, recalibrating the plan for 25/26 to exclude the system productivity adjusts the overall C2 mean to 27:02 (this equates to 28:02 in H1 and 25:58 in H2). As at end of August the YTD C2 mean is 28:10.

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

BAF



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South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

August

Contents:

South East Coast Ambulance Service NHS Foundation Trust

Our Strategy 2024-2029

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

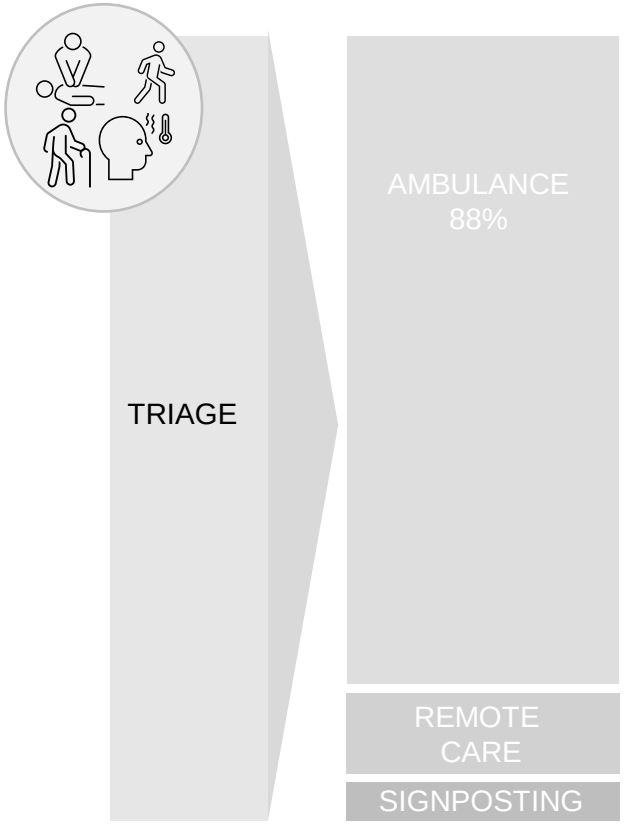
- **Our Purpose:**

Saving Lives,

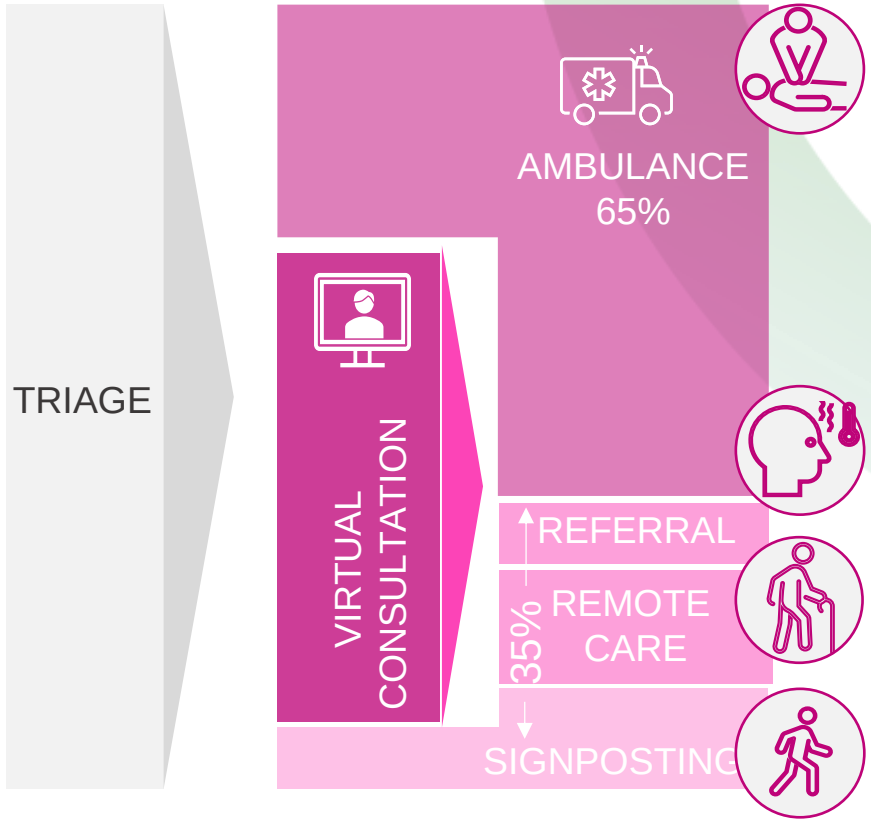
Serving Our Communities

Our Strategy 2024-2029

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



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



Timely care for emergency patients:

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

Virtual care for non-emergency patients:

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

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

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

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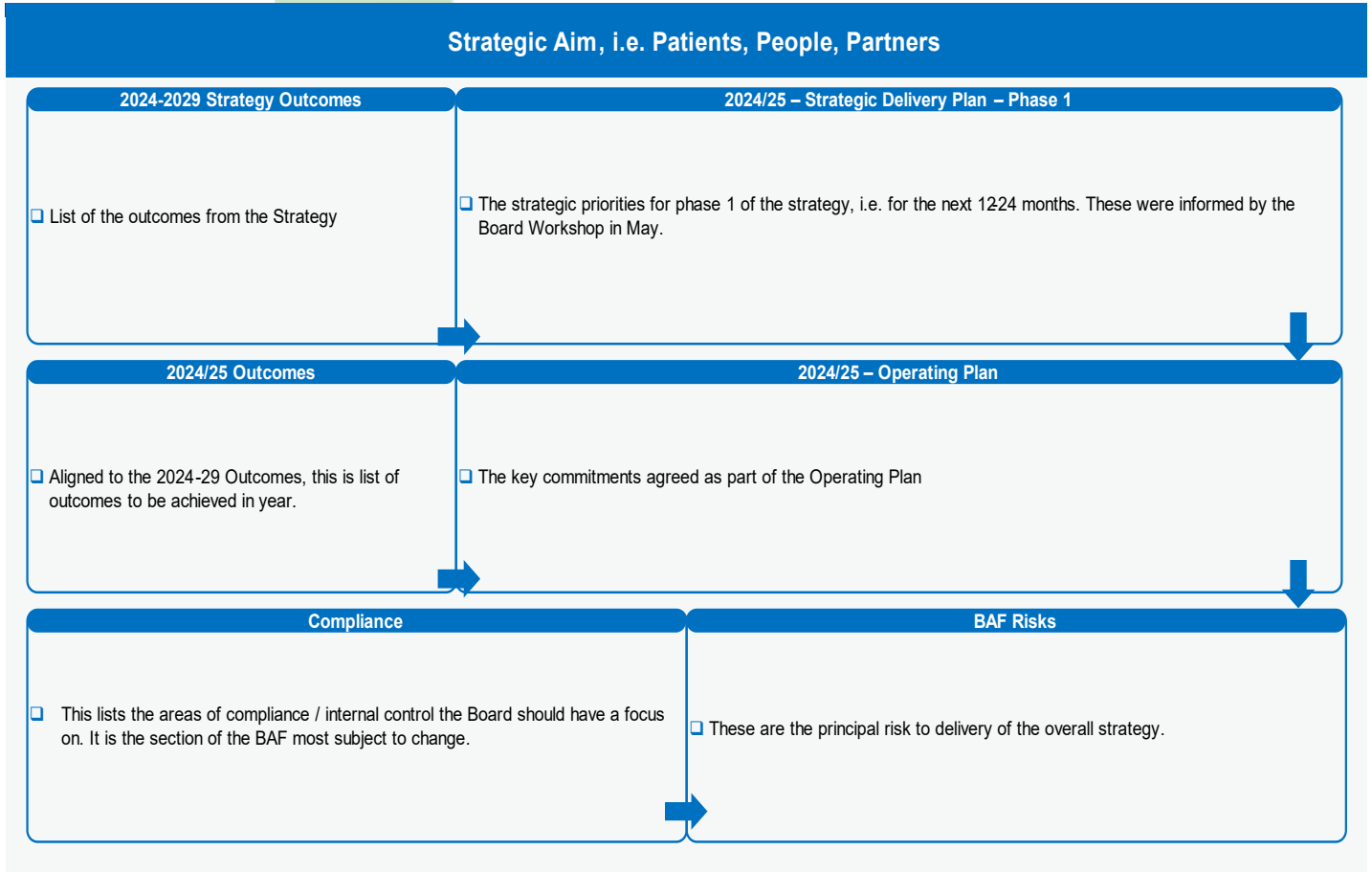
How our Board Assurance Framework (BAF) Works

Our BAF:

- The BAF is designed to bring together in a single place all the relevant information to help the Board assess progress against its strategic vision and the principal risks to delivery. This will support the Board's assurance on both the longer-term vision and in-year delivery.
- **Strategic Priorities** – this sets out the key priorities for the coming 12-24 months that will help set the foundations for delivery of the overall strategic vision.
- **Operating Plan** – this section of the BAF includes the key commitments the Board has made for the current financial year.
- **Compliance** – these are the internal control issues that are either most critical, or where the Board has greatest concern; they may therefore change over the course of the year subject to the level of the Board's assurance.



How our BAF reflects our Strategy :

- 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

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

Delivering High Quality Patient Care Executive Summary

South East Coast Ambulance Service NHS Foundation Trust

- The Patient Safety Incident Review Framework (PSIRF) continues to develop well across the organisation, ownership from local teams becoming evident as knowledge and confidence is growing in this field. This is being led and strengthened by the patient safety, PALS and incident management teams now being structured around the Divisional model following the organisational process, reporting information directly into the Divisional governance groups, and management groups.
- Three PSIIs were signed off in July, now totalling 5 completed, meeting the PSIRP target. These investigations articulated insights into missed defibrillation, discharge on scene, multiple symptoms calls and use of the major trauma triage tool. Now approved, the recommendations will be shared with formal groups to design SMART objectives.

- The Acute ST Elevation Myocardial Infarction care bundle compliance continues to improve following action taken to prompt clinical colleagues to apply every element of the bundle to patients where appropriate. PGD compliance is at 95.2% and showing signs of stability at this level of compliance

- The Tier 1 programme comprising of Virtual Care and Models of Care is reviewing its scope to expedite the benefits set out and remove scope creep. It is prioritising focused actions to enhance clinical productivity and deliver a higher Hear &Treat rate through improved call rates and interventions. The balance of activity between C2 segmentation and C3/4 validation is being reviewed to optimise our responses to patients. A framework has been set out to define the core and MDT elements of our UCNH hubs following the Q1 evaluation undertaken, which aims to bring greater consistency to the hub offer and optimise use of resources.

- We continue to work to improve hospital handovers and care pathways and will be focusing on the use of alternatives to ED such as SDEC in the coming months. There is a trial planned in Brighton of overnight management of lower priority calls in line with NHSE guidance, aiming to support patients to access local community-based services the following day. Operational actions to support delivery of the key C2 mean response time, and a resilience winter plan aligned with NHSE UEC plans, are in place.

- Several data sources over a period have indicated an ongoing issue with reaching and maintaining audit compliance within call handling in Integrated Care (IC), leading to a thorough review being undertaken by the Q&N senior team. Consequently, a Quality Summit is to be held on 12th August facilitated by the QI team but designed jointly by the IC senior leadership team and the Quality Leadership team to harness Trust-wide knowledge, resources and commitment to set out a clear plan of action recognising this to be a critical patient safety issue. As is usual practice for Quality Summits held by SECAmb, the CQC will be joining this event being fully sighted on this issue.

- On 31st July SECAmb received a Reg 28 - Prevention of Future Death (PFD) from Kent & Medway Coroner in relation to the sad death of Azroy DAWES-CLARKE on the 26 Nov 2021 at HMP Elmley. Separate PFD's relating to the same incident have also been sent to the Director General CE of His Majesty's Prison and Probation Services, THE SoS for Justice and the SoS for Health & Social Care.
- The section relating to us and also received by the Governing Governor of HMP Elmley and The CEO of Oxleas NHS FT, is related to lack of joint review and learning from this incident across these three bodies, and ongoing confusion as to which public body has primacy in in emergency within prison setting. The Executive lead for the response is the Chief Paramedic Officer, with the SRO the Director of Specialist Ops. The PFD and response will come for information to November Public Board.

We deliver high quality patient care

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

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

We deliver high quality patient care

2025/26– Strategic Transformation Plan

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

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Operational Performance Plan				Chief Operating Officer	SMG	No	FIC	24.07.2025
Set out Health Inequalities objectives for 25-27				Chief Nursing Officer	SMG	No	QPSC	Due Sept.
Develop Quality Assurance Blueprint			N/A	Chief Nursing Officer	SMG	No	QPSC	Due November
Deliver the three Quality Account Priorities	Health Inequalities Year 2: 1) Maternity 2) MH			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	ePCR			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	Framework for patients with Suicidal ideations/intent			Chief Nursing Officer	SMG	No	QPSC	26.06.2025
Patient Monitoring Replacement	Commence the replacement scheme by Q4			Chief Medical Officer	SMG	Yes	QPSC	Due Sept.
	Design future replacement programme by Q4						QPSC	Due Nov
Deliver improved clinical productivity through our QI priorities	IFTs			Chief Nursing Officer	SMG	No	QPSC	
	EOC Clinical Audit			Chief Nursing Officer	SMG	No	QPSC	N/A

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Delivery of our Trust Strategy: There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.	12	08	CSO
Internal Productivity Improvements: There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.	16	08	COO

We deliver high quality patient care

2025/26– Compliance & Assurance

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

Board Highlight Report – Virtual Care

SRO/Delivery Lead

Jen Allen – Chief Operating Officer

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

Key achievements against milestones

Training: 50%+ PaCCs staff trained; focus on dual-role rotas; no new sessions until current ones filled.
Demand & Workforce: Heat maps (C2–C5) and trust-wide demand mapped; rota alignment in progress.
C2 Segmentation: Daily target met; review at risk due to response delays; proposal in development.
UCR Portal: Medway onboarded; West Kent & HCRG by August; East Kent pending.
Video Consultations: CAD integration complete; training/testing underway; go-live end Aug.
Overnight Operations Trial: Brighton pilot proposed; awaiting PPG approval & NHSE guidance.
C3/C4 Validation: Data collated; analysis planned using C2 model.
Productivity: Baseline set (2 calls/hr, 35% hear & treat); outcome quality under review.
Training Needs: Survey distributed; mental health a key priority.
Productivity Conversations: Started in EOC; framework in development.
Workforce Tool: Real-time dashboard previewed; rollout pending GRS updates.
UCNH development: Framework for definition of core and MDT hub components completed

Upcoming activities and milestones

WS3: UCNH Phase 2: Core hub review and consistent implementation, SOP update
WS4: Completion of UCR Portal Kent roll-out, establish formal governance for Brighton Overnight Operations trial. Consider plan for UTC and SDEC pathway optimisation
WS5: Productivity tracking, Training delivery, Virtual Consultation SOP, workforce planning

Escalation to Board of Directors

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

Risks	Initial	Current	Target	Mitigation
Balance Quality & Performance: Focusing too heavily on productivity metrics could compromise the quality of validations. Clinicians may feel pressured to meet targets leading to potential errors or missed opportunities for high quality patient care	12	12	8	• Deliverables to be created from outcomes & feedback of Summit around Quality of Care • Quality metrics to be added to programme measures
Operational Performance & Reputation: There is a risk that changes in service models (e.g. C2 Segmentation) may negatively impact response times, patient satisfaction, and public trust. These delays could also distort performance metrics and reduce transparency, requiring robust mitigation and communication strategies.	9	9	6	• Triage tools & dispatch overrides being developed to support
Technology Transition: Disruption during the move to the new Cleric web portal could affect productivity and data accuracy.	6	6	3	• Ensure a planned & phased rollout • Comprehensive Training Plan • Transition Support Team • Pre & Post implementation review
Clinical Productivity: There is a risk that the VC Programme will be unable to deliver planned clinical productivity improvements while maintaining safe and effective patient outcomes. This could lead to unrealised operational efficiencies, reduced programme impact, and challenges to financial sustainability	16	16	8	• Agree & Define a Framework aligned with KPIs • Embed performance reporting within governance • Implement SOP across Virtual Care

Q1 (Apr-June 25)

- VC Dashboard & Performance Framework
- Evaluation of the UCNHs
- UCR Portal Launch - Kent
- Overnight Operations: Confirm Mandate from NHS E, Assess Risks & Process Requirements
- C2 Seg: Maximise Agency Resources
- C2 Seg: Integrate BI Tools for Decision Making
- 111 Efficiencies: Review DoS, Optimise H&T Pathways

Q2 (Jul-Sep 25)

- Virtual Care Training Needs Analysis
- UCNH SOP & Process update/changes
- C3/4 Validations: Design & Implement KPIs for Clinical Productivity
- ECALs: Implement a Structured Approach to ECALs Triage & Navigation

Q3 (Oct-Dec 25)

- Training Education: Establish Joint Shadowing with Partners
- ECALs: Optimise UCNHs to Support ECALs
- Assess UTV Resourcing & Contract Opportunities
- C2 Seg: Achieve 125 Daily Segmentations
- C3/4 Validations: Reduce the number of deployments from 60% to 45%

Q4 (Jan-Mar 26)

Outcomes

- Optimise usage of alternative pathways for clinically appropriate patients
- Enhance patient centered care
- Effective Care Planning and better utilisation of emergency responses
- Increase hear and treat
- Ensure 55% of patients to receive a virtual response
- Trusted assessor

Board Highlight Report – Models of Care

SRO/Delivery Lead

Richard Quirk / Andy Collen

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestones

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

Upcoming activities and milestones

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

Escalation to Board of Directors

- None at this stage.

Previous RAG	Current RAG	RAG Summary
		Models of Care – broadly on track to meet Q2 25/26 milestone deadlines. Note joint programme risks for VC/MOC detailed on slide 16.

Risks	Initial	Current	Target	Mitigation
Risk: Pathway Focus Delays. There is a risk that the delay in CRG system recommendation for a pathway of care to have regional focus on a particular pathway of Care may affect the speed of the delivery of a Models of Care that relates to this.	9	9	9	Focus is on head injuries and falls regionally. MOC falls lead joined the CRG working group for alignment and oversight. Working closely with the CRG to monitor progress and encourage timely agreement on the regional pathway focus. Maintaining regular communication with stakeholders to ensure alignment and readiness for implementation. Conduct stakeholder mapping exercise to develop external engagement approach. Where possible, we have begun programme activities (e.g., data analysis) independently of external partners, and then realign with them once they are ready to finalise the system plan.
BI Capacity: There is a risk that the lack of capacity in the BI team to action data requests required to bring the MoCs up to date will delay year 1 progress as it's predominantly about baselining the data for each model.	9	6	6	Dedicated resource was allocated from 3rd April to scope requirements; delivery has been in June/July with further work to do on dashboards and data analysis due to analyst annual leave in Apr/May. Milestone for end of Q2 for designing MOC dashboard for delivery tracking. Explore budget for overtime in BI to complete requests if necessary. This is being captured on the corporate risk register as there is wider impact and issues on this so we can anticipate some movement.

Q1 (Apr-June 25)	Q2 (Jul-Sep 25)	Q3 (Oct-Dec 25)	Q4 (Jan-Mar 26)	Outcomes
MOC Steering and Working Groups fully operational, to drive delivery.	Design MoC dashboard for delivery tracking	Submit EIA, QIA & DPIA's	Year 1 Evaluation Completed	• Ensure patients receive a timely response, either physical or virtual depending on outcome of triaging, to meet their ongoing needs
Year 1 MoC delivery aims translated into actionable, cross-referenced milestone plans aligned with VC, SCAS & Digital deliverables.	Draft programme EIA, QIA & DPIA's & send for review	Submit resource cases, ensure a mid-year strategy review by the Board to ensure priorities are aligned with SCAS collaboration outcomes and financial planning.		
		MoC Dashboard fully operational		
Scope workforce planning needs for year 1 & 2	Year 2 delivery aims are drafted for all 11 MoCs, incorporating insights from the strategy check and challenge process	Evaluation framework drafted & initiate the PDSA cycles		
	Scope any resource cases for the financial planning cycle	Approved programme EIA, QIA & DPIA's to meet legal, quality & inclusion standards		
		Year 2 delivery aims are finalised and underpinned by updated maturity matrices across all MoCs, aligning future delivery with strategic growth		
		Outcome of financial planning cycle confirms resource allocations to support Year 2 MoC implementation		

We deliver high quality patient care

Programme:	Virtual Care & Models of Care Joint Risks	Exec: Jen Allen (VC) / Richard Quirk (MoC)
		SRO: John O'Sullivan (VC) / Andy Collen (MoC)

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

BAF Risk 537 – Delivery of our Trust Strategy

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

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

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

Controls, assurance and gaps

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

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

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

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

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Evaluation to inform future scope of virtual care	Acting Chief Medical Officer	Q1 2025/26	This 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	In progress
Escalation plan being put in place regarding H&T productivity, aligned with quality summit work and development of Hubs	Chief Operating Officer	Q2 2025/26	In progress

South East Coast Ambulance Service NHS Foundation Trust

Our People Enjoy Working at SECAmb

Our People enjoy working at SECAmb Executive Summary

South East Coast Ambulance Service NHS Foundation Trust

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

Our people enjoy working at SECAmb

1	Tier 1
2	Tier 2
QI	QI
	Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 - Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

Our people enjoy working at SECAmb

2025/26 – Strategic Transformation Plan

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

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date last reviewed @ Committee
Full implementation of Wellbeing Strategy				Chief Nursing Officer	EMB	No	People Committee	July 25
Implement Shadow Board				Director of Communications/ Chief People Officer	EMB	No	People Committee	May 25
Embed Values & Behaviours Framework				Chief People Officer	EMB	No	People Committee	
Refresh of Professional Standards Function				Chief Paramedic Officer	SMG	No	Quality Committee	
Development of Integrated Education Strategy				Chief Paramedic Officer	EMB	No	People/ Quality Committee	

BAF Risks

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

Our people enjoy working at SECAmb

2025/26 – Compliance & Assurance

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

Board Highlight Report – People Services Improvement Programme

SRO / Executive Lead: Sarah Wainwright

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones

Key achievements against milestone

- **Corporate Restructure Phase 1**: Restructure concluded. Lessons learned and closure report in progress.
- **HRBP & ER Team Changes**: Redeployment meetings underway. ER B7 and B8 job adverts approved. 2 X B6 Policy Advisors adverts out
- **Interim Support**: Business Support Facilitator and Administrator successfully onboarded. 2 x Senior ER Managers 8A appointed (1 year FTC) + 1 x Head of ER Operations (FTC until Sep)
- **ER Case Settlements**: currently in progress
- **ER Data Quality**: ER Data Workshop held on 10 July with a focus on strengthening internal processes and confidence in reporting. Priorities agreed to improve data compliance
- **Engagement Sessions**: Initial directorate sessions complete. Q3 rounds to be confirmed
- **Payroll Contract Review:** Potential extension required at this stage to allow for thorough review
- **Sexual Safety Charter**: SRO changes, internal audit in progress. Sexual Safety Policy approved at JPF. Communication and embedding plan in progress (People Committee)

Upcoming activities and milestones

- **Embedding New Structures**: Ongoing focus on implementing new structures, tracking impact, and adjusting interim arrangements. HRBP absence contingency plan is being finalised
- **Re-org Communications**: Internal department comms to support transition
- **External audit Case Review:** Integrate recommendations into programme scope and timeline
- **National Policy Framework**: Approved at JPF. Begin phased rollout
- **Priority Policy Reviews**: Grievance and Disciplinary reviews scheduled to start w/c 04 Aug. Reviews underway for additional People and Operational/Efficiency Policies
- **ER Case Backlog Review**: Deep dive into backlog and resourcing pressures w/c 25 Aug
- **Recruitment Hub**: Case drafting in progress for Aug SACS review

Escalation to Board of Directors

- None

Previous RAG	Current RAG	RAG Summary
		The programme remains in active delivery, with key Q1 milestones achieved and interim support in place. However, limited internal appointments following the restructure have triggered redeployment and redundancy processes, leading to workforce disruption and reduced engagement. Scope changes underway to realign expectations and sustain momentum.

Risks & Issues	Initial	Current	Target	Mitigation
Risk PSIP5 | People Services Restructure There is a risk that the programme deliverables may be delayed due to the ongoing restructure (consultation outcomes, role realignment, recruitment timelines, and staff transitions) as current engagement and resources are impacted, particularly in the ER space	16	12	8	• Rephase programme deliverables to align with realistic staff onboarding timelines • Interim and FTC support in place to cover activities • SMG supporting reprioritisation and sequencing of lower-impact activity to protect ER delivery capacity
Issue | Restructure outcomes led to delays in appointing senior leadership to the divisional model, which coupled with ongoing challenges related to TU representation, is directly impacting the progression of ER cases.	N/A	9	6	• Transition team in place to provide interim leadership and manage escalations • Prioritisation framework being applied to high-risk ER cases • Review of TU abstraction approach underway to improve consistency and capacity

Q1 (Apr-June 25)

- Consultation completed
- New structures in place
- Data compliance audit completed
- ER Process Mapping framework reviewed
- Payroll contract reviewed

Q2 (Jul-Sep 25)

- Business Partner teams in post
- Grievance Panel & MDT Frameworks reviewed
- ER Community of Practice launched
- CIPD Mapping Phase 1 assessments completed
- Recognition Agreement reviewed

Q3 (Oct-Dec 25)

- Recruitment, Service Centre, OD & EDI Business Case Approved
- New ER ways of working embedded
- Mediation Programme review
- SCAS & People Services tender specification confirmed
- Priority policies JPF agreed

Q4 (Jan-Mar 26)

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

Outcomes

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

Board Highlight Report – Organisational Operating Model

SRO / Executive Lead: Sarah Wainwright

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

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

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

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

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

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

Previous RAG	Current RAG	RAG Summary
N/A		Completed phase 1 of Corporate Operating model on target but capacity to deliver phase 2 is an issue.

Risks & Issues:	Score		Mitigation
The volume of organisational change will negatively impact on service delivery [covered in BAF risk 649]	12	8	Phasing Corporate and Divisional structure changes to enable focus on each in turn
Requirement of key staff in delivering change while maintaining critical services could place pressure on BAU operations and risk service disruption if not carefully managed.	12	8	CPO and COO well placed to ensure changes are operationally safe. Engagement is currently good with a robust plan to support transition and design process.

Key Priorities (to be confirmed)

Clinical Operating Model

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

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

Corporate Operating Model

- Phase 1 Corporate Structures (x4) implemented
- Development of Divisional senior leaders/ways of working
- Phase 2 Corporate Structures design and implementation by Q4

OD & Culture

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

Board Highlight Report – Clinical Operating Model

SRO / Executive Lead: Jen Allan

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

KEY ACHIEVEMENTS AGAINST MILESTONES

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

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

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

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

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

Risks & Issues:	Initial	Current	Target	Mitigation
Failure to effectively manage engagement process in Clinical Operating Model design workstreams could result in unsatisfactory outcomes and reduced staff engagement.	12	8	6	Robust engagement plan to seek all views but manage expectations. Clear objectives identified against which options can be evaluated.
Unresolved contrasts between the SECAmb and SCAS models due to limited buy-in or clinical risk concerns, could delay delivery or affect outcomes	8	8	6	Early engagement with SCAS to understand their model and collaboratively co-design an optimal, integrated solution. Recognition there will not be perfect / immediate alignment
Requirement of key staff in delivering change while maintaining critical services could place pressure on BAU operations and risk service disruption if not carefully managed.	12	12	8	COO as SRO well placed to ensure changes are operationally safe. Engagement is currently good with a robust plan to support transition and design process.

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

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

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

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

Outcomes
- Improved relationships and integrated working practices with ICBs & system partners
- Provide more integrated patient pathways and service delivery in each ICS to enable our strategic ambitions

BAF Risk 539 – Culture and Staff Welfare

There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy

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

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

Controls, assurance and gaps

Controls: Mediation Programme launched, with a six-month review scheduled for Oct 2025; ER training delivered on investigations, CPD, and Sexual Safety; further training scheduled for 2025/26, including management training in key people policies. Ongoing enhancement of ER processes and governance, including integration of absence monitoring with ER data to support early intervention and safe staffing. ER mapping framework design in progress to support appropriate decision-making at each stage. Enhanced ER triage process. Wellbeing Strategy refresh scheduled for 25/26. Adoption of NHS Fair recruitment framework to improve internal shortlisting and selection experience. EDI Plan implementation. OD interventions underway to support divisional leadership teams. Funding secured from NHSE for 'Do No Harm' programme in 25/26 to support culture and leadership development and continue mediation programme.

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

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

Negative sources of assurance: Grant Reviews (2022 and 2023) and Hunter Healthcare diagnostics report (2024) both identified risks in relation to SECAmb's management of ER cases. The number of formal cases remains high, and work is ongoing to address moving towards a culture of imformal resolution.

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 proposal has been developed and is awaiting discussion/approval at the People Committee alongside an analysis outlining the options for the future Wellbeing model by the end of July 2025..

BAF Risk 603 – People Function

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

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

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

Controls, assurance and gaps

Controls: People Services Improvement Programme (Tier 1) in delivery stage. New People Services operating model designed to support both centralised and decentralised working. New structures approved, with implementation planned by September 2025. Phase 2 restructure to focus on optimising Recruitment and the Service Centre, OD and EDI. CIPD mapping to be rolled out across all People Services staff. Opportunities for collaboration with SCAS underway. Whole Trust restructure coordinated to align corporate functions with divisional model for improved local support.

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

Positive sources of assurance: Tier 1 programme progress continues to be tracked across various governance forums including Steering Group and Executive Check & Challenge meetings, People Committee forum, EMB and Trust Board through RAG. SMG similarly monitors Tier Two projects. Whole Trust restructure planned so that corporate departments are managed concurrently.

Negative sources of assurance: Review by Hunter Healthcare stated that there was a need for immediate improvement in the function and identified some high-risk areas. Concerns raised around ER process consistency and staff confidence in outcomes. Delays in case resolution until new structures embedded and teams are fully staffed.

Gaps in assurance: None identified

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of People Services Improvement Programme	Chief People Officer	Q4 2025/26	Mandate for Year 2 program set and workstreams underway
People Services Restructure	Chief People Officer	Q2 2025/26	Consultation and outcomes complete; Recruitment and appointments to role underway
NHS Fair Recruitment framework implemented	Chief People Officer	Q3 2025/26	Scoping work being undertaken as part of the collaboration opportunities.

BAF Risk 648 - Workforce capacity & capability

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

- **Contributory factors, causes and dependencies: Operational pressures to meet Category 2 mean response times and Hear & Treat targets. In-year contractual obligations linked to financial performance.**

Accountable Director	**Chief People Officer**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 5 = 20**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2026/27**

Controls, assurance and gaps

Controls: Virtual Care Programme is actively monitored through the Board Assurance Framework (BAF), with defined in-year and multi-year deliverables. Programme Management Office (PMO) is coordinating the transition to the future operating model as outlined in the Trust Strategy. Collaboration with system partners to explore opportunities for increasing workforce capacity. Regular programme governance and reporting through established steering groups.

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

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

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

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

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

BAF Risk 649 – Organisational Change

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

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

Controls, assurance and gaps

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

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

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

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

Gaps in assurance: N/A

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

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

We Are a Sustainable Partner

We are a sustainable partner
Executive Summary

NHS South East Coast Ambulance Service NHS Foundation Trust

Financial Position

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

Partnership Performance

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

Operational Support Challenges

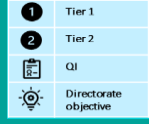
- **Vehicle availability** continues to impact our operational sustainability, with Vehicle Off Road (VOR) rates above our 10% year-end target. This directly affects our ability to maintain service levels and is expected to improve C2 response times by ~20 seconds once resolved.

Forward Outlook

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

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

We are a sustainable partner as part of an integrated NHS



2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

We are a sustainable partner as part of an integrated NHS

2025/26 – Strategic Transformation Plan

Programme	Status	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Collaboration & Partnerships	Progress functional priority areas (SCAS / SASC)	All year	All year	Claire Webster	EMB	Yes	Chief Strategy Officer	Finance & Investment
	Develop Business Case (SCAS)	Q3	Q3					
Multi-Year Plan	Deliver multi-year plan to support a break-even trajectory.	Dec-25	Dec-25	Jo Turl	EMB	No	Chief Finance Officer	Finance & Investment
Strategic Commissioning Framework	Work with ICB commissioning leads to deliver a refreshed strategic commissioning framework to su rategy 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

CW0

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	People	31/07/2025
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	04	CSO
Financial Plan: There is a risk that the Trust fails to deliver a break-even finance plan, our Board, our people, our regulators and commissioners lose confidence in our organisation.	12	06	CFO
System Productivity: There is a risk that without cross-system improvements in productivity, as a result of insufficient planning or resource allocation, in-year financial and operational outcomes will not be achieved	12	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.	16	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 Scheduled Review at Committee	Committee Feedback
Meet H&SE compliance requirements		NA	Chief Nursing Officer	People	July 2025	Overall, the committee has a reasonable level of assurance with our H&S compliance. The internal H&S review reported to the committee in April 2025 demonstrated that H&S is largely viewed positively with good awareness of reporting mechanisms. However, areas of further improvement were identified, including training and managers being clearer on their responsibilities. The safety culture maturity assessment concluded level 3 of 5. The improvement plan aims to achieve level 5, over time, and the committee was content with the progress against this at its July meeting.
Vehicle & Driver Safety / Driving Standards		NA	Chief Strategy Officer	Finance	Sept 2025	
Data Security / Cyber Assurance Framework		NA	CDIO	Audit & Risk	July 2025	The annual Data Protection & Security Toolkit, based on the new Cyber Assurance Framework, submitted in June 2025 was largely compliant. However, there are some gaps in assurance related to the Cyber BAF Risk, with the related actions included in the Digital Strategy Implementation Plan scheduled to be received by the Board in August.

Board Highlight Report – Digital Enablement

SRO / Executive Lead: Nick Roberts

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestone

- **Implemented a Strategic Foundation:**
  - Completed a re-baseline of FY25-26 Digital Portfolio priorities (under CDIO review)
  - Established a Digital budget allocation framework for revenue and capital spend
- **Aligned Governance & Structure:**
  - Aligned Digital PMO with Corporate Governance protocols
  - Enhanced governance framework with new Finance & Digital Lead subgroups
  - Improved project request processes and commence PMO structure review
- **Improved Risk & Operations:**
  - Implemented Biweekly Digital Risk management via Digital Leadership Team
  - Major project deliveries: Shared Care Records (3,500 Care ID accounts in progress) and MDVS completion (final site due 23/07)

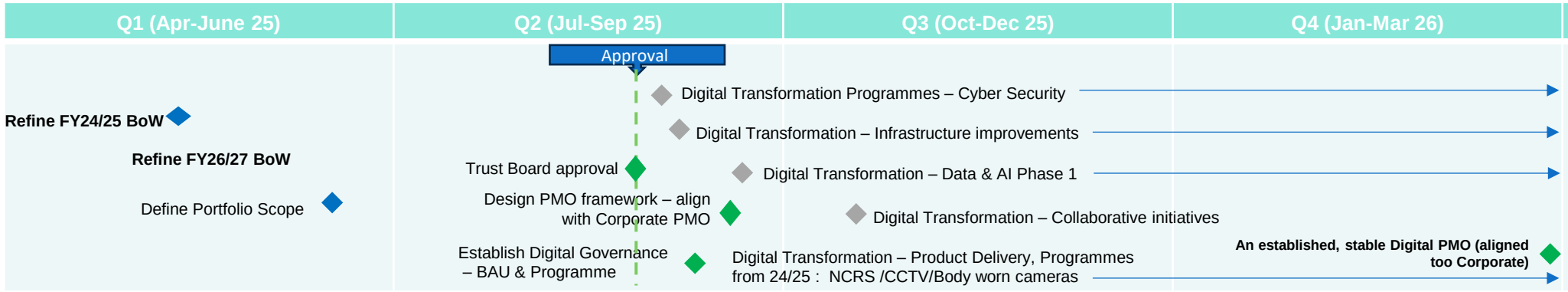
Upcoming activities and milestones

- **Robust Project Governance Implementation –** A comprehensive and sustainable governance framework for all in-flight projects and portfolios including all required project artefacts and documentation standards
- **Cross-Corporate Collaboration Enhancement -** Strengthen relationships with other Corporate workstreams and groups to provide an integrated approach to digital transformation initiatives
- **Critical Programmes:**
  - CCTV Replacement – 31.07.25
  - MDVS Programme Closure & Transition to BAU – 31.07.25, with Lesson Learnt – Aug 25
  - Shared Care Records – Governance and assurance protocols finalised alongside all required artifiacts completed and approved – 31.07.25
  - Emergency Services Mobile Communications Programme - A Home Office & DHSC led programme commencing from September 2025

Escalation to Board of Directors

None at this time

Risks & Issues:	Initial	Current	Target	Mitigation
Budget Sustainability: There is a risk that projects are funded solely through capital without corresponding revenue allocations leading to revenue shortfalls for ongoing costs that causes programme instability and an inability to deliver strategic objectives	16	16	8	**Early Financial Planning:** Proactive engagement with Finance during planning and business case development ensuring a phased delivery approach to manage financial exposure. **Programme Prioritisation**: Weighted assessment process aligned to Trust Strategy
Legacy Infrastructure: There is a risk that legacy infrastructure fails during the transformation process leading to significant service disruptions and system outages that causes compromised patient care delivery and operational continuity failure.	16	8	4	**Comprehensive System Assessment:** Full evaluation of legacy system health and vulnerabilities **Robust Business Continuity Planning:** Enhanced BCP/DRP with regular testing protocols and 24/7 System Monitoring for early failure detection
Cyber Security: There is a risk that a major cybersecurity incident exploits existing system vulnerabilities leading to data breaches, service disruption, and unauthorised access to sensitive information that causes reputational damage, regulatory non-compliance, and compromised patient data security	16	16	12	**Security Operations Center (SOC):** implementation this FY with regular vulnerability assessments, security testing and ongoing penetration testing with vulnerability management. **Enhanced Security Architecture:** Advanced monitoring deployment and network segmentation **Workforce Security Training:** Staff awareness programmes with multi-factor authentication
Skills & Resource Shortage: There is a risk that insufficient technical skills and resource capacity exist within the organisation leading to delays, reduced quality delivery, or failure to meet transformation objectives that causes programme delivery failure and inability to achieve digital transformation goals	15	12	8	**Strategic Workforce Planning:** Early recruitment campaigns and succession planning with interim specialist support for critical capabilities **Partnership Strategy:** Strategic vendor relationships and targeted specialist recruitment **Knowledge Management:** Structured upskilling and knowledge transfer programmes
Staff Resistance: There is a risk that staff resistance to change occurs across the organisation leading to low adoption rates of new systems and processes that causes transformation programme failure and inability to realise expected benefits	6	6	3	**Clinical Champion Networks:** Early engagement with clinical and operational leaders **Comprehensive Communication Strategy:** Multi-channel programme and project communication embedding feedback loops and lessons learnt processes. **Phased Implementation:** Gradual rollout with tailored training and support programmes



Outcomes

Digital Enablement Focus 25/26:

Foster a digitally empowered workforce by strengthening project management, quality assurance, change management, compliance, and governance capabilities within SECamb. Ensuring and supporting seamless adoption of new systems and processes, while overcoming resistance and resource challenges to deliver the Digital Enablement programme, which is linked to the overall Trust Strategy.

Board Highlight Report – Collaboration & Partnerships

SRO/Delivery Lead

David Ruiz-Celada

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestone

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

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

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

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

Upcoming activities and milestones -

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

Phase 2: Business Case Cont..

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

Escalation to Board of Directors - None

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

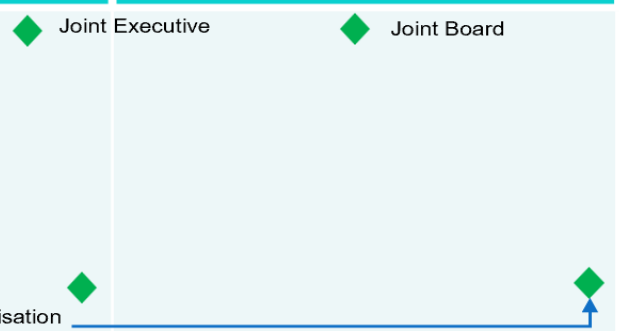
Risks & Issues:	Initial	Current	Target	Mitigation
Risk: Capacity constraints - There is a risk that limited availability and competing priorities of Executive leaders, Subject Matter Experts (SMEs), and programme delivery resources across partner organisations may impact the timely development, alignment, and delivery of collaboration priorities. This could delay the progression of key workstreams, hinder decision-making, and reduce the effectiveness of the Provider Collaboration Programme.	16	12	8	Align joint executive objectives to collaboration priorities agreed via E2E and B2B. This will help ensure a balance of capacity and integration with the strategic direction and annual priorities. Existing programmes within each organisation are likely to align with these efforts. SME and Programme Management resources have been identified for key workstreams.
Risk: Funding Requirements - There is a risk that the necessary funding to support transitional arrangements or joint investments required for the successful implementation of collaboration priorities may not be secured in a timely or coordinated manner. This could delay progress, limit the scope of delivery, or reduce the effectiveness of the proposed changes.	16	16	8	Transitional funding requirements to be identified as part of the financial sustainability component of the business case. Some additional investment is recommended to support business case timelines. SME and programme support provided by both Trusts in a "goodwill" manner.
Risk: Strategic Commissioning - There is a risk that ongoing structural and functional changes within NHSE & ICBs may not align with the objectives, timing, or delivery model of the Provider Collaboration Programme. Variability and instability across the systems could strain efforts to coordinate effectively, potentially leading to delays, duplication, or misalignment.	16	12	6	Provider Executives and SHICB leads have established aligned programmes of work to co-design the changes in organisational structures and functions aligned to emerging commissioning model. However, the variability and instability in NHSE and ICB systems may strain these efforts.

Q1 (Apr-June 25)

Q2 (Jul-Sep 25)

Q3 (Oct-Dec 25)

Q4 (Jan-Mar 26)



Outcomes

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

Board Highlight Report – Multi-Year Plan

SRO/Executive Lead

Simon Bell

Key
- Completed
- On Track
- At Risk
- Delayed

Progress Report Against Milestones:

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. Initial multi-year plan T&F group meeting with SECAmb/SCAS.	Draft multi-year plan presented to execs. 'Live' multi-year plan presented to execs.	Multi-year plan used as basis for '26/27 Operational Planning' & 'Case for Change'. '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 Redacted for Public

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 3 X Likelihood 3 = 9**
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.

Controls, assurance and gaps

Controls: Strategic commissioning group and contract review meetings with system partners; system partnership leads engaging directly with providers; operational teams restructuring to align with systems; regional teams reviewing system plans as part of new oversight framework. Successful outcomes from meetings to date

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

Positive sources of assurance: NHS England confirmed £10m funding will not be removed if targets missed due to reasons beyond our control; established governance structures and regional oversight framework. Most recent meeting re-stated commitment that Secamb will not be penalised for non-delivery of system productivity.

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

Gaps in assurance: n/a

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Design and delivery of three priority models of care with input from system partners	Chief Medical Officer	Q4 2025/26	This will commence in April 2025 as part of our Tier 1 programmes
Secure submission of system productivity plans from all 4 systems (Kent, Surrey, Sussex, Frimley)	Chief Strategy Officer	June 2025	System partnership leads engaging with providers directly
Establish regular monitoring of handover times and community response acceptance rates via CRM	Chief Operations Officer	June 2025	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

Integrated Quality Report

Trust Board August 2025

Data up to and including June 2025

Contents

CQC Rating and Oversight Framework

NHS Oversight Framework Segment Score & League Position (League position out of 10)	2 & 5
Use of Resources Metric (Financial Risk Rating) *	12
CQC Rating **	Requires Improvement
Information Governance Toolkit Assessment ***	

*	A measure of how effectively we are managing our financial resources to deliver high quality, sustainable services for patients.
**	Our rating following the most recent CQC inspection. These can help patients to compare services and make choices about care. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate. **Requires Improvement:** The service is not performing as well as it should and we have told the service how it must improve.
***	The Information Governance Toolkit is a system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments. Levels range from 0 to 3; 3 being the highest.
****	Resourcing Escalatory Action Plan (REAP) is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. Level 1: steady state and delivering all KPIs.

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

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

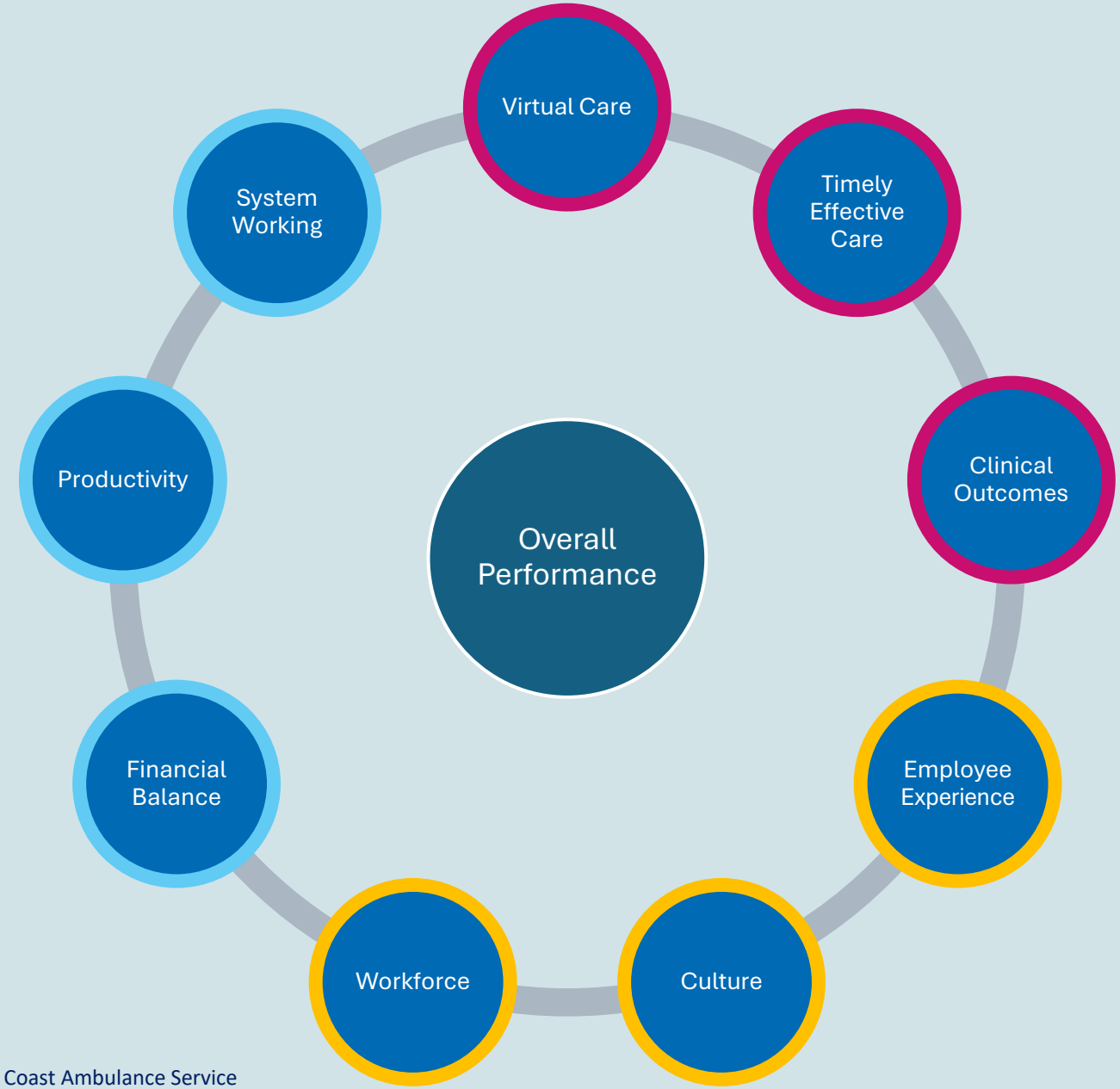
So What
Further actions in line with our resilience (winter) plan have been taken aimed at improving C2 and wider response times and embedding improvement ahead of seasonal pressures, to support a timely response to patients. The delivery of internal productivity schemes, and the identification of new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

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

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

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

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



BAF outcomes 25/26

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

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

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

What we will deliver in 2025/26

We deliver high quality patient care

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

Our people enjoy working at SECAmb

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

We are a sustainable partner as part of an integrated NHS

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

Icon Descriptions

Integrated Quality Report

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

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

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

Quality Patient Care

What?

Our Acute ST Elevation Myocardial Infarction care bundle compliance continues to improve following action we have taken to remind clinical colleagues to ensure every element of the bundle are offered to patients where appropriate. Our PGD compliance is at 95.2% and beginning to achieve stability at this high level of compliance.
This month we have started recording the percentage of calls that we receive to 999 from care homes and nursing homes. It is recognised that a significant percentage of 999 calls from care and nursing homes are not appropriate and so we are working with home managers to educate staff on how to manage situations in the homes without the need to call 999. We aim to reduce calls by 1% across the Trust.
In relation to our EOC operation, call answer times remain strong, but H&T rates are below target and clinical and EMA audit compliance remains in need of improvement. In 111, call response remains good and our conversion of calls to 999 is low, with further improvements seen since implementing the new 111 sub-contract model. In June our response times deteriorated and our C2 mean was over 3 minutes above target, driven by a combination of increased demand and delayed delivery of internal (especially H&T) and system productivity, despite sustained improvement in Job Cycle Time following the implementation of new processes such as the Local Community Dispatch Model.

So what?

The Acute STEMI care bundle is an evidence based good practice package of care offered to patients and we are demonstrating that colleagues are offering the full bundle to patients in the majority of cases – leading to better outcomes for those patients. A strong PGD compliance rate indicates that clinical colleagues are safely administering medications.
By better educating care home managers and staff on how to manage their resident's health needs at home, they will not call 999 as frequently. This will free-up resources to be sent to patients requiring emergency care.
The new 111 sub-contract is supporting strong performance and financial sustainability of 111 in Kent and Sussex. We are working closely across operations and quality to address audit compliance in EOC as well as collaborating across the Trust and with partners on a range of productivity schemes. Further actions to support response times have been implemented as part of our resilience (winter) planning in line with the NHSE UEC plan.

What next?

We will continue to monitor the care offered post ROSC and the call to angiography time for patients STEMIs to ensure we are compliant with agreed standards. Following strong PDG compliance recently, the Trust is now further developing the rationalisation of its PGDs to ensure they are suitable for each grade of staff.
The pilot for care home education has been a success and now we are rolling this out to care homes with high frequency 999 calls in Sussex and Surrey.
The Virtual Care programme is prioritising focused actions to enhance clinical productivity and deliver a higher H&T rate through improved call rates and outcomes, and we are reviewing the balance of activity between C2 segmentation and C3/4 validation to optimise our responses to patients. Further internal productivity schemes are also being worked up. We continue to work to improve hospital handovers and the use of optimal care pathways and will be focusing on the use of alternatives to ED such as SDEC in the coming months. A Quality Summit planned jointly between operations and quality leadership is taking place in August to support the ongoing work on clinical and EMA audit and improved culture within EOC.

We deliver high quality patient care

1	Tier 1
2	Tier 2
QI	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 (Reversable Cardiac Arrest, Palliative and End of Life Care, Falls, Frailty and Older People) to be delivered within 25/26
  - Produce a three-year delivery plan for the 11 Models of Care
- ❑ Delivering Improved Virtual Care / Integration 1
  - Evaluation to inform future scope of virtual care commences April 2025
  - Design future model to inform Virtual Care, including integration of 111/PC
  - Establish commissioning implications of evaluation outcomes and inform multi-year commissioning framework

2025/26 Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

NHS South East Coast Ambulance Service NHS Foundation Trust

Quality Patient Care Overview

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
9%	19%		60%		7%	0%		
4	8		26		3	0		

Assurance

Pass	Hit and Miss	Fail	No Target
9%	40%	26%	26%
4	17	11	11

Clinical Effectiveness & Patient Outcomes

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

Response Times

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

Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls from Nursing Homes	Jun-25	5.8%	8.4%	6.1%		

Pending metric: EOLC - Needs to be defined

Pending metric: Falls Measure - Needs to be defined

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
9%	19%		60%		7%	0%		
4	8		26		3	0		

Assurance

Pass	Hit and Miss	Fail	No Target
9%	40%	26%	26%
4	17	11	11

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Jun-25	20.6%		18.9%		
Board	CFR Backup Time (CFR First on Scene) Mean	Jun-25	00:18:01		00:19:08		
Board	Responses Per Incident	Jun-25	1.1	1.09	1.1		
Board	JCT Allocation to Clear at Hospital Mean	Jun-25	01:48:45	02:00:05	01:52:06		
Board	JCT Allocation to Clear at Scene Mean	Jun-25	01:16:45	01:30:58	01:17:29		
Board	JCT Allocation to Clear All Mean	Jun-25	01:35:05	00:50:49	01:37:18		

Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	Duty of Candour Compliance %	Jun-25	100%	100%	89.5%		
Supporting	Harm Incidents per 1000 Incidents	Jun-25	3		2.9		
Supporting	Outstanding Actions Relating to SIs, Outside of Timescales	Jun-25	11	0	7.9		
Supporting	Number of Medicines Incidents	Jun-25	154		168.5		

Pending metric: PSIRF Compliance %

Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Jun-25	90618		92929.8		
Supporting	999 Calls Answered	Jun-25	73230		74087		
Supporting	CFR Attendances	Jun-25	1827		1604.7		
Supporting	Incidents	Jun-25	64247		65226.6		

Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	Complaints Reporting Timeliness %	Jun-25	91%	95%	92.9%		
Supporting	Number of Complaints	Jun-25	74		67.2		

Health Inequalities

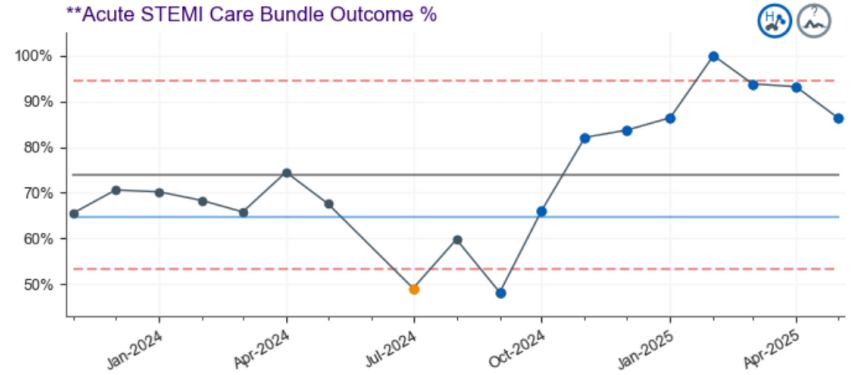
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

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: Clinical Effectiveness & Patient Outcomes | Board Metrics

Integrated Quality Report



M-5

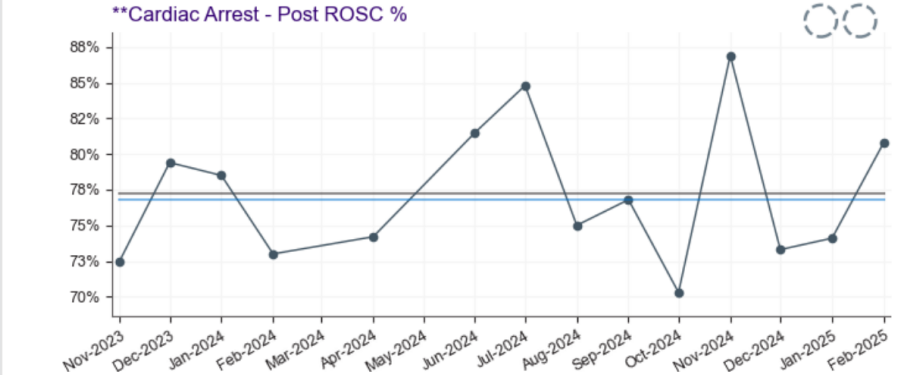
Dept: Medical

Metric Type: Board

Latest: 86.4%

Target: 64.7%

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



M-11

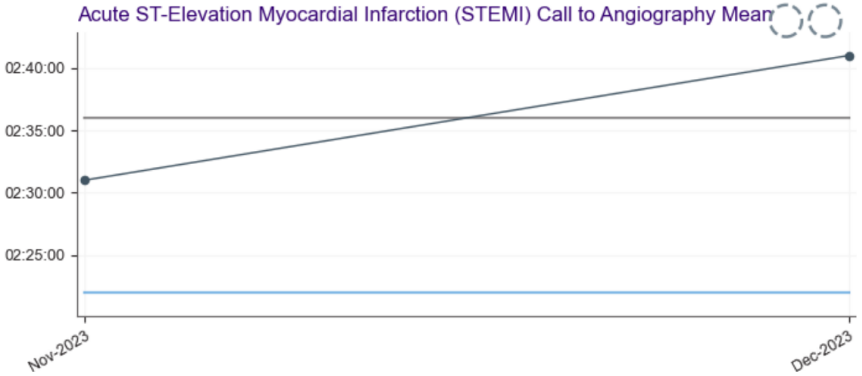
Dept: Medical

Metric Type: Board

Latest: 80.8%

Target: 76.8%

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



M-6

Dept: Medical

Metric Type: Board

Latest: 02:41:00

Target: 02:22:00

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

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

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

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

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

So what? Performance remains stable, more focussed clinical feedback is being trialled, delivered by CCPs for clinicians after they have attended a cardiac arrest. This is in the early stages, being piloted in three OUs.
It is important to note that there is limited evidence to directly link compliance with this bundle to improved patient outcomes. However, these elements align with recognised post-resuscitation care priorities, and consistent delivery may support neurological recovery and survival.

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

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

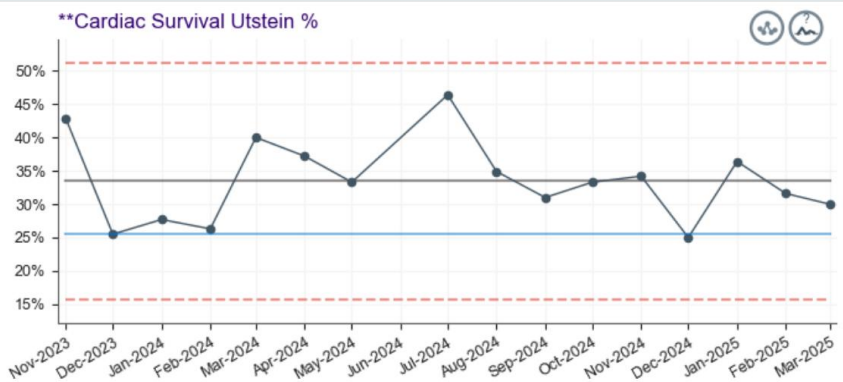
Integrated Quality Report

M-4

Dept: Medical
Metric Type: Board
Latest: 13.2%
Target: 9.6%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

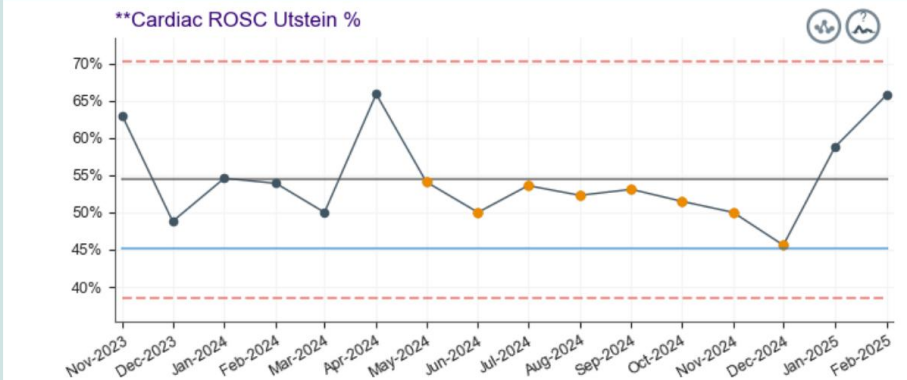
M-2

Dept: Medical
Metric Type: Board
Latest: 30%
Target: 23.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-3

Dept: Medical
Metric Type: Board
Latest: 30%
Target: 25.6%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-1

Dept: Medical
Metric Type: Board
Latest: 65.8%
Target: 45.1%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

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

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

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

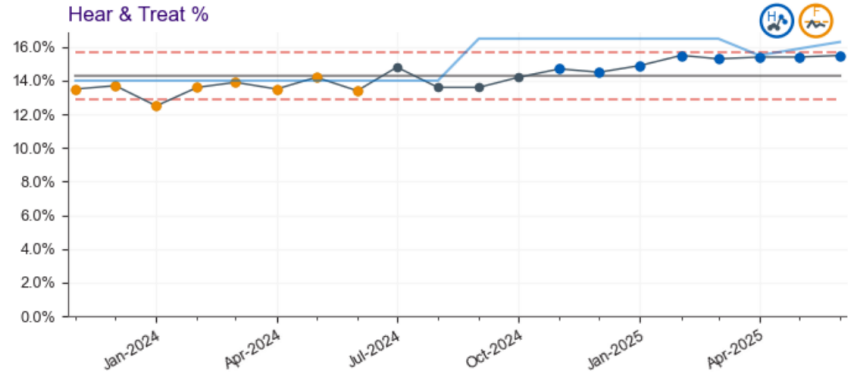
What?
Return of spontaneous circulation (ROSC) rates - both overall and for the Utstein group - continue to exceed targets but remain within common cause variation. Latest values are 30% (target: 23.8%) and 65.8% (target: 45.1%).

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

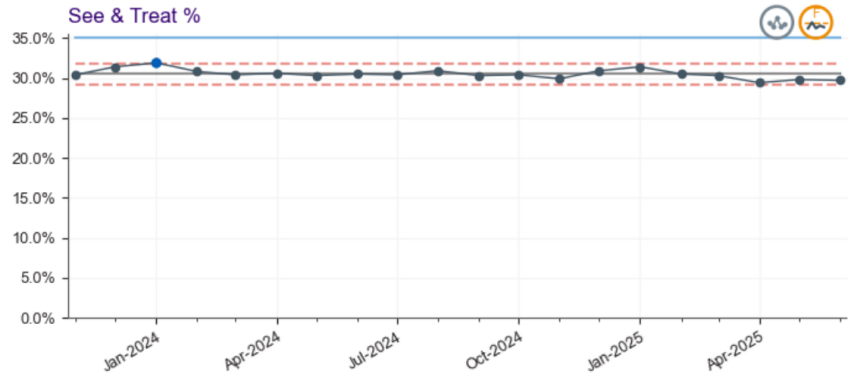
What Next
Proceed with the trust-wide rollout of CCP feedback, closely monitoring impact. Combine this with local team engagement and post-event review processes to embed consistent ROSC gains across the organisation.

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

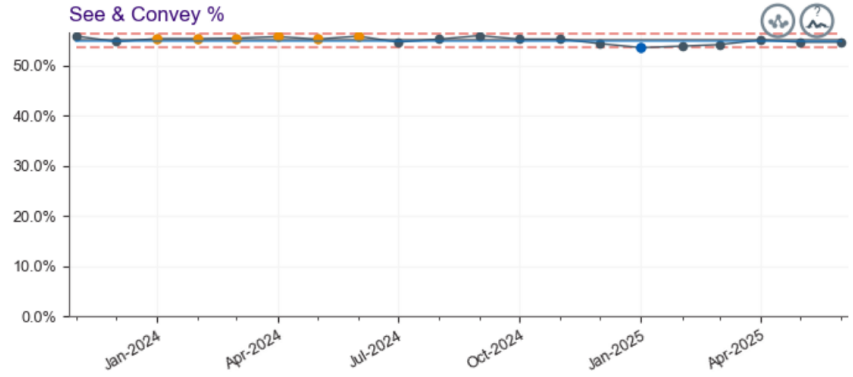
Integrated Quality Report



999-9
Dept: Operations 999
Metric Type: Board
Latest: 15.5%
Target: 16.3%
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: 29.7%
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: 54.7%
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 of 25/26. The Trust continues to use NHS E guidance to focus on key elements of virtual care, such as C3/C4 validation and C2 segmentation. However, there is real variability daily, linked to case acuity, clinician availability and clinician productivity, which adversely impacts the ability to deliver the target levels consistently.

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

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

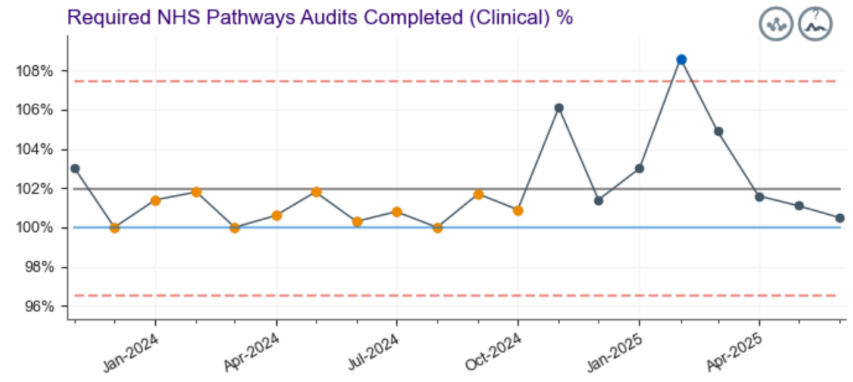
What next? The Trust has revisited its virtual care plan to ensure a concerted focus on clinician productivity, with clear actions and milestones in place to improve this metric. Training is ongoing with regards to UEC Paramedics receiving NHS PaCCS training and mentoring, prior to participating in a 50:50 rota, which starts in July. In addition, the Trust is working with commissioners to improve UCR service acceptance rates, the C2 Segmentation process is being revisited, following meetings with NHS E.
The Trust is also going through organisational change and is developing a new clinical operating model, which will align to the Trust strategy and increase virtual care and subsequently, Hear & Treat.

See & Treat and See & Convey

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

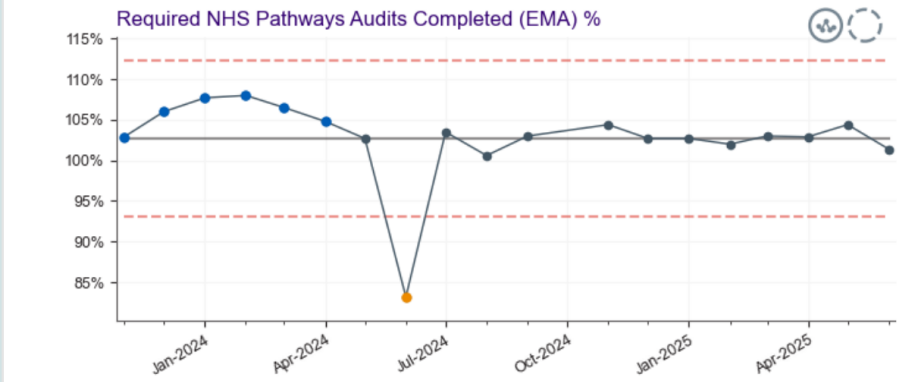
So what? There is a logical correlation between these metrics, although it should be noted See & Convey % is directly related to the acuity of patients and availability of suitable alternative referral pathways.

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



M-23

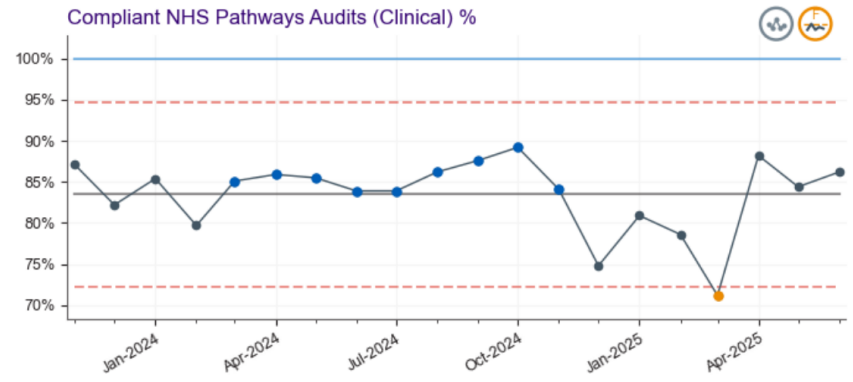
Dept: Nursing & Quality
Metric Type: Supporting
Latest: 100.5%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-21

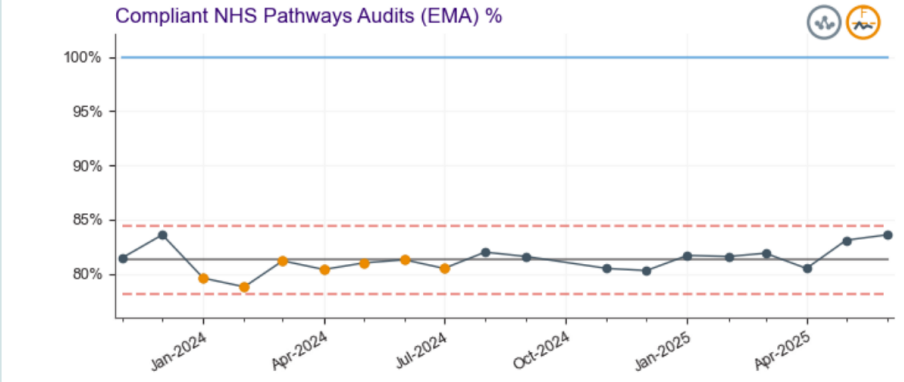
Dept: Nursing & Quality
Metric Type: Supporting
Latest: 101.4%

Common cause variation, no significant change.



M-20

Dept: Nursing & Quality
Metric Type: Supporting
Latest: 86.2%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



M-22

Dept: Nursing & Quality
Metric Type: Supporting
Latest: 83.6%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

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

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

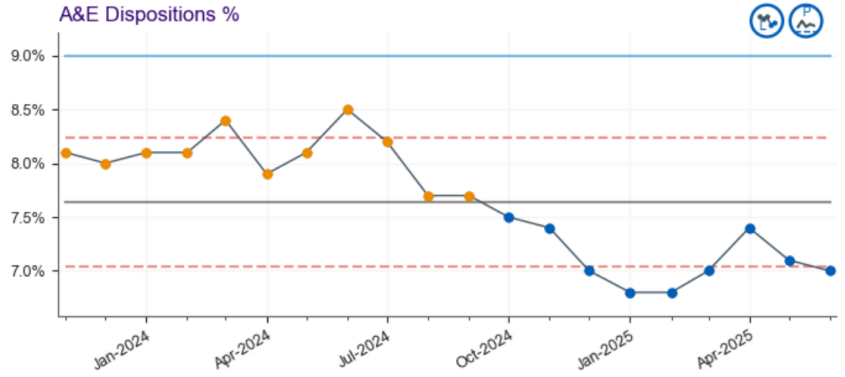
What next?

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

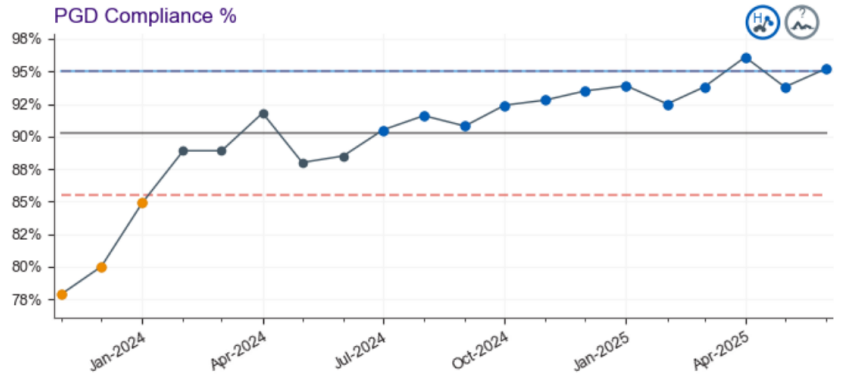
What? Required pathways audit continue to be completed to the expected 100% target. Any above target activity is because of additional audits retrospectively completed for investigation purposes. Call audit compliancy continues to be persistently lower than target.

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

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



111-5
Dept: Operations 111
Metric Type: Supporting
Latest: 7%
Target: 9%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.



MM-8
Dept: Medicines Management
Metric Type: Supporting
Latest: 95.2%
Target: 95%
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

111 Clinical Performance

What? During June, KMS 111 had an ambulance referral rate of 6.0% 4,764 sent of ambulances sent of 78,896 triaged cases) and this was supported by a C3/C4 ambulance validation rate of 63.6%, in line with commissioner expectations.
Clinical assessment in the Clinical Assessment Service (CAS) of ED dispositions remains a key focus of the Trust. In June, 43.9% of all calls triaged were assessed by a clinician, in line with the NHS E national average.
The proportion of total calls initially given an ED disposition that received remote clinical intervention was 35%, a minor decrease from May but indicative of sustained clinical capacity. In addition, the proportion of cases identified by NHS E requiring clinical assessment via 111 First was 4,266 with 5,020 (85%) receiving a clinical intervention. Again, the Trust's 111 service delivered exceptional performance with regards to its ED referral rate, achieving 7.1% vs. a target of 9%.

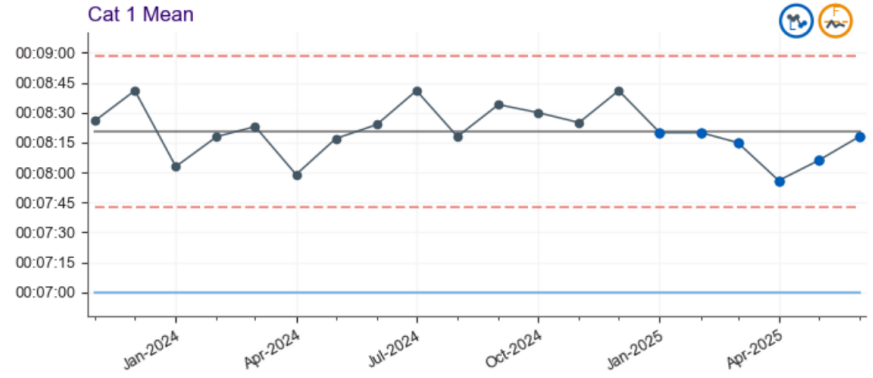
So what? The service continues to make a difference to not only our 999 service, but also the wider healthcare economy. The positive impact of the CAS and its clinical interventions is vital in reducing unheralded demand to EDs and facilitating appropriate care, optimising patient pathways.

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

PGD compliance (MM-8)
What?
Our PGD compliance is at 95.2% and beginning to achieve stability at this high level of compliance.

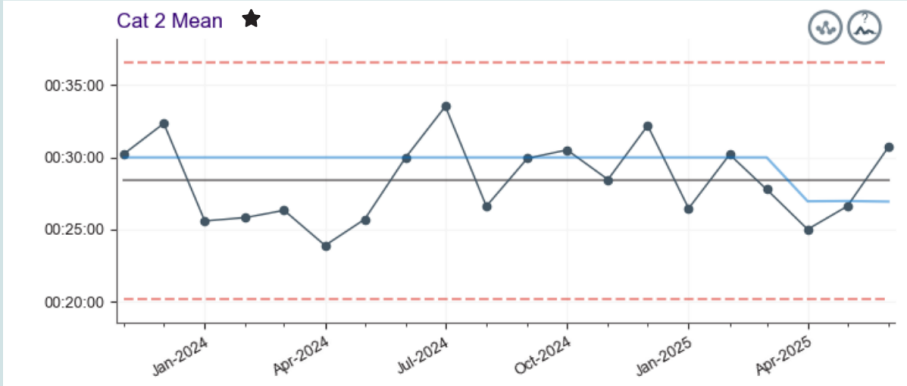
So what?
Training and compliance ensure that all healthcare professionals administer medicines under PGDs consistently, regardless of location or individual practice variations This is crucial for maintaining high-quality care.

What next?
Significant work has been undertaken to understand staff roles and rationalise the groups of staff expected to undertake PGD competency assessments. This is reflected in the current compliance of 95.2% and is above target. Progress is expected to be maintained.



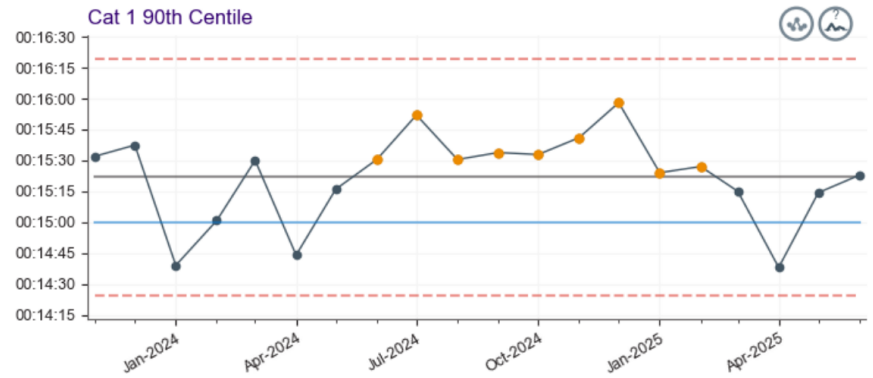
999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:08:18
Target: 00:07:00

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



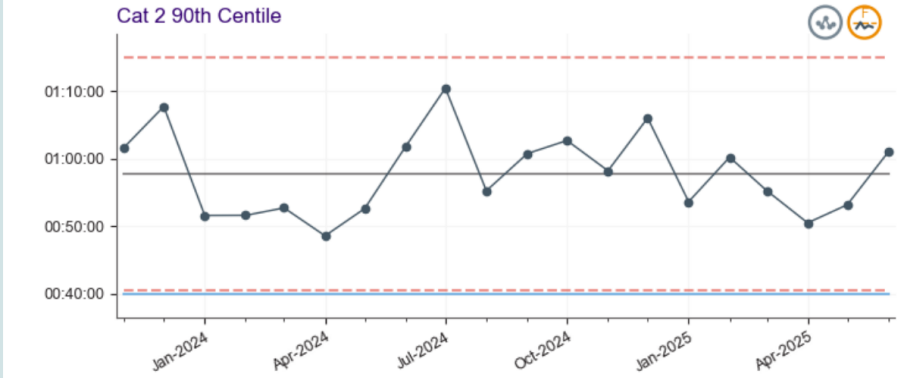
999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:30:42
Target: 00:26:56

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



999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:15:23
Target: 00:15:00

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



999-4
Dept: Operations 999
Metric Type: Board
Latest: 01:01:01
Target: 00:40:00

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

Cat 1 Performance

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

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

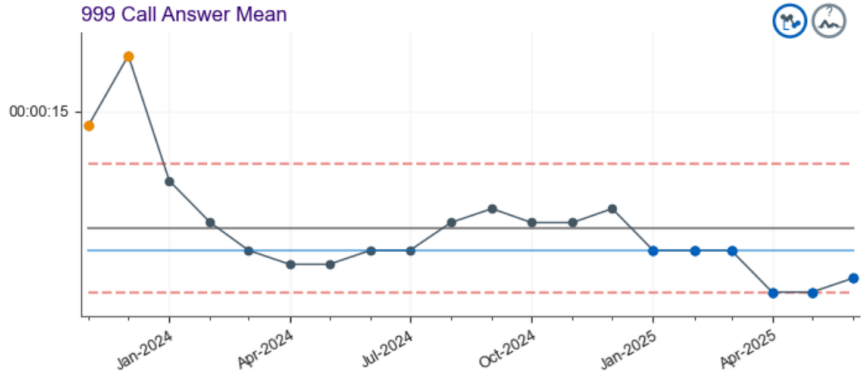
What next? Continuation of the Local Community Dispatch Model is now BAU and does not appear to have had a detrimental impact upon C1 performance and this is being monitored regularly.

Cat 2 Performance

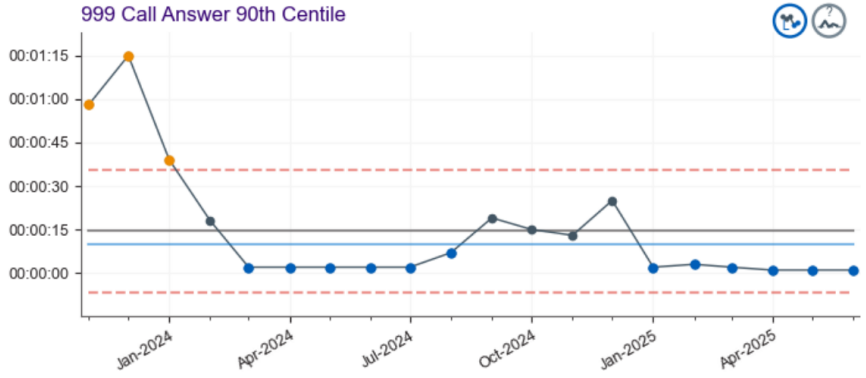
What? C2 Mean in June has deteriorated by 2min 51sec from May.

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

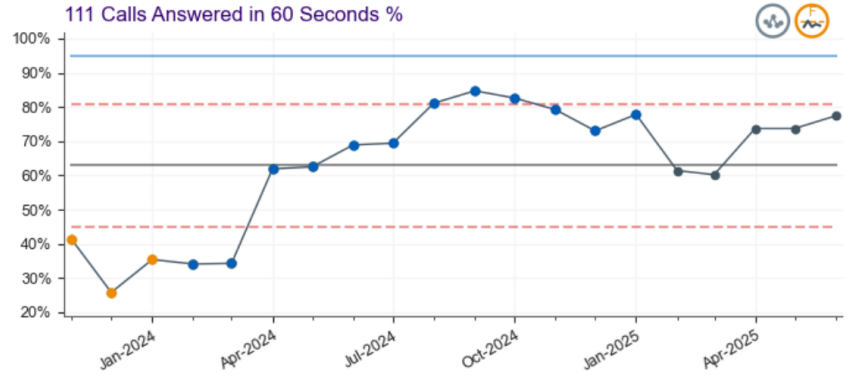
What next? Continuing focus on delivery of the C2 mean with all OUM's across Operations. with regular prospective reviews of hours available on the road, monitoring abstractions and improving sickness rates (both long and short term), along with targeted application of overtime where appropriate. Continued focus on productivity schemes to improve the long-term trend of C2 mean in line with the trajectory through this year.



999-1
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.



999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:01
Target: 00:00:10
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



111-2
Dept: Operations 111
Metric Type: Board
Latest: 77.4%
Target: 95%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

999 Call Handling Performance

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

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

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

111 Call Handling Performance

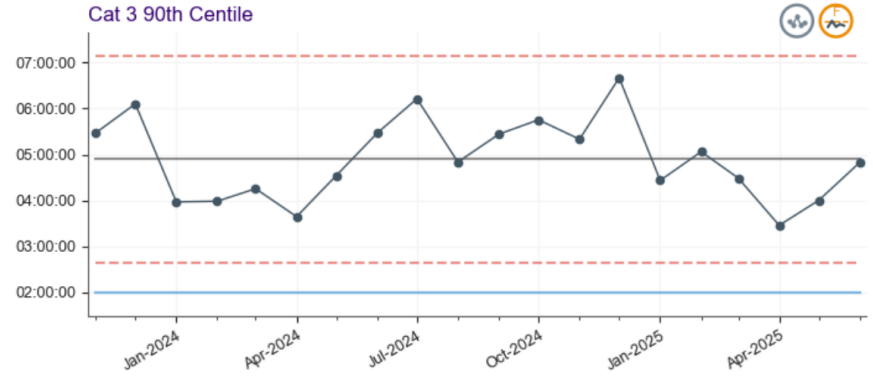
What? The 111-service transitioned to a revised operating model in June, with a new sub-contractor operating configuration and contract in place.

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

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

Quality Patient Care: Response Times | Supporting Metrics

Integrated Quality Report



999-5

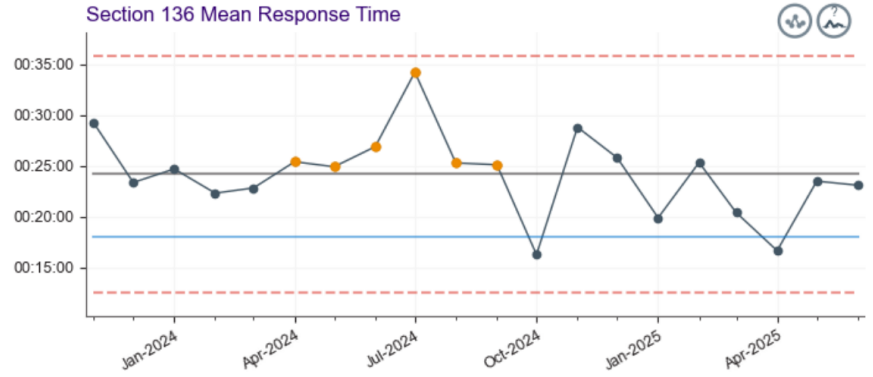
Dept: Operations 999

Metric Type: Supporting

Latest: 04:49:39

Target: 02:00:00

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



999-18

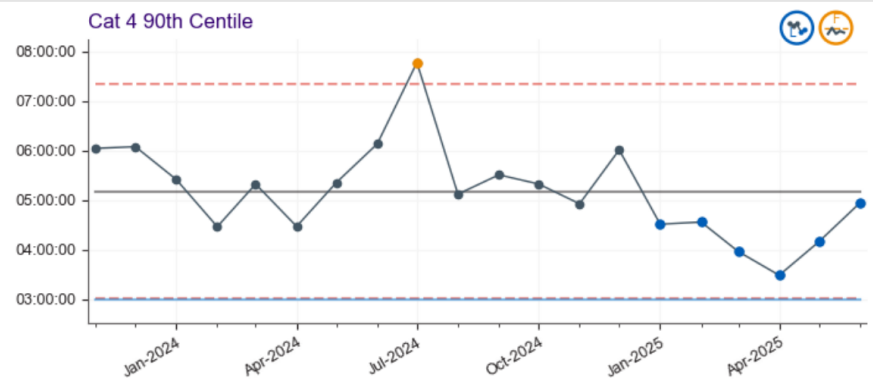
Dept: Operations 999

Metric Type: Supporting

Latest: 00:23:06

Target: 00:18:00

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



999-6

Dept: Operations 999

Metric Type: Supporting

Latest: 04:56:28

Target: 03:00:00

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

What? C3 response times are above target, with some known dispatch delays due to all c3 and c4s going into validation and challenges with demand .This can create increased response times. C4 response times (very low numbers of activity) remain challenged due to volume of C2 and C3s which are dispatched ahead of this call type.

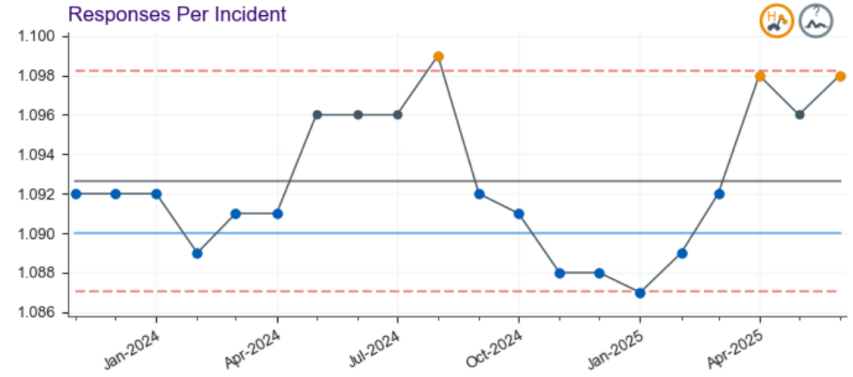
So what? Ensuring patients are supported through hear and treat from C3 and C4 is reliant on validation in a timely manner which collectively contact centres and field operations are working to improve process and timeliness. These metrics are also supported by the embedding of staff numbers and the local community dispatch model – however there is still a long way to go to meet the national AQI standards. The risk to patients is low as categorised as non-emergency response however this can affect patient experience and system and longer term outcomes.

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

What?
There is no significant change to S136 metric

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

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



999-17

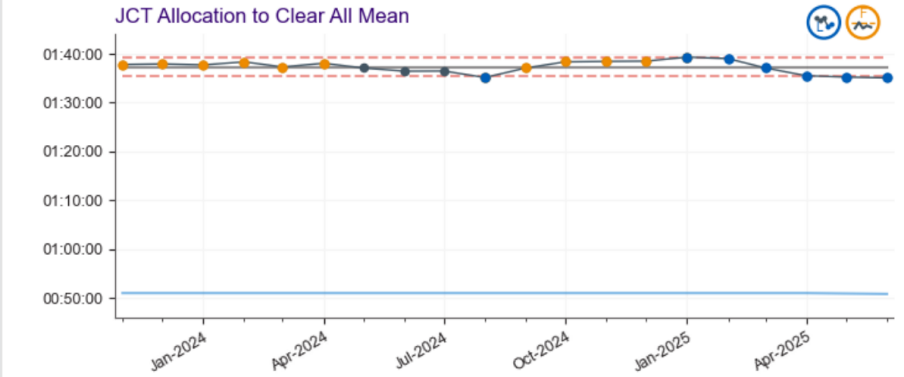
Dept: Operations 999

Metric Type: Board

Latest: 1.1

Target: 1.09

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



999-44

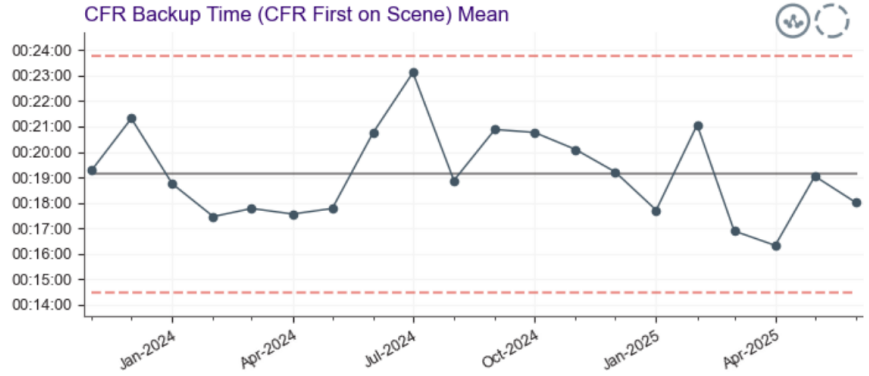
Dept: Operations 999

Metric Type: Board

Latest: 01:35:05

Target: 00:50:49

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



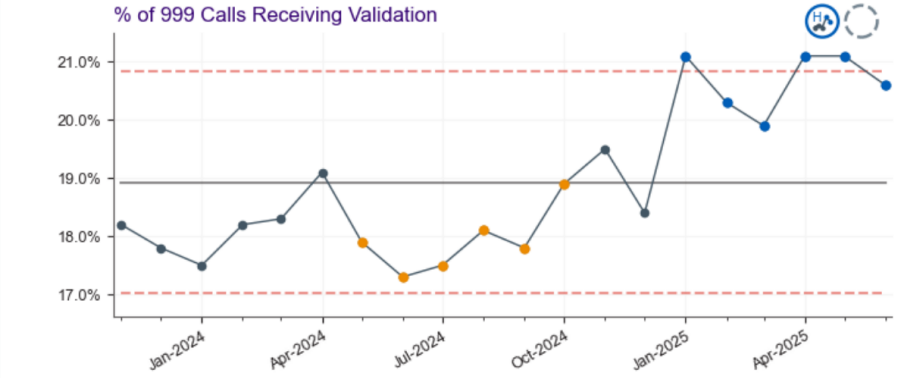
999-36

Dept: Operations 999

Metric Type: Board

Latest: 00:18:01

Common cause variation, no significant change.



999-34

Dept: Operations 999

Metric Type: Board

Latest: 20.6%

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

Responses Per Incident (RPI)

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

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

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

JCT Allocation to Clear All Mean

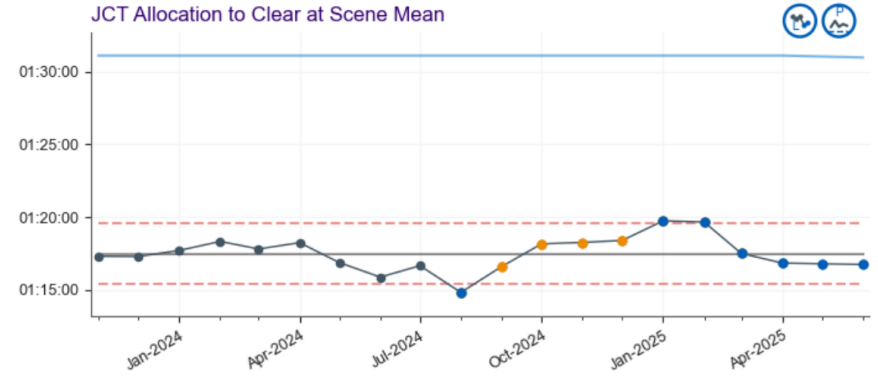
What? JCT Allocation to Clear remains above target with a slight improving trend from March 2025
So what? Local Community Dispatch Model (LCDM) has been piloted and demonstrates improvements to overall JCT due to lower travel time and mileage. A robust evaluation has been completed, and this is now part of our BAU plans.
What next? Continue with LCDM and explore other actions that would lead to JCT reduction.

% 999 Calls Receiving Validation

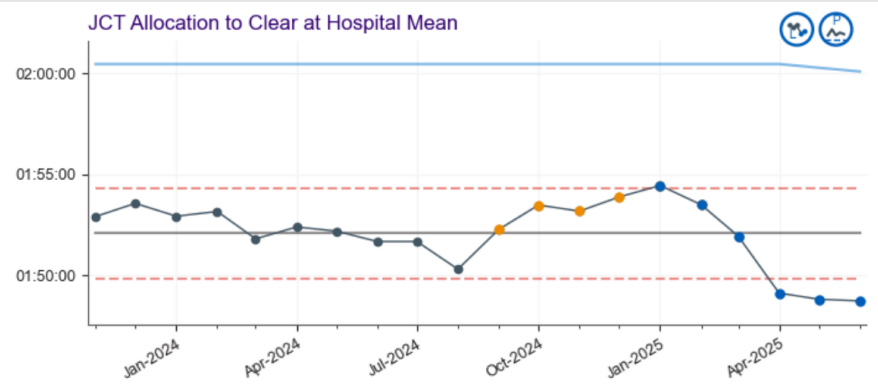
What? There is an improving trend and this is important, as it's aligned to the Trust strategy of clinically assessing cases pre ambulance dispatch, where safe and appropriate to do so.

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

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



999-11
Dept: Operations 999
Metric Type: Board
Latest: 01:16:45
Target: 01:30:58
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.



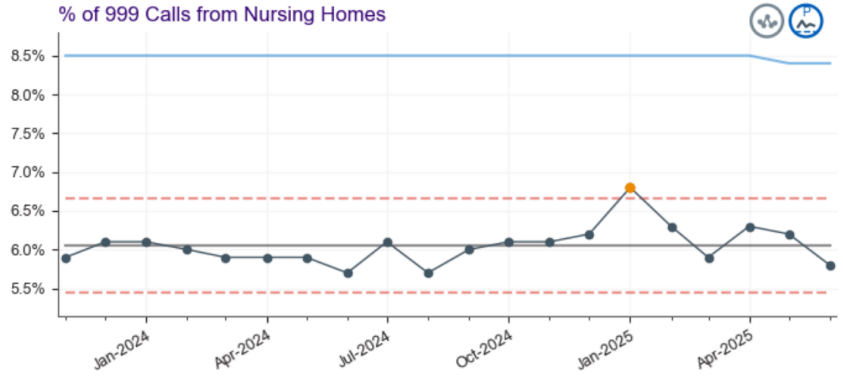
999-11
Dept: Operations 999
Metric Type: Board
Latest: 01:48:45
Target: 02:00:05
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

JCT Allocation to Clear at Scene and at Hospital.

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

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

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



999-35
Dept: Operations 999
Metric Type: Board
Latest: 5.8%
Target: 8.4%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

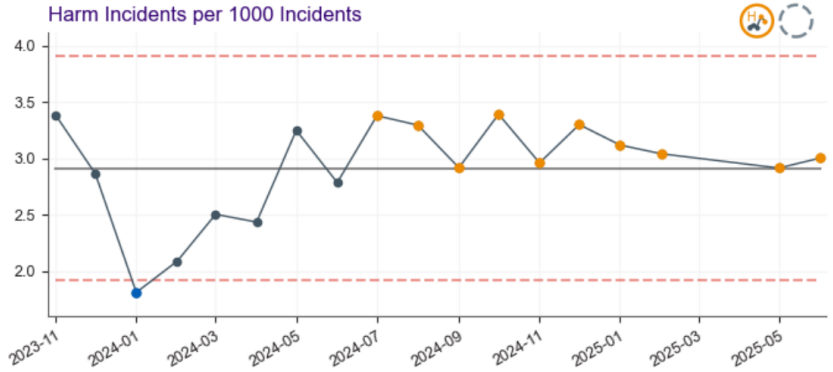
What? - Percentage of 999 calls from nursing homes
This is new measure for this year as part of our productivity plans and follows a presentation that an Advanced Paramedic Practitioner gave to the Trust Board about a project they had led to educate care home staff on how to manage patients who deteriorated without the need to always call an ambulance.

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

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

Quality Patient Care: Patient Safety | Supporting Metrics

Integrated Quality Report



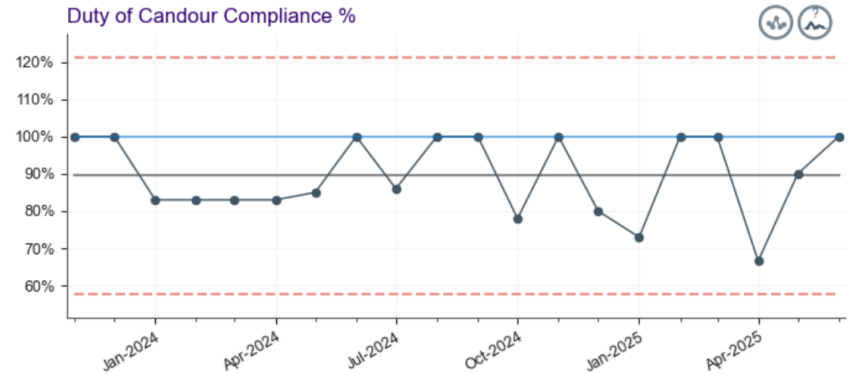
QS-29

Dept: Quality & Safety

Metric Type: Supporting

Latest: 3

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



QS-3

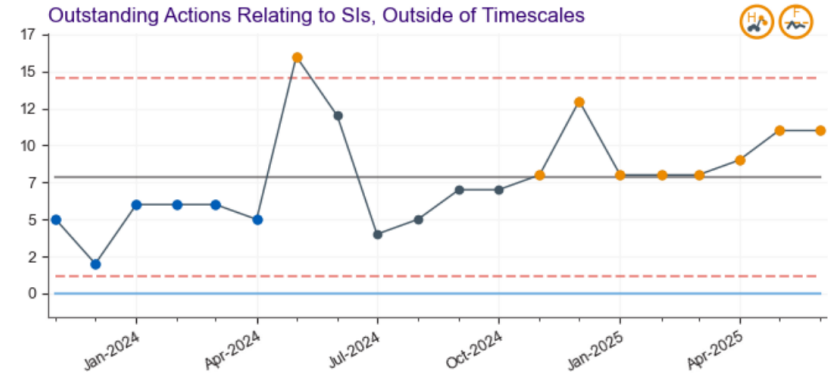
Dept: Quality & Safety

Metric Type: Supporting

Latest: 100%

Target: 100%

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



QS-17

Dept: Quality & Safety

Metric Type: Supporting

Latest: 11

Target: 0

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

MM-1

Dept: Medicines Management

Metric Type: Supporting

Latest: 154

Common cause variation, no significant change.

Harm per 1000 incidents

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

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

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

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

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

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

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

Duty of candour compliance

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

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

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

Number of Medicines Incidents (MM-1)

What?

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

So what?

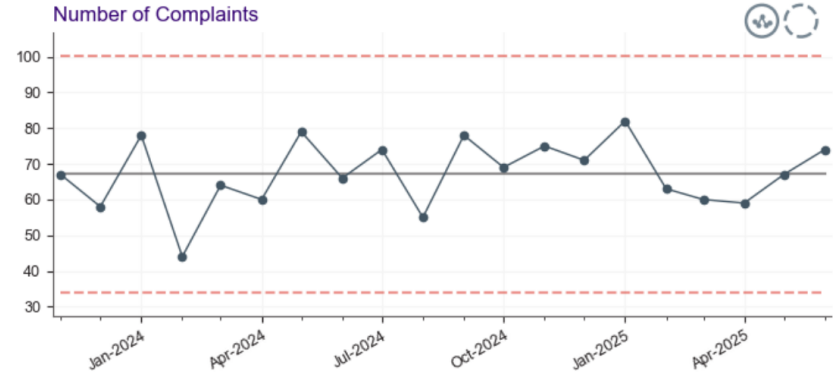
Individuals are encouraged to report medicines-related incidents to demonstrate transparency, integrity; supporting the identification of trends and subsequent learning, quality improvement and increased patient safety.

What next?

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

Quality Patient Care: Patient Experience | Supporting Metrics

Integrated Quality Report



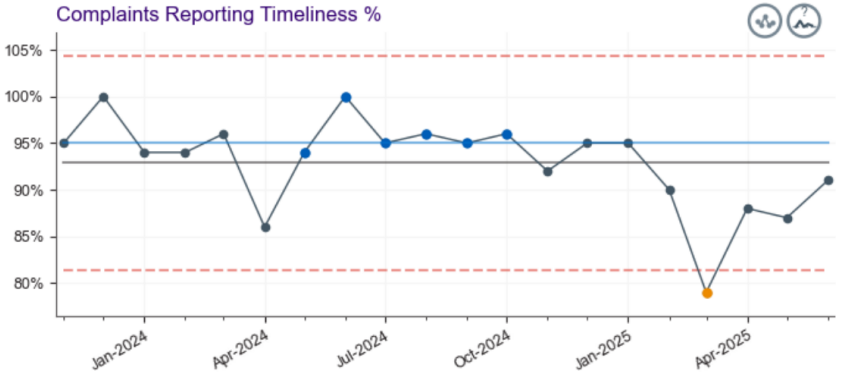
QS-5

Dept: Quality & Safety

Metric Type: Supporting

Latest: 74

Common cause variation, no significant change.



QS-4

Dept: Quality & Safety

Metric Type: Supporting

Latest: 91%

Target: 95%

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

What?

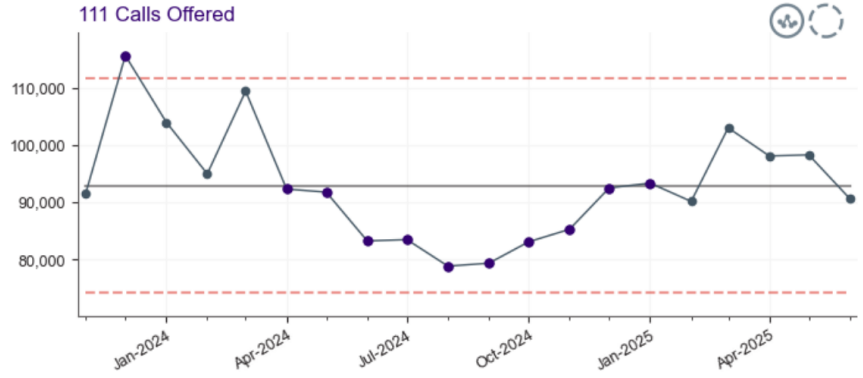
- The number of complaints received is within the normal variation.
- There was a dip in response timeliness due to sickness within the team, but this was back over 90% for June.

So what?

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

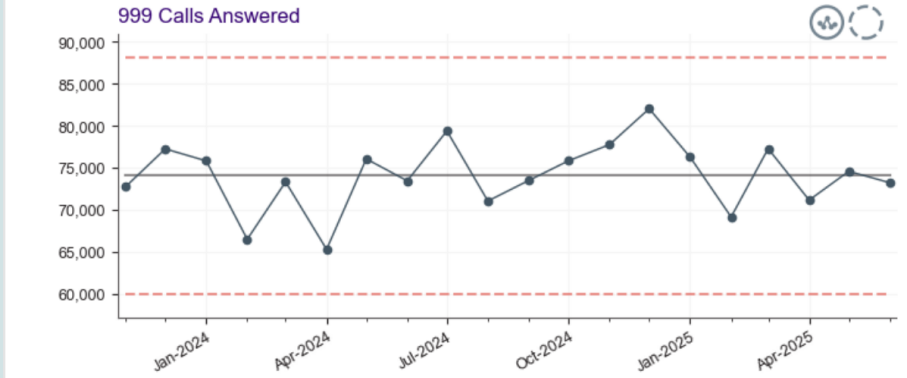
What next?

- As reported on the last report, an organisational change process underway, from 1 September 2025, the PALS team will move into Divisional based patient safety and experience teams, that will enhance the ability to identify, analyse and address underlying issues affecting local populations resulting in complaints being raised.
- Continue to process new complaints in a timely manner.
- Increase response timeliness to Trust 95% target.



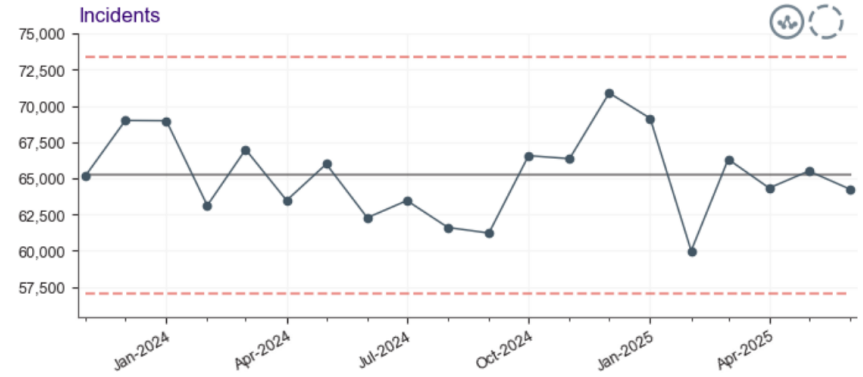
111-1
Dept: Operations 111
Metric Type: Supporting
Latest: 90618

Common cause variation, no significant change.



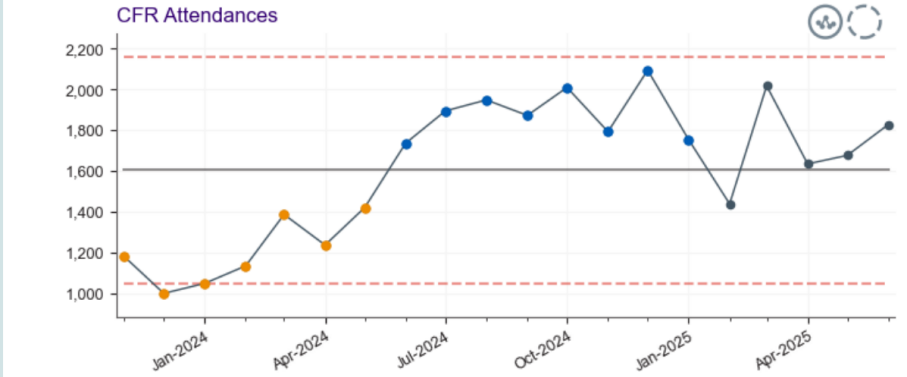
999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 73230

Common cause variation, no significant change.



999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 64247

Common cause variation, no significant change.



999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 1827

Common cause variation, no significant change.

111 Calls

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

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

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

Incidents

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

So what? This has helped the Trust with regards to its planning, and scheduling appropriate resource to respond to patient demand, be that in contact centres or in field operations.

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

999 Calls

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

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

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

CFR Attendances

What? Slight improving trend since April.

So What? Not a significant change

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

South East Coast Ambulance Service NHS Foundation Trust

People

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

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

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

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

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

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

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

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

Our people enjoy working at SECAmb

1	Tier 1
2	Tier 2
	QI
	Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 - Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

Variation

Special Cause Improvement			Common Cause		Special Cause Concern		
5%	16%		68%		5%	0%	
1	3		13		1	0	

Assurance

Pass		Hit and Miss		Fail		No Target	
5%		58%		21%		16%	
1		11		4		3	

Culture

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

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

Workforce

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

Employee Experience

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

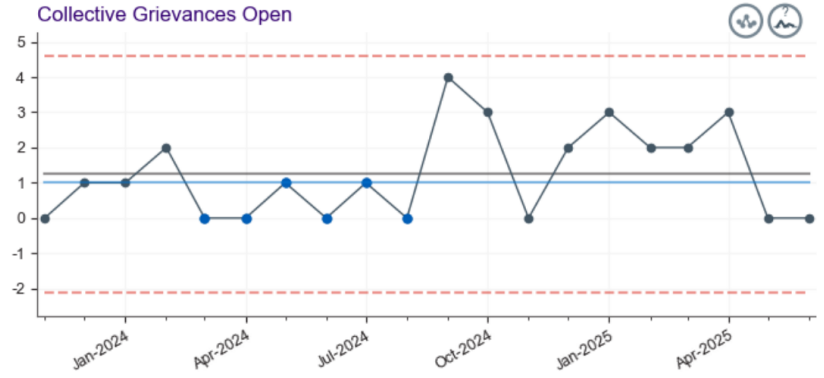
Pending metric: WRES/WDES - Needs to be defined

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

Employee Development

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

Pending metric: Education - Needs to be defined



WF-11

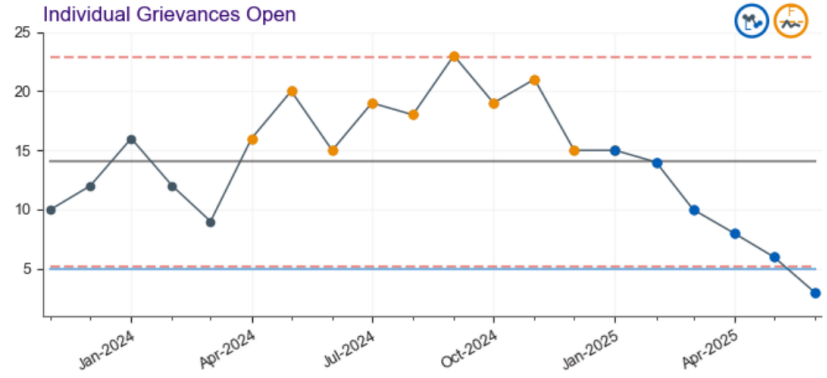
Dept: Workforce HR

Metric Type: Board

Latest: 0

Target: 1

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



WF-10

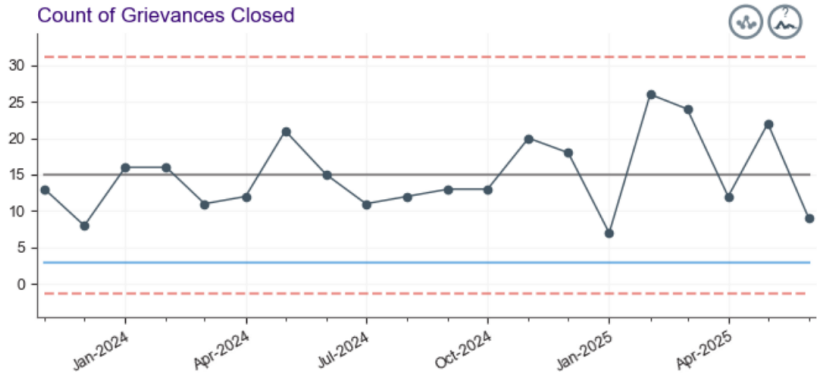
Dept: Workforce HR

Metric Type: Board

Latest: 3

Target: 5

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



WF-42

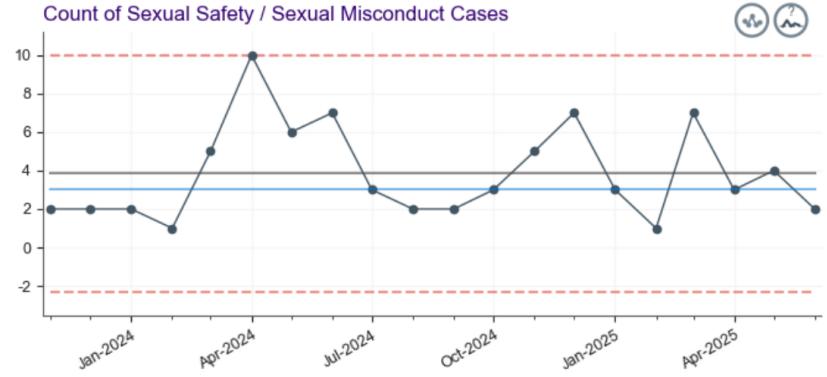
Dept: Workforce HR

Metric Type: Board

Latest: 9

Target: 3

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



WF-41

Dept: Workforce HR

Metric Type: Board

Latest: 2

Target: 3

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

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

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

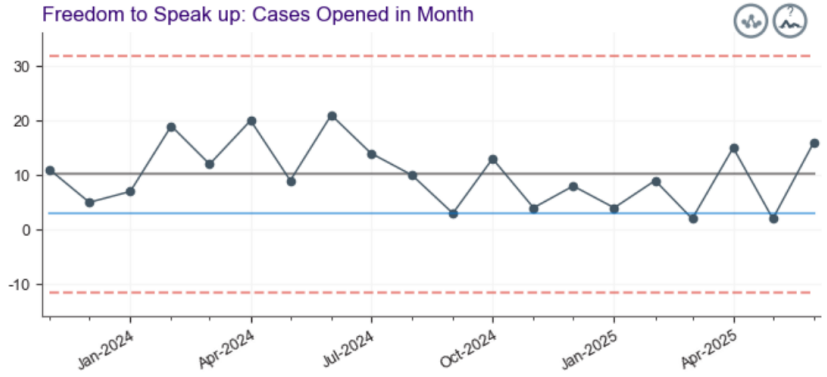
What Next?
- Grievance policies are under review to strengthen early and informal resolution routes.
- Management training is being developed to support this approach and reduce the number of formal cases.
- The triage panel continues to review all cases to ensure appropriate and timely action is taken.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

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

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

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

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



QS-27

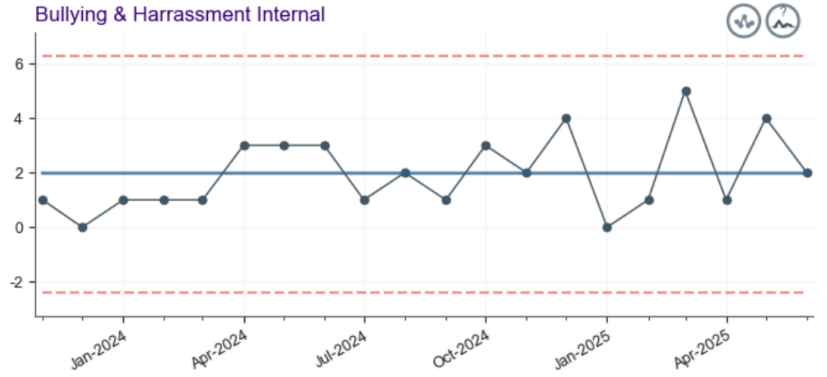
Dept: Quality & Safety

Metric Type: Supporting

Latest: 16

Target: 3

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



WF-12

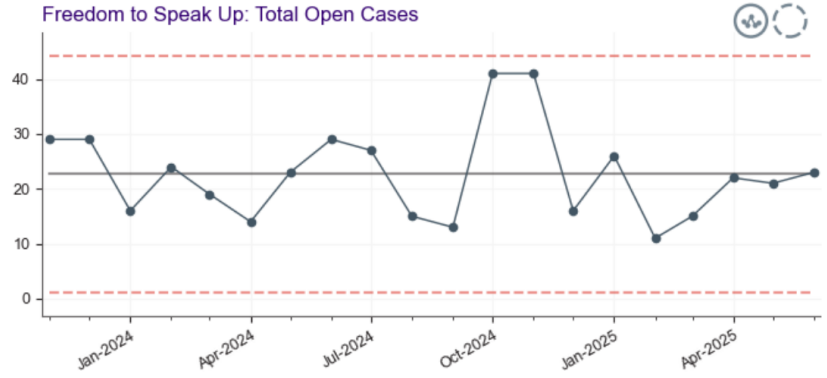
Dept: Workforce HR

Metric Type: Supporting

Latest: 2

Target: 2

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



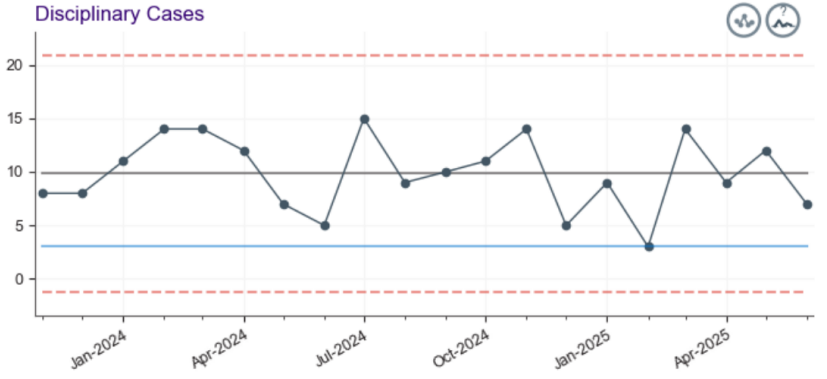
QS-27

Dept: Quality & Safety

Metric Type: Supporting

Latest: 23

Common cause variation, no significant change.



WF-9

Dept: Workforce HR

Metric Type: Supporting

Latest: 7

Target: 3

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

What?

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

So what?

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

What next?

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

What?

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

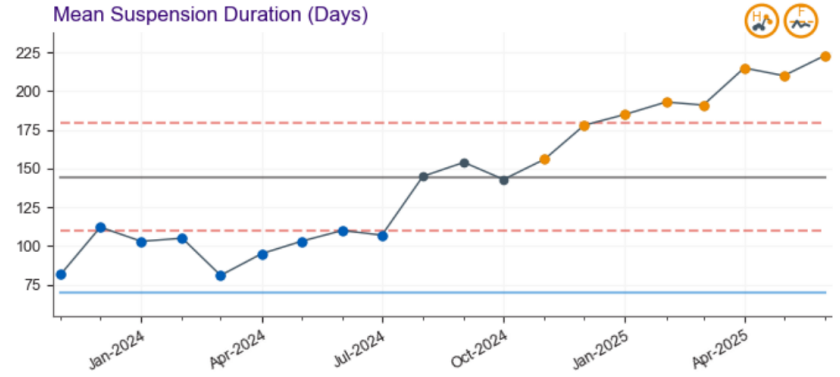
So what?

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

What next?

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

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



WF-47
Dept: Workforce HR
Metric Type: Supporting
Latest: 223
Target: 70
Special cause of a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.

What?
There are currently 17 live suspensions across the organisation.

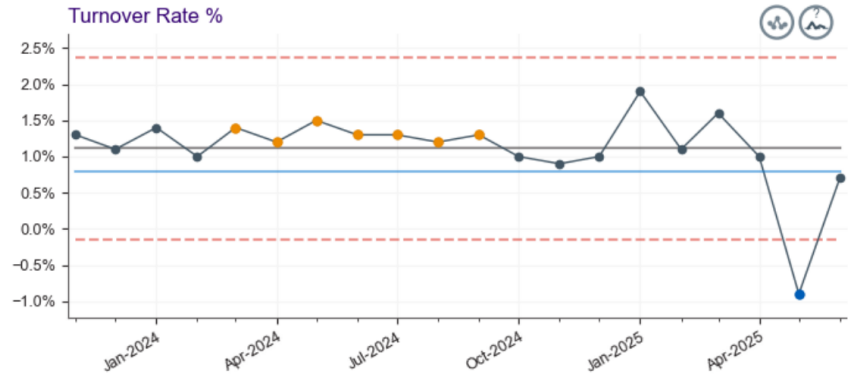
So what?
All new suspensions are reviewed and risk-assessed by the Executive Team before being enacted. Weekly reviews of live cases are in place. However, a number of cases remain open for extended periods due to involvement from external agencies, which limits the organisation's ability to progress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

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

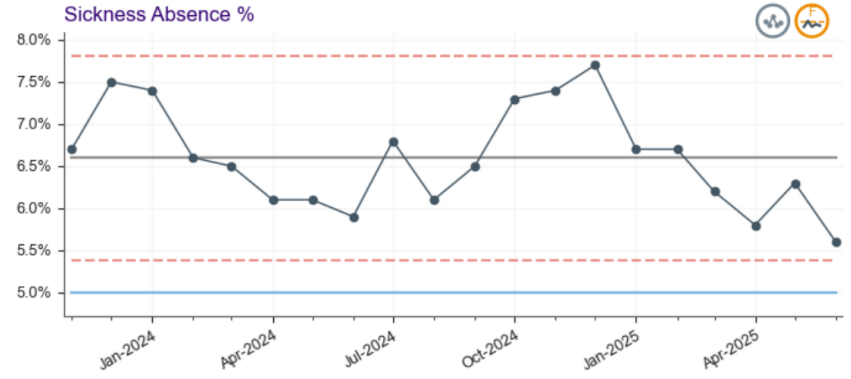
Please note: For Suspensions there is currently review and improvement work which is ongoing, and figures may be updated later

People: Workforce | Board Metrics

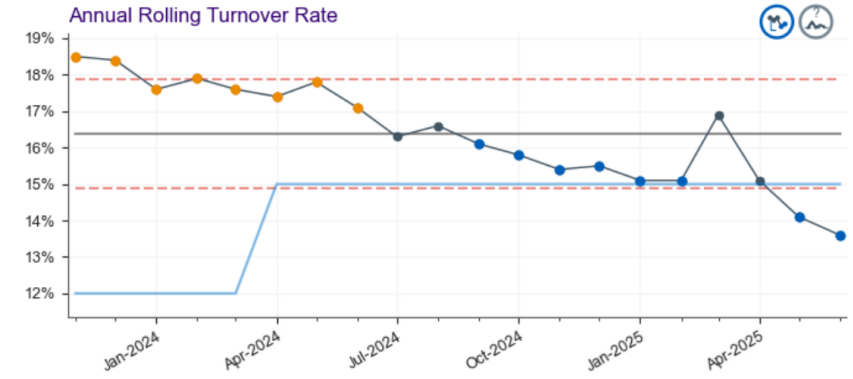
Integrated Quality Report



WF-48
Dept: Workforce HR
Metric Type: Board
Latest: 0.7%
Target: 0.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-49
Dept: Workforce HR
Metric Type: Board
Latest: 5.6%
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: 13.6%
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 June, 42 staff left the organisation — the highest monthly figure in recent months. Despite this, the annual rolling turnover rate remains below target for the second consecutive month.

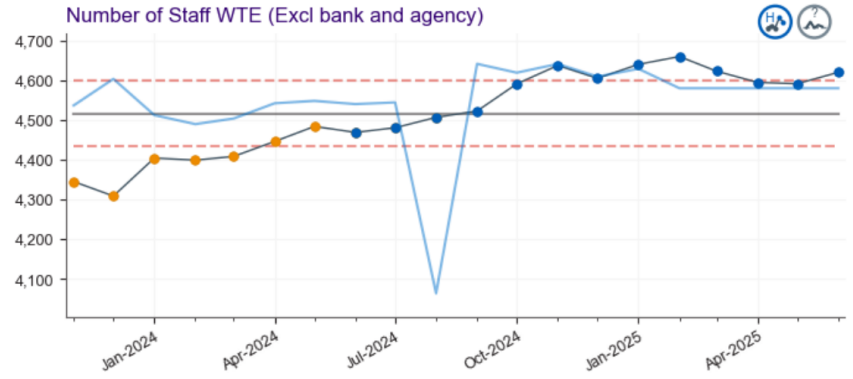
So What?
The spike in June may reflect short-term movement linked to structural changes, particularly in Operations and 111. However, due to the absence of SPC-confirmed trends or special cause variation, it is not yet possible to determine whether this is part of a wider pattern. Further analysis is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

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

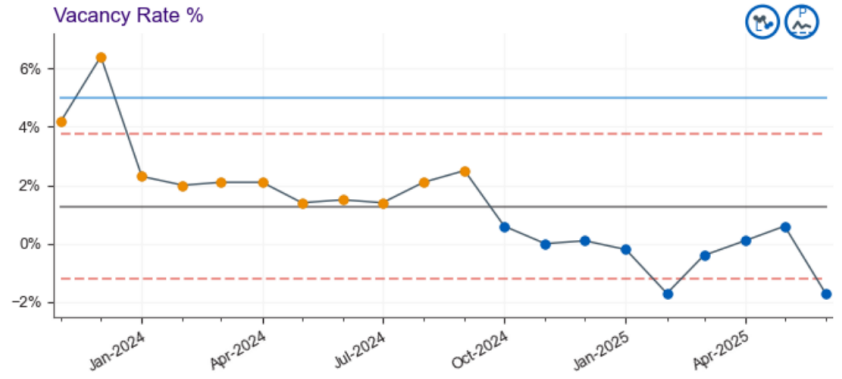
What?
Sickness absence is currently reported at 5.0%, following a higher figure of 12.0% in May.

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

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



WF-1
Dept: Workforce HR
Metric Type: Supporting
Latest: 4619.2
Target: 4579.26
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



WF-4
Dept: Workforce HR
Metric Type: Supporting
Latest: -1.7%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

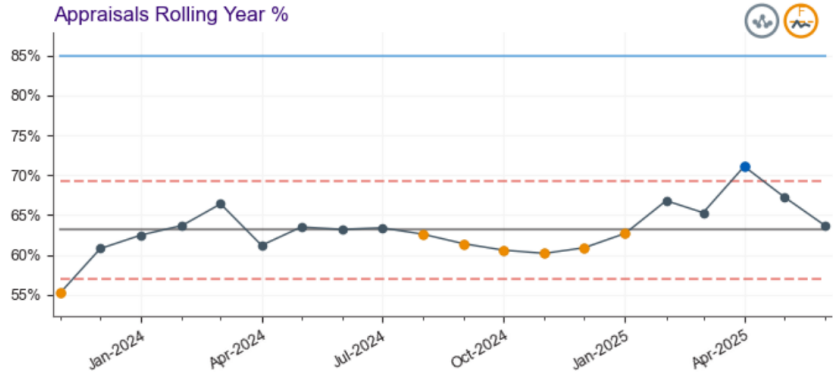
What?
The chart for workforce WTE shows special cause variation, with the Trust currently operating above its established staffing levels. The vacancy rate chart shows values consistently exceeding target.

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

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

People: Employee Development | Board Metrics

Integrated Quality Report



WF-40

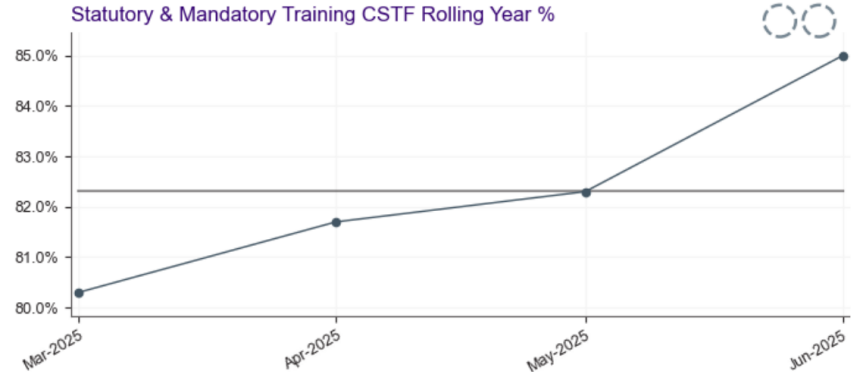
Dept: Workforce HR

Metric Type: Board

Latest: 63.7%

Target: 85%

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



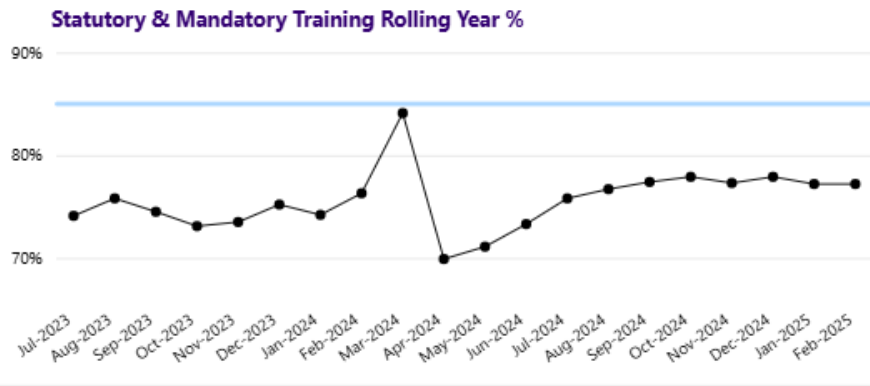
WF-6

Dept: Workforce HR

Metric Type: Board

Latest: 85%

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

So what?

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

What next?

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

What?

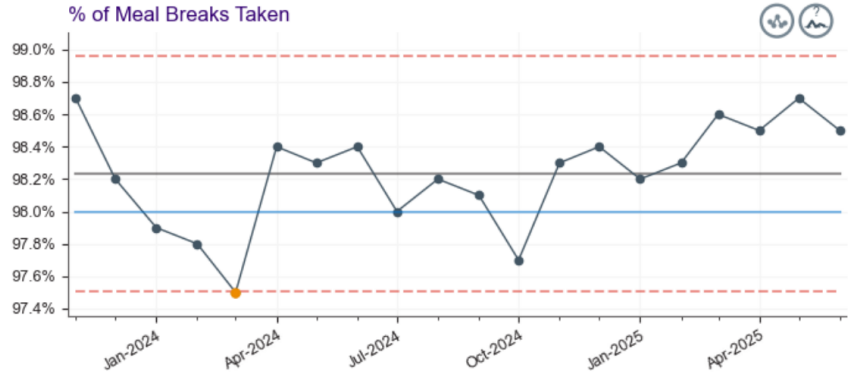
An analysis of current compliance levels for statutory training across the organisation indicates that the Trust is now operating above the required compliance threshold of **85%**. All directorates have achieved compliance rates above 79%, with the Operations and Quality & Nursing directorates demonstrating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

So what?

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

What next?

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



999-27

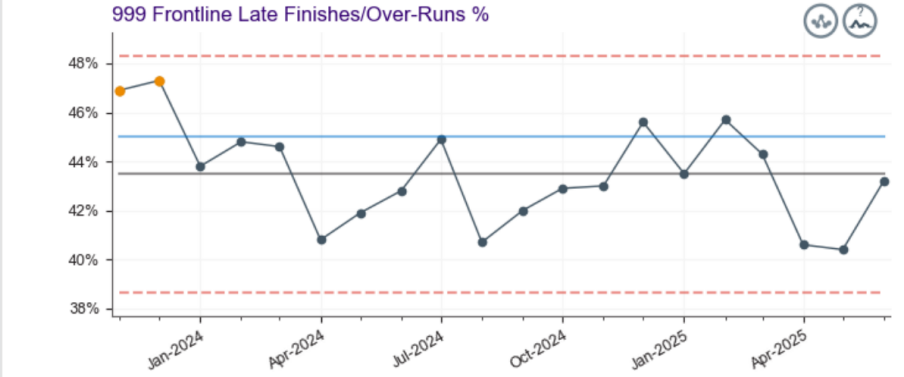
Dept: Operations 999

Metric Type: Supporting

Latest: 98.5%

Target: 98%

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



999-15

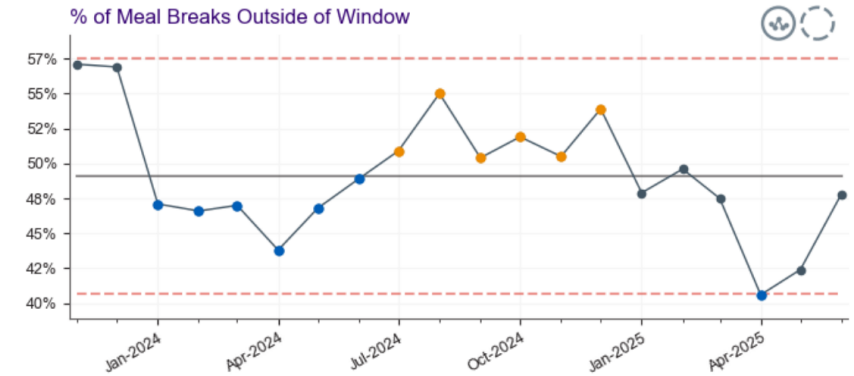
Dept: Operations 999

Metric Type: Supporting

Latest: 43.2%

Target: 45%

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



999-28

Dept: Operations 999

Metric Type: Supporting

Latest: 47.8%

Common cause variation, no significant change.

What? Slight deterioration noted in June

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

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

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

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

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Sustainable Partner

What?
The Trust's plan in 25/26 has a high reliability in our ability to work in partnership across multiple part of the system and region to help drive productivity and efficiency and deliver our strategy. Specifically, 2 minutes of our C2 Mean trajectory are attributable to improving UCR acceptance rates (to 60%) and reducing handover times (to 18 minutes on average). The Board should be alerted that those plans are still in development, creating a C2 Mean trajectory risk, and we are in the process of leveraging our newly implemented divisions working with our partnerships to develop those system-level plans directly with our partner providers in the Acutes and Community.
Productivity metrics showed variable performance in June. Hospital Handover times continue to improve, while UCR acceptance rate remains static (against an expectation of improvement due to system productivity work) and H&T calls/hr rate is behind its improvement plan, while the operational abstraction rate has increased.

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

So What?
The Trust's month 3 year to date and forecast revenue financial position is in line with plan. This includes £5million funding for improved C2 performance already received as well as an additional £5million anticipated in September but which is contingent on successful achievement of C2 trajectories through the year. NHSE have confirmed that the funding will only be linked to productivity improvements attributable to the Trust, and therefore we would not be at financial detriment if the system productivity does not materialise, however there would be an impact on our C2 Mean trajectory.
There are continued challenges in achieving the ambitious productivity improvements planned for 2025/26 both internally and with system partners. The work is ongoing through partnership leads to address UCR acceptance rates however this remains challenging. Further plans are needed internally to improve H&T productivity and abstraction rates and these are being worked up.

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

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

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

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

We are a sustainable partner as part of an integrated NHS

1	Tier 1
2	Tier 2
	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 Case for Change (SCAS)
  - Deliver ICB-approved **multi-year plan** and refreshed **strategic commissioning framework** to support strategy delivery and sustainability, including break-even trajectory.
- Progress delivery of our **digital enablement** plans, presenting a detailed plan to the Board at the end of Q1

2025/26 Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

Sustainable Partner Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
0%	19%	62%		0%	10%
0	4	13		0	2

Assurance

Pass	Hit and Miss	Fail	No Target
10%	5%	19%	67%
2	1	4	14

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of DCA vehicles off road (VOR)	Jun-25	16.2%	10%	15.6%		
Board	Number of RTCs per 10k miles travelled	Jun-25	0.6		0.8		
Board	Handover Time Mean	Jun-25	00:17:57	00:17:30	00:19:09		
Board	Hear & Treat per Clinical Hour	Jun-25	0.5		0.5		
Board	See & Convey to ED %	Jun-25	52.2%		52.3%		
Board	See & Convey to Non-ED %	Jun-25	2.4%		2.8%		
Board	UCR Acceptance %	Jun-25	18.9%	60%	20.3%		
Supporting	111 to 999 Referrals (Calls Triaged) %	Jun-25	6%	13%	6.5%		
Supporting	% of SRV vehicles off road (VOR)	Jun-25	3.9%		5.1%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Jun-25	108		100.1		
Supporting	Vehicles Off Road (VOR) %	Jun-25	14.9%	10%	14.4%		
Supporting	999 Operational Abstraction Rate %	Jun-25	28.5%	32.4%	22.4%		
Supporting	Hear & Treat Recontact within 48 Hours %	Jun-25	2.2%		2%		
Supporting	Hours Lost at Handover as a Proportion of Provided Hours %	Jun-25	0.9%		1.1%		
Supporting	Number of Hours Lost at Hospital Handover	Jun-25	2647		3343.2		

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

Pending metric: Rate of Admission from ED - Needs to be defined

Health & Safety

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

Finance

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

Efficiency

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

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

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

Sustainable Partner Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
0%	19%		62%		0%	10%		
0	4		13		0	2		

Assurance

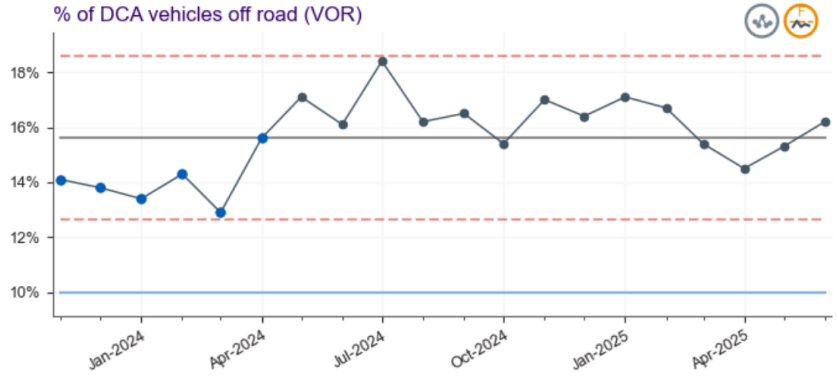
Pass	Hit and Miss	Fail	No Target
10%	5%	19%	67%
2	1	4	14

Resilience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Pending metric: Data Security / Cyber Assurance - Needs to be defined							
Pending metric: EPRR Standards Compliance % - Needs to be defined							
Pending metric: Digital Capacity/Delivery - Needs to be defined							

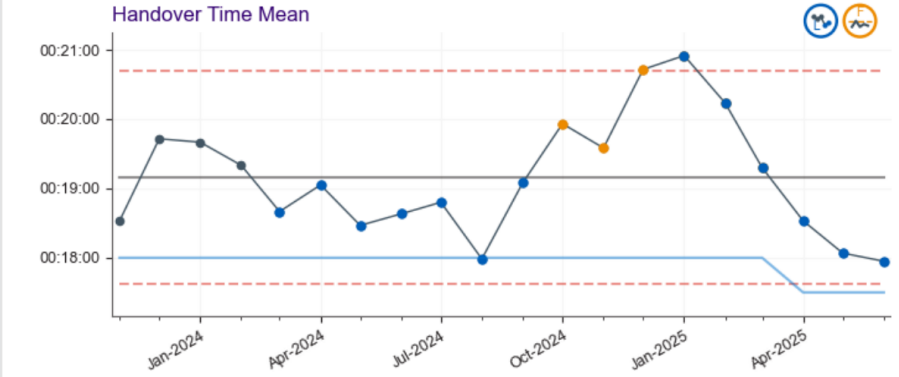
Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Pending metric: Driver Safety Standard Metric - Needs to be defined							



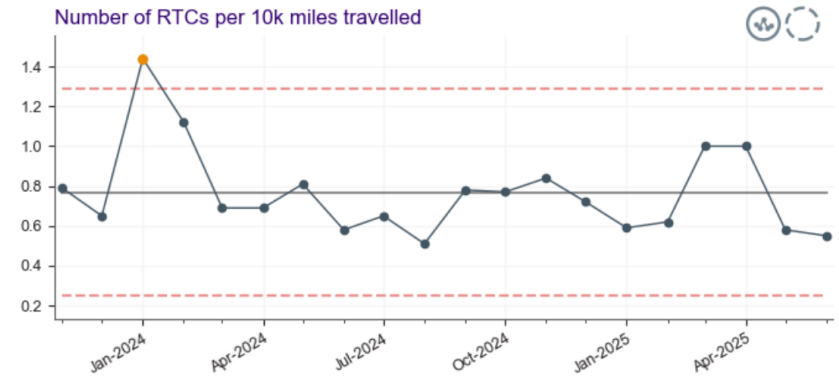
FL-4

Dept: Fleet
Metric Type: Board
Latest: 16.2%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-39

Dept: Operations 999
Metric Type: Board
Latest: 00:17:57
Target: 00:17:30
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



FL-2

Dept: Fleet
Metric Type: Board
Latest: 0.6

Common cause variation, no significant change.

% of DCA Vehicles off road (VOR)
What?
Current DCA VOR rate at 16.2%

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

What next?
Due to the reliability of the Fiat product the Trust have now ordered 92 MAN box DCAs and 5 Electric Transit DCAs that will assist with reducing VOR Rates. The demonstrator DCA vehicle is now built and has arrived in Trust for staff feedback with the first vehicles of our orders expected to become operational by the end of Q2 2025/26.

Number of RTCs per 10K miles travelled
What?
No significant change to RTCs per 10k travelled.

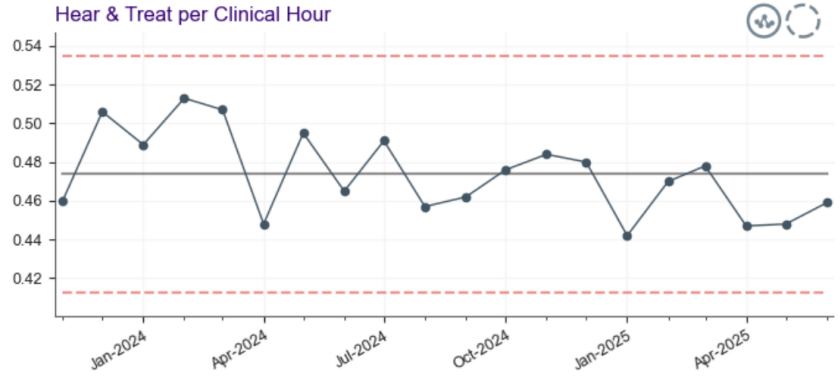
So what?
RTC's reduce vehicle availability and increase VOR, The repair times and costs to fix these vehicles post RTC is high having a negative impact on the Trust both operationally and financially.

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

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

So what?
Work will continue to support meeting the target

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



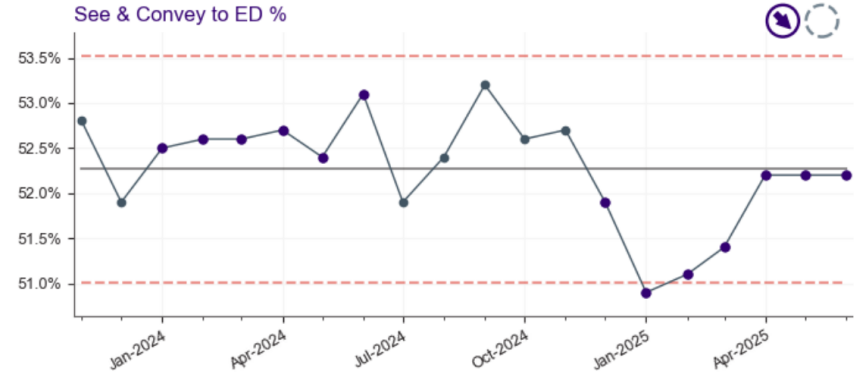
999-41

Dept: Operations 999

Metric Type: Board

Latest: 0.5

Common cause variation, no significant change.



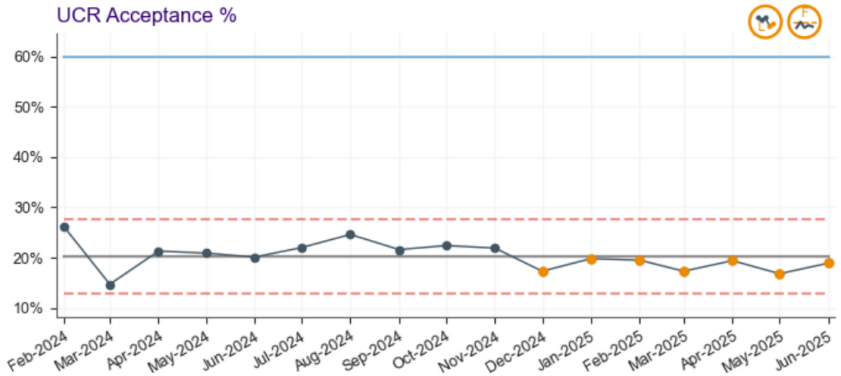
999-9

Dept: Operations 999

Metric Type: Board

Latest: 52.2%

Special cause variation where DOWN is neither improvement or concern



999-40

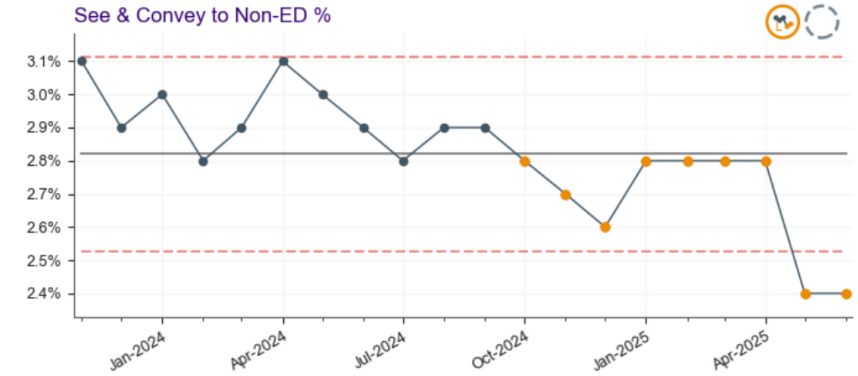
Dept: Operations 999

Metric Type: Board

Latest: 18.9%

Target: 60%

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



999-9

Dept: Operations 999

Metric Type: Board

Latest: 2.4%

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

UCR Acceptance Rate

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

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

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

Hear and Treat per Clinical Hour

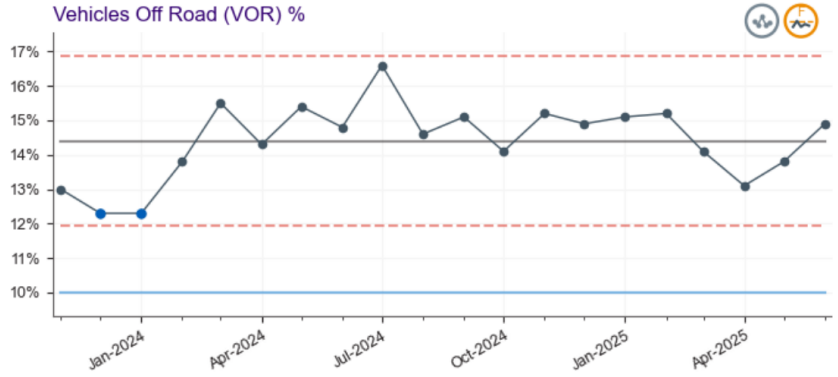
What? A key focus for the Trust is to drive virtual clinician productivity as part of the Virtual Care Tier 1 programme is improve the H & T generation per clinical hour provided, in addition to increasing the volume of H & T capacity via the dual training of paramedics to support clinical validation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

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

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

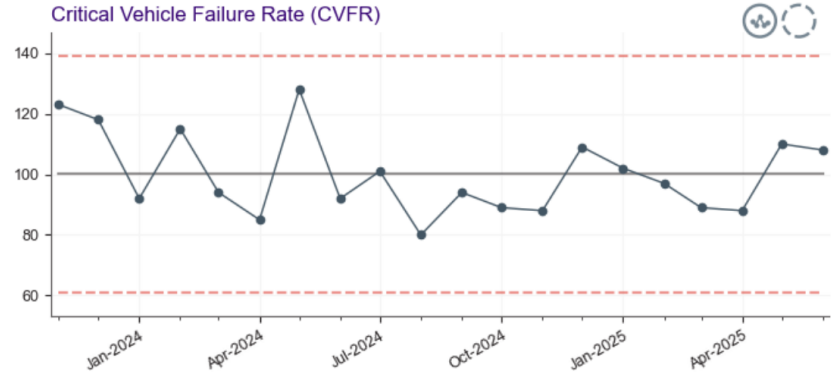
Sustainable Partner: Productivity | Supporting Metrics

Integrated Quality Report



FL-13

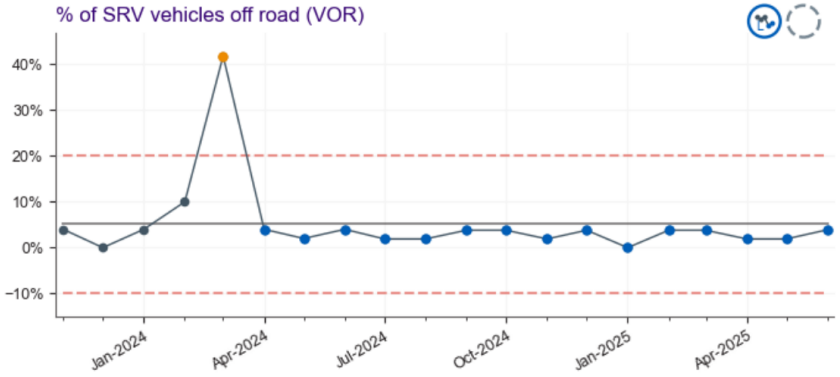
Dept: Fleet
Metric Type: Supporting
Latest: 14.9%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



FL-12

Dept: Fleet
Metric Type: Supporting
Latest: 108

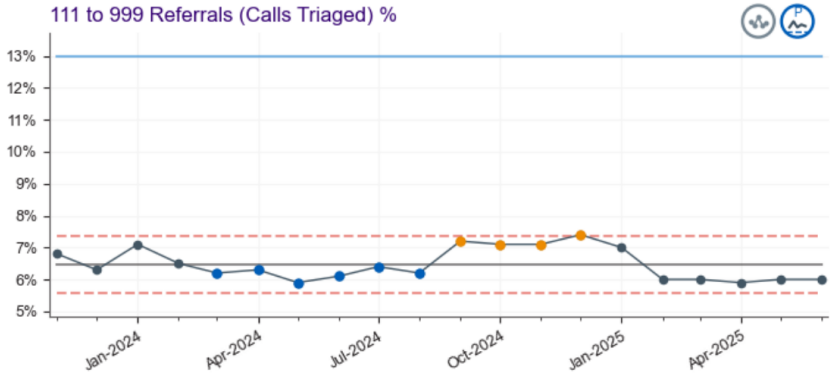
Common cause variation, no significant change.



FL-5

Dept: Fleet
Metric Type: Supporting
Latest: 3.9%

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



111-4

Dept: Operations 111
Metric Type: Supporting
Latest: 6%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Vehicle Off Road (VOR) %

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

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

What next?
The 97 new DCAs will offer further improvements on VOR rates once fully in service by Q3/Q4 2025/26. Along with the newer vehicles that will improve reliability and reduce average Fleet age that will bring all DCAs into their agreed replacement life cycles there is also a need to increase our Fleet maintenance staff in line with the number of vehicles we have in service which will be considered as part of the Trusts phase 2 restructure..

% of SRV vehicles off road (VOR)

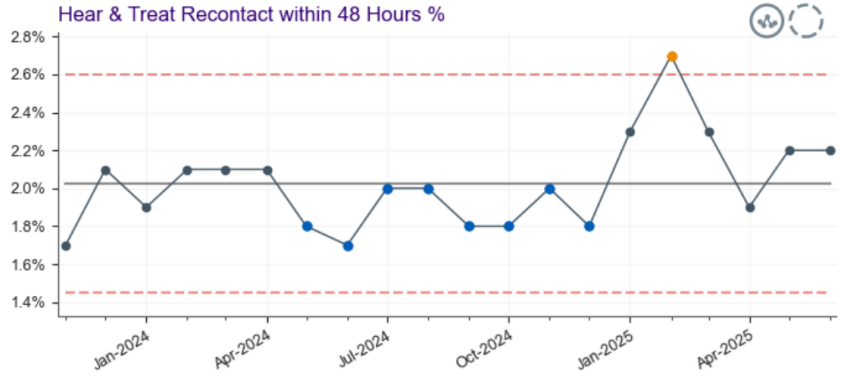
SRV VOR % remains stable due to all vehicle being within their agreed replacement life cycle.

Critical Vehicle Failure Rate (CVFR)

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

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

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



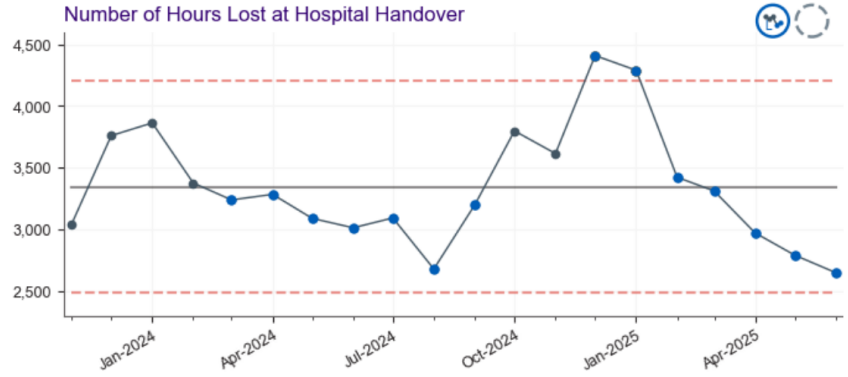
999-42

Dept: Operations 999

Metric Type: Supporting

Latest: 2.2%

Common cause variation, no significant change.



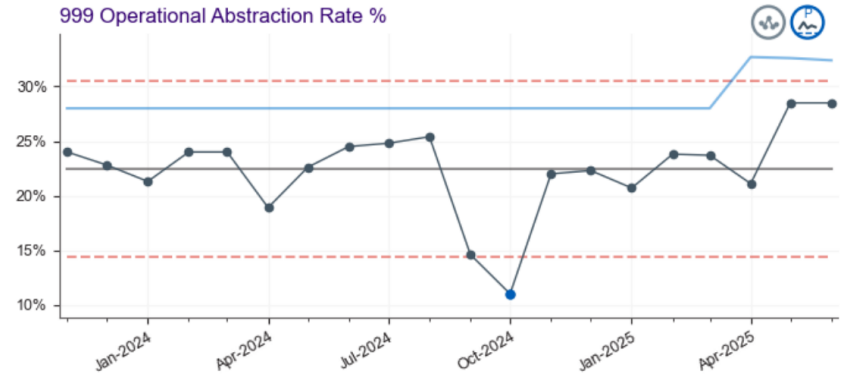
999-24

Dept: Operations 999

Metric Type: Supporting

Latest: 2647

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



999-12

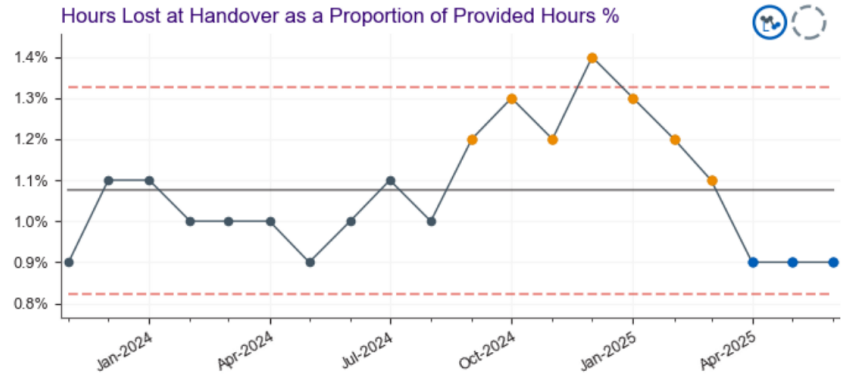
Dept: Operations 999

Metric Type: Supporting

Latest: 28.5%

Target: 32.4%

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



999-25

Dept: Operations 999

Metric Type: Supporting

Latest: 0.9%

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

Hear & Treat Recontact

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

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

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

999 Operational abstraction

What?

Abstraction rates in May and June increased from previous months.

So what?

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

What next?

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

What?

Hours lost to Hospital Handovers continue to improve

So what?

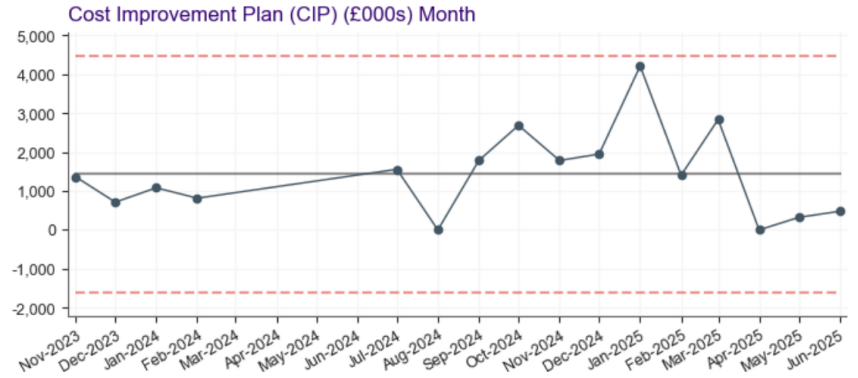
The number of hours lost due to handovers is improving as we continue to focus on this priority area with all system partners working collaboratively on an agree plan.

What Next?

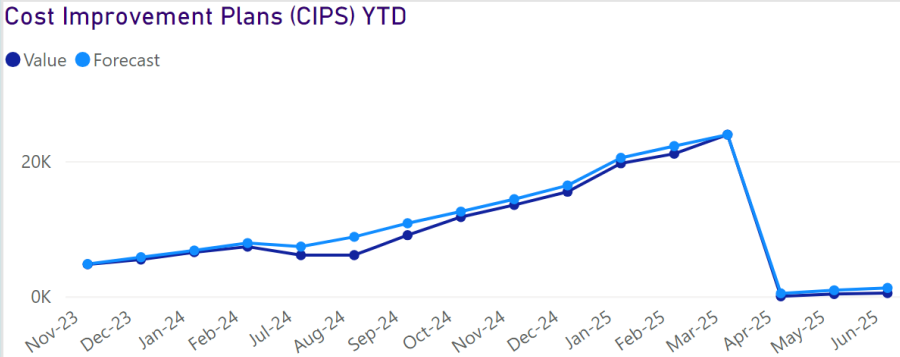
We continue to focus on this with system partners as a key productivity scheme that will contribute to improvements in the C2 mean, including looking at escalation processes to avoid long handover times and using SDEC and UTC more effectively.

Sustainable Partner: Efficiency | Board Metrics

Integrated Quality Report



F-4
Dept: Finance
Metric Type: Board
Latest: 480



F-13
Dept: Finance
Metric Type: Board
Latest: 484.2
Target: 1243.76

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

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

What next?
Advance "validated" and "scoped" schemes of £1.7m and £1.3m respectively through Executive Director and/or Quality Impact Assessment (QIA) approval and move them to the delivery stage.

Expedite the completion of templates and financial validation for the £1.1m proposed schemes.

Minimise risks associated with the identified schemes by speeding up the implementation of policy and process changes.
.

Ensure compliance with the budget, including the efficiency target.

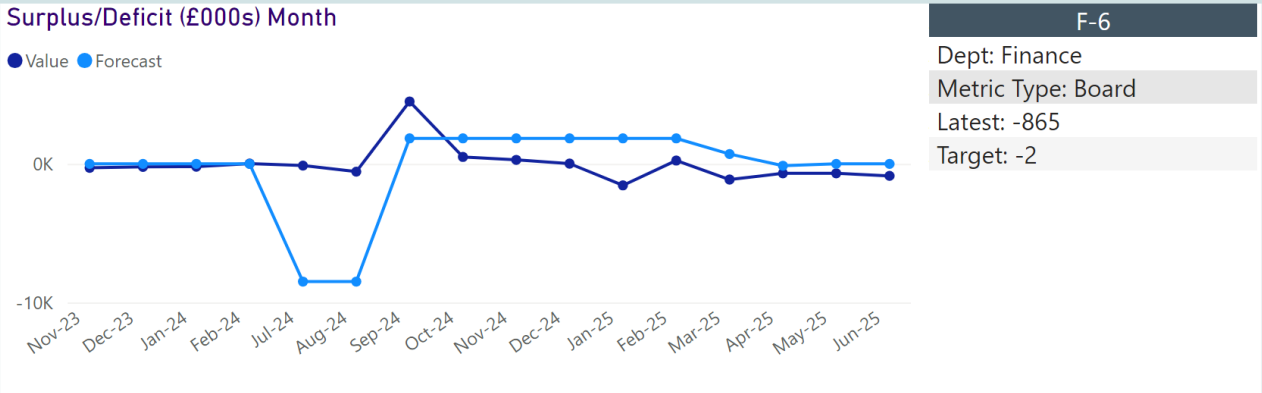
What?
The current forecast gap is £6.6m based on the £3.4m fully validated schemes that have moved to the delivery phase, compared to the target of £10m.
Furthermore, the existing pipeline schemes of £7.6m, excluding the £3.4m fully validated schemes, are £4.2m. However, most of the high-value schemes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

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

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

Sustainable Partner: Finance | Board Metrics

Integrated Quality Report



F-6
Dept: Finance
Metric Type: Board
Latest: -865
Target: -2

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

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

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

What?
For 2025/26 the Trust has again a break-even financial plan.
So what?
The Trust will not be receiving any deficit support funding to achieve this.
What next?
However, additional ambulance growth funding has been allocated to enable the Trust to deliver a further improvement in C2 mean to 25 minutes for 2025/26.

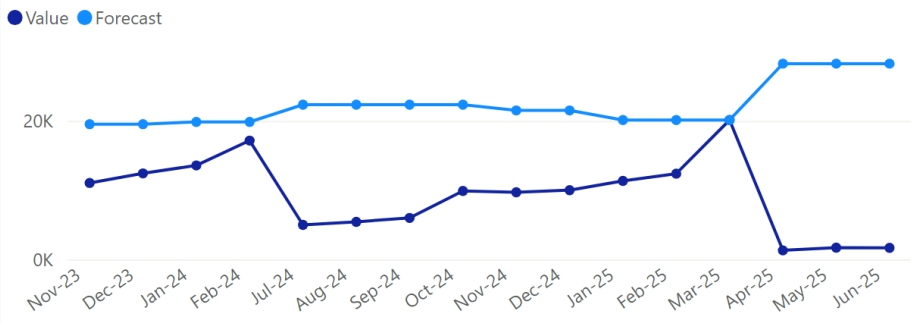
This plan is supported by the £22.6m efficiency target, £10m cash releasing (as mentioned above) and £12.6m from productivity improvements helping it to meet its performance target.

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

Sustainable Partner: Finance | Supporting Metrics

Integrated Quality Report

Capital Expenditure ($000s) YTD



F-14
Dept: Finance
Metric Type: Supporting
Latest: 1672
Target: 28259

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

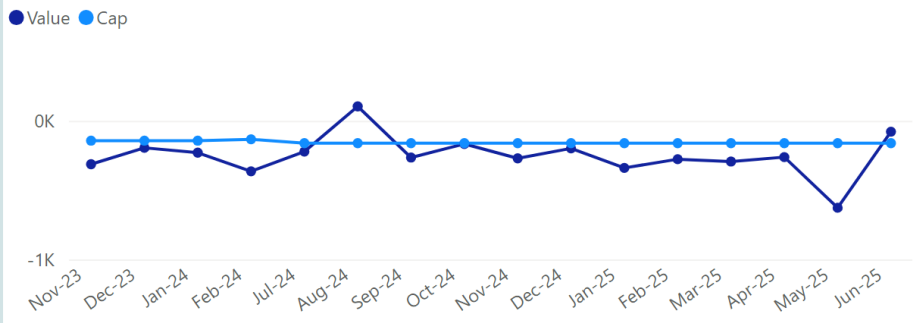
So what?
The capital spend for 2024/25 covered improvements in Digital, Estates and Fleet (including Medical equipment).

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

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

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

Agency Spend (£000s) Month



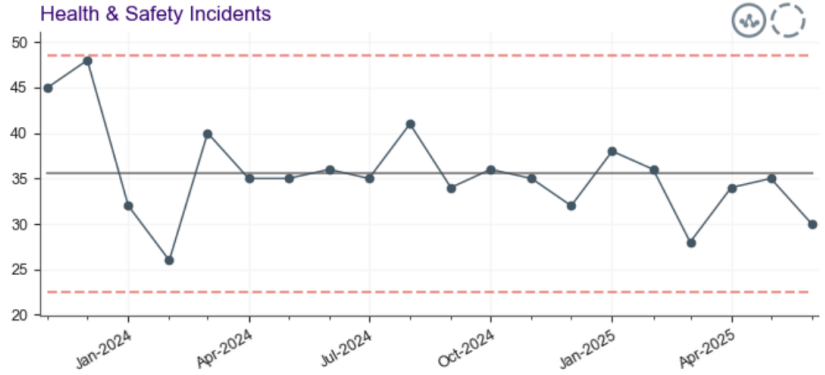
F-8
Dept: Finance
Metric Type: Supporting
Latest: -78.2
Target: -161

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

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

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

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



QS-20

Dept: Quality & Safety

Metric Type: Board

Latest: 30

Common cause variation, no significant change.

QS-24

Dept: Quality & Safety

Metric Type: Board

Latest: 29.9%

Target: 30%

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

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

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

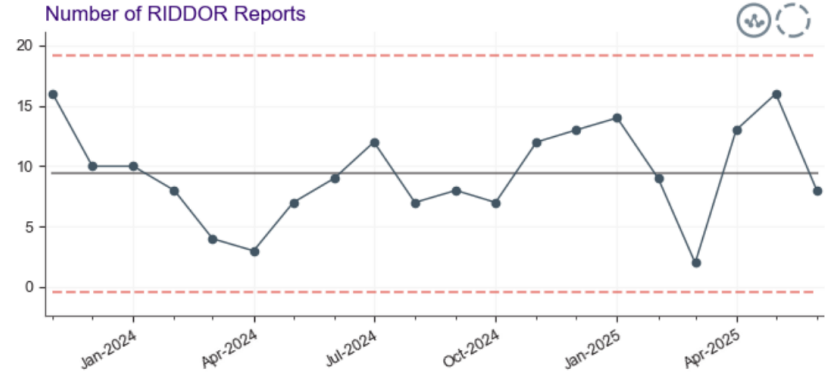
What next? To support a proactive and preventative safety culture, the following key initiatives are underway in 2025:

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

South East Coast Ambulance Service NHS Foundation Trust

Sustainable Partner: Health & Safety | Supporting Metrics

Integrated Quality Report



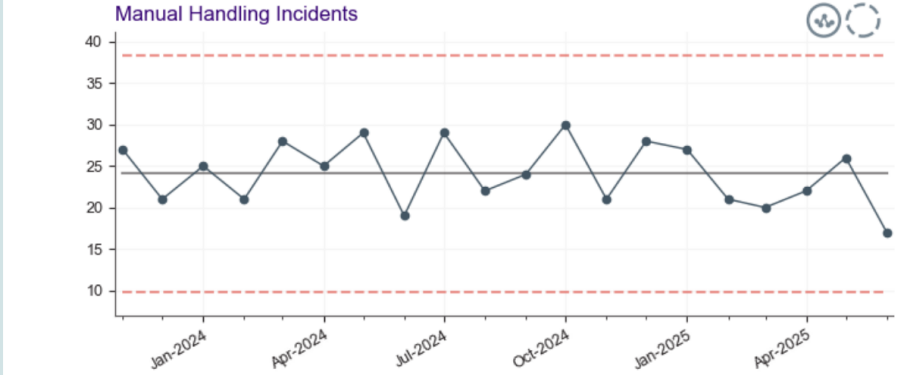
QS-9

Dept: Quality & Safety

Metric Type: Supporting

Latest: 8

Common cause variation, no significant change.



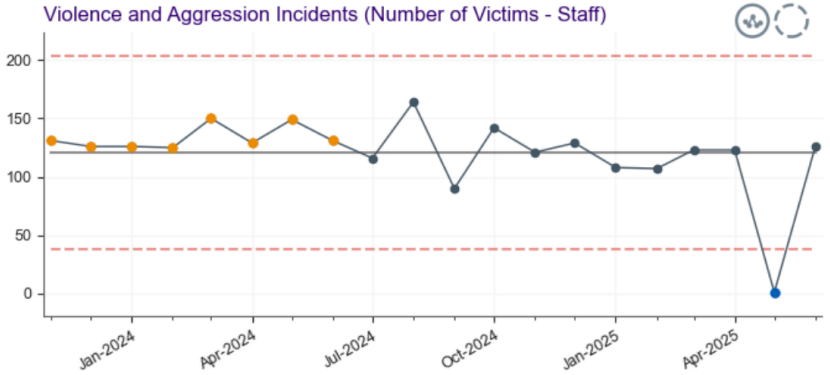
QS-22

Dept: Quality & Safety

Metric Type: Supporting

Latest: 17

Common cause variation, no significant change.



QS-13

Dept: Quality & Safety

Metric Type: Supporting

Latest: 126

Common cause variation, no significant change.

RIDDOR

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

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

What next?

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

Manual Handling Incidents

What? A total of 26 Manual Handling incidents were reported by staff in May 2025, and 17 incidents in June 2025.
So what? Manual Handling incidents remain a key contributor to staff injuries, posing ongoing health and safety risks. These incidents can lead to musculoskeletal injuries, staff absence, and increased operational pressures.

What next? Monitoring & Governance

The Trust maintains robust monitoring processes for Manual Handling incidents:

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

Manual Handling Initiatives for 2025

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

Violence & Aggression Incident Reporting

What – Reports of violence and abuse have seen a reduction for 9 out of the last 10 months.
So what – Call handler incidents are the main reduction in incidents and assaults have remained stable at an average of 27 per month.
What next – Communication campaign to understand possible under reporting of call handler incidents. Conflict resolution training continues with CFR colleagues receiving training.

111 Violence and Abuse incidents were reported by staff in May 2025 and 124 incidents in June 2025. These figures show a decrease in comparison with the same period in the previous year. Reports have seen a reduction or no change through 9 of the last 10 months.

Monitoring & Governance

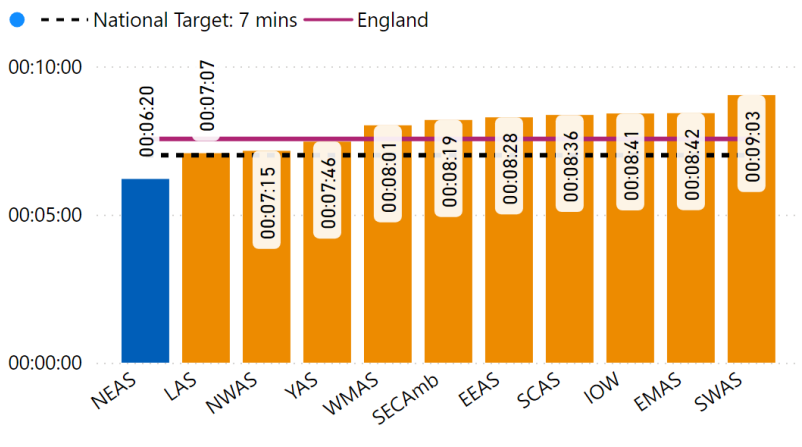
The Trust maintains robust monitoring and triage processes for violence and abuse incidents:

- Incident data is reviewed at the monthly Violence Reduction Working Group at regional levels and by the Trust Health & Safety Working Group.
- The Trust is currently 86% compliant with the new NHS Violence Reduction Standards

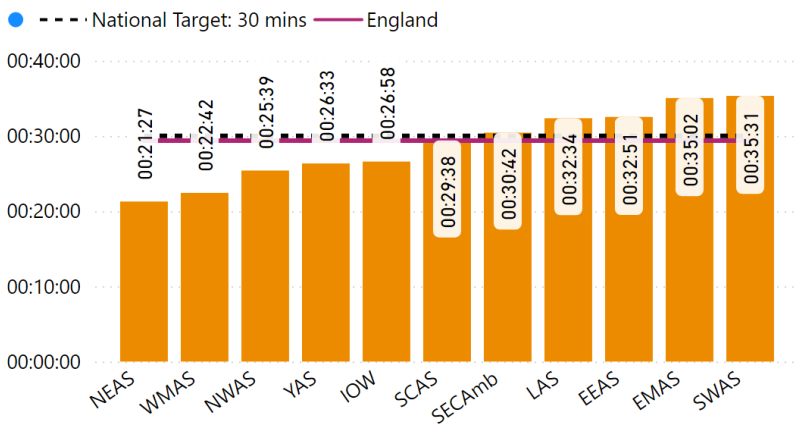
Key Initiatives for 2025

- Local violence risk assessment reviews
- Continued partnership working with relevant police forces. / Hate crime focus with Kent Police
- Conflict resolution training delivery – over 2500 staff have received training / Continued support for body worn cameras

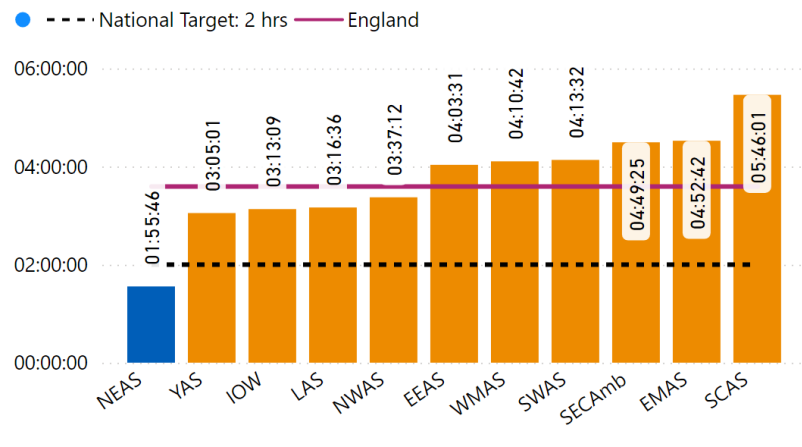
Mean Response Time: C1



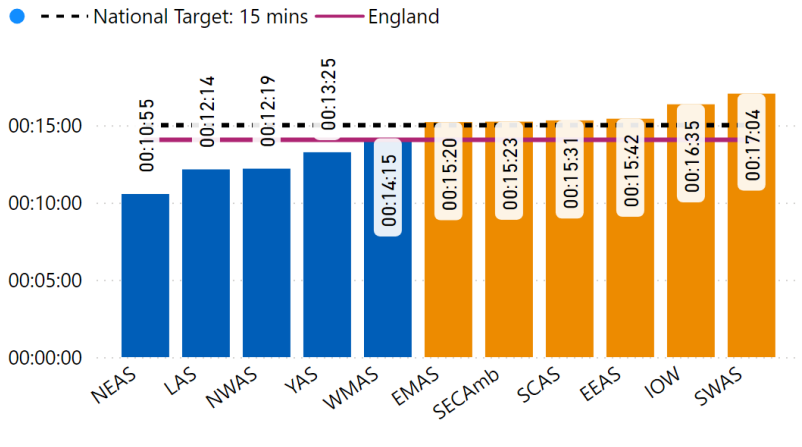
Mean Response Time: C2



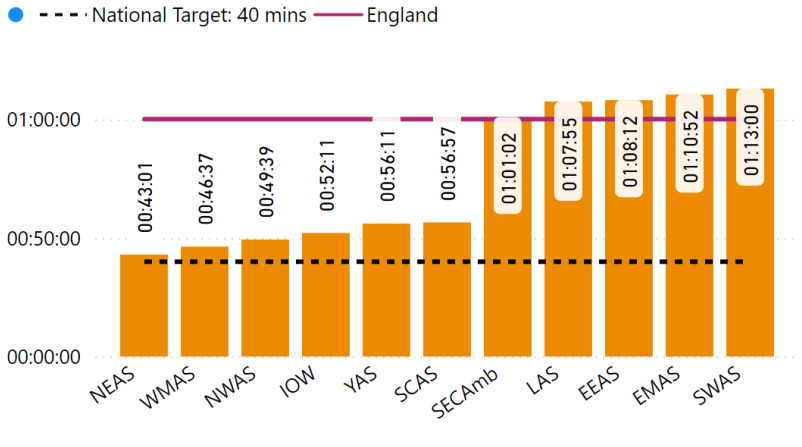
90th Centile Response Time: C3



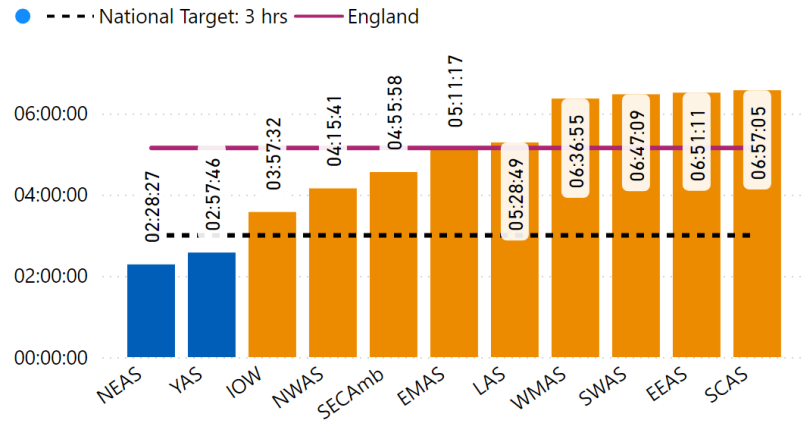
90th Centile Response Time: C1



90th Centile Response Time: C2



90th Centile Response Time: C4



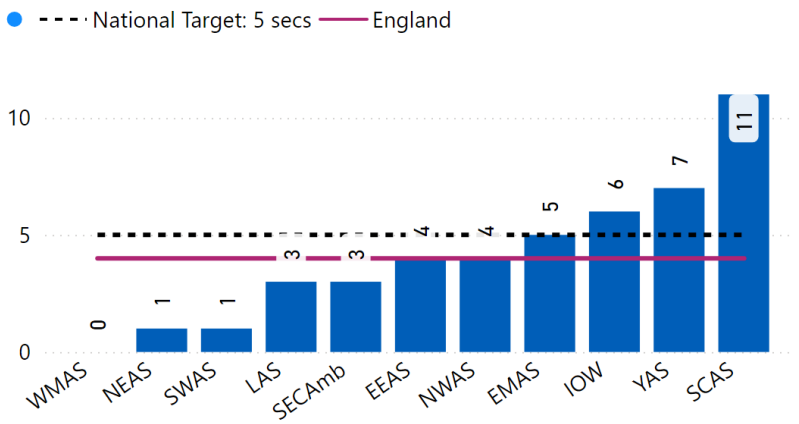
Summary:

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

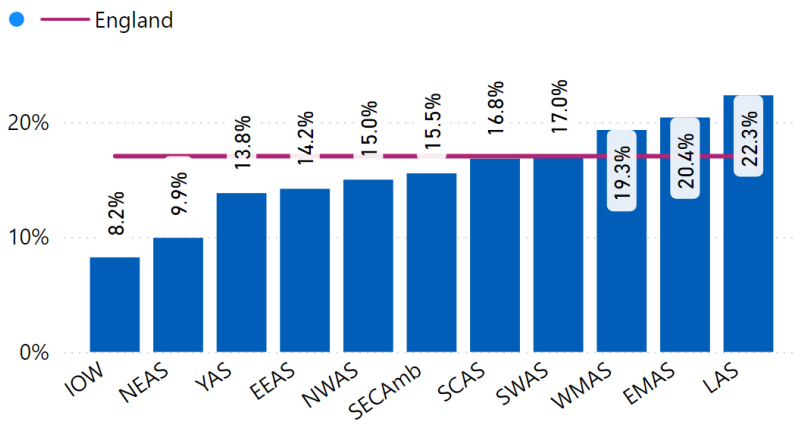
National Benchmarking | Call Answer & Incident Outcomes | Jun 2025

Integrated Quality Report

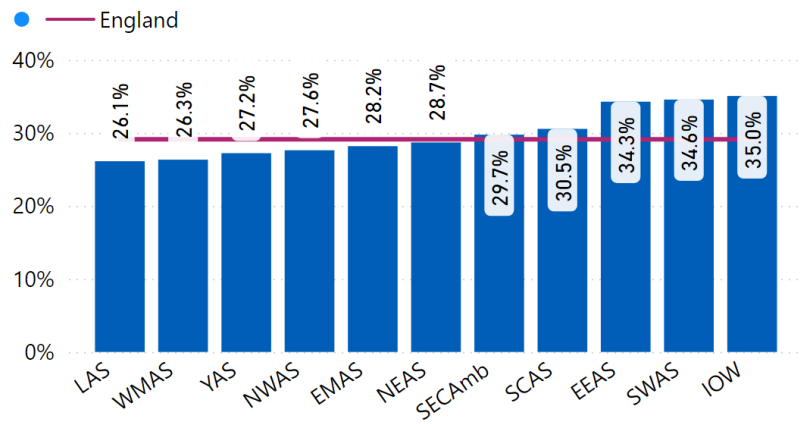
Mean Call Answer Time



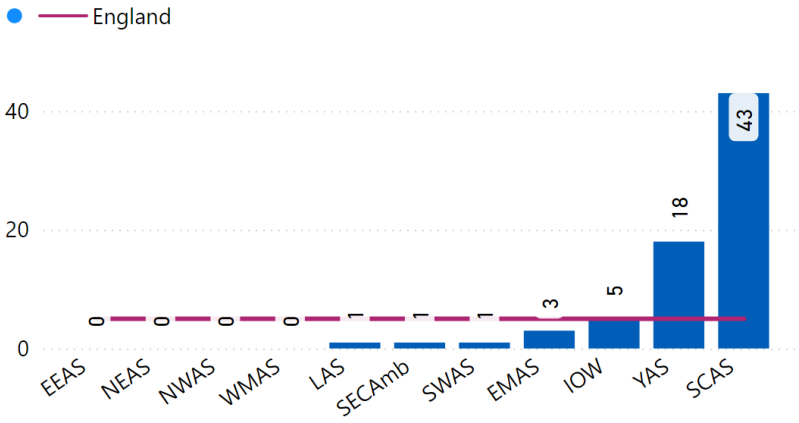
Hear & Treat %



See & Treat %



90th Centile Call Answer Time



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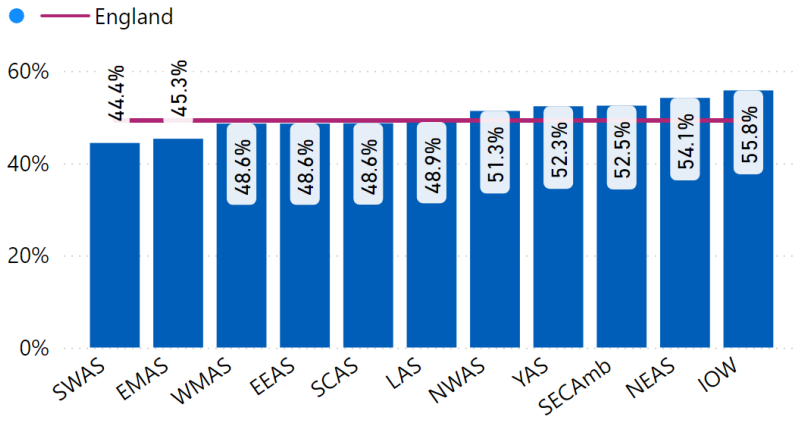
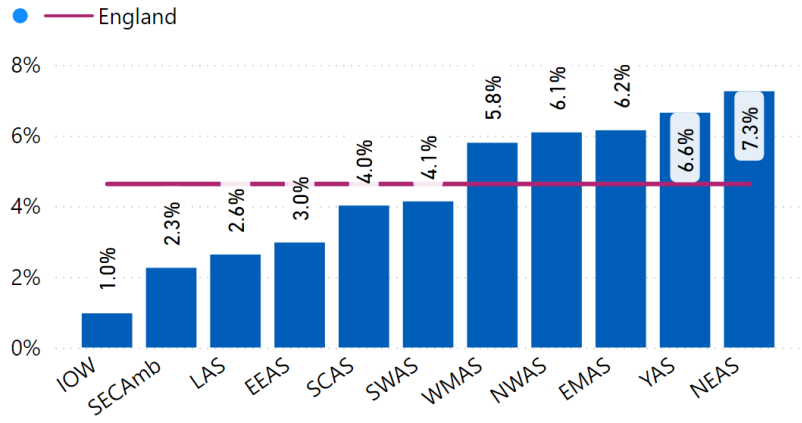


See & Convey % (Non-ED)



Summary:

•Secamb continues to benchmark well for 999 call answer times. Although only marginally improving H&T performance for June, the Trust is in the middle of the range and there are opportunities to learn from other Trusts and improve performance going forward. As referenced in the report above, S&C outcomes will be reviewed.

Appendix 1: Glossary

Integrated Quality Report

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

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

21 August 2025

1. Introduction

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

1.2. The duties of the GMDC are:

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

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

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

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

1.6. The minutes attached as an appendix of the most recent approved minutes from GMDC held 21st June 2025. These minutes are confirmed as an accurate record.

1.7. The GMDC meeting held today, 21st August, the feedback from the previous CoG Meeting held on 19th June was the lack of attendance from NEDs; How can Governors be assured of what the NEDs are doing if they are not there to challenge.

1.8. The GMDC meeting held today, 21st August 2025, provided items of interest for the agenda of the CoG being held on 8th September 2025;

- The Governors would like a reasoning for the NEDs apologies so they can have some understanding
- Would like Jacqualine Lindridge to present to the CoG about the action plan to address the NHSE report into the poor experience of student paramedics while on placement – processes and systems not just culture)
- Review of Hubs: would like a detailed report on the review of the Hub and if they are meeting their strategic aims.
- An acknowledgement of the NHS 10 year plan and the removal of the Governors. Make a public announcement of how the Governors are valued at SECAmb.
- CAT 2 MEAN, update of where we are now, include numbers for July.

2. Items of note

2.1. Governors were asked to volunteer some time at the AMM, half hour slots were needing covering.

2.2. Governors received an update on the Annual Members Meeting figures to date of attendees from stand holders and members of the public.

2.3. Governors were advised of the process of the Members Newsletter; Comms are producing the newsletter and get the articles from stories from the website. Governors are asked to put a story together of activities they have been involved with, with their governor hat on. This will then be published on the website and then on the newsletter. Volunteers were asked of to write something.

2.4. After the success of the previous Governor Online event, the governors have asked for Andy Rowe to be at the next online event and then Lara Waywell.

2.5. Governors were advised of the Trust Membership Strategy that is being worked on Jodie Simper, Corporate Governance Manager and that a full report of the current survey that has been sent to the Trust members to find out how they would like the Governors to be engaging.

2.6. Governors have been encouraged by Lara Waywell, Divisional Director of Surrey, to meet their Divisional Director in their own constituencies. This was well received from the governors, and they would also like to include the NEDs in this meeting.

2.7. Governors would like to see a bullet point or a line on the CoG agenda showing the subject matter they would like to discuss in the CoG under the relevant subject headings.

2.8. Governors highlight that with each GMDC meeting the attendance levels from the governors is decreasing. It was noted that is summer holiday season and will keep an eye on numbers.

3. Recommendations:

3.1. The Council is asked to:

3.1.1. Note this report.

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

3.1.3. All governors are invited to join the next meeting of the GMDC on 11th December 2025 at Banstead, 2nd Floor Redhill Suite.

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

Meeting Minutes

Meeting: Governor and Membership Development Committee
Location: McIndoe 1
Date/Time: Thursday 12th June 2025, 0930 – 1130
Chair Andrew Latham, West Sussex Public Governor and Lead Governor
Minutes: Karen Rubins-Lawrie, Corporate Governance Administrator

Attendees:

Name	Title	Initials
Andrew Latham	West Sussex Public Governor and Lead Governor	AL
Ellie Simpkin	Appointed Governor	ES
Andrew Cuthbert	West Sussex Public Governor	AC
Peter Shore	Surrey Public Governor	PS
Ray Rogers	Surrey Public Governor	RR
Stephen Mardlin	Appointed Governor	SM
Zak Foley	Brighton and East Sussex Public Governor	ZF
Victoria Baldock	Head of Patient Engagement	VB
Victoria Rees	Head of Charity	VR
Shani Corb	Chief Pharmacist	SC

In Attendance:

Name	Title	Initials
Jodie Simper	Corporate Governance and Membership Manager	JS

Apologies:

Name	Title	Initials
Angela Glynn	Appointed Governor	AG
Martin Brand	Surrey Public Governor	MB
Aidan Parsons	Surrey Public Governor	AP
Mark Rist	Brighton and East Sussex Public Governor	MR
Harvey Nash	West Sussex Public Governor	HN
Leigh Westwood	Brighton and East Sussex Public Governor	LW
Richard Banks	Head of Corporate Governance	RB
Kirsty Booth	Non-Operational Staff Governor	KB
Garrie Richardson	Operational Staff Governor	GR

Standing Agenda items	
Agenda Item No.	**Item**
01/25	**Welcome and introductions**.

	Welcome and Introductions were made.
02/25	**Apologies for Absence** Apologies were noted as above. AL expressed gratitude to AG for her dedication and contributions throughout her term, which concludes in July.
03/25	**Minutes from the previous meeting** The minutes of the previous meeting were agreed and approved with minor amendments. JS confirmed the Governor Feedback Form has moved online and will be sent out for feedback by the end of the week.
04/25	**Action Log** Action log updated.
05/25	**Patient Engagement Update** VB delivered a presentation that included the Q4 report, noting that significant progress has been made since the report was compiled. It remains a challenge to consistently gather 100 responses per month to the Patient Engagement Questionnaire (PEQ). While progress has been gradual, the target was successfully met in January. There is a need to develop new mechanisms to improve accessibility to the PEQ. A proposal is being submitted to the Information Governance Working Group to explore the use of text message surveys. VB will report back with data comparing the number of 999 calls answered each month to the number of PEQ responses received. Text message surveys are already in use by 111 services and other NHS trusts. The team aims to gain deeper insights into patient feedback by analysing satisfaction data in relation to protected characteristics. This will support efforts to identify and address health inequalities and improve service delivery. Key themes from feedback: • High praise for staff, professionalism and compassion. • Positive impact of clear communication. • Concerns around delays and waiting times. • Appreciation for personalised and thoughtful care. • Occasional concerns around systemic issues. Key learnings: • Staff conduct is a major driver of patient satisfaction. • Clear respectful communication gains trust. • System issues like delays can damage trust. Recommended actions: • Celebrate and recognise staff excellence. VB is working with BI to enhance reporting so it is directed to relevant teams. • Invest in communication training.

	• Address delay concerns where possible. • Encourage compassionate gestures. • Use feedback to informal system changes, analysing information quarterly and adding key learning points to spreadsheet to be shared with Governance groups. In Q3 a Community Forum was held with a focus on fostering a more inclusive, supportive, and responsive healthcare environment for both patients and staff. There are currently seven focus groups in place to support trust-wide projects. The team has collaborated with external trusts and volunteer organisations to ensure diverse representation, including input from individuals with lived experience. There was minimal interest in the focus group on health inequalities, which was scheduled to take place yesterday. As a result, the session was cancelled. A new approach will be needed to generate greater engagement and participation in this area. Other ideas in the pipeline include: • Urgent care navigation hubs. • Quality accounts. • Accessible information. • Patient and public engagement strategy. • Public events. SM raised the point that 999 callers may not always be the patients themselves and asked whether there is a distinction made between the caller and the patient. VB confirmed that this specific information is collected. It was also noted that attendance at community forums is open to everyone, not just patients. Going forward, there will be increased engagement with family members and carers of patients. AE inquired about the timing of the PEQ distribution. VB explained that, unlike the 111 service, there is currently no automated opt-out option for surveys, which presents a barrier to using text message services due to information governance constraints. However, efforts are underway to develop a compliant system. At present, the survey is available on the organisation's website, and PEQ cards with QR codes are distributed by crews to patients. These cards are also promoted through posters at stations and MRCs to remind crews to hand them out. Work has been done to address previous issues with card stock supply. There was also discussion around the appropriateness of sending PEQs in certain situations, a concern that has been echoed by governors. VB expressed willingness to discuss these considerations further with governors outside of the meeting. **ACTION:** VB to send presentation to JS to be forwarded to all governors.
06/25	**Patient Engagement Events** JS advised that Task & Finish groups have been held by VB. The next events are the KSS Air Ambulance events. **ACTION:** JS will resend dates by email and encouraged governors to get involved in the events.
07/25	**Medicines Distribution Centre**

SC presented before-and-after images of the Medicines Distribution Centres refurbishment, highlighting previous challenges such as the mixing of incoming and outgoing stock. An explanation was given on how the pouches and stock function operationally. A Pouch Review Project has been launched, encouraging staff to suggest where medicines should ideally be placed, as opposed to their current locations. This initiative has received strong engagement and valuable feedback, with planned changes set for implementation next year.

SC also addressed the previously poor working conditions, including limited space. Despite the ongoing construction, the team continued to operate throughout the refurbishment. Improvements include the installation of a lift, the addition of pharmacy-grade storage furniture, and the relocation of the entire process to the lower floor. The refurbished site was officially opened in April by Simon Weldon and the NHSE Chief Pharmacist.

Significant improvements have been made in the Medicines Management Process. Compliance with Patient Group Directions (PGDs) has risen to 97.49%, up from approximately 50% over the past year. All paramedics now have mobile access to clinical guidelines via the JRCALC app. Weekly medicines inspections are conducted by OTLs, with 94.2% completed on time. Additionally, biannual station inspections are carried out by the team, currently achieving 100% compliance.

The team delivered a financial efficiency saving of £10,000 in the last financial year for the Medical Directorate.

Following the refurbishment, SC noted that operations have become more efficient, reducing the need for additional staff. A time and motion study is planned to formally assess staffing requirements and support the case for maintaining current headcount levels.

SC noted:

- 96% harm free care has been evidenced.
- 54,000 pouches were packed in the last year, up from 52,000 the year before, 48,000 prior to that.
- Work is taking place on antimicrobial stewardship in 111.
- Staff engagement is positive with group meetings, and good representation from the operational side of workforce. Outreach to stations is also taking place.
- Education and training for Pharmacy Support Workers is beginning where it had been delayed, along with other forms of study for various members of staff.
- A pain pouch is being developed.

AC inquired about the process for identifying which pouches need to be recalled. SC explained that when a recall is necessary, a call-out is issued to teams instructing them either to check the contents or return the pouch. This process has been used in the past and is supported by the issuance of a bulletin. Currently, it takes approximately 24 hours to recall a drug, although the target is to reduce this to four hours. To support this improvement, software is being developed to help track the location of pouches more efficiently.

PS raised a question about whether there are situations where medication is not administered due to perceived risk or uncertainty. SC responded that specific skill sets are required for administering certain medications. If a crew believes a patient does not meet the necessary criteria, they may choose not to administer the medicine. In such cases, a DAXTIX report is requested to review and confirm whether the decision was appropriate.

	AE shared his experience from an observer shift on Monday, noting that the two paramedics he accompanied spoke positively about how well the pouches are packed. RR asked whether Advanced Paramedics will eventually be able to prescribe medications in a limited capacity. SC confirmed that work is ongoing in this area. All Advanced Paramedic Practitioners (APPs) will become prescribers. Although some current employees are qualified to prescribe in other roles, they are not yet doing so within SECAmb. Efforts are underway to change this. Additionally, there are trials involving over-labelled packs that allow APPs to prescribe medicines in cases where patients might otherwise be referred back to their GP. The goal is to enable APPs to issue electronic prescriptions directly to community pharmacies, which would then supply the medication to the patient. AL acknowledged and commended SC for the significant progress made in advancing the Medicines Department within the trust. AL also raised a point regarding the Community First Responder (CFR) pouch, which currently contains three medications: diabetic medication, aspirin, and salbutamol. He noted that while these are relatively inexpensive, they are packed with short expiry dates. He suggested that using longer-dated items could reduce the need for CFRs to travel to the nearest Medicines Replenishment Centre (MRC) for exchanges. SC responded that this is a broader issue, as CFR pouches are often swapped out due to the infrequent use of the medicines they contain. SC concluded by inviting all governors to visit the Medicines Distribution Centre if they are in the Paddock Wood area.
08/25	**Network Chair Update – Pride** Item passed due to lack of availability from presenter.
09/25	**Head of Charity** VR introduced herself as the new Head of Charity and provided an overview of the trust's charitable activities. She explained that while the trust has had a charity for several years, there are now more opportunities to develop and grow it, particularly in the post-Covid landscape. VR emphasised the potential to enhance patient experience by supporting the trust more effectively. She is currently exploring funding opportunities and identifying challenges, with the aim of understanding how the charity can help the trust have a greater impact. Over the coming weeks, VR will be seeking input from staff and governors, offering to attend meetings or have individual conversations to gather ideas. Currently, there is approximately £90,000 remaining in the charity's accounts. VR noted that the charity lacks a clear purpose and structure. Much of the funding received during Covid was tied to specific purposes, while other income has come from grants supporting staff welfare, physiotherapy, and small-scale activities. However, there is no defined direction, and the impact on beneficiaries remains unclear. PS asked about the charity's governing document. VR explained that the charity was established in 1996 with very broad guidelines, and there are no clearly defined priorities for how it supports the trust. While the trust has clear ambitions around community resilience, volunteer

	support, and staff engagement, the charity has not been fully integrated into the organisation's strategic direction. VR also clarified that the SECAmb Board serves as the charity's trustee. SM raised the topic of fundraising for more impactful sums. VR confirmed that fundraising is a key area of focus, with many unexplored opportunities to consider. These include challenge events, in-memory giving, patient-led fundraising, community engagement, and corporate partnerships. She stressed the importance of developing a sustainable plan that identifies what the charity can do and what its priorities should be. JS mentioned that during public events attended by governors, members of the public have expressed interest in donating, but there has been no mechanism to accept contributions. VR responded that the introduction of collection boxes and card machines is part of the future plan. AC shared his experience with the Fire Brigade charity, which provides staff with access to physiotherapy, mental health support, rehabilitation centres, and holiday homes. He suggested that offering similar benefits could be a way to generate income. AL noted that SECAmb already provides physiotherapy and mental health support to staff at no cost. VR acknowledged this and said she would explore partnerships with other organisations and consider initiatives such as staff giving schemes. RR commented on the difficulty in identifying a specific goal or mission for the SECAmb charity. VR agreed and noted that many people want to give back to the organisation, but a clear and compelling public appeal will be needed once priorities are established. The focus will be on ensuring that the charity's work has a meaningful impact. AL highlighted the importance of small initiatives, such as welfare vans, which made a significant difference during the Covid period. He shared his experience volunteering and noted how well received the vans were during busy times. The governors expressed their support for VR and wished her well in her new role, looking forward to hearing about the charity's progress. **ACTION:** VR to report back to GDMC on charity progress in the coming months.
10/25	**Governor Online Event** JS informed the group that an additional governor election is being held for Kent and Medway, as all four seats are currently vacant. The election is scheduled to close on 30th July. JS raised the possibility of moving the closing date forward to encourage a final push for voter participation. However, PS noted that historically low turnout is unlikely to be significantly affected by a date change. After discussion, it was agreed that the election closing date would remain as 30th July. JS noted that the majority of attendees at recent online events have been trust members. To prepare for the next event, a planning meeting will be held one week in advance to determine the discussion topics. JS encouraged governors to think about what they would like to cover during the session and whether to invite a guest speaker or keep it as a governor-only discussion. AL volunteered to attend the upcoming session.

	ACTION: JS to email all governors to try and get more volunteers. AL observed that the majority of questions received tend to be technical in nature. RR shared that, as a patient, he would be motivated to better understand how the trust operates—particularly why services like 111 and 999 ask so many questions and what factors influence response times. AL agreed, noting that this type of curiosity is often what drives public engagement. To support this interest and enhance understanding, JS will invite an operational colleague to a future session. AL suggested inviting James Pavey, the Kent Divisional Director, especially as efforts are currently focused on promoting the governor elections in the Kent area. **ACTION:** JS to invite an operational colleague to the next constituency meeting.
11/25	**Annual Members Meeting Event** JS confirmed that the Annual Members' Meeting (AMM) will take place on Friday, 12th September, from 12:00 to 16:30 at K2 in Crawley. Feedback from previous years has been taken into account, and the event will be held in a large venue divided into three sections: the exhibition area, the AMM itself, and a space for live demonstrations. A new, more relaxed and approachable format is being introduced. The event will include a live demonstration, a success story, and a presentation from a survivor who will share their experience. All local MPs have been invited, although the response so far has been limited. However, the Mayor and Deputy Mayor of Haywards Heath have confirmed their attendance. Sussex Blood Bikes will have a stand at the event, and invitations have also been extended to the British Heart Foundation and the Coastguard. Two new staff stands will be featured, including one focused on body-worn cameras. VR has requested a stand to represent charity. Invitations have been sent to local schools, universities, and colleges, with additional inquiries made to see if any schools would like to bring a band or choir to perform. SM suggested involving cadet forces, although this may only be feasible if the event is held on a weekend. JS noted that this is being considered as part of broader discussions about potentially turning the AMM into a fun day in the future. The next meeting of the Task and Finish Group is scheduled for July.
12/25	**Membership Newsletter** JS advised that the comms team is responsible for producing the publication and shared the upcoming publication dates via a presentation. Currently, two articles have been submitted by ZF and KB. JS invited two additional volunteers to contribute articles about their roles, and AE and AC volunteered. The deadlines for submission are 12th December and 13th March. JS will send reminders to contributors closer to the respective deadlines.
13/25	**Council of Governors Meeting** **Feedback on previous CoG 13th March 2025** PS suggested that, in addition to the pre-meeting, it might be beneficial to hold a brief meeting immediately afterward to allow for ten minutes of reflection while the discussion is still fresh.

	Everyone agreed that this was a good idea, and it was decided that this reflective session will take place over lunch. **ACTION:** JS to schedule. **Concerns to discuss at CoG 19th June 2025** MB submitted a question offline, requesting that Jaqualine Lindridge present at a future Council of Governors (CoG) meeting regarding the action plan to address the NHSE report on the experience of student paramedics during their placements with the trust. MB highlighted the need to address issues related to process, culture and systems. RR noted that the review of operational hubs is due to be completed in June and suggested it would be helpful to understand the outcomes and whether the hubs are meeting their strategic objectives. AC inquired about plans to improve driver training, noting that many organisations are now offering recognised qualifications through Skills for Justice, with refresher training every three years. AL confirmed that the trust has a process in place for refreshing and assessing drivers and offered to connect AC with the driver training school. ES commented on the agenda structure during the last meeting's review of effectiveness, suggesting that Non-Executive Director (NED) questioning be moved earlier in the meeting. ES also requested increased digital assurance. AL raised the issue of updating the trust's constitution to use gender-neutral and appropriate language, along with other necessary constitutional amendments. Peter Lee had been expected to complete this work by January. JS advised that Peter Lee and RB are currently working on it, so it does not need to be raised at CoG. AL emphasised the importance of ensuring the constitution is accurate to support professional relationships, such as those with SCAS. ES proposed that a draft CoG agenda be included in the papers for the Governor Development and Membership Committee (GDMC) to review. This was agreed by all present. PS asked who is responsible for signing off the CoG agenda. AL confirmed that he signs off the agenda. AL also reminded everyone that the upcoming CoG meeting has been moved to Banstead and that parking will be off-site, including the use of a public car park.
14/25	**Any other Business** RR raised a concern regarding four recent communications addressed to governors—three sent to all governors and one specifically to Surrey governors. He questioned whether governors should respond to confirm that the email has been directed to the appropriate place. AL responded that he always replies as appropriate. RR noted that he doesn't recall seeing a response, which may be due to the messages being routed to different areas. JS clarified that for some communications received, we are specifically asked not to respond due to circumstances beyond the trust's control. In such cases, the Corporate Governance Team forwards the messages to the relevant directorates for action. SM added that even when governors are copied into communications, they are not necessarily required to reply. However, RR suggested that acknowledging receipt of such emails could be a courteous gesture that enhances public engagement. All agreed.
15/25	**Review of Meeting Effectiveness**

	Meeting ran to time. PS noted that one of the attendees presenting at the meeting mentioned they were unsure about what was expected of them. JS clarified that presenters are asked to introduce their roles, respond to any questions that have been raised, and highlight any areas where governors may be able to offer support.
Date of Next Meeting: **11 December 2025 at** **Redhill Suite, 2nd Floor, Banstead MRC.**	

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Governor Activities and Queries

September 2025

1. Governor activities

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

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

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

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

Date	Activity	Governor
19th June 2025	Council of Governor Meeting	Andrew Cuthbert Andrew Latham Harvey Nash (Online) Ellie Simpkin Stephen Mardlin Andy Erskine Hilary Orpin Lee-Ann Farach Leigh Westwood Martin Brand Peter Shore Zak Foley Mark Rist Kirsty Booth
23rd June 2025	Hub Visit – Paddock Wood	Peter Shore Zak Foley Martin Brand
25th June 2025	Hub Visit – Paddock Wood	Matt Deadman
26th June 2025	QPSC – Observation	Harvey Nash Leigh Westwood Ray Rogers
27th June 2025	Procurement Panel – External Auditors	Mark Rist Peter Shore

17th July 2025	Audit Committee - Observation	Harvey Nash
22nd July 2025	Pre-meet Governor Online Event	Andrew Latham Harvey Nash Kirsty Booth Martin Brand Matt Deadman
23rd July 2025	Procurement Panel – External Auditors	Mark Rist Peter Shore
24th July 2025	Finance Committee – Observation	Martin Brand Harvey Nash
28th July 2025	New Governor Kent & Medway Induction	Paul Bartlett Steve Corkerton Richard Brittain Hilary Orpin
28th July 2025	Procurement Shortlisting Exercise	Mark Rist Peter Shore
29th July 2025	Procurement – Moderation Panel	Mark Rist Peter Shore
31st July 2025	People Committee – Observation	Zak Foley Andrew Latham Martin Brand
31 July 2025	Governor Online Event	Andrew Latham Martin Brand Matt Deadman
14th August 2025	Procurement – External Audit Interviews	Mark Rist Peter Shore
21ST August 2025	Governor and Membership Development Committee	Andrew Latham Peter Shore Zak Foley Martin Brand Harvey Nash Dr Lee-Anne Farach Steve Corkerton Paul Bartlett Hilary Orpin
01 September 2025	Nominations Committee	Steve Corkerton Peter Shore Andrew Latham Kirsty Booth Richard Brittain Harvey Nash Leigh Westwood

2. Governor Enquiries and Information Requests

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

Date	Query	Response
24th June 2025	I believe that there is a Governors' constituency inbox, how do I access that?	Good morning Martin. Thank you for your email. There isn't a dedicated constituency inbox for Governors. For example, emails intended for the Surrey Constituency are sent directly to the Governors via the shared email address: **surrgov@secamb.nhs.uk**. The volume of emails received is generally low. However, due to the potentially sensitive or legal nature of some correspondence, Governors are advised not to respond to any emails unless explicitly instructed to do so. We will notify Governors when a response is appropriate. I hope this helps but if you do need any further information, please do not hesitate to contact me.

Recommendations

2.2. The Council is asked to note this report.
2.3. Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that work can be captured.

Jodie Simper
Corporate Governance and Membership Manager

Richard Banks
Head of Corporate Governance