South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors
Meeting to be held in public

18 December 2025

Banstead MRC

10.00-12.45

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction					
31/25	10:00	Welcome and Introductions	-	-	Chair
32/25	10:02	Apologies for Absence	-	-	Chair
33/25	10:02	Declarations of Interest	**Y**	Information	Chair
34/25	10:02	Minutes from the previous meeting 08.09.2025 Mintes from the Annual Members Meeting 12.09.2025	**Y**	Decision	Chair
35/25	10:03	Action Log / Matters Arising	**Y**	Decision	PL
Performance Review To inform this review included is the Integrated Quality Report & Board Assurance Framework.					
36/25	10:05	Update from the Chief Executive	**Verbal**	Information	SW
37/25	10:35	Strategic & Annual Priorities:	**Y**	Assurance	NEDs
		Patients: Delivering High Quality Patient Care			
		People: Our People Enjoy Working at SECAmb			
		Sustainability: We are a Sustainable Partner			
Break: 11.30 - 11.45					
Governance					
40/25	11:45	Nominations Committee Report / Group Model	**Y**	Information	Chair
41/25	12:10	Governor and Membership Development Committee Report	**Y**	Information	AL
42/25	12:20	Governor Activities and Queries Report	**Y**	Information	AL
Administration					
43/25	12:30	Any Other Business (AOB)	-	-	Chair
44/25	12:35	Questions from the public	-	-	Chair
45/25	12:40	Review of meeting effectiveness	-	-	Chair
Date of Next Meeting: 26 February 2026					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. By attending you give consent to being recorded.

Council of Governors Part 1

Meeting held in public

8th September 2025

10:00 – 13:00

Banstead MRC, The Horseshoe, Bolters Ln, Banstead SM7 2AS

Present:

Michael Whitehouse	(MW)	Chair
Ellie Simpkin	(ES)	Appointed Governor
Stephen Mardlin	(SM)	Appointed Governor
Andy Erskine	(AE)	Appointed Governor
Hilary Orpin	(HO)	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
Mark Rist	(MR)	Public Governor
Kirsty Booth	(KB)	Staff Governor (non-operational)
Paul Bartlett	(PB)	Public Governor
Steve Corkerton	(SC)	Public Governor
Richard Brittain	(RB)	Public Governor
Ray Rogers	(RR)	Public Governor
Andrew Cuthbert	(AC)	Public Governor
Matt Deadman	(MD)	Appointed Governor

In Attendance

Simon Weldon	(SW)	Chief Executive
Liz Sharp	(LS)	Non-Executive Director
Peter Schild	(PSc)	Non-Executive Director
Karen Norman	(KN)	Non-Executive Director /Senior Independent Director
Subo Shanmuganathan	(SS)	Non-Executive Director
Peter Lee	(PL)	Director of Corporate Governance and Company Secretary
Jessica Hargreaves	(JH)	KPMG Lead Auditor

Apologies:

Lee-Anne Farach	(LaF)	Appointed Governor
Zak Foley	(ZF)	Public Governor
Paul Brocklehurst	(PB)	Non-Executive Director
Max Puller	(MP)	Non-Executive Director
Suzanne O'Brien	(SO)	Non-Executive Director
Ariel Mammama	(AM)	Staff Governor
Garrie Richardson	(GR)	Operational Staff Governor
Mojgan Sani	(MS)	Non-Executive Director
Howard Goodbourn	(HG)	Non-Executive Director
Aidan Parsons	(AP)	Public Governor

Item No.	Introduction and matters arising
16/25	**Introduction** MW welcomed everyone to the meeting.
17/25	**Apologies for Absence** The apologies were noted as listed above.
18/25	**Declarations of Interest** No additional interests were declared to those already recorded on the register of interests, available on the trust website.
19/25	**Minutes from the previous meeting** The minutes from the previous meeting were approved with amendments: Under item 07/25, The percentage of 70.2 acceptance of UCR would be well received by the Trust because it Is sub 20.
20/21	**Action Log / Matters Arising** Mediation and resolution success rate: Data not yet returned; Chair will follow up with PL following the meeting. At the last Council of Governors meeting, AL asked about ECSW pay harmonisation and back pay. The response was that this had been resolved, but the recent bulletin mentioned ongoing challenges, asking if there is clarification on the current position. PL advised that the ongoing pay issue has been resolved, as previously reported to this Council of Governors. However, the matter of how far back the payments should be retrospectively applied remains under discussion between management and the trade union. That dialogue is still ongoing. AL challenged this and said it does, to an extent, although we've previously been assured that harmonisation was nearly complete, if you're an ECSW expecting resolution, you would naturally hope it would be finalised sooner rather than later, it is the sense of urgency that concerns. SW will respond following the meeting.
Performance and holding to account.	
21/25	**Presentation of Annual Report and Accounts** JH was invited to present the findings of the 2024–25 external audit to the Council of Governors. **Scope of the Audit - KPMG's responsibilities** The Trust's responsibilities include providing a true and fair opinion on its financial position through the Financial Statements. It must also ensure that the Annual Report aligns with the Annual Reporting Manual and presents a balanced view. Additionally, the Trust is required to assess whether it has appropriate arrangements in place to secure economy, efficiency, and effectiveness, as part of its Value for Money (VfM) obligations. Lastly, it supports the consolidation of its accounts into NHS England and the Department of Health through the Whole of Government Accounts (WGA) process. An unqualified (clean) audit opinion was issued for the Trust's 2024/25 financial statements. For Value for Money (VFM), a clean opinion was also received, marking the first in three to four years. Six minor unadjusted misstatements were identified, which would have improved the Trust's financial position by £2.6 million; however, these were not material and were therefore not corrected. Four control recommendations were raised, a reduction from eleven in the previous year, with none classified as high priority. Additionally, seven out of eleven prior-year recommendations were fully implemented. **Significant Audit Risks - Three key risk areas were identified:** The valuation of buildings was identified as a judgemental area due to the assumptions involved in the process; however, no issues were found. In terms of expenditure recognition, there was a risk of manipulation to meet break-even targets, though only minor immaterial differences were noted. Regarding the risk of management override of controls, no concerns were identified in journal entries or adjustments.

	Value for Money Opinion A clean Value for Money (VfM) opinion was issued, marking the first in several years. One significant risk, related to governance processes, was investigated further, but no weaknesses were identified. Minor adjustments were made to the Annual Report and Remuneration Report to ensure compliance with reporting standards, and remuneration disclosures were appropriately corrected and finalised. The auditor's observations highlighted the Trust's significant improvement in financial controls and reporting. Key achievements included the reduction in control recommendations and the clean VfM opinion. However, continued focus is needed on areas such as bank reconciliation reviews, the quality of working papers, and the information provided to third-party valuers. **Council and Non-Executive Feedback** The Council and Non-Executive Directors (NEDs) expressed appreciation for the professionalism and timeliness of the audit. Questions were raised regarding the significance of the £2.6 million in unadjusted misstatements and the nature of the remaining control issues. Assurance was provided that these misstatements were not material and reflected prudent accounting practices. **Conclusion** The audit results were viewed as a strong indicator of the Trust's financial health and governance maturity. The Council acknowledged the importance of maintaining momentum in improving financial processes and strengthening internal controls.
22/25	**Update from the Chief Executive** Winter planning has shifted from a national-level focus to local board-led accountability, with NHS boards now expected to lead and own winter preparedness. SECAmb is adopting a localised approach, tailoring its winter plan to the specific needs of each division, Kent, Surrey, and Sussex, recognising the variation in local health systems. The winter plan is scheduled to be presented to the Board in October 2025. Central to this approach is the new divisional model, which empowers local responsiveness and flexibility during winter pressures. In parallel, the NHS is transitioning from annual financial planning cycles to a three-year framework for the first time in over a decade. This strategic shift enables more long-term decision-making. SECAmb, like many NHS organisations, faces an underlying financial deficit, spending more than it receives. The key challenge is achieving financial sustainability while maintaining service quality. To address this, four strategic levers have been identified: • estates rationalisation, where outdated response sites may be decommissioned or reconfigured despite SECAmb having some of the best ambulance estate in the sector; • fleet optimisation, ensuring efficient use aligned with future service models; • workforce configuration, evaluating staffing models considering virtual care and evolving service delivery; • productivity gains, determining how far internal improvements can be pushed to meet performance and financial targets. **Divisional Operating Model:** now in place across Kent, Surrey, and Sussex, has received positive early feedback from staff, who report a sense of empowerment and local ownership. This model aligns with the NHS ambition for neighbourhood, place-based care, tailoring services to local population needs. It represents a cultural shift toward decentralised decision-making, enabling faster and more responsive leadership at the local level. Next steps include continued embedding of the model, with Non-Executive Directors (NEDs) beginning to attend divisional leadership meetings to provide oversight and assurance. SW concluded by expressing optimism about the Trust's direction despite the complexity of the challenges ahead. He emphasised the importance of strong local leadership, the need for strategic clarity in financial and operational planning, and a commitment to engaging staff and governors in shaping the future of the organisation.

23/25	**Patients: Delivering High Quality Patient Care** **Evaluation of Unscheduled Care Navigation Hubs**: The evaluation revealed low patient throughput, averaging one patient per hour per hub, with notable variation across regions. Kent showed better integration and effectiveness, while Sussex and Surrey lagged. **Challenges Identified**: There is inconsistent availability of alternative care pathways across Kent, Surrey, and Sussex. Operating hours are limited. Uptake and effectiveness vary, with Kent being more advanced and Sussex trailing behind. The Trust will conduct further evaluation of value for money and patient outcomes. It will also consider extending operating hours and developing standardised care models. These findings will be integrated into the Winter Plan. **Models of Care:** The focus is on reducing hospital conveyance. There is a need for integrated patient records and effective outcome tracking. Integrated patient records are currently lacking across systems. Clinical oversight is inconsistent between regions. A digital delivery plan has been approved. The divisional model covering Kent, Surrey, and Sussex is now in place to support localised decision-making. There are ongoing issues related to staff turnover, operational pressure, and quality assurance. A Quality Summit was held in August, and feedback is expected at the next committee meeting. An action plan has been implemented to address key areas including staff support, training and development, and working conditions. Patient safety themes have emerged, particularly around complaints related to virtual care and the “hear and treat” model. Focus areas include incidents and complaints, mental health emergencies, delays in ambulance response, issues with medicines and equipment, and oxygen delivery. An emerging trend has been identified, showing an increase in complaints specifically linked to virtual care and “hear and treat” services, highlighting the need for continued monitoring and improvement in these areas. Efforts are underway to strengthen the duty of candour, embed system-wide learning, and improve patient involvement and feedback mechanisms. These initiatives aim to enhance transparency, promote continuous improvement, and ensure that patients are actively engaged in shaping the quality and safety of their care. **CQC Visit:** An unannounced inspection was carried out by the Care Quality Commission (CQC), with initial feedback being generally positive, particularly in relation to people and culture within the Trust. However, several areas of concern were identified, including equipment readiness, ambulance cleaning protocols, and medicines management. The Trust is currently awaiting the formal inspection report for a comprehensive assessment. **Governor Feedback** - Governors raised concerns about: Call handler retention and exit feedback, public access to defibrillators and community first responders in deprived areas, the value for money of the hubs, and the lack of integrated patient records. In response, the committee committed to sharing the Annual Report, improving data access for governors, and continuing the evaluation of hub effectiveness. To support ongoing transparency and engagement, a shared folder for the Council will be set up to include annual reports moving forward. **Summary and Assurance** The committee is actively monitoring key risks and areas for improvement, with a clear direction of travel established. However, challenges remain, particularly around workforce pressures, digital integration, and ensuring consistency of care across regions. Assurance was provided that the committee is holding the executives to account and is focused on driving measurable improvements.
24/25	**People: Our People Enjoy Working at SECAmb** **Sexual Safety and Culture** A newly qualified paramedic had shared a personal experience involving compromised sexual safety, which had a profound impact on the committee. The case highlighted systemic issues in the reporting, investigation, and resolution of such incidents. The committee acknowledged the executive team's seriousness in addressing the matter and welcomed the transparency shown. While an action plan is in place, concerns were raised about a potential loss of momentum in some areas, the quality of investigations and follow-up actions, and the effectiveness of training, particularly whether the right

	individuals are being trained. Assurance was requested on the content and delivery of investigation training, its reach to appropriate staff, and how outcomes will be measured and sustained. **Rostering and Student Paramedic Experience** Concerns were raised regarding the rostering system, particularly its impact on student paramedics. The previous system was criticised for being inflexible and failing to consider individual circumstances. Although a new rostering system has now been introduced, assurance on its effectiveness is still pending. SW confirmed that work is underway to develop a more supportive scheduling model that recognises student paramedics as professionals and better accommodates their needs. **People Services Improvement Plan** The committee reviewed the ongoing restructuring of the People Directorate. Phase 1, which focused on strategic HR and business partnering, is largely complete, while Phase 2, covering recruitment and the service centre, is still in progress. Concerns were raised regarding the recruitment experience and the quality of onboarding, as well as issues with payroll accuracy and the potential impact on staff retention. Questions also remain about the timelines for completing the restructure and ensuring its effectiveness. **Appraisal** completion remains low at 63%, a persistent issue that has continued since at least 2019. The committee is not yet assured that sufficient progress is being made to address this concern. To support improvement efforts, a full audit is scheduled for September, which will help inform the next steps and provide greater clarity on the underlying challenges. **Wellbeing Strategy** The Board has approved a new Wellbeing Strategy aligned with the NHS 10-Year Plan. The strategy is built around three core themes: learning from lived experience, embedding wellbeing into all organisational activities, and developing proactive responses to staff needs. These pillars aim to foster a more supportive and responsive working environment across the Trust. **Freedom to Speak Up and Culture** There has been positive movement in staff feeling safe to speak up, with 54% reporting confidence in doing so. This improvement is recognised as a sign of cultural progress, although further work is needed. The committee acknowledged that the increase in reporting may reflect growing staff confidence rather than a deterioration in conditions, which is viewed as an encouraging development. **Shadow Board** The first meeting of the Shadow Board was held and co-chaired by KN. Feedback from participants was positive, and the initiative is widely seen as a valuable development tool for nurturing future leaders within the organisation. **Risk and Assurance** BAF Risk 603, concerning the effectiveness of the People Function, was discussed by the committee. While the risk remains significant, the committee supported maintaining the current amber rating due to structural improvements, the recruitment of key posts, and growing leadership confidence in the newly formed team. The committee will continue to monitor progress closely to ensure sustained improvement. **Observations and Reflections** Governors and Non-Executive Directors (NEDs) expressed concern about the lack of specificity in reports, highlighting the need for more measurable outcomes and clearer timelines. The committee acknowledged this feedback and committed to improving the clarity and depth of future reporting to better support oversight and decision-making.
25/25	**Sustainability: We are a Sustainable Partner** **Financial Position:** The Trust remains on track to deliver a break-even financial position for 2025–26, although risks persist, particularly around the delivery of recurrent savings. The Savings Improvement Programme (SIP) currently faces a gap of £6.6 million, with some large projects only partially delivering the expected savings. As a result, non-recurrent savings may be required to bridge the shortfall. Key focus areas for cost review and efficiency include fleet optimisation—ensuring effective vehicle use and a strategic

	replacement plan; estates, reviewing response sites and overall estate utilisation; digital—leveraging technology to enhance productivity and integration; and workforce, evaluating staffing models and driving improvements in productivity. **Strategic Planning** The Trust is preparing to transition to a three-year financial planning cycle, moving away from the traditional annual planning loops. This shift is viewed as a major opportunity to enhance long-term financial sustainability and strategic decision-making. To support this transition, the Board held a development session focused on exploring strategic choices and trade-offs, laying the groundwork for more forward-looking financial and operational planning. Key themes from the discussion included the challenge of balancing short-term delivery with long-term transformation, aligning divisional restructuring efforts with financial goals, and exploring opportunities for productivity gains and service redesign. These areas are central to shaping a more sustainable and responsive future for the Trust. **C2 Response Time Target** Due to system-wide pressures, the original target of 25 minutes is being recalibrated, with a revised internal benchmark now set at 27 minutes. August performance averaged 28.02 minutes, reflecting progress toward the new target but highlighting the need for continued improvement. The Trust is actively engaged in discussions with NHS England to validate these revised performance metrics and assess the associated funding implications. **Green Plan:** The Trust's Green Plan continues to progress well, with key areas of focus including infrastructure investment, such as the installation of charging stations and solar panels, and the replacement of the fleet with low-emission vehicles. Delivering these initiatives will require significant capital investment, and the Trust is preparing to apply for national capital funding to support their implementation. **Assurance and Next Steps** The committee continues to closely monitor financial risks and associated mitigation plans. A more detailed financial report is expected at the next meeting on 18th September. Governors have raised concerns regarding the absence of a consolidated financial summary table, which was previously included in the Integrated Quality Report (IQR); this will be reviewed to enhance clarity in future reporting. Additionally, the committee acknowledged the need for more robust contingency planning and clearer assurance around system-level risks.
Governance	
26/25	**Governor and Membership Development Committee Report** A recent Governor Online Event was held, attended by approximately 20 members of the public and Trust staff. James Pavey, a divisional director, participated and provided expert responses to questions on performance metrics, attendance and response times, and clinical directives such as DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) and living wills. His involvement relieved governors from having to address complex clinical or operational queries, and the format was widely regarded as successful. To maintain this model of informed engagement, future events may include other divisional directors. At the previous GMDC meeting, the new Head of Charity presented her vision and has since been actively engaging governors and staff to gather ideas and input to help shape the charity's future direction. Governors expressed a strong interest in receiving regular updates and remaining involved in the charity's development, reinforcing the importance of ongoing collaboration and transparency. The Annual Members Meeting (AMM) is scheduled to take place on Friday, 12 September 2025, at the K2 Leisure Centre in Crawley. The event will feature formal presentations alongside more than 20 exhibition stalls showcasing a wide range of Trust services and initiatives. The Corporate Governance Team was commended for their strong organisational efforts in preparing for the event. Governors have encouraged broad participation to foster engagement with both members of the public and Trust staff. A discussion was held regarding the NHS 10-Year Plan, which includes proposals that may impact the statutory role of governors. Although no legislative changes have been confirmed, governors expressed

	a desire to engage with Non-Executive Directors (NEDs) to explore the future of their role and consider how a governor-like function might continue should statutory responsibilities be altered. It was noted that Daphne Taylor, Chair of a National Governors' Group, has written multiple times to the Secretary of State seeking clarity and is now encouraging MPs to raise questions in Parliament. The Chair and CEO reaffirmed their strong support for the governor model and committed to maintaining open dialogue in the event of any proposed changes.
Administration	
28/25	**Any Other Business** None discussed.
29/25	**Questions from the public** None received.
30/25	**Review of meeting effectiveness** The meeting maintained a strong focus on patient care, reaffirming the Trust's core purpose. The quality of discussion and engagement from both governors and executives was acknowledged, reflecting a shared commitment to meaningful oversight and continuous improvement.
	Date of next Formal Council of Governors Meeting: Thursday 18th December 2025

Southeast Coast Ambulance Service NHS Foundation Trust

Annual Members' Meeting

Friday 12th September 2025
14:00 – 16:30

K2, Crawley

Present:

Simon Weldon	(SW)	Chief Executive
Michael Whitehouse	(MW)	Chair
Sarah Wainwright	(SW)	Chief People Officer
Nick Roberts	(NR)	Chief Digital and Information Officer
Peter Lee	(PL)	Director of Corporate Governance and Company Secretary
David Ruiz-Celada	(DR)	Chief Strategy Officer
Simon Bell	(SB)	Chief Finance Officer
Richard Quirk	(RQ)	Chief Medical Officer
Jaqualine Lindridge	(JL)	Chief Paramedic Officer
Janine Compton	(JC)	Director of Communications and Engagement
Jennifer Allan	(JA)	Chief Operating Officer
Karen Norman	(KN)	Senior Non-Executive Director
Subo Shanmuganathan	(SS)	Non-Executive Director
Liz Sharp	(LS)	Non -Executive Director
Peter Schild	(PS)	Non-Executive Director
Harvey Nash	(HN)	Public Governor
Mark Rist	(MR)	Public Governor
Paul Bartlett	(PB)	Public Governor
Zak Foley	(ZF)	Public Governor
Peter Shore	(PSh)	Public Governor
Andrew Cutherbert	(AC)	Public Governor
Steve Corkerton	(SC)	Public Governor

Attendees

Danny Dixon	(DD)	Head of Community Resilience
Julia Williams	(JW)	Head of Research

Apologies:

Margaret Dalziel	(MD)	Chief Nursing Officer
Max Puller	(MP)	Non-Executive Director
Paul Brocklehurst	(PB)	Non-Executive Director
Suzanne O'Brien	(SO)	Non-Executive Director
Ellie Simpkin	(ES)	Appointed Governor
Aidan Parsons	(AP)	Public Governor

Item No.	Item

01	**Welcome and Introduction** The AMM opened with MW welcoming attendees and expressing gratitude for their attendance. He reflected on the importance of AMMs as a cornerstone of governance and accountability, not only to staff and patients but also to taxpayers who fund the service. MW emphasised that the meeting was an opportunity to celebrate achievements and the dedication of staff, noting the enthusiasm evident across the event. MW also welcomed distinguished guests, including local civic leaders, and praised the leadership of SW, attributing the organisation's progress to his guidance over the past two and a half years.
02	**Review of the Year from our CEO** SW began his report by revisiting the strategy launched at 2024's AMM, highlighting the need for change in response to growing demand and evolving patient needs. He introduced a short film showcasing the implementation of unscheduled care navigation hubs, developed in partnership with other healthcare providers. These hubs enable collaborative decision-making, reduce unnecessary hospital admissions, and improve patient outcomes. SW stressed that partnership working is essential for success and that these hubs exemplify the future of care delivery. Reflecting on the past year, SW celebrated key milestones, including the Trust's exit from special measures, a significant achievement that restored confidence in SECAmb's ability to manage its own affairs. Operational highlights included handling 40,000 additional calls, achieving the best out-of-hospital cardiac arrest survival rate nationally, and recording the highest staff morale score in ambulance trusts in the country. He noted the successful launch of the shadow board, which brings new voices into decision-making, and praised the contributions of volunteers and community responders, who often provide the first response in rural areas. SW outlined investments in infrastructure, including 92 new ambulances and the introduction of trials of electric vehicles, acknowledging the challenges of adapting EVs to the region's geography. He reaffirmed SECAmb's commitment to sustainability and efficiency, particularly in light of financial pressures across the NHS. Looking ahead, SW emphasised the need to expand virtual care and develop new models of service delivery to meet rising demand, predicting an additional 100,000 calls annually by 2029 if changes are not made. SW stressed the importance of collaboration across the ambulance sector, including sharing digital systems and procurement processes, to maximise efficiency and value for money. He reaffirmed the organisation's commitment to staff well-being and engagement, noting progress in divisional decision-making to reflect local needs and the continued focus on supporting staff resilience.
03	**Presentation of the Annual Report and Accounts** The meeting then heard from SB, Chief Financial Officer, who provided an overview of the financial position. He confirmed that SECAmb achieved a breakeven position for the previous year, spending £365 million on service delivery and achieving £24 million in productivity and cost improvements. Capital investment totalled £21.4 million, covering fleet, estate, and digital equipment. External auditors issued an unqualified opinion, and internal auditors confirmed improved internal controls. Looking ahead, Simon Bell noted that the NHS faces significant financial pressures, requiring SECAmb to deliver further productivity gains and leverage digital technology to improve efficiency.
04	**Council of Governors Report** AL, representing the Council of Governors, outlined the role of governors in holding the board to account, contributing to strategic development, and representing members and the public. He highlighted recent

	appointments, including MW as Chair, LS as Deputy Chair, and two new non-executive directors. Governors have sought assurances on a wide range of issues and continue to engage with members through online meetings and community events.
05	**Research & Development and Integrated Education** JW, Head of Research, presented on the development of SECAmb's research capability, emphasising its alignment with the Trust's strategy and the NHS 10-year plan. She highlighted successes in securing grant funding, national recognition for research, and plans to establish a research institute in collaboration with universities and healthcare partners. JW stressed the importance of research in improving patient outcomes, staff satisfaction, and organisational development. JL, Chief Paramedic Officer, introduced the integrated education, training, and development strategy. JL outlined plans to enhance learning culture, improve quality assurance, expand opportunities for non-clinical staff, and leverage digital technology, including simulation and virtual reality. JL emphasised the importance of accredited training, apprenticeships, and personalised career development to support workforce growth and adaptability.
06	**Model of Care – with live demo** RQ, Chief Medical Officer, and DD, Head of Community Resilience, demonstrated SECAmb's approach to falls management and community resilience in the live demo. They explained how volunteers and community first responders contribute to reducing hospital conveyance, improving patient experience, and supporting the Trust's strategic shift toward preventative care. DD highlighted the critical role of volunteers, who contributed over 100,000 hours last year, and outlined plans to expand their involvement in falls response and other community-based care models.
07	**Question and Answer Session with the Board** MW opened up questions from the public from both pre-written questions and questions from the audience. **Question:** Has there been any progress in adding Penthrox to the CFR scape pouches? This was mentioned at the CFR conference in April. **Response:** SECAmb is trialling Penthrox, an inhaled painkiller, with non-registered staff to assess safety and effectiveness. Audit results show positive outcomes and minimal risks. The next stage will involve governance processes for rollout to volunteers. Updates will follow as progress continues. **Question:** What topics have been identified for improvement under the Quality Improvement Programme announced two years ago, and how are we measuring the impact? **Response:** Year one priorities included patient safety for those waiting, recruitment processes, and logistics. Achievements include automated welfare messaging (saving £200,000 and freeing clinical hours) and a 20% increase in recruitment pool. Year two focuses on lost equipment, audit processes, and inter-facility transfers. Over 40 local QI projects have been delivered, supported by 22 QI ambassadors and Innovators Den funding bids. **Question:** How does SECAMB support colleague wellbeing across night shifts, upsetting situations, and high-pressure jobs? **Response:** SECAmb provides 24/7 team leadership, welfare volunteers, chaplaincy services, and trauma-informed TRiM support. A relaunched wellbeing strategy focuses on resilience and mental health. Investment in line manager development and embedding compassionate leadership values are key priorities.

	Question: From a registered nurse in Hong Kong and an ambulance technician from Zimbabwe: How do we explore job opportunities in the UK ambulance service? **Response:** Overseas nurses must register with the Nursing and Midwifery Council. SECAmb offers nursing roles in integrated care and corporate services. Overseas paramedics must meet Health and Care Professions Council requirements. Technicians can apply for SECAmb roles and complete accredited training locally. **Question:** What is the plan for the future rollout of the Joint Response Unit? **Response:** The Joint Response Unit partnership with police is under review. The police may not continue the arrangement, which SECAmb regrets as such partnerships are vital for managing complex needs. We remain keen to explore options for continuation. **Question:** How many people do SECAmb employ on the frontline, and will extra staff be provided to support A&E departments? **Response:** SECAmb employs approximately 2,500–3,000 frontline staff. There are no plans for permanent deployment to A&E, but we work closely with hospitals through escalation protocols during peak demand to ensure patient safety and release ambulances promptly. **Question:** Why aren't crews informed when a patient survives after critical care? For example, I survived a cardiac arrest after 15 defibrillations, but the crews never knew. **Response:** Information governance prioritises patient privacy, but we acknowledges the importance of feedback for morale and learning. Steps are being taken to improve outcome sharing through integrated care records and structured processes. We also facilitate patient-crew reunions and aim to make this systemic. **Question:** When will ambulances have anchorage points for wheelchairs? And will crews respect patients' expertise in managing complex conditions? **Response:** New ambulances being introduced this year will improve accessibility. We are exploring partnerships with hospitals to ensure wheelchairs are available promptly. Feedback from patients will inform training to improve crew understanding of complex needs. **Question:** What will SECAmb do to support student paramedics who have completed three years of training but face unemployment? **Response:** We is liaising with the College of Paramedics and reviewing workforce plans to create opportunities. Research roles and other innovative options are being explored. The issue is national, with around 1,200 paramedics currently seeking employment. **Question:** To what extent has the continued failure to implement the social care plan impacted SECAmb's ability to meet targets? **Response:** Social care delays contribute to hospital exit block, which affects ambulance turnaround times. However, SECAmb is also focusing on reducing hospital conveyance (from 50% to 37%) through initiatives like falls response and care home partnerships. Social care reform is important but not the only solution. **Question:** The Surrey Ambulance Service Association would like to provide face-to-face education about ambulance heritage to new frontline staff. Can this be included in training? **Response:** The proposal was welcomed and suggested incorporating heritage sessions into future AMMs and training programmes to honour the service's history. MW closed the meeting by thanking all speakers, staff, volunteers, and attendees for their contributions and support. MW thanked the Corporate Governance Team for all their hard work and support to ensuring the 2025 Annual Members Meeting was a huge success.

	MW reiterated the trust's mission to serve communities and deliver the highest standards of care, expressing confidence in the organisation's ability to meet future challenges.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST - Trust Council of Governors Action Log

Key

	Closed
	Due

Agenda No	37-25

Name of meeting	Council of Governors
Date	18 December 2025
Name of paper	Performance Review

To inform this performance review, the COG has the most recent Board Assurance Framework (BAF), Integrated Quality Report (IQR), and the Board Committee reports from the Board cycle since the last meeting of the COG in September.

Summary
The BAF was agreed at the start of the year and includes the six *strategic priorities*; 18 in year operating plan *objectives*; and the 10 focussed areas of *compliance.* This has guided the Board's business cycle, supported by the key metrics in the IQR.

Three quarters of the way through the year and overall, the Board is assured by the progress being made. While there are some areas where progress has not been as expected (some of which are outlined below), the executive has delivered in the main against the key commitments of delivering year two of the Trust Strategy while achieving the agreed C2 mean standards within the breakeven financial plan. This has required much organisational change to set up the Trust for success in line with the strategic aims.

Governance & Internal Control
The Board remains focussed on ensuring robust governance and internal controls, while the strategic change takes place. As reported to the Board this month, the Audit & Risk Committee set out the very encouraging outcomes of this year's Internal Audit Plan to-date, where the Trust is on course for a positive Head of Internal Audit Opinion. Of particular note was the Substantial Assurance review of medicines and the outcome of the Emergency Preparedness Resilience Response annual assurance assessment where the Trust was confirmed as Substantially Compliant.

Areas of Focus
The strategic priorities with specific focus of the Board over the next period include the following:

- Virtual Care – this is one of the key strategic priorities that touch on a number of areas of delivery. It is a Tier 1 Programme that continues to be RAG rated Red, due to being unable to increase the hear and treat rate to the level within the plan.

- Workforce Planning – this has also progressed slowly. Linked to Virtual Care and our approach to Hubs, it is really important over the coming months for the executive to define the offer and how it will be delivered to then inform the workforce requirements of the future.

- Financial Delivery / Planning for 2026 – while the Board has confidence in closing out the year in line with the plan, there remains an underlying deficit of circa £10m. There is an expectation that we will be agreeing a compliant plan for 2026-27 (achieving 25m c2 mean and breaking even) and this will require robust efficiency and productivity

plans. These will be developed during Q4 so that we go into 2026-27 with them well established and delivering. ▪ Collaboration / Group Model – The Boards of both SECAmb and SCAS have agreed to developing a Group Model. The first step is to appoint a Group Chair and a Group CEO, and the searches for both are underway. The Board's Appointment & Remuneration Committee is working to ensure very clear transitional leadership arrangements to help mitigate the related risks and ensure continued delivery of our priorities and ongoing journey of improvement. This will be a period of transition that carries much risk.	
Recommendations, decisions or actions sought	Informed by the BAF, IQR, and Board Committee Reports Governors are asked to consider the areas of Board focus and ask any questions of assurance.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

2025/2026

December

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:**

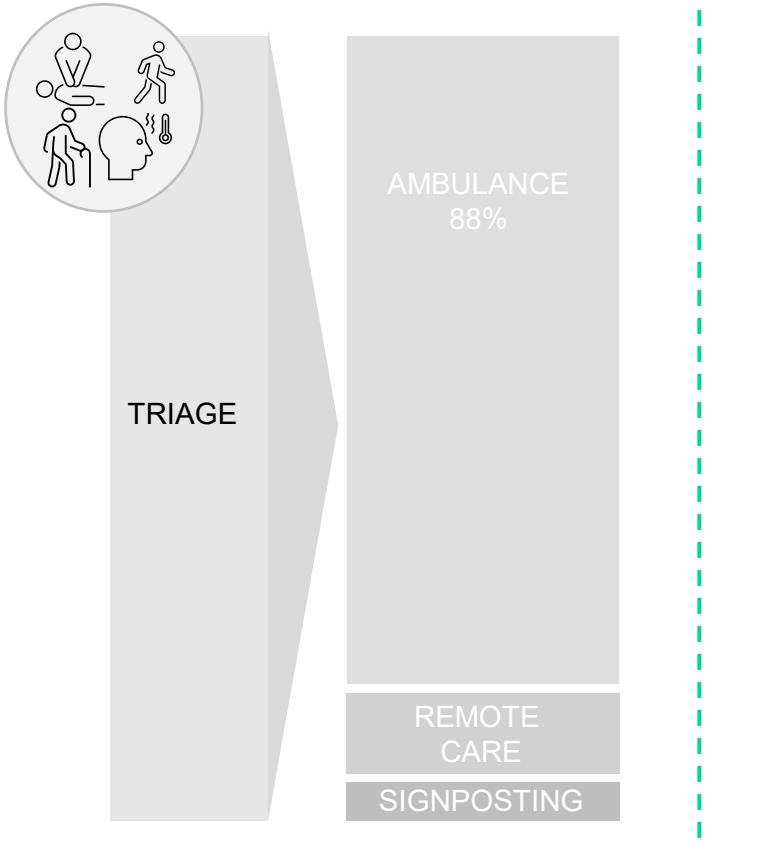
Saving Lives,

Serving Our Communities

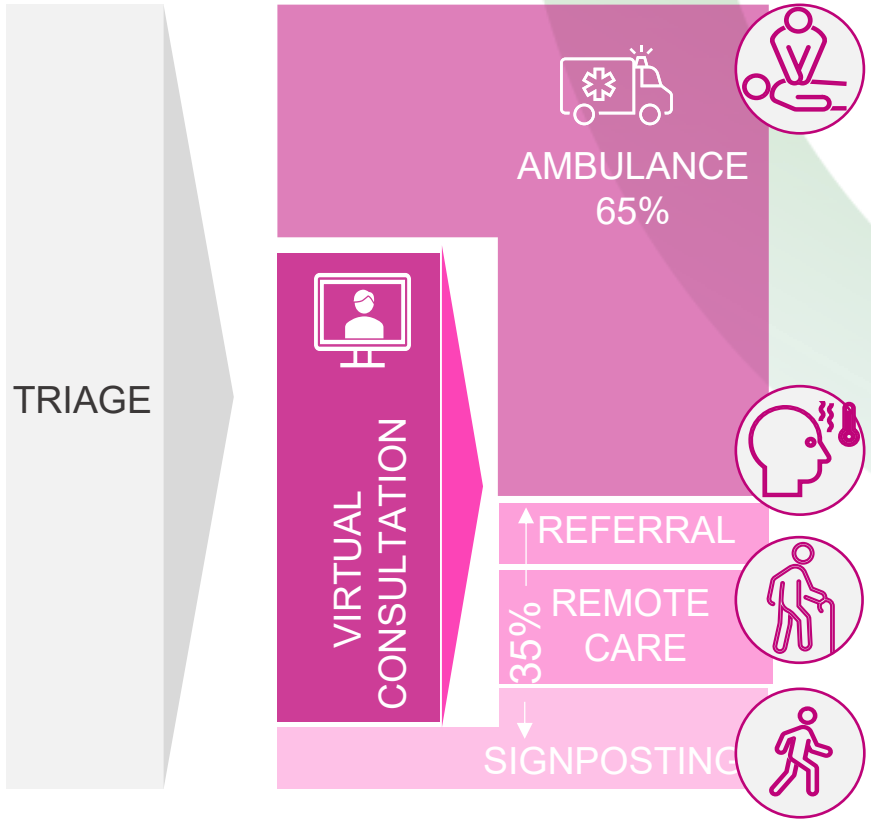
Our Strategy 2024-2029

NHS South East Coast Ambulance Service NHS Foundation Trust

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



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



Timely care for emergency patients:

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

Virtual care for non-emergency patients:

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

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

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

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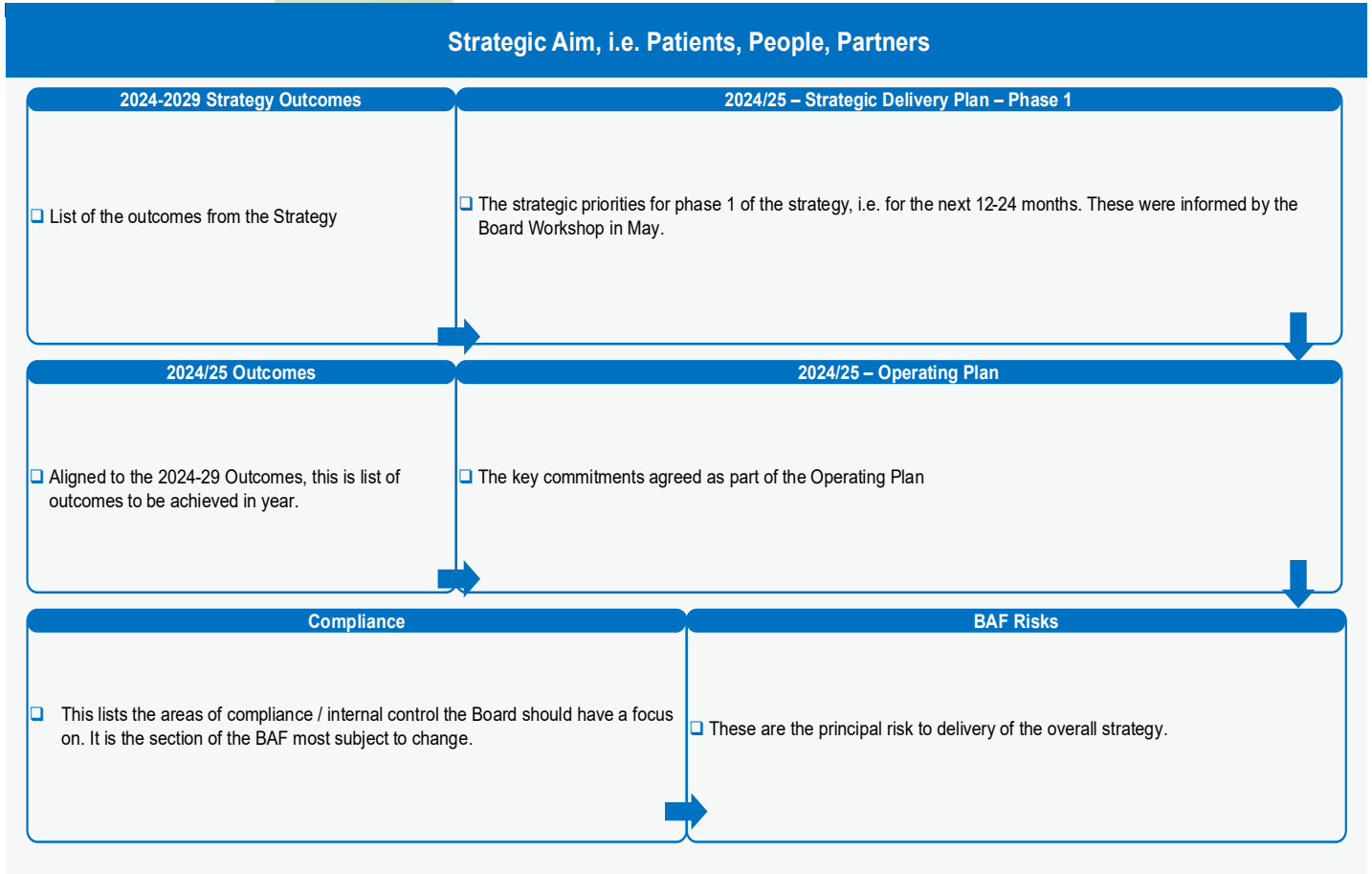
How our Board Assurance Framework (BAF) Works

Our BAF:

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



How our BAF reflects our Strategy :

South East Coast Ambulance Service NHS Foundation Trust

- The Trust's priorities are aligned with three strategic aims, which help frame each meeting agenda of the Trust Board.
- Taken together with the related risks and sections of the IQR, The BAF provides the Board with the data and information to help inform its level of assurance in meeting the agreed aims:

Delivering High Quality Care

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

Our People Enjoy Working at SECAmb

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

We are a Sustainable Partner

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

Reporting Templates

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

2024/25 – Strategic Transformation Plan – Phase 1

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

2024/25 – Operating Plan

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

BAF Risks

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

Exception reporting will be provided as required following committee oversight

Board Highlight Report –

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

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

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

BAF Risk 537 – Funding

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

Controls, assurance and gaps

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

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

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

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

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

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

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

Each of our BAF Risks has a detailed risk page

Delivering High Quality Patient Care

We deliver high quality patient care

1 Tier 1
2 Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

We deliver high quality patient care

2025/26– Strategic Transformation Plan

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

2025/26 – Operating Plan

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

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Delivery of our Trust Strategy: There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.	09 →	06	CSO
Internal Productivity Improvements: There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.	16 →	08	COO

We deliver high quality patient care

2025/26– Compliance & Assurance

Compliance Initiative	Current RAG	Previous RAG	Executive Lead	Oversight Committee	Date of Last / Scheduled Review at Committee	Committee Feedback
EPRR assurance			Chief Operating Officer	Audit & Risk	Nov 2025	The outcome of the annual assessment is substantial assurance, which is a significant improvement and the first time this level of assurance has been achieved since 2019.
Medicines Management & CDs			*Chief Medical Officer*	Quality & Audit & Risk	Nov 2025	Substantial Assurance Internal Audit and strong assurance from the Accountable Officer for Controlled Drugs annual report
PSIRF			*Chief Nursing Officer*	Quality	Sept 2025	2024-25 Implemented PSIRF Principles / Standards – compliance is over 90% as reported to QPSC in Sept. IA is due to test the effectiveness of PSIRF including how learning is captured and shared, which will be reported to both quality and audit committees in Q4.

Virtual Care Programme - Executive Summary

Exec. Sponsor:	Jen Allan
PM:	Kate Mackney
Last updated:	25th November 2025

Programme Outcomes	Previous RAG	Current RAG	Impact on outcomes
• **We will provide early and effective triage of patient need:** Increase Hear & Treat outcomes to 19.7% by end Mar 26			There is considerable risk to achieving the year-end H&T target; despite strong engagement through summits, the scale of change required may be underestimated. Rating remains Red until a clearer improvement trajectory is evident.

Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (period)	Target	Trend	So what?
Hear & Treat %	IQR	15.1% (Oct 25)	18.1%	Hear & Treat performance remains static below the October target and the year end trajectory of 19.7%, despite interventions.	Drive clarity and momentum through summits and workshops to define the Model, Process, Workforce, and Digital enablers. Decisive action and accelerated progress on the future virtual care model are essential to meet strategic objectives and deliver improved patient outcomes.
C2 Response	IQR	00:28:11 (Oct 25)	00:26:46	C2 Response Time is in common cause variation with no significant change	Without scaling virtual care effectively, the system will continue to rely on physical dispatch for cases that could be managed virtually. This limits capacity for genuine emergencies, undermines the strategic aim of reducing unnecessary conveyance, and risks eroding progress on patient safety and flow.

Top 3 Risks (BAF/Corporate only)

Description	Type/ ID	Current	Target	Trend	Control effectiveness & next step
Delivery of our Trust Strategy: There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.	BAF/537	9	6	⟺	• VC & MoC programmes to lead with a clear, co-designed vision that integrates population health, digital innovation, and workforce transformation to realise the future mode
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	Prog/688	12	8	⟺	• Establish a joint workforce planning group across both programmes. • Prioritise training and succession planning. • Use flexible staffing models and external support where needed. • Monitor workforce metrics and adjust plans dynamically
Organisational Change & Internal Stakeholder Engagement: There is a risk that poor internal communication and misalignment on programme delivery and organisational changes could lead to resistance, reduced morale, and delays.	Prog/728	9	6	↑	• Partial control from initial programme comms for Model of Care. Now need to focus on delivery of: • 1. Internal comms plan with comms team support / Regular updates and Q&A sessions. • 2. Change management plans including feedback loops and escalation routes. • 3. Phased implementation – being worked on via summits in Dec and Jan.

Assurance

Headline assurance:	The Virtual Care Programme is a critical enabler for system transformation, but outcome delivery risk is high. Model design, process mapping, workforce planning and digital enablers will all outline the requirements to mitigate this risk; however the programme will require decisive action and accelerated decision making from the board to meet the strategic objectives and improve patient outcomes and system flow.	**Status:**	Under control
		Ask of this forum:	Note

Virtual Care Programme - Controls & Decisions

Exec. Sponsor:	Jen Allan
PM:	Kate Mackney
Last updated:	25th November 2025

Change Control - Decision Requests

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

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
Digital Integration: Future model outputs will define digital requirements to support delivery. Cross-representation between the Virtual Care Steering Group and the Digital Transformation Board ensures alignment of scope, accountability, and timelines, reducing risk of fragmented delivery	CDIO	Dec 25	In Progress	Inability to progress to the future model and deliver the strategy, impacting transformation timelines and virtual care optimisation at scale	Define clear ownership of deliverables between Virtual Care governance and the Digital Programme. Escalate at VC summits if scope or accountability remains unclear.

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Virtual Clinical Assessment Summit: Part 1 Model	Nov 25	Completed	Provides clarity on future clinical model, reducing strategic ambiguity and enabling workforce/digital planning. No negative impact.	N/A
Virtual Clinical Assessment Summit: Part 2 Process	Nov 25	Completed	Process design reviewed, ensuring operational alignment and governance readiness. No negative impact.	N/A
Virtual Clinical Assessment Summit: Part 3 Workforce	Dec 25	On Track	Delay would stall workforce capability development, impacting ability to deliver safe, consistent virtual care and meet H&T targets. Assurance risk: High if not delivered on time.	Q3
Virtual Clinical Assessment Summit: Part 4 Digital	Dec 25	On Track	Delay would block digital integration, preventing scale-up of virtual care and risking fragmented delivery. Assurance risk: Critical for transformation milestones and KPI achievement.	Q3

EMB outcome, inc. decision requests (post-meeting)**:**	
Relevant Board Committee outcome (post-meeting):	

BAF Risks

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

Models of Care Programme - Executive Summary

Exec. Sponsor:	Richard Quirk
PM:	Katie Spendiff
Last updated:	28.11.25

Programme Outcomes

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

Previous RAG	Current RAG	Impact on outcomes
		Data gaps and limited capacity keep this at **amber**. Efficiency initiatives are expected to show impact in **late Q3–Q4**

Headline Key Performance Indicators (KPI)

KPI	MOC	IQR or local	Baseline	Target	current	Trend	So what?
Cardiac Arrest Survival Rate (All)	Reversible Cardiac Arrest	BAF	11.5%	12.5%	11% (July 25)		Survival to 30 Day performance will plateau until response times improve; reaching patients faster is critical. In Q4 we should see some positive impact on this data from the appointment of the Resus Officers. Looking at last years data vs this years – performance appears more consistent in terms of survival by month.
Response time to patients who have fallen	Falls, Frailty & Older People	Local	1 hour 47m (C3 mean) 1 hour 51m (C4 mean)	1 hour 35m (C3) 1 hour 39m (C4)	1 hour 30m (C3) 1 hour 39m (C4) (Oct 25)		Since January, the C3 mean has significantly improved with all points reporting below the long-term average in an improving trend. C4 is showing a similar pattern with an improving trend with most points falling below the average.
Ambulance attendance to Non-Injury Falls calls	Falls, Frailty & Older People	Local	TBC	TBC	TBC		Current state: Community First Responders (CFRs) attend promptly when available and are automatically backed up by an ambulance. They clear the scene after consulting an Advanced Paramedic Practitioner (APP). While this ensures patient safety, it often leads to unnecessary ambulance dispatch and inefficient resource utilisation. Upcoming Change: A new virtual triage process will launch as a pilot in late Q3/early Q4. This will allow CFRs to connect with a remote clinician at the patient's side, reducing unnecessary ambulance deployments. Expected Impact: The pilot will support a shift from "see and treat" to "hear and treat" where no clinical resource is on scene. We anticipate increased CFR dispatch, reduced ambulance dispatch and growth in Hear & Treat activity Awaiting SPC charts.
999 calls from high frequency	Falls, Frailty & Older People	Local	TBC	TBC	TBC		Focus is on reducing 999 calls from care / nursing homes with interventions in place by 10 % in Yr 1' – specificity was needed to

Top 3 Risks (BAF/Corporate only)

Description	Type / ID	Current	Target	Trend	Control effectiveness & next steps
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	Prog/688	12	8	↓	• Reduced from 16 to 12 because the group agreed that while recruitment and training challenges remain, several mitigating actions are now in place: • An outline workforce plan had been developed (under existing task via Jo Turl & Tina I) and reconciliation work was beginning, which would provide further insights into staffing needs and gaps. The group had already committed to prioritising training, using flexible staffing models, and monitoring workforce metrics. The likelihood of impact was reassessed as lower, with the score adjusted to Likelihood 3, Consequence 4. This reflects improved confidence in managing the risk, though it remains a key area of focus.
System alignment to our strategy: There is a risk that external systems are initiating change and pathways that don't align to our own strategic deliverables.	Prog/711	6	3	↔	• Continued engagement on our strategic deliverables with system partners and ICBs • Mapping of contract deliverables with Strategy Partnership Managers • Risk to be reviewed at December steering group in light of recent changes in ICB landscape.
Organisational Change & Internal Stakeholder Engagement: There is a risk that poor internal communication and misalignment on programme delivery and organisational changes could lead to resistance, reduced morale, and delays.	Prog/TBA	9	6	↑	• Partial control from initial programme comms for Model of Care. Now need to focus on delivery of: • 1. Internal comms plan with comms team support / Regular updates and Q&A sessions. • 2. Change management plans including feedback loops and escalation routes. • 3. Phased implementation – being worked on via summits in Dec and Jan.

Assurance

Current programme assurance and impact:	**Falls, Frailty and Older people** Two key workstreams have been identified as high-impact levers for releasing operational resource and improving system efficiency: Care Homes Initiative and the Community First Responder Optimisation for Falls Calls. Care Homes Initiative: This workstream has demonstrated potential to reduce operational demand and improve C2 mean performance through the Paddock Wood trial, which took six months to yield measurable outcomes, and has laid the foundation for broader implementation. Success is contingent on Advanced Paramedic Practitioners (APPs) feeling empowered and supported by leadership to deliver this work and maintain engagement with the care homes over Winter. It is proposed that senior leaders visibly endorse and communicate support for this initiative, reinforcing its strategic importance and enabling APPs to act with confidence. We anticipate movement in performance metrics from late Q3 into Q4 subject to consistent engagement and delivery.	**Status**: Under control / Needs intervention
	CFR Optimisation for Falls Calls: A new process which brings in virtual consultation triage for CFRs with falls patients is planned to go live via a pilot and supporting bulletin in late Q3/ early Q4. This will enable CFRs to connect with a remote clinician at the patient's side which aims to reduce any unnecessary dispatch of an ambulance. The second component is the approval of the Volunteering and Community Resilience Strategy and associated business case in December 2025, which will enable the development of new volunteer roles. These roles are designed to be high-impact and low-maintenance, improving performance and reducing unnecessary resource allocation through better utilisation, training, and support of volunteers.	**Status**: Under control / Needs intervention
	Reversible Cardiac Arrest A mid-year priority review was undertaken to assess which workstreams are likely to deliver the greatest impact on survival outcomes – this requires consistent strong clinical leadership to ensure delivery. Grip is needed on the delivery of the priority Cleric updates over the next few weeks for GoodSam and delivery of the revised SOP to facilitate full implementation and release benefits. Volunteer strategy coming to Board in December proposes includes a new "high volume, low maintenance" volunteer role via GoodSAM, focused on community cardiac arrest response. With EOC representation now secured, the 'Improving Early Identification of Cardiac Arrest' workstream is being scoped in November and recommendation due on next steps. 2 x B5 Resus Officers have been appointed likely to start early Janaury.These roles will lead an 18-month project focused on community engagement and education to improve bystander CPR and PAD use.	**Status**: Under control / Needs intervention
	End of Life Care The programme is progressing across several strategic workstreams aimed at improving quality, reviewing non-commissioned activity data, and enhancing staff capability albeit there is some restricted capacity to deliver this at pace. Confidence and competence among staff is being strengthened through the deployment of EOLC advocates across operational units, a EOLC session in Q3 key skills, further CPD delivery, and a Trust-wide training needs assessment. This contributes to delivering on the KPI by 31st March 2026 of 'Percentage of crews spending more than 3 hours on scene with patients at End of Life to reduce by 10%'. The work for the Year 1 KPI on 'reducing commissioned activity by 10%' is underway and is focussed on evidencing the scale of the issue to system partners and commissioners – we are working with BI on this as the data sourcing is complex. We will then be able to robustly challenge what we respond to going into Year 2 and develop an implementation plan for the changes. Full KPI benefits will not be achieved in Year 1 due to a phased approach. Year 1 focuses on building staff confidence in managing these patients and gathering data to support proposals to commissioners and partners, which is progressing as planned	**Status**: Under control / Needs intervention
Decision and next steps:	• BI prioritisation for remaining MOC dashboards and reporting requirements. • Leadership communication to APPs regarding Care Homes initiative. • Strategy approval and resourcing for volunteer role expansion (4th December 25). • Monitoring of impact metrics and operational hours saved for care home work.	Decision / Endorse / Note by XXX

Models of Care Programme - Controls & Decisions

Exec. Sponsor:	Richard Quirk
PM:	Katie Spendiff
Last updated:	27.11.25

Change Control - Decision Requests

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
Benefits from reducing non-commissioned activity by 10% will start in Year 2. Year 1 focuses on building evidence for the change and presenting it to system partners and the ICB in Q3–Q4.	Time	Phase delivery of the KPI 'reduce non-commissioned activity by 10%' as follows: Year 1: Share evidence supporting proposed changes with stakeholders. Year 2: Develop a transition plan to say no to un-commissioned activity.	Limited capacity in EOLC: We will begin challenging non-commissioned activity immediately with system partners, while enabling structures—governance, reporting, and pathway redesign—will be developed in Year 2 to embed and sustain the approach. This phased strategy balances early action with long-term resilience.	October/November engagement with system partners has set the foundation for challenging non-commissioned activity, with BI data pending to inform a robust Year 2 implementation plan.

Dependencies (material only)	MOC	Owner	Due	Status	Risk if delayed	Mitigation
Appointment of Resus Officers	Reversible Cardiac Arrest	Danny Dixon	Q3 25/26		Delay to commencing some of the quality improvement and public education work related to the Rev CA MOC.	• Work plan in development for these roles so they are good to go on commencement in late Q3. • Appointments made so status updated to Green.
National Care Record System	End of Life Care, Palliative & Dying	Richard Quirk	Q3 25/26		The planned roll out of GP Connect does not allow frontline staff to view full care plans for EOLC patients limiting effectiveness of MOC roll out.	• CMO and CPaO on project steering group to advocate for agreed approach not having negative impact in this area. • EoLC lead being kept appraised and highlighting clinical impact of decision making to Exec Sponsor of Digital programme.
Cleric system work for GoodSam	Reversible Cardiac Arrest	Dan Cody	Q3 25/26		Poor end user experience due to issues with effective deployment to calls. Potentially disengaging new users before they have even had the opportunity to be deployed. Key enabler for the delivery of the Volunteer Strategy as new volunteer roles mobilised using this.	• Workstream Lead seeking timeline for delivery of prioritised five high-impact items for early delivery to significantly improve operational efficiency and user experience. • SOP being drafted to support implementation and liaison with SCAS to standardise this between the two Trusts.
Volunteer Strategy & accompanying business case	Falls, Frailty & Older People Reversible Cardiac Arrest	Danny Dixon	Q3 25/26		Delay to commencing some deliverables in the Rev CA MOC & Falls, Frailty & Older People MOC. There is a ceiling regarding improvements that can be made if the funding is not approved.	• New Volunteering and Community Resilience strategy drafted and engagement now in progress. • On track to go to Trust Board December 2025. • Focussing on improving current processes in alignment with strategic intent.

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Completion of EIA, QIA & DPIA as needed and finalised drafts for top three focus MOCs.	30 Sept 2025	Delayed	Minimal impact as this is a revision to what was approved for the strategy publication.	January 2026. Submission of finalised MOC documents and Group A & B joint QIA, EIA to be submitted to PPG or newly established Clinical Effectiveness Group when meeting cadence established. Aim is to bring 3 focus MOC docs to Board in January 2026.
MOC Dashboards fully operational	31st Dec 2025	Delayed	Significant outstanding MOC data and dashboards requests sitting with the BI Team. These are required to bring the MoCs up to date, monitor improvements and for reporting on to Board. It is now impacting our ability to deliver our clinical strategy in a timely manner.	Oct 25: Sprint requested for outstanding MOC BI work. Risk materialised in November so moved to Issue log. Escalated to EMB on 05.11.25 - requests scoped and with BI. Prioritisation agreed and forecast for delivery from BI in progress.

EMB outcome inc. decision requests (post meeting):

[To be completed after EMB meeting by Corp Gov Team]

BAF Risks

BAF Risk 537 – Delivery of our Trust Strategy

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

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

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

Controls, assurance and gaps

Controls: Vision and strategy agreed at Board. Agreed organisational financial plan which prioritises strategic delivery. Multi-year plan developed. A fully functioning programme board providing leadership and governance. A workforce committed to the improvements needed. Learning from the virtual care provided by the navigation hubs. Clinical leads appointed to each of the 11 models of care workstreams. A full time programme manager overseeing delivery. Initial Business Intelligence support was secured, further required under new action. Workforce planning lead assigned. Evaluation to inform future scope of virtual care completed.

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

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

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

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Workforce planning assumptions and needs document to inform workforce plan.	Acting Chief Medical Officer	Q3 2025/26	Consultant Paramedic and Transformation Director have compiled a high level planning assumptions document based on the MOC requirements. Alignment with central workforce planning group.
Agreement of VC operating model to be defined & integrated with MOC implementation.	Chief Operating Officer	Q4 2025/26	Summits arranged for Nov, Dec and Jan to move this forward. Proposed re-baselining of the VC programme to support this activity.
Sprint request for BI Support to deliver the remaining MOC work required to help inform the VC/MOC workforce planning and	Chief Digital Officer	Q3 2025/26	Request submitted for prioritisation to BI Review Group mid Nov. Outcome awaited.

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. Communications undertaken to highlight productivity requirements across all divisions and clinical staff, successful engagement with TUs.

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. Competing priorities for leadership team may distract from focus on productivity schemes

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 in line with required levels

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. Reporting being developed
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.
Ongoing series of workshops with TU colleagues to support implementation of Ts&Cs changes	Chief Operating Officer	Q4 2025/26	Successful engagement and delivery of first tranche of changes.
Escalation plan being put in place regarding H&T productivity, aligned with quality summit work and development of Hubs	Chief Operating Officer	Q3 2025/26	In progress. Executive summit meeting completed and field operations divisions, through OUMs, leading on productivity through hubs. Early improvement seen.

Our People Enjoy Working at SECAmb

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

2025/26 - Outcomes

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

2025/26 – Operating Plan

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

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.

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2025/26 – Strategic Transformation Plan

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

2025/26 – Operating Plan

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

BAF Risks

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

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2025/26 – Compliance & Assurance

Compliance Initiative	Current RAG	Previous RAG	Executive Lead	Oversight Committee	Date of Last / Scheduled Review at Committee	Committee Feedback
Equality Act / EDI Plan			Chief People Officer	People	Nov 2025	EDI has been a focus at the Board Development sessions in 2025, and four priority areas have been agreed. Progress against these priorities was considered by the People committee in September and are due to come to Board in December alongside the WRES DES data insights.
Meet our Sexual Safety Charter commitments			Chief Nursing Officer	People	July 2025	Review of progress at People Committee in July 25 and plan agreed with timelines
Education			Chief Paramedic Officer	People	Nov 2025	As reported to the Board previously the committee was assured with the level of grip demonstrated by the executive, following the NHSE Education Quality Review. In Sept. QPSC assessed the evidence in place to demonstrate compliance against the recommendations and was assured and the new integrated education strategy (on the Board agenda for approval) is a welcomed step forward.
Statutory & Mandatory Training & Appraisals			Chief Paramedic Officer	People	Sept 2025	Last review of progress at the People Committee was in Sept with good progress with stat and man but lower than target on appraisals – via the IQR the committee noted in November that the trajectory is improving and will seek further assurance at its next meeting in January.

People Services Improvement Programme

Executive Summary

Exec. Sponsor:	Sarah Wainwright
PM:	Roxy Oldershaw
Last updated:	21 November 2025

Current position (Linked to outcomes)

O1: Enhanced service responsiveness

- The People Relations BI dashboard is transitioning into BAU following recent updates. The dashboard now includes an executive view, enabling senior leaders to access real-time data on grievances, disciplinary cases, and sickness. This improvement strengthens accountability and enables data-driven interventions across the Trust.
- Embedding new ways of working continues across all People Services teams, supported by structured engagement activities (Strategic People Partners Away Day, People Services Away Day, and monthly team sessions). These are reinforcing collective ownership and consistent leadership alignment.

O2: Operational efficiency

- Collaboration with SCAS has been reinstated to progress the shared payroll service. SCAS is leading the joint procurement process, with the business case and tender framework in alignment.
- ESR training for Recruitment and Payroll teams has been completed, with a taskforce now resolving legacy data issues. Completion is expected in the coming weeks and will improve data accuracy across reporting.
- The e-expenses, overpayments and underpayments policies have been submitted to JPF for approval. Once implemented, they are expected to reduce reporting errors and improve payroll accuracy.

O3: Strategic People Services partnership

- All priority policies have been submitted to JPF for approval. A supporting communications and training plan is in design, ensuring managers are confident in applying and embedding policy changes.
- The Sexual Safety oversight group continues to drive development of the “raising a concern” approach. This aims to encourage staff to speak up, provide clear support pathways, and ensure consistent and compassionate handling of concerns.

O4: Professional development and capability

- A skills analysis is underway to inform development plans across the People Services team. This will guide targeted investment in capability, aligned with Trust priorities.
- The business case for the People Services restructure is in development (targeting Q4 approval, Q1 2026 launch), focusing on building sustainable capacity in Recruitment, OD, and EDI to support both strategic and operational delivery.

Impact & Assurance

- Senior People Partners are actively supporting divisional and corporate restructures, improving responsiveness and consistency of advice. Early feedback points to improved responsiveness
- Policy development and implementation planning continue at pace, with Clinical Education engaged to co-deliver the training plan, providing assurance that policy rollout will be effectively supported.
- The relaunched BI dashboard is improving case visibility, demonstrating tangible progress towards a more responsive service model.

Decision and next steps

- Define timeline for the Recruitment, Service Centre, OD and EDI BC
- Confirm training plan with Clinical Education by end of Q3
- Approve dissemination tools (policy summaries, FAQs, templates)
- Decision on Capsticks proposal for more robust debt recovery process

Headline Assurance

- The Steering Group has noted increased visibility of People Services and feel positive about the SPPs supporting the culture change
- There is consensus that some programme elements are ready to transition into BAU, which will enable the programme to shift focus to transformational changes - a 6-month review is underway to identify key focus areas for both PSIP and BAU
- The People Forum governance structure will enable effective dependency management with the corporate restructure. It is essential that all affected PS functions remain informed and engaged in the org change process.
- Stakeholder engagement in the Sexual Safety workstream remains high, evidenced by strong attendance and feedback in recent sessions.
- Delivery is steady and governance is strong, overall impact is still embedding
- Dependencies with the corporate restructure and BAU pressures present moderate risk to capacity and pace. Active Mitigations: dedicated SPP oversight, structured governance, phased implementation planning.
- Likely to change to Green next quarter, subject to visible impact of policy rollout and dashboard usage informing OD, EDI and ER interventions

Status:	Under control
Ask of this forum:	Note progress

People Services Improvement Programme

Controls & Exceptions

Exec. Sponsor:	Sarah Wainwright
PM:	Roxy Oldershaw
Last updated:	21 November 2025

Change Control - Decision Requests

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

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
Corporate + Clinical Restructure Sequencing	Chief People Officer	Ongoing	On track	Misalignment of change processes; increased pressure on teams	EMB approval secured (05 Nov). Wraparound governance in place. Dependency reinforces need for EMB endorsement of PSIP alignment with corporate restructure.
SCAS Collaboration	Chief Strategy Officer	Ongoing	On track	Minor misalignment in planning future roles and responsibilities with new provider	Payroll co-tendering aligned; forward planning underway

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
ESR Healthcheck complete	22/11/2025	Delayed	Data accuracy and system being used efficiently	Minor delays mitigated; no material risk to programme outcomes
JPF Policy approval	28/11/2025	On Track	Enables policy dissemination and capability building	N/A
Policy Dissemination and training plan confirmed	28/11/2025	On track	Supports manager confidence and consistent policy application	N/A
Review Sexual Safety Panel	01/12/2025	On Track	Supports assurance on culture & welfare	N/A
People Services Business Case	31/12/2025	On Track	Supports assurance on developing capacity and capability within the People Service function	N/A

EMB outcome, inc. decision requests (post-meeting)**:**	[To be completed after EMB]
People Committee outcome (post-meeting):	[To be completed after Committee meeting]

BAF Risks

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

Clinical Operating Model Programme - Executive Summary

Exec. Sponsor:	Jennifer Allan
PM:	Victoria Cole
Last updated:	27/11/25

Programme Outcomes	Prev RAG	Curr RAG	Impact on outcomes
• **Outcome 1** - Enhanced clinical governance and accountability through established Clinical Divisions structure • **Outcome 2 -** Optimised clinical service delivery through implemented Clinical Operating Model design • **Outcome 3** - Strengthened divisional leadership capability and team effectiveness through targeted OD interventions • **Outcome 4** - Improved pathways and service delivery integration across each ICS			• There is no material change to the programme's intended outcomes this period. Progress continues across all four areas, with the Clinical Divisions structure progressing as planned and operational elements expected to be substantively in place by the end of Q4. • Clinical service delivery optimisation continues, with the Field Ops structure now confirmed and ACL reporting lines agreed, providing a stable basis for alignment with the clinical strategy. • Outcome 3 is supported by OD's work to support leadership development and TED tools and timely delivery remains key to embedding new leadership teams.. • Early improvements in cross-programme collaboration and operational alignment support future service integration across ICSs, with fuller benefits expected as the new structures embed in 2026. • Changes to sequencing may affect timing (delivery by end Q4), but they do not impact the achievement of the intended outcomes.

Headline Key Performance Indicators (KPI) - These indicators are being used as proxies at this stage, as several of the programme's full KPIs will not be measurable until after organisational change is fully implemented. Current engagement levels, structure development and organisational alignment continue to provide confidence in delivery progress.

KPI	IQR or local	Latest (period)	Target	Trend	So what?
% of operational and clinical roles defined in new structure	Local	22% (Field Ops complete. Scheduling and Integrated Care under development)	100%	↓	The reduction from 33% reflects a scope change following the decision to further review clinical leadership roles to ensure alignment with the evolving clinical strategy. This slows role-definition work but strengthens the foundation for the final structure.
% of positive feedback from staff on engagement process	Local	N/A	>75% +ve	N/A	Strong interim engagement observed across Scheduling, IC and Ops Support; constructive feedback indicates good programme understanding. (Formal measurement due via NPS survey (currently under review - proposal to Steering Group to confirm timing given ongoing consultation activity). Measurable end of Q4 post the Div Review.
Alignment of operational areas to ICB boundaries)	Local	100% completed	100%	→	Completed alignment supports improved collaboration and future service integration across ICSs.

Top 3 Risks (BAF/Corporate only)

Description	ID	Current	Target	Trend	Control effectiveness & next steps
There is a risk that existing ER sensitivities across Scheduling and Integrated Care may result in increased sickness, grievances or resistance to organisational change processes, which may reduce staff capacity, affect engagement quality and slow programme delivery.	729	12	6	N/A – New risk	HR-supported ER plan. Early union engagement. Monitor absence/casework patterns. Wellbeing check-ins.
There is a risk the clinical operating model consultation for Scheduling will coincide with winter pressures and for consultation to fall throughout December, which will increase wellbeing concerns/sickness or grievances and potentially weaken operational delivery.	699	12	6	N/A - New risk	Operational Leads engaged to ensure effective planning for capacity and readiness. Timeline extended to account for reduced capacity to undertake consultation meetings across Christmas period when annual leave levels are higher.
There is a risk that the requirement of key staff in delivering change while maintaining critical services leads to pressure on BAU operations that causes service disruption if not carefully managed.	698	8 42	6	→	Engagement has confirmed understandable staff anxiety as expected during organisational change. However, no significant impact on service delivery or capacity has been identified at this stage. Wellbeing and workload continue to be monitored through weekly touchpoints as consultation progresses across Field Ops and Scheduling.

Clinical Operating Model Programme - Controls & Exceptions

Exec. Sponsor:	Jennifer Allan
PM:	Victoria Cole
Last updated:	27/11/25

Change Control - Decision Requests

Proposed change	Type	Approval sought	Driver	Impact on delivery/assurance
Pause to the development and implementation of the Integrated Care operating model (Nov 2025 - Apr 2026).	Approved prog scope and timeline change	None – endorsed by EMB since last highlight report (26/11)	Alignment with Field Ops, Virtual Care, and SCAS collaboration timelines	• Q4/Q1 plan re-baselined across Clin Op Model • Interim actions progressing: SDM reporting lines, Dispatch redesign, substantiate leadership posts • Prog timeline and interdependencies updated to reflect the IC pause
Implement the approved Field Ops model (four posts), with further work required on Advanced Practice and APP/CCP leadership arrangements.	Approved prog change / structural confirmation	None – endorsed by EMB since last highlight report. (26/11)	Confirm the agreed Field Operations structure following consultation closure, including finalised reporting lines whilst remaining agile given wider changes (e.g. Group model)	• Field Ops workstream moves from design into phased implementation for the four agreed posts. • Removal of the proposed Head of Ops (Advanced & Specialist Practice) role and confirmed ACL reporting to Div Clin Dir / Consultant Paramedic strengthens structural clarity. • Prog timeline and interdependencies updated to reflect the approved model and outstanding clinical design areas

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
OD Intervention programme	Dawn Chilcott	31 Jan 2026	OD are engaging an external provider to deliver a leadership programme and progressing a TED development tool to support embedding new divisional and operational leadership teams.	Delay in confirming or mobilising OD support could hinder Outcome 3 by slowing the development and embedding of divisional leadership capability and team effectiveness.	• Continue joint planning with HR/OD to confirm scope and delivery timelines • Align leadership development activity with SRO and divisional governance work • Ensure OD inputs are incorporated into Q4/Q1 planning to maintain progress against Outcome 3
IC Quality Summit & linkage to IC culture review	Jen Allan	31 Oct 2025	Review completed. Outcomes considered and will continue to be considered in IC model development.	Weak assurance on quality/culture improvements. Misalignment with IC operating model.	• Incorporate outputs from the Quality Summit into the Integrated Care Clinical Operating Model design and OD plan. Findings reviewed alongside Culture Review outputs to ensure they directly inform the IC model development.
SCAS Collaboration	Jen Allan	Ongoing	SCAS/SECAmb Group model development is progressing, with emerging requirements for aligned leadership and operational structures across both orgs.	Misalignment between IC leadership model and the Group model. Risk structural decisions made in isolation must be reworked.	• Pause IC model implementation for 6 months. Continue with development as group model develops • Ensure IC options explicitly incorporate Group model requirements
Virtual Care Model Programme	Jen Allan	Ongoing	Virtual Care model development is progressing with developments impacting Integrated Care Operating Model design.	Misalignment with the Virtual Care model could result in the IC Operating Model being designed on incomplete assumptions, requiring rework.	• Pause IC model implementation until Q1 26/27. Continue with development as group model develops • Dependency management will be coordinated through the PMO, with the Virtual Care PM and COM PM working jointly to identify, track and manage interdependencies.

Milestone Exceptions	Date	Impact on delivery/assurance	Recovery & new forecast
IC Operating Model proposal will not be submitted to EMB on 17 Dec due to the pause in programme timelines. Development work has been halted and re-phased accordingly.	17.12.25	Assurance and approval activities are delayed by 6 months. Required design work, engagement, governance products, and interdependency alignment cannot be completed to the standard required within the original timeframe.	Revised EMB submission date to be reset for mid-2026 following re-planning (indicative: June/July 2026). Updated development timelines and dependencies will be re-baselined in Q4.
Clinical Leadership structure cannot be fully implemented in Q4 due to outstanding alignment across Field Ops, IC, the DCD role and dependencies with the Virtual Care and Group models.	30.03.26	Clinical Leadership structure remains interim. Key clinical and operational assumptions can't be finalised.	Redesign will continue in sync with the developing Virtual Care model and Group Model requirements, with implementation rescheduled post-Q4 (timeline to be re-baselined).

BAF Risk 539 – Culture and Staff Welfare

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

Contributory factors, causes and dependencies: Scale of organisational change across an extended period; ER Casework backlog is high; legacy of inconsistent ER case management; variation in understanding and application of HR policy, and gaps in embedding the sexual safety charter

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

Controls, assurance and gaps

Controls: Mediation Programme planned to move under People Services BAU in Q1. Embedding management training in key people policies. Ongoing enhancement of ER processes and guidance. OD interventions underway to support divisional leadership teams and embed new structures. Trust Values and Behaviour Framework embedded through Awards programme and Engagement strategy. Leadership Conference held October 30th. Wellbeing Strategy approved with work commenced on developing an options analysis for future model. External providers commissioned to support complex case management and mediation. Priority policies submitted for approval.

Gaps in control: OD interventions not yet fully implemented across all teams. Wellbeing Strategy implementation plan still in development. ER backlog remains high with variable experience of ER processes. Capacity for sustained improvement actions across all directorates remains stretched. Workforce engagement on hybrid working and wellbeing options still in progress. Trust Values and Behaviour Framework embedding activities underway; full framework not yet approved.

Positive sources of assurance: Staff survey responses remain positive across all themes. Participation in engagement events remains high, including recent Awards programme and Leadership Conference. Positive results within Mediation Programme. Wellbeing Strategy approved and options analysis underway.

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

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
OD Interventions	Chief People Officer	Q4 25/26	OD interventions underway to support divisional leadership teams and embedding new structures. Leadership engagement activities delivered including divisional sessions and targeted support.
Embed Trust Values & Behaviour Framework	Director of Communications & Engagement	Q3 25/26	Awards programme and Engagement strategy delivered. Leadership Conference held 30 October. Framework embedding activities underway but full framework not yet approved.
Refresh Wellbeing Strategy implementation plan	Chief Quality & Nursing	Q4 25/26	A working group focusing on the implementation of the 5 pillars of the Wellbeing Strategy is underway. Progress on delivery of the plans will be monitored at the People, Culture and Wellbeing Group (membership includes representatives from People Services, Q&N and Mental Health)

BAF Risk 603 – People Function

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

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

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

Controls, assurance and gaps

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

Gaps in control: Two-phase restructure is ongoing. Current vacancies in People Services reduce capacity to support whole Trust restructures. Delays in case resolution until new structures embedded and teams are fully staffed.

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

Negative sources of assurance: Review by Hunter Healthcare stated that there was a need for immediate improvement in the function and identified some high-risk areas. Concerns raised around ER process consistency and staff confidence in outcomes.

Gaps in assurance: None identified

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of People Services Improvement Programme	Chief People Officer	Q4 2025/26	Programme delivery underway
People Services Restructure	Chief People Officer	Q2 2025/26	Recruitment and appointments complete, with new staff in key post
NHS Fair Recruitment framework implemented	Chief People Officer	Q3 2025/26	Scoping work being undertaken as part of the collaboration opportunities.

BAF Risk 648 - Workforce Capacity & Capability

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

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

Accountable Director	**Chief People Officer**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 5 = 20**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12** ➡
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2026/27**

Controls, assurance and gaps

Controls: 2025/26 workforce plan completed and embedded in financial planning programme. Collaboration with system partners to explore opportunities for increasing workforce capacity. Workforce planning now being aligned with NHS 2026/27 planning guidance and financial envelope. Initial scoping for long-term sustainable workforce model completed. Outputs from two Virtual Care Summits incorporated into PMO governance and workforce design. Senior resource assigned to support workforce transformation. Workforce analytics and scenario modelling being used for modelling clinical skills mix. Clinical leadership engagement embedded through summits and steering groups. Weekly planning meeting underway.

Gaps in control: Skills mapping and gap analysis for virtual care roles not yet completed. No in-year workforce plan aligned to transformation objectives. Current capacity and capability gaps are likely to impact productivity and service delivery. Long-term workforce model still in development. 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. Two Virtual Care Summits completed; third (Workforce focus) scheduled for December.

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 2026/27 workforce plan	Chief People Officer	Q4 2025/26	Underway as part of financial planning and efficiency programme, aligned to NHS national guidance
Development of a long-term sustainable workforce model	Chief People Officer	Q4 2025/26	3rd summit scheduled in December 2025: Incorporate summit outputs into workforce plan, including skills mapping and gap analysis for virtual care roles
Align workforce plan with NHS Long-Term Workforce Plan and Model Hospital benchmarks	Chief People Officer	Q4 2025/26	Weekly planning group has consolidated NHS planning guidance, Model Hospital benchmarks, and workforce data. The group is actively updating the workforce model to incorporate these benchmarks and financial assumptions, ensuring alignment with national priorities and virtual care requirements.

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.

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

Controls, assurance and gaps

Controls: Tier 1 programmes in place to manage change including Clinical Operating Model and Corporate Operating Model. Phase 1 corporate restructures complete and embedded. Revised Phase 2 plan for corporate services signed off by EMB to reduce scope of changes. Sequencing of Phase 2 underway with clear milestones. Phase 3 Business Case under development. Staggered approach to address limited capacity and to utilise learning from each stage. Clinical Operations restructure progressing to plan. OD plan under review and hybrid working practices scoped; Nexus House refurbishment underway. Communications plan in place and being delivered to support clarity and engagement. Staff survey leadership visits and staff feedback indicate overall engagement remains high and positive. Regular staff briefings and feedback mechanisms in place to continue to monitor understanding and support engagement.

Gaps in control: Line management roles and new structures not fully stabilised. Divisional structures still embedding which delays full integration. OD plan and hybrid working practices not yet fully implemented. Capacity to support OD and change management is stretched. Future workforce implications of Phase 2 changes not fully modelled. Staggered approach to divisional restructures is delaying full implementation of change.

Positive sources of assurance: Regular staff engagement through consultation processes. Impact Assessments undertaken as part of restructure process. Established governance structures with clear programme milestones and delivery plans and escalation of risks. Despite the scale of change, productivity has not significantly declined.

Negative sources of assurance: Staff feedback indicating change fatigue and lack of clarity on future roles. Uncertainty around hybrid working requirements and timelines. Organisational change policy requires review. Efficiencies and productivity gains expected from restructures have not yet been fully realised.

Gaps in assurance: Limited evidence of sustained improvement in productivity and efficiency.

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of restructure has clear plan and end date	Chief People Officer	Q4 2025/26	Phase 1 corporate restructures complete and embedded. Revised Phase 2 plan signed off by EMB and sequencing underway aligned to available resources. Phase 3 BC due 17 Dec
Ongoing communications plan in relation to organisational changes	Director of Communications & Engagement	Q4 2025/26	Implementation of plan underway. Staff survey currently open with evidence of completion rates at least similar to previous years.

We Are a Sustainable Partner

We are a sustainable partner as part of an integrated NHS

Tier 1
Tier 2
QI
Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

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

2025/26 Outcomes

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

2025/26 – Operating Plan

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

Compliance

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

BAF Risks

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

We are a sustainable partner as part of an integrated NHS

2025/26 – Strategic Transformation Plan

Programme	Status	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Collaboration & Partnerships	Progress functional priority areas (SCAS / SASC)	All year	All year	Claire Webster	EMB	Yes	Chief Strategy Officer	Finance & Investment
	Develop Business Case (SCAS)	Q3	Q3					
Multi-Year Plan	Deliver multi-year plan to support a break-even trajectory.	Dec-25	Dec-25	Jo Turl	EMB	No	Chief Finance Officer	Finance & Investment
Strategic Commissioning Framework	Work with ICB commissioning leads to deliver a refreshed strategic commissioning framework to support strategy delivery and sustainability, including break-even trajectory.	Mar-25	Mar-25	Claire Webster	EMB	No	Chief Strategy Officer	Finance & Investment
Digital Enablement	Implement priority **digital initiatives**, supporting overarching Trust Strategy	Q4	Q4	Reeta Hosein	EMB	Yes	Chief Digital Information Officer	Finance & Investment

2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Deliver Financial Plan	Meet CIP Plan of £20.5m			Chief Finance Officer	SMG	No	FIC	24/7/2025
	Deliver £10m efficiencies & eq. £10.5m productivity				SMG	No	FIC	24/7/2025
Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2				Chief Nursing Officer	EMB	No		
Monitor System Led Productivity Schemes - improving alternatives to ED and reducing hospital handovers				Chief Operating Officer	SMG	No	FIC	24/7/2025
Deliver Strategic Estates Review	Creation of Joint 111/999 Centre			Chief Finance Officer	SMG	Yes	FIC	N/A
	Redevelopment of Corporate HQ							
	Full Trust Estate Review					No	FIC	
Complete Support Services Review	Make Ready Service Model			Chief Strategy Officer	SMG	Yes	FIC	n/a
	Vehicle Provision				SMG	No	FIC 50	24/7/2025

BAF Risks

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

We are a sustainable partner as part of an integrated NHS

2025/26 – Compliance & Assurance

Compliance Initiative	Current RAG	Previous RAG	Executive Lead	Oversight Committee	Date of Last / Scheduled Review at Committee	Committee Feedback
Meet H&SE compliance requirements			Chief Nursing Officer	People Finance	July 2025 Nov 2025	Overall, the committee has a reasonable level of assurance with our H&S compliance. The internal H&S review demonstrated that H&S is largely viewed positively with good awareness of reporting mechanisms. However, areas of further improvement were identified, including training and managers being clearer on their responsibilities. The safety culture maturity assessment concluded level 3 of 5. The improvement plan aims to achieve level 5, over time, and the committee will review progress with the next review in Q4. The finance committee expressed some concern about fire safety (see board report) and is keeping close to this risk and the actions in place which aim to address all the key issues within the next three months. The committee felt this was a reasonable timeframe.
Vehicle & Driver Safety / Driving Standards		NA	Chief Strategy Officer	Finance	Nov 2025	As per the committee report to Board, it is assured with the focus and progress being made to improve safety.
Data Security / Cyber Assurance Framework			CDIO	Audit & Risk	July 2025	The annual Data Protection & Security Toolkit, based on the new Cyber Assurance Framework, submitted in June 2025 was largely compliant. However, there are some gaps in assurance related to the Cyber BAF Risk, with the related actions included in the Digital Strategy Implementation Plan approved by the Board in August.

Digital Portfolio Context

Strategic overview for Portfolio

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

Year 1 Focus

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

Overall, Vision:

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

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

1. Cyber Security & Assurance: Will strengthen our cyber posture by embedding 24/7 proactive monitoring and alerting, increasing cyber awareness through dedicated leadership and strengthening the security and management of our mobile devices.

2. Digital Workforce: Will create a digital workforce that can safely and securely create a robust digital architecture to support the ambitions of the Trust strategy and capitalise on the technology of tomorrow.

3. Data and Artificial Intelligence: Will create new data products to enable in year productivity improvements, whilst beginning the migration to a new data platform that can provide the necessary scalability and compute for broader self-service analytics and implementing M365 Co-Pilot.

4. Digital Infrastructure: Will modernise our network and Wi-Fi capabilities, increase the resilience of our data centre infrastructure, embed good change management practices to prevent future outages and improve the recovery time of our most critical systems.

5. Collaborative Initiatives: For our People and Partners: Will foster relationships through the SASC collaborative through new initiatives to trial AI systems within our EOC, and jointly co-lead on the creation of a cyber security operations centre.

6. Product Delivery: Will enable the migration of our core rostering platform to a more resilient and effective cloud solution, whilst delivering improvements to our operational capabilities through the MDVS solution.

Strategic Alignment & Anticipated Impact

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

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

1. Early and effective Triage: Data & Artificial Intelligence

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

3. Virtual non-emergency services: Product Delivery

4. Creating an inclusive and compassionate environment: Collaborative Initiatives

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

6. Sustainable and productive organisation: Digital Infrastructure

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

Digital Transformation Portfolio - Executive Summary

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	31st October 2025

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

Headline Key Performance Indicators (KPI)

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

Top 3 Risks (BAF/Corporate only)

Description	ID	Current	Target	Trend	Control effectiveness & next step
Cyber Security: There is a risk that a major cyber security incident exploits existing system vulnerabilities leading to data breaches, service disruption, and unauthorised access to sensitive information that causes reputational damage, regulatory non-compliance, and compromised patient data security	544	16	12	↔	Continue advancing the CSOC workstream and wider cyber security initiatives as strategic priorities within the Digital Transformation Programme. Regularly update the Board and EMB on progress, risks, and support needs. A comprehensive cyber maturity assessment and follow-up actions are essential to reduce risk, though some targets may only be met once all measures are complete.
Digital Capacity, Capability & Investment: There is a risk that the organisation cannot facilitate necessary digital development and integration, due to insufficient capacity, capability and investment, resulting in impeded strategic delivery	650	12	8	↔	Ongoing review and refinement of the Digital Programme ensures effective resource planning, targeted upskilling, and engagement of key personnel to deliver against scope. External expertise is engaged as needed, with business cases approved to support delivery.
Integration & Interoperability Challenges: There is a risk that new digital systems fail to integrate effectively with existing clinical applications (CAD, patient records, fleet management) leading to additional manual effort, data silos and workflow disruption that causes reduced operational efficiency, staff frustration, and inability to realise transformation benefits	707	12	6	↓	Trust Integration Engine procurement funded through Work Programme. Next steps are to establish market offerings, tender options and approval of the Data and AI business case. New Enterprise Architect is leading design principles with existing integration team. Cleric have confirmed they support the latest health integration standards enabling automation and improved recovery following any system failures.

Headline assurance:	The portfolio continues to progress within its financial boundaries. Operational delivery has progressed, with active projects advancing according to plan. Business cases are moving through the approval stages, and project managers are fully aligned with their respective initiatives, driving projects forward. Pilot programmes and discovery activities are underway, generating early insights to inform future phases. Close collaboration with Finance is ongoing to ensure the programme remains within budget.	**Status:**	**Under control** / Needs intervention
		Ask of this forum:	Decision / Endorse / **Note** by [*date*]

Digital Transformation Portfolio - Controls & Decisions

Exec. Sponsor:	Nick Roberts
PM:	Reeta Hosein
Last updated:	31st October 2025

Change Control - Decision Requests

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

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
Regional Collaboration: Cyber security programme: CSOC implementation is dependent on business case approval through SASC and the shared SASC process timeline.	Chief Digital Information Officer	Mar-26	In Progress	Although funding and plans are in place, delays in the SASC process risk exposing the shared environment to cyber threats, regulatory breaches, and slower incident response.	Establish clear milestones with buffer time and phased implementation plans to minimize SASC delays. Deploy interim security measures while maintaining proactive SASC engagement and progress monitoring.
Technology Integration Successful integration with existing clinical systems without operational disruption	Head of Digital Delivery	Mar-26	In Progress	Legacy infrastructure constraints could derail transformation and benefits.	Conduct early technical assessments and interoperability mapping | Implement phased integration with rollback plans and sandbox testing | Engage clinical informatics teams to co-design workflows
TORTUS AI Proof of concept: London Ambulance Service LAS to provide current pilot plan and milestones and agreement that SECAmb participate in their pilot Objectives.	Chief Digital Information Officer	Nov 25	In Progress	There is no risk to SECAmb as we are aligned with LAS timelines and their availability.	Initial meeting set up on the 30th October with LAS and TORTUS to discuss current pilot state and opportunities for collaboration. Engage key operational teams to pilot and feedback within LAS timelines.
Integration Engine: The integration engine business case is dependent on the Data and AI stream, with funding and progress needing to be clearly communicated and split between separate business cases	Chief Digital Information Officer	Nov-25	In progress	Data and AI stream blockage, funding uncertainty from split business cases, cascading project delays, resource misallocation, and potential strategic timeline impact on overall transformation objectives	Expedite integration engine business case approval, clearly define funding and dependencies upfront, Maintain cross-project communication, and establish contingency timelines for dependent Data and AI initiatives.

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
Cyber Maturity Assemssent	Q2	Postponed	Interim Head of Information Security & Business Continuity now in post to move this forward. No impact to the continued delivery of the Cyber Security and Assurance Programme.	Head of Information Security and Business Continuity met with M8 and has agreed the scope and received a proposal from them, which is under review. Target to complete end of December 25.

EMB outcome, inc. decision requests (post-meeting)**:**	[To be completed after EMB meeting]
Relevant Board Committee outcome (post-meeting):	[To be completed after Committee meeting]

BAF Risks

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

Board Highlight Report – Collaboration & Partnerships

SRO/Delivery Lead

David Ruiz-Celada

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Business Case Development: Progress continues across both clinical and financial model development.
The outline business case was presented and approved at the Joint Board on the 8th October. Within the formal Board in Common the Boards were asked to approve the OBC as per the recommendations in section 7.
Prior to the formal Board in Common, three facilitated workshop sessions were held –
Session 1 Ambition: Explored the scale of the ambition, asking the Boards to reflect on what it considers most compelling about this opportunity. There was good consensus about the benefits that could be realised. The key benefits emphasised the potential for innovation and best practice sharing, improved patient outcomes and experience through standardisation and coordinated commissioning, enhanced workforce development and retention opportunities, and greater operational efficiency through reduced duplication and shared services across the region.
Session 2 Risks: Focussed on the risks that will need managing, which were wide ranging. A broad spectrum of risks was surfaced, spanning governance, accountability, organisational culture, leadership focus, and delivery capacity. Through a dot-voting process, the most significant concerns were concentrated around the clarity of purpose, potential leadership distraction, and the complexity of governance arrangements.
Session 3 Next Steps: Reviewed the practical immediate next steps, through the lens of Patients, People, Finance, Partnerships:

- Patients: Co-develop a unified clinical vision focused on patient outcomes, drive innovation through digital care models, and improve service design by incorporating public feedback and lessons learned from past experiences.
- People: Clearly defining and communicating the Group concept, engaging staff through transparent communication, articulating the clinical case for change, and ensuring strong leadership and transition planning.
- Finance: aligning financial planning and investment strategies across both organisations, including rationalising accounts, validating the financial model, and securing innovation funding.
- Partnership: Strengthen commissioning and stakeholder relationships, clarifying investment and benefit phasing, and establishing robust transition governance.

Previous RAG	Current RAG	RAG Summary
		Following approval of the business case, the transition group has been setup to oversee the appointments process for Group CEO and Chair. The search will start at the end of November. Executives are working on joint plans for 26/27 planning.

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

Q1 (Apr-June 25)

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

PHASE 2: Business Case Development

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

Q2 (Jul-Sep 25)

- ← Joint Executive →

PHASE 3: Implementation Road Map Development

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

Q3 (Oct-Dec 25)

- Joint Board
- Micro-Site published

55

Q4 (Jan-Mar 26)

- Joint Executive
- Joint Board

FI progress checkpoint: value & benefit realisation

Outcomes

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

Board Highlight Report – Multi-Year Plan

SRO/Executive Lead

Simon Bell

Key
Completed
On Track
At Risk
Delayed

Progress Report Against Milestones:

Key achievements against milestone

- Basic medium-term financial model already in place, as commissioned as pat on 25/26 operational planning.
- Board to Board financial case for change discussion enables aligned multi-year planning with SCAS.
- Initial SECAmb/SCAS financial planning group held and assigned leads to T&F groups include the 'Multi-year plan' T&F group.

Upcoming activities and milestones

- Multi-year financial planning group to meet in first two weeks of June to agree a joint model and timeline of activities for next three months, which will enable delivery of a multi-year plan for both organisations. The plan will include the flexibility to turn on/off collaboration opportunities.

Escalation to Board of Directors – None

Previous RAG	Current RAG	RAG Summary

Risks & Issues:	Initial	Current	Target	Mitigation
Risk: Develpment could be delayed by working across two organisations	6	6		The model can be run with only one organisations data, therefore development can go ahead without delay.
Risk: Resources to undertake development and quality assurance is not available.	6	6		Additional development resource has been acquired.
Risk: The requirement for a multi-year plan from NHSE may require a differential approach, assumptions and/or timeline.	6	6		The model will be designed to be flexible to meet the needs of multiple audiences.

Q1 (Apr-June 25)	Q2 (Jul-Sep 25)	Q3 (Oct-Dec 25)	Q4 (Jan-Mar 26)	Outcomes
Initial financial planning meeting with SECAmb/ SCAS.	Draft multi-year plan presented to execs.	Multi-year plan used as basis for '26/27 Operational Planning' & 'Case for Change'.		
Initial multi-year plan T&F group meeting with SECAmb/SCAS.	'Live' multi-year plan presented to execs.	'Live' multi-year plan presented to execs.	'Live' multi-year plan presented to execs.	

BAF Risk 541 – Collaboration

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

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

Controls, assurance and gaps

Controls: Joint Transition Group established, Commissioning intent letter sets out expectations for collaboration for the 2 providers for 26/27.

Gaps in control: Transitional leadership arrangement and governance need to be developed.

Positive sources of assurance: Outline business case approved on 8 October by joint Boards. Transition Group established. Communications plan launched.

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	Completed
Joint board meetings to review collaboration case and determine next steps	Joint Strategic Lead	May & October 2025	Completed
Complete divisional restructuring to align with local systems	Chief Operating Officer	September 2025	Progressing in alignment between SCAS and SECAmb
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	Completed

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 2 = 08 Previously 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. September Board Development session including accounting and estates overview complete. Q3 and three year plan will incorporate revised planning trajectories along with a refreshed view of underlying recurrent deficit. M6 Reporting and Bridge Analysis for NHSE reconfirms trajectory and plan to achieve planned breakeven from M6 position. £5.2m funding confirmed by NHSE as second half of £10.2m C2 performance funding. To be paid in November.

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
Q2 Review	SB	15th October 2025	Completed

BAF Risk 544 – Cyber Resilience

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

Contributory factors, causes and dependencies:

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

Controls, assurance and gaps

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Penetration testing	CDIO	Q4 2025/26	Planned Penetration has now completed, remediation planning in progress
Automation of leavers process to reduce risk	CDIO, HR&OD	Q1 2026/27	Automation in place with digital services, current JML is being reviewed to ensure consistency with no impact to service. Period review and continuous monitoring whilst the process is being reviewed with HR.
New cyber security transformation plan	CDIO	Q4 2025/26	Head of Cyber security in post. CMA (Cyber Maturity Assessment) has started, with a target completion date of JAN 2026, CSOC(Cyber Security Operations Centre) business plan to be presented to SASC in dec 2026 for review and approval. For a collaborative approach for CSOC.

BAF Risk 650 - Digital Capacity, Capability & Investment

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

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

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

Controls, assurance and gaps

Controls: Our approach included strengthening the business cases even further for the Digital Transformation Programme workstreams (1-6) with further rigorous analysis of the allocated budget vs the projected against the business cases. This measured approach ensured we have sufficient detail in our work programme to provide full assurance over expenditure and delivery plans for FY25/26, demonstrating our commitment to financial discipline and delivery excellence. Opportunities for collaboration with partners in the digital space. Ongoing Digital check and challenge with Executive team.

Gaps in control: There is currently a skills gap which is currently under review. Findings will inform the ongoing workforce restructure. In the interim, targeted recruitment will address critical gaps to ensure delivery objectives are met.

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	The Digital Workforce Restructure business case due to come to EMB on 17 December and schedule as part of Corporate Services Phase 3
Business cases to support delivery of digital strategy	HOD	Q3 2025/26	Business cases are in various stages of approval, Data & AI / Gartner Business case have been approved. The remainder will be presented in December 2025
JD Evaluation	CDIO	Q3 2025/26	JDs have been completed are now in current review, as per corporate services 3 timeline, this linked to Workforce restructure Business case (Workstream 2) - on track.
Governance	CDIO/HOD	Q3 2025/26	Capital plans to support the Digital transformation programme have also been completed which will be controlled via various sub-groups now DTB (Digital Transformation Board)has been established.

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 delivering, UCR acceptance rate reduced from 20% to 15% this year

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: No system plans delivering improvements

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** ⇨
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	3 models of care priority areas progressed in 25/26
Secure submission of system productivity plans from all 4 systems (Kent, Surrey, Sussex, Frimley)	Chief Strategy Officer	June 2025	Not completed – plans not deliverying
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 December 2025

Data up to and including October 2025

What

The Trust has been placed in National Oversight Framework segment 2 and ranked 6th in the Ambulance Trust league table as of November 2025. The new NOF score reflects a range of high level metrics such as operational performance (C2 mean), workforce experience (staff survey scores) and finance (delivery of plan) along with a self assessment process for the Board, which is currently in progress.
October saw a slight deterioration in C2 mean, and there are ongoing significant challenges in increasing the H&T rate related to under-delivery of improvements in the clinical calls per hour rate and difficulty fully resourcing and training the required clinical roles. Incident Cycle Time improvements have continued; call answer rates remain robust and support has been offered to SCAS and YAS to improve their call answer times within our established capacity. The EOC audit position has improved slightly following the Quality Summit. There was continued good cardiac outcome performance, although there is variation in Duty of Candour and Complaints timeliness, and in IPC compliance. The Trust received a CQC visit to its UEC (Field Operations) services during September and to its EOC services in November and there were no patient safety issues identified and positive early feedback. ER case numbers remain high although signs of improvement have been seen in higher numbers of cases being closed; turnover is stable and the trust remains over-established. The staff survey is in progress with significant numbers of staff responding, indicating improved engagement, although appraisal rates are below target. Financial performance is in line with plan and is forecast to break-even. NHSE has confirmed the Trust has earned the second half of the £10.2million performance fund and this has been reflected in an improved risk score in BAF (risk 640). The Trust has received notification of allocations as part of National guidance and work is underway to achieve a compliant draft plan submission for the deadline of 17th December.

So What

A revised performance plan acknowledging the impact of non-delivery of system productivity and of C2 streaming (formerly called segmentation) on C2 mean performance has been agreed with NHSE. Against this revised plan, the Trust is on track for C2 mean performance. However, further work is needed to ensure we manage winter demand and likely resourcing challenges; a comprehensive winter resilience plan has been created and continues to be refined. A deep dive into clinical productivity was undertaken in early September with clear actions defined to address the identified challenges and improve H&T performance. The Unscheduled Care Navigation Hubs are being supported across all operating units to deliver consistent clinical advice to crews and adjustments to the C2 streaming process have been made to reduce impact on the C2 mean, in line with discussions with NHSE. The Models of Care programme continues to address its focus areas and we are looking to embed further improvements in Incident Cycle Time to support response to patients, as well as optimise vehicle availability in line with resources. Actions are in place to address IPC compliance, increase appraisal rates and continue to enhance audit and outcome compliance. Following improvements to the People directorate structure and resourcing, the impact on ER caseloads, timeliness, and more strategic workforce planning has started to be seen. The financial position continues in line with plan. Information on allocations has been received and based on the information received and the proposed national management of future growth funding, this is expected to enable the Trust to submit a draft plan which is compliant with financial and performance requirements (break-even and C2 25 minute average).

What Next

Winter planning assurance to Board against the NHSE winter checklist was completed in October and the winter plans embedded within the divisional resilience framework to ensure continued oversight. We are also engaging through the divisional structure with ICS and acute/community partners to support timely handover of care at hospitals and improved use of alternative pathways. Internally, there is continued focus on the H&T rate, improved resources at the front line (including through reducing sickness and ensuring a high flu vaccination rate), and enhanced response to patients who fall. New fleet comes on line during Q4 and there are actions in progress to mitigate this slight delay to planned delivery timelines; improvements to the vehicle management process will also be worked up to support this. The leadership team continue to oversee improvements in our relationship with TU colleagues and optimise opportunities to improve ER processes and address the cost of employment. Alongside this we will be focusing on appraisal rates, including enhancing the digital systems, and staff survey response rates. Continued strong staff engagement is needed to support ongoing significant changes to our operating model and work with our people to help address the impact of both financial constraint and system instability. Work is underway and will continue until final plan submission in February 2026 to develop triangulated performance, workforce, capital and revenue plans that meet required short and medium term expectations for Ambulance trusts..

Overall, the Trust is in a robust position in regards to performance, quality, workforce engagement and financial sustainability. However, continued collective effort to address demand, productivity and system challenges will be needed through the remainder of this year and beyond as we work both as a system partner and in our group collaboration to make best use of limited resources to provide excellent emergency and urgent care for patients across our region.

NHS Oversight Framework

Segment - 2 – Above average

Access to services

1 – High performing

Sub-domain	Description	Metric Score	Rank
Urgent and emergency care	Category 2 Mean	1.00	6 out of 10

Effectiveness and experience

4 – Low performing

Sub-domain	Description	Metric Score	Rank
Effective out of hospital care	% of patients conveyed to ED	3.40	9 out of 10
Patient experience	Staff survey advocacy score	2.00	4 out of 10

Finance and productivity

2 – Above average

Sub-domain	Description	Metric Score	Rank
Finance	Combined finance	1.00	
Finance	Planned surplus/deficit	1.00	2 out of 10
Finance	Variance year-to-date vs plan	1.00	7 out of 10
Productivity	Relative difference in costs	2.39	7 out of 10

Patient Safety

3 – Below average

Sub-domain	Description	Metric Score	Rank
Patient safety	Staff survey – raising concerns	2.67	6 out of 10

People and workforce

3 – Below average

Sub-domain	Description	Metric Score	Rank
Retention and culture	Staff survey – engagement theme	2.00	4 out of 10
Retention and culture	Sickness absence rate	3.81	4 out of 10

CQC Rating

Overall Rating: **Requires Improvement**

Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Inadequate

DSPT Status

Approaching standards

Staff Survey Results – 2024

People Promise Theme	SECAmb 2024	SECAmb 2023	National Avg	Best Result
Compassionate and inclusive	6.92	6.70	6.84	7.01
Recognised and rewarded	5.50	6.20	5.25	5.62
We have a voice that counts	5.98	5.90	5.98	6.13
Safe and healthy	5.73	5.80	5.65	5.84
Always learning	5.02	5.60	4.98	5.18
Work flexibly	5.48	5.50	5.45	5.96
We are a team	6.43	5.30	6.25	6.70
Staff Engagement	6.06	5.20	6.01	6.22
Morale	5.88	4.70	5.63	5.88

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? So what? What next?

STEMI care bundle compliance is consistently above target demonstrating it is firmly embedded in practice.

You will note that Hear & Treat is significantly behind target and has not hit the expected trajectory for H1. There are five key elements in the mitigation plan to improve the virtual care response and H&T rates as set out in slide 11 informed by a deep dive that has been undertaken to understand the key drivers and blockers. We expect this to move the position closer to target.

Compliance with NHS Pathways audits is currently at 87.1% for clinicians and 81.4% for EMAs . The risk of the issues driving this non-compliance was raised to Board in June 2025, and a quality summit was held in August 2025 identifying six key enablers to improve this position by addressing root causes. Workstreams are now in place with the ambition to improve this position over the coming months. This has been shared with the Executive team, QPSC and to the CQC who were present at the Quality Summit. Additionally following the commencement of a Safety Improvement Specialist this month, the current QI project underway will be complemented by a human factors approach to strengthen the plan for improvement.

Hand hygiene compliance is currently 82.9% which is below the target of 90%. The IPC Team will be carrying out a Quality Improvement project during Q4 of the year, focusing on hand hygiene but also including all areas of IPC practice. This will include staff and leadership collaboration throughout the project and be monitored at the IPC Sub Group.

Complaints timeliness compliance for October was only 56%, the lowest since January 2023. This was primarily due to staff shortages in integrated care delay investigations into 111 and EOC complaints and exacerbated by leave and absence in the PALS teams. A complaint process mapping improvement session was undertaken in Nov 2025 that has informed a plan for improvement through change of practice and process. The expectation is to see improved performance over the next month.

The Trust underwent an CQC unannounced inspection on the 2/3 October 2025 of the Urgent & Emergency Care pathways (Field Ops), and of EOC across Medway and Crawley on 27 /28 November 2025. The initial high-level feedback from both inspections has been very positive, with no breaches identified, no patient safety concerns, and strong evidence of compassionate staff delivering our services. We await the first drafts of the report for factual accuracy to confirm the outputs.

Quality Patient Care Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
8%	12%	69%		0%	2%
4	6	36		0	1

Assurance

Pass	Hit and Miss	Fail	No Target
8%	46%	19%	27%
4	24	10	14

Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Sep-25	88.8%	64.7%	78%		
Board	**Cardiac Arrest - Post ROSC %	Jul-25	75.6%	76.8%	77%		
Board	**Cardiac ROSC ALL %	Jul-25	27.4%	23.8%	28.7%		
Board	**Cardiac ROSC Utstein %	Jul-25	39.1%	45.1%	52.2%		
Board	**Cardiac Survival ALL %	Jul-25	11%	11.5%	11.8%		
Board	**Cardiac Survival Utstein %	Jul-25	28.9%	25.6%	33%		
Board	Hear & Treat %	Oct-25	15.1%	18.1%	14.6%		
Board	See & Convey %	Oct-25	54.7%	55%	54.9%		
Board	See & Treat %	Oct-25	30%	35%	30.3%		
Supporting	Compliant NHS Pathways Audits (Clinical) %	Oct-25	87.1%	100%	84.2%		
Supporting	Compliant NHS Pathways Audits (EMA) %	Oct-25	81.4%	100%	81.5%		
Supporting	Required NHS Pathways Audits Completed (Clinical) %	Oct-25	103.1%	100%	102.3%		
Supporting	Required NHS Pathways Audits Completed (EMA) %	Oct-25	100.5%	100%	101.7%		
Supporting	A&E Dispositions %	Oct-25	5.7%	9%	7.3%		
Supporting	PGD Compliance %	Oct-25	96.7%	95%	92.8%		
Supporting	Health & Safety Training Compliance	Oct-25	95%	100%	95%		

Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Oct-25	00:01:15	00:00:20	00:01:32		
Board	999 Call Answer Mean	Oct-25	00:00:03	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Oct-25	00:00:02	00:00:10	00:00:05		
Board	Cat 1 Mean	Oct-25	00:08:24	00:07:00	00:08:21		
Board	Cat 1 90th Centile	Oct-25	00:15:42	00:15:00	00:15:28		
Board	Cat 2 Mean ★	Oct-25	00:28:11	00:26:46	00:28:34		
Board	Cat 2 90th Centile	Oct-25	00:57:06	00:40:00	00:58:02		
Supporting	Cat 3 90th Centile	Oct-25	04:47:47	02:00:00	04:53:34		
Supporting	Cat 4 90th Centile	Oct-25	05:07:41	03:00:00	05:10:21		
Supporting	Section 136 Mean Response Time	Oct-25	00:23:20	00:18:00	00:24:17		

Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls from Nursing Homes	Oct-25	6%	8%	6%		
Board	Falls, Frailty & Older People: Cat 3 Mean Response Time	Oct-25	01:58:38	01:35:00	02:08:35		
Board	Falls, Frailty & Older People: Cat 4 Mean Response Time	Oct-25	01:51:34	01:39:00	02:02:31		
Board	Falls, Frailty & Older People: H&T % - Non-Injury Falls	Oct-25	9.5%	15%	9.8%		
Board	Falls, Fraility & Older People: CFR First on Scene % - Non-Injury Falls	Oct-25	4%	4.8%	5.9%		
Board	End of Life Care, Palliative & Dying: % of on Scene Times Over 3 Hours	Oct-25	3.9%	4.8%	4.8%		

Quality Patient Care Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
8%	12%	69%		0%	2%
4	6	36		0	1

Assurance

Pass	Hit and Miss	Fail	No Target
8%	38%	15%	38%
4	20	8	20

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Oct-25	19.9%		19.3%		
Board	CFR Backup Time (CFR First on Scene) Mean	Oct-25	00:19:11		00:19:11		
Board	Responses Per Incident	Oct-25	1.1	1.09	1.1		
Board	JCT Allocation to Clear All Mean	Oct-25	01:35:37	00:50:27	01:36:31		
Supporting	JCT Allocation to Clear at Hospital Mean	Oct-25	01:47:45	01:59:21	01:50:44		
Supporting	JCT Allocation to Clear at Scene Mean	Oct-25	01:19:18	01:30:42	01:17:30		

Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of PSI (Datix) Where Final Harm is Moderate or Above	Sep-25	1.9%		1.8%		
Board	Hand Hygiene Compliance %	Oct-25	82.9%	90%	84.7%		
Supporting	Duty of Candour Compliance %	Oct-25	100%	100%	89.4%		
Supporting	Harm Incidents per 1000 Incidents	Sep-25	2.8		3		
Supporting	Number of Medicines Incidents	Oct-25	212		169.3		
Supporting	Safe in Back Audits	Oct-25	12%		12%		

Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Oct-25	96385		91385.5		
Supporting	999 Calls Answered	Oct-25	79806		74941.9		
Supporting	CFR Attendances	Oct-25	1768		1752.2		
Supporting	Incidents	Oct-25	68471		65213.2		

Patient Experience

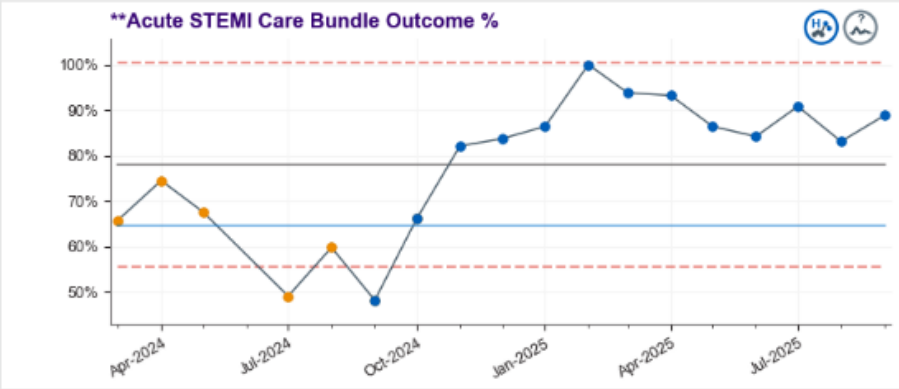
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	Complaints Reporting Timeliness %	Oct-25	56%	95%	89.4%		
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Oct-25	0.6		0.5		
Supporting	Number of Complaints	Oct-25	55		69.1		

Health Inequalities

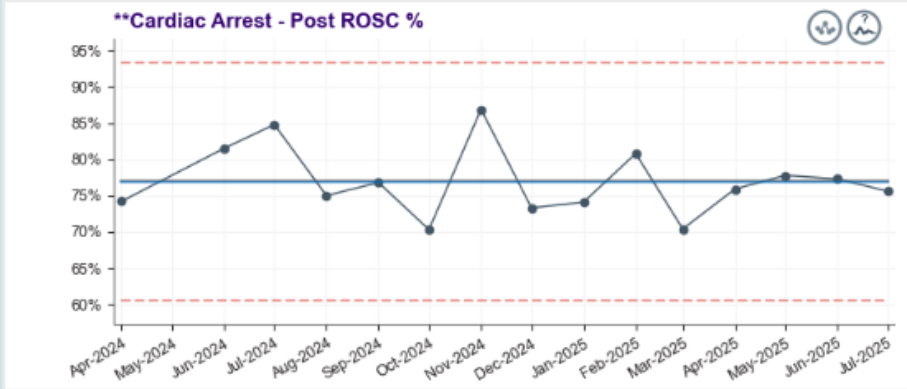
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

Pending metric: Reduce Health Inequalities - Needs to be defined

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



M-5
Dept: Medical
Metric Type: Board
Latest: 88.8%
Target: 64.7%
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



M-11
Dept: Medical
Metric Type: Board
Latest: 75.6%
Target: 76.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
STEMI care bundle compliance is 88.8%, remaining significantly above the 64.7% target. This represents sustained special cause improvement, with performance consistently high over the past year following the uplift seen from late 2024 onwards.

So what?
This ongoing high level of compliance demonstrates that the care bundle is firmly embedded in practice, ensuring patients with confirmed STEMI receive timely and appropriate interventions such as aspirin, GTN, pain monitoring, and analgesia. The sustained results suggest that improvement mechanisms and quality assurance processes are continuing to perform effectively.

What next?
JRCALC GTN changes are being implemented from December, these will be embedded into audit processes from January data. We will continue to monitor for stability and share learning from this sustained success across other clinical bundles. Maintain data quality assurance and clinician engagement to ensure this level of care delivery remains resilient through operational pressures and seasonal demand fluctuations.

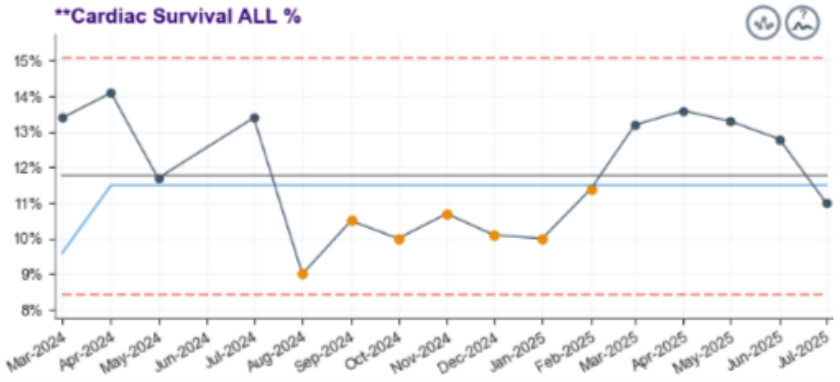
What?
Post-ROSC care bundle compliance is 75.6%, just below the 76.8% target. Performance has been stable over the past 12 months, showing common cause variation and no statistically significant change.

So what?
The steady compliance indicates that post-resuscitation care is being delivered reliably but has not yet advanced beyond the current plateau. This stability is reassuring but also highlights the opportunity to strengthen consistency further and build on the early positive findings from the CCP-led post-cardiac arrest feedback feasibility work.

What next?
Continue phased rollout of the CCP feedback model as resources allow, ensuring local teams are supported to embed the process effectively. Maintain close monitoring of post-ROSC compliance and outcome trends to assess the impact of wider implementation and identify opportunities for targeted support as the programme expands.

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

Integrated Quality Report



M-4

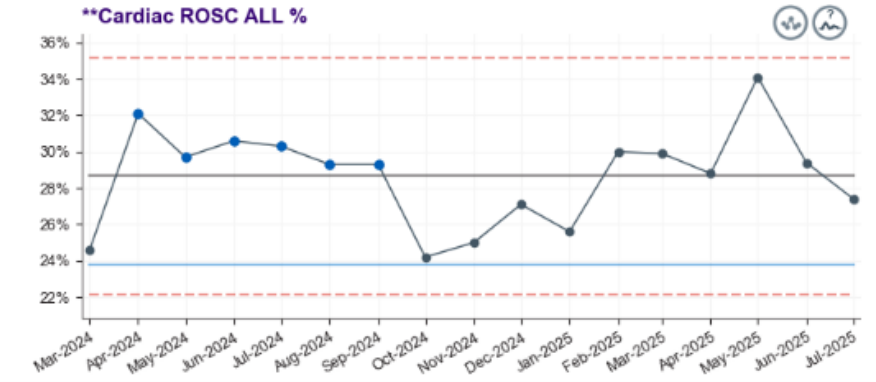
Dept: Medical

Metric Type: Board

Latest: 11%

Target: 11.5%

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



M-2

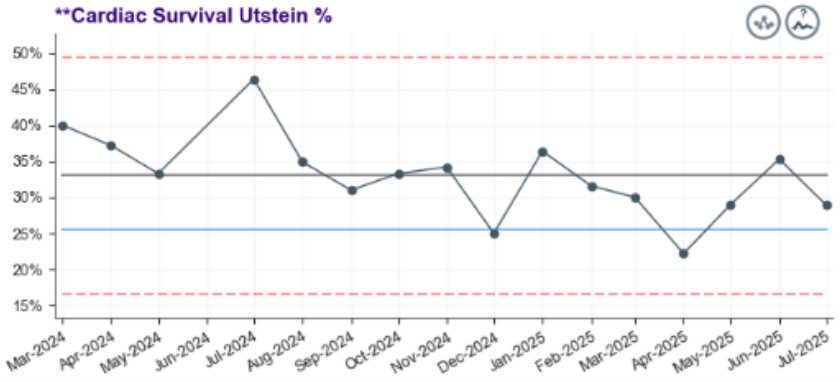
Dept: Medical

Metric Type: Board

Latest: 27.4%

Target: 23.8%

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



M-3

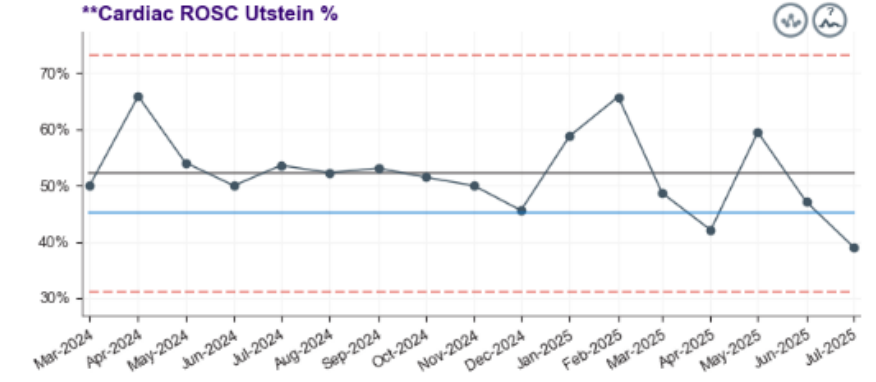
Dept: Medical

Metric Type: Board

Latest: 28.9%

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: 39.1%

Target: 45.1%

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

What?
Overall cardiac survival is 11%, just below the 11.5% target, while Utstein survival is 28.9%, above the 25.6% target. Both measures continue to show common cause variation with no statistically significant change. Performance across both datasets remains stable, following a period of moderate fluctuation earlier in the year.

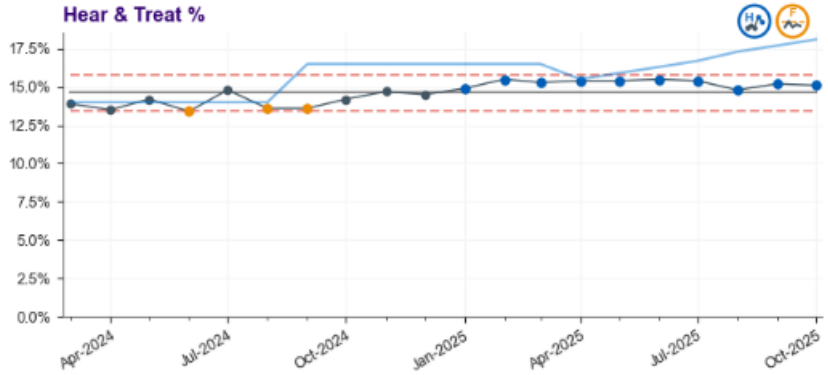
So what?
Overall cardiac survival is showing normal variation and the Utstein measure remains strong and above target, suggesting that the highest-quality care continues to be delivered for patients most expected to benefit from resuscitation. The stable performance across both cohorts demonstrates that system-wide cardiac arrest care remains robust. Encouragingly, the alignment between Utstein survival and broader outcomes continues to suggest that improvements in post-ROSC and in-hospital care are contributing positively to survivorship across a wider patient group.

What next?
Continue to monitor both measures to confirm sustained stability and to detect any early shifts in trend. Insights from post-ROSC feedback and survivorship research should be used to reinforce effective clinical practices and identify opportunities for targeted improvement. Ongoing collaboration between the Critical Care and Health Informatics teams will remain key to understanding the long-term patient impact and further refining quality improvement priorities.

What?
ROSC for all cardiac arrest patients is 27.4%, above the 23.8% target, while ROSC for the Utstein cohort is 39.1%, below the 45.1% target. Both remain within common cause variation, showing no statistically significant change. Overall ROSC performance has stayed consistently above target, while Utstein ROSC continues to fluctuate and has shown a gradual downward trend since mid-2024.

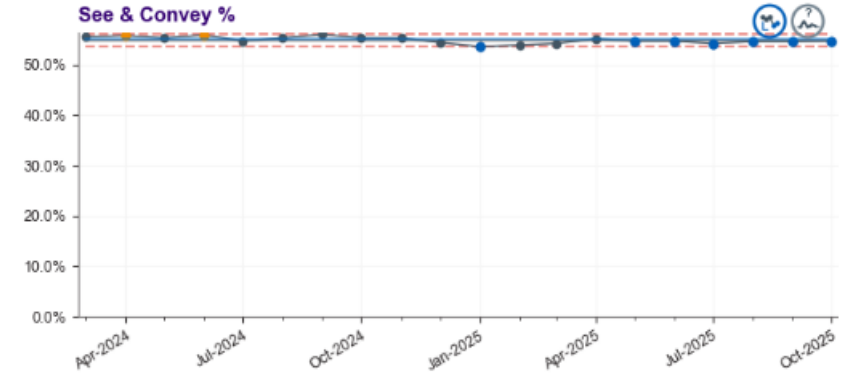
So what?
The continued strong performance in overall ROSC suggests that resuscitation quality remains robust across a broad patient population, including those outside the benchmark Utstein group. However, the divergence between Utstein ROSC and survival observed in recent months persists - Utstein ROSC remains lower, yet Utstein survival remains above target. This pattern implies that while initial ROSC rates in Utstein cases may have softened, those achieving ROSC are surviving at higher rates, pointing to strengthened post-ROSC and in-hospital care.

What next?
Maintain close observation of both ROSC measures to see whether this divergence persists or begins to realign. Use learning from the recently endorsed CCP-led post-cardiac arrest feedback process to reinforce early resuscitation consistency and strengthen the handover into post-ROSC care. Continued focus on data quality and pathway analysis will help identify factors contributing to survival gains and inform future quality improvement priorities.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 15.1%
Target: 18.1%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

999-9
Dept: Operations 999
Metric Type: Board
Latest: 30%
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%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

See & Treat and See & Convey

What? See & Treat is 30%, whilst See & Convey remains stable at 54.7%

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

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

Hear & Treat

What? Although virtual care is a key strategic goal for the Trust, SECAmb has been unable to implement the step change in Hear & Treat planned for 25/26, and is significantly behind the Trust's Hear & Treat target trajectory for H1 of 25/26. The Trust continues to use NHSE guidance to focus on key elements of virtual care, such as C3/C4 validation and C2 streaming, formerly called segmentation. However, there is real variability daily, linked to case acuity, clinician availability and critically 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.

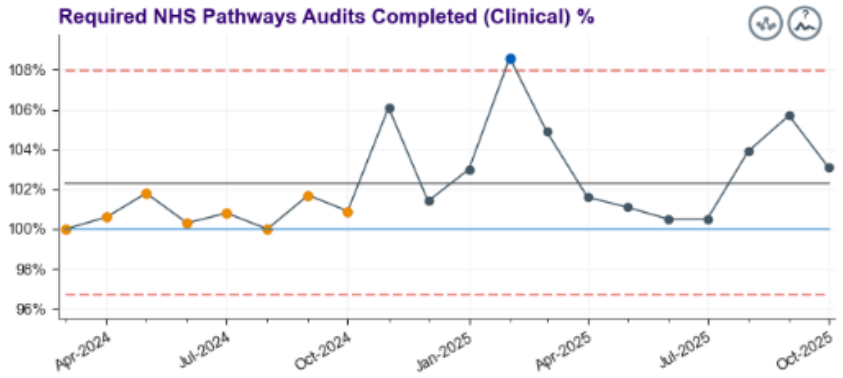
- Clinician capacity; the current substantive EOC clinician capacity is approximately 60% of requirement to achieve 100% C3/C4 clinical validation.
- Clinical productivity; the number of cases answered per clinician per hour whilst improving marginally to 1.4, is still behind the Trust target of 2.0 calls per hour.
- Clinicians managing the right cases at the right time; appropriate clinical navigation is required, with a focus on cases to optimise Hear & Treat outcomes i.e. C2 streaming vs. C3/C4 validation, and suitable case identification.
- Good utilisation of the Directory of Services (DoS) and alternative patient pathways e.g. UCR services; this remains at circa 20% acceptance rate, which is significantly behind the system target of 60%.
- Increased clinical effectiveness and outcomes identified alternative to ambulance dispatch; this is driven by clinical education to improve the confidence and competence of clinicians undertaking virtual care.

What next? The Trust has undertaken a rigorous Hear & Treat Deep Dive exercise, to review the current virtual care plan and actions, and to explore next steps to get virtual care back on track against the Trust's business Plan.

- A clear plan to increase clinician productivity in EOC and the Hubs has been created, with a live clinician productivity dashbaord, plan on a page guidance, support to help managers understand the metrics, and regular meetings and reports to maintain focus.
- The Trust has started a targeted piece of work to create a new virtual care model, with a draft proposal due for EMB before the end of Nov, following workshops and engagement events.
- A new C2 Streaming process is being developed, with implementation due before the end of Nov.
- A new "auto clinician allocation" process is being tested in the CAD, with a view to deployment in Dec to improve clinician utilisation in virtual care.

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

Integrated Quality Report



M-23

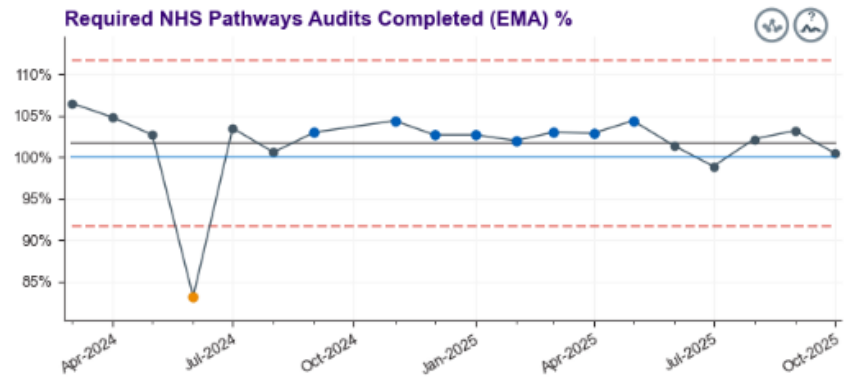
Dept: Nursing & Quality

Metric Type: Supporting

Latest: 103.1%

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: 100.5%

Target: 100%

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

M-20

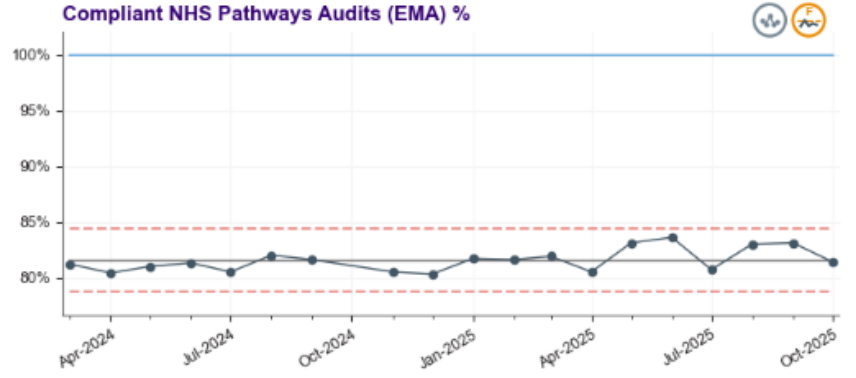
Dept: Nursing & Quality

Metric Type: Supporting

Latest: 87.1%

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: 81.4%

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 audits 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 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, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC clinical team.

What next?

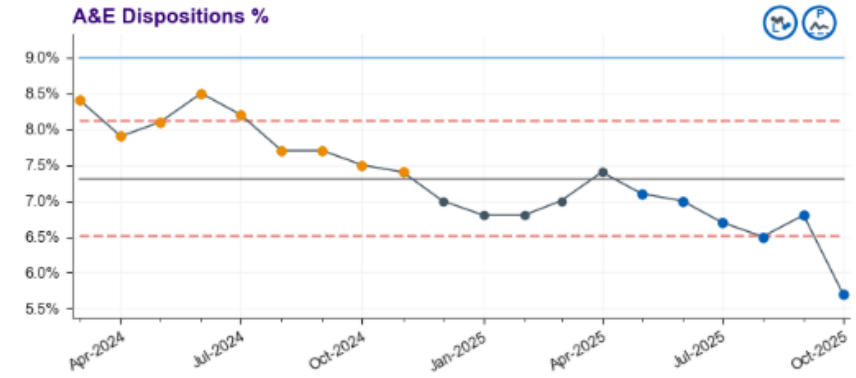
- An internal OD review has been undertaken that identified human factor impacts adversely impacting compliancy and gaps identified. This has fed into the QI project.
- A collaborative piece of work is currently underway jointly with the EOC and EOC Practice Development management teams to review and revise the NHS Pathways Audit Tool for a trial period, with the support of the NHSE team.
- The QI Project to address the identified gaps/actions that commenced May 2025, is now in the Define and Measure stage.
- A Quality Summit to identify further improvement actions was held in August 2025.
- The first phase of training for EOC colleagues on 'how to give' and 'how to receive feedback' is being progressed and the training team are exploring methods for future delivery
- Levelling training is continuing to be rolled out to EOC colleagues and a new tracker with support provided by ICB subject matter experts.
- Dashboards are being revised 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 lower than the 85% target.

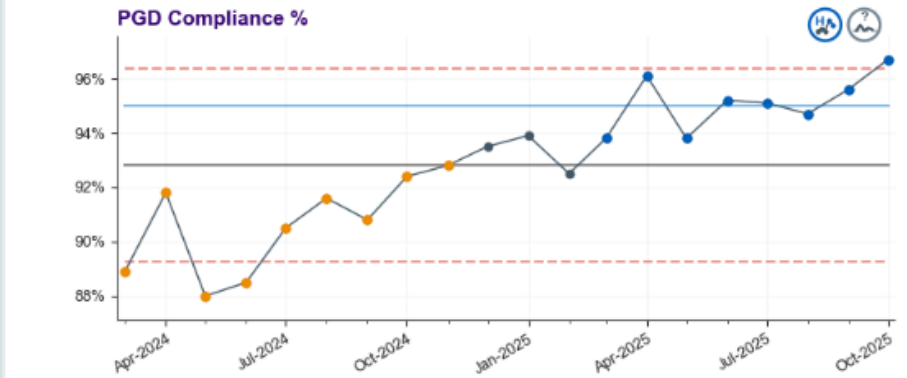
So what? Audits are being completed in a timely manner which means results can be fed back quickly, this ensures the feedback is as constructive as possible for the EMA. Low compliancy can lead to an inappropriate or unsafe disposition for the patient.

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 and locally initiated projects will continue such as:

- EOC Practice Developers are being assigned individual Team Leaders to work in partnership, the aim is to harbour closer working relationships.
- A deep dive into Cardiac Arrest Call Compliancy, using the registry to understand the factors when a patient survives and use the results to drive improvement.



111-5
Dept: Operations 111
Metric Type: Supporting
Latest: 5.7%
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: 96.7%
Target: 95%
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

QS-39
Dept: Quality & Safety
Metric Type: Supporting
Latest: 95%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.

111 Clinical Performance

What? During October KMS 111 had an ambulance referral rate of 6.7% (5,642 of ambulances sent of 83,822 triaged cases) and this was supported by C3/C4 ambulance validation rate of 43.4%,
Clinical assessment in the Clinical Assessment Service (CAS) of ED dispositions remains a key focus of the Trust. In October, 49.2% 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 30.8%, indicative of sustained focus on protecting the wider health system. In addition, the proportion of cases identified by NHS E requiring clinical assessment via 111 First was 4,074 with 3,442 (85%) receiving a clinical intervention. Again, the Trust's 111 service delivered exceptional performance with regards to its ED referral rate, achieving 5.8% vs. a target of 9%, again being top of the national benchmarking table for this metric.

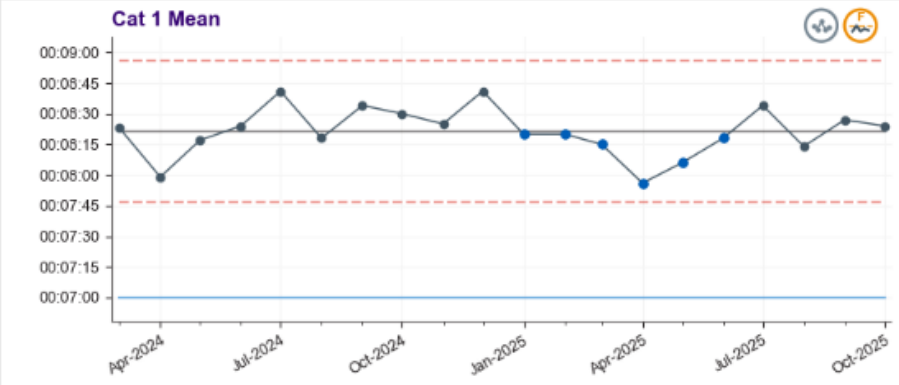
So what? The service continues to make a difference to not only our 999 service, but also the wider healthcare economy. The positive impact of the CAS and its clinical interventions is vital in reducing unheralded demand to EDs and facilitating appropriate care, optimising patient pathways.

What next? The service continues to stabilise following the change to the new sub-contractual operating model in H1. Following the transition to the new model, SECAmb is using the Service Delivery Improvement Plan (SDIP) to improve service effectiveness and efficiency. The Trust is also committed to undertaking a revised skills mapping exercise, to ensure the CAS clinical workforce is aligned to patient needs. This revised 111 workforce plan will be submitted to commissioners by the end of Q3

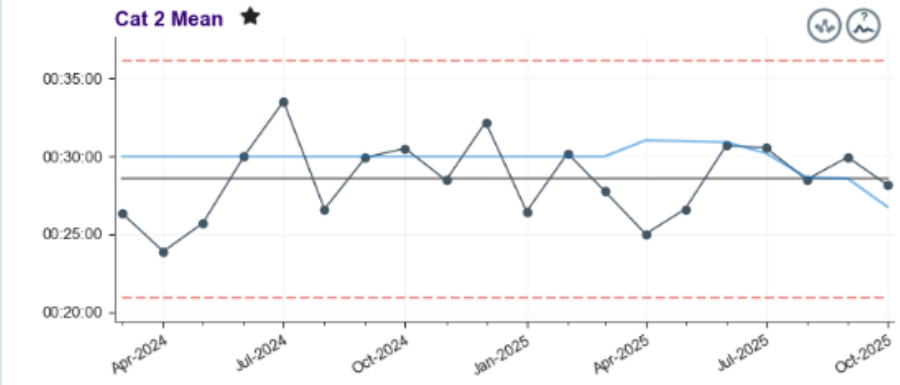
PGD compliance (MM-8)
What?
Our PGD compliance remains stable, considering fluctuations when updated or new PGDs are released for authorisation.

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?
Strengthened communication between the Medicines Team and operational staff aims to embed and sustain this excellent progress.



999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:08:24
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:28:11
Target: 00:26:46
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: 00:15:42
Target: 00:15:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:57:06
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-to-date C1 performance is 8.16 mins against an ARP target of 7 minutes

So what? C1 Mean performance improved by 3 seconds and was 8.24 in October and the variation remains within normal limits.

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

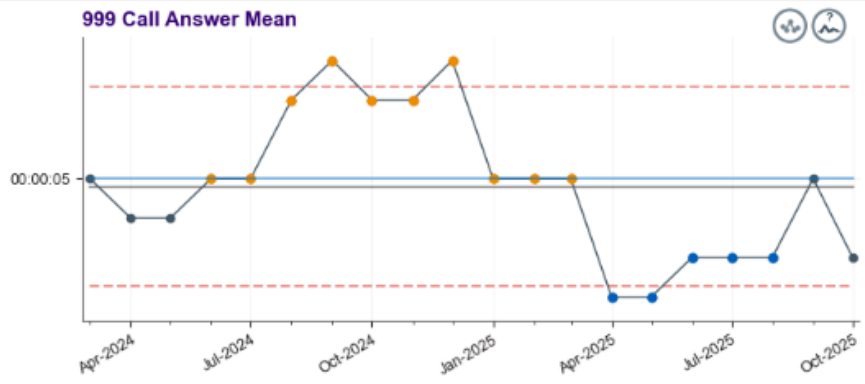
Cat 2 Performance

What? For the year-to-date C2 Mean for the YTD has reduced by 20 seconds and now stands at 28.16 and the there was a marked improvement in October reducing the time by 1.43 to 28.11.

So what? C2 Mean performance for October was 28.11, total hours abstracted fell from **216,877** in September to **202,893** in October, and the abstraction percentage also dipped from **34.32%** to **32.24%**.

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 – focused drive to manage sickness rates (both long and short term), along with targeted application of overtime where appropriate.AL

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

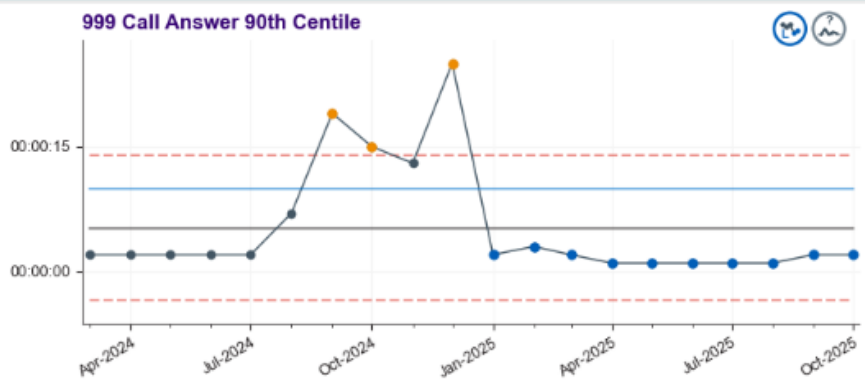


999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:03
Target: 00:00:05

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

111-9
Dept: Operations 111
Metric Type: Board
Latest: 00:01:15
Target: 00:00:20

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.



999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:02
Target: 00:00:10

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

999 Call Handling Performance

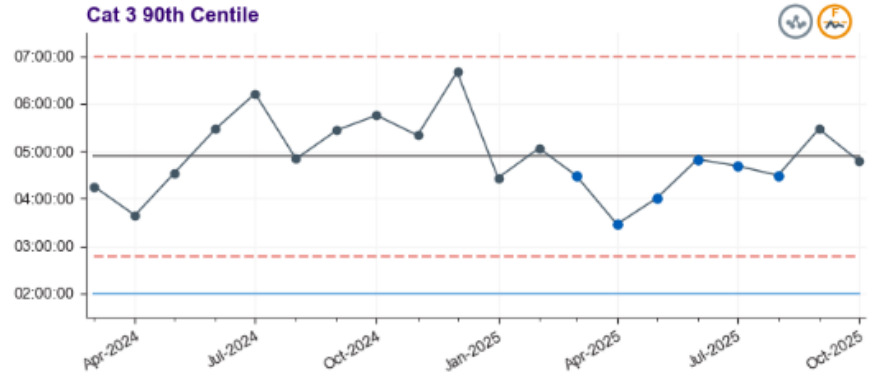
What? Performance in September saw the Trust comfortably meet the AQI target of 5 secs, for the tenth consecutive month, with a call answer mean of 3 secs. Activity in Octoberr was up on the previous month, with an average of more than 20K calls per week.
Following the decision by ten of the eleven English ambulance trusts to retain Intelligent Routing Platform (IRP), SECAmb has implemented a 999 resilience call overflow model, which facilitates the movement of calls between 999 services more easily, and SECAmb was able to answer a significant number of calls for SCAS and YAS, with no detriment to its own 999 call handling performance.
The current staffing position is 262 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 18 further in training or mentoring. This training has offset staff turnover through H1 and has ensured good service performance year to date.
Although sickness and abstraction increased during October in part because of the early onset of the cold/flu season, it remained within acceptable tolerance levels for the month.
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. It also has a positive impact on overall ARP performance, and enables SECAmb to help other ambulance trusts.
What next? Looking ahead, the service experienced a rise in attrition last month and overtime will be reviewed and targeted where needed. The EOC operations rota review is now fully in place with the updated EMA rota removing some of the peaks of over-staffing at times. Whilst SECAmb continues to deliver a high level of performance, it will continue to support other trusts, although this is reviewed weekly, especially with the Nexus House refit now causing a temporary relocation of EMAs in Crawley to the first floor.

111 Call Handling Performance

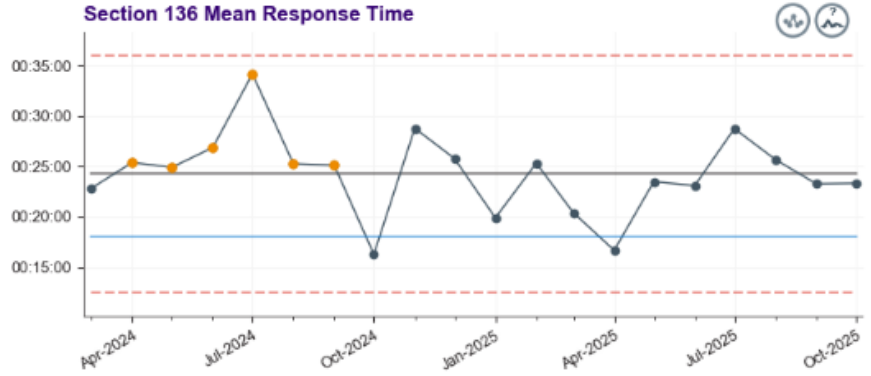
What? The 111-service transitioned to a revised operating model in H1, with a new sub-contractor operating configuration and contract in place. The Trust has also agreed a new 111 contract variation, which extends the current 111 service until the end of 26/27.

So what? The model has been embedded successfully with improved call handling metrics, with an October rate of abandoned calls of less than the 5.0% target, and an average speed to answer of 75 secs. Overall, the service's operational and clinical metrics have improved with a more equitable split of activity between SECAmb and its sub-contractor. The call splits (operationally and clinically) are reviewed monthly to maintain performance and to ensure contractual compliance.

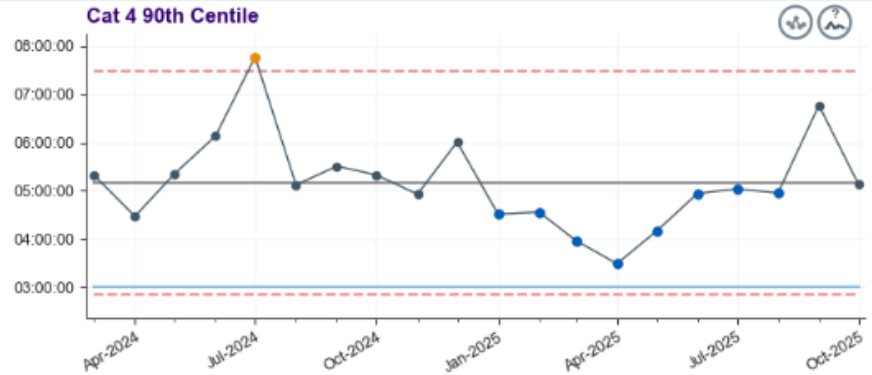
What next? The service is now in a period of stabilisation and is continuing to review to find efficiencies and optimise performance. Recruitment remains positive, with steady staffing levels resulting in the planned number of NHS Pathways (NHS P) courses per month being reduced in Q3.
"Hybrid" flexible working remains a key focus of the service, and currently there are more than 130 operations colleagues with a Hybrid 'kit'. Given the focus on increasing the number of bank GPs in the service, following the changes in operating model, the service is suspending increasing its number of non-clinical Hybrid workers in H2.
The Trust is submitting by the end of Q3 a revised 111 workforce model aligned to the new 111 CV



999-5
Dept: Operations 999
Metric Type: Supporting
Latest: 04:47:47
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: 00:23:20
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: 05:07:41
Target: 03:00:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What? C3 response times are above target. This is caused in part because of demand exceeding resource, an inability to dispatch against non-emergency ambulances for significant periods of shifts (meal break policy), and with some known dispatch delays due to all C3 and C4s going into validation. These combined factors can create increased response times. C4 response times (very low numbers of activity) remain challenged due to volume of C2 and C3s which are prioritised and dispatched ahead of this call type.

So what? The Trust needs to optimise its resource, and take action within its control regarding factors such as handovers, on-scene times, out of service time etc. SECAmb also need to support the reduction in see and treat through hear and treat of C3 and C4 non-emergency ambulances.

What next? The Trust has introduced a suite of actions to improve grip on performance in its winter plan, with a designated manager overseeing key metrics to maintain focus and performance throughout the day. We will also continue to focus on C3 & C4 calls to ensure they have adequate clinical oversight, as they are a cohort of patients which is suitable for virtual care and potentially alternative care pathways.

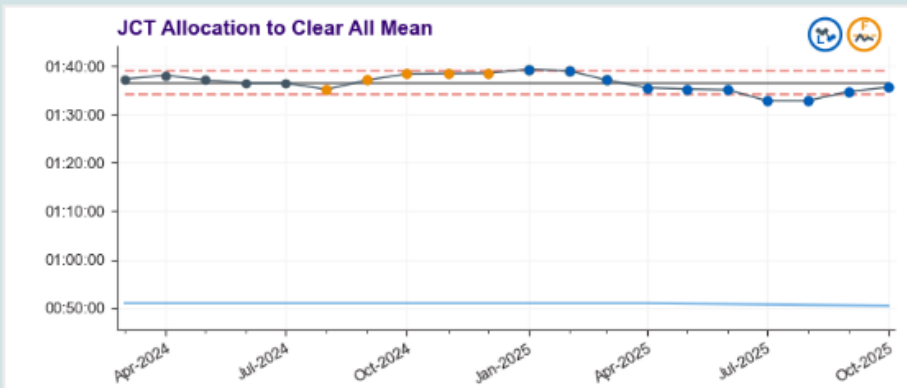
What?
There is no significant change to S136 metric

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

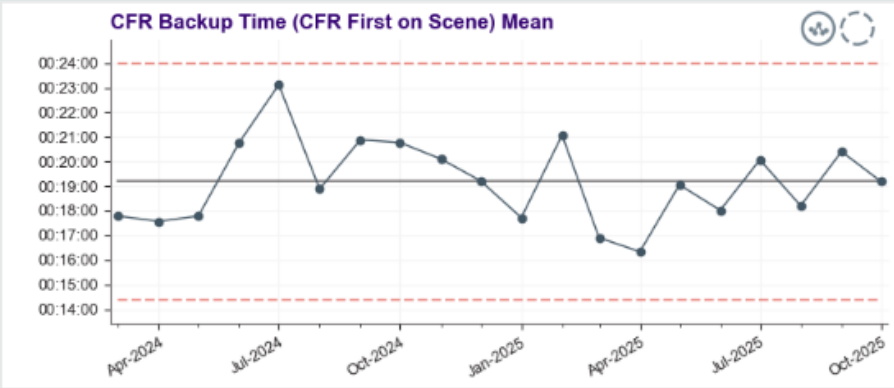
999-17

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



999-44

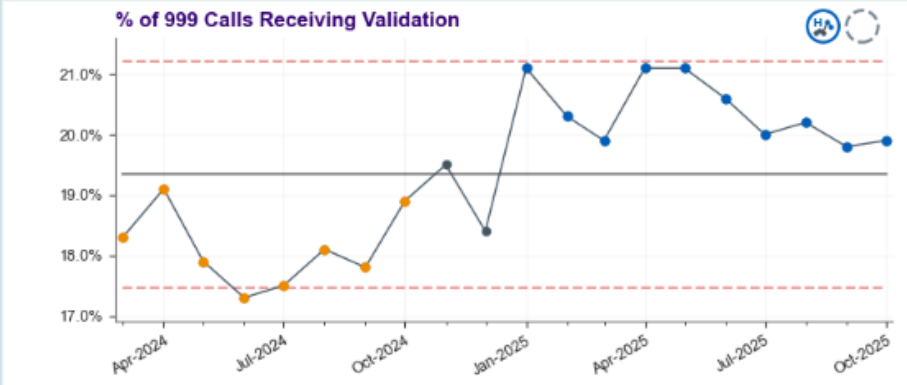
Dept: Operations 999
Metric Type: Board
Latest: 01:35:37
Target: 00:50:27
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



999-36

Dept: Operations 999
Metric Type: Board
Latest: 00:19:11

Common cause variation, no significant change.



999-34

Dept: Operations 999
Metric Type: Board
Latest: 19.9%

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, although continuing on an improving trajectory.

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 H1 and will continue in H2, subject to evaluation. The Trust is also reviewing its dispatch policy, to ascertain whether it dispatches "excessive" resource for certain incidents.

JCT Allocation to Clear All Mean

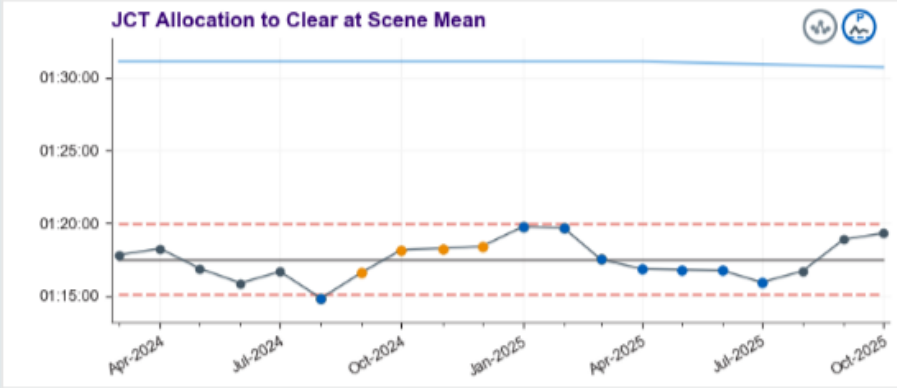
What? JCT Allocation to Clear remains above target with a slight improving trend from March 2025
So what? Local Community Dispatch Model (LCDM) has been piloted and demonstrates improvements to overall JCT due to lower travel time and mileage. A robust evaluation has been completed, and this is now part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

% 999 Calls Receiving Validation

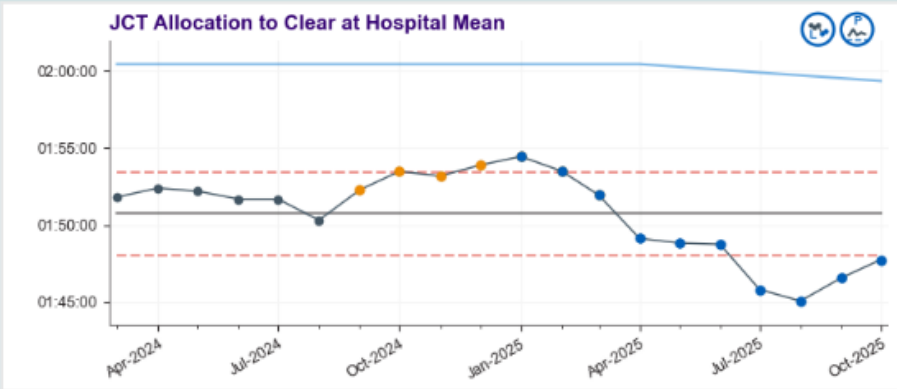
What? There is an improving trend and this is important, as it's aligned to the Trust strategy of clinically assessing cases pre ambulance dispatch, where safe and appropriate to do so.

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

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



999-11
Dept: Operations 999
Metric Type: Supporting
Latest: 01:19:18
Target: 01:30:42
Common cause variation, no significant change. This process is capable and will consistently PASS the target.



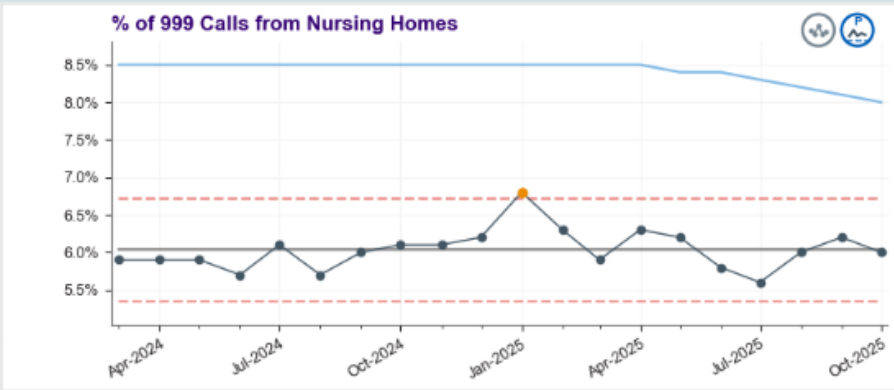
999-11
Dept: Operations 999
Metric Type: Supporting
Latest: 01:47:45
Target: 01:59:21
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

JCT Allocation to Clear at Scene and at Hospital.

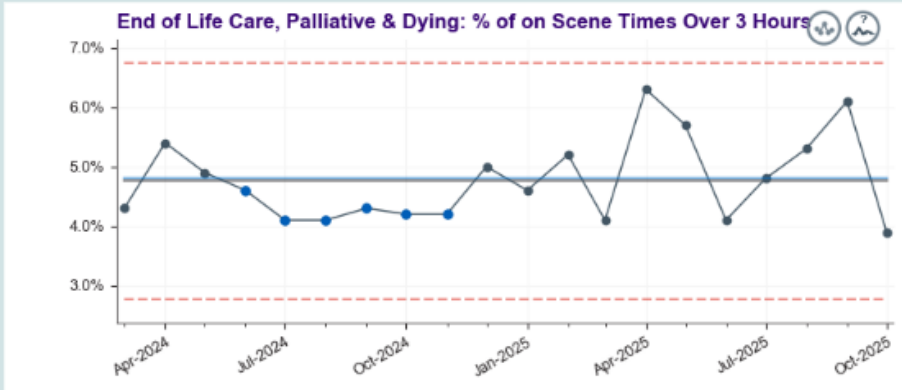
What?
Improved JCT clear at hospital has continued from April into August.

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

What next?
Further improvements are intended to be realised as we focus on efficiency actions and working in partnerships with hospital colleagues. Handover to clear times are not likely to improve, as the auto-clear implementation has probably realised full potential for time saving already.



999-35
Dept: Operations 999
Metric Type: Board
Latest: 6%
Target: 8%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.



QS-46
Dept: Quality & Safety
Metric Type: Board
Latest: 3.9%
Target: 4.8%
Common cause variation, no significant change. This process will not consistently hit or miss 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.

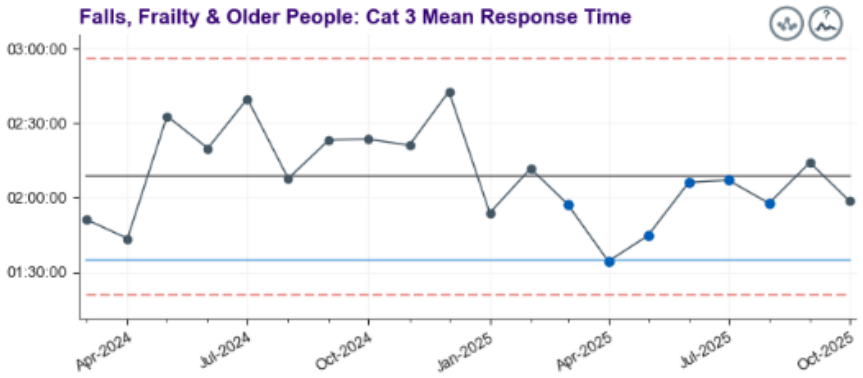
So what?
This APP has been commissioned to lead a project, Trust-wide, to work with the care homes who call 999 most frequently to support and educate them on what to call for help and when to manage the situation within the care facility.

What next?
We aim to reduce unnecessary calls from care homes by 10% over this year. No substantive change can be observed to date.

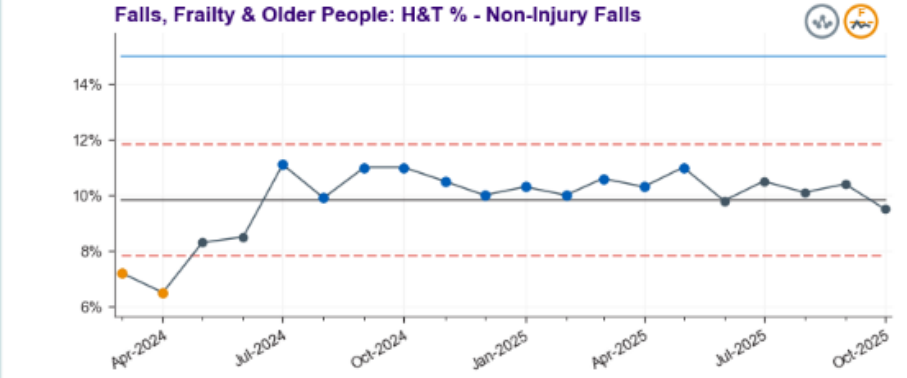
What?
Calls to patients with palliative care needs, or who are at end of life or actively dying, are associated with extended on scene times. There are multiple factors to consider, such as patients discharged without advance care plans or medicines, patient/carer anxiety, and limited fallback options. For crews on scene, there is variation is confidence to act, as well as audit evidence showing large numbers of phone calls being made by crews to advocate for patients.

So what?
Many of the incidents with the longest on scene times could be considered non-commissioned activity. Be addressing NCA, we can lower the aggregate on scene times.

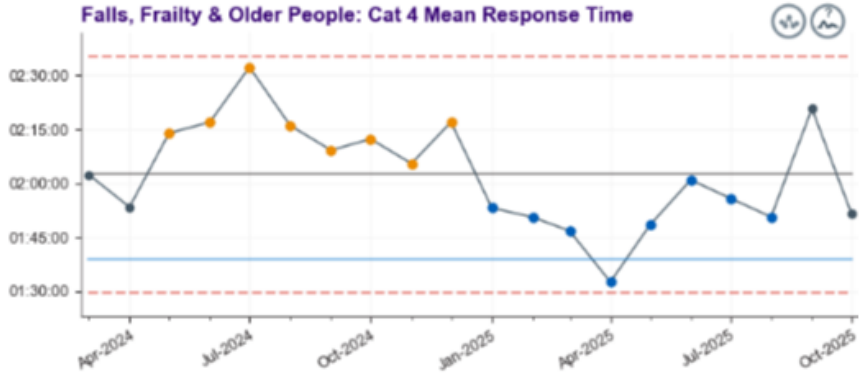
What next?
We will be working to define what is commissioned, non-commissioned, and potentially shared activity. Using recent published literature, linked to our MOC and audits, create focused support for staff to be more decisive at these incidents.



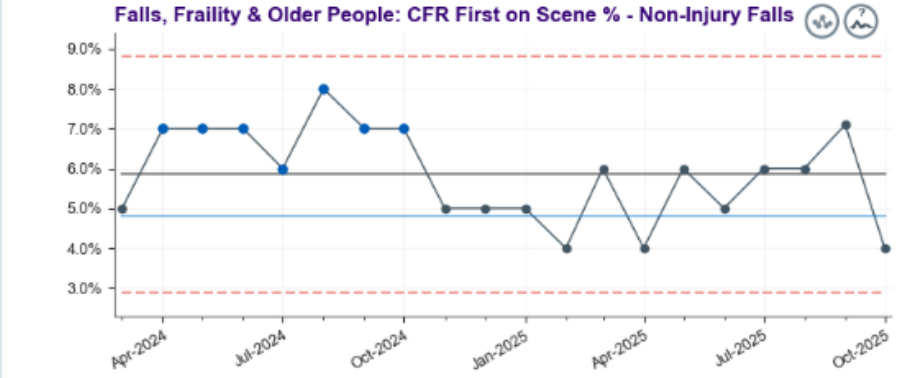
QS-42
Dept: Quality & Safety
Metric Type: Board
Latest: 01:58:38
Target: 01:35:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-44
Dept: Quality & Safety
Metric Type: Board
Latest: 9.5%
Target: 15%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



QS-43
Dept: Quality & Safety
Metric Type: Board
Latest: 01:51:34
Target: 01:39:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-45
Dept: Quality & Safety
Metric Type: Board
Latest: 4%
Target: 4.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
There has been improvement in C3 & C4 mean response time with the majority of points falling below the long-term average in a significant improving trend. (comparing 2024 data to this years data)

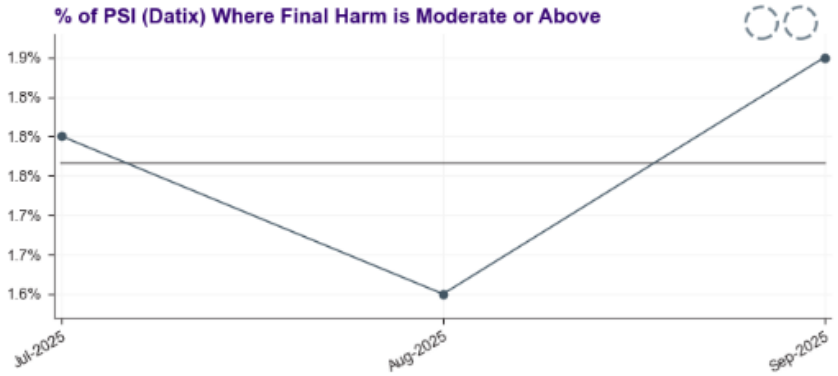
So what?
This means that our patients, who are stuck on the floor, will receive a quicker response and therefore reduce their risk of injury though a long-lie.

What next?
Continue to work with care homes, CFRs and virtual clinicians to ensure appropriate management of patients within this cohort.

What?
CFRs are being trained to attend non-injury falls, assist the patient off of the floor and check for any injuries. These calls will then be virtually consulted and completed via H&T, Onward referral or upgraded to an ambulance dispatch, where appropriate.

So what?
Pateints who have fallen, without any injury, need early assistance off of the floor to prevent injury from long-lie. By sending CFRs we will ensure our ambulances are available for patients with emergency care needs.

What next?
Continue to roll out the CFR training. Ensure that the process to dispatch CFRs is embedded within the EOC.



QS-37
Dept: Quality & Safety
Metric Type: Board
Latest: 1.9%

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

QS-7
Dept: Quality & Safety
Metric Type: Board
Latest: 82.9%
Target: 90%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What? The percentage of patient safety incidents resulting in moderate, severe or fatal harm following investigation remain relatively small – 1.9% of all incidents in September 2025. All of these are scrutinised at the Divisional Incident Review Groups

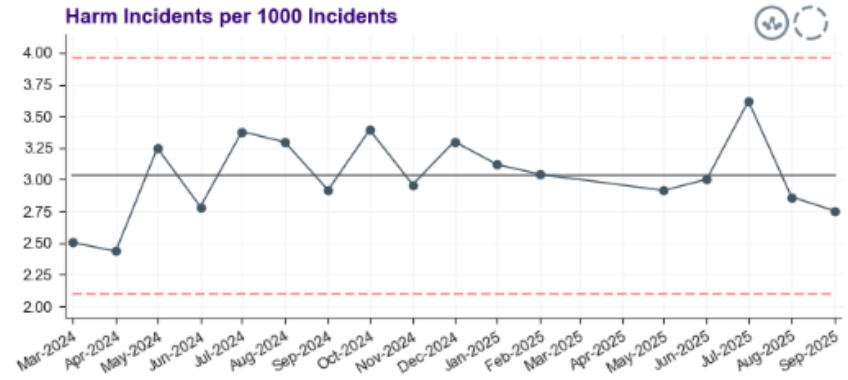
So What? Insufficient data points to establish SPC. Number of incidents closed each month ranges from 577 to 1900/month, averaging at 1200 incident closed per month.

What next? Establish baseline data and continue to monitor themes resulting in harm and articulate improvement plans through the introduction of improvement responses (improvements on a page).

What? Hand hygiene compliance is showing normal variation with no significant change but remains below the target of 90%.

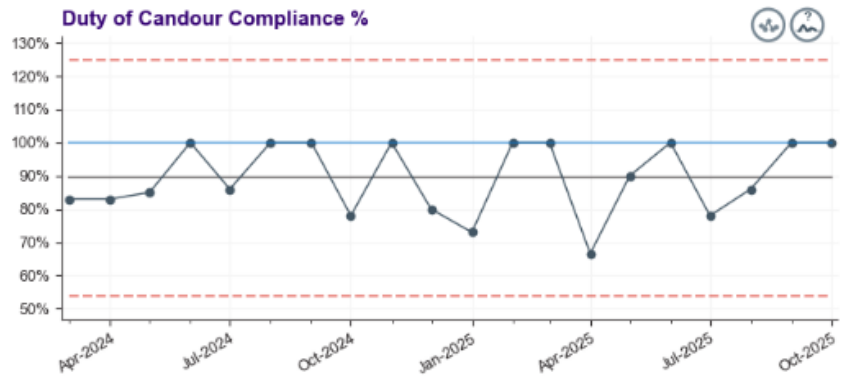
So What? The IPC Team share compliance levels with the Divisional Management Group along with the levels of infection related sickness absence. The team can see a direct link to non-compliance and higher levels of absence in some areas of the Trust. Local teams are now more focused on achieving the improvement required for both patient safety and staff absence.

What next? The IPC Team will be carrying out a Quality Improvement project during Q4 of the year, focusing on hand hygiene but also including all areas of IPC practice. This will include staff and leadership collaboration throughout the project and be monitored at the IPC Sub Group.

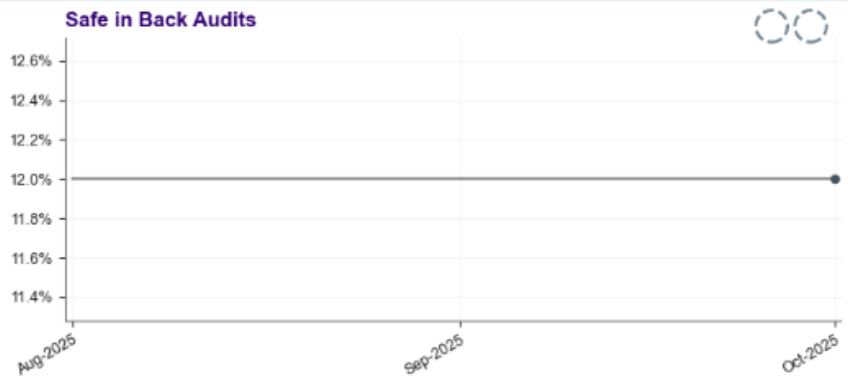


QS-29
Dept: Quality & Safety
Metric Type: Supporting
Latest: 2.8

Common cause variation, no significant change.



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-41
Dept: Quality & Safety
Metric Type: Supporting
Latest: 12%

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

MM-1
Dept: Medicines Management
Metric Type: Supporting
Latest: 212

Common cause variation, no significant change.

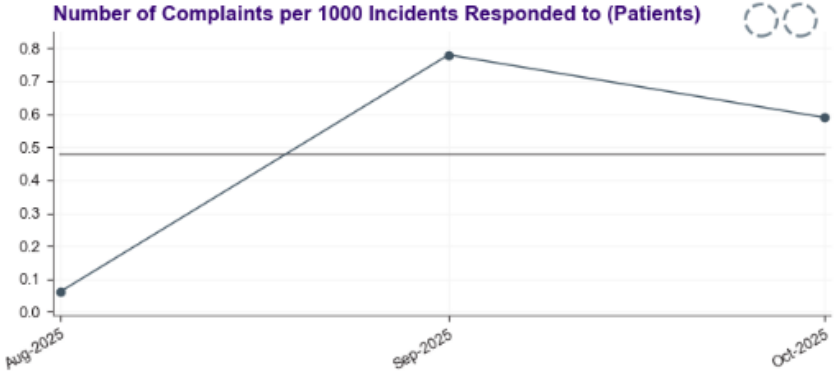
Harm per 1000 incidents
What? Common cause variation with no significant change. Whilst harm is a good indicator of how safe our services is; there is a focus under PSIRF to evidence ongoing safety improvements showcasing our drive to become safer. This is shown through our integrated patient safety report paper.
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 and that 3.3 to 3.7 may be more realistic going forward based on most recent data.
What next? The Patient Safety framework is moving away from monitoring safety through harm although a focus on incidents triggering duty of candour might help us identify how safe our service is.

Duty of candour compliance
What? Our target is to undertake 100% of duty of candour within ten working days (a regulatory requirement).
So what? 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. I
What next? Weekly reporting at system-led Incident Review Groups to maintain this level of compliance 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? Medicines incident reporting has increased slightly. This could be due to changes in Key Skills where there has been a focus on sharing medicines errors; emphasising the role of reporting medicines errors in terms of systems learning and improved patient safety.
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. It is important to note that although reporting of errors has increased, the levels of harm have not. This demonstrates a healthy reporting culture within the organisation.
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.

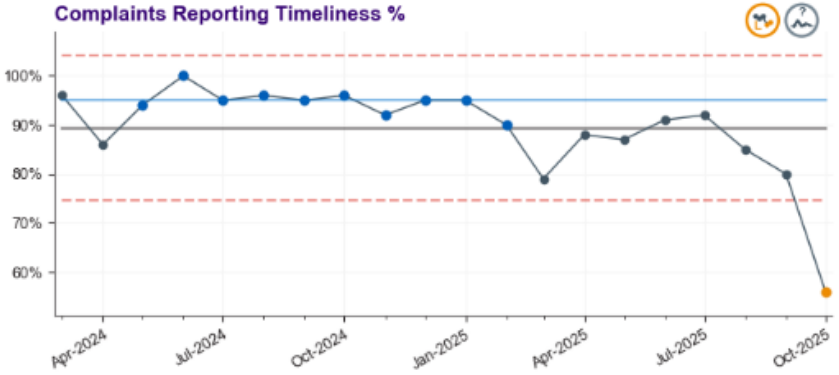
QS-5
Dept: Quality & Safety
Metric Type: Supporting
Latest: 55

Common cause variation, no significant change.



QS-38
Dept: Quality & Safety
Metric Type: Board
Latest: 0.6

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



QS-4
Dept: Quality & Safety
Metric Type: Supporting
Latest: 56%
Target: 95%
Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

What?
- The number of complaints received was within normal variation and continues to reduce since a peak in July 2025.
- Timeliness in responding to complaints is showing special cause variation of a deteriorating nature. Compliance for October was only 56%, the lowest since January 2023 (49%).

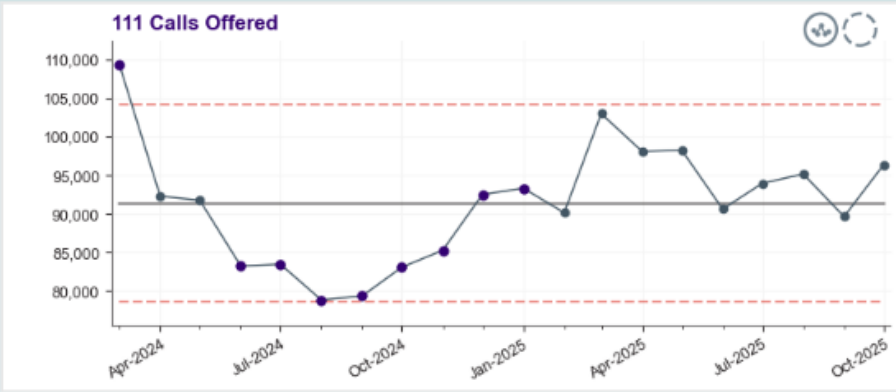
So what?
- This means that the Trust is not meeting our target of responding to 95% of complaints within the required timeframes (35 working days for level 2 complaints and 45 working days for level 3 complaints).
- There were several staff on pre-booked annual leave reducing staffing levels by a third throughout October
- Additionally, the Integrated Care team were a member of staff short delaying investigations into 111 and 999 complaints

What next?
- The Divisional Quality Leads met with the PALS Officers on 10 November to complete a Complaints Mapping Process and agree a date for them to commence working in their Divisional Structure.
- There were also several other processes agreed to reduce the level of administrative work completed by the PALS Officers releasing them to concentrate on their primary function of processing complaints and concerns received.

What?
- A new telephone system is to be introduced from 1 December 2025 meaning that callers will be able to talk to a member of staff rather than being put through to the answer phone service to await a call back.

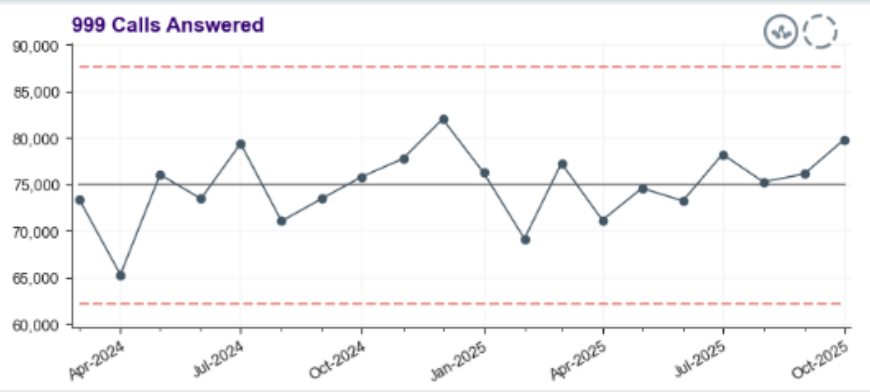
So what?
- The new system will allow calls to be directed to the appropriate staff member i.e., the Kent, Surrey or Sussex PALS Officer, the compliment processor and the Subject Access staff member.

What next?
- This will reduce the large number of call backs currently being completed.



111-1
Dept: Operations 111
Metric Type: Supporting
Latest: 96385

Common cause variation, no significant change.

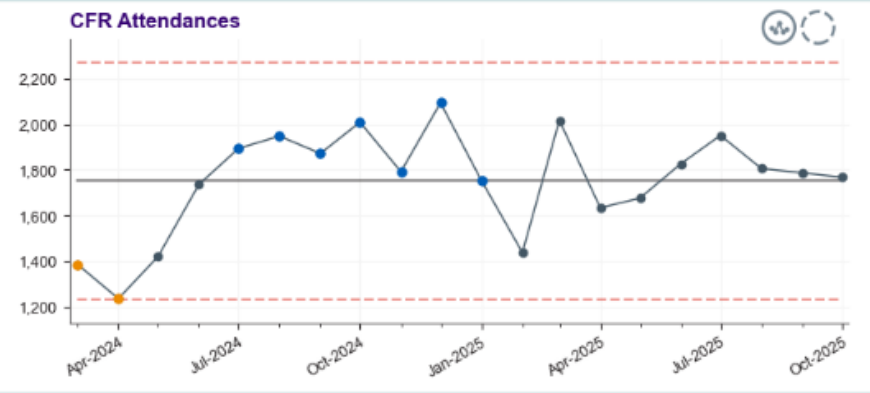


999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 79806

Common cause variation, no significant change.

999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 68471

Common cause variation, no significant change.



999-10
Dept: Operations 999
Metric Type: Supporting
Latest: 1768

Common cause variation, no significant change.

111 Calls
What? Although the underlying number of calls offered in 111 since January is trending downwards, there was another small rise in October. 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, although there was a steep uptick in October.
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 helping SCAS and YAS with their 999 call handling, and is facilitating this trough the IRP model.

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 that will be presented to the Trust Board in December 2025. Review of the role of Emergency Responders complete and being reviewed as per Trust Governance processes.

South East Coast Ambulance Service
NHS Foundation Trust

People

What

The Trust has been placed in National Oversight Framework segment 2 and ranked 6th in the Ambulance Trust league table as of November 2025. The new NOF score reflects a range of high level metrics such as operational performance (C2 mean), workforce experience (staff survey scores) and finance (delivery of plan) along with a self assessment process for the Board, which is currently in progress.
October saw a slight deterioration in C2 mean, and there are ongoing significant challenges in increasing the H&T rate related to under-delivery of improvements in the clinical calls per hour rate and difficulty fully resourcing and training the required clinical roles. Incident Cycle Time improvements have continued; call answer rates remain robust and support has been offered to SCAS and YAS to improve their call answer times within our established capacity. The EOC audit position has improved slightly following the Quality Summit. There was continued good cardiac outcome performance, although there is variation in Duty of Candour and Complaints timeliness, and in IPC compliance. The Trust received a CQC visit to its UEC (Field Operations) services during September and to its EOC services in November and there were no patient safety issues identified and positive early feedback. ER case numbers remain high although signs of improvement have been seen in higher numbers of cases being closed; turnover is stable and the trust remains over-established. The staff survey is in progress with significant numbers of staff responding, indicating improved engagement, although appraisal rates are below target. Financial performance is in line with plan and is forecast to break-even. NHSE has confirmed the Trust has earned the second half of the £10.2million performance fund and this has been reflected in an improved risk score in BAF (risk 640). The Trust has received notification of allocations as part of National guidance and work is underway to achieve a compliant draft plan submission for the deadline of 17th December.

So What

A revised performance plan acknowledging the impact of non-delivery of system productivity and of C2 streaming (formerly called segmentation) on C2 mean performance has been agreed with NHSE. Against this revised plan, the Trust is on track for C2 mean performance. However, further work is needed to ensure we manage winter demand and likely resourcing challenges; a comprehensive winter resilience plan has been created and continues to be refined. A deep dive into clinical productivity was undertaken in early September with clear actions defined to address the identified challenges and improve H&T performance. The Unscheduled Care Navigation Hubs are being supported across all operating units to deliver consistent clinical advice to crews and adjustments to the C2 streaming process have been made to reduce impact on the C2 mean, in line with discussions with NHSE. The Models of Care programme continues to address its focus areas and we are looking to embed further improvements in Incident Cycle Time to support response to patients, as well as optimise vehicle availability in line with resources. Actions are in place to address IPC compliance, increase appraisal rates and continue to enhance audit and outcome compliance. Following improvements to the People directorate structure and resourcing, the impact on ER caseloads, timeliness, and more strategic workforce planning has started to be seen. The financial position continues in line with plan. Information on allocations has been received and based on the information received and the proposed national management of future growth funding, this is expected to enable the Trust to submit a draft plan which is compliant with financial and performance requirements (break-even and C2 25 minute average).

What Next

Winter planning assurance to Board against the NHSE winter checklist was completed in October and the winter plans embedded within the divisional resilience framework to ensure continued oversight. We are also engaging through the divisional structure with ICS and acute/community partners to support timely handover of care at hospitals and improved use of alternative pathways. Internally, there is continued focus on the H&T rate, improved resources at the front line (including through reducing sickness and ensuring a high flu vaccination rate), and enhanced response to patients who fall. New fleet comes on line during Q4 and there are actions in progress to mitigate this slight delay to planned delivery timelines; improvements to the vehicle management process will also be worked up to support this. The leadership team continue to oversee improvements in our relationship with TU colleagues and optimise opportunities to improve ER processes and address the cost of employment. Alongside this we will be focusing on appraisal rates, including enhancing the digital systems, and staff survey response rates. Continued strong staff engagement is needed to support ongoing significant changes to our operating model and work with our people to help address the impact of both financial constraint and system instability. Work is underway and will continue until final plan submission in February 2026 to develop triangulated performance, workforce, capital and revenue plans that meet required short and medium term expectations for Ambulance trusts..

Overall, the Trust is in a robust position in regards to performance, quality, workforce engagement and financial sustainability. However, continued collective effort to address demand, productivity and system challenges will be needed through the remainder of this year and beyond as we work both as a system partner and in our group collaboration to make best use of limited resources to provide excellent emergency and urgent care for patients across our region.

People Overview
Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
11%	16%	58%	11%	0%
2	3	11	2	0

Assurance

Pass	Hit and Miss	Fail	No Target
5%	63%	16%	16%
1	12	3	3

Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Oct-25	2	1	1.4		
Board	Count of Grievances Closed	Oct-25	8	3	14.6		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Oct-25	1	3	4.1		
Board	Individual Grievances Open	Oct-25	6	5	13.2		
Supporting	Bullying & Harrassment Internal	Oct-25	1	2	2.3		
Supporting	Disciplinary Cases	Oct-25	11	3	9.5		
Supporting	Mean Suspension Duration (Days)	Oct-25	188	70	163.8		
Supporting	Freedom to Speak up: Cases Opened in Month	Oct-25	13	3	9.9		
Supporting	Freedom to Speak Up: Total Open Cases	Oct-25	19		21		

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

Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Oct-25	12.7%	15%	15.4%		
Board	Sickness Absence %	Oct-25	7.3%	5%	6.5%		
Board	Turnover Rate %	Oct-25	0.9%	0.8%	1.1%		
Supporting	Number of Staff WTE (Excl bank and agency)	Oct-25	4640	4579.26	4573.7		
Supporting	Vacancy Rate %	Oct-25	4.4%	5%	1.1%		

Employee Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	% of Meal Breaks Outside of Window	Oct-25	48.4%		48.3%		
Supporting	% of Meal Breaks Taken	Oct-25	98.3%	98%	98.3%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Oct-25	43.9%	45%	42.9%		

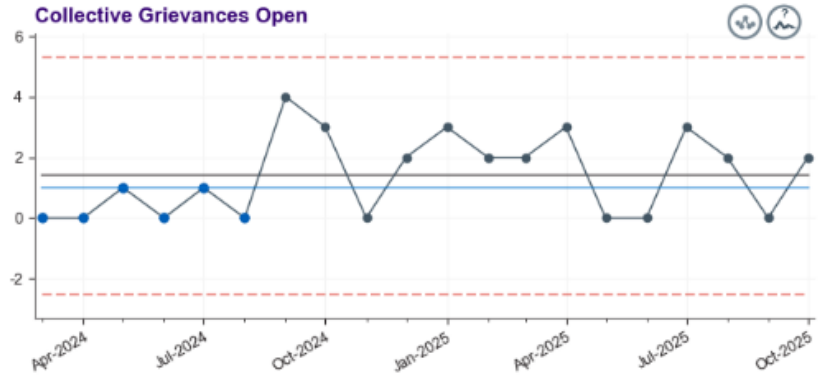
Pending metric: WRES/WDES - Needs to be defined

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

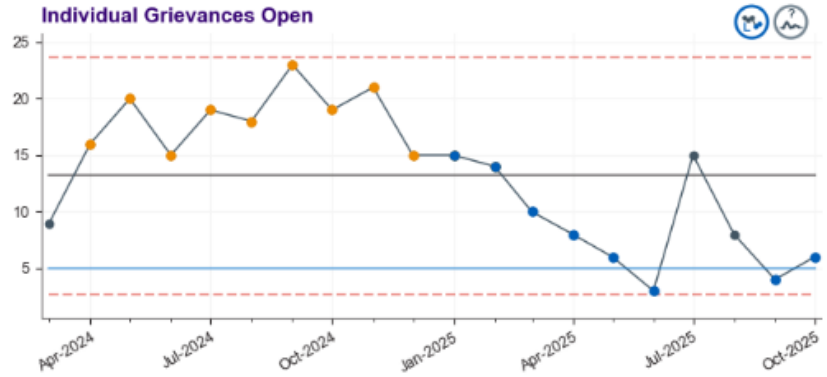
Employee Development

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Oct-25	70.5%	85%	64.2%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Oct-25	88.5%		84.9%		

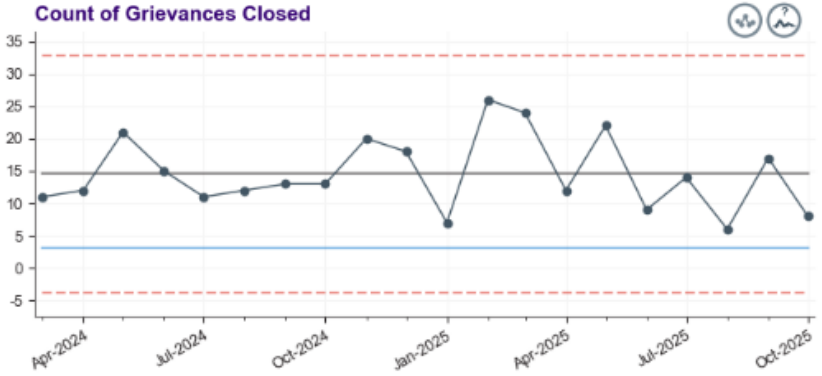
Pending metric: Education - Needs to be defined



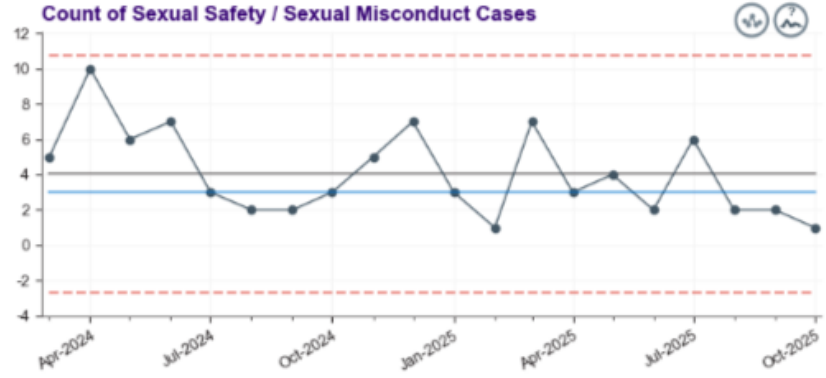
WF-11
Dept: Workforce HR
Metric Type: Board
Latest: 2
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-10
Dept: Workforce HR
Metric Type: Board
Latest: 6
Target: 5
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



WF-42
Dept: Workforce HR
Metric Type: Board
Latest: 8
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: 1
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
In October, 2 new collective grievances were raised. The total number of open collective cases is now 19, including the Trust-wide issues such as Section 2 and lease car concerns. 2 collective grievances closed. Furthermore, 17 individual grievances were closed in Septembe[VD2]a further 5 closed in October.

So What?
The closure rate demonstrates a tangible improvement in how we manage cases: our processes are becoming[VD1] more efficient, and leadership is more consistently engaged in driving timely resolutions. As a result, cases are moving more quickly, and colleagues are receiving more timely and higher quality, consistent outcomes.

What Next?
- Grievance and Disciplinary policies are currently under review to strengthen early an[VD3]mal resolution pathways - to be discussed for approval at JPF on 28 November 2025, ahead of implementation in Q4 25/26.
- Negotiations have resumed regarding the collective grievance on pay.

What?
At month-end there were 11 live sexual safety cases, a net decrease of 1 compared with the previous month. 1 new case was opened, and 1 case was closed. Cases closed during the month took an average of 167 days to resolve, while open cases have been active for an average of 114 days. 30% of open cases are over 12 months old and remain a focus area for resolution.

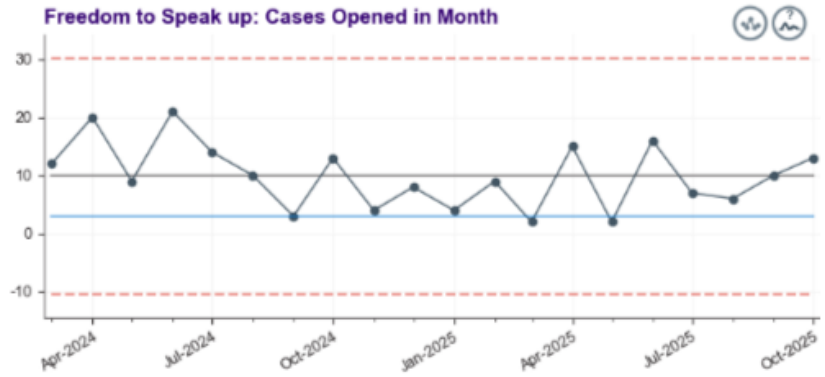
So what?
The reduction in live cases and increase in closures this month is a positive development, suggesting progress in managing the caseload. However, the presence of long-standing cases, some over a year old, remains a concern and highlights the need for continued focus on timely resolution and system responsiveness.

The Trust's commitment to strengthening its approach is reflected in the work of the Sexual Safety Oversight Group, which has now hosted two workshops aimed at reviewing processes, refreshing training, and addressing gaps in recognition and response. These efforts are essential to ensuring that colleagues feel safe, supported, and confident in the Trust's handling of these sensitive matters.

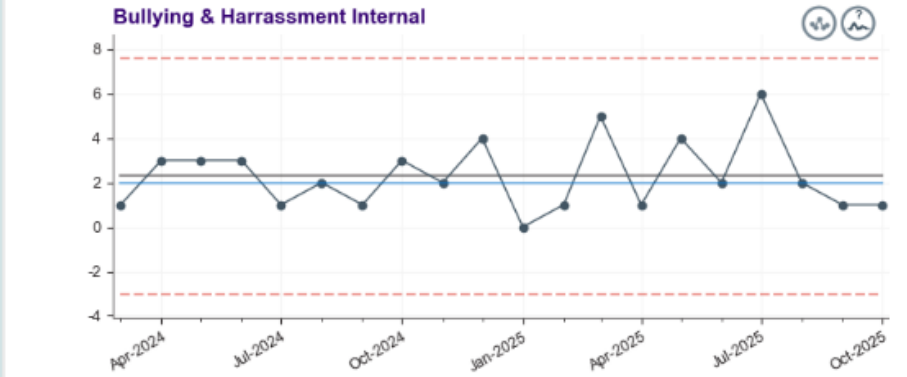
What Next?
- Refreshed Sexual Safety policy to be agreed at JPF on 28 November.
- Ongoing panel reviews are being carried out to capture learning and strengthen future case handling.
- The Sexual Safety Oversight Group will continue its workshops series
- Further work is underway to reduce the time cases remain open, with particular attention to those exceeding 12 months, ensuring a timely and appropriate resolution remains a priority

People: Culture | Supporting Metrics

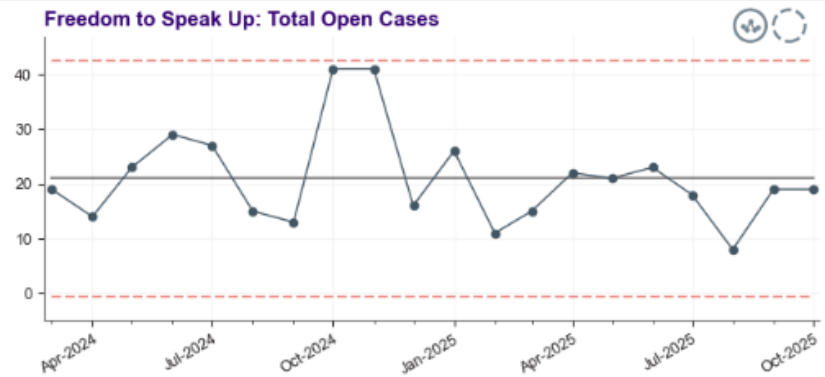
Integrated Quality Report



QS-27
Dept: Quality & Safety
Metric Type: Supporting
Latest: 13
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

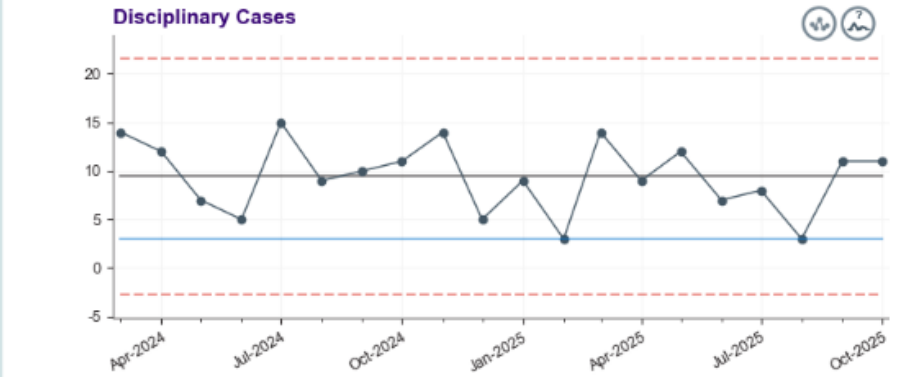


WF-12
Dept: Workforce HR
Metric Type: Supporting
Latest: 1
Target: 2
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-27
Dept: Quality & Safety
Metric Type: Supporting
Latest: 19

Common cause variation, no significant change.



WF-9
Dept: Workforce HR
Metric Type: Supporting
Latest: 11
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
IIn October, 19 concerns were raised to FTSU. Of these, 6 were submitted anonymously, and no cases of detriment were reported. Nine concerns have already been closed, with one remaining open. Integrated care (EOC/111) accounted for the largest proportion of concerns raised, followed by Tangmere, Gatwick and Brighton, which each represented around 10.5% of the total.

So what?
Leadership and relationships/Behaviours were the most prominent local themes, while worker safety and wellbeing continued to be the key national theme. The concentration of concerns within integrated care suggests ongoing challenges in this area, and the spread of issues across areas highlights need for local visibility and support.

What next?
The FTSU team will maintain engagement in integrated care. We will also continue to work closely with managers in other identified areas to promote a culture of open communication and early resolution. Efforts will remain focussed on wellbeing, leadership and relationship themes, supporting to staff to feel heard, supported and confident to speak up.

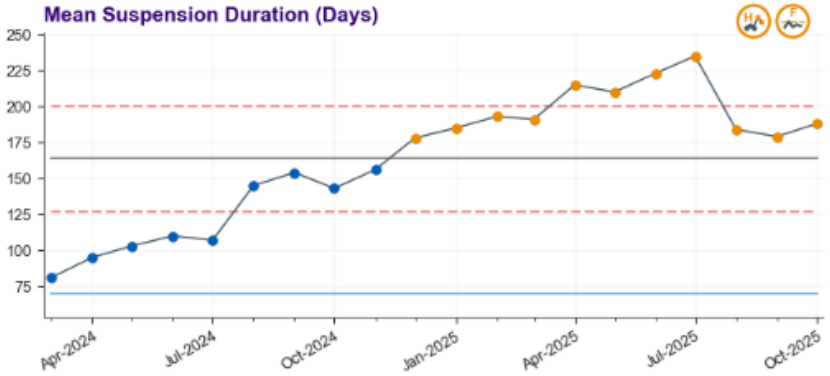
What?
In October, 1 new bullying and harassment case was raised, 2 were closed. The number of live disciplinary cases is currently 58, with 12 new disciplinaries opened and 6 closed.

So what?
Although only one new bullying and harassment case was raised in October, these cases continue to be highly complex and resource -intensive. Now that Strategic People Partners have begun analysing case data, early insights show that delays are most common in cases requiring multiple stakeholder inputs or where initial fact-finding is incomplete. This is helping to pinpoint specific teams and processes where additional support or intervention is needed.

The volume of disciplinary cases remains high at 58, with 12 new cases opened this month- twice as many as were closed. This imbalance indicates increasing pressure on capacity, process bottlenecks, and potential cultural challenges that may need addressing.

What next?

- Updated investigation training will be introduced to support consistent and timely resolution of disciplinary cases.
- Case volumes, resolution times, and emerging themes will continue to be monitored by Strategic People Partners to ensure appropriate action is taken.

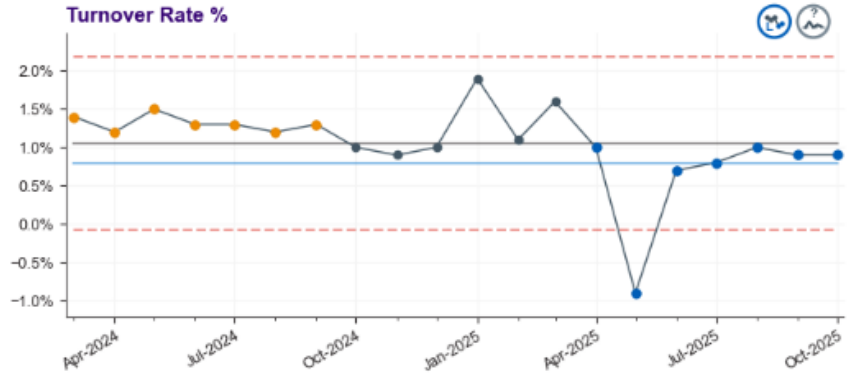


WF-47
Dept: Workforce HR
Metric Type: Supporting
Latest: 188
Target: 70
Special cause of a concerning nature where the measure is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.

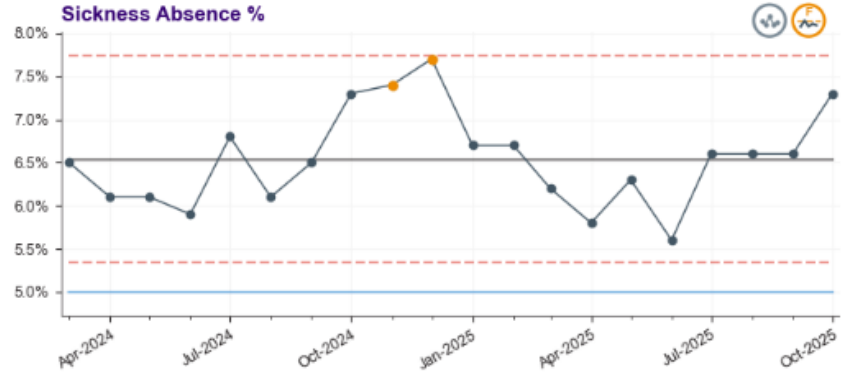
What?
There are currently 17 live suspensions across the organisation with an average suspension time of 180 days (compared to 189 days average across a rolling 12-month period). 4 suspensions were started during October, with 3 suspensions ending, resulting in a net increase of 1. 18% of active suspensions were over 12 months old (down by 1.1 percentage points vs the previous month).
There are 2 Restrictions of Practice in place.

So what?
Suspensions have been steadily increasing, signalling ongoing and increasing risk to the Trust. 18% of active suspensions are over 12 months old, a slight decrease on last month.

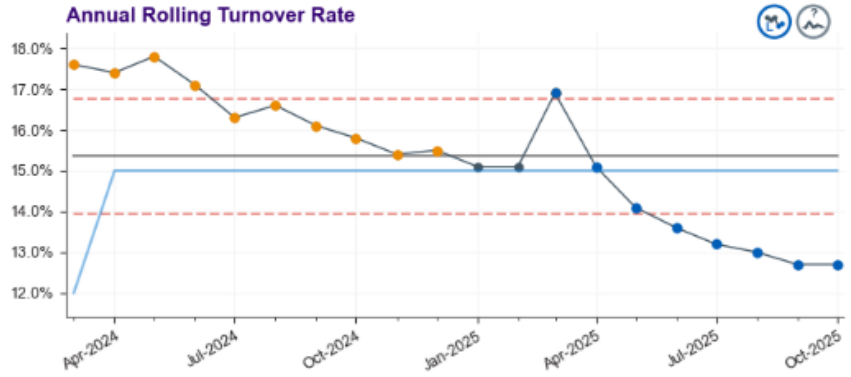
What Next?
- Continued weekly oversight by the Executive Team to ensure that delays are tracked and escalated where necessary.
- A dedicated effort by the People Relations team to focus on resolving suspension cases, working with external parties to ensure timely progress is being made.



WF-48
Dept: Workforce HR
Metric Type: Board
Latest: 0.9%
Target: 0.8%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



WF-49
Dept: Workforce HR
Metric Type: Board
Latest: 7.3%
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: 12.7%
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 October, 55 staff left the organisation. 12 dismissals , 2 retirements, 2 redundancies, 2 end of FTC and 37 resignations.

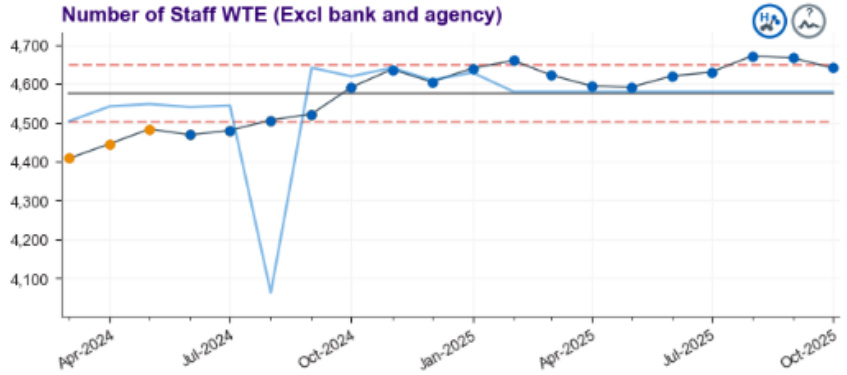
So What?
Turnover continues to trend positively, with rates well below target for a sustained period. This improvement suggests that recent retention efforts and organisational stability are having an impact. While this is encouraging, the process is not yet fully predictable, so ongoing monitoring is essential to ensure the gains are maintained and not driven by short-term factors.

What Next?
- Maintain focus on local action plans in higher-turnover areas to keep improvements on track.
- Review recent gains to understand underlying drivers and ensure they are sustainable.
- Continue monitoring and analysis to anticipate any impact from upcoming organisational restructures.

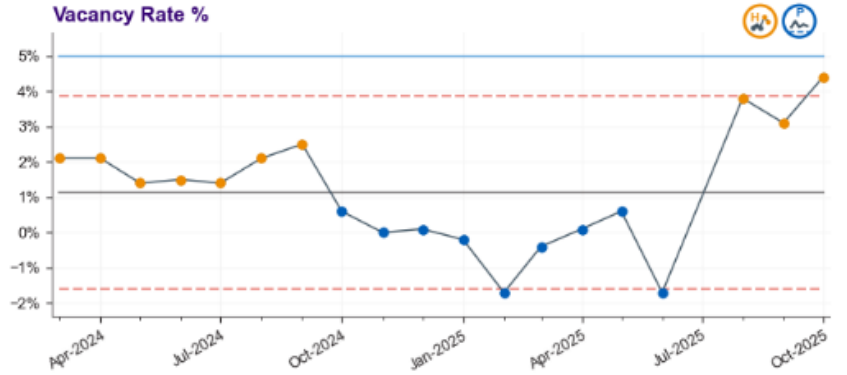
What?
Sickness absence is currently **7.3%**, with the rolling annual figure remaining above target at **around 7%**.

So What?
Sickness absence remains higher than target and shows no clear signs of improvement, despite recent fluctuations. The challenge is systemic rather than short-term, requiring sustained focus and redesign rather than incremental tweaks, and current plans to address absence are not expected to have significant impact in the short term.

What next?
- Strengthen attendance management through clearer policy and local accountability.
- Maintain quarterly leadership reviews to challenge progress and drive systemic change.
- Review wellbeing and support systems to tackle root causes of absence.



WF-1
Dept: Workforce HR
Metric Type: Supporting
Latest: 4640
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.

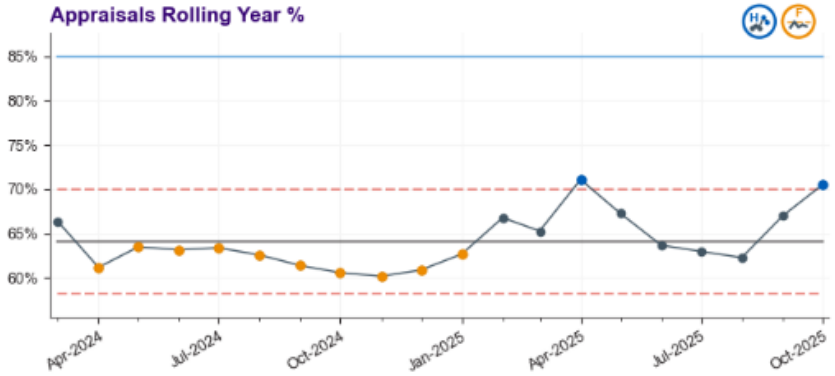


WF-4
Dept: Workforce HR
Metric Type: Supporting
Latest: 4.4%
Target: 5%
Special cause of a concerning nature where the measure is significantly HIGHER. Despite deterioration the process is capable and will consistently PASS the target.

What?
Workforce WTE remains above the planned baseline at 4,640, reflecting stability. Vacancy rate has increased to 4.4%, partly due to positions being held open to support upcoming restructures.

So What?
The workforce position remains strong and aligned with strategic planning. The rise in vacancies is a deliberate choice to create flexibility for organisational change, not an indicator of risk. Service delivery and financial sustainability remain secure.

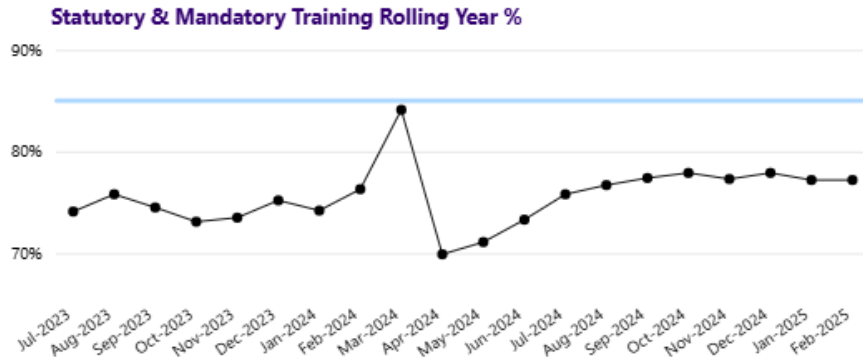
What Next?
- Workforce Planning Group maintains oversight to balance short-term staffing needs with restructure timelines.
- Progress long-term modelling to align workforce supply with transformation priorities and financial plans.
- Adjust recruitment activity to sustain optimal establishment while enabling restructure opportunities.
- Monitor the impact of the vacancy freeze and slower NQP recruitment to ensure service delivery remains unaffected.



WF-40
Dept: Workforce HR
Metric Type: Board
Latest: 70.5%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

WF-6
Dept: Workforce HR
Metric Type: Board
Latest: 88.5%

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



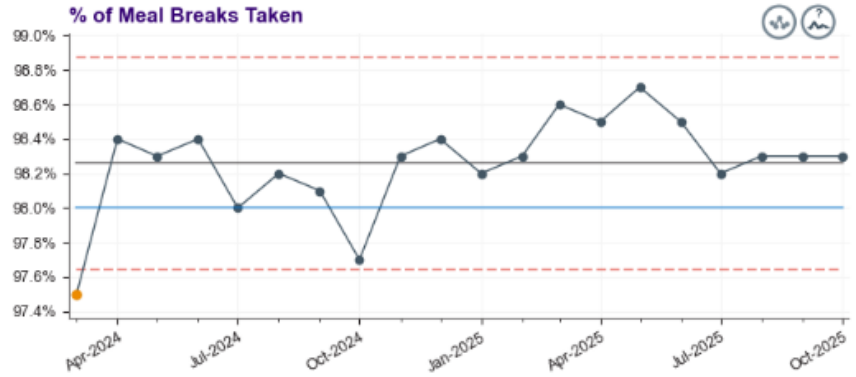
WF-6
Dept: Workforce HR
IP: People & Culture
Latest: 77.2%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

What?
Current compliance rate is 71.5% within the Trust.
So what?
The data does show a increase in compliance; however, performance does still vary between directorates. Focused work continues to improve compliance in specific areas with regular checks made of their line managers to prioritise appraisal completion . To raise at divisional meetings for awareness and action. Weekly executive oversight will continue holding managers to account for non-compliance .
What next?
The L&D team have commenced the work having delivered several ESR walkthrough sessions via Microsoft Teams to support colleagues in correctly recording appraisals on ESR and improving compliance reporting. A new *Appraisal Skills Workshop* for managers is being designed and will be piloted in early December before becoming a business-as-usual offer. The session aims to build managers' confidence in holding meaningful, fair, and developmental appraisal conversations. We are also reviewing relevant NHS Elect and NHS Leadership Academy resources (e-learning, webinars, podcasts) to promote through internal channels such as the Weekly Bulletin, Viva Engage, and targeted communications. Additionally, we are collaborating with the CEO, Chairman, Executive Board, and their Executive Assistants to enable proxy access within ESR, allowing EAs to support the administration and accurate recording of appraisals to help drive compliance.

What?
Statutory and mandatory training compliance for the Core Skills Training Framework (CSTF) has remained above the 85% target for the fifth consecutive month. This demonstrates consistent Trust-wide engagement with nationally mandated learning requirements.

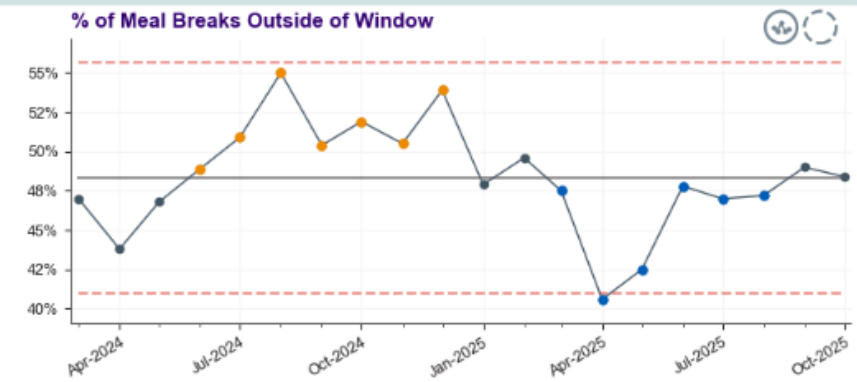
So what?
Sustained performance above the 85% target provides assurance that the workforce continues to meet national minimum compliance standards, reducing regulatory risk and supporting safe, high-quality care. It also indicates that the previous improvements to training access and reporting processes are now embedding. Maintaining this trajectory strengthens the Trust's position for external assurance processes and contributes directly to workforce readiness and organisational resilience.

What next?
Work has begun with the Data Analytics team to improve the accuracy and completeness of mandatory training capture. This is shown in the second graph which will now be reconfigured to capture all courses (data currently pending update).



999-27
Dept: Operations 999
Metric Type: Supporting
Latest: 98.3%
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: 43.9%
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: 48.4%

Common cause variation, no significant change.

What?
Slight improvement in mealbreaks taken outside of meal break window – but still over 40% of meal breaks taken outside of window.

So what?

Mealbreaks being out of window have a significant effect on trust finances with over £1 million pound paid out in compensation payments and a knock-on effect to Performance and out of service.

What next?
Mealbreak policy is currently under review with TUs and Staff to look for Opportunities to improve both patient and staff experience .Work with Dispatch to prioritise mealbreaks in the currently policy however policy allows for dispatch until out of window.

What?
Late Finishes remain high; this needs further analysis and benchmarking against other trusts which is being done as part of the southern collaborative work.

So what?
Continue to focus on dispatch decision making and end of shift crew protection being focused and balanced with staff and patient demand.

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

Sustainable Partner

What?
The Trust has agreed a revised C2 mean plan acknowledging the impact of under-delivery of system productivity and C2 streaming (previous called segmentation). However, internal productivity metrics remain variable, with continued challenges in increasing clinical calls per hour, although offset by strong Hospital Handover performance and improved Incident Cycle time. 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%. An emerging challenge has been provision of hours due to more effective workforce deployment above the vehicle plan.

The number of manual handling incidents has increased (although still within normal variation). As such, the H&S team have undertaken a deep dive, identifying themes in moving and handling of high BMI patients and challenging environments. A number of improvement actions are currently in progress to support. The wellbeing strategy also indicates the move from a reactive MSK service (in terms of physio provision) to a proactive approach. This workstream has commenced and a proposed alternative model will come to EMB in Q4.

So What?
The Trust's month 7 year to date and forecast revenue financial position is in line with plan. NHSE has confirmed the Trust has earned the second half of the £10.2million performance fund and this has allowed the Trust to reduce the risk evaluation of BAF risk 640 as agreed by Novembers FIC.

The revised C2 mean performance plan means that the Trust is now in line with expected C2 performance. Vehicle availability is negatively impacting performance, in particular where more effective workforce deployment is increasing the demand on fleet, compounded by a higher level of VOR. Overall, we normally would expect to operate our fleet with about 38% resilience. This is currently down to abou 20% once the increased hours being scheduled and increased VOR are taken into account.

What Next?

System productivity work is supported through the new divisional structure and with a focus on strong local relationships supporting Winter resilience, including handover and pathways providing an alternative to ED. A deep dive on H&T productivity was undertaken and actions arising to address expectations, data, call selection and training and competencies are now in train. There is an operational plan in place to review sickness processes and share best practice between teams.

Operations Support and Operations are working closely together to ensure the plans through December and Q4 are aligned to deliver our trajectories to year-end. Since the beginning of November, we have implemented a "Ghost Callsign" for crews who don't have a vehicle available at the start of shift to log onto. This is a learning from SCAS colleagues, and we are using the new data alongside a review of the demand and capacity for fleet.

The new MAN DCA vehicles (92) and electric DCA Fords were expected from originally from Q3 25/26. Due to delays in conversion due to changes in pass-fail criteria for IVA tests (Individual Vehicle Assessments), there is some delay to the receipt of vehicles by about 2-3 weeks. We expect now vehicles from the middle of January at a rate of 3 to 4 a week.

Sustainable Partner Overview

South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern			
0%	13%	57%		4%	13%		
0	3	13		1	3		

Assurance

Pass	Hit and Miss	Fail	No Target
9%	9%	13%	70%
2	2	3	16

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of DCA vehicles off road (VOR)	Oct-25	14%	10%	16%		
Board	Number of RTCs per 10k miles travelled	Oct-25	0.8		0.7		
Board	Handover Time Mean	Oct-25	00:18:47	00:17:30	00:18:54		
Board	Hear & Treat per Clinical Hour	Oct-25	0.3		0.4		
Board	See & Convey to ED %	Oct-25	52.3%		52.2%		
Board	See & Convey to Non-ED %	Oct-25	2.3%		2.7%		
Board	UCR Acceptance %	Oct-25	15.3%	60%	19%		
Supporting	111 to 999 Referrals (Calls Triaged) %	Oct-25	6.7%	13%	6.4%		
Supporting	% of SRV vehicles off road (VOR)	Oct-25	5.7%		5%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Oct-25	76		93.1		
Supporting	999 Operational Abstraction Rate %	Oct-25	30.7%	31.9%	23.7%		
Supporting	Hear & Treat Recontact within 48 Hours %	Oct-25	2.2%		2.1%		
Supporting	Handovers > 45 Minutes %	Oct-25	4.2%	0%	4.5%		
Supporting	Number of Hours Lost at Hospital Handover	Oct-25	3257.4		3199.3		

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	Oct-25	35		34.6		
Board	Organisational Risks Outstanding Review %	Oct-25	48%	30%	29.1%		
Supporting	Number of RIDDOR Reports	Oct-25	13		9.7		
Supporting	Manual Handling Incidents	Oct-25	43		26.5		
Supporting	Violence and Aggression Incidents (Number of Victims - Staff)	Oct-25	108		119		

Finance

Type	Metric	Latest	Value	Target	Mean
Board	Surplus/Deficit (£000s) Month	Oct-25	320	1.4	-17.6
Supporting	Agency Spend (£000s) Month	Oct-25	-218.7	-161	-237.3
Supporting	Capital Expenditure (£000s) YTD	Oct-25	3181	28496	6746

Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Oct-25	909		1372.1
Board	Cost Improvement Plans (CIPS) (£000s) YTD	Oct-25	3113	4669.66	8885.5

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

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern	
0%	13%	57%		4%	13%
0	3	13		1	3

Assurance

Pass	Hit and Miss	Fail	No Target
9%	9%	13%	70%
2	2	3	16

Resilience

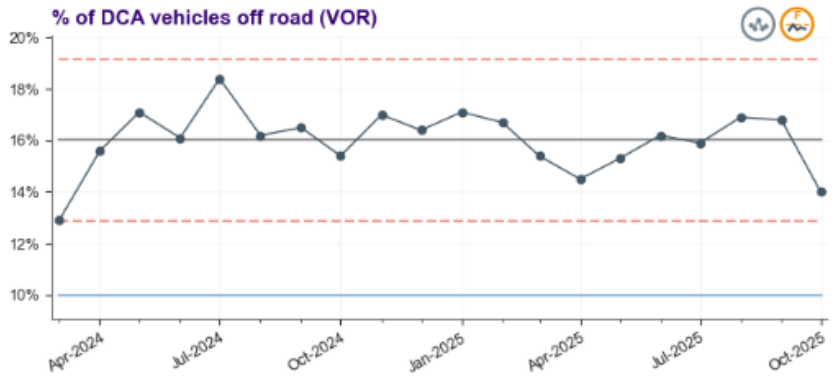
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Pending metric: Data Security / Cyber Assurance - Needs to be defined							
Pending metric: EPRR Standards Compliance % - Needs to be defined							
Pending metric: Digital Capacity/Delivery - Needs to be defined							

Patient Safety

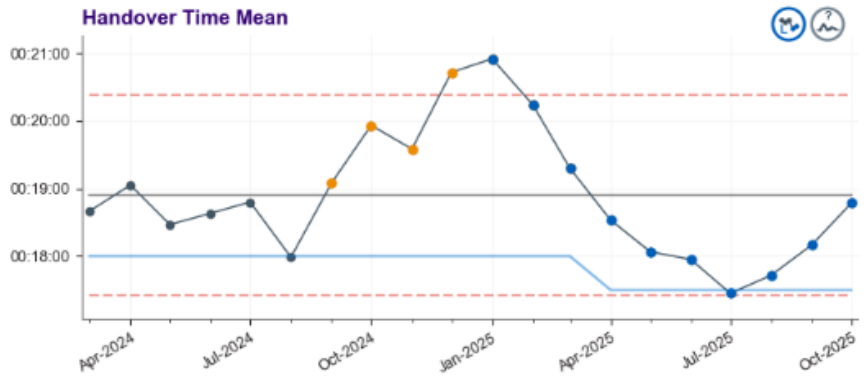
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Pending metric: Driver Safety Standard Metric - Needs to be defined							

Digital

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Count of P1 Incidents	Oct-25	0		0.2		
Board	Count of Cyber Incidents	Aug-25	5		6.7		



FL-4
Dept: Fleet
Metric Type: Board
Latest: 14%
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: 00:18:47
Target: 00:17:30
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

FL-2
Dept: Fleet
Metric Type: Board
Latest: 0.8

Common cause variation, no significant change.

% of DCA Vehicles off road (VOR)
What?
Current DCA VOR rate at 14%

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 of Mercedes DCAs.

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 Start of December 2025.

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 as the functional collaboration case evolves.

Hospital Handovers
What?
A slight deterioration in October from the previous month and times have increased for the last 4 months. Average handover time for October is 18.47 against a target of 17 minutes.

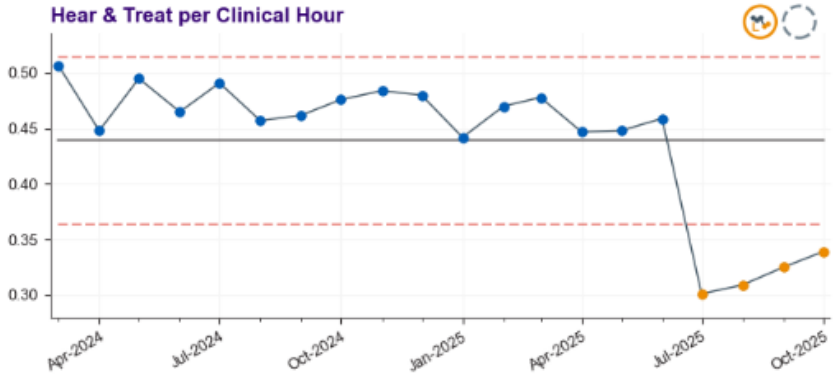
So what?
Likely cause of deterioration linked to pressures at acute trusts due to demand and along with challenges related to infection/prevention controls (Norovirus outbreaks and COVIID)

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.

Sustainable Partner: Productivity | Board Metrics

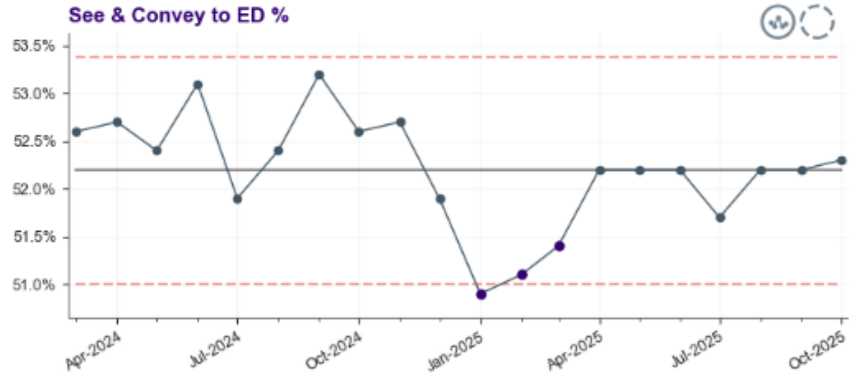
South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report



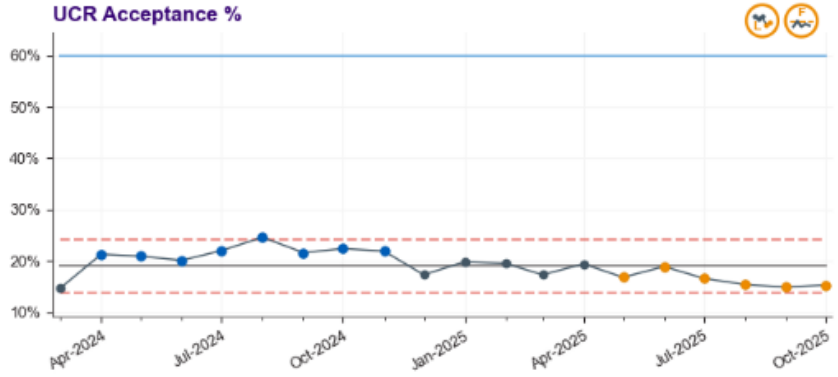
999-41
Dept: Operations 999
Metric Type: Board
Latest: 0.3

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

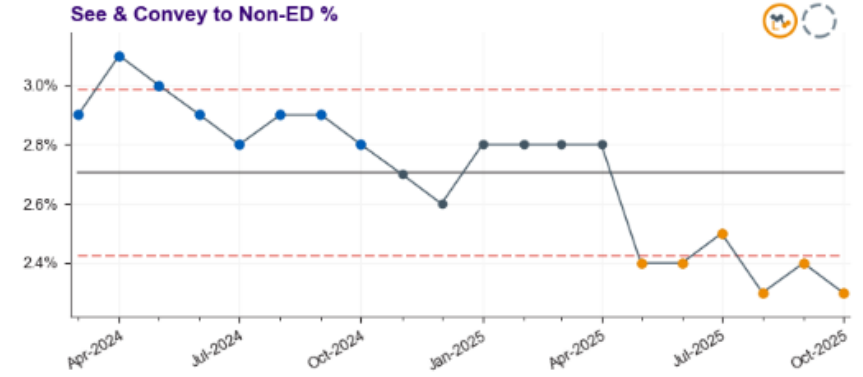


999-9
Dept: Operations 999
Metric Type: Board
Latest: 52.3%

Common cause variation, no significant change.



999-40
Dept: Operations 999
Metric Type: Board
Latest: 15.3%
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: 2.3%

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

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 (now called High Quality Care) is improve the Hear and Treat (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 streaming and C3/C4 clinical validation in the Unscheduled Care Navigation Hubs. Although the overall Hear & Treat outcomes per hour is trending upwards in H2 of 25/26, it is still below target.

So what? The H & T finished at 15.2% for the month of October with 3.9% attributable to EMA activity. Only 8% of eligible C2 incidents underwent a clinical assessment as part of C2 streaming, with 17% downgraded to a C3/4 disposition and 36% downgraded to a non-ambulance disposition. Overall, the number of cases subject to C2 Streaming has decreased since August. This is because of the new interim C2 streaming model which SECAmb implemented to reduce the adverse impact that the NHS E process was having on C2 mean overall. There is real variability in H & T rates each day with different contributing factors to the higher levels which gives a challenge to being able to deliver the target levels consistently however, clinical productivity with respect to calls triaged per hour has increased.

What next? As part of the "high quality patient care" programme, 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 H & T. There is also a focus on clinician productivity, which is being addressed via the Virtual Care delivery group, supported by an updated H&T action plan.

A new C2 Streaming model is being developed in conjunction with NHS E and is due to be implemented before the end of Q3.

UCR Acceptance Rate

What?

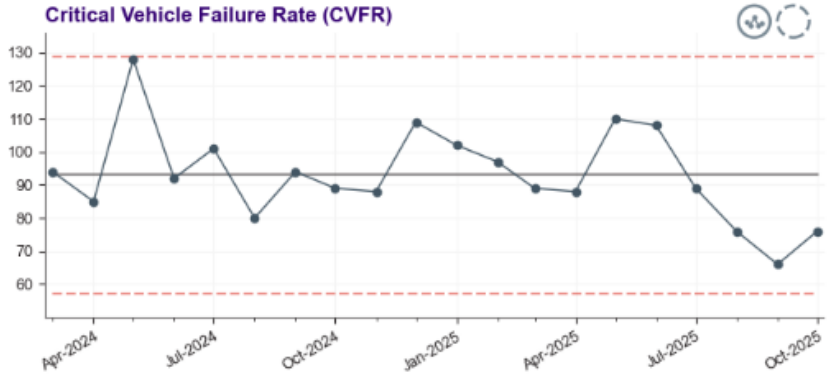
In October, **15.42%** of 882 incidents referred via the UCR portal were accepted (**n=137**), a slight increase from September but still far below the **60% target**. Most rejections were due to **no response (39%)**, **accepted but no capacity (27%)**, or **clinical inappropriateness (26%)**. Acceptance rates varied significantly across the region, from **50% in North West Surrey** to **1% in Hastings**.

So What?

Acceptance rates remain well below desired levels, with marked variation across geographies, indicating inequity in service access. Capacity constraints are the dominant barrier, limiting the benefit of increased referrals. Rejection patterns point to systemic issues—delayed responses, capacity shortfalls, and clinical misalignment between referral criteria and ground level UCR service scope.

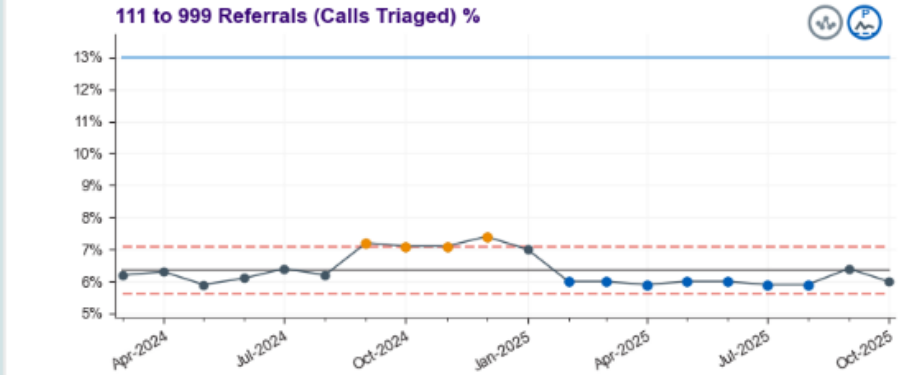
What Next?

Learning visits to WMAS and EEAST confirm that even mature services target ~40% acceptance. EEAST achieves **70% acceptance** but only **40% completion** due to case pass-back capability. Their model includes a **1-hour review for patient risk assessment**. All providers are live except **KCHFT**, which covers the largest geography; engagement efforts continue, with a meeting scheduled **W/C 12/11/2025** with the incoming Deputy Director of Community Services. System leaders are analysing trends in "accepted but no capacity" rejections and reductions in auto-rejects and clinically inappropriate referrals to inform redesign options.

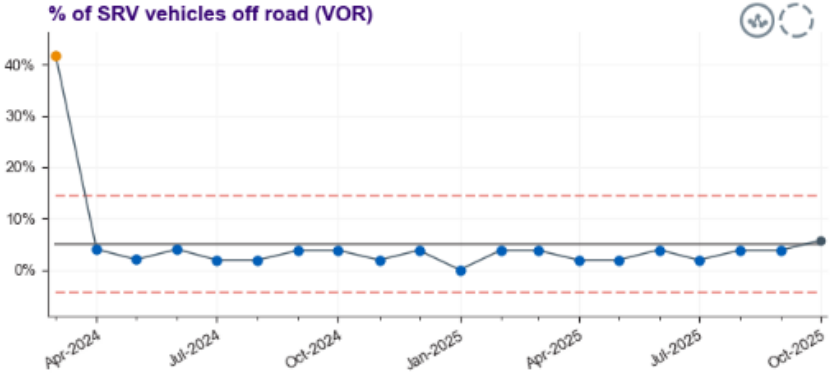


FL-12
Dept: Fleet
Metric Type: Supporting
Latest: 76

Common cause variation, no significant change.



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.



FL-5
Dept: Fleet
Metric Type: Supporting
Latest: 5.7%

Common cause variation, no significant change.

Critical Vehicle Failure Rate (CVFR)

What?
No significant change to critical vehicle failure rate in recent months

So what?
Current CVFR levels are mainly due to vehicle age and operational vehicles that are required to be used passed there agreed replacement life cycle due to the reliability of the Fiat product.

What next?
New DCAs are to start being delivered into the Trust for commissioning from the 25th November 2025 that will reduce average fleet age and improve vehicle reliability.

% of SRV vehicles off road (VOR)

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

999-42

Dept: Operations 999

Metric Type: Supporting

Latest: 2.2%

Common cause variation, no significant change.

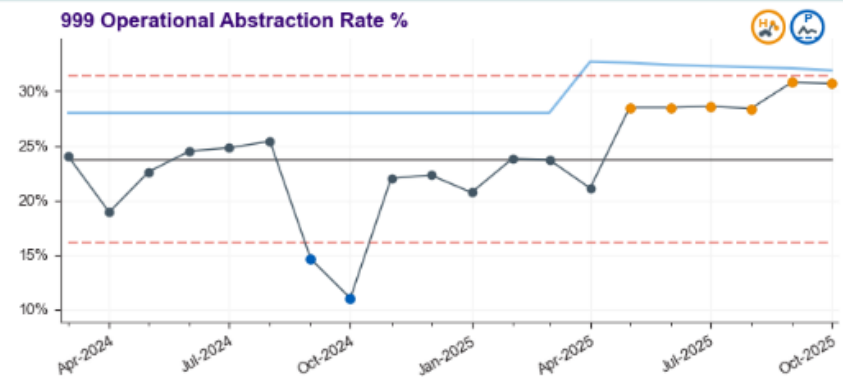
999-24

Dept: Operations 999

Metric Type: Supporting

Latest: 3257.4

Common cause variation, no significant change.



999-12

Dept: Operations 999

Metric Type: Supporting

Latest: 30.7%

Target: 31.9%

Special cause of a concerning nature where the measure is significantly HIGHER. Despite deterioration the process is capable and will consistently PASS the target.

999-39

Dept: Operations 999

Metric Type: Supporting

Latest: 4.2%

Target: 0%

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.

Hear & Treat Recontact

What? Contact from patients who have received a Hear & Treat (H & T) outcome (alternative disposition to ambulance dispatch) increased slightly in October but remains relatively low.

So what? H & T recontact is a measure of clinical effectiveness and needs further analysis to evaluate risk and the impact of the H & T 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: Total hours abstracted fell from **216,877** in September to **202,893** in October, and the abstraction percentage also dipped from **34.32%** to **32.24%**. The data reflects a decrease in annual leave during October.

So what?

YTD: abstraction levels show a seasonal pattern with a steady rise from spring into a prolonged peak running from July through to October. During this period, weekly abstracted hours consistently ran between 38,000 and 42,000 driven by high levels of annual leave. During this period, training such as key skills remained steady, however we also have a small but steady amount of both short and long-term sickness. This combination explains the higher abstraction percentage over the summer and early autumn.

There are several 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. (Cont. in next narrative box)

999 Operation Abstraction cont.

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.

Hospital Handovers

What?

Hours lost to Hospital Handovers continue to improve, supported by the changes made to "auto clear" functionality at ED.

So what?

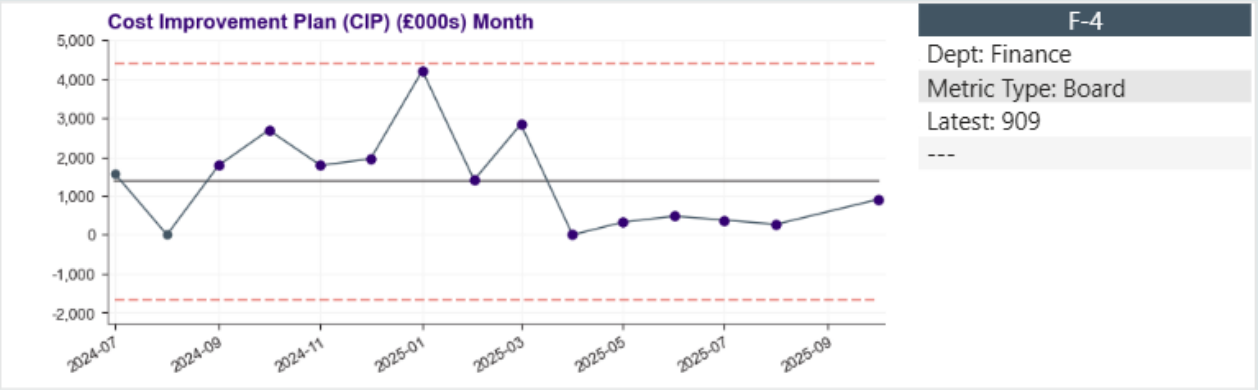
The number of hours lost due to handovers is improving as we continue to focus on this priority area with all system partners working collaboratively on an agree plan.

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

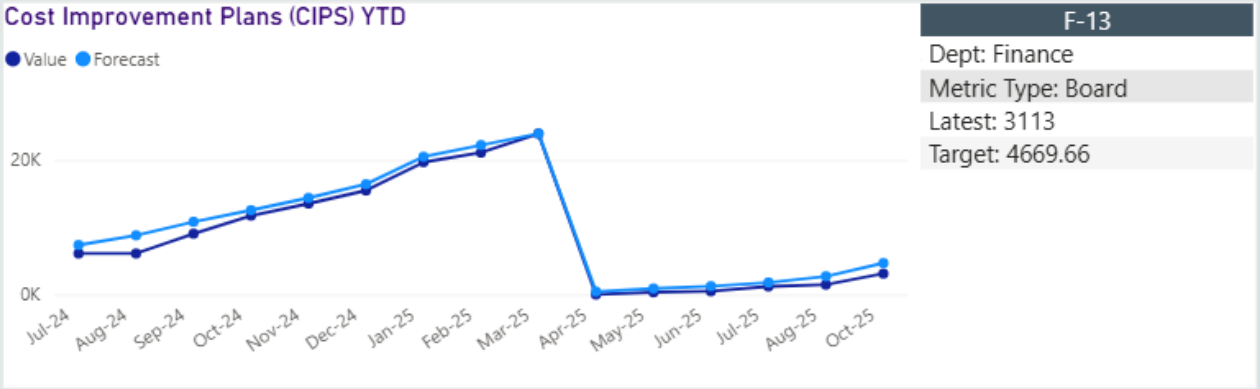


F-4

Dept: Finance

Metric Type: Board

Latest: 909



F-13

Dept: Finance

Metric Type: Board

Latest: 3113

Target: 4669.66

What?
For the seven months ending October 2025, we are £1.6m or a third short of our £4.7m efficiency target. Year-to-date recurrent savings have dropped to 40%, below our 63% target, leading to a rise in non-recurrent savings to 60%.

So what?
We need to achieve £6.9m of the £10.0m efficiency target in the next five months to reach breakeven and establish sustainable savings.

What next?
Expedite the development and financial validation for 17 schemes worth £1.9m and advance them through Executive Director and Quality Impact Assessment (QIA) approval to reach the delivery stage.
Develop outstanding initiatives from the August Joint Leadership Team (JLT) meeting.
Minimise risks and ensure budget compliance to meet efficiency targets.

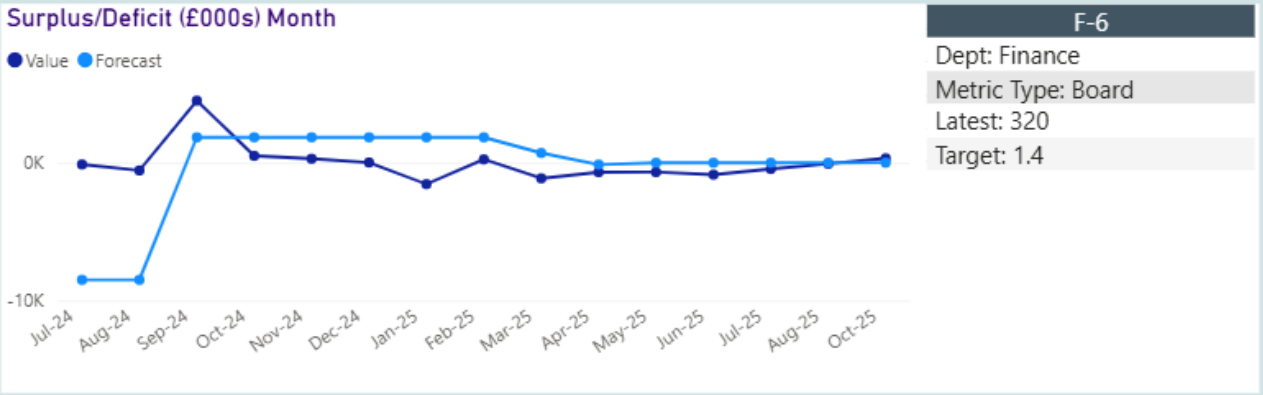
What?
The present fully validated risk-adjusted forecast gap remains £2.4m, against the £10.0m target. The reliance on non-recurrent savings has reduced recurrent savings from 70% to 42%.

So what?
With initiatives below target, additional actions are needed to close the gap, especially since 69% of expected savings are in the second half of the year, which may face winter pressures.

What next?
To address this gap, we have implemented mitigation strategies, including the use of non-recurrent budget underspends and balance sheet flexibilities.
However, it is essential to identify initiatives for productivity and cost improvements to ensure sustainable progress over the next three years. We must comply with budget and efficiency targets while aiming to achieve a 3% surplus by 2028/29, as required by NHS providers.

Sustainable Partner: Finance | Board Metrics

Integrated Quality Report



What?
The Trust is reporting a £2.5m deficit for the 7 months to October 2025, this is as planned.

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 continues to monitor its performance and forecast position and 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 £10.2m ambulance growth funding has been allocated to enable the Trust to deliver a revised trajectory improvement in C2 mean to 28 minutes for 2025/26.

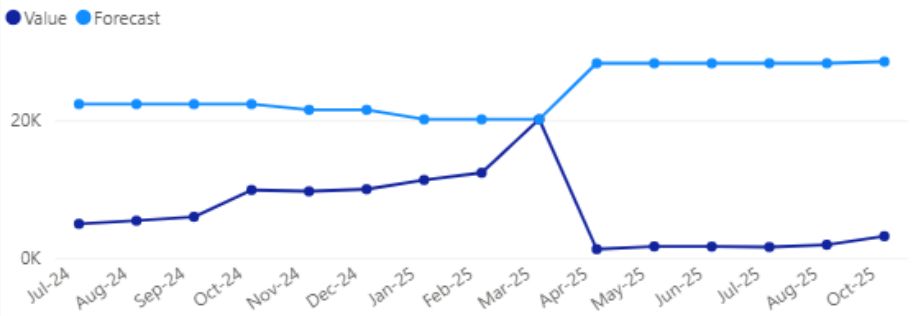
This plan is supported by the £22.6m efficiency target, £10.0m cash releasing (a shortfall as mentioned above) and £12.6m from productivity improvements helping it to meet its performance target.

The Trusts cash position is £27.8m as at 31 OCtober 2025.

Sustainable Partner: Finance | Supporting Metrics

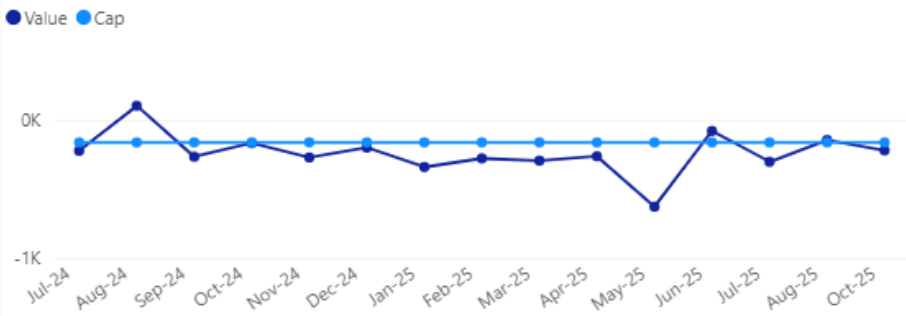
Integrated Quality Report

Capital Expenditure ($000s) YTD



F-14
Dept: Finance
Metric Type: Supporting
Latest: 3181
Target: 28496

Agency Spend (£000s) Month



F-8
Dept: Finance
Metric Type: Supporting
Latest: -218.7
Target: -161

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

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

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

For the year to October 2025, the Trust has spent £2.9m, this is £4.4m behind the plan of £7.3m. This underspend is caused by the sale of vehicles to a lease company that were purchased by the Trust last year and a delay in digital and fleet spend. This underspend will be caught up later in the year when the vehicles leases start and vehicles start to be delivered.

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

What?
For the financial year 2024/25 the Trust spent £2.3m on the provision of third-party agency employees, this was £0.3m above plan.

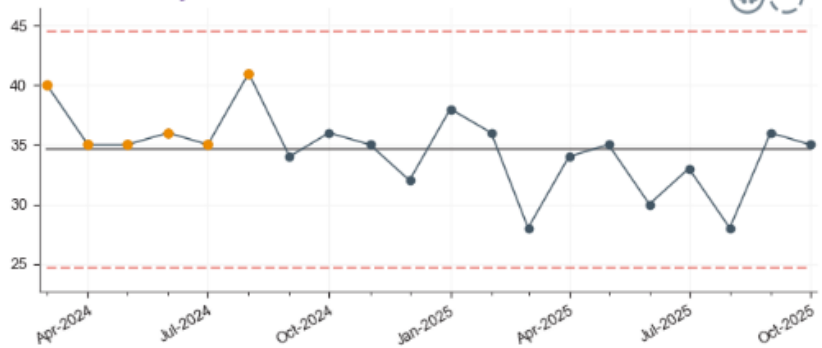
So what?
This overspend was due to meet demand in both its 999 and 111 contact centres and to support productivity improvements within its 999 contact centre, supporting the improvement in C2 mean and improved C2 segmentation, these improvements were supported by additional funding.

What next?
For 2025/26 it has a plan to spend £2.0m, for the year to October 2025 the Trust has spent £1.7m, £0.5m above plan due to delays in its ability to recruit into permanent roles within its 999 and 111 contact centres.

The Trust continues to work towards reducing its reliance on temporary agency staff.

Sustainable Partner: Health & Safety | Board Metrics

Integrated Quality Report



QS-20
Dept: Quality & Safety
Metric Type: Board
Latest: 35

Common cause variation, no significant change.

QS-24
Dept: Quality & Safety
Metric Type: Board
Latest: 48%
Target: 30%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
Health and Safety incidents for the reporting period are showing normal variation with no significant change.

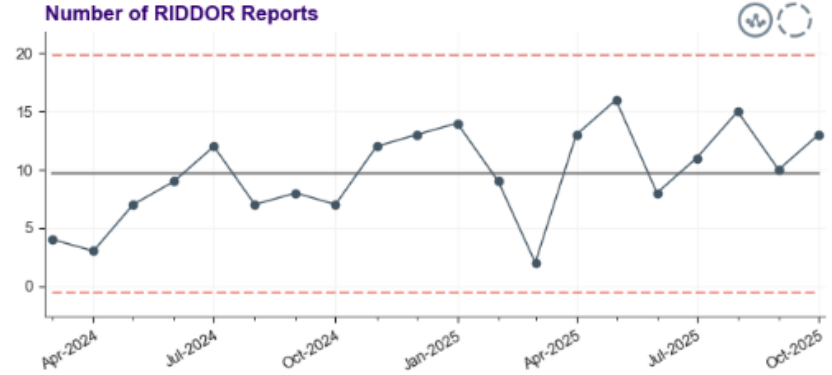
So what?
Whilst there is stability in the count of incidents for the reporting period, the recent introduction of IOSH Managing Safely training is expected to drive improved control assurance as the first line of defence and ultimately support the reduction in incidents.

What next?
- Continued role out of IOSH Managing Safely training
- Training gaps being shared within key skills
- Establishment of third line of defence assurance (BDO) t be planned for 26/27
- Benchmarking key metrics with other Ambulance Trusts to identify learning and drive improvement.
- RIDDOR learning reviews to strengthen preventative measures.

What? Risks are not always being updated on the system following review by the risk owner.

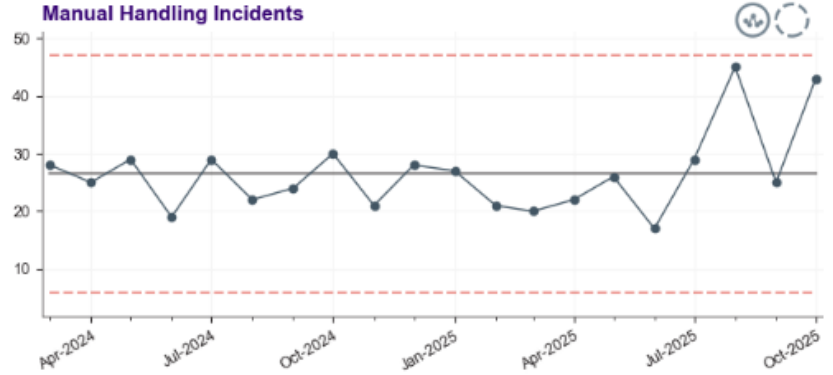
So What? The Risk Assurance Group has a specific focus on this aspect of compliance and following the meeting in November is confident this will improve. Many of these risks showing as overdue are in fact being discussed and the risk owners acknowledge the discipline needed to then take the final step in updating the system, DCIQ.

What next? Risk Assurance Group will continue its focus and by the end of Q4 look to reduce this target to 10%



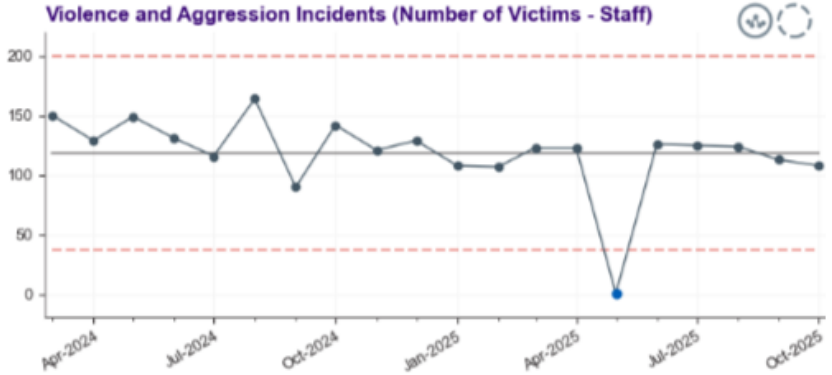
QS-9
Dept: Quality & Safety
Metric Type: Supporting
Latest: 13

Common cause variation, no significant change.



QS-22
Dept: Quality & Safety
Metric Type: Supporting
Latest: 43

Common cause variation, no significant change.



QS-13
Dept: Quality & Safety
Metric Type: Supporting
Latest: 108

Common cause variation, no significant change.

RIDDOR
What? 13 RIDDOR reports went to the HSE during the reporting period, with 54% of events relating to moving and handling of patients and significant loads with a moderate level of harm in 77% of reports. Three of these reports were submitted outside of the expected time frame.
So what? There has been improvement in the reporting RIDDOR incidents in timely manner. Common theme identified of moving and handling of high BMI patients and challenging environments.
What next? Please refer Metric QS 22 – Summary Manual Handling.

Violence & Aggression Incident Reporting
What? Reports of violence and abuse have seen a sustained reduction for 11 out of the last 13 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? As of 10/10/2025 ,2843 staff have received Conflict resolution training . Anticipated completion date for all road staff is still on track for the end Dec 2025. Training for CFR and new joiners is a priority.
113 Violence and Abuse incidents were reported in September 2025. And 108 were reported in October 2025. The average has dropped to 118 per month from a high of 134 so the data is not statistically significant.
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 remains 93% compliant with the new NHS Violence Reduction Standards. An external review is being undertaken in September / October 2025. This audit process is still ongoing.

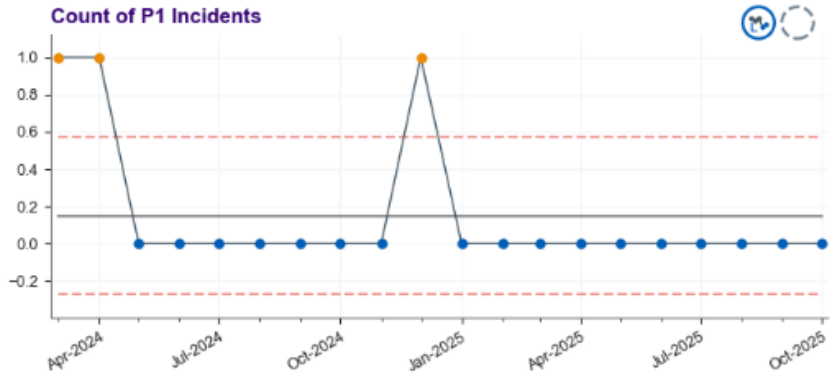
Key Initiatives for 2025
- Local violence risk assessment reviews
- Continued partnership working with relevant police forces. / Hate crime focus with Kent Police
- Review of call handler training in managing conflict

Manual Handling Incidents

What? Recent reporting months have seen a spike in such incidents, that is on the border of the upper control limit indicating a requirement of a deep dive.
So what? A deep dive has identified key themes in reported moving and handling adverse events:
- Moving and handling of High BMI patients
- Challenging patient extractions
- Carry of significant loads (Lifepak 15 and Primary Bags)

What next?
- NHSE funded E DCA's due late 2025 that have self-loading trolleys.
- Trust opportunity for moving to powered trolleys and carry chairs with future fleet.
- Key skills back to basics (TILE) now covered in Q2 25/26
- Bariatric Model provision - review underway
- Input to Clinical Education to further develop meaningful Dynamic Risk Assessments

Note: TILE is an acronym that aims to help you carry out a manual handling risk assessment. TILE prompts you to consider each essential area of the activity to improve health and safety. In terms of manual handling, the TILE acronym stands for Task, Individual, Load, and Environment:



IT-7

Dept: Digital
Metric Type: Board
Latest: 0

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

IT-8

Dept: Digital
Metric Type: Board
Latest: 5

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

What?
The chart shows three P1 incidents in the last 18 months (Mar 2024, Apr 2024 and Dec 2025), with no recent occurrences.

So what?
The absence of recent P1 incidents suggests the network remediation programme has been effective.
Cross-site resilience has improved, reducing operational risk and the likelihood of service disruption.

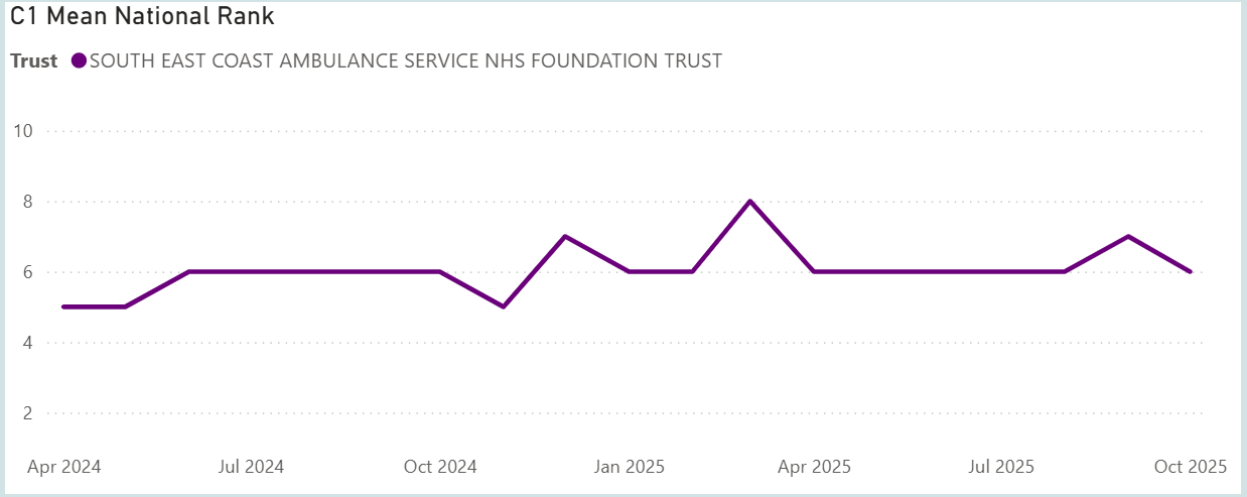
What next?
- Continue ongoing work to strengthen infrastructure and maintain resilience.
- Monitor systems proactively to prevent recurrence.
- Embed lessons learned into future digital resilience strategies.

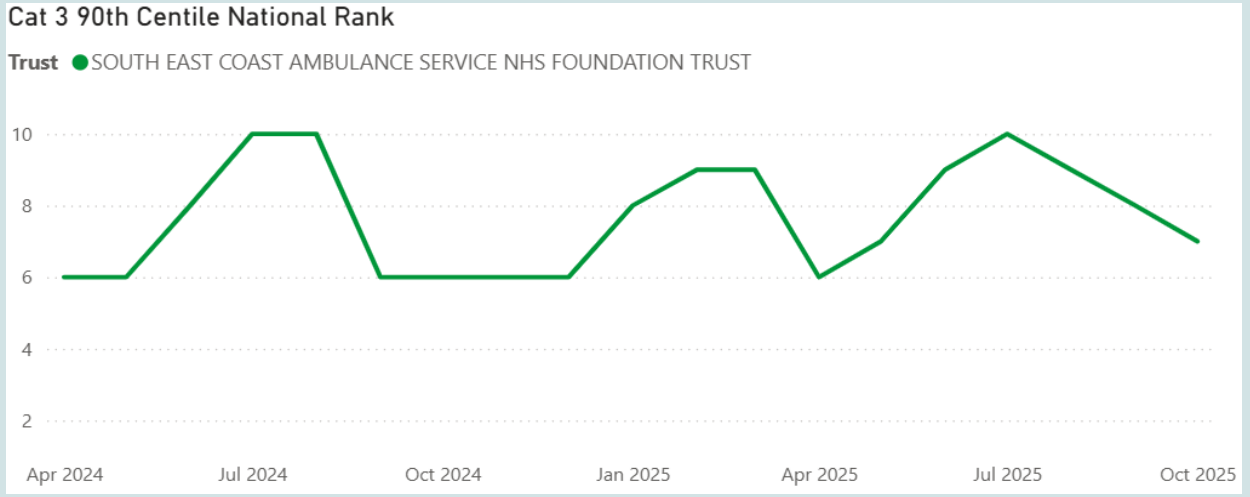
What?
Cyber incidents have reduced from 25 in Oct 2024 to 5 in Aug 2025, showing normal variation.
No special cause variation can be determined due to insufficient data points.

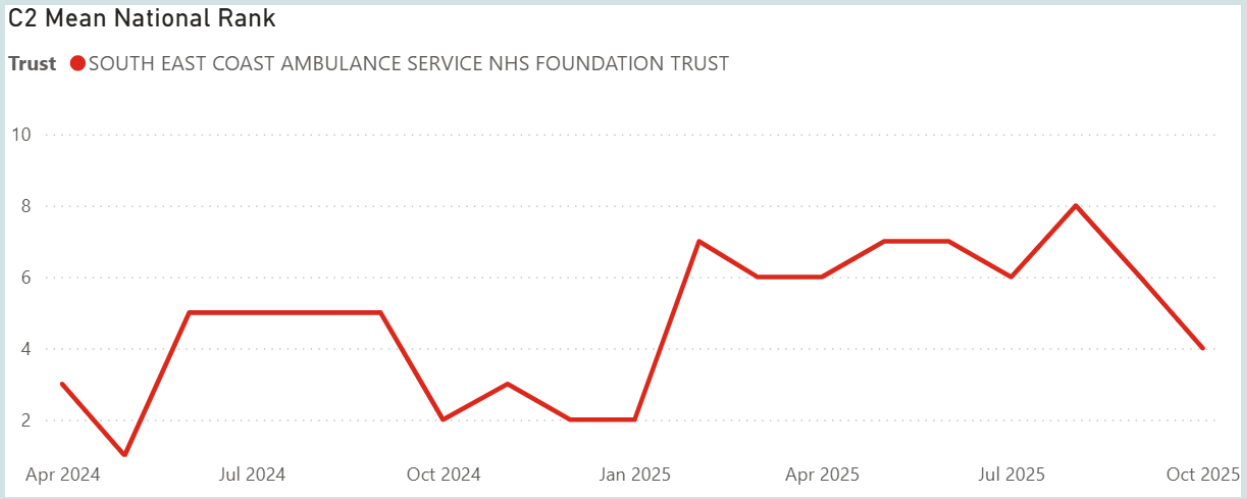
So what?
The downward trend is positive, but cyber threats remain persistent.
Current controls are effective, but vigilance is essential given the evolving threat landscape.

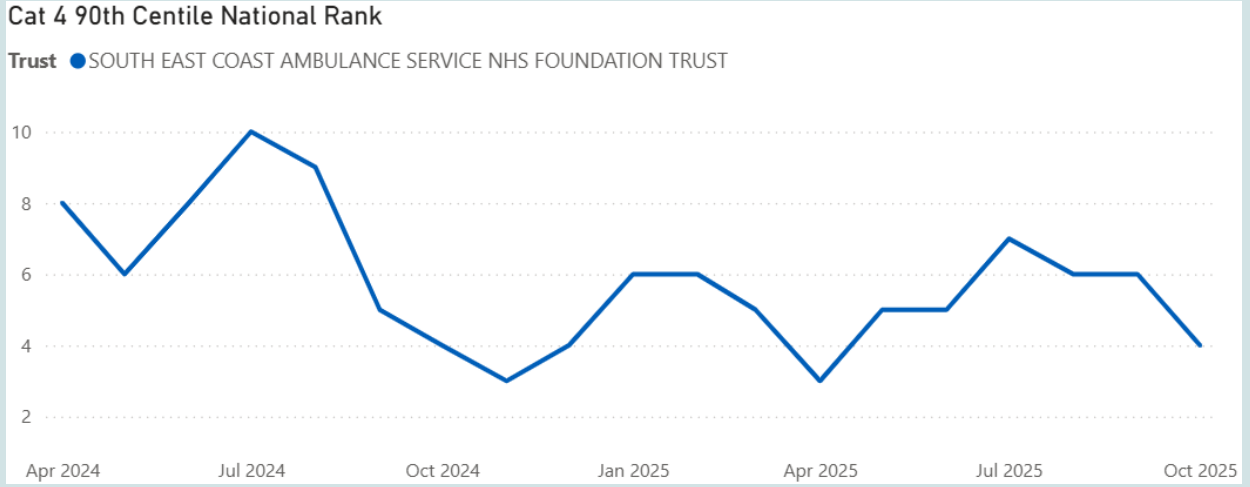
What next?
- Advance initiatives under the Digital Transformation Programme, including:
  - Collaboration with SASC on a joint Cyber Security Operations Centre (CSOC).
  - Deployment of a new SIEM tool for enhanced threat detection and response.
- Maintain continuous monitoring and rapid incident management.

CL1



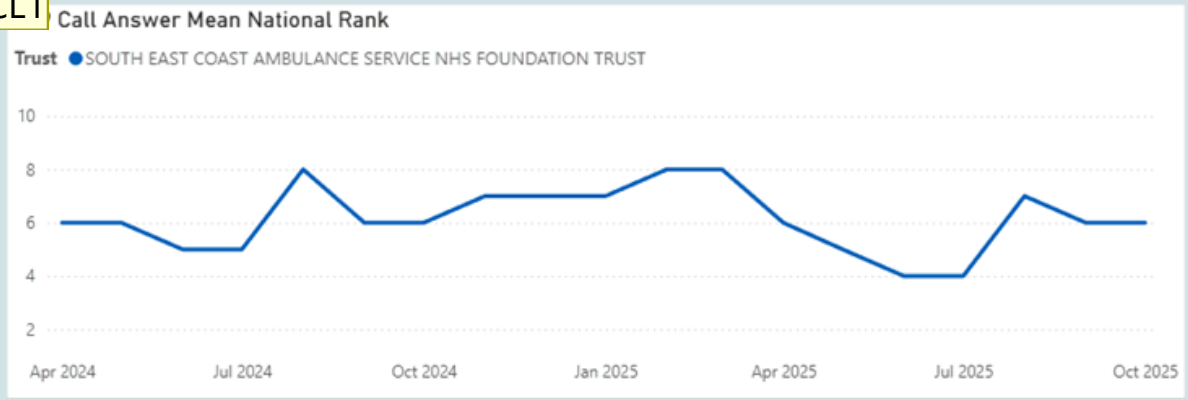


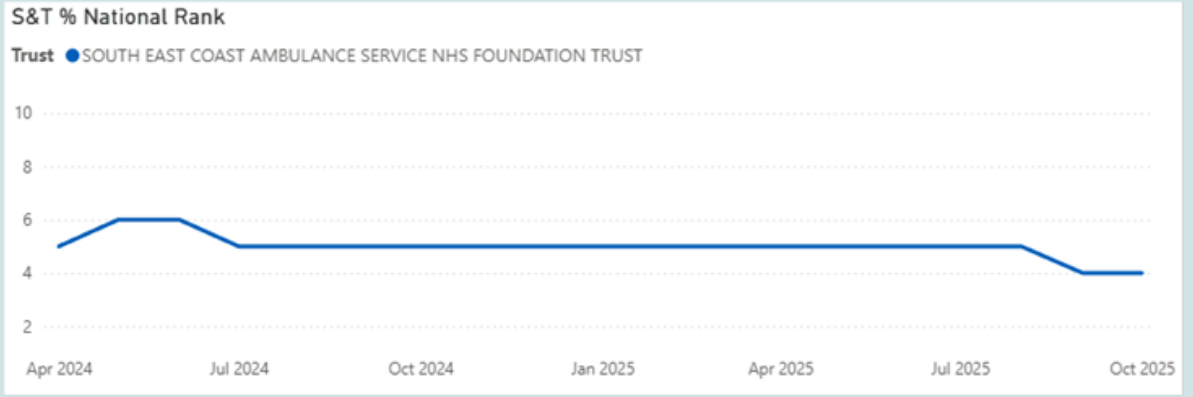


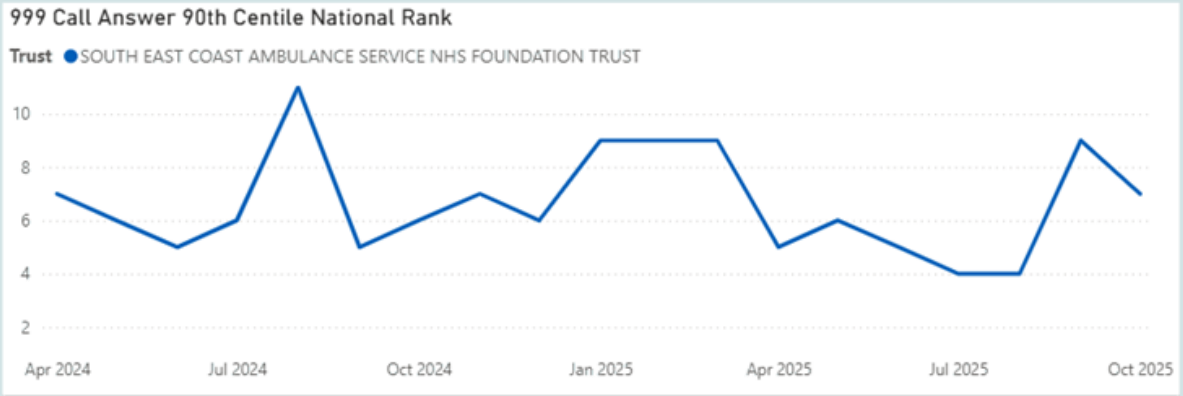


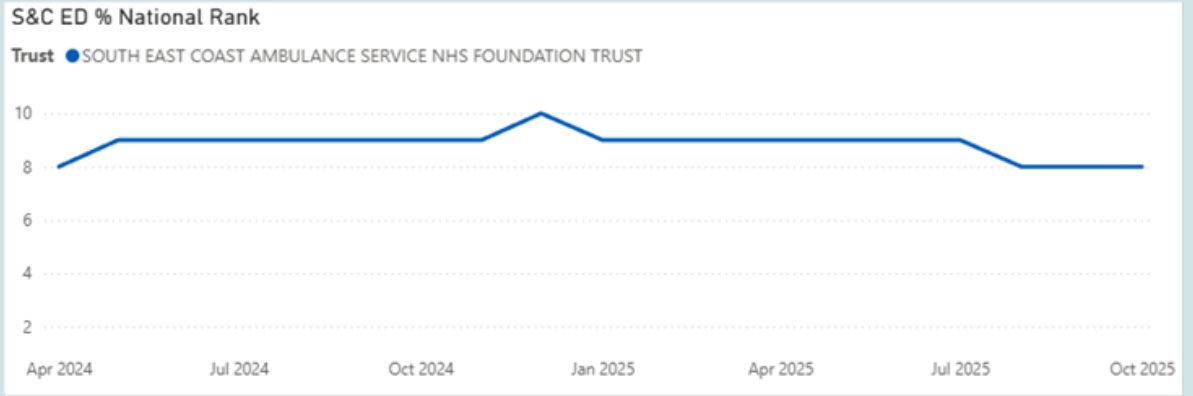
Summary:
•Overall SECAmb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times. All Trusts are being challenged to improve their C2 mean in the coming year in line with NHSE guidance.

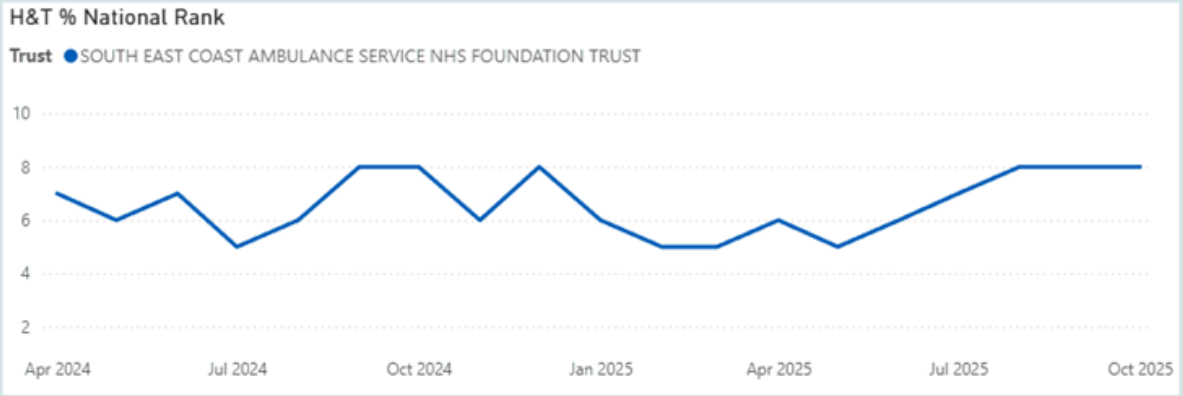
CL1

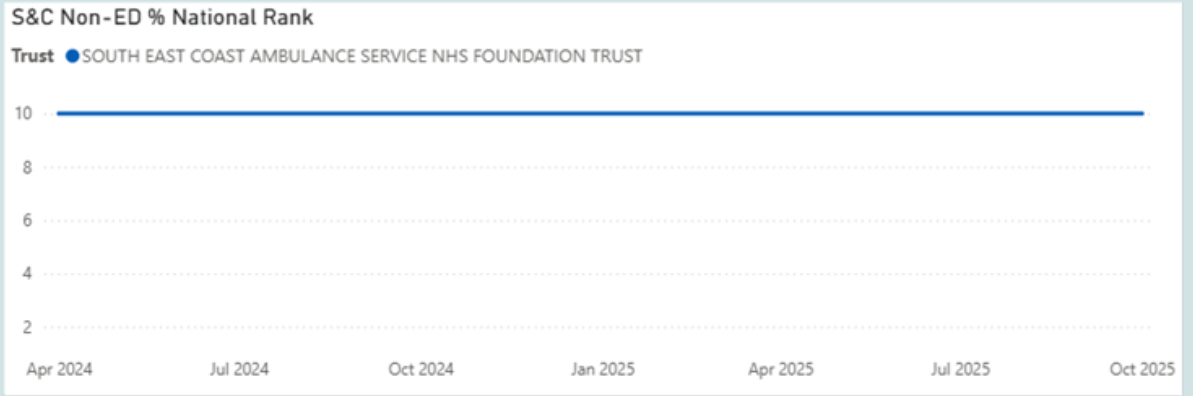












Summary:

•Secamb continues to benchmark well for 999 call answer times but has room for improvement in H&T rate, as noted in the report. We are also working to improve our S&C to non-ED settings in partnership with system providers

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

Agenda No	37/25

Name of meeting	Council of Governors
Date	18.12.2025
Name of paper	Audit & Risk Committee Assurance Report to Trust Board
Author	Peter Schild, Independent Non-Executive Director

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 20 November 2025 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

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

At the start of each meeting the committee asks the Chairs of the other committees to confirm if they have identified any significant internal control issues. There are currently none, although the quality committee noted its ongoing review of the risk identified in EOC, which the Board is aware that led to the quality summit earlier in the year, and the ongoing assurance the people committee is requiring related to our approach to sexual safety.

ALERT

Emergency Preparedness Resilience Response (EPRR)

The committee considered the outcome of the EPRR Annual Assurance assessment, which will be presented to Board. This is a really positive news story in how we have over the past 12-18 months strengthen our controls for EPRR. This is the first time we have been assessed as Substantially Compliant since 2019. The recommendations from 'Manchester Arena' are to be incorporated into the national core standards for next year.

There are a number of opportunities this opens and as part of the group model the executive will be establishing joint priorities to operate in more joined up way with SCAS.

Lastly, the committee reflected that only 18 months ago this was an area of significant concern, so it is really encouraging to see this level of sustained improvement.

Constitution
The committee supported the proposal to make two amendments to the Constitution, which is recommended to the Board (part 2). Subject to its decision this will then be presented to the Council of Governors, as changes to the Constitution require the approval of both the Board and COG.

ASSURE

Internal Audit
The Internal Audit plan is progressing well. To-date there have been no 'below the line' audit reviews and no high-risk recommendations; this demonstrates an effective internal control environment.

At this meeting two final reviews were received:

1. Station Visits (focus on medicines management) – this provided Substantial Assurance, having identified a number of positive things in place both in terms of the design and implementation of controls. The committee congratulated the executive for this progress and acknowledged the positive impact made by Shani Corb, Chief Pharmacist.
2. Financial Systems (Budgetary Control) – another positive outcome with Substantial Assurance for the design and Moderate Assurance for the effectiveness of controls, which recognises the further improvement needed with budget setting.

At the next meeting in March we will receive a draft Annual Head of Internal Audit Opinion, and based on the findings from the Internal Audit Plan to-date, the committee is hopeful of another positive outcome.

Risk Management
The Committee remains assured with the arrangements in place to support effective risk management. As reflected in the related reports to the Board, there is good risk reporting into the other board committees, helping ensuring visibility of the key risks.

In terms of compliance, the committee noted the recent decline in the number of risks overdue review, and so the committee will test at its next meeting the extent to which this is becoming a trend.

Policy Management
As with EPRR, policy management was another area 18-24 months ago that the Board had significant concerns about. It was identified in the 2023 Annual Governance Statement as a Significant Internal Control Issue and an Internal Audit that year provided 'minimal assurance'. This led a redesign of the controls, and this has supported sustained improvement in the effective management where we typically run at around 90% compliance (policies in date).

Maintaining compliance requires the effort of a number of colleagues and in the next 12 months 90 policies and procedures are scheduled for review. To mitigate the related risk, there is a comprehensive plan to ensure this level of review is achieved.

Counter Fraud

The Committee received an update on counter fraud activity, with good progress being made against the workplan. The committee continues to be assured that the Trust is responding appropriately to evolving fraud risks. In response to an interesting discussion about colleagues who have secondary employment (common across the sector), the committee will review in March how this is being managed, in particular to ensure the ongoing wellbeing of our people.

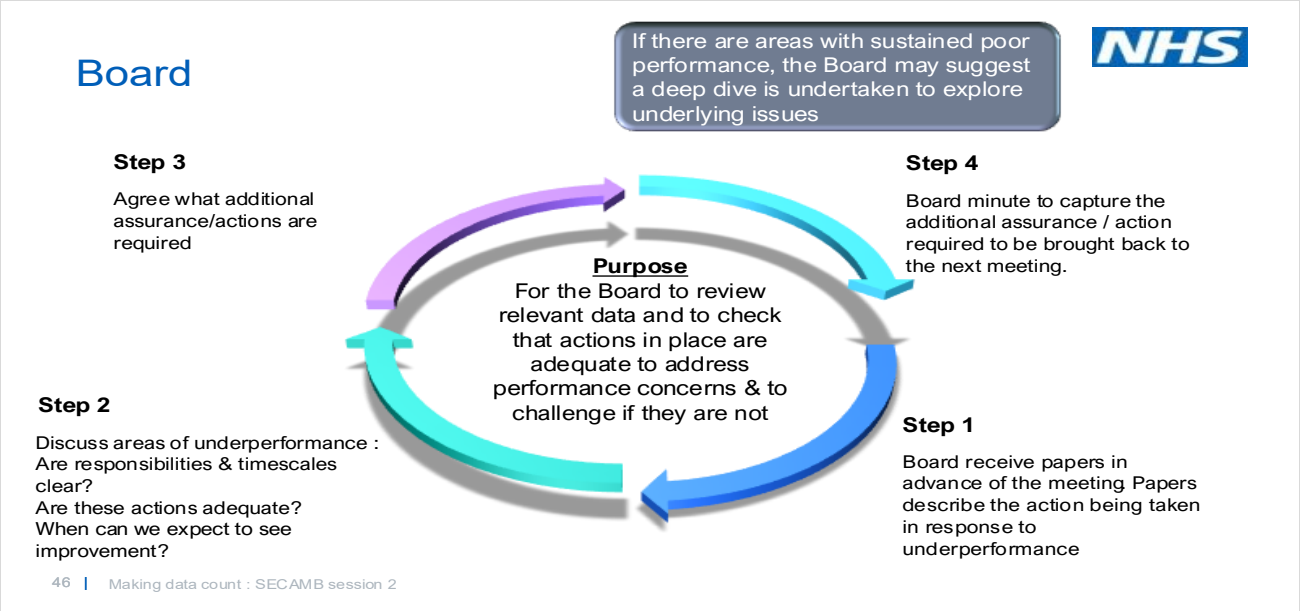
ADVISE

Integrated Quality Report

The Chief Operating Officer set out the ongoing plan to improve the IQR, which the committee supported. The Board will see these changes in the versions between now and April 2026.

Recommendation

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



South East Coast Ambulance Service NHS Foundation Trust

Agenda No	37/25

Name of meeting	Council of Governors
Date	18 December 2025
Name of paper	Quality & Patient Safety Committee Assurance Report to Trust Board
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

This assurance report provides an overview of the most recent meeting on 13 November 2025, and is set out in the following way:

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

ALERT

Strategic Priority: Virtual Care (Strategic Priority)
This key strategic priority continues to be RAG rated Red due to the targeted interventions not impacting the desired outcomes to increase in H&T. The key risks relate to training delays and workforce capacity. The committee acknowledges that we are not where we had hoped to be, but given the complexity is at least understandable. One of key actions relates to the training package, which the executive has a plan for; up to now this has largely focussed on using a clinical decision support systems rather than how to undertake virtual consultation. This is the gap that needs to be closed working with our university partners.

EOC Risk
There was a specific focus on this risk which led to the quality summit earlier in the year, linked to the issue with non-compliant call audits, inconsistent staff performance, insufficient training, and ineffective management of underperformance. Several improvement actions have been completed and the impact of these will be tracked by the committee, including via patient experience data.

ASSURE

Internal Audit – Station Visits (Medicines)
This audit concludes Substantial Assurance that our medicines management systems are well designed and effectively operated. Controls for storage, access, transport and monitoring of medicines are robust, though minor procedural and training consistency improvements are needed. The committee really welcomed this level of assurance and gave special mention to Shani Corb, Chief Pharmacist.

Annual Reports
CDAO Annual Report
The CDAO Annual Report 2024/25 provides assurance that SECAmb maintains robust governance and compliance in the safe management of controlled drugs. Across the 999 service, over 778,000 individual units of controlled drugs were issued with incidents remaining very low (0.12%, mainly minor such as breakages), supported by improved reporting and monitoring through Omnicell and Medicines Governance processes. The 111 service introduced strengthened prescribing procedures, including stricter quantity limits and processes to identify and manage drug-seeking behaviour, with prescribing data now routinely analysed and shared with commissioners. Key achievements include the refurbishment of the Medicines Distribution Centre, enhanced staff training and education, and improved external oversight through police liaison and CD Local Intelligence Networks. This report is an additional source of assurance demonstrating robust medicines management.

Health Informatic Clinical Audit & Health Records Annual Report
Good level of assurance too from this report, where there have been significant changes this year. The team was restructured to enable an outward facing audit function, building relationships with operational managers and other stakeholders through face-to-face visits. The team has also made significant strides by embracing technology to automate processes. These combined efforts have led to improved and efficient management of clinical performance data, the translation of this data into quality improvement initiatives taken directly to those that can enact the improvements.

Integrated Pt Safety Report
This is the quarterly report triangulating learning from incidents, complaints, claims, inquests, and patient experience feedback to identify key patient safety themes and improvement actions. This helps to demonstrate how the Trust continues to strengthen its learning culture under PSIRF, with steady improvement in Duty of Candour compliance (88%) and increased use of After-Action Reviews and multidisciplinary learning responses. Key developments include the introduction of the *Being Fair* tool to support staff post-incident, enhanced telemetry reliability through 4G LIFEPAK upgrades, and implementation of new mental health and suicidality training. The Patient Safety and Health Inequalities Framework has been published, aligning safety improvements with equity priorities.

In terms of issues identified, there are some recurring themes related to equipment reliability and EOC processes (linked to the identified Risk). Challenges persist in system partnership working and mental health patient care, particularly around capacity assessment and discharge-on-scene decisions. Patient involvement in learning responses is improving but remains inconsistent.

In response the executive has a focus on the following:

- Strengthen Duty of Candour quality through enhanced training.
- Implement real-time learning responses and structured partner MDT reviews.
- Improve equipment traceability and logistics processes.
- Finalise suicidality and mental capacity policy updates.
- Recruit Patient Safety Partners and a Safety Improvement Specialist to embed learning

ADVISE

Learning Framework
The committee reviewed a draft plan to develop and implement a trust level organisational learning framework. The framework is proposed to be based on the 4I Framework, a simple, evidence-based model which can be used to underpin the framework we develop at SECAmb. An organisational learning group has been established, which will ensure the systematic capture, triangulated analysis, and actioning of learning from all sources to continuously improve patient care, staff wellbeing, and operational effectiveness across the trust. Next steps include a current state assessment, development of governance framework, process design and communications architecture design. This design and development work will prepare for the implementation of a pilot test in Q4, ahead of wider scaling in 2025/26.

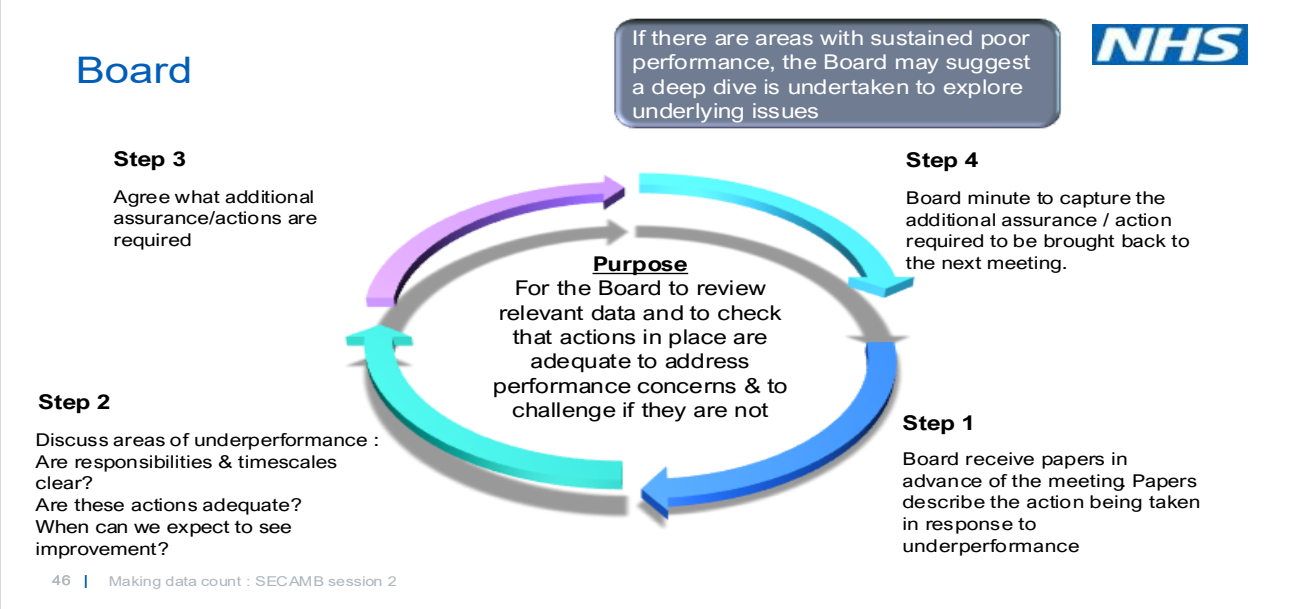
Quality Assurance Engagement Visits
The committee noted the new framework that has been consulted on across the organisation. This will include NEDs and external partners and the committee will monitor the outputs throughout the year.

Volunteer Strategy
The approach was reviewed to developing the strategy, particularly around ensuring a focus on clinical outcomes, alignment with the Trust strategy, and the national volunteering approaches. There has been a consultative process throughout the year to engage stakeholders, including volunteers, front line staff and leaders. The committee provided feedback to inform the preferred approach and associated investment. The final strategy is expected to come to Board in February.

IQR
A review of the proposed revised metrics was undertaken with good progress and much thought leading to the IQR becoming a stronger document. The committee reinforced the importance of ensuring robust narrative, pulling out the assurance it offers / risks etc.

Recommendation

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



Agenda No	37-25

Name of meeting	Council of Governors
Date	18 December 2025
Name of paper	People Committee Assurance Report to Trust Board
Author	Max Puller, Independent Non-Executive Director – Committee Chair

INTRODUCTION

The People Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the meeting on 27 November, and is set out in the following way:

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

The committee welcomed two observers, one governor and a member of the Shadow Board.

ALERT

At the start of the meeting there was a helpful review of the **risk register** and **IQR**. The committee continues to have good visibility of the key risks and is seeing evidence of an increasing risk maturity. It reviewed the organisational change BAF risk and supported the reduction in score given the strengthening governance, and evidence that productivity has not significantly been impacted by the level of change. The committee also noted Risk 674 (recruitment of virtual care clinicians) and has sought further assurance on this and will review the H&S risk profile during Q4.

The committee's review of the IQR concluded that there is a story of improvement across a range of metrics but is aware there is more to do. For example, with the management of ER cases; grievances and appraisals.

Integrated Education Strategy
This is a comprehensive strategy, which is both transparent and equitable. There are some investment implications, and these will be governed through the business case process supporting the delivery of the strategy for decision at relevant points. There is also enough flexibility to adapt to opportunities as they arise to collaborate with SCAS.

The committee is excited by the ambition of this strategy. It asked the executive to include a greater link to research and development and also with the collaboration with universities. Subject to these modifications the committee recommends that the Board approves this strategy.

Education – Response to the NHSE Education Quality Intervention
Since the last Board update, NHSE has requested more detail and assurance than it had initially indicated was needed. The actions remain the same, but more evidence is now needed. As a result, the actions will remain open into Q1 2026. The committee will keep this under review until the plan is closed.

Wellbeing Strategy - Delivery
For the Board's awareness, a review undertaken has found some issues with the quality of service being provided, in particular relating to how some aspects of the wellbeing offer are governed to ensure equity. Corrective actions are now in place - the Wellbeing Forum has been established; stakeholder engagement has been conducted; a mapping of existing chaplaincy and TRiM support services; and strategic alignment with NHS Health & Wellbeing. These actions will be overseen by the committee over the coming months.

ASSURE

Strategic Priority: People Services Improvement Plan & BAF Risk 603 People Function
The committee is confident with the progress being made, in line with the Plan. There were reports from the executive that it is noticing a positive difference with the new strategic people partners, with good cross-directorate working.

Strategic Priority: Operating Model
The (field ops) consultation closed recently and the executive is working through the outputs to inform the divisional operating structure over the coming months, in time for early 2026-27. This will include matrix leadership arrangements.

To help mitigate the related (org change) BAF risk, work on the Integrated Care structure will be paused until Q1 2026-27, to take account of the number of strategic changes in play, such as the virtual care model, and collaboration with SCAS. The committee supported this approach.

For the other division - Resilience and Specialist Operations, work continues to progress well in establishing the middle management structures.

A review of the early implementation of the divisional model will be undertaken to test how it is working and to inform the future approach / evolution.

Overall, despite the understandable impact this is having on individuals, it is being managed well, helped by the pre-consultation workshops and good engagement with those affected.

In January, the committee will take time to review the entire organisational model. It acknowledges the volume of change underway, the impact on those affected, and those leading the respective processes. The executive is very mindful of this and the risk of burnout, and, for this reason, continues to review the phasing and prioritisation.

In the meantime, noting the risks as captured in the BAF, the committee is aware there is only so much change the organisation can tolerate, but engagement continues to be positive and well managed. Some of the positive indicators of this include the good response to the staff survey and engagement with other initiatives such as Christmas Stars. People are working very hard in both operational and support services and so we need to keep listening and paying attention to feedback from colleagues.

EDI Priorities & WRES DES Data Insights
In reviewing the priorities and the related data, the results overall are quite positive. Looking at the 5-year trends, there are a number of upward trajectories, with some showing significant improvement. Focus on this continues, with other work underway including strengthening the Staff Networks and the introduction of the Reverse Mentoring Programme, resulting in more lived experiences being shared. Workforce representation has improved, linked to work on recruitment, which is one of the four priorities.

The committee noted the work ongoing to support better collection of EDI data as the ESR system is currently not very user-friendly, and so there are likely some gaps as a consequence, e.g. indicator 9 on Board representation.

One of the key data insights relates to indicator 5 (bullying from patients), for all colleagues. There is a separate plan linked to the preventing violence and aggression strategy which the committee will consider in Q4.

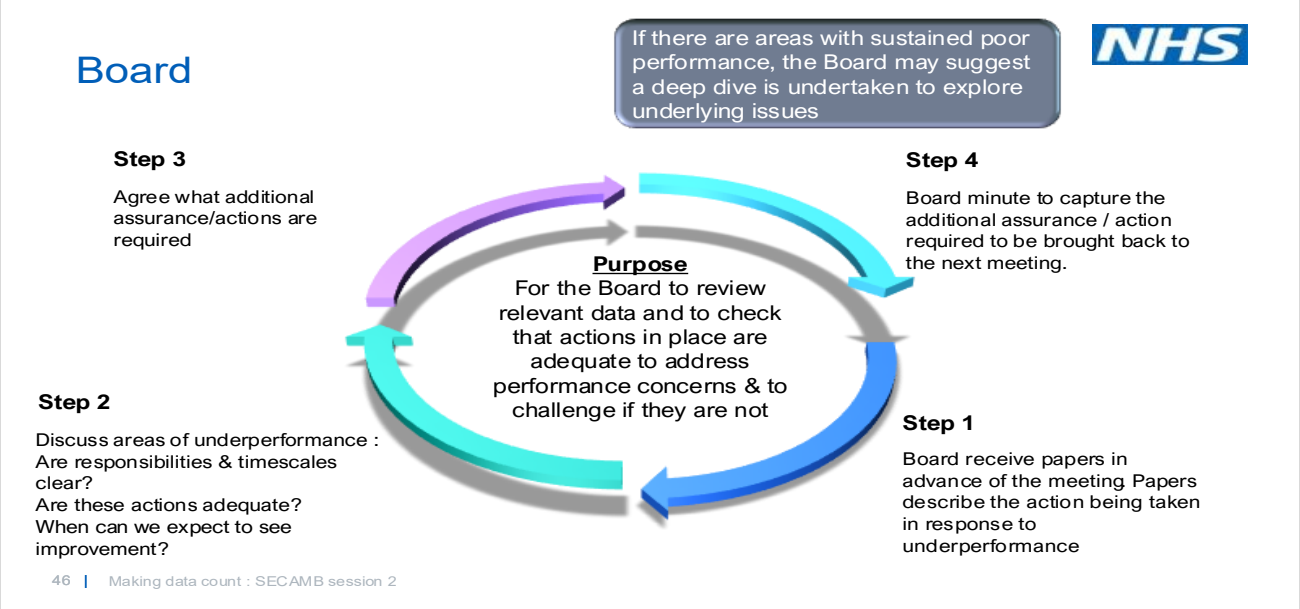
HART SORT Culture
This is one of the regular updates at the committee, related to the work to enhance the culture and experience in specialist operations. There is good assurance by the progress and sustainable change being made. It feels that we are now in a much more positive space than we have ever been. The committee also welcomed the approach to ensure greater visibility of all our specialist areas and make them more mainstream as part of the wider strategy for Organisational Resilience.

ADVISE

Volunteer Community Resilience Strategy
The committee had the opportunity to review the principles, strategic objectives and related direction of travel being taken, providing feedback to inform the development of the strategy in the coming weeks. It is encouraged by the alignment to the divisional structure and models of care. The committee supported the direction of travel, and looks forward to more detail in January; the final strategy will then come to the Board in February.

Recommendation

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



South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	37-25

Name of meeting	Council of Governors
Date	18 December 2025
Name of paper	Finance & Investment Committee Assurance Report to Trust Board
Author	Suzanne O'Brien Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 27 November 2025 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

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

ALERT

The committee reviewed the risk register and integrated quality report (IQR). As with the other committees the principal aim of this is to ensure the committee has good visibility of the key issues as part of its cycle of business. Overall, the committee remains assured with its alignment with the key risks.

Specifically, it considered and agreed the reduction of the **BAF Risk 640 (financial plan)** based on delivery of the plan to-date and confidence this will continue between now and year end, ~~following a bridge analysis~~. The committee noted this was despite being behind on the efficiency programme, which was likely to always be the case as discussed by the Board earlier in the year, but with the in-year mitigation being the associated non-recurrent measures that will close the gap, e.g. vacancy control.

Good assurance was also received on the risks related to the key estates project (Nexus House) and the committee has asked for this to be a standing assurance item through to completion.

The review of the IQR focussed on the metrics related to operational performance, in particular **H&T rates** where we have not made the progress in line with our trajectory. This is due to a combination of factors, such as recruitment and training.

Vehicle & Driver Safety / Driving Standards
The Board is asked to specifically note this, following the Board Story in February when the Board heard from the parents of Alice Clark who tragically died following a road traffic collision. The Board committed then to ensuring a focus on improving our driving safety standards.

There has been much work since then and the committee received a good level of assurance by the actions being taken including the support now in place for colleagues as part of the driver risk management system. The data shows the number of collisions recorded in 2025 is on a downward trajectory, and the lowest number since December 2023. Analysis is being done to analyse the times of day when collisions occur in order to help identify further opportunities of support and intervention.

The committee encouraged the executive to ensure the rich information available is disseminated more widely among colleagues.

ASSURE

Financial Performance Month 7 / Efficiencies & Productivity

At month 7 we are on track to deliver the breakeven financial plan. As stated earlier, delivering the efficiency programme is challenging but there is good confidence that the gap will be covered non recurrently. The Board is aware that this will add to the underlying deficit which will be picked up separately as part of the 3-year plan, to be discussed in Part 2.

Despite the plan being on track the committee explored some of the variances (overspends) and the finance team will review how this is presented from M8 to ensure clearer supporting narrative.

ADVISE

Estates Strategy

There was a helpful review of the draft estates strategy which will come to Board in February. There are three parts to the strategy – ensuring the team is fit for the future; approach to maintenance contracts; and our sites. The committee provided its feedback to inform the ongoing review including the need to understand the impact of our changed working relationship with SCAS. There are also some uncertainties to work through related to EV infrastructure. The Committee requested detailed business cases and a wider consultation with the other Directorates across SECAmb. It will undertake a further review in January.

Estates Performance / Business Case

The performance review undertaken confirmed good levels of statutory compliance, concluding low risk across the estate. However, the outcome of the review for Fire Risk Assessments concluded 'moderate risk', related to some outstanding risks surveys and work to correct some identified deficiencies with Fire Doors. There is an associated estates improvement business case that is recommended by the committee for Board approval (scheduled in part 2). This investment forms part of the overall capital plan agreed at the start of year.

The committee will keep close to this risk and the actions in place which aim to address all the key issues within the next three months. The committee felt this was a reasonable timeframe.

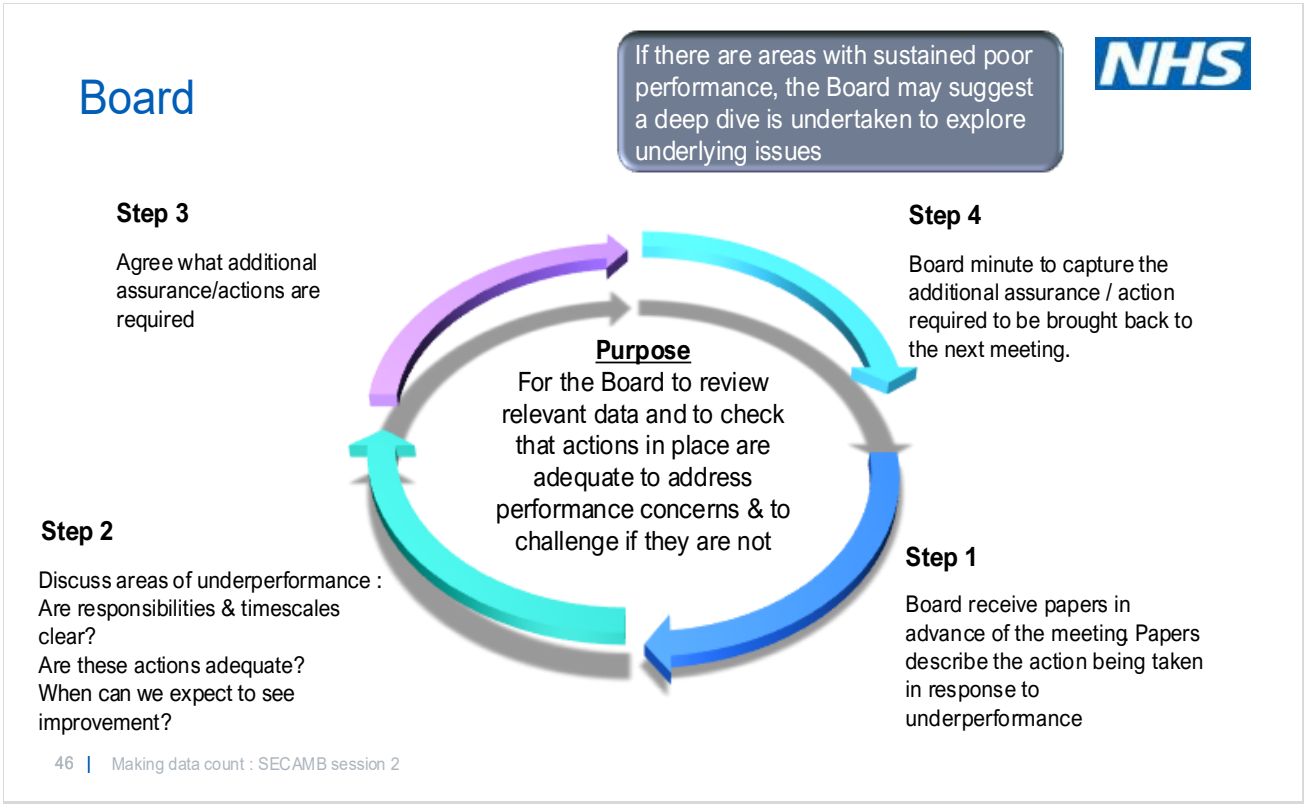
Digital Delivery

The Digital Transformation Work Programme (part of the BAF) is currently tracking green and progressing according to plan, including the work to strengthen our cyber maturity, which is a key BAF risk. The

committee welcomes the progress made, noting the importance of this to both improving patient outcomes and achieving financial sustainability.

Patient Monitoring (Defibs) Replacement Scheme
This is one of the priorities within the BAF and the procurement process and the potential devices are being clinically evaluated. The executive is confident this will be complete in time to purchase the required defibrillators by the end of the financial year as planned.

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



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

18 December 2025

1. Introduction

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

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

2. NED Appraisals

2.1. The committee met on 17 November 2025 to receive the mid-year appraisals for the NEDs and Chair.

2.2. The committee noted the contents of the mid-year appraisals for all Non-Executive Directors and Chair.

3. NED Recruitment

3.1. We are currently seeking two new NED appointments.

3.2. We are seeking a People Committee Chair as Max has confirmed he will not be seeking to continue for his second term.

3.3. We are also seeking a Transformation NED.

3.4. Interviews are scheduled to be held on 19 and 20 January 2025.

3.5. A nomination committee is scheduled for 27 January 2026 to agree the recommendation to the Council of Governors.

3.6. A Private Council of Governors meeting is scheduled for 29 January 2026 to confirm these appointments.

3.7. The recruitment process is currently underway for the group model chair, with a Joint Nomination Committee leading the process, before a recommendation to both Council of Governors in due course.

3.8. Whilst this process is underway, the nominations committee were asked to agree an extension of Michael's term up to the end of August 2026. This is to be covered in Part 2.

4. **Group Chair Recruitment**

4.1. The two boards of South Central Ambulance Service and South East Coast Ambulance met on 08 October 2025 and approved to move ahead with a group model under the leadership of a single Chair and Chief Executive.

4.2. The recruitment process is currently underway for the group model chair, with a Joint Nomination Committee leading the process, before a recommendation to both Council of Governors in due course.

4.3. Andrew Latham, Lead Governor and Peter Shore, Deputy Lead Governor are members of this joint committee, with the other members including two Governors from SCAS, and the SID's from both Trusts.

4.4. The final interview date is being held on 09 February 2026 with a Private Council Meeting arranged on 13 February 2026 to receive the recommendation.

4.5. Governors will be invited to take part in the stakeholder sessions and information will be provided as details are agreed.

5. Recommendation

5.1. For information.

Michael Whitehouse

Chair

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

11 December 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 August 2025. These minutes are confirmed as an accurate record.

1.7. The GMDC meeting held today, 11th December, the feedback from the previous CoG Meeting held on 8th September was .

1.8. The GMDC meeting held today, 11th December 2025, provided items of interest for the agenda of the CoG being held on 18th December 2025;

2. Items of note

2.1. Governors were given a review of the AMM that took place on the 12 September and discussed the option of changing the format of the AMM.
2.2. The changes proposed are to hold the AMM on a Saturday to try and increase the overall attendance, making it more family friendly.
2.3. Holding the AMM at the same venue each year to help brand the event and embed the AMM into people's diary.
2.4. The AMM should have a continuous exhibition, keeping stands open throughout the talks, this will encourage networking and exploration without interruption. Replace the single formal meeting with scheduled sessions; Keynote speakers as set times, with live demos, panel

discussions to present the Annual Reports but also include Patient Engagement to see if they would like to hold a discussion talk.

2.5. Streaming of the talks around the hall either on screen or just audio, allowing attendees and staff not to miss out.

2.6. GMDC asked for the next meeting not to hold presentations and concentrate on the AMM, the benefits of the AMM, what it brings and what is main reason for this meeting, while looking at costs.

2.7. Governors were advised of the process of the Members Newsletter; Comms are producing the newsletter and get the articles from stories from the website.

2.8. Governors are asked to put a story together of activities they have been involved with, with their governor hat on.

2.9. This will then be published on the website and then circulated as a newsletter.

2.10. Zak Foley volunteered for the Autumn Newsletter and Governors Aidan Parsons (Public Governor of Surrey) and Andy Erskine (Appointed Governor) have offered their support of the upcoming newsletters.

2.11. The next issue of the newsletter will be late February 2026.

2.12. Governors were given an update on the elections

2.13. The voting finishes on Friday 17th December at 17:00. The governors were encouraged to vote for their areas.

2.14. The Governors were reminded, through their work in “getting to know SECAmb” that they can seek assurance on any matter arising.

2.15. The Governors have confirmed they would like to seek assurance over the NHS England EQI plan. This will be added to the agenda for February 2025 COG.

3. Recommendations:

3.1. The Council is asked to:

3.2. Note this report.

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

3.4. All governors are invited to join the next meeting of the GMDC on 19th February 2026, the location is to be confirmed

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 21st August 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
Peter Shore	Surrey Public Governor	PS
Zak Foley	Brighton and East Sussex Public Governor	ZF
Martin Brand	Surrey Public Governor	MB
Harvey Nash	West Sussex Public Governor	HN
Dr Lee-Ann Farach	Appointed Governor	LF
Steve Corkerton	Kent and Medway Public Governor	SC
Paul Bartlett	Kent and Medway Public Governor	PB
Hilary Orpin	Appointed Governor	HO

In Attendance:

Name	Title	Initials
Jodie Simper	Corporate Governance and Membership Manager	JS
Peter Lee	Director of Corporate Governance and Company Secretary	PL
Lara Waywell	Divisional Director of Operations	LWa
Sadie Ghinn-Morris	Business Support Manager / Co-Chair of Enable	SGM

Apologies:

Name	Title	Initials
Leigh Westwood	Brighton and East Sussex Public Governor	LW
Andy Erskine	Appointed Governor	AE
Matt Deadman	Appointed Governor	MD
Richard Brittain	Kent and Medway Public Governor	RBr
Richard Banks	Head of Corporate Governance	RB
Kirsty Booth	Non-Operational Staff Governor	KB
Ellie Simpkin	Appointed Governor	ES
Garrie Richardson	Operational Staff Governor	GR
Andrew Cuthbert	West Sussex Public Governor	AC
Stephen Mardlin	Appointed Governor	SM
Aidan Parsons	Surrey Public Governor	AP

Standing Agenda items	
Agenda Item No.	**Item**
16/25	**Welcome and introductions**. Welcome and introductions were made.
17/25	**Apologies for Absence** Apologies were noted as above.
18/25	**Minutes from the previous meeting** The minutes of the previous meeting were agreed and approved with minor amendments. 13/25 – PS raised that there was no clear confirmation on how the process would be taken forward to the Council of Governors (CoG), as the questions raised were not included on the action log. JS advised that the CoG agenda remains the same each time. MB noted that he had requested the action log be added to the agenda. PL explained that the CoG agenda is structured around strategic aims, and he will liaise with RB and the Chair to determine which items fall under those headings. PS pointed out that not all content from GMDC meetings is translated into CoG discussions. PL confirmed that specific areas of interest to governors can be added under the relevant strategic headings. He also noted that briefings should be provided to address questions raised at GMDC for CoG consideration. Questions can still be raised directly during CoG meetings for Non-Executive Directors (NEDs), and the summary provided by RB from GMDC is shared with the NEDs. There was discussion around the balance between allowing spontaneous questions and maintaining a structured approach. AL commented that board papers often prompt many questions. MB raised the recurring issue of student paramedics, noting that although it frequently arises, it has never appeared as a formal agenda item or been accompanied by a specific report. PL clarified that the Council's primary role is to seek assurance from NEDs that the executive team is taking appropriate action, which is facilitated through the People Committee. This committee reports to the Board, which the Council can then question. Additionally, CoG has the autonomy to request any director to attend and speak on a specific issue. In this instance, it was agreed that Jaqui could be invited to attend CoG, and the question would also be formally raised. PL will discuss this further with RB. Assurance was provided by NHSE that actions had been taken. HN suggested that, in the interest of transparency and keeping the public informed, each subject area could include a note indicating its origin from GMDC and its intended focus. This would help inform NEDs and could be reflected as subheadings on the agenda, highlighting the Council's key areas of focus. PS cautioned against setting a precedent where individual governors routinely request to raise issues independently.
19/25	**Action Log** Action log updated.
20/25	**New Divisional Model**

	LWa delivered a presentation outlining the new divisional clinical operating model, which went live on 1st June. This model aligns with the clinical strategy and reflects SECAmb's commitment to delivering services more locally, recognising the greater impact this has on patient care. The aim is to create conditions that support the Trust's vision, enable prompt responses, and improve assessment of non-emergency support. SECAmb is working more closely with the systems it operates within, building relationships and deepening understanding of its partners. The overarching goals include delivering the strategy effectively, meeting current needs, and ensuring consistency across all divisional directors. The model is designed to enhance roles for staff and strengthen SECAmb's position as a stakeholder. Key priorities include maximising the use of alternative care pathways, fostering collaboration, embedding values-based practices, integrating leadership, improving use of digital services—particularly around patient records—working locally where possible, centralising where necessary, increasing efficiency, prioritising patients, and maintaining consistency. The Operations Directorate comprises approximately 90% of the Trust. The new operating structure is led by Jen Allen. Volunteers will now fall under a different area. James Pavey is responsible for Kent, Andy Rowe for Sussex, Danny Dixon leads on volunteers, John O'Sullivan heads Integrated Care, and Lucas Hawkes-Frost oversees Resilience and Specialist Operations. Each of the three counties has a divisional team, including systems partnership managers and a clinical director, who is a consultant paramedic. The newly created roles of Divisional Quality Lead are held by Alex Darling, Sarah Blatchly and Mark Haydon. Dedicated business partners from HR and Finance will support the divisions. LWa met with Simon Weldon yesterday who has set challenges around devolved responsibility, positioning the directors as the face of SECAmb. Recruitment is underway for HR Business Partners, and Finance is undergoing restructuring to meet the evolving needs. LWa extended an invitation to all governors to visit the divisional areas. Tuesdays are currently designated for divisional work, with no other meetings scheduled. Staff visit all operating units on a rotational basis, inviting operational managers to join groups, spend time with crews, and embed themselves within the units. The intention is to increase this to two or three days per week. All senior group meetings are held in person on Wednesdays. SECAmb is now preparing for phase two of the structure. Consultations are ongoing with OUMs and OMs to support delivery and explore how teams can be more clinically led and focused. A group of staff will undergo organisational change, with consultations supported by HR and Dan Cody, consultant paramedic. The process is in its early stages, with the first paper due to be presented to EMB in mid-October and implementation expected to begin in mid-November. LWa shared a timeline slide, indicating that the changes should be finalised by early 2026. She emphasised that feedback is welcome from all staff, not just those directly affected. This period will bring some upheaval for frontline leaders. LWa also noted that EOC will undergo a similar process, slightly behind the this timeline. The Trust is committed to making these changes in partnership with staff to enhance service delivery. AL asked whether LWa has full budget control for her area, noting that sometimes spending is necessary to meet performance targets. LWa explained that budget control currently operates within a framework set by EMB, but the aim is to have local budget control within a year.

	AL also raised the importance of pushing decision-making as far down the structure as possible. LWa agreed, stating that trust must be earned from colleagues throughout this journey. AL highlighted the need to formalise leadership training for staff promoted from paramedic roles. MB commented that ambulance services have historically struggled with tolerances, suggesting this will be a test for SECAmb. He requested a separate meeting with governors, NEDs, and LWa to discuss Surrey, where performance statistics have historically been lacking. LWa welcomed any meetings governors feel are necessary and acknowledged the challenge of navigating SECAmb's extensive data. Work is underway with BI to develop a dashboard to improve accessibility. LWa expressed her willingness to collaborate with governors in the area, with PL available to support. **ACTION:** Subcommittees to be looked at using local governors for the area, but also incorporating appointed governors. LF raised concerns about social care, highlighting the expectations of residents and the misalignment between entry points into the system and SECAmb's operations. She asked how much social care is helping to shape SECAmb. LWa responded that as the organisation works more locally it is beginning to understand the available provision, particularly for frail and elderly patients. Many of these individuals do not require an ambulance but do need signposting to appropriate support services. SECAmb is starting to be invited to neighbourhood groups, which will help build this understanding. PS asked how the new structure fits with the NHS's broader aim to reduce bureaucracy, and whether SECAmb has been asked to justify the value of its Band 9 managers, noting that the organisation now has more than ever before. LWa clarified that while the senior team has been reorganised, the number of Band 9 managers has not increased compared to previous years. She recommended listening to the latest Town Hall meeting where this topic was discussed in more detail. LWa acknowledged the challenge of implementing the strategy while maintaining performance and financial efficiency, which is tightly managed by the COO. Several roles are fixed-term to support the organisation through this transitional phase. She noted that the structure will likely evolve over time, and a new Terms of Reference will be developed for a review of the model in October. PB asked how the merging of ICBs and changes in local government will affect social care, influence engagement design, and impact the data teams need to collect and share with SECAmb. He expressed concern that the scale of local government reorganisation and the integrated care process may be too much to manage simultaneously. LWa acknowledged the complexity of the environment and emphasised the value of working with governors, whose experience can be beneficial in navigating these changes. HN asked what support is in place for managers, particularly in light of the resilience report due to be presented to ARC in August. PL confirmed that the Audit Committee will meet in September. HN queried whether the report would address the resilience of staff during this period of intense change and uncertainty, warning that failure to support staff could result in losing valuable team members and increased sickness levels. PL confirmed that staff resilience is part of the Board Assurance Framework and that recent organisational restructures were developed in line with the Trust's strategy. He acknowledged the risk and assured that relevant support measures would be put in place. He also noted that the staff survey results may decline this year as a consequence of the ongoing changes. PL described the challenge of relinquishing wider responsibilities while divisional leaders take on more, pushing boundaries and finding the

	right balance. LWa added that HR and OD support is available to help signpost and assist staff, and that both SMG and OUMs are participating in development programmes. HN expressed concern about the planned divisional structure review in October, given the newness of the model and the rapidly changing environment, and felt that it would be difficult to measure outcomes accurately at this stage. LWa agreed and suggested that while something will take place in October, ongoing reviews will be necessary to ensure the model remains fit for purpose. **ACTION:** LWa to share slides.
21/25	**Enable Network** SGM delivered a presentation and introduced herself as Co-Chair of the Enable Staff Network, a role she has held for two years and which is due to conclude in October. Should she wish to continue for a second term, she will need to express interest and participate in a voting process again. When SGM first became involved, the network had around 50 members but was largely inactive with minimal engagement. Following personal experiences, she sought to connect with others in similar circumstances and build a sense of community within the organisation. She discovered Enable after working at SECAmb for three years. Since then, the network has undergone a rebranding process, including the creation of a more inclusive logo. Enable now works in partnership with both the National Ambulance Disability Network (NADN) and Purple Space, a global disability staff network, and has contributed to various projects through these affiliations. Historically, the network operated with a single chair, but due to the volume of work and the diverse needs of the marginalised groups it represents, the decision was made to appoint two chairs. The group's aim is to ensure that all staff have the opportunity to perform to the best of their ability, with support for physical, social, and other needs. Network chairs are allocated 15 hours of protected time per month, although SGM noted that she regularly works beyond this. She provided a brief history of the group and its previous leadership. The newly appointed operational co-chair was initially given only one day per month to fulfil the role, which proved insufficient and placed additional pressure on SGM. This situation highlighted the ongoing need for the network. Despite discussions around supporting staff networks, this support has not always materialised. As a result, the new co-chair stepped down after six weeks and has since been replaced by Mat Allright, a Student Paramedic from Kent. Membership of the Enable network has now grown to 170. Work that has taken place include: • Carers cafes. • Neurodiversity cafés on Teams. These have become one of the biggest successes of the group and are an hour once a month, with an open invitation to all to create a safe space. The café is growing month on month with mainly corporate staff joining due to restraints of being on the road. Key themes that have arisen include education and learning for managers. • Collaborating with Wellbeing. • Collaborating with GEN.

	• Working with staff with cancer and long-term conditions. • AMM. • Board Development days. • Inclusion ambulance wraps to represent all communities. The group is currently working with comms to see if we can go to local schools for a design. One per OU has been approved. **ACTION**: JS to send neurodiversity café invites to SC. Enable was invited by the Board to share staff stories. Unfortunately, the majority of the stories shared were negative, highlighting the need for staff networks to have a seat at the table where they can challenge issues and advocate for change. SGM noted that the carer community is the quietest among all staff groups, despite 15–20% of people in organisations being full-time carers. A key focus of Enable's current campaign is to encourage staff to disclose their carer responsibilities and to increase the uptake of carer passports. MB asked whether the Trust produces regular demographic updates and whether data could be sourced from these. SGM explained that current data is primarily drawn from the staff survey in relation to disability. However, many individuals do not identify with the term "disability" and therefore do not tick the relevant box. Similarly, staff often do not consider themselves carers, even when they are. The most effective way to declare such information is via ESR, but the relevant section is difficult to locate and the question itself is unclear. SGM also raised concerns about how SECAmb can understand whether neurodivergent staff are experiencing poorer outcomes than other groups if individuals do not feel comfortable or able to self-declare. SGM encouraged governors to reach out to her directly to learn more about Enable and explore ways they can support the network.
22/25	**Trust Membership** **AMM** JS provided an update on the Annual Members' Meeting (AMM), confirming that planning is progressing well. There will be 33 stands hosted by various directorates and partner organisations, and 60 people have registered to attend so far. The event is being promoted through multiple channels, including Heart Radio, local newspapers, a banner outside K2, along with a pop-up banner and promotional video in K2's reception area. A custom Teams background has also been created and was shared with all governors earlier today. The current focus is on encouraging more members of the public and staff to sign up to attend. JS will be sending an email to governors shortly to request volunteers for the governor stand, which will be divided into eight half-hour slots. **Membership Newsletter**

	Comms have requested stories from governors about their activities and contributions in their roles. These stories will be featured on the SECAmb website and subsequently included in the newsletter. **Online Event** Attendance at the meeting increased, with 20 attendees. James Pavey joined the session, which was met with a positive response. JS asked governors to consider who they would like to invite to the next meeting. AL suggested Andy Rowe and Lara Waywell, noting that the presence of operational staff would help strengthen engagement. MB asked whether there were any notable patterns in attendance across different constituencies. AL observed that the previous meeting had strong representation from West Sussex, and suggested that those attendees may have chosen not to join this time. **Trust Membership Strategy** JS is currently working on a member engagement initiative and has circulated a survey asking members what they want from governors and how they would prefer to engage. The survey will remain open until the end of August. JS asked governors what they would like to see from the strategy. AL responded that once the results of the member survey are known, governors will be better placed to reflect on and respond to those needs. JS noted that early feedback from the survey indicates that members would like to see governors more visible in the community, for example at doctor's surgeries or supermarkets.
23/25	**Council of Governors Meeting** **Feedback on previous CoG 19th June 2025** PS raised attendance by NEDs, can we say why NEDs aren't attending if they are absent. LF and MB also shared concerns around attendance, can this be raised with Michael Whitehouse. PL noted. PS felt the minutes were well written, in particular the question and answer section. PL has asked Michael Whitehouse to bring in various NEDs to answer questions during the meeting, AL stated that governors can also direct questions to NEDs more fully. **Concerns to discuss at CoG 8th September 2025** PS raised the removal of the requirement for governors asking if it is this the right time to discuss in a public, acknowledging the ten year plan. We need to start building up evidence of how governors make a difference. MB raised statutory duties if it's no longer a requirement to have a public body. PL stated that it's too early for the conversation as there is no detail behind it. SECAmb value the Council and

	PL does not expect any changes. We will continue to push for more clarity around what this may mean. AL stated there is a group for lead governors for all foundation trusts who have contacted the Secretary of State to clarify the issue, response not yet received. PL supports a statement being made at the next CoG in support of the governors. MB raised the student paramedics issue noting the report was due to be shared but has not been seen. HN asked if governors are abolished in trusts, is there an option for SECAmb to state that they are opting in, noting all of the tasks governors attend such as H&S visits, recruitment etc. If governors don't do it who will. HN stated that hubs are central to the future, asking if there are any updates, have we got any data from our partners, and how will we analyse and action these outcomes of data. HN raised the issue of the Cat 2 mean not meeting target which is central to our plans and funding. Given the latest board report, what will the outcomes be. Can we get an update on the latest figures. PL advised Part 2 will include the external audit, SCAS update and a workshop. AL confirmed next meeting is at Banstead.
24/25	**Any other Business** PB asked for details of KSS air ambulance events and the expectations of the governors. JS advised that the Patient Engagement team organise events and confirmed that governors can volunteer as much or little as needed. **ACTION:** JS to send details of events to new governors. AL advised that the challenge from GMB in respect to Simon Weldon has been withdrawn. There have been constructive conversations with GMB and others in recent weeks AL advised the SCAS position will be updated at CoG Part Two. There is an upcoming Board to Board with SCAS in October. PL stated there may be an extra CoG meeting to update on Governors on the outcome of the meeting. AL confirmed that the constitution is in the process of being updated to being gender neutral wording.
25/25	**Review of Meeting Effectiveness** Meeting ran to time. PS highlighted the importance of ensuring that presenters are clearly informed about their allocated time slots and the specific information expected in their presentations. MB observed that the slides shared during the meeting can be overwhelming and difficult to follow while simultaneously listening to the discussion.

	HN raised concerns about the declining attendance of governors, which was acknowledged, with confirmation that RB and JS are monitoring attendance levels. HO inquired about how the messages regarding protected time from Enable would be communicated back to the People Committee. PL confirmed he would follow up with SGM on this matter. MB requested that feedback be provided to her, confirming that the messages were heard and acknowledged. **ACTION:** JS to feed back to SGM on today's presentation.
Date of Next Meeting: **11th December 2025 at** **Redhill Suite, 2nd Floor, Banstead MRC.**	

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Governor Activities and Queries

December 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 Head of Corporate Governance 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 GMDC and COG and where possible are reminded of the value add in attending board.

Date	Activity	Governor
08 September 2025	Council of Governor Meeting	Ellie Simpkin Stephen Mardlin Andy Erskine Hilary Oprin Andrew Latham Harvey Nash Leigh Westwood Martin Brand Peter Shore Mark Rist Kirsty Booth Paul Bartlett Steve Corkerton Richard Brittain Ray Rogers Andrew Cuthbert Matt Deadman
9 September 2025	One to One – Lead Governor: New Governor	Andrew Latham Richard Brittain
10 September	Charity Meeting: Volunteer & Youth Fundraising Discussion	Zak Foley
11 September 2025	QPSC – Observing NED Committee	Andrew Latham

12 September 2025	Annual Members Meeting	Zak Foley Harvey Nash Peter Shore Paul Bartlett Andrew Cuthbert Mark Rist Steve Corkerton
15 September 2025	Integrated Education Strategy Meeting	Hilary Orpin
18 September 2025	AuC – Observing NED Committee	Peter Shore
22 September 2025	Health and Safety Audit Review – SORT Sheffield Park	Peter Shore
25 September 2025	People Committee – Observing NED Committee	Harvey Nash
2 October 2025	Trust Board	
8 October 2025	Board to Board Meeting – SCAS : SECAmb	Andrew Latham
9 October 2025	One to One Meeting with Trust Chair	Harvey Nash
15 October 2025	CoG Feedback with Peter Lee	Andrew Latham Peter Shore
16 October 2025	SECAmb Awards Ceremony 2025	Zak Foley
17 October 2025	Council of Governors Meeting	Ellie Simpkin Stephen Mardlin Andy Erskine Hilary Orpin Andrew Latham Harvey Nash Leigh Westwood Martin Brand Peter Shore Mark Rist Kirsty Booth Paul Bartlett Steve Corkerton Richard Brittain Ray Rogers Andrew Cuthbert
17 October 2025	Council of Governor Meeting – Part Two	Ellie Simpkin Andy Erskine Hilary Orpin Andrew Latham Harvey Nash Leigh Westwood Martin Brand Peter Shore

		Mark Rist Paul Bartlett Steve Corkerton Ray Rogers Lee-Ann Farach Zak Foley Aidan Parsons
17 October 2025	NomCom meeting	Richard Brittain Peter Shore Steve Corkerton Harvey Nash Kirsty Booth Andrew Latham
23 October 2025	Joint Board & CoG	Harvey Nash Peter Shore Andrew Latham Martin Brand Ray Rogers Mark Rist Paul Bartlett Leigh Westwood Richard Brittain
13 November 2025	QPSC – Observing NED Committee	Andrew Latham Harvey Nash
17 November 2025	NomCom – NED half year appraisals	Harvey Nash Peter Shore Richard Brittain Steve Corkerton
17 November 2025	Joint Chair NomCom meeting	Richard Brittain Peter Shore Steve Corkerton Harvey Nash
20 November 2025	AuC Meeting – Observing NED Committee	Garrie Richardson
26 November 2025	Joint Nominations Committee	Kirsty Booth Andrew Latham Peter Shore Steve Corkerton Richard Brittain
27 November 2025	FiC Meeting – Observing NED Committee	Peter Shore
27 November 2025	People Committee – Observing NED Committee	Andrew Latham
1 December 2025	NomCom – Longlisting for Change and People NED	Steve Corkerton Peter Shore Andrew Latham Leigh Westwood

11 December 2025	Governor Membership and Development Committee	Andrew Latham Steve Corkerton Peter Shore Matt Deadman Andy Erskine Zak Foley Lee-Anne Farach Andrew Cuthbert Hilary Orpin Mark Rist Martin Brand Kirsty Booth Stephen Mardlin Leigh Westwood Richard Brittain

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
2 December 2025	Virtually every time I seek to recover expenses incurred as a governor, I receive an unreadable email to which I have to email the Corporate Governance Team. This wastes their time and while I hate doing that, it eventually gets paid (after 6 months the time before last). At a time when we are revisiting volunteering (albeit focussed clinically) it seems strange that recovering expenses incurred is not very simple! Perhaps a budget held by Governance that they can authorise payment from directly? And, maybe redesign automated emails so that the average recipient has some clue what they mean!	Simon Bell replied that we need to do better with getting the governors paid. He will look into a way that this will improve the way it is processed and the time the money is reimbursed. Jodie Simper replied that the Corporate Governance Team have already started looking into getting the Governors on to ESR. In the meantime, the governors have been asked to complete an ESR set up form so when we are in a position to put the governors on to ESR, we will have all the information needed for onboarding. Simon Bell has asked for support on this from his colleagues.

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