



**Council of Governors**  
**Meeting to be held in public**  
**26 February 2026**  
**Banstead MRC**  
**10.00-12.45**

**Agenda**

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction</b>					
47/25	10:00	Welcome and Introductions	-	-	Chair
48/25	10:02	Apologies for Absence	-	-	Chair
49/25	10:02	Declarations of Interest	Y	Information	Chair
50/25	10:02	Minutes from the previous meeting 18.12.2025	Y	Decision	Chair
51/25	10:03	Action Log / Matters Arising	Y	Decision	PL
<b>Performance Review</b>					
To inform this review included is the Integrated Quality Report & Board Assurance Framework.					
52/25	10:05	Update from the Chief Executive	<b>Verbal</b>	Information	SW
53/25	10:35	Strategic & Annual Priorities:	Y	Assurance	NEDs
		<b>Patients:</b> Delivering High Quality Patient Care			
		<b>People:</b> Our People Enjoy Working at SECAMB			
		<b>Sustainability:</b> We are a Sustainable Partner			
Break: 11.30 - 11.45					
<b>Governance</b>					
54/25	11.45	Lead and Deputy Lead Governor Election Outcome	Y	Decision	
55/25	11.50	Governor and Membership Development Committee Report	Y	Information	AL
56/25	12:20	Governor Activities and Queries Report	Y	Information	AL
<b>Administration</b>					
57/25	12:30	Any Other Business (AOB)	-	-	Chair
58/25	12:35	Questions from the public	-	-	Chair
59/25	12:40	Review of meeting effectiveness	-	-	Chair
<b>Date of Next Meeting:</b> 25 June 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**

**18<sup>th</sup> December 2025**

**10:00 – 12:45**

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

**Present:**

Michael Whitehouse	(MW)	Chair
Ellie Simpkin	(ES)	Appointed Governor
Stephen Mardlin	(SM)	Appointed Governor
Hilary Orpin	(HO)	Appointed Governor
Andrew Latham	(AL)	Public Governor
Peter Shore	(PS)	Public Governor
Kirsty Booth	(KB)	Staff Governor (non-operational)
Paul Bartlett	(PB)	Public Governor
Steve Corkerton	(SC)	Public Governor
Lee-Anne Farach	(LaF)	Appointed Governor
Aidan Parsons	(AP)	Public Governor
Zak Foley	(ZF)	Public Governor
Richard Brittain	(RB)	Public Governor
Christine Locke	(CL)	Appointed Governor
Leigh Westwood	(LW)	Public Governor
Martin Brand	(MB)	Public Governor

**In Attendance**

Margaret Dalziel	(MD)	Chief Nurse / Deputy Chief Executive
Peter Schild	(PSc)	Non-Executive Director
Karen Norman	(KN)	Non-Executive Director /Senior Independent Director
Peter Lee	(PL)	Director of Corporate Governance and Company Secretary
Richard Banks	(RB)	Head of Corporate Governance
Howard Goodbourn	(HG)	Non-Executive Director
Paul Brocklehurst	(PB)	Non-Executive Director

**Apologies:**

Max Puller	(MP)	Non-Executive Director
Suzanne O'Brien	(SO)	Non-Executive Director
Ariel Mammama	(AM)	Staff Governor
Mojgan Sani	(MS)	Non-Executive Director
Mark Rist	(MR)	Public Governor
Harvey Nash	(HN)	Public Governor
Liz Sharp	(LS)	Non-Executive Director
Andy Erskine	(AE)	Appointed Governor
Andrew Cuthbert	(AC)	Public Governor
Matt Deadman	(MD)	Appointed Governor



Item No.	Introduction and matters arising
31/25	<p><b>Introduction</b></p> <p>MW formally welcomed Christine Locke as a newly appointed Governor.</p> <p>Christine brings considerable experience, including work with the United Nations, and was appointed through engagement with Diversity House.</p> <p>The committee expressed appreciation to Diversity House for supporting the Trust in identifying a candidate committed to addressing social inequalities and championing the charity's vision and mission.</p> <p>Christine's appointment was welcomed as an opportunity to strengthen the Trust's focus on equality, diversity, and inclusion.</p> <p>MW thanked Ray Rogers who has now left the COG after years of service.</p>
32/25	<p><b>Apologies for Absence</b></p> <p>Apologies noted as recorded,</p>
33/25	<p><b>Declarations of Interest</b></p> <p>None declared beside those already recorded.</p>
34/25	<p><b>Minutes from the previous meeting</b></p> <p>Approved with no amendments.</p> <p><b>Minutes form the AMM</b></p> <p>Approved with no amendments.</p>
35/25	<p><b>Action Log / Matters Arising</b></p> <p>No actions</p>
Performance Review	
36/25	<p><b>Update from the Chief Executive</b></p> <p>MD provided a comprehensive update on operational resilience and organisational progress.</p> <p>In respect of winter pressures, she advised that the service was operating in the midst of industrial action affecting the wider system, with less direct impact observed on SECamb operations; acute trust providers were reported to be working hard to avoid patients remaining on ambulances by maintaining patient flow through emergency departments.</p> <p>Turning to the Group Model with SCAS, she confirmed that both Boards approved the approach in October, and that recruitment for a Joint Group Chair and a Joint Chief Executive was underway, with external search support noted GatenbySanderson.</p> <p>She further confirmed that a compliant plan had been submitted to NHS England in line with expectations and deadlines.</p> <p>On CQC activity, she reported two recent inspections: a field operations/Make Ready Services visit conducted over two days, for which the Trust is awaiting the draft and final report, and a subsequent EOC inspection at Crawley and Medway, during which no areas of concern were raised.</p> <p>Data submissions are in train and follow-up meetings with colleagues are being arranged.</p>

	<p>She informed the Council that two new strategies, Charity and Education, had been approved by the Board, noting that a new Head of Charity was now in post and a seasonal Christmas lights campaign was underway to support engagement.</p> <p>With regard to organisational change, she highlighted that SECAmb had undergone significant restructuring across operations and corporate functions this year, with further changes expected in the coming months; she confirmed the appointment of area clinical leads across 14 dispatch areas as part of the new divisional arrangements.</p> <p>The Chair observed that SECAmb had been welcoming of CQC and that this reflected positively on staff engagement.</p> <p><b>Governor Questions</b></p> <p>How will the new leadership model be evaluated so that changes are not perpetual and assurance is clear?  MD, with assurance from KN and MW: Evaluation criteria will be set before implementation, with assurance routed through the Quality &amp; Patient Safety Committee (QPSC) and the People Committee. Divisional buddying will support consistency and enable learning to be captured and reported through the governance cycle.</p> <p>What outputs are expected from the recent Virtual Care Summits, given the link to C2 mean performance and associated funding?  MD: The workforce model for virtual care and front-end process improvements are being finalised; a substantive update will be brought back to the Council, including expected benefits and C2 performance implications.</p> <p>While headcount is strong, do we have the right skills in the right places, and when will the workforce plan be complete?  MD: Timescales cannot yet be confirmed; an update will be taken to the People Committee in January, including skills-mix proposals aimed at reducing unnecessary vehicle dispatch through improved pathways.</p> <p>What assurance can be given on delivery of cash-releasing CIP and financial plan?  Response — Chair/NEDs: While timing effects occur across the year, the overall position remains assured, supported by mitigations (e.g., provisions and vacancy controls).</p> <p>What is the status of the ECSW pay catch-up/back pay?  MD: Talks with trade unions and People colleagues are progressing towards a compromise; a reference to July was noted in relation to back pay pending formal confirmation.</p> <p>There appears to be a decline in cardiac arrest survival since May; can assurance be provided?  MD: Cardiac arrest data has a reporting lag (including an internationally benchmarked measure), and performance has improved again.  KN confirmed statistical monitoring and variation tracking through QPSC, with a paper scheduled for January.</p>
37/25	<p><b>Patients: Delivering High Quality Patient Care</b></p> <p>The Council received an update on patient care standards and assurance mechanisms.</p> <p>Governors noted that the Trust continues to prioritise quality improvement initiatives, with a focus on patient safety, experience, and clinical outcomes.</p> <p>The discussion highlighted progress against Care Quality Commission (CQC) requirements and the implementation of actions arising from recent inspections.</p>

Assurance was provided that compliance monitoring remains robust, and that learning from incidents is being embedded across services.

The committee discussed the importance of maintaining high standards during winter pressures and acknowledged the role of clinical leadership in sustaining performance.

Governors welcomed updates on patient feedback mechanisms, including Friends and Family Test results and engagement with Healthwatch, which indicate improving satisfaction levels.

It was confirmed that work is ongoing to strengthen governance around safeguarding and infection prevention, with additional audits scheduled for Q1 2026.

The committee emphasised the need for continued focus on equality of access and reducing health inequalities, particularly for vulnerable patient groups.

Plans to enhance digital tools for patient engagement and streamline care pathways were noted as key enablers for improvement.

**People: Our People enjoy working at SECAMB**

The Council received a detailed update on workforce priorities and assurance measures.

The report highlighted progress in embedding the new People function, including the successful appointment of People Partners who are now actively engaging with directorates to provide tailored support.

Governors welcomed feedback indicating improved visibility and accessibility of HR support across operational areas.

The committee discussed ongoing work to strengthen Equality, Diversity and Inclusion (EDI), noting the planned Board Development Day in March as a key milestone for cultural improvement.

It was confirmed that sexual safety initiatives remain a priority, with training and awareness programmes being rolled out to ensure a safe and respectful working environment.

The committee acknowledged the importance of maintaining momentum on these programmes and requested regular updates on progress.

Assurance was provided that investigation processes for staff concerns are being reviewed to ensure consistency and timeliness.

The Freedom to Speak Up Guardian continues to play a central role in supporting staff, and collaboration between the Guardian and HR teams is improving. Governors emphasised the need for clear communication to staff about available support channels and escalation routes.

The committee also noted the inclusion of education quality concerns raised by NHS England, as referenced in section 2.15 of the Governance and Membership Committee report.

**Action** It was agreed that this matter should be revisited at the February meeting to ensure appropriate oversight.

**Sustainability: We are a Sustainable Partner**

**Financial Performance**

The council received a comprehensive update on financial performance for the current year.

It was confirmed that, despite significant winter pressures and operational challenges, the Trust remains on track to deliver a break-even position by year-end.

Governors noted that this assurance is underpinned by strong financial controls and close monitoring of expenditure. However, the committee acknowledged that the underlying financial position remains fragile, with a £10m structural deficit continuing to present a material risk to sustainability.

The discussion highlighted the reliance on non-recurrent savings to achieve the current position, which limits confidence in long-term financial resilience.

Governors expressed concern about the ability to deliver the planned 3% surplus by the end of the three-year financial strategy, given the scale of recurrent savings required.

HG outlined mitigation plans, including efficiency programmes, digital innovation, and workforce optimisation, while emphasising the importance of transparent engagement with NHS England regarding the deficit position.

How assured are the NEDs that we will get from under-achieving against recurrent savings now to a situation where we have a 3% surplus at the end of the three-year plan period? Is it not a fundamental structural problem that the trust is underfunded and needs to deal with the £10 million deficit on a permanent basis?"

HG: "We're not as assured as we are on delivery this year... delivering or not delivering on recurrent savings has consequences for future years. There are opportunities—AI for example... We've been funded at this extra £10 million for the last two years; there's a question whether that is permanent—certainly that's how we would see it."

Chair: "Am I assured we're applying the right intellectual rigour? Yes. Am I convinced we're being transparent with those who fund us? Yes. The missing component is the workforce plan."

MD: "We're working on the three-year high-level plan already... we're straddling two horses—SECAmb now and SCAS joint planning."

Peter: "On the vacancy control, did the NEDs seek assurance and, if you sought it, did you get it—about any negative operational impact?"

HG: "I've not specifically asked across the piece... I did ask about medical and was assured there would be no patient harm."

MD: "It's not a vacancy freeze in old-fashioned terms. Budget is removed and directorates bring forward the case to restore funding for posts. Patient-facing vacancies don't go through the panel; they work to establishments. A Quality Impact Assessment is done on all programmes and posts."

The council also discussed opportunities arising from the proposed group model with SCAS, noting that a combined financial and workforce plan could deliver economies of scale and operational efficiencies. Governors requested that this integrated plan be presented to the Board in Q1 2026 to ensure alignment with strategic objectives.

### **Estates Strategy**

The committee received an update on progress and noted delays in finalising the plan due to the need to incorporate electric vehicle (EV) infrastructure requirements and operational disposals.

Statutory compliance was confirmed as low risk, with assurance provided that all critical safety standards are being met.

However, remedial work on fire doors was identified as an outstanding issue requiring prompt resolution.

**Action** Governors stressed the importance of maintaining compliance and requested a detailed estates plan, including timelines for EV infrastructure deployment and fire safety improvements, for review at the June meeting.

### **Digital Transformation**

The council received a comprehensive update on the organisation's digital transformation programme.

It was confirmed that a Chief Digital Information Officer (CDIO) has been appointed and is now leading the development of a Digital Transformation Board to provide strategic oversight and governance.

Governors welcomed this appointment as a critical step in strengthening digital leadership and ensuring alignment with the Trust's long-term objectives.

The update outlined progress on key initiatives, including the development of business cases for infrastructure upgrades, cyber security enhancements, and the introduction of AI-enabled tools to improve productivity and operational efficiency.

The committee noted that these initiatives are designed to support clinical and corporate functions, reduce administrative burden, and enhance data-driven decision-making.

Governors discussed the importance of prioritising projects that deliver immediate operational benefits while maintaining flexibility to adapt to emerging technologies.

Assurance was provided that the programme is being phased to manage financial risk and resource constraints, with initial focus on core infrastructure and cyber resilience.

PB confirmed that the first tranche of business cases will be submitted to the Finance and Investment Committee (FIC) for approval in January, covering critical infrastructure and security requirements.

### **Vehicle Reliability**

The Council received an update on operational challenges relating to vehicle reliability and the impact on service delivery.

It was reported that vehicle-off-road (VOR) rates remain high due to ongoing supply chain issues, particularly shortages of Fiat parts.

This has resulted in reduced fleet availability and increased pressure on resource planning.

Governors expressed concern about the potential impact on response times and patient safety, particularly during periods of peak demand.

Mitigation measures were outlined, including the scheduled delivery of new MAN and Ford vehicles commencing in January, which is expected to improve fleet resilience.

Are the Executives and NEDs assured there are plans to bring workforce deployment and vehicle availability into alignment?

**HG:** "We are aware of the issue... VOR was 16%, now 14% (target 10%). Root cause is Fiat parts supply. Mitigation is delivery of new MANs and some Fords starting January."

**MD:** "Without the parts we can't repair; it's a national Fiat parts issue. More vehicles are coming; modelling is in place to ensure mutual aid without detriment."

**KB:** "If we're already seeing higher VOR, what impact will it have when we're releasing vehicles for mutual aid?"

**MD:** "Doing mutual aid is the right thing to ensure equity of access; it's fully funded by SCAS and run on overtime, so it doesn't affect our people numbers. Vehicles used are surplus; the modelling principle is no detriment to SECAM."

Governors noted that maintenance teams are working closely with suppliers to expedite parts delivery and minimise downtime.

In addition, modelling work is being undertaken to ensure that mutual aid arrangements with neighbouring services do not compromise SECAM's own performance standards.

Assurance was provided that contingency plans remain in place to safeguard service continuity, and that operational teams are monitoring performance daily to respond to emerging issues.

**Governance**

40/25

**Nominations Committee Report / Group Model**

The committee received an update on the recruitment of two new Non-Executive Directors (People and Transformation) and progress toward implementing the group model with SCAS.

The timetable for joint Chair and Chief Executive appointments was confirmed, with interviews scheduled for February and March respectively.

Transitional arrangements are being developed to maintain performance during leadership changes.

Governors noted the importance of clear communication to staff and stakeholders throughout the transition.

Will the recruitment process for the joint Chair and Chief Executive affect the timing of the group model implementation?

The timetable is aligned; interviews for the joint Chair are scheduled for February and Chief Executive in March. Transitional arrangements are in place to ensure continuity.

What assurance can we have that performance will not dip during the leadership transition?"  
We have robust transitional arrangements and clear accountability structures to maintain operational and governance standards throughout the change."

41/25

**Governor and Membership development committee Report**

The committee noted recent governor activities, including engagement with members and attendance at local events.

The Annual Members Meeting was discussed, with concern expressed over low public attendance.

Governors agreed that the format and engagement strategy should be reviewed to improve participation and visibility.

It was advised that the next Governance and Membership Development Committee (GMDC) meeting consider options for enhanced community engagement.

MW noted that we should link in with the Head of Charity and Public Events team to support this event.

42/25

**Governor Activities and Queries report**

The committee reflected on governor engagement and acknowledged that current activity has not been fully captured or recorded in recent reports.

It was noted that governors have been involved in a range of initiatives, but these contributions are not consistently documented.

The committee expressed appreciation for the support provided by Jodie in maintaining close liaison and ensuring continuity of communication.

**Administration**

43/25

**Any Other Business**

The committee expressed appreciation for the attendance and contributions of Non-Executive Directors at the meeting, noting the value of their engagement in discussions.

Particular thanks were extended to HG for participating despite having recently undergone a medical procedure, and to all NEDs for their commitment to governance and assurance.

44/25	<b>Questions from the Public</b> None received.
45/25	<b>Review of meeting effectiveness</b>  The Chair noted that this was their final opportunity to express sincere thanks to all SECAMB colleagues for their dedication and hard work throughout the year.  Appreciation was extended to staff working during the holiday season and to many colleagues across the organisation for their continued commitment to patient care and service delivery.
<b>Date of Next Meeting 26 February 2026</b>	

DRAFT

**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATIO**

<b>Meeting Date</b>	<b>Action Point</b>	<b>Owner</b>	<b>Completion Date</b>	<b>Status: (C, IP)</b>
17/12/2025	It was agreed that NHS EQI should be revisited at the February meeting to ensure appropriate oversight.		Feb-26	IP
17/12/2025	Provide an update to Governors on ECSW pay catch-up/back pay		Jun-26	IP
17/12/2025	Governors stressed the importance of maintaining compliance and requested a detailed estates plan, including timelines for EV infrastructure deployment and fire safety improvements, for review at the June meeting		Jun-26	IP

**ON TRUST - Trust Council of Governors Action Log**

**Comments / Update**




Agenda No	53-25
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Name of meeting	Council of Governors
Date	26 February 2026
Name of paper	Performance Review: Strategic / Annual Priorities

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 December 2025.

**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.

The Board continues to be assured by the progress being made by the executive who have delivered in the main against the key commitments related to both the strategy and 2025-26 operating plan.

The delivery against the strategic aim has required much organisational change and the Board has been assured by the way the executive has sequenced this to balance the need for this change against the impact on our people.

The one significant area of the strategy the Board is not assured relates to virtual care and in particular the shift to more virtual response, demonstrated by the percentage of ‘Hear and Treat’. This is a key enabler of the Trust’s strategy and so one of the areas the Board will be seeking further assurance over during the next Board cycle.

**Governance & Internal Control**

As reported in December, the Board is assured with the overall effectiveness of the governance and internal control environment. The outcomes from Internal Audit are positive and the expectation therefore is to achieve a positive Head of Internal Audit Opinion.

As the Trust starts to embed the divisional structure it will need to ensure this benefits the overall governance arrangements. The Audit & Risk Committee in particular will be testing this during 2026-27. There is an external review of the early implementation that is due to report shortly and this will inform how the executive ensures clarity for all our people.

**Areas of Focus**

The strategic priorities with specific focus of the Board over the next period are the same as reported in December, and they include the following:

- Virtual Care  
 As stated this is one of the key strategic priorities that touch on a number of areas of delivery. This Tier 1 Programme continues to be RAG rated Red, due to the challenges with ‘Hear and Treat’. The finance committee will be exploring this at its next meeting in March and it will be an areas of focus at the Board in April.





▪ Workforce Planning

While the numerical workforce plan is established in line with our operating plan, the strategic element linked to Virtual Care has progressed slower than the Board has expected. Aligned to the work on the Virtual Care model during Q4, the workforce plan will need to set out the needs of the future, e.g. skill mix.

▪ Delivery / Planning for 2026

The Board is as sure as it can be that the current year plan will be achieved. It signed off the medium-term plan 2026-28 in February, and while unlike many trusts this was a compliant plan (achieving 25m c2 mean and breaking even) and one the Board believes is reasonably achievable, it will be very challenging. There will be close and ongoing scrutiny of the efficiency and productivity plans.

From the commitments within the medium term plan which align directly to the Trust's strategy, work is underway to establish the priorities for the year ahead that will inform our new Board Assurance Framework. This will be received for decision by the Board in April.

▪ Group Model / Leadership

The searches for the Group Chair and Group CEO continue, working together with SCAS. The Appointment & Remuneration Committee is ensuring robust transitional leadership arrangements to help mitigate the related risks and ensure continued delivery of our priorities. For example:

- Interim CEO - Jen Allan, COO / Deputy CEO, will cover the period between Simon leaving and the Group CEO starting. The related backfill arrangements are being put in place.
- Chief Nursing Officer – A selection process is being undertaken to appoint a new CNO when Margaret retires in May. This will be a fixed term appointment for 12 months.

Both Boards have agreed priority areas of collaboration / integration for the year ahead while the leadership arrangements are put in place. The Boards have established a new Integration Committee to assure delivery. The areas include:

- Joint CAD/ePCR and digital infrastructure
- Joint Clinical Model
- Corporate Services Consolidation
- Strategic Estates
- Performance Improvement and Patient Outcomes (Operations planning and medium term planning)

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.







<b>Agenda No</b>	53/25
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<b>Name of meeting</b>	Council of Governors
<b>Date</b>	26 February 2025
<b>Name of paper</b>	Quality & Patient Safety Committee Board Assurance Report
<b>Author</b>	Liz Sharp Independent Non-Executive Director – Committee Chair

**INTRODUCTION**

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

This assurance report provides an overview of the most recent meeting in January 2026, 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**

**Provider Collaboratives updates – Pathways**  
 A helpful summary of the achievements and challenges and activity across the different systems; UCR acceptance rate is in decline overall and an area for development and learning from SCAS who have more developed pathways. This aligns to the alignment of the clinical models that is ongoing and overseen by the new Integration Committee, which need to pick up how the system is driving pathways to ensure the ‘left shift’. There is a role for the new Group Model to help narrate and take a lead on how pathways need to be commissioned, to help the system thinking.

**Virtual Care**  
 The committee focussed on the future strategic modelling of virtual care the outputs of the design work should emerge by the end of March 2026. This will inform how we will implement clinical assessment hubs across the region, while retaining the agility to the development of digital & AI.

The discussion explored the clinical competencies required for virtual care, and how the executive will manage these strategic changes with delivery of the here and now. Hear and treat continues to be current focus as part of the work on productivity. It remains stubbornly below target but there are some recent green shoots from the interventions.

As we develop the model there will be a need to assess the impact not just on performance but ensuring patients get the right care. Also important is the need to educate and support the public to access services in the right way, which links to the earlier discussion about pathways and the role of the wider system.

### **Models of Care**

The committee is happy with what has been achieved in the last year, and there are now deeper insights into the different models and the key drivers and interdependencies, which will support some of the decisions for phase 2.

Picking up the data in the IQR, there was a debate about on scene time for end of life care patients and the role of our system partners. Individual care plans continue to include reference to calling 999 with some homes laying off staff. The executive has good awareness of the issues and are working through how we mitigate some of the issues, for example via delayed sign posting.

In support of the executive the committee reinforced the need for the system to better understand the impact on us of the decisions on pathways. We could do even more to ensure this awareness as there is good evidence of how we are attending to some of these patient groups due to deficits in other parts of the system.

## **ASSURE**

### **Quality Account Priorities**

#### EPCR

This is a two-year priority for delivery between 2024 & 2026 with the overall aim to improve the quality of patient care record completion and support meaningful supervision to clinical colleagues. Good progress has been made with the outcomes.

#### Framework for Suicidal Patients

The key objectives of this priority is to improve the experience of patients experiencing suicidality and declining further care; improve the support and guidance available to staff making complex decisions on scene; and establish a shared, regionally consistent approach with partners.

Significant progress has been made with intensive work to improve the response to patients who are experiencing suicidality, especially in Surrey and Sussex, with similar work to be replicated in Kent before the end of the financial year. Data shows that ambulance crews are utilising locality single point of access mental health support services more and that the trend is improving.

## **ADVISE**

### **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 quarter's triangulated patient safety insights demonstrate meaningful progress in identifying, understanding, and addressing recurrent risks across our service. The themes highlighted the dead and dying pathway, HCP requests, medicines safety, and trauma which continues to require sustained focus, strengthened system learning, and consistent collaboration with partners.

There are positive developments in patient involvement, learning response closure, and safety improvement planning reflect a maturing safety culture, supported by clearer processes and growing engagement. Continued attention to embedding learning, improving compliance, and closing identified gaps will be essential to ensuring safer, more reliable care for all patients we serve.

On medicines concern was expressed about some of the incidents, noting that no harm has been caused. The committee asked for more assurance in the next report on how the executive ensure we are following up and monitoring.

### **Risk Report & IQR**

The risk report helps to ensure the committee has visibility of key risks, which also informs the cycle of business. While the report continues to improve in assisting the committee it has asked for more analysis and impact of controls. Especially the highest rated risks and those that are more long standing.

The review of the quality section of the IQR noted the position with hear and treat, which is picked up in the separate Virtual Care agenda item, and the time on scene data for end of life care, also picked up separately under Models of Care.

### **Health Inequalities Quality Account Objectives for 2025-27**

As a reminder there are two priorities, Maternity and Severe Mental Illness, as listed in the BAF. The discussion on these acknowledged the need for a wider understanding of health inequalities, and so it was good to learn about the maturity matrix tool developed to raise awareness and identify priorities for coming years. This includes:

- Planning a pan SECAmb mapping exercise – Health inequalities. Every 6 months raised awareness and inform local interventions. Then central analysis to identify trust wide priorities.
- Roll out the NHS ethnicity infographic/document to enable greater understanding of the rationale for capturing ethnicity data
- Consultants to include ethnicity findings in all areas of training including Key Skills 2026.
- Continue to look at all available interpreter services and their suitability to the ambulance service, along with EOC colleagues.

Given the breadth of health inequalities the committee explored if it would be best to focus on the areas more within the purview of the ambulance sector / core business. The executive will consider this when setting the objectives for the coming year.

### **Quality Account, PSIRP & QI Priorities for 2026-27**

The committee reviewed the proposed priorities for each of these three areas, in order to ensure they are considered in the round this year compared with previous years. The final priorities will come back in March.

#### Draft Quality Account Priorities (with primary domain)

##### *Patient Safety*

- Resilient Organisation
- Falls – Level 1 Response

*Clinical Effectiveness*

- Enhancing Virtual Consultations

*Patient Experience*

- Patient Safety Partners

PSIRF Priorities

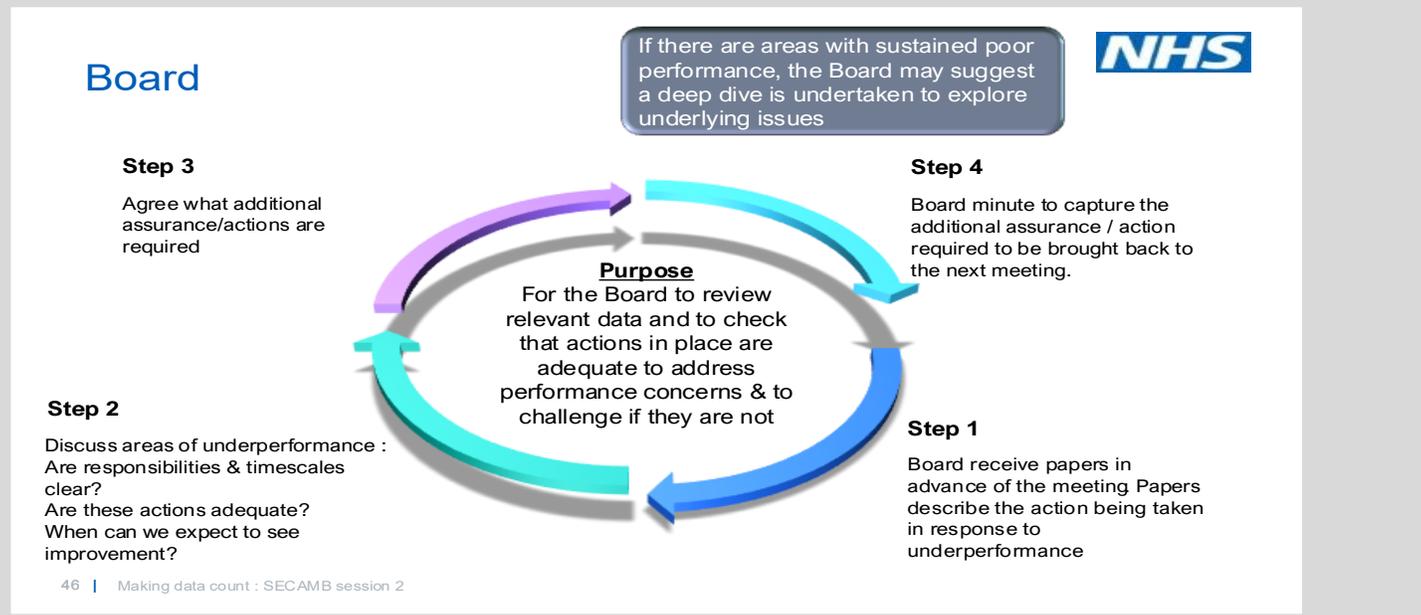
- Trauma
- Mental Health Emergencies

Quality Improvement Priority

- Review of Dispatch Operational Processes
- Falls – Level 1 Response (also a Quality Account priority)

**Recommendation**

The COG is asked to note that the Board uses 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





<b>Agenda No</b>	53-25
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<b>Name of meeting</b>	Council of Governors
<b>Date</b>	26 February 2026
<b>Name of paper</b>	People Committee Board Assurance Report
<b>Author</b>	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 in January, 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 an observer from the Shadow Board.

**ALERT**

**Volunteer Community Resilience Strategy**  
The strategy is informed by the review of AACE and shaped following engagement with key stakeholders. There has been much input from volunteers, ops and clinical colleagues and has been reviewed at each of the committees, through its different lenses (quality, finance and people). It helps frame our ambition for volunteers.

The committee recommends this strategy to the Board for approval. It is a clear and compelling strategy with tangible and realistic ambition. One slight note of caution is regarding scope and function, as volunteers are not employees and so we must avoid mission creep, e.g. straying into things that the NHS should ordinarily provide for, especially in the use of charity funds. The committee has asked for a clear evaluation to test the impact of the strategy over time. It noted the finance committee’s separate review of the business case, which the people committee also supports.

**Management of Violence & Aggression**  
The Trust is almost fully compliant with the NHS Violence Reduction Standards, with full compliance on track to be achieved by December 2026. Internal Audit is reviewing our compliance and aim to have their report available early February.

The support and interventions that have been implemented across the Trust such as conflict resolution training, history marking and frequent caller teams are having a positive effect in seeking to reduce incidents of violence and abuse towards staff. Further workstreams and support are developed through the monthly Violence Reduction Working Group which are implemented and reviewed.

The data demonstrates a reduction in cases for the first time since 2021. We have trained over 3,000 staff in conflict resolution and are using data more intelligently e.g. reviewing where staff are repeated victims - 20% of incidents relate to call handlers.

The committee is assured by the steps to mitigate the impact on our people. It is aware that the Shadow Board is also reviewing this and looks forward to its views and perspective.

### **Risk Profile / Health & Safety**

At the start of the meeting there was a helpful review of the risk register. The committee continues to have good visibility of the key risks, with all the BAF risks within appetite. The workforce risk will be a key focus of the committee over the next period, linked to the Virtual Care model.

There was a discussion on the Org Change BAF Risk with the executive setting out how it is continually reviewing the changes and adjusting the sequencing accordingly, to ensure the right capacity to support the relevant restructures.

There was a separate paper providing analysis of the H&S risks and the outputs of the annual H&S audits, which acts as a second line of defence ensuring compliance with statutory legislation and responsibilities. The main areas of concern are MSK injuries and fire safety. There has been a MSK deep-dive to better understand the drivers, and there is now an MSK injury reduction working group to ensure focus on where we can make improvements.

The committee noted the review of fire safety at the finance committee in November, in the context of the estates strategy and related improvements. One of the issues relates to our ability to manage contractors appointed to undertake fire risk assessments. These are being addressed via the estates team to improve controls with landlords for leased buildings.

Notwithstanding the identified risks and issues, overall the committee has reasonable assurance with reported compliance with H&S legislation, based on the outputs of the audits. It supported the related recommendations, which include strengthening DSE assurance and record centralisation; continuing with MSK injury reduction initiatives; and the Fire Safety remediation work.

### **IQR**

The committee's review of the IQR noted the continued compliance with statutory and mandatory training (above the 85% target). There is a new dashboard giving easier access to information. The committee noted that there are specific modules that have lower rates of compliance and it has asked the executive to ensure ways to ensure these are more visible in the reporting.

The volume of grievances continues to be a pressure. There is better grip on the management of cases with many of the long standing / complex cases being closed. There have been three employment tribunals recently, each one in favour of the trust which is also positive.

## **Appraisals**

There was a separate paper on appraisals, which, while improving significantly in recent months, is still below our trust target and the executive set out the actions to sustain improvement. This includes a better system for recording the completion of appraisals, which addresses the frustrations from staff and related data lags. There are incremental improvements in terms of systems and training which will all help us get to the position we need in terms of compliance and quality.

## **ASSURE**

### **Strategic Priority: People Services Improvement Plan**

The programme is continuing to make steady progress, with overall confidence in delivery. The core activity is advancing as planned, supported by strengthened governance and a clear focus on supporting the organisation through a significant period of change, as discussed as part of the related BAF risk.

Foundational improvements in areas such as policy development and ER case management are becoming more embedded and are expected to further strengthen consistency and decision-making across the Trust.

The committee noted the concern about forthcoming changes in people services leadership. It explored the plan in place to ensure interim solutions that will help ensure progress is maintained.

The strategic workforce plan has not progressed as expected, which links to the BAF risk and related risk connected to virtual care clinicians, which the committee will have a focus on over the coming months.

The significant positive impact of the work in the past year is acknowledged. As is the need for continued transition support over the coming year given the continued ER backlog, which is most pressing. The committee sought assurance that the right data is available to the executive to support delivery, which it confirmed is in place and being used to drive improvements.

### **Strategic Priority: Operating Model (clinical operating model and corporate restructures)**

On the clinical operating model, there was a good discussion about the need to continue to communicate the development plan and alignment with our trust strategy. More regular updates are now in place. Activity across the programme is being carefully sequenced, with continued focus on communications, engagement and capacity to support safe and sustainable implementation. Overall, the programme remains aligned to its agreed aims and outcomes. A number of outcomes and benefits are expected to be realised over the next financial year, reflecting the phased approach required to deliver sustainable organisational change and meaningful staff engagement.

In relation to the corporate restructure, the executive continues to ensure constructive engagement. This has been central to maintaining momentum despite the breadth and pace of change and the operational pressures experienced across several areas.

For the committee, the core theme is comms, and it is reassured by what is in place. Noting the related BAF risk, the committee is confident by the ongoing assessment by the executive to ensure the changes are well phased.

## Sexual Safety Charter

The majority of actions are completed, with much ongoing to address the cultural changes we need to continue to make. The NHS “Understanding sexual misconduct in the workplace” is delivered as the primary training module to all staff (available online). Over 80% of staff have completed this.

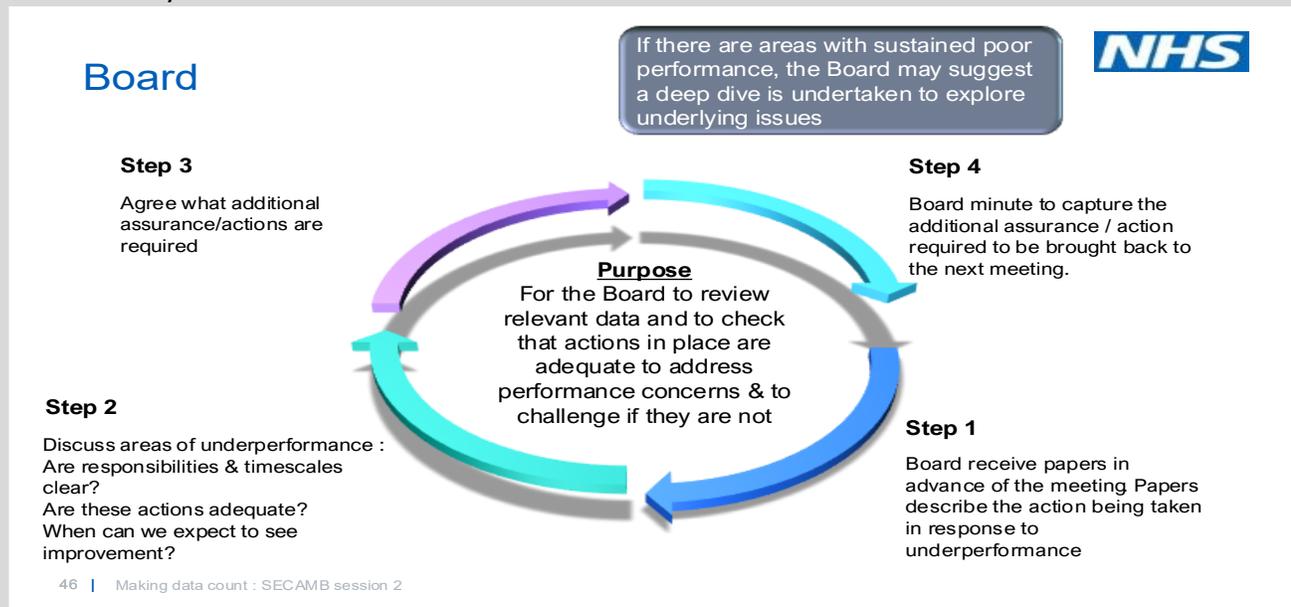
The committee debated the fact that some behaviour has, over time, been normalised and the challenge is to undo this mindset by continuing to reinforce the right standards. It is a big hill to climb which the Board has always been cognisant of.

## ADVISE

N/A

## Recommendation

The COG is asked to note that the Board uses 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





<b>Agenda No</b>	53-25
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<b>Name of meeting</b>	Council of Governors
<b>Date</b>	26 February 2026
<b>Name of paper</b>	Finance & Investment Committee Assurance Report – January 2026
<b>Author</b>	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 in January 2026 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**

**Estates Strategy**  
There was a final review this strategy ahead of Board, and the committee recommends it is approved. It builds on the feedback from the Board session in Q3 and will put us in a much better position with compliance and quality. The delivery Plan will follow, and the committee will oversee this and ensure it includes collaboration opportunities with SCAS.

**Business Cases**  
The following business cases were considered and are recommended for Board approval. The committee will undertake post implementation review of the benefits.

- **GRS Migration**  
This is about shifting funding to upfront capital expenditure from revenue due to cloud-based activity; it is a license we can capitalise and the committee is assured with the technical accounting of this. The implementation timeline is to May 2026.
- **DCA Replacement**  
The committee explored fuel efficiency differences between the current fleet and new vehicles. The cost is in the capital plan and nationally funded. The revenue implications are offset by improvements in efficiency and vehicle off road rates. The committee will undertake a post-implementation review

- **Volunteering & Community Resilience**

The committee were fully in support of this investment.

- **Patient Monitor Defibrillator Replacement Programme**

The committee explored the preferred model and is assured by the robust procurement process, which included engagement of clinicians.

This will be considered for approval in Part 2 due to commercial sensitivity.

**ASSURE**

**Financial Performance Month 9/ Efficiencies & Productivity**

There was a detailed discussion on the current position in the context of planning for 2026-27 and the following two years. We have developed a stretching but compliant plan, which is considered to be achievable. The Board will need to ensure we hold ourselves to account during Q1 to ensure we stay on track for all the parameters in the plan, so that if there is any variance we identify this immediately. The implications for 2027-28 will be considerable if we do not achieve the 2026-27 plan.

In order to support the executive’s ability to deliver this productivity and efficiency challenge, we need to focus on key primary productivity schemes; the main one being virtual care / hear and treat. It is not enough to do more of the same and the discipline will be in picking what we continue with (that is working) and in identifying new approaches that deliver the required step-change.

In the context of the Group Model the executive is working closely with the SCAS executive on the six areas of collaboration / integration agreed by both Boards. The new Integration Committee (in common) will ensure Board oversight of this.

For this year, we are on plan at M9; the CIP gap is noted and as agreed this year will be covered by balance sheet provisions. There is confidence in meeting the Capital Plan.

**Digital Delivery**

The programme continues to track green, with good progress being made with each of the 6 work streams in the Plan for 2025-26:

Stream	Business Cases	Status
<b>Cyber Security Assurance</b>	CSOC / MDM / Leadership	First draft of the BC reviewed. Work progressing to plan and will positively impact BAF risk 544 score in Q1.
<b>Digital Workforce</b>	Restructure Business Case	Linked to BAF risk 650 EMB end of March. Intensive work ongoing
<b>Data and AI</b>	Data and AI BC CoPilot POC	Approved with implementation on track CoPilot POC underway and BC to come back in March
<b>Digital Infrastructure</b>	BC for network, WiFi, and Data Centre resilience	Approved and implementation on track

<b>Collaborative Initiatives</b>	CSOC now under Cyber, TORTUS AI project	TORTUS Pilot live and progressing to plan.
<b>Product Delivery</b>	GRS Cloud Capitalisation BC Cleric CAFD / EPRC retender	On the Board agenda CAD / EPCR now collaboration with SCAS and approval to proceed will go to Committees in Common end of January

The committee is assured by the close work with SCAS on digital, in particular the CAD / EPCR.

On AI there was a constructive debate about the risk we fail to get the benefits from this technology or conversely, presume it is the answer to deliver productivity. We need to balance our ambition with caution to ensure we understand deeply the problems we are addressing and how we adjust our approach to optimise benefits in a way that is embedded in our clinical model.

The committee chair agreed an action to work with the CDIO to agree clear articulation of digital productivity, for future meetings to ensure we are clear on the link between patient outcomes, productivity and financial balance.

### **Risk Profile**

The committee reviewed the **risk register** and remains assured with its alignment to the key risks. Five BAF risks align with the purview of the committee, and each one is covered on the agenda, e.g. Cyber Resilience; Digital Capacity; Productivity; and Financial Plan. The committee asked that consideration be given to a new forward looking financial BAF risk, given the implications of the medium-term plan.

There are three high scored non BAF risks related to digital:

1. Digital device asset management – this is being reviewed by Internal Audit, and the findings are expected to be reported to the committee in March.
2. Network remediation - there was some challenge about the framing of this risk (scored 16) accepting the view of the CDIO that this should remain a 16 until the remaining action is complete, related to load balancing between Medway and Crawley.
3. AI – the committee noted the need for educating users and noted that the executive is engaging with NHS AI Academy. We will be using some of the time at the March Board Development session to take a forward look at AI opportunities and risks, along with the initial draft Data and AI strategy. A demonstration will be given of Tortus (ambient voice translation).

### **ADVISE**

#### **IQR**

The review of the integrated quality report focussed on hear and treat and vehicle off road rates. The data indicates relatively positive handover times, although more challenging in the past two months, as expected.

The committee debated the interim C2 streaming model to ensure more effective virtual assessment of a smaller percentage of C2 calls. This involves a 2-stage triage where clinicians undertaken rapid scan to designate calls potentially more amendable to validation. This requires specific skills and work is ongoing to establish digital solutions too.

The ongoing issues with low UCR acceptance rates was also debated. The executive is equally frustrated at not being able to refer patients to more appropriate community services; much of this relies on system partners which the Board is aware of.

### Nexus House Refurbishment

This estates programme is expected to deliver in line with budget and by the revised timeline of May 2026. It is running slightly behind in the first phase due to some issues, such as fire compliance that are being rectified.

### Commissioned Contracts

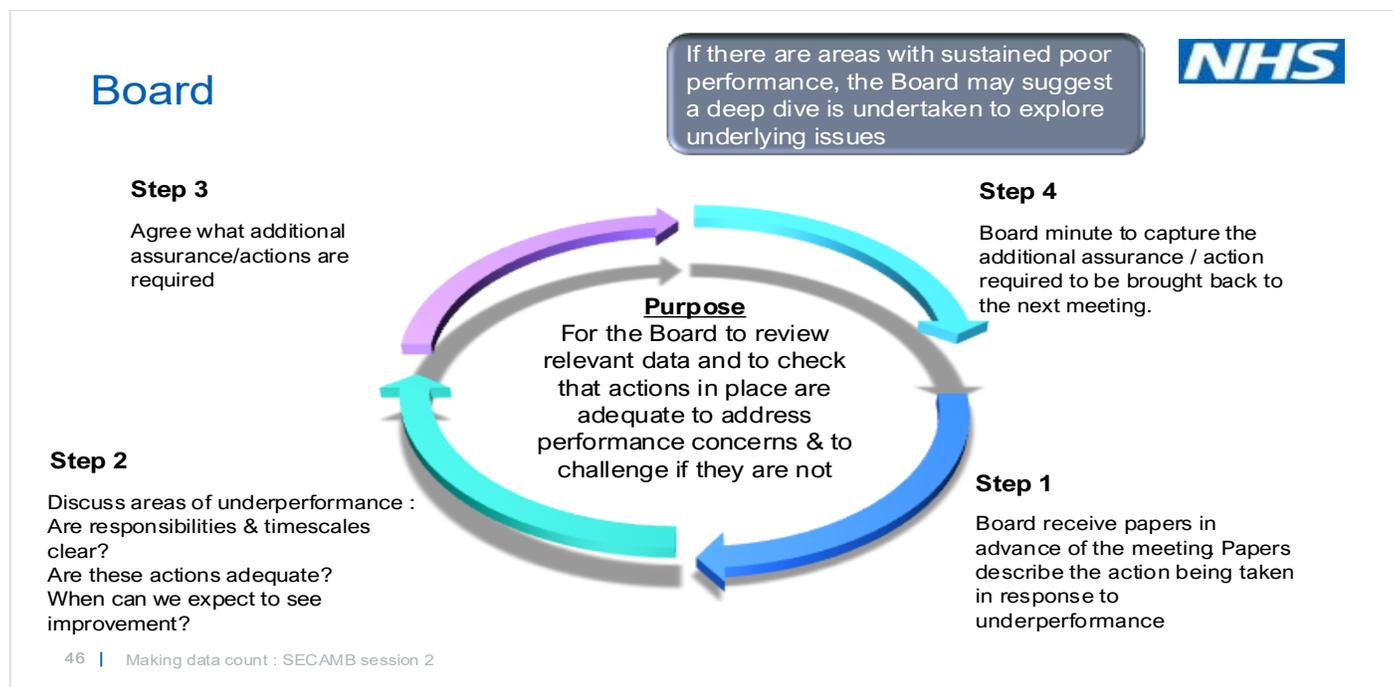
This report provided an overview of the Trust’s NHS-commissioned and healthcare contracts including current contract performance, and risks and issues. It provided assurance that there is good oversight / management of the contracts.

### Procurement

There is continued assurance with our procurement function and controls.

### Recommendation

The COG is asked to note that the Board uses 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

## Council of Governors

### Lead Governor/Deputy Lead Governor Elections Process

#### 1. Introduction

- 1.1. The Constitution sets out the requirement for the Council of Governors to appoint a Lead Governor and the option to appoint a Deputy Lead Governor. The Council has previously agreed to appoint a Deputy Lead Governor to undertake the role in the Lead Governor's absence.
- 1.2. This paper sets out the election process agreed upon by the Council and notifies of candidate names to elect a Lead and Deputy Lead Governor.

#### 2. Candidates:

- 2.1. There was one candidate for the role of **Lead Governor** and so an election will not be held. The candidates are, in alphabetical order by surname.

**Latham, Andrew**    Public Governor    West Sussex

- 2.2. The candidate who secures the most votes shall become Lead Governor.
- 2.3. There was **one** candidate for the role of **Deputy Lead Governor** and so an election will not be held. The candidates are, in alphabetical order by surname.

**Shore, Peter**    Public Governor    Surrey

#### 3. The role of Lead Governor/Deputy Lead Governor

- 3.1. The Constitution states that the Lead Governor shall:
  - Chair meetings of, or parts of meetings, of the Council of Governors per Annex 6; and
  - Communicate directly with Monitor in circumstances where it would not be appropriate for the Chairman of the Board of Directors to contact Monitor directly, or vice versa.
- 3.2. The Deputy Lead Governor shall perform these duties in the absence of the Lead Governor.
- 3.3. In addition, we have elected, in consultation with the Council in the past, to give additional responsibilities to the Lead Governor:
  - Present an annual report on behalf of the Council in the Annual Report and to the Annual Members Meeting.
  - Chair the Governor Development Committee.
  - Be on the Nominations Committee.
  - Present the Governor's activities and queries report and the GDC report to the Council at formal meetings.
  - Facilitate the pre-meeting of the Council.

3.4. Any of this could be changed through discussion and agreement with the Council and its Chair. The role of the Deputy is to carry out these duties if the Lead is absent for any reason – in practice, the Lead and Deputy have tended to support each other in the role and may work together on the non-statutory responsibilities.

#### **4. The nominations process.**

- 4.1. Governors were asked to express an interest in standing for election by **06 February 2026**. Those wishing to stand for election were asked to include a statement of up to half a side of A4 setting out their reasons for standing to be received by the same date.
- 4.2. Candidates were asked to indicate whether they are willing to take the role of the Lead and Deputy (if not elected Lead) Lead only, or Deputy only.
- 4.3. Candidates' statements are attached as Appendix A.

#### **5. Voting**

- 5.1. As we only have one candidate for both the Lead and Deputy Lead Governor, no vote will be required.

#### **6. Term of office**

- 6.1 The term of office of the Lead Governor and Deputy Lead Governor is two years or until their term of office on the Council comes to an end, whichever is the sooner. The Lead Governor and Deputy Lead Governor may stand for re-election for as long as they are members of the Council.

This term will commence April 01<sup>st</sup> 2026.

#### **7. Recommendations**

- 7.1. The Council of Governors is asked to:
  - 7.1.1. Read the candidates' statements in Appendix A.
  - 7.1.2. Confirm the appointment of Andrew Latham as Lead Governor
  - 7.1.3. Confirm the appointment of Peter Shore as Deputy Lead Governor

## Appendix A

### Lead Governor Only

I am standing for re election as Lead Governor because I want to continue contributing to the Trust by applying my business experience and longstanding involvement in health and pre hospital care to help the Trust at this time of change. My aim is to provide active, supportive, and coordinated leadership to the Council of Governors.

Having served as Lead Governor for the past eighteen months, I recommended to the Trust that holding an early election would help to ensure stability as we transition into the new Group model. This continuity is especially important as both the Chair and CEO are leaving at a time of significant challenge and change for SECAMB. This is a critical period for the organisation, and it is essential that the Council of Governors is fully represented in Group discussions.

I am committed to dedicating the time and focus required to ensure that the Council's collective voice is heard, and that patients and staff remain at the heart of all decisions. I have been closely involved in stages of the development of the Group model and hope that I have earned the confidence of my fellow Governors and Trust to continue this work.

Our impact is greatest when we work together as an engaged, constructive, and supportive—yet appropriately challenging – a “critical friend” to the Trust's leadership. If re elected, I will continue to encourage and support the Council in representing the public, the SECAMB workforce, and all stakeholders drawing on the full range of Governors' skills and experience.

Having been associated with SECAMB and its predecessor organisations for more than 30 years, I have developed a strong understanding of the Trust's strengths, weaknesses, and opportunities. I will use this knowledge to help the Council fulfil its responsibilities effectively.

Beyond SECAMB, I bring extensive commercial leadership experience, having held several C suite roles in customer facing organisations. This includes serving as CEO of three companies—two publicly listed (one on the main market of the London Stock Exchange and one on AIM) and one private equity backed. I currently hold several Non Executive Director and Chair roles, alongside consultancy and interim assignments supporting organisations to achieve their potential.

I also have a lifelong commitment to volunteering in the NHS and pre hospital care:

- Over 50 years as an active volunteer with St John Ambulance
- Founder and Team Leader of the Crawley CFR Team, attending more than 4,000 incidents over 17 years
- Team Leader for the Emergency Responders (west)

- Founding member of the Project Board developing volunteer responses to falls, improving patient outcomes and reducing long lie risk
- Advisor to two Surrey University/SECamb clinical research projects using technology to evaluate emergency patient facing incidents.
- Chair of the Patient and Public Involvement and Engagement Group for a research programme evaluating the use of drones to deliver AEDs to cardiac arrest patients led by Surrey University.
- I am a Deputy Lieutenant for Surrey and am a part of the Business and Communities and Charity Groups within the Lieutenancy.

In conclusion, I am committed to continuing to support SECamb through this period of change and challenge. If I am privileged to be re elected as Lead Governor, I will continue to use my experience, skills, and dedication to serve our patients, staff, volunteers, and communities, and to do everything I can to support them and the Trust.

**Andrew Latham KStJ DL**

## **Deputy Lead Governor Only**

I am happy to continue to serve as Deputy Lead Governor, if this is the wish of my fellow governors.

I have recently been re-elected as a public governor for Surrey for the three year period from April 2026 so can cover the new two year term for the Deputy Lead role.

During my time as Deputy, I have on occasion covered for the Lead Governor by facilitating the Governors' pre-meeting of the Council and presented the Governor activities and queries report and the GMDC report to the CoG meeting. Before the two committees of MDC and GDC were consolidated, I also chaired the Membership Development Committee. I believe I carried out these responsibilities competently.

As a member of the Nominations Committee, I have been involved in the appointment of several of our current NEDs, as well as the current selection process for the Group Chair.

In the coming period in which the Trust will navigate the process to the group model structure with SCAS, my experience of similar plans and challenges at Queen Victoria Hospital NHS FT (as lead governor) and at Medway NHS FT (as a senior manager) may be useful.

**Peter Shore**

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

**26 February 2026**

## **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 GMDC meeting held on 19 February 2026 confirmed the feedback from the previous CoG Meeting held in December 2025 was positive with excellent feedback on the revised reports.

1.7. The GMDC meeting held today on 19<sup>th</sup> February 2026, provided items of interest for the agenda of the CoG being held on 26<sup>th</sup> February 2026.

## **2. Items of note**

### **Public and Community Engagement Strategy**

Detailed presentation and discussion on the revised approach to public events and community engagement, now led by the Patient Engagement team.

Key themes included:

- Strategic targeting of events rather than volume-based attendance.
- Focus on underrepresented and disadvantaged communities.
- Alignment with health inequalities, CPR education, appropriate 999 use, and recruitment objectives.
- Discussion on using public events to support recruitment (staff, volunteers, members) and the importance of visible ambulance service presence at major multi-agency events.

Recognition that absence from high-profile events can negatively affect public perception. Suggestions included greater use of student paramedics and peer-to-peer engagement with younger audiences.

Governors highlighted opportunities for wider digital engagement, including:

- Schools, colleges, universities, care homes, and community hubs.
- Use of virtual forums, interactive tools, and targeted online engagement for groups unable to attend in person.

### **Governor Development and Engagement**

- Encouragement for governors to:
  - Observe Board and Board Committee meetings to enhance understanding of Trust governance and assurance processes.
  - Undertake operational shadow shifts to deepen insight into frontline service delivery.
- Emphasis on using these activities to strengthen governors' ability to represent constituents effectively.

### **Annual Members' Meeting (AMM)**

- Decision confirmed to move the 2026 AMM to an **online format**, driven by cost, resource pressures, and proportionality of benefit versus effort.
- Discussion focused on how to retain engagement value digitally, including:
  - Use of patient stories (e.g. cardiac arrest survivors).
  - Creative use of digital tools to encourage interaction rather than a purely formal broadcast.

### **Governance Activity Reporting**

- Reminder of the importance of capturing governor activity consistently, as this feeds into quarterly reporting and the Annual Report.
- Reinforcement that engagement activity supports evidence of governor impact and accountability.

## **3. Recommendations:**

3.1. The Council is asked to:

3.2. Note this report.

3.3. All governors are invited to join the next meeting of the GMDC on 11<sup>th</sup> June 2026, the location is to be confirmed. Future GMDC meetings will continue to focus on member engagement, governor development, and assurance priorities for the Council.

**Richard Banks (On behalf of the GMDC)**  
**Head of Corporate Governance**

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### Governor Activities and Queries

February 2026

#### 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 both GDC/MDC and COG and where possible are reminded of the value add in attending board.

Date	Activity	Governor
18 December 2025	Council of Governors Meeting; <ul style="list-style-type: none"><li>• Pre-Meet</li><li>• Part One</li><li>• Part Two</li><li>• Workshop</li></ul>	Andrew Latham Zak Foley Paul Bartlett Aidan Parsons Kirsty Booth Leeanne Farach Steve Corkerton Peter Shore Martin Brand Christine Locke Leigh Westwood Richard Brittain Stephen Mardlin Hilary Orpin Ellie Simpkin
09/01/2026	Group Chair Update meeting	Andrew Latham Peter Shore
15/01/2026	NED Stakeholder Panel – Transformation NED	Richard Brittain Paul Bartlett
19/01/2026	NED Stakeholder Panel – Transformation NED	Kirsty Booth Peter Shore Andrew Latham

20/01/2026	Group Chair Longlisting	Andrew Latham Peter Shore
20/01/2026	NED Stakeholder Panel – People NED	Paul Bartlett Andrew Latham Richard Brittain
22/01/2026	NED Interview Panel	Steve Corkerton Peter Shore Kirsty Booth
22/01/2026	Finance and Investment Committee	Martin Brand
27/01/2026	Group Chair Shortlisting	Andrew Latham Peter Shore
29/01/2026	Private COG Meeting	Ellie Simpkin Hilary Orpin Leeanne Farach Andy Erskine Andrew Latham Peter Shore Paul Bartlett Steve Corkerton Zak Foley Martin Brand Mark Rist Kirsty Booth
06/02/2026	Group chair stakeholder panel	Ellie Simpkin Mark Rist
09/02/2026	Group Chair Interviews	Andrew Latham Peter Shore
13/02/2026	Part 2 Private COG	Ellie Simpkin Hilary Orpin Leeanne Farach Christine Locke Andrew Latham Peter Shore Paul Bartlett Steve Corkerton Martin Brand Mark Rist Kirsty Booth Leigh Westwood Harvey Nash
19 February 2026	Governor Membership and Development Committee	Steve Corkerton Peter Shore Andrew Latham Andrew Erskine Paul Bartlett Kirsty Booth Harvey Nash Leanne Farach Martin Brand Matt Deadman

24 February 2026	New Governor Induction	Andrew Latham
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## **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.
- 2.2. No formal governor enquiries or information requests were received during this reporting period.”

### **Recommendations**

- 2.3. The Council is asked to note this report.
- 2.4. The Trust would like to place on record its thanks to Governors for their additional commitment during this reporting period, particularly their significant contribution to recruitment activity.
- 2.5. 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.

**Richard Banks**  
**Head of Corporate Governance**



South East Coast  
Ambulance Service  
NHS Foundation Trust



# Board Assurance Framework

2025/2026

February



# Contents:

- + Our Strategy 2024 – 2029
- + How our Board Assurance Framework Works
- + Delivering High Quality Patient Care
  - Executive Assurance Summary
  - BAF Objectives in line with Strategy Plan
  - Progress Highlight Reports on Key Programmes
  - BAF Risks
- + Our People Enjoy Working at SECAMB
  - Executive Assurance Summary
  - BAF Objectives in line with Strategy Plan
  - Progress Highlight Reports on Key Programmes
  - BAF Risks
- + We are a Sustainable Partner
  - Executive Assurance Summary
  - BAF Objectives in line with Strategy Plan
  - Progress Highlight Reports on Programmes
  - BAF Risks



# 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**



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

**Saving Lives, Serving Our Communities**

**Our Trust Strategy 2024 - 2029**

**Our Improvement Journey**

**COC Inspection June 2022**  
 In 2022 SECAmb was inspected by the COC and we were found to require improvements in board effectiveness and connectivity to frontline services, governance and culture. The quality of care provided for our people was deemed to be good.

**Trust Strategy 2017-2022**  
 Through the previous strategy cycle, the Trust delivered a number of key programmes, including a new Adult Ready Centre at Bursfield and Brighton, and a multi-million pound centre at Medway housing 999, 111 and heli-operations.

**Having an impact through improvement**  
 We started an improvement journey which was focused on four core pillars:

- Delivering Quality Improvements
- Providing Responsive Care for our People
- Improving the Culture for our People
- Delivering sustainable services in partnership.

**Shaping our future together**  
 In 2023 the Board began the process to start shaping the new direction for the Trust. The principles for the development of the strategy were agreed with our Council of Governors and were based on delivering a clinically led strategy. Development of the strategy was based on a strong programme of engagement with our people, our communities and our partners. We set an ambition to develop a strategy that secures long-term sustainability for the organisation, meets the needs of our patients, supports our people to provide the best possible care and integrates us fully with our partners.

**Since the start of our Improvement Journey, we have delivered significant improvements across all domains:**

- Implemented trust-wide quality improvement methodologies to empower our people to drive change and drive patient safety by working with partners to keep patients safe while they wait for an ambulance response.
- Improved our culture and psychological safety for our people, having seen the biggest improvements nationally in freedom to speak up about issues in our staff survey, as well as improvements across every other domain.
- Improved the responsiveness of our services, delivering under 20 minutes for Category 2 response times against a 30 minute target.
- Established strong partnership working with our systems and other providers, including implementation of clinical alerts to improve decision making, patient safety, and system flow.

**Saving Lives & Serving Our Communities**  
 After extensive engagement, the new strategy was presented to the Trust Board in June 2024. This marks the start of a transformational journey that will build on the strengths and improvement achieved between 2022 and 2024, and will deliver a new clinical model that will better serve the needs of our patients and communities in the future.

**Our new service model will modernise how we care for our patients.**

**We will do this through:**

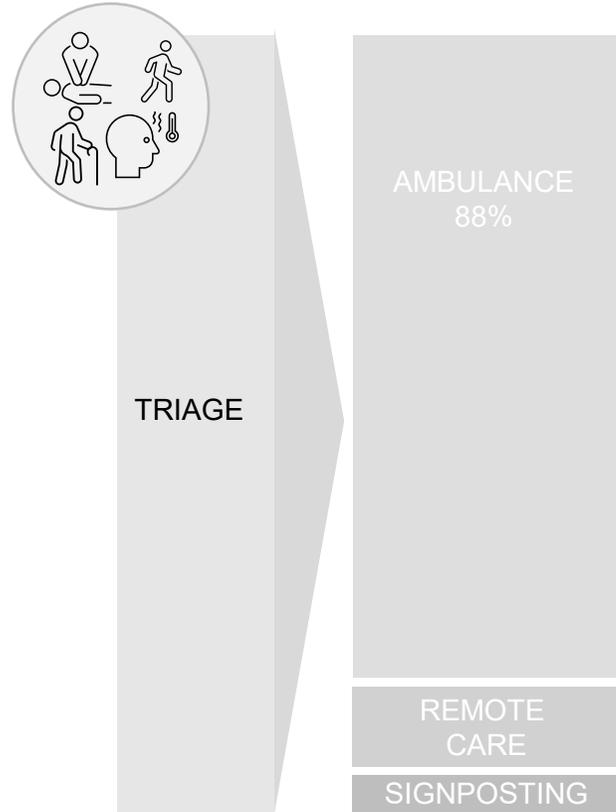
- Fast & accurate triage:** We will improve our triage with the support of artificial intelligence to ensure we apply and respond to severity patients who need a fast physical response.
- Faster dispatch of resources:** We will use digital solutions to optimise how we deploy our ambulances to ensure our emergency patients are seen quickly.
- Timely care for emergency patients:** We will support our people to deliver the highest possible quality of care and a fast response to our emergency patients.
- Virtual care for non-emergency patients:** For patients who have a non-emergency condition, they will receive a virtual video or audio assessment from a clinician. This clinical assessment will enable patients to be cared for directly or seamlessly referred to the most appropriate care provider.
- Connecting patients to the right care:** Following initial assessment, patients whose conditions do not require an ambulance will be seamlessly directed to appropriate health services or agencies. This ensures that every patient receives the right level of care, optimising resource use and patient outcomes.

**By ensuring we play a full part as a system partner, we can ensure that patients receive the most appropriate form of care for their condition, prevent unnecessary admissions to Emergency Departments and that care is provided in the community where possible.**

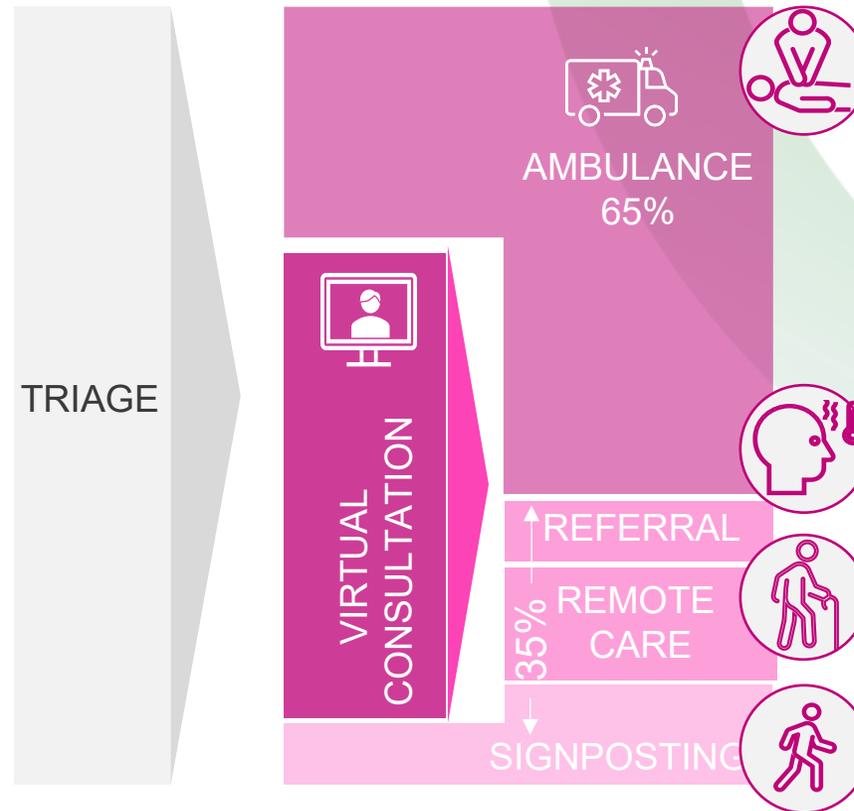
We are transitioning from a predominantly ambulance-based response model to a more differentiated approach, where the type of response is tailored to the individual needs of the patient.

# Our Strategy 2024-2029

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



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



**Timely care for emergency patients:**

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

**Virtual care for non-emergency patients:**

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

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

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



South East Coast  
Ambulance Service  
NHS Foundation Trust

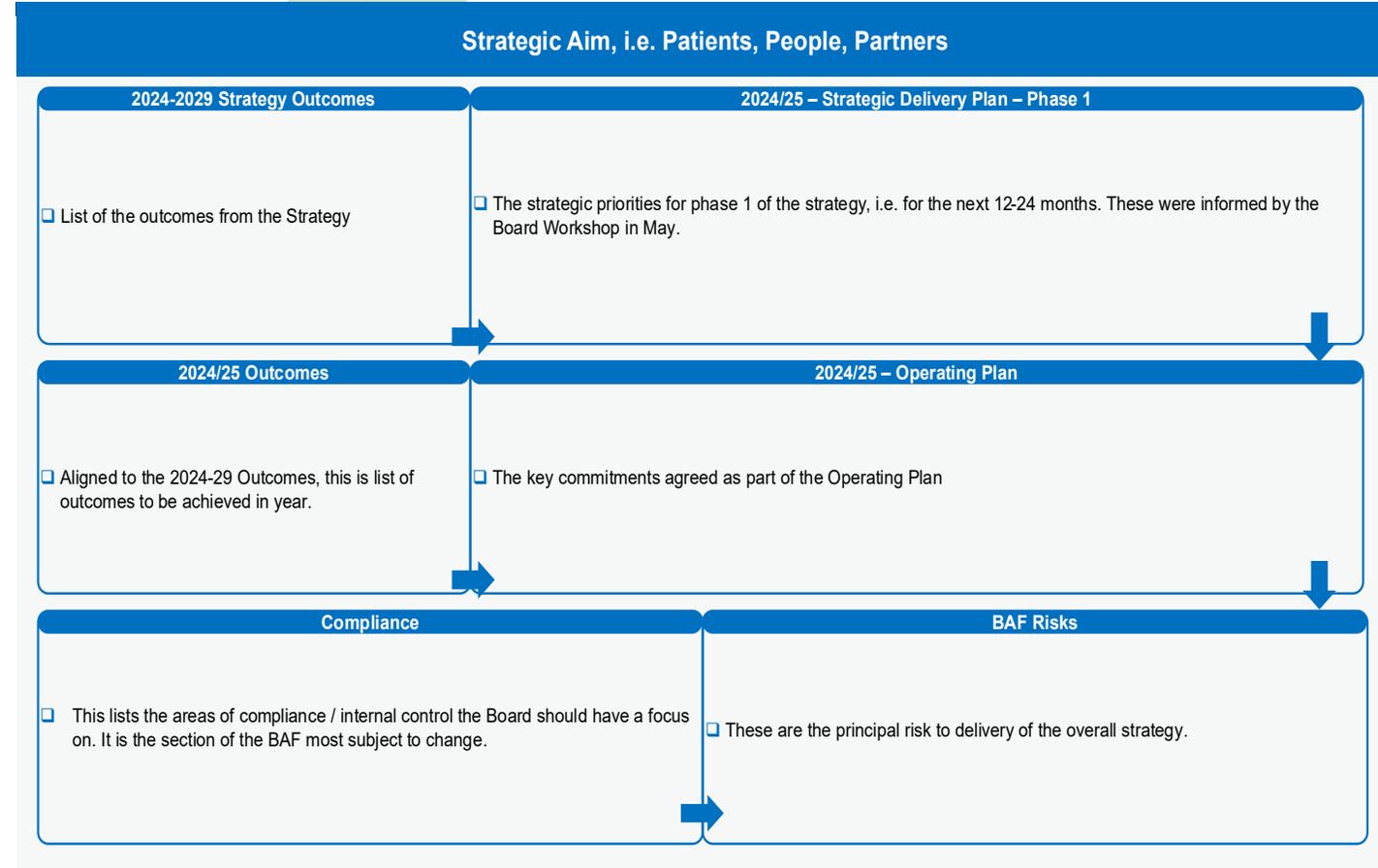


# How our Board Assurance Framework (BAF) Works



# Our BAF:

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



# How our BAF reflects our Strategy :



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



## Delivering High Quality Care

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



## Our People Enjoy Working at SECAMB

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



## We are a Sustainable Partner

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

# Reporting Templates



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						BAF Risks			
Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date last reviewed at Committee	Risk Detail	Risk Score	Target Score	Owner
Operational performance plan						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
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					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
Deliver 2 Clinical QI priorities	Safety in the Waiting List IFTs								



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



Exception reporting will be provided as required following committee oversight



Each of our BAF Risks has a detailed risk page

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	Accountable Director	Strategic Planning and Transformation		
<p><b>Controls:</b> 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.</p> <p><b>Gaps in control:</b> 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.</p> <p><b>Positive sources of assurance:</b> 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.</p> <p><b>Negative sources of assurance:</b> 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.</p> <p><b>Gaps in assurance:</b> 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.</p>	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.	

We deliver high quality patient care



# 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 (Reversible Cardiac Arrest, Palliative and End of Life Care, Falls & Frailty and Older People) within 25/26	Q4	Q4					

## 2025/26 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date Last Reviewed @ Committee
Operational Performance Plan				Chief Operating Officer	SMG	No	FIC	January 2026
Set out Health Inequalities objectives for 25-27				Chief Nursing Officer	SMG	No	QPSC	January 2026
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	January 2026
	ePCR			Chief Nursing Officer	SMG	No	QPSC	January 2026
	Framework for patients with Suicidal ideations/intent			Chief Nursing Officer	SMG	No	QPSC	January 2026
Patient Monitoring Replacement	Commence the replacement scheme by Q4			Chief Medical Officer	SMG	Yes	QPSC	January 2026
	Design future replacement programme by Q4						QPSC	January 2026
Deliver improved clinical productivity through our QI priorities	IFTs			Chief Nursing Officer	SMG	No	QPSC	N/A
	EOC Clinical Audit			Chief Nursing Officer	SMG	No	QPSC	N/A

## BAF Risks

Risk Detail	Risk Score	Target Score	Owner
<b>Delivery of our Trust Strategy:</b> 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
<b>Internal Productivity Improvements:</b> 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	Green	Green	Chief Operating Officer	Audit & Risk Trust Board	Nov 2025 Dec 2025	Commissioners have agreed the Trust's self assessment of substantially assured against the relevant measures. The final assessment confirming this was reviewed by the Board in December.
Medicines Management & CDs	Green	Green	<i>Chief Medical Officer</i>	Quality	Nov 2025	Positive assurance from both the CD Accountable Officer annual report and the medicines Internal Audit review, which confirmed Substantial Assurance.
PSIRF	Green	Green	<i>Chief Nursing Officer</i>	Quality	Sept 2025	2024-25 Implemented PSIRF Principles / Standards – compliance is over 90% as reported to QPSC in Sept. In Q3 IA is due to test the effectiveness of PSIRF including how learning is captured and shared.

<h1>Virtual Care Programme - Executive Summary</h1>	<b>Exec. Sponsor:</b>	Jen Allan
	<b>PM:</b>	Kate Mackney
	<b>Last updated:</b>	23 <sup>rd</sup> January 2026

Programme Outcomes	Previous RAG	Current RAG	Impact on outcomes
<ul style="list-style-type: none"> <li><b>We will</b> design the Target Operating Model to Deliver Virtual Care</li> <li><b>We will provide early and effective triage of patient need:</b> Increase Hear &amp; Treat outcomes to 19.7% by end Mar 26</li> </ul>	Red	Yellow	The Virtual Care Programme has entered the design phase and is on track, with effective engagement, workshops, and deliverables progressing as planned. Clinical productivity schemes, alongside the Virtual Care narrative, are contributing to an improving trend in Hear and Treat performance, which is being further enabled through the programme's design activity. A clear plan is in place to deliver the target operating model.

## Headline Key Performance Indicators (KPI)

KPI	IQR or local	Latest (period)	Target	Trend	So what?
Hear & Treat %	IQR	16.6% (Dec 25)	19.5%	Hear & Treat remains in an improving trend closer to and sometimes above the target. The number of incidents receiving clinical validation remain very high with several weeks above the upper control limit	Enhanced clinical productivity and efficiency are key enablers of improved Hear and Treat performance within the core business-as-usual model. The Virtual Care programme supports this ambition through design workshops that are shaping the target operating model, ultimately creating the capability to deliver a greater volume of virtual consultations and Hear and Treat outcomes where appropriate.
Incidents Triageed with H&T Outcome %	IQR	38.91% (Dec 25)	35%	Incidents with a Hear & Treat outcome following clinical triage is in special cause variation with an improving trend	Training and education plans are in place to support improved clinical decision-making when undertaking virtual consultations. The Virtual Care Programme will build on and further scope these plans through the design of the target operating model.

## Top 3 Risks (BAF/Corporate only)

Description	Type/ ID	Current	Target	Trend	Control effectiveness & next step
<b>Delivery of our Trust Strategy:</b> 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	↔	<ul style="list-style-type: none"> <li>VC &amp; MoC programmes to lead with a clear, co-designed vision that integrates population health, digital innovation, and workforce transformation to realise the future mode</li> </ul>
<b>Workforce Feasibility Uncertainty</b> During design, assumptions on skills, capacity & training needs may prove unrealistic, affecting design & model	Prog	16	12	↔	<ul style="list-style-type: none"> <li>Demand-led capacity assumptions</li> <li>Competency-based model</li> <li>Highlight pre-conditions in scenarios.</li> </ul>
<b>Stakeholder Divergence</b> Different partners may hold conflicting views on the virtual care model, slowing design decisions & creating fragmented assumptions	Prog	16	12	↔	<ul style="list-style-type: none"> <li>Strutured stakeholder panels for design</li> <li>Clear issue logs</li> <li>Decision escalation path to Executive Sponsor</li> </ul>

## Assurance

<b>Headline assurance:</b>	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.	<b>Status:</b>	Under control
		<b>Ask of this forum:</b>	Note

<b>Virtual Care Programme - Controls &amp; Decisions</b>	<b>Exec. Sponsor:</b>	Jen Allan
	<b>PM:</b>	Kate Mackney
	<b>Last updated:</b>	23 <sup>rd</sup> January 2026

**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
<b>Secamb/SCAS Group Model alignment is required to ensure there is not conflict with group decisions</b>	COO	Q1	In Progress	Decisions would create misalignment, redesign, delay to transition& weakened assurance	Explicitly documenting dependencies & hold points aligned to decision gates for alignment

Milestone Exceptions	Date	Exception	Impact on delivery/assurance	Recovery & new forecast
<b>Gateway 1:</b> Completion of design scope & exclusions, governance cadence, expected outputs, design methods & assurance approach	Jan 26	Achieved	Achievement of this milestone has established clear scope, governance, assurance processes and stakeholder engagement, providing a stable foundation for co-design activity, reducing delivery risk, and strengthening executive and clinical assurance for subsequent gateways	N/A
<b>Completion of current state validation:</b> Process, workforce, digital, governance as this underpins all future state design decisions	Jan 26	On Track	If delayed or incomplete, future state design would be based on an unstable & potentially inaccurate baseline, limiting the early identification of clinical safety risks, weakening evidence required & having a high impact on the quality & credibility of the emerging TOM, with direct consequences for the delivery on the future design workshops	N/A
<b>Future Design Workshop Completion:</b> Based on the four components of the Patient Journey this is core design output of the phase	Feb 26	On Track	Any delay would result in an incomplete Target Operating Model, unclear role delineation across EOC, CAHs & wider operations, & an inability to finalise performance & safety measures, directly impacting this critical path milestone & leaving EMB insufficiently prepared for decision making	N/A
<b>Gateway 2:</b> Provides executive scrutiny of the emerging TOM, early clinical assurance & confirmation of risks, dependencies & gaps	Feb 26	On Track	If delayed or weak, this highly sensitive milestone would undermine executive confidence in the emerging model, reduce time for refinement & impact assessment, compress clinical & quality assurance activity & significantly increase the risk of challenge at Board	N/A
<b>Completion of Impact Assessments:</b> QIA/EQIA mandatory for clinical quality assurance, equity considerations, Board & External scrutiny	Mar 26	On Track	Any delay would risk deferring Board submission due to late identified assurance gaps, increase the potential for regulatory challenge, & reduce confidence from QPSC & HQC Steering Group, with slippage against other non-negotiable assurance requirement	N/A
Gateway 3: Final design review & board readiness, clinical quality review complete, TOM & scenarios finalised & EMB endorsement to submission to Board	Mar 26	On Track	Any delay to this critical end point would cause Board decision making to slip, delay the transition into implementation, erode programme momentum & credibility & increase pressure to accept residual risk & weaken overall delivery assurance	N/A

<b>EMB outcome, inc. decision requests (post-meeting):</b>	EMB acknowledges the learning from the first 6 months which are not starting to show some positive impact on H&T performance. It has set the strategic direction for VC with the outcome of the modelling to established in Q4.	<b>BAF Risks</b>
<b>Relevant Board Committee outcome (post-meeting):</b>	Focus of QPSC in January was on the strategic modelling / design of the clinical assessment hubs across the region, and ensuring the executive achieve the right balance between the here and now (increasing H&T) and ensuring people at the right time have the right information to make decisions from the design work in Q4.	

- BAF Risk 537 - Delivery of our Trust Strategy

Models of Care Programme - Executive Summary							Exec. Sponsor:		Richard Quirk		
							PM:		Katie Spendiff		
							Last updated:		22.01.26		
Programme Outcomes							Previous RAG	Current RAG	Impact on outcomes		
<ul style="list-style-type: none"> <li>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.</li> <li>Patients with Urgent Care lower acuity Category 2, 3 &amp; 4 responses (Type B patients) will receive a timely virtual response from the correct speciality who will meet their ongoing needs.</li> </ul>							Amber	Amber	Overall outcome status remains amber but is trending towards green, with positive assurance across the majority of KPIs. Completion of BI dashboard Level 1 and 2 metrics across all 11 MOCs has accelerated progress in most areas.		
Headline Key Performance Indicators (KPI)											
KPI	MOC	IQR or local	Baseline	Target	current	Trend	So what?				
Cardiac Arrest Survival Rate (All)	Reversible Cardiac Arrest	BAF	11.5%	12.5%	13.2% (Sept 25)	Green	13.2% (Sept 2025) currently over performing and seeing common cause variation for year to date. The programme initiatives are keeping performance steady with monthly mean above target for 5 out of the 6 months recorded to date.				
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 39m (C3) 1 hour 43m (C4) (Dec 25)	Amber	There is a clear improving trend in Category 3 mean response times, with the majority of performance now consistently below the long-term average. Targeted utilisation of CFRs on falls-related incidents, alongside active engagement on how they can best support this patient cohort, is underway and is expected to further strengthen performance against this KPI. Care home interventions that are reducing calls will free up resource to attend C3 & C4 calls contributing to the significant improving trend.				
Ambulance attendance to Non-Injury Falls calls	Falls, Frailty & Older People	Local	10%	11.7%	11.3% (Dec 25)	Amber	Just 0.4% shy of reaching target in December. In January 2026 we anticipate seeing increased CFR dispatch, reduced ambulance dispatch and growth in See & Treat activity with only a CFR on scene (virtual consultation) since the new process went live on 22 December 2025.				
Reduction in 999 calls from residential and care homes with interventions in place	Falls, Frailty & Older People	Local	644 calls per month	580 calls per month	593 calls (Dec 25)	Amber	593 calls (Dec 2025) however, month-on-month monitoring shows early positive impact, with 999 calls from intervention care and nursing homes reducing by 13.3% in November and 19.3% in December 2025 compared with the same months in 2024.				
Percentage of crews spending more than 3 hours on scene with patients at End of Life	End of Life Care, Palliative & Dying	Local	TRUST – 5.3%	4.8%	TRUST – 6.1% (Dec 25)	Red	Performance across all three counties remains stable and within expected common cause variation. During Year 1, the primary focus was on building staff confidence and competence; this will need to continue into Year 2 to further reduce on-scene times. Additionally, the Year 2 focus on reducing non-commissioned activity is expected to have a positive impact on this KPI.				

Top 3 Risks (BAF/Corporate only)					
Description	Type / ID	Current	Target	Trend	Control effectiveness & next steps
<b>Workforce:</b> 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	↔	<ul style="list-style-type: none"> <li>No changes since last report.</li> <li>An outline workforce plan had been developed (under existing task via Jo Turl &amp; Tina I) and reconciliation work underway to provide further insights into staffing needs and gaps.</li> <li>The programme had already committed to prioritising training, using flexible staffing models, and monitoring workforce metrics</li> </ul>
<b>System alignment to our strategy:</b> 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	↔	<ul style="list-style-type: none"> <li>Continued engagement on our strategic deliverables with system partners and ICBs</li> <li>Mapping of contract deliverables with Strategy Partnership Managers</li> <li>Risk to be reviewed at January steering group in light of recent changes in ICB landscape.</li> </ul>
<b>Organisational Change &amp; Internal Stakeholder Engagement:</b> 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	↔	<ul style="list-style-type: none"> <li>Partial control from initial programme comms for Model of Care. Now need to focus on delivery of:               <ol style="list-style-type: none"> <li>Internal comms plan with comms team support / Regular updates and Q&amp;A sessions.</li> <li>Change management plans including feedback loops and escalation routes.</li> <li>Phased implementation – being worked on via summits in Dec and Jan.</li> </ol> </li> </ul>
Assurance					
<b>Current programme assurance and impact:</b>	<ul style="list-style-type: none"> <li>Programme continues to deliver against its strategic objectives, with progress visible across the focus area MOCs, data quality and our responsiveness to patients. Dependencies with the Virtual Care Design Phase Programme are aligned, with joint governance in place to facilitate safe and timely organisational change.</li> <li>Year 1 V1 delivery of the three focus-area MOC documents and the six Group B MOC documents is on track to achieve clinical approval by 31 March 2026.</li> <li>The Virtual Care design phase work and subsequent programme will be a key enabler for the strategic delivery of all our Models of Care as outlined in the Trust's strategy. Accelerating the Virtual Care design phase in Q4 enables tighter alignment between creation of our Year 2 MOC delivery objectives and the design and rollout of the Trust's virtual care offering.</li> </ul>				<b>Status:</b> <b>Under control /</b> Needs intervention
<b>Decision and next steps:</b>	<ul style="list-style-type: none"> <li>For noting only.</li> </ul>				Decision / Endorse / <b>Note</b> by XXX

<b>Models of Care Programme - Controls &amp; Decisions</b>	<b>Exec. Sponsor:</b>	Richard Quirk
	<b>PM:</b>	Katie Spendiff
	<b>Last updated:</b>	22.01.26

**Change Control - Decision Requests**

Proposed change	Type (T/C/Q/S)	Approval sought	Driver	Impact on delivery/assurance
Reversible Cardiac Arrest MOC Year 1 V1 PPG approval delayed to March 2026 to include Annual Cardiac Arrest retrospective data.	Time	For noting.	Annual reporting timelines.	Being actively managed within agreed tolerances.

Dependencies (material only)	MOC	Owner	Due	Status	Risk if delayed	Mitigation
Cleric system work for GoodSAM	Reversible Cardiac Arrest	Dan Cody	Q3 25/26		Suboptimal end-user experience arising from ineffective deployment to calls risks disengaging new users before they are operational. Addressing this is critical, as effective deployment is a key enabler of the Volunteer Strategy, underpinning the mobilisation of new volunteer roles.	<ul style="list-style-type: none"> <li>Delayed to Q4 25/26 due to winter systems freeze and external factors.</li> <li>Drafting of the GoodSAM clinical bulletin is underway, with final functionality expected to go live in the coming weeks (as of 21 Jan 26).</li> <li>SOP being drafted to support implementation and liaison with SCAS to standardise this between the two Trusts.</li> </ul>
Volunteer Strategy & accompanying business case	Falls, Frailty & Older People Reversible Cardiac Arrest	Danny Dixon	Q4 25/26		Delays to some of the benefit realisation within the Rev CA MOC and the Falls, Frailty and Older People MOC. Without approval of funding to scale the approach, there is a clear ceiling on the level of improvement that can be achieved.	<ul style="list-style-type: none"> <li>The Volunteering and Community Resilience Strategy has been drafted and socialised, with early engagement completed with Executive and Business Case approval stakeholders. Submission of the Business Case and strategy has been rescheduled from Trust Board December 2025 to February 2026 to allow continued focus on strengthening existing processes and ensuring alignment with strategic intent.</li> </ul>
National Care Record System	End of Life Care, Palliative & Dying	Richard Quirk	Q1 26/27		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.	<ul style="list-style-type: none"> <li>New forecasted delivery for NCRS is by end of Q1 26/27</li> <li>CMO and CPaO on project steering group to advocate for agreed approach not having negative impact in this area.</li> <li>EoLC lead being kept apprised and highlighting clinical impact of decision</li> </ul>

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. Being actively managed within agreed tolerances.	January 2026. Submitted EOLC, Falls, and Medical and Illness MOC to PPG and approved. EIA approved. Awaiting confirmation of QIA. March 2026: Reversible Cardiac Arrest MOC Year 1 V1 PPG approval delayed to March 2026 to include Annual Cardiac Arrest retrospective data. On track to bring 3 focus Y1 V1 MOC docs to Board by end of Q4.

<b>EMB outcome, inc. decision requests (post-meeting):</b>	EMB is reasonably content with progress. It has reinforced and pushing harder to realise the digital enablement opportunities, such as GP connect (EOLC) and use of volunteers (fallers), which links to the volunteering strategy.	<b>BAF Risks</b>
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<b>Relevant Board Committee outcome (post-meeting):</b>	QPSC believes good progress is being made with now deeper insights into the different models of care and the key drivers and interdependencies. There is more we can do to ensure greater system
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# 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.

## Controls, assurance and gaps

**Controls:** Vision and strategy agreed at Board. Agreed organisational financial plan which prioritises strategic delivery. Multi-year plan developed. A fully functioning programme board providing leadership and governance. A workforce committed to the improvements needed. Learning from the virtual care provided by the navigation hubs. Clinical leads appointed to each of the 11 models of care workstreams. A full time programme manager overseeing delivery. Business Intelligence support was secured. Workforce planning lead assigned. Virtual Care strategic planning being developed through a series of workshops.

**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:** A Trust workforce plan is being developed. Operational planning is still required to ensure that clinical plans are deliverable. The joint clinical model with SCAS is yet to be developed.

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

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
Workforce planning assumptions and plan for Trust.	Director of HR and OD	Q4 2025/26	Workforce planning agreed as an executive priority for delivery of the strategy. EMB providing oversight of the Workforce plan.
Agreement of VC operating model to be defined & integrated with MOC implementation.	Chief Operating Officer	Q4 2025/26	Design phased launch Q4 25/26. Current state discussions around digital, workforce & governance have produced a matrix of information to support Future Model Design Workshops which will produce outputs for EMB/Board submission of the TOM
Sprint request for BI Support to deliver the remaining MOC work required to help inform the VC/MOC workforce planning and implementation plans.	Chief Digital Officer	Q4 2025/26	Last remaining Models of Care receiving BI support to achieve dashboards for each Model.

# BAF Risk 646 – Internal Productivity Improvements

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

**Contributory factors, causes and dependencies:**

Organisational culture and employee relations situation limiting ability to make change and set expectations  
Risk averse re: clinical practice meaning low appetite to make productivity changes without significant assurance on safety, reducing potential pace of delivery

**Controls, assurance and gaps**

**Controls:** Ongoing process to enhance ER processes and renegotiate policies prioritised within People BAF; Specific schemes and robust oversight of productivity scheme delivery through SMG and Quarterly review; detailed planning and QIA process to assure safe delivery; Support team incl senior coordinating role, finance and BI input for productivity and efficiency in place. Communications undertaken to highlight productivity requirements across all divisions and clinical staff, successful engagement with TUs. Ongoing focused management conversations to support productivity and delivery in EOC and Hubs.

**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:** Slow 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. Responsibility for H&T leadership sits across portfolios

<b>Accountable Director</b>	<b>Chief Operating Officer</b>
<b>Committee</b>	<b>Finance and Investment Committee</b>
<b>Initial risk score</b>	<b>Consequence 4 X Likelihood 4 = 16</b>
<b>Current Risk Score</b>	<b>Consequence 4 X Likelihood 4 = 16</b> 
<b>Target risk score</b>	<b>Consequence 4 X Likelihood 2 = 8</b>
<b>Risk treatment</b>	<b>Treat</b>
<b>Target date</b>	<b>Q4 2025/26</b>

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
Design and delivery of three priority models of care	Chief Medical Officer	Q4 2025/26	These are all on track for delivery as planned.
Ongoing work with SCAS and SASC to enhance productivity and efficiencies	Chief Strategy Officer	Q4 2025/26	CSO now joint strategic advisor for SCAS and SECamb.
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. Further workshop in Feb.
Implementation of escalation actions incl new C2 streaming process, Auto-allocation of calls, and "Virtual First" comms campaign	Chief Operating Officer	Q4 2025/26	In progress. C2 streaming and Virtual First campaign launched in January

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1	Tier 1
2	Tier 2
	QI
	Directorate objective

## 2024-2029 Strategy Outcomes

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

## 2025/26 – Strategic Transformation Plan

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

## 2025/26 - Outcomes

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

## 2025/26 – Operating Plan

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

## Compliance

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

## BAF Risks

- ❑ **Culture and Staff welfare:** There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy.
- ❑ **People Function:** There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.
- ❑ **Workforce capacity & capability:** There is a risk that the Trust 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

## BAF Risks

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Executive Lead	EMB / SMG	PMO	Oversight Committee	Date last reviewed @ Committee	Risk Detail	Risk Score	Target Score	Owner
Full implementation of Wellbeing Strategy		Green	Green	Chief Nursing Officer	EMB	No	People Committee	Nov 25	<b>Culture and Staff welfare:</b> There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy.	12 	08	CPeO
Implement Shadow Board		Green	Green	Director of Communications/ Chief People Officer	EMB	No	People Committee	Complete	<b>People Function:</b> There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.	12 	08	CPeO
Launch new Values & Behaviours Framework		Green	Green	Chief People Officer	EMB	No	People Committee	Complete	<b>Workforce capacity &amp; capability:</b> 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
Refresh of Professional Standards Function		Green	Green	Chief Paramedic Officer	SMG	No	Quality Committee	Sept 25		12 	08	CPeO
Development of Integrated Education Strategy		Blue	Green	Chief Paramedic Officer	EMB	No	People/ Quality Committee	Complete	<b>Organisational Change:</b> 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	Yellow	Yellow	Chief People Officer	People Trust Board	Nov 2025 Dec 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 November, and by the Board in December. There is good assurance by the actions in place and progress made. A further board development session is scheduled for March 2026.
Meet our Sexual Safety Charter commitments	Green	Green	Chief Nursing Officer	People	Jan 2026	Good progress being made with agreed actions. The committee is aware that this is a multi-year and complex cultural issue to address that will take continued effort.
Education	Yellow	Green	Chief Paramedic Officer	People	Jan 2026	As reported to the Board in June, the committee was assured with the level of grip demonstrated by the executive, following the NHSE Education Quality Review. The committee assessed the evidence in place to demonstrate compliance against the recommendations and was assured prior to submission in Q3. Further assurance was sought by NHSE and the committee is overseeing this with an update scheduled next in March 2026.
Statutory & Mandatory Training & Appraisals	Yellow	Yellow	Chief Paramedic Officer	People	Jan 2026	Good progress with stat and man (achieving the 85% target) but lower than target on appraisals – the committee has sought further assurance on this.

People Services Improvement Programme (PSIP) Executive Summary				Exec. Sponsor:		Sarah Wainwright	
				PM:		Roxy Oldershaw	
				Last updated:		26 January 2026	
Programme Outcomes				Previous RAG	Current RAG	Impact on outcomes & Delivery Confidence	
<ul style="list-style-type: none"> <li><b>Enhanced service responsiveness:</b> People Services is a trusted, agile partner that enables effective service delivery across all divisions</li> <li><b>Operational efficiency:</b> Streamlined processes that maximise productivity/minimise administration</li> <li><b>Strategic People Services partnership:</b> Consistent, high-quality advice and collaboration</li> <li><b>Professional development and capability:</b> Highly skilled PS team driving continuous improvement</li> </ul>						<b>Impact on Outcomes:</b> Status remains stable, supported by strengthened Sexual Safety governance and streamlined policy and ER processes. BI dashboard implementation and embedding expected over next quarter.	
						<b>Delivery Confidence:</b> People Services activity continues to underpin safe delivery of organisational change, with Senior People Partners, Employee Relations, Org Development, Job Evaluations and Recruitment capacity aligned to the phased corporate restructure programme approach.	
Assurance							
<ul style="list-style-type: none"> <li>Programme continues to deliver against its strategic outcomes, with progress visible across case responsiveness, data quality and policy development.</li> <li>Dependencies with the Corporate Restructure Programme (CRP) aligned, with People Services capacity sequenced to support safe and timely organisational change.</li> </ul>							
Alert			Advise			Assure	
<ul style="list-style-type: none"> <li>Approval timelines for key policies remain a dependency, with the Wellbeing &amp; Attendance policy requiring rescheduling.</li> <li>Capacity within People Services continues to require close oversight to ensure critical organisational change activity is prioritised appropriately.</li> </ul>			<ul style="list-style-type: none"> <li>Further sequencing of People Services Phase 2 restructure will align with the wider Corporate Restructure Programme</li> <li>Decisions regarding ESR data alignment will be needed to strengthen reporting accuracy and ensure dashboards support the divisional model.</li> </ul>			<ul style="list-style-type: none"> <li>Divisional dashboards launching this quarter, enabling more consistent workforce oversight and strengthening local accountability</li> <li>Recruitment Hub development is advancing, supporting improved strategic workforce collaboration across the Trust.</li> </ul>	
Milestones for next reporting period			Impact on delivery			Mitigations	
Jan 2026 – Divisional dashboards launched			<ul style="list-style-type: none"> <li>Provide greater visibility and drive earlier intervention on case trends.</li> </ul>			<ul style="list-style-type: none"> <li>Teams are integrating dashboards into standard reviews to support consistent use</li> </ul>	
Mar 2026 – Priority policies published			<ul style="list-style-type: none"> <li>Strengthen decision-making and support consistent practice across divisions.</li> </ul>			<ul style="list-style-type: none"> <li>Policy pipeline monitored to ensure milestones remain on track</li> </ul>	
Mar 2026 – ER Training Package confirmed			<ul style="list-style-type: none"> <li>Enhance manager capability, supporting faster and more consistent case handling</li> </ul>			<ul style="list-style-type: none"> <li>Training plan designed to ensure alignment and manageable capacity</li> </ul>	
Status:	Under control					BAF Risks	
Ask of this forum:	Note progress					<ul style="list-style-type: none"> <li>BAF Risk 539 - Culture and Staff Welfare</li> <li>BAF Risk 603 - People Function</li> </ul>	

Corporate Restructure Programme (CRP) Executive Summary				Exec. Sponsor:	Sarah Wainwright
				PM:	Roxy Oldershaw
				Last updated:	26 January 2026
Programme Outcomes		Previous RAG	Current RAG	Impact on outcomes & Delivery Confidence	
<ul style="list-style-type: none"> <li><b>Strategic organisational alignment:</b> functions and teams configured to meet future needs and priorities</li> <li><b>Workforce capability optimisation:</b> clear roles following robust job evaluation, aligned with divisional model</li> <li><b>Change delivered with assurance and wellbeing:</b> restructures completed within budget and governance standards, with consistent engagement and wellbeing support</li> </ul>				<b>Impact on Outcomes</b> <ul style="list-style-type: none"> <li>Overall impact remains stable, with phased approach reducing organisational and capacity-related risks. Job evaluation approach agreed.</li> </ul>	
				<b>Delivery Confidence</b> <ul style="list-style-type: none"> <li>Delivery confidence is high, supported by clear governance and aligned timelines. Collaborative working with SPPs, TUs, Directorate Leads, and the Clinical PM ensures consultation readiness, sequencing, and interdependencies are well managed.</li> </ul>	
Assurance					
<ul style="list-style-type: none"> <li>An organisational change matrix exercise has informed a phased approach that balances organisational complexity, TU concerns, staff impact, PS capacity and financial constraints, including the 5% CIP integration into directorate plans. Governance is robust, SMG and EMB alignment and delivery structures in place to enable a streamlined and controlled implementation.</li> </ul>					
Alert		Advise		Assure	
<ul style="list-style-type: none"> <li><b>Programme sequencing</b> is being adjusted in response to key dependencies, with timings overseen through agreed governance processes.</li> <li><b>People Services</b> senior leadership changes may influence ability to support pace of change as planned</li> </ul>		<ul style="list-style-type: none"> <li><b>Ops Support consultation</b> closure marks a key Phase 2 milestone, with new structure on target to achieve 5% CIP</li> <li><b>External JE support</b> will be required, given the volume of new and updated role descriptions, particularly within Digital, to keep timelines achievable.</li> </ul>		<ul style="list-style-type: none"> <li><b>Governance arrangements</b> are robust, with strengthened oversight through SMG/EMB and structured sequencing informed by the organisational change matrix.</li> <li><b>Transparency and engagement</b> have improved, with regular TU meetings and directorate-level alignment reducing the risk of consultation delays.</li> </ul>	
Milestones for next reporting period		Impact on delivery		Mitigations	
28 Jan 26 – Org Change proposal approved		<ul style="list-style-type: none"> <li>Enables progression of Phase 3 and sets the baseline for sequencing Phases 4 and 5 activity</li> </ul>		<ul style="list-style-type: none"> <li>Clear governance route in place; sequencing aligned to capacity and risk</li> </ul>	
Feb 2026 – Phase 3 Business Case approved		<ul style="list-style-type: none"> <li>Confirms scope, resource demand and timelines and informs JE and recruitment planning</li> </ul>		<ul style="list-style-type: none"> <li>Early planning with JE and wider PS teams using org change matrix</li> </ul>	
Mar 2026 – Digital job description evaluations completed		<ul style="list-style-type: none"> <li>Critical dependency for starting Digital consultation; delays may shift Phase 4 timeline</li> </ul>		<ul style="list-style-type: none"> <li>External JE support secured; regular reviews with Digital Working Group to manage risks</li> </ul>	
Status:	Under control			BAF Risks	
Ask of this forum:	Note progress			<ul style="list-style-type: none"> <li>BAF Risk 649 - Organisational Change</li> </ul>	

<b>Clinical Operating Model Programme - Executive Summary</b>	<b>Exec. Sponsor:</b>	Jennifer Allan
	<b>PM:</b>	Victoria Cole
	<b>Last updated:</b>	23/01/26

<b>Programme Outcomes</b>	<b>Previous RAG</b>	<b>Current RAG</b>	<b>Impact on outcomes &amp; Delivery Confidence</b>
<ul style="list-style-type: none"> <li><b>Outcome 1</b> - Enhanced clinical governance and accountability through established Clinical Divisions structure</li> <li><b>Outcome 2</b> - Optimised clinical service delivery through implemented Clinical Operating Model design</li> <li><b>Outcome 3</b> - Strengthened divisional leadership capability and team effectiveness through targeted OD interventions</li> <li><b>Outcome 4</b> - Improved pathways and service delivery integration across each ICS</li> </ul>		→	<ul style="list-style-type: none"> <li>The programme remains aligned to the agreed Clinical Operating Model outcomes.</li> <li>Delivery confidence is amber as several initiatives remain in pre-consultation, consultation or early implementation phases, meaning full outcome impact cannot yet be assured.</li> <li>Governance arrangements remain in place and delivery is aligned to agreed KPIs, with benefits expected to be realised progressively as structures embed.</li> <li>A number of outcomes and benefits are expected to be delivered in the next financial year as part of the planned phased approach, with delivery sequencing extending beyond 2025/26 as originally anticipated.</li> </ul>

### Assurance

<b>Alert</b>	<b>Advise</b>	<b>Assure</b>
<ul style="list-style-type: none"> <li>There are no matters requiring escalation to the Board at this stage.</li> <li>Delivery confidence remains Amber, reflecting the various stages of implementation across a number of initiatives and the scale of organisational change underway</li> </ul>	<ul style="list-style-type: none"> <li>The programme continues to progress across its core workstreams, including divisional governance, clinical leadership structures and roles, scheduling and dispatch.</li> <li>Formal consultation activity is underway or planned in line with agreed organisational change processes.</li> <li>Dependencies with wider system programmes, including the SCAS Collaboration Model and Virtual Care Programme, are being actively managed, with IC redesign paused to avoid premature decision-making and mitigate the risk of misalignment.</li> <li>Costing and affordability work is underway for elements of the Clinical Operating Model implementation. This is being progressed in alignment with Trust financial planning assumptions.</li> </ul>	<ul style="list-style-type: none"> <li>The programme continues to operate within established governance and oversight arrangements, with regular review through the Steering Group and delivery forums.</li> <li>Risks and interdependencies are being actively managed through the PMO, with strengthened alignment across related programmes to support mitigation of complexity and sequencing risks.</li> <li>A refreshed communications approach has been implemented to support organisational change activity, including clearer, coordinated and more regular Organisation Operating Model programme messaging.</li> <li>Benefits are expected to be realised progressively as consultation concludes and new structures embed in line with the planned phased approach.</li> </ul>

**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.

<b>KPI</b>	<b>IQR or local</b>	<b>Latest (period)</b>	<b>Target</b>	<b>Trend</b>	<b>So what?</b>
% of operational and clinical roles defined in new structure	Local	36%	100%	↑	36% of roles now fully defined. Remainder in progress and on track to be fully defined by end Q1 26/27
% of positive feedback from staff on engagement process	Local	N/A	>75% +ve	N/A	Measure in development. Reporting approach by end Q4.
Improved collaboration (internal and external)	Local	N/A	>75% +ve	N/A	Being explored via external review. Findings expected end Q4

<b>Clinical Operating Model Programme – Risks &amp; Dependencies</b>	<b>Exec. Sponsor:</b>	Jennifer Allan
	<b>PM:</b>	Victoria Cole
	<b>Last updated:</b>	23/01/26

**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	→	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/January, which will increase wellbeing concerns/sickness or grievances and potentially weaken operational delivery.	699	8	6	↓	Consultation timelines adjusted to reflect winter pressures and reduced capacity. Ongoing engagement with operational leads to support planning, wellbeing and readiness ahead of consultation activity.
There is a risk that managing the complexity of the governance and stakeholders successfully makes maintaining timely decision-making and effective escalation of emerging issues difficult, leading to possible delays in delivery, misalignment across interdependent workstreams and the need for rework if risks or dependencies are not collectively addressed early.	730	12	6	→	Strengthened regular alignment with related programmes (Group Model, Virtual Care and Corporate Restructure) through additional touchpoints. IC redesign activity has been deliberately paused to avoid progressing decisions ahead of clarity on system-level models, reducing the risk of misalignment and rework. Continued PMO oversight at PMO fortnightly meetings with dependencies actively monitored.

Dependencies (material only)	Owner	Due	Status	Risk if delayed	Mitigation
OD Intervention programme	Dawn Chilcott	31 Jan 2026	OD 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.	<ul style="list-style-type: none"> <li>Continue joint planning with HR/OD to confirm scope and delivery timelines</li> <li>Align leadership development activity with SRO and divisional governance work</li> <li>Ensure OD inputs are incorporated into Q4/Q1 planning to maintain progress against Outcome 3</li> </ul>
SCAS Collaboration	Jen Allan	Ongoing	IC Operating Model redesign has been paused. The dependency will be reviewed in Q1, with a decision on whether to progress subject to the development and direction of the SCAS Collaboration Model.	Ongoing uncertainty regarding future SCAS collaboration arrangements may limit the ability to finalise IC clinical and operational structures and align fully with the divisional model.	<ul style="list-style-type: none"> <li>Maintain pause on IC redesign activity pending clarity on the SCAS Collaboration Model.</li> <li>PMO to monitor progress of SCAS model development and bring recommendations forward in Q1 to inform decision-making.</li> </ul>
Virtual Care Model Programme	Jen Allan	Ongoing	IC Operating Model redesign has been paused. The dependency will be reviewed in Q1, with a decision on whether to progress subject to the development and direction of the Virtual Care Model programme.	If Virtual Care model direction is not confirmed, IC operating model design may remain constrained, delaying finalisation of clinical and operational structures and increasing the risk of rework if progressed prematurely.	<ul style="list-style-type: none"> <li>Continue to pause IC redesign activity pending confirmation of the Virtual Care Model.</li> <li>PMO to maintain close alignment with the Virtual Care Programme and bring forward recommendations in Q1 to support informed decision-making on progression</li> </ul>

<b>EMB outcome, inc. decision requests (post-meeting):</b>	EMB is content with the progress being made. Much has been achieved in the past year. An external review of the divisional model will conclude in Q4 to inform the ongoing implementation and governance framework.	<b>BAF Risk</b>
<b>Relevant Board Committee</b>	At the most recent meeting the focus was on the BAF risk (impact and management of	BAF Risk 649 - Organisational Change: There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised.

# BAF Risk 539 – Culture and Staff Welfare

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

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

## 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. Priority policies scheduled to go-live in Q4. Strengthened Sexual Safety governance, with revised reporting pathways, triage improvements and aligned processes following NHSE charter requirements

**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. 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.

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

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
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 Nursing Officer	Q2 26/27	The proposed Wellbeing Strategy is progressing through the Trust's governance processes. Implementation of the new strategy is aligned with the timelines of all transformation and restructure activity coordinated by People's services

# 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 26/27; ER Casework backlog still high.

## Controls, assurance and gaps

**Controls:** People Services Improvement Programme (Tier 1) continues to provide structured oversight, with clear sequencing of priorities supporting organisational change delivery. New People Services operating model in place and staff appointed, structure designed to support both centralised and decentralised working. Phase 2 restructure focus on optimising Recruitment and the Service Centre, OD and EDI scheduled for autumn 2026. CIPD and Professional mapping underway for managers and the ER teams, with other teams to follow. Opportunities for collaboration with SCAS underway. People Services priorities continue to be sequenced to support the Corporate Restructure Programme, protecting capacity and enabling safe delivery of organisational change.

**Gaps in control:** People Services capacity remains stretched during ongoing organisational change and needs continued prioritisation. Full embedding of the new People Services operating model will take further time as structures and responsibilities mature.

**Positive sources of assurance:** Tier 1 programme progress continues to be tracked across various governance forums including People & Culture Forum, People Committee, EMB and Trust Board through RAG. Whole Trust restructure planned so that corporate departments are managed concurrently. Improved policy framework, with key policy approved and go-live scheduled for Q4, strengthening consistency in people management. External JE support in place to avoid bottlenecks

**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. Although ER processes have considerably improved over the last year, the ER case numbers are still high.

**Gaps in assurance:** Leadership transitions within the People Services function continue to impact stability; interim arrangements are in place, but full assurance will only be realised once the new structure is fully embedded

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

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
Delivery of People Services Improvement Programme	Chief People Officer	Q4 2025/26	Programme delivery on track,
NHS Fair Recruitment framework implemented	Chief People Officer	Q3 2025/26	Progress made against the NHS Fair Recruitment Framework, with core elements already embedded (values-based recruitment, inclusive language in adverts, reasonable adjustments, structured assessment and diverse panels). Remaining components are being incorporated into the Recruitment Strategy due for launch in April 2026

# 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.

## 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

**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**

## 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 completed in December 2025: Further workshops scheduled across Jan/Feb to design future state, including skills and competency mapping to define plan to address gaps 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

# 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 multiple phases; change fatigue and uncertainty.

## Controls, assurance and gaps

**Controls:** Tier 1 programmes in place to manage change including Clinical Operating Model and Corporate Operating Model. 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. A Trust-wide organisational change prioritisation matrix is now in place, enabling safe sequencing of restructures based on risk, complexity, staff impact and People Services capacity

**Gaps in control:** Divisional structures still embedding which delays full integration. OD plan and hybrid working practices not yet fully implemented. Staggered approach to divisional restructures is delaying full implementation of change. People Services capacity remains constrained during high-volume change and requires ongoing prioritisation.

**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. Enhanced stakeholder engagement, including monthly TU meetings and directorate-level alignment, is now embedded to increase transparency and reduce consultation risk. External CSU job evaluation support secured to alleviate internal capacity constraints

**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. People Services capacity remains stretched during peak delivery and requires ongoing prioritisation.

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

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
Delivery of restructure has clear plan and end date	Chief People Officer	Q4 2025/26	Revised Phase 2 plan signed off by EMB and sequencing underway aligned to available resources. Phase 3 BC under development in response to changed sequencing of organisational change
Ongoing communications plan in relation to organisational changes	Director of Comms & Engagement	Q4 2025/26	Implementation of plan underway. Staff survey complete and final results to be shared in coming months.

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# We Are a Sustainable Partner

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

## 2024-2029 Strategy Outcomes

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

## 2025/26 – Strategic Transformation Plan

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

## 2025/26 Outcomes

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

## 2025/26 – Operating Plan

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

## Compliance

- ❑ Health & 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.

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## 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 <b>digital initiatives</b> , 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	Jan 2026
	Deliver £10m efficiencies & eq. £10.5m productivity				SMG	No	FIC	Jan 2026
Implement H&S improvement plan to progress Trust to Level 4 of maturity by Q2				Chief Nursing Officer	EMB	No	PC	Jan 2026
Monitor System Led Productivity Schemes - improving alternatives to ED and reducing hospital handovers				Chief Operating Officer	SMG	No	FIC	Jan 2026
Deliver Strategic Estates Review	Creation of Joint 111/999 Centre			Chief Finance Officer	SMG	Yes	FIC	Jan 2026
	Redevelopment of Corporate HQ					No	FIC	
	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	Nov 2025

## BAF Risks

Risk Detail	Risk Score	Target Score	Owner
<b>Collaboration:</b> 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
<b>Financial Plan:</b> 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
<b>System Productivity:</b> 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
<b>Cyber Resilience:</b> 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
<b>Digital Capacity, Capability &amp; Investment:</b> 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

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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
Meet H&SE compliance requirements	Green	Green	Chief Nursing Officer	People Finance	Jan 2026 Jan 2025	<p>Overall, the committee has a reasonable level of assurance with our H&amp;S compliance. The internal H&amp;S review demonstrated that H&amp;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.</p> <p>The finance committee expressed some concern about fire safety (see Dec 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.</p>
Vehicle & Driver Safety / Driving Standards	Green	Green	Chief Strategy Officer	Finance	Nov 2025	As per the Dec committee report to Board, it is assured with the focus and progress being made to improve safety.
Data Security / Cyber Assurance Framework	Yellow	Yellow	CDIO	Audit & Risk	Nov 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.

<h1>Digital Portfolio Context</h1> <p>Strategic overview for Portfolio</p>	<b>Exec. Sponsor:</b>	Nick Roberts
	<b>PM:</b>	Reeta Hosein
	<b>Last updated:</b>	19 <sup>th</sup> Sept 2025 – reviewed 21st Jan 26

## 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

<h1>Digital Transformation Portfolio</h1> <h2>Programme Summary for Executive Management Board</h2>	Exec. Sponsor:	Nick Roberts
	PM:	Reeta Hosein
	Last updated:	19/01/26

**Headline Summary:**  
 This report has been reviewed and updated post presentation to EMB on the 7th January. The Digital Transformation Work Programme remains on track, with all major streams progressing according to plan and the overall portfolio status rated green. Key approvals since last update Infrastructure and GRS Business cases at BCRG and EMB. No material exceptions or delivery risks have been identified at this stage, and the programme continues to operate within its approved financial boundaries.

Programme Status	Previous RAG	Current RAG	Impact on Outcomes
			The pending digital restructure may negatively affect productivity and hinder progress.

Programme Headlines	Risks			Critical Milestones
<p><b>Tortus:</b> There were initially mixed views about the product's accuracy. However, this has since been resolved by conducting a review of a call from one of the users who had raised concerns - showed that the user had misremembered the conversation, while TORTUS had recorded it correctly.</p> <p><b>Data Engineer PM:</b> A number of interviews have been scheduled with the view to support the Data and AI workstream.</p> <p><b>Data Engineer: Privilege Access Management (PAM):</b> Communications were issued on 30/12/2025, and critical users have been onboarded. Non-critical users will be added as required, with a defined process in place to manage onboarding. Now focusing on any outstanding issues, communication with vendors,</p>	Risk	C	T	Control
	<p><b>Cyber Resilience – ID 544</b>          There is a risk that a major cyber security incident exploits existing system vulnerabilities</p>	16	12	
	<p><b>Digital Capacity, Capability &amp; Investment – ID I650</b>          There is a risk that the organisation cannot facilitate necessary digital development and integration</p>	12	8	Ongoing refinement of the Digital Programme ensures effective resource planning.. External expertise is engaged as needed, with business cases approved to support delivery.
				<ul style="list-style-type: none"> <li>Infrastructure &amp; GRS business cases reviewed at (BCRG – Dec 25 &amp; EMB Jan 26).</li> <li>GRS Cloud requires Trust Board for approval due to value 5th February 26.</li> <li>A Data Architect has been appointed to Support Data &amp; AI Workstream - 19th January 2026..</li> <li>GPConnect Cleric development is scheduled for completion in January, With testing to follow prior to implementation.</li> <li>Cyber Security Submission of the Cyber Security Operations Centre (CSOC)/Security Information and Event Monitoring (SIEM) Service Business Case for SASC Approval by end of January 2026.</li> <li>Completion of the Cyber Security Maturity Assessment by end of January 2026.</li> </ul>

Key developments since last report	Board Oversight	Board Decisions								
<p><b>Business Cases:</b> Infrastructure and GRS – went through the BCRG and EMB. GRS Cloud approved at EMB – to Trust Board for approval due to value.</p> <p><b>GPConnect (NCRS)-</b> Option 1 – Multi-Factor Authentication (MS Authenticator) has been agreed and approved by Nick Roberts and Jen Allan.</p> <p><b>Capital Expenditure:</b> Ongoing collaboration with Finance to ensure greater assurance on budget versus actual spend, along with forecasting through to the end of the financial year. Report reviewed at FIC 22nd January 26.</p>	<p>We maintain close collaboration with Finance to track invoices, monitor payments, and address outstanding amounts, ensuring accurate reconciliation and strong financial governance. Capital expenditure is on track to spend fully.</p> <p>The Digital Senior Leadership team review high-level risks regularly to confirm that controls and mitigations are in place, tracked, and adjusted as needed to safeguard delivery and compliance.</p>	<table border="1"> <tr> <th>Alert</th> <td></td> </tr> <tr> <th>Advise</th> <td></td> </tr> <tr> <th>Approve</th> <td>Infrastructure and GRS Business Cases</td> </tr> <tr> <th>EMB Outcome</th> <td>Take the GRS Business case to Trust Board for approval to the value. Next update: GPConnect &amp; Tortus</td> </tr> </table>	Alert		Advise		Approve	Infrastructure and GRS Business Cases	EMB Outcome	Take the GRS Business case to Trust Board for approval to the value. Next update: GPConnect & Tortus
Alert										
Advise										
Approve	Infrastructure and GRS Business Cases									
EMB Outcome	Take the GRS Business case to Trust Board for approval to the value. Next update: GPConnect & Tortus									

<b>Collaboration &amp; Partnerships Portfolio – Executive Summary</b>	<b>Exec. Sponsor:</b>	David Ruiz-Celada
	<b>PM:</b>	Claire Webster
	<b>Last updated:</b>	January 2026

**Headline Summary:**  
The Collaboration and Partnerships Programme continues to make good progress and is rated Green on the RAG status. The programme has entered the Transition Phase and to ensure successful execution during the phase, adequate funding and resourcing are critical. This includes targeted investment and robust planning to maintain leadership stability across the Trusts. Time-critical investment decisions must be made within the required opportunity windows to avoid delays and realisation of programme outcomes.

<b>Programme Outcomes</b>	<b>Previous RAG</b>	<b>Current RAG</b>
Enhanced patient outcomes through collaboration to ensure high-performing, sustainable services in the short, medium and long-term.	Green	Green

<b>Programme Headlines</b>	<b>Risk</b>	<b>C</b>	<b>T</b>	<b>Control</b>	<b>Critical Milestones</b>
<p><b>Leadership Recruitment:</b> The recruitment process has commenced for the Group Chair and Group CEO position. Chair process will complete by mid-February and CEO process by mid-March.</p> <p><b>26/27 Joint Planning Areas:</b> Working with commissioners, both Chief Executive Officers have agreed a core set of joint planning priorities to begin delivering early benefits of the new group model from 26/27. The overarching aim of these joint planning areas is to start the journey of aligning key foundations such as digital infrastructure and our clinical operating models. With the South Central and South East Ambulance Group aim of creating a safer, more sustainable ambulance service for the South East, one that delivers better care for patients and better support for our people.</p> <p><b>Governance Assurance:</b> An operating model has been designed to provide clarity, accountability, and momentum during the transition period. Clear escalation pathways ensure Board oversight whilst enabling executive agility on time-sensitive decisions. Regular reviews built in to adjust approach as transition progresses and requirements evolve.</p>	<p><b>Planning 26/27:</b> There is a risk that the providers do not put in place joint plans for 26/27 and start reflecting benefits realisation of the group during leadership transition</p>	20	16	<p>1. Committee in common established for oversight and assurance.</p> <p>2. CEO commitment to joint planning areas</p>	<ul style="list-style-type: none"> <li>Committee in Common to be established and terms of reference approved by each Trust – January</li> <li>Key joint planning areas proposal approvals at Committee in Common, covering strategic intent, principles, scope, resource requirements and recommended option for agreement – February</li> <li>Leadership Recruitment Outcomes – February &amp; March</li> <li>Joint Senior Leadership planning sessions – awareness of Trusts priorities and BAF for FY26/27 and alignment of joint areas - March</li> </ul>
	<p><b>Delivery &amp; Performance:</b> There is a risk of distraction from in-year plan delivery, performance recovery, and current operational priorities due to leadership attention being diverted to transition activities.</p>	20	16	<p>1. Align Executive objectives to collaboration priorities</p> <p>2. Calibrate transition activities against existing organisational priorities through 26/27 planning, aligned to BAF and Tier 1 priorities</p> <p>3. Maintain existing operational governance structures during transition</p>	

<b>Key developments since last report</b>	<b>Board Oversight</b>	<b>Board Decisions</b>
<ul style="list-style-type: none"> <li>Joint Strategic Lead extension approved by CEOs</li> <li>Key proposals Digital and Clinical Model developed and presented to Joint Executives with agreed recommendation to go to Committee in Common</li> <li>Transition phase governance and oversight model developed</li> </ul>	Continued and sustained progress towards integration is required for the programme to realise the benefits outlined in the Outline Business Case. The Committee in Common will provide strategic oversight, decision-making authority, and resource allocation for joint programmes of work, ensuring timely progression of critical initiatives where timeline imperatives and/or investment decisions could impact the benefits realisation window.	

# Board Highlight Report – Multi-Year Plan

SRO/Executive Lead

Simon Bell

Key	
Completed	<span style="background-color: #0070C0; color: white; padding: 2px;">Completed</span>
On Track	<span style="background-color: #4CAF50; color: white; padding: 2px;">On Track</span>
At Risk	<span style="background-color: #FFC107; color: white; padding: 2px;">At Risk</span>
Delayed	<span style="background-color: #D32F2F; color: white; padding: 2px;">Delayed</span>

## Progress Report Against Milestones:

### Key achievements against milestone

- Basic medium-term financial model already in place, as commissioned as part of 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
<b>Risk:</b> Development could be delayed by working across two organisations		6	6		The model can be run with only one organisations data, therefore development can go ahead without delay.
<b>Risk:</b> Resources to undertake development and quality assurance is not available.		6	6		Additional development resource has been acquired.
<b>Risk:</b> 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. <span style="color: green;">◆</span>  Initial multi-year plan T&F group meeting with SECAMB/SCAS. <span style="color: green;">◆</span>	Draft multi-year plan presented to execs. <span style="color: green;">◆</span> <span style="color: green;">◆</span>  'Live' multi-year plan presented to execs. <span style="color: green;">◆</span>	Multi-year plan used as basis for '26/27 Operational Planning' & 'Case for Change'.  'Live' multi-year plan presented to execs. <span style="color: green;">◆</span>	'Live' multi-year plan presented to execs. <span style="color: green;">◆</span>	

# 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:** Executive Committee in Common is established, as well as a Board Committee in Common. 5 Areas of collaboration for 26/27 to be included into the Trust’s plans have been agreed with the ICBs. Joint Appointments Committees in place for Group CEO and Group Chair appointments. Joint strategic commissioning group in place to coordinate the joint plans with the single pan-ICB commissioner

**Gaps in control:** Joint resourcing for 26/27 plans will require joint agreement through Q4 ahead of 1 April 2026, benefits mapping dependant on joint Tier 1 mandates.

**Positive sources of assurance:** Outline business case approved on 8 October by joint Boards. Joint communications plans and microsite launched. Interviews scheduled for CEO and Chair appointment. Extension of the joint strategic lead.

**Negative sources of assurance:** Financial plans not aligned in 26/27, integration team to be put in place by 1 April. No additional funding identified to support integration.

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

<b>Accountable Director</b>	<b>Chief Strategy Officer</b>
<b>Committee</b>	<b>Trust Board</b>
<b>Initial risk score</b>	<b>Consequence 4 X Likelihood 3 = 12</b>
<b>Current Risk Score</b>	<b>Consequence 4 X Likelihood 3 = 12</b> 
<b>Target risk score</b>	<b>Consequence 4 X Likelihood 2 = 8</b>
<b>Risk treatment</b>	<b>Treat</b>
<b>Target date</b>	<b>Q4 2025/26</b>

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
Development of joint Tier 1 mandates for SCAS and SECamb Boards to approve at respective Board in April 2026	Joint Strategic Lead	April 2026	New action*
Establish integration team capacity to deliver joint programmes around agreed 26/27 priorities	Joint Strategic Lead	April 2026	New action*
Appointments process for CEO and Chair on-going	Chief People Officers	April 2026	New action*

# BAF Risk 640 – Financial Plan

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

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

## Controls, assurance and gaps

**Controls:** Planning 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., 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., 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, Process of identifying downside risk mitigation in place and operating.

**Gaps in control:** 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, 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., Month 9 year to date is on plan and forecast outturn is still at breakeven in line with plan.

**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.

<b>Accountable Director</b>	<b>Chief Finance Officer</b>
<b>Committee</b>	<b>Finance and Investment Committee</b>
<b>Initial risk score</b>	<b>Consequence 4 X Likelihood 3 = 12</b>
<b>Current Risk Score</b>	<b>Consequence 4 X Likelihood 2 = 08</b> 
<b>Target risk score</b>	<b>Consequence 3 X Likelihood 2 = 06</b>
<b>Risk treatment</b>	<b>Treat</b>
<b>Target date</b>	<b>Q4 2025/26</b>

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
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:**

## 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. Statutory and Mandatory training contains programme of training for awareness on cyber-security

**Gaps in control:** Known gaps include lack of 24/7/365 cyber response; Immature asset management processes; Weaknesses in mobile device management policies; Controls around social engineering for staff are not sufficiently robust. Robustness of joiner, mover, leaver 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. Cyber incident and response exercise conducted November 2025 with EPRR and NHSE – outcome identified some learning and strengths. Creation of dedicated Information Security Sub-Group to Information Governance Group. New role of Head of Information Security and Business Continuity now in place on Digital Leadership Team.

**Negative sources of assurance:** Review of gaps in cyber maturity assessment currently underway and 2025/26 CAF/DSPT

**Gaps in assurance:** None identified

<b>Accountable Director</b>	<b>Chief Digital Information Officer</b>
<b>Committee</b>	<b>Finance and Investment Committee</b>
<b>Initial risk score</b>	<b>Consequence 4 X Likelihood 4 = 16</b>
<b>Current Risk Score</b>	<b>Consequence 4 X Likelihood 4 = 16</b> 
<b>Target risk score</b>	<b>Consequence 4 X Likelihood 3 = 12</b>
<b>Risk treatment</b>	<b>Treat</b>
<b>Target date</b>	<b>Q2 2026/27</b>

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
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

## 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. Targeted recruitment has addressed critical gaps to ensure delivery objectives are met.

**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

**Gaps in control:** There is currently a skills gap which is currently under review and will be addressed during the Digital restructure in May 2026.

**Risk treatment** Treat

**Target date** Q2 2026/27

**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:** None identified

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Restructure of Digital Directorate	CDIO	Q2 2026/27	The Digital Workforce Restructure business case due to come to EMB March 2026 and schedule as part of Corporate Services Phase 5
Business cases to support delivery of digital strategy	HOD	Q4 2025/26	Business cases are in various stages of approval, Products/GRS, Infrastructure. Data & AI & Gartner Business case have been approved. The remainder will be presented in February 2026
JD Evaluation	CDIO	Q4 2025/26	JDs have been completed are now in current review, as per corporate services 5 timeline, this linked to Workforce restructure Business case (Workstream 2) – revised date February 2026
Governance	CDIO/HOD	Q3 2025/26	Completed capital plans are managed through DTB (Digital Transformation Board).

# 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

<b>Accountable Director</b>	<b>Chief Strategy Officer</b>
<b>Committee</b>	<b>Finance and Investment Committee</b>
<b>Initial risk score</b>	<b>Consequence 4 X Likelihood 4 = 16</b>
<b>Current Risk Score</b>	<b>Consequence 3 X Likelihood 4 = 12</b> 
<b>Target risk score</b>	<b>Consequence 3 X Likelihood 2 = 06</b>
<b>Risk treatment</b>	<b>Treat</b>
<b>Target date</b>	<b>Q4 2025/26</b>

<b>Mitigating Actions planned/ underway</b>	<b>Executive Lead</b>	<b>Due Date</b>	<b>Progress</b>
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 delivering
Establish regular monitoring of handover times and community response acceptance rates via CRM	Chief Operations Officer	June 2025	Complete
Refocus system partnership work on alternatives to ED and	CSO / COO	Sep 2025	Agreement being enacted by SP&T with partnership managers; detailed plans for the work



South East Coast  
Ambulance Service  
NHS Foundation Trust



# Integrated Quality Report

## Trust Board February 2026

Data up to and including December 2025





<b>Contents</b>		<b>Page</b>
<b>Executive Summary</b>		3
<b>Trust Overview</b>	BAF Outcomes 25/26	4
	Trust Strategy	5
	Annual Metrics	6
	MDC Icon Descriptions	7
<b>Performance by Domain</b>	Quality Patient Care	X
	People	X
	Sustainable Partner	X
<b>National Benchmarking</b>		X
<b>Appendix 1</b>	<a href="#">Glossary</a>	X



## What?

December C2 mean performance was at 28:25 against a plan of 27:23 but remains on trajectory YTD against the revised plan (acknowledging that system productivity has not been delivered). This was against a backdrop of significantly increased activity in December and driven by ongoing variation in the delivery of internal productivity improvements, although handover times remained stable despite demand. Our quality of care indicators remain strong, including our highest ever PGD compliance, and continued robust delivery of cardiac outcomes and care bundles. There remains a need to improve call handling audit compliance and times on scene. Progress continues across key workforce and culture priorities, with turnover remaining at its lowest rolling rate in several years (13.3%). Metrics show a mixed but improving position, with high employee relations and collective grievance volumes offset by improved case progression and zero cases exceeding 24 months; sickness has risen seasonally while appraisal rates have improved with increased focus. There are considerable organisational changes ongoing, which are being supported actively by the OD team and local leaders. The Trust's month 9 year to date and forecast revenue financial position is in line with plan, recognising that CIP delivery is focused in Q4.

## So What?

We continue to deliver sustainable performance in line with plan although there are risks relating to increased demand level over winter combined with increased sickness levels of our staff. There is further work to do in relation to improving productivity, though there are encouraging shifts in the virtual care call triage output. People indicators suggest a culture of improving stability and leadership capability, although risks remain due to the volume of organisational change and the ongoing need to improve key metrics such as appraisal and mandatory training rates to support staff development and skills to provide high quality care. An overarching strategic plan is in place to improve the capability and capacity of EOC staff and is being regularly reviewed and overseen by senior leaders, while we are working through AACE to escalate national concerns in relation to EOLC services as well as improving our own pathways and skills. We are continuing to support SCAS with mutual aid and doing additional workshop jobs to support their fleet, with continual review of our fleet position to ensure we balance responsiveness to our patients with safe care in the SCAS area. The Trust's stable financial position provides a good basis for medium term planning.

## What Next?

We continue to manage the winter resilience plan proactively to respond to these challenges, for example optimising vaccination rates and managing absence closely in line with our escalation levels. Further work will be undertaken on alternative pathways to ED including SDEC and Frailty, aligned to our Models of Care programme. The completion of the operational support re-structure in Q4 will improve fleet capacity for the year ahead from 1 April, and further clinical and operational productivity plans are being worked up to support future year planning, which will require both a strong base and further improvements in productivity, while continuing to deliver significant financial savings. For our people, we will work to embed newly agreed and streamlined workforce relations policies while embedding our OD plans for the coming year to continue to support development of our new Organisational operating model. HI objectives for 2025-2027 were discussed at QPSC in January and will be brought for final approval to QPSC in April following completion of the newly developed HI Maturity Matrix to identify key areas for improvement.

## 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

Overall Rating

## CQC Rating

**Requires Improvement**

Safe	Requires Improvement	<span style="color: orange;">●</span>
Effective	Requires Improvement	<span style="color: orange;">●</span>
Caring	Good	<span style="color: green;">●</span>
Responsive	Requires Improvement	<span style="color: orange;">●</span>
Well-led	Inadequate	<span style="color: red;">●</span>

## 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



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

				<p>Special cause variation where <b>UP</b> is neither improvement nor concern.</p>
				<p>Special cause variation where <b>DOWN</b> is neither improvement nor concern.</p>
				<p>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.</p>



We deliver high quality patient care



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

## 2025/26 – Operating Plan

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

## Compliance

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

## BAF Risks

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



### What?

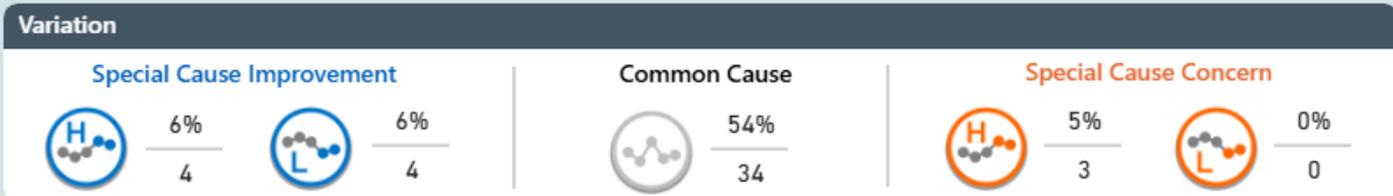
ST Elevation Myocardial Infarction (STEMI) care bundle compliance has been consistently above 80% for the last 12 months, demonstrating delivery of the care bundle is now firmly embedded in practice. Our survival to 30 days (all cause) was reported as 13.2% for September. Although Hear & Treat is significantly behind the expected target an improving picture has been seen over the past 3.5 months, with December 2025 delivering 16.6% and currently sitting at 16.7% for January 2026. Call audit compliance for both clinical and non-clinical staff continues to be lower than the 85% target. Low compliancy can lead to an inappropriate or unsafe disposition for the patient. Overall, patient experience processes are stable, harm levels remain low (1.6% of all Datix incidents are moderate harm or above and 2.7 harm incidents occur per 1000 patient interactions), and learning is being generated from complaints. The number of PEQs remains very low, which limits the organisation's ability to learn proactively. Flu vaccinations rates are positive but not yet at a level that provides optimal protection for patients or staff (In November 2025, 59.1% of staff had been vaccinated against flu. Currently, this is over 67%). Data gaps limit the Board's ability to fully assure itself on hand hygiene performance and rectification work is taking place on this. Manual handling incidents did increase in Q3 but continue to show normal variation over time. Training compliance is too low to provide full assurance. This month we have achieved the highest Patient Group Direction (PGD) compliance of 97.5%. This figure indicates the level of Paramedic training in the use of medicines which can be administered under a PGD. Each paramedic must take a test to demonstrate their understanding of the medicine and how it should be used. This high figure is as a result of focussed partnership work between the medicines team and operational managers.

### So What?

Delivery of the return of spontaneous circulation (ROSC) care bundle remains under the target level. Low compliancy can lead to an inappropriate or unsafe disposition for the patient. The number of PEQs remains very low, which limits the organisation's ability to learn proactively. Data gaps limit the Board's ability to fully assure itself on hand hygiene performance and rectification work is taking place on this. Training compliance is too low to provide full assurance. Improving training uptake is a key action to reduce the risk of future incidents and strengthen staff safety alongside reviewing other possible improvement interventions including wearable AI devices to support safe posture and movement. We are escalating the concerns the ambulance sector as a whole is having around the increase in volume and length of time on scene we have with patients at the End of Life, where other more suitable services should be caring for these patients. All ambulance services are seeing an increase in complex end of life calls and AACE through NASMED are escalating to NHSE and commissioners about the current gaps in community provision for End of Life care patients.

### What Next?

The Critical Care Paramedic and Health Informatics teams are progressively expanding the resuscitation feedback programme and are including this as this spreads across the Trust. Over the coming months we anticipate the delivery towards the target to improve as key processes to support increasing clinical hours and virtual assessments are delivered within both our Integrated care and divisional teams. An overarching strategic plan is in place to improve the capability and capacity of EOC staff and is being regularly reviewed and overseen by senior leaders. Improvements are planned to send the PEQ via SMS to a selection of patients following contact with our service to increase this. Rectification work is taking place on hand hygiene data gaps. Improving training uptake is a key action to reduce the risk of future incidents and strengthen staff safety alongside reviewing other possible improvement interventions including wearable AI devices to support safe posture and movement. HI objectives for 2025-2027 were discussed at QPSC in January and will be brought for final approval to QPSC in April following completion of the newly developed HI Maturity Matrix to identify key areas for improvement. In the meantime we are up-skilling our staff in this complex clinical area via additional training on Key Skills days.



## Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Oct-25	87.3%	79.4%	79.4%		
Board	**Cardiac Arrest - Post ROSC %	Sep-25	78.4%	83%	77.2%		
Board	**Cardiac ROSC ALL %	Sep-25	31.9%	28.4%	29%		
Board	**Cardiac ROSC Utstein %	Sep-25	48%	53.9%	51.9%		
Board	**Cardiac Survival ALL %	Sep-25	13.2%	11.4%	11.8%		
Board	**Cardiac Survival Utstein %	Sep-25	32%	34.1%	32.5%		
Board	Compliant NHS Pathways Audits (Clinical) %	Dec-25	76.8%	100%	83.6%		
Board	Compliant NHS Pathways Audits (EMA) %	Dec-25	83%	100%	81.7%		
Board	Hear & Treat %	Dec-25	16.6%	19%	14.9%		
Board	See & Convey %	Dec-25	53%	55%	54.7%		
Board	See & Treat %	Dec-25	30.3%	35%	30.3%		
Supporting	A&E Dispositions %	Dec-25	5.2%	9%	7.1%		
Supporting	PGD Compliance %	Dec-25	97.5%	95%	93.5%		
Supporting	Health & Safety Training Compliance	Dec-25	95.3%	100%	95.2%		
Supporting	Compliance with Audit Feedback Within Timeframe	Dec-25	95%	100%	95%		
Supporting	Falls Care Bundle Compliance	Sep-25	46.5%	46.6%	44%		
Supporting	Mean Average Time from Call to Catheter Insertion (STEMI)	Aug-25	00:02:27	00:02:31	00:02:23		
Supporting	90th Centile Time from Call to Catheter Insertion (STEMI)	Aug-25	00:03:34	00:03:27	00:03:16		
Supporting	Mean Average Time from Call to Arrival at Hospital (Stroke)	Aug-25	00:01:30	00:01:27	00:01:28		
Supporting	Median Time from Call to Arrival at Hospital (Stroke)	Aug-25	00:01:18	00:01:18	00:01:17		
Supporting	90th Centile Time from Call to Arrival at Hospital (Stroke)	Aug-25	00:02:13	00:02:14	00:02:12		

## Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Dec-25	00:03:18	00:00:20	00:01:22		
Board	999 Call Answer Mean	Dec-25	00:00:08	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Dec-25	00:00:22	00:00:10	00:00:06		
Board	Cat 1 Mean	Dec-25	00:08:27	00:07:00	00:08:22		
Board	Cat 1 90th Centile	Dec-25	00:15:38	00:15:00	00:15:29		
Board	Cat 2 Mean ★	Dec-25	00:28:23	00:27:25	00:28:46		
Board	Cat 2 90th Centile	Dec-25	00:57:23	00:40:00	00:58:28		
Supporting	Cat 3 90th Centile	Dec-25	05:06:44	02:00:00	04:57:59		
Supporting	Cat 4 90th Centile	Dec-25	05:50:30	03:00:00	05:11:56		
Supporting	Section 136 Mean Response Time	Dec-25	00:25:44	00:18:00	00:24:19		

## Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls from Nursing Homes	Dec-25	6.1%	7.9%	6.1%		
Board	Falls, Frailty & Older People: Cat 3 Mean Response Time	Dec-25	01:43:38	01:35:00	02:08:50		
Board	Falls, Frailty & Older People: Cat 4 Mean Response Time	Dec-25	01:37:59	01:39:00	02:00:41		
Board	Falls, Frailty & Older People: H&T % - Non-Injury Falls	Dec-25	11.2%	15%	10.2%		
Board	Falls, Frailty & Older People: CFR First on Scene % - Non-Injury Falls	Dec-25	7.4%	4.8%	6%		
Board	End of Life Care, Palliative & Dying: % of on Scene Times Over 3 Hours	Dec-25	4.9%	4.8%	4.8%		

### Variation

#### Special Cause Improvement



#### Common Cause



#### Special Cause Concern



### Assurance

#### Pass



#### Hit and Miss



#### Fail



#### No Target



### Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Dec-25	20.3%		19.5%		
Board	CFR Backup Time (CFR First on Scene) Mean	Dec-25	00:18:37		00:19:19		
Board	Responses Per Incident	Dec-25	1.1	1.09	1.1		
Board	JCT Allocation to Clear All Mean	Dec-25	01:35:30	00:50:16	01:36:16		
Supporting	JCT Allocation to Clear at Hospital Mean	Dec-25	01:47:05	01:58:59	01:50:13		
Supporting	JCT Allocation to Clear at Scene Mean	Dec-25	01:20:26	01:30:34	01:17:40		

### Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Dec-25	119869		92270.9		
Supporting	999 Calls Answered	Dec-25	85223		76133.5		
Supporting	CFR Attendances	Dec-25	2121	2000	1826		
Supporting	Incidents	Dec-25	72923		65759.6		

### Health Inequalities

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
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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

### Patient Safety

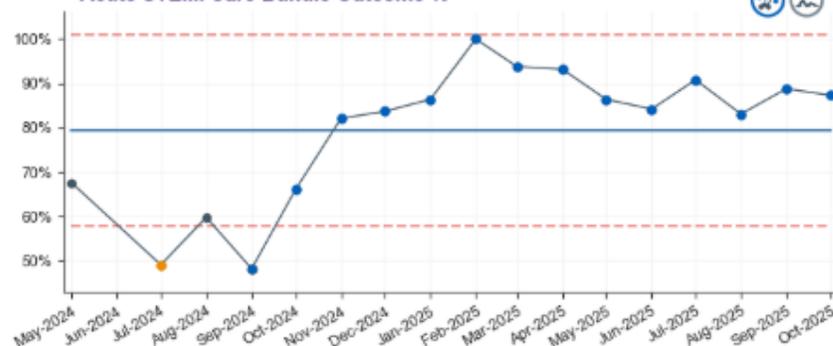
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Harm Incidents per 1000 Incidents	Dec-25	2.7	2.85	3.1		
Board	% of PSI (Datix) Where Final Harm is Moderate or Above	Dec-25	1.6%	1.7%	1.7%		
Supporting	Duty of Candour Compliance %	Dec-25	86%	100%	90%		
Supporting	Number of Medicines Incidents	Dec-25	212		173.3		
Supporting	Hand Hygiene Compliance %	Dec-25		90%			
Supporting	Safe in Back Audits	Dec-25	70%		28.7%		
Supporting	Number of Learning Responses Commissioned	Dec-25	10		5		
Supporting	Number of Level 4 Safeguarding Referrals Made	Dec-25	300		298.5		

### Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Dec-25	1	0.49	0.6		
Board	Number of Compliments Received per 1000 Incidents	Dec-25	2	1.82	2		
Board	% of Patients Who Express Satisfaction With Our Service	Dec-25	84.2%	95%	90.7%		
Supporting	Complaints Reporting Timeliness %	Dec-25	95%	95%	89.1%		
Supporting	Complaints That Have Resulted In Learning For The Trust %	Dec-25	37%	95%	42%		
Supporting	No. of PEQs Received Across the Trust Per Month Per 1000 Incidents in 999	Dec-25	1.3		1.1		



**\*\*Acute STEMI Care Bundle Outcome %**



M-5

Dept: Medical  
Metric Type: Board  
Latest: 87.3%  
Target: 79.4%  
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

**\*\*Cardiac Arrest - Post ROSC %**



M-11

Dept: Medical  
Metric Type: Board  
Latest: 78.4%  
Target: 83%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**What?**

STEMI care bundle compliance is 87.3%, remaining well above the 79.4% target. Performance continues to demonstrate sustained special-cause improvement, with compliance consistently maintained at a high level since late 2024 with normal month-to-month variation.

**So what?**

This sustained performance indicates that the STEMI care bundle is firmly embedded in routine clinical practice. Patients with confirmed STEMI continue to reliably receive key interventions, including aspirin and GTN administration, pain assessment, and appropriate analgesia. The stability of this measure suggests that both clinical delivery and audit processes remain robust and resilient to operational pressures.

**What next?**

Maintain focus on preserving this level of compliance through ongoing quality assurance and clinical engagement. Continue to share learning from the STEMI pathway to inform improvement approaches in other time-critical care bundles, ensuring that gains achieved remain protected and transferable across the wider system. Planned updates to the STEMI care bundle, reflecting evolving clinical guidance, will be implemented in a controlled way, with continued monitoring to ensure sustained compliance and outcome stability.

**What?**

Post-ROSC care bundle compliance is 78.4%, below the 83% target. Performance continues to show common cause variation with no statistically significant change over time. Recent months show some fluctuation but remain within the established range for this measure. Patient survival continues to perform well.

**So what?**

While this metric provides assurance around consistency of post-resuscitation processes, it is important to note that there is currently no direct evidence that compliance with this care bundle measure alone improves patient outcomes. As such, this indicator should be interpreted as a process measure rather than an outcome proxy. The primary focus for assessing impact remains the survival and neurological outcome measures, where recent data shows encouraging performance. Structured clinical oversight and case learning continue to support post-ROSC care delivery within the wider system.

**What next?**

Continue phased rollout of the endorsed CCP-led post-cardiac arrest feedback approach, recognising that progress will be incremental while staffing capacity and competing workstreams are managed. Maintain routine monitoring of post-ROSC compliance for assurance purposes, while prioritising interpretation of survival and ROSC outcomes to guide future quality improvement focus.



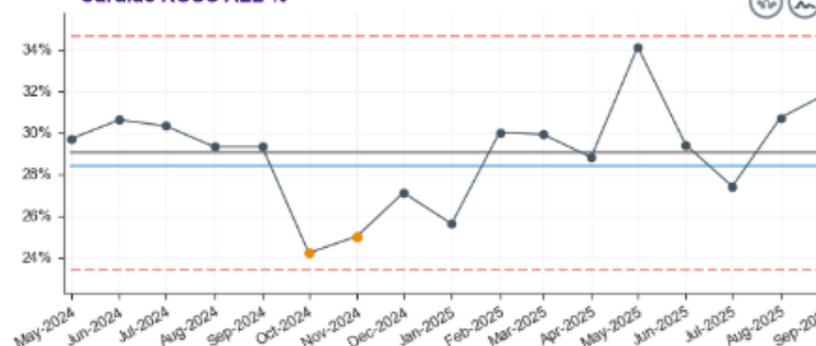
### \*\*Cardiac Survival ALL %



#### M-4

Dept: Medical  
Metric Type: Board  
Latest: 13.2%  
Target: 11.4%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

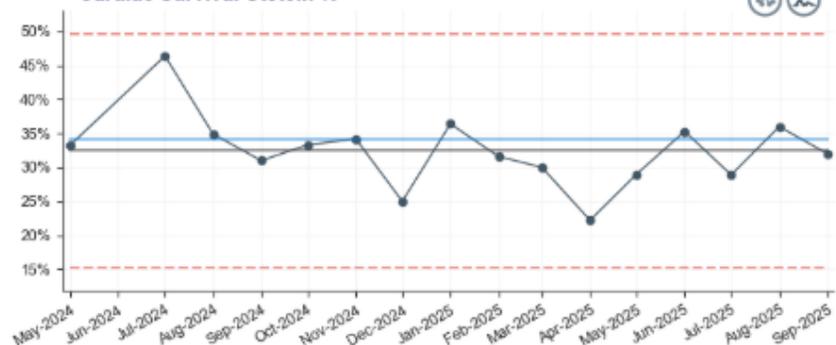
### \*\*Cardiac ROSC ALL %



#### M-2

Dept: Medical  
Metric Type: Board  
Latest: 31.9%  
Target: 28.4%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

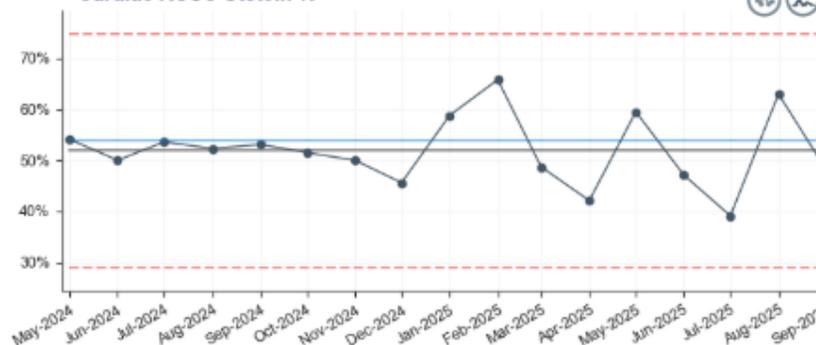
### \*\*Cardiac Survival Utstein %



#### M-3

Dept: Medical  
Metric Type: Board  
Latest: 32%  
Target: 34.1%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

### \*\*Cardiac ROSC Utstein %



#### M-1

Dept: Medical  
Metric Type: Board  
Latest: 48%  
Target: 53.9%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**What?**  
Overall cardiac survival is 13.2%, above the 11.4% target, while Utstein survival is 32%, slightly below the 34.1% target. Both measures continue to demonstrate common cause variation with no statistically significant change. Overall survival remains consistently above target, while Utstein survival shows month-to-month fluctuation around the target line.

**So what?**  
The sustained above-target performance in overall survival indicates a resilient cardiac arrest care pathway delivering positive outcomes across a broad patient population. The slightly lower Utstein figure this month reflects expected variability rather than deterioration, and should be interpreted alongside the consistently strong overall survival rate. Importantly, this pattern continues to suggest that gains later in the pathway - including post-ROSC and in-hospital care are contributing meaningfully to survivorship, even where early benchmark measures fluctuate.

**What next?**  
Continue to prioritise survival metrics as the primary indicators of pathway effectiveness, supported by ongoing monitoring of ROSC and post-ROSC process measures for assurance. Maintain focus on system-wide learning and clinical oversight to preserve stability in outcomes and identify opportunities for incremental improvement as longer-term trends emerge.

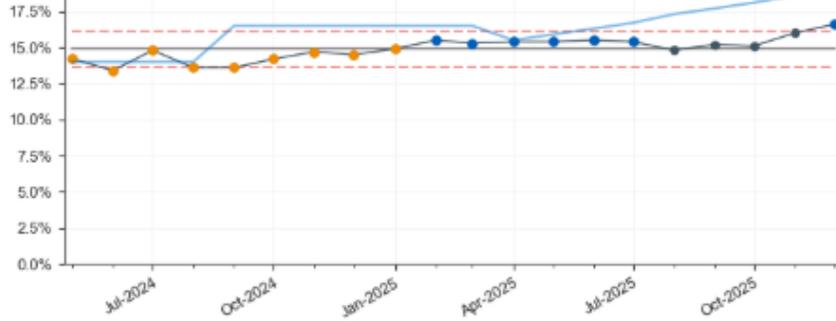
**What?**  
ROSC for all cardiac arrest patients is 31.9%, above the 28.4% target, while ROSC for the Utstein cohort is 48%, below the 53.9% target. Both measures continue to demonstrate common cause variation with no statistically significant change. Overall ROSC has strengthened in recent months and remains consistently above target, while Utstein ROSC shows expected fluctuation around the target line.

**So what?**  
The sustained above-target performance in overall ROSC indicates a resilient and effective early resuscitation response across a broad patient population. Month-to-month variability in the Utstein cohort is expected given smaller numbers and should be interpreted alongside the more stable and positive survival outcomes. As seen previously, divergence between ROSC and survival reinforces that early resuscitation success and longer-term outcomes do not always move in parallel, and that improvements later in the pathway can meaningfully influence survivorship even when ROSC rates fluctuate.

**What next?**  
Continue to use ROSC measures primarily as supporting process indicators, while prioritising survival outcomes as the key markers of pathway effectiveness. Ongoing monitoring across ROSC, post-ROSC care, and survival will help ensure a balanced view of performance and guide future quality improvement focus as longer-term trends become clearer.

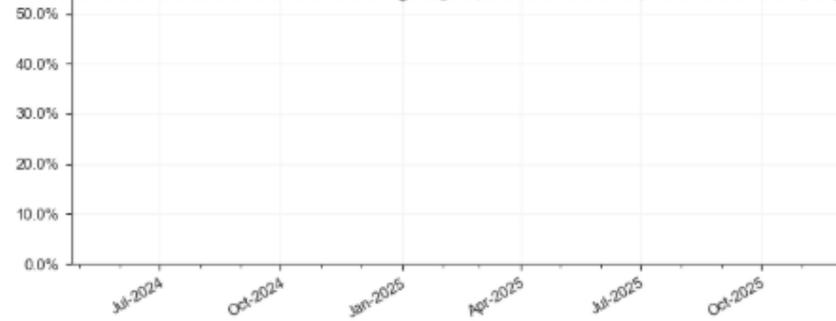


**Hear & Treat %**



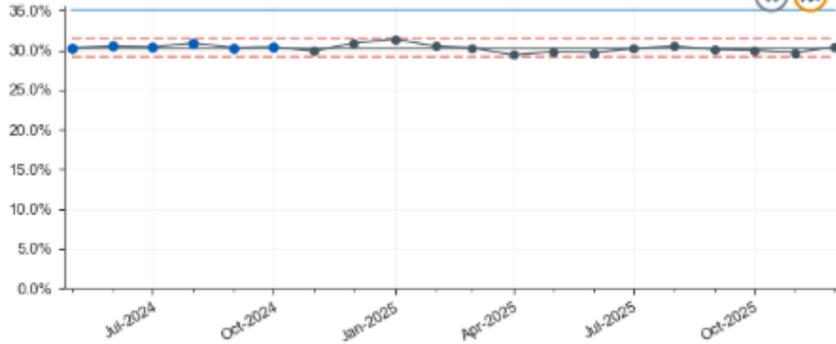
**999-9**  
Dept: Operations 999  
Metric Type: Board  
Latest: 16.6%  
Target: 19%  
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

**See & Convey %**



**999-9**  
Dept: Operations 999  
Metric Type: Board  
Latest: 53%  
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 %**



**999-9**  
Dept: Operations 999  
Metric Type: Board  
Latest: 30.4%  
Target: 35%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

**Hear & Treat**

**What?** Although the Trust's Hear & Treat improved last month, 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. The Trust continues to use NHSE guidance to focus on key elements of virtual care, such as C3/C4 validation and C2 streaming. However, there is real variability daily, linked to case acuity, clinician availability and critically clinician productivity, which influences the Trust's 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 – although the Trust has increased clinician capacity in the UCNHs, this has not offset the planned reduction in agency clinician usage.
- Clinical productivity; the number of cases answered per clinician per hour whilst improving marginally to 1.6, 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 less than 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?** Following the Trust's Hear & Treat Deep Dive exercise in Q2, the current virtual care plan and actions were reviewed and updated. The Trust has subsequently held multiple Virtual Care summits, the review how the Trust's current VC model is aligned to realising the Trust's strategy of increasing hear and treat, whilst reducing see and treat.

- A plan to increase clinician productivity in EOC and the Hubs is in place, with a live clinician productivity dashboard, 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 the draft proposal presented to EMB last month, following workshops and engagement events.
- A new C2 Streaming process has been developed, with implementation due in early January.
- A new "auto clinician allocation" process is being tested in the CAD, with a view to deployment in Jan to improve clinician utilisation in virtual care, which should improve clinician productivity.

**See & Treat and See & Convey**

**What?** Hear & Treat rate increased to 16.6% in December, See & Treat and See & Convey rates remain stable

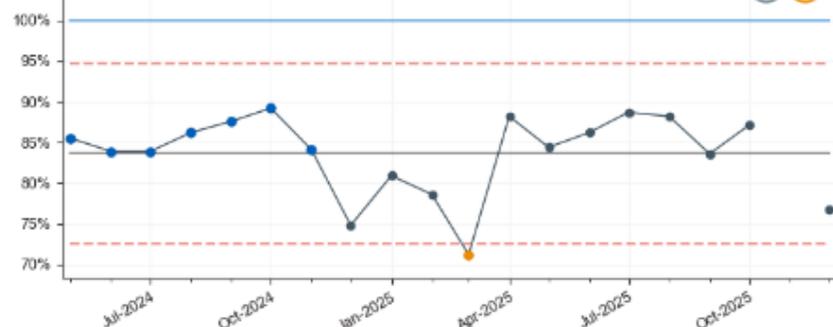
**So what?** It should be noted See & Convey % is directly related to the acuity of patients and availability of suitable alternative referral pathways.

**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 and increasing H&T rates. Further targeted promotion of H&T and Virtual care across operating units commences in January, with Operating Unit Managers taking the lead in increasing H&T % and productivity.



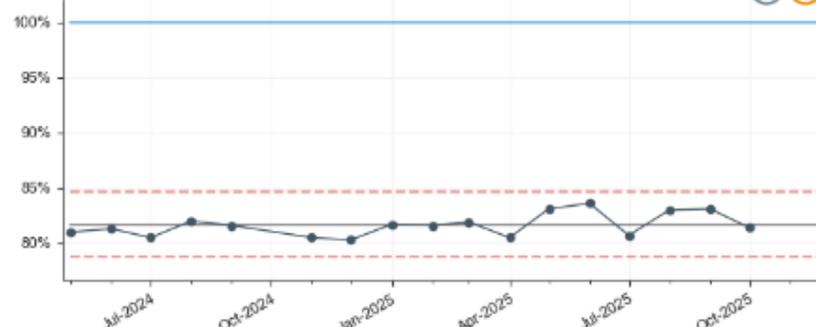
Compliant NHS Pathways Audits (Clinical) %



M-20

Dept: Nursing & Quality  
Metric Type: Board  
Latest: 76.8%  
Target: 100%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Compliant NHS Pathways Audits (EMA) %



M-22

Dept: Nursing & Quality  
Metric Type: Board  
Latest: 83%  
Target: 100%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

**What?** Call audit compliancy has sustained at previous levels following a dip in performance earlier in the year, this remains low compared to other ambulance services, there is no formal compliancy target.

**So what?** 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.
- 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' was delivered 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
- Feedback is being revised to ensure face-to-face delivery is focussed on clinicians with low compliancy.

**What?** Call audit compliancy continues to be lower than the 85% target.

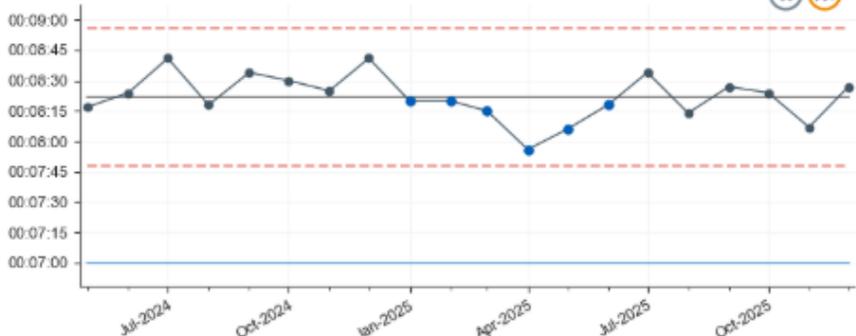
**So what?** Low compliancy can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC team.

**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.



Cat 1 Mean



999-2

Dept: Operations 999  
Metric Type: Board  
Latest: 00:08:27  
Target: 00:07:00  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

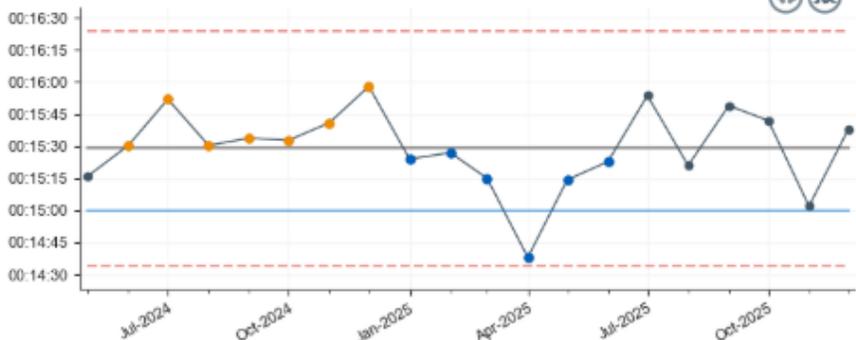
Cat 2 Mean ★



999-4

Dept: Operations 999  
Metric Type: Board  
Latest: 00:28:23  
Target: 00:27:25  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

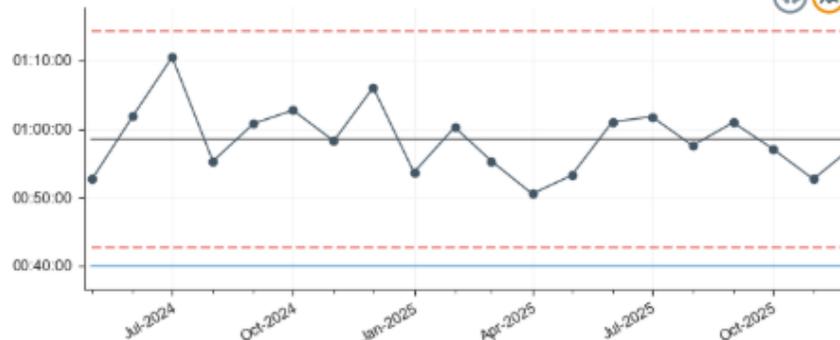
Cat 1 90th Centile



999-2

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

Cat 2 90th Centile



999-4

Dept: Operations 999  
Metric Type: Board  
Latest: 00:57:23  
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 to 31<sup>st</sup> Dec C1 performance is 08:16 against an ARP target of 7 minutes

**So what?** C1 Mean performance and was 08:27 in December (17sec improvement from Nov), variation remains within normal limits.

**What next?** Continuation of the Local Community Dispatch Model (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 stands at 28.13 although in December's C2 mean 28:23 deteriorated slightly from November (t should be noted that in Dec 24 C2 mean was 32:13)

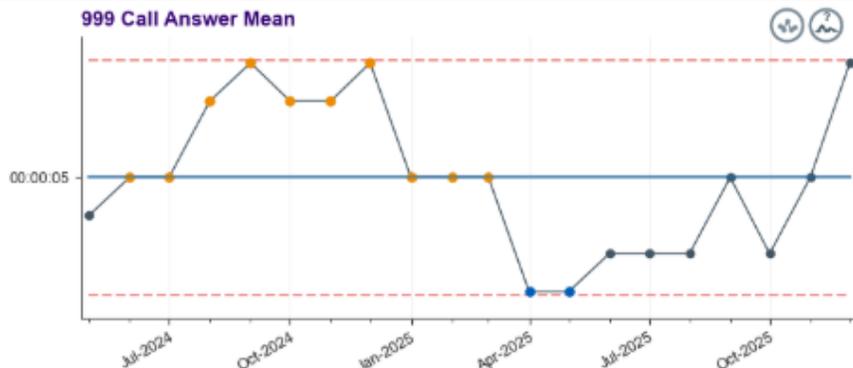
**So what?** C2 Mean performance for December was 28:23, field operational hours provided just under target (-1.4% against plan).

**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), although sickness absence rates were high through December in line with increasing incidents of colds/flu in the general population.



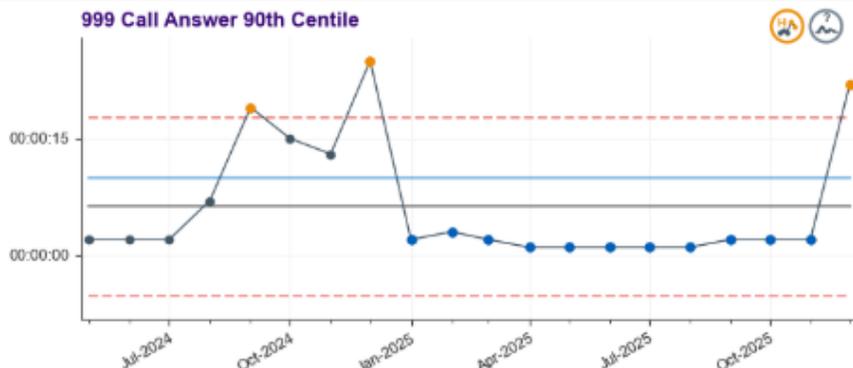
### 999 Call Answer Mean



### 999-1

Dept: Operations 999  
Metric Type: Board  
Latest: 00:00:08  
Target: 00:00:05  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

### 999 Call Answer 90th Centile



### 999-1

Dept: Operations 999  
Metric Type: Board  
Latest: 00:00:22  
Target: 00:00:10  
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

### 111 Average Speed to Answer



### 111-9

Dept: Operations 111  
Metric Type: Board  
Latest: 00:03:18  
Target: 00:00:20  
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.

### 999 Call Handling Performance

**What?** Performance in December did not meet the AQI target of 5 secs, the first time in eleven months, with a call answer mean of 8 secs. Activity in December was again up on the previous month, averaging over 22K calls per week, peaking over 24K the first week of the month

SECAmb continues to use its IRP 999 resilience call overflow model, which facilitates the movement of calls between 999 services more easily, to support SCAS and YAS, with their 999 call answering.

The current staffing position is 259.5 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 14.6 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 December in part because of the early onset of the cold/flu season,

**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, with fewer than planned new starters last month, 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. Increased seasonal activity in December saw the rate of abandoned calls exceed the 9% target, and the average speed to answer up to 198secs. 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.

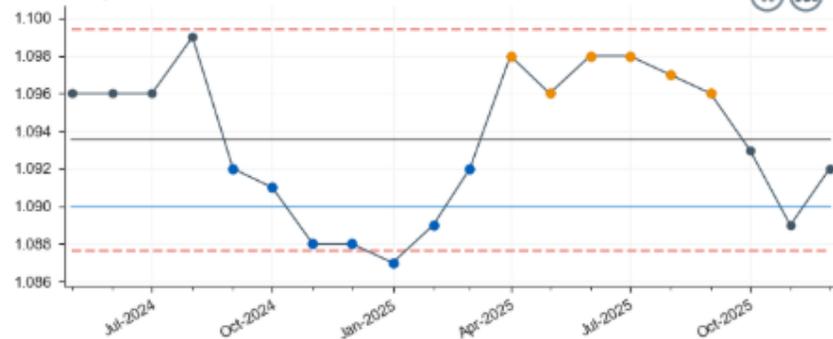
**What next?** The service is now in a period of stabilisation and is continuing to review to find efficiencies and optimise performance. Recruitment remains positive, with steady staffing levels resulting in the planned number of NHS Pathways (NHS P) courses per month being reduced in Q3.

"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 early Q4 a revised 111 workforce model aligned to the new 111 CV



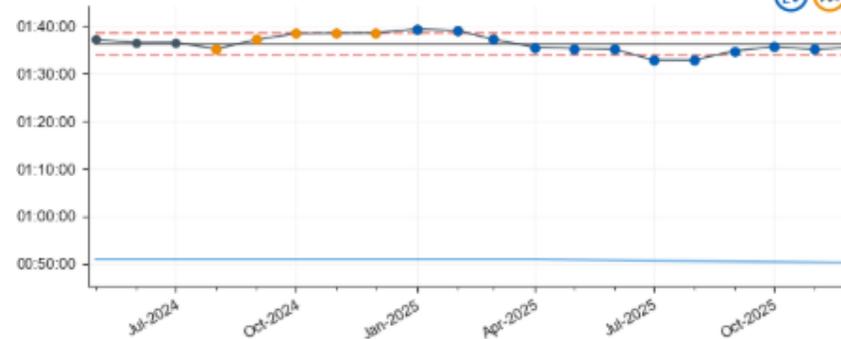
### Responses Per Incident



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.

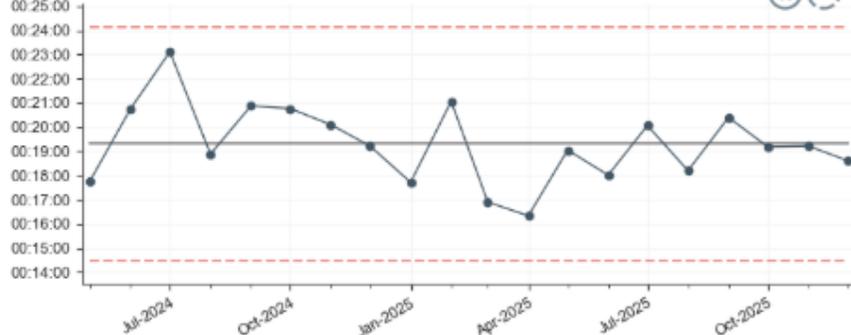
### JCT Allocation to Clear All Mean



999-44

Dept: Operations 999  
Metric Type: Board  
Latest: 01:35:30  
Target: 00:50:16  
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.

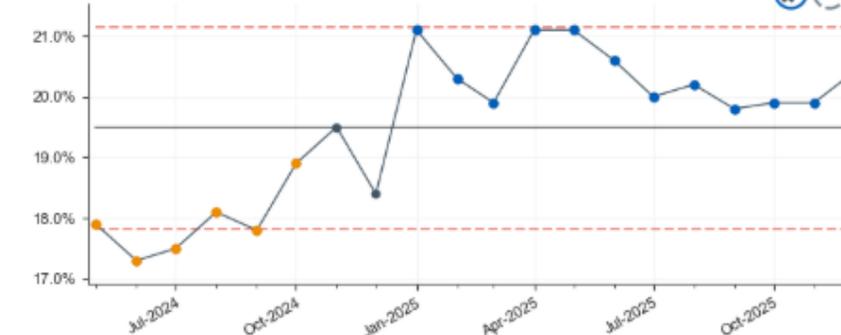
### CFR Backup Time (CFR First on Scene) Mean



999-36

Dept: Operations 999  
Metric Type: Board  
Latest: 00:18:37  
---  
Common cause variation, no significant change.

### % of 999 Calls Receiving Validation



999-34

Dept: Operations 999  
Metric Type: Board  
Latest: 20.4%  
---  
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 marginally above target following a consistent reduction in RPI month on month ytd.

**So what?** This means the Trust is on average dispatching marginally more resource to each incident than planned, thereby having an adverse impact on 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 subject to resource availability. The Trust is also reviewing its dispatch policy, to ascertain whether it dispatches "excessive" resource for specific 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 and ensure pro-active tactical commander focus and oversight.

### % 999 Calls Receiving Validation

**What?** The % of calls validated is stable and improving, and this is important, as it's aligned to the Trust strategy of increasing virtual care and clinically assessing cases pre ambulance dispatch, where safe and appropriate to do so.

**So what?** The more 999 cases SECamb clinically validates, the better the Hear & Treat rate and less ambulances are inappropriately dispatched, so the Trust can improve its responsiveness for CAT 1 and CAT 2 emergency ambulances.

**What next?** The Trust has initiated a new programme, with a clear focus on virtual care. This is a timebound, critical piece of work aimed at designing what the model for delivering virtual care in SECamb will look like going forward, aligning it to the Trust's strategy.

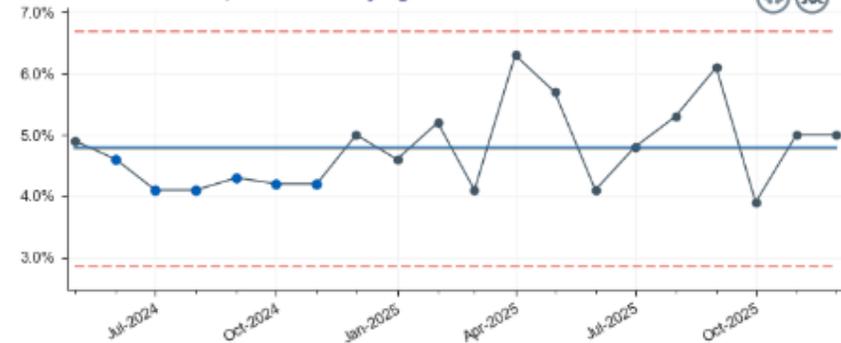


% of 999 Calls from Nursing Homes



**999-35**  
Dept: Operations 999  
Metric Type: Board  
Latest: 6.1%  
Target: 7.9%  
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

End of Life Care, Palliative & Dying: % of on Scene Times Over 3 Hours



**QS-46**  
Dept: Quality & Safety  
Metric Type: Board  
Latest: 5%  
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?**

Reducing calls from Nursing Homes is part of a wider improvement project, overseen by divisional director and consultant paramedic, that also includes falls reduction and increasing use and scope of community first responders.

**What next?**

We aim to reduce unnecessary calls from care homes by 10% over this year. The data we are measuring here (percentage of calls from nursing homes) does not show the real terms decrease in inappropriate calls from the care homes/nursing homes where we are working to educate staff on the use of 999. In future iterations we will change this metric to clearly demonstrate the impact of this work on reducing unnecessary calls.

**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 in confidence to act, as well as audit evidence showing large numbers of phone calls being made by crews to advocate for patients.

**So what?**

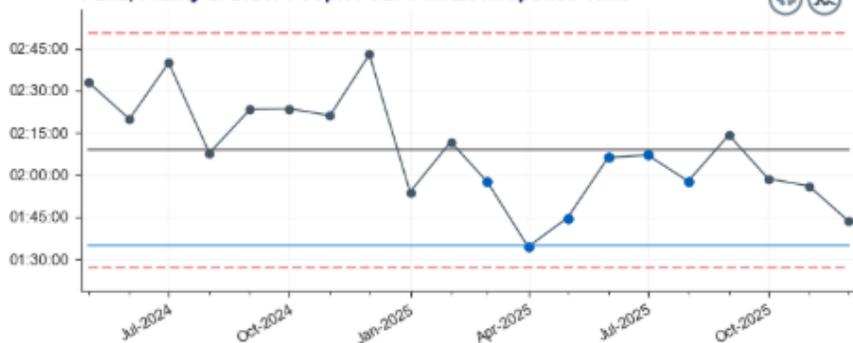
Many of the incidents with the longest on scene times could be considered non-commissioned activity. By addressing NCA, we can lower the aggregate on scene times.

**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.



Falls, Frailty & Older People: Cat 3 Mean Response Time



QS-42

Dept: Quality & Safety  
Metric Type: Board  
Latest: 01:43:38  
Target: 01:35:00  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Falls, Frailty & Older People: H&T % - Non-Injury Falls



QS-44

Dept: Quality & Safety  
Metric Type: Board  
Latest: 11.3%  
Target: 15%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Falls, Frailty & Older People: Cat 4 Mean Response Time



QS-43

Dept: Quality & Safety  
Metric Type: Board  
Latest: 01:37:59  
Target: 01:39:00  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Falls, Frailty & Older People: CFR First on Scene % - Non-Injury Falls



QS-45

Dept: Quality & Safety  
Metric Type: Board  
Latest: 7.5%  
Target: 4.8%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**What?**

There has been no deterioration in C3 & C4 mean response times for December.

**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?**

Increased % of CFRs first on-scene in December has remained stable from November. 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?**

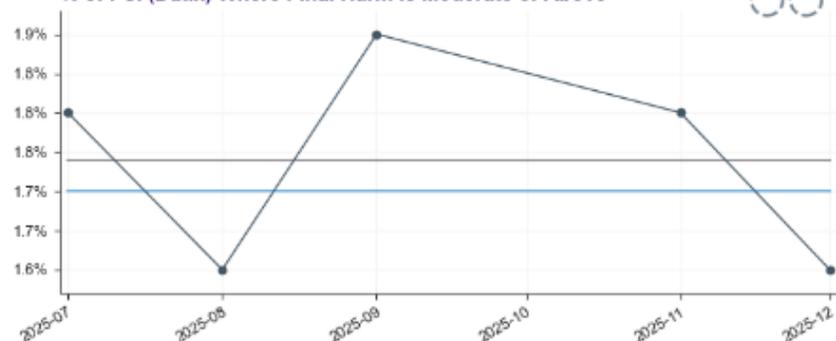
Patients who have fallen, without any injury, need early assistance off of the floor to prevent injury from long-lie. By sending CFRs we will ensure our ambulances are available for patients with emergency care needs.

**What next?**

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



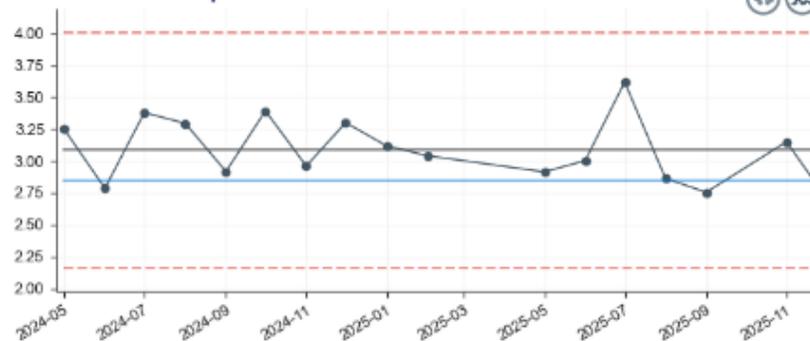
% of PSI (Datix) Where Final Harm is Moderate or Above



QS-37

Dept: Quality & Safety  
Metric Type: Board  
Latest: 1.6%  
Target: 1.7%  
Special cause or common cause cannot be given as there are an insufficient number of points.

Harm Incidents per 1000 Incidents



QS-29

Dept: Quality & Safety  
Metric Type: Board  
Latest: 2.7  
Target: 2.85  
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 – 1.6% of all incidents in December 2025. This is below the target of 1.7%. All of these are scrutinised at the Divisional Incident Review Groups.

**So What?** There are insufficient data points to establish an SPC. Number of incidents closed each month varies for several reasons – such as closure at PSEG/IRGs and operational pressures.

**What next?** Continue to monitor themes resulting in harm and articulate and implement improvement plans

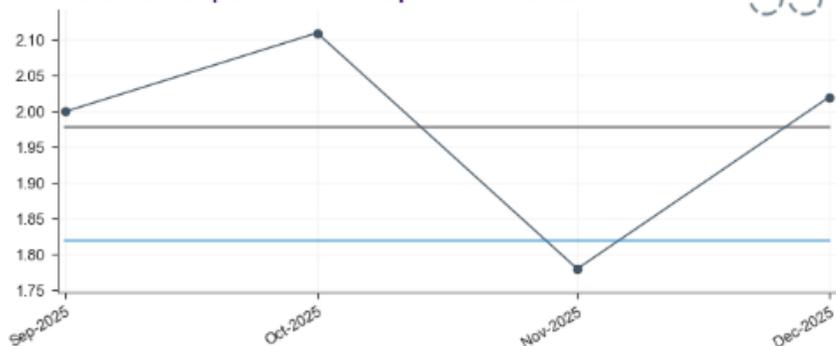
**What?** The number of incidents resulting in harm to patients per 1000 incidents across our 999 and 111 services was 2.7.

**So What?** The number of patients who came to harm for every 1000 incidents was 2.7, marginally exceeding the target of 2.8.

**What next?** The Incident Review Groups continue to monitor emerging themes, commission learning responses, implement safety changes and highlight risks to our teams. Further, we have undertaken recent analysis which identified new priority themes where there are opportunities to learn from incidents in 2025/26.



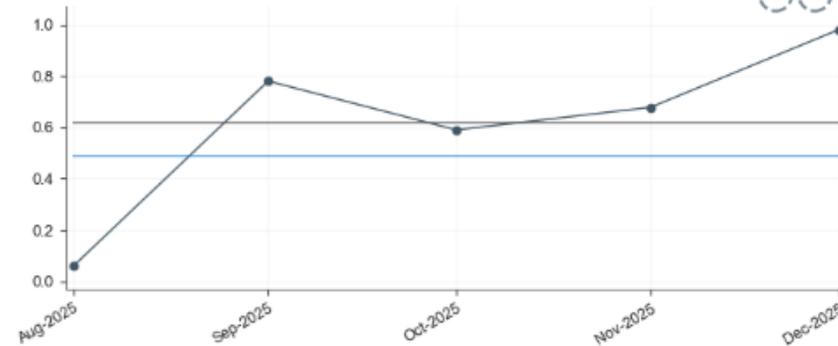
Number of Compliments Received per 1000 Incidents



QS-48

Dept: Quality & Safety  
Metric Type: Board  
Latest: 2  
Target: 1.82  
Special cause or common cause cannot be given as there are an insufficient number of points.

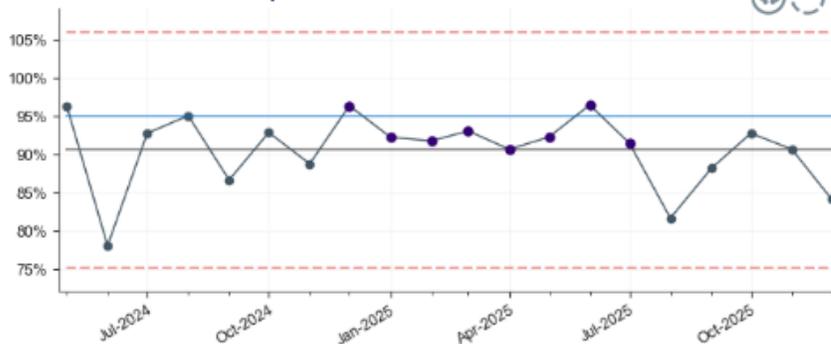
Number of Complaints per 1000 Incidents Responded to (Patients)



QS-38

Dept: Quality & Safety  
Metric Type: Board  
Latest: 1  
Target: 0.49  
Special cause or common cause cannot be given as there are an insufficient number of points.

% of Patients Who Express Satisfaction With Our Service



QS-61

Dept: Quality & Safety  
Metric Type: Board  
Latest: 84.2%  
Target: 95%  
Common cause variation, no significant change.

**What?**

1.8 compliments are received per every 1000 patient interactions the Trust has. This is nearly double the number of complaints the Trust receives per 1000 patient interactions. The percentage of patients who express satisfaction with our service continues to show normal variation.

**So what?**

This is a new metric on the IQR so will need to be monitored over time but suggests a high-quality service that supports accessibility in patient and public feedback. The data for the percentage of patients who express satisfaction with our service is from derived from Patient Experience Questionnaire (PEQ) data. This currently a small data set of approx. 100 PEQs per month so any variation should be treated with caution.

**What next?**

Continue to monitor metric on number of compliments received per 1000 incidents and progress plans to send PEQs to patients via SMS to ensure a robust data set for assessing patient satisfaction.

**What?**

In December, one complaint was received for every 1000 patient interactions. There are currently insufficient data points to determine whether this is an improving or deteriorating trend.

**So what?**

The Trust continues to receive nearly double the number of compliments compared to complaints and complaint numbers remain low.

**What next?**

The Quality & Safety Co-Ordinator has noticed an increase over the last year in re-opened complaints. A deep dive is currently taking place to understand the reasons for this and to identify improvement actions.

Our people enjoy working at SECAmb



# People

# Our people enjoy working at SECamb

1	Tier 1
2	Tier 2
	QI
	Directorate objective

## 2024-2029 Strategy Outcomes

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

## 2025/26 – Strategic Transformation Plan

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

## 2025/26 - Outcomes

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

## 2025/26 – Operating Plan

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

## Compliance

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

## BAF Risks

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



## What?

Overall, workforce stability continues to strengthen despite ongoing organisational restructuring, with improvements in training, appraisals and turnover balanced against continuing sickness challenges and a high ER caseload. Progress continues across key workforce and culture priorities, with turnover remaining at its lowest rolling rate in several years (13.3%). Metrics show a mixed but improving position, with high employee relations and collective grievance volumes offset by improved case progression and zero cases exceeding 24 months. The reductions in long-running cases indicate better grip on complex cases and leadership engagement to resolve.

Fifteen concerns were submitted to the FTSU team in December. Workforce turnover has increased with sixty-four leavers bringing our rolling total to 13.3%, partially due to organisational restructures and resolution of a number of legacy ER cases. Sickness absence remains above target at 6.8%. Progress on core skills training framework compliance is now 85.5% for this reporting period, just above the 85% standard for the sixth consecutive month, and appraisal compliance rose to 79.3%. Operational indicators showed a slight rise in overruns and stable performance on meal breaks, with minor seasonal variation.

The Trust has made positive progress in EDI, with WRES and WDES reports showing strong five-year improvement, although Harassment, Bullying and Abuse remains a concern. Targeted action is underway to improve staff safety and wellbeing, including increased use of body-worn cameras and enhanced support for call-centre staff. EDI delivery continues across the four priority areas, with strengthened staff networks, improved reasonable adjustments processes and reverse mentoring and the Ascend programme. Alongside this the OD team are working closely with leaders to coordinate support for staff and their teams affected by restructuring across clinical and corporate areas.

## So What?

These indicators suggest a culture that is becoming more stable, with early signs of improving managerial capability and more effective informal resolution at earlier stages. The reduction in legacy cases and improved closure rates provide assurance that cases are being managed more pro-actively. Workforce turnover remains largely stable, and sickness absence continues to be slightly higher than expected at this time of year. At the same time, sustained improvement in mandatory training and rising appraisal completion rates that our leaders are engaging in core people-management responsibilities. This is crucial given the scale of organisational transformation underway. Operationally, consistent meal-break performance and manageable overruns indicate that, despite wider pressures, core staff wellbeing safeguards are holding, reducing the likelihood of further deterioration through the winter period. The Trust is demonstrating sustained improvement in staff inclusion, leadership capability and managing organisational change. However, HBA remains a risk to staff experience, engagement and retention if not addressed consistently. Strong alignment between EDI and OD activity is helping ensure change is delivered in an inclusive and people-centred way. Investment in managers, leadership pipelines and staff networks is strengthening resilience during a period of significant transformation.

## What Next?

The Trust will focus on embedding the new Resolution Policy and newly approved Managing Conduct Policy, strengthening case management consistency and continuing training on sexual safety and professional boundaries. Speak Up support will be expanded with the induction of new Champions. Workforce priorities include maintaining and refreshing local action plans in higher turnover areas, supporting managers with improved sickness management systems, and continuing leadership reviews focused on absence reduction. Workforce planning activity will continue to align staffing supply with organisational change. Learning and development actions include launching the new mandatory training dashboard and preparing for the transition to Microsoft Forms for appraisals. These represent the most material people-related risks during the restructuring period, and the Trust will strengthen its oversight and response by prioritising ER backlog reduction, enhanced sickness-management tools, and increased Speak Up engagement to stabilise cultural risk. Focused action will continue to reduce harassment, bullying and abuse, with further rollout of safety and wellbeing interventions. The Anti-Racism Framework and Disability Confident Level 2 will be implemented during 2026. Cohort two of reverse mentoring and the next Ascend leadership programme will launch, with evaluation of impact on progression and inclusion. The OD change programme will be delivered over the next 12 months, including piloting and refining the new "Mates to Managers" offer. Recommendations from culture, operating model and succession planning reviews will be implemented to strengthen leadership capability and organisational effectiveness.



**Variation**

Special Cause Improvement



10%  
2



10%  
2

Common Cause



52%  
11

Special Cause Concern



10%  
2



0%  
0

**Assurance**

Pass



5%  
1

Hit and Miss



62%  
13

Fail



14%  
3

No Target



19%  
4

**Culture**

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Dec-25	2	1	1.6		
Board	Count of Grievances Closed	Dec-25	7	3	14.1		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Dec-25	1	3	3.6		
Board	Individual Grievances Open	Dec-25	5	5	12.7		
Board	Number of FTSU Concerns Raised	Dec-25	15	21.9	21.8		
Supporting	Bullying & Harrassment Internal	Dec-25	3	2	2.3		
Supporting	Disciplinary Cases	Dec-25	7	3	9.2		
Supporting	Mean Suspension Duration (Days)	Dec-25	203	70	174.1		

**Employee Experience**

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	% of Meal Breaks Outside of Window	Dec-25	50.1%	43.4%	48.7%		
Supporting	% of Meal Breaks Taken	Dec-25	98.3%	98%	98.3%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Dec-25	44.2%	45%	43%		

*Pending metric: WRES/WDES - Needs to be defined*

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

**Workforce**

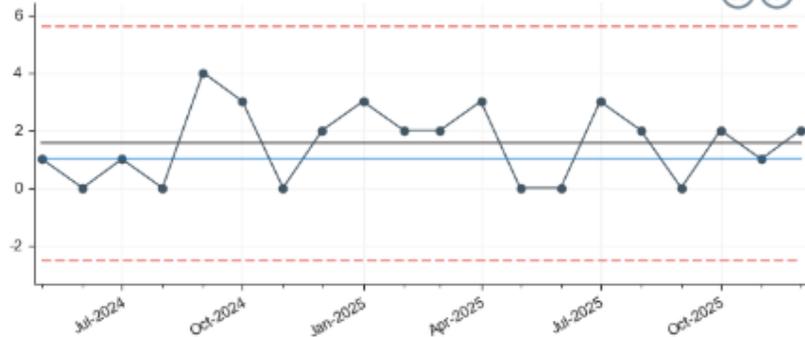
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Dec-25	13.3%	15%	14.9%		
Board	Sickness Absence %	Dec-25	7.7%	5%	6.6%		
Board	Turnover Rate %	Dec-25	1%	0.8%	1%		
Board	Frontline Staff Vaccinated Against Flu %	Dec-25	62.5%	80%	60.8%		
Supporting	Number of Staff WTE (Excl bank and agency)	Dec-25	4674.4	4579.26	4598.5		
Supporting	Vacancy Rate %	Dec-25	4.6%	5%	1.4%		
Supporting	Staff Sickness Absence Related to Respiratory Infections	Nov-25	0%	75%	0%		

**Employee Development**

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Dec-25	79.3%	85%	65.6%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Dec-25	85.5%		85.3%		

*Pending metric: Education - Needs to be defined*

**Collective Grievances Open**



**WF-11**

Dept: Workforce HR

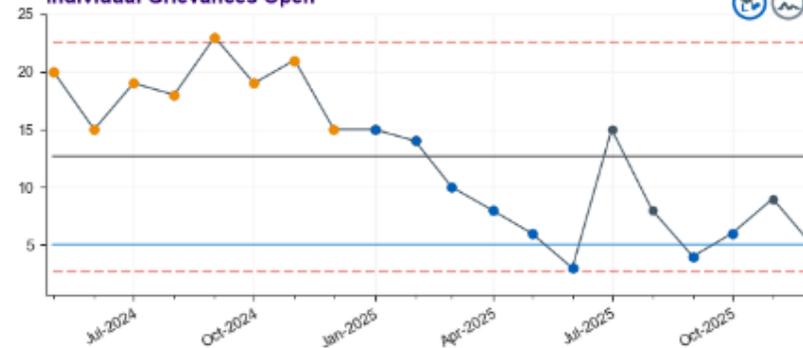
Metric Type: Board

Latest: 2

Target: 1

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

**Individual Grievances Open**



**WF-10**

Dept: Workforce HR

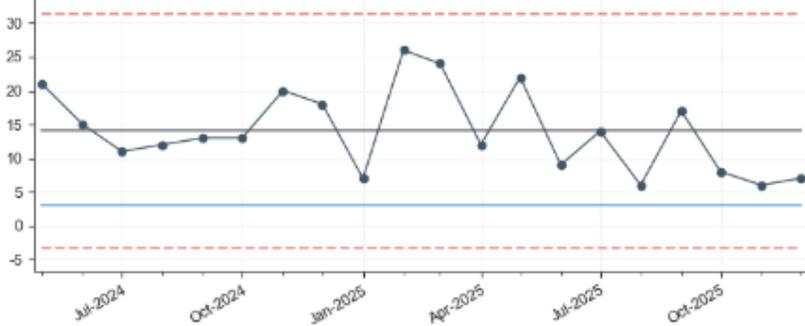
Metric Type: Board

Latest: 5

Target: 5

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

**Count of Grievances Closed**



**WF-42**

Dept: Workforce HR

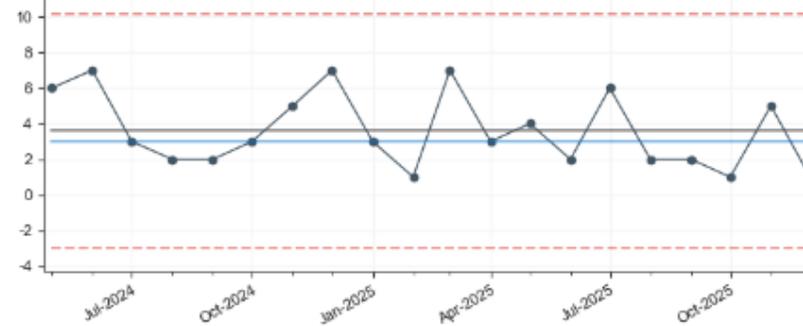
Metric Type: Board

Latest: 7

Target: 3

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

**Count of Sexual Safety / Sexual Misconduct Cases**



**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 November, 2 new collective grievance were raised. The total number of open collective cases is now 18, including the Trust-wide issues such as Section 2 and lease car concerns. 8 cases were opened and 6 closed during November.

**So What?**

The closure rate demonstrates a tangible improvement in how we manage cases: our processes are becoming 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, higher quality and consistent outcomes.

**What Next?**

- New grievance policy (Resolution Policy) was approved at JPF in November
- Resolution policy training to commence in Dec/Jan to go live by end of February 26.
- Negotiations have resumed regarding the collective grievance on pay.

**What?**

At month-end (30 Nov 2025), there were 19 live cases, down by 1 compared with the previous month. On a 12-month rolling basis, completed cases took on average 164 days to close. Open cases had been open on average 178 days. 16% of open cases were over 12 months old (up by 5.8 percentage points vs the previous month) and 0% were over 24 months old (unchanged from the previous month). 1 case was opened, and 2 cases were closed within the month, resulting in a net decrease of 1.

**So what?**

Overall, the case load remains high as new cases continue to outpace closures, signalling growing pressure on capacity if the trend persists. Completed cases took an average of 163 days. 16% of open cases are over 12 months old but there are none over 24 months. There are, however, some positive signs regarding backlog: the proportion of cases over 12 months old has reduced, and no cases exceed 24 months, indicating progress in tackling older, higher-risk cases. The number of new grievances each month are on a downward trajectory, possibly demonstrating an improvement in manager capability, an improvement in overall culture, and better use of informal mediation routes.

**What Next?**

- Continue to deliver targeted training through Key Skills on sexual safety and understanding professional boundaries
- Review of policies to ensure learning from recent cases is embedded to enhance response to student concerns.



**Number of FTSU Concerns Raised**



**QS-27**

Dept: Quality & Safety

Metric Type: Board

Latest: 15

Target: 21.9

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

**What?**

In December 2025, 15 concerns were raised to the FTSU team, with 7 already closed. Five concerns were submitted anonymously (33%) and no cases of detriment were reported. Integrated care accounted for 5 concerns (33%), with the remainder distributed across other areas of the Trust.

**So what?**

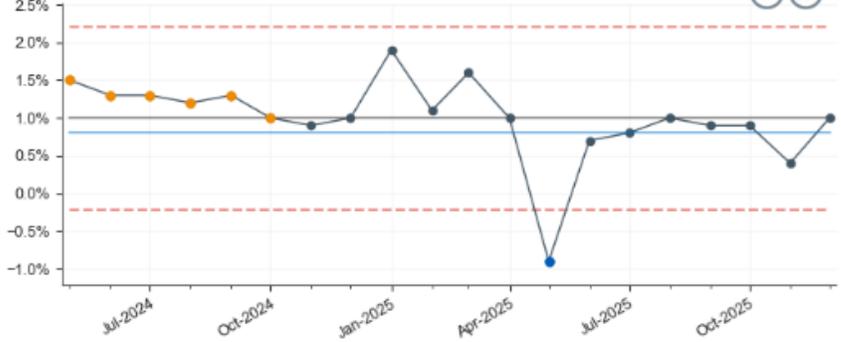
Worker safety and wellbeing was the predominant national theme, featuring in 9 of the 15 concerns (60%). The top three secondary local themes were leadership and relationships and behaviours, each with 5 concerns (33%), and system process with 3 concerns (20%). These figures continue to highlight staff concerns around wellbeing, leadership practices and organisational processes.

**What next?**

The newly appointed Speak Up Champions will be inducted in February, providing additional local support and visibility for staff wishing to raise concerns. The FTSU team will continue to monitor emerging trends and work with leaders across the organisation to address issues relating to wellbeing, leadership and processes, ensuring that staff feel safe, supported and encouraged to speak up.

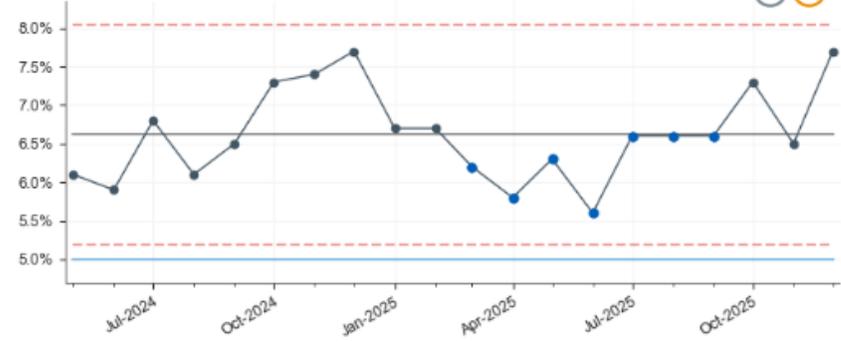


**Turnover Rate %**



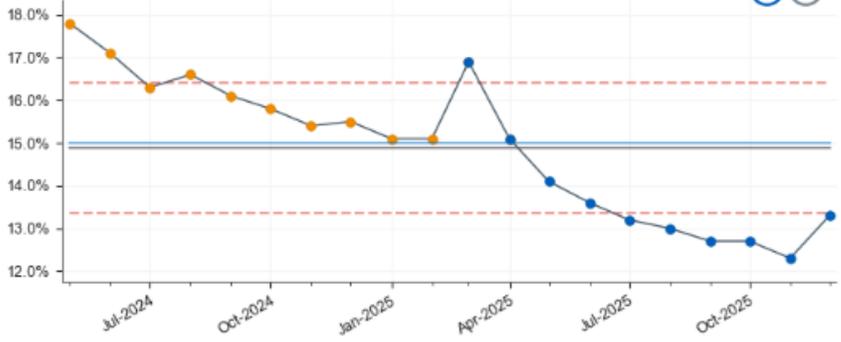
**WF-48**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 1%  
Target: 0.8%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Sickness Absence %**



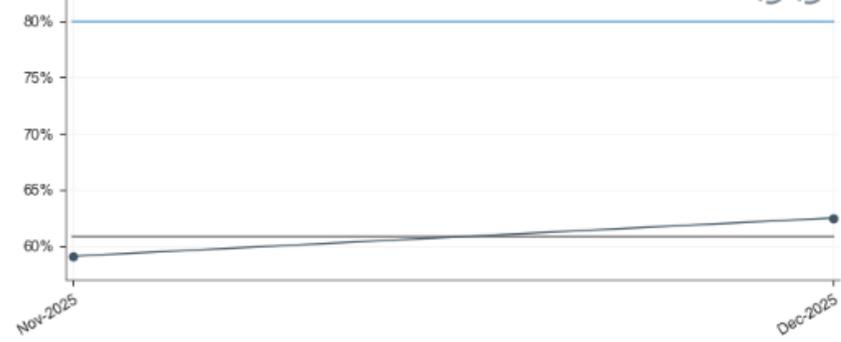
**WF-49**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 7.7%  
Target: 5%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

**Annual Rolling Turnover Rate**



**WF-7**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 13.3%  
Target: 15%  
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

**Frontline Staff Vaccinated Against Flu %**



**WF-54**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 62.5%  
Target: 80%  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What?**

In December, 64 staff left the organisation, our highest number in nine months bringing our rolling percentage total to 13.3%. This is our highest rolling total for six months, recognising that we are deep into organisational restructures and have been able to close some long standing ER cases.

**So What?**

Turnover continues to trend positively overall, with rates below target for a sustained period. This improvement suggests that recent retention efforts and organisational stability are having an impact.

**What Next?**

- Maintain focus on local action plans in higher-turnover areas to keep improvements on track.
- Ensure local action plans are refreshed to maintain energy and focus.
- 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 **7.7%**, with the rolling annual figure remaining above target at **around 6.8%**.

**So What?**

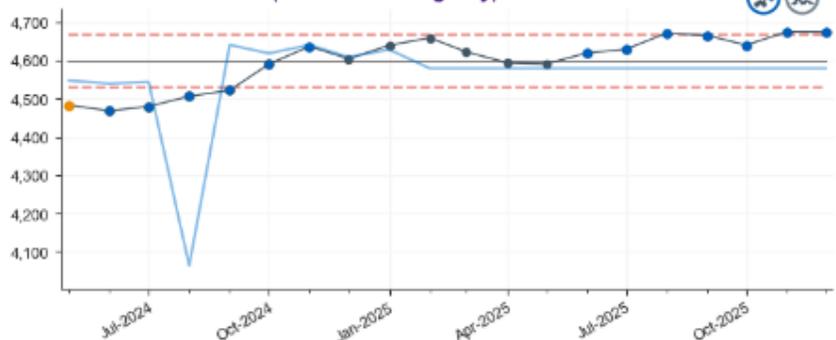
Sickness absence remains higher than target but is within normal variation. The challenge is systemic rather than short-term, requiring sustained focus and redesign rather than incremental tweaks, and current plans to address absence are not expected to have significant impact in the short term. Seasonal trend is currently impacting short term absence, in particular in call centres.

**What next?**

- Strengthen attendance management through development of new system to support managers to stay on top of day-to-day sickness absence management.
- Maintain quarterly leadership reviews to challenge progress and drive systemic change. The latest review is currently with Strategic People Partners ahead of going to SMG.
- Review wellbeing and support systems to tackle root causes of absence.



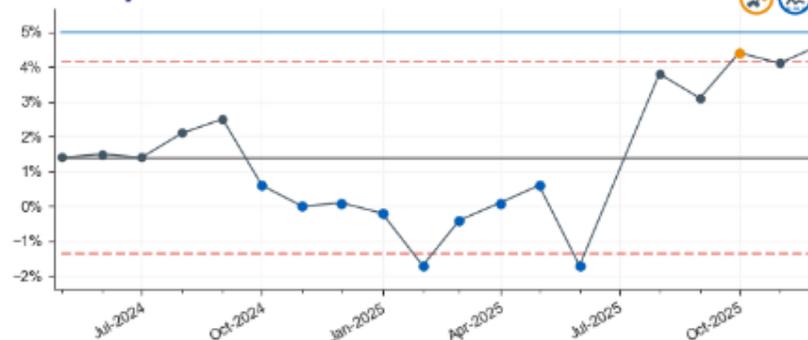
**Number of Staff WTE (Excl bank and agency)**



**WF-1**

Dept: Workforce HR  
Metric Type: Supporting  
Latest: 4674.4  
Target: 4579.26  
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

**Vacancy Rate %**



**WF-4**

Dept: Workforce HR  
Metric Type: Supporting  
Latest: 4.6%  
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 4,674, reflecting stability. Vacancy rate has increased to 4.7%, 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. Some aspects of the vacancy factor will also relate to organisational restructuring.

**What Next?**

- Workforce Planning Group continues to have 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.

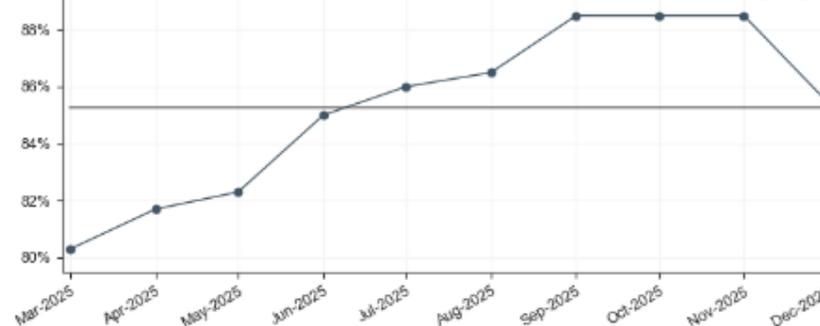


**Appraisals Rolling Year %**



**WF-40**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 79.3%  
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.

**Statutory & Mandatory Training CSTF Rolling Year %**



**WF-6**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 85.5%  
---  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What?**

Compliance has increased to 79.3% for this reporting month

**So what?**

Overall appraisal compliance has continued to improve, demonstrating sustained organisational focus on appraisal completion. Despite this positive trend, variation across directorates remains, indicating that targeted support and clear, consistent processes are still required. The Appraisal Skills Workshop has now transitioned into a business-as-usual L&D offer, with dates actively being advertised, supporting managers to develop the skills and confidence needed to deliver high-quality, meaningful appraisal conversations. Ongoing 1-2-1 ESR support and the introduction of proxy access for Executive Assistants continue to reduce administrative barriers, improving the accuracy and timeliness of appraisal submissions for senior teams. Preparatory work is underway to support the forthcoming move to sole use of Microsoft Forms for appraisal completion, recognising the importance of clear guidance and effective communication ahead of launch.

**What next?**

The move to sole use of Microsoft Forms for appraisal completion will be launched by mid-February. Ahead of this, the Appraisal Hub will be updated to reflect the new process, ensuring colleagues and managers can easily access clear, step-by-step guidance and supporting resources. Trust-wide communications will be issued to confirm the change, outline expectations, and signpost available support. A programme of drop-in sessions will be introduced to train and support colleagues and managers in using Microsoft Forms confidently and consistently. The Appraisal Skills Workshop will continue to run quarterly as part of the business-as-usual L&D offer, alongside tailored 1-2-1 ESR support and ongoing work with Executive Assistants to embed proxy access arrangements. Collectively, these actions aim to further improve compliance, reduce variation across directorates, and strengthen the quality and consistency of appraisal practice across the Trust.

**What?**

Statutory and mandatory training compliance for the Core Skills Training Framework (CSTF) is 85.5%, just above the 85% target. This demonstrates consistent Trust-wide engagement with nationally mandated learning requirements. A new dashboard has been developed to improve visibility of training compliance and need and improve data quality.

**So what?**

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

**What next?**

To launch the new full training dashboard to increase visibility of all Trust training courses and optimise uptake to role specific programmes. Demonstrations will now place of the new configured dashboard across all directorates.

We are a sustainable partner as part of an integrated NHS



# Sustainable Partner

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

1	Tier 1
2	Tier 2
	Q1
	Directorate objective

## 2024-2029 Strategy Outcomes

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

## 2025/26 – Strategic Transformation Plan

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

## 2025/26 Outcomes

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

## 2025/26 – Operating Plan

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

## Compliance

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

## BAF Risks

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

## What?

December C2 mean performance was at 28:25 against a plan of 27:23 but remains on trajectory YTD against the revised plan (acknowledging that system productivity has not been delivered). This was against a backdrop of significantly increased activity in December and driven by ongoing variation in the delivery of internal productivity improvements. Hospital handover times and VOR rates remained stable despite demand challenges, while there was improvement in virtual care call triage rates albeit not to target level. There remain low levels of use of alternatives to ED for our conveyed patients.

Winter resilience actions taken in December resulted in a reduction of VOR in Surrey to 12%, the trust-wide position remaining on average between 15 and 16%. This has resulted in improved availability, as well as supporting mutual aid requests from SCAS. MAN Vehicles are in commissioning and expected to start to become operational from February. The Trust's month 9 year to date and forecast revenue financial position is in line with plan, recognising that CIP delivery is focused in Q4.

## So What?

We continue to deliver sustainable performance in line with plan although there are risks relating to increased demand level over winter combined with increased sickness levels of our staff. There is further work to do in relation to improving productivity, though there are encouraging shifts in the virtual care call triage output.

We are continuing to support SCAS with mutual aid through January, and doing additional workshop jobs to support their fleet. We are reviewing our fleet position to ensure we take appropriate balance of risk and patient safety. Additional overtime is offered to fleet to support the tactical reduction in VOR, inclusive of moving technicians around the divisions to support peaks in demand where needed. The Trust's stable financial position provides a good basis for medium term planning.

## What Next?

We continue to manage the winter resilience plan proactively to respond to these challenges, for example optimising vaccination rates and managing absence closely in line with our escalation levels. Further work will be undertaken on alternative pathways to ED including SDEC and Frailty, aligned to our Models of Care programme. A robust operational productivity plan is being overseen to continue to impact on call triage output and therefore H&T rates, looking forward to next year's planning process which will require both a strong base and further improvements in productivity, while continuing to deliver significant financial savings.

The completion of the operational support re-structure in Q4 will improve fleet capacity for the year ahead from 1 April, and the new fleet is expected to support a reduction in VOR further in 26/27 to under 14%. 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. New vehicles are in commissioning and will start to become operational from February.

We will continue to develop our Digital metrics and anticipate including broader resilience metrics in the IQR in 2026/27.

### Variation

#### Special Cause Improvement



0%

0



8%

2

#### Common Cause



52%

13

#### Special Cause Concern



4%

1



12%

3

### Assurance

#### Pass



8%

2

#### Hit and Miss



12%

3

#### Fail



12%

3

#### No Target



68%

17

### Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of DCA vehicles off road (VOR)	Dec-25	15.7%	10%	16.2%		
Board	Number of RTCs per 10k miles travelled	Dec-25	0.7		0.7		
Board	Handover Time Mean	Dec-25	00:18:37	00:17:30	00:18:51		
Board	Hear & Treat per Clinical Hour	Dec-25	0.4		0.4		
Board	See & Convey to ED %	Dec-25	50.7%		52.1%		
Board	See & Convey to Non-ED %	Dec-25	2.3%		2.6%		
Board	UCR Acceptance %	Dec-25	12.3%	60%	18.6%		
Supporting	111 to 999 Referrals (Calls Triaged) %	Dec-25	6.5%	13%	6.4%		
Supporting	% of SRV vehicles off road (VOR)	Dec-25	3.8%		3.1%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Dec-25	87		93.9		
Supporting	999 Operational Abstraction Rate %	Dec-25	31%	31.7%	24.7%		
Supporting	Hear & Treat Recontact within 48 Hours %	Dec-25	2.3%		2.1%		
Supporting	Handovers > 45 Minutes %	Dec-25	4.4%	0%	4.4%		
Supporting	Number of Hours Lost at Hospital Handover	Dec-25	3332.6	2879.37	3183.9		

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	Dec-25	33		34.3		
Board	Manual Handling Incidents	Dec-25	31		27.5		
Board	Violence and Aggression Incidents (Number of Victims - Staff)	Dec-25	119		117.4		
Board	Organisational Risks Outstanding Review %	Dec-25	17.9%	30%	29.6%		
Supporting	Number of RIDDOR Reports	Dec-25	15		10.6		
Supporting	Compliance with Conflict Resolution Training	Dec-25	44%	85%	62.2%		
Supporting	Compliance with Face-to-Face Manual Handling Training	Dec-25	73.2%	85%	73.7%		

### Finance

Type	Metric	Latest	Value	Target	Mean
Board	Surplus/Deficit (£000s) Month	Dec-25	326	-29.6	16
Supporting	Agency Spend (£000s) Month	Dec-25	-111.8	-161	-227.5
Supporting	Capital Expenditure (£000s) YTD	Dec-25	11096	30534	7030.1

### Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Dec-25	804		1301.6
Board	Cost Improvement Plans (CIPs) (£000s) YTD	Dec-25	4658	6761	8340.9

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

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



### Variation

#### Special Cause Improvement



0%  
0



12%  
3

#### Common Cause



52%  
13

#### Special Cause Concern



4%  
1



12%  
3

### Assurance

#### Pass



8%  
2

#### Hit and Miss



12%  
3

#### Fail



12%  
3

#### No Target



68%  
17

### Resilience

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

### Digital

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
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Board	Count of P1 Incidents	Nov-25	0		0.1		
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Board	Count of Cyber Incidents	Nov-25	3		6.4		
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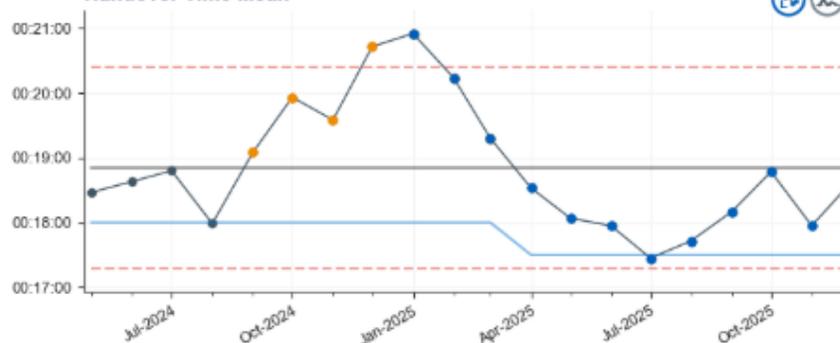
**% of DCA vehicles off road (VOR)**



FL-4

Dept: Fleet  
Metric Type: Board  
Latest: 15.7%  
Target: 10%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

**Handover Time Mean**



999-39

Dept: Operations 999  
Metric Type: Board  
Latest: 00:18:37  
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.

**Number of RTCs per 10k miles travelled**



FL-2

Dept: Fleet  
Metric Type: Board  
Latest: 0.7  
---  
Common cause variation, no significant change.

**Number of RTCs per 10K miles travelled**

**What?**  
No significant change to RTCs per 10k travelled.

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

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

**Hospital Handovers**

**What?**  
Handover time mean deteriorated slightly in December from November.

**So what?**  
Hours lost to hospital handover showed an approximate 20% increase compared to previous month (allowing for the 30 days in November and 31 days in December). This was not unexpected as Acute Trusts experienced significant pressures with capacity during December. Handover to clear (wrap-up) continues to show positive results, returning an average of 12min 50sec for December.

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

**% of DCA Vehicles off road (VOR)**

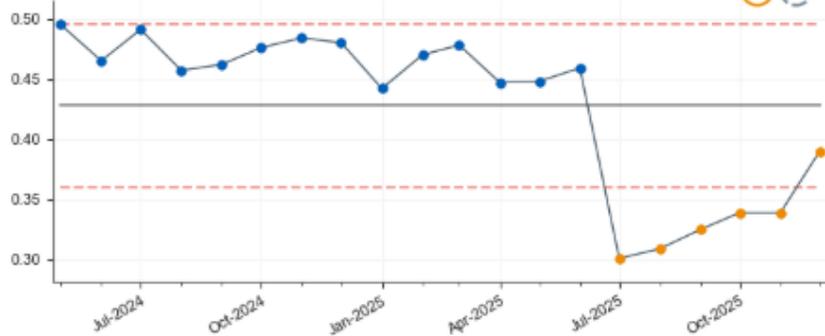
**What?**  
Current DCA VOR rate at 15.7%. Surrey division saw a reduction down to 12% during December as a result of additional actions taken through overtime to support winter resilience actions.

**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 February 2026.



**Hear & Treat per Clinical Hour**



**999-41**

Dept: Operations 999

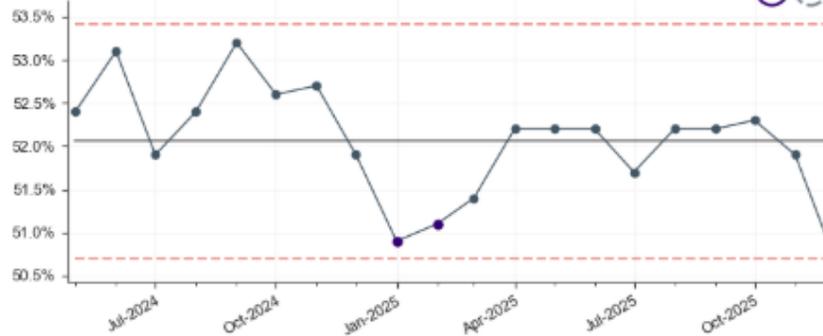
Metric Type: Board

Latest: 0.4

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

**See & Convey to ED %**



**999-9**

Dept: Operations 999

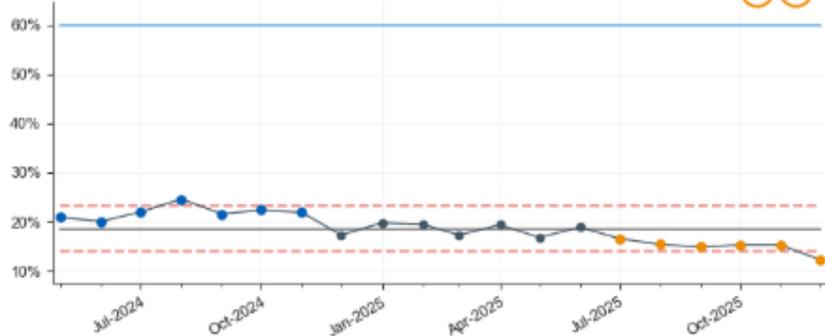
Metric Type: Board

Latest: 50.7%

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Special cause variation where DOWN is neither improvement or concern

**UCR Acceptance %**



**999-40**

Dept: Operations 999

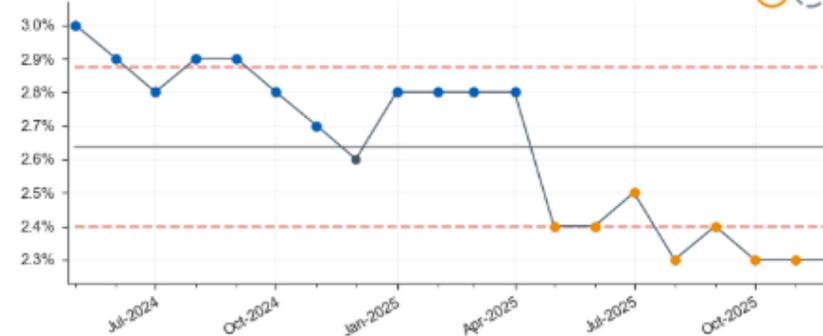
Metric Type: Board

Latest: 12.3%

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.

**See & Convey to Non-ED %**



**999-9**

Dept: Operations 999

Metric Type: Board

Latest: 2.3%

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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 to 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 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 16.6% for the month of December, the best month of 25/26, with 4.0% attributable to EMA activity. 10% of eligible C2 incidents underwent a clinical assessment as part of C2 streaming, with 16% downgraded to a C3/4 disposition and a significantly higher 50% downgraded to a non-ambulance disposition. Overall, the number of cases subject to C2 Streaming increased month on month, as did the positive outcomes. The Trust is still using an 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 a 10 week targeted programme (Virtual First), which will be launched mid-January and will run until the end of the financial year. A new C2 Streaming model is being developed in conjunction with NHS E, and is due to be implemented in early Jan 26.

**UCR Acceptance Rate**

**What?**

In December, **12.31%** of incidents (**188** of **1,527**) referred via the UCR portal were accepted – a significant decrease from November's **17.72%** and well below the **60% target**. Although the **number of accepted incidents increased slightly** (Nov: 177 → Dec: 188), this did not keep pace with the additional **528 incidents** passed to UCR in December. The increased demand outstripped provider capacity, resulting in the lower overall acceptance rate.

**So What?**

Acceptance rates remain significantly lower than required. December was the first month with minimal variation across providers, with all citing **capacity constraints (26.66%)** as their primary reason for declining referrals. There was also an increase in cases **not clinically reviewed at all**, reflected by a higher **auto-reject rate (42.94%)**.

Acceptance continues to be highest within the first two hours of service opening, when SECAmb is one of multiple organisations simultaneously requesting UCR support.

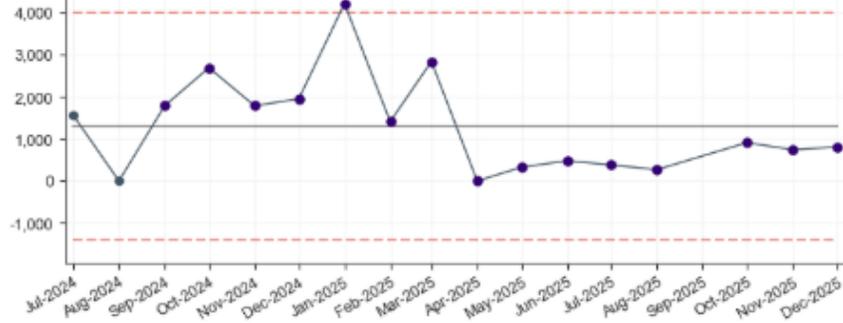
**What Next?**

Following positive discussions with KCHFT, their UCR teams are prepared to onboard to the portal in West Kent once the Christmas IT freeze lifts. A Go/No-Go decision to review outstanding go-live actions is scheduled for **23/01/26**.

Looking ahead, there may be value in reviewing the current 30-minute clinical review window. Extending this to a 1-hour risk assessment period could support teams who struggle to complete safe clinical review within the existing timeframe, potentially improving uptake.



**Cost Improvement Plan (CIP) (£000s) Month**



F-4

Dept: Finance  
Metric Type: Board  
Latest: 804  
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**Cost Improvement Plans (CIPS) YTD**



F-13

Dept: Finance  
Metric Type: Board  
Latest: 4658  
Target: 6761

**What?**

For the nine months ending December 2025, the Trust is £2.1m or a third short of the £6.8m efficiency target. Year-to-date recurrent savings remained the same as last month, being 50-50 sand forecasting to further improve to 59% by the end of the financial year.

**So what?**

The Trust is forecasting to achieve 76% or £7,537k of the planned target of £10,000k, resulting in a shortfall of £2,463k. The Trust (through Executive Management Board) has an agreed plan to address this projected gap and to deliver the agreed financial plan.

**What next?**

The Trust is focusing on the delivery of the current schemes and the development of future year's efficiency schemes through Executive Director and Quality Impact Assessment (QIA) approval.

**What?**

The present fully validated risk-adjusted forecast gap remains £2.5m, against the £10.0m target. The reliance on recurrent savings is gradually increasing and forecast to be 59% by the end of March 2026.

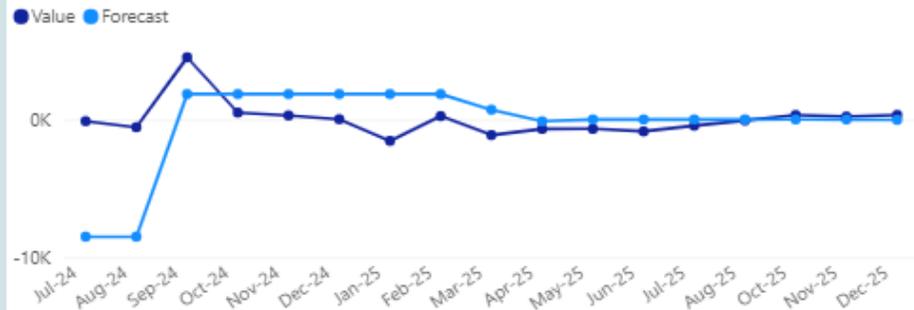
**So what?**

The Trust is focusing on delivering existing schemes and further developing future year's efficiency schemes.

**What next?**

The Trust has agreed action plans to mitigate the risk of under delivery that include vacancy freeze, tighter control of overtime, delay in recruiting newly qualified paramedics, accelerating progress with increasing call handling and other operational KPIs. The Board has agreed to fill any remaining gap with non-recurrent budget underspends and balance sheet provisions. The Trust has identified recurrent efficiency schemes for the next financial year and has submitted a compliant plan on 17 December 2025. The Trust will carry on focusing on continuous improvement to reduce its running cost whilst maximising its output and carries on improving the quality of care it is providing.

Surplus/Deficit (£000s) Month



F-6
Dept: Finance
Metric Type: Board
Latest: 326
Target: -29.6

**What?**

The Trust is reporting a £2.0m deficit for the 9 months to December 2025, this is as planned. Forecast outturn continues at break even in line with plan.

**So what?**

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

**What next?**

The Trust 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 £30.7m as at 31st December 2025.



**Health & Safety Incidents**



**QS-20**

Dept: Quality & Safety

Metric Type: Board

Latest: 33

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Common cause variation, no significant change.

**Organisational Risks Outstanding Review %**



**QS-24**

Dept: Quality & Safety

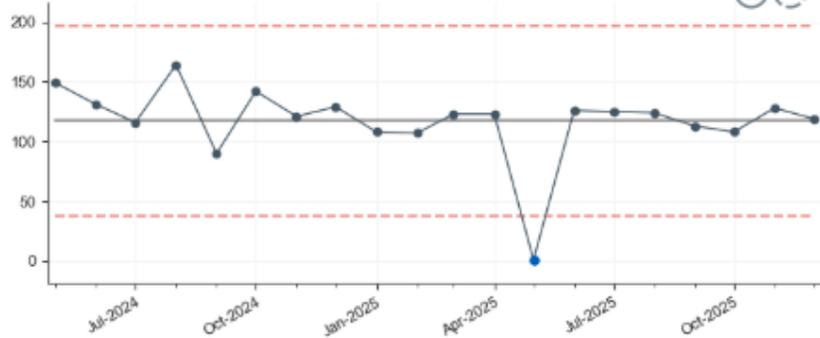
Metric Type: Board

Latest: 17.9%

Target: 30%

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

**Violence and Aggression Incidents (Number of Victims - Staff)**



**QS-13**

Dept: Quality & Safety

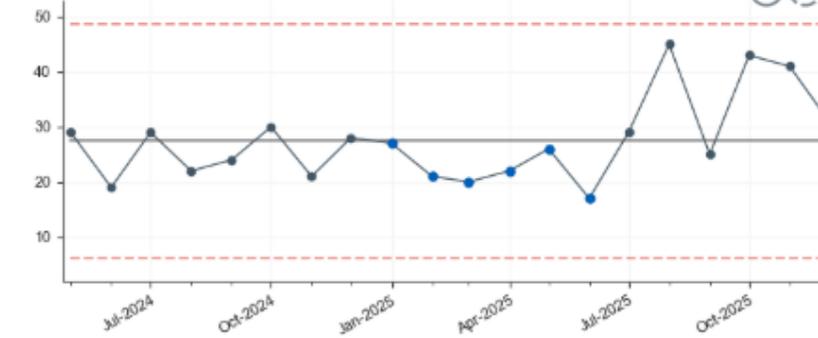
Metric Type: Board

Latest: 119

---

Common cause variation, no significant change.

**Manual Handling Incidents**



**QS-22**

Dept: Quality & Safety

Metric Type: Board

Latest: 31

---

Common cause variation, no significant change.

**What?**

- Overall, Health & Safety incidents decreased from **111 to 97** (↓12.6%) in Q3.
- Near-miss reporting also reduced during the quarter.

**So What?**

- The reduction indicates improved safety performance across operations.
- Lower near-miss reporting may reduce visibility of emerging hazards and limit proactive prevention opportunities.

**What next?**

- Maintain current Health & Safety controls and prevention activity.
- Reinforce and encourage near miss reporting to strengthen proactive risk management and prevent future incidents.

**What?**

- Violence & Aggression incidents decreased by **3.6%** (**370** → **361**) in Q3.
- Q3 2025 showed a more consistent monthly profile (**125 | 123 | 113**) with reduced volatility.

**So What?**

- The reduction indicates improving control and stability in managing V&A risk.
- A more consistent profile suggests fewer extreme spikes compared to Q3 2024.

**What next?**

- Maintain current V&A prevention and management controls.
- Continue targeted monitoring of trends and hotspots to support early intervention.
- Continue post-incident support and learning to sustain the downward trend.

**Manual Handling Incidents**

**What?**

- Manual Handling incidents increased by **32.0%** (**75** → **99**) in Q3.
- The increase was most prominent in November.

**So What?**

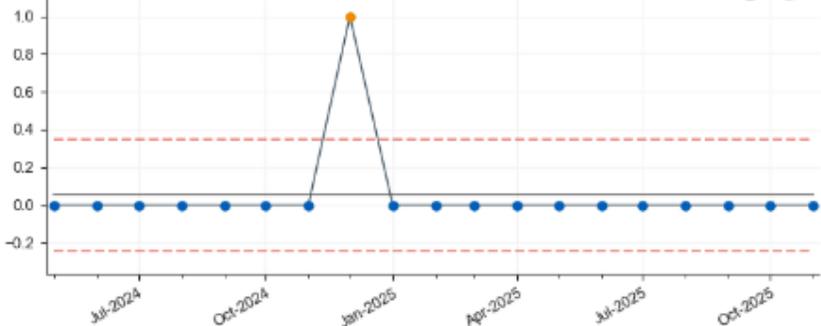
- The increase indicates a heightened MSK risk and a need for continued focus on prevention activity.
- The completed Manual Handling / MSK deep dive has provided clear learning to guide improvement priorities.

**What next?**

- Deep dive findings have been used to set key objectives for the MSK Injury Reduction Working Group.



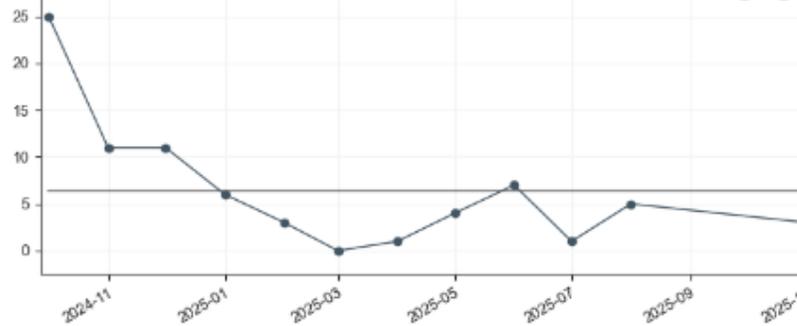
Count of P1 Incidents



IT-7

Dept: Digital  
Metric Type: Board  
Latest: 0  
---  
Special cause of an improving nature where the measure is significantly LOWER.

Count of Cyber Incidents



IT-8

Dept: Digital  
Metric Type: Board  
Latest: 3  
---  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What?**

The chart shows one P1 incidents in the last 18 months (Dec 2024), 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?**

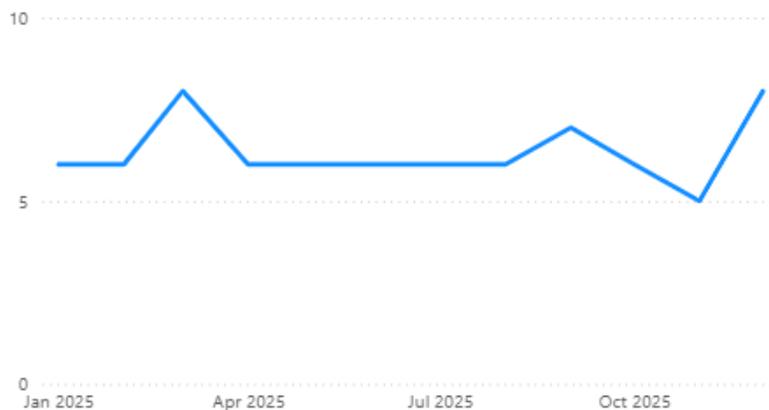
The downward trend is positive, but cyber threats remain persistent. Current controls are effective, but vigilance is essential given the evolving threat landscape.

**What next?**

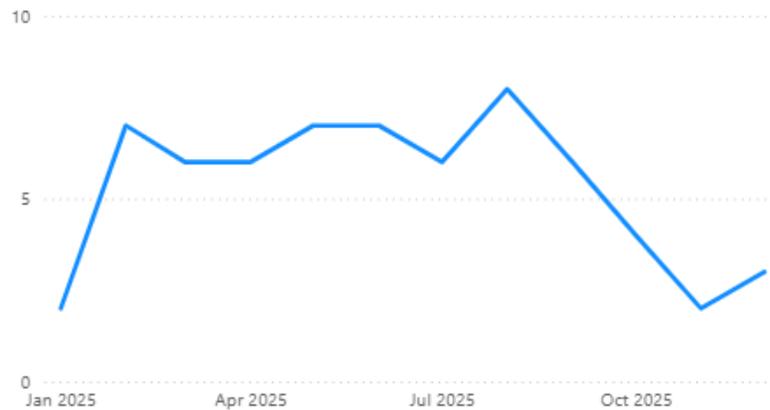
- Advance initiatives under the Digital Transformation Programme, including:
  - Collaboration with SASC on a joint Cyber Security Operations Centre (CSOC).
  - Deployment of a new SIEM tool for enhanced threat detection and response.
- Maintain continuous monitoring and rapid incident management.



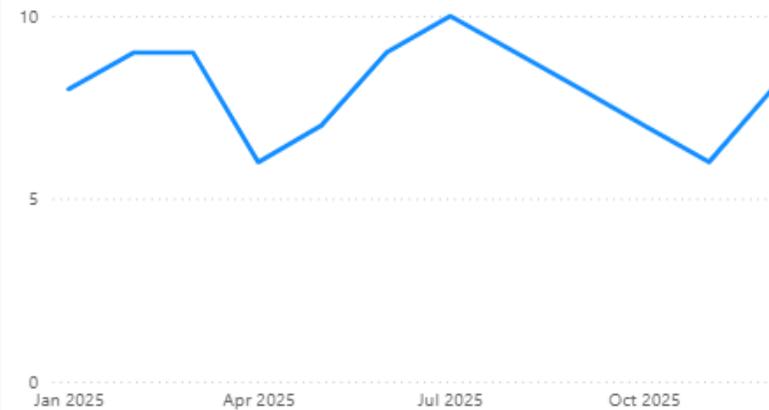
SecAmb Mean C1 Response Time Rank



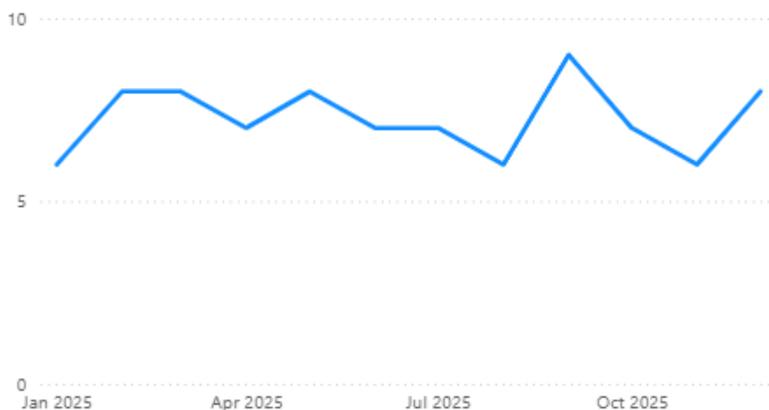
SecAmb Mean C2 Response Time Rank



SecAmb 90th Centile C3 Response Time Rank



SecAmb 90th Centile C1 Response Time Rank



SecAmb 90th Centile C2 Response Time Rank



SecAmb 90th Centile C4 Response Time Rank

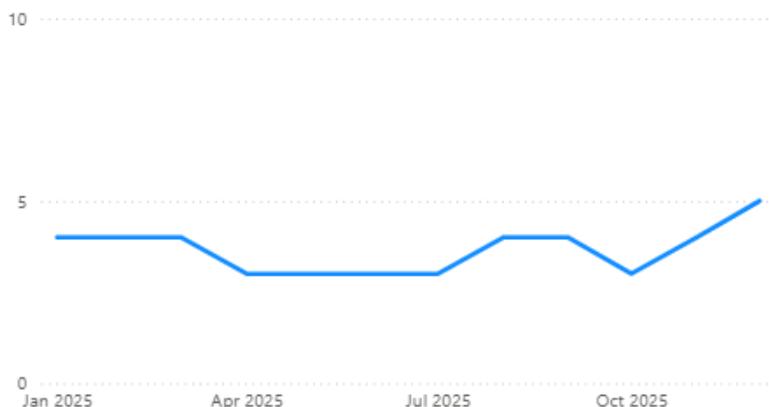


**Summary:**

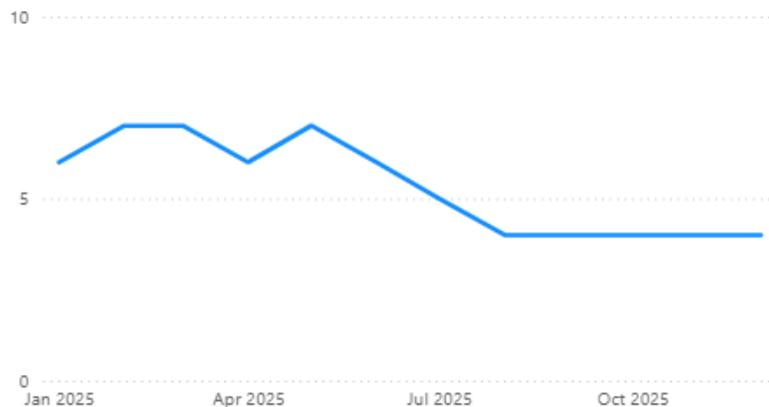
•Overall SECamb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times. All Trusts are being challenged to improve their C2 mean in the coming year in line with NHSE guidance.



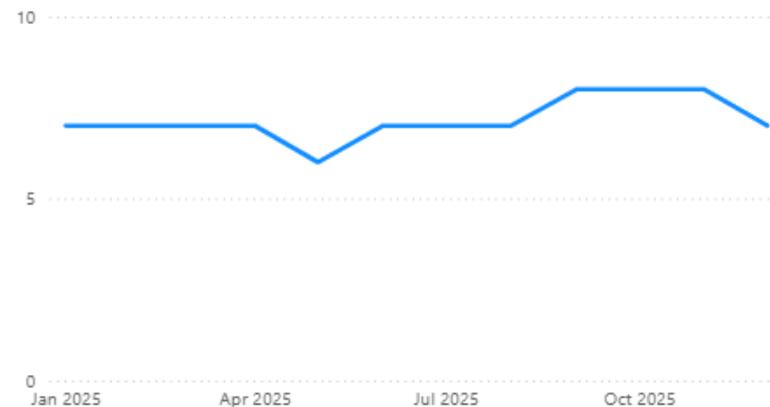
SecAmb Mean Call Answer Time Rank



SecAmb Hear & Treat % Rank



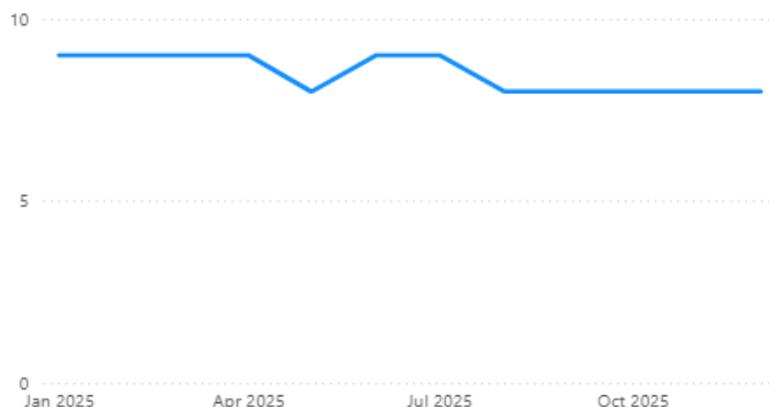
SecAmb See & Treat % Rank



SecAmb 90th Centile Call Answer Time Rank



SecAmb See & Convey % (ED) Rank



SecAmb See & Convey (Non-ED) Rank



**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



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

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