South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public

6 August 2026

10.00-13.00

Nexus House, Crawley

Agenda

Item No.	Time	Item	Paper	Purpose	Board Lead
Board Administration & Governance					
38/26	10.00	Welcome and Apologies for absence	-	-	Chair
39/26	10.01	Declarations of interest	-	To Note	Chair
40/26	10.02	Minutes of the previous meeting: 4 June 2026	Y	Decision	Chair
41/26	10.03	Matters arising (Action log)	Y	Decision	PL
42/26	10.05	Chair's Report	Y	Information	Chair
		Integration Committee Assurance Report			
43/26	10.15	Audit Committee Assurance Report	Y	Assurance	PS
		Risk Appetite Framework	Y	Decision	PL
44/26	10.25	Shadow Board Feedback	Verbal	Information	KN
		Recommendations – Board Response	Y	Information	JT
45/26	10.40	Chief Executive's Report	Y	Information	JA
Strategy & Performance					
46/26	10.50	Board Story	Y	Information	JT
47/26	Supporting Papers: a) Board Assurance Framework b) Integrated Quality Report				
Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS					
48/26	11.10	Finance & Investment Committee Report	Y	Assurance	KK
		M3 Finance Report			
49/26	11.25	Operating Plan Recovery Actions	Y	Assurance	SB
	11.35	Break			
Strategic Aim: We Deliver High-Quality Care					
50/26	11.50	Quality & Patient Safety Committee Report	Y	Assurance	LS
51/26	12.05	Virtual Care Future Model Update	Y	Assurance	JA
Strategic Aim: Our People Enjoy Working at SECAmb					

52/26	12.20	People Committee Assurance Report	Y	Assurance	HB
53/26	12.35	Culture Improvement Journey Update	Y	Assurance	SW
Closing					
54/26	12.50	Any Other Business	-	-	Chair

After the meeting is closed any questions received[1] from members of the public / observers of the meeting will be addressed.

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

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting

4 June 2026

Banstead MRC

Minutes of the meeting, which was held in public.

Present:

Michael Whitehouse	(MW)	Chair
Jen Allan	(JA)	Interim Chief Executive
David Ruiz-Celada	(DR)	Chief Strategy Officer
Harbhajan Brar	(HB)	Independent Non-Executive Director
Jaqualine Lindridge	(JL)	Chief Paramedic Officer
Karen Norman	(KN)	Senior Independent Director
Liz Sharp	(LS)	Deputy Chair
Jo Turner	(JT)	Interim Chief Nursing Officer
Nick Roberts	NR)	Chief Digital & Information Officer
Paul Brocklehurst	(PB)	Independent Non-Executive Director
Peter Schild	(PS)	Independent Non-Executive Director
Richard Quirk	(RQ)	Interim Chief Medical Officer
Sarah Wainwright	(SWa)	Chief People Officer
Simon Bell	(SB)	Chief Finance Officer / Deputy Chief Executive
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Suzanne O'Brien	(SO)	Independent Non-Executive Director

In attendance:

Peter Lee	(PL)	Director of Corporate Governance / Company Secretary
Janine Compton	(JC)	Director of Communications & Engagement

22/26 Welcome and Apologies for absence

MW welcomed members, and those in attendance and observing. He explained that we give the opportunity for the public to ask questions related to the agenda and two have been received, which we will pick up during the agenda.

MW noted this is JA's first meeting as Interim CEO, and JT's first as Interim Chief Nurse. He welcomed both.

The following apologies were noted:

Karl Khan	(KK)	Independent Non-Executive Director
Mojgan Sani	(MS)	Independent Non-Executive Director

23/26 Declarations of conflicts of interest

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

24/26 Minutes of the meeting held in public 02.04.2026
The minutes were approved as a true and accurate record.

25/26 Action Log [10.03-10.05]
The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

26/26 Chair's Report [10.05–10.12]
MW summarised his report, setting the scene for today's meeting. He first updated on NHS modernisation bill second reading, which is important for all the NHS. The Regional Chair is now in place for the South East and there is a clear focus to help providers address health inequalities. Emphasis too on a single patient record, which will have major impact on improving services and outcomes.

MW hosted a visit of the former Chair and SID to review new EOC / Corporate HQ. They were incredibly impressed by the facility to support our people provide services to the public. The new corporate HQ has a feel of professional identity.

MW then referred to our focus on delivery, three months into financial year. We acknowledge in the plan there are challenges and risks and the papers today confirm we are off plan. The Board will need to keep a close eye to ensure we retain control of our destiny with a relentless focus on delivering the Plan. He encouraged the Board to have this in mind in the questions and assurance today.

Lastly, MW reinforced the use of the BAF & IQR as a golden thread.

27/26 Integration Committee Report [10.12-10.25]
In KK's absence KN summarised the output of the most recent meeting, confirming the reason for establishing the committee. Progress is being made on the CAD EPCR and the committee noted the challenging timelines. This is a good example of collaboration and full business case is due to come to Board in October.

PS asked about the funding risk. KN responded that this is still work in progress. NR added that both teams are working closely together noting the financial profile for both is different.

28/26 Shadow Board Feedback [10.25–10.34]
KN updated on the last meeting, which included good constructive challenge. On the leadership framework, it explored how operational staff will get access to development given service pressures; how we will ensure consistent leadership standards; and develop diverse leadership pipelines.

JT enjoyed her attendance and hearing from colleagues. She used the opportunity to talk about the patient safety incident response plan and how this connects to the leadership framework; there was great challenge and feedback.

HB noted that the comments from the Shadow Board align with feedback from the People Committee about how we bring the leadership framework to life, which will inform the implementation plan.

MW reflected on the early success of the Shadow Board and asked colleagues to keep this in mind as we go through today's agenda.

KN agreed and felt the Shadow Board helps to provide a reality check to test what we are talking about at Board resonates and there is good assurance this is the case.

29/26 Chief Executive's Report [10.34–10.52]

JA highlighted the following from her report:

- Theme of change, with the various changes noted by the Chair earlier, noting that change is also an opportunity to make choices.
- CQC feedback / outcome of Good, which is well-deserved.
- Critical we maintain grip on quality and sustainability of our services, in the context of being behind where we would want to be this year and much to retrieve the position, requiring courage in our decisions. There is much still to go at all of which is in line with our Strategy.
- The cultural shift needed to make the virtual care clinician role a valued and critical part of our workforce.
- Events on volunteering and community resilience across the region and in volunteers' week this week we pay tribute to the contribution of all our volunteers.
- Looking to future, good collaboration with SCAS on the digital platform as discussed earlier

JA ended by reinforcing our main focus on delivering the Plan, which will ensure the foundations for the group model.

MW thanked JA for the update and opened to questions.

SS congratulated all our people on the good outcome from the CQC, reflecting it has been a hard won achievement. On the virtual care workforce, she felt it is important to recognise this skill set with equal parity as 'physical' care. SS asked about end of life care, and whether this is a model we are working on, and where we are with it.

JA responded that end of life care is a priority for this year as set out in the BAF. RQ added that we have much reliance on system partners e.g. hospice care etc. We have upskilled staff and the priority this year is to encourage a more joined up approach with partners. This will be a real challenge.

LS added on behalf of the quality committee that we need to acknowledge this is not a commissioned service and the way forward is having integrated care records. The lack of hospice care is evident as is out of hours care provision. SECAmb will always respond but we need partners to work with us to ensure these patients get the most appropriate care. This is a standing item at the committee.

JA agreed that end of life care is a good example of where we step in to a gap in a health pathway. She outlined some of the engagement ongoing with the different services, reflecting it is not an easy problem to resolve.

30/26 CQC Inspection Reports [10.52-11.10]

JT summarised the outcome of the two CQC inspections from field operations and EOC, evidencing sustained improvements since 2022. Overall ratings of Good, with good feedback on our safety culture. This demonstrates the embedding of learning and improvement. All domains were Good save for well led in Field Ops, this was related to a finding of inconsistent leadership linked to the move to the divisional model back in September. Since then, we have implemented a strengthened divisional governance framework, which is a separate BAF priority this year. We updated CQC and are working on our specific response aligned to existing workstreams. Overall, JT suggested that the Board should take good assurance from this.

MW thanked all the people for their dedication to our improvement journey. He asked LS if she is confident we are moving the one area of Require Improvement, in the right direction. LS confirmed she is assured by the work ongoing. The challenge is maintaining this level of quality and the committee will continue to seek assurance.

DR explained that our challenge to the CQC factual accuracy was about ensuring CQC had the whole picture. It is important to recognise the inspection was early September 2025 on the back of the significant changes we introduced to the divisional model, so we knew they weren't embedded. In fact, they weren't fully in place, and the leadership teams weren't appointed.

HB commented that this is a real credit to SECAmb people. This demonstrates continuous improvement and our ambition should be to move to Outstanding. The divisional model will support this, linked to the leadership framework.

KN felt there are interesting points that come out of this; the governance gap appears during transition. It is on our risk register but are there any specific learning points to build in? And how well do we provide data and information to evidence what we are doing?

MW agreed and reinforced the importance of providing the right information articulated in a way that tells a humble story of our improvement. He asked how we will know this is maintained. JT responded that this represents three years of improvement delivered through a strong framework; this isn't checking quality but getting things right from the outset and so provides validation of our approach. That said, a number of assurance processes are in place, e.g. QAEVs / Compliance gap analysis, and data to support early warning signals. So, JT is confident we will identify early should things be going off track.

JT added, interesting convo with CQC as we identified learning from them – they are not set up to assess org when in process of transformation, e.g. div model. Worked with them to understand how this might impact future inspections; as a result they are changing their approach.

Before we moved into the Quality Care section of the agenda PL confirmed that in the pack we have the BAF for 2026-27. It includes six Strategic Priorities; risks to their achievement; and nine commitments from our operating plan. And also includes the Group priorities. This first version is to provide the detail of what is planned. The version then from August will resume the standardised approach to reporting delivery. PL reminded the Board that the BAF & IQR are the primary documents to support the agenda which is aligned to the three Pillars of our Strategy. As we usually do, we start with the assurance through the relevant Board committee, but to reinforce the feedback from Board at the May Board Effectiveness Review, following the Committee Chair's summary it is then for both NEDs and executives to contribute, cross referencing the BAF & IQR.

We Deliver High Quality Care [11.10-11.30]

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

32/26 Quality & Patient Safety Committee

LS summarised the output of the most recent meeting of the Quality & Patient Safety Committee outlining the areas covered under the different headings of Alert, Assure and Advise. MW thanked her for this update and the good level of assurance provided by the committee. He asked the executive for their comments.

JL commented on the high demand and impact of the hot weather, explaining that we have a well-established clinical safety plan to respond in such situations. This includes prioritising patients most at risk. JL then alerted the Board to the positive cardiac survival set out in the IQR – 12.4% in December, which puts us the top in England, more than 1% above the second placed trust and 3% over the national average. MW acknowledged this and the positive impact on so many lives.

JT also referred to the increased demand and, in addition to clinical safety plan, we have a process when we enter the highest level of escalation to complete proactive harm reviews. We are undertaking this now following the recent heat wave and will use as an opportunity for learning to inform future planning.

JT then referred to the work on patient and public engagement, which is key to our strategy. She suggested the Board has intentional oversight of this going forward give some of the nation changes e.g. removal of health watch.

MW asked about the ways we need to engage our public on how they can access the right services, which may not always be 111 or 999. JT confirmed this is a national issue and an area AACE is leading on.

RQ referenced the joint clinical model and confirmed we have a new team of area clinical leads from July (aligned to the divisional model) with a role in leading one of the 11 Pathways. They will work with leads at SCAS to strengthen our partnership.

KN noted that one of things coming up via the committees is the implementation of the new divisional model. She asked the executive how we see these divisions developing and what the biggest challenges are to implementing them effectively.

JT responded that one of the key benefits is to approach via population / neighbourhoods to support health inequalities. The challenges relate to what variation is expected versus the unwarranted variation. Work is ongoing to ascertain what this means and what the parameters are.

JL added that we are taking a deliberate triumvirate approach to divisional governance, with a focus on how we support structures to ensure they demonstrate their work and provide assurance using data and triangulating with other sources.

MW turned the discussion to hear and treat. We are doing much to correct this and asked what our best prediction is. JA confirmed that we had a good discussion at the executive workshop yesterday. Progress has been made but not at the pace or scale we require, to deliver the step change needed by our strategy. It is this step change we need to enact over the next 6-9 months, to support the in year plan and the new virtual care model agreed by the Board in April, which includes making the significant changes in workforce. The challenge is delivering the here and now while we make this step change, and how we frame this new workforce model, which is the point SS raised earlier.

MW is encouraged by this discussion but there are a number of variables and if don't get traction by September, we won't deliver against our plan. So, we need a critical path with key milestones, and will return to this at the August Board when we plan to have a focus on virtual care.

SB confirmed that we have a critical path shared before with the Board and on 17 June the executive management board will be reviewing it to decide what changes are needed.

LS stated that we are not the only trust struggling with this and we must find the balance in progressing virtual care while maintaining the C2 mean.

SB agreed that virtual care is the single biggest thing, but C2 is also behind trajectory, and so the Board needs to be sighted on the key drivers to our plan and the assurance on delivery, including whether we need a plan B. MW agreed, and this is what we need to see at the August Board as part of the QI review.

SS referred the BAF with the CIP risk rated 16 and virtual care rated 20; the two highest risks which is consistent with this discussion. SS asked if the CIP risk is too low, i.e. should it mirror virtual care. SB did not think so as if we get virtual care right, then the sequence of actions is right relative to the risks. If virtual care does not deliver there are things we could do in finance independent of this that could support delivery.

SO assured the Board that this is covered by the finance committee and as SB says, H&T and virtual care are very closely aligned. The committee is sighted on the productivity programmes, which will be covered later in the agenda.

The Board approved the committee's terms of reference and cycle of business.

MW asked that we take one of the two public questions here, as it relates to this part of the agenda:

PL read out Question 1: *Is SECAmb currently using, or have any plans to introduce, prehospital video triage (PVT) by paramedics for suspected stroke?*

RQ responded that we do save for in Maidstone and Tunbridge Wells and Royal Surrey hospitals. But we are in conversation with then to introduce in the future.

33/26 Patient Safety Incident Response Plan
MW confirmed that we had time on this at the Board Development session in May and this is for formal approval.

JT introduced the plan setting out how we will respond to patient safety incidents building on learning from the previous plan. Identified at board last month is that behind every incident is a patient and family. JT confirmed how the priorities in the Plan have been developed – Mental Health; Transfer of Care; and Major Trauma, explaining that it is not enough just to investigate but to ensure actions translate in to better patient care.

JT added that safety is closely linked to culture and so asked the Board to consider this alongside the leadership framework; we need people to feel safe to speak up to ensure we identify the learning we need.

The Board approved the plan and will seek ongoing assurance that learning leads to better patient care.

Break 11.45 – 11.55

Our People Enjoy Working at SECAmb [11.55-12.33]

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

34/26 People Committee

HB summarised the report of the most recent meeting of the People Committee outlining the areas covered under the different headings of Alert, Assure and Advise. He noted the oversight of the strengthening governance arrangements with divisions discussed earlier. There is concern about capacity to deliver all the change and the committee will keep this under close review. He also highlighted the areas identified as concern in the IQR related to grievances and mean suspension rates.

The committee recommends the Leadership Framework to the Board, which is for all leaders. Key is the implementation plan and there will be a specific focus on first line managers given their role in shaping organisational culture.

MW thanked HB, reflecting how impressive it is how much the committee covers.

SW also thanked HB for this helpful overview. In terms of the IQR, SW noted progress made in understanding the live ER dashboard, which is now available to each divisional team; this enables them to review sickness figures, grievances etc., and helps to monitor the issues and how policies are being applied locally.

JL referred to the NET survey issues from students, and the need to be consistent in describing the steps we are taking to address the issues being raised. HB added that some of the issues from the NET survey are not unique to SECAmb. Most are across the NHS / sector and so we need to also pick up at a national level to really understand what we can do and what tutors can do to support students speaking up.

MW reinforced the importance of ensuring all our people, students, volunteers etc. feel valued. It is assuring we are having these conversations, but there is work still to do.

PS asked if the committee touched on the collaboration with SCAS as reflecting a recent visit to a hospital where he spoke with a crew who were both excited and curious about the group model. SW explained that we are working with SCAS on our approach to our leadership offer across both trusts.

KN confirmed that we also discussed at the committee that this isn't just about students as some relationships with universities is better than others and there is work ongoing to address this.

KN noted that the Shadow Board also discussed the Group model and what this means for us, asking for the expectations to be clearer. We reinforced that some of this is yet to be worked up and also that we intend to engage our people on this over coming weeks and months.

HB felt that there is much good collaboration ongoing not just related to the five priorities in the BAF; colleagues are reaching out to counterparts in a number of areas and this is key so we ensure learning from each other to help design the future model together.

The Board approved the terms of reference and cycle of business

MW asked that we take the final question from the member of public at this point given its relevance. JL read the question out which was in two parts. Firstly, on NQP Recruitment and Workforce Planning: *There appears to have been a significant reduction in Newly Qualified Paramedic recruitment at a time when ambulance services nationally continue to report workforce shortages, increasing demand, and ongoing operational pressures. Given this, could the Trust clarify how the current restrictions on NQP recruitment fit within SECAmb's longer-term workforce strategy and future frontline staffing requirements?*

And then on Internal Progression for Existing SECAmb Staff: *We would also be grateful if the Trust could clarify why existing SECAmb employees working within operational roles such as ECSW are not able to transition directly into NQP positions after successfully completing HCPC-recognised paramedic degrees, particularly when SECAmb already operates progression pathways for Apprentice Paramedics moving into qualified paramedic roles.*

On the first, JL explained that there is a national shortage of NQP roles due to over-supply and so some graduates are unable to secure employment; there is a gap between supply and demand. In the last few years, we have at SECAmb worked to fill vacancies at a time there has also been slower attrition. Currently, we have no paramedic vacancies. Longer term, there will be different opportunities as we develop the virtual care workforce.

On the second part, JL confirmed that we have some NQPs in non-paramedic roles. This is not unique to us and are aware nationally that this happens, but these are not interchangeable roles. It is important to

understand that for any newly qualified clinical role there is a preceptorship requirement to develop practice under supervision, before the full scope of practice applies. Those that can't get a NQP role immediately will be encouraged to explore other roles within the NHS as this would still be helpful to their careers in the meantime.

35/26 Leadership Framework

The Board noted that this is recommended for approval by the People Committee. JL explained that it is a product of considerable engagement. The purpose is to establish a shared framework to deliver our trust strategy, which is for all people who lead and is aligned to the NHS leadership framework and the six leadership qualities.

JL drew out the intention of the 70-20-10 learning model, which supports the fact that a vast majority of leadership development happens on the job. The next step is to develop an implementation plan with particular focus on the 70% and 20%; not just the 10% courses.

MW is really pleased to see this and thanked JL.

SO asked about foreword by Prof West and reference to our mission, as these appear to be his words not ours and so are we comfortable with this? JL responded that while we don't use these words elsewhere, we do agree with the sentiment. HB added that he reads these as his words, which don't contradict the framework or our intentions. The main focus should be on the framework itself and how we implement it.

The Board approved the Framework and noted the role of the People Committee is overseeing the implementation plan.

Action
Having approved the leadership framework, the Board will ask the People Committee to oversee the implementation plan.

Sustainable Partnerships [12.33-12.55]

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

36/26 Finance & Investment Committee / M1 Finance Report

SO summarised the outputs of the most recent meeting of the Finance Committee outlining the areas covered under the different headings of Alert, Assure and Advise. This meeting helped to demonstrate the integration of the issues with the main concerns as discussed in this meeting related to the Plan (C2 / VC / Finance) and being off trajectory.

The committee acknowledge that what the executive team is delivering is considerable. The BAF risks align to this with some gaps in assurance, but overall confidence by the focus which includes weekly sustainability group meetings established by the executive. The committee however does require more assurance on the specific corrective actions related to both efficiency and productivity.

SB corrected the C2 mean reference in the report; it is 3 mins not 3 seconds off trajectory.

MW drew out that we are not unique to other parts of the NHS who have significant challenges throughout. He reflected that the better organisations are those that understand the issues and exercise appropriate management grip and information, and decision making is well advanced to mitigate issues before they

emerge; this is how MW would characterise the executive here. We know the issues, so it is about how we manage them.

HB asked about the C2 position, and factors impacting this. JA responded that C2 is behind at month two due to a combination of factors. Firstly, the challenge to deliver productivity such as hear and treat where we are behind and need to do more, quicker. Also, demand is significantly higher than we could've reasonably assumed, partly due to the heatwave, which is also impacting staffing levels too (sickness).

MW asked if there is anything more we could be doing that we are not. JA responded that there is more we can and are doing, and outlined some this agreeing to bring back from detail in August.

Action
An update on the Plan recovery actions to be considered by the Board in August.

NR referred to the digital programme explaining that last years' focus was on foundational infrastructure; this year we are focussing on clinical and corporate productivity to tie technical solutions more pointedly to business outcomes. There was a good discussion at the finance committee on this where it asked for more focus on outcomes.

PB noted how much easier it is to see the plan within the BAF, giving the example of the virtual care risk, which shows a score of 20 with a plan to reduce to 10 by April based on the plan in the BAF.

MW asked if there is any more the committee would expect to see the executive doing. SO responded that it is about getting information that is decision useful. For example, in digital, as NR says, it is less about what we are doing but how this is helping deliver our priorities / impact on our people and patients.

MW summarised that we have confidence that while there are challenges we are exercising management grip and taking actions to improve service delivery, mindful of our obligation to deliver best value for money.

The Board approved the terms of reference and cycle of business.

37/26 AOB

With this being his last meeting. MW concluded by thanking his NEDs, Executive, and Governor colleagues past and present. Also, to KN and LS for their specific support as SID and deputy. He feels we have now an excellent executive team and Board to take the group forward.

MW also thanked Keith and SCAS colleagues.

And lastly to all SECAMB people.

JA thanked MW on behalf of the Board as did Andrew Latham, Lead Governor, on behalf of the COG, who was in the audience.

There being no further business, the Chair closed the meeting at 13.00

PL confirmed there were two questions from the Public, both picked up during the meeting.

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

Date _____

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)
04.12.2025	84 25	EPRR - The Board to return in Q1 to the Manchester Recommendations and the output of the NHSE rapid review due to report in the Spring, related to how to fund the recommendations.	JA	04.06.2026	Board	C
05.02.2026	102 25	A review in 6 months setting out how the Board is taking forward the SB recommendation related to violence and aggression to staff.	JT	06.08.2026	Board	C
02.04.2026	10 26	QPSC to review the timetable for the CCP review with aim of concluding the review so it can report to Board in December 2026	JL	Dec-26	Board	IP
04.06.2026	35 26	Having approved the leadership framework, the Board will ask the People Committee to oversee the implementation plan.	JL	Q3	People Committee	c
04.06.2026	36 26	An update on the Plan recovery actions to be considered by the	SB	06-Aug-26	Board	C

Key

	Not yet due
	Due
	Overdue
	Closed

ɔard Action Log

Comments / Update
04.06.2026: JA confirmed that we are still unclear if there will be any specific funding. The National EPRR group is taking a task as part of the workplan to come to a common view around current priorities and reasonable worst case scenarios. Until we hear more, we'll continue to endeavour to build as much as we can into our own plans. On this basis the Board agreed to close the action.
On agenda item 44-26
Since the Board meeting this review has been integrated with the collab with SCAS as set out in the June Integration Committee report to Board.
Added to COB
On agenda

South East Coast Ambulance Service
NHS Foundation Trust

		Item No	42-26
Name of meeting	Trust Board		
Date	6 August 2026		
Name of paper	Chair Board Report		
Report Author	Colin Dennis, Group Chair		

Introduction & Board Meeting Overview

I am grateful for the really warm welcome I have received in my first few weeks. I have used this time to meet colleagues across both SECAmb and SCAS, system partners, and to learn more about the organisations and how we can bring both trusts closer together to the benefit of our patients and public.

There are already a number of good examples of collaboration, some of which we will discuss during the meeting, and with Simon Ashton, Group CEO, due to start in early October we will be taking steps to ensure even closer alignment.

This is my first Board meeting held in public, and these meetings are framed by the Board Assurance Framework (BAF), against the three strategic aims:

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

The BAF helps to ensure ongoing Board oversight of the delivery of our strategic priorities and in year planning commitments. It provides the Board with clarity on progress against the organisational objectives and the main risks to their achievement.

I join SECAmb acknowledging the significant journey of improvement it has been on in the last 2-3 years, in particular. During this time the Trust has achieved good operational and financial performance, despite the challenging operating context, and this is expected to be sustained. The three specific areas of focus on this agenda – planning recovery actions; virtual care; and culture, are all interlinked in support of this.

Board Development

I really enjoyed the development session in July, which was designed in line with the Insightful Board and the role of the Board in adding value to the success of the organisation and wider system, and in using information to ensure high-quality and effective care for all patients and service users.

We had a constructive discussion about the **Group Model** and the various options we are exploring related to the leadership and governance arrangements that will best deliver for our patients and people.

The afternoon session about the **Integrated Quality Report** helped to point to further improvements over the coming months, in support of the Board's use of information to inform its levels of assurance and decisions. The improvements will include using the executive summaries to relate in a more integrated way to the BAF, ensuring greater focus on the metrics directly related to the BAF priorities, and providing more 'push' assurance from the executive, through greater clarity of its analysis of the information. Including the impacts of any failing process.

We will look forward to these improvements from the next Board cycle in September/October.

We had also intended to review the Board's Capability Assessment as follow up from the first part of its annual effectiveness review in May. This was deferred to September to align with the timing of the updated national guidance, which was published on 28 July.

Council of Governors

The Council of Governors (CoG) remain an important part of the organisation's governance arrangements, continuing to provide constructive challenge and support to the Board while representing the interests of members, staff and the public.

Unfortunately, I was unable to attend the meeting in June and am grateful to Liz who deputised for me. Discussions then reflected both recognition of the significant progress made by the Trust and a focus on the key areas required to sustain and build on that improvement.

Governors welcomed the continued positive trajectory in quality and performance, including the recent CQC inspection outcomes for urgent and emergency care and emergency operations centres, which provide further external validation of the Trust's clinically led strategy and sustained improvement over recent years. Governors were also assured by the clear alignment between the Trust's strategic priorities, the BAF, and the in-year delivery plan, noting the value of the BAF in providing a clear line of sight between risks, priorities, and resource allocation.

Alongside this, Governors provided constructive challenge in relation to operational delivery and performance, particularly in respect of response times and areas where performance remains off plan. There was a clear emphasis on the importance of transparent and accessible reporting, with Governors seeking continued clarity on the actions being taken to improve performance and the expected trajectory of recovery.

The financial position and wider operating context were also discussed, with Governors noting the challenges associated with delivering the Trust's operational and financial plans within a constrained environment. In this context, Governors sought assurance on the robustness of mitigation plans, the delivery of recurrent efficiencies, and the Trust's approach to managing financial risk while maintaining high-quality patient care.

Governors remain actively engaged in member and public involvement activity, including the Annual Members' Meeting and wider engagement events, and continue to contribute to the development of the Trust's charitable and community-facing work. Feedback from recent engagement activity has highlighted opportunities to further improve accessibility, reduce complexity in communications, and maximise the impact of public-facing events.

A substantive discussion was held regarding the future role of the Council of Governors in the context of the changes expected by the Health Bill. The expectation is that the statutory role of governors will be removed. We plan to use the joint Board / COG meeting in October to engage on how the Trust will continue to have in place effective arrangements for engaging patients, staff and local communities, should the Bill be passed as planned.

Conclusion

I am confident that SECAmb is in strong position to face the very many challenges ahead in meeting its objectives. This will require continuing to adapt to the operating context in line with the overall trust strategy, and making the changes needed as part of the collaboration with SCAS and development of our Group Model.

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	43-26

Name of meeting	Trust Board
Date	6 August 2026
Name of paper	Audit & Risk Committee Assurance Report
Author	Peter Schild, Independent Non-Executive Director

INTRODUCTION

This assurance report provides an overview of the most recent meeting on 16 July 2026 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

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

At the start of each meeting the committee asks the Chairs of the other committees to confirm if they have identified any significant internal control issues. While there are currently none, the committee noted the focus on virtual care and the operating / financial plan by the quality and finance committees, respectively.

ALERT

Risk Management Report & Risk Appetite Framework

The committee reviews the risk management arrangements at each meeting. There is increasingly good risk awareness, and we are making good progress in embedding a culture of risk that drives our priorities and focus. Our people are talking regularly about risk, and the board's committees and the executive management groups are increasingly being informed by key risks, which are key qualitative measures. Compliance in relation to keeping the risk register up to date remains a challenge and remains a focus.

The committee recommends to the Board the revisions to the Risk Appetite Framework (see separate paper). This builds on the first 12 months of the Framework, using some of the learning from this period to make it more agile and easy to use. This includes the introduction of the concepts of risk tolerance, risk proximity and adapting the appetite boundaries.

The Framework is deliberately framed against the identified risks rather than risk taking; as the view of the executive, supported by the committee is that we are not quite mature enough for this, but will return to it in the future.

Work is also ongoing with SCAS to align our approaches to this Framework and risk management more broadly, in time for 2027-28.

The Board is asked to approve this version of the Risk Appetite Framework.

ASSURE

Internal Audit / Internal Control Environment
There were two reviews from the Internal Audit Plan considered by the Committee, both of which were positive;

Health & Safety**:** This review focussed on policy and governance with many good areas strength identified related to good governance and oversight, leading to *Substantial Assurance*. The committee acknowledged the significant improvement in this area and the way we are starting to embed the safety culture we aspire to.

Cyber Assurance Framework & Data Security Protection Toolkit: This was the annual review of our self-assessment against the nationally set 12 outcomes. The NHSE guidance is strict, and this review provided high confidence in our compliant submission. The criteria was the same as last year and we are expecting it to get tougher in future years and the executive is mapping these expectations in preparation for the 2026-27 assessment and submission.

In September the committee will receive the cyber maturity assessment showing the development requirements to help improve our capability even further to help continually mitigate the cyber risks.

IT Asset Management – Improvement Plan
The Board will recall this being the one Internal Audit from last year that concluded Limited Assurance. The committee tested the improvement plan to address the seven key areas of significant weakness. Six of the seven areas have been fully resolved. The last action is linked to the joiners / leavers process; some progress has been made but more still to do. The committee will track via the usual Internal Audit Follow Up tracker.

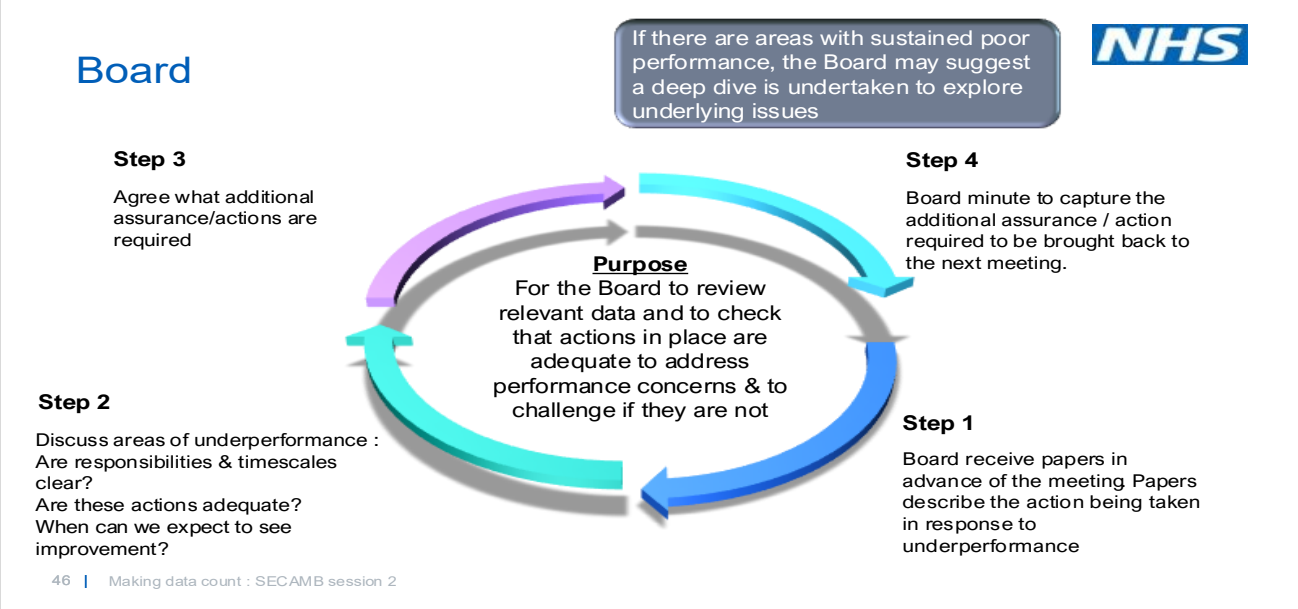
Counter Fraud
There is ongoing assurance with our counter fraud arrangements. The committee reinforced the importance of continuing the proactive work to ensure good staff awareness of the fraud risks. In the workplan for the year there is a review of expenses and staff declarations linked to secondary employment, and building awareness of the counter fraud presence through targeted training.

ADVISE

Single Tender Waivers (STWs)
In line with our improvements in procurement in ensuring both compliance and value for money, we now have far fewer STWs; four in the last quarter.

Recommendation

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



NHS
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Risk Appetite Framework 2026-27

Introduction

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This Risk Appetite Framework aims to facilitate risk-informed decision making in pursuit of our vision and strategic aims.

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

- Delivering High Quality Care- we are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.

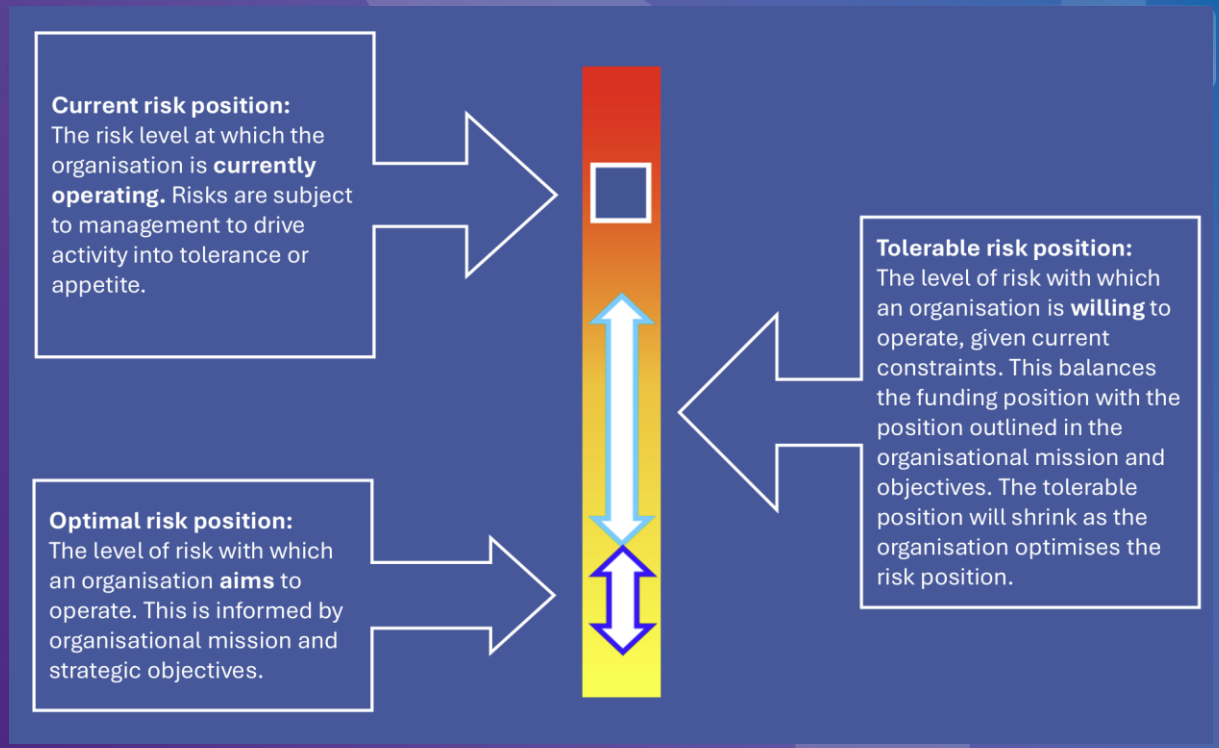
- Our people enjoy working at SECAmb – we strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.

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

Defining Terms

Risk Appetite: the amount and type of risk that we are willing to take to meet our strategic objectives. It is the level of risk with which we **aim** to operate.

Risk Tolerance: the level of risk within which we are **willing** to operate.



Benefits of Risk Appetite

Our risk appetite framework:

- Supports informed decision making
- Reduces uncertainty
- Improves consistency across governance mechanisms and decision making
- Supports performance improvement
- Informs spending and resource prioritisation

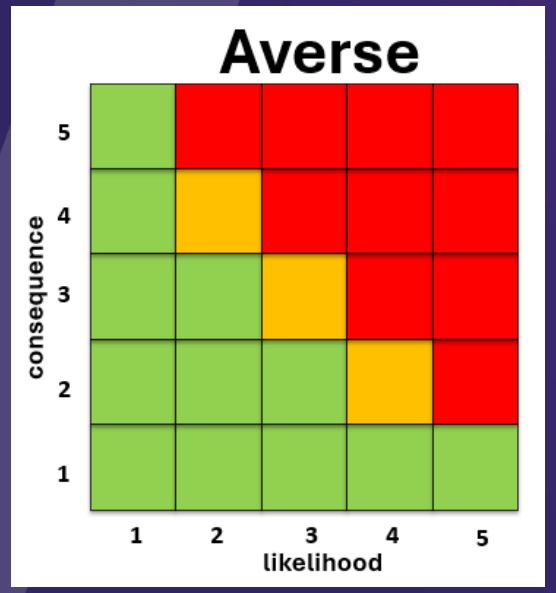
Quantifying Risk Appetite

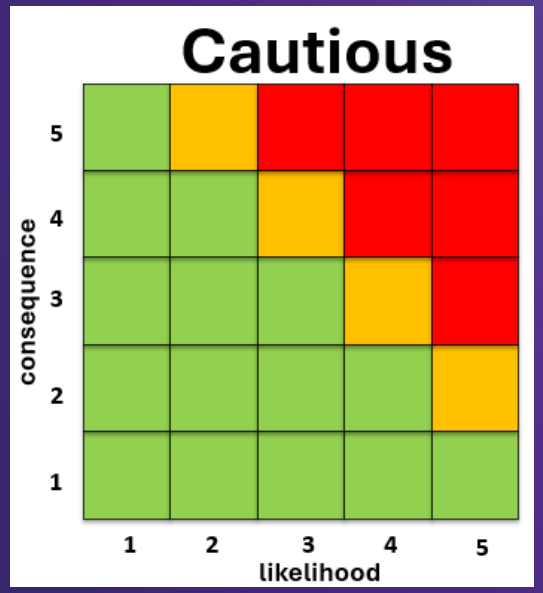
Adapted from the UK Government's orange book

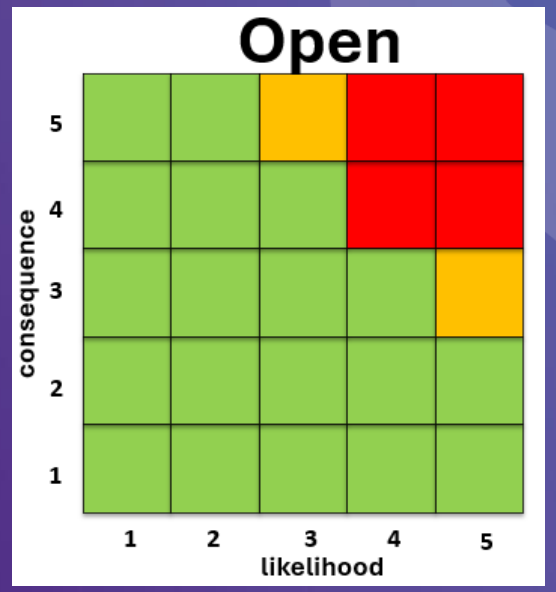
RISK APPETITE LEVELS

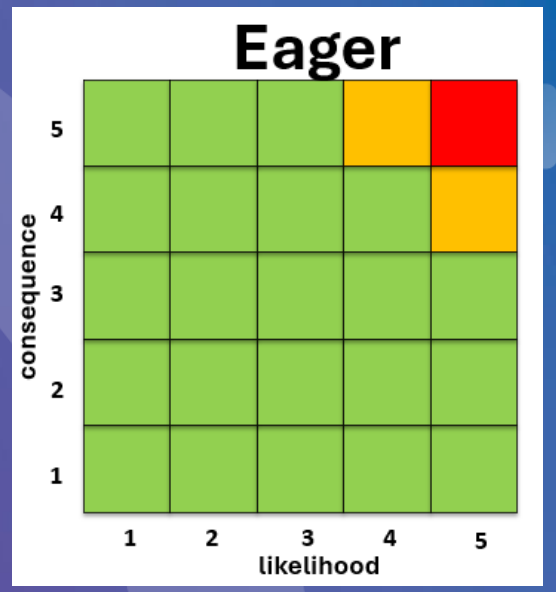
Scale	Definition	Tolerance for uncertainty	Residual Score Within appetite	Residual Score Within Tolerance	Outside appetite
Averse	Avoidance of risk and uncertainty is a key objective	Very low	1-6	8-9	10-25
Cautious	Preference for safe options that have a low degree of residual risk	Limited	1-9	10-12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

Risk Appetite Levels









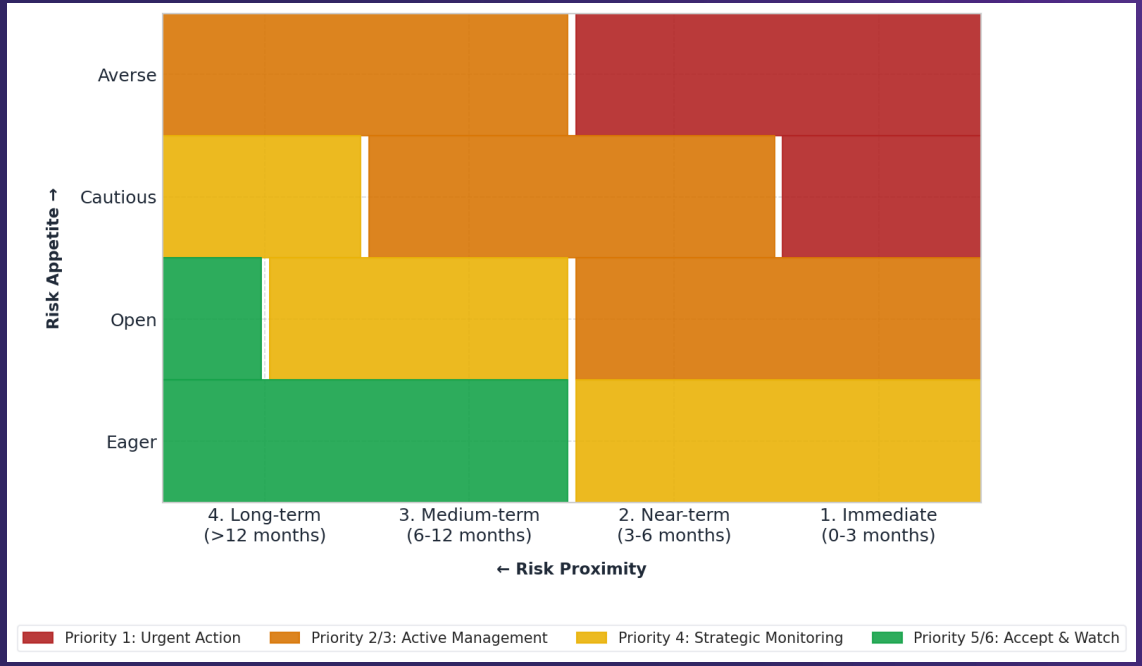
Residual score within Risk Appetite

Residual score within Risk Tolerance

Residual score outside of Risk Appetite and Risk Tolerance

Risk Appetite & Risk Proximity

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



Proximity tells us how **soon** a risk is expected to materialise.

Proximity interplays with appetite.
I.e.:
Short proximity + low appetite = urgent action required
Long proximity + open appetite = accept & watch

This matrix should help answer the question “are we doing enough quickly enough?”

How to use this framework

South East Coast Ambulance Service NHS Foundation Trust

This framework is designed to be applicable to individual risks on our risk registers. It provides risk owners and governance groups with a tool to evaluate whether risks are adequately managed.

Each risk should be assigned a risk type under one of the following categories: external risks, quality and clinical risks, operational resilience risks, financial risks, and people risk. Each risk type has been assigned a risk appetite level.

External Risk

NHS South East Coast Ambulance Service NHS Foundation Trust

External risk is the risk of loss because of failure to comply with regulations, operate with within the law and deliver our partnership obligations.

Risk Category	Statement	Risk Appetite
Provider Collaboration	We will collaborate and work with partners to join up care, drive service efficiency and mitigate threats to the achievement of our strategy.	Open
Strategic Planning	We will deliver our vision through our strategy.	Open
Political & Policy	We will respond appropriately to changes in policy and the political landscape.	Open
Legal, Compliance & Regulatory	We will comply with legislation and regulatory standards.	Cautious
Health & Safety	We will protect the health, safety and welfare of patients, staff, visitors, volunteers and property by delivering services in line with or in excess of minimum health and safety laws and guidelines.	Cautious
Infection Prevention and Control	We will manage the risks related to infection prevention and control to reduce the transmission of infection in our services.	Cautious

Quality and Clinical Risk

NHS South East Coast Ambulance Service NHS Foundation Trust

Clinical Risk is the risk of poor patient experience and outcomes resulting from inadequate systems and processes associated with the Trust's capacity planning, infection prevention and control, patient experience, patient safety and outcomes and research and development.

Risk Category	Statement	Risk Appetite
Patient Safety	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Cautious
Patient Care and Effectiveness	We will deliver effective, evidence-based clinical care to prevent harm and to achieve optimum outcomes for patients.	Cautious
Patient Experience	We will comply with or exceed minimum patient experience targets and align patient feedback to service improvement.	Cautious
Research, Innovation and Development	We will deliver agreed minimum research and innovation priorities.	Open

Operational Resilience Risk

NHS South East Coast Ambulance Service NHS Foundation Trust

Operational Resilience risk is the risk of direct or indirect loss resulting from a failure to sustain a consistent service.

Risk Category	Statement	Risk Appetite
Performance	We maintain performance in line with our contractual obligations and constitutional standards.	Cautious
Business Continuity	We will maintain business operations.	Cautious
Supply Chain	We will manage suppliers in manner that protects the service our patients receive and the Trust's interests.	Cautious
Information and cyber security	We will manage information, physical and digital security to minimise the potential impact on services for our patients and staff.	Cautious
Digital Innovation	We will maintain and continuously improve digital systems and services, using artificial intelligence as appropriate, to ensure they effectively support emergency response, clinical decision-making, and patient care, while meeting regulatory and operational resilience requirements.	Open

Financial Risk

South East Coast Ambulance Service NHS Foundation Trust

Financial Risk is the risk of direct or indirect loss resulting from inadequate systems and processes to the Trust's management of its finances, financial reporting, funding and cash management.

Risk Category	Statement	Risk Appetite
Financial Effectiveness	We will deliver productivity and efficiency improvements to achieve best value for money.	Open
Financial Controls	We will have effective financial controls (in relation to counter-fraud, reporting, financial planning and cash management) to adequately maintain a stable financial position.	Cautious

People Risk

Workforce risk is the risk of unsafe or ineffective patient care resulting from inadequate systems and processes associated with the Trust's workforce supply, skills and capability, performance and retention, within an appropriate culture.

Risk Category	Statement	Risk Appetite
Workforce Supply & Retention	We will attract and retain a diverse workforce with appropriate capability and motivation.	Open
Workforce Skills & Deployment	We will use the right people with the right skills to plan for, and meet, demand.	Open
Workforce Experience	We will listen to our staff and use their feedback to continuously improve.	Open
Culture & Behaviours	We will have a culture which fosters appropriate behaviour, and prevents discrimination, bullying and harassment and incivility.	Cautious

Managing risks across multiple categories

South East Coast Ambulance Service NHS Foundation Trust

- When risks span multiple categories with different appetite levels, the Trust adopts a structured approach to ensure consistent application of this framework.
- A risk should be assessed to determine its primary category based upon the main potential impact area, the root cause of the risk, the department or function best placed to manage the risk and/or the primary strategic objective affected.
- Once secondary risk categories are identified, the Trust will document all relevant risk categories, note the appetite level for each category and assess potential impacts across all affected areas.
- When managing risks that span multiple categories, the Trust will typically adopt the more conversative risk appetite level. There will be a need to consider the cumulative impact across all categories and document the rationale with escalation to EMB or Board as required.

Sources

- The UK's Orange Book Risk Appetite Guidance Note (Risk Appetite Guidance Note)
- The Third Edition of the Leeds Teaching Hospitals NHS Trust Risk Appetite (Risk Appetite Framework (April 2025) - Leeds Teaching Hospitals NHS Trust)
- Sussex Community NHS Trust Risk Appetite Framework
- NHS Providers guidance on Risk appetite
- The Institute of Risk Management's Risk Appetite & Tolerance Guidance Paper (64355_riskapp_a4_web.pdf)

	Agenda No	44/26
Name of Meeting	People Committee	
Date	30.07.2026	
Name of paper	Violence & Aggression: Response to the Shadow Board	
Author(s)	David Monk, Security Manager	
Responsible Director	Jo Turner, Interim Chief Nursing Officer	

The Shadow Board considered our approach to violence and aggression and set out to the Trust Board in February its views and recommendations.

The Board asked the executive to review this and provide a response, which was considered by the People Committee on 30 July (see separate report) and scheduled to be discussed at the Shadow Board on 4 August.

This provides assurance on progress against the Shadow Board recommendations relating to violence and aggression towards our staff and to demonstrate how those recommendations are being taken forward across the Trust.

It shows how improvements have been evidenced with reductions in reported incidents, high compliance with the NHS Violence Reduction Standards, and stronger integration between the Security, Mental Health, Frequent Caller and History Marking teams. This is reinforced by the recent Internal Audit which concluded Substantial Assurance.

The key challenges identified by the Shadow Board relate to further strengthening of history marking arrangements, increasing the effectiveness and use of body worn cameras, embedding mental health expertise within processes, and clarifying the Trust approach to tolerance, wellbeing and post-incident support for staff.

In response, reviews of history marking processes are underway, new multi-agency arrangements are being established, body worn camera accessibility and usage continue to be strengthened, mental health teams are now embedded in key forums, and further work is progressing on training, communications and staff support.

The Board is asked to commend this response to the Shadow Board.

1. Introduction

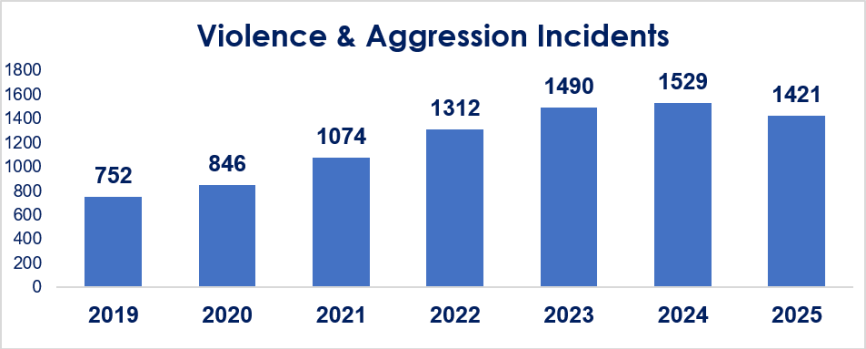
1.1 In 2025/26, the Trusts Shadow Board made a series of recommendations in relation the management of violence and abuse (V&A) directed towards staff at SECAmb.

1.2 This paper provides an update on the current position in relation to V&A and provides assurance that the recommendations have been considered and where appropriate, progressed.

2. Current Violence and Abuse Position

2.1 Version two of the NHS Violence Reduction Standards was published in December 2024. The Trust is currently 95% compliant with the new Standards with achievement of the final two remaining competencies dependent on the approval of a short DPIA that has been completed and submitted for approval in May 2026.

2.2 The table below depicts the total number of V&A reported incidents per annum since reporting commenced in 2019.



2.3 Consistent reductions in reported abuse towards staff have been seen over the last year. Eight of the last 12 months have resulted in reductions or no change in relation to the previous year.

2.4 A more accurate measure is to review by attendance to patients.

	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

3. Shadow Board Recommendations

3.1 The Shadow Board conducted a review of V&A directed towards staff and several recommendations relating to multiple workstreams were subsequently identified and agreed. Over the last 6-12 months, work has been undertaken to

understand the actions, and where appropriate, reviews and improvements have been undertaken and completed.

History Markers

3.2 The Shadow Board sought assurance regarding the management of history markers as follows:

1. **Need greater clarity and visibility – currently can only see one flag but multiple markers can be in place with no further action noted. Link to the Mental Health Team, safeguarding and frequent caller teams to ensure a cohesive approach to their management.**

   Response

   The Trusts history marking processes are currently undergoing a full review, with proposed changes aimed at transitioning to a new operating model. A high-level paper outlining these proposals was presented at the May 2026 Health and Safety Working Group meeting and approved for development.

   Recent adjustments to the membership of the History Marking Group have already resulted in meaningful improvements, strengthening the quality of discussions and enhancing collaboration with external partners, particularly the Police and Mental Health Services.

2. **Set up a new local History Marking Group in the Surrey division for multi-agency discussions and if successful, then roll-out to Kent and Sussex divisions too.**

   Response
   A soft launch has been agreed and a first meeting planned for the Surrey History Marking Group in July 2026. As the meetings progress, it is anticipated that a better understanding of the operational requirements will be identified and supported by stakeholder input, and any refinements identified prior to the wider roll out across Kent and Sussex.

3. **Timeliness of the management of history marking requests, to ensure immediate action taken to protect operational colleagues and not be delayed by having to wait a week/month for a review meeting. It was noted future CAD procurement could resolve this but may be more expensive and was not a short-term option. Multiple attendances can be viewed internally in EOC but cannot be sent to crews and an urgent internal solution via Critical Systems was required to be scoped.**

   Response
   Plans are progressing to migrate all history marking reporting onto DCIQ. This transition is expected to be completed by end 2026.

CAD marker testing is currently underway with the new National Mobilisation Application. There are ongoing discussions regarding the prioritisation of markers to ensure that the most clinically and operationally significant information is visible and actionable in a timely way.

In the interim, any risk to staff is managed through a temporary marker being created prior to review at the monthly History Marking Group meeting.

Body Worn Cameras

3.3 The Shadow Board sought assurance regarding the management of body worn cameras (BWC) as follows:

1. **Not enough camera's; need for camera's to be positioned by crew entrances to nudge users to take them on shift; consider holding locations and change position of BWC for use (Brighton is an exemplar)**

   Response
   BWCs have been available to staff for several years. Recurrent funding is in place to renew annual licences and replace equipment where necessary. All Trust reporting sites have the required BWC equipment. In June 2026, a new site at Folkestone ACRP was established, in response to a risk identified with changes to the European entry requirements. Severe congestion can be anticipated at the Port of Dover leading to a possible risk of disruption for staff attending incidents near the location.

   A full review of all sites was completed in May/June 2026. Cameras have previously been moved in response to staff feedback at Trust locations to make them as accessible as possible. An example is Brighton where they have been moved three times to provide best exposure to staff.

2. **Camera's need to be appropriate for uniform (i.e. women's tops for summer were deemed too 'light' to carry these causing tops to drag)**

   Response
   In response to the uniform enquiry, several different camera clips have been sourced and tested. A smaller clip has been procured and is now available to staff.

   In relation to uniform, these standards are set nationally and therefore are difficult to influence. The main issue is during the summer when polo shirts are worn. Winter jackets have ready-made clips for the cameras to slot into.

   The cameras do not have to be worn solely on shirts, and ongoing communications are planned to show that the cameras have the same field of vision if worn around the waist area instead.

Cameras can also be carried within the ambulance and be available to staff should a threat be identified. All new staff and university students receive information in relation to the wearing and use of BWCs.

3. **Need to use BWC footage for training which required a change to Trust policies to enable this. Footage is currently used for the Safe in the Back campaign which was seen as effective by staff**

   Response
   Currently BWC footage can only be reviewed for the prevention and/or detection of crime. The Trust has recently rolled out BWC for Commanders in response to the recommendations from the Manchester Arena enquiry. This recent roll out presents the opportunity to review how footage obtained from BWCs could be further used, for example for learning with Trust staff and for reviewing history marking requests. This is currently under review as any change in use will require careful management and consideration to ensure that staff privacy and transparency is maintained.

4. **Need to get strong message out as to the 'why' it is important to wear BWCs as the perception was that they are still not being taken seriously especially by NQPs**

   Response
   Messaging is delivered to new joiners during their induction week through conflict resolution training and to university students via the same process.

   Communications are regularly sent out by the Security Team via the Trust Communications Team. Communications messages are also sent through Viva Engage and via the screens located within Make Ready Centres.

   Examples of this messaging are shown below:

The next planned message is as follows:

3.4 Mental Health

3.4.1 The Shadow Board sought assurance regarding the further engagement of the mental health team as follows:

1. **Need to integrate mental health advice and guidance explicitly into Trust policies and procedures. Reports involving history markers and frequent callers would benefit from mental health input. Policies should consider inserting a narrative that (patients) mental health reviews should be considered as part of the decision-making process.**

   Response
   The Mental Health and Wellbeing Team are now embedded within the meetings that take place in relation to history marking and frequent callers.

   Additionally, a new meeting has been established with the Mental Health Team, Sussex Police, Security and Sussex Mental Health Service to review cases where staff have been assaulted, and mental health was a causation factor. Three meetings have taken place to June 2026. This is a pilot that will be rolled out across the other regions once established.

2. **Scenarios on key skills for mental health are required and to link with V&A training.**

   Response
   The Mental Health team through Clinical Education are delivering a Mental Health key skills day as part of the 2026/27 statutory and mandatory annual training programme for staff. The day centres around three practical case studies, with a focus on scenario-based learning rather than PowerPoint presentations:

   - An overdose patient who wishes to remain at home.
   - An agitated patient in mental health crisis.
   - A self-neglect case.

     Each scenario will explore:

     - Managing different scenes and patient behaviours
     - ePCR documentation
     - Mental Capacity Act assessment

- Managing suicidality and mitigating Article 2 risks
- Local pathways, safety planning, and safe discharge considerations

3.5 General

3.5.1 The Shadow Board also sought assurance regarding the following:

1. **Communications on tolerance – this is to be defined and communicated, and include 'how do we let the public know' and 'how do we let our staff know'?**

   Response
   Zero tolerance is not a phrase that is supported from a trauma informed perspective, examples being a patient with dementia or post ictal. A degree of tolerance is required aligned to a patient's individual circumstances, and this needs redefining for the Trust Board to approve a position in relation to tolerance. The team are currently scoping and considering this further.

2. **Wellbeing – The Shadow Board asked if a Peer Support Group could be established.**

   Response
   A Peer Support Group could be a positive step forwards in post incident support but needs to be carefully considered to safeguard all participating staff. The Wellbeing Team are currently undergoing restructure/transformation and lack capacity currently to progress this. However, the Wellbeing Lead has previous experience of establishing a Peer Support Group and this will be included in future planning arrangements. A refocus will take place once the revised team structures are implemented.

3. **Alignment of V&A with the mental health, safeguarding and frequent callers reports to triangulate the data and endeavour to provide a complete story, reporting to PSEG and into QPSC and the Trust Board.**

   Response

   The Frequent Caller Team, History Marking and Mental Health Team now form part of the report on V&A management submitted to the Health and Safety Working Group on a bimonthly basis. This supports a more holistic approach to understanding the complexity and risks associated with V&A directed towards our staff.

4. Conclusion

Violence and abuse towards NHS staff continue to be a problem that needs to be tackled in a variety of ways. In response to the Shadow Boards recommendation,

the Security Team have identified and directly supported measures to reduce the risk to staff through conflict resolution training and enhanced promotion of BWCs.

There are interdependencies for V&A across the Trust including the work of the Frequent Caller Team, History Marking and Mental Health team and these relationships and working practices have recently been strengthened to deliver an integrated approach to managing V&A. This approach has been accelerated by the Trusts Shadow Board recommendations.

Further work is planned to implement a more bespoke approach to managing V&A towards staff in the Brighton Operating Unit. Brighton consistently reports the highest number of incidents of V&A, and the Security team are working closely with the local operational management teams to review incidents and implement timely interventions where appropriate with the support of the Trust communications team and local Police Service.

The recommendations and actions articulated within this report will continue to be monitored through the standard governance routes. Oversight and scrutiny will be maintained as business as usual.

South East Coast Ambulance Service
NHS Foundation Trust

Item No	45-26

Name of meeting	Trust Board
Date	6 August 2026
Name of paper	Chief Executive's Report

1	This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during June and July 2026.
2	**CEO Overview** The summer period has been challenging for our patients and partners, and I continue to be impressed by the dedication, professionalism and compassion shown by colleagues across SECAmb in delivering our services. Whether on the frontline of our Emergency Operations Centres, NHS 111, ambulance responses and clinical hubs or support services, teams continue to deliver outstanding care despite sustained operational pressures. I would like to thank all colleagues and volunteers for their continued commitment to our patients and communities.
3	The recent period of prolonged hot weather has brought significant increases in demand. Between late June and mid-July, our 999 service handled almost 78,000 calls, around 16% more than the same period last year, while NHS 111 demand also increased considerably. Despite these pressures, colleagues have remained focused on ensuring our most seriously ill and injured patients receive the care they need, while working closely with partners across the health and care system to enable patients to access the right support. Performance against our key standards such as the C2 mean remains a key focus to ensure we are responding in a timely way to patients' needs.
4	Alongside managing these operational challenges, we continue to make good progress in developing our Group with South Central Ambulance Service (SCAS). I am particularly encouraged by the increasing number of teams from both organisations coming together to share learning, develop common approaches and identify opportunities for closer working.
5	With Colin Dennis now in place as Group Chair, and Simon Ashton due to join us as Group Chief Executive in October, we are well positioned to build on the strong foundations already established.
6	While demand continues to be high, we are maintaining our focus on delivering high-quality care and improving outcomes for patients. I am particularly pleased that SECAmb continues to achieve the highest out-of-hospital cardiac arrest

	survival rate in England, reflecting the outstanding contribution of colleagues across the organisation and our wider system partners.
7	At the same time, we remain focused on making the best possible use of our resources. Through continued improvements in productivity, efficiency and collaboration, both within SECAmb and across the Group, we are working to ensure our services are effective and sustainable for patients and as part of our wider integrated care systems. Remaining on track with our financial and performance plans enables us to focus on developing our Group and organisational clinical model and strategy and improving patient outcomes, so we are pleased to have been placed in Tier 3 (the lowest level) of regional oversight for Q2.
8	Key to this is our ongoing development of virtual care, enabling more patients to receive timely clinical assessment, advice and support without the need for an ambulance response or hospital attendance where this is not necessary. This helps improve patient experience, supports the wider NHS shift towards more community-based care and ensures our emergency resources remain available for those who need them most.
9	We have recently shared the findings of an independent Culture Review with colleagues and externally, reflecting our commitment to being open, honest and transparent about both the progress we are making and the challenges that remain.
10	The Review is the latest source of insight informing our wider cultural improvement journey, building on learning from previous reviews, staff feedback, organisational assessments, and recent communications regarding workplace safety and professional standards.
11	While acknowledging improvements in areas such as leadership visibility and openness, the Review identified ongoing concerns relating to professional boundaries, the use of positional power, fairness and transparency, speaking up, safeguarding, and inconsistency in leadership behaviours across the Trust.
12	The findings reinforce the importance of leaders consistently demonstrating our Trust values of Kindness, Integrity and Courage, alongside the behaviours set out in our new Leadership Framework. The Executive Team has taken collective ownership of the findings and is using them to strengthen ongoing work to improve leadership accountability, psychological safety, professional standards and cultural consistency across the organisation.
13	While the environment remains challenging, I am confident that the commitment of our people, our focus on improvement and innovation, and the opportunities created through our developing Group will ensure we continue to deliver outstanding care and improve outcomes for the patients and communities we serve**.**
14	Finally, on 1 July 2026, we marked 20 years since the formation of SECAmb through the merger of the former Kent, Surrey and Sussex ambulance services.

15	Marking the anniversary with a photo collage of 20 SECAmb now and then faces, I reflected on quite how many thousands of SECAmb colleagues and volunteers will have helped the helped the millions of patients and their families who have called us in 20 years.
16	While the demand on our 999 service may have more than doubled since 2006, the compassionate care provided by our teams has remained constant.
17	And as we look ahead to the next two decades and at different ways of providing our services, I am confident that the same dedication and commitment that has defined us for 20 years and far longer within our legacy Trusts, will continue to guide us to deliver the best possible standards of care to our patients.
18	**Equality, Diversity & Inclusion (EDI) Awareness** During recent weeks, I have been pleased to see the continuation of much activity in the EDI space.
19	In June, the Trust marked Pride Month by unveiling its new Pride ambulance, which will attend Pride events across the region this summer, including Brighton & Hove Pride in August. Around 100 colleagues, friends and family will represent the Trust at the event.
20	Alongside this SECAmb will host the National Ambulance LGBT+ Conference in Brighton on 31 July. The Pride Network has also supported Chichester Pride, Dartford Pride and Trans Pride, combining its attendance with the delivery of CPR and basic life-support training. Further activity is planned throughout August.
21	Also in June, more than 60 nursing colleagues attended SECAmb's first "Starting the Conversation" event, alongside representatives from South Central Ambulance Service and NHS England. The event explored the experiences of global majority nursing colleagues and the structural barriers affecting career progression, including leadership opportunities, visa challenges, recognition of overseas qualifications and unequal access to development. The discussions were open and solutions-focused and will help inform work to create a more inclusive nursing workforce.
22	Throughout June and July, colleagues also marked a number of national awareness events. For Learning Disability Week, a Paddock Wood based Operational Team Leader worked with a local learning disability charity to provide an insight into ambulance operations at Maidstone Hospital while gathering feedback on how services can better support people with learning disabilities.
23	Deafblind Awareness Week featured a paramedic sharing his family's lived experience of deafblindness, promoting person-centred communication and challenging assumptions about disability.
24	Men's Health Week focused on men's mental health, with the Gender Equality Network developing dedicated wellbeing resources and sharing an anonymous colleague story that generated 15,230 views and 38 engagements.

25	Armed Forces Day activity celebrated colleagues who have served, or continue to serve, alongside their ambulance service roles. Coverage included the experiences of the Chair and Deputy Chair of the Armed Forces Network and highlighted the transferable leadership, resilience and operational skills gained through military service. The Trust also recognised Deputy Head of Operations Gareth Williams's role in supporting the Royal Marines Colours presentation at Windsor Castle, attended by His Majesty The King.
26	Accessibility and disability inclusion remained a further focus. A collaborative project involving hearing-impaired colleagues, Field Operations and the enABLE staff network introduced new hearing-impairment badges and high-visibility inserts across the Trust. Developed with colleagues who have lived experience, these resources use the internationally recognised hearing-impairment symbol to improve communication, awareness and inclusion in the workplace and when attending patients.
27	Lastly, the enABLE network also represented the Trust at the first face-to-face National Ambulance Disability Network event, sharing learning and good practice with ambulance services nationally.
28	**Engagement** Over the past couple of months, I have continued to prioritise spending time with our people, partners and colleagues across the wider NHS. These opportunities to listen, learn and strengthen relationships are invaluable as we continue to progress our priorities and shape the future of the organisation together.
29	On 12 June, I completed a CCP shift with Laura Stevenson from Chertsey Make Ready Centre, providing valuable insight into frontline operations and the exceptional care our teams deliver every day. I also took part in our second Reflective Practice Workshop and enjoyed speaking at the Springboard programme in Banstead, where I shared some of my leadership experiences with colleagues developing their careers within SECAmb.
30	I attended Connect with the Chief events at Paddock Wood and Worthing, which provided excellent opportunities for open conversations with colleagues about their experiences, challenges and ideas. During this period, I also visited Dartford Ambulance Station, Darent Valley Hospital and Worthing Hospital, helping to strengthen local relationships and better understand the pressures facing both ambulance and acute services. On 24 July, I joined an observer shift with SCAS, which offered another valuable opportunity to learn from frontline teams and further develop our partnership working.
31	Away from the workplace, I was delighted to take part in a 55-mile charity bike ride across Sussex and Surrey on 21 June, raising funds for our SECAmb Charity while supporting the fantastic work it delivers for colleagues and communities.
32	Alongside this, I have continued to represent SECAmb at a range of regional meetings and forums, including the SCAS/SECAmb Operations Senior Team Meeting, AACE ACEG and Sussex CEO Meeting, AACE Council, Council of Governors and the Sussex Provider Collaborative Executive Board. These

	discussions are important in ensuring we continue to work effectively with partners across the health and care system.
33	On 26 June, I visited Kent, Surrey and Sussex Air Ambulance to meet Chief Executive David Welch and Executive Director of Service Delivery Leigh Curtis. It was a constructive discussion about our shared priorities and opportunities to strengthen collaboration for the benefit of patients.
34	Nationally, I attended the NHS Leadership Event in London and took part in the National Ambulance Wellbeing Forum, where discussions focused on supporting the health and wellbeing of our workforce. I also welcomed the opportunity to meet Beccy Cooper MP with our CNO Jo Turner as we continue to build understanding of the vital role ambulance services play within the wider NHS.
35	Through all of these engagements, I have been continually impressed by the commitment, professionalism and passion of colleagues, partners and stakeholders. Thank you to everyone who has taken the time to share their views and experiences with me. These conversations continue to help shape our work and support our ambition to deliver the best possible care for our patients and communities.
36	**International Paramedics Day** SECAmb marked International Paramedics Day with coordinated internal and external communications activity aligned with the 2026 theme, 'Innovate and Integrate'.
37	Coverage celebrated the contribution of more than 1,900 paramedics across the Trust, with a particular focus on the expanding role of paramedics in virtual care within our Emergency Operations Centres and clinical hubs.
38	Activity included a dedicated external website article, eight internal and external social media posts published throughout the day and a video message from Chief Paramedic Officer, Jaqui Lindridge. Internal coverage also featured an in-depth interview with Medway based Clinical Safety Navigator, Lamarah Harris. She highlighted how paramedic expertise is being used within virtual care to support clinical decision-making and help patients access the most appropriate care, as well as the development of diverse clinical career pathways.
39	**Collaboration with South Central Ambulance Service (SCAS)** We continue to make good progress in developing our Group with SCAS, building on the strengths of both organisations and focusing on areas where collaboration can deliver tangible benefits for patients, staff and the wider system.
40	I am particularly encouraged by the increasing number of colleagues from SECAmb and SCAS coming together to share expertise, discuss opportunities and develop more aligned ways of working. This growing culture of collaboration is helping us build strong relationships, accelerate shared learning and identify opportunities to work more closely together across both Trusts.

41	We are well positioned for the next phase of the Group's development to realise the opportunities that closer working can bring for our patients, staff and communities.
42	Our joint programmes continue to progress well. Work is advancing on the shared CAD and ePCR programme, development of a joint clinical model, and a number of enabling programmes, including workforce management, occupational health and payroll services. These initiatives reflect our commitment to working smarter together, sharing expertise and making the best use of our collective resources while maintaining a strong focus on local delivery, quality and performance.
43	Overall, there is real momentum behind the Group. By learning from one another, building on the expertise that already exists within both Trusts and strengthening collaboration at every level, we are improving our ability to support our people, deliver outstanding care and achieve better outcomes for the communities we serve. We look forward to Simon Ashton our new Group CEO joining us on 5th October for the next stage of our Group development journey.
44	**Cardiac Arrest Survival – nationally leading performance** Improving cardiac arrest survival is one of our key strategic priorities and a cornerstone of our 2024–2029 Trust Strategy. I am therefore delighted to report that SECAmb has once again achieved the highest out-of-hospital cardiac arrest survival rate in England, demonstrating the impact of our sustained focus on improving outcomes for patients experiencing one of the most serious medical emergencies.
45	Our year-to-date cardiac arrest survival rate stands at 12.7%, reflecting continued progress towards our strategic ambition to further increase survival rates over the life of the Strategy.
46	At our June Board meeting, we noted that SECAmb recorded the highest 30-day survival rate for out-of-hospital cardiac arrest patients in England, with performance more than one percentage point higher than the next best-performing ambulance service. This is a particularly important measure of success as cardiac arrest survival is widely recognised as one of the most meaningful indicators of ambulance service effectiveness, reflecting the strength of the entire chain of survival, from early recognition and bystander CPR through to emergency call handling, advanced clinical interventions and hospital treatment.
47	This achievement reflects the collective efforts of colleagues across the organisation, including our call handlers, clinicians, community first responders, volunteers, operational support teams and system partners. It also demonstrates the benefits of continued investment in clinical training, improvements to call triage technology and our work with communities to increase awareness of CPR and defibrillator use.
48	While we are proud to be leading nationally, we remain focused on further improvement. Increasing cardiac arrest survival remains a key organisational priority, and every improvement represents more lives saved and more families

	kept together. Through our Community Resilience and volunteering programmes, alongside the continued growth of GoodSAM, we are working to ensure more patients receive early CPR and defibrillation in the crucial minutes before ambulance crews arrive, giving them the best possible chance of survival.
49	We will continue to build on this strong performance through innovation, partnership working and clinical excellence. This includes a new pilot enabling Critical Care Paramedics to use secure video calling during suspected cardiac arrests, allowing specialist clinicians to support callers and those delivering CPR in real time. Combined with the dedication of our volunteers, Community First Responders, EOC teams and frontline clinicians, these developments will help us build on our national-leading results and improve outcomes for even more patients
50	**Downing Street NHS birthday reception** I was delighted to see SECAmb represented at a special ceremony at Downing Street on 6 July, celebrating 78 years of the NHS. Worthing volunteer Community First Responder, Sally Holmes and our Head of Operations at Paddock Wood, Dave Hawkins joined NHS colleagues from across the country at the reception hosted by Sir Keir Starmer.
51	Both Sally and Dave were recognised at our annual awards ceremonies last year and, like so many colleagues across SECAmb, share a passion for one of our key strategic priorities - driving up cardiac arrest survival rates.
52	Dave was the inaugural recipient of our Douglas Chamberlain Award for his work including the implementation of GoodSam within our dispatch system, while Sally has worked tirelessly within her local community to break down the stigma around female CPR through the ‘Bra Off, Defib On’ campaign. In the first six months of this year alone, she has taught CPR to more than 600 people.
53	Their invitation to Downing Street was a fitting recognition of the outstanding contribution all our staff and volunteers make to patients, our communities and the NHS and I would like to thank them both for representing SECAmb so well.

Agenda No	46/26

Name of Meeting	Trust Board
Date	6 August 2026
Name of Item	Board Story - Oliver
Responsible Director	Jo Turner, Interim Chief Nurse

Oliver was a 17-year-old boy who sadly died two years ago from meningitis.

His Mother, Suzie has worked with our patient safety team to help us to learn from this incident. The presentation demonstrates the value of engaging with and hearing from our patients and reflects on how we meaningfully utilise this to inform system improvement.

The learning from this incident has made changes to the way that we deliver care and has informed the design of our future virtual care model.

During the presentation, there is a six-minute video of Oliver's mother, Suzie, reflecting on their experience in her own words. This is very emotive and we therefore need to alert everyone present and those online that they may find this distressing.

Recommendations, decisions or actions sought	This Story is aimed at helping to frame the agenda in reinforcing how crucial it is we deliver against our strategy, in particular the development of our virtual care future model.

		Agenda No	47/26

Name of Meeting	Trust Board
Date	6 August 2026
Name of Item	BAF
Responsible Director	Director of Corporate Governance

This version of Board Assurance Framework (BAF) reports progress to-date against the 2026/27 strategic priorities.

The BAF should be reviewed alongside the IQR, to inform the Board's level of assurance that we are meeting our objectives and ensuring the impact needed, in line with the Trust Strategy to deliver good quality patient care.

The BAF is used to frame the focus of the Board's committees, and the outputs of the committees' reviews (see separate Board reports) should be used as the first and primary source of Board assurance.

At the end of Q1 progress against the priorities is broadly in line with the mandates. The BAF risks that are outside of appetite, summarised on page 11, triangulate with the committees' view of the areas of greatest risk: Virtual Care; Cost Improvement (productivity & efficiency); and Cyber / Digital.

This meeting of the Board includes a specific focus on the first two of these risks.

Recommendations, decisions or actions sought	The BAF, taken together with the IQR and Committees' Board Reports, are provided to help inform the Board's view on how we are meeting our strategic aims.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

2026-2027
Board Assurance Framework

VERSION 1.0

Last updated: 30 Jul 26

NHS
South East Coast Ambulance Service
NHS Foundation Trust

2024-2029 STRATEGY, VALUES & COMMITMENTS

Our Vision

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

Our Purpose

Saving Lives,

Serving Our Communities

Our Strategic Aims

Delivering High Quality Care

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

Our People Enjoy Working at SECAmb

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

We are a Sustainable Partner

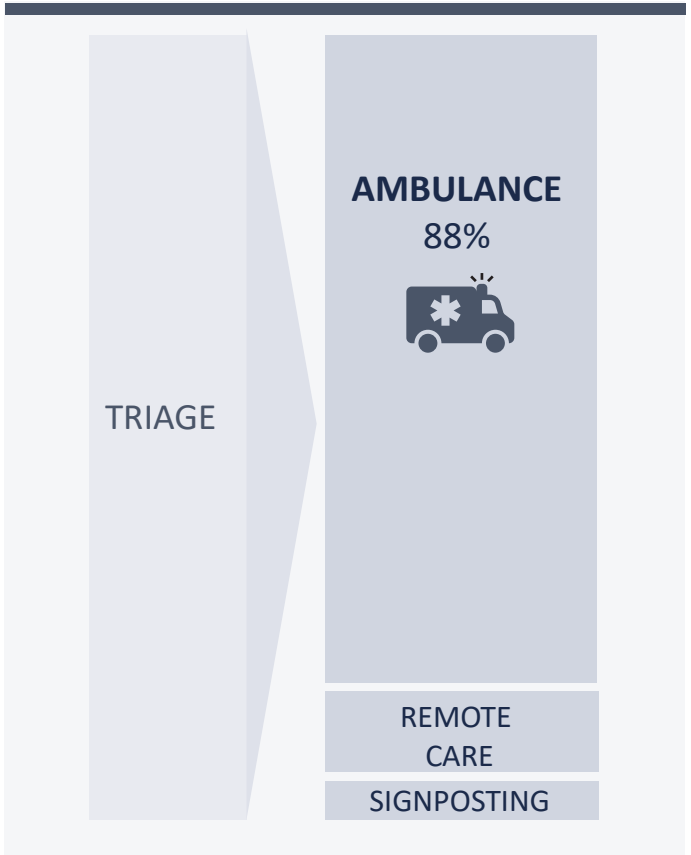
We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.

Our Strategy 2024-2029

South East Coast Ambulance Service NHS Foundation Trust

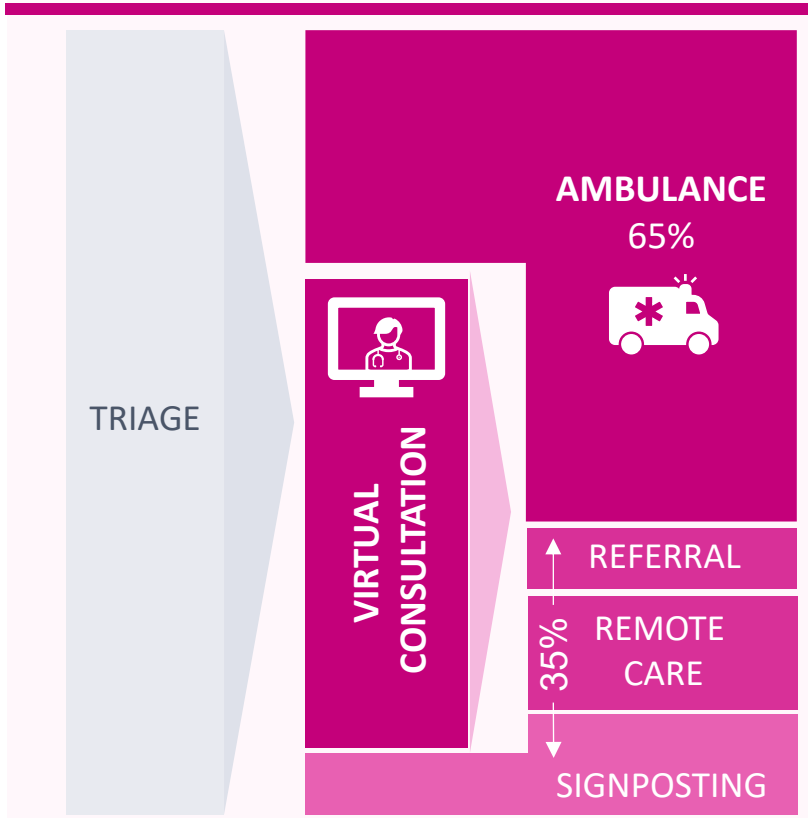
Now

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



Future

We will provide a different response according to patient need.



Timely care for emergency patients:

Resources refocused to provide better and faster response to emergency patients.

Virtual care for non-emergency patients

Patient needs assessed by a senior clinician remotely, enabling patients to be cared for directly or referred to the most appropriate provider.

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

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

Our Strategic Commitments

South East Coast Ambulance Service NHS Foundation Trust

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

Our Vision

Saving Lives, Serving Our Communities

What this means for our patients, people and partners:

- We deliver high quality patient care
- Our people enjoy working at SECAmb
- We are a sustainable partner as part of an integrated NHS

Our strategic commitments to direct how we will change:

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

Our values

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

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

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

- **Kindness**
- **Courage**
- **Integrity**

Kindness

Being Compassionate, Caring, and Respectful Towards Others

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

Courage

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

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

Integrity:

Being Accountable, Honest, and Doing the Right Thing

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

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2026-2027 CONTEXT & PRIORITIES

Strategic Context 2026/27

NHS South East Coast Ambulance Service NHS Foundation Trust

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

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

Our 15 priorities

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

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

We deliver High Quality Patient Care | Our People Enjoy Working at SECAmb | We Are a Sustainable Partner

Cross-cutting themes

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

Equity, inclusion and patient voice

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

Organisational resilience

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

Quality governance

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

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

2026-2027
BAF RISKS

Risk Definitions

South East Coast Ambulance Service NHS Foundation Trust

RISK APPETITE LEVELS

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

RISK PROXIMITY

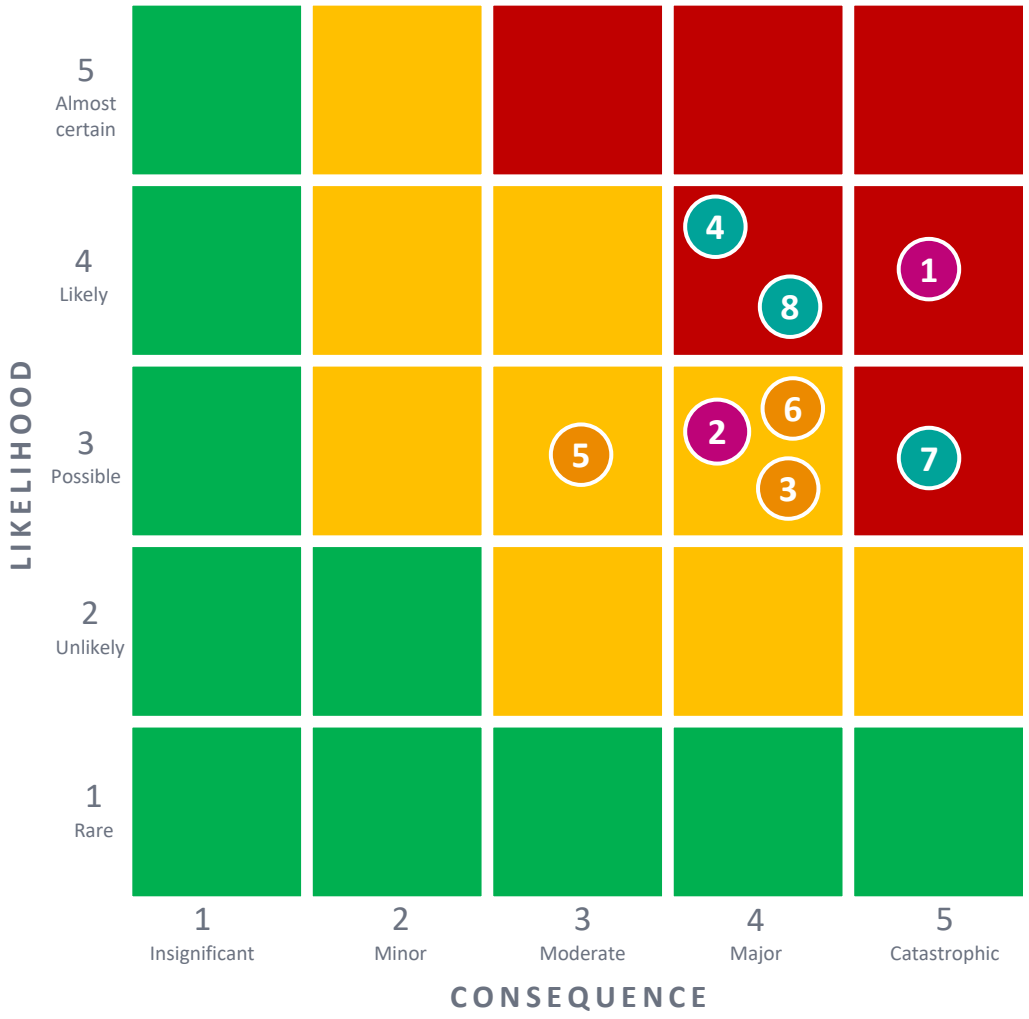
How soon is the risk expected to materialise?

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

Strategic Risk Heat Map

South East Coast Ambulance Service NHS Foundation Trust

LIKELIHOOD AND CONSEQUENCE MATRIX



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

R1

STRATEGIC RISKS | VIRTUAL CARE MODEL DELIVERY

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

South East Coast Ambulance Service NHS Foundation Trust

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

CONTROLS IN PLACE

- ✓ Board agreement and oversight of vision, strategy and multi-year plan.
- ✓ Workforce model in place to support strategic delivery (e.g.: clinical leads)
- ✓ Early opportunities to drive H&T target identified as part of BAU whilst delivering transformation programme
- ✓ Defined target operating model
- ✓ Stakeholder engagement to include patient voice in model development

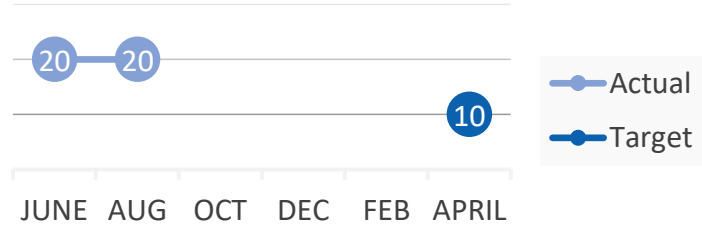
MITIGATING ACTIONS — DEADLINE

✓ Roll-out of clinical productivity tools (auto-allocation, mySECAmb BI) and ongoing focussed recruitment of virtual care roles	Q2
✓ Implementation plan drawn up and updates to Trust Board	Q2
✓ Integrated & UC leadership restructure	Q3
✓ Development of integrated clinical process and governance framework for VC	Q3
✓ People Impact Assessment, Transition Plan, new roles and career pathways developed.	Q4

ASSURANCE STATEMENT

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

RISK MOVEMENT



Risk movement since last BAF: **Static** · Last reviewed: **July 2026** · Next review: **August 2026**

R2 STRATEGIC RISKS | SYSTEM ENGAGEMENT, PATHWAYS OF CARE & LEFT-SHIFT

If SECAmb's structural changes do not support system partners in the development of care pathways to improve the urgent care acceptance rate in 2026/27, alongside a meaningful left-shift, **then** the virtual care model will reach a structural ceiling and SECAmb will be unable to realise the full benefits of its transformation programme, **resulting** in continued high conveyance rates and associated patient safety risk, missed strategic and contractual targets, and failure to establish SECAmb as the trusted regional assessor and navigator.

NHS South East Coast Ambulance Service NHS Foundation Trust

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

CONTROLS IN PLACE

- ✓ Priorities agreed with SCAS under joint clinical model includes alignment of pathways as part of Phase 2 – this is being dependency mapped within models of care programme
- ✓ Pan ICB governance for 999 and 111 commissioning agreed
- ✓ Restructure of workforce to support divisional model and system engagement.
- ✓ Delineation of pathways into group A and B, with clinical oversight reporting to Board.

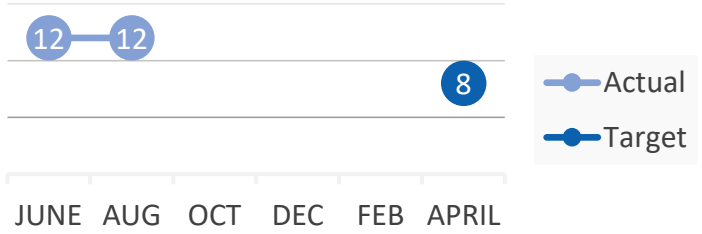
MITIGATING ACTIONS | DEADLINE

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

ASSURANCE STATEMENT

- Currently, there is a lack of organisational maturity to mitigate this complex and evolving risk. Mitigation will require ongoing strategic engagement at system level and with SCAS on UEC conveyance. Senior vacancies limit capacity for building relationships, which risks lost traction and opportunities.
- High level of external change at system & national level
- If risk not adequately mitigated, successes in virtual care space will not be sufficient for successful strategic delivery.

RISK MOVEMENT



Risk movement since last BAF: **Static** · Last reviewed: **July 2026** · Next review: **August 2026**

R3

STRATEGIC RISKS | IMPLEMENTATION OF ORGANISATIONAL RESTRUCTURE

If the structural changes implemented across 25/26 (including the new divisional operating model, the clinical operating model, and corporate restructures) and the planned changes for 26/27 are not effectively embedded, **then** governance connectivity between board and frontline may be weakened, **resulting** in unwarranted variation in service delivery, increased risk of patient safety incidents, loss of workforce confidence and retention and failure to realise the cultural and productivity benefits intended from the new structures.

NHS South East Coast Ambulance Service NHS Foundation Trust

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

CONTROLS IN PLACE

- ✓ Implementation plans include structured transition to business-as-usual, post-implementation review and monitoring of agreed programme outcomes.
- ✓ Dedicated workstreams are delivering the Divisional Governance Framework refresh and leadership development to strengthen governance, accountability & leadership capacity.
- ✓ OD and change management support is embedded throughout implementation to support adoption of new structures, behaviours and ways of working.

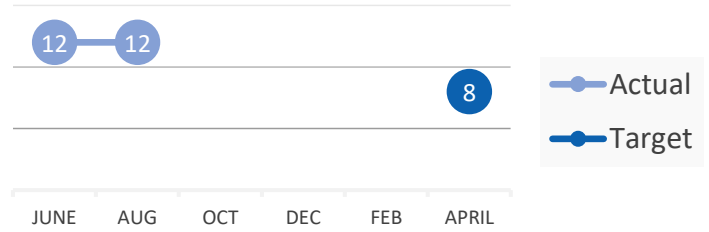
MITIGATING ACTIONS

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

ASSURANCE STATEMENT

- Phase 3 workstreams continue to progress, with completed workstreams transitioning to business as usual.
- Phase 4 implementation has been re-sequenced to manage dependencies and organisational change capacity.
- Processes are being implemented to manage organisational change demand and protect delivery of agreed priorities.
- Implementation of the Divisional Governance Framework and leadership development workstream continues.

RISK MOVEMENT



Risk movement since last BAF: **Static** · Last reviewed: **July 2026** · Next review: **August 2026**

R4

STRATEGIC RISKS | COST IMPROVEMENT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

Risk owner	Assurance Committee	Appetite Level	Current risk score	Target risk score	Related corporate risks
Chief Finance Officer	**Finance & Investment Committee**	**Open** (OUTSIDE APPETITE)	**C4 × L4 = 16**	**C4 × L2 = 08**	

CONTROLS IN PLACE

- ✓ Compliant breakeven plan submitted
- ✓ Three-year financial plan in place
- ✓ CFO reviews CIP programmes and remedial actions weekly to ensure progress (with more frequent consideration of higher risk programmes)

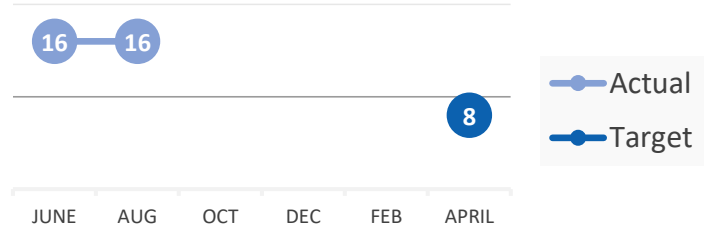
MITIGATING ACTIONS — DEADLINE

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

ASSURANCE STATEMENT

- CIP highly dependent on virtual delivery and digital transformation to be successful.
- EMB and Board briefed June/ July on recovery actions following month two position.
- Contingency in place around corporate cost restructuring for Q1 27/28. Evaluated at month three.

RISK MOVEMENT



Risk movement since last BAF: **Static** · Last reviewed: **July 2026** · Next review: **August 2026**

R5

STRATEGIC RISKS | LEADERSHIP RESILIENCE & GROUP TRANSITION

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

NHS South East Coast Ambulance Service NHS Foundation Trust

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

CONTROLS IN PLACE

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

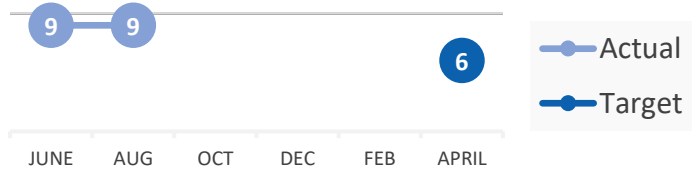
MITIGATING ACTIONS — DEADLINE

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

ASSURANCE STATEMENT

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

RISK MOVEMENT



Risk movement since last BAF: **Static** · Last reviewed: **July 2026** · Next review: **August 2026**

R6

STRATEGIC RISKS | PEOPLE FUNCTION CAPABILITY & STABILITY

If the People function is unable to maintain sufficient capability and stability — in the context of being at the end of a 2-year improvement cycle that has been supported by additional transitional support — **then** the HR, OD, and employee relations support required to underpin the Trust's transformation programme will deteriorate, **resulting** in increased ER case backlog, reduced capacity for OD interventions, and an inability to support the embedding of structural changes across divisions.

NHS South East Coast Ambulance Service NHS Foundation Trust

Risk owner	Assurance Committee	Appetite Level	Current risk score	Target risk score	Related corporate risks
Chief People Officer	**People Committee**	**Cautious** (WITHIN TOLERANCE)	**C4 × L3 = 12**	**C4 × L2 = 08**	• **576 – ER capacity & capability**

CONTROLS IN PLACE

- ✓ People Services Improvement Programme formally closed Q4 2025/26
- ✓ SCAS collaboration opportunities (payroll, OH, workforce mgmt. tools) identified
- ✓ Alignment of people services objectives into BAU (e.g.: ER backlog)
- ✓ Transition funding confirmed for 2026/27 people plan

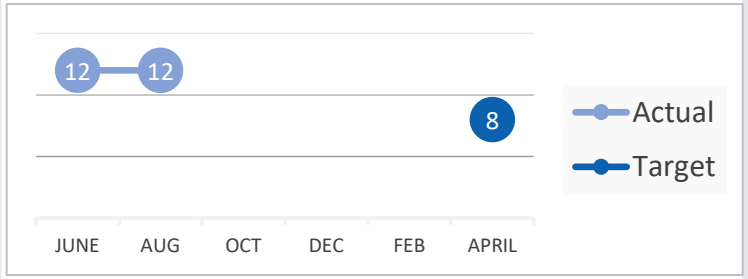
MITIGATING ACTIONS

	DEADLINE
✓ Phase two restructure – OD, EDI, recruitment, payroll & leadership	Q4
✓ People Services plan for 2026/27 breaks down outcomes by quarter	Q4

ASSURANCE STATEMENT

- Delivery of restructure successfully underway and there has been a resultant reduction in risk score. Senior postholders are now in post and phase two plan is approved
- The risk owner notes this risk is close to target but advises that it is still pertinent, given that People Services function is at capacity, limiting resilience

RISK MOVEMENT



Risk movement since last BAF: **Static** · Last reviewed: **May 2026** · Next review: **June 2026**

R8 STRATEGIC RISKS | DIGITAL FUNCTION CAPABILITY & STABILITY

If the Digital Function is unable to maintain sufficient capability and stability to deliver the digital plan and restructure necessary to support the two primary strategic enablers — virtual care implementation and workforce productivity improvement — **then** critical dependencies within the transformation programme will not be met, **resulting** in delays to virtual care rollout, continued reliance on legacy systems, and failure to realise anticipated productivity and cost benefits.

NHS South East Coast Ambulance Service NHS Foundation Trust

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

CONTROLS IN PLACE

- ✓ Digital Transformation Mandate includes a quarterly milestone plan with monthly reports to Digital Transformation Programme Board.
- ✓ Alignment of digital priorities, KPIs and CIPs with business and operational priorities
- ✓ Capital funding envelope agreed for short-term resources

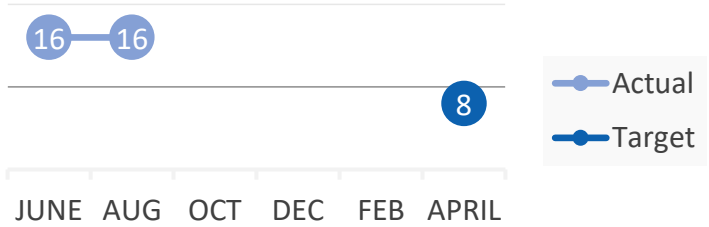
MITIGATING ACTIONS — DEADLINE

✓	Finalisation of remaining business cases	Q2
✓	Completion of procurement for joint CAD/ePCR project	Q3
✓	Phase 4 Digital restructure progress (70% of roles filled by Q4)	Q4

ASSURANCE STATEMENT

- This risk is not anticipated to reduce until Q4, when elements of the restructure begin to complete.
- Reduction in temporary resources although some temporary resource continues to be required. Resources focussed for approved business cases and skill transfer to permanent staff. Business cases will add resources as necessary
- Key deliverables for clinical productivity all on track to deliver or delivered.

RISK MOVEMENT



We Deliver High Quality Patient Care

WE DELIVER HIGH QUALITY PATIENT CARE

South East Coast Ambulance Service NHS Foundation Trust

2024-2029 STRATEGY OUTCOMES

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

2026-2027 IQR METRICS

- H&T rate
- C2 mean
- UCR acceptance rate
- Handover delays
- Cardiac arrest survival rate
- Patient safety incidents
- Patient Safety Incident Investigations (PSII)
- Complaints
- Call-answer time

2026-2027 – STRATEGIC TRANSFORMATION PLAN

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

2026-2027 – OPERATING PLAN

- Improve **cardiac arrest 30-day survival** by 1% and reduce variation in outcomes, targeting improvement the bottom 20-decile geographies by Q4, including expanding volunteer capability and outreach.
- Develop and embed a **Quality Governance Blueprint** by Q4, standardising proactive quality ownership and assurance at all levels, including new divisional structures [see Pillar 2], and ensuring patient-to-board connectivity.
- Embed the **voice of patients and communities** into how we design and deliver services by establishing divisionally aligned engagement forums and harnessing existing system mechanisms by Q2, increasing reach across underrepresented groups by 10% by Q4 - evidenced through demographic monitoring.

OPERATING PLAN PRIORITIES

WE DELIVER HIGH QUALITY PATIENT CARE

NHS South East Coast Ambulance Service NHS Foundation Trust

Programmes	Delivery Confidence	What	So, what	What next?
Divisionally Aligned Community Engagement Forums		Whilst a delivery plan is in place, progress is impacted by low attendance levels at the existing organisational community forum. Targeted engagement, improved accessibility and partnership working are underway to increase participation and representation.	Assurance cannot yet be provided that three sustainable divisional forums can be fully established by Q2. KPIs are being developed through data analysis to measure progress, including a 10% increase in engagement from under-represented groups by Q4.	• Continue phased implementation as participation increases. • Secure Trust-wide support to promote the forums. • Strengthen involvement from under-represented communities aligned to identified KPIs.
Develop & Embed a Quality Governance Blueprint		The draft Quality Governance Blueprint has been developed, with executive sponsorship in place. Stakeholder engagement and governance mapping are underway to support a consistent Trust-wide approach.	Progress remains on track. The Blueprint will provide a consistent quality governance framework across the Trust, strengthening oversight, accountability and assurance. Ongoing Divisional engagement is required to support implementation.	• Continue divisional engagement and complete gap analysis. • Formally agree the framework and implementation plan. • Develop measures to demonstrate benefits following rollout.
Cardiac Arrest 30 Day Survival Improvements		Support resources for relatives and bystanders affected by cardiac arrest have been introduced. Updated telephone CPR pathways went live in April. Clinical leadership restructure is progressing.	New resources recognise and support those affected by witnessing or responding to a cardiac arrest. Updated guidance encourages callers to begin CPR immediately where the patient is found, rather than delaying intervention by moving them to the floor.	• The Outcome Improvement Board continues to oversee delivery. • From September, dedicated clinical leadership will be established to provide greater focus and accountability.

NHS
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Pathways of Care Programme

Executive Sponsor: **Richard Quirk**
Senior Responsible Owner: **Michael Bradfield**
Programme Manager: **Katie Spendiff**

Version 1.1 – Last updated 29 Jul 2026

PATHWAYS OF CARE PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

ASSURANCE STATEMENT

Despite significant organisational change, all three Pathways of Care working groups have been successfully established, with workstreams now broadly underway and strong cross-organisational engagement supporting delivery of programme objectives. However, resourcing pressures arising from these organisational changes are beginning to impact delivery capacity and require targeted attention as planned.

DELIVERY CONFIDENCE

The programme remains on track to deliver its 2026/27 objectives. However, onboarding of new ACLs and appointment of a substantive SRO are expected to create a 6–8 week mobilisation lag during Q2. While work will continue to progress during this time, strengthened clinical leadership through the interim SRO role will be critical to driving delivery.

ALERT

! Area Clinical Lead allocation remains a critical dependency for delivery of a number of key workstreams in Q2. Executive support is required to secure a named resource and commence onboarding to mitigate the current leadership capacity gap.

! Delivery of several core milestones relies on timely access to data, dashboard development, and coding reviews. Mitigations are required as the BI team moves to new ways of working via Fabric platform in the interim.

ADVISE

~ Approval from SECAMB's Cyber Security team is now in place to proceed with FRAT technical development. While assessed as low risk, approval was required in July to maintain planned delivery and go-live timelines.

~ Appointment of an interim SRO was made on 10th July 2026 providing strategic and clinical leadership for the programme.

~ Current BI capacity constraints are impacting the programme's ability to evidence improvement despite delivery activity occurring on the ground.

ASSURE

✓ External stakeholder engagement is complete ahead of the Q3 Falls Risk Assessment Tool delivery. Falls referral workflow functionality is in place, with partner testing planned this quarter pending security approval.

✓ Supportive Palliative Indicator Care Tool training was delivered to all frontline staff in Q1. This enables earlier identification of deterioration & timely referral for advance care planning. This will support a reduction in future crisis calls. Audit of use planned.

✓ The Mental Health Summit Partnership Launch Event is confirmed for 6th October 2026. This is an enabler for standardisation of Single Point of Contact (SPOC) services and to ensure patients are able to access the most appropriate care pathway.

PATHWAYS OF CARE PROGRAMME REPORT

Not started
Completed
Delayed

NHS South East Coast Ambulance Service NHS Foundation

MILESTONES & KPIs

WE ARE HERE

Q1 | Q2 | Q3 | Q4

FALLS FRAILTY AND OLDER PEOPLE PATHWAYS OF CARE

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

- Programme governance, reporting & resource arrangements established
- Careline process reviewed
- External Stakeholder engagement on Falls Risk Assessment Tool (FRAT) completed
- Problem statement and next steps for Careline work agreed
- SOP for Care Homes work approved with monitoring at DMG in place
- AACE Falls prevention framework in use by CFRs
- Mapping exercise completed on OU area demand vs CFR resource for falls
- Clinical bundle for falls assessment, documentation & referral approved
- County-based improvements to UCR Portal implemented
- Updated FRAT Tool live
- Improvements in outcomes for patient cohort demonstrated
- Yr3 sustainability & expansion approach agreed
- Increased utilisation of community pathways evidenced

KPI 1: % Hear & Treat – Non-Injury Falls (Trust wide) - (Source: MOC Dashboard)	10.7%	TARGET: 10.9 % ACTUAL: 11.2%	11.2%	11.4% → 11.6%
KPI 2: C3 Mean Response Time (Mins) – Falls, Frailty & Older People (Trust wide) - (Source: MOC Dashboard)	119m	TARGET: 112.4m ACTUAL: 110.5m	113m	112m → 107m

MENTAL HEALTH PATHWAYS OF CARE

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

- Programme governance, reporting & resource arrangements established
- Phase 2 of Mental Health Dashboard scoped
- *MH Summit Partnership Launch and Case for Change event* plan approved
- *MH Summit Partnership Launch and Case for Change event* delivered
- Phase 2 of Mental Health Dashboard live
- Patient and Staff Engagement Plan approved
- MH training plan delivered
- Patient and Staff Engagement Plan delivered
- Case for Change Plan approved
- Case for Change Plan delivered
- Improved workforce capability and pathway utilisation
- Yr3 sustainability and expansion approach agreed

KPI 1: % Hear & Treat - MH (Trust wide) - (Source: MOC Dashboard)	16.4%	TARGET: 17.6% ACTUAL: 18%	19.4%	20.6% → 21.4%
KPI 2: KPI 2: % See & Treat - MH (Trust wide) - (Source: MOC Dashboard)	37.9%	TARGET: 37.4% ACTUAL: 37%	34.9%	33.7% → 32.9%

MODEL OF CARE PROGRAMME REPORT

Not started
Completed
Delayed

South East Coast Ambulance Service NHS Foundation

MILESTONES & KPIs

WE ARE HERE

END OF LIFE CARE PALLIATIVE AND DYING MODEL OF CARE

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

Q1
- Programme governance, reporting & resource arrangements established
- Programme plan with in-year deliverables completed
- Implementation of the SPICT Tool and training completed

Q2
- EOLC leadership integrated into new Operational Structure
- European Certificate in Essential Palliative Care advocate training delivered
- Data review completed on the new ePCR EOLC screen coding
- Hot spot intervention plan agreed

Q3
- EOLC Audit evaluation completed
- SPICT Tool usage review completed
- Delivery structure for continued education on EOLC confirmed
- Hot spot intervention plan delivered

Q4
- Improved clinician confidence in managing and referring EOLC patients
- Yr3 sustainability and expansion approach agreed
- Improvement in use of ePCR EOLC coding screen

KPI 1: KPI 1: % See & Treat – EOLC (Trust wide) - (Source: MOC Dashboard)

77.7% | TARGET:77.6% | ACTUAL: 79.5% | 77.3% | 76.9% | 76.7%

RISK ID & DESCRIPTION	APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
760 **Pathways of Care leadership and delivery during organisational change:** Clinical Leadership organisational change is straining delivery capacity, creating a risk to timely POC delivery, achievement of milestones, and realisation of planned benefits.	Tolerate	9	6	• 26/27 priorities to be agreed swiftly, resources can be aligned, short-term support from previous owners to support handover • Implement an accelerated onboarding approach in line with ACL and Divisional Clinical Leadership role commencement.
711 **System Alignment to our Strategy:** There is a risk that external systems are initiating change and pathways that don't align to our own strategic deliverables.	Within appetite	6	3	• Proactive strategic engagement • Contract deliverables mapping • Strengthened operational relationships • Early intelligence/warning mechanism • Internal clarification of positioning

PATHWAYS OF CARE PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

UPCOMING MILESTONES	IMPACT ON DELIVERY	MITIGATIONS
Falls, Frailty & Older People • **Problem Statement and next steps for Careline agreed**	• Non delivery of this milestone means **ambulance services continue to respond to non-clinical welfare concerns**, creating **inefficiencies** and **hindering delivery of the strategic shift towards** prevention, community-based support, and **appropriate resource utilisation.**	• Changes to CAD to filter data by service to profile demand • Data analysis to define the problem statement • SBAR to CEG with recommendations for next steps based on analysis • Use of national position once published
• **SOP for Care homes approved and monitoring at DMG**	• Failure to approve and embed the Care Homes SOP into routine operational practice will result in **continued variability in how care home incidents are managed**, leading to **increased and avoidable demand** on ambulance services. This is known to adversely **impact Category 2 mean** response times.	• Area Clinical Leads (ACLs) commencing from 6 July, strengthening clinical leadership and supporting the SOP development and embedding. • Reporting arrangements to be established through DMG, ensuring regular oversight of progress, benefits realisation, performance metrics and risk management
• **AACE Falls prevention framework adopted by Trust and in use by CFRs**	• If not delivered, the ambulance service will **miss a key opportunity to standardise falls management**, **maximise CFR contribution and reduce avoidable ambulance demand**. This is likely to **increase pressure** on frontline resources, **worsen Category 2 performance**, **increase the incidence of long lies**, and reduce system capacity to respond to patients requiring urgent care.	• Virtual Triage established and subject to ongoing monitoring • Volunteer Strategy in place, providing a framework for scaling Community First Responder (CFR) capacity and increasing the availability of community-based support • CFRs trained in Falls Response, enabling a broader and more consistent response capability for low-acuity falls • Single-Operator Falls Chair implemented and being scaled across the organisation

Milestone Legend: Completed | Planned | On Track | At Risk | Off Track | New Forecast

PATHWAYS OF CARE PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

UPCOMING MILESTONES	IMPACT ON DELIVERY	MITIGATIONS
Mental Health • **Partnership Case for Change event delivered**	• If not delivered: **Stakeholder alignment and support** for the Mental Health transformation programme may be **weakened**, **reducing momentum for pathway implementation**. This could delay direct IC referrals into crisis teams, limiting improvements in mental health H&T rates and **result in continued avoidable conveyances to Emergency Departments.**	• Early engagement with partners • Clear communication of objectives • Agreed actions monitored through programme governance
• **Phase 2 of MH dashboard live**	• If not delivered: **Data oversight** and reporting capabilities will be **limited, reducing visibility of restrictive practice** & **mental capacity compliance**. This **will hinder delivery of the planned case for change event** as we will use this to **evidence** our position on improvements needed **for pathways and SPOA for blue light services** all of which contributes to improving our performance against C2 targets.	• Early engagement with BI Team on published deliverables • Clear communication of objectives and timelines • Scoping documents completed and returned in timely fashion • Escalation at BI & Data prioritisation board as required
• **Patient and Staff Engagement Plan Approved**	• If not delivered: The transformation programme may not be sufficiently shaped by patient and staff feedback, **reducing** stakeholder engagement, ownership, and **confidence in the changes being implemented.** This could **impact the quality, effectiveness, and long-term sustainability of programme outcomes**, increasing the **risk of resistance to change** and missed opportunities to improve services.	• Delivery of targeted engagement activities • Regular feedback mechanisms • Area Clinical Leads (ACLs) commencing from 6 July, strengthening clinical leadership and supporting this workstream • Monitoring delivery through programme governance arrangements.

Milestone Legend: Completed | Planned | On Track | At Risk | Off Track | New Forecast

MODEL OF CARE PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

UPCOMING MILESTONES	IMPACT ON DELIVERY	MITIGATIONS
End of Life Care, Palliative & Dying		
• **EOLC leadership integrated into new Operational Structure** 	• If not delivered: **difficulty influencing ICBs, hospices and community providers.** Risk that EOLC priorities are deprioritised against other operational pressures. **Delays to implementation of pathways, training and system-wide improvements**. This directly affects the maturity matrix objective to embed local PaEOLC leadership.	• Maintain dedicated EOLC steering group with operational representation • Nominate local EOLC champions within OUs • Build in EOLC reporting into DGG/DMG agenda • Dashboard access and briefing for HOO's
• **Hot spot intervention plan agreed** 	• If not delivered: continued **variation in performance** across geographies. Persistent **high-demand areas continue to generate avoidable EOLC calls**, conveyances **and long scene times**. **Reduced ability to target non-commissioned workload and system gaps**.	• Area Clinical Leads (ACLs) commencing from 6 July, strengthening clinical leadership and supporting delivery • Prioritise intervention in the top 5–10 highest demand areas and implement informal local improvement plans • Use case reviews and system learning events to address recurring themes & escalate findings through ICB forums
• **European Certificate in Essential Palliative Care (ECEPC) for EOLC advocates training delivered** 	• If not delivered: **Reduced clinician confidence** in EOLC assessment, decision-making and difficult conversations. **Increased variation in care delivery. Higher likelihood** of overtreatment, **inappropriate conveyance and longer scene times**.	• Deliver focused CPD sessions through existing education programmes • Prioritise training for APPs, PPs and clinicians providing remote advice • Use virtual learning, case reviews and clinical supervision
• **Data review completed on the new ePCR EOLC screen coding** 	• Inability to establish a reliable baseline or measure progress. **Difficulty identifying true EOLC activity levels**, inequalities, pathway use and outcomes. Benefits realisation becomes challenging. **Risks poor decision-making due to inaccurate or inconsistent data.**	• Undertake manual audits and sample reviews • Implement data quality checks and clinician reminders • Prioritised coding review as an early enabler before wider transformation activity progressed

Milestone Legend: Completed | Planned | On Track | At Risk | Off Track | New Forecast

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Future Model of Virtual Care Programme

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

Version 1.1 – Last Updated 28 Jul 2026

FUTURE MODEL OF VIRTUAL CARE PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

ASSURANCE STATEMENT

The Virtual Care Programme continues to progress, with governance arrangements established and delivery workstreams operational. A revised two phase approach had been adopted to support implementation at pace whilst managing delivery risk. The programme remains the Trust's principle mitigation for Strategic Risk 1 and central to achieving wider transformation benefits.

Phase 1: Standardise, Route & Embed focuses on implementing a standardised clinical model, intelligent routing, APP-led shared decision-making, workforce transition, and a single Virtual Care governance framework.

Phase 2: Consolidate, Integrate & Scale will focus on leadership arrangements, workforce capability, hub and estate optimisation, career pathways, and wider system integration opportunities, including 111 CAS and AI-enabled capabilities.

DELIVERY CONFIDENCE

Delivery confidence remains stable, with workforce, governance and digital workstreams progressing as planned and no significant issues identified that would prevent delivery of the approved phased scope.

ALERT

- ! Realisation of Phase 1 benefits is dependent on delivery of key digital enablers, including intelligent routing, queue navigation and ECAL automation capabilities.
- ! Delivery of Phase 1 remains dependent on successful implementation of digital automation of the clinical queue, design & delivery of the Clinical Safety Navigator role changes and associated workforce transition activity
- ! Phase 2 planning will require future decisions regarding leadership structures, hub configuration, location and wider workforce transformation to support the longer-term Virtual Care model.

ADVISE

- ~ Note the revised two-phase delivery approach, enabling implementation of the Virtual Care model through Phase 1: Standardise, Route & Embed whilst reducing organisation-wide change workforce risk
- ~ Support continued workforce engagement and transition activity, including that being embedded in Phase 1 and those being designed and delivered in Phase 2, assimilation arrangements and recruitment to new multidisciplinary Virtual Care roles.
- ~ Support progression of key digital and governance enablers, including intelligent routing, queue navigation, ECAL automation, benefits baselines and KPI reporting, to enable successful delivery of the approved Phase 1 scope.

ASSURE

- ✓ Governance arrangements are established, with delivery groups operational and reporting through the agreed programme governance structure.
- ✓ The programme is being delivered using a structured change management approach, with a focus on clearly communicating the vision, strengthening formal and informal leadership, and proactively addressing barriers to adoption.
- ✓ A comprehensive engagement and communication approach is in place to support workforce transition, reinforce the future model of Virtual Care, and maintain stakeholder commitment throughout implementation

FUTURE MODEL OF VIRTUAL CARE PROGRAMME REPORT

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

NHS South East Coast Ambulance Service

RISK ID & DESCRIPTION	APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
773 **Workforce**: There is a risk that the Trust will have the inability to recruit, retain and develop a workforce with sufficient capacity and capability to safely deliver the Virtual Care model at scale	Within appetite	12	9	• Develop and implement a defined Virtual Care workforce model and competency framework • Deliver aligned training pathways and phased workforce transition • Embed workforce capability, training and adoption into delivery from Q2 • Align with Trust workforce planning and monitor capability through key metrics • Support implementation through the People Impact Assessment, change and assurance
776 **Service Model/Operations:** There is a risk that the Trust will experience operational disruption during transition to the new model, leading to reduced performance, increased patient wait times and loss of control over demand and patient flow	Within appetite	12	6	• Clearly separate "business as usual" from transformation activity where possible • Build contingency plans where new model elements are productivity critical • Monitor leading indicators of operational pressure and productivity impact
775 **Digital & Technology:** There is a risk that if Digital systems and integration are not delivered or adopted at the pace required, resulting in continued fragmentation, inefficiencies and risks to safe clinical decision making	Outside appetite	9	6	• Define minimum viable capability of new model • Prioritisation exercise looking at what enhances existing systems, productivity & is deliverable in year • Phase implementation to allow incremental digital maturity

UPCOMING MILESTONES	IMPACT ON DELIVERY	MITIGATIONS
Aug 26: Produce & approve the Future Virtual Care Workforce Blueprint	Delay would impact workforce planning, recruitment and transition activities required to deliver the future model	Continue workforce design activity and utilise interim workforce assumptions pending approval
Aug 26: First draft of the future Shared Decision-Making model to support the VC TOM	Delay would slow development of the future post-dispatch operating model and associated benefits	Progress design through clinical and operational leadership groups and maintain current arrangements until agreement is reached
Aug 26: First draft of the design & validation activities for the ECAL SPoA model & confirm implementation approach	Delay would reduce opportunities to improve patient flow and timely clinical decision-making	Complete planned workshops and testing to confirm the preferred implementation approach
Aug 26: First draft design of navigation reconfiguration (i.e. 2 x Clinical Queues & Auto Allocation & CSN role	Delay would impact future queue design, workforce deployment and delivery of automated patient allocation	Undertake joint operational, digital and workforce design sessions to finalise requirements and dependencies
Aug 26: Complete APP Job Plan Review & Implement Plan as per the outcomes	Delay would impact workforce transition planning and implementation of the future multidisciplinary workforce model	Apply a phased approach supported by workforce engagement and People Impact Assessment findings

Executive Sponsor: Jen Allan · Senior Responsible Owner: Sivanthi Sivakumar & Lara Waywell· Programme Manager: Kate Mackney

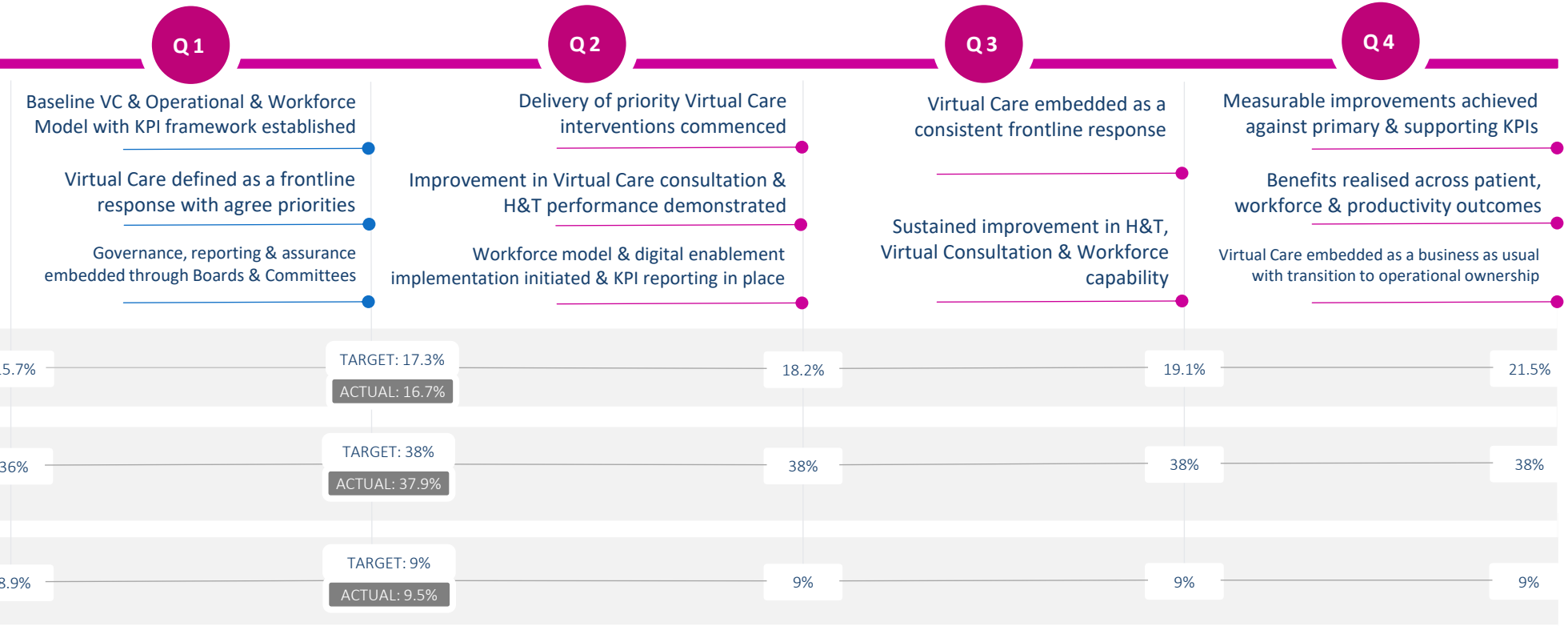
FUTURE MODEL OF VIRTUAL CARE PROGRAMME REPORT

MILESTONES & KPIs

VIRTUAL CARE PROGRAMME: IMPLEMENTATION PHASE

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

Not started
Completed
Delayed



Notes:

- Actual performance is represented by the YTD average (01 Apr to 30 Jun)
- Hear & Treat performance is reported using the VC Dashboard YTD average to monitor progress against the annual target of 21.5%.
- Figures reported through the IQR may differ due to variations in reporting periods (for example, month-end reporting) and calculation methodologies
- All Q1 activities are complete

Our People Enjoy Working at SECAmb

OUR PEOPLE ENJOY WORKING AT SECAMB

South East Coast Ambulance Service NHS Foundation Trust

2024-2029 Strategy Outcomes

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

Associated IQR Metrics

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

2026-2027 – Strategic Transformation Plan

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

2026-2027 – Operating Plan

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

OPERATING PLAN PRIORITIES

OUR PEOPLE ENJOY WORKING AT SECAMB

NHS South East Coast Ambulance Service NHS Foundation Trust

Programmes	Delivery Confidence	What	So, what	What next?
Leadership offer for first time line managers & middle managers		The leadership offer has been developed, and the pilot programmes have been completed. Rollout of the wider modular offer is progressing in line with the agreed implementation plan.	Delivery remains on track to achieve the intended benefits, strengthening leadership capability and providing greater consistency of support for first-time and middle managers.	The modular offer will continue to be rolled out, supported by protected learning time and ongoing organisational engagement.
Internal approach to recruitment and promotion successes		Four workstreams are progressing to improve recruitment, covering recruitment review, inclusion, NHS Staff Standards and the Leadership and Management Framework.	Each workstream has its own governance, actions and KPIs, with work underway to combine them into one overarching plan.	The workstreams will be consolidated into one plan, incorporating the NHS Staff Standards and Leadership and Management Framework.
Leadership Continuity & Talent Management Plans		Succession plan underway for Executive roles, as required by NHS SE Region (submission September 2026).	Submission remains on track; detail uploaded onto regional online portal to support regional talent management.	Development of Deputy Director succession planning to commence in September.

WORKFORCE TRANSFORMATION PROGRAMME

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

Version 1.1 - Last updated 29 Jul 26

WORKFORCE TRANSFORMATION PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

ASSURANCE STATEMENT

Initial mobilisation phase completed, including governance arrangements, workforce data extraction and commencement of baseline workforce analysis. A programme stocktake is currently underway to review dependencies and strategic priorities in the context of wider organisational change. The outputs will inform an integrated workforce transformation approach and help prioritise future activity and resource allocation.

DELIVERY CONFIDENCE

While programme governance in place, delivery confidence is expected to increase following completion of the diagnostic review and confirmation of delivery resources.

ALERT

! Progression of detailed review activity is dependent on the availability of clinical and operational expertise.

! The programme operates within a complex organisational change environment, requiring alignment across multiple transformation initiatives.

ADVISE

~ Programme stocktake and diagnostic exercise underway to establish a shared understanding of the current workforce position and key dependencies.

~ SCAS Group clinical operating model review commissioned through the Royal College of Paramedics, with interim findings expected in October to inform future workforce transformation planning.

ASSURE

✓ Governance and reporting arrangements established

✓ Stakeholder engagement commenced, including planned SCAS alignment discussions

WORKFORCE TRANSFORMATION PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

RISK ID & DESCRIPTION	APPETITE	BASELINE SCORE	TARGET SCORE	MITIGATIONS
WT1 **Review Outcomes Delay** There is a risk that **delays in review outcomes** result in the workforce **plan not being approved in time for the NHSE submission deadline**, leading to reduced organisational assurance and potential planning non-compliance.	Within appetite	12	8	• Close monitoring of agreed work packages • Weekly check-ins with programme stakeholders and SCAS • Escalation if slip evident by July
WT2 **Leadership Disengagement** There is a risk that **leaders are not sufficiently engaged** in the workforce design and review process, resulting in **lack of buy-in, delays to approval, workforce changes not implemented effectively**.	Within appetite	12	8	• Regular forum meetings • Strong communication strategy and reporting forums • Exec support via joint E2E forum
WT3 **Alignment between clinical and enabling functions** There is a risk that the **clinically-led workforce review** results will lead to **additional changes to clinical and corporate** workforce capacity and capability	Outside appetite	16	8	• Alignment to organisation-wide workforce model (not clinical in isolation) • Joint People Services and Paramedicine leadership • Executive oversight and cross-directorate engagement

MILESTONES & KPIs

Not started
Completed
Delayed

Q1	Q2	Q3	Q4
Clinical baseline commenced	Clinical workforce baseline and initial insights completed	Clinical roles aligned to agreed framework	27/28 NHSE medium plan submitted
Governance and reporting established	Critical care report reviewed by Group CiC	Phase 2 mandate agreed	Direction of implementation roadmap agreed (for Phase 2 development)

KPI 1: **Stakeholder engagement as part of review** *Informed by stakeholder plan and matrix*	0%	Mobilisation and diagnostic activity underway. KPIs to be reported from Q2.	100%
KPI 2: **Completion of review work packages** *Informed by work package scope and timeline*	0%		100%

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ORGANISATIONAL OPERATING MODEL PROGRAMME

Executive Sponsor: **Sarah Wainwright**
Programme Manager: **Victoria Cole**

Version 1.1 - Last updated 28 July 2026

ORGANISATIONAL OPERATING MODEL PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

ASSURANCE STATEMENT

Overall programme delivery continues to progress with completed elements (Phase 3) transitioning into business as usual. Some programme milestones have moved between quarters to reflect delivery capacity, stakeholder engagement and programme interdependencies. Revised sequencing is actively managing the changes, with no current forecast impact on delivery of the overall programme mandate outcomes.

DELIVERY CONFIDENCE

Delivery confidence recognises the cumulative organisational change demands across the Trust. There is no current anticipated impact on achievement of the in-year programme outcomes, however, confidence in the delivery plan is dependent on the scale, sequencing and prioritisation of wider organisational change activity including Virtual Care.

ALERT

! Phase 4 delivery sequencing has been revised to provide sufficient time to complete the People Services operating model design while maintaining overall programme delivery. This was endorsed by Steering Group on the basis of the current organisational change portfolio and available organisational change capacity.

Should the emerging Virtual Care Programme require significant organisational change support, Executive prioritisation, additional resource or further rephasing may be required.

ADVISE

~ Implementation continues to progress. TMO, S&T, Scheduling and Medicines Governance have transitioned to BAU; Divisional Clinical Leadership model was implemented on 6 July; Dispatch, Community Resilience and Wellbeing remain in implementation. Recruitment to remaining substantive roles continues.

~ Integrated Care Part 2 (Leadership) will progress to EMB in August, followed by the combined Digital and People Services Business Case in early September.

~ Divisional governance refresh implementation has been rescheduled to enable effective stakeholder co-design with a workshop scheduled for 24 July.

ASSURE

✓ **Programme delivery remains on track** overall, with phased implementation and active sequencing being used to manage organisational change capacity and interdependencies.

✓ **Integrated Care Leadership Part 1 -** Design, Job Description review and business case activity are progressing towards EMB consideration on 19 August, with continued alignment to Virtual Care informing Part 2.

✓ **Phase 3 corporate implementation continues to progress** towards completion and transition to business as usual, with no anticipated impact on planned CIP benefits from revised Employee Assistance Programme (EAP) procurement timescales within the Wellbeing restructure.

TMO •PATIENTS •PEOPLE •SUSTAINABILITY

Executive Sponsor: Sarah Wainwright · Senior Responsible Owner: Lara Waywell & Jacqui Skeel · Programme Manager: Vic Cole

ORGANISATIONAL OPERATING MODEL PROGRAMME REPORT

NHS South East Coast Ambulance Service NHS Foundation Trust

MILESTONES & KPIs

Not started | Completed | Delayed

WE ARE HERE

Q1 | Q2 | Q3 | Q4

DIVISIONAL OPERATING MODEL REVIEW RESPONSE | WORKSTREAM 1

- Divisional Governance Framework
- Leadership and OD capability

- 26/27 mandate approved & prog gov arrangements established
- Refreshed sub-EMB div governance framework designed and agreed
- Scope & phasing of Divisional Leadership & OD offer confirmed
- OD programme commenced
- Refreshed divisional governance framework implemented*
- OD programme - initial phase complete*
- Clinical Operating Model evidenced as embedded across all divisions
- Div Leadership and OD programme commenced — IC and RSO divisions
- Stage 2 Divisional Model Review commissioned and completed

KPI 1: **Reduction in unwarranted variation of CAT 2 mean response time across divisions**
(KPI currently under review)

22min | TARGET: ≤25min | ACTUAL: 28.3 min | ≤25min | ≤25min | ≤25min

OPERATIONAL, CLINICAL & CORPORATE OPERATING MODELS | WORKSTREAMS 2 & 3

- 25/26 Operational & Clinical Restructures completion
- Complete and embed organisational restructures (Phase 4 and RSO Leadership) aligned to SECAmb's operating model and strategic priorities to ensure that organisational changes translate into sustained operational and financial benefit

- 26/27 mandate approved & prog gov arrangements established
- IC and RSO operating model design principles agreed
- Consultation complete for Dispatch, Clinical Leadership & Community Resilience
- Phase 3 Consultation outcomes communicated
- Approach for Phases 4 and 5 confirmed
- Phase 4 Business Case approved
- IC phase 1 structure designed and agreed
- Outstanding operational and clinical restructures completed
- Phase 4 Consultation outcomes communicated
- Phase 3 Implementation complete
- Phase 5 Business Case approved
- Phase 4 Implementation complete
- Phase 4 new operating model embedded
- RSO structural changes implemented*
- Phase 3 new operating model embedded
- Phase 5 Implementation complete
- RSO Leadership Operating Model implemented
- Phase 5 Consultation outcomes communicated*

KPI 1: **12-month rolling sickness absence rate**
7.2% | TARGET: 7% | ACTUAL: 7.3% | 6.8% | 6.6% | 6.4%

KPI 2: **12-month rolling staff turnover rate**
11.7% | TARGET: <15% | ACTUAL: 12.1% | <15% | <15% | <15%

KPI 3: **Cost Improvement Delivery**
0% | On track
Approved Phase 3 restructures remain on track to deliver approximately 10.1% recurrent savings, exceeding the Trust's minimum 5% efficiency requirement.
On track (forecast)
Phase 4 business cases are expected to achieve the Trust's minimum 5% efficiency requirement.
On track (forecast) | ≥5%

ORGANISATIONAL OPERATING MODEL PROGRAMME REPORT

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

NHS South East Coast Ambulance Service NHS Foundation Trust

RISK ID & DESCRIPTION	APPETITE	CURRENT SCORE	TARGET SCORE	MITIGATIONS
010 **Org Change Capacity -** There is a risk that the cumulative scale and sequencing of organisational change activity across the Trust exceeds available People Services, recruitment and implementation capacity, resulting in further programme rephasing and delays to implementation and benefits realisation.	Outside appetite	16	8	• Phase 4 rephased to manage known change demand • Digital / People Services overlap mitigations agreed • Cumulative change demand monitored through programme governance • Executive prioritisation and escalation where capacity is exceeded
007 **Recruitment Gaps** - There is a risk that the Trust is unable to recruit to key or specialist roles, including Divisional Clinical Director posts, resulting in vacancies, reduced leadership capability & capacity limiting the effective operation and embedding of the divisional model.	Outside appetite	16	8	• Targeted recruitment approach for key and specialist roles • Interim leadership arrangements maintained within affected divisions • Impact on divisional leadership effectiveness monitored through programme governance
008 **Delivery Pinch Points** - There is a risk that the rephasing and sequencing of organisational change programmes results in multiple strategically significant activities converging within the same delivery period, creating implementation pinch points that delay delivery and benefits realisation.	Within appetite	12	8	• Sequencing and dependencies overseen through Steering Group / EMB • Delivery changes impact-assessed before agreement • Wider Trust change interdependencies monitored and reviewed • Rephase, resource or escalate where pinch points emerge
004 / 729 **Workforce Sensitivities / Change Fatigue** - There is a risk that concurrent organisational change programmes create workforce pressure and change fatigue, resulting in increased sickness absence, grievances and staff disengagement.	Within appetite	12	8	• Change activity sequenced to reduce cumulative workforce impact • Proactive engagement with staff and Trade Unions • Workforce impacts monitored through feedback, sickness and grievance trends

KEY UPCOMING MILESTONES	IMPACT ON DELIVERY	MITIGATIONS
24 July 2026 - Divisional Governance workshop to agree priority design themes and inform development of the refreshed governance framework.	• Delay may impact delivery of the rephased governance milestones.	• Fortnightly delivery oversight and early stakeholder preparation.
19 August 2026 – Integrated Care Leadership Part 1 Business Case to EMB	• Delay may impact consultation sequencing and increase overlap with corporate restructures activity.	• JD and Final model / Business Case development activity prioritised and actively monitored.
02 September 2026 – Digital & People Services Business Case to EMB	• Delay may compress consultation and implementation timescales.	• Joint delivery support and sequencing monitored through Steering Group. • Design workshop scheduled following Deputy CPO commencement

We Are A Sustainable Partner As Part Of An Integrated NHS

WE ARE A SUSTAINABLE PARTNER AS PART OF AN INTEGRATED NHS

South East Coast Ambulance Service NHS Foundation Trust

2024-2029 Strategy Outcomes

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

2026-2027 – Strategic Transformation Plan

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

2026-2027 Associated IQR Metrics

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

2026-2027 – Operating Plan

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

OPERATING PLAN PRIORITIES

WE ARE A SUSTAINABLE PARTNER AS PART OF AN INTEGRATED NHS

NHS South East Coast Ambulance Service NHS Foundation Trust

Programmes	Delivery Confidence	What	So, what	What next?
Efficiency & Productivity		The Trust is forecast to deliver its financial plan. However, higher-than-planned non-recurrent savings continue to create financial pressure and increase the recurrent savings requirement for 2027/28. Category 2 (C2) mean response time remains 3 minutes 30 seconds above plan, largely due to external system pressures. Internal efficiency measures remain on track to secure the second tranche of growth funding, although Hear and Treat performance and sickness absence continue to underperform.	At this stage of the year, the Trust is forecasting delivery of both its financial plan and the C2 mean response time trajectory. However, continued under-delivery of recurrent Cost Improvement Programme (CIP) savings and Hear and Treat performance will reduce the recurrent efficiency gains required to support next year's financial position unless performance improves during the remainder of the year.	• Continue weekly oversight through the Productivity and Efficiency Group, identifying and tracking further efficiency opportunities. • Major efficiency programmes remain on track to deliver benefits from Quarter 3. • Performance recovery actions continue to be implemented and monitored. • Additional clinicians will strengthen Virtual Care and Hear and Treat capacity during July and August. • Long-term sickness reviews will continue to improve abstraction rates.
Electric Vehicle (EV) Trial		Fleet mileage emissions exceeded the 2025/26 target by 78%. In support of the NHS Net Zero Travel and Transport Plan, five electric double-crewed ambulances will be introduced during 2026/27.	The vehicles have arrived and are being commissioned, with conversion faults currently being resolved. A multidisciplinary working group is progressing the operational, clinical, training, safety and infrastructure requirements needed for deployment.	Once commissioned, the vehicles will be deployed through the Banstead Dispatch Desk. The trial will assess mileage, job-cycle performance, carbon emissions and cost against internal combustion engine vehicles, with any risks or concerns formally escalated.
Vehicle Availability & Targeted Improvements		VOR remains high at approximately 18%, with some OUs experiencing vehicle shortages and recording ghost call signs. New vehicle commissioning is broadly on plan, with 28 of 29 vehicles commissioned.	Higher-than-planned activity is increasing vehicle use and maintenance demand, placing further pressure on the understaffed VMT workforce. Three newly operational vehicles are already long-term VOR following RTC damage, while Fiat parts availability continues to delay repairs.	Recruitment activity for VMT vacancies will continue, including targeted advertising and consideration of a recruitment and retention premium, subject to affordability. Vacant shifts will continue to be offered as overtime, alongside work to address parts-supply constraints.

JOINT PRIORITY AREAS – South Central and South East Ambulance Group

2026 / 27

01 Joint CAD / ePCR & Digital Infrastructure

FOCUS IN 2026/27

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

INTENDED OUTCOME

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

02 Joint Clinical Operating Model

FOCUS IN 2026/27

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

INTENDED OUTCOME

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

03 Corporate Services Collaboration

FOCUS IN 2026/27

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

INTENDED OUTCOME

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

04 Strategic Estates

FOCUS IN 2026/27

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

INTENDED OUTCOME

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

05 Performance Improvement & Patient Outcomes

FOCUS IN 2026/27

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

INTENDED OUTCOME

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

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DIGITAL TRANSFORMATION PROGRAMME

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

Version 1.1 - last updated 28 July 2026

Digital Transformation Programme — Milestones

Note: Some of these still need to be confirmed

NHS South East Coast Ambulance Service

Workstream / Priority	2026/27 Q1	2026/27 Q2	2026/27 Q3	2026/27 Q4	2027/28 Q1	2027/28 Q2
Clinical Productivity						6 priorities
Auto-allocation of calls (Hear & Treat)	EOC roll-out	OU roll-out	Monitor & BAU			
Automation of ECAL process	Scope & PoaP	Build — TBC	Go-live — TBC			
Auto-allocation of vehicles	Ph1: C1 CAD	Ph2: C1 matrix	Ph3: C2 & evaluation			
Optimisation of ePCR (info flows)	Milestones agreed	WCA & GP summary	Safeguarding integ.	Monitor integ.		
Automation of clinical audit	Scope & PoaP	Build — TBC	Delivery — TBC			
WiFi in EDs (GovRoam) & summary transfer	Partners & API	Build & Pilot	Eval & Plan	Staged Rollout		*continues → Q4 27/28*
Corporate Productivity						5 priorities
Section 2 payments	Discovery	Business case	Go-Live	Phase 2 (Annex E)		
Organisational use of ESR	Diagnostic	Config & Pilot	Go-Live			
EOC rostering			*Develop/procure — TBC*		*Phase 3 — TBC*	
Sickness management		*Delivery - milestones TBC*				
Workforce management		Phase 1 — TBC		Phase 2 — TBC		
Business Intelligence						5 priorities
Data Platform & Self-Service	Data Platform & Self-Service					
Planning & Modelling		Demand analysis	Model build	Deploy & handover		
Divisional reporting		Requirements - Build - Go-Live				
mySECAmb (self-service)	Purpose & build	Rollout & adoption				
Financial reporting			Data mapping	Integration & build	Deploy & govern	
Foundational Delivery						2 priorities
Cyber Security (managed CSOC)	Procure & Business Case		Implement & integrate (NHSE)			
Microsoft tenant migration (NHSmail)	*Plan & prep*		Migration	Rollout & embed		

DIGITAL TRANSFORMATION PROGRAMME MONTHLY REPORT — Data & AI

Programme aim: *Deliver the foundations for a data-driven and AI-enabled organisation, improving access to trusted information, accelerating insight and supporting better outcomes for patients, staff and services.*

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ASSURANCE STATEMENT

The Data & AI Programme has moved from design into implementation. CAD data — the Trust's richest operational dataset — has been ingested into the new data platform, with ePCR, GRS and ESR to follow, giving a joined-up view across demand, clinical care and workforce for the first time. The newly appointed Enterprise Architect will ensure alignment with a coherent target architecture and the emerging Data & AI strategy is being grounded in what is being built and proven now.

DELIVERY CONFIDENCE

- Delivery confidence for core cloud-based data platform remains Green and on track.
- Confidence for AI progress is currently Amber - due to take up of Tortus and Copilot business case funding difficulties.

ALERT

! Use of Tortus was not mandated during the pilot. As a result, the dataset gathered is small and unrepresentative, limiting the evidence on whether AI transcription and summarisation is effective. This will need to be addressed ahead of the business case in August.

ADVISE

~ The M365 Copilot business case does not demonstrate a financial saving and funding is not available to expand use; migration to the national 365 tenant may require a deployment hiatus.

~ Turning AI use into cashable savings remains difficult across the NHS; benefits are predominantly productivity and quality gains. A benefits realisation framework will categorise benefits honestly, with 3/6/12-month post-deployment reviews.

~ The draft Trust-wide AI Policy enters stakeholder engagement Aug–Sep, ahead of governance approval in October.

ASSURE

✓ Data platform build is under way: CAD ingested, ePCR/GRS/ESR onboarding progressing, and the first product — a divisional governance report — being scoped to give leadership a single, consistent view of performance, quality and workforce.

✓ Draft AI Policy establishes a four-tier risk classification, AI Governance Panel and AI Register, giving Board line of sight of all AI in use.

DIGITAL TRANSFORMATION PROGRAMME REPORT — CLINICAL & CORPORATE PRODUCTIVITY

Programme aim: *Deliver digital transformation that enables the virtual care operating model, supports clinical decision-making, and drives clinical and corporate productivity across the Trust.*

NHS South East Coast Ambulance Service NHS Foundation Trust

ASSURANCE STATEMENT

The Clinical & Corporate Priorities portfolio is making good progress overall. Two first-phase automation capabilities (Intelligent Clinical Queue Automation and Auto-Dispatch) are live and in operational use, and frontline crews now have Trust-wide access to shared care records at the point of care. Programme assurance identifies a number of delivery dependencies, most notably the outstanding Workforce Management Full Business Case (FBC), which goes to the joint SCAS and SECAmb Exec-to-Exec on 28 July ahead of formal consideration through Trust governance in August.

DELIVERY CONFIDENCE

- Clinical productivity is Green and progressing well with all Q1 targets met.
- Corporate productivity remains Amber due to delays in concluding the FBC for Workforce Management, which is being coproduced with SCAS.

ALERT

! ePCR Optimisation remains at risk, as 2 of the 5 workstreams are dependent on a separate working group. Progress within those areas has been slower than anticipated and has been escalated for review.

! PM/coordination capacity: the temporary contractor base reduced between 30 June and 31 July (9 have left, 2 leave end of July); Further resourcing will be subject to approved Business Cases.

ADVISE

~ Auto-Dispatch Phase 1 delivered on plan; subsequent phases planned through Q2–Q3 with joint operational and digital governance in place.

~ ECAL Automation and Virtual Care Clinical Audit remain in Scoping with clinical leadership engaged; video support for bystander CPR is progressing well.

~ Annual Leave (Section 2) interim SQL fix works but is not fully resilient long-term; permanent fix depends on WFM Full BC decision.

ASSURE

✓ Intelligent Clinical Queue Automation is implemented Trust-wide and live with no significant issues, now in BAU monitoring; Phase 2 will introduce more sophisticated allocation rules.

✓ Workforce Management system proof of concept continues across staff contract management, rostering, sickness and performance management, prior to review of joint SECAMB SCAS BC.

✓ Shared care records live Trust-wide: GP Connect and the Kent and Medway Care Record following completion of roll-out.

KEY PERFORMANCE INDICATORS & BENEFITS

NHS South East Coast Ambulance Service NHS Foundation Trust

Programme	Measure	Baseline (as-is)	Latest actual (Jun-26)	Target	Forecast realisation
Data and AI & Shared Care Records	Reduction in average Job Cycle Time	01:36:55	01:35:22	1-minute reduction	Q4 2026/27
Auto-Dispatch	Time taken to allocate crews to Category 2 calls	00:08:23	00:08:12	1-minute reduction	Q4 2026/27
Auto Allocate Calls (Intelligent call queue)	Calls per hour per clinician	1.35	1.43	0.1 increase	Q2 2026/27

Benefit Description	Benefit Owner	Benefit Type	Outcome Measures / Link to KPI?
Faster job cycle times through better data access. Field and virtual care teams use mySECAmb self-service reporting to support clinical and productivity discussions, while Shared Care Records enable faster, more informed clinical decisions.	Assistant Director of Data and Analytics	Quality / Efficiency	• Reduction in average job cycle time • 75% adoption of mySECAmb by field and virtual care staff • Shared Care Records accessed for 60% of patient contacts
Faster resource allocation for C2 patients. Expanding CAD auto-allocation uses response matrix to identify most appropriate resource, improving response times for C2 patients while reducing resources allocated to each incident (API/RPI).	Head of Critical Systems	Efficiency	• Reduction in C2 resource allocation time • Reduction in Allocations Per Incident (API) and Responses Per Incident (RPI) • Reduction in mean response time for C2 patients
Increase clinician calls per hour through auto-allocation. Automatically allocating calls enables clinicians to focus on patients, support neighbouring areas, and spend less time managing call stacks.	Programme Manager	Productivity / Cost	• Increased clinician calls per hour • Reduced time spent managing call stacks

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board August 2026

Data up to and including June 2026

What?

- C2 mean was behind plan in June at 28:30, attributable to an increase in activity / demand due to the exceptional weather conditions in the South East, which necessitated a declaration of a critical incident / REAP 4 amid wider health system pressures. Hear & Treat improved slightly in June but remains behind the Trust's Hear & Treat target trajectory. The Intelligent Clinical Queue rolled out in May 2026 in EOC, was extended to the Hubs in early July, and the impact is being monitored. Hours lost to Hospital Handovers showed slight deterioration, indicative of system pressure due to factors related to extreme hot weather. Call answer times were also affected by the hot weather but the Trust continued to support YAS and SCAS taking calls on their behalf. Appraisal compliance remained strong at 80.5%, nonetheless there is an increased focus on achieving the 85% target. FTE sickness absence in Operations was 7.85% for Q1, a reduction from the previous quarter which was 8.36%.
- Clinical outcomes remain strong, with cardiac arrest survival, ROSC and STEMI care bundle compliance all performing above target and demonstrating sustained improvement. Good progress is also demonstrable in models of care, with including increased Community First Responder (CFR) involvement in non-injury falls and growing levels of clinical validation. Finance to month 3 is reported as on track YTD and FOT but CIP is behind trajectory.

- **So What?**
- Without additional recovery actions CIP and productivity plans will fail to deliver the recurrent change required in plan.
- Performance management continues to be an area of focus, and each Operating Unit has their own delivery plans which are monitored through the Divisional governance structures. Appointed Area Clinical Leads for each Operating Unit start in post of 6 July 2026 .
- There is further improvement needed to our productivity metrics, with increases in call triage rates and H&T outcomes being behind trajectory. A weekly Delivery Group has been established to provide focus and oversight on agreed actions to improve productivity. A continued rise in Employment Tribunal cases, consistent with broader national trends, presents an ongoing workforce risk and will require continued oversight and proactive case management
- The Trust continues to work in partnership with colleagues at SCAS across all Directorates.

What Next?

- Monitoring of CIP / Productivity recovery plans will continue into August and September. The focus through the year will be ensuring we meet our key indicators around C2 mean, Hear & Treat and finance, while focusing on our quality, people and productivity programmes for the coming year.
- Enhanced and focussed governance is now established to manage the BAF priorities in the key areas of increasing Hear & Treat, reducing sickness absence, reducing VOR and increasing the use of alternative pathways for our patients. The Digital change programme implementation will continue.
- Work will continue to strengthen the quality of appraisal conversations, promote staff wellbeing and use Freedom to Speak Up intelligence to inform service improvement.
- We will implement the recommendations from an external review conducted in Q4 on the Divisional model which will strengthen governance processes and enhance leadership capacity.
- We will embed our streamlined workforce relations policies working in partnership with TU colleagues refining our leadership framework and developing our culture work through the coming year.

NHS Oversight Framework

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

Access to services

1 – High performing

Sub-domain	Description	Metric Score	Rank
Urgent and emergency care	Category 2 Mean	1.00	5 out of 10

Effectiveness and experience

4 – Low performing

Sub-domain	Description	Metric Score	Rank
Effective out of hospital care	% of patients conveyed to ED	3.10	8 out of 10
Patient experience	Staff survey advocacy score	2.00	4 out of 10

Finance and productivity

1 – High performing

Sub-domain	Description	Metric Score	Rank
Finance	Combined finance	1.00	
Finance	Planned surplus/deficit	1.00	2 out of 10
Finance	Variance year-to-date vs plan	1.00	8 out of 10
Productivity	Relative difference in costs	2.37	7 out of 10

Patient Safety

3 – Below average

Sub-domain	Description	Metric Score	Rank
Patient safety	Staff survey – raising concerns	2.67	6 out of 10

People and workforce

3 – Below average

Sub-domain	Description	Metric Score	Rank
Retention and culture	Staff survey – engagement theme	2.00	4 out of 10
Retention and culture	Sickness absence rate	3.84	6 out of 10

CQC Rating

Overall Rating: **Requires Improvement**

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

DSPT Status

Approaching standards

Staff Survey Results – 2025

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

Icon Descriptions

Integrated Quality Report

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

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

NHS Performance Assessment Framework 2025/26

The NHS Performance Assessment Framework sets out how success and areas for improvement will be identified, and how organisations will be rated.
Metrics with this icon are part of this framework.

South East Coast Ambulance Service
NHS Foundation Trust

Quality Patient Care

What?

Clinical outcomes, a proponent of delivering high quality care remains strong, with cardiac arrest survival, ROSC and STEMI care bundle compliance all performing above target and demonstrating sustained improvement. Progress is being seen in areas of virtual care including an increase in Hear and Treat percentage for patient presenting with Mental Health & Addiction. Good progress is also demonstrable in pathways of care, including increased Community First Responder (CFR) involvement in non-injury falls and growing levels of clinical validation. However, key challenges remain in Hear & Treat performance overall impacting productivity and ensuring patients receive the right response first time, falls care bundle compliance, Category 2 and 3 response times, and increasing stroke call-to-hospital times. In June, call answering (target is to answer calls within 5 seconds mean) showed a deteriorating position. In addition, patient safety measures showed a rise in incidents resulting in harm although it is not yet known if this is statistically significant due to insufficient data points.

So What?

The Trust continues to deliver high-quality clinical care and positive patient outcomes in several priority pathways, providing assurance that evidence-based care is embedded and resilient despite operational pressures. Strong cardiac arrest outcomes, STEMI performance and improving pathways of care support the strategic objective of improving patient outcomes and responsiveness. This aligns with the Trust strategy outcome to increase cardiac arrest survival by 5% by 2029, the 2026/27 operating plan target to improve cardiac arrest 30-day survival by 1% by Q4 and the strategic transformation plan to improve clinical standards and outcomes through the models of care work. However, pressures associated with increased demand, the recent heat waves and wider system constraints are impacting delivery on the strategic transformation plan relating to productivity, specifically in relation to improving H&T aligned to the target of reaching 21.5%. These factors have the potential to affect patient experience, timely access to treatment (patient safety and outcomes) and the Trust's ability to achieve its longer-term strategic goals for virtual care and pathway optimisation.

What Next?

Focused improvement activity is underway across all areas requiring attention. Priority actions include implementation of the Trust's Virtual Care Strategy to improve Hear & Treat performance, alongside existing agree productivity metrics for this year that will support this. Other areas of focus include strengthening pathways of care, reducing variation in stroke and falls pathways, and maintaining operational focus on call answering and Category 2 and 3 response times. A deep dive is being undertaken to understand the increase in time for stroke patients receiving care aligned to our strategy outcome of reducing the time to specialist treatment for patients having a stoke. Patient safety oversight continues through Incident Review Groups, with targeted actions to address harm themes, and embed learning. The Trust operating plan objectives to develop and embed a quality governance blueprint and embedding the voice of patients and communities at a divisional level will help to ensure quality and patient voice is embedded across everything that we do. Alongside this, the Trust will continue to build on areas of strong performance, including cardiac arrest care, STEMI pathways, clinical validation and community-based models of care, to support delivery of the strategic ambitions and improve outcomes for our patients.

NHS South East Coast Ambulance Service NHS Foundation Trust

Quality Patient Care Overview

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern			
7%	13%	40%		6%	0%		
5	9	27		4	0		

Assurance

Pass	Hit and Miss	Fail	No Target
4%	35%	16%	44%
3	24	11	30

Clinical Effectiveness & Patient Outcomes

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	**Acute STEMI Care Bundle Outcome %	Mar-26	92.2%	79.4%	89.7%		
Board	**Cardiac Arrest - Post ROSC %	Dec-25	80.4%	83%	77.3%		
Board	**Cardiac ROSC ALL %	Dec-25	28.3%	28.4%	29.5%		
Board	**Cardiac ROSC Utstein %	Dec-25	59.7%	53.9%	54.1%		
Board	**Cardiac Survival ALL %	Dec-25	12.4%	11.4%	12.3%		
Board	**Cardiac Survival Utstein %	Dec-25	36.8%	34.1%	32.4%		
Board	Compliant NHS Pathways Audits (Clinical) %	Jun-26	85.2%	100%	82.5%		
Board	Compliant NHS Pathways Audits (EMA) %	Jun-26	83.8%	100%	82.5%		
Board	Hear & Treat %	Jun-26	17.3%	19.7%	15.7%		
Board	See & Convey %	Jun-26	52.1%	55%	54%		
Board	See & Treat %	Apr-26	29.9%	35%	30.1%		
Supporting	A&E Dispositions %	Jun-26	5.8%	9%	6.4%		
Supporting	PGD Compliance %	Jun-26	98.2%	95%	95.7%		
Supporting	Health & Safety Training Compliance	Jun-26	71%	100%	86.9%		
Supporting	Compliance with Audit Feedback Within Timeframe	Jun-26	88.3%	100%	93.6%		
Supporting	Falls Care Bundle Compliance	Dec-25	41.3%	46.6%	43.3%		
Supporting	Mean Average Time from Call to Catheter Insertion (STEMI)	Jan-26	01:49:44	02:31:00	02:18:04		
Supporting	90th Centile Time from Call to Catheter Insertion (STEMI)	Jan-26	03:04:24	03:27:00	03:09:25		
Supporting	Mean Average Time from Call to Arrival at Hospital (Stroke)	Jan-26	01:50:11	01:27:00	01:32:31		
Supporting	Median Time from Call to Arrival at Hospital (Stroke)	Jan-26	01:19:00	01:18:00	01:18:48		
Supporting	90th Centile Time from Call to Arrival at Hospital (Stroke)	Jan-26	02:32:00	02:14:00	02:18:56		

Response Times

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	111 Average Speed to Answer	Jun-26	00:02:01	00:00:20	00:01:43		
Board	999 Call Answer Mean	Jun-26	00:00:09	00:00:05	00:00:05		
Board	999 Call Answer 90th Centile	Jun-26	00:00:28	00:00:10	00:00:06		
Board	Cat 1 Mean	Jun-26	00:08:18	00:07:00	00:08:17		
Board	Cat 1 90th Centile	Jun-26	00:15:19	00:15:00	00:15:23		
Board	Cat 2 Mean ★	Jun-26	00:28:30	00:25:04	00:27:48		
Board	Cat 2 90th Centile	Jun-26	00:57:26	00:40:00	00:56:06		
Supporting	Cat 3 90th Centile	Jun-26	05:10:19	02:00:00	04:41:25		
Supporting	Cat 4 90th Centile	Jun-26	05:21:11	03:00:00	04:53:44		
Supporting	Section 136 Mean Response Time	Jun-26	00:25:01	00:18:00	00:23:02		

Pathways of Care

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Falls, Frailty & Older People: Cat 3 Mean Response Time	Jun-26	01:47:37	01:35:00	01:53:55		
Board	Falls, Frailty & Older People: H&T % - Non-Injury Falls	Jun-26	12.3%	15%	10.5%		
Board	Mental Heath & Addiction: Hear & Treat %	Jun-26	18.1%	21.4%	16.4%		
Board	Mental Heath & Addiction: See & Treat %	Jun-26	37.6%	32.9%	38.2%		
Board	Palliative and End of Life Care, Dying: See & Treat %	Jun-26	79.7%	76.7%	78.1%		

NHS South East Coast Ambulance Service NHS Foundation Trust

Quality Patient Care Overview

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
7%	13%		40%		6%	0%		
5	9		27		4	0		

Assurance

Pass	Hit and Miss	Fail	No Target
4%	35%	16%	44%
3	24	11	30

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	% of 999 Calls Receiving Validation	Jun-26	22%		20.6%		
Board	CFR Backup Time (CFR First on Scene) Mean	Jun-26	00:19:30		00:18:47		
Board	Responses Per Incident	Jun-26	1.1	1.09	1.1		
Board	JCT Allocation to Clear All Mean	Jun-26	01:33:41	00:50:00	01:35:45		
Supporting	JCT Allocation to Clear at Hospital Mean	Jun-26	01:46:21	01:58:26	01:48:42		
Supporting	JCT Allocation to Clear at Scene Mean	Jun-26	01:17:29	01:30:22	01:18:31		

Demand

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	111 Calls Offered	Jun-26	99887		98232.3		
Supporting	999 Calls Answered	Jun-26	85310		77684.1		
Supporting	CFR Attendances	Jun-26	1698	2000	1844.2		
Supporting	Incidents	Jun-26	70303		67425.4		

Health Inequalities

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

Pending metric: Reduce Health Inequalities - Needs to be defined

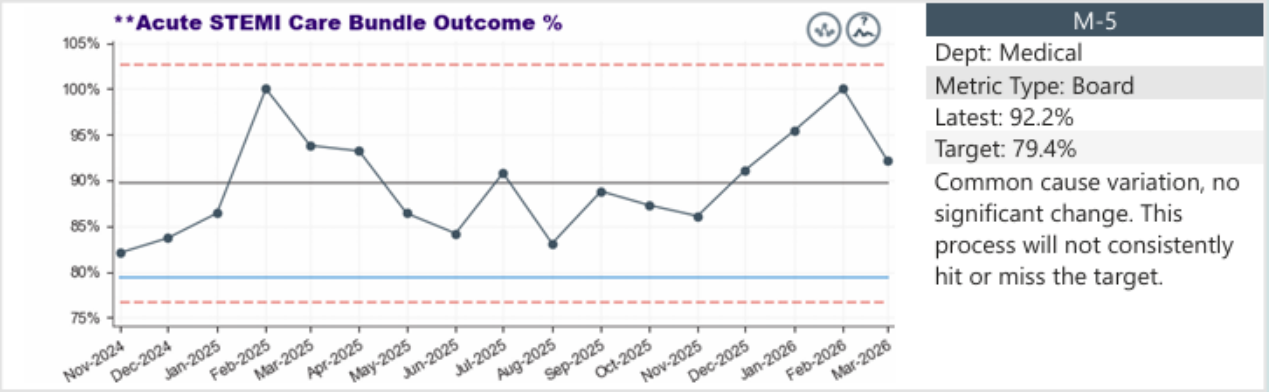
Pending metric: Ratio of CFRs (or Good SAM Responders) by Areas of Deprivation - Needs to be defined

Patient Safety

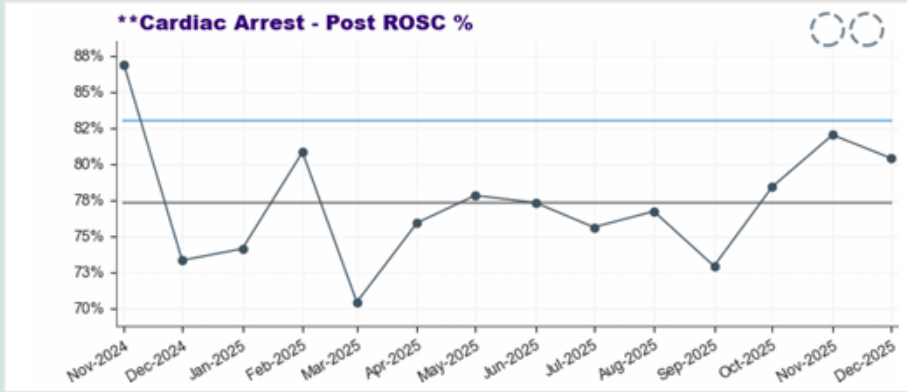
Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Harm Incidents per 1000 Incidents	Jun-26	3.2	2.85	3		
Board	% of PSI (Datix) Where Final Harm is Moderate or Above	Jun-26	2.6%	1.7%	2.1%		
Supporting	Duty of Candour Compliance %	Jun-26	81.2%	100%	89.5%		
Supporting	Number of Medicines Incidents	Jun-26	210		182.4		
Supporting	Hand Hygiene Compliance %	Jun-26	87.4%	90%	85%		
Supporting	Number of Learning Responses Commissioned	Jun-26	13		7.3		
Supporting	Number of Level 4 Safeguarding Referrals Made	Jun-26	237		251.1		

Patient Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Number of Complaints Received per 1000 Incidents Responded to (Patients)	Jun-26	1.6	0.49	0.9		
Board	Number of Compliments Received per 1000 Incidents	Jun-26	1.1	1.82	1.9		
Board	% of Patients Who Express Satisfaction With Our Service	Apr-26	93.2%	95%	91.2%		
Supporting	Complaints Reporting Timeliness %	Jun-26	94%	95%	86.2%		
Supporting	Complaints That Have Resulted In Learning For The Trust %	Jun-26	50%	95%	42.4%		
Supporting	No. of PEQs Received Across the Trust Per Month Per 1000 Incidents in 999	Jun-26	1.4		1.3		



M-5
Dept: Medical
Metric Type: Board
Latest: 92.2%
Target: 79.4%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-11
Dept: Medical
Metric Type: Board
Latest: 80.4%
Target: 83%
Special cause or common cause cannot be given as there are an insufficient number of points.

What?
STEMI care bundle compliance remains well above the 79.4% target. Performance continues to demonstrate sustained improvement, with compliance consistently maintained above target since late 2024.

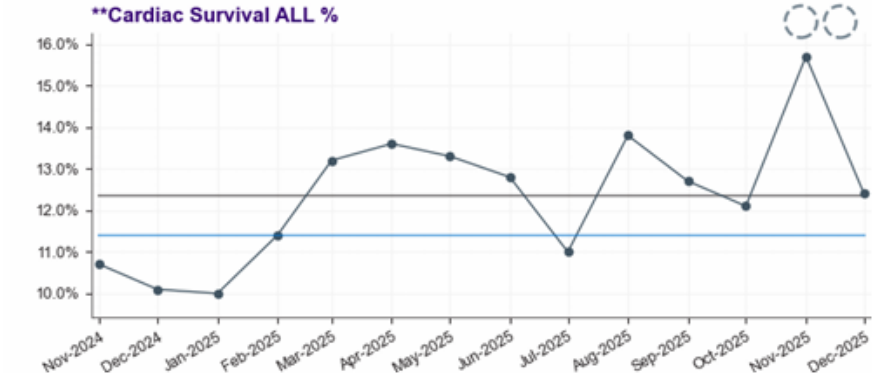
So what?
This sustained high performance indicates that the STEMI care bundle remains firmly embedded in routine clinical practice with patients reliably receiving the key elements of evidence-based STEMI care. The continued stability of the measure suggests that both frontline clinical delivery and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

What next?
Continue monitoring to ensure this high level of compliance is maintained and that learning from the STEMI pathway continues to inform improvement approaches in other time-critical care bundles. There are potential changes to the national standards, but they are unlikely to be implemented in this financial year.

What?
Post-ROSC care bundle compliance is 80%, below the 83% target. Performance shows normal variation with no statistically significant change over time.

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

What next?
Continue phased implementation of the endorsed CCP-led post–cardiac arrest feedback approach, recognising that improvements in process measures are likely to be incremental while staffing capacity and competing workstreams are balanced. Monitoring will continue alongside survival and ROSC outcomes to ensure a comprehensive view of cardiac arrest pathway performance. A broader approach to patient outcomes following an OHCA will be supported through the Reversible Cardiac Arrest Model of Care.



M-4

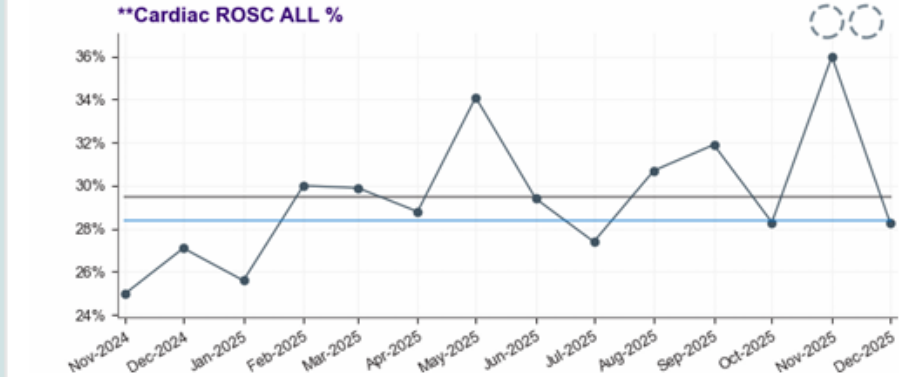
Dept: Medical

Metric Type: Board

Latest: 12.4%

Target: 11.4%

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



M-2

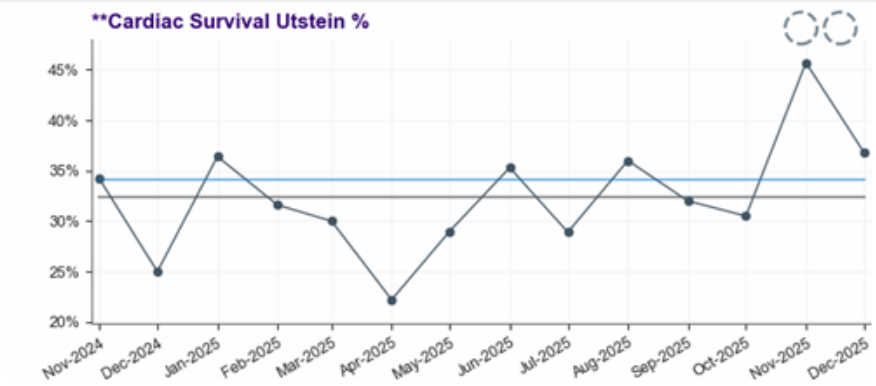
Dept: Medical

Metric Type: Board

Latest: 28.3%

Target: 28.4%

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



M-3

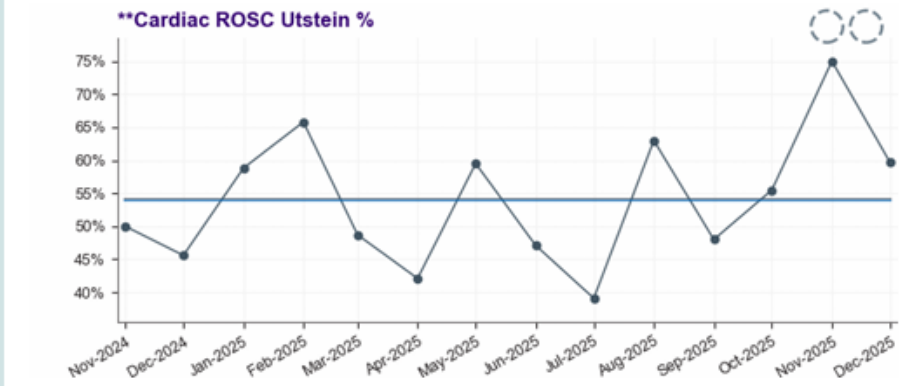
Dept: Medical

Metric Type: Board

Latest: 36.8%

Target: 34.1%

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



M-1

Dept: Medical

Metric Type: Board

Latest: 59.7%

Target: 53.9%

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

What?

Overall cardiac arrest survival is well above the 11.4% target, and roughly 2% above national averages, while Utstein survival is 36.8%, also above the 34.1% target. Both measures remain within common cause variation with no statistically significant change. Overall survival continues to track above target, with signs of a sustained improvement on 2024/25 figures. The Utstein cohort shows expected month-to-month variability around the target line.

So what?

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

What next?

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

What?

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

So what?

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

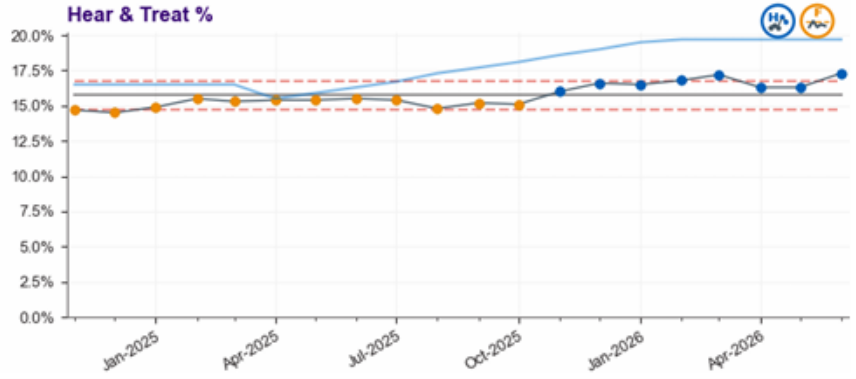
What next?

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

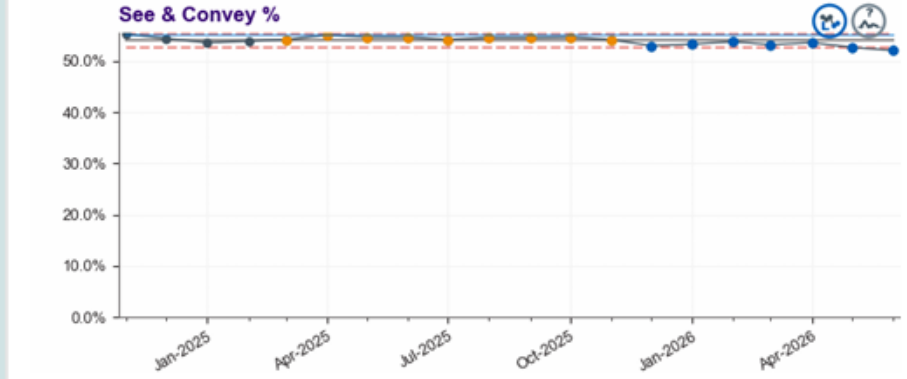
Quality Patient Care: Clinical Effectiveness & Patient Outcomes | Board Metrics

NHS South East Coast Ambulance Service NHS Foundation Trust

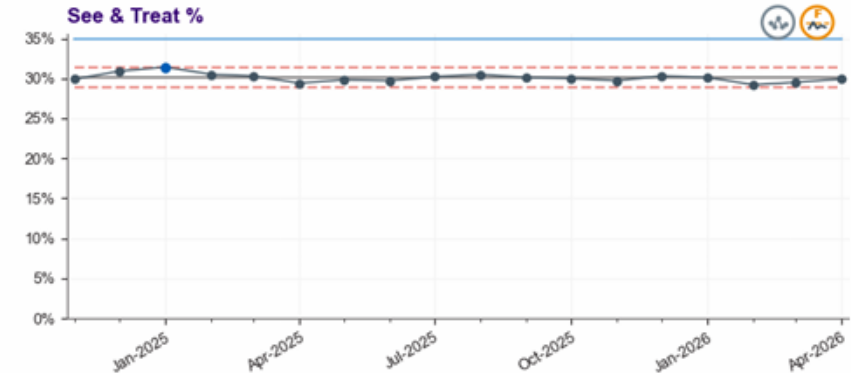
Integrated Quality Report



999-9
Dept: Operations 999
Metric Type: Board
Latest: 17.3%
Target: 19.7%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 52.1%
Target: 55%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



999-9
Dept: Operations 999
Metric Type: Board
Latest: 29.9%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

See & Treat and See & Convey

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

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

What next?
Work continues with health system partners and SECAmb colleagues (cross-directorate), to make improvements to pathways, alongside enhancing utilisation of Hubs in the region to support reductions in avoidable ED conveyance and increasing H&T rates. Further targeted promotion of H&T and Virtual care across operating units continues, with Operating Unit Managers taking the lead in increasing H&T % and productivity.

Hear & Treat

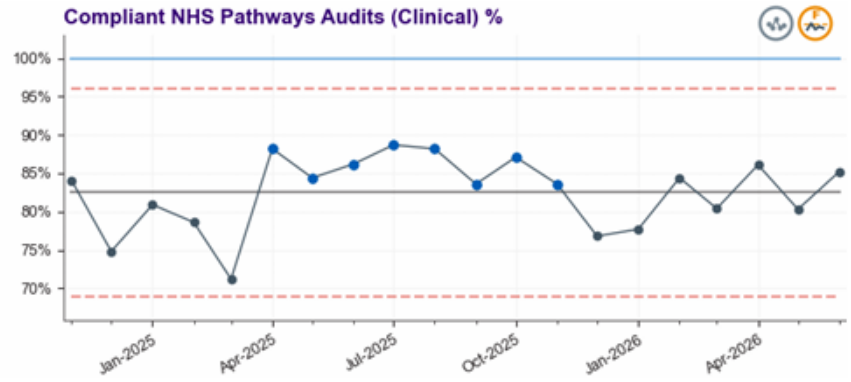
What?
Hear & Treat improved slightly in June but remains behind the Trust's Hear & Treat target trajectory. The Trust continues to use NHSE guidance to focus on key elements of virtual care, such as C3/C4 validation and C2 streaming. However, there is real variability daily, linked to case acuity, clinician availability and critically clinician productivity, which influences the Trust's ability to deliver the target levels consistently.

So what?
There are five key areas of focus to improve the effectiveness of virtual care and to increase Hear & Treat:

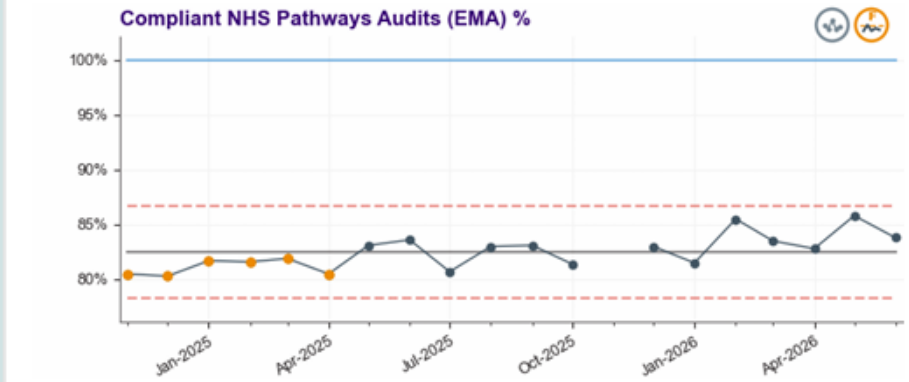
- Clinician capacity; the current substantive EOC clinician capacity is approximately 60% of requirement to achieve 100% C3/C4 clinical validation – although the Trust has increased clinician capacity in the UEC Hubs, this has not offset the planned reduction in agency clinician usage.
- Clinical productivity; the number of cases answered per clinician per hour whilst improving is still behind the Trust target of 2.0 calls per hour.
- Clinicians managing the right cases at the right time; appropriate clinical navigation is required, with a focus on cases to optimise Hear & Treat outcomes i.e. C2 streaming vs. C3/C4 validation, and suitable case identification.
- Good utilisation of the Directory of Services (DoS) and alternative patient pathways e.g. UCR services; this remains less than 20% acceptance rate, which is significantly behind the system target, due to downstream capacity.
- Increased clinical effectiveness and outcomes identified alternative to ambulance dispatch; this is driven by clinical education to improve the confidence and competence of clinicians undertaking virtual care.

What next?.

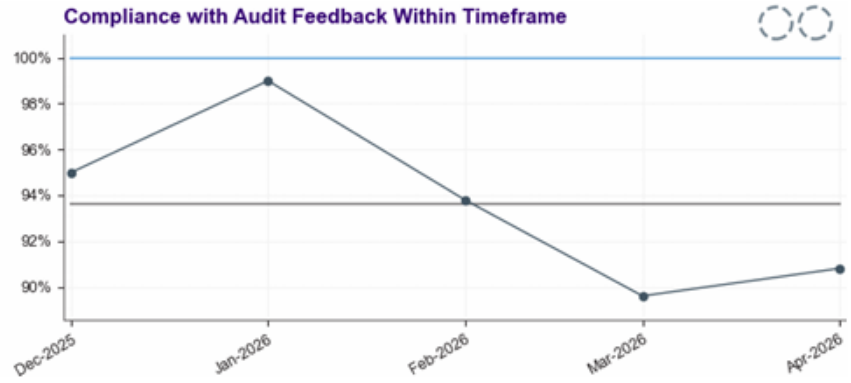
- A Virtual Care working group has been initiated, with ToRs and a specific focus on increasing the number of PaCCS trained Paramedics in Field Ops to undertake virtual care. There are also key work streams linked to productivity, clinical education and digital opportunities. The roll out of MySECAmb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



M-20
Dept: Nursing & Quality
Metric Type: Board
Latest: 85.2%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



M-22
Dept: Nursing & Quality
Metric Type: Board
Latest: 83.8%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



QS-53
Dept: Quality & Safety
Metric Type: Supporting
Latest: 90.8%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.

What?
Call audit compliancy has sustained at previous levels following a dip in performance earlier in the year. There is no national compliancy target but SECAmb remains roughly 5-10% lower than SCAS and WMAS. Audit feedback is delivered within timeframe in 90-96% of cases.

So what?
Low compliancy can lead to an inappropriate or unsafe disposition for the patient, and widespread low compliancy can be an early indicator of a wider issue in the workforce relating to recruitment, training, management or culture of the EOC clinical team. Feedback is within tolerances, up to 10% of cases can miss the feedback deadline for reasons such as annual leave, absences and turnover of staff.

What next?
The QI project continues to assess the root cause of the lower compliance. Clinicians are now remaining on NHS Pathways and are not being moved to PACCs until further assurance is gained. Dashboards are being revised to closely monitor teams' performance at staff level as well as teams' level. Feedback processes are being revised to ensure delivery is focussed on clinicians with low compliancy and high-risk audits. Feedback will be monitored to ensure there is no immerging decline in performance.

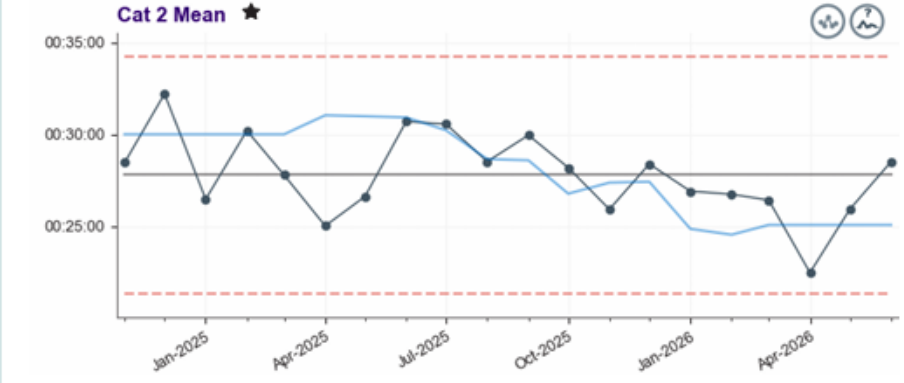
What?
Call audit compliancy is now remaining near 85% with an early indication that compliancy may be improving.

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

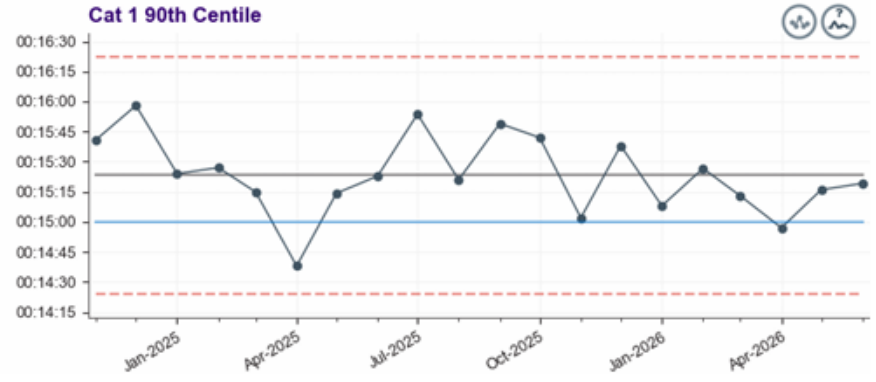
What next?
A QI project is addressing the low compliancy for clinical calls. Once complete any transferable actions will be implemented for EMA auditing. In the meantime, EMA call compliancy will be monitored, and locally initiated projects will continue such as:

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

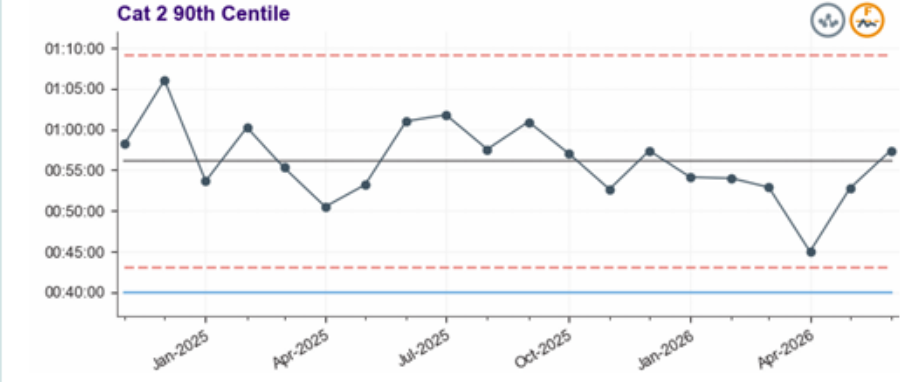
999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:08:18
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:28:30
Target: 00:25:04
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-2
Dept: Operations 999
Metric Type: Board
Latest: 00:15:19
Target: 00:15:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-4
Dept: Operations 999
Metric Type: Board
Latest: 00:57:26
Target: 00:40:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Cat 1 Performance

What?

C1 performance in June was 08:18 against an ARP target of 7 minutes

So what?

C1 Mean and C1 90th centile performance has been relatively stable over the last calendar year despite seasonal activity variation and particularly recent exceptional heatwave conditions/critical incident in May and June.

What next?

Stable performance despite activity increases (all categories of call) indicates positive management and prioritisation of CI calls. Drive improve C1 responsive continues.

Cat 2 Performance

What?

June C2 mean was 28:30

So what?

The deterioration in C2 performance seen in June is attributable to increase activity/demand due to the exceptional Health Heat Alerts and Heatwave conditions experienced in the South-East with associated declared critical incident/REAP 4 and wider heath system pressures.

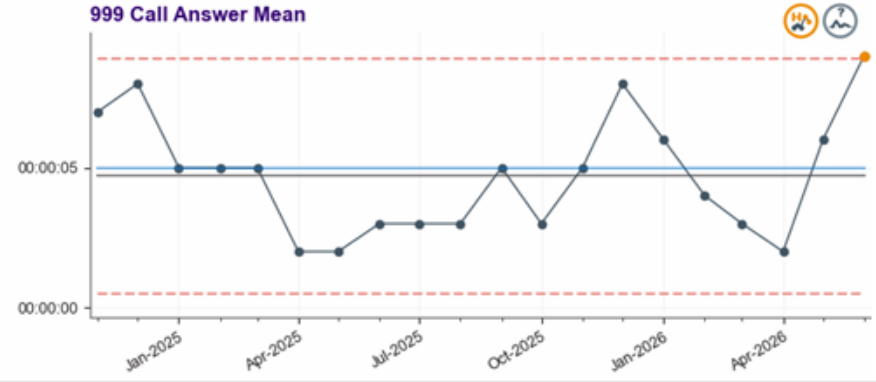
What next?

C2 mean target for 2026/27 is 25min with a monthly variable target in recognition that pressure will vary throughout the year. Worsening C2 performance in May and June has negatively impacted upon the planned trajectory. The operational leadership team remain focused on mitigating against further deterioration and are cited on potential for further periods of pressure in the summer months related to possible extreme heat events.

Quality Patient Care: Response Times | Board Metrics

NHS South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

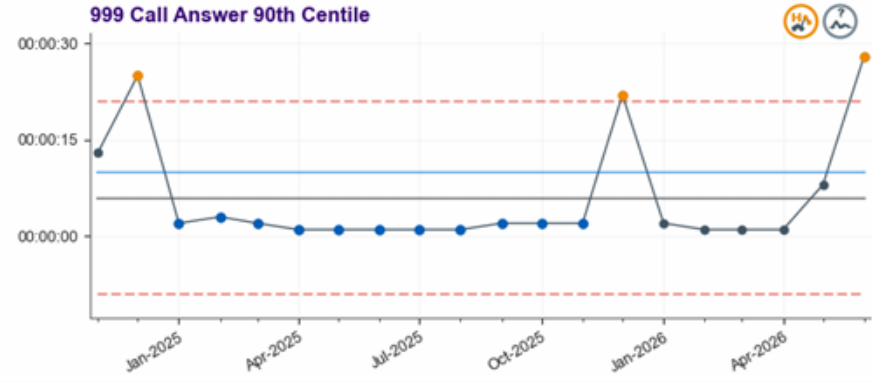


999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:09
Target: 00:00:05

Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

111-9
Dept: Operations 111
Metric Type: Board
Latest: 00:02:01
Target: 00:00:20

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



999-1
Dept: Operations 999
Metric Type: Board
Latest: 00:00:28
Target: 00:00:10

Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

999 Call Handling Performance

What?

Performance in June did meet the AQI target of 5 secs, with a call answer mean of 8 secs. The NHS E average dropped to 7 sec, driven by a huge rise in activity linked to the extreme weather.

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

The current staffing position is 281 WTE call handlers (inc. Diamond Pods) live on the phones vs. a budget of 295 WTE, with 9.1 further in training or mentoring. This training has offset staff turnover through 25/26 and has ensured continued good service performance.

Although sickness and abstraction increased during June, mainly due to weather related sickness and short notice leave.

So what?

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

What next?

Looking ahead, the EOC operations rota review is now fully in place with the updated EMA rota removing some of the peaks of over-staffing at times. SECAmb will review its IRP support arrangements to other Trusts, to prioritise its own performance.

111 Call Handling Performance

What?

The 111-service transitioned to a revised operating model in 25/26, with a new sub-contractor operating configuration and contract in place. The Trust has also agreed a new 111 contract variation, which extends the current 111 service until the end of 26/27.

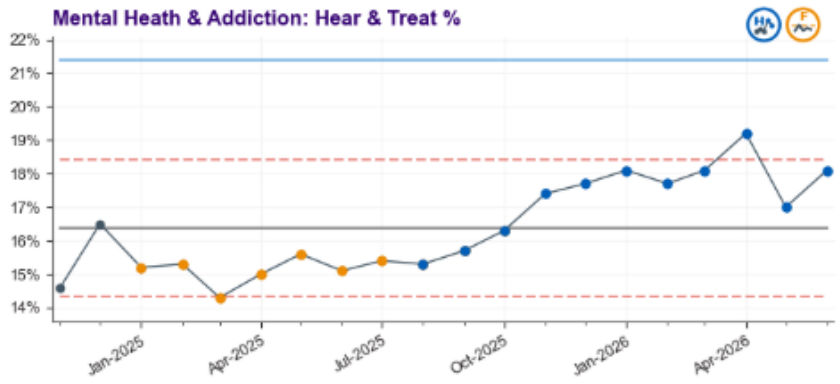
So what?

The model has been embedded successfully with improved call handling metrics. In June, the rate of abandoned calls was 7.9%, and the average speed to answer down to 121 secs. Overall, the service's operational and clinical metrics have improved with a more equitable split of activity between SECAmb and its sub-contractor. The call splits (operationally and clinically) are reviewed monthly to maintain performance and to ensure contractual compliance.

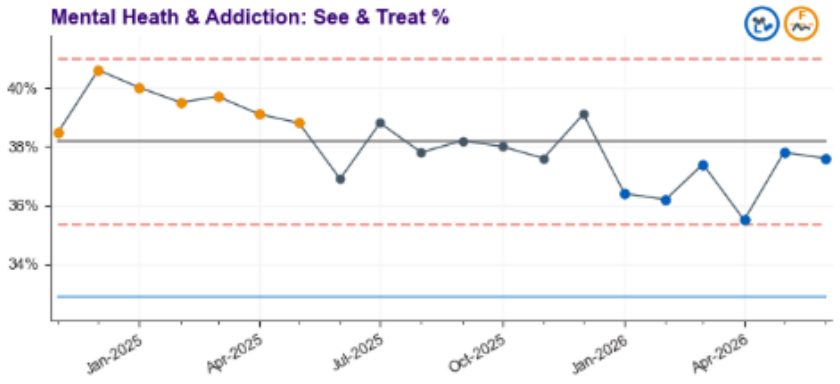
What next?

The service is now in a period of stabilisation and is continuing to evolve to find efficiencies and optimise performance. Recruitment remains positive, with steady staffing levels resulting in the planned number of NHS Pathways (NHS P) courses per month being adjusted according to requirements.

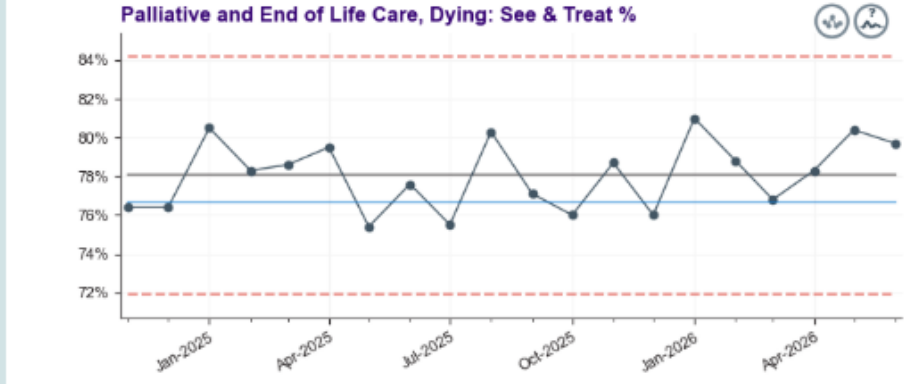
"Hybrid" flexible working remains a key focus of the service, and currently there are more than 130 operations colleagues with a Hybrid 'kit'. Given the focus on increasing the number of bank GPs in the service, following the changes in operating model, the service is suspending increasing its number of non-clinical Hybrid workers in H2, 25/26. The Trust submitted in Q4 a revised 111 workforce model aligned to the new 111 Contract Variation.



QS-82
Dept: Quality & Safety
Metric Type: Board
Latest: 18.1%
Target: 21.4%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



QS-83
Dept: Quality & Safety
Metric Type: Board
Latest: 37.6%
Target: 32.9%
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



QS-84
Dept: Quality & Safety
Metric Type: Board
Latest: 79.7%
Target: 76.7%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
Continued increase in our hear and treat response to mental health incidents and a continued decrease in our see and treat response to mental health incidents.

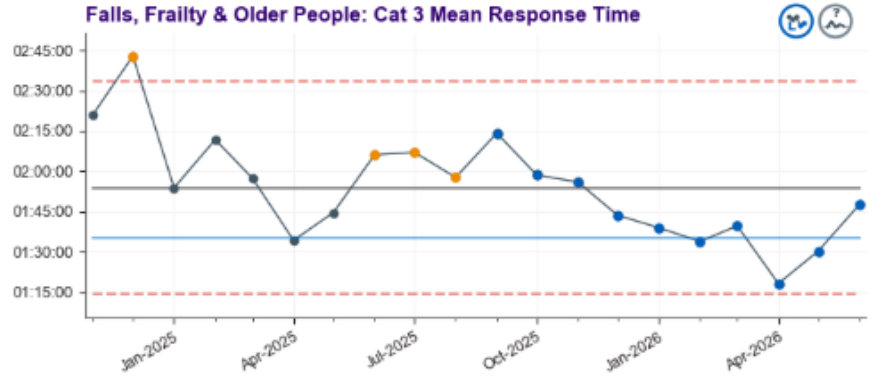
So what?
See & Treat Mental Health Incidents have a 90% no further action outcome. Dealing with these incidents virtually results in better patient outcomes as patients get the help and support sooner and more effectively.

What next?
Continued work on improving the mental health pathway of care, working on direct access into mental health services from our virtual care clinicians, as well as development of a mental health virtual care guidance tool for clinicians to utilise.

What?
Our S&T rate remains stable.

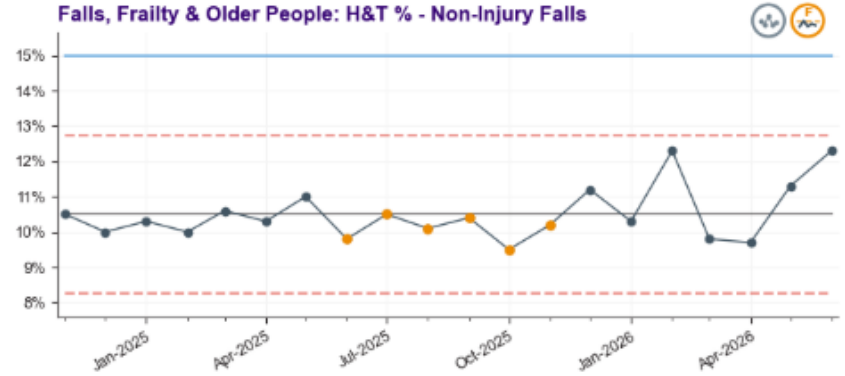
So what?
Throughout the programme we expect to see EOLC S&T rates fall over the years. We have pushed for our clinicians to code EOLC patients more accurately over the last year, therefore we expect to see a rise before a gradual decline as more patients are coded as EOLC. However, there is significant complexity in the PaEOLC system currently. Hospices are reducing and closing services, community teams do not have any increase in capacity to bridge this expanding gap. Additionally, a coordinated PaEOLC workforce has not been established within Surrey & Sussex ICB following their restructure. There are no plans to re-start the NHSE SE regional network meetings, which have previously supported our work.

What next?
We will continue to work with the wider healthcare system in line with the MoC objectives.



QS-42
Dept: Quality & Safety
Metric Type: Board
Latest: 01:47:37
Target: 01:35:00

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



QS-44
Dept: Quality & Safety
Metric Type: Board
Latest: 12.3%
Target: 15%

Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

What?
Category 3 mean response times for falls, frailty and older people have shown a small increase since April 2026, rising from approximately 1 hour 15 minutes to 1 hour 45 minutes. Despite this recent increase, performance remains within the expected range of variation and continues to demonstrate an overall improving trend compared with earlier periods. Current performance (1:47:37) remains above the target of 1:35:00.

So what?
Although response times have lengthened slightly in recent months, the overall trend indicates sustained improvement in access to care for this vulnerable patient cohort. Faster responses help reduce the time patients spend waiting for assessment and support following a fall, lowering the risk of deterioration, discomfort and complications associated with prolonged periods on the floor. Continued improvement will enhance patient experience and outcomes, although further work is needed to consistently achieve the target response time.

What next?
Continue to work with care homes, CFRs and virtual clinicians to ensure appropriate management of patients within this cohort.

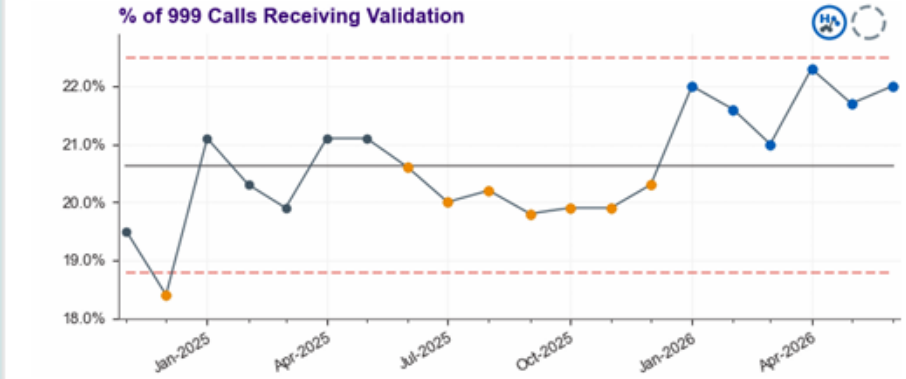
What?
% of CFRS first on-scene saw an increase in May and June. CFRs are being trained to attend non-injury falls, assist the patient off of the floor and check for any injuries. These calls will then be virtually consulted and completed via H&T, Onward referral or upgraded to an ambulance dispatch, where appropriate.
% of H&T for non-injury falls has increased.

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

What next?
Continue to roll out the CFR training. Continue recruitment of CFRs. Ensure that the process to dispatch CFRs is embedded within the EOC.

999-17

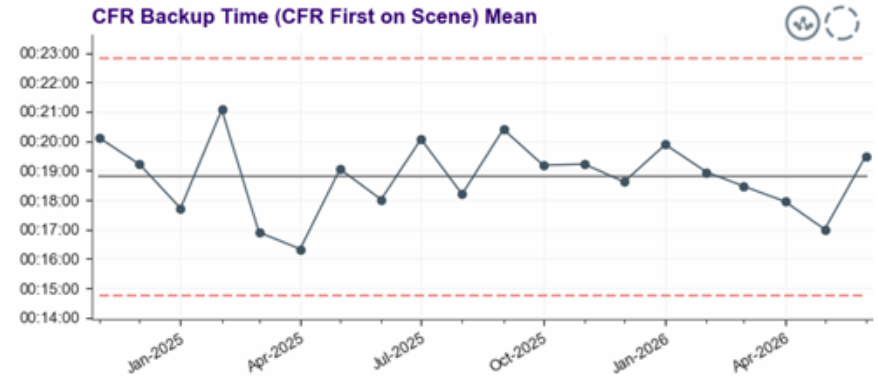
Dept: Operations 999
Metric Type: Board
Latest: 1.1
Target: 1.09
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



999-34

Dept: Operations 999
Metric Type: Board
Latest: 22%

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



999-36

Dept: Operations 999
Metric Type: Board
Latest: 00:19:30

Common cause variation, no significant change.

Responses Per Incident (RPI)

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

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

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

% 999 Calls Receiving Validation

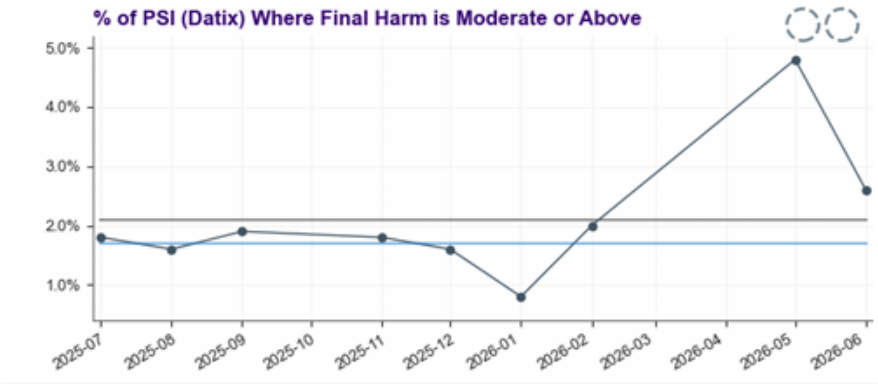
What?
The % of calls validated continues to show a positive trend, and this is important, as it's aligned to the Trust strategy of increasing virtual care and clinically assessing cases pre ambulance dispatch, where safe and appropriate to do so.

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

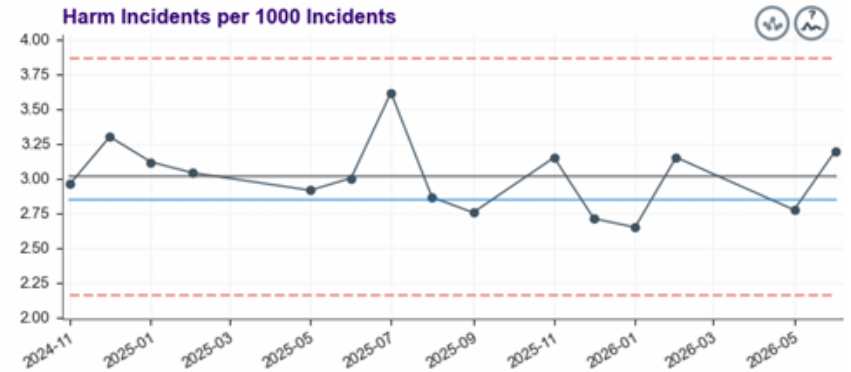
What next?
The Trust has initiated a new programme, with a clear focus on virtual care. This is a timebound, critical piece of work aimed at designing what the model for delivering virtual care in SECAmb will look like going forward, aligning it to the Trust's strategy.

Quality Patient Care: Patient Safety | Board Metrics

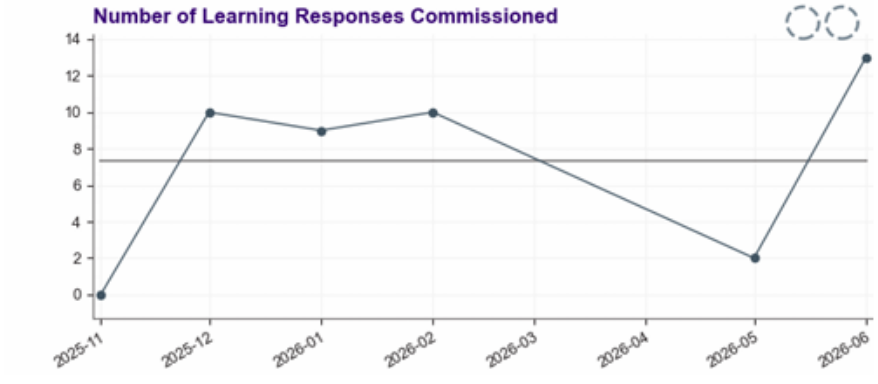
Integrated Quality Report



QS-37
Dept: Quality & Safety
Metric Type: Board
Latest: 2.6%
Target: 1.7%
Special cause or common cause cannot be given as there are an insufficient number of points.



QS-29
Dept: Quality & Safety
Metric Type: Board
Latest: 3.2
Target: 2.85
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-49
Dept: Quality & Safety
Metric Type: Supporting
Latest: 13

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

What?
The percentage of patient safety incidents resulting in moderate, severe or fatal harm was 4.6% in May 2026. This is above the target of 1.7%. This spike was due to an increase in the number of incidents causing moderate harm. All of these are scrutinised at the Divisional Incident Review Groups (IRG).

So What?
There are insufficient data points to establish a special cause variation on an SPC. However, the spike in % of PSI leading to harm in May appears to have been reflected in the spike in the number of learning responses commissioned in June 2026. Further, the May spike is also shown in a high number of Duty of Candour conversations in May and June 2026 (see next slide) and respectable compliance rate on Duty of Candour and Open and Honest Conversations in both months.

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

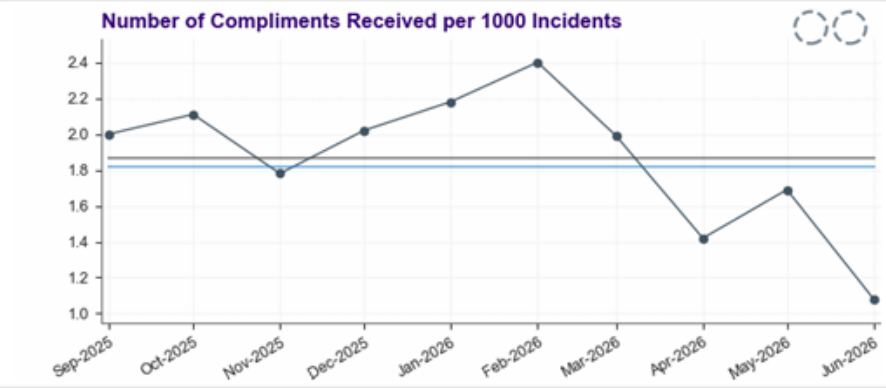
What?
The number of incidents resulting in harm to patients per 1000 incidents across our 999 and 111 services was 3.2 in June. Although there are insufficient data points to establish a special cause variation on an SPC, the spike in June could be related to the recent spell of hot weather and the resulting declaration of critical incidence.

So What?
The number of patients who came to harm for every 1000 incidents was 3.2, exceeding the target of 2.85. Although, this increase does not represent a statistically significant change, the data will be tracked and monitored in coming months.

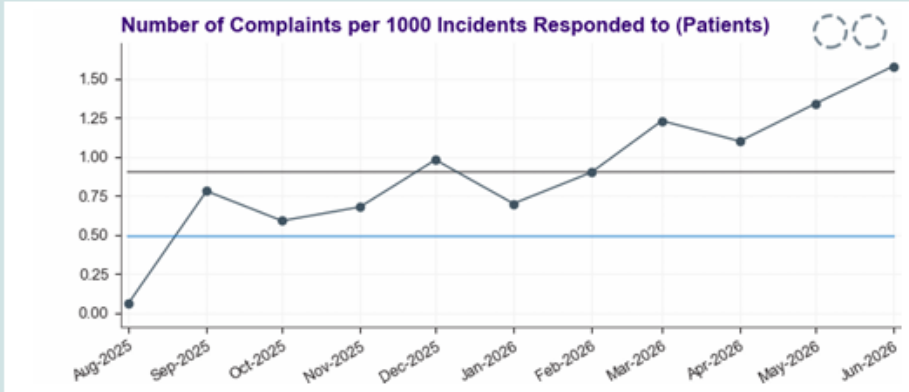
What next?
The Incident Review Groups continue to monitor emerging themes, commission learning responses, implement safety changes and highlight risks to our teams. Further, we are progressing work on recently identified new priority themes which will now be supported with relevant activities to raise awareness corporately.

Quality Patient Care: Patient Experience | Board Metrics

Integrated Quality Report



QS-48
Dept: Quality & Safety
Metric Type: Board
Latest: 1.1
Target: 1.82
Special cause or common cause cannot be given as there are an insufficient number of points.



QS-38
Dept: Quality & Safety
Metric Type: Board
Latest: 1.6
Target: 0.49
Special cause or common cause cannot be given as there are an insufficient number of points.

QS-61
Dept: Quality & Safety
Metric Type: Board
Latest: 93.2%
Target: 95%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

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

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

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

What?
The total number of complaints received in May and June have increased but are still within expected levels. To quantify this, the Trust received on average 76 complaints per month over the last 12 months, with a low of 62 (April 2026) and a high of 98 (December 2025). Last month was 93, May 2026 was 80. Between 60 and 100 complaints are expected per month based on historical data.

So what?
The Trust continues to receive nearly double the number of compliments compared to complaints and complaint numbers stay within expected levels. The top five 'themes' or sub-subjects have remained static: Staff conduct / attitude Pathway concerns, Inappropriate treatment, Timeliness - A&E & Timeliness - 111 Response , with Staff conduct / attitude and Pathways concerns being the top two.

Learning was identified in 48% of the complaints that were closed in June 2026. 97 closed, with individual learning for 44 complaints (45%) and Trust wide learning for 3 complaints (3%).

What next?
A Deep Dive into the increased number of reopened cases was completed and presented at the June Patient Safety & Experience Group. It was noted that DCIQ recorded any changes to dates within Datix as a reopen and the actual cases that had been reopened were within levels previously seen.

Complaint numbers and themes/trends will continue to be monitored to identify at the earliest opportunity any deterioration in patient experience.

South East Coast Ambulance Service NHS Foundation Trust

People

What?

During May and June, workforce indicators remained broadly stable. Turnover increased slightly to 12.12%, whilst sickness absence remained above target at 7.37% which aligns to the sector Ambulance position. Vacancy levels have reduced further to 3.4%, reflecting ongoing focus on implementing the new organisational operating model to support Divisional leadership; this includes continuing high levels of organisational change and workforce redesign activity. Seven restructures have been successfully completed during the reporting period, affecting more than 75 staff. Appraisal compliance remains a focus currently at 80.5% and we will continue to ensure strong Executive oversight to achieve and maintain complaince at target level of 85% . A total of 51 Freedom to Speak Up concerns were raised, with no reported cases of detriment and an 89% satisfaction rate for closed cases. Employee relations metrics remained stable, with no significant variation across grievance, disciplinary, sexual safety or bullying and harassment measures, however the number of formal cases remain high. Workforce wellbeing indicators also remained broadly positive despite increased operational pressures during June, with meal-break compliance continuing to perform within target.

So what?

The workforce position remains aligned to organisational and financial plans, with workforce changes are planned organisational transformation rather than an emerging workforce risk. Sickness absence continues to represent the most significant workforce challenge and remains a focus for targeted intervention, particularly in relation to long-term absence, where proactive monitoring and support arrangements are in place and the training to support the new Managing Attendance and Wellbeing Policy is currently being rolled out. Each Directorate is focused on resolving the most longstanding cases proactively and this has resulted since May 2026 in resolving 60% of Top 100 long term sickness cases over last quarter. There remains a focus on appraisal compliance by the Executive Team including quality of appraisals and this work continues. The high levels of satisfaction within the Freedom to Speak Up process and the absence of reported detriment provide assurance that staff confidence in responding to concerns continues to improve. The Trust continues to recognise key events and dates within its inclusion calendar, reflecting the breadth and diversity of the workforce and supporting an inclusive organisational culture. Employee relations indicators remain stable; however, reducing suspension durations to traget is a priority, as prolonged cases can impact staff wellbeing, employee experience, and confidence in workforce processes. Through focused Executive oversight we have seen mean number of days for suspension consistently reducing over the last quarter. There is a pattern of a continued increase in the number of Employment Tribunal claims which is consistent with broader national trends. This presents an ongoing workforce risk and which will require continued oversight and proactive case management. Workforce wellbeing measures remained resilient during periods of heightened operational pressure, providing assurance that staff welfare continues to be prioritised effectively. Support for individuals and teams affected by organisational change also remains a priority, with targeted interventions in place to support colleagues through restructure programmes and associated transition activity.

What next?

The Trust will continue to focus on reducing long term sickness absence, supporting workforce transformation and ensuring workforce plans align with future service requirements. Work will continue to strengthen the quality of appraisal conversations, promote staff wellbeing and use Freedom to Speak Up. We will continue to use intelligence to inform service improvement and further develop a positive speaking up culture. Focus will remain on the timely management and resolution of grievance, disciplinary and employee relations cases, with particular attention given to reducing suspension durations through strengthened oversight and improved case management. The Trust will continue to promote a respectful and inclusive workplace culture, encourage the reporting of concerns and use workforce intelligence to inform continuous improvement. Further work to improve workforce diversity will continue, with a particular focus on increasing representation of women in leadership roles following publication of the Trust's gender pay gap report. Ongoing workforce wellbeing measures will remain under close review to ensure staff welfare continues to be supported during periods of operational pressure.

NHS South East Coast Ambulance Service NHS Foundation Trust

People Overview

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
5%	1	5%	1	70%	14	5%	1	5%	1

Assurance

Pass		Hit and Miss		Fail		No Target	
15%	3	55%	11	15%	3	15%	3

Culture

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Collective Grievances Open	Jun-26	2	1	2		
Board	Count of Grievances Closed	Jun-26	7	3	13.4		
Board	Count of Sexual Safety / Sexual Misconduct Cases	Jun-26	0	3	2.9		
Board	Individual Grievances Open	Jun-26	3	5	9		
Board	Number of FTSU Concerns Raised	Jun-26	35	21.9	20.4		
Supporting	Bullying & Harrassment Internal	Jun-26	1	2	1.9		
Supporting	Disciplinary Cases	Jun-26	5	3	8.5		
Supporting	Mean Suspension Duration (Days)	Jun-26	133	70	192.4		

Workforce

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Annual Rolling Turnover Rate	Jun-26	12.1%	15%	13.5%		
Board	Sickness Absence %	Jun-26	7%	5%	6.8%		
Board	Turnover Rate %	Jun-26	0.8%	0.8%	0.8%		
Board	Frontline Staff Vaccinated Against Flu %	Apr-26	67.9%	80%	65.5%		
Supporting	Number of Staff WTE (Excl bank and agency)	Jun-26	4576.8	4579.26	4634.8		
Supporting	Vacancy Rate %	Jun-26	3.4%	5%	2.1%		
Supporting	Number of TRIM Referrals Received Per 1000 Frontline Staff	Nov-25	0		0		

Employee Experience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Supporting	% of Meal Breaks Outside of Window	Jun-26	41.3%	43.4%	46.7%		
Supporting	% of Meal Breaks Taken	Jun-26	98.4%	98%	98.4%		
Supporting	999 Frontline Late Finishes/Over-Runs %	Jun-26	44.8%	45%	43.1%		

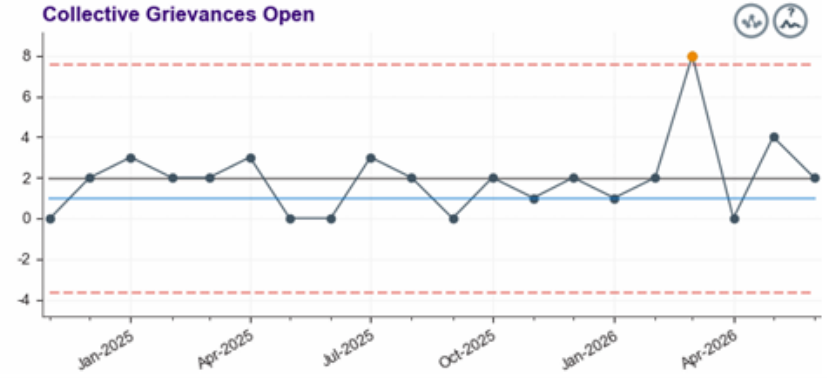
Pending metric: WRES/WDES - Needs to be defined

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

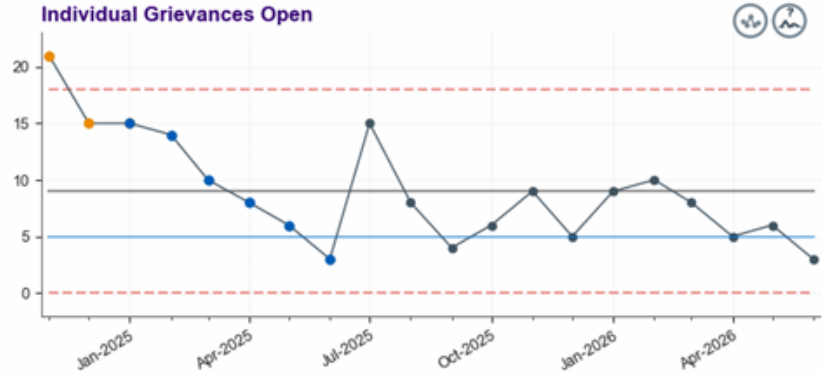
Employee Development

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Appraisals Rolling Year %	Jun-26	81.2%	85%	71.4%		
Board	Statutory & Mandatory Training CSTF Rolling Year %	Jun-26	83.5%		85.2%		

Pending metric: Education - Needs to be defined

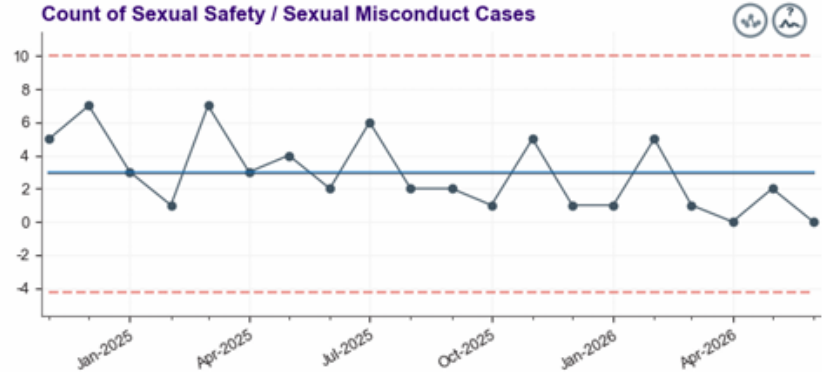


WF-11
Dept: Workforce HR
Metric Type: Board
Latest: 2
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-10
Dept: Workforce HR
Metric Type: Board
Latest: 3
Target: 5
Common cause variation, no significant change. This process will not consistently hit or miss the target.

WF-42
Dept: Workforce HR
Metric Type: Board
Latest: 7
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-41
Dept: Workforce HR
Metric Type: Board
Latest: 0
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
- 2 collective grievances remain open; above target but stable. No grievances closed during the latest period
- There are a total of 74 live cases down by 2 on previous month.

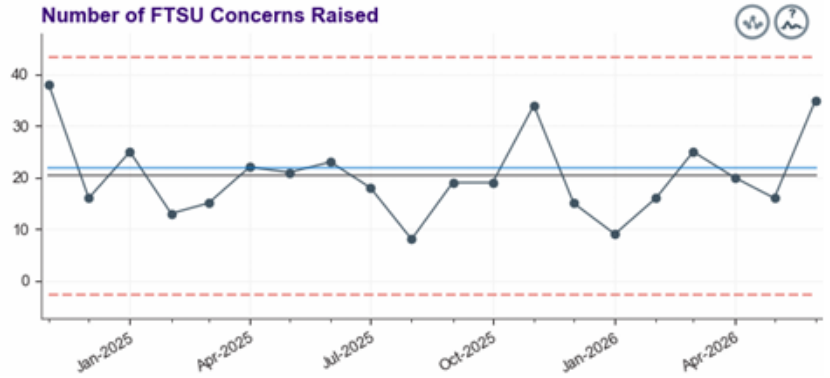
So what?
- Volumes remain consistent with no worsening trend evident. Completed cases took an average 174 days to close. Open cases are an average of 394 days. This is impacted by a number of historical pay cases still to be resolved

What Next?
- Monitor themes and support early local resolution. Prioritise case progression and identify barriers to closure.
- Section 2 discussions are in progress

What?
- 5 cases were opened and 7 cases closed in month.

So what?
- 7 live cases for sexual safety, down by 3 on previous month. Open cases took an average of 187 days. 0% cases are over 12 or 12 months.

What Next?
- Regular monthly governance reviews on outstanding cases and to identify any barriers to timely resolution. Continue awareness, reporting and support arrangements
- Training has been agreed with the Survivors Trust for a cohort of approx. 25-30 people
- 3 separate Task and Finish Groups being set up to supplement the work of the Sexual Safety Oversight Group



QS-27
Dept: Quality & Safety
Metric Type: Board
Latest: 35
Target: 21.9
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?
Across May and June 2026, 51 concerns were raised with the Freedom to Speak Up team. Twenty-eight concerns were raised confidentially (55%), 12 anonymously (24%) and 11 openly (22%). No cases of detriment were reported during this period. Thirty-three concerns have been closed, with an 89% satisfaction rate achieved at closure, while the remaining cases continue to be progressed.

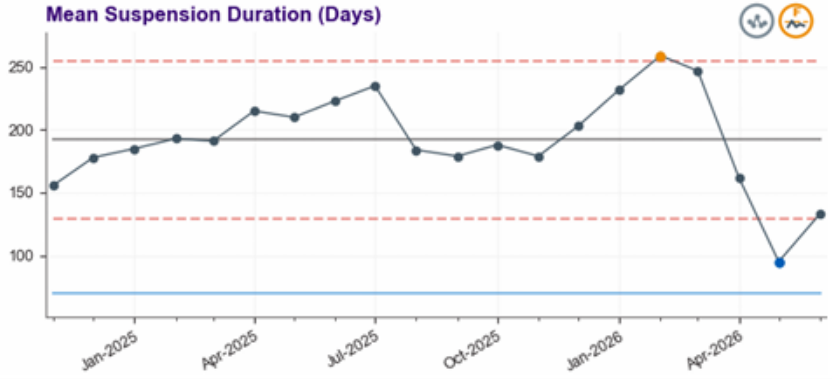
Integrated Care continued to account for the highest proportion of concerns during the reporting period. National FTSU data continues to identify Worker Safety and Wellbeing as the predominant theme. Locally, the most frequently identified themes were System Process (22 concerns), followed by Leadership (10 concerns).

So what?
The continued absence of reported detriment is reassuring and indicates that colleagues remain able to raise concerns without evidence of adverse treatment. The high satisfaction rate achieved at closure reflects the team's ongoing focus on providing timely, supportive responses. While Integrated Care continues to account for the largest proportion of concerns, the prominence of System Process and Leadership themes provides valuable intelligence to inform organisational learning, service improvement and targeted intervention.

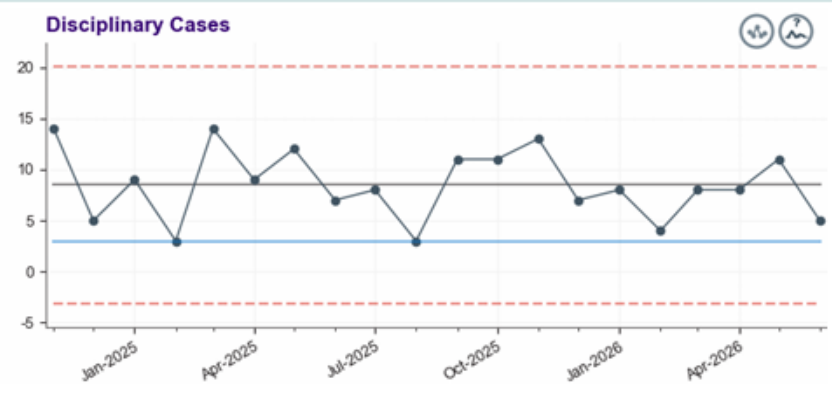
What next?
During May and June, the Freedom to Speak Up team continued to strengthen its visibility across the Trust through a programme of engagement visits across Surrey, Sussex and Kent, alongside attendance at local management meetings. These visits have supported relationship-building with local leaders and promoted awareness of speaking up arrangements.
The team will continue to triangulate Freedom to Speak Up intelligence with wider organisational data to identify areas requiring additional support and work collaboratively with services to strengthen local speaking up culture and inform continuous improvement.

People: Culture | Supporting Metrics

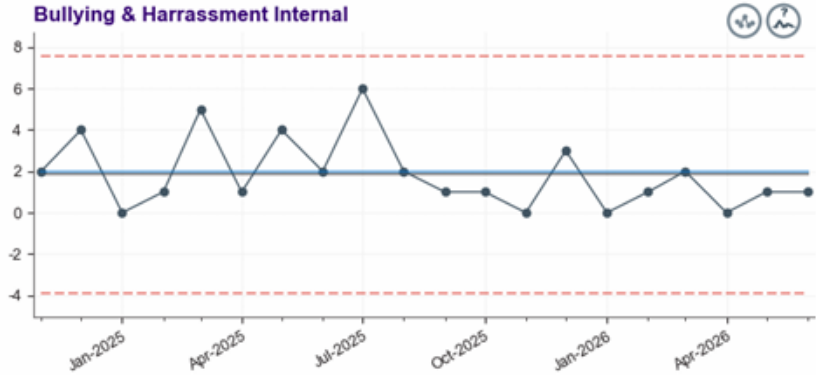
Integrated Quality Report



WF-47
Dept: Workforce HR
Metric Type: Supporting
Latest: 133
Target: 70
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-9
Dept: Workforce HR
Metric Type: Supporting
Latest: 5
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-12
Dept: Workforce HR
Metric Type: Supporting
Latest: 1
Target: 2
Common cause variation, no significant change. This process will not consistently hit or miss the target.

What?

- Mean suspension duration is now 133 days, which is a significant improvement of the previous 12-month average which was 212 days.

So What?

- Extended suspensions impact wellbeing and productivity. Timely progression remains important for staff experience.
- There are 41 live disciplinary cases, down by 9 compared with previous month. Completed cases took an average 148 days to close.

What Next?

- Review causes and strengthen case management arrangements. Continue active case management and oversight.

What?

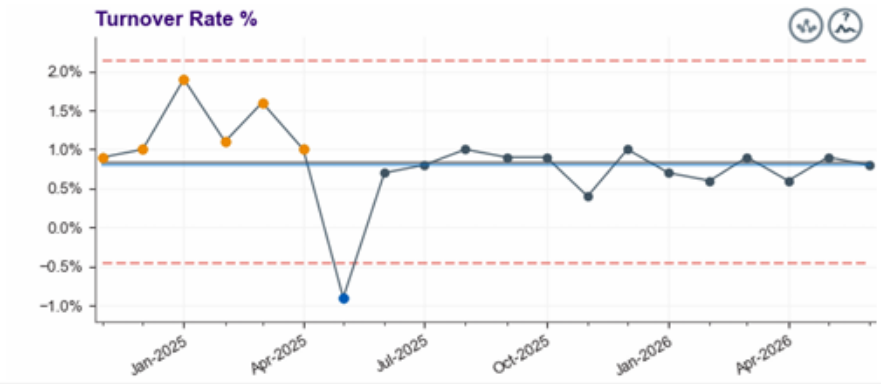
There were 10 live cases at month end, with1 case reported and 3 cases closed in month.

So What?

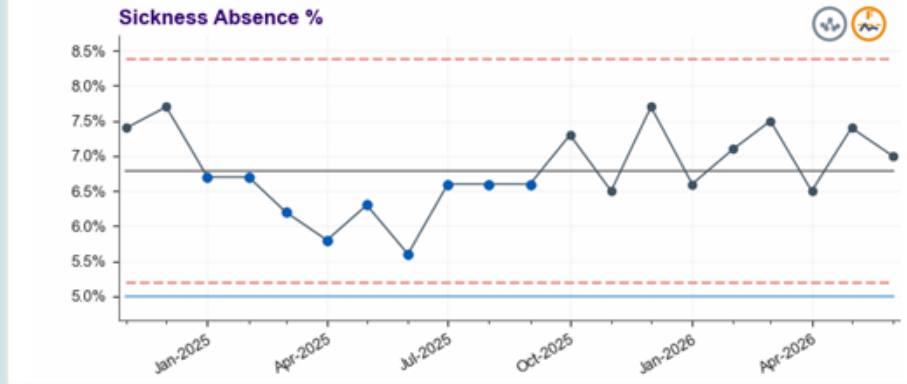
- Trust resolution policy and Managing Conduct policies now been live for 3 months and Managers have adapted to the new method of working and Terminology being used
- Continue to promote use of mediation and informal routes to resolution
- Training modules now been designed and will be rolled out in the Autumn

What next?

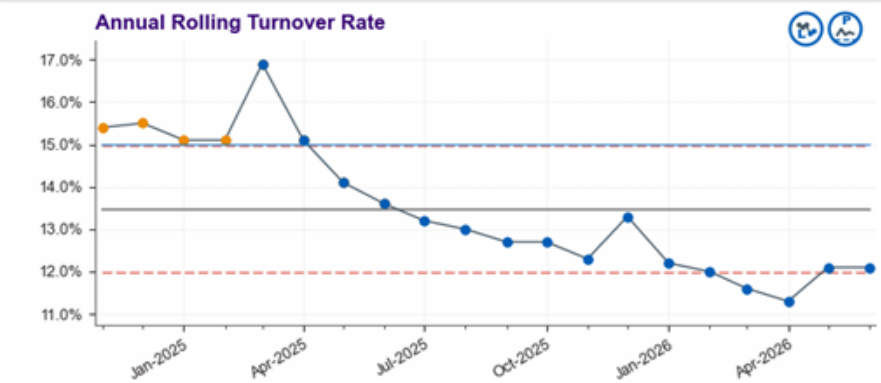
- Promote respectful behaviours and monitor trends.



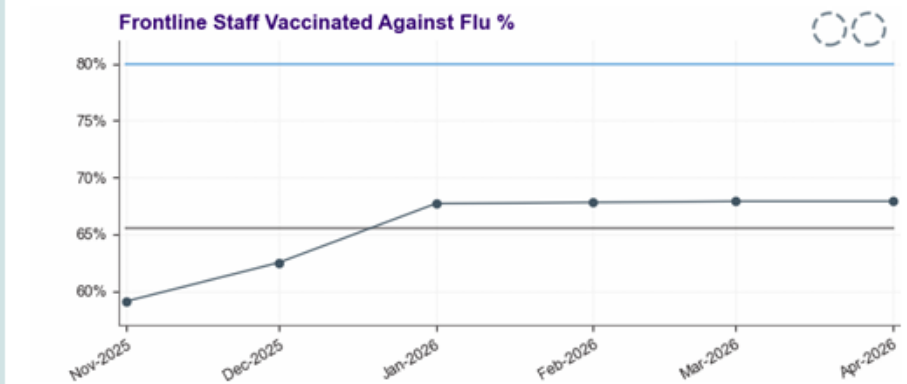
WF-48
Dept: Workforce HR
Metric Type: Board
Latest: 0.8%
Target: 0.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-49
Dept: Workforce HR
Metric Type: Board
Latest: 7%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-7
Dept: Workforce HR
Metric Type: Board
Latest: 12.1%
Target: 15%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.



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

What?
During May and June 96 staff left the organisation, bringing our rolling percentage total to 12.12% which is a slight increase against March and April reporting.

So What?
Turnover continues to trend positively overall, with rates below target for a sustained period. This improvement suggests that recent retention efforts had an impact, however the significant amount of organisational change is starting to show through in the figures.

What Next?
Continue to monitor organisational change impact on turnover.
SPPs to ensure local action plans are refreshed to maintain energy and focus.
Review recent losses to understand underlying drivers and ensure they are sustainable natural turnover v organisational change driven turnover

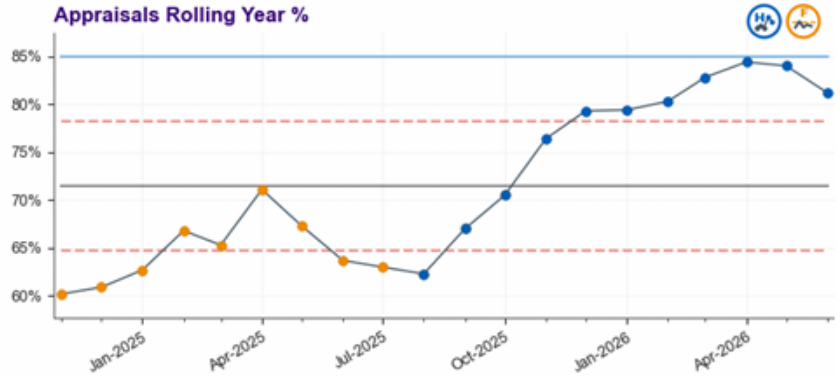
What?
Sickness absence in May (7.4%) and then dropped slightly in June (7.1%) pushing our rolling total to 7.37% which is our highest figure for many months.

So What?
Although sickness absence remains higher than target, there is significant work ongoing between Senior Leaders and Strategic People Partners to address this. The challenge is systemic rather than short-term, requiring sustained focus and redesign rather than incremental tweaks. Current plans, which includes a focus on the top 100 long term sickness cases will take time to show through in the figures, however early indicators are positive with 60 of 100 cases now resolved.

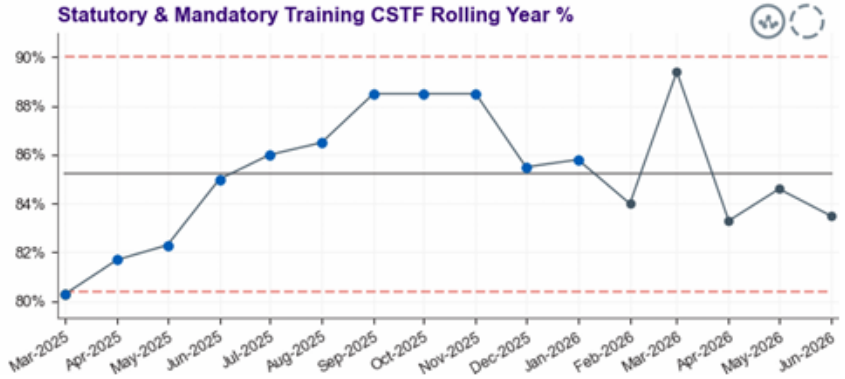
What next?
Employment assistance programme procurement under way and expected by December 2026
Wellbeing organisational restructure embedded
Alternative duties to moved to People Services in August 2026
SPPs and Senior Leaders to maintain focus on all sickness absence and now embedding Executive oversight and support/ training for managers on handling absence compassionately and in line with new Trust Wellbeing and Attendance Policy.

People: Employee Development | Board Metrics

Integrated Quality Report



WF-40
Dept: Workforce HR
Metric Type: Board
Latest: 81.2%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



WF-6
Dept: Workforce HR
Metric Type: Board
Latest: 83.5%

Common cause variation, no significant change.

What?
Trust appraisal compliance is 80.50%, with many Directorates and departments continuing to achieve or exceed the 85% target. Leading Effective Appraisal Conversations is now embedded as a business-as-usual programme, with continued positive engagement across the organisation.
Development of the new appraisal process continues, with role-specific questionnaires being designed in partnership with Directorates to reflect local requirements and feedback.

So What?
Although compliance has reduced slightly this month, overall performance remains strong, with many areas sustaining high levels of completion. Continued appraisal training is strengthening manager capability and confidence, while the introduction of role-specific appraisal questionnaires and the embedding of the 70:20:10 learning approach will enhance the quality and developmental value of appraisal conversations.

What Next?
Work will continue to finalise role-specific appraisal questionnaires and refresh appraisal e-learning, with updated content planned for launch in Quarter 3. The 70:20:10 learning approach will be embedded across the appraisal framework, training and e-learning resources to support a stronger culture of continuous learning and development. Ongoing support to Directorates will also continue to maintain momentum towards achieving the Trust target of 85% appraisal compliance.

What?
Statutory and Mandatory Training compliance for the Core Skills Training Framework (CSTF) closed 2025/26 at 90% as at 31 March 2026. Following the introduction of the revised 2026/27 Trust Training Plan, which incorporated additional nationally and locally mandated learning requirements, the rolling compliance position has stabilised at 83.5%.
Statistical Process Control (SPC) analysis identifies this as common cause variation, indicating performance remains within the expected range following the expansion of mandatory training requirements.

So What?
The current compliance position remains below the Trust's 85% year-end ambition but is consistent with the anticipated impact of introducing additional mandatory learning requirements at the start of a new reporting cycle and changes to key skills delivery during the year. There is currently no evidence of special cause variation, indicating that performance remains stable rather than deteriorating.
The challenge is therefore one of recovery and capacity, ensuring sufficient training delivery, access to learning opportunities and workforce release arrangements to progressively restore compliance over the course of the reporting year.

What Next?
Alongside continued monitoring of compliance, work will progress the development of the Trust's Workforce Competence Assurance Framework. This will enable future reporting to provide assurance not only on completion of mandatory learning requirements, but also on workforce capability and competence against organisational risks and service needs.

Sustainable Partner

What?

• Finance to month 3 is reported as on track YTD and FOT. Forecast overspends are most significant in Field Operations (£4.7m), Digital(£0.5m), and Fleet (£1.3m). CIP is behind trajectory and without material change will fail to deliver recurrently as planned. Break-even is achievable as sufficient non-recurrent (balance sheet) mitigations are in place. • C2 mean to 5th June was 25:50 and behind plan by 3:39. Significant negative impacts from activity above plan at 4.1% (8,266 incidents), handover time at ED 1:57 above plan, partly offset by job cycle time improvement at 1:51. • Hear and Treat continues behind plan 16.6% compared to 17.3% plan, but with an improvement (near plan) delivery in June. • Digital change programme designed and beginning implementation covering team restructuring, alongside corporate and clinical productivity support. All elements of the plan delivering as described through the remainder of the year is assessed as high risk. • Make Ready Centre provider tender was completed with recommended outcomes agreed by Board and Cabinet Office. However, the current procurement has been discontinued and a new tender process commenced for these services. A review identified a need to simplify the tendering process and revisit the specification.

So What?

• Without additional recovery actions CIP and productivity plans will fail to deliver the recurrent change required in plan. Although break-even is achievable this will require the use of non-recurrent(balance sheet) mitigations . This in turn will increase the level of recurrent CIP required in 27/28 and increase the risk assessment of delivery for the remainder of the three-year plan. • Operational response to an increase in demand, particularly given the acute impact of three heatwaves, has delivered C2 close to 25 minutes. And this is an improvement over 25/26.
• Significant, Trust-wide effort is being expended on establishing the mechanism for improving Hear & Treat response and outcomes. Hot weather did coincide with a measurable uptick in Hear & Treat delivery which improvement now needs to be consolidated.
• Programme and plans for Digital delivery are near agreed (restructuring) or else in hand and progressing through delivery (Corporate & Clinical productivity). • Make Ready re-procurement will impact mobilisation period, but this can be partly mitigated through contingency days in the original plan. Overall, a 4-6 week delay in implementation is expected.

What Next?

• CIP/Productivity recovery actions are in place (month 2) and are additive to plan. Monitoring will continue through August and September. If bank holiday TOIL, virtual care, and C2 recovery actions and change programmes deliver, then monitoring will continue. If not, further additive cost reduction actions will be worked up, likely to involve accelerating corporate function consolidation across the Group. • Current C2 delivery in the context of activity above plan and increased handover delays will be reviewed with NHSE with a view to de-risking the additional £5million performance funding expected (and in plan) in October. • Digital change programme implementation will continue. Impacts of slippage in the plan are assessed and incorporated into the Trust's financial and performance forecasting. • Planned plan delivery reviews in August and September will assess confidence in plan delivery, additional recovery action impacts, and NHSE disposition regarding the £5m H2 performance fund and will determine next steps.

Sustainable Partner Overview

NHS South East Coast Ambulance Service NHS Foundation Trust

Integrated Quality Report

Variation

Special Cause Improvement		Common Cause		Special Cause Concern			
0%	5%	31%		5%	2%		
0	2	13		2	1		

Assurance

Pass	Hit and Miss	Fail	No Target
5%	7%	7%	81%
2	3	3	34

Productivity

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	DCA Not Available for Crew	Jun-26	1.9		104.1		
Board	% of DCA vehicles off road (VOR)	Feb-26	0%	10%	13.9%		
Board	Number of RTCs per 10k miles travelled	Jun-26	0.6		0.7		
Board	Handover Time Mean	Jun-26	00:19:09	00:17:30	00:18:52		
Board	Hear & Treat per Clinical Hour	Jun-26	0.4		0.4		
Board	See & Convey to ED %	Jun-26	49.9%		51.5%		
Board	See & Convey to Non-ED %	Jun-26	2.2%		2.5%		
Board	UCR Acceptance %	Jun-26	17.8%	60%	16.4%		
Board	Vehicles Made Ready vs Scheduled Shifts	Jun-26	94%	95%	81.8%		
Supporting	111 to 999 Referrals (Calls Triaged) %	Jun-26	5.8%	13%	6.3%		
Supporting	% of SRV vehicles off road (VOR)	Feb-26	0%		2.7%		
Supporting	Critical Vehicle Failure Rate (CVFR)	Jun-26	99		90.8		
Supporting	999 Operational Abstraction Rate %	Jun-26	31.8%	31.3%	28%		
Supporting	Hear & Treat Recontact within 48 Hours %	Jun-26	2.6%		2.3%		
Supporting	Handovers > 45 Minutes %	Jun-26	4.7%	0%	4.4%		
Supporting	Number of Hours Lost at Hospital Handover	Jun-26	3360.6	2879.37	3230.5		
Supporting	Make Ready Contractor Hours Delivered	Jun-26	92%	95%	78.6%		
Supporting	Make Ready Vehicle Audit Compliance - Overall Score	Jun-26	97%	95%	96%		

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

Health & Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
	HART Staffing to Core Levels (6 Per Team Per Shift)	Dec-25					
	HART Training Compliance	Dec-25					
	SORT Staffing Compliance	Dec-25					
Board	Health & Safety Incidents	Jun-26	39		33.9		
Board	Manual Handling Incidents	Jun-26	29		28.6		
Board	Violence and Aggression Incidents (Number of Victims - Staff)	Jun-26	91		110.5		
Board	Organisational Risks Outstanding Review %	Jun-26	13%	30%	22.5%		
Supporting	Number of RIDDOR Reports	Jun-26	7		11.1		
Supporting	Compliance with Conflict Resolution Training	Jun-26	89.8%	85%	71.6%		
Supporting	Compliance with Face-to-Face Manual Handling Training	Jun-26	80%	85%	76.8%		

Finance

Type	Metric	Latest	Value	Target	Mean
Board	Surplus/Deficit (£000s) Month	Jun-26	212	-1	155.4
Supporting	Agency Spend (£000s) Month	Jun-26	-291.8	-111	-209.9
Supporting	Capital Expenditure (£000s) YTD	May-26	3991	26191	8999.3

NHS South East Coast Ambulance Service NHS Foundation Trust

Sustainable Partner Overview

Integrated Quality Report

Variation

Special Cause Improvement			Common Cause		Special Cause Concern			
0%	5%		31%		5%	2%		
0	2		13		2	1		

Assurance

Pass	Hit and Miss	Fail	No Target
5%	7%	7%	81%
2	3	3	34

Efficiency

Type	Metric	Latest	Value	Target	Mean
Board	Cost Improvement Plan (CIP) (£000s) Month	Jun-26	0		1125.3
Board	Cost Improvement Plans (CIPS) (£000s) YTD	Jun-26	1849	3346	7056.6

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

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

Digital

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

Resilience

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance
Board	Operational Command Training Compliance (OpComm Qual)	Jun-26	100%		100%		
Board	Tactical Command Training Compliance (TacComm Qual)	Jun-26	100%		100%		
Board	Strategic Command Training Compliance (MAGIC)	Jun-26	100%		96.9%		
Board	Tactical Advisor/NILO Training Compliance	Jun-26	100%		100%		
Board	JESIP Training Compliance (All Commanders)	Jun-26	89.9%		86.4%		
Supporting	% of Incidents With Completed Debrief Within Required Timeframe	Jun-26	80%		80%		
Supporting	% of BCPs In-Date and Reviewed	Jun-26	88%		84.7%		
Supporting	% of BCP Exercises/Tests Completed	Jun-26	94%		94%		

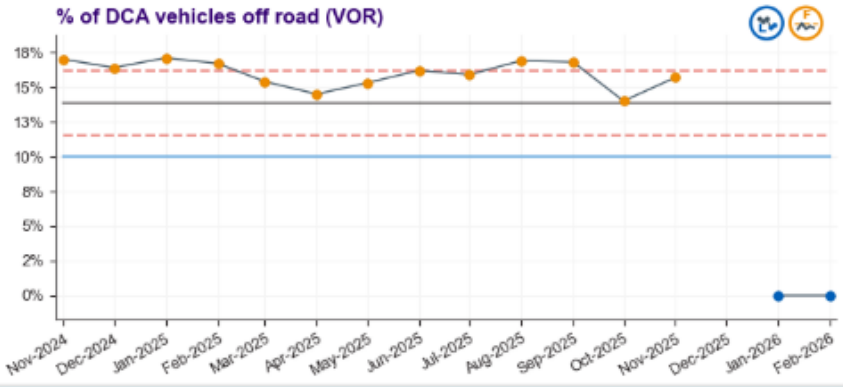
Patient Safety

Type	Metric	Latest	Value	Target	Mean	Variation	Assurance

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

Sustainable Partner: Productivity | Board Metrics

Integrated Quality Report



FL-4

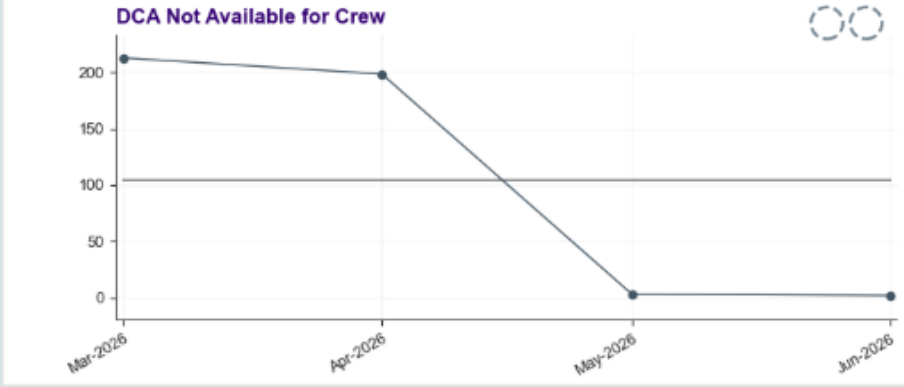
Dept: Fleet

Metric Type: Board

Latest: 0%

Target: 10%

Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



FL-17

Dept: Fleet

Metric Type:

Latest: 1.9

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

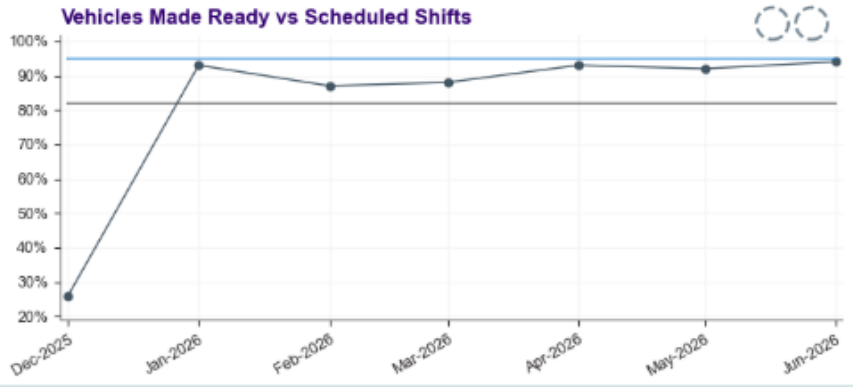
FL-2

Dept: Fleet

Metric Type: Board

Latest: 0.6

Common cause variation, no significant change.



FL-14

Dept: Fleet

Metric Type: Board

Latest: 94%

Target: 95%

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

% of DCA Vehicles off road (VOR)

What? Current DCA VOR rate is at 17%.

So what? Parts supply for FIAT DCA spares is still challenging with multiple parts still back ordered to Italy. This is the main driver of the increased VOR over the last 12 months along with aging fleet of Mercedes DCAs.

What next? Due to the reliability of the Fiat product the Trust have now ordered 92 MAN box DCAs and 5 Electric Transit DCAs that will assist with reducing VOR Rates. The MAN vehicles are now starting to be delivered and commissioned into operation to date we have commissioned 15 of these new MAN DCAs. Additional VMT roles have been approved to increase available workshop hours to assist with the VOR reduction plan.

Number of RTCs per 10K miles travelled

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

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

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

What?

Across April, May and June, vehicle preparation throughput remained strong and stable, with the majority of sites consistently achieving planned vehicle preparation levels and maintaining high KPI compliance. Performance was sustained despite workforce pressures in some areas, demonstrating effective local management and operational resilience.

So What?

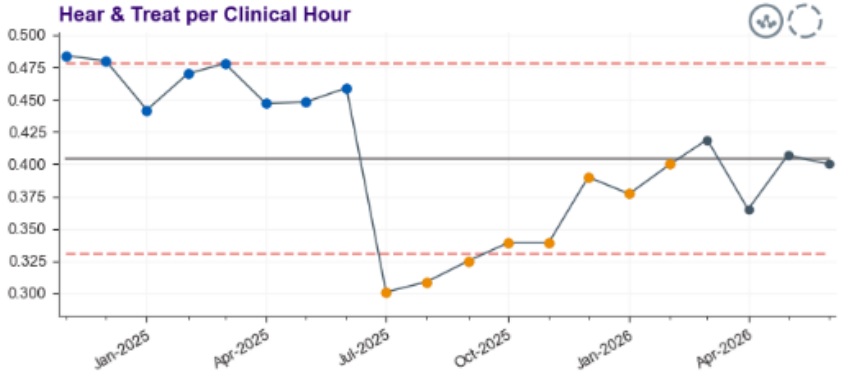
Recruitment challenges continued throughout the quarter, particularly at Chertsey and selected VPP locations, creating ongoing pressure on available resources and increasing reliance on local mitigation measures. In June, an additional operational constraint was identified at Brighton, where out-of-station vehicles were not consistently returning to base, reducing achievable throughput and impacting site efficiency.

What Next?

Continue targeted recruitment and retention activity across contractor sites, with ongoing reporting and monitoring of vacancy levels and workforce provision. Maintain close oversight of vehicle preparation performance and site throughput, with particular focus on Brighton to ensure vehicles are returned promptly from Horsham and Burgess Hill through joint management by Operations and contractor teams. Continue to review emerging risks and implement local actions to sustain KPI performance across all locations

Sustainable Partner: Productivity | Board Metrics

Integrated Quality Report

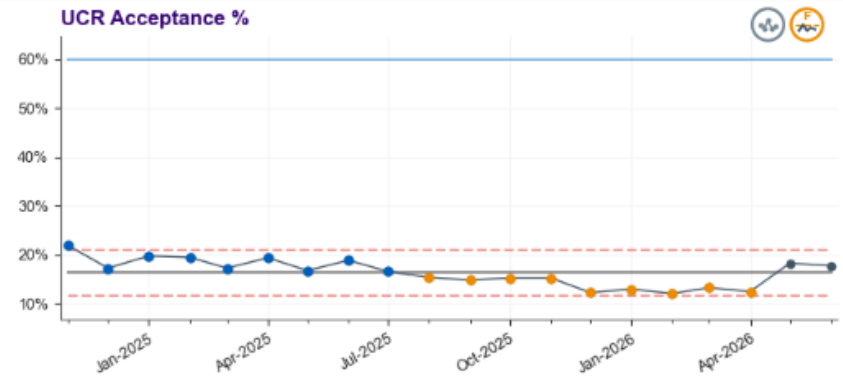


999-41
Dept: Operations 999
Metric Type: Board
Latest: 0.4

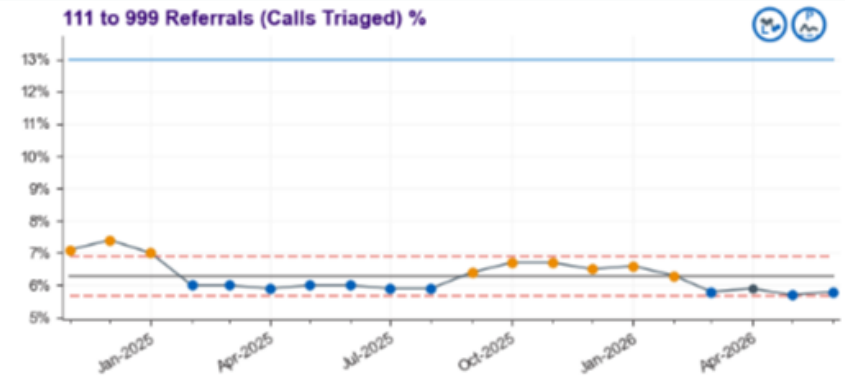
Common cause variation, no significant change.

999-42
Dept: Operations 999
Metric Type: Supporting
Latest: 2.6%

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



999-40
Dept: Operations 999
Metric Type: Board
Latest: 17.8%
Target: 60%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



111-4
Dept: Operations 111
Metric Type: Supporting
Latest: 5.8%
Target: 13%
Special cause of an improving nature where the measure is significantly LOWER. This process is capable and will consistently PASS the target.

Hear and Treat per Clinical Hour

What? The Trust is on an improving trajectory for Hear & Treat per hour in Q1 of 26/27, following a drop-off in April.
A huge focus has been given to driving productivity in Virtual Care, with a number of plans in place to facilitate this.
The Virtual Care programme, and associated working group has commenced, with weekly meetings to explore ways to improve Hear & Treat, and to ensure all directorates across the Trust support the recruitment, training, mentoring, governance, and management of newly qualified virtual care clinicians in UEC.
What next? Whilst the Virtual Care working group will focus on UEC, it will also look at further developing ongoing developments and innovation in EOC to improve Hear & Treat productivity, including the extension of Intelligent Clinical Queue (ICQ) to Field Ops, and potentially extending the C2 Streaming processes and the TORTUS AI pilot to UEC, so that we have greater consistency and shared improvement across the whole of the virtual care function in the Trust.
There is a clear trajectory for onboarding in H1 of 26/27 150 Paramedics to use NHS PaCCS to undertake virtual care in Field Ops, and this will be monitored by the Productivity and Efficiency sub-group on a weekly basis, so that the Trust can maintain grip on this key strategic goal.

UCR Acceptance Rate

What? In June **15.1%** of incidents referred via the UCR portal were accepted, which although an improvement of 2.6%, remains well below the **60% target**.
So What? Acceptance rates continue to be significantly lower than required. Capacity constraints were cited across all providers as the primary reason for declining referrals, Acceptance continues to be highest within the first two hours of service opening, when SECAmb is one of multiple organisations simultaneously requesting UCR support.
What Next? -Continue to focus on UCR where available and work with system partners to improve**.**
-**Go live of 60minute** "auto time out" for rejections from UCR teams from the current 30minute. Aligns with EEAST & WMAS, requested by the south east regional UCR teams as overcoming a potential acceptance barrier for them.

Hear & Treat Recontact

What? Contact from patients who have received a Hear & Treat (H & T) outcome (alternative disposition to ambulance dispatch) remained in line with Q4 of 25/26, but remains relatively low at 2.6%.
So what? H & T recontact is a measure of clinical effectiveness and needs further analysis to evaluate risk and the impact of the H & T intervention.
What next? The Trust will be incorporating this metric in its new Virtual Care productivity dashboard, to ensure that the quality and impact of virtual care can be recorded and reviewed.

111 to 999 Referrals

What? Current performance is 5.8%, significantly below the upper threshold. However, performance has remained stable within a narrow range (~5.8%–7.2%) over the period.
So What? The service is reliably performing within a controlled range, minimising the impact on our 999 service with inappropriate referrals. The stability of triage decision-making and consistent operational practice across teams is achieved through supporting colleagues with decision making allowing them to refer the patient to the right service utilising alternative pathways where appropriate.
What Next? In Q2, the Trust will transition to a new 111 Clinical Validation (CV) model, aligned to its new workforce model, following the operational configurational changes made in 2025. This is designed to strengthen clinical support to frontline colleagues, enabling more confident decision-making and appropriate use of alternative pathways.
Focus will remain on embedding the revised workforce and clinical model, monitoring impact on both referral rates and patient outcomes to ensure the balance between demand management and clinical safety is maintained

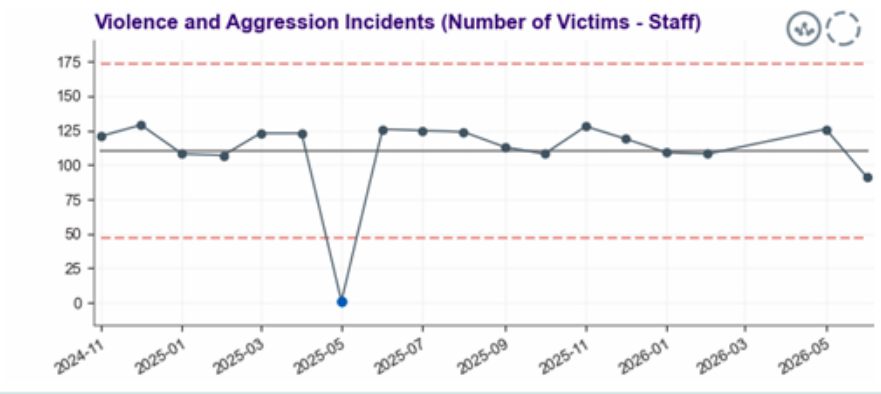
Sustainable Partner: Health & Safety | Board Metrics

Integrated Quality Report

QS-20
Dept: Quality & Safety
Metric Type: Board
Latest: 39

Common cause variation, no significant change.

QS-24
Dept: Quality & Safety
Metric Type: Board
Latest: 13%
Target: 30%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-13
Dept: Quality & Safety
Metric Type: Board
Latest: 91

Common cause variation, no significant change.

QS-22
Dept: Quality & Safety
Metric Type: Board
Latest: 29

Common cause variation, no significant change.

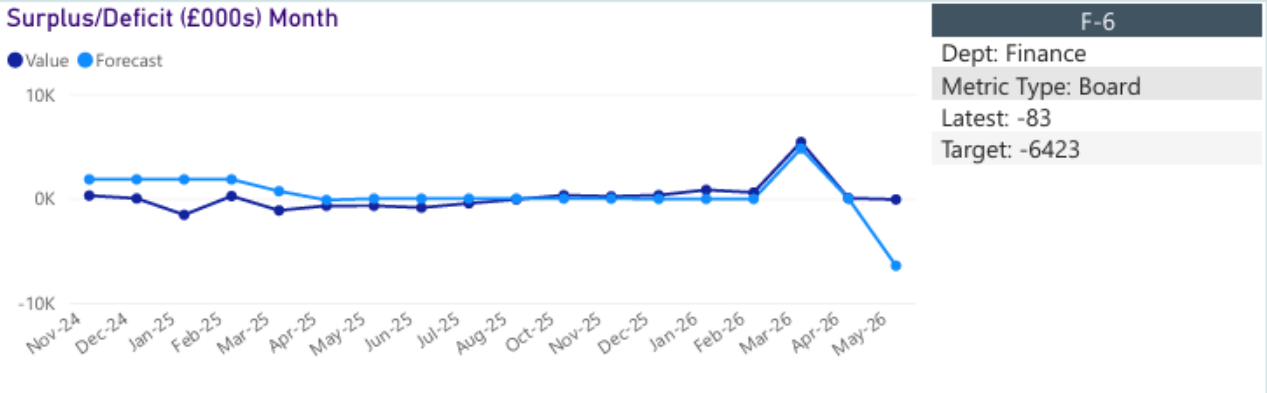
Health & Safety Incidents
What?
During Q1 2026/27, 102 health and safety incidents were reported. Monthly reporting fluctuated across the quarter, with 37 incidents reported in April, reducing to 26 in May before increasing to 39 in June.
So What?
The increase in reported incidents during June, following the reduction observed in May, highlights the need for continued oversight of incident trends to identify any emerging themes, recurring hazards or areas of increased organisational risk.
What next?
Health and safety incident trends and emerging themes will continue to be monitored through the Trust Health and Safety Working Group (HSWG). Incident data will be reviewed to identify areas requiring further investigation, assurance or targeted risk reduction activity.

Violence & Aggression Incidents
What?
Violence & Aggression incidents remained consistent in June (94) with a slight increase in May to 126. The average continues to reduce to 113 per month from a high of 135.
The reduction indicates improving control and stability in managing V&A risk. A more consistent profile suggests fewer extreme spikes compared to 2025. Workstreams with Mental Health and History Marking have been progressed.
What next?
Maintain current V&A prevention and management controls. Continue targeted monitoring of trends and hotspots to support early intervention. Continue post-incident support and learning to sustain the downward trend.

Manual Handling Incidents
What?
A total of 101 manual handling incidents were reported during Q1 2026/27. Incidents reduced from 45 in April to 27 in May and remained broadly stable in June, with 29 incidents reported.

So What?
The reduction from April is positive; however, manual handling and musculoskeletal (MSK) injuries continue to represent a significant area of health and safety risk for the Trust and require sustained focus to reduce the risk of colleague injury and associated workforce impact.

What next?
Manual handling and MSK incident trends will continue to be monitored through the Trust HSWG and the specialist MSK Injury Reduction Group. The group will review incident themes and contributory factors and identify opportunities for targeted interventions to support a reduction in MSK-related injuries.



What?
The Trust has reported a £0.2m surplus in line with plan for M3 2026/27 and forecasting a break even in line with plan.

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

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

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

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

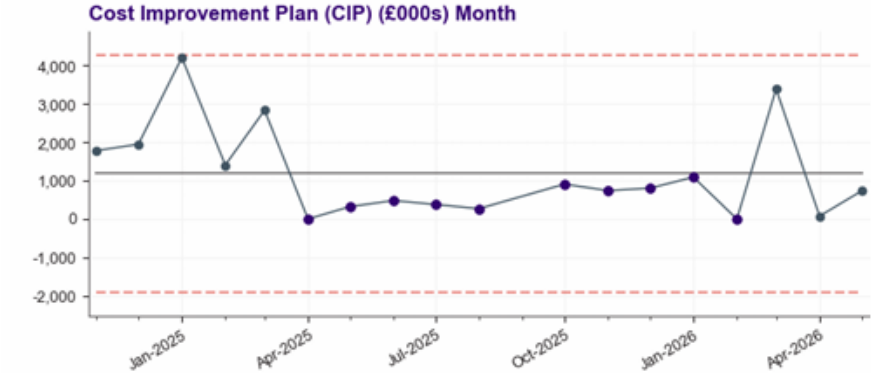
What next?
The Trust has been awarded an additional £10.7m ambulance growth funding has been allocated to enable the Trust to deliver a revised trajectory improvement in C2 mean to 25 minutes for 2026/27.

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

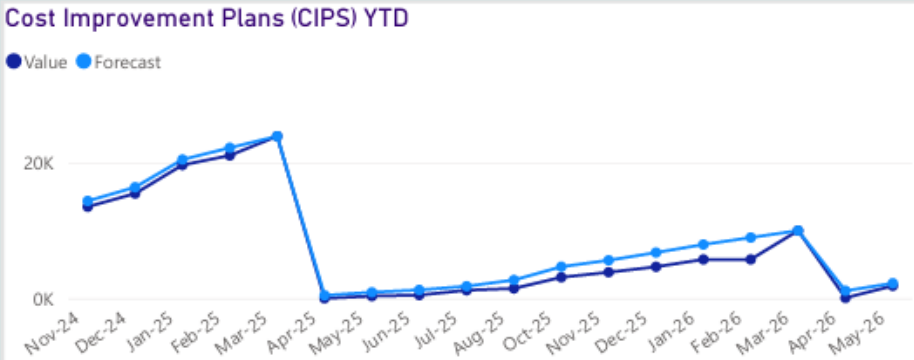
The Trusts cash position is £19.4m as at 30th June 2026.

Sustainable Partner: Efficiency | Board Metrics

Integrated Quality Report



F-4
Dept: Finance
Metric Type: Board
Latest: 730



F-13
Dept: Finance
Metric Type: Board
Latest: 1849
Target: 2230

What?
For the first 3 months ending June 2026, the Trust is £0.8m under plan delivering £2.6m year-to-date, recurrent savings are 32%, below the planned 78%.

So what?
The Trust is forecasting to achieve all of the planned target of £13.4m. The Trust (through Executive Management Board) has an agreed plan to deliver the agreed financial plan.

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

What?
The Trust is concentrating its effort to gradually increase the percentage of recurrent savings by the end of March 2027 and has appropriate plans in place.

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

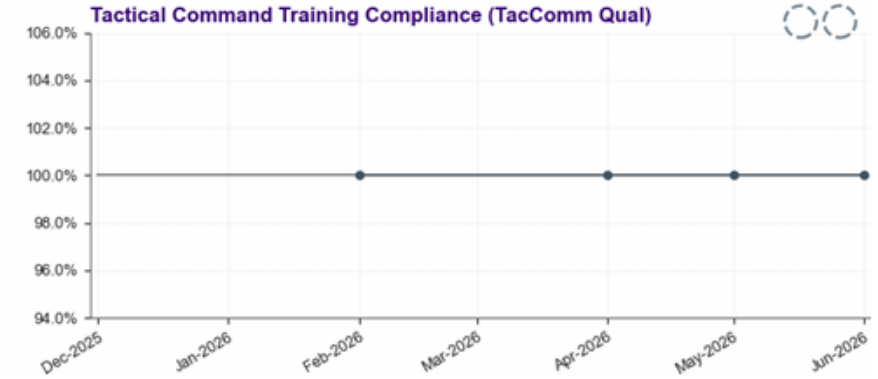
What next?
The Trust has agreed action plans to deliver CIP that include reduced cost of employment, vacancy freeze, tighter control of overtime, not recruiting newly qualified paramedics, accelerating progress with increasing call handling and other operational KPIs. The Board has agreed to fill any remaining gap with non-recurrent budget underspends and balance sheet provisions.
The Trust has identified recurrent efficiency schemes and has submitted a compliant plan in March 2026. The Trust will carry on focusing on continuous improvement to reduce its running cost whilst maximising its output and carries on improving the quality of care it is providing.

QS-70
Dept: Quality & Safety
Metric Type: Board
Latest: 100%

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

QS-72
Dept: Quality & Safety
Metric Type: Board
Latest: 100%

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



QS-71
Dept: Quality & Safety
Metric Type: Board
Latest: 100%

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

QS-73
Dept: Quality & Safety
Metric Type: Board
Latest: 100%

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

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

So what?
Command training compliance is a core element of core standards assurance and is important in terms of organisational resilience and alignment with obligations of the Trust under Civil Contingencies legislation. On-call revisions have also further standardised the command population to ensure consistency in cpd, training, and audit processes.

What next? Ongoing audit and continuing assurance re continuous professional development for command will continue with a routine 10% dip check as well as ongoing exercising and interagency training to ensure adequate opportunities for development. Implementation of the on-call policy will be helpful in further galvanising efforts to divide performance oversight from incident command.

QS-74
Dept: Quality & Safety
Metric Type: Board
Latest: 89.9%

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

Compliance by Competency

Count of Commanders Who Have Completed Individual Competencies

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

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

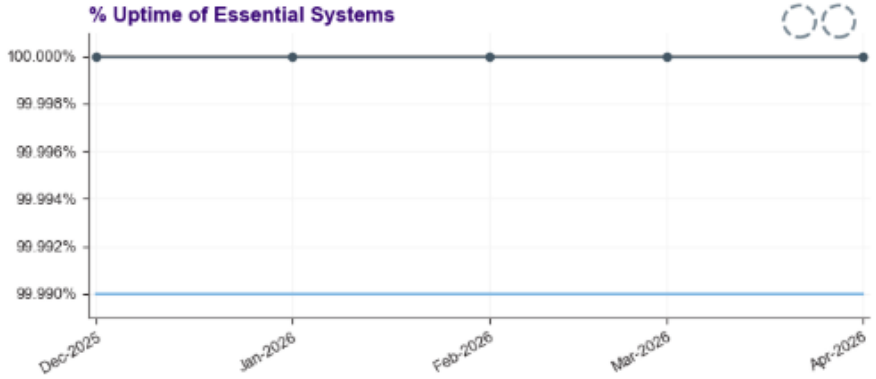
This is helped to an extent as well by the revision of on-call structures, particularly the removal of '2IC' roles, which reduces the training demand considerably, hence the low '2IC' compliance within the table. As these individuals will no longer perform command functions, the compliance figure for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

So what? JESIP compliance is a central element of the yearly command and assurance workplan and is an important aspect of showing effective capabilities re inter-agency working. JESIP is considered significantly within the NHS core and interoperability standards as well as the findings of the Manchester Arena Inquiry.

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

Sustainable Partner: Digital | Board Metrics

Integrated Quality Report



IT-9

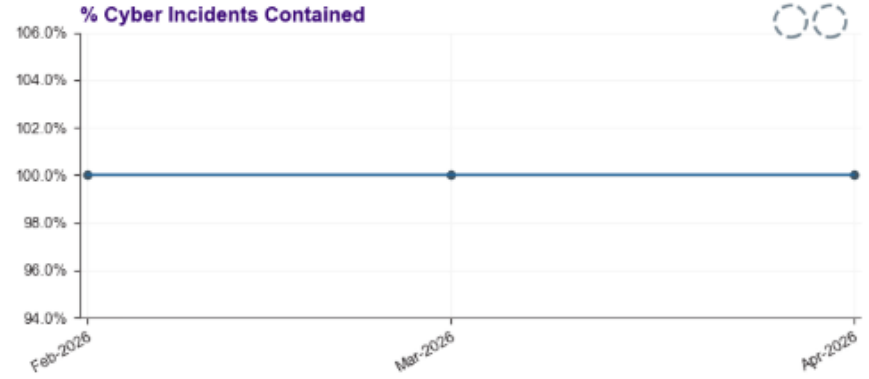
Dept: Digital

Metric Type: Board

Latest: 100%

Target: 99.99%

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



IT-10

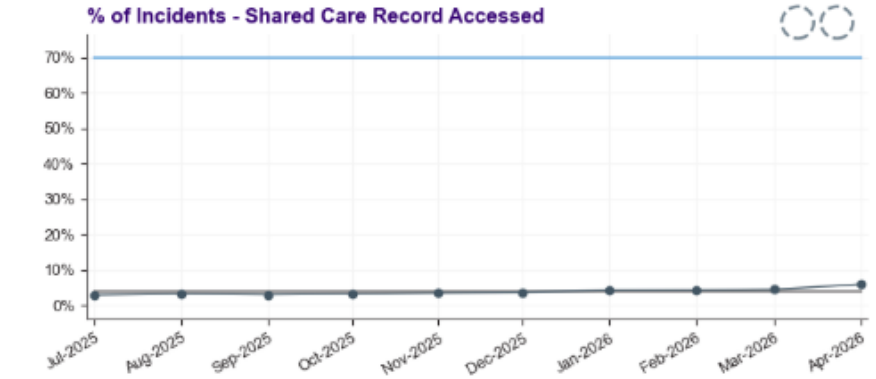
Dept: Digital

Metric Type: Board

Latest: 100%

Target: 100%

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



IT-11

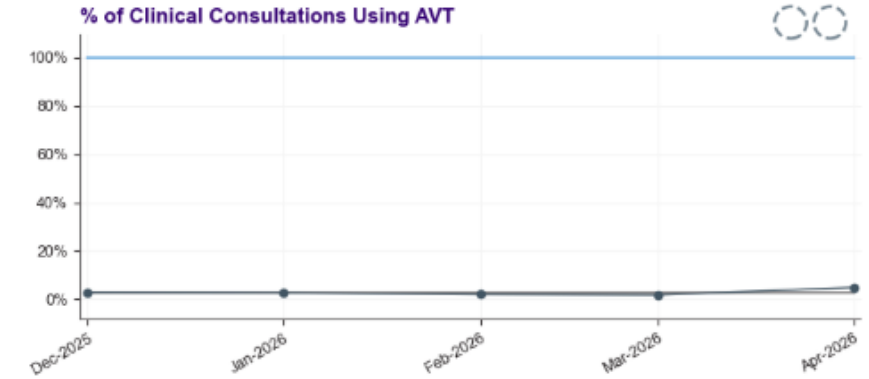
Dept: Digital

Metric Type: Board

Latest: 5.96%

Target: 70%

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



IT-12

Dept: Digital

Metric Type: Board

Latest: 4.9%

Target: 100%

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

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

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

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

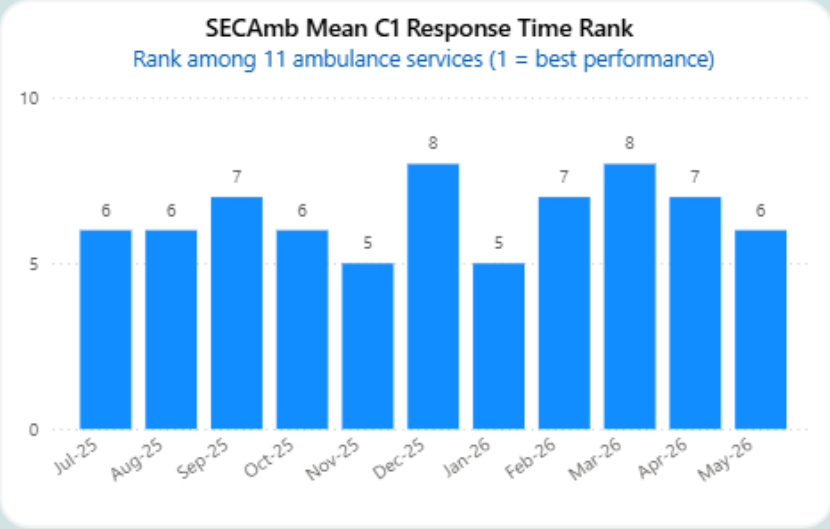
What: 100% of cyber incidents have been contained since reporting began in October 2025, while AVT-supported clinical triage stepped up sharply in April 2026 to c.4.9%, breaking out of prior control limits.

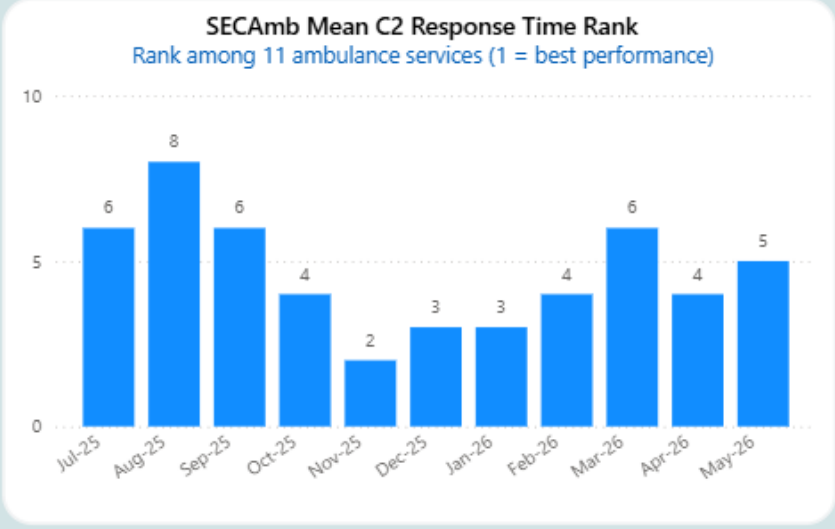
So what: Current cyber controls are holding but the threat landscape continues to escalate and our exposure remains material; the AVT uplift follows the extension of the pilot in EOC to a wider clinician cohort — early evidence that scaling the use case is achievable.

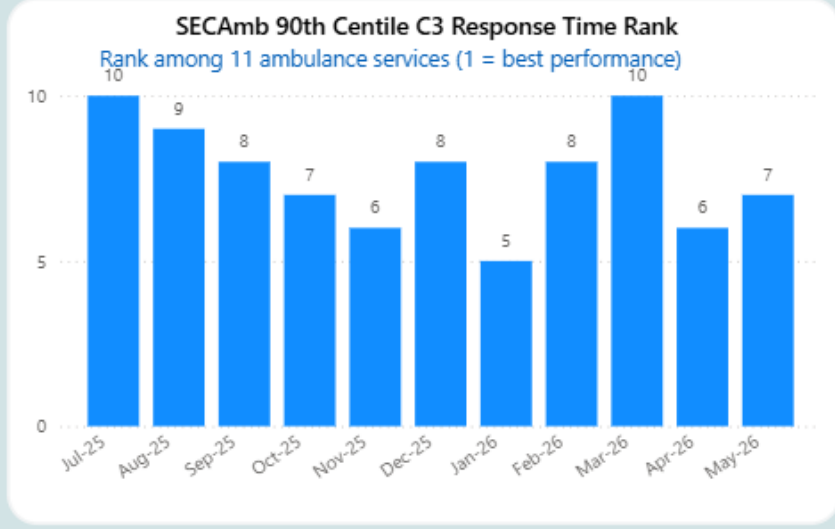
Now what: Progress the cyber business case through governance to deliver a 24/7/365 Security Operations Centre (with SWAST) and a new SIEM, while continuing to expand AVT adoption and tracking its correlation with calls per hour and hear and treat rate to confirm the productivity hypothesis.

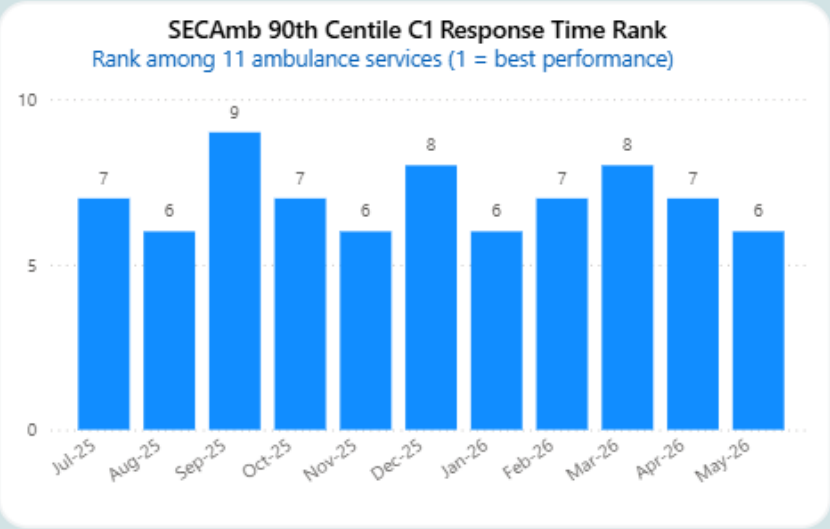
National Benchmarking | Response Times Rank | May 2026

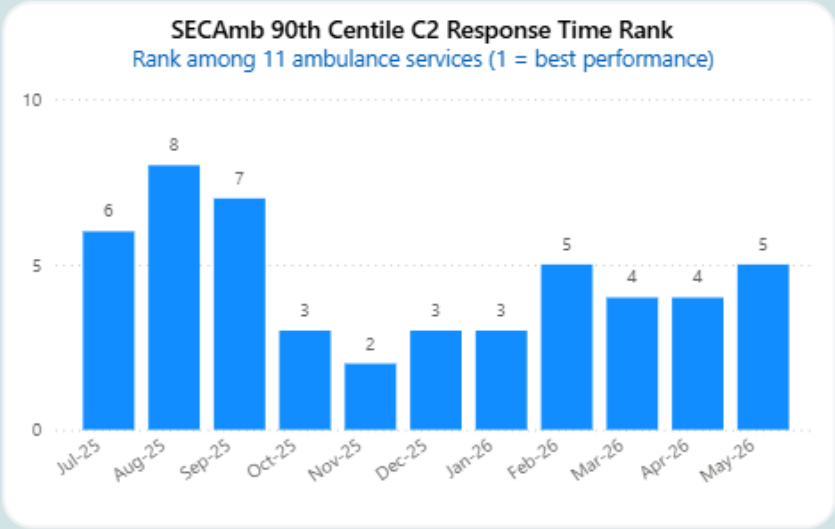
Integrated Quality Report

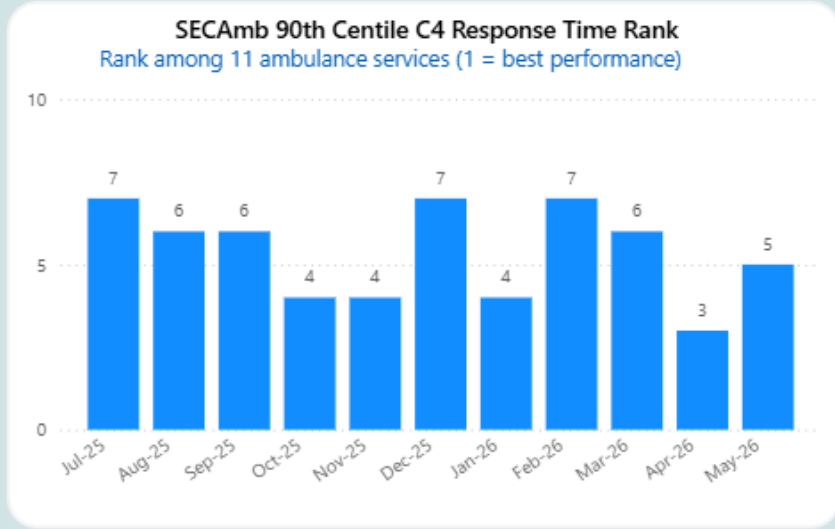












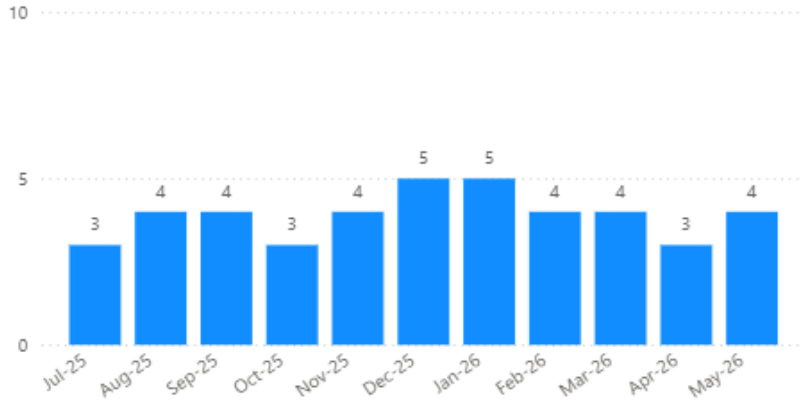
Summary:
Overall SECAmb continues to benchmark broadly in the middle of the range of English NHS Ambulance Trusts for response times with some variability, showing recent improvement in C2 mean but requiring sustained focus, particularly on C2, to meet NHSE expectations.

National Benchmarking | Call Answer & Outcomes Rank | May 2026

Integrated Quality Report

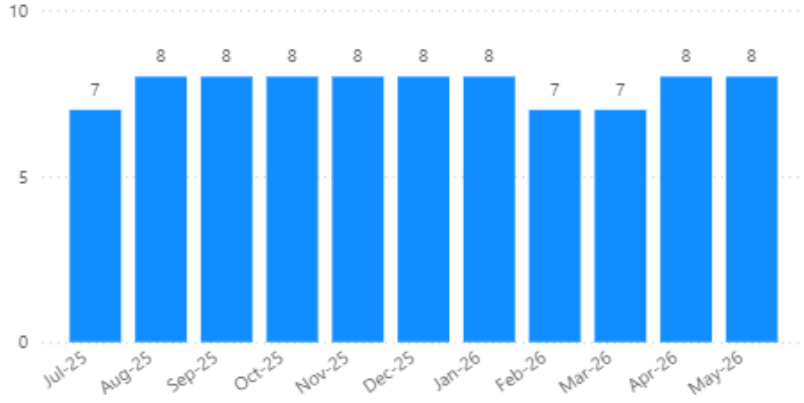
SECAmb Mean Call Answer Time Rank

Rank among 11 ambulance services (1 = best performance)



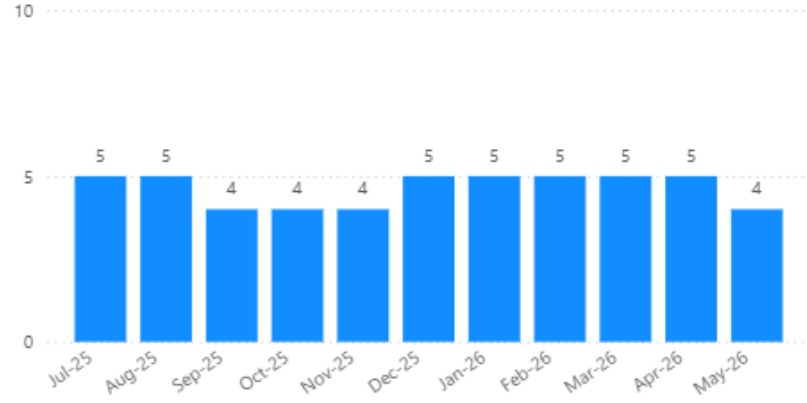
SECAmb Hear & Treat % Rank

Rank among 11 ambulance services (1 = best performance)



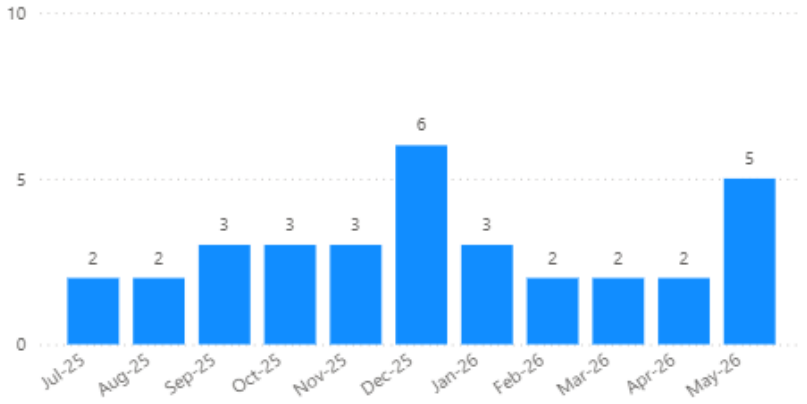
SECAmb See & Treat % Rank

Rank among 11 ambulance services (1 = best performance)



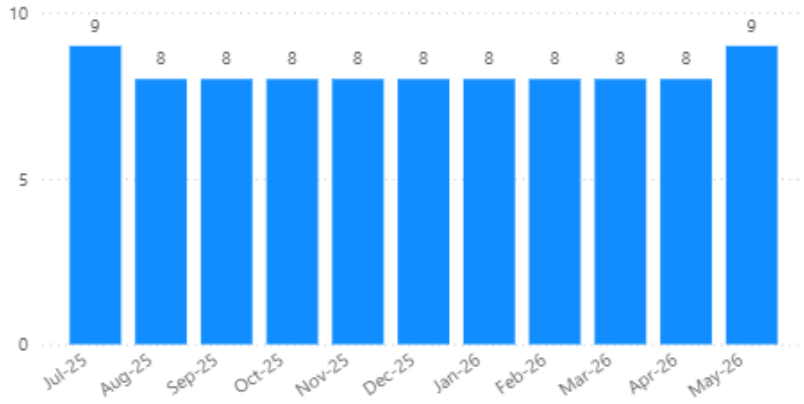
SECAmb 90th Centile Call Answer Time Rank

Rank among 11 ambulance services (1 = best performance)



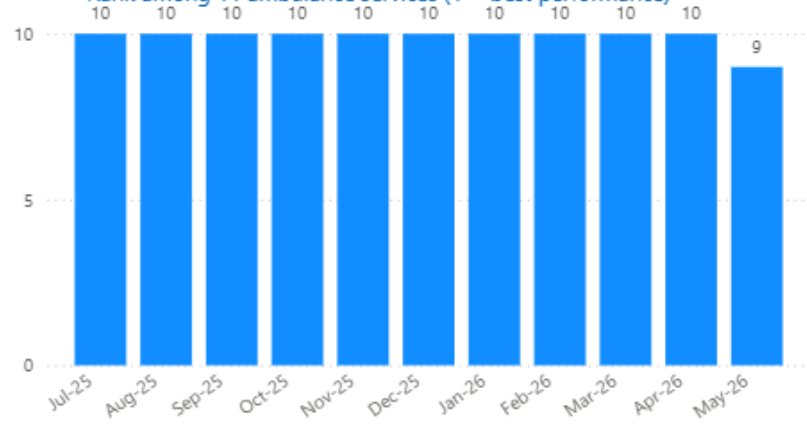
SECAmb See & Convey % (ED) Rank

Rank among 11 ambulance services (1 = best performance)



SECAmb See & Convey (Non-ED) Rank

Rank among 11 ambulance services (1 = best performance)



Summary:
SECAmb's call answer time in June was 8 seconds, reflecting the impact of the heatwave conditions, while hear & treat and See & treat remain mid-range, with ongoing focus required to improve hear & treat rates and further develop non-ED conveyance pathways in partnership with system providers

Appendix 1: Glossary

Integrated Quality Report

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

Agenda No	48-26

Name of meeting	Trust Board
Date	6 August 2026
Name of paper	Finance & Investment Committee Assurance Report
Author	Suzanne O'Brien Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework. This assurance report provides an overview of the most recent meeting on 23 July 2026 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

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

The committee welcomed observers from the COG and Shadow Board.

ALERT

Operational Performance

The committee reviewed operational performance in the context of unprecedented demand across the NHS. Demand for the Trust's 999 service has increased by 8%, significantly above the 4% growth assumption within the 2026/27 Operating Plan. This increase was driven in part by sustained periods of hot weather, culminating in the Trust's busiest day on record on 26 June, when the Trust escalated to the highest level of the Resource Escalation Action Plan (REAP), an exceptional position for this time of year.

Despite these extraordinary operating conditions, the committee was encouraged that operational performance compared favourably with the same period in 2025. The committee explored the factors contributing to this improvement, including increased resource hours on the road, improved job cycle times, more effective deployment of operational resources and continued improvements in hospital handover clearance following the introduction of auto-clear processes.

Hear & Treat performance continues to improve but remains below the planned trajectory. The committee recognises that achieving the Trust's Virtual Care ambitions remains fundamental to delivering sustainable operational performance and improved patient outcomes.

Overall, the committee is assured that the improvements implemented over the past 12 months have strengthened the Trust's operational resilience and enabled a strong response during a period of exceptional demand. However, the committee also recognises that significant transformation remains necessary and will continue to monitor delivery closely. In particular, the committee reinforced the importance of maintaining momentum on Virtual Care whilst ensuring colleagues remain engaged and supported throughout the transformation journey.

Financial Performance – Productivity, Efficiency & Planning

The committee reviewed the Trust's financial position and noted a £167k surplus, in line with plan. Year-to-date efficiency delivery represents 76% of the planned savings, although delivery continues to rely significantly on non-recurrent savings, vacancy controls and tighter non-pay expenditure.

The committee sought assurance regarding the sustainability of these measures, particularly the continued reliance on vacancy management and the potential impact on workforce wellbeing and organisational capacity. Recognising that this extends beyond financial management alone, the committee has requested that the People Committee undertake further oversight of the workforce implications of these controls.

The committee also noted the positive outcome of the recent NHS England performance review. While performance against a number of operational metrics, including Category 2 mean response times, remains below plan, NHS England acknowledged the Trust's progress within the context of the exceptional operational pressures currently being experienced. The committee welcomed this external recognition for the team’s commitment and delivery, but remains clear that continued improvement is required. It expects the executive to maintain focus on delivering both operational and financial recovery.

The committee has reasonable assurance that the Trust remains on course to achieve its planned control total of break-even for 2026/27. However, it notes that continued reliance on non-recurrent savings is likely to increase the financial challenge in future years and will therefore continue to monitor the development of sustainable recurrent efficiencies.

ASSURE

Strategic Priority: Digital Transformation

The committee reviewed progress against the Digital Transformation Programme and welcomed the improved reporting, which now provides greater clarity around priorities, milestones, delivery timescales and realised benefits.

The committee gained assurance that progress continues across each of the programme's key workstreams:

1. Clinical Productivity: Two first-phase capabilities have been delivered and are live, with Trust-wide shared care record access in place; focus is now on benefits realisation and measurement.
2. Corporate Productivity: The Workforce Management business case is due to be considered by the executive team at the end of July; EOC Smart Rostering is paused pending that decision.
3. Foundational Work: Cyber Maturity Assessment is complete and three business cases are due to be reviewed during August / September.
4. Data & AI: Platform delivery progressing to plan. The platform will enable self-service access to trusted data and Copilot/AI-driven analysis, releasing analytical capacity and giving earlier sight of issues

affecting patients. A new Enterprise Architect is co-ordinating design decisions, with both workstreams shaping the future Data & AI strategy.

The committee commended the increasingly collaborative relationship between Digital and Clinical teams, together with the growing partnership working between SCAS and SECAmb, recognising these as important enablers of future transformation.

The committee also noted the pace at which Artificial Intelligence continues to evolve. It is assured that appropriate governance arrangements are being developed and has requested a more detailed discussion at its September meeting alongside consideration of the emerging Digital and AI Strategy.

ADVISE

Risk Overview
The committee reviewed the standing risk report and remains assured that there is appropriate oversight of the principal risks within its remit.

Each of the Board Assurance Framework risks relating to Cost Improvement, Digital Transformation and Cyber Security was considered through substantive agenda items. The committee also noted the positive Internal Audit opinion regarding compliance with the Cyber Assurance Framework and the Data Security and Protection Toolkit, as reported through the Audit & Risk Committee.

Nexus House Project Closure
The committee congratulated the executive on the successful completion of the Nexus House redevelopment programme, which has delivered an integrated 111 and 999 contact centre alongside a modernised corporate headquarters.

The committee is satisfied that the programme has been delivered effectively and agreed that a formal benefits realisation review should now be undertaken as part of the normal governance cycle. Recognising the significant impact on organisational culture and ways of working, this review will be undertaken jointly with the People Committee.

Commissioned Contracts Update
The committee reviewed progress in strengthening contract management arrangements and is assured that improved governance is delivering greater value for money across both commissioned and non-commissioned contracts.

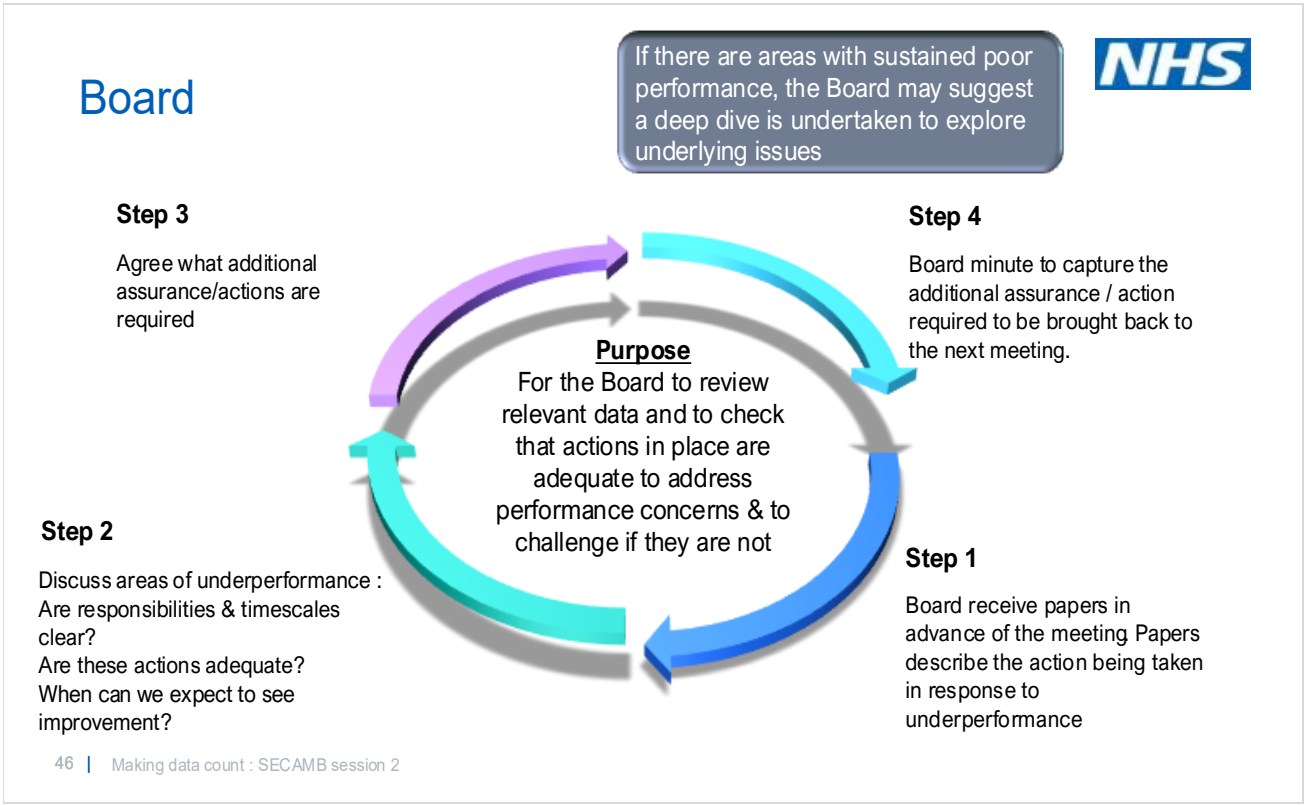
Patient Level Information and Costing Systems
The committee reviewed the annual Patient Level Information and Costing System submission and welcomed the collaborative approach taken with South Central Ambulance Service to improve understanding and consistency of reporting.

The submission demonstrates a 19.2% reduction in cost per incident compared with 2024/25. The committee noted, however, that inconsistencies in reporting methodologies across ambulance trusts

continue to limit the value of national benchmarking and will continue to monitor developments in this area.

Recommendation

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



Item No	48 – 26

Name of meeting	Trust Board
Date	6 August 2026
Name of paper	M03 (June 2026) Financial Performance
Executive sponsor	Simon Bell – Chief Finance Officer
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Finance, Planning, Reporting and Systems), Rachel Murphy (Head of Finance – Cash, Projects, Business, and Investments)

This report provides the year-to-date (YTD) financial performance and draft financial accounts of the Trust for 2026/27.

The Trust has reported a £167k surplus in line with plan for M03 2026/27.

The annual plan is reliant on the Trust delivering £13,424k efficiencies for the year. The Trust has achieved £2,550k, 76% of the planned £3,346k efficiencies year to date. The Trust has heavily relied on the non-recurrent, recruitment freeze and leaner, non-pay purchasing to deliver the year-to-date savings that were agreed at Executive Management Board in March 2026 to enable the delivery of the agreed financial plan.

YTD Capital expenditure £4,622k is £2,218k above plan, that is caused by the slippage in the DCA delivery schedule from 2025/26 into 2026/27. The Trust is forecasting to spend its full capital allocation by the end of the year.

In June 2026 the closing cash balance was £19,351k, which is £15,377k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments and a delay in some block income expected in June, now arriving in July.

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

Recommendations, decisions, or actions sought	For information

2026/27

Finance Report to the Board of Directors

3 Months to 30 June 2026

Executive Summary

The Trust has reported a £167k surplus in line with plan for the 3 months to June 2026.

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

	Year to June 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	92,780	92,802	22	371,047	371,356	309
Expenditure	(92,613)	(92,643)	(30)	(371,048)	(371,365)	(317)
Profit on Sale of Assets	0	8	8	0	8	8
Trust Surplus / (Deficit)	**167**	**167**	**0**	**(1)**	**(1)**	**0**
Reporting adjustments:						
Remove Impact of Donated Assets	0	0	0	1	1	0
Remove Impact of Impairments	0	0	0	0	0	0
Reported Surplus / (Deficit)*	**167**	**167**	**0**	**0**	**0**	**0**

Efficiency Programme (cash releasing)	3,346	2,550	(796)	13,424	13,424	0
Cash	34,728	19,351	(15,377)	36,359	36,359	0
Capital Expenditure	2,404	4,622	(2,218)	26,191	26,191	0

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

Year to June 2026 (YTD)

- The Trust is off plan on its CIP by (£2.6m), some directorates are forecasting to overspend against their budget and if this position does not change then the Trust will need to look for additional non-recurrent measures to deliver its financial break-even plan.

- The overall financial performance consists of adverse variances in field operations (£1,562k) (Operations Management, Sussex and Kent has an adverse variance and Surrey divisions has a favourable one), Strategy & Transformation directorate (£212k) and Digital (£59k) that are offset by favourable variances across all other directorates.

- The Trust's agreed breakeven financial plan for 2026/27 depended on achieving a £13,424k cash-releasing efficiency target, representing 4% of operating expenditure. The Trust has achieved £2,550k, 76% of the planned £3,346k efficiencies year to date. This heavily relied on the non-recurrent savings (68% versus the planned 22%), such as recruitment freeze and leaner, non-pay purchasing that were agreed at Executive Management Board in March 2026 to enable the delivery of the agreed financial plan.

- In June 2026 the closing cash balance was £19,351k, which is £15,377k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments and a delay in some block income expected in June, now arriving in July.

- YTD Capital expenditure £4,622k is £2,218k above plan, that is caused by the slippage in the DCA delivery schedule from 2025/26 into 2026/27. The Trust is forecasting to spend its full capital allocation by the end of the year.

1. Income

	Year to June 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	83,364	83,364	0	333,454	333,454	0
111 Income	7,350	7,350	0	29,401	29,401	0
Education Income	906	619	(287)	3,551	3,414	(137)
Other Income	1,160	1,469	309	4,641	5,087	446
Total Income	**92,780**	**92,802**	**22**	**371,047**	**371,356**	**309**

- The 999, 111 contracts are on plan.
- Education income is £287k adverse against plan, due to timing or expenditure.
- Other income is £309k favourable compared to plan. This is due to additional income from supporting other ambulance trusts in call management and research & development income received.

2. Directorate Expenditure

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

- Favourable variances include Emergency Operations Centres (EOC) at £149k and NHS 111 services at £515k, primarily driven by workforce vacancies and delays in recruitment. Other favourable variances were reported in Specialist Operations £183k, Medical £472k, Paramedical £299k, and in Quality and Nursing £116k with no significant variance in People services, Finance, Chief executive office, Community resilience and Adult Critical care.
- In addition to EOC and 111, workforce-related underspends are evident across all other directorates excluding field operations, Digital and People Services. Budgetary underspends due to vacancies, and timing of recruitment mitigated the overspend elsewhere.
- The above are offset by adverse variances within frontline operations, most notably within Field Operations and Operations Management (£1,562k adverse), with pressures concentrated in Kent (£446k adverse) and Sussex (£1,090k adverse), offset by a favourable position in Surrey £141k.The main driver is non-delivery of savings, over establishment which is caused by lower than planned attrition, activity was 3% above plan activity due to unexpected heatwave. Overtime continues to be closely monitored and managed.
- The Trust has paid the agreed, backdated pay to emergency care support workers during May 2026, which cost was covered by the provisions put aside for this pay matter in previous years, meaning it did not result in a cost pressure for the current year and it is not reflected in the above mentioned variances for field operations.

- Please note that clinical workforce is recruited 18-24 months in advance due to the level of training required to become fully qualified whilst working within the profession. The Trust quantifies the expected attrition rates which forms the basis of how many people are recruited. For various reasons, e.g. changes in the job market, greater staff satisfaction, etc. attrition rates have since decreased which has resulted in Field Operations being now over established. The Trust as part of the development and implementation of Virtual Care is looking to train existing workforce to then fill vacancies in EOC and wait for the natural attrition to close the gap by the end of the year. To support the latter there is a recruitment freeze in place.

- Operationally, the Trust has not maintained delivery against key performance indicators (KPIs), and has been reliant on temporary workforce arrangements, including agency and overtime utilisation.

- In summary, whilst the Trust has delivered the planned (£167k) surplus in Month 3 it did not maintain operational performance standards. The position is largely supported by non-recurrent factors, including vacancies and non-pay timing benefits. The underlying financial pressures within frontline services and the reliance on temporary workforce arrangements in the call centres present a risk to sustainability. Continued focus is therefore required on workforce stabilisation, the implementation of Virtual Care, productivity improvements, delivery of cost improvement programmes, and strengthened financial control to ensure delivery of the full-year plan.

- It is worth noting that the operating expenditure composition has changed over the past two years. More of the expenditure relates to pay now than it did just over 2 years ago in 2023/24. In M1 2026/27 76% of the expenditure related to pay and 24% to non-pay, which was the same as in 2025/26 financial year. To contrast, in 2023/24 69% of the expenditure related to Pay and 31% to Non-Pay. This means that the Trust has actively reduced the proportion of non-pay related expenditure by 10% through leaner purchasing, re-tendering and re-negotiating contracts. Purchase of healthcare has gone down by 1% since 2024/25, of which half relates to the private ambulance services contract ending in Q1 2024/25, replaced by recruitment in field operations and re-negotiation / firming up of the 111-call centre sub-contracts. The Procurement team also helped with the following.
    - Re-scoped the Make Ready Centres contracts removing routine deep cleans and changing to paying for input hours resulting in credits for hours not delivered.
    - There are recurrent savings delivered on medical consumables by benchmarking with NHS SC and putting in place direct supplier agreements at cheaper cost.
    - There are fewer small works being undertaken around estates.
    - Avoided bulk order being placed to utilise existing stock levels for uniforms
    - Reduced cost for legal and external audit services through tendering
    - Regularised spend for Digital through frameworks

3. Efficiency Programme

- The Trust's agreed breakeven financial plan for 2026/27 depended on achieving a £13,424k cash-releasing efficiency target, representing 4% of operating expenditure.

- Directorates have been allocated out a 3% cash releasing savings target with the remainder being held at corporate level and will be met by non-recurrent measures agreed by EMB to enable the delivery of the agreed financial plan.

- The Trust has achieved £2,550k, 76% of the planned £3,346k efficiencies year to date and of this a 32% (5 percentage point month on month improvement) of it is delivered recurrently compared to the planned 78%.

- The year-to-date under delivery is (£796k) and the risk adjusted forecast gap for the year is (£2,621k).

- The recruitment freezes, leaner non-pay purchasing and budgetary underspend generated £979k of the efficiencies predominantly by the support functions, including Medical and Paramedical.

- Savings delivery by Operations have been RAG rated red as the directorate has flagged a risk related to the timing of discussions in relation to cost of employment and challenges around defining savings that can be generated by Operations Team Leaders (OTL) being deployed in field operations to avoid overtime.

- For 2026/27 the Trust has designed a different approach to CIP/productivity delivery assurance which is led by the CFO. A Productivity and efficiency sub-group has been established, and weekly meetings have been diarised to enable informing discussions to take place and appropriate support provided to directorates to deliver their plans.

- Regular updates on progress are provided to the Senior Management Team (SMT), Executive Management Board (EMB) and the Finance and Investment Committee (FIC).

Summary of YTD Efficiency Delivery

2026/27 M3 CIP performance

CIP by Directorate - R and NR FV	YTD NHSE Plan £000			YTD actuals £000			YTD Variance to NHS E Plan £000		
Directorate	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total
Chief Executive Office	134	-	134	75	29	104	(58)	29	(30)
Finance & Corporate Services	135	-	135	11	170	181	(124)	170	46
HR	-	47	47	-	45	45	-	(2)	(2)
Medical	106	-	106	39	90	129	(67)	90	22
Operations	1,865	-	1,865	576	459	1,035	(1,289)	459	(830)
Paramedical	-	59	59	6	360	366	6	302	308
Strategy & Transformation	237	-	237	32	208	240	(205)	208	3
Digital and Information	103	-	103	55	136	191	(47)	136	89
Quality & Nursing	47	-	47	25	59	84	(21)	59	37
Trust wide	-	-	-	-	175	175	-	175	175
Corporate	-	615	615	-	-	-	-	(615)	(615)
Total	2,625	721	3,346	819	1,730	2,550	(1,806)	1,009	(796)
	78%	22%	100%	32%	68%	100%	-69%	140%	-24%

2026/27 M3 CIP performance

CIP by Directorate - R and NR FV	Full year (FV) plan £000			Full year forecast - fully validated £000			Full year Forecast Variance £000		
Directorate	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total	Recurrent	N-recurrent	Total
Chief Executive Office	534	-	534	300	113	413	(234)	113	(121)
Finance & Corporate Services	540	-	540	45	593	638	(495)	593	98
HR	-	189	189	-	189	189	-	0	0
Medical	425	-	425	155	90	245	(270)	90	(180)
Operations	7,458	-	7,458	2,723	2,131	4,854	(4,735)	2,131	(2,604)
Paramedical	-	234	234	24	406	430	24	172	196
Strategy & Transformation	947	-	947	128	345	474	(819)	345	(473)
Digital and Information	411	-	411	240	494	734	(171)	494	323
Quality & Nursing	186	-	186	116	111	227	(70)	111	41
Trust wide	-	-	-	-	2,600	2,600	-	2,600	2,600
Corporate	-	2,501	2,501	-	-	-	-	(2,501)	(2,501)
Total	10,501	2,924	13,424	3,731	7,073	10,803	(6,770)	4,149	(2,621)
	78%	22%	100%	35%	65%	100%	-64%	142%	-20%

Closing the gap for 26/27

The below table has been presented and agreed at Senior Leadership Team (SLT – EMB & SMT) meeting on 18/03/2026 on how the planned cash releasing savings for the year will be delivered.

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

4. Workforce

The below tables show the planned and year-to-date (YTD) workforce by staff group. The final plans submitted in March 2026 had the field operations Pay associated cash releasing savings (CIP) targets translated into required WTE reductions. However, the remaining Pay related savings were not fully identified at that time and as such these were not translated into required WTE reductions. This means that the workforce, WTE plans are inflated by about an 80 WTE, using average pay cost per WTE and do not clearly show that the organisation has an underlying over establishment, predominantly in field operations. In the call centres it is proving to be difficult to recruit and retain staff and EOC and 111 are 81 WTE under plan. The remainder variance relates to Fleet having a shortage of vehicle technicians, Paramedical team critical care paramedics and some other vacancies across directorates. There is a recruitment freeze in place to support the delivery of the Pay CIP and as part of the development and implementation of Virtual Care the Trust is looking to train existing workforce to then fill vacancies in EOC and wait for the natural attrition to close the gap by the end of the year.

Gross planned Workforce - WTE

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

Actuals Workforce – WTE

SUMMARY STAFF WTE DETAIL	Expected Sign	01WTEM01_ ACT	01WTEM02_ ACT	01WTEM03_ ACT	01WTEM04_ ACT	01WTEM05_ ACT	01WTEM06_ ACT	01WTEM07_ ACT	01WTEM08_ ACT	01WTEM09_ ACT	01WTEM10_ ACT	01WTEM11_ ACT	01WTEM12_ ACT
		Actual 30/04/2026 Month 1 WTE	Actual 31/05/2026 Month 2 WTE	Actual 30/06/2026 Month 3 WTE	Actual 31/07/2026 Month 4 WTE	Actual 31/08/2026 Month 5 WTE	Actual 30/09/2026 Month 6 WTE	Actual 31/10/2026 Month 7 WTE	Actual 30/11/2026 Month 8 WTE	Actual 31/12/2026 Month 9 WTE	Actual 31/01/2027 Month 10 WTE	Actual 28/02/2027 Month 11 WTE	Actual 31/03/2027 Month 12 WTE
Total Non Medical - Clinical Substantive Staff	+	3,518.75	3,609.86	3,480.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Non Medical - Non-Clinical Substantive Staff	+	1,012.86	1,036.25	1,026.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Medical and Dental Substantive Staff	+	1.39	1.28	1.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total WTE Substantive Staff	+	**4,543.00**	**4,657.39**	**4,518.21**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Bank Staff	+	15.92	10.35	13.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Agency Staff (including, agency and contract)	+	20.59	10.42	5.86	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total WTE all Staff	+	**4,579.51**	**4,678.16**	**4,537.69**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Note: month on month fluctuations in whole time equivalent (WTE) are predominantly driven by vacancies in our contact centres that are backfilled with third party contractors not showing in the WTE and the impact of the recruitment freeze.

5. Statement of Financial Position and Cash

	Year to June 2026		
	£000	£000	£000
	May-26	Movt	Jun-26
Non-Current Assets			
Property, Plant and Equipment	123,005	(650)	122,355
Intangible Assets	2,491	(72)	2,419
Trade and Other Receivables	45	0	45
Total Non-Current Assets	**125,541**	**(722)**	**124,819**
Current Assets			
Inventories	3,450	48	3,498
Trade and Other Receivables	13,769	539	14,308
Asset Held for Sale	1,016	0	1,016
Other Current Assets	0	0	0
Cash and Cash Equivalents	20,266	(915)	19,351
Total Current Assets	**38,501**	**(328)**	**38,173**
Current Liabilities			
Trade and Other Payables	(31,396)	731	(30,665)
Provisions for Liabilities and Charges	(11,741)	34	(11,707)
Borrowings	(5,940)	219	(5,721)
Total Current Liabilities	**(49,077)**	**984**	**(48,093)**
Total Assets Less Current Liabilities	**114,965**	**(66)**	**114,899**
Non-Current Liabilities			
Provisions for Liabilities and Charges	(12,384)	0	(12,384)
Borrowings	(18,106)	279	(17,827)
Total Non-Current Liabilities	**(30,490)**	**279**	**(30,211)**
Total Assets Employed	**84,475**	**213**	**84,688**
Financed By Taxpayers Equity:			
Public dividend capital	123,649	0	123,649
Revaluation reserve	7,634	(125)	7,509
Donated asset reserve	0	0	0
Income and expenditure reserve	(46,808)	338	(46,470)
Total Tax Payers' Equity	**84,475**	**213**	**84,688**

- Non-Current Assets decreased by £722k in the month arising mainly from £649k additions less depreciation of £1,304k.

- Movement within Trade and other receivables increased by £539k, from increases in accrued income, awaiting block payments from ICBs to match expectations.

- In June 2026 the closing cash balance was £19,351k, which is £15,377k below plan. The key driver for the variance against plan is the timing of capital purchases materialising into payments and a delay in some block income expected in June, now arriving in July.

- Trade and other payables decreased by £731k this is mainly through the settlement of outstanding non-current (capital) invoices.

- Borrowings decreased by £498k overall, arising from £547k of new lease additions, less £1,045k of payments.

STATEMENT OF CASH FLOWS	MTH	YTD	Plan (YTD)	Var (YTD)
	£000	£000	£000	£000
Cash flows from operating activities	**343**	**486**	**416**	**70**
Non-cash or non-operating income and expense:				
Depreciation & Amortisation	1,377	4,760	4,450	310
(Increase)/decrease in receivables	(539)	(1,177)	0	(1,177)
(Increase)/decrease in inventories	(48)	18	0	18
Increase/(decrease) in trade and other payables	(661)	(12,099)	5,344	(17,443)
Increase/(decrease) in other liabilities	(70)	636	0	636
Increase/(decrease) in provisions	(34)	(1,540)	0	(1,540)
Other Movements in Operating Cash Flows	126	125	0	125
Net cash generated from / (used in) operations	**494**	**(8,791)**	**10,210**	**(19,001)**
Interest received	41	231	285	(54)
Interest paid	(65)	(222)	(198)	(24)
(Increase)/decrease in property, plant and equipment	(780)	(4,762)	(4,072)	(690)
Profit from sales of property, plant and equipment	4	8	0	8
Net cash generated from/(used in) investing activities	**(800)**	**(4,745)**	**(3,985)**	**(760)**
Increase/(decrease) in borrowings	(498)	(1,030)	(1,770)	740
Public dividend capital received/(repaid)?	0	0	120	(120)
PDC dividend (paid)/refunded	(111)	(336)	(336)	0
Net cash generated from/(used in) financing activities	**(609)**	**(1,366)**	**(1,986)**	**620**
Increase/(decrease) in cash and cash equivalents	(915)	(14,902)	4,239	(19,141)
Cash and cash equivalents at start of period	20,266	34,253	30,489	3,764
Cash and cash equivalents at end of period	**19,351**	**19,351**	**34,728**	**(15,377)**

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

6. Capital

- The in-month capital spend is £649k. The in-month actual is £208k higher compared to the plan of £441k, this is due to the catch up in delivery of DCAs from the 2025/26 plan.

	In Month June 2026			Year to June 2026			Forecast to March 2027		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Estates	227	81	146	317	750	(433)	2,268	2,227	41
Strategic Estates	0	192	(192)	953	1,664	(711)	1,183	1,894	(711)
IT	93	(98)	191	301	222	79	3,253	3,253	0
Fleet	121	(28)	149	833	1,485	(652)	19,487	18,315	1,172
Specialist Ops	0	502	(502)	0	502	(502)	0	502	(502)
Medical	0	0	0	0	0	0	0	0	0
Total Capital Plan	**441**	**649**	**(208)**	**2,404**	**4,622**	**(2,218)**	**26,191**	**26,191**	**(0)**

- The Trust is forecasting to spend its full capital allocation by the end of the year.

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	50/26

Name of meeting	Trust Board
Date	6 August 2026
Name of paper	Quality & Patient Safety Committee Assurance Report
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

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

This assurance report provides an overview of the most recent meeting on 16 July 2026, and is set out in the following way:

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

ALERT

Strategic Priority: Virtual Care / BAF Risk 1

There was a specific focus on the future model, while also paying attention to the current position with the impact on H&T / C2 mean. The strategic programme delivery is on track, with strong governance on the future model. Engagement events are ongoing, with the minimum viable product due in October to then be rolled out fully from April 2027.

The committee acknowledged the concerns expressed by some staff groups and there was an honest acceptance that some mistakes have been made in how we have communicated to-date. However, the committee is assured that the executive is using this feedback constructively, to inform how we implement the model.

H&T is improving but still off trajectory; the committee is clear that we won't be able to achieve this until we implement the full virtual care model. And linked to the workforce plan, we need to be clear about the future model and its related implications, e.g. types of workforce and career pathways etc. The workforce element is a focus of the People Committee.

The committee remains confident that the model and vision is the right direction consistent with ours and the national ambulance strategy. However, there is much less confidence in the ability to deliver against the H&T target for this year.

Health Inequalities
This review was undertaken further to Board Development session earlier in the year and the need to embed how we consider health inequalities in all we do. A great deal of progress is being made, but much is still to do.

The current focus includes cardiac arrest for female patient and fallers in particular geographic areas, in addition to the need for more consistent data to better understand variation. To address this, a new whole system approach is being applied to embed into core programmes. There is now a dedicated health inequalities management group.

The committee welcomed the work to combine the quality and equality impact assessments to help ensure any service change, policy or decision is assessed through the lens of equality.

The way we measure to assess impact is still being developed. There are some metrics that tell us there are inequities, so these can be used but there are likely to be other metrics to assess cause. The committee has asked for an update on this in September to the confirm the timeframe as part of the overall delivery plan.

Quality Improvement
The committee is assured that the trust is starting to embed a culture of continuous improvement, through the range of local improvement projects and innovation initiatives.

Following the review of the IQR in May the committee also explored the specific QI project related to NHS pathways audits. There is some assurance on the process improvements although these are yet to translate into the related metric. The 100% target for is perhaps too ambitious, but most importantly we will need to see an improving trajectory. We will continue to monitor this via the IQR.

ASSURE

IQR
The committee acknowledged that patients continue to receive safe and effective care in our most time-critical pathways, particularly STEMI, stroke and cardiac arrest care. Clinical outcomes remain resilient despite the operational pressures.

The principal risks relate to system dependency and workforce capacity. Delays in hospital flow, limitations in community pathways and underperformance in virtual care reduce our ability to manage demand effectively, impacting productivity, Hear and Treat rates and therefore response times.

The committee explored C3 and C4 response times in the context of the utilisation of CFRs. It noted the work ongoing to ensure better dispatch of CFRs including via automation. The committee remains concerned about these patients sometimes waiting several hours, but accepts the challenges given resources and demand.

Strategic Priority: Pathways of Care
Progress during Q1 has established the programme foundations across the Falls, Frailty and Older People, Mental Health, and End of Life Care workstreams, with programme governance arrangements in place, key milestones achieved, and strong engagement from both internal and external stakeholders.

The programme remains aligned to the Trust's strategic direction and is expected to support delivery of improved patient outcomes, increased utilisation of community pathways and greater system integration. All planned Q1 milestones have been delivered.

However, programme delivery is currently constrained by organisational transition, including the absence of a substantive Senior Responsible Owner (SRO), onboarding of new Area Clinical Leads (ACLs), and limited Business Intelligence (BI) capacity. Whilst these risks are currently being tolerated and mitigated, they may impact the pace of delivery, realisation of benefits and the ability to demonstrate improvement through robust performance reporting.

The programme governance structure will focus over the coming months on supporting ACL mobilisation, confirming SRO leadership arrangements, maintaining system partner engagement and securing BI support required to evidence programme outcomes and strategic benefits.

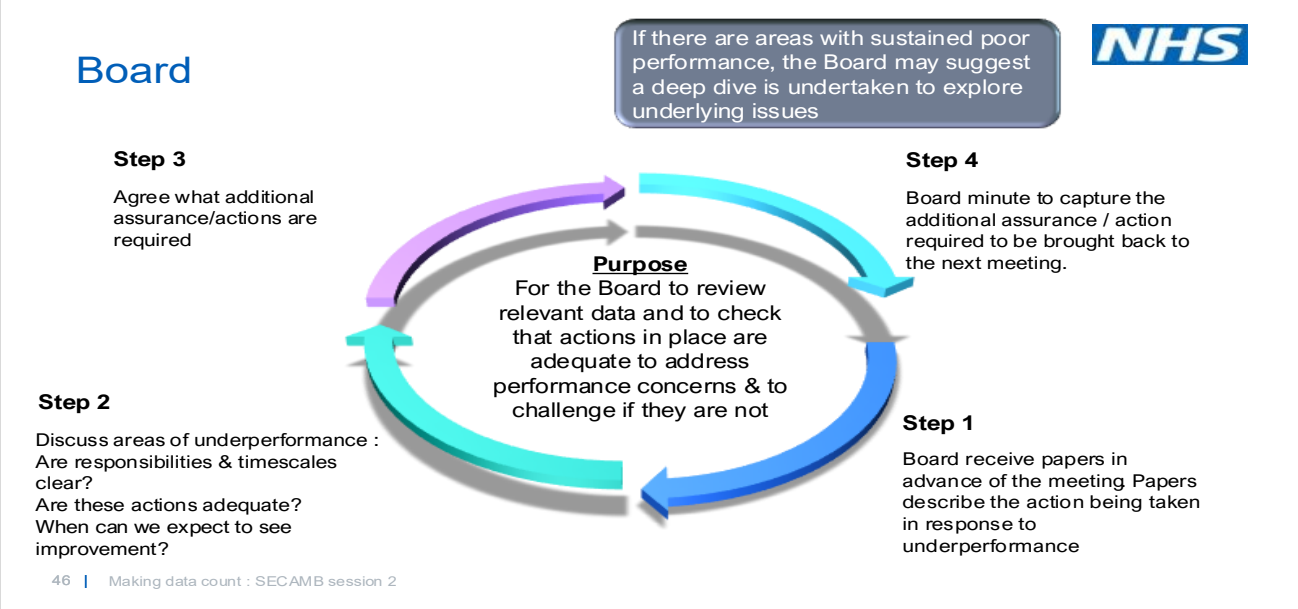
Safeguarding
There continues to be good assurance with the controls we have in place to ensure the effective management of our safeguarding procedures. The committee noted the reduction in referrals and will later in the year return to this to assure itself that no referrals are being missed and/or concerns are not being spotted due to the increase in virtual care.

ADVISE

Risk Report
There continues to be good visibility of the key risks through the committee's cycle of business. It did ask for more 'push' assurance related to the risks that are outside of appetite, to provide greater clarity on the actions and their impact, which the executive acknowledged.

Recommendation

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



Management Group/Board Cover Sheet

Agenda No	51-26

Name of Meeting	Trust Board
Date	6 August 2026
Name of paper	Future Model of Virtual Care - Board Update
Author(s)	Matt Webb, Interim Director of Strategy
Responsible Manager	Jen Allan, Executive Sponsor
Synopsis	The attached presentation updates the Board on delivery of the Virtual Care Target Operating Model approved in April 2026. It revisits the case for change and the approved operating model, then sets out our journey to date - including the staff engagement undertaken and how their feedback has shaped a re-phased, two-phase delivery approach that reduces workforce and delivery risk. This update is presented for assurance and noting. The programme's standard delivery and Board Assurance Framework risk reporting is provided separately.
Relevant risks and issues	The programme's strategic risk (Virtual Care model delivery) is reported in full through the Board Assurance Framework (risk R1). The three underlying programme risks, workforce, operational disruption and digital enablement, are reported through the separate strategic transformation programme update. No new risks arise from this presentation.
Recommendations, decisions or actions sought	The Board is asked to: • NOTE the clinical process map operationalising the approved Target Operating Model. • NOTE the staff feedback received and the programme's response, including the repositioned delivery approach. • NOTE the future implementation and scaling delivery approach, agreed by the Steering Group in July 2026. • SUPPORT the continued delivery of the first phase of implementation and the ongoing engagement with staff and trade union colleagues.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Not for this update. Equality impact is being assessed as the model develops.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Future Model of Virtual Care Board Update

Delivering the Board-approved Target Operating Model

6th August 2026

Executive Sponsor: Jen Allan · SROs: Lara Waywell & Sivanthi Sivakumar · Programme Manager: Kate Mackney

The problem we are solving

A recap of why the Board approved a new Target Operating Model: the current Virtual Care model is fragmented and cannot safely scale.

Patient safety & experience

Digital fragmentation limits safe, timely decisions; inconsistent processes create delays and unwarranted variation; safety risks persist, including missed deterioration.

Efficiency & sustainability

Fragmented governance, process variation, and disparate digital systems drive duplication, prevent scaling and add avoidable cost.

Our people

Workforce capability and confidence vary; unclear governance and escalation routes reduce empowerment.

The strategic ambition:

55% of consultations delivered virtually - needing a unified, digitally-enabled model that can safely scale remote assessment, reduce unwarranted variation and ensure timely access to clinicians across our systems.

The national and system direction

AACE vision

Multidisciplinary Clinical Assessment Centres at system level, reducing duplication and improving navigation.

NHSE service specification

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

A sustainable model

An integrated, digitally-enabled virtual care service that can safely scale and respond to increasing demand and population complexity.

Without a new Target Operating Model, the Trust cannot deliver an integrated, scalable, consistent Virtual Care model.

Reminder - Virtual Care has two different functions

Pre-dispatch and post-dispatch virtual care are related, but they serve different clinical purposes.

PRE-DISPATCH

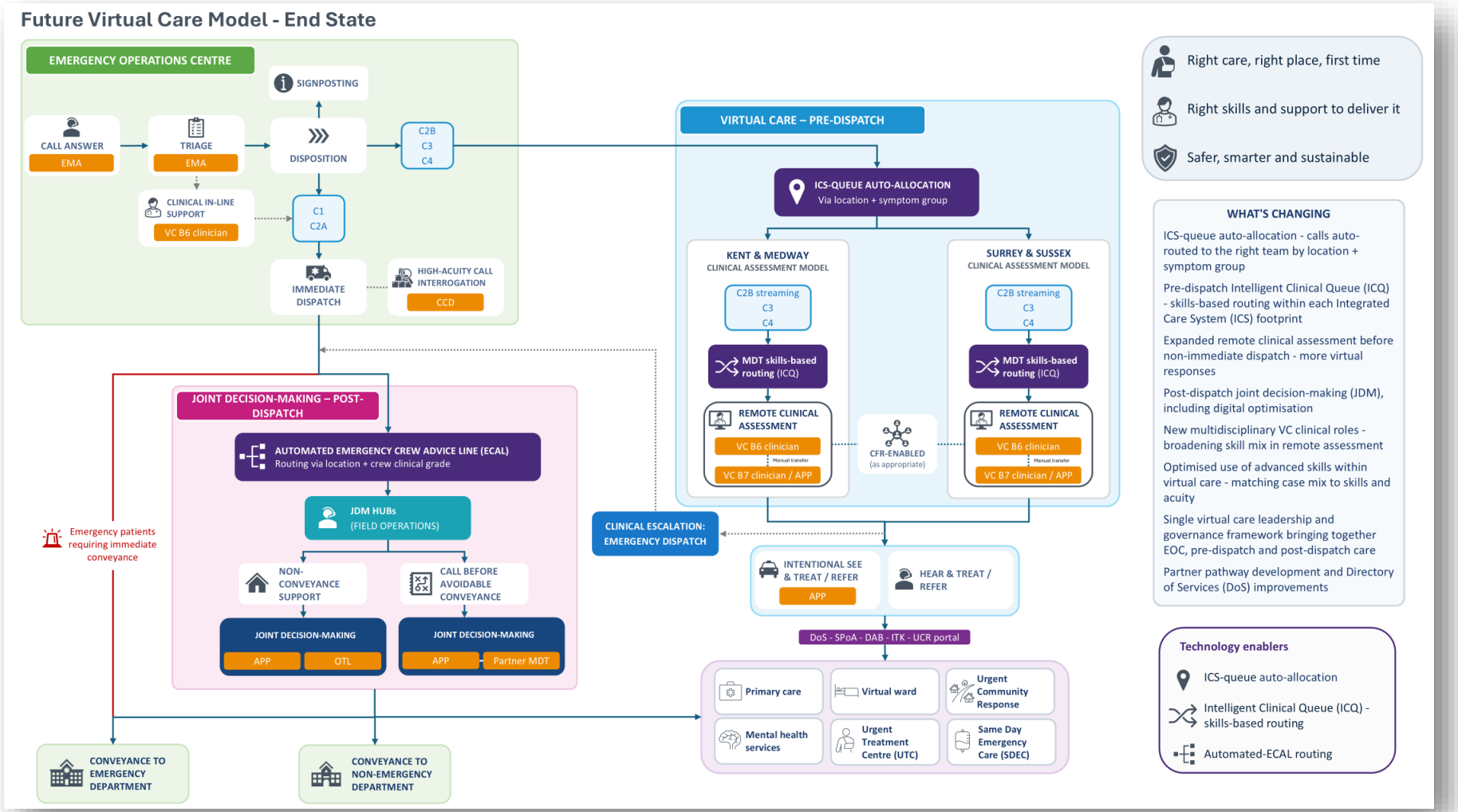
Before an ambulance is sent - avoiding unnecessary dispatch and getting patients the right care, first time.

POST-DISPATCH (Joint Decision Making)

After ambulance dispatch - supporting the best patient outcome and clinical practice.

The opportunity: the approved operating model in practice

The clinical process operationalises the Target Operating Model the Board approved in April 2026 - 999 call through to remote clinical assessment, dispatch or onward pathway.



Our journey to the future model

A disciplined strategic process - from scoping and design, through the April 2026 Board approval, to mobilisation and delivery.

Scoping
Q3 25/26

- Framed the strategic decision, criteria and constraints
- Considered the current model and national horizon
- Determined patients' and commissioners' needs, challenges and priorities
- Agreed approach in line with national and system direction

Design
Q4 25/26

- Developed and reviewed options through initial workshops, with representation from our people, patients and partners
- Modelled impact of the strategic initiatives proposed
- Built the high-level Target Operating Model, with Board approval

Mobilisation
Q1-Q2 26/27

- Board endorsement of the clinical process map and high-level phasing
- Introduction of early opportunity improvements (no-regrets), e.g., Intelligent Clinical Queue trust-wide
- Engagement with our people, including webinars, and local sessions, directly shaping the delivery approach (see next slide)

WE ARE HERE · August 2026

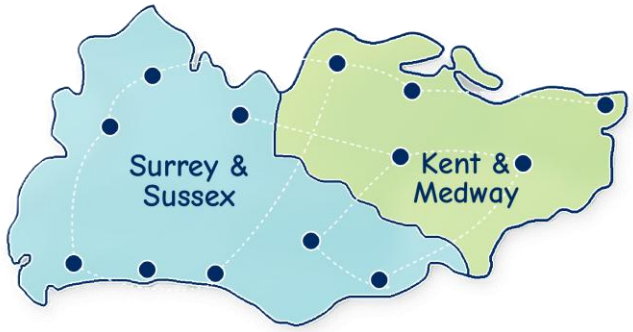
Implementation
Q2-Q3 26/27

- Quality and clinical assurance checks
- Deliver Phase 1 components (see slide 7).

Scaling & optimisation
Q4 26/27

- Deliver Phase 2 components (see slide 7)
- Monitor the model's impact, test and evolve.

Where we are: the model is designed and Board-approved; we are mobilising for delivery, with early no-regrets improvements already live. Staff engagement has directly shaped the implementation approach - the themes we heard, and our response, follow.



What we've heard from our people - and our response

Feedback gathered through webinars, local sessions, email and form responses. We have listened, and it has shaped the delivery approach.

Theme	What we heard	Our response
1. Staffing, retention and travel	*"Will jobs be lost, and what happens to rotas and travel if I need to work in another location?"*	No redundancies or changes to base locations are planned. Travel, rotas, and wellbeing are being worked through in the People Impact Assessment; usual travel policies apply.
2. Why change when local models work?	*"Our local hub works well - why change what is delivering for patients?"*	We recognise strong local examples and want to build on them - reducing variation and integrating all virtual care offers into one consistent service.
3. Centralisation vs local knowledge	*"Centralising risks losing the local knowledge and relationships we rely on."*	Local knowledge and relationships remain important - supported through divisionally-led system engagement, Directory of Services and post-dispatch links to virtual care teams.
4. Patient safety and outcomes	*"Is it safe to assess more patients remotely, and how will outcomes be tracked?"*	Earlier assessment, consistent decisions and robust governance are core, with outcomes and learning monitored to improve outcomes for the whole population.
5. Roles and career development	*"What will my role look like, and what progression comes with it?"*	Future multi-professional, blended roles with improved training and defined career pathways for virtual care practice, supporting all professions.
6. Flexible and remote working	*"Will there be flexibility in where and how we work; what if working from home isn't suitable for me?"*	There will be a mix of ways of working, including centre-based and remote/satellite hub working to support the integrated service; detailed ways of working are still under review.
7. Community pathways and capacity	*"Virtual care needs strong alternative services to refer into."*	Virtual care works only if alternatives are available and clinicians are trusted to use them. Strengthening pathways and access to community services remains a key priority.
8. Communication and involvement	*"Keep involving us - we want to shape how this works in practice."*	Engagement continues through implementation, so colleagues shape how the model works day to day; ongoing engagement is essential.

The delivery approach

- We have considered the impact on our people, and materially repositioned delivery to reduce risk.
  - An initial People Impact Assessment has been drawn up and we are engaging with trade union colleagues.
- The implementation phase of work develops the integrated clinical process, framework and leadership in conjunction with staff in their existing roles and locations, while testing new multidisciplinary roles and considering impacts.
- The scaling phase works through the consolidation of estates, migration to new ways of working and structures following on from the implementation phase.

Implementation Phase: Integrated clinical process, framework and leadership (Jul-Dec 2026)

- Develop detailed integrated clinical process, supporting more patients to be assessed virtually before non-immediate dispatch
- Develop Pre-dispatch ICS-level Intelligent Clinical Queue (ICQ) skills-based routing within each ICS footprint
- Post-dispatch joint decision-making (JDM) process development, including digital optimisation
- New multidisciplinary virtual care roles recruited into the new model against existing vacancies, considering enhanced career progression and clinical support
- Existing roles such as APPs and PACCs clinicians to continue current ways of working and locations, while participating in and testing the new clinical process and framework
- Develop single virtual care leadership and governance framework, including review of clinical audit and supervision arrangements
- Undertake impact assessments of new integrated clinical model

Scaling Phase: Consolidation, migration and further development (from Jan 2027)

- Embed substantive integrated virtual care leadership structure
- Estates review and readiness assessment across clinical centres and satellite hubs, to determine future number and location of consolidated satellite hubs
- Develop and migrate to co-working and co-location arrangements supporting the integrated clinical service, informed by implementation phase learning, feedback and impact assessment.
- Review and alignment of job descriptions to new virtual care career structure; advanced practice job plan consideration to optimise use of advanced skills within virtual care
- Partner pathway development and Directory of Services (DoS) improvements
- Clinical governance and audit frameworks embedded
- Reflection and exploration of further future development and consideration of integration with 111 services

The Board-approved direction is unchanged. The delivery approach was agreed by the Steering Group in July 2026.

The positive impact expected

A stronger Virtual Care model means more patients reaching the right care earlier - better outcomes, protected emergency capacity and a stronger workforce offer.

More clinical assessment

More patients assessed virtually before non-immediate dispatch

→

More Hear & Treat

Fewer avoidable dispatches; clearer clinical routes for patients who do not need an emergency ambulance

→

Better patient outcomes

Earlier decisions, stronger safety-netting and better navigation

55% of patient consultations delivered virtually - the strategic ambition the model is built to meet, with emergency capacity protected for those who need it most.

For our patients

- Earlier clinical assessment and more consistent decision-making
- More patients reaching the right care, first time; fewer avoidable conveyances
- A more equitable service across both integrated care systems, reducing unwarranted variation
- Emergency ambulance capacity protected for those who need it most

For our people and the Trust

- Clearer roles, multi-professional working and defined career pathways
- One governance framework - safer, more resilient, consistent supervision
- A digitally-enabled model that aligns with the national vision, meets the NHSE service specification and the Trust's 55% virtual ambition
- A sustainable platform that can safely scale as demand grows

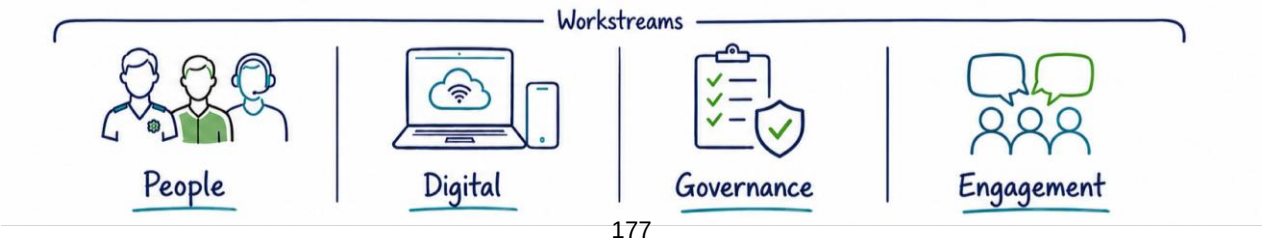
Summary and next steps

Summary

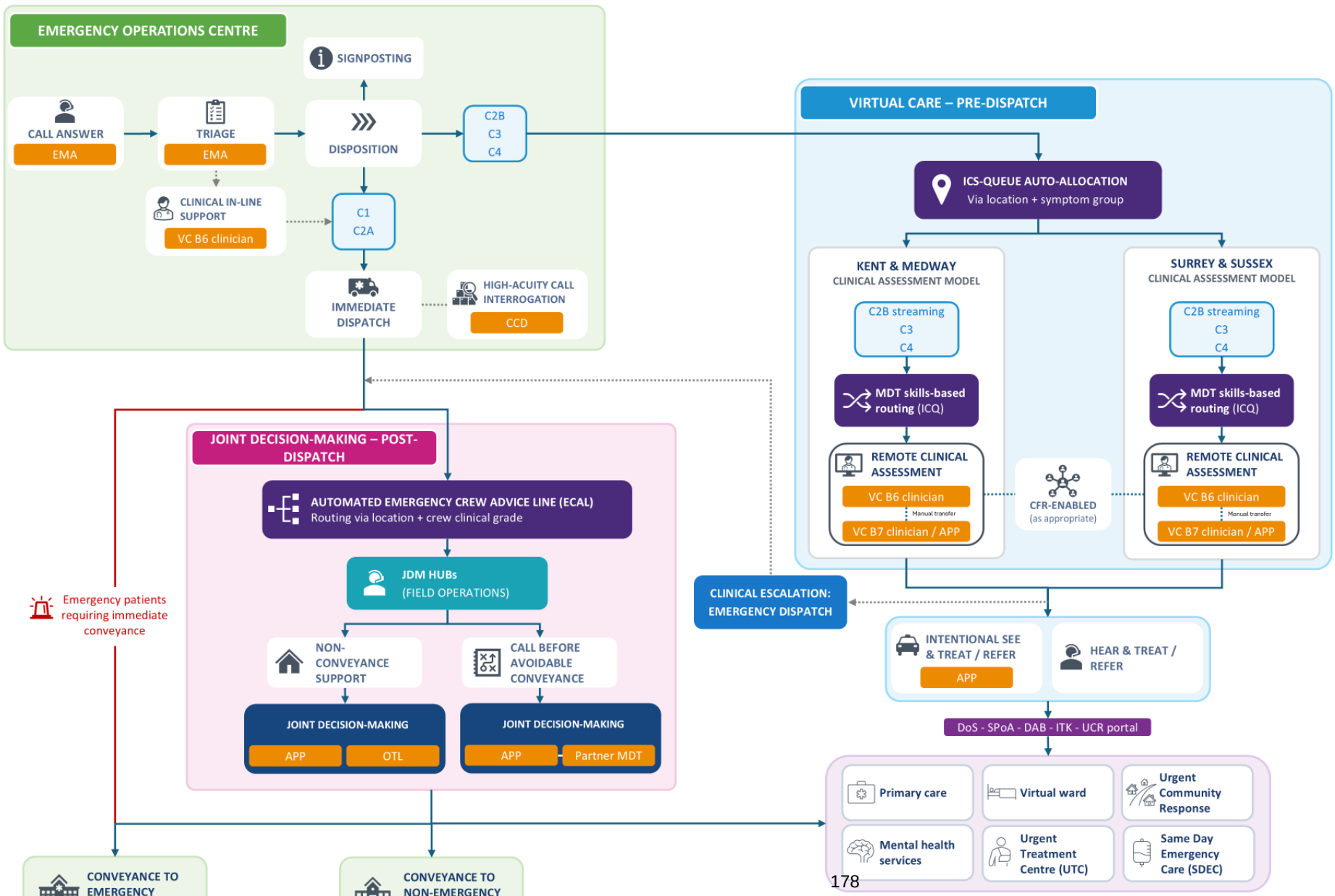
- The Virtual Care programme is delivering the Board-approved Target Operating Model.
- Following staff engagement during mobilisation, we reviewed the programme against established change-management principles, completed an initial People Impact Assessment, and re-phased delivery to reduce workforce and delivery risk.
- The first phase of implementation develops the integrated clinical process, governance framework, digital tools and future leadership and clinical roles needed.
- We then move to a second phase of scaling once this is complete, which considers estates and location changes, ways of working and wider system connections, informed by implementation learning.
- Ongoing engagement is essential, and trade union colleagues will continue to be engaged throughout.

The Board is asked to

- NOTE the clinical process map operationalising the approved Target Operating Model.
- NOTE the staff feedback received and the programme's response, including the repositioned delivery approach.
- NOTE the future implementation and scaling delivery approach, agreed by the Steering Group in July 2026.
- SUPPORT the continued delivery of the first phase of implementation and the ongoing engagement with staff and trade union colleagues.



Appendix 1: Future Virtual Care Model - End-State Clinical Process



Right care, right place, first time

Right skills and support to deliver it

Safer, smarter and sustainable

WHAT'S CHANGING

ICS-queue auto-allocation - calls auto-routed to the right team by location + symptom group

Pre-dispatch Intelligent Clinical Queue (ICQ) - skills-based routing within each Integrated Care System (ICS) footprint

Expanded remote clinical assessment before non-immediate dispatch - more virtual responses

Post-dispatch joint decision-making (JDM), including digital optimisation

New multidisciplinary VC clinical roles - broadening skill mix in remote assessment

Optimised use of advanced skills within virtual care - matching case mix to skills and acuity

Single virtual care leadership and governance framework bringing together EOC, pre-dispatch and post-dispatch care

Partner pathway development and Directory of Services (DoS) improvements

Technology enablers

ICS-queue auto-allocation

Intelligent Clinical Queue (ICQ) - skills-based routing

Automated-ECAL routing

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	52-26

Name of meeting	Trust Board
Date	6 August 2026
Name of paper	People Committee Assurance Report
Author	Harbhajan Brar, Independent Non-Executive Director – Committee Chair

INTRODUCTION

The People Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the meeting on 30 July and is set out in the following way:

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

The committee welcomed observers from the COG and Shadow Board.

ALERT

Strategic Priority: Workforce Model

There is as expected at this stage, a low level of assurance currently with this priority, given the pace of progress, but the discussion helped to give confidence that it will deliver as intended. The baseline work is underway, and the review of specialist clinicians has been commissioned. This programme has now additional dedicated support from the Chief of Staff. A more detailed review will be undertaken in September to ensure a greater level of assurance.

Management of Violence & Aggression

The Board has this report on the agenda, following the feedback from the Shadow Board in February. The committee acknowledge the good progress and ongoing actions and is assured by the ongoing improvements. This is supported by a recent Internal Audit providing Substantial Assurance against the national standards, with us reporting 95% compliance and aim to achieve 100% by the end of the year.

Key headlines include a reduction in incidents from 135 to 113 per month, and 3578 staff received conflict resolution training, with half day refreshers scheduled in 2027-28.

The considerations of the Shadow Board have been really helpful and helped to inform different views leading to a strengthening of controls.

Statutory and Mandatory Learning Reform Programme
This national Programme represents a significant shift away from a traditional compliance-based approach to becoming a mechanism through which organisations assure themselves that mandatory and essential learning is evidence-based, proportionate, outcome-focused and subject to appropriate scrutiny. The committee used this as an opportunity to be clear on the requirements and our intended approach.

At this stage the executive is working through how we provide assurance and test competencies, acknowledging the continued need to record and ensure training compliance. The committee provided some suggestions on the potential mechanisms to assess outcomes, such as supervision / incident data etc. It is aware of the potential that this might create a greater pressure on the time it will take and so we will need to be disciplined and proportionate about what the training actually needed.

The ask of providers is to have something in place from April 2027, and the executive will be engaging with other providers to ensure we learn from each other and come up with something that is consistent, especially with SCAS.

Responding to the Lord Mann Review: Strengthening SECAmb's Approach to Tackling Racism and Supporting Inclusion
The committee received the output of the review by the executive management board, related to the 36 recommendations, which sets out how they relate to our services and how they are being taken forward as part of our integrated EDI and culture work. The self-assessment confirms good progress in a number of these areas. The committee supported our adoption of the NHS Race and Health Observatory's Seven Anti-Racism Principles, reflecting that the key here is our existing EDI strategy which does not tolerate any form on discrimination.

ASSURE

Strategic Priority: Organisational Operating Model / BAF Risk 3
Programme delivery is progressing broadly as planned, with a number of completed workstreams. Since approval of the programme mandate in June:

- Phase 3 continues to progress, with the Dispatch, Community Resilience and Wellbeing workstreams ongoing remaining in implementation.
- The Divisional Clinical Leadership model was implemented at the beginning of July, with recruitment to the remaining substantive Divisional Clinical Director posts underway.
- Integrated Care Leadership operating model design has progressed with extensive stakeholder engagement continuing to develop a new, future-fit model. The business case is expected for review and approval in August ahead of implementation.
- The Divisional Governance Framework refresh work is progressing with an externally facilitated, co-design workshop to support development and implementation of revised governance arrangements.
- Phase 4 implementation (IC Leadership, People Services and Digital) has been re-sequenced to provide sufficient time to complete the People Services operating model design whilst balancing wider organisational change capacity.

The committee is assured by the way the executive is sequencing the change, to reflect the organisational delivery capacity and dependencies across the wider Trust change portfolio. It is also assured that this work

is integrated with the other BAF priorities, with the risks related to change capacity and recruitment both being actively managed.

There was also a discussion about the recent feedback from some staff group related to virtual care and the committee acknowledged the positive joint statement made in response to this, by the executive and trade unions.

ADVISE

Risk Overview

This overview of the risk profile relevant to the committee helped to confirm that the committee has good visibility of the key risks, e.g. the two BAF risks (Org Restructure & People Function), and the one corporate risk outside of appetite (Risk 674 – VC recruitment). This was specifically addressed as part of the separate workforce planning item, and the committee explored how we promote these roles which requires different and more bespoke approaches; it is a cross-cutting issue for this, quality and finance committees.

IQR

The main issues arising from the IQR include:

- Grievances: the Employee Relations Dashboard helps divisional oversight. The number of cases remains consistent at about 70 each month. The resolution policy and work on mediation have helped reduce the length of time to resolve, but we are yet to see overall numbers reduce via more informal resolution routes. The committee encouraged more comms to keep driving this cultural change towards more informal resolution, acknowledging how much time and resource goes into formal processes and the likely link to sickness absence.
- Disciplinaries: The new policy is helping to expedite resolutions, with the executive reporting a positive impact on improving the culture.
- Suspensions: there is a reduction compared to last year with resolution of the longer standing cases. The target is 70 days to resolve, and we are currently at 113, which is an improvement from the 213 days last year – moving in the right direction with much grip and focus.
- Employment Tribunals: we have 28 live cases and the pattern across the UK (in all sectors) is that the submissions are increasing, perhaps linked to the use of AI.
- Appraisals and Stat Man Training: much effort is being made to improve compliance. The trust is at 84% for training and noting the clunky systems that we still have resulting in a backlog of records, the reality is that this figure is actually higher. Work to address the systems is ongoing. Appraisal rates are slowly decreasing, and management is taking recovery action, which the committee will return to at its next meeting in September.

Recruitment & Promotion

This is one of the operating plan priorities and includes workstreams to improve recruitment. Each workstream has its own governance, actions and KPIs, with work underway to combine them into one overarching plan incorporating the NHS Staff Standards and Leadership and Management Framework. The four main aims are to:

1) make progression more visible.

2) make selection fairer.
3) build confidence and readiness.
4) evidence impact.

The committee explored how we align this work with all the other tools to ensure they all pull in right direction, noting this is a specific and focussed priority agreed by the Board. It will monitor progress through the year.

Sickness Absence Management

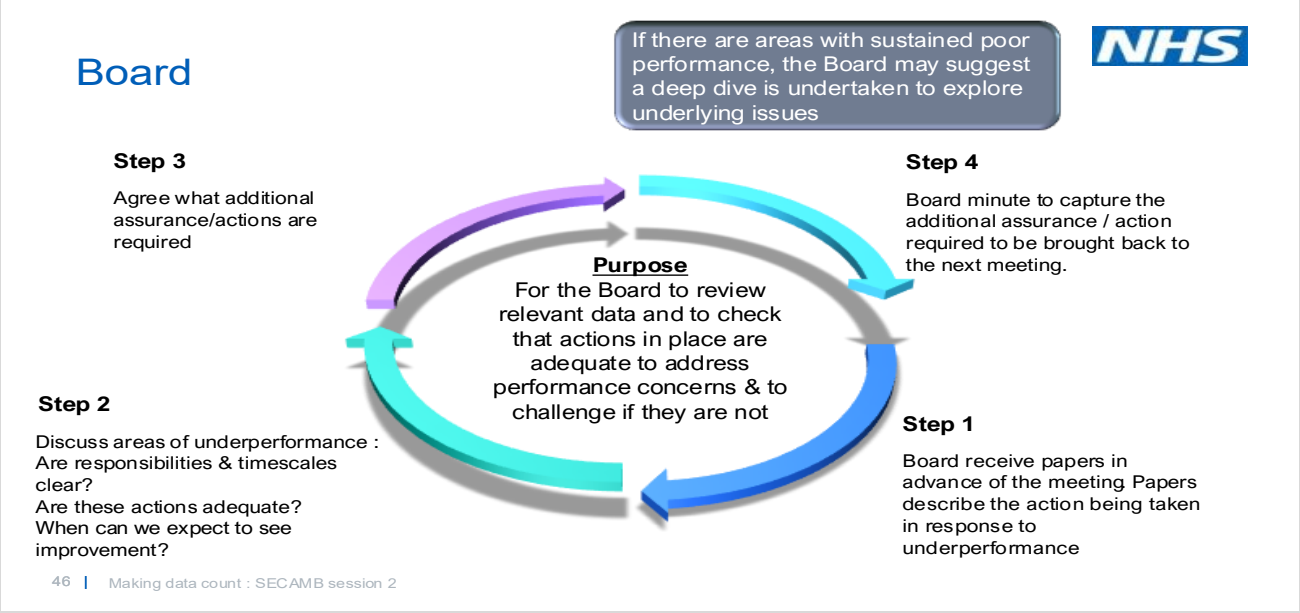
The committee reviewed the actions focussed on long term absences, and what more can be done to support people back to work. The executive is working on the top 100 cases to develop bespoke plans that ensure better grip. From May, when this approach was taken, numbers have been reducing, working to the new policy finding compassionate ways to find more timely resolution.

This led to a helpful discussion about our wellbeing offering and the preventative measures we can take, given the main causes of sickness is mental health / anxiety. And the role of our OH services in the recruitment process to help identify support needs much earlier.

This is an issue impacting all ambulance services with most having around 7% sickness rates, or thereabouts. It is one of the metrics measures by the National Oversight Framework.

Recommendation

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



Agenda No	53-26

Name of Meeting	Trust Board
Date	6 August 2026
Name of paper	Building on our Culture Improvement journey
Responsible Manager	Sarah Wainwright, Chief People Officer

The attached summary presents the findings of an independent Culture Review commissioned in January 2026 as part of SECAmb's ongoing commitment to strengthening organisational culture and ensuring the Trust is a safe, respectful and inclusive place to work, learn and develop.

The Review builds on learning from previous reviews, staff feedback, national NHS assessments and existing improvement programmes, providing additional independent insight into areas where further progress is required.

The Review recognised positive progress in recent years, including improvements in leadership visibility, openness, staff engagement and organisational focus on culture.

However, it also identified several interconnected themes that continue to impact the experience of some colleagues, including professional boundaries and misuse of authority, recruitment and career progression transparency, localised subcultures, speaking up and psychological safety, safeguarding of students and learners, and leadership consistency.

The Executive Team has accepted the findings and is committed to embedding the learning through existing programmes of work rather than creating a separate improvement programme.

Key areas of focus include implementation of the Trust's Leadership Framework, strengthening leadership accountability, improving confidence in speaking up processes, enhancing safeguarding arrangements, and increasing transparency in recruitment and progression processes.

The Review directly supports the Trust's strategic priority that our people enjoy working at SECAmb, particularly ambitions to improve career development opportunities, increase staff recommendation as a place to work, strengthen inclusion, develop leadership capability and embed clear accountability through the organisational transformation programme.

Recommendations, decisions or actions sought	The Board is asked to note the findings of the review, and endorse the proposed approach to embedding the learning through existing improvement programmes.

Building on our on-going cultural improvement journey

1. Why the Review was undertaken

Creating a culture where everyone feels safe, respected, valued and able to speak up remains a core priority for SECAmb.

Over recent years, the Trust has undertaken significant work to strengthen staff experience, leadership capability, inclusion, safeguarding and organisational culture. This work has been informed through a range of cultural reviews, staff feedback, organisational assessments and improvement programmes, some commissioned specifically by the Trust and others undertaken at a national NHS or ambulance sector level.

Collectively, these have helped the organisation better understand its strengths, identify areas for improvement and shape a sustained programme of cultural development.

Against this backdrop, the Trust commissioned an independent and targeted Culture Review in January 2026. The Review represents the latest source of insight within this broader improvement journey, providing an objective assessment of specific cultural risks that had been identified through staff feedback and organisational intelligence. It was particularly focused on understanding experiences relating to professional boundaries, the use of positional power, student experience and safeguarding, leadership behaviours, and the extent to which colleagues felt able to raise concerns.

Importantly, the Review was not commissioned because culture improvement work was absent. Rather, it was undertaken as part of an ongoing programme of cultural development, helping the Trust understand where progress had been made, where risks remained, and what further improvements were required to embed a consistently positive experience across all parts of the organisation.

The Review forms part of a wider body of learning accumulated over several years through both Trust-led and nationally commissioned reviews, assessments and improvement initiatives. Whilst each review has had a different purpose and focus, together they have provided valuable insight into the factors that enable a healthy culture and the areas where further attention is required. Consistently, they have highlighted the importance of leadership, psychological safety, accountability, inclusion and trust in creating a positive working environment.

The Trust recognised that understanding these issues openly and honestly was essential to continuing its cultural improvement journey. The Review therefore sought to provide independent insight into both the progress achieved and the challenges that still needed to be addressed.

2. How the Review was undertaken

To ensure independence and objectivity, the Trust commissioned Jacqui Marshall-Dibble, an experienced independent consultant and Fellow of the Chartered Institute of Personnel and Development (FCIPD), to undertake the Review.

The reviewer had no previous connection with the Trust and was recommended specifically because of her independence and experience in conducting impartial workplace culture reviews.

The Review drew on multiple sources of evidence, including:

- Confidential and anonymised staff interviews
- Qualitative feedback from the NHS Staff Survey
- Existing internal reviews, reports and organisational documentation
- Previous recommendations and learning from other internal and external assessments

Interviews were conducted on a confidential basis to enable participants to speak openly about their experiences. This confidentiality was a critical element of the methodology, helping ensure that insights reflected genuine experiences and observations.

The Review adopted a qualitative, evidence-based approach. Themes were identified through detailed analysis of the information gathered, allowing common patterns and issues to emerge rather than seeking to validate predetermined conclusions.

Alongside identifying areas of concern, the Review also considered evidence of progress. It found that many staff recognised positive changes in recent years and described improvements in leadership visibility, openness, staff engagement and organisational culture. The Review therefore presents a balanced picture - one that acknowledges meaningful improvement while identifying specific areas where further work is needed.

3. Findings presented by theme

The Review concluded that genuine progress has been made in the Trust's cultural development over recent years. Positive indicators included improved staff survey results, signs of increased psychological safety, greater leadership openness and growing confidence in organisational improvement efforts.

However, the Review also identified several inter-connected themes that continue to affect the experience of some colleagues. These themes were not found to be universal across the organisation, but in the ‘pockets’ where they occurred, they had a significant impact on trust, confidence and staff wellbeing.

- **Professional boundaries and use of authority**

The Review identified examples where professional boundaries had not always been maintained appropriately and where positions of authority had, at times, been used in ways that undermined trust.

The findings highlighted the importance of ensuring that all employees, particularly those in leadership positions, understand both the responsibilities and influence that come with their roles. Maintaining professional standards and creating environments where individuals feel respected and protected must remain a key expectation throughout the organisation.

The Review reinforced the need for clear behavioural expectations, visible leadership accountability and consistent responses when standards are not met.

- **Fairness and transparency in recruitment and career development**

Some participants expressed concerns about the fairness and transparency of recruitment, promotion and progression processes.

While many colleagues reported positive experiences, the Review found that perceptions of inconsistency can have a significant impact on trust and confidence. In some cases, individuals questioned whether opportunities were always allocated transparently or whether informal influence could affect decision-making.

The Review concluded that continued work is needed to strengthen confidence in recruitment and progression processes, ensuring that decisions are demonstrably fair, equitable and based on clear criteria.

- **Localised sub-cultures and informal power structures**

A recurring theme was the existence of localised sub-cultures in some areas of the organisation.

These environments were characterised by informal power structures, longstanding behaviours and, in some instances, command-and-control leadership approaches that differed from the culture the Trust is seeking to embed.

The Review found that these sub-cultures could create barriers to inclusion, reduce confidence in leadership and make it more difficult for positive cultural change to be experienced consistently across all teams.

The findings suggest that organisational culture is influenced not only by policies and strategies but by everyday behaviours, leadership actions and the standards that are reinforced locally.

- **Speaking Up and psychological safety**

The ability for colleagues to raise concerns safely and confidently emerged as a significant theme.

Although the Review recognised progress in creating a more open environment, some participants remained concerned about whether concerns would always be handled consistently, fairly and promptly.

For some staff, this uncertainty affected confidence in speaking up. The Review emphasised that psychological safety and accountability are not competing priorities - both are essential to creating a healthy organisational culture.

Ensuring that colleagues can raise concerns without fear of disadvantage remains a critical component of the Trust's improvement work.

- **Safeguarding, student experience and safety**

The Review highlighted particular risks where there are inherent power imbalances, especially in relation to students and individuals early in their careers.

Findings identified the importance of robust safeguarding arrangements, effective supervision, clear escalation routes and consistent professional standards.

The Review reinforced the need to ensure that all learners, students and junior colleagues experience supportive environments where concerns are taken seriously and appropriate protections are in place.

- **Leadership consistency**

Perhaps the most significant overarching theme was the consistency of leadership behaviour.

The Review found strong evidence that the Executive Team has worked to establish a more open, visible and improvement-focused approach. However, it also identified variation in how expectations were understood and demonstrated at different leadership levels throughout the organisation.

A central conclusion of the Review was that sustainable cultural improvement depends less on introducing additional policies and more on ensuring consistent leadership behaviour, accountability and role-modelling across every part of the Trust.

The findings highlighted that leadership behaviour is inseparable from culture, staff experience, organisational performance and patient care.

4. What we will be doing next

The Review provides valuable insight that will help shape the next phase of the Trust's cultural improvement journey. As the latest contribution in a series of reviews, assessments and improvement activities undertaken over recent years, it adds further evidence to inform the Trust's ongoing work to strengthen culture, leadership and staff experience. Our response is focused on building on existing progress rather than creating a separate programme of work. The Review's findings align

closely with initiatives that are already underway and will help us strengthen, accelerate and focus those efforts.

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- **Strengthening leadership expectations**

The Trust's new Leadership Framework will serve as the foundation for the next phase of improvement.

The Framework sets out the behaviours and values expected of leaders and provides a clear, consistent standard for how leadership should be demonstrated across the organisation. It emphasises compassion, inclusion, accountability, curiosity, integrity and collaboration.

As part of this work, senior leaders will formally commit to these expectations, reinforcing a shared understanding of what good leadership looks like and how it should be experienced by colleagues.

- **Creating greater consistency**

A key priority will be ensuring that organisational expectations are translated into day-to-day experiences across all teams and services.

This means maintaining a clear focus on leadership behaviours, professional standards and accountability, with consistent expectations regardless of role, seniority or professional background.

Improvement efforts will focus on ensuring that positive cultural change is experienced as consistently as possible across the organisation.

- **Strengthening Speaking Up and psychological safety**

The Trust will continue to enhance the ways colleagues can raise concerns, provide feedback and contribute to organisational learning.

This includes maintaining a strong focus on psychological safety, improving confidence in escalation processes and ensuring concerns are handled appropriately, consistently and transparently.

Regular opportunities for staff engagement and dialogue will remain important elements of this work.

- **Improving safeguarding and support**

Further work will be undertaken to strengthen safeguarding arrangements, support for students and learners, and organisational oversight of issues relating to safety, professional boundaries and conduct.

These actions will build on existing programmes and reinforce the Trust's commitment to creating safe environments for everyone who learns, works and develops within the organisation.

- **Improving fairness and transparency**

The Trust will continue work to strengthen confidence in recruitment and progression processes through enhanced transparency, oversight and assurance.

Ensuring that opportunities are fair, equitable and clearly understood is an important part of building trust and supporting an inclusive culture.

- **Maintaining oversight and accountability**

Progress against the Review's themes will be monitored through established governance arrangements, including leadership oversight, People Committee scrutiny and Board assurance processes.

Regular updates will help ensure that improvement activity remains focused, transparent and measurable.

5. Embedding this work through our strategic priorities

The Trust's People Committee already provides oversight of our culture improvement programme and will continue to play a central role in monitoring progress in response to the Review's findings. This Review is one of a number of important sources of learning that have informed the Trust's approach to cultural improvement in recent years. Alongside previous Trust-commissioned reviews, national reviews, staff feedback and broader organisational development activity, it provides additional insight that will help guide and assure the next phase of improvement.

This work is firmly connected to the Trust's wider strategic objectives and Board Assurance Framework (BAF) priorities, particularly those relating to our people, leadership, workforce experience, inclusion, wellbeing and organisational development

The Review's themes reinforce existing priorities rather than creating new ones, providing additional evidence and insight to help shape, strengthen and assure delivery of the Trust's People Strategy and wider organisational improvement plans.

Through regular scrutiny, performance monitoring and assurance reporting, the People Committee will ensure that culture improvement remains embedded within the Trust's governance arrangements and continues to support the delivery of our strategic ambitions for colleagues, patients and communities.

6. Conclusion

The Culture Review confirmed that meaningful progress has been made in strengthening culture across SECAmb. It also highlighted that some longstanding

challenges remain and that further work is required to ensure every colleague experiences the culture we aspire to create.

The Review should therefore be viewed not as a stand-alone event, but as the latest contribution to a broader and continuing cultural improvement journey. Over a number of years, the Trust has drawn upon learning from a range of reviews, assessments and staff feedback mechanisms, both locally commissioned and nationally led, to strengthen its understanding of organisational culture and guide improvement efforts. This Review adds further evidence and insight to that ongoing programme of work.

The findings reinforce a clear message – sustainable change depends on consistent leadership behaviour, strong professional standards, psychological safety, fairness, accountability and trust.

By building on existing improvement programmes, learning from previous reviews, and maintaining a relentless focus on these areas, the Trust aims to create an environment where all colleagues feel safe, respected, included and empowered to deliver their best for patients and one another.