



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



Trust Board Meeting to be held in public

2 April 2026

10.00-13.00

Redhill Suite, Banstead MRC

Agenda

Item No.	Time	Item	Paper	Purpose	Board Lead
Board Administration & Governance					
01/26	10.00	Welcome and Apologies for absence	-	-	MW
02/26	10.01	Declarations of interest	-	To Note	MW
03/26	10.02	Minutes of the previous meeting: 5 February 2026	Y	Decision	MW
04/26	10.03	Matters arising (Action log)	Y	Decision	PL
05/26	10.05	Chair's Report	Y	Information	MW
06/26	10.15	Audit & Risk Committee Report	Y	Assurance	PS
07/26	10.25	Shadow Board Feedback	Verbal	Information	KN
08/26	10.40	Chief Executive's Report	Y	Information	SW
Strategy & Performance					
09/26	10.50	Outline Board Assurance Framework 2026-27	Y	Information	DR / PL
10/26	11.00	Board Story – CCPs	-	Framing	RQ
Strategic Aim: We Deliver High Quality Care					
11/26	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report				
12/26	11.20	Quality & Patient Safety Committee Report	Y	Assurance	LS
13/26	11.30	Virtual Care Operating Model	Y	Information	JA
	11.50	Break			
Strategic Aim: Our People Enjoy Working at SECamb					
14/26	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report				
15/26	12.00	People Committee Assurance Report	Y	Assurance	HB
16/26	12.10	Annual Staff Survey Results	Y	Information	JC
17/26	12.20	FTSU Guardian Bi Annual Report to Board	Y	Assurance	MD
Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS					

18/26	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report c) Month 11 Finance Report				
19/26	12.30	Finance & Investment Committee Report	Y	Assurance	SO
Closing					
20/26	12.40	Reflections from Simon Weldon, CEO	-	-	SW
21/26	13.00	Any Other Business	-	-	MW
<p>After the meeting is closed any questions received¹ from members of the public / observers of the meeting will be addressed.</p>					

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



Trust Board Meeting

5 February 2026

Banstead MRC

Minutes of the meeting, which was held in public.

Present:

Michael Whitehouse	(MW)	Chair
Simon Weldon	(SW)	Chief Executive
David Ruiz-Celada	(DR)	Chief Strategy Officer
Howard Goodbourn	(HG)	Independent Non-Executive Director
Jaqualine Lindridge	(JL)	Chief Paramedic Officer
Jen Allan	(JA)	Chief Operating Officer
Karen Norman	(KN)	Senior Independent Director
Liz Sharp	(LS)	Deputy Chair
Max Puller	(MP)	Independent Non-Executive Director
Mojgan Sani	(MS)	Independent Non-Executive Director
Nick Roberts	(NR)	Chief Digital & Information Officer
Peter Schild	(PS)	Independent Non-Executive Director
Richard Quirk	(RQ)	Interim Chief Medical Officer
Sarah Wainwright	(SWa)	Chief People Officer
Simon Bell	(SB)	Chief Finance Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Suzanne O'Brien	(SO)	Independent Non-Executive Director

In attendance:

Peter Lee	(PL)	Director of Corporate Governance / Company Secretary
Janine Compton	(JC)	Director of Communications & Engagement
Jo Turner	(JT)	Deputy Chief Nursing Officer

97/25 Welcome and Apologies for absence

MW welcomed members, and those in attendance and observing.

The following apologies were noted:

Paul Brocklehurst	(PB)	Independent Non-Executive Director
Margaret Dalziel	(MD)	Chief Nursing Officer / Deputy Chief Executive

98/25 Declarations of conflicts of interest

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

99/25 Minutes of the meeting held in public 04.12.2026

The minutes were approved as a true and accurate record.

100/25 Action Log [10.01-10.02]

The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

101/25 Chair's Report [10.02–10.12]

MW summarised his report, setting the scene for today's meeting, and explaining the schedule of focus and emphasis on Sustainable Partners. He acknowledged all the good work from our people and volunteers over the winter period. The thought and preparation helped deliver the best patient care we could.

We are in a strong position in the current planning for the next 1-3 years and are expecting to end the year in line with our commitments. MW then referred to the Group Model and updated on the search for a Group Chair and CEO. One of the consequences from this is that we will lose SW; MW outlined the transition plan in place.

Lastly, MW confirmed that MP and HG are leaving in the coming days and expressed his gratitude for their positive impact on the Board and wider organisation.

Before moving on MW confirmed that today's meeting and primary focus is on sustainable partnerships. Partnership is about working with different stakeholders and so is grateful to Sally Holmes joining for the Board Story.

102/25 Shadow Board Feedback [10.12–10.50]

KN summarised the output of the meeting earlier this week. Maturity is coming through really strongly. JT joined to talk on quality and safety and we discussed the estates strategy and violence and aggression; there is a separate paper on this that Philip Taylor and Hannah Sewell joined the Board to speak to. They were introduced by JC.

Philip and Hannah then talked to the slides in the pack, reflecting on the level of assurance the Shadow Board believes the Trust Board can reasonably take. The issues explored included the meaning of zero tolerance in healthcare; effectiveness of current protections and assurance; and where Board focus has greatest impact.

Hannah gave examples of a members of staff who have been victims of violence and the impact on them. Where patients were known risks, as there had been previous incidents against staff – calling into focus the importance of history marking. The Policy has been in place for 10 years and now it is time for a full revision to ensure improved visibility of risks.

Philip did note the good work and intervention in place, including the body worn cameras and conflict resolution training.

Recommendations:

- Bring all elements under a single Executive
- Revise history marking policy and enhance the system
- Strengthen staff capability
- Enable learning from body worn video footage (currently only used to pursue criminal cases)
- Standardised procedures established for known violent patients
- Clarify Trust position on tolerance
- Review mental health and welfare pathway
- Improve risk information sharing among agencies

MW thanked the Shadow Board reflecting that this demonstrates the value in bringing different perspectives.

JT chaired the H&S Group yesterday where this was escalated. It has commissioned a deep dive into the history marking process to understand more deeply the issues. On tolerance, it is a difficult one due to individual tolerance, but the team has worked hard since 2022 to increase incident reporting; last year saw the first reduction which is positive. Training is for all front line staff and this should be completed by April; there is then refresher training every 3 years in line with HSE guidance. We are also rolling out training for contact centre staff.

SS thanked Philip and Hannah for this powerful account of the impact on staff. She asked about body worn cameras and for their views on whether incidents would reduce significantly if these were worn 100% of the time. SS then reflected on the rise of violence in the NHS, in the context of these febrile times, and so asked MW and SW if we need to do something at a higher level, e.g. national policy on how we deal with patients who are violent.

Philip shared an experience he had with a patient who is known to be rude, but then when he arrived once with a body worn camera he acted completely different. So this is one example of where it can make a difference. Hannah added that staff opinion on this varies.

MS asked about data analysis of staff groups at higher risk e.g. gender / BME. Also, if we are working with Mental Health trusts. JA outlined the work we are doing with our partners as part of the mental health pathway.

SW thanked the Shadow Board for this consideration. He will pick up each of the recommendations to agree how we take them forward. They will require ongoing debate so committed to a formal review in 6 months' time.

Action

A review in 6 months setting out how the Board is taking forward the SB recommendation related to violence and aggression to staff.

SW acknowledged that violence is on the rise, and a debate is emerging about what the consequences should be for patients and where we should draw the line. He asked the Shadow Board to continue to debate this.

MW asked Philip and Hannah if they are assured by what they have heard; they responded that they feel the Board is taking it seriously.

MW added that we are developing a new way of working with the Shadow Board and they need to be confident we take action, so supports the suggestion that we return to this in 6 months.

103/25 Chief Executive's Report [10.50–10.57]

SW highlighted the following from his report.

- He thanked all our people for their efforts during the last two months; despite activity increasing we improved our response time, and this is not by chance, it takes a whole team.
- We are at the point in the year where we look back to look forward; we are spending time today getting ready for the year ahead. The Government set us three challenges; continue to improve response times, requiring the virtual care offer to patients as per strategy; improvements in the financial position; and accommodating all this with any activity increase.

- We are pleased to receive the volunteering strategy later today. Noted the work of Sally Holmes 'braff defib on' strategy, which is the definition of health inequalities where a woman is 27% less likely to be given CPR.

MW thanked SW for this update. There were no questions.

104/25 Board Story [10.57-11.05]

Sally Holmes, CFR joined. She described her role in community to improve out of hospital cardiac arrest survival rates and the sessions educating the public on CPR and use of defibs. She described her particular passion about woman being less likely to receive CPR, and outlined how she approaches this as part of her training sessions. Giving people the confidence.

MW thanked Sally for this really helpful insightful.

SW is struck by how we must not assume people are not reticent about giving CPR; work is still needed to overcome this and help change people's perceptions. He asked Sally if there is any support she needs from us. Sally mentioned that the mannequins are usually male and said she would like one with more realistic breasts, given the need to explain to people it is okay (and needed) to move the breasts out of the way for the defib to work; so funding for such mannequins would be helpful.

105/25 Sustainable Partnerships [11.05-11.40]

The BAF & IQR, and M9 Finance Report informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the Finance & Investment Committee (FIC). Following the Board Story we started with the Volunteering Strategy.

106-25 Volunteering & Community Resilience Strategy

JA introduced Danny Dixon, explaining that this strategy both supplements and enhances our volunteering efforts to ensure a sustainable offer to patients. JA reflected on the AACE review presented to Board last year and confirmed that the recommendations from this informed the development of this strategy, which has been considered by EMB and by the quality people and finance committees. JA then asked Danny to highlight the main aims and talk to the related business case that will enable implementation of the strategy.

There was a question from a member of the public about the emergency response capability which JA addressed explaining the intention to continue with this capability. It will be included in the strategy and enhanced through the case study.

Danny then set the key aspects of strategy:

- Supporting the Trust clinically-led strategy and outcomes, with a model which will save lives and serve the community.
- To increase resourcing and structure to support a minimum 50% increase in the number of active volunteers, supported by developments to function and delivery.
- Specific volunteer roles will address community engagement and education, supporting the principles of the NHS 10-year plan.
- Developing a 'whole of society' approach to resilience, where the Trust and our communities work in partnership through the work of our volunteers.
- Delivering a sustainable volunteering service which is based on demand, rather than supply, and prioritises impact over activity.

MW referred to the 10 year plan and focus on neighbourhoods and asked whether people will recognise the contribution a provider like SECamb makes to this. JA responded, agreeing that this resilience aspect is central to the strategy. There is more work to bring the broader trust on this journey to think about

resilience in its broadest terms. Our role is as an ambulance and community provider as we develop our broader clinical strategy. So it is right to make the link but is more work to do.

MW asked Danny about what we do to outreach to communities not served by volunteers. Danny responded that we need to engage all parts of communities not just those easy to engage. We are working specifically at underrepresented areas.

LS was really supportive especially given its support of the trust strategy. She asked if there are any concerns about the volume of volunteers and how we bridge the gap to the underrepresented areas. Danny did express some concerns but the strategy aims to balancing the principles of the strategy with needing to be responsive to local nuance.

KN asked if this strategy picks up all the recommendations from the AACE review last year. It is a very ambitious and innovative strategy and supported the direction to build community resilience. Danny responded that the strategy incorporates all the recommendations and if anything the strategy goes further; Helen Vine also provided input and endorses it.

JA reflected that the job only just starts now with the strategy to ensure it is implemented.

SW supports the strategy and welcomed colleagues observing who have a special interests (e.g. CFRs ERs) and who have contributed to the strategy. This is at the heart of what we need to meet patients' needs; first on scene are often CFRs ERs. The core challenge Helen Vine set related to a lack of funding for a core team; this addresses the challenge.

MW confirmed with the Board its support of the strategy which was formally approved. It also approved the related business case recommended by the finance committee and noted the importance of monitoring implementation. There will be regular touch points at Board in addition to the overview at committee-level.

107-25 Finance & Investment Committee

SO summarised outputs of the most recent meeting with some of items on agenda so will come to them separately.

SO confirmed to the Board that there is good management of the key risks, noting the challenges of next year and beyond to deliver the improvements / productivity.

There were no questions.

108-25 Estates Strategy

SB confirmed the process of development and engagement with our people, which has been through executive and board governance. He outlined the key aspects of the strategy.

PS is supportive and asked about the inhouse handy person aspect and if there will be enough work for three individuals. SB explained, in terms of bringing people in to the team, this responds to frustration of the estates team that they don't have time to deal with straight forward repairs and responsiveness from a contractor locally; to the point people sometimes do maintenance themselves.

SS noticed in the FIC report that there will be a delivery plan with collaboration opportunities with SCAS and asked if we took the decision not to include this overtly in the strategy. SB responded that it was a conscious decision, but we are looking at collaboration e.g. call centres and also some sharing of ideas / mentoring and brining teams together. Our partnering also includes other partners e.g. fire service. Lastly, SB confirmed

that our relative state of estates is quite different, where our backlog maintenance is about £5m compared to £50m in SCAS, so there are quite different areas of focus.

MW agreed with SS, and while noting SB's logic, the region are expecting us to take some bigger opportunities, notwithstanding the progress of a new chair and CEO. Especially given this is a 5-year strategy.

KN referred to duty holder posts and asked about the impact of this. SB explained that there are currently gaps with duty holders this aims to close; work is already underway.

SW reinforced that the reason this strategy is here is because we identified a deficit and so he is satisfied by the scrutiny to-date and will command further scrutiny. It highlights the benefit of having a professional lead in place to identify what good looks like.

On the many opportunities with SCAS, SW reflected that our estate is quite different and so raises questions about how we deal with this beyond this strategy. We will come back to Board with an opportunities paper that describes what we could do that acknowledges the difference in estates and profound capital implications on their operating model. This will be via the Integration Committee.

MW expressed a strong desire to ensure we recognise the challenges and opportunities that we need to rise to as a Group.

109-25 Business Cases

SO confirmed these are recommended by FIC.

SS asked about the GRS case and reference to ESR, and what assurance there is that moving to this system is ESR compatible. NR explained that GRS is a rostering system and ERS the People system. Currently, with the version of GRS we will upgrade to provide better integration, removing much of the manual updates. ESR is due to be changed nationally but not before 2028 when a 5 year programme will start. GRS is national ambulance system and so any changes to ESR will be planned in line with GRS.

KN asked about DCA and EVs, which the Shadow Board would be interested in and how this is being considered in future planning / opportunities with SCAS. DR responded this is a national programme which we and SCAS are aligned on. Support infrastructure opportunities are being explored.

The DCA Replacement & GRS Migration business cases were approved.

Break 11.57 – 12.10

110-25 Medium Term Plan [12.10-12.30]

SB asked for agreement of the plan to be submitted next week; confirming it is compliant with NHSE expectations re money and quality/performance. CIP is at about 4%, and so this will be a challenging but deliverable plan. There will be more time in Part 2 to review the detail.

Noting the time in Part 2 MW asked if it will be accepted by commissioners. SB confirmed it would, following the feedback on the draft submission in December. MW asked about deliverability and our confidence it is deliverable. SB conformed the plan remains in our gift to deliver but will be challenging and requires thought about how we mitigate risks.

HG noted that we use C2 as a proxy for performance and asked what we have assumed on C1 and C3 & C4. He also wondered about the big step up in performance from 23 mins to 18 between 2028 & 2029.

JA outlined the work in hand to progress virtual care. In response to HG, we are expected to maintain C1 3 & C4 to ensure a safe service. On the question of moving to 18 min in year 3, JA acknowledged this will be challenging and we will need to formulate robust plans at that time. In terms of the virtual care challenge, we need to enhance a number of practices simultaneously, e.g. efficiency and productivity in how we support clinicians to deliver the volume of calls and have the right pathways to direct patients to. The recruitment plan to shift capacity from in person to virtual care will need careful curating over the 3 years. We are working currently to reshape our virtual care model; expected by the end of Q4.

SO confirmed that when this was discussed at FIC we reiterated the political context. The executive team are involved in working with the system to ensure pathway improvements. This is a significant challenge but as JA alluded to there are opportunities.

SW felt that we are in a better place in the planning cycle compared with recent years. This plan is within our control to deliver; this is key. We have not got everything sorted but all is in our control. The key enablers will be critical for year ahead.

PS asked about handover delays and our relationship with community alternatives to be able to defray demand. JA clarified the plan is to reduce handover delays to 15 minutes and outlined some of the engagement with partners on pathway development and impact on patients who do not as a result of this always get the right care.

MW asked about alignment of the Group and position of SCAS, as this is what it will be like in future and we need as a Board to be thinking in terms of the Group. SO confirmed that FIC is very mindful of this.

Subject to review in Part 2 the Board endorsed the Plan for submission.

111-25 Integration Committee [12.30-12.33]

PL confirmed that each Board is asked to formally establish a new Integration Committee, which will meet in common. The Executive Teams meet in common to ensure the six focus areas are taken forward as agreed by the Boards. This committee in commons provides Board oversight and assurance. The committee chairs from both trusts will chair meetings on a rotational basis.

The first meeting was earlier this week and some amends were made but with acknowledgement that they will require early review.

The Board agreed to establish this new committee and agreed the TOR.

112-25 We Deliver High Quality Care [12.34-13.05]

The BAF and IQR informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the Quality Committee.

113-25 Quality & Patient Safety Committee

LS summarised the output of the most recent meeting of the **Quality & Patient Safety Committee** outlining the areas covered under the different headings of Alert, Assure and Advise. QPSC will focus on the system need to develop pathways as discussed earlier.

The Board referred to the IQR and concern about on scene for end of life which relates to issues outside of our control. Again, linked to the system partner work needed to support these patients more at home without needing resources of the ambulance service.

HG asked about virtual care and the principle of up skilling clinicians and so questioned the thinking behind using alternative duties people to do this. JA responded that our workforce plan is to develop a substantive skilled multidisciplinary workforce. The alternative duties staff we are using here are skilled clinicians, e.g. off road due to pregnancy. This is a pragmatic approach to make the best use of resources so is seen more as supplementary. JA added that we do have a competent workforce providing virtual care. Audit and supervision, and related KPIs showing virtual care is both effective and safe. But we could be more future focussed in competency planning as part of our strategic workforce plan.

LS commented that this is not just about hear and treat, as other aspects of virtual care and our hubs will need to step up as does the system re alternative pathways; we have made huge progress this last 12 months but now is the time to accelerate our clinical strategy and shift more to virtual care.

SS asked about the BAF and health inequalities rated Amber wondering if this is right. Also asked if EOC clinical audit is happening. JT confirmed that in June last year we identified the risk re capacity and capability of staff delivering virtual care. This resulted in the Quality Summit in September where we developed a strategic plan of which education was one of the pillars. This has continued to be overseen by QPSC and we saw an improvement in Audit from the December data. In relation to health inequalities, JT agreed this is amber. Work continues but progress has been made via the Quality Account Priorities. The health inequalities maturity matrix is established and by the end of Q4 we will collate the data and triangulate key themes to then inform priorities for coming year.

RQ followed up on the end of life care issue raised confirming that the percentage of crews over 3 hours on scene has gone up. There is detailed work to understand the reasons including the system issues.

MW felt that we need to look through the lens of productivity, but also the lens of patients and families. Where we acknowledge the difficulty of crews leaving patients when other pathways are not available.

SW reflected that this is the very definition of the last thing we can do for someone and is keen we don't over emphasise the numeric; he has challenged via EMB the need to listen to clinical stories to ensure we bring this more to life. Until then we can't be proper advocates for the system and part of work we need to do is work with commissioners to ensure they are structuring pathways to meet patient needs.

Action

QPSC to schedule clinical stories during 2026-27 to ensure we bring to life the issues we are discussing e.g. Virtual Care and Models of Care

114-25 Chief Paramedic Report

JL summarised her report reinforcing the work on training to ensure clinicians are equipped for the move to virtual care. MW thanked JL for her report and opened to questions.

HG asked to what extent is clinical practice comparable with SCAS. JL responded that we adhere to the same guidance but the way we practice in the field is quite different with different roles / scopes of practice.

SW added that one of the big opportunities mentioned in JL report is research and development and we are keen to explore this jointly to bring the capability together and do joint research.

115-25 Our People Enjoy Working at SECamb [13.04-13.15]

The BAF & IQR informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the People Committee.

116-25 People Committee

MP summarised the output of the most recent meeting drawing attention to volunteering and violence and aggression covered earlier. The committee is optimistic on the progress on appraisals, as we are heading in the right direction but more to do.

There was also a key discussion on the People Services Improvement Plan and the challenge earlier about a need for a more strategic workforce plan; the committee will oversee this development of this in the coming months.

There were no questions.

117/25 AOB

None.

There being no further business, the Chair closed the meeting at 13.06

PL confirmed there have been no other questions from the Public.

Signed as a true and accurate record by the Chair:

Date

DRAFT

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)	Comments / Update
04.12.2025	84 25	EPRR - The Board to return in Q1 to the Manchester Recommendations and the output of the NHSE rapid review due to report in the Spring, related to how to fund the recommendations.	JA	Q1	Board	IP	
04.12.2025	93 25	Focus at the Board in April on the emerging model for Virtual Care and the plan for the year ahead	JA	02.04.2026	Board	C	On agenda
05.02.2026	102 25	A review in 6 months setting out how the Board is taking forward the SB recommendation related to violence and aggression to staff.	JT	Q2	Board	ip	The recommendations were considered by EMB in February with actions agreed. This will be reviewed again in May with a report to SB then. We will plan an update to Board in August.
05.02.2026	113 25	QPSC to schedule clinical stories during 2026-27 to ensure we bring to life the issues we are discussing e.g. Virtual Care and Models of Care	RQ JA	2026-27	QPSC	IP	Will be added to the committee cycle of business

Key

	Not yet due
	Due
	Overdue
	Closed



Item No	06-26
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Name of meeting	Trust Board
Date	02.04.2026
Name of paper	Chair Board Report
Report Author	Michael Whitehouse, Chair

Introduction & Board Meeting Overview

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

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

The BAF helps to ensure ongoing Board oversight of the delivery of our strategic priorities; in year planning commitments; and areas of compliance. It provides the Board with clarity on progress against the organisational objectives and the main risks to their achievement. This meeting will see the final version of the 2025-26 BAF. In line with the Trust Strategy and the medium-term plan approved in February, the new BAF for the next 12 months is being finalised, and we will have time at this meeting to review in outline.

This meeting has a specific focus on our strategic aim *high quality patient care*. The Board Story will help the start of a much deeper debate over the coming months about the role of specialist practice in support of our strategic aims. Then, and equally important discussion is needed about the target operating model for virtual care – this is absolutely central to our Strategy and becoming more sustainable.

As the Board is acutely aware, we face significant challenges in the coming months but we are well placed to meet these and to ensure quality patient care.

I acknowledge the efforts of all our people and am pleased to see some further positive feedback from the recently published Staff Survey. As we reflected at the Board Development Session in November with Professor Michael West, there is great richness in hearing from so many of our colleagues (over 70%) and so important we continue to ensure this informs what we do and how we do it.

Collaboration / Group Model

We can only become stronger and more resilient as an organisation by collaborating with SCAS; the Group Model will continue to develop this year to create more opportunities to improve

productivity and ensure better value for money. The new Integration Committee in Common is overseeing the five key areas of integration both Boards have agreed to focus on; one of these areas relates to our CAD and EPCR which we will have time to review in more detail in Part 2 (due to commercial sensitivities).

The search for a new Group Chair is due to conclude in the coming days and we will make formal announcements as soon as we are able. The search for the Group CEO is also progressing well, interviews scheduled for mid-April.

Board Appointments

Having said farewell to Max and Howards last time, we welcome Harbhajan Brar and Karl Khan to the Board. Both bring extensive experience in people and transformation, respectively, and they will be a great addition to the Board of Directors.

This will be Simon Weldon's last Board meeting. It is with much sadness that Simon leaves us having achieved so much in the last three years; Simon arrived shortly after the Trust was placed into the Recovery Support Programme and has made a huge impact in leading our improvement journey and strategic transformation. His legacy will be felt for many years to come. On behalf of the Board, I wish Simon the very best for the future.

Jen Allen, COO / Deputy CEO, has been appointed as Interim Chief Executive during the time between Simon leaving and the new Group CEO starting. Jen will help provide continuity and stability.

This will also be Margaret Dalziel's last Board meeting, before her very well-deserved retirement. Margaret will also be greatly missed and has done so much to improve the quality of the services we provide. Perhaps one day Margaret will return to SECamb, as a non-executive director!

Jo Turner, Deputy Chief Nurse, has been appointed as Margaret's successor, and we look forward to welcoming Jo to her first Board meeting in June.

Council of Governors

The Board is accountable to the COG, who represent trust members and the wider public. The most recent meeting was in February when it focussed on the following:

- **Strategic priorities and local government reorganisation:** The Council discussed the Trust's strategic and annual priorities, noting strengthened Board assurance arrangements. Significant attention was given to the scale and risk of local government reorganisation, with agreement that sustained local engagement and differentiated understanding of community needs, particularly in rural areas, will be essential during transition.
- **Quality, workforce and governance assurance:** Governors were assured on patient quality and safety, workforce oversight, and culture. Progress was noted in risk appetite reporting, digital developments, and violence and aggression standards, while key workforce risks,

particularly appraisal completion and the strategic workforce plan, remain under close Board scrutiny.

- **Sustainability, finance and leadership matters:** The Council received assurance on financial performance and sustainability, including progress on the efficiency programme and capital investments. Updates were provided on senior leadership recruitment, with reassurance on transitional arrangements, alongside governance matters including Lead and Deputy Lead Governor appointments and future arrangements for the Annual Members' Meeting.

Engagements

I was pleased to attend the recent Annual Ambulance Leadership Forum where SECamb made a significant contribution, with a number of presentations, including about our Shadow Board.

I have also continued to engage more locally with system partners and I am pleased to welcome to our private board meeting both Ian Smith - Chair and Mark Smith - Deputy CEO of Surrey and Sussex ICB. We will use this time to explore the challenges we face together, reinforcing our commitment to system working.



Agenda No	06-26
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Name of meeting	Trust Board
Date	02.04.2026
Name of paper	Audit & Risk Committee Assurance Report – 19 March 2026
Author	Peter Schild, Independent Non-Executive Director

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 19 March 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:

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

At the start of each meeting the committee asks the Chairs of the other committees to confirm if they have identified any significant internal control issues. There are currently none.

ALERT

Internal Audit

The Internal Audit plan is near completion. There has been only one ‘below the line’ audit review which was received at this meeting related to IT Asset Management. The remainder have all received positive assurance which demonstrates an effective internal control environment. The **draft head of internal audit opinion** for the year just ended is a positive one; on the basis that there have been no systemic weaknesses found across the reviews completed.

The final reviews received at this meeting were:

1. IT Asset Management **Limited Assurance**. Some fundamental gaps were identified linked to the recorded risk on the Risk Register (see report from FIC) leading to the recommendations. The executive was aware of these gaps ahead of audit and with this in mind the audit was scoped to ensure a consolidated assessment to then inform areas of priority action. A comprehensive management response was provided and the action plan will be overseen by FIC.

In the meantime, the committee sought assurance that these issues do not adversely impact the cyber security risk. The CDIO is clear this is not the case, given access if authentication based.

2. Station Visits (focus on medicines management) **Substantial Assurance**. Internal Audit identified a number of positive controls in place both in terms of the design and implementation. The committee congratulated the executive for this progress and acknowledged the positive impact made by Shani Corb, Chief Pharmacist.
3. Financial Systems (Budgetary Control) **Substantial Assurance** for the design and **Moderate Assurance** for the effectiveness of controls. While this is positive, it does recognise the further improvement needed with budget setting.

There was also an Advisory Review related to the Emergency Responder Scheme. The conclusion here was that this scheme did not improve response times, although it must be also said that the scheme (intended as a Pilot) was not set up very effectively. The committee acknowledged the very passionate volunteers we have and confirmed that this review is helping to inform discussions with our people on the future as part of the new community resilience and volunteering strategy.

ASSURE

Risk Management

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

The review at this meeting focussed on the initial analysis of how the risk appetite framework has been implemented. As expected, there is some learning / revisions needed which the executive are working through in Q1; the committee will consider the outputs of this before coming to the Board in August.

Single Tender Waivers

The committee receives regular report to seek ongoing assurance with the related procurement controls. It remains assured.

Declaration of Interests

As part of its annual review, the committee is assured with the control framework for the declaration of interests, which is operating effectively, with improving compliance trends and no material control weaknesses identified.

BDO plan to complete a review of the policy to include a proactive focus on secondary employment, alongside targeted training on best practice for managing secondary employment and associated risks, including working-while-sick fraud.

Counter Fraud

The Committee received an update on counter fraud activity, with good progress being made against the workplan. The committee continues to be assured that the Trust is responding appropriately to evolving fraud risks.

ADVISE

External Audit

The Plan for the 2025-26 audit was considered along with the key audit risks. There is good assurance that the audit will be conducted effectively between the auditors and finance team, ahead of the submission deadline of 26 June 2026.

Compliance Gap Analysis

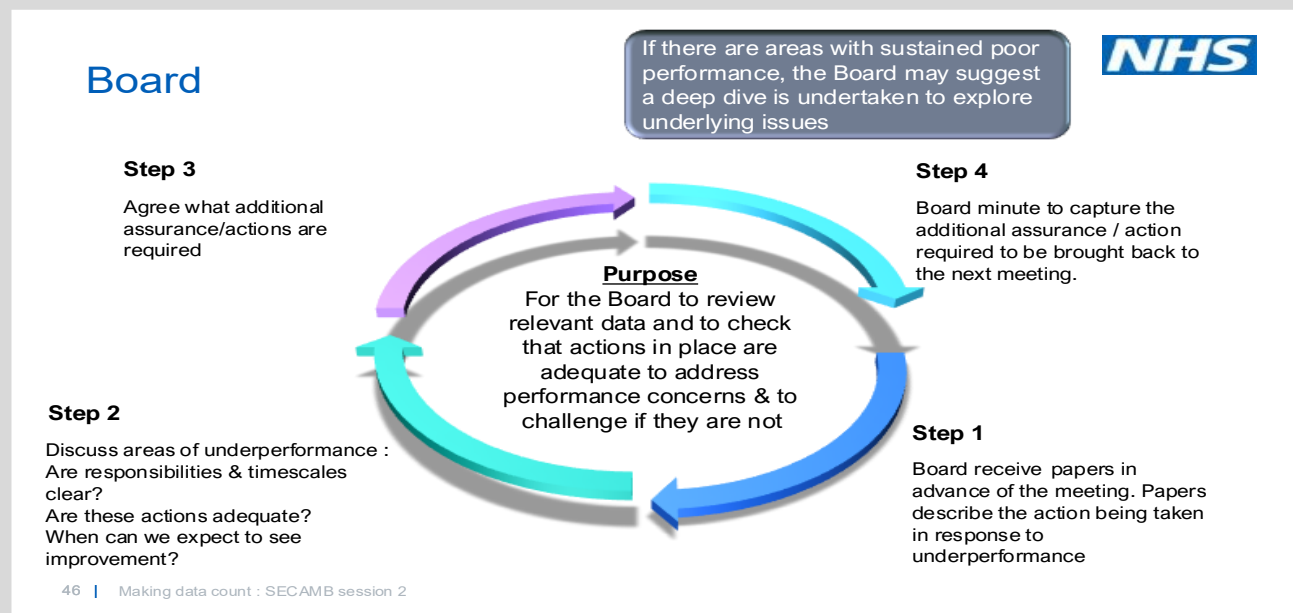
The new Head of Compliance joined to set out the gap analysis completed to get a clear baseline of compliance in the key areas save for HR and finance. The executive is working through the recommendations which will be overseen by the committee during 2026-27. This will help ensure ongoing compliance and how this links across functions to ensure organisation wide compliance. The areas identified will inform what to include in the revised BAF.

Data Security Protection Toolkit / Cyber Assurance Framework

The committee reviewed progress to-date as part of the annual assessment due to report at the end of June 2026. In addition to data protection this now includes cyber assurance. The executive has instigated weekly meetings to oversee a robust workplan and collation of the evidence needed. We are expecting improvement on last year where there was one area of non-compliance related to records management; we expect to be compliant this year. The committee will consider the final audited report in July.

Recommendation

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





		Item No	08-26
Name of meeting	Trust Board		
Date	02.04.2026		
Name of paper	Chief Executive's Report		
1	This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during February and March 2026.		
A. Local Issues			
2	<p>Priorities for 2026/27</p> <p>As we plan our priorities for 2026/27, we recognise that this will be a year of transition for SECAmb. Over the past two years, the Trust has delivered major organisational change, including the move to a divisional operating model; new clinical pathways for falls and frailty, end-of-life care and reversible cardiac arrest; a refreshed approach to virtual care and the restructuring of corporate and clinical functions to align with future needs.</p>		
3	The year ahead will focus on safely embedding these changes, maintaining reliable frontline services, and progressing the strategic and operational programmes that will shape the Trust's future.		
4	We know that the operation context remains challenging, with continued performance and financial pressures and our plan for 2026/27 reflects this.		
5	Our Board Assurance Framework (BAF) sets out 15 priorities across strategic transformation, operational delivery and organisational development, including further improving cardiac arrest survivability and progressing collaboration with SCAS through the Group model.		
6	Each priority aligns to one of the Trust's three strategic aims and includes clear outcomes, milestones and assurance routes.		
7	Three cross-cutting themes underpin the plan:		
8	<ul style="list-style-type: none"> • Equity, inclusion and patient voice – ensuring equitable access and outcomes, with progress monitored through the Integrated Quality Report (IQR) • Organisational resilience – maintaining clinical safety, strengthening governance and ensuring the workforce, capacity and infrastructure needed for sustainable services 		

	<ul style="list-style-type: none"> • Quality governance – reinforcing the Quality Management System and empowering divisions to deliver safe, high-quality care
9	<p>These priorities consolidate the significant work already delivered, strengthen organisational resilience and lay the foundations for a sustainable, high-quality future for our patients, colleagues and communities.</p>
10	<p>Planning update</p> <p>I am pleased to confirm that the Trust will deliver its 2025/26 financial plan and achieve a break-even position at year end. While we have not delivered all of our CIPs recurrently this year, requiring us to draw on balance sheet provisions to cover the remaining gap, we are nonetheless ending the year in a strong overall financial position.</p>
11	<p>Looking ahead, the financial climate remains challenging. For 2026/27, we know that the Trust must deliver a 4% efficiency requirement. We have already identified £11.4 million of savings, leaving a remaining gap of just under £2 million that must be addressed through further efficiencies and service improvements.</p>
12	<p>Strengthening operational performance will be central to achieving this - in particular, improving Category 2 mean response times is essential: our target is 25 minutes in 2026/27, improving to 18 minutes by 2028/29. We know this will be challenging but meeting these targets will not only improve patient outcomes but will also enhance our financial position, as the Trust receives financial reward for achieving Category 2 performance.</p>
13	<p>A key enabler of both efficiency and performance is the redesign of our virtual care offer as shared elsewhere in my report. Alongside this, we remain focused on embedding the new operational model and leveraging technology to drive productivity and further efficiency gains across the organisation.</p>
14	<p>While the year ahead will require difficult decisions, acting now rather than deferring challenges will put SECAMB in the strongest possible position. With a credible plan in place and clear priorities for delivery, we can navigate current pressures while laying the groundwork for longer-term sustainability.</p>
15	<p>Engagement</p> <p>I have been pleased to continue my programme of engagement with internal and external stakeholders during the past couple of months.</p>
16	<p>I have really enjoyed spending time at Hastings, Dartford and Tongham through my Connect with the Chief programme, as well as spending time at the Vehicle Maintenance Centre in Lewes and with the CCP team.</p>
17	<p>Spending time with colleagues through our engagement programme continues to be invaluable, giving me direct insight into what matters to our people and providing opportunities to share and reinforce our Trust priorities.</p>
18	<p>On 4 March 2026, I had the privilege of welcoming the family of the late Professor Douglas Chamberlain to our Brighton Make Ready Centre as we marked 55 years</p>

	of paramedicine and 25 years since the establishment of the profession's first formal body.
19	It was an honour to welcome the family at Chamberlain House – named for a pioneer whose vision transformed pre-hospital care and shaped the modern paramedic profession.
20	As our Chief Paramedic Officer, Jaqui Lindridge, reflected, our profession stands firmly on the shoulders of innovators like Professor Chamberlain. These milestones remind us not only of how far we've come, but of our ongoing commitment to excellence, research and innovation.
21	My sincere thanks to the Chamberlain family for joining us – we are proud to carry his legacy forward.
22	On 18 March 2026, I was also pleased to welcome Hatim Abdulhussein, the CEO of Health Innovation Kent Surrey & Sussex to SECAMB.
23	Health Innovation KSS act as a strategic link between the NHS, academic institutions, and industry. Their work supports the introduction of digital tools, AI, and other technologies that enhance patient care and help to address health inequalities.
24	I found their visit to SECAMB extremely valuable. It gave us the opportunity to learn more about the innovations they are advancing, while also allowing us to showcase the excellent work taking place across our organisation.
25	'Hearing Different Voices' – Shadow Board update Following the presentation of their paper on violence and aggression against staff to the Trust Board in February, the Shadow Board has continued to make demonstrable progress in both maturity and organisational impact
26	During their recent Action Learning Set, members reflected that they now recognise their position as holding a privileged and influential voice within the organisation. They reported feeling treated as equals within the governance environment and confirmed that the programme's development has enabled them to step forward with increased confidence.
27	In recognition particularly of their work on violence and aggression, the Shadow Board has been invited to present to the Association of Ambulance Chief Executives (AACE) in June, offering an opportunity to showcase the Trust's approach at a national level. The group has also met with our Chief Nursing Officer Margaret Dalziel, who is taking forward the recommendations set out in their February presentation to the Trust Board.
28	It's been good to see the visibility of the Shadow Board continue to grow, with significant interest generated externally, including during the recent Ambulance Leadership Forum (ALF) session (see separate ALF update).

29	This wider engagement reinforces the strategic value of the initiative and the real contribution the members are making to organisational learning and development.
30	<p>Equality, Diversity & Inclusion (EDI) Awareness</p> <p>Our EDI networks have continued to demonstrate real leadership over the past two months. I was pleased to see our Chief Paramedic, Jacqui Lingridge, take part in the Armed Forces Network's Reload podcast, sharing her family's links to military service — a valuable reminder of the diverse experiences colleagues bring to SECAMB.</p>
31	The GEN Network also delivered a strong programme for International Women's Day, highlighting the ongoing need to support and encourage female leadership across our sector. I was especially pleased to see our Chief Operating Officer, Jen, speak so powerfully on this at the Ambulance Leadership Forum, reinforcing a theme that I hope the Trust continues to champion long after my departure.
32	This month's Neurodiversity Celebration Week provided a further opportunity for reflection and thanks to Emergency Medical Advisor and Coach, Jocelyn Makin, who shared openly how being neurodivergent shapes her approach to decision making and patient care. Her reflections underline the strengths neurodiverse colleagues bring and the importance of an inclusive culture where those strengths are recognised.
33	Finally, I want to acknowledge and thank our Muslim colleagues who balanced the demands of fasting with the pressures of operational roles. The insights shared by Paramedic Bacher Baccouche and 111 Health Advisor Maliha Miah highlight the importance of understanding and small acts of support within teams during this period.
34	<p>SECAMB Charity update</p> <p>I was pleased to reach an important personal milestone this month as part of my training for the Brighton Marathon. With less than a month to go before I take on the full challenge on 12 April 2026, I completed my first half marathon - an achievement that has given me both confidence and renewed motivation for the final stretch of preparation.</p>
35	I am running in support of our SECAMB Charity, which is playing an increasingly significant role in helping us go further for our patients and communities. Every mile I complete helps to raise awareness of the charity's work and generate vital funds that support initiatives making a real, tangible difference across our region.
36	Our Charity continues to grow at pace, with substantial progress in governance, fundraising and delivery. The charity accounts have now been completed and submitted to the Charity Commission, marking another step in building strong foundations for our future growth.
37	Fundraising momentum has increased since the launch of our challenge events programme, with more than 16 staff members now signed up for activities such as The Big Half, the Windsor Half, several ultra-challenges and a number of independent runs. Engagement among senior leaders is also particularly

	encouraging, with several executive and senior colleagues taking part in the London to Brighton cycle ride - helping to build visibility and support for the charity from within.
38	I am pleased to confirm that the charity has secured £49,936 from NHS Charities Together to deliver Leading Well, an important programme developed with our wellbeing team. This initiative will equip first line managers with the confidence and skills to identify early signs that colleagues may be struggling and to hold supportive, compassionate conversations - directly supporting the aims of our leadership and culture programme.
39	It has been inspiring to see the impact of the charity-funded Community Resuscitation Officers, now working across Kent, Surrey and Sussex, delivering CPR and basic life support training and strengthening our communities' confidence to act in an emergency. Their work is an excellent example of how charitable support translates into improved outcomes and reassurance for the public.
40	I am grateful to everyone who has supported my training journey so far, and I hope my involvement also helps to champion the importance and reach of SECamb Charity across the organisation.
B. Regional Issues	
41	Collaboration with South Central Ambulance Service (SCAS) We continue to make strong progress in our collaboration with SCAS as we work towards establishing the Ambulance Group.
42	Over recent weeks, in addition to each organisation's own priorities for 2026/26, we have agreed a shared set of priorities for the year ahead. These will provide the foundations for closer working, with a particular focus on developing a joint clinical model to ensure our patients receive equitable and consistent care across the region.
43	Alongside this, we are advancing our joint digital agenda, enabling us to begin sharing systems and aligning processes that support high-quality clinical delivery.
44	I am also encouraged by the progress being made by our commissioners. From 1 April 2026, Surrey and Sussex ICB will formally take on regional strategic commissioning responsibilities from Hampshire and Isle of Wight. We look forward to working closely with the new commissioning arrangements, and I would like to thank colleagues across all organisations for their work to ensure a safe and well-managed transition.
45	Finally, we remain on track to confirm appointments to the Group CEO and Chair roles by the end of April. Both Executive Teams are working collaboratively to maintain momentum, strengthen our joint approach, and deliver on our 2026/27 in-year plans.
46	Virtual care As you will note in the report provided by our Chief Operating Officer, Jen Allan, work on our Virtual Care programme has continued to progress at pace and

	remains a critical element of both the Trust's long-term strategic direction and financial sustainability.
47	The design phase has been comprehensive, and I want to thank all colleagues who have contributed their expertise, operational insight and clinical leadership over recent months. This has been complex work, involving difficult questions about how we deliver care differently, how we support patients earlier and how we build pathways that reduce avoidable conveyance while improving patient experience.
48	We should not underestimate how important this programme is. Virtual Care, in its broadest sense, will be central to how we provide safe and responsive services in the future and how we create a model of care that is both resilient and sustainable.
49	We have learned a great deal during since the inception of the urgent care hubs and those lessons will now help shape the next stage of development. Our focus must now shift from design into building something enduring: a service model that supports clinicians, meets system expectations and, most importantly, provides patients with the right care at the right time.
50	I am grateful to everyone who has contributed to this work and look forward to seeing the next phase progress.
51	Unscheduled Care Navigation Hub – Healthwatch Award Continuing on the topic of virtual care, I am pleased to share that the West Kent Unscheduled Care Navigation Hub (UCNH) has been recognised with a prestigious Healthwatch Award for outstanding collaborative patient care.
52	Based in Paddock Wood, the UCNH is an excellent example of what can be achieved when we work seamlessly across organisational boundaries. The model brings together Advanced Paramedic Practitioners, Advanced Clinical Practitioner Nurses, and Paramedics from SECamb, Maidstone and Tunbridge Wells NHS Trust, and Kent Community Health NHS Foundation Trust. Since its launch as a trial in 2023, the hub has already supported over 10,000 patients, demonstrating both the scale of need and the value of a coordinated, multi-disciplinary response.
53	This award reflects not only the team's commitment to high-quality unscheduled care, but also the strategic direction we continue to pursue as a system - one that emphasises integration and early intervention.
54	As we look ahead, virtual care remains a key component of our strategy, enabling us to extend clinical expertise beyond traditional settings, increase flexibility for patients, and support more timely decision-making.
55	Initiatives like the UCNH show how physical and virtual models can work together to provide safe, efficient alternatives to hospital attendance and improve overall patient flow and have provided valuable learning. My thanks and congratulations go to everyone involved. This is the kind of innovation and partnership working that will shape the future of our urgent and emergency care system.

56	<p>Meningitis Outbreak Response I would like to take the opportunity in my report to recognise the significant work our teams have undertaken in response to the meningitis outbreak centred in East Kent.</p>
57	<p>This has been a complex and protracted incident, demanding sustained resilience from colleagues across the organisation. I want to record my sincere thanks to everyone involved in the response, from Infection Prevention and Control, to Resilience, 999 and, in particular, our 111 and frontline teams in Kent who have carried much of the operational burden.</p>
58	<p>This incident required intensive multi agency collaboration, and I am pleased that this effort was recognised by the Secretary of State, Wes Streeting, in his recent address to the House of Commons.</p>
59	<p>Such acknowledgment reflects not only the professionalism shown during this episode, but the strength of our partnerships across the system. I have no doubt there will be important learning arising from this incident. We will ensure that these insights are carefully captured and used to strengthen our future preparedness.</p>
60	<p>The dedication and calm professionalism colleagues displayed throughout the response is something I am extremely proud of, and I want to extend my heartfelt thanks for the way teams stepped forward when the organisation and the public needed them most.</p>
C. National Issues	
61	<p>National Oversight Framework (NOF)/League Tables On 18 March 2026, NHS England published the latest Ambulance Trust League Tables for Quarter 3 (2025/26). The results show that SECAmb has improved its national position from 6th to 4th place, reflecting strong performance across several key areas.</p>
62	<p>These league tables are directly linked to the National Oversight Framework (NOF). The NOF assesses ambulance trusts on response times, hospital handover delays, call handling, care delivered without conveyance, and staff wellbeing. Trusts are then placed into performance segments from 1 (best) to 5 (most in need of support).</p>
63	<p>SECAmb remains in Segment 2, indicating solid performance and a continued positive trajectory, reflecting the hard work and commitment of colleagues across SECAmb.</p>
64	<p>While we are encouraged by the improvement from 6th to 4th place, we will continue focusing on response times, reducing handover delays and supporting staff wellbeing to maintain momentum and achieve further gains for our patients and communities.</p>
65	<p>NHS Staff Survey 2025</p>

	I want to start by again thanking every one of our colleagues who took the time to complete the NHS Staff Survey. A 71% response rate is exceptional, and it shows that people care about shaping the future of SECAMB. I'm genuinely grateful that so many colleagues shared their views.
66	The results themselves are hugely encouraging. For the first time, we are above the sector median in all nine People Promise areas and we've continued to improve year on year.
67	We're now performing strongly in areas such as recognition, psychological safety, wellbeing and reasonable adjustments - a clear sign that the work we've all been doing to strengthen our culture is making a real difference, even at a time of change and pressure.
68	There are areas where we've seen a slight dip, particularly around motivation. This isn't unexpected during a period of transition but it's important that we act on this. Action to address these will be taken forward and progress tracked closely against the delivery of our Trust Strategy and through the People Committee, so that the improvements colleagues are asking for translate into real, meaningful change.
69	Overall, the survey tells a positive story about where we are as an organisation. It shows that colleagues are seeing progress, feel more confident in the direction we're heading, and want to continue helping us move forward. This is something we should absolutely celebrate, as well as continue to build on.
70	Ambulance Leadership Forum (ALF) 2026 SECAMB had a strong and visible presence at this year's Ambulance Leadership Forum, reflecting our growing influence and leadership across the sector.
71	I was pleased to join Janine Compton, Director of Communications & Engagement, along with Shadow Board members Peter Stone and Harsimran Nahal, to present an update on our Shadow Board programme, which continues to attract significant national interest.
72	Other colleagues also contributed powerfully across the agenda: <ul style="list-style-type: none"> • Jennifer Allan shared important insights on women in operational leadership, highlighting the persistent "broken rung" that limits progression and exploring opportunities to strengthen equity in our leadership pipeline. • Sean Edwards presented SECAMB's learning on the use of Pentrox for pain relief and how we can continue to refine our approach. • David Ruiz-Celada took part in a panel discussion focused on practical leadership actions to support sustainable, equitable improvement, offering a clear and thoughtful SECAMB perspective.
73	We were also delighted to see Gavin Thompson and the IPC team receive national recognition, winning the Outstanding Champion of Innovation or Change Award for their development of the IPC app. This innovation has transformed access to real-time IPC guidance and increased engagement by 200%, significantly improving support for clinicians before, during and after patient care.

74

SECamb's contribution throughout the conference demonstrated the strength, expertise and innovation we continue to bring to the wider ambulance sector.

Agenda No	09-26
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Name of meeting	Trust Board
Date	2 April 2026
Name of paper	Board Assurance Framework 2026/27: Outline Priorities and Strategic Risks
Responsible Executives	David Ruiz-Celada, Chief Strategy Officer Peter Lee, Director of Corporate Governance
Authors	Matt Webb, Deputy Chief Strategy Officer Peter Lee, Director of Corporate Governance

The Board Assurance Framework (BAF) for 2026/27 has been developed through a structured prioritisation process. It sets out 15 proposed strategic and operational priorities mapped across the Trust's three strategic aims, supported by eight strategic risks – see **appendix 1** which describes the transition from the current BAF risks.

The Board is asked to approve this outline, establishing the strategic direction and priorities for the year ahead. The first BAF update for 2026/27 will be received by the Board at the June meeting. The final 2025/26 BAF is presented separately, marking the transition from the current year's framework.

The priorities were identified through a three-stage workshop process between January and March 2026, involving executives, deputies, clinical and operational leaders and the Programme Management Office (PMO).

The process drew on the Trust Strategy, Five-Year Integrated Delivery Plan, Integrated Care Board (ICB) and NHS England commissioning intentions, national ambulance sector analysis, Care Quality Commission (CQC) feedback, the 2025/26 BAF risk review and emerging Group Model shared priorities. This was complemented by individual executive engagement, Senior Management Team (SMT) review, directorate workshops and a joint SECAmb/SCAS PMO session.

The accompanying slides set out the strategic context, three strategic pillars with renewed priorities, joint Group Model planning areas, and proposed BAF risks. Three cross-cutting themes - equity, inclusion and patient voice; organisational resilience; and quality governance - are embedded as lenses through which the priorities are developed, monitored and assured.

Following approval, programme mandates for each strategic transformation priority will be developed by the PMO and presented to the Executive Management Board in April.

Resourcing will be worked through alongside this, including with SCAS PMO colleagues for joint planning areas. Mandates will inform quarterly delivery milestones, to be tested by the relevant Board committee in Q1. Baselines and quarterly targets for each strategic priority will be confirmed and linked directly to the Integrated Quality Report (IQR), aligned to the quarterly delivery milestones.

The June update will additionally include:

- an overview of the quarterly delivery actions for each priority by strategic aim, complementing the strategic pillar slides and IQR

<ul style="list-style-type: none"> • the first set of strategic transformation programme updates for Q1 • comprehensive risk slides with detail on impact, mitigation and ownership • a compliance and regulatory overview covering the NHS Oversight Framework, NHS Staff Survey results and quality standards, and • a governance and reporting outline showing how the priorities are overseen through new arrangements reporting into the Executive Management Board. 	
<p>Recommendations, decisions, or actions sought</p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Approve the 15 priorities mapped across the three strategic aims as the basis for the 2026/27 Board Assurance Framework • Approve the eight proposed strategic risks as the outline BAF risk register for 2026/27 • Note the next steps for the first Board Assurance Framework update at the June 2026 Board meeting.
<p>Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).</p>	<p>Not required</p>



South East Coast
Ambulance Service
NHS Foundation Trust



Board Assurance Framework

2026/2027

Outline BAF – Proposed Priorities & Risks



Our Vision

Our vision is to transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients.



Purpose

Saving Lives,
Serving Our Communities

Our Strategic 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.

Our values

At SECAmb, our values are more than just words - they are the principles that guide our actions and influence how we behave, both internally among our teams and externally in how we deliver our services.

They shape how we want people to experience our organisation, ensuring that every interaction reflects the high standards we uphold. Our commitment to these values fosters a positive, fair, and equitable culture, essential for delivering outstanding patient care and creating a supportive workplace.

We advocate with **courage**, serve with **kindness**, and uphold **integrity** for **exceptional healthcare**.



Kindness

Being Compassionate, Caring, and Respectful Towards Others

At the heart of SECAmb, kindness defines our approach to care. We are committed to being compassionate and respectful in every interaction, ensuring that every patient, colleague, and community member feels valued and supported.

Courage

Standing Up for What Is Right and Treating Everyone Fairly to Ensure Exceptional Patient Care

At SECAmb, courage is fundamental to delivering exceptional care. It means standing up for what is right, advocating for fair treatment, and striving for excellence in patient care.

Integrity:

Being Accountable, Honest, and Doing the Right Thing

Integrity underpins every aspect of SECAmb, ensuring we act with honesty and transparency. We are committed to making fair and ethical decisions, maintaining consistency in our practices. By embedding integrity in all we do, we uphold the highest standards of care and build trust with everyone we serve.

Kindness

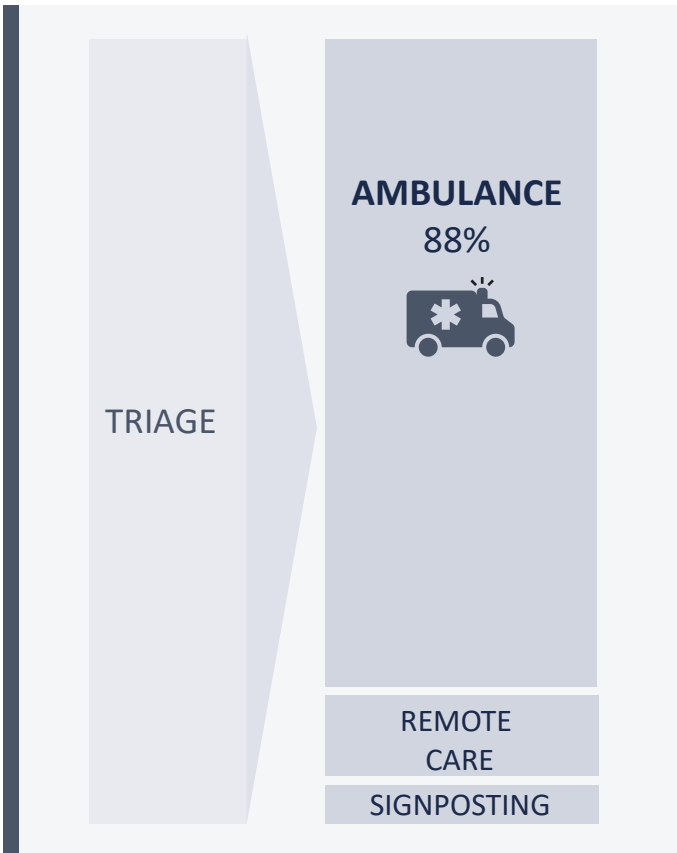
Courage

Integrity

Our Strategy 2024-2029

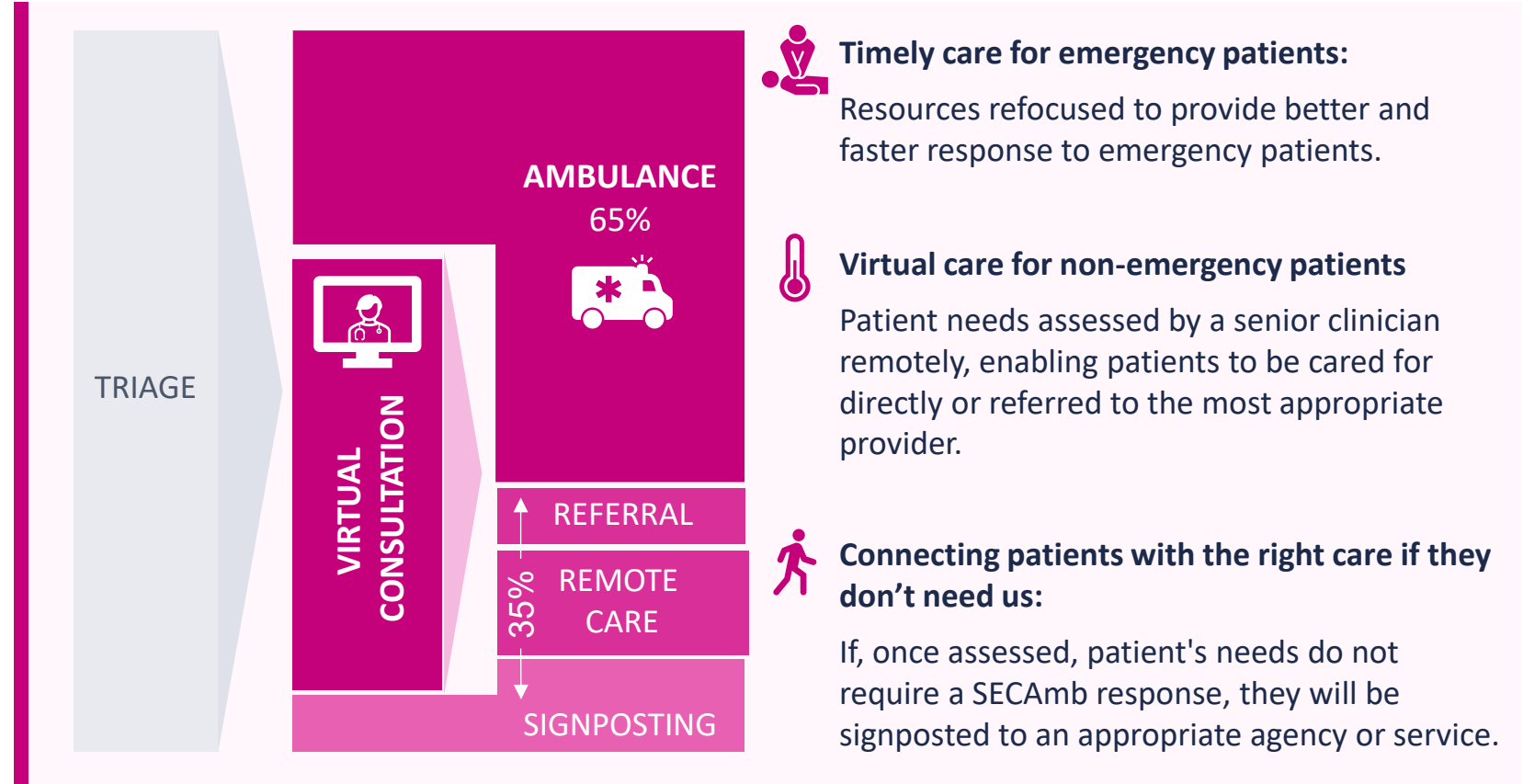
Now

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.



Our Strategic Commitments

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 Integrated Quality Report (IQR), the BAF provides the Board with the data and information to help inform its level of assurance in meeting the agreed aims.

Our Vision
Saving Lives, Serving Our Communities

What this means for our patients, people and partners:

We deliver high quality patient care

Our people enjoy working at SECAMB

We are a sustainable partner as part of an integrated NHS

Our strategic commitments to direct how we will change:

- 1 We will provide early and effective triage of patient need
- 2 We will provide timely and standardised care for emergency patients
- 3 We will respond to our non-emergency patients virtually
- 4 We will create an inclusive and compassionate environment where our people are happy
- 5 We will invest in our people's careers to better meet patient needs
- 6 We will become a sustainable and productive organisation
- 7 We will collaborate with our partners to establish our role as a UEC system leader

Strategic Context 2026/27



2026/27 is a year of transition for the Trust. Over the past two years, SECAmb has undertaken significant organisational change - moving to a divisional operating model, progressing new models of care for falls and frailty, end of life care and reversible cardiac arrest, redesigning its approach to virtual care, and restructuring corporate and clinical functions. The priority for the year ahead is to safely embed the changes already made, maintain strong frontline services, and continue to progress the strategic and operational priorities that will shape the Trust's future.

The environment in which we are operating remains challenging, with sustained performance and financial pressures. This framework is designed to reflect that reality - ambitious in what it sets out to achieve, but grounded in what the organisation can credibly deliver.

Our 15 priorities

This year's framework contains 15 priorities spanning strategic transformation, operational delivery and organisational development - from continuing to lead improvements in cardiac arrest survivability where we leading on positive outcomes for patients across England, to strengthening the Trust's long-term sustainability by establishing a South-East Ambulance Group vision with our colleagues in SCAS.

Each priority is mapped to one of the Trust's three strategic aims and is supported by a defined outcome statement, delivery milestones and assurance mechanism.

Delivering High Quality Patient Care

Our People Enjoy Working at SECAmb

We Are a Sustainable Partner

Cross-cutting themes

Three themes shape the approach across this framework - embedded as lenses through which priorities are developed, monitored and assured.

Equity, inclusion and patient voice

The voice of patients and communities is central to how the Trust designs and delivers its services. Equity of access, equity of outcome and inclusion are addressed within each pillar, with progress monitored through the Integrated Quality Report, enabling the Board to hold the organisation to account for equitable service delivery and workforce inclusion.

Organisational resilience

Organisational resilience is reflected across each pillar, from embedding governance structures that connect the Board to the frontline, to maintaining clinical safety through transition, to ensuring the Trust has the workforce capability, operational capacity and sustainable infrastructure to deliver.

Quality governance

The BAF is a critical component of the Trust's Quality Management System - the mechanism through which the Board sets standards, monitors performance and assures itself that risks are being effectively managed. Embedding quality governance that empowers divisions to deliver safe, high-quality care is itself a priority within this framework.

Using this framework: Each pillar section sets out outcomes, programmes of work, key Board risks and statutory compliance requirements. The final section details quarterly delivery actions and key metrics monitored through the IQR. The Board receives progress reports on a bi-monthly basis.

We deliver high quality patient care

2024-2029 Strategy Outcomes

- We will provide virtual consultation for 55% of our patients.
- We will answer 999 calls within 5 seconds (mean).
- We will deliver the national standards for Category 1 and 2 calls, including mean and 90th centile response time targets.
- We will increase cardiac arrest survival outcomes by 5%.
- We will reduce the time to specialist treatment for patients having a stroke.
- In partnership with South Central Ambulance Service, we will harmonise clinical practice and care delivery to reduce unwarranted variation and health inequalities in our areas.

2026-2027 Associated BAF Risks

- **R1:** Virtual Care Model Delivery
- **R2:** System Engagement, Models and Pathways of Care, and Left-Shift
- **R3:** Organisational Restructure Implementation
- **R8:** Digital Enablement

2026-2027 – Strategic Transformation Plan

- **Enable more patients to receive care virtually, ensuring they get the right response first time** - underpinned by strengthened digital capability [see Pillar 3] and a new virtual care operating model.
 - **Productivity and Impact:** Deliver early opportunities within the virtual care model by Q2 to drive improvement against the H&T 21.5% target [see Pillar 3], ahead of full model implementation.
 - **Virtual Care Operating Model:** Finalise the virtual care Target Operating Model and medium-term implementation roadmap, with full implementation commencing by Q3.
- **Deliver our priority models of care**, improving clinical standards and outcomes measurements - positioning SECamb as the system's trusted assessor and care navigator.
 - **Priority Pathways:** Agree three focused urgent and emergency care pathways with system partners by Q1, with coordinated delivery commencing by Q2.
 - **Delivery and Improvement:** By Q3, minimise unnecessary variation in chosen pathways and improve outcome reporting to measure impact to support the left-shift, aligning where possible with emerging neighbourhood priorities (frailty, care homes, end of life and homebound). In particular, collaborate with commissioners and SCAS to establish a consistent method for evaluating pathway effectiveness across the region.

2026-2027 – Operating Plan

- Improve **cardiac arrest 30-day survival** by 1% and reduce variation in outcomes, targeting improvement the bottom 20-decile geographies by Q4, including expanding volunteer capability and outreach.
- Develop and implement a **divisional performance and quality governance framework** by Q2, defining clear accountability, reporting and escalation arrangements across the new structure, ensuring patient-to-board connectivity.
- Embed the **voice of patients and communities** into how we design and deliver services by establishing divisionally aligned engagement forums and harnessing existing system mechanisms by Q2, increasing reach across underrepresented groups by 10% by Q4 - evidenced through demographic monitoring.

Associated IQR Metrics [Indicative]: H&T rate, C2 mean, UCR acceptance rate, handover delays, cardiac arrest survival rate, patient safety incidents, serious incidents/never events, complaints, call-answer time.

Our people enjoy working at SECAMB

2024-2029 Strategy Outcomes

- We will improve career development opportunities for all of our people, resulting in 70% agreeing they have the opportunity to develop their careers.
- We will increase the proportion of our people recommending SECAMB as a place to work, with over 60% of those surveyed agreeing.
- We will improve our workforce race and disability standard indicators, making SECAMB an open and inclusive place to work.

2026-2027 Associated BAF Risks

- **R1:** Virtual Care Model Delivery (workforce model)
- **R3:** Organisational Restructure Implementation
- **R6:** People Function Capability & Stability

2026-2027 – Strategic Transformation Plan

- **Embed the organisational operating model, establishing clear accountability, strong divisional structures, and organisational development support that enables our people to deliver safe and effective care.**
 - **Divisional Structure:** Complete remaining operational and clinical re-structures by end Q2, with defined governance and accountability arrangements [see Pillar 1], with six-month post-implementation review by Q3
 - **Integrated Care and Corporate Services:** Complete remaining restructures by Q4, embedding changes implemented in 2025/26, with new arrangements operational by Q4.
- **Develop an organisation-wide workforce model, that ensures the right capability and capacity to meet patient needs and deliver care safely and effectively, now and into the future.**
 - **Clinical Workforce Design:** Complete an evidence-based assessment of current and future clinical requirements, skill mix and role design by Q2, to underpin delivery of the Trust's models of care.
 - **Workforce Planning:** Develop a multi-year workforce plan, including clinical and corporate services, by end Q4, defining the workforce required including roles, skill mix, and capacity required across all areas to ensure safe, sustainable service delivery.

2026-2027 – Operating Plan

- Through the **leadership development** framework, scope and revise the leadership offer by Q3 for first-line and middle managers, equipping them to operate effectively within the new divisional model, with at least 10% benefiting by Q4, and at least 60% by end of 27/28.
- Develop an **internal approach to recruitment and promotion** processes at all levels that strengthens workforce diversity, with a particular focus on gender balance in operational leadership roles, with measurable progress evidenced by Q4.
- Develop **leadership continuity** and talent management plans for senior roles by Q2, ensuring organisational resilience and development pathways are in place for the year ahead.

Associated IQR Metrics [Indicative]: Staff recommendation as a place to work, appraisals, sickness absence, turnover, vacancy rate, ER caseload, staff speaking up safely.

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

2024-2029 Strategy Outcomes

- We will reduce our operating costs by 8% and configure our services to respond to a forecasted increase of 15% in demand.
- We will increase the utilisation of alternatives to emergency departments from 12% to 31%.
- We will reduce avoidable conveyances to emergency departments from 54% to 39%, saving 150k-200k bed days per year.
- We will reduce our direct carbon emissions by 50% by 2032.

2026-2027 Associated BAF Risks

- **R1:** Virtual Care Model Delivery
- **R2:** System Engagement, Models and Pathways of Care, and Left-Shift
- **R4:** Cost Improvement
- **R5:** Leadership Continuity & Group Transition
- **R8:** Digital Enablement

2026-2027 – Strategic Transformation Plan

- **Establish a joint group model vision with South Central Ambulance Service**
 - **Implementation Roadmap:** Develop a draft joint implementation roadmap with commissioners by Q2, for agreement with the incoming Group leadership once in post.
 - **Joint Planning Areas:** Five joint priority areas agreed with SCAS for 2026/27 - see Joint Planning Areas slide for detail.
- **Deliver digital transformation that enables the virtual care operating model, supports clinical decision-making and drives productivity.**
 - **Digital solutions impacting care:** Deliver automation across call allocation and dispatch to improve Virtual Care and C2Mean measures. These will be specified in Q1 aligned to the Virtual Care and productivity programmes as we start to implement the new model from April.
 - **Business Intelligence (BI) and Analytics:** Strengthen BI and Analytics to provide individual and team-based (including divisional reporting) productivity management across Virtual Care and field operations to improve H&T and C2Mean performance.

2026-2027 – Operating Plan

- Deliver the **efficiency and productivity plan** by Q4, creating sustainable capacity to meet demand safely, including 4% efficiency and productivity and Hear & Treat of 21.5%.
- Improve **vehicle availability** by a combined 10% reduction in measured crew downtime through improved Vehicle Off Road (VOR) and improved Make-Ready throughput vs operational schedules. This will be done by continuing our MAN Double Crewed-Ambulances (DCAs) fleet rollout, divisionally aligned operational support structure and safe transition to the new Make-Ready contract.
- Deliver an **electric vehicle (EV)** trial across key sites by Q3 to test a range of geographic conditions, establish fleet decarbonisation feasibility and inform the fleet operating model from 2027/28.

Associated IQR Metrics [Indicative]: Urgent Community Response (UCR) acceptance rate, job cycle time, resources per incident, cost improvement programme, vehicles off road (ghost call signs), make-ready compliance.

01 Joint CAD / ePCR & Digital Infrastructure

FOCUS IN 2026/27

Establish and mobilise a joint CAD/ePCR programme, including development of a single shared specification and progression through procurement, alongside alignment of enabling digital infrastructure.

INTENDED OUTCOME



A clear pathway to a single common digital platform that underpins the future joint clinical operating model and Ambulance Group, enabling consistent, interoperable urgent and emergency care ahead of contract expiry in Autumn 2027. *This sets an important foundation toward developing an integrated 999/111 front door across the SE.*

02 Joint Clinical Operating Model

FOCUS IN 2026/27

Establish the foundations for a single joint clinical model across priority pillars (virtual care, pathways of care, specialist tertiary pathways and workforce), by agreeing shared principles, baselines and future direction aligned to both Trusts' strategies and national ambitions.

INTENDED OUTCOME



A shared, clinically led framework that reduces unwarranted variation, supports improved patient outcomes and performance trajectories, and provides a consistent foundation for workforce and financial planning from 2027/28 onwards. *This sets an important foundation toward developing an integrated 999/111 front door across the SE.*

03 Corporate Services Collaboration

FOCUS IN 2026/27

Progress priority consolidation opportunities across selected corporate and support functions (including the green plan, payroll, occupational health and workforce management tools), supported by shared expertise, joint procurement, and common specifications or approaches to improve consistency, capability and value.

INTENDED OUTCOME



More efficient, consistent and resilient corporate services that improve staff experience and wellbeing, reduce administrative burden, and release capacity to support frontline delivery and improved patient outcomes, while strengthening sustainability and scalable models for the future Ambulance Group.

04 Strategic Estates

FOCUS IN 2026/27

Develop a coordinated strategic estates approach informed by emerging digital and clinical models, aligning Green Plans and identifying principles, options and future opportunities (including potential make ready centres in bordering areas) to support service delivery and organisational sustainability, with assumptions shaped by known lease events in 2027/28..

INTENDED OUTCOME



A clear, evidence based strategic estates framework that supports future service models, aligns with sustainability objectives, improves resilience and affordability, and enables informed decision making on estates opportunities over the medium to long term.

05 Performance Improvement & Patient Outcomes

FOCUS IN 2026/27

Align operational and medium-term planning assumptions, including productivity, workforce and pathway development, while each Trust continues to deliver its own 26/27 performance trajectories.

INTENDED OUTCOME



Improved transparency and comparability of plans, a shared narrative for commissioners, and a stronger platform to support organisational alignment for FY27/28 planning and equitable recovery towards constitutional standards across the South East.

Proposed 26/27 BAF Risks (Summary)

Risk	Title	Risk Statement (If–Then–Results In)	Replaces
New 1	Virtual Care Model Delivery	If the Trust fails to implement and embed a virtual care model that delivers a materially higher Hear & Treat rate, then demand will continue to outpace physical resource capacity, resulting in patient harm, failure to achieve strategic targets, and financial sustainability.	537 (lead), 648 (absorbed)
New 2	System Engagement, Models and Pathways of Care, and Left-Shift	If system partners do not engage with, commission, and develop the care pathways to improve the urgent care acceptance rate in 2026/27, supporting a meaningful left-shift, then the virtual care model will reach a structural ceiling and SECAmb will be unable to realise the full benefits of its transformation programme, resulting in continued high conveyance rates and associated patient safety risk, missed strategic and contractual targets, and failure to establish SECAmb as the trusted regional assessor and navigator.	537 (part), 647 (absorbed)
New 3	Implementation of Organisational Restructure	If the structural changes implemented across 25/26 (including the new divisional operating model, the clinical operating model, and corporate restructures) and the planned changes for 26/27 are not effectively embedded, then governance connectivity between board and frontline may be weakened, resulting in unwarranted variation in service delivery, increased risk of patient safety incidents, and failure to realise the cultural and productivity benefits intended from the new structures.	649 (evolved), 539 (absorbed)
New 4	Cost Improvement	If the Trust fails to deliver its cost improvement programme (CIP), then it will not achieve financial breakeven for 26/27, resulting unrealised benefits for patients, in erosion of cash reserves, removal of investment capacity for transformation, inability to meet liabilities to staff, and potential return to NHSE financial oversight.	640 (merged), 646 (merged)

Proposed 26/27 BAF Risks (Summary)

Risk	Title	Risk Statement (If–Then–Results In)	Replaces
New 5	Leadership Continuity & Group Transition	If the transition to group arrangements is not carefully managed — given the absence of an appointed single Group Chair and Group Chief Executive and the stretched capacity of acting executives — then the ability to sustain both individual Trust delivery and joint group priorities will be compromised, resulting in overextended leadership, governance gaps, failure to deliver key joint programmes (i.e. CAD), and delay in realising the benefits of group formation.	541 (evolved/merged)
New 6	People Function Capability & Stability	If the People function is unable to maintain sufficient capability and stability — in the context of being at the end of a 2-year improvement cycle that has been supported by additional transitional support — then the HR, OD, and employee relations support required to underpin the Trust's transformation programme will deteriorate, resulting in increased ER case backlog, reduced capacity for OD interventions, and an inability to support the embedding of structural changes across divisions.	603 (iterated)
New 7	Cyber Resilience	If the organisation does not achieve sufficient cyber resilience to withstand an attack or major cyber incident, then significant service disruption will occur, resulting in patient harm, loss of public confidence, and potential regulatory sanction.	544 (retained)
New 8	Digital Enablement of Strategic Priorities	If the Trust does not deliver the digital plan and restructure necessary to support the two primary strategic enablers — virtual care implementation and workforce productivity improvement — then critical dependencies within the transformation programme will not be met, resulting in delays to virtual care rollout, continued reliance on legacy systems, and failure to realise anticipated productivity and cost benefits.	650 (iterated)

BAF Risks – Proposed Changes for 2026/27

1. Purpose & Context

This paper sets out the proposed changes to SECAMB's Board Assurance Framework (BAF) risks for 2026/27. It has been prepared following a structured review of the existing 11 BAF risks for 2025/26, with the objective of moving to a smaller, more focused set of strategic risks that better reflect the organisation's priorities and risk profile for the year ahead.

The proposal reduces the BAF from 11 risks to 8, with a shift towards risks that have clearly defined causes and specific and quantified consequences. Risk templates will be revised ahead of the June 2026 Board for formal adoption.

Framing Context: 2026/27 as a Year of Transition

2026/27 is characterised by four defining features that shape the risk profile

- (1) implementation of virtual care as the Trust's primary operational and strategic shift
- (2) embedding of significant structural changes made in 25/26
- (3) transition to group arrangements with the South Central Ambulance Service, including interim executive leadership arrangements
- (4) a demanding financial plan requiring difficult cost improvement decisions.

2. Existing 25/26 Risks – Proposed Dispositions

The table below summarises the proposed disposition for each existing BAF risk and the rationale. Key: CLOSE = risk to be retired; ITERATE = risk to be evolved and rewritten; RETAIN = risk to be carried forward with updated mitigations; MERGE = risk to be combined with another into a new risk.

Risk ID	Title	Disposition	Action	Rationale
53r7	Delivery of Trust Strategy	CLOSE	MERGE→ New risks 1 & 2	The risk was written at a strategic level that conflated multiple separate causes and consequences. Virtual care delivery and system pathway engagement are now sufficiently mature to be described as distinct, specific risks with clearer consequence chains. Closing this risk avoids duplication across the proposed register.
646	Internal Productivity Improvements	CLOSE	MERGE→ New risk 4	This risk focused primarily on in-year operational productivity and was largely tactical in nature. Its financial consequences overlap entirely with Risk 640. Both are merged into a single, specific risk focused on CIP delivery, which is the core financial challenge for 26/27.
539	Culture and Staff Welfare	CLOSE	ABSORBED→ New risk 3	Culture and staff welfare outcomes are consequences of how well organisational change is embedded, not a standalone risk cause. The safe embedding of structural change risk (New risk 3) captures this as a key consequence, avoiding the creation of multiple risks from a single root cause.
603	People Function	ITERATE	→ New risk 6	The People function risk retains relevance given the transition-year cost pressures (removal of transitional

Risk ID	Title	Disposition	Action	Rationale
				funding), leadership instability, and the potential need for corporate savings. It is reframed to focus on the specific risks of maintaining People function capability and stability during this period.
648	Workforce Capacity & Capability	CLOSE	ABSORBED→ New risk 1	Workforce capability for virtual care is a contributing factor and key consequence of the virtual care delivery risk, not a separate strategic risk. It is incorporated as a named consequence/contributing cause within New risk 1, ensuring appropriate board focus.
649	Organisational Change	ITERATE	→ New risk 3	The bulk of structural change has now been implemented. The risk profile shifts from managing change to embedding it safely. New risk 3 reframes this to focus on safe embedding of the divisional model and clinical operating model, with explicit consequences for patient safety, governance connectivity, and culture.
541	Collaboration	CLOSE	MERGE→ New risk 5	The collaboration risk evolves materially as the group structure transitions from development to establishment. The core risk for 26/27 is not whether collaboration is pursued, but whether leadership continuity and executive capacity can sustain both individual trust delivery and joint group priorities through a critical transition year.
640	Financial Plan	CLOSE	MERGE→ New risk 4	The financial plan risk is replaced by a more specific risk focused on CIP delivery — the area identified by the executive as the true source of financial risk. General budget overspend is not the issue; the inability to make difficult cost improvement decisions is. This specificity strengthens the control narrative.
544	Cyber Resilience	RETAIN	→ Retained as New risk 7	Cyber resilience remains a persistent and externally-driven threat across all NHS organisations. Known gaps remain (24/7 response capability, mobile device management, social engineering controls). The risk is retained with updated mitigations reflecting the new Head of Information Security appointment and the CSOC business plan in development.
650	Digital Capacity, Capability & Investment	ITERATE	→ New risk 8	The risk is reframed to focus on whether the digital plan delivers the specific benefits required for virtual care and workforce productivity, rather than on capacity or investment as the primary constraint. Two prior digital strategies have not delivered expected benefits; the risk is now articulated around credibility of delivery rather than resource sufficiency.
647	System Productivity	CLOSE	ABSORBED→ New risk 2	System productivity is a subset of the broader external engagement and pathway development risk. New risk 2 captures the full strategic consequence of system partners failing to support left-shift, including commissioning reform, pathway development, and the neighbourhood care agenda — providing a more coherent and forward-looking articulation.

3. Proposed BAF Risk Register – 2026/27

The following eight risks are proposed for the 2026/27 BAF register. They are not categorised across the three strategic domains, given the cross-cutting nature of these risks. Each risk has been drafted in accordance with the 'If–Then–Results In' structure, with explicit causes and consequences. New risk templates will be developed, and the detail of the risk / controls / actions will be established by the respective executive leads ahead of the June 2026 Board.

BAF Risk 1 – 26/27	Virtual Care Model Delivery	Replaces: 537 (lead), 648 (absorbed)	Owner: Chief Operating Officer
Risk Statement	If the Trust fails to implement and embed a virtual care model that delivers a materially higher Hear & Treat rate, then demand will continue to outpace physical resource capacity, resulting in patient harm, failure to achieve strategic targets, and financial sustainability.		
Rationale for Change	Virtual care is the single most consequential strategic priority for 26/27. Success or failure directly determines whether the Trust can meet its operational plan, its financial plan, and its long-term sustainability ambitions. Workforce capability gap, cultural buy-in into the future model (based on early learning from 25/26 pilots), and clinical model design are key contributing causes. Internal delivery focus.		
Key Consequences	Impact on patient safety and outcomes; inability to right-size workforce and plan a skillset shift effectively, or a create a credible long-term workforce plan; unsustainable operating model; increased inappropriate conveyance; failure to deliver financial plan.		
Accountable Director	Chief Operating Officer		
Committee	Quality & Patient Safety Committee		

BAF Risk 3 – 26/27	Implementation of organisational restructure	Replaces: 649 (evolved), 539 (absorbed)	Owner: Chief People Officer
Risk Statement	If the structural changes implemented across 25/26 (including the new divisional operating model, the clinical operating model, and corporate restructures) and the planned changes for 26/27 are not effectively embedded, then governance connectivity between board and frontline may be weakened, resulting in unwarranted variation in service delivery, increased risk of patient safety incidents, and failure to realise the cultural and productivity benefits intended from the new structures.		
Rationale for Change	The bulk of structural change has been made. The risk now shifts from managing change to embedding it safely. As divisions take on greater autonomy, consistent risk appetite thresholds, governance frameworks, and OD support are essential to prevent fragmentation. There is an equal risk of over-controlling divisions, which would negate the purpose of the model. The risk has a direct patient safety dimension.		
Key Consequences	Weakened board-to-frontline governance; unwarranted variation across divisions; patient safety incidents linked to governance gaps; cultural regression; failure to realise productivity benefits of restructure.		
Accountable Director	Chief People Officer		
Committee	People Committee		

BAF Risk 5 – 26/27	Leadership Continuity & Group Transition	Replaces: 541 (evolved/merged)	Owner: Chief Strategy Officer
Risk Statement	If the transition to group arrangements is not carefully managed — given the absence of an appointed single Group Chair and Group Chief Executive and the stretched capacity of acting executives — then the ability to sustain both individual Trust delivery and joint group priorities will be compromised, resulting in overextended leadership, governance gaps, failure to deliver key joint programmes (i.e. CAD), and delay in realising the benefits of group formation.		
Rationale for Change	26/27 is explicitly a transition year. Two Chief Executives are moving on, with acting deputies in place. The new Group Chair and CEO have not yet been appointed. Executive headspace is stretched across Trust and group obligations simultaneously. This is identified as the top risk in the Committee in Common risk register and warrants a dedicated BAF-level risk.		
Key Consequences	Overextended leaders unable to deliver joint priorities and realise benefits for our populations; governance gaps at group level; delay in group benefits realisation; loss of momentum on CAD and other joint programmes.		
Accountable Director	Chief Strategy Officer		
Committee	Committee in Common		

BAF Risk 6 – 26/27	People Function Capability & Stability	Replaces: 603 (iterated)	Owner: Chief People Officer
Risk Statement	<p>If the People function is unable to maintain sufficient capability and stability — in the context of being at the end of a 2-year improvement cycle that has been supported by additional transitional support — then the HR, OD, and employee relations support required to underpin the Trust's transformation programme will deteriorate, resulting in increased ER case backlog, reduced capacity for OD interventions, and an inability to support the embedding of structural changes across divisions.</p>		
Rationale for Change	<p>26/27 is the final year of transitional People Services funding. Leadership instability within the function is a known risk. The combination of cost pressures and leadership change creates a material risk of regression after meaningful progress. Historical evidence within the Trust demonstrates that allowing the People function to deteriorate takes years to remediate.</p>		
Key Consequences	<p>Deterioration in ER case management; reduced OD capacity; failure to support structural embedding; reputational risk; risk of regression on culture improvement progress.</p>		
Accountable Director	Chief People Officer		
Committee	People Committee		

BAF Risk 2 – 26/27	System Engagement, Models and Pathways of Care, and Left-Shift	Replaces: 537 (part), 647 (absorbed)	Owner: Chief Medical Officer / Chief Strategy Officer
Risk Statement	<p>If system partners do not engage with, commission, and develop the care pathways to improve the urgent care acceptance rate in 2026/27, supporting a meaningful left-shift, then the virtual care model will reach a structural ceiling and SECAMB will be unable to realise the full benefits of its transformation programme, resulting in continued high conveyance rates and associated patient safety risk, missed strategic and contractual targets, and failure to establish SECAMB as the trusted regional assessor and navigator.</p>		
Rationale for Change	<p>Internal virtual care delivery alone is insufficient; system-level pathway development, commissioning reform, and partner engagement are equally critical. The merger of single ICB commissioning bodies creates a specific opportunity and risk. Additionally, due to differences across and within ICBs, for example around acceptance rates, varying degrees of risk exist for local leadership teams. Contractual changes (GP contract reform, neighbourhood care models) require active SECAMB engagement to protect its role and influence, and present opportunities for system leadership through our divisional model. External focus, in-year risk.</p>		
Key Consequences	<p>Harm to patients; glass ceiling on H&T improvements in year, and beyond; reduced system integration; loss of strategic commissioning influence; failure to realise benefits of single ICB merger; missed contractual opportunities.</p>		
Accountable Director	Chief Medical Officer / Chief Strategy Officer		
Committee	Quality and Patient Safety Committee		

BAF Risk 4 – 26/27	Cost Improvement	Replaces: 640 (merged), 646 (merged)	Owner: Chief Finance Officer
Risk Statement	<p>If the Trust fails to deliver its cost improvement programme (CIP), then it will not achieve financial breakeven for 26/27, resulting unrealised benefits for patients, in erosion of cash reserves, removal of investment capacity for transformation, inability to meet liabilities to staff, and potential return to NHSE financial oversight.</p>		
Rationale for Change	<p>The financial risk for 26/27 is not general budget management but specifically the delivery of a challenging CIP programme requiring difficult decisions. Historical inability to make such decisions is the root cause. Explicit framing of this risk enables the board to test whether the control environment — including plan A, B, C contingencies — is credible and actionable.</p>		
Key Consequences	<p>Unrealised benefits for patients; failure to achieve breakeven; erosion of financial reserves; inability to invest in transformation; staffing liability risks; potential regulatory intervention and resulting financial implications; impact on morale and front-line care.</p>		

Accountable Director	Chief Finance Officer
Committee	Finance & Investment Committee

BAF Risk 7 – 26/27	Cyber Resilience	Replaces: 544 (retained)	Owner: Chief Digital Information Officer
Risk Statement	If the organisation does not achieve sufficient cyber resilience to withstand an attack or major cyber incident, then significant service disruption will occur, resulting in patient harm, loss of public confidence, and potential regulatory sanction.		
Rationale for Change	Cyber threats are persistent, externally-driven, and affect all NHS organisations. Known gaps remain — including 24/7 response capability, mobile device management, and social engineering controls. Progress is being made (Head of Information Security appointed, CSOC business plan in development) but the risk has not reduced to an acceptable level and warrants continued board-level oversight.		
Key Consequences	Service disruption; patient harm; data breach; regulatory sanction; reputational damage; loss of public confidence.		
Accountable Director	Chief Digital Information Officer		
Committee	Audit & Risk Committee		

BAF Risk 7 – 26/27	Digital Enablement	Replaces: 650 (iterated)	Owner: Chief Digital Information Officer
Risk Statement	If the Trust does not deliver the digital plan and restructure necessary to support the two primary strategic enablers — virtual care implementation and workforce productivity improvement — then critical dependencies within the transformation programme will not be met, resulting in delays to virtual care rollout, continued reliance on legacy systems, and failure to realise anticipated productivity and cost benefits.		
Rationale for Change	Two successive digital strategies have been approved but have not delivered expected benefits. The risk is not insufficient funding (capital plans are largely funded) but insufficient clarity, maturity, and delivery credibility. In 26/27, digital is a critical enabler of virtual care and the productivity agenda; failure here has direct consequences for New risks 1 and 4.		
Key Consequences	Delayed virtual care rollout; failure to achieve productivity targets; ongoing legacy system dependency; erosion of board confidence in digital programme; cost overruns without benefit realisation.		
Accountable Director	Chief Digital Information Officer		
Committee	Finance & Investment Committee		

4. Summary – Proposed 26/27 BAF Risks

The table below provides a consolidated view of the proposed 2026/27 BAF risks.

Risk	Title	Risk Statement (If–Then–Results In)	Replaces
1	Virtual Care Model Delivery	If the Trust fails to implement and embed a virtual care model that delivers a materially higher Hear & Treat rate, then demand will continue to outpace physical resource capacity, resulting in patient harm, failure to achieve strategic targets, and financial sustainability.	537 (lead), 648 (absorbed)
2	System Engagement, Models and Pathways of Care, and Left-Shift	If system partners do not engage with, commission, and develop the care pathways to improve the urgent care acceptance rate in 2026/27, supporting a meaningful left-shift, then the virtual care model will reach a structural ceiling and SECamb will be unable to realise the full benefits of its transformation programme, resulting in continued high	537 (part), 647 (absorbed)

Risk	Title	Risk Statement (If–Then–Results In)	Replaces
		conveyance rates and associated patient safety risk, missed strategic and contractual targets, and failure to establish SECamb as the trusted regional assessor and navigator.	
3	Implementation of Organisational Restructure	If the structural changes implemented across 25/26 (including the new divisional operating model, the clinical operating model, and corporate restructures) and the planned changes for 26/27 are not effectively embedded, then governance connectivity between board and frontline may be weakened, resulting in unwarranted variation in service delivery, increased risk of patient safety incidents, and failure to realise the cultural and productivity benefits intended from the new structures.	649 (evolved), 539 (absorbed)
New 4	Cost Improvement	If the Trust fails to deliver its cost improvement programme (CIP), then it will not achieve financial breakeven for 26/27, resulting unrealised benefits for patients, in erosion of cash reserves, removal of investment capacity for transformation, inability to meet liabilities to staff, and potential return to NHSE financial oversight.	640 (merged), 646 (merged)
New 5	Leadership Continuity & Group Transition	If the transition to group arrangements is not carefully managed — given the absence of an appointed single Group Chair and Group Chief Executive and the stretched capacity of acting executives — then the ability to sustain both individual Trust delivery and joint group priorities will be compromised, resulting in overextended leadership, governance gaps, failure to deliver key joint programmes (i.e. CAD), and delay in realising the benefits of group formation.	541 (evolved/merged)
New 6	People Function Capability & Stability	If the People function is unable to maintain sufficient capability and stability — in the context of being at the end of a 2-year improvement cycle that has been supported by additional transitional support — then the HR, OD, and employee relations support required to underpin the Trust's transformation programme will deteriorate, resulting in increased ER case backlog, reduced capacity for OD interventions, and an inability to support the embedding of structural changes across divisions.	603 (iterated)
New 7	Cyber Resilience	If the organisation does not achieve sufficient cyber resilience to withstand an attack or major cyber incident, then significant service disruption will occur, resulting in patient harm, loss of public confidence, and potential regulatory sanction.	544 (retained)
New 8	Digital Enablement of Strategic Priorities	If the Trust does not deliver the digital plan and restructure necessary to support the two primary strategic enablers — virtual care implementation and workforce productivity improvement — then critical dependencies within the transformation programme will not be met, resulting in delays to virtual care rollout, continued reliance on legacy systems, and failure to realise anticipated productivity and cost benefits.	650 (iterated)

5. Next Steps

Milestone	Action	Lead	Target Date
Joint SLT Workshop	Present first cut of proposed risks to joint SLT for discussion and alignment.	Director of Governance,	Complete
Risk owner 1:1s	Engage executive leads on the proposed risk scope for review / amendment	Director of Governance	Complete
EMB Review	Final draft of proposed risk scope and rationale presented to EMB for endorsement ahead of April Board	CEO / CFO	Complete
April Board	Board to consider the outline risks alongside the priorities for 2026-27. Full templates not required at this stage.	Board	2 Apr 2026

Milestone	Action	Lead	Target Date
Template Development	Executive leads to develop full risk templates (controls, assurance, mitigating actions, scores) for each new risk	Executive Leads	Apr–May 2026
June Board – Full BAF 26/27	Full 26/27 BAF with completed risk templates, updated scoring, new visual format and IQR linkages presented to Board for adoption	Director of Governance, CSO	Jun 2026



South East Coast
Ambulance Service
NHS Foundation Trust



Board Assurance Framework

2025/2026

April



Contents:

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Our Strategy 2024-2029

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

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



Our Trust Strategy 2024 - 2029

Saving Lives, Serving Our Communities

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.

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.

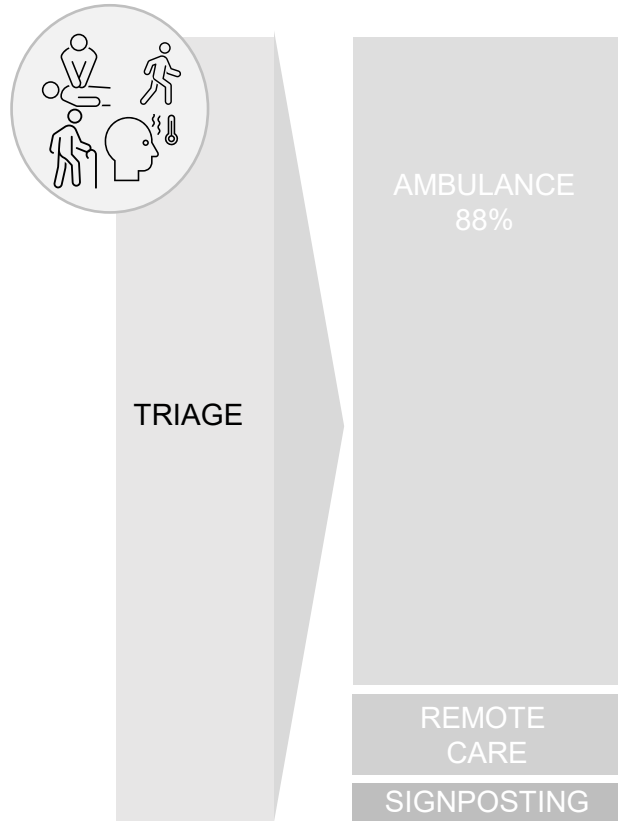
By ensuring we play a full part as a system partner, we can ensure that patients receive the most appropriate form of care for their condition, with unnecessary admissions to Emergency Departments are avoided and that care is provided in the community where possible.

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.

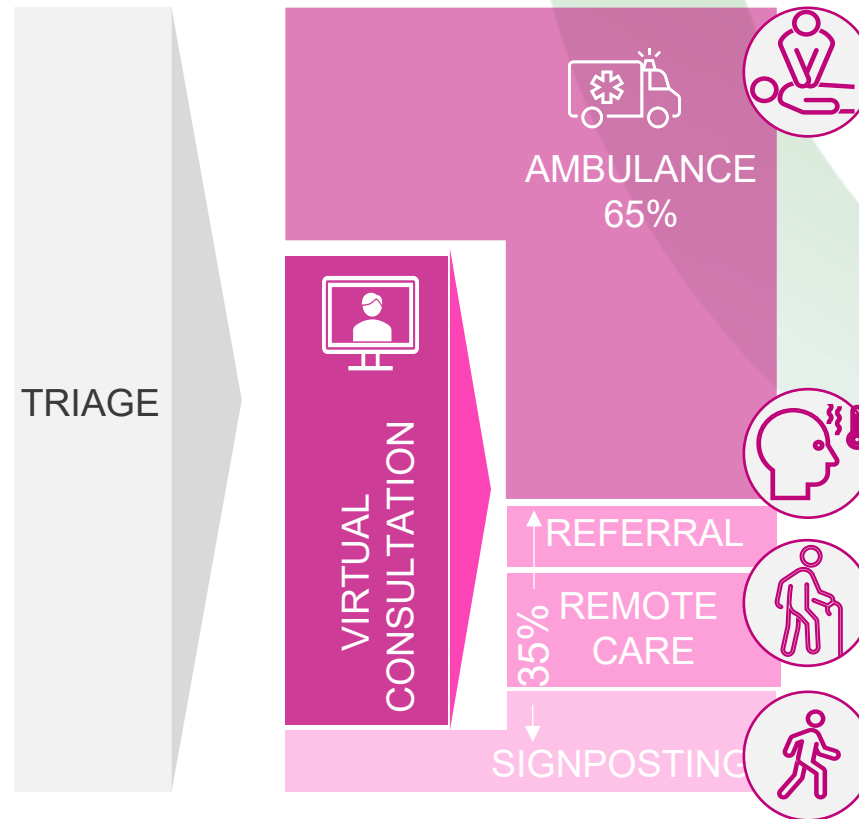
Our Strategy 2024-2029



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

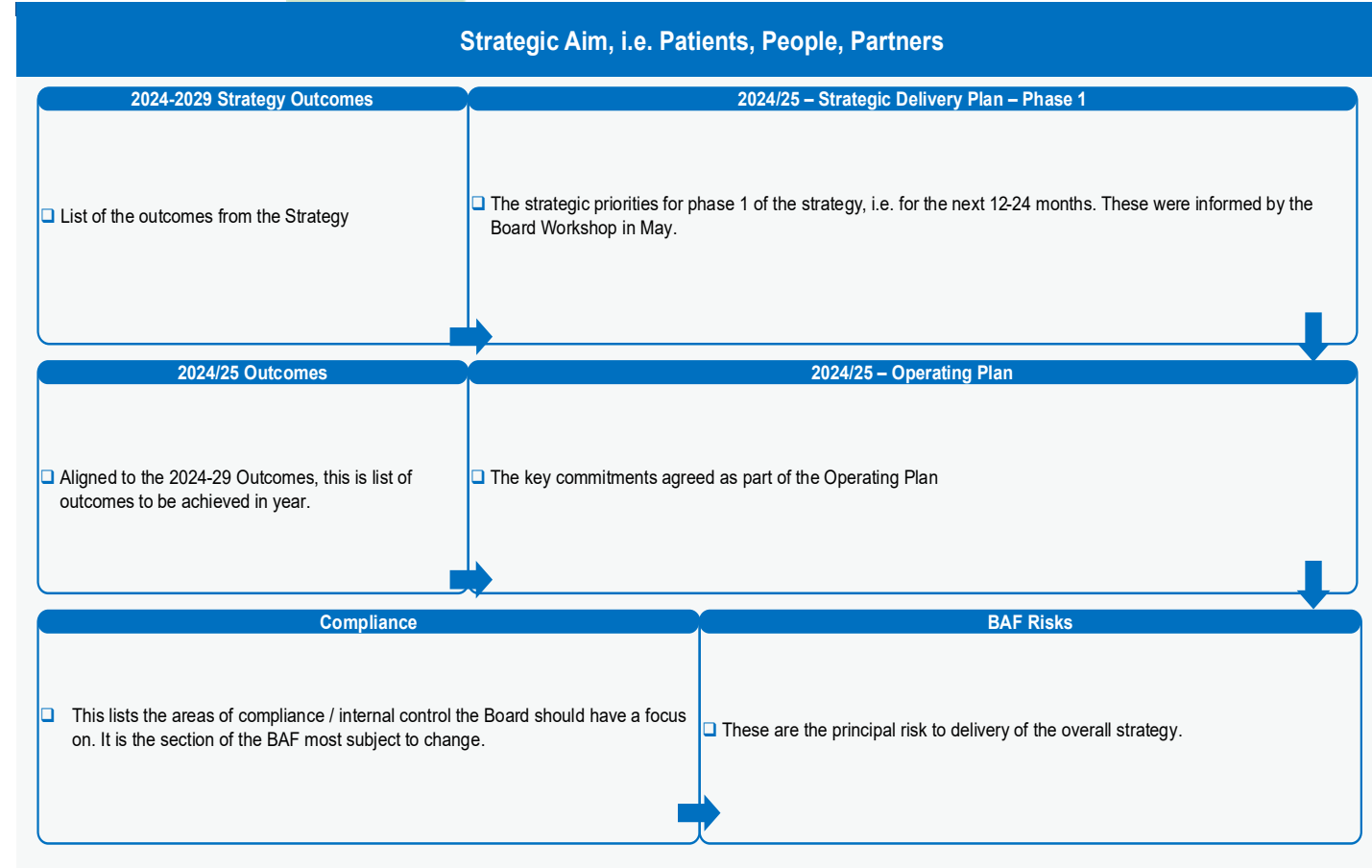


How our Board Assurance Framework (BAF) Works



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								

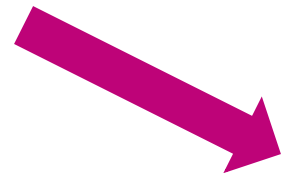


Board Highlight Report –			
Progress Report Against Milestones:	SRO / Executive Lead:	Previous RAG	Current RAG
Key achievements against milestone			
Upcoming activities and milestones	Risks & Issues:	Score	Mitigation
Escalation to Board of Directors			
Q1 (Apr-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	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	
Controls: we have the vision and a strategy which has been signed off by the Board. There is an agreed financial plan, with enhanced financial controls to be implemented. Our partners have signed up to the vision, however the available funding has not yet allowed them to commit to delivery.	Committee	Finance and Investment Committee	
Gaps in control: there is no agreement in place with commissioners for the 2024/25 financial year. No agreed multi-year plan with associated funding to support implementing our clinical model.	Initial risk score	Consequence 5 X Likelihood 4 = 20	
Positive sources of assurance: ICB clinical plans and strategy delivery plans refer to our strategy e.g.: Surrey Heartlands, shared delivery plan for Sussex. Strategic Commissioning group set up as formal governance route between SECAmb and ICB partners to develop a multi-year plan. NHSE through RSP has an expectation that we will develop this multi-year plan as part of our exit criteria. Our strategic delivery plan derives from our Strategy and is reflected in the BAF for 2024/25.	Current Risk Score	Consequence 5 X Likelihood 4 = 20	
Negative sources of assurance: This year we are planning for a £16.5 million deficit. Current plans for ICBs do not support a multi-year funding arrangement to get SECAmb to financial sustainability.	Target risk score	Consequence 4 X Likelihood 1 = 04	
Gaps in assurance: The Board has not yet seen the plan between June 2024 and December 2024 to develop the multi-year plan to exit RSP. There is a significant challenge in coordinating and aligning the multiple stakeholders involved in developing the multi-year plan, given the complexity and scale of the work. The Board has not yet seen the recommendations from the Southeast Ambulance Commissioning review or how the recommendations will affect the ability to deliver the multi-year plan.	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	
Set out Health Inequalities objectives for 25-27				Chief Nursing Officer	SMG	No	QPSC	
Develop Quality Assurance Blueprint			N/A	Chief Nursing Officer	SMG	No	QPSC	
Deliver the three Quality Account Priorities	Health Inequalities Year 2: 1) Maternity 2) MH			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	ePCR			Chief Nursing Officer	SMG	No	QPSC	10/04/2025
	Framework for patients with Suicidal ideations/intent			Chief Nursing Officer	SMG	No	QPSC	N/A
Patient Monitoring Replacement	Commence the replacement scheme by Q4			Chief Medical Officer	SMG	Yes	QPSC	11/09/2025
	Design future replacement programme by Q4						QPSC	11/09/2025
Deliver improved clinical productivity through our QI priorities	IFTs			Chief Nursing Officer	SMG	No	QPSC	
	EOC Clinical Audit			Chief Nursing Officer	SMG	No	QPSC	N/A

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Delivery of our Trust Strategy: There is a risk that we are unable to deliver our Trust strategy due to insufficient organisational maturity and capability, particularly in the virtual care space, resulting in poorer patient outcomes.	09 ➡	06	CSO
Internal Productivity Improvements: There is a risk that we are unable to deliver planned internal productivity improvements while maintaining patient outcomes as a result of insufficient or unfulfilled changes to service delivery processes or models of care, resulting in unrealised operational performance or financial sustainability.	12 ⬇️	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 & Audit	February 2026	2024-25 Implemented PSIRF Principles / Standards – compliance is over 90% as reported to QPSC in Sept. Internal Audit tested the effectiveness of PSIRF including how learning is captured and shared. The outcome was Moderate Assurance

VIRTUAL CARE | REPORTING PERIOD (25 Feb 26 - 18 Mar 26)

Executive Sponsor: Jen Allen | Programme Manager: Kate Mackney

STRATEGIC PORTFOLIO:
We deliver high quality patient care

Aim/Outcome of the Programme

The Design Phase aims to produce a Board-ready Target Operating Model that defines how the Trust will deliver virtual care at scale. The TOM will be structured across seven core components, supported by a phased implementation roadmap, risk and dependency analysis and impact assessments. The TOM must support: two system-aligned Clinical Assessment Hubs (Kent & Medway / Surrey & Sussex); a single governance and accountability framework; standardised clinical processes and pathways; improved interoperability and digital enablement; and a defined workforce model with clear roles, competencies.

Assurance Statement

The Virtual Care Design Phase remains on track, with all workshops completed and outputs aligned with the EMB-approved direction. Work this period focused on consolidating the Target Operating Model, strengthening governance, clarifying escalation routes, and refining the end-to-end patient pathway. Design outputs are being validated through clinical assurance and structured internal and external stakeholder engagement to ensure the TOM is clinically sound, operationally deliverable and aligned with the Trust's strategic direction. Key risks (digital integration constraints, workforce variation and the need for further pathway standardisation) continue to be actively managed through dependency tracking and mitigation planning. Overall delivery confidence remains stable, with a clear line of sight to a Board-ready TOM.

Current Position

Alert

- Digital interoperability and process constraints (e.g., shared care records, workflow automation) present a material risk to TOM feasibility without early resolution
- Workforce feasibility concerns remain regarding capability variation and the level of standardisation required across functions.

Advise

- Pathway standardisation must continue to ensure safe start and end points and consistent interfaces between triage, care navigation and remote clinical assessment.
- Staff engagement and change readiness require strengthening as the model develops, to ensure the workforce is informed and prepared for the future operating model.

Assure

- Patient pathway design and the core skills and capabilities required for the future model have been validated through structured MDT review and engagement with internal and external stakeholders, including provider partners
- Digital enabler requirements have been scoped and escalated through the digital programme for resolution.

RAG Status

Impact on Outcomes



The design work indicates strong potential to improve patient navigation, reduce duplication and enhance assurance, but this is dependent on resolving digital integration constraints, standardising virtual care governance, and addressing variation in workforce capability.

Delivery Confidence



The programme is delivering to the Design Phase plan, with all workshops, governance forums and clinical assurance touchpoints completed as scheduled. Risks and dependencies are being actively monitored and escalated through the High Quality Care Steering Group.

Action Required

Ask of this forum

- To endorse the strategic direction of the emerging TOM, including the design principles and draft end-to-end patient pathway.
- To support prioritisation of the digital and workforce enablers required for feasibility.
- To note the emerging operational requirements that will inform implementation planning.

EMB/Committee Outcome

VIRTUAL CARE | REPORTING PERIOD (25 Feb 26 - 18 Mar 26)

Executive Sponsor: Jen Allen | Programme Manager: Kate Mackney

STRATEGIC PORTFOLIO:
We deliver high quality patient care

Risk ID & Description	Current Target RAG	Trend	Mitigations
<p>Capability and Competency Requirements for Virtual Care: There is a risk that the programmes will face challenges in defining, attracting and developing the right competency mix for virtual care and clinical assessment roles, recognising that strong clinical skills do not automatically translate to effectiveness in virtual settings</p>			<ul style="list-style-type: none"> Workforce model based on demand-led capacity assumptions and defined competency requirements. Pre-conditions for implementation scenarios identified.
<p>Differences in Interpretation During Design: There is a risk that differing interpretations of evidence or design principles emerge during engagement, creating tension between clinical, operational and contractual priorities</p>			<ul style="list-style-type: none"> Clear issues log with escalation to Executive Sponsor. Structured MDT review sessions to test and resolve differing interpretations during the design process. Transparent design-decision record.
<p>Digital Integration Constraints: Design options may be limited by technical, data or estates constraints that only surface late, impacting feasibility of proposed pathways</p>			<ul style="list-style-type: none"> Dependency tracking with escalation through digital programme. Early estates and data feasibility assessment.
Milestones for next reporting period (Outcome-relevant only)	Impact on delivery		Mitigations
TOM workshops and partner forums completed (achieved)	Confirmed design foundations and validated pathway design through MDT and stakeholder engagement.		N/A - completed.
High-level implementation scenarios to be developed following Board endorsement of TOM	Required to support Board decision on implementation approach; cannot progress until strategic direction endorsed.		Identify critical dependencies early with Executive Lead and SROs.
Completion of QIA	Provides essential clinical safety assurance; insufficient evidence of patient safety impact would delay approval.		Engage early and run parallel with TOM consolidation. QPSC to undertake full quality review prior to implementation approval.
Consolidation of TOM into Board-ready draft	Critical to maintaining programme momentum and ensuring timely decisions on feasibility, implementation and required enablers.		Clinical assurance touchpoints, active dependency tracking, structured escalation, and integrated partner feedback.

KPI

Baseline & Target

Current Status

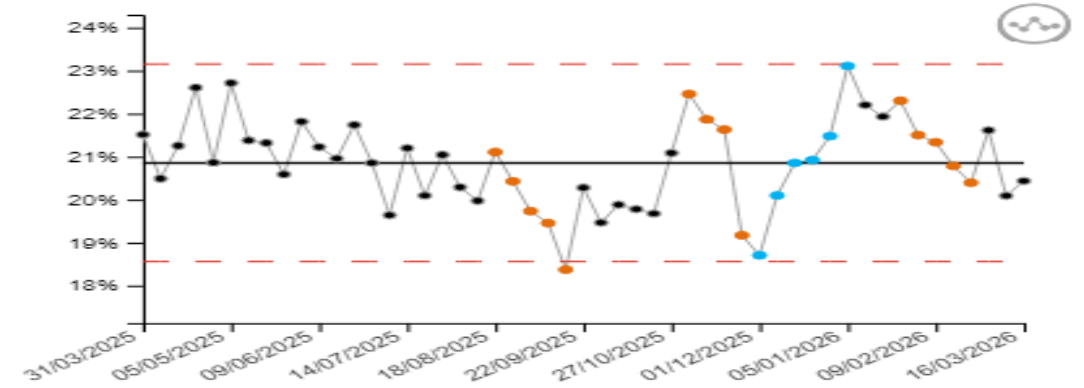
Trajectory (graph)

% of Incidents with a Pre-dispatch Call Back



- Current performance shows a variable trend with improvement.
- Aligns to strategic ambition of delivering virtual consultation to 55% of patients.
- Monitored to establish baseline for future model; operational improvement managed through productivity programme.

% Incidents With Pre-Dispatch Callback

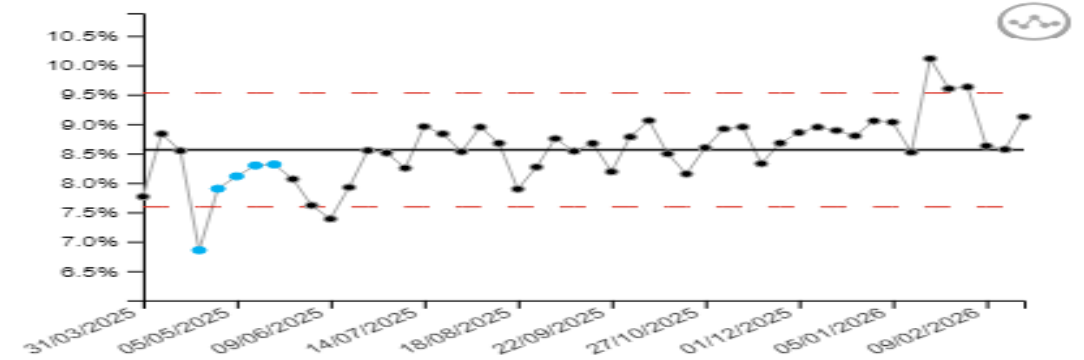


Representation within 48hrs



- Current performance remains in normal variation.
- Strategic target to be confirmed as part of model development.
- Monitored to establish baseline for future model; operational improvement managed through BAU.

Representation Within 48 Hours



Models of Care | REPORTING PERIOD (29 Jan 26 - 25 March 26)

Executive Sponsor: Richard Quirk | Programme Manager: Katie Spendiff

STRATEGIC PORTFOLIO:
We deliver high quality patient care

Aim/Outcome of the Programme

Patients requiring Emergency Category 1 and high-acuity Category 2 responses (Type A patients) will receive a timely physical response from a paramedic crewed ambulance whose roles are designed to meet their needs.

Patients with Urgent Care lower acuity Category 2, 3 & 4 responses (Type B patients) will receive a timely virtual response from the correct speciality who will meet their ongoing needs.

Assurance Statement

The programme continues to deliver against its strategic objectives, with progress visible across the focus area Models of Care, data quality and responsiveness to patients. Falls workstream performance is strong, with care home call volumes consistently below target and C3 response times improving. Cardiac arrest 30-day survival remains broadly on target. However, the ability to attribute CFR first-on-scene improvements for reversible cardiac arrest directly to programme activity remains limited, and EOLC on-scene times remain inconsistent. Dependencies with the Virtual Care Design Phase are managed through the High Quality Care Steering Group. Year 2 delivery objectives are being aligned to the Trust's strategic direction and the emerging virtual care model.

Current Position

Alert

- EOLC on-scene times are trending in the wrong direction, with February showing a sharp rise nearing control limits.
- Organisational change is being felt Trust wide and change fatigue is being managed within the programme.
- Colleagues' capacity remains constrained during Winter / REAP 3 & 4 service levels.

Advise

- Year 2 MOC delivery objectives are being mapped against the approved volunteer strategy and the emerging virtual care model to ensure alignment and avoid duplication.
- Programme alignment with the SCAS Joint Clinical Model is progressing as planned, with joint checkpoint meetings providing ongoing oversight.

Assure

- Falls workstream delivering consistently below care home call volume targets, with C3 response times showing a clear improving trend
- Cardiac arrest 30-day survival remains broadly on target with monthly mean above target for 6 out of 7 months recorded
- Joint governance continues to provide oversight and alignment across Models of Care and Virtual Care programmes.

RAG Status

Impact on Outcomes



Positive delivery outcomes are emerging in the Falls workstream, though sustained embedding is still required. The ability to attribute CFR first-on-scene improvements for reversible cardiac arrest directly to programme activity remains limited; with the volunteer strategy now approved, scaling delivery is required to drive measurable impact. EOLC on-scene times remain inconsistent and will be prioritised in Year 2.

Delivery Confidence



Year 2 MOC delivery objectives are being developed in alignment with the Trust's virtual care model through joint programme governance. Resource availability is being managed in the context of ongoing organisational role transitions.

Action Required

Ask of this forum

- To note the positive trajectory in Falls and cardiac arrest survival.
- To support the prioritisation of EOLC on-scene time improvement as a Year 2 focus area.

EMB/Committee Outcome

Models of Care | REPORTING PERIOD (29 Jan 26 - 25 March 26)

Executive Sponsor: Richard Quirk | Programme Manager: Katie Spendiff

STRATEGIC PORTFOLIO:
We deliver high quality patient care

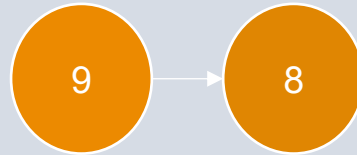
Risk ID & Description

Current RAG Target RAG

Trend

Mitigations

Workforce: There is a risk that the Virtual Care and MOC programmes may be unable to attract and retain clinicians with the right skills for virtual care, due to uncertainty about the optimal skill mix, the need for virtual-specific competencies, and challenges recruiting for virtual roles. This could delay delivery, reduce care quality, hinder safe implementation of the future model, and affect staff confidence.



Lowered from 12 to 9 reflecting improved control

- Competency and skill mix framework planned jointly across Virtual Care and Models of Care programmes.
- Workforce modelling planned to inform future planning and recruitment.
- Virtual care training programme to be progressed with Clinical Education.

System alignment to Trust strategy: There is a risk that external systems are initiating change and pathways that don't align to the Trust's strategic deliverables.



Stable - continued system partner engagement maintaining alignment; risk remains as external pathway changes are outside Trust control

- Continued engagement on the Trust's strategic deliverables with system partners and ICBs.
- Mapping of contract deliverables with Strategic Partnership Managers.
- New divisional structures provide oversight through key stakeholder relationships and an early warning system for system/regional pathway changes.

Organisational Change & Internal Stakeholder Engagement: There is a risk that poor internal communication and organisational changes could lead to resistance, reduced morale, and delays.



Stable - communications and change management activity ongoing; risk persists given scale of concurrent organisational change

- Internal communications plan developed with comms team, including regular staff updates and Q&A sessions.
- Change management support in place for workstream leads.
- Feedback loops and escalation routes established to identify and respond to resistance early

Milestones for next reporting period (Outcome-relevant only)

Impact on delivery

Mitigations

31 March 2026 - Programme EIA, QIA and DPIAs approved to ensure changes are safe, equitable and appropriately impact-assessed.

1. Reduces risk to patients, staff and stakeholders.
2. Reduces programme delays or blockers.

1. Clinical ownership assigned and drafts underway.
2. Existing templates being used to accelerate completion.
3. Programme governance tracking progress to deadline.

02 April 2026 - Year 2 delivery aims finalised, aligned to the Trust's strategic direction.

1. Reduces strategic misalignment.
2. Accounts for planning cycles.

1. Time-bound planning sprint in Q4.
2. Provisional interim aims to unlock early delivery activity.
3. Early executive alignment on programme deliverables.

15 April 2026 - Year 1 programme evaluation completed, with scope proportionate to available data and programme maturity.

1. Evidence-based decisions shaping Year 2.
2. Opportunity to share and embed lessons learnt.

1. Evaluation scope and approach agreed with programme leads.
2. Proportionate methodology to ensure completion within reporting timeline.

Models of Care | REPORTING PERIOD (29 Jan 26 - 25 March 26)

Executive Sponsor: Richard Quirk | Programme Manager: Katie Spendiff

STRATEGIC PORTFOLIO:
We deliver high quality patient care

KPI

Current Position & Target

Current Status

Trajectory (graph)

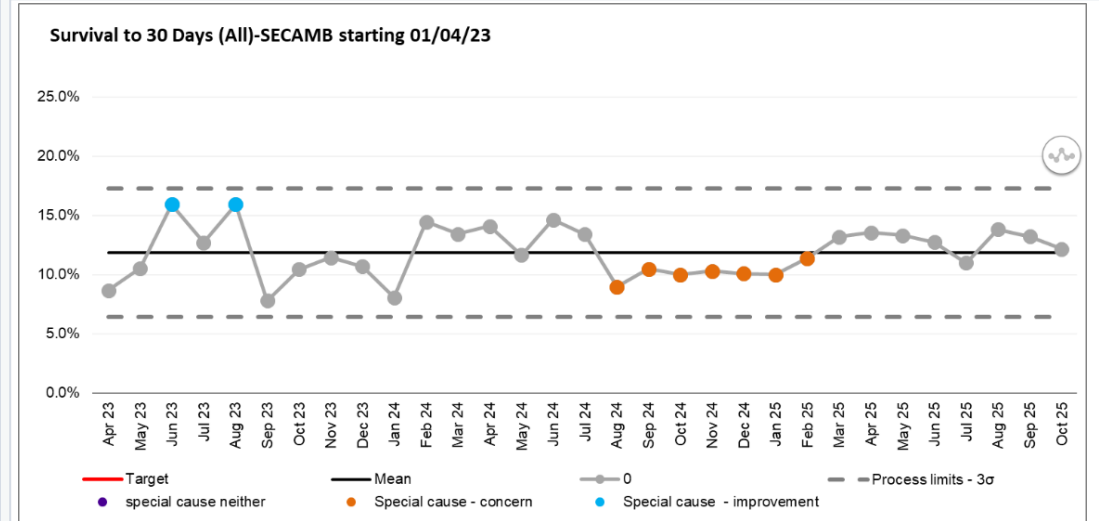
Reversible Cardiac Arrest MOC

Cardiac Arrest 30-day survival data shows improvement and in year aggregate is increased.



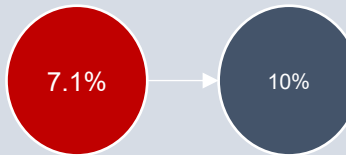
Current performance is broadly on target, with a YTD average of 12.8% against a 12.5% target.

Monthly mean has been above target for 6 of the 7 months recorded to date, with common cause variation observed. Programme initiatives are maintaining steady performance.

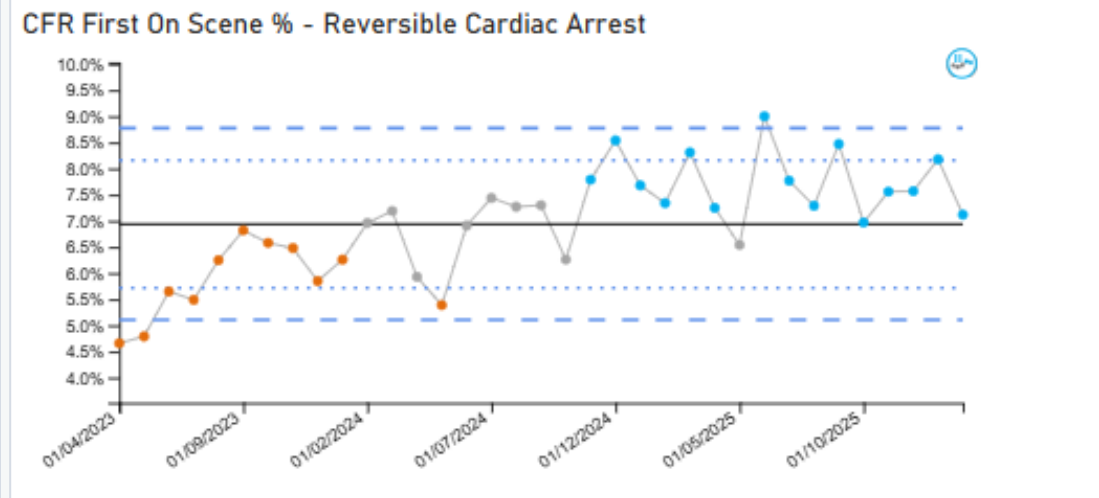


Reversible Cardiac Arrest MOC

Increase in CFR first on scene % - Reversible Cardiac Arrest



Current performance is 7.1% (Feb 2026) against a 10% target, remaining materially below target. Performance is consistently higher and more stable than 2024, and the National Mobilisation App (NMA) has been implemented as standard for all CFRs to improve mobilisation times. With the volunteer strategy now approved, scaling volunteer provision is a primary lever for improving this metric.



Models of Care | REPORTING PERIOD (29 Jan 26 - 25 March 26)

Executive Sponsor: Richard Quirk | Programme Manager: Katie Spendiff

STRATEGIC PORTFOLIO:
We deliver high quality patient care

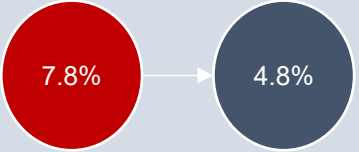
KPI

Current Position & Target

Current Status

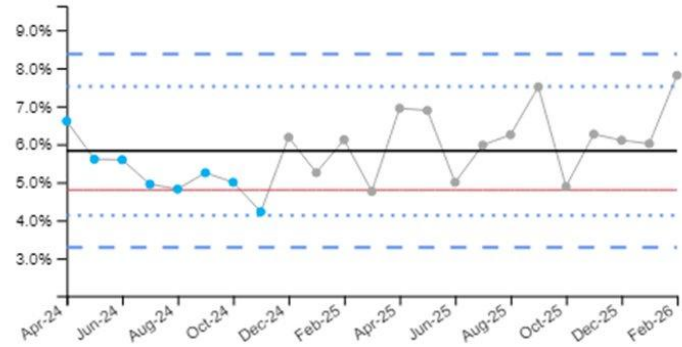
Trajectory (graph)

End of Life Care, Palliative, Dying MOC:
Longest on scene time does not breach 3 hours.



Current performance is 7.8% against a 4.8% target, significantly off target and deteriorating. February showed a sharp Trust-wide rise in long on-scene times, nearing control limits. System variation exists, with Kent requiring investigation. Introduction of the SPICt tool in Year 2 is expected to support earlier identification and reduce crisis-driven 999 calls.

% of On Scene Over 3 Hours - Trust

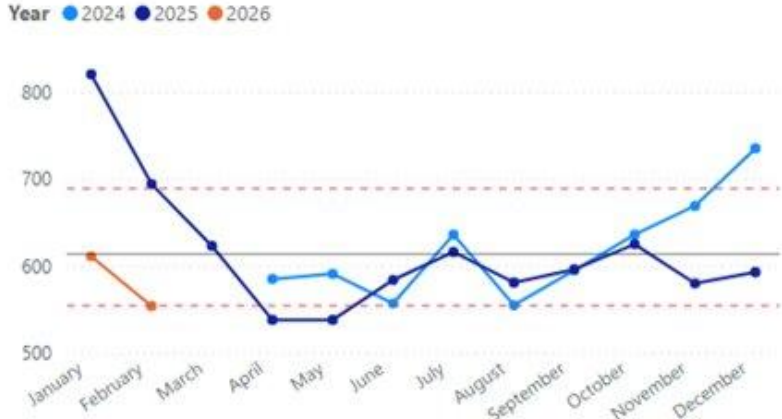


Falls, Frailty and Older People MOC:
Reduce number of care home calls (with interventions) by 10% in Y1.



Jan/Feb 2026 show significantly reduced 999 care home call volumes from settings with interventions, notably below the 580-call target and approaching the lower statistical threshold. Interventions are having a strong and accelerating impact. Work is underway to formalise processes and embed the model into BAU to ensure sustainability. There is growing regional and national interest in this work.

Count of Reviewed Care Home Incidents



Models of Care | REPORTING PERIOD (29 Jan 26 - 25 March 26)

Executive Sponsor: Richard Quirk | Programme Manager: Katie Spendiff

STRATEGIC PORTFOLIO:
We deliver high quality patient care

KPI

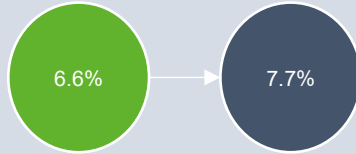
Current Position & Target

Current Status

Trajectory (graph)

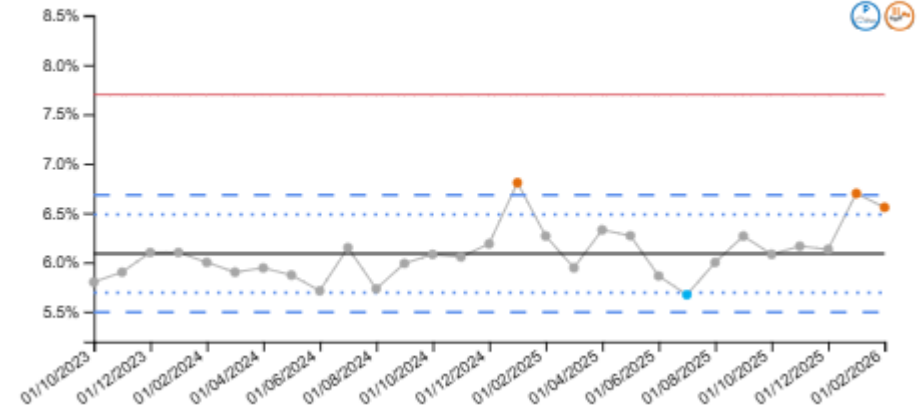
Falls, Frailty and Older People MOC:

Reduce 999 calls from residential and care homes by 10% in year 1 (this measures all care homes data across the patch)



Trust average 6.6% (February 2026). Performance has remained consistently below the target (7.7%) across the period. Recent data points sit higher than earlier in the period and will be monitored. Workstream lead is liaising with BI to agree a revised baseline and target for 26/27 given sustained performance below the current threshold.

% 999 Calls From Nursing Homes - All Calls



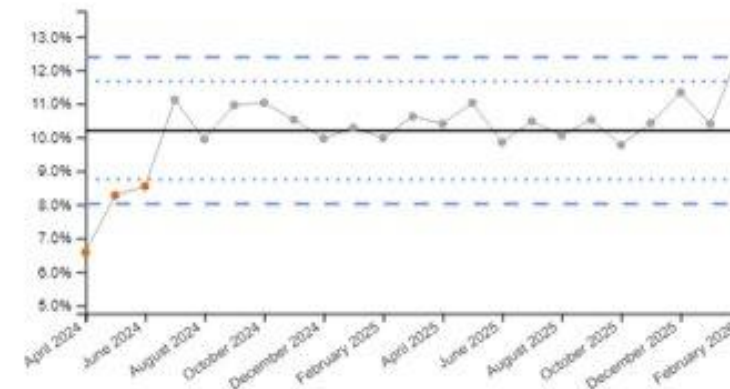
Falls, Frailty and Older People MOC:

Reduction in ambulance attendance to non-injury falls calls and increase of utilisation of CFRs for non-injury falls calls



Increased CFR attendance, reduced ambulance dispatch and growth in CFR-only response supported by virtual consultation is anticipated in the coming months. Current recording protocols classify any CFR attendance as See & Treat, even where a Hear & Treat outcome is clinically achieved. This does not fully capture the programme's impact. Work is underway to determine metrics that better reflect the right response.

% of Non-Injury Fall Calls Resulting in Hear and Treat



Models of Care | REPORTING PERIOD (29 Jan 26 - 25 March 26)

Executive Sponsor: Richard Quirk | Programme Manager: Katie Spendiff

STRATEGIC PORTFOLIO:
We deliver high quality patient care

KPI

Current Position & Target

Current Status

Trajectory (graph)

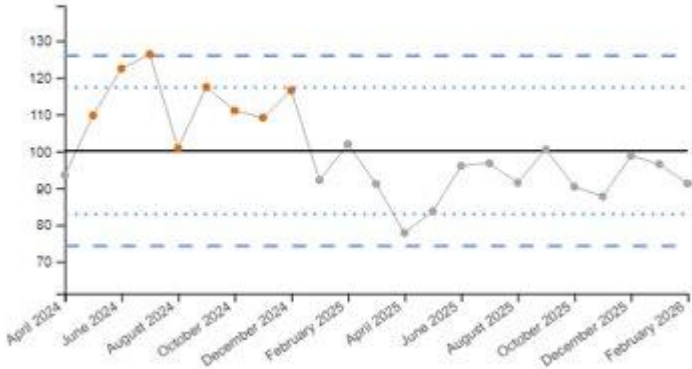
Falls, Frailty and Older People MOC:

Reduce Response time to patients who have fallen by 10% C3 mean



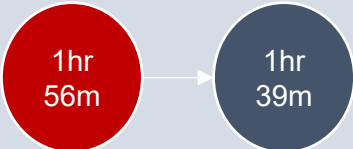
There is a clear improving trend in Category 3 mean response times, with performance now consistently below the long-term average. Targeted utilisation of CFRs on falls-related incidents, alongside active engagement on how they can best support these patients, is underway and is expected to further strengthen performance.

Cat 3 Mean Response Time (Mins)



Falls, Frailty and Older People MOC:

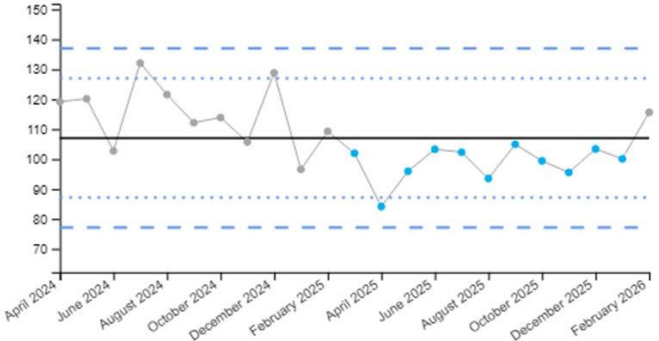
Reduce Response time to patients who have fallen by 10% C4 mean



Response times have improved markedly from mid-2025, with recent months performing better than the long-term average and closer to the lower expected range.

February 2026 shows an increase in C4 mean response time but remains within normal limits.

Cat 4 Mean Response Time (Mins)



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.

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Workforce planning assumptions and plan for Trust.	Chief People Officer	Q4 2025/26	EMB will shortly review the draft 2026/27 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

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
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 completed 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 and special cause variation in H&T rate seen, albeit remains below target level



South East Coast
Ambulance Service
NHS Foundation Trust



Integrated Quality Report

Trust Board April 2026

Data up to and including February 2026





What?

- We received positive staff survey results and a NOF rating of segment 2 (rank 4) demonstrating stable and improving overall performance.
- Feb C2 mean was above plan at 26:44 with the year-to-date C2 Mean on plan at 27:57, despite escalated demand in January.
- Internal productivity, in particular the H&T rate, is improving but at a slower rate than planned with 16.8% H&T in February against a plan of 19%. System driven productivity indicators remain challenged, although handover times have improved in Feb following a demand-driven peak in January
- We continue to see a gradually improving picture in ER indicators and in appraisal and mandatory training compliance, although there are seasonal sickness challenges.
- Quality of care indicators remain strong, with high PGD and care bundle compliance, and robust cardiac outcomes. Our Models of Care indicators are improving in terms of Falls response, with greater deployment of CFRs for patients who have fallen, but the End of Life care pathway remains challenging with increases in the number of crews on-scene over 3hrs at EOLC incidents.
- The Trust's month 11 year to date and forecast revenue financial position is in line with plan.

So What?

- We continue to deliver sustainable performance in line with plan and anticipate meeting our year-end C2 mean target and achieving financial balance, with positive feedback from staff against a high response rate to the staff survey.
- There is a need to continue to manage seasonal demand and resources (e.g. sickness) carefully through winter using our Winter resilience plan and oversight framework through the Divisions
- There is further improvement needed to our productivity metrics, with increases in call triage rates and H&T outcomes slower than trajectory. We will also continue work on our clinical pathways and quality improvement programme, working with system partners where needed.
- 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 maintain key metrics such as appraisal and mandatory training rates to support staff development and skills to provide high quality care.
- We continue to work in partnership with SCAS and to address our vehicle availability to improve VOR rates as we start to receive new fleet.
- The Trust's stable financial position provides a good basis for medium term planning and has informed the development of the CIP programme.

What Next?

- The focus through the end of the year will be ensuring we meet our key indicators around C2 mean and finance, while focusing on our quality, people and productivity programmes for the coming year.
- The BAF priorities are being developed for Board and inform our productivity programme, which will be managed through enhanced focused governance, building on improvements to date in key areas of H&T, sickness, VOR and alternative pathways for our patients. Digital transformation will be an important supporting strategy here
- The development of our organisational operating model, including further evolution of the Divisional model and completing organisational change in progress, will help to bring the right leadership and delivery framework to our plans.
- We will embed our streamlined workforce relations policies while refining our leadership framework and developing our culture work through the coming year.

Further development of the CIP programme and appropriate checkpoints through Q1 are being established to ensure we remain on track with our 2026/27 financial plan

NHS Oversight Framework

Segment - **2 – Above average** Trust Rank - **4**

Access to services

1 – High performing

Sub-domain	Description	Metric Score	Rank
Urgent and emergency care	Category 2 Mean	1.00	5 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	3.10	8 out of 10
Patient experience	Staff survey advocacy score	2.00	4 out of 10

Finance and productivity

1 – High performing

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	8 out of 10
Productivity	Relative difference in costs	2.37	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	3.84	6 out of 10

Overall Rating

CQC Rating

Requires Improvement










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

DSPT Status



Approaching standards

Staff Survey Results – 2025

People Promise Theme	SECAmb 2025	SECAmb 2024	National Avg	Best Result
 Compassionate and inclusive	7.05	6.92	6.93	7.25
 Recognised and rewarded	5.53	5.50	5.37	5.62
 We have a voice that counts	5.93	5.98	5.91	6.23
 Safe and healthy	5.76	5.73	5.65	5.91
 Always learning	5.12	5.02	4.92	5.30
 Work flexibly	5.66	5.48	5.55	5.83
 We are a team	6.47	6.43	6.23	6.74
 Staff Engagement	5.98	6.06	5.93	6.29
 Morale	5.87	5.88	5.54	6.06



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

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



What?

The Acute STEMI care bundle compliance has reached 100% which demonstrates successful learning for colleagues and good care for our patients who have a 'heart attack'. The post-ROSC care bundle compliance is still just short of the target, however this does not necessarily indicate poor care, but more a lack of recording of the agreed requirements in the post-ROSC period. 30 day survival continues to be very positive for those patients who have a cardiac arrest. Our PGD compliance continues to remain high, demonstrating that staff are well trained in the use of medications. The Falls Care bundle compliance (a new national measure) continues to improve but has not yet had enough time to collect enough data to make any meaningful conclusions.

Whilst our C3 response time to patients who have fallen continues to reduce, our C4 response time in the last month has risen slightly. It is pleasing to see that our Hear and Treat rates for non-injury falls and our deployment of CFRs to patients who have fallen continues to rise. It is worrying to see that the percentage of crews spending more than 3 hours on scene with patients at the end of life continues to rise. Our H&T rate is continuing to show an improving trend but at a slow rate, while there has been early improvement in EOC audit compliance.

There is little variation in number of patient safety incidents or the grading of severity of such, in a context of continued high reporting. It is good to see that hand hygiene compliance has improved across the Trust though variation can still be seen. The IPC and QI team successfully held a workshop in February with a wide range of operational stakeholders to identify the issues in compliance and focus on an agreed approach.

It is positive to see that compliments continue to significantly outnumber complaints throughout the winter period indicating our people continue to provide a high-quality service.

So What?

We can demonstrate good care for patients who suffer a 'heart attack'. The high PGD compliance reflects the low number of incidents of harm caused by medicine errors that SECAMB staff report; the level of training and education that our staff undertake in medicines management to remain compliant with their PGDs has a positive impact on patient care and reduced patient harm. The continuing improvement of the Falls Care bundle data demonstrates our focus on this model of care is having an impact on patients who have fallen over and spend too long on the floor. We are now getting to patients who have fallen in our fastest time in the last 2 years, which has reduced the time patients lay on the floor deteriorating. The continued increase in the percentage of crews spending more than 3 hours on scene with end of life patients is concerning as it demonstrates a gap in care provision in the health system for such patients leading to them having to call 999 at the end of life. Despite an intensive training programme this year, we are seeing a continued increase.

Our Virtual First campaign to promote H&T work continues and we are also continuing to support EOC with audit improvement.

Themes and patterns of patient care incidents are raised at QPSC and the stability of incidents recorded, alongside the strength of the Divisional incident review groups has enabled the Trust to carefully and intelligently identify the 2026/27 PSIRP, QI and Quality Account priorities. The agreed QI approach to hand hygiene across operations is being implemented with positive initial responses.

What Next?

With PGD compliance so high, the challenge now is to maintain this good performance and not reduce the energy and focus on this important metric. As the Falls, Frailty and Older People model of care develops, the Falls Care bundle data is predicted to improve – however this will require continued effort into 26/27 to ensure that we continue the relentless drive to reduce the time patients spend on the floor when they have fallen. We need to understand why the response time for C4 patients who have fallen over went up last month, against the trend of the last 2 years of work, and actions will be identified as needed to address this. Work continues with commissioners regarding the gaps in service provision for end of life care patients as we work in partnership to support and advocate for patients at the end of life while remaining mindful of our role as an urgent and emergency care provider. We will refocus on further actions relating to virtual care training and digital support for our clinicians to support improved productivity and effectiveness as we scope and drive further improvements through the coming year to get patients the right care first time.

The PSIRP, Quality Account and Quality Improvement priorities have or are being signed off on behalf of the board by the QPSC and the focus of investigations and work are being framed within this.

The local variation on the hand hygiene compliance is known and areas are being targeted and supported, continuing the QI approach to further understand the issues being experienced.

Variation

Special Cause Improvement



Common Cause



Special Cause Concern



Assurance

Pass



Hit and Miss



Fail



No Target



Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Feb-26	100%	79.4%	82.8%		
Board	**Cardiac Arrest - Post ROSC %	Oct-25	78.4%	83%	76.7%		
Board	**Cardiac ROSC ALL %	Oct-25	28.3%	28.4%	28.8%		
Board	**Cardiac ROSC Utstein %	Oct-25	55.5%	53.9%	52.1%		
Board	**Cardiac Survival ALL %	Oct-25	12.1%	11.4%	11.7%		
Board	**Cardiac Survival Utstein %	Oct-25	30.5%	34.1%	32.3%		
Board	Compliant NHS Pathways Audits (Clinical) %	Feb-26	84.4%	100%	83.3%		
Board	Compliant NHS Pathways Audits (EMA) %	Feb-26	85.5%	100%	82%		
Board	Hear & Treat %	Feb-26	16.8%	19.7%	15.2%		
Board	See & Convey %	Feb-26	53.8%	55%	54.5%		
Board	See & Treat %	Feb-26	29.2%	35%	30.2%		
Supporting	A&E Dispositions %	Feb-26	5.7%	9%	6.8%		
Supporting	PGD Compliance %	Feb-26	97.3%	95%	94.4%		
Supporting	Health & Safety Training Compliance	Feb-26	94%	100%	94.7%		
Supporting	Compliance with Audit Feedback Within Timeframe	Feb-26	93.8%	100%	95.9%		
Supporting	Falls Care Bundle Compliance	Dec-25	47.5%	46.6%	44.9%		
Supporting	Mean Average Time from Call to Catheter Insertion (STEMI)	Jan-26	01:49:44	02:31:00	02:19:56		
Supporting	90th Centile Time from Call to Catheter Insertion (STEMI)	Jan-26	03:04:24	03:27:00	03:12:43		
Supporting	Mean Average Time from Call to Arrival at Hospital (Stroke)	Jan-26	01:50:11	01:27:00	01:32:52		
Supporting	Median Time from Call to Arrival at Hospital (Stroke)	Jan-26	01:19:00	01:18:00	01:18:47		
Supporting	90th Centile Time from Call to Arrival at Hospital (Stroke)	Jan-26	02:32:00	02:14:00	02:20:34		

Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Feb-26	00:02:34	00:00:20	00:01:25		
Board	999 Call Answer Mean	Feb-26	00:00:04	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Feb-26	00:00:01	00:00:10	00:00:06		
Board	Cat 1 Mean	Feb-26	00:08:19	00:07:00	00:08:21		
Board	Cat 1 90th Centile	Feb-26	00:15:27	00:15:00	00:15:28		
Board	Cat 2 Mean ★	Feb-26	00:26:44	00:24:32	00:28:40		
Board	Cat 2 90th Centile	Feb-26	00:54:00	00:40:00	00:58:09		
Supporting	Cat 3 90th Centile	Feb-26	04:29:46	02:00:00	04:55:07		
Supporting	Cat 4 90th Centile	Feb-26	05:44:51	03:00:00	05:09:31		
Supporting	Section 136 Mean Response Time	Feb-26	00:18:57	00:18:00	00:23:37		

Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls from Nursing Homes	Feb-26	6.5%	7.7%	6.1%		
Board	Falls, Frailty & Older People: Cat 3 Mean Response Time	Feb-26	01:33:52	01:35:00	02:03:50		
Board	Falls, Frailty & Older People: Cat 4 Mean Response Time	Feb-26	01:51:22	01:39:00	01:57:42		
Board	Falls, Frailty & Older People: H&T % - Non-Injury Falls	Feb-26	12.3%	15%	10.5%		
Board	Falls, Frailty & Older People: CFR First on Scene % - Non-Injury Falls	Feb-26	7.8%	4.8%	6.2%		
Board	End of Life Care, Palliative & Dying: % of on Scene Times Over 3 Hours	Feb-26	6.6%	4.8%	4.9%		

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	Feb-26	21.6%		19.9%		
Board	CFR Backup Time (CFR First on Scene) Mean	Feb-26	00:18:57		00:19:20		
Board	Responses Per Incident	Feb-26	1.1	1.09	1.1		
Board	JCT Allocation to Clear All Mean	Feb-26	01:36:30	00:50:05	01:36:17		
Supporting	JCT Allocation to Clear at Hospital Mean	Feb-26	01:47:41	01:58:37	01:49:53		
Supporting	JCT Allocation to Clear at Scene Mean	Feb-26	01:21:01	01:30:26	01:18:09		

Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Feb-26	94087		93652.9		
Supporting	999 Calls Answered	Feb-26	70949		76398.3		
Supporting	CFR Attendances	Feb-26	1716	2000	1869.6		
Supporting	Incidents	Feb-26	62755		66148.2		

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

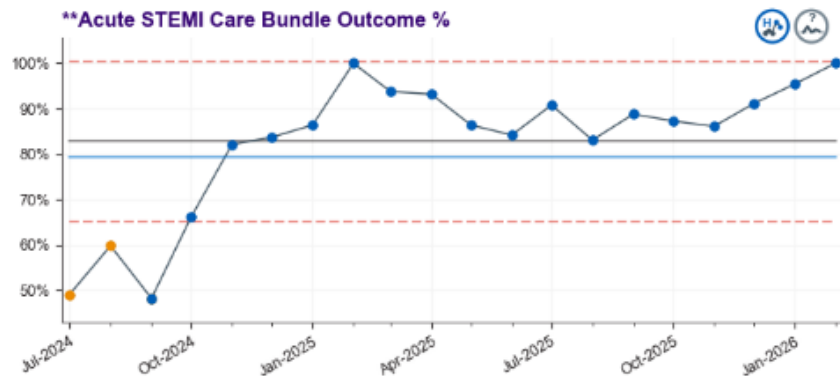
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Harm Incidents per 1000 Incidents	Feb-26	3.2	2.85	3.1		
Board	% of PSI (Datix) Where Final Harm is Moderate or Above	Feb-26	2%	1.7%	1.6%		
Supporting	Duty of Candour Compliance %	Feb-26	100%	100%	90.1%		
Supporting	Number of Medicines Incidents	Dec-25	212		173.3		
Supporting	Hand Hygiene Compliance %	Feb-26	90.2%	90%	85.1%		
Supporting	Number of Learning Responses Commissioned	Feb-26	10		7.3		
Supporting	Number of Level 4 Safeguarding Referrals Made	Feb-26	218		260.5		

Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Feb-26	0.9	0.49	0.7		
Board	Number of Compliments Received per 1000 Incidents	Feb-26	2.4	1.82	2.1		
Board	% of Patients Who Express Satisfaction With Our Service	Feb-26	95%	95%	91.1%		
Supporting	Complaints Reporting Timeliness %	Feb-26	78%	95%	87.9%		
Supporting	Complaints That Have Resulted In Learning For The Trust %	Feb-26	40%	95%	39.5%		
Supporting	No. of PEQs Received Across the Trust Per Month Per 1000 Incidents in 999	Feb-26	1.5		1.2		

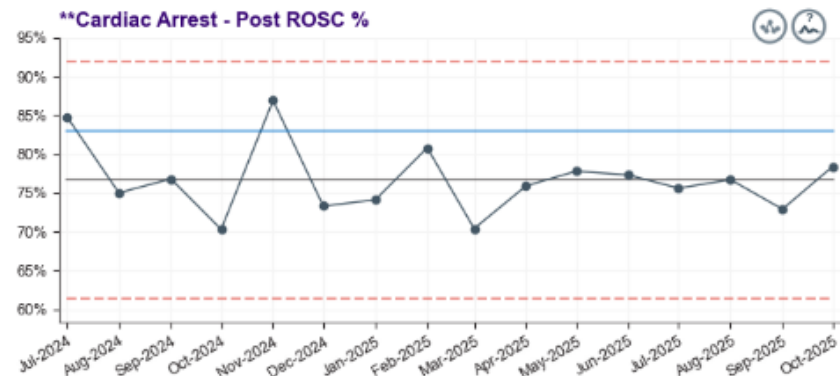


**Acute STEMI Care Bundle Outcome %



M-5
Dept: Medical
Metric Type: Board
Latest: 100%
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 100%, well above the 79.4% target. Performance continues to demonstrate sustained special-cause improvement, with compliance consistently maintained above target since late 2024.

So what?

This sustained high performance indicates that the STEMI care bundle remains firmly embedded in routine clinical practice, with patients reliably receiving the key elements of evidence-based STEMI care. The continued stability of the measure suggests that both frontline clinical delivery and audit processes remain robust and resilient despite operational pressures.

What next?

Continue monitoring to ensure this high level of compliance is maintained and that learning from the STEMI pathway continues to inform improvement approaches in other time-critical care bundles. Compliance is also likely to improve following national changes implemented in January 2026. This change removes the requirement to administer GTN and will likely show improvement in compliance. This will be seen nationally and is not due to specific improvements in SECAmb.

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, with values fluctuating within the established range seen across the reporting period.

So what?

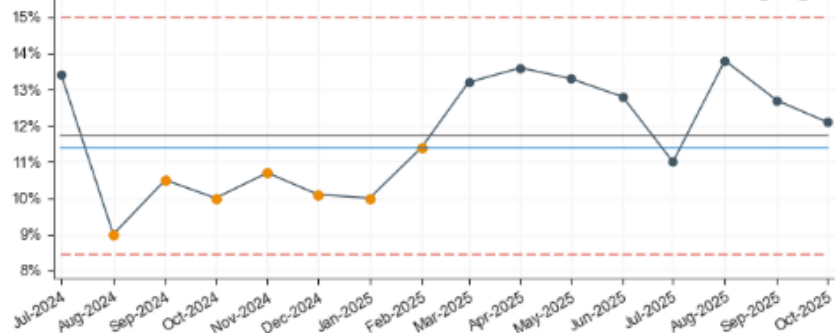
As previously noted, this measure provides assurance around the consistency of post-resuscitation processes but should be interpreted as a process indicator rather than a direct outcome measure. There remains no clear evidence that compliance with this bundle alone improves patient outcomes, and the primary indicators of pathway effectiveness remain the survival and neurological outcome metrics. The relatively stable performance of this measure suggests that post-ROSC processes remain embedded within routine care.

What next?

Continue phased implementation of the endorsed CCP-led post-cardiac arrest feedback approach, recognising that improvements in process measures are likely to be incremental while staffing capacity and competing workstreams are balanced. Monitoring will continue alongside survival and ROSC outcomes to ensure a comprehensive view of cardiac arrest pathway performance



**Cardiac Survival ALL %



M-4

Dept: Medical
Metric Type: Board
Latest: 12.1%
Target: 11.4%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

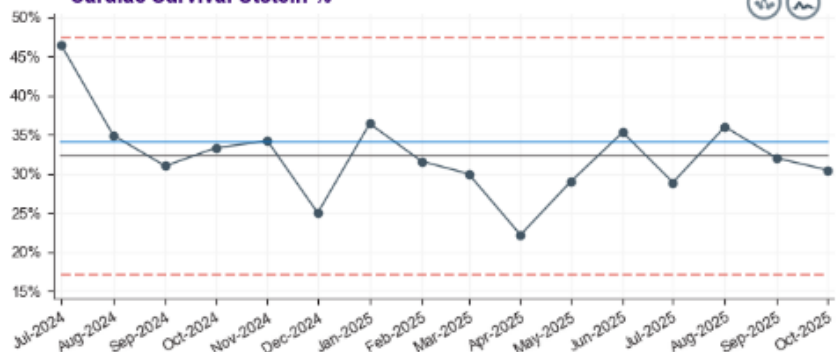
**Cardiac ROSC ALL %



M-2

Dept: Medical
Metric Type: Board
Latest: 28.3%
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: 30.5%
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: 55.5%
Target: 53.9%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

Overall cardiac survival is 12.1%, above the 11.4% target, while Utstein survival is 30.5%, below the 34.1% target. Both measures remain within common cause variation with no statistically significant change. Overall survival continues to track slightly above target, while the Utstein cohort shows expected month-to-month variability around the target line.

So what?

The continued above-target performance in overall survival suggests the cardiac arrest pathway remains resilient and is delivering positive outcomes across the wider patient population. The lower Utstein figure this month reflects normal statistical fluctuation within a smaller cohort and should be interpreted alongside the stable overall survival performance. As highlighted previously, survival outcomes remain the most meaningful indicator of pathway effectiveness and should be considered in conjunction with ROSC and post-ROSC process measures rather than in isolation.

What next?

Continue to prioritise monitoring of survival outcomes as the primary measure of impact while using ROSC and post-ROSC metrics to provide supporting assurance around pathway delivery. Ongoing system-wide learning and clinical oversight will help maintain stability in outcomes and identify opportunities for incremental improvement as longer-term trends develop.

What?

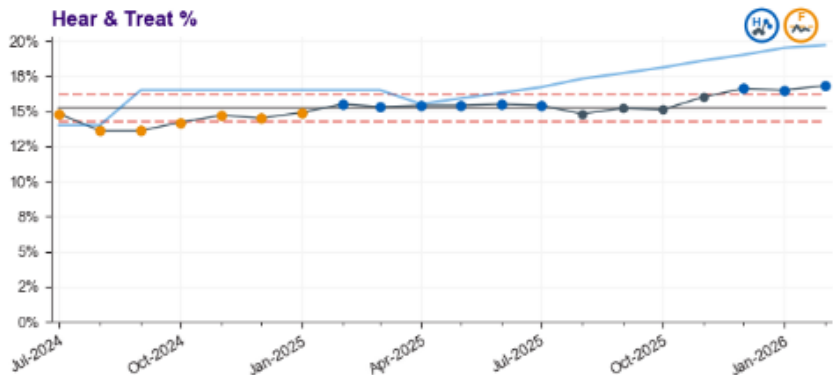
ROSC for all cardiac arrest patients is 28.3%, just below the 28.4% target, while ROSC for the Utstein cohort is 55.5%, above the 53.9% target. Both measures remain within common cause variation with no statistically significant change. Overall ROSC continues to fluctuate around the target line, while the Utstein measure shows variability typical of smaller cohort sizes.

So what?

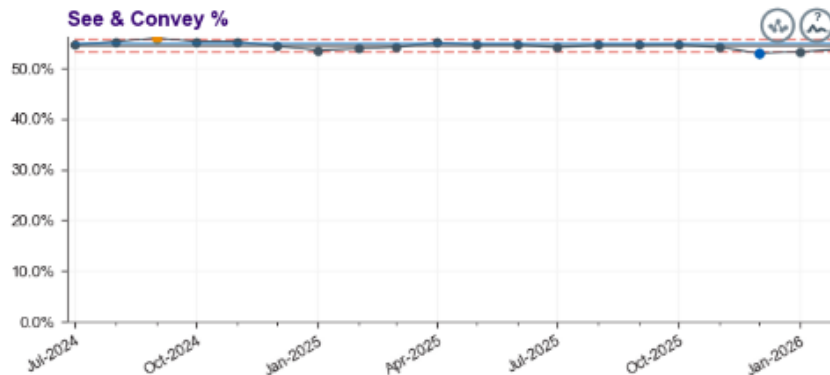
The above-target performance in the Utstein group this month is reassuring, as this cohort represents patients most likely to benefit from early resuscitation interventions. The overall ROSC figure remains broadly stable and close to target, suggesting that early resuscitation processes remain embedded across the system. As with other cardiac arrest metrics, ROSC should be interpreted alongside survival outcomes, which remain the most meaningful indicators of pathway effectiveness.

What next?

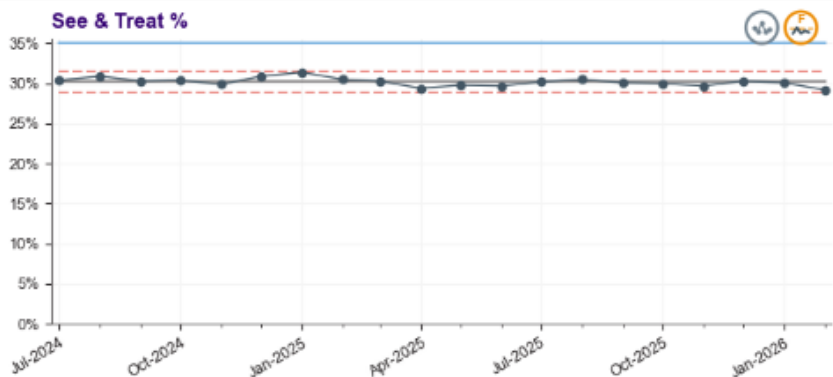
Continue to monitor ROSC measures as supporting indicators of early resuscitation performance while maintaining focus on survival outcomes as the primary markers of impact. Combined interpretation of ROSC, post-ROSC care, and survival trends will continue to inform system learning and guide incremental improvements across the cardiac arrest pathway.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 16.8%
Target: 19.7%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 53.8%
Target: 55%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 29.2%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

See & Treat and See & Convey

What? 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 continues, with Operating Unit Managers taking the lead in increasing H&T % and productivity.

Hear & Treat

What? Hear & Treat improved marginally in February compared to January, 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:

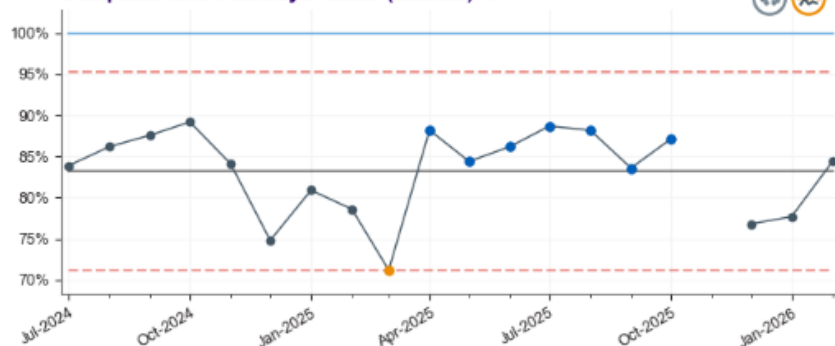
- Clinician capacity; the current substantive EOC clinician capacity is approximately 60% of requirement to achieve 100% C3/C4 clinical validation – although the Trust has increased clinician capacity in the UCNHs, this has not offset the planned reduction in agency clinician usage.
- Clinician productivity; 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, previously presented to EMB
- A new C2 Streaming process has been developed, and is now live with a dedicated navigator reviewing eligible C2 incidents and moving them for clinical assessment and operational band 6 staff supporting the on day C2 streaming activities.
- A new Intelligent clinical queue process is still being tested in the CAD, with a view to deployment in Q1 within EOC to improve clinician utilisation in virtual care, which should improve clinician productivity. There is a need to review the use of the ICQ across the wider Trust if the results are positive

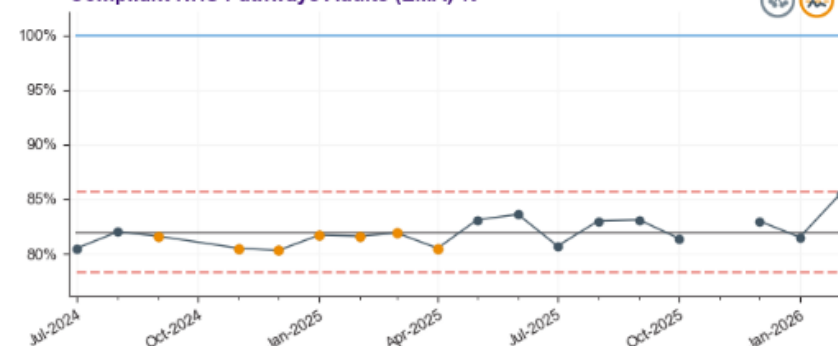


Compliant NHS Pathways Audits (Clinical) %



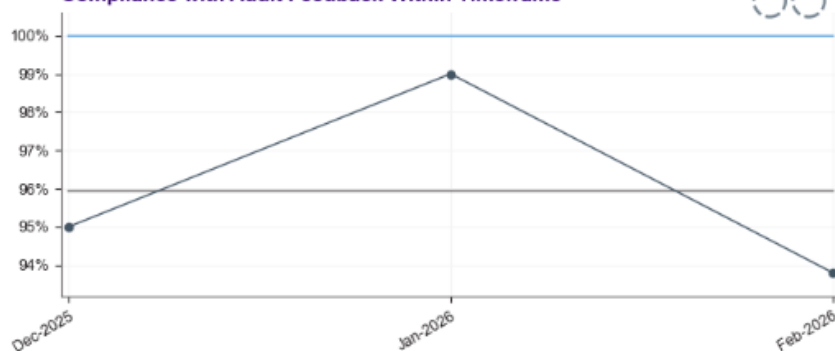
M-20
Dept: Nursing & Quality
Metric Type: Board
Latest: 84.4%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Compliant NHS Pathways Audits (EMA) %



M-22
Dept: Nursing & Quality
Metric Type: Board
Latest: 85.5%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Compliance with Audit Feedback Within Timeframe



QS-53
Dept: Quality & Safety
Metric Type: Supporting
Latest: 93.8%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.

What? Call audit compliancy has sustained at previous levels following a dip in performance earlier in the year. There is no national compliancy target but SECamb remains roughly 5-10% lower than SCAS and WMAS.

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?
The QI project continues to assess the root cause of the lower compliance. Clinicians are now remaining on NHS Pathways and are not being moved to PACCs until further assurance is gained. Dashboards are being revised to closely monitor teams' performance at staff level as well as teams' level. Feedback processes are being revised to ensure delivery is focussed on clinicians with low compliancy and high risk audits.

What? Call audit compliancy continues to be lower than the 85% target with an early indication that compliancy may be improving.

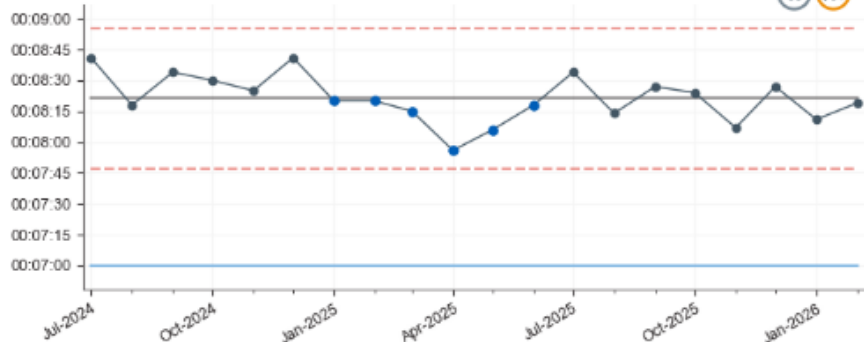
So what? Low compliancy can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC team.

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.
- Issuing of cardiac arrest call badges.

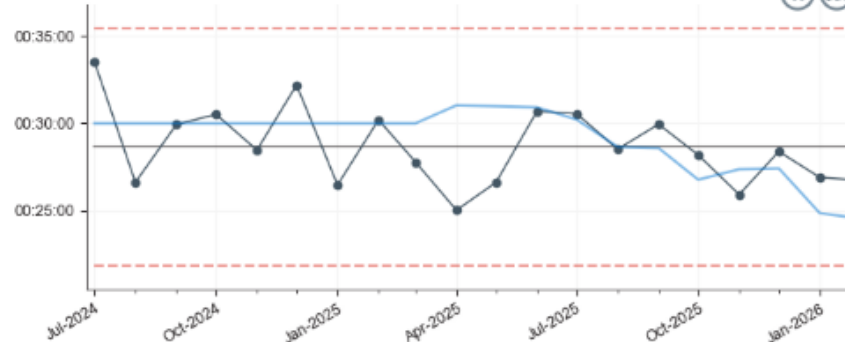


Cat 1 Mean



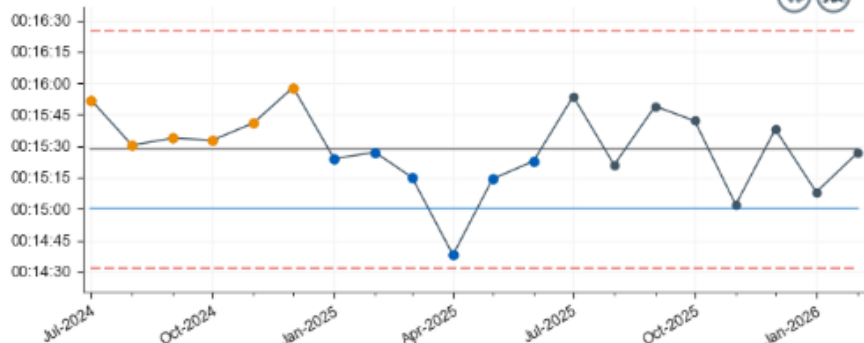
999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:08:19
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Cat 2 Mean ★



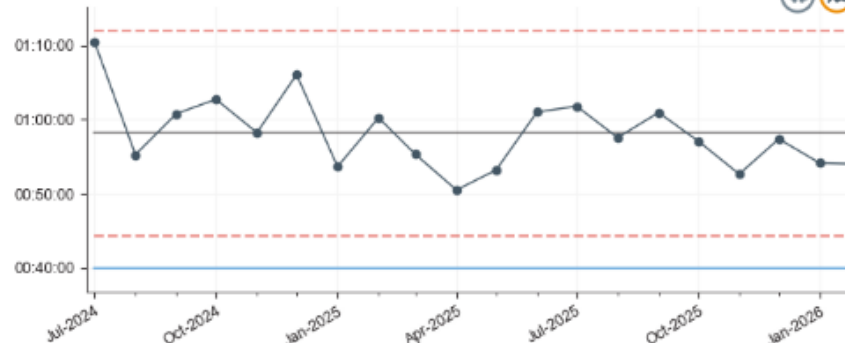
999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:26:44
Target: 00:24:32
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Cat 1 90th Centile



999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:15:27
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: 00:54:00
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? C1 performance in Feb was 08:19 against an ARP target of 7 minutes

So what? C1 Mean and C1 90th centile performance has been stable since the since Q2 despite overall activity variation particularly in Dec/Jan with winter pressures and escalation to REAP 4 in January.

What next? Stable C1 performance despite activity increases (all categories of call) over winter indicates positive management steps were taken to prioritise resources to C1 calls. Drive improve C1 responsive continues.

Cat 2 Performance

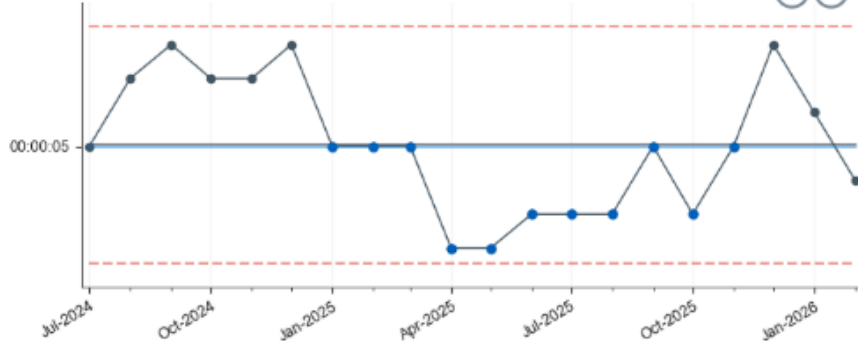
What? Feb C2 mean was 26:44 with the year-to-date C2 Mean at 27:57

So what? C2 Mean or 90th centile performance has not deteriorated in Jan & Feb, despite escalation to REAP4 in Jan but remains above target.

What next? Continuing focus on delivery of the C2 mean across operational divisions 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. Revised operational leadership structure will introduce new performance oversight role Service Delivery Manager from April.



999 Call Answer Mean



999-1

Dept: Operations 999

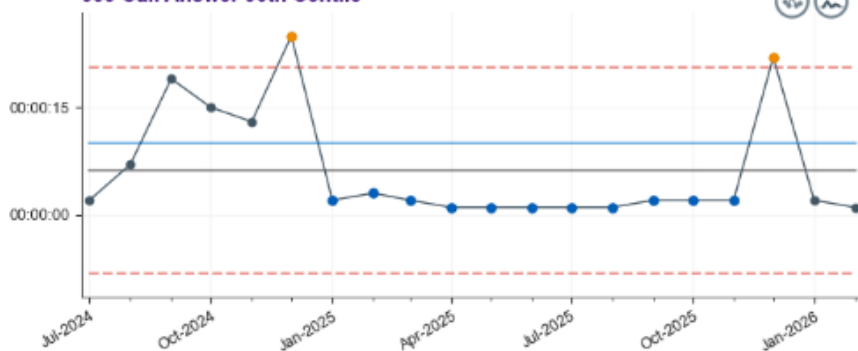
Metric Type: Board

Latest: 00:00:04

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

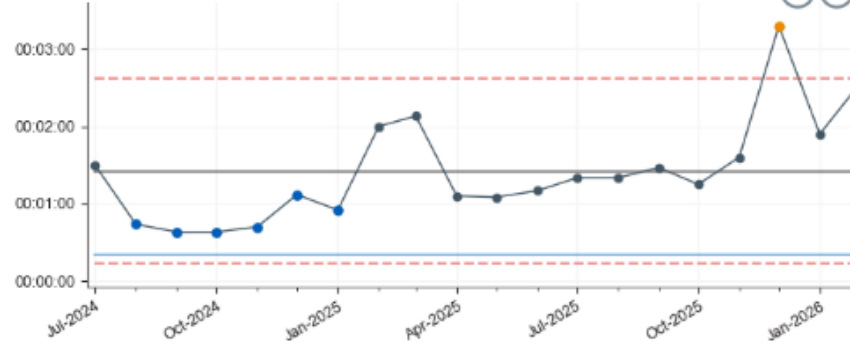
Metric Type: Board

Latest: 00:00:01

Target: 00:00:10

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

111 Average Speed to Answer



111-9

Dept: Operations 111

Metric Type: Board

Latest: 00:02:34

Target: 00:00:20

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

999 Call Handling Performance

What? Performance February did meet the AQI target of 5 secs, with a call answer mean of 4 secs. Activity in February stabilised, averaging over 21.5K calls per week, peaking over 22K the second 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 271.2 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 14.8 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 February part because of the early onset of the cold/flu season, SECAmb's consistent delivery of 999 call answering means the long waits that patients experienced prior to and immediately after the move to the Medway contact centre in 2023 no longer occur. This means patients get a timelier ambulance response and it reduces the pressure on EMAs, and the inherent moral injury generated by elongated 999 call waits. It also has a positive impact on overall ARP performance and enables SECAmb to help other ambulance trusts.

What next? Looking ahead, the 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. The Nexus House Ground Floor refit is complete and 111 and EOC are working successfully together.

111 Call Handling Performance

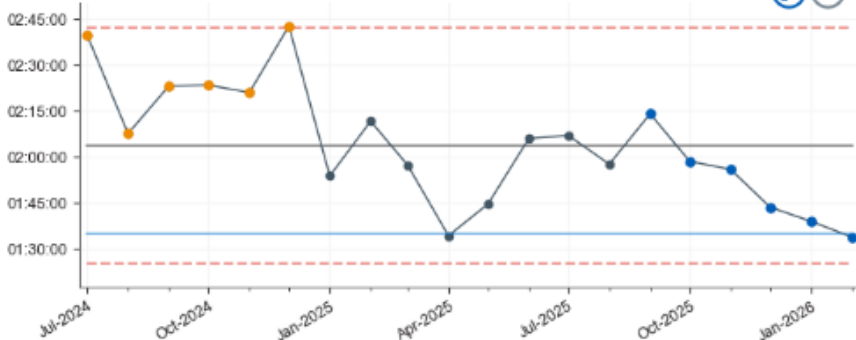
What? The 111-service transitioned to a revised operating model in H1, with a new sub-contractor operating configuration and contract in place. The Trust has also agreed a new 111 contract variation, which extends the current 111 service until the end of 26/27.

So what? The model has been embedded successfully with improved call handling metrics. Despite increased seasonal activity in February, the rate of abandoned calls was 8.4%, and the average speed to answer at 154 secs. Overall, the service's operational and clinical metrics have improved with a more equitable split of activity between SECAmb and its sub-contractor. The call splits (operationally and clinically) are reviewed monthly to maintain performance and to ensure contractual compliance.

What next? The service is now in a period of stabilisation and is continuing to review to find efficiencies and optimise performance. Recruitment remains positive, with steady staffing levels resulting in the planned number of NHS Pathways (NHS P) courses per month being reduced in Q3. "Hybrid" flexible working remains a key focus of the service, and currently there are more than 130 operations colleagues with a Hybrid 'kit'. Given the focus on increasing the number of bank GPs in the service, following the changes in operating model, the service is suspending increasing its number of non-clinical Hybrid workers in H2. The Trust is submitting early Q4 a revised 111 workforce model aligned to the new 111 CV



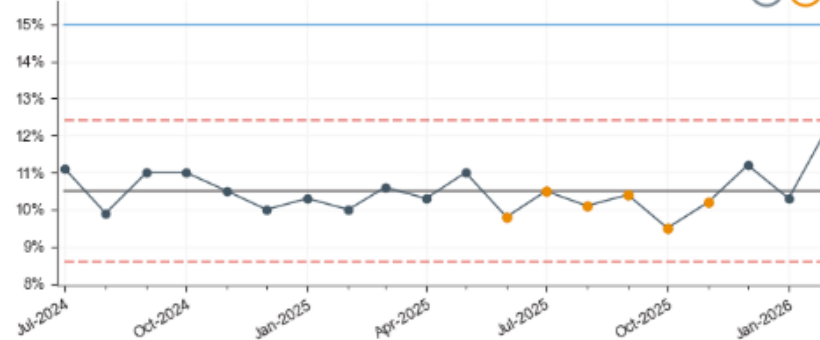
Falls, Frailty & Older People: Cat 3 Mean Response Time



QS-42

Dept: Quality & Safety
Metric Type: Board
Latest: 01:33:52
Target: 01:35:00
Special cause of an improving nature where the measure is significantly LOWER. 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: 12.3%
Target: 15%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

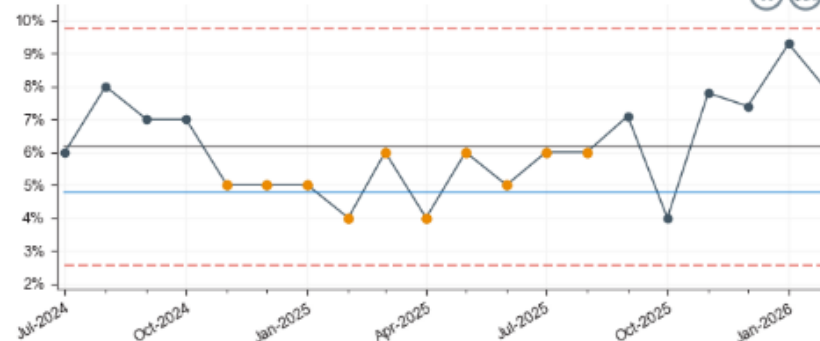
Falls, Frailty & Older People: Cat 4 Mean Response Time



QS-43

Dept: Quality & Safety
Metric Type: Board
Latest: 01:51:22
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: 7.8%
Target: 4.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

Positive reducing trend of response times in the C3 cohort since Sept, although not replicated in C4 cohort.

So what?

This means that our C3 patients, who are stuck on the floor, received 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 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?

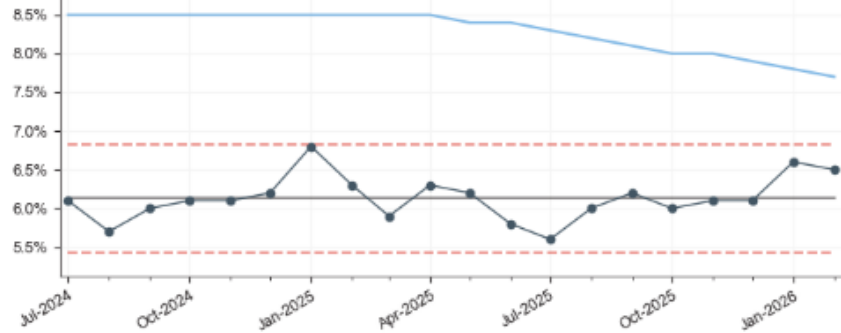
Patients who have fallen, without any injury, need early assistance off of the floor to prevent injury from long-lie. By sending CFRs we will reduce time spent on the floor whilst ensuring our ambulances remain available for patients with emergency care needs, and avoid duplicating resources at an incident unnecessarily.

What next?

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

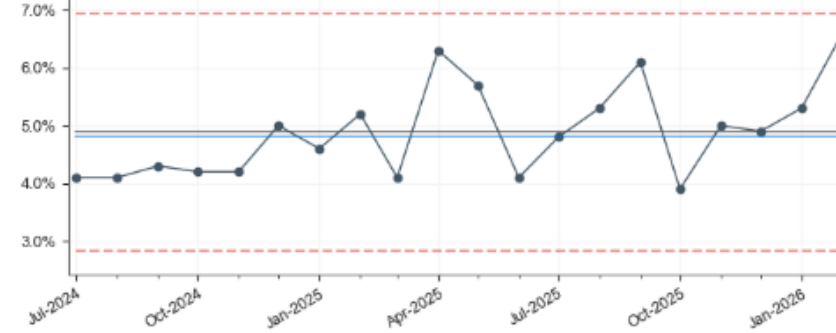


% of 999 Calls from Nursing Homes



999-35
Dept: Operations 999
Metric Type: Board
Latest: 6.5%
Target: 7.7%
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: 6.6%
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. No statistically significant change observable, just minor variation.

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.

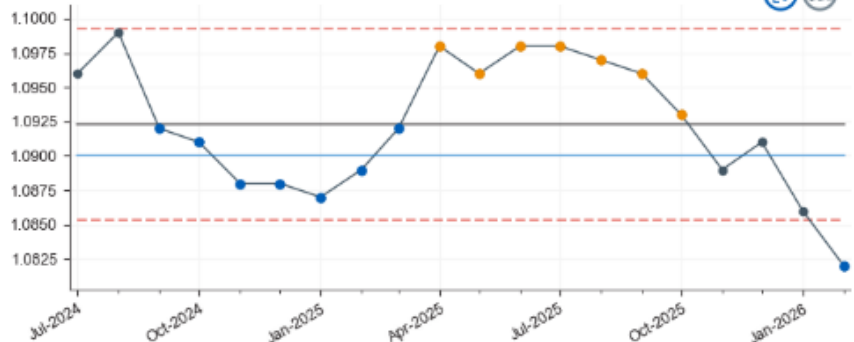
What? Kent is the only region showing an exceptionally high February value, potentially requiring further investigation. Surrey and Sussex both show routine, expected fluctuations, with no statistical indicators of concern. The regional variation suggests that February's challenges were localised, rather than system-wide and it's recommended this is explored in Kent. Trust wide, February shows a sharp rise in long on-scene times at organisational wide level, nearing control limits. While not statistically out of control, it represents a performance deterioration that may warrant examination—particularly given Kent's confirmed special-cause increase.

So what? Recent case studies shared with EMB provide examples of where other agencies who are commissioned to provide palliative care / end of life care / are obligated to plan for safe transitions of care are relying on the ambulance service as a safety net. The cases highlight the impact on SECamb in terms of lost resource hours from long on scene times, advice burden on senior paramedics, clinical risk, and medicines use.

What next? Introduction of the SPICT tool in Year 2 provides an early-identification framework where we should see fewer crisis-driven 999 calls coming into the Trust through proactive end-of-life planning using this tool. Continued monitoring and exploration of factors relating to on scene times for these patients.

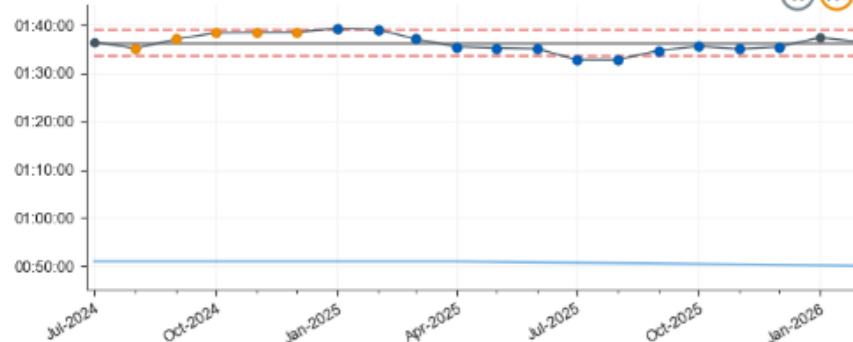


Responses Per Incident



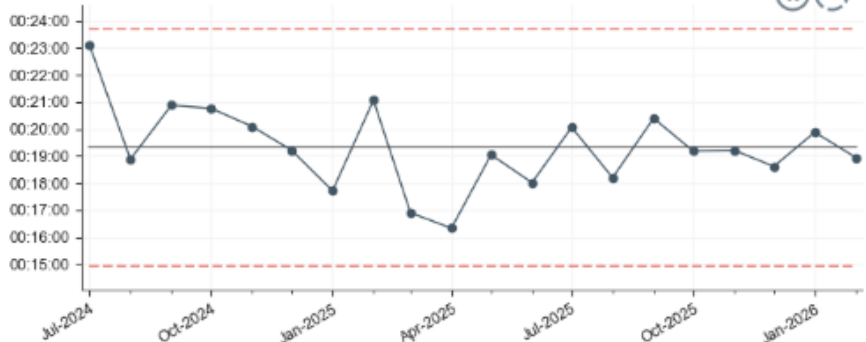
999-17
Dept: Operations 999
Metric Type: Board
Latest: 1.1
Target: 1.09
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

JCT Allocation to Clear All Mean



999-44
Dept: Operations 999
Metric Type: Board
Latest: 01:36:30
Target: 00:50:05
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

CFR Backup Time (CFR First on Scene) Mean



999-36
Dept: Operations 999
Metric Type: Board
Latest: 00:18:57

Common cause variation, no significant change.

% of 999 Calls Receiving Validation



999-34
Dept: Operations 999
Metric Type: Board
Latest: 21.6%

Common cause variation, no significant change.

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. Jan & Feb RPI show a reduction which is a positive indicator.

So what? This means the Trust is on average dispatching fewer resources to each incident, thereby having a positive 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 no observable significant variation.

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 Revised operational leadership structure will introduce new performance oversight role Service Delivery Manager from April.

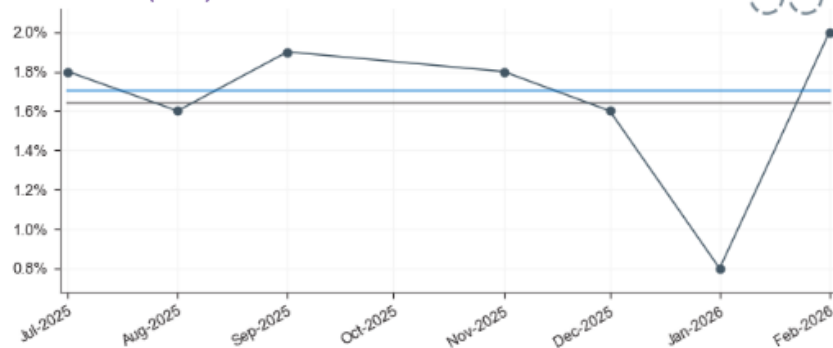
% 999 Calls Receiving Validation

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.

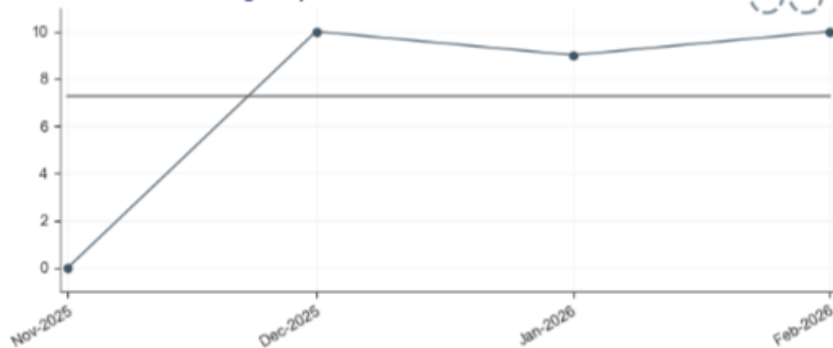
% of PSI (Datix) Where Final Harm is Moderate or Above



QS-37

Dept: Quality & Safety
Metric Type: Board
Latest: 2%
Target: 1.7%
Special cause or common cause cannot be given as there are an insufficient number of points.

Number of Learning Responses Commissioned

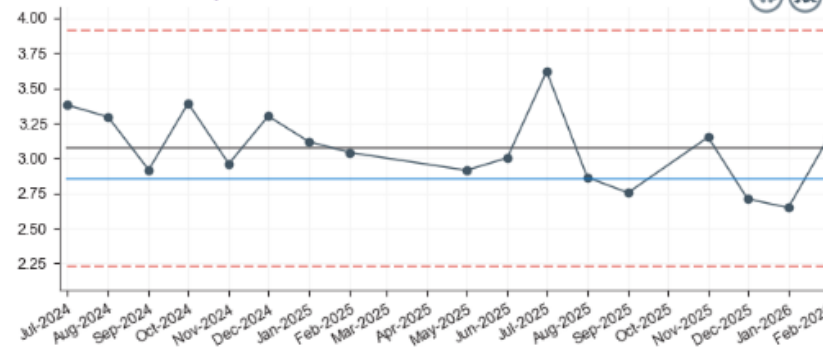


QS-49

Dept: Quality & Safety
Metric Type: Supporting
Latest: 10

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: 3.2
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 – 2% of all incidents in January 2026. This is above the target of 1.7%. All of these are scrutinised at the Divisional Incident Review Groups (IRG).

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

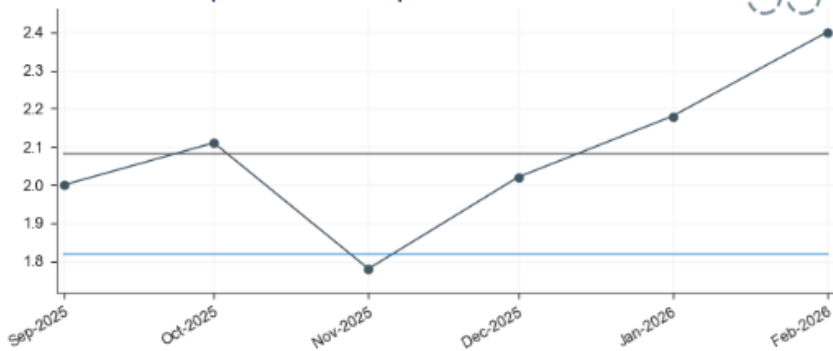
What next? Continue to monitor themes resulting in harm and articulate and implement improvement plans

What? The number of incidents resulting in harm to patients per 1000 incidents across our 999 and 111 services was 3.2.

So What? The number of patients who came to harm for every 1000 incidents was 3.2 exceeding the target of 2.85. However, this increase does not represent a statistically significant change.

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 2026/27.

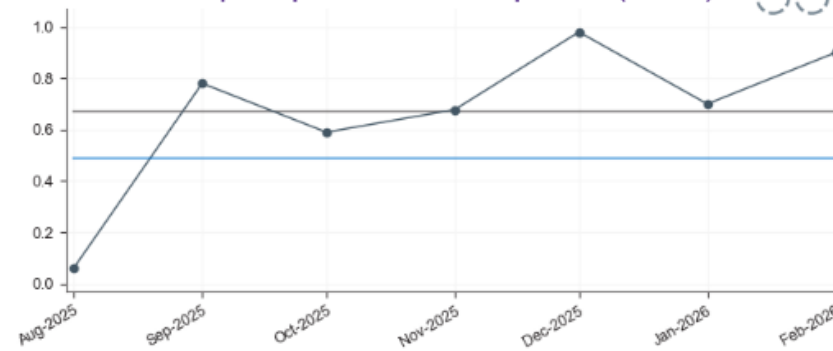
Number of Compliments Received per 1000 Incidents



QS-48

Dept: Quality & Safety
Metric Type: Board
Latest: 2.4
Target: 1.82
Special cause or common cause cannot be given as there are an insufficient number of points.

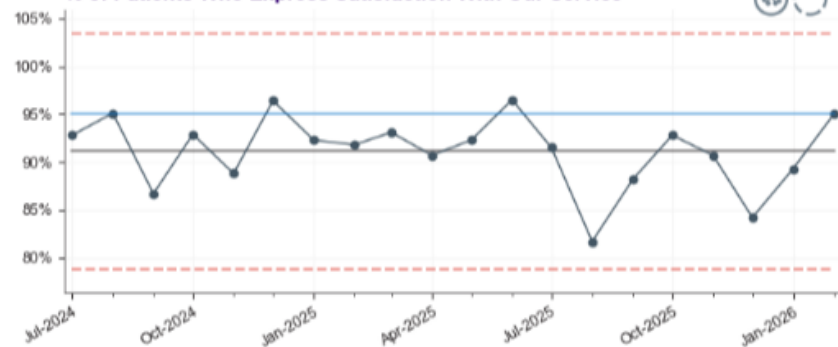
Number of Complaints per 1000 Incidents Responded to (Patients)



QS-38

Dept: Quality & Safety
Metric Type: Board
Latest: 0.9
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: 95%
Target: 95%
Common cause variation, no significant change.

What?

The Trust receives 2.4 compliments for every 1000 patient interactions, over 2.5 times the number of complaints (0.9 per 1000 interactions). There has been a minimal rise in compliments month on month since November which is pleasing as this has been the winter period so higher pressure on services. The percentage of patients reporting satisfaction with our service continues to fall within expected variation.

So what?

This new metric suggests a positive upwards trend in patient feedback, with compliments significantly outnumbering complaints. This reflects provision of a high-quality service and effective feedback channels.

Data for the percentage of patients who express satisfaction with our service is derived from Patient Experience Questionnaire (PEQ) data. Currently, this represents a relatively small sample of approximately 100 PEQs per month, so any variation in this metric should still be interpreted 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?

Following a dip in complaints received in January this shows a slight increase for February but is not statistically significant.

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 has been completed and is with senior colleagues for review before being widely distributed and any learning shared.



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

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



Agenda No	12/26
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Name of meeting	Trust Board
Date	2 April 2026
Name of paper	Quality & Patient Safety Committee Assurance Report – 12 March 2026
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

This assurance report provides an overview of the most recent meeting on 12 March 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

The committee reflected on the recent Board Development session and the need to embed how we consider health inequalities in all we do. The integration of the quality and quality impact assessment will support this alongside the Quality Blueprint. The committee will review this more fully at its meeting in July.

ALERT

Quality Improvement Priorities:

- **Inter Facility Transfers (IFTs)**
The related risk has now reduced following data now from 2025 showing 2.4% of total conveyance and of this, only 6.9% is non-commissioned activity. Therefore, the risk is much lower than previously assessed.
- **EOC Clinical Audit**
Limited progress has been made due to operational pressures and so the executive has extended this into Q1. The IQR is showing us below target, but with some positive developments including a redesign of the audit tool and re framing of audit feedback. It is unlikely that the target for compliance will be achieved until Q3.

The committee expressed concern about the lack of improvement despite the input. It explored if the steps being taken will address the issues in a sustained way noting the lack of a single audit framework. Further assurance will be sought in September, to test the impact of the QI.

Antimicrobial Resistance (AMR)

AMR is a significant clinical risk nationally with antimicrobials account for about 50% of NHS 111 prescribing activity. SECamb has an established and expanding Antimicrobial Stewardship (AMS) programme covering:

- Prescribing practice (111 and 999 services)
- PGD compliance and audit
- Point-of-care testing pilots (FebriDx)
- Training programmes and “train the trainer” cascade
- Public and patient expectation management (TARGET leaflets, Pharmacy First referrals)

Performance improvements are already evident:

- Increasing compliance with shortest effective course lengths - the most commonly prescribed antibiotic is amoxicillin and >80% of prescriptions were for the recommended 5 days treatment.
- Reduction in broad-spectrum antibiotic use - Broad-spectrum antibiotic prescribing is at 7%, which is below the national target of 10% but we are administering co-amoxiclav frequently in field operations and only 15% of co-amoxiclav prescriptions were for the recommended 5 days.
- Reduction in ciprofloxacin prescribing

The committee received good assurance with this programme aligning with the UK 2024–2029 AMR strategy targets: reduce use, increase knowledge, maintain resistance levels.

ASSURE

Patient Safety Incident Response Framework (PSIRF)

The committee has good assurance on compliance with standards. 50 / 55 are fully achieved (5 partially). This was also subject to a recent Internal Audit that supported our assessment and level of assurance.

In terms of evaluation, the Trust has made a considered and credible start in delivering its Patient Safety Incident Response Plan (PSIRP) 2024/2025, since the formal launch of PSIRF into the organisation in March 2024. A PSIRF Policy was approved and published in June 2025 and the PSIRP was also published, with the priorities clearly articulated; these have driven tangible learning responses across the year. A total of nine Patient Safety Incident Investigations (PSII) were undertaken, with at least one aligned to each of the declared priorities.

It is too early to evidence demonstrable outcome improvement, which is expected at this stage. However, the foundation has been laid, and the system is beginning to generate meaningful insight.

The committee supported the need to shift from activity to assurance. This requires an update on the PSIRP, monitoring of the effectiveness of the actions on the central repository for actions and benefits, a published sign off process for closure of learning responses, a pragmatic uplift in investigator competence, and a visible, practical programme for psychological safety that aligns human factors insights with everyday work.

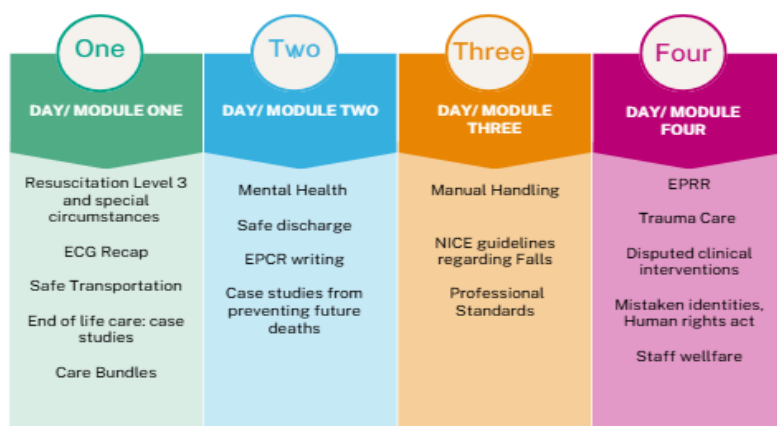
There will be a session for the Board in May on PSIRF and in the meantime the committee approved the plan for 2026-27

Key Skills 2026/27 - Clinical Content

A robust training needs analysis was undertaken with operational stakeholders using range of sources to identify where to focus training. Train the training programme supports quality training delivery and using feedback some class sizes have been reduced and greater access provided across the week and weekends.

The committee has good assurance about the thoughtfulness and planning for key skills, as well as the engagement that has happened. It supported the programme for 2026-27:

Key Skills programme Content 2026-2027



ADVISE

Risk Report

The risk report helps to ensure the committee has visibility of key risks, which also informs the cycle of business. There is therefore alignment between the risks and the papers. The committee noted that work to improve the way risks are described and updated to help demonstrate progress and the extent to which actions are having the intended impact. It asked the executive to pull out more clearly the risks they think the committee should be most focussed on. The CMO highlighted a risk about how blue light partners are working to improve processes when services are needed at the Channel Tunnel. This is also reflected on the national risk register. An update will be considered at the next meeting in May.

Learning Framework

The theoretical base is in place, and this will be brought to life via a new organisational learning group from April 2026. Step 1 will be to develop and codify the Framework. An update will be considered in September.

Cardiac Arrest Annual report 2024 – 2025

Another positive year in terms of our response to this group of patients. The committee noted the health inequalities that continue to exist re gender and geography, as was discussed at the Board Development session last month. The report is due to be published in April.

Integrated Patient Safety Report – Q3

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 included mental health (one of our Models of Care) and in particular how clinicians are supported to interpret the Mental capacity Act when a person with capacity is expressing suicidal ideation. This is a national issue, and a recent Prevention of Future Deaths report was issued by a local Coroner to the Department of Health.

The committee sought further assurance that the actions allocated from the identification of themes are followed up effectively.

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. These were supported noting falls and MH priorities is part of Models of Care.

Quality Account Priorities (with primary domain)

Patient Safety

- Resilient Organisation

Clinical Effectiveness

- Falls – Level 1 Response (**also aligned to Quality Improvement**)

Patient Experience

- Patient Safety Partners (**also aligned to PSIRF**)

PSIRF Priorities

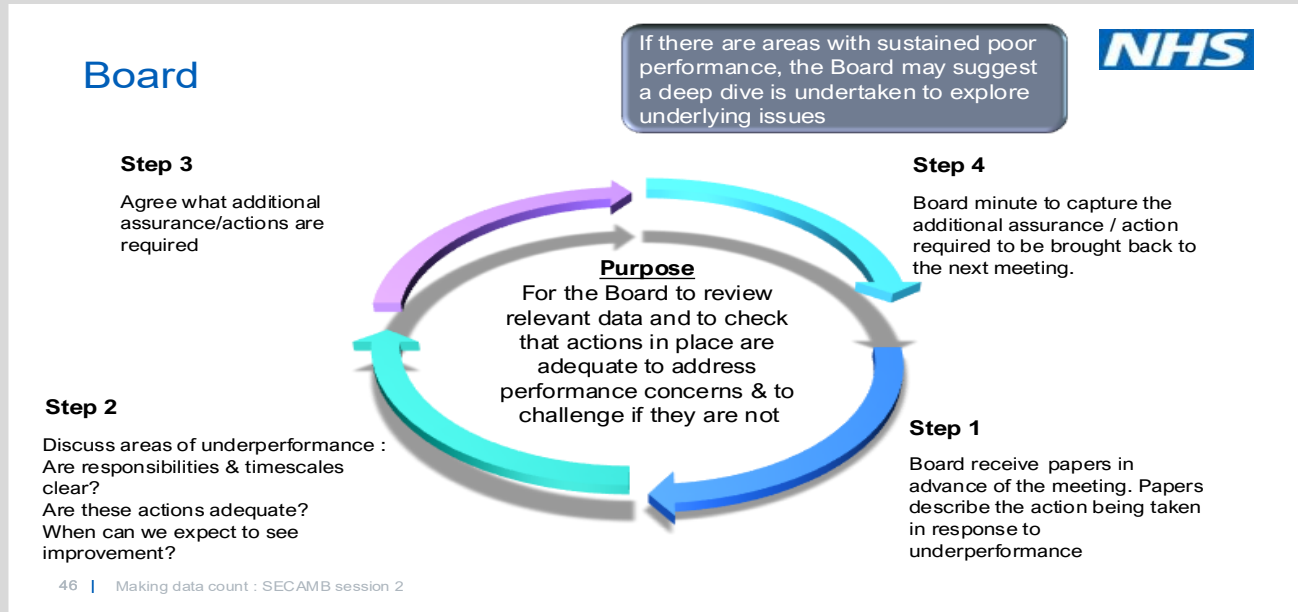
- Trauma
- Mental Health Emergencies
- Transfer of Care
- Patient Safety Partners (**also aligned to PSIRF**)

Quality Improvement Priority

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

Recommendation

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



Agenda No	13-26
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Name of meeting	Trust Board
Date	2 nd April 2026
Name of paper	Virtual Care: Target Operating Model
Responsible Executives	Jen Allen – Chief Operating Officer
SROs	Lara Waywell – Divisional Director of Operations Michael Bradfield – Deputy Chief Paramedic
Authors	Kate Mackney – Programme Manager

SECAmb’s Virtual Care services have developed significantly in recent years, with dedicated teams working hard to deliver safe assessment, compassionate care, and increasing use of remote clinical expertise. As demand continues to grow and expectations around virtual access evolve, the Trust now has an important opportunity to build on strong foundations and move toward a more consistent, scalable and digitally-enabled model of Virtual Care.

Current delivery is limited by variation across sites and systems. The work undertaken through workshops, stakeholder engagement and patient journey mapping shows that processes, digital tools and governance arrangements differ across the four main components (Triage, Care Navigation, Remote Clinical Assessment and Post Dispatch Clinical Support). While teams continue to manage this variation well, the evidence indicates that greater scale, alignment, simplification and improved interoperability would enhance safety, efficiency and the overall experience for patients and staff.

The proposed Future Virtual Care Target Operating Model (TOM) builds on what is already working and creates a single, integrated approach delivered through two Clinical Assessment Services (Surrey & Sussex; Kent & Medway). This introduces one governance framework, clearer role expectations, a unified digital approach and a centralised queue, supporting more predictable waits, better risk identification and smoother patient flow. This model is also in line with national guidance and strategic direction.

The TOM will:

- Deliver more consistent clinical assessment for patients regardless of their geography or contact route.
- Provide patients with clearer information, more predictable contact and expanded alternatives to ED conveyance.
- Support staff with standardised tools, digital integration, training pathways and real-time clinical escalation/advice points.
- Improve partnership working through more accurate referrals, shared records and clearer system interfaces.
- Create a strong foundation for sustainable growth, enabling the Trust to meet its strategic ambition for virtual care

<p>Recommendations, decisions, or actions sought</p>	<ul style="list-style-type: none"> • To Endorse the Future Virtual Care Target Operating Model, recognising it as an evolution of current good practice rather than a replacement. • To Approve development of a Trust-wide implementation roadmap, setting out a safe, phased approach to introducing the model, including workforce design, digital requirements, quality impacts, interdependencies and measurable benefits
<p>Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).</p>	<p>Not required</p>



South East Coast
Ambulance Service
NHS Foundation Trust



Future Model of Virtual Care Board Pack April 26

Exec Sponsor:

Jen Allan – Chief Operating Officer

Joint SROs:

Michael Bradfield – Deputy Chief Paramedic Officer

Lara Waywell – Divisional Director of Operations

Programme Manager:

Kate Mackney – Virtual Care



National Strategic Case for Change

AACE and NHS England have set a strategic vision for integrated, standardised virtual care delivery. This case sets out the evidence and direction for change.

The Case for Change is Shared Across The Sector

Increasing demand, population complexity, and pressure on primary/community care make 111/999 the default national safety net, further exposing variation and inefficiency

Fragmented Landscape

Multiple navigation hubs, SPoA and varying local models create unwarranted variation in access, outcomes and patient experience.

Governance is Inconsistent

Sector-wide issues include fragmented governance, misaligned strategies and limitations in data sharing



AACE Vision

Creation of single, multi-disciplinary Clinical Assessment Hubs at Regional/System level to reduce duplication & improve navigation



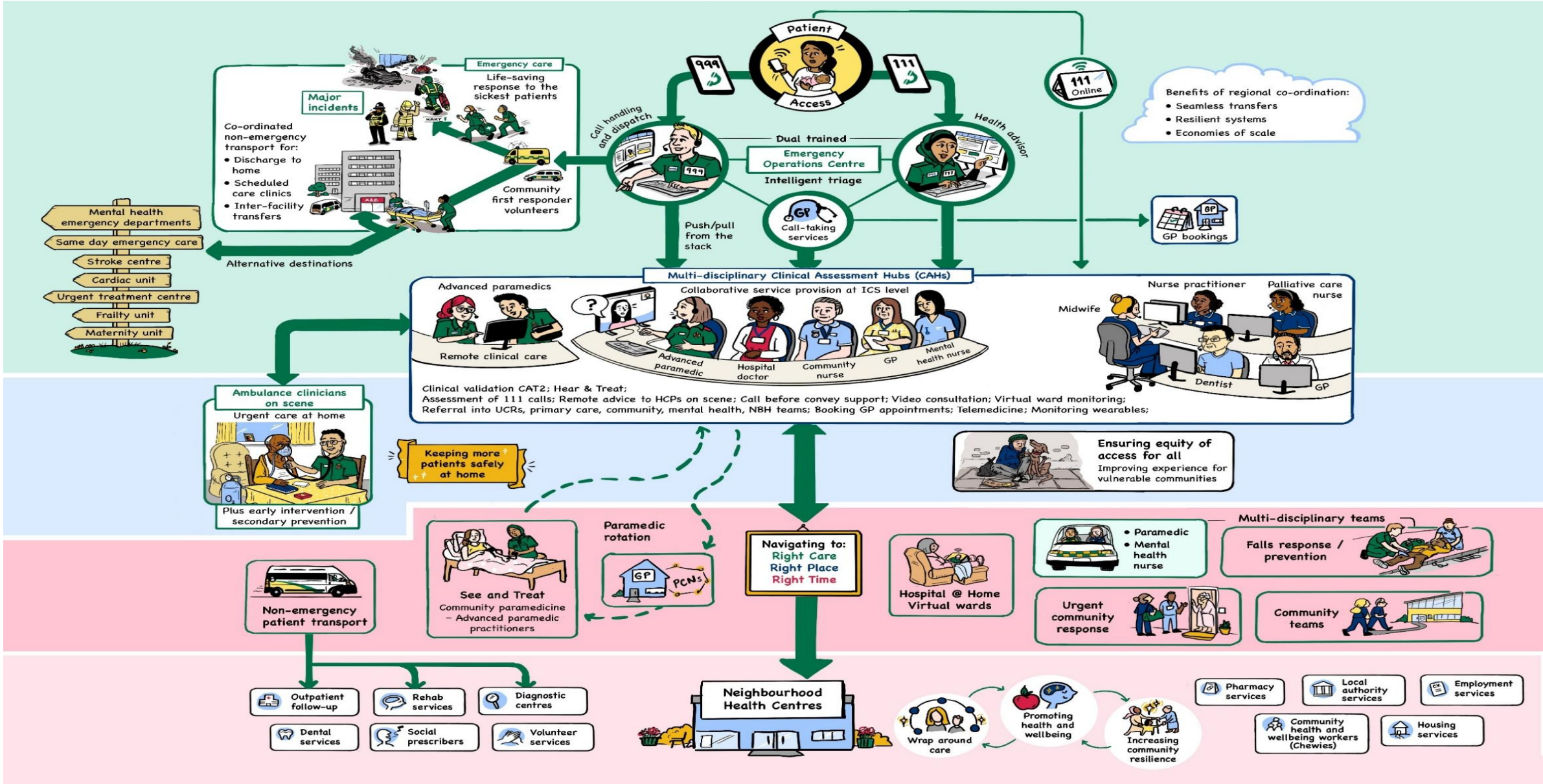
NHSE 26/27 specification

Requires a 24/7 clinical support hub, streamlined single clinical assessment, access to SPoA MDTs, and strengthened virtual-first care.



Sustainable Model

A unified, digitally enabled virtual care system that can safely scale.



SECamb Strategic Case for Change



Maintaining the current Virtual Care model is not sustainable. Evidence from all four component workshops shows structural, governance and digital fragmentation which create avoidable risk, operational inefficiency and inconsistency across the patient journey.

- Digital fragmentation is limiting safe, timely clinical decisions
- Inconsistent processes create delays and unreliable patient journeys
- Safety risks persist, including missed deterioration and inequitable care

- Fragmented governance hinders consistency and reduces efficiency
- Disparate digital systems drive duplication and prevent scaling
- Process variation increases avoidable workload and operational cost

- Workforce capability and confidence varies significantly
- Unclear governance and escalation routes reduce empowerment

To meet the strategic ambition that 55% of patient consultations will be delivered virtually, the Trust requires a unified, digitally enabled Virtual Care model that can safely scale remote assessment, reduce unwarranted variation & ensure timely access to clinicians across our Systems.



Doing nothing is not an option – we must radically change our approach.



Deliver outstanding patient care

Build a more sustainable organisation within the wider NHS



Enhance the experience of our people

Without a new Target Operating Model (TOM), the Trust cannot deliver a safe, scalable or equitable Virtual Care model.

Key Proposals

1.

Establish Two ICS Aligned Clinical Assessment Services

Centralise Virtual Care into two system level CAS aligned to Surrey & Sussex / Kent & Medway ICS footprints

2.

Single Clinical Process

Replace fragmented Virtual Care with one unified, end to end clinical process supported by standardised governance & digital tools

3.

Early Clinical Assessment

Shift remote clinical assessment to the earliest safe point to reduce unnecessary dispatch & improve risk recognition

4.

Clear Workforce Model

Introduce a capability-based framework with defined skill mix, competencies, training pathways & senior clinical oversight

5.

Digitally Enabled Model

Integrate digital systems with automation, AI support & real time risk signalling for safe scaling

Vision: Trust Strategic Direction

To deliver a single, integrated Virtual Care model that provides one consistent clinical assessment journey for all callers, regardless of geography, demand or the staff member responding to the call.

Core Principles

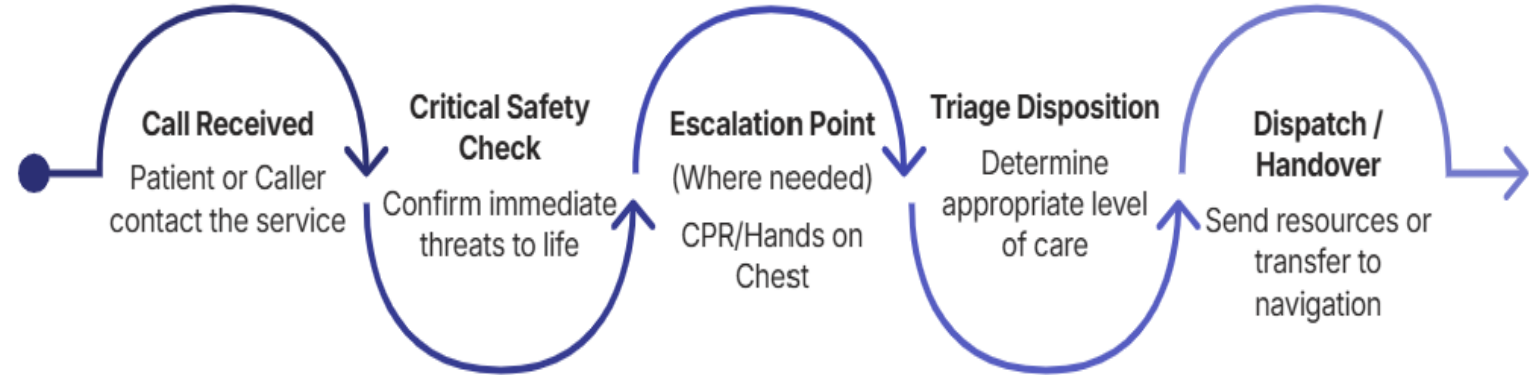
- Single Model, Single Governance
- Clinical Differentiation (Virtual First)
- Effective Navigation
- Outcome Focused
- Trusted Assessor, Shared Responsibility
- Demand-Led, Scalable Capacity
- Skilled & Supported Virtual Workforce

This moves Virtual Care from a set of activities into a coherent, end to end clinical function with clear ownership and accountability with a desired future state of one integrated front door

The Patient Journey

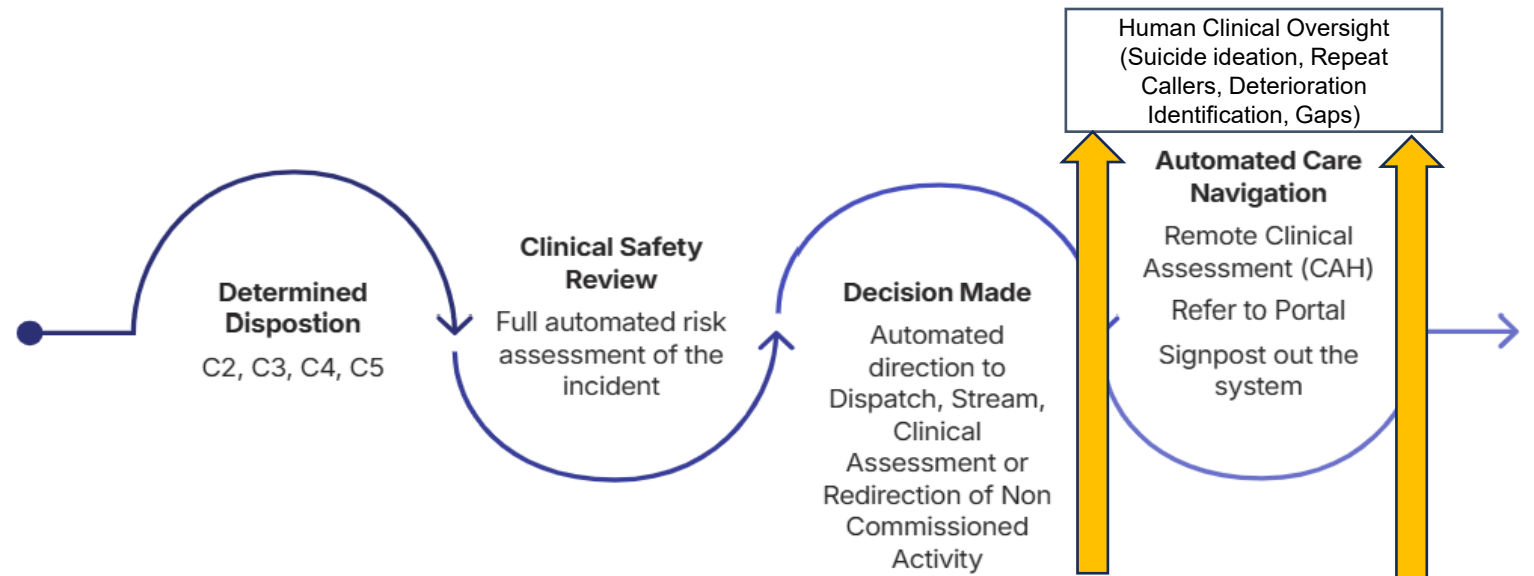
Triage

A mandatory assessment & prioritisation of all 999, HCP, & emergency service calls using an accredited triage tool, to determine the urgency of response and assign the appropriate national category or alternative pathway



Care Navigation

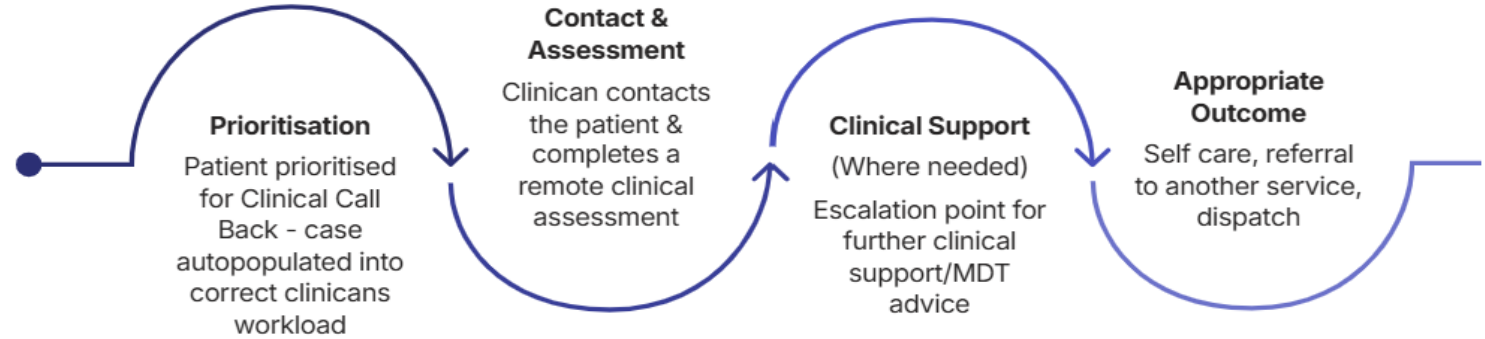
The rapid clinical review of eligible incidents to determine whether the patients needs may be better met though clinical assessment



The Patient Journey

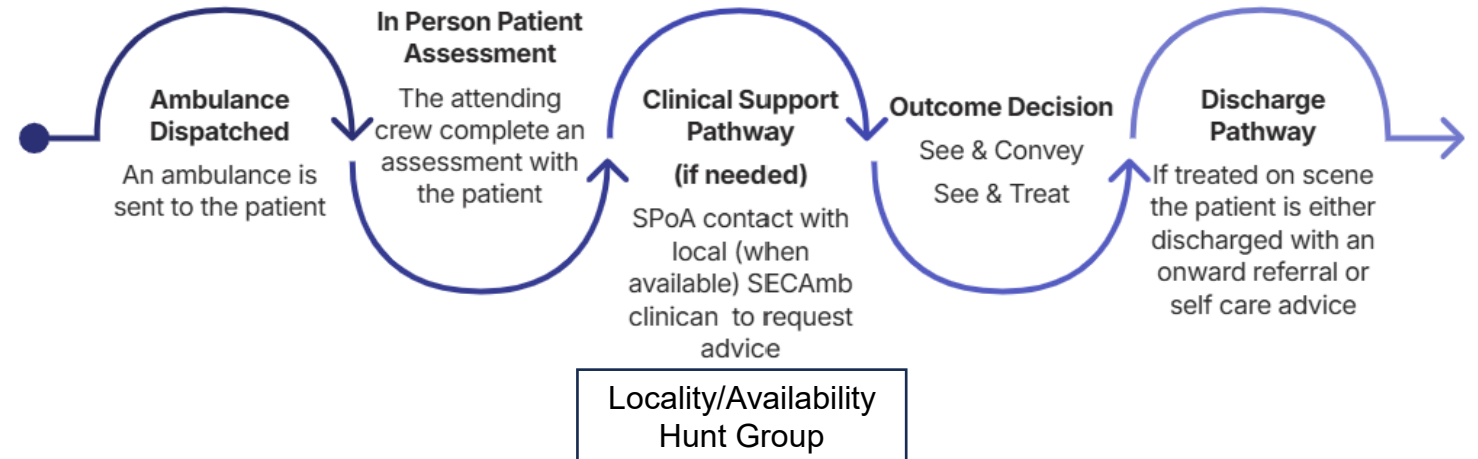
Remote Clinical Assessment

A timely remote clinical assessment of a patient, by a suitably skilled and experienced clinician, to determine the best response for the patient's immediate needs.



Post Dispatch Clinical Support

The ongoing clinical oversight, advice & decision making provided after a response has been initiated to ensure safe & appropriate patient care is delivered



What will be different?



Deliver outstanding patient care

- A single, consistent clinical assessment regardless of geography or time
- More care at home or closer to home through safe virtual assessment & community referrals
- Reduced unplanned recontact within 48 hours
- Clear communication about what will happen next & what the response will be
- Reduced health inequalities through targeted focus on diverse communities
- Patients are empowered with clearer information, shared decisions & easier access to the right care

“I will understand what will happen next, I will not be left waiting without information”



Build a more sustainable organisation within the wider NHS



- Accurate, trusted referrals through consistent governance, single process & improved digital integration
- Shared real time information to support commissioning, performance & capacity planning
- Lower ED conveyance, earlier navigation & aligned pathways
- Stronger assurance and regulatory confidence through a single governance framework across Virtual Care
- Reduced non commissioned activity through strong alignment with agreed ICS pathways

“This feels like a System Model not just a SECamb Model”



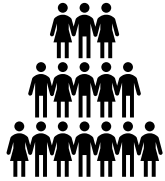
Enhance the experience of our people

- Clearer roles, standards, and scope of practice defined across Virtual Care
- Streamlined unified governance framework
- Real-time clinical support and better tooling (integrated digital systems, AI-supported documentation)
- Capability-based training & development pathways with mentorship and supervision
- Inclusive, compassionate culture reflecting diversity
- Reduced cognitive load & variation

“Digital systems will help clinicians to work productively and avoid duplication”



What might get in the way of Success?



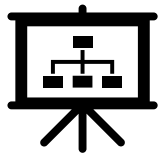
Workforce Capacity, Capability & Confidence

There are ongoing challenges in recruiting and training both nurses and paramedics across EOC and local hub settings. These challenges will remain in the new model, and we will need to innovate and be bold in our approach to skill-mix, training, and deployment to overcome them.



Digital Transformation

The virtual care digital transformation programme is not yet fully defined, and the digital team will be undergoing a restructure at the same time of expected implementation. This creates a significant delivery risk, particularly as the new model requires substantial digital capability, integration and innovation to be successful



Leadership

There is currently a disconnect between clinical and operational leadership regarding the preferred model, and there is a clear need to align this work with the emerging Clinical Operating Model and divisional structure



Productivity

There is a risk that implementing the new model could disrupt day-to-day delivery, and elements of the model may also become dependencies for achieving the productivity improvements required

Delivery Approach

Phase 1



- Current model validation
- National Horizon Scanning
- Agreed Vision, Purpose & Scope for the future model

Phase 2



- Future focused design
- Completed SECamb, Partners & Patient Design Workshops
- Co-designed the future patient journey
- Tested the Design Principles
- Aligned with Strategic Direction

Phase 3



- Clarify leadership, governance & accountability**
- Deliver early opportunity improvements (No regrets)
- Board approval of the high level implementation roadmap (**Jun 26**)
- Complete the Quality & Clinical Assurance Checks (QIA/QPSC)
- Board approval of the full 3 year Implementation Roadmap (**Aug 26**)

Board Request

1

Fully endorse the High Leve Future Virtual Care Target Operating Model

Approve the implementation of two Clinical Assessment Services aligned to ICS footprints (Surrey & Sussex; Kent & Medway). This includes committing the Trust to a single governance framework, consistent clinical standards, and a coherent end to end patient journey across all four components.

2

Approve Roadmap Development

Commission the development of a fully integrated implementation roadmap, to be delivered to the Board in Q2. The roadmap will set out the phased and safe transition to the Target Operating Model, defining clear milestones, interdependencies, workforce implications, digital requirements, quality impact and measurable outcomes, ensuring the Trust can deliver the redesigned model at scale with robust clinical assurance.

A mid-point initial QIA and implementation assessment will take place in June, supported by QPSC through QIA and Implementation Clinical review, ahead of seeking approval to implement in August.

Problem: Inefficiencies & Risks in the Current Patient Journey

The existing patient pathways contains structural weaknesses that create avoidable harm, inequity and operational risk across the system

Triage	Care Navigation	Remote Clinical Assessment	Post Dispatch Clinical Support
Digital fragmentation (CAD, Pathways, shared records) leading to multiple data sources, delays, and lost information	Multiple queues/stacks workarounds leading to patients “lost”, delays, duplicated work	High variation in clinician capability and confidence leading to over-conveyance, inconsistent decisions	Inefficient ECAL process leading to long waits (25–27 mins), lost operational hours, safety risk
Poor handovers (address accuracy, rationale, disposition clarity) leading to downstream rework and safety risk	Inconsistent Group A/B decisions due to variation in risk recognition and capability	Fragmented digital ecosystem (DoS, SCR, CAD, ePCR) creates incomplete information and inefficiency	Fragmented advice channels (OTLs, mobiles) undocumented, unauditible clinical decisions
Inconsistent identification of repeat callers & deterioration due to limited visibility of caller history	Fragmented systems & portals leading to incomplete visibility of capacity, risk, and partner pathways	No unified governance or single accountable owner creating inconsistent practice across hubs and teams	Inconsistent senior decision-making thresholds (e.g., B6 vs APP) creating inequitable patient outcomes
Capability variation across EMAs/SEMAS leading to inconsistent outcomes, reliance on experience rather than defined competencies	Over-reliance on small numbers of skilled individuals creating bottlenecks and risk	Unclear escalation routes, particularly for complex cohorts (MH, suicidality, paediatrics)	Digital gaps (CAD/Airwave/mobile not integrated) creating slow contact, lost information, limited audit capture
	Stack delays & lack of breach alerts cause missed deterioration and patient risk	Inconsistent prioritisation & queue management heightening the risk of high-acuity patients waiting too long.	Insufficient staffing & rota misalignment at peak-risk times (esp. shift change) creating delays and harm risk
	Unclear interfaces between Triage → Care Navigation → Remote Clinical Assessment → Dispatch leading to mis-routing and delays	Limited real-time capacity data from system partners leading to inappropriate dispatch when alternatives exist	
	Non-commissioned activity and variable partner acceptance undermine safe “navigate-out” decisions		

- The inefficiencies and risks in the current patient journey have developed over time due to fragmented digital systems, inconsistent processes across sites, unclear ownership of the patient journey components, and an over-reliance on workarounds and individual expertise to manage rising demand.
- SECAmb is managing these risks through intensive manual oversight of queues, senior clinical escalation, localised supervision, and informal communication channels that help identify deterioration and correct mis-directed cases. While these measures reduce immediate harm, they remain resource-heavy, inconsistent, and not sustainable without a redesigned, standardised operating model.


High Level Target Operating Model (TOM)

The Target Operating Model creates a standardised, centralised and digitally-enabled operating model structured around four components.

Triage	Care Navigation	Remote Clinical Assessment	Post Dispatch Clinical Support
<ul style="list-style-type: none"> Single, centralised triage function operating uniformly across the Trust Defined process boundaries: Triage begins at 999 receipt & ends at the disposition decision One governance framework: clear ownership, scope, decision limits, escalation routes & audit requirements Digital enabled process: Automated routing & prioritisation, real time transcription & translation tools, AI supported risk recognition & call auditing, consistent access to Summary Care Records (Support DNACPR) Standardised clinical safety checks, red flag recognition & structured triage assessment across all Virtual Care Single consistent disposition outcomes feeding into Dispatch or Care Navigation Capability based workforce model: clear triage skills & competencies Improved information flow with standardised handover templates & minimum data set requirements Consistent documentation supported by automated notetaking (CAD/ePCR) Integrated systems enabling interoperability & reduced duplication 	<ul style="list-style-type: none"> Single, centralised Care Navigation function for the whole Trust One unified patient queue for the whole organisation, replacing multiple stacks with automated risk flags, breaches & visibility Consistent Group A/B decision-making with standardised criteria and clear definitions Human oversight providing real-time view to prevent deterioration or risk AI-supported risk identification Digitally enabled workflows with integrated systems and real-time capacity visibility Automated early navigation steps for all cases, with oversight for complexity/high-risk cohorts Standardised handovers and defined interfaces between Navigation→RCA→Dispatch/Referral Clear escalation pathways with supervision for complex cases Capability-based workforce model with defined competencies for Navigation roles Reduction of non-commissioned activity, with stronger alignment to system commissioning pathways Governance framework unified across the two Clinical Assessment Hubs Improved system interoperability → accurate referrals, safer decisions and increased partner acceptance 	<ul style="list-style-type: none"> Unified RCA function delivered consistently across two Clinical Assessment Hub Framework Standardised assessment model, with structured history taking, red-flag checks, documentation templates and shared decision-making Clear process boundaries: begins after Navigation, ends with a documented clinical disposition Integrated digital ecosystem: shared records, video/telephony, real-time DoS capacity, AI ambient scribing/shadowing Defined escalation routes with senior clinical oversight for complex/high-risk cases Capability-based workforce model, with core virtual-care skills & competencies Improved interoperability enabling more accurate referrals and reducing unnecessary conveyance Single Governance Framework: one accountable owner, unified audit/assurance, consistent risk appetite Safer, more efficient flow reducing harm in the stack, unnecessary dispatches, and improving access to alternative pathways 	<ul style="list-style-type: none"> Unified Post Dispatch Clinical Support function delivered consistently across the two Clinical Assessment Hub Framework Single point of access (SPOA/hunt-group) for all ECAL and crew-support requests → rapid, predictable response times. Standardised authorisation thresholds & escalation routes with senior clinical oversight for high-risk cases Integrated digital communications (CAD/Airwave/mobile/SMS/portals) with automated timers, SLA alerts and ambient/automated advice capture Standardised Post Dispatch Clinical Support toolkit including structured documentation, safety-netting, and defined start/end points Capability-based workforce model Consistent overnight decision-making, aligned to morning pathway acceptance and system demand Improved interoperability (DoS, UCR, GP, shared records) → higher referral acceptance and reduced reliance on conveyance Unified governance framework: single ownership, consistent assurance, clear responsibilities and risk appetite Safer, more efficient flow: shorter crew waits, fewer unnecessary ECAL calls, more defensible non-convey decisions and earlier course correction

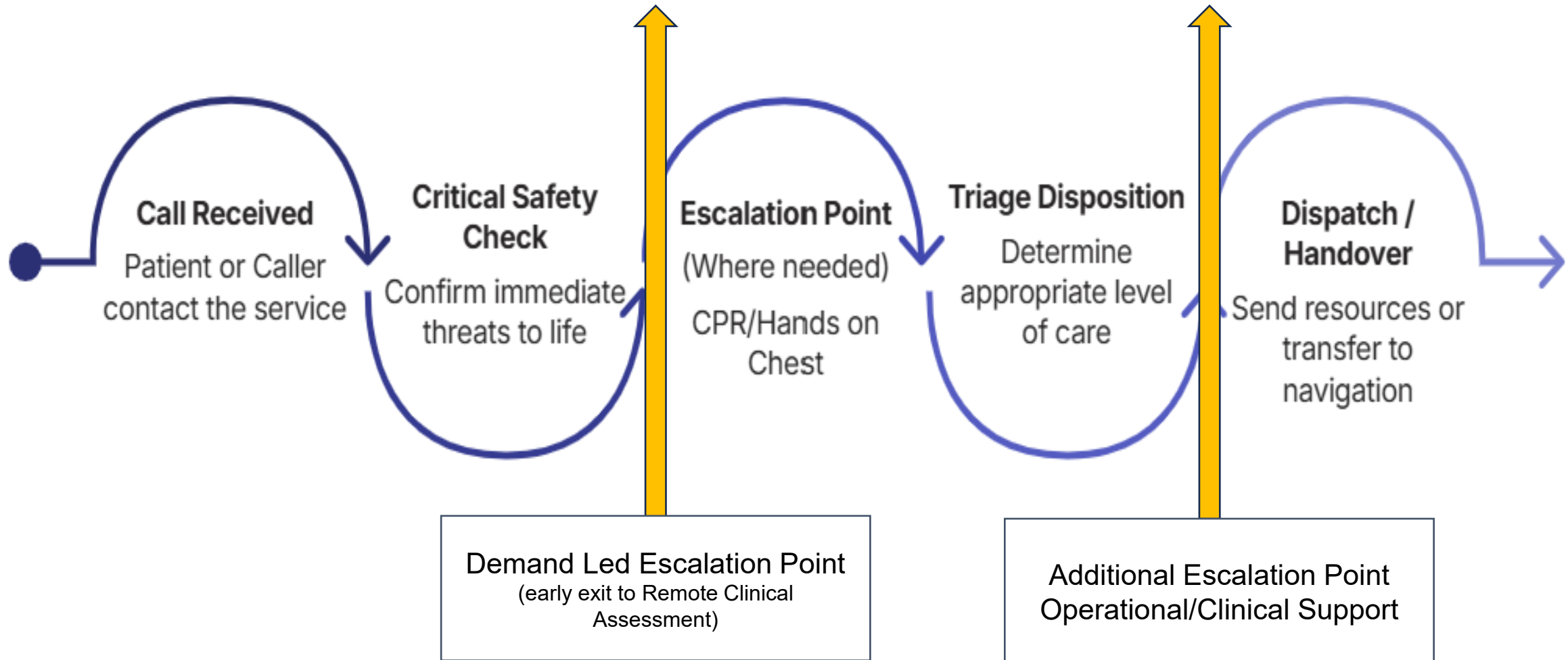
SECamb Virtual Care: Clinical Assessment Hub - Target Operating Model

How the Clinical Assessment Hub model works | For Board consideration

		Emergency Operations Centre (EOC)		Clinical Assessment Service (CAS) — Kent & Medway Surrey & Sussex ICS footprint			
Pathway stages	Call Receipt	Triage	Care Navigation & Streaming	Remote Clinical Assessment	Intervention & Care Planning	Post-Dispatch Clinical Support	
High-level patient journey <i>Line of interaction</i>	Patient or caller contacts 999	Urgency and presenting problem assessed	Patient streamed to most appropriate clinical pathway	Patient assessed remotely by clinician	Care delivered remotely or transferred to right provider	 Crew on scene contact senior clinician	
	<i>Line of interaction</i>						
Front stage activities <i>Line of visibility</i>	Call Handling	Triage	Care Navigation & Streaming	Remote Clinical Assessment	Intervention & Care Planning	Post Dispatch Clinical Support	
	<ul style="list-style-type: none"> Emergency call answered Caller details and location captured in CAD Transfer from partner CAD systems recorded Initial safeguarding and vulnerability flag checked Call details logged and case opened 	<ul style="list-style-type: none"> Critical safety check — immediate threat to life Structured triage using decision support system Immediate dispatch if life-threatening Determination of appropriate care level and service Safety netting and waiting/worsening advice provided to caller/patient Mental health and safeguarding flags applied where indicated High quality virtual communication & information capture (listening, questioning, reassurance) Clear communication to the caller about the next step in the journey on if the response is an ambulance or a call back 	<ul style="list-style-type: none"> Acuity and appropriate clinical stream confirmed (automated) Early identification of complex or high risk callers (e.g suicidality, deterioration, repeat callers) Patient navigated to remote clinical assessment or direct to intervention pathway <ul style="list-style-type: none"> <i>(Single Trustwide Centralised Queue)</i> Non-commissioned/clinical activity cases reviewed by streaming clinician (e.g., IFTs, care homes) for appropriate routing <i>Automation of the streaming process where appropriate</i> <i>Automated early filtering with human oversight for risk</i> <i>Automated Breach Timers & Risk Flags for Deterioration/Repeat Callers</i> 	<ul style="list-style-type: none"> A timely Telephone or <i>video consultation</i> conducted <i>Structured remote assessment with risk-flagging, breach timers & shared record access</i> <i>AI summary of care record produced aligned with the nature of the assessment</i> Summary Care Record accessed and reviewed Shard clinical decision making with the patient A clear safe disposition confirming the outcome of the assessment Consistency in communication and tone <i>Predictable wait experience</i> 	<ul style="list-style-type: none"> Clear explanation of the care response Issuing self care or worsening advice Remote prescribing where clinically appropriate Care plan is agreed with patient Referral to alternative service (via Directory of Services) <ul style="list-style-type: none"> UCT / SDEC Primary Care MH / Comm. Services Social Direct referral to the right service or continue to dispatch Confirmation that all information & decisions have been documented <p><i>Dispatch</i></p> <ul style="list-style-type: none"> Ambulance dispatch where remote care is not safe Conveyance to UTC, SDEC or ED if required 	<ul style="list-style-type: none"> <i>Rapid access to a senior clinician via a Single SPOA/hunt group for all ECAL & crew-support requests</i> Real time Shared clinical decision making with crew and patient while on scene Clear defensible decision making communicated to the crew Safe non conveyance or alternative pathways decision Clear safety netting and next steps guidance Direct referral or pathway activation Faster resolution and reduced waiting Clear communication around escalation Consistent experience across geography and time of day 	
Back stage activities	Call Handling	Triage	Care Navigation & Streaming	Remote Clinical Assessment	Intervention & Care Planning	Post Dispatch Clinical Support	
	<ul style="list-style-type: none"> Transfer from BT operator / partner CAD systems <i>Caller location & details uploaded in CAD (AI Supported)</i> Vulnerability and risk flag recorded 	<ul style="list-style-type: none"> Skill-based automated routing to appropriate clinician Queue prioritisation oversight Workforce deployment and load monitoring Review of risk flags Senior clinical support available 	<ul style="list-style-type: none"> Risk flagging & escalation to senior clinicians where appropriate Queue management and call flow oversight Disposition code determined & transferred cleanly to Dispatch/Care navigation <i>Standardised handover templates used to reduce variation & rework</i> <i>Automated documentation updated on closure with audit visibility</i> 	<ul style="list-style-type: none"> Summary Care Record access Automated documentation* - record updated on case closure Decision support tool Clinical quality oversight and assurance Senior clinical support available 	<ul style="list-style-type: none"> Clinical oversight Case coordination/ documentation (CAD / ePCR) Resp. transfer - Pathway booking (DAB) / referral via DOS / ITK Confirmation? ePrescription Dispatch transfer MDT review for complex cases 	<ul style="list-style-type: none"> ECAL requested via SPOC line ACP auto-assigned Remote assessment record shared with receiving clinician Summary Care Record access Automated documentation* - record updated on case closure Decision support tool 	
Technology enablers	Call Handling	Triage	Care Navigation & Streaming	Remote Clinical Assessment	Intervention & Care Planning	Post Dispatch Clinical Support	
	<ul style="list-style-type: none"> Telephone platform CAD (Computer Aided Dispatch) 	<ul style="list-style-type: none"> Integrated telephony & CAD NHSP decision support tool (+ DOS) <i>AI Transcription & Translation</i> AI call auditing Shared care records update <i>Ambient listening for safety cues</i> <i>AI supported address validation</i> 	<ul style="list-style-type: none"> <i>Intelligent case prioritisation* with breach timers/flags</i> <i>AI Supported risk identification, flagging, & documentation & ambient listening</i> CAD (workflow management) <i>Enhanced Directory of Services (DoS)</i> <i>Integrated Partner portals</i> <i>Single Centralised patient list</i> <i>Integrated messaging capabilities</i> 	<ul style="list-style-type: none"> <i>Auto population of calls from the stack</i> <i>AI summary of Shared Care Record (SCR)</i> Video consultation / telephone platform <i>Photo sharing & multimedia evidence capture – integration of wearables</i> Electronic patient care record (ePCR) <i>Ambient scribing, AI supported clinical decision making</i> <i>Standard documentation templates</i> 	<ul style="list-style-type: none"> Virtual clinical interaction tools <i>Enhanced Directory of Services (DoS)</i> Electronic referral and Booking integration CAD / ePCR Booking system access <i>Remote prescribing capability</i> <i>Structured care plan templates</i> <i>SMS/Digital messaging</i> <i>Accessible communication tools</i> 	<ul style="list-style-type: none"> <i>SPOA/Hunt Group system for ECALs</i> <i>Integrated communication platforms</i> <i>Click to call telemetry</i> <i>Real time dashboards</i> <i>Live risk signals/prompts (deterioration)</i> <i>AI Summary of Shared Care record</i> <i>Pathway & referral integration Portals</i> <i>Automated note/advice capture</i> <i>Standardised documentation templates</i> 	
People enablers	Call Handling	Triage	Care Navigation & Streaming	Remote Clinical Assessment	Intervention & Care Planning	Post Dispatch Clinical Support	
	<ul style="list-style-type: none"> Initial Contact Call Handling Capability Non clinical 	<ul style="list-style-type: none"> High quality virtual communication & information capture Digital confidence & safe use of systems 	<ul style="list-style-type: none"> Capability based clinical workforce with strong navigation & risk identification skills Unified clinical governance & oversight 	<ul style="list-style-type: none"> Capability based clinical workforce with strengthen remote assessment skills Unified clinical governance & oversight 	<ul style="list-style-type: none"> Clinicians skilled in shared decision making & safe care planning Unified clinical governance & oversight 	<ul style="list-style-type: none"> Skilled senior clinicians with strong decision making, risk recognition & system navigation 	

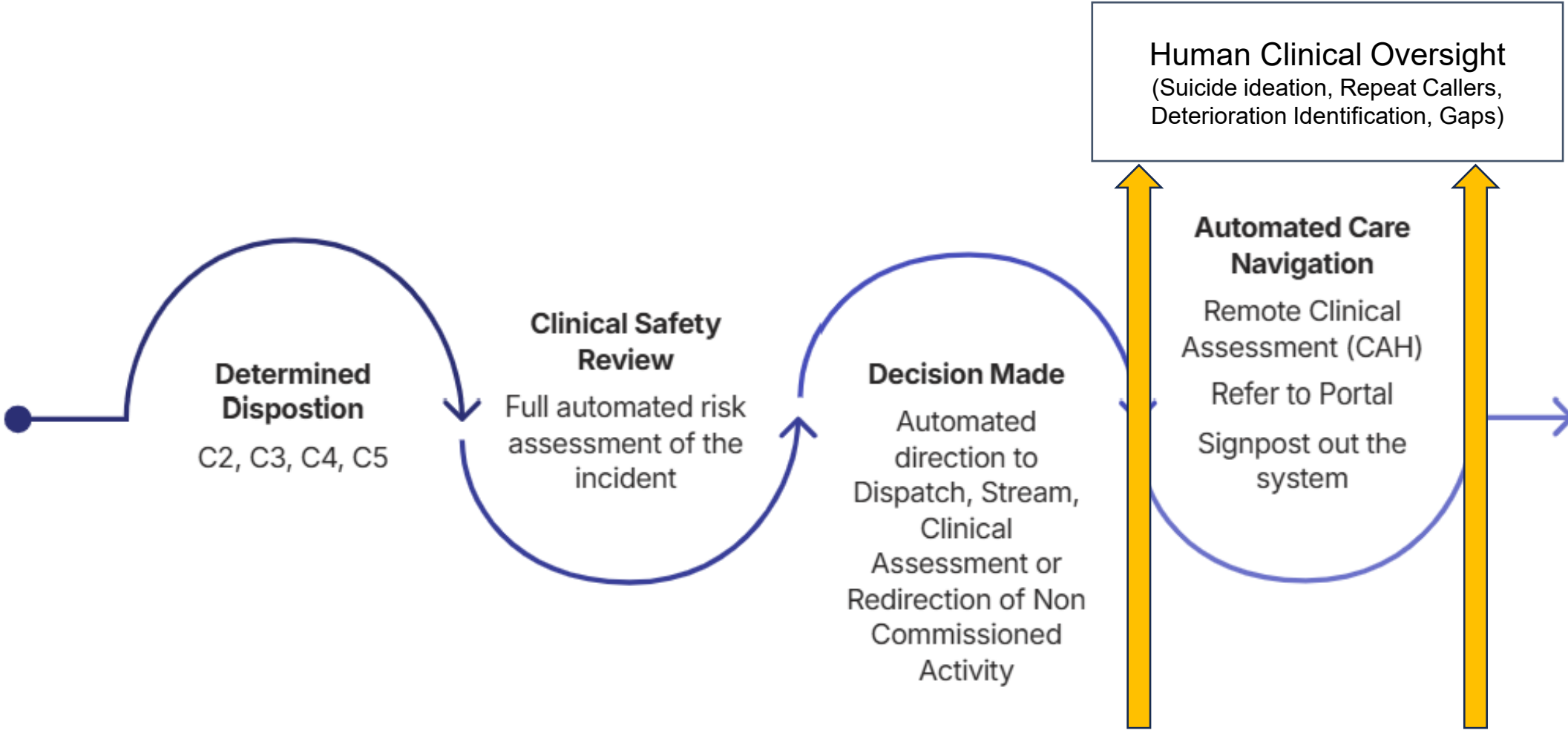
High Level Steps of the Process: Triage

Definition: A mandatory assessment & prioritisation of all 999, HCP, & emergency service calls using an accredited triage tool, to determine the urgency of response and assign the appropriate national category or alternative pathway



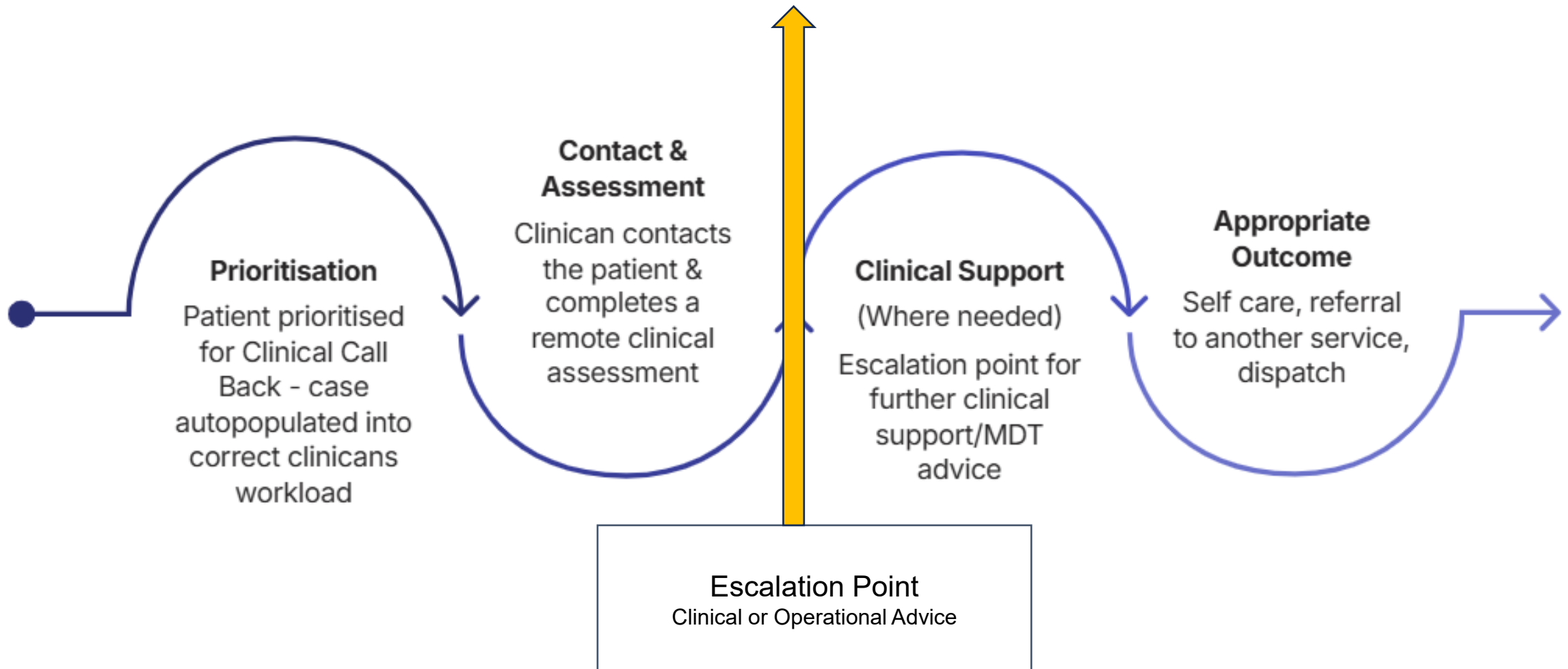
High Level Steps of the Process: Care Navigation

Definition: The rapid clinical review of eligible incidents to determine whether the patients needs may be better met through clinical assessment



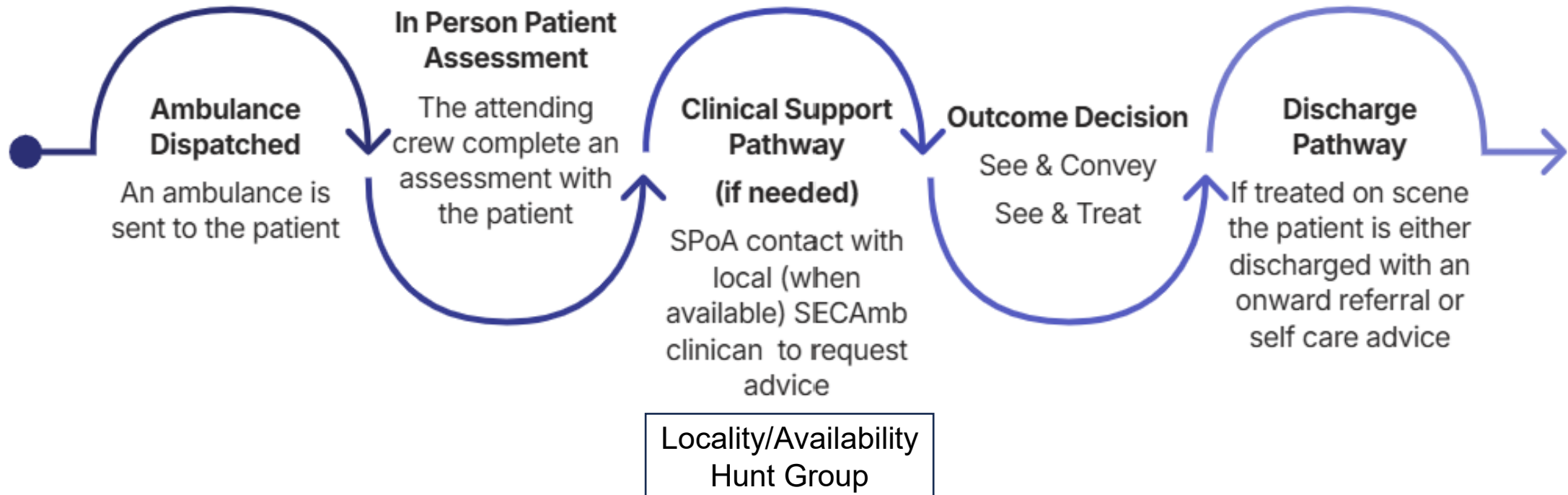
High Level Steps of the Process: Remote Clinical Assessment

Definition: A timely remote clinical assessment of a patient, by a suitably skilled and experienced clinician, to determine the best response for the patient's immediate needs.



High Level Steps of the Process: Post Dispatch Clinical Support

Definition: The ongoing clinical oversight, advice & decision making provided after a response has been initiated to ensure safe & appropriate patient care is delivered



Opportunities & Digital Enablers

Triage	Care Navigation	Remote Clinical Assessment	Post Dispatch Clinical Support
<ul style="list-style-type: none"> Nature of the Call Review 	<ul style="list-style-type: none"> Enhanced DoS 	<ul style="list-style-type: none"> AI Assist: CDSS Tool 	<ul style="list-style-type: none"> Review & Define ECAL Process
<ul style="list-style-type: none"> Review of SEMA Role: Expansion of non-clinical H&T, GP Receptionist aura 	<ul style="list-style-type: none"> Review of CSN Role: Scope, skills, enhancements, objectives 	<ul style="list-style-type: none"> Systems/Process to make local knowledge accessible to all 	<ul style="list-style-type: none"> Metrics: Reason for Call & Output Referral Avoidance to ED Time on call Time/Day of call
<ul style="list-style-type: none"> Clinical Support/Floorwalker process for CPR & Escalation 	<ul style="list-style-type: none"> Clinical Support for Triage & Remote Clinical Assessment 	<ul style="list-style-type: none"> AI supported Non verbal assessment 	<ul style="list-style-type: none"> Removal of Pro-active call backs
<ul style="list-style-type: none"> Address/Location capture improvements 	<ul style="list-style-type: none"> Built in Auto Flags for Breaches/Deterioration/High Risk 	<ul style="list-style-type: none"> Standard clinical note taking template auto filled (CAD/EPCR) 	<ul style="list-style-type: none"> Dedicated notes page on CAD or EPCR to record clinical support advice (currently free notes)
<ul style="list-style-type: none"> Ambient Listening 	<ul style="list-style-type: none"> Review & Define Streaming 	<ul style="list-style-type: none"> NHS APP Integration: Call 999 from APP, ITK from symptom sorter 	<ul style="list-style-type: none"> Skill mapping
<ul style="list-style-type: none"> Prompt to response checker 	<ul style="list-style-type: none"> Review & Define Escalation Framework (All Demand Scenarios) 	<ul style="list-style-type: none"> Standardise commissioning pathways 	
<ul style="list-style-type: none"> Joint CAD/EPCR (Dependency) 	<ul style="list-style-type: none"> Automate Portal referral & oversight 	<ul style="list-style-type: none"> Video conference & photo sharing 	
<ul style="list-style-type: none"> Accessibility Enablers 	<ul style="list-style-type: none"> Expansion of Portal (SDEC, GPs, MH etc) 	<ul style="list-style-type: none"> DoS Enhancements with real time capacity oversight 	
<ul style="list-style-type: none"> Shared Record early access (DNACPR & Navigation support) 	<ul style="list-style-type: none"> Gatekeeping process for MoC & Non-commissioned activity 	<ul style="list-style-type: none"> Overnight operations process & governance 	
<ul style="list-style-type: none"> AI Auditing 	<ul style="list-style-type: none"> Enhance Trusted Assessor Status 	<ul style="list-style-type: none"> Electronic Prescribing System Clinically defined dispatch 	

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Board Assurance Framework Our People Enjoy Working at SECAmb

Our people enjoy working at SECamb

1	Tier 1
2	Tier 2
	QI
	Directorate objective

2024-2029 Strategy Outcomes

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

2025/26 – Strategic Transformation Plan

- ❑ **Organisational Operating Model Programme 1**
 - Implement corporate restructure (including Hybrid Working Practices) 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	Q1 26/27					
	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	July 25	Culture and Staff welfare: There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy.	12 	08	CPeO
Implement Shadow Board		Green	Green	Director of Communications/ Chief People Officer	EMB	No	People Committee	May 25	People Function: There is a risk that without an effective People function, we impact our ability to deliver parts of our Strategy.	12 	08	CPeO
Launch new Values & Behaviours Framework		Green	Green	Chief People Officer	EMB	No	People Committee		Workforce capacity & capability: There is a risk that the Trust will be unable to transition from physical to virtual care long-term, due to the absence of a sustainable workforce model with a clearly identified clinical skills mix.	12 	08	CPeO
Refresh of Professional Standards Function		Green	Green	Chief Paramedic Officer	SMG	No	Quality Committee	Sept 25				
Development of Integrated Education Strategy		Red	Green	Chief Paramedic Officer	EMB	No	People/ Quality Committee	Sept 25	Organisational Change: There is a risk that the significant volume of change has an adverse impact on staff, leading to productivity and efficiency changes remaining unrealised	12 	08	CPeO

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2025/26 – Compliance & Assurance

Compliance Initiative	Current RAG	Previous RAG	Executive Lead	Oversight Committee	Date of Last / Scheduled Review at Committee	Committee Feedback
Equality Act / EDI Plan	Amber	Amber	Chief People Officer	People Trust Board	Nov 2025 Feb 2026	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. This was reinforced at the board development session in March .
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	Amber	Amber	Chief Paramedic Officer	People	March 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 reviewed the current position in March – see Board report.
Statutory & Mandatory Training & Appraisals	Amber	Amber	Chief Paramedic Officer	People	March 2026	Good progress with stat and man (achieving the 85% target) but lower than target on appraisals – the committee continues to seek further assurance on this.

PEOPLE SERVICES IMPROVEMENT PROGRAMME | 23 Jan – 18 Mar 26

Executive Sponsor: Sarah Wainwright | Programme Manager: Roxy Oldershaw

STRATEGIC PORTFOLIO:
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Aim/Outcome of the Programme

Build a responsive and efficient People function by enhancing service responsiveness and data accuracy, streamlining internal processes, strengthening strategic partnerships and developing a highly skilled workforce.

Assurance Statement

Programme now progressing through its formal closure phase. To continue sustainable assurance, a People Services service specification is being drafted, which will form the basis of a monthly performance report into People & Culture Forum and People Committee and will replace programme-level reporting. Wellbeing and Attendance Policy approved.

Current Position (What? → So what?)

Alert

- BI divisional dashboard scope under review following multiple ad-hoc requests; a minimum viable dataset is required to align with IQR metrics.

Advise

- A comprehensive transition mapping exercise is underway to ensure all remaining activities are handed over with clear ownership, timelines and governance arrangements.
- The EDI Manager role has been removed, with material impact on EDI delivery capacity; capability requirements are being reviewed.

Assure

- Portfolio responsibilities have been redistributed following senior leadership changes with no material impact on programme delivery.
- Improved governance has been established across core People Services processes, building the foundations for a stable BAU operating environment.

RAG Status

Impact on Outcomes



While substantial progress has been made, several activities will transition to BAU for delivery beyond the programme timeframe. These include Phase 2 restructuring, Sexual Safety governance, payroll tender readiness, and further ER training and complex case management.

Delivery Confidence



All remaining activities are being transitioned into clearly defined BAU ownership, supported by a structured handover plan and oversight from senior People Services leadership .

Action Required

Ask of this forum

To note the programme's transition stage and the arrangements in place for outstanding activities to continue under BAU governance.

EMB/Committee Outcome

PEOPLE SERVICES IMPROVEMENT PROGRAMME | 23 Jan – 18 Mar 26

Executive Sponsor: Sarah Wainwright | Programme Manager: Roxy Oldershaw

STRATEGIC PORTFOLIO:
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Risk ID & Description

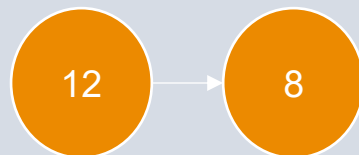
Current → Target RAG

Trend

Mitigations

BAF 539 - Culture and Staff Welfare

Risk that the Trust will not achieve the culture and staff welfare improvements identified in the strategy.

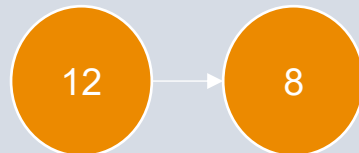


No change - risk will continue to be monitored as current scope transitions to BAU; future scope subject to 26/27 strategic priorities

- Sexual Safety triage improvements and comms campaign launched.
- Key policies dissemination in Q4 complete, enabling informal resolution.
- Mediation programme integrated into BAU by Q1 to speed resolution.

BAF 603 - People Function

Without an effective People function, gaps in People Services capability and capacity may delay delivery of strategic priorities (e.g., workforce).



No change - risk will continue to be monitored as current scope transitions to BAU; future scope subject to 26/27 strategic priorities

- People Services service specification being drafted to define core capability requirements and governance arrangements.
- Transitional funding for 26/27 under review, the risk will continue to be monitored closely during the transition period.
- Structured handover in place with senior People Services leadership oversight during transition.

Milestones for next reporting period (Outcome-relevant only)

Impact on delivery

Mitigations

Transition current scope activities from programme oversight into defined BAU governance routes.

Ensures consistent assurance and clearer accountability as current programme scope concludes and any future scope is determined.

Closure report being drafted for Exec approval in Q1.

CORPORATE RESTRUCTURE PROGRAMME | 23 Jan – 18 Mar 26

Executive Sponsor: Sarah Wainwright | Programme Manager: Roxy Oldershaw

STRATEGIC PORTFOLIO:
Our people enjoy working at SECamb

Aim/Outcome of the Programme

- Deliver strategic organisational alignment by reconfiguring functions and teams.
- Optimise workforce capability through clear, well-evaluated roles.
- Deliver organisational change within budget, with strong focus on staff wellbeing and governance.

Assurance Statement

The approval of the Phase 3 Business Case provides a clear foundation for the formal consultation launch on 14 April, with consultation materials and directorate-level readiness activities progressing to plan. All proposed structures have been tested against the Trust's organisational design principles, supported by finance input and Strategic People Partner engagement.

Current Position (What? → So what?)

Alert

- Potential TUPE implications for EAP and joint-role arrangements with SCAS must be addressed; resolution is required to avoid timeline impacts.

Advise

- Consultation readiness checks are underway to ensure alignment with organisational change policy requirements ahead of the 14 April launch.
- Structured engagement with affected colleagues continues to support wellbeing and maintain confidence as the process moves into formal consultation.

Assure

- Strategy & Transformation, Wellbeing and Medicines Governance joint Business Case approved, delivering clearer accountability, reduced duplication and recurrent savings.
- Finance and Strategic People Partner engagement, early legal advice and equality and quality impact assessments completed with no material concerns identified.

RAG Status

Impact on Outcomes



Overall impact remains stable, with phased approach reducing organisational and capacity-related risks. Dependencies monitored closely.

Delivery Confidence



The programme remains on course to deliver safe, sequenced organisational change, supported by strong governance, clear escalation routes, and cross-functional alignment. Phase 4 (Digital) Business Case on track for 01 April submission.

Action Required

Ask of this forum

To note progress and receive assurance that organisational change policy requirements are being met ahead of Phase 3 consultation launch.

EMB/Committee Outcome

CORPORATE RESTRUCTURE PROGRAMME | 23 Jan – 18 Mar 26

Executive Sponsor: Sarah Wainwright | Programme Manager: Roxy Oldershaw

STRATEGIC PORTFOLIO:
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Risk ID & Description	Current → Target RAG	Trend	Mitigations
<p>BAF 649 - Organisational Change</p> <p>The significant volume of organisational change risks adverse impact on staff wellbeing and may delay realisation of planned productivity and efficiency improvements.</p>		<p>No change - phased implementation managing impact on staff; risk remains until consultation complete and new structures are embedded</p>	<ul style="list-style-type: none"> Phased implementation to avoid BAU peaks Structured engagement and wellbeing support with affected staff Clear communication and early Trade Union involvement.
<p>CRP 03 - External Dependencies</p> <p>There is a risk that external dependencies, such as grievance outcomes, TUPE, and Group Model alignment, may affect sequencing and timelines.</p>		<p>No change - external dependencies identified and being actively managed; legal advice secured and SCAS engagement underway</p>	<ul style="list-style-type: none"> Regular review points built into the programme plan to adjust sequencing Clearly defined escalation routes Early legal advice already secured MoU update planned with SCAS
Milestones for next reporting period (Outcome-relevant only)	Impact on delivery		Mitigations
01 Apr 2026 – Phase 4 Business Case approved	<ul style="list-style-type: none"> Confirms scope, resource demand and timelines, and informs job evaluation and recruitment planning. 		<ul style="list-style-type: none"> Early planning with job evaluation and wider People Services teams using organisational change matrix.
14 Apr 2026 – Phase 3 Formal Consultation Launch	<ul style="list-style-type: none"> Statutory consultation window needed for feedback, refinement of proposals, and assurance checks prior to final outcome decisions. Delay in launch may create pressure on downstream implementation milestones. 		<ul style="list-style-type: none"> Structured consultation plan, regular engagement with affected staff and unions, and clear communication routes.

CLINICAL OPERATING MODEL | REPORTING PERIOD (31 Jan 26 - 20 Mar 26)

Executive Sponsor: Jen Allan | Programme Manager: Victoria Cole

STRATEGIC PORTFOLIO:
Our people enjoy working at SECAmb

Aim/Outcome of the Programme

- Outcome 1 - Enhanced clinical governance and accountability through established Clinical Divisions structure.
- Outcome 2 - Optimised clinical service delivery through implemented Clinical Operating Model design.
- Outcome 3 - Strengthened divisional leadership capability and team effectiveness through targeted OD interventions.
- Outcome 4 - Improved pathway engagement and service delivery integration across each ICS.

Assurance Statement

The programme continues to operate within established governance arrangements, with oversight provided through the Steering Group and associated delivery forums. Early implementation activity, including the Field Operations structure, has progressed without formal grievances and has provided useful learning to inform subsequent phases of organisational change. Lessons learned from these phases are being applied across other workstreams to support and improve coordinated programme delivery.

Current Position



Alert

- No new risks or issues requiring escalation this period.
- Risk 730 (governance and stakeholder complexity) remains under active management with no change to status.



Advise

- Divisional Clinical Director roles approved by EMB; implementation underway.
- Dispatch model Business Case approved at EMB on 18 March; formal consultation planned for April.
- Divisional Model Review discovery phase complete; final report due end March, with Steering Group consideration and planning workshop in April.
- Community Resilience operating model development commenced following Strategy approval in March.



Assure

- Governance activity increased to match pace of delivery; capacity pressures managed through prioritised agendas and off-line review.
- Scheduling restructure consultation concluded; final structure agreed and implementation underway.
- Field Operations leadership structure progressing; Service Delivery Manager recruitment completed and senior operational leadership roles due to launch in April.

RAG Status

Impact on Outcomes



The programme remains aligned to the agreed Clinical Operating Model outcomes. Outcomes 1 and 3 are progressing well through implementation of divisional structures and leadership arrangements. Outcome 2 is progressing, with key elements moving through implementation and consultation phases. Outcome 4 has established core divisional alignment to ICS footprints, with further development supporting the next phase of pathway integration.

The amber rating reflects the phased nature of implementation, with benefits expected to be realised progressively into and beyond the next financial year.

Delivery Confidence



Delivery continues through established programme governance arrangements. The amber rating reflects the differing stages of development and implementation across workstreams, alongside further design refinement to ensure proposals are robust ahead of consultation and implementation. Programme leadership remains confident in delivery through a phased approach.

Action Required

Ask of this forum

To note progress across the programme and the planned consultation launches in April.

To note the increased risk relating to governance and stakeholder complexity, and the mitigations in place.

EMB/Committee Outcome

CLINICAL OPERATING MODEL | REPORTING PERIOD (31 Jan 26 - 20 Mar 26)

Executive Sponsor: Jen Allan | Programme Manager: Victoria Cole

STRATEGIC PORTFOLIO:
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Risk ID & Description	Current & Target RAG	Trend	Mitigations
<p>699 - Consultation Timing - 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.</p>			<ul style="list-style-type: none"> Consultation timing risk mitigated following programme rescheduling and completion of the winter pressures period.
<p>729 - ER Concerns - There is a risk that existing employee relations concerns 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.</p>			<ul style="list-style-type: none"> Ongoing engagement with affected staff and Trade Unions across all stages of consultation and implementation, with appropriate support in place. Stakeholder capacity managed through prioritised governance.
<p>730 - Governance and Stakeholder Complexity - There is a risk that the complexity of governance and stakeholder engagement across interdependent workstreams makes timely decision-making and escalation difficult, leading to delays, misalignment or the need for rework.</p>			<ul style="list-style-type: none"> Regular alignment with related programmes (Group Model, Virtual Care and Corporate Restructure) through additional touchpoints; fortnightly PMO oversight. Flexible engagement approaches where formal meeting attendance is constrained

Milestones for next reporting period (Outcome-relevant only)	Impact on delivery	Mitigations
<p>14 April – Dispatch Formal Consultation Launch</p>	<p>Enables progression of Dispatch redesign into formal organisational change phase, supporting delivery of the Clinical Operating Model.</p>	<p>Engagement activity and proposal refinement completed in advance to support a robust consultation process and mitigate employee relations risks.</p>
<p>15 April – 25/26 Programme Closure Report EMB review</p>	<p>Confirms programme achievements and endorses recommendations for continued implementation and governance in FY26/27.</p>	<p>Steering Group review and virtual approval completed ahead of EMB submission to ensure stakeholder alignment.</p>
<p>16 April – Divisional Model Review Outcome Report received</p>	<p>Findings will inform refinement of governance, leadership arrangements and next phase priorities.</p>	<p>Programme and Steering Group review to incorporate recommendations into FY26/27 planning.</p>
<p>w/c 27 April – 26/27 Div Model Review outcomes and Programme Planning workshop</p>	<p>Clarifies programme priorities and scope for FY26/27, aligned with Divisional Model Review outcomes.</p>	<p>Early engagement with leads and PMO to confirm dependencies ahead of the workshop.</p>
<p>w/e 08 May – 26/27 draft Programme Mandate and governance approach prepared</p>	<p>Provides clarity on proposed priorities, scope and governance for the next phase of the programme.</p>	<p>Workshop outputs inform draft mandate and ToR for Steering Group review in May.</p>

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: Five year workforce plan identified as priority for FY 26/27. Collaboration with system partners to explore opportunities for increasing workforce capacity. 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	Q1 2026/27	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 care requirements.

BAF Risk 649 – Organisational Change

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

Contributory factors, causes and dependencies: Scale of organisational change across 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.

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of restructure has clear plan and end date	Chief People Officer	Q4 2025/26	Revised Phase 2 plan signed off by EMB and sequencing underway aligned to available resources. Phase 3 Business Case approved in March; Phase 4 Business Case underway
Ongoing communications plan in relation to organisational changes	Director of Comms & Engagement	Q4 2025/26	Implementation of plan underway. Staff survey results have been shared. Cascade briefing system will be introduced end of March 2026 to support upcoming transitions into 2026/27.

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 has moved to People Services. Embedding management training in key people policies which have gone live in Q4. 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. Strengthened Sexual Safety governance, with revised reporting pathways, triage improvements and aligned processes following NHSE charter requirements. Wellbeing Strategy launched early 2026.

Gaps in control: OD interventions not yet fully implemented across all teams. 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.

Positive sources of assurance: Staff survey responses remain positive across all themes in March 2026. Participation in engagement events remains high, including recent Awards programme and Leadership Conference. Positive results within Mediation Programme.

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

Gaps in assurance: Ongoing staff feedback indicates variable experience of ER processes and inconsistent support.

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
OD Interventions	Chief People Officer	Q4 25/26	OD interventions underway to support divisional leadership teams and embedding new structures. Leadership engagement activities delivered including divisional sessions and targeted support.
Embed Trust Values & Behaviours	Director of Communications & Engagement	Q3 25/26	Trust values now integrated into appraisal, induction, recruitment and recognition processes. Ongoing focus on behaviours, leadership and professional standards, including aligning with work around sexual safety of staff.
Refresh Wellbeing Strategy implementation plan	Chief Nursing Officer	Q2 26/27	The restructure of the Wellbeing Service has been aligned with phase three of the organisational restructure. Formal consultation for the restructure commences mid-April 2026, led by People 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. Phase 2 restructure focus on optimising Recruitment and the Service Centre, OD and EDI scheduled for autumn 2026. CIPD and Professional mapping continues 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. Funding for CIPD remains a challenge. Recruitment to permanent posts, including deputy CPO, still underway.

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. Improved policy framework, with key policy approved and go-live scheduled for Q4, strengthening consistency in people management.

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 and vacancies 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

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Delivery of People Services Improvement Programme	Chief People Officer	Q4 2025/26	Programme delivery remains on track, programme closure expected in Q4
NHS Fair Recruitment framework implemented	Chief People Officer	Q4 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 Review due for launch in April 2026.

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People



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

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





What?

Staff experience across the organisation continues to improve, reflected in a stronger culture of speaking up and a growing number of colleagues who would recommend the Trust as a place to work. Turnover has fallen to 12.07%, the lowest level seen in the past 18 months, indicating greater stability within the workforce. Appraisal compliance has also risen to 80.88%, with several directorates now meeting the 85% target, and statutory and mandatory training compliance continues to remain consistently above 85%. Despite these positive trends, sickness absence remains a challenge. Current levels stand at 7.1%, with a rolling rate of 6.62%, both of which sit above the 5.8% target. Employee relations activity shows signs of improvement, with more grievances being closed than opened; there are currently 80 grievances in total, including 20 collective cases. However, sexual-safety cases have increased, with 18 live cases being managed. Speak Up activity remains an important part of the organisational culture, with 16 concerns raised during the period and a 90% satisfactory outcome rate. The new Speak Up Champion network is now fully operational and supporting colleagues across the Trust. Workforce stability remains relatively strong, with 4,661 WTE in post and a vacancy rate of 4.57%. Significant organisational-change programmes are progressing and are on track, including changes within scheduling and operational support that affect a number of colleagues..

So what?

Recent improvements in turnover, case progression, and appraisal quality suggest that local leadership capability is strengthening across the organisation, contributing to greater overall stability. However, there are an increasing number of sexual-safety cases, as a result of more individuals coming forward with concerns, that continue to signal underlying cultural risks that impact morale and workforce resilience if not robustly addressed. Employee relations activity also highlights ongoing challenges: lengthy case durations and capacity pressures reinforce the importance of consistent leadership behaviours and the development of more effective early-resolution pathways. At the same time, strong statutory and mandatory training compliance, together with enhanced Speak Up provision, is helping to maintain regulatory assurance during a period marked by substantial organisational change. Progress within organisational development and equality, diversity and inclusion is evident with improvements in our WRES/ DES indicators signal positive progress in many areas.

What next?

The focus for the coming period is on strengthening resolution pathways and improving the overall employee-relations climate. This includes embedding the new Resolution Policy, increasing the use of mediation, and reducing the length of time taken to resolve grievances through stronger local leadership and a more consistent and timely early resolution. The new Managing Conduct Policy is also an opportunity to re-set the approach to setting professional standards and tackling misconduct. Training on both of these policies for managers and colleagues is being rolled out through the People Relations team to ensure confidence and competence locally. Alongside this, work continues to reinforce a safe and respectful culture through ongoing sexual-safety priorities, supported by reflection on recent learning and any emerging themes. Improving attendance at work remains a priority, with efforts centred on enhancing sickness-absence management through the rollout of the new attendance-management system, currently being piloted in EOC and 111.

Appraisal quality and completion will also remain under close scrutiny, with progress toward the 85% compliance target supported by further Effective Appraisal Conversations training and potential testing of a new workforce-management pilot.

Organisational Development and EDI programmes will continue to build leadership capability and inclusion, with initiatives such as Ascend, leadership-pathway development and the “Mates to Managers” programme all contributing to cultural improvement. At the same time, workforce modelling aligned to emerging Models of Care will be progressed, alongside monitoring the impact of the vacancy freeze and controls on NQP recruitment.



Variation

Special Cause Improvement



9%
2



9%
2

Common Cause



45%
10

Special Cause Concern



14%
3



0%
0

Assurance

Pass



5%
1

Hit and Miss



59%
13

Fail



14%
3

No Target



23%
5

Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Feb-26	2	1	1.7		
Board	Count of Grievances Closed	Feb-26	14	3	13.5		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Feb-26	5	3	3.3		
Board	Individual Grievances Open	Feb-26	10	5	11.9		
Board	Number of FTSU Concerns Raised	Feb-26	16	21.9	20.4		
Supporting	Bullying & Harrassment Internal	Feb-26	1	2	2		
Supporting	Disciplinary Cases	Feb-26	4	3	9.2		
Supporting	Mean Suspension Duration (Days)	Feb-26	259	70	188		

Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Feb-26	12%	15%	14.4%		
Board	Sickness Absence %	Feb-26	7.1%	5%	6.7%		
Board	Turnover Rate %	Feb-26	0.6%	0.8%	0.9%		
Board	Frontline Staff Vaccinated Against Flu %	Feb-26	67.8%	80%	64.3%		
Supporting	Number of Staff WTE (Excl bank and agency)	Feb-26	4661.5	4579.26	4617.9		
Supporting	Vacancy Rate %	Feb-26	4.5%	5%	1.7%		
Supporting	Number of TRIM Referrals Received Per 1000 Frontline Staff	Nov-25	0		0		

Employee Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	% of Meal Breaks Outside of Window	Feb-26	47.5%	43.4%	48.7%		
Supporting	% of Meal Breaks Taken	Feb-26	98.6%	98%	98.3%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Feb-26	44.2%	45%	43.2%		

Pending metric: WRES/WDES - Needs to be defined

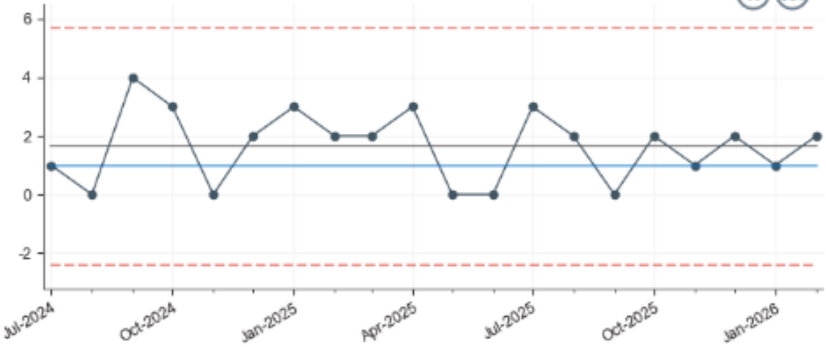
Pending metric: Improved Recommend as Place to Work Metric - Needs to be defined

Employee Development

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Feb-26	80.3%	85%	67.2%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Feb-26	84%		85.2%		

Pending metric: Education - Needs to be defined

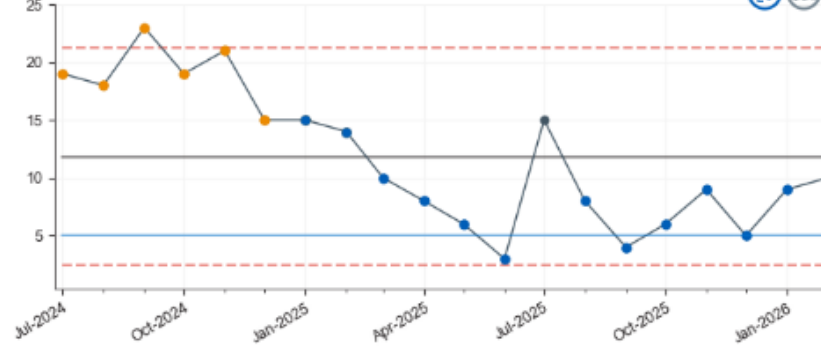
Collective Grievances Open



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: 10
Target: 5
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

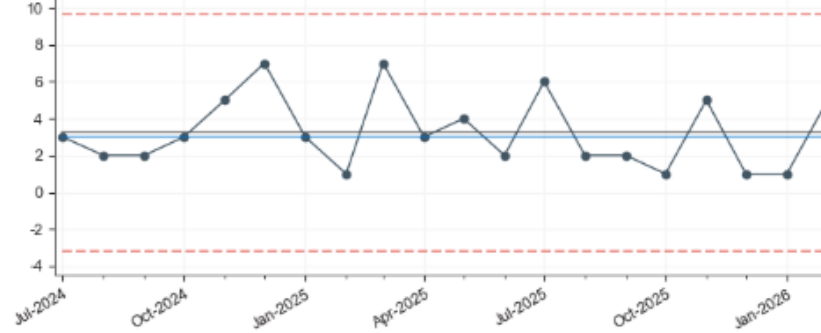
Count of Grievances Closed



WF-42

Dept: Workforce HR
Metric Type: Board
Latest: 14
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: 5
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
In February 12 grievances were opened and 14 closed within month resulting in a net decrease of 2. The total number of grievances is 80, with the open collective cases now 20, including the Trust-wide issues such as Section 2 and lease car concerns.

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 Resolution Policy launched on 2nd February
 - Resolution policy training has commenced with further roll out of sessions in March and April 2026
 - Negotiations have resumed regarding the collective grievances on ECSW pay.

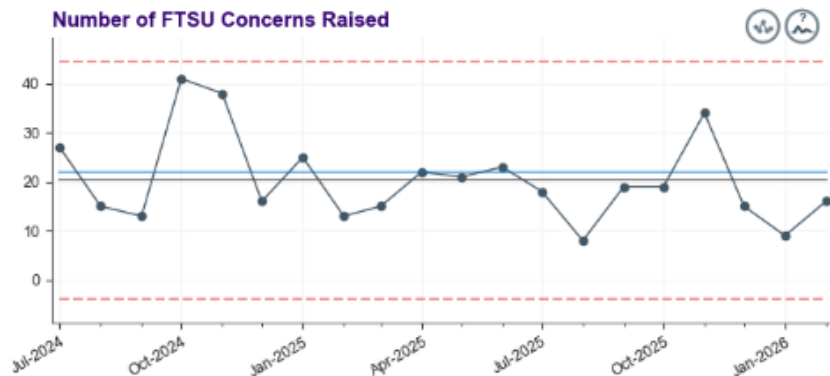
What?
At month-end (28 February), there were 18 live sexual safety cases, up by 3 compared with the previous month. On a 12-month rolling basis, completed cases took on average 182 days to close. Open cases had been open on average 119 days. 6% of open cases were over 12 months old (down by 1.1 percentage points vs the previous month) and 0% were over 24 months old (unchanged from the previous month). 5 cases was opened, and 2 cases were closed within the month, resulting in a net increase of 3.

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 185 days.

- 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: 16

Target: 21.9

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

What?

In February 2026, 16 concerns were raised to the FTSU team, with 10 already closed. Of these closed, there was a 90% satisfactory outcome rate. Seven concerns were raised confidentially (44%), five anonymously (31%), and four openly (25%). One case of detriment was reported. Integrated care accounted for the highest number of concerns, with 5 raised during the month (31%).

So what?

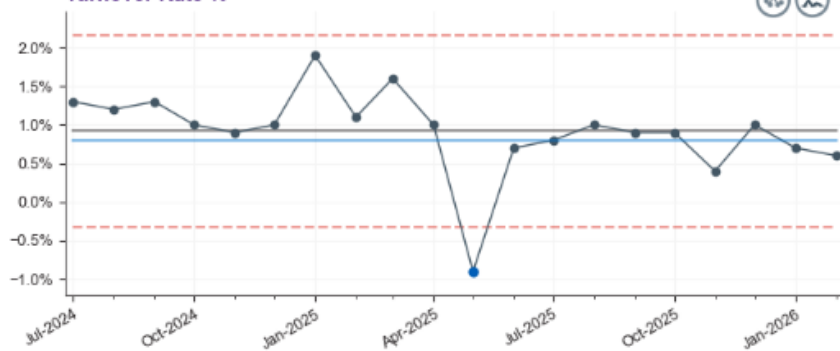
Worker safety & wellbeing was the predominant theme. The main local themes were relationship & behaviours and leadership. These themes continue to highlight the importance of positive working environments and supportive leadership in enabling staff to feel safe and confident to speak up and raise concerns.

What next?

The Speak Up Champion network has now been established, with champions appointed across the organisation. Their induction workshop took place in February, and they will begin supporting the FTSU team in promoting a culture where speaking up is encouraged and supported locally. The FTSU team will continue to monitor themes and engage with leaders to support ongoing cultural improvement.



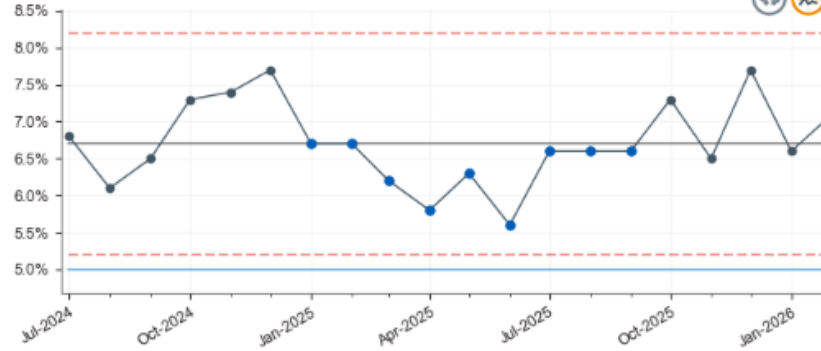
Turnover Rate %



WF-48

Dept: Workforce HR
Metric Type: Board
Latest: 0.6%
Target: 0.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

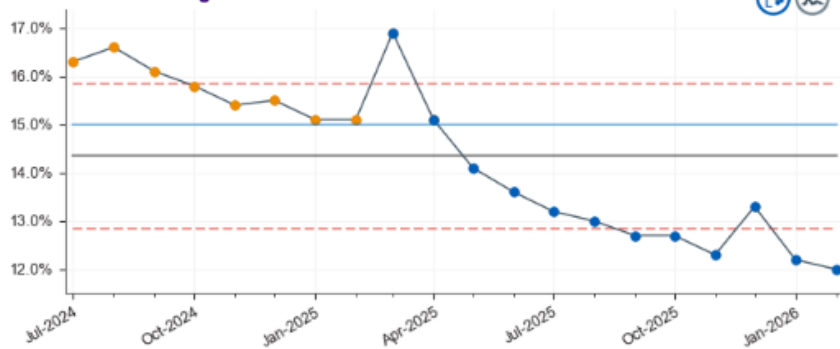
Sickness Absence %



WF-49

Dept: Workforce HR
Metric Type: Board
Latest: 7.1%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

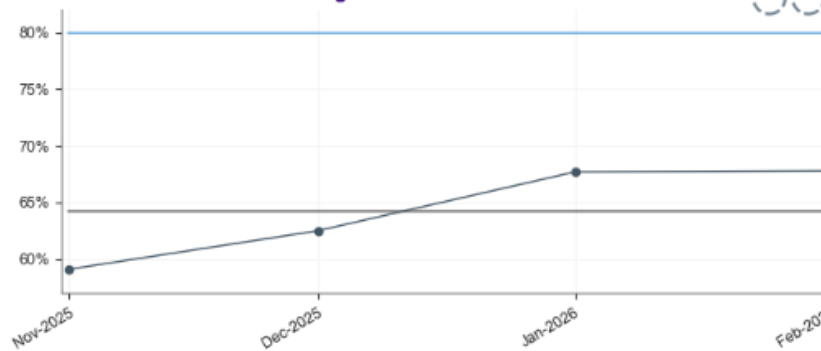
Annual Rolling Turnover Rate



WF-7

Dept: Workforce HR
Metric Type: Board
Latest: 12%
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: 67.8%
Target: 80%
Special cause or common cause cannot be given as there are an insufficient number of points.

What?

During February 35 staff left the organisation, our lowest number for several months bringing our rolling percentage total to 12.07% and our lowest rolling total for 18 months.

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 losses 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 **7.1%**, with the rolling annual figure remaining above target at **around 6.62%**.

So What?

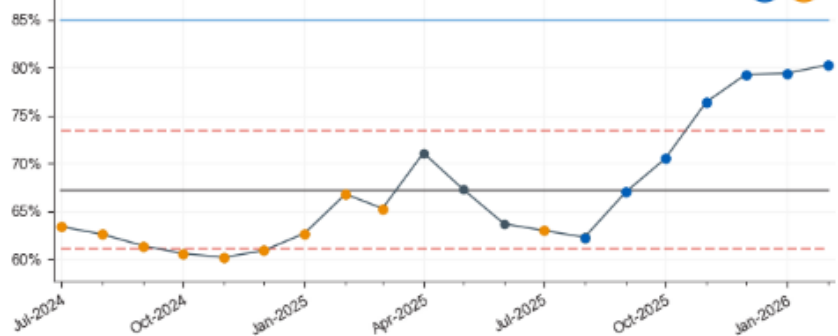
Although sickness absence remains higher than target it is within normal variation. The challenge is systemic rather than short-term, requiring sustained focus and redesign rather than incremental tweaks. Current plans to address absence are not expected to have significant impact in the short term. Seasonal trend is currently impacting short term absence, particularly in the 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. A trial of the new system is being launched in EOC and 111.
- Maintain quarterly leadership reviews to challenge progress and drive systemic change. The next review is due in April and will go to Strategic People Partners ahead of going to SMG..
- Review wellbeing and support systems to tackle root causes of absence. Consideration of introducing an Employee Assistance Programme in August 2026.

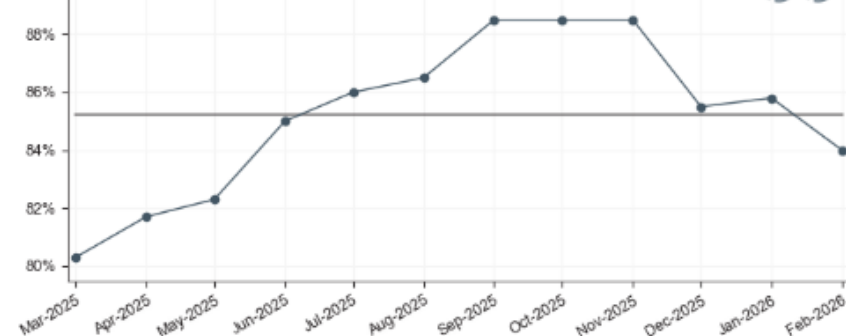


Appraisals Rolling Year %



WF-40
Dept: Workforce HR
Metric Type: Board
Latest: 80.3%
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: 84%

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

What?
Compliance has increased to 80.88% for the combined Trust this month, with several Directorates achieving the 85% target.
A second Effective Appraisal Conversations course was delivered, receiving positive evaluation feedback.

So what?
The upward trend continues, with the Trust now exceeding 80% compliance and some Directorates meeting target, demonstrating sustained focus and local accountability. Feedback from the course indicates increased manager confidence in delivering meaningful, high-quality appraisal conversations, supporting both compliance and quality. The planned move to Microsoft Forms has been paused while we explore WFM Workforce Management, which offers potential benefits including hosting both appraisals and regular 1-2-1 meetings within one system. Operations have requested a pilot to ensure an informed decision on next steps.

What next?
A pilot of WFM Workforce Management will be explored with Operations to assess functionality, usability and organisational fit.
The next Effective Appraisal Conversations course will take place in Haywards Heath in May 2026. Targeted Directorate support and continued ESR assistance will maintain momentum toward the 85% target.

What?
Statutory and mandatory training compliance for the Core Skills Training Framework (CSTF) is above the 85% target. A temporary drop in compliance is noted above, as a change in the recording of training was implemented in preparation for the new rolling cycle April 2026, with additional courses added for tracking. This has since returned to above 85% for the end of year position 89%

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?
Communications with operational teams with instructions for 2026 – 2027 are being sent with a launch of a new Supervisors Dashboard in the Powerbi suite.

Further improvements to the learning experiences will commence in April 2026 including the launch of an improved platform to undertake learning.



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

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



Agenda No	15-25
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Name of meeting	Trust Board
Date	2 April 2026
Name of paper	People Committee Assurance Report – 19 March 2026
Author	Harbhajan Brar, Independent Non-Executive Director – Committee Chair

INTRODUCTION

The People Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the meeting on 19 March, 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 observers from the COG and Shadow Board.

ALERT

National Staff Survey Results & Next Steps

The 2025 NHS Staff Survey results represent a major milestone for SECAmb, reflecting both sustained cultural improvement and sector-leading performance, which should be celebrated. The Trust achieved its joint highest response rate ever (71%), far exceeding the sector median (55%), and for the first time is positioned above the sector median in all nine People Promise domains.

The results show multi-year improvement across every domain since 2022, continued strength in compassionate and inclusive leadership, and sector-best performance on seven individual indicators. Together, these demonstrate a more stable, confident and mature organisation—despite a backdrop of organisational change and group model development.

Looking across 4 year period we see significant improvement e.g. recognition of SECAmb as employer up by 18%.

IQR

The committee’s review of the IQR noted progress or otherwise on number of key people indicators. The areas to highlight include:

1. Sickness – the rate has increased and is above target. We explored the causes and the work ongoing within operations to understand better the trends and issues. The executive is yet to have full clarity on this although it knows the key drivers of absence are stress and MSK, which has informed the wellbeing strategy approved by the Board recently.
2. ER cases – the numbers are still high, albeit with improved closure rates; we are closing more cases than are being opened. This demonstrates leaders are more confident and capable in mediation and having earlier conversations. Last year we had about 30% of cases exceeding two years; we now have 0% over two years demonstrating the work to reduce the backlog. There are also fewer new grievances (down by 25% compared to same period last year) and a focus going forward to implement the new resolution and sickness policies.

The committee acknowledged this significant improvement. Supported also by the FTSU cases of perceived detriment reducing by about 80% and the Staff Survey indicating a better culture of speaking up.

3. Turnover above target – rationale for this includes the scale of org change, indicating a possible need to revise this metric.
4. Appraisals – 81.3% currently which is a significant improvement. Work is still needed to make these easier to undertake and record. The executive is testing a new system to improve user experience, and it expects to be able to sustain the 85% target by Q3 of 2026-27.

ASSURE

BAF Priority: Clinical Operating Model

This relates to the shift to a divisional operating model and a broader structural change in the way we work where the operating units become the integrated engine room of the organisation. There has been a huge amount of activity in the past 9 months and at the mid-point the executive commissioned an external review; this is due to report in Q1 to inform the next phase of the programme for 2026-27. The committee will consider this in May, but in the meantime the committee noted the main headlines:

- Our people are supportive for direction being the right way forward
- Further clarity is needed on governance / roles and responsibilities / decision rights etc.
- We need to set out the core purpose via divisional business plans linked to the BAF / Strategy.

The committee noted this is a similar approach to SCAS and with an eye to the Group Model this will only prosper if our divisions are set up for success; in this sense they are considered a foundational pillar.

BAF Priority: People Services Improvement Plan & Corp. Restructures

Formal closure of PSIP is due to be agreed by EMB in April, moving this to BAU, via a new executive People and Culture Group. This will include the second phase restructure of people services. The committee is assured that the executive has delivered against the plan which is the culmination of the last two years. This helps to build the foundations for the future and the support needed for the ongoing corporate

restructures; there are 14 restructures scheduled during the next 12 months affecting almost 150 colleagues.

NHSE Education Quality Intervention

A helpful update was provided on the actions ahead of the final submission scheduled for later in Q1. The inspection that led to this was two years ago with the report being published in December 2024. Since then, the education improvement plan, including the six mandatory requirements issued by NHSE, has been overseen by the committee. Overall, the Trust is making continued and demonstrable progress, supported by strengthened governance, improved policy frameworks, and collaboration with university partners.

The committee tested some of the improvements, including how we ensure equity / fairness of rostering, noting the challenges with variation across universities. Also, how we are continuing to improve relationships with universities

A further update is scheduled for May along with the outcome of the student survey.

ADVISE

Risk Profile

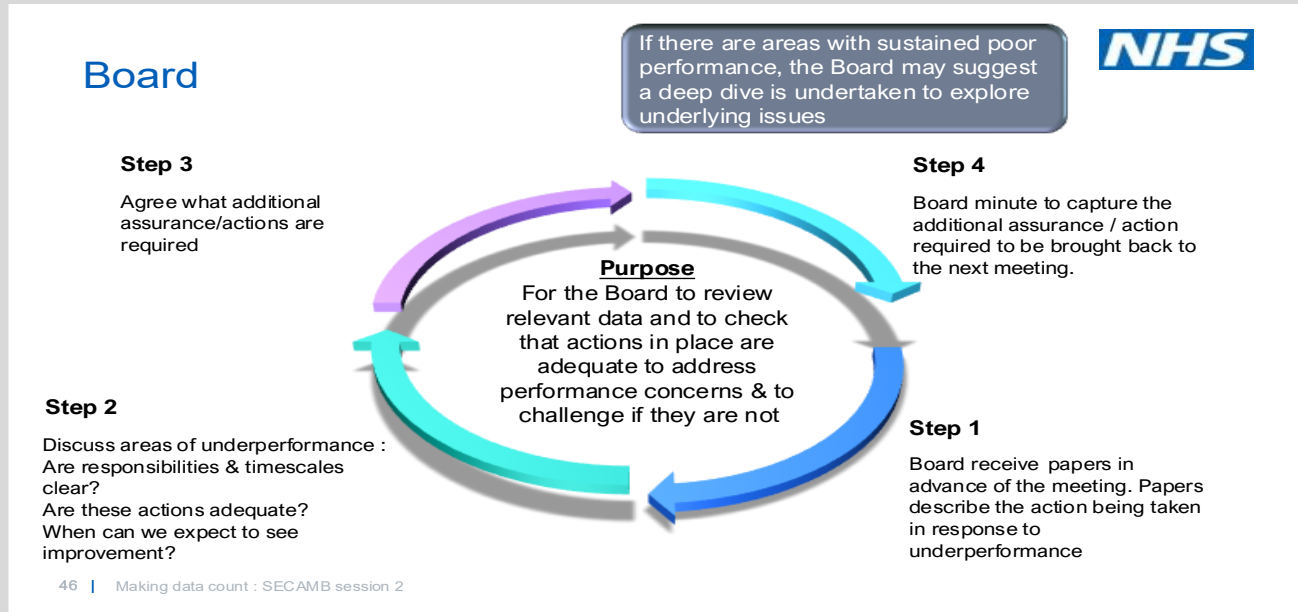
The risk report helped to demonstrate good cross over to agenda items. The committee discussed how we approach health inequalities and EDI through the strategic changes. It noted the work on EDI which includes as part of the restructure embedding disability level 2 standards in recruitment practices and the positive feedback from the Staff Survey showing improvement.

The operational restructure has a specific EDI focus on gender balance and increasing the number of women in middle to senior management roles. We need for more visible data in our core metrics, which is the ambition of the IQR.

The risk related to stat man training recording was also explored and it supported the work underway to address the clunky manual processes. Despite being at almost 90% it is likely the percentage is even higher, given the time lag to upload records.

Recommendation

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





Update for Trust Board - NHS Staff Survey 2025

1. Purpose

1.1 This paper provides the Trust Board with an overview of SECamb's results from the 2025 NHS Staff Survey, summarises key findings, outlines the approach taken to secure high levels of participation and sets out the assurance framework that will support the delivery of improvement aligned to our Trust Strategy 2024/2029.

2. Executive Summary

2.1 The 2025 NHS Staff Survey results represent a major milestone for SECamb, reflecting both sustained cultural improvement and sector-leading performance. The Trust achieved its highest response rate ever (71%), the highest for the ambulance sector and far exceeding the sector median (55%), and, for the first time is positioned above the sector median in all nine People Promise domains.

2.2 Whilst the results do not show any significant changes compared to 2024, when looking over a longer time period, the survey results do show multi-year improvement across every domain since 2022, continued strength in compassionate and inclusive leadership, and sector-best performance on seven individual questions. Together, these demonstrate a more stable, confident and mature organisation - despite a backdrop of organisational change and group model development.

2.3 The survey also validates our manager-led engagement model, which proved central to achieving exceptional participation and building trust in local leadership.

3. Our approach – a localised, leadership-driven engagement model

3.1 Building on progress made during the 2024 survey period, SECamb again adopted a targeted local leadership model designed to empower managers and drive meaningful engagement during the 2025 survey period. As previously, efforts were particularly concentrated on operational staff, recognising that response rates have historically been lower in these areas, although managers in all areas were supported during the period.

3.2 To encourage strong response rates, Operational Unit (OU), EOC and 111 managers were specifically supported by divisional communications officers and the engagement officer to lead survey participation locally.

3.3 Support included:

- Weekly informal comparative updates across operational teams
- A daily refreshed interactive response rate dashboard

- Locally adaptable communication tools
- Incentives via the Reward & Recognition platform
- Intentionally limited corporate communications to “create space” for local leadership

3.4 This approach reflects the Trust’s growing maturity in distributing leadership responsibility and using real-time data to influence behaviour.

3.5 The response rate improvement is particularly significant given the backdrop of organisational restructuring, the move to the group model with SCAS and an increasingly challenging financial climate, which have all contributed to a feeling of uncertainty and anxiety within the Trust.

4. Headline Results

4.1 Overall Position:

- No statistically significant changes in the key theme scores compared to 2024 despite a year of substantial change
- Above sector median scores in all nine People Promise domains for the first time ever, with the strongest domain being Compassionate & Inclusive Leadership (7.05)
- Sector-best scores in seven individual questions, including recognition, clinical concerns, and reasonable adjustments (as below)

4.2 Scores in all nine People Promise domains have also improved noticeably between 2022 and 2025.

4.3 Areas of particular improvement in this three-year time period include:

- Appraisal completion - +13%
- Intention to leave - -13%
- Recommendation of SECamb as employer - +18%

4.4 These trends point to a strengthening workforce environment, improved operational foundations and growing confidence in leadership.

4.5 In the 2025 results, SECamb also achieved best-in-sector performance for seven individual survey questions, demonstrating established strengths in recognition, psychological safety, wellbeing, and inclusion.

- Recognition and reward: 41.6% (sector 34.8%)
- Feeling secure raising clinical concerns: 69.7% (sector 67.2%)
- Adequate materials/resources: 68.6% (sector 59.8%)
- Positive action on wellbeing: 53.9% (sector 44.6%)
- Opportunities to develop skills: 69.1% (sector 65.8%)
- Reasonable adjustments: 77.7% (sector 66.6%)

4.6 Together, these results show real progress across operational conditions, culture, and psychological safety.

5. Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

5.1 SECAmb's 2025 Equality Standards results also reveal positivity in both race and disability inclusion:

5.2 For the WRES:

- SECAmb outperformed other ambulance services on three of the four indicators
- We saw a smaller gap between white and ethnic minority staff on discrimination than other services
- On harassment from staff (Ind.6), ethnic minority staff reported a better experience than white colleagues; this is a positive divergence from sector norms

5.3 For the WDES:

- SECAmb outperformed other ambulance services on all five indicators
- We saw a sector-leading score for reasonable adjustments (77.2%)
- Staff with a disability feeling pressured to work when unwell was significantly below the sector average
- Engagement and feeling valued among staff with a long-term condition have both risen strongly since 2022

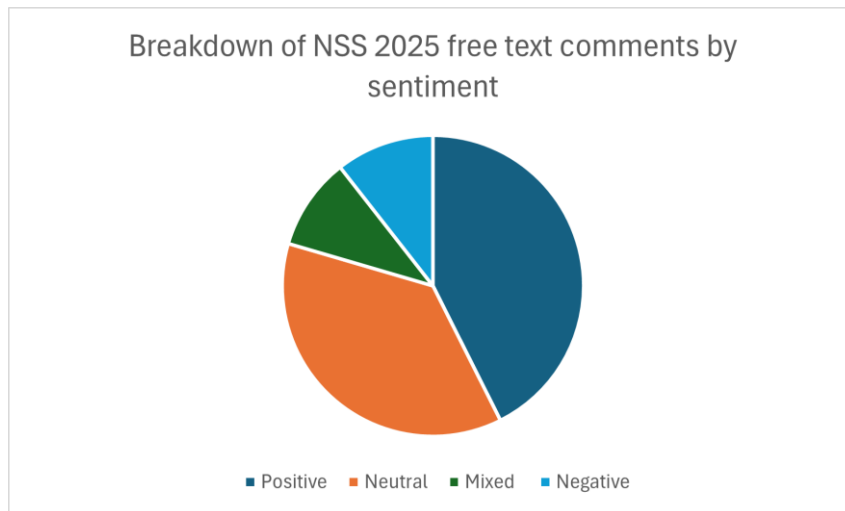
5.4 These results reflect meaningful and sustained effort to improve fairness, inclusion and accessibility.

6. Free text comments

6.1 As well as answering specific questions, staff also have the opportunity to provide 'free text' comments through the survey, and these provide an additional rich source of staff sentiment and a good indication of the areas of most interest to staff outside of the set question parameters.

6.2 For the 2025 survey, a total of 1,073 comments were collected from 26 areas across EOC, NHS 111, Operational Units (OUs) and corporate areas. It should be noted that multiple comments can be made by the same individual.

6.3 The over-arching breakdown by sentiment is shown below:



6.4 Although wide-ranging in nature, analysis highlights several consistent areas of focus for staff as below, which should be considered alongside the overall results:

- Facilities, Equipment & Environment emerged most frequently (611 mentions), with staff raising issues around vehicle cleanliness and availability, basic kit, workspace conditions, and access to suitable break facilities.
- Welfare and Mental Health Support (390 mentions) was a major area of concern, particularly the need for wellbeing support, psychological safety, and timely welfare calls.
- Rotas, Flexible Working & Breaks (337 mentions) reflected ongoing pressures related to rota design, break timing, end-of-shift overruns, and limited flexibility.
- Leadership & Communication (269 mentions) focused on the need for visible leadership, clearer communication, better listening mechanisms, and stronger follow-through on actions.
- Pay, Reward & Terms (209 mentions) covered concerns about unsocial hours arrangements, overtime, allowances, maternity provisions and Section 2 issues.
- Staffing & Workload (207 mentions) captured the operational pressures of short staffing, fatigue, long travel distances and frequent shift overruns.

6.5 The predominant themes of the positive comments related to staff expressing pride in their teams and the NHS and highlighting examples of supportive local leadership.

6.6 As well as the survey results, managers have now also received the ‘free text’ comments for their areas, providing them with a broad view of the sentiment of their teams.

7. Areas for Monitoring

7.1 While the wider picture remains very positive, there are pockets of softening that merit targeted focus.

7.2 Motivation (most notable):

- Sub-domain declined from 6.30 to 6.14
- All three motivation questions dipped slightly

7.3 Minor year-on-year reductions

- Staff Engagement: – 0.08
- Autonomy & Control: – 0.06
- H&S Climate: – 0.06
- Stressors: – 0.05

7.4 While these changes are modest, do not reverse multi-year gains, and are consistent with the wider organisational change context experienced during the year, we will continue to monitor them during the coming year.

8. National Oversight Framework (NOF)/League tables

8.1 The NOF and league tables, published by NHS England, utilise the results of three specific survey questions as part of their evaluation of individual Trusts.

8.2 On 18 March 2026, NHS England published the latest Ambulance Trust League Tables for Quarter 3 (2025/26). The overall results show that SECamb has improved its national position from 6th to 4th place, reflecting strong performance across several key areas.

8.3 Performance in the three staff survey areas that form part of the overall ranking showed no change in sector position compared to the previous year:

Staff survey area	SECamb score/ranking	Change in rank from previous quarter
Advocacy	6.25/10 (4 th out of 10 for ambulance services)	No change
Raising concerns sub-score	5.99/10 (6 th out of 10 for ambulance services)	No change
Engagement sub-score	6.06/10 (4 th out of 10 for ambulance services)	No change

9. Alignment with Trust Strategy 2024 – 2029

9.1 It is worth noting that continuing solid performance in our staff survey scores aligns strongly with the Trust's strategic aims:

- Delivering High Quality Care - Improved staffing adequacy, resources, and psychological safety directly support safe and effective care.
- Our People Enjoy Working at SECamb - Strengthened compassionate leadership, teamworking, recognition and inclusion demonstrate meaningful progress in culture and experience.

- We Are a Sustainable Partner - Improved morale and engagement relative to the sector contribute to organisational stability and system leadership.

10. Pre and post publication actions

10.1 Ahead of national publication, managers were equipped with:

- Tailored one-page summaries of their scores for each OU, directorate, EOC and 111
- A new performance dashboard for detailed exploration
- Guidance on discussion approaches and early action planning
- Posters and visuals to support consistency and visibility

10.2 This ensured momentum was maintained and enabled managers to plan early on how they should share these with their teams and begin engagement on how they would address the issues identified locally.

10.3 The results were published nationally on 12 March 2026. Full reports were shared with all staff, including access to a bespoke dashboard which provides all colleagues with the ability to access and drill down into the staff survey results for all areas.

10.4 As noted above, managers have also now received the relevant 'free text' comments for their areas, as these were received post-publication.

11. Assurance and Forward Plan

11.1 Work is already underway to ensure that the Trust makes full and effective use of the staff survey findings. Building on the approach started last year, a more systematic and data-driven approach is being continued, including an interactive dashboard that will provide a clear, consistent view of organisational trends and highlight areas of risk or strong practice. This will support leaders at all levels in maintaining focus on staff experience and acting on emerging issues promptly.

11.2 Alongside this, a formal framework is being developed to ensure there is a consistent, organisation-wide approach to planning, monitoring and sustaining improvements based on staff feedback. Progress in delivering this will be provided via the People Committee.

11.3 For 2026/27, at a corporate level, the Trust will identify a small number of overarching focus areas informed by this year's results and free text comments and aligned to the Trust Strategy.

11.4 Broader theme areas currently under consideration include:

- Strengthening line manager capability
- Increasing autonomy, involvement and local decision-making
- Supporting sustainable workload and wellbeing

11.5 These themes reflect where small declines were seen this year and where improvements will have the greatest strategic impact. Consideration also needs to be given to the key areas arising through the free text comments. Final priorities will be confirmed through engagement with a range of internal stakeholders

11.6 It is important to note that this does not mean that separate Action Plans will be developed for these areas; rather that they are incorporated into our priorities for the coming year.

12. Recommendations

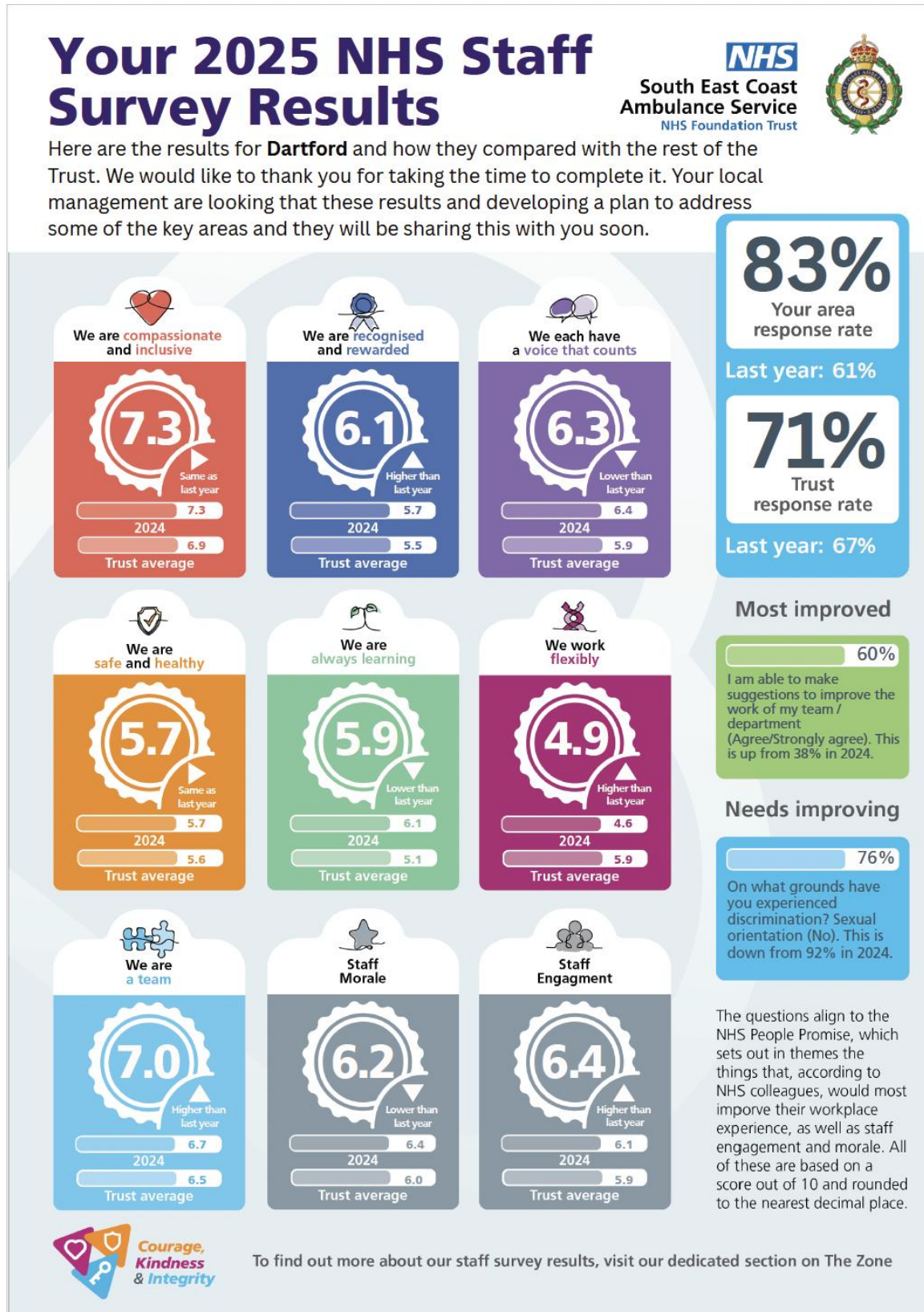
12.1 The Board is asked to:

- Note the sector leading response rate, the approach taken to drive up response rates and acknowledge the contribution of managers
- The results of the survey, including themes emerging from the free-text comments and SECAMB's position compared to the wider sector
- Endorse, at a high level, the approach outlined to ensure we fully utilise the learning from the results

Janine Compton, Director of Communications & Engagement

Appendix A – Staff Survey assets

Example of bespoke local assets shared with managers



NHS Staff Survey Results 2025

NHS
South East Coast
Ambulance Service
NHS Foundation Trust



Thanks to all the 3,625 colleagues who shared their views in last year's survey. This resulted in a 71% response rate - our best ever response rate and top of sector!



Recognition & reward

More than a third of colleagues said they were satisfied with the level of recognition they received for good work. This has improved over four consecutive years while other trusts have dropped!



Raising Concerns

Seven out of 10 of our people said they felt secure in raising clinical concerns - up from 67% in 2024. This was the best score of the sector - an important indicator of psychological safety



Other great results

- 80%** Agree their role makes a difference to patients.
- 70%** Agree colleagues are polite and respectful.
- 73%** Manager listens to challenges

How we compare with ambulance trusts nationally



We performed above sector average in every one of the People Promise domains for the first time ever and strongest domain: Compassionate & Inclusive Leadership



More inclusive

- Ethnic minority staff reported less harassment than White staff
- 72% of staff with long term conditions felt supported compared to 68.6% for the sector
- Less discrimination than the sector (4.2% v 5.1%)

If you would like to know more about our results, you can check out our Staff Survey dashboard on The Zone!



SCAN ME

Example of targeted email sent to managers during survey period

NHS Staff Survey 2025
Week 9 Just two weeks left to hit 70% for Staff Survey response rate

 Liz Spiers
Head of Communications & Engagement

2 min read

Dear Colleagues,

Wow – what a week! We’ve seen fantastic progress over the last week and a half, with our EOC teams smashing the 60% target – huge [congratulations](#) to you all!

Shout-outs to Paddock Wood, Banstead, Medway, HART Gatwick and Polegate for hitting 60% – you rock! 🙌. And a special high-five for Hastings at 70% and Dartford storming ahead to 80%! Worthing, watch out – James Fisher has his eyes on your OU top spot! 👁️

Kent OUs are all over 60%, Sussex is close behind and Surrey – we’re cheering you on!

We’re heading into the final two weeks and we need one last big push to get over the 70% mark! We’re currently at 66.4%, and the next email reminder goes out Friday, 21 November – let’s make it count!

We know this year has been full of change but you should feel incredibly proud of what you’ve achieved. so far Already, more people have completed the [survey](#) than last year – that’s amazing progress!

We’ve got key skills sessions coming up over the next two weeks (details below). Please work with your place-based educators to encourage colleagues to stay on and complete their [survey](#).

And remember, your comms officers are here to help share the positive steps you and the Trust have taken to address feedback from previous [surveys](#) and engagement activities.

If you can rally your teams for focused [survey](#) days, especially just before the reminder email on Friday, 21 November, that would be fantastic!

Let’s finish strong my friends!

Date	Location
Sunday, 16 November	Dartford
Monday, 17 November	Gatwick, Chertsey, Brighton/Polegate, Dartford, Thanet
Tuesday, 18 November	Ashford, Polegate/Hastings, Guildford
Wednesday, 19 November	Banstead, Worthing, Brighton, Thanet
Monday, 24 November	Brighton, Thanet, Dartford, Polegate/Hastings
Tuesday, 25 November	Brighton, Thanet, Dartford, Polegate/Hastings
Wednesday, 26 November	Chertsey, Ashford, Dartford, Polegate/Hastings

		Agenda No	17-26
Name of meeting	Trust Board		
Date	2 April 2026		
Name of paper	Freedom to Speak Up Bi-annual report, March 2026		
Responsible Executives	Margaret Dalziel, Chief Nursing Officer		
Authors	Kim Blakeburn - Lead Freedom to Speak Up Guardian		
<p>Progress:</p> <ul style="list-style-type: none"> • There has been a sustained and significant reduction in reported detriment • An increase in the number of concerns closed with satisfactory outcome • Strengthened Divisional oversight is evident in most areas • The Speak Up Champion Network is now implemented <p>Gaps:</p> <ul style="list-style-type: none"> • The most frequent theme from concerns raised are related to leadership • Behavioural concerns remain culturally significant • The quality of the manager response continues to be variable across the divisions • System processes in relation to HR and Sexual safety continue to impact the individuals engaging in speaking up, including students <p>Actions:</p> <ul style="list-style-type: none"> • Refresh and reset the formalised triangulation (FTSU/HR oversight model) • Renewed focus on local response capability • Strengthen HR and sexual safety governance pathway and clarity around post reporting process • Improved outcome feedback mechanisms 			
Recommendations, decisions, or actions sought	<p>For critical discussion and assurance.</p> <p>The Board is asked to note the progress made during this reporting period, while continuing to support the Trust’s focus on strengthening psychological safety, leadership accountability and confidence in the speaking up process across all areas of the organisation.</p>		
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		Not required	

Executive Summary

Purpose of this paper

This paper provides the Board with oversight of Freedom to Speak Up (FTSU) activity between 1 June 2025 and 1 March 2026, including comparison with previous reporting periods and insights from the NHS Staff Survey to support understanding of the Trust's speaking up culture. The report highlights key themes emerging from concerns raised and outlines actions underway to further strengthen the Trust's speaking up framework.

Key Messages for the Boards attention

1 Speaking Up Activity

- 161 concerns raised during the reporting period.
- 21% reduction compared with the preceding nine-month period.
- 26% reduction compared with the previous comparable reporting cycle.
- 93% of closed cases recorded as having a satisfactory outcome.

These figures suggest a period of stabilisation following earlier increases in reporting, while continuing to demonstrate that concerns raised are generally being resolved constructively.

2 Psychological Safety and Detriment

- Reported detriment reduced from 5% to 2% during this period.
- Most concerns continue to be raised openly or confidentially, suggesting a level of confidence in the speaking up process.
- Anonymous reporting remains an important alternative route where colleagues feel unable to identify themselves.

This reduction in detriment represents an encouraging indicator of improving psychological safety, although continued vigilance remains important.

3 Key Themes Emerging from Concerns

The predominant national classification was Worker Safety and Wellbeing.

The most common local themes were:

- Leadership behaviours
- Relationships and behaviours within teams
- System and organisational processes

These themes highlight the continued importance of effective leadership, respectful workplace culture and clear organisational processes in shaping staff confidence to raise concerns.

Nine concerns relating to sexual safety were also raised during this period, informing ongoing work to strengthen governance and reporting pathways.

4 Staff Survey – Speak Up Indicators

NHS Staff Survey results show:

- Improvement in some key speaking up indicators
- Maintenance of positive scores across other indicators

- Strong performance in comparison to the rest of the ambulance sector for staff feeling secure raising concerns about unsafe clinical practice

These findings suggest that actions taken to improve visibility of the FTSU service, leadership engagement and response quality are beginning to translate into increased staff confidence.

5 Key Areas of Focus

The data highlights several areas requiring continued organisational attention:

- Leadership behaviours and workplace culture
- Variability in the quality of the local managerial response to concerns
- System and HR process concerns impacting staff confidence
- The need for continued strengthening of sexual safety governance pathways

6 Actions Underway

Work is underway to further strengthen the Trust's speaking up framework through:

- Establishment of a Speak Up Champion Network
- Development of enhanced anonymous reporting functionality
- Strengthening triangulation between FTSU, People Services and governance functions
- Improving feedback to staff about outcomes and organisational learning

These actions support the Trust's ambition to embed a culture where speaking up is part of everyday organisational learning and improvement.

The Board is asked to

- **Note** the themes and trends emerging from Freedom to Speak Up data.
- **Take assurance** from the progress made in reducing reported detriment and strengthening response to concerns.
- **Support the continued focus** on leadership behaviours, local response capability and organisational learning arising from concerns raised.

Introduction

This paper provides the Board with oversight of Freedom to Speak Up (FTSU) activity for the nine month period from 1 June 2025 to 1 March 2026, with comparison to the equivalent preceding period to enable trend analysis.

Freedom to Speak Up remains a core component of the Trust's approach to psychological safety, organisational learning and cultural assurance. The FTSU function provides an independent route for colleagues to raise concerns where other pathways may not feel appropriate, while also offering the organisation valuable insight into emerging risks, leadership behaviours and systemic pressures.

Over the past two years, the Trust has focused on increasing visibility, strengthening response quality and proactively mitigating the risk of detriment. This report reflects a period of

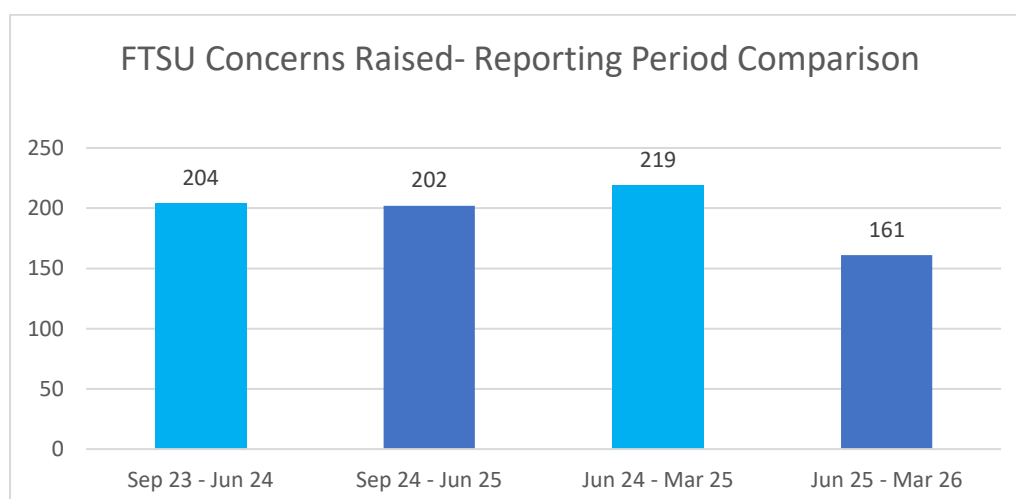
stabilisation following earlier increases in concern volume and provides an opportunity to assess whether cultural improvements are becoming embedded.

The Board will note a reduction in overall concern volume and a significant decrease in reported detriment during this period. While these trends are encouraging, the data also highlights ongoing themes relating to leadership behaviours, system process concerns and variability in local response quality.

The purpose of this paper is therefore to provide assurance on areas of progress, identify themes requiring continued oversight, and outline actions to strengthen confidence in outcomes and reinforce a culture of openness, accountability and learning across the organisation.

1. Overview of FTSU Activity

The number of concerns raised during the current reporting period (June 2025 – March 2026) was 161, representing a 21% reduction compared with the preceding nine-month period (202 concerns) and a 26% reduction compared with the comparable period in the previous reporting cycle (219 concerns). Following a period where concern volumes increased, this reduction may indicate a stabilisation in speaking up activity across the Trust. As with all speaking up data, changes in reporting volumes should be considered alongside other cultural indicators, including staff survey results, detriment reporting and satisfaction with outcomes.



The majority of concerns raised during this period have been successfully resolved, with 93% of closed cases recorded as having a satisfactory outcome. This figure remains consistent with the previous reporting period and reflects continued efforts to improve the quality and timeliness of responses to staff concerns.

Analysis of the reporting data also shows that most concerns continue to be raised by staff who are comfortable identifying themselves, either confidentially or openly, with anonymous reporting representing a smaller proportion of cases. While anonymous reporting remains an important route for staff who may not feel safe to disclose their identity, the predominance of identified reporting suggests that many colleagues are increasingly willing to engage directly with the process.

Concerns continue to arise from a broad range of professional groups and organisational areas, reflecting the accessibility of the Freedom to Speak Up service across the Trust. As in

previous periods, the data indicates that speaking up is most frequently used to raise concerns relating to workplace culture, leadership behaviours, system processes and staff wellbeing.

There were 21 concerns (around 13%) relating to patient safety during this reporting period. This is broadly in line with national data across the ambulance sector, where FTSU concerns tend to be more heavily weighted towards workforce, culture and behavioural themes, rather than explicitly labelled patient safety issues.

The following sections explore these themes in more detail, alongside trends relating to detriment, areas of organisational focus and the Trust's ongoing work to strengthen confidence in the speaking up process.

2. Divisional data overview

Following the Trust's transition to a divisional operating model, Freedom to Speak Up data is now also presented at divisional level to provide a high-level overview of activity across each area. This approach supports greater visibility for local leadership teams and reflects the Trust's intention to strengthen local ownership of culture and response to concerns.

Over the past year, and particularly during the transition to the divisional model, the FTSU team has worked closely with divisional leadership teams to encourage greater curiosity about the insights contained within their speaking up data. This includes exploring the themes emerging from concerns raised, as well as reflecting on areas where few or no concerns are reported. Both scenarios are important indicators. While raised concerns provide valuable intelligence about organisational pressures, an absence of concerns does not necessarily indicate a healthy culture. In some cases, colleagues may describe a fear of speaking up or a perception that doing so will not lead to meaningful change.

For this reason, it is important that divisional data is considered both quantitatively and qualitatively. Quantitative data provides a useful overview of the number and type of concerns raised, helping to identify trends, hotspots or shifts over time. Qualitative insight, including feedback from conversations with staff, champions and local leaders, provides the context needed to understand how colleagues experience the speaking up process and whether they feel heard when they raise concerns.

Together, these perspectives help leadership teams to develop a more complete understanding of their local culture and support a more responsive and reflective approach to addressing concerns.

Surrey

During the reporting period, a total of nine concerns were raised from the Surrey division. These were distributed across the local areas of Banstead (4) and Guildford (5), with no concerns recorded from Chertsey during this period. The most frequently reported themes were Worker safety & Wellbeing and Leadership.

Of the concerns raised, six were submitted confidentially and three were raised openly, indicating that while colleagues are engaging with the Freedom to Speak Up route, many still prefer to maintain some level of anonymity when doing so.

Engagement within the Surrey division has presented some challenges during the transition to the new divisional model. To date, only one application has been received for the Speak Up Champion network and this is from a Surrey university student. Engagement with local

leadership teams has at times been more limited than in other areas. In addition, feedback from some student paramedics placed within Surrey has suggested that while concerns exist, there can be hesitation about speaking up, with some describing a perception that doing so may not feel psychologically safe.

In response, the FTSU team has undertaken targeted engagement within the division, including focused conversations with local leadership teams and efforts to raise awareness of the Speak Up Champion role. This work is ongoing, with a particular emphasis on strengthening local ownership of speaking up and encouraging colleagues within the division to step forward as champions to support a more visible and supportive speak up culture.

Sussex

During the reporting period, a total of 27 concerns were raised from the Sussex division. These were distributed across the following locations: Polegate (1), Worthing (2), Brighton (5), Hastings (3), Tangmere (7), and Gatwick (9). The most frequently reported themes were Worker Safety & Wellbeing and Relationships & Behaviours.

Of the concerns raised, 11 were submitted confidentially, 9 openly, and 7 anonymously. The proportion of anonymous reporting in this division indicates that some colleagues may still feel cautious about identifying themselves when raising concerns. Additionally, 15% of cases included, reported detriment, which is higher than the Trust-wide average for this reporting period and reinforces the importance of continued focus on safeguarding colleagues who choose to speak up.

Initially, there were barriers to the FTSU team attending divisional Team C meetings, which limited opportunities for regular dialogue with local leadership about emerging themes and cultural insights. Encouragingly, this has improved in the most recent quarter, and the FTSU team are now attending Team C meetings, enabling more open discussion of speaking up data and supporting leaders to reflect on what the themes may indicate about local culture.

This improved engagement is an important step in strengthening divisional ownership of speaking up and supporting leaders to respond proactively to concerns raised within their teams. The FTSU team will continue working with Sussex leadership to maintain this momentum and ensure that concerns raised translate into meaningful learning and improvement.

Kent

During the reporting period, a total of 20 concerns were raised from the Kent division. These were distributed across the following locations: Thanet (8), Dartford (3), Paddock Wood (4), Medway (4), and Ashford (1). The most frequently reported themes were Bullying & Harassment and Relationships Behaviours.

Of the concerns raised, 7 were submitted confidentially, 8 openly, and 4 anonymously, demonstrating a relatively balanced use of reporting routes. Encouragingly, no cases of detriment were reported during this period, and the division achieved a 100% satisfactory outcome rate for closed concerns. While case numbers alone do not fully reflect the complexity of individual concerns, these indicators suggest that concerns raised within Kent are being responded to constructively and that colleagues are experiencing positive outcomes from engaging with the speaking up process.

Engagement with divisional leadership within Kent has been largely positive throughout the reporting period. The FTSU team has been able to attend Team C meetings, providing an opportunity to share divisional speaking up data, explore emerging themes, and encourage reflective discussion about what the data may indicate regarding local culture and leadership behaviours.

This openness to engaging with the data has enabled local leaders to demonstrate curiosity about the insights arising from concerns and to consider how these themes can inform improvements in team dynamics and psychological safety. Continued collaboration with the Kent leadership team will remain important in sustaining this reflective approach and reinforcing a culture where concerns can be raised and addressed constructively.

Integrated Care (111 & 999)

During the reporting period, a total of 48 concerns were raised from the Integrated Care division. These were distributed across the following areas: 111 East (14), 111 West (11), EOC West (16), and EOC East (7).

Of the concerns raised, 21 were submitted confidentially, 15 openly, and 12 anonymously, indicating that while many colleagues are comfortable identifying themselves when raising concerns, a proportion continue to utilise anonymous reporting routes. Ninety-five percent of concerns closed during this period were recorded as having a satisfactory outcome, suggesting that where concerns are raised, they are generally being addressed constructively.

Unlike some other divisions where concerns tend to cluster around a smaller number of themes, the issues raised within Integrated Care were more widely distributed across several areas. The most prominent themes included Worker Safety & Wellbeing, Relationships & Behaviours, System Process, and Leadership. This broader spread of themes may reflect the operational pressures and organisational complexity associated with these services.

Engagement with divisional leadership has been encouraging during this reporting period. The FTSU team has been attending Team C meetings, providing regular opportunities to discuss emerging themes, share insights from the speaking up data, and support leaders to reflect on what the data may indicate about staff experience within their services.

Special Ops

During the reporting period, a total of 7 concerns were raised from the Special Operations division. This comparatively lower number reflects the smaller workforce within this area, and as with all divisions, concern volume should be interpreted in the context of workforce size as well as local cultural indicators.

The predominant themes raised were Worker Safety & Wellbeing and Recruitment.

Of the concerns closed during this period, 86% were recorded as having a satisfactory outcome. While the overall number of concerns is relatively small, these cases continue to provide valuable insight into the experiences of colleagues working within specialist functions and the particular challenges associated with these roles.

As teams continue to settle into the new divisional structure, engagement with Special Operations will remain an area of increased focus for the FTSU team in the coming months. Compared to other divisions, less targeted engagement has taken place within this area during the current reporting period. The FTSU team has made several attempts to establish

engagement with local leadership. Initial contact was made in September 2025, with follow-up communication in October 2025 and again with newly appointed leadership in February 2026. To date, these approaches have not resulted in engagement or follow up, intervention now being sought from the senior leaders.

The FTSU team will continue to seek opportunities to strengthen relationships with local leadership and increase visibility of the speaking up function within Special Operations. This will remain an important priority to ensure colleagues working within these specialist teams feel equally confident and supported in raising concerns and that leadership teams are able to engage with the insights provided through speaking up data.

Volunteers (Community Resilience Team) are also included within Specialist Ops division. During the current reporting period, one concern was raised by volunteers, representing a notable reduction compared with six concerns raised during the previous nine-month period. As with other areas of the organisation, lower reporting numbers should be considered alongside wider engagement and cultural indicators.

There has been a recent change in leadership within the Community Resilience team, which leads the volunteer programme. The Freedom to Speak Up team last engaged directly with volunteers at the Volunteer Conference in April 2025, providing an opportunity to raise awareness of speaking up routes and offer support to volunteers who may wish to raise concerns.

The FTSU team has since made contact with Community Resilience colleagues to explore further opportunities to strengthen engagement with volunteers. This has included offering support through the volunteer welfare trucks, which provide regular contact points with volunteers, and proposing a short survey to be shared through the Community First Responder newsletter to better understand awareness of speaking up routes within this group.

Re-establishing this engagement will be an important next step to ensure that volunteers and Community First Responders feel equally informed about and confident in using speaking up channels, and that the Trust continues to receive valuable insight into the experiences of those supporting services in a voluntary capacity.

3. Detriment and psychological safety

A key indicator of a healthy speaking up culture is the extent to which staff feel safe to raise concerns without fear of negative consequences. During the reporting period, reported detriment has reduced significantly from 5% in the previous comparative period to 2%, representing a reduction from 11 cases to 3 cases.

This reduction is encouraging and suggests that the Trust's approach to early identification and mitigation of detriment risk is becoming more embedded. The FTSU team now routinely explores the potential for detriment at the initial point of contact, allowing appropriate support, safeguarding measures and senior oversight to be put in place early where required.

In addition to this proactive approach, detriment is monitored through the FTSU case management system and discussed with relevant senior leaders where patterns or risks are identified. This enables timely intervention and helps ensure that colleagues who raise concerns feel supported throughout the process.

While the reduction in reported detriment is a positive cultural indicator, it should be interpreted alongside other data within this report. Anonymous reporting continues to provide an important alternative route for staff who may feel vulnerable about raising concerns openly, and the

organisation must remain vigilant in maintaining an environment where speaking up does not result in disadvantage.

The continued focus on psychological safety, early intervention and leadership accountability will remain central to sustaining this improvement and ensuring that colleagues feel confident raising concerns in the future.

4. Themes and trends for reporting period

Analysis of concerns raised during this reporting period shows that the predominant national classification was Worker Safety & Wellbeing, with 120 of the 161 concerns falling within this category. While this classification captures a broad range of concerns, it reinforces the importance of ensuring that staff wellbeing remains an organisational priority. The Trust is currently considering further improvements to the wellbeing support available to colleagues, and the themes emerging from the Freedom to Speak Up data provide useful insight to inform this work. Ensuring that wellbeing services are accessible, responsive and aligned to the realities of operational roles will remain important in supporting staff to feel safe, valued and able to perform at their best.

Within the Trust's local SECAmb themes, there was a relatively even distribution across three key areas: Leadership (40 concerns), Relationships and Behaviours (37 concerns) and System Process (32 concerns). Together, these themes highlight the importance of effective leadership behaviours, respectful team dynamics and clear organisational processes in shaping colleagues' experience of work. Concerns relating to these areas often intersect and can influence staff confidence in raising issues and their perceptions of how concerns will be responded to locally.

It is also notable that nine concerns were raised relating to Sexual Safety during this period. Although representing a small proportion of overall case numbers, these concerns remain significant and continue to inform the Trust's work to strengthen sexual safety governance, including clearer reporting pathways and improved coordination between FTSU, safeguarding and People Services.

While many concerns are resolved satisfactorily, a recurring insight from FTSU cases is that staff confidence is influenced not only by the ability to raise concerns, but by the quality of the response they receive locally. Variability in managerial confidence and capability when responding to concerns can influence whether colleagues feel their concerns are heard and acted upon. Strengthening local response capability, supported by leadership engagement and the Listen Up principles, will therefore remain an important focus.

5. Areas of Note

During this reporting period, Corporate Services (predominantly Clinical Education) and People Services accounted for the highest proportion of concerns raised in the organisation, correlating to a period of significant targeted challenge within those services.

As a result of some serious allegations being raised in October/November 2025 and listening events undertaken across all our local Universities, a significant number of concerns related to Clinical Education were recorded in this period where the Freedom to Speak Up team

provided additional support to ensure that concerns were captured accurately and that staff and student voices were clearly represented. This included gathering concerns, supporting colleagues to articulate their experiences, maintaining clear and accurate records, and identifying emerging themes. The information collated through this process was subsequently escalated to Executive colleagues and external investigators, who were able to use the reports prepared by the FTSU team as part of the evidential foundation for their investigations.

This work highlights the important role the FTSU function plays as a trusted and independent route for colleagues, while also acting as a critical friend to the organisation. By bringing together individual concerns and identifying patterns across cases, the FTSU service is able to provide early insight into areas where further attention may be required to support improvement and safeguard the integrity of organisational processes.

Within People Services, a number of concerns were raised during a period of radical and significant organisational change within the directorate. The themes raised by colleagues during this time largely reflected the uncertainty and pressures often associated with structural change. As the new arrangements become embedded, continued engagement and visibility of leadership will remain important in supporting staff confidence and ensuring that concerns can be raised and addressed constructively.

6. Strengthening the Speaking up Framework

The Speak Up Champion Network has now been established following a successful recruitment and training process. At present, approx.20 champions are in place across the Trust, with a further 10 expected to be confirmed in the coming weeks. The introduction of this network represents an important step in strengthening local visibility of the speaking up agenda and providing colleagues with additional, accessible points of support. Champions will play a key role in promoting awareness of speaking up, encouraging constructive conversations within teams and supporting the continued development of a positive and open culture across the organisation.

Alongside this, the Trust has been exploring options with an external provider to enhance the functionality of our anonymous reporting routes. The intention is not to increase anonymous reporting, but to introduce systems that allow concerns to be raised anonymously while still enabling a structured dialogue between the individual raising the concern and those responsible for responding to it. This approach, used in a number of other organisations, can help ensure that concerns are directed to the most appropriate local leaders while maintaining the anonymity of the individual where required.

This work also aligns with the Trust's broader aim of strengthening local ownership and response to concerns. By enabling concerns to be responded to closer to the point where they arise, and supporting leaders to respond constructively, the organisation can continue to move towards a model where speaking up is seen as part of everyday organisational learning. The FTSU team will continue to provide oversight, guidance and governance to ensure that responses remain fair, transparent and focused on both staff and patient safety.

Encouragingly, improvements in the last year is reflected in the most recent NHS Staff Survey results, where the Trust has continued to see improvement across some of the speak up indicators, whilst largely maintaining positive scores across the remaining measures. This suggests that efforts to strengthen visibility, leadership engagement and response to concerns are beginning to translate into increased confidence among colleagues in raising issues and being heard when they do so.

To strengthen organisational learning and oversight, work is underway to formalise greater triangulation between the Freedom to Speak Up service, People Services and other governance functions. This will enable themes emerging from speaking up concerns to be considered alongside wider organisational intelligence, supporting earlier identification of systemic issues and ensuring that appropriate oversight is maintained at both divisional and executive levels.

Work is also underway to strengthen feedback mechanisms to ensure colleagues who raise concerns receive clearer information about outcomes and organisational learning arising from their concerns.

7. Staff Survey – Speak Up Indicators

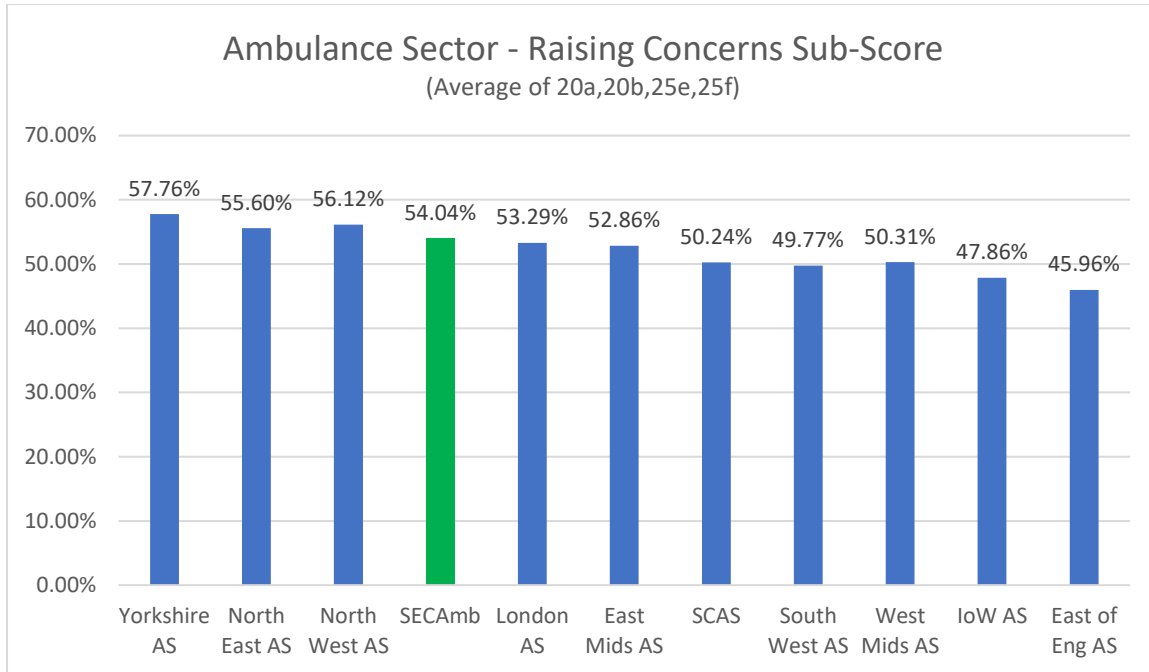
The following charts provide an overview of the Trust's performance across key Freedom to Speak Up-related questions from the NHS Staff Survey, alongside benchmarking against other ambulance services and changes observed between 2024 and 2025. These indicators provide an important measure of psychological safety within the organisation and offer insight into how confident colleagues feel about raising concerns and how those concerns will be responded to.

Overall, the data demonstrates continued progress in several core speaking up measures. The Trust has seen a sustained improvement in the proportion of staff who feel secure raising concerns about unsafe clinical practice, with SECAMB now ranking highest in the ambulance sector for this measure in 2025. Improvements are also evident in staff confidence that concerns raised will be addressed by the organisation, with SECAMB showing one of the strongest year-on-year improvements across the ambulance sector.

The benchmarking data provides helpful context, demonstrating that while SECAMB continues to perform strongly in some areas, performance across the sector remains varied. In particular, indicators relating to psychological safety and confidence that concerns will lead to action remain challenging for many ambulance services nationally.

The year-on-year change analysis highlights that SECAMB has improved in key areas relating to raising concerns and organisational response, although some measures relating to feeling safe to speak up have shown a small decrease between 2024 and 2025. This reflects patterns seen in several other ambulance trusts and reinforces the importance of continuing to focus on leadership behaviours, local response capability and building trust that concerns raised will lead to meaningful action.

Taken together, these results suggest that the Trust's ongoing work to strengthen speaking up – including increased visibility of the FTSU service, enhanced divisional engagement and the introduction of the Speak Up Champion network – is beginning to translate into improved staff confidence in raising concerns, while also highlighting areas where further cultural development is required.



8. Conclusion

This report provides the Board with assurance regarding the current position of the Trust's Freedom to Speak Up arrangements over this nine-month reporting period.

Overall, the data suggests a period of stabilisation following previous increases in concern volume. The number of concerns raised has reduced compared with the previous reporting cycle, while the majority of cases continue to be resolved satisfactorily. Encouragingly, reported detriment has also reduced during this period, indicating that the Trust's focus on early identification of detriment risk and proactive support for colleagues raising concerns is beginning to have a positive impact.

Alongside these improvements, the data continues to highlight areas that require ongoing attention. Concerns relating to leadership behaviours, relationships within teams and organisational processes remain prominent themes across the organisation. These areas are closely linked to staff confidence in raising concerns and the quality of response they receive locally. Strengthening local response capability and leadership engagement therefore remains an important priority.

The introduction of the Speak Up Champion Network, improved divisional engagement and work to strengthen triangulation between Freedom to Speak Up, People Services and other governance functions represent important steps in embedding a more mature speaking up framework across the organisation. The insights provided through FTSU data will continue to play a key role in supporting organisational learning and identifying areas where further cultural development may be required.

The Board is asked to note the progress made during this reporting period, while continuing to support the Trust's focus on strengthening psychological safety, leadership accountability and confidence in the speaking up process across all areas of the organisation.

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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 digital initiatives , supporting overarching Trust Strategy	Q4	Q4	Reeta Hosein	EMB	Yes	Chief Digital Information Officer	Finance & Investment

2025/26 – Operating Plan

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

BAF Risks

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

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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 2026	<p>Overall, the committee has a reasonable level of assurance with our H&S compliance. The internal H&S review demonstrated that H&S is largely viewed positively with good awareness of reporting mechanisms. However, areas of further improvement were identified, including training and managers being clearer on their responsibilities. The safety culture maturity assessment concluded level 3 of 5. The improvement plan aims to achieve level 5, over time, and the committee will review progress with the next review in Q4.</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 FIC	March 2026 March 2026	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. The AUC undertook a review of the DSPT and received a good level of assurance with greater compliance.

<h1>Digital Portfolio Context</h1> <p>Strategic overview for Portfolio</p>	Exec. Sponsor:	Nick Roberts
	PM:	Reeta Hosein
	Last updated:	19 th 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

DIGITAL TRANSFORMATION | REPORTING PERIOD (7 Jan – 11 March)

Executive Sponsor: Nick Roberts | Programme Manager: Reeta Hosein

STRATEGIC PORTFOLIO:
We are a sustainable partner as part of an integrated NHS

Aim/Outcome of the Programme

Aim: To strengthen the foundations of the Trust's digital estate in 2025/26, enabling the delivery of future virtual care ambitions while supporting in-year productivity, safety, and operational resilience.
Outcome: A secure, reliable, and scalable digital environment that empowers staff through trusted systems and protected data, enables seamless and uninterrupted care through resilient infrastructure and secure information flow, and supports integrated, digitally enabled partnerships to improve outcomes and reduce inequalities across communities and Trusts.

Assurance Statement

The Digital Transformation Programme remains on budget, with a forecast underspend and all activity deliverable within approved financial envelopes. However, workstreams are assessed as **Amber**, due to a number of delivery delays. Whilst most planned activities for FY25–26 have been completed, or is well progressed, many benefits and final outcomes cannot yet be fully realised, and several deliverables will extend into Q1 FY2026/27 to complete. Streams such as Data and AI are multi-year and continue according to plan.

Current Position

 **Alert**

Tortus Pilot with LAS: TORTUS pilot extension is being considered. A proposal will be reviewed offline by Digital Transformation Board before £48k spend is approved from remaining contingency budget.

 **Advise**

Not all workstreams will have concluded by end of March leading to some benefits realisation being delayed. Several deliverables will extend into Q1 FY2026/27.

Cyber Security Business case - The SASC requirement for Trust-specific technical specifications, reflecting differing levels of cyber maturity, has introduced additional work and some delay to Full Business Case completion.

GRS remains significantly off-plan, impacted by third-party cyber assessment delays and reworked business case timelines. (Now due in October 26) - working with the supplier to bring this forward,

 **Assure**

The Programme remains on budget, with a small and agreed forecast underspend, and all activity deliverable within approved financial envelopes.

Data & AI: Foundations (Alpha) mobilisation is progressing to plan with initial tests of our migrated data underway. MySECamb personal performance dashboard piloting successfully.

RAG Status

Impact on Outcomes



The overall RAG status has shifted to Amber, reflecting delays across multiple workstreams. These delays are primarily driven by late business case approvals, supplier dependencies, and ongoing recruitment gaps.
Mitigations: We continue to work to the delivery plan, maintaining close engagement with suppliers to recover slippage. All programme posts now filled, improving delivery momentum.

Delivery Confidence



Overall delivery confidence has moved to Amber status, due to some delivery delays, rather than any inability to deliver the agreed outcomes..

Action Required

Ask of this forum

For noting – Agree in principle the £48K spend for the continuation TORTUS

EMB/Committee Outcome

For noting only

DIGITAL TRANSFORMATION | REPORTING PERIOD (7 Jan – 11 March)

Executive Sponsor: Nick Roberts | Programme Manager: Reeta Hosein

STRATEGIC PORTFOLIO:
We are a sustainable partner as part of an integrated NHS

Risk ID & Description	Current Target RAG	Trend	Mitigations
<p>Cyber Resilience – ID 544 There is a risk that a major cyber security incident exploits existing system vulnerabilities</p>			<p>Comprehensive cyber maturity assessment has begun to define further interventions to reduce risk; target will only be met once all measures are complete.</p>
<p>Digital Capacity, Capability & Investment – ID 650 There is a risk that the organisation cannot facilitate necessary digital development and integration</p>			<p>Ongoing refinement of the Digital Programme ensures effective resource planning. External expertise is engaged as needed, with business cases approved to support delivery.</p>

Milestones for next reporting period (Outcome-relevant only)	Impact on delivery	Mitigations
<p>Data and AI Evaluate BI current-state analysis/report inventory and finalise project decision-making framework and scope. Maintain high level project deliverables plan.</p>	<p>Non-delivery would disrupt data migration sequencing and stall project planning certainty, slowing ongoing momentum.</p>	<p>Daily BI–Engineering progress checks, fast-track framework/scope decisions and tightly holding owners to deliver to plan.</p>
<p>Cyber Security Business case - CSOC/SIEM The SASC requirement for Trust-specific technical specifications, reflecting differing levels of cyber maturity, has introduced a slight delay to Full Business Case approval. A Gap Analysis and Proof of Concept are now being planned, with initial implementation expected by the end of June 2026 (30/06/26).</p>	<p>Major Impact - as procurement cannot progress.</p>	<p>Project Manager position filled to accelerate the trust-specific specifications and coordinate inputs.</p>
<p>The Cyber Maturity Assessment Slight delay in receiving all required evidence. Most evidence has now been submitted to the consultant and is under review. The final output/report is now expected end of March 2026 (31/3/26)</p>	<p>Major impact - this assessment determines the Trust's cyber maturity level and directly informs the required remediation actions and priorities.</p>	<p>Continue to chase outstanding evidence provision to consultants with clear deadlines and escalations.</p>

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. Interim leadership roles in place. Approved work programme.

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 Q2 2026.

Risk treatment Treat

Target date Q3 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	Q1 2026/27	Business cases are in various stages of approval, Products/GRS, Infrastructure. Data & AI & Gartner Business case have been approved. The remainder will be presented by 1 st April 2026
Corporate Restructure Phase 4 – Digital	CDIO	Q1-Q2 2026/27	Pre-Consultation Period commencement planned - 02/04/26 (45 days). Formal Consultation to launch 18/05/26, closing 30/06/26. Consideration period includes Job Evaluation review. Outcome document published and meetings held Aug 26. Implementation (redeployment, recruitment, redundancy) running 8 weeks from 07/08/26. New teams in post by 31/10/26.

COLLABORATION & PARTNERSHIP | REPORTING PERIOD (Jan – March)

Executive Sponsor: David Ruiz-Celada | Programme Manager: Claire Webster

STRATEGIC PORTFOLIO:
We are a sustainable partner as part of an integrated NHS

Aim/Outcome of the Programme

Enhanced patient outcomes through structured collaboration across South Central Ambulance Service and South East Coast Ambulance Service, reducing unwarranted variation and enabling a joint clinical operating model, to deliver high-performing, resilient and sustainable ambulance services in the short, medium and long term, while supporting the phased development of a future Ambulance Group model.

Assurance Statement

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.

Current Position

 **Alert**

There are no matters requiring Board awareness or immediate action at this time.

 **Advise**

- The programme continues to operate in a complex transition environment, with known challenges around delivery pace, capacity and timely funding, which are being actively managed through strengthened governance, prioritisation of critical activity and clear escalation routes, and are subject to close monitoring.
- In response to the commissioning intent letter, both Trusts agreed a core set of joint planning priorities and established a Committee in Common, with extended Joint Strategic Lead capacity and collaborative planning and PMO functions to support coordinated delivery of group benefits from 2026/27.

 **Assure**

- CAD / ePCR: Approval was given to progress a joint SECAMB–SCAS (incl IOWAS) programme to procure and implement CAD and ePCR system, a single common digital platform is a key enabler of the future joint clinical operating model and Ambulance Group, supporting consistent and efficient urgent and emergency care delivery ahead of contract expiry in 2027.
- Clinical Model Phase 2: Approval was agreed for the scope and approach to Phase 2 of the joint clinical operating model, confirming 2026/27 priorities and enabling clinically led alignment across care pathways, workforce and system integration.

RAG Status

Impact on Outcomes	↔	The programme is enabling improved consistency, resilience and sustainability, with key enablers for the future group model progressing as planned. The programme has also created space for organic engagement between teams to build mutual understanding, share learning and maintain visibility of delivery approaches. This provides the foundation to identify alignment opportunities, to agree a shared direction of travel and common standards, while allowing for local variation where appropriate.
Delivery Confidence	↔	Delivery confidence remains high, supported by strong governance, clear ownership and active management of known risks.

Action Required

Ask of this forum	To note the progress across the programme and the complexity it operates within during the transition phase.
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EMB/Committee Outcome	
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COLLABORATION & PARTNERSHIP | REPORTING PERIOD (Jan – March)

Executive Sponsor: David Ruiz-Celada | Programme Manager: Claire Webster

STRATEGIC PORTFOLIO:
We are a sustainable partner as part of an integrated NHS

Risk ID & Description	Current Target RAG	Trend	Mitigations
<p>Governance & Decision Making: There is a risk that complex decision-making arrangements, overlapping accountabilities and unclear delegations across boards and committees could lead to duplication, delayed decisions and reduced effectiveness of governance and oversight.</p>			<p>Clear governance and delegation arrangements are in place, including a Committee in Common, external governance advice, and defined escalation routes to support effective and timely decision-making.</p>
<p>Delivery & Performance: 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>			<p>Joint executive objectives are aligned to collaboration priorities through Executive-to Executive oversight, with transition activity calibrated to 26/27 planning and BAF priorities, supported by dedicated transition resources, maintained operational governance and clear escalation for operational issues.</p>

Milestones for next reporting period (Outcome-relevant only)	Impact on delivery	Mitigations
<p>Leadership Recruitment: Recruitment process completion for the Group Chair and Group CEO positions, April 2026</p>	<p>These roles provide unified leadership to accelerate collaboration, drive innovation and deliver more consistent, resilient ambulance services that improve patient and staff outcomes.</p>	<p>Recruitment and appointment process agreed across Trusts and both Trusts have interim leadership arrangements in place, when required.</p>
<p>CAD ePCR: Programme establishment for full scoping to define scope, phasing and key milestones.</p>	<p>Establishing the CAD and ePCR programme provides a critical digital foundation for the future joint clinical operating model and Ambulance Group, enabling system interoperability, service consistency and safe transition to a common platform ahead of contract expiry.</p>	<p>Programme governance has been established with a Strategic Outline Case approved, clear phasing and milestones defined, and dependencies aligned with the clinical model and wider transition planning to manage risk and maintain delivery momentum.</p>
<p>Clinical Model: Approval of resource proposal and full scoping of the 4 pillars</p> <ul style="list-style-type: none"> Virtual Care Pathways of Care Specialist Tertiary Pathways Workforce 	<p>Approval of the clinical model resource proposal and full scoping enables clinically led alignment across priority pillars, supporting consistent service design, pathway development and workforce planning across the Group</p>	<p>Delivery is supported through phased implementation, clear prioritisation of the four clinical pillars, alignment with existing clinical strategies, and active management of interdependencies with key enablers, including CAD / ePCR and workforce planning.</p>

Board Highlight Report – Multi-Year Plan

SRO/Executive Lead

Simon Bell

Key	
Completed	◆
On Track	◆
At Risk	◆
Delayed	◆

Progress Report Against Milestones:

Key achievements against milestone

- Basic medium-term financial model already in place, as commissioned as 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
Risk: Development could be delayed by working across two organisations		6	6		The model can be run with only one organisations data, therefore development can go ahead without delay.
Risk: Resources to undertake development and quality assurance is not available.		6	6		Additional development resource has been acquired.
Risk: The requirement for a multi-year plan from NHSE may require a differential approach, assumptions and/or timeline.		6	6		The model will be designed to be flexible to meet the needs of multiple audiences.

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

BAF Risk 541 – Collaboration

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

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

Controls, assurance and gaps


Controls: 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.

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

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
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 Chair start date to be confirmed. CEO recruitment in progress.

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. SEC Amb 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., Month 11 review 6th March confirms still on track to deliver break-even at year end.

Negative sources of assurance:

Gaps in assurance: No detailed plans received and assured from ICBs at submission stage. No response to the CEO letter as yet received. No plans for system contribution for C2 performance yet received nor risk assessed., Under-delivery of recurrent CIP plans likely

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

Mitigating Actions planned/ underway

Executive Lead

Due Date

Progress

Q2 Review

SB

15th October
2025






Completed




We are a sustainable partner as part of an integrated NHS



Sustainable Partner



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

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



What?

Feb C2 mean was above plan at 26:44 with the year-to-date C2 Mean on plan at 27:57. C2 mean has been sustained against the YTD plan despite demand challenges and escalation to REAP 4 during January. Hospital handover times spiked in January but reduced in February in line with expectations and VOR rates remained stable, while there was improvement in virtual care call triage rates albeit at a slower rate than trajectory. There remain low levels of use of alternatives to ED for our conveyed patients and low acceptance rates to UCR pathways, which is a significant system challenge.

In this board reporting cycle we have started to include reporting against the Make-Ready and vehicle availability processes. This is key to understand the relationship between our vehicle off-road (VOR) and the impact of make ready processes compared to the shifts we are putting out. As we develop the metrics we will see a trend form and report appropriately, however in the year just gone we have seen an improvement on compliance in the Make Ready process from 80% for Make Ready sites to 92% in the last 12 months, and vehicle preparation sites (where a full make ready is not implemented), improve from 62% to over 80%. The Trust's month 11 year to date and forecast revenue financial position is in line with plan.

Resilience metrics have now started to be included in the IQR this month.

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.

What Next?

We have submitted a break-even compliant plan with a C2 Mean of 25 minutes for 26/27. We have a challenging but achievable cost improvement programme, and we have implemented a strengthened CIP oversight group that will oversee day to day delivery of cost improvement schemes. Given the importance of delivering our in-year plan to secure a deliverable 27/28, we have identified further schemes and productivity we will form a view and enact through Q1 if our core plans are failing to deliver.

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. Our new MAN vehicles have now gone operational.

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

Variation

Special Cause Improvement



0%

0



3%

1

Common Cause



38%

15

Special Cause Concern



3%

1



8%

3

Assurance

Pass



3%

1

Hit and Miss



10%

4

Fail



8%

3

No Target



80%

32

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of DCA vehicles off road (VOR)	Feb-26	17%	10%	16.2%		
Board	Number of RTCs per 10k miles travelled	Feb-26	0.6		0.7		
Board	Handover Time Mean	Feb-26	00:18:42	00:17:30	00:18:56		
Board	Hear & Treat per Clinical Hour	Feb-26	0.4		0.4		
Board	See & Convey to ED %	Feb-26	51.4%		51.9%		
Board	See & Convey to Non-ED %	Feb-26	2.4%		2.6%		
Board	UCR Acceptance %	Feb-26	12.1%	60%	17.8%		
Board	Vehicles Made Ready vs Scheduled Shifts	Jan-26	93%	95%	59.5%		
Supporting	111 to 999 Referrals (Calls Triage) %	Feb-26	6.3%	13%	6.5%		
Supporting	% of SRV vehicles off road (VOR)	Feb-26					
Supporting	Critical Vehicle Failure Rate (CVFR)	Feb-26	68		91.3		
Supporting	999 Operational Abstraction Rate %	Feb-26	31.4%	31.4%	25.5%		
Supporting	Hear & Treat Recontact within 48 Hours %	Feb-26	2.5%		2.2%		
Supporting	Handovers > 45 Minutes %	Feb-26	4.2%	0%	4.5%		
Supporting	Number of Hours Lost at Hospital Handover	Feb-26	2962.8	2879.37	3240.9		
Supporting	Make Ready Contractor Hours Delivered	Jan-26	92%	95%	59%		

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	Feb-26	30		32.3		
Board	Manual Handling Incidents	Feb-26	33		28.2		
Board	Violence and Aggression Incidents (Number of Victims - Staff)	Feb-26	108		114.2		
Board	Organisational Risks Outstanding Review %	Jan-26	11.2%	30%	29.2%		
Supporting	Number of RIDDOR Reports	Feb-26	7		10.7		
Supporting	Compliance with Conflict Resolution Training	Feb-26	72.3%	85%	65.5%		
Supporting	Compliance with Face-to-Face Manual Handling Training	Feb-26	79.7%	85%	75.7%		

Finance

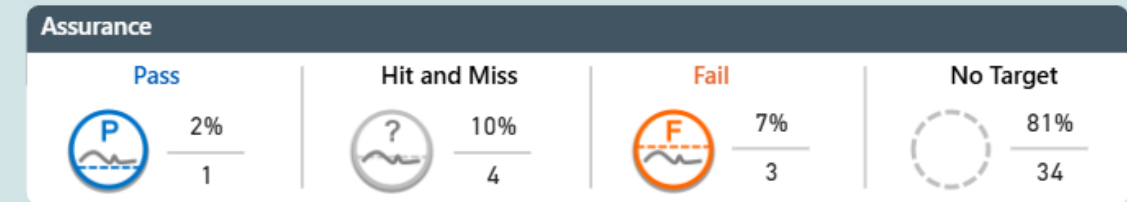
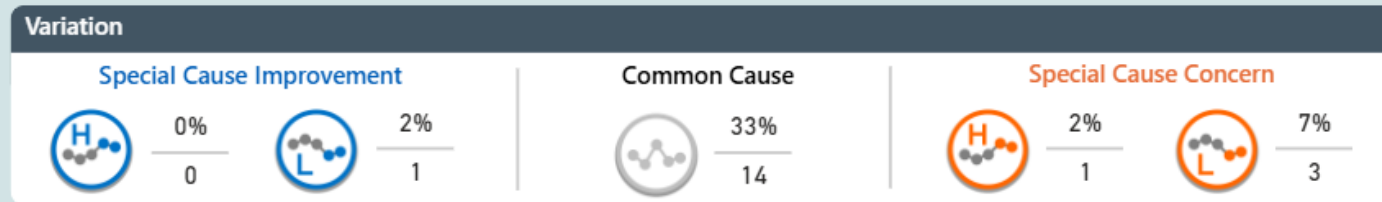
Type	Metric	Latest	Value	Target	Mean
Board	Surplus/Deficit (£000s) Month	Feb-26	585	-29.6	88.9
Supporting	Agency Spend (£000s) Month	Feb-26	-148.8	-161	-206.5
Supporting	Capital Expenditure (£000s) YTD	Feb-26	18516	30534	8020.6

Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Feb-26	0		1221.9
Board	Cost Improvement Plans (CIPs) (£000s) YTD	Feb-26	5748	8975	8068

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

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



Resilience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Operational Command Training Compliance (OpComm Qual)	Feb-26	100%		100%		
Board	Tactical Command Training Compliance (TacComm Qual)	Feb-26	100%		100%		
Board	Strategic Command Training Compliance (MAGIC)	Feb-26	100%		100%		
Board	Tactical Advisor/NILO Training Compliance	Dec-25					
Board	JESIP Training Compliance (All Commanders)	Feb-26	86.6%		86.6%		
Supporting	CPD Portfolio Compliance	Feb-26	96%		96%		
Supporting	% of Incidents With Completed Debrief Within Required Timeframe	Feb-26	80%		80%		
Supporting	% of BCPs In-Date and Reviewed	Feb-26	77%		77%		
Supporting	% of BCP Exercises/Tests Completed	Feb-26	94%		94%		

Patient Safety

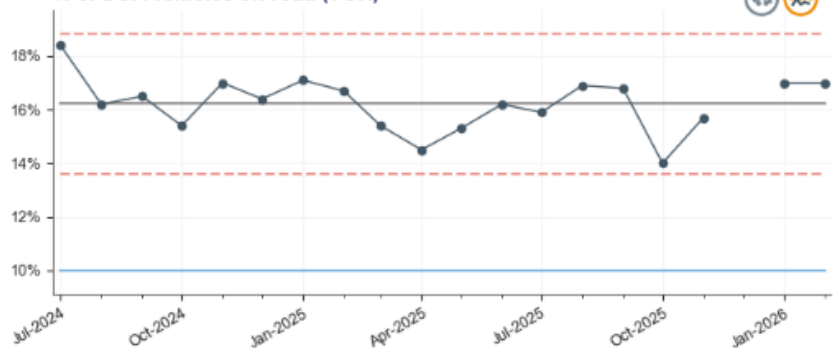
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
<i>Pending metric: Driver Safety Standard Metric - Needs to be defined</i>							

Digital

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% Uptime of Essential Systems	Feb-26		99.99%			
Board	% Cyber Incidents Contained	Feb-26	100%	100%	100%		
Board	% of Clinical Consultations Using AVT	Feb-26		100%			
Board	% of Incidents - Shared Care Record Accessed	Feb-26		70%			

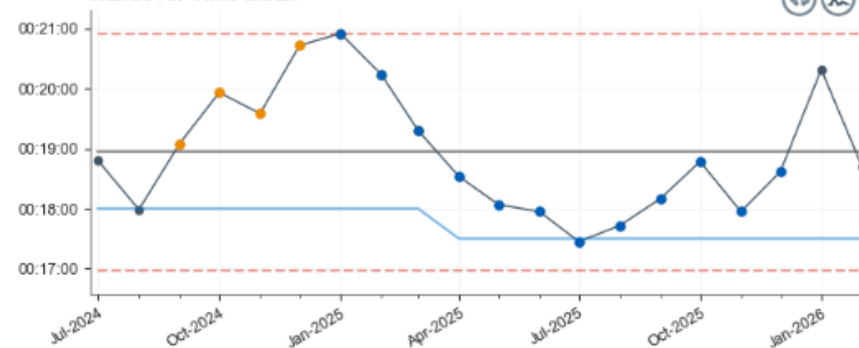


% of DCA vehicles off road (VOR)



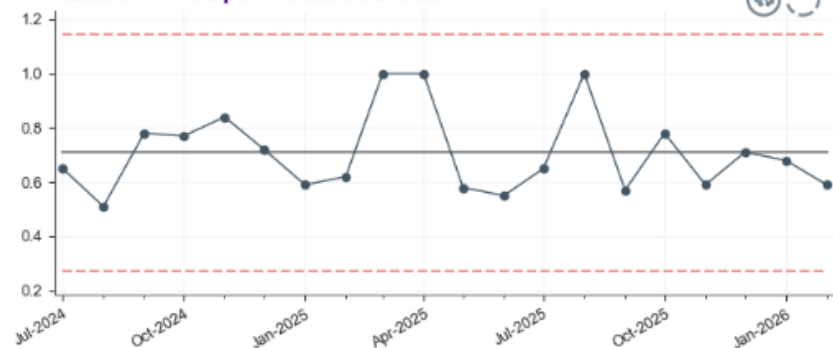
FL-4
Dept: Fleet
Metric Type: Board
Latest: 17%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Handover Time Mean



999-39
Dept: Operations 999
Metric Type: Board
Latest: 00:18:42
Target: 00:17:30
Common cause variation, no significant change. This process will not consistently hit or miss the target.

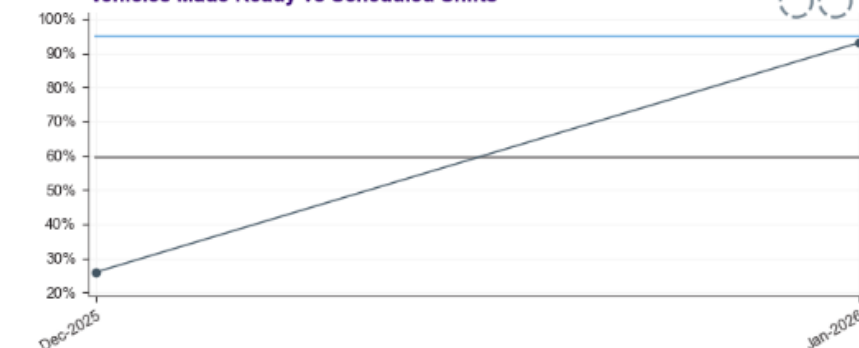
Number of RTCs per 10k miles travelled



FL-2
Dept: Fleet
Metric Type: Board
Latest: 0.6

Common cause variation, no significant change.

Vehicles Made Ready vs Scheduled Shifts



FL-14
Dept: Fleet
Metric Type: Board
Latest: 93%
Target: 95%
Special cause or common cause cannot be given as there are an insufficient number of points.

% of DCA Vehicles off road (VOR)
What? Current DCA VOR rate is at 17%.
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 MAN vehicles are now starting to be delivered and commissioned into operation to date we have commissioned 5 of these. Additional VMT roles have been approved to increase available workshop hours to assist with the VOR reduction plan.

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 in Jan but improved in Feb.

So what? Hospital handover increases in Jan were expected as Acute Trusts experienced significant pressures with capacity and flow. Handover to clear (wrap-up) continues to sustain positive results

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.

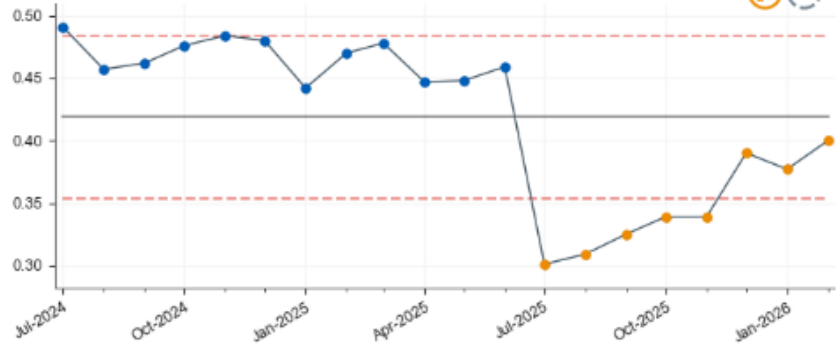
Vehicles Made Ready vs Scheduled Shifts
What? Throughput performance remained strong and stable across most sites, with high levels of KPI compliance maintained.

So What? Localised recruitment challenges remain at Chertsey and selected VPP sites, with an operational constraint identified at Brighton, where out-of-station vehicles were not returning, impacting achievable throughput.

What Next? Continuous monitoring of vehicle preparation, recruitment drive by contractors continues and is reported on, ensure Brighton vehicles are monitored closely and returned to site from H/health and B/Hill by both Ops and contractors.



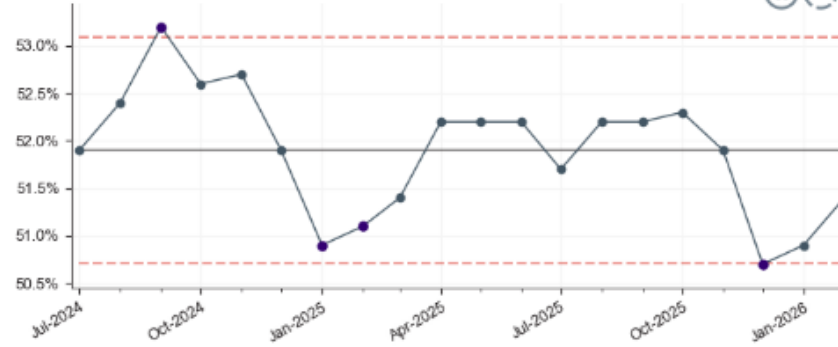
Hear & Treat per Clinical Hour



999-41
Dept: Operations 999
Metric Type: Board
Latest: 0.4

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

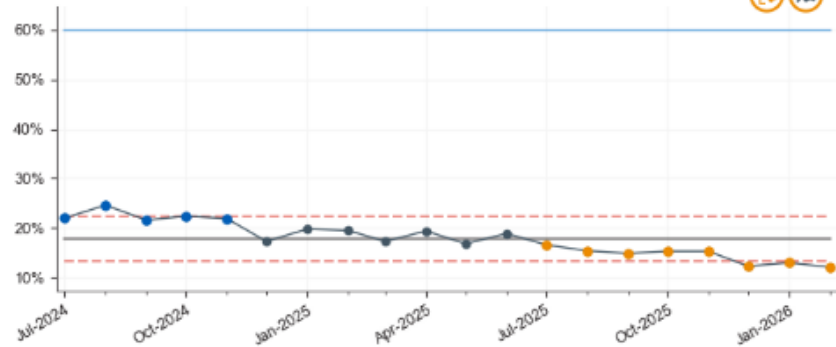
See & Convey to ED %



999-9
Dept: Operations 999
Metric Type: Board
Latest: 51.4%

Common cause variation, no significant change.

UCR Acceptance %



999-40
Dept: Operations 999
Metric Type: Board
Latest: 12.1%
Target: 60%
Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.

See & Convey to Non-ED %



999-9
Dept: Operations 999
Metric Type: Board
Latest: 2.4%

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

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 16.9% for the month of February, the best month of 25/26, with 4.14% attributable to EMA activity. 12.5% of eligible C2 incidents underwent a clinical assessment as part of C2 streaming, with 16.25% downgraded to a C3/4 disposition and a significantly higher 41.65% 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 a 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 not only a higher degree of downgrades and increased H & T but should increase productivity too. 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 Feb **12.1%** of incidents referred via the UCR portal were accepted, remaining well below the **60% target**.

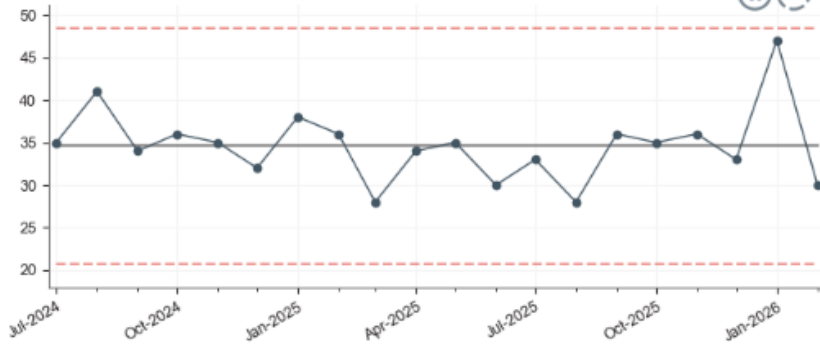
So What?

Acceptance rates continue to be significantly lower than required. Capacity constraints were cited across all providers as the primary reason for declining referrals, 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** within the **first two weeks of February 2026**. This follows resolution of a key dependency, with the **information sharing agreement signed on 06/02/2026**. Final operational preparations are underway, with a **Go/No-Go decision scheduled for 12/02/2026**.
-Agreement has been reached within SECamb to extend the current **30-minute clinical review window to 60 minutes**. Final ratification will be sought via a paper to the **Patient Safety & Experience Group (PSEG)** on **06/03/2026**.

Health & Safety Incidents

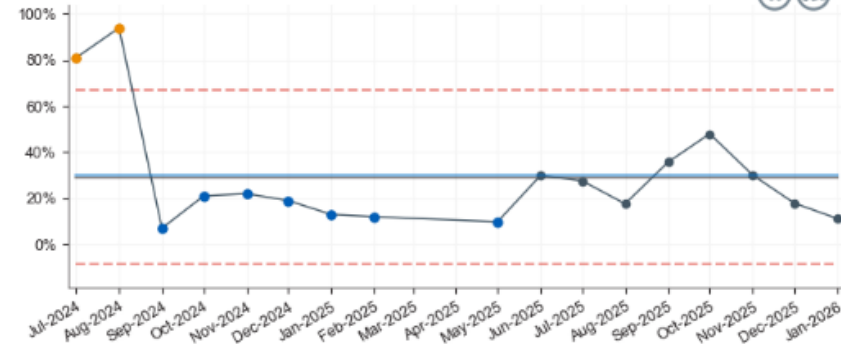


QS-20

Dept: Quality & Safety
Metric Type: Board
Latest: 30

Common cause variation, no significant change.

Organisational Risks Outstanding Review %



QS-24

Dept: Quality & Safety
Metric Type: Board
Latest: 11.2%
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: 108

Common cause variation, no significant change.

Manual Handling Incidents



QS-22

Dept: Quality & Safety
Metric Type: Board
Latest: 33

Common cause variation, no significant change.

Health & Safety Incidents

What?

Incident count has had no meaningful change over the reporting period, and most of these incidents relate to moving and handling and restraint of patients. Additionally, a smaller theme of crushed hands closing doors on DCA's and injuries alighting from a DCA.

So What?

Fatigue is a common cause noted in the crush injuries and ankle rolls from DCA's. Restraint related injuries often arise in confined areas such as an unconscious patient coming around in a DCA or trigger escalation of patient in mental health crisis.

What next?

Improved exterior lighting has been included on our new Fleet of MAN DCA to aid a good footing alighting from a DCA and a Fatigue T&FG has been set up to consider significant risks to our frontline staff. Conflict Resolution Training has been the cornerstone in reducing injuries associated with restraining patients and improved pathways to police forces have been set up where it is felt that Right Care Right Person has not been applied justly. It does still remain a pertinent question for the Trust as to whether SECAMB alone are the right responder for many of our patients in mental health crisis.

Violence & Aggression Incidents

What?

Violence & Aggression incidents remained steady in Jan (110) and Feb (108) Both months were below the average of 118.

So What?

The reduction indicates improving control and stability in managing V&A risk. A more consistent profile suggests fewer extreme spikes compared to 2025.

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 reduced over the reporting period, however, have still been within the UCL/LCL
- The key thematic stays that of challenging extractions and a sub optimal bariatric provision that does not provide suitable specialist equipment to support the moving and handling of high BMI patients.

So What?

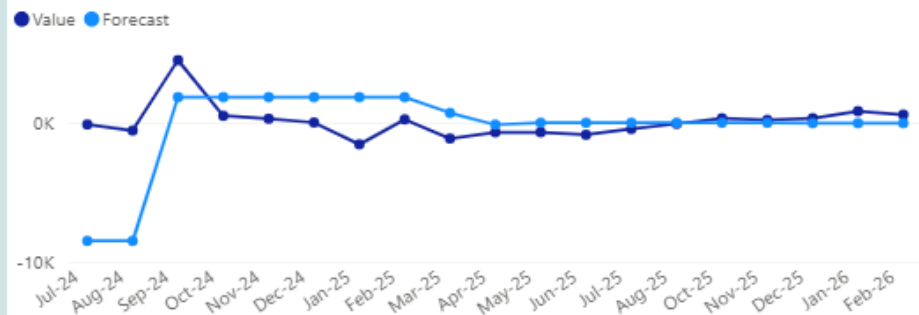
- Key skills training completed over 25/26 has included the use of the carry chair track, as it was found that many staff were not confident in the use of this essential piece of equipment.
- SBAR On bariatric provision tabled with SMG and active workstream in place led by Ops

What next?

- E DCA's coming into service will have powered trolleys and chairs that will reduce moving and handling activity.
- Health and Safety Team annual work plan will have a key focus on moving and handling and agreed actions will be reported during the next IQR.



Surplus/Deficit (£000s) Month



F-6
Dept: Finance
Metric Type: Board
Latest: 585
Target: -29.6

What?

The Trust is reporting a £0.6m deficit for the 11 months to February 2026, this is as planned. Forecast outturn continues at break even in line with the breakeven 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?

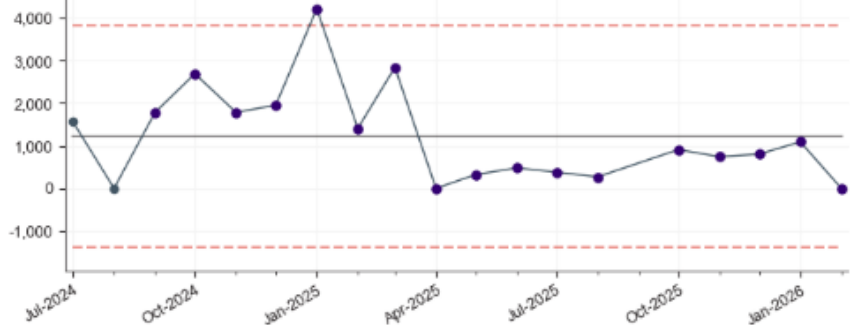
However, additional £10.2m ambulance growth funding has been allocated to enable the Trust to deliver a revised trajectory improvement in C2 mean to 28 minutes for 2025/26.

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 £38.7m as at 28th February 2025.



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



F-4

Dept: Finance
Metric Type: Board
Latest: 0

Cost Improvement Plans (CIPS) YTD

● Value ● Forecast



F-13

Dept: Finance
Metric Type: Board
Latest: 5748
Target: 8975

What?

For the eleven months ending February 2025, the Trust is £2.5m short of the £9.0m efficiency target. Year-to-date recurrent savings have improved to 54% of the total year-to-date saving.

So what?

The Trust is forecasting to achieve 76% or £7,537k of the planned target of £10,000k, resulting in a shortfall of £2,374k. 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 of £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 12th February 2026. 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.



Operational Command Training Compliance (OpComm Qual)



QS-70

Dept: Quality & Safety

Metric Type: Board

Latest: 100%

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

Strategic Command Training Compliance (MAGIC)



QS-72

Dept: Quality & Safety

Metric Type: Board

Latest: 100%

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

Tactical Command Training Compliance (TacComm Qual)



QS-71

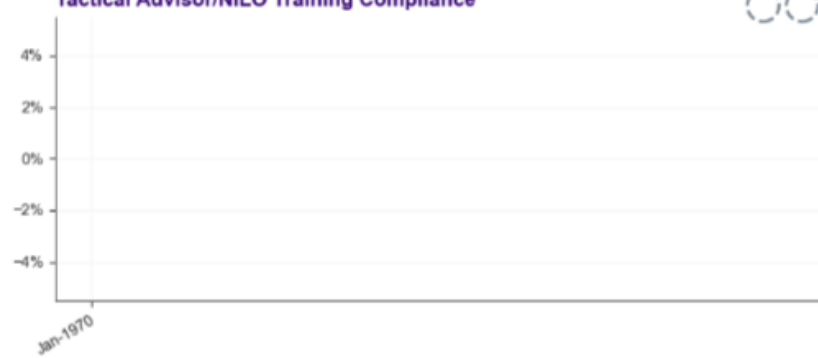
Dept: Quality & Safety

Metric Type: Board

Latest: 100%

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

Tactical Advisor/NILO Training Compliance



QS-73

Dept: Quality & Safety

Metric Type: Board

Latest:

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

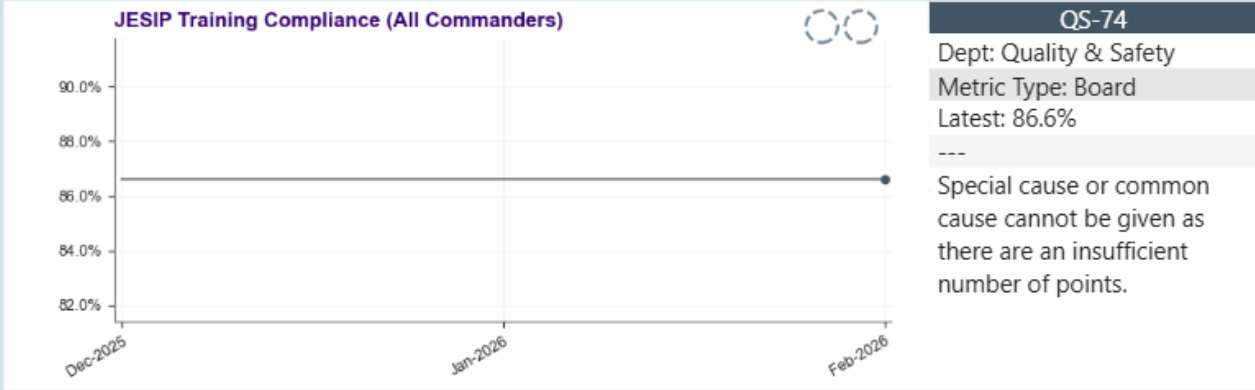
What?

Compliance with command training has improved significantly and will continue to improve with the revision of on-call and command roles, the resumption of national command training, and the phasing out of so-called '2IC' roles in favour of more structured development opportunities.

So what?

Command training compliance is a core element of core standards assurance and is important in terms of organisational resilience and alignment with obligations of the Trust under Civil Contingencies legislation

What next? Continued emphasis on ensuring all staff at operational and tactical command levels are provided with suitable training. Ongoing audit and continuing assurance re continuous professional development for command will continue with a routine 10% dip check as well as ongoing exercising and interagency training to ensure adequate opportunities for development. Additional focus this month on bringing Service Delivery Managers into operation, primarily for system performance management but also emergency incident management while command structures are established.

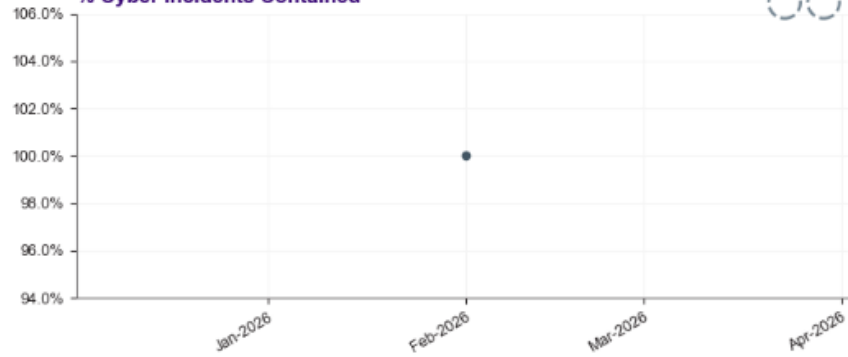


What? Compliance with participation in Joint Emergency Services Interoperability Program (JESIP) training has increased significantly, particularly among the strategic command cohort. All strategic commanders now booked on JESIP dates and ongoing improvements seen in other cohorts. This is helped to an extent as well by the revision of on-call structures, particularly the removal of '2IC' roles, which reduces the training demand considerably.

So what? JESIP compliance is a central element of the yearly command and assurance workplan and is an important aspect of showing effective capabilities re inter-agency working. JESIP is considered significantly within the NHS core and interoperability standards as well as the findings of the Manchester Arena Inquiry.

What next? Continued monitoring of compliance and continued participation in multi-agency training and development programs and exercises.

% Cyber Incidents Contained



IT-10

Dept: Digital

Metric Type: Board

Latest: 100%

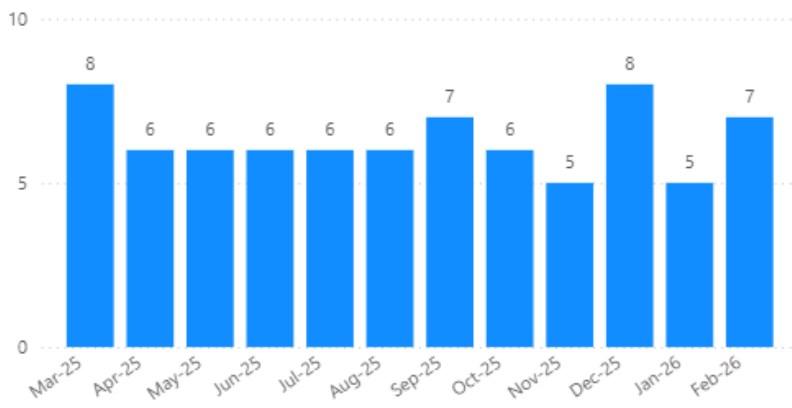
Target: 100%

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



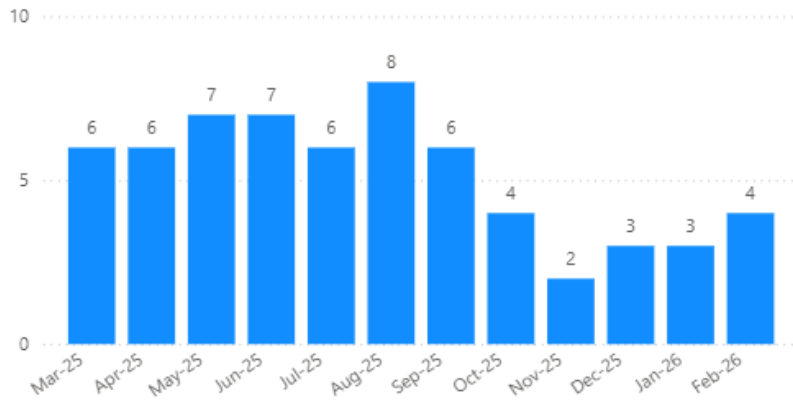
SECAmb Mean C1 Response Time Rank

Rank among 11 ambulance services (1 = best performance)



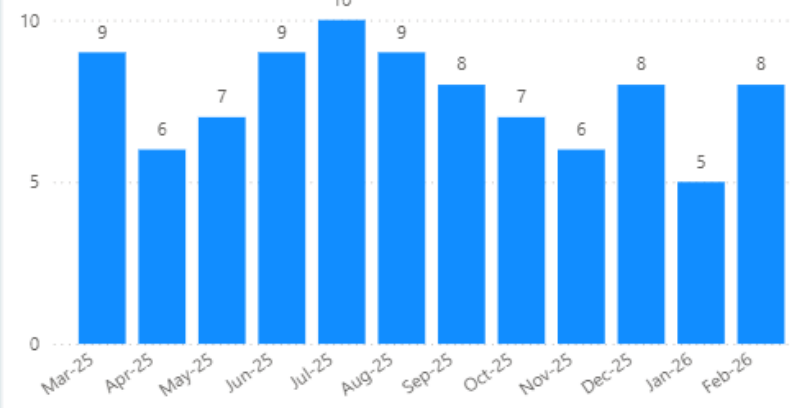
SECAmb Mean C2 Response Time Rank

Rank among 11 ambulance services (1 = best performance)



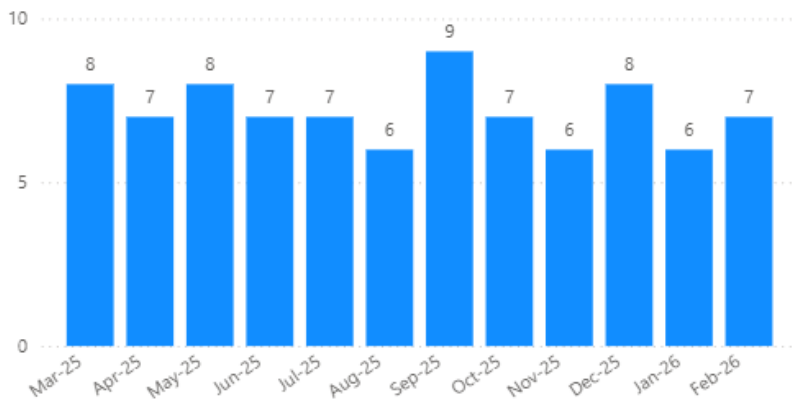
SECAmb 90th Centile C3 Response Time Rank

Rank among 11 ambulance services (1 = best performance)



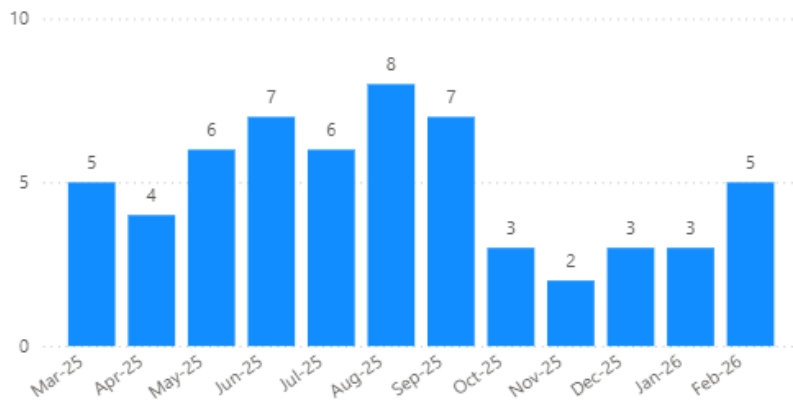
SECAmb 90th Centile C1 Response Time Rank

Rank among 11 ambulance services (1 = best performance)



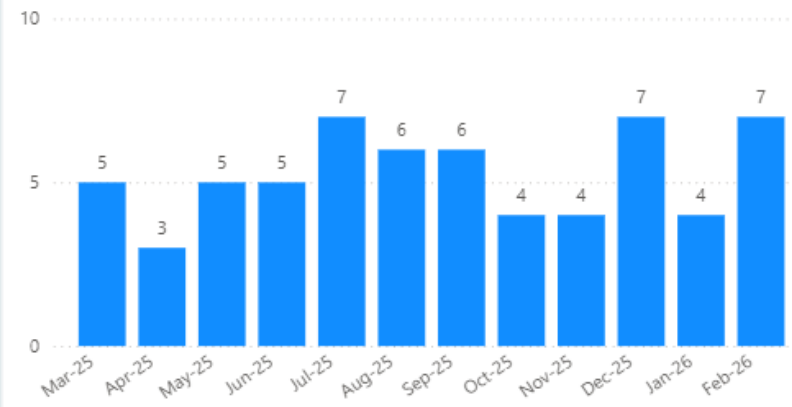
SECAmb 90th Centile C2 Response Time Rank

Rank among 11 ambulance services (1 = best performance)



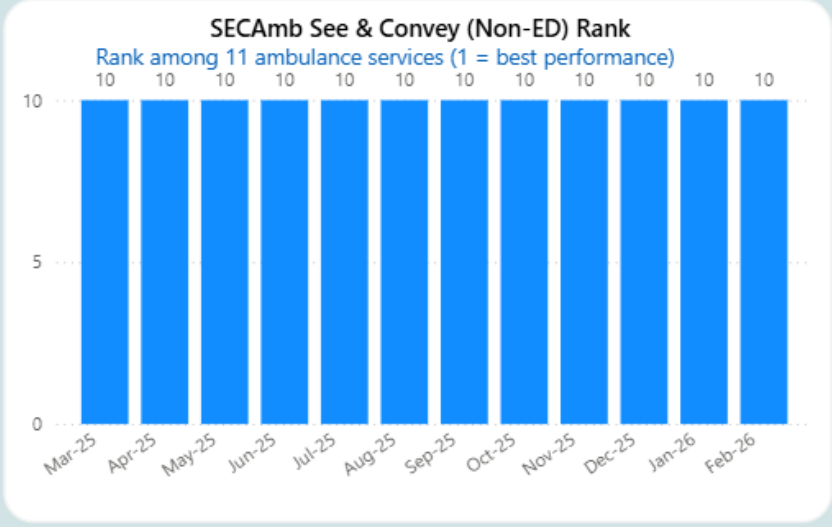
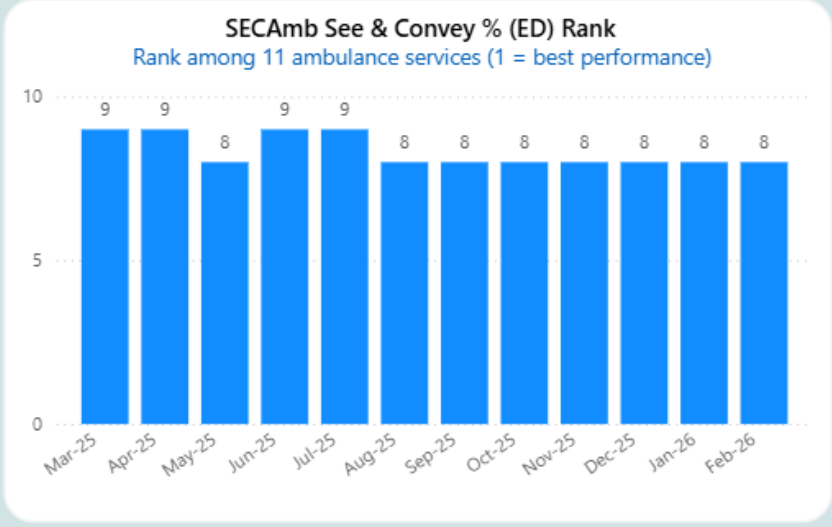
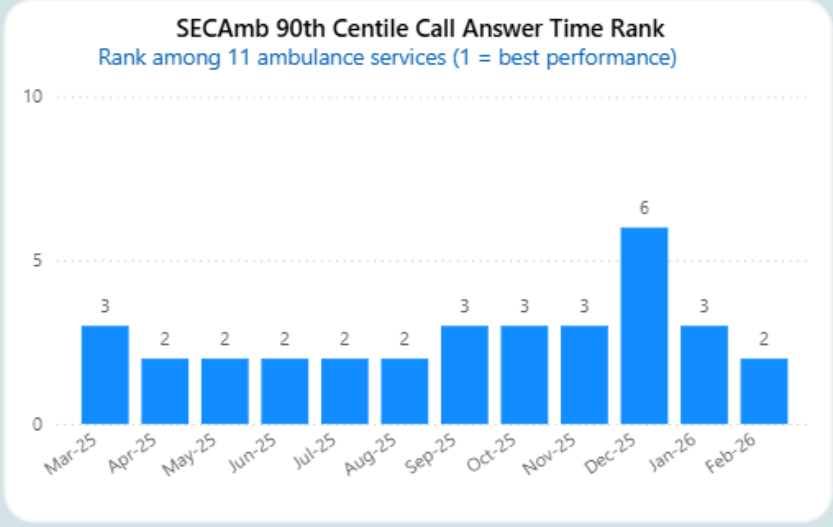
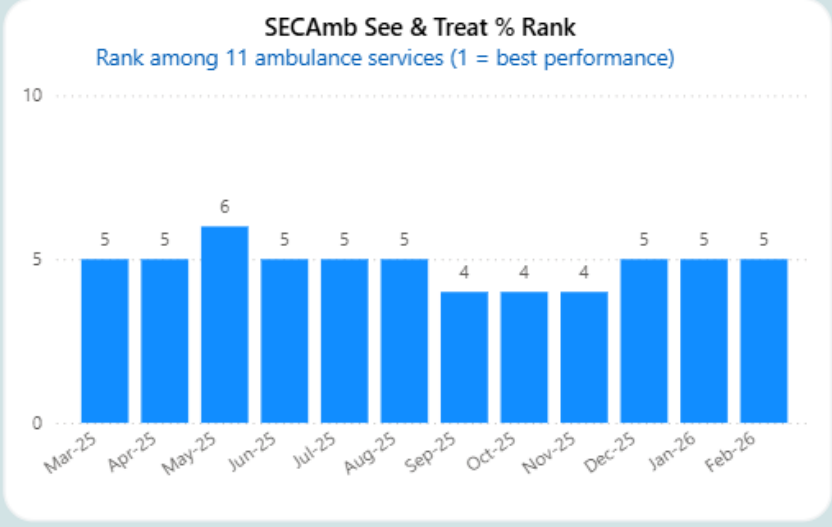
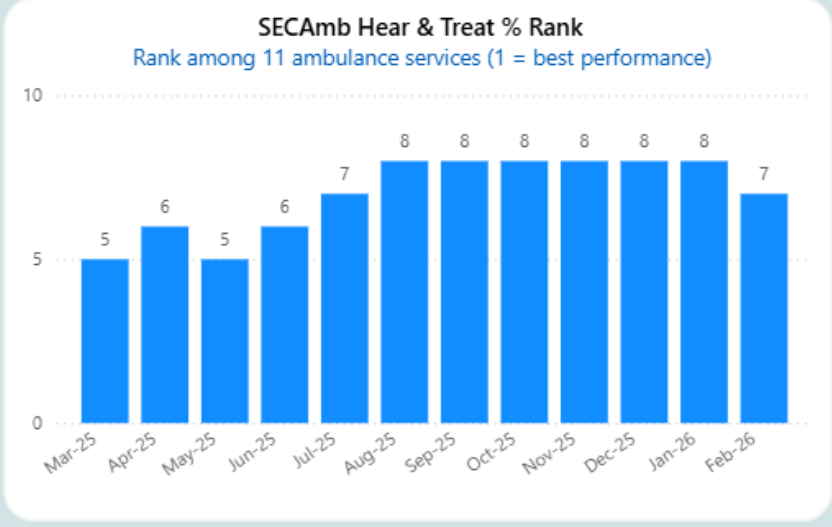
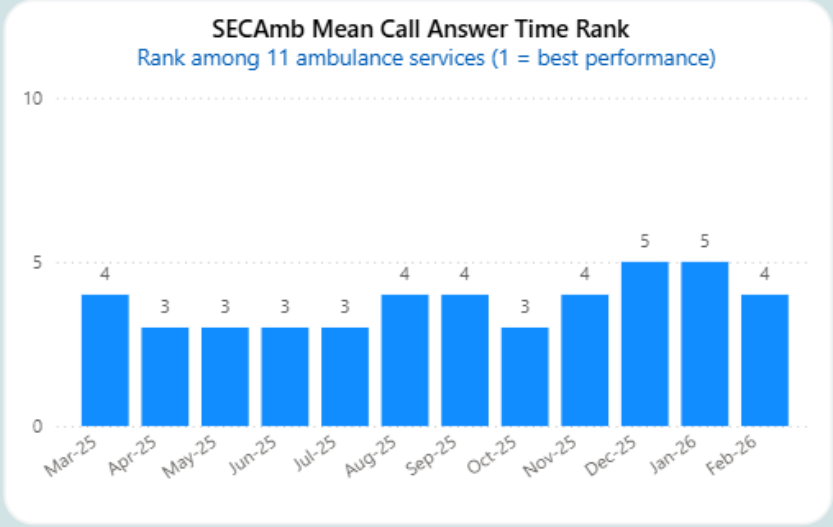
SECAmb 90th Centile C4 Response Time Rank

Rank among 11 ambulance services (1 = best performance)



Summary:

Overall SECAmb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times with some variability, showing recent improvement in C2 mean but requiring sustained focus, particularly on C2, to meet NHSE expectations.



Summary:
 Secamb continues to benchmark strongly for 999 call answer times while hear & treat and See & treat remain mid-range, with ongoing focus required to improve hear & treat rates and further develop non-ED conveyance pathways in partnership with system providers



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

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

Item No	18-26
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Name of meeting	Trust Board	
Date	2 April 2026	
Name of paper	M11 (February 2026) Financial Performance	
Executive sponsor	Simon Bell – Chief Finance Officer	
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Finance, Planning, Reporting and Systems), Rachel Murphy (Head of Finance – Cash, Projects, Business, and Investments)	
<p>This report provides the year-to-date (YTD) financial performance of the Trust.</p> <p>As of month 11, the Trust is reporting a favourable variance of £7k against a the planned deficit of (£596k). The Trust forecasts achieving its financial breakeven plan and our C2 mean performance trajectory.</p> <p>The Trust has achieved £6,611k (74%) of the planned £8,975k in efficiencies YTD. This YTD outturn amounts to 66% of the overall savings target, leaving 34% still to be achieved in March 2026. The Trust is forecasting to achieve 76% 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.</p> <p>YTD Capital expenditure £18,289k is £3,531k below plan, that is caused by the slippage in the DCA delivery schedule and Digital programme. The Trust is forecasting to spend its full capital allocation by the end of the year.</p> <p>In February 2026 cash receipts exceeded payments by £6,105k which has increased the closing cash balance to £38,745k, which is £9,890k above plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments.</p> <p>Note: Tables are subject to rounding differences (+/- £1k).</p>		
Recommendations, decisions, or actions sought	For Information	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A	

2025/26

Finance Report to the Board of Directors

11 Months to 28 February 2026

Executive Summary

The Trust reported a £589k deficit for the 11 months to February 2026 (YTD), £7k better than planned.

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

	Year to February 2026			Forecast to March 2026		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	328,532	328,260	(272)	358,376	358,461	85
Expenditure	(329,130)	(329,544)	(414)	(358,378)	(359,155)	(777)
Profit on Sale of Assets	0	665	665	0	665	665
Trust Surplus / (Deficit)	(598)	(619)	(21)	(2)	(30)	(28)
<i>Reporting adjustments:</i>						
Remove Impact of Donated Assets	2	1	(1)	2	1	(1)
Remove Impact of Impairments	0	29	29	0	29	29
Reported Surplus / (Deficit)*	(596)	(589)	7	0	0	0

Efficiency Programme (cash releasing)	8,975	6,611	(2,364)	10,000	10,000	0
Cash	28,855	38,745	9,890	30,427	35,277	4,850
Capital Expenditure	21,820	18,289	3,531	30,534	30,534	0

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

Year to February 2026 (YTD)

- For the 11 months to February 2026, the Trust's financial position is £7k better than planned.
- The overall financial performance contains adverse and favourable variances across directorates. Positive variances in Medical, Quality & Nursing (Q&N), Finance, Paramedical and Digital areas are offsetting some financial pressures, including overspending in Operations, the CEO office, and People Services.
- The Trust's agreed breakeven financial plan for 2025/26 depends on achieving a £10,000k cash-releasing efficiency target, representing 2.7% of operating expenditure. As of month eleven, the Trust has achieved £6,611k, or 74% of the efficiency savings required YTD and 46% of it recurrently. The shortfall is primarily due to delays in advancing schemes and updates to terms and conditions and HR policies, along with the timing of process reviews. The forecasted gap stands at (£2,463k), with risk-adjusted schemes totalling £7,537k against the planned £10,000k. The Trust has put agreed mitigations plans in place, including delays in recruitment and recruitment freeze that will ensure the delivery of the agreed financial plan.
- As of 28 February 2026, the cash balance was £38,745k and is £9,890k above plan. This is mainly from the receipt of PDC for NHSE funded capital projects.
- YTD Capital expenditure £18,289 is £3,531k below plan, that is caused by the slippage in the DCA delivery schedule and Digital programme. The Trust is forecasting to spend its full capital allocation by the end of the year.

1. Income

	Year to February 2026			Forecast to March 2026		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	295,502	294,355	(1,147)	322,366	321,198	(1,168)
111 Income	26,889	27,167	278	29,333	29,614	281
Education Income	3,163	3,058	(105)	3,434	3,654	220
Other Income	2,978	3,680	702	3,243	3,995	752
Total Income	328,532	328,260	(272)	358,376	358,461	85

- 999 income is £1,147k below plan, this is mainly from reduced depreciation funding (offset by reduced depreciation expenditure) and a planned agreement with Surrey Heartlands ICB to reduce the Trust's income in 2025/26.
- 111 income is £278k better than plan, following the release of the income provision provided against the 2024/25 contract for convergence. Commissioners have now confirmed convergence will not be applied to the contract value and the provision is no longer required.
- Education income is £105k below plan. Reduced expenditure for funded projects is offset by increased placement support funding based on the volume of placements being undertaken.
- Other income is £702k favourable compared to plan, due to additional EPRR funding to cover additional costs, the sales of obsolete equipment, and the increased medical provision at events.

2. Directorate Expenditure

The key year to date performance drivers (adverse and favourable variances) are as follows.

- Operations, including field operations (£2,523k adverse) and NHS 111 £297k favourable services have a combined adverse variance of (£2,226k) YTD and is forecast to increase to (£2,407k). In field operations this is driven by over establishment in the divisions and CIP not delivered. The controls to better manage overtime and overall pay cost delivered savings until the end of December, however an increase in overtime was required as the Trust entered REAP3 then REAP4 that contributes to the adverse variance. For NHS 111 services the division is reliant on agency and overtime to ensure the safe delivery of the services, which cost is offset by lower non-pay cost that drives the favourable variance. The Trust has agreed a new contract with IC24, the Trust's main subcontractor which will help the directorate to deliver cost in line with budget. The adverse variance is forecast to remain by the end of the year.
- The Chief Executive Office has an adverse variance of (£607k) that is driven by the unfunded head of charity role, executive support, and senior coaching that are agreed cost pressures and won't be mitigated. The adverse variance is forecast to increase to (£625k) by the end of the year.

- The People services directorate as an adverse variance of (£491k). The adverse variance is forecast to increase to (£545k) by the end of the year. This reflects the agreed investment for transitional support for the directorate which is funded from reserves.
- The above adverse variances are offset by budgetary underspend and CIP delivery in the other directorates. Key favourable variances include lower than planned fuel, maintenance and lease car contracts costs, resulting from strengthened controls and policy changes. This was further supported by vacancies across directorates, reflecting the impact of the vacancy freeze and recruitment delays.

3. Efficiency Programme

- The Trust submitted a breakeven financial plan for 2025/26 predicated on the delivery of a £10,000k cash-releasing efficiency target, which represents 2.7% of operating expenditure. The cash-releasing efficiency target does not negatively impact performance or the quality and safety of patients.
- As at February 2026, the Trust is reporting savings of £6,611k, which is 74% of the planned target. The delivery of this is underpinned by 57 fully validated schemes with a risk adjusted, full year forecast value of £7,537k.
- 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.
- Directorates are focusing on delivering the schemes agreed to be a priority to enable required savings to be realised. These include rescheduling and phasing of newly qualified paramedics training and delaying their recruitment, utilising existing workforce differently to increase capacity for delivering patient care, enhanced vacancy control and vacancy freeze through the weekly recruitment panel for roles not delivering frontline care as well as running cost reduction across directorates (i.e.: fuel, medical consumables).
- Regular updates on progress are provided to the SMG, Joint Leadership Team, and the Finance and Investment Committee. For 26/27 the Trust has designed a different approach to CIP/productivity delivery assurance which will be led by the CFO.

Summary of YTD Efficiency Delivery

Efficiency Delivery	Year to February 2026			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Discretionary Non Pay	448	398	(50)	500	456	(44)
Estates and Facilities optimisation	85	0	(85)	96	0	(96)
Fleet - Fuel: Bunkered Fuel & Price Differential	353	554	202	385	622	237
Fleet - Other Efficiencies	0	334	334	0	407	407
Income generation	220	242	23	246	296	50
Digital Productivity	517	178	(340)	577	206	(371)
Medicines Management - Consumables	55	0	(55)	60	0	(60)
Medicines Management - Drugs	36	88	51	40	100	60
Medicines Management - Equipment	100	286	186	100	306	206
Operations Efficiencies	3,596	2,051	(1,545)	3,949	2,398	(1,550)
Optimisation in establishment - clinical	175	268	93	175	268	93
Optimisation in establishment - non clinical	886	1,539	653	986	1,730	744
Process review	69	156	87	76	158	82
Policy review	1,050	56	(994)	1,200	56	(1,144)
Service Redesign	144	7	(137)	157	8	(149)
Procurement contracts review	769	258	(511)	929	309	(620)
Supply Chain review	0	25	25	0	25	25
Travel and subsistence	124	43	(82)	144	46	(98)
Uniform review	347	128	(219)	381	147	(234)
Other (TBC)	0	0	0	0	2,463	2,463
Total Cash Releasing Efficiency	8,975	6,611	(2,364)	10,000	10,000	0
<i>of which:</i>						
Recurrent	6,214	3,560	(2,654)	6,996	4,377	(2,619)
Non-Recurrent	2,761	3,051	290	3,004	5,623	2,619

4. Statement of Financial Position and Cash

	Year to February 2026			Forecast to March 2026		
	£000	£000	£000	£000	£000	£000
	Jan-26	Movt	Feb-26	Plan	Actual	Variance
Non-Current Assets						
Property, Plant and Equipment	105,900	4,515	110,415	115,554	121,963	6,409
Intangible Assets	1,236	(20)	1,216	915	1,153	238
Trade and Other Receivables	47	0	47	0	47	47
Total Non-Current Assets	107,183	4,495	111,678	116,469	123,163	6,694
Current Assets						
Inventories	3,263	(25)	3,238	3,088	3,206	118
Trade and Other Receivables	9,636	2,249	11,885	6,636	10,853	4,217
Asset Held for Sale	1,016	0	1,016	1,373	1,016	(357)
Other Current Assets	0	0	0	0	0	0
Cash and Cash Equivalents	32,640	6,105	38,745	30,427	35,277	4,850
Total Current Assets	46,555	8,329	54,884	41,524	50,352	8,828
Current Liabilities						
Trade and Other Payables	(34,675)	(2,000)	(36,675)	(37,227)	(45,002)	(7,775)
Provisions for Liabilities and Charges	(18,630)	0	(18,630)	(11,448)	(15,449)	(4,001)
Borrowings	(5,344)	(176)	(5,520)	(4,511)	(5,520)	(1,009)
Total Current Liabilities	(58,649)	(2,176)	(60,825)	(53,186)	(65,971)	(12,785)
Total Assets Less Current Liabilities	95,089	10,648	105,737	104,807	107,544	2,737
Non-Current Liabilities						
Provisions for Liabilities and Charges	(7,519)	92	(7,427)	(11,520)	(7,427)	4,093
Borrowings	(18,155)	(1,048)	(19,203)	(17,526)	(20,421)	(2,895)
Total Non-Current Liabilities	(25,674)	(956)	(26,630)	(29,046)	(27,848)	1,198
Total Assets Employed	69,415	9,692	79,107	75,761	79,696	3,935
Financed By Taxpayers Equity:						
Public dividend capital	114,542	9,107	123,649	121,022	123,649	2,627
Revaluation reserve	7,634	0	7,634	5,176	7,634	2,458
Donated asset reserve	0	0	0	0	0	0
Income and expenditure reserve	(52,761)	585	(52,176)	(50,437)	(51,587)	(1,150)
Total Tax Payers' Equity	69,415	9,692	79,107	75,761	79,696	3,935

- Non-Current Assets increased by £4,495k in the month arising mainly from £6,053k additions less £10k disposals and depreciation of £1,548k.
- Movement within Trade and other receivables is a decrease of £2,249k, through the late invoice in respect of a sale and lease back of vehicles, this has been paid in March 2026.
- As of 28 February 2026, the cash balance was £38,745k and is £9,890k above plan. This is mainly from the receipt of PDC for NHSE funded capital projects.
- Trade and other payables increased by £2,000k in the month through increases in invoices due to suppliers and reduction in deferred income.

- Borrowings increased by £1,224k overall, arising from £1,701k of new lease additions, less £462k of payments and £15k of terminations.
- Public dividend capital (PDC) increased by £9,107k from the receipt of funded Capital purchases.

• **Cash Flow:**

STATEMENT OF CASH FLOWS	MTH	YTD	Plan (YTD)	Var (YTD)
	£000	£000	£000	£000
Cash flows from operating activities	628	(839)	381	(1,220)
<i>Non-cash or non-operating income and expense:</i>				
Depreciation & Amortisation	1,547	16,268	17,050	(782)
Impairments and reversals	0	29	0	29
(Increase)/decrease in receivables	(2,249)	2,693	(206)	2,899
(Increase)/decrease in inventories	25	(543)	(31)	(512)
Change in AHFS	0	357	0	357
Increase/(decrease) in trade and other payables	3,814	(277)	(1,076)	799
Increase/(decrease) in other liabilities	(1,814)	(1,029)	0	(1,029)
Increase/(decrease) in provisions	(92)	(647)	(2,811)	2,164
Net cash generated from / (used in) operations	1,859	16,012	13,307	2,705
Interest received	122	1,302	550	752
Interest paid	(65)	(515)	(539)	24
(Increase)/decrease in property, plant and equipment	(6,042)	(20,537)	(23,100)	2,563
Proceeds from sales of property, plant and equipment	12	665	0	665
Net cash generated from/(used in) investing activities	(5,973)	(19,085)	(23,089)	4,004
Increase/(decrease) in borrowings	1,224	263	(533)	796
Public dividend capital received/(repaid)?	9,107	13,760	6,400	7,360
PDC dividend (paid)/refunded	(112)	(1,232)	(990)	(242)
Net cash generated from/(used in) financing activities	10,219	12,791	4,877	7,914
Increase/(decrease) in cash and cash equivalents	6,105	9,718	(4,905)	14,623
Cash and cash equivalents at start of period	32,640	29,027	33,760	(4,733)
Cash and cash equivalents at end of period	38,745	38,745	28,855	9,890

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

- Better Payments Practice Code (BPPC) is a key financial best practice for the NHS, aiming to ensure timely payment to suppliers to pay at least 95% of all undisputed invoices on time. The Trust has maintained its performance in the month, and are continuing to report just below the 95% target for both number and value:

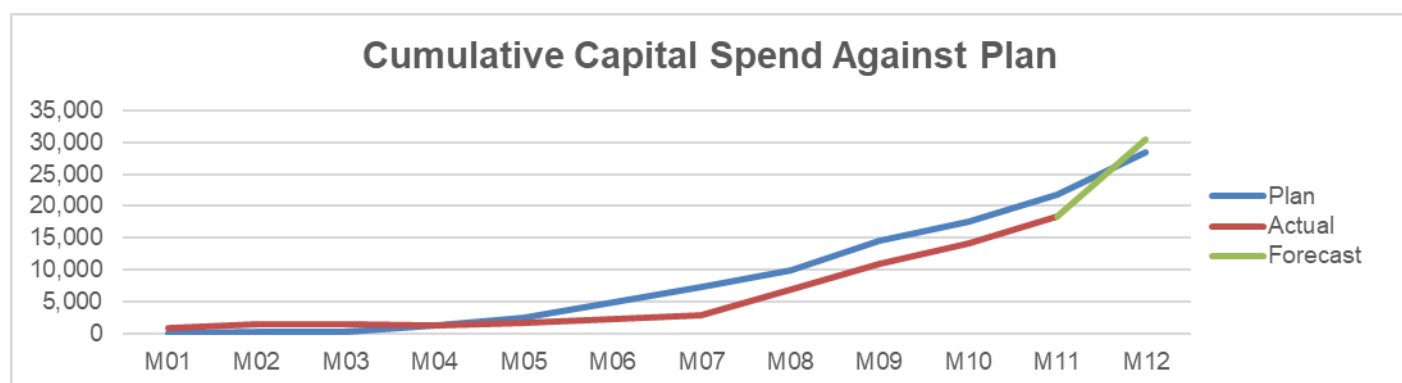
Better Payments Practice Code (BPPC)		Year to February 2026	
		No.	£000
Total bills paid in the year		14,778	87,956
Total bills paid within target		14,002	83,153
Percentage of bills paid within target		94.7%	94.5%

5. Capital

- The in-month capital spend is £4,152k. The in-month actual is £22k lower compared to the plan of £4,174k, this is due to the slight catch up in delivery of DCAs and the Digital programme.

	In Month February 2026			Year to February 2026			Forecast to March 2026		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Estates	670	645	25	4,600	4,275	325	5,747	6,002	(255)
Strategic Estates	0	0	0	0	(604)	604	0	(604)	604
IT	942	1,296	(354)	3,582	2,900	682	5,400	3,123	2,277
Fleet	2,062	2,211	(149)	12,138	8,555	3,583	15,475	12,356	3,119
Specialist Ops	500	0	500	1,500	2,326	(826)	3,538	4,364	(826)
Medical	0	0	0	0	839	(839)	374	5,293	(4,919)
Total Capital Plan	4,174	4,152	22	21,820	18,289	3,531	30,534	30,534	0

- The YTD spend is £18,289k, which is £3,531k less than the plan of £21,820k. This is due to the delay in the delivery of DCAs and the slippage in the Digital programme. The spend has now started to catch up with the plan for DCAs.
- The Trust is forecasting to spend its full capital allocation by the end of the year which will include the purchase of additional defibrillator/monitors above plan.



6. Risks and Opportunities

Table – Risk with rating

RISK DASHBOARD (JAN 2026)		
ID	RISK	NT RISK
522	There is a risk that the Trust is not capturing renewals and extensions, and contracts are expiring without sufficient time to strategize appropriately. In addition, lack of contract oversight is resulting in a failure to realise anticipated value and worth contracts.	9
487	Nexus House - Compliance with Health & Safety regulations and the Equality Act 2010	12
587	Paddock Wood Medical Distribution Centre Refurbishment (leaking roof)	12
655	There is a risk that the capacity and capability of the Trust's Estates Team is not sufficient to support the needs of the organisation in its current operating and control environment	9
637	There is a risk that the trust under-commits its allocated capital programme (CDEL/ROU) for 25/26 as a result of not identifying sufficient programmes of work and/or programmes	9
638	There is a risk that the Trust is subject to fraud resulting in financial loss	9
639	There is a risk that a failure to correct historic pay issues (in relation to ECSW. TAAPs pay and Section 2) could have a negative impact on our people.	12
640BAF	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.	6
641	There is a risk that the design and operation of financial controls is ineffective and results in poor value for money	9
642	There is a risk that the capacity and capability of the Trust's Finance Team is not sufficient to support the needs of the organisation in its current operation and control environment.	9

- The table above shows those risks to achieving the finance department's objective that are linked to the organisation's ability to achieve its financial target. The BAF risk 640 has been reduced to its target risk score and reflects the expected achievement of a break-even position at year-end.
- Potential opportunities for the year have been incorporated into the Trust's plan which mitigate risks identified.



Agenda No	19-26
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Name of meeting	Trust Board
Date	2 April 2026
Name of paper	Finance & Investment Committee Assurance Report – 26 March 2026
Author	Suzanne O’Brien Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 26 March 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:

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

The committee welcomed observers from the COG and Shadow Board. This was a positive meeting on the key issues, with the right level of discussion and good alignment on risk. Members reflected how challenging and supportive the committee is, and that it is generating a collegiate atmosphere.

ALERT

Hear & Treat

We have seen steady and continuous improvement in the number of clinical triages per hour and the % of Hear & Treat outcomes resulting from triage. However, the overall Hear & Treat outcome rate for the Trust has not increased in line with plan, due to slower than planned increases in triages per hour and reduced clinical resourcing in EOC. The focus includes:

- Continuation of the targeted 10-week communication programme, including a team level dashboard. This is increasing the visibility of clinical productivity and encouraging shared learning and comparison.
- Auto clinician allocation functionality is now in place in EOC. This will streamline call handling and reduce cherry-picking.
- The divisional directors are working together to agree actions to increase clinical capacity in Virtual Care.

There is improved data on Hubs and H&T through the EOCs. This is highlighting differences and inconsistencies for patients. We are currently at about 17% against the plan of 20%; next year this is 21%. The issues driving underperformance are multifactorial as set out at the Board Lunch & Learn session in

March. While we are training more people it requires time to gain the experience needed for this different way of assessing patients. The committee acknowledged that there has probably been some underestimation on the time that is needed. On the Board agenda in April will be the proposal for the Virtual Care targeted operating model; this will require aligned workforce planning; training; and supervision.

Digital

The Digital Transformation Programme is forecast to be in line with budget. Workstreams are assessed as Amber due to some delays. Whilst most planned activities have been completed, or are well progressed, many benefits and final outcomes are yet to be fully realised, and some deliverables will extend into 2026/27 e.g. Data and AI which are multi-year.

The committee reinforced the importance of digital as a key enabler to our strategic priorities and the need as we develop the BAF for the year ahead to ensure really clear digital alignment.

There was also a good discussion about AI following up from the Board development session last month.

ASSURE

Financial Performance Month 11 / Productivity

There remains confidence in the plan to deliver a financial breakeven position. This is despite the gaps with realising recurrent efficiencies.

Assurance was sought that the finance team are well prepared for the challenges in the coming year, especially with the need for laser focus on efficiency and productivity. The CFO is starting the year with weekly reviews to ensure ongoing delivery and understanding of risks. FIC will receive detailed assurance at each meeting throughout the year ahead.

There was also a helpful review of the productivity measures with a particular spot light on H&T scheduled as a separate item. Progress to date:

- The Trust remains on track in delivering the **Category 2 mean** trajectory as at month 11 and we are forecasting year end achievement slightly better than plan.
- **Job cycle time** stays within trajectory due to changes made through the Local Community Dispatch Model and auto-clear at hospital.
- **Resources to C1 dispatches** have improved consistently through focused effort.

Actions being taken:

- A peer-led project board is now in place to support improved **sickness management**. The remit includes introducing consistency in reporting sickness absence as well as more robust management in line with policy.
- A **VOR** improvement programme is in place which includes the purchase of 96 new DCA vehicles next year.

The committee noted that some of the productivity measures are more critical than others so asked for greater clarity on this for the next meeting in May, to be clear on what will have the greatest impact on supporting more timely patient care.

Performance Review

There has been a real focus on improving C2 mean to ensure we deliver against our commitments for the year. Urgent Community Response remains static which is a concern. There are live discussions with system partners about this. Including how we open up different pathways to help us reduce the number of patients conveyed to emergency departments. The committee acknowledges that much is not within our gift to deliver alone. This will be our spot light topic at the meeting in May.

Time was also spent reviewing the National Oversight Framework position and in particular the ED conveyance metric under Patient Experience. In being curious about the underlying data, the executive agreed to check its confidence that we are recording this in the right way; for example, where we record as ED when it was in fact a Same Day Emergency Care (SDEC) service.

Fleet

Risks 142 (Road Traffic Collisions) and 579 (Vehicle Reliability and Safety) were explored, linked to the Safety Inspection on time completion Rate, CVR and VOR. The key headlines include:

- 97 New DCAs ordered for 2025-26 to reduce the average vehicle age and improve vehicle reliability and staff morale.
- Safety inspection completion rate has increased above 80% for the third month in a row.
- CVFR is slightly lower than previous months this is due to increasing available maintenance hours in the workshop.
- VOR rate currently 17%. We need to recruit to the new Fleet divisional lead post and the vacant VMT posts to improve available workshop maintenance hours that can help drive down VORs.
- Commissioning of new MAN DCAs has commenced and we have seen a big improvement of the quality of build and a reduction in warranty repairs.
- RTCs per 100,000 miles travelled are averaging at 7.2 with a 4.4% reduction on RTCs compared to 2025 data.

The committee was particularly curious about VOR, to ensure crews have vehicles when they are needed. VOR is just one measure and fleet availability more broadly (at times crew need it) is receiving greater focus; we are now asking crews to record this, so we know how quickly vehicles are available for the start of shifts. This metric will be added to the IQR during 2026.

ADVISE

Risk Profile

The committee is well aligned with the risk register. Each of the five current BAF risks within the purview of the committee were covered as part of the main agenda. In advance of the outline BAF coming to Board there was broad support for the suggested revisions, e.g. the digital capacity risk being reframed in the context of delivery and alignment with the other strategic priorities; and the financial risk more specifically relating to the efficiency programme and impact on our longer-term sustainability.

Risk 723 (Digital Asset Management) was noted in the context of the related Internal Audit and Limited Assurance outcome; see report from the Audit Committee. The plan to address the recommendations is being developed and will be monitored by FIC.

Lastly, the committee welcomed the inclusion of two new risk related to the cost and availability of fuel and the broader supply chain risk arising from the conflict in the Middle East.

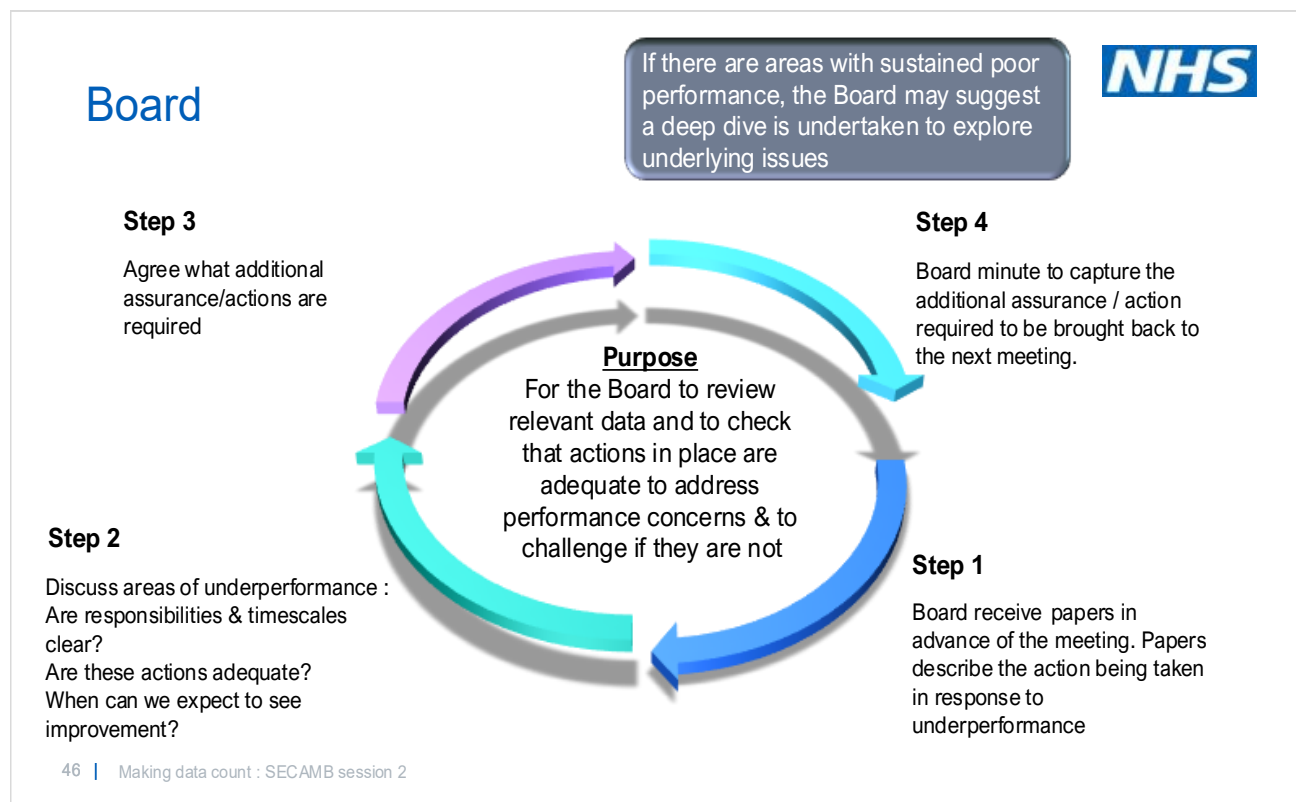
Nexus House Update

Phase 1 (Ground Floor) is nearly complete with handover of 111 and 999 areas. This will be officially opened on 1 April. This integrates our 111 and 999 services.

Work has now commenced on the first floor, and we are on track to handover the whole building by mid-May as planned, in line with budget. The experience of the principal contractor has been very positive who has supported this work in way that has ensured uninterrupted 24/7 services. The committee is also assured by the design features ensuring great accessibility.

Recommendation

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





Reflecting on my time in SECAMB

As this is my final Board report before I leave the organisation on 17 April 2026, I want to reflect on the remarkable three-year journey we have travelled together. It has been a period defined by significant challenge, but more importantly by determination, resilience, and collective achievement. I could not be prouder of what our people have delivered.

When I joined, SECAMB was emerging from a difficult place. The 2022 CQC report - rating the organisation as inadequate and placing us into special measures - was a stark reminder of how much work was needed. What followed was nothing short of a whole-system effort. Colleagues across every part of SECAMB have committed themselves to improvement with honesty, energy, and purpose.

This makes the contrast with our most recent CQC inspections all the more powerful. While we await the final reports, the inspection teams for both our UEC (field operations) pathway and Emergency Operations Centre were clear in recognising our progress. They saw evidence of an organisation on a genuine improvement journey - more consistent, more confident, and more focused on delivering safe, high-quality care. This progress belongs to every member of staff who has contributed to changing how we work and how we serve our communities.

Our staff survey results tell a similar story. Over the past three years we have seen a strong, sustained upward trajectory - not just in response rates, but in what our people are telling us about their experience. The surveys reflect a workforce that increasingly feels listened to, supported, and optimistic about the direction of travel. That shift is a major achievement, and one that reflects real cultural change.

Despite the pressure of working in a constantly evolving NHS landscape, our teams have maintained an unwavering focus on patient care and operational performance. This has been recognised in recent national league tables, which show SECAMB performing strongly overall.

I am particularly proud of our cardiac arrest survival rates - among the very best in the country - and our consistently strong response times compared to ambulance services nationwide. These are not statistics; they represent lives saved and patients receiving timely, compassionate care at their moments of greatest need.

We have also made important strides organisationally. The move to a divisional model has created greater local autonomy, empowering teams to make decisions closer to patients and communities. At the same time, we have invested in rebuilding

constructive working relationships with our unions, creating a more open, collaborative climate that supports staff wellbeing and organisational stability.

None of this has been easy, and none of it has been achieved by one individual. Progress of this scale only happens when all of our people pull together in the same direction. It has been my privilege to work alongside so many committed, caring, and talented individuals.

As I look ahead, I am confident SECAMB is exceptionally well placed for the future. The journey continues, and the organisation is now positioned to take its next major step with the development of the new Group Model with SCAS.

It has been an honour to serve as CEO. I leave with pride in what we have achieved together, gratitude for the support I have received, and absolute confidence in the direction SECAMB is heading. The foundations for sustained future success are firmly in place, and I know the organisation will continue to go from strength to strength.

Simon Weldon
Chief Executive