



**Council of Governors  
Meeting to be held in public**

**25 June 2026**

**Crawley**

**10.00-13.00**

**Agenda**

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction</b>					
01/26	10:00	Welcome and Introductions	-	-	Chair
02/26	10:02	Apologies for Absence	-	-	Chair
03/26	10:02	Declarations of Interest	Y	Information	Chair
04/26	10:02	Minutes from the previous meeting 26.02.2026	Y	Decision	Chair
05/26	10:03	Action Log / Matters Arising	Y	Decision	PL
<b>Performance Review</b>					
To inform this review included is the Integrated Quality Report & Board Assurance Framework.					
06/26	10:15	Update from the Chief Executive	<b>Verbal</b>	Information	JA
07/26	10:30	Strategic & Annual Priorities:	Y	Assurance	NEDs
		<b>Patients:</b> Delivering High Quality Patient Care			
		<b>People:</b> Our People Enjoy Working at SECAMB			
		<b>Sustainability:</b> We are a Sustainable Partner			
Break: 11.30-11.45					
<b>Governance</b>					
08/26	11.45	Future of Council of Governors	Y	Discussion	PS
09/26	12.10	Governor and Membership Development Committee Report	Y	Information	AL
10/26	12.20	Governor Activities and Queries Report	Y	Information	AL
11/26	12.30	Nominations Committee Report	Y	Information	AL
<b>Administration</b>					
12/26	12:40	Any Other Business (AOB)	-	-	Chair
13/26	12:45	Questions from the public	-	-	Chair
14/26	12:50	Review of meeting effectiveness	-	-	Chair
<b>Date of Next Meeting:</b> 10 September 2026					Chair

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

**PLEASE NOTE:** This meeting of the Council is being held in person, in addition to using Microsoft Teams. The meeting will be video-recorded and made available for public viewing following the meeting. By attending you give consent to being recorded.



## Council of Governors Part 1

Meeting held in public

26<sup>th</sup> February 2026

10:00 – 12:45

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

### Present:

Michael Whitehouse	(MW)	Chair
Ellie Simpkin	(ES)	Appointed Governor
Hilary Orpin	(HO)	Appointed Governor
Andrew Latham	(AL)	Public Governor
Peter Shore	(PS)	Public Governor
Paul Bartlett	(PBa)	Public Governor
Steve Corkerton	(SC)	Public Governor
Lee-Anne Farach	(LaF)	Appointed Governor
Christine Locke	(CL)	Appointed Governor
Leigh Westwood	(LW)	Public Governor
Martin Brand	(MB)	Public Governor
Mark Rist	(MR)	Public Governor
Harvey Nash	(HN)	Public Governor
Andy Erskine	(AE)	Appointed Governor
Andrew Cuthbert	(AC)	Public Governor
Zak Foley	(ZF)	Public Governor
Matt Deadman	(MD)	Appointed Governor

### In Attendance

Simon Weldon	(SW)	Chief Executive
Karen Norman	(KN)	Non-Executive Director /Senior Independent Director
Richard Banks	(RB)	Head of Corporate Governance
Howard Goodbourn	(HG)	Non-Executive Director
Paul Brocklehurst	(PB)	Non-Executive Director

### Apologies:

Ariel Mammama	(AM)	Staff Governor
Suzanne O'Brien	(SO)	Non-Executive Director
Mojgan Sani	(MS)	Non-Executive Director
Liz Sharp	(LS)	Non-Executive Director
Stephen Mardlin	(SM)	Appointed Governor
Kirsty Booth	(KB)	Staff Governor (non-operational)
Subo Shanmuganathan	(SS)	Non-Executive Director
Peter Schild	(PSc)	Non-Executive Director
Peter Lee	(PL)	Director of Corporate Governance and Company Secretary
Aidan Parsons	(AP)	Public Governor
Richard Brittain	(RB)	Public Governor



Item No.	Introduction and matters arising
47/25	<p><b>Introduction</b></p> <p>The Chair opened the meeting, welcomed Governors, Non-Executive Directors (NEDs), Executive colleagues and members of the public observing the meeting, and confirmed that the meeting was being held in public.</p>
48/25	<p><b>Apologies for Absence</b></p> <p>Apologies noted as recorded,</p>
49/25	<p><b>Declarations of Interest</b></p> <p>None declared beside those already recorded.</p>
50/25	<p><b>Minutes from the previous meeting</b></p> <p>Approved with no amendments.</p>
51/25	<p><b>Action Log / Matters Arising</b></p> <p>No actions</p>
Performance Review	
52/25	<p><b>Update from the Chief Executive</b></p> <p>The Chief Executive provided an update on Trust performance, system pressures, and partnership working across the South East, placing this within the context of changing Integrated Care Board (ICB) arrangements and increasing collaboration with neighbouring ambulance services. He explained that variation in Urgent Community Response (UCR) acceptance rates across the region was primarily driven by differences in system maturity and community capacity rather than Trust performance. Some systems, particularly those aligned with SCAS, had more developed pathways and greater ability to accept referrals, whereas capacity within Kent, Surrey and Sussex remained more constrained. He noted that recent and forthcoming changes to ICB configurations, including the formal merger of Surrey and Sussex ICBs from 1 April, would further influence how pathways operated across the South East.</p> <p>The Chief Executive highlighted the importance of better understanding clinical decision-making on scene, noting that further analysis of clinician assessments and outcomes would help identify where alternative pathways could be strengthened. He acknowledged that this remained an area for future development. He addressed ongoing capacity challenges, particularly in relation to mental health demand. He explained that while demand for ambulance services was continuous across a 24-hour period, system capacity to accept patients varied significantly by time of day and day of the week, with pressures often most acute during daytime hours. He emphasised that conveyance to hospital was frequently not the best outcome for patients in mental health crisis unless no other viable option existed, and that expanding appropriate alternatives remained a priority.</p> <p>The Chief Executive stressed that improving virtual care was central to addressing these challenges. While progress had been made, he acknowledged that the Trust still deployed a high number of ambulances to cases that could potentially be managed differently if system capacity allowed. Expansion of virtual care was therefore critical to reducing avoidable conveyance and improving patient outcomes, recognising that system constraints remained a significant factor.</p> <p>In relation to collaboration and planning, the Chief Executive confirmed that both SECamb and SCAS had submitted compliant operational and financial plans, which were currently being assessed by the national ambulance team. He noted that executive teams from both organisations were working increasingly closely as collaboration developed, particularly in preparation for future group working. However, he was clear that current plans were submitted on an individual organisational basis and did not yet assume delivery of group-level synergies.</p>

Looking ahead, the Chief Executive highlighted particular concern regarding the 2027/28 position. He noted that while opportunities to accelerate collaboration were significant, particularly within the ambulance sector compared to some acute services, these needed to be approached carefully. Digital alignment was identified as a key early enabler, alongside future opportunities across estates and operational models. He emphasised the importance of maintaining focus on safe transition and ensuring that collaboration delivered tangible benefits without destabilising core services.

### **Governor Questions**

#### **MB**

UCR acceptance rates appear significantly lower locally (around 17%) compared to approximately 60% elsewhere. Is this a performance issue, and why is there such a difference?

#### **Chief Executive Response**

The difference is driven by system maturity and capacity rather than Trust performance. Some systems, particularly those working with SCAS, have more developed community pathways and greater ability to accept referrals. Capacity within Kent, Surrey and Sussex is more constrained. Integrated Care Board configuration plays a major role, and forthcoming changes, including the formal merger of Surrey and Sussex ICBs from 1 April, will further influence how pathways operate.

#### **MB**

Can the Trust better analyse clinicians' on-scene decision-making to understand where alternative pathways could be used more effectively?

#### **Chief Executive Response**

Yes. There is scope to do more analysis of the decisions clinicians make on scene and the outcomes that follow. This would help identify where alternative pathways could be strengthened. This could be a useful topic for a future Council of Governors development session

#### **PBa**

Mental health capacity appears to be a recurring issue. Why does this remain such a challenge, and when can improvement be expected?

#### **Chief Executive Response**

Demand for ambulance services is continuous across a 24/7 period, but system capacity to accept patients varies significantly by time of day and day of the week. Capacity pressures are often most visible during daytime hours. For mental health patients in particular, conveyance to hospital is often not the best outcome unless it is the only viable option. Expanding appropriate alternatives remains a priority, but system constraints persist.

#### **PBa**

When do you expect current improvement work to conclude, and what improvement should the Council expect to see?

#### **Chief Executive Response**

This work is closely linked to the virtual care agenda. Improvement depends on both expanding virtual care capacity and reducing the number of ambulances dispatched where alternative responses are appropriate. Progress is being made, but further expansion is needed to achieve sustained change.

#### **AL**

How does SECAmb compare with SCAS in terms of planning maturity, and have both organisations submitted compliant plans?

#### **Chief Executive Response**

Both organisations have submitted compliant plans, which are currently being assessed by the national ambulance team. Executive teams from SECAmb and SCAS are working increasingly closely as collaboration develops, particularly in preparation for future group working.

#### **AL**

Do the submitted plans include assumptions about synergies arising from the group model?

#### **Chief Executive Response**

No. Current plans are submitted on an individual organisational basis and do not assume delivery of group-level synergies. While there are significant opportunities to accelerate collaboration, particularly across the ambulance sector, these need to be approached carefully and enabled properly, with digital alignment being a key early step.

	<p>The Chair concluded the item by reinforcing the importance of maintaining focus and ensuring that change was implemented in a controlled and well-governed way during a period of organisational and system transition.</p>
53/25	<p><b>Strategic &amp; Annual Priorities</b></p> <p>The Council considered an update on the Trust’s Strategic and Annual Priorities and the Board’s approach to assurance and oversight.</p> <p>It was noted that the Board reviewed strategic priorities on an annual basis and that the assurance framework was well targeted and appropriately focused. The Board emphasised its role in holding the Executive to account while ensuring that priorities remained aligned with patient outcomes, workforce sustainability and financial balance.</p> <p>Non-Executive Directors reported that there had been substantial improvement in assurance arrangements, supported by strong governance processes and external evidence. Particular emphasis was placed on ensuring that virtual care was fully effective, that workforce planning remained aligned to service transformation, and that financial discipline was maintained in order to protect core services delivered to the public. The Board confirmed that it was assured that the Trust had the right capability in place and that this was being deployed effectively, particularly during a period of organisational transition.</p> <p>The Council discussed the impact of local government reorganisation, described as the most significant change in local government structures for many years. The Chief Executive highlighted the scale of this change and the associated risk of loss of local grip during the transition period. He emphasised the importance of sustained engagement at both operational and strategic levels and confirmed that the Trust’s divisional structure was intended to maintain focus on the needs of local communities, recognising that service delivery contexts varied significantly across the Trust’s geography.</p> <p>The Chief Executive explained that while common standards would continue to apply across the Trust, there was a need for greater differentiation in how local performance and experience were understood, particularly in rural areas. He stressed that effective integration depended not only on structures but on strong relationships at local level, which were essential to delivering outcomes during periods of change.</p> <p>The Council noted that local government transition represented a significant strategic risk and agreed that this should continue to be monitored and revisited in future years. The Chief Executive confirmed that the Trust would need to work in a targeted way, prioritising key areas such as improving virtual care response, recognising that it was not possible to address all issues simultaneously.</p> <p><b>Governor Questions</b></p> <p><b>LaF</b> Local government reorganisation represents the most significant change in local government in over 15 years. What is the Trust’s strategic position in relation to this, particularly given the changes underway in Kent and Medway?</p> <p><b>Chief Executive Response</b> The scale of local government change is significant and presents a real risk of losing grip over the next 18 months. Drawing on experience of previous reforms, it is essential to maintain continuous engagement at both day-to-day operational and strategic levels. The Trust’s divisional structure is designed to keep focus on the needs of local communities, recognising that operational contexts differ significantly across the geography. Integration must be meaningful at local community level, supported by strong relationships rather than relying solely on formal structures.</p> <p><b>LaF</b> How confident are you that the Trust will not miss important local issues during this period of transition?</p> <p><b>Chief Executive Response</b> There is a risk that issues could be missed given the scale and geography involved, which is why building and sustaining strong local relationships is critical. Human relationships are often what enable progress or create barriers. The Trust will need support in continuing to build these relationships and in maintaining awareness of local variation as changes progress.</p>

**MB**

With councils undergoing significant reorganisation, is there a risk that focus is lost on key interfaces such as care homes and local authority commissioning?

**Chief Executive Response**

There is a risk of attention being diverted during reorganisation. The Trust will need to work in a targeted way to achieve specific outcomes and cannot address all issues at once. A strategic priority will be improving virtual care response, recognising that resources are finite and that prioritisation is essential.

**MB**

How will the Trust manage differences between urban and rural communities as part of this strategic approach?

**Chief Executive Response**

While common standards will continue to apply across the Trust, there is a need to better reflect local experience and variation, particularly in rural areas. The Trust will look to develop more differentiated reporting and a deeper understanding of local context to support more effective decision-making.

**Patients: Delivering High Quality Patient Care**

The Council received an update from KN on patient quality, safety and clinical assurance, including delivery against Board priorities and areas of emerging focus.

KN highlighted that reports to the Board were structured to distinguish between areas of alert, assurance and advice, supporting effective oversight.

Progress was noted in a number of key areas, including digital developments such as electronic patient records and the introduction of CAD, alongside continued collaboration with partners to improve mental health pathways.

The Council was informed that risk appetite reporting had continued to mature, providing clearer visibility of risk and mitigation. Non-Executive Directors confirmed that this was an area of ongoing focus and that progress had been encouraging.

Assurance was provided that patient quality and safety remained a central focus for the Board. It was confirmed that Non-Executive Directors were satisfied that appropriate scrutiny and challenge were in place and that the Trust remained focused on delivering high-quality patient care while managing system pressures and service transformation.

**PS**

Board reports are helpful but can be difficult for public governors to follow due to terminology. Can these be made clearer and more accessible?

**Response (KN)**

The point was acknowledged. While the reports are Board papers, there is recognition that clearer language would support Governor understanding. This feedback was welcomed and will be reflected on going forward.

**AL**

Who serves on each of the Board committees that oversee patient quality and safety?

**Response (KN)**

KN confirmed that SS, MS and herself were on the committee, with LS Charing.

**Action:** RB, Head of Corporate Governance to provide Governors with committee membership details.

**MB**

There appear to be differences between SECamb and SCAS in clinical models and prescribing authority. Is this being addressed through collaboration?

**Chief Executive Response**

This was acknowledged as a significant issue that should not be underestimated. Differences in models of care and workforce capability were being actively considered within the collaboration. The Chief Executive emphasised that this was not about levelling down but about identifying and sharing best

practice across organisations. Further work would be brought back to the Council on how workforce configuration and clinical models could deliver improved benefits over time.

MW summarised and confirmed the Non-Executive Directors were assured on patient quality and safety and that appropriate governance, challenge and oversight arrangements were in place.

### **People: Our People Enjoy Working at SECamb**

The Council received an update on workforce matters, staff experience and organisational culture, including assurance from the People Committee.

KN highlighted that the People Committee continued to focus on areas of **alert, assurance** and **advice**, enabling targeted oversight.

Particular attention was drawn to the Community Resilience Strategy, which had been recommended to the Board for approval. While strongly supported, it was noted that clear boundaries for volunteers were essential to avoid mission creep, and that robust evaluation arrangements were required to understand impact.

Progress was reported against violence and aggression standards, with the Trust on track to be compliant by December 2026. Independent assurance activity was underway, and outcomes would be reported once available. The Council was also updated on the Shadow Board, noting the value of staff voice and the contribution of Shadow Board members, including impactful reflections on lived experience presented to the Board.

Workforce risks remained a key area of focus. Appraisal completion rates were below Trust target, with actions in place to improve performance by year-end. The strategic workforce plan had not progressed as expected, partly due to turnover within the people team and the scale of change underway. Non-Executive Directors confirmed that this remained under close scrutiny and that confidence remained that recovery actions would bring this back on track.

The Council was informed that workforce planning was closely linked to defining the future operating model, particularly in relation to the expansion of virtual care. The Board continued to focus on ensuring that workforce capability, capacity and deployment aligned with service transformation and emerging models of care.

Assurance was provided that people-related risks were being actively managed, that governance arrangements were effective, and that Non-Executive Directors maintained strong oversight of culture, safety, and workforce sustainability.

#### **PBa**

The strategic workforce plan has not progressed as expected. Given its importance to virtual care and transformation, what gives the Board confidence that this will be brought back on track?

#### **Response (KN)**

The workforce plan represents a significant and complex piece of work, closely linked to defining the future model of virtual care and overall service delivery. This remains firmly within the People Committee's oversight, and Non-Executive Directors are not letting this issue go. Confidence is based on continued focus, recovery actions, and clearer definition of the future workforce model.

#### **MR**

How is the Trust managing issues such as fire safety behaviours and ensuring expectations are clearly communicated to staff?

#### **Response (KN)**

This remains an area requiring high vigilance. Training, communication and reinforcement of expectations are ongoing, and the Board continues to monitor this closely to ensure appropriate behaviours are embedded and maintained.

#### **MB**

What messages are students and new entrants receiving about virtual care, and is there a risk that this is not well understood when people join the organisation?

**Chief Executive Response**

Not enough awareness currently exists about virtual care as a distinct and growing area of practice. This is a strategic issue that needs to be addressed through clearer articulation of future roles and career pathways. The Trust is working towards a future operating model that includes dedicated virtual care, specialist and field operations divisions, recognising that virtual care is a specialism in its own right.

**MD**

Can assurance be provided that grievance and employee relations cases are being managed effectively and that local resolution approaches are understood and applied?

**Response (Chair)**

Assurance was provided that governance and frameworks are in place to support local resolution and empower managers to address issues appropriately. Significant work has been undertaken over the past 18 months to strengthen training and development in this area, with a clear shift away from defaulting to formal grievance processes and towards early, constructive resolution. This remains an area of ongoing focus and monitoring.

The Council was assured that people-related risks were being actively managed, that governance and oversight arrangements were effective, and that the Board and Non-Executive Directors retained strong focus on workforce sustainability, culture and staff experience

**Sustainability: We are a Sustainable Partner**

The Council received an update from HG on the Trust's sustainability programme, including progress across efficiency, estates, procurement and digital transformation.

It was reported that the Trust's efficiency programme continued to progress, supported by the development of the estate strategy, which is proposed for submission to the Board for approval. This included advancement of the Asset Condition and Replacement Programme (ACRP), including the associated disposal programme. A review of procurement arrangements is also underway to strengthen value for money and enable greater collaboration.

The Council noted that a number of enabling business cases had been approved, including the transition of the GRS system to a cloud-based platform. This was expected to significantly reduce manual effort and increase digital capability, with many previously manual processes now becoming automated. Delivery of this programme is planned over a three-year period and is being undertaken regionally, supported by the procurement process.

The Chair noted that further comments provided by Paul Brocklehurst should be incorporated into the programme documentation.

The Council discussed the Trust's financial position and delivery of the Cost Improvement Programme (CIP). The Chief Executive confirmed that the Trust's underlying deficit had improved during the year, with the position reducing to approximately £9.4m, indicating progress in addressing the financial challenge. While noting the inherent risk of optimism bias, the Chair highlighted that both Executive and Non-Executive Directors had undertaken extensive discussion regarding the assumptions underpinning financial plans. He expressed encouragement regarding the ambition and commitment of the Executive team to deliver the required improvements.

The Council noted that CIP delivery stood at 76%. It was acknowledged that the programme had been intentionally stretching, and whilst full delivery had not been achieved, significant progress had been made. The shortfall against the £10m target remained approximately £2.5m. It was emphasised that this reflected a considerable organisational effort.

Assurance was provided that robust governance arrangements underpinned the CIP process, with detailed scrutiny through Financial Improvement Committees (FICs). The process was described as rigorous, transparent, and well-supported by the finance function.

The Chief Executive emphasised that performance should not be considered through a single lens, noting that the Trust had maintained an appropriate balance between financial performance, response times and quality of care. The Council was assured that the organisation was not in regulatory financial distress; however, it was recognised that further progress would require increasingly difficult decisions in order to deliver cash-releasing savings. The Chief Executive and Executive Director of Finance expressed confidence that a deliverable plan remained in place.

The Council received an update on collaborative working across the South of England Ambulance Services Collaborative (SASC). The Chief Executive, in his capacity as Chair of SASC, outlined progress across key workstreams including procurement, digital and innovation. Early benefits were beginning to emerge through procurement collaboration, with further opportunities anticipated, including a more consolidated operating footprint over the next two to three years. Digital collaboration includes an ambitious programme spanning cyber security and emerging technologies such as Ambient Voice Technology to support real-time clinical documentation.

It was noted that whilst performance metrics are broadly aligned across organisations, differences remain in how these are measured, and further national challenge on productivity is expected.

The Council welcomed the approval of £328k investment to support the introduction of electronic patient care records (ePCR) for Emergency Responders (ER) and Community First Responders (CFR), either through a light version of ePCR or via iPad deployment. This was expected to improve patient care and outcomes. Appreciation was expressed for the contribution of volunteers and the resilience demonstrated across the network.

The Council discussed operational efficiency and fleet availability, noting that Vehicle Off Road (VOR) rates were currently approximately 16% against a target of 10%. The Chief Executive advised that a more meaningful operational measure is the number of staff without access to a vehicle. He highlighted system issues such as 'ghost' call signs and expressed confidence that the introduction of new vehicles would improve availability.

The Council also received an update on mutual aid provided to neighbouring ambulance services, particularly SCAS, over the winter period. The Chief Executive confirmed that this support was provided in the interests of patient safety and did not adversely impact SECAmb's own operational performance. Additional capacity was delivered over and above planned hours and was funded by the receiving organisation. The Trust maintained its planned hours on the road and met predicted demand.

The Chair concluded by confirming that the Board was assured regarding financial performance and future plans, noting that whilst risks remain, these are understood and actively managed. He commended the effectiveness of the Executive team.

#### **Governor Questions**

##### **MB**

Has any of the £10m underlying deficit been reduced, or is the Trust effectively starting from the same position?

##### **Chief Executive Response**

The Trust has improved its underlying financial position during the year and is now exiting at approximately £9.4m. This demonstrates that the underlying deficit is reducing.

##### **PS**

CIP delivery is reported at 76%, which appears low in isolation. Can further context be provided, particularly given that these are public papers?

##### **Response (HG)**

The CIP target was deliberately stretching. Whilst full delivery has not been achieved, significant progress has been made, with an estimated shortfall of £2.5m against the £10m target. This reflects a substantial organisational effort.

##### **Response (PB)**

The process underpinning CIP delivery is robust, with detailed scrutiny through Financial Improvement Committees. The approach is transparent and well-governed, supported by strong finance team oversight.

	<p><b>AL</b> Are benefits now being realised from collaboration across the ambulance sector (SASC)? <b>Chief Executive Response</b> Early benefits are beginning to emerge, particularly in procurement. There is a strong appetite to do more collaboratively across the five services, with further opportunities expected over the next two to three years, including a more consolidated footprint and shared digital innovation programmes.</p> <p><b>MB</b> Vehicle Off Road (VOR) rates are above target. What is the level of confidence that this will improve with the introduction of new vehicles? <b>Chief Executive Response</b> A more meaningful metric is the number of staff without access to vehicles. There are some system challenges, including 'ghost' call signs, but the introduction of new vehicles is expected to improve availability and overall performance.</p> <p><b>SC</b> What has been the impact of mutual aid to other services, and could this affect SECAMB's own performance? <b>Chief Executive Response</b> Mutual aid was provided during winter in the interests of patient safety. This was unplanned and reactive but did not impact SECAMB's ability to deliver its own services. The additional capacity was over and above planned hours and was funded by the receiving organisation. The Trust maintained its operational performance and met predicted demand.</p>
Break 11:30-11:45	
<b>Governance</b>	
54/25	<p><b>Lead and Deputy Lead Governor Election Outcome</b></p> <p>The Council of Governors considered the outcome of the Lead and Deputy Lead Governor appointments. The Chair expressed his thanks to Andrew Cuthbert for agreeing to continue in the role of Lead Governor and to Peter Shore for continuing as Deputy Lead Governor. He highlighted the significant support both had provided to the Chair and the Trust and their strong commitment to the organisation and the communities it served.</p> <p>The Council formally endorsed the continuation of Andrew Latham as Lead Governor and Peter Shore as Deputy Lead Governor for the forthcoming term of two year – starting 01/04/2026.</p>
55/25	<p><b>Governor and Membership development committee Report</b></p> <p>The Council received the Governor and Membership Development Committee report. It was noted that a decision had been taken to hold the Annual Members' Meeting virtually in the year ahead. The rationale for this approach was explained, including the significant cost associated with physical meetings, the relatively low public attendance, and the opportunity to achieve greater engagement through a virtual format. It was noted that this approach would be reviewed after the forthcoming year to assess its effectiveness.</p> <p>The Council expressed its support for the decision and agreed that it represented a proportionate and sensible use of resources.</p>
56/25	<p><b>Governor Activities and Queries report</b></p> <p>The Council considered the Governor Activities and Queries Report. Governors were reminded of the importance of ensuring that all activities undertaken on behalf of the Trust were communicated to the Corporate Governance team to support accurate recording and transparency.</p>
<b>Administration</b>	
57/25	<b>Any Other Business</b>

	<p>The Chair provided an update on the recruitment of a new Trust Chair and Group Chief Executive. It was noted that the initial recruitment round for the Chair had not been successful and that the process had been extended, with interviews planned for the end of March. Recruitment of the Group Chief Executive was ongoing, with interviews scheduled for mid-April.</p> <p>The Council was assured that strong transitional arrangements were in place to ensure continuity of leadership, patient safety, and service delivery during this period. The Chair emphasised that the development of the group model represented a significant opportunity to improve patient outcomes and make better use of public resources, and that the Trust remained an attractive organisation for future leaders.</p> <p>Significant concerns were raised regarding the level of Non-Executive Director attendance at Council of Governors meetings.</p> <p>The Chair acknowledged these concerns and confirmed that attendance and engagement formed part of the Non-Executive Director appraisal process, including 360-degree feedback, with outcomes reported through the Nominations Committee and to the Council.</p> <p>The Council formally recorded its thanks to Howard Goodbourn for his significant contribution as a Non-Executive Director over a number of years.</p> <p>Thanks were also extended to Leigh Westwood for his contribution as a Governor and to Simon Weldon in recognition of his leadership and service to the Trust, particularly in leading the organisation through periods of challenge and improvement.</p>
58/25	<p><b>Questions from the Public</b> None received.</p>
59/25	<p><b>Review of meeting effectiveness</b></p> <p>The Council reflected on the effectiveness of the meeting. Governors noted that while performance and assurance papers were comprehensive, there would be value in formally presenting the overarching performance review paper to enable fuller discussion.</p> <p>It was agreed that this would be considered for future meetings, with a view to improving clarity and engagement.</p>
<p><b>Date of Next Meeting 25 June 2026</b></p>	

**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATIO**

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

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

**Comments / Update**

This was progressed through the People Committee in May and reported assurance with progress.

This action has been completed. The back pay was paid in May 2026.

Paper attached and picked up through committee reports.

		Agenda No	05a/26
Name of meeting	COG		
Date	25 Jun 26		
Name of paper	Estates Update		
Responsible Executive	Simon Bell – Chief Finance Officer		
Author	Andy Carter – Associate Director of Estates and Facilities		
Synopsis	<p>Reference to a detailed estates plan, including timelines for EV infrastructure and fire safety improvements</p> <p>This paper covers Fire Door works, Compartmentation, Fire Risk Assessments, DSEAR Surveys (inc Battery Storage).</p>		
Risks	Fire Safety, EV roll out		
Recommendations, decisions or actions sought	For information and assurance purposes only		
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).	<b>No</b>		

## Introduction

An action was raised at the Council of Governors meeting in relation to the SECamb Estates Strategy, the rollout of the electric vehicle charging infrastructure and the status of fire assurance across the estate. Since this meeting a great deal of work has been completed within the Estates and Facilities team to assure the COG and reduce the trusts risks.

## Estates Strategy

The SECamb Estates and Facilities Team have developed and had board approval for a 5-year Estates Strategy for the period 2026 – 2023.

## Electric Vehicle (EV) Charging

With the introduction of EV's across the estate and soon the upgrade to eDCA's (first 5 are due in June 2026), there is a requirement across the estate to have suitable EV charging points. Although the estate has some EV charging capabilities, the demand is expected to increase.

Currently across the estate, the following EV infrastructure is available:

Location name	# EV Charge Points
Gatwick MRC	12
Tongham	4
Lewes Commissioning Centre	2
Brighton MRC	6
Haywards Heath Ambulance Station	2
Chertsey MRC	4
Thanet MRC	8
Farnborough	6
Paddock Wood MRC	6
Godalming	2
Worthing	2
Thameside	2
Sheppey	4
Sheffield Park	3
Polegate MRC	6
Medway MRC/EOC/111	20
Banstead MRC	16
Tangmere MRC	6
Guildford	3
Telford Place	3
Hastings MRC	4
Ashford MRC	10

The rollout of an electric vehicle infrastructure isn't just a fleet or operational challenge; it also presents several Estates related challenges such as:

## **Fire Safety**

There is little regulation around this area, only best practice guidance. The guidance suggests that we build in fire breaks between charging vehicles, particularly when they are on 120Kw+ fast chargers. This is largely due to the issue of electrical fires being difficult to extinguish and the high risk of spreading fire.

Other fire safety measures should also be considered such as ensuring that the vehicles charge on a concrete platform, battery temperatures are monitored through heat detection cameras and tanks of water with pumps/hoses are installed to help prevent the spread of an electrical fire.

## **Parking**

We may need more parking spaces to accommodate ambulances if the fleet size increases and if we need to take fire safety measures such as allowing more space.

## **Charger Location**

The Fire Brigade suggest not installing high power charge points within seven to ten meters from the perimeter of a building. It may not be possible to always follow this guidance due to the proximity of our sites to the perimeter of the building. However, this should be considered as we roll out our charge point infrastructure.

The installation of EV Charge Points within our buildings should be avoided where possible, due to the fire safety issue of being unable to extinguish an electrical fire and the fumes produced during an EV Vehicles fire, which include Hydrogen Fluoride, Carbon Monoxide, Hydrogen Chloride and Sulphur Dioxide.

## **Changing Estate due to the recharging of electric vehicles**

As we move towards a fully electric fleet the recharging of vehicles will pose several problems. The turnaround time for an ambulance being made ready may increase due to the charge time of vehicles and this in turn may result in needing a larger fleet of vehicles, which in turn will require more parking spaces.

Vehicles may need to return to MRCs during the shift if their charge is depleted either to swap vehicles or fast charge. This issue can be reduced if we can identify locations to top up the electric vehicles charge during their shift. NHS England's Travel and Transport team anticipate that Ambulance Trusts will top up the electric ambulances charge at Emergency Departments either whilst dropping off a patient or immediately afterwards before making themselves available again. If these charge points were combined with a suitable location for the crews to take meal breaks whilst the vehicles top up their charge, then this could prove to be operationally beneficial as it would save time travelling to an ACRP/MRC to recharge and/or take a meal break.

## **EV Pilot Site**

It was proposed to SMG that we should consider rolling out our initial allocation of eDCA's to a single operational site so that we can start to build our EV Blueprint in preparation for the rollout of further vehicles. SMG selected Banstead as the initial site to allocate the vehicles and EV Charge infrastructure.

One of the reasons Banstead was selected is that it is one of the few sites which does not need electrical infrastructure upgrade to accommodate the additional power requirements of charging an electric vehicle fleet.

## **Fire**

The Estates and Facilities Team have a number of concurrent projects being managed relating to fire compliance. These are relating to Fire Doors, Fire Risk Assessments, Fire Compartmentation, Dangerous Substances and Explosive Atmospheres Regulations (DSEAR).

### **Fire Door Replacement Project**

Survey & Remediate or Replace Non-Compliant Doors

- Phase 1 (MRCs)
  - Project is 2/3 complete
  - Brighton and Polegate and due to start imminently
  - Anticipated completion of phase 1 is expected to be Q3 2026 due to c8week lead-time for fire doors.
- Phase 2 (Smaller Sites)
  - Due to start Q3 2026 and expected completion Q1 2027

#### **Completed Remedials**

- Ashford,
- Chertsey,
- Tangmere,
- Medway,
- Banstead
- Hastings

#### **Works on-going**

- Brighton
- Polegate
- Thanet

#### **To be surveyed**

- Gatwick – Review completed – Awaiting remedial quote
- Sheppey – Review completed – Awaiting remedial quote
- Paddock wood – Survey completed – Review underway
- Worthing – Review Completed – Awaiting remedial quote

#### **Summary**

Overall risk rating is low and managed

Target end date Phase 1 – Q3 2026

Target end date Phase 2 – Q1 2027

### **Fire Risk Assessments**

Fire Risk Assessments have been completed across the entire estate. Remedial actions open include Fire Doors (see above) and Fire Compartmentation (see below)

## **Compartmentation**

A capital budget of £200k has been approved for compartmentation works during FY26/27 to address identified deficiencies.

The project is to undertake surveys and complete all identified remedial to any breaches of fire compartmentation works within this financial year.

Initial meeting has taken place with our hard services FM contractor (Rydon's) to agree scope of work and get assurances.

### **Summary**

Overall risk rating is low

Completion date Q1 2027

## **DSEAR (Dangerous Substances and Explosive Atmospheres Regulations)**

All surveys completed in May 2026, and reports have been received – Rydon's are now reviewing the reports and will provide a tracker listing remedial actions, priorities and quotations for the remedial works. A schedule for works with then be created for delivery within the financial year.

Surveys have focussed mainly on MRC's and battery storage areas.

### **Summary**

Overall risk rating is currently low, though this may change following review of the survey reports.  
Completion date Q4 2026

# SECamb Five Year Estates Strategy

Produced: December 2025

Period: January 2026 – December 2030

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## Purpose and Scope

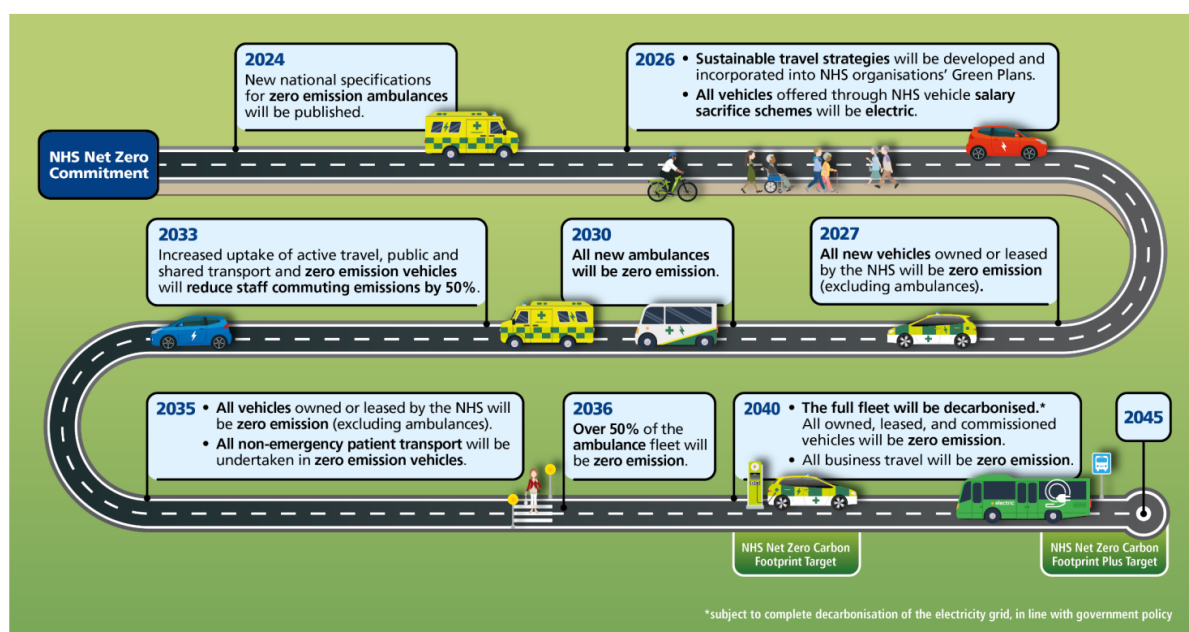
The Estates and Facilities Management Strategy comprise of three main elements.

1. Team strategy, developing the team who will deliver the strategy and keep the Estate safe and compliant.
2. Maintenance contract strategy. The current maintenance contract is due to end in June 2026, and this presents SECamb with a series of options which can provide cost benefits whilst increasing the level of care and customer service within the Estate.
3. Property strategy. A direction on several key elements that will drive the size, effectiveness and cost of the SECamb estate.

The 2026 – 2030 Estates Strategy is a complete bottom-up rewrite of the SECamb Estates Strategy which has gone through a large amount of consultation with various SECamb teams in its preparation. The content of the strategy has been discussed with all key governance structures to ensure this is “SECambs Estates Strategy” rather than an Estates led strategy.

One of the reasons for the complete rewrite is due to impact and changes on the Estate due to the rollout of an electric fleet. Early milestones on the roadmap to fleet Net Zero that fall into the period of his strategy are: -

- 2027 – All new vehicles procured except for ambulances must be fully electric
- 2030 – All new vehicles procured including ambulances must be fully electric.



# Executive Summary

The SECamb Five-Year Estates Strategy (2026–2030) sets out a comprehensive plan to deliver a safe, compliant, and cost-effective estate aligned with NHS standards, NHS Estate Code, the and the NHS Net Zero Carbon objectives. Developed through extensive consultation across governance structures, this strategy addresses operational challenges, financial pressures, and sustainability goals while supporting the Trust’s long-term priorities.

## Key Strategic Objectives:

- **Compliance & Governance:** Appointment of Duty Holders and deployment of a CAFM system to ensure statutory compliance and provide independent reporting.
- **Financial Efficiency:** In-house delivery of small works, improved contract management, and disposal of underused sites to achieve significant cost savings and revenue generation.
- **Operational Resilience:** Introduction of Building Custodians, hybrid maintenance contracts, and succession planning to strengthen service delivery.
- **Futureproofing for EV Rollout:** Development of an EV Blueprint to manage fire safety, parking, and charging infrastructure, supported by collaboration with NHS England.
- **Space & Asset Optimization:** Establishment of a Space Allocation Group (SAG) and CAFM integration to improve space governance and reduce estate size by up to 25%.
- **Sustainability Alignment:** Prioritisation of EV infrastructure and exploration of solar and battery storage solutions to support NHS Net Zero Carbon commitments.
- **Enhanced Engagement:** Improved communication through monthly updates, DMG attendance, and digital transparency via CAFM portals.

## Impact for SECamb:

- Improved compliance and assurance across the estate.
- Significant cost savings and operational efficiencies.
- Enhanced resilience and workforce capability.
- Strategic alignment with NHS sustainability and digital transformation goals.

**Recommendation:** The Board is asked to endorse the Estates Strategy and support investment in CAFM implementation, governance structures (including SAG), and capital prioritisation to ensure successful delivery.

## Team Strategy

The Estates and Facilities Management (EFM) team have evolved beyond recognition in the last ten years, though it is still some way short of where it needs to be to deliver a top quality, safe, cost effective and compliant Estates and Facilities service.

There are several issues that need to be addressed over the coming three to five years, which are: -

## Duty Holders

NHS Trusts need Duty Holders because they provide clear accountability for compliance with statutory and safety obligations across the estate. Healthcare environments are complex, and legislation such as the Health and Safety at Work Act, Pressure Systems Safety Regulations (PSSR), and HTMs (Health Technical Memoranda) require an identified person who holds ultimate responsibility for ensuring systems are safe and compliant. This role typically sits with the Chief Executive but can be delegated to senior executives for operational delivery.

Duty Holders <sup>1</sup>need to cover key compliance domains within NHS estates, often supported by Authorising Engineers (AEs) and Authorised Persons (APs) for technical oversight:

- **Water Safety (Legionella Control)** – HTM 04-01
- **Ventilation Systems** – HTM 03-01
- **Pressure Systems** – PSSR and HTM 08-08
- **Electrical Safety (Low Voltage & High Voltage)** – HTM 06 series
- **Medical Gas Pipeline Systems** – HTM 02-01
- **Fire Safety** – HTM 05 series
- **Decontamination Services** – HTM 01 series
- **Lift Safety and Maintenance**
- **Asbestos Management**

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<sup>1</sup> **NHS England Estates Technical Guidance:** Comprehensive guidance on Health Technical Memoranda (HTMs) and Health Building Notes (HBNs), covering statutory compliance for water safety, ventilation, electrical systems, and fire safety.

[Estates Technical Guidance – NHS England \[england.nhs.uk\]](https://www.england.nhs.uk/technical-guidance/)

**Estate Compliance Toolkit:** Highlights the importance of HTM compliance and the legal risks of non-compliance.

[Estate Compliance Toolkit – MIAA \[miaa.nhs.uk\]](https://www.miaa.nhs.uk/estate-compliance-toolkit/)

Work is underway within the EFM Team to identify which team members can appropriately be appointed into which duty holder posts, this will need to be followed by training and then appointment by an Authorising Engineer. Ideally this should be complete during 2026 to reduce this exposure.

## In-housing the Handy Person Service.

SECamb currently spend around £750k per annum with its maintenance contractor on small works. Around half of those requests do not require a high level of skills to address. Requests like hanging a notice board, unblocking a sink, fixing a door handle etc, often cost SECamb £300-500. SECamb could opt to bring in house the handy person function to undertake these requests, provide a better level of service, and make significant savings.

A suitable proposal would be to appoint three handy people, in vans with tools and basic materials plus two Building Custodians to look after Nexus House and Medway.

The likely cost of these appointments, tools, vehicles and materials would be around £200k and would likely enable savings on current spend of £150k.

If these handy people could also be mentored and receive training, then in a relatively short time they could undertake semi-skilled works and increase the saving further.

The appointment of these posts should be aligned with the start of the next iteration of the maintenance contract on the 1<sup>st</sup> of July 2026.

Another benefit of in-housing the handy person service is that it would start to address the Estates Technical Managers people management skills which is a current skills gap within the team. Addressing this gap would make the in housing the Estates Maintenance Contract a future possibility.

## Succession Planning

The Estates and Facilities Team is a relatively small team, currently just eight posts, so any leavers or absences in the team are hard to cover. Therefore, the team would benefit from a structured succession plan. The In-housing of the Handy Person service will provide some opportunities for succession planning with the new posts being potential future Technical Managers. Further to this, in-housing the whole maintenance service in the future will provide technical, management and administration succession options as there would be several TUPE posts that transfer into SECamb if the outsourced service was delivered in house.

## Estates and Facilities Management Team Key Skills

As well as the technical specialities of the duty holder requirements, there are several other key skills that should be addressed over the next three years. These skills will

enable Succession planning, in housing of the maintenance contract or the contract management of multiple specialist contracts rather than the one single maintenance contract.

### **CONTRACT MANAGEMENT SKILLS**

Currently the maintenance contract is a single contract with a single supplier. This supplier subcontracts most of the specialist/technical tasks to its own sub-contractors, which they mark up with a small margin. If the SECamb Estates and Facilities Team had the skill set to manage multiple specialist contractors, then a significant sum could be saved on the margin currently paid to the maintenance contractor by appointing these specialist sub-contractors directly.

The likely mark-up/handling fee applied by the maintenance contractor is unknown, but likely to be in the 10-15% area. This represents a potential future saving of a few hundred thousand pounds per annum if the EFM team could manage these specialist contracts directly.

### **FINANCE SKILLS**

Most of the members of the EFM Team have not historically been involved in budgeting or managing its own finances, though they all influence the spend and success of hitting the budget, or not.

Upskilling the EFM Team members finance skills will result in better management of Estates budgets. This work has begun by sharing finance results with the team monthly and by providing some basic finance workshops. This work should continue over the next three years to get a position where the EFM team are actively involved in budget setting and monthly reviews of the finances, at a Divisional level with the Estates Technical Managers.

### **FACILITIES MANAGEMENT**

The EFM Team see themselves as an Estates Team rather than an Estates and Facilities Team. The skill set of the Team is also strongly biased towards Estates and there is not a lot of Facilities Management knowledge within the team. The team would benefit from the Estates and Facilities Manager and at least one other member of the team gaining some basic level of facilities management knowledge over the next three years, such as by joining the Institute of Workplace and Facilities Management and by attending courses such as the NHS National Standards of Cleanliness. <sup>2</sup>

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<sup>2</sup> **National Standards of Healthcare Cleanliness 2025:** Mandatory for all healthcare settings, including ambulance facilities, ensuring consistent cleanliness and compliance.

[NHS England – National Standards of Healthcare Cleanliness 2025](#)

## MANAGEMENT

A common challenge in Estates and Facilities Management is that individuals often progress into supervisory or managerial roles based on technical expertise rather than leadership capability. While technical competence is essential, management roles require additional skills in areas such as people management, financial oversight, and strategic planning. Without targeted development, this transition can lead to gaps in performance and team effectiveness.

This has been evident within SECamb, and to address this, it is recommended that all staff progressing into leadership positions undertake structured management training aligned with NHS Leadership Academy frameworks and the *Healthcare Leadership Model*. Additionally, assigning mentors from outside the Estates function will provide broader organisational insight and support professional growth. These measures reflect best practice in NHS workforce development and comply with principles outlined in the *NHS People Plan*, which emphasises leadership capability and succession planning as key enablers of high-quality care and operational resilience.

### Building Custodians

SECamb currently has around 110 sites, which are managed by a small EFM Team. This means that key sites like Nexus House and Medway do not have a dedicated EFM presence. This lack of the presence is apparent particularly at Nexus House which feels unloved, untidy and uncared for. A dedicated Building Custodian could be provided to be the single point of contact for all EFM related issues, someone who would be responsible for keeping the site tidy and well maintained by undertaking basic repairs, setting up meeting rooms etc.

The Building Custodian post could be an Estates and Facilities Management apprentice and be funded with the savings by extracting small works from the current maintenance contract.

### CAFM System

A Computer-Aided Facilities Management (CAFM) <sup>3</sup>system is software system that is designed to help organisations to manage their buildings, assets, leases, space management and maintenance activities efficiently. Currently SECamb do not have a

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<sup>3</sup> CAFM systems improve efficiency, compliance, and cost control by centralizing asset and maintenance data, supporting statutory reporting, and enabling better decision-making.

[Role of CAFM in the NHS – TabsFM \[tabsfm.com\]](#)

Digitalization of estates management reduces compliance risks and operational costs.

[CAFM Systems Can Ease Estate Management – SWG UK \[swg.com\]](#)

CAFM system so is unable to management this information centrally. This in turn means that the EFM Team cannot independently report upon our Estates compliance levels, which is currently done by providing the maintenance contractors compliance data.

The EFM Team has identified a cost effective CAFM system which should be deployed in the first half of 2026. This would enable the Trust to have a single location for the management of all sites, assets, projects, leases, space management, maintenance, compliance etc and more importantly to be able to report independently on its own compliance with a high level of assurance that isn't possible.

### Key Benefits

- **Centralized Data:** Stores all asset, maintenance, lease and compliance information in one place.
- **Cost Control:** Tracks spending, reduces downtime, and optimizes resource allocation.
- **Compliance Assurance:** Helps meet statutory and safety requirements with audit trails.
- **Space Management:** Monitors occupancy and optimizes space usage.
- **Reporting & Analytics:** Provides insights for better decision-making and performance tracking.
- **Mobile Access:** Enables engineers and staff to update jobs on-site in real time.

### Engagement

One of other directorates criticisms of Estates and Facilities is that it hasn't always engaged or communicated well. Departments have been clear that they would rather have bad news, than no news. Therefore, the EFM Team needs to proactively and consistently communicate its activity within the Trust. This has begun but must continue to evolve to meet the Trusts needs.

In 2025 the EFM Team has begun to: -

- Produce a monthly update, that can provide a consistent update to any meetings that EFM is part of.
- Attend the DMGs. Technical Managers should attend the divisional DMGs and the HoE should aim to attend each DMG at least three times each year.
- Attending other directorates meetings on request.

The engagement could continue to improve by: -

- Creating a portal from the CAFM system so that trust staff can follow up on the progress of their works or requests, check space usage details or check on Capital projects in their area.

## Maintenance Contract Strategy

At the time of writing in late 2025, the current maintenance contract is provided by a single supplier whose contract ends at the end of June 2026, with the next iteration of the contract due to commence on the 1<sup>st</sup> of July 2026.

There are issues with the current 2025 maintenance contract, which are: -

- It is provided by a single provider who sub-contract specialist elements of the contract and provide them to SECamb which would include an element of margin/mark up applied by the contractor.
- A single provider does not offer any resilience.
- The contract lacks the ability to sanction poor performance.

Several options had been considered for the next maintenance contract including retendering a like for like contract again, bringing the service in house, or a hybrid option broken down by geography and/or specialist services.

The Board opted to retender a variant of the Maintenance contract, which is: -

- Three lots, one per division. It was felt that three service providers would offer a level of resilience missing in the current contract.
- A more robust contract with appropriate KPIs and sanctions for poor service delivery.
- In house the handy person/small works element of the contract. <sup>4</sup>Around £750k a year is spent on small works, around half of which are requests that require little or no skill and could be undertaken by a handy person. Having a handy person in a van, with tools and materials in each division would likely cost under £200k per annum and enable savings upwards of £150k a year. The in-house service would also deliver a higher level of care and service that is currently missing.
- The inclusion of generators back into the EFM portfolio of assets to support from Digital where it has resided in recent years.

The fully hybrid and in house options both offered significant cost and savings benefits, but the belief is that the EFM team lacks some of the skills to make these options a success. However, with appropriate training and experience, both options could be serious considerations after the July 2026 contract comes to an end.

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<sup>4</sup> In-house maintenance can reduce reliance on costly outsourcing and improve service quality.  
[Cost Benefits Analysis of In-House vs Outsourced Maintenance](#)

## Properties Strategy

A review of the current ACRP sites, their cost and usage was undertaken and after review with several teams including Divisional Leadership, Dispatch, Make Ready etc then a list of sites proposed for disposal was produced and presented to the Board for approval. Some of the sites came with preconditions such as exploring suitable Blue Light collaboration opportunities. These sites were accepted by the Board, and the Board went further by challenging themselves and Estates to explore going further. Estates interpretation of this challenge has been that we will no longer automatically renew leases, but instead request Operations submit a case arguing why the renewal is operationally, strategically, financially beneficial and that there are no suitable collaboration or suitable roadside opportunities that would maintain current performance before considering renewal.

The usage of ACRPs is declining and is likely to continue further. The reasons being: -

1. The number of allocations made to crews whilst at ACRPs is declining, with the trend moving towards more roadside allocations or after immediately after dropping a patient off at a hospital. Patients are waiting for ambulances to become available rather than ambulances waiting for patients calls.
2. The increasing proportion of Hear and Treat will ultimately result in less dispatches of ambulances and more calls being dealt with by clinicians over the phone.
3. The deployment of Electric Ambulances will result in crews needing to take their breaks at hospital locations whilst their vehicles top up their charge or needing to return to a Make Ready Centre to charge or swap vehicles. Ultimately the deployment of EVs will further reduce the use of ACRPs.

Reducing the ACRP estate will be an ongoing balancing act of supporting SECAMbs financial challenges, whilst also ensuring it is done in a way to not impact operational performance.

## Disposals

### Proposed Disposals

The Board approved the disposal of the following sites.

- Staines, Caterham, Aldershot, Burgess Hill, Rye, Seaford, Faversham, Lydd (or New Romney) and Crowborough
- £81k in savings in 2026
- £230k pa there after
- Freehold sale revenue income of over £150k to be realised, probably by the end of 2026.

SECAMb Operations team are working with the Digital BI team to produce some new BI that would provide an additional level of intelligence around the potential disposals. This information may change the sites selected for potential disposal, but Ops commitment is to achieve the same financial targets.

### **POTENTIAL OTHER DISPOSALS**

NHS England are currently approaching several hospitals with Emergency Departments to explore the installation of EV Charge points for ambulances. If we can identify appropriate meal break points at the hospitals where EV Charge points can be installed, then we should be able to dispose of an equal number of ACRPs. The number of hospitals where ACRPs can be installed is unknown at this stage, but if we estimate this is five hospitals then we potentially could save the costs of the same number of ACRPs which could be in the region of £250k per annum from 2030 onwards, with some savings being realised before that.

Potential funding for a Guildford MRC will further enable the reduction of the ACRP Estate.

### **LEASE RENEWALS**

By not automatically renewing leases, an estimated further five sites could be disposed of from the ACRP Estate, providing potential savings of £250k per annum from 2030 onwards, with incremental savings of £50k in 2026, £100k in 2027, £150k in 2028 and £200k in 2029.

### **POTENTIAL REDUCTION OF 25% OF THE ESTATE OVER THE STRATEGIES PERIOD.**

There is a potential to reduce the size of the Estate over the coming five-year periods through the agreed disposals, not renewing leases and moving meal break/vehicle charge points to Emergency Departments. Through balancing financial ambition with operational performance this target is an achievable target

## **EV Blueprint**

The rollout of an electric vehicle infrastructure isn't just a fleet or operational challenge as it will also present several Estates related challenges. The Estate challenges include:

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<sup>5</sup> NHS England's EV charging strategy includes £8m funding for 1,200+ charge points across ambulance trusts, projected to save £130m over 25 years.

[NHS EV Charging Investment – NHS England \[england.nhs.uk\]](https://www.england.nhs.uk)

**Fire Safety.** There is little regulation around this area yet, only best practice guidance. The guidance suggests that we build in fire breaks between charging vehicles, particularly when they are on 120Kw+ fast chargers. This is largely due to the issue of electrical fires being difficult to extinguish and the high risk of spreading fire.

Other fire safety measures should also be considered such as ensuring that the vehicles charge on a concrete platform, battery temperatures are monitored through heat detection cameras and tanks of water with pumps/hoses are installed to help prevent the spread of an electrical fire.

**Parking.** We may need more parking spaces to accommodate ambulances if the fleet size increases and if we need to take fire safety measures such as allowing more space

### **Charger Location.**

Again there is no legislation around the location of EV Charge points, though the Fire Brigade often quote not installing high power charge points within seven to ten meters from the perimeter of a building. It may not be possible to always follow this guidance due to the proximity of our sites to the perimeter of the building. However, this should be considered as we roll out our charge point infrastructure.

The installation of EV Charge Points within our buildings should be avoided where possible, due to the fire safety issue of being unable to extinguish an electrical fire and the fumes produced during an EV Vehicles fire, which include Hydrogen Fluoride, Carbon Monoxide, Hydrogen Chloride and Sulphur Dioxide.

### **Changing Estate due to the recharging of electric vehicles.**

As we move towards a fully electric fleet the recharging of vehicles will be posed several problems. The turnaround time for an ambulance being made ready may increase due to the charge time of vehicles and this in turn may result in needing a larger fleet of vehicles, which in turn will require more parking spaces.

Vehicles may need to return to MRCs during the shift if their charge is depleted either to swap vehicles or fast charge. This issue can be reduced if we can identify locations to top up the electric vehicles charge during their shift. NHS England's Travel and Transport team anticipate that Ambulance Trusts will top up the electric ambulances charge at Emergency Departments either whilst dropping off a patient or immediately afterwards before making themselves available again. If these charge points were combined with a suitable location for the crews to take meal breaks whilst the vehicles top up their charge, then this could prove to be operationally beneficial as it would save time travelling to an ACRP/MRC to recharge and/or take a meal break.

## **EV Pilot Site and EV Vehicle Forum**

It was proposed to SMG that we should consider rolling out our initial allocation of Electric Ambulances (5 in Q1 of 2026) to a single site to that we can start to build our EV Blueprint in preparation for the rollout of further vehicles. SMG selected Banstead as the initial site to allocate the vehicles and EV Charge infrastructure.

One of the reasons Banstead was selected is that it is one of the few sites which does not need electrical infrastructure upgrade to accommodate the additional power requirements of charging an electric vehicle fleet.

An EV Rollout Forum has been created to oversee the rollout of EV's and to collaboratively work together to build the EV Blueprint from the lessons we learn from the rollout of our initial fleet at Banstead. The Board has requested that this forum feeds back to them periodically advising of the progress, challenges and findings from the trial.

The forums membership has representation from Banstead, Estates, Fleet, Operations and Trae Unions.

## **Storage**

Vacant space within SECAmb is largely unmanaged, which has resulted in areas being used inappropriately as ad-hoc workspaces or for storing equipment with no clear future use. This practice reduces operational efficiency, creates a shortage of suitable storage within the estate, and leads to additional expenditure on external storage solutions. Such inefficiencies conflict with the principles outlined in *NHS Estates and Facilities Management Standards* and the *NHS Premises Assurance Model (PAM)*, which emphasise effective utilisation of space to support patient care and organisational sustainability.

To address this, it is proposed that a Space Allocation Group (SAG) be established. This group would have responsibility for reviewing and approving the use of all vacant spaces across the estate, ensuring alignment with strategic priorities and compliance with NHS guidance such as *Health Technical Memorandum (HTM) 07-02: Sustainable Health and Social Care*. The SAG would work in conjunction with the Estates and Facilities Management (EFM) team to record all space allocations within the Computer-Aided Facilities Management (CAFM) system. By maintaining accurate, real-time data on space occupancy and utilisation, the CAFM system will enable proactive management, reduce inappropriate usage, and support scenario planning for future service models. This approach not only optimises estate capacity but also helps reduce unnecessary costs and supports the NHS Net Zero Carbon Delivery Plan by improving efficiency and reducing waste.

## Space Allocation Group

Decisions regarding the allocation and use of space must involve key stakeholders, including Estates, Health & Safety, Digital, and Operational teams, to ensure that any request is appropriate, safe, and aligned with organisational priorities. This approach reflects best practice outlined in the *NHS Premises Assurance Model (PAM)* and supports compliance with *Health Technical Memoranda (HTM)*, particularly those relating to safety and functionality of healthcare environments.

The establishment of a single Space Allocation Group (SAG) has been discussed in several forums as a mechanism to review and approve applications for space usage. To maximise efficiency and ensure timely decision-making, it is proposed that SAG discussions are incorporated into Divisional Management Group (DMG) meetings during weeks when key partners are present. This integrated approach ensures that space allocation decisions are made collaboratively, with full consideration of operational needs, digital infrastructure requirements, and health and safety compliance. Recording all approved allocations within the Computer-Aided Facilities Management (CAFM) system will provide transparency, maintain accurate utilisation data, and support strategic estate planning in line with NHS sustainability and efficiency objectives.

## Parking

There is a potential future challenge of a reduction in the availability of staff parking, which is largely associated with the rollout of an electric vehicle fleet. We have considered managing staff parking through methods such as issuing of parking permits or paying to park. However, the Board have been clear that neither of these options are appropriate and one of the things that the EV Forum should consider is how we manage parking fairly without the need to expand our car parks. Therefore, it is crucial to have staff/Trade Union representation on the EV Forum to understand these issues as they develop and to work on a colligate solutions in advance. One suggested area to investigate would be to promote that our car parks space availability is not guaranteed and to provide employees who cannot find parking with a list of local alternatives for the occasions that they are unable to park onsite. This colligate approach is successful in the Police and Fire Services.

## Capital Spend Priorities

Capital investment within the Estates and Facilities Management (EFM) team has historically been managed on an ad hoc basis, often prioritising projects based on urgency of requests rather than strategic need. This approach has sometimes resulted in funding being allocated to those who advocate most strongly, rather than to essential compliance or safety-related works.

Going forward, it is recommended that EFM Technical Managers are actively involved in the annual budget-setting process and in monthly financial reviews. This will ensure visibility of available capital funds and enable effective monitoring of project progress.

Capital prioritisation should align with NHS Estates and Facilities standards, focusing on statutory compliance, health and safety, and essential workplace improvements before discretionary or aesthetic projects. For example, areas currently used as office or clinical workspaces that lack adequate lighting, ventilation, heating, cooling, or air quality should be addressed as a priority. These issues directly impact staff wellbeing and operational efficiency and should take precedence over non-essential enhancements.

## Solar and Battery Backup Solutions

Solar energy has featured in previous NHS Estates and Facilities Management (EFM) strategies as part of the wider commitment to achieving Net Zero Carbon by 2040, in line with the NHS Long Term Plan and the Greener NHS programme. However, to date, significant progress on implementation has been limited.

Current priorities indicate that capital investment challenges associated with the transition to an Electric Vehicle (EV) fleet are taking precedence over solar deployment. Given these constraints, and unless dedicated funding streams for solar infrastructure become available, it is unlikely that a comprehensive rollout of solar solutions will occur within the next five years.

Considering this, it is recommended that large-scale solar implementation be deferred until funding opportunities arise. As an alternative, the EFM team could explore investment in battery storage systems. These systems can charge during off-peak hours when electricity tariffs are lower and discharge during peak periods when costs are higher. This approach offers potential financial benefits and provides resilience for the expanding EV fleet, supporting operational continuity and sustainability objectives.

## Alternative ACRP Options

### **Mobile ACRP**

There is a seasonal element to some of our ACRPs which makes them expensive in the periods where usage is low. The EFM Team should explore a mobile porta cabin style ACRP that could be deployed during events, peak times, etc. This may allow us to consider the closure of some ACRPs and offer the Trust with a more dynamic ACRP solution that even presents income generation opportunities.

## Collaboration<sup>6</sup>

SECamb is successfully collaborating with Kent Fire and Rescue Services and exploring collaboration with East Sussex Fire and Rescue Services for Operationally suitable and cost-effective alternatives to the classic ACRP solutions. Similar inroads should be explored with West Sussex and Surrey Fire and Rescue Services and maybe also Police Services over the next five years to enable SECamb to right size its estate whilst ensuring operational performance.

- Collaboration options such as alternative blue light ACRPs (Police and Fire Services)
- Co-location of Call Centres
- Co-location of key services such as training or vehicle depots

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<sup>6</sup> Joint estates strategies between emergency services improve efficiency and enable reinvestment into frontline services.

[Northamptonshire Police & Fire Estates Strategy \[northantsfire.gov.uk\]](https://www.northantsfire.gov.uk)

Government consultation promotes closer collaboration between ambulance, fire, and police services for better resource use.

[Enabling Closer Working Between Emergency Services – GOV.UK \[assets.pub...ice.gov.uk\]](https://assets.publishing.service.gov.uk)

# Summary

The SECamb Five-Year Estates Strategy (2026–2030) provides an achievable comprehensive roadmap to deliver a safe, compliant, and cost-effective estate aligned with NHS standards. It addresses operational challenges, financial pressures, and sustainability goals while supporting the Trust’s strategic priorities.

## 1. Improved Compliance and Governance

- Appointment of Duty Holders ensures statutory compliance across critical domains (HTMs for water, ventilation, electrical, fire safety, etc.).
- Deployment of a CAFM system provides centralized compliance tracking, independent reporting, and enhanced assurance.

## 2. Financial Efficiency and Cost Savings

- In-housing the handy person service could save £150k annually while improving service quality.
- Direct management of specialist contracts offers potential savings of hundreds of thousands in contractor mark-up fees.
- Disposal of underused ACRP sites and avoiding automatic lease renewals could save £230k per year and generate £150k+ in revenue from freehold sales.

## 3. Operational Resilience and Service Quality

- Hybrid maintenance contract structure (three divisional lots) adds resilience and performance accountability.
- Building Custodians improve on-site care and responsiveness at key locations.

## 4. Futureproofing for EV Rollout

- EV Blueprint addresses fire safety, parking, and charging infrastructure challenges.
- Collaboration with NHS England for hospital-based EV charging reduces reliance on costly ACRPs.

## 5. Enhanced Team Capability and Engagement

- Succession planning and skills development (contract management, finance, facilities management) strengthen the EFM team.
- CAFM portal and monthly updates improve transparency and engagement across directorates.

## 6. Space and Asset Optimization

- CAFM system enables efficient space management and supports the proposed Space Allocation Group (SAG) for governance.
- Potential to reduce estate size by 25% over five years without compromising operational performance.

## 7. Sustainability Alignment

- Supports NHS Net Zero Carbon goals through EV infrastructure and future solar/battery solutions.
- Promotes collaboration with other blue-light services for shared facilities and cost efficiency.

## Strategic Impact

Delivering this strategy will:

- Enhance compliance and safety across the estate.
- Achieve significant cost savings and revenue generation.
- Improve operational resilience and service quality.
- Support the Trust's sustainability commitments and NHS Net Zero Carbon objectives.

# Estates Strategy Appendix A

## Diverting Minor Works from the Maintenance Contract

Historically, SECamb has spent approximately **£750,000–£800,000 per annum** with our maintenance contractor on minor works. These are reactive costs above and beyond the annual fixed fee we pay for the service. Analysis indicates that around **50% of these tasks do not require a fully skilled tradesperson**, as they typically involve straightforward activities such as installing shelves, unblocking sinks, and other low-complexity jobs that could be completed by a semi-skilled handy person.

By reallocating these lower-skill tasks from the maintenance contractor to **SECamb-employed handy personnel**, we estimate a potential annual saving in the region of **£150,000–£200,000**. In addition to the financial benefit, this approach would deliver a significant service improvement across our estate. Regular on-site visits by in-house handy people would ensure timely completion of routine but important tasks, improving overall responsiveness and enhancing the quality of support provided to our sites by the Estates and Facilities team.

Item	Cost	Notes
Small Works Diverted from Maintenance Contractor (A)	£350k	This figure has the potential to increase as the handy people become skilled and take on more skilled works.
3 x Handy People (B)	£85k	3 x Band 3 @ £25k plus on costs
3 x Vehicles (C)	£36k	Est £7k per vehicle (Lease and maintenance) and £5k per vehicle for fuel.
Tools & Materials (D)	£30k	Initial tool kit would likely be £300 each plus ongoing annual replacements. (Est £1kpa)  Materials is the larger potential cost on this line.
Potential Saving A – B – C – D	£199k	

## Proposed Disposals

In the draft Estates Strategy a number of disposals were identified. Since the initial sharing of the draft strategy the Ops team have been working with the BI team on some new BI that would help inform on the performance impact of these disposals. Therefore, although we have a list of proposed disposals, the list may change based on the new BI being produced. However, the Ops team have committed to achieve the same financial targets if the list of proposed disposals were to be amended.

Some of the proposed disposals will need an alternate provision providing, but these are being explored with various collaboration partners such as Kent and East Sussex Fire and Rescue.

The proposed disposals are: -

### **Surrey**

Staines – Possible FRS option

Caterham – Can go. Low use. Crews don't like it.

Aldershot – Can go.

### **Sussex**

Haywards Heath OR Burgess Hill (Ops pref is to dispose of Haywards Heath).

Rye – we could potentially use East Sussex Fire & Recue (ESFRS) at Rye

Seaford – low usage – could cover with Newhaven or ESFRS

### **Kent**

Faversham – Explore Fire & Rescue option for meal breaks

Lydd or New Romney

Crowborough - Explore Fire & Rescue option for meal breaks

In 2026 we have the opportunity to close 6 of the 9 potential disposals, making a saving on rent, rates, cleaning, maintenance etc or £75 in year.

In 2027 we have the opportunity to close the remain 3 of the 9 bringing 2027 in year savings to £230k.

	Year 1		Year 2		Year 3	
Opportunity	Deliverable	£ benefit (saving-cost)*	Deliverable	£ benefit (saving-cost)*	Deliverable	£ benefit (saving-cost)*
Consolidation of ACRPs	Close 6 of the 9 identified sites	2026 - £82k	Close all of the 9 identified sites	2027 onwards - £230k pa	Close all of the 9 identified sites	2027 onwards - £230k pa
Procurement of Rydon contract	Inhouse Handy person service	£75k - 6 month benefit	Inhouse Handy person service	£150k pa	Inhouse Handy person service	£150k pa
EV recharging at EDs	Unlikely in 2026	£0	Est 2 ACRPs replaced with A&E Meal break/EV Charging points	£80k pa	Est 2 further ACRPs replaced with A&E Meal break/EV Charging points	£160k pa
SCAS/Fire Service collaboration	Preston Circus	£10k pa	ESFRS Vehicle Commissioning 1 additional FRS ACRP	£20k pa	1 additional FRS ACRP	£20k
<b>TOTAL</b>		<b>£167k</b>		<b>£480k</b>		<b>£560k</b>

Example Minor Works to be diverted from Maintenance Contract

Job Description	Site	Call Out Fee	Additional Hours	Hourly rate	Labour total	Sub-con cost	Material / Plant cost	Total Cost
CAT C -Add storage shelves to Sluice room	STROOD	£50.24	3	£41.87	£175.85	£0.00	£104.63	<b>£280.48</b>
CAT C - Light out in Kitchen	GRAVESEND	£50.24	0	£41.87	£50.24	£0.00	£0.00	<b>£50.24</b>
CAT C - Tighten door handle to crew room	GRAVESEND	£50.24	0	£41.87	£50.24	£0.00	£0.00	<b>£50.24</b>
CAT C - Rectify dorgard to OTL Office	SHEPPEY	£50.24	1	£41.87	£92.11	£0.00	£116.51	<b>£208.62</b>
CAT B- Blocked mens WC-Ground floor	WORTHING	£50.24	1	£41.87	£92.11	£0.00	£0.00	<b>£92.11</b>
FO From Ext Drainage Inspection WO - Blocked Drains	EASTGRINS	£0.00	0	£0.00	£0.00	£272.60	£0.00	<b>£272.60</b>
SV - Check temps again	CATERHAM	£50.24	2	£41.87	£133.98	£0.00	£0.00	<b>£133.98</b>
CAT C-Fill in drill / screw holes on wall	MEDWAYMRC	£50.24	2	£41.87	£133.98	£0.00	£21.51	<b>£155.49</b>
CAT C- Supply and install in event of fire poster	GRAVESEND	£50.24	1	£41.87	£92.11	£0.00	£16.13	<b>£108.24</b>
CAT A-Blocked ladies WC-Ground floor-no other	PADDOCKWOO	£50.24	0	£41.87	£50.24	£0.00	£0.00	<b>£50.24</b>
Repair Jet wash detergent barrel Wash Bay	TONGHAM	£0.00	0	£0.00	£0.00	£220.50	£0.00	<b>£220.50</b>
SV - To lag pipework and make good internal walls	NEWHAVENAS	£50.24	8	£41.87	£385.20	£0.00	£77.32	<b>£462.52</b>
SV - Remove pipework from loft and fill holes	NEWHAVENAS	£50.24	4	£41.87	£217.72	£0.00	£0.00	<b>£217.72</b>
SV - Remove pipework from loft	NEWHAVENAS	£50.24	3	£41.87	£175.85	£0.00	£0.00	<b>£175.85</b>
SV Assist - Remove pipework from loft	NEWHAVENAS	£54.24	3	£45.20	£189.84	£0.00	£0.00	<b>£189.84</b>
CAT C - repair 1 x light out - Shower	PADDOCKMRC	£54.24	0	£45.20	£54.24	£0.00	£7.05	<b>£61.29</b>
CAT C - repair 2 x lights out - Mens WC	PADDOCKMRC	£54.24	1	£45.20	£99.44	£0.00	£0.00	<b>£99.44</b>
CAT C - repair floor - Entrance	GODALMING	£50.24	0	£41.87	£50.24	£0.00	£0.00	<b>£50.24</b>
C - 7 clip frames to be put up	TUNBRIDGE	£50.24	1	£41.87	£92.11	£0.00	£0.00	<b>£92.11</b>
CAT B - Strip light out in Kitchen	TUNBRIDGE	£54.24	0	£45.20	£54.24	£0.00	£0.00	<b>£54.24</b>
CAT C - Put up clip frames - Entrance	TONBRIDGE	£50.24	0	£41.87	£50.24	£0.00	£4.79	<b>£55.03</b>
CAT C- Put up X7 clip frames	CROWBORO	£50.24	0	£41.87	£50.24	£0.00	£0.00	<b>£50.24</b>

These kind of unskilled tasks make up around 50% of the minor works that we currently allocate to the maintenance contractor, but which could easily be undertaken by our own unskilled inhouse handy people.



Agenda No	07-26
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Name of meeting	Council of Governors
Date	25 June 2026
Name of paper	Cover Paper: Performance Review - Strategic / Annual Priorities

To inform the Performance Review section of the agenda, the COG has the most recent Board Assurance Framework (BAF), Integrated Quality Report (IQR), and the Board Committee reports from the Board cycle in May / June 2026.

**Summary**

In June, the Board reflected on the positive CQC inspections for UEC and EOC, with both of these core services rated Good. Along with our key performance metrics and improving staff survey results, this provides further validation of the all the work to improve our services in the past 3 years, in line with our strategy.

The Trust strategy is the golden thread and the BAF is the framework used to set priorities and allocate resources. There was good stakeholder engagement to inform the BAF for 2026-27 including the session between the Board and COG in April. There are six *strategic priorities*; nine in year *operating plan objectives*; and eight related *BAF risks*. This has guided the Board’s business cycle, supported by the key metrics in the IQR.

The BAF is also informed by the Medium-Term Plan approved by the Board in March. The Board acknowledges that while the Plan is achievable there are significant challenges, given the operating context. The trust has committed to further improving our C2 mean with associated improvements in productivity (key to this is Hear & Treat) and to manage within our means financially (breakeven) while reducing our underlying deficit; this means an efficiency programme that achieves a greater level of recurrent savings.

At the Board earlier this month there was a constructive discussion about the reasons we are off plan at Month 1 and what needs to happen. Central to this is the need to accelerate our plans for Virtual Care; this is the basis of our overall Trust strategy. This will be a primary focus over the remainder of the year with a specific focus at the meeting in August, to review the recovery actions that the executive is actively working through.

**Governance & Internal Control**

The Board continues to be assured with the overall effectiveness of the governance and internal control environment. At the year-end meeting on 24 June, it will be asked to sign off the Annual Report & Accounts. The Head of Internal Audit Opinion is positive, and all there is a ‘clean’ opinion from External Audit on the accounts and value for money assessment.

**Areas of Focus**

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

- Virtual Care





This is a key strategic priority and impacts a number of different of areas of delivery. It has been one of the priorities that has remained RAG rated Red for much of the past 12 months, due primarily to the challenges with 'Hear and Treat'.

- Workforce Planning  
 This was one of the few areas of priority within the BAF last year that little progress was made. The Board will be expecting more progress in the coming months, aligned to the work on the Virtual Care model and the associated workforce plan.
  
- Efficiency & Productivity  
 We are behind our trajectory for c2 mean with a number of additional productivity actions needed; this is what the executive is working on now and the Board will be seeking assurance on in the next cycle. This will include the actions to close the gap on the efficiency plan.
  
- Group Model  
 The BAF includes specific areas of collaboration with SCAS, which includes good progress on the joint CAD / EPCR procurement and clinical mode. With the Group Chair now in post and the Group CEO expected to start in the Autumn, the Board will be exploring how to develop the Group.

Recommendations, decisions or actions sought

Informed by the BAF, IQR, and Board Committee Reports  
 Governors are asked to consider the areas of Board focus and ask any questions of assurance.





<b>Agenda No</b>	07/26
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<b>Name of meeting</b>	Council of Governors
<b>Date</b>	25 June 2026
<b>Name of paper</b>	Quality & Patient Safety Committee Assurance Report to the Board
<b>Author</b>	Liz Sharp Independent Non-Executive Director – Committee Chair

**INTRODUCTION**

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

This assurance report provides an overview of the most recent meeting on 21 May 2026, and is set out in the following way:

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

**ALERT**

**Risk Report**

There is good alignment of risks between the BAF and corporate risks. Some cleansing of the risk register is needed, which is being undertaken in Q1, with particular focus on quality of narrative and actions. The committee reflected that while there is good assurance the risk register is increasingly driving the focus of the Trust through its governance structures, and so the right discussions to inform decisions are being had, there is inconsistent discipline in then updating the risk register, based on these discussions.

The Head of Risk confirmed how proactively the new divisional leadership teams are reaching out to improve and support the risk discussions at divisional level.

A potential gap in assurance was discussed about the robustness of risk sharing of services that are sub-contracted, e.g. 111, Estates / Fire Safety. The Chair of the committee will raise this potential gap at the next Audit and Risk Committee.

**Strategic Priority: Virtual Care**

The committee reviewed the plan for 2026-27 in the context of current performance and how we bridge between now and where we need to get to, noting we remain frustratingly behind the H&T trajectory. The actions for the here and now are different to actions we need for longer term. There are many challenges

which are multifactorial, and are similar to what all ambulance trusts face. While many have better H&T rates many also have less good C2.

The executive has established a weekly productivity meeting, set up as a check and challenge, which is helpful. They identified barriers which the meetings help to test including impact of actions. Staff are asking for more training mentoring and support.

The executive is more confident on the actions for the here and now. They can demonstrate real partnership working between operations and paramedicine. Recruitment is ongoing with 37 applications – the need is for circa 100 over time, moving from field ops to VC hubs.

The committee challenged the timeline for the workforce model, in the context of this being both the highest BAF risk and corporate risk; and our main strategic priority.

The committee acknowledged the amount of thinking and actions being applied to these challenges, but remain not assured, which the executive accepted. The committee does not have any solutions and believes the executive is doing all it reasonably can, and so the hope and expectation is that the range of interventions will have the impact we need. That said, further and urgent clarity is needed on how we intend to achieve the workforce plan.

There is a workshop in June led by the executive the outputs of which will then report to the committee in July. Following the paper to Board in April, the VC implementation plan is then scheduled for Board in August.

### **Strategic Priority: Pathways of Care**

The move from Models to Pathways of Care aligns with clinical language and what SCAS use. This priority has been reshaped for the BAF 2026-27, and the committee reviewed the aims and key milestones for the year. In the context of the BAF Risk, there was a specific review of how we are influencing the system to drive pathways to ensure the left shift, building on the Board Part 2 discussion in April, with the ICB.

The 11 pathways have been adopted by SCAS and we aligning this work with them including the metrics.

The committee is assured by the rigour behind this and the level of input from clinicians. It explored the engagement with commissioners on cases we are spending much time with, e.g. end of life care. The message to staff however is that we deliver full palliative care. Our training package upskills clinicians in this area and despite the need for commissioners to develop the pathways, we will always provide the support and care patients need.

In terms of framing, the changes we are focussing on with this priority is about using our resources to best meet needs of patients that really require our support. The 'left shift' is the portal through which we redirect people / triage, which is a skill in its own right.

On shared care records, which is really important as our clinicians see patients often without any prior medical history, is being rolled out this year. It went live from April in Ashford and there is then a phased roll out plan; the committee did not have the dates and will confirm these at the next meeting.

In summary, significant progress has been made and achieving 11 pathways across both trusts is testament to the work of the executive. Falls performance and work at care homes is really positive.

**Strategic Priority: Joint Clinical Operating Model**

Noting the role of the Integration Committee this was an update the ongoing work with SCAS to develop a joint clinical model. Good progress is being made, and it is good to see the positive relationships. There is much confidence in the future plan.

**ASSURE**

**IQR**

There is moderate to strong assurance across the quality domains. Harm rates are slightly above local targets, but within normal variation and this is under close review as part of PSIRF. 90% compliance with hand hygiene and 100% compliance with the STEMI bundle were specifically noted as positive improvements.

There is some concern about NHS pathways audits, despite EMA audit is showing a statistically significant improvement. A QI project is underway, and the committee will receive an update at its next meeting.

Models (now pathways) of Care metrics are showing positive improvement. The national falls toolkit is being rolled out and so we will be able to better compare with others. The committee asked that the executive confirm the timeline for when we will be able compare these metrics with SCAS.

There was then a discussion about the IQR including some odd targets and noting the similar discussions at other committee supported the plan to use some of the time at the Board development session in July on 'making data count'.

**Patient & Public Voice**

Good assurance with this objective as the structures and frameworks are now in place to support increased patient and public engagement, supporting key priorities such as Quality Improvement, Patient Safety and Health Inequalities. Patients and members of the public have been involved in Trust priority setting, cost efficiency, and volunteer strategy development. Focus areas for next year including the recruitment and onboarding of the first cohort of PSPs, embedding patient representation across governance forums and establishing Board-level reporting of patient insight will seek to strengthen systematic involvement.

PEQ analysis identified underrepresented groups, leading to targeted and accessible community-based engagement approaches, supported by an Equality Impact Assessment to drive structured improvement. Further work to support Health Inequalities is planned for this year.

Data from patient and public engagement is triangulated within the Integrated Patient Safety Report and discussed at a Divisional level. The focus for next year is to utilise these insights to drive local improvement actions.

The committee took time to explore how we address inequalities. An example was given related to there being no mechanisms for translation services for deaf / hard of hearing. We have since procured a solution directly from this feedback which also links to the identified risk on translation services and issues from patient safety incidents. The voice of patients is pivotal and the committee welcomes the ongoing recruitment of patient safety partners. They will join as members of the committee later in the year.

**Compliance: IPC**

This paper provided the committee with assurance on progress against the Infection Prevention and Control (IPC) gap analysis undertaken by the Head of Compliance in January 2026, highlighting areas of improvement, current risks, and actions required to achieve full compliance. Moderate assurance is provided; while improvement actions are in progress, including external support from East Kent Hospitals for antimicrobial stewardship, a hand hygiene QI project, enhanced BI data reporting, and revised audit processes, challenges remain in achieving consistent compliance, strengthening data reliability, and translating learning from incidents into demonstrable risk reduction. These areas will continue to be closely monitored through the IPC Subgroup and overseen by the committee.

**Integrated Patient Safety Report**

The Board can take some assurance that the Trust has a mature and structured approach to identifying, analysing and prioritising patient safety risks through robust triangulation of data and clear articulation of system risk mechanisms; however, while some themes show narrowing recurrence and active mitigation (providing partial assurance), key risks, in relation to call handling and disposition are not yet fully assured due to persistent recurrence. These areas are subject to improvement work and continued governance oversight is required to ensure positive and sustained improvement.

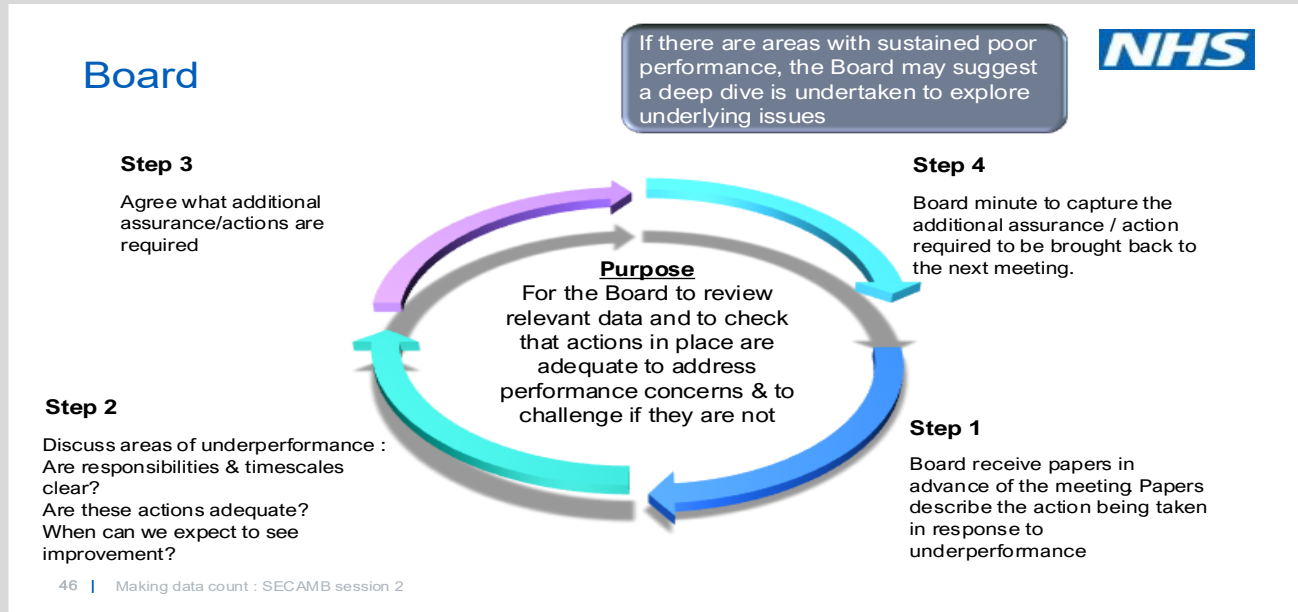
**ADVISE**

**Cycle of Business**

The cycle of business was agreed, which aligns to the BAF and will be dynamic to take account of any changes to the risk profile in year.

## 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





<b>Agenda No</b>	07-26
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<b>Name of meeting</b>	Council of Governors
<b>Date</b>	25 June 2026
<b>Name of paper</b>	People Committee Assurance Report to the Board
<b>Author</b>	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 14 May, 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**

**Strategic Priority: Organisational Operating Model**

The closure report was received from the programme last year together with the year 2 plan and key milestones for 2026-27. This is set out in the new BAF. The most critical aspect of the corporate restructure workstream is the digital team. With the clinical operational model (move to divisions) focussing on strengthening and embedding the new governance arrangements and finalising the leadership teams; the Board will note that this links directly to the CQC findings from the UEC inspection.

This year, we continue to make significant changes and the committee explored how we strike the right balance between making these changes and embedding them while delivering our operating plan commitments e.g. VC / H&T / C2. It reinforced the need to ensure we take our people with us.

On the plan itself, it is challenging but both achievable and necessary. It was acknowledged that People Services are close to maximum capacity to support these changes, which is true too for our Trade Union colleagues. This emphasises the need for the executive to keep the phasing under constant review.

In addition to these challenges and impact on our capacity given the volume of change, the committee discussed how this might affect the work to develop the group model. It did not reach any firm conclusions other than to note that we must keep this in our minds.

The committee believes the executive is doing the right things in the right order and despite some of the concerns it agrees we cannot afford to do any less as some of these changes are overdue. The learning from change to-date is to ensure time is given so that we achieve a smooth change process. This learning has been specifically applied to the digital restructure.

In summary, we have a clear structural story on what is happening and why. There are direct links to the new leadership framework and how we support our leaders on this strategic journey.

### **Leadership Development Framework**

The final draft was reviewed and is recommended to the Board for approval.

This Framework is for all leaders aligned to the six principles of NHS leadership and trust values. It is considered very timely as we can use this to reset to our approach to leadership which will underpin our strategic priorities. The capacity to deliver against some of the offers within the framework were explored and as the implementation plan is developed the committee will be seeing clarity about how we approach first line managers versus more senior management / board in a way that is connected.

### **Strategic Priority: Workforce Model**

There was a good discussion about the approach and problem statement we are trying to address. It is to be phased with the clinical workforce first then non clinical. The committee noted the interface with the virtual care programme, which will define the virtual care skills mix / workforce need. There is also a link to the critical care review due to report in Q3, which is being undertaken in collaboration with SCAS.

## **ASSURE**

### **NHSE Education Quality Inspection**

The next review with NHSE is scheduled for 11 June and the committee is assured with progress against the mandatory requirements; three continue to be work in progress and the other three are completed. The Board should note that this is not considered a one off fix, but an ongoing issue requiring support and scrutiny, which the committee will provide.

### **Safer Learning Environmental Charter**

This confirmed good progress in implementing the NHS England Safe Learning Environment Charter, which sets the national expectations for learner safety, wellbeing, supervision and culture across clinical learning environments. Assurance is supported by the following areas:

- Strong foundations are in place across all ten SLEC domains, including respect and inclusion, wellbeing, raising concerns, supervision, induction, communication and protected learning time
- Learner voice and feedback mechanisms have been strengthened, including standardised feedback tools, a Student Paramedic Forum, and enhanced DCIQ identification for learner-related incidents.
- Wellbeing and safety systems have improved, including a Welfare Notification System, clearer escalation pathways, and reinforced supernumerary expectations.
- Supervision and mentoring arrangements have been strengthened through formalised PEd support time, clearer role expectations and refresher training.

Overall assurance is aligned with national expectations; the primary risk relates to variation in local delivery, rather than absence of controls.

## **ADVISE**

### **Risk Report**

This standing item is used as a check and balance to ensure the committee is sighted on the key risks, noting that the relevant BAF risks are captured specifically in the COB. There continues to be good visibility of risks. The committee noted the gap in assurance reported previously, related to the fire risk assessments, which is being picked up by the finance committee given its link to the estates strategy (see FIC report).

The committee also explored the sickness absence risk; there is a new management attendance policy going live in June with training sessions planned. A management response was requested to provide further assurance on the management of sickness, in particular long term cases.

### **IQR / Comms Engagement and Recognition Dashboard**

There is still a high number of grievances, linked to the well-established cultural issues that lead to formal grievances. Improvements are being seen and the new informal resolution policy is in place, so further positive impact is expected. The committee explored if the executive has made an assessment of this impact so that we can make a judgment over time on extent to which policy is having the impact we expect. It acknowledged the complexity with this and it predominantly being about managers feeling more confident to deal with issues at source.

The committee also picked out from the IQR the mean suspension metric being too high. It accepted there are challenges and encouraged the executive to support managers to be more decisive.

It is encouraging to see appraisal and stat man going in the right direction; a key indicator of leadership.

Lastly, the committee noted the new Comms Engagement & Recognition Dashboard; this helps to better understand how the interventions are assisting delivery of our strategy. The committee welcomed this and will review it periodically throughout the year.

### **Staff Survey**

Following the review in March the committee sought assurance on the process for tracking the areas of focus which include strengthening line manager capability and confidence; embedding greater autonomy, involvement and local decision making; and promoting sustainable workload and wellbeing. This demonstrates the continuous journey using the feedback proactively supporting local ownership.

### **National Education Training Survey 2025**

To increase the Board's awareness of the NET Survey; the data from November 2025 (released in April 2026) evaluated the educational environment for pre-registration healthcare students at SECamb. These findings align with the national quality assurance and the broader objectives of the Long-Term Workforce Plan. There was an increase in responses from 71 learners in 2024 to 113 learners in 2025. It should be

noted that pre-registration paramedic students are distributed across three divisional areas, totalling 751 learners; therefore, the achieved sample represents a response rate of 15.04%.

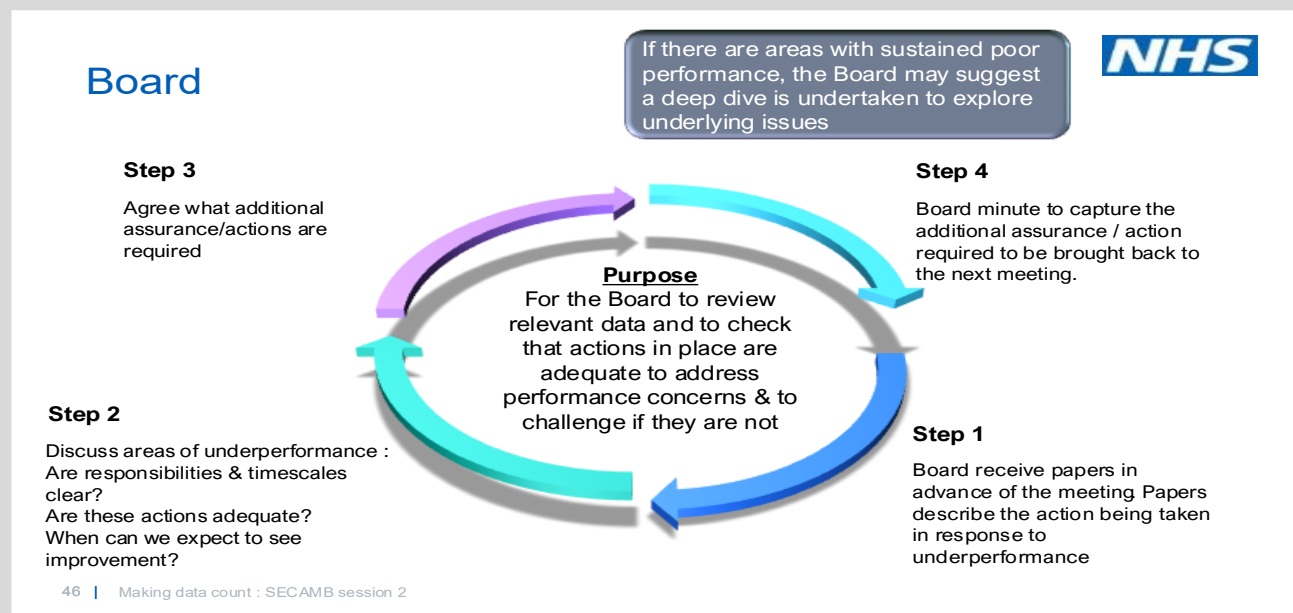
While overall engagement with wellbeing resources is positive, the data continues to highlight concerns regarding reporting rates for bullying and discrimination, as well as specific sexual safety challenges from patient interactions. Although most students reported knowing how to raise concerns, qualitative feedback suggests some hesitancy in doing so.

### Terms of Reference / Cycle of Business

The terms of reference were approved along with the cycle of business which aligns to the BAF and will be dynamic to take account of any changes to the risk profile in year.

### 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.





<b>Agenda No</b>	07-26
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<b>Name of meeting</b>	Council of Governors
<b>Date</b>	25 June 2026
<b>Name of paper</b>	Finance & Investment Committee Assurance Report to the Board
<b>Author</b>	Suzanne O’Brien Independent Non-Executive Director – Committee Chair

**INTRODUCTION**

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 28 May 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.

**ALERT**

**Performance Review Incl. H&T**  
 April C2 mean is better when compared with the same period last year but is 3 seconds off trajectory. Hear & Treat performance remains below the planned trajectory at 16.4% against a target of 17%. Given the strategic importance of Virtual Care, the committee sought assurance regarding recovery actions and ongoing performance management arrangements.

The committee also noted that Urgent Community Response (UCR) acceptance rates remain below the Integrated Quality Report target of 60%. The Executive has been asked to review the target to ensure the measure remains meaningful and supports service objectives.

The committee noted the continued high Vehicles Off Road (VOR) rate. As fleet optimisation is a key productivity programme, the committee recognises the importance of delivering the anticipated productivity benefits and will continue to monitor progress closely.

While these areas require continued management focus, the committee is assured that performance issues are clearly identified, monitored and subject to active executive oversight.

### **Financial Performance – Productivity, Efficiency & Planning**

We are on plan at M1, with a £38k surplus. The Trust has achieved £1,119k (1/12th) of the planned £13,433k efficiencies for the year. Clinical productivity however is off-track, including Hear & Treat, Sickness and Vehicles off Road; recovery actions are being agreed.

The committee welcomed the enhanced visibility of clinical productivity measures. The committee sought further assurance regarding the prioritisation and sequencing of improvement initiatives and has requested a consolidated summary from the Executive identifying the highest-impact interventions, associated risks and expected benefits.

The committee remains mindful of the significant financial and operational risks identified within the Medium-Term Plan and will maintain close oversight of the corrective actions and mitigations being implemented.

### **Strategic Priority: Digital Transformation**

The committee welcomed the clear structure across four core strands: *Clinical Productivity, Corporate Productivity, Business Intelligence, and Foundational Digital Capabilities*, with CAD/ePCR now separated under “Collaboration” and overseen by the Integration Committee. In parallel, foundational improvements continue to progress, particularly in strengthening infrastructure resilience, asset management, and cyber capability.

The committee supports the inclusion of the four proposed digital metrics within the Integrated Quality Report and is assured that these measures will strengthen oversight of digital transformation delivery.

The committee recognised the significant progress made and requested that future reports provide greater visibility of priorities, milestones, delivery timescales and realised benefits.

### **Driver Training Business Case**

Having considered the operational, financial and compliance implications, the committee is assured that the investment represents an appropriate and necessary response to training requirements and recommends the business case to the Board for approval (see separate paper in part 2).

### **Strategic Alignment with SCAS**

The committee discussed the implications of increasing alignment with SCAS and the potential for overlap in areas of work and decision-making. The committee seeks Board guidance regarding the most effective approach to conducting committee business where programmes, initiatives or decisions are likely to be shared or replicated across organisations.

## **ASSURE**

### **Fire Safety**

This Risk (119 – Non-compliance with the Regulatory Reform (Fire Safety) Order) has been closely monitored by the committee.

While the formal appointment process for all Duty Holders is not yet complete, individuals have been identified and are progressing through the necessary training and confirmation processes. The committee noted the significant progress made in strengthening internal controls and is assured that risk management arrangements have strengthened, reflected in the reduction of the risk score to 9.

## **ADVISE**

### **Risk Overview / Cyber Risk**

The committee reviewed the risk report and remains assured that there is appropriate visibility and oversight of the Trust's principal risks.

A separate update was received regarding Cyber Risk. The committee is assured that clear mitigating actions, supported by challenging delivery timescales, are in place and subject to executive monitoring.

The committee noted approval by the EMB of the Cyber Security Operations Centre business case on 27 May 2026, representing a significant mitigation within the Trust's cyber resilience programme. The committee will continue to monitor delivery of these actions, particularly those supporting organisational recovery and resilience in the event of a cyber attack.

### **Nexus House Project Update**

The committee received an update on the Nexus House project and is pleased to note that the programme remains on track for delivery within the approved budget.

Construction is substantially complete, with only minor snagging items outstanding. The first floor is expected to reopen in early June as planned.

### **Terms of Reference / Cycle of Business**

The committee reviewed its Terms of Reference and Cycle of Business. Minor amendments have been made to membership, and the Cycle of Business was confirmed as aligned to the Board Assurance Framework.

### **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

# Board

If there are areas with sustained poor performance, the Board may suggest a deep dive is undertaken to explore underlying issues

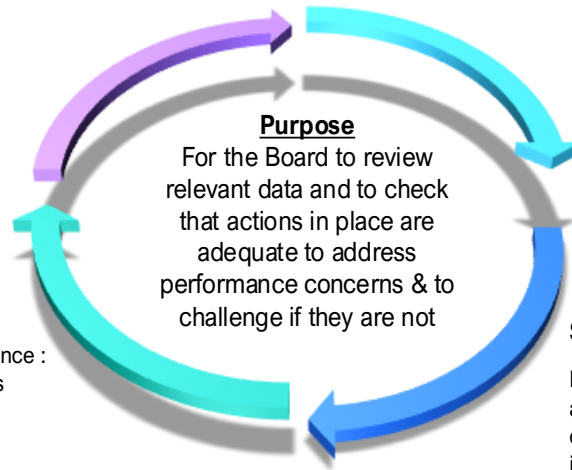


### Step 3

Agree what additional assurance/actions are required

### Step 4

Board minute to capture the additional assurance / action required to be brought back to the next meeting.



### Step 2

Discuss areas of underperformance :  
Are responsibilities & timescales clear?  
Are these actions adequate?  
When can we expect to see improvement?

### Step 1

Board receive papers in advance of the meeting Papers describe the action being taken in response to underperformance



	Agenda No	08-26
Name of Meeting	Council of Governors	
Date	25 June 2026	
Name of paper	Proposed Removal of the Role of Members and Councils of Governors on NHS Foundation Trusts	
Author(s)	Peter Shore, Public Governor	
<p>As Public Governors, we recognise that the Government’s 10-Year Health Plan and proposed NHS Health Bill signal a significant shift in NHS Foundation Trust governance, including the proposed removal of members and Councils of Governors as statutory bodies and the transfer of key functions to the Secretary of State.</p> <p>While acknowledging concerns regarding the effectiveness and representativeness of some existing arrangements, we are mindful of the potential implications for local accountability, democratic engagement and the representation of patients, staff and communities. The move toward “more dynamic arrangements” for engagement introduces uncertainty as to how these functions will be delivered in practice and whether they will maintain the same visibility, independence and influence.</p> <p>This paper therefore seeks to initiate early dialogue with the Trust to consider the implications of these proposals and to ensure that robust, meaningful mechanisms for engagement and local accountability are maintained or strengthened under any future model.</p>		
Recommendations, decisions or actions sought	<p>The Council of Governors is asked to note the proposed legislative changes and support the principle of early and constructive engagement with the Trust to explore future models of stakeholder engagement and local accountability, including the potential establishment of a joint working arrangement at an appropriate point once greater legislative clarity is available.</p>	





## Discussion Paper: Council of Governors Meeting 25 June 2026

### Proposed Removal of the Role of Members and Councils of Governors on NHS Foundation Trusts

#### Legislative Plan

The 10-Year Health Plan for England Fit for the Future stated:

“We will remove the requirement for FTs to have governors. While governors have provided helpful advice and oversight for some FTs, we expect the next generation of NHS FTs to put in place more dynamic arrangements to take account of patient, staff and stakeholder insight”.

The NHS Health Bill now going through the parliamentary process has given this intention legislative force by proposing removing the requirement for FTs to have members and councils of governors, repealing their statutory powers and conferring elements of their role to the Secretary of State (for example, the appointment of Chairs and NEDs).

The DoH&SC, in its final stage impact assessment of the Bill, sets out the reason for the proposed change:

“There can be challenges with the current approach to the Council of Governors (CoGs) of NHS foundation trusts (FTs), such as lacking the capability to hold non-executive directors to account or not always being representative of the populations they serve.”

The Bill also requires ICBs to take over from Local Healthwatch bodies the gathering of the views of patients and service users, thereby placing this responsibility directly with those responsible for commissioning services in their area.

The current expectation is for the Bill to have passed all its parliamentary stages and to have received Royal Assent by as early as November 2026. It is currently in Committee Stage in the House of Commons until 16 July. It is not known at this point what implementation dates would apply to the various components of the Bill but the NHS Alliance have recently stated that April 2027 would seem likely.

Although lobbying will be taking place during the passage of the Bill seeking to preserve the role of governors (e.g. by the National Lead Governors’ Association), it would be prudent to assume that the legislation will pass with the removal requirement intact so that the statutory responsibilities of CoGs will go entirely (mainly to the Secretary of State) but that FTs will be required to replace in some form the other current function of governors of enabling local accountability and of representing the interests of staff, the public and patients.





## **How “more dynamic arrangements” for engagement might be put in place**

A providers’ factsheet issued by the DoH&SC to accompany the Bill states:

“All NHS trusts and foundation trusts will continue to be expected to put in place effective arrangements for engaging patients, staff and local communities, as set out in section 242 of the NHS Act 2006. The changes to the statutory framework to remove governors will allow for the delivery of these expectations more flexibly than at present, giving greater autonomy to local organisations to innovate and tailor their approach to their local communities, with a focus on what matters to local people over uniformity of process. NHS foundation trusts will have the option to retain aspects of their engagement model where it is working well but can take a different approach if needed. To ensure their effectiveness, we will test providers’ engagement arrangements as part of ongoing assurance processes including provider capability assessments, Care Quality Commission well-led assessments and the assessment process for advanced foundation trust status.”

The equality impact assessment for the Bill comments specifically on the effect on staff:

“FTs are currently required to have staff members (forming the staff constituency) and at least 3 governors elected by the staff constituency. The bill proposes to remove the requirement for FTs to have CoGs and members, but FTs will be expected to have more dynamic staff engagement processes in place. The impact on staff may vary depending on how FTs implement their engagement process, but the expectation is that FTs will embed staff insights more directly in decision-making. The intention of moving away from a governor model to a more dynamic model is that it provides FTs with greater opportunities to ensure both staff and the wider public can be more effectively represented.”

## **How CoG might respond**

In the GMDC meeting held on 11 June it was agreed to take forward discussions to the next CoG meeting in the context of seeking a dialogue with the Trust on the impact of the proposed removal of the requirement on FTs to have members and CoGs. Whilst the Trust will need to be considering its engagement options at some point (presumably including within the context of the developing Group structure), it is recognised that meaningful discussions may need to be delayed until there is more certainty on the legislative timetable.

## **Recommendation**

At this stage, therefore, it is recommended that CoG seek an in principle commitment from the Trust to work with us at the appropriate time to examine and recommend options for new models of engagement and local accountability, perhaps through a joint Trust/CoG working group, to include governor representation from the three strands (public, staff and stakeholder/appointed).

*Peter Shore, Deputy Lead Governor*



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

**25 June 2026**

## **1. Introduction**

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

1.2. The duties of the GMDC are:

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

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

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

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

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

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

## **2. Items of note**

### **Public Events and Community Engagement**

A detailed update was provided on the Trust's public events programme, led by the Patient Engagement team. Six priority events have been identified for the year, selected for their potential to reach diverse communities and support wider engagement and recruitment objectives.

The Committee discussed the importance of:

- Improving communication of events to governors to maximise visibility and participation
- Strengthening engagement with underrepresented and hard-to-reach communities
- Enhancing partnerships with CFR teams and other emergency services
- Ensuring an appropriate ambulance service presence at major multi-agency events

Operational challenges were noted, including limited dedicated resource and reliance on alternative duties staff. Actions have been agreed to improve communication pathways, broaden outreach, and strengthen partnership working.

### **Governor Development and Engagement**

Governors reported positively on participation in Board and Board Committee meetings, highlighting the value of these forums in improving understanding of governance, assurance processes, and strategic decision-making.

Operational shadow and observer shifts were also recognised as highly beneficial in providing insight into frontline service delivery, patient demand, and staff experience. Continued support for these opportunities was endorsed.

The Committee also considered:

- The need to improve booking and access arrangements for committee attendance
- Opportunities for governors to attend Divisional Management Group meetings, with a requirement for clearer and more consistent processes

### **Board Assurance Framework (BAF)**

An updated Board Assurance Framework was presented, with governors noting improved clarity, accessibility, and alignment to strategic priorities.

Key risks highlighted included:

- Delivery of the virtual care model
- Cost improvement delivery
- Digital and cyber resilience
- Leadership and workforce capability

Governors provided positive feedback and identified areas for further development, including clearer articulation of milestones, risk proximity, and alignment with delivery.

Concerns were also raised regarding workforce impact in the context of cost improvement activity.

### **Council of Governors Effectiveness**

Governors reflected positively on recent Council meetings and the openness of discussion. However, concerns were raised regarding:

- Inconsistent attendance and participation from some Non-Executive Directors
- Instances where responses were provided by Executive colleagues rather than Non-Executive Directors

The Committee agreed that future meetings should provide clearer opportunities for direct Non-Executive engagement and scrutiny.

### **Governor Activity and Reporting**

The Committee reinforced the importance of governors maintaining up-to-date records of engagement activity. This information is essential for demonstrating governor impact and informing reporting to the Council of Governors and Annual Report

### **Legislative Changes – Governors and Membership**

The Committee discussed emerging legislative proposals which may remove the requirement for Foundation Trusts to maintain governors and members, with a potential implementation timeline of April 2027.

The discussion highlighted the importance of:

- Maintaining a strong public and stakeholder voice regardless of legislative change
- Seeking clarity on timelines, transition arrangements, and implications
- Exploring alternative models for engagement

A paper will be developed for future Council discussion, with consideration also being given to engagement with peer organisations.

### **3. Recommendations:**

3.1. The Council is asked to:

3.2. Note this report.

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

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

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### Governor Activities and Queries

June 2026

#### 1. Governor activities

- 1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.
- 1.2 It is compiled from the Governors' updating of an [online form](#) and other activities of which the Head of Corporate Governance has been made aware.
- 1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.
- 1.4 Governors are asked to maximise attendance at GMDC and COG and where possible are reminded of the value add in attending board.
- 1.5 Governors are reminded to utilise the online booking form to observe board committees using this [online form](#).

Date	Activity	Governor
26/02/2026	Council of Governors Meeting - Banstead	Ellie Simpkin Hilary Orpin Andrew Latham Peter Shore Paul Bartlett Steve Corkerton Dr Lee-Anne Farach Dr Christine Locke Leigh Westwood Martin Brand Mark Rist Harvey Nash Andy Erskine Andrew Cuthbert Zak Foley Matt Deadman
03/03/2026	Joint NomCom	Andrew Latham
09/03/2026	National Trust Supporters Sussex talk	Andrew Latham
11/03/2026	H&S Review – HART West	Andrew Latham
13/03/2026	Group Chair Shortlisting	Andrew Latham

19/03/2026	Board Committee Observation - AuC	Kirsty Booth
19/03/2026	Board Committee Observation - People	Martin Brand Andrew Latham
24/03/2026	Stakeholder Session – Group Chair	Peter Shore
26/03/2026	Board Committee Observation – FiC	Andrew Latham
02/04/2026	Trust Board Meeting – Banstead	Michael Whitcombe Peter Shore Spencer Hildrew Andrew Latham
09/04/2026	Shadowing Shift – Medway	Lee-Anne Farach T. Sureshan Christine Locke Steve Corkerton Paul Bartlett
09/04/2026	Staff Governor Roadshow Planning	Michael Whitcombe Kirsty Booth
10/04/2026	Staff Governor Roadshow Planning	Frank Doel
21/04/2026	Private CoG Meetings – Teams	Andrew Latham Thirugnanam Sureshan Paul Bartlett Harvey Nash Martin Brand Steve Corkerton Kirsty Booth Michael Whitcombe Andy Erskine Mark Rist Zak Foley Dr Christine Locke Dr Lee-Anne Farach
23/04/2026	Joint Board & CoG – Banstead	Thirugnanam Sureshan Paul Bartlett Steve Corkerton Peter Shore Conor Maher Aidan Parsons Andrew Cuthbert Andrew Latham Kirsty Booth Michael Whitcombe Dr Lee-Anne Farach Dr Christine Locke Martin Brand Spencer Hildrew

		Mark Rist Frank Doel
30/04/2026	Kent – Staff governor roadshow	Frank Doel Michael Whitcombe
16/05/2026	Horsham Hospital Fete	Harvey Nash
21/05/2026	QPSC	Spencer Hildrew
28/05/2026	FIC	Paul Bartlett
28/05/2026	Governor Roadshow	Michael Whitcombe
31/05/2026	Eastbourne 999 Event	Harvey Nash
04/06/2026	Observed Trust Board	Spencer Hildrew Michael Whitcombe Andrew Latham Conor Maher Kirsty Booth
05/06/2026	One to One meeting with Lara Waywell, Divisional Director of Operations at Chertsey MRC to introduce myself as new Public Governor for Surrey. Meeting included discussion on elements of the Trust's strategic plan specific to Surrey, management team changes, volunteering opportunities, and DDO's expectations of Governor support. Also met with Duty OTL team and Make Ready Manager for general conversation. Agreed to join the Surrey Divisional Management Team meeting on 7th July to meet her wider management team and to establish a more regular dialogue with them.	Conor Maher
5/6/7 June	South of England Show	Harvey Nash Thirugnanam Sureshan
11/06/2026	GMDC at Gatwick MRC	Andrew Latham Peter Shore Steve Corkerton Martin Brand Harvey Nash Kirsty Booth Paul Bartlett Ellie Simpkin Zak Foley Spencer Hildrew Hilary Orpin Mark Rist Frank Doel Paul Bartlett Christine Locke Thirugnanam Sureshan

13 June 2026	KSS Event	Thirugnanam Sureshan Harvey Nash
18 June 2026	Observing Audit Committee	Michael Whitcombe

## 2. Governor Enquiries, feedback and Information Requests

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

Governor Query	Trust Response
<p><b>Eastbourne</b></p> <p>Excellent event as it has been every time I have attended over the years. Malcolm and Steph provide clear active organization and leadership pre and during the event. SECamb has a well placed and sizeable location in the vent site, this year with the Air Ambulance stand within our plot. Superb demonstrations in the event centre ring and (with RNLI) on the adjacent beach too showing how multiple emergency services work together seamlessly. Large numbers of public, most with children, attended and I interacted with 100+. Ample (15-20) SECamb people (inc CFRs) manned our site.</p> <p>Our CFRs demonstrated CPR almost continuously and there were queues at both DCAs on site most of the time. There was an excellent Children's Trail (I think Malcolm was an organizer) whereby they got a printed sheet with c7 emergency services listed and got these stamped once they had been to each one. In our case the stamp was once they had participated in CPR and 100s did.</p> <p>There was no 'governance' stall but I positioned myself in the central marquee sharing a table alongside demonstrations of bone drill, suturing and similar by 'greens'. Here I was able to speak with multiple public</p>	<p>I really appreciate both your support at the events themselves and the detailed observations you've shared afterwards. It is particularly helpful to hear your perspective as someone who has attended these events over a number of years and is able to compare how they have evolved over time.</p> <p>There is a lot of useful information in your feedback, and I would like to give it the consideration it deserves. I am currently working through a number of priorities but will review your comments properly at the earliest opportunity and ensure the relevant points are fed back to those involved in planning and delivering these events.</p> <p>In the meantime, thank you again for representing the Trust at both Eastbourne and the South of England Show. Your willingness to engage with members of the public, support the teams on the ground and provide constructive feedback is greatly appreciated.</p>

and also served as the 'stamp' man for the kid's trail. Dispensed multiple stickers and more limited freebies. Where public spoke of service use it was universally positive and grateful. Where they asked about my role as a Governor I explained and suggested they consider becoming members via the website. Given the uncertainty about the future for members and governors I did not actively 'sell'!

All our people were positive, informed and a credit to SECAMB.

Laura did a great job surveying people for PEG in the queues for the DCAs. She and I did have some queries on the questions and response

Should the Governor role continue I shall happily attend next year. Certainly this is the one event that SECAMB must be at and active - with Malcolm and Steph involved that seems assured. Having a small table mounted (and securely so) display showing a map of SECAMB, key numbers (people vehicles, calls, patients, response times etc) the numbers of different Governors and our role with public and NEDs (if still appropriate) would be very useful. We used to have such. It will of course need updating to reflect Group activities and might usefully include some overall and SCAS numbers (but not competitively).

It was disappointing that I was the only Public Governor there.

### **South of England Show**

Much less effective event this year. The horrendous weather the day before and the cold, overcast and at times mizzly weather on the Sunday did not help. I have been here multiple times and footfall was less than normal. In past years our pitch was next to the Army (who pulled out this year) and I believe a bit bigger. That said we were among the emergency services and close to the funfair

rides. The site maps were unhelpful in locating our pitch and three separate site staff were unable to direct me to it on arrival!

There were only 8 SECAMB people - I recall 12-15 previously - no PEG presence or response when lead sought update on an expected attendee no-show. This meant at times there were only limited numbers on the SECAMB site.

The PEG/Governance gazebo, was too flimsy and had clearly suffered in the winds etc the previous day (told it had taken off) and even in the <20 mph winds on Sunday was at times moving and lifting. Tears had started at several points due to rubbing against unsmooth strut ends. The 3 section PEG table stand had suffered damage the previous day and was folded away. The only Governance display was saying become a Governor now - no current elections and uncertain future made that inappropriate - plus it would only stay up when secured between two stands.

In the event the setback positioning and lack of identity meant this gazebo was only used to store, not engage.

The display really consisted of the welfare vehicle, a Fiat ambulance and the Community Resilience stand (where CPR was demonstrated).

There were some freebies on-site but I mainly used those I had brought from the Horsham Hospital Fete (notably fridge magnet ambulances and fluffies stick-ons) plus some stickers. Both the site lead (Ash) and I were concerned that among the on-site freebies were cleansing sprays that smelt strongly of alcohol and were clearly marked to be kept out of children's reach - these were not used!

I interacted with a fair number of public, all were positive about SECAMB. Few asked about governor role (despite my labelled shirt)

<p>and I did not promote that or FT membership given current uncertainties.</p> <p>As with Eastbourne some headline maps / charts / numbers would have been useful to display to inform and provoke discussion.</p> <p>While Frank Doel was there as an Emergency and CFR lead he is now a staff governor, however as with Eastbourne I was the only public governor and was thanked by Ash for being the only one to attend on any of the days! That is concerning - but may be irrelevant given Government proposals!</p>	
<p><b>Frank Doel</b></p> <p>A few frontline colleagues have been asking why we can't wear shorts when some other Trusts do.</p> <p>I have looked at the current uniform policy and shorts are mentioned in a heading and that shirts must be tucked into the waistband.</p> <p>Shorts are not currently on the uniform stock list though.</p> <p>I spoke with IPC &amp; H&amp;S last year at the Annual Meeting and neither had any issues.</p> <p>So if the Trust aren't stocking them for financial reasons why can't staff purchase their own from an approved supplier like Niton for example?</p> <p>Is there any way we can get a definitive answer as this topic comes up year after year</p>	<p>We are working through a staff ask to provide shorts and hope to have a solution to this in the coming months but if not ready for next Spring.</p>
<p><b>Paul Bartlett (Trust response highlighted)</b></p>	
<p><b>Reasonable Adjustments to staff working conditions may only be progressed when they have entered "Stage 2" disciplinary having missed shifts, regardless of any legal rights due to protected characteristic due to disability. It is easier to accommodate changes where staff choose a more flexible working pattern.</b></p> <p><i>Staff can through flexible working or informal welfare meets request and identify reasonable adjustments based on their circumstances. This does not require waiting to go through to a formal stage 2 sickness process. Stage 2 is not a disciplinary. <b>Agreed, indeed staff can have adjustments</b></i></p>	

**considered and enacted at any point of the process including stage 1 and can request to see OH or have a welfare meeting re a disability or change in health at any point.**

**Kent does not have a dedicated “falls team” to deal with falls. Falls often do not need the patient to be conveyed to hospital (2/3rds of the falls call during my shift were conveyed to A&E). Nearby areas do have a falls team which frees up paramedics to higher category calls such as heart attacks and strokes.**

**Community resilience now provide CFRs to attend falls calls across Kent sites. There is no dedicated falls vehicle with the ability to clinically assess and potentially convey anywhere in the trust. That service could sit outside our commissioned service with a dedicated Occupational Therapist. Many falls calls are also streamed straight to UCR teams via the UCR Portal and where they do stay within our service, crews are often supported by the UCNHs.**

**Welfare meetings for staff should be carried out formally outside the appraisal process, ideally on a 6-week basis.**

**Not sure what this means here as they do not form part of the appraisal process We can hold welfare meetings whenever required. Is he referring to the new absence policy?**

**Sat Nav directed journeys can be idiosyncratic, a trip from Ashford to St Michaels too us through Woodchurch not the A28.**

**All SAT Nav now run through the MDT and are linked to the national mapping system. There is a mechanism to report any anomalies via the critical systems team**

**Charging on handheld devices used by staff would not last all shift.**

**Depends on the device being fully charged at start of shift and continually plugged in throughout the day when not in use**

**QR codes providing paramedics with patient history can only be accessed when the ambulance travels at less than 7mph.**

**True but staff should access the QR code at start of shift or any time prior to going mobile. Its no different to not texting while driving**

## **Recommendations**

2.2. The Council is asked to note this report.

2.3. The Trust would like to place on record its thanks to Governors for their additional commitment during this reporting period, particularly their significant contribution to recruitment activity.

2.4. Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that your valued contribution can be captured.

**Richard Banks  
Head of Corporate Governance**

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

**25 June 2026**

**1. Introduction**

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

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

**2. Chair and NED Appraisals**

2.1. The committee met on 08 May 2026 to receive the appraisals for the Chair (Michael Whitehouse), and all the other NEDs. This included a satisfactory assessment against the Fit and Proper Persons Test Framework.

**3. NED Recruitment**

3.1. There are currently no NED vacancies and so no further NED recruitment is planned for the remainder of 2026.

**4. Recommendation**

4.1. For information.

Colin Dennis

Group Chair (on behalf of the Nominations Committee)



South East Coast  
Ambulance Service  
NHS Foundation Trust



# 2026-2027 Board Assurance Framework

TEMPLATE – VERSION 1.0

Last updated: 28 May 26





# 2024-2029 STRATEGY, VALUES & COMMITMENTS



# 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 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.



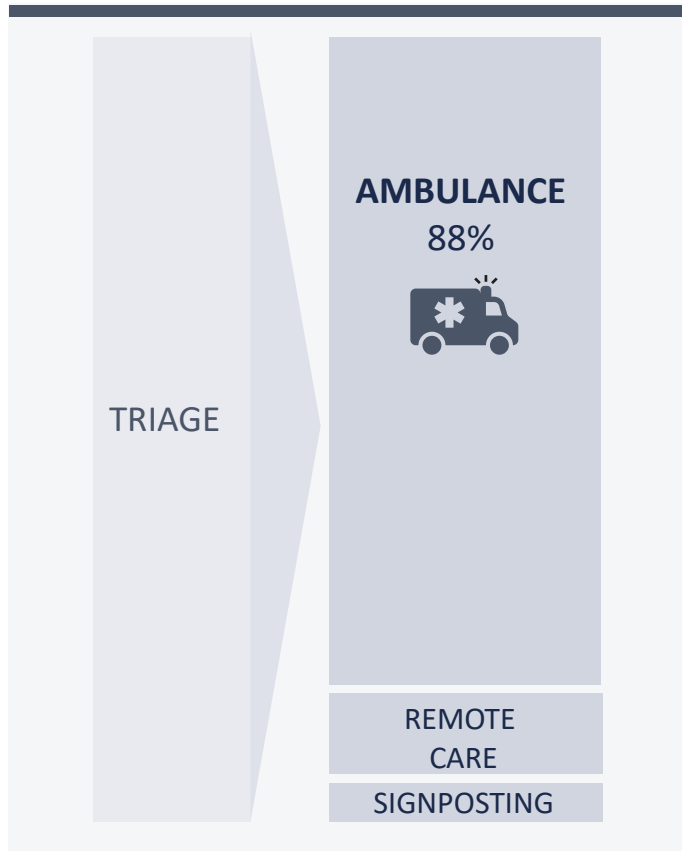
### We are a Sustainable Partner

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 Strategy 2024-2029

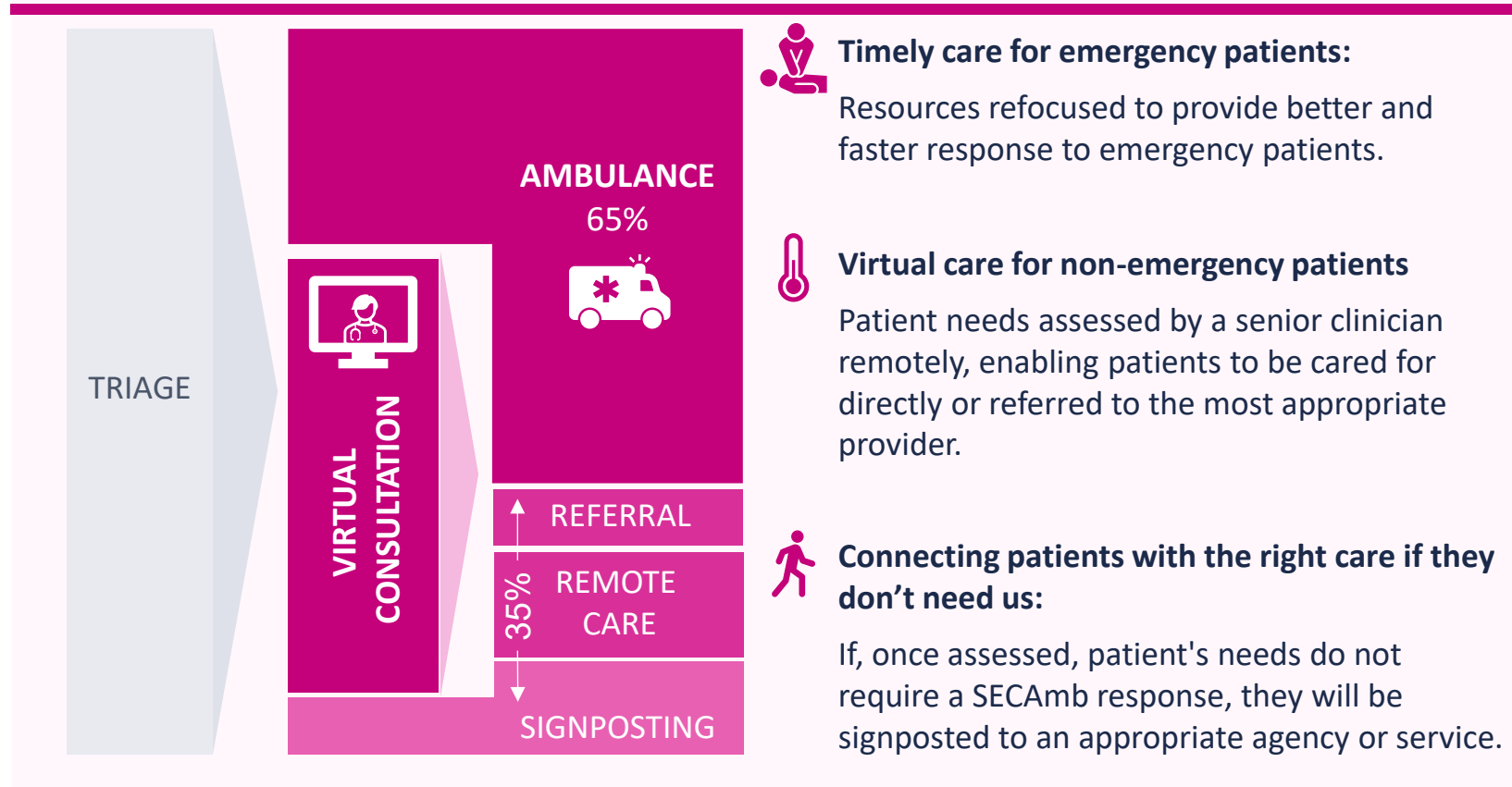
## Now

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

# 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



# 2026-2027 CONTEXT & PRIORITIES



# 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.

We deliver 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. The first section details the** key Board risks, followed by assurance from our transformational priorities. Each pillar section sets out **outcomes, quarterly milestones and key performance indicators, and programmes of work reports.** The last sections include the Operating Model and statutory compliance requirements. The Board receives progress reports on a bi-monthly basis.



# 2026-2027 BAF RISKS



# Risk Definitions

## RISK APPETITE LEVELS

Scale	Definition	Tolerance for uncertainty	Within appetite	Approaching appetite	Outside appetite
Averse	Avoidance of risk and uncertainty is a key objective	Very low	1-6	8-9	10-25
Cautious	Preference for safe options that have a low degree of residual risk	Limited	1-9	10-12	15-25
Open	Willing to consider all options and choose one that is most likely to result in successful delivery	Some degree of uncertainty can be expected	1-12	15	16-25
Eager	Eager to be innovative and to choose options to maximise opportunities and potential benefit even if these carry risk	Completely expected	1-16	20	25

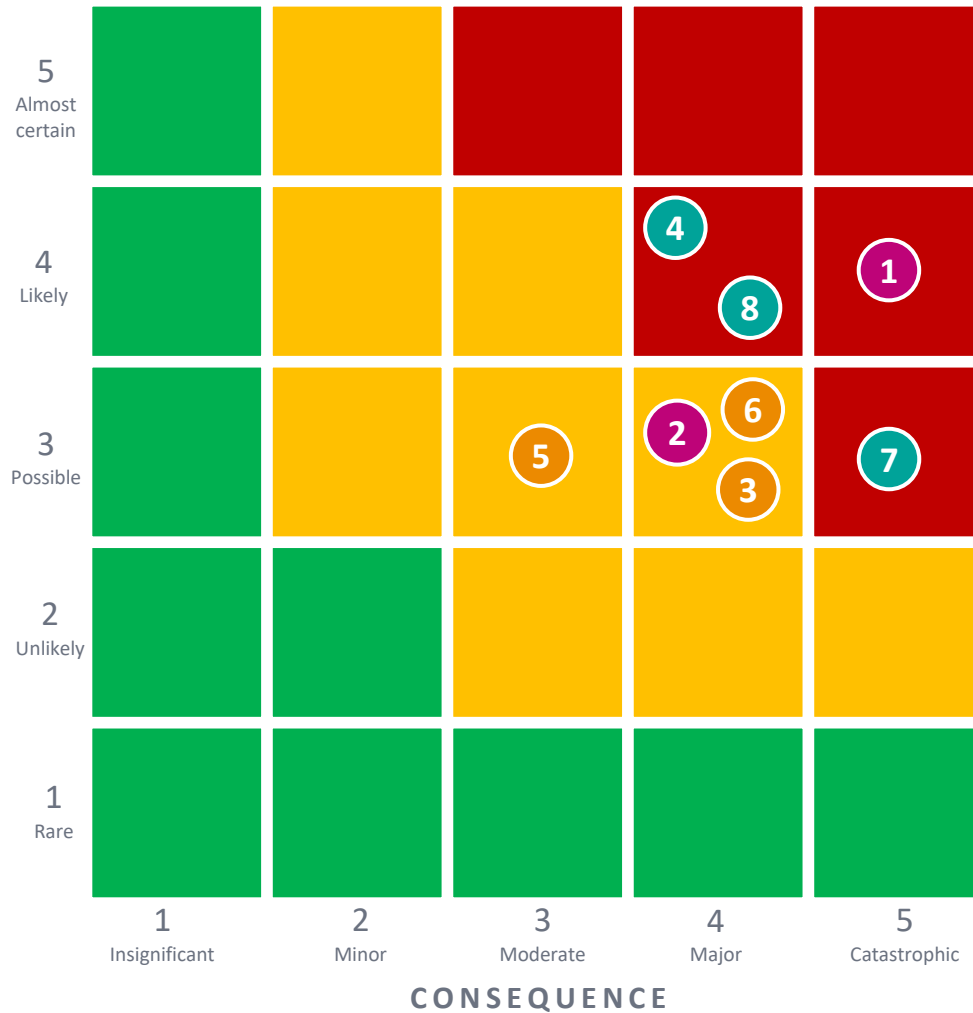
## RISK PROXIMITY

How soon is the risk expected to materialise?

- 1. Immediate** Risk is about to occur or is expected within 3 months
- 2. Near-term** Risk expected within 3 to 6 months
- 3. Medium-term** Risk expected within 6 to 12 months
- 4. Long-term** Risk not likely to occur within the next year

# Strategic Risk Heat Map

LIKELIHOOD AND CONSEQUENCE MATRIX



RISK KEY & NAME

SCORE

PROXIMITY

APPETITE

1	Virtual Care Model Delivery	20	Immediate	Outside appetite
2	System Engagement, Pathways of Care, and Left-Shift	12	Near-term	Within Appetite
3	Implementation of Organisational Restructure	12	Near-term	Within Appetite
4	Cost Improvement	16	Near-term	Outside appetite
5	Leadership Resilience & Group Transition	9	Immediate	Within Appetite
6	People Function Capability & Stability	12	Near-term	Approaching appetite
7	Cyber Resilience	15	Near-term	Outside appetite
8	Digital Enablement of Strategic Priorities	16	Near-term	Outside appetite

R1

# STRATEGIC RISKS | VIRTUAL CARE MODEL DELIVERY

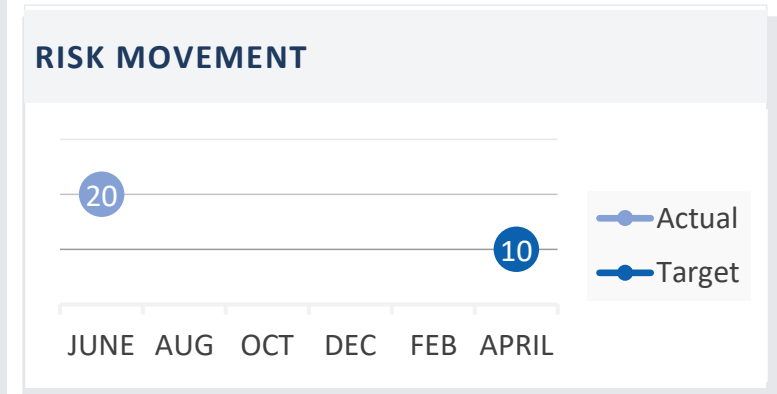
If the Trust fails to implement and embed a virtual care model that delivers a materially higher Hear & Treat rate, **then** demand will continue to outpace physical resource capacity, **resulting** in patient harm, failure to achieve strategic targets, and financial sustainability.

Risk owner <b>Chief Operating Officer</b>	Assurance Committee <b>Quality &amp; Patient Safety Committee</b>	Appetite Level <b>Open (OUTSIDE APPETITE)</b>	Current risk score <b>C5 × L4 = 20</b>	Target risk score <b>C5 × L2 = 10</b>	Related corporate risks • 674 – Recruitment & retention of VC clinicians
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CONTROLS IN PLACE	
✓	Board agreement and oversight of vision, strategy and multi-year plan.
✓	Workforce model in place to support strategic delivery (e.g.: clinical leads)
✓	Early opportunities to drive H&T target identified as part of BAU whilst delivering transformation programme
✓	Defined target operating model
✓	Stakeholder engagement to include patient voice in model development

MITIGATING ACTIONS	DEADLINE
✓ Roll-out of clinical productivity tools (e.g.: auto-allocation, MDM/CIS2), mySECAmb BI	Q2
✓ 3 year implementation roadmap to Trust Board	Q2
✓ Outcomes of Integrated & UC restructure	Q3
✓ Deliver Y1 priorities for VC model	Q4
✓ Workforce Transformation Programme outcome delivery	Q4

ASSURANCE STATEMENT
<ul style="list-style-type: none"> <li>This is the Trust’s most significant risk and highest priority, with considerable external scrutiny and programme oversight at Board level.</li> <li>This is a multi-year programme, with in-year deliverables outlined in the programme mandate, alongside longer-term ambitions.</li> </ul>





# STRATEGIC RISKS | SYSTEM ENGAGEMENT, PATHWAYS OF CARE & LEFT-SHIFT

If SECAMB's structural changes do not support system partners in the development of care pathways to improve the urgent care acceptance rate in 2026/27, alongside 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.



Risk owner <b>Chief Medical Officer</b>	Assurance Committee <b>Quality &amp; Patient Safety Committee</b>	Appetite Level <b>Open (WITHIN APPETITE)</b>	Current risk score <b>C4 × L3= 12</b>	Target risk score <b>C4 × L2 = 08</b>	Related corporate risks
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CONTROLS IN PLACE
✓ Priorities agreed with SCAS under joint clinical model includes alignment of pathways as part of Phase 2 – this is being dependency mapped within models of care programme
✓ Pan ICB governance for 999 and 111 commissioning agreed
✓ Restructure of workforce to support divisional model and system engagement.
✓ Delineation of pathways into group A and B, with clinical oversight reporting to Board.

MITIGATING ACTIONS	DEADLINE
✓ Joint clinical steering group will consider pathways and additional actions from programmes to mitigate this risk	Q3

ASSURANCE STATEMENT
<ul style="list-style-type: none"> <li>Currently, there is a lack of organisational maturity to mitigate this complex and evolving risk. Mitigation will require ongoing strategic engagement at system level and with SCAS on UEC conveyance.</li> <li>High level of external change at system &amp; national level</li> <li>If risk not adequately mitigated, successes in virtual care space will not be sufficient for successful strategic delivery.</li> </ul>

RISK MOVEMENT

# R3

## STRATEGIC RISKS | 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, loss of workforce confidence and retention and failure to realise the cultural and productivity benefits intended from the new structures.

Risk owner <b>Chief People Officer</b>	Assurance Committee <b>People Committee</b>	Appetite Level <b>Open (WITHIN APPETITE)</b>	Current risk score <b>C4 × L3 = 12</b>	Target risk score <b>C4 × L2 = 08</b>	Related corporate risks
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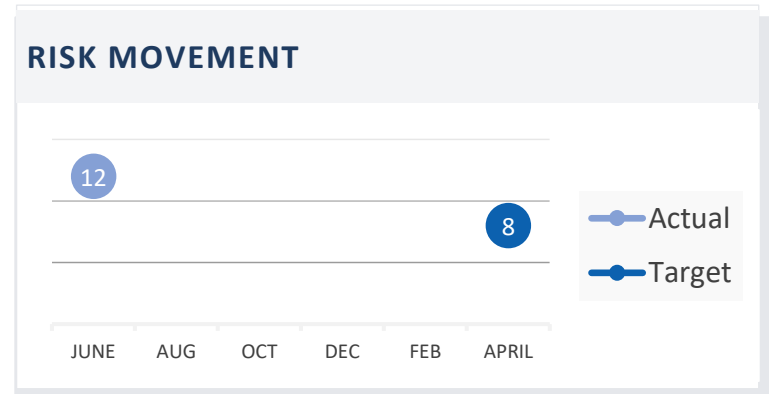
### CONTROLS IN PLACE

- ✓ Structural changes underway for divisional and clinical operating models
- ✓ Revised governance and assurance structures in place to support restructure
- ✓ Review of divisional operating model completed with identified learning implemented
- ✓ OD support programme aligned with programme of change to embed new ways of working.

MITIGATING ACTIONS	DEADLINE
✓ Executive approval of integrated Tier 1 Programme mandates	Q1
! Revision of Digital Services restructure programme plan – to include lengthened timeframes	Q2
✓ Sequencing future phases in line with available resources	Q4
✓ Development of long-term sustainable workforce model aligned with NHS plans	Q4

### ASSURANCE STATEMENT

- Implementation of structural changes underway to support strategic and operational delivery.
- As of May 2026, there are issues around timeframe for critical restructure of Digital Services lengthening (into Q4) and increasing pressure on Trade Union capacity which limits BAU delivery.





# STRATEGIC RISKS | COST IMPROVEMENT

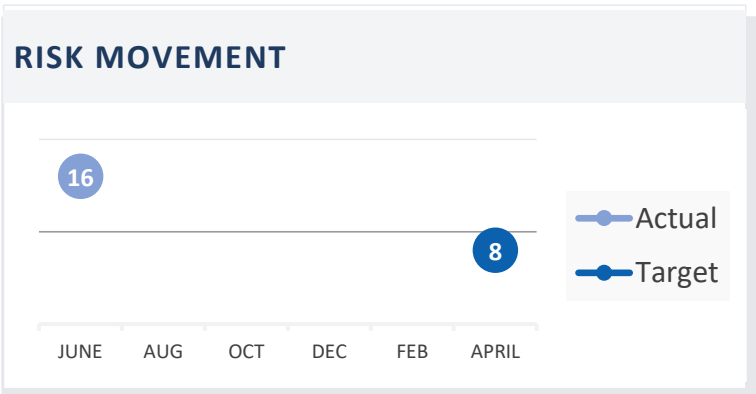
If the Trust fails to deliver its cost improvement programme (CIP), then it will not achieve financial breakeven for 26/27, resulting in unrealised benefits for patients, in erosion of cash reserves, removal of investment capacity for transformation, inability to meet liabilities to staff, and potential return to NHSE financial oversight.

Risk owner <b>Chief Finance Officer</b>	Assurance Committee <b>Finance &amp; Investment Committee</b>	Appetite Level <b>Open (OUTSIDE APPETITE)</b>	Current risk score <b>C4 × L4 = 16</b>	Target risk score <b>C4 × L2 = 08</b>	Related corporate risks
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CONTROLS IN PLACE
✓ Compliant breakeven plan submitted
✓ Three-year financial plan in place
✓ CFO reviews CIP programmes weekly to ensure progress (with more frequent consideration of higher risk programmes)

MITIGATING ACTIONS	DEADLINE
✓ Reduce cost of employment in relation to bank holidays and TOIL	Q2
✓ Delivery of key Digital Transformation Programmes (GRS cloud, ESR)	Q3
✓ Delivery of restructure programme will support 5% cost reduction target	Q4
✓ H&T rate at 19.6%	Q4
✓ Efficiency and Productivity target (3.9%)	Q4
✓ If CIP & productivity insufficient then plan to undertake corporate cost restructuring (10% for Q1 27/28)	Q4

ASSURANCE STATEMENT
<ul style="list-style-type: none"> <li>• CIP highly dependent on virtual delivery and digital transformation to be successful.</li> <li>• Month one finance on plan. Some divisions overspending. C2 &amp; H&amp;T behind trajectory.</li> <li>• Contingency in place around corporate cost restructuring for Q1 27/28.</li> </ul>



R5

# STRATEGIC RISKS | LEADERSHIP RESILIENCE & GROUP TRANSITION

If operating plan positions across the Group and ongoing changes at Executive level are not carefully managed, **then** the transition to Group arrangements could slow, **resulting** in failure to deliver our internal plans and joint group priorities, compromised performance outcomes and a loss of workforce and stakeholder confidence.

Risk owner <b>Chief Executive Officer</b>	Assurance Committee <b>Integration Committee</b>	Appetite Level <b>Cautious (WITHIN APPETITE)</b>	Current risk score <b>C3 x L3 = 09</b>	Target risk score <b>C3 x L2 = 06</b>	Related corporate risks
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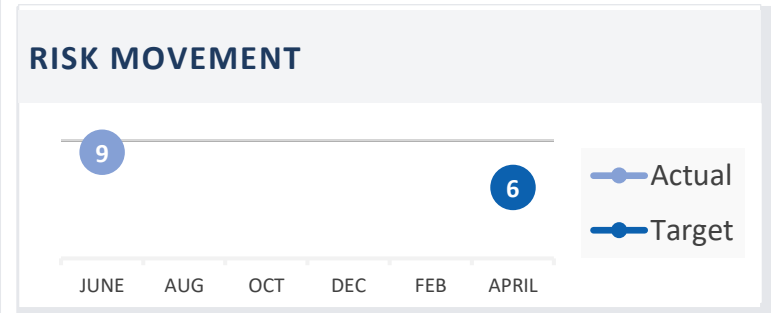
### CONTROLS IN PLACE

- ✓ Established joint strategic commissioning and regional oversight framework for SECAmb & group
- ✓ Executive and Board Committee in common, with five joint priority areas, each with a named focus, outcomes and 26/27 deliverables
- ✓ Internal SECAmb governance to support strategic delivery (EMB, governance groups, Tier 1 programmes)
- ✓ Joint priority programmes reported into E2E and CIC. Alignment of programme delivery aims and leadership roles to coordinate group and organisational delivery
- ✓ Joint Chair & CEO appointments made

MITIGATING ACTIONS	DEADLINE
✓ Joint implementation roadmap underway	Q2
✓ CAD/ePCR procurement process in progress	Q3
✓ Executive arrangements in place for interim period into group stage. Work on succession planning and leadership resilience started.	Q3
✓ Ongoing programme of Executive and Senior Leadership collaboration & OD to build alignment & relationships	Q4
✓ Development of a joint clinical model in progress	Q4

### ASSURANCE STATEMENT

- Changing executive roles and different planning positions across SCAS and SECAmb present a challenge in joint decision making and progress on priorities, particularly as Group model development is self-funded.
- Joint appointments of CEO and Chair, interim executive arrangements and establishment of internal and external governance frameworks. Control environment likely to remain static May - October 2026.





# STRATEGIC RISKS | 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.

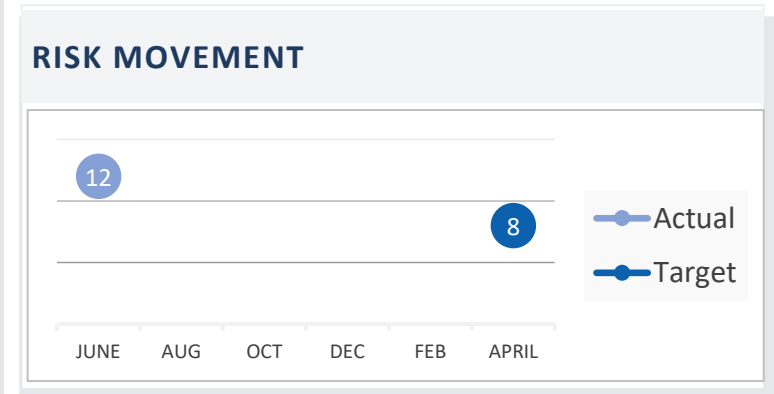


Risk owner <b>Chief People Officer</b>	Assurance Committee <b>People Committee</b>	Appetite Level <b>Cautious</b> (APPROACHING APPETITE)	Current risk score <b>C4 × L3 = 12</b>	Target risk score <b>C4 × L2 = 08</b>	Related corporate risks • 576 – ER capacity & capability
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CONTROLS IN PLACE
✓ People Services Improvement Programme formally closed Q4 2025/26
✓ SCAS collaboration opportunities (payroll, OH, workforce mgmt. tools) identified
✓ Alignment of people services objectives into BAU (e.g.: ER backlog)
✓ Transition funding confirmed for 2026/27 people plan

MITIGATING ACTIONS	DEADLINE
✓ Appointed to key senior internal positions - due to start in Q2	Q2
✓ Phase two restructure – OD, EDI, recruitment, payroll & leadership	Q4
✓ People Services plan for 2026/27 breaks down outcomes by quarter	Q4

ASSURANCE STATEMENT
<ul style="list-style-type: none"> <li>• Delivery of restructure successfully underway and there has been a resultant reduction in risk score.</li> <li>• The risk owner notes this risk is close to target but advises that it is still pertinent, given that People Services function is at capacity, limiting resilience and that senior postholders have not yet started.</li> </ul>





# STRATEGIC RISKS | DIGITAL FUNCTION CAPABILITY & STABILITY

If the Digital Function is unable to maintain sufficient capability and stability to 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.

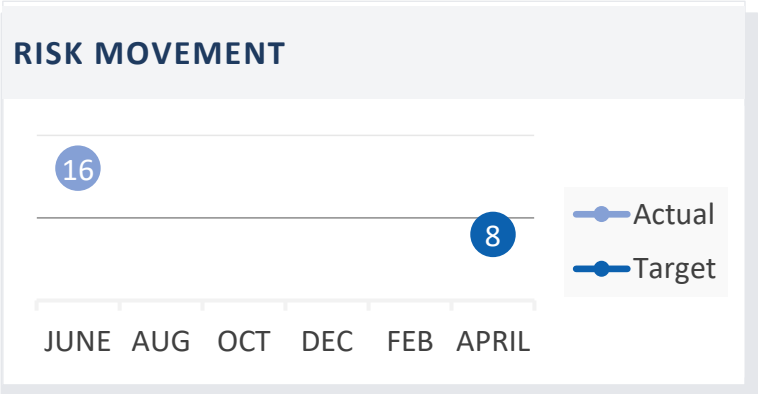


Risk owner <b>Chief Digital Officer</b>	Assurance Committee <b>Finance &amp; Investment Committee</b>	Appetite Level <b>Open (OUTSIDE APPETITE)</b>	Current risk score <b>C4 × L4 = 16</b>	Target risk score <b>C4 × L2 = 08</b>	Related corporate risks • <b>747 – Data &amp; analytics capacity</b>
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CONTROLS IN PLACE
✓ Digital Transformation Mandate includes a quarterly milestone plan with monthly reports to Digital Transformation Programme Board.
✓ Alignment of digital priorities, KPIs and CIPs with business and operational priorities
✓ Capital funding envelope agreed for short-term resources

MITIGATING ACTIONS	DEADLINE
✓ Specify automation aligned to VC and productivity programmes	Q1
✓ Finalisation of individual project plans to validate costs & resourcing	Q1
✓ Completion of procurement for joint CAD/ePCR project	Q3
✓ Phase 4 Digital restructure progress (70% of roles filled by Q4)	Q4

ASSURANCE STATEMENT
<ul style="list-style-type: none"> <li>This risk is not anticipated to reduce until Q4, when elements of the restructure begin to complete.</li> <li>Current mitigation actions are largely short term to manage risk until the permanent structure is in place (this includes the use of capital resources, governance and programme planning.)</li> <li>Increased resourcing has resulted in improved service engagement and productivity.</li> </ul>





# We Deliver High Quality Patient Care

# 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 IQR METRICS

- 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

## 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.



# Pathways of Care\* Programme Mandate

Executive Sponsor: **Richard Quirk**  
Programme Manager: **Katie Spendiff**

Version 0.3 - Last updated 28 May 2026  
*\* formally known as 'Models of Care' (2023- 2026)*

# PROGRAMME OVERVIEW

**Programme aim:** Implement and embed the Pathways of Care to deliver a scalable clinical operating model that protects emergency response, enables virtual urgent care, and realises the Trust's clinical strategic transformation benefits.



South East Coast  
Ambulance Service  
NHS Foundation Trust



## KEY OUTCOMES

- **Three focus Pathways of Care (POC)** operating to improved clinical standards, with measurable outcomes for patients, staff and the wider system.
  - Falls, Frailty & Older People POC
  - Mental Health POC
  - End of Life Care, Palliative & Dying POC
- **SECamb clinical model aligned to emerging NHSE neighbourhood health priorities**, ensuring the ambulance service acts as an integrated front door to the wider urgent care system and delivers the Trust's strategic transformation benefits.
- **System partners actively engaged in pathway delivery**, enabling consistent left-shift, improved patient outcomes and realisation of the Trust's strategic benefits at scale.

## IN SCOPE - SMART OBJECTIVES

**By Q1 2026/27 - Foundations in place:** Programme governance, reporting, high-level plan and resource arrangements and baselines established for all three 26/27 priority Pathways of Care.

**By Q2 2026/27 - Delivery underway:** Delivery of work as per individual programme plans for all three POCs. Onboarding of Area Clinical Leads (ACL) as pathway leads. Key partnership and engagement milestones delivered.

**By Q3 2026/27 - Clinical model implementation:** Clinical bundles, tools, training and engagement plans approved and operational across all three POCs. System-level action plans in delivery, where relevant.

**By Q4 2026/27 - Closure and Year 3 readiness:** KPI targets achieved across all three focus POCs. Year-end closure reports submitted and Year 3 planning assumptions approved.

## LINK TO STRATEGY / BAF

- **BAF RISK 1** - Virtual Care Model Delivery
- **BAF RISK 2** - System Engagement, Models and Pathways of Care, and Left-Shift

## OUT OF SCOPE

- Delivery of workforce transformation for Virtual Care services (beyond agreed programme dependencies and inputs).
- Commissioning decisions, system funding allocations, and **contractual negotiation**.
- Programme **delivery of other POCs outside of the agreed priority areas**.
- Productivity improvement delivery; while the programme will contribute to productivity through increased virtual care and improved navigation, it is **not accountable for overall Trust productivity performance**.

# KEY PERFORMANCE INDICATORS & BENEFITS: FALLS, FRAILTY & OLDER PEOPLE POC

## MILESTONES & KPIs

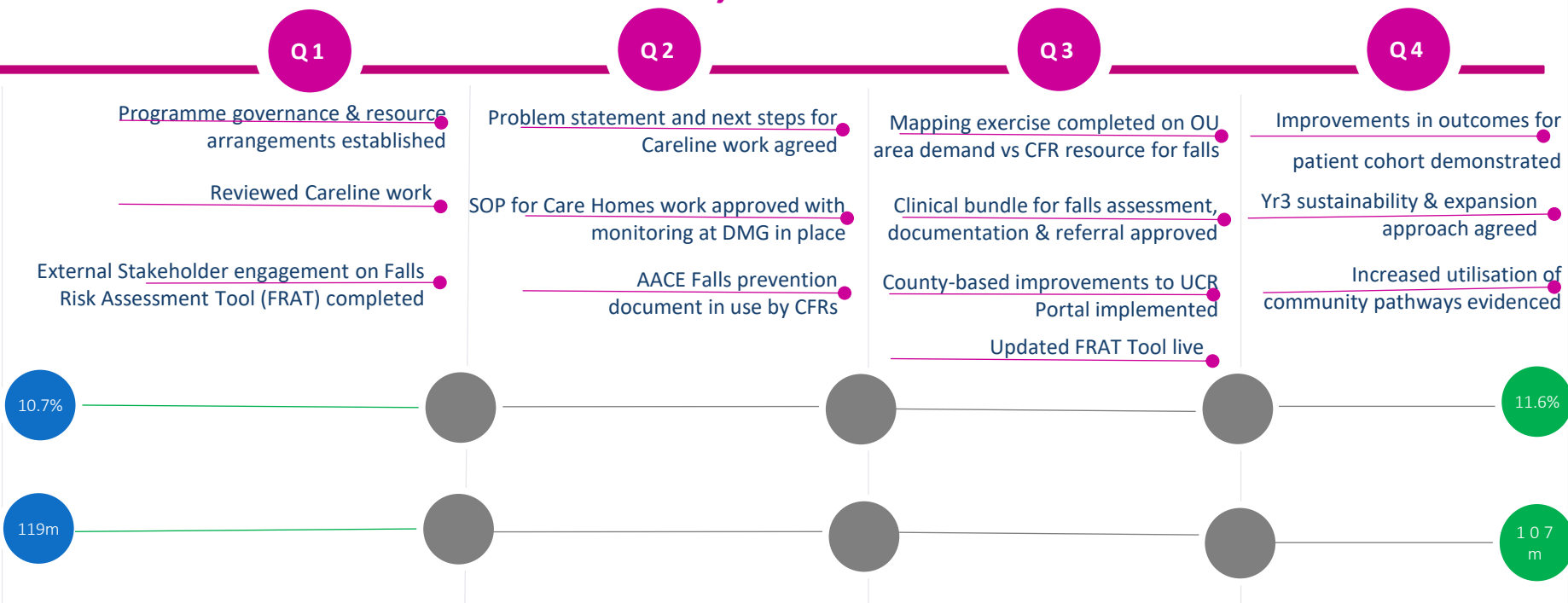
### FALLS PATHWAYS OF CARE PROGRAMME:

**Yr 1 25/26:** Established & *tested* key Falls, Frailty and Older People MOC *improvements*, building a strong foundation for sustainable change.

**Yr 2 26/27:** Transition proven elements into **BAU** with **local ownership** and **clear governance**—freeing capacity to **scale delivery**, **embed gains**, and accelerate impact against the Year 2 maturity matrix.

↑ KPI 1: % Hear & Treat – Non-Injury Falls (Trust wide) - (Source: IQR)

↓ KPI 2: % C3 Mean Falls Frailty & Older People (Trust wide) - (Source: IQR)



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures	Baseline (As Is)	Target Benefit (To Be)	Benefit Realisation Date
Better use of ambulance resources and increased system efficiency	Chief Operating Officer	Patients, Staff & System	C2 mean	2025/2026 Performance	Year on Year Improvement	Q4 26/27
Reduced prolonged floor time for frail/falls patients	Chief Nursing Officer	Patients & Staff	C3 C4 mean CFR first on scene	2025/2026 Performance	Year on Year Improvement	Q4 26/27
Improved patient outcomes through community falls support and UCR	Chief Paramedic Officer	Patients & System	UCR referral rate Care home metric	2025/2026 Performance	Year on Year Improvement	Q4 26/27

# KEY PERFORMANCE INDICATORS & BENEFITS: MENTAL HEALTH POC

## MILESTONES & KPIs

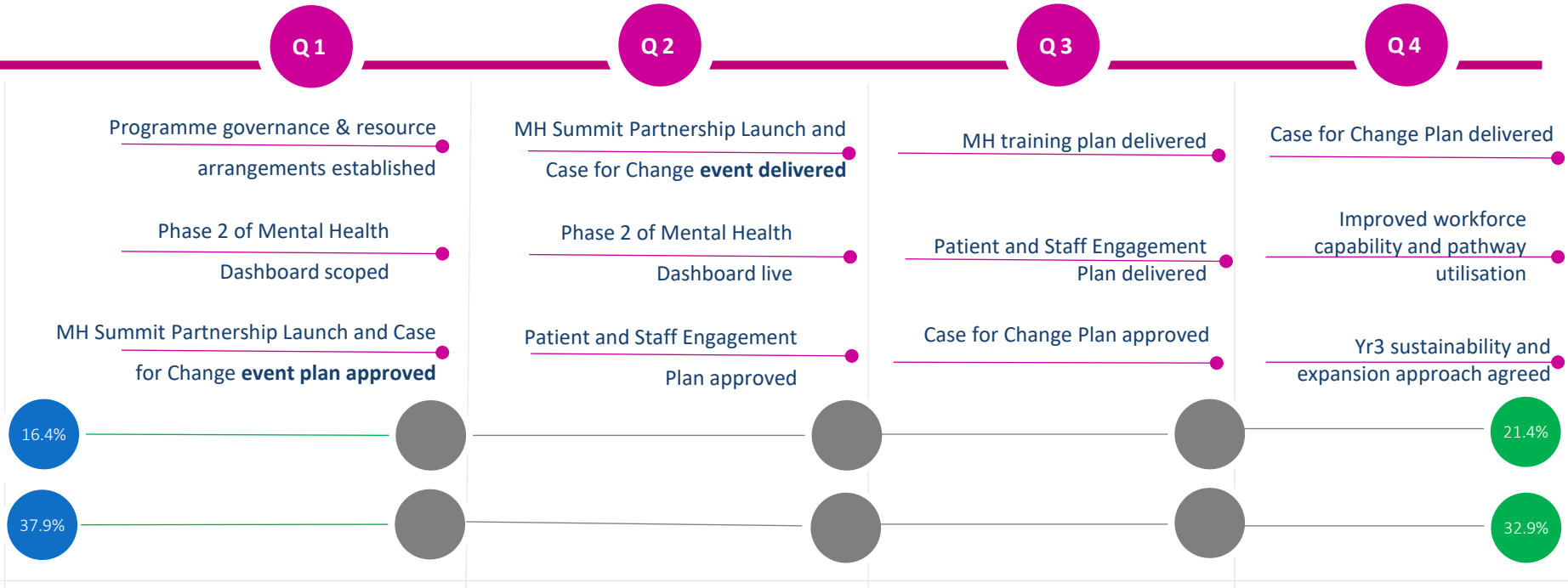
### MH PATHWAYS OF CARE PROGRAMME:

**Yr 1 25/26:** Delivered strong foundations securing PPG approval, robust data dashboard, alignment to neighbourhood health models, and demonstrated early productivity, safety and quality improvements.

**Yr 2 (26/27):** Scale delivery by embedding system-wide change. Drive productivity and safety improvements through proactive cohort management, ensuring patients are directed to the most appropriate clinician and care setting establish the Trust as a trusted care navigator.

↑ KPI 1: % Hear & Treat MH (Trust wide) - (Source: IQR)

↓ KPI 2: % See & Treat MH (Trust wide) - (Source: IQR)



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures	Baseline (As Is)	Target Benefit (To Be)	Benefit Realisation Date
Improved patient outcomes through strengthened care navigation (appropriate community referrals)	Chief Nursing Officer	Patients & Staff	H&T increase Reduce avoidable ED conveyance	2025/2026 Performance	Year on Year Improvement	Q4 26/27
Better use of ambulance resources and increased system efficiency	Chief Operating Officer	Patients, Staff & System	Reduction in See & Convey	2025/2026 Performance	Year on Year Improvement	Q4 26/27

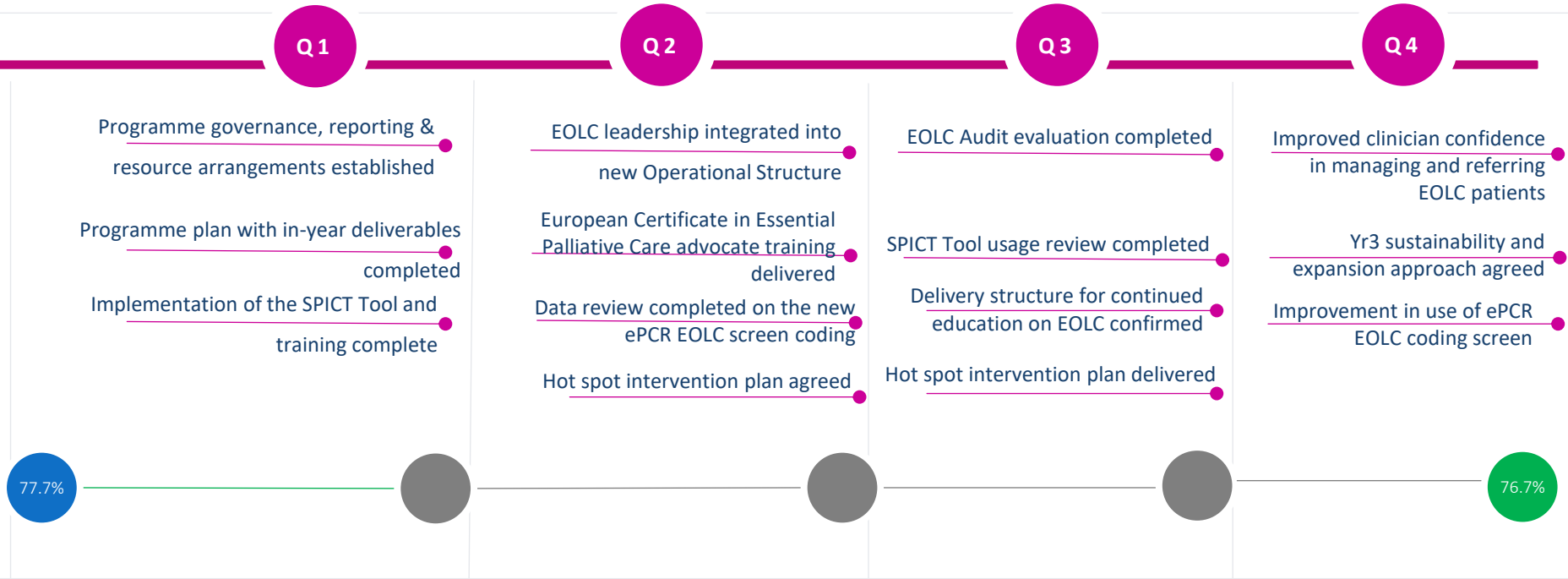
# KEY PERFORMANCE INDICATORS & BENEFITS END OF LIFE CARE POC

## MILESTONES & KPIs

**EOLC PATHWAYS OF CARE PROGRAMME:**  
**Y1 25/26: Strengthened local leadership, robust data insight, and a targeted workforce capability programme to improve confidence, consistency, and quality of care.**

**Y2 26/27: Reduce non-emergency EOLC demand** by using Year 1 call data to **target hotspots**, deploy **focused interventions**, and embed SPICT for **flagging deterioration to the system** for upstream care navigation.

↓ **KPI 1: % See & Treat – EOLC (Trust wide) - (Source: IQR)**



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures	Baseline (As Is)	Target Benefit (To Be)	Forecast Benefit Realisation Date
Reduced prolonged on-scene time through improved EOLC decision support and pathway access/community support	Chief Paramedic Officer	Patients & Staff	% of crews on scene time	2025/2026 Performance	Year on Year Improvement	Q4 26/27
Reduced avoidable S&T and improved conveyance decisions through better utilisation of VC and signposting, releasing capacity and improving service outcomes	Chief Operating Officer	Patients & System	See & Convey % for EOLC patients See & Treat % for EOLC Patients	2025/2026 Performance	Year on Year Improvement	Q4 26/27

# RISKS & DEPENDENCIES

**Programme aim:** Implement and embed the Pathways of Care to deliver a scalable clinical operating model that protects emergency response, enables virtual urgent care, and realises the Trust's clinical strategic transformation benefits.



South East Coast  
Ambulance Service



RISK ID & DESCRIPTION	APPETITE	BASELINE	TARGET SCORE	MITIGATIONS
<b>760 Pathways of Care leadership and delivery during organisational change:</b> Clinical Leadership organisational change is constraining delivery capacity, creating a risk to timely POC delivery, achievement of milestones, and realisation of planned benefits.	Within appetite	9	6	<ul style="list-style-type: none"> <li>26/27 priorities to be agreed swiftly, resources can be aligned, short-term support from previous owners to support handover</li> <li>Implement an accelerated onboarding approach in line with ACL and Divisional Clinical Leadership role commencement.</li> </ul>
<b>711 System Alignment to our Strategy:</b> There is a risk that external systems are initiating change and pathways that don't align to our own strategic deliverables.	Within appetite	6	3	<ul style="list-style-type: none"> <li>Proactive strategic engagement</li> <li>Contract deliverables mapping</li> <li>Strengthened operational relationships</li> <li>Early intelligence/warning mechanism</li> <li>Internal clarification of positioning</li> </ul>
<b>728 Organisational Change &amp; Internal Stakeholder Engagement:</b> Poor internal communication and misalignment on programme delivery and organisational changes could lead to resistance, reduced morale, and delays.	Within appetite	9	6	<ul style="list-style-type: none"> <li>Internal comms plan with comms team support.</li> <li>Regular updates and Q&amp;A sessions.</li> <li>Change management support for leads.</li> <li>Feedback loops and escalation routes.</li> <li>Phased implementation.</li> </ul>

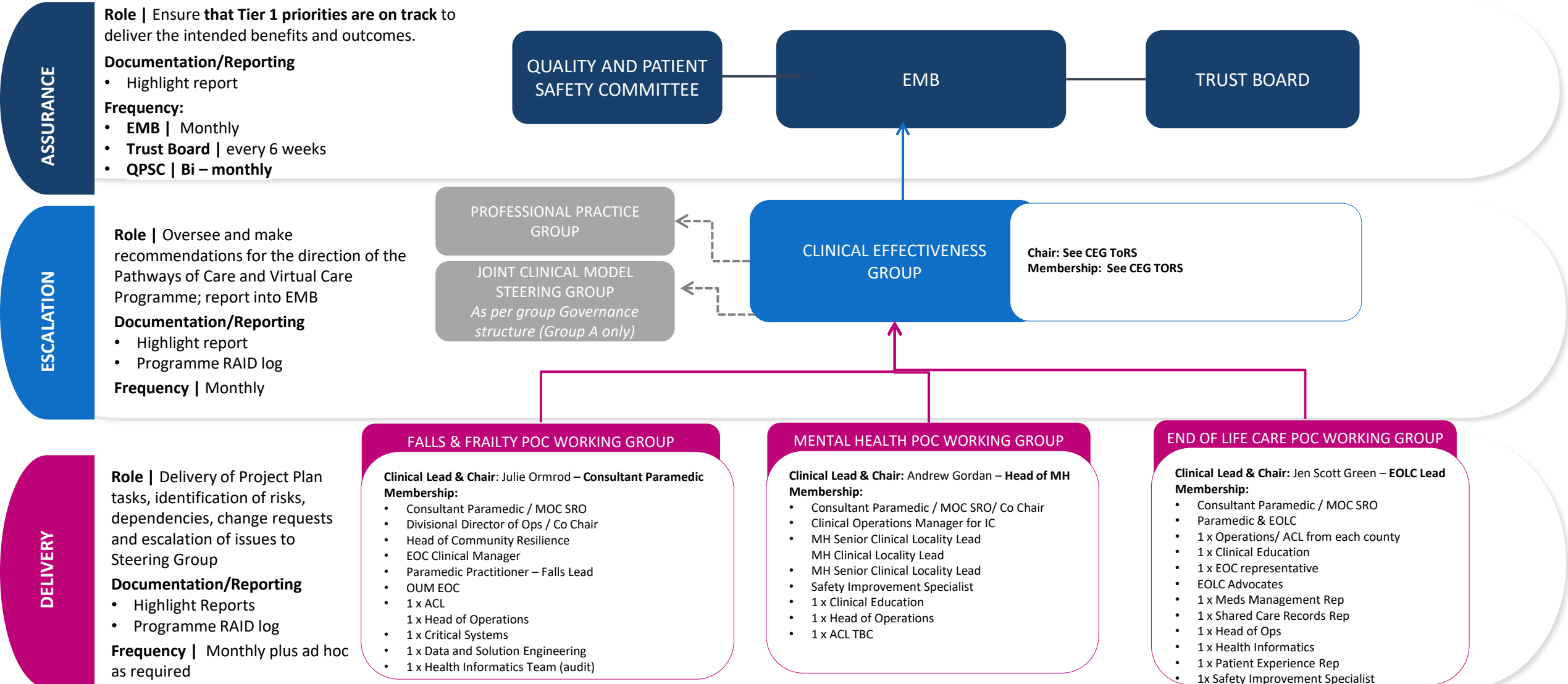
DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
<b>Alignment to the Virtual Care Programme</b> Agreement and stability of current and future target operating model and virtual care service delivery assumptions.	<ul style="list-style-type: none"> <li>Misalignment or instability of proposed delivery timelines may affect the pace of the POC deliverables and benefit realisation.</li> <li>Potential unwanted variation in service delivery impacting patient outcomes and performance trajectories.</li> </ul>	<ul style="list-style-type: none"> <li>Map all inter-programme dependencies early to identify which dependencies are "hard" (non-negotiable) versus "soft" (can be worked around).</li> <li>Use of joint or linked governance forums where programmes intersect, rather than relying on escalation after issues arise.</li> <li>Phase delivery to avoid single points of failure and use senior sponsorship to resolve issues early at portfolio level.</li> <li>Alignment of outcomes, benefits and priorities via PMO oversight.</li> </ul>
<b>Alignment to the Joint Clinical Operating Model Programme</b> Establishing the foundations for a single joint clinical model across priority pillars through agreed shared principles aligned to both Trusts' strategies and national ambition.		
<b>Alignment to the Workforce Transformation Programme</b> Development of organisation-wide workforce model, that ensures the right capability and capacity to meet patient needs and deliver care safely and effectively		

# GOVERNANCE & RESOURCE NEEDS

**Programme aim:** Implement and embed the Pathways of Care to deliver a scalable clinical operating model that protects emergency response, enables virtual urgent care, and realises the Trust's clinical strategic transformation benefits.



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





# Virtual Care Programme Mandate

Executive Sponsor: **Jen Allen**  
Programme Manager: **Kate Mackney**

Version 0.3 – Last Updated 28.05.26

# PROGRAMME OVERVIEW

**Programme aim:** Deliver a prioritised set of Virtual Care improvements in 2026/27 including Digital Transformation, enabling measurable improvement in frontline Virtual Care delivery.

## KEY OUTCOMES

- **Patients:** Improved timely access to appropriate care via Virtual Care, with increased confidence and reduced unnecessary conveyance
- **People:** Increased workforce capability and confidence in delivering Virtual Care
- **Partners:** Improved use of system pathways reducing ED demand
- **Operational:** Sustained increase in Hear & Treat and reduced reliance on physical response

## IN SCOPE - SMART OBJECTIVES

**By Q1 2026:** Establish programme governance, reporting and assurance arrangements, agree prioritised set of 2026/27 Virtual Care interventions, and implement initial “no regrets” improvements within existing capacity. The Virtual Care workforce model will be defined agreed, and baseline performance metrics will be confirmed.

**By Q2 2026:** Commence delivery of the priority Virtual Care interventions, across agreed pathways, launch the workforce model with initial training and role transition, and deploy minimum viable digital capability to support delivery.

**By Q3 2026:** Scale Virtual Care as a consistent frontline response across all operational pathways, embed the workforce model and training pathways across operational teams, and optimise pathway utilisation to improve performance inline with the agreed trajectory. Governance, KPI reporting and assurance will be embedded into BAU.

**By Q4 2027:** Demonstrate measurable benefits from in-year delivery, demonstrate sustained use of Virtual Care as a frontline response. Delivered interventions will be transitioned into BAU ownership with clear accountability, with evidence of realised patient, workforce and productivity benefits. Agree onward priorities from scoping sessions.

## LINK TO STRATEGY/BAF

### BAF Risk 1: Virtual Care Model Delivery

If the Trust fails to implement and embed a Virtual Care model that delivers a materially higher hear and treat rate, then demand will continue to outpace physical resource capacity, resulting in patient harm, failure to achieve strategic targets, and financial sustainability.

## OUT OF SCOPE

- Trust-wide digital transformation or system replacement
- Commissioning decisions, system funding or contractual arrangements.
- Estate reconfiguration or physical infrastructure changes.
- Overall Trust Productivity improvement.

# KEY PERFORMANCE INDICATORS & BENEFITS

## MILESTONES & KPIs

### VIRTUAL CARE PROGRAMME: IMPLEMENTATION PHASE

To deliver Virtual Care as a frontline response in 26/27 through measurable improvement in Hear & Treat, Virtual Consultation & Workforce capability

KPI 1: % Hear & Treat (Trustwide)  
(Source: IQR)

15.7%

17.3%

18.2%

19.1%

21.5%

KPI 2: % Virtual Consultations Reaching a H&T Outcome – (Source: IQR)

36%

38%

38%

38%

38%

KPI 3: % 48hr Representation Rate  
(Source: IQR)

8.9%

9%

9%

9%

9%

Q1

Q2

Q3

Q4

Baseline VC & Operational & Workforce Model with KPI framework established

Virtual Care defined as a frontline response with agree priorities

Governance, reporting & assurance embedded through Boards & Committees

Delivery of priority Virtual Care interventions commenced

Improvement in Virtual Care consultation & H&T performance demonstrated

Workforce model & digital enablement implementation initiated & KPI reporting in place

Virtual Care embedded as a consistent frontline response

Sustained improvement in H&T, Virtual Consultation & Workforce capability

Measurable improvements achieved against primary & supporting KPIs

Benefits realised across patient, workforce & productivity outcomes

Virtual Care embedded as a business as usual with transition to operational ownership

Benefit Description	Benefit Owner	Benefit Type	Outcome Measures / Link to KPI?	Baseline (As Is)	Target Benefit (To Be)	Baseline benefit realisation date	Forecast Benefit Realisation Date
Timely access to appropriate care through Virtual Care, improving patient experience, confidence & involvement in decision making	Chief Nursing Officer	Patients	Referral Rates to Non ED Harm/Incidents Reported Re: VC	2025/2026 Performance	Year on Year Improvement	Q1 26/27	Q4 26/27
A defined Virtual Care workforce with clear roles, competencies & training pathways, improving capability, confidence & clinical decision making	Chief Paramedic Officer	People	VC Training Completion Rate Internal progression	2025/2026 Reporting	Year on Year Improvement	Q1 26/27	Q4 26/27
Improved system productivity through increased use of Virtual Care as a frontline response reducing reliance on physical resource	Chief Operating Officer	Performance	Virtual Consultations Reaching a H&T Clinical Calls Per Hour	2025/2026 Performance	Year on Year Improvement	Q1 26/27	Q4 26/27

# RISKS & DEPENDENCIES

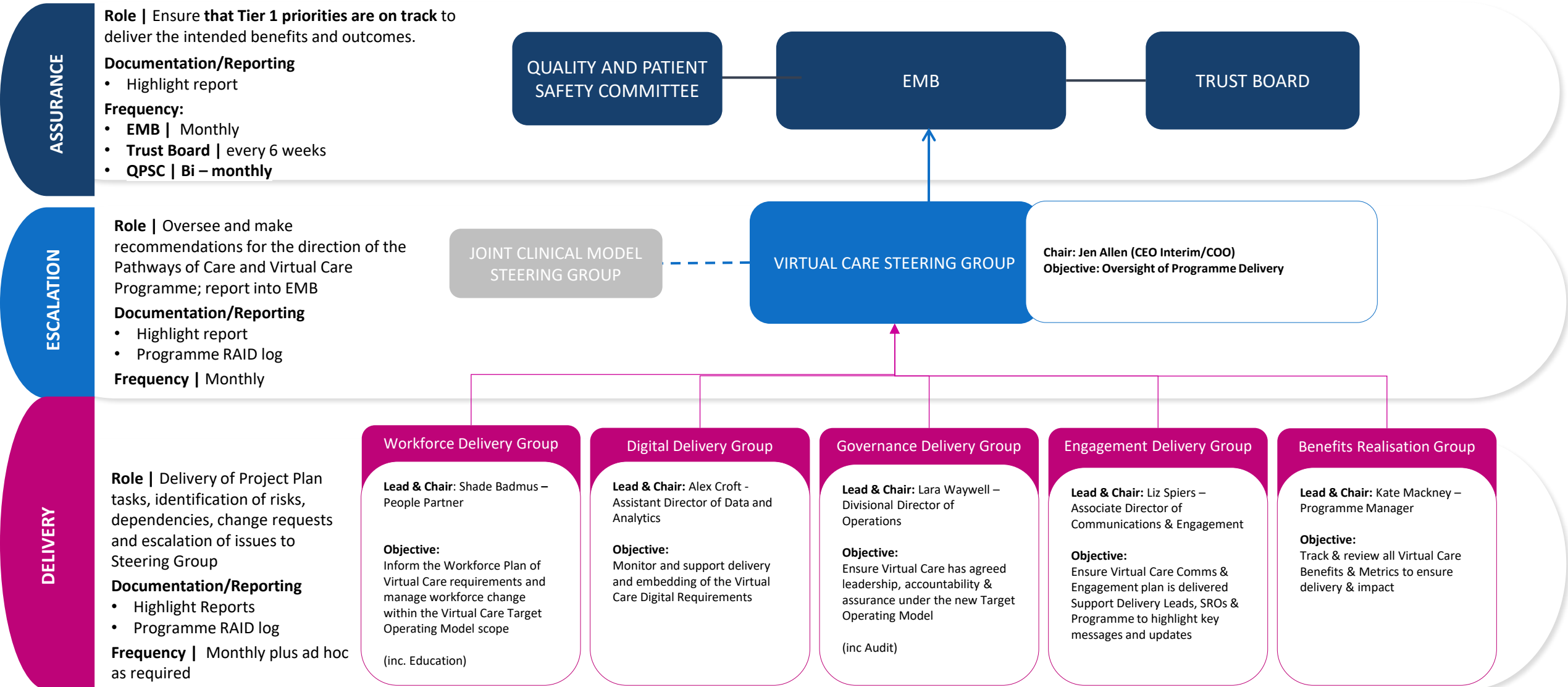
**Programme aim:** Deliver a prioritised set of Virtual Care improvements in 2026/27 including Digital Transformation, enabling measurable improvement in frontline Virtual Care delivery.

RISK ID & DESCRIPTION	APPETITE	BASELINE SCORE	CURRENT SCORE	MITIGATIONS
<b>TBC Workforce:</b> There is a risk that the absence of a clearly defined Virtual Care workforce model, including roles, competencies, training & transition approach, limits the Trust's ability to safely scale Virtual Care & deliver improved Hear & Treat outcomes	Within appetite	9	9	<ul style="list-style-type: none"> <li>Develop and implement a defined Virtual Care workforce model and competency framework</li> <li>Deliver aligned training pathways and phased workforce transition</li> <li>Embed workforce capability, training and adoption into delivery from Q2</li> <li>Align with Trust workforce planning and monitor capability through key metrics</li> <li>Support implementation through structured change and assurance</li> </ul>
<b>TBC Digital Transformation:</b> There is a risk that insufficient or misaligned digital capability limits the ability to deliver & scale Virtual Care as a frontline response	Within appetite	12	12	<ul style="list-style-type: none"> <li>Define minimum viable capability of new model</li> <li>Prioritisation exercise looking at what enhances existing systems, productivity &amp; is deliverable in year</li> <li>Phase implementation to allow incremental digital maturity</li> </ul>
<b>TBC Productivity:</b> There is a risk that failure to accelerate the delivery of Virtual Care interventions limits improvement in current Hear & Treat performance & increases pressure on physical response capacity	Outside appetite	9	9	<ul style="list-style-type: none"> <li>Clearly separate "business as usual" from transformation activity where possible</li> <li>Build contingency plans where new model elements are productivity critical</li> <li>Monitor leading indicators of operational pressure and productivity impact</li> </ul>

DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
<b>Joint Clinical Model (Group)</b>	<ul style="list-style-type: none"> <li>Alignment of clinical principles, pathways &amp; decision making across operational settings is required to ensure consistency in Virtual Care</li> </ul>	<ul style="list-style-type: none"> <li>Agree joint principles, model definition &amp; priorities through governance with alignment maintained through Boards &amp; Committees</li> </ul>
<b>Workforce Plan</b>	<ul style="list-style-type: none"> <li>Delivery is dependent on alignment to wider workforce planning, including resourcing, skill mix &amp; transition assumptions</li> </ul>	<ul style="list-style-type: none"> <li>Integrate Virtual Care workforce model into Trust workforce planning &amp; confirm transition approach aligned to demand &amp; capacity</li> </ul>
<b>Clinical Operating Model</b>	<ul style="list-style-type: none"> <li>Misalignment to the Clinical Operating Model may create inconsistency in clinical decision making &amp; limit effectiveness of Virtual Care</li> </ul>	<ul style="list-style-type: none"> <li>Maintain alignment with Clinical Operating Model governance, ensuring Virtual Care is embedded as a frontline response within clinical pathways</li> </ul>
<b>Digital Enablement</b>	<ul style="list-style-type: none"> <li>Insufficient or misaligned digital capability may constrain the ability to deliver &amp; scale Virtual Care</li> </ul>	<ul style="list-style-type: none"> <li>Define &amp; deploy minimum viable digital capability to support delivery, aligned to priority interventions &amp; phased implementation</li> </ul>

# GOVERNANCE & RESOURCE NEEDS

**Programme aim:** Deliver a prioritised set of Virtual Care improvements in 2026/27 including Digital Transformation, enabling measurable improvement in frontline Virtual Care delivery.





# Our People Enjoy Working at SECAmb

# 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.

## Associated IQR Metrics

- Staff recommendation as a place to work
- Appraisals
- Sickness absence
- Turnover
- Vacancy rate
- ER caseload
- Staff speaking up safely.

## 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 restructures 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.



# WORKFORCE TRANSFORMATION PROGRAMME

Executive Sponsor: Jaqui Lindridge & Sarah Wainwright  
Programme Manager: Roxy Oldershaw

Version 1.0 - Last updated 22 May 26

# SETTING THE SCENE

As this is a new programme, the below informs a shared understanding of the definitions and proposed interventions.

## PROBLEM STATEMENT

- SECAmb has for the last two years positioned workforce planning as a strategic priority, yet has been unable to progress beyond intention
- SECAmb lacks a single, agreed view of its clinical workforce (roles, capability and deployment), limiting the ability to plan safe, sustainable services and meet future demand.

## TARGETED INTERVENTION

A **focused clinical workforce design review across 999 service delivery** will establish a robust clinical foundation and provide the evidence needed to inform future workforce planning.

### PHASE 1 (Jun - Nov 26) – Executive Sponsor: Jaqui Lindridge

Establish a baseline of current clinical workforce roles contributing to 999 service delivery and define the future clinical role architecture. **By November 2026 we will have:**

- A **single, agreed view of our current clinical workforce**
- A **defined clinical workforce structure** (future principles)
- **Clear strategic choices** to inform the 27/28 workforce plan

### PHASE 2 (Dec 26 into Y2) – Executive Sponsor: Sarah Wainwright

Phase 1 outputs will inform development of a high-level clinical workforce design and a roadmap for broader workforce transformation, including implications for non-clinical and corporate functions. A detailed corporate workforce design and full implementation planning will be developed iteratively in subsequent phases.

## DEFINITIONS

The following definitions are used consistently to describe the scope and deliverables within this programme:

- **Clinical Workforce Baseline** (the foundation): A detailed, agreed view of current clinical roles across 999 service delivery
- **Workforce Architecture** (Phase 1 output): The high-level structure of the clinical workforce and how they fit together to deliver care.
- **Workforce Design** (the “what”): What future workforce capability (roles, skills, structures) is required to deliver safe, effective care?
- **Workforce Plan** (the “how”): How do we get from current to future state (phased roadmap including headcount, cost, timeline, risks)
- **Workforce Transformation Programme** (the output): A multi-year initiative to develop a coherent, clinically-led workforce design and workforce plan aligned to service delivery and models of care.

## ASSUMPTIONS

- Critical care review interim report completed by Autumn 26 to inform 27/28 Medium Term Planning (Board sign off + NHSE submission in Dec)
- An iterative approach is accepted to allow programme to grow in line with internal and external context changes

# PROGRAMME OVERVIEW

*Programme aim: Develop a clinically-led, organisation-wide workforce model and multi-year workforce plan that ensures the right capability and capacity to deliver safe, effective care.*

## KEY OUTCOMES

- **Clinical workforce foundation** | A single agreed view of workforce capabilities across 999 service delivery
- **Clearly defined clinical workforce capability and capacity** | Workforce aligned to patient demand
- **Improved leadership** | Clear visibility of workforce requirements, gaps and risks, informing decision-making
- **Clinically-informed workforce design** | A sustainable multi-year plan enabling a differentiated response tailored to patient need

## LINK TO STRATEGY

- **BAF RISK 1** - Virtual Care Model Delivery
- **BAF RISK 2** - System Engagement, Models and Pathways of Care, and Left-Shift
- **BAF RISK 5** – Leadership Continuity & Group Transition

## IN SCOPE - SMART OBJECTIVES

### PHASE 1 (by Q3 2026)

- Complete a **baseline of clinical workforce roles** contributing to 999 service delivery (involved in patient assessment and management) including role definitions, numbers and variation.
- Develop a clinically-led **workforce architecture and principles**, defining roles, capability and structure to inform future organisational workforce design.

### PHASE 2 (by Q4 2026)

- Develop a high-level **clinical workforce design** and a **roadmap for broader workforce transformation**, including implications for non-clinical and corporate functions, with detailed modelling and implementation planning developed iteratively through Phase 2.

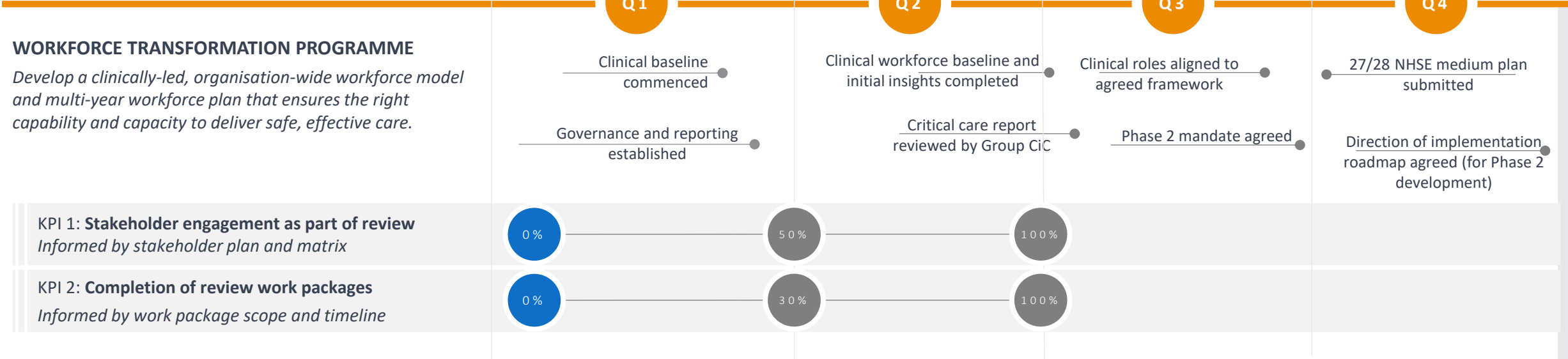
## OUT OF SCOPE for PHASE 1

- 111 roles, call handling functions, non-clinical and corporate roles
- Any specific models of care or H&T modelling
- Estates, fleet & digital infrastructure decisions
- Pay structures & AfC banding negotiations

# KEY PERFORMANCE INDICATORS & BENEFITS

The benefits outlined above are expected to be realised following implementation of workforce design in Phase 2. Phase 1 establishes the baseline and design required to define measurable improvements.

## MILESTONES & KPIs



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures	Baseline (As Is)	Target Benefit (To Be)	Benefit realisation date
<b>Improved workforce stability and resilience</b> Clear clinical workforce design and multi-year plan support retention and service continuity	CPeO	People	Annual rolling staff turnover rate	Current IQR position	Define target following Phase 1 outputs	Phase 2 (post-implementation)
<b>Safer and more sustainable patient care</b> Workforce capability and capacity aligned to patient needs reduces clinical risk and supports safe, effective care delivery.	CPaO	Patients	Registrant-led care (to be defined)	TBC		
<b>Improved productivity and system value</b> Better workforce deployment improves clinical productivity and increases use of alternative care pathways, reducing avoidable demand on ambulance services	CFO	Productivity	To be defined following Phase 1 outputs	TBC		

# RISKS & DEPENDENCIES

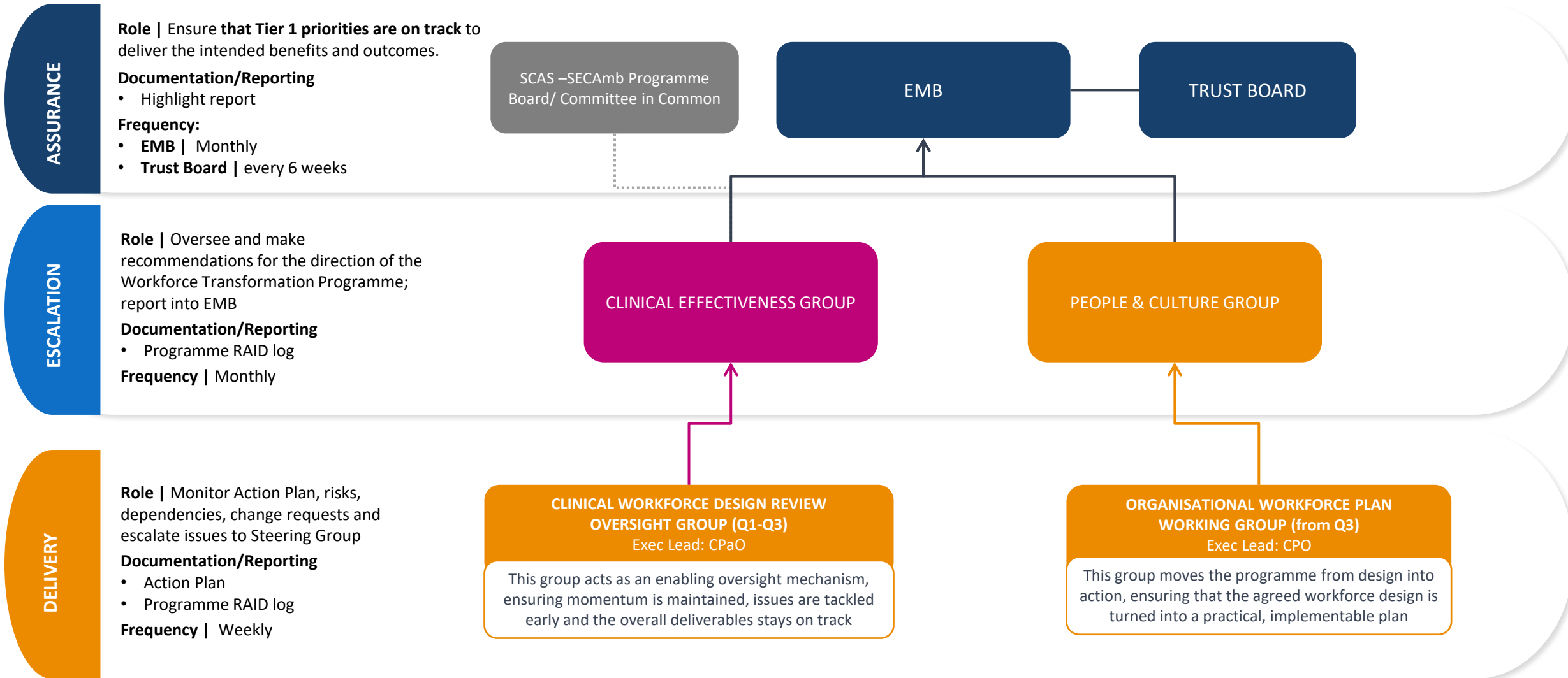
**Programme aim:** Develop a clinically-led, organisation-wide workforce model and multi-year workforce plan that ensures the *right capability and capacity to deliver safe, effective care*

RISK ID & DESCRIPTION	APPETITE	BASELINE SCORE	TARGET SCORE	MITIGATIONS
<b>WT1 Review Outcomes Delay</b> There is a risk that <b>delays in review outcomes</b> result in the workforce <b>plan not being approved in time for the NHSE submission deadline</b> , leading to reduced organisational assurance and potential planning non-compliance.	Within appetite	12	8	<ul style="list-style-type: none"> <li>Close monitoring of agreed work packages</li> <li>Weekly check-ins with programme stakeholders and SCAS</li> <li>Escalation if slip evident by July</li> </ul>
<b>WT2 Leadership Disengagement</b> There is a risk that <b>leaders are not sufficiently engaged</b> in the workforce design and review process, resulting in <b>lack of buy-in, delays to approval, workforce changes not implemented effectively</b> .	Within appetite	12	8	<ul style="list-style-type: none"> <li>Regular forum meetings</li> <li>Strong communication strategy and reporting forums</li> <li>Exec support via joint E2E forum</li> </ul>
<b>WT3 Alignment between clinical and enabling functions</b> There is a risk that the <b>clinically-led workforce review</b> results will lead to <b>additional changes to clinical and corporate workforce capacity and capability</b>	Outside appetite	16	8	<ul style="list-style-type: none"> <li>Alignment to organisation-wide workforce model (not clinical in isolation)</li> <li>Joint People Services and Paramedicine leadership</li> <li>Executive oversight and cross-directorate engagement</li> </ul>

DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
<b>Joint Clinical Operating Model</b> Integration with wider programme of work to ensure consistency	<ul style="list-style-type: none"> <li>SECamb oversight arrangements required to cover org gap from review only focusing on critical care</li> </ul>	<ul style="list-style-type: none"> <li>Streamlined governance and reporting structure, with clear ownership and accountability</li> </ul>
<b>Clinical Operating Model, Models of Care &amp; Virtual Care</b> Agreement and stability of models of care & service delivery assumptions.	<ul style="list-style-type: none"> <li>Workforce design will be shaped by agreed models of care and planning assumptions.</li> </ul>	<ul style="list-style-type: none"> <li>Close alignment with Clinical Strategy leads</li> <li>Use agreed planning assumptions and scenario modelling</li> </ul>
<b>Data Quality and Business Intelligence</b> Reliable, consistent workforce, activity and performance data (ESR, demand modelling, BI outputs).	<ul style="list-style-type: none"> <li>Incomplete or inconsistent data limits confidence in workforce baselines, gap analysis and future modelling.</li> </ul>	<ul style="list-style-type: none"> <li>Agreed minimum viable dataset</li> <li>Close working with BI and People Analytics</li> <li>Transparent data limitations recording</li> </ul>

# GOVERNANCE

**Programme aim:** Develop a clinically-led, organisation-wide workforce model and multi-year workforce plan that ensures the **right capability and capacity to deliver safe, effective care** aligned to the current and future models of care.





# ORGANISATIONAL OPERATING MODEL PROGRAMME

Executive Sponsor: Sarah Wainwright  
Programme Managers: Victoria Cole & Roxana Oldershaw

Version 1.0 - Last updated 28 May 2026



# PROGRAMME OVERVIEW

*Programme aim | Embed SECAmb's organisational operating model through phased implementation of clinical and corporate organisational changes, establishing effective governance, clear accountability and leadership capability to deliver sustainable operational, workforce and financial benefit.*

## KEY OUTCOMES

- 1. Embedded organisational operating model** | The organisational operating model is consistently applied across divisions and teams, reducing variation and strengthening accountability.
- 2. A clear divisional governance structure** | Divisions operate with clear, assured sub-EMB level governance connecting frontline service delivery to Trust-level assurance, enabling consistent decision-making.
- 3. Established leadership capability and Organisational Development offer** | Foundations for effective Trust-wide leadership capability are established across divisions enabling teams to operate with greater cohesion and effectiveness.
- 4. Financial sustainability** | Restructures deliver planned efficiencies and cost improvements that support long-term organisational sustainability.
- 5. Well-managed organisational transition** | Organisational change delivered with robust governance and targeted support, minimising negative impact on staff and supporting a stable transition

## LINK TO STRATEGY/BAF

- **BAF RISK 3** - Implementation of Organisational Restructure
- **BAF RISK 4** – Cost Improvement
- **BAF RISK 6** - People Function Capability & Stability

# PROGRAMME OVERVIEW

*Programme aim | Embed SECAmb's organisational operating model through phased implementation of clinical and corporate organisational changes, establishing effective governance, clear accountability and leadership capability to deliver sustainable operational, workforce and financial benefit.*

## IN SCOPE - SMART OBJECTIVES

### Workstream 1 | Divisional Operating Model Review Response

- Agree a clear divisional governance framework and confirm Div Leadership and OD scope and phasing by end of Q1
- Refreshed governance framework operational by end of Q2
- Commence Divisional Leadership & OD programme for Field Ops Divisions by end Q2
- Divisional Model Review (Stage 2) completed by end of Q4

### Workstream 2 | Divisional Operating Model Design & Development

- Confirm IC and RSO design principles to enable structured progression aligned to system dependencies by end Q1
- Design and agree IC leadership structure and progress RSO light-touch structural progression by end of Q2
- Complete outstanding restructures designed in 25/26 (Scheduling, Dispatch, Clinical Leadership) by end Q2
- Implement IC operating model and progress RSO structural alignment in line with Group model development by end Q3

### Workstream 3 | Corporate Operating Model (phasing under review)

Establish and embed an assured corporate organisational process across Phases 3–5, with phased implementation assurance, clear role definition and accountability aligned to the Trust operating model:

- Phase 3 – Partnerships, PMO, Wellbeing and Medicines Governance: 90% of approved roles appointed by end of Q3
- Phase 4 – Digital: Restructure implementation complete, with 70% of roles filled by end of Q4
- Phase 5 – People Services: Restructure implementation complete, with 50% of roles in post or appointed by end of Q4

## OUT OF SCOPE

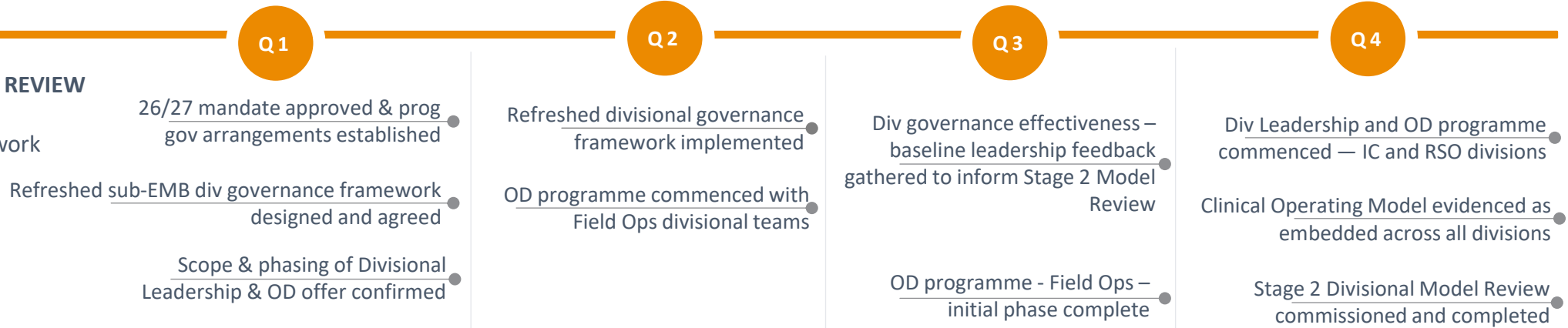
- Virtual Care model design & delivery
- Group operating model and SCAS collaboration design decisions
- OD programme delivery – the Clin Op Model programme scopes the OD offer. Delivery accountability sits with People Services.
- Other corporate organisational changes
- Clinical workforce redesign and clinical operating model changes
- Policy implementation
- Digital Transformation programmes
- Estates and fleet changes
- BAU performance management post-implementation

# KPI & BENEFITS | DIVISIONAL OPERATING MODEL REVIEW RESPONSE

## MILESTONES & KPIS

### DIVISIONAL OPERATING MODEL REVIEW RESPONSE | WORKSTREAM 1

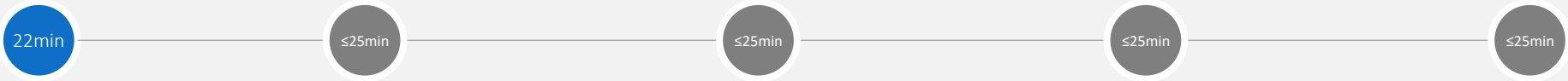
- Divisional Governance Framework
- Leadership and OD offer



### KPI 1: Reduction in unwarranted variation of CAT 2 mean response time across divisions

Monthly C2 targets vary across the year in line with seasonal demand assumptions. Initial measure aligned to Trust CAT2 target - future KPI focus may incorporate divisional variation.

Note: Measures will continue to mature through implementation



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures (IQR)	Baseline (As Is)	Target Benefit (To Be)	Realisation date
Improved organisational governance and accountability	COO / SRO	Performance	DOM Review Stage 2 findings	TBC – Q1 baseline	Positive improvement	Q4 26/27
Reduced unwarranted variation in operational delivery across divisions	COO / SRO	Performance	Variance in Cat 2 mean across divisions	TBC – from IQR	Reduction on baseline	Q4 26/27
Improved Leadership experience across divisions	COO / SRO	People	NHS Staff Survey   Theme – Teamworking - Teams within this organisation work well together to achieve their objectives.	49.13%	Positive improvement	Q4 26/27

# KPI & BENEFITS | OPERATING MODEL DESIGN & DEVELOPMENT

## MILESTONES & KPIs

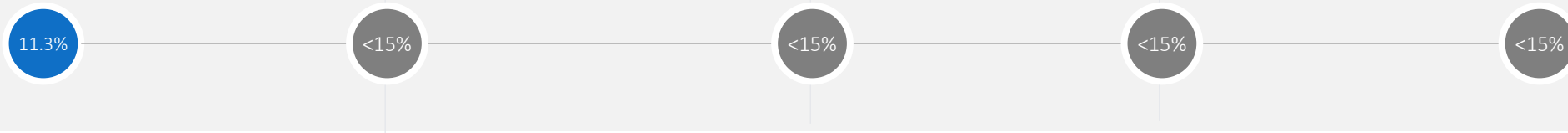
### OPERATING MODEL DESIGN & DEVELOPMENT | WORKSTREAM 2

- 25/26 Operational & Clinical Restructures completion
- IC Leadership structure development & implementation
- RSO leadership structure development & implementation



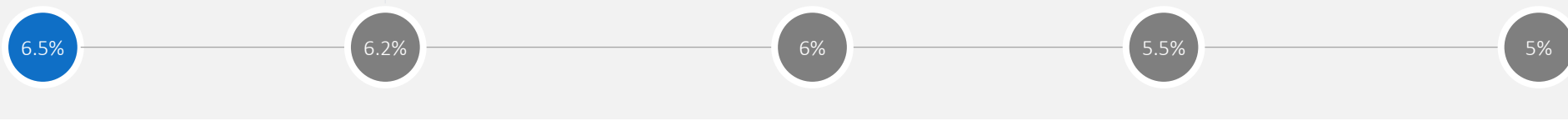
#### KPI 1: 12-month rolling staff turnover rate

Clearer roles and structure reduce uncertainty and improve retention. Turnover target aligned to Trust threshold (<15%) recognising anticipated organisational change impacts



#### KPI 2: 12-month rolling sickness absence rate

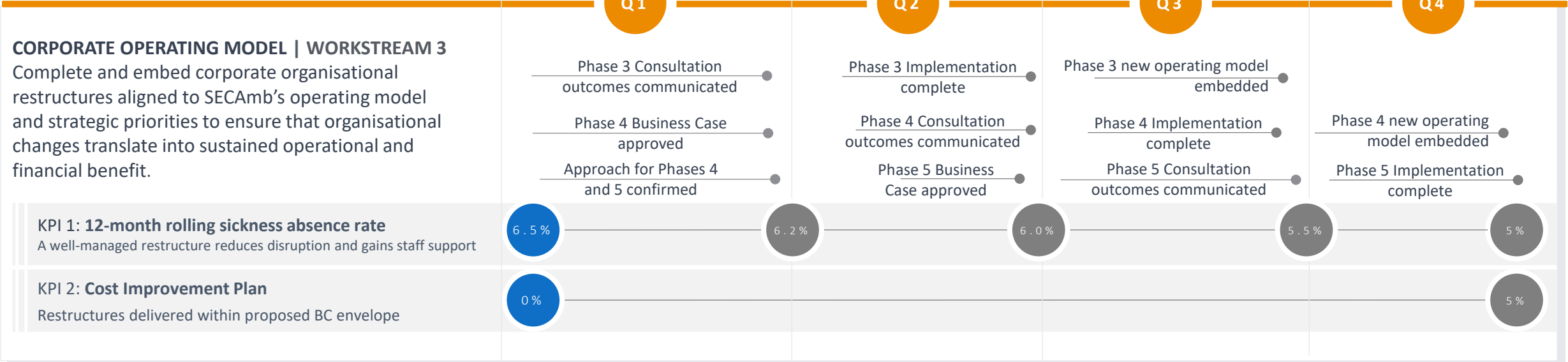
A well-managed restructure reduces disruption and gains staff support



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures (IQR)	Baseline (As Is)	Target Benefit (To Be)	Realisation date
Clearer divisional structures reducing uncertainty and improving retention	COO / SRO	People	12 -month rolling staff turnover rate	11.3%	<15% (aligned to Trust threshold - recognising anticipated organisational change impacts)	Q4 26/27
Well-managed restructures minimising disruption to staff	COO / SRO	People	12-month rolling sickness absence rate	6.5%	5%	Q4 26/27
IC & RSO Operating models implemented and functioning	COO / SRO	Sustainability	% roles defined within IC and RSO structures	0%	100%	Q3 26/27

# KPI & BENEFITS | CORPORATE OPERATING MODEL

## MILESTONES & KPIs



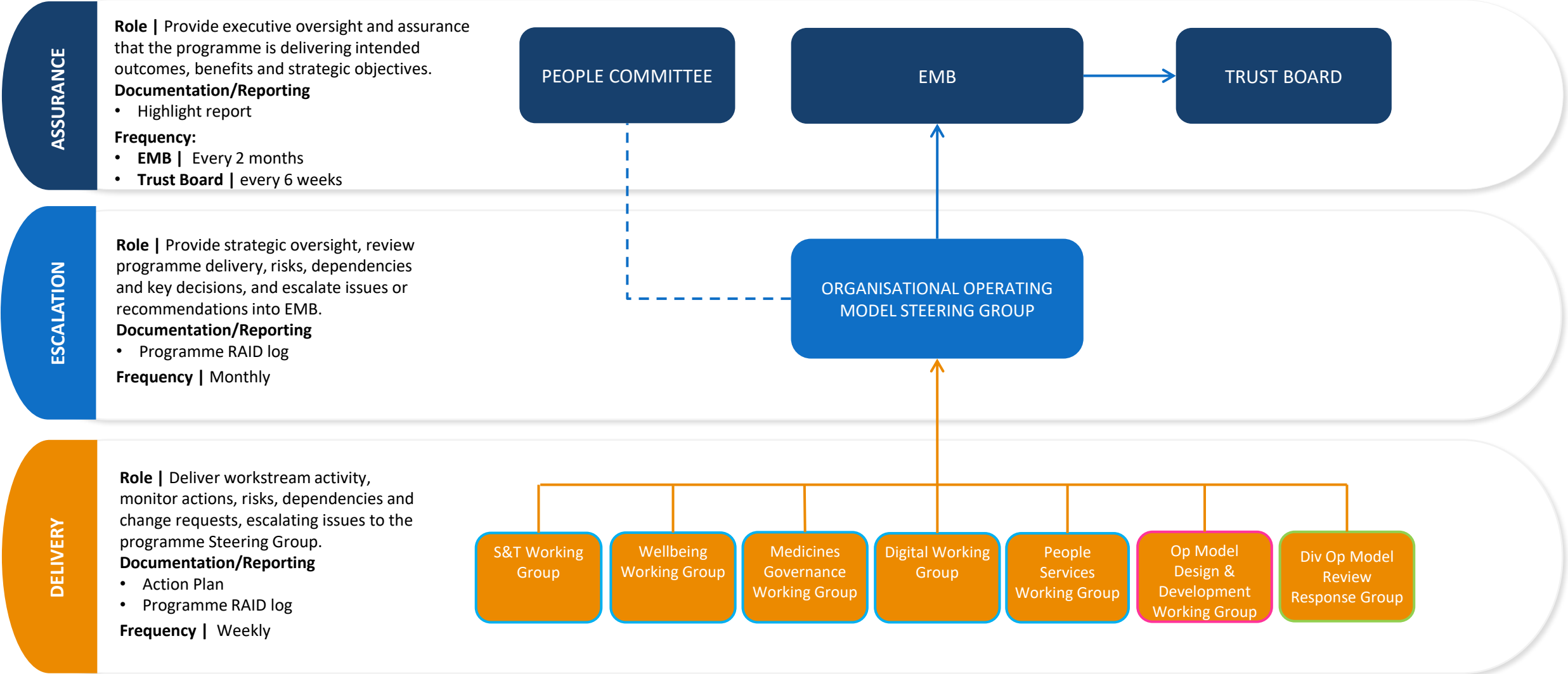
Benefit Description	Benefit Owner	Benefit Type	Outcome Measures (IQR)	Baseline (As Is)	Target Benefit (To Be)	Benefit realisation date
<b>Improved staff satisfaction and engagement</b> Clear roles and responsibilities leading to reduced staff turnover and long-term sickness absence	CPO	People	12-month rolling staff turnover rate	11.3%	Maintain within agreed range (<15%) during org change	Q4 26/27
			12-month rolling sickness absence rate	6.5%	5%	Q4 26/27
			NHS Staff Survey   Theme – Motivation - I look forward to going to work	47.45%	Positive improvement	Q4 26/27
<b>Long-term financial sustainability</b> Delivery of corporate restructures achieves a 5% reduction in corporate costs, contributing towards the planned Trust CIP value	CFO	Pounds	Current CIP value	£5.7mil	£8.9mil	Q4 26/27

RISK ID & DESCRIPTION	APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
<b>TBC Operating Model Misalignment</b> There is a risk that corporate, clinical and governance arrangements do not align to support the divisional model, resulting in duplication, unclear governance and reduced Board-to-delivery visibility — preventing devolved autonomy being realised and creating organisational gaps and friction.	Outside appetite	16	8	<ul style="list-style-type: none"> <li>• Clear governance arrangements and escalation routes established</li> <li>• Defined boundaries and accountabilities across operating model changes</li> <li>• Programme governance maintains oversight of interdependencies</li> </ul>
<b>TBC Divisional Maturity</b> There is a risk that structural changes from 25/26 do not translate into measurable operational improvement, limiting benefit realisation and impacting staff and patient outcomes.	Within appetite	12	8	<ul style="list-style-type: none"> <li>• Programme focus on embedding and evidencing</li> <li>• Benefits tracked through IQR metrics (Cat 2 variance, turnover, sickness absence)</li> <li>• Stage 2 DOM Review at Q4 provides independent assessment</li> <li>• OD programme sequenced to support divisions to operate effectively</li> </ul>
<b>TBC IC Leadership Continuity</b> There is a risk that significant immediate change in IC divisional leadership creates a continuity gap, affecting IC operating model development and operational stability during transition.	Within appetite	12	8	<ul style="list-style-type: none"> <li>• Senior IC posts backfilled as priority &amp; IC structure development scoped for Q2</li> <li>• Robust governance framework to ensure early risk identification</li> <li>• SCAS group model explored for earlier collaboration opportunities and/or operational support</li> </ul>
<b>729 Workforce Sensitivities / Change Fatigue</b> There is a risk that concurrent organisational change programmes create workforce pressure and change fatigue resulting in increased sickness absence, grievances and staff disengagement	Within appetite	12	8	<ul style="list-style-type: none"> <li>• HR and operational leaders maintain proactive engagement with teams &amp; TUs</li> <li>• Restructure workstreams sequenced to reduce cumulative workforce impact</li> <li>• Change fatigue monitored through staff feedback, sickness absence and grievance trends</li> </ul>
<b>TBC Delays to implementation</b> There is a risk that consultation timelines are delayed, resulting in slippage to implementation and delayed delivery of benefits and savings.	Within appetite	12	8	<ul style="list-style-type: none"> <li>• Realistic timelines including contingency buffers</li> <li>• Weekly tracking against milestones and regular reviews</li> <li>• Ongoing TU engagement</li> <li>• Escalations to Exec if sequencing needs revising</li> </ul>
<b>TBC Failure to deliver Financial Savings</b> There is a risk that restructures do not deliver the planned 5% cost reductions or lead to redundancy and pay protection over-payments , resulting in financial pressure.	Within appetite	12	8	<ul style="list-style-type: none"> <li>• Clear savings targets linked to structure</li> <li>• Delivery tracking through governance forums</li> <li>• Alignment with CIP and finance teams</li> </ul>
<b>TBC Recruitment Gaps</b> There is a risk that the Trust is unable to recruit to key or specialist roles, resulting in vacancies, reduced capability and delays to implementation.	Outside appetite	16	8	<ul style="list-style-type: none"> <li>• Targeted recruitment campaigns</li> <li>• Use of interim or secondment opportunities</li> <li>• Market-informed role design (new JDs)</li> </ul>

# DEPENDENCIES

DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
<b>Group model Development</b>	Future Group development and collaboration arrangements may influence workforce design, shared services, governance structures and operating model assumptions. Emerging changes could affect the permanence, scope and sequencing of organisational structures and require future design adaptation.	<ul style="list-style-type: none"> <li>Structures designed to evolve as Group arrangements mature</li> <li>Alignment maintained with Group programme timelines and governance</li> <li>Phased implementation approach enables adaptation where required</li> <li>Programme governance maintains oversight of emerging dependencies</li> </ul>
<b>Virtual Care Model</b>	The Virtual Care strategy is approved at Trust Board however detailed target operating model characteristics are still being confirmed. Leadership arrangements for dual-role Virtual Care staff directly affect IC leadership structure design and any material change to the Virtual Care model would require the IC structure to be reviewed.	<ul style="list-style-type: none"> <li>IC structure designed to evolve as the Virtual Care model develops</li> <li>Virtual Care operating model characteristics confirmed as a design input</li> <li>Ongoing oversight maintained through programme governance</li> </ul>
<b>EMB Gov &amp; Strategic Business Planning</b>	EMB governance review and development of divisional strategic business planning must align with the divisional governance refresh being delivered through this programme. Misalignment between sub-EMB and EMB-level governance could result in conflicting structures and require rework.	<ul style="list-style-type: none"> <li>Div gov framework to be aligned with EMB gov review prior to implementation</li> <li>External systems governance map incorporated into Stage 2 Divisional Model Review scope at Q4</li> </ul>
<b>People Services – Leadership &amp; OD Delivery</b>	This programme scopes and defines the Div Leadership and OD offer but commissioning and delivery accountability sits with People Services (Leadership Framework Implementation Plan). Delay or lack of capacity in People Services to resource and deliver the OD programme could affect the pace and quality of leadership development across divisions.	<ul style="list-style-type: none"> <li>OD scope and phasing formally agreed with People Services by end Q1</li> <li>Delivery plan confirmed and resourced before Field Ops OD commences Q2</li> </ul>
<b>Other organisational change initiatives</b>	Alignment with policy, Clinical Operating Model, Cost of Improvement programme, digital and estates transformation activity remains required. Concurrent organisational change activity may affect implementation sequencing, workforce capacity and planning assumptions, impacting the ability to implement new structures and ways of working as planned.	<ul style="list-style-type: none"> <li>Use of agreed planning assumptions and regular review points</li> <li>Coordinated programme governance</li> <li>Escalation of interdependencies through oversight structures</li> </ul>

# GOVERNANCE (Draft tbc)





# We Are A Sustainable Partner As Part Of An Integrated NHS

# 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 – 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 Associated IQR Metrics

- Urgent Community Response (UCR) acceptance rate
- Job cycle time
- Resources per incident
- Cost improvement programme
- Vehicles off road (ghost call signs)
- Make-ready compliance

## 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.

**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.



We are a sustainable partner as part of an integrated NHS

# We Are A Sustainable Partner As Part Of An Integrated NHS

## Digital Transformation Programme

Executive Sponsor: Jaqualine Lindridge  
SRO: Nick Roberts  
Programme Manager: Reeta Hosein

May 2026 – Version v0.4



# PROGRAMME OVERVIEW

## Programme aim:

To deliver a coordinated portfolio of initiatives in 2026/27 that improve clinical productivity, workforce efficiency, decision-making and organisational resilience, while establishing strong foundations for sustained improvement across SECAMB.



## KEY OUTCOMES

- **Clinical Productivity:** Faster, more effective triage, assessment, response, and handover to increase hear and treat and reduce our C2 mean response time to deliver the right care, sooner, for more patients.
- **Corporate Productivity:** Reduced administrative burden and improved workforce management, enabling more efficient rostering, better sickness control, and increased productivity across frontline and support teams.
- **Business Intelligence:** Moving to a single, modern data platform that puts trusted data into the hands of decision-makers, supporting self-service analytics, integrated insight, and a step change in evidence-based management.
- **Foundational Delivery :** A secure, resilient, and interoperable digital estate that provides the foundations for multi-year transformation and enables effective collaboration with SCAS under the SCSEAG group model.

## IN SCOPE - SMART OBJECTIVES

- **Clinical Productivity:** By end 2026/27, deliver productivity and safety improvements across Integrated Care and Field Operations through automation, AI-enabled clinical tooling, secure mobile access to patient records, and improved information consistency. Measured by hear & treat rate, C2 mean response time, and staff feedback.
- **Corporate Productivity:** By end Q3 2026/27, modernise pay and workforce foundations via the GRS Cloud upgrade, improved ESR data quality and ESR v2 readiness, and a completed business case for a joint SCAS/SECAMB Workforce Management System. By end Q2 agree plan for improved Learning Management, including tools used and record access.
- **Business Intelligence:** By end Q2 2026/27, deliver full mySECAMB rollout across Field Ops and Virtual Care, alongside standardised and self-service reporting for divisional teams on trusted, integrated data. By Q3, agree the basis of a unified SCAS/SECAMB reporting model for Trusts and Commissioners.
- **Foundational Delivery** Build the secure, resilient digital estate underpinning multi-year transformation.
  - National tenant (Q4): complete migration to the central NHS Microsoft tenant, enabling SCAS integration.
  - Cyber Security implement managed CSOC integrated with NHSE, reducing cyber BAF risk from 16 to 12

## LINK TO STRATEGY/BAF

Directly supports the SECAMB Trust Strategy 2024–2029: “Saving Lives, Serving Our Communities” by:

- Improving the quality and safety of care delivered to patients.
  - Strengthening operational productivity and efficiency, helping services respond more effectively to demand.
  - Strengthening organisational resilience, including protection of critical services and information.
- 
- Risk: Cyber Security Vulnerabilities
  - Risk Digital Capacity, Capability & Investment

## OUT OF SCOPE

- Major operational redesign not Led or enabled by digital change.
- Full replacement of core clinical judgement or automated clinical decision-making.
- Delivery of multi-year programmes beyond approved Year-1 scope (unless explicitly included).
- Transformation programmes owned by other programmes, where Digital and this programme only provides enabling support.

# Digital Transformation Programme — Milestones

Note: Some of these still need to be confirmed

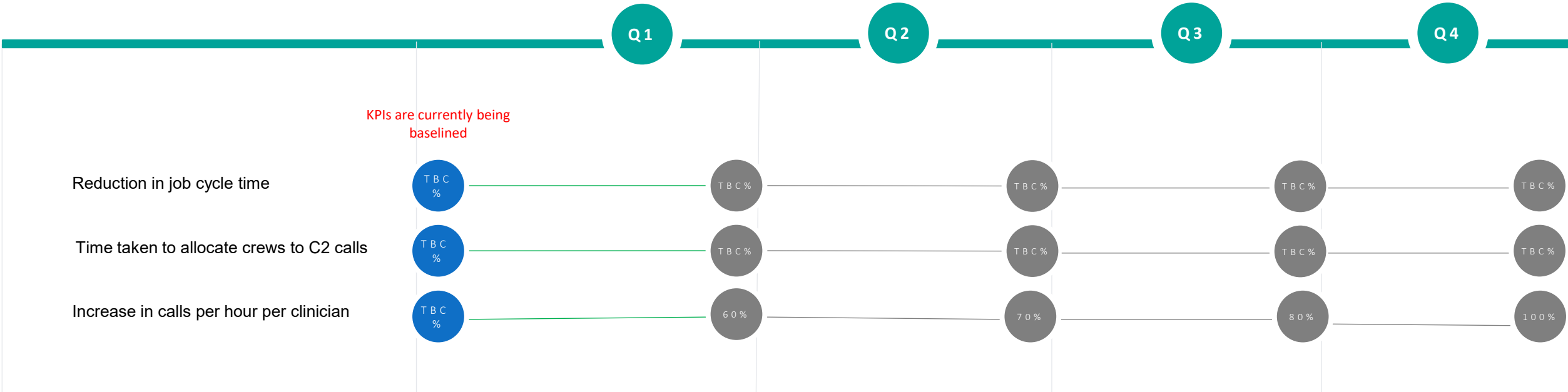


South East Coast  
Ambulance Service



Workstream / Priority	2026/27				2027/28	
	Q1	Q2	Q3	Q4	Q1	Q2
<b>Clinical Productivity</b>	<b>6 priorities</b>					
Auto-allocation of calls (Hear & Treat)	Embed in EOC	Build & Pilot	Roll-out & embed	Evaluation		
Automation of ECAL process	Reqs & Safety Case	Build & Testing	UAT & Go-live			
Auto-allocation of vehicles	CAD rules applied	Roll-out C1 & C2	Evaluation			
Optimisation of ePCR (info flows)	Data mapping	Build & Pilot	UAT & Partners	Rollout & BAU		
Automation of clinical audit	Governance & Rules	Build & Pilot	UAT & Rollout			
WiFi in EDs (GovRoam) & summary transfer	Partners & API	Build & Pilot	Eval & Plan	Staged Rollout	continues → Q4 27/28	
<b>Corporate Productivity</b>	<b>5 priorities</b>					
Section 2 payments	Scope, Design & Build	Test & Go-Live				
Organisational use of ESR	Diagnostic	Config & Pilot	Go-Live			
EOC rostering		Planning - TBC				
Sickness management		Delivery - milestones TBC				
Workforce management	P1: Training dashboard			P2: Skills & resource		
<b>Business Intelligence</b>	<b>5 priorities</b>					
Data Platform & Self-Service	Setup & procurement		Core platform & ingest	Semantic & self-serve	Ops rollout & APIs	
Planning & Modelling	Demand analysis	Model build	Deploy & handover			
Divisional reporting	Reqs - Build - Go-Live					
mySECAmb (self-service)	Purpose & build	Rollout & adoption				
Financial reporting	Data mapping	Integration & build	Deploy & govern			
<b>Foundational Delivery</b>	<b>2 priorities</b>					
Cyber Security (managed CSOC)	Procure & Business Case		Implement & integrate (NHSE)			
Microsoft tenant migration (NHSmal)	Plan & prep		Migration	Rollout & embed		

# KEY PERFORMANCE INDICATORS & BENEFITS



Benefit Description	Benefit Owner	Benefit Type	Outcome Measures / Link to KPI?	Baseline (As Is)	Target Benefit (To Be)	Baseline Benefit realisation date	Forecast Benefit Realisation Date
<b>Faster job cycle time through better data access.</b> Field and virtual care staff use mySECamb self-service reporting to drive clinical and productivity conversations, while Shared Care Records give clinicians point-of-care visibility of patient data for faster, better-informed decisions.	Assistant Director of Data and Analytics	Quality / Efficiency	<ul style="list-style-type: none"> <li>Reduction in average job cycle time minute</li> <li>75% uptake in mySECamb by field and virtual care staff</li> <li>60% of patient contacts with shared care record accessed</li> </ul>	0%	1 – minute reduction	Apr 2026	Q4 26/27
<b>Faster resource allocation for C2 calls.</b> Expanding CAD auto-allocation — using a response matrix to select the next most appropriate resource — speeds allocation to C2 patients, reduces the resources allocated to and responding to each incident (API/RPI), and improves the C2 mean.	Head of Critical Systems	Efficiency	<ul style="list-style-type: none"> <li>Reduction in time taken to allocate resources to C2 calls</li> <li>Reduction in Allocations Per Incident (API) and Responses Per Incident (RPI)</li> <li>Reduction in C2 mean response time</li> </ul>	TBD	TBD	Apr 2026	Q4 26/27
<b>Increase the calls per hour by clinicians through automatic allocation of calls.</b> Auto allocation of calls will enable clinicians to be focusing their time on patients, taking calls from neighbouring areas and reduce the time spent sifting through the stack.	Programme Manager	Productivity / Cost	<ul style="list-style-type: none"> <li>Increase in calls per hour per clinician</li> </ul>	TBD	TBD	Apr 2026	Q4 26/27

# Risks & Dependencies

## Programme aim:

To deliver a coordinated portfolio of initiatives in 2026/27 that improve clinical productivity, workforce efficiency, decision-making and organisational resilience, while establishing strong foundations for sustained improvement across SECAmb.



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RISK ID	RISK DESCRIPTION	APPETITE	CURRENT	TARGET	MITIGATION
708	<b>Cyber Security Vulnerabilities</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	Outside appetite	15	12	<ul style="list-style-type: none"> <li>Seek Board approval for the cyber improvement plan in Q2 to enable required investment (Cyber Security Business Case)</li> <li>Work in partnership with others to provide 24/7 monitoring and response. (SASC CSOC collaborative)</li> <li>Introduce improvements in phases to strengthen protection and resilience</li> <li>Replace and upgrade critical security controls where needed</li> <li>Track progress against national standards through regular governance review (DSPT)</li> </ul>
	<b>Digital Capacity, Capability &amp; Investment</b> <ul style="list-style-type: none"> <li>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.</li> </ul>	Outside appetite	16	8	<ul style="list-style-type: none"> <li>Clear prioritisation and controlled delivery: Focus on the most critical priorities and deliver work in manageable phases, supported by strong programme oversight</li> <li>Maintain capacity and capability: Use available vacancies or flexible resourcing to ensure essential roles remain covered and skills are retained</li> <li>Managed organisational change: Develop and implement a clear restructuring plan with HR support to maintain stability and staff confidence during transition</li> </ul>

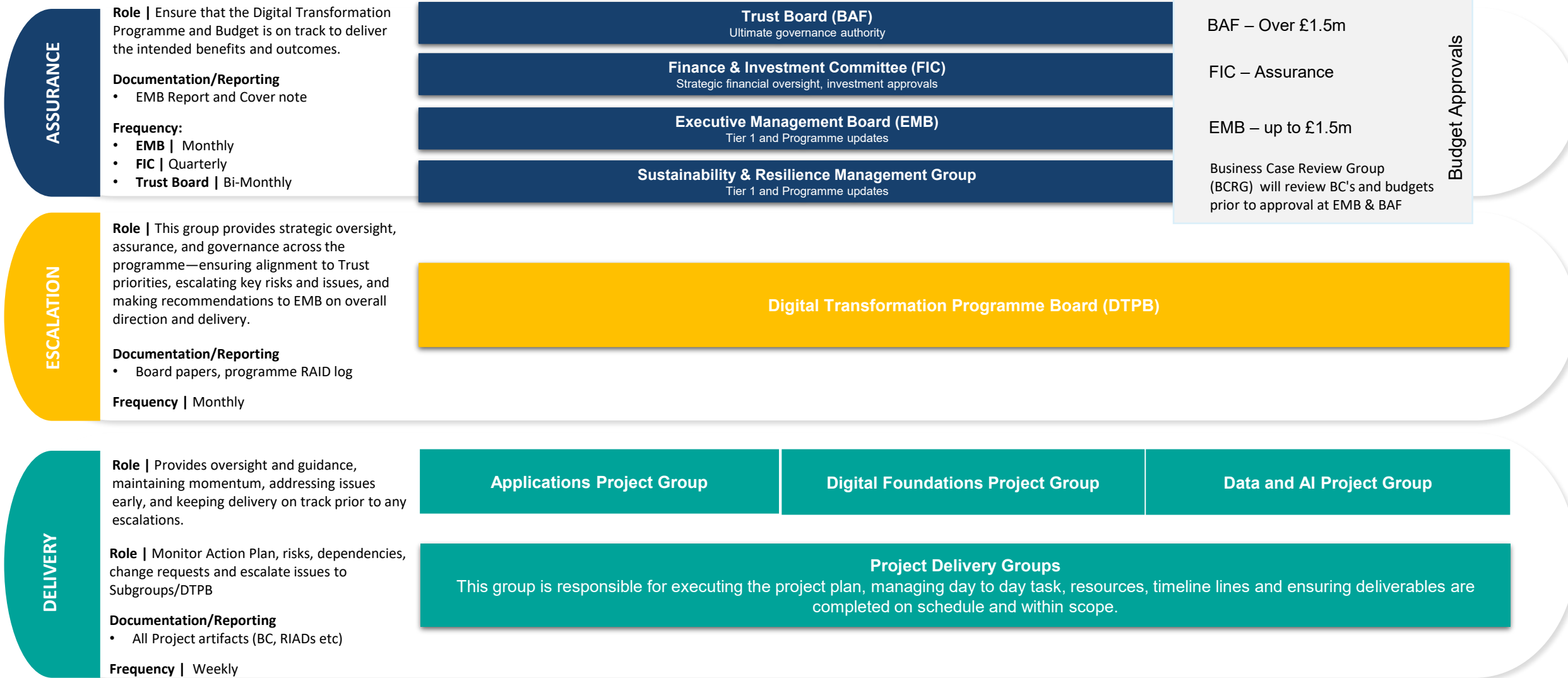
DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
<b>Clinical &amp; Operational engagement</b> (EOC, clinicians, ED partners)	<ul style="list-style-type: none"> <li>Delays to requirements sign-off, testing &amp; safe go-live cause Q2-Q4 slippage</li> <li>Reduced quality &amp; safety assurance if clinical validation rushed</li> <li>Lower adoption &amp; benefits realisation without early engagement</li> </ul>	<ul style="list-style-type: none"> <li>Named SRO/clinical owner with agreed minimum time commitment</li> <li>Time-boxed discovery with go/no-go decision points</li> <li>Pilot-first delivery where engagement capacity limited</li> </ul>
<b>Internal Delivery Capacity</b> - The ongoing Digital restructure may create short-term capacity constraints and uncertainty, which could impact delivery timelines.	<ul style="list-style-type: none"> <li>Too many priorities cause slippage, loss of focus, reduced quality</li> <li>Greater reliance on third parties may increase cost &amp; slow delivery</li> <li>Benefits delayed if BAU transition under-resourced</li> </ul>	<ul style="list-style-type: none"> <li>Enforce prioritisation &amp; WIP limits with stop/start decisions</li> <li>Single accountable owners; 'must deliver' vs 'stretch' priorities</li> <li>Targeted external support only for critical-path blockers</li> </ul>
<b>SCAS / SASC group partnerships</b> (joint procurement, central tenant, CSOC)	<ul style="list-style-type: none"> <li>CAD/ePCR joint procurement &amp; group model alignment depend on co-working</li> <li>Cyber CSOC dependent on SASC collaborative agreement</li> </ul>	<ul style="list-style-type: none"> <li>Joint governance routes via group model</li> <li>Early commitment letters with SCAS for procurement</li> <li>Contingency single-Trust route if joint working slips</li> </ul>

# GOVERNANCE

**Programme aim:** To deliver a coordinated portfolio of initiatives in 2026/27 that improve clinical productivity, workforce efficiency, decision-making and organisational resilience, while establishing strong foundations for sustained improvement across SECamb.



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# Integrated Quality Report

## Trust Board June 2026

Data up to and including April 2026





## What?

- C2 mean was behind plan in April at 23.02 versus the monthly trajectory of 20.09. This is partly due to a 1.8% increase in activity and lower than expected resourcing. Internal productivity, in particular the H&T rate, is improving but at a slower rate than planned with 16.3% H&T in April against a plan of 17.3%. System driven productivity indicators remain challenged, although handover times improved slightly in April with an average of 18.20 against a target of 17.30. We continue to see a gradually improving picture in ER indicators and in appraisal and mandatory training compliance, although sickness remains a challenge across operations.
- 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 one 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.
- Performance management is an area of focus and each Operating Unit has their own delivery plans which are monitored through the Divisional governance structures.
- There is further improvement needed to our productivity metrics, with increases in call triage rates and H&T outcomes being behind trajectory. A weekly Delivery Group has been established to provide focus and oversight on agreed actions to improve productivity. 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 and the introduction of the Strategic People Partners is having a positive effect with a focus on the staff survey, reducing sickness and supporting the new leadership teams in their development
- We continue to work in partnership with colleague at SCAS across all Directorates.
- 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?

- We have submitted a break-even compliant plan with a C2 Mean of 25 minutes for 26/27. The focus through the year will be ensuring we meet our key indicators around C2 mean, Hear & Treat 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
- We will implement the recommendations from an external review conducted in Q4 on the Divisional model which will strengthen governance processes and enhance leadership capacity.
- We will embed our streamlined workforce relations policies working in partnership with TU colleagues refining our leadership framework and developing our culture work through the coming year.

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

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



We deliver high quality patient care



# Quality Patient Care



### What?

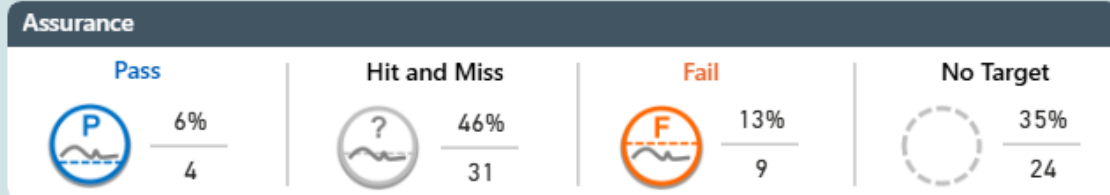
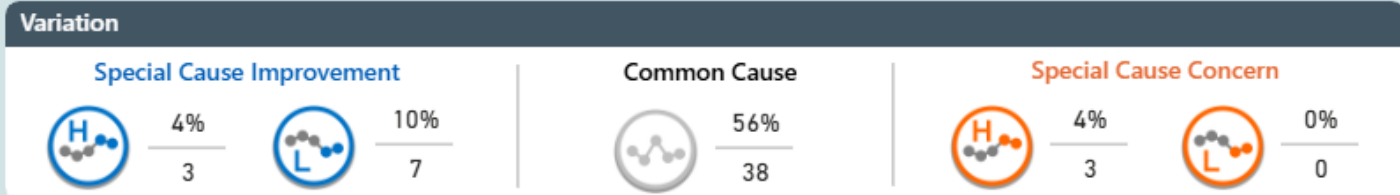
- **Strong clinical outcomes sustained:** Cardiac arrest survival, ROSC and STEMI bundle performance are at or above target and stable.
- **Mixed process and pathway performance:** Some areas remain below target whereas others are showing normal variation (post-ROSC bundle, falls bundle, audit compliance, stroke pathways). Mean time from Call to Arrival at Hospital (stroke) is showing as special cause variation which requires further review to understand this.
- **Operational delivery:** 999 call answering and C1/C2 response times are showing normal variation or improving. The 111 average speed to answer has increased. Opportunities to optimise performance are being reviewed.
- **C3/C4 delays and variable Hear & Treat performance persist** although C3/C4 response times to Falls, Frailty and Older People has improved since September 2025.
- **Safety position broadly stable:** Slight increases in harm rates (within normal variation), NHSP audit compliance below target but improving for non-clinical (EMA) audit, and pockets of reduced compliance (e.g. IPC).

### So What?

- **Patients continue to receive safe and effective care in time-critical pathways (STEMI / Stroke).**
- **System constraints are key limiting factor:** Performance is dependent on workforce capacity, hospital flow, and community pathways.
- **Virtual care is underperforming:** Current limitations are impacting demand management, response times, and productivity.

### What Next?

- **Continued focus on virtual care:**
  - Increase clinical capacity and productivity
  - Expand Hear & Treat, validation, and alternative pathways
- **Maintain focus on cardiac arrest, STEMI, and survival outcomes and review special cause variation in Mean time from Call to Arrival at Hospital (stroke).**
- **Strengthen quality assurance and learning systems:**
  - Improve audit compliance, incident learning, and patient engagement feedback (PEQs).
- **Tackle avoidable demand and system dependency:**
  - Reduce avoidable conveyance and care home demand
  - Work with the wider system to expand community and end-of-life pathways.



### Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Mar-26	92.2%	79.4%	86.3%		
Board	**Cardiac Arrest - Post ROSC %	Dec-25	80.4%	83%	76.9%		
Board	**Cardiac ROSC ALL %	Dec-25	28.3%	28.4%	29.1%		
Board	**Cardiac ROSC Utstein %	Dec-25	59.7%	53.9%	53.9%		
Board	**Cardiac Survival ALL %	Dec-25	12.4%	11.4%	12.1%		
Board	**Cardiac Survival Utstein %	Dec-25	36.8%	34.1%	32.4%		
Board	Compliant NHS Pathways Audits (Clinical) %	Apr-26	86.1%	100%	83.1%		
Board	Compliant NHS Pathways Audits (EMA) %	Apr-26	82.8%	100%	82.2%		
Board	Hear & Treat %	Apr-26	16.3%	19.7%	15.4%		
Board	See & Convey %	Apr-26	53.6%	55%	54.3%		
Board	See & Treat %	Apr-26	29.9%	35%	30.1%		
Supporting	A&E Dispositions %	Apr-26	5.4%	9%	6.5%		
Supporting	PGD Compliance %	Apr-26	97.7%	95%	95%		
Supporting	Health & Safety Training Compliance	Feb-26	94%	100%	94.7%		
Supporting	Compliance with Audit Feedback Within Timeframe	Apr-26	90.8%	100%	93.6%		
Supporting	Falls Care Bundle Compliance	Dec-25	41.3%	46.6%	43.3%		
Supporting	Mean Average Time from Call to Catheter Insertion (STEMI)	Jan-26	01:49:44	02:31:00	02:18:59		
Supporting	90th Centile Time from Call to Catheter Insertion (STEMI)	Jan-26	03:04:24	03:27:00	03:10:36		
Supporting	Mean Average Time from Call to Arrival at Hospital (Stroke)	Jan-26	01:50:11	01:27:00	01:32:26		
Supporting	Median Time from Call to Arrival at Hospital (Stroke)	Jan-26	01:19:00	01:18:00	01:18:32		
Supporting	90th Centile Time from Call to Arrival at Hospital (Stroke)	Jan-26	02:32:00	02:14:00	02:19:35		

### Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Apr-26	00:02:22	00:00:20	00:01:36		
Board	999 Call Answer Mean	Apr-26	00:00:02	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Apr-26	00:00:01	00:00:10	00:00:06		
Board	Cat 1 Mean	Apr-26	00:08:02	00:07:00	00:08:19		
Board	Cat 1 90th Centile	Apr-26	00:14:57	00:15:00	00:15:25		
Board	Cat 2 Mean ★	Apr-26	00:22:28	00:25:04	00:28:06		
Board	Cat 2 90th Centile	Apr-26	00:45:00	00:40:00	00:56:45		
Supporting	Cat 3 90th Centile	Apr-26	03:26:00	02:00:00	04:46:04		
Supporting	Cat 4 90th Centile	Apr-26	03:37:21	03:00:00	04:56:04		
Supporting	Section 136 Mean Response Time	Apr-26	00:24:29	00:18:00	00:22:57		

### Models of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls from Nursing Homes	Apr-26	6.2%	7.7%	6.2%		
Board	Falls, Frailty & Older People: Cat 3 Mean Response Time	Apr-26	01:18:15	01:35:00	01:58:21		
Board	Falls, Frailty & Older People: Cat 4 Mean Response Time	Apr-26	01:13:13	01:39:00	01:52:29		
Board	Falls, Frailty & Older People: H&T % - Non-Injury Falls	Apr-26	9.7%	15%	10.4%		
Board	Falls, Frailty & Older People: CFR First on Scene % - Non-Injury Falls	Apr-26	4.2%	4.8%	6.1%		
Board	End of Life Care, Palliative & Dying: % of on Scene Times Over 3 Hours	Apr-26	4.2%	4.8%	5%		



### Variation

#### Special Cause Improvement



4%  
3



10%  
7

#### Common Cause



54%  
37

#### Special Cause Concern



6%  
4



0%  
0

### Assurance

#### Pass



6%  
4

#### Hit and Miss



46%  
31

#### Fail



13%  
9

#### No Target



35%  
24

### Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Apr-26	22.3%		20.3%		
Board	CFR Backup Time (CFR First on Scene) Mean	Apr-26	00:17:57		00:19:03		
Board	Responses Per Incident	Apr-26	1.1	1.09	1.1		
Board	JCT Allocation to Clear All Mean	Apr-26	01:34:23	00:50:00	01:36:10		
Supporting	JCT Allocation to Clear at Hospital Mean	Apr-26	01:45:50	01:58:26	01:49:24		
Supporting	JCT Allocation to Clear at Scene Mean	Apr-26	01:18:56	01:30:22	01:18:29		

### Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Apr-26	99247		96106.7		
Supporting	999 Calls Answered	Apr-26	72466		76573.3		
Supporting	CFR Attendances	Apr-26	1641	2000	1867.9		
Supporting	Incidents	Apr-26	67170		66747.9		

### 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

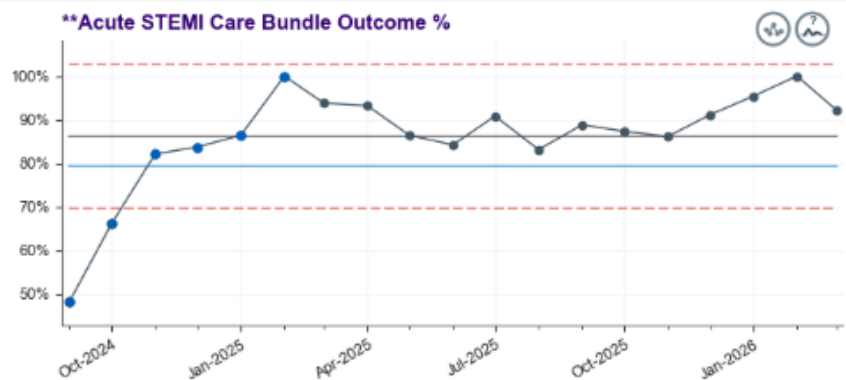
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Harm Incidents per 1000 Incidents	Feb-26	3.2	2.85	3		
Board	% of PSI (Datix) Where Final Harm is Moderate or Above	Feb-26	2%	1.7%	1.6%		
Supporting	Duty of Candour Compliance %	Feb-26	100%	100%	89.8%		
Supporting	Number of Medicines Incidents	Apr-26	195		177.3		
Supporting	Hand Hygiene Compliance %	Apr-26	80.7%	90%	85%		
Supporting	Number of Learning Responses Commissioned	Feb-26	10		7.3		
Supporting	Number of Level 4 Safeguarding Referrals Made	Apr-26	234		253		

### Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Apr-26	1.1	0.49	0.8		
Board	Number of Compliments Received per 1000 Incidents	Apr-26	1.4	1.82	2		
Board	% of Patients Who Express Satisfaction With Our Service	Apr-26	93.2%	95%	91%		
Supporting	Complaints Reporting Timeliness %	Apr-26	80%	95%	86.6%		
Supporting	Complaints That Have Resulted In Learning For The Trust %	Apr-26	50%	95%	42.2%		
Supporting	No. of PEQs Received Across the Trust Per Month Per 1000 Incidents in 999	Apr-26	1.3		1.3		



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



M-5

Dept: Medical

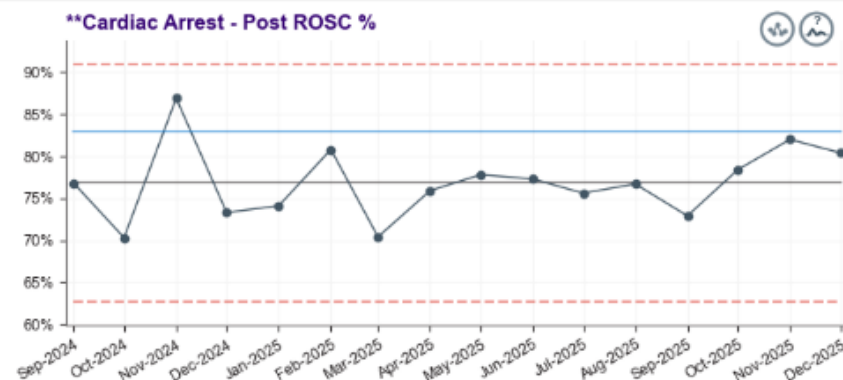
Metric Type: Board

Latest: 92.2%

Target: 79.4%

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

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



M-11

Dept: Medical

Metric Type: Board

Latest: 80.4%

Target: 83%

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

**What?**

STEMI care bundle compliance is 92%, well above the 79.4% target. Performance continues to demonstrate sustained 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 80%, below the 83% target. Performance shows 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. A broader approach to patient outcomes following an OHCA will be supported through the Reversible Cardiac Arrest Model of Care.



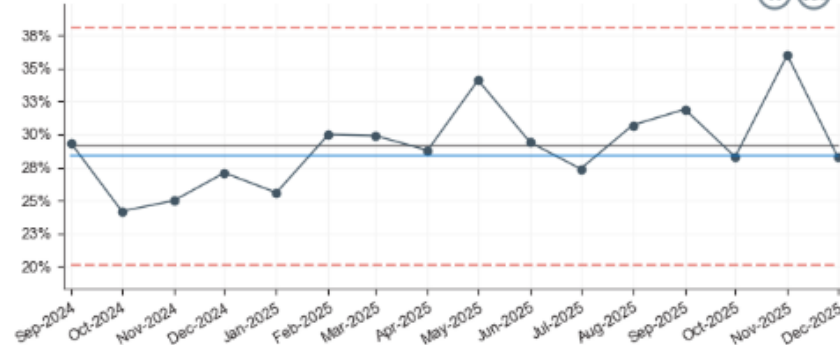
### \*\*Cardiac Survival ALL %



#### M-4

Dept: Medical  
Metric Type: Board  
Latest: 12.4%  
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.

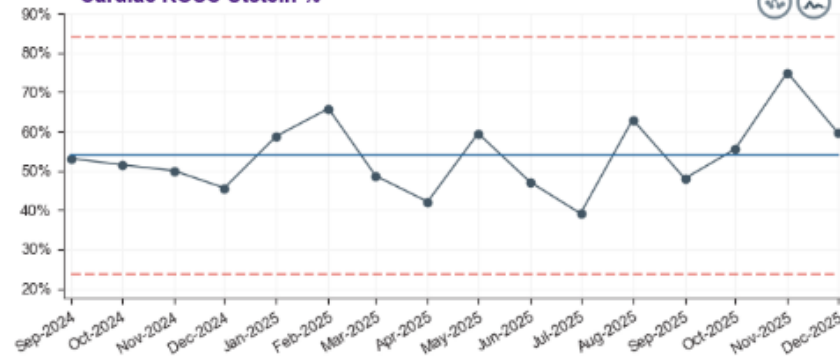
### \*\*Cardiac Survival Utstein %



#### M-3

Dept: Medical  
Metric Type: Board  
Latest: 36.8%  
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: 59.7%  
Target: 53.9%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

#### What?

Overall cardiac arrest survival is 12.4%, above the 11.4% target, while Utstein survival is 36.8%, also above the 34.1% target. Both measures remain within common cause variation with no statistically significant change. Overall survival continues to track above target, with early signs of a sustained improvement on 2024 figures. 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 variable Utstein figure 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?

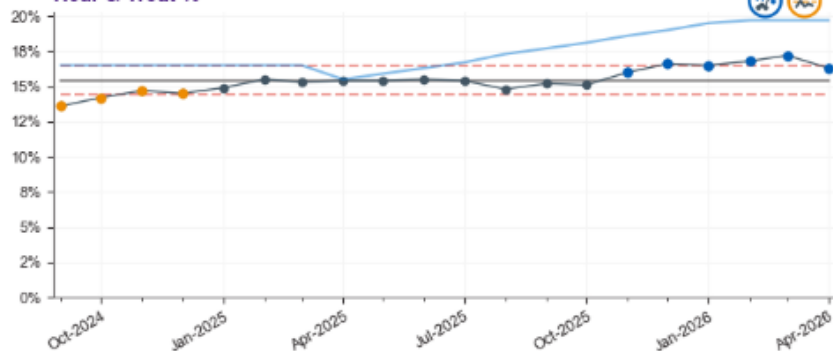
The above-target performance in the Utstein group this month is reassuring, as this cohort represents patients most likely to benefit from early resuscitation interventions. The overall ROSC figure remains broadly stable and close to target, suggesting that early resuscitation processes remain embedded 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.



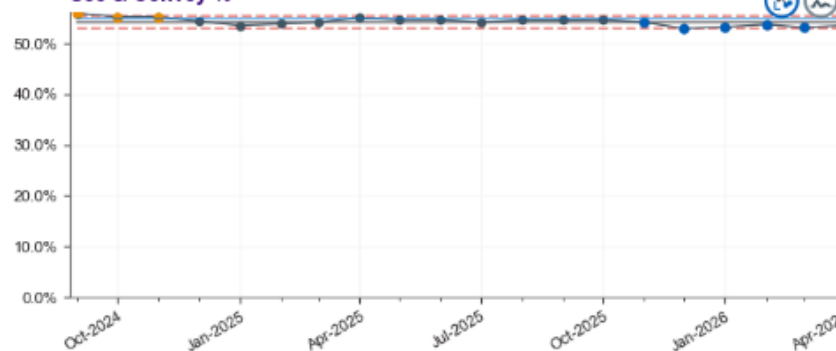
### Hear & Treat %



999-9

Dept: Operations 999  
Metric Type: Board  
Latest: 16.3%  
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.

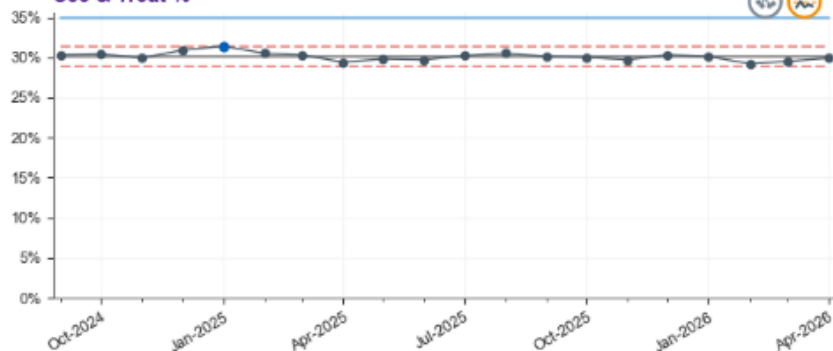
### See & Convey %



999-9

Dept: Operations 999  
Metric Type: Board  
Latest: 53.6%  
Target: 55%  
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

### See & Treat %



999-9

Dept: Operations 999  
Metric Type: Board  
Latest: 29.9%  
Target: 35%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

#### Hear & Treat

**What?** Hear & Treat improved in February and March but dropped slightly in April and remains behind the Trust's Hear & Treat target trajectory. The rise in March was attributable to low acuity cases and health information calls related to the meningitis outbreak in Kent.

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 UEC Hubs, this has not offset the planned reduction in agency clinician usage.
- Clinical productivity; the number of cases answered per clinician per hour whilst improving 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, due to downstream capacity.
- 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?

- A Virtual Care working group has been initiated, with ToRs and a specific focus on increasing the number of PaCCS trained Paraedics in Field Ops to undertake virtual care. There are also key work streams linked to productivity, clinical education and digital opportunities. The roll out of MySECAm,b for Virtual Care is planned for Q1 of 26/27.
- The Trust board have approved new strategy for virtual care and implementation plan is being developed.
- A new C2 Streaming process has been implemented and the introduction of Intelligent Clinical Queue (ICQ) happened in May in EOC, with the aim of extending this to the Hubs before the end of Q1.
- The TORTUS AI pilot is ongoing, which aims at reducing the administrative load on Clinical Supervisors, to improve productivity and clinical effectiveness.

### See & Treat and See & Convey

**What?** See & Treat and See & Convey rates remain stable

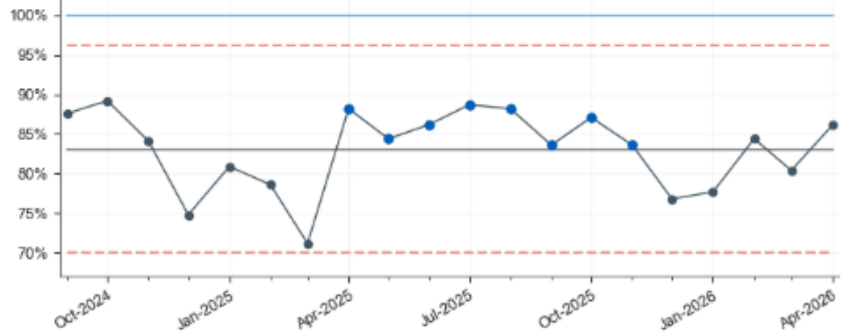
**So what?** It should be noted See & Convey % is directly related to the acuity of patients and availability of suitable alternative referral pathways.

#### 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.



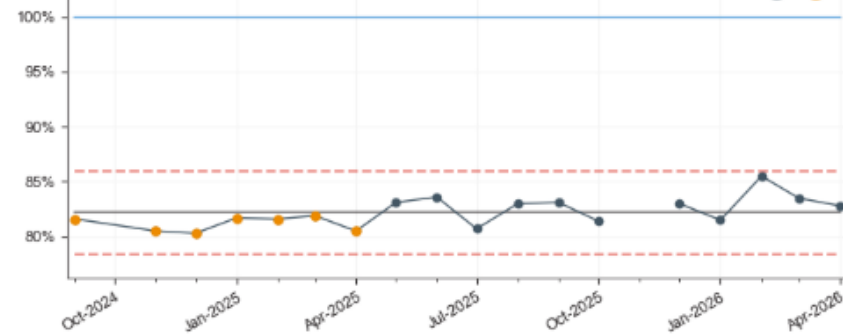
Compliant NHS Pathways Audits (Clinical) %



M-20

Dept: Nursing & Quality  
Metric Type: Board  
Latest: 86.1%  
Target: 100%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

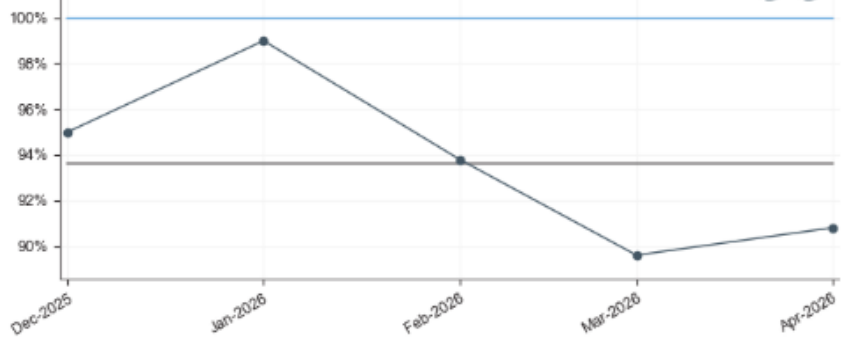
Compliant NHS Pathways Audits (EMA) %



M-22

Dept: Nursing & Quality  
Metric Type: Board  
Latest: 82.8%  
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: 90.8%  
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?**

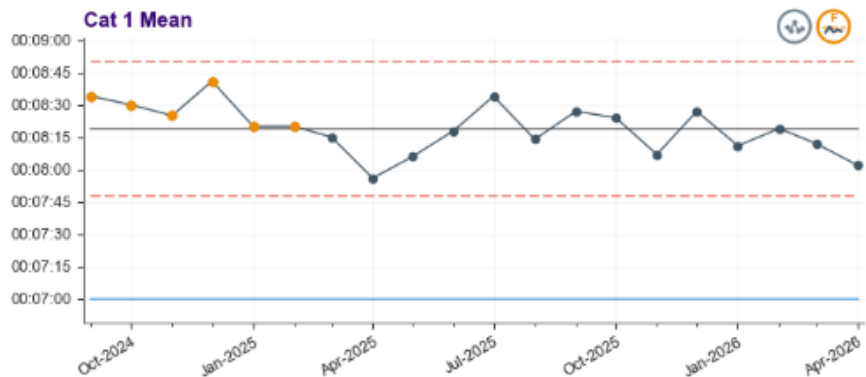
The QI project continues to assess the root cause of the lower compliance. Clinicians are now remaining on NHS Pathways and are not being moved to PACCs until further assurance is gained. Dashboards are being revised to closely monitor teams' performance at staff level as well as teams' level. Feedback 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.

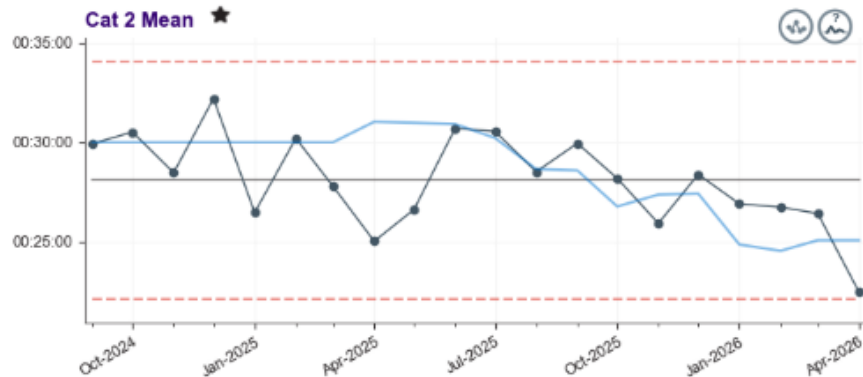
**So what?** Low compliancy can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC team.

**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 for successful call handling of these calls.



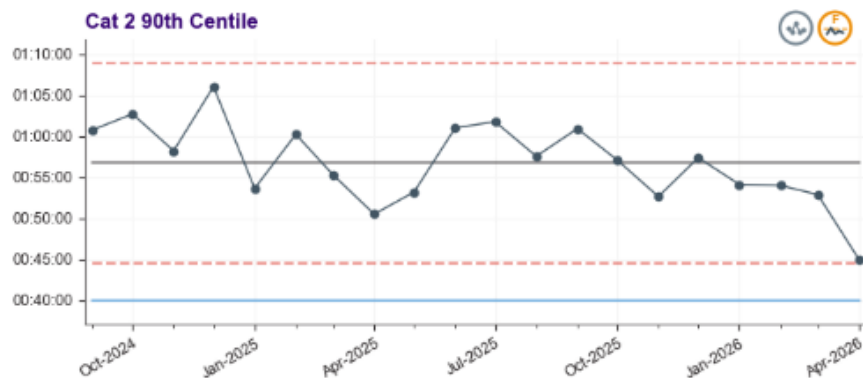
**999-2**  
Dept: Operations 999  
Metric Type: Board  
Latest: 00:08:02  
Target: 00:07:00  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



**999-4**  
Dept: Operations 999  
Metric Type: Board  
Latest: 00:22:28  
Target: 00:25:04  
Common cause variation, no significant change. This process will not consistently hit or miss the target.



**999-2**  
Dept: Operations 999  
Metric Type: Board  
Latest: 00:14:57  
Target: 00:15:00  
Common cause variation, no significant change. This process will not consistently hit or miss the target.



**999-4**  
Dept: Operations 999  
Metric Type: Board  
Latest: 00:45:00  
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 April was 08:02 against an ARP target of 7 minutes

**So what?** C1 Mean and C1 90<sup>th</sup> centile performance has been stable since the throughout the last financial year despite overall activity variation particularly in Dec/Jan with winter pressures and escalation to REAP 4 in January. Performance in April has improved on previous month for both Mean and 90<sup>th</sup> centile.

**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?** April C2 mean was 22.28

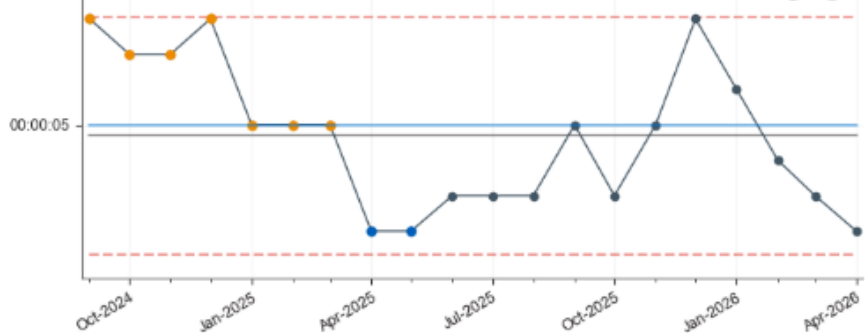
**So what?** C2 Mean or 90<sup>th</sup> centile performance improved in April.

**What next?** C2 mean target for 2026/27 is 25min with a monthly variable target in recognition that pressure will vary throughout the year. Operational leadership team key focus for the year ahead is the delivery of C2 mean across divisions with regular prospective reviews of hours available, monitoring abstractions – focused drive to manage sickness rates (both long and short term), along with targeted application of overtime where appropriate.

The Service Delivery Manager performance oversight role was introduced as planned from early April 2026; early indications are it has had a positive impact to date with further reviews of effectiveness/impact due.



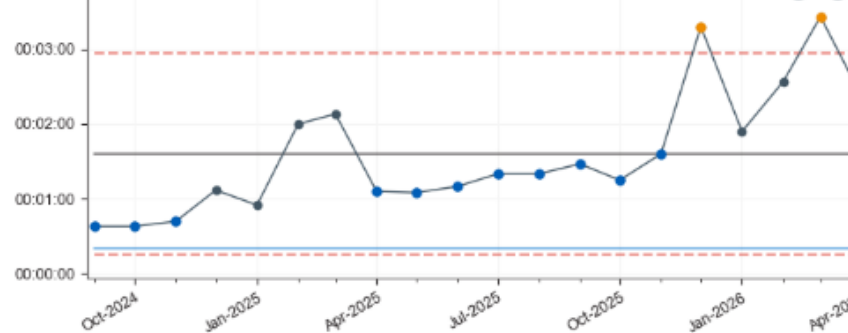
### 999 Call Answer Mean



### 999-1

Dept: Operations 999  
Metric Type: Board  
Latest: 00:00:02  
Target: 00:00:05  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

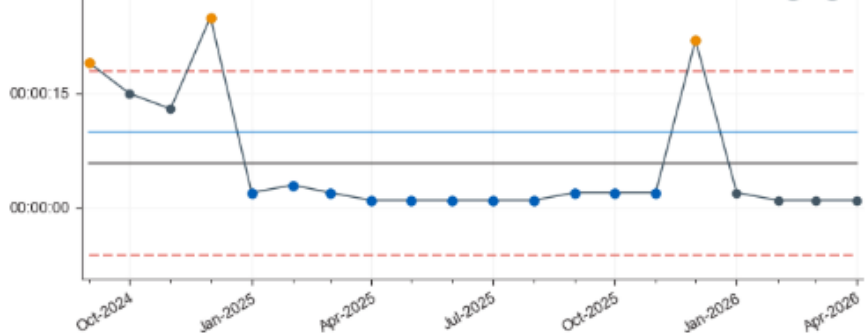
### 111 Average Speed to Answer



### 111-9

Dept: Operations 111  
Metric Type: Board  
Latest: 00:02:22  
Target: 00:00:20  
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 Call Handling Performance

**What?** The 111-service transitioned to a revised operating model in 25/26, 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 April, the rate of abandoned calls was 7.3%, and the average speed to answer at 142 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 evolve 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 adjusted according to requirements.

"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, 25/26. The Trust submitted in Q4 a revised 111 workforce model aligned to the new 111 CV

### 999 Call Handling Performance

**What?** Performance in April did meet the AQI target of 5 secs, with a call answer mean of 2 secs. Activity in April stabilised, averaging over 19.5K calls per week, peaking over 20.5K the last 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 (383 calls) and YAS (905 calls), with their 999 call answering.

The current staffing position is 273WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 265 WTE, with 12.9 further in training or mentoring. This training has offset staff turnover through 25/26 and has ensured continued good service performance.

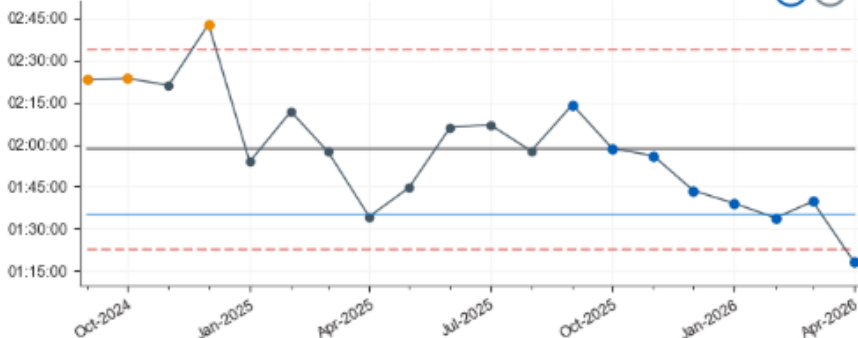
Although sickness and abstraction decreased during April, by 0.7%, mainly due to lower than planned annual leave requested.

**So what?** SECAmb's consistent delivery of 999 call answering means the long waits that patients experienced prior to and immediately after the move to the Medway contact centre in 2023 no longer occur. This means patients get a timelier ambulance response and it reduces the pressure on EMAs, and the inherent moral injury generated by elongated 999 call waits. It also has a positive impact on overall ARP performance and enables SECAmb to help other ambulance trusts.

**What next?** Looking ahead, the 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.



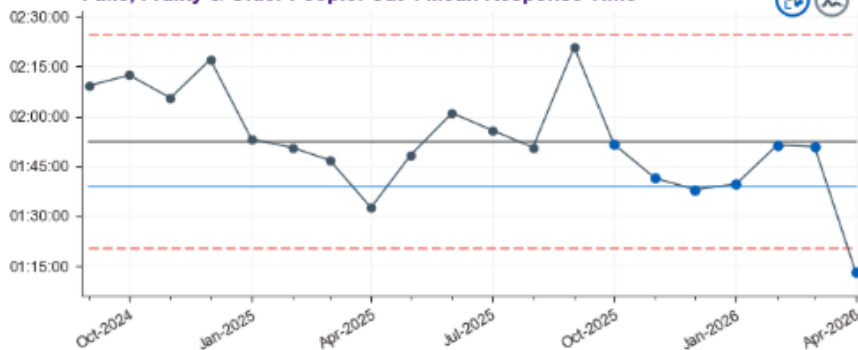
Falls, Frailty & Older People: Cat 3 Mean Response Time



QS-42

Dept: Quality & Safety  
Metric Type: Board  
Latest: 01:18:15  
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.

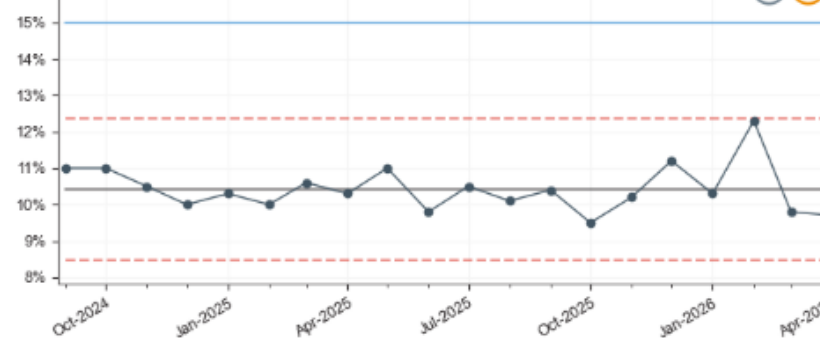
Falls, Frailty & Older People: Cat 4 Mean Response Time



QS-43

Dept: Quality & Safety  
Metric Type: Board  
Latest: 01:13:13  
Target: 01:39:00  
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

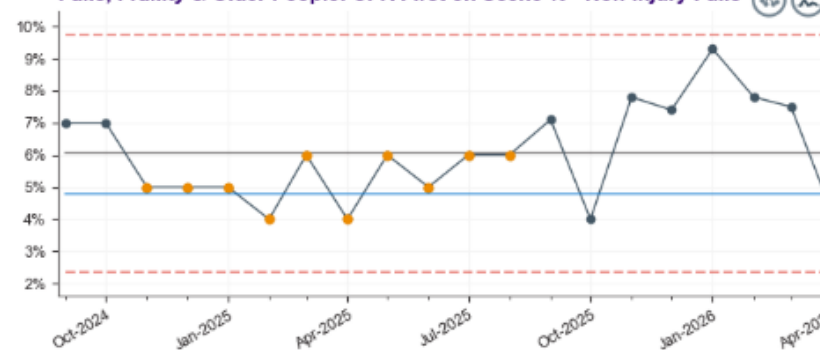
Falls, Frailty & Older People: H&T % - Non-Injury Falls



QS-44

Dept: Quality & Safety  
Metric Type: Board  
Latest: 9.7%  
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: CFR First on Scene % - Non-Injury Falls



QS-45

Dept: Quality & Safety  
Metric Type: Board  
Latest: 4.2%  
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.

**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?**

% of CFRs first on-scene saw a reduction in April. 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?**

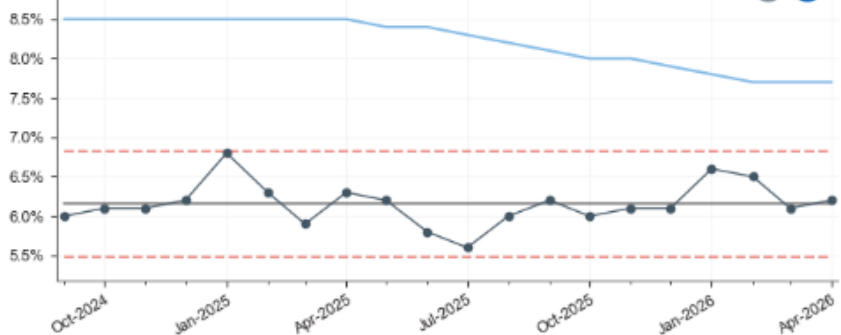
Patients who have fallen, without any injury, need early assistance off of the floor to prevent injury from long-lie. By sending CFRs we will reduce time spent on the floor whilst ensuring our ambulances remain available for patients with emergency care needs, and avoid duplicating resources at an incident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

**What next?**

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

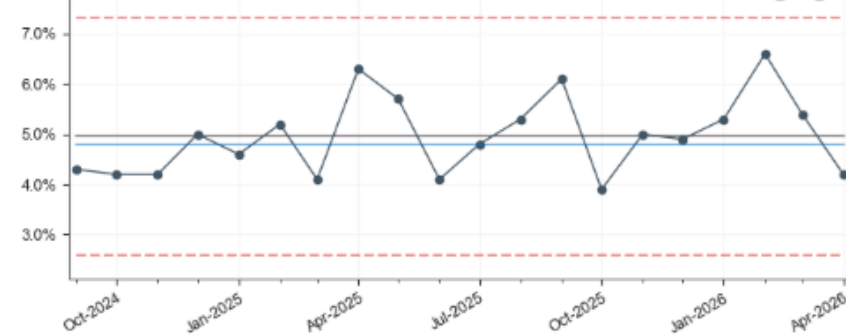


**% of 999 Calls from Nursing Homes**



**999-35**  
Dept: Operations 999  
Metric Type: Board  
Latest: 6.2%  
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: 4.2%  
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?** There is normal variation in long on-scene times at organisational wide level. Special cause variation in Kent in February is being investigated to identify any learning.

**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.

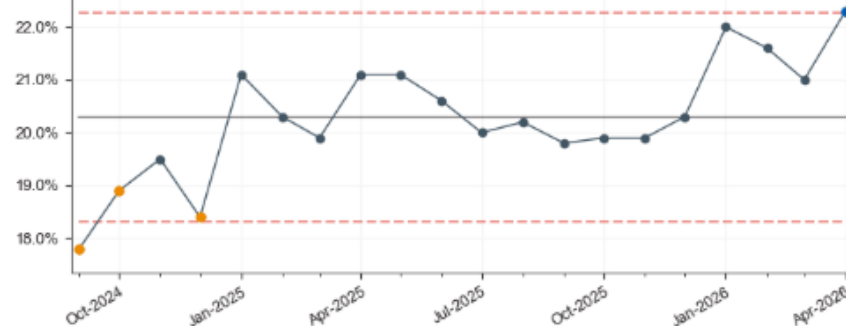


### Responses Per Incident



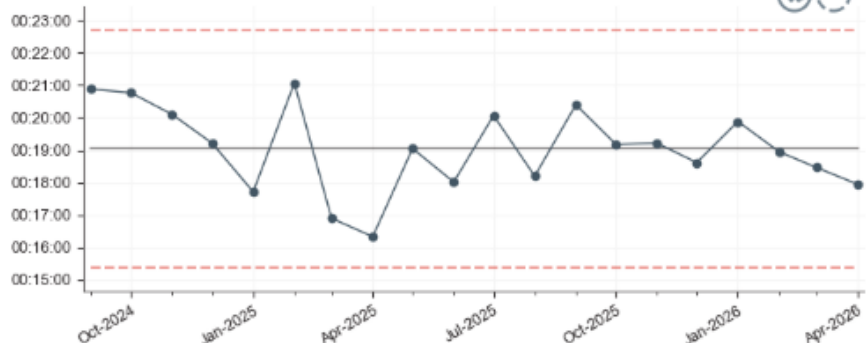
**999-17**  
Dept: Operations 999  
Metric Type: Board  
Latest: 1.1  
Target: 1.09  
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

### % of 999 Calls Receiving Validation



**999-34**  
Dept: Operations 999  
Metric Type: Board  
Latest: 22.3%  
---  
Special cause of an improving nature where the measure is significantly HIGHER.

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



**999-36**  
Dept: Operations 999  
Metric Type: Board  
Latest: 00:17:57  
---  
Common cause variation, no significant change.

### Responses Per Incident (RPI)

**What?** April saw slight increase but not statistically significant and has remained within target since Jan.

**So what?** This means the Trust is on average dispatching fewer resources to each incident, thereby having an positive impact on ambulance availability elsewhere.

**What next?** Monitoring of RPI and oversight of dispatch is now supported by the Service Delivery Manager 24/7.

### 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 from the Service Delivery Manager from April.

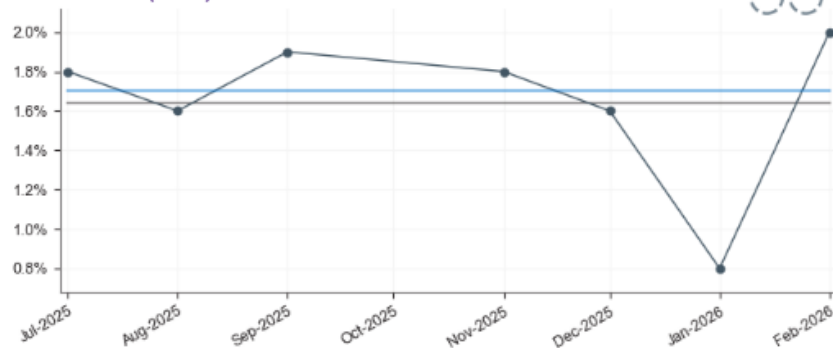
### % 999 Calls Receiving Validation

**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.

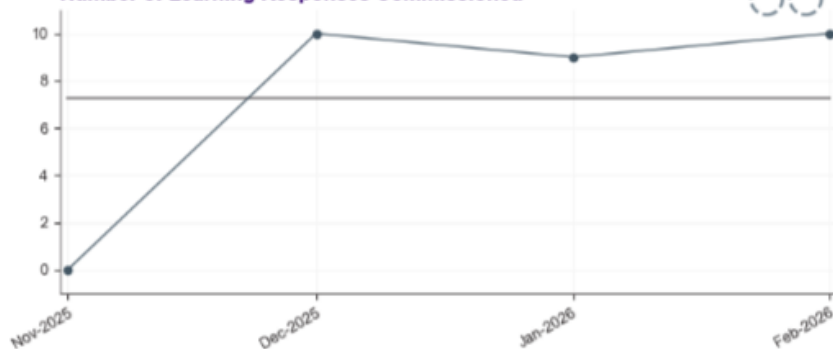
% of PSI (Datix) Where Final Harm is Moderate or Above



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.

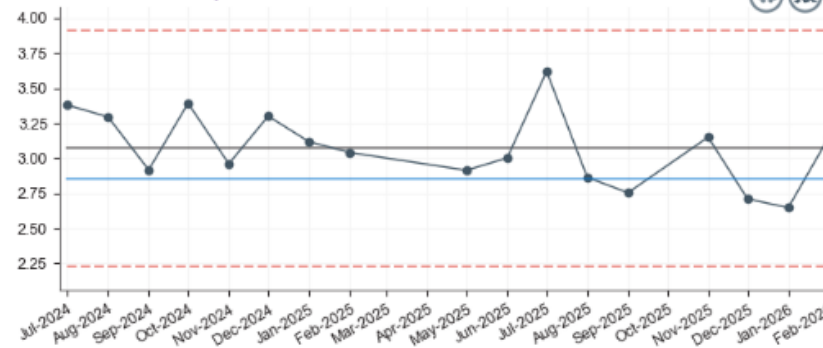
Number of Learning Responses Commissioned



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 February 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

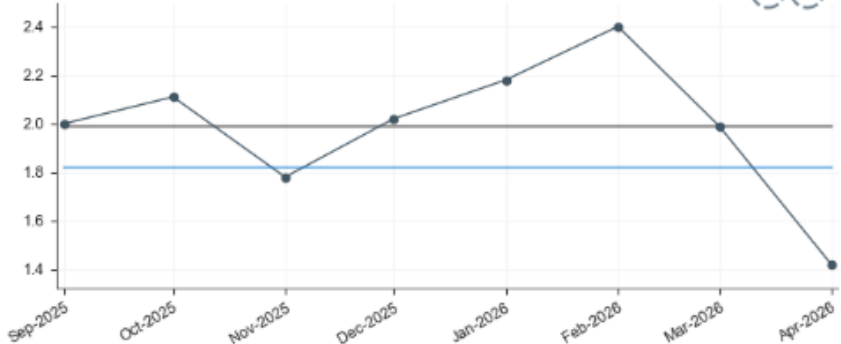
**What?** The number of incidents resulting in harm to patients per 1000 incidents across our 999 and 111 services was 3.2 in February.

**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.



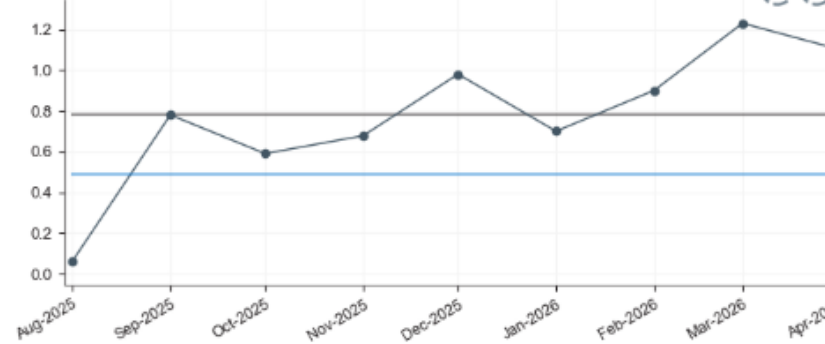
Number of Compliments Received per 1000 Incidents



QS-48

Dept: Quality & Safety  
Metric Type: Board  
Latest: 1.4  
Target: 1.82  
Special cause or common cause cannot be given as there are an insufficient number of points.

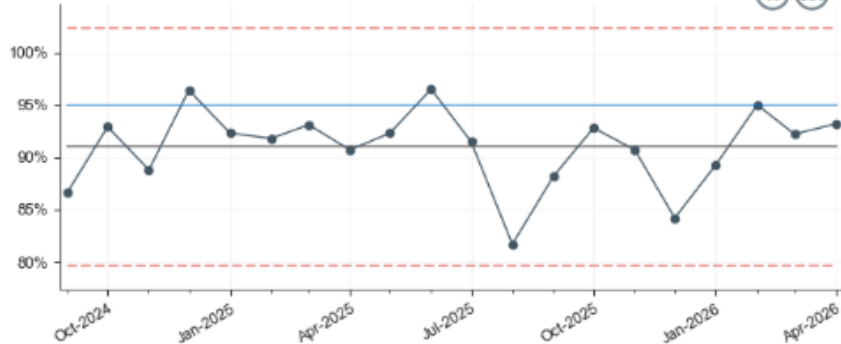
Number of Complaints per 1000 Incidents Responded to (Patients)



QS-38

Dept: Quality & Safety  
Metric Type: Board  
Latest: 1.1  
Target: 0.49  
Special cause or common cause cannot be given as there are an insufficient number of points.

% of Patients Who Express Satisfaction With Our Service



QS-61

Dept: Quality & Safety  
Metric Type: Board  
Latest: 93.2%  
Target: 95%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**What?**

The Trust continues to receive more compliments than complaints overall, with 1.4 compliments received per 1,000 incidents compared to 1.1 complaints per 1,000 incidents. Although the compliments rate remains below the organisational target of 1.82, recent fluctuations are likely linked to temporary reductions in processing capacity and the usual delay in compliments being received following bank holiday periods. PEQ satisfaction scores remain within expected variation.

**So what?**

Compliments continue to provide valuable insight into positive patient experience, compassionate care, and areas of good practice. Feedback themes support staff recognition, organisational learning, and service improvement. Current data does not indicate any significant deterioration in overall patient experience trends.

**What next?**

The Trust will continue to monitor compliment trends alongside wider patient experience data. Work is progressing to implement SMS-based PEQs to improve response rates and demographic representation, alongside strengthening processes for capturing and sharing learning from compliments.

**What?**

Following a peak in March complaints reduced in April.

**So what?**

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

**What next?**

A Deep Dive into the increased number of reopened cases has been completed and will be presented at the June Patient Safety & Experience Group.

Our people enjoy working at SECAmb



# People



## What?

Overall employee relations indicators remain stable or improving, with reductions in grievance caseloads, disciplinary cases and sexual safety cases compared to the previous month. Active suspensions have increased slightly, while harassment and bullying (internal) cases remain broadly unchanged month-on-month and show a slight year-on-year reduction. The Resolution Policy and Managing Conduct Policy are now live, supported by ongoing weekly risk assessment discussions and monthly case reviews to maintain oversight and scrutiny. A new Wellbeing and Attendance Policy will launch on 1 June alongside supporting guidance and manager training. Significant organisational change activity is underway, including multiple restructures and alignment to Agenda for Change terms and conditions, with constructive engagement continuing with Trade Unions and Staff Partnership representatives. Workforce initiatives continue to progress, including expansion of the Speak Up Champion network, development of sexual safety training and governance arrangements, and improvements in workforce data through the successful pilot of a workforce management system.

## So what?

The reduction in formal employee relations cases indicates continued progress in strengthening workplace culture, early resolution approaches, and staff support arrangements. Enhanced governance processes, including regular case reviews and risk-based oversight of large-scale restructures, are helping to mitigate organisational risk during a period of significant change. The continued focus on sexual safety, wellbeing and speaking up arrangements demonstrates the Trust's commitment to creating a safe and supportive working environment. Positive staff engagement indicators, including feedback relating to meal breaks, provide assurance that staff experience remains stable despite ongoing transformation activity. However, appraisal and mandatory training compliance remain below agreed Trust targets in some areas, partly due to the introduction of new core skills requirements, highlighting the need for continued managerial focus and consistent local accountability.

## What next?

The Trust will continue to monitor employee relations activity, organisational change programmes and workforce risks through established governance arrangements, including weekly and monthly review mechanisms. Delivery priorities over the coming period include implementation of the Wellbeing and Attendance Policy, continued negotiations relating to Agenda for Change alignment, and progression of the remaining high-impact restructures using a phased, risk-based approach. Further work will focus on embedding consistent attendance management practice, identifying and implementing best practice approaches to reducing sickness absence, and strengthening local ownership with support from Strategic People Partners. Additional sexual safety training will be delivered, operational groups will support the Sexual Safety Oversight Group, and recruitment to the Speak Up Champion network will continue to improve visibility and accessibility of support. Workforce management system testing will continue to support future improvements in appraisal management and workforce reporting, while governance attention will remain focused on improving appraisal and mandatory training compliance in areas below target.

Organisational Development and EDI programmes will continue to build leadership capability and strengthen inclusion across the Trust, through initiatives such as Springboard, Ascend and the rollout of the Mates to Managers programme. In parallel, the EDI team is undertaking data collection to analysis of the 2025/26 WRES and WDES data, which will inform targeted actions and future priorities for the organisation.



### Variation

#### Special Cause Improvement



#### Common Cause



#### Special Cause Concern



### Assurance

#### Pass



#### Hit and Miss



#### Fail



#### No Target



### Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Apr-26	0	1	2		
Board	Count of Grievances Closed	Apr-26	12	3	13.8		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Apr-26	0	3	3.1		
Board	Individual Grievances Open	Apr-26	5	5	10.7		
Board	Number of FTSU Concerns Raised	Apr-26	20	21.9	20.5		
Supporting	Bullying & Harrassment Internal	Apr-26	0	2	2		
Supporting	Disciplinary Cases	Apr-26	8	3	8.8		
Supporting	Mean Suspension Duration (Days)	Apr-26	162	70	195.8		

### Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Apr-26	11.3%	15%	13.9%		
Board	Sickness Absence %	Apr-26	6.5%	5%	6.8%		
Board	Turnover Rate %	Apr-26	0.6%	0.8%	0.9%		
Board	Frontline Staff Vaccinated Against Flu %	Apr-26	67.9%	80%	65.5%		
Supporting	Number of Staff WTE (Excl bank and agency)	Apr-26	4620.8	4579.26	4631.7		
Supporting	Vacancy Rate %	Mar-26	4.6%	5%	1.9%		
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	Apr-26	38.8%	43.4%	47.8%		
Supporting	% of Meal Breaks Taken	Apr-26	98.4%	98%	98.4%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Apr-26	41.3%	45%	43.1%		

Pending metric: WRES/WDES - Needs to be defined

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

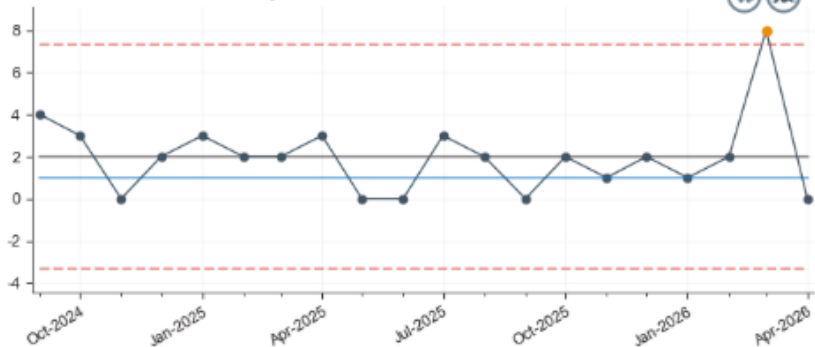
### Employee Development

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Apr-26	84.4%	85%	69.3%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Apr-26	83.3%		85.4%		

Pending metric: Education - Needs to be defined

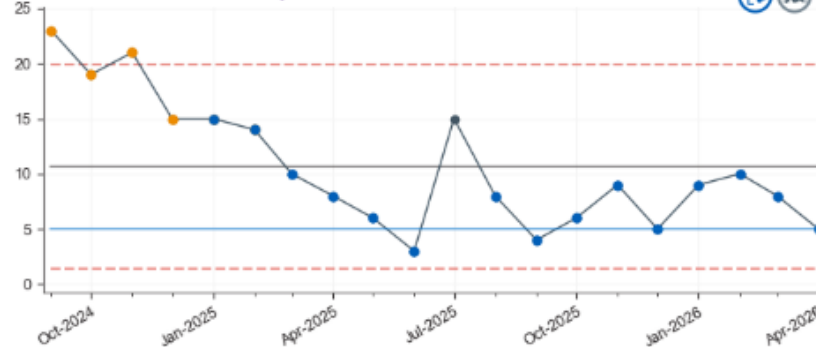


**Collective Grievances Open**



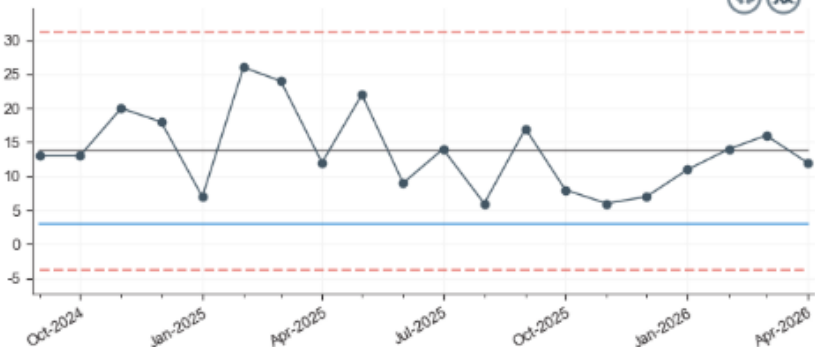
**WF-11**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 0  
Target: 1  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Individual Grievances Open**



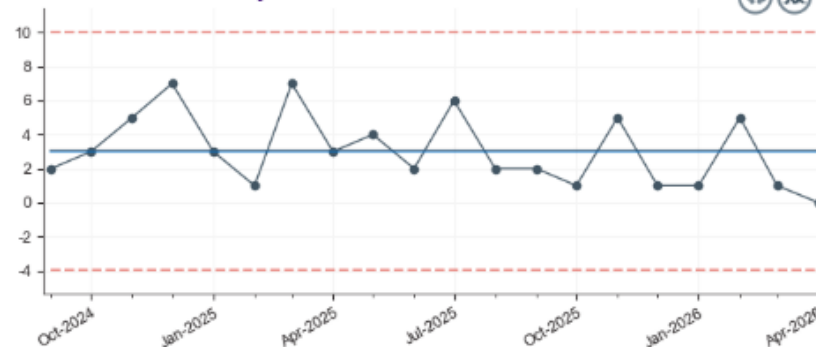
**WF-10**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 5  
Target: 5  
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

**Count of Grievances Closed**



**WF-42**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 12  
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: 0  
Target: 3  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**What?**  
At month-end 30th April,, there were 81 live cases, with 5 grievances being opened in month.

**So what?**  
Overall, the case load has reduced, with 5 grievances being opened and 11 closed.

**What Next?**

- Launch of new Wellbeing and Attendance policy on 1st June – full suite of supporting documentation will be provided by the Policy Team
- Briefings will be offered to support the launch through DMG and other forums. In addition, People Relations Team will be offering TEAMS drop-in sessions to provide briefings on key changes
- Negotiations have started in relation to Section 2 issues

**What?**  
At month-end in April, there were 11 live sexual safety cases, down by 4 compared with the previous month. On a 12-month rolling basis, completed cases took on average 185 days to close. Open cases had been open on average 163 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). No new cases were opened and 4 closed..

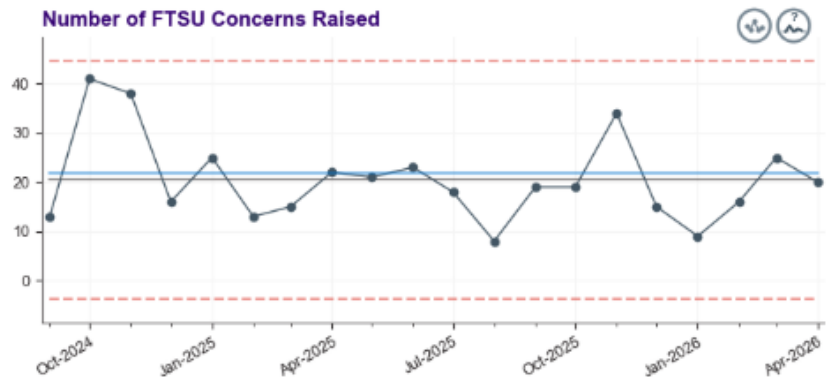
**So what?**  
There is 1 appeal involving a sexual safety case. Completed cases took an average of 185 days.

**What Next?**

- Training has been agreed with the Survivors Trust for a cohort of approximately 25-30 staff
- Review of the Policy to refine certain elements that need better definition and alignment with Employment Rights Act
- 3 separate Task and Finish Groups are being set up to support the work of the Sexual Safety Oversight Group.



**Number of FTSU Concerns Raised**



**QS-27**

Dept: Quality & Safety

Metric Type: Board

Latest: 20

Target: 21.9

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

**What?**

Across March and April 2026, 45 concerns were raised to the FTSU team. In March, 25 concerns were raised, with 10 submitted anonymously (40%) and no cases of detriment reported. Fourteen of the March concerns related to Integrated Care (56%). Of the 25 concerns opened, 23 have already been closed, with an 86.96% satisfaction rate.

In April, 20 concerns were raised, with 4 submitted anonymously (20%) and no detriment recorded. Fourteen concerns have been closed, with 6 remaining ongoing. Of those closed, there was a 78.57% satisfaction rate.

**So what?**

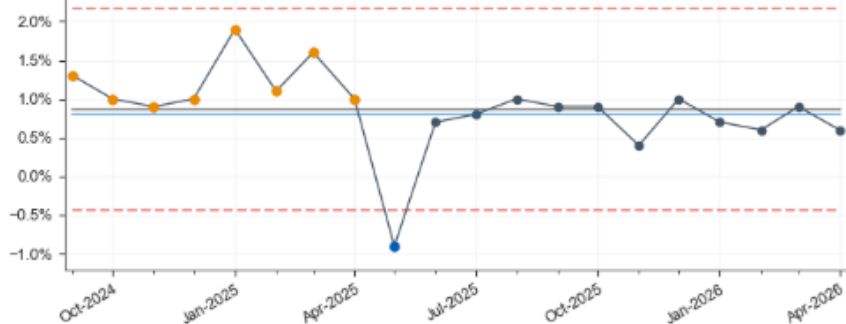
Worker safety and wellbeing and relationships and behaviours remained the predominant themes across both months. The continued concentration of concerns within Integrated Care suggests this remains an area requiring ongoing support and engagement. The consistently high closure and satisfaction rates provide reassurance that concerns continue to be responded to positively and in a timely way.

**What next?**

The FTSU team has continued to focus on local engagement and triangulation of FTSU data alongside other organisational intelligence to identify areas that may require additional support. Recruitment to the Speak Up Champion network has continued, with further champions appointed and these roles now beginning to embed locally across the Trust. This will help strengthen visibility, accessibility and confidence in speaking up arrangements across services.

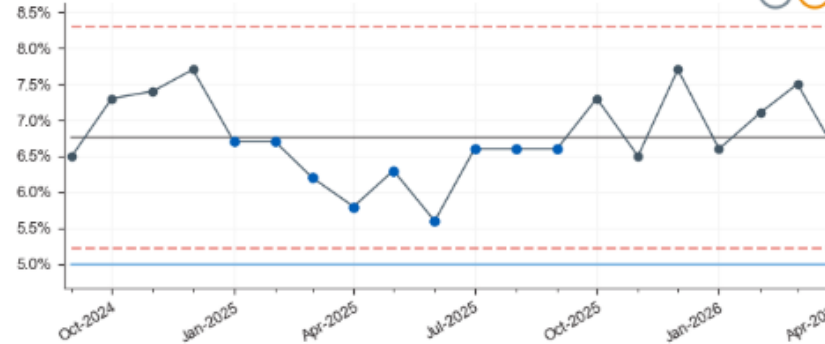


**Turnover Rate %**



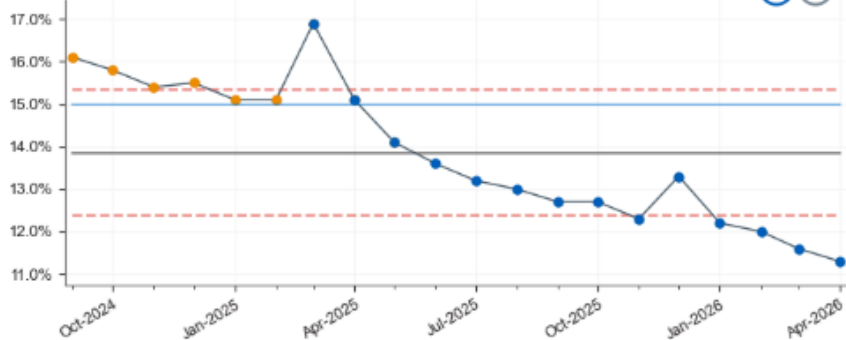
**WF-48**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 0.6%  
Target: 0.8%  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Sickness Absence %**



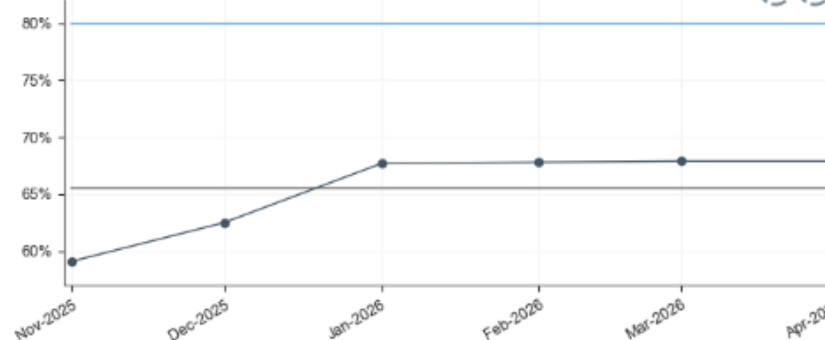
**WF-49**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 6.5%  
Target: 5%  
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

**Annual Rolling Turnover Rate**



**WF-7**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 11.3%  
Target: 15%  
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

**Frontline Staff Vaccinated Against Flu %**



**WF-54**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 67.9%  
Target: 80%  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What?**  
During March 50 staff left the organisation, and this reduced in April to 39 bringing our rolling percentage total to 11.35% and our lowest rolling total since June 2024.

**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?**
- Monitor organisational change impact on turnover.
  - 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.
  - Consider the potential impact of the Recruitment review and addressing S2 issues on retention.

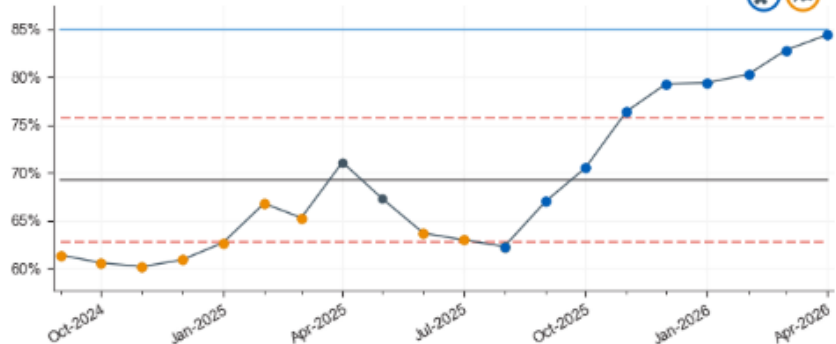
**What?**  
Sickness absence fell from 7.1% to 6.5%, with the rolling annual figure remaining above target at around 7.1%.

**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.

- What next?**
- Establishment of a working group to drive system and process improvement, as well as training..
  - 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.
  - Introduction of Wellbeing & Attendance at Work Policy from 1st June
  - Launch Electronic Management System to support managers in understand where there are people are in the process



**Appraisals Rolling Year %**



**WF-40**  
Dept: Workforce HR  
Metric Type: Board  
Latest: 84.4%  
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: 83.3%  
---  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What?**

Compliance has increased to 83.97% across the Trust this month, with many teams achieving 100% compliance and several areas exceeding the 85% target.

The *Leading Effective Appraisal Conversations* course continues to be delivered and is now a regular Learning and Development offering.

An initial pilot of the Workforce Management (WFM) system has also been completed successfully.

**So what?**

The continued rise in compliance demonstrates sustained organisational focus and strong local accountability. Achievements across high-performing teams are encouraging and reflect positive engagement with the appraisal process.

The ongoing appraisal conversations course continues to build manager confidence and support high-quality appraisal discussions. Early feedback from the WFM pilot suggests the system could provide a more streamlined approach to managing appraisals and regular 1–2–1s within one platform.

**What next?**

Further testing of the WFM system will take place ahead of any Trust-wide implementation. The Learning and Development team will begin creating supporting resources and guidance to support rollout.

Targeted Directorate support and ongoing ESR assistance will continue to maintain momentum toward, and beyond, the 85% target.

**What?**

Statutory and Mandatory training compliance for the Core Skills Training Framework (CSTF) closed the 2025–26 reporting year at 90% as at 31 March 2026. Compliance performance shows a downward variation at year end following the introduction of additional training requirements within the 2026–27 training plan submitted to NHS England. The revised dashboard now includes newly mandated learning modules, resulting in a temporary reduction in overall compliance levels at the start of the new reporting cycle.

**So what?**

The current position is below the agreed tolerance and reflects the expected impact of expanding the statutory and mandatory training dashboard. Analysis of previous annual trends indicates that compliance typically improves progressively throughout the year as staff complete newly assigned learning. Whilst there are insufficient data points to determine special cause variation at this stage, the anticipated trajectory remains consistent with prior years, with recovery activity planned to support achievement of the 90% year-end target.

**What next?**

Monthly performance reviews will continue through Workforce and operational governance structures, with particular attention on areas below trajectory. Communications and booking support will be aligned to prioritise newly introduced requirements, with progress monitored against the planned improvement profile to support delivery of the 90% compliance target by year end.

We are a sustainable partner as part of an integrated NHS



# Sustainable Partner

### What?

C2 mean was behind plan in April at 23.02 versus the monthly trajectory of 20.09. This is partly due to a 1.8% increase in activity and lower than expected resourcing, above-plan handover times, and lower-than-plan Hear and Treat by 0.9%.

Improvements in make-ready continue to show and our focus now is to ensure a safe transition of the contract as our current contract ends this year, and a procurement process is underway to select our future partner. 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%.

### 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.

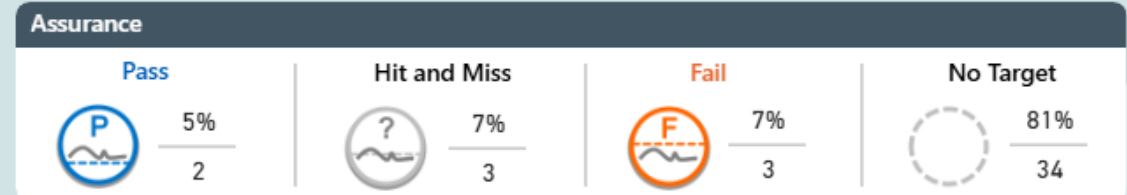
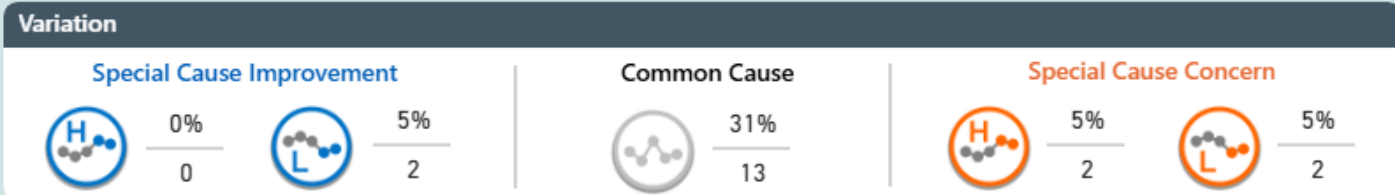
### What Next?

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%.

Our first DCA EV vehicles are due to arrive this month, and the EV trial will run out of Banstead to support decisions for future investment and design of our make ready processes.

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



### Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	DCA Not Available for Crew	Apr-26	198.4		205.6		
Board	% of DCA vehicles off road (VOR)	Feb-26	0%	10%	14.1%		
Board	Number of RTCs per 10k miles travelled	Apr-26	0.7		0.7		
Board	Handover Time Mean	Apr-26	00:18:20	00:17:30	00:18:56		
Board	Hear & Treat per Clinical Hour	Apr-26	0.4		0.4		
Board	See & Convey to ED %	Apr-26	51.3%		51.8%		
Board	See & Convey to Non-ED %	Apr-26	2.3%		2.5%		
Board	UCR Acceptance %	Apr-26	12.5%	60%	16.8%		
Board	Vehicles Made Ready vs Scheduled Shifts	Mar-26	88%	95%	73.5%		
Supporting	111 to 999 Referrals (Calls Triaged) %	Apr-26	5.9%	13%	6.4%		
Supporting	% of SRV vehicles off road (VOR)	Feb-26	0%		2.8%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Apr-26	94		91.1		
Supporting	999 Operational Abstraction Rate %	Apr-26	31.6%	31.3%	26.1%		
Supporting	Hear & Treat Recontact within 48 Hours %	Apr-26	2.6%		2.2%		
Supporting	Handovers > 45 Minutes %	Apr-26	4%	0%	4.5%		
Supporting	Number of Hours Lost at Hospital Handover	Apr-26	2952.5	2879.37	3257.6		
Supporting	Make Ready Contractor Hours Delivered	Mar-26	92%	95%	75.2%		
Supporting	Make Ready Vehicle Audit Compliance - Overall Score	Mar-26	95%	95%	95.8%		

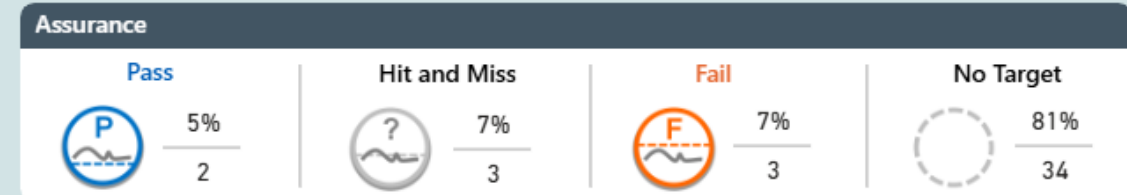
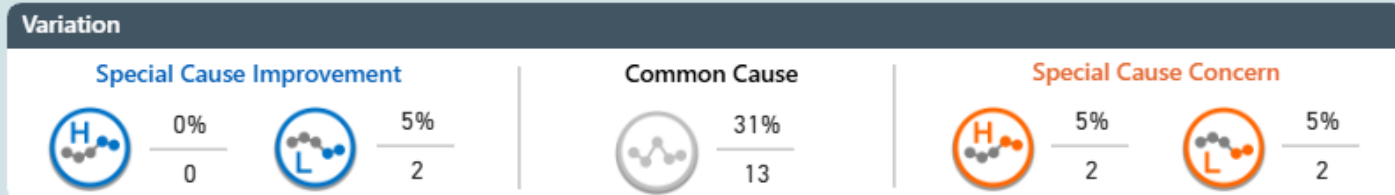
*Pending metric: Rate of Admission from ED - Needs to be defined*

### Health & Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	HART Staffing to Core Levels (6 Per Team Per Shift)	Dec-25					
	HART Training Compliance	Dec-25					
	SORT Staffing Compliance	Dec-25					
Board	Health & Safety Incidents	Feb-26	30		34.2		
Board	Manual Handling Incidents	Feb-26	33		28.5		
Board	Violence and Aggression Incidents (Number of Victims - Staff)	Feb-26	108		111.3		
Board	Organisational Risks Outstanding Review %	Jan-26	11.2%	30%	21.5%		
Supporting	Number of RIDDOR Reports	Feb-26	7		10.8		
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	Apr-26	38	-1	412
Supporting	Agency Spend (£000s) Month	Apr-26	-146	-132	-213.6
Supporting	Capital Expenditure (£000s) YTD	Apr-26	3003	26191	9150.8



### Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Apr-26	76		1322.3
Board	Cost Improvement Plans (CIPS) (£000s) YTD	Apr-26	76	1115	7956.2

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

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

### Digital

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% Uptime of Essential Systems	Apr-26	100%	99.99%	100%		
Board	% Cyber Incidents Contained	Apr-26	100%	100%	100%		
Board	% of Clinical Consultations Using AVT	Apr-26	4.9%	100%	2.9%		
Board	% of Incidents - Shared Care Record Accessed	Apr-26	5.96%	70%	3.9%		

### Resilience

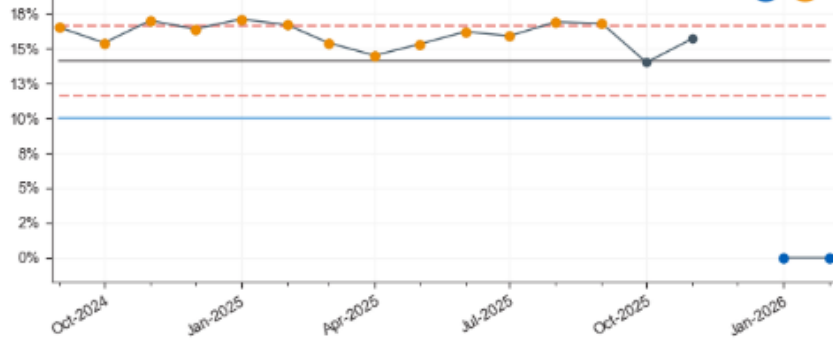
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Operational Command Training Compliance (OpComm Qual)	Apr-26	100%		100%		
Board	Tactical Command Training Compliance (TacComm Qual)	Apr-26	100%		100%		
Board	Strategic Command Training Compliance (MAGIC)	Apr-26	100%		100%		
Board	Tactical Advisor/NILO Training Compliance	Apr-26	100%		100%		
Board	JESIP Training Compliance (All Commanders)	Apr-26	81%		83.8%		
Supporting	% of Incidents With Completed Debrief Within Required Timeframe	Apr-26	80%		80%		
Supporting	% of BCPs In-Date and Reviewed	Apr-26	89%		83%		
Supporting	% of BCP Exercises/Tests Completed	Apr-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>							



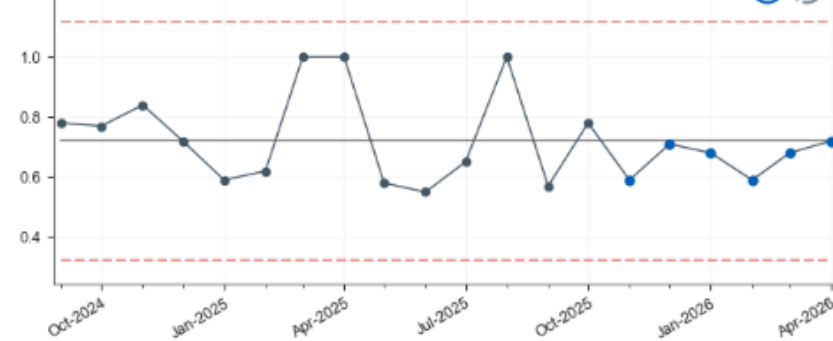
**% of DCA vehicles off road (VOR)**



**FL-4**

Dept: Fleet  
Metric Type: Board  
Latest: 0%  
Target: 10%  
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

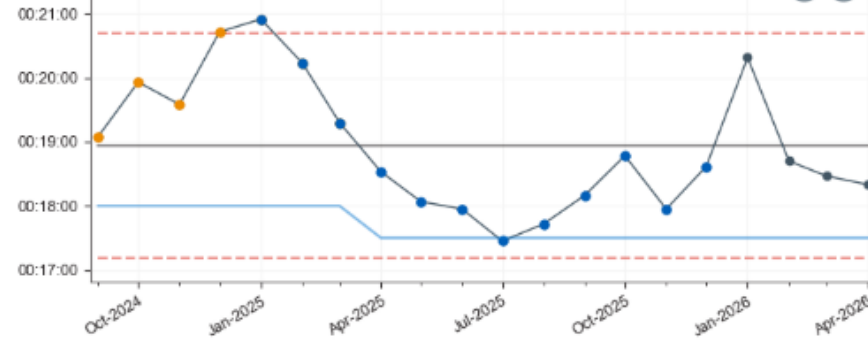
**Number of RTCs per 10k miles travelled**



**FL-2**

Dept: Fleet  
Metric Type: Board  
Latest: 0.7  
---  
Special cause of an improving nature where the measure is significantly LOWER.

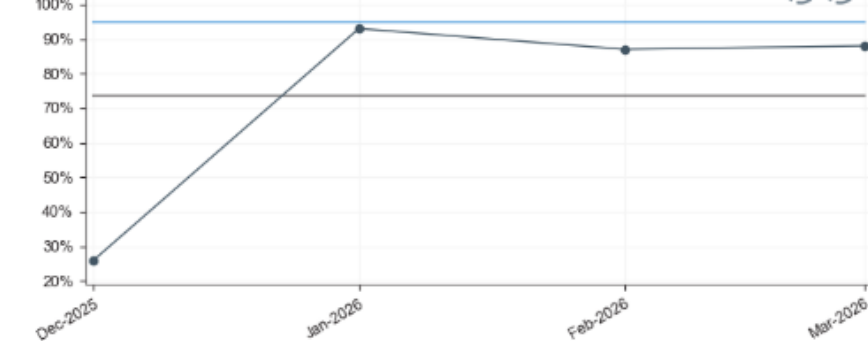
**Handover Time Mean**



**999-39**

Dept: Operations 999  
Metric Type: Board  
Latest: 00:18:20  
Target: 00:17:30  
Common cause variation, no significant change. This process will not consistently hit or miss the target.

**Vehicles Made Ready vs Scheduled Shifts**



**FL-14**

Dept: Fleet  
Metric Type: Board  
Latest: 88%  
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 15 of these new MAN DCAs. 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 shows some improvement in April.

**So what?**

Hospital handover increases in winter 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 with oversight from Service Delivery Manager 24/7.

**Vehicles Made Ready vs Scheduled Shifts**

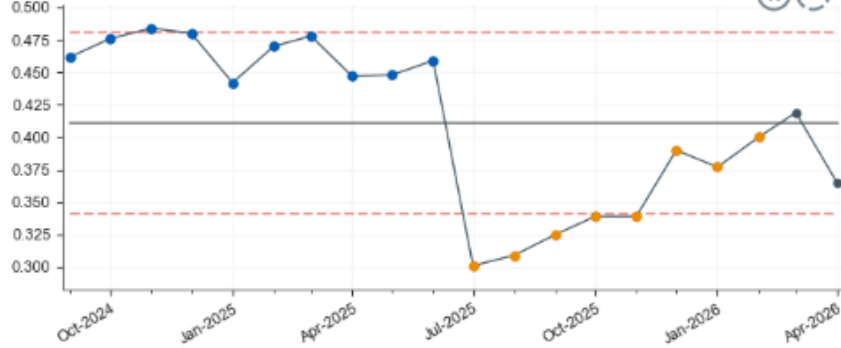
**What?** Throughput performance remained strong and stable across most sites, with high levels of KPI compliance maintained.

**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/Heath and B/Hill by both Ops and contractors.

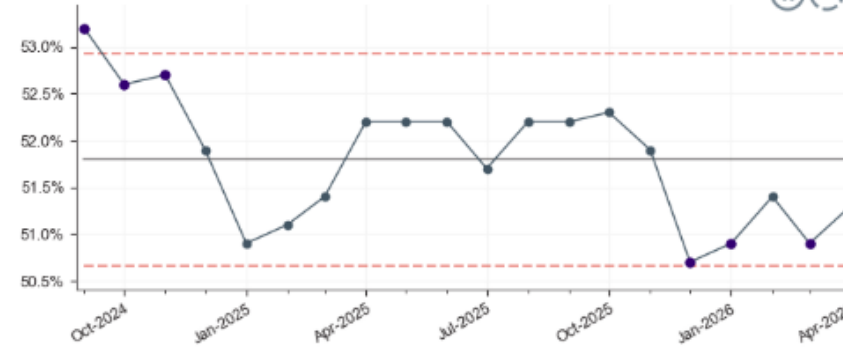


### Hear & Treat per Clinical Hour



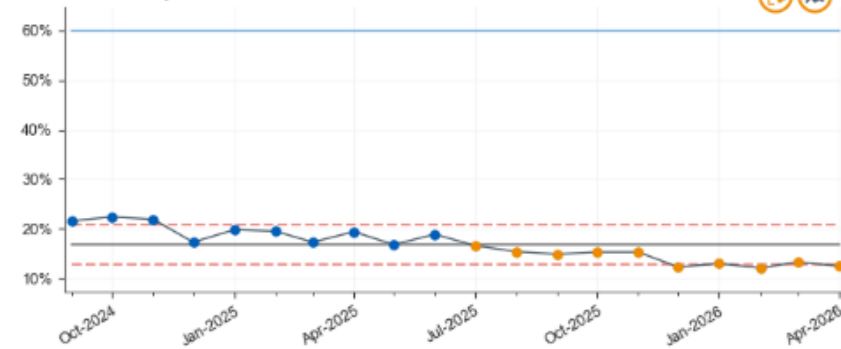
**999-41**  
Dept: Operations 999  
Metric Type: Board  
Latest: 0.4  
---  
Common cause variation, no significant change.

### See & Convey to ED %



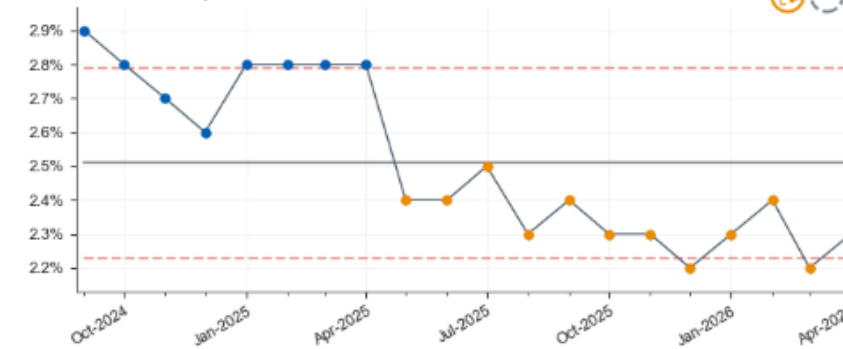
**999-9**  
Dept: Operations 999  
Metric Type: Board  
Latest: 51.3%  
---  
Common cause variation, no significant change.

### UCR Acceptance %



**999-40**  
Dept: Operations 999  
Metric Type: Board  
Latest: 12.5%  
Target: 60%  
Special cause of a concerning nature where the measure is significantly LOWER. This process is not capable. It will FAIL the target without process redesign.

### See & Convey to Non-ED %



**999-9**  
Dept: Operations 999  
Metric Type: Board  
Latest: 2.3%  
---  
Special cause of a concerning nature where the measure is significantly LOWER.

### Hear and Treat per Clinical Hour

#### What?

Although the Trust was on an improving trajectory for Hear & Treat per hour in H2 of 25/26, there was a sharp drop-off in April. This is due to two key factors; firstly the spike in low acuity calls linked to the meningitis outbreak in March eased, reducing the % of Hear & Treat opportunities. Secondly, the transition to a new clinical operating model is not yet complete in UEC, with the Area Clinical Leads not due to start until Q2. Part of this role is to specifically optimise the clinical productivity of virtual care in the Hubs. The Virtual Care programme, and associated working group has commenced, with weekly meetings to explore ways to improve Hear & Treat, and to ensure all directorates across the Trust support the recruitment, training, mentoring, governance, and management of newly qualified virtual care clinicians in UEC.

#### What next?

Whilst the Virtual Care working group will focus on UEC, it will also look at further developing ongoing developments and innovation in EOC to improve Hear & Treat productivity, including the extension of Intelligent Clinical Queue (ICQ) to Field Ops, and potentially extending the C2 Streaming processes and the TORTUS AI pilot to UEC, so that we have greater consistency and shared improvement across the whole of the virtual care function in the Trust. There is a clear trajectory for onboarding in H1 of 26/27 150 Paramedics to use NHS PaCCS to undertake virtual care in Field Ops, and this will be monitored by the Productivity and Efficiency sub-group on a weekly basis, so that the Trust can maintain grip on this key strategic goal.

### UCR Acceptance Rate

#### What?

In April **12.5%** of incidents referred via the UCR portal were accepted, remaining well below the **60% target**.

#### So What?

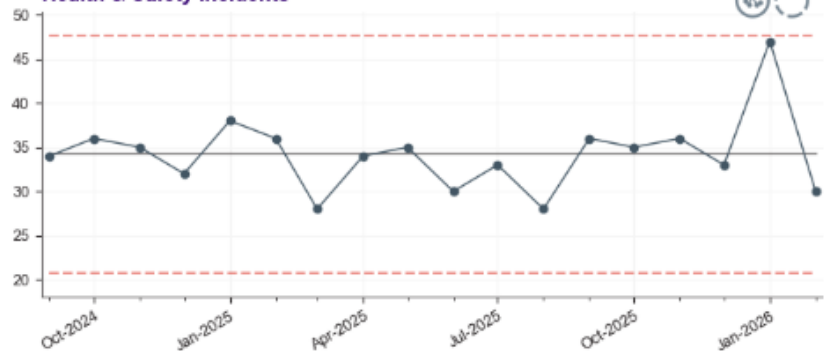
Acceptance rates continue to be significantly lower than required. Capacity constraints were cited across all providers as the primary reason for declining referrals, Acceptance continues to be highest within the first two hours of service opening, when SECamb is one of multiple organisations simultaneously requesting UCR support.

#### What Next?

-Continue to focus on UCR where available and work with system partners to improve.  
-**Go live 1st June 2026 of 60minute** "auto time out" for rejections from UCR teams from the current 30minute. Aligns with Eeast & WMAS, requested by the south east regional UCR teams as overcoming a potential acceptance barrier for them.



### Health & Safety Incidents



QS-20

Dept: Quality & Safety

Metric Type: Board

Latest: 30

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Common cause variation, no significant change.

### Organisational Risks Outstanding Review %



QS-24

Dept: Quality & Safety

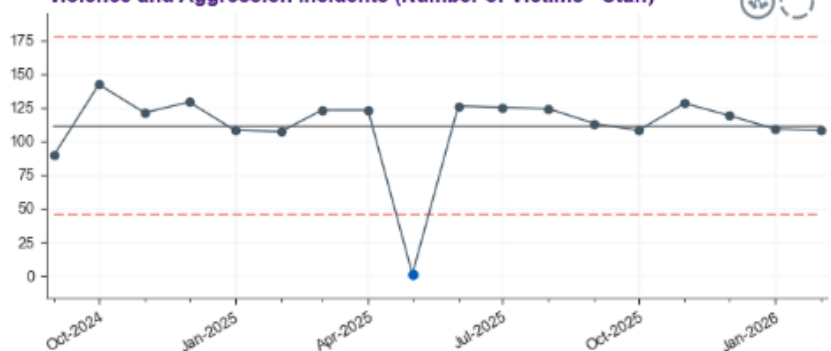
Metric Type: Board

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

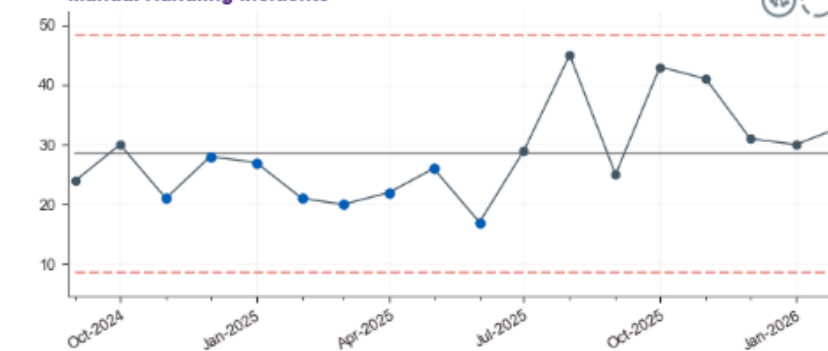
Metric Type: Board

Latest: 108

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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 below average in Mar (90) and Apr (105) The average has reduced to 114 per month from a high of 135. 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
- A key theme is 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?

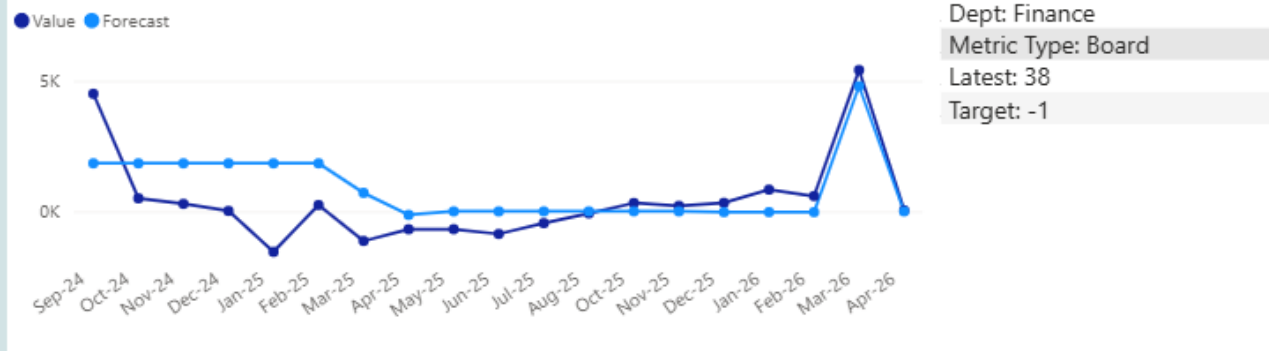
- Key skills training completed over 25/26 has included the use of the carry chair track, as it was found that many staff were not confident in the use of this essential piece of equipment.
- SBAR On bariatric provision tabled with SMG and active workstream in place led by Ops

##### What next?

- A small number of 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 has a key focus on moving and handling.



Surplus/Deficit (£000s) Month



F-6  
Dept: Finance  
Metric Type: Board  
Latest: 38  
Target: -1

**What?**

The Trust has reported a £38k surplus in line with plan for M1 2026/27 and forecasting a break even in line with plan.

**So what?**

The Trust continues with focusing on delivering efficiencies across the system through productivity and cash releasing savings programmes. The impact of cash releasing savings are being planned equally throughout the year. Productivity improvements are phased in line with programme and project initiatives.

**What next?**

The Trust continues to monitor its performance and forecast position and is confident in meeting its financial plan for 2026/27.

**What?**

For 2026/27 the Trust planning a financial break-even plan.

**So what?**

The Trust will not be receiving any deficit support funding to achieve this.

**What next?**

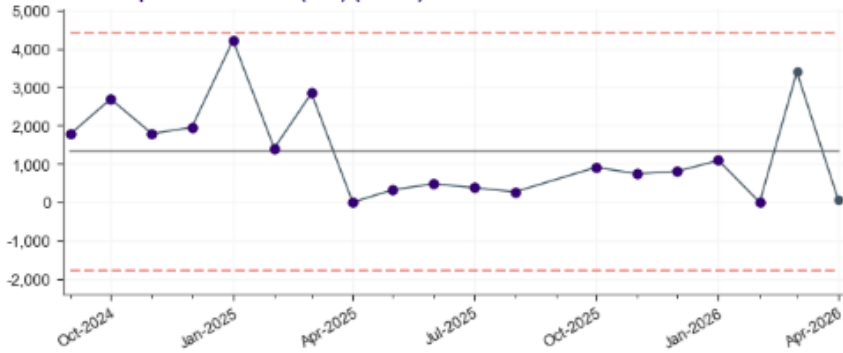
However, additional £10.7m ambulance growth funding has been allocated to enable the Trust to deliver a revised trajectory improvement in C2 mean to 25 minutes for 2026/27.

This plan is supported by the £13.4m cash releasing savings and from productivity improvements helping it to meet its performance target.

The Trusts cash position is £23.8m as at 30th April 2026.



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



F-4

Dept: Finance  
Metric Type: Board  
Latest: 76  
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**Cost Improvement Plans (CIPS) YTD**

● Value ● Forecast



F-13

Dept: Finance  
Metric Type: Board  
Latest: 76  
Target: 1115

**What?**

For the first month ending April 2026, the Trust is on plan with the £1.1m efficiency target. Year-to-date recurrent savings are 25% and below the planned 78%.

**So what?**

The Trust is forecasting to achieve all of the planned target of £13.4m. The Trust (through Executive Management Board) has an agreed plan 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 Trust is concentrating its effort to gradually increase recurrent savings to the planned 59% by the end of March 2027 and has appropriate plans in place.

**So what?**

The Trust is focusing on delivering existing schemes that are planned to deliver the £13.4m cash releasing savings for the current year and further developing future year's efficiency schemes.

**What next?**

The Trust has agreed action plans to deliver CIP that include reduced cost of employment, vacancy freeze, tighter control of overtime, not 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 and has submitted a compliant plan in March 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%  
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Special cause or common cause cannot be given as there are an insufficient number of points.

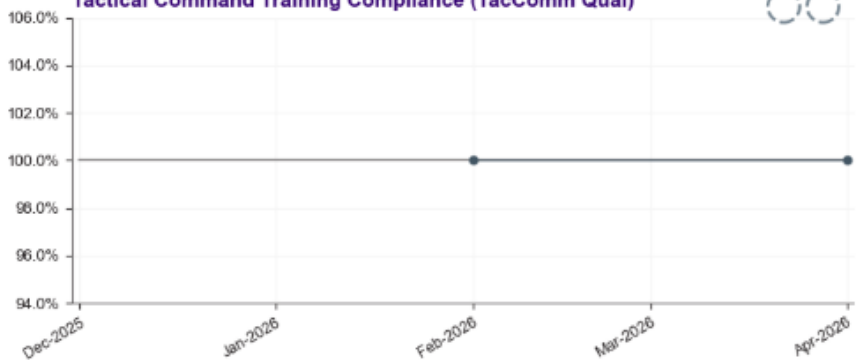
**Strategic Command Training Compliance (MAGIC)**



**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: 100%  
---  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What?**

Compliance with command training has improved significantly, particularly in terms of reducing commander cohort sizes for operational commanders and achieving 100% compliance for strategic commander JESIP compliance.

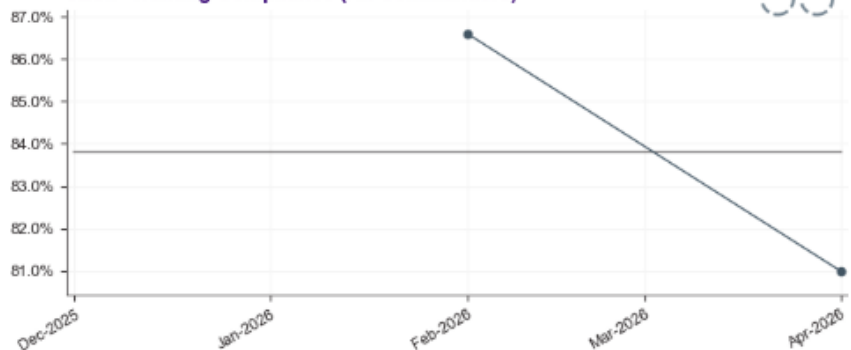
**So what?**

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. On-call revisions have also further standardised the command population to ensure consistency in cpd, training, and audit processes.

**What next?** 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. Implementation of the on-call policy will be helpful in further galvanising efforts to divide performance oversight from incident command.



**JESIP Training Compliance (All Commanders)**



**QS-74**

Dept: Quality & Safety

Metric Type: Board

Latest: 81%

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

**What?** Compliance with participation in Joint Emergency Services Interoperability Program (JESIP) training continues to improve significantly, particularly among the strategic command cohort who are now 100% compliant.

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, hence the low '2IC' compliance within the table. As these individuals will no longer perform command functions, the compliance figure for '2IC' will continue to fall and will eventually be removed from the data set.

**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.

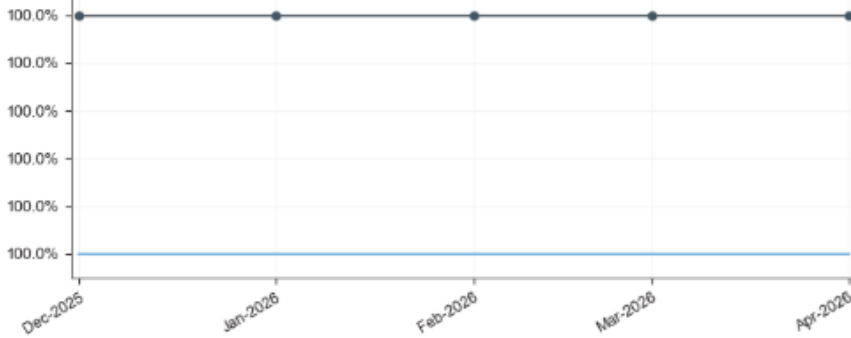
**Compliance by Competency**

Count of Commanders Who Have Completed Individual Competencies

Competency	Command Level	Competency Completed	Competency Compliance
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	2IC OPERATIONAL	20	62.50%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	OPERATIONAL	185	92.96%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	STRATEGIC	7	100%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	TACTICAL	33	97.06%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	TACTICAL ADVISOR/NILO	14	93.33%



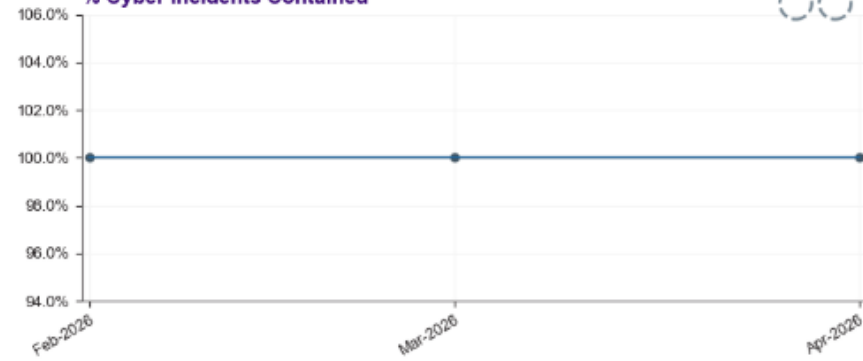
**% Uptime of Essential Systems**



**IT-9**

Dept: Digital  
Metric Type: Board  
Latest: 100%  
Target: 99.99%  
Special cause or common cause cannot be given as there are an insufficient number of points.

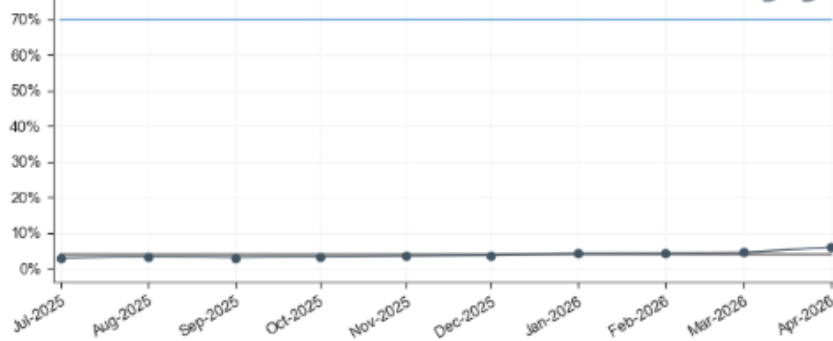
**% Cyber Incidents Contained**



**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.

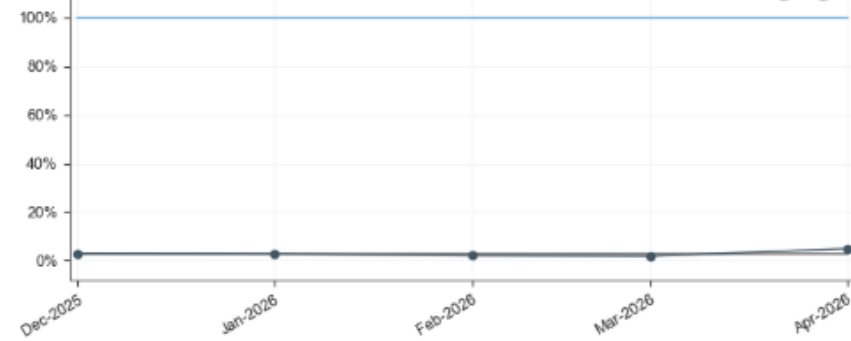
**% of Incidents - Shared Care Record Accessed**



**IT-11**

Dept: Digital  
Metric Type: Board  
Latest: 5.96%  
Target: 70%  
Special cause or common cause cannot be given as there are an insufficient number of points.

**% of Clinical Consultations Using AVT**



**IT-12**

Dept: Digital  
Metric Type: Board  
Latest: 4.9%  
Target: 100%  
Special cause or common cause cannot be given as there are an insufficient number of points.

**What:** Essential systems uptime has held at 100% across 2026 year-to-date following the December 2025 Crawley switch outage, while shared care record access rose to 5.96% in April — the first clear breakout above the upper control limit — with early May data indicating a further jump to c.30%.

**So what:** Our core platform remains resilient with no repeat outages, and the trust-wide rollout of MFA on the EPCR has unlocked GP Connect access across all implemented areas, driving the step-change in shared care record use alongside a new Kent & Medway Care Record pilot at Ashford.

**Now what:** Sustain infrastructure resilience and network hardening while embedding the new shared care record access patterns; evaluate clinical and productivity impact and use May data to validate the trajectory ahead of full reporting.

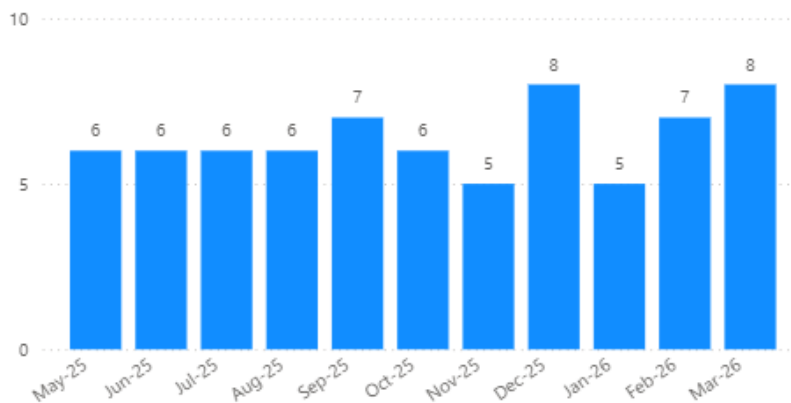
**What:** 100% of cyber incidents have been contained since reporting began in October 2025, while AVT-supported clinical triage stepped up sharply in April 2026 to c.4.9%, breaking out of prior control limits.

**So what:** Current cyber controls are holding but the threat landscape continues to escalate and our exposure remains material; the AVT uplift follows the extension of the pilot in EOC to a wider clinician cohort — early evidence that scaling the use case is achievable.

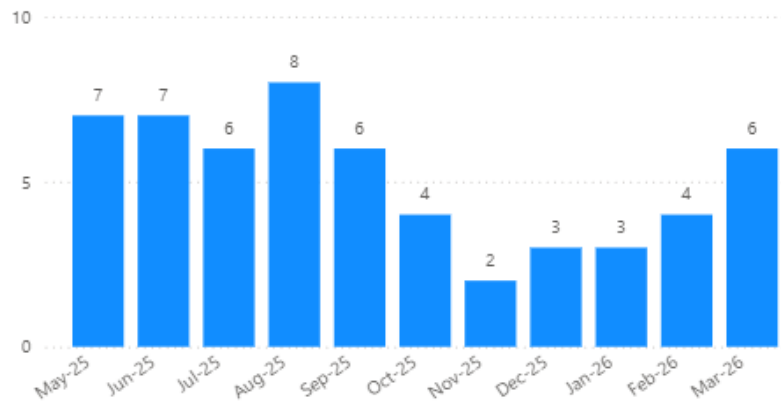
**Now what:** Progress the cyber business case through governance to deliver a 24/7/365 Security Operations Centre (with SWAST) and a new SIEM, while continuing to expand AVT adoption and tracking its correlation with calls per hour and hear and treat rate to confirm the productivity hypothesis.



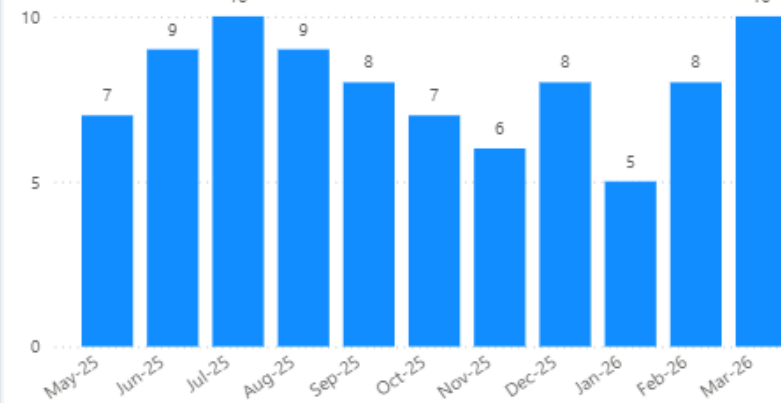
**SECAmb Mean C1 Response Time Rank**  
Rank among 11 ambulance services (1 = best performance)



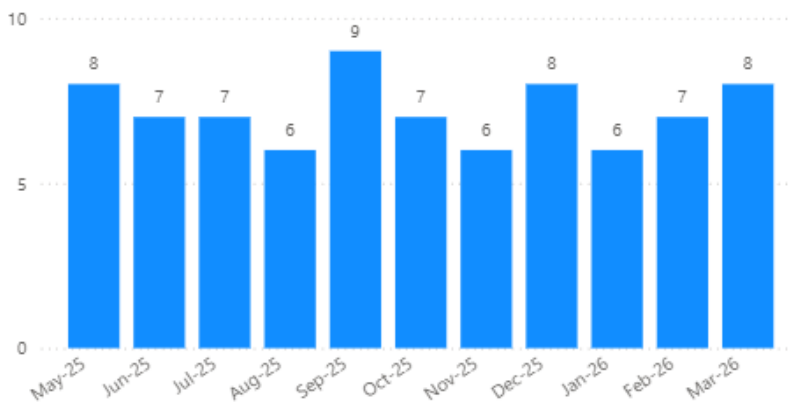
**SECAmb Mean C2 Response Time Rank**  
Rank among 11 ambulance services (1 = best performance)



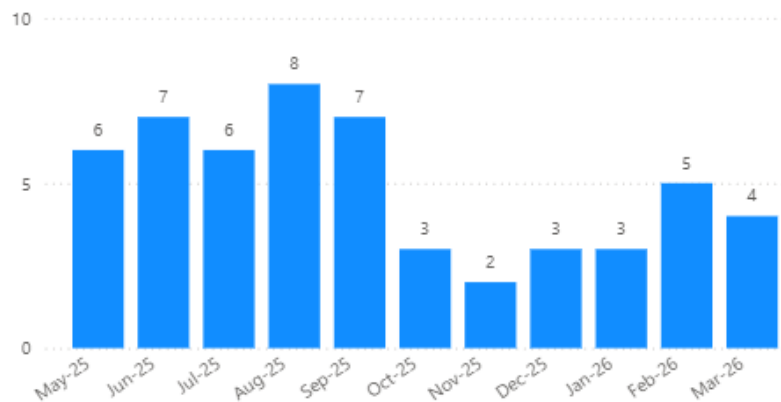
**SECAmb 90th Centile C3 Response Time Rank**  
Rank among 11 ambulance services (1 = best performance)



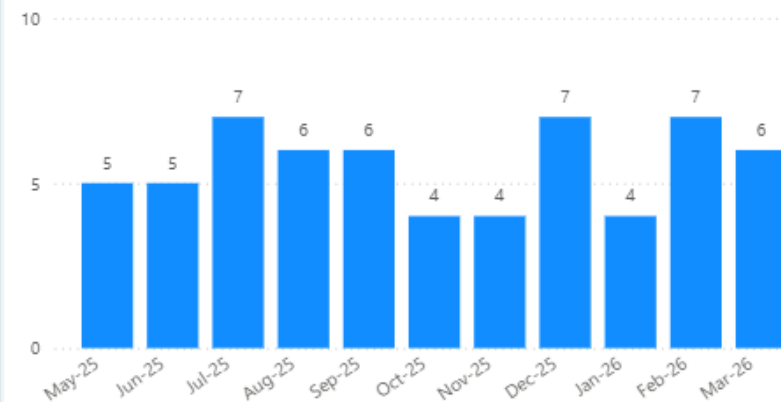
**SECAmb 90th Centile C1 Response Time Rank**  
Rank among 11 ambulance services (1 = best performance)



**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)

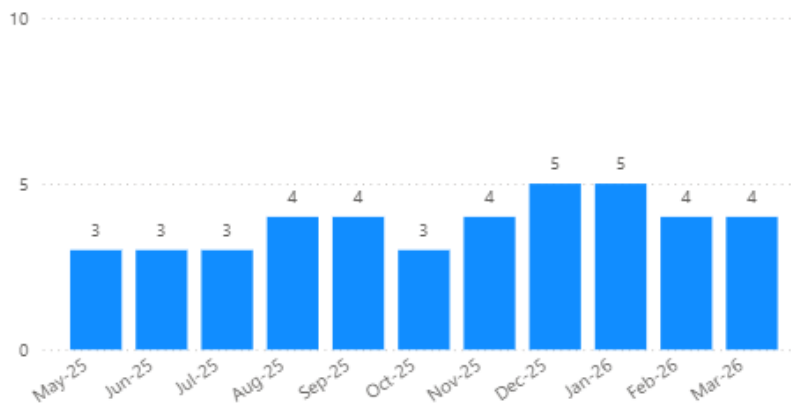


**Summary:**

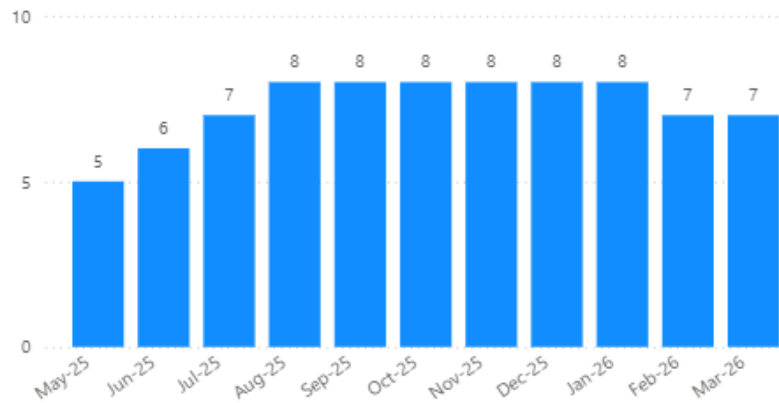
Overall SECAmb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times with some variability, showing recent improvement in C2 mean but requiring sustained focus, particularly on C2, to meet NHSE expectations.



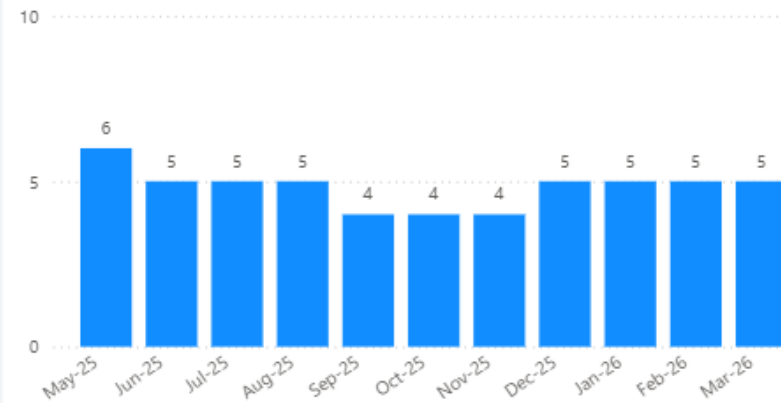
**SECAmb Mean Call Answer Time Rank**  
Rank among 11 ambulance services (1 = best performance)



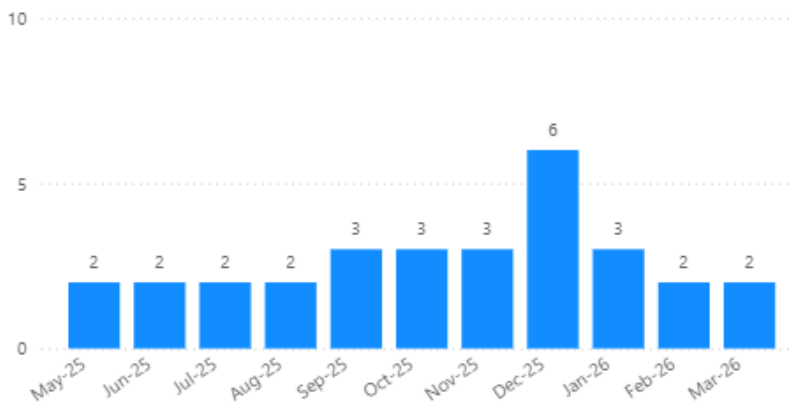
**SECAmb Hear & Treat % Rank**  
Rank among 11 ambulance services (1 = best performance)



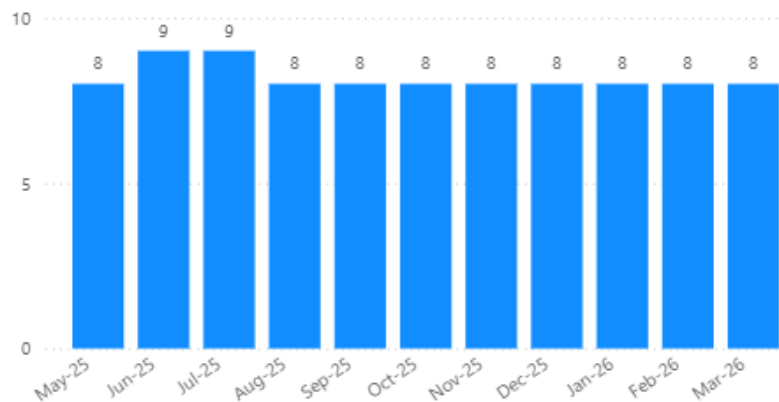
**SECAmb See & Treat % Rank**  
Rank among 11 ambulance services (1 = best performance)



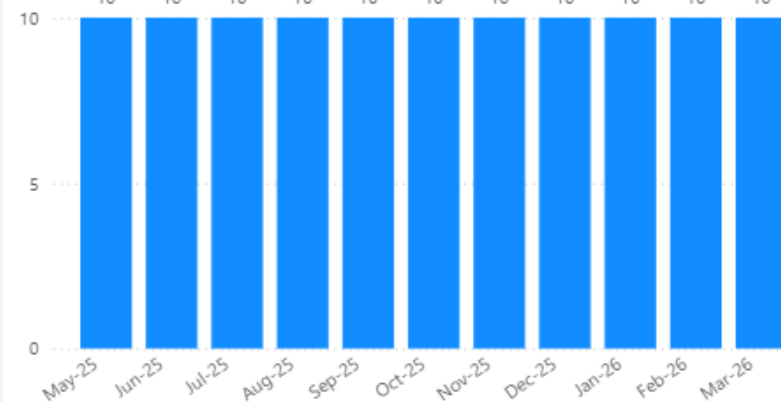
**SECAmb 90th Centile Call Answer Time Rank**  
Rank among 11 ambulance services (1 = best performance)



**SECAmb See & Convey % (ED) Rank**  
Rank among 11 ambulance services (1 = best performance)



**SECAmb See & Convey (Non-ED) Rank**  
Rank among 11 ambulance services (1 = best performance)



**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



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

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