



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



Trust Board Meeting to be held in public

4 June 2026

10.00-12.45

Banstead MRC

Agenda

Item No.	Time	Item	Paper	Purpose	Board Lead
Board Administration & Governance					
22/26	10.00	Welcome and Apologies for absence	-	-	MW
23/26	10.01	Declarations of interest	-	To Note	MW
24/26	10.02	Minutes of the previous meeting: 2 April 2026	Y	Decision	MW
25/26	10.03	Matters arising (Action log)	Y	Decision	PL
26/26	10.05	Chair's Report	Y	Information	MW
27/26	10.15	Integration Committee Assurance Report	Y	Assurance	KK
28/26	10.25	Shadow Board Feedback	Verbal	Information	KN
29/26	10.40	Chief Executive's Report	Y	Information	JA
Strategy & Performance					
30/26	10.50	CQC Inspection Reports	Y	Information	JT
31/26		Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report			
Strategic Aim: We Deliver High Quality Care					
32/26	11.00	Quality & Patient Safety Committee Report	Y	Assurance	LS
33/26	11.20	Patient Safety Incident Response Plan	Y	Decision	JA
	11.30	Break			
Strategic Aim: Our People Enjoy Working at SECamb					
34/26	11.40	People Committee Assurance Report	Y	Assurance	HB
35/26	11.55	Leadership Framework	Y	Decision	JL
Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS					
36/26	12.10	Finance & Investment Committee Report Month 1 Finance Report	Y	Assurance	SO

Closing

37/26	12.35	Any Other Business	-	-	MW
-------	-------	--------------------	---	---	----

After the meeting is closed any questions received¹ from members of the public / observers of the meeting will be addressed.

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



Trust Board Meeting

2 April 2026

Banstead MRC

Minutes of the meeting, which was held in public.

Present:

Michael Whitehouse	(MW)	Chair
Simon Weldon	(SW)	Chief Executive
David Ruiz-Celada	(DR)	Chief Strategy Officer
Jaqualine Lindridge	(JL)	Chief Paramedic Officer
Karen Norman	(KN)	Senior Independent Director
Liz Sharp	(LS)	Deputy Chair
Karl Khan	(KK)	Independent Non-Executive Director
Margaret Dalziel	(MD)	Chief Nursing Officer / Deputy Chief Executive
Mojgan Sani	(MS)	Independent Non-Executive Director
Nick Roberts	(NR)	Chief Digital & Information Officer
Paul Brocklehurst	(PB)	Independent Non-Executive Director
Peter Schild	(PS)	Independent Non-Executive Director
Richard Quirk	(RQ)	Interim Chief Medical Officer
Sarah Wainwright	(SWa)	Chief People Officer
Simon Bell	(SB)	Chief Finance Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Suzanne O'Brien	(SO)	Independent Non-Executive Director

In attendance:

Peter Lee	(PL)	Director of Corporate Governance / Company Secretary
Janine Compton	(JC)	Director of Communications & Engagement
Lara Waywell	(LW)	Deputy COO

01/26 Welcome and Apologies for absence

The meeting started later, at 10.15 due to a local road closure impacting board members.

MW welcomed members, and those in attendance and observing. He acknowledged this is MD's and SW's last meeting and paid tribute to their impact on the success of the trust over the past 3 years.

The following apologies were noted:

Harbhajan Brar	(HB)	Independent Non-Executive Director
Jen Allan	(JA)	Chief Operating Officer

02/26 Declarations of conflicts of interest

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

03/26 Minutes of the meeting held in public 05.02.2026

The minutes were approved as a true and accurate record.

04/26 Action Log [10.20-10.21]

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

05/26 Chair's Report [10.21–10.28]

MW summarised his report, setting the scene for today's meeting, and explaining the schedule of focus and emphasis on Quality Care. He reflected that the Board papers help to demonstrate strong performance over the last 12 months and in June we will sign off the annual report and accounts.

He encouraged the committee reports to express its level of confidence in delivery and where further improvement is identified that we have plans in place. And as we enter the transition to the Group Model, we need to be mindful when making decisions these reflect the needs of the Group.

MW confirmed that the Group Chair has now been appointed with details to follow shortly. The interviews for the Group CEO is mid-April and MW is confident we will make an appointment. This all helps support a positive outlook.

06/26 Audit & Risk Committee Report [10.28-10.40]

PS summarised the output of the most recent meeting highlighting the positive picture with Internal Audit and the year-end opinion. He explained the context of the IT Asset Management review (Limited Assurance) and gave assurance that a plan is being developed which will be overseen by the committee.

PS is happy with the direction of travel and our improving internal control environment.

MW asked about the year-end opinion, noting that while it is second highest, it is extremely rare for any provider to achieve the highest rating.

MW then asked about the Limited Assurance review, noting the recent board development session on digital and seeking assurance in the digital strategy. NR responded by giving context of the IT asset management review; he identified early gaps in controls and asked BDO to investigate; the audit was helpful in highlighting more deeply our process to inform a robust improvement plan. Mechanisms for tracking were not as good as they should be; this however is different to security and controls for this are robust. NR added that the digital strategy over the last year has delivered in a number of ways and he expressed confidence in this going forward. MW acknowledged this and reinforced the need for a highly effective digital support team. SO added that this audit was discussed at both audit and finance committees and so we are staying close to delivery of the actions.

07/26 Shadow Board Feedback [10.40–10.45]

Philip from the Shadow Board joined and summarised the output of the most recent meeting which focussed on our strategic priorities, FTSU and the staff survey. He explained that there was a good discussion and the Shadow Board is now more settled into its role. We are able to question and challenge more holistically. After the formal part of the meeting we then had some updates from members who observed board committees, which has been really helpful to get greater insights into the working of the Trust Board. Philip ended by commenting on the privilege of being part of the Shadow Board and thanked SW and JC for pushing this forward. On behalf of his colleagues Philip wished SW all the best for the future.

MW thanked Philip for this summary. There were no specific asks of the Board and no questions.

08/26 Chief Executive's Report [10.45–11.00]

SW highlighted the following from his report.

- He thanked the entire organisation for their efforts in supporting delivery at year end of the C2 mean. 27m 46seconds which is better than our plan. He thanked all the teams from fleet to crews and all in between for this achievement in the context of demand rising 3.7% which is significant (30k additional responses). It is important we celebrate this.
- Important to also say next year we need to do even better and will be linked to a need to develop the right virtual care model; without this we will be unable to deliver for patients and so this year is critical.
- Since we last met national league tables were published and we have moved from 6th to 4th (Segment 2). Comparing this to 3 years ago when we were in the Recovery Support Programme we are in a much stronger place.
- The BAF sets out how we intend to look forward into the year and sign off our strategic priorities.
- Great to be part of the Ambulance Leadership Forum, and the opportunity to present our work with the Shadow Board supported by two members who were inspirational in their reflections. This is a model of engagement we need to continue to promote.
- Jen Allan spoke on women in leadership and reflected the recent data on pay disparities for women (disability and ethnicity is in a good position). We need to address this thoughtfully noting the positive movement in recent senior leadership appointments in operations.
- IPC won a national award for its App. Congratulations to Gavin and the IPC team.
- On planning we are in good position as not only have we delivered last year's performance, we delivered the money too. This year we have a good plan that is challenging but deliverable.
- Lastly, SW noted the transition period with the group model reinforcing this is the right thing to do. We made a strong Chair appointment and look forward to CEO appointment mid-April. Opportunities are significant and the biggest challenge will be in the sequencing.

MW thanked SW for this update, agreeing we have a plan that is deliverable.

MW paid tribute to JC and those who spoke at ALF about the Shadow Board. On pay gap, MW reflected it is unacceptable to have a gap between men and women and this needs to be resolved.

LS paid tribute to achieving the C2 mean reinforcing this is more than just a target, given the positive impact on patients and their outcomes.

09/26 Outline BAF [11.00-11.18]

DR confirmed the process for developing the priorities and the importance we have clarity on what we plan in the year ahead. Shadow Board feedback this week has been helpful too. Our strategy hasn't changed, and it is driving all we do through the BAF. Earlier clinical contact ensures the best more tailored response so those really needing an ambulance will get one in a timely manner; this links to the virtual care model later on the agenda.

We have engaged with leaders to develop these priorities as part of planning cycle. The main focus areas include:

1. Virtual Care – right care first time
2. Shaping the organisation through a revised operating model to also support a move to the group model
3. Digital enablement.

The slide with joint areas with SCAS sets the foundations for a Group model as agreed with strategic commissioners.

PL confirmed that the BAF risks are more aligned to the priorities and the paper describes the thinking behind how we are transitioning between last year and this. The Board is asked for its overall support to the priorities and risks.

MW first asked PS as audit committee chair about our approach to risk. PS confirmed it is the right direction of travel.

MW asked SO as finance committee chair for her view and SO confirmed we had good discussion about risk and feel that this is a strong BAF.

MW asked LS for the perspective of the quality committee. LS responded that she is confident in the BAF and future clinical strategy and how we embed this in our plan for the year ahead.

KN also confirmed support and confidence in the BAF on behalf of the people committee. She welcomes this and it was discussed at the Shadow Board too earlier this week, who expressed the need to communicate this effectively to the wider organisation. KN asked about cross cutting themes and wondered where OD sits, as at last board development session we agreed EDI should be cross cutting and so it is important this sits in a programme of OD. KN wondered if this could be made more overt especially in the area of risk.

SS asked if there is more potential for Integrated Health Organisation contracts. DR responded that we don't know enough about these models yet and there are some dynamics to navigate. This is a population-based contract taking on some commissioning and management of services; but it is a good opportunity for us but not a conversation that has yet started. The new strategic commissioner has only just formed and we will track in the year ahead and invite conversations about this in part 2 when the ICB join us.

On the point about OD, SWa explained that our strategic plan in the BAF includes the OD plan to support the implementation of the operating model / embedding of the divisional structure. The Shadow Board had asked how we will know the new op model will deliver what we expect and SWa confirmed that the 'mates to manager' programme is one part of the OD plan. And in relation to EDI we have built core deliverables e.g. recruitment and promotion objectives to address the gender balance referred to earlier.

The Board confirmed its confidence that these are the right priorities. The Chairs of the committees can develop with the executive as we take forward to ensure the BAF continues to drive its focus.

On communication and embedding the BAF into the organisation LW confirmed this is already starting to be cascaded to inform our people's objectives.

10/26 Board Story [11.18-11.45]

Alan Cowley, Head of Critical Care and Simon Goodwin CCP joined. RQ welcomed them to the Board and noted a number of CCP colleagues were observing. He explained that this is about learning more about how the service is provided. JL added that she delighted to hear more about this critical service and set the context of how these clinicians support better patient outcomes and how we could optimise this across the group model.

Alan and Simon introduced the story shown in the video that was played to the Board. Simon confirmed this is one of a number of stories demonstrating the value of CCPs in supporting better patient outcomes. Simon and Alan then talked to the slides giving background to the role of CCPs and how they are deployed to specific incidents. In summary, they concluded that we have a high-quality critical care service but acknowledge the challenges that lay ahead. Staying the same isn't an option and we need to develop so we direct this limited resource to best effect and align with the work on the clinical model with SCAS. This will include a need to commission a review of how critical care services should be commissioned in the future.

MW thanked Alan and Simon for this and underscored the positive impact on the outcomes for the patients this service attends. MW then opened to questions.

LS noted that we have changing demands on CCPs especially related to end of life and mental health, and she has seen in person the relief when a CCP turns up. She asked how we bridge the offering of CCPs with the rest of community care services. Alan responded that the new clinical model will evolve to more remote critical support so this will open up some new avenues.

MD added that it is worth reflecting the difference in offer since the CCP desk was started. This has had a really positive impact on patient safety as they can go into the waiting list and apply clinical judgement. MD does though recognise this is the time to review the service via the lens of the group model.

SB also noted the positive impact on patient outcomes but time is also a factor in safety and while at 27 mins for C2 mean we should be at 18 mins so there is a need to review in the round of all patients and how we allocate resources to ensure we are as productive as possible.

JL agreed the need for a review to ensure equity across the region.

SW confirmed that part of the reason for this is to ensure the Board is curious about this service in the year ahead; it is a start of the debate not the end. He reflected from his time at an acute trust and how you serve the majority v specialists. We have a great CCP service and we are proud of this. But we should now embrace the discussion about promoting specialism v serving the wider population. There is no national standard, and we should as an ambulance service shape the debate with commissioners; so they think more about this service than they have historically.

Action

QPSC to review the timetable for the CCP review with aim of concluding the review so it can report to Board in December 2026

11/26 We Deliver High Quality Care [11.45-12.20]

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

12/26 Quality & Patient Safety Committee

LS summarised the output of the most recent meeting of the Quality & Patient Safety Committee outlining the areas covered under the different headings of Alert, Assure and Advise. She highlighted the IFT QI priority and with better data demonstrating this is a much lower risk than previously thought. The other QI priority related to EOC clinical audit is being kept under review given the gap in assurance. More positively, the good work on Antimicrobial Resistance provides greater levels of assurance.

LS then outlined the other areas of assurance set out in the report. The board session in May will focus on PSRIF and how we improve clinical practice and patient outcomes.

MD added re EOC audit that we are at point where we need to review our whole approach, looking at requirements v benefits / outcomes in order to revamp and become more constructive. We can align this with SCAS too.

RQ described the focus on falls across the whole system. This is a priority for us this year but is also becoming more of a priority across the system to address patients falling in the community; this is a positive step forward.

JL updated on cardiac survival and other improvements in the STEMI care bundle, demonstrating better outcomes for patients.

MS noted the increasing number of compliments and asked how we are utilising tools to maximise patient voice. MD confirmed that this is a priority and a Board responsibility to be clear where the patient voice comes through. In terms of tools, we have a number of community forums as confirmed in the BAF and also use patient engagement questionnaires. LS added that the response to questionnaires is limited but we do get people calling the patient engagement team thanking crews and should probably formalise this more.

MW is encouraged by this and the differentiated approach to understand our operating context.

MW asked for the view of the quality committee on our overall quality performance. LS responded that we are assured by the improvements in the quality of care and ways of working.

13/26 Virtual Care Operating Model

Michael Bradfield, Deputy CPO joined and with LW talked to the slides reminding the Board about our approach to-date on the Hubs, the national context and strategic vision. The proposal is evidenced based, with engagement of key stakeholders to enable earlier intervention and better direction of services. It aligns to our trust clinically led strategy is to get to 50% virtual care, which avoid sending ambulances to see if one is needed.

The Board noted the key proposals set out in slide 5, which Michael spent time to describe to the Board, explaining that the key change will be to shift clinical assessment earlier in the process.

MW opened to questions asking the Board to use this to inform its decision on supporting next steps. He asked the committee chairs first, each of whom supported the direction. LS expressed concern about the timeframe, especially related to hear and treat given the challenges this year. She felt the timeframe is very tight especially as there is still much work needed on the workforce model. LW responded that there is parallel work on workforce but acknowledges this is one of the key risks. One consistent approach will help compared to the different offers we have across our hubs.

SW felt that we can describe a technocratic plan but much of this is cultural and so there is a need to acknowledge the level of change. This is not just about paramedics but all clinicians. The workforce challenge is training and equipping rather than whether we have the right numbers. The Board needs to confirm its appetite for the level of change needed, as SW feels we have a plan that is deliverable but only if the Board faces in to the changes, e.g. Hubs as we know them will not be future as centralisation aligns with the strategic vision nationally and where we need to go.

MW confirmed the Board is up for the change but there remains concern about how this will be managed recognising the time needed to bring it about; also there is likely to be some in opposition to this and so we need as Board to always circle back to the strategic aims.

SO is supportive. Her concern is the performance management of this. We need to be able to understand what is working and what is not; she would like more clarity on this going forward.

KN reflected that many of these issues are relevant to the people committee and strengthening governance and use of technology.

MW asked the Board if it support this, to which it confirmed positively. MW noted the concerns expressed about timescale and so will need to be closely monitored at committee, which is the plan via the BAF. We also need to give opportunity for people to engage and understand the context to enable a successful outcome.

SW reinforced the primary responsibility of the Board is to lead the trust to get the right outcomes. This is always balances between keeping people happy and taking tough decisions. This is one of the tough decisions.

Break 12.20 – 12.30

14/16 Our People Enjoy Working at SECAMB [12.30-13.00]

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

15/16 People Committee

KN summarised the report and highlighted the EQI review which we are monitoring closely and know there are gaps. We will meet most by June but in any event, this will require ongoing scrutiny.

SWa added that the people services plan is due to be closed with good assurance on the delivery this past year which will now move to business as usual. Positive impacts are being shown demonstrating the actions are delivering in line with expectations, including the indicators from the Staff Survey and KPIs in the IQR.

The Board also noted the improvement in appraisals.

16/16 Annual Staff Survey Results

JC picked out the key highlight, which the Board acknowledged:

- These show good results but we not complacent as there is much more still to do
- Really pleased with the response rate with the highest across the sector with LAS at 71%; way above sector average of 55%. Demonstrating local engagement.
- Best scores in the sector in 7 questions, including recognition and reward; and feeling secure raising clinical concerns.
- WRES DES improvements as reflected in the board development session last month
- We have since had free text comments (over 1000); these are not easy to summarise but 25% were absolutely positive with the majority of others being neutral. The themes are set out in section 6.4 which chime with the feedback from other engagement mechanisms. Demonstrating these mechanisms are working.
- Some areas need particular focus, e.g. motivation which dipped like elsewhere in England. Unsurprisingly given the context of the operational restructure etc.
- We have started to share these with teams and supporting local ownership. A formal framework will be confirmed with the people committee to monitor progress of this and any work held centrally.

17/16 FTSU Guardian Report

SO, FTSU NED, introduced Kim, FTSU Guardian. SO explained that her role is to be intentional within the governance framework in support of the Guardian, reinforcing that this is another mechanism to ensure voices are heard.

Kim then summarised her report, first thanking SW and MD for their support with this agenda.

MW reflected that the outputs of the people committee, the staff survey and now this report all help to show the direction of travel is strong. He then opened to questions or challenge on what has been heard.

JL reflected on the support provided to the clinical education team to support them to speak up.

MD explained that as we triangulate the data most of the workforce is positive about SECamb, but we know there are pockets where there is dissatisfaction and poor behaviours and seeing more of this data will help better understand the drivers. The challenge will be to keep this corporate view.

MW added that one of key drivers is the quality of leadership and in the report he noted some variability with leadership training – against this background he asked about our confidence on the impact of the training in place. JL responded that we are working to develop a leadership framework, which will cover much of this. It is scheduled to come to Juen Board. MD added that in the BAF for 2026-27 there is focus on leadership and succession planning which gets into responsibility and accountability and performance management. We know from FTSU that we have spikes in numbers related to revised HR processes that have enabled us to hold people to account, which is the right thing to do.

SWa felt that this is a good example of an organisational change process that has led to much smoother process for our people, which are more co designed that build trust and confidence. The OD team is working with the new leadership teams to embed the operating model and there is good engagement with this.

MW is really encouraged by this but noted the Board will require ongoing assurance related to leadership development to ensure we resolve the various legacy issues. KN agreed and confirmed that there will be an early review of divisional model that will be considered by the people committee.

KN thanked Kim for her work. She then asked Kim if there is anything more the Board needs to do to support her. Kim confirmed that nothing springs immediately to mind.

SW commented the key themes from these reports is how we make things work locally, via the divisional model. We are moving from everything being formalised to people being willing to have conversations locally. The work to reset trade unions relationships has diffused much tension and there is now a willingness on both sides to work in partnership.

18/16 Sustainable Partnerships [13.00-13.10]

The BAF & IQR, and M11 Finance Report informed the discussion and questions in this section of the agenda, which were framed against the assurance provided by the Finance & Investment Committee (FIC).

19/16 Finance & Investment Committee

SO summarised outputs of the most recent meeting. The quality papers were good as was alignment to the BAF as reflected in the conversation today, e.g. H&T and digital transformation. We are meeting our financial commitments which is no mean feat, and we are as a committee aware and sighted on the efficiency challenge for next year and beyond. There was a good discussion on key risks. SO feels the committee is effective and well sighted on the challenges and how we are planning to meet them.

SB added that it is important to credit the programme team at Nexus House and our people there while we completed the construction works. The Ground Floor is now open and the aim is to open the first floor for corporate services in early June.

MW returned to question he posed at the start of meeting; are we confident that we have in the papers today reflects the achievements, challenges and risks. The Board felt they did – we have heard in particular about the challenges in virtual care and H&T and the development of leadership capability and we have a plan ads set out in the BAF.

MW also asked about realising benefits of the group model, as we are moving at pace and will require integrated leadership.

In summary, the Board believes we are doing as good a job as we can, within the context we are operating. MW thanked the executive team for their efforts and leadership.

20/26 CEO Reflections [13.10-13.15]

At the end of his last Board meeting, SW reflected on three things:

Confidence – the difference in the organisation from three years ago is significant; we are a much more confident place. The overwhelming feeling of staff in the recent CQC inspections was that we were ready to tell our story and not be afraid by it. SW is proud of the organisation and is confident it is facing in to the challenges ahead, including how we maintain progress and develop the group model which offers huge opportunities.

Team – SW paid tribute to the executive team and asked the Board to support them in the year ahead; being an executive in the NHS is currently very challenging.

Personal – SW reflected his privilege to do this job and thanked the Board and all SECAMB people for their support.

MW thanked SW again for all he has achieved and the legacy he leaves.

21/26 AOB

None.

There being no further business, the Chair closed the meeting at 13.15

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

Signed as a true and accurate record by the Chair: _____

Date _____

South East Coast Ambulance Service NHS FT Trust Bo

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)
04.12.2025	84 25	EPRR - The Board to return in Q1 to the Manchester Recommendations and the output of the NHSE rapid review due to report in the Spring, related to how to fund the recommendations.	JA	04.06.2026	Board	IP
05.02.2026	102 25	A review in 6 months setting out how the Board is taking forward the SB recommendation related to violence and aggression to staff.	JT	06.08.2026	Board	IP
05.02.2026	113 25	QPSC to schedule clinical stories during 2026-27 to ensure we bring to life the issues we are discussing e.g. Virtual Care and Models of Care	RQ JA	2026-27	QPSC	C
02.04.2026	10 26	QPSC to review the timetable for the CCP review with aim of concluding the review so it can report to Board in December 2026	JL	Dec-26	Board	IP

Key

	Not yet due
	Due
	Overdue
	Closed

Board Action Log

Comments / Update
We are still unclear if there will be any specific funding. The National EPRR group is taking a task as part of the workplan to come to a common view around current priorities and reasonable worst case scenarios. Until we hear more, we'll continue to endeavour to build as much as we can into our own plans.
The recommendations were considered by EMB in February with actions agreed. The formal response will be provided to the Board in August.
Added to the committee cycle of business
Since the Board meeting this review has been integrated with the collab with SCAS - see separate report from the Integration Committee



Item No	26-26
----------------	-------

Name of meeting	Trust Board
Date	04.06.2026
Name of paper	Chair Board Report
Report Author	Michael Whitehouse, Chair

Introduction & Board Meeting Overview

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

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

The BAF helps to ensure ongoing Board oversight of the delivery of our strategic priorities; in year planning commitments; and areas of compliance. It provides the Board with clarity on progress against the organisational objectives and the main risks to their achievement. This meeting will consider the first version of the 2026-27 BAF.

The organisation has been on a sustained journey of improvement in the last three years, directed by our clinically led strategy, and the Board has used a range of sources of assurance to test the impact of these improvements. For example, our response to patients has been one of the best in the country (C2 mean) and we have consistently achieved the best cardiac survival. Through the staff survey and through other engagement activities our people have told us that they are feeling the positive impact of these improvements. And we have continued to do all this within our financial means. Last week the CQC shared with us their final reports from the inspections of our urgent and emergency care service and emergency operations centres. The ratings for both are Good, previously Requires Improvement, and this is a further external validation of our improvement journey and strength of our strategy.

This requires the belief and effort of all our people and as Chair of SECAmb I would like to formally record my thanks to everyone that has played their part, including my Board colleagues.

The CQC findings will help frame this meeting where in addition to reviewing how we intend to deliver our priorities through the BAF, we will be signing off the Patient Safety Incident Response Plan, following a very helpful board development session on PSIRF last month, and also be asked to approve the new Leadership Framework, which will be critical to how we all lead our people in the future.

Collaboration / Group Model

On the future, like I have said before, as an organisation we can only become stronger and more resilient by collaborating with SCAS. With Colin Dennis the new Group Chair starting on 5 June and the Simon Ashton, the new Group CEO due to start around October time, this will form the beginnings of the leadership needed to take the next steps with the Group. In the meantime, we will continue to take forward the five areas of collaboration we have committed to, overseen by the Integration Committee – see the update from this committee later on the agenda.

Board Development

The session in May was designed to support Well Led / Good Governance (Regulation 17) - the collective responsibility of the Board for understanding the Patient Safety Incident Response Framework (PSIRF). And as the start the Annual Effectiveness Review, with the second part to follow once the new Board Capability Assessment guidance is published.

PSIRF

While this helped to satisfy the requirement of Boards to undertake PSIRF training, through a refresher of the main pillars of PSIRF; a review of the 2025/26 Plan ; and an outline of the proposed Plan for the next two years (on the agenda today), it was mostly helpful to explore in a more interactive way how we can use the learning to further improve the way the Board approaches patient safety and how it applies risk appetite to specific scenarios. The concept of proportionality was central to this.

We acknowledged that while we have made good progress, we agreed we can go further in more overtly considering patient safety through our Board and committee discussions.

Annual Effectiveness Review

We used the time ahead of the fuller Board Capability Assessment to explore how the Board's committees are operating; what is going well and what could be improved. This was another helpful interactive discussion. Overall, the feedback was that the committees provide an open and supportive culture, while maintaining effective challenge. Meetings are well run and inclusive, with a good link to strategy. Some of the suggestions that the committees will take forward include:

- Finding the right balance between members and those attending e.g. are they invited for personal development or to talk to papers?
- More Patient / Staff voices
- Include a non-clinician & Patient Safety Partner as members (QPSC).
- In setting agendas being clear on the precise purpose, for example strategic priorities will be standing items but there will be nuance as we move through the year.
- Using executive summaries to highlight more specifically the view of the executive
- While papers are generally of good quality they can still sometimes be more concise and when using slides, they should supplement the paper.
- And more reference to metrics in the IQR.

- Celebrate our Achievements more so perhaps moving from a Three A Board report to a Four A
- To unclog some of the business, be clearer on what annual reports are actually necessary / statutory.
- In seeking assurance focussing more on outcomes / impact.
- In the Committee Board reports find the balance between assurance and reassurance – need both NEDs and executives (both members of committees) to contribute at Board about their reflections of the committee.

Board Appointments

I welcome Jen Allen to her first Board meeting as Interim CEO. Jen will continue to do an excellent job until Simon Ashton arrives, supported by her fantastic executive team. Newest to this team is Jo Turner, Interim Chief Nursing Officer, and a warm welcome to Jo to her first Board meeting in her new role.

It is with mixed emotions that we say goodbye, at least for now, to David Ruiz-Celada who will be going on secondment for a year to support our colleagues at Dartford and Gravesham NHS Trust. I am delighted he has this opportunity and equally sad because we will miss the enthusiasm and drive he has brought to SECAMB. David has been a key figure in our improvement journey, and I wish him the very best.

Our robust succession planning has meant that we are able to support these changes in a way that does not disrupt the delivery of our priorities to support better patient care. With David leaving Richard Quirk will be the main link with SCAS to sustain the areas of collaboration.

Conclusion

This is my last Board meeting and have spent these final few weeks continuing to support the organisation through the recent leadership changes and helping to prepare for Colin's arrival. I welcome Colin who will help to guide the Board through the changes needed in development of the Group.

I am really proud and grateful for being given the opportunity to lead SECAMB over the last year and I will miss greatly my Board and Governor colleagues and all SECAMB people. The Trust is in really good hands, and I am sure will continue to prosper.



Agenda No	27-26
------------------	-------

Name of meeting	Trust Board
Date	4 June 2026
Name of paper	Integration Committee Assurance Report – 26 May 2026
Author	Karl Khan, Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Integration Committee was established by the Board in Q4 last year, primarily to oversee the delivery against the five areas of collaboration agreed by both this Board and the Board of South Central Ambulance Service (SCAS). The committee meets in common with the SCAS committee.

This assurance report provides an overview of the meeting on 26 May. There are currently two main areas of focus and for the time being these will also be listed under Alert, given their significance.

- **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

ALERT

CAD EPCR

Following the decision of the Board in April to approve the commercial strategy / route map and move to procurement, the committee used this meeting to update on progress against the procurement timeline, scope and approach, key risks and financial position.

There are different considerations for SECAmb compared with SCAS, in particular with regards to the implementation requirements and finalising funding. There are two key milestones; the first is 10 June when we plan to engage with the potential providers to undertake framework clarification workshops; and the second being the Board meeting in October when the Boards will be asked to approve the full business case / award the contract. This then provides 12 months for implementation, which aligns with October 2027 when our current contract ends. Both timeframes are challenging - June > October 2026 to undertake framework clarification workshops and related business case before awarding the contract and then October 2026 > October 2027 to implement the systems.

The executive teams of both trusts are meeting on 4 June to review the outline business case and confirm the plan to engage the potential suppliers on 10 June. There was a debate at the committee about whether

this would be achievable given the uncertainty re funding. In light of this the committee has arranged an extraordinary meeting for Monday 8 June, to consider the outcome of the executive discussion on 4 June.

Notwithstanding some of the challenges this critical programme is a good example of collaboration between both organisations. The committee supported a proposal to schedule a workshop in the summer to ensure a deeper understanding of the plan prior to the October Board meetings.

Joint Clinical Operating Model

The committee received a positive update on the joint clinical operating model and the governance arrangements and with some suggested amends approved the Terms of Reference for the Clinical Service Review (Critical Care), which is being undertaken with SCAS. This is in line with the Board discussion in April, i.e. externally led and completed by October 2026.

Good progress has been made with the aligned governance, and a Steering Group is now established. The executive teams have been careful not to create a whole new infrastructure instead using existing internal governance. This is another good example of collaboration.

ASSURE

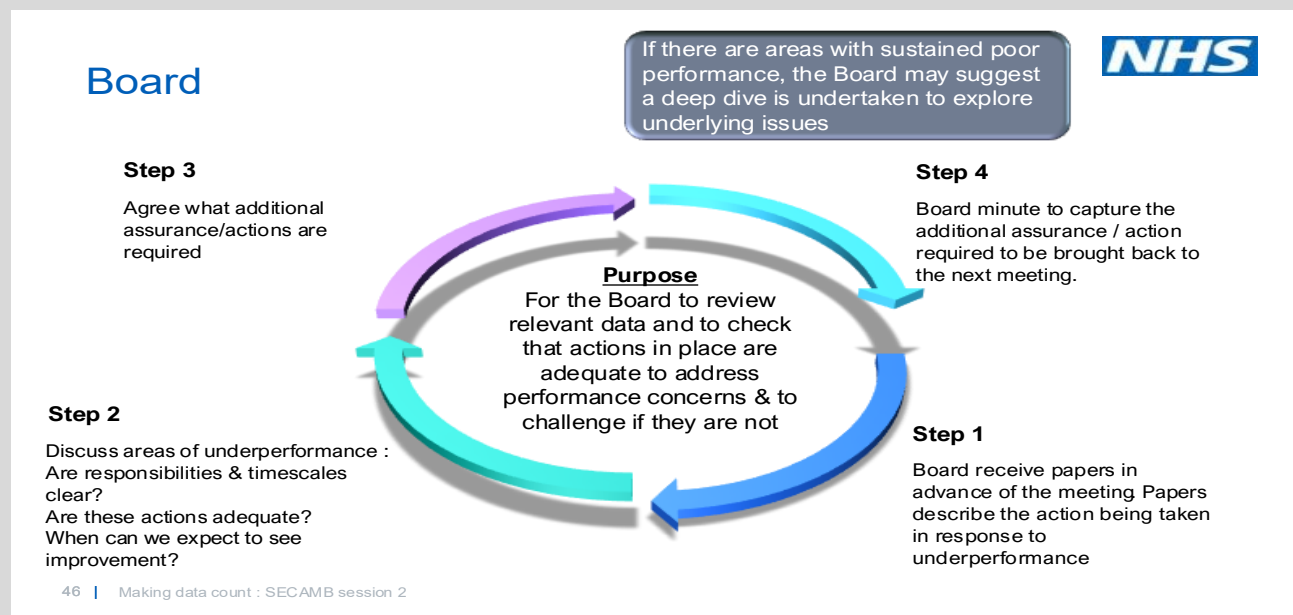
NA

ADVISE

NA

Recommendation

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





		Item No	29-26
Name of meeting	Trust Board		
Date	4 June 2026		
Name of paper	Chief Executive's Report		
1	This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during April and May 2026.		
A. Local Issues			
2	<p>CEO Overview</p> <p>Since taking on the role of Interim Chief Executive on 18 April, I have been reminded once again of the professionalism, commitment and resilience of colleagues across the Trust. I would like to thank Simon Weldon for his leadership and for the strong foundations he has left, which we continue to build on. I am also grateful for the support I have personally received since stepping into the role.</p>		
3	This commitment has been particularly evident during recent periods of sustained operational pressure. Over the recent hot weather and bank holiday weekend we saw significant increases in demand, with more than 11,000 999 calls received.		
4	Despite these challenges, colleagues across frontline services, EOCs, 111 and our volunteer responders have continued to deliver compassionate, high-quality care in exceptionally difficult conditions, and I want to formally recognise their efforts.		
5	We are also managing several leadership transitions to ensure stability and continuity. David Ruiz-Celada will leave in early June to take up a secondment at Dartford & Gravesham NHS Trust. I would like to thank him for his significant contribution, including his leadership of strategy and his work in developing our Group relationships.		
6	During his absence, the Strategy & Transformation portfolio will sit under Interim Chief Medical Officer Richard Quirk, supporting close alignment between strategy and clinical leadership. Fleet, Logistics, Make Ready and Operational Support will move into the Finance Directorate under Simon Bell to strengthen alignment and efficiency.		
7	I would also like to acknowledge the recent retirement of Margaret Dalziel as Chief Nurse, and to thank her for her significant contribution to quality and patient safety during her long NHS career and particularly during her time with SECAMB. Jo Turner has taken on the role of Interim Chief Nurse, ensuring continuity in this		

	critical area and I am confident she will build on the solid foundations already in place, bringing strong leadership and a continued focus on quality, safety and patient care during this important period.
8	Our priorities for the year are clear. Building on the progress made in developing virtual care over the past year, our focus now is on accelerating and embedding this approach more consistently across the organisation. The Board approved a strategic blueprint in April, establishing a more standardised model supported by two virtual clinical assessment centres aligned to our integrated care system footprints. This marks an important step towards earlier clinical assessment, enabling more patients to receive the right care without unnecessary ambulance dispatch or hospital attendance.
9	Alongside this, we will continue to progress our digital agenda, improve productivity and efficiency, and ensure we are making best use of our resources. All of this supports the three 'left shifts' set out in the Government's 10-year plan - delivering more care in the community, using digital innovation, and strengthening system working.
10	These arrangements and priorities are designed to ensure we remain focused, resilient and able to deliver for patients as wider system and Group developments continue to evolve.
11	The confirmation of our position by NHS England within the National Oversight Framework (NOF) at Level 2 brings with it a clear expectation that we maintain delivery against our agreed trajectory, despite the ongoing pressures associated with demand, workforce and operational constraints.
12	Maintaining momentum is critical not only to meet NOF2 expectations, but also to safeguard our credibility and "licence to operate" in an increasingly challenging and scrutinised environment. Continued progress, alongside a clear focus on quality, safety and patient experience, will be key to maintaining confidence among partners and regulators.
13	CQC recognises improvements at SECamb I am delighted to report that the Care Quality Commission (CQC) has recognised the significant progress we have made as a Trust, with its reports - published on 29 May 2026 - highlighting the compassionate, person-centred care delivered by our teams and the tangible improvements achieved across our services.
14	Following inspections in September and November 2025, both our Urgent & Emergency Care service and Emergency Operations Centres (EOC) have been upgraded to 'Good' overall, moving from 'Requires Improvement'. This is an important milestone and a clear indication that our clinically-led strategy is delivering safer, more responsive care for patients.
15	The CQC noted clear improvements in many areas including staffing, safeguarding and our learning culture. Inspectors particularly recognised the professionalism and compassion of our staff, the strength of our clinical practice, and the positive, inclusive culture being fostered across the organisation.

16	I would like to thank all colleagues for their hard work and commitment - this recognition is a direct reflection of their dedication and the difference they make every day.
17	While this is a significant step forward, we are not complacent. There remains more to do to embed these improvements consistently and to strengthen engagement between senior leaders and frontline teams as we continue to evolve our operating model and our continuing focus of improving our culture.
18	<p>Equality, Diversity & Inclusion (EDI) Awareness</p> <p>During April and May, I have been encouraged by the continued focus on equality diversity and inclusion across the Trust.</p>
19	Over 60 colleagues attended our first Starting the Conversation event, where open discussions highlighted barriers in leadership progression, education and visa challenges for global majority staff. We also saw strong engagement through our staff networks during this period, including recognition of Jewish Heritage Month, activity for National Staff Networks Day and participation in Wear Denim Day led by the GEN network to support survivors of sexual abuse. Our Armed Forces network has continued to grow its reach and influence, while colleagues have shared powerful lived experiences during Ehlers Danlos Syndrome Awareness Month, helping to raise awareness of invisible disabilities.
20	In our communities, teams and volunteers engaged directly with people at events such as Vaisakhi, delivering vital CPR training and addressing health inequalities. At a time when views across society can feel divided, this work is vital. I would like to thank all colleagues, network leads, volunteers and partners for their continued commitment and impact.
21	<p>SECamb Charity update</p> <p>Our Charity continues to build momentum across fundraising, engagement and delivery.</p>
22	Following a successful £49,936 award from NHS Charities Together, planning is underway for the Leading Well programme, supporting line managers to have earlier, more confident wellbeing conversations with staff.
23	We also recently received a generous £20,000 in-memory donation, reflecting strong ongoing support.
24	Recent campaigns and events have driven engagement, including the launch of Outrun an Ambulance, with Executive Team participation. Work is also progressing on a lifting chair appeal to support patients following falls.
25	Nationally, SECamb Charity's profile continues to grow, with our Head of Charity, Vicky Rees, speaking at the recent NHS Charities Together national conference and being elected Co-Chair of the National Ambulance Charity Group. Overall,

26	engagement and evidence of impact across staff wellbeing and community resilience continue to strengthen.
27	Engagement It's been great to see a number of positive opportunities during recent weeks for our leaders to not only engage with our people informally but also recognise their achievements.
28	On 8 May, we hosted our largest-ever Celebrating Success Ceremony at Lingfield Park, bringing together more than 250 colleagues, family members and friends to recognise the achievements of 92 learners completing their programmes.
29	The event marked an important milestone for newly qualified paramedics, associate ambulance practitioners and emergency care support workers as they transition into frontline roles, strengthening our operational workforce.
30	Certificates were presented in partnership with Crawley College and the University of Cumbria, demonstrating the continued strength of our educational collaborations and the high standard of training delivered across the organisation.
31	Special recognition awards were presented to Elizabeth Agyemang, Anthony Gunning, Alison Card, Louis Crichton and Stacie Smith for their outstanding achievements and progression. Well done to all those involved!
32	On 17 May, our charity football tournament brought together colleagues from across SECamb for a highly successful day, with 14 teams competing and strong participation from across the organisation.
33	The event raised valuable funds for SECamb Charity, while also showcasing teamwork across our services.
34	The football itself was competitive and enjoyable, with Swarz FC from Banstead emerging as champions following a close final. It was also great to see a mix of teams performing strongly and a real sense of shared spirit throughout the day.
35	I had the pleasure of captaining one of the teams, alongside members of the Executive and Senior leadership teams, and with SCAS colleagues joining us on the pitch. It was a positive reflection of our developing partnership and an enjoyable opportunity to connect with colleagues in a different setting.
36	My thanks go to everyone who organised and took part in such a successful event.
37	I attended the Shadow Board for the first time on 19 May, where I shared my personal career journey and reflected on my transition from leading day-to-day operations into the interim Chief Executive role. This prompted a thoughtful and engaging discussion, with members asking insightful questions about the shift in perspective and responsibilities.

38	I welcomed the opportunity to hear directly from members and we had a productive conversation about organisational performance and our priorities for the year ahead.
39	We also discussed the changing nature of ambulance emergency and urgent care and I was encouraged by the breadth of views shared. The Shadow Board continues to be a valuable forum for testing ideas and gaining diverse perspectives on the challenges and opportunities we face.
40	I was particularly pleased to hear that virtual care had been a key focus at their most recent meeting, reflecting its growing importance within our service and future direction.
41	Connect with the Chief on 28 May at Chertsey also offered an open forum for discussion, giving me the opportunity to hear feedback from colleagues on how things are for them at present. During this visit, I also met with the Chief Medical Officer at St Peter's Hospital and toured the Emergency Department, which provided useful context and strengthened wider system relationships.
42	Alongside this, I have represented the organisation at a range of regional and national forums to ensure we remain well connected to the wider NHS landscape. This included the Resilience Conference in Sussex on 24 April, the South East Regional Roadshow on 27 and the wider NHS Leadership event in London on 28 April.
43	<p>Volunteer update</p> <p>I am pleased to see the strength and breadth of our work with volunteers continuing to grow, with clear evidence of impact and development across our services.</p>
44	Nearly half of our volunteers shared their views in this year's National Ambulance Volunteers survey, and the results show real progress alongside clear priorities for the future. Volunteers report feeling more heard, better supported by peers and more confident in their roles, with improved access to training, development and wellbeing opportunities. We will continue to build on this.
45	I was delighted to see our Eastbourne area CFRs receive the King's Award for Voluntary Service, recognising their outstanding contribution, including responding to 1,400 incidents over the past year.
46	Our Community Resilience Team continues to play a key role in tackling health inequalities. At a major recent Vaisakhi celebration, they engaged directly with the Sikh community to deliver life-saving skills, supporting our aim to better reach communities who may be less likely to access health education opportunities.
47	Over the late May bank holiday, volunteers also engaged with communities at Chichester Pride, teaching life-saving skills and showcasing innovations such as our e-bike response initiative to improve access in busy and hard-to-reach areas.

48	We will mark Volunteers Week from 1 - 7 June, recognising the vital contribution of our volunteers, promoting opportunities to get involved and encouraging colleagues to show their appreciation.
49	Overall, I remain proud of the impact our volunteers make and committed to ensuring they feel valued and supported.
B. Regional Issues	
50	Collaboration with South Central Ambulance Service (SCAS)
	We continue to make strong progress in developing our group model with SCAS, with a clear focus on collaboration and early delivery in priority areas. We recognise that we are starting from different positions, but we see this as a real opportunity to learn from one another, share best practice, and build a stronger, more aligned approach together.
51	The first joint senior leadership session in April was an important milestone in establishing this shared direction. It helped to build relationships, create a common understanding of our priorities, and begin shaping how we will work together in practice. There is clear momentum and commitment across both organisations.
52	I was very pleased to co-chair the session with Stuart Rees, Interim CEO at SCAS, and we continue to work closely together on our joint programmes, alongside our executive and senior leadership teams.
53	We are being clear about our priorities and focusing on areas where we know we can make progress now. The joint CAD and ePCR programme is a strong example. It is progressing well, with SCAS colleagues visiting key operational areas to understand our current systems, informing a joint specification and system gap analysis that is now nearing completion. A Programme Board is in place with joint executive leadership, and we have agreed the procurement route, scope and timetable.
54	Work is also advancing to develop a shared clinical operating model, underpinned by agreed scope, governance and a phased approach. Our Clinical Service Review programme is now underway, identifying opportunities to strengthen patient-centred care and reduce variation across the South East region, starting with our critical care services.
55	Enabling programmes are similarly progressing. A joint workforce management tool is being developed, with a shared specification and market engagement completed. In addition, joint procurement of Occupational Health and Payroll services is underway to improve consistency, quality and efficiency for staff.
56	Through all of this, the group is not a future concept but the vehicle through which we are delivering these priorities now. At the same time, there is no loss of focus on our individual Trust responsibilities—local delivery, performance and quality remain critical, and work continues at pace.

57	Overall, the group model is already enabling a more aligned and ambitious approach, rooted in strong local collaboration. We are confident this will deliver meaningful, sustained benefits for patients, staff and the wider system.
C. National Issues	
58	<p>End of Life Care</p> <p>I was pleased to hear that our End of Life Care Lead, Jen Scott-Green, recently represented the Trust at the National Summit on Palliative and End of Life Care, hosted by Marie Curie, alongside Anna Parry from the Association of Ambulance Chief Executives (AACE).</p>
59	The event brought together senior leaders from across health and care to focus on delivering the NHS 10-Year Plan, particularly the shift toward more proactive, community-based palliative care.
60	Jen’s contribution reflects our strong and growing national profile, not least through her role as Chair of the National Ambulance EOLC Leads Forum. The discussions provided clear assurance that our Model of Care for Palliative and End of Life Care is closely aligned with national priorities, particularly around earlier identification of deteriorating patients and supporting people to remain in their preferred place of care.
61	Encouragingly, we are already ahead of emerging national ambitions in key areas - for example, through our implementation of the SPICT tool in JRCALC and clinical training, which supports earlier recognition of patient deterioration. The summit also reinforced the critical role ambulance services play within integrated community models, especially where care pathways are fragile.
62	This work is an important part of delivering our broader strategy and Pathways of Care programme - improving patient experience, reducing avoidable hospital conveyance, and strengthening system partnerships – aligned with our Group Clinical Model development. It also positions us well to continue influencing national thinking while showcasing the impact of our approach.



	Agenda No	30-26
Name of Meeting	Trust Board	
Date	4 June 2026	
Name of paper	CQC Emergency & Urgent Care (Field Operations) and Emergency Operations Centre (EOC) Reports	
Author(s)	Jo Turner, Interim Chief Nursing Officer	
Responsible Manager	Jo Turner, Interim Chief Nursing Officer	
Synopsis	<p>This report presents the findings of the two CQC inspections of Emergency & Urgent Care (Field Operations) and the Emergency Operations Centre, both of which have achieved an overall rating of Good.</p> <p>This represents significant progress from previous ratings and provides strong independent assurance that the Trust is delivering safe, effective, caring, responsive and well-led services, reflecting a sustained, organisation-wide improvement journey since 2022.</p> <p>The Board is asked to take assurance from the significant progress evidenced, recognise the achievement of both services, and note that focused actions are in place to address the remaining areas for development to sustain continuous improvement.</p> <p>The overall rating for the Trust remains at Requires Improvement pending a well-led assessment.</p>	
Relevant risks and issues	N/A	
Recommendations, decisions or actions sought	For information and assurance.	
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).	No	





1. Introduction / Purpose

This report presents to the Board the two CQC reports for the Emergency & Urgent Care Service (Field Operations) and the Emergency Operations Centre (EOC), published on 29 May 2026:

[South East Coast Ambulance Service NHS Foundation Trust HTML report for assessment AP14092 - Emergency and urgent care - Care Quality Commission](#)

[South East Coast Ambulance Service NHS Foundation Trust HTML report for assessment AP14103 - Emergency operations centre \(EOC\) - Care Quality Commission](#)

Both services have achieved an overall rating of Good, providing independent validation that they are delivering safe, effective, caring, responsive, and well-led care. This reflects the Trust's sustained improvement journey since 2022, which has strengthened governance, embedded proactive patient safety and quality improvement, and improved culture, staff experience, and performance.

It is recommended that the Board recognises this progress while noting that the findings will be used to inform ongoing strategic improvement, ensuring strengths are consolidated and any remaining risks are effectively managed.

2. CQC Reports

Emergency & Urgent Care (Field Operations)

In August 2022, as per the chart below, SECamb's Emergency and Urgent Care service was rated overall as 'Requires Improvement', only receiving a Good rating within the caring domain.

Following the inspection that took place in September 2025, the service has been rated overall as 'Good', receiving a rating of Good in all domains other than well-led that requires improvement.

Emergency and Urgent Care (August 2022)		
Overall Rating	Requires Improvement	
Safe	Requires Improvement	
Effective	Requires Improvement	
Caring	Good	
Responsive	Requires Improvement	
Well-led	Inadequate	

Emergency and Urgent Care (Sept 2025)		
Overall Rating	Good	
Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Requires Improvement	

The reason for receiving a rating of Requires Improvement within the well-led domain was due to what the CQC identified as 'inconsistent management and leadership' and one breach of regulation in relation to good governance within the Governance, Management and Sustainability quality statement. This related to the revised governance framework for the divisional restructure not being fully in place at the time of the inspection and the assessment





by CQC that this led to gaps in assurance and weaknesses in data and information integrity, reducing confidence in oversight and decision making.

Since the inspection took place in September 2025, the Trust has made substantial progress in establishing a robust divisional governance framework through delivery of the Clinical Integrated Operating Model programme. Core structures are now in place, with divisional leadership teams established, supported by embedded people expertise and strengthened frontline operational roles. Governance and escalation processes have been aligned to corporate arrangements, and an independent review undertaken by the Association of Ambulance Chief Executives (AAACE) has confirmed that the overall direction is sound, with early benefits evident in improved alignment, leadership integration, and organisational support.

While governance arrangements are not yet fully mature, a clear and controlled transition is underway. A shadow governance model is in operation as the Trust moves to fully embedded divisional governance groups, with further strengthening planned in 2026/27.

The CQC report highlights several areas of strong and improving practice within the service. CQC identified a well-developed safety culture characterised by openness, high levels of incident reporting, and a clear focus on learning and improvement.

CQC identified that staff are actively encouraged to raise concerns, with learning from incidents, complaints and feedback systematically shared through multiple channels. CQC reflected that the implementation of the Patient Safety Incident Response Framework (PSIRF) has further strengthened this approach, ensuring a consistent focus on learning and driving continuous improvement in patient safety and care quality.

In addition, CQC identified that the service demonstrates highly effective multi-disciplinary and system working, with strong partnerships across health and care providers enabling more coordinated and patient-centred care. The CQC reflected that integrated care hubs, access to shared patient information, and clear clinical pathways support frontline teams in making timely, informed decisions and directing patients to the most appropriate care. This is complemented by high-quality communication and handover processes with acute services, as well as innovative collaborative models such as the joint response unit in Kent. CQC reflected that together, these approaches enable safer transitions of care, improve patient outcomes, and contribute to a more responsive and integrated urgent and emergency care system.

Emergency Operations Centre

In June 2022, as per the chart below, SECAMB’s Emergency Operations Centre (EOC) was rated overall as ‘Requires Improvement’, only receiving a Good rating within the caring domain.

Following the inspection that took place in November 2025, the service has been rated overall as ‘Good’, receiving a rating of Good in all domains.

Emergency Operations Centre (June 2022)		
Overall Rating	Requires Improvement	
Safe	Requires Improvement	
Effective	Requires Improvement	
Caring	Good	
Responsive	Requires Improvement	
Well-led	Requires Improvement	

Emergency Operations Centre (Nov 2025)		
---	--	--





Overall Rating	Good	
Safe	Good	
Effective	Good	
Caring	Good	
Responsive	Good	
Well-led	Good	

The report reflects a strengthened governance framework and a mature safety culture, where learning from incidents, complaints and near misses is systematically embedded across the organisation. CQC identified evidence of an effective feedback loop from frontline teams through to Board level, supported by structured use of the Patient Safety Incident Response Framework and regular quality reporting, enabling continuous improvement and informed strategic decision-making.

The CQC identified that the service delivers consistently high-quality, patient-centred care under significant operational pressure. Inspectors observed staff demonstrating compassion, professionalism and calmness in complex and distressing situations, with patient feedback overwhelmingly positive about staff behaviour and empathy.

The CQC reflected that this is underpinned by robust clinical systems, including effective triage, access to wider patient information, and strong multidisciplinary and multi-agency collaboration, ensuring patients receive the most appropriate and timely care.

3. Conclusion

The Board can take strong assurance that the Trust has delivered sustained and evidenced improvement across both services, as independently validated by the CQC ratings of Good. The reports demonstrate that previous concerns particularly relating to governance, safety, and culture have been systematically addressed, with clear evidence of strengthened leadership, embedded learning cultures, improved system working, and consistently high standards of patient care.

While recognising that aspects of divisional governance continue to be embedded, there is evidence of a stable framework now in place with a defined trajectory toward full maturity. Taken together, the findings confirm that the Trust has moved decisively from recovery into a position of organisational stability and continuous improvement, with the capability, leadership, and systems required to sustain high-quality, safe, and well-led services.

Both the reports will be reviewed in full by the executive team and any actions required will be identified and updated to Board via the Quality and Patient Safety Committee (QPSC).

The overall Trust rating remains as Requires Improvement pending a well-led CQC assessment. In line with CQCs single assessment framework, all Trust's receive a single trust-level rating, rather than multiple levels of complex, aggregated trust-level ratings. The single rating is the rating for the well-led key question for the organisation.

We do not yet know when the well-led assessment will take place but notice from CQC will be provided. Work is currently underway to refresh our planning for well-led over the next 6-12 months which the Board will be updated on in Q2.





Board Cover Sheet

	Agenda No	31/26
Name of Meeting	Trust Board	
Date	Thursday 4 th June 2026	
Name of paper	Board Assurance Framework	
Author(s)	Daniella Corr (PMO Assurance Lead)	
Responsible Manager	Peter Lee, Director of Corporate Governance and Company Secretary Matthew Webb, Strategy Director	
<p>This paper presents the June Board Assurance Framework (BAF), which includes the finalised 2026/27 Strategic Transformation programme mandates and associated BAF risks.</p> <p>The framework provides an overview of the plan for the year ahead, including the scope, strategic milestones, expected benefits, governance, risk management, and reporting arrangements that will support delivery of the Strategic Transformation Plan throughout 2026/27.</p> <p>The August Board Assurance Framework will resume the standardised reporting approach as programmes move into delivery of the Strategic Transformation Plan. It will include Q1 highlight reports for each strategic transformation priority, providing an update on progress against the agreed mandates and expected outcomes.</p> <p>The August report will also incorporate the agreed 2026/27 Operating Plan priorities, providing a more comprehensive view of organisational delivery and performance.</p>		
Recommendations, decisions or actions sought	<ol style="list-style-type: none"> Note the June 2026 Board Assurance Framework, including the finalised 2026/27 Strategic Transformation Programme Mandates and associated risks. Endorse the proposed governance and reporting arrangements set out within the Board Assurance Framework to support delivery of the Strategic Transformation Plan throughout 2026/27. 	
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).	N/A	





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.



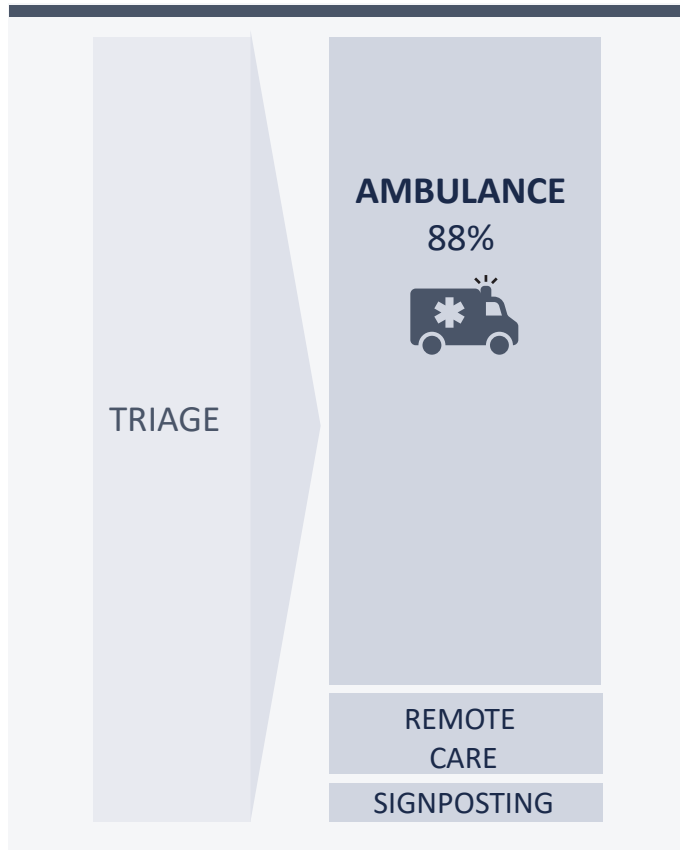
We are a Sustainable Partner

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

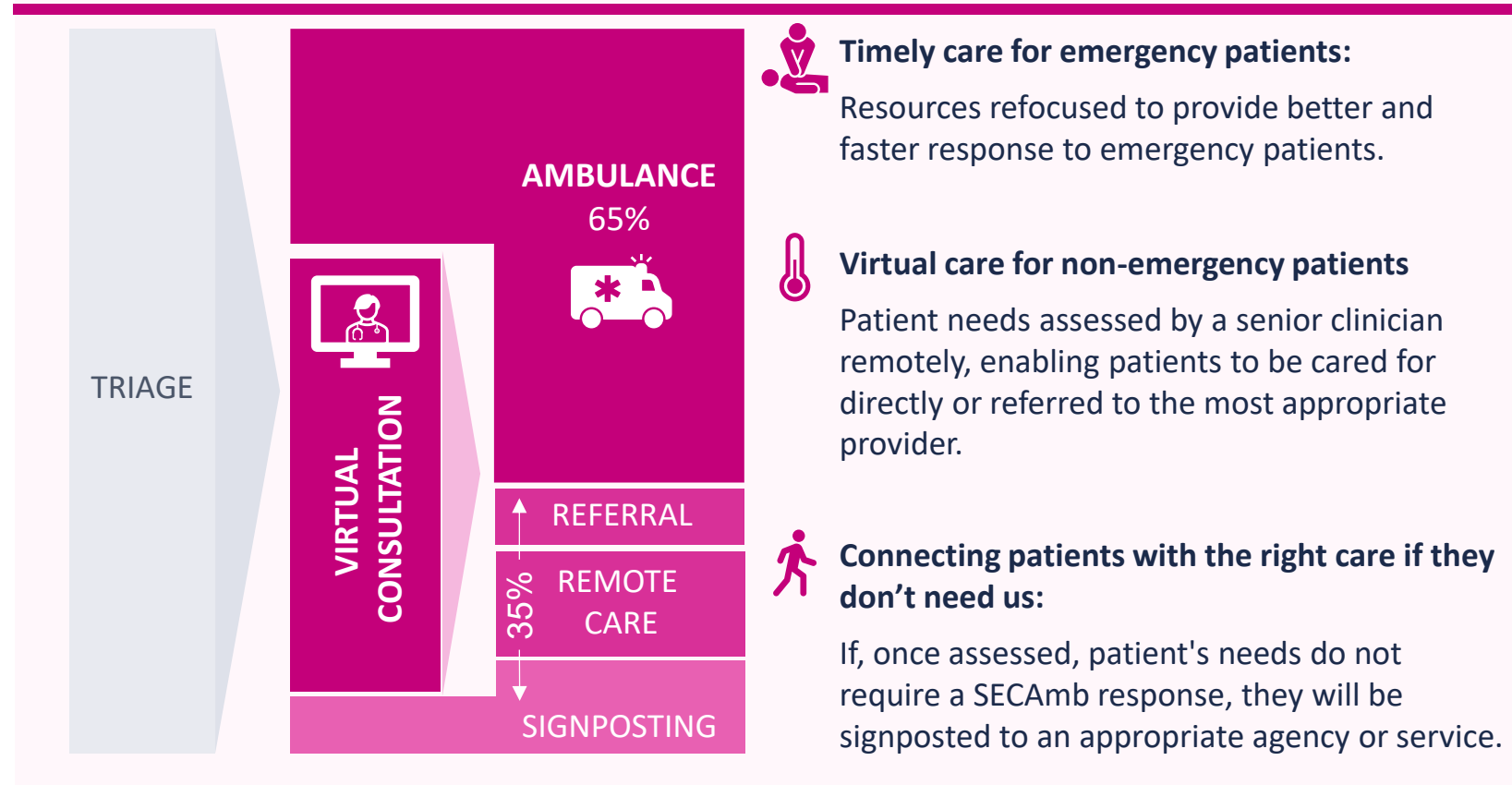
Now

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

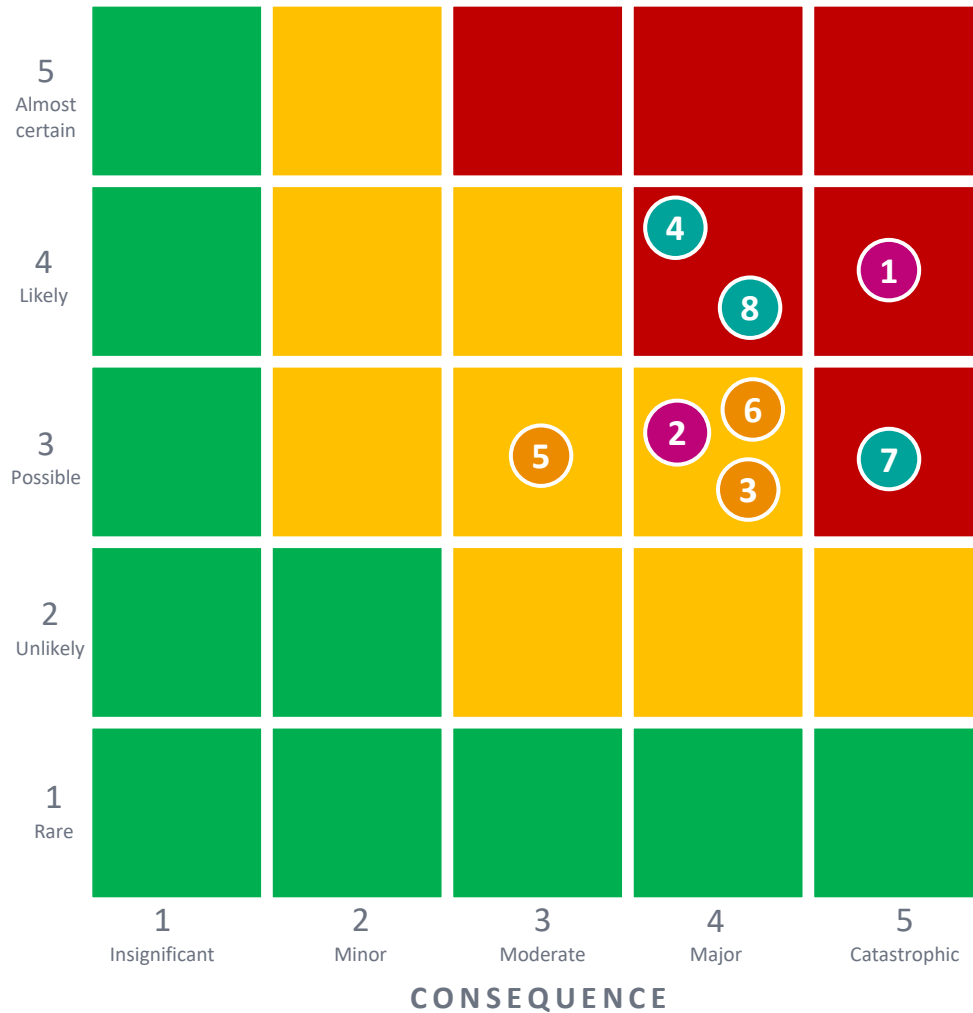
RISK PROXIMITY

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

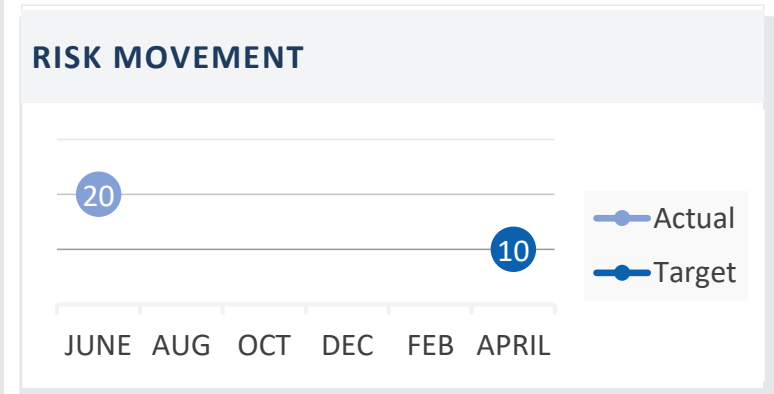
If the Trust fails to implement and embed a virtual care model that delivers a materially higher Hear & Treat rate, **then** demand will continue to outpace physical resource capacity, **resulting** in patient harm, failure to achieve strategic targets, and financial sustainability.

Risk owner Chief Operating Officer	Assurance Committee Quality & Patient Safety Committee	Appetite Level Open (OUTSIDE APPETITE)	Current risk score C5 × L4 = 20	Target risk score C5 × L2 = 10	Related corporate risks • 674 – Recruitment & retention of VC clinicians
--	--	--	---	--	---

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"> This is the Trust’s most significant risk and highest priority, with considerable external scrutiny and programme oversight at Board level. This is a multi-year programme, with in-year deliverables outlined in the programme mandate, alongside longer-term ambitions.



R2

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 Chief Medical Officer	Assurance Committee Quality & Patient Safety Committee	Appetite Level Open (WITHIN APPETITE)	Current risk score C4 × L3= 12	Target risk score C4 × L2 = 08	Related corporate risks
--	--	---	--	--	-------------------------

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"> 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. High level of external change at system & national level If risk not adequately mitigated, successes in virtual care space will not be sufficient for successful strategic delivery.

RISK MOVEMENT
<p>The chart shows a horizontal axis with markers for JUNE, AUG, OCT, DEC, FEB, and APRIL. A blue line with a circle at 12 represents the 'Actual' risk score, and a blue line with a circle at 8 represents the 'Target' risk score. The 'Actual' score is significantly higher than the 'Target' score.</p>



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.

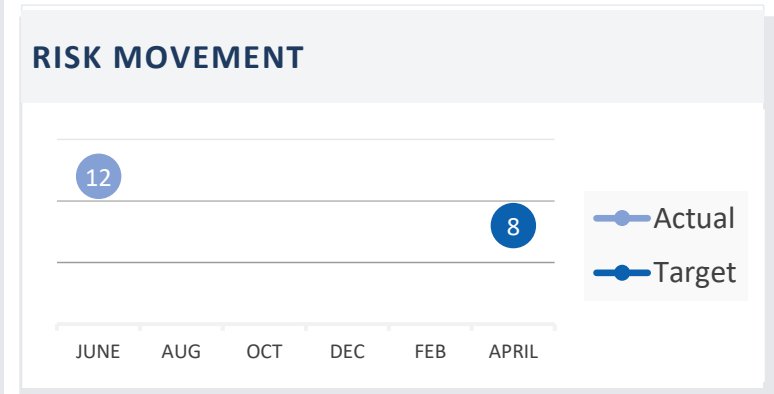


Risk owner Chief People Officer	Assurance Committee People Committee	Appetite Level Open (WITHIN APPETITE)	Current risk score C4 × L3 = 12	Target risk score C4 × L2 = 08	Related corporate risks
---	--	---	---	--	-------------------------

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
<ul style="list-style-type: none"> 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 Chief Finance Officer	Assurance Committee Finance & Investment Committee	Appetite Level Open (OUTSIDE APPETITE)	Current risk score C4 × L4 = 16	Target risk score C4 × L2 = 08	Related corporate risks
--	--	--	---	--	-------------------------

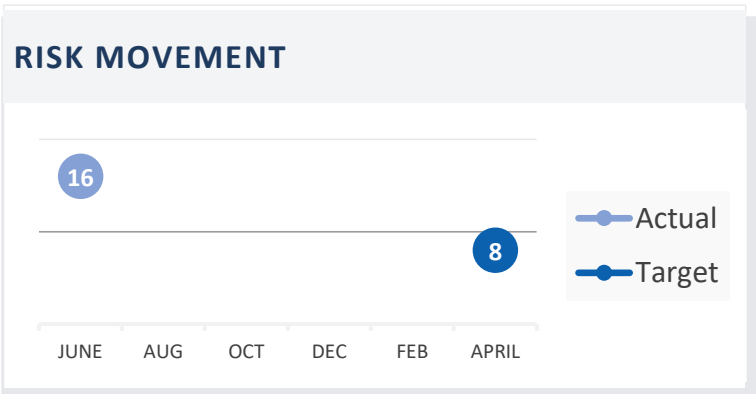
CONTROLS IN PLACE

- ✓ 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

- CIP highly dependent on virtual delivery and digital transformation to be successful.
- Month one finance on plan. Some divisions overspending. C2 & H&T behind trajectory.
- Contingency in place around corporate cost restructuring for Q1 27/28.



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 Chief Executive Officer	Assurance Committee Integration Committee	Appetite Level Cautious (WITHIN APPETITE)	Current risk score C3 x L3 = 09	Target risk score C3 x L2 = 06	Related corporate risks
--	---	---	---	--	-------------------------

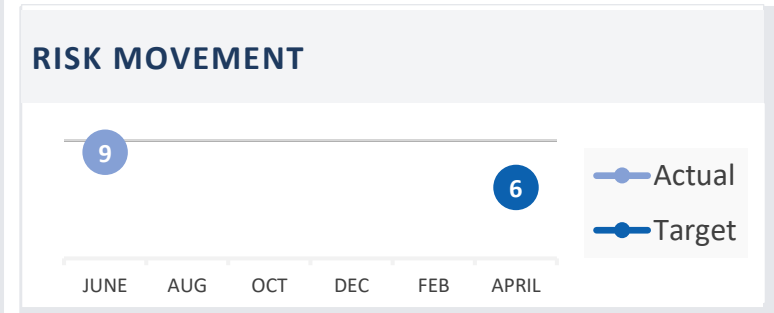
CONTROLS IN PLACE

- ✓ 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.



R6

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 Chief People Officer	Assurance Committee People Committee	Appetite Level Cautious (APPROACHING APPETITE)	Current risk score C4 × L3 = 12	Target risk score C4 × L2 = 08	Related corporate risks • 576 – ER capacity & capability
---	--	--	---	--	---

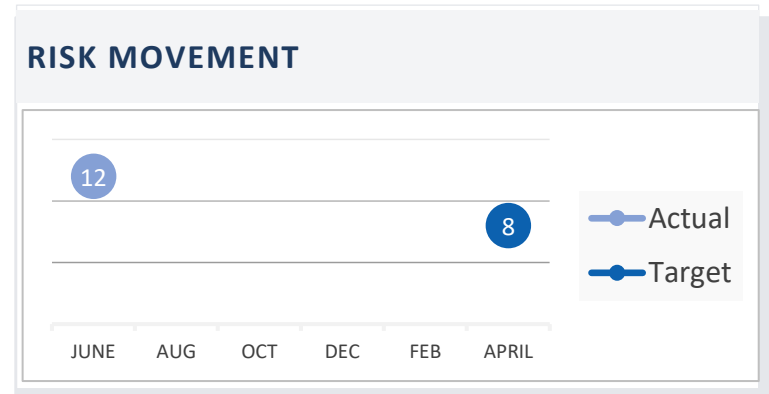
CONTROLS IN PLACE

- ✓ 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

- Delivery of restructure successfully underway and there has been a resultant reduction in risk score.
- 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.





STRATEGIC RISKS | CYBER RESILIENCE

If the organisation does not achieve sufficient cyber resilience to withstand an attack or major cyber incident, then significant service disruption will occur, resulting in patient harm, loss of public confidence, and potential regulatory sanction.

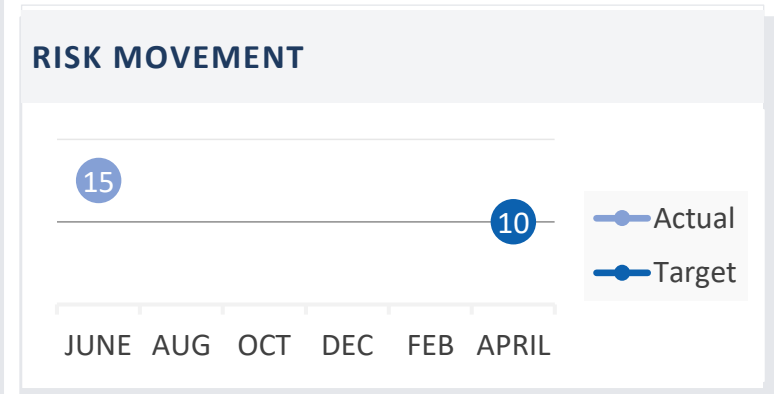
Risk owner Chief Digital Officer	Assurance Committee Finance & Investment Committee	Appetite Level Cautious (OUTSIDE APPETITE)	Current risk score C5 X L3 = 15	Target risk score C5 x L2 = 10	Related corporate risks • 754 – Conflict driven cyber attack
--	--	--	---	--	---

CONTROLS IN PLACE
✓ Internal control environment includes firewalls, permissions, anti-virus software & penetration testing
✓ Cyber-security part of statutory and mandatory training for all Trust staff
✓ NHSE mandate that digital supply chain risks are considered as part of the procurement process
✓ Cyber incident response exercises led by EPRR annually

MITIGATING ACTIONS	DEADLINE
✓ Adherence to national standards through governance review (CAF/ DPST)	Q2
✓ Board approval for cyber improvement plan & investment	Q2
✓ Review of gaps from cyber maturity assessment underway	Q2
✓ Implement the SASC Cyber Security Operations Centre	Q3
✓ Complete IT asset management remediation project	Q3

ASSURANCE STATEMENT

Progress in control environment in 2025/26, including collaboration with EPRR, ICBs and AACE cyber sub-group. However, the consequence score has increased from 4 to 5, reflecting increased geo-political insecurity. Successful mitigation of this risk is highly dependent on delivery of cold room and CSOC.





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 Chief Digital Officer	Assurance Committee Finance & Investment Committee	Appetite Level Open (OUTSIDE APPETITE)	Current risk score C4 × L4 = 16	Target risk score C4 × L2 = 08	Related corporate risks • 747 – Data & analytics capacity
--	--	--	---	--	---

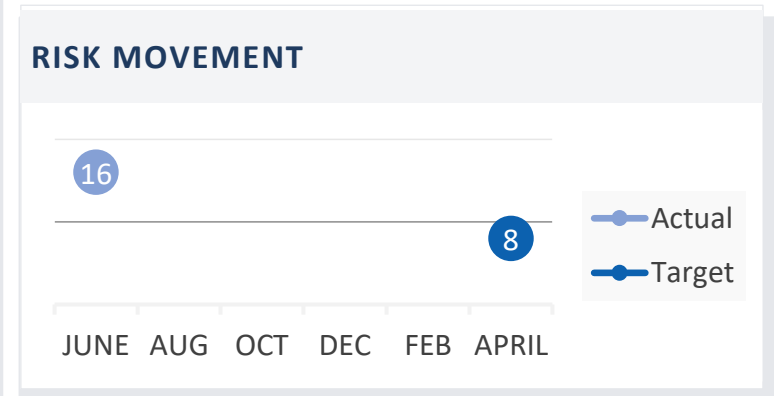
CONTROLS IN PLACE

- ✓ 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

- This risk is not anticipated to reduce until Q4, when elements of the restructure begin to complete.
- 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.)
- Increased resourcing has resulted in improved service engagement and productivity.





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, FRAILITY & OLDER PEOPLE POC

MILESTONES & KPIs

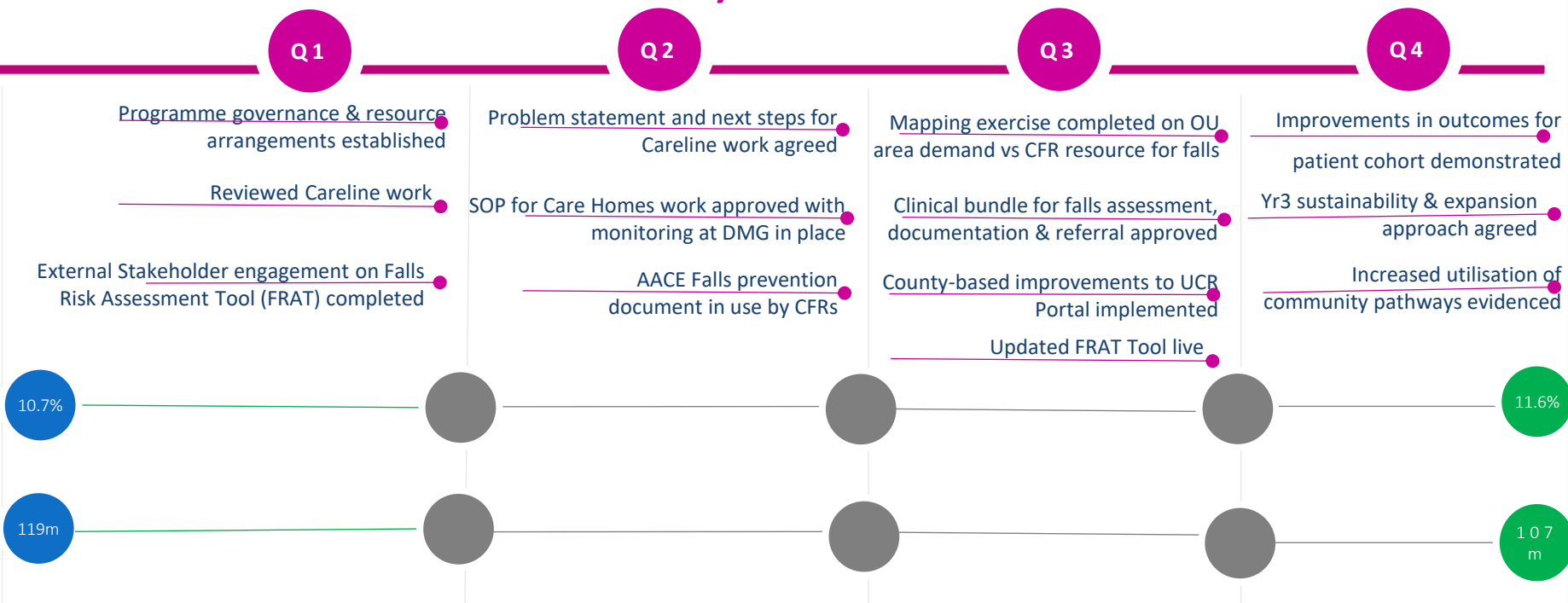
FALLS PATHWAYS OF CARE PROGRAMME:

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

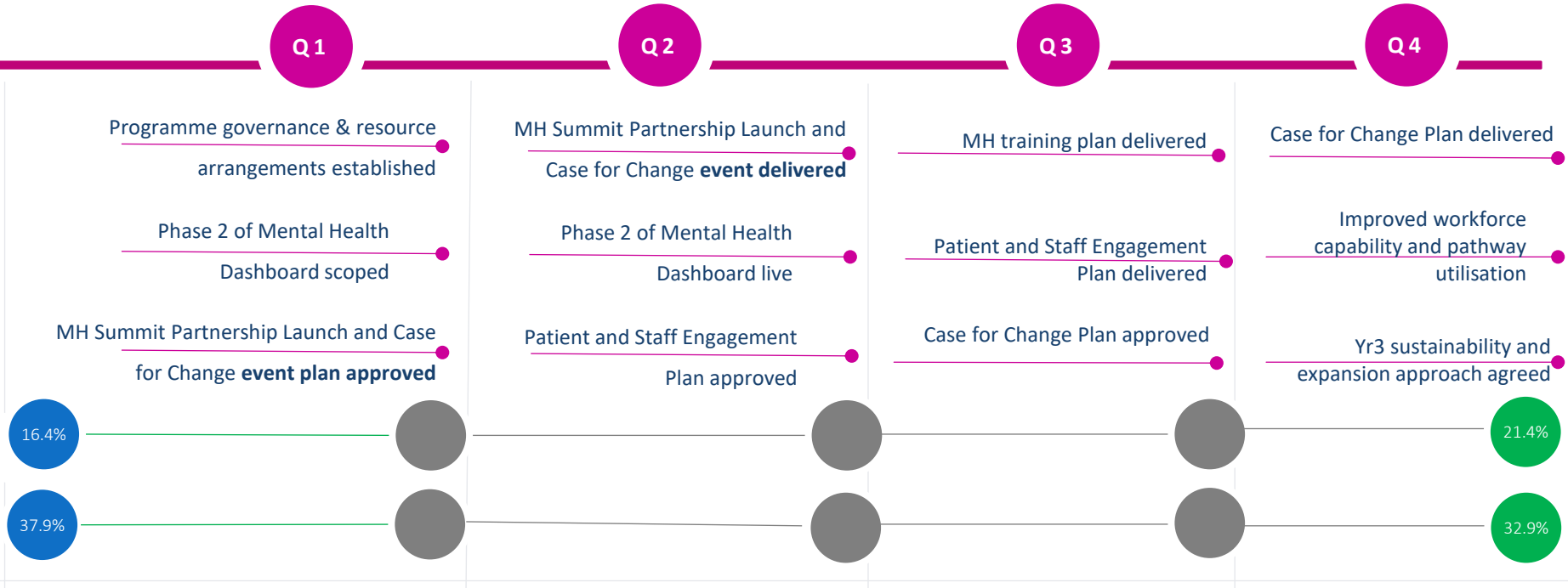
MH PATHWAYS OF CARE PROGRAMME:

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

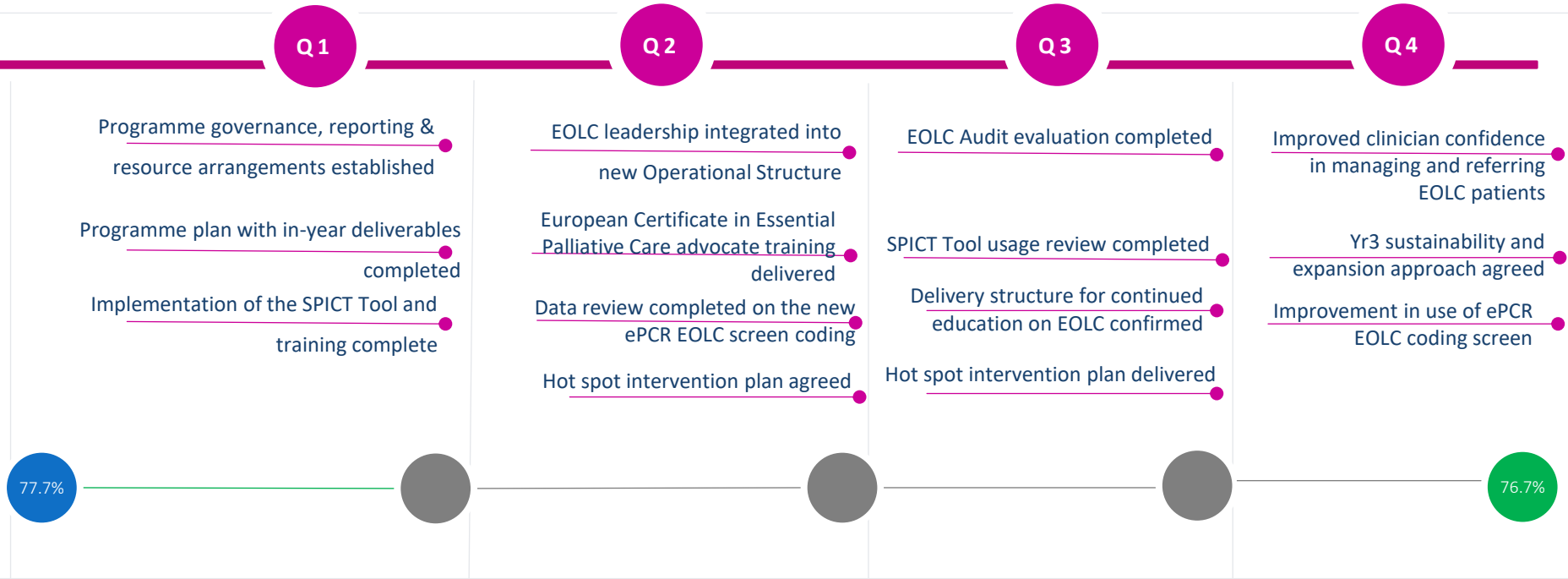
KEY PERFORMANCE INDICATORS & BENEFITS END OF LIFE CARE POC

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

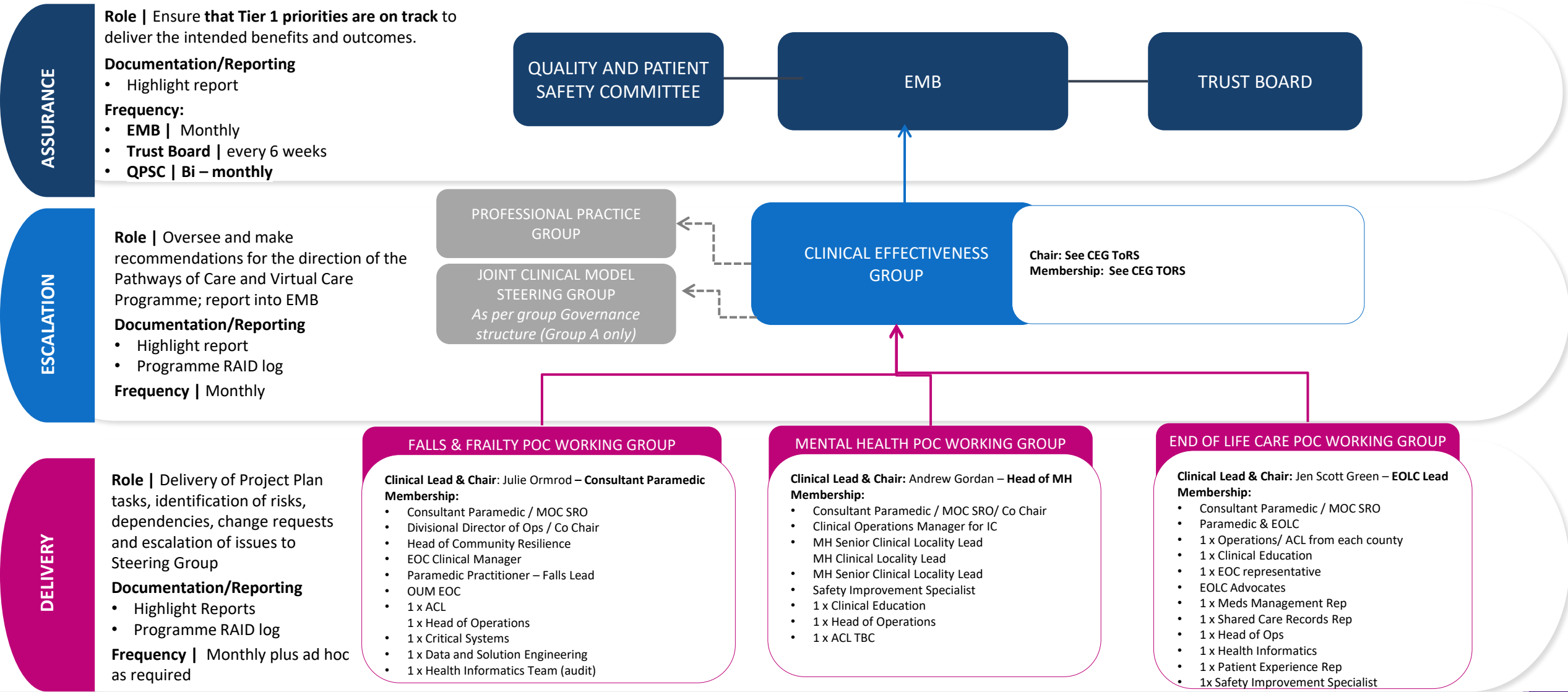


RISK ID & DESCRIPTION	APPETITE	BASELINE	TARGET SCORE	MITIGATIONS
760 Pathways of Care leadership and delivery during organisational change: Clinical Leadership organisational change is constraining delivery capacity, creating a risk to timely POC delivery, achievement of milestones, and realisation of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

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





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
TBC Workforce: 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"> Develop and implement a defined Virtual Care workforce model and competency framework Deliver aligned training pathways and phased workforce transition Embed workforce capability, training and adoption into delivery from Q2 Align with Trust workforce planning and monitor capability through key metrics Support implementation through structured change and assurance
TBC Digital Transformation: 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"> Define minimum viable capability of new model Prioritisation exercise looking at what enhances existing systems, productivity & is deliverable in year Phase implementation to allow incremental digital maturity
TBC Productivity: 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"> Clearly separate "business as usual" from transformation activity where possible Build contingency plans where new model elements are productivity critical Monitor leading indicators of operational pressure and productivity impact

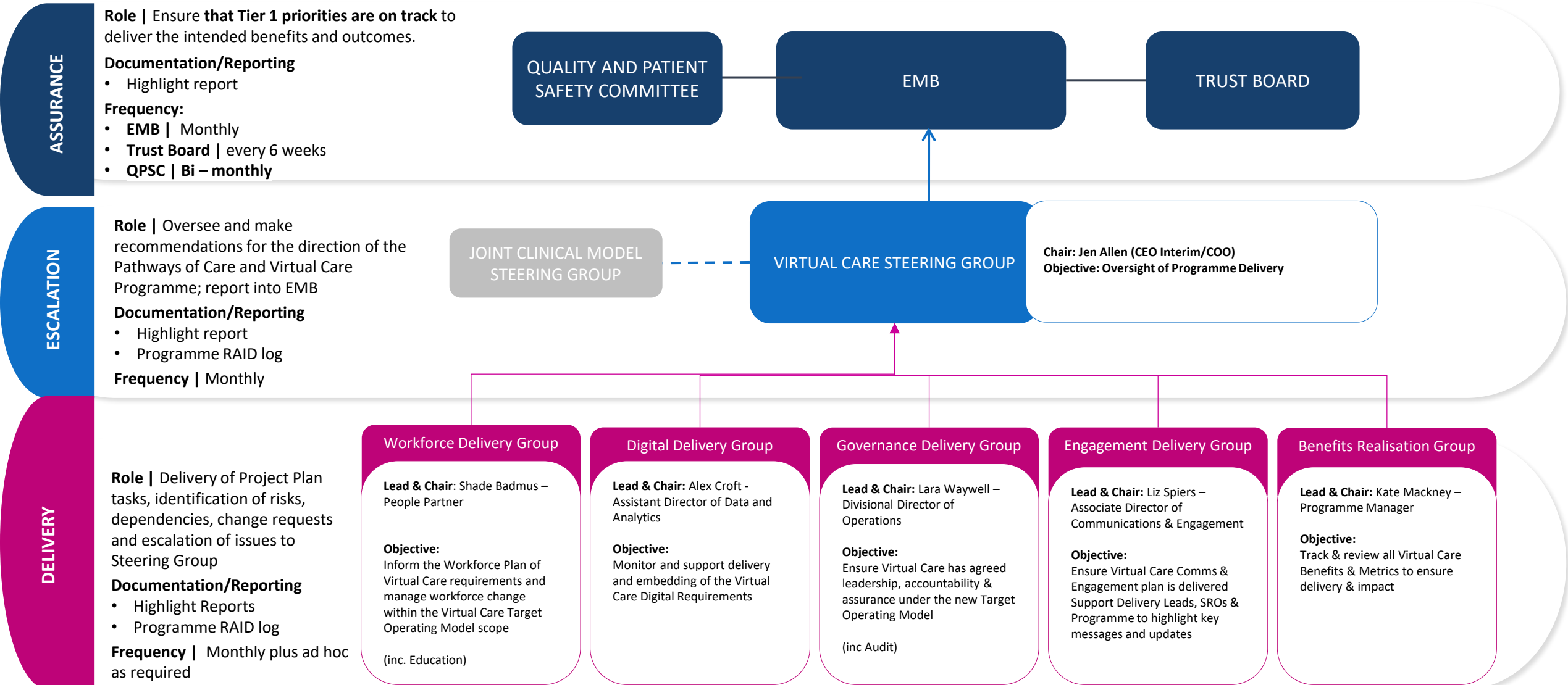
DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
Joint Clinical Model (Group)	<ul style="list-style-type: none"> Alignment of clinical principles, pathways & decision making across operational settings is required to ensure consistency in Virtual Care 	<ul style="list-style-type: none"> Agree joint principles,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

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.



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





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.

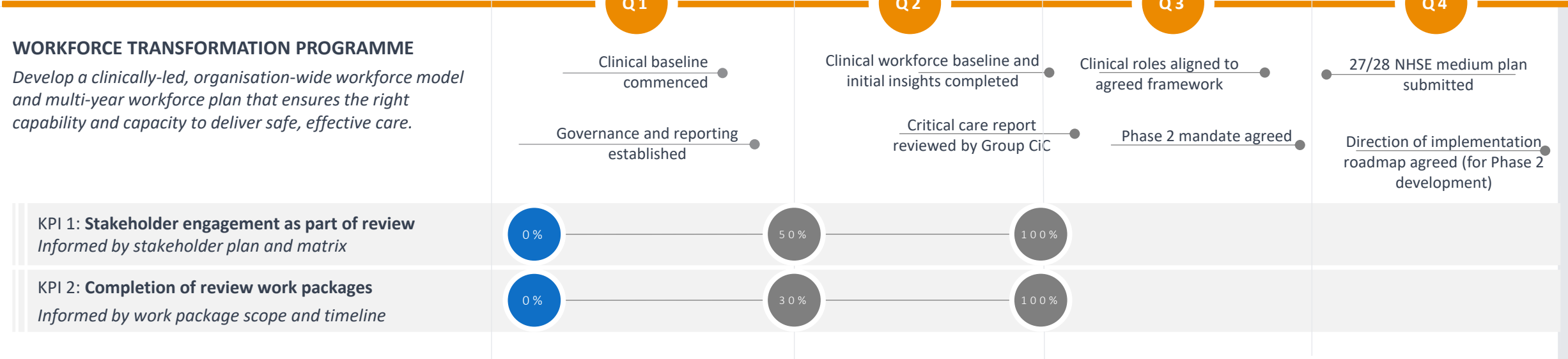
OUT OF SCOPE for PHASE 1

- 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
Improved workforce stability and resilience 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)
Safer and more sustainable patient care 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		
Improved productivity and system value 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

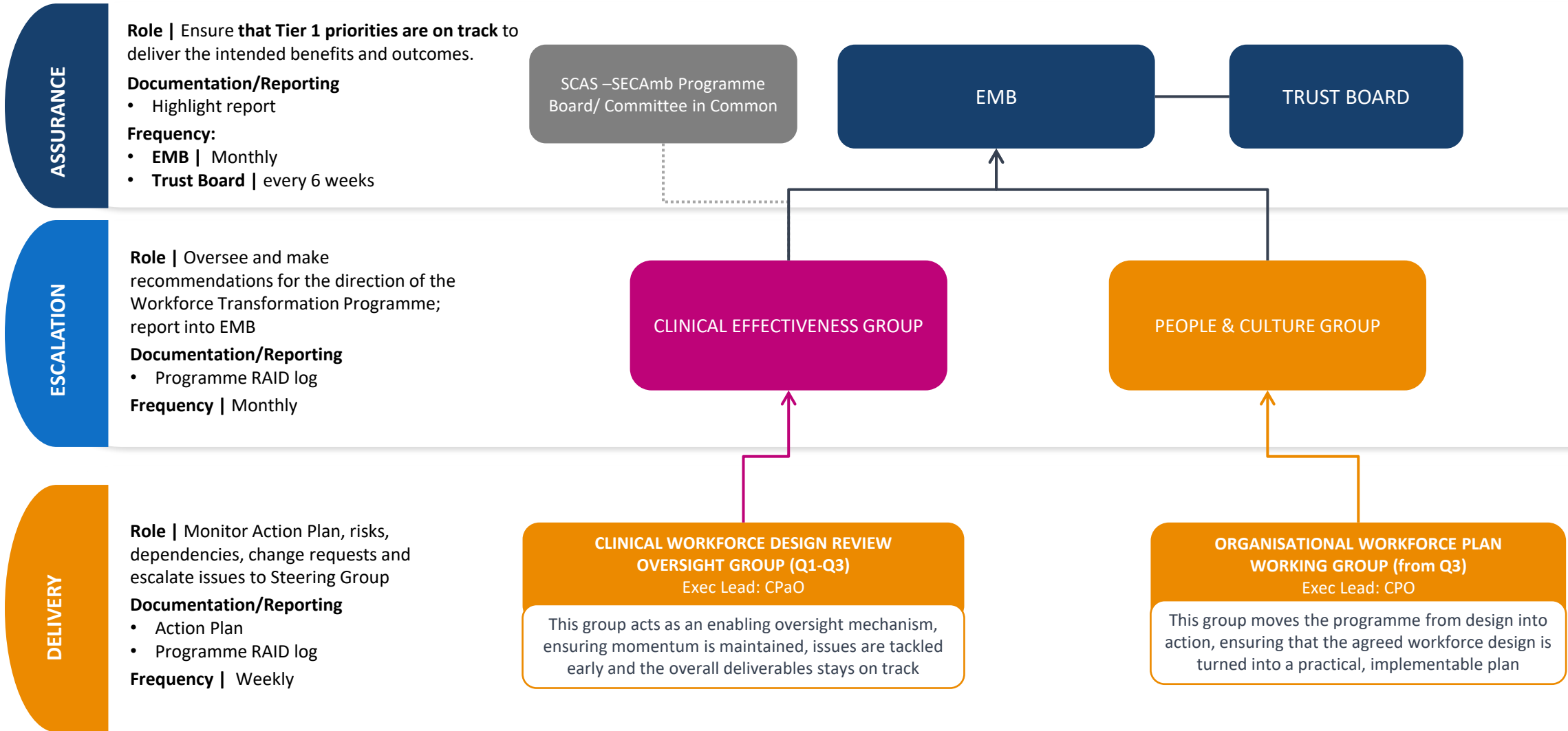
Programme aim: Develop a clinically-led, organisation-wide workforce model and multi-year workforce plan that ensures the **right capability and capacity to deliver safe, effective care**

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

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

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

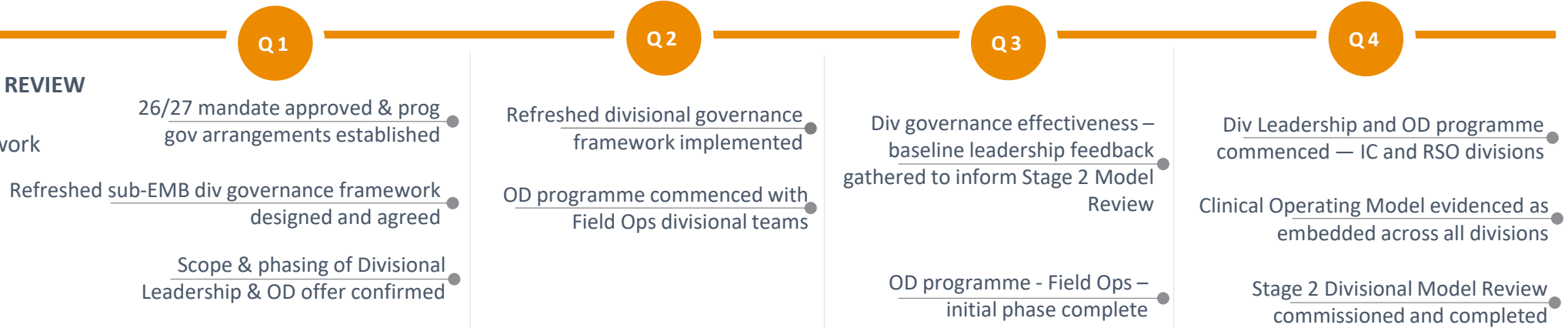
- Virtual Care model design & delivery
- Group operating model and SCAS collaboration design decisions
- OD programme delivery – the Clin Op Model programme scopes the OD offer. Delivery accountability sits with People Services.
- Other corporate organisational changes
- Clinical workforce redesign and 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

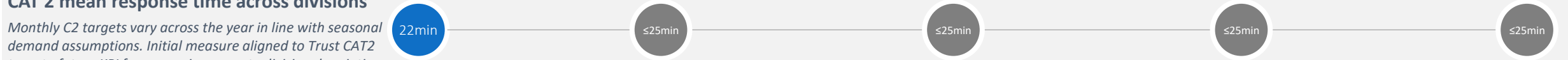
- Divisional Governance Framework
- Leadership and OD offer



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

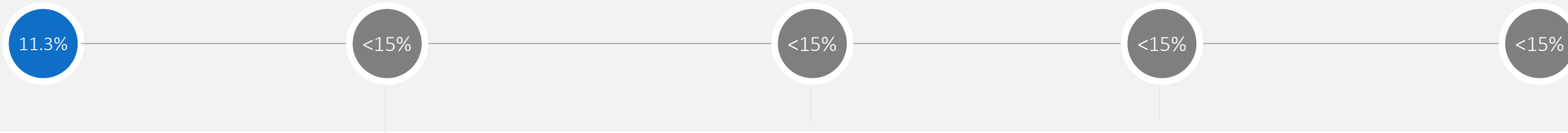
OPERATING MODEL DESIGN & DEVELOPMENT | WORKSTREAM 2

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



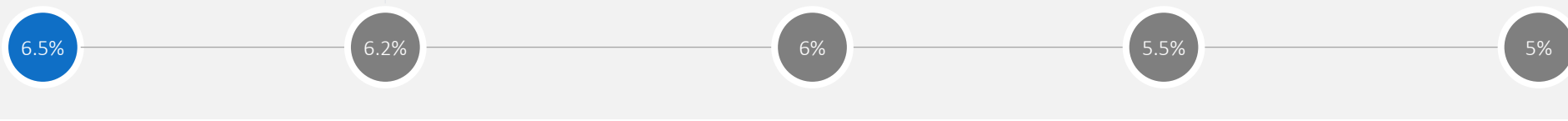
KPI 1: 12-month rolling staff turnover rate

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

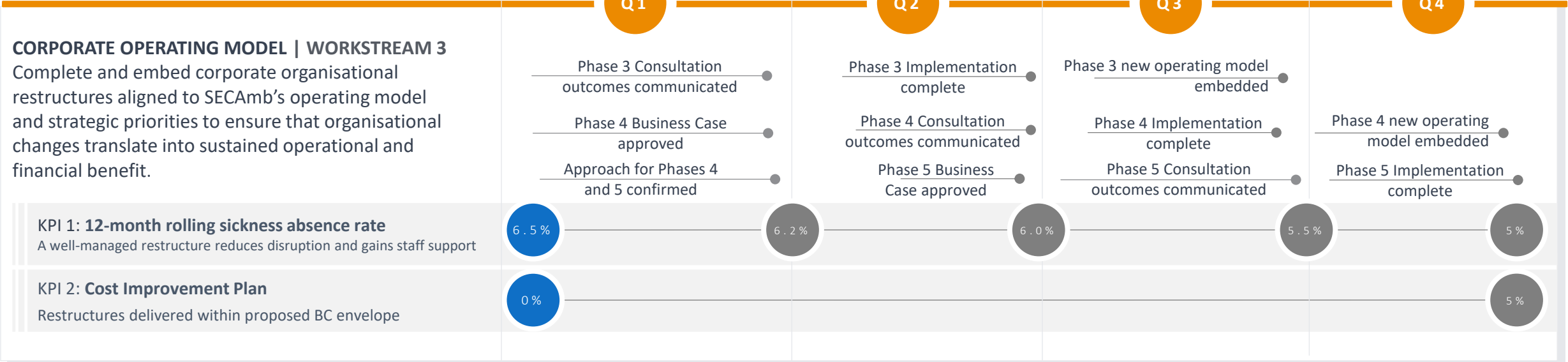
A well-managed restructure reduces disruption and gains staff support



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



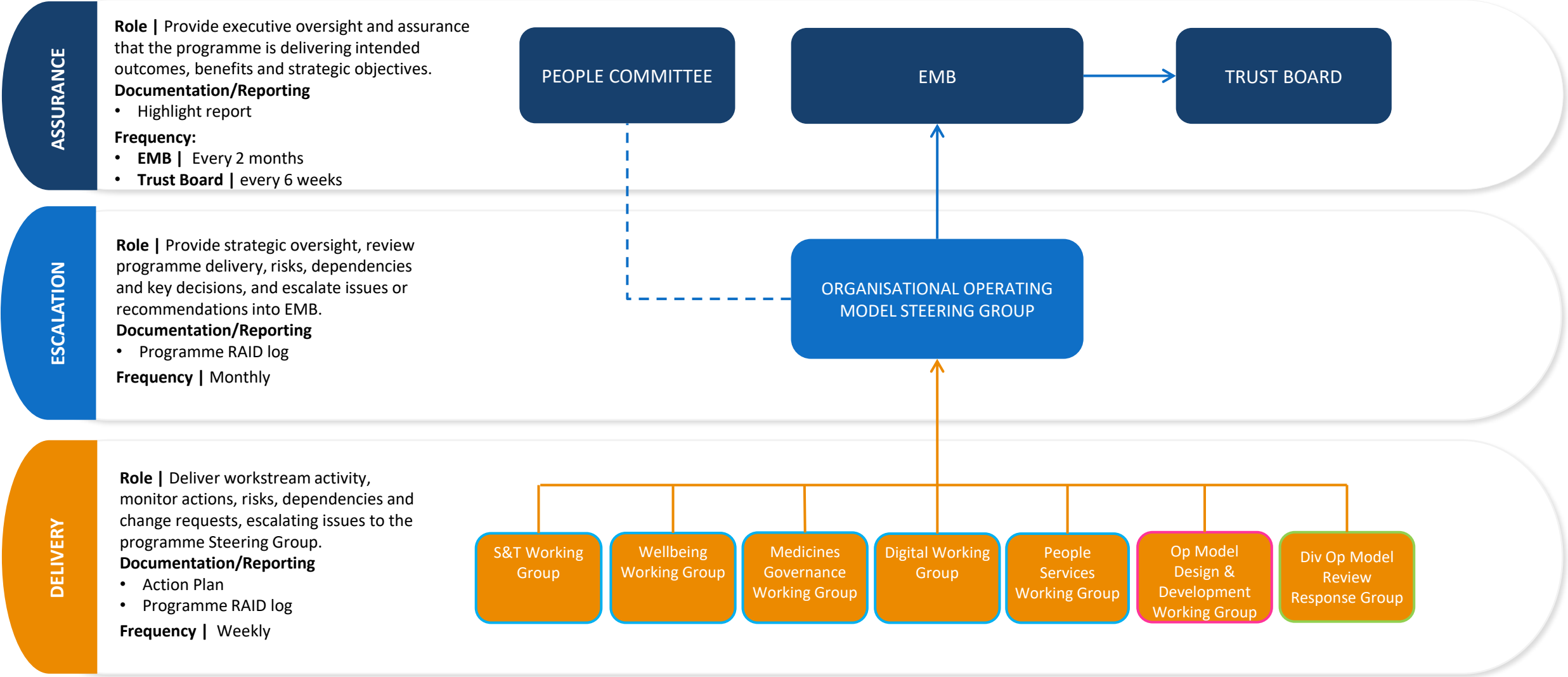
Benefit Description	Benefit Owner	Benefit Type	Outcome Measures (IQR)	Baseline (As Is)	Target Benefit (To Be)	Benefit realisation date
Improved staff satisfaction and engagement Clear roles and responsibilities leading to reduced staff turnover and long-term sickness absence	CPO	People	12-month rolling 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
Long-term financial sustainability 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
TBC Operating Model Misalignment 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"> • Clear governance arrangements and escalation routes established • Defined boundaries and accountabilities across operating model changes • Programme governance maintains oversight of interdependencies
TBC Divisional Maturity 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"> • Programme focus on embedding and evidencing • Benefits tracked through IQR metrics (Cat 2 variance, turnover, sickness absence) • Stage 2 DOM Review at Q4 provides independent assessment • OD programme sequenced to support divisions to operate effectively
TBC IC Leadership Continuity 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"> • Senior IC posts backfilled as priority & IC structure development scoped for Q2 • Robust governance framework to ensure early risk identification • SCAS group model explored for earlier collaboration opportunities and/or operational support
729 Workforce Sensitivities / Change Fatigue 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"> • HR and operational leaders maintain proactive engagement with teams & TUs • Restructure workstreams sequenced to reduce cumulative workforce impact • Change fatigue monitored through staff feedback, sickness absence and grievance trends
TBC Delays to implementation 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"> • Realistic timelines including contingency buffers • Weekly tracking against milestones and regular reviews • Ongoing TU engagement • Escalations to Exec if sequencing needs revising
TBC Failure to deliver Financial Savings 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"> • Clear savings targets linked to structure • Delivery tracking through governance forums • Alignment with CIP and finance teams
TBC Recruitment Gaps 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"> • Targeted recruitment campaigns • Use of interim or secondment opportunities • Market-informed role design (new JDs)

DEPENDENCIES

DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
Group model Development	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"> Structures designed to evolve as Group arrangements mature Alignment maintained with Group programme timelines and governance Phased implementation approach enables adaptation where required Programme governance maintains oversight of emerging dependencies
Virtual Care Model	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"> IC structure designed to evolve as the Virtual Care model develops Virtual Care operating model characteristics confirmed as a design input Ongoing oversight maintained through programme governance
EMB Gov & Strategic Business Planning	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"> Div gov framework to be aligned with EMB gov review prior to implementation External systems governance map incorporated into Stage 2 Divisional Model Review scope at Q4
People Services – Leadership & OD Delivery	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"> OD scope and phasing formally agreed with People Services by end Q1 Delivery plan confirmed and resourced before Field Ops OD commences Q2
Other organisational change initiatives	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"> Use of agreed planning assumptions and regular review points Coordinated programme governance Escalation of interdependencies through oversight structures

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

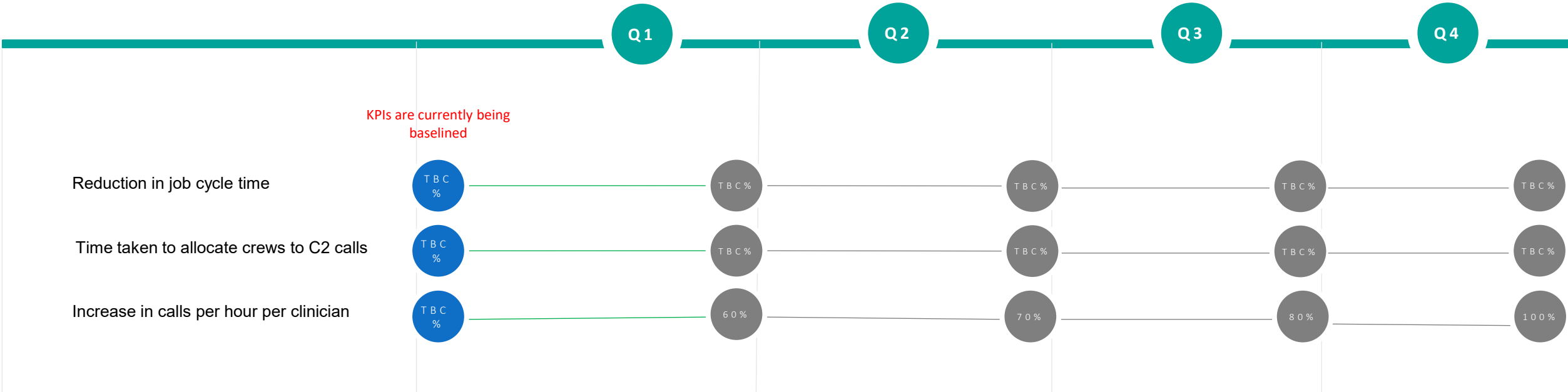


South East Coast
Ambulance Service



Workstream / Priority	2026/27				2027/28	
	Q1	Q2	Q3	Q4	Q1	Q2
Clinical Productivity	6 priorities					
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	
Corporate Productivity	5 priorities					
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		
Business Intelligence	5 priorities					
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			
Foundational Delivery	2 priorities					
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
Faster job cycle time through better data access. 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"> Reduction in average job cycle time minute 75% uptake in mySECamb by field and virtual care staff 60% of patient contacts with shared care record accessed 	0%	1 – minute reduction	Apr 2026	Q4 26/27
Faster resource allocation for C2 calls. 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"> Reduction in time taken to allocate resources to C2 calls Reduction in Allocations Per Incident (API) and Responses Per Incident (RPI) Reduction in C2 mean response time 	TBD	TBD	Apr 2026	Q4 26/27
Increase the calls per hour by clinicians through automatic allocation of calls. 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"> Increase in calls per hour per clinician 	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.



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



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

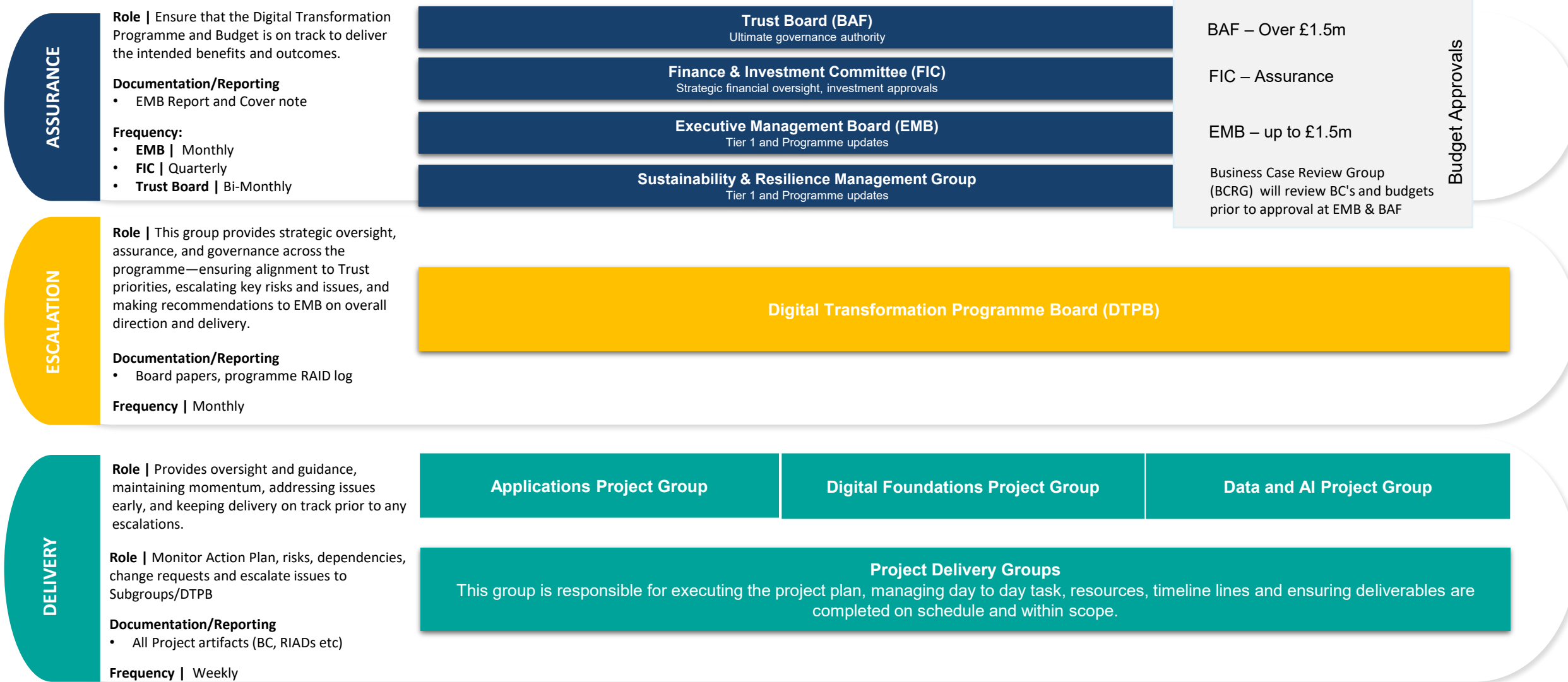
DEPENDENCIES	IMPACT ON DELIVERY	MITIGATIONS
Clinical & Operational engagement (EOC, clinicians, ED partners)	<ul style="list-style-type: none"> Delays to requirements sign-off, testing & safe go-live cause Q2-Q4 slippage Reduced quality & safety assurance if clinical validation rushed Lower adoption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

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.



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





South East Coast
Ambulance Service
NHS Foundation Trust



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



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

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



We deliver high quality patient care

Quality Patient Care



What?

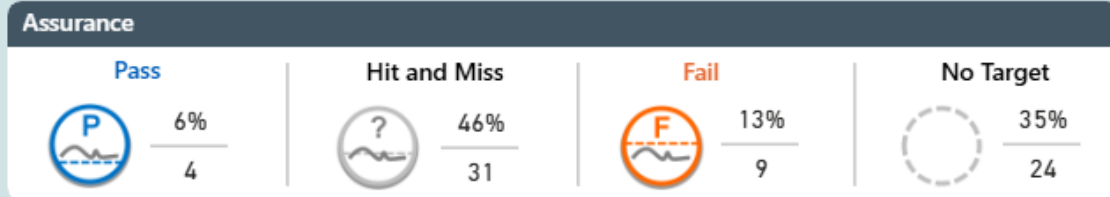
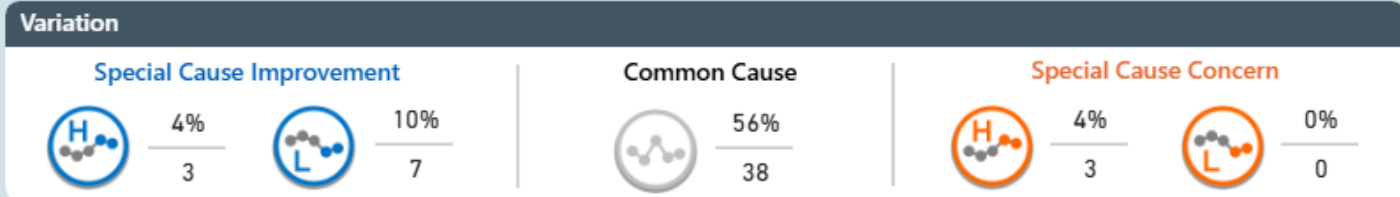
- **Strong clinical outcomes sustained:** Cardiac arrest survival, ROSC and STEMI bundle performance are at or above target and stable.
- **Mixed process and pathway performance:** Some areas remain below target whereas others are showing normal variation (post-ROSC bundle, falls bundle, audit compliance, 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

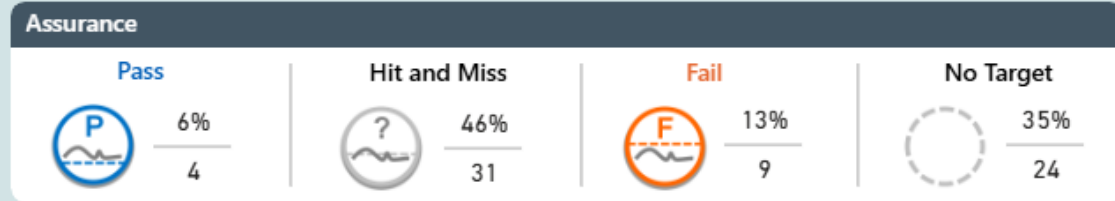
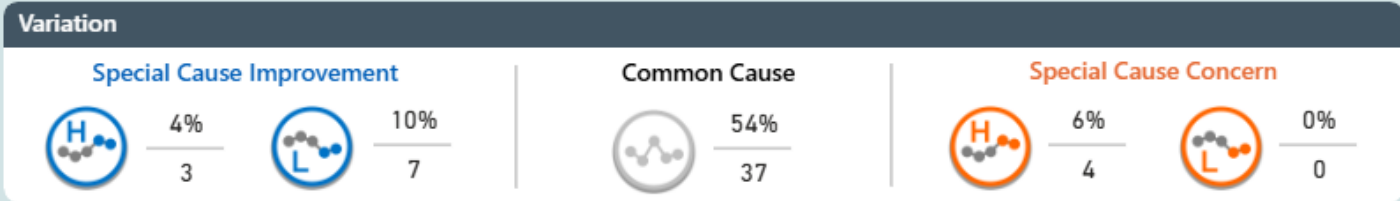
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Mar-26	92.2%	79.4%	86.3%		
Board	**Cardiac Arrest - Post ROSC %	Dec-25	80.4%	83%	76.9%		
Board	**Cardiac ROSC ALL %	Dec-25	28.3%	28.4%	29.1%		
Board	**Cardiac ROSC Utstein %	Dec-25	59.7%	53.9%	53.9%		
Board	**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%		



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		

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		

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		

Patient Experience

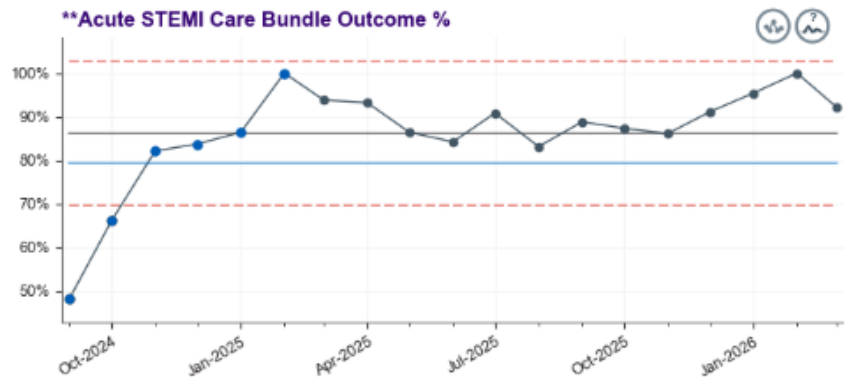
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Apr-26	1.1	0.49	0.8		
Board	Number of Compliments Received per 1000 Incidents	Apr-26	1.4	1.82	2		
Board	% of Patients Who Express Satisfaction With Our Service	Apr-26	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		

Health Inequalities

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
<i>Pending metric: Reduce Health Inequalities - Needs to be defined</i>							
<i>Pending metric: Ratio of CFRs (or Good SAM Responders) by Areas of Deprivation - Needs to be defined</i>							



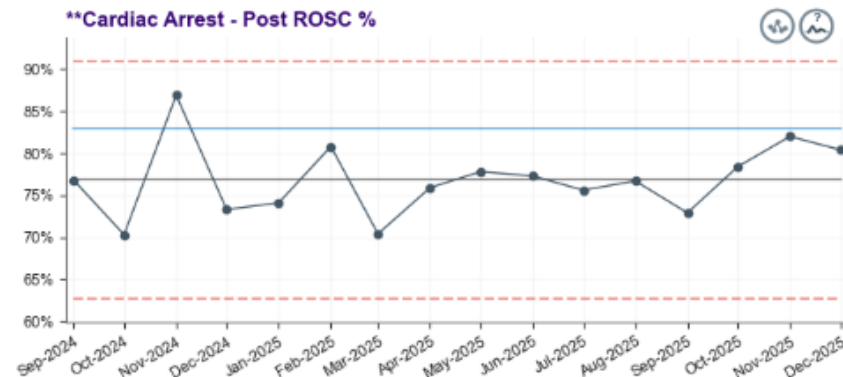
****Acute STEMI Care Bundle Outcome %**



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?

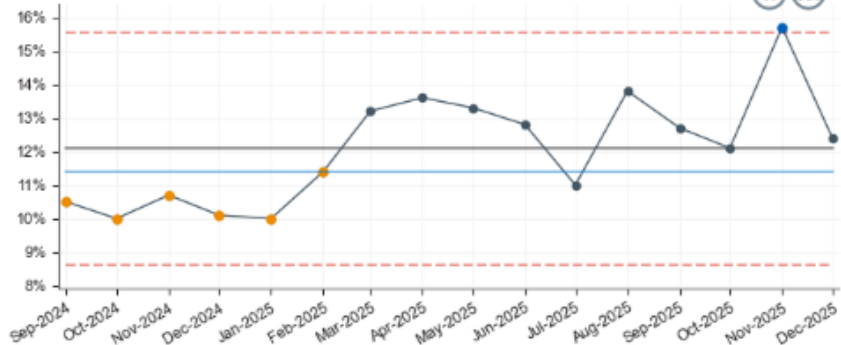
As previously noted, this measure provides assurance around the consistency of post-resuscitation processes but should be interpreted as a process indicator rather than a direct outcome measure. There remains no clear evidence that compliance with this bundle alone improves patient outcomes, and the 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.



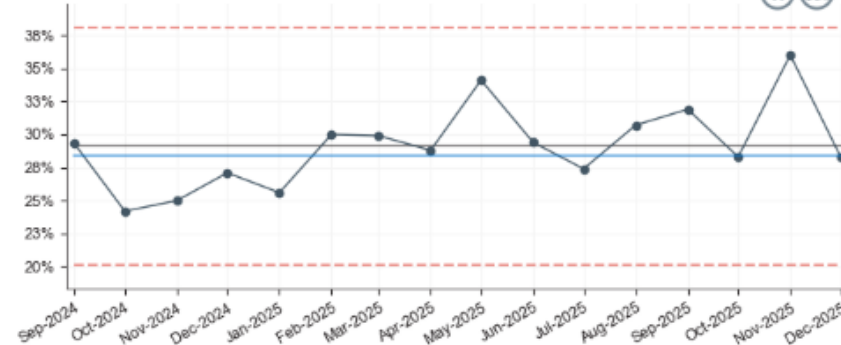
**Cardiac Survival ALL %



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?

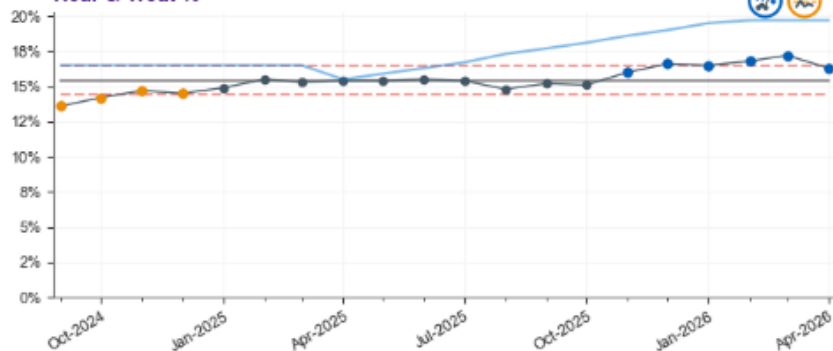
The above-target performance in the Utstein group this month is reassuring, as this cohort represents patients most likely to benefit from early resuscitation interventions. The overall ROSC figure remains broadly stable and close to target, suggesting that early resuscitation processes remain embedded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



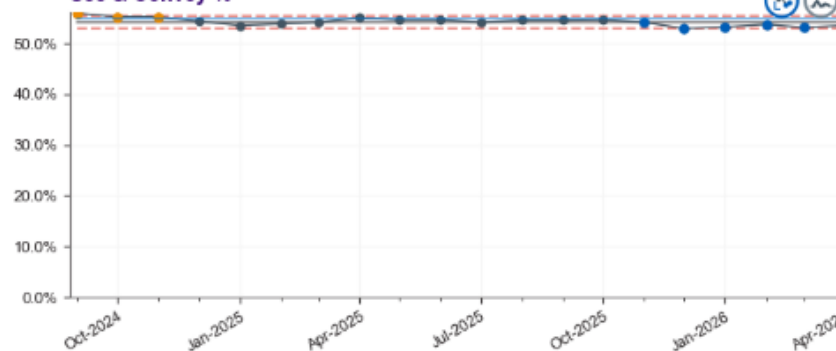
Hear & Treat %



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.

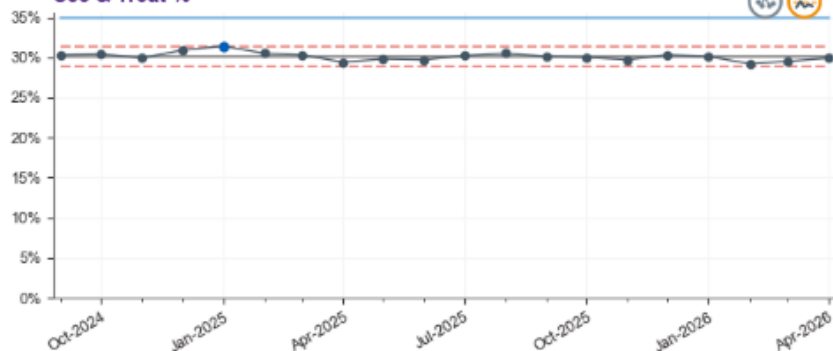
See & Convey %



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.



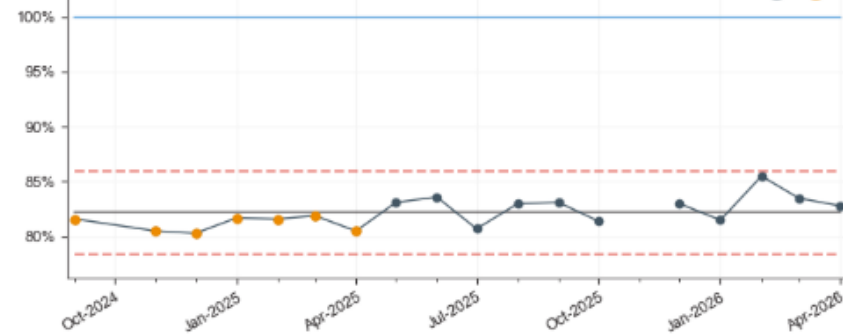
Compliant NHS Pathways Audits (Clinical) %



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.

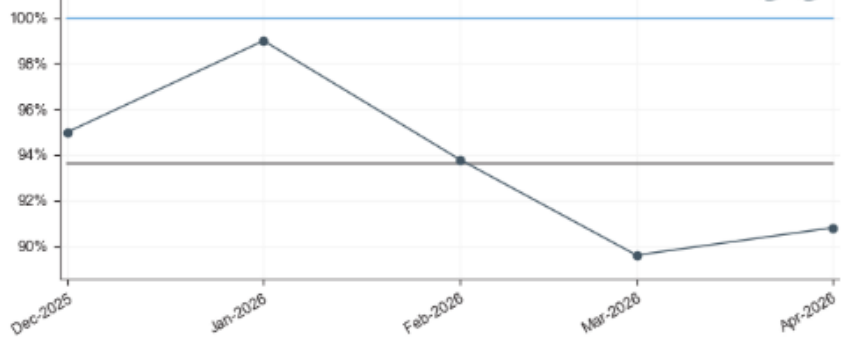
Compliant NHS Pathways Audits (EMA) %



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

So what? Low compliency can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliency 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 compliency. 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 compliency and high risk audits.

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

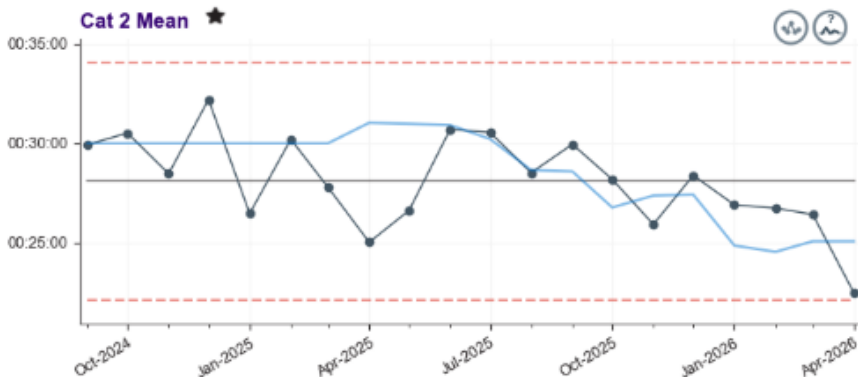
So what? Low compliency can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliency can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC team.

What next? A QI project is addressing the low compliency for clinical calls. Once complete any transferable actions will be implemented for EMA auditing. In the meantime, EMA call compliency will be monitored, and locally initiated projects will continue such as:

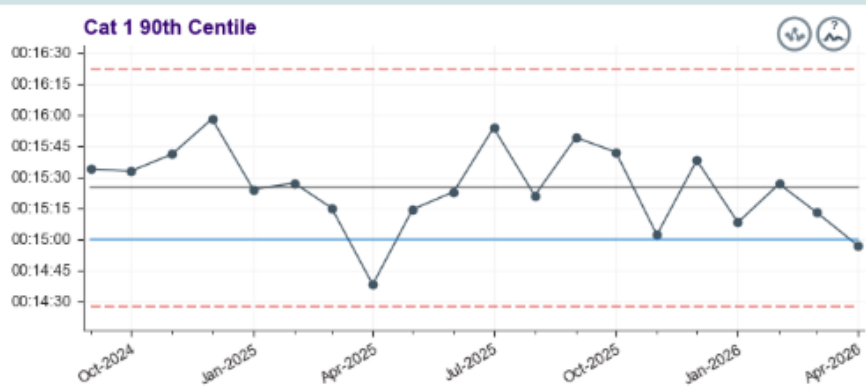
- EOC Practice Developers are being assigned individual Team Leaders to work in partnership - the aim is to harbour closer working relationships.
- A deep dive into Cardiac Arrest Call Compliency, using the registry to understand the factors when a patient survives and use the results to drive improvement.
- Issuing of cardiac arrest call badges for successful call handling of these calls.



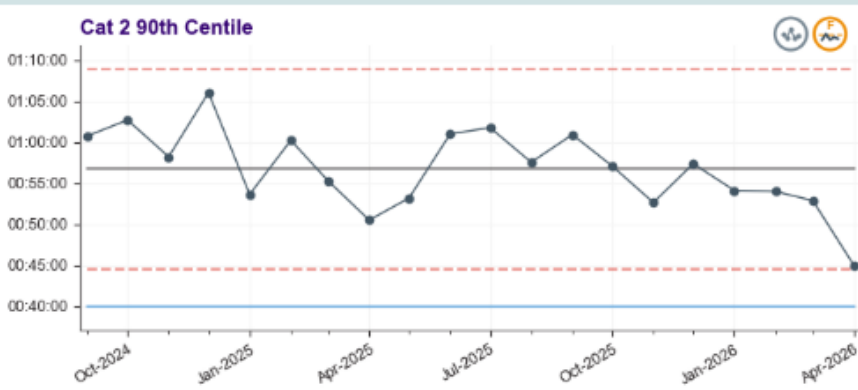
999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:08:02
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



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 90th 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 90th 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 CI calls. Drive improve C1 responsive continues.

Cat 2 Performance

What? April C2 mean was 22.28

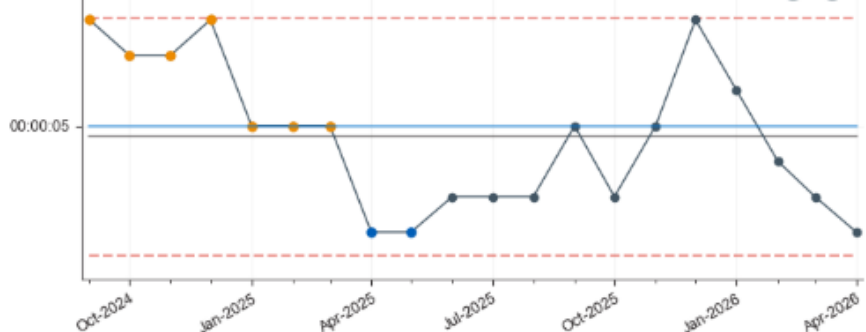
So what? C2 Mean or 90th centile performance improved in April.

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.



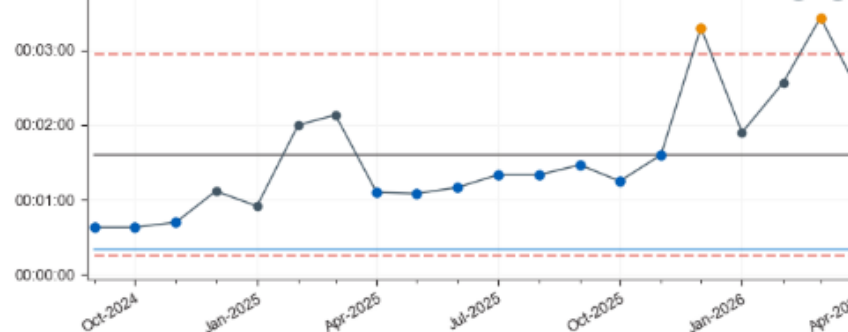
999 Call Answer Mean



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.

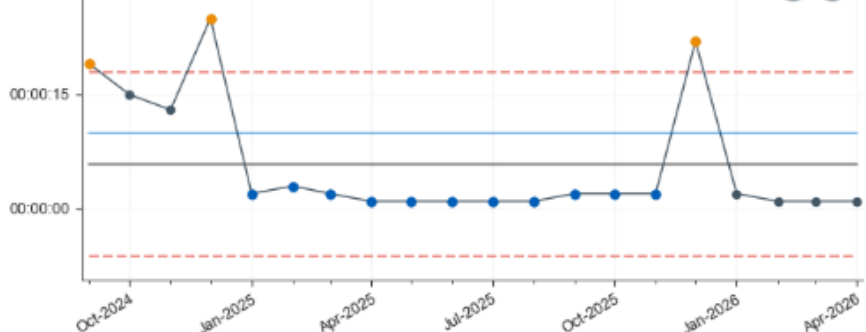
111 Average Speed to Answer



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.



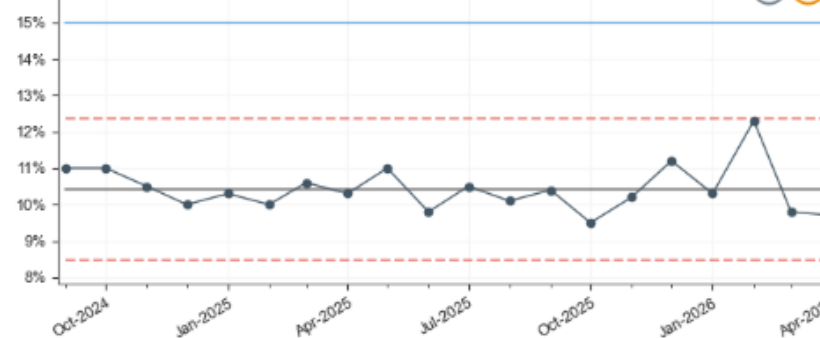
Falls, Frailty & Older People: Cat 3 Mean Response Time



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.

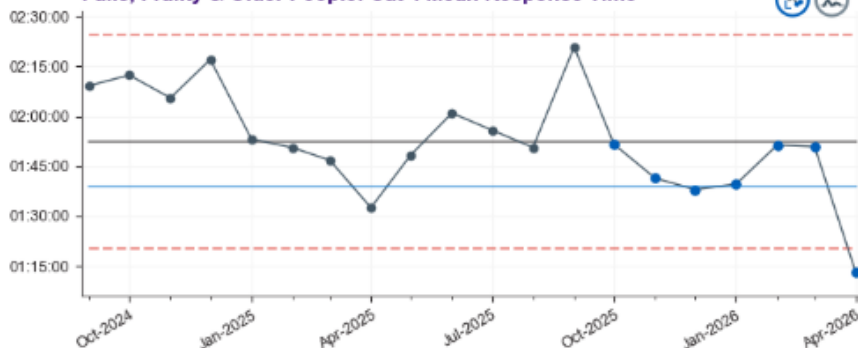
Falls, Frailty & Older People: H&T % - Non-Injury Falls



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.

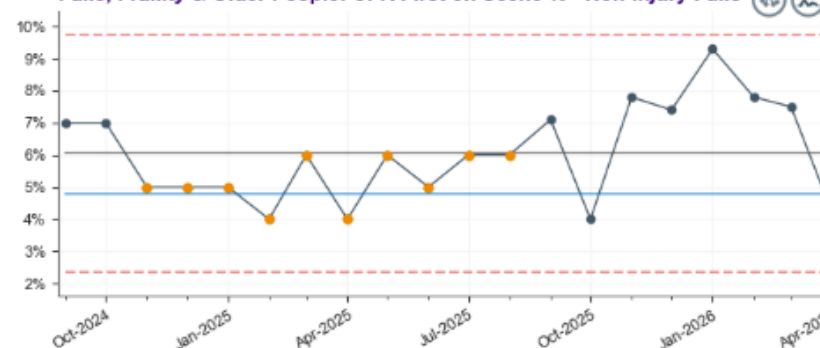
Falls, Frailty & Older People: Cat 4 Mean Response Time



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: 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?

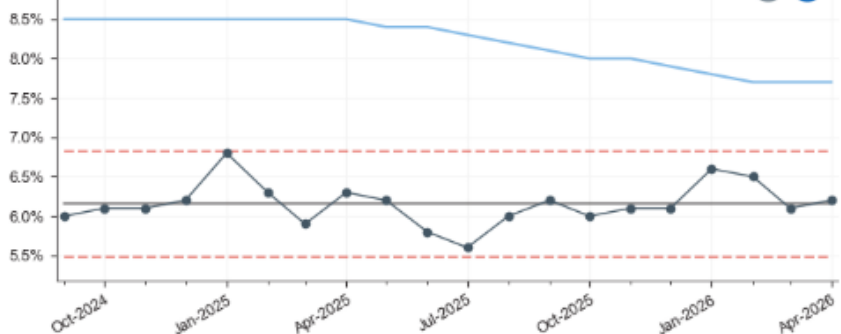
Patients who have fallen, without any injury, need early assistance off of the floor to prevent injury from long-lie. By sending CFRs we will reduce time spent on the floor whilst ensuring our ambulances remain available for patients with emergency care needs, and avoid duplicating resources at an incident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

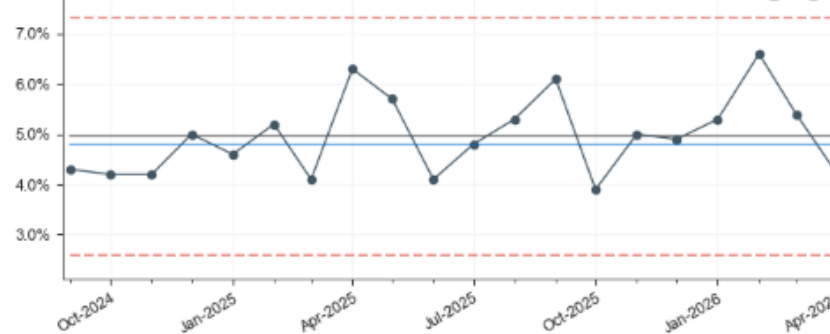
Metric Type: Board

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.

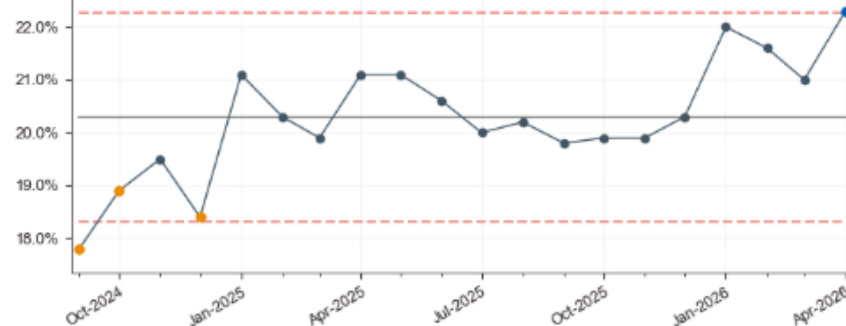


Responses Per Incident



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.

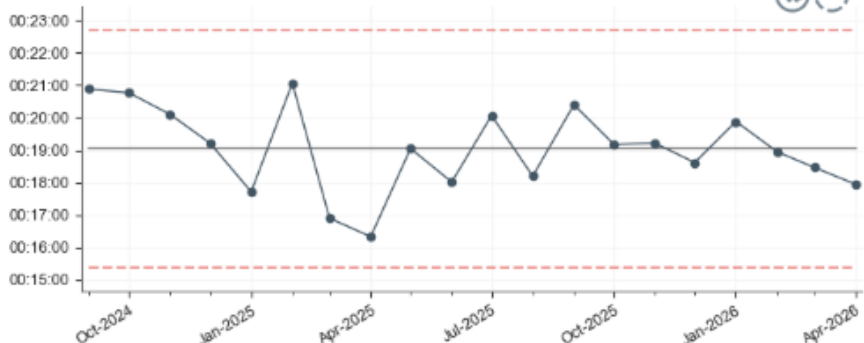
% of 999 Calls Receiving Validation



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.

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.

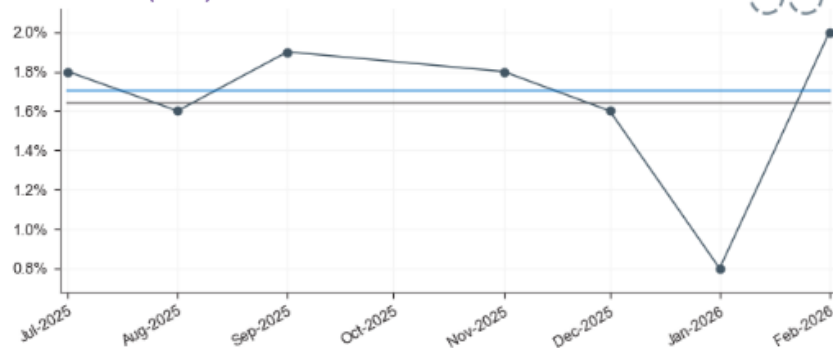
% 999 Calls Receiving Validation

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.

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.

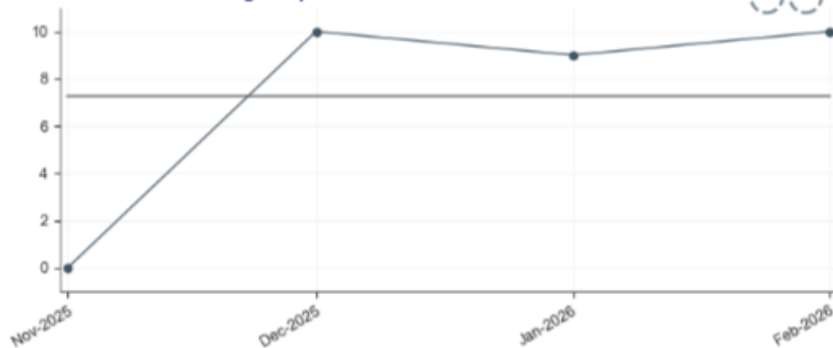
% of PSI (Datix) Where Final Harm is Moderate or Above



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

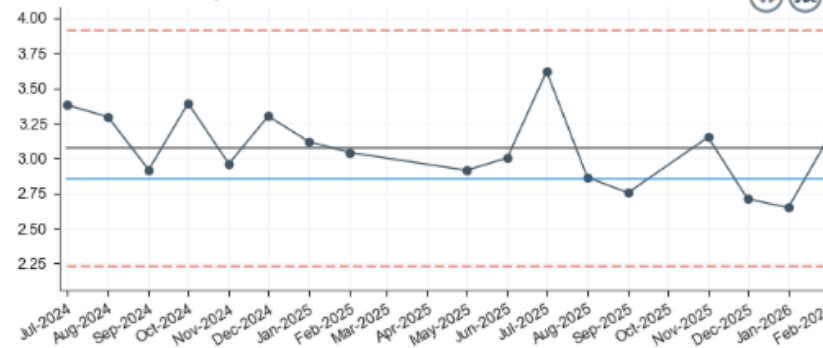


QS-49

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

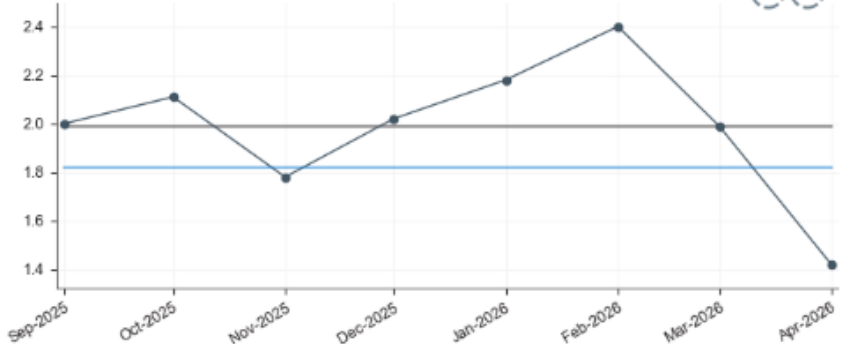
What? The number of incidents resulting in harm to patients per 1000 incidents across our 999 and 111 services was 3.2 in February.

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.



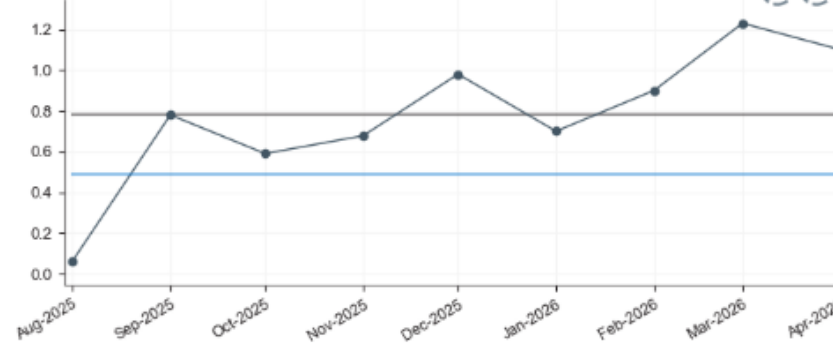
Number of Compliments Received per 1000 Incidents



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.

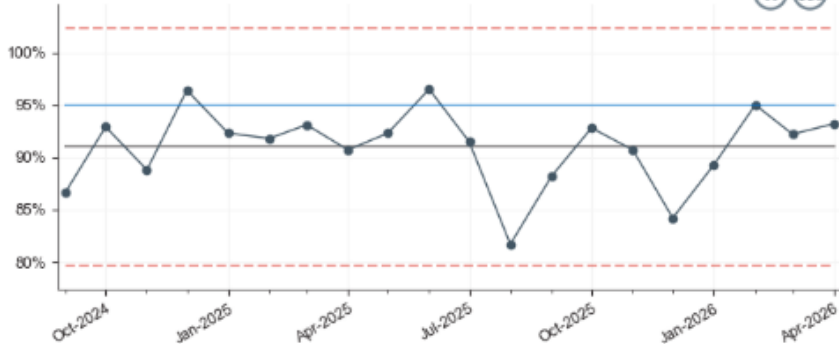
Number of Complaints per 1000 Incidents Responded to (Patients)



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

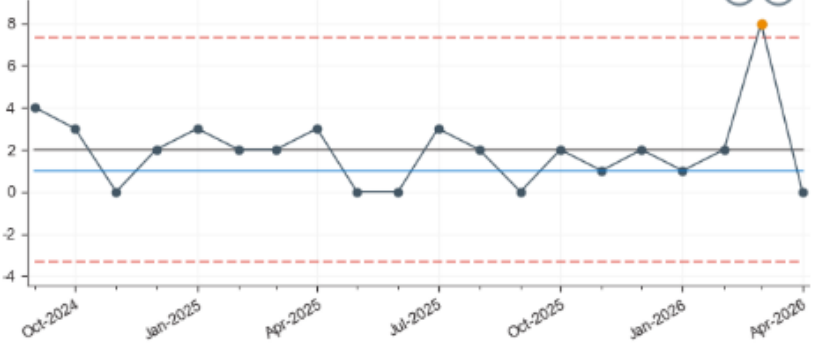
Employee Development

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

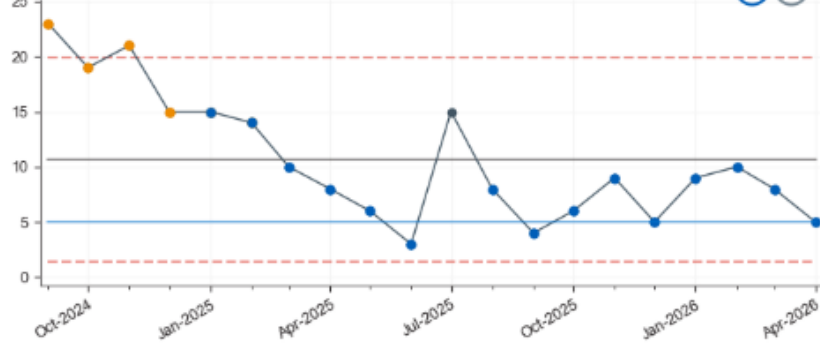


Collective Grievances Open



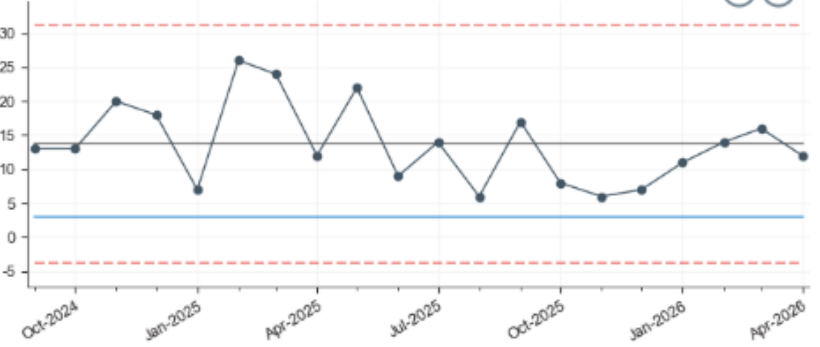
WF-11
Dept: Workforce HR
Metric Type: Board
Latest: 0
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Individual Grievances Open



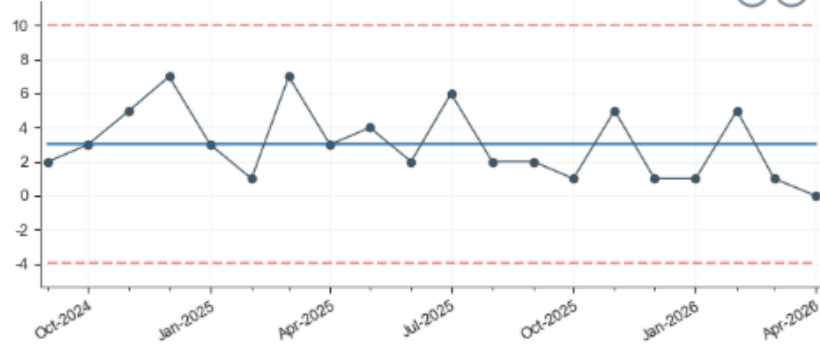
WF-10
Dept: Workforce HR
Metric Type: Board
Latest: 5
Target: 5
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

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

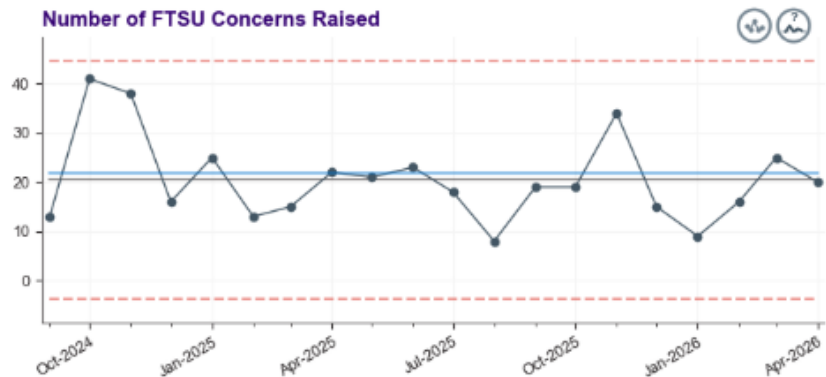
What?
At month-end in April, there were 11 live sexual safety cases, down by 4 compared with the previous month. On a 12-month rolling basis, completed cases took on average 185 days to close. Open cases had been open on average 163 days. 6% of open cases were over 12 months old (down by 1.1 percentage 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?

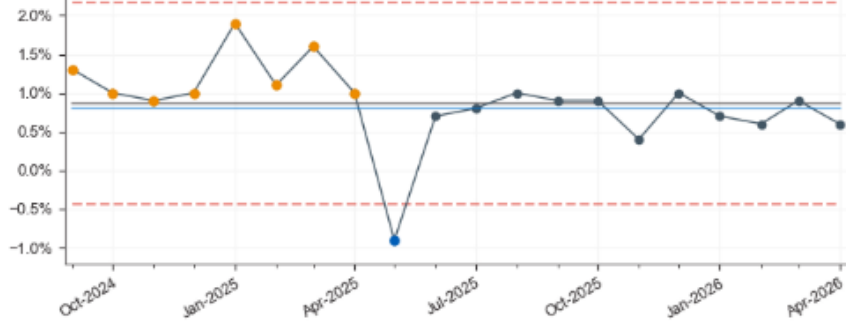
Worker safety and wellbeing and relationships and behaviours remained the predominant themes across both months. The continued concentration of concerns within Integrated Care suggests this remains an area requiring ongoing support and engagement. The consistently high closure and satisfaction rates 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.

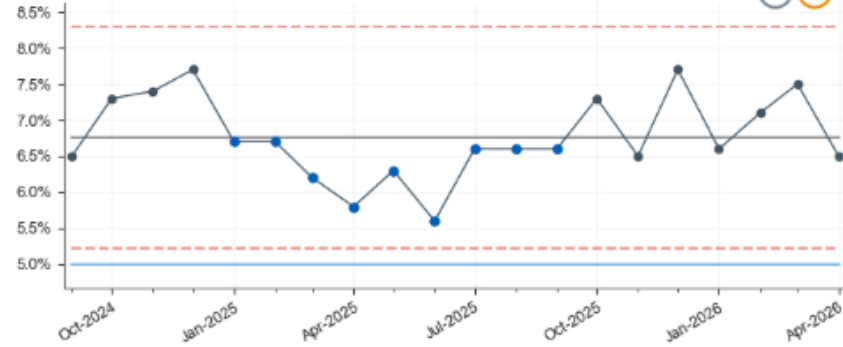


Turnover Rate %



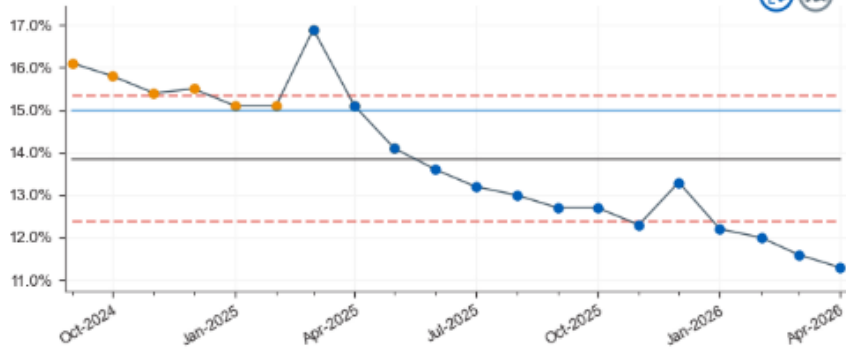
WF-48
Dept: Workforce HR
Metric Type: Board
Latest: 0.6%
Target: 0.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Sickness Absence %



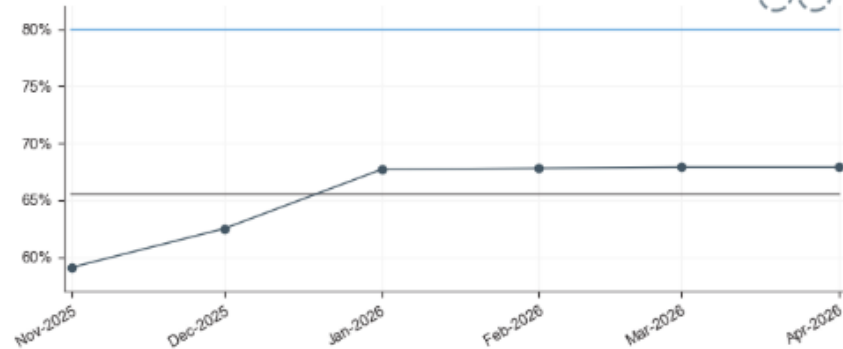
WF-49
Dept: Workforce HR
Metric Type: Board
Latest: 6.5%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

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.

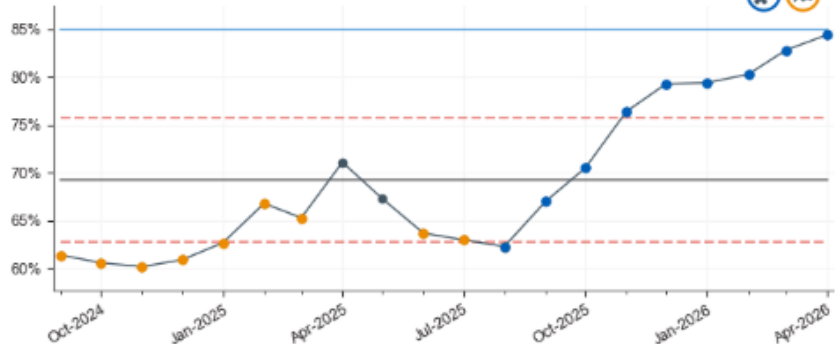
What?
Sickness absence fell from 7.1% to 6.5%, with the rolling annual figure remaining above target at around 7.1%.

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

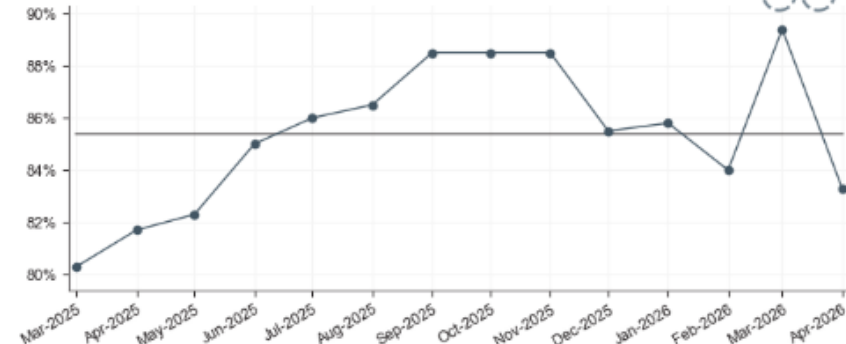


Appraisals Rolling Year %



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.

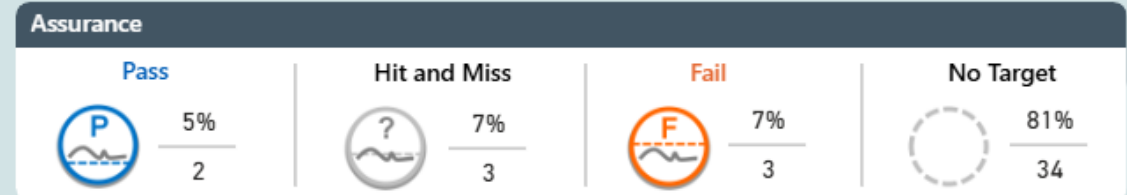
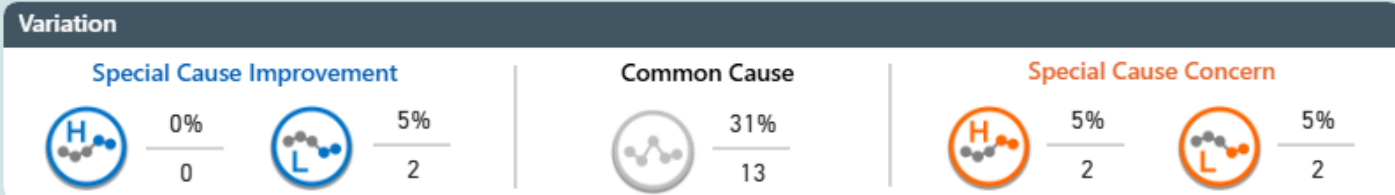
What Next?

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



Variation

Special Cause Improvement



Common Cause



Special Cause Concern



Assurance

Pass



Hit and Miss



Fail



No Target



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

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%		

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%		

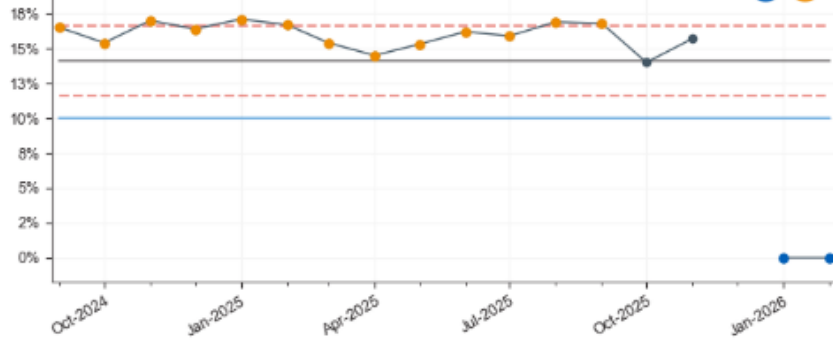
Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
------	--------	--------	-------	--------	------	-----------	-----------

Pending metric: Driver Safety Standard Metric - Needs to be defined



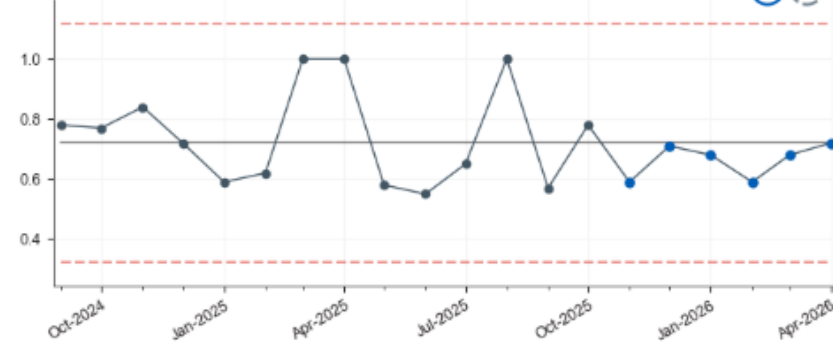
% of DCA vehicles off road (VOR)



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

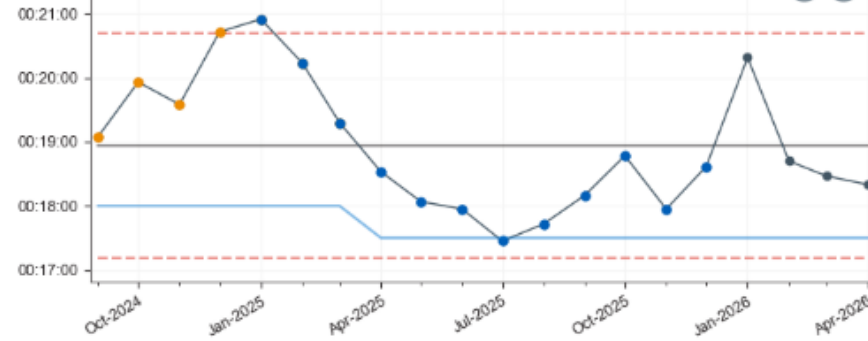


FL-2

Dept: Fleet
Metric Type: Board
Latest: 0.7

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

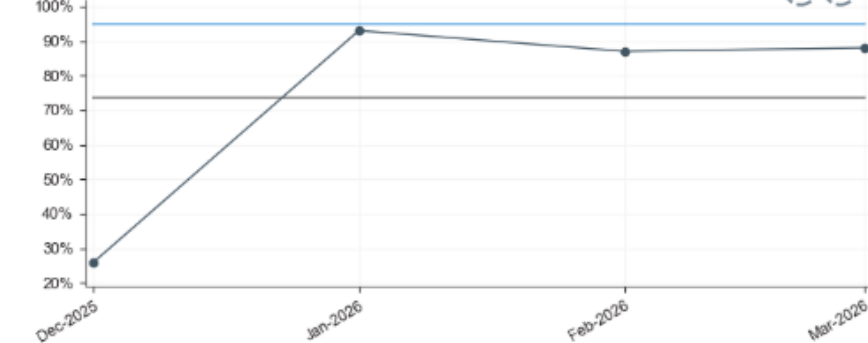
Handover Time Mean



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

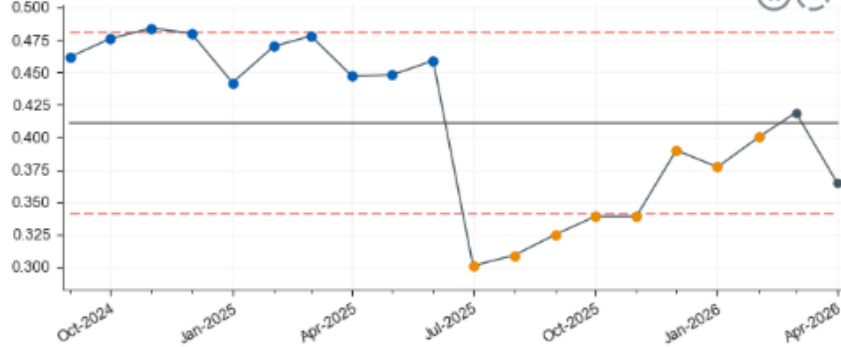
What? Throughput performance remained strong and stable across most sites, with high levels of KPI compliance maintained.

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.



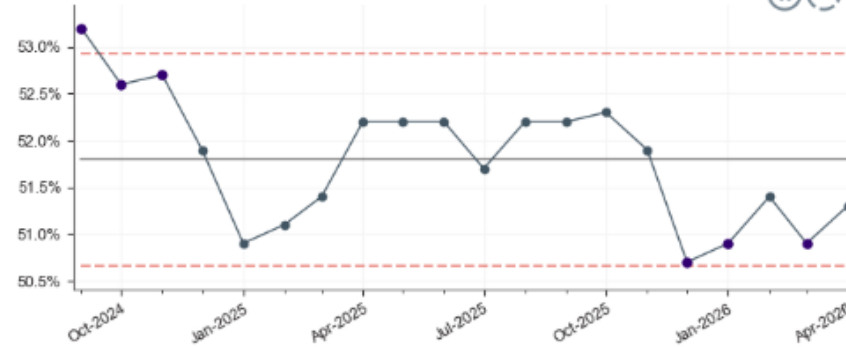
Hear & Treat per Clinical Hour



999-41
Dept: Operations 999
Metric Type: Board
Latest: 0.4

Common cause variation, no significant change.

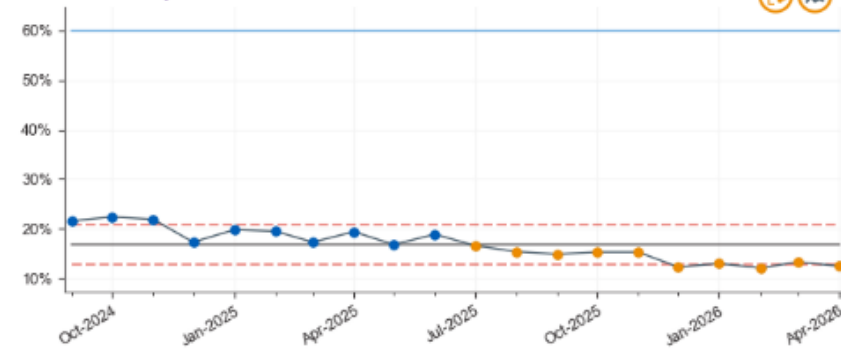
See & Convey to ED %



999-9
Dept: Operations 999
Metric Type: Board
Latest: 51.3%

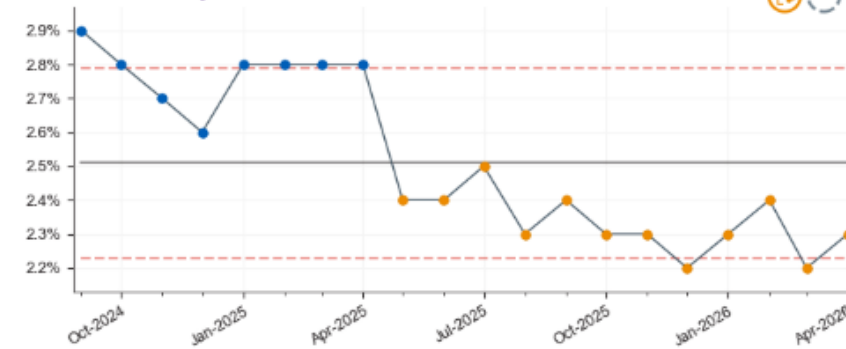
Common cause variation, no significant change.

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.

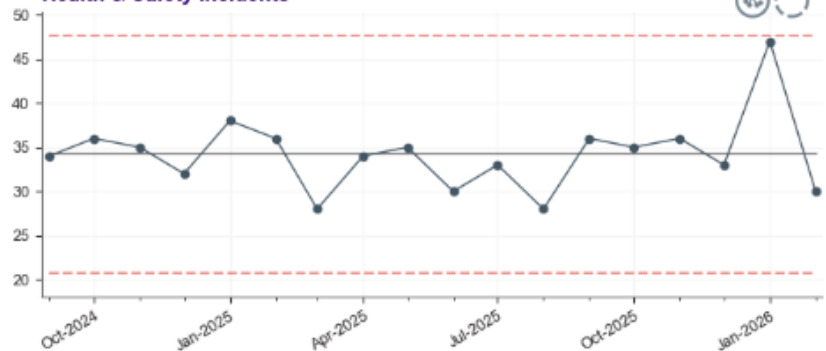
What Next?

-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

Common cause variation, no significant change.

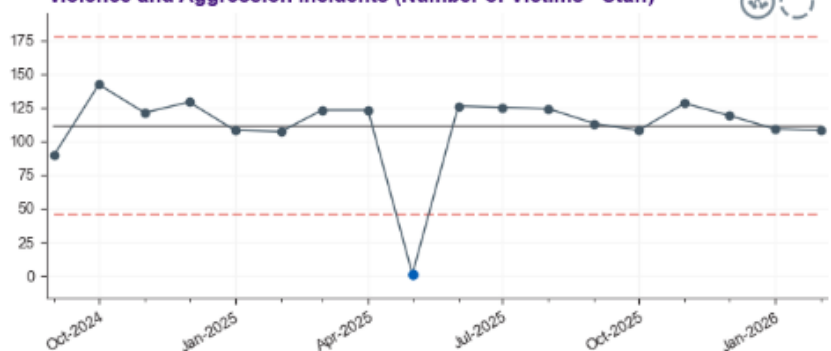
Organisational Risks Outstanding Review %



QS-24

Dept: Quality & Safety
Metric Type: Board
Latest: 11.2%
Target: 30%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Violence and Aggression Incidents (Number of Victims - Staff)

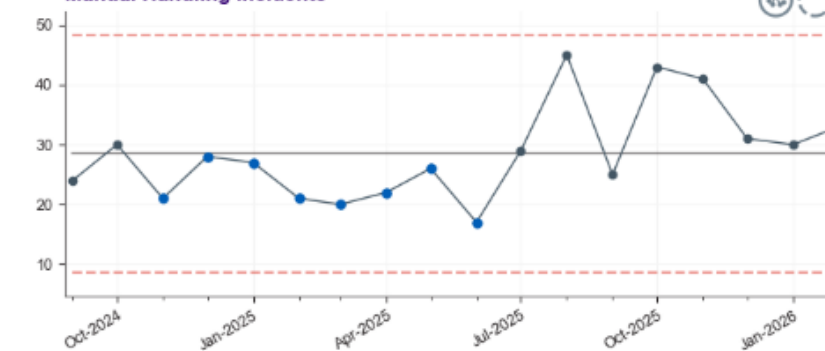


QS-13

Dept: Quality & Safety
Metric Type: Board
Latest: 108

Common cause variation, no significant change.

Manual Handling Incidents



QS-22

Dept: Quality & Safety
Metric Type: Board
Latest: 33

Common cause variation, no significant change.

Health & Safety Incidents

What?

Incident count has had no meaningful change over the reporting period, and most of these incidents relate to moving and handling and restraint of patients. Additionally, a smaller theme of crushed hands closing doors on DCA's and injuries alighting from a DCA.

So What?

Fatigue is a common cause noted in the crush injuries and ankle rolls from DCA's. Restraint related injuries often arise in confined areas such as an unconscious patient coming around in a DCA or trigger escalation of patient in mental health crisis.

What next?

Improved exterior lighting has been included on our new Fleet of MAN DCA to aid a good footing alighting from a DCA and a Fatigue T&FG has been set up to consider significant risks to our frontline staff. Conflict Resolution Training has been the cornerstone in reducing injuries associated with restraining patients and improved pathways to police forces have been set up where it is felt that Right Care Right Person has not been applied justly. It does still remain a pertinent question for the Trust as to whether SECAmb alone are the right responder for many of our patients in mental health crisis.

Violence & Aggression Incidents

What?

Violence & Aggression incidents remained 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?

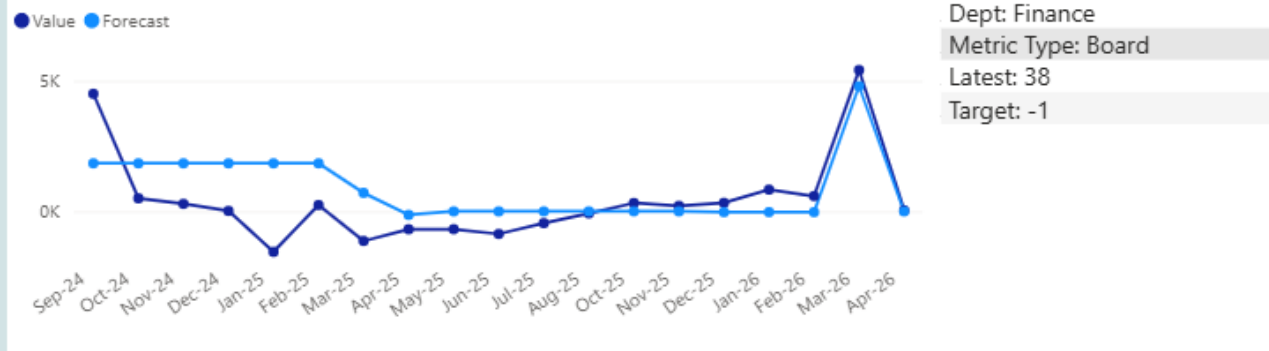
- Key skills training completed over 25/26 has included the use of the carry chair track, as it was found that many staff were not confident in the use of this essential piece of equipment.
- SBAR On bariatric provision tabled with SMG and active workstream in place led by Ops

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?

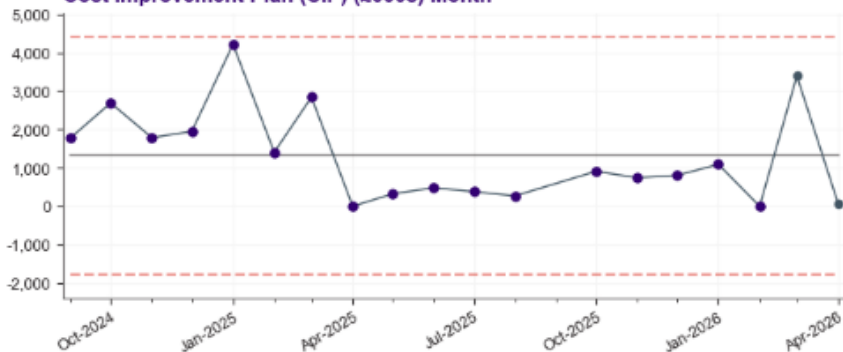
However, additional £10.7m ambulance growth funding has been allocated to enable the Trust to deliver a revised trajectory improvement in C2 mean to 25 minutes for 2026/27.

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

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%

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

Strategic Command Training Compliance (MAGIC)

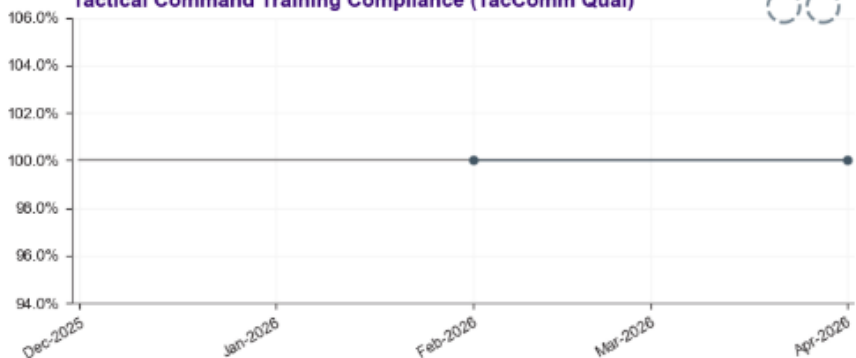


QS-72

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.

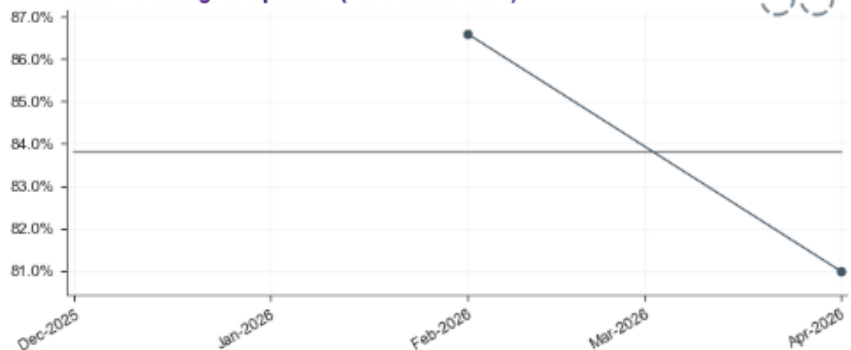
So what?

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%

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

Compliance by Competency

Count of Commanders Who Have Completed Individual Competencies

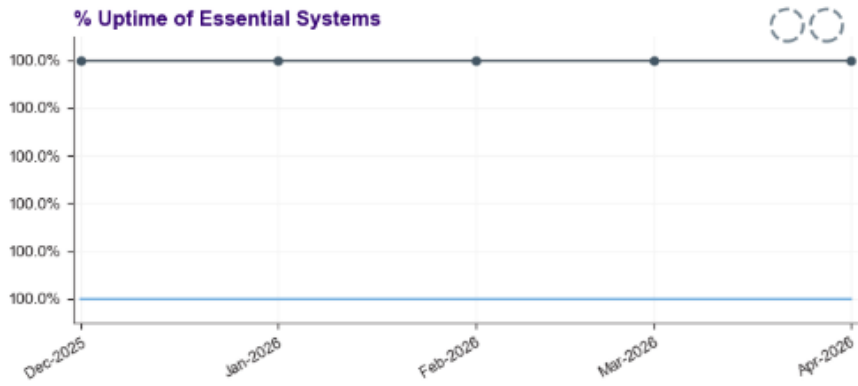
Competency	Command Level	Competency Completed	Competency Compliance
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	2IC OPERATIONAL	20	62.50%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	OPERATIONAL	185	92.96%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS	STRATEGIC	7	100%
278 LOCAL JESIP TRAINING - RENEWAL 3 YEARS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

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.

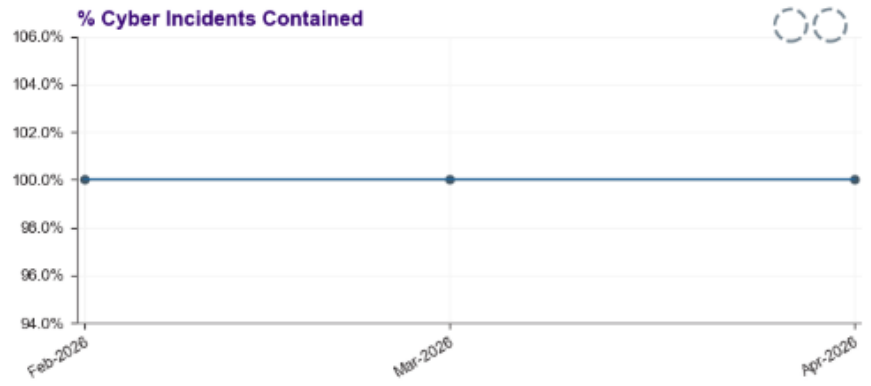
This is helped to an extent as well by the revision of on-call structures, particularly the removal of '2IC' roles, which reduces the training demand considerably, hence the low '2IC' compliance within the table. As these individuals will no longer perform command functions, the compliance figure for '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.

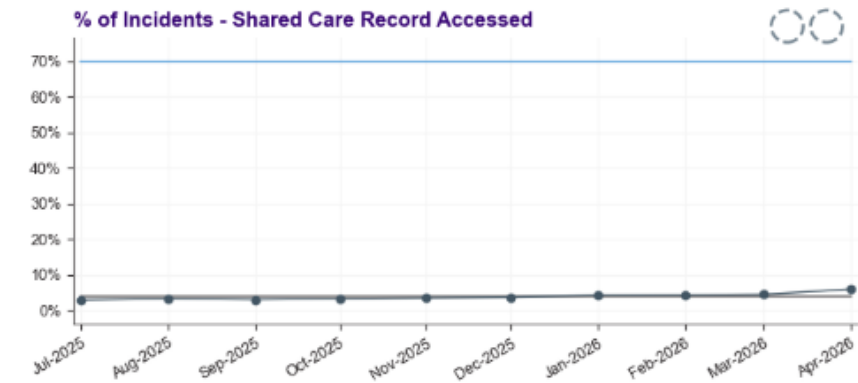
What next? Continued monitoring or compliance and continued participation in multi-agency training and development programs and exercises.



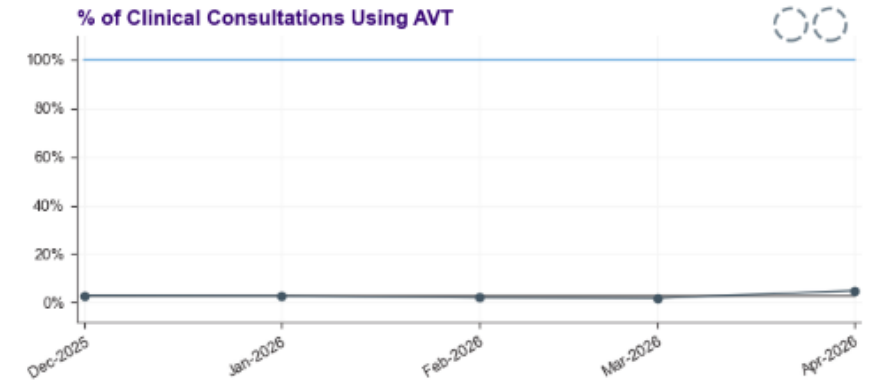
IT-9
Dept: Digital
Metric Type: Board
Latest: 100%
Target: 99.99%
Special cause or common cause cannot be given as there are an insufficient number of points.



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.



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.



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.

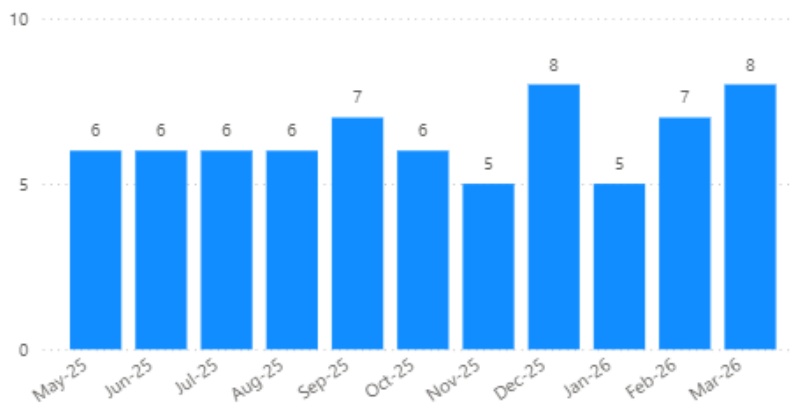
What: 100% of cyber incidents have been contained since reporting began in October 2025, while AVT-supported clinical triage stepped up sharply in April 2026 to c.4.9%, breaking out of prior control limits.

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.

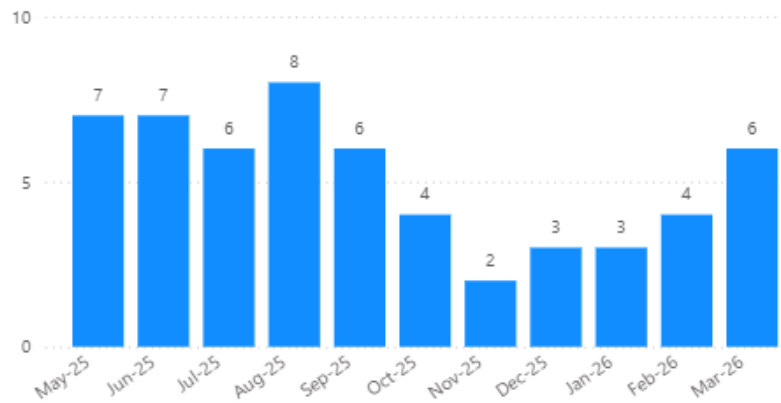
Now what: Progress the cyber business case through governance to deliver a 24/7/365 Security Operations Centre (with SWAST) and a new SIEM, while continuing to expand AVT adoption and tracking its correlation with calls per hour and hear and treat rate to confirm the productivity hypothesis.



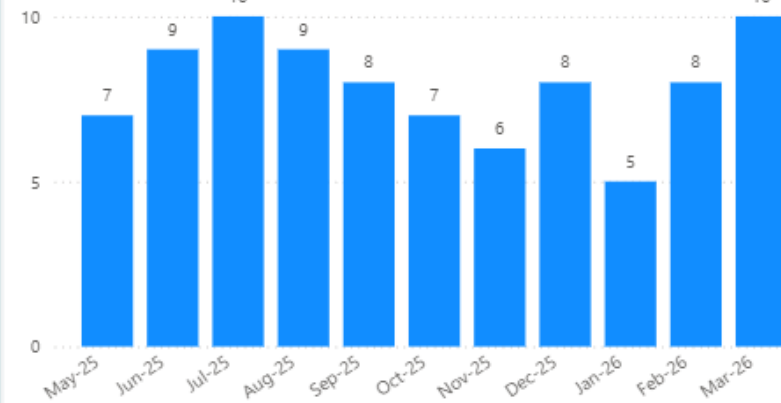
SECAmb Mean C1 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



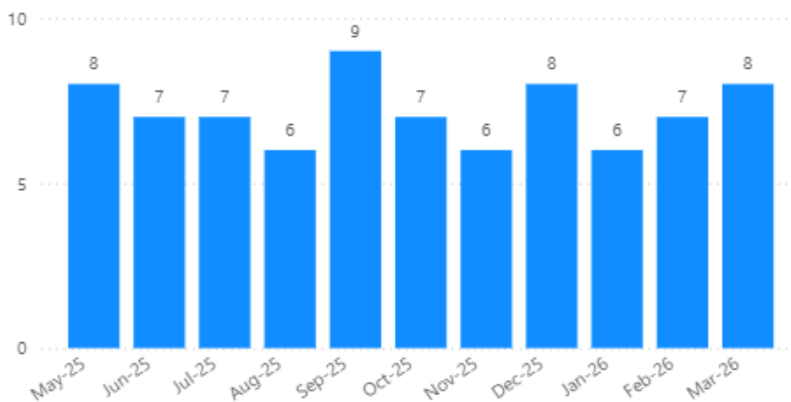
SECAmb Mean C2 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



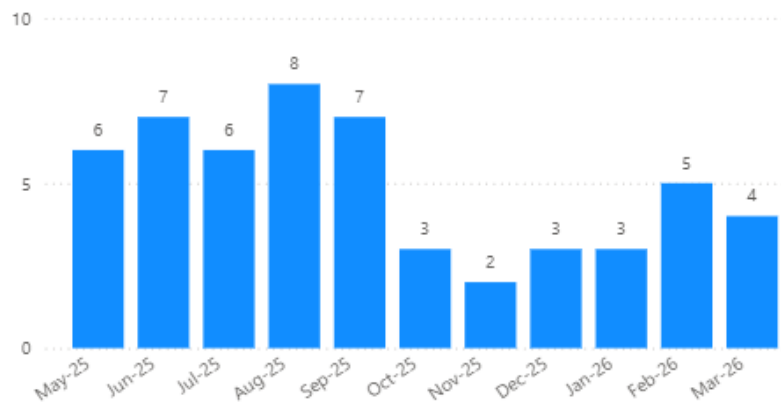
SECAmb 90th Centile C3 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



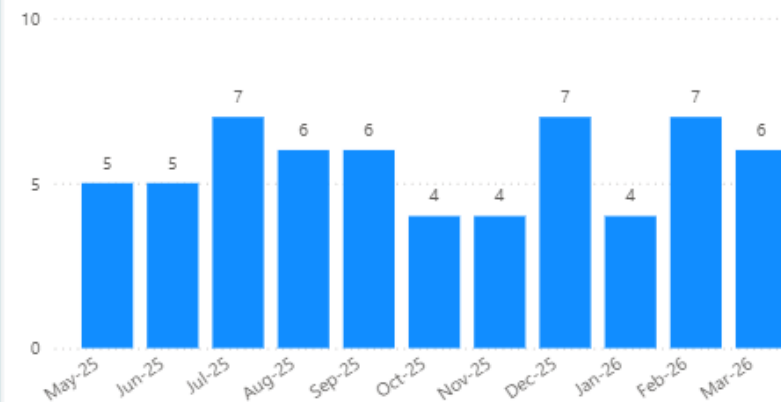
SECAmb 90th Centile C1 Response Time Rank
Rank among 11 ambulance services (1 = best performance)



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)

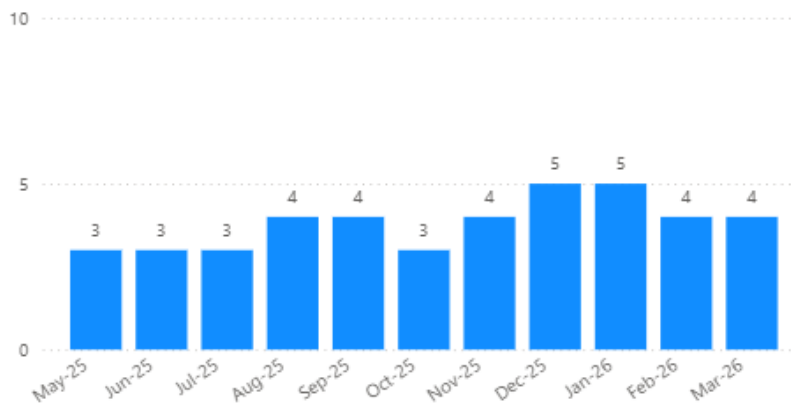


Summary:

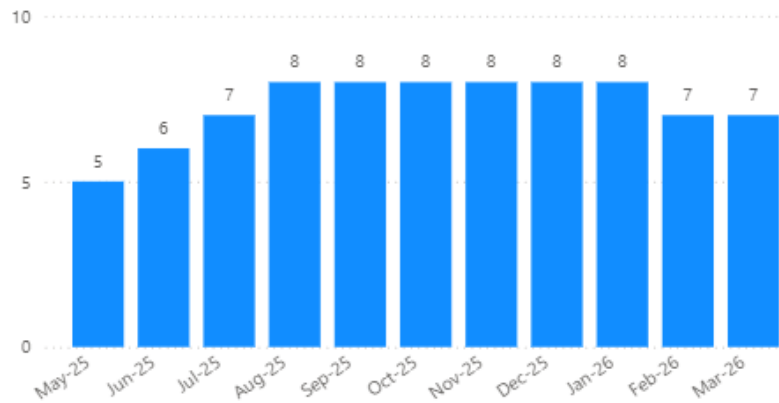
Overall SECAmb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times with some variability, showing recent improvement in C2 mean but requiring sustained focus, particularly on C2, to meet NHSE expectations.



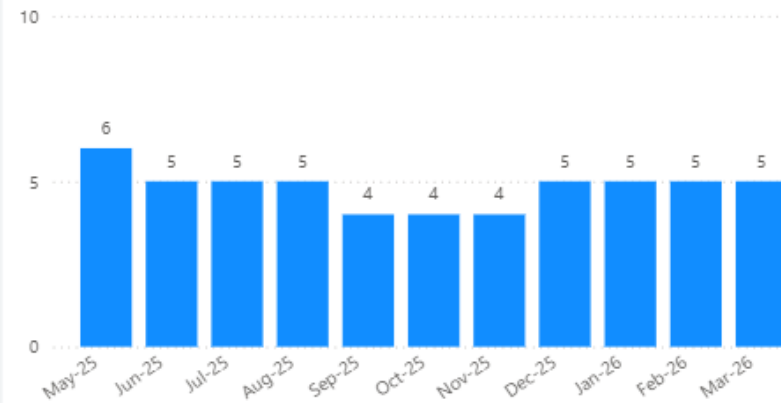
SECAmb Mean Call Answer Time Rank
Rank among 11 ambulance services (1 = best performance)



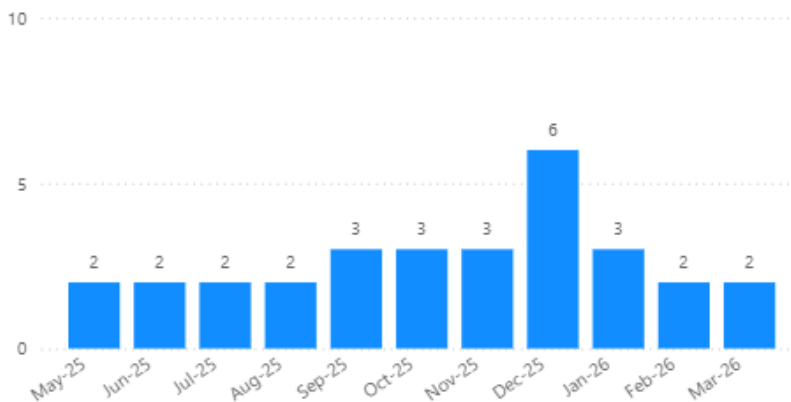
SECAmb Hear & Treat % Rank
Rank among 11 ambulance services (1 = best performance)



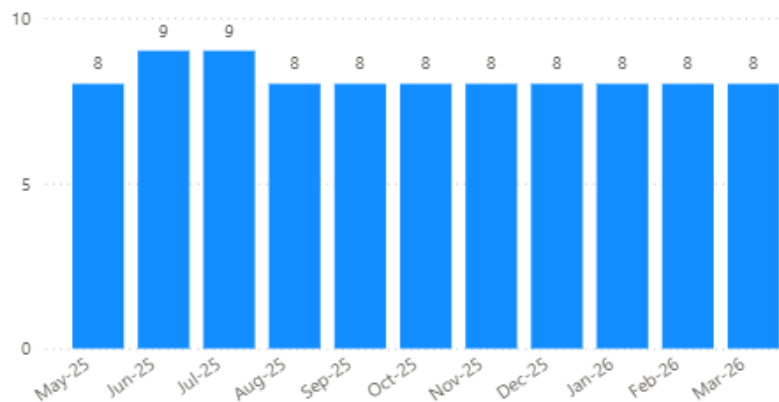
SECAmb See & Treat % Rank
Rank among 11 ambulance services (1 = best performance)



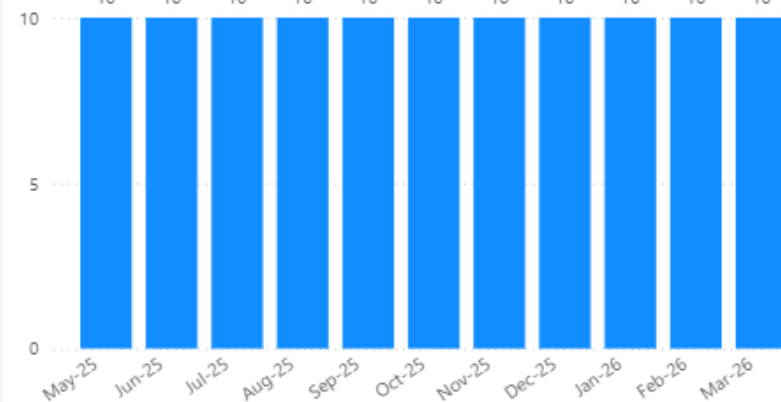
SECAmb 90th Centile Call Answer Time Rank
Rank among 11 ambulance services (1 = best performance)



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



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

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



Agenda No	32/26
------------------	-------

Name of meeting	Trust Board
Date	4 June 2026
Name of paper	Quality & Patient Safety Committee Assurance Report – 21 May 2026
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

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

Cycle of Business
The [TOR](#) and [Cycle of Business](#) were agreed, which aligns to the BAF and will be dynamic to take account of any changes to the risk profile in year. The Board is asked to formally approve these documents.

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.

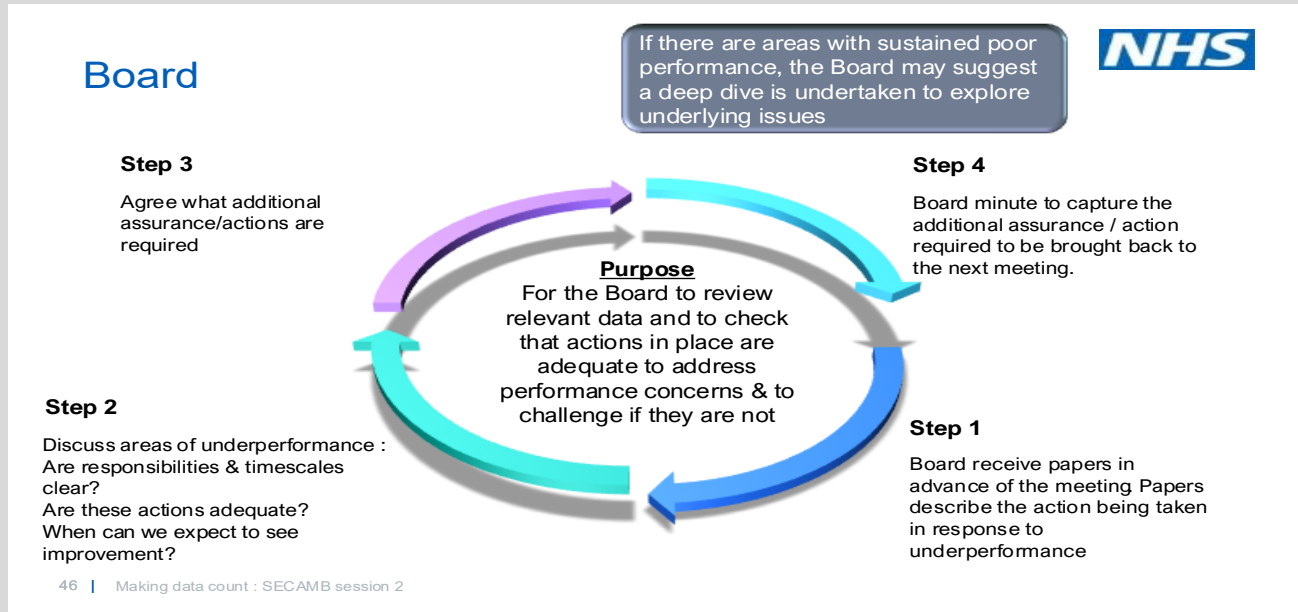
Integrated Patient Safety Report

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

Recommendation

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





Agenda No	33-26
-----------	-------

Name of meeting	Trust Board
Date	4 June 2026
Name of paper	Patient Safety Incident Response Plan (PSIRP) 2026/27
Responsible Executives	Jo Turner, Interim Chief Nursing Officer
Authors	Kenny Ajayi, Patient Safety Specialist
<p>This paper presents the updated Patient Safety Incident Response Plan (PSIRP) for 2026/27, setting out how the Trust will respond to patient safety incidents over the next 12–18 months, incorporating learning from the 2024/25 plan and establishing a clearer focus on measurable improvement, consistency, and system-wide learning.</p> <p>Progress</p> <ul style="list-style-type: none"> • The Trust has built on learning from the previous PSIRP, using a structured and triangulated approach to identify priorities and reduce duplication. • A joined-up methodology now aligns patient safety, quality improvement, and quality account priorities, focusing effort on the highest risks. • Clear priority areas identified (Mental Health, Major Trauma, Transfer of Care) based on data, stakeholder engagement, and system insight. • Revision of the PSIRP 2024/25 version reflecting lessons from delivery of the plan. • Strengthened mechanisms proposed for learning governance and quality assurance. <p>Areas for Improvement (incorporated within the 2026/27 PSIRP)</p> <ul style="list-style-type: none"> • The Trust recognises the need to demonstrate measurable improvement and ensure actions translate into sustained impact. • Need for proportionality in the overall response to risk, avoiding the risk of ‘safety clutter’. • Tracking and evidencing the effectiveness of safety actions remains an area requiring continued strengthening to enable demonstrable impact. • Consistency in sharing learning and embedding it across the organisation. • Staff psychological safety and engagement require ongoing consideration and focus. 	
Recommendations, decisions, or actions sought	The Trust Board is asked to approve the 2026/27 PSIRP.

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).	Yes
---	-----



South East Coast
Ambulance Service
NHS Foundation Trust



Patient Safety Incident Response Plan

2026/27



Contents

Introduction	3
About us	4
What we learnt from the previous Patient Safety Incident Response Plan (PSIRP)	5
Our stakeholders	6
Defining our patient safety incident profile	7
Improving our patient safety culture	8
Defining our patient safety improvement profile	9
Our patient safety incident response plan: national requirements	10
Our patient safety incident response plan: local focus	12
Glossary of Terms	14
Appendix A: Patient Safety Incident Response Plan Process	16
Appendix B: Commissioning and Process of a PSIRF Learning Response	17
Appendix C: Patient Safety Investigations Sign-Off and Closure Process	18
Appendix D: Commonly used Learning Responses for investigation of incidents	19
Appendix E: Other forms of responses to incidents	23
Contact us	24



Introduction

The Patient Safety Incident Response Plan explains how South East Coast Ambulance Service NHS Foundation Trust (SECAMB) will respond to patient safety incidents over the next 12 to 18 months. It is a live document, meaning it may change as learning and circumstances evolve. This plan is a revision of the version published in 2024 and reflects the lessons learned from delivering the 2024/25 plan in practice. The plan will remain flexible and consider the specific circumstances of each safety issue, as well as the needs of the patients, families and staff who are affected.

The plan will help the Trust to measurably improve the effectiveness of both local and cross system patient safety incident investigations by:

- Involving people affected by incidents including patients, families, carers and colleagues, with empathy and openness, so that their experiences guide the investigation and help build trust.
- Using the most appropriate investigative methods for each situation, to support understanding of how the whole system contributed to what happened rather than focusing only on individuals.
- Responding in a proportionate way, directing efforts to the areas where learning will have the biggest impact and help prevent repeated harm.
- Provide supportive oversight that encourages learning, improvement and a stronger safety culture across the organisation.



About us

SECAmb provides services across four Integrated Care Systems (ICSs) delivering urgent and emergency care to over 5 million people across 3,670 square miles.

- The Trust employs over 5,000 staff
- Our patients range from the critically ill and injured who need specialist treatment, to those with minor healthcare needs who can be treated virtually, at home or in the community.
- We receive over 2.1 million calls per year, responding to over 700,000 incidents.
- As well as a 999 service, the Trust also provides the NHS 111 service across Sussex, Kent & Medway.

Our call centre staff are trained to assess patients over the phone and respond with the most appropriate response to meet the needs of patients. This could be:

- An emergency ambulance response for life-threatening situations
- A critical care paramedic who can provide treatment on scene for the critically injured
- An advanced paramedic practitioner who can provide specialist treatment in person or by phone
- Clinical advice provided over the phone by a GP, nurse or paramedic when appropriate
- We also work with our partners to provide referrals to a GP, nurse, mental health or community teams



What we learnt from the previous PSIRP

The Trust has evaluated how the previous Patient Safety Incident Response Plan (PSIRP) worked in practice supporting an understanding of what went well and where the patient safety approach can be strengthened. The insights below show how we are continuing to develop our systems so that learning is more consistent, timely and useful across the organisation.

Getting the right group size for decision making

We learned that the size and makeup of our Incident Response Groups matter. Having too many or too few people can affect how well we capture different viewpoints and how efficiently we make decisions. We are now working to ensure each group is balanced, effective and well represented.

Tracking actions and checking their impact

We recognised the need for clearer ways to track safety actions and understand whether they are making a real difference. This continues to evolve. Alongside this, we have completed an organisational quality improvement project on Inter-Facility Transfers which has generated insight and learning to drive improvements moving forward.

Sharing learning more consistently

We identified that learning from investigations and reviews needed to be shared more consistently and with a wider audience. We are improving how we share learning so that teams across the trust can benefit.

Keeping investigator skills up to date

We learned that our investigators need regular opportunities to refresh their skills. We are improving access to training so that our investigators stay current and confident in their practice.

Making sure learning reaches the right governance structures

We found that lessons from learning responses need a clearer route into our governance processes. Work is underway to make sure important findings are consistently escalated and acted on at the right level. Appendices B and C show our new approach.

Highlighting good practice, not just problems

We learned that our learning responses should celebrate good practice as well as examine what went wrong. This helps us recognise what is working well and spread effective approaches across the organisation.

Balancing multiple factors when selecting incidents for review

We also recognised the need to balance several competing factors when reviewing incidents and selecting learning responses. This includes ensuring the right people are in the room, avoiding unnecessary complexity and being mindful of efficiency. We are now taking a more structured approach to achieving that balance.

Our stakeholders

Patient Engagement

The Trust is committed to involving patients, families and carers in a way that is compassionate, clear and respectful. National guidance requires organisations to be open and supportive throughout the whole investigation process. We are making our information easier to understand, helped by the clear glossary in our Patient Safety Incident Response Plan (included in the Glossary of Terms on page 14). Plans are underway to recruit Patient Safety Partners so that patients can continue to shape how we learn and improve.

We aspire to be a trusted partner in our region and we continue to embrace this philosophy whilst developing our Patient Safety Incident Response Plan.

We are committed to identifying and supporting multi-organisation or cross-system patient safety incidents to make healthcare safer for everyone.

The Trust belongs to a 'PSIRF Ambulance Network' that includes every ambulance service in England and facilitates the sharing of learning across this network.

Stakeholder involvement has been central throughout our priority setting process, including surveys, public and staff feedback, patient and carer insights, workshops and meetings with clinical, operational and corporate teams.

We have several key external partners and prioritise engagement with those directly linked to our 999 and 111 services such as:

- MedOCC
- HERE Brighton
- ABC Healthcare Ltd
- Practice Plus Group
- IC24
- Kent, Surrey, Sussex Air Ambulance
- System providers
- Police, fire and coastguard services
- Health Innovation Kent, Surrey, Sussex
- Care Quality Commission (CQC)
- HM Coroner
- Local authorities
- Integrated care boards
- Ambulance PSIRF Network



Defining our patient safety incident profile

For 2026/27 new priorities have been identified for patient safety incident investigations.

The priorities have been shaped through a review of data and robust stakeholder engagement. Views have been gathered from patients, families, carers, staff, community groups and partner organisations, making sure that everyone who uses or supports our services had the chance to be heard. Their feedback, along with what we learned from patient safety incidents, performance information, risk data and our wider health goals, has supported understanding of where improvements are most needed.

Lessons Learned

We learned some important lessons from how we set priorities in the past and we used these to improve our approach this time. Instead of creating separate lists for our quality account, quality improvement work and patient safety investigations, we brought everything together into one joined up process. Triangulation of this information supported identification of themes and understanding of the patient safety issues that affect the organisation the most. This helped to avoid duplication and focused effort on the biggest and most important risks.

We have brought together information from many places, including patient safety incidents, complaints, compliments, claims, inquests, patient feedback and informal comments from staff. All of this has been reviewed and grouped into common themes, which are shared in this plan.

To understand where the biggest risks are, we looked at a full year of data from incident reports, complaints, mortality reviews, clinical audits, staff surveys, claims and risk assessments. From this, we identified issues where the underlying causes are already well understood. Once these were removed, three key areas remained which posed the greatest risk.

We believe there is still important learning to be gained by looking at these areas more closely using a structured method called the Systems Engineering Initiative for Patient Safety (SEIPS). Our approach also ensures we pay just as much attention to incidents that caused little or no harm as we do to the most serious cases.

Priorities identified

Mental Health

Major Trauma

Transfer of care

We kept our PSIRP priorities broad by design so we can adapt to emerging themes, avoid overlooking cross cutting issues and focus on areas with the greatest potential impact as better data becomes available. Narrowing the scope too early risks missing important patterns and makes it harder to adjust course if initial assumptions prove incorrect. Therefore, we acknowledge the value in recognising emerging themes and remaining flexible with our priorities. Our policy reflects how our Incident Review Groups will do this at system-level.

Improving our patient safety culture

Research into organisational safety has repeatedly found that an open and transparent culture, where colleagues feel able to report incidents and raise concerns without fear of recrimination, is essential to improving safety.

Staff Engagement

Engaging staff in safety work has been more challenging. We have learned from our previous Patient Safety Incident Response Plan that some colleagues still feel unsure or anxious about speaking openly, especially where psychological safety is fragile. This is not the culture we want. We are now working openly and honestly to build a safer, more confident environment where staff feel able to share their experiences and take part in learning without fear of punitive responses.



Defining our patient safety improvement profile

We recognise that there is still more we can do to improve how we learn from patient safety incidents. We are moving in the right direction but we now need to make sure our actions lead to real, measurable improvements. This update to our Patient Safety Incident Response Plan represents meaningful progress. We plan to check regularly that the safety improvement actions recorded in our central system are working and we will use a clear process for signing off learning responses once they are complete. We have already written this process and have included it in the Appendix C. Publishing it will make expectations clearer and ensure learning is followed through consistently. Alongside this, several Trust-wide programmes and local improvement plans are already under way, all designed to address known issues using findings from previous incidents, reviews, audits and risk assessments.

We continue to link what we learn from patient safety incidents with our quality improvement (QI) work, using a simple approach that helps us define problems, measure what is happening, understand the causes (analyse), improve the system and make sure those improvements last (control).

As part of our patient safety incident response plan 2024/2025, we launched two organisational improvement programmes: Safe in the Back, which looks at how we keep people safe during ambulance journeys, and Inter Facility Transfers (IFT), which focuses on safety when patients are moved between hospitals. Both programmes are already giving us valuable insights that are helping us make care safer.

Our joined up approach to setting priorities, as described earlier, made it much easier to spot common themes, understand the issues that affect the organisation the most, avoid repeating work and concentrate our efforts on the risks that matter most.

The Improvement Journey for our current priorities has commenced and will be monitored by the groups below, reporting to the Quality and Patient Safety Committee (QPSC).

The Divisional Governance Groups (DGGs) will also be responsible for testing the effectiveness of improvement workstreams derived from new learning at a place-based level.

No.	Incident Type – PSIRF priorities	Monitoring Group
1	Mental Health	Patient Safety and Experience Group (PSEG)
2	Major Trauma	Clinical Effectiveness Group (CEG)
3	Transfer of Care	Patient Safety and Experience Group (PSEG)

Our patient safety incident response plan: national requirements

A core cohort of staff are compliant with the standards set out in the patient safety syllabus, to support transition. Operational staff from each divisional footprint have joined corporate colleagues completing the core modules, which are being delivered by an NHSE approved supplier. Phase 1 of the spread was completed in quarter 4, 2023/24. As from 2026/2027, Level One and Two of the NHS Patient Safety Syllabus training are now mandatory for all staff.

Core Modules

- Patient safety syllabus level 1: Essentials for patient safety
- Patient safety syllabus 2: Access to practice
- System approach to learning from patient safety incidents
- Oversight of learning from patient safety incidents
- Involving those affected by patient safety incidents in the learning process

The Trust recognises the Patient Safety Syllabus and have one nominated Patient Safety Specialist with additional staff undertaking the patient safety specialist training being delivered nationally.



Nationally defined incidents requiring local Patient Safety Incident Investigation (PSII)

Patient safety incident type	Required response	Anticipated improvement route
Incidents that meet the criteria set in the Never Events list 2021	PSII	Create local organisational actions and feed these into the quality improvement strategy
Incidents that meet the 'Learning from Deaths' criteria; that is, deaths clinically assessed as more likely than not due to problems in care	PSII unless death is clinically assessed as more likely than not due to delayed 999 calls answering, incorrect triage and delayed ambulance response	Create local organisational actions and feed these into the quality improvement strategy

Nationally defined priorities for referral to other bodies or teams for review and/ or PSII

Patient safety incident type	Requirement
Maternity and neonatal incidents: 'Each Baby Counts', Maternal Deaths	Healthcare Services Safety Investigation Branch (HSSIB)
Maternity and neonatal incidents: all cases of severe brain injury	NHS Resolution's Early Notification Scheme
Maternity and neonatal incidents: all cases of severe brain injury all perinatal and maternal deaths	Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE)
Mental health related homicides by persons in receipt of mental health services or within 6 months of their discharge	NHSE Regional independent investigation team (RIIT)
Child deaths	Child Death Overview Panel (CDOP)
Deaths of persons with learning disabilities	Learning from lives and deaths – people with learning disabilities and autistic people (LeDeR)
Safeguarding incidents	Local authority
Deaths of patients in custody, in prison or on probation where healthcare is/was NHS funded and delivered through an NHS contract	Prison and Probation Ombudsman and Care Quality Commission (CQC)

Our patient safety incident response plan: local focus

Locally defined incidents requiring local PSII

We stated earlier in this plan that we selected our priorities for quality improvement, the quality account and patient safety investigations by bringing all our information together into one joined up process. These local priorities will be reviewed on an ongoing basis via the Patient Safety and Experience Group with a formal review of the PSIRP no later than 18 months from the date of issue.

We will complete at least one Patient Safety Incident Investigation (PSII) for each of our three priorities. Additional PSII's where learning may be extracted will be considered by our Incident Review Group(s) and prescribed by our Patient Safety and Experience Group (PSEG). This group is also responsible for PSII closure as shown in Appendix C.

Patient safety incident type	Required response	Anticipated improvement route
Mental health	Swarms, AARs, MDTs and potentially thematic analysis with at least one PSII being completed by the end of the PSIRP for patients with mental health needs who are at risk of, or experience, harm during virtual or in person contact with our services, especially where suicidal thoughts or disengagement are involved.	Feed into Trust wide improvement plan utilising QI methodology
Major Trauma	Swarms, AARs, MDTs and potentially thematic analysis with at least one PSII being completed by the end of the PSIRP for patients with traumatic injuries who are at risk of, or experience, harm during contact with our services, particularly where correct triage, timely assessment, intervention or conveyance to the most appropriate trauma centre may be affected.	Feed into clinical pathways improvement work
Transfer of care	Swarms, AARs, MDTs and potentially thematic analysis with at least one PSII being completed by the end of the PSIRP for patients who are at risk of, or experience, harm during transfers of care or interactions with other healthcare professionals, especially where communication, handover, shared decision making or timely information exchange may affect safety.	Feed into Trust wide improvement plan utilising QI methodology

Locally defined incidents requiring alternative responses

Patient safety incident type	Required response	Anticipated closure route
Infection Prevention and Control Incident	Review at Incident Review Group and support partners with system bases learning response	Commissioning Infection, Prevention and Control Panel

Locally defined emergent patient safety incidents requiring PSII

The Incident Review Group have a responsibility to monitor and respond to emerging themes. A PSII should be considered when an unexpected patient safety incident presents an extreme level of risk to patients, families, carers, staff or partner organisations and when there is clear potential for new learning and improvement.

Local patient safety incidents requiring investigation

It is important to note that incidents not identified as priorities within this PSIRP will be investigated using appropriate and proportionate techniques. The investigation methods for this category of investigation will be agreed by the Incident Response Group (IRG). This non-exhaustive list offers some examples of planned responses (Appendix D).

- Patient safety incident investigations
- After Action Review
- Multi-Disciplinary Team review

This plan provides a detailed explanation of the various learning methods available to us in Appendix D. The IRG will ratify where our leaders proactively implement immediate safety actions and/or learning responses following a Patient Safety Incident (PSI). Some additional proportionate responses not noted in the PSIRP may also benefit those effected by patient safety incidents and support the Trust to identify new learning. These can be found in Appendix E but include:

- End-to-end review
- Debrief
- Clinical audit
- Local review

Where a structured judgment review (SJR) does not indicate a PSII should be completed, the Trust will prepare a factual report upon request from the coroner. The report should focus on the chronology, analysis and link to our Trust-wide Improvement Plan. Learning will be identified using the proportionate response set by the Incident Review Group (IRG).

Locally defined emergent patient safety incidents requiring cross-system response

The Trust are committed to responding to cross system PSIs and will lead and/or support partners in carrying out learning responses, noting the value of this multi-disciplinary team approach. Cross system learning will be highlighted at relevant Patient Safety Networks across the region and outcomes shared at PSEG, which include commissioning colleagues. The Trust aim to identify and address health inequalities when reviewing cross-system PSIs.

Additional learning responses

The Trust recognise the value in undertaking learning responses where care has been recognised as positive or good. It is vital the Trust understand how and why good outcomes are achieved and focus on maintaining this standard of care.

Monitoring progress

The Patient Safety and Experience Group (PSEG) have drafted a quality assurance template to ensure learning responses are produced to a quality standard, which includes (a) engagement with patients, their families, and staff, (b) the effectiveness and sustainability of safety improvement actions identified by learning response leads and (c) the training compliance for those involved in Patient Safety Incidents (PSIs). Compliance with timeframes, duty of candour and where open and honest conversations are recommended will be reported to the PSEG. Feedback from patients, their families and staff will be collected to improve responses.

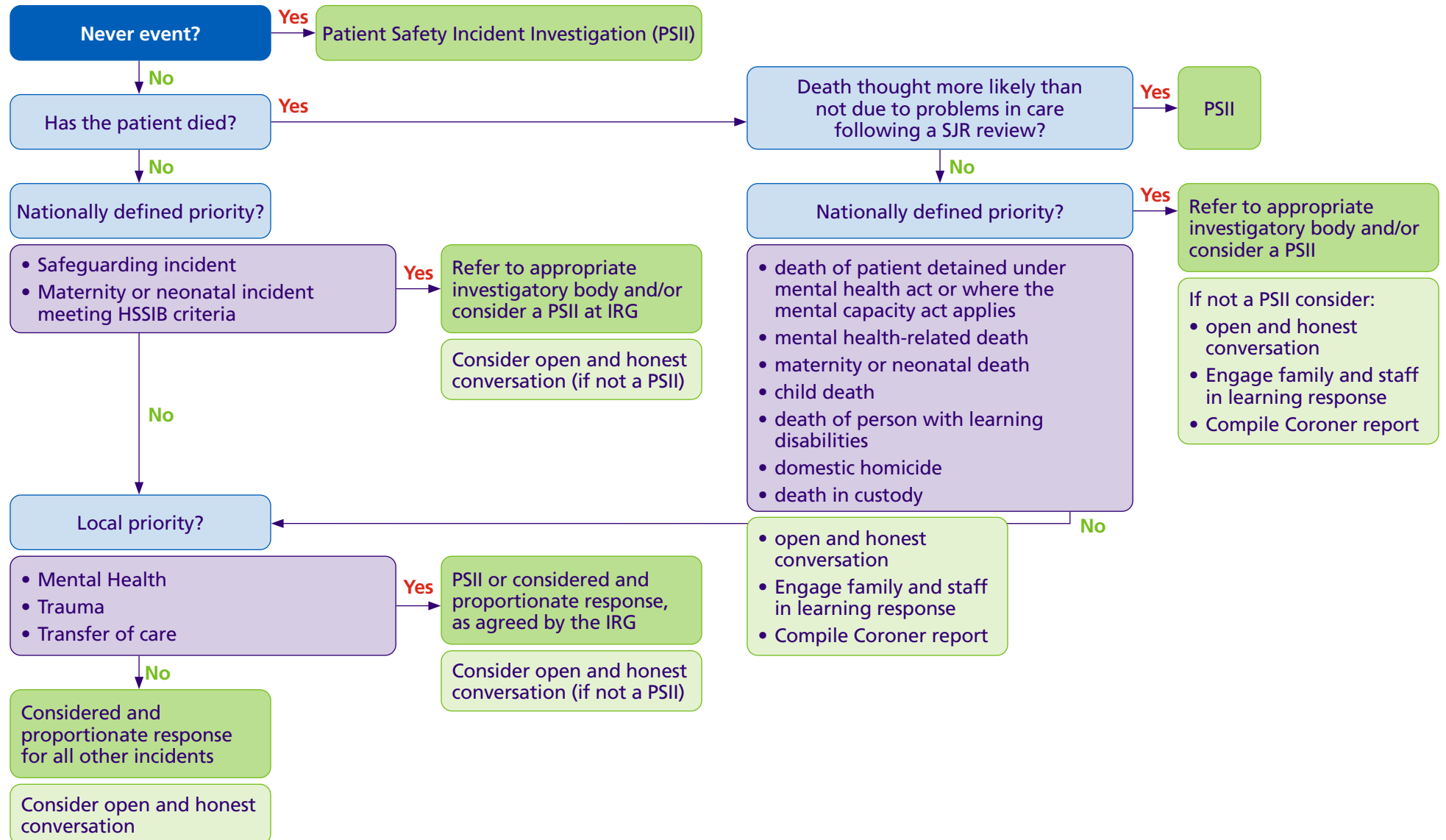
Glossary of Terms

Term/Acronym	Definition
AAR	After Action Review is a method of evaluation that is used when the outcomes of an activity or event have been particularly successful or unsuccessful
Arbitrary or Subjective	Chosen randomly or influenced by/based on personal beliefs or feelings, rather than on facts
Being open	Being open and transparent with patients and families when treatment or care goes wrong
Care Group	A grouping of multi-disciplinary staff working together to provide care within a certain area
CNO	Chief Nursing Officer
CQC	Care Quality Commission – independent regulator of health and social care in England
Definitions of Harm	Unanticipated, unforeseen accidents (e.g., patient injuries, care complications or death) which are a direct result of the care dispensed rather than the patient's underlying disease
Duty of Candour	Statutory duty of candour legislation requiring the Trust to be open and honest when moderate or greater harm occurs
HOC	Head of Compliance
HSE	Health and Safety Executive, an independent regulator for workplace health and safety.
HSSIB	Health Service Safety Investigation Body (formally HSIB)
Human Error	A human error is an action or decision which was not intended that has negative consequences or fails to achieve the desired outcome
Inequalities data	Facts and statistics collected relating to health inequalities which are unfair and avoidable differences in health across the population, and between different groups within society
Integrated Care Board (ICB)	Statutory organisation that brings NHS and care organisations together locally to improve population health and establish shared strategic priorities within the NHS
Just Culture Approach	The treating of staff involved in a patient safety incident in a consistent, constructive, and fair way
LGM	Local Governance Manager
MDT	Multi-disciplinary team
Neonatal Death	A baby born at any time during the pregnancy who lives, even briefly, but dies within four weeks of being born
Never Events	Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers
NHSE	National Health Service England
Principles of Proportionality	The least intrusive response appropriate to the risk presented
PSI	Patient Safety Incident (unintended or unexpected incidents which could have or did lead to harm for one or more patients receiving healthcare)
PSII	Patient Safety Incident Investigation (PSII) is a formal investigation tool which aims to provide a clear explanation of how an organisation's systems and processes contributed to a patient safety incident

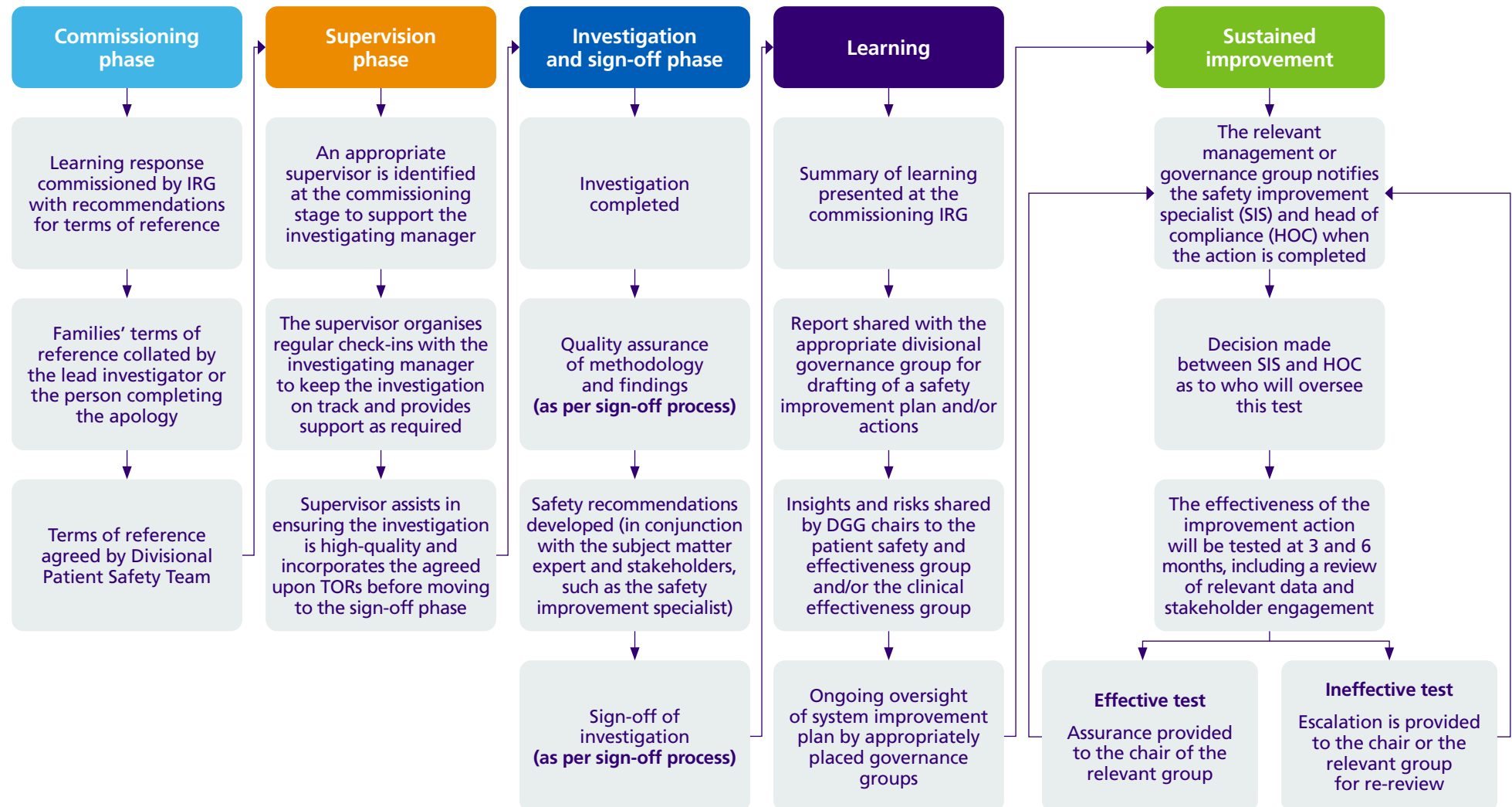
Term/Acronym	Definition
PSIRF	Patient Safety Incident Response Framework
PSIRP	Patient Safety Incident Response Plan
QL	Quality Lead
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RCA	Root Cause Analysis
SIS	Safety Improvement Specialist
SEIPS	System Engineering Initiative for Patient Safety - a framework for understanding outcomes within complex socio-technical systems.
SOP	Standard Operating Procedures
Stakeholder	People or groups who have an interest in what an organisation does, and who are affected by its decisions and actions
Swarm Huddle	Swarm-based huddles are used to identify learning from patient safety incidents. Immediately after an incident, staff 'swarm' to the site to quickly analyse what happened and how it happened and decide what needs to be done to reduce risk



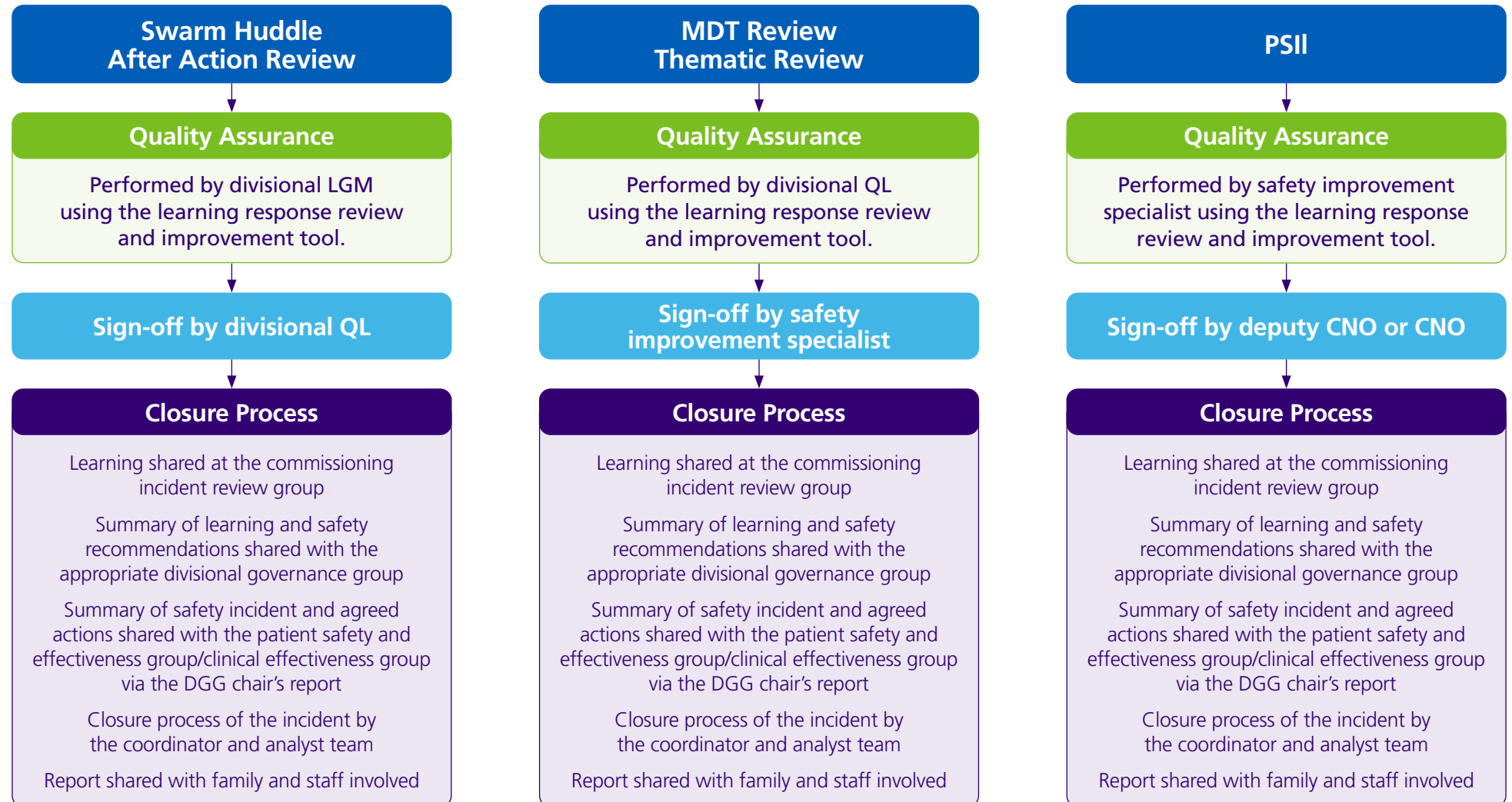
Patient Safety Incident Response Plan Process



Commissioning and Process of a PSIRF Learning Response



Patient Safety Investigations Sign-Off and Closure Process



Commonly used Learning Responses for investigation of incidents

MDT Review					
What is it?	When would you use this tool?	Time required to complete?	Who leads it?	Research and evidence to confirm its efficacy?	Who is involved?
An in-depth process of review, with input from different disciplines, to identify learning from multiple patient safety incidents, and to explore a safety theme, pathway or process. To understand how care is delivered in the real world i.e., work as done	After several similar events have occurred, when it's more difficult to collate staff recollections of events, either because of the passage of time or staff availability	No defined time allocated. Likely to include a workshop lasting 2 to 3 hours	Normally chaired by a senior lead who generates a report	No specific research on the structures, processes and outcome of MDT reviews has been carried out	Those directly involved in these events from the MDT, plus patient safety experts, other senior clinicians
Strengths			Weaknesses		
<ul style="list-style-type: none"> The participation of many members of the MDT without the spotlight on a single adverse event enables a broad and deep discussion to take place and a system view to be gathered. Can be adapted to incorporate the systems engineering initiative for patient safety (SEIPS) framework to structure the review. 			<ul style="list-style-type: none"> Responsibility for learning and acting on the learning primarily rests with the person/s who set up the MDT review reducing the sphere of influence. Whilst participants will contribute and learn, it is not the specific purpose of the activity. It is a planned event, and it may take many weeks to set up and ensure full MDT representation is available. Resource intensive to undertake. 		

Patient Safety Incident Investigation (PSII)

What is it?	When would you use this tool?	Time required to complete?	Who leads it?	Research and evidence to confirm its efficacy?	Who is involved?
An in-depth review of a single patient safety incident or cluster of events to understand what happened and how	When there has been serious harm to a patient or patients outside of the PSIRF priorities	20 to 80 hours, over several weeks	Undertaken by a trained patient safety investigator who collates data, conducts interviews, undertakes analysis, and writes the recommendations report	Extensive research has been undertaken into the structures processes and outcomes of PSII across the world	People directly involved in the incident and senior clinicians
Strengths			Weaknesses		
<ul style="list-style-type: none"> It is a well-established approach which is widely recognised and valued by patients and their families. PSIIs provide a thorough analysis of an event where harm happened and ensure specific causes are identified. Responsibility for the investigation and the completion of the actions arising is clearly articulated in the governance arrangements in each provider. 			<ul style="list-style-type: none"> Investigations take a long time to complete and actions arising in the PSII report can take many more months to be completed. Outcomes are less system focused than other tools. Staff are only involved when they are interviewed, and this can feel very stressful. 		

After Action Review (AAR)

What is it?	When would you use this tool?	Time required to complete?	Who leads it?	Research and evidence to confirm its efficacy?	Who is involved?
A structured, facilitated discussion of an event, the outcome of which gives the individuals involved in the event understanding of why the outcome differed from that expected and the learning to assist improvement. AAR generates insight from the various perspectives of the MDT	After any event, where patient care or service was not as effective or safe as expected, or when events turned out better than expected	Likely to take 45 minutes to 90 mins depending on complexity of the issue and the numbers participating	Led by a trained AAR Conductor - this could be anyone from within the MDT, local or remote to the participants	Extensive research evidence base available on the structures, processes and outcomes demonstrating its effectiveness in improving team performance and patient safety	Those directly involved in the event and others connected to them or the patient pathway. Patients and family members may be included
Strengths			Weaknesses		
<ul style="list-style-type: none"> The individuals learn for themselves what was happening and identify similarities and differences between themselves and others. Learning during the AAR is the main focus, not the report, with those participating positioned as the agents of change and improvement. It's a group learning process, so the interactions between members of the team are available to learn from and improve. This has a strong effect on team performance and patient safety. It is highly adaptable, suitable for a wide range of events. Psychological safety is actively created and maintained throughout. Provides a safe reflective environment which staff experience as supportive, reducing isolation and rumination after events. 			<ul style="list-style-type: none"> Whilst lessons learned and actions arising are shared outwards and upwards, primary responsibility for change rests with those involved reducing central authority. There are limited ways to track if individuals have changed their behaviour or completed actions as a result of the AAR. Governance processes for tracking AAR activity and outputs are not established in many providers. This means the value of collated learning may not be available. 		

SWARM Huddle

What is it?	When would you use this tool?	Time required to complete?	Who leads it?	Research and evidence to confirm its efficacy?	Who is involved?
"A novel rapid approach to RCAs to establish a consistent approach to investigate adverse or other undesirable event"	After any event where patient safety was at risk	No more than 30 minutes	Normally chaired by a senior lead who generates a report	There is some research literature on its use in healthcare	Those directly involved in these events
Strengths			Weaknesses		
<ul style="list-style-type: none"> • Immediate learning occurs with early actions identified. • Connecting immediately after event may reduce social isolation/ ruminating/ stress for staff. • Evidence shows it can increase the reporting of incidents. • Quick and responsive. • Prompt and easy to undertake so increases likelihood of being done. • Reduces key information being lost by its immediacy. 			<ul style="list-style-type: none"> • Scope of learning narrowed by limits on who is participating. • Learning is focused on a single event rather than the interactions in the system that come with wider participation. • Psychological safety is assumed to be present so full participation may not be achieved. • It seeks learning to reduce the risk of a single event reoccurring and not wider learning about behaviours, team interactions and system weaknesses. • Weak governance arrangements for tracking actions and collating learning through many SWARM Huddles. 		

Other forms of responses to incidents

Technique	Method	Objective
“Being open” conversations	Open discussion	To provide the opportunity for a verbal discussion with the affected patient, family or carer about the incident (what happened) and to respond to any concerns.
Clinical Audit	Clinical document review	To determine whether there were any problems with the care provided to a patient by a particular service.
Debrief	Debrief	To conduct a post-incident review as a team by discussing and answering a series of questions.
Electronic Patient Care Record (ePCR) review	Clinical document review	To determine whether there were any problems with the care provided to a patient by a particular service. To routinely identify the prevalence of issues; or when bereaved families/carers or staff raise concerns about care.
Immediate safety actions	Incident recovery	To take urgent measures to address serious and imminent discomfort, injury, or threat to life, damage to equipment or the environment.
Incident timeline	Incident review	To provide a detailed documentary account of an incident (what happened) in the style of a ‘chronology’.
Structured judgement review (SJR)	Clinical document review	Used to assess delays in both thematic reviews and individual cases. It is based upon the principle that trained clinicians use explicit statements to comment on the quality of healthcare in a way that allows a judgement to be made that is reproducible.

Contact us

Main switchboard

☎ 0300 123 0999

Open from 08.00 - 17.00 Monday to Friday

Email: enquiries@secamb.nhs.uk

Patient Experience Team

☎ 0300 123 9242

Open from 08.00 - 17.00 Monday to Friday

Email: pet@secamb.nhs.uk

Text: 07824 625370

Patient Safety Team

Kent

Email: patientsafety.kent@secamb.nhs.uk

Sussex

Email: patientsafety.sussex@secamb.nhs.uk

Surrey

Email: patientsafety.surrey@secamb.nhs.uk





South East Coast
Ambulance Service
NHS Foundation Trust



Saving Lives,
Serving Our Communities

Contact us at Head Office: Nexus House, Gatwick Road, Crawley, West Sussex, RH10 9BG

0300 123 0999 enquiries@secamb.nhs.uk www.secamb.nhs.uk @SECAmbulance facebook.com/SECAmbulance



Agenda No	34-26
------------------	-------

Name of meeting	Trust Board
Date	4 June 2026
Name of paper	People Committee Assurance Report – 14 May 2026
Author	Harbhajan Brar, Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

ALERT

Terms of Reference / Cycle of Business

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

The Board is asked to formally approve both documents:

- [People Committee TOR March 2026-2027.docx](#)
- [People Committee Cycle of Business 2026 27 v1.0.xlsx](#)

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 Urgent and Emergency Care 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. Virtual Care / Hear & Treat / Category 2. 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 South Central Ambulance Service (SCAS).

ASSURE

NHSE Education Quality Inspection

The next review with NHS England 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 (SLEC)

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 and investment committee (FIC) 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.

Integrated Quality Report (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.

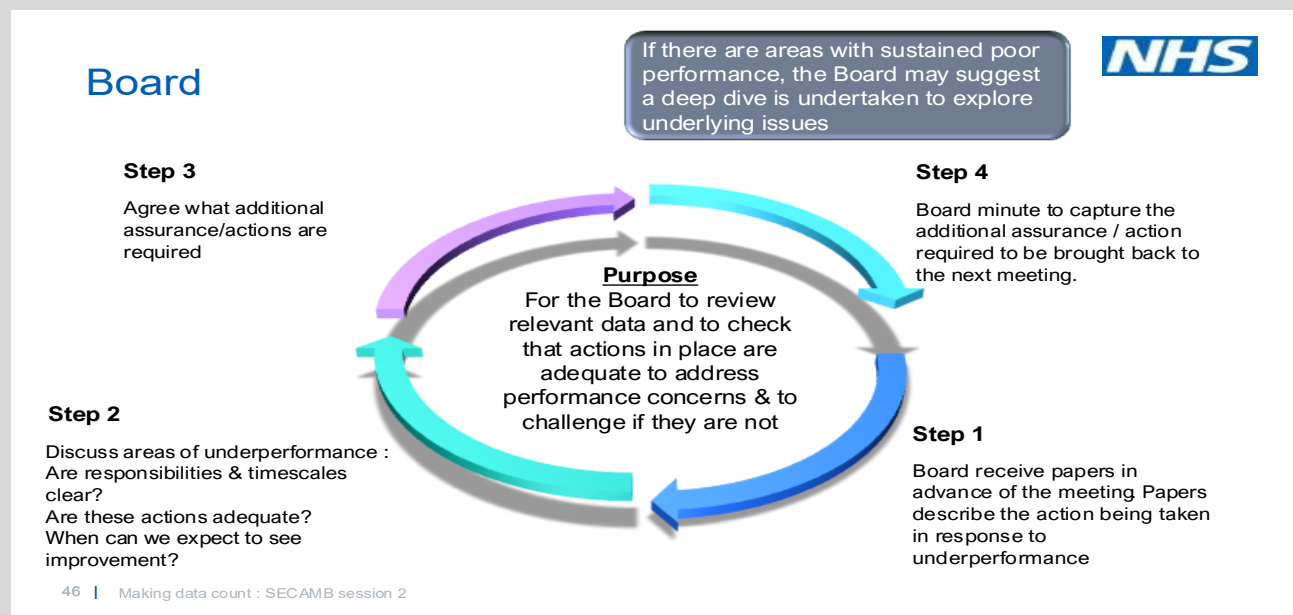
National Education Training (NET) Survey 2025

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.

Recommendation

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





Agenda No	35-26
-----------	-------

Name of meeting	Trust Board of Directors
Date	2 nd June 2026
Name of paper	SECamb Leadership Framework 2026–2029
Responsible Executive	Jaqui Lindridge, Chief Paramedic Officer
Authors	Jaqui Lindridge, Chief Paramedic Officer Jacqui Skeel, Deputy Chief People Officer Cathy McDonnell, Organisational Development Manager Jo Lightfoot, Learning and Development Manager Steve Lennox, Improvement Director (NHSE)

Purpose: This framework establishes a shared, organisation-wide approach to leadership development at SECamb, directly enabling delivery of the Trust Strategy 2024–2029. It sets out the leadership qualities, behaviours, and development opportunities expected of all colleagues — irrespective of role or seniority — positioning leadership as a collective and continuous responsibility rather than a function of hierarchy.

Context and Development: The framework responds to the Messenger Review (2022) recommendation for NHS-wide management and leadership frameworks, and aligns with the national NHS Management and Leadership Framework. It was developed collaboratively with colleagues, leaders and managers, and is aligned to SECamb's internal strategies including the Education, Training and Development strategy. A foreword has been contributed by Professor Michael West CBE.

Six Leadership Qualities: The framework is based around six interconnected qualities required of all leaders across the Trust:

1. **Compassion** — creating psychologically safe environments, supporting wellbeing, and leading with empathy
2. **Inclusion** — championing equity, diversity and belonging, and actively challenging bias and discrimination
3. **Accountability** — owning decisions and outcomes, promoting a learning culture over a blame culture
4. **Curiosity** — fostering a growth mindset, innovation, and openness to change
5. **Integrity** — acting with honesty, transparency, and consistent ethical standards
6. **Collaboration** — breaking down silos, building partnerships across system and organisational boundaries

Behavioural expectations are differentiated across four leadership levels: All Leaders, First Line Leaders, Senior Leaders, and Executive/ Board Leaders.

Development Offer: The framework adopts the 70:20:10 learning model, emphasising that the majority of leadership development occurs through on-the-job experience and social learning rather than formal training. The development offer spans team culture work, appraisal and 360-degree feedback, coaching and mentoring (including a Reverse Mentoring Programme), action learning, apprenticeships, the NHS Leadership Academy suite of programmes, and the Trust's own modular leadership development offer.

Next Steps: Subject to approval by this Board: Approval of an implementation plan and principles, aligned to strategic leadership priorities and outlining in practical terms access to the development opportunities described in this framework.

Risks	The leadership framework contributes to the controls of risk 683 which related to leadership training.
Recommendations, decisions or actions sought	The Trust Board of Directors are asked consider approval of the framework and support its implementation.
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).	The associated implementation plan will be subject to EIA.



Leading our Future



Our Leadership Framework
2026-2029

Contents Page

Introduction	3
Forward	4
Our overarching strategy	5
Our strategic aims	6
Our values	7
Purpose and aims of the framework	8
How the framework was developed	8
Who is this framework for?	9
Why do we need a framework?	10
Our Leadership Qualities Explained	11
Compassion	12
Inclusion	13
Accountability	14
Curiosity	15
Integrity	16
Collaboration	17
Meeting the need	18
Opportunities	19
Team & Departmental Culture	20
Appraisal, profiling tools and 360 degree feedback	20
Coaching & Mentoring	21
Professional Revalidation & Clinical Supervision	21
New Work Experiences	21
Action Learning	22
Leadership Development	22
Apprenticeship Qualifications	23
Self-directed Learning	23
How we learn	24
Our Development Offer	25
Conclusion	26

Introduction

The Trust's Leadership Framework identifies the way the Trust is going to support colleagues to reach their potential to become talented and capable leaders.

We believe we need strong leaders to help us translate our strategy into cohesive and collective action and to help us galvanise other perspectives and navigate the unknown. Therefore, this framework is an enabler for our overarching strategy. It identifies what leadership qualities the organisation needs to help us deliver our strategic objectives. Whether leading clinical care with patients, leading teams, or leading the entire organisation. It applies to everyone.

This framework does not list a set of leadership courses. Courses can contribute, but they are not a panacea to leadership success. We believe leadership skills are developed through nurturing, role modelling and are refined through experience.

Therefore, our framework outlines a holistic approach and focusses on the individual experience of working at the Trust. It identifies how we can support our aspiring leaders to develop personal and professional qualities that prepare them for current and future challenges.

This framework will emerge over time recognising that a strategic values based approach to leadership is essential to ensure our leaders, at all levels of the organisation, are developed and supported to be the best they can.

Jen Allan

Interim Chief Executive Officer



Foreword

SECamb's mission is to deliver high-quality, continually improving, and compassionate care to the people of the region.

To achieve this, the organisation must provide high quality, continually improving, and compassionate care and support for the staff. This is only possible through a culture rooted in the core principles of compassionate care. Principles that must be lived and nurtured every day.

These cultural foundations include:

- A clear and shared vision, underpinned by strong values
- Meaningful goals and regular feedback learning loops
- Supportive and compassionate relationships
- A commitment to learning and innovation
- Valuing the diversity of all individuals
- Excellence in team and inter-team collaboration
- Everyone has a role in cultivating this culture, but positive influential leadership can create the environment for this to flourish..

That is why it is vital that leaders across SECamb, at every level and in every setting, are supported to develop and sustain cultures of high-quality care. This Leadership Framework provides that support. It is firmly grounded in a vision of delivering care that is high-quality, continually improving, and compassionate.

As the needs of patients and staff evolve, so too will the Framework. It must reflect the same qualities it promotes: excellence, adaptability, and compassion. It must guide the organisation from traditional, hierarchical leadership models toward collective leadership, where culture is understood to be everyone's responsibility. It must also strengthen team and inter-team working, which is essential to the performance of all healthcare organisations.

Above all, the Framework is built on the core value of human caring: compassion, a sensitivity to suffering in ourselves and others, and a commitment to alleviate or prevent it.

In challenging times, the Framework offers a hopeful path forward.

By embracing it in everyday actions, everyone at SECamb can help ensure the compassion, innovation, leadership, and teamwork needed to provide high quality care for those we serve.



Our Overarching Strategy

The leadership framework identifies the qualities and principles underpinning leadership excellence and how the Trust will both support people to reach their individual leadership potential and support colleagues to have successful careers within the NHS. The overarching purpose of the framework is to develop leadership qualities that help us to deliver the ambitions within our Trust Strategy.

In 2024 we published an ambitious strategy that had the full support of the local NHS system.

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



Our Strategic Aims

The NHS is now more complex than it has ever been. We have an ever increasing need to balance demand and need with outcomes and resources and also maintain an ambition to increase quality and productivity. These are uniquely complex challenges requiring the kind of leadership that will help identify solutions across teams and organisational boundaries.

These challenges need strong strategic planning to help set a clear direction of intent. Our new Trust strategy is transformative. It is ambitious and reflects the dynamic environment in which we operate. It can only be realised if we support the necessary transformation by providing the right development and support for all our colleagues.

This is outlined in our three strategic aims:



Delivering High Quality Care

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



Our People Enjoy Working at SECamb

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



We are a Sustainable Partner

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



Our Values



**Courage,
Kindness
& Integrity**

A refresh of the Trust's values was undertaken as part of the creative process in developing the new strategy. Colleagues identified three core values that underpin how people experience our organisation and ensure that every interaction reflects the high standards we expect from everyone.

Work is now underway to establish a Behaviour and Values Framework, which will further embed these principles across the Trust. We are aiming to **launch** this by the end of Q4 2026 as a key enabler in shaping our culture and supporting how we work together.



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.

“Leadership is a visible and dependable leader with a consistent approach to concerns, knowing what my team members need to feel empowered to achieve their own goals, being self-aware of my own weaknesses and capable of recognising and developing my teams’ strengths”

Head of Operations

Purpose and aims of the framework



This framework supports the delivery of our strategic ambitions by ensuring there is a shared understanding of our collective expectations around leadership and management practice at SECamb. The delivery of our Trust Strategy 2024 – 2029 is dependent on us building on our existing strengths and supporting the development of our people. This framework aims to:

- provide a clear roadmap for leaders and managers to develop their skills and experience and to support a culture of continuous learning
- set out the expectations for leaders and managers and their accountability in turning them into effective daily leadership practice and role modelling
- help with creating leader and manager objectives as part of appraisal conversations
- enable existing and aspiring managers to identify their areas for development
- support with the recruitment of leaders and managers by sharing our leadership expectations with potential employees.

How the framework was developed

As an outcome of the Messenger Review (2022), a recommendation was made to develop a Management and Leadership Framework for all NHS Staff. We are embracing this recommendation with the intention of aligning our leadership framework to the national NHS framework ensuring we take a truly evidence-based approach. Our framework aligns with the national NHS framework by outlining six critical qualities required of all our leaders at all levels of the Trust. Regardless of who we are and what role we undertake if we can adopt and develop these six qualities, we believe we will be much better enabled to save lives and serve our communities.

Through collaboration with our colleagues, leaders and managers and aligning to our internal strategies and plans (e.g. Trust strategy, Inclusion, Wellbeing etc.) we will further develop the framework with our colleagues to create a unique and unified approach that will give a sense of identity and demonstrate the SECamb way. The six qualities are:

1. Compassion

2. Inclusive

3. Accountability

4. Curiosity

5. Integrity

6. Collaboration

Who is this framework for?



This is for everyone.

Leadership is not confined to people in defined leadership roles. There are many definitions of leadership and there is a growing body of evidence (CIPD) that supports the view that anyone can develop to become a successful leader if given the right environment, opportunities and experiences.

Here at SECAmb, we consider excellent leadership to be underpinned by a compassionate, courageous and curious mindset. If we demonstrate behaviours which align, this enables people to work collaboratively, perform at their best and reach common goals and solutions by helping them navigate the expected and the unknown.

All roles at SECAmb require leadership qualities. For patient facing staff and volunteers the very process of navigating through services and facilitating answers to questions is demonstrating leadership to patients by helping them reach a decision. Similarly, corporate colleagues demonstrate leadership qualities when helping to resolve issues across the breadth of our services. For all of us, the way we interact and undertake our role can inspire others to work collaboratively with us.

At SECAmb we are all potential leaders and consequently we all have the responsibility to ensure everyone can flourish in the workplace.

This leadership framework is for everyone



Why do we need a leadership framework?

In our quest to strengthen the delivery of our strategy, we recognise we must continue to identify where and how we can do things differently. We believe our organisational colleagues already hold many of the answers, but we know they can sometimes find it difficult to be heard or find it challenging to step forward.

We need our leaders to demonstrate behaviours that actively support colleagues in coming forward and this is where our values can help us.

People in an organisation that are **kind** and open to diverse opinions makes it easier for people to have the **courage** to share their views and ideas and also to challenge behaviours that don't align with our values or our framework. An environment where **integrity** is demonstrated by all and flourishes allows colleagues to feel supported in making the decisions they have been trained to make.



We have collectively developed a strategy and identified our values, but this is just the beginning. We need to equip leaders with the confidence and skills to demonstrate the necessary transformative behaviours that will enable all our people to succeed. We need to focus on developing the leadership qualities that will make the biggest positive impact on how our people are led and how our organisation will thrive.

The aim of identifying the qualities is to provide clarity and consistency of expectation, make them easy to remember and not be overly complex. They allow for all colleagues, irrespective of their role, to develop them in a way that aligns with their specific challenges, contexts and roles in a way that reflects the diversity of our work culture. It will also help us develop a common leadership language that is recognised across all roles and levels.

Developing strong leadership behaviours and performance is a continuous journey. We are experiencing a world with an unprecedented rate of change. Continuously developing our leadership skills in how we **Lead Ourselves**, how we **Lead Others** and how we **Lead the Organisation** will support all of us to manage this complex landscape.

“Strong leadership requires two things: a vision of the world that does not yet exist and the ability to communicate it clearly.”

Simon Sinek

Our Leadership Qualities Explained



1

Compassion

Compassionate leadership is at the heart of effective, high-quality care within the NHS. It fosters a culture where staff feel valued, listened to, and supported - especially in high-pressure, emotionally demanding environments such as an Ambulance Trust like SECAMB.

In a service where rapid decision-making and resilience are essential, compassionate leadership ensures that team members are not only held to high standards but are also treated with empathy and understanding. This approach builds trust, strengthens engagement, and encourages open communication, which ultimately leads to improved outcomes for patients and a safer, more responsive service.

What does it look like?

Leaders who demonstrate compassion set the tone for our desired organisational culture. They create psychologically safe environments where staff feel empowered to raise concerns, share ideas, and learn from mistakes without fear of blame. They create safe spaces to confront and discuss tough issues and give much consideration to how messages are framed. They constructively challenge strongly held assumptions and ways of working that prevent inclusion, change and wellbeing. Compassionate leaders support staff wellbeing, reduce burnout, and enhance retention - factors that are critical in maintaining a stable and skilled workforce.

Compassionate leadership is not about lowering expectations; it is about recognising the humanity in each colleague and creating the conditions in which everyone can thrive and deliver their best. For an ambulance trust, where every decision can impact lives, this form of leadership is not just beneficial - it is essential.

Our Education and Wellbeing Strategies are aligned to this framework to ensure we develop the conditions for SECAMB to thrive as a learning organisation that has staff wellbeing at the heart of everything we do.

*“Above all, the Framework is built on the core value of human caring: **compassion**, a sensitivity to suffering in ourselves and others, and a commitment to alleviate or prevent it.”*

Professor Michael West

2

Inclusive

Inclusive leadership is fundamental to creating a workforce culture where everyone feels respected, valued, and able to contribute fully. Within SECAMB, where teams are required to operate in fast-paced, often challenging environments, inclusive leadership ensures that different perspectives, backgrounds, and experiences are not only welcomed but actively sought.

In a healthcare setting, inclusion is directly linked to quality of care. When staff feel included, they are more engaged and better able to provide compassionate, culturally competent care to patients. Inclusive leadership helps build trust, both within teams and with the public, ensuring SECAMB reflects and meets the needs of the communities it serves. Our EDI Plan is aligned to this framework to ensure that our leaders are developed and supported to practice and demonstrate inclusive leadership and support creating a more diverse workforce at all levels of the organisation.

What does it look like?

Being an inclusive leader means more than promoting diversity - it means taking deliberate, everyday actions to challenge bias, address inequality, and create fairness in access to opportunities. It requires self-awareness, active listening, and a commitment to equitable practices across recruitment, development, and leadership. Leaders who model inclusive behaviours create a culture of belonging - one in which all staff, regardless of role, identity, or background, feel empowered to speak up, innovate, and collaborate effectively. This not only supports staff wellbeing but leads to better decision-making and more equitable outcomes for the communities we serve.



INCLUSION Managers and leaders must: Lead by example, role model and consciously champion equity, diversity, fairness, and ethical practice. Creating a culture of belonging ensures everyone feels safe to be themselves, while actively challenging injustices, discrimination, bullying, or harassment

3

Accountability

We are accountable every day. We work for a public organisation and can be held to account for our actions, decisions and indecisions at any moment. Accountability is a core principle of effective leadership within the NHS, and underpins our core value of integrity, which is essential for high-performing teams and safe patient care. However, our individual accountabilities are different and understanding what we are each accountable for is an important element of leadership.

Being asked to explain our actions can feel uncomfortable. It is a natural instinct to become defensive and perhaps fearful – but this response does not help the situation for anyone. We need to reframe our “accountable” mindset and create an environment where explaining our actions is met with sensitivity and learning rather than blame. If we all collectively support each other in getting comfortable with being personally accountable, we can then be a platform for great learning and release massive development potential.

What does it look like?

Leaders demonstrating compassionate accountability promote a culture of fairness, learning, and continuous improvement. It encourages teams to reflect on what went well and where things could be done differently, without resorting to blame. This is especially important in a healthcare setting, where the focus must remain on safety, quality, and improvement.

“Vulnerability is not winning or losing; it’s having the courage to show up and be seen when we have no control over the outcome.”

Brene Brown



ACCOUNTABILITY Managers and leaders must: Own their actions and decisions to achieve excellent operational delivery and the best outcomes and experiences for the people they lead, manage and serve. Guided by justice and fairness, they work autonomously while holding themselves and others to account for operational delivery and improvement.

4

Curiosity

We cannot know everything and with the rate of change in the world some of what we do know can become outdated quite quickly. When we are curious, we are open to new ways of looking at the world. It is the opposite of judgement and means we become better decision makers, embrace diversity and embrace new ideas and innovations. It can also lead to improved efficiency and help people feel they belong to a team or an organisation through their contributions.

In a dynamic, fast-moving healthcare environment, leaders who are curious actively seek new ideas, challenge assumptions, and remain open to feedback and diverse perspectives. Curiosity encourages exploration of new ways of working, emerging technologies, and better ways to serve patients and support staff. It leads to a deeper understanding of the complex challenges facing health services and at SECamb and can promote a culture where curiously questioning the status quo is not only accepted but expected in the pursuit of excellence.

What does it look like?

Curious leaders create space for inquiry, reflection, and experimentation without fear of failure. They model a growth mindset, encouraging teams to learn from experience and to approach challenges with creativity and resilience. This mindset is particularly important in ambulance services, where pressures are high and opportunities for innovation can directly improve patient outcomes and staff wellbeing. By fostering curiosity at all levels, leaders enable a culture where people are motivated to learn, adapt, and improve, ensuring the organisation continues to evolve and meet the changing needs of the communities it serves.

“For me, good leadership requires a dynamic blend of emotional intelligence, empathy and strategic assertiveness. It involves understanding and connecting with your teams needs whilst also having the courage to make difficult decisions, which includes the ability to say no when it is necessary for the wider good of the service. Leadership development is crucial because it cultivates these essential skills, helping to transform individuals into effective, resilient and compassionate leaders who can inspire their teams and navigate through” challenges, thus ultimately enhancing the wellbeing of their colleagues which results in a positive impact upon patient care”

Deputy Head of Operations



CURIOSITY Managers and leaders must: Maintain a mindset of continuous and ambitious improvement, reflective practice, and a passion for learning. By using evidence, embracing diverse perspectives, and encouraging innovation, they challenge assumptions, positively adopt change, and improve outcomes for the people they lead, manage, and serve.

5

Integrity

Now is the right time to build integrity and trust right across the organisation and with partners and patients. Integrity is the foundation of trusted leadership, it plays a vital role within the workplace as it means acting with honesty, consistency, and a clear moral compass - doing the right thing, even when it is difficult or goes unrecognised.

Integrity goes hand-in-hand with empowerment, but it can only occur when there is trust, honesty and empathy and we need to ensure that all of us, as leaders, demonstrate these qualities as part of everyday practice. Trust is earned when integrity is evident, not just stated. Leaders who uphold strong ethical standards set clear expectations, follow through on commitments, and address issues openly and constructively.

What does it look like?

Leaders who demonstrate integrity build trust across teams, with partners, and with the public. They are transparent in their decisions, take responsibility for their actions, and treat others with fairness and respect. This creates a culture of credibility and psychological safety, where staff feel confident that their leaders will act ethically and in the best interest of both patients and colleagues.

In the fast-paced and high-pressure environment of ambulance services, integrity and trust are critical to teamwork, to operational effectiveness, and to public confidence. When leaders model integrity, they inspire others to do the same, creating a culture where people feel safe to speak up, own their work, and contribute to a shared vision. This forms the bedrock of compassionate, inclusive, and accountable care across the organisation. Our framework ensures that all leadership development, at all levels, features work that will help drive the organisation to demonstrate more integrity.

“Moral authority comes from following universal and timeless principles like honesty, integrity, treating people with respect.”

Stephen Covey

6

Collaboration

Collaborative leadership is essential in delivering safe, effective, and coordinated care across the Trust. It recognises that no individual or service can meet complex healthcare needs alone. Our SECAMB footprint spans across a wide area in the South-East, and our leaders need to work and collaborate with multiple departments and partners across our systems to ensure our staff are safe and our patients receive the best possible care.

In the context of our services, where coordination with hospitals, primary care, social care, and other emergency services is vital, collaborative leadership enables seamless transitions of care and more efficient use of resources. By modelling and championing collaboration, leaders help build a culture of collective ownership and trust, ultimately enhancing resilience, innovation, and the quality of care we provide to our communities.

What does it look like?

Leaders who work collaboratively break down silos, foster strong relationships, and engage meaningfully with colleagues, partners, and communities. They promote shared goals, listen actively, and value the contributions of others, regardless of role or level, background, or organisation. This inclusive, team-based approach strengthens integration across the wider health and care system, leading to more joined-up services and better outcomes for patients

Effective collaborative leaders create environments where partnership working thrives. They encourage openness, mutual respect, and shared responsibility, ensuring that diverse perspectives are brought together to inform decisions and solve problems

“These six themes will act as golden threads throughout all the leadership development work that we undertake. Different development interventions may cover far more than these qualities, but we will strive to ensure that, as a minimum, each identified development opportunity considers each aspect of these areas.

We will ensure that all leadership development, at all levels, features work that will help the organisation to be more compassionate, inclusive, accountable, curious, collaborative and support our leaders to act with integrity at all times.”

Jaqui Lindridge, Chief Paramedic Officer

Meeting the need

Whilst we need a consistent approach, not everyone needs the same requirement. For example, "empowering others" is different to "being empowered to make decisions" and in some cases, roles may need both elements. To start us on our journey we have identified the initial areas where focused development will help us transform.



“Good leadership is about being clear, consistent and supportive. By setting the right example, I can support my team when they need it as well as challenging them if necessary”

Operational Team Leader

Opportunities

Opportunities to develop and strengthen our leadership qualities at SECamb go beyond the classroom and are plentiful. Also, each of us has a personal responsibility to engage with our own development. Combining organisational opportunities with our own active interest in developing ourselves will support us in our ongoing leadership journey. By taking responsibility for our own learning, we don't need to wait for development to be designated.

This isn't an exhaustive list, but we believe the most significant opportunities at SECamb are:

- Developing team and departmental culture
- Appraisals and personal development reviews
- 360 degree feedback
- Profiling tools
- Coaching and mentoring
- Professional revalidation
- Clinical and educational supervision
Secondment and acting-up
- Portfolio assignments
- Volunteering
- Action learning
- Leadership Development courses
- Apprenticeship Qualifications
- Self directed learning and research
- Reverse Mentoring
- Springboard
- Ascend Development Programme

By highlighting the opportunities in this framework we are inviting you to consider how you may be able to maximise your potential through engaging with the offer at SECamb. Further information follows on the following pages



Team & Departmental Culture

We all work as part of a team, and this is by far the most powerful and impactful leadership development opportunity. We ask all team members to consider the culture they create for themselves and their colleagues. As a team member we ask you to reflect on your own behaviour and your role within a team.

We can ask ourselves questions such as: Does the way I communicate to my colleagues promote the leadership qualities I'm seeking to develop? Do I help create an inclusive and trusting work environment? Do I allow different opinions to come forward and be heard. Do I approach conflict with curiosity and calm. When relevant to me, do I try to resolve conflict to the satisfaction of team members.

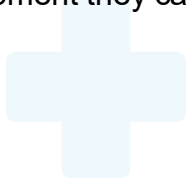
Appraisal, profiling tools and 360 degree feedback

Profiling tools can be really useful in gaining a greater awareness of ourselves and of others.

They help us to understand our preferences, behaviours, motivations, attitudes and emotional intelligence and those of others. 360 degree feedback can be a useful tool in seeking the views of those that work with us and supporting us to develop through constructive feedback. Both of these can be made available to individuals and teams via the Organisational Development team.

Everyone is entitled to receive an annual appraisal and should receive one. An appraisal is an opportunity to have a meaningful conversation with your line manager where you both fully participate in a discussion that reflects on the challenges, achievements and progress made over the past year. It's also where you both plan your SMART objectives for the year ahead so you establish clarity over what goals you will be focussing and what the expectations are in you achieving them. You can discuss how you will achieve your goals, what support or development you might need and set achievable deadlines for completion. Doing an appraisal well is part of good leadership because it sets each of us up for the year ahead with focus and clarity on what needs to be achieved. It also acts as a launch pad for our 1:1 discussions with our line manager throughout the year where we can update on how we are progressing and developing.

We invite colleagues to use the leadership qualities as part of their reflective appraisal discussions and the objective setting process. We will also adapt the process to ensure every leader has a conversation about their leadership role and identify what additional development they can engage with.





Coaching & Mentoring

Individual team cultures are critical to our success. Organisational culture is established by the Board and sets our cultural framework, but it is local team culture that makes the largest contribution to organisational culture and how it is received by any individual colleague.

There are subtle differences between coaching and mentoring but the two approaches are undertaken to help support growth within the work environment. **Mentoring** is usually provided by someone who has subject area expertise and shares their knowledge and experience supporting growth through conversation and discussion.

Coaching focuses discussion on specific challenges or objectives and supports the coachee to reflect and think through solutions and actions they will take and results in a committed intention. Coaching and mentoring are fundamental components of good leadership behaviours. We invite everyone participating in these schemes to consider how they can also support growing their leadership qualities through their experience and ask that they help to evaluate the benefits of the experience.

The **Reverse Mentoring** programme enables colleagues from underrepresented groups – including those from ethnic minority backgrounds, LGBT+ communities, disabled colleagues, and others with protected characteristics – to share their lived experiences with senior leaders through open and safe conversations. The aim is to challenge perspectives, foster understanding, and create a more inclusive workplace. In future cohorts, we will actively encourage participation from our talent pipeline, supporting leadership growth and organisational learning.

Professional Revalidation & Clinical Supervision

Professional Revalidation and Clinical Supervision are for specific groups of staff and both have their own frameworks. But, again, we invite the Trust's leadership qualities to be used when framing the reflective component of these interventions. For example, when reflecting on specific clinical scenarios it could be beneficial to consider what leadership qualities were demonstrated, for example, how actions could have been perceived by others.

New Work Experiences

(Secondment, Acting-Up, Portfolio Assignments and Volunteering)

The Trust already provides opportunities for staff to experience things that are outside of their normal role. For example, clinical staff can work out of a different station, opportunities arise for staff to volunteer to be involved in corporate programmes of work and acting up opportunities do occur relatively frequently. These opportunities are development opportunities, but they are not always framed or offered in that way. Work is being undertaken to improve the way we select staff for these opportunities and how we can better support staff who want to develop but are unsuccessful at any given time. We will aim to make it clearer what development opportunities are available when we advertise them and use the leadership benefits for individuals as part of the selection process.

Action Learning

Action learning is a process which supports learning through experience. We use this methodology right the way through the organisation but these opportunities are not always specifically identified as action learning. For example, an incident review where participants come together to talk through what went wrong and identify organisational learning is action learning.

We want to maximise the learning when these opportunities arise and where relevant, will include a reflection on the leadership qualities of everyone involved so that we can continue to build and improve.

Leadership Development

There are a wide range of courses on offer for people who wish to further develop their leadership qualities. Some are externally provided but most are in-house and at times we have also designed specific courses for various teams within the Trust. Below are some examples of opportunities available to our people.

In house

We are currently undertaking a big piece of work around leader and manager development at SECamb. Our past programmes - [Fundamentals and LEAD@SECamb](#) – ran successfully and have supported many managers and leaders across the Trust to grow and develop in their roles. However, with the recent national NHS national leadership framework changes and upcoming strategic changes across SECamb, we recognise that learning needs and role requirements are evolving. Over the coming months, to ensure our development offer meets these needs we are conducting a training needs analysis to understand current and emerging needs, reviewing job descriptions and organisational change. This will result in the design, development and launch of a new modular leader and manager programme, offering greater flexibility and relevance for colleagues at all levels.

External

The [NHS Leadership Academy](#) has programmes designed to help everyone in the NHS discover their full leadership potential and achieve the highest standards in health and care. Opportunities include:

Edward Jenner Programme – getting ready for your first leadership or management role

Mary Seacole Programme – develop your knowledge and skill in your first leadership and management role

Rosalind Franklin Programme - for mid-level leaders aspiring to lead large and complex programmes, departments, services or systems.

Springboard - empowers women and helps them to enhance their own skills and abilities, and challenge power and inequality, while also building assertiveness, a positive image, and giving them a voice for our future female leaders within the Trust. The programme gives the participants the time to reflect, share and set achievable goals for now and the future.

The SECamb Ascend Development Programme - this initiative supports colleagues from ethnic minority backgrounds to develop as inspiring and empowering leaders, helping the Trust to achieve greater representation, equity⁹⁰ and diversity at senior levels.



Apprenticeship Qualifications

Achieving leader and manager qualifications is also part of developing our leadership pathway and our leaders and managers may have the opportunity to undertake apprenticeship modules or an apprenticeship qualification as part of their leadership journey. The [Skills England website](#) provides information on the qualification opportunities. Information on what apprenticeships are available can be found on the [Apprenticeships website](#).



Examples of leaders and manager related qualifications include:

[Associate Project Manager L4](#)

[Improvement Specialist L5](#)

Additional leadership-focused apprenticeship modules are expected in the coming months, but details have not yet been confirmed.

Self-Directed Learning

Did you know there are a range of self-paced online courses for current and aspiring managers that help develop important skills and understanding? The [Manager's Essentials Hub](#) is designed to provide access to a variety of training opportunities and resources that you can use as part of your ongoing professional development. It's a resource to complement your leadership development programmes.

From learning how to manage difficult situations, to becoming more assertive, and developing your coaching skills, there's a real variety of areas of development on offer that will help you grow in your leadership career. All the courses are free, online, and can be done in your own time.

Other examples of self-directed learning include accessing resources related to your profession and career aspirations such as reading books or articles, undertaking independent research, following YouTube tutorials, listening to podcasts or audiobooks, attending industry conference or webinars to stay current with networks and peers or perhaps launching a personal project.

How we learn - the 70:20:10 model

In this fast-changing world, our time and attention are under pressure, both at work and outside of work. This inevitably results in less time to spend on learning and development. In today's modern workforce, there has been a shift from 'training as an event' to 'learning as a collaborative, continuous, connected and community-based activity'.

The **70:20:10 learning model** is widely accepted as one of the best frameworks for organisational learning and development. This model suggests that:

- 10% of learning is formal. It happens through structured training programmes and workshops, webinars, and online courses.
- 20% of learning is social. It happens with and through other people such as interacting and collaborating with colleagues, networking, receiving feedback, coaching, and taking part in a mentoring programme (as a mentor or a mentee).
- 70% of learning is experiential. It happens through on-the-job experiences, such as day-to-day tasks and challenges, taking on more complex projects, job shadowing a colleague, practice, and independent research.

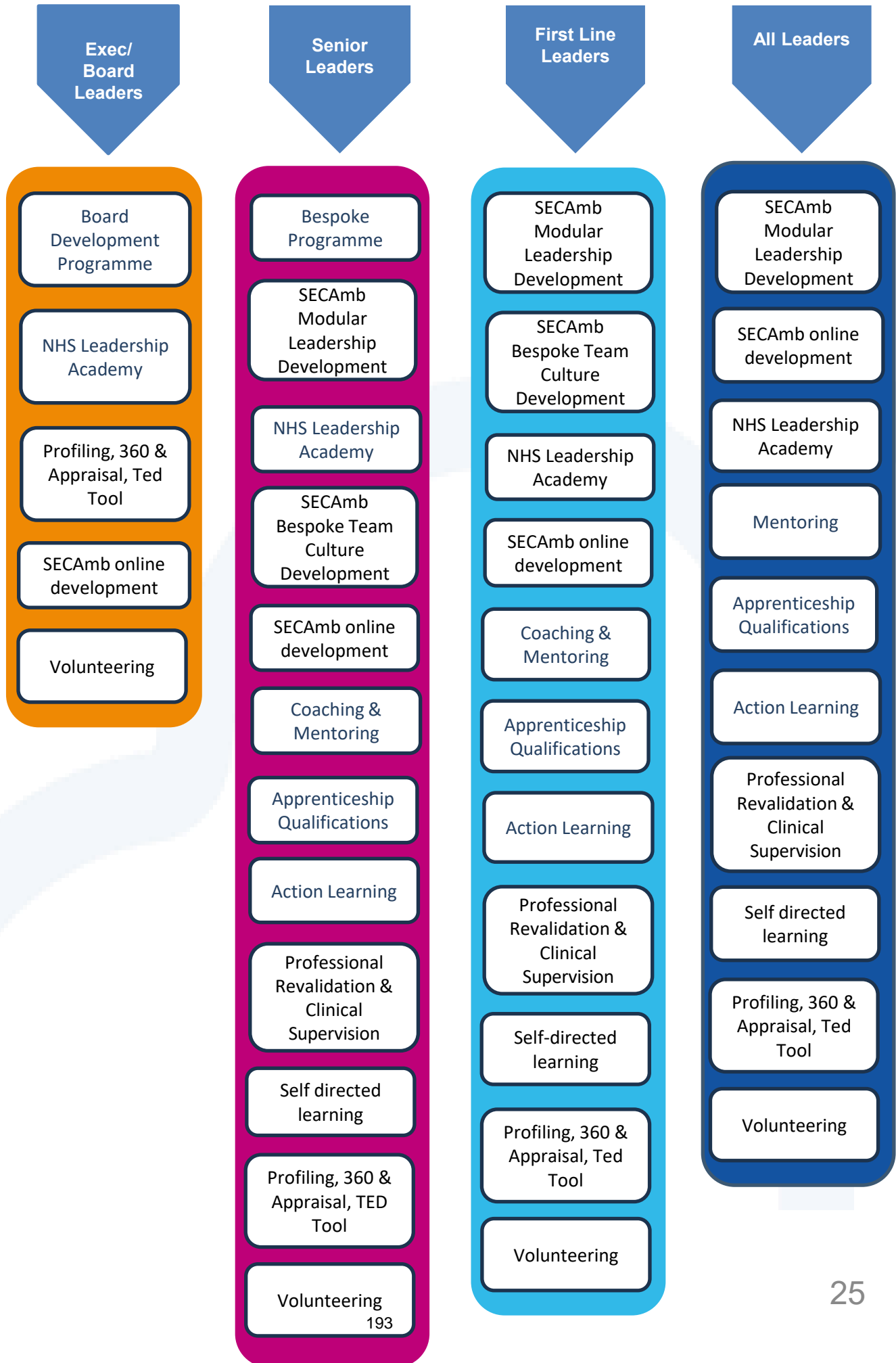
Hands-on experience, (the 70%) is really beneficial for staff because it enables them to practice and develop their skills, to develop their capacity to adapt to new situations, and to address challenges and make decisions. It also offers the benefit of immediate feedback, which allows the staff member to learn from their mistakes and increase their confidence.

Our managers and leaders can be encouraging this blended approach to developing leadership insights and exploring the 90% of learning opportunities for staff outside of the training room and formal learning.



Leadership Role

Our Development Offer



Conclusion

The development of this leadership framework is a first step in starting to think differently about leadership and development within the Trust. As we embed the thinking we will evolve it further. When we produce our ambitious People Strategy, we will evolve it further by outlining leadership in the context of talent management.

This first step identifies what leadership qualities we all need to continue to develop so that we can operate as a cohesive organisation and realise the ambitions within our strategy. This framework also makes us think differently about how the routine work of the organisation can also be used to help develop our leadership qualities and help nurture the next generations of organisational and NHS leaders.

Leadership development is not a destination. It is a process of evolution. We never reach the point of being fully developed leaders and our experiences will forever inform our choices and our behaviours. Leadership impacts on so many organisational touchpoints. Retention, sickness absence, performance, culture, sense of belonging, wellbeing, inclusion, innovation to name but a few. For that reason, it is complex to set organisational milestones. However, we do have people metrics which can demonstrate year on year improvement such as appraisal feedback, use of the TED Tool and of course through the annual staff survey in the compassionate and inclusive domain and the morale domain.

Through this leadership framework we will start to develop a SECAMB approach, united by ambition and unified through cohesion. The SECAMB way.

“To me, good leadership is all about balance - for example, providing a consistent approach whilst recognising individual needs and preferences; being open and transparent whilst maintaining confidentiality; and above all being compassionate and empathetic yet understanding that other people’s circumstances frequently differ from your own”

Head of Function



Saving Lives,
Serving Our Communities

Contact us at head Office: Nexus House, Gatwick Road, Crawley, West Sussex, RH109BG



Agenda No	36-26
------------------	-------

Name of meeting	Trust Board
Date	4 June 2026
Name of paper	Finance & Investment Committee Assurance Report – 28 May 2026
Author	Suzanne O’Brien Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

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.

The Committee is satisfied that both documents remain fit for purpose and recommends them to the Board for formal approval:
[Finance and Investment TOR.docx](#)
[FIC Cycle of Business 2026 27 v0.1.xlsx](#)

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.

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

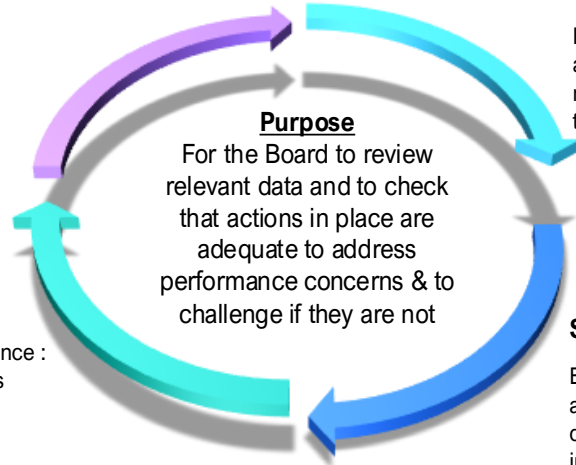


Step 3

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.



Purpose

For the Board to review relevant data and to check that actions in place are adequate to address performance concerns & to challenge if they are not

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

Item No	37 – 26
---------	---------

Name of meeting	Trust Board	
Date	4 June 2026	
Name of paper	M01 (April 2026) Financial Performance	
Executive sponsor	Simon Bell – Chief Finance Officer	
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Finance, Planning, Reporting and Systems), Rachel Murphy (Head of Finance – Cash, Projects, Business, and Investments)	
<p>This report provides the year-to-date (YTD) financial performance and draft financial accounts of the Trust for 2026/27.</p> <p>The Trust has reported a £38k surplus in line with plan for M1 2026/27.</p> <p>The Trust has achieved £1,119k (1/12th) of the planned £13,433k efficiencies for the year. The Trust has heavily relied on the non-recurrent, recruitment freeze which generated £422k of savings by the support functions and £337k through leaner, non-pay purchasing. These were agreed at Executive Management Board in March 2026 to enable the delivery of the agreed financial plan.</p> <p>YTD Capital expenditure £3,003k is £2,303k above plan, that is caused by the slippage in the DCA delivery schedule from 2025/26 into 2026/27. The Trust is forecasting to spend its full capital allocation by the end of the year.</p> <p>In April 2026 the closing cash balance was £23,806k, which is £6,362k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments.</p> <p>Note: Tables are subject to rounding differences (+/- £1k).</p>		
Recommendations, decisions, or actions sought	For information	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A	

2026/27

Finance Report to the Board of Directors

1 Month to 30 April 2026

Executive Summary

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

Note: Tables are subject to rounding differences (+/- £1k).

	Year to April 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	30,927	30,906	(20)	371,047	371,047	0
Expenditure	(30,889)	(30,873)	15	(371,048)	(371,053)	(5)
Profit on Sale of Assets	0	5	5	0	5	5
Trust Surplus / (Deficit)	38	38	0	(1)	(1)	0
<i>Reporting adjustments:</i>						
Remove Impact of Donated Assets	0	0	0	1	1	0
Remove Impact of Impairments	0	0	0	0	0	0
Reported Surplus / (Deficit)*	38	38	0	0	0	0
Efficiency Programme (cash releasing)	1,115	1,119	4	13,424	13,424	0
Cash	30,168	23,806	(6,362)	36,359	35,277	(1,082)
Capital Expenditure	700	3,003	(2,303)	26,191	26,191	0

*Reported Surplus / (Deficit) represents what the Trust is held to account for by the ICB/NHSE

Year to April 2026 (YTD)

- The overall financial performance consists of adverse variances across field operations and favourable variances across all other directorates.
- The Trust's agreed breakeven financial plan for 2026/27 depended on achieving a £13,433k cash-releasing efficiency target, representing 4% of operating expenditure. The Trust has achieved £1,119k (1/12th) of the planned £13,433k efficiencies for the year. The Trust has heavily relied on the non-recurrent, recruitment freeze which generated £422k of the efficiencies by the support functions and £337k through leaner, non-pay purchasing. These were agreed at Executive Management Board in March 2026 to enable the delivery of the agreed financial plan.
- In April 2026 the closing cash balance was £23,806k, which is £6,362k below plan. The key driver for the variance is the timing of capital purchases materialising into payments.
- YTD Capital expenditure £3,003k is £2,303k above plan, that is caused by the slippage in the DCA delivery schedule from 2025/26 into 2026/27. The Trust is forecasting to spend its full capital allocation by the end of the year.

1. Income

	Year to April 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	27,788	27,788	0	333,454	333,454	0
111 Income	2,450	2,450	0	29,401	29,401	0
Education Income	302	205	(97)	3,551	3,551	0
Deficit Support Funding	0	0	0	0	0	0
Other Income	387	463	77	4,641	4,641	0
Total Income	30,927	30,906	(20)	371,047	371,047	(0)

- The 999, 111 contracts are on plan.
- Education income is £97k adverse against plan, due to timing or expenditure.
- Other income is £77k favourable compared to plan. This is due to additional research and development income received.

2. Directorate Expenditure

The overall position reflects a combination of favourable and adverse budgetary variances across operational areas.

- Favourable variances include Emergency Operations Centres (EOC) at £0.1m and NHS 111 services at £0.2m, primarily driven by workforce vacancies and delays in recruitment. Workforce-related underspends are also evident across paramedical £0.1m, medical £0.1m, Digital £0.05m and community resilience £0.02m services.
- These are partially offset by adverse variances within frontline operations, most notably within Field Operations (£0.7m adverse), with pressures concentrated in Kent (£0.2m adverse) and Sussex (£0.4m adverse), offset by a favourable position in Surrey £0.05m. The main driver is non-delivery of savings and over establishment which is caused by lower than planned attrition. Clinical workforce is recruited 18-24 months in advance due to the level of training required to become fully qualified whilst working within the profession. The Trust quantifies the expected attrition rates which forms the basis of how many people are recruited. For various reasons, e.g. changes in the job market, greater staff satisfaction, etc. attrition rates have since decreased which has resulted in Field Operations being now over established. The Trust as part of the development and implementation of Virtual Care is looking to train existing workforce to then fill vacancies in EOC and wait for the natural attrition to close the gap by the end of the year. To support the latter there is a recruitment freeze in place. Additional cost pressures are reported within operational management (£0.1m adverse) and specialist operations, reflecting workforce deployment challenges and reliance on overtime to sustain service delivery.
- Operationally, the Trust has not maintained delivery against key performance indicators (KPIs), and has been reliant on temporary workforce arrangements, including agency and overtime utilisation.

- In summary, whilst the Trust has delivered a favourable financial outturn in Month 1 and maintained operational performance standards, the position is largely driven by non-recurrent factors, including vacancies and non-pay timing benefits. The underlying financial pressures within frontline services and the reliance on temporary workforce arrangements present a risk to sustainability. Continued focus is therefore required on workforce stabilisation, the implementation of Virtual Care, productivity improvements, delivery of cost improvement programmes, and strengthened financial control to ensure delivery of the full-year plan.
- It is worth noting that the operating expenditure composition has changed over the past two years. More of the expenditure relates to pay now than it did just over 2 years ago in 2023/24. In M1 2026/27 76% of the expenditure related to pay and 24% to non-pay, which was the same as in 2025/26 financial year. To contrast, in 2023/24 69% of the expenditure related to Pay and 31% to Non-Pay. This means that the Trust has actively reduced the proportion of non-pay related expenditure by 10% through leaner purchasing, re-tendering and re-negotiating contracts. Purchase of healthcare has gone down by 1% since 2024/25, of which half relates to the private ambulance services contract ending in Q1 2024/25, replaced by recruitment in field operations and re-negotiation / firming up of the 111-call centre sub-contracts. The Procurement team also helped with the following.
 - Re-scoped the Make Ready Centres contracts removing routine deep cleans and changing to paying for input hours resulting in credits for hours not delivered.
 - There are recurrent savings delivered on medical consumables by benchmarking with NHS SC and putting in place direct supplier agreements at cheaper cost.
 - There are fewer small works being undertaken around estates.
 - Avoided bulk order being placed to utilise existing stock levels for uniforms
 - Reduced cost for legal and external audit services through tendering
 - Regularised spend for Digital through frameworks

3. Efficiency Programme

- The Trust's agreed breakeven financial plan for 2026/27 depended on achieving a £13,433k cash-releasing efficiency target, representing 4% of operating expenditure.
- Directorates have been allocated out a 3% cash releasing savings target with the remainder being held at corporate level and will be met by non-recurrent measures agreed by EMB to enable the delivery of the agreed financial plan.
- The Trust has achieved £1,119k (1/12th) of the planned efficiencies for the year and of this a quarter of it is delivered recurrently compared to the planned 78%.
- The recruitment freezes generated £422k of the efficiencies by the support functions. Leaner non-pay purchasing further increased non-recurrent savings by £337k, of which £58k relates to retaining the Digital and People services transitional support funding that has an annualised value of £700k.
- Savings delivery by Operations have been RAG rated red as the directorate has flagged a risk due to the timing of discussions in relation to cost of employment and challenges

around defining savings that can be generated by Operations Team Leaders (OTL) being deployed in field operations to avoid overtime.

- For 2026/27 the Trust has designed a different approach to CIP/productivity delivery assurance which is led by the CFO. A Productivity and efficiency sub-group has been established, and weekly meetings have been diarised to enable informing discussions to take place and appropriate support provided to directorates to deliver their plans.
- Regular updates on progress are provided to the Senior Management Team (SMT), Executive Management Board (EMB) and the Finance and Investment Committee (FIC).

Summary of YTD Efficiency Delivery

CIP by Directorate - R and NR FV	NHSE Plan YTD			NHSE Plan YTD				Variance to NHS E Plan			
	Recurrent	N-recurrent	Total	Recurrent	N-recurrent Other	N-recurrent - recruitment freeze	N-recurrent - non-pay leaner purchasing	Total	Recurrent	N-recurrent	Total
Chief Executive Office	45	-	45	26	-	22	-	48	(18)	22	4
Finance & Corporate Services	45	-	45	4	9	36	31	80	(41)	76	35
HR	-	16	16	-	9	3	-	12	-	(4)	(4)
Medical	35	-	35	13	20	86	175	294	(22)	281	258
Operations	622	-	622	192	-	-	-	192	(430)	-	(430)
Paramedical	-	20	20	2	5	57	54	118	2	97	99
Strategy & Transformation	79	-	79	36	35	154	-	225	(43)	189	146
Digital and Information	34	-	34	-	-	55	64	119	(34)	119	85
Quality & Nursing	16	-	16	7	3	9	13	31	(9)	25	16
Trust wide	-	-	-	-	-	-	-	-	-	-	-
Corporate	-	208	208	-	-	-	-	-	-	(208)	(208)
Spare2	-	-	-	-	-	-	-	-	-	-	-
Spare3	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-
Total	875	244	1,119	279	81	422	337	1,119	(596)	596	(0)
	78%	22%	100%	25%							

Closing the gap for 26/27

The below table has been presented and agreed at Senior Leadership Team (SLT – EMB & SMT) meeting on 18/08/2026 on how the planned cash releasing savings for the year will be delivered.

	Value (inc. confidence in value)	Delivery mechanism
Efficiency target	£ 13,433,000	
Validated and approved efficiencies as at final plan submission	£ 6,633,000	Identified efficiencies will be removed from specific budget lines by finance for 1st April. Remaining gaps in efficiency plans will be netted from directorate budgets as agreed with execs.
Additional CIP plans agreed approved by execs:		
Remaining EOC/111 efficiencies	£ 927,000	Final validation to be completed & removed from budget line from 1st April.
Remaining HR efficiencies	£ 80,000	Validated. Remove from relevant budget line from 1st April.
Increase OTL clinical time	£ 1,400,000	Further data validation required and engagement with affected staff. Will be removed from field ops budget from 1st April to be delivered in H2 & monitored through sub-group.
Additional CoE (Meal breaks)	£ 200,000	To be inacted through Cost of Employment programme in H2.
Mitigations still to be agreed:		
NR transitional support (HR&digital)	£ 700,000	Majority to be retained to support Trust financial position - to be agreed by end March.
NR Non-committed non-pay	£ 500,000	FBPs to remove non-recurrently from budgets with agreement of relevant execs by 1st April (opportunities already identified by FBPs).
NR Vacancy freeze	£ 1,000,000	HR to extend vacancy panel scope to include all vacancies.
Summary:		
Additional CIPs	£ 2,607,000	
NR mitigations	£ 2,200,000	
Total plans	£ 11,440,000	Delivery reported & monitored weekly through Productivity & Efficiency sub-group, on to SRG.
Remaining gap	£ 1,993,000	To be identified non-recurrently but will need to be reprovided for 27/28.

4. Workforce

The below tables show by staff group the planned and year-to-date (YTD) workforce. The final plans submitted in March 2026 do not incorporate the cash releasing savings schemes which since then were translated into required WTE savings. The organisation has an underlying over establishment, predominantly in field operations once WTE savings are incorporated within. To support the delivery of the latter there is a recruitment freeze in place and as part of the development and implementation of Virtual Care the Trust is looking to train existing workforce to then fill vacancies in EOC and wait for the natural attrition to close the gap by the end of the year.

Gross planned Workforce - WTE

Summary Staff WTE Detail	Expected Sign	CWTE003	CWTE004	CWTE005	CWTE006	CWTE007	CWTE008	CWTE009	CWTE010	CWTE011	CWTE012	CWTE013	CWTE014
		Staff in Post											
		Plan 30/04/2026 Month 1 WTE	Plan 31/05/2026 Month 2 WTE	Plan 30/06/2026 Month 3 WTE	Plan 31/07/2026 Month 4 WTE	Plan 31/08/2026 Month 5 WTE	Plan 30/09/2026 Month 6 WTE	Plan 31/10/2026 Month 7 WTE	Plan 30/11/2026 Month 8 WTE	Plan 31/12/2026 Month 9 WTE	Plan 31/01/2027 Month 10 WTE	Plan 28/02/2027 Month 11 WTE	Plan 31/03/2027 Month 12 WTE
Total non medical - clinical substantive staff	+	3728.43	3751.04	3627.12	3620.07	3681.35	3584.28	3586.26	3609.22	3788.96	3747.12	3669.19	3789.87
Total non medical - non-clinical substantive staff	+	1048.74	1049.45	1049.78	1049.59	1049.45	1048.57	1048.65	1049.37	1050.78	1051.81	1051.48	1051.08
Total medical and dental substantive staff	+	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66	1.66
Total WTE substantive staff	+	4778.83	4802.15	4678.56	4671.32	4732.46	4634.51	4636.57	4660.25	4841.40	4800.59	4722.33	4842.60
Bank staff WTE	+	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.83	14.55	14.55	14.55
Agency staff WTE	+	20.53	20.47	17.53	17.47	20.27	18.78	17.31	17.25	20.01	20.01	17.19	18.60
Total staff WTE	+	4814.19	4837.45	4710.92	4703.62	4767.56	4668.12	4668.71	4692.33	4876.24	4835.15	4754.07	4875.75

Actuals Workforce – WTE

SUMMARY STAFF WTE DETAIL	Expected Sign	01WTE001_AC	1WTE002_AC	1WTE003_AC	1WTE004_AC	1WTE005_AC	1WTE006_AC	1WTE007_AC	1WTE008_AC	1WTE009_AC	1WTE010_AC	1WTE011_AC	1WTE012_AC
		30/04/2026 Actual	31/05/2026 Actual	30/06/2026 Actual	31/07/2026 Actual	31/08/2026 Actual	30/09/2026 Actual	31/10/2026 Actual	30/11/2026 Actual	31/12/2026 Actual	31/01/2027 Actual	28/02/2027 Actual	31/03/2027 Actual
		30/04/2026 Month 1 WTE	31/05/2026 Month 2 WTE	30/06/2026 Month 3 WTE	31/07/2026 Month 4 WTE	31/08/2026 Month 5 WTE	30/09/2026 Month 6 WTE	31/10/2026 Month 7 WTE	30/11/2026 Month 8 WTE	31/12/2026 Month 9 WTE	31/01/2027 Month 10 WTE	28/02/2027 Month 11 WTE	31/03/2027 Month 12 WTE
Total Non Medical - Clinical Substantive Staff	+	3,518.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Non Medical - Non-Clinical Substantive Staff	+	1,012.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Medical and Dental Substantive Staff	+	1.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total WTE Substantive Staff	+	4,543.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Bank Staff	+	15.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Agency Staff (including, agency and contract)	+	20.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total WTE all Staff	+	4,579.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Note: month on month fluctuations in whole time equivalent (WTE) are predominantly driven by payments made for overtime and time in lieu (TOIL) converted into WTEs that vary by period depending on the season and whether the month has one or more Bank Holidays.

5. Statement of Financial Position and Cash

	Year to April 2026		
	£000	£000	£000
	Mar-26	Movt	Apr-26
Non-Current Assets			
Property, Plant and Equipment	122,290	1,760	124,050
Intangible Assets	2,607	(81)	2,526
Trade and Other Receivables	45	0	45
Total Non-Current Assets	124,942	1,679	126,621
Current Assets			
Inventories	3,516	(27)	3,489
Trade and Other Receivables	13,131	(316)	12,815
Asset Held for Sale	1,016	0	1,016
Other Current Assets	0	0	0
Cash and Cash Equivalents	34,253	(10,447)	23,806
Total Current Assets	51,916	(10,790)	41,126
Current Liabilities			
Trade and Other Payables	(42,128)	8,786	(33,342)
Provisions for Liabilities and Charges	(12,353)	(146)	(12,499)
Borrowings	(5,977)	(35)	(6,012)
Total Current Liabilities	(60,458)	8,605	(51,853)
Total Assets Less Current Liabilities	116,400	(506)	115,894
Non-Current Liabilities			
Provisions for Liabilities and Charges	(13,278)	90	(13,188)
Borrowings	(18,601)	453	(18,148)
Total Non-Current Liabilities	(31,879)	543	(31,336)
Total Assets Employed	84,521	37	84,558
Financed By Taxpayers Equity:			
Public dividend capital	123,649	0	123,649
Revaluation reserve	7,634	0	7,634
Donated asset reserve	0	0	0
Income and expenditure reserve	(46,762)	37	(46,725)
Total Tax Payers' Equity	84,521	37	84,558

- Non-Current Assets increased by £1,679k in the month arising mainly from £2,989k additions less depreciation of £1,310k.
- Movement within Trade and other receivables decreased by £316k, through the payment of outstanding invoices with colleges.

- In April 2026 the closing cash balance was £23,806k, which is £6,362k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments.
- Trade and other payables decreased by £8,786k this is mainly through the payment of Capital invoices received in March.
- Borrowings decreased by £418k overall, arising from £111k of new lease additions, less £524k of payments.

STATEMENT OF CASH FLOWS	MTH	Plan (YTD)	Var (YTD)
	£000	£000	£000
Cash flows from operating activities	(47)	117	(164)
Non-cash or non-operating income and expense:			
Depreciation & Amortisation	1,310	1,449	(139)
Impairments and reversals	0	0	0
(Increase)/decrease in receivables	316	0	316
(Increase)/decrease in inventories	27	0	27
Change in AHFS	0	0	0
Increase/(decrease) in trade and other payables	(10,008)	(519)	(9,489)
Increase/(decrease) in other liabilities	1,221	0	1,221
Increase/(decrease) in provisions	56	0	56
Net cash generated from / (used in) operations	(7,125)	1,047	(8,172)
Interest received	131	99	32
Interest paid	(78)	(66)	(12)
(Increase)/decrease in property, plant and equipment	(2,989)	(739)	(2,250)
Proceeds from sales of property, plant and equipment	5	0	5
Other Assets	0	0	0
Net cash generated from/(used in) investing activities	(2,931)	(706)	(2,225)
Increase/(decrease) in borrowings	(418)	(590)	172
Public dividend capital received/(repaid)?	0	40	(40)
PDC dividend (paid)/refunded	27	(112)	139
Net cash generated from/(used in) financing activities	(391)	(662)	271
Increase/(decrease) in cash and cash equivalents	(10,447)	(321)	(10,126)
Cash and cash equivalents at start of period	34,253	30,489	3,764
Cash and cash equivalents at end of period	23,806	30,168	(6,362)

- The above table shows the movement of cash flow in the month (MTH) and year to date (YTD).

6. Capital

- The in-month capital spend is £3,003k. The in-month actual is £2,303k higher compared to the plan of £700k, this is due to the catch up in delivery of DCAs from the 2025/26 plan.

	In Month April 2026			Year to April 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Estates	40	222	(182)	40	222	(182)	2,268	2,268	0
Strategic Estates	500	752	(252)	500	752	(252)	1,183	1,184	(1)
IT	104	70	34	104	70	34	3,253	3,253	(0)
Fleet	56	1,958	(1,902)	56	1,958	(1,902)	19,487	19,487	0
Specialist Ops	0	0	0	0	0	0	0	0	0
Medical	0	0	0	0	0	0	0	0	0
Total Capital Plan	700	3,003	(2,303)	700	3,003	(2,303)	26,191	26,191	(0)

- The Trust is forecasting to spend its full capital allocation by the end of the year which will include the purchase of additional defibrillator/monitors above plan.

7. Risks and Opportunities

Table – Risk with rating

RISK DASHBOARD (JAN 2026)		
ID	RISK	NT RISK
638	There is a risk that the Trust is subject to fraud resulting in financial loss	9
655	There is a risk that the capacity and capability of the Trust's Finance Team is not sufficient to support the needs of the organisation in its current operation and control environment.	6
BAF	There is a risk to delivering the Trust's cost and productivity improvement programmes which would consequently result 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 NHS England financial oversight.	16
BAF	There is a risk that the Trust fails to deliver a break-even finance plan our Board. Our people, our regulators and commissioners lose confidence in our organisation.	6

- The table above shows those risks to achieving the finance department's objective that are linked to the organisation's ability to achieve its financial target.
- Potential opportunities for the year have been incorporated into the Trust's plan which mitigated risks identified.