South East Coast Ambulance Service NHS Foundation Trust

Annual Report and Accounts

2025/26

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Presented to Parliament pursuant to Schedule 7, Paragraph 25(4)(a) of the National Health Service Act 2006

We are SECAmb

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) is part of the National Health Service (NHS).

As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve - using all the intellectual and physical resources at our disposal.

SECAmb was formed in 2006 following the merger of the three former ambulance trusts in Kent, Surrey and Sussex and became a Foundation Trust on 1 March 2011.

We are led by a Trust Board, which is made up of an Independent Non-Executive Chair, Independent Non-Executive Directors and Executive Directors, including the Chief Executive.

As a Foundation Trust we have a Council of Governors, made up of 13 publicly- elected governors, four staff-elected governors and six governors appointed from key partner organisations.

As a Trust, we:

- Receive and respond to 999 calls from members of the public
- Respond to urgent calls from healthcare professionals e.g., GPs
- Receive and respond to NHS 111 calls from members of the public

We provide these services across the whole of the South East Coast region – Kent, Surrey, Sussex and parts of North East Hampshire and Berkshire (with the exception of the NHS 111 service).

We work closely with our main partners in the region – four Integrated Care Systems (ICSs), 12 acute hospital trusts and four mental health and specialist trusts within the NHS, the Kent, Surrey & Sussex Air Ambulance and our ‘blue light’ partners – three police forces, four Fire & Rescue Services and HM Coastguard. During the year, Surrey and Sussex Integrated Care Boards (ICBs) have come together, and continue to be the lead Commissioner for ambulance services in the region.

On 8 October 2025, the Trust Boards of South Central Ambulance Service NHS Foundation Trust (SCAS) and SECAmb agreed to move to a Group model.

Forming the South Central and South East Ambulance Group

Strengthening Collaboration Through 2025/26 and Case for Change

Throughout 2025/26, SECAmb and SCAS made substantial progress in strengthening our collaboration and partnership. This was reflected through a Memorandum of Understanding (MOU) signed in February 2025. Over the course of the year, the two organisations worked together across a range of functional areas, including clinical strategy, digital and technology, support services, sustainability, and operational planning. These joint workstreams enabled both Trusts to identify shared priorities, reduce duplication, and begin building the foundations for a future group model.

Both Trusts operate within a challenging environment. Demand for ambulance services across the South East is rising, with projections suggesting an increase of over 20 per cent in the next decade, driven in part by one of the fastest-growing older populations in the country. The number of people aged over 85 across our region is expected to rise by more than 60 per cent by 2034. At the same time, both organisations face significant financial pressures, with national requirements to reduce overhead costs and return to surplus over the coming years.

Board Approval and Group Formation

On 8 October 2025, the Boards of both Trusts formally approved the creation of the South Central and South East Ambulance Group. This decision marked the transition from collaborative intent to a structured group model, in which both organisations retain their identity as separate legal entities and continue to deliver services to their local communities, while operating under shared strategic leadership.

The creation of a formal ambulance group between South East Coast Ambulance Service NHS Foundation Trust (SECAmb) and South Central Ambulance Service NHS Foundation Trust (SCAS) represents deepening collaboration, shared strategic thinking, and a clear-eyed recognition that the two organisations can deliver better by working together.

This work was underpinned by a shared case for change, developed jointly and published openly to engage staff, patients, and the public which can be accessed via https://scseamb.info/ . The case sets out clearly why working closely together is the right course in the medium and long term to deliver more consistent clinical care across the South-East, reduce variation in patient outcomes, achieve financial sustainability, and build services that can meet the demands of the future.

The Group model is designed to unlock joint efficiencies both across the providers as well as support a consistent delivery against the NHS 10 Year Plan, by aligning commissioning, standardised service provision, and better integration with the broader health system. Critically, the efficiencies are not an end in themselves — they represent capacity to invest more in frontline care, better response and outcomes for patient, and build a sustainable ambulance service for the South East.

Group Leadership Appointments

Following Board approval, both organisations moved swiftly to establish the Group's leadership structure. In March 2026, the Councils of Governors of both Trusts appointed Colin Dennis as the inaugural Group Chair, following a rigorous joint appointment process. Colin will take up his role in June 2026, providing unified non-executive leadership across both Boards at a pivotal moment of transition. His appointment reflects the ambition and maturity of the Group model, and signals the beginning of a new chapter for ambulance services across the South East.

Simon Ashton has been appointed as the first permanent Group Chief Executive and is expected to take up post in Autumn 2026. Together, the Group Chair and Group Chief Executive will provide the strategic leadership needed to realise the full potential of the collaboration and to ensure that both organisations continue to deliver safe, high-quality care throughout the transition.

Looking Ahead

With the Group's foundations now firmly in place, the year ahead will be defined by delivery. Key priorities include: standardising clinical pathways to reduce variation in patient outcomes and improve response times; advancing shared digital and technology infrastructure, including joint procurement of control and patient record systems; progressing functional integration across people services, finance, and estates; and developing a single strategic commissioning relationship across the South East region with Surrey and Sussex ICB.

Throughout this journey, both organisations remain committed to ensuring that staff are informed, engaged, and supported, and that patients and communities continue to receive the responsive, high-quality care they deserve. The formation of the Group is not a change to the services people rely on — it is an investment in making those services better, more resilient, and fit for the future.

Performance Report

Introduction to Performance Report - Our Priorities during the year

During 2025/26, the Trust continued to deliver against our trust strategy supported by a clear strategic framework and strengthened governance arrangements. The Board approved four strategic objectives and associated goals for the year, building on the progress made following exit from the Recovery Support Programme and reflecting the Trust's priority to sustain and embed improvement.

Progress against delivery of these objectives was monitored by the Trust Board throughout the year through its established cycle of assurance. This included regular reporting and review at both public and private Board meetings, as well as detailed scrutiny through the Board's committees.

The Board also received ongoing assurance on performance, quality of care and outcomes through the Integrated Quality Report, which is presented at every public Board meeting alongside the Board Assurance Framework. This enables the Board to take a holistic view of performance and risk, and to assess progress against strategic objectives in the context of quality, safety and organisational sustainability.

To support transparency and ease of understanding for readers, the Performance Report is structured around the Trust's four priority areas for 2025/26:

- Quality and Safety
- People and Culture
- Responsive Care
- Sustainability and Partnerships

Together, these sections provide a comprehensive overview of how the Trust has performed during the year and how progress has been maintained against agreed priorities, while continuing to operate within an enhanced oversight and assurance environment.

Chief Executive's Statement - Overview of Performance

This report reflects a year of continued progress for SECAmb. Under the leadership of our previous Chief Executive Simon Weldon, the organisation navigated a challenging period of rising demand and significant change, while maintaining a clear focus on improving care and supporting our people.

Simon stood down from his role in April 2026, having led the Trust through an important phase of recovery and transformation. On behalf of the organisation, I would like to thank him for the lasting contribution he has made to SECAmb's progress, the strong foundations now in place, and the continued commitment and professionalism he has inspired across our teams.

Over the course of the year, we have continued to deliver against our strategy, demonstrating tangible improvements in performance, clinical outcomes and organisational culture. These achievements have only been possible because of the commitment and professionalism of colleagues across the organisation -on the frontline, in our Emergency Operations Centers, and in corporate and support roles - working together to deliver high-quality care for the communities we serve.

One of the most notable achievements this year has been our performance on Category 2 (C2) response times. Despite responding to approximately 30,000 additional emergency calls, we exceeded the NHS England target, delivering an average response time of 27 minutes and 46 seconds against a target of 28 minutes and 19 seconds. This places SECAmb among the strongest-performing ambulance trusts nationally and represents a significant step forward for our patients and communities.

This performance reflects sustained effort across the organisation and the wider urgent and emergency care system. It has been supported not only by improvements in frontline response and stronger clinical pathways, but also by the growing role of virtual care in how we assess, manage and respond to patient needs.

Through our virtual care clinical teams in EOC and our clinical navigation hubs, more patients are now able to receive timely clinical assessment, advice and onward referral without the need for an ambulance response. This supports more personalised and appropriate care, ensuring patients are directed to the right service first time while enabling ambulance resources to be focused on those with the most urgent and life-threatening conditions.

This is a key element of our strategy, and we need to do more to increase our virtual care consistently. As we look ahead, the continued development of our virtual care model and clinical practice will be central to creating a more responsive, clinically led and sustainable service for the future.

We have also continued to deliver strong clinical outcomes. Our cardiac arrest survival rates remain among the best in the country, reflecting both the quality of care provided by our teams and the growing impact of community response initiatives, including CPR training and

defibrillator use.

Alongside this, our Models of Care programme has driven measurable improvements in how we respond to patients and deliver care, including reductions in avoidable demand from care homes and faster response times for patients experiencing falls.

This progress has been underpinned by significant organisational transformation. The transition to a divisional operating model has strengthened leadership, improved accountability and enabled more responsive, locally driven decision-making, and will continue to evolve through the coming year. At the same time, we have developed a clear blueprint for the future of care through our Virtual Care programme, enabling more patients to receive safe and effective care without the need for ambulance dispatch.

We have also seen encouraging progress in how our people experience working at SECAmb. The 2025 NHS Staff Survey results were among our most positive to date, with a joint-highest response rate of 71 per cent and performance above the sector average across all nine People Promise themes. Improvements were seen in areas such as speaking up, flexible working and inclusivity, alongside strong underlying scores for teamwork and purpose.

While there remain areas to strengthen, particularly during a period of change, these results reflect the progress we have made in listening to our people and creating a more supportive and inclusive working environment.

Volunteers continue to play a vital role in how we support our communities and save lives. During the year, we launched our new Volunteering and Community Resilience Strategy, setting out a clear ambition to grow and develop a more sustainable and skilled volunteering workforce. This includes expanding training, strengthening leadership opportunities and aligning volunteer roles more closely with our clinical and operational priorities.

Through this work, volunteers are supporting a wider range of incidents, including patients who fall without injury, and playing an increasingly important role in improving cardiac arrest survival rates through community education and the promotion of the ‘chain of survival’. By investing in community resilience and empowering more people with the skills to act in an emergency, we are extending the reach of our services and improving outcomes for patients, while also helping to ease pressure on frontline resources.

Alongside workforce and volunteer development, we have continued to strengthen our role as a sustainable partner within the NHS. Collaboration with South Central Ambulance Service and the wider Southern Ambulance Services Collaboration is delivering benefits in resilience, shared learning and efficiency. Our digital transformation programme is also enhancing operational resilience and improving frontline systems, ensuring we are better equipped to respond to future challenges.

Looking ahead, 2026/27 marks an important transition point as we continue to develop our Group model with South Central Ambulance Service. On 2 April 2026, we announced the appointment of Colin Dennis as the first Group Chair. Once he joins in the Summer, Colin

will provide unified non-executive leadership across both organisations and brings extensive experience in governance, transformation and system leadership.

On 22 April 2026 we also announced the appointment of Simon Ashton as the new Group Chief Executive. His appointment represents a significant milestone in the development of the Group, providing clear and inclusive leadership as we strengthen collaboration, support our workforce and improve outcomes for patients across the South East.

Together, these developments position us strongly for the future. While challenges remain, the progress we have made this year gives us confidence that we are on the right path—improving care for patients, supporting our people and working effectively with partners to meet the needs of our communities.

I would like to thank all colleagues, volunteers and partners for their continued commitment and dedication. It is their professionalism, compassion and resilience that make this progress possible, and I am confident we will continue to build on these strong foundations in the year ahead.

Jennifer Allan

Interim Chief Executive Officer

Date: 18/06/2026

Quality and Safety

Clinical performance
Improvements in patient care
Patient safety and quality improvement
Health Safety
Patient & public engagement

Clinical Performance

All eleven ambulance services in England are required to report their clinical performance through a set of Ambulance Quality Indicators (AQIs). The AQIs comprise both System Indicators (which includes the number of ambulance 999 calls and response times in all categories, as reported in the Responsive Care section) and Clinical Outcome Indicators (COIs).

The COIs are:

Return of Spontaneous Circulation (ROSC) after cardiac arrest

- Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care (post ROSC 12 lead ECG, blood glucose, end-tidal CO2 reading, oxygen administration, blood pressure monitoring, administration of fluids)
- Patients with resuscitation commenced / continued by the ambulance service, who had ROSC on arrival at hospital (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who had ROSC on arrival at hospital (Utstein comparator group[1]).

Survival to 30 days after cardiac arrest

- Patients with resuscitation commenced / continued by the ambulance service, who survived to 30 days after the arrest (all patients).
- Patients with resuscitation commenced / continued by the ambulance service, who survived to 30 days after the arrest. (Utstein comparator group).

Outcome from acute ST-elevation myocardial infarction (STEMI)

- The percentage of patients experiencing a STEMI who received a full bundle of care.
- Mean time from call to catheter insertion for angiography for patients with confirmed STEMI[2].
- 90th centile time from call to catheter insertion for angiography for patients with confirmed STEMI[2].

Timeliness of Stroke Care

- Mean time from initial ambulance call to hospital door for patients with suspected stroke[2].
- Median time from initial ambulance call to hospital door for patients with suspected stroke[2].
- 90th centile time from initial ambulance call to hospital door for patients with suspected stroke[2].

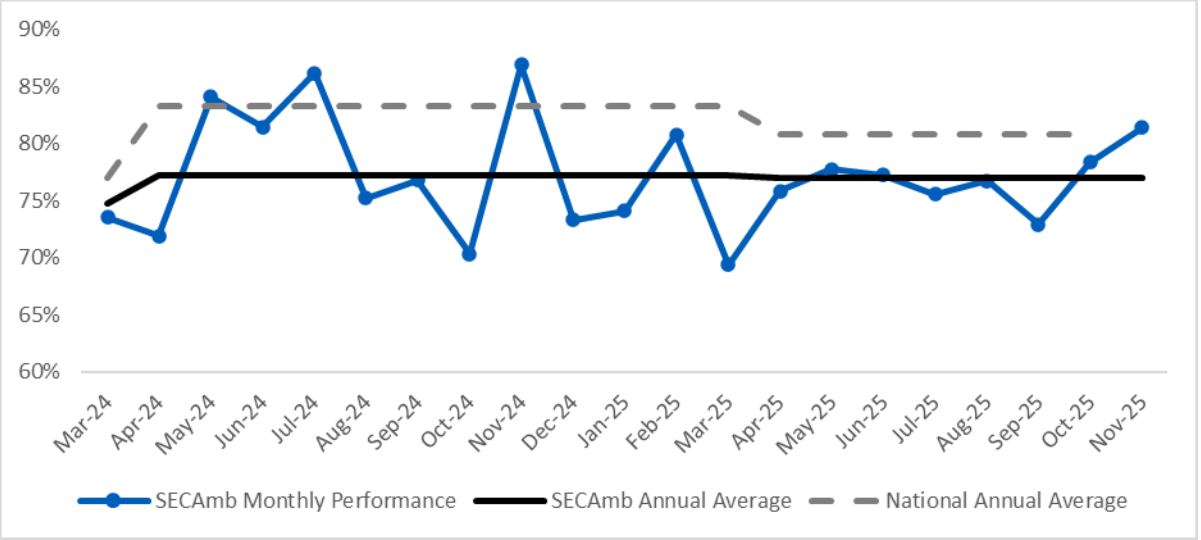
Falls care bundle

The percentage of patients aged >64, experiencing a fall of less than 2m, and were not conveyed to hospital, who received a full bundle of care (detailed physical examination, medical history recorded, current medications documented, clinical observations recorded [pulse, respiratory rate, temperature, level of consciousness], 12 lead ECG, blood pressure monitoring for postural hypotension). In the 2024/25 year, the Falls care bundle replaced the Sepsis care bundle that was previously reported on.

[1] The Utstein comparator group are “patients with cardiac arrest of presumed cardiac origin, where the arrest was bystander witnessed, and the initial rhythm was Ventricular Fibrillation or Ventricular Tachycardia” (NHS England, 2021).
[2] Introduced in November 2017, data available in arrears from NHS England.

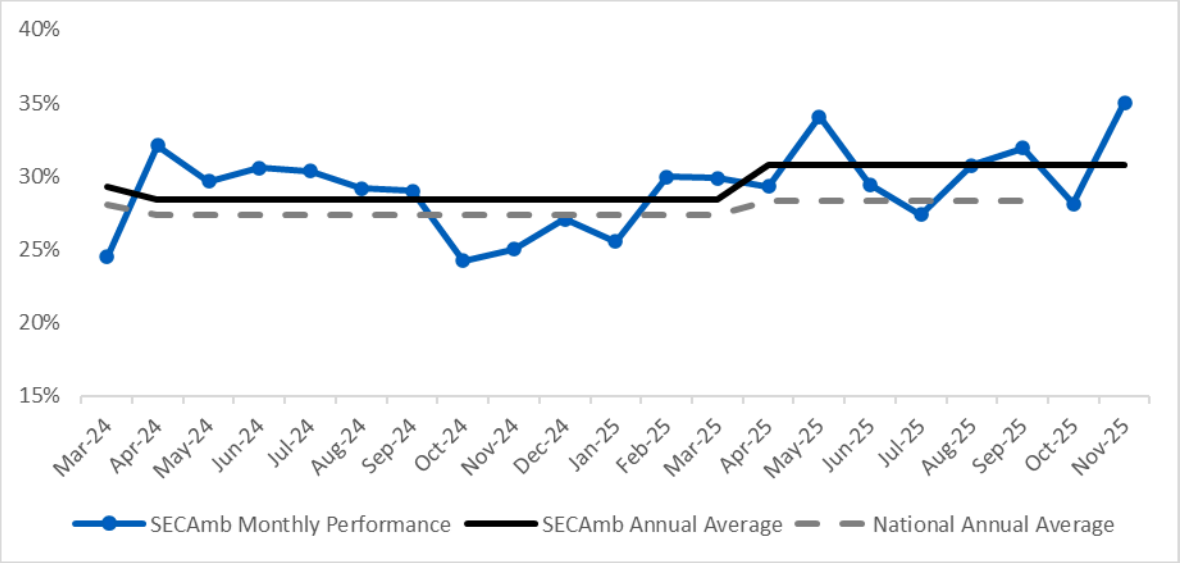
End of Life Care Audit – January 2026
In May 2024, National Ambulance Service Medical Directors Group (NASMeD) and NHS England approved the introduction of an annual programme of national clinical audits, to replace the Stroke diagnostic bundle Ambulance Clinical Quality Indicator (ACQI). The second national audit, for 2025/26, would look at End of Life Care patients and be based upon the standards agreed by the National Technical Subgroup in collaboration with the Ambulance End of Life Care Leads.

Cardiac Arrest - Return of Spontaneous Circulation (ROSC) after Cardiac Arrest
Percentage of patients where ROSC was achieved, who, where applicable, received a full bundle of care:



The data shows normal variation but remains below the national annual average. The reporting of the bundle requires clinicians to document the care they have provided. Given that ROSC and patient survival rates are improving, this decline is likely due to documentation challenges rather than a decrease in clinical care. SECAmb is contributing to national improvement efforts, assessing the effectiveness and limitations of the care bundle. We continue to collaborate with the Cardiac Arrest Outcome Improvement Board, individual skills feedback and Operating Units (OUs) to identify barriers faced by clinicians and will await national changes before implementing local improvement work.

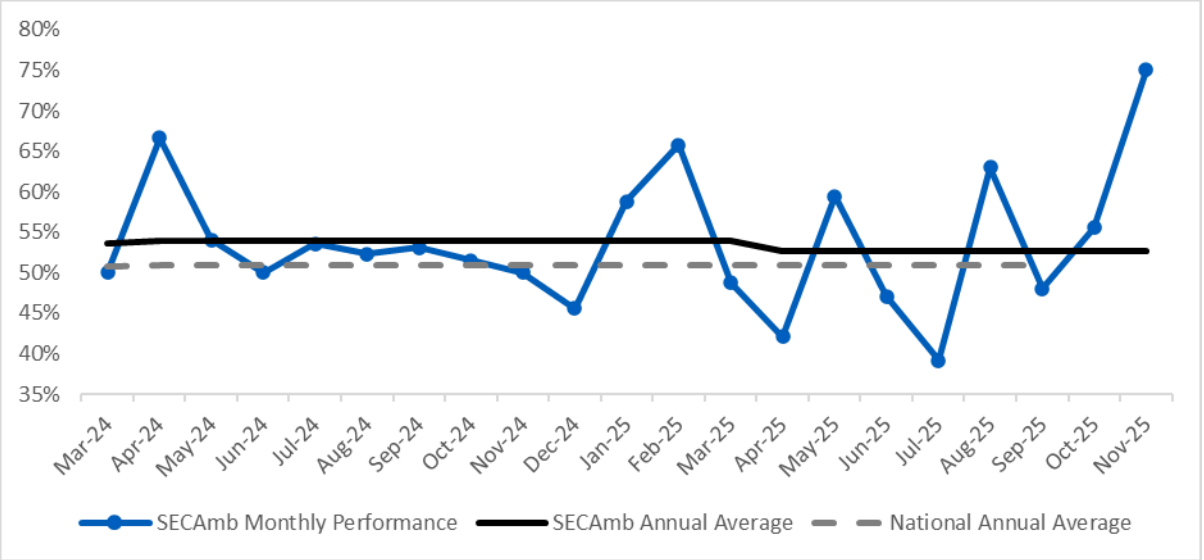
ROSC at time of arrival at hospital (all patients):



**ROSC figures over a 21-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

A detailed Annual Cardiac Arrest Report was published for 2024/25 and was improved with graphic design enhancements. The data shows that SECAmb's ROSC at hospital performance has fluctuated but remained close to or above the national annual average for most of the year. The overall trend indicates stability and gentle improvement. This provides reassurance that compliance with the ROSC care bundle is likely impacted by documentation issues rather than a decline in clinical care.

ROSC at time of arrival at hospital (Utstein Comparator Group):

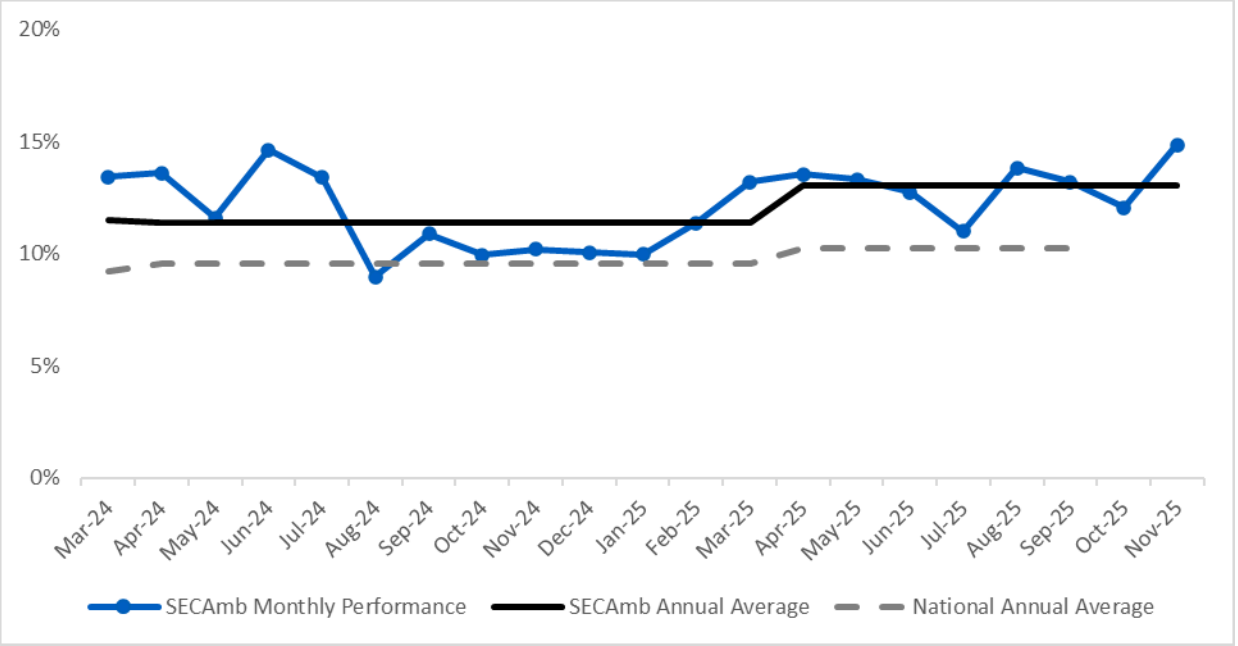


**ROSC figures over a 21-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

The 'Utstein comparator group' refers to patients who had a bystander-witnessed cardiac arrest, in a Ventricular Fibrillation / Ventricular Tachycardia (VF/VT) rhythm, and of cardiac origin. Therefore, a higher rate of ROSC would be expected. The data shows significant variation throughout the year, with a peak in November 2025. As this is a small subset, month-to-month variation is anticipated. However, overall performance remains within

expected parameters and aligns with national trends, indicating ongoing improvement.

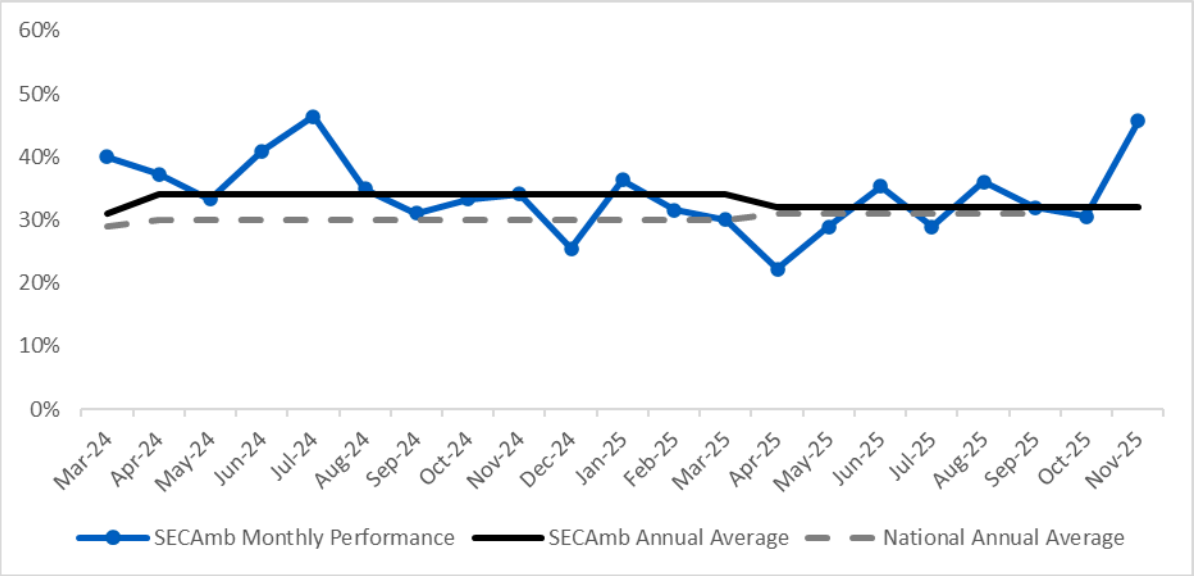
Survival to 30 days (Sto30) after Cardiac Arrest (all patients):



**Survival figures over a 21-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

Performance in this element has remained above the national average. A detailed Annual Cardiac Arrest Report was published in 2024/25, highlighting significant improvements in design and structure. Ongoing improvement work continues to be coordinated by the Cardiac Arrest Outcome Improvement Programme Board.

Survival to 30 days after the arrest (Utstein Comparator Group):



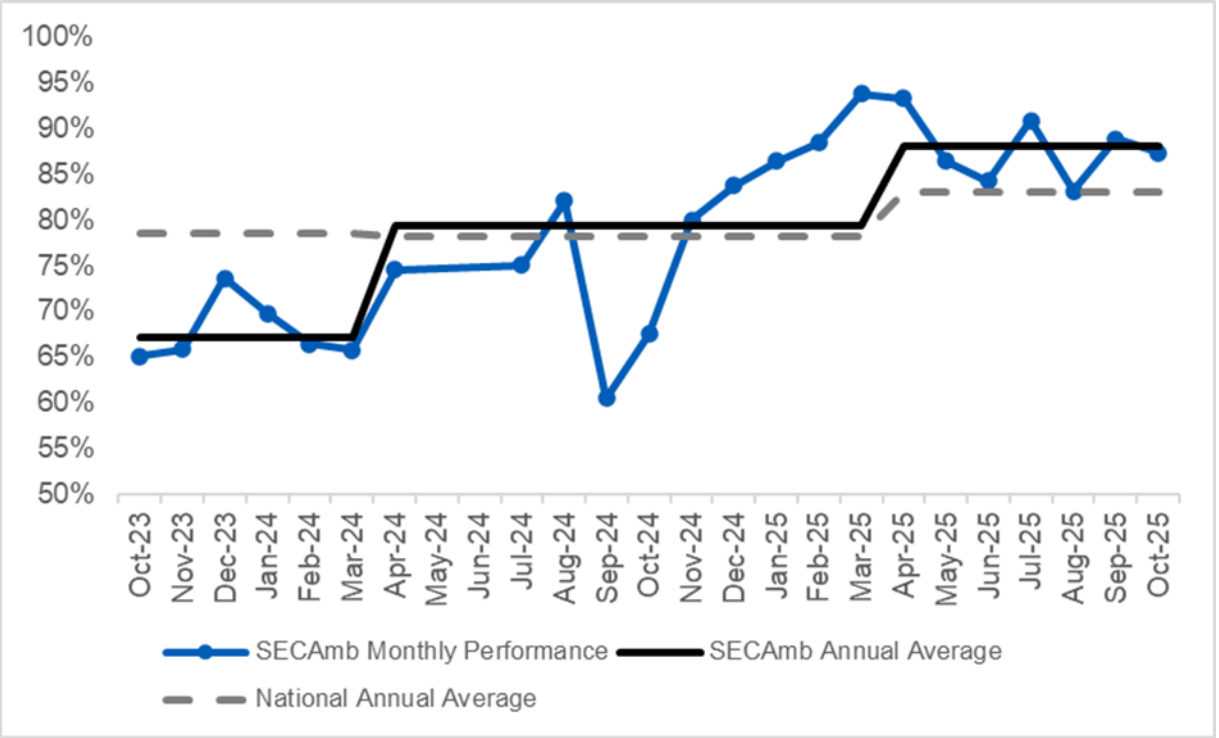
**Survival figures over a 21-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

The 'Utstein comparator group' refers to patients who had a bystander witnessed cardiac arrest, in a VF/VT rhythm and cardiac in origin. Therefore, a higher rate of ROSC would be

expected.

- Due to the nature of the group being reported there is a higher probability of survival.
- Performance for the year remains within the normal national variables for this indicator. There is liable to be a degree of fluctuation due to the small number of incidents eligible for inclusion in this element.

Outcome from acute ST-elevation Myocardial Infarction (STEMI)



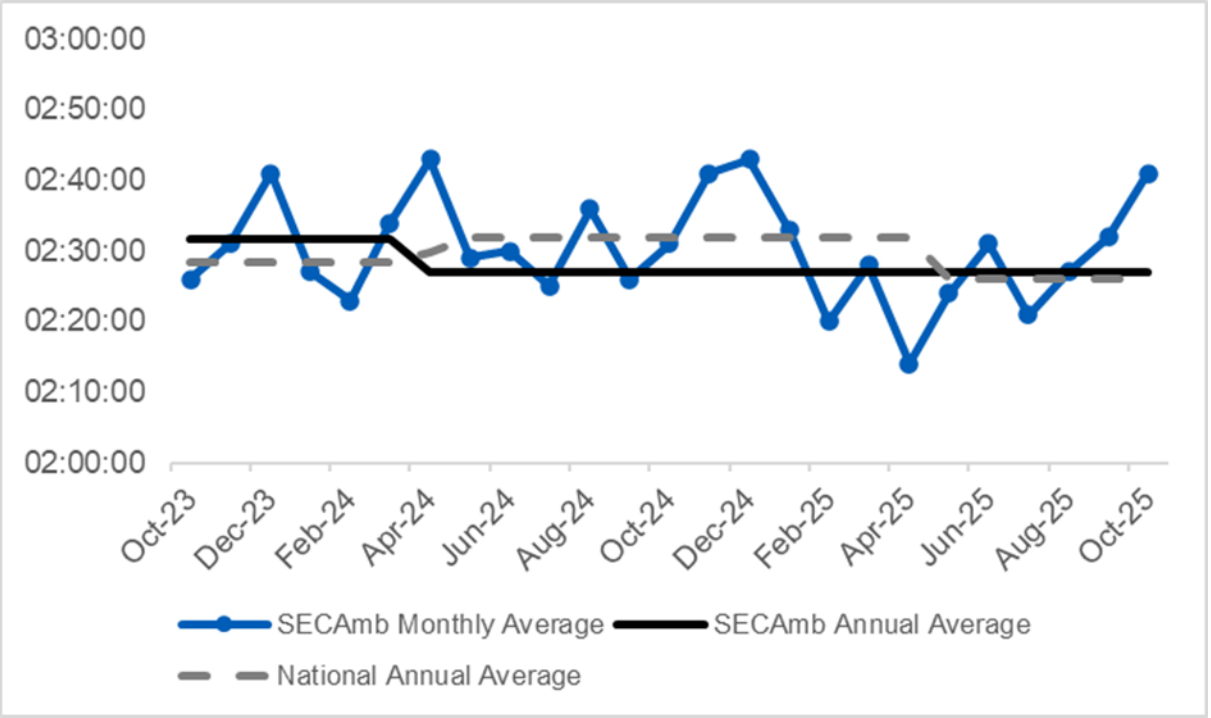
**STEMI care bundle cases over a 24-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

The percentage of patients experiencing a STEMI who received a full bundle of care:

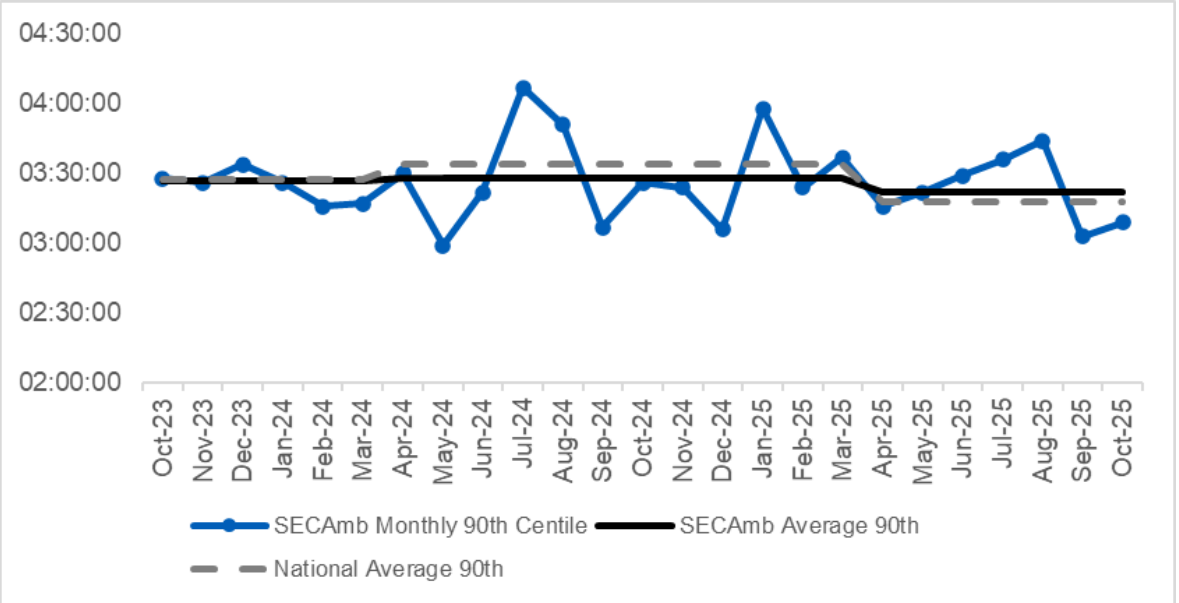
- The Trust saw sustained improvement in this care bundle, with compliance above national average.
- The diagnostic bundle includes administration of aspirin, glyceryl trinitrate (GTN), analgesia (pain relief), and the recording of two pain scores.
- The most common areas of non-compliance continue to be the administration of analgesia and the documentation of two pain scores.

Improvement work focused on joint working partnerships with local Ambulance Operating Units to drive improved compliance on analgesia and two pain scores.
National returns are submitted quarterly with submissions required in April, July, October, and January. Monthly monitoring is undertaken internally only, to facilitate operating unit oversight of performance.

Mean time from call to angiography for patients with confirmed STEMI:



90th centile time from call to angiography for patients with confirmed STEMI:

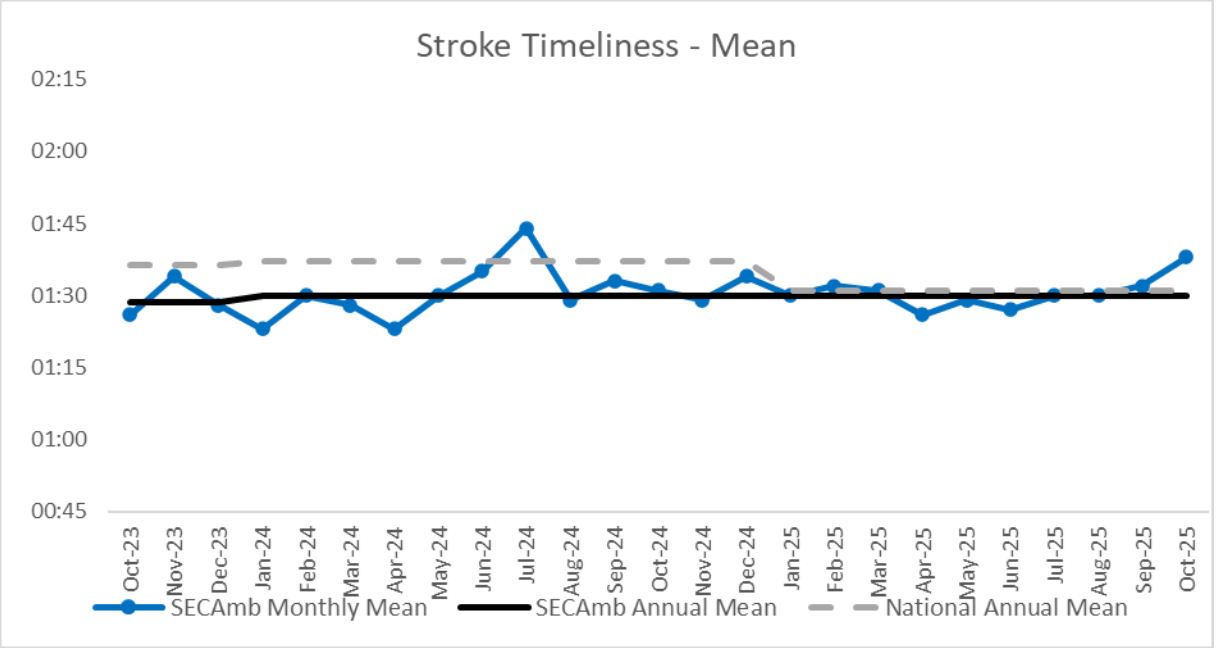


**STEMI timeliness figures over a 24-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

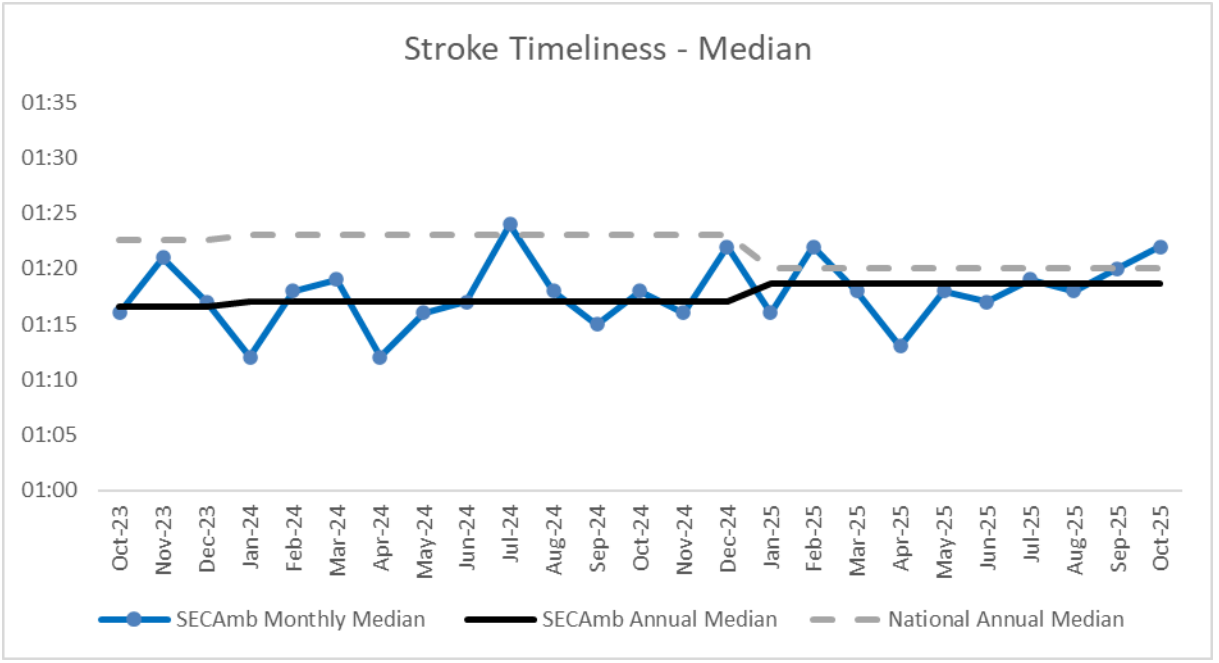
The above graphs for STEMI timeliness indicators show expected levels of variance and a general drop in time year-on-year. A drop in this measure is a positive outcome as patients are receiving treatment faster.

- Trust STEMI mean performance has improved and is currently shorter than national averages.
- Trust STEMI 90th centile performance has improved and is broadly tracking national averages.

Mean time from call to hospital door for patients with suspected stroke:



Median time from call to hospital door for patients with suspected stroke:



**Stroke timeliness figures over a 24-month period up to the most recent nationally published figures (correct as of 16/04/2026).*

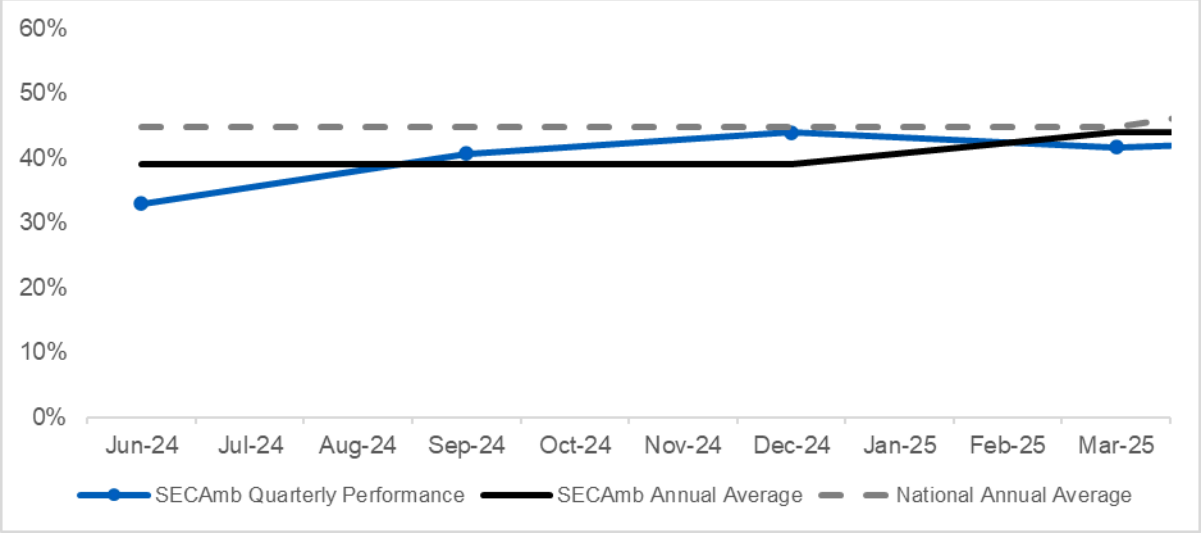
The above graphs for Stroke timeliness indicators show expected levels of variance and stability or a small drop in times year-on-year. A drop in this measure is a positive outcome

as patients are receiving treatment faster.

- Trust Stroke mean performance has been stable and is currently tracking national averages.
- Trust stroke median performance has been stable and is currently tracking national averages.
- Trust Stroke 90th centile performance has improved slightly and is broadly tracking national averages which have also dropped.

Falls

The Trust measures the quality of care provided to older adults who have fallen and are not conveyed to hospital. The care standards include a thorough physical assessment and documentation of the history of the fall.



**Care bundle compliance over a 10-month period, from the start of data collection up to the most recent nationally published figures (correct as of 16/04/2026).*

The graph above shows that SECAmb is currently just below the national average but demonstrating improvement. This audit was introduced in 2024 and is still in its early stages of data collection. As the audit develops and more data becomes available for analysis, we expect to see significant improvements and refinement in performance.

End of Life Care Audit – January 2026

In May 2024, National Ambulance Service Medical Directors Group (NASMeD) and NHS England approved the introduction of an annual programme of national clinical audits, to replace the Stroke diagnostic bundle Ambulance Clinical Quality Indicator (ACQI). The second national audit, for 2025/26, reviewed End of Life Care patients and was based upon the standards agreed by the National Technical Subgroup in collaboration with the Ambulance End of Life Care Leads.

Members of the National Ambulance Service Clinical Quality Group (NASCQG) agreed to select the month of January 2026 and all patients coded as End-of-Life Care were included in the sample. A maximum of 300 incidents were audited, examining the clinical assessment, interventions, shared decision-making to support non-conveyance and symptom relief

provided to these patients. It was agreed that the London Ambulance Service Trust would support the data collection and analysis. 300 cases were identified by SECAmb, they were audited against the national standards by the Health Informatics Team and submitted as per the national schedule. At the time of writing, the results are still being analysed by the London Ambulance Service. The draft report is expected to be completed in June 2026.

Additional broader workstreams are currently underway which aim to positively impact on our clinical performance and the quality of service that patients receive.

These include:

- COI improvement workstreams – this includes Cardiac Arrest Survival Letters, Cardiac Arrest Skills feedback and an Operating Unit Dashboard.
- Documentation audit (record keeping) work programme aligned to the Patient Related Data Solution (PDRS).
- Work programme to improve the paper patient clinical records (PCR) returns process.
- Collaboration with Critical Care Paramedics (CCPs) - we are feeding back cardiac arrest skills; this remains a pilot project.

Improvements in patient care

In June each year, we publish an annual Quality Account and throughout the year, work towards achieving the key areas for development identified within the Quality Account, referred to as priorities.

The information below is divided into two parts; the first sets out progress made against the priorities for 2025/26 and the second details the key areas of development for the next 12 months.

Looking back – report on the 2025/26 Quality Priorities

Two of the priorities identified in 2024/25 were planned as two-year priorities to allow for a more comprehensive and sustainable approach. This extended timeline enables meaningful progress, with opportunities for ongoing evaluation, refinement, and integration into practice.

In 2025/26, the Trust continued work on these two-year priorities while also addressing a one-year priority. The three priorities for 2025/26 were:

- **Priority 1** (Domain: Clinical Effectiveness) – Feedback to staff on Patient Care Records (PCR) (two-year priority)
- **Priority 2** (Domain: Patient Safety) – Framework for Staff Decision-Making and Documentation in Managing Suicidal Patients Declining Conveyance (one year priority)
- **Priority 3** (Domain: Patient Experience) – Health Inequalities (two-year priority)

Domain:	Clinical Effectiveness
Priority Title:	Feedback to staff on Patient Care Records (PCR)
Review of 2024/25 report	Patient Care Records (PCRs) are integral to safe and effective patient care, affording an opportunity to ensure smooth transition of care across the patients care journey. They also support the Trust in measuring effectiveness and development of our clinical care through audit. The quality of patient care records was variable as identified through central clinical audit in 2024, and there was no defined and consistent process that supported PCR review and feedback at a local level. Feedback to colleagues on the quality of PCR completion will support the supervision agenda aligned to the Trust's developing strategy, improve the quality of documentation, as a result promoting safe and effective patient care and support the Trust in measuring effectiveness and development of clinical care.
The aim for 2025/26	• This was a two-year priority (2024-2026). The overall aim was to improve the quality of patient care record completion and support meaningful supervision to colleagues.
Our performance	During 2024/25: • A project plan for the delivery and oversight of the objectives was created, along with a project group. • The Trust's legacy Clinical Audit and Health Records Departments underwent a full restructure to create a single integrated Health Informatics Department, which ensured the capacity and capability to drive this priority forward. • A new digital software solution was tendered and procured for the processing of patient clinical records. The specification and system functionality has been significantly developed over the period, supported by joint monthly contract review meetings. • Engagement and floorwalking across the Trust's Operational Units (OUs) commenced during Q4 2024/25 to enable (a) the baselining of existing use of PCR data (b) to identify OU feedback approaches/mechanisms and (c) identify and define their local clinical data needs. During 2025/26: • The Critical Systems team ensured the timely configuration of the Trust's ePCR (electronic patient care record) requirements. • National Ambulance Data Set (ADS) fields were integrated into the Trusts ePCR platform, including new impression codes. • The Data Engineering Team ensured high quality data matching from ePCR and CAD (Computer Aided Dispatch) to ensure complete and accurate patient record keeping. • Operating Unit (OU) performance dashboards were developed and

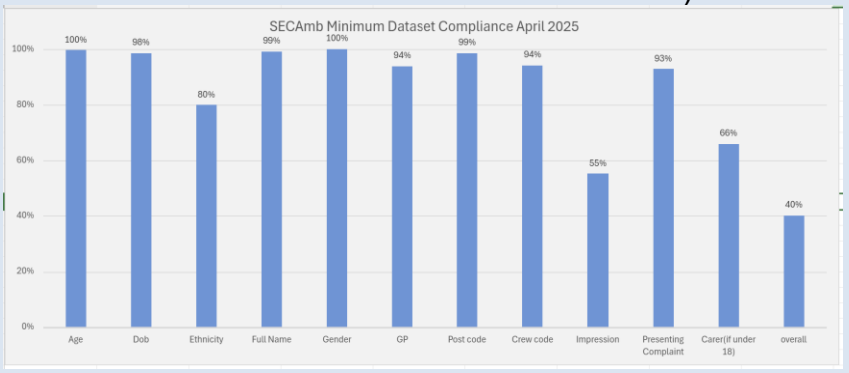
rolled out Trust wide.

- Active Directory (AD) Groups were created and adopted.
- A Minimum Dataset (MDS) for clinical record completion was developed and quality assured, supported by the dashboard monitoring of performance.
- Changes to regional governance structure enabled the creation of Divisional Governance Groups with oversight of clinical performance.
- Local OU data was shared via OU data screens and also via Viva
- A Paper Records Task & Finish Group reviewed all paper clinical report forms and consolidated/removed those that could be integrated into the ePCR.

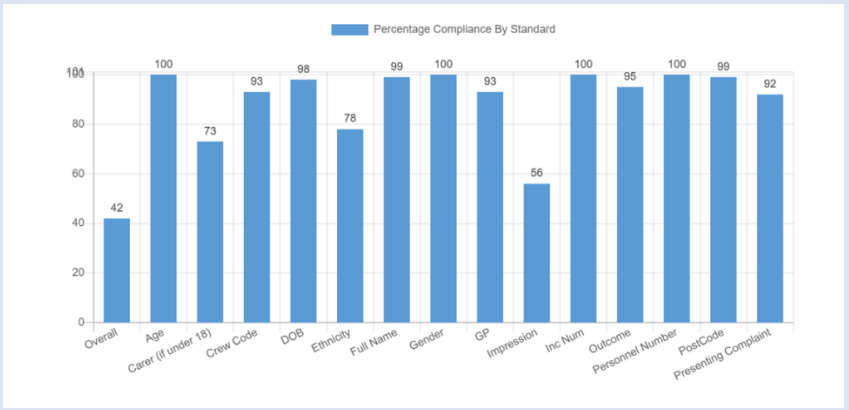
Did we achieve this priority

This workstream has been convoluted and challenging requiring multiple digital solutions and reconfigurations.

At the end of 2025, data was benchmarked back to April 2025 where Trust wide performance was as follows. Analysis identified the largest gap was the documentation of impression codes (pending the transition from the documentation of crew condition codes):



By March 2025, performance was as per the table below. Whilst it appears overall performance has remained static, the OU teams can now access and monitor this data which they hadn't been able to previously



In March 2026 a review of the themes from the Trusts integrated patient safety data over the last 12 months was undertaken. Effective

	documentation did not emerge as a key theme impacting patient safety.
Actions to be carried forward to 2026/27	The project will now transition into business as usual (BAU): - the digital developments will continue to be progressed - AD Groups will be revised and updated following the recent Operational restructure to enable teams based reporting and oversight - ePCR developments will continue as planned in line with contractual requirements. - Regional DGG oversight and performance management will continue at local levels, with central oversight continuing by the Health Informatics Department. - A key PSIRP priority for 26/27 is mental health. Record keeping is included in its sub themes, further enabling oversight and assurance during 26/27.
	Patient Care Records (PCRs) are integral to safe and effective patient care, affording an opportunity to ensure smooth transition of care across the patients care journey. They also support the Trust in measuring effectiveness and development of our clinical care through audit. The quality of patient care records was variable as identified through central clinical audit in 2024, and there was no defined and consistent process that supported PCR review and feedback at a local level. • Feedback to colleagues on the quality of PCR completion will support the supervision agenda aligned to the Trust's developing strategy, improve the quality of documentation, as a result promoting safe and effective patient care and support the Trust in measuring effectiveness and development of clinical care.

Domain:	**Patient Safety**
Priority Title:	Framework for Staff Decision-Making and Documentation in Managing Suicidal Patients Declining Conveyance
Review of 2024/25 report	The interface between the Mental Health Act (1983) and Mental Capacity Act (2005) is a highly complex and challenging one, particularly when considering how best to support people who are in a mental health crisis and have expressed suicidal ideation or intent. There is no agreed national model that mandates the approach ambulance services should take when responding to patients who are experiencing suicidality, and neither the Mental Health Act (1983) or Mental Capacity Act (2005) provides an explicit approach. When considering the SECAmb response, there is an absence of local guidance for practitioners and no explicit policy framework. Through informal engagement with frontline staff, and insights from various patient safety events and coronial processes, it is recognised

	that there are opportunities to provide clear guidance to frontline staff to enable appropriate decision making and documentation in cases where patients are experiencing suicidality.
The aim for 2025/26	To improve the experience of patients who are in a mental health crisis and experiencing suicidality. To improve the advice and guidance available to frontline staff to support them in making safe, well documented decisions when they are responding to patients who are experiencing suicidality. To work with partners in Surrey, Kent and Sussex to further inform and develop shared decision-making pathways.
Our performance	During 2025/26, SECAmb made substantial progress toward improving decision-making and documentation when managing patients experiencing suicidality who decline conveyance. The work has moved from initial development to clear, measurable system change across Surrey, Sussex and (to a lesser degree so far) Kent. New MCA & Suicidality Guidance was developed, approved by the Professional Practice Group, and uploaded to JRCALC (Joint Royal Colleges Ambulance Liaison Committee) for frontline access. JRCALC is a platform for clinical guidelines to support clinical staff with best practices to ensure high quality patient care. This guidance provides step-by-step support on assessing capacity, managing risk, involving partner organisations, safety planning and clear expectations on documentation. Strengthened Local Mental Health Pathways: County-specific pathway guides were created and distributed. All mental health pathways on Service Finder were updated; outdated versions removed. Significant increase in Single Point of Contact (SPOC) utilisation, Kent progress remains limited due to unavailable data but this has been highlighted as a priority for 2026. Launch of Mental Health Data Dashboard: Phase 1 completed; high-level demand, incident profiles, on-scene times. Phase 2 underway; detail on Mental Capacity Act (MCA) module use, SPOC use, Electronic Patient Care Record (EPCR) documentation quality. Insights already influencing improvement activity and system risk identification. Training & Workforce Development: Mental health, suicidality, decision-making and mental capacity now embedded into: Trainee Associate Ambulance Practitioner (TAAP), Transition to Practice (TTP), Newly Qualified Practitioner (NQP) programmes and key skills 2026/27 curriculum. Mental Health team provided direct support, adhoc teaching, and case-based feedback. National Leadership: SECAmb is co-leading the new national working group on suicidality & MCA, bringing together all ambulance trusts to

	develop sector-wide approached. Local Mental Capacity Summits: Surrey summit held with cross-sector representation; Kent and Sussex planned in early 2026.
Did we achieve this priority	The success of the 2025/26 priority came from multiple aligned workstreams, all delivered as part of the broader Mental Health Models of Care programme. Staff Feedback Directly Informed the Model of Care and Guidance, through informal engagement sessions, local leadership meetings, station visits, and case reviews. Frontline clinicians shared clear, consistent concerns about the challenges they faced when managing suicidal or high-risk mental health incidents. They told us: • Mental health SPOC lines were often not answered or difficult to reach. • Other services sometimes placed undue pressure on ambulance crews to force conveyance, even where capacity and safety had been appropriately assessed. • Navigating the Mental Capacity Act, mental health law, safety planning, and documentation expectations was confusing without clear guidance. • More training in mental health, suicidality, capacity and communication was required. Real Case Reviews Drove Practice Improvements: Throughout the year, the Mental Health Team reviewed numerous mental health and suicidality incidents and provided personalised feedback to the crews involved. Learning from these real cases allowed SECAmb to identify: • Poorly understood pathways. • Documentation gaps. • Missed opportunities for SPOC involvement. • Inconsistencies in safety planning. • Variation in MCA assessment practice. These insights shaped the enhancements to EPCR prompts, and the development of the Mental Health Dashboard (Phase 1 and 2) as well as the guidance documents that were being produced. The case reviews created a robust learning loop where incidents informed change resulting in continuous improvement. Clear, Practical Clinical Tools: New MCA & Suicidality guidance directly addresses frontline needs, specifically focusing on how to complete a capacity assessment and safety planning. Making the guidance accessible via JRCALC and embedding prompts in EPCR ensured it reached crews consistently. Improving Collaborative Decision Making: 24/7 mental health professional lines in all counties give clinicians real-time specialist

	advice. Crews are now consistently encouraged to discuss cases with SPOC and work jointly on safety plans. Feedback from crews shows this has changed practice culture, one staff member said: “I feel much more supported with Mental Health patients… we’ve avoided the Emergency Department and freed up ambulances.” Strengthening System Interfaces: SECAmb worked with each mental health trust to improve; responsiveness, pathway clarity and handover processes. Sussex’s Rapid Response / Blue Light Line model is a standout example of system change with a significant increase in improvements to patient experience. Use of Data to Drive Focus: The data dashboard allowed SECAmb to identify, A rise in mental health demand (notably Sussex), increases in Hear & Treat rates as well as high rates of patients left at home following self-harm/suicidality presentations (“see & treat” with no onward referral), highlighting the need for robust safety planning and MCA clarity. Embedding Training: A full training needs analysis generated a comprehensive curriculum for 2026+ with focus on; mental capacity, suicide response, safe discharge, improved documentation, trauma-informed practice and the [police interface
Actions to be carried forward to 2026/27	Next year’s commitments are as follows: Complete Kent Pathway Development: • Improve access and responsiveness of Kent’s 836 line. The 836 is the single point of access line for use by Police and ambulance in Kent. It is there to offer advice for Police and ambulance when they are on scene with a patient suffering with mental health illness. It is run by Kent and Medway Mental Health Trust • Increase SPOC utilisation to levels seen in Surrey & Sussex. • Ensure pathway posters, training and engagement mirror improvements in other counties. Implement Phase 2 of the Mental Health Dashboard: • Add enhanced metrics such as use of MCA module • Enable real-time monitoring of quality and variation. Finalise and Roll Out New Condition Codes: • Complete simplification of existing codes into accessible categories. • Provide definitions and training for new condition codes. • Monitor impact on data quality and audit capability. Deliver Full Mental Health Training Programme: • Launch Key Skills 2026/27 mental health content. • Deliver additional courses (MCA, suicidality, documentation)

	across EOC, 111 and frontline. • Include scenario-based and virtual assessment training. Continue Local Mental Capacity Summits: • Deliver Kent and Sussex summits. • Produce system-wide recommendations report based on learning from all three counties. Ongoing Improvement of SPOC Responsiveness • Work with partners to monitor responsiveness • Expand EOC-to-SPOC direct connectivity. Continue Embedding the New Guidance in Practice • Ongoing refreshers, posters, Teams C engagement and case reviews. • Audit use of MCA guidance. Strengthen Patient and Lived Experience Involvement • Expand service-user engagement during the development of the Mental Health Models of Care. • Build a specific focus on patients with repeated suicidality and those frequently left at home.

Domain:	**Patient Experience**
Priority Title:	Health Inequalities
Review of 2024/25 report	Health inequalities refer to the unfair and avoidable differences in health outcomes between different population groups, often driven by the conditions in which people are born, live, work, and age (The King's Fund, 2020). Around 80% of health inequalities stem from these wider determinants, which influence an individual's ability to access healthy choices and healthcare services equitably. To address these disparities, Core20PLUS5 is a national NHS England framework designed to guide action on reducing healthcare inequalities at both national and system levels. This approach identifies a target population – the "Core20PLUS" – and highlights five priority clinical areas requiring accelerated improvement. These five focus areas exist separately for adults and children. Governance for these priorities is overseen by national programmes, with national and regional teams working collaboratively to coordinate activity across local health systems and drive progress towards national health equity goals.
The aim for 2025/26	This is a two-year programme which is structured in two phases, focusing on patients with maternity needs and/or severe mental illness. The aim is to enhance clinical care and outcomes by reducing health inequalities.

Our performance	As part of our commitment to reducing health inequalities, we have actively engaged in a range of initiatives: • We are members of the national Ambulance Health Inequalities Group, collaborating on best practices and shared learning. • Our lead for health inequalities is actively engaged with ICB and regional networks, ensuring cross-system collaboration and securing support to advance our work as we establish baseline data. • A clear problem statement and hypothesis have been developed in collaboration with key stakeholders. • We continue to work closely with regional public health boards, staff, and other professional groups to drive progress in this area. • Through the national Ambulance Health Inequalities Group, we are identifying and connecting with others working on similar priorities. • We have developed our own health inequalities mapping tool, which enables us to map, and subsequently track, all the health inequalities work that is happening across the trust. This mapping is in the final stages. • Once the mapping is completed, we will set our priorities for the next 2 years. • We have included health inequalities in all the models of care, ensuring greater equity of access.
Did we achieve this priority	In 2025/26, we built on our progress from the previous year and completed the following: **Maternity Survey Expansion:** The survey was rolled out more widely and the results of the survey were reviewed. • Survey results have informed key skills for 2026/27 • New trust maternity leaflet specifically for tourists, migrants, refugees or asylum-seeking women– details how to call an ambulance for emergency care noting that this is free to them. • Maternity training for EOC staff – clinical and non-clinical. **Mental Health Priority Briefing:** A briefing paper was submitted to the patient safety group which provided: • A summary of historical work on mental health and physical health checks • A review of recent data and key findings • A validated and visualised dataset to deepen our understanding of health inequalities in these priority areas.

Actions to be carried forward to 2026/27	• **Key skills delivery** • **Ethnicity Data Collection work:** Adapt the NHS data sheet to make it fit for an ambulance service. • **Complete the trust wide health inequalities mapping:** This will allow us to commit to new priorities. • **Continue to work with system partners to reduce health inequalities within our region.** **Note:** these have all developed from the Quality Account priority however, they were not planned as part of the original actions.

Looking forward – report on the 2025/26 Quality Priorities

The process of identifying the Quality Account priorities for 2026/27 was robust, inclusive and evidence informed. It drew on multiple sources, including patient and public feedback, staff insight, patient safety incident data, performance metrics, health inequalities information, and alignment with the Trust's strategic objectives.

Engagement with internal and external stakeholders was central to this process. Staff, patients, and public representatives contributed through surveys, focus groups, and engagement sessions, while operational, clinical, and corporate leads provided insight through meetings and written feedback to ensure everyone could participate. The priorities were reviewed at the Patient Safety and Experience Group (PSEG) in December 2025 and at the Quality and Patient Safety Committee (QPSC) in January 2026, ensuring alignment with organisational strategy, national requirements, and patient safety considerations.

Following this process, the Trust has identified the following three Quality Account priorities for 2026/27, each aligned to a primary domain:

- **Patient Safety – Resilient Organisation**
  Building organisational resilience across workforce, operations, leadership, and system partnerships to ensure the Trust can anticipate, adapt, respond, and recover while maintaining safe, high-quality care.
- **Clinical Effectiveness – Falls: Level 1 Response**
  Focusing on timely, compassionate care for patients experiencing falls, reducing harm from prolonged "long lies," improving staff deployment, and strengthening system-wide pathways to support safe alternatives to unnecessary conveyances.
- **Patient Experience – Patient Safety Partners (PSPs)**
  Embedding patient and public voices in governance, improvement, and safety initiatives through the introduction of Patient Safety Partners. This will strengthen co-production, transparency, and learning from patient experience.

These priorities have been selected to target areas of greatest impact for patients and communities, support continuous improvement, and address known risks and themes identified through patient feedback and safety intelligence. They build on the Trust's existing programmes while introducing new initiatives where gaps have been identified.

The table overleaf provides further detail on each priority, including aims, delivery plans, and expected measures of success.

Domain:	Patient Safety
Priority Title:	Resilient Organisation
Why is this a priority?	Organisational resilience is not solely about emergency planning or business continuity; it is about the Trust's collective ability to anticipate, adapt, respond and recover while continuing to deliver safe, high-quality care. True resilience spans workforce wellbeing and capability, operational robustness, leadership behaviours, system collaboration and community partnerships. It requires shared ownership across the whole organisation rather than residing within a single team or function. By making Resilient Organisation a Quality Account priority, the Trust signals that resilience is a strategic, cultural and operational objective - integral to safety, performance and sustainability - and that it will be developed as a whole-Trust endeavour, supported by Quality and organisational development expertise.
Aims and objectives	• Develop a shared organisational definition of resilience across the Trust • Strengthen workforce resilience, including wellbeing, capability and adaptive leadership • Identify and mitigate single points of operational and system vulnerability • Embed business continuity principles within routine governance and improvement activity • Strengthen collaboration with South Central Ambulance Service (SCAS) and wider system partners • Develop community and volunteer resilience links where appropriate • Develop a business case for a dedicated Business Continuity/Resilience Lead
How will we achieve this?	• Co-design the resilience framework with operational, clinical, corporate and Quality teams to ensure whole-Trust ownership. • Integrate resilience into governance and QI programmes. • Conduct diagnostic assessments and develop mitigation plans. • Collaborate with SCAS for shared learning. • Engage frontline staff in early problem-solving. • Promote resilience culture via Organisational Development (OD) and Comms • Develop proposal for Business Continuity/Resilience Lead

How will we know if we have achieved the quality measure?	• Baseline mapping of organisational vulnerabilities and mitigation plans completed.
	• Evidence of early problem identification and resolution
	• Improved staff confidence and understanding of resilience roles (captured via staff surveys)
	• Business Continuity/Resilience Lead case proposal:
	  ○ The need for a dedicated role to oversee business continuity from a system and subject matter expert perspective.
	  ○ Joint procurement of an appropriate business continuity management system.

Domain:	**Clinical Effectiveness**
Priority Title:	**Falls: Level 1 Response**
Why is this a priority?	Falls among older adults contribute significantly to morbidity and mortality. Delays in response increase risks of hypothermia, dehydration, pressure injuries, and loss of confidence in care. Making Level 1 Falls Response a priority sharpens focus, ensures accountability and demonstrates our commitment to vulnerable patients.
Aims and objectives	• Reduce harm associated with long waits following a fall (e.g., long lies, pressure injuries, dehydration) • Improve patient and carer experience through faster, compassionate care and clear communication. • Support staff with improved deployment models. • Strengthening system-wide care by reducing unnecessary Emergency Department (ED) conveyances and enabling safe community alternatives
How will we achieve this?	• Implement the AACE Falls Response Framework, using alternative responder models. • Optimise use of Community First Responders (CFRs) where appropriate and aligned to operational policy, with a focus on reducing long lies. • Collaborate with system partners to develop shared pathways. • Deliver targeted staff training. • Monitor operational data and gather patient/carer feedback for continuous improvement
How will we know if we have achieved the quality measure?	• Establish baseline for average response time to Level 1 Falls calls (Q1 2026/27) • Reduce mean time on floor for patients who have fallen, measured from time of call to arrival of the first responder on scene. Baseline to be established in the initial review, with target reduction confirmed thereafter. • Increase appropriate use of alternative responder models,

	measured by: ○ Percentage of falls-related calls attended by a volunteer responder (e.g., CFR) ○ Number and proportion of falls calls resulting in non-conveyance following volunteer responder attendance. • Reduction in proportion of patients experiencing prolonged "long lies" (as defined by >1 hour on floor, where recorded) • Reduction in avoidable Emergency Department conveyances where safe alternative pathways are available. • Positive patient and carer feedback regarding timeliness and communication.

Domain:	**Patient Experience**
Priority Title:	**Patient Safety Partners**
Why is this a priority?	Patient and public involvement is central to delivering safe, high-quality, and compassionate care. The introduction of Patient Safety Partners (PSPs) aligns with NHS England's Patient Safety Partner Framework and SECAmb's Patient and Public Engagement Strategy. By embedding PSPs within our governance and improvement structures, we will strengthen the voice of patients and the public in safety and quality decision-making. This priority also supports our commitment to transparency, co-production, and continuous learning from patient experience. Our review of current engagement opportunities identified the need for a structured pathway that allows people to participate meaningfully at different levels, from sharing experiences to shaping governance. The hybrid PSP model tailor's involvement to the level of engagement and responsibility. Some roles will be voluntary, for those contributing through specific projects or sharing experiences, while other roles will be paid, reflecting higher responsibility, sustained involvement, or participation in governance forums. This approach ensures inclusivity, progression, and appropriate recognition for all PSPs according to their contribution.
Aims and objectives	• Recruit and onboard 2-3 PSPs by the end of 2026/27. • Embed PSPs in governance and improvement forums. • Develop pathways for progression and training. • Ensure appropriate support, remuneration and evaluation of impact
How will we achieve this?	• Finalise hybrid PSP role framework aligned with NHS England PSP roles. • Develop recruitment, induction, and mentorship programmes. • Deliver communications and recruitment campaigns.

	• Embed PSPs in governance and QI activities
How will we know if we have achieved the quality measure?	• 2–3 PSPs active in governance by 2026/27 • Cohort reflects community diversity. • Evidence of influence on safety/quality improvements • Positive feedback from PSPs and staff

Patient Safety and Quality Improvement

This section sets out a summary of our approach to patient safety, incorporating our approach to learning and serious incidents in particular compliments and complaints safeguarding**.**

Patient Safety Response Framework

The Patient Safety Incident Response Framework (PSIRF) went live in January 2024, replacing the Serious Incident Framework as per the national directive. Since then, the Trust has published a PSIRF policy and its first Patient Safety Incident Response Plan spanning into 2025/2026.

Insights

The Trust identified five priority areas for improvement in the PSIRP, including ST Segment Elevation Myocardial Infarction, harm after discharge on scene, Inter-Facility Transfer (IFT), safety during conveyance and delays to hands on chest. Specifically, these themes focused on harm resulting from delays in call-answering, delays in ambulance attendance and issues with triage.

Evaluation of the 2024/25 PSIRP identifies that the Trust made a strong and credible start in implementing the PSIRP, with clear priorities, established governance structures, and a programme of investigations generating meaningful learning. Early progress demonstrates that the right foundations and systems are now in place, supported by national collaboration. This has not yet translated into measurable improvements in outcomes, and further work is needed to strengthen staff capability, ensure consistent tracking and closure of actions, and embed a culture of psychological safety. The next phase will focus on moving from implementation to demonstrable impact and assurance.

Involvement

Our strategy to engage and involve those affected by patient safety incidents continues to grow. Our response to incidents continues to meaningfully engage patients, families, carers, and staff. This engagement has included appropriate disclosures through Duty of Candour and Being Open and Honest conversations. Further, responses have involved patients in shaping the Terms of Reference for investigations.
Similarly, responses to incidents have shown due consideration and compassion to staff. Investigations have sought to support staff who have been involved in incidents by adopting a system focus and avoiding approaches which single out individuals' failures as solely responsible for incidents.

Improvement

Relevant Trust staff completed a range of training courses in line with national standards including those on incident investigation, oversight and compassionate involvement of those affected by incidents.

Key Highlights

- Implementing the governance infrastructure for PSIRF
- Appointing a Safety Improvement Specialist
- Appointing a Datix/Incident Data Manager
- Embedding new systems and processes to support PSIRP
- Completing an evaluation of the first PSIRP
- Initiating two quality improvement programmes on Safe in the Back and Inter Facility Transfers in line with PSIRP priorities.

Our Plan for 2026/27

Completing a revised Patient Safety Incident Response Plan (PSIRP), ensuring alignment with current regulatory expectations and organisational priorities

- Appointment of Patient Safety Partners to strengthen patient voice and independent insight within our safety governance structures.
- Rebuilding our patient safety incident reporting digital infrastructure to enhance data quality, reliability, and usability for learning.
- Refreshing our complaints policy and processes to increase access to, and responsiveness of, patient feedback.
- Reinforcing our tracking system to monitor the effectiveness and sustainability of patient safety mitigations.
- Completing additional investigator training to improve the depth, consistency, and impact of learning responses.
- Initiating a trust-wide human factors awareness programme to embed a deeper understanding of system-based safety across the organisation.

Compliments, complaints, concerns, HCP concerns & enquiries

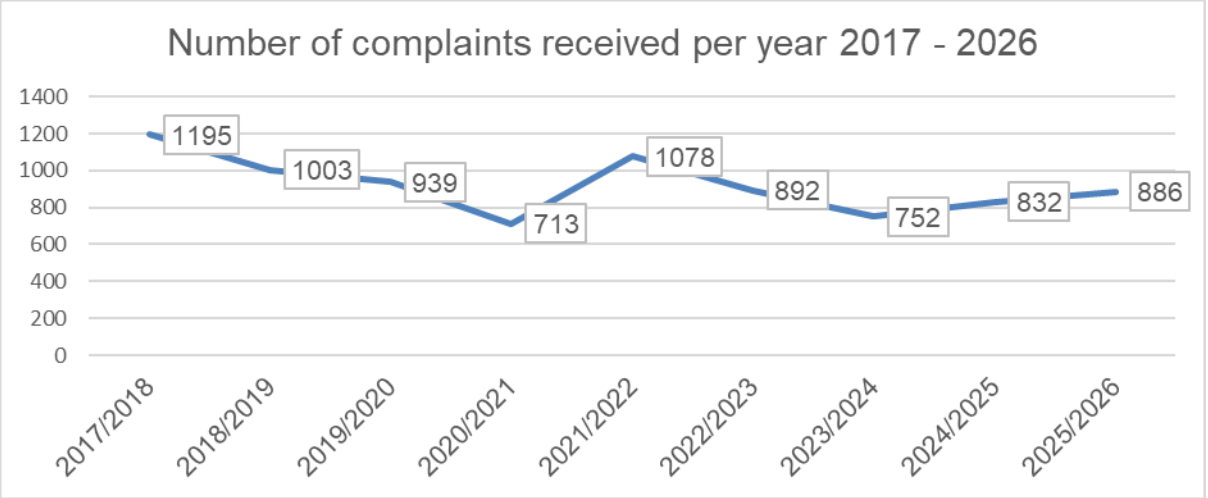
During 2025/2026:

- Our Emergency Operations Call Centre staff answered 968,960 calls.
- Our NHS 111 Call Centre staff took 911,280 calls.
- Our A&E road staff attended 679,206 responses to patients.
- Total number of complaints received 886.
- Total number of compliments received 2,146.

This represents 2,559,446 separate interactions with our service users, equating to one complaint for every 2,888 patient interactions and one compliment for every 1,192 patient interactions.

In 2025/2026, the Trust saw a 6.5% increase in complaints since the previous year. On review it has been noted that complaints for Integrated Care have slightly decreased by 3.25%, 467 in 2024/2025 to 453 in 2025/2026 while complaints for Operational Staff have increased by 13.5%, 377 for 2024/2025 to 428 in 2025/2026.

During 2025/2026, 82.75% of the complaints the Trust received were responded to within the Trust's timescale; 35 working days for level 2 complaints and 45 working days for level 3 complaints. This has fallen from the 92.75% achieved by the Trust in 2024/2025.



Review and grading of complaints

Complaints are reviewed by the Divisional PALS Officers and graded according to their seriousness; this ensures they are investigated both appropriately and proportionately.

These are:

- **Level 2** – a complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager of the service area concerned to investigate.
- **Level 3** – a complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

93.5% (828) of complaints received during 2025/2026 were graded as level 2, with the remaining 6.5% (58) as level 3. This split is the same as 2024/2025 with 832 complaints received, 778 level 2 and 54 level 3. The grades allocated are constantly reviewed during the investigation and can be changed either during or on completion.

Consideration is also given to whether the complaint requires further review under the Patient Safety Incident Response Framework (PSIRF). Complaints can be downgraded from level 3 to level 2, if during or on completion of the investigation the seriousness is not as great as originally thought and the patient has not suffered any harm.

Complaints are categorised into subjects and can be further distinguished by sub- subjects if required.

Complaints received during 2025/2026 by subject and service area

The highest number of complaints received within the Trust were within our Integrated Care (999 and NHS111 call taking service) with a total of 453 (111 – 173 and 999 – 280) with Operations (Ambulance response) receiving 428. The top five themes, which make up 66% of the complaints received (585) were:

- Staff conduct/attitude (225 complaints, 25.5%) and non-clinical staff conduct/attitude (26 complaints, 2.85%) – the largest overall category, affecting all directorates, particularly field operations across the organisation.
- Pathways concerns (124 complaints, 14%), Timeliness – A&E (102 complaints, 11.5%) and Ambulance not sent (56 complaints, 6.25%) - indicate operational pressure and potential patient dissatisfaction with triage or dispatch outcomes, particularly within 999 and 111 services.
- Inappropriate treatment (78 complaints, 8.75%) – these clinical concerns highlight ongoing issues around care decisions and communication.

Less frequent but notable issues include Timeliness – 111 Response (52 complaints, 5.85%), Not transported to hospital (44 complaints, 5%) and Standard of driving (39 complaints, 4.5%).

Complaints closed

NHS England requires an annual report from all NHS Trust's to confirm how many complaints each Trust received were found to be either upheld, partially upheld, or not upheld. The decision on outcome is made by the Investigating Manager based on the findings from their investigation. The Divisional PALS Officers review the decision on receiving the investigation report and will challenge the Investigating Manager should they feel their decision to be incorrect.

During 2025/2026, 805 complaints were closed. 365 of the complaints closed (just over 45.25%) were found to be upheld or partly upheld by the investigating manager. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'.

The complaints which are closed due to consent not being received from the patient to disclose information from their medical records are still investigated and any learning that is identified by the investigating manager is implemented. There were only 9 cases in 2025/2026, just over 1%, where consent was not received to investigate.

There are also a small number of complaints that are withdrawn by complainants who specifically request that an investigation does not take place and ask us to withdraw their complaint. There were eight such cases (less than 1%) in 2025/2026.

When a PALS Officer recognises that there may have been patient harm, complaints are reviewed by the Patient Safety Team. If following review, it is deemed to be the case the complaints are closed, and the case taken over by the Patient Safety Team. The complainant is informed by Patient Safety Team of the new timescales for completion of the investigation. There were five such cases last year.

The Trust has a robust process for learning from complaints, identifying learning at individual, team and organisational levels, ensuring continuous improvement. One example of Trust wide learning from a complaint in the last year relates to a complaint raised from patient whose assistant dog was unable to travel in the ambulance with them as the correct safety

equipment was not available. The Trust has distributed the appropriate equipment across ambulance operating units so that our staff can now safely transport assistance dogs and comply with our policy and the Equality Act 2010.

Parliamentary and Health Service Ombudsman

Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (Ombudsman) for review. When the Ombudsman's office receives a complaint, they contact the PALS Team to establish whether there is anything further the Trust feels it could do to resolve the issues. If we believe there is, the Ombudsman will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the Ombudsman will ask for copies of the complaint file correspondence to review and may investigate.

During 2025/2026 there have been 12 cases where the Ombudsman requested details of a complaint. This is up from nine in 2024/2025. Of the 12 cases, seven are still being reviewed by the Ombudsman.

Patient Advice and Liaison Service (PALS) issues

PALS is a confidential service that offers information or support, and answers questions or concerns about the services provided by the Trust which do not require formal investigation. These are entered into our electronic patient safety and risk management software system, Datix, as Level 1 cases. Year on year we see an increase in these PALS requests.

Type/Year	2021 - 2022	2022 - 2023	2023 - 2024	2024 - 2025	2025 - 2026
Information Request**	452	466	607	748	446
Enquiry	18	39	61	88	50
Concern	83	116	122	146	136
HCP Concern*	0	0	14	318	450

**HCP concerns were handled as incidents by the Datix Team up to March 2024 when they were moved to the PALS Team.*
***Information Requests were a PALS function up to 1 September 2025 when it was taken over by Corporate Governance.*

HCP Concerns continue to increase, but enquiries and concerns have shown a decrease.

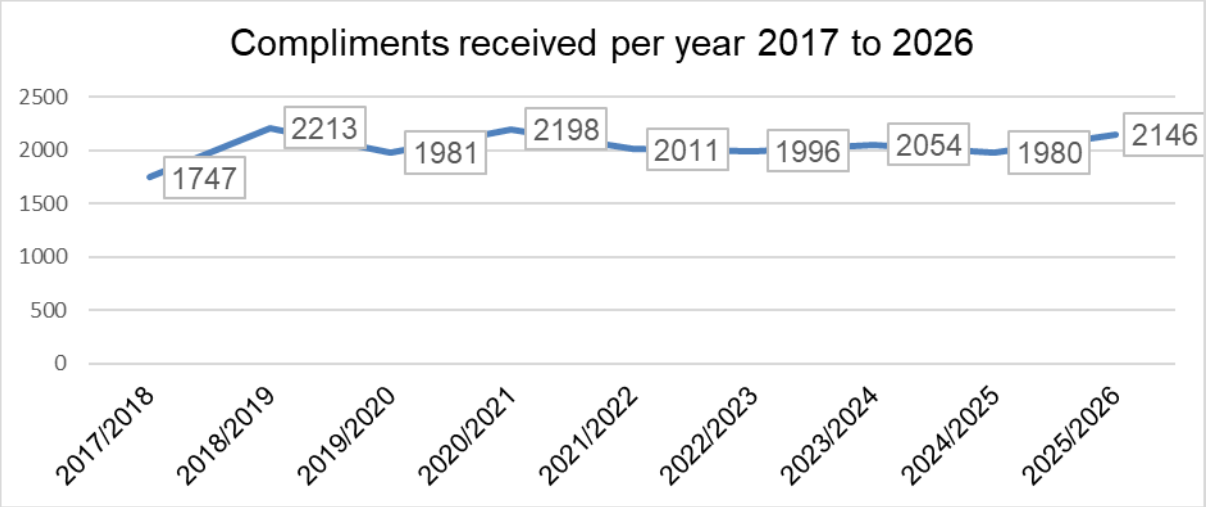
Compliments

The Trust receives significantly more compliments than complaints.

Compliments are recorded on our Datix system (electronic patient safety and risk management software system), alongside complaints, so both the positive and negative feedback is captured and reported back to operational staff. The staff concerned receive a letter from the Chief Executive in recognition of the dedication and care they provide for our patients.
Compliments are shared with crews and their leadership team; staff appreciate being recognised and feel valued when they receive compliments. This validates the good work

they are delivering and makes them feel part of a successful team.

The number of compliments that we have received in the last eight years has averaged 2036 per year and remained consistent.



Information Governance (IG)

The Trust's information governance framework ensures that information is processed in a secure and confidential manner, enabling the best possible delivery of healthcare and services. Compliance with information governance is integral to the management and processing of employee, patient, personal and sensitive information ensuring that this is processed legally, securely, and efficiently.

This framework is firmly embedded within the organisation and ensures that the Trust meets its statutory legal requirements in line with data protection legislation. Internal assurance is met through robust Policies, Data Protection Impact Assessments, Records of Processing Activities, Information Sharing Agreements, and transparency materials. As part of its contractual and national obligations, the Trust completes an annual Cyber Assessment Framework / Data Security & Protection Toolkit. This is an online self-assessment tool which provides a systematic and comprehensive approach to assessing the extent to which cyber and information governance risks to essential functions are being managed.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security, and that personal information is processed correctly.

The Trust has further strengthened its IG and Cyber Security frameworks through the interim appointment of a Head of Information Security who is responsible for ensuring that cyber security assurance is met.

In addition to this, three new subgroups have now been implemented: Data Protection subgroup, Information Security subgroup and the Information Management and Data Quality subgroup. These new groups meet monthly and provide the IG Group with assurance. The IG Group meets bi-monthly and continues to be chaired by the SIRO with widespread membership comprising of Caldicott Guardian, Deputy Caldicott Guardian, SIRO, Head of Information Security and senior managers including representatives from front line operations.

Engagement within the Trust remains positive. During the past year, the Head of Information Governance has continued to engage with services within a face-to-face environment through formal service visits. These have been very well received and provide the opportunity for engagement, discussions and shared learning. Formal service visit reports have been issued, disseminated to key stakeholders, presented to the Data Protection subgroup and used as evidence for the CAF/DSPT.

As part of our digital strategy, there is an operational Shared Care Records Programme Board which meets monthly. This board is responsible for ensuring that new clinical integrations are formally managed using project management methodology and that clinical decision making, IG and Cyber Security assurance is completed. This board is attended by key stakeholders including representatives from clinical, front-line operations, Information Security, Information Governance, SIRO and Caldicott Guardian.

Digital technologies continue to be used to support widespread engagement within the Trust and externally with our partner organisations.

Partnership working

In line with national programmes and our digital strategy, work remains ongoing with partner organisations to integrate clinical systems, develop new clinical pathways and utilise NHS Spine-enabled functions.

During 2025/2026 the Trust successfully piloted the use of GP Connect which has now been rolled out Trust wide. This integration allows our front-line clinicians to access GP records via their Trust-issued iPads when providing direct patient care.

At the time of writing, the Trust has undertaken an early adoption specific to Ashford MRC to enable direct access to the Kent Medway Care Record. Following completion, this will be evaluated with a view to further roll out across the Kent and Medway region.

As part of our digital strategy, the Trust will be looking to progress its integration of National Care Records Service (NCRS) on Trust issued iPads. Access allows authorised health and social care professionals to access and update patient data, including care plans and demographics held on the NHS Spine.

Other integration programmes continue with the Trust now contributing data to the Kent, Medway Care Record (KMCR). Work is also being undertaken to contribute data into the Thames Valley Care Record (TVS) and to enable access to Plexus, Sussex Care Record System. These are significant milestones which will present huge benefits to the ongoing delivery of patient care, leading to improved patient outcomes.

In December 2026, following close collaboration with London Ambulance Service, the Trust piloted the use of Tortus (AI). This application is a medical AI ambient voice application designed to streamline clinical documentation by both transcribing patient conversations in real-time and allowing clinician dictation, to support drafting of medical notes, letters, and coding suggestions. Following this initial pilot, the Trust will be extending the use of Tortus to enable further evaluation. This workstream involved the completion of complex IG, Cyber Security and Clinical Safety assurance, for transparency a bespoke Privacy Notice relating to its use was published on the Trusts public facing website.

All workstreams involve the review and completion of complex IG and Cyber Security assurance with robust checks and balances taking place prior to implementation. The integration of shared care patient records, partnership working, and implementation of NCRS will support the delivery of patient care leading to better outcomes.

Ongoing collaboration and sharing of expertise between IG, IT and Cyber Security portfolios ensures that the Trust meets national mandated standards. Our partnership working within the health and social care setting, partner Ambulance Services and Acute providers remains paramount to the success of these programmes.

Compliance with data protection

Confidentiality and compliance with data protection legislation remains at the forefront of our organisation. As an Ambulance service, we process a significant volume and variety of personal and sensitive data: this information relates to our employees, contractors and those patients who enter our service.

Our transparency obligations continue to be evidenced through the Trusts external website and internal intranet which provide information, advice and guidance relating to information governance and data sharing. Information published within our public facing website is regularly reviewed and updated, with the Trust holding a suite of Privacy Notices relating to its services, use of AI, partnership working, data sharing, research, data subject access requests, and National Data Opt Out.

To ensure compliance, mandatory IG / Cyber Security awareness training is completed by all staff on an annual basis. This modulised training is reviewed and updated annually by the Head of Information Governance / Data Protection Officer and Deputy Caldicott Guardian and republished in April each year.

Training completion provides assurance that all individuals are aware of their roles and responsibilities regarding confidentiality, appropriate data sharing, and the processing of data with a legal basis. It also ensures that the Trust meets its Cyber Assessment Framework / Data Security & Protection Toolkit obligations. At the time of writing our toolkit is being formally audited, the resulting audit report will then be scrutinised and presented to the Audit and Risk Committee in June 2026.

Under UK GDPR the completion of Data Protection Impact Assessments (DPIA) remains a mandatory requirement for high-risk processing activities These assessments are completed in instances where there are changes to systems or processes involving the processing of personal and special category data. Completion identifies any associated data protection risks, ensures compliance with legislation, and provides documented internal assurance. This process is fully embedded within the organisation with a dedicated DPIA information page available within the Trust's intranet.

Collaborative Working

Fundamental to the Trust's information governance agenda is the ongoing strategic development of an IG-aware culture. This is essential as the Trust continues with its integration programmes, use of digital initiatives, and collaborative working with partner organisations within the health and social care setting. At an internal level, collaborative work continues to be evidenced through face-to-face IG service visits and through remote based sessions using existing software solutions.

The Head of Information Governance / Data Protection Officer continues to work collaboratively at a national and local level with regular attendance at the national DPO forum facilitated by NHS England, National Ambulance Information Governance group and local membership with the Sussex, Surrey and Kent Information Governance groups. This collaborative work provides a professional forum for discussions, best practice and shared learning, all of which remain a vital component as we continue our clinical integration programmes with partner organisations.

Forward Plan 2026 / 2027

The Trust is a fast-paced, proactive, forward-thinking organisation. It continues to strategically develop its digital strategy and strengthen its framework through shared learning and the completion of technical and IG assurance. With increased, complex data sharing, use of AI, integration of clinical systems and development of new clinical pathways within the health and social care setting, compliance with information governance and cyber security remain a vital component.

Internal audits / formal service visits are fundamental to gauging awareness and identifying improvements: these are also a requirement of the Cyber Assurance Framework / Data Security and Protection Toolkit. These audits / service visits will continue with findings formally presented to key stakeholders, the Data Protection subgroup and IG Group.

Reportable IG Breaches 2025 / 2026

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During this reporting period (April 2025 – March 2026) the Trust reported three breaches to the ICO, all related to a breach of confidentiality.

In accordance with Trust process, significant breaches are formally graded by the Head of Information Governance/Data Protection Officer then forwarded for scrutiny to the Caldicott Guardian and Senior Information Risk Owner (SIRO). Following independent review, these are then formally recorded though the Cyber Assurance Framework / Data Security & Protection Toolkit and reported to the ICO.

All breaches (significant and lower level) are internally reported, comprehensively reviewed, with shared learning completed. Should a reportable breach occur, a formal anonymised report summarising the breach and actions taken is presented to the IG Group. The Trust continues to have good engagement with its regulator with no further action taken by the ICO in relation to these reportable breaches.

Quality Improvement

The Trust applies a structured Quality Improvement (QI) methodology known as DMAIC Define, Measure, Analyse, Improve and Control to address complex problems where solutions are not immediately apparent, or where multiple options exist and require careful evaluation. Central to this approach is the involvement of those closest to the issue, including patients, clinicians and non-clinical staff. Both quantitative data and qualitative feedback are essential to understanding problems accurately, and improvements are tested on a small scale before wider implementation.

Over 1,500 staff have been trained in introductory QI principles, with several going on to lead projects across the organisation. In addition, more than 20 QI Ambassadors are embedded across the Trust, supporting colleagues within their teams and departments to identify opportunities for improvement and deliver meaningful change.
Each year, the QI team works with stakeholders to agree a set of priority projects that will make a meaningful difference to staff and patients.

For 2025/26, three priorities were identified:

1. **Inter-Facility Transfers (IFTs)**: This project sought to ensure that inter-facility transfers are conducted safely and in a timely manner, and that ambulance crews are deployed only to genuine emergencies. IFTs involve the movement of patients with immediate life-threatening conditions requiring transfer to another hospital for treatment within four hours. Whilst IFTs account for approximately 2% of total monthly ambulance activity, incidents involving mild, moderate and severe patient harm had been reported to the Trust through the DATIX/DCIQ reporting system, Coroner's Court proceedings and formal complaints.

Given the associated patient safety risks and potential financial implications for the Trust, QI methodology was applied to understand the root causes and implement effective, sustainable solutions.

2. **Improving Clinical Audit Performance:** This priority focused on increasing and sustaining clinical audit compliance from a baseline average of 81.49%, recorded over the preceding 18 months, to a target of 86% or above. Achieving this supports improved patient safety, greater clinical effectiveness and more consistent performance feedback to clinicians across the Trust. Since the project commenced, several improvements have been implemented or are currently underway:

- Audit Tool Redesign — A working group of Clinical Supervisors and Practice Development colleagues collaborated to redesign the existing audit tool. Permission was secured from NHS Pathways, subject to compliance with both NHS Pathways and SECAmb governance requirements. A trial of two audit tool options has concluded, and governance validation of the selected tool is underway.
- Feedback Capability — Strengthened feedback training for staff and managers has been completed to improve the quality and consistency of performance conversations.
- Early Integration into Training — Audit education has been introduced at the start of the clinical training journey and has received positive feedback from participants.
- Audit Levelling — Ongoing audit levelling sessions continue for both clinical and non-clinical audits. Benchmarking data indicates that SECAmb is currently performing below some comparator organisations, reinforcing the importance of this programme.

3. **Lost Equipment**: Equipment losses were running at approximately £1 million in 2024/25. A QI project was initiated with operational staff to understand the underlying drivers and put practical measures in place to reduce and control this. The first six months of the project delivered a reduction of over 50%. A successful trial was also undertaken at the Banstead Operational Unit, using tagging technology to track the misplacement of scoops and stretchers.

The Innovators Den

Launched in January 2025, the Innovators Den gives staff at all levels of the organisation the opportunity to present ideas that could make a meaningful difference to their colleagues and to patients. A panel drawn from across the organisation, including a patient representative and volunteers, evaluates submissions and awards investment of up to £5,000 to successful pitches. Three seasons have now taken place, with several initiatives at varying stages of rollout and implementation. Some examples are provided below:

1. Review of Trust Medicine Pouches:
The current medicines pouches result in significant wastage from expired medicines and breakages caused by overfilling. Staff lose time searching for the correct pouch, and a proportion of staff are carrying medicines they have no authority to administer. This initiative seeks to address all three issues in a single redesign.

2. E-Bike Trial in Manhood Peninsula by CFRs
Manhood Peninsula presents particular access challenges, especially during the summer

months when holiday traffic significantly affects response times. The area also encompasses miles of beachfront, cycle networks and nature reserves that are not accessible to motor vehicles. A Community First Responder Cycle Response Unit offers a practical solution, enabling patients to be reached promptly and receive appropriate care, supporting improved patient outcomes. The pilot launched in September 2025 and is due to conclude in July 2026.

3. Z-Style Cards with Care Advice for the Elderly

Improving outcomes for fallers is a key focus within the Trust's Models of Care workstream. This Innovators Den initiative takes a proactive approach, providing tailored care information to help prevent trips and falls in elderly patients. The cards are designed to be handed out following an intervention at the patient's home.

4. Central Repository for Building Access Information

Crews are routinely required to attend hospitals outside their usual Operational Area, either for patient transfers between acute specialist hospitals or to support demand in other areas. Exposure to unfamiliar sites can be sporadic, and there is anecdotal evidence that crews lack confidence navigating unfamiliar hospital layouts, locating facilities and accessing specific departments. This can appear unprofessional in front of patients and risks delays in care. The successful Innovators Den pitch proposed a central repository containing access codes, primary hospital floor layouts, refreshment points and facility information for both SECAmb standby points and NHS partner sites, giving crews the information they need when they need it.

Safeguarding

Safeguarding is a vital process that protects children and adults from harm, abuse and neglect. The safety and wellbeing of adults and children is important as they encounter care through our 999 and NHS 111 services. SECAmb reinforces the principle that safeguarding is everybody’s responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.

In 2025/26, approximately 39,370 referrals were received across the NHS 111 and 999 services, comprising 31,083 adult referrals and 7,564 child referrals. This represents a small reduction compared with the previous year. However, during 2024/25 there were known issues with duplicate referrals resulting from a Datix system glitch, which is likely to have inflated figures for that period. As such, year-on-year comparisons should be interpreted with caution, as the apparent reduction may in part reflect improved data accuracy rather than a true fall in demand.

Key reasons for referral trends include and highlight:

- Ongoing financial and housing pressures, which continue to place strain on individuals and families and increase vulnerability.
- Greater levels of social isolation, particularly among older people, carers, and those with limited support networks.
- More people experiencing mental health difficulties, including both adults and children, often alongside wider safeguarding concerns.
- Improved awareness of safeguarding. Professional curiosity and self-neglect, leading to earlier identification and referral of concerns by SECAmb staff.

- An ageing population with increasing frailty and complex health needs, resulting in higher levels of risk and support requirements.
- Pressure on partner services and changing thresholds, meaning NHS services are more frequently used as a route for raising concerns.
- Family and carer fatigue, especially where long-term illness, disability, or complex needs are present.

All safeguarding referrals continue to be reviewed by members of the Safeguarding Team prior to being forwarded to the relevant local authority. While 2025/26 has seen a small reduction in referral numbers compared with 2024/25, this follows several years of sustained growth. Overall, safeguarding activity has increased significantly, with referral numbers rising by approximately 75% over the past four years.

Although it is difficult to attribute this long-term increase to a single cause, a range of contributing factors have been identified, including:

- The expansion of the population covered by SECAmb, resulting in a larger and more diverse cohort of service users and a corresponding increase in identified safeguarding needs.
- Reduced capacity and challenging waiting times within primary care, community services, and social care, meaning unmet needs are more likely to be identified when individuals access 999 and 111 services.
- Increased demand on adult social care, including delays in care package provision, limited availability of domiciliary care, and challenges with care home placements, all of which can contribute to heightened safeguarding risk.
- The increased profile and visibility of safeguarding across the organisation, supporting a culture of shared responsibility across clinical and non-clinical teams.
- The ongoing impact of safeguarding training, which has demonstrated improved staff confidence and consistency in recognising and reporting concerns.

Scrutiny of safeguarding practice demonstrates a very strong safeguarding reporting culture throughout the organisation. The recognition by our workforce of the increasing care needs across a frail and vulnerable population are highlighted clearly in the safeguarding referrals received by the Safeguarding team.

Although a portion of initial concerns may not be overtly safeguarding, a review of patient care needs by social care can often identify other concerns such as inadequate care provision or identifying other unmet needs. Continued inadequate care provision can often lead to poor health outcomes leading to the possibility of more emergency and urgent care being required.

Engagement with safeguarding training has remained high across the organisation during the year. There has been a focus on embedding the concept of executive function within the principles underpinning the Mental Capacity Act.

As of April 2026, 2058 clinicians out of a total 2471 clinicians are in date with their training. Trust compliance with safeguarding training is 83.3%.

Out of the 374 colleagues that are non-compliant, 309 have been booked onto a training course. This will ensure the Trust maintains an average compliance figure of over 85%.

Since January 2026 we have booked 878 colleagues on too courses and trained 512 colleagues.

Throughout 2026/27, plans are in place to ensure that L3 safeguarding training compliance remains high across all services within the Trust. All staff will be expected to complete Level 1&2 safeguarding training alongside a continued focus on mental capacity training.

Infection Prevention Control (IPC)

Infection Prevention and Control (IPC) remain a core priority in ensuring the delivery of safe, effective, and high-quality care. SECAmb's focus throughout the reporting period has been to strengthen clinical practice, reduce avoidable infections to both patients and staff, and embed evidence-based standards across all clinical environments.

The Trust has continued to implement national guidance, including the UK Health Security Agency (UKHSA) infection prevention standards, and the NHS England Board Assurance Framework for IPC. Regular audits have been integral to measuring clinical effectiveness. These include hand hygiene compliance, environmental / vehicle cleanliness, aseptic techniques (procedures performed under sterile conditions), and personal protective equipment compliance. Audit outcomes are shared with local teams at the monthly Divisional Governance Group meetings and leadership teams can review their compliance levels live through a dashboard on Power BI supporting awareness and continuous improvement.
To support clinical effectiveness, we continue to provide staff education through mandatory Level 1 and 2 IPC training. The Trust has also introduced a new role for High Consequence Infectious Disease (HCID) training that provides both internal and external expertise. The individual in this role works with our Hazardous Area Response Team (HART) colleagues to ensure compliance. Training uptake is high, with frontline teams demonstrating increased confidence in applying infection control principles in day-to-day practice.

Following the introduction of the IPC App last year the Trust has seen an increasing uptake in usage by staff. One recent example of good practice was the Kent meningitis outbreak where both staff and local managers made use of the App for checking information and feedback received from staff was that this was a helpful and quickly accessible resource supporting them in practice. The App has now received three national awards, and the Trust are in the process of sharing it with other ambulance services and community NHS Trust providers.

Collaboration has been central to progress and continuous improvement. IPC has worked closely with Integrated Care Boards and the team attend both regular IPC Forums and Post Infection Review meetings to support learning and ensure the highest infection control standards are maintained.

This year's flu vaccination programme was very successful and 67.9% of frontline staff were vaccinated. In early May 2026, the IPC team will undertake a look back and learning review meeting, adapting the programme as required for next year.

The IPC Team have been working on reinforcing our IPC Champions network and have introduced continuing professional development (CPD) to the role to help strengthen the Champions knowledge and understanding of in the ambulance environment enhancing capability and capacity in this area.

Looking ahead, priorities for IPC include further development of clinical audit programmes, enhancing digital systems for real time surveillance, and supporting teams to embed quality improvement methodologies within IPC practice. We remain committed to reducing variation, improving patient outcomes, and maintaining a proactive, evidence-based approach to infection prevention and control across all services.

Health, Safety and Security

The Trust is committed to maintaining robust health and safety arrangements to protect both our staff and our patients, whilst also ensuring both legal and regulatory compliancy. Health and safety are overseen by the Health and Safety Working Group as part of the Trusts corporate governance arrangements.

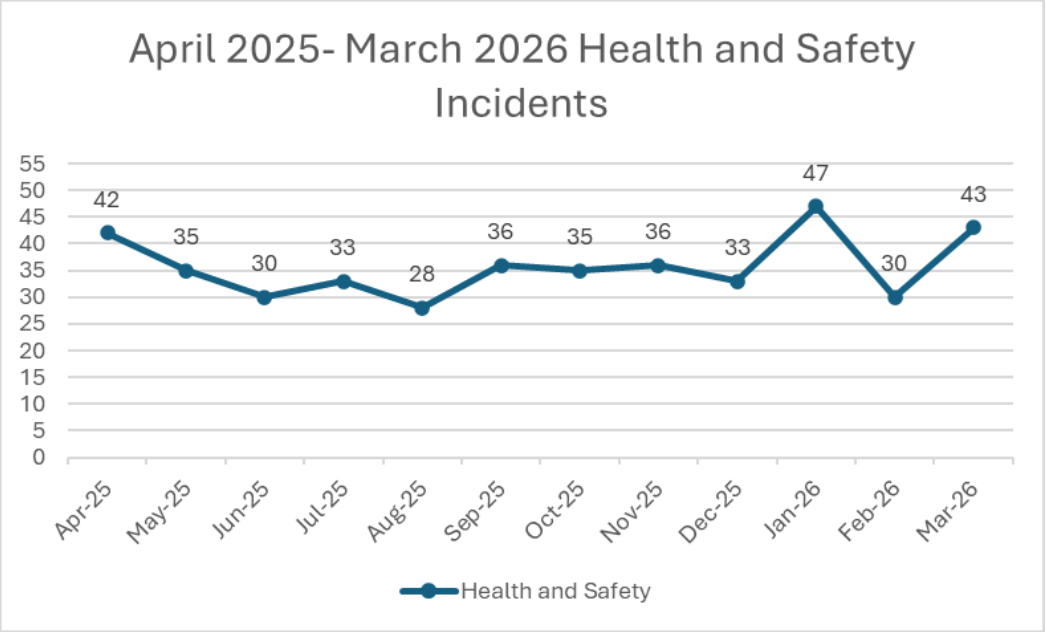
During 2025/26 an internal health and safety review was undertaken, led by the team and supported by key internal stakeholders. The objective of the review was to:

- Provide assurance that the Trust is legally compliant with all aspects of H&S and ensuring the safety of our staff, patients, visitors, and others who may be affected by the Trust's work activities.
- Confirm that current health and safety organisational arrangements are appropriate and support good health and safety governance.

The review provided continued positive assurance of the Trust's overall health and safety framework, while outlining targeted improvement areas. The implementation of targeted actions and clear leadership support ensures the Trust is well positioned to achieve positive progress in safety and staff well-being, whilst maintaining a positive health and safety culture.

Health and Safety Incidents April 2025 to March 2026

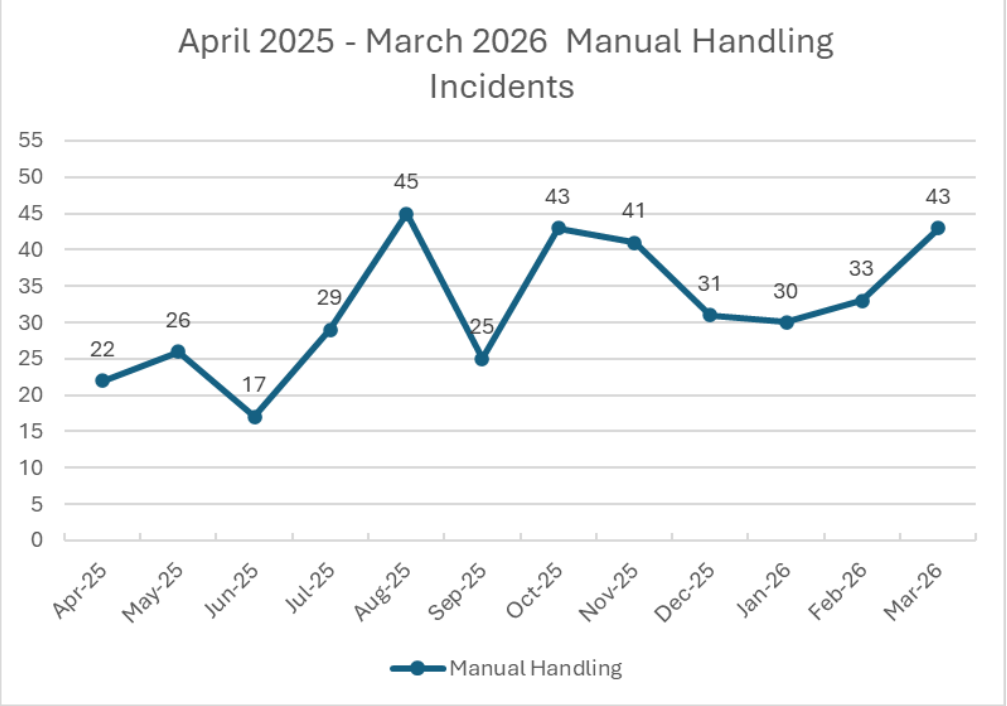
From April 2025 to March 2026, staff reported 422 health and safety incidents, a 0.7% increase from the previous year. The most common incidents involved slips, trips and falls or cuts/abrasions. From these, 74% caused low harm, 11% caused moderate harm, and 15% were classified as near misses / no harm.



Manual Handling Incidents April 2025 to March 2026

A total of 385 manual handling incidents were reported this year, an increase of 91 reports compared to the previous year. Of these 44% caused short term harm, 48% moderate harm and 8% no harm/near misses.

The Trust is continuing to actively work to reduce accidents and near misses, with a focus on manual handling incidents. A Muscular Skeletal Injury Reduction Working Group has been established and continues to lead targeted interventions to actively reduce these types of incidents.

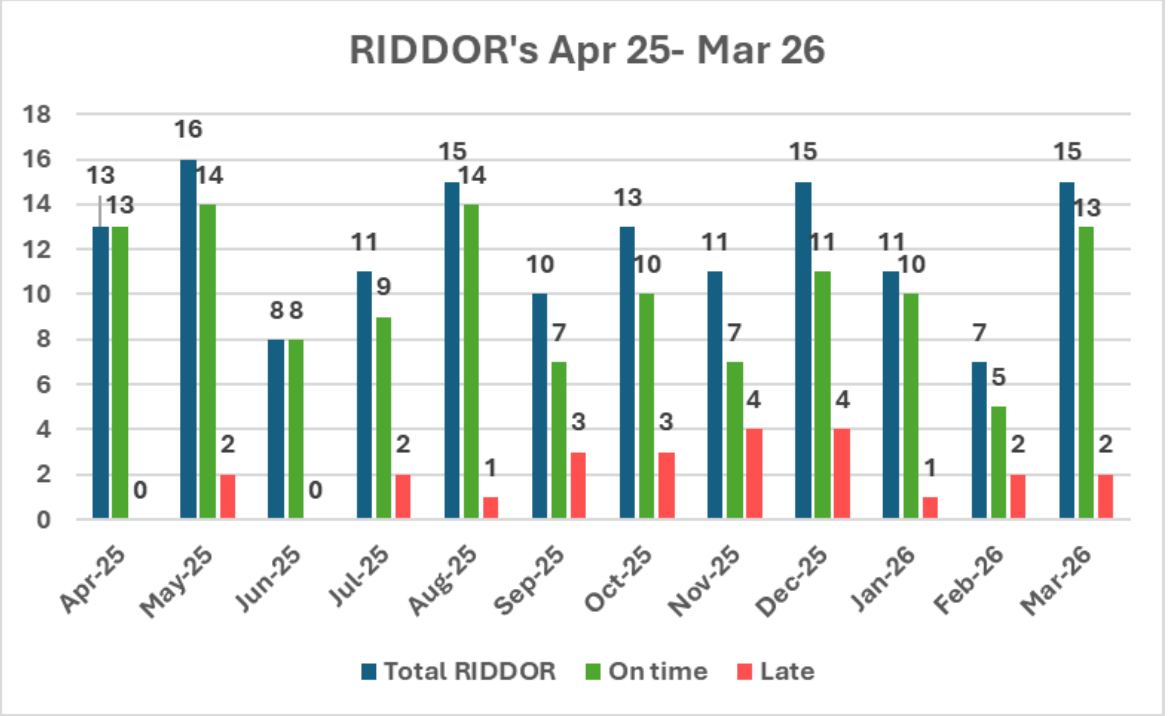


RIDDOR (reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) Incidents - April 2025 to March 2026

To protect our workforce, the RIDDOR regulation requires employers to report certain workplace accidents, occupational diseases and specified dangerous occurrences. Formal reporting is undertaken by the employer to the Health and Safety Executive (HSE): accidents resulting in over-seven-day incapacitation of an employee require notification to the regulating authority within 15 days of the incident.

The Care Quality Commission (CQC) and the Health and Safety Executive (HSE) have a Memorandum of Understanding (MoU). The purpose of this MoU is to help ensure that there is effective, coordinated, and comprehensive regulation of health and safety for patients, employees, and members of the public. The MoU outlines the respective responsibilities of CQC, HSE and local authorities (LAs) when dealing with health and safety incidents in the Health and Adult Social Care sectors.

In year, the Trust reported 145 RIDDOR-reportable incidents, with 121 submitted within the required timeframe. The number of reportable incidents increased by 28% from the previous year. Strengthened processes have also reduced the volume of late responses. Shared learning from significant RIDDOR incidents is cascaded through the Divisional Management Groups.



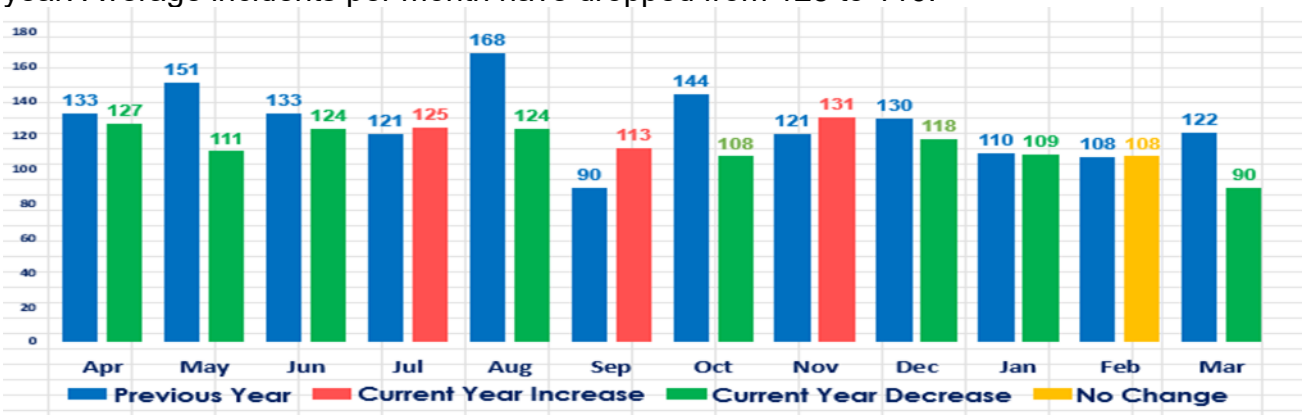
Security

The Trusts security function oversees the following workstreams:

- Incidents of violence and aggression on staff
- Security of Controlled Drugs (CDs), medicines, and medical gases
- Security of critical infrastructure
- Provision of the Trust Access Control System (entry and exit systems)
- Protection of Trust assets including vehicles and equipment
- Provision of Trust CCTV
- Management of body worn cameras
- Prevention of loss, theft and matters interlinked with counter-fraud.
- Prevention of criminal damage to Trust assets

Violence and Aggression Incidents against Staff April 2025 – March 2026

Colleagues reported 1388 Violence and Aggression incidents during the year, which is a marked decrease of 143 incidents when compared to the previous year. Nine of the last twelve months saw either a reduction or no increase in incidents compared to the previous year. Average incidents per month have dropped from 128 to 116.



The table below depicts how an incident of violence and abuse occurred for 1 in every 492 patients in Q3, rising to 1 in every 656 patients attended in Q4.

Unfortunately, the ambulance sector nationally continues to see annual increases with violence and aggression incidents. An assault occurs for 1 in every 2114 patients attended. Assaults cover the entire spectrum from deliberate acts to those who may be experiencing a medical emergency or mental health crisis.

	Patients attended	Calls Received 999/111	V & A Incidents Roadstaff	Call Handler Abuse	Ratio Roadstaff	Ratio Call handlers	Assaults
Q3 25/26	176377	491549	358	63	1 in 492	1 in 7802	1 in 2027
Q4 25/26	171241	493106	261	46	1 in 656	1 in 10719	1 in 2114

SECAmb has several programmes of work underway that support our staff in effectively preventing incidents of violence and aggression, including a large scale roll out of conflict resolution training, with over 3,400 colleagues completing the training (including Community First Responders and students staff members).

The use of Trust issued Body Worn Cameras has also increased this year, to an average of 2000 deployments per month. These support the protection of our colleagues when dealing with the public and provide valuable footage to support police investigations.
History marking has seen an increase to over 200 reports per month. Incidents and data are continuously reviewed in the monthly Violence Reduction Working Group. The Trust has achieved 95% compliancy with the NHS Violence Reduction Standards and is working to achieve 100% during 2026.

A recent internal audit review by the Trusts external auditors (BDO) of the arrangements for the management of violence and aggression concluded a rating of ‘substantial assurance’ for the Trust.

Overall, the Trust remains committed to continuous improvement in health, safety and security management, strengthening systems, processes, and culture to protect staff, patients, and the public.

Patient and Public Engagement Strategy (2025-2029): Year One Progress

Establishing the Foundations

The Patient and Public Engagement Strategy 2025–2029 sets out SECAmb's approach to strengthening patient and public involvement across service design, delivery, and improvement. Year 1 has focused on establishing the foundations required to embed engagement across the organisation and beginning to demonstrate early impact through structured feedback, co-design activity, and improved insight into patient experience.

Patient Experience Questionnaire

Throughout 2025/26, patient experience feedback continued to be captured through the Patient Experience Questionnaire (PEQ), alongside wider engagement activity. In Quarter 4, 311 PEQs were received across 999 call handling, telephone clinical advice, and ambulance care. Overall satisfaction remained high, particularly with those that received an ambulance response, with 95% of respondents reporting they were treated with dignity and respect and 94% reporting that care was appropriate and effective. Feedback highlighted consistently positive experiences of staff professionalism, communication, and compassionate care, alongside strong performance in call handling and clinical advice.

Patient Stories

A key development during Year 1 has been the strengthening of structured patient insight collection and use. Patient stories are now captured via a digital platform introduced in February 2026, enabling patients, families, and carers to share experiences directly with the Trust. These insights are being used to inform training, communication, and clinical education, including call handler training, sepsis and meningitis awareness, empathy workshops, and wider staff development.

Public Events

Engagement with patients and the public through community events supports education, listening, and relationship-building with local communities. During 2025/26, the Trust continued to participate in public events aimed at improving health literacy, promoting appropriate use of 999 services, supporting CPR awareness, and improving access to care. These activities also supported recruitment and engagement with underrepresented communities.

A structured review of public events was undertaken between February and May 2025 through a Task and Finish Group. This identified the need for more consistent planning, clearer governance, improved tracking and evaluation, and strengthened clarity around roles and operational oversight, including abstraction.

In response, a revised standardised approach has been developed, introducing a phased planning process, strengthened governance, and a central tracking system. Public education remains the core purpose, with a focus on appropriate 999 use, CPR, defibrillator awareness, and wider health promotion.

A stakeholder engagement exercise also informed future planning, bringing together patients, staff, and voluntary sector partners to identify priority areas for 2026/27. This resulted in seven priority public engagement events being identified for 2026/27, with a focus on underrepresented communities and targeted public education.

The revised model includes strengthened evaluation, with post-event review processes to capture feedback and inform service development. Overall, 2025/26 represents a shift towards a more structured and strategically aligned approach to public engagement, providing a stronger foundation for 2026/27 delivery.

Patient Engagement Ambassadors

Patient Engagement Ambassadors (PEAs) support engagement activity across operational areas, championing key messages and feeding back local insight. By Year 1 end, 37 PEAs were recruited across 13 of 14 dispatch desk areas. PEAs contribute to co-design activity, including patient information materials and public education resources, embedding patient voice more directly within operational settings.

Collaboration

Partnership working has supported strategy delivery, including collaboration with other ambulance services and external organisations to share learning on engagement methods, digital tools, and patient involvement approaches. Internal engagement activity has also supported priority setting for 2026/27, ensuring alignment with quality, safety, and health inequalities priorities.

Inclusivity

Work has progressed to improve inclusivity in engagement activity. Analysis of PEQ responses has identified underrepresented groups, and targeted approaches are being developed, including accessible survey formats, community engagement activity, and collaboration with partners to improve reach into underserved populations.

Summary

Year 1 has established the foundations for a more structured and systematic approach to patient and public engagement across SECAmb. Early progress demonstrates improved insight collection, increased involvement activity, and greater use of patient experience data to inform learning and improvement. Year 2 will focus on embedding these approaches, expanding reach, and strengthening the use of patient insight in decision-making.

People and Culture

Our Volunteers
Education and Training
Appraisals
Inclusion
Communicating with our colleagues
Recruiting & retaining staff
Living our values
Employee wellbeing
Working with our trade unions

Volunteers in SECAmb

The past twelve months have represented a significant period of transition and strategic consolidation for volunteering and community resilience within SECAmb. Building on the delivery of previous working practices, 2025/26 has been characterised by a shift from short-term development activity towards the establishment of a clear, sustainable and future-focused direction for volunteering across the Trust.

The most significant milestone during the year has been the launch of the SECAmb Volunteering and Community Resilience Strategy, which for the first time sets out a coherent, Trust wide vision for how volunteering will be embedded within clinical delivery, staff wellbeing and population health outcomes over the coming five years. Developed collaboratively with volunteers, staff, clinical leaders and system partners, the strategy provides a clear framework for growth, governance and investment, and firmly positions volunteering as an integral component of the Trust's Clinical Operating Model rather than a parallel or discretionary activity.

The strategy also addresses several long-standing challenges highlighted in previous reports, including capacity, equity of access to volunteering opportunities, and reliance on time-limited charitable funding. By defining priority areas for volunteering, clarifying expectations, and aligning support structures accordingly, it establishes the foundations for a more resilient and sustainable volunteer workforce capable of adapting to future demand.

At the time of writing (April 2026), SECAmb is supported by around 470 volunteers, continuing an overall upward trend. Volunteer recruitment and training have remained steady, with particular emphasis placed during the year on quality, retention and experience in line with the new strategic direction.

Volunteer Community First Responders (CFRs) and Emergency Responders (ERs) remain the largest cohort and continue to make a substantial contribution to patient care. During the 2025/26 financial year, volunteer responders collectively contributed in excess of 100,000 hours, once again increasing on the previous year, and responded to nearly 18,000 emergency calls. A significant proportion of these calls were Category 1 incidents, where early intervention remains critical to patient outcomes. The continued impact of these responses reinforces the strategic intent to strengthen and modernise volunteer response models over the coming years.

SECAmb Chaplaincy

The volunteer Chaplaincy service continues to provide an essential and highly valued source of support for staff and volunteers across the Trust. Providing a 24-hour confidential listening service for colleagues of all faiths and none, the chaplaincy remains unique within UK ambulance services in both its scale and accessibility.

Now fully embedded within the Quality and Nursing directorate, the chaplaincy service has benefited from strengthened governance, clearer escalation pathways and closer alignment with wider wellbeing provision. This alignment supports the aims of the Volunteering and Community Resilience Strategy by ensuring that volunteer roles contributing directly to staff wellbeing are fully recognised, supported and sustainable.

Volunteer Emergency Responders

The Emergency Responder scheme launched in 2023 utilising charitable funding, with the aim of evaluating whether an alternative model of response for volunteers would provide a benefit to patient care. The scheme involves Community First Responders with additional accredited blue light driver training working on a dedicated marked vehicle to provide an initial patient response in specific rural areas where a standard ambulance response may be delayed.

Learning from the trial and evaluation phase has directly informed the new strategy, which sets out a roadmap for the future development of volunteer response models, including emergency response and the use of marked Trust vehicles, where there is clear patient benefit.

Support volunteers and welfare vehicles.

The Support Volunteer role and Welfare Vehicle provision continue to play a vital role in maintaining staff welfare during periods of increased operational pressure and during major incidents. The four Welfare Vehicles remain strategically positioned and have been deployed both reactively and proactively throughout the year. In particular, the Welfare Vehicles have become a staple part of Major Incident exercises which have taken place throughout the year to support both simulated casualties and staff attending these exercises and ensure adequate refreshments and shelter.

There are now around 40 trained support volunteers across the Trust, providing non-clinical assistance including welfare support, logistical coordination and volunteer-to-volunteer assistance. The Volunteering and Community Resilience Strategy explicitly recognises this role as a core pillar of volunteer contribution, with planned expansion and clearer integration into operational planning.

Public engagement

Public engagement remains a key element of the Community Resilience portfolio, with increasing emphasis placed on strategic targeting rather than ad-hoc delivery. In line with the new strategy, activity during the year has increasingly focused on areas of identified health inequality and communities at higher risk of poor outcomes from cardiac arrest and other medical emergencies.

The new Community Resuscitation Officer role was launched in December, as part of an 18-month project funded by NHS Charities Together. Working alongside the wider Community Resilience team and Trust volunteers, their goal is to increase survival from out-of-hospital cardiac arrest across the South East, with a particular focus on sustainable interventions to minimise the impact of health inequalities, for example by providing training in formats and areas where it has not previously been available.

The Trust has continued to support national campaigns such as *Restart a Heart*, community CPR training and youth engagement initiatives, reaching many thousands of members of the public. Feedback continues to demonstrate the real-world impact of this work, with multiple reports of bystanders using skills learned through SECAmb engagement to save lives.

Public Access Defibrillators and GoodSAM

All active Public Assess Defibrillators (PAD sites) are now registered on the British Heart Foundation “The Circuit” database. They are registered by the owner of the defibrillator, who are reminded to check them regularly by an automated system, and the Community Resilience team provide support and advice to areas where a PAD is identified as inactive in order to increase availability of these devices.

The Circuit database is linked to our dispatch system, and an Emergency Medical Advisor can point a member of the public towards the nearest available defibrillator, if required, during a 999 call. It is usually only shown if it is within 500 metres of the patient. This is a safe and robust system which offers an improved opportunity to improve cardiac arrest survival rates.

GoodSAM is a voluntary programme which allows individuals trained in CPR to download a smartphone app and register to be alerted to known cardiac arrests within the vicinity of their current location, with the intent of providing early ‘hands on chest’ (CPR) which evidence shows is one of the most significant factors in a successful outcome for the patient. The past year has seen an increase in both the number of users who have signed up to receive alerts from the app, and the number of activations provided by the Trust, and this has been highlighted as a key area for development in the future volunteering strategy.

More information about CPR in the Community, including how to learn Basic Life Support and register with GoodSAM can be found on our dedicated webpages at: www.secamb.nhs.uk/cpr

Looking ahead

The launch of the Volunteering and Community Resilience Strategy marks a turning point for volunteering at SECAmb. For the coming year, the focus will shift from strategy development to delivery, embedding its principles into everyday practice, strengthening governance, and ensuring volunteering continues to evolve in line with clinical priorities and community need.

The Community Resilience Team continues to lead and contribute on best practice for volunteering, both on a national and local level within healthcare and wider communities. Supporting and leading both the National Volunteering Agenda and local stakeholders and external organisations giving subject matter expert advice, guidance and support.

All achievements outlined in this report remain possible only because of the dedication, commitment and professionalism of SECAmb’s volunteers. Their contribution continues to save lives, support colleagues and strengthen the Trust’s connection with the communities it serves, and we remain grateful for their service.

Education and Training

During the reporting year, the Education Department delivered a wide range of education, training and development activities in line with the Clinical Education and Training Strategy 2022–2025. The department's focus remained on ensuring that learners and staff were consistently supported, felt safe and empowered to speak up, and were provided with meaningful opportunities to develop professionally and progress within the organisation. This work directly supports the Trust's commitment to workforce capability, staff experience, patient safety and clinical quality.

The approval of the Education, Training and Development Strategy 2026–2031 represented a significant milestone, setting a clear and ambitious vision for the development of a safe, inclusive and respectful learning environment. This included the rebranding of the 'Clinical Education"' department to "Education" (or "SECAmb Education" to external stakeholders) which reflects the wider remit of the department beyond its origins in education for clinical staff, and better reflects the organisational development, EOC education, driver training and other supporting activity across the Trust. The Education department is for all SECAmb staff, and this change also aligns with the naming convention used by our colleagues in SCAS.

The updated Education, Training and Development Strategy is strongly aligned with SECAmb values and provides a framework for expanding educational provision while ensuring fairness, inclusivity and high standards of clinical practice. The strategy has created opportunities to refocus departmental activity on both growth and continuous improvement, ensuring education remains responsive to workforce and service needs.

During 2025, the Education Department evolved further to bring together Learning and Development, Virtual Care and Driving Standards alongside established clinical education provision, statutory and mandatory training and key skills delivery. This integration has strengthened oversight, improved coordination and enabled a more holistic approach to workforce development. In parallel, the department responded to increasing requirements, including the introduction of leadership and management development programmes and education aligned to operational transformation. Despite the expanding scope of activity, the Education team has continued to deliver a high-quality service focused on preparing the workforce for future healthcare challenges. We have begun working more closely with our colleagues in South Central Ambulance Service, identifying opportunities for collaboration and future opportunities for sharing resources and cross-border working.

Key programmes, including Transition to Practice (TtP) for Newly Qualified Paramedics, Combined Clinical Conversion for experienced clinicians joining the Trust, and the Operational Readiness Programme, remained central to the department's offer. These programmes aim to support safe and confident operational deployment, enhance consistency and reduce variation, and improve overall readiness at the point of practice. Collectively, they contribute to improved workforce confidence, retention and patient care.

The department significantly expanded its Continuing Professional Development (CPD) portfolio during the year. This included programmes such as Advanced Life Support (ALS), Pre Hospital Trauma Life Support (PHTLS), postgraduate certificates, Mental Health First Aid, and the introduction of AI supported learning approaches. Structured support for Newly Qualified Paramedics continued, including ePortfolio tracking, targeted development

planning and Developmental Abstraction Requests for Training (DART) days, ensuring clear progression pathways and robust professional support. SECAmb has also worked in collaboration with Resuscitation Council UK in piloting new Out-of-hospital Newborn Life Support and ALS courses, which we look forward to offering to our staff in the near future.

The 2025–2026 Key Skills Programme reflected a strategic and data led approach to staff development across SECAmb. Planning was informed by stakeholder feedback, historical performance trends and a Trust wide training needs analysis. A locally delivered model was introduced to ensure education provision aligned effectively with abstraction tolerance and operational pressures. Feedback from staff has been consistently positive, highlighting the relevance of content, clarity of learning objectives and the quality of facilitation. This feedback has been actively used to co design future delivery models that balance mandatory requirements with workforce needs.

The Trust continued to maximise the use of the apprenticeship levy, supporting both clinical and non-clinical education pathways. The organisation now supports just under 600 apprentices, spanning Further Education (FE), Higher Education (HE) and non-clinical programmes in areas such as leadership, artificial intelligence, data and HR. This represents a significant investment in workforce development and succession planning.

For HE apprenticeships, data indicates that direct entry student numbers decreased by 4.9%, while in service apprenticeship learners increased by 17.5%. This demonstrates successful internal career progression and the growing attractiveness of apprenticeship routes within SECAmb. Strong partnerships with the University of Cumbria continue to deliver positive outcomes, with robust achievement data and high-quality demographic reporting. Of the awarded apprentices, 76.5% achieved a 2:1 degree classification or above, reflecting strong overall academic performance.

Performance across FE apprenticeships remained equally strong. Of the apprentices completing Level 3 and Level 4 programmes, a significant majority achieved Merit or Distinction outcomes. The close partnership with Chichester College Group has been instrumental in securing these results and in establishing a clear progression pathway into HE degree apprenticeships.

Driving Standards education and assurance remained robust, with ongoing delivery of Level 3 Certificate in Emergency Response Ambulance Driving (L3CERAD) training and Section 19 High Speed Driving assessments. These programmes continue to support safety, compliance and operational effectiveness.

The National Education Training survey (NETS) data for pre-qualifying learners indicates that most staff and learners report positive educational experiences. However, ongoing issues remain around bullying, discrimination, sexual safety (particularly relating to patients and the public), wellbeing support and supervision, highlighting workplace culture and psychological safety as continued improvement priorities.

Performance against statutory and mandatory training requirements remained strong, with Core Skills Training Framework (CTSF) compliance exceeding 90% and significant reductions in outstanding learning. Progress against the NHSE Education Quality Improvement (EQI) Plan continued throughout the year, supported by a robust programme management structure, senior leadership oversight and effective collaboration with higher

education partners.

The Trust also continued to develop and embed the Safer Learning Environment Charter (SLEC). The next phase of implementation will focus on moving from foundational activity within education into consistent, sustainable practice across operational environments, ensuring learner safety and culture are embedded alongside clinical and operational priorities.

Looking ahead to 2026–2027, the Trust will continue to:

- Deliver the NHSE education improvement programme through an iterative improvement plan.
- Embed SLEC into operational and governance structures.
- Expand non-clinical apprenticeship opportunities.
- Strengthen internal career pathways and progression routes.
- Review educational facilities in line with divisional models of care.
- Continue collaborative working with SCAS to optimise resources and delivery.

This work will ensure education and training remain a core enabler of workforce sustainability, staff experience and high-quality patient care.

Appraisals

Significant progress was made in strengthening the Trust's approach to appraisals. Between April 2025 and March 2026, 83.55% of staff completed an annual appraisal, representing a significant improvement from the previous year's figure of 61% and close to the Trust's 85% target.

National Staff Survey results aligned closely with recorded data, providing assurance on data quality and consistency. However, survey feedback highlighted that appraisal quality remains an area for improvement, with fewer staff reporting that appraisals directly supported performance improvement.

In response, the Trust introduced a new "Leading Effective Appraisal Conversations" programme for managers, aimed at strengthening the quality, impact and developmental focus of appraisal discussions. This was supported by increased one to one support, virtual drop-in sessions and enhanced resources via the Appraisal Hub. While progress has been strong, Electronic Staff Record (ESR) usability continues to present challenges, and work is underway following a successful pilot to implement a more user-friendly appraisal system, while maintaining ESR as the system of record.

Tailored support was provided to managers and their teams to help remove barriers and ensure that appraisals are completed effectively and this will continue in the year ahead. For those first-line managers who are newly appointed and receiving leadership training, appraisal completion is a key part of their education, with emphasis on how to technically undertake the appraisal process as well as emphasis on the value and importance of appraisals for all of our staff.

Having come very close to the target with our focused efforts to support appraisals as a Trust, we remain committed to achieving a rolling appraisal completion target of 85% and

will continue working to reach this goal.

Inclusion

SECAmb continues to strengthen its commitment to inclusion by embedding equality, diversity and inclusion (EDI) across all aspects of service delivery, workforce experience and leadership. Our approach is centered on creating an environment where colleagues feel valued, respected and able to thrive, recognising that an inclusive workforce is critical to delivering high-quality, patient-centered care.

During 2025/26, the Trust has made measurable progress in advancing its EDI priorities, supported by strong governance, increased leadership accountability, with the development of the Trusts EDI Plan with four key focus areas, Staff Networks, Inclusive Recruitment, Staff Development and Data Insights. We have successfully delivered against key statutory and mandated requirements, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), and Gender Pay Gap reporting, alongside the publication of our first Disability and Ethnicity Pay Gap analysis for 2025. These insights have enabled more targeted action to address inequalities and improve staff experience.

The Trust has also progressed its work under the Equality Delivery System (EDS 2022), achieving an overall rating of Achieving. This reflects continued improvement across services, workforce and inclusive leadership, and demonstrates our commitment to reducing health inequalities and strengthening equitable access to care. Importantly, this work has been shaped through meaningful engagement with staff networks and colleagues, ensuring that lived experience continues to inform our approach.

A key focus for this year will be to strengthen our data and insight capability, enabling a more nuanced understanding of inequality through intersectional analysis. Alongside this, we have continued to invest in staff networks, inclusive recruitment practices and leadership development, where we hosted a leadership day with Professor Micheal West looking at Compassionate Leadership in October 2025, ensuring that inclusion is not a standalone agenda but embedded within how the organisation operates.

SECAmb remains committed to building on this progress, with a continued focus on improving psychological safety, tackling bullying and harassment, and ensuring that all colleagues, particularly those from underrepresented groups, feel confident to speak up and be heard. Through this work, we aim to create a culture where valuing differences is fundamental to how we support our people and serve our communities.

Equality, Diversity and Inclusion 2025/26

During 2025/26, SECAmb made significant progress in strengthening its approach to equality, diversity and inclusion (EDI), moving from a largely activity-driven model to a more strategic, embedded and system-led approach aligned to the NHS EDI Improvement Plan.

A key focus this year was strengthening leadership accountability and capability. The Trust delivered a programme of Board development sessions, bringing together Executive and Non-Executive Directors to build shared understanding, challenge perspectives and embed EDI as a core leadership responsibility. These sessions also provided the foundation for the development of the Trust's EDI Plan, ensuring it was co-created with Executive and Non-Executive, and Senior leaders, informed by data, lived experience and aligned to national

NHS priorities. This approach has strengthened Board ownership and positioned EDI as a core element of organisational strategy rather than a standalone function**.** This was further reinforced by ensuring that all Staff Networks are now supported by both an Executive and Non-Executive sponsor, strengthening governance, visibility and direct influence into decision-making.

Alongside this, the Trust continued to invest in inclusive leadership and career progression, with Cohorts 3 and 4 of the ASCEND leadership programme successfully delivered. These programmes are designed to support staff from ethnic minority backgrounds to develop leadership capability, confidence and progression opportunities, addressing known inequalities in career advancement and supporting a more representative leadership pipeline.

A significant milestone in 2025/26 was the strengthening and professionalisation of Staff Networks. All network Chairs completed the nationally recognised Radius Employee Network Leadership Programme, gaining accreditation which supports the development of leadership capability, governance, and alignment to organisational priorities. This programme equips network leaders with the skills to operate as strategic partners, helping to align networks with EDI objectives, improve engagement and influence organisational change. Externally, this approach reflects best practice, where well-developed staff networks are recognised as key drivers of inclusion, employee voice and organisational improvement.

The impact of this strengthened network infrastructure has been evident across the Trust. Staff Networks have played an increasingly influential role in shaping organisational policy, contributing to Equality Impact Assessments, supporting recruitment and development initiatives, and providing real-time insight into staff experience. This aligns with the NHS People Plan, which recognises staff networks as critical to improving culture, retention and inclusion.

Progress has also been made to improve staff experience and workplace inclusion, particularly in relation to reasonable adjustments. The Trust has seen improvements in NHS Staff Survey scores relating to workplace adjustments, reflecting a more consistent and proactive approach to supporting staff with disabilities and long-term health conditions. This has been supported by clearer processes, increased awareness, and the promotion of tools such as workplace adjustment passports, contributing to a more inclusive working environment. This is a key area of focus nationally, with reasonable adjustments recognised as both a legal requirement and a critical enabler of equitable staff experience.

Across the four EDI focus areas, a number of broader achievements demonstrate continued progress:

- **Staff Networks:** Expansion of membership and influence, increased executive sponsorship, and strengthened leadership capability through Radius accreditation, enabling networks to act as strategic partners rather than solely support groups.
- **Inclusive Recruitment:** Continued work with networks and recruitment teams to review processes, improve accessibility, and support the Trust’s ambition to progress

towards Disability Confident Level 2 status.

- **Staff Development:** Delivery of ASCEND leadership cohorts and promotion of wider development opportunities, supporting underrepresented groups and strengthening inclusive leadership capability.
- **Data and Insight:** Improved use of workforce data, including WRES and WDES, EDS and Pay Gap Reports alongside increased staff disclosure and engagement, enabling more evidence-based decision-making and targeted interventions.

Collectively, these developments represent a shift towards a more mature, data-informed and leadership-led EDI approach, where inclusion is increasingly embedded into governance, workforce strategy and everyday practice. The Trust has strengthened its ability to listen to and act on staff experience, while building the capability and structures needed to sustain long-term improvement.

Staff Networks and Inclusion Initiatives

Pride Network (222 members)

During 2025/26, the Pride Network played a key role in strengthening LGBTQ+ inclusion and visibility across SECAmb. The network created safe and structured opportunities for staff to engage in open discussions, particularly in response to the Supreme Court Ruling developments affecting our Transgender colleagues, supporting psychological safety and awareness across the Trust. A comprehensive LGBT+ History Month programme was delivered, including Executive-led Q&A sessions and storytelling, which enhanced understanding and allyship across both clinical and corporate teams.

The network also increased SECAmb's profile at a national level, successfully securing the Trust as host of the National LGBT+ Ambulance Conference for 2026, bringing together over 250 representatives from across ambulance services. Participation in Pride events, including Brighton Pride, further strengthened visibility and engagement, with strong staff involvement. Internally, the network strengthened its governance through an improved leadership structure, ensuring broader representation across the Trust footprint, and continued to support the Trust in maintaining an inclusive approach to policy and practice during a period of evolving national guidance.

Inspire Network (68 members)

The Inspire Network made a significant contribution to advancing race equality, cultural awareness and faith inclusion across SECAmb during 2025/26. The network led a wide range of awareness campaigns aligned to key cultural and religious events, including Black History Month, Holocaust Memorial Day and Ramadan, helping to build understanding and foster a more inclusive workplace.

In addition to awareness-raising, the network played an important role in supporting inclusive leadership and career development. Through its involvement in initiatives such as the ASCEND and Purple Insight programmes, Inspire supported improved representation and

development opportunities for staff from ethnic minority backgrounds. The network also provided timely and compassionate responses to national and global events, offering communications, reflection spaces and wellbeing support for colleagues.

Importantly, Inspire contributed to shaping organisational practice and policy, including engagement in discussions around the development of the Trust's Anti-Racism Framework and participation in Board-level dialogue linked to WRES and WDES. Through collaboration with other staff networks and wellbeing services, Inspire also strengthened peer support offers, helping to create safe and supportive spaces for colleagues across the Trust.

Gender Equality Network (GEN) (411 members)

The Gender Equality Network (GEN) continued to play a central role in advancing gender equality and supporting staff experience across SECAmb. A key achievement was the development of leadership and progression opportunities for women through the Aspiring Women Leaders Network, alongside mentoring programmes and networking events designed to build confidence and capability.

Throughout the year, GEN delivered a broad programme of engagement and learning activities focused on gender equality and inclusion. This included International Women's Day events, menopause cafés, and discussion forums exploring topics such as allyship, leadership and workplace inclusion. These initiatives supported wider cultural change and contributed to improved awareness and understanding across the organisation.

The network also focused on improving staff experience through targeted support for colleagues, including those experiencing menopause or balancing work and caring responsibilities. Innovative approaches, such as the "Living Library," provided opportunities for colleagues to share lived experiences and learn from one another in a safe and constructive environment. GEN also contributed to wider system conversations, engaging with national networks and partners to share learning and influence broader equality initiatives.

enABLE Network (193 members)

The enABLE Network made a strong contribution to improving accessibility, inclusion and support for disabled staff and carers across SECAmb. The network played a practical role in influencing improvements to the working environment, including input into estates design, digital accessibility and assistive technology, helping to ensure that workplace environments are more inclusive.

As a critical friend to the organisation, enABLE influenced a range of programmes and change initiatives, embedding accessibility considerations into decision-making processes. The network also strengthened support infrastructure for staff through the development and delivery of Carers' Cafés, Neurodiversity Cafés and initiatives to promote the use of Carer Passports, supporting colleagues to access practical support and adjustments.

The network contributed to strengthening workforce data and insight by encouraging greater

declaration of caring responsibilities, supporting a more evidence-based approach to support provision. In addition, enABLE continue to support the Trust's progress towards achieving Disability Confident Level 2 accreditation, helping to embed inclusive employment practices and improve the experience of disabled staff across the organisation. Collaboration with national disability networks further supported the sharing of best practice and continuous improvement.

Armed Forces Network (97 members)

During 2025/26, the Armed Forces Network continued to strengthen SECAmb's support for colleagues connected to the armed forces community. The Trust achieved the Armed Forces Covenant Employer Recognition Scheme (ERS) Gold Award in 2025, the highest national accreditation recognising organisations that demonstrate sustained and proactive support to the Armed Forces community.

The network introduced innovative approaches to engagement, including the development of the "Reload" podcast, which shared lived experiences of veterans and military families, helping to raise awareness and understanding across the workforce. A range of wellbeing and community initiatives were delivered, including drop-in cafés and wellness activities, providing opportunities for connection and peer support.

The network also strengthened partnerships both internally and externally, including collaboration with the Ministry of Defence and support to armed forces communities beyond the Trust. Internally, leadership and governance arrangements were further developed through AGM activity and clear priority setting. The network also played a key role in progressing work to develop a Trust-wide veteran support pathway, aligned with national commitments, to ensure consistent and effective support for armed forces personnel within the organisation.

Communicating with, engaging and recognising our colleagues

At the heart of the Trust is a 5,000 strong dedicated workforce of colleagues and volunteers delivering compassionate care around the clock, often in demanding and fast-paced environments.

Working across a geographically dispersed organisation with varied shifts and limited opportunities for face-to-face interaction means that we have explored new opportunities in 2025/26 to ensure our colleagues feel valued, connected and informed, no matter their location or shift pattern.

Over the past year, we have further developed our internal communications approach, with a continued emphasis on clear leadership visibility via a divisional model, colleague engagement and championing and celebrating achievements across the service. A range of communication channels have supported this work, including:

- Introduction of a monthly **Relay Cascade Briefing** to support consistent communication through leadership teams
- Chief Executive and senior leadership **video messages** to provide colleagues with

an opportunity to hear from those who are influencing key decisions that affect them.
- Continued development and promotion of **The Zone** as the Trust's central hub for news and resources
- Launch of a **Shadow Board**, creating additional opportunities for colleague voice and engagement in decision-making
- Development of a **Divisional Engagement Framework** to strengthen local engagement activity across teams and departments

Throughout the year, communications activity has also supported a wide range of organisational events, campaigns and partnership working, including:

- **SECAmb family fun day 6-a-side annual football tournament** which brings together more than 400 staff and their families to raise money and awareness for our SECAmb Charity
- **Celebrating Success** events held bi-annually to recognise colleague achievements and development.
- A programme of **Equality, Diversity and Inclusion** activity throughout the year, recognising our people and the communities we serve.

Alongside this, the Trust has continued to build on its **Reward and Recognition Framework**, ensuring colleagues are recognised and thanked for the contribution they make every day. Recognition initiatives throughout the year have included:

- **Annual Staff Awards** celebrating exceptional achievement and dedication to service.
- **The Star Zone** digital recognition platform, enabling colleagues to send e-cards and nominate peers for recognition.
- Continued sharing of **positive patient feedback**, **compliments and reunion stories.**

Patient and public feedback also remains an important part of colleague recognition, with more than 80 patients and their families reconnecting with the teams involved in their care, providing 360 feedback for our teams.

Recruiting and retaining staff

Over the past year we have continued to use the 'Trac' online applicant tracking system to help us manage the process effectively. We run monthly audits on all recruited vacancies to ensure all recruitment requisitions are raised and approved appropriately. We ensure all posts have the required approvals in place and that all interview paperwork is attached to candidate records for feedback and development. We verify interview panel members are interview skills trained and that there is diversity on all panels. We have replaced the knowledge and skills framework approach with a values- based recruitment model, based on our Trust values and the wider NHS values and behaviours.

Our Trust retention strategy proved effective and enabled us to retain staff within our targeted areas of EOC and our front-line workforce. We received 13,732 applications to our vacancies during the year and recorded 1,081 'new to Trust' employees during the year.

We received 1,515 applications from applicants who declared a disability, 257 were hired.

There were 216 candidates recruited who preferred not to disclose if they had disabilities.

We received 5,003 applications from BME candidates (2,266 applications did not have the right to work in the UK status and not eligible for sponsorship) and hired 303 BME staff (24 hired staff preferred not to state their ethnicity).

Turnover rate

Month 2025/26	Rolling Annual Turnover %	Month 2024/25	Rolling Annual Turnover %
April 2025	15.14	April 2024	17.47
May 2025	14.16	May 2024	17.85
June 2025	13.63	June 2024	17.15
July 2025	13.27	July 2024	16.32
August 2025	13.09	August 2024	16.61
September 2025	12.79	September 2024	16.14
October 2025	12.73	October 2024	15.83
November 2025	12.30	November 2024	15.43
December 2025	12.69	December 2024	15.53
January 2026	12.26	January 2025	15.12
February 2026	12.07	February 2025	15.11
March 2026	11.60	March 2025	16.95

Living Our Values

Our Trust values of Kindness, Courage and Integrity continue to underpin how we work, how we treat one another and how we deliver care to patients and communities.

During 2025/26, we have focused on increasing the visibility of our values and embedding them more consistently into everyday recognition and celebration across the Trust.

A key development this year has been the continued evolution of our Reward and Recognition Framework, supported by our digital recognition platform.

Dedicated values recognition cards were introduced to enable colleagues to explicitly recognise behaviours that demonstrate our Trust values. The cards were designed through a Trust-wide competition, encouraging creativity, engagement and a strong sense of ownership, with the winning designs submitted by one of our colleagues.

This has helped to bring our values to life in a tangible and visible way, reinforcing what our values look like in action and enabling meaningful peer-to-peer recognition linked directly to them.

This initiative builds on the strong foundations established through our annual Trust awards and recognition events, which remain an important way of celebrating colleagues who consistently go above and beyond and live our values in their work.

Together, these approaches help ensure that our values are not just words, but are actively recognised, shared and celebrated across the organisation.

Through continued focus on recognition and celebration, we are strengthening a culture where living our values is visible, valued and embedded in everyday working life.

Promoting Employee Wellbeing

The health and wellbeing of our colleagues is not only important for individuals' personal wellness, but it has a direct impact on our ability to care for our patients. It is vital that we invest in the wellbeing of our workforce and in turn create an environment where everybody feels respected, valued and supported. This year has marked a significant moment in how we approach that responsibility, with the launch of our Wellbeing Strategy 2025–2030 and the beginning of a substantial transformation in our wellbeing offer.

The wellbeing strategy**,** set out a clear five-year vision for how we will develop and deliver wellbeing support across the organisation. The strategy is built around three interlocking themes, learning from lived experience, embedding wellbeing in everything we do, and building and developing a proactive model of support.

The strategy was developed with genuine involvement from staff, volunteers, students and subject matter experts, including people with lived experience of mental health challenges, and has drawn on the NHS Long Term Plan, the NHS People Promise, and our statutory obligations under the Health and Safety at Work Act 1974. It represents a meaningful step change, moving beyond a reactive model of wellbeing support towards one that is proactive, consistently delivered, and co-owned by staff across the organisation.

To oversee delivery of the strategy, a Wellbeing Forum will be established, with diverse representation from across the organisation including staff groups, union colleagues, student representatives and people with lived experience. Progress is being measured using the NHS Health and Wellbeing Framework Organisational Diagnostic Tool, which will provide a consistent benchmark for assessing development over the life of the strategy.

The Wellbeing Hub remains the primary vehicle for delivering individual wellbeing support across the organisation and continues to be highly valued by the staff who use it. In the 2026/2027 financial year, the Wellbeing Hub will undergo a significant transformation to align the wellbeing service delivery with the trust’s strategic direction.

NHS Staff Survey

The NHS Staff Survey remains a vital measure of colleague experience and organisational culture across the Trust. The survey questions are aligned to the seven elements of the NHS People Promise, alongside engagement and morale, with all results scored out of 10.

In 2025, the Trust achieved a sector-leading response rate of 71%, its joint highest ever and significantly above the ambulance sector median of 55%. This strong level of participation reflects growing trust in local leadership and confidence that staff feedback is listened to and acted upon.

For the first time, the Trust performed above the sector median in all nine People Promise domains, marking a major milestone in our improvement journey. All nine domains have shown sustained improvement since 2022, with particularly strong gains in working flexibly, morale and always learning. The Trust also achieved best-in-sector performance for seven individual questions, including recognition, psychological safety, reasonable adjustments and raising clinical concerns.

Our strongest domain continues to be Compassionate and Inclusive Leadership, demonstrating the impact of sustained investment in leadership capability and inclusive culture. Improvements in staffing levels, access to resources, wellbeing support and development opportunities further indicate strengthening operational foundations and experience.

These results were achieved during a period of organisational change, including preparation for the group model, highlighting increased organisational maturity, resilience and leadership capability.

To support continued improvement, managers were equipped with tailored local data, interactive dashboards and practical guidance to develop focused action plans. A formal governance and assurance framework is in place to ensure staff feedback continues to inform priorities and drive sustained, locally owned improvement.

Collectively, the 2025 results demonstrate meaningful progress against the Trust Strategy, reinforce our commitment to the People Promise and provide a strong platform for further improvement in 2026/27.

Working with our trade unions

The Joint Partnership Forum (JPF) remains the primary mechanism through which the Trust engages, consults, and works collaboratively with its recognised trade unions: RCN, UNISON, Unite the Union, BMA and GMB

Through JPF, management and Trade Unions worked collaboratively on a range of workforce issues including:

- Pay awards and collective pay-related arrangements.
- Job descriptions and role clarity
- Job evaluation, undertaken in partnership through joint panels.
- Health and safety arrangements
- Redundancy, redeployment and workforce change
- Recruitment processes and workforce supply
- Employee relations procedures
- Staff amenities and welfare facilities
- Health and safety concerns and risk issues
- Hours of work and working patterns

During 2025/26, the Trust continued to strengthen its partnership-based approach to industrial relations, building on the improved stability and constructive working relationships established in the previous year. Joint working remained grounded in open dialogue, early engagement, and shared problem-solving, supporting both our workforce and the delivery of organisational priorities.

Across the year, the JPF also provided a forum for dialogue on complex workforce matters. A significant focus during the year was the continued partnership working to resolve historical pay issues affecting the Emergency Care Support Worker (ECSW) workforce. This included delivery of the agreed ECSW pay remedy, supporting fairness and consistency and addressing long-standing concerns in a transparent and collaborative way.

Trade Unions also played an important role in supporting colleagues through organisational change programmes including restructuring and new operating models, during 2025/26. This included early engagement on change proposals, joint consultation, and ongoing involvement to ensure that change was managed sensitively, consistently, and in line with agreed policies and principles and with continued emphasis on staff support, job clarity and learning from previous change programmes.

Partnership development of refreshed people policies supported shifting organisational culture towards early, fair and proportionate resolution of workplace issues, while reducing reliance on formal processes and increasing resolution through mediation and informal pathways. Sexual safety remained a priority topic, with regular partnership oversight ensuring policies, training and investigative arrangements balanced robust safeguarding with fairness and consistency.

The Trust remains committed to maintaining open, respectful, and effective partnership relationships, recognising the central role of trade unions in supporting staff wellbeing, enabling organisational change, and contributing to continuous improvement across the organisation.

10,344 hours of paid facilities time, undertaken across 68 trade union officials, are recorded during this period. This represents 0.09% of the total pay budget, with Trade Union Activities included in this figure.

Responsive care

999 Performance
111 Performance
Emergency Preparedness, Resilience & Response (EPRR)

999 Performance

Since 2012/13 NHS Foundation Trusts have been required to report performance against an agreed set of indicators.

The Ambulance Response Programme (ARP) developed a number of performance targets for call answering and operational response times to a range of call categories. These metrics are collated from all ambulance service and proxy measures for patient care as the speed of response required is set according to clinical need through a triage system, which is NHS Pathways in SECAmb.

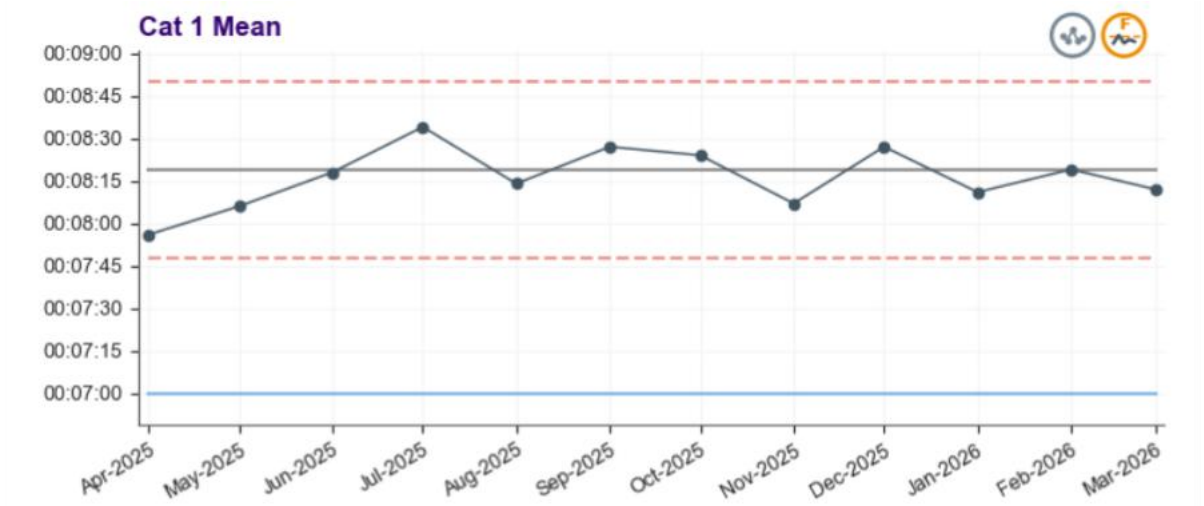
The table below is SECAmb performance against the key ARP targets and call outcomes between 1 April 2025 and 31 March 2026.

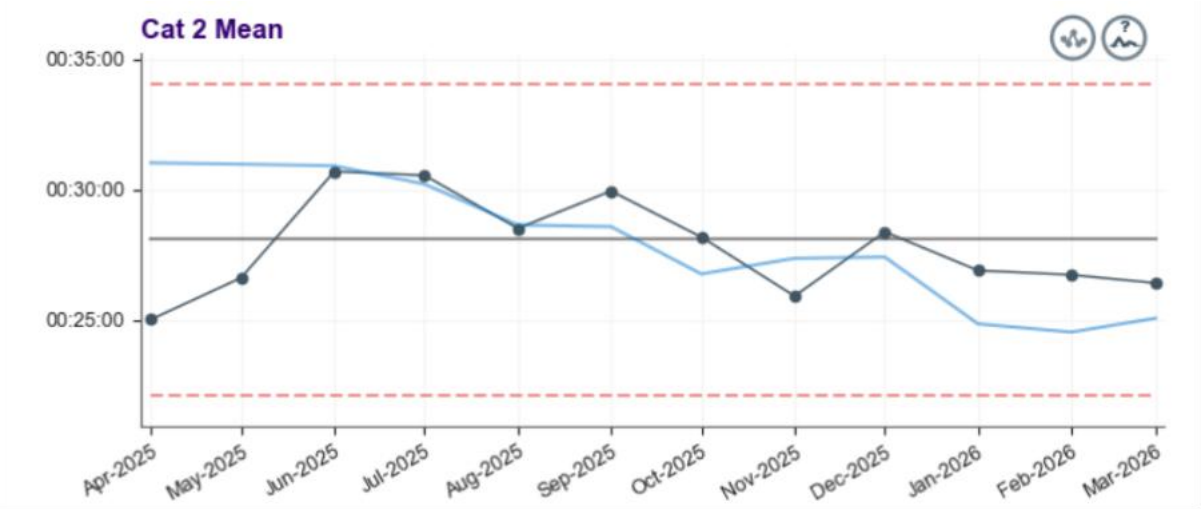
	Target		AQI		
Category	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	65332	00:08:17	00:15:23
C1T	00:19:00	00:30:00	40822	00:09:40	00:17:58
C2	00:18:00	00:40:00	406451	00:27:49	00:56:12
C3		02:00:00	168897	02:01:25	04:33:10
C4		03:00:00	7060	02:22:24	04:55:15
HCP 1 (C1)			1352	00:10:58	00:18:59
HCP 2 (C2)			31269	00:26:09	00:52:32
HCP 3			13030	02:23:24	05:37:18
HCP 4			10320	03:07:04	07:38:26
IFT 1 (C1)			1269	00:08:51	00:17:39
IFT 2 (C2)			16079	00:25:25	00:53:48
IFT 3			6965	02:18:31	05:29:51
IFT 4			1285	02:50:46	07:04:14
HT	All Incidents		128570	15.9%	
ST	All Incidents		241746	29.9%	
SC	All Incidents		437460	54.1%	
Count of Incidents with a Response			679206		
Mean	999 Call Answer 00:05		948711	00:04	
90th centile	999 Call Answer 00:10			00:02	
95th centile				00:17	
99th centile				01:24	
Trust EOC 999 Abandoned Calls			1264	0.13%	
UHU	Calls Answered		1070439		

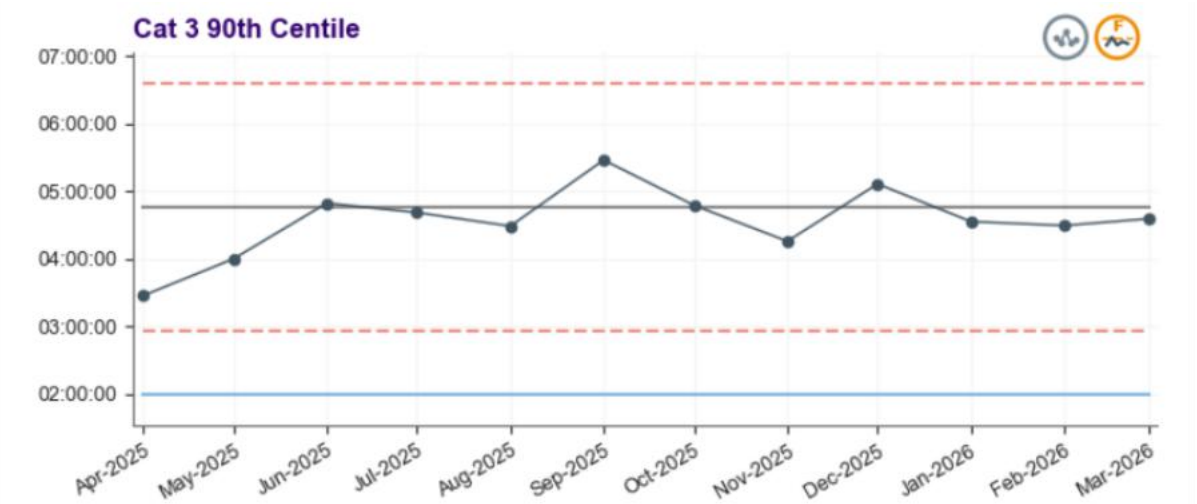
During 2025/26, SECAmb continued to operate in a challenging urgent and emergency care environment, responding to sustained demand across the region while maintaining a focus on delivering timely care to patients with the greatest clinical need. Throughout the year, performance fluctuated in line with demand and wider system pressures, however, performance remained strong compared to other ambulance services. SECAmb delivered a strong Category 2 performance throughout the year and remained among the strongest performing ambulance services nationally. Category 2 mean response performance remained below the NHS England threshold of 30 minutes throughout the year, demonstrating the effectiveness of operational planning and resource deployment. This was achieved despite ongoing pressure across the urgent and emergency care system and

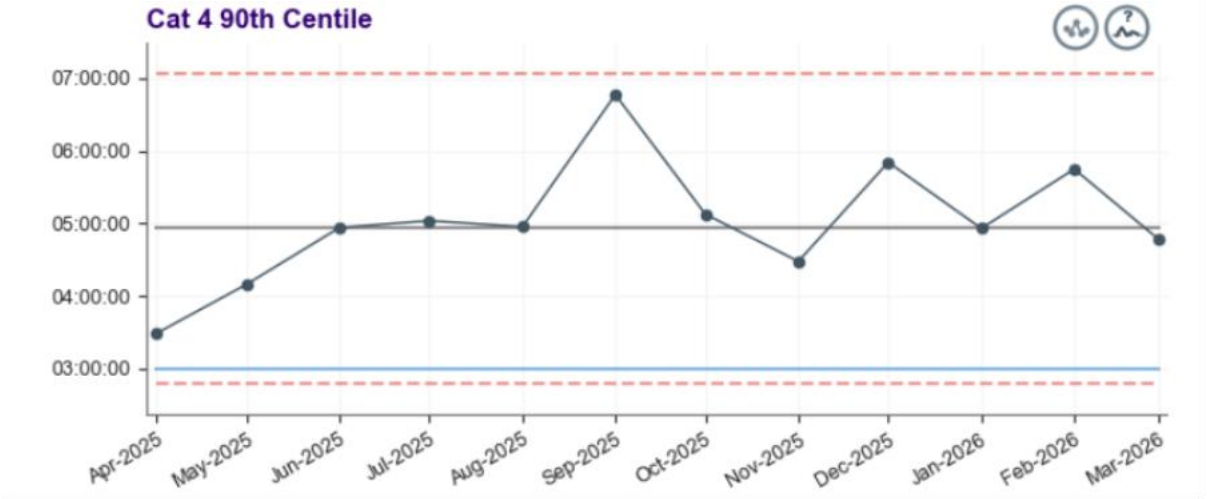
increasing demand for services.

Performance improvements were supported through additional investment in frontline resource, including staffing and call handling capacity, alongside continued development of more flexible and clinically led models of care. These approaches enabled us to maintain patient flow, support clinical prioritisation and improve access to alternative care pathways.







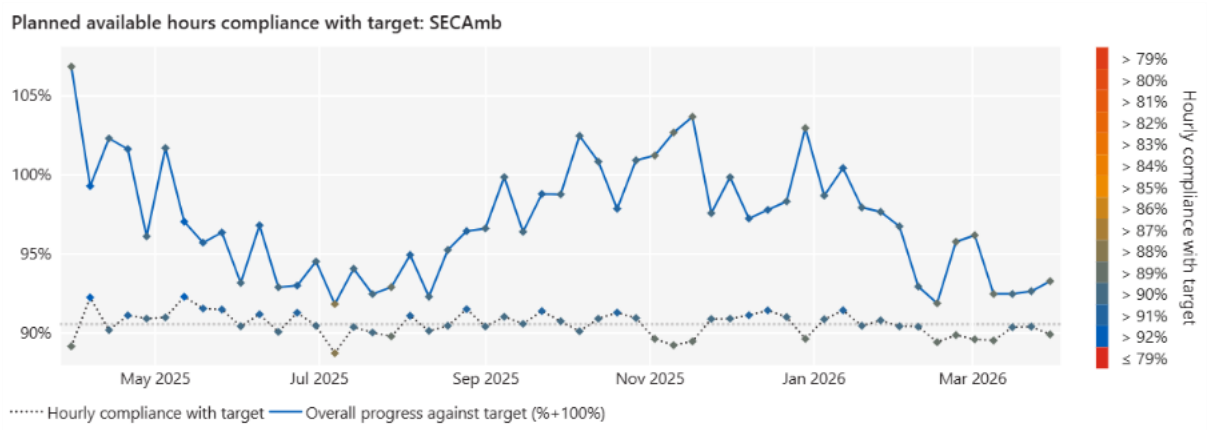


Front-line resourcing

Maintaining sufficient frontline resource remained a key priority throughout the year. While abstraction levels increased due to enhanced commitments to education, training and colleague development activity, this investment contributed positively to staff experience, attrition and sickness absence rates remained consistent with previous years.

SECAmb continued proactive recruitment into operational roles and maintained comparatively low vacancy levels across field operations. This stable workforce enabled greater flexibility in resource deployment and created opportunities to further develop virtual response capabilities within Operating Units (OU) and Emergency Operations Centre (EOC) environments.

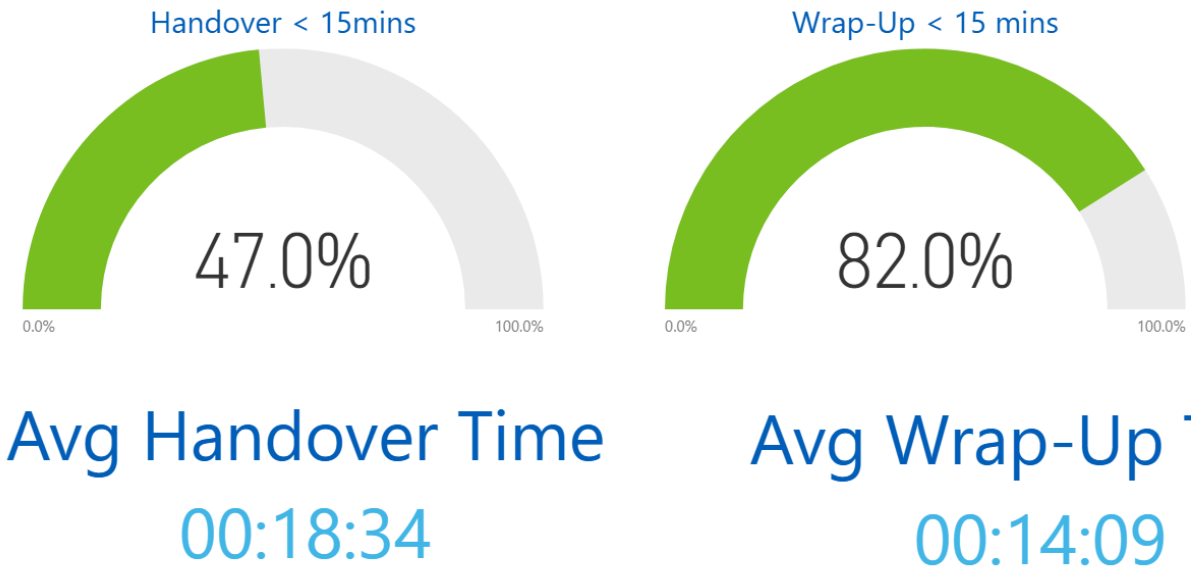
Despite an increase in demand, job cycle times (JCT) have remained consistently stable throughout the reporting period. The performance reflects good effectiveness of current processes, resource coordination and workflow management.



Hospital handover times

Effective collaboration with local hospitals and Integrated Care Board (ICB) partners continued to play an important role in managing patient flow and reducing delays throughout the year.

While the national standard for handovers within 15 minutes was not achieved consistently, SECAmb maintained relatively stable performance, with average handover times below 20 minutes. Strong system relationships, regular escalation processes and shared approaches to managing pressure enabled the Trust to respond rapidly to emerging challenges and minimise disruption to patient care.



Wrap-up time performance improved during the year, with more incidents completed within the 15-minute standard and average wrap-up times reduced compared with the previous year.

Although the overall standard was not fully achieved, these improvements indicate positive progress in reducing delays between incidents and increasing available ambulance capacity. Continued focus on process efficiency and operational oversight will support further improvement in this area. The improvements demonstrate an average of 44 seconds improvement, equating to 2.7%

Wrap-Up Category	Average %
15 mins or less	87.8%
15–30 mins	9.92%
30–60 mins	2.1%

Key actions taken across the year to improve operational performance:

Throughout 2025/26 the Trust continued to use established escalation and risk management processes to respond dynamically to operational pressures. Resource Escalation Action Plan (REAP) processes and Clinical Safety Plans (CSPs) provided structured approaches to assessing risk and implementing mitigating actions in real time.

SECAmb successfully managed periods of increased demand during the winter period while operating within moderate escalation levels and maintaining service resilience. Alongside these processes, the Trust introduced additional operational actions to support winter planning and strengthen system response actions.

There was also a continued expansion of collaborative models of care, including the development of Unscheduled Care Navigation Hubs (UCNH) and local clinical hubs. This multidisciplinary approach ensured that more patients received the right care, in the right place, at the right time, reducing ambulance attendance to ED and also improving the patient experience.

Advanced Paramedic Practitioners and the MDT teams in the Hubs have continued to enhance decision-making support for frontline clinicians, providing additional clinical advice, patient call-backs and support for alternative care pathways. These developments form an important component of SECAmb's longer-term strategy to move towards a more differentiated and clinically led response model.

999 Emergency Operations Centre Performance

999 call answering performance remained a central focus throughout the year and demonstrated sustained improvement, despite consistently high demand and significant organisational change within the Emergency Operations Centre (EOC).

Analysis of daily performance shows that mean call answer times were low and stable for most of the year, typically remaining within the 5 second mean target. This indicates that, under normal operating conditions, 999 callers experienced rapid access to the service. The

stability of mean performance reflects the combined impact of improved recruitment and retention; revised rotas aligned to contemporary demand profiles and strengthened real-time operational oversight.

The 90th centile call answer time, which measures the experience of callers waiting the longest to be answered and provides a critical indicator of queue resilience, was also well controlled for the year. Whilst intermittent short-term spikes were observed, particularly during periods of heightened winter pressure between November 2025 and January 2026, these were short-lived rather than sustained, with rapid recovery to baseline levels monthly. This demonstrates effective management of surge conditions and an ability to protect patients from extended waits even during periods of exceptional system pressure.

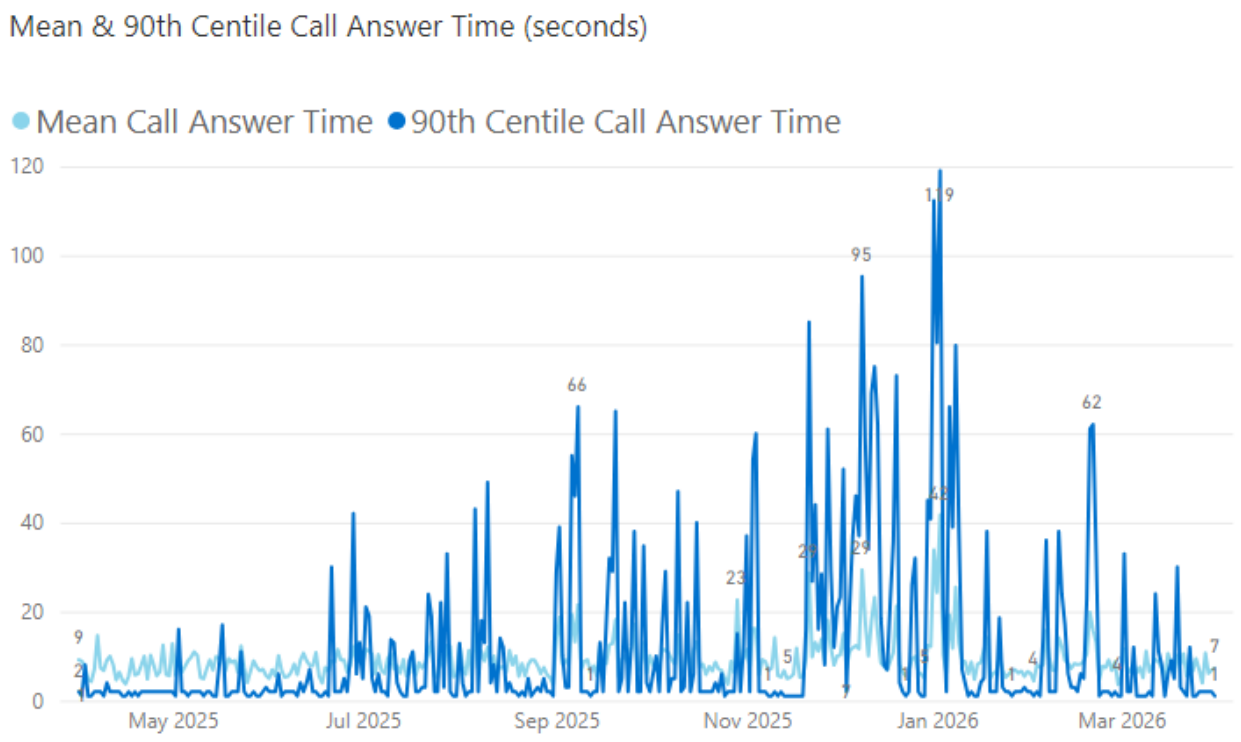
Alongside workforce and rota changes, the Trust successfully navigated a programme of hardware and infrastructure upgrades across its contact centre environment, aimed at increasing technical resilience and reducing the risk of service disruption. These upgrades were delivered while maintaining live service delivery and without adverse impact on call answering performance. The improved infrastructure strengthens business continuity arrangements, enhances system reliability, and provides greater assurance that the Trust can sustain performance during periods of high demand or localised disruption.

Notably, this level of performance and resilience was delivered alongside major operational and estate change, including the full refurbishment of West EOC, which required the displacement and redistribution of staff across sites. In parallel, the Trust implemented long-overdue rota reform, recognising that historic dispatch rotas were aligned to outdated demand patterns. To support the change in rotas and to optimise call handler utilisation, a new work force tool was also introduced in Q3 of 2025/26, enabling better management and support of call handler colleagues. The maintenance of low mean call answer times and controlled 90th centile performance during these changes provides compelling evidence of organisational grip and operational maturity.

It is also important to note that SECAmb worked with NHS E to design an Intelligent Routing Platform (IRP) resilience model, which enabled the Trust to support other 999 services when they are under pressure, without adversely impacting SECAmb’s own performance. This was particularly useful for Trusts that were undergoing significant change and disruption and facilitated more rapid access to care nationally.

Overall, the call answer time data demonstrates that the Trust has continued to strengthen its 999 call answering performance, maintaining rapid access for most 999 callers, whilst effectively managing periods of peak demand, system stress, and organisational change.

The graph below shows calls answered by day for April 2025 to March 2026 mean and 90th centile:



Hear & Treat and Virtual Care Performance

During 2025/26, the Trust continued to focus on strengthening clinical productivity and effectiveness within the Emergency Operations Centre (EOC), with particular emphasis on improving Hear & Treat delivery and supporting performance against the C2 mean.

A significant programme of work was undertaken within EOC Clinical, aimed at improving productivity, consistency, and clinical confidence. This included the introduction of clearer productivity expectations, improved performance oversight through the development and use of enhanced business intelligence reporting, and targeted support for staff who were not initially meeting key performance indicators. All staff who entered a structured improvement journey demonstrated improvement, reflecting the effectiveness of this approach and the strength of leadership and management support within the service.

As a result, Hear & Treat performance improved over the course of the year, presenting a more positive and consistent picture than in previous periods. While performance did not yet reach the Trust's longer-term ambition, both aggregate performance and individual clinician outcomes demonstrated sustained improvement. Variability between months was evident, including a notable peak during a period of increased public concern linked to meningitis, where a rise in lower-acuity demand ("worried well") was effectively absorbed through virtual clinical pathways. This provided assurance that the virtual care model functioned as an important resilience mechanism during periods of atypical demand.

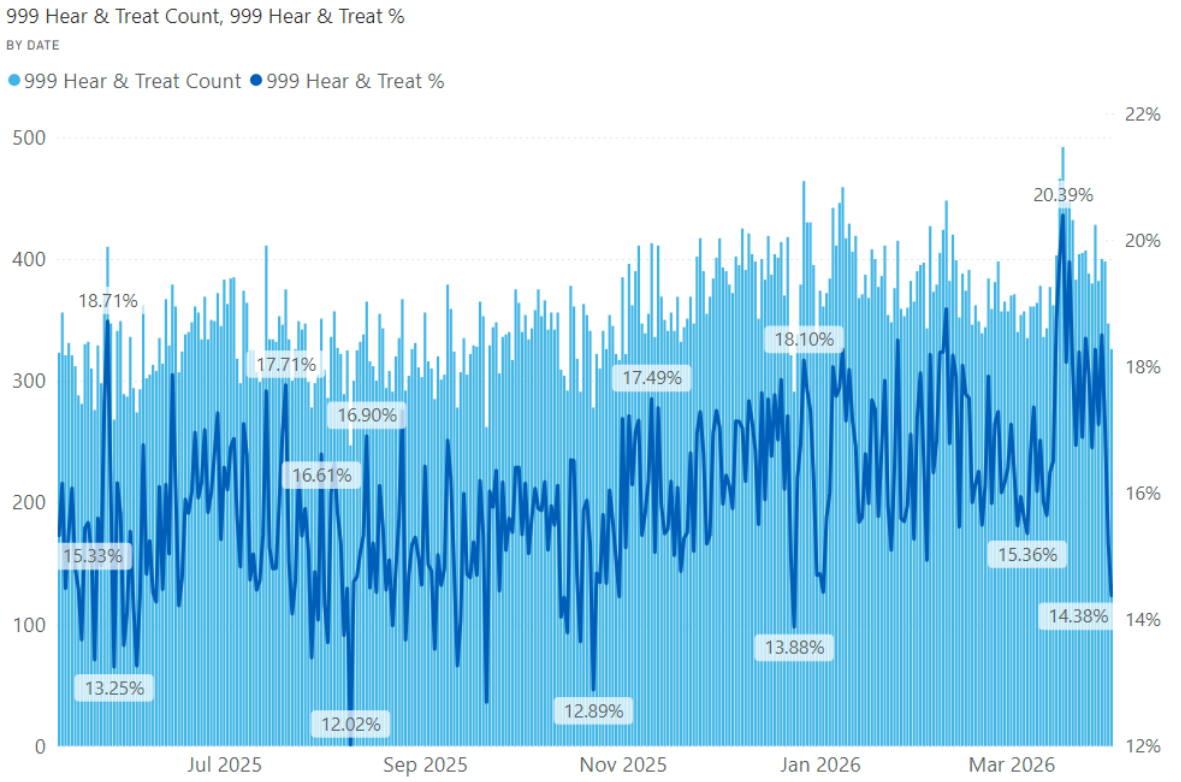
Improvement in Hear & Treat performance was primarily driven by human factors rather than technological change, with increased clinical hours delivered through the onboarding of operational clinicians into virtual care roles, alongside improved productivity enabling a greater volume of clinical assessments to be completed. As clinicians gained experience, confidence in risk management, patient negotiation, and identification of appropriate Hear & Treat dispositions increased, reinforcing the importance of time on task and clinical exposure.

C2 Streaming continued to evolve during the year, moving from an early-stage implementation to a more structured operating model aligned with national NHS England guidance. A revised model was introduced, supported by expanded training for operational colleagues and the reintroduction of a navigator role to maintain clinical oversight and mitigate delays. While further strengthening is required to maximise impact, this work represents a maturation of the approach compared to the initial implementation described in the previous year's report.

The Trust also continued to explore the role of technology in supporting clinical decision-making. Early evaluation of emerging digital and AI-supported tools indicates potential benefits for some clinicians, although impact remains variable and further analysis is required. There is emerging opportunity for these tools to support earlier risk assessment and information transfer within call handling and clinical navigation functions, which may contribute to future improvements in productivity and patient experience.

Collaboration with operational services remained a priority. While recruitment into operational virtual care roles presented challenge, a renewed focus during the year has supported increased onboarding of operational clinicians, strengthening joint working between EOC and field operations. This collaboration is critical to the future scalability of virtual care and C2 Streaming and forms a key component of the Trust's delivery plan for 2026/27.

Looking forward, the key constraint to further improvement remains the availability of trained clinical hours to deliver Hear & Treat and C2 Streaming at scale. Work is underway to expand training capacity, refine the educational strategy, and ensure clinicians across EOC and operations are supported to deliver virtual care safely and effectively. These actions are central to achieving higher Hear & Treat performance while protecting C2 mean performance and maintaining patient safety.



Kent, Medway, and Sussex 111 Integrated Urgent Care (KMS 111 IUC)

NHS 111 continues to play a critical role within the urgent and emergency care system, providing free, accessible, 24/7 advice and prioritisation to support patients to access the right care, in the right place, at the right time. In the previous reporting period, the service focused on maintaining operational stability amid sustained demand pressures, workforce constraints, and increasing complexity of presentations. During this period, the priority was to ensure safety, continuity of service delivery, and patient access, while establishing a stable operational baseline from which further improvement could be delivered. This positioned the service to move beyond system resilience and into a phase of targeted transformation and productivity improvement during 2025/26.

During 2025/26, the service maintained a strong focus on improving efficiency and productivity while ensuring patient experience, quality, and workforce wellbeing remained central to all change programmes. Improvements were delivered through a combination of digital enablement, workforce-led process review, and structural changes to clinical capacity planning.

Targeted enhancements to telephony and digital infrastructure were implemented, including the introduction of Visual Interactive Voice Recognition (IVR) and call back (recall) functionality, alongside improvements to data pre-population within call handling workflows. These changes improved call navigation, reduced unnecessary call duration, and supported more effective call resolution, contributing to improved handling efficiency without negatively impacting patient experience.

Productivity improvements were deliberately approached through a staff-centred model. Three core working groups were established to review call handling processes end-to-end, enabling detailed operational deep dives and the identification of inefficiencies within existing pathways. This facilitated evidence-based refinement of processes, informed by frontline experience, and supported sustainable productivity gains rather than short-term performance controls.

Average Handle Time (AHT) reduced progressively across the year, demonstrating a sustained downward trend. Reductions were delivered alongside stable quality and patient experience measures, indicating that efficiency improvements were structural and embedded rather than achieved through demand suppression or reduced service quality.

In parallel, the service undertook a strategic restructuring of its operational and clinical subcontracting arrangements to better align clinical capacity with changing patterns of demand. This work supported improvements in clinical response times, streamlined call progression, and delivered identified cost efficiencies, contributing further to overall productivity improvements.

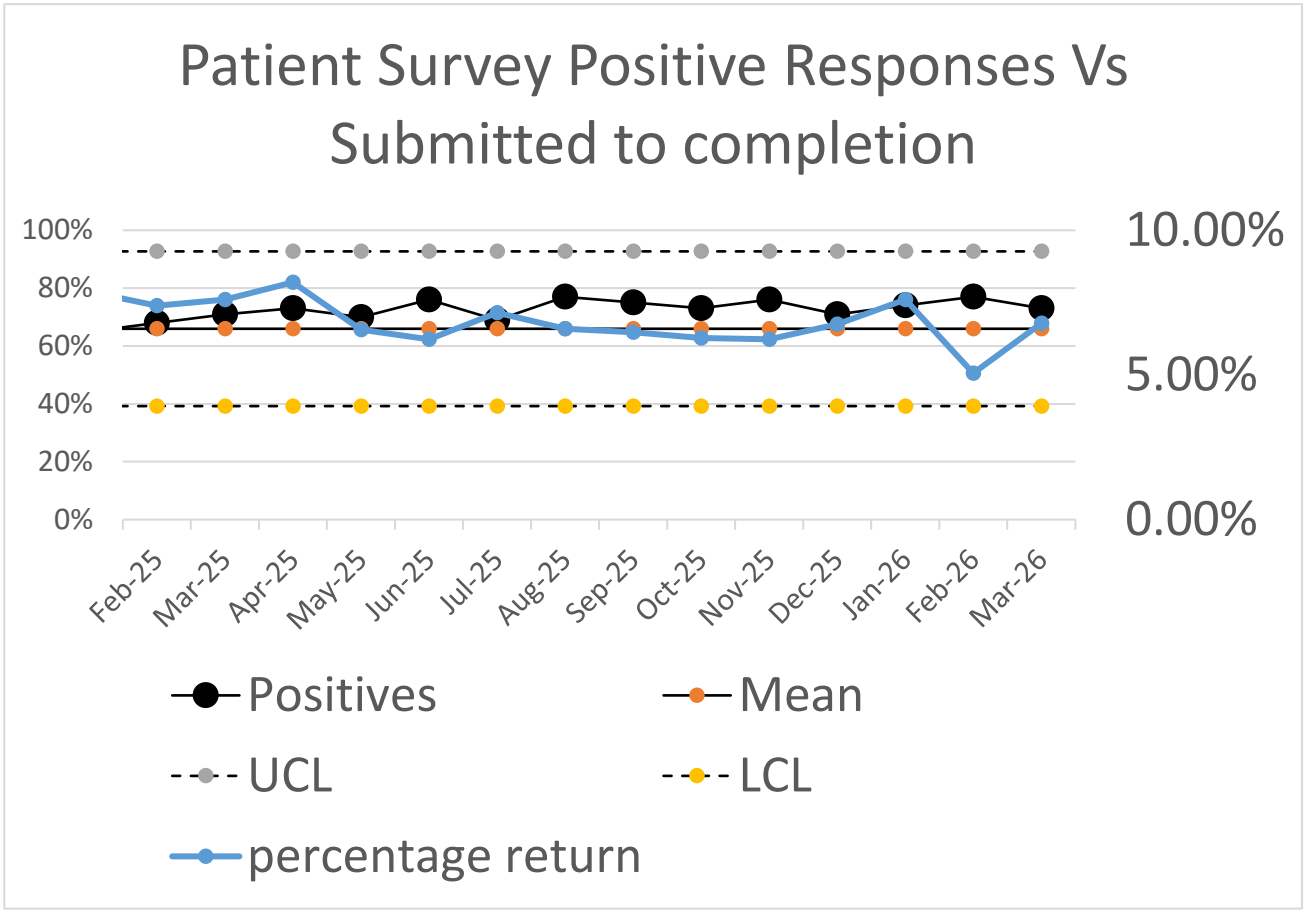
The restructuring highlighted the requirement for a comprehensive review of rota fill practices and scheduling assumptions. A detailed analysis of activity and demand profiles informed the re-creation of clinical schedules, ensuring capacity was more closely aligned to current service need and peak demand periods. This supported improved resilience and reduced reliance on reactive mitigation.

Throughout the year, patient feedback remained consistently positive, with no evidence that efficiency or productivity interventions negatively impacted patient experience. Survey responses remained within expected control limits and demonstrated sustained levels of satisfaction.

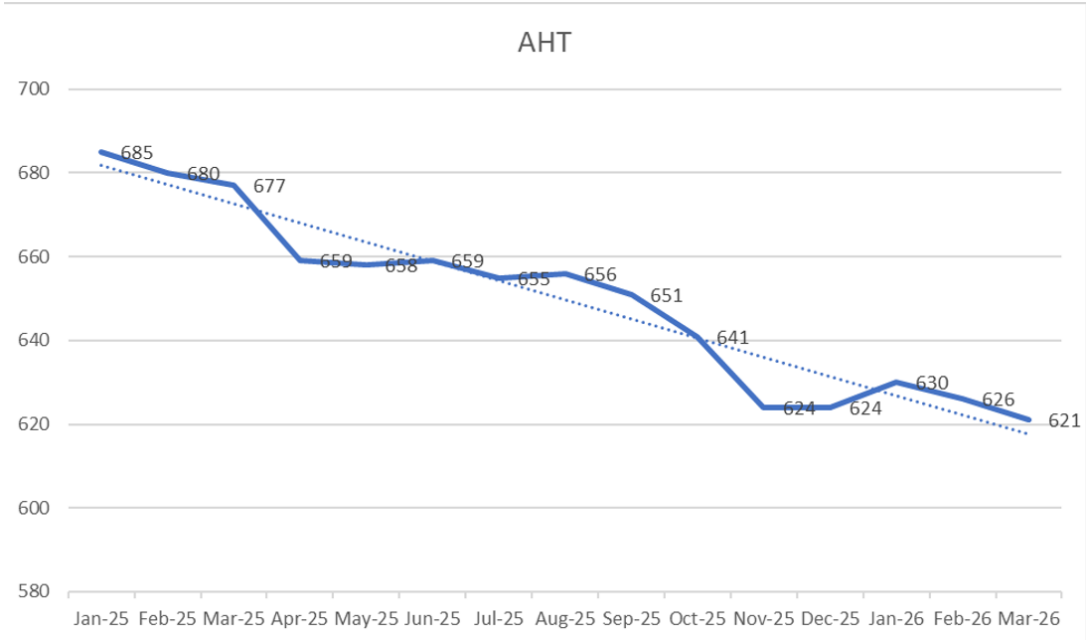
Reporting capability was also enhanced to support retrospective equity analysis. Look-back reviews examined service access and experience for disabled service users and ethnic minority groups. No emerging trends or outlying concerns were identified, providing assurance that efficiency improvements were delivered equitably and without disproportionate impact.

Overall, the service delivered measurable productivity gains during 2025/26 through integrated digital, workforce, and commissioning interventions, while maintaining safety, quality, equity, and patient experience.

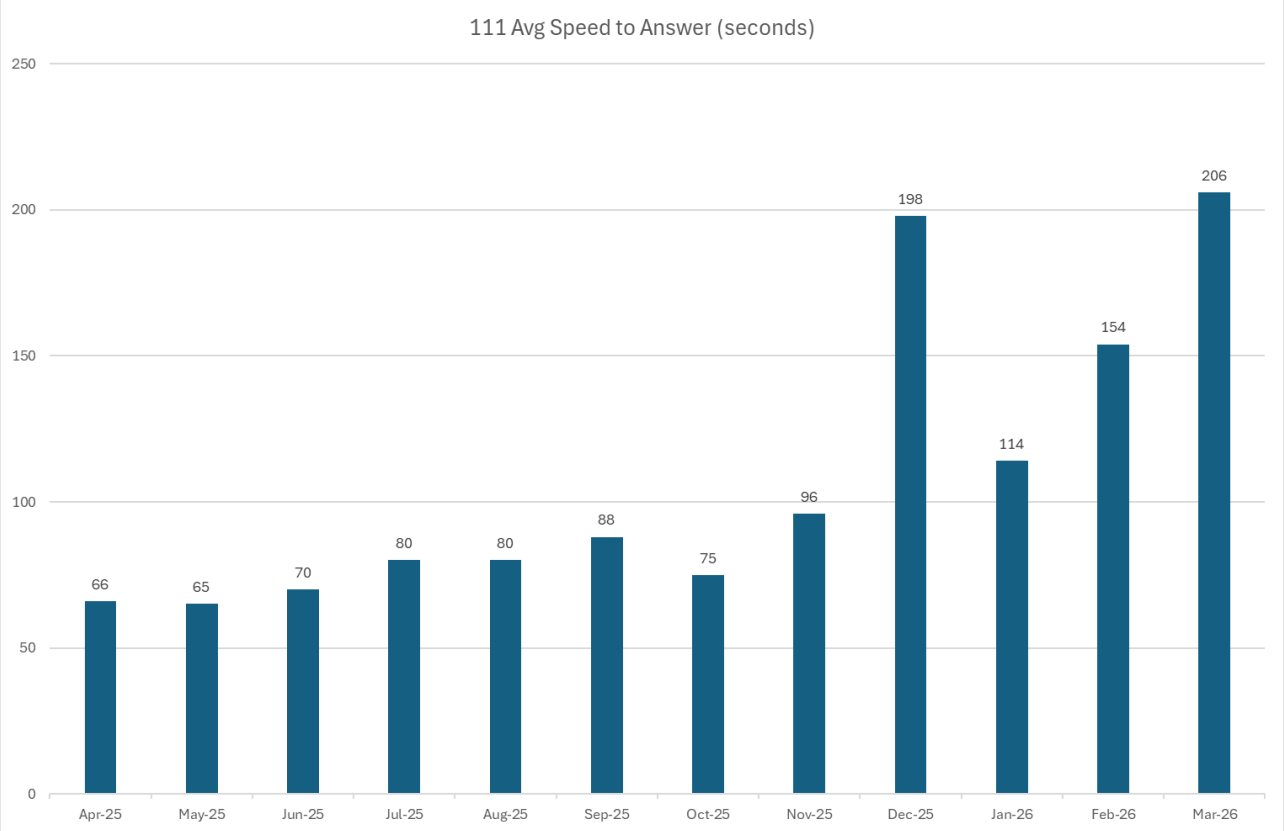
Below examples of patient response against surveys returned.



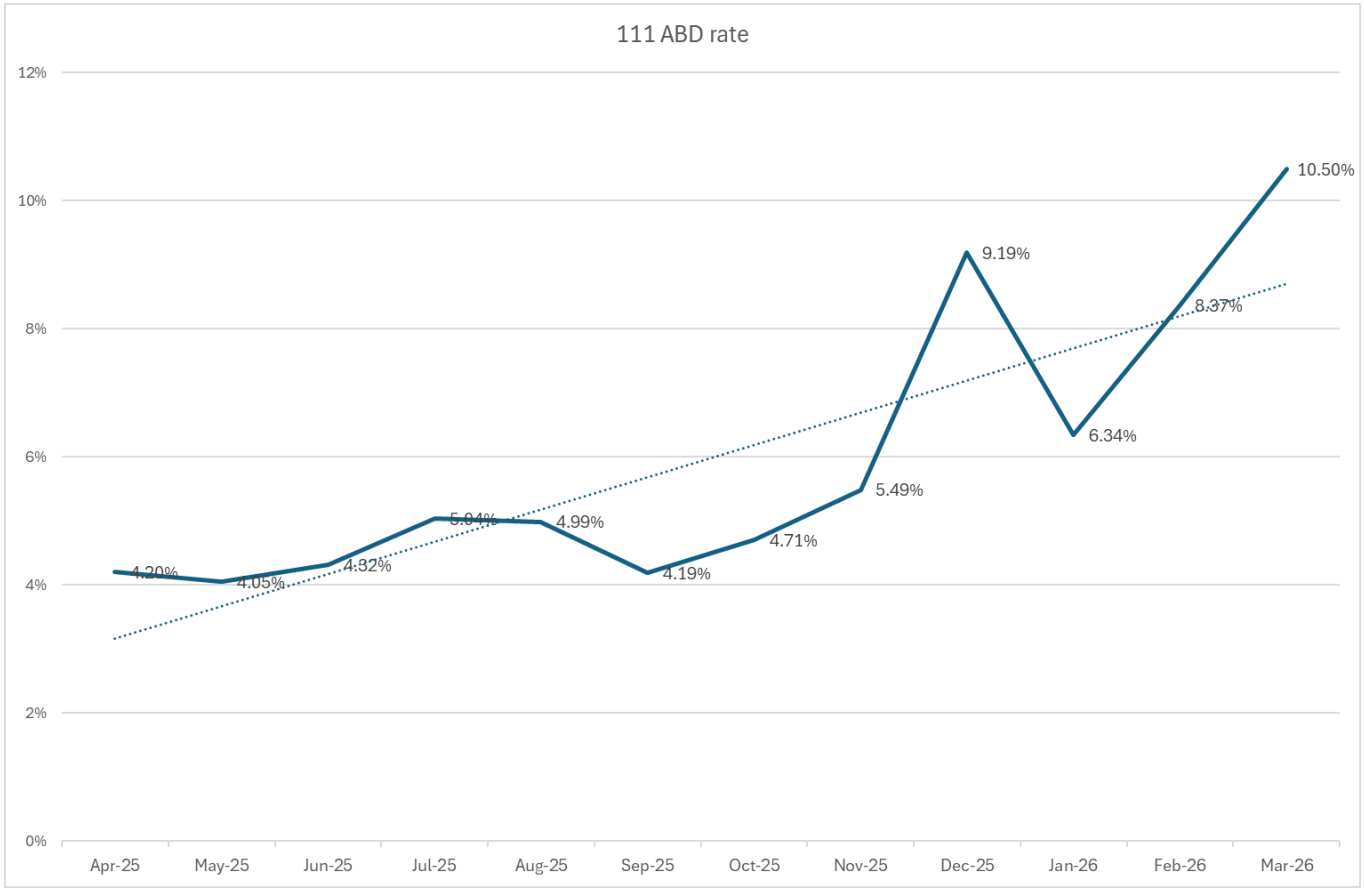
Below examples of annual AHT



Below is a graph showing the average speed to answer calls in seconds, monthly, from April 2025 to March 2026 inclusive:



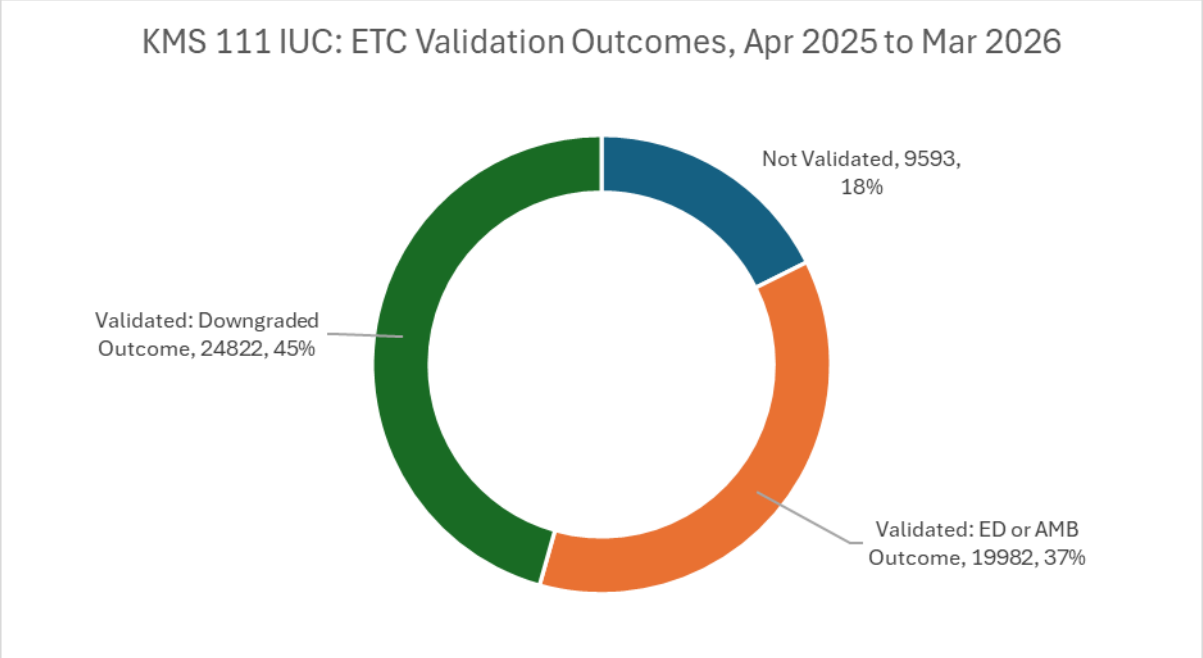
Below is a graph showing the percentage of calls abandoned by the caller, monthly, from April 2025 to March 2026 inclusive:



Emergency Treatment Centre and Ambulance Validation

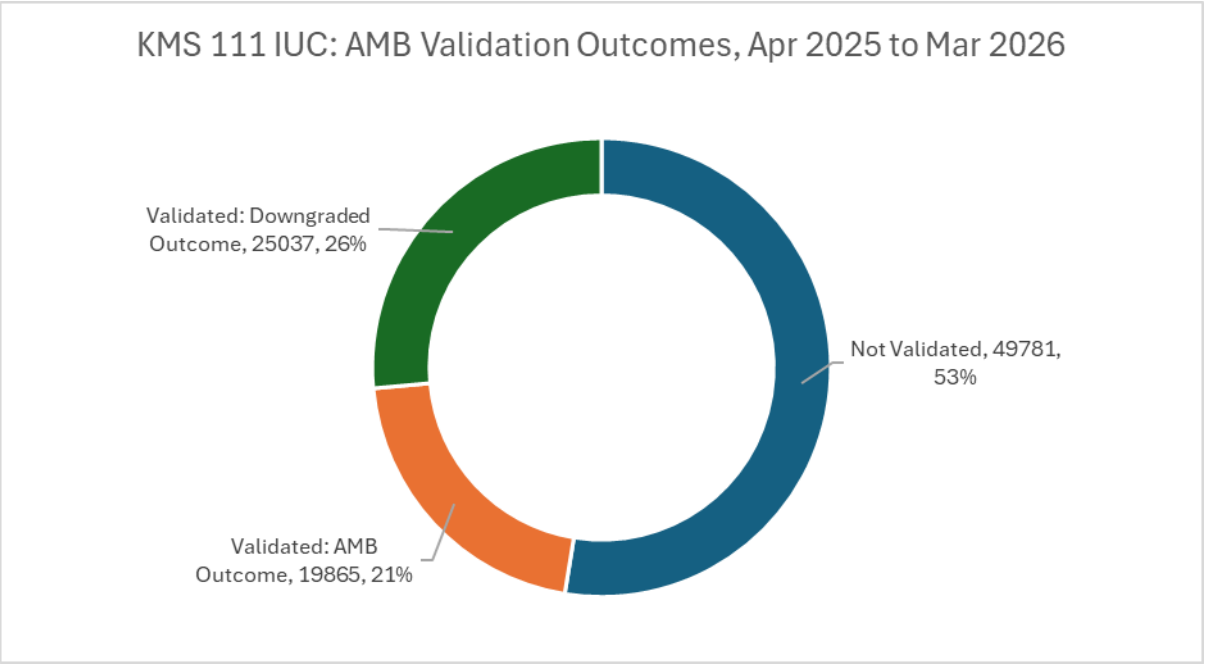
One of the key objectives for 111 is to protect the wider IUEC (Integrated Urgent and Emergency Care) system. Key to this is the clinical validation of Emergency Treatment Centre and non-emergency C3/C4 ambulance dispositions.

Below is a chart showing the proportion of Emergency Treatment Centre Validations for Apr 25 to Mar 26 inclusive:



44,804 Emergency Treatment Centre disposition cases were clinically assessed during this period, of which 24,822 cases were downgraded (45%) to a less urgent disposition.

Below is a chart showing the proportion of AMB Calls Requiring Validation for Apr 25 to Mar 26 inclusive:



Our 111 service clinically validated 47% (44,902 cases) of our non-emergency C3/C4 ambulance dispositions. This has made a significant difference to our 999 service, protecting it from an excess of inappropriate ambulance referrals, and enabling apposite care for patients.

Resilience and Specialist Operations

Our Resilience and Specialist Operations Department has responsibility for delivery of Emergency Preparedness, Resilience and Response (EPRR), the Hazardous Area Response Team (HART) and the Specialist Operational Response Team (SORT). Based on an 'All-Hazards' planning approach, each of these elements ensures that we are able to anticipate as best as possible to untoward events and to respond effectively to emergencies, particularly those requiring specialist capabilities, tactics, or in adverse environments. In addition, SECAmb resilience programs work across the Trust and with system partners to help build a 'resilient organisation', closely aligned with the wider community and stakeholders.

Emergency Preparedness, Resilience and Response (EPRR)

The NHS needs to plan for and respond to a wide range of incidents and emergencies that could affect health or the ability of the system to provide patient care. These could be anything from the effects of climate change, an incident involving an infectious illness, a major transport / industry accident, or indeed an issue with critical national infrastructure.

The Civil Contingencies Act (2004) requires NHS organisations to demonstrate that they can plan for and respond to such incidents while maintaining services and the Health and Social Care Act of 2012 requires all NHS providers to be properly prepared to deal with a relevant emergency.

The whole of this programme of work is referred to in the health community as emergency preparedness, resilience, and response (EPRR).

The EPRR team works on a range of key elements, including:

- Partnership working across Local Health Resilience Partnerships and Local Resilience Forums (Kent & Medway, Surrey and North-east Hampshire, Hampshire & Isle of Wight, and Sussex),
- Collaboration with Police and Fire & Rescue Service colleagues, and
- National interoperable programs (HART and SORT).
- Business Continuity planning and incident management.

Our preparedness for such eventualities is reviewed and assured against a broad range of core standards every year, set by NHS England, which are known as the EPRR Core standards.

Our EPRR team engages and contributes to the national ambulance EPRR Group to share best practice and learning, and to engage in discussions and developments on national issues. The response to the Manchester Arena Inquiry recommendations also remains a key area of continued focus.

Assurance 2025/26

The annual resilience assurance process took place in late 2025, when we are assured against EPRR and Interoperability core standards by Surrey Heartlands ICB, as the Lead Commissioner for SECAmb. This process also included other ICBs within the SECAmb region and for the first time was undertaken in collaboration with partners from South Central Ambulance Service NHS Foundation Trust.

Following a substantial evidence review and assessment process, the Trust achieved a rating at 'Substantially Compliant' for both interoperability and core standards, improving on the level of compliance the previous year. Despite this progress, there remains more to do in this ever-evolving program!

In line with national risk assessments, work continues in conjunction with the Trust digital teams in terms of developing, testing, and exercising aspects of digital resilience in SECAmb as well as a significant focus on building and improving business continuity planning and the systems supporting this work.

Partnership engagement through the Local Resilience Forum and Local Health Resilience Partnerships:

Engagement with external partners throughout the past year has been an essential element of the Resilience team's contribution to the resilience of the Trust. We are a key partner at the Local Resilience Forums (LRFs) and Local Health Resilience Partnership structures that are established to plan and prepare for emergencies across our region as well as enabling organisations to collaborate, share learning, and to develop and train as a system.

Resilience is recognised as a critically important theme at all levels of SECAmb and is a key organisational priority of the Board, the executive leadership team, and the wider Trust. As such, this year the 'Resilient Organisation' has been named as a key Trust quality priority, linking quality, resilience, and organisational learning as key programs of work.

This year we have also continued the process of improving collaboration across organisational borders, exploring opportunities to work more closely between SECAmb, South Central Ambulance Service NHS Foundation Trust, and colleagues across the Southern Ambulance Collaborative.

Hazardous Area Response Teams (HART) and Specialist Operations Response Team (SORT)

The Trust currently has two Hazardous Area Response Teams (HART), one at Ashford in Kent and the other in Crawley, West Sussex.

Each location is established with a total of 56 Paramedics, excluding managers, giving a total of 112.

HART is commissioned to provide Paramedic level care in a range of hazardous or challenging environments / disciplines, including:

- Chemical Biological Radiological and Nuclear (CBRN) / Hazardous Materials (HazMat)
- Urban Search and Rescue (USAR)
- Safe Working at Height
- High Risk Confined Space
- Inland Water Operations
- Tactical Medicine Operations

HART personnel are required to deliver the same level of clinical response as other Paramedics, but in an environment or position that presents practical, conceptual, and moral challenges. Our HART paramedics must balance the competing needs of remaining current and competent in the patient facing aspects of the job and also in other activities to enable them to care for patients safely.

The HART teams continue to improve and are focused on continuing the work started during 2025/6 around staff experience, team working, culture, and leadership. The teams also continue to enjoy the support of the Association of Ambulance Chief Executives (AACE) to continue this work.

The SECAmb Specialist Operations Support Team (SORT) is a national program to ensure that every region in the country has access to a cohort of specially trained staff able to respond to a marauding terrorist attack (MTA) or similar emergency or indeed to an incident involving chemical, biological, radiological, or nuclear (CBRN) contaminants requiring specialist personal protective equipment or decontamination. SECAmb is required to maintain a cohort of at least 35 staff available at all times between 6am and 2am, a standard that the Trust achieves, though work is ongoing to ensure more balanced and consistent staffing numbers, particularly in the early hours of the morning.

This program continues to evolve and has been successful this year in attracting, recruiting, and training operatives, now established at the 290 staff threshold set nationally. In addition, the Trust has now received two specialist vehicles, equipped with the resources to provide care to hundreds of patients as required located strategically across the organisation and is set to refresh the wet decontamination equipment and vehicles this year as part of a national program.

Sustainability & Partnerships

Delivering our Strategy
Operational Support

Delivering Our Strategy

2025/26 represented the first full year of delivery against the Trust's 2024–2029 Strategy, marking the transition from strategic design into implementation. Through the Programme Management Office and a structured portfolio approach, the Trust established the foundations required to support sustainable transformation and long-term delivery across all three strategic aims.

Delivering High-Quality Patient Care

Delivering high-quality patient care remains central to our strategy, with continued focus on ensuring patients receive the right care, in the right place, first time. During 2025/26, the Trust expanded its virtual care offer and implemented priority Models of Care covering Cardiac Arrest, End of Life Care (EOLC), and Falls, Frailty & Older People, contributing to improved patient outcomes and experience.

Cardiac arrest outcomes continued to perform strongly, with a 30-day survival rate of 11.5%, a 2% increase on the previous year and equivalent to 307 lives saved. Survival to discharge also exceeded target at 13.1% against a 12.5% target. Public support remained critical, with bystander CPR initiated in 77% of cases and 223 public defibrillators used prior to ambulance arrival.

The Virtual Care programme completed the design phase of the Trust's future Virtual Care model, establishing a clinically assured Target Operating Model for integrated triage, care navigation, remote clinical assessment, and post-dispatch support. The programme made progress in developing workforce, governance and digital foundations, alongside a virtual consultation competency framework, with key digital dependencies and opportunities for future automation and AI-enabled solutions identified to inform the implementation roadmap for 2026/27.

Hear & Treat performance within Emergency Operations Centres and local urgent care hubs continued to improve, reaching 17% by March 2026. This supported increased non-conveyance for non-injury falls and reduced pressure on urgent and emergency care services. Additional improvements included the introduction of virtual falls assessment supported by Community First Responders and strengthened End of Life Care through EOLC Advocates embedded across operational units.

Operationally, the Trust maintained strong performance despite increasing demand, achieving the Category 2 response target across the full year with an average response time of 27 minutes and 46 seconds, while managing almost 30,000 additional 999 calls compared to the previous year. Partnership working with care homes also contributed to up to a 25.5% reduction in 999 calls from participating homes between January 2025 and January 2026.

These achievements reflect the continued dedication of our staff and the Trust's commitment to delivering innovative, clinically led care that improves outcomes for patients and communities.

Our People

Supporting our people remained a central priority throughout 2025/26, recognising that high-quality patient care depends on a workforce that feels valued, supported and empowered to succeed. During the year, the Trust made significant progress in strengthening organisational structures, workforce support and leadership capability during a period of substantial change.

A major milestone was the implementation of the new divisional operating model in June 2025, strengthening local leadership, accountability and alignment with Integrated Care System (ICS) geographies. In parallel, the Clinical Operating Model programme established strengthened divisional governance arrangements and progressed new operational structures, improving coordination and frontline leadership support.

The Corporate Restructure Programme further aligned corporate services to the divisional model, reducing duplication, strengthening governance and improving organisational resilience. Alongside this, the People Services Improvement Programme introduced a new operating model with Strategic People Partners aligned to divisions and new colleagues recruited into key People Services roles to improve responsiveness and consistency of support.

Improvements to Employee Relations processes, including enhanced triage, senior oversight and relaunched ER dashboards, supported more timely and consistent case management. The Trust also modernised its policy framework, implementing updated policies covering conduct, attendance, flexible working, family support and sexual safety, alongside strengthened governance arrangements to support safer and more inclusive working environments.

Despite significant organisational change, the Trust achieved one of its strongest NHS Staff Survey results to date, performing above the sector average across all nine People Promise themes and achieving a 71% response rate. Notable improvements included psychological safety, with 69.7% of staff reporting they felt safe to raise clinical concerns, compared to 67.2% previously and above the sector average.

Overall, the progress made during 2025/26 strengthened organisational resilience and provided a strong foundation for continued improvement in workforce experience, culture and capability.

Sustainability and Partnerships

During 2025/26, the Trust made significant progress in strengthening collaborative working and system leadership, particularly through its partnership with South Central Ambulance Service NHS Foundation Trust (SCAS).

In October 2025, following extensive joint development work, both Trust Boards approved the Outline Business Case (OBC) for the proposed South Central and South East Ambulance Group - the first ambulance group model of its kind in England - while maintaining the statutory independence and local accountability of both organisations. Building on the Case for Change published in July 2024, the OBC set out the strategic, clinical and financial rationale for closer collaboration to reduce unwarranted variation, improve patient outcomes and strengthen long-term sustainability.

Throughout the year, both Trusts worked closely with commissioners and NHS England (South East) to align future priorities, resulting in agreement on five joint planning areas for 2026/27 focused on improving resilience, consistency and productivity across urgent and emergency care services.

Joint governance and programme arrangements were also strengthened through shared programme oversight, aligned executive working and development of a roadmap toward a Full Business Case for the group model. This ensured collaboration remained clinically led, financially disciplined and focused on patient, workforce and system benefits.

By March 2026, the Trust had moved beyond exploratory partnership working into structured joint planning and delivery with SCAS, positioning both organisations strongly to respond to future system challenges and support more sustainable ambulance services across the South East.

Looking Ahead

As we move into 2026/27, the Trust will focus on accelerating delivery and translating the foundations established over the past two years into measurable and sustained outcomes. With core models, governance structures, and programme disciplines now in place, the emphasis will shift towards scaling delivery, improving consistency, and embedding change across the organisation.

Continued development of our Models of Care and Virtual Care services will remain central to this next phase. We will build on progress made in 2025/26 by expanding our virtual care offer, and optimising patient pathways to ensure timely, appropriate care. This will be underpinned by a stronger focus on benefits realisation, performance management, and the use of high-quality data to drive decision-making and demonstrate impact.

Strengthening organisational capability will also be critical. We will continue to embed the divisional operating model, enhance leadership capacity, and support our workforce through targeted investment in wellbeing, development, and inclusive practices. Ensuring our people are equipped and empowered to lead and sustain change will be key to delivering our strategic ambitions.

Partnership working will deepen further, with a focus on delivering tangible outcomes through collaboration with system partners, including Integrated Care Boards and South Central Ambulance Service. This will support greater service integration, enable innovation at scale, and drive efficiencies across the wider health and care system.

Overall, 2026/27 will prioritise embedding and maturing delivery, ensuring foundations are in place to support future transformation, while continuing to improve patient outcomes, staff experience, and system resilience.

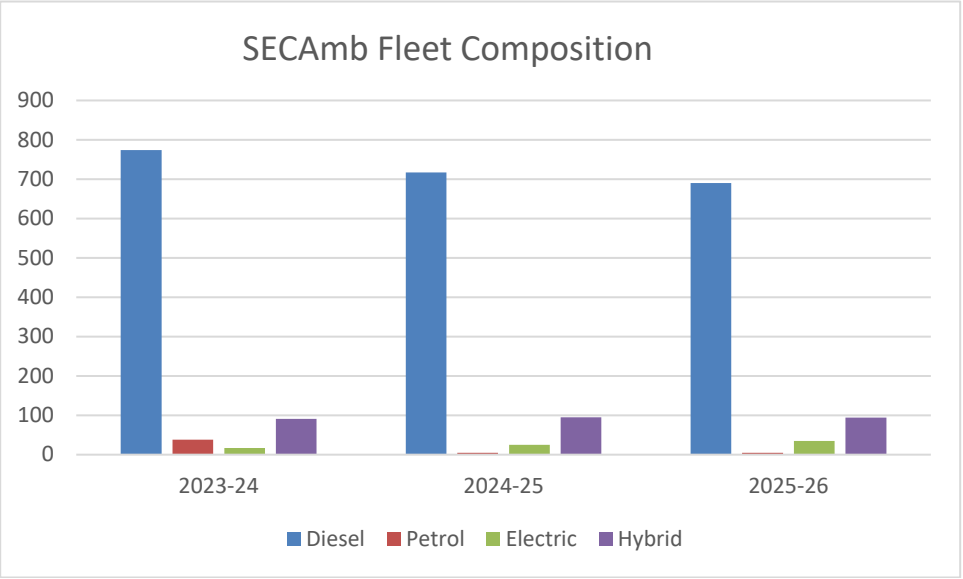
Environmental Sustainability (including TCFD) Annual Report Performance Analysis

During 2025/26, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has continued to strengthen its approach to environmental sustainability, embedding delivery of its refreshed Green Plan and advancing practical actions to support the transition to a net zero healthcare system. Progress during the year has focused on governance maturity, fleet and estates decarbonisation, data quality, and culture change, while recognising the scale of investment required to meet long-term targets.

The Trust considers environmental sustainability and climate-related matters as integral to delivery of its strategic objectives and long-term operational resilience.

Fleet and Transport

SECAmb Fleet Composition 2025/26



Fleet decarbonisation remains one of the Trust's most material climate-related risks and opportunities. During 2025/26:

- Low and zero emission vehicles now represent **16% of the Trust's operational fleet an increase of 2% from 24/26**
- Learning from the NHS Zero Emissions Electric Vehicle (ZEEV) Pathfinder programme has been embedded into future fleet planning
- Preparatory work continued for the introduction of fully electric Double Crewed Ambulances, with delivery planned from 2026/27

The Trust recognises that the transition to a zero-emission fleet presents operational, financial and infrastructure-related risks, which are actively managed through phased implementation, national engagement and ongoing risk review.

Progress remains non-linear and dependent on national vehicle availability, infrastructure readiness and capital funding.

Estates and Energy

During 2025/26, estates decarbonisation planning progressed through:

- Completion of Stage 1 electric vehicle charging infrastructure across reporting bases This was funded by a grant of £236k from the Office of Zero Emission Vehicles as part of the National ChargePoint Accelerator Scheme
- Award of a £100k grant for daylight-harvesting LED lighting systems from the National Energy Efficiency Fund.

- Continued procurement of renewable electricity through contracts incorporating REGO certification

The Trust continues to assess climate-related risks associated with its estate, including energy resilience and exposure to extreme weather, and incorporates these considerations within broader estates and business continuity planning.

Waste and Resource Use

Waste management improvements continued during 2025/26, aligned to HTM 07-01 and the NHS Clinical Waste Strategy. Key actions include:

- Introduction of offensive ("Tiger") waste streams on operational vehicles
- Ongoing staff engagement to improve segregation practices
- Monitoring of waste composition to inform future improvement activity

These actions support both environmental objectives and value-for-money considerations, consistent with national requirements for sustainable resource management.

Medical Gases and Clinical Practice

The Trust has continued to address emissions related to Entonox use, which represented approximately 7% of the Trust's total carbon footprint in 2025/26.

During 2025/26:

- Governance and stock-management arrangements for medical gases were identified as a key control issue
- National track-and-trace functionality available through NHS gas contracts continued to be explored
- Methoxyflurane (Penthrox®) was rolled out as a lower-carbon analgesic alternative where clinically appropriate

Clinical safety and patient outcomes remain the primary consideration in any changes to clinical practice.

Virtual Care and Hear & Treat

The Trust has continued to improve its Hear & Treat model as part of the wider development of virtual care. Enhancements to clinical assessment, workforce capability and governance arrangements during 2025/26 have supported safer and more consistent decision-making for patients whose needs can be met without a face-to-face ambulance response.

Continued improvement in Hear & Treat supports sustainability objectives by reducing avoidable vehicle movements, improving resource efficiency and ensuring emergency response capacity is available for patients with the most urgent clinical needs, while maintaining patient safety and clinical quality as the primary drivers of care.

Culture, Engagement and Partnerships

Sustainability has continued to be embedded across the organisation through:

- An active Green Network with over 100 members
- Integration of sustainability considerations within digital transformation and virtual care initiatives, including Hear & Treat
- Ongoing collaboration with South Central Ambulance Service and regional partners

The Trust recognises that behavioural and cultural change is essential to the successful delivery of its sustainability objectives.

Task force on climate-related financial disclosures (TFCD)

NHS England's NHS foundation trust annual reporting manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD-aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England. These disclosures are provided below with appropriate cross referencing to relevant information elsewhere in the annual report and accounts and in other external publications.

Governance

Board oversight of climate-related issues

The Board approved the Trust's Refreshed Green Plan 2025-2032 in Q2 24/25, in accordance with the NHS England mandated deadline. This plan superseded the Green Plan approved in 2024.

The Green Plan is supplemented with a Green 'Action Plan' which clarifies the Trust's Strategic Objectives for climate-related issues and identifies a series of key deliverables essential for realising those objectives.

Each of the key deliverables is reduced to a set of specific actions and initiatives. These are allocated to the relevant workstream leads.

The Interim Sustainability Lead produces monthly highlight reports for the Operational Support Governance Group, which reports directly to the Executive Board.

The Chief Strategy Officer is the Senior Responsible Officer for Sustainability.

Board-level oversight of climate-related issues is maintained through:

- Regular assurance reporting via the Senior Management Group
- Delivery oversight by the Green Plan Steering Group

- Escalation of material climate-related risks through the Corporate Risk Register

The Trust has maintained a 0.25 WTE Interim Sustainability Lead role throughout 2025/26 to coordinate delivery, oversee risk management and support reporting.

The Board monitors progress against sustainability objectives and climate-related risks through regular reporting, ensuring these considerations are embedded within strategic decision-making and corporate governance arrangements, in line with national guidance.

Management's role in assessing and managing climate-related issues

The Board, whilst maintaining overall responsibility, have delegated responsibility for assessing and managing climate-related risks and opportunities. The Trust employs a 0.25WTE Interim Sustainability Lead to provide oversight to understand and mitigate risks and identify and act upon opportunities. Figure 1 shows the structure of governance for climate-related risks and opportunities.

The Green Plan Steering Group brings together managers across key areas and is responsible for delivering the Green Plan and progressing towards net zero carbon. The group are also responsible for escalating risks and issues to the Strategic Planning & Transformation Directorate. A separate group focused on the deployment of electric vehicles has been established due to the recognition of a greater potential risk related to this area, providing a greater level of governance to understand and manage climate-related risks and opportunities specific to the transition to electric vehicles.

The Senior Management Group receive quarterly reports assessing risks and opportunities pertaining to the Green Plan and providing assurance on progress in the monitoring of these. The SMG can escalate these risks to the Board.

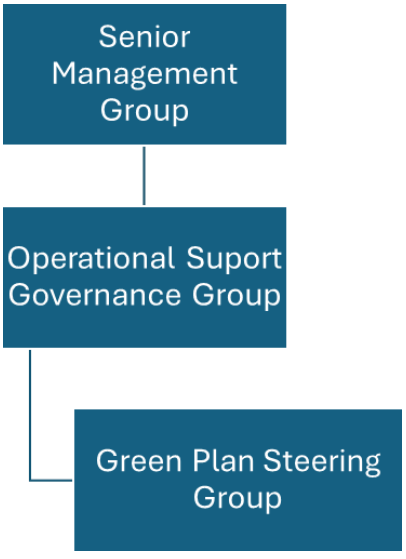


Figure 1 Committee governance structure for assessing and managing climate- related risks and opportunities.

Strategy

Climate-related risks and opportunities the organisation has identified over the short, medium and long term

The Trust has procured a new cloud based business continuity software solution that will allow for climate risks and potential impacts to service delivery. This solution is about to start the implementation phase and therefore the opportunity to include and report on these risks will be incorporated. Through this system the interdependence between service areas and relevant risks can be reported and reviewed as well as helping to inform the Trust's strategies.

This software solution is procured with South Central Ambulance Service and as the software is setup with the same outline this will allow any similarities between both Trusts and learning can be shared.

Type	Climate Related Risks	Potential financial impacts
Transition Risks	**Policy & Legal**	
	Mandates on products and services e.g. Zero Emissions Vehicle Mandate and NHS Travel & Transport Strategy mandating the shift to zero emission vehicles.	Upfront investment in EV charging infrastructure and improvements to buildings is required.
	Technology	
	Substitution of existing products and services with lower emissions options Unsuccessful investment in new technologies Costs to transition to lower emissions technologies	Write-offs and early retirement of existing assets e.g. fluorescent lighting, gas boilers and heaters Abortive costs from testing new technologies which may not come to fruition or work as intended. Capital investments in new technologies such as solar PV, smart LED systems, battery energy storage systems, electric vehicles Costs to adopt / deploy new processes and practices, e.g. training
	Reputation	
	Increased stakeholder concern or negative stakeholder feedback	Reduction in availability of allocated capital budgets, financial sanctions for missing climate change

		targets
Physical Risks	**Acute**	
	Increased severity of extreme weather events, e.g. heatwaves and flooding, such as the Brighton and Chertsey	Damage to property and other assets in flood affected areas, increased repair costs. Increased demands on services Reduced ability of staff to respond due to increased absenteeism and sickness
	Chronic	
	Changes in precipitation patterns, higher average rainfall in the SCAS region predicted by climate researchers Rising mean temperatures	Building adaptation costs

The impact of climate-related risks and opportunities on the organisation's operations, strategy and financial planning and how these may materialise over the short, medium and long term, when considered against a global warming pathway of 2°C or lower

The Trust has already experienced flooding at its site in Brighton and Chertsey. The Trust will develop a Climate Adaptation Plan to review all its sites and identify which buildings are most at risk then consider methods and costs of mitigation schemes, and planning for alternative routes in the event highways are obstructed by flooding, which would have a serious impact on operations.

The Trust has started investing in electrical supply upgrades which will support the transition to electric vehicles and heat decarbonisation, in addition to meeting increased cooling demands during heatwaves. These schemes are entirely funded from external grant sources; should the grants not materialise, this will place the financial burden back on the Trust, directly impacting financial planning in the short and medium term.

Risk Management

Describe the organisation's processes for identifying and assessing climate- related risks

The Trust's approach to identifying and assessing risks is set out in the Risk Management Policy. The document identifying risks relies on managers identifying risks which relate to their objectives and targets either following legislative update, an incident or through discussion with colleagues or within committees and groups. Individual managers are responsible for the identification of risks which may impact their team.

The proposed Sustainability Impact Assessment process will encourage managers and

committee members to consider climate risk and determine any necessary steps to manage risks identified.

At present, the Trust's business continuity plans do not directly reference climate risks, however, do feature some of the potential consequences (e.g. loss of building due to factors such as flooding).

The Emergency Preparedness, Resilience and Response Team are currently reviewing and revamping the business continuity arrangements. Within this, it is proposed that climate risk and adaptations are incorporated into the process, in line with the Greener NHS plan.

However currently:

- The National Security Risk Assessments provide a strategic context, with climate-related risks increasingly relevant
- Local Resilience Forums consider climate risks such as wildfires and extreme heat, something that informs and shapes EPRR's work in this area
- Seasonal planning (summer and winter) through LRFs includes mitigations for severe weather impacts Planning is undertaken in response to weather warnings, ensuring preparedness across services
- The health alerts system covers climate-related issues, supporting early action and response
- 'Zero level' planning ensures year-round consideration of climate-related threats
- TacAds provide briefings to Trust leadership on weather warnings and related risks
- BIAs will include environmental risks such as flooding to provide assessment of climate related risks
- For stations located in flood-prone areas, we are actively identifying and implementing mitigation strategies in order to look at future climate risk, not just historical data

Key climate related risks identified in the Trust's risk register are included in the table below, local and specific risks have not been included at this stage.

Source	**Risk**	**Score**	**Mitigations and Controls**	**Risk Owner**
Corporate Risk Register	NHS England has set the aim to be the world's first net zero national health service with two key targets:	4Lx3C=12	The Trust has developed a 3-5-10 year Green Plan which identifies the interventions required to meet de-	David Ruiz-Celada (Chief Strategy Officer)

	*For direct emissions (NHS Carbon Footprint): net zero by 2040, with 80% reduction by 2028-2032 *For indirect emissions (NHS Carbon Footprint Plus): net zero by 2045, with 80% reduction by 2036-2039 SECAmb signed off our Green Plan in 2023 committing to these targets. Risk Description: There is a risk that the trust cannot meet its long-term sustainability and net zero commitments due to:		carbonisation targets. This will enable us to understand and quantify the risks better, as well as establish further controls in place. This work is already commissioned., Initiatives offered by staff to support route to Net Zero to be implemented - The removal of milk pods, The removal of paper, Fuel Consumption,	

	* Significant unquantified investment required for decarbonization not currently identified in investment plans, including: -Fleet transition to zero-emission vehicles -Building infrastructure modifications and energy efficiency improvements -Sustainable medical equipment and consumable supplies procurement * Operating model implications not fully understood or insufficient time allocated for required changes: -Impact on service delivery and response times with new sustainable vehicles -Changes to clinical practice to reduce carbon footprint -Staff training and adaptation to new sustainable practices *Clinical strategy not adequately reviewed to reflect: -Population health needs under increasing climate change impacts -Alternative low-carbon treatment pathways		Block Booking hotels, Out of date kit for training, Reducing printing, The reduction of staff travel, Using recyclable material for tags and patient possession bags, Procurement Contract supply chain, LW has been in communication with SCAS Sustainability Lead to join our resources	

	- Resilience planning for extreme weather events *Overall sustainability commitments as outlined in the Green Plan may not be achievable within set timeframes *Supply chain dependencies and their ability to meet NHS sustainability requirements *Resource and expertise constraints in implementing green initiatives Impact: *Financial: -Penalties for missing NHS-mandated targets -Unexpected costs for rapid transition to sustainable alternatives -Potential impact on funding and commissioning arrangements * Operational: -Service delivery disruption during transition to sustainable practices -Increased complexity in procurement and supply chain management -Potential limitations on clinical practice options * Stakeholder Relations:			

	-Damaged relationships with strategic partners who depend on our meeting these commitments -Impact on collaborative initiatives and shared services -Reduced trust from commissioning bodies * Environmental: -Continued negative environmental impact on local communities -Higher carbon footprint affecting population health -Increased vulnerability to climate-related service disruptions * Reputational: -Public perception of environmental responsibility -Staff morale and retention -Position as a healthcare leader in the region Dependencies: *NHS England guidance and support *Technology advancement in sustainable healthcare solutions *Supply chain adaptation to green requirements *Staff engagement and behavioural change			

	*Available funding and resources *Partner organisation collaboration			
Green Plan Steering Group	Lack of attendance and Engagement from key stakeholders and wider teams	3Lx3I=15	Monthly GPSG meetings are scheduled 9 months in advance with timely reminders Trust wide Green Network meeting held quarterly scheduled in advance with timely reminders	
Strategic Estates Group	Electric vehicle infrastructure	3Lx 2C = 6		

Processes for managing climate-related risks

Risks identified by the organisation which require treatment and mitigation are added to a risk register. Managers are responsible for managing risks which impact their objectives within the organisation. The risk register assesses and scores the risk based on the likelihood and impact (1-5, with the highest risk score of 25). Each risk must have controls identified and planned mitigating actions to reduce or to eliminate the identified risk. The green plan management group is responsible for managing this risk.

Risk registers are carefully managed within the organisation. Executive Directors and other senior teams have oversight of their relevant directorate's risk register. The risk registers are reviewed and collated on a monthly basis, additionally the risk registers are presented for challenge, assurance and to support decision-making at a different committee on a regular basis. Risks from the Corporate Risk Register, specifically the high-level risks with a score of 15 or above are discussed at the senior management meetings within this assurance process.

The Corporate Risk Register identifies risks associated with the delivery of the Green Plan and maintaining compliance with environmental legislation.

Where there is specific climate risks identified which are acutely impacted an individual team these are also identified on the local risk register, for example sites or areas particularly susceptible to flooding. The Trust is commencing processes for understanding how to mitigate and minimise these local known risks and has, for example, mapped flood risk throughout our geography. We do not employ external risk frameworks relating specifically to climate-related risks.

How processes for identifying, assessing, and managing climate-related risks are integrated into the organisation's overall risk management

The financial consequences of climate-related risk are included in the Financial impact category of risk analysis in the Business Assurance Framework, whilst the principal mechanism of identifying and assessing climate-related risk involves the preparation and annual review of the Green Plan and consideration of the management of these risks by the Green Plan Steering Group.

Metrics and Targets

Disclose the metrics used by the organisation to assess climate-related risks and opportunities in line with its strategy and risk management process

The key metric is measuring the carbon emissions of the Trust, using energy and fuel consumption data for Scope 1, 2 and 3 emissions.

The Trust also submits reports to the Greener NHS Data Collection portal on a quarterly basis, providing data on carbon accounting, travel schemes, electricity sources, nitrous oxide, procurement requirements for carbon reduction plans and social value, and climate related risk adaptation planning.

Data on fleet composition is submitted to the Greener NHS Fleet Data Collection on an annual basis, the number of low and zero emission vehicles being of considerable importance in assessing climate related opportunities.

Describe the targets used by the organisation to manage climate-related risks and opportunities and performance against targets.

In accordance with the statutory guidance issued in the "Delivering a Net Zero NHS" report published in July 2022, the Trust prepared a new Green Plan to complement the existing Trust's Green Strategy. The Green Plan was approved by the Board in July 2023.

NHS England set two clear and feasible targets for the Trust:

- For the emissions controlled directly (the NHS Carbon Footprint), achieve net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- For the emissions we can influence (our NHS Carbon Footprint Plus), achieve net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039

However, these targets related to 1990 as a baseline, for which SECAmb had no comparable data as it did not exist in its current form. Using the Greener NHS Methodology, the Green Plan recalculated the reduction trajectory using 2019/20 as a baseline year.

To ensure SECAmb was on track to achieve these targets, we set our own targets against our 2019/20 baseline and in line with the Paris Agreement

- SECAmb has set a tentative near-term target of 50% emissions reduction by 2028-2032, in line with the Paris Agreement's recommendation to halve emissions by 2030.
- SECAmb is committed to achieving net zero emissions by 2040.

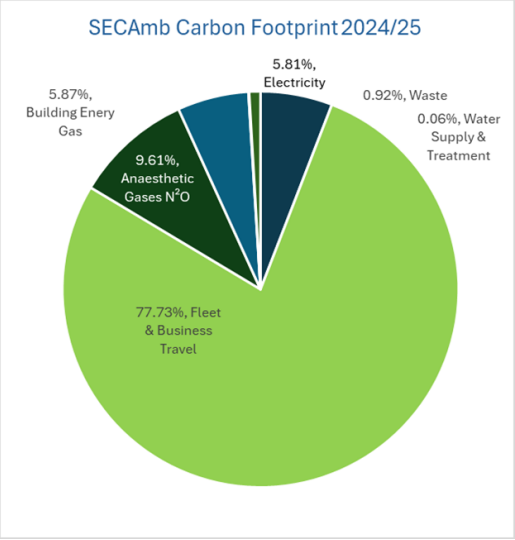
These have been adopted as the Trust's strategic objectives in the approved Green Plan.

Although publishing Scope 1, 2 and 3 emissions is not required by TCFD, the Trust has found it necessary to calculate and disclose these to assess progress against targets.

Carbon Footprint Baseline 2019/20 and subsequent years.

		NHS England Baseline						
Carbon Footprint	Sub Category	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	Scope 1							
	Owned Assets - building Enery Gas	2000	-	-	-	946	959	908
	Fuel Operational and support fleet	9236	-	-	-	10043	10098	9989
	Anaesthetic Gases N^2O	1504	-	-	-	886	1047	1169
	Total Scope 1:	12740	-	-	-	11875	12104	12066
	Scope 2							
	Electricity	146	-	-	-	706	716	702
	Total Scope 2:	146	-	-	-	706	716	702
	Scope 3(indirect emissions arising from activities directly controlled by SECAmb)							
	Business miles	117	-	-	-	-	455	417
	Well to Tank - Fuel	-	-	-	-	2303	2367	2344
	Electricity Transmission& Distribution	-	-	-	-	231	250	125
	Upstream Gas	-	-	-	-	16	16	15
	Water Supply & Treatment	-	-	-	-	-	10	12
	Waste						153	55
	Total Scope 3:	1809	-	-	-	2550	3251	2968
	SECAmb Carbon footprint:	**14695**				**15131**	**16071**	**15736**
Carbon Footprint PLUS	Scope 3(indirect emissions influenced by SECAmb)							
	eg Medicines, Medical Equipment, Other supply chain - no accurate data available)							
	Staff Commuting - no accurate data available)							
	SECAmb Carbon Footprint PLUS:							

SECAmb Carbon Footprint 2025/26 by Source



Due to the data not being available we have been unable to calculate and include the Trusts Carbon Footprint Plus Scope 3 emissions

The proportion of carbon emissions attributed to Fleet and Business Travel has increased from 77% to 81%, reflecting the increase in fossil fuel consumption.

Performance against target:

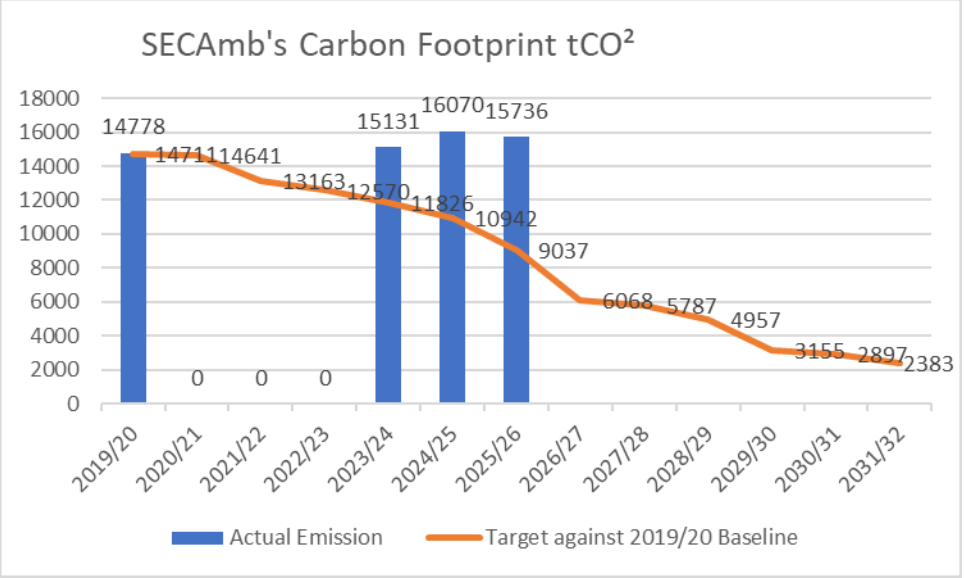
Carbon Footprint

Although total carbon emissions reduced in 2025/26 compared with 2024/25, overall emissions remain approximately 7% higher than the Trust's baseline. This reflects the scale and timing of structural changes required to decarbonise core operational activities, particularly fleet, rather than a reversal of progress made during the year.

The original plan specifically stated that we would start to replace the Non-Operational and Single Response ICE vehicles in our Fleet with electric and hybrid versions in 2023/24.This has not happened.

As a result, emissions for the financial year 2025/26 are 74% higher than the target trajectory, which will require further annual reductions of the 2019/20 baseline. However the plan is that the Trust will move back on target as more electric vehicles are acquired per NHS England guidelines.

SECAmb Carbon Footprint emissions against target



The carbon reduction plan for Fleet takes into account our Fleet Replacement Strategy and predictions of EV acquisition at specific dates, hence its non-linear nature.

We have not captured and calculated the Trust's Carbon Footprint PLUS, which includes the emissions arising from all the goods and services we purchase. However taking into consideration the figures calculated by our collaborative colleagues South Central Ambulance Service, this element may increase our total carbon emissions by a factor of 6. According to SCAS, this has been rising each year, entirely due to a large increase in transport-related emissions from the goods and services we purchase, particularly as a large proportion of the services are transport-related.

Operational Support

Fleet

Efforts continue to modernise the fleet and reduce the average age of the Double Crewed Ambulance (DCA) fleet. During 2025/26, the Trust began receiving vehicles from its new order of 97 replacement DCAs, comprising 92 MAN box conversions and 5 fully electric Ford eTransit DCAs. This followed an extensive stakeholder engagement roadshow across the Trust in 2024/25, through which the MAN box conversion was identified as the preferred option, with orders secured through a successful business case to NHS England.

These 97 new replacement DCAs will ensure all operational vehicles remain within agreed replacement cycles, set at five years for van conversions and seven years for box conversions. The introduction of newer vehicles is also expected to support a reduction in the Trust's DCA Vehicle Off Road (VOR) rate, which currently averages 17%, against a target of 10%. Improved vehicle reliability, better main dealer servicing arrangements, and enhanced parts supply chains are all expected to contribute to progress against this target.

The introduction of fully electric DCAs into the fleet during 2025/26 supports the Trust's ambition to move towards net zero, providing proof of concept and generating valuable operational data to inform future procurement decisions. The total DCA fleet remains at 414 vehicles, meeting peak rota requirements while maintaining resilience for both planned and unplanned maintenance.

A review of future electric Single Response Vehicle (SRV) options will be conducted during 2026/27, in preparation for the planned phase-out of internal combustion engine SRVs in 2027/28. The Trust will continue to monitor its wider vehicle portfolio and replace vehicles with lower-emission alternatives wherever operationally and financially viable, in line with its commitment to the NHS road to net zero.

Following a departmental restructure, additional Vehicle Maintenance Technician (VMT) posts were approved during the year to bolster workshop capacity and increase maintenance hours across the Trust's workshop estate. Alongside this, funding and approval were secured to commence a VMT apprenticeship programme in 2026, delivered in collaboration with local colleges, designed to attract younger recruits into technical roles and provide an alternative pathway into the ambulance service workforce.

Logistics

The Logistics function is responsible for the procurement, storage, distribution, and maintenance of medical consumables, clinical equipment, and uniforms across the Trust. During 2025/26, the department continued to strengthen its asset management and servicing programmes whilst maintaining high service levels across its core functions.

Staffing within the Logistics team improved significantly during the year, with vacancies reducing from four at the start of 2025/26 to nil by December 2025, reflecting successful

recruitment and improved retention. Sickness absence remained low throughout the period, supporting consistent service delivery across the Trust's sites.

Two planned equipment servicing programmes ran during 2025/26. The LifePak 15 defibrillator servicing programme was completed in full. The Mangar AirFlo 24 patient handling equipment servicing programme commenced in January 2026 across the Trust's Make Ready Centres, with a phased schedule reflecting the logistical complexity of operating across a geographically dispersed estate. This programme will complete in the early part of 2026/27.

Uniform Review Programme

The Uniform Review Programme continued to deliver against its service commitments throughout 2025/26, with the uniform service level agreement met or exceeded in the majority of months across the year. The Logistics function provided contract management oversight and worked with procurement colleagues to maintain supply chain resilience and ensure value for money.

The Trust continued to review its uniform and personal protective equipment requirements during 2025/26, with the Uniform Review Working Group progressing work across six domains: corporate staff and Trust dress code; epaulettes; helmets; field operations and resilience roles; voluntary services; and 111 and Emergency Operations Centre uniform standards. Once complete and approved, a refreshed uniform policy will be developed to support consistent and professional standards across the Trust.

Driving Standards

The Driving Standards function supports the Trust's commitment to road safety through the management of driver licensing compliance, road traffic collision review, and the provision of remedial training and support where required. The governance structure underpinning this work includes the Driver Safety Forum, the Driving Standards Review Panel, and the RTC Review Panel, all of which report into the Operational Support Governance Group.

Automated quarterly driving licence checks remain fully embedded across the Trust, providing ongoing assurance that all staff operating vehicles meet the required legal standards. Compliance improved across the second half of 2025/26, reflecting the continued effort of operational managers to ensure timely submission of checks. The Driver Safety Forum continued to meet monthly, bringing together representatives from Operations, Fleet, Driver Training, Risk, and the Trust's insurance partners.

The Driving Standards Review Panel continued to meet weekly, providing robust oversight of road traffic collisions and driving behaviours, with outcomes ranging from local support and guidance to formal review and training interventions. The Trust also participated in national forums including the Accident Reduction Group and Driver Trainers Action Group, and maintained a quarterly working group of Driving Standards Managers across UK ambulance services to support shared learning and best practice.

A number of driver education campaigns were delivered during the year, including 'Safe in the Back', safe use of bankspersons, vehicle daily inspections, and the 'Speak Up Driving Standards' initiative, which encourages staff to report driving concerns. This campaign was referenced in a Regulation 28 Prevention of Future Deaths report from the Kent Coroner following an inquest, reflecting the Trust's public commitment to driving safety.

The Trust remains committed to innovation in this area, having become the first emergency service organisation in the United Kingdom to implement digital alerting in vehicles via HAAS Alert and Acetech telematics, enhancing road user awareness of approaching emergency vehicles. Driving standards remain a standing priority of the Executive Board, which continues to support the Trust's ambition to become the safest ambulance service in the country for driving standards.

Make Ready

The Make Ready function provides the preparation, cleaning, restocking, and deployment of emergency ambulance vehicles across the Trust, delivered through a combination of Trust-managed operations and an external contract. During 2025/26, the Trust continued to develop its oversight and accountability framework for Make Ready operations whilst working to address ongoing workforce challenges across the service.

Workforce stability within Make Ready improved over the course of the year, with vacancies reducing as recruitment and retention activity took effect. However, staffing pressures continued to present a challenge throughout 2025/26, placing ongoing demand on the ability to consistently meet contracted service levels. The Trust worked closely with the contracted provider to monitor performance and drive improvements, with notable progress made in the final quarter of the year.

During 2025/26, work progressed on the development of a new Make Ready contract, with the objective of establishing a more robust accountability and assurance framework for service delivery across the estate. Separately, work commenced on securing funding for the development of the Guildford Make Ready Centre, identified as a priority within the Trust's 2026/27 transformation plan. Both programmes will continue into 2026/27 and are expected to deliver meaningful improvements to the consistency and quality of Make Ready operations across the Trust's geographic footprint.

Operational Support — Looking Ahead

Looking ahead to 2026/27, Operational Support will continue to deliver against the Trust's strategic transformation plan, with a particular focus on divisional alignment, the implementation of the new Operational Support Delivery Department, and the continued digitalisation of operational support functions. The Trust remains committed to reducing its carbon emissions in line with its 2024 to 2029 strategy, and significant work is planned to improve performance against the Green Plan trajectory across Fleet, Estates, and clinical operations. The department will also progress the Make Ready contract development and the Operational Support Governance Group review, ensuring that the right structures are in place to provide effective oversight and assurance as the organisation continues to evolve.

Financial Performance

Going Concern Statement

After making enquiries, the Directors confirm they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern.

For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Financial Performance

The Trust continues to ensure there is a focus on financial sustainability, and that the financial performance demonstrates sound financial management.

This section of the annual report reflects the financial performance of the Trust in relation to the activities for the year ended 31 March 2026. The audited annual accounts for the year are attached as an appendix, and they are also available for download from the Trust's website.

For financial year 2025/26 the Trust is monitored against a financial target that excludes the impact of technical adjustments (impairments, capital grants, donations and peppercorn leases). The Trust reported an adjusted £1.7m surplus for the year. The target for the year was break-even.

Before these technical adjustments the Trust's retained earnings for the year to 31 March 2026 as reported in its annual accounts was a surplus of £4.1m.

The following table summarises the income and expenditure for the year against plan and the prior year.

Income Disclosures

South East Coast Ambulance Service NHS Foundation Trust confirms that income from the provision of goods and services for the purposes of the health service in England is greater than income from the provision of goods and services for any other purpose, in accordance with section 43 2 (A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Income from the provision of goods and services for other purposes has had no detrimental effect on the provisionof goods and services for the provision of health services.

Income and Expenditure Summary

	2025/26			2024/25
	Plan	Actuals	Variance	Actuals
	£m	£m	£m	£m
Income	376.7	380.0	3.3	365.2
Operating Expenditure	375.6	376.0	(0.4)	365.0
Operating Surplus/(Deficit)	1.1	4.0	2.9	0.2
Finance interest, expenditure & dividend	1.1	0.5	0.6	0.0
(Loss)/gain on sale of assets	0.0	0.6	0.6	0.6
Retained surplus / (deficit)	0.0	4.1	4.1	0.8
Adjustment for				
Impairment	0.0	(1.2)	(1.2)	(0.7)
Capital grants and donations	0.0	(1.2)	(1.2)	0.0
Adjusted surplus / (deficit)	0.0	1.7	1.7	0.1

Financial Performance Analysis

Income

Total income for the year increased by 4.1 percent and by £14.8m compared to the prior year.

The Trust received most of its income from the Integrated Care Boards under a block contract, which accounted for 98% of the total income. The Trust was allocated £8.6m additional 999 income to support inflationary impacts, including pay. The Trust also received £10.3m recurring ambulance growth funding that was agreed during the planning process.

In respect of the employer contribution rate for NHS pensions which increased from 14.3 percent to 20.6 percent on 1 April 2019 and to 23.7 percent from 1 April 2024, the additional amount is paid over by NHS England on Providers' behalf but is reflected in the Trust's annual accounts in both income and employee expenses. The allocation for the further pension contribution of 9.4 percent in the year was £18.2m (£18.0m in 2024/25).

The Trust has completed the first year of the two-year extension to the five-year contract ending March 2025 to deliver an enhanced 111 service Integrated Urgent Care (IUC) that includes a Clinical Assessment Service (CAS) and GP out-of-hours. This is in partnership with IC24 (a not-for-profit Social Enterprise providing a range of health and social care services).

Expenditure

Operating expenditure, including depreciation and impairment in 2025/26 was £376.0m and 3.0 percent higher than 2024/25. The largest expenditure area remains employee expenses, which accounted for 76.0 percent (74.0 percent in 2024/25) of operating expenditure.

The main drivers for the £11.0m increase in expenditure from last year includes:

- Employee expenses increased by £15.0m. Our frontline substantive staff primarily the paramedic workforce had a net increase allowing for the discontinued use of private ambulance providers. NHS staff received a 3.6% pay award to compensate for the higher cost of living which was matched by a mutual increase in the Trust's income. This uplift accounted for most of the £9.7m of pay increase.
- Training cost increased by £2.2m, reflecting the demand for courses for operational colleagues, including advanced paramedic courses, supported by educational funding.
- Establishment costs decreased by £1.3m, this included reduced external support utilised in 2024/25 in implementing a new PMO and improving response to employment issues.
- Other provisions decreased by £1.7m following the settlement of the P11D matters with HMRC and utilisation of restructuring provisions as the Trust embeds its strategy.
- Premises spend increased by £0.5m reflecting the impact of inflation for energy bills.
- Clinical supplies decreased by £0.8m through improved purchasing and review of clinical loads for delivery of patient care.

- Purchase of healthcare was £1.5m lower than 2024/25. This is driven from the removal of private ambulance provision in 2024/25.
- Transport charges reduced by £0.6m, mainly through improved fuel cats and less mileage claims as staff working from home following the continued Nexus House refurbishment
- Redundancies, included in employee expenses were £0.6m as corporate restructures were implemented.
- Impairments were £0.5m, following valuation of Trust property following independent valuation in 2025/26.

An analysis of operating expenditure* is provided in the table below.

	2025/26		**2024/25**	
	£m	%	£m	%
Employee Expenses	285.0	*76%*	270.0	*74%*
Supplies and services - clinical	6.0	*2%*	6.6	*2%*
Supplies and services - general	3.8	*1%*	4.2	*1%*
Premises	23.3	*6%*	22.8	*6%*
Transport	15.3	*4%*	15.9	*4%*
Other provisions	(2.4)	*(1%)*	(0.7)	*(0%)*
Depreciation and Amortisation	17.9	*5%*	18.3	*5%*
Training, courses and conferences	7.5	*2%*	5.3	*1%*
Purchase of healthcare	8.8	*2%*	10.2	*3%*
Impairment	(1.2)	*0%*	(0.7)	*0%*
Establishment	6.1	*2%*	7.4	*2%*
Other expenditure	5.8	*2%*	5.6	*2%*
Total	376.0	*100%*	365.0	*100%*

*Further details can be found within note 8 of the accounts.

Capital Expenditure

The Trust invested £37.6m on capital expenditure in 2025/26 including Right of Use (ROU) assets of £9.2m.

IFRS 16, requires organisations to recognise both the ROU asset and liabilities for all leases more than 12 months. Overall, the Trust has shown a ROU asset of £35.4m and a finance lease liability of £24.6m. Under the standard in the income and expenditure account the operating payments are replaced by higher depreciation and interest charges.

Cash

The cash balance as at 31 March 2026 was £34.3m compared to £29.0m as at 31 March 2025. The £5.3m increase was slightly higher than planned for, due to the timing of paying invoices for capital purchases. The Trust continues to make payments in line with contractual obligations.

Efficiency Programme/Cost Improvement Programme

The Trust had £22.6m planned efficiencies in 2025/26. £12.6m was for productivity improvements to meet its improved performance trajectories that were delivered in full. The remainder £10.0m of efficiencies were planned to be cash releasing, of which £4.2m (42.5 percent) of the savings were achieved recurrently and £3.3m (32.8 percent) on a non-recurrent basis. The shortfall of £2.5m were met by agreed non-recurrent measures of budgetary underspends. The Trust continues being committed to improving productivity and demonstrating value for money through delivering sustainable efficiencies.

Looking forward to 2026/27

The coming financial year continues to be challenging as the NHS focuses on the recovery of core services and productivity and the Trusts begins to embed its strategy. The Trust submitted a break-even plan for 2026/27 and a Category 2 performance target of 25 minutes in compliance with the requirements in the planning guidance. This is supported by additional ambulance growth funding, and improved productivity and efficiency. The Trust is expected to continue to support the delivery of the Integrated Care System's plans.

As part of our multi-year capital plan, the Trust will continue to make significant capital investment to improve patient services and better working conditions for our staff. This includes investing in our fleet, further investment in our digital capability and the quality and functionality of the estate.

Financial risk

The Trust monitors financial risk through the assurance framework and risk management processes as detailed in the statement of internal control included in the financial statements. Summaries of the financial risks are outlined within the Annual Governance Statement.

Counter Fraud and Corruption

The Trust is committed to maintaining an honest, open, and transparent environment that seeks to eliminate any risk of fraud and bribery relating to our employees, contractors, and suppliers. The Trust has a counter fraud team that works closely with executive management

and the Audit and Risk Committee to instil an anti-fraud and anti-bribery culture through all aspects of the organisation.

Arrangements are in place to undertake proactive reviews to detect potential areas for fraud and to undertake independent investigation of such matters and for appropriate follow-up action through internal audit or the counter fraud service.

All new staff receive fraud awareness training during corporate induction sessions and regular up-dates and reminders are provided to all staff during the year. Processes are in place to reduce potential risk through staff training and ensuring effective controls are implemented. Staff are provided with several routes through which to refer suspicious activity to the counter fraud team or freedom to speak up guardian, and all matters raised are investigated thoroughly.

Internal Audit Activity

The effectiveness of internal audit is reviewed on a regular basis by the Audit and Risk Committee. The Trust has an active internal audit programme, which is overseen by the Audit and Risk Committee. The programme covers both financial and non-financial controls on a risk basis. A programme of work is agreed, while some flexibility is retained to respond to any concerns that might arise during the year.

Accounting Policies

The accounts meet the accounting requirements of the DHSC Group Accounting Manual. The accounting policies adopted for the Trust follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board are set out in the Annual Accounts. Accounting policies for pensions and other retirement benefits are set out in the notes to the employees' accounts and details of senior remuneration can be found in the Remuneration Report.

The number of, and average additional pension liabilities for, individuals who retired early on ill-health grounds during the year can be found in the notes to the accounts.

Capital Structure

The Trust's capital structure is typical of NHS Foundation Trusts. The Treasury provides capital finance in the form of Public Dividend Capital. An annual dividend (representing the cost of capital) is payable on the Public Dividend Capital at a rate of 3.5 percent of average relevant net assets. The Trust has accumulated reserves relating to income and expenditure surpluses and revaluations of non-current assets.

Better Payments Practice Code

Better Payments Practice Code (BPPC) is a key financial best practice for the NHS, aiming to ensure timely payment to suppliers to pay at least 95% of all undisputed invoices on time. The Trust has improved its performance in the month, and are able to report compliance for value, but reporting just below the 95% target for both number:

Better Payment Practice Code - measure of compliance	2025/26		2024/25	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the period	15,849	99,219	16,340	93,831
Total Non-NHS trade invoices paid within target	15,058	94,888	15,344	84,856
Percentage of Non-NHS trade invoices paid within target	95.0%	95.6%	93.9%	90.4%
Total NHS trade invoices paid in the period	387	2,816	335	3,722
Total NHS trade invoices paid within target	326	2,100	269	3,311
Percentage of NHS trade invoices paid within target	84.2%	74.6%	80.3%	89.0%
Total trade invoices paid in the period	16,236	102,035	16,675	97,553
Total trade invoices paid within target	15,384	96,988	15,613	88,167
Percentage of trade invoices paid within target	94.8%	95.1%	93.6%	90.4%

The Trust's improved liquidity has enabled it to proactively work on improving its compliance and meeting the required targets and will continue to clear invoices for payment on a timely basis.

HM Treasury compliance:

The Trust has complied with HM Treasury's cost allocation and charging guidance as set out in Chapter 6 of Managing Public Money (2018).

Jennifer Allan, Interim Chief Executive Officer

Date: 18/06/2026

Accountability Report

Directors' Report
Remuneration Report
Staff Report
Disclosures set out in the NHS Foundation Trust Code of Governance
Annual Governance Statement
Statement of Accounting Officer's Responsibilities

The following parts of the Accountability Report are subject to audit:

- the elements of the remuneration report designated as subject to audit which comprise:

  a) single total figure table of remuneration for each senior manager

  b) pension entitlement table and other pension disclosures for each senior manager

  c) fair pay disclosures

  d) payments to past senior managers, if relevant

  e) payments for loss of office, if relevant

- staff report: exit packages, if relevant
- staff report: analysis of staff numbers
- staff report: analysis of staff costs

Directors' Report

The Board of Directors

The individuals who served as directors of the Trust during the year are listed in the Register of Directors' Interests below.

All the powers of the Trust are exercised by the Board of Directors on its behalf. The Board of Directors is made up of both Executive and Independent Non-Executive Directors (NEDs).

The Executive Directors manage the day-to-day running of the Trust, whilst the Chair and NEDs provide scrutiny and challenge based on wide-ranging experience gained in other public and private sectors, particularly regarding setting the organisational culture and strategic direction.

NEDs are required to hold the majority of Board posts to ensure independence and to properly hold the Executive to account. However, the Board is also expected to act as a unitary board, reflecting the agreed strategic priorities.

The Council of Governors holds the Independent Non-Executive Directors to account for the performance of the Board as a whole and represents the interests of members and the wider public. The Council has statutory duties, which include appointing or removing the Independent Non-Executive Directors and setting their remuneration.

The Board has reviewed and confirmed the independence of all the Non-Executive Directors who served during the year.

At year end 2025/26, the Trust Board as formally constituted includes the Chair, ten Independent Non-Executive Directors, the Chief Executive and eight Executive Directors.

There is extensive experience of the NHS within the current group of Executive Directors and the Board is satisfied that overall, there is a balance of knowledge, skills and experience that is appropriate to the requirements of the Trust.

The Trust Board is supported by six standing Committees:

- Appointments & Remuneration Committee
- Audit and Risk Committee
- Charitable Funds Committee
- Finance and Investment Committee
- Quality and Patient Safety Committee
- People Committee

In addition, a new Integration Committee was established in Q4 to oversee the areas of collaboration with South Central Ambulance Service NHS FT, as we move towards a Group Model.

All Board meetings held in public are accessible in person or online via MS Teams. The Board has a well-established structure, based on the model and roles of a unitary Board, and the principles of good governance. Its main committees report to the Board after each meeting, setting the assurance it received and any gaps requiring Board intervention.

Each committee is chaired by an independent Non- Executive Director and, taking a risk-based approach, scrutinises assurances that the system of internal control used to achieve objectives is well designed and operating effectively. Board committees are regularly observed by Governors both to understand better the working of the Board but also to assure the governing body that the systems and structures in place to assure accountability are working effectively.

An annual assurance assessment of the board has been completed against the Fit and Proper Persons framework with no issued identified.

Register of Directors' Interests

The Board of Directors are required to declare other company directorships and significant personal, business or financial interests which may conflict with their Board responsibilities.

The register of Directors' interests is updated as any new interests are declared and is available on the Trust's website.

The interests of all Board members have been declared.

There have been no political donations made by the Trust.

Michael Whitehouse OBE – Chair

Michael was appointed Chair on 8 March 2025 and brings with him a wealth of experience of audit and financial oversight across the public sector. Until 2017 he was Chief Operating Officer of the National Audit Office and has also been responsible for a number of evidence-based reports to Parliament related to the health sector.

Declared Interests:

- Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency
- MHRA – Chair of Audit Committee and SID.
- Jersey Audit Office - Chair of the board of governance.

Simon Weldon – Chief Executive Officer

Simon has a wealth of leadership experience, with an NHS career spanning more than 20 years across acute and commissioning sectors.

Prior to being appointed as SECAmb Chief Executive, he was Group Chief Executive of University Hospitals of Northamptonshire Group, serving in the position from 2020 and leading the trust to university hospital status.

Prior to this position, Simon was Chief Executive of Kettering General Hospital NHS Foundation Trust where he led the organisation out of quality special measures.

Simon left the Trust on 17 April 2026.

Declared Interests

- None

Simon Bell – Chief Finance Officer

Simon Bell joined SECAmb as Chief Finance Officer on 1 March 2024. He has more than 27 years of financial leadership in the NHS, with 13 years as a Director of Finance. Before joining the Trust Simon worked in the South West and North East and Yorkshire regions of England, latterly as a Place Director of Finance with an Integrated Care Board. Prior to that Simon was the Chief Finance Officer in two different Clinical Commissioning Groups and helped lead both organisations out of financial special measures and back to delivering break-even financial plans.

Declared Interests

- Audit and Risk Committee Chair – Eldon Housing Association.

Sarah Wainwright – Chief People Officer

Sarah joined SECAmb as Chief People Officer in March 2024. Prior to joining the Trust, Sarah was Regional Deputy Director of Workforce at NHS England (South East), with strategic leadership for the workforce transformation and workforce supply across integrated care systems in South East. Sarah has over 20 years' experience in senior HR roles both within the Civil Service and the NHS. Sarah is an experienced system leader, delivering people and culture change programmes at both system and organisational level, and is passionate about people development and how we best support staff wellbeing and experience at work to enable better patient care.

Declared Interests:

- None

Jaqualine Lindridge – Chief Paramedic Officer

Jaqualine is SECAmb's first-ever Chief Paramedic Officer who started with us on 1 October 2024. With more than two decades of experience in ambulance services, Jaqualine has a wealth of clinical expertise and leadership. Prior to joining SECAmb she was Director of Quality Improvement at London Ambulance Service and has held various clinical roles since becoming an ambulance technician in 2000 and qualifying as a paramedic in 2003.

Jaqualine has been instrumental in advancing paramedic practice, leading the introduction of advanced paramedic practitioners in urgent care, and serving on national clinical guidance committees. At SECAmb she oversees education, training, and clinical supervision, working across the organisation to enhance patient care.

Declared Interests:

- Trustee on the Board of Trustees for the College of Paramedics.
- Listed as a director for Coach House (Woldingham) Residents Limited.
- Co-Chair of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC).

Dr Richard Quirk – Interim Chief Medical Officer

Richard's substantive role is as Deputy Chief Medical Officer (CMO) and was appointed Interim CMO in January 2024. Richard is a GP and was previously Medical Director at Sussex Community NHS Foundation Trust. He has a passion for delivering high-quality patient care and supporting staff in the challenging environment of 111 and 999.

Declarations:

- Locum Salaried General Practitioner at Coachmans Medical Practice, Crawley.
- Panel member on the Liverpool Community Health Independent Investigation led by Dr Bill Kirkup.
- Trustee of Oasis Community Learning Charity

Jennifer Allan – Chief Operating Officer

Jennifer Allan joined SECAmb on 1 October 2024, bringing extensive leadership experience from her role as Chief Operating Officer at South West London and St George's Mental Health NHS Trust.

Prior to working at SWLSG, Jennifer was Director of Operations at Guy's and St Thomas's NHS Foundation Trust where she led operationally on the Trust's adult surgical services. At Central London Community Healthcare NHS Trust, she led the delivery of district nursing, rapid response and rehabilitation services.

With a strong background in operational leadership, Jennifer is focused on improving patient care and supporting SECAmb's strategic development across its region.

Jennifer was appointed Deputy Chief executive Officer 10 February 2026 and then she was appointed Interim Chief Executive Officer on 17 April 2026, until the new Group Chief Executive Officer joins later in 2026.

Declared Interests:

- None

David Ruiz-Celeda – Chief Strategy Officer

Originally from Barcelona and an aeronautical engineer by training, David now lives in Kent and joined SECAmb after a decade of working in the aviation industry. With a focus on operations planning and management, logistics and improvement, David has worked across airlines and air handing operators in Spain and most recently at London City Airport where he was Director of Operations Strategy and Planning. This role saw him work in a number of key areas including developing forecasting and modelling capability within the airport and delivering a number of improvement initiatives using technology and process changes to increase capacity.

Declared interests:

- Board Strategic Advisor at South Central Ambulance Service, Operating under and to the scope of jointly agreed MOU between SCAS and SECAmb, with oversight via the joint Executive and Committee in Common.
- Father (Luis Antonio Ruiz-Avila), is an Angel investor in the bio-technology sector, holding multiple CEO and Board Advisory positions. No direct relationship between the NHS provider Trusts.

Margaret Dalziel – Chief Nursing Officer/Deputy Chief Executive

Margaret is a paediatric nurse and leader who has worked in the NHS for 40 years with extensive experience in senior operational and professional leadership roles across all healthcare systems and sectors including acute, community & mental health providers.

Margaret was appointed Deputy Chief Executive in January 2025-February 2026.

Declared Interests

- None

Nick Roberts –Chief Digital Strategy Officer

Nick joined SECAmb on 1 April 2025 having been Chief Information Officer at Moorfields Eye Hospital NHS Foundation Trust in London.

He was the senior responsible officer for technology and data across Moorfields at Board level since joining the hospital in 2020.

He has been involved in several major transformational programmes including the transformation of OpenEyes – an eye care clinical noting system converted to a highly available public cloud solution, and in delivering the trust's full business case for its new EPR, MoorConnect.

Previously, Nick was Director of Digital Services at University College London NHS Foundation Trust (UCLH), onboarding a new outsourced IT service provision, and implementing the technology and data migration to support their Epic EPR implementation.

Declared Interests:

- None.

Professor Karen Norman - Senior Independent Director

A nurse by background, Karen has worked in healthcare for 45 years in both the public and private sectors in the UK, Australia, New Zealand and Gibraltar.

She has 20 years' experience as an Executive Director at board level, as Gibraltar's Chief Nursing Officer, including responsibilities as Director of Gibraltar Ambulance Services, (2004-2013) and as Director of Nursing and Clinical Governance at Brighton and Sussex University Hospitals NHS Trust (1993-2004).

She has also worked as a management and leadership consultant and was a former reviewer for the Commission for Health Improvement.

Declared Interests:

- Visiting Professor, Doctorate in Management Programme, Complexity and Management Group, Business School, University of Hertfordshire.
- Visiting Professor, School of Nursing, Allied and Public Health, Faculty of Science, Social Care and Education, Kingston University.
- Professional registration with the Nursing and Midwifery Council.

Howard Goodbourn – Independent Non-Executive Director

Howard has been a member of SECAmb since 2014. Formerly working as Chief Financial Officer for Southern Water with frontline staff and some emergency response. He has also worked in senior Finance positions for various large utility organisations including the energy business, Eon UK and also a UK transport business, part of RATP, which included running bus services in London with c.3,000 employees. Howard was instrumental in leading the transformation of Southern Water to become more commercial and efficient without compromising quality of service.

Howard brings strong financial and commercial experience including input into bids, contract negotiations, competitor analysis and industry benchmarking and believes that his experience can help the Trust on its journey to become 'outstanding'.

Howard left the trust on 8 March 2026 at the end of his second term.

Declared interests

- None

Dr Subo Shanmuganathan - Independent Non-Executive Director

Subo has a varied career in complex education, clinical and regulatory executive roles and has held several non-executive roles.

She brings extensive knowledge and experience of strategic business change, organisational development, education and training and transformation programmes to deliver commercial revenue, gained in both the charitable and public sectors. Her PhD is in Clinical Immunovirology from Imperial College London.

Declared Interests:

- Chair for Bromley Community Interest Company.
- Non-Executive Director for the Crown Prosecution Service.

Paul Brocklehurst - Independent Non-Executive Director

Paul, from Bexhill, East Sussex, has more than 25 years' board-level experience, most recently as the Chief Information Officer (CIO) for the Financial Services Compensation Scheme. He has spent more than a decade as a CIO in local authorities and has also worked with numerous 'blue chip' companies in the private sector.

Paul joins SECAmb to provide scrutiny and support in the important and growing area of strategic digital and IT development.

Declared Interests:

- Trustee for Myeloma UK

Liz Sharp - Independent Non-Executive Director

A registered nurse by background, Liz Sharp has more than 30-years' background in both the public and private health sectors. She brings with her a wealth of knowledge in delivering and improving patient outcomes and experience.

Until 2018, Liz was the National Director of Clinical Services for BMI Healthcare, an independent provider running 54 hospitals. Her executive career includes her working in partnership with the clinical education team to develop an in-house associate practitioner programme, enhancing governance through introducing an electronic risk-based reporting system for staff, and leading large-scale change programmes including building a care and rehabilitation centre and developing clinical strategy.

Declared Interests:

- Member of the Royal College of Nursing
- Professional registration with the Nursing and Midwifery Council

Max Puller - Independent Non-Executive Director

Max is a strategic communications and business transformation leader with wide-ranging experience, both in-house and consulting, across the public, private and charity sectors. In February 2024, he joined FTSE 250 listed global IT and technology services provider, Computacenter, as Business Strategy and Communications Director.

Previous roles include Business Transformation Director at global communications consultancy, BCW, Head of Colleague Communications and Engagement at Tesco Bank, and Employee and Change Communications Director at Sodexo. Before joining SECAmb, he served on the Board of the Salvation Army in the UK and Ireland, providing counsel on reputation, marketing and fundraising matters.

Max left the Trust at the end of February 2026, at the end of his term.

Declared Interests:

- Full-time employed as Business Strategy and Communications Director at Computacenter plc, which often works with the public sector
- Director and Vice-Chair of the Board of Governors at Trinity Laban Conservatoire of Music and Dance (pro-bono)
- Postgraduate Executive MBA candidate at the University of Surrey
- Fellow and member of the Chartered Institute for Public Relations (CIPR) and Institute of Internal Communication (IOIC).

Mojgan Sani – Independent Non-Executive Director

Professor Mojgan Sani was appointed in June 2024 and has a has a professional background as a Chief Pharmacist, Controlled Drugs Accountable Officer, and Director of Medicines Optimisation in large, complex multi-site NHS acute hospitals.

Her recent positions have included serving as Corporate Director of Clinical Outcomes and Effectiveness at University Hospitals Sussex. She has also served as a trustee to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD), and as a Public Governor to Tees, Esk and Wear Valleys NHS Foundation Trust – a large mental health trust.

Mojgan is the South-East South-Central Chair of the National Quality Improvement and Clinical Audit Network (NQICAN), a visiting professor at a number of universities for Medicines Optimisation and Clinical Pharmacy, and a non-executive director for HIOW ICB and Medway NHS Foundation Trust.

Declared Interests:

- Non-Executive Director Medway NHS Foundation Trust
- Non-Executive Director Sussex Community Foundation Trust
- Visiting professor (Clinical pharmacy and medicines optimisation), University of Portsmouth
- CQC specialist advisor for medicines optimisation

Suzanne O'Brien – Independent Non-Executive Director

Suzanne began her three-year term on 9 June 2025.

Also serving as non-executive director at mhs homes, where she chairs the Treasury Committee, Suzanne is Chair of the Board of Trustees at The Fifth Trust, a Kent-based charity supporting adults with learning disabilities.

She has 30 years' experience in business and is a qualified accountant, tax consultant and chartered manager, with extensive expertise in strategic leadership, finance and organisational development. Suzanne has built a reputation for her commercial insight, entrepreneurial approach and commitment to equity and inclusion, alongside a strong focus on developing high-performing teams and creating long-term organisational value.

Declared Interests:

- Chairperson, The Fifth Trust (charity - voluntary role)
- Deputy Dean, Canterbury Christ Church University
- Non-Executive Director, Chair Treasury Committee, mhs homes
- Leadership and Governance Consultant, AdvanceHE

Harbhajan Brar – Independent Non-Executive Director

Harbhajan began his term on 1 March 2026.

Also serving as non-executive director at neighbouring South Central Ambulance Service, Harbhajan is employed as Director of Human Resources (HR) at Imperial College, London.

He has more than 40 years' experience in HR and has previously been Director of HR at the Department of Health and a number of NHS trusts.

Harbhajan, who will Chair our People Committee, has also worked as Research Fellow at the Centre for Research in Ethnic Relations based at Warwick University and has served on the Policy Boards of NHS Employers and NHS Professionals.

A former Trustee and Chair of DAAP (Drugs and Alcohol Project) and a Trustee of the Sodexo Foundation, Harbhajan also serves as a Justice of Peace.

Declared Interests:

- NED South Central Ambulance Service
- Director of HR, Imperial College
- Magistrate Oxford

Peter Schild - Independent Non-Executive Director

Peter Schild began his three-year term on 9 June 2025.

His most recent full-time role was as Chief Financial Officer at the Institute for Apprenticeships and Technical Education, an arm's length body of the Department for Education, a position he held for four years.

Peter has enjoyed a long financial and audit career that began at J Sainsbury plc, where he qualified as a Chartered Management Accountant. He moved to BT plc where he held various senior financial management roles, before joining the Department for Work and Pensions as Deputy Finance Director responsible for finance, audit and security.

He was promoted to Finance Director in HM Revenue and Customs (HMRC), where he held numerous financial directorships including audit, assurance and security. Since October 2023, Peter has been a non-executive director and deputy chair for the Health Services Safety Investigations Body (HSSIB).

At SECAmb, Peter chairs the Audit and Risk Committee.

Declared Interests:

- Deputy Chair and Chair of ARAC at Health Services Safety Investigation Body

Dr Karl Khan - Independent Non-Executive Director

Karl started his term on the 1 March 2026.

He has more than 25 years' experience in the public service including recently as Chief Operating Officer for the Financial Ombudsman Service. He was previously Director of Finance, Planning and Performance and then Interim Director General, Customer Services Group, HMRC, responsible for the strategy and delivery of customer-facing operations.

He has also held senior roles in other central government departments, including the

Department for Work and Pensions and the UK Health Security Agency.

He currently provides independent advice to both public and private sector organisations covering transformation, operational effectiveness & efficiency and leveraging AI opportunities.

Declared Interests:

- Freelance consultant. This role has no direct conflict with SECAmb.

Board attendance (meetings held in public)

Board Meeting		Wednesday 30th April 2025	Thursday 5th June 2025	Thursday 7th August 2025	Thursday 2nd October 2025	Thursday 4th December 2025	Thursday 5th February 2026
Simon Weldon	Chief Executive	✓	✓	✓	✓	✓	✓
Michael Whitehouse	Chair	✓	✓	✓	✓	✓	✓
Simon Bell	Chief Finance Officer	✓	✓	✓	✓	✓	✓
Jennifer Allan	Chief Operating Officer	✓	✓	✓	✓	✓	✓
Jaqualine Lindridge	Chief Paramedic Officer	✓	✓	✓	✓	✓	✓
Richard Quirk	Interim Chief Medical Officer	✓	✓	✓	✓	✓	✓
Stephen Bromhall	Chief Digital and Information Officer	A					
Nick Roberts	Chief Digital and Information Officer	A	A	✓	✓	✓	✓
Sarah Wainwright	Chief People Officer	✓	-	✓	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	-	✓
Subo Shanmuganathan	Non-Executive Director	-	✓	✓	✓	-	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	-
David Ruiz-Celada	Chief Strategy Officer	✓	✓	✓	✓	✓	✓
Margaret Dalziel	Chief Nursing Officer	✓	✓	✓	✓	✓	-
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓
Max Puller	Non-Executive Director	✓	✓	-	✓	✓	✓
Mojgan Sani	Non-Executive Director	✓	✓	✓	✓	-	✓
Karen Norman	Non-Executive Director	✓	✓	✓	-	✓	✓
Peter Schild	Non-Executive Director				✓	-	✓
Suzanne O'Brien	Non-Executive Director				✓	-	✓

Key	
✓	In attendance
A	Attends
-	Not in attendance

The Board also meets in confidential session, normally on the same day as the public Board meetings, to make decisions relating to items that need to be dealt with in confidence, usually because of commercial sensitivities. The Chair gives a brief overview of the issues discussed during the confidential session at the start of the public Board meeting and the agenda and minutes of the confidential sessions of the Board are made available to the Council of Governors.

Board attendance (meetings held in private)

Part 2 Board Meeting		Wednesday 30th April 2025	Thursday 5th June 2025	Tuesday 24th June 2025	Thursday 7th August 2025	Thursday 2nd October 2025	Thursday 4th December 2025	Thursday 5th February 2026
Michael Whitehouse	Chair	✓	✓	✓	✓	✓	✓	✓
Simon Weldon	Chief Executive	✓	✓	✓	✓	✓	✓	✓
Sarah Wainwright	Chief People Officer	✓	-	✓	✓	✓	✓	✓
David Ruiz-Celada	Chief Strategy Officer	✓	✓	-	✓	✓	✓	✓
Jennifer Allan	Chief Operating Officer	✓	✓	-	✓	✓	✓	✓
Jaqualine Lindridge	Chief Paramedic Officer	✓	✓	✓	✓	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	✓	✓	✓	✓	-	✓
Max Puller	Non-Executive Director	✓	✓	✓	-	✓	✓	✓
Paul Brocklehurst	Non-Executive Director	✓	✓	✓	✓	✓	✓	-
Richard Quirk	Interim Chief Medical Officer	✓	✓	✓	✓	✓	✓	✓
Subo Shanmuganathan	Non-Executive Director	-	✓	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	✓	✓	✓	✓
Mojgan Sani	Non-Executive Director	✓	-	-	-	✓	-	✓
Karen Norman	Non-Executive Director	✓	✓	-	✓	-	✓	✓
Margaret Dalziel	Chief Nursing Officer	✓	✓	✓	-	✓	✓	-
Simon Bell	Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓
Nick Roberts	Chief Digital and Information Officer	A	A	A	✓	✓	✓	✓
Peter Schild	Non-Executive Director					✓	-	✓
Suzanne O'Brien	Non-Executive Director					✓	-	✓

Key	
✓	In attendance
A	Attends
-	Not in attendance
	Not in post

Board Committees
In order to exercise its duties, the Board is required to have a number of statutory Committees. NHS Improvement's Code of Governance sets out that the Board may opt to have one or two Nominations Committees and provides guidance on the structure for either option. SECAmb has elected to follow the model for two Nominations Committees – one which has responsibility for Executive Directors and one which has responsibility for Independent Non-Executive Directors, including the Chair.

Appointments and Remuneration Committee (ARC)
The purpose of the Committee is to decide and report to the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors employed by the Trust and other senior employees, having proper regard to the Trust's circumstances and performance and to the provisions of any national arrangements where appropriate.

For any decisions relating to the appointment or removal of the Executive Directors, membership of the ARC is the Chair, the Chief Executive and all Independent Non-Executive Directors as required under Schedule 7 of the National Health Service Act 2006.

		Thursday 26th June 2025	Thursday 7th August 2025	Monday 8th September 2025	Monday 6th November 2025	Tuesday 11th December 2025	Tuesday 13th January 2026
Subo Shanmuganathan	Non-Executive Director	-	✓	-	-	-	-
Simon Weldon	Chief Executive	✓	✓	✓	✓	✓	✓
Howard Goodbourn *Committee Chair (until 7th August)*	Non-Executive Director	✓	✓	-	✓	✓	✓
Michael Whitehouse	Chair	✓	✓	✓	✓	✓	✓
Max Puller	Non-Executive Director	-	-	-	✓	✓	-
Paul Brocklehurst	Non-Executive Director	-	✓	-	✓	✓	✓
Elizabeth Sharp	Non-Executive Director	✓	✓	✓	-	✓	✓

Mojgan Sani	Non-Executive Director	-	-	-	✓	✓	✓
Karen Norman *Committee Chair (from 7th August)*	Non-Executive Director	✓	✓	✓	✓	✓	✓
Peter Schild	Non-Executive Director	✓	-	✓	✓	-	✓
Suzanne O'Brien	Non-Executive Director				-	-	-
Sarah Wainwright	Chief People Officer	A	A	A	-	A	A
Jen Allan	Chief Operating Officer	-	A	-	-	-	-

Key	
✓	Member in attendance
-	Not in attendance
A	Attends
	Not in post

Audit and Risk Committee (AuC)

The purpose of the Committee is to provide the Trust with a means of independent and objective review of the internal controls over the following areas:

- Financial systems
- The information used by the Trust
- Assurance Framework systems
- Performance and Risk Management systems
- Compliance with law, guidance and codes of conduct

In undertaking such review, the Committee provides assurance to the Chief Executive and to the Board about fulfilment of the responsibility of the Trust's Accounting Officer, who under the terms of the National Health Service Act 2006 is responsible to Parliament by the Public Accounts Committee for the overall stewardship of the organisation and the use of its resources. In accordance with the NHS Foundation Trust Code of Governance, the Committee membership is comprised exclusively of Independent Non-Executive Directors.

Audit and Risk Committee (AuC)		Wednesday 18th June 2025	Thursday 17th July 2025	Thursday 18th September 2025	Thursday 20th November 2025	Thursday 19th March 2025
Paul Brocklehurst	Non-Executive Director	✓	✓	-	-	-
Elizabeth Sharp	Non-Executive Director	✓	✓	-	✓	✓
Peter Schild *Chair from November 2026*	Non-Executive Director	-	✓	-	✓	✓
Max Puller	Non-Executive Director	✓	-	✓	✓	-
Howard Goodbourn *Chair until October 2025*	Non-Executive Director	✓	✓	✓	✓	X
Margaret Dalziel	Chief Nursing Officer	-	A	-	-	A
Simon Bell	Chief Finance Officer	A	A	A	A	A
Nick Roberts	Chief Digital Information Officer	A	-	A	A	A
Jen Allan	Chief Operating Officer	-	A	-	A	A
Suzanne O'Brien	Non-Executive Director	-	-	✓	✓	✓
Harbhajan Brar	Non-Executive Director					✓
Karl Khan	Non-Executive Director					✓

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post
X	Attendance not required

Charitable Funds Committee (CFC)
The purpose of the Committee is to make and monitor arrangements for the control and management of the Trust's charitable fund and to report through to the Trust Board.

		Friday 29th August 2025	Thursday 20th November 2025
Howard Goodbourne *Committee Chair*	Non-Executive Director	✓	✓
Subo Shanmuganathan	Non-Executive Director	-	✓
Simon Bell	Chief Finance Officer	✓	✓
Margaret Dalziel	Interim Director of Quality & Nursing	✓	-
Sarah Wainwright	Chief People Officer	-	-
Max Puller	Non-Executive Director	✓	✓

Key	
✓	Member in attendance
A	Attends
-	Not in attendance
	Not in post

Finance and Investment Committee (FIC)
The purpose of the Committee is to acquire and scrutinise assurances that the Trust's system of internal controls relating to finance, corporate services and investments in future operational capability, are designed appropriately and operating effectively.

Finance and Investment Committee (FIC)		Thursday 29th May 2025	Thursday 24th July 2025	Monday 22nd September 2025	Thursday 27th November 2025	Thursday 22nd January 2026	Thursday 26th March 2026
Paul Brocklehurst *Committee Chair (until September 2025)*	Non-Executive Director	✓	✓	-	✓	✓	✓
Suzanne O'Brien *Committee Chair (from September 2025)*	Non-Executive Director			✓	✓	✓	✓
David Ruiz-Celada	Chief Strategy Officer	-	✓	-	✓	✓	✓
Howard Goodbourn	Non-Executive Director	✓	-	✓	✓	✓	-
Simon Bell	Chief Finance Officer	✓	✓	✓	✓	✓	✓
Mojgan Sani	Non-Executive Director	-	✓	✓	-	-	-
Peter Schild	Non-Executive Director	-	✓	-	✓	-	-
Jennifer Allan	Chief Operating Officer	✓	✓	✓	✓	✓	-
Richard Quirk	Interim Chief Medical Officer	-	✓	✓	✓	✓	-
Nick Roberts	Chief Digital Information Officer	**A**	**A**	**A**	**A**	**A**	**A**
Michael Whitehouse	Chair	-	**A**	-	-	-	-

Key	
✓	Member in attendance
-	Not in attendance
A	Attends
	Not in post

Quality and Patient Safety Committee (QPS)
The purpose of the Committee is to acquire and scrutinise assurance that the Trust's system of internal controls relating to quality governance (encompassing patient safety, clinical effectiveness and patient experience) are designed appropriately and operating effectively.

Quality and Patient Safety Committee (QPS)		Thursday 10th April 2025	Thursday 26th June 2025	Thursday 11th September 2025	Thursday 13th November 2025	Thursday 8th January 2026	Thursday 12th March 2026
Michael Whitehouse	Chair	-	✓	✓	✓	-	-
Jennifer Allan	Chief Operating Officer	-	-	✓	✓	✓	✓
Richard Quirk	Acting Chief Medical Officer	-	✓	✓	✓	✓	✓
Elizabeth Sharp	Non-Executive Director (Chair)	✓	✓	✓	✓	✓	✓
Margaret Dalziel	Chief Nursing Officer	✓	✓	✓	✓	-	-
Jaqualine Lindridge	Chief Paramedic Officer	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Chief Strategy Officer	-	✓	-	-	✓	-
Subo Shanmuganathan	Non-Executive Director	-	-	✓	✓	✓	✓
Mojgan Sani	Non-Executive Director	✓	✓	✓	✓	✓	-
Karen Norman	Non-Executive Director	✓	-	-	✓	✓	✓

Key	
✓	Member in attendance
-	Not in attendance
	Not in post

People Committee

The purpose of the Committee is to acquire and scrutinise assurances that the Trust's system of internal control relating to the workforce (encompassing resourcing, staff wellbeing and HR processes) is designed appropriately and operating effectively.

People Committee		Tuesday 15th April 2025	Thursday 15th May 2025	Thursday 31st July 2025	Thursday 25th September 2025	Thursday 27th November 2025	Thursday 29th January 2026	Thursday 19th March 2026
Michael Whitehouse	Chair	-	-	✓	-	-	-	-
Subo Shanmuganathan	Non-Executive Director	✓	✓	X	X	X	X	X
Howard Goodbourn	Non-Executive Director	-	✓	-	✓	-	-	
Jennifer Allan	Chief Operating Officer	✓	✓	✓	✓	✓	✓	✓
Jaqualine Lindridge	Chief Paramedic Officer	✓	-	-	✓	✓	✓	✓
Sarah Wainwright	Chief People Officer	✓	✓	✓	✓	✓	✓	✓
David Ruiz-Celada	Chief Strategy Officer	-	-	-	-	-	**A**	✓
Max Puller *Committee Chair*	Non-Executive Director	✓	✓	✓	✓	✓	✓	
Karen Norman	Non-Executive Director	✓	-	✓	-	✓	✓	✓
Suzanne O'Brien	Non-Executive Director			✓	-	-	✓	✓
Richard Quirk	Acting Chief Medical Officer	✓	-	-	-	✓	✓	-
Margaret Dalziel	Chief Nursing Officer	-	✓	✓	-	✓	✓	✓

Key	
✓	Member in attendance
-	Not in attendance
	Not in post
X	Attendance not required

The Council of Governors

The Council of Governors plays a key role in the Trust's governance arrangements, holding the Non-Executive Directors to account for the performance of the Board of Directors and representing the interests of members and the public.

During the year, the Council continued to discharge its statutory duties effectively, supporting the appointment of Non-Executive Directors, contributing to their appraisal, and receiving the Trust's annual report and accounts. Governors provided constructive challenge and assurance on a wide range of issues and maintained strong engagement with the Trust's leadership.

The Council held four formal meetings and two joint meetings with the Board during the year, alongside five extraordinary private council meetings to discuss and variety of matters. Governors and Board members continued to attend each other's meetings, supporting strong alignment and shared understanding. Meetings were held in person, with Council of Governors meetings also live-streamed to support accessibility

Governor Membership and Development Committee (GMDC)

The Governor Membership and Development Committee supports effective Governor engagement, development and participation, and plays a central role in strengthening links between Governors, members and the wider public.

During the year, the Committee received regular updates from senior leaders and key stakeholders on priority areas including patient engagement, equality, diversity and inclusion, and workforce wellbeing. These discussions enhanced Governors' understanding of Trust priorities and informed their engagement and scrutiny activities.

The Committee agreed a programme of local engagement activity and Governors attended seven local events, increasing awareness of the Trust's services and supporting membership growth. Building on this, the Committee agreed that future engagement would focus on a smaller number of high-footfall events, supported by operational colleagues, to maximise impact.

The Committee met four times during the year and was chaired by the Lead Governor, supported by the Deputy Lead Governor, with ongoing support from the Trust's Head of Corporate Governance.

Nomination Committee (NomCom)

The Nominations Committee is a committee of the Council of Governors and makes recommendations on the appointment, appraisal and remuneration of the Trust's Chair and Non-Executive Directors. The Committee is usually chaired by the Trust Chair, with the majority of members drawn from the Council of Governors and supported by the Senior Independent Director.

During the year, the Committee led a recruitment process for Non-Executive Directors, supported by an external executive search provider. Following this process, the Council of Governors approved the appointment of Suzanne O'Brien and Peter Schild to the board.

Lead Governor's Report

The Lead Governor represented the Council of Governors at the Annual Members' Meeting and continued to support effective working relationships between Governors, the Board of Directors and the wider Trust leadership.

During the year, Governors sought assurance on a broad range of issues and continued to engage with members and local communities through meetings and events. The Council also supported the appointment of a new Chair, Deputy Chair and Non-Executive Directors, reinforcing the strength and stability of the Trust's governance arrangements.

Statutory Duties

The Council of Governors is responsible for a number of statutory duties, which include appointing and, where appropriate, removing the Chair and Non-Executive Directors; setting their remuneration and terms of office; approving the appointment of the Chief Executive; appointing the external auditor; and receiving the annual report and accounts at a general meeting.

The Council of Governors discharged these duties during the year in accordance with the Trust's Constitution and statutory requirements.

Governor Elections and Appointments

Public and staff Governor elections were held during the year, with results announced in November 2025. Additional public Governor elections for the Kent and Medway constituency were held earlier in the year, with results announced in June 2025.

In addition, three Appointed Governors joined the Council in accordance with the Trust's Constitution, representing higher education, the charitable sector and local authorities.

Meet the Governors

Staff Governors

Kirsty Booth – Non-Operational Staff Governor

Kirsty Booth's second term of office runs from 1 March 2022 to 28 February 2028. She is Business Support Manager within the Medical Directorate and has worked for the Trust for over 20 years in a variety of roles. As Deputy Lead Governor, Kirsty champions the contribution of non-operational staff and supports effective governance and staff engagement.

Nicholas Harrison – Operational Staff Governor

Nicholas Harrison served as an Operational Staff Governor from 1 March 2022 until his resignation in June 2025. A Critical Care Paramedic Team Leader, Nick has worked in the ambulance service for nearly 18 years. He was committed to representing frontline staff voices and had a strong interest in staff welfare and wellbeing. Nick passed away in April 2026. He will be remembered for his 20 years of dedicated service, his exceptional professionalism and the kindness he showed to everyone he worked alongside.

His warmth, humour and willingness to support others left a lasting impression on colleagues across the organisation.

Ariel Mammana – Operational Staff Governor

Ariel Mammana served as an Operational Staff Governor from 1 March 2025 to 28 February 2026. He has worked for the Trust for over 20 years in operational roles, including Operational Team Leader. Ariel has a strong commitment to inclusion, equality and staff wellbeing, and previously chaired the Trust's Inspire Network.

Garrie Richardson – Operational Staff Governor

Garrie Richardson served as an Operational Staff Governor from 1 March 2025 until December 2025. He has held senior operational and managerial roles within Emergency Operations Centres and Business Support functions. Garrie is passionate about tackling health inequalities, improving staff training, and promoting inclusivity across the Trust.

Frank Doel – Operational Staff Governor

Frank Doel's term of office runs from 18 December 2025 to 29 February 2028. An IHCD Ambulance Technician, Frank has worked in ambulance services for over two decades and played a key role in establishing the Community First Responder scheme in Selsey. He brings extensive operational experience and a strong commitment to community engagement.

Spencer Hildrew – Operational Staff Governor

Spencer Hildrew's term of office runs from 1 March 2026 to 28 February 2029. Based at Brighton Make Ready, Spencer is completing the Associate Ambulance Practitioner

programme. He is passionate about accountability, transparency and representing frontline operational staff, ensuring their voices and experiences inform Board-level decision-making.

Michael Whitcombe – Operational Staff Governor

Michael Whitcombe's term of office runs from 1 March 2026 to 28 February 2029. A Paramedic with extensive frontline and management experience, Michael currently leads work on shared care records and digital integration. He brings expertise in governance, digital transformation and service improvement, with a strong focus on staff engagement and wellbeing.

Public Governors – Brighton & East Sussex

Leigh Westwood

Leigh Westwood's term of office ran from 1 March 2023 to 28 February 2026. A long-standing Community First Responder and former Lead Governor, Leigh has extensive experience supporting emergency services and community engagement. He brings strong insight into volunteer services and public representation, supporting effective challenge and assurance.

Zak Foley

Zak Foley's term of office runs from 1 April 2025 to 31 March 2027. Zak is studying Health and Social Care and volunteers with St John Ambulance, alongside working as a Lifeguard. As the Trust's youngest Governor, he provides a valuable perspective on community engagement and future workforce development.

Thirugnanam Sureshan

Thirugnanam Sureshan's term of office runs from 1 March 2026 to 28 February 2029. A resident of East Sussex, he has extensive experience in community volunteering and engagement, including NHS ambassador roles. Motivated by personal experience of ambulance services, he represents community voices and supports accessible, inclusive service development.

Mark Rist

Mark Rist's term of office runs from 1 March 2025 to 29 February 2028. A former Director of Response and Resilience at Kent Fire and Rescue Service, Mark brings extensive emergency services leadership experience. He supports effective oversight of operational resilience, multi-agency working, and public accountability.

Public Governors – Kent & Medway

Colin Hall

Colin Hall served as a Public Governor from 1 March 2023 until his resignation in April 2025. With a professional background spanning ambulance services, emergency call handling and engineering consultancy, Colin brought valuable operational insight and long-standing experience of NHS services.

Frances Pollard

Frances Pollard served as a Public Governor from 1 March 2025 until April 2025. A former NHS nurse and senior police officer, Frances brought extensive leadership experience across emergency services. She was committed to improving public and staff experience and recognising the vital role of ambulance services.

Paul Bartlett

Paul Bartlett's term of office runs from 1 July 2025 to 30 June 2028. An experienced accountant with significant health scrutiny experience, Paul previously served as a public governor and chaired health overview and scrutiny committees. He supports strong financial oversight, governance assurance and constructive challenge.

Steve Corkerton

Steve Corkerton's term of office runs from 1 July 2025 to 30 June 2028. Steve has over 20 years of board-level experience across public services, including policing and inspection bodies. He specialises in organisational change and leadership development and supports effective governance and workforce development.

Richard Brittain

Richard Brittain's term of office runs from 1 July 2025 to 30 June 2028. With a professional background in legal auditing and governance, Richard brings scrutiny expertise across healthcare and public sectors. He is committed to transparency, accountability and using data and technology to improve public services.

Public Governors – Surrey

Martin Brand

Martin Brand's term of office runs from 1 March 2024 to 28 February 2027. A former Service Development Manager with London Ambulance Service, Martin brings combined experience as both an NHS professional and service user. He supports constructive challenge, particularly around recruitment, retention and operational improvement.

Peter Shore

Peter Shore's term of office runs from 1 March 2026 to 28 February 2029. A former Lead Governor and NHS human resources professional, Peter brings extensive experience in governance, appointments and workforce management. He supports effective governance and strong community representation across the Trust.

Raymond Rogers

Raymond Rogers served as a Public Governor from 1 April 2024 until October 2025. With senior experience in medical physics, national regulation and NHS information management, Ray brought strong insight into assurance, scrutiny and public accountability within NHS organisations.

Aidan Parsons

Aidan Parsons' term of office runs from 1 March 2025 to 29 February 2028. An experienced NHS operational leader and Head of General Medicine, Aidan also serves as a commissioned officer in the British Army. He supports strategic challenge and partnership working across health and emergency services.

Public Governors – West Sussex

Andrew Latham – Lead Governor

Andrew Latham's term of office runs from 1 March 2023 to 28 February 2028 and he has served as Lead Governor since June 2025. A long-standing St John Ambulance volunteer and Community First Responder lead, Andrew brings extensive leadership experience from both business and voluntary sectors.

Harvey Nash

Harvey Nash's term of office runs from 1 March 2026 to 28 February 2029. With a professional background in people development, recruitment and quality management, Harvey brings valuable insight into workforce wellbeing and organisational change, informed by his extensive voluntary experience with St John Ambulance.

Andrew Cuthbert

Andrew Cuthbert's term of office runs from 1 March 2025 to 29 February 2028. A Station Officer with London Fire Brigade, Andrew brings over two decades of fire service experience. He supports effective emergency response, public safety and cross-service collaboration.

Appointed Governors

Vanessa Wood – Charity Sector

Vanessa Wood served as an Appointed Governor from 8 July 2022 until July 2025. As Chief Executive of Age UK Thanet, Vanessa brought extensive experience in health and social care leadership, supporting engagement with older communities and the voluntary sector.

Matthew Deadman

Matthew Deadman's term of office runs from 9 December 2024 to 8 December 2027. A Director at Kent Fire and Rescue Service, Matt brings extensive experience in operational response, resilience and emergency planning, supporting strong partnership working and assurance.

Dr Angela Glynn

Dr Angela Glynn served as an Appointed Governor from July 2022 until July 2025. As Dean of the School of Sport and Health Sciences at the University of Brighton, Angela supported workforce development and collaboration between higher education and health and care partners.

Ellie Simpkin

Ellie Simpkin's term of office runs from 8 March 2024 to 7 March 2027. A Governance Officer within an NHS Foundation Trust, Ellie brings expertise in corporate governance, committee assurance and information flow, supporting strong scrutiny and decision-making.

Stephen Mardlin

Stephen Mardlin served as an Appointed Governor from March 2024 until April 2026. As Hospital Director within an acute NHS trust and a former Royal Navy Officer, Stephen brought senior leadership experience, operational insight and strong practice in performance oversight.

Andy Erskine

Andy Erskine's term of office runs from 25 April 2024 to 24 April 2027. A senior leader in mental health and social care services, Andy brings experience in integrated care models, partnership working and service transformation for vulnerable communities.

Dr Lee-Anne Farach

Dr Lee-Anne Farach's term of office runs from 17 June 2025 to 16 June 2028. Director of People and Deputy Chief Executive at Medway Council, Lee-Anne brings extensive leadership experience across children's and adults' services, supporting strategic governance and partnership working.

Hilary Orpin

Hilary Orpin's term of office runs from 17 June 2025 to 16 June 2028. An Associate Dean at the University of Greenwich, Hilary brings expertise in education, youth and community development, supporting engagement, social inclusion and workforce development.

Dr Christine Locke

Dr Christine Locke's term of office runs from 18 December 2025 to 17 December 2028. Founder and Chief Executive of Diversity House, Christine brings extensive expertise in public health, health inequalities and community engagement, supporting inclusive governance and culturally-competent service delivery.

The table below sets out the terms of office, names and constituency of each Governor who has held office at any point in the last year. It also shows their attendance at public Council meetings, and their committee membership:

	Council of Governors (CoG)									Joint Board / CoG		GMDC			
	Extraordinary 24th April 2025	**19th June 2025**	**8th September 2025**	**17th October 2025 (Part 2)**	**18th December 2025**	**29th January 2026 (part 2)**	**13th February 2026 (Part 2)**	**26th February 2026**	**27th March 2026 (Part 2)**	**24th April 2025**	**23rd October 2025**	**12th June 2025**	**21st August 2025**	**11th December 2025**	**19th February 2026**
Aidan Parsons	✓	-	-	✓	✓	-	-	-	-	✓	-	-	-	-	-
Andrew Cuthbert	-	-	✓	-	-	-	-	-	-	-	-	✓	-	✓	-
Andrew Latham	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ariel Mammana	-	-	-	-	-	-	-	-		-	-	-	-	-	-
Andy Erskine	✓	✓	✓	✓	-	✓	-	✓	✓	✓	-	-	✓	-	✓
Angela Glynn	-	-								-		-			
Christine Locke				-	✓	-	✓	✓	✓		-			-	-
Conor Maher									✓						
Ellie Simpkin	-	✓	-	✓	✓	✓	✓	✓	✓	-	-	✓	✓	✓	-
Frances Pollard	-									-					
Frank Doel									✓						
Garrie Richardson	✓	-	-	-	-	-	-	-		✓	-	-	-	-	-
Harvey Nash	✓	✓	✓	✓	-	-	✓	✓	✓	✓	✓	-	-	-	✓
Hilary Orpin	-	✓	✓	✓	✓	✓	✓	✓	-	-	-	-	✓	-	-
Kirsty Booth	✓	✓	✓	✓	✓	✓	✓	-	-	✓	-	-		-	✓
Dr Lee-Anne Farach	-	✓	-	✓	✓	-	✓	✓	-	-	-	-	✓	-	✓

Leigh Westwood	-	✓	✓	✓	✓	✓	✓	✓		-	✓	-	-	-	-
Mark Rist	-	✓	✓	✓		✓	✓	✓	✓	-	✓	-	-	-	-

		Council of Governors (CoG)								Joint Board / CoG		GMDC			
	Extraordinary 24th April 2025	**19th June 2025**	**8th September 2025**	**17th October 2025 (Part 2)**	**18th December 2025**	**29th January 2026 (part 2)**	**13th February 2026 (Part 2)**	**26th February 2026**	**27th March 2026 (Part 2)**	**24th April 2025**	**23rd October 2025**	**12th June 2025**	**21st August 2025**	**11th December 2025**	**19th February 2026**
Martin Brand	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓
Matthew Deadman	✓	-	✓	-	-	-	-	✓	✓	-	-	-	-	-	✓
Michael Whitcombe									✓						
Paul Bartlett	-	-	✓	✓	✓	✓	✓	✓	✓	-	✓	-	✓	-	✓
Peter Shore	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Raymond Rogers	✓	-	✓	✓	-					✓	✓	✓	-	✓	
Richard Brittain	-	-	✓	-	✓	-	-	-	-	-	✓	-	-	-	-
Spencer Matthews									-						
Stephen Mardlin	-	✓	✓	-	✓	-	-	-	-	✓	-	✓	-	✓	-
Steve Corkerton	-	-	✓	✓	✓	✓	✓	✓	-	-	-	-	✓	-	✓
Thirugnanam Sureshan									✓						
Zak Foley	-	✓	-	✓	✓	✓	✓	✓	-	-	-	✓	✓	✓	-

Key	
✓	In attendance
A	Attends
-	Not in attendance
	Not in post

Membership Report

SECAmb continues to be actively engaged with the community and encourages local people to sign up as a Trust member. SECAmb has a total Public membership of 9,226 as of 11th May 2025. There are 5,120 staff members who are automatically members of the Trust after a year of service.

Membership Eligibility: Public Constituency

Members of the public aged 16 and over are eligible to become public members of the Trust if they live in the area where SECAmb operates.

The public constituency is split into four areas by postcode, and members are allocated a constituency area when they join, depending on where they live.

	Public	% of Membership
Age		
1-16	2	0.02
17-21	27	0.29
22-29	232	2.51
30-39	779	8.44
40-49	1020	11.06
50-59	1129	12.24
60-74	1341	14.54
74-110	1073	11.63
Gender		
Male	3543	41.47
Female	4970	58.18
Neither of these options	30	0.35
Prefer not to say	0	0
Ethnicity		
White - English, Welsh, Scottish, Northern Irish, British	7280	78.91
Mixed - White and Black Caribbean	13	0.14
Black or Black British - Other Black	17	0.18
White - Other	196	2.12
Asian or Asian British - Indian	102	1.11
Asian or Asian British - Pakistani	41	0.44
Black or Black British - African	51	0.55
Mixed - White and Asian	28	0.3
White - Gypsy/Romany	7	0.08
Mixed - White and Black African	9	0.1
Other Ethnic Group - Any Other Ethnic Group	19	0.21
Black or Black British - Caribbean	33	0.36
Mixed - Other Mixed	28	0.3
Asian or Asian British - Other Asian	56	0.61
Asian or Asian British - Chinese	18	0.2
White - Irish	84	0.91
Asian or Asian British - Bangladeshi	12	0.13

We monitor our representation in terms of disability, sexual orientation, and gender although this is not required by our regulator.

We have a total of 9226 public members.

The data in this report excludes:

- 3623 public members with no stated date of birth
- 1232 members with no stated ethnicity
- 683 members with no stated gender

We only have age data for a proportion of our public members, as the Trust did not begin to ask for members' dates of birth until late in 2010.

Staff Constituency

Any SECAmb staff member with a contract of 12 months or longer is able to become a member of the Trust. Staff who join the Trust are automatically opted into membership as per the constitution and advised how they can opt out if they wish.

Membership Strategy, Engagement and Recruitment

Our membership strategy focuses on meaningful, quality engagement with a representative group of our members and regular, informative educational and health- related communication with all of our members. All members are invited to the Trust's Annual Members Meeting, which is reviewed below in more detail. The membership strategy is incorporated into the Trust's Inclusion Strategy, which aims to ensure staff, patients and the public (members and non-members) are involved and engaged appropriately in the Trust. The Membership Development Committee has discussed and reviewed our strategies for membership recruitment and engagement during the year.

Annual Members Meeting

The Trust held its Annual Members Meeting (AMM) on Friday 12th September 2025, which was held at K2, Crawley.

The 2025 Annual Members' Meeting provided an open forum for the Trust to present its annual performance, financial position and strategic direction to members and the public.

The meeting highlighted delivery of a break-even financial position, continued investment in infrastructure and clinical services, and progress against a clinically-led strategy focused on reducing unnecessary ambulance dispatch and expanding alternative care pathways.

Forward plans emphasised managing rising demand through virtual care models and enhanced community responder capability.

The event also strengthened public and member engagement through service demonstrations, showcasing operational capability, staff networks and charitable activity, while reaffirming Board commitment to transparency, accountability and delivery of high-quality patient care.

Contacting Governors and the Trust

Members who wish to contact the Trust can do so at any time using the following contact information. These contact details are printed on our Membership Form, members' newsletter, and on our website.

East Sussex, Brighton & Hove:
eastsusgov@secamb.nhs.uk

Kent, Medway, East London:
kentgov@secamb.nhs.uk

Surrey, NE Hampshire & West London:
surreygov@secamb.nhs.uk

West Sussex:
westsusgov@secamb.nhs.uk

The Care Quality Commission & NHS England Well-Led Framework

The Trust's most recent Care Quality Commission (CQC) inspection took place in 2025, with an overall rating of *Requires Improvement*, including *Inadequate* for the Well-Led domain. As a result, NHS England issued Enforcement Undertakings and between June 2022 and March 2025 the Trust was placed in the national Recovery Support Programme (RSP).

The CQC inspected our Urgent and Emergency Care and Integrated Care services in Q3 of last year and the final reports were received on 29 May 2026; both services were rated Good.

During 2025/26, the Trust continued to focus on sustaining and embedding the improvements in the last three years, in line with its Strategy. Assurance on how the Trust ensures that services are well-led is provided through the Performance Report and the Annual Governance Statement.

The Board is supported by a well-established Board Assurance Framework (BAF), which guides the focus of the Board and its committees and enables ongoing assurance regarding the effectiveness of the Trust's system of internal control. The BAF tracks progress against agreed annual objectives aligned to the Trust's strategic priorities: **Quality**, **People**, and **Sustainability & Partnerships**.

Internal Audit provides a key source of independent assurance to the Board on the effectiveness of governance, risk management and internal control arrangements. As reported in the Annual Governance Statement, the level of assurance has been maintained from 2024-25 with a positive Annual Head of Internal Audit Opinion.

There are no material inconsistencies between the Annual Governance Statement, the Annual Report, the Board Assurance Framework or reports from the CQC.

Remuneration Report

Annual Statement on Remuneration

Details of the membership and attendance at the Appointments and Remuneration Committee can be found in the Directors' report.

The appointment, remuneration and terms of service of the Executive Directors are agreed by the Appointments and Remuneration Committee.

Each year the relevant pay review bodies make recommendations to Government on the pay of health service-related public sector staff, including increases to reflect the cost of living. Currently, Very Senior Managers (VSMs) do not fall within the remit of any particular pay review body, and annual uplift recommendations have generally followed the Government's response to the Senior Salaries Review Body (SSRB) recommendation for executive and senior managers (ESMs) working in Department of Health and Social Care arm's length bodies.

In May 2025 NHS England wrote to NHS Trusts informing them of the recommendation for the 2025/26 annual pay increases for Agenda for Change (AfC), staff groups. The recommendation was implemented in July 2025, which was a 3.6% increase to be applied to all AfC staff during 2025/26 and backdated to 1 April 2025. The 4.0% increase for doctors did not affect the Trust as it does not employ these types of staff.

Objectives for the Chief Executive are determined annually by the Trust Chair and those for the Executive Directors by the Chief Executive, reflecting the strategic objectives agreed by the Board.

The Nominations Committee consists of governors and is chaired by the Trust Chair. This Committee makes recommendations to the Council of Governors regarding the appointment and re-appointment of Independent Non-Executive Directors (NEDs), as well as their remuneration and terms of service. In circumstances regarding the appointment or remuneration of the Chair of the Trust the Nominations Committee is chaired by the Senior Independent Director (SID).

The Council of Governors is responsible for setting the remuneration and other terms and conditions of the Independent Non-Executive Directors. This is done after receiving a recommendation from the Nominations Committee. When considering remuneration, the Nominations Committee considers the Trust's ability to attract and retain Independent Non-Executive Directors of sufficient quality.

The Nominations Committee conduct a formal external review of the Chair's and other Independent Non-Executive Director's remuneration every three years and a desktop review annually.

In November 2019, NHS Improvement published its *Structure to align remuneration for*

chairs and non-executive directors of NHS trusts and NHS foundation trusts. The document and its requirements were reviewed by the Nominations Committee. The framework sets the following remuneration for NEDs excluding the Chair. Where there is a disparity between the framework and existing remuneration, the Nominations Committee is expected to address this through new and/or re-appointments. Current terms of office of NEDs are not affected.

Role	Framework	SECAmb
NED (excluding those roles specified below)	£13k	£14k
SID	£2.0k supplement	£2.5k
Audit and Risk Committee Chair	£2.0k supplement	£2.5k
Deputy Chair	£2.0k supplement	£2.0k

The framework states that FTs can award such supplements for up to three NED roles.

For the Chair, the current framework sets out a range, based on Trusts' annual turnover. We are considered 'Group 2 / Medium' and variation between lower and upper will be determined by the complexity of the role and the experience of the Chair.

Lower Quartile	Median	Upper Quartile
44,100	47,100	50,000

The current Chair's remuneration is £49k per annum which is between the Median and Upper Quartile, and this remains the remuneration received by the Chair as at 2025/26.

The Nominations Committee received assurance from the Chair around NED performance during the year and the Committee discussed Non-Executive performance. The Committee and all Governors provided feedback to the Chair to aid his formal appraisals of each NED which are undertaken shortly after the end of the financial year and Governors fed back to the Senior Independent Director on the Chair's performance.

Moving into the group model within 26/27 we will be considered "Group 4 / Extra Large"

Further information on the work of the Nominations Committee can be found in the Directors' report.

Details of number and value of expenses claimed by governors and directors are detailed below:

Expenses	2025/26			2024/25		
	Total Number in Office	Total Number Receiving Expenses	Aggregate Sum of Expenses paid (£00)	Total Number in Office	Total Number Receiving Expenses	Aggregate Sum of Expenses paid (£00)
Governors	25	12	20	23	10	15
Directors	22	18	223	23	17	202

Directors Expenses

	2025/26	2024/25
Number of Directors	22	22
Number of Directors claiming expenses	18	17
Total claimed (£'00)	223	226

Governor Expenses

	2025/26	2024/25
Number of Governors	25	20
Number of Governors claiming expenses	12	10
Total claimed (£'00)	20	15

Salary and Pension Entitlements of Senior Managers

The narrative explaining the changes in the leadership team during the year can be found in the introduction to the Directors' report.

Notes on the Salary and Pension Entitlements Report:

Benefits in kind: All benefits in kind relate to lease cars.
Salary: Salary is the actual figure in the period excluding employers' national insurance and superannuation contributions.
Employer pension contribution: Employer pension contribution is the actual amount paid by the Trust towards director's pensions in the NHS defined benefit scheme.
Pension Related Benefit: The pension related benefit represents the increase in pension entitlement multiplied by 20 plus any increase in lump sum less any contributions made.
Senior managers paid more than £150,000: The pay of all senior managers is commensurate with their position and in relation to the pay levels of equivalent positions in the local economy.

2025/26 Remuneration Report

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Michael Whitehouse	Chair	45-50	0	0	0	0	45-50
Simon Weldon	Chief Executive Officer	230-235	5,500	0	0	55.0-57.5	290-295
Simon Bell	Chief Finance Officer	175-180	5,500	0	0	0	180-185
Sarah Wainwright	Chief People Officer	135-140	3,600	0	0	60.0-62.5	195-200
Dr Richard Quirk	Interim Chief Medical Officer	145-150	0	0	0	145.0-147.5	290-295
Jennifer Moore (Allan)	Chief Operating Officer	155-160	5,400	0	0	57.5-60.0	220-225
Jaqualine Lindridge	Chief Paramedic Officer	135-140	500	0	0	77.5-80.0	210-215
David Ruiz-Celada**	Chief Strategy Officer	70-75	2,700	0	0	35.0-37.5	105-110
Margaret Dalziel	Chief Nursing Officer	155-160	5,500	0	0	30.0-32.5	190-195
Stephen Bromhall***	Chief Digital Information Officer	10-15	0	0	0	0	10-15
Nicholas Roberts****	Chief Digital and Information Officer	150-155	5,500	0	0	42.5-45.0	200-205

* The Benefit in kind is included in the "Expense payments (taxable)" column and relates to car benefit charge.
** Undertook a dual role with South Central NHS Foundation Trust. The values in the above table exclude the element of salary and expense payments recharged to South Central NHS Foundation Trust. Total salary across all organisations is £140k-£145k.
*** Seconded from East of England Ambulance Service NHS Trust. Returned to his substantive role April 2025. Total salary across all organisations is £165k-£170k.
**** Started April 2025

2025/26 Remuneration report (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Howard Goodbourn**	Independent Non-Executive Director	15-20	0	0	0	0	15-20
Dr Subathra (Subo) devi Shanmuganathan	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Paul Brocklehurst	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Elizabeth Sharp	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Mark (Max) Puller***	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Professor Mojgan Sani	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Professor Karen Norman	Independent Non-Executive Director	15-20	0	0	0	0	15-20

* The Benefit in kind is included in the "Expense payments (taxable)" column and relates to car benefit charge.
** Left March 2026
*** Left February 2026

2025/26 Remuneration report (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Suzanne O'Brien**	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Peter Schild**	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Harbhajan Brar***	Independent Non-Executive Director	0-5	0	0	0	0	0-5
Dr Karl Khan***	Independent Non-Executive Director	0-5	0	0	0	0	0-5

* The Benefit in kind is included in the "Expense payments (taxable)" column and relates to car benefit charge.
** Started June 2025
** Started June 2025
*** Started March 2026
*** Started March 2026

2024/25 Remuneration report

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
David Astley*	Chair	5-10	0	0	0	0	5-10
Usman Khan**	Chair	40-45	0	0	0	0	40-45
Michael Whitehouse***	Chair	0-5	0	0	0	0	0-5
Simon Weldon	Chief Executive Officer	205-210	4,400	0	0	0	210-215
Simon Bell	Chief Finance Officer	185-190	1,600	0	0	0	185-190
Niamat (Ali) Mohammed****	Executive Director of HR & OD	160-165	0	0	0	0	160-165
Sarah Wainwright	Chief People Officer	130-135	500	0	0	0	130-135
Dr Rachel Oaten*****	Chief Medical Officer	210-215	3,600	0	0	0	215-220
Dr Richard Quirk	Acting Chief Medical Officer	130-135	0	0	0	2.5-5.0	135-140
Emma Williams******	Executive Director of Operations	65-70	2,600	0	0	0	65-70
Justine (Lara) Waywell*******	Acting Executive Director of Operations	5-10	0	0	0	0	5-10

*Left May 2024
** Started May 2024 left March 2025
*** Begun role of Chair in March 2025
**** Left October 2024. Salary includes a contractual Payment in Lieu of Notice £80k and payment in lieu for annual leave.
***** Left November 2024. Salary includes a contractual Payment in Lieu of Notice £77k and payment in lieu for annual leave.
****** Left September 2024
******* Started and left role September 2024

2024/25 Remuneration report (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Jennifer Moore (Allan)*	Chief Operating Officer	100-105	0	0	0	0	100-105
Jaqualine Lindridge**	Chief Paramedic Officer	65-70	2,700	0	0	42.5-45.0	115-120
David Ruiz-Celada	Chief Strategy Officer	135-140	5,500	0	0	32.5-35.0	175-180
Stephen Bromhall***	Chief Digital Information Officer	165-170	0	0	0	0	165-170
Margaret Dalziel	Chief Nursing Officer	160-165	5,300	0	0	37.5-40.0	205-210
Michael Whitehouse****	Independent Non-Executive Director	15-20	0	0	0	0	15-20
Howard Goodbourn	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Dr Subathra (Subo) devi Shanmuganathan	Independent Non-Executive Director	15-20	0	0	0	0	15-20
Paul Brocklehurst	Independent Non-Executive Director	10-15	0	0	0	0	10-15

*Started October 2024
** Started October 2024
*** Started May 2024
**** Left role to become Chair in March 2025

2024/25 Remuneration report (continued)

Name	Title	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) to nearest £100* £	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Elizabeth Sharp	Independent Non-Executive Director	15-20	0	0	0	0	15-20
Mark (Max) Puller	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Professor Mojgan Sani*	Independent Non-Executive Director	10-15	0	0	0	0	10-15
Professor Karen Norman**	Independent Non-Executive Director	10-15	0	0	0	0	10-15

* Started June 2024
** Started July 2024

Fair pay disclosure

Percentage Change in Remuneration of Highest Paid Director

Reporting bodies are required to disclose the percentage change in remuneration for the highest paid director between financial years, along with the percentage change for employees of the entity as a whole. The below table provides a comparison of these changes for Salary and Allowances, and for Performance Pay and Bonuses.

2025 to 2026	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	12.0%	3.4%
Performance pay and bonuses	-	-

2024 to 2025	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	-2.4%	2.3%
Performance pay and bonuses	-	-

The highest paid director's salary and allowance increased year on year due to the full year effect of a new agreed pay scheme implemented in 2024/25.

Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest-paid director in the organisation in the financial year 2025/26 was £230,000-£235,000 (2025/26, £205,000-£210,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2025 to 2026	25th percentile	Median	75th percentile
Total remuneration (£)	35,168	42,538	52,713
Salary component of total remuneration (£)	35,168	42,538	52,713
Pay ratio information	6.6:1	5.5:1	4.4:1

2024 to 2025	25th percentile	Median	75th percentile
Total remuneration (£)	33,108	40,212	50,914
Salary component of total remuneration (£)	33,108	40,212	50,914
Pay ratio information	6.3:1	5.2:1	4.1:1

The ratio between the current and prior years are driven by the in-year 3.6% NHS Agenda for Change pay award and the highest paid director taking an unpaid break during the 2024/25.

As from 2025/26 Non-Executive Directors (NEDs), including the Chair are excluded from the calculation and agency have been included in line with the guidance published.

In 2025/26, 0 (in 2024/25, 0) employees received remuneration in excess of the highest-paid director / member. Remuneration ranged from £1,295 to £242,519 (2024/25 £23,615-£221,171).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

2025/26 Pension report

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age as at 31 March 2026 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01 April 2025 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2026 £000	Employers Contribution to Stakeholder Pension £000
Simon Weldon	Chief Executive Officer	2.5-5.0	0	15-20	0	206	43	282	0
David Ruiz-Celada	Chief Strategy Officer	2.5-5.0	0	10-15	0	95	13	126	0
Margaret Dalziel	Chief Nursing Officer	2.5-5.0	0	5-10	0	89	25	135	0
Jaqualine Lindridge	Chief Paramedic Officer	2.5-5.0	0.0-2.5	45-50	110-115	860	65	957	0
Dr Richard Quirk	Interim Chief Medical Officer	7.5-10.0	15.0-17.5	35-40	85-90	591	131	750	0
Jennifer Moore (Allan)	Chief Operating Officer	2.5-5.0	0.0-2.5	45-50	105-110	826	49	908	0
Sarah Wainwright	Chief People Officer	2.5-5.0	2.5-5.0	25-30	60-65	573	61	659	0
Nicholas Roberts	Chief Digital and Information Officer	2.5-5.0	0	25-30	0	382	39	446	0

2024/25 Pension report

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age as at 31 March 2025 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2025 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01 April 2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2025 £000	Employers Contribution to Stakeholder Pension £000
Simon Weldon	Chief Executive Officer	0	0	10-15	0	1,591	0	206	0
David Ruiz-Celada	Chief Strategy Officer	2.5-5.0	0	5-10	0	63	12	95	0
Margaret Dalziel	Chief Nursing Officer	2.5-5.0	0	5-10	0	37	31	89	0
Jaqualine Lindridge	Chief Paramedic Officer	0.0-2.5	2.5-5.0	40-45	105-110	718	41	860	0
Dr Richard Quirk	Acting Chief Medical Officer	0.0-2.5	0	30-35	70-75	543	0	591	0

The Trust is a member of the NHS Pension Scheme, which is a defined benefit Scheme, though accounted for locally as a defined contribution scheme. The Trust does not operate nor contribute to a stakeholders pension scheme. Non-Executive Directors are not members of the Trust pension scheme. Disclosure is made in respect of pension benefits for those Directors who were active members of the NHS Pension Scheme during 2025/26. Where a Director temporarily suspends their membership and subsequently rejoins the Scheme, their increases in pension benefits and CETV can be significant as they will cover the period where membership was suspended.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

The Public Sector Pension Scheme Remedy - (McCloud)

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The Public Service Pensions Remedy puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Part 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Part 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called ‘rollback’.

Senior Managers' Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance framework
Salary and Fees	To attract and retain high performing individuals, reflecting the market value of the role and experience of the individual Director	Reviewed by the Appointments and Remuneration Committee annually, taking into account the Government policy on salaries in the NHS, with regard to the bandings under Agenda for Change	Within the salary constraints on the NHS	Individual and business performance are considerations in setting base salaries
Benefits	Cars are provided to Directors based upon the operational requirements to travel on business	The Trust has the right to deliver benefits to Executive Directors based on their individual circumstances	The Appointments and Remuneration Committee reviews the level of benefits	N/A
Retirement benefits	To provide post-retirement benefits	Pensions are compliant with the rules of the NHS Pension Scheme	N/A	N/A
Long-term incentives	N/A	N/A	N/A	N/A

The Appointments & Remuneration Committee is responsible for setting senior managers remuneration and ensure these are reasonable.

Notes

There are no provisions for the recovery of sums paid to senior managers or for withholding the payment of sums to senior managers. However, there are no bonus or incentive schemes currently in place for this group of employees.

Further information is set out in the Annual Statement on Remuneration (above).

Policy on payment for loss of office

The Trust would pay senior managers in line with their notice period of six months for the Chief Executive and three months for the other Executive Directors. Redundancy payments would be calculated as set out in the Agenda for Change Handbook.

Independent Non-Executive Director Remuneration Policy

Elements of Pay	Purpose and link to strategy	Operation	Maximum Opportunity	Performance Framework
Basic remuneration	To attract and retain individuals with the skills, experience and knowledge to contribute to an effective Board	The Nominations Committee is responsible for determining the fees for Non-Executive Directors, including the Chair, with reference to the *Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*	The fees are consistent with those of other NHS Trusts	N/A
Additional remuneration for specific NED roles	To provide a small amount of additional remuneration to the Chair of the Audit and Risk Committee and the Senior Independent Director to reflect the additional responsibilities of those roles	The Nominations Committee is responsible for determining the 'uplift' and the NEDs to whom this is applicable, with reference to the *Structure to align remuneration for chairs and non-executive directors of NHS trusts and NHS foundation trusts*	N/A	N/A

Jennifer Allan, Interim Chief Executive Officer

J. Allan

Date: 18/06/2026

STAFF REPORT

Staff Report

As of 31 March 2026, the breakdown of our staff between clinical and support roles was as follows:

Staff Group	Permanent	Other	Headcount
A&E	3306	34	3340
111	431	1	432
999 (EOC)	663	0	663
	660	25	685
TOTAL	**5060**	**60**	**5120**

87% of our workforce are directly engaged in providing care to patients.

The table below sets out the cost of Trust employees, broken down to distinguish permanent staff costs from other staff costs, for example staff on short-term contracts and the costs of agency/temporary

STAFF REPORT

Average Staff Numbers (FTE)

	2025/26	2025/26	2025/26	2024/25
Staff Category	**Total Number (FTE)**	**Permanently Employed (FTE)**	**Other (Bank, Agency) (FTE)**	**Total Number (FTE)**
Medical and dental	**8**	5	3	**9**
Ambulance staff	**1,875**	1,872	3	**1,782**
Administration and estates	**1,138**	1,092	46	**1,136**
Healthcare assistants and other support staff	**1,666**	1,660	6	**1,737**
Nursing, midwifery and health visiting staff	**62**	62	0	**63**
Scientific, therapeutic and technical staff	**16**	16	0	**15**
Other	**10**	10	0	**9**
Total average staff numbers (FTE)	**4,775**	**4,717**	**58**	**4,751**
Of which:				
Employees engaged on capital projects (FTE)	**20**	1	19	**21**

The average number of employees is calculated as the full time equivalent (FTE) number of employees under contract of service in each month in the financial year, divided by the number of months in the financial year. The “contracted hours” method of calculating full time equivalent number should be used, that is, dividing the contracted hours of each employee by the standard working hours.

Employee costs:

Employee costs	Total £000	2025/26 Permanently employed £000	Other £000	Total £000	2024/25 Permanently employed £000	Total £000
Salaries & wages	216,390	216,385	5	208,103	207,589	514
Social security costs	27,874	27,874	0	21,641	21,641	0
Employer contributions to NHS pension scheme	27,954	27,954	0	26,362	26,362	0
Pension cost -employer contributions paid by NHS England on provider's behalf: (9.4%)	18,271	18,271	0	17,170	17,170	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	(1,303)	(1,303)	0	(1,015)	(1,015)	0
Costs capitalised as part of assets	1,592	78	1,514	705	78	627
Agency staff	2,140	0	2,140	2,348	0	2,348
Employee benefits expense	**292,918**	**289,259**	**3,659**	**275,314**	**271,825**	**3,489**

Ill Health Retirement

During 2025/26 there were 3 (2024/25: 5) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £278k (2024/25): £682k) to the NHS Pension Scheme.

Workforce

In line with reporting requirements, we have aligned the national definitions with job roles utilised within the Trust.

NHS Information Centre Occupational role	NHS Information Centre Occupational code	SECAmb equivalent roles	Headcount
Doctor	030 921	Medical Director/Deputy Lead General Practitioner	2 1
Manager	A0A	Critical Care Team Leader, Operating Unit Manager, Operational Team Leader or Operations Manager	229
Manager	A0B	HART Operations Manager or HART Team Leader	16
Consultant Paramedic	A4A	Consultant Paramedic	3
Specialist Practitioner	A6A	Critical Care Paramedic or Advanced Paramedic Practitioner	194
Assistant Practitioner	A7A and H2P	Trainee Associate Ambulance Practitioner	278
Emergency / Urgent Care Support Worker	A8A	Emergency Care Support Worker	274
Emergency / Urgent Care Support Worker in Call Handling	A8E	Dispatch Team Leader, Emergency Medical Advisor, Emergency Medical Advisor Team Leader, Resource Dispatcher, Response Desk Coordinator, Senior Emergency Medical Advisor	525

Paramedic in Emergency Care	ABA	Ambulance Paramedic, HEMs Paramedic, Newly Qualified Paramedic (NQP), Student Paramedic Practitioner, or Trainee Critical Care Paramedic	1556
Paramedic in Hazardous Area Response Team	ABB	HART Team Operative	86
Paramedic in Call Handling	ABE	111 Paramedic CAS Clinical Navigator, 111 Paramedic Clinical Advisor	15
Ambulance Technician / Associate Practitioner in Emergency Care	AEA and S5X	Associate Ambulance Practitioner/Technician or Student Paramedic	684
Administration & Estates staff	G0-G3 (A-E)	Support Staff	1159
Mental Health Nurse	N6H and N0E	Mental Health Clinical Supervisor, 111 Nurse Clinical Advisor, or 111 Nurse CAS Clinical Navigator	65
Midwife	NAC	Consultant Midwife	1
Manager in Pharmacy	S0P	Chief Pharmacist or Deputy Chief Pharmacist	2
Therapist in Physiotherapy	S1E	Physiotherapy Team Leader Physiotherapist	2
Scientist in Pharmacy	S2P	Pharmacist	7
Technician in Pharmacy	S4P	Pharmacy Health Care Professional	3
Technician in Dental	S4R	Dental Nurse	7
General payments	Z1E and Z2E	Chairman / Non-Executive Director	11
TOTAL			**5120**

There are many different emergency and urgent care roles in the ambulance service

If a patient needs clinical advice or an emergency response, they can expect to come into contact with one or more of our clinicians, depending on their condition:

Emergency Care Support Workers – drive ambulances under emergency conditions and support the work of qualified ambulance technicians, associate practitioners, associate ambulance practitioners and paramedics.

Technicians/Associate Practitioners/Associate Ambulance Practitioners – respond to emergency calls, as well as a range of planned and unplanned non- emergency cases. They support Paramedics during the assessment, diagnosis and treatment of patients and during their journey to hospital.

Paramedics – respond to emergency calls and deal with complex, non-emergency hospital admissions, discharges and transfers. They work as part of a rapid response unit, usually with support from an ambulance technician or emergency care support worker. They meet people's need for immediate care or treatment.

Hazardous Area Response Teams – are comprised of front-line clinical staff who have received additional training in order to be able to safely treat patients in challenging circumstances.

Specialist Practitioner – Urgent Care (Paramedic Practitioners) – are paramedics who have undergone additional education and training to equip them with greater patient assessment and management skills. They are able to diagnose a wide range of conditions and are skilled to treat many minor injuries and illnesses and are also able to "signpost" care – referring patients to specialists in the community such as GPs, community nurses or social care professionals. They can also refer patients to hospital specialists, thus avoiding the need to be seen in A&E first.

Specialist Practitioner – Critical Care (Critical Care Paramedics*) –* are paramedics who have undergone additional education and training to work in the critical care environment, both in the pre-hospital setting and by undertaking Intensive Care transfers between hospitals. Often working alongside doctors at the scene, they can treat patients suffering from critical illness or injury, providing intensive support and therapy ensuring the patient is taken rapidly and safely to a hospital that is able to treat their complex needs. Specialist Paramedics are able to assess and diagnose illness and injuries and treat patients using more powerful drugs and use equipment on scene that previously was only used in hospital.

Operational Team Leaders – are first line paramedic managers, responsible for managing teams of up to eleven clinical staff.

Emergency Operating Centre Staff – Staff work in the Trust's Emergency Operations Centre's in a variety of roles, including Emergency Medical Advisers, Dispatchers, Dispatch Managers and Clinical Desk staff. These staff are responsible for receiving every one of the emergency calls made to the Trust, providing support and clinical advice to callers as needed and coordinating the most appropriate response to send to the patient.

NHS 111 staff – The majority of these staff are health advisors, who answer the NHS 111 calls, and they are supported by nurses, paramedics and GPs who provide clinical advice.

Support staff – our front-line staff are supported by non-clinical staff who work in areas including finance, human resources, service development and corporate affairs, information management and technology, education and training, estates, fleet and logistics services, contingency planning and resilience, clinical governance and communications.

Workforce Profile

(Figures given are headcount)

SECAmb values diversity, equal access for patients and equality of opportunity for staff. As an employer we will ensure that all our employees work in an environment which respects and includes everyone and is free from discrimination, harassment and unfair treatment.

A key tool to help us ensure that this is the case is workforce monitoring, whereby we collect relevant information on each staff member.

Age profile 2025/26 (as of 31 March 2026):

Age band	Headcount
<=20 Years	83
21-25	804
26-30	855
31-35	787
36-40	630
41-45	460
46-50	474
51-55	468
56-60	350
61-65	165
66-70	34
>=71 Years	10
TOTAL	**5120**

Gender Profile

Gender	Headcount	Percentage
Female	3077	60%
Male	2043	40%
TOTAL	**5120**	**100%**

Gender – Directors / NEDs	Headcount	Percentage
Female	9	47%
Male	10	53%
TOTAL	**19**	**100%**

Gender (Band 8A+)	Headcount	Percentage
Female	89	40%
Male	135	60%
TOTAL	**224**	**100%**

Gender (Band 8A+)	Headcount		
AfC Pay band	Female	Male	Total
Band 8 - Range A	42	60	102
Band 8 - Range B	23	38	61
Band 8 - Range C	5	8	13
Band 8 - Range D	2	4	6
Band 9	6	6	12
Non AfC	10	12	22
TOTAL	**88**	**128**	**216**

The Gender Pay Audit (GPA) obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. All organisations that employ more than 250 people and listed in Schedule 2 of the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, must publish and report specific information about their gender pay gap annually.

Our data for this submission period (as of 31 March 2025) shows that the Trust workforce consisted of 2920 females (58.58%) and 2065 males (41.42%), which totaled 4985 employees.

There was an increase of 160 employees (3.32%) between 31st March 2024 and 31st March 2025. During the same time, there was a 5.26% increase in the female workforce.

While the overall workforce continues to be comprised of more females than males, the data shows discrepancies in the ratio of males to females within the pay bands. This remains a consistent theme from previous years.

There is a higher proportion of females than males in the lower pay bands. However, from Band 8 and above (8A+), there are fewer females than males. Within Band 8 (8A+), there are 88 female staff compared to 128 male staff. At Band 9, there are equal numbers of male and female staff (6 each), representing an improvement in balance compared to previous years.

Data shows that the Trust currently has a mean gender pay gap of 8.85% and a median gender pay gap of 8.31%.

We continue to see an annual increase in the mean hourly rate for both males and females, as well as a continued difference in mean pay. This figure is influenced by the distribution of staff across pay bands and is impacted by colleagues with very high or very low salaries.

	31st March 2020		31st March 2021		31st March 2022		31st March 2023		31st March 2024		31st March 2025	
Gender	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**
Male	£15.78	£14.85	£17.22	£16.04	£18.10	£16.93	£19.13	£17.74	£20.19	£18.74	£21.67	£20.15
Female	£14.37	£13.17	£15.50	£14.26	£16.12	£15.09	£17.22	£16.23	£18.10	£17.05	£19.75	£18.48
Difference	£1.42	£1.68	£1.72	£1.78	£1.98	£1.84	£1.90	£1.52	£2.08	£1.69	£1.92	£1.68
Pay Gap %	8.99%	11.30%	9.98%	11.09%	10.92%	10.89%	9.96%	8.54%	10.32%	9.04%	8.85%	8.31%
Difference per £	£0.91	£0.89	£0.90	£0.89	£0.89	£0.89	£0.90	£0.91	£0.90	£0.91	£0.91	£0.92

Further Workforce Profile Data (as of March 31st 2026):

Disability Category	Headcount
No	4244
Not Declared	173
Prefer Not To Answer	21
Yes	682
TOTAL	**5120**

Ethnicity Group	Headcount
BME	407
Not Declared	102
White	4611
TOTAL	**5120**

Religious Belief	Headcount
Atheism	1734
Buddhism	21
Christianity	1801
Hinduism	30
I do not wish to disclose my religion/belief	698
Islam	47
Jainism	2
Judaism	10
Other	599
Sikhism	12
Unspecified	166
TOTAL	**5120**

Sexual Orientation	Headcount
Bisexual	211
Gay or Lesbian	298
Heterosexual or Straight	4153
Not stated (person asked but declined to provide a response)	263

Other sexual orientation not listed	21
Undecided	11
Unspecified	163
TOTAL	**5120**

Modern Slavery Act

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). SECAmb is committed to working with local partners to improve our practice in combatting slavery and human trafficking and to raise awareness, disrupt and respond to Modern Slavery.

Arrangements to prevent slavery and human trafficking:
We are committed to ensuring there is no modern slavery or human trafficking in our supply chains or any part of our business activity.

Our commitment to social and environmental responsibility is covered by our approach to modern slavery and human trafficking, which is part of our safeguarding strategy and arrangements.

Safeguarding:
Our commitment is to ensure no modern slavery is reflected in a number of our policies and procedures. These include our Safeguarding Policy and Procedures for Children, Young People and Adults.

Training and promotion:
Our enhanced safeguarding training includes role relevant modern slavery awareness. The Trust promotes awareness of modern slavery e-learning via the relevant on-line platform and SECAmb's intranet pages for staff provides further support and resources on modern slavery and human trafficking.

Suppliers/tenders:
The Trust complies with the Public Contracts Regulations 2015 and uses the mandatory Crown Commercial Services (CCS) Pre-Qualification Questionnaire on procurements, which exceed the prescribed threshold. Bidders are required to confirm their compliance with the Modern Slavery Act.
Sub-contracts:

Our procurement and contracting team are qualified and experienced in managing healthcare contracts, which includes:

- Using our routine contract management meetings with our providers, to address any issues around modern slavery
- Implementing any relevant clauses contained within the Standard NHS Contract.

Off pay-roll engagements

Off pay-roll engagements are made following initial discussions between the Chief Executive and Chair, with Executive Directors consulted as appropriate.

All appointments at this level are formally approved by the Appointments and Remuneration Committee.

Table 1: Length of all highly paid off-payroll engagements.

For all off-payroll engagements as of 31 March 2026, for more than £245[(1)] per

	Number
Number of existing engagements as of 31 March 2026	22
Of which, the number that have existed:	
for less than one year at the time of reporting	5
for between one and two years at the time of reporting	3
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	8

Table 2: Off-payroll workers engaged at any point during the financial year.

For all off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026	71
Of which…	
No. not subject to off-payroll legislation [(1)]	0
No. subject to off-payroll legislation and determined as in-scope of IR35 [(1)]	71

No. subject to off-payroll legislation and determined as out of scope of IR35 (1)	0
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

(1) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements.	23

Expenditure on consultancy

The total expenditure for 2025/26 was £220k (2024/25 £20k).

Staff exit packages

There were 14 exit packages agreed in 2025/26 (2024/25: 35) at a total cost of £660k (2024/25: £1,020k):

	2025/26			2024/25		
Exit package cost band (including any special payment element)	**Number of compulsory redundancies**	**Number of other departures agreed**	**Total number of exit packages by cost band**	**Number of compulsory redundancies**	**Number of other departures agreed**	**Total number of exit packages by cost band**
Less than £10,000	**0**	**0**	**0**	0	4	4
£10,001-£25,000	**5**	**2**	**7**	3	15	18
£25,001-£50,000	**3**	**0**	**3**	2	5	7
£50,001-£100,000	**2**	**0**	**2**	0	6	6
£100,001 - £150,000	**2**	**0**	**2**	0	0	0
£150,001 - £200,000	**0**	**0**	**0**	0	0	0
>£200,000	**0**	**0**	**0**	0	0	0
Total number of exit packages by type	**12**	**2**	**14**	**5**	**30**	**35**
Total resource cost (£000)	**618**	**42**	**660**	**140**	**880**	**1,020**

Other (non-compulsory) staff exit packages

There were 2 other (non-compulsory) staff exit packages agreed in 2025/26 (2024/25: 38) at a cost of £42k (2024/25: £880) as shown below:

	2025/26		2024/25	
Exit packages: other (non-compulsory) departure payments	**Agreements Number**	**Total value of agreements £000**	Agreements Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	36	762
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	1	24	2	118
Non-contractual payments requiring HMT approval *	1	18	0	0
Total	**2**	**42**	**38**	**880**
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0	0	0

* Includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

DISCLOSURES

Disclosures set out in the NHS Foundation Trust Code of Governance

South East Coast Ambulance Service NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis.

Part of Schedule A ***Section***	**Summary of requirement**	**Where this disclosure is in the Annual Report 2025/26**
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Performance Report Annual Governance Statement
A.2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Performance Report
A.2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	Performance Report

B.2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	Directors' Report
B.2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Directors' Report
B.2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors.	Directors' Report
C.2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	Staff Report
C.2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Directors' Report Remuneration Report
C.4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Directors' Report

C.4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	Annual Governance Statement
C.4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board `has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served • the gender balance of senior management and their direct reports.	Directors' Report Remuneration Report
C.5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Performance Report Annual Governance Statement
D.2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Annual Governance Statement

D.2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	Directors' Report
D.2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Performance Report Annual Governance Statement
D.2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial, operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	Annual Governance Statement
D.2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the *DHSC group accounting manual* and *NHS foundation trust annual reporting manual* which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Performance Report
E.2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Not Applicable
Appendix B, para 2.3 (not in Schedule A)	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Directors' Report
Appendix B, para 2.14 (not in Schedule A)	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
Appendix B, para 2.15 (not in Schedule A)	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Directors' Report

Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included in the annual report. This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. * Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trusts or directors' performance).	Not Applicable

NHS System Oversight Framework

NHS England's NHS Oversight Framework 2025/26 is the framework for assessing health systems including providers. It promotes transparency, improvement, and helps identify potential support or intervention needs. NHS organisations are allocated to 1 of 5 'segments'.

Segmentation indicates performance and whether improvement is required, from high-performing across all domains (segment 1) to low performance across a range of domains (segment 4). An organisation assessed as segment 4 combined with a low capability to improve is allocated to segment 5.

NHS England's oversight response to an organisation is based on:

a) Its segment derived from scored metrics under 5 performance domains (being access to services, effectiveness and experience of care, patient safety, people and workforce, and finance and productivity)

b) considering financial override which may limit a segment to be no better than 3

c) contextual metrics which are not scored (for example those under sixth domain of improving health and reducing inequality)

d) capability assessments which consider the organisation's leadership and governance.

Segmentation

NHS England has placed SECAmb in Segment 2. This segmentation information is the Trust's position as at 27 May 2026. Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website. The Trust is included on the ambulance trust dashboard.

STATEMENT OF ACCOUNTING OFFICERS RESPONSIBILITIES

Statement of the Chief Executive's responsibilities as the accounting officer of South East Coast Ambulance NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require South East Coast Ambulance Service NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of South East Coast Ambulance Service NHS foundation trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed and disclose and explain any material departures in the financial statements.
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS 65 foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum

Signed

Jennifer Allan
Interim Chief Executive Officer
Date: 18/06/2026

Annual Governance Statement

Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS foundation trust accounting officer memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of South East Coast Ambulance Service NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Board of Directors has ultimate responsibility for ensuring that an effective risk management process is in place. The Board recognises that a key factor in driving its priorities is to ensure that effective arrangements are embedded in the organisation's practices and processes, so that they become part of the culture.

The Audit & Risk Committee is the committee of the Board that seeks assurance that the processes to manage risk are effective. It reports its level of assurance to the Trust Board after each meeting.

The Executive Management Board has established a Risk Assurance Group to support the effective management of risk. It has cross-directorate membership and meets bi-monthly to review risks and how they are being managed. Regular risk management report is received by the Executive Management Board, and each of the Board committees.

Training on Risk Management and the Datix Cloud Risk System is available on the SECAmb Discover Training Platform. This training is aimed at Risk Owners and Risk Leads to help ensure effective utilisation of the risk management system. Risk Awareness Training is also available and is aimed to cover the basics of risk and risk management and is available to all staff and additional support and training is provided by the Head of

Risk. This includes attendance at team meetings, Directorate awaydays, and support through the Quality Assurance Visits.

Internal Audit last undertook a Risk Maturity Assessment in 2024 (a follow u is scheduled for 2026-27), and several areas of strength were identified, including:

- Clear arrangements for how risk management is delegated, with defined 3-year risk management priorities
- Good alignment of strategic risks within the BAF
- Risk policy set out, available, and communicated throughout the organisation, describing a robust process for how risks are identified, assigned and escalated.

There were also areas requiring further focus, which included:

- Drafting a risk appetite framework; this was completed and approved by the Board in April 2025 and is in the process of being developed further using the learning from the first 12 months.
- Greater clarity on risk actions required to achieve the target risk score; this has been one of the risk priorities for 2025-26 including how we better assess risk 'proximity' so that there is greater awareness of when risks are likely to materialise.

These recommendations informed the updated risk management priorities.

The risk and control framework

The Risk Management Policy sets out the framework and process by which the Trust applies control of risk. It describes what is meant by risk management and it defines the roles and responsibilities of staff, including the key accountable officers. The policy sets out the governance arrangements for management and how these are designed to ensure that risks are being effectively identified, evaluated, transferred and controlled. The risk management system of internal control aims to:

- Be embedded in the operation of the organisation and form part of its culture.
- Be capable of responding quickly to evolving risks; and
- Include procedures for reporting and escalating any significant control failings immediately to appropriate levels of management.

Risks are identified via a number of mechanisms and may be both proactive and reactive from several sources. For example, analysis of key performance indicators; change control processes; claims, incidents, serious incidents, and complaints. Once identified, risks are evaluated collectively by analysis of the cause(s) and source(s) of the risk, their positive and negative consequences, and the likelihood that those consequences will occur. Risk evaluation should be an objective process and wherever possible should draw on independent evidence and valid qualitative data. In order to ensure consistency of risk quantification across the Trust a standardised set of descriptors and scoring matrices is used, based on the National Patient Safety Agency, which at the time was responsible for

identifying and reducing risks to patients receiving NHS care and leading on national initiatives to improve patient safety.

Having identified and evaluated the risk, the controls, and actions to be implemented are discussed, determined, and recorded. Sometimes a decision will be taken to tolerate the risk, otherwise controls and actions are aimed at reducing the risk.

One of the ways we aim to improve our risk culture is by continuing to encourage identification and reporting. Also, to ensure robust analysis of the risk register to drive the business of the Trust. Although improvement continues to be made there is more still to do to ensure effective risk management processes are applied consistently.

The new Risk Appetite Framework agreed by the Board in April 2025 has been well received by the organisation. It was introduced as a pilot and using the learning we are in the process of evolving it; the updated framework will be considered by the Board in August 2026. The key benefits of this approach include:

- ensuring a better focus and clarity on risks, e.g. those outside of appetite,
- to inform the amount and type of risk the Board is willing to accept to meet its aims, as set out in the BAF;
- support decision making
- and encourage proactive risk seeking, especially in the context of innovation.

I chair the Executive Management Board, which is responsible for ensuring the appropriate resource is available to manage risk. It oversees the strategic risks, including the risks identified within the Board Assurance Framework (BAF), seeking assurance that they are being adequately managed, and to seek assurance that services are being provided safely. The Board Assurance Framework is received by the Trust Board at each meeting.

The well-established Board committee structure takes a risk-based approach, scrutinising assurances that the system of internal control used to achieve objectives is well designed and operating effectively. An independent Non-Executive Director chairs each committee, and when assurance is not received, the committee provides details in its report to the Trust Board and asks management to respond by setting out the corrective action being taken. This is then monitored in line with the assurance cycle.

While I am accountable for the leadership of risk within the Trust, I delegate responsibility to specific directors:

- The Director of Corporate Governance is the director responsible for ensuring that overall risk and assurance processes are established and implemented, reporting to the Executive Management Board and Trust Board appropriately.
- The three clinical directors (Chief Nursing Officer, Chief Medical Officer, and Chief Paramedic Officer) are responsible for providing assurance on all aspects of clinical effectiveness reporting to the Executive Management Board and Trust Board.
- The Chief Finance Officer has responsibility for leading the strategic development

and implementation of financial risk management (including anti-fraud and bribery), which includes oversight of the Standing Financial Instructions.

- The Chief Operating Officer is the Accountable Emergency Officer and is responsible for ensuring the Trust complies with Emergency Planning, Preparedness and response (EPRR) statutory obligations and policy guidance.

The CQC inspected our Urgent and Emergency Care and Integrated Care services in Q3 and the final reports were received on 29 May 2026; both these services were rated Good (from Requires Improvement in 2022).

The last CQC Well Led inspection was in 2022; the rating was Inadequate. However, much improvement has been made since then, as set out in the subsequent annual governance statements. This is demonstrated by the Trust currently being placed in Segment 2 (above average) and being ranked fourth compared with the other ambulance trusts in England: see the NHS Oversight Framework section of the Annual Report.

In 2025 a new Board Capability Assessment was introduced and the Trust was rated Amber / Green which helps to further demonstrate the improvements made. Further details about our improvement journey can be found in the Performance section of the Annual Report.

The Trust Board monitors at each of its meetings the principal risks through the Board Assurance Framework and uses this to plan agendas for both the Board and its committees. The Board also assesses the impact on quality and performance through the Integrated Quality Report (IQR).

The Trust's major risks during the past year, included:

Patient Safety & Quality – risk to our ability to deliver our clinical strategy, particularly in relation to virtual care, resulting in poorer patient outcomes.

In response we:

- Now has a clinically assured, evidence based, end to end Virtual Care Model.
- Improved consistency in how clinician productivity is measured
- Has a better understanding of H&T conversion patterns, enabling targeted training and supervision.
- Established the foundation for a multi-tier, standardised virtual care training pathway.

People – risk that without an effective People function, we impact our ability to deliver parts of our Strategy.

In response we:

- Delivered against the People Services Improvement Plan, including the restructuring of the directorate.
- Invested in external support to focus on improvements to Employee Relations training, investigations and complex casework
- Implemented a number of key people policies with specific training to ensure effective implementation.

Financial Sustainability - risk that the Trust fails to deliver its break-even finance plan, resulting in our inability to invest in our strategy.

In response we have:

- Improved our financial controls, evidenced by the positive internal audit reviews.
- Established a medium term plan, agreed with commissioners that reduced our underlying deficit over the next 3-5 years, while maintaining the ability to invest in our people to deliver our clinical strategy.
- Achieved the financial break-even plan for the year

The Trust has an annual programme that includes completion of the Data Security and Protection Toolkit, annual information governance training for all staff on the risks around data security, and compliance with data protection legislation which includes the appropriate handling of patient and employee identifiable data. In addition to this, the Trust adheres to NHS Digital and UK Government Communications-Electronics Security Group (CESG) best practice guidelines on IT Security for managing user access, providing anti-virus & malware protection, email filtering, web filtering, network firewalls and data backup. These systems are constantly reviewed to ensure data is protected from an outside attack. The Trust has made significant investment in security hardware and software.

Effectiveness of board and committee structures

The Board of Directors has a well-established committee structure. Each committee has a cycle of business to help guide the focus of its assurance and through the monitoring of information tests the impact of the design and implementation of controls and how management ensures standards are maintained and improved.

The Trust Board receives at every meeting a comprehensive Integrated Quality Report detailing the key metrics. It uses this to help establish gaps in assurance and directs its committees accordingly as demonstrated by the Action Log. For example, it asked the Quality Committee to review how the executive is identifying and addressing health inequalities highlighted by the relevant metrics. And in the context of virtual care and the ambition to increase H&T to 19%, to explore how we are triaging need to ensure those patients who really need an ambulance get a timely response. It also asked the People Committee to explore how management training is preparing managers to undertake quality appraisals. The follow up was then reported back to Board via the committee Board

Reports.

Responsibilities of directors and committees

Committees are an extension of the Board and each one has a non-executive chair and executive lead, who work together with the company secretary to plan for meetings, ensuring dynamic assessment of the key risks and issues requiring scrutiny. The Board receives a report from each meeting setting out judgments on assurance and confirming if any intervention from the Board is required on a particular issue.

Reporting lines and accountabilities

There is a clear distinction between the Board (assurance) and Executive (management) - the management reporting line is through the Executive Management Board and the Board reporting line is through the Board committees.

Save for those matters reserved to the Board, the Board delegates operational decision-making responsibilities to the Chief Executive who in turn delegates to the Executive Directors. The Chief Executive is therefore ultimately accountable to the Board.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. On our website we have published an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past 12 months as required by the Managing conflicts of interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a green plan following the guidance of the Greener NHS Programme. The trust ensures that its obligations under the Climate Change Act and the adaptation reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board of Directors performs an integral role in maintaining the system of internal control, supported by the work of its committees, and internal and external audit.

Each efficiency programme is supported by a plan, a quality and equality impact assessment, and appropriate metrics. Performance against the plans is monitored by the Executive and the Board of Directors, principally through the monthly finance report.

In year there has been robust Board monitoring, challenge, and scrutiny that supported the achievement of the financial plan while continuing to improve patient care; the Trust ended the year at a breakeven position and achieved the revised national target for Category 2 mean. The medium term plan the Trust submitted in Q4 includes a breakeven position again for 2026-27 while further improving the C2 mean to 25 minutes, but this comes with some risk, which is set out in the BAF.

The Trust's internal audit provider is BDO and the audit plan is approved and overseen by the Audit & Risk Committee. The committee ensures the plan aligns to the Trust's objectives, risks, and areas management are concerned about the quality of controls.

In accordance with the approved audit plan, several reviews were carried out during the year. There was a marked improvement in the outcome from these reviews in 2024-25 and this has been improved further this year; with more Substantial Assurance outcomes. The reviews also helped to identify some weaknesses in the control framework and the executive worked with internal audit to develop the actions needed to implement the agreed recommendations, within specified timescales. These are tracked and overseen by the Audit & Risk Committee. Details about the conclusions reached by Internal Audit are set out in the section below 'review of effectiveness'.

Information governance

The Trust is an open and transparent organisation, and reports all significant IG breaches to its regulator, the Information Commissioners Office (ICO). During this reporting period (April 2025 – March 2026) the Trust reported 3 breaches to the ICO all related to a breach of confidentiality.

In accordance with Trust process significant breaches are formally graded by the Head of Information Governance/Data Protection Officer then forwarded for scrutiny to the Caldicott Guardian and Senior Information Risk Owner (SIRO). Following independent review, these are then formally recorded though the Cyber Assurance Framework / Data Security & Protection Toolkit and reported to the ICO.

All breaches (significant and lower level) are internally reported, comprehensively reviewed, with shared learning completed. Should a reportable breach occur then a formal anonymised report summarising the breach and actions taken is presented to the IG Group.

The Trust continues to have good engagement with its regulator with no further action taken by the ICO in relation to these reportable breaches.

Data quality and governance

Data Quality refers to the building blocks of data items and the Trust adopts the Audit Commission's description of the six characteristics:

1. **Accuracy** – Data should be sufficiently accurate for its intended purpose.
2. **Validity** – Data should be used in compliance with relevant requirements including the correct application of rules or definitions.
3. **Reliability** – Data should reflect stable and consistent data collection processes over time.
4. **Timeliness** – Data should be captured as quickly as possible after the event and should be made available to support information needs and to influence service or management decisions.
5. **Relevance** – Data captures should be relevant to the purposes for which they are used.
6. **Completeness** – Data should be clearly specified based on the information needs of the users.

I take assurance from the routine systems and processes the Trust has in place to validate and assure that data held within the Computer Aided Dispatch (CAD) system is accurate and up to date, in line with Trust policy. These controls operate on an ongoing basis and provide confidence in the quality of the data underpinning the Trust's operational reporting.

The Trust has continued its investment in its Business Intelligence function to ensure the provision of accurate and timely data to internal and external stakeholders via the Microsoft Power BI platform. This data is used to support both day-to-day decisions and strategic planning.

In addition, the Trust is progressing the move to a new data platform, which will further strengthen the processes, governance and tooling in place to assure data quality across the organisation.

Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/clinical governance/quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its committees have a significant role in reviewing the effectiveness of the system of internal control, as I have referred to in earlier sections of this statement. The

processes that have been applied in this regard include:

Board of Directors

The Board receives an update from me at each meeting on any significant issues that affect the Trust. The Board also receives a written escalation report from each of its committees following every meeting, and these reports describe the levels of assurance as well as any related actions taken and/or action required by the Board.

Board meetings focus on the strategic themes of Quality; People; and Sustainability & Partnerships. Using the learning from Making Data Count, it implements the assurance cycle to ensure action is taken to close any gap in assurance. As I have mentioned earlier in this statement, there are number of examples that demonstrate how this has been effectively applied.

The Board's focus during 2025-26 was to continue the improvement journey and deliver year two of the Trust strategy. Significant progress has been demonstrated in-year, for example:

- Delivered the C2 mean target – one of the best of all ambulance trusts in England. In 2026-27 we have a plan to improve this further.
- Improved cardiac arrest outcomes; we continue to provide the best of all ambulance trusts in England for survival to 30 days post arrest for our patients, currently 12.4%, which is above the 11.4% target.
- Took action in response to staff feedback to improve the experience of our people, as demonstrated by the annual staff survey where the Trust achieved its joint highest response rate ever (71%), far exceeding the sector median (55%), and for the first time is positioned above the sector median in all nine People Promise domains. Further information about the Staff Survey can be found in the Performance Report.
- Achieved financial balance with improved financial controls, helping to achieve over £8m in efficiencies.
- As a provider of national capability programs, SECAmb is required to undergo an annual assurance and review process around the NHS EPRR Core Standards and NHS Interoperability Standards. These standards and the review processes around them are a fundamental part of the governance system for assuring capability, planning, and readiness in an auditable, consistent way internally, locally, regionally, and nationally. In December 2025 the Board received the outcome of the annual review and assurance process and achieved 'Substantially Compliant'.
- We have also made good progress in establishing a new divisional governance and leadership model. An external review was undertaken in Q4 and the findings are informing the further work to embed this new model; it is one of our strategic BAF priorities.

Audit & Risk Committee

The Audit & Risk Committee is a standing committee of the Board of Directors. Its membership comprises of independent non-executive directors. It is responsible for overseeing risk management, business continuity, information risks, financial risks, governance, internal audit, external audit, local counter fraud and anti-bribery.

The internal audit programme is risk based and focused on high-risk areas agreed between Internal Audit, the committee, and the executive.

All bar one Internal Audit review in 2025-26 concluded Moderate or Substantial Assurance. This has been reflected in the positive Annual Head of Internal Audit Opinion. The one review with Limited Assurance related to IT Asset Management; this was reported in March 2026 and progress with the subsequent actions will be reported to the committee at its next meeting in July 2026.

The independence and effectiveness of the external audit process has been assessed and confirmed by the Audit & Risk Committee.

Quality & Patient Safety Committee

The Quality & Patient Safety Committee is also a standing committee of the Board of Directors. On behalf of the Board, it tests the design and effectiveness of the system of internal controls that relate to quality and patient safety.

During the year, this committee has prioritised the areas to scrutinise linked to the BAF and, where it has identified gaps in assurance, it has asked management to set out the corrective action being taken. The areas the committee has asked for further assurance have included:

- Virtual Care – this is a standing item and committee has not had the level of assurance it would like throughout the year; it has acknowledged the complexities and the efforts of the executive. This is considered the biggest risk in 2026-27
- EOC - There was a specific focus on this risk which led to the quality summit in Q3, linked to an issue with non-compliant call audits, inconsistent staff performance, insufficient training, and ineffective management of underperformance. The committee tracked progress against the improvement actions, with increasing levels of assurance.
- UCR Acceptance rates – the rate is in decline overall and an area for development and learning from SCAS who have more developed pathways. This aligns to the joint clinical model work that is ongoing. There is a role for the new Group Model to help narrate and take a lead on how pathways need to be commissioned, to help the system thinking.
- Volunteers / CFRs - Increasing both the numbers and scope of our CFR

volunteers is a key enabler of our strategic direction. One of the objectives in the BAF, the committee was concerned in 2024-25 about progress. This led to an external review, which was reported to the Board in June 2025. A number of actions were taken in response to the recommendations, and it informed the new Volunteering & Community Resilience Strategy that the Board approved in February 2026.

Clinical Audit

The Board lead for Clinical Audit is the Chief Medical Officer who ensures sustained focus and attention to detail of clinical audit activity. The 2025-26 Clinical Audit plan includes both national Ambulance Clinical Quality Indicators, which are reported to NHS England and our own internal clinical audit programme.

The Clinical Audit and Quality Sub-Group reviews risks, ensures shared learning from clinical outcome indicators, and reviews the recommendations arising from clinical audit activity. Where required, issues are escalated to the Clinical Quality Governance Group which reports directly to the Executive Management Board.

On behalf of the Board, the Quality & Patient Safety Committee tests the clinical audit plan and receives regular progress updates. The committee received assurance with delivery of the plan and explored how outcomes are used to improve services.

Internal Audit

Internal audit provides an independent and objective opinion to the Board on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives. It provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control and governance processes. Based on the work undertaken in 2025/26 the Head of Internal Audit Opinion is *Moderate Assurance that there is a sound system of internal controls, designed to meet the Trust's objectives, that controls are being applied consistently across various services.*

I am pleased with this Opinion which reflects the progress we have continued to make.

The outcome of each review is listed below.

Audit	Design	Effectiveness
IT Asset Management	Limited Assurance	Limited Assurance
Management of CIPs	Moderate Assurance	Moderate Assurance
Sexual Safety Arrangements	Moderate Assurance	Moderate Assurance
PSIRF Lessons Learnt	Moderate Assurance	Moderate Assurance
Key Financial Systems	Substantial Assurance	Moderate Assurance

Medicines Management	Substantial Assurance	Substantial Assurance
Management of Violence	Substantial Assurance	Substantial Assurance
Data Security Protection	Overall Assessment of High Confidence on the Self-Assessment	

External Audit

Bishop Flemming are appointed by the Council of Governors as the Trust's external auditors. They are confirmed as being independent on appointment, and the Audit & Risk Committee ensures their ongoing independence.

External Audit report to the Trust on the findings from the audit work, in particular their review of the accounts and the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. During 2025-26 no significant issues were identified.

Conclusion

While I and the Board are clear about the improvement priorities and challenges ahead, which are set out in the Board Assurance Framework, I believe the past year has been a positive one for the Trust. We have a stronger executive team and Trust Board, who has provided the leadership needed to help ensure we have delivered for our people, patients and partners. This has been externally validated by the move to segment 2 of the NHSE Oversight Framework, Rating of Amber Green for Board Capability, Rating of Good from the CQC for UEC and Integrated Care, and by the positive feedback from our people in the Staff Survey.

I confirm that no significant internal control issues have been identified in the past 12 months.

Signed J. Allan

Chief Executive Date: 18/06/2026

Statement of Directors' responsibility for the report and accounts

The Board of Directors is responsible for preparing the Annual Report and Accounts.

The Directors consider the Annual Report and accounts to be fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust.

For more information:

South East Coast Ambulance Service NHS Foundation Trust

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If you require this document in an alternative format, please contact enquiries@secamb.nhs.uk or 0300 123 0999

South East Coast Ambulance Service NHS
NHS Foundation Trust

2025/26 Annual Accounts

FOREWORD TO THE ACCOUNTS OF
SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

These accounts, for the year ended 31 March 2026, have been prepared by South East Coast Ambulance Service NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

25 June 2026
Jennifer Allan, Interim Chief Executive

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust (the "Trust") for the year ended 31 March 2026, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 7 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025/26.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and of the Trust's expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025/26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report.

We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements.

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") we are required to consider whether the Annual Governance Statement does not comply with the disclosure requirements set out in the NHS foundation trust annual reporting manual 2025/26 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with the NHS foundation trust annual reporting manual 2025/26; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer

As explained more fully in the Statement of the Chief Executive's responsibilities as the accounting officer, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2025/26, for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- we have considered the nature of the sector, control environment and financial performance;
- we have considered the results of enquiries with management, internal audit and the Audit and Risk Committee in relation to their own identification and assessment of the risk of irregularities within the Trust, and whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud;

- we have reviewed the documentation of key processes and controls and performed walkthroughs of transactions to confirm that the systems are operating in line with documentation;
- any matters identified having obtained and reviewed the Trust's documentation of their policies and procedures relating to:
    - identifying, evaluation and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud;
    - the internal controls established to mitigate risks of fraud or non-compliance with laws and regulations;
- we have considered the matters discussed among the audit engagement team regarding how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, we have considered the opportunities and incentives that may exist within the Trust for fraud and identified the highest area of risk to be in relation to income and expenditure recognition, with a particular risk in relation to year-end cut off. In common with all audits under ISAs (UK) we are also required to perform specific procedures to respond to the risk of management override.

We have also obtained understanding of the legal and regulatory frameworks that the Trust operates in, focusing on provisions of those laws and regulations that had a direct effect on the determination of material amounts and disclosures in the financial statements. The key laws and regulations we considered in this context are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025/26).

In addition, we considered the provisions of other laws and regulations that do not have a direct effect on the financial statements but compliance with which may be fundamental to the Trust's ability to operate or avoid a material penalty. These include data protection regulations, health and safety regulations, employment legislation, and money laundering legislation.

Our procedures to respond to risks identified included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- reviewing Board meeting minutes;
- enquiring of management in relation to actual and potential claims or litigations;
- performing detailed transactional testing in relation to the recognition of income and expenditure, with a particular focus around year-end cut off; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgments made in accounting estimates are indicative of potential bias; and evaluating the business rationale of significant transactions that are unusual or outside the normal course of business.

We also communicated identified laws and regulations and potential fraud risks to all members of the engagement team and remained alert to possible indicators of fraud or non-compliance with laws and regulations throughout the audit.

As a result of the inherent limitations of an audit, there is a risk that not all irregularities, including material misstatements in the financial statements or non-compliance with regulation, will be detected by us, even though the audit is properly planned and performed in accordance with the ISAs (UK). The risk increases the further removed compliance with a law or regulation is from the events and transactions reflected in the financial statements, given we will be less likely to be aware of it, or should the irregularity occur as a result of fraud rather than a one-off error, as this may involve intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory matters

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

As explained in the Statement of Accountable Officer's Responsibilities, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024 and related statutory guidance. We considered whether the Trust has proper arrangements in place to ensure financial sustainability, proper governance and the use of information about costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2026 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice we have:

- confirmation from the NAO that no additional work will be required in respect of the Consolidated NHS Provider Accounts exercise.

We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Charles Martin, Key Audit Partner
for and on behalf of Bishop Fleming Audit Limited
Chartered Accountants and Statutory Auditors
Plymouth

Date: 25 June 2026

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED
31 March 2026

	NOTE	**Year ended 31 March 2026** **£000**	Year ended 31 March 2025 £000
Operating income			
Operating income from patient care activities	5	**372,515**	358,776
Other operating income	5.3	**7,444**	6,391
Operating expenses	8	**(375,993)**	(365,042)
Operating surplus/(deficit) from continuing operations		**3,966**	125
Finance costs:			
Finance income	11	**1,437**	1,771
Finance costs	12	**(486)**	(715)
Public dividend capital dividends payable		**(1,484)**	(1,115)
Net finance costs		**(533)**	(59)
Other gains / (losses)		**648**	642
Retained (deficit)/surplus for the period		**4,081**	708
Other comprehensive income			
Impairments	17	**(157)**	(1,341)
Revaluations	14	**549**	616
Share of comprehensive income from associates and joint ventures		**0**	0
Fair value gains/(losses) on equity instruments designated at FV through OCI		**0**	0
Other recognised gains and losses		**0**	0
Remeasurements of net defined benefit pension scheme liability / asset		**0**	0
Other reserve movements		**(1)**	0
Reclassification adjustments:			
- Fair value gains/(losses) on financial assets mandated at FV through OCI		**0**	0
- Recycling gains/(losses) on disposal of financial assets mandated at FV through OCI		**0**	0
- Foreign exchange gains/(losses) recognised directly in OCI		**0**	0
Total comprehensive income for the period		**4,472**	(17)

The accompanying notes on pages 12 to 51 form part of these financial statements.

STATEMENT OF FINANCIAL POSITION AS AT
31 March 2026

	NOTE	**31 March 2026** **£000**	31 March 2025 £000
Non-current assets			
Property, plant and equipment	14	**84,371**	72,472
Right of use assets	16	**35,366**	30,802
Intangible assets	15	**2,593**	1,895
Other financial assets		**0**	0
Trade and other receivables	20	**45**	47
Total non-current assets		**122,375**	105,216
Current assets			
Inventories	19	**3,516**	2,695
Trade and other receivables	20	**13,283**	14,579
Non-current assets held for sale	22	**1,016**	1,373
Cash and cash equivalents	21	**34,253**	29,027
Total current assets		**52,068**	47,674
Total assets		**174,443**	152,890
Current liabilities			
Trade and other payables	23	**(41,409)**	(33,740)
Other liabilities	23	**(848)**	(4,242)
Borrowings	24	**(6,673)**	(5,662)
Other financial liabilities		**0**	0
Provisions	26	**(12,353)**	(18,891)
Total current liabilities		**(61,283)**	(62,535)
Net current assets/(liabilities)		**(9,215)**	(14,861)
Total assets less current liabilities		**113,160**	90,355
Non-current liabilities			
Borrowings	24	**(17,905)**	(18,797)
Trade and other payables		**0**	0
Other financial liabilities		**0**	0
Provisions	26	**(13,278)**	(7,813)
Other liabilities		**0**	0
Total non-current liabilities		**(31,183)**	(26,610)
Total assets employed		**81,977**	63,745
Financed by taxpayers' equity:			
Public dividend capital		**123,649**	109,889
Revaluation reserve		**5,805**	5,413
Income and expenditure reserve		**(47,477)**	(51,557)
Other reserves		**0**	0
Total taxpayers' equity		**81,977**	63,745

The accompanying notes on pages 12 to 51 form part of these financial statements.
The financial statements were approved by the Board on 24 June 2026 and signed on its behalf by:

Signed: ……
Jennifer Allan, Interim Chief Executive

Date: 25 June 2026

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY
FOR THE YEAR ENDED

	31 March 2026				31 March 2025			
	Public dividend capital (PDC)	**Income and Expenditure Reserve**	**Revaluation reserve**	**Total**	Public dividend capital (PDC)	Income and Expenditure Reserve	Revaluation reserve	Total
	£000	**£000**	**£000**	**£000**	£000	£000	£000	£000
Balance at 1 April	109,889	(51,557)	5,413	63,745	109,537	(52,998)	6,871	63,410
Transfers between reserves	0	0	0	0	0	0	0	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	0	0	0	0	305	(305)	0
Surplus/(deficit) for the year	0	4,081	0	4,081	0	708	0	708
Impairments	0	0	(157)	(157)	0	0	(1,341)	(1,341)
Revaluations	0	0	549	549	0	0	616	616
Transfer to retained earnings on disposal of assets	0	0	0	0	0	428	(428)	0
Public Dividend Capital received	13,760	0	0	13,760	352	0	0	352
Other reserve movements	0	(1)	0	(1)	0	0	0	0
Balance at 31 March	**123,649**	**(47,477)**	**5,805**	**81,977**	109,889	(51,557)	5,413	63,745

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS Foundation Trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

The accompanying notes on pages 12 to 51 form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2026

	NOTE	**Year ended 31 March 2026**	Year ended 31 March 2025
		£000	£000
Cash flows from operating activities			
Operating surplus/(deficit)		**3,966**	125
Depreciation and amortisation	8,14,15,16	**17,893**	18,275
Impairments and reversals	17	**(1,190)**	(661)
Income recognised in respect of capital donations (cash and non-cash)	5.3	**(1,240)**	0
Interest paid		**0**	0
(Increase)/decrease in inventories	19.1	**(821)**	(11)
(Increase)/decrease in trade and other receivables		**1,298**	(8,198)
Increase/(decrease) in trade and other payables	23	**(3,287)**	564
Increase/(decrease) in other current liabilities	23.1	**(3,394)**	3,634
Increase/(decrease) in provisions	26	**(2,495)**	(372)
Other movements in operating cash flows		**0**	0
Net cash inflow/(outflow) from operating activities		**10,730**	13,356
Cash flows from investing activities			
Interest received	11	**1,437**	1,771
Purchase of property, plant and equipment		**(17,430)**	(14,945)
Sales of plant, property and equipment		**7,756**	1,193
Purchase of intangible assets		**(1,610)**	0
Net cash inflow/(outflow) from investing activities		**(9,847)**	(11,981)
Net cash inflow/(outflow) before financing		**883**	1,375
Cash flows from financing activities			
Public dividend capital received		**13,760**	352
PDC dividend paid	1.18	**(1,527)**	(621)
Interest paid on finance lease liabilities	12	**(402)**	(634)
Interest paid		**0**	0
Capital element of finance lease rental payments	25.1	**(7,483)**	(7,018)
Cash flows from (used in) other financing activities		**(5)**	5
Net cash inflow/(outflow) from financing activities		**4,343**	(7,916)
Net increase/(decrease) in cash and cash equivalents		**5,226**	(6,541)
Cash and cash equivalents (and bank overdrafts) at the beginning of the financial period		**29,027**	35,568
Cash and cash equivalents (and bank overdrafts) at the end of the financial period	21	**34,253**	29,027

The accompanying notes on pages 12 to 51 form part of these financial statements.

NOTES TO THE ACCOUNTS

1. Accounting policies

1.1 Basis of Preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going Concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Interests in other entities

The Trust has an interest in South East Coast Ambulance Service Charitable Fund.

1.4 Non-consolidation

Charitable Funds

The Trust is the corporate trustee of the South East Coast Ambulance Service Charitable Fund. The Trust has assessed its relationship under IFRS 10 and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. However the charitable fund's transactions are immaterial in the context of the group and therefore transactions have not been consolidated. Details of the transactions with the charity are included in the related party transactions note 28.

1.5 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Notes to the Accounts - 1. Accounting policies (continued)

1.5 Revenue (continued)

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.6 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Notes to the Accounts - 1. Accounting policies (continued)

1.7 Expenditure on employee benefits

Short term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

National Employment Savings Trust ("NEST") Pension Scheme

The Trust provides certain employees, who are not enrolled into the NHS Pensions Scheme, with cover from the defined contributions scheme which is managed by the National Employment Savings Trust (NEST). The cost to the Trust is taken as equal to the contributions payable to the scheme for the accounting period.

1.8 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:
- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.; or
- items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Notes to the Accounts - 1. Accounting policies (continued)

1.9 Property, plant and equipment (continued)

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and buildings – market value for existing use
- Assets held for sale - lower of carrying amount and current value less costs to sell

Notes to the Accounts - 1. Accounting policies (continued)

1.9 Property, plant and equipment (continued)

Measurement continued

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

Montagu Evans conducted the current and previous year's valuation and it deems their valuation is not reported as being subject to material valuation uncertainty.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as ‘held for sale’ cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of ‘other comprehensive income’.

Notes to the Accounts - 1. Accounting policies (continued)

1.9 Property, plant and equipment (continued)

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as ‘held for sale’ once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as ‘held for sale’ and instead is retained as an operational asset and the asset’s useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.9 Property, plant and equipment (continued)

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

Description	Minimum life	Maximum life
Land	Indefinite	
Buildings, excluding dwellings	3	75
Plant & machinery	5	7
Transport equipment	3	7
Information technology	1	5
Furniture & Fittings	10	10

1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Notes to the Accounts - 1. Accounting policies (continued)

1.10 Intangible assets (continued)

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

Description	Minimum life	Maximum life
Software purchased	3	5

1.11 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method

1.12 Investment properties

The Trust does not hold any investment properties.

1.13 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Notes to the Accounts - 1. Accounting policies (continued)

1.14 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets and financial liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.14 Financial assets and financial liabilities (continued)

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets,the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 and stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.15 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Initial recognition and measurement
At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.15 Leases (continued)

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Also, the Trust has not applied the above recognition requirements where the lease or rental arrangements do not meet the right of use IFRS16 criteria for substitution.

Subsequent measurement
As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.50%	2.60%
Year 2	2.00%	2.30%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 26 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Notes to the Accounts - 1. Accounting policies (Continued)

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 27.2 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 27.1. Contingent liabilities are defined as:
•possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
•present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability

1.18 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation tax

The Trust has determined that it has no Corporation Tax liability as its commercial activities are not significant and any profits derived from such activity are utilised for patient care.

1.21 Climate Change Levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Notes to the Accounts - 1. Accounting Policies (Continued)

1.22 Foreign currency

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

The Trust has no material transactions or assets and liabilities denominated in a foreign currency.

1.23 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.24 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

1.27 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 18 Presentation and Disclosure in Financial Statements

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January 2027. The Standard has not yet been adopted by the FReM and early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

• Changes to valuation of property, plant and equipment (PPE) assets – The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements.

• From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to

Notes to the Accounts - 1. Accounting Policies (Continued)

1.28 Critical judgments in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

Charitable Funds - see Note 1.4 Non-consolidation.

1.29 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Asset Valuations
All land and buildings are revalued to fair value. Details of these revaluations are shown in Note 1.12.
The reported amounts for depreciation of property, plant and equipment and amortisation of non-current intangible assets can be materially affected by the judgements exercised in determining their estimated economic lives. Details of economic lives and carrying values of assets can be found in Note 14C and Note 15. It is impractical to disclose the extent of the possible effects of an assumption or another source of estimation uncertainty at the end of the reporting period.

Provisions
Provisions are made for liabilities that are uncertain in amount. The costs and timings of cash flows relating to these liabilities are based on management estimates supported by external advisors. Details of this can be found in Note 1.20 the carrying values of provisions are shown in Note 26.

1.30 Adjusted financial performance surplus/(deficit)

The Trust has reported a surplus of £4,081k (£708k 2024/25) for the year, however the Trust is monitored by NHS England against an adjusted financial performance target. The Trust achieved it's financial target for both 2025/26 and 2024/25.

	Year ended 31 March 2026	Year ended 31 March 2025
	£000	£000
Retained (deficit)/surplus for the period	**4,081**	708
Adjustments		
Add back all I&E impairments/(reversals)	**(1,190)**	(661)
Remove capital donations/grants/peppercorn lease I&E impact	**(1,239)**	2
Adjusted financial performance surplus/(deficit)	**1,652**	49
Less Non-Recurrent Deficit Funding (DSF)	**(1,638)**	(10,500)
Adjusted financial performance surplus/(deficit) excluding DSF	**14**	(10,451)

2. Pooled budget

The Trust has no pooled budget arrangements.

3. Operating segments

The relevant standard is IFRS 8, Operating Segments:

A separate segment must be reported only if it exceeds one of the quantitative thresholds: 10% of revenue, profit/loss or assets; unless this would result in less than 75% of the body's revenue being included in reportable segments, in which case additional reportable segments are identified such that the 75% threshold is reached or exceeded.

As the Trust has no segments that exceed the 10% threshold no disclosure is required.

4. Income generation activities

The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care. The following provides details of income generation activities where the full cost did not exceed £1m or was otherwise material.

	2025/26 £000	2024/25 £000
Income	**99**	66
Full cost	**(86)**	(32)
Surplus/(deficit)	**13**	34

5. Income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy, note 1.5.

5.1 Income from patient care activities (by nature)	2025/26 £000	2024/25 £000
Ambulance services		
A & E income	**321,724**	300,583
Other income	**32,520**	41,023
All services		
Additional pension contribution central funding**	**18,271**	17,170
Total income from activities	**372,515**	358,776

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2024/25: 23.7%) and related NHS England funding (9.4%, 2024/25: 9.4%) have been recognised in these accounts.

5.2 Income from patient care activities (by source)	2025/26 £000	2024/25 £000
NHS England	**18,271**	18,014
Intergrated Care Boards *	**350,289**	339,748
Other NHS providers	**1,218**	404
Non-NHS:		
Injury costs recovery	**477**	456
Other	**2,260**	154
Total income from activities	**372,515**	358,776

* Included in the Revenue from Integrated Care Boards of £350,289k (2025/25: £339,748k) there was £29,237k (2024/25: £28,335k) relating to the NHS 111 service. The contract for the latter is in the Trust's name.

5.3 Other operating income	2025/26 £000	2024/25 £000
Research and development	**177**	224
Education, training and research	**4,988**	4,439
Peppercorn leased assets recognised	**1,240**	0
Income in respect of employee benefits accounted on a gross basis	**0**	4
Charitable and other contributions to expenditure	**26**	165
Other revenue	**1,013**	1,559
	7,444	6,391

6 Income from activities arising from commissioner requested services

requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2025/26 £000	2024/25 £000
Income from services designated as commissioner requested services	**341,917**	330,130
Income from services not designated as commissioner requested services	**30,598**	28,646
Total income from activities	**372,515**	358,776

7. Revenue

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

8. Operating expenses

	2025/26 £000	2024/25 £000
Purchase of healthcare from non NHS bodies	**8,795**	10,246
Employee Expenses - Non-executive Directors	**192**	184
Employee Expenses - Staff	**284,197**	269,683
Drug costs	**1,710**	1,515
Supplies and services - clinical (excluding drug costs)	**4,311**	5,124
Supplies and services - general	**3,762**	4,174
Establishment	**6,131**	7,405
Research and development	**236**	233
Transport	**15,304**	15,934
Premises	**21,411**	21,207
Increase in bad debt provision	**157**	136
(Decrease)/increase in other provisions	**(2,356)**	(686)
Rentals under operating leases - minimum lease payments		
Depreciation on property, plant and equipment	**16,981**	16,551
Amortisation on intangible assets	**912**	1,724
Impairments/(reversals) of property, plant and equipment	**(1,190)**	(661)
Audit fees :		
Audit services - statutory audit	**127**	175
Internal audit services	**157**	148
Other services	**394**	388
Clinical negligence	**2,261**	2,082
Legal fees	**522**	496
Consultancy costs	**220**	20
Training, courses and conferences	**7,277**	5,052
Insurance	**279**	336
Lease expenditure - short term leases (<= 12 months)	**1,878**	1,574
Redundancy	**615**	97
Losses, ex gratia & special payments	**1,126**	999
Car parking and security	**324**	246
Other	**260**	660
Total	**375,993**	365,042

8.1 Auditor Renumeration

In 2025/26 audit fees for statutory audit and audit related assurance services, excluding VAT, was £115k (2024/25 £138k). The external audit fee shown in Note 8 is gross of VAT as the Trust cannot recover VAT on external audit fees.

8.2 Auditors Liability

The limitation on auditor's liability for external audit work is the higher of £1 million or 125% of the total contract price paid or payable to the auditor (2024/25: none).

8.3 Impairment of Assets

During the year the Trust undertook a revaluation exercise of its land and buildings which resulted in a net impairment booking to operating expenses of -£1,190k (2024/25: -£661k). Whilst the reporting of these impairments is an operating expense for statutory accounts purposes under IFRS standards it is not part of the management operating expenses reported to NHSE on the performance of the Trust.

9. Employee costs and numbers

9.1 Employee costs

	2025/26			2024/25		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	£000	**£000**	**£000**	£000	£000	£000
Salaries and wages	**216,379**	**216,374**	**5**	208,086	207,572	514
Social security costs	**27,874**	**27,874**	**0**	21,641	21,641	0
Employer contributions to NHS pension scheme	**27,954**	**27,954**	**0**	26,362	26,362	0
Pension cost - employer contributions paid by NHSE on provider's behalf: (2025/26: 9.4% 2024/25: 9.4%)	**18,271**	**18,271**	**0**	17,170	17,170	0
Pension cost - other contributions	**11**	**11**	**0**	17	17	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	**(1,303)**	**(1,303)**	**0**	(1,015)	(1,015)	0
Costs capitalised as part of assets	**1,592**	**78**	**1,514**	705	78	627
Agency staff	**2,140**	**0**	**2,140**	2,348	0	2,348
Employee benefits expense	**292,918**	**289,259**	**3,659**	275,314	271,825	3,489

9.2 Average number of people employed (WTE)

	2025/26			2024/25		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
	Number	**Number**	**Number**	Number	Number	Number
Ambulance staff	**1,875**	**1,872**	**3**	1,782	1,767	15
Administration and estates	**1,138**	**1,092**	**46**	1,136	1,078	58
Healthcare assistants and other support staff	**1,666**	**1,660**	**6**	1,737	1,726	11
Other	**96**	**93**	**3**	96	94	2
Total	**4,775**	**4,717**	**58**	4,751	4,665	86
Of the above:						
Number of whole time equivalent staff engaged on capital projects	**20**			21		

9.3 Staff sickness absence

	2025/26	2024/25
	Number	Number
Total days lost	**72,041**	68,434
Total staff years	**4,641**	4,150
Average working days lost	**15.5**	16.5

9.4 Retirements due to ill-health

During 2025/26 there were 3 (2024/25: 5) early retirements from the Trust agreed on the grounds of ill-health at an additional cost of £278k (2024/25: £682k) to the NHS Pension Scheme.

9.5 Staff exit packages

There were 14 exit packages agreed in 2025/26 (2024/25: 35) at a total cost of £660k (2024/25: £1,020k).

	2025/26			2024/25		
Exit package cost band (including any special payment element)	**Number of compulsory redundancies Number**	**Number of other departures agreed Number**	**Total number of exit packages by cost band Number**	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number
Less than £10,000	**0**	**0**	**0**	0	4	4
£10,001-£25,000	**5**	**2**	**7**	3	15	18
£25,001-£50,000	**3**	**0**	**3**	2	5	7
£50,001-£100,000	**2**	**0**	**2**	0	6	6
£100,001 - £150,000	**2**	**0**	**2**	0	0	0
£150,001 - £200,000	**0**	**0**	**0**	0	0	0
>£200,000	**0**	**0**	**0**	0	0	0
Total number of exit packages by type	**12**	**2**	**14**	5	30	35
Total resource cost (£000)	**618**	**42**	**660**	140	880	1,020

9.6 Other (non-compulsory) staff exit packages

There were 2 other (non-compulsory) staff exit packages agreed in 2025/26 (2024/25: 38).

	2025/26		2024/25	
Exit packages: other (non-compulsory) departure payments	**Payments Agreed Number**	**Total value of agreements £000**	Payments Agreed Number	Total value of agreements £000
Mutually agreed resignations (MARS) contractual costs	**0**	**0**	36	762
Exit payments following Employment Tribunals or court orders	**1**	**24**	2	118
Non-contractual payments requiring HMT approval *	**1**	**18**	0	0
Total	**2**	**42**	38	880
of which:				
non-contractual payments made to individuals where the payment value was more than 12 months of their annual salary	**0**	**0**	0	0

* Includes any non-contractual severance payment made following judicial mediation, and none relating to non-contractual payments in lieu of notice.

9.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

(a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

(b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

10. Better Payment Practice Code

10.1 Better Payment Practice Code - measure of compliance	2025/26 Number	2025/26 £000	2024/25 Number	2024/25 £000
Total Non-NHS trade invoices paid in the period	**15,849**	**99,219**	16,340	93,831
Total Non-NHS trade invoices paid within target	**15,058**	**94,888**	15,344	84,856
Percentage of Non-NHS trade invoices paid within target	**95%**	**96%**	94%	90%
Total NHS trade invoices paid in the period	**387**	**2,816**	335	3,722
Total NHS trade invoices paid within target	**326**	**2,100**	269	3,311
Percentage of NHS trade invoices paid within target	**84%**	**75%**	80%	89%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice.

10.2 Late Payment of Commercial Debts (Interest) Act 1998

There were no material payments made as a result of late payment of Commercial Debts (2024/25: £nil)

11. Finance income

	2025/26 £000	2024/25 £000
Interest revenue:		
Bank accounts	**1,437**	1,771
Total	**1,437**	1,771

12. Finance expenditure

	2025/26 £000	2024/25 £000
Interest on obligations under finance leases	**402**	634
Unwinding of discount	**79**	79
Other	**5**	2
Total interest expense	**486**	715

13. Other gains / (losses)

	2025/26 £000	2024/25 £000
Gains on disposal of assets	**784**	818
Losses on disposal of assets	**(136)**	(176)
Total gains / (losses) on disposal of assets	**648**	642
Total	**648**	642

14. Property, plant and equipment

2025/26	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2025	11,732	37,923	9,707	5,315	39,815	12,240	0	116,732
Additions purchased	0	0	28,429	0	0	0	0	28,429
Impairments charged to operating expenses	0	(29)	0	0	0	0	0	(29)
Impairments charged to the revaluation reserve	(156)	(1)	0	0	0	0	0	(157)
Reversal of Impairments	0	1,829	0	0	0	0	0	1,829
Reclassifications **	0	1,684	(8,176)	548	1,077	4,867	0	0
Revaluations	295	(660)	0	0	0	0	0	(365)
Disposals	0	(2,518)	(6,663)	(174)	(3,537)	0	0	(12,892)
At 31 March 2026	11,871	38,228	23,297	5,689	37,355	17,107	0	133,547
Depreciation at 1 April 2025	0	3,107	0	4,528	28,776	7,849	0	44,260
Provided during the year	0	1,366	0	471	4,568	3,146	0	9,551
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Reversal of Impairments	0	0	0	0	0	0	0	0
Reclassifications **	0	0	0	0	0	0	0	0
Revaluations	0	(914)	0	0	0	0	0	(914)
Disposals	0	(70)	0	(174)	(3,477)	0	0	(3,721)
Depreciation at 31 March 2026	0	3,489	0	4,825	29,867	10,995	0	49,176
Net book value								
Purchased	11,824	34,688	23,297	864	7,488	6,112	0	84,273
Donated	47	51	0	0	0	0	0	98
Total at 31 March 2026	11,871	34,739	23,297	864	7,488	6,112	0	84,371

** Reclassifications represent the Asset Under Contruction addition to Property, Plant and Equipment which is moved to a classification when the specific capital item commences its economic life. The balance of this line will contra with a corresponding entry of Note 16 Intangible property where the nature of the capital project accumulated under the AUC classification is identified as an intangible classification which for the Trust will be software.

14. Property, plant and equipment (cont.)

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	Total
2024/25	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2024	11,538	38,174	10,121	13,941	41,301	21,314	338	136,727
Additions purchased	0	0	14,311	0	0	0	0	14,311
Impairments charged to operating expenses	(32)	(2,258)	0	0	0	0	0	(2,290)
Impairments charged to the revaluation reserve	(1,341)	0	0	0	0	0	0	(1,341)
Reversal of Impairments	1,409	500	0	0	0	0	0	1,909
Reclassifications **	0	2,810	(14,725)	(84)	6,692	3,743	0	(1,564)
Revaluations	158	(61)	0	(124)	50	0	0	23
Disposals	0	(1,242)	0	(8,418)	(8,228)	(12,817)	(338)	(31,043)
At 31 March 2025	11,732	37,923	9,707	5,315	39,815	12,240	0	116,732
Depreciation at 1 April 2024	0	4,339	0	12,700	32,513	17,786	338	67,676
Provided during the year	0	1,090	0	446	4,426	2,880	0	8,842
Impairments	0	(588)	0	0	0	0	0	(588)
Reversal of impairments	0	(454)	0	0	0	0	0	(454)
Reclassifications **	0	0	0	(76)	0	0	0	(76)
Revaluation	0	(113)	0	(124)	50	0	0	(187)
Disposals	0	(1,167)	0	(8,418)	(8,213)	(12,817)	(338)	(30,953)
Depreciation at 31 March 2025	0	3,107	0	4,528	28,776	7,849	0	44,260
Net book value								
Purchased	11,732	34,668	9,707	787	11,039	4,391	0	72,324
Donated	0	148	0	0	0	0	0	148
Total at 31 March 2025	11,732	34,816	9,707	787	11,039	4,391	0	72,472

** Reclassifications represent the Asset Under Contruction addition to Property, Plant and Equipment which is moved to a classification when the specific capital item commences its economic life. The balance of this line will contra with a corresponding entry of Note 16 Intangible property where the nature of the capital project accumulated under the AUC classification is identified as an intangible classification which for the Trust will be software.

14. Property, plant and equipment (cont.)

All freehold land and buildings were valued by Montagu Evans as at 31 March 2026 to reflect their Existing Use Value (EUV) method of valuation. The Trust has reviewed and updated the values declared for owned land buildings valued by their inspection exercise.

All other non-current assets are capitalised at historic cost depreciated over their remaining useful lives on a straight line basis.

The Trust uses depreciated historical cost as a fair value proxy in respect of assets with short useful lives and low values, namely plant and machinery, transport equipment, Information Technology and furniture & fittings.

15. Intangible assets

2025/26	Computer software - purchased	Computer software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2025	**11,767**	**0**	**0**	**0**	**0**	**11,767**
Reclassifications	**1,610**	**0**	**0**	**0**	**0**	**1,610**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**
Gross cost at 31 March 2026	**13,377**	**0**	**0**	**0**	**0**	**13,377**
Amortisation at 1 April 2025	**9,872**	**0**	**0**	**0**	**0**	**9,872**
Reclassifications	**0**	**0**	**0**	**0**	**0**	**0**
Disposals	**0**	**0**	**0**	**0**	**0**	**0**
Charged during the year	**912**	**0**	**0**	**0**	**0**	**912**
Amortisation at 31 March 2026	**10,784**	**0**	**0**	**0**	**0**	**10,784**
Net book value						
Purchased	**2,593**	**0**	**0**	**0**	**0**	**2,593**
Total at 31 March 2026	**2,593**	**0**	**0**	**0**	**0**	**2,593**

15. Intangible assets (cont.)

2024/25	Computer software - purchased	Computer software (internally generated)	Licences and trademarks	Patents	Development expenditure (internally generated)	Total
	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2024	10,536	0	0	0	0	10,536
Reclassifications	1,565	0	0	0	0	1,565
Disposals	(334)	0	0	0	0	(334)
Gross cost at 31 March 2025	11,767	0	0	0	0	11,767
Amortisation at 1 April 2024	8,405	0	0	0	0	8,405
Reclassifications	77	0	0	0	0	77
Disposals	(334)	0	0	0	0	(334)
Charged during the year	1,724	0	0	0	0	1,724
Amortisation at 31 March 2025	9,872	0	0	0	0	9,872
Net book value						
Purchased	1,895	0	0	0	0	1,895
Leased	0	0	0	0	0	0
Donated	0	0	0	0	0	0
Total at 31 March 2025	1,895	0	0	0	0	1,895

15.1 Amortisation rate of intangible assets

Software purchased	3-5 years

16. Leases

16.1 Right of Use Assets

2025/26	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group bodies £000
Gross cost at 1 April 2025	**22,110**	**0**	**24,773**	**0**	**0**	**0**	**46,883**	**0**
Additions	**1,499**	**0**	**6,430**	**0**	**0**	**0**	**7,929**	**0**
Additions - peppercorn leases	**1,240**	**0**	**0**	**0**	**0**	**0**	**1,240**	**0**
Re-recognition of RoU asset at end of sublease - ext to gov sublea	**2,448**		**0**				**2,448**	**0**
Remeasurements of the lease liability	**(77)**	**0**	**(65)**	**0**	**0**	**0**	**(142)**	**0**
Dilapidation provisions arising (capitalised in RoU asset)	**1,343**	**0**	**0**	**0**	**0**	**0**	**1,343**	**0**
Dilapidation provisions reversed unused	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Impairments	**(610)**		**0**				**(610)**	**0**
Revaluations	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals / derecognition	**(1,164)**	**0**	**(2,942)**	**0**	**0**	**0**	**(4,106)**	**0**
Gross cost at 31 March 2026	**26,789**	**0**	**28,196**	**0**	**0**	**0**	**54,985**	**0**
Depreciation at 1 April 2025	**4,721**	**0**	**11,360**	**0**	**0**	**0**	**16,081**	**0**
Provided during the year	**1,869**	**0**	**5,561**	**0**	**0**	**0**	**7,430**	**0**
Revaluations	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Disposals / derecognition	**(1,036)**	**0**	**(2,856)**	**0**	**0**	**0**	**(3,892)**	**0**
Depreciation at 31 March 2026	**5,554**	**0**	**14,065**	**0**	**0**	**0**	**19,619**	**0**
Net book value	**21,235**	**0**	**14,131**	**0**	**0**	**0**	**35,366**	**0**
Right of use assets leased from other NHS providers								0
Right of use assets leased from other DHSC group bodies								0

16. Leases

16.1 Right of Use Assets (cont.)

2024/25	Property (land and buildings) £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Intangible assets £000	Total £000	Of which: leased from DHSC group £000
Gross cost at 1 April 2024	20,045	0	23,544	0	0	0	43,589	0
Additions	455	0	6,673	0	0	0	7,128	0
Remeasurements of the lease liability	23	0	33	0	0	0	56	0
Dilapidation provisions arising (capitalised in RoU asset)	2,430	0	0	0	0	0	2,430	0
Dilapidation provisions reversed unused	(71)	0	0	0	0	0	(71)	0
Revaluations	92	0	0	0	0	0	92	0
Disposals / derecognition	(864)	0	(5,477)	0	0	0	(6,341)	0
Gross cost at 31 March 2025	22,110	0	24,773	0	0	0	46,883	0
Depreciation at 1 April 2024	3,856	0	10,818	0	0	0	14,674	0
Provided during the year	1,911	0	5,798	0	0	0	7,709	0
Revaluations	(314)	0	0	0	0	0	(314)	0
Disposals / derecognition	(732)	0	(5,256)	0	0	0	(5,988)	0
Depreciation at 31 March 2026	4,721	0	11,360	0	0	0	16,081	0
Net book value	17,389	0	13,413	0	0	0	30,802	0
Right of use assets leased from other NHS providers								0
Right of use assets leased from other DHSC group bodies								0

16.2 Reconciliation of the carrying value of lease liabilities	2025/26 Total £000	2024/25 Total £000
Carrying value at 31 March 2025	**24,459**	24,758
Financing cash flows - principal	**(7,483)**	(7,018)
Financing cash flows - interest	**(402)**	(634)
Lease additions	**7,929**	7,128
Lease liability remeasurements	**(142)**	56
Interest charge arising in year	**402**	634
Early terminations	**(185)**	(465)
Carrying value at 31 March 2026	**24,578**	24,459

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 8 Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

16.3 Maturity Analysis of future lease payments

	Total 31 March 2026 £000	Of which leased from DHSC group bodies: 31 March 2026 £000	Total 31 March 2025 £000	Of which leased from DHSC group bodies: 31 March 2025 £000
Undiscounted future lease payments payable in:				
- not later than one year;	**6,673**	**0**	6,072	0
- later than one year and not later than five years;	**13,095**	**0**	12,481	0
- later than five years.	**7,082**	**0**	7,562	0
Total gross future lease payments	**26,850**	**0**	26,115	0
Finance charges allocated to future periods	**(2,272)**	**0**	(1,656)	0
Net lease liabilities at 31 March 2026	**24,578**	**0**	24,459	0
Of which:				
- Current	**6,673**	**0**	5,662	0
- Non-Current	**17,905**	**0**	18,797	0
Net lease liabilities at 31 March 2026	**24,578**	**0**	24,459	0

17 Impairments and reversals

17.1 Impairment of assets

	2025/26 Total £000	2024/25 Total £000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	**0**	0
Over specification of assets	**0**	0
Abandonment of assets in course of construction	**0**	0
Unforeseen obsolescence	**0**	0
Loss as a result of catastrophe	**0**	0
Changes in market price	**(1,190)**	680
Other	**0**	(1,341)
Total net impairments charged to operating surplus / deficit	**(1,190)**	(661)
Impairments charged to the revaluation reserve	**157**	1,341
Total net impairments	**(1,033)**	**680**

17.2 Property, plant and equipment

The charge of -£1,033k (2024/25: £680k) results from the revaluation of the Trust land and building portfolio.

18. Capital commitments

18.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2026 £000	31 March 2025 £000
Property, plant and equipment	**2,271**	6,258
Intangible assets	**0**	0
Total	**2,271**	6,258

The principal commitment relates to the Trust's Make Ready Centre capital developments.

19. Inventories

19.1 Inventory by category	**31 March 2026 £000**	31 March 2025 £000
Drugs	**134**	241
Consumables	**2,942**	1,994
Fuel	**440**	460
Total	**3,516**	2,695
of which:		
Held at fair value less costs to sell	0	0

Inventories recognised in expenses for the year were £127k (2024/25: £1,307k). Write-down of inventories recognised as expenses for the year were £0k (2024/25: £0k).

20. Trade and other receivables

20.1 Trade and other receivables by category	**Current 31 March 2026 £000**	**Non-current 31 March 2026 £000**	Current 31 March 2025 £000	Non-current 31 March 2025 £000
Contract Receivables	**3,555**	**0**	2,767	0
Contract Assets	**0**	**0**	0	0
Provision for impaired receivables	**(1,055)**	**0**	(898)	0
Prepayments	**9,040**	**0**	9,596	0
PDC Receivable	**0**	**0**	0	0
VAT receivables	**0**	**0**	1,061	0
Other receivables	**1,743**	**45**	2,053	47
Total	**13,283**	**45**	14,579	47
Of which receivable from NHS and DHSC group bodies:	2,835	45	2,422	47

20.2 Allowances for credit losses 2025/26

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2025 - brought forward	**0**	**898**
New allowances arising	0	230
Reversals of allowances	0	(73)
Allowances as at 31 March 2026	**0**	**1,055**

20.3 Allowances for credit losses 2024/25

	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April 2024 - brought forward	**0**	**762**
New allowances arising	0	239
Reversals of allowances	0	(103)
Allowances as at 31 March 2025	**0**	**898**

21. Cash and cash equivalents

	31 March 2026 £000	31 March 2025 £000
At 1 April 2025	**29,027**	35,568
Net change in year	**5,226**	(6,541)
At 31 March 2026	**34,253**	29,027
Made up of:		
Cash with Government banking services	19,231	29,005
Commercial banks and cash in hand	22	22
Deposits with the National Loan Fund	15,000	0
Cash and cash equivalents as in statement of financial position	**34,253**	29,027
Cash and cash equivalents as in statement of cash flows	**34,253**	29,027

22. Non-current assets held for sale

22.1 Non-current assets held for sale by category	Land	Buildings excl dwelling	Dwellings	Other property, plant and equipment	Intangible assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 1 April 2025	**433**	**940**	**0**	**0**	**0**	**1,373**
Less assets sold in the year	**(120)**	**(237)**	**0**	**0**	**0**	**(357)**
Balance at 31 March 2026	**313**	**703**	**0**	**0**	**0**	**1,016**
Balance at 1 April 2024	615	1,338	0	0	0	1,953
Less assets sold in the year	(182)	(398)	0	0	0	(580)
Balance at 31 March 2025	433	940	0	0	0	1,373

22.2 Non-current assets held for sale - Make Ready Centres & Patient Transport Service Vehicles

As a result of the Trust's programme of transferring Operations to Make Ready Centres, during 2011/12 the Board approved the marketing of ambulance stations for sale relating to the Make Ready Centres.

Where the Trust is actively marketing properties asset values are transferred to Assets Held for Sale. There is 1 ambulance station (Coxheath) in Assets Held for Sale after the disposal of Crawley during the year; with a combined asset value of £357,000 (2024/25: £580,000).

The expected disposal date of the remaining ambulance stations is prior to 31 March 2027.

23. Trade and other payables	Current 31 March 2026 £000	Non-current 31 March 2026 £000	Current 31 March 2025 £000	Non-current 31 March 2025 £000
Trade payables - capital	**13,371**	**0**	2,372	0
NHS trade payables	**379**	**0**	442	0
Other trade payables	**6,996**	**0**	8,153	0
Taxes payable	**5,671**	**0**	4,946	0
Other payables	**222**	**0**	2,247	0
Accruals	**7,992**	**0**	9,734	0
Annual leave accrual	**2,603**	**0**	1,967	0
PDC payable	**140**	**0**	183	0
Pension contributions payable	**3,907**	**0**	3,696	0
VAT payables	**128**	**0**	0	0
Total	**41,409**	**0**	33,740	0
Of which payables from NHS and DHSC group bodies:	382	0	893	0

23.1. Other liabilities	Current 31 March 2026 £000	Non-current 31 March 2026 £000	Current 31 March 2025 £000	Non-current 31 March 2025 £000
Deferred income: contract liabilities	**848**	**0**	4,242	0
	848	**0**	4,242	0

24. Borrowings	Current 31 March 2026 £000	Non-current 31 March 2026 £000	Current 31 March 2025 £000	Non-current 31 March 2025 £000
Obligations under finance leases	**6,673**	**17,905**	5,662	18,797
Total	**6,673**	**17,905**	5,662	18,797

25.1 Reconciliation of liabilities arising from financing activities

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000
Carrying value at 1 April 2025	**0**	**0**	**24,459**	**0**
Cash movements:				
Financing cash flows - principal	0	0	(7,483)	0
Financing cash flows - interest (for liabilities measured at amortised cost)	0	0	(402)	0
Non-cash movements:				
Additions	0	0	7,929	0
Lease Liability Remeasurement	0	0	(142)	0
Interest charge arising in year (application of effective interest rate)	0	0	402	0
Early terminations	0	0	(185)	0
Carrying value at 31 March 2026	**0**	**0**	**24,578**	**0**

	Loans from DHSC £000	Other loans £000	Finance leases £000	PFI and LIFT schemes £000
Carrying value at 1 April 2024	0	0	24,758	0
Cash movements:				
Financing cash flows - principal	0	0	(7,018)	0
Financing cash flows - interest (for liabilities measured at amortised cost)	0	0	(634)	0
Non-cash movements:				0
Additions	0	0	7,128	0
Lease Liability Remeasurement	0	0	56	0
Interest charge arising in year (application of effective interest rate)	0	0	634	0
Early terminations	0	0	(465)	0
Carrying value at 31 March 2025	**0**	**0**	**24,459**	**0**

26. Provisions	Current 31 March 2026 £000	Non-current 31 March 2026 £000	Current 31 March 2025 £000	Non-current 31 March 2025 £000
Pensions relating to staff	**346**	**2,713**	340	2,964
Legal claims	**929**	**0**	385	0
Other	**11,078**	**10,565**	18,166	4,849
Total	**12,353**	**13,278**	18,891	7,813

	Pensions relating to staff	Legal claims	Other	Total
	£000	**£000**	**£000**	**£000**
At 1 April 2024	3,264	376	20,998	24,638
Change in the discount rate	6	0	0	6
Arising during the year	323	78	11,065	11,466
Utilised during the year	(368)	0	(1,360)	(1,728)
Reversed unused	0	(69)	(7,690)	(7,759)
Unwinding of discount	79	0	2	81
At 31 March 2025	3,304	385	23,015	26,704
At 1 April 2025	**3,304**	**385**	**23,015**	**26,704**
Change in the discount rate	**(145)**	**0**	**(3)**	**(148)**
Arising during the year	**189**	**544**	**2,924**	**3,657**
Utilised during the year	**(368)**	**0**	**(657)**	**(1,025)**
Reversed unused	**0**	**0**	**(3,639)**	**(3,639)**
Unwinding of discount	**79**	**0**	**3**	**82**
At 31 March 2026	**3,059**	**929**	**21,643**	**25,631**
Expected timing of cash flows:				
Within one year	**346**	**929**	**11,078**	**12,353**
Between one and five years	**1,288**	**0**	**6,341**	**7,629**
After five years	**1,425**	**0**	**4,224**	**5,649**

Other provisions include dilapidations of leasehold premises, anticipated health compensation claims, holiday pay and pre-1985 banked leave.

The pension provision of £3,059k represents the Trust's pension liability for pre-1995 reorganisations (2024/25: £3,304k).

Legal claims are the member provision for personal injury claims being handled by the NHS Resolution.

A further £18,419k is included in the provisions of the NHS Resolution at 31 March 2025 (not in these accounts) in respect of clinical negligence liabilities of the NHS Trust (2024/25: £15,949k).

27. Contingencies

27.1 Contingent liabilities

	2025/26 £000	2024/25 £000
Legal Claims	**194**	100
Total	**194**	100

The contingent liability for legal claims is based on information from NHS Resolution and relates to other legal claims shown in Note 26. NHS Resolution provides a probability for the success of each claim which is included in Provisions. The difference between this probability and 100% of each claim is included in contingent liabilities.

27.2 Contingent assets

The Trust has no contingent assets.

28. Related party transactions

During the year the following related party transactions have taken place.CQC £195k, University of Hertfordshire £49k and Royal College of Paramedics £7k.

The Department of Health & Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Department, and with other agencies and public bodies for which the Department is regarded as the parent Department.

Of these the major transactions are with NHS England, NHS Kent and Medway ICB, NHS Surrey Heartlands ICB, NHS Sussex ICB, NHS Frimley ICB, NHS Resolution, East of England Ambulance Service NHS Trust,Medway NHS Foundation Trust and Sussex Community NHS Foundation Trust.

In addition, the Trust has had a number of transactions with other government departments such as HMRC and other central and local government bodies.

The Trust has received revenue payments of £122k (2024/25: £223k) from the South East Coast Ambulance Service Charitable Fund, the Trustee for which is the South East Coast Ambulance Service NHS Foundation Trust. The Trust has charged the Charity £8k (2024/25: £8k) for administration and associated costs and £nil (2024/25: £nil) representing other charges for the financial year 2025/26. The Trust currently provides the services of a Head of Charity.

The Trust has not consolidated the Charitable Fund (see note 1.4), although related party transactions with the Charitable Fund are included within these accounts.

29. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the service provider relationship that the Trust has with Integrated Care Boards (ICB's) and the way those ICB's are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust's financial assets and liabilities are generated by day-to-day operational activities rather than by the change in the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditor.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has minimal exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows for capital expenditure, subject to affordability. The borrowings are in line with the life of the associated assets, and interest is charged at a commercial rate. The Trust aims to ensure that it has low exposure to interest rate fluctuations by fixing rates for the life of the borrowing where possible. The Trust has low exposure to interest rate risk and currently it has the building element of the Paddock Wood Make Ready Centre on a fixed rate 30 year finance lease.

Credit risk

As the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the trade and other receivables note 20.1.

Liquidity risk

The Trust's operating costs are incurred under contracts with ICB's, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from cash reserves, borrowings and Public Dividend Capital. The Trust is not exposed to significant liquidity risks.

29.1 Financial assets	Loans and receivables	
	31 March 2026	31 March 2025
	£000	£000
Receivables	**4,243**	3,922
Cash at bank and in hand	**34,253**	29,027
Total at 31 March 2026	**38,496**	32,949

All financial assets held at amortised cost

29.2 Financial liabilities	31 March 2026	31 March 2025
	£000	£000
Payables	**28,960**	27,537
Obligations under leases	**24,578**	24,459
Provisions under contract	**21,643**	23,015
Total at 31 March 2026	**75,181**	75,011

All financial liabilities held at amortised cost

29.3 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026	31 March 2025
	£000	£000
In one year or less	**46,711**	33,609
In more than one year but not more than five years	**19,436**	12,481
In more than five years	**11,306**	30,577
Total	**77,453**	76,667

29.4 Fair values

There is no difference between the carrying amount and the fair values of financial instruments.

29.5 Derivative financial instruments

In accordance with IAS39, the Trust has reviewed its contracts for embedded derivatives against the requirements set out in the standard. As a result of the review the Trust has deemed there are no embedded derivatives that require recognition in the financial statements.

30. Losses and special payments

There were no cases over £300k in 2025/26 (2024/25: none)

The total number of losses and special payments cases and their total value is as follows:

	Total Number of Cases 2025/26	**Total Value of Cases 2025/26 £000**	Total Number of Cases 2024/25	Total Value of Cases 2024/25 £000
Losses				
Bad debts	**0**	**0**	0	0
Special payments				
Special severance payments	**1**	**18**	0	0
Total losses and special payments	**1**	**18**	0	0

The amounts are reported on an accruals basis but exclude provisions for future losses.

31. Events after the reporting period

There are no post balance sheet events.