

PUBLIC BOARD AGENDA

Date: 27 November 2025

Time: 9:45 – 12:45

Venue: Newbury Education & Recruitment Centre, Bone Lane, Newbury RG14 5UE

Board Members:	
Professor Sir Keith Willett, CBE	Chair
Les Broude	Non-Executive Director
Harbhajan Brar	Non-Executive Director
Gary Ford, CBE	Non-Executive Director
Ian Green, OBE	Non-Executive Director
Katie Kapernaros	Non-Executive Director
Mike McEnaney	Non-Executive Director
Ruth Williams	Non-Executive Director
David Eltringham	Chief Executive Officer
Mark Ainsworth	Executive Director of Operations
Dr John Black	Chief Medical Officer
Craig Ellis*	Chief Digital & Information Officer
Kate Hall*	Interim Deputy Chief Executive Officer
Danny Hariram	Interim Chief People Officer
Paul Kempster *	Chief Transformation Officer
Stuart Rees	Chief Finance Officer
Duncan Robertson	Chief Paramedic Officer
Becky Murray*	Chief Governance Officer
Helen Young	Chief Nursing Officer

* Non-voting board member

In Attendance:	
Gillian Hodgetts	Director of Communications, Marketing and Engagement
David Ruiz-Celada	Joint Strategic Lead
Kofo Abayomi	Head of Corporate Governance & Compliance

Apologies for Absence:	
Katie Kapernaros	Non-Executive Director

Right care, first time, for our patients

Our five strategic themes to make SCAS FIT FOR THE *future*



Our Values



Caring:

Compassion for our patients, ourselves and our partners



Professionalism

Setting high standards and delivering what we promise



Innovation

Continuously striving to create improved outcomes for all



Teamwork

Delivering high performance through an inclusive and collaborative approach

Number	Item	Format	Action	Time
1	Welcome and Apologies Chair	Verbal		09.45
2	Declarations of Interests and Fit and Proper Persons Test Professor Sir Keith Willett CBE, Chair	ENC 1	Verbal	
3	Minutes from the Public Board meeting held on 25 September 2025 and the Annual Members Meeting held on 9 October 2025 Professor Sir Keith Willett CBE, Chair	ENC 2	Approval	
4	Board Action Log Becky Murray, Chief Governance Officer	ENC 3	Approval	
5	Chair's Report Professor Sir Keith Willett CBE, Chair	ENC 4	Noting	09.55
6	Chief Executive Officer's Report David Eltringham, Chief Executive Officer	ENC 5	Noting	10.05
7	Patient Story Helen Young, Chief Nursing Officer	ENC	Discussion	10.15
Trust Performance				
8	Finance & Performance Committee Report Les Broude, NED Chair	ENC 6	Assurance	10.30
9	Integrated Performance Report Month 7 Stuart Rees, Chief Finance Officer	ENC 7	Assurance	10.35
10	Finance Report Month 7 Stuart Rees, Chief Finance Officer	ENC 8	Assurance	10.50
11	SCAS Charity Annual Accounts & Audit Report Stuart Rees, Chief Finance Officer & Vanessa Casey, Chief Executive, SCAS Charity	ENC 9	Approval	11.00
Strategic Theme: Enabling Services				
12	Enabling Services Board Assurance Framework Risks Stuart Rees, Chief Finance Officer	ENC 10	Assurance	11.10

Strategic Theme: Digital Transformation				
13	Digital Transformation Board Assurance Framework Risks Craig Ellis, Chief Digital & Information Officer	ENC 11	Assurance	11.15
Strategic Theme: Clinical Effectiveness				
14	Quality & Safety Committee Report Katie Kapernaros, NED Chair	Verbal	Assurance	11.20
15	Clinical Effectiveness Board Assurance Framework Risks Duncan Robertson, Chief Paramedic Officer	ENC 12	Assurance	11.25
16	Patient Safety Report Helen Young, Chief Nursing Officer	ENC 13	Assurance	11.30
17	Chief Medical Officer Report John Black, Chief Medical Officer	ENC 14	Assurance	-
Strategic Theme: People & Culture				
18	People & Culture Committee Report Ian Green, NED Chair	Verbal	Assurance	11.35
19	Freedom to Speak Up Guardian Report Kate Hall, Interim Deputy Chief Executive Officer	ENC 15	Noting	11.40
Strategic Theme: Partnerships & Sustainability				
20	Partnerships & Sustainability Board Assurance Framework Risks Stuart Rees, Chief Finance Officer	ENC 16	Assurance	11.50
21	Hampshire and Isle of Wight ICB Month 7 Finance Report Stuart Rees, Chief Finance Officer	ENC 17	<i>To follow</i> Noting	11.55
22	Buckinghamshire, Oxfordshire and Berkshire West ICB M7 System Reports Stuart Rees, Chief Finance Officer	ENC 18	<i>To follow</i> Noting	12.00
23	Communications, Marketing and Engagement Update Gillian Hodgetts, Director of Communications, Marketing and Engagement	ENC 19	Noting	12.05
Governance & Regulation				

24	Audit Committee Chair's Report Mike McEnaney, NED Chair	ENC 20	Assurance	12.10
25	Charitable Funds Committee Report Ruth Williams, NED Chair	ENC 21	Assurance	12.15
26	South Central Fleet Services Board Report Mike McEnaney, NED Chair	ENC 22	Assurance	12.20
Closing Business				
27	Summary of actions from the meeting Becky Murray, Chief Governance Officer	Verbal	Noting	12.25
28	Questions from the public Professor Sir Keith Willett CBE, Chair	Verbal	Response	12.30
29	Any Other Business	Verbal	Noting	12.35
30	Review of Meeting NED: Mike McEnaney Executive: Craig Ellis	Verbal	Discussion	12.40
31	Date and Time of Next Meeting in Public Thursday 29 January 2026 at 9.45am Newbury Education & Recruitment Centre, Bone Lane, Newbury RG14 5UE	-	Noting	



BOARD MEMBERS

REGISTER OF INTERESTS

South Central Ambulance Service NHS Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road,
Bicester, Oxfordshire, OX26 6HR

INTRODUCTION & BACKGROUND

The following is the current register of declared interests for the Board of Directors of the South Central Ambulance Service NHS Foundation Trust.

Note: All Board Members are a Trustee of the South Central Ambulance Charity

DOCUMENT INFORMATION

Date of issue: 28 October 2025

Produced by: The Governance Directorate

PROFESSOR SIR KEITH WILLETT CBE, TRUST CHAIR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Professor of Trauma Surgery, University of Oxford
2. Retained with NHS England and NHS Improvement to support COVID-19 public inquiry
3. Patron of IMPS (Injury Minimization Programme for Schools). An NHS charity under Oxford University Hospital NHS Foundation Trust
4. Patron of Primary Trauma Care Foundation
5. Emeritus National Director of Emergency Planning and Incident Response

Current 'Other' Interests

6. Honorary Air Commodore to 4626 Squadron, RAuxAF

Interests that ended in the last six months

7. None

LES BROUDE, NON-EXECUTIVE DIRECTOR / SENIOR INDEPENDENT DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Independent member of the Buckinghamshire Healthcare NHS Trust Charitable Funds Committee
3. Director of Welcombe Ltd
4. Trustee of the Buckinghamshire Healthcare Charity

Interests that ended in the last six months

5. None

IAN GREEN, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Chair of Shropshire, Telford and Wrekin and Staffordshire and Stoke on Trent ICB Cluster

Current 'Other' Interests

2. Chair of Estuary Housing Association
3. Member of Advisory Group, NHS Patient Safety Commissioner
4. Strategic Advisor, Prevention Access Campaign (US based charity)
5. Chair, NHS Wales Joint Commissioning Committee
6. NED, Somerset Care Ltd
7. Vice Chair, NHS Confederation LGBT Leaders Network
8. The Drawing Room Ltd, non salaried co-owner of private consultancy business

Interests that ended in the last six months

9. Chair of Salisbury NHS Foundation Trust

MIKE McENANEY, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Non-Executive Director, and Chair of Audit & Risk Committee – Royal Berkshire NHS FT
2. Director of South Central Fleet Services Ltd
3. Member of NHS Providers Finance & General Purposes Committee
4. Chair of FTN Limited (Trading subsidiary of NHS Providers charity)

Current 'Other' Interests

5. Governor at Newbury Academy Trust (primary and secondary education)

Interests that ended in the last six months

6. None

KATIE KAPERNAROS, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

7. Non-Executive Director, The Pensions Regulator
8. Non-Executive Director, Oxford University Hospitals NHS Foundation Trust
9. Non-Executive Director, The Property Ombudsman

Current 'Other' Interests

10. Trustee (Company Director, Voluntary) - Wallingford Rowing Club

Interests that ended in the last six months

11. Non-Executive Director, Manx Care

RUTH WILLIAMS, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Chair, Langley Trust Charity
3. Trustee Kings Group Academy

Interests that ended in the last six months

4. Gosport and Fareham Multi academy Trust

HARBHAJAN BRAR, NON-EXECUTIVE DIRECTOR

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Director of HR, Imperial College London
3. Magistrate, Oxford

Interests that ended in the last six months

4. University of Bournemouth, Strategic HR advisor
5. Trustee, Multi-Academy Trust (ONE MAT, with schools in Wolverhampton and Redbridge, East London)

GARY FORD, NON-EXECUTIVE DIRECTOR**Current NHS Interests (related to Integrated Care Systems and System Working)**

1. Consultant Physician / Chief Executive Office Health Innovation Oxford and Thames Valley (hosted by Oxford University Hospitals NHS FT)
2. Honorary Consultant Physician, Royal Berkshire NHS Foundation Trust
3. Non-Executive Director, NICE Board
4. Multiple NIHR research grants in which I am collaborator including SPEEDY trial of pre-hospital triage for suspected stroke with large vessel occlusion involves SCAS working with Southampton Comprehensive Stroke Centre
5. Buckinghamshire, Oxfordshire, West Berkshire ICB, Integrated Stroke Delivery Network, Chair

Current 'Other' Interests

6. Advisor to Carnall Farrarr
7. Professor of Stroke Medicine, University of Oxford
8. Governing Body Fellow, Green Templeton College
9. Health Service Research UK, Board of Trustees
10. Oxford Academic Health Partners Board
11. Accelerare, Director – company supports activities of Health Innovation Oxford and Thames Valley
12. Thames Valley and Surrey Heartlands Shared Care Record Board
13. SAS AI-Stroke, Scientific Advisory Board – company developing AI recognition FAST stroke signs
14. Merck KGaA/EMD, Serono stroke trial advisory board
15. Regeneron, Scientific Advisory Board

Interests that ended in the last six months

13. None

DAVID ELTRINGHAM, CHIEF EXECUTIVE OFFICER**Current NHS Interests (related to Integrated Care Systems and System Working)**

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

PAUL KEMPSTER, CHIEF TRANSFORMATION OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

JOHN BLACK, CHIEF MEDICAL OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Emergency Medicine Consultant, Oxford University Hospitals NHS Foundation Trust
2. Member National Ambulance Medical Directors Group (NASMeD)
3. Investor Oxford Medical Products Ltd*
4. Oversight of commercially funded Clinical Research at SCAS which reports into CRG which I Chair
5. Rebecca Black (wife) , Consultant Obstetrician and Sub-specialist in feto-maternal medicine at Oxford University Hospitals NHS Foundation Trust, was appointed as Interim Post Graduate Locality Dean for the Thames Valley by NHSE on 1st August 2025

**Oxford Medical Products Ltd presents no clinical or commercial conflict of interest with SCAS*

Current 'Other' Interests

6. None

Interests that ended in the last six months

7. Honorary Consultant Civilian Adviser in Pre-hospital Emergency Care to the Army

PROFESSOR HELEN YOUNG, CHIEF NURSE

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Chief Nurse and Trustee for Across –a national charity supporting disabled and terminal patients to have respite care in Lourdes
2. Chief Nurse and Trustee for HCPT (a national charity supporting children and young people with LD, autism, physical disability or terminal illness have respite care in Lourdes and across the UK
3. Nurse Advisor to Board of Trustees for Dorothy House Hospice and Hospice at home
4. Member of Soroptimist International (Bath and Wiltshire Club) Executive (a charitable organisation that works to empower, educate and enable women and young girls in UK and internationally).

Current 'Other' Interests

5. None

Interests that have ended in the last six months

6. None

STUART REES, CHIEF FINANCE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. SCFS Ltd Managing Director as of December 2023

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

CRAIG ELLIS, CHIEF DIGITAL & INFORMATION OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. Non-Executive Director for the London Cyber Resiliency Centre. Undertook this in Nov-2022

Interests that ended in the last six months

3. None

MARK AINSWORTH, EXECUTIVE DIRECTOR OF OPERATIONS

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

DUNCAN ROBERTSON, CHIEF PARAMEDIC

Current NHS Interests (related to Integrated Care Systems and System Working)

1. None

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

BECKY SOUTHALL, CHIEF GOVERNANCE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Co-presenter on NHS England Making Data Count Programme (not paid)

Current 'Other' Interests

2. None

Interests that ended in the last six months

4. None

KATE HALL, INTERIM DEPUTY CHIEF EXECUTIVE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Improvement Director, NHS England

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

DAVID RUIZ-CELADA, JOINT STRATEGIC LEAD, SCAS, SECAmb

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Executive Member of the Board at South East Coast Ambulance Service, Chief Strategy Officer

Current 'Other' Interests

2. Father (Luis Antonio Ruiz-Avila), is an Angel investor in the bio-technology sector, holding multiple CEO and Board Advisory positions. No direct relationship between the NHS provider Trusts I am involved with and the companies he is involved in exists

Interests that ended in the last six months

3. None

DANNY HARIRAM, INTERIM CHIEF PEOPLE OFFICER

Current NHS Interests (related to Integrated Care Systems and System Working)

1. Chief People Officer, Hampshire & Isle of Wight Integrated Care Board

Current 'Other' Interests

2. None

Interests that ended in the last six months

3. None

END



Minutes

Public Trust Board Meeting

Date: 25 September 2025

Time: 9.45am – 12.45pm

Venue: Newbury Education & Recruitment Centre, Bone Lane, Newbury, RG14 5UE

Members Present:	
Professor Sir Keith Willett CBE (KW)	Chair
Les Broude (LB)	Non-Executive Director
Ian Green (IG)	Non-Executive Director & Deputy Chair
David Eltringham (DE)	Chief Executive Officer
Harbhajan Bar (HB)	Non-Executive Director
Gary Ford (GF)	Non-Executive Director
Katie Kapernaros (KK)	Non-Executive Director
Mike McEnaney (MM)	Non-Executive Director
Ruth Williams (RW)	Non-Executive Director
Mark Ainsworth (MA)	Executive Director of Operations
Dr John Black (JB)	Chief Medical Officer
Craig Ellis (CE)	Chief Digital & Information Officer
Kate Hall (KH)	Interim Deputy Chief Executive Officer
Danny Harriman (DH)	Interim Chief People Officer
Paul Kempster (PK)	Chief Transformation Officer (Teams)
Stuart Rees (SR)	Chief Finance Officer
Duncan Robertson (DR)	Chief Paramedic Officer
Becky Southall (BS)	Chief Governance Officer
Professor Helen Young (HY)	Chief Nursing Officer
In Attendance:	
David Ruiz-Celada (DRC)	Joint Board Strategic Adviser SCAS/SEC Amb
Kofo Abayomi (KA)	Head of Corporate Governance & Compliance
Gillian Hodgetts (GH)	Director of Communications, Marketing and Engagement
Observers:	
Steve Lennox (SL)	Intensive Support Team, NHS England
Sally Herne (SH)	Improvement Director, NHS England
Apologies:	
Mike McEnaney	Non-Executive Director

Item No.	Agenda Item
1	<p>Chair's Welcome, Apologies for Absence</p> <p>1.1 Keith Willett (Chair) opened the meeting and welcomed those present. Apologies were received as above.</p>
2	<p>Declarations of Interests</p> <p>2.1 Board members were reminded to review and update their declarations of interest. No new declarations were made.</p> <p>Action: Register to be reviewed and declarations that are no longer relevant and over 6-months old to be removed.</p>
3	<p>Minutes from the Annual Members Meeting held on 23 October 2024 and Minutes of the Public Board Meeting held on 31 July 2025</p> <p>3.1 The minutes of the annual members meeting held on 23 October 2024 and minutes of the public board meeting held on 31 July 2025 were agreed as an accurate record of the meeting.</p>
4	<p>Matters Arising and Action Log</p> <p>4.1 The Board NOTED the action log and APPROVED the closure of completed actions.</p>
5	<p>Chairs Report</p> <p>5.1 The Chair opened the strategic section of the meeting by acknowledging the significant changes underway across the NHS, particularly those stemming from the publication of the 10-Year Health Plan. This plan, jointly driven by NHS England and the Department of Health and Social Care, places a strong emphasis on neighbourhood-based care models, which represent a shift from centralised service delivery to more localised, integrated systems.</p> <p>5.2 The Chair highlighted that while SCAS is a large and geographically distributed organisation, its diversity across regions presents both opportunities and challenges. The organisation must now prepare to engage with a wide array of local systems, each with its own priorities, structures, and community needs. This will require SCAS to be agile, responsive, and proactive in building relationships and adapting its services to fit within these evolving neighbourhood frameworks.</p> <p>5.3 A key point of concern raised by the Chair was the anticipated legislative changes that could affect Foundation Trust structures and the role of governors. These changes require primary legislation, are expected to be part of a future Health Bill. Based on historical precedent, the Chair estimated that such legislation would not be enacted before early 2027.. This long lead time means SCAS must begin preparing now for governance and structural shifts that could significantly alter its operating model.</p>

5.4	The Chair noted that these developments are not entirely new to the ambulance sector, but the scale and complexity of the proposed changes will demand a new level of strategic thinking and coordination. SCAS will need to ensure that its governance structures, operational models, and strategic plans are aligned with the broader NHS transformation agenda.
5.5	The Board NOTED the Chairs verbal update and site and engagement visits report.
6	Chief Executive Officer's Report
6.1	DE opened his report by acknowledging the publication of the NHS segmentation results, noting that SCAS had been placed in Segment 4. He clarified that although SCAS remains in the Recovery Support Programme (RSP) technically Segment 5 under the new regime the formal classification is Segment 4. The primary factor influencing this placement was staff-related metrics, particularly staff survey results and sickness rates.
6.2	DE emphasised the critical importance of people-focused leadership, linking it directly to SCAS's performance and future trajectory. He welcomed the appointment of the Interim Chief People Officer, describing it as a strategic move to strengthen leadership around workforce and culture. He noted that this appointment would help SCAS improve its standing in the segmentation framework.
6.3	DE then discussed SCAS's involvement in national workstreams, particularly those related to the 10-year NHS Health Plan and the redesign of Foundation Trust (FT) structures. He is representing ambulance services in these discussions, which are being led by NHS England. Although no formal public documentation is available yet, he assured the board that SCAS is actively contributing and will share developments as they become public.
6.4	DE reported on recent RSP meetings, including one held earlier that week with representatives from regulators and partner organisations across the Hampshire and Isle of Wight system. He described the meeting as positive and confirmed that SCAS is now awaiting recommendations from the Regional Recovery Support Group, which will then be escalated to the National Recovery Support Group. He anticipated feedback by mid-October, with final decisions likely by the end of the calendar year.
6.5	DE thanked Steve Lennox and Sally Herne SCAS's improvement directors, for their support throughout the RSP process, noting that Sally Herne would be moving on and expressing gratitude for her contributions.
6.6	DE highlighted Category 2 performance as a central metric used by NHS England to assess organisational safety and responsiveness. He acknowledged that July had been a difficult month, prompting a forensic review of performance drivers. A task and finish group, informally dubbed the "Tiger Team," was established to investigate and address issues.
6.7	Following this intervention, August performance improved, and SCAS received positive feedback from NHS England regarding its level of operational grip. DE stressed that while challenges remain, SCAS is demonstrating strong leadership and responsiveness.

6.8	DE acknowledged ongoing financial pressures, noting that SCAS is in the final year of its three-year recovery plan aimed at achieving financial balance. He confirmed that good progress is being made and that leadership focus is now shifting from planning to delivery.
6.9	DE also shared that SCAS is beginning to look beyond the current financial year, developing three-year strategic plans. This shift from a 12-month horizon to longer-term planning is intended to support systemic change and sustainable service improvement.
6.10	DE mentioned continued partnership work with SECAmb, including preparations for a joint meeting in October to review the Outline Business Case.
6.11	DE emphasised the importance of the staff survey, which had recently launched. He encouraged all staff, including board members, to participate, stressing that high response rates are essential for representative feedback. DE acknowledged both the positive aspects of working at SCAS and the challenges that need to be addressed, framing the survey as a tool for improvement.
6.12	DE shared a letter from Karen Smith, the Health Minister responsible for ambulance services, which praised the contribution of volunteers to patient care. He took the opportunity to publicly thank SCAS volunteers and announced plans to distribute the Minister's letter, along with a personal note from himself and the Chair, to all volunteers. He also mentioned the upcoming Volunteer Conference on 11 October, which several board members would attend.
6.13	DE concluded his report by reflecting on the National Ambulance Memorial Service held in Staffordshire. He described it as a moving event honouring colleagues who had passed away in the past year. SCAS was well represented, with its formal events unit participating in ceremonial duties. He asked the board to take a moment to remember those lost and reiterated his gratitude to all SCAS staff for their dedication and professionalism.
6.14	<p>Board members raised the following comments:</p> <ul style="list-style-type: none"> • KK (NED) raised a question about staff morale and how SCAS compares to other services. DE acknowledged that SCAS falls into the lower quartile for staff survey results and that ambulance services generally score lower than other NHS sectors. She emphasized the need to “level up” and discussed plans to introduce more frequent pulse surveys to monitor morale and improvement efforts. • DE and DH stressed the importance of closing the feedback loop ensuring staff know how their input leads to action. DH added that SCAS is working to improve communication and transparency, especially when staff suggestions cannot be implemented. • IG echoed the importance of the “You said, we did” approach, noting that it motivates staff to engage with surveys. He emphasised the need for consistent communication throughout the year, not just during survey periods.

	<ul style="list-style-type: none"> another board member suggested incentivising survey participation, even with small gestures like coffee vouchers, and ensuring staff have protected time to complete surveys.
6.15	The Board NOTED the Chief Executive Officer's Report.
7	Update to the Public Board on the previous Private Board meeting
7.1	The Board NOTED the updates from the Private Board meeting held on 31 July 2025.
8	<p>Staff Story</p> <p>8.1 The Board heard from paramedic Kailen Pettit (KP), who shared her career journey from Australia to SCAS via a video and live Q&A. She reflected on her clinical development, expressing gratitude for the learning opportunities but also highlighting challenges such as adapting to UK protocols and the emotional strain of relocation.</p> <p>8.2 KP emphasised the need for better orientation and support for international recruits, suggesting a more structured induction process to ease transition and improve retention. She also discussed communication within SCAS, advocating for more transparent and responsive feedback mechanisms.</p> <p>8.3 A key point raised was her concern about the ethical use of AI in SCAS's communications, particularly regarding authenticity in representing staff voices. Her comments prompted discussion among board members about digital ethics, with confirmation that SCAS is establishing an AI Governance Board.</p> <p>8.4 Board members praised KP's openness and agreed that staff stories like hers are vital for informing improvement efforts, especially in recruitment, onboarding, and culture. The following were specifically raised by the Board:</p> <ul style="list-style-type: none"> GH praised KP's openness and courage in sharing her story, noting that such firsthand accounts are invaluable for shaping policy and practice. She emphasized the importance of listening to staff experiences and using them to inform improvement plans, particularly around recruitment and retention. KK echoed GH's sentiments and highlighted the need for empathy and cultural sensitivity in supporting international staff. She suggested that SCAS consider developing a peer mentoring programme, where experienced staff could support new recruits through their transition. IG commended KP's professionalism and raised a question about how SCAS could better track and respond to feedback from international staff. He proposed that the People and Culture Committee explore mechanisms for continuous feedback loops, ensuring that staff concerns are not only heard but acted upon.

8.5	<ul style="list-style-type: none"> • DH acknowledged the gaps in the current onboarding process and confirmed that SCAS is reviewing its induction and support frameworks for international recruits. He also addressed the AI concerns raised by KP, stating that SCAS is in the early stages of establishing an AI Governance Board to oversee ethical use of digital tools and ensure transparency in communications. • DE thanked KP for her contribution and reiterated the importance of staff stories in shaping SCAS's strategic direction. He noted that KP's feedback would be shared with the executive team and incorporated into ongoing improvement initiatives. <p>The Board NOTED the Staff Story</p>
9	Fit for the Future Framework
9.1	The “Fit for the Future” strategic framework was presented by DE as a culmination of extensive engagement across SCAS teams and leadership. He described it as a foundational document that sets out the organisation’s strategic direction for the next three to five years, aligning with the national 10-year health plan and SCAS’s integrated improvement programme. The framework was praised for its clarity and ambition, but board members raised several important points for further development.
9.2	KW opened the discussion by acknowledging the framework’s significance and the effort behind it. He emphasised that it must become the central reference point for all board and committee activities, with every action and decision measured against its objectives. He also stressed the importance of ongoing critique and refinement to ensure the framework remains relevant and effective.
9.3	KK welcomed the framework but highlighted the need for a longer-term view beyond 2025–2026, particularly in relation to cultural change, which she noted cannot be achieved in a short timeframe. She also raised concerns about the reliance on staff survey data, given historically low response rates, and suggested exploring alternative metrics to avoid misleading indicators.
9.4	IG echoed KK’s concerns and emphasized the importance of integrating the framework with committee oversight. He advocated for a stronger connection between the framework’s priorities and the work of assurance committees, ensuring that delivery is monitored and supported across governance structures.
9.5	GF offered a strategic perspective, suggesting that the framework should place greater emphasis on system-wide collaboration, particularly in clinical pathway redesign. He argued that sustainable ambulance services require integrated solutions with primary care and acute trusts, and that SCAS should consider a more sophisticated commissioning role in future planning.
9.6	SR responded by confirming that a multi-year plan would be developed by December, with detailed delivery plans behind each strategic theme. He also committed to creating a scorecard to track progress and ensure alignment with committee reporting and performance frameworks.

9.7 9.8 9.9 9.10 9.11	<p>KH acknowledged the feedback and clarified that the framework is a living document, subject to ongoing refinement. She noted that while executive sponsors had been assigned to each workstream, their names were not yet included in the document; a gap that would be addressed. KH also emphasised the cultural shift embedded in the framework, describing it as a new way of working for SCAS that requires time, trust-building, and effective communication.</p> <p>DH reinforced the importance of socialising the framework across the organisation. He proposed using the framework as a reference point in all staff conversations and meetings, helping to embed its principles into daily practice. He also stressed the need for transparency in responding to staff feedback, ensuring that actions taken or not taken are clearly communicated.</p> <p>DR added that the framework's clinical priorities, particularly around pathway development, must be informed by regional collaboration and data-driven analysis. He supported GF's point about engaging with external partners to co-design effective solutions.</p> <p>In conclusion, the board agreed that while the "Fit for the Future" framework is a strong starting point, its success depends on clear ownership, robust metrics, long-term vision, and integration with governance processes. The cultural transformation it seeks to drive must be supported by consistent communication, staff engagement, and cross-functional collaboration.</p> <p>Action: Further views/comments to be provided to KH.</p> <p>The Board NOTED the Fit for the Future Framework.</p>
9 9.1 9.2	<p>Integrated Performance Report (IPR)</p> <p>SR presented the IPR which reported on month 5 data and performance:</p> <p>Operations</p> <p>MA highlighted the following:</p> <ul style="list-style-type: none"> • Improvements in Category 2 (Cat 2) ambulance response times, which had dropped to 27 minutes 11 seconds, 4.5 minutes better than July and ahead of the year-to-date target. • SCAS ranked 6th nationally for Cat 2 mean and 5th for the 90th percentile. A dedicated Cat 2 improvement team was credited with driving these gains through daily monitoring and targeted interventions. However, Category 3 performance remained a concern, with SCAS ranked 10th out of 10 ambulance trusts. • Contact centre performance also showed progress, with call answering times improving to 6 seconds despite a 2.5% increase in demand. • Hear and Treat rates remained strong at 16.5% in August and rose to 18.2% in September, nearing the internal target. SCAS ranked 5th nationally in this area. Collaborative work with South East Coast Ambulance Service (SECAmb) allowed peak-time call diversion, and further improvements were underway through natural language processing and recruitment of health advisors.

	<ul style="list-style-type: none"> • Fleet availability was a key issue, particularly during July's hot weather, which led to increased vehicle off-road rates due to overheating and air conditioning failures. More new vehicles were expected in December, and predictive modelling was being refined to better anticipate future needs. • Patient Transport Services (PTS) mostly met targets, though some patients were arriving too early, which was generally viewed positively but flagged for monitoring. <p>9.3 The Board discussed the need for better predictive modelling and data integration to assess operational efficiency and resource allocation. Board members raised concerns about benchmarking and the impact of commissioning models on performance. SCAS is commissioned for longer response times (29 minutes) compared to other trusts (22–23 minutes), which affects national rankings. The Chair emphasised the importance of fair commissioning and the development of a common ambulance specification for the Southeast.</p> <p>9.4</p> <p><u>Quality and Safety</u></p> <p>DR highlighted the following:</p> <ul style="list-style-type: none"> • Emphasis was placed on the clinical urgency of Category 2 calls, particularly for stroke and cardiac patients, stating: "Time is brain, time is myocardium." • The importance of maintaining a relentless focus on Cat 2 performance was stressed, as it directly impacts patient outcomes. • The Board acknowledged that future performance curves may reflect the pressure of sustaining improvements and agreed to monitor this trend closely. • Board members noted that while performance metrics were presented, volume data (e.g., number of incidents or patients) was missing from the report. • It was agreed that future IPRs should include volume figures to provide better context and allow for more accurate interpretation of performance and safety trends. • Sally Herne (NHS England) informed the Board that a second thematic review into delays was underway. • This review was prompted by new incidents that revealed previously unidentified causes of delay. • The findings are expected to be presented to the Quality and Safety Committee by the end of September and will inform future improvement actions. <p>9.5 The Board expressed satisfaction with the improvements seen in safety metrics and the proactive approach to identifying and addressing risks.</p> <p>9.6 Board members emphasised the need for continuous learning, data transparency, and triangulation of metrics to ensure that quality and safety remain central to operational and strategic decision-making.</p>
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9.7	The importance of aligning safety data with strategic frameworks such as Fit for the Future and the Board Assurance Framework was also highlighted.
9.8	Action: Volume to be added to the ACQIs in the report.
9.9	<p>Workforce and People</p> <p>DH highlighted the following:</p> <ul style="list-style-type: none"> • Corporate staff appraisal completion rate was reported at 62%, below expectations. • A recovery plan had been approved 8 months prior, but progress was slower than anticipated. • SCAS reduced the number of mandatory training topics from 154 to 37. • Concerns were raised about irrelevant training being assigned to non-patient facing staff (e.g., fleet technicians). • SCAS is transitioning from Excel-based reporting to a digital appraisal system. • The pilot rollout was well received and expected to improve compliance tracking. • Fleet services staff are recorded on ESR, triggering irrelevant training requirements. • A review is underway to ensure training is role-appropriate and accurately reported.
9.10	IG expressed concern over the dip in appraisal compliance, especially given that a recovery plan had been approved months earlier. He emphasized that operational pressures should not be used as an excuse for poor compliance in corporate areas and urged the executive team to ensure the plan is being implemented consistently.
9.11	DH provided assurance that managers are receiving compliance reports and that a task and finish group is actively working to improve both completion rates and the quality of conversations during appraisals. He also noted that the digital system rollout would help streamline reporting and reduce underreporting caused by missed Excel submissions.
9.12	GF raised a broader concern about the inefficiency of mandatory training systems across NHS organisations. He highlighted the frustration experienced by staff who are required to complete irrelevant training modules, such as infection control for vehicle technicians. He advocated for a more intelligent system that assigns training based on actual job roles.
9.13	<p>The Board collectively agreed that while progress is being made, more effort is needed to ensure that workforce metrics reflect meaningful engagement, accurate reporting, and alignment with strategic goals. There was a shared understanding that improving staff experience and development is central to SCAS's cultural transformation and operational success.</p> <p>The Board NOTED the Integrated Performance Report.</p>
10	Chief Medical Officer's Report
10.1	JB presented the report and highlighted that several new research studies are now underway, with a particular focus on addressing health inequalities in SCAS's most deprived communities.

	<p>These studies are expected to inform future service improvements and enhance clinical decision-making.</p>
10.2	<p>GF recommended that future reports include summaries of completed research projects, specifically outlining their impact on clinical practice and patient outcomes. This, they noted, would help board members especially those without clinical backgrounds better understand the relevance and value of SCAS's research activity. In response, JB acknowledged the feedback and confirmed that while an annual report is produced with references and highlights, there is room to improve how outcomes and learning from research are communicated to the Board.</p>
10.3	<p>The Board NOTED the Chief Medical Officer's Report.</p>
11	<p>Infection Prevention and Control Annual Report 2024/25</p>
11.1	<p>HY presented the IPC Annual Report for 2024/25. She explained that it was a statutory requirement, covering the period from April 2024 to March 2025. The report reflected a challenging year for IPC across the Trust, with several targets not met. However, significant progress was made in the latter part of the year and into the current year to recover lost ground. This included an increase in IPC resources, notably the appointment of a dedicated IPC lead and an additional Band 7 IPC team member. Improvements were also noted in audit compliance and training activities, as evidenced in the current Integrated Performance Report.</p>
11.2	<p>The report had been reviewed by the Infection Control Committee, the Quality and Safety Committee, and the Executive Management Committee. It was noted that some hyperlinks and table descriptors in the board pack were not functioning correctly, and the Communications Team would ensure proper formatting before publication.</p>
11.3	<p>Board members engaged with the report beyond assurance, using it as a learning opportunity. RW highlighted the value of the report in helping her understand IPC processes, particularly around identifying the source of infections. She appreciated the educational aspect of the discussion and noted that several items from the previous year's work plan had been carried forward, which was appropriate given staffing changes. RW also emphasised the importance of tracking development into the following year.</p>
11.4	<p>HY responded by confirming that the IPC team had been strengthened and that IPC activities were now embedded into routine operational governance. IPC is now a standing item in clinical governance meetings, and IPC champions are active across the organisation, although balancing their responsibilities with operational duties remains a challenge.</p>
11.5	<p>GF raised a question about flu vaccination uptake, noting that neighbouring trust SECAmb had achieved higher rates. He suggested SCAS explore SECAmb's approach to improve its own performance. HY explained that differences in staff categorisation and eligibility definitions across trusts may account for the variation, and that SCAS had adopted sector-wide best practices.</p>

11.6	GF also asked about the number of needlestick injuries and what learning had been derived from them. HY confirmed that fewer than 20 incidents had occurred and that a review had identified issues such as improper use of sharps boxes and failure to follow protocol. Training interventions were implemented, and concerns about underreporting and delays in seeking treatment were being addressed with Occupational Health.
11.7	KK queried the audit data, particularly the significant drop in required hand hygiene audits. HY explained that national guidance had changed, and SCAS had adjusted its audit methodology to allow for real-time, in-practice assessments rather than scheduled audits. The number of required audits is based on a proportion of the workforce, and the Trust has now implemented a clearer system to ensure audits are completed consistently across geographical areas.
11.8	GH added that SCAS had recently been invited to present at a national meeting to share best practice in flu vaccination communications, reinforcing that the Trust is actively working to improve uptake.
11.9	The Board NOTED the Infection Prevention and Control Annual Report 2024/25 Report.
12	<p>Winter Plan</p> <p>12.1 MA presented the SCAS Winter Plan for 2025/26 for approval. The Plan outlined the Trust's preparedness to deliver safe and effective services during the winter period, incorporating lessons learned from previous years and aligning with national and regional expectations. The plan had already been reviewed by the Finance and Performance Committee prior to the Board meeting.</p> <p>12.2 A key requirement this year was the inclusion of a Board Assurance Statement, confirming that SCAS is satisfied with its winter planning and has considered risks to quality. The plan includes a forward view of resourcing across service lines, which will be finalised in October. Revised modelling from NHS England regarding respiratory infection rates was received earlier in the week and will be incorporated into SCAS's demand projections. MA explained that SCAS had participated in a regional winter planning exercise on 8 September and would also be involved in a forthcoming East of England session due to its coverage of Milton Keynes. Early learning from these exercises will be used to refine the plan further.</p> <p>12.3 The plan places strong emphasis on flu vaccination uptake. SCAS has implemented a peer-to-peer vaccination model, with team leaders and staff administering vaccines on stations. Unlike some trusts, SCAS has opted not to incentivise uptake but aims to meet the national requirement of a five-percentage-point increase.</p> <p>Fit testing for FFP3 masks was also discussed. All new patient-facing staff are fit-tested upon joining, and compliance is monitored through the PDR process. For staff unable to be fit-tested due to religious or medical reasons, powered respiratory hoods are available. SCAS is developing a business case to transition more staff to hoods, which would eliminate the need for annual fit testing and reduce long-term costs.</p>

12.5	IG raised two points for assurance. First, he asked whether SCAS's winter plan was clearly aligned with Integrated Care Board (ICB) and acute trust plans. MA confirmed that SCAS is working closely with all three ICBs and that weekly winter planning reviews are taking place. Secondly, IG asked about specific actions to mitigate risks during the festive fortnight, a period of historically high demand. MA responded that SCAS restricts annual leave during this time and increases operational hours to meet forecasted demand, though this places pressure on fleet availability.
12.6	RW asked whether the plan accounted for increased acuity in patient demand. MA acknowledged that worst-case scenario modelling suggests significant strain on hospital capacity, which could result in SCAS holding patients outside hospitals. This risk is being monitored and will be addressed through system-wide working groups.
12.7	The Board APPROVED the SCAS Winter Plan for 2025/26.
13	Quality and Safety Committee Assurance Report (September 2025)
13.1	The Quality and Safety Committee Assurance Report was presented to the Board, with key updates and reflections provided by KK (Non-Executive Director and Committee Chair). The headline item was the resolution of the Controlled Drugs Licence issue, which had previously been a top three risk area for the committee. This matter has now been successfully addressed and is progressing through the appropriate regulatory channels.
13.2	KK highlighted the improved structure and clarity of the committee's reporting, noting that the new format better aligns top risks with the Trust's risk register. This change was welcomed by
13.3	The Board NOTED the Quality and Safety Committee Assurance Report.
14	Finance Report Month 5 Update
14.1	SR presented the Month 5 report. The Board noted that in month 5 (August 2025), SCAS reported a surplus of £85,000, which was in line with the financial plan. The organisation has achieved 65% of its year-to-date Cost Improvement Plan (CIP) target, with the full-year goal set at £24.4 million. A comprehensive mitigation plan has been developed in collaboration with the Integrated Care Board (ICB) to address £5 million in cost pressures. With this plan now in place, SCAS has transitioned from planning to delivery mode, with executive leadership focused on execution and performance monitoring. While the plan is considered robust, its delivery remains challenging and subject to operational pressures.
14.2	SCAS is currently behind schedule on its capital programme, particularly in the delivery of Double Crewed Ambulance Specification (DCAS) vehicles. These delays have impacted the organisation's ability to complete the planned sale and leaseback transaction, which in turn has affected cash flow. Cash reserves are at their lowest point, with just over £13 million available. However, once the DCAS fleet is delivered, the sale and leaseback process is expected to significantly improve the cash position.

14.3	Despite being over-established in frontline staffing, SCAS incurred £115,000 in agency costs. Most of this spend is attributed to fleet services and under-established areas and is being actively managed. The Board raised concerns about the need for clearer alignment between staffing levels and financial efficiency, particularly in light of the agency expenditure.
14.4	SCAS's financial position is also linked to deficit support funding from the ICB, totalling £2.6 million. One organisation within the ICB is currently off-plan, posing a risk to SCAS's funding in Quarter 3. If the system recovers and delivers the revised plan, SCAS may regain the funding in Quarter 4. The Board acknowledged the interdependency between SCAS's financial performance and the wider ICB system and emphasised the importance of delivering the recovery plan to avoid system-wide consequences.
14.5	The Board NOTED the Finance Report Month 5 Update.
15	Hampshire and Isle of Wight ICB Month 5 Finance Report
15.1	It was noted that the report had only just become available and would be circulated separately for information.
16	Buckinghamshire, Oxfordshire and Berkshire West ICB M4 System Reports
16.1	The Board NOTED the BOB ICB M4 System Report.
17	NHS Hampshire and Isle of Wight Green Plan 2025-2028
17.1	SR presented the NHS Hampshire and Isle of Wight Green Plan 2025–2028. He explained that this system-wide plan outlines the region's commitment to achieving net zero carbon emissions by 2040, with an interim target of 80% reduction by 2028. SCAS had already signed off its own organisational green plan in July, which is now published on its website. The system plan integrates contributions from all providers within the Integrated Care System (ICS), including SCAS, and reflects a shift in regulatory responsibility from the ICS to individual providers.
17.2	The plan includes a breakdown of carbon emissions by activity type, based on national data from 2019–2020. One chart (Figure 3) raised questions from board members, particularly around the apparent lower carbon footprint attributed to NHS fleet operations compared to acute services. It was clarified that the data reflects business travel rather than commuting, and that the figures are based on historical national modelling.
17.3	Board members raised concerns about the lack of reference to artificial intelligence (AI) in the carbon footprint analysis. KK highlighted that AI, especially in digital services and social media, has significant environmental implications due to energy-intensive data centres. She urged the Board to consider AI's carbon impact in future planning and procurement, including requiring suppliers to disclose environmental costs in tenders.

17.4	CE acknowledged the relevance of AI and confirmed that SCAS is working collaboratively with other ambulance services to consolidate and reduce the carbon footprint of 17 data centres across the region. This work is ongoing and will feed into future iterations of the green plan.
17.5	DE raised a governance concern regarding the transition of commissioning responsibilities from Hampshire and Isle of Wight to Surrey Heartlands. He questioned how SCAS's outputs, which span multiple geographies, would be reflected in future green plans and whether there was a risk of misreporting or underrepresentation. The Board agreed this was a valid point and suggested it be raised with commissioners to ensure continuity and accuracy in environmental reporting. Action: DE and DRC to discuss Lead Commissioner arrangements and impact on Green Plan.
17.6	The Board APPROVED the Hampshire and Isle of Wight Green Plan 2025–2028.
18	Finance & Performance Committee Assurance Report – August & September 2025
18.1	LB, Chair of the Finance and Performance Committee reported that the committee focused on several key areas of operational and financial performance. A major area of discussion was the Trust's staffing establishment, particularly the issue of over-establishment in frontline roles. The committee received updated reports showing that staffing levels were beginning to reduce, with a plan in place to bring them back in line with financial targets. However, the pace of reduction was challenged, and further action was requested to accelerate progress.
18.2	The committee also reviewed the Trust's financial recovery plan, which aims to deliver a break-even position by year-end. While the plan is now fully developed and includes mitigation strategies for known cost pressures, it was noted that delivery remains a significant challenge. The committee acknowledged the importance of transitioning from planning to execution, with a strong leadership focus on delivery.
18.3	Another area of concern was the contract register, introduced in March 2025 to improve oversight of procurement and contract management. The committee found that too many contracts were still in amber or red status, indicating delays or lack of preparation. SR was tasked with driving improvements in this area to ensure contracts are managed proactively and within appropriate timelines.
18.4	Additionally, the Chief Paramedic Officer was added to the committee membership to strengthen clinical input into financial and performance discussions. This change reflects the committee's commitment to integrating clinical perspectives into strategic decision-making.
18.5	The Board NOTED the Finance and Performance Committee Report.
19	Audit Committee Assurance Report – September 2025
19.1	SR presented the report. He highlighted the committee's continued progress in strengthening governance and oversight across SCAS. He noted that the committee had made significant strides in recent years, particularly in clearing all outstanding internal audit actions, a milestone that was acknowledged as a major achievement given past challenge. This progress was seen

	as a reflection of improved organisational discipline and responsiveness to audit recommendations.
19.2	SR also acknowledged that while the committee was pleased with the overall trajectory, there were still areas requiring attention. He and BM, Chief Governance Officer had identified some formatting and tracking issues within the Board Assurance Framework (BAF), which would be addressed to ensure clearer visibility of actions and ownership. These refinements were not about content but presentation, aimed at enhancing usability and accountability.
19.3	The committee reviewed benchmarking audit results, which showed SCAS performing well in comparison to peers. However, SR maintained a constructive tone, noting that audit is inherently about identifying areas for improvement. He emphasised the importance of maintaining momentum and not becoming complacent.
19.4	The committee approved minor amendments to the Scheme of Delegation, ensuring alignment with current operational and governance structures.
19.5	In closing, the Chair praised the committee's evolution, noting that it had become a more effective and proactive body. He encouraged continued diligence and welcomed the Board's support in embedding audit findings into broader strategic and operational planning.
19.6	The Board NOTED the Audit Committee Report.
20	Questions submitted by Board Members on agenda items: 11,14, 19-20
20.1	No questions received.
21	People & Culture Committee Report – September 2025
21.1	HB, Non-Executive Director chaired the meeting. The committee focused on workforce recovery, cultural transformation, and training compliance. Key discussions included the over-establishment of staff, with progress noted but concerns about the pace of reduction. Statutory and mandatory training topics were streamlined from 154 to 37, and inactive staff were removed from compliance data, improving accuracy. However, clarity is still needed on role-specific training requirements.
21.2	The committee reviewed the Workforce Race Equality Standard (WRES) and Disability Equality Standard (WDES) reports, noting some deterioration in scores. It was agreed that the previous year's action plans should be evaluated before launching new ones. Concerns were raised about the volume of data presented versus the depth of analysis, with a call for clearer links between metrics and actions.
21.3	Overall, the committee was constructive and committed to driving improvements, with next steps focused on refining analysis and reviewing existing plans.
21.4	The Board NOTED the People and Culture Assurance Report.
22	Communications, Marketing and Engagement Update

22.1	The Board NOTED the update
23	Questions submitted by Board Members on agenda item 22-23
23.1	No questions were received.
25	Board Assurance Framework (BAF)
25.1	The Board Assurance Framework (BAF) for 2025/26 was presented as a refreshed and restructured document aligned with SCAS's strategic themes under the "Fit for the Future" programme. The framework was reviewed by all relevant board committees and received endorsement from the Audit Committee, with minor formatting improvements suggested to enhance clarity and tracking of actions.
25.2	Board members welcomed the revised BAF, noting that it provides a clearer structure and improved visibility of strategic risks. RW highlighted that the framework offers clarity on how board-level scrutiny translates into committee-level focus, which is essential for effective governance. However, concerns were raised about the scoring of inherent risks, with some board members questioning whether certain risks particularly those scored at 25 were appropriately calibrated. It was agreed that this would be further reviewed within individual committees to ensure proportionality and consistency.
25.3	Another point of discussion was the inclusion of external risks. While cyber security was appropriately captured, members questioned whether broader systemic risks such as pandemics or winter pressures were sufficiently represented. It was clarified that such risks are typically managed through national NHS emergency preparedness frameworks and not necessarily within SCAS's own BAF unless they have a direct organisational impact.
25.4	The Board APPROVED the 2025/26 Board Assurance Framework.
26	Non-Executive Director Lead Roles and Board Committee Membership
26.1	BS presented the updated Non-Executive Director lead roles and committee memberships, confirming alignment with national guidance and simplifying responsibilities to three key areas: Wellbeing, Freedom to Speak Up, and Security Management. Within the wellbeing remit, a specific emphasis on staff safety was added to reflect operational risks unique to ambulance services. This streamlined approach was welcomed to maintain clarity and focus on strategic priorities.
26.2	Committee membership was reviewed to ensure strong cross-cover and integrated oversight. The addition of Duncan Robertson to the Finance and Performance Committee was highlighted as a positive step, bringing clinical expertise into financial discussions. Members agreed that this cross-functional representation strengthens assurance and supports better decision-making across governance structures.

26.3 26.4	<p>Comments from the Board noted the importance of continuity during a period of significant organisational change. To support stability, an exceptional extension of tenure for Les Broude was approved until July 2026, ensuring experienced leadership through the final phase of the financial recovery plan. The Chair emphasised that these changes reflect a mature governance model and will help maintain robust scrutiny while enabling progress on strategic objectives.</p> <p>The Board NOTED the Non-Executive Director Lead Roles and Board Committee Membership report and the exceptional extension of tenure for Les Broude.</p>
27.	<p>Any other business</p> <p>MA reported that a 45-day consultation had been launched on a revised operational structure for the field operations and contact centre teams. The changes include moving from seven nodes to six sectors using a foundation-based volume formula, introducing a place-based model for Hampshire, and creating a Band 8 clinical lead role in each sector to combine patient-facing duties with leadership. For contact centres, the restructure will adopt a functional model with three components: call taking (bringing 111 and 999 under one leadership), clinical leadership (including audit and compliance), and dispatch focused on resource deployment. Mark acknowledged staff apprehension and confirmed that the consultation aims to improve efficiency and resilience across the organisation.</p>
28	<p>Questions from observers</p> <p>28.1 No formal questions were asked by observers. The Chair confirmed that one question had been received in advance from a governor relating to an item on the agenda. The question concerned the importing of frontline staff, including international paramedics and Emergency Care Assistants (ECAs), and raised concerns about communication with affected individuals, describing it as misleading and lacking empathy. The governor also queried the organisation's adherence to the approved selection policy and asked about future plans for recruitment.</p> <p>In response, MA acknowledged the concerns and explained that the changes were driven by significant improvements in "hear and treat" and handover times, which reduced the need for additional frontline hours. He confirmed that while overtime and limited use of private providers would continue for peak periods, recruitment plans had shifted, with new intakes likely deferred to Q4 of this year and into next year, subject to attrition rates and service demand. MA assured the Board that communication with affected candidates would continue and committed to contacting the individual governor directly within three days to provide further clarification and reassurance.</p>
29	<p>Review of the meeting:</p> <p>29.1 BS summarised actions from the meeting:</p> <ol style="list-style-type: none"> 1. Review Register of Interests – All board members were asked to check and update their declarations of interest.

	<p>2. Fit for the Future Feedback – Comments raised during the discussion will be fed into the ongoing development of the framework, including clarity on ownership and metrics.</p> <p>3. Add Volumes to IPR Data – Ensure that activity volumes are included alongside performance metrics in the Integrated Performance Report.</p> <p>4. Provide Feedback on Hampshire & Isle of Wight Green Plan – Capture and return comments discussed regarding environmental impact and commissioning responsibilities.</p> <p>29.2 Review of the meeting:</p> <ul style="list-style-type: none"> • RW, NED expressed appreciation for the quality of the board papers, noting they were well-prepared and stable, which enabled informed discussion and effective preparation. She felt the meeting provided a good level of assurance, supported by detailed papers and constructive clarification questions. • RW particularly highlighted the strategic focus on the "Fit for the Future" framework, acknowledging the value of the conversations around its implementation and the cultural shift it represents. • She commended the engagement of board members and the respectful, professional tone of the meeting, stating that people behaved well and contributed meaningfully. • SR, CFO echoed RW's sentiments, describing the meeting as very good and well-engaged. He noted that executive contributions were strong and that the board was actively involved in discussions. • SR observed a clear shift in focus from immediate operational concerns to longer-term strategic planning, particularly around multi-year financial and workforce planning. He appreciated the depth of discussion on future priorities, including carbon planning, workforce metrics, and cultural transformation. • SR also praised the inclusion of the staff story, which he found both entertaining and insightful. He valued the honesty of the feedback shared by the staff member and saw it as a positive sign of openness within the organisation. • He concluded by acknowledging the Chair's leadership and the board's collective commitment to improvement and delivery.
<p>30</p> <p>30.1</p>	<p>Date, Time and Venue of Next Meeting in Public</p> <p>The next public meeting of the SCAS Board would take place at 9.45am on 27 November 2025 at Newbury Education & Recruitment Centre, Bone Lane, Newbury, RG14 5UE.</p>



SCAS 2025 ANNUAL MEMBERS MEETING

Minutes of the South Central Ambulance Service NHS Foundation Trust 2025 Annual Members Meeting held on Thursday 9 October 2025 via Microsoft Teams

Board members

Professor Sir Keith Willett (Chair); Ian Green (NED), Gary Ford (NED), Harbhajan Brar (NED), Mike McEnaney (NED); Ruth Williams (NED); David Eltringham (Chief Executive); Dr John Black (Chief Medical Officer); Duncan Robertson (Chief Paramedic Officer); Craig Ellis (Chief Digital Officer); Mark Ainsworth (Executive Director of Operations); Paul Kempster (Chief Transformation Officer); Stuart Rees (Chief Finance Officer); Becky Southall (Chief Governance Officer) and Helen Young (Chief Nurse Officer).

Apologies

Apologies for absence were **received** from Board members: Les Broude (NED) and Katie Kapernaros (NED).

In Attendance

Kofo Abayomi (Head of Corporate Governance & Compliance); Rachel Cook (Staff Governor); Margaret Eaglestone (Membership and Engagement Manager); Tim Ellison (CFR Governor); Hilary Foley (Governor); Laura Hinsley (Head of Public Sector Audit-England/Public Sector External Audit); Tony Jones (Governor); David Luckett (Public Governor, Hampshire); Helen Ramsay, (Public Governor, Oxford & Lead Governor); Gill Hodgetts (Director of Communications, Marketing & Engagement); Nick Smith (Marketing and Communications Manager); Tom Stevenson (Deputy Director of Communications, Marketing and Engagement); Alan Weir (Staff Governor, Corporate); Susan Wall (Corporate Governance Manager).

Apologies

The Annual Members Meeting was attended by a number of staff, Governors, volunteers and members of the public.

ANNUAL MEMBERS MEETING

Welcome and introduction

Keith Willett, Chair, opened the meeting by welcoming all attendees and expressing appreciation for their participation. He noted that the agenda was extensive and emphasised the importance of keeping to time so that all items could be covered effectively. Keith Willett explained that the meeting would be recorded to ensure accuracy in the preparation of minutes and confirmed that this was acceptable to participants. He highlighted that there would be opportunities for questions later in the meeting, specifically after the financial review and again before the close of the session. Keith Willett then introduced the Chief Executive, David Eltringham, inviting him to present a review of the year.

AMM 2024/25 SCAS Review of the Year

David Eltringham, Chief Executive Officer, began his presentation by expressing pride in leading South Central Ambulance Service and reaffirmed the organisation's commitment to delivering the best possible care for patients and communities. He outlined the strategic focus areas, which include patient safety, staff wellbeing, performance standards, and financial sustainability. David Eltringham explained that SCAS operates across three main service lines: NHS 111, which provides advice and access to care; Patient Transport Services (PTS), ensuring patients attend appointments and return home safely; and the 999 emergency service, which includes call handling, frontline ambulance response, and specialist teams such as hazardous area response units.

He shared key statistics for the year, noting that SCAS serves a population of 3.6 million across Buckinghamshire, Oxfordshire, Berkshire, and Hampshire, supported by approximately 4,300 staff and 845 volunteers. The fleet comprises around 1,200 vehicles, with plans to introduce electric ambulances as part of sustainability efforts. Activity levels included 620,000 999 incidents, 1.4 million NHS 111 calls, and 820,000 PTS journeys. David Eltringham highlighted improvements in operational performance, including a reduction in Category 2 response times and faster call answering, while acknowledging ongoing challenges such as hospital handover delays and the need to modernise the fleet.

He emphasised cultural development initiatives, including a review of organisational values and the introduction of a behaviours framework to strengthen accountability and leadership. David Eltringham also celebrated achievements such as the successful volunteer conference, leadership development programmes, and Ofsted's upgrade of SCAS's educational provision to "Good." Looking ahead, he outlined strategic priorities focused on partnership working, technology innovation, and continued improvement in patient care. He concluded by thanking staff and volunteers for their dedication and resilience during a challenging year.

Auditors report

Laura Hinsley, Head of Public Sector Audit, Azets, provided an overview of the external audit findings for the financial year ending 31 March 2025. She confirmed that the auditors issued an unqualified opinion on the Trust's financial statements, meaning that the accounts were considered accurate and presented a true and fair view of the organisation's financial position. Laura Hinsley highlighted that this outcome reflects significant progress compared to previous years, particularly in strengthening governance arrangements and improving financial sustainability.

She noted that the Trust successfully met the national audit timescales for the first time in three years, which she described as a major achievement and a clear indication of improved internal processes and collaboration between the finance team and auditors. Laura Hinsley commended the finance team for their proactive approach and responsiveness throughout the audit process.

In addition to confirming the positive opinion, Laura Hinsley outlined several recommendations for continuous improvement. These recommendations are designed to support the Trust's ongoing journey toward enhanced financial resilience and operational efficiency. She assured attendees that none of the recommendations were critical issues but rather part of a broader improvement plan. Laura Hinsley concluded by encouraging management to maintain the momentum achieved this year and confirmed that progress against these recommendations will be reviewed during the next audit cycle.

Financial review and accounts

Stuart Rees, Chief Financial Officer delivered a comprehensive financial review for the year ending 31 March 2025. He began by reporting the headline position: the Trust achieved a £4.6 million surplus against its control total, which was a significant milestone in line with the agreed financial recovery plan. However, Stuart Rees clarified that this surplus was supported by non-recurrent funding and system brokerage, and the underlying position remained a deficit. He reassured attendees that the organisation was on track to eliminate this deficit and achieve a break-even position by the end of the current financial year.

Stuart Rees outlined the key financial figures for the year. Total income amounted to £380.8 million, while expenditure stood at £353.2 million. He highlighted that the Trust maintained a strong cash balance of £28 million at year-end, reflecting prudent financial management. Capital investment during the year totalled £5 million, with spending focused on modernising the fleet, upgrading IT infrastructure, and improving estates to support operational efficiency and patient care.

He also discussed progress on the financial recovery plan, noting that the Trust had a savings target of £20.4 million for the year and was on track to deliver this. Stuart Rees emphasised that achieving these savings required difficult decisions, including

structural changes and cost containment measures, but stressed that these actions were essential to secure long-term sustainability. He concluded by thanking staff across the organisation for their commitment and contribution to the recovery plan, acknowledging that their efforts had been critical in reaching this improved financial position.

AMM 2025 Service Presentation – Hospital Handover Improvements

Mark Ainsworth, Executive Director of Operations and Simon Barson (Chief Operating Officer, Portsmouth Hospitals University NHS Trust) presented the update.

Mark Ainsworth began by outlining the significant challenges faced with ambulance handovers across the region, particularly at Queen Alexandra Hospital in Portsmouth. He explained that delays in transferring patients from ambulances into hospital care had a major impact on patient safety and service efficiency. At times, ambulances were waiting outside hospitals for up to four or five hours, creating bottlenecks that affected the entire patient pathway from initial contact to admission. These delays were driven by hospital capacity issues, limited pathways for patient flow, and high demand on emergency services.

To address this, SCAS worked collaboratively with Integrated Care Board colleagues and acute hospital partners to implement a new process aligned with NHS England's directive to reduce handover times to under 45 minutes. Workshops were held across Hampshire, Berkshire, Oxfordshire, and Buckinghamshire to agree on operational changes. A key improvement was the introduction of a policy whereby patients would be brought into the emergency department after 45 minutes, allowing ambulances to be released promptly to respond to other emergencies. Additionally, SCAS focused on alternative care pathways, such as same-day emergency care units, urgent treatment centres, and walk-in clinics, reducing unnecessary admissions to emergency departments. As a result, approximately 5% of patients are now conveyed to non-ED locations, with some areas achieving even higher rates.

Mark Ainsworth presented data showing dramatic improvements at Portsmouth Hospital. Average handover times fell from around 90 minutes in September to just 16 minutes by December, and further improvements brought this down to approximately 14 minutes by August. This change released over an hour per patient back into frontline response, significantly improving ambulance availability. Category 2 response times also improved, dropping from 48 minutes to 19 minutes during the same period.

Simon Barson then described the hospital's role in supporting these improvements. He emphasized that while the opening of a new emergency department in November was helpful, the solution required a whole-system approach rather than relying solely on infrastructure. The new department, three times larger than the previous facility, included key enhancements such as doubling the resuscitation bays from four to eight

and adding two CT scanners to support critical pathways like stroke care. All 49 major treatment spaces were designed as individual side rooms to improve infection control.

Simon Barson highlighted operational changes that reduced patient movement within the department, cutting unnecessary transfers and improving efficiency. The hospital adopted a clinically driven approach to ensure patients were admitted to the right ward first time and at pace, even if this meant accepting managed risk on wards rather than leaving patients waiting in ambulances. He also noted ongoing challenges, including improving access to same-day emergency care units and accelerating discharge processes to free up beds earlier in the day. Future priorities include realigning bed capacity across specialties and strengthening collaboration with SCAS to ensure patients only attend hospital when absolutely necessary.

Mark Ainsworth and Simon Barson stressed that these improvements were the result of strong partnership working, cultural change, and shared leadership across organisations.

Keith Willett commended the scale of the achievement, noting that the changes were not only implemented but sustained, delivering tangible benefits for patient care and ambulance service performance.

AMM 2025 Council of Governors' Review of the Year

Helen Ramsay opened her presentation by expressing her privilege in serving as Lead Governor for South Central Ambulance Service (SCAS) and as Public Governor for Oxfordshire. She explained the dual role of governors: firstly, to represent the interests of members and the public, and secondly, to hold non-executive directors (NEDs) to account for the performance of the Board. Helen highlighted that governors act as a vital link between the Trust and the communities it serves, ensuring transparency and accountability.

She described the governance structure, which includes the Board of Directors comprising executive and non-executive members and the Council of Governors, which represents public, staff, community first responders, and appointed governors. Both groups report to the Chair, creating a framework that supports effective oversight and engagement. Helen Ramsay emphasised that governors actively participate in Board meetings, observe committee sessions, and undertake visits to operational sites such as call centres and ambulance stations. These activities enable governors to understand service delivery and challenge the Board constructively.

Helen Ramsay reported that SCAS currently has over 8,000 members and encouraged attendees to join if they had not already done so. Membership is free and provides access to news, campaigns, and events. She showcased examples of engagement initiatives, including health education events, CPR demonstrations, and collaborations with community organisations to address health inequalities. Helen stressed the importance of reaching underrepresented communities and shared

examples of outreach work with minority groups, such as African families and the Pakistani community, to ensure their voices influence service design.

She also addressed the upcoming governor elections, noting several vacancies across public and staff categories. Helen urged members to consider applying, highlighting the opportunity to contribute to shaping the future of SCAS. She acknowledged concerns raised by the NHS 10-year plan, which proposes changes to the Foundation Trust model and potentially the governor role. However, she reaffirmed the critical importance of governors in maintaining accountability and public engagement, particularly in tackling health inequalities and promoting diversity.

Helen Ramsay concluded by thanking current governors for their dedication and encouraging wider participation to strengthen representation. She reiterated that governors play a unique and essential role in bridging the gap between the Trust and the communities it serves.

AMM 2024 Question and Answer Session

Keith Willett invited questions from attendees following the presentations. Councillor Drew raised two key points. First, he asked whether survival rates could be shared alongside response time data, noting that while rapid attendance is important, patient outcomes such as survival following major trauma are the ultimate measure of success. He highlighted scenarios where early arrival by a first responder might meet time targets but not improve survival, compared to later arrival by an air ambulance equipped with advanced interventions. Councillor Drew suggested that publishing survival statistics would provide a more meaningful picture of performance.

In response, Duncan Robertson, Chief Paramedic, explained that SCAS monitors cardiac arrest survival rates as part of its integrated performance reporting. He noted that national survival rates for out-of-hospital cardiac arrest hover around 10–11%, while SCAS achieves approximately 9–10%. Duncan emphasized that the most critical factors for survival are early chest compressions and defibrillation, regardless of who delivers them. He stressed the importance of community involvement and first responders in initiating these interventions before ambulance crews arrive. Duncan also mentioned the rollout of the GoodSAM app, which will enable trained volunteers and members of the public to respond to nearby cardiac arrests, further improving early intervention.

Councillor Drew's second question concerned the availability of a successor to the "Save a Life" app, which previously mapped public defibrillator locations. Gillian Hodgetts confirmed that the original app helped establish a national database called The Circuit, developed in partnership with the British Heart Foundation. This web-based platform now provides comprehensive coverage of defibrillator locations across the UK and is integrated with SCAS control rooms to guide callers during emergencies. Gillian acknowledged the need for a mobile app version and confirmed that work is underway to make The Circuit more accessible on smartphones.

John Black added that registering public access defibrillators on The Circuit is vital, as it allows emergency call handlers to direct bystanders to the nearest device during cardiac emergencies, potentially saving lives. Keith Willett thanked contributors and reiterated the importance of outcome-focused measures and community engagement in improving survival rates.

AMM 2025 Closure of Annual Members Meeting

- Annual Report, Quality Accounts, and Audit Report available on the SCAS website.
- Questions can be submitted via: communications@scas.nhs.uk

DRAFT

TRUST BOARD ACTION LOG						Status
Minute Ref:	Agenda Item	Action	Owner	Due Date	Update	
Meeting Date: 25 September 2025						
TB/25/17	Register of Interests	Register to be reviewed and declarations that are no longer relevant and over 6-months old to be removed	KA	27.11.25	Register updated.	CLOSE
TB/25/18	Fit for the Future Strategic Framework	Further views/comments to be provided to KH	ALL	27.11.25	Reporting style and schedule now agreed via EMC and up to the Trust Board. This will be scheduled into the board cycle of business	CLOSE
TB/25/19	IPR	Volume to be added to the ACQIs in the report	DR	27.11.25	Volumes of cases are available for the cardiac arrest and resuscitation section of the IPR and this will be updated. For STEMI and Stroke, data on volumes is not part of the monthly downward report and will require further work from BI to scope this.	ONGOING
TB/25/20	Hampshire & Isle of Wight Green Plan	DE and DRC to discuss Lead Commissioner arrangements and impact on Green Plan	DE/DRC	27.11.25	Active dialogue in place with Surrey and Sussex and HIOW ICB's on commissioning arrangements for 25/26. Green Plan commitments form part of these discussions. SCAS supporting SECAmb within partnership arrangements	CLOSE
Meeting Date: 31st July 2025						
TB/25/13	IPR	Discussion to take place at EMC in relation to the development of cultural KPIs for inclusion in the next iteration of the IPR	DH	25.09.25	Metrics have been discussed and are agreed as part of the culture & leadership programme of work. Further work is required as to when we should commence reporting. It anticipated we should commence in Q3.	ONGOING

TB/25/16	BAF	Format/presentation of BAF to be reviewed	BS	25.09.25	BS and MM agreed to meet to discuss re-formatting ahead of the next Audit Committee.	OPEN
Meeting Date: 29 May 2025						
TB/25/007	Board Site/Service Visits	EMC to discuss current process, how observations/improvement areas can be fed back and followed up and define a framework	BS	31.07.25	Discussion is underway between Corporate Governance and Quality Team. A revised framework for board/senior leadership visits will be presented to the next meeting.	OPEN
Meeting Date: 27 March 2025						
TB/25/005	IPR - BAME staff representation	Clarity to be provided in relation to what actions we are intending to take to increase BAME representation across the bandings	DH/ND	29.05.25	Being reviewed as part of Trust EDI action plan. Upwards report to PACC in July 2025 meeting	

Meeting Report

Name of Meeting	Trust Board of Directors Meeting in Public
Title	Chair's update
Authors	
Accountable Director	Keith Willett, Chair
Date	27 th November 2025

1. Purpose

The purpose of this Chair Report is to inform the Board of stakeholder engagement and site visits since the Board held in September 2025.

Since the last Public Board meeting, I have undertaken the following visits and stakeholder meetings:

October 2025

- SCAS Cultural Improvement Review (AACE)
- Board-to-Board Discovery Meeting with SECAmb
- C19 Inquiry Module 8
- SCAS Membership an Engagement Committee
- SCAS/SECAmb Board-to-Board
- SCAS Annual Members Meeting
- SASC CEO and Chair Meeting
- SCAS Volunteer Conference and Awards
- Meeting with J Benger (NICE)
- SCAS Council of Governors
- HAC and Unit Cdr Conference, RAF Henlow
- SCAS CPO Stakeholder Panel Meeting
- SCAS Trust Board Seminar

November 2025

- All Staff SCAS/SECAmb Collaboration Update
- Speak for Schools: Ruislip High School
- CQC/NHSP Trust Well Led Reference Group
- NHSE Covid Legal Team Meeting
- BLMK Leaders and Chairs meeting
- Thames Valley Designate Monthly Meeting
- RAF Medical Service Symposium
- SCAS Remuneration Committee
- Second BOB Frimley System leadership Event
- Bruce Keogh Working Dinner
- BLMK ICS Research an Innovation Network Meeting

Other

- SCAS Team Brief Lives
- NED 1:1s

Recommendation

The Board is invited to **note this report**.

Trust Board of Directors Meeting in Public 27 NOVEMBER 2025	
Title	Chief Executive Officer's Report
Report Author	David Eltringham, Chief Executive Officer
Executive Owner	David Eltringham, Chief Executive Officer
Agenda Item	6
Governance Pathway: Previous	None – the paper is for the Trust Board
Governance Pathway Next Steps	As above

1. Purpose

The CEO report provides an update on internal trust matters, including organisational performance and seeks to bring to the attention of the board areas to note relating to system-wide and national developments.

2. Executive Summary

National Context

In line with the 10-Year Plan, which set out the aspiration for all Trusts to become Foundation Trusts by 2035, NHS England has published further details on the Advanced Foundation Trust Programme. The aim of the programme is to reward and incentivise good performance and provide greater flexibility and freedoms. This aligns with the new rules-based approach set out in the NHS Oversight Framework, which in turn determines Trust segmentation. [The Guide for Applicants](#) was published on the day this report was written, and NHSE is seeking feedback from providers. This will be discussed at EMC and any feedback from the executive team will be provided.

Recovery Support Programme

Since my last report, the executives have presented the progress that we have made since entering the Recovery Support Programme to colleagues in the ICB and the NHSE regional

team. They will be making a recommendation as to whether we have made sufficient progress to exit the programme. An announcement about this is expected following a meeting of the national review team on 27th November. I am proud of the improvement work that we have undertaken, particularly around patient safety and governance and the fact that we now have a robust approach to improving our organisational culture. I am clear that when we do exit the Recovery Support Programme, our improvement journey will need continue with at least the same focus and pace as it has to date.

Collaboration with South-East Coast Ambulance Service (SECAmb)

We have been working in collaboration with colleagues SECAmb for the past 18 months to share and embed best practice across our two organisations with the aim of improving the quality of care we offer to our population.

This has already proved beneficial across a number of our operational and corporate services and our respective Trust Boards have recently agreed that we should move to a Group Model. This includes the decision to appoint a single Chair and a Group Chief Executive Officer to lead the two organisations. Whilst there are already several NHS providers operating within group models in the NHS, this is a first for the ambulance service. This approach reflects the move to a Single Strategic Commissioner for ambulance services across the NHS South East region and will ensure that there is a single commissioning model and a standardised approach to the delivery of ambulance services for the communities we serve.

An open recruitment process for the Group Chair will commence shortly, and the newly appointed Chair will lead the recruitment of the Group Chief Executive Officer. It is important to note that the two organisations will remain separate legal entities and will retain their own boards of directors. The Group Chair and Chief Executive will take the lead on establishing the governance and operating model for the Group.

Operational Performance

As an executive team, we retain a strong focus on achieving category 2 performance as a key safety measure. Achieving the targets set out in our Operating Plan ensures we are able to provide life saving emergency care to our patients.

As detailed in our Integrated Performance Report, during November our category 2 mean response time was 31mins and 54seconds – this was 11 seconds ahead of the planned position for the month and sees our year-to-date performance at 28:37 against an end of year plan of 29:49, so ahead of plan year to date. As we are approaching winter, we are already beginning to see increased activity and congestion in the Emergency Departments in our partner organisations. We have undertaken a careful planning exercise to ensure that we have the resource that we need to meet predicted demand over the winter period, and I would like to publicly report that the trust board formally approved the Winter Plan submission at the October private meeting to ensure that we could meet the national submission deadline.

Our Hear & Treat performance continues to deliver above plan, and this is a key contributor to ensuring that we only send an ambulance and convey patients that need hospital treatment. This is better for patients from an experience perspective and ensures that ambulance crews remain available to attend to patients in need of emergency and urgent care. We will continue to monitor delivery of our Winter Plan and to work with our partner organisations so that we can respond to operational pressures as they arise.

Financial Performance

The trust remains on track to deliver year 3 of its Financial Recovery Plan. A number of unforeseen cost pressures have arisen in-year and are making the position incredibly challenging. We continue to make difficult decisions and to strike a careful balance between operational performance, financial performance and ensuring that quality of care is not impacted. The executive team continue to monitor the financial position on a weekly basis and collectively own the challenge of ensuring that we deliver on our commitment to

deliver a break-even position at year end. This will ensure our financial sustainability going forwards and contribute to the delivery of the Hampshire and Isle of Wight system plan.

People & Culture

- Leadership Development**

As part of our Fit for the Future (FFF) integrated improvement plan we have developed workstreams to improve the culture of our organisation and the experience of our staff. One of those workstreams focuses on leadership development. As a key element of this, the executive team recently held a Senior Leadership Event which brought together our senior leadership community from across the organisation. The focus of the event was our closer working with SECAmb colleagues, but the event evaluated well, and we have taken the feedback provided by colleagues and will use this to inform future events, which will be held regularly.

- Flu Vaccinations**

Our Flu Vaccination campaign is well underway, and we have a number of colleagues who are trained vaccinators, across all of our sites. Linked to operational performance, we are already seeing an uptick in cases of flu, which is creating demands on our services and those of our partner hospitals. We are actively encouraging all our staff to have a flu vaccination to protect themselves, their families and our patients and we regularly report our position to the ICB.

- Staff Survey**

At the time of writing this paper, our response rate is 43% which is not where we would like it to be. The executive team are focusing on encouraging colleagues from across the trust to complete the survey, as it is an important mechanism for us to understand where there are challenges and where we need to make improvements. Our message is that we are listening, and we want to hear from colleagues across the organisation, so that we can review and calibrate our existing People & Culture plans and ensure they are addressing the areas that colleagues are most concerned about.

3. Areas of Risk

Areas of risk have been highlighted throughout this paper and the risks around our financial position, operational performance and people and culture are linked to our strategic themes and the corresponding BAF risks.

4. Link to Strategic Theme

As indicated above, this paper links to all our strategic themes.

5. Link to Board Assurance Framework Risk(s)

This paper links specifically to:

- (SR16) Operating Model
- (SR19) Efficiency and Productivity Plans
- (SR24) Finance
- (SR22) Staff Engagement
- (SR23) Leadership

6. Quality/Equality Impact Assessment

Not required for this paper but elements of the work referred to will be subject to QIA/EIA as appropriate.

7. Recommendations

The board is asked to NOTE the update and to RAISE any questions arising.

For Assurance		For decision		For discussion		To note	x
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SCAS Trust Board of Directors
27 November 2025

Title	Patient Story
Report Author	Christine Asare-Bosompem, Head of Safeguarding
Executive Owner	Helen Young, Chief Nurse
Agenda Item	7
Governance Pathway: Previous	N/A
Governance Pathway: Next Steps	N/A

1. Purpose

The purpose of the presentation is to share a patient story with the public board meeting.

2. Executive Summary

This case involved a student paramedic who contacted the safeguarding team for reflection after attending a call for a 24-year-old female initially reported as unconscious. Prior police welfare checks had already highlighted existing safeguarding concerns.

The crew ensured the patient's immediate safety, provided appropriate care, and addressed urgent risks. They also assessed the patient's accommodation and vulnerability before making a safeguarding referral to initiate protective measures.

The outcome included:

- Collaborative Safeguarding:
The Local Authority Safeguarding Team and police worked together to address exploitation concerns effectively.
- Multi-Disciplinary Team Efforts: Meetings focused on investigating possible abuse and identifying safer accommodation options, such as shelters and rehabilitation placements.

This case demonstrates the importance of safeguarding referrals, professional curiosity, and escalation protocols to ensure patient support through multi-agency collaboration, as well as the value of reflection for feedback and learning

3. Areas of Risk

- Safeguarding Escalation: Risk of delayed or missed referral if professional curiosity is not maintained.
- Reputational and Quality Risk: Failure to act promptly could impact trust compliance with safeguarding standards

4. Link to Strategic Theme

Clinical Effectiveness

5. Link to Board Assurance Framework Risk(s)

SR14 - Quality Performance

6. Quality/Equality Impact Assessment

N/A

7. Recommendations

- The Board is asked to receive the presentation for noting

For Assurance	For decision	For discussion	To note	x
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Safeguarding Story

A structured approach to effective problem resolution

SITUATION

- A student paramedic sought reflection from the safeguarding team after attending a call for a 24-year-old female
- Crew including the student Paramedic attended a call involving a 24-year-old female initially reported to be unconscious.
- Prior Welfare Checks
- Police conducted earlier welfare checks, highlighting existing safeguarding concerns.
- Erratic Patient Behaviour
- Patient showed signs of distress by knocking on random doors, indicating instability.
- Risky Interactions
- Presence of two males, one aggressive and one overly familiar, raised exploitation concerns.

TASK

Immediate Patient Safety

- Ensure the patient's immediate safety by providing appropriate care and addressing urgent risks.

Risk Assessment

- Assess risks related to the patient's accommodation and vulnerability, including recent drug use and other people staying in the accommodation to ensure the patient's safety.

Professional Curiosity

- Maintain professional curiosity to identify exploitation and safeguarding concerns.
- Escalation and Multi-Agency Support
- Escalate safeguarding concerns through correct channels to ensure patient support via multi-agency collaboration.

ACTION

Safeguarding Referral

- Crew made a referral to authorities to initiate protective measures for the patient.

OUTCOME

The case was deemed high risk by the local MASH, which immediately allocated a social worker to the patient. The referral resulted in the following outcomes:

Collaborative Safeguarding

- The Local Authority Safeguarding Team and police worked together to address exploitation concerns effectively.

Multi-Disciplinary Team Efforts

- Multi-disciplinary meetings were held to investigate possible exploitation and abuse of the adult at risk. These meetings also focused on identifying safer accommodation options, such as shelters and rehabilitation placements

Student Paramedic Follow-Up

- Outcome of the safeguarding referral was shared with the student paramedic to provide feedback, offer closure, and reinforce the support system in place.

Best Practice in Care

- The case highlighted importance of safeguarding referrals, professional curiosity, and escalation protocols.



Any questions?

Upward Report of the Finance & Performance Committee

Date Meeting met 23rd October 2025
Chair of Meeting Les Broude, Non-Executive Director
Reporting to Trust Board

Items	Issue	Action Owner	Action
Points for escalation			
No specific points for escalation.			
Key issues and / or Business matters to raise			
Integrated Performance Report	Good performance in Hear & Treat continues which supports category 2 performance. The Chief Paramedic gave assurance that patient safety was being carefully monitored and that a draft audit report provided assurance in relation to re-contact with the service. The Quality & Safety Committee is also monitoring this.	MA	None required – for noting
Workforce Performance Plan	The need for balance between workforce costs and cost savings continues and it was noted that the over-establishment in Hampshire and the under-establishment in Thames Valley and requirement for movement of resource is	MA	None required – for noting

	proving challenging from an operational and workforce relations perspective.		
Emergency Preparedness, Resilience & Response Return	The committee recommended the approval of the trust's self-assessment against the EPRR standards to the Trust Board for approval, having been assured that the self-assessment process was robust and there were plans in place to address areas where insufficient evidence was available to declare compliance.	MA	Trust Board approval given at the October private board meeting due to deadline for return.
Fleet Update	The committee received an update against the Improvement Plan aimed at reducing VOR rates from the current KPI of 23% to 10%. It was noted improvement was heavily dependent on the opening of a third workshop and the delivery of new fleet.	MA	None required – the committee will continue to monitor the improvement plan and VOR performance is set out in the IPR
Areas of concern and / or Risks			
Cost Improvement Plan (CIP) Delivery	Executives presented their current CIP performance and plans. Assurance was given that there is collective ownership of closing the gap but risks to delivery of CIPs and the overall financial plan remain, particularly given additional cost pressures that have arisen in year.	All executives	No additional action is required. Regular oversight at EMC.
Items for information and / or awareness			
Mutal Agreed Resignation Scheme (MARS)	EMC has approved the launch of MARS, which is line with the national policy and other system partners. There are no financial implications arising from this.		
Best Practice and / or Excellence			

None identified			
Compliance with Terms of Reference			
Compliant	The meeting was quorate and all items on the agenda were pertinent to the committee's terms of reference	N/A	N/A
Policies approved*			
None			

***Note** - The Board Committee will provide an update to the Board about those Policies that it has ratified

Trust Board of Directors Meeting in Public
27 November 2025

Title	Integrated Performance Report (IPR)
Report Author	Tina Lewis, Head of Performance & Planning
Executive Owner	Stuart Rees, Chief Finance Officer
Agenda Item	9
Governance Pathway: Previous	Executive Management Committee
Governance Pathway Next Steps	Finance & Performance Committee

1. Purpose

The Integrated Performance Report (IPR) provides a comprehensive overview of the Trust's performance across key areas, including **Operational Performance, Quality & Safety** and **People**. This report covers October 2025, the seventh month of the financial and operational year.

The IPR provides valuable insights on where the Trust is delivering as expected and highlights areas requiring process redesign and resource adjustments to meet targets and improve performance.

2. Executive Summary

Governance of the IPR follows a structured escalation pathway: post-review by the Executive Management Committee (EMC) and Trust Board, any escalations are directed to the relevant sub-committees.

Further work has been undertaken on a monthly scorecard, sitting above the IPR and linking to the Trust's Strategic aims, to aid in the Trust's Performance Delivery. Table 1a & 1b provide the highlights for October 2025 and will be included as part of the Performance Review discussions held in November, with Operational leads.

Table 1a – October 2025 Highlight Report

Tier 1 & 2 and IPR Operational Perf - Highlighted Areas - segmentation			Oct-25			
	Target / QTR2	Sep-25	SCAS	South 999	North 999	EOC
Clinical Effectiveness	Category 1 mean	00:07:00	00:08:36	00:08:33	00:08:27	00:08:37
Clinical Effectiveness	Category 2 mean	00:30:00	00:30:44	00:31:54	00:30:27	00:33:04
Clinical Effectiveness	Average Handover time	00:15:00	00:17:37	00:19:31	00:19:51	00:19:18
Clinical Effectiveness	% Handover within 15 mins	60%	52.0%	44.6%	50.4%	40.1%
Clinical Effectiveness	See & Treat %	33%	29.7%	29.3%	29.8%	29.0%
Clinical Effectiveness	See, Treat, Convey - ED %	45%	52.1%	48.0%	50.3%	46.2%
Clinical Effectiveness	See, Treat, Convey - non ED%	4%	4.0%	3.9%	3.1%	4.5%
Clinical Effectiveness	Hear & Treat %	18%	18.2%	18.8%	16.8%	20.3%
Clinical Effectiveness	999 Call answer	00:00:10	00:00:06	00:00:05		
Clinical Effectiveness	111 Call Answer	95%	77.0%	80.0%		
Clinical Effectiveness	ROSC All	25.80%	25.8%	25.0%		
Clinical Effectiveness	CA Survival All	8.90%	10.1%	10.6%		
Clinical Effectiveness	Safeguarding Level 1	95%	95.8%	96.2%	99.0%	98.0%
Clinical Effectiveness	Safeguarding Level 3	90%	94.6%	94.1%	97.0%	95.0%
Culture & Leadership	Vacancy rate	0.20%	-2.39%	-1.64%	-1.00%	1.00%
Culture & Leadership	Turnover rate	17.70%	16.82%	17.49%	7.41%	9.12%
Culture & Leadership	% BAME	8.86%	8.56%	8.63%	4.00%	5.00%
Culture & Leadership	% Disabled	9.54%	10.74%	10.88%	10.77%	11.40%
Culture & Leadership	Long term sickness	3.50%	4.0%	4.0%	3.5%	4.3%
Culture & Leadership	Total Sickness	6.20%	6.55%	6.72%	6.48%	7.15%
Culture & Leadership	PDR Compliance	95%	82.4%	85.4%	87.4%	89.8%
Culture & Leadership	Meal Break Compliance	85%	68.1%	66.9%		
Culture & Leadership	Shift over-runs	15%	15.1%	16.6%		
Quality inspection audit: Non Compliant (Blue)		8	11	4	1	
Quality inspection audit: Compliant (Bronze / Silver)		19	20	8	10	
Enabling	% VOR	35%	39.0%	41.90%		
					Documentation In progress	

Table 1b – October 2025 Finance and Workforce

	SCAS		Oct 25 - Operational Detail			
	Sep-25	Oct-25	South 999	North 999	EOC	111
Finance						
CIP performance (against plan) - £	55,716	176,688		-36,581	77,860	163,122
Variance YTD to financial plan - £	0	28,042	327,410	374,260	168,965	3,171
Planned surplus / Defit £'000	-197	-2,447	6,371	5,084	2,428	3,253
Relative difference in costs £'000	0	-210	-212	8	101	217
Workforce						
WTE	3843	3815	910	1052	328	301

Key Highlights form the October reporting period:

This month's report has included the first stage of changes to metrics that have been agreed by Executives and their IPR Champions. New metrics have been added in Operations and People; whilst several of the Quality and Safety metrics have been revised to incorporate activity within the denominator. Further work is required to complete the agreed changes for next month's (November 2025) report, when the IPR will be locked down again until the end of the financial year.

Reporting of trajectories and action plan assurance are included in **Appendix 1**. Once all revisions to metrics have been made, this Appendix will be refreshed to align.

1. Operational Performance:

- **Response Times (Categories 1–3):** All categories follow the same trend
 - **Category 1 mean & 3 90th:** National targets of 7 minutes and 2hrs, respectively remains unachievable without redesign.
 - **Category 2:** Target not met for the second month and slightly below plan
- **Handover / Clear up:** Average handover times and compliance to the 15 min target have declined and the targets cannot be achieved. However, with the extra time taken up with handovers, there has been a corresponding improvement in average clear up times.
- **Patient Outcomes:** HT% has continued to improve month on month, whilst all other patient outcome metrics are declining and cannot achieve the target without redesign.
- **999 Call Centre:** Call answer and abandonment rate are consistently delivering better than target
- **111 Services:** All metrics continue to operate as expected, however, % call back remains unachievable without a process redesign.
- **Patient Transport Service (PTS):** All metrics are operating as expected, however, to note “Patients arrived to within time” is on a downward trajectory.
- **Vehicle Off Road:** The proportion of our vehicles available for deployment continues to fall, negatively impacting on response capacity

2. Quality & Safety:

- **Clinical AQI's:** Performance is for June 2025 and continues to follow expected variation.
- **Safeguarding:** Both Level 1 (all Staff) and Level 3 (patient facing staff) continue to exceed the target.
- **Hand hygiene & Vehicle Cleaning:** Compliance continues consistently deliver in line with their respective targets. The number of hand hygiene audits appears to have spiked significantly in October and needs to be confirmed.
- **Patient Safety:** The Trust continues to monitor its response to Patient Safety via PSIRF and Datix, with all metrics performing as expected

3. People:

- **Whole Time Equivalents (WTE) and Vacancy Rates:** continue to move towards targets, the Trust overall remains over established.
- **Sickness:** Overall, long-term, and short-term sickness continue to deliver as expected, with a high level of variance.
- **Meal break and End of Shift compliance:** The current target for meal breaks is not achievable without a process redesign, however, shift overruns remain within expected variation.

- **Staff Appraisal:** This remains unachievable unless action is taken and continues to decline.
- **Statutory & Mandatory training:** This metric is now included based on a revised definition. As it is not possible to obtain historical data, so the chart currently contains only 2 data point.

Upcoming Changes, Developments

- Work will continue on version 2 of the Board IPR and the initial People and Culture Committee (PACC) papers.
- Gaps remain within the Stroke AQI data and work is on-going to back date this.
- Continued work with IPR Champions network to further improve narrative and forward view action plans.

Linkage of IPR to the NHS Oversight Framework (NOF)

The NHS Oversight Framework (NOF) for 2025/26, published in June 2025, introduces a more objective and transparent approach to provider oversight, moving responsibility from ICBs to NHS England. This shift aims to ensure consistency, accountability, and improved performance across providers.

Key Changes

- **Segmentation Model:**
 - Replaces judgment-based approach with six domains of scoring metrics aligned to 2025/26 delivery priorities.
 - Financial override applies—only financially stable organisations can achieve Segments 1 or 2.
- **Leadership Capability Assessments:**
 - Conducted alongside segmentation to inform oversight response but not scoring.
- **League Tables:**
 - Publicly available rankings for Ambulance, Mental Health/Community, and Acute providers based on metrics.
- **Incentives & Consequences:**
 - High performers gain autonomy; challenged providers receive intensive support via NPIP.
- **Current Segmentation (South East)**
 - Segment 1: 5 providers
 - Segment 2: 3 providers
 - Segment 3: 10 providers
 - Segment 4: 3 providers
 - Segment 5 (NPIP): 7 providers
- **Provider Oversight Transition**
 - Regional implementation in partnership with ICBs; formal sign-off by regional leadership completed.

- Transition to NHSE direct oversight from April 2026 with risk-based stratification and tiering.
- Enhanced oversight for segments 3–5, including bespoke meetings and improvement plans.
- **National Provider Improvement Programme (NPIP)**
 - Focuses on providers with multiple challenges and low capability.
 - Assesses five “conditions of success”: effective leadership, governance, staff engagement, shared improvement approach, and financial/workforce stability.
 - Duration: 6–9 months with Integrated Improvement Plan (IIP) and capacity assessment.
- **Next Steps/Timetable**
 - Continue quarterly ICB oversight meetings while shifting focus to strategic commissioning.
 - Develop draft NOF for 2026/27 by December 2025, aligning metrics with planning guidance and refining quality scoring.
 - Publication expected before April 2026.
 - Timeline:
 - 13 Nov - South East Regional Executive Team (SERET) approval.
 - W/C 17 Nov - Discussions with providers where we have disagreed with self-assessment
 - 24 Nov - Submit to national
 - 1 Dec - National moderation
 - W/C 8 Dec - Formal feedback to providers.
 - W/C 15 Dec - Published with league tables.

3. Areas of Risk

Main areas of risk for the development of the IPR, relate to:

- Ensuring that the People and Culture metrics for PACC are agreed and in line with the Trusts requirement to deliver against the Leadership and Culture Improvement plan and to support improvement against national oversight Segmentation metrics relating to staff engagement and advocacy.
- Technical ability to automate metric production, particularly as the IPR roles out into Committee, Divisional and Sector reporting

4. Link to Strategic Theme

Partnerships and Sustainability

5. Link to Board Assurance Framework Risk(s)

6. Quality/Equality Impact Assessment

Not required

7. Recommendations

The Board is asked to:

- Note this paper and the associated IPR document

For Assurance	✓	For decision		For discussion	✓	To note	✓
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Appendix 1 – Annual Action Plan Tracker – Version 2

The action tracker that follows is designed to provide assurance to the Trust Board of the following for each of the metrics included with the Integrated Performance Report (IPR):

- 1) A plan exists to either move from current to the improved target position or to maintain existing compliance
- 2) Details of the relevant Trust Sub-Committee that is providing oversight on the progress of delivery against target / trajectory and where mitigating plans are discussed and approved.

The details contained within this tracker have been based on the following:

- a) Approved national, contractual, or locally agreed year end position targets. These are the targets that are included within the IPR.
- b) Trajectories as per approved either:
 - a. As part of the 25/26 Trust Annual plan
 - b. As per detailed Tier 1 (Strategic) or Tier 2 (Tactical) programme deliverables.

It is expected that once approved this document remains unchanged for the duration of the 2025/26 Financial year.

If circumstances arise that do require the Trust to make a change to either the Targets or the Trajectories, these will be subject to a Change Control approval process and details of any updates including rationale will be documented as part of a revised version.

Abbreviations:

FPC Finance and Performance Committee

Q&S Quality and Safety Committee

PACC People and Culture Committee

Internal References:

1. Strategic Framework Annual Plan – Board April 2025
2. IPR Target & Trajectory documentation



Operations Performance – 999 Response Times / Utilisation

Metric	Target	Trajectory													Sub-Committee
Cat 1 mean ¹	0:07:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY	
		00:08:33	00:08:52	00:08:45	00:09:04	00:08:57	00:08:52	00:08:59	00:08:48	00:08:51	00:08:47	00:08:51	00:08:35	00:08:49	
Cat 1 90 th %ile ¹	0:15:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY	
		00:17:58	00:18:40	00:18:23	00:19:07	00:18:51	00:18:39	00:18:55	00:18:32	00:18:37	00:18:28	00:18:37	00:18:03	00:18:34	
Cat 2 mean ¹	0:30:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY	
		00:26:19	00:30:32	00:28:46	00:33:32	00:31:41	00:30:21	00:32:05	00:29:37	00:30:10	00:29:16	00:30:10	00:26:44	00:29:49	
Cat 2 90 th %ile ¹	0:40:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY	
		00:51:00	00:59:40	00:56:02	01:05:51	01:02:02	00:59:18	01:02:51	00:57:48	00:58:55	00:57:05	00:58:55	00:51:52	00:58:27	
Cat 3 90 th %ile ¹	2:00:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY	
		04:25:39	05:37:39	05:07:26	06:28:54	05:57:18	05:34:30	06:04:06	05:22:09	05:31:22	05:16:10	05:31:22	04:32:52	05:27:27	
Cat 4 90 th %ile ¹	3:00:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	EOY	
		05:22:51	06:43:52	06:09:52	07:41:31	07:05:59	06:40:19	07:13:38	06:26:26	06:36:47	06:19:42	06:36:47	05:30:59	06:32:24	
% Vehicles off the road ¹	23%	2025/26													FPC
		QTR 1	QTR 2	QTR 3	QTR 4										
		40%	35%	25%	15%										
Average Handover ¹	0:15:00	2025/26													FPC
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
		00:20:00	00:20:56	00:20:18	00:18:48	00:19:56	00:21:08	00:20:47	00:19:52	00:22:02	00:20:33	00:18:59	00:19:16		
Handover > 15 mins	60%	Flat Trajectory													FPC
Clear up Delays	0:15:00	Flat Trajectory													FPC
% See & Treat ²	32.7%	2025/26													FPC
		QTR 1	QTR 2	QTR 3	QTR 4										
		32.7%	33.0%	33.5%	33.5%										
% ST&C to ED ²	47.0%	2025/26													FPC
		QTR 1	QTR 2	QTR 3	QTR 4										
		47%	45%	41%	41%										

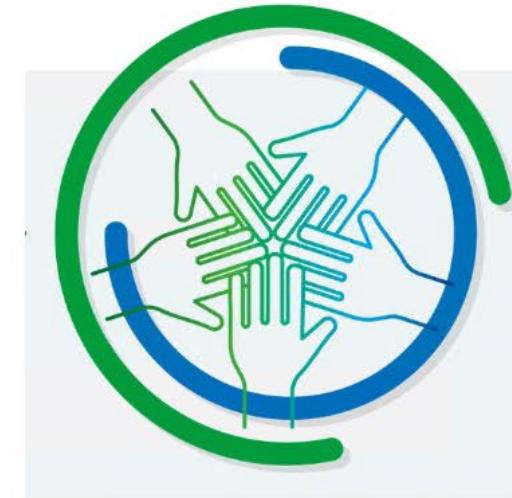
Operations Performance – Clinical Co-ordination Centre / Patient Transport Service – Calls & Volume

Metric	Target	Trajectory	Sub-Committee																																				
999 Call answer ¹	0:00:10	Flat trajectory =< 10 seconds (0:10:00)	FPC																																				
999 Abandonment Rate	2.0%	Flat Trajectory	FPC																																				
% Hear & Treat ¹	14.5%	<table border="1" data-bbox="539 412 943 492"> <tr> <td colspan="4">2025/26</td> </tr> <tr> <td>QTR 1</td><td>QTR 2</td><td>QTR 3</td><td>QTR 4</td> </tr> <tr> <td>14.5%</td><td>16.0%</td><td>18.0%</td><td>18.0%</td> </tr> </table>	2025/26				QTR 1	QTR 2	QTR 3	QTR 4	14.5%	16.0%	18.0%	18.0%	FPC																								
2025/26																																							
QTR 1	QTR 2	QTR 3	QTR 4																																				
14.5%	16.0%	18.0%	18.0%																																				
111 Call answer ¹	95%	<table border="1" data-bbox="539 508 1594 587"> <tr> <td colspan="12">2025/26</td> </tr> <tr> <td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sep</td><td>Oct</td><td>Nov</td><td>Dec</td><td>Jan</td><td>Feb</td><td>Mar</td> </tr> <tr> <td>67.9%</td><td>61.0%</td><td>88.1%</td><td>97.9%</td><td>98.5%</td><td>95.2%</td><td>94.1%</td><td>95.4%</td><td>97.2%</td><td>83.9%</td><td>93.2%</td><td>97.9%</td> </tr> </table>	2025/26												Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	67.9%	61.0%	88.1%	97.9%	98.5%	95.2%	94.1%	95.4%	97.2%	83.9%	93.2%	97.9%	FPC
2025/26																																							
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar																												
67.9%	61.0%	88.1%	97.9%	98.5%	95.2%	94.1%	95.4%	97.2%	83.9%	93.2%	97.9%																												
111 Abandonment Rate	3.0%	Flat Trajectory	FPC																																				
111 Call backs	95%	Flat Trajectory	FPC																																				
Calls answered (PTS)	90%	Flat Trajectory	FPC																																				
Number of calls (PTS)	6672	Flat Trajectory	FPC																																				
% Patients arrived in time	87%	Flat Trajectory	FPC																																				
% Patients collected in time	87%	Flat Trajectory	FPC																																				
PTS volume – no. of journeys	23,414	Flat Trajectory	FPC																																				
No. of patients transported	5332	Flat Trajectory	FPC																																				

Quality & Safety – Core measures

Metric	Target	Trajectory	Sub-Committee
PSI Low / no harm incidents	450	Flat Trajectory	Q&S
Monthly PSII	3	Flat Trajectory	Q&S
Monthly PSILR	9	Flat Trajectory	Q&S
PSII Cases > 6 months	0	Flat Trajectory	Q&S
Datix incidents	15	Flat Trajectory	Q&S
CD Unaccounted for losses	2	Flat Trajectory	Q&S
Level 1 Safeguarding	95%	Flat Trajectory	Q&S
Level 3 Safeguarding	90%	Flat Trajectory	Q&S
Complaints	37	Flat Trajectory	Q&S
Complaints in time	95%	Flat Trajectory	Q&S
No. Hand hygiene audits	261	Flat Trajectory	Q&S
Hand hygiene %	95%	Flat Trajectory	Q&S
No. Vehicle audits	167	Flat Trajectory	Q&S
Vehicle audit %	90%	Flat Trajectory	Q&S

Integrated Performance Report: Oct-25



Executive Summary

Operational Performance

Safety and Quality

People

- 999 Operations
- CCC (EOC and 111)
- PTS



Key Performance Headlines:

OP2 Category 2 mean response time was 31:54, which was 11 seconds below plan and ranked 7th nationally. YTD cat 2 was 28:37 and ahead of plan by just over 1 minute. OP1 category 1 was 8:33 and we improved to 6th nationally. 999 demand continues below planned levels at 2.9% and operational hours were 2% above plan. As we increase operational hours we are adding additional pressure to fleet and the lost hours from fleet impacted cat 2 by 2 minutes. OP12 Handover delays increased for the 3rd consecutive month with average handover at 19:47, however remains 10 seconds below plan at trust level. OP6 999 mean call answer improved to 5 seconds against an increase in demand of 2.6% above plan. OP8 H&T increased to 18.8% against a target of 19% delivering the 4th highest nationally. OP10 ST&C to ED decreased to 48.1% (5th lowest nationally). OP16 - 111 call answer improved to 80% within 120 secs. Our focus remains on recruitment into the contact centres for call taking and clinical staff, whilst reducing staffing levels in field operations back to budget levels. We also continue to work with Fleet on availability and reducing VOR

Key Risks for Period:

Ambulance Handover times increasing heading into winter reducing available hours
Balancing operational hours between Hampshire and Thames valley
Fleet availability impacting on operational hours

Key Rolling Actions:

Daily movement of crews from Hampshire to Thames Valley to meet demand
Call taking support from SECAMB
Daily/weekly review of hours and fleet capacity

Forward View:

Whilst we are below our Cat 2 delivery plan, we know the next 3 months will be challenging. the focus remains on balancing resource hours and fleet to mitigate lost hours

Key Performance Headlines:

QS1 -PSIRF 1 A higher number indicates a strong safety culture. Levels of Patient Safety Incidents (PSI) with moderate and severe harm and death, as a percentage of all PSIs reported, has increased slightly to 3.2% reflecting the increase/ impact of CAT 2 and CAT 3 response times as demonstrated in OP2 and OP5

QS2- Categories for declared PSII: continue to be delay and sub-standard traumatic cardiac arrest care.

QS6, QS8 & QS10 IPC Audit, are exceeding target with expected variation.

QS7 hand hygiene is below target with lower scores across several nodal areas. Action plans in place with local leadership teams

QS20 -Patient Experience concerns decreased from 83 to 81, themes are inappropriate care pathway in 111, lack of communication and delays in EUC and NEPTS attendance.

123 compliments were received for the same period.

QS21- QS22 Safeguarding Level 1 98% Safeguarding Level 3 94% (face to face element)

Key Risks for Period:

QS21-QS22 Risk to the achievement of Level 3 Safeguarding training compliance of 90% for all component parts by 31 March, 2026. (CPD and Clinical Supervision requirements)

Key Rolling Actions:

QS3 - The second thematic analysis of delays has been completed and will be submitted to Oversight Review Group on 4 December 2025 for executive approval and to PSEG on 11 December 2025 for oversight. The patient safety team are undertaking targeted safety improvement work regarding delays in EUC.

QS6-QS10, Audit scores are shared with the make ready provider and fleet team. Improvement actions and progress are discussed at monthly provider meetings.

Forward View:

QS2 The thematic analysis of recontacts has been completed and has been submitted for review to the Operations Group for meeting on 17 November 2025.

QS21-QS22, Deep dive into the safeguarding L3 training data/ trajectory to be completed by the education team and a report/ recommendations and actions to be presented at Executive Management Committee in December 2026.

Key Performance Headlines:

P1 - WORKFORCE - Reduction of 28 WTE, 999 by 22, EOC by 2, PTS by 6, Corporate by 5. 111 increased by 5.

P2 - TURNOVER - All areas above target. 999 = 9.% / EOC = 26% / 111 = 29% / PTS = 19% / CORP = 14%. All areas increasing. 999 increase impacted by TUPE leavers.

P3 - VACANCIES - EOC = 26, 111 = 61, 999 at establishment. Recruitment freeze in 999, PTS and CORP

P4 - TIME TO HIRE - 91 days vs 84 target

P5/P6 - WRES / WDES % STAFF - No significant changes. Deep dive to be reported quarterly.

P7 - Sickness above target. 999 = 6.8% / EOC = 6.8% / 111 = 7.6% / PTS = 9.1% / CORP = 3.3%. Estimated cost of sickness is £7m for 25/26.

P8 - LT Sickness above target in PTS (6.4%), 111 (4.1%), 999 (3.9%), and EOC (3.8%). CORP (2.1%) is the only area that are under target

P9 - Short-Term Sickness above target in 999 = 2.9%, EOC = 3.1%, 111 = 3.5%. PTS 2.7% and Corporate 2.2% under target

P10 - DBS - All areas compliant.

P11 - PDR - Trust improved in M7. 999 (89%), EOC (81%), 111 (90%), and PTS (83%) below target, Corporate has improved (71% to 78%), with People = 78%, Finance = 80%, Clinical = 87%, Digital = 73%, Governance = 67%.

The Trust expects all areas to be compliant by 31st March

Key Risks for Period:

P1 - WORKFORCE - Trust over established. Recovery plans in place, monitored by IWP / PACDG.

P2 - TURNOVER - Staff turnover to remain with tolerance levels as part of workforce plan, to ensure enough staff to maintain performance, but not exceed agreed budget

P3 - VACANCY - CCC staff have vacancies heading into winter, 999 reductions being monitored as Q4 may cause performance issues

P7 - SICKNESS - High sickness rates has a significant cost to the trust, and is could increase during winter pressures

P8 - LT SICKNESS - Management of long-term sickness is an essential element for reducing costs by getting staff back to work more quickly.

P11 - PDR - Helping to develop and improve the quality of staff performance. The Trust is still below plan and must have all areas at 95%

Key Rolling Actions:

P1/P3 (WORKFORCE / VACANCY) - Trust reducing overall WTE, focusing recruitment on vacancies and patient facing roles.

P2 (TURNOVER) - Engagement plans in place across most Trust areas, with managers focused on reducing attrition rates across the Trust.

P7 / P8 (SICKNESS) - At 6.8%, above target, higher than ambulance (5.9%). Weekly monitoring of all LTS launched. Positive uptake of flu campaign. Funding gained for 'Back-Track' Musculoskeletal scheme. Winter wellness pack being developed. Positive uptake of flu campaign. High Sickness areas being monitored weekly. Escalated to the Senior Leadership Team.

P11 (PDR) - PDR App now launched, Interim CPO writing to Exec's / Senior Leaders to encourage PDR completion. All areas expected to meet the 95% target by end of Q4

Forward View:

P1 (WORKFORCE) / P3 (VACANCY) - Continuous monitoring and updating of workforce plans. 3 year rolling plan under development, submitted in December 2025.

P2 (TURNOVER) - Staff engagement, culture, shift patterns and the working environment are all factors.

P7 / P8 (SICKNESS) - Trust key focus on reducing sickness. To deliver this we are reviewing, 1) review policies, 2) processes, 3) line management accountability.

P11 - (PDR) - All areas of the Trust are expected to finish the financial year at 95% We expect 95% of all PDR's before the end of 2025/26

Key Performance Headlines:

OP28 Call Answering Performance: In October 2025, the PTS call answering rate reached 92%, exceeding the 90-second threshold target. This marks a positive trend with an increase of 876 calls compared to the previous month.

Op21 PTS Journey Volume: The number of PTS journeys in October was 5,517, surpassing the target of 5,332.

OP22 Patients Transported: A total of 23,284 patients were transported, just below the target of 23,414.

Timeliness Metrics:

- OP23 Patients Collected Within Time: Achieved 87%, aligning closely with the target of 87.3%.
- OP24 Patients Arrived Within Time: Performance was 85%, slightly below expectations.

Statistical Process Control:

An SPC chart is a plot of data over time. It allows you to distinguish between common and special cause variation. It includes a mean and two process limits which are both used in the statistical interpretation of data. To help you interpret the data a number of rules can be applied.

The rules:

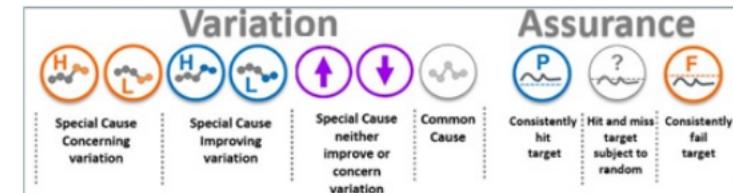
- 1) Any single point outside the process limits.**
- 2) Two out of three points within 1 sigma of the upper or lower control limit.**
- 3) A run of 6 points above or below the mean (a shift) .**
- 4) A run of 6 consecutive ascending or descending values (a trend).**

All these rules are aids to interpretation but still require intelligent examination of the data.

This tool highlights when a rule has been broken and highlights whether this is improvement or deterioration.

If you change in your process and observe a persistent shift in your data, it may be appropriate to change the process limits. A process limit change can be added if the observed change is sustained for a longer period not just 6 points. You should try and find out the cause of the process change before recalculating the limits and annotate this on the chart. Be very cautious if you do not know what changed the process.

Icon Key





Q	Pass	Hit and Miss	Fail	No Target
	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 is 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 the target lies between process limits.	Common cause variation , no significant change. This process is not capable. It will FAIL the 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 measurs is significantly HIGHER.The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measurs 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 measurs is significantly HIGHER. This process is not capable. It will FAIL the target without process redesign.	Special cause of a concerning nature where the measurs 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
n/a				Special cause or common cause cannot be given as there are insufficient number of points. Assurance cannot be given as a target has not been provided.

Assumptions:

The below SPC chart shows an example of the metric values per month.

The points on the line are coloured orange, grey, or blue in accordance with the SPC guidelines.

A dashed red line shows the target for the metric if there is one present.

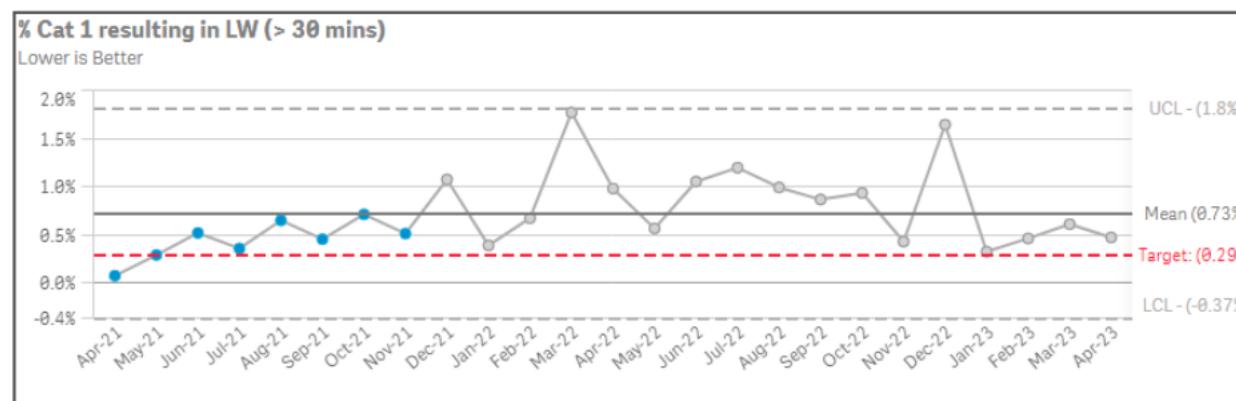
A red line with triangle markers shows the plan projected for the metric if one is present.

The plan is different to a target, as the target is static; the plan can vary each month.

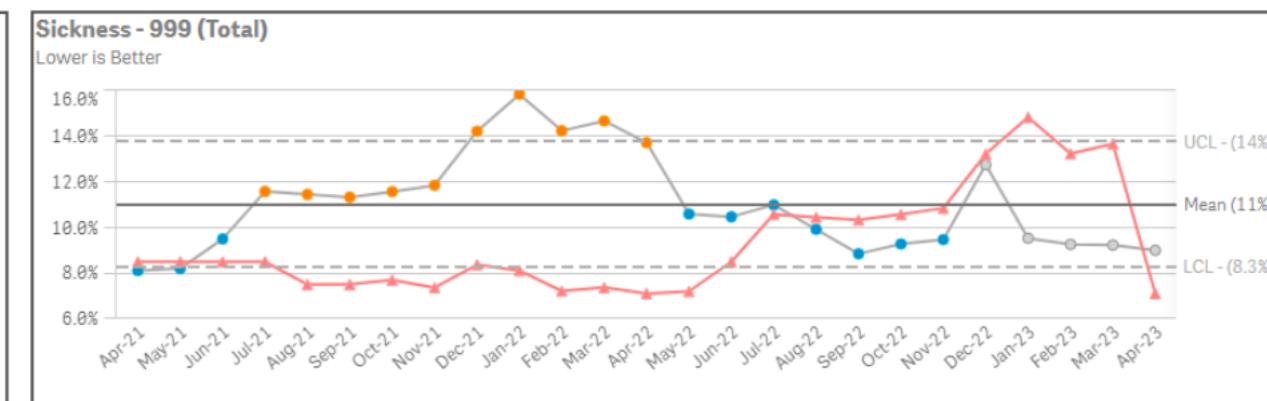
No Assurance Icon will be produced for the metric if no target value is available.

Quarterly Metrics and Metrics without data pre April 2022 will be visualised in a line chart and not an SPC Chart.

Example of Target Line Chart



Example of Plan Line Chart



UCL & LCL:

When the variance in the values is normal within the process (common cause variation) all the points will fall above or below them mean, but within the upper and lower control limits as represented by the lines on the chart.

If values(s) fall above the UCL or below the LCL, then they are statistically not expected, special cause variation.

However, it is important to realise that even if all the points fall within the control limit lines it does not mean the process is in control. Ideally a process should have no variation, the values should all be the same. So it is important to understand what is causing the common cause variation. The wider the gap between the mean line and the control limits, the larger the variance



Metrics:

Hit and Miss Common Cause Metrics:

% Long term sickness ; % Sickness in month ; % Turnover ; 111 call answer in 120 Secs % ; 999 Mean Call Answer Time ; Cardiac Arrest Survival at 30 Days - All Patients ; Cardiac Arrest Survival, Utstein ; Cat 1 90th %ile SCAS ; Cat 2 90th %ile SCAS ; Cat 2 Mean SCAS ; Cat 4 90th %ile SCAS ; H&T - SCAS ; Number of PSI low/no harm ; Number of PSII declared in month ; Number of PSR declared in month ; Number of reported CD incidents - unaccounted for losses ; Over-runs >30 mins - SCAS ; Overdue Datix incidents ; PTS - Calls answered in 60 seconds ; PTS Call Volume ; PTS Volume - No. of Journeys ; PTS Volume - No. of Patients Transported ; Patients Arrived within time ; Patients Collected within time ; Percentage of compliant Hand Hygiene audits ; Percentage of compliant Vehicle cleanliness audits ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - All Patients ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - Utstein Cohort ; ST&C (ED 1&2) - SCAS ; STEMI - Call to angiography 98th Centile ; STEMI Call to angiography - Mean ; Stroke - Call to Hospital arrival 99th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; VOR - Total ; Vehicle cleanliness completed audits

Assurance →

Assurance ↓	Fail	Hit and Miss	Pass	No Target	
					
	111 Call back < 20 min				
					
	% Arrival at hospital to handover <15mins Appraisals - Trust Average Hospital Handover Time - SCAS Cat 1 Mean SCAS Cat 3 90th %ile SCAS Meal Break Compliance - SCAS S&T - SCAS ST&C (ED 1&2) - SCAS VOR - Total	36			
		111 Calls abandoned after 30 secs % 999 Calls abandoned % Time to hire			
		Hand Hygiene audit	% Trust staff who are declared disabled Safeguarding Level 3		
					
					

Operational Performance

October-25 Summary



Metrics:

Hit and Miss Common Cause Metrics:

111 call answer in 120 Secs % ; 999 Mean Call Answer Time ; Cat 1 90th %ile SCAS ; Cat 2 90th %ile SCAS ; Cat 2 Mean SCAS ; Cat 4 90th %ile SCAS ; H&T - SCAS ; PTS - Calls answered in 60 seconds ; PTS Call Volume ; PTS Volume - No. of Journeys ; PTS Volume - No. of Patients Transported ; Patients Arrived within time ; Patients Collected within time ; ST&C (ED 1&2) - SCAS ; VOR - Total

Assurance →

↓ Variance ↓

Assurance	Fail	Hit and Miss	Pass	No Target	
		111 Call back < 20 min			
	% Arrival at hospital to handover <15mins Average Hospital Handover Time - SCAS Cat 1 Mean SCAS Cat 3 90th %ile SCAS S&T - SCAS ST&C (ED 1&2) - SCAS VOR - Total	15	Clear up Delays - SCAS H&T - SCAS	Compliments	
		111 Calls abandoned after 30 secs % 999 Calls abandoned %			
		ST&C (Non-ED 1&2) - SCAS			

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.										
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit	
Cat 1 Mean		Oct-25	00:08:33	00:07:00			00:08:46	00:07:57	00:09:34	
Cat 1 90th %ile		Oct-25	00:15:27	00:15:00			00:15:54	00:14:31	00:17:16	
Cat 2 Mean		Oct-25	00:31:54	00:30:00			00:29:17	00:19:52	00:38:41	
Cat 2 90th %ile		Oct-25	01:01:41	00:40:00			00:56:57	00:37:45	01:16:09	
Cat 3 90th %ile		Oct-25	06:49:22	02:00:00			05:40:27	02:12:39	09:08:14	
Cat 4 90th %ile		Oct-25	07:19:25	03:00:00			06:54:09	02:21:54	11:26:24	
% Vehicles off the road		Oct-25	41.9%	25.0%			39.8%	33.2%	46.4%	
Ave Handover		Oct-25	00:19:06	00:15:00			00:18:09	00:16:14	00:20:05	
Handover < 15mins		Oct-25	46%	60.0%			50.1%	43.5%	56.7%	
Clear up Delays		Oct-25	00:13:46	00:15:00			00:14:04	00:13:40	00:14:29	
% See and treat		Oct-25	29%	33.5%			30.2%	29.0%	31.4%	
% ST&C to ED		Oct-25	48%	41.0%			48.5%	46.8%	50.2%	
% See and convey to non-ED		Oct-25	3.9%	5.4%			3.7%	3.1%	4.2%	
999 Call Answer		Oct-25	00:00:05	00:00:10			00:00:10	00:00:03	00:00:17	
999 Ab. Rate		Oct-25	1.3%	2.0%			2.0%	1.3%	2.6%	
% Hear and treat		Oct-25	19%	18.0%			17.1%	14.7%	19.5%	
111 Call Answer		Oct-25	80%	95.0%			77.9%	58.2%	97.6%	
111 Ab. Rate		Oct-25	2.8%	3.0%			3.5%	-0.4%	7.3%	
111 Call backs		Oct-25	34%	95.0%			40.2%	30.8%	49.5%	

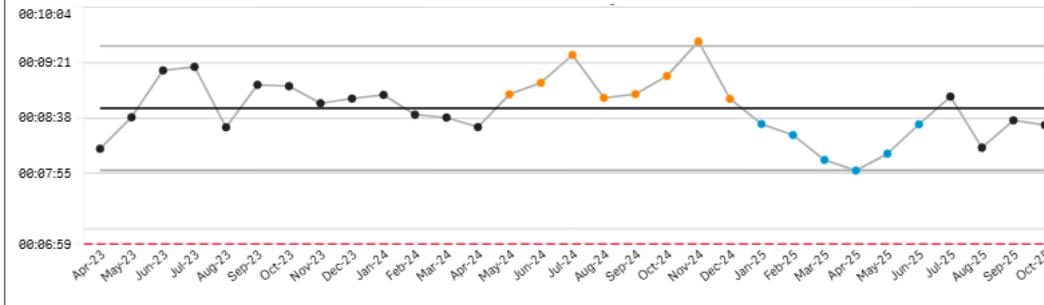
*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit	
Calls Answered (PTS)		Oct-25	89%	90%			92.5%	81.7%	103.3%	
Number of calls (PTS)		Oct-25	7,531	6,672			6,794.25	4,772.07	8,816.43	
% Patients arrived in time		Oct-25	85%	87%			87.5%	83.2%	91.9%	
% Patients collected in time		Oct-25	87%	87%			85.9%	83.7%	88.0%	
PTS Volume - No. of Journeys		Oct-25	23,284	23,414			21,857.1	18,506.5	25,207.7	
Number of Patients Transported		Oct-25	5,517	5,332			5,197.94	4,576.17	5,819.72	

Operations - Response Times

OP1 - Cat 1 Mean

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Fail

Target

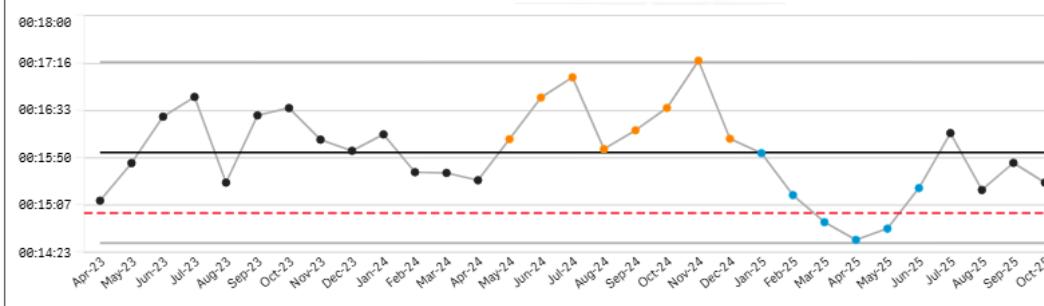
00:07:00

Latest

00:08:33

OP3 - Cat 1 90th %ile

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

00:15:00

Latest

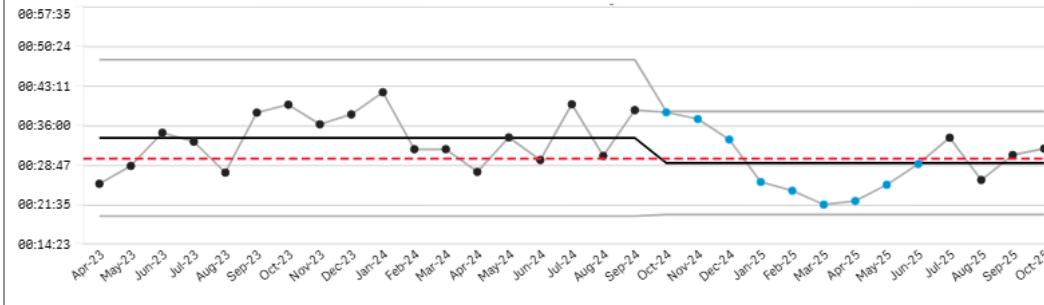
00:15:27

Understanding the Performance:

Cat 1 performance improved this month. Whilst Cat 2 increased this was aligned to the trajectory and end of month performance was 11 seconds below plan. Demand was 2.9% below trajectory. 2028 hours were lost due to fleet pressures however staff hours were 4468 above plan. Focus remains on balancing operational hours across the two divisions and ensuring enough fleet provision to meet demand.

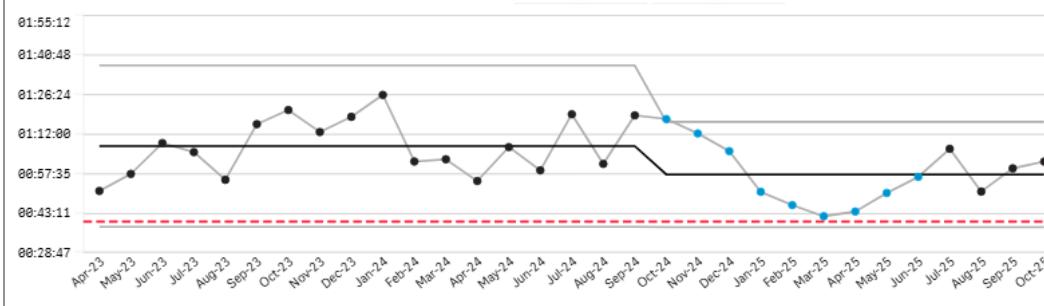
OP2 - Cat 2 Mean

Lower is Better. Target differed in previous years



OP4 - Cat 2 90th %ile

Lower is Better. Target differed in previous years



Actions (SMART):

Amended Meal Break Policy Pilot will commence W.C 17th November
 Delivery of CIPs - Review H2 resources against current performance delivery.
 Maintaining financial controls
 Clinical recruitment into CSD to support the delivery of H&T trajectory - 19% from 1st September

Variation

Expected

Assurance

Random

Target

00:30:00

Latest

00:31:54

Variation

Expected

Assurance

Random

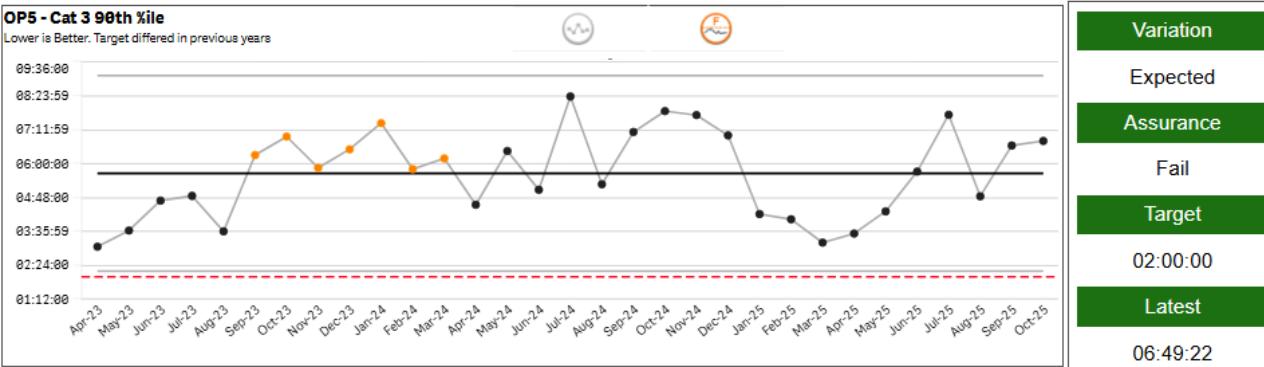
Target

00:40:00

Latest

01:01:41

Operations - Response Times



Variation
Expected
Assurance
Fail
Target
02:00:00
Latest
06:49:22

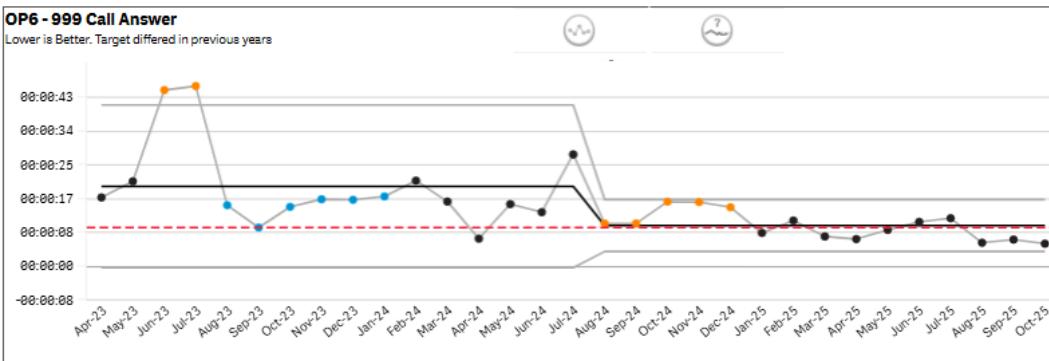
Understanding the Performance:

Both Cat 3 & 4 remained within the expected variance with a slight improvement on Cat 4. Both continued to fail the target.

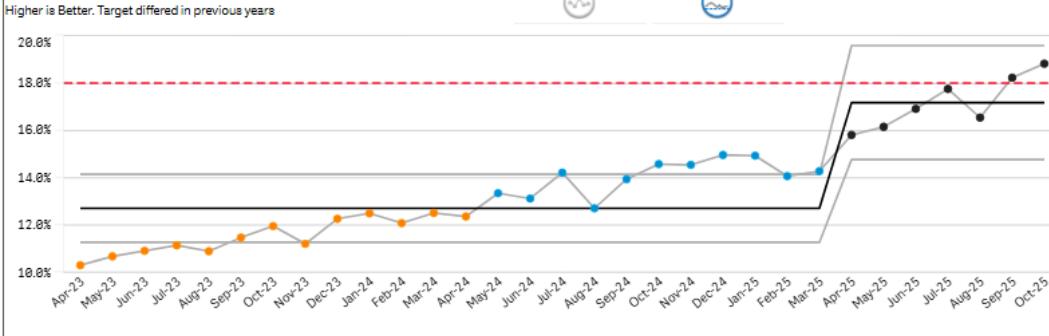
Actions (SMART):

Additional DCAs to move from South to North identified at 24 hours
 CSD hours moved to earlier in the day.
 Delivery of CIPs
 Amended Meal Break Policy Pilot will commence W.C 17th November
 Maintaining financial controls
 Clinical recruitment into CSD to support the delivery of H&T trajectory - 19% from 1st October
 SP model focus on Cat 3&4
 Develop clinically lead dispatch model
 Delivery of the HIOW SPOA to provide alternative response to sending an ambulance to Cat 3&4

Operations - Operations Centre

OP6 - 999 Call Answer
Lower is Better. Target differed in previous years

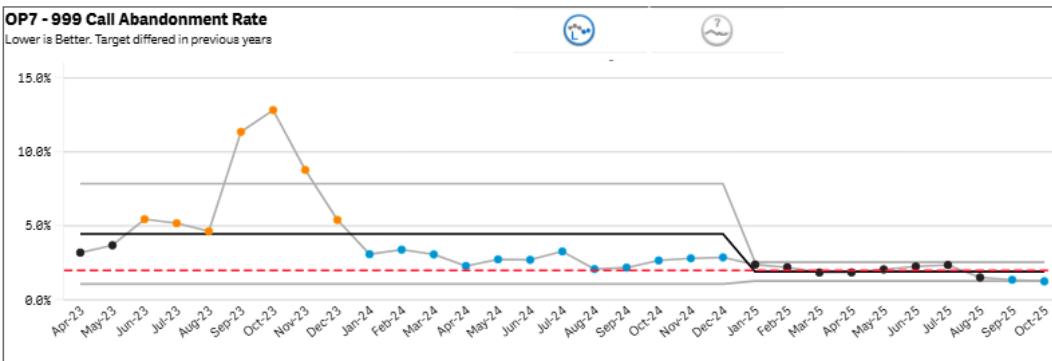
Variation
Expected
Assurance
Random
Target
00:00:10
Latest
00:00:05

OP8 - % Hear and Treat
Higher is Better. Target differed in previous years

Variation
Expected
Assurance
Pass
Target
18.0%
Latest
18.8%

Understanding the Performance:

Calls offered in October were 2.09% above planned levels, a 2.3% increase compared to Oct 24. Duplicate calls whilst down on Oct 24 levels are increasing in line with cat 2 mean performance. Logged in hours increased in comparison to the previous month and this alongside the support from SECAMB and average handling time improvements enabled the team to maintain OP6 under target at 5 seconds. The 90th percentile also continues to improve, outturning 3 seconds for the month; a full minute down from October 2024. Hear and treat (OP8) continues to improve, however is 0.2% below target. Oct saw the highest level of clinical logged in hours and with the focus remaining on recruitment into vacancies and improving team productivity we anticipate this level of performance will be sustained.

OP7 - 999 Call Abandonment Rate
Lower is Better. Target differed in previous years

Variation
Improving
Assurance
Random
Target
2.0%
Latest
1.3%

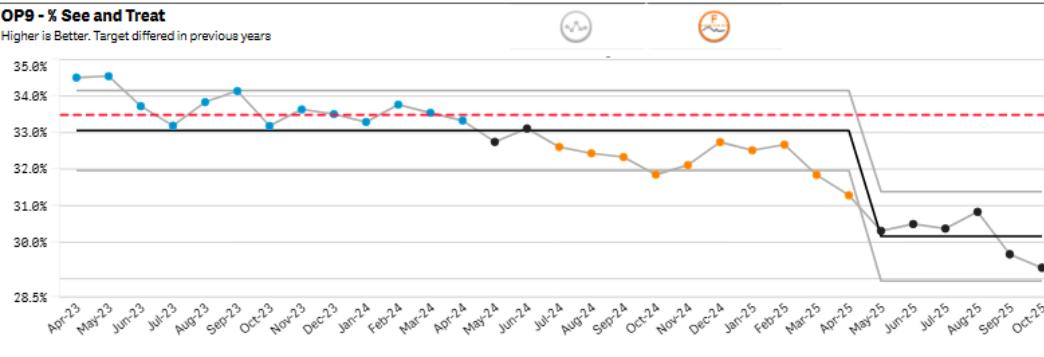
Actions (SMART):

Focus has remained on the operational restructure consultation and the CAD procurement process, limiting some improvement work. However the CAD clinical queue development has progressed, with a demonstration provided by Hexagon. Continued focus on clinical productivity and virtual operating model. Workshop successfully held to review deployment modelling undertaken by ORH, members of the team visiting other Trusts through November to take learning and a re-meet booked for early December.

Operations - Utilisation

OP9 - % See and Treat

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Fail

Target

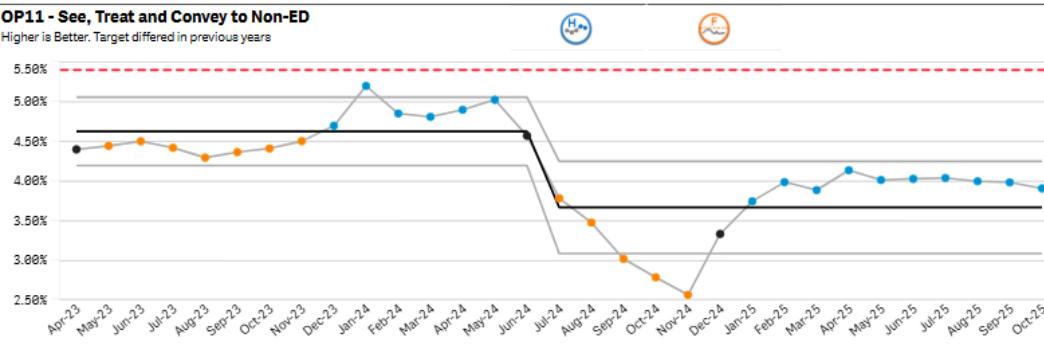
33.5%

Latest

29.3%

OP10 - See, Treat and Convey to ED

Higher is Better. Target differed in previous years



Variation

Improving

Assurance

Fail

Target

5.4%

Latest

3.9%

Understanding the Performance:

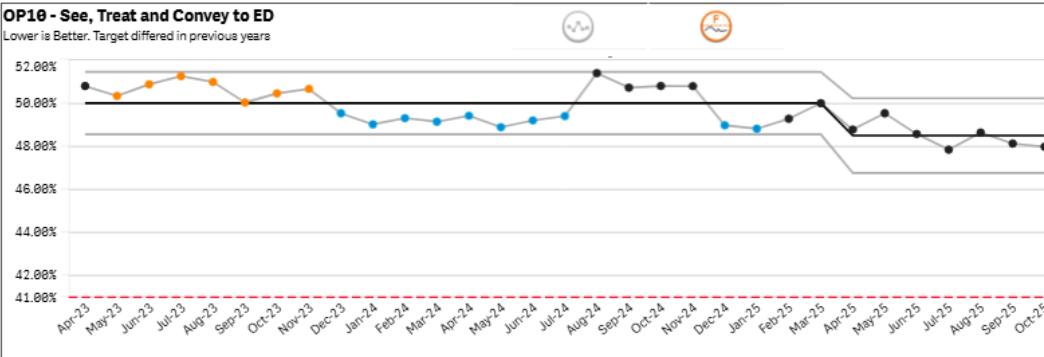
OP9-S&T is showing a common cause variation with no significant change but the measure remains lower than target. This is the second consecutive point below the mean. This is in line with the continued improved performance from H&T.

OP10 -ST&C to ED Transfers: This pathway demonstrates special cause variation of an improving nature where the measure is still below target.

OP11 - Showing a special cause variation of improving nature but is consistently lower than the target. There are 9 consecutive points above the mean suggesting without change to the process, the target will not be met.

OP10 - See, Treat and Convey to ED

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Fail

Target

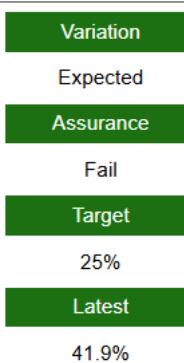
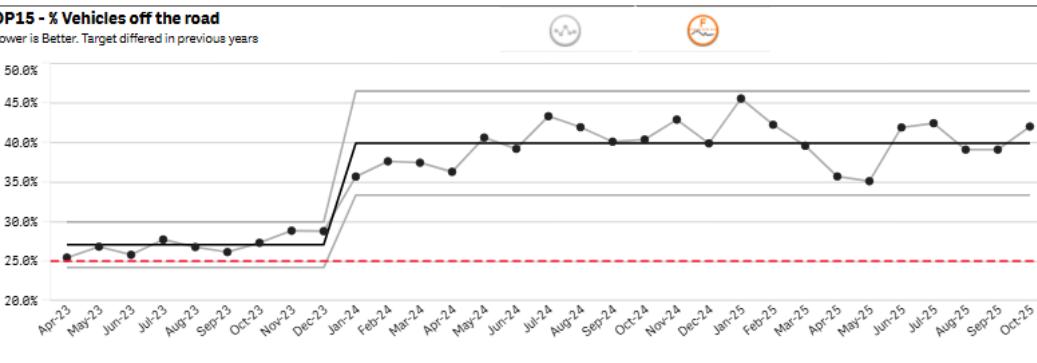
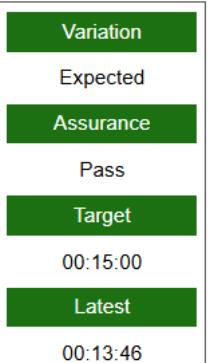
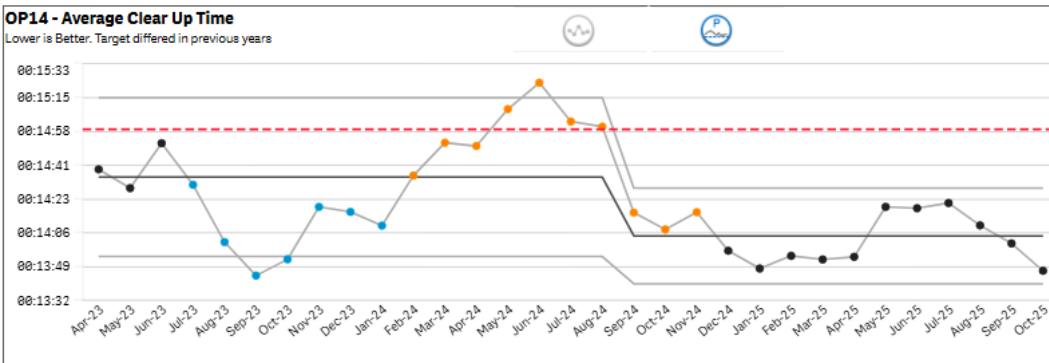
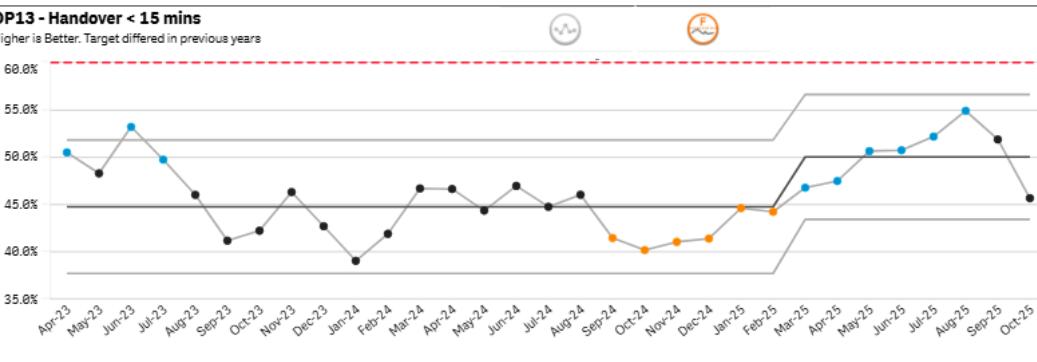
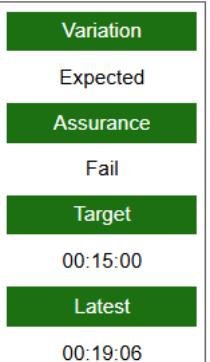
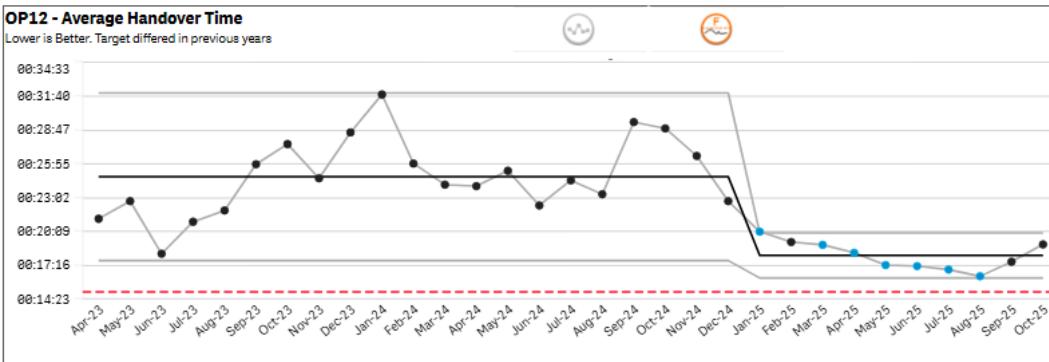
41%

Latest

48.0%

Actions (SMART):

OP9-10 - 11. The team continues to work with acute and community services to improve access to non-ED care pathways. A quarterly joint review and gap analysis informs ongoing improvements. This supports system goals to reduce ED demand, enhance patient experience, and ensure timely access to appropriate care. Performance is monitored via ODPR, with tools like SCAS Connect promoted to support delivery



Understanding the Performance:

OP12 - Average hospital handover time is showing a common cause variation with no significant change. Although still within the control limits we have seen a 2min and 43 sec deterioration in the past 2 points and is above the mean now for the first time in 5 months.

OP13 -%Arrival at hospital to handover < 15 mins failed to improve for the second consecutive time with a 8.35% decline in the past two points. Although showing common cause variation with no significant change it is now below the mean and just above the lower control limit.

OP14 - Clear up delays are showing common cause variation with little change and is consistently achieving the target.

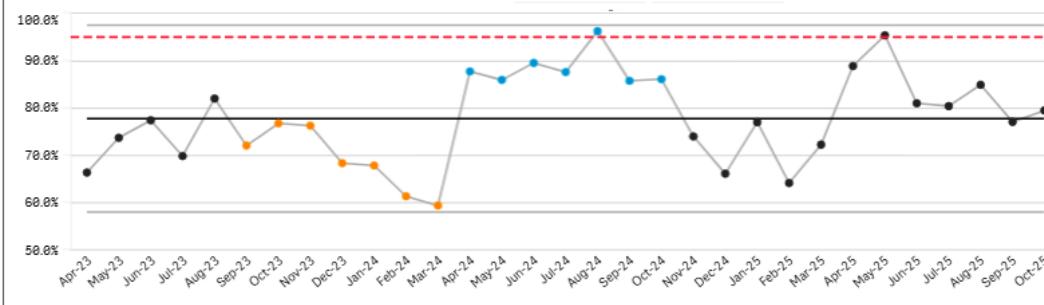
Actions (SMART):

OP12 Monitored daily, weekly and monthly through various lenses starting with ODPR and then through PMAF. Key focus for area teams to work with acutes to maintain this improving picture with aim of achieving 15mins

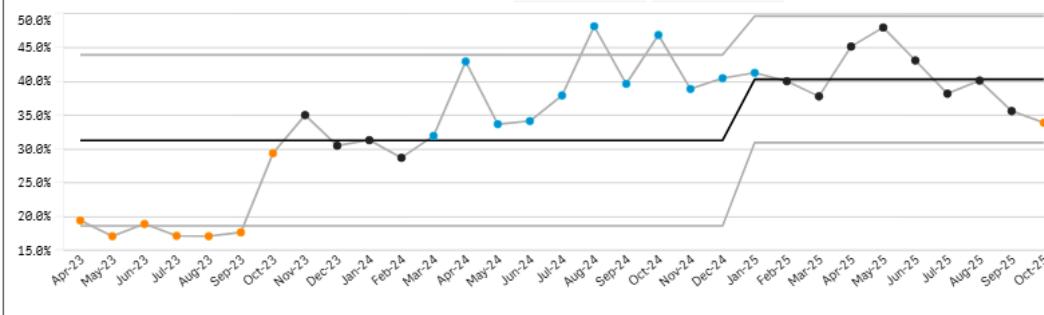
OP13 - Message to acutes to focus on achieving 15min handover standard. Local area leaders tasked to address through place based delivery units. Handovers at individual acutes generally around planning assumptions had them but we are seeing daily and variance outside of the planning assumptions.

OP14 - Monitor through same governance meetings as handover delays. Local teams focused on what is in our direct control to influence

Operations - Operations Centre

OP16 - 111 Call Answer
Higher is Better. Target differed in previous years

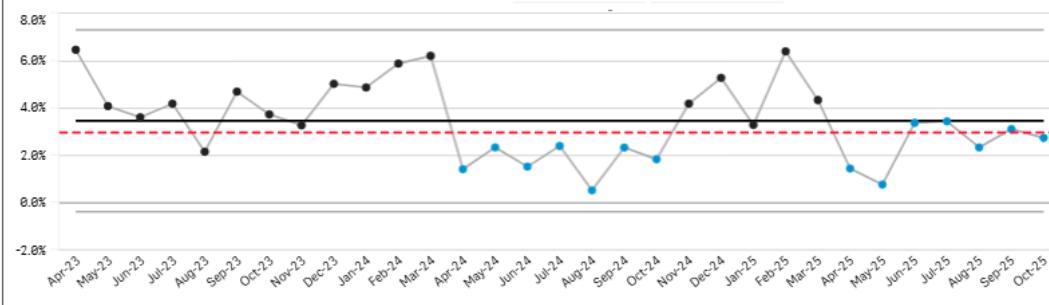
Variation
Expected
Assurance
Random
Target
95%
Latest
79.6%

OP18 - 111 Call Back Percentage
Higher is Better. Target differed in previous years

Variation
Declined
Assurance
Fail
Target
95%
Latest
33.7%

Understanding the Performance:

Calls offered in October showed an increase of 10k (albeit 1 day extra in Oct) with call answer performance (OP 16) at 80% an increase from September's 77%. OP 17 was at 2.8% which was within the target of 3% and an improved picture from September at 3.13%. 111 is starting to see the impact of the early arrival of the flu season.

OP17 - 111 Call Abandonment Rate
Lower is Better. Target differed in previous years

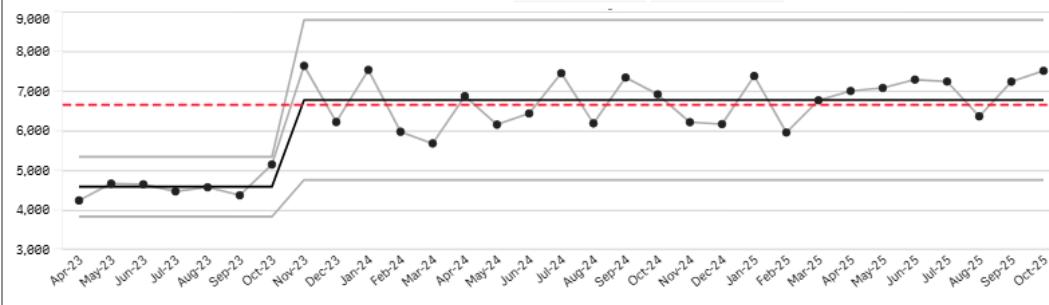
Variation
Expected
Assurance
Random
Target
3%
Latest
2.8%

Actions (SMART):

- Health Advisors WTE at 237.02 which is below budgeted levels with flexible workforce back filling the gaps. Additional course in 2 sites planned for 1st December 2025 to aim to address the gap in budget WTE.
- Clinicians WTE is 74.54 again below budget but with planned new starters over the next 2 months. Gaps are a result of Clinicians internally being moved into Clinical Shift Manager positions.
- Weekly recruitment meetings, monthly IWP meetings taking place to closely monitor the recruitment with Live chats and Open Days currently being organised with Recruitment.

Operations - PTS - Calls and Outcomes

OP19 - PTS Call Volume
Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

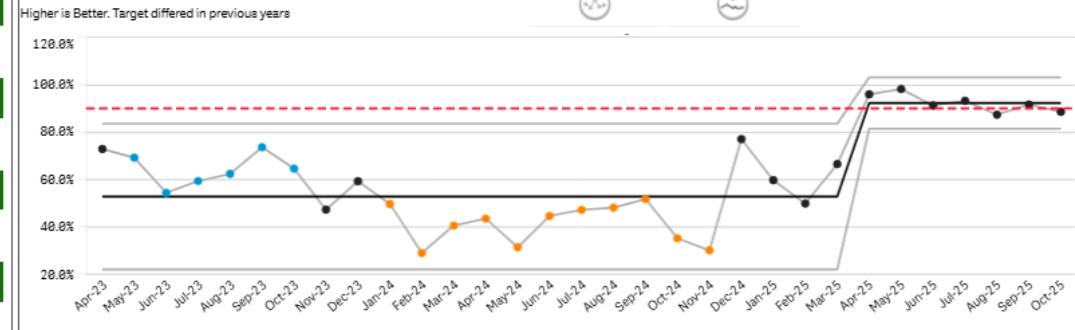
Target

6,672

Latest

7,531

OP20 - PTS Calls Answered in 90 Seconds
Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

90%

Latest

88.8%

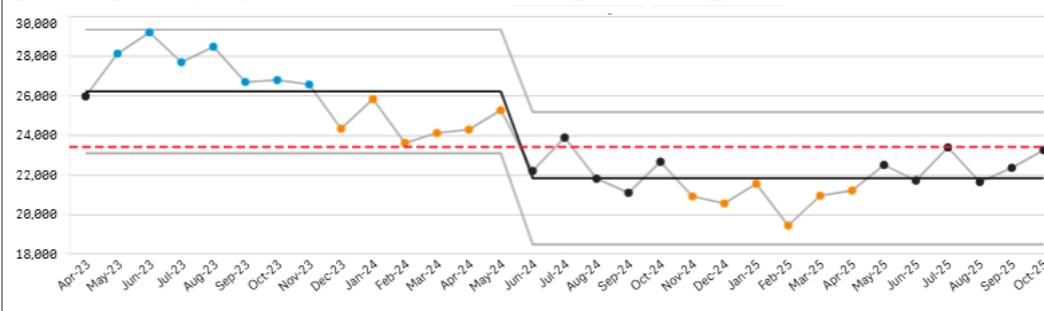
Understanding the Performance:

Call Answer performance reduced slightly falling just short of the threshold with Octobers outturn achieving 89% aggregated threshold for calls answered in 90 seconds, with call volumes remaining above the mean and increased by 274 calls when compared to previous month as expected.

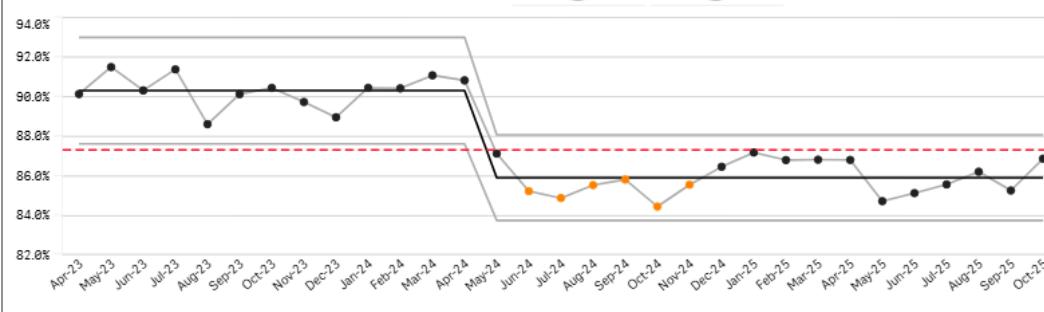
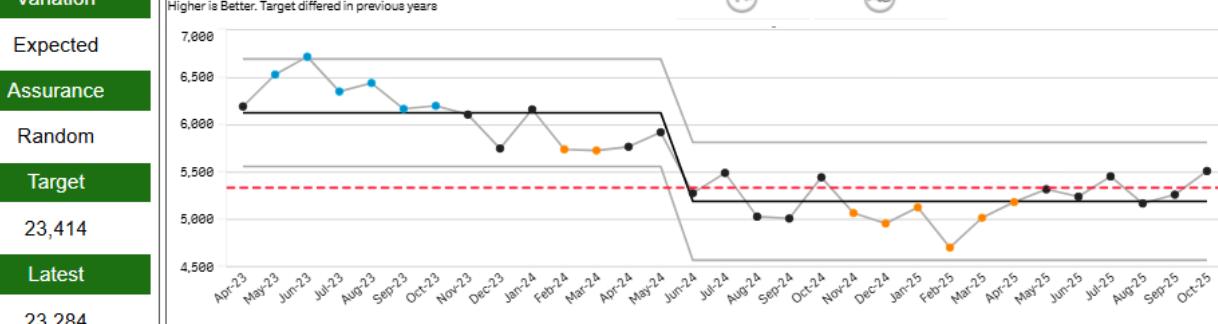
Actions (SMART):

Annual leave cap reduced for call handling and dispatch functions; this will lead to more work effective hours per day. Absence management remains a high priority within the Contact Centre to ensure we are maximising work effective hours. Telephony Journey Confirmations continue to capture any patients that are not travelling that have failed to inform us therefore reducing abortive journeys on the day.

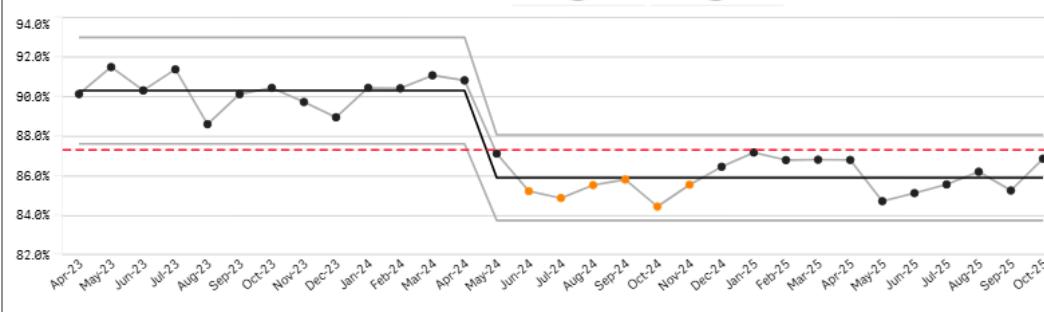
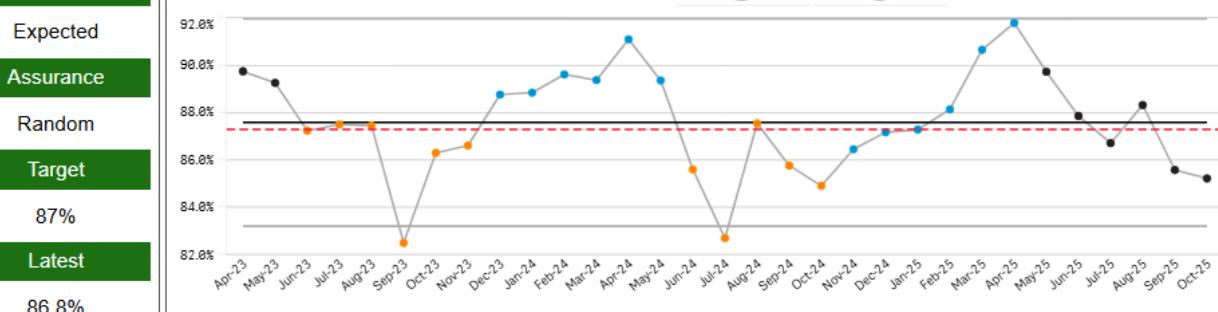
Operations - PTS - Calls and Outcomes

OP21 - PTS Volume - No of Journeys
Higher is Better. Target differed in previous years

Variation
Expected
Assurance
Random
Target
23,414
Latest
23,284

OP22 - Number of PTS Patients Transported
Higher is Better. Target differed in previous yearsOP22 - Number of PTS Patients Transported
Higher is Better. Target differed in previous years

Variation
Expected
Assurance
Random
Target
23,414
Latest
23,284

OP23 - PTS Patients Collected within Time
Higher is Better. Target differed in previous yearsOP24 - PTS Patients Arrived within Time
Higher is Better. Target differed in previous years

Variation

Understanding the Performance:

Activity increases overall in the month, trying to manage the activity without increased hours however we continued to see high levels of absence in the month. The forecasted hours continue to be reviewed daily. We have seen improvements across cohorting and efficiencies.

The aggregated KPI shows MOM deterioration in performance which is mainly being driven across one contract due to increased journey distances and numbers of clinics, review of resources to the changes of demand underway along with working with system partners on clinic times to support cohorting and performance metrics.

Actions (SMART):

monitor daily demand, hours, resource utilisation and performance within budget
 Focus remains on increasing of cohorting and utilisation of resource, increased scrutiny on sickness
 Initial rota designed seeking feedback from team leaders prior to sharing with unison colleagues.
 Supporting the acutes as best we can with their drive to discharge prior to the festive period has already commenced. There is discussion on the managing the level of outpatient's activity in order to support this.
 We have seen some increases in the SCAS unable to meet demand activity, but this is being monitored.
 We have seen a number of leavers for various reasons and therefore considering the most cost-effective resource being used currently reliant on taxi usage to support peaks in demand.

Quality and Safety

Quality & Safety – Core Measures Matrix

October-25 Summary



Assurance →

↓ Variance ↓

Assurance	Fail	Hit and Miss	Pass	No Target	
		17	Number of Complaints Safeguarding Adults Level 1		
		Hand Hygiene audit	Safeguarding Level 3		

Metrics:

Hit and Miss Common Cause Metrics:

Cardiac Arrest Survival at 30 Days - All Patients ; Cardiac Arrest Survival, Utstein ; Number of PSI low/no harm ; Number of PSII declared in month ; Number of PSR declared in month ; Number of reported CD incidents - unaccounted for losses ; Overdue Datix incidents ; Percentage of compliant Hand Hygiene audits ; Percentage of compliant Vehicle cleanliness audits ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - All Patients ; Return On Spontaneous Circulation (ROSC) on Hospital Arrival - Utstein Cohort ; STEMI - Call to angiography 90th Centile ; STEMI Call to angiography - Mean ; Stroke - Call to Hospital arrival 90th Centile ; Stroke - Call to Hospital arrival Median ; Stroke Call to Hospital arrival - Mean ; Vehicle cleanliness completed audits

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

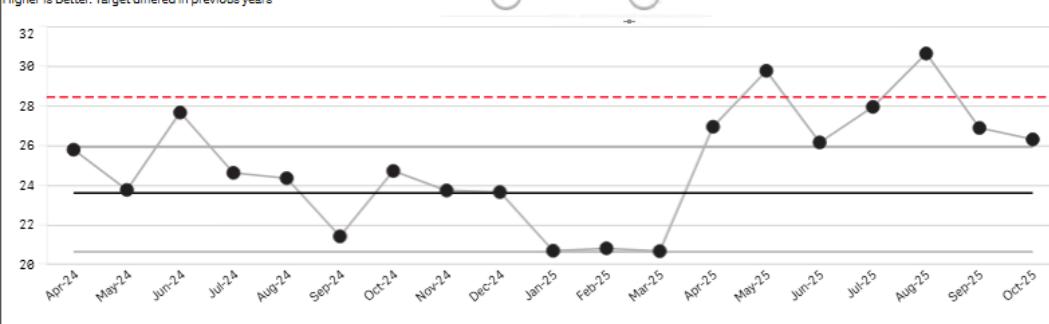
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit	
PSI Low/no harm inc.		Oct-25	26.3	28.5			27.7	21.3	34.1	
Monthly PSII		Oct-25	1	3			2.26	-2.61	7.14	
Monthly PSILR		Oct-25	11	9			8.63	-5.26	22.5	
Datix incidents		Oct-25	0.76	0.95			1	-0.205	2.2	
CD unaccounted for losses		Oct-25	0	2			0.818	-2.11	3.74	
Level 1 Safeguarding		Oct-25	96.2%	95%			96.6%	95.8%	97.4%	
Level 3 Safeguarding		Oct-25	94.1%	90%			93.1%	91.7%	94.6%	
Complaints		Oct-25	0.95	2.34			1.13	-0.0231	2.29	
Compliments		Oct-25	7.79	0		n/a	7.61	4.98	10.2	
Hand Hygiene Audits Completed		Oct-25	611	261			242	-10.5	494	
Hand Hygiene % Compliance		Oct-25	98.2%	95%			97.4%	93.0%	101.9%	
Vehicle Audits Completed		Oct-25	281	167			222	41.1	402	
Vehicle Audits % Compliance		Oct-25	84.0%	90%			89.1%	71.1%	107.1%	

*Currently all data is aggregated on a monthly basis. We aim to provide accurate 90 days, YTD and 12 Months data when available.

KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit	
STEMI Mean		Jun-25	02:21:00	02:30:00			02:18:06	01:52:44	02:43:29	
STEMI 90th		Jun-25	02:42:00	03:20:00			03:21:00	02:00:04	04:41:55	
Stroke Mean		Jun-25	01:40:00	01:30:00			01:34:55	01:16:39	01:53:10	
Stroke Median		Jun-25	01:27:00	01:20:00			01:21:52	01:10:59	01:32:45	
Stroke 90th		Jun-25	02:27:00	02:30:00			02:22:43	01:50:07	02:55:20	
ROSC All		Jun-25	25.0%	25.8%			25.1%	13.4%	36.9%	
ROSC Utstein		Jun-25	62.1%	48.4%			51.9%	19.7%	84.1%	
CA Survival All		Jun-25	10.6%	8.9%			9.0%	1.3%	16.8%	
CA Survival Utstein		Jun-25	34.5%	20.6%			31.4%	7.6%	55.2%	

Quality & Safety – PSIRF

QS1 - PSI Low/no Harm Incidents per 10,000 Interactions



Variation

Expected

Assurance

Random

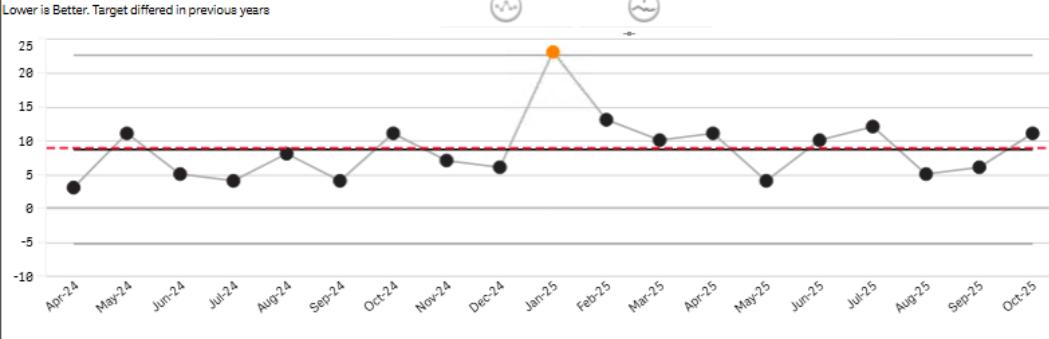
Target

28.5

Latest

26.3

QS2 - Monthly PSII



Variation

Expected

Assurance

Random

Target

9

Latest

11

Understanding the Performance:

Please note that PSIs are live incidents, constantly under review and therefore subject to change.

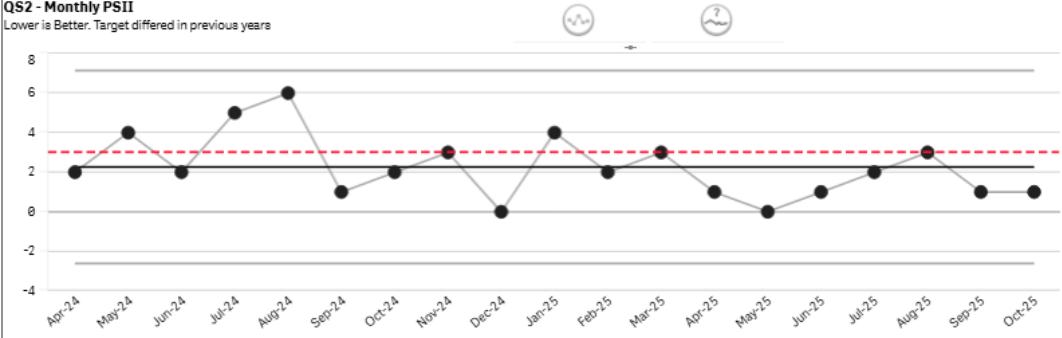
QS1 – A higher number indicates a strong safety culture.

Levels of PSI with moderate and severe harm and death, as a percentage of all PSIs reported, has increased slightly to 3.2% reflecting the increased CAT2 and CAT3 response times (OP2, OP5); themes remain delays and recontacts, despite a reduced level of see and treat in EUC (OP9).

QS2 - Categories for declared PSII: Sub-standard traumatic cardiac arrest care.

QS2 - Monthly PSII

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

3

Latest

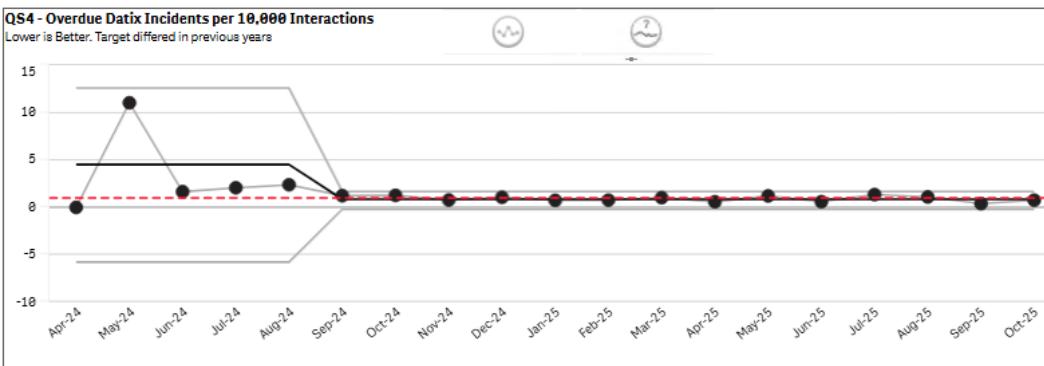
1

Actions (SMART):

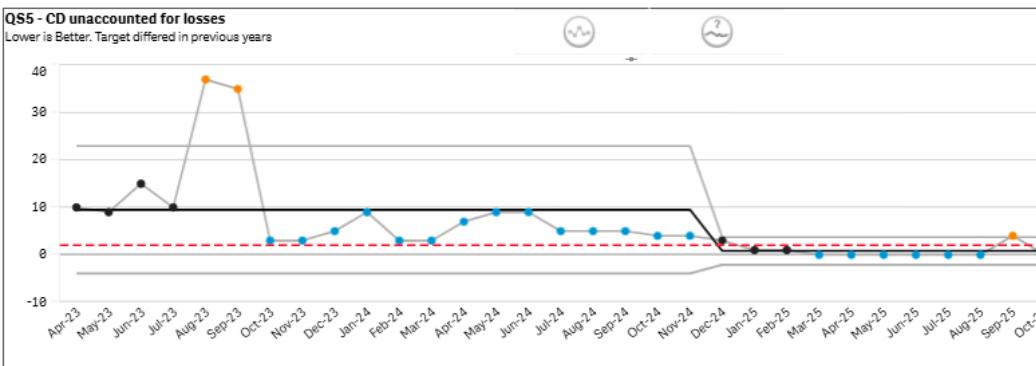
QS3 – The second thematic analysis of delays will be submitted to ORG on 4 December 2025 for executive approval and to PSEG on 11 December 2025 for oversight.

The thematic analysis of recontacts has been submitted to Operations Group on 17 November 2025 for oversight and review.

Quality & Safety – PSIRF



Variation
Expected
Assurance
Random
Target
0.95
Latest
0.76



Variation
Expected
Assurance
Random
Target
2
Latest
0

Understanding the Performance:

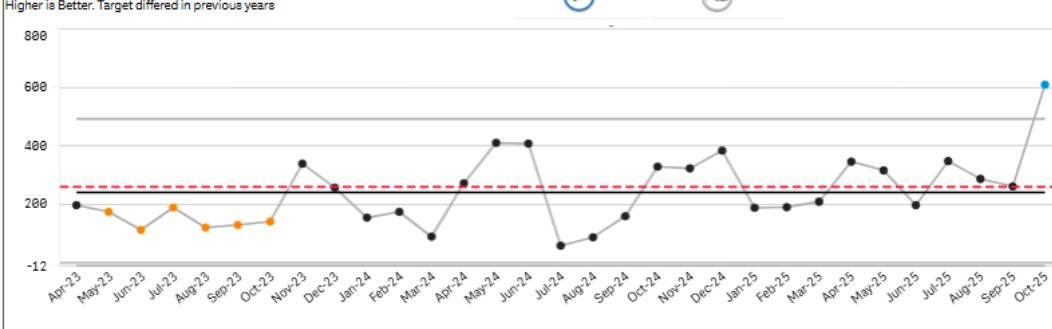
QS6 illustrates the monthly volume of unaccounted losses of Controlled Drugs (CDs) as reported through the DATIX/CDLIN system. The established target is less than 2 unaccounted losses per reporting cycle. Analysis of the data indicates there are 0 unaccounted for CD losses and 4 incidents pending investigation for October 2025. The primary issue relates to incomplete drug administration sheets and minimal data recorded on Datix, which limits the ability to conduct thorough investigations.

Actions (SMART):

Aim to reinforce accurate completion of drug administration sheets and a refresher on how to properly complete a Datix report.

Quality & Safety - Audits

QS8 - Hand Hygiene Audits Completed



Variation

Improving

Assurance

Random

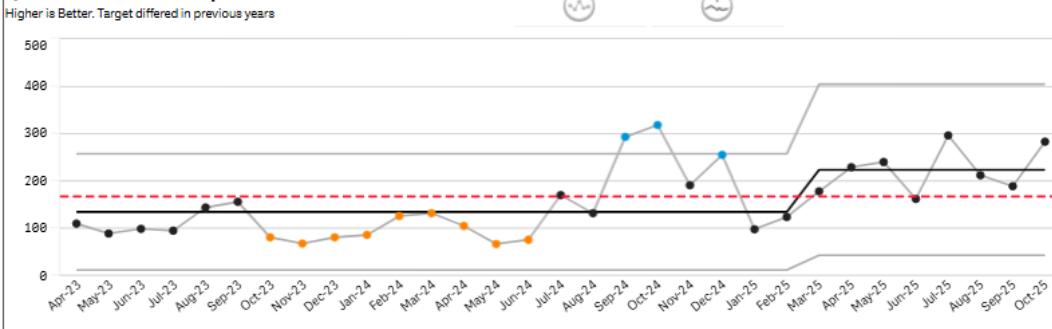
Target

261

Latest

611

QS10 - Vehicle Audits Completed



Variation

Expected

Assurance

Random

Target

167

Latest

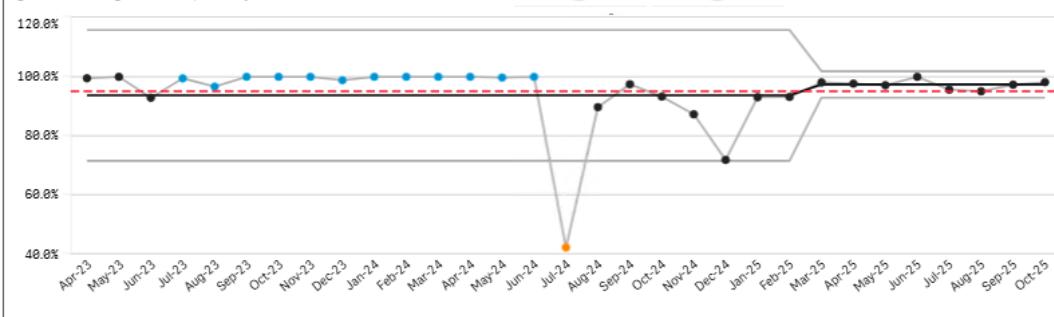
281

Understanding the Performance:

Indicators QS6, QS8 and QS10 are exceeding target with expected variation. QS7 is below target with lower scores across the nodal areas.

QS6 - Hand Hygiene Audits % Compliance

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

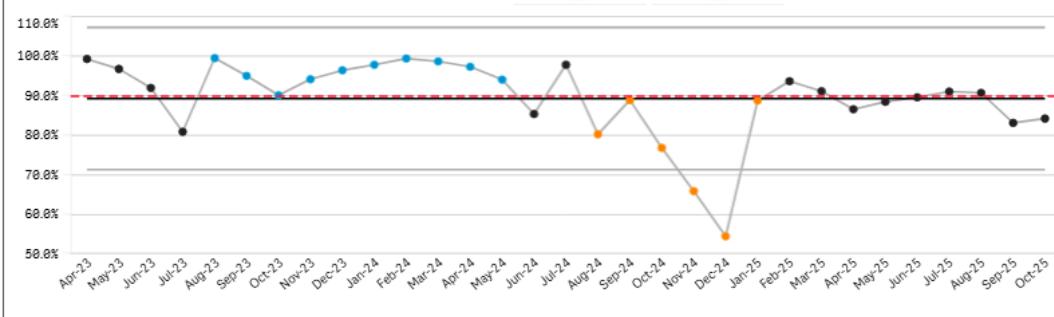
95%

Latest

98.2%

QS7 - Vehicle Audits % Compliance

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

90%

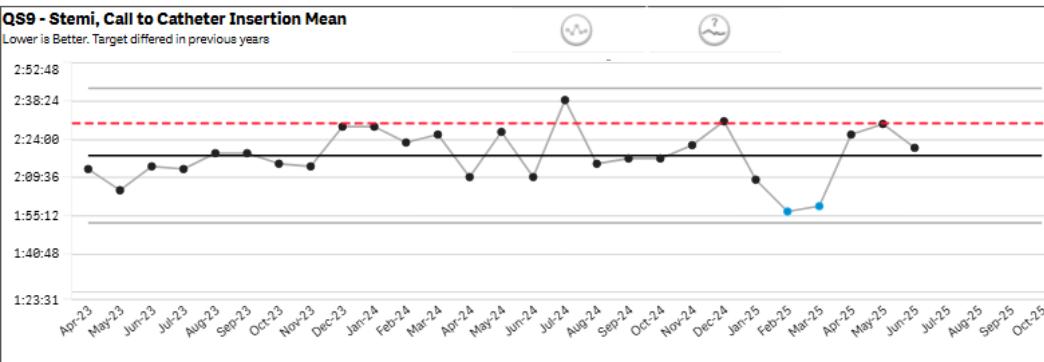
Latest

84.0%

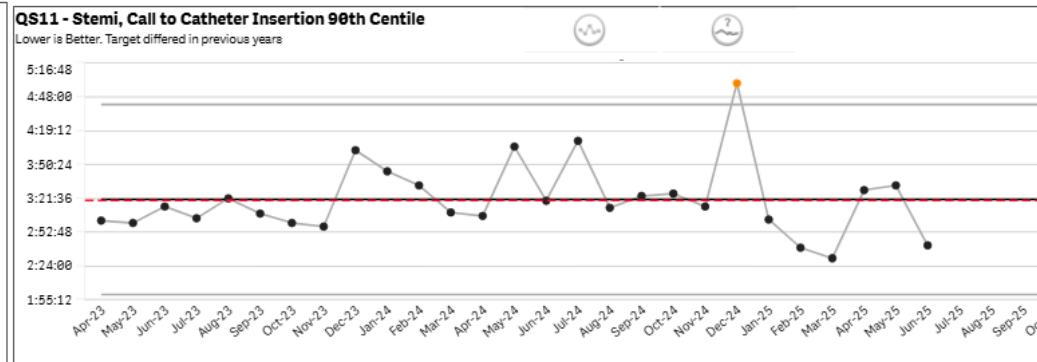
Actions (SMART):

Audit scores are shared with the make ready provider and fleet team. Improvement actions and progress are discussed at monthly provider meetings. Accreditation programme appears to have had positive impact on compliance with audit requirements with the first round of visits having completed. The timetable is being developed for a January start to round two. Level 3 audits carried out by IPC team at Emergency departments continue as per plan approved at Infection Prevention and Control Group.

Quality & Safety – AQIs – STEMI (Heart Attack) - Chief Paramedic Officer



Variation
Expected
Assurance
Random
Target
02:30:00
Latest
02:21:00



Variation
Expected
Assurance
Random
Target
03:20:00
Latest
02:42:00

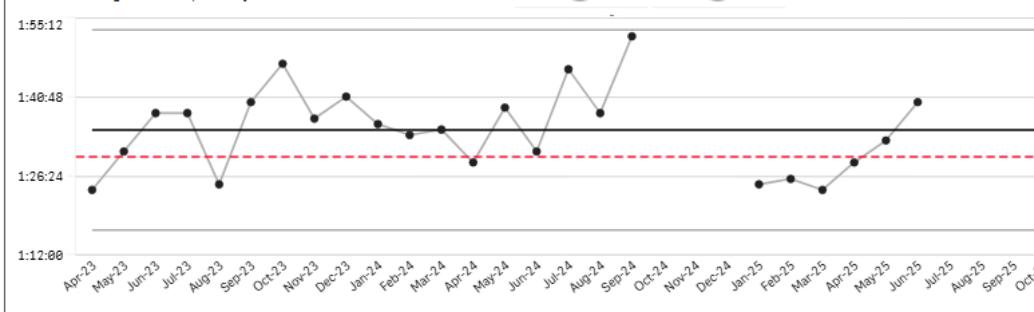
Understanding the Performance:

Actions (SMART):

Quality & Safety – AQIs – Stroke - Chief Paramedic Officer

QS12 - Stroke Call to Hospital Arrival Time Mean

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

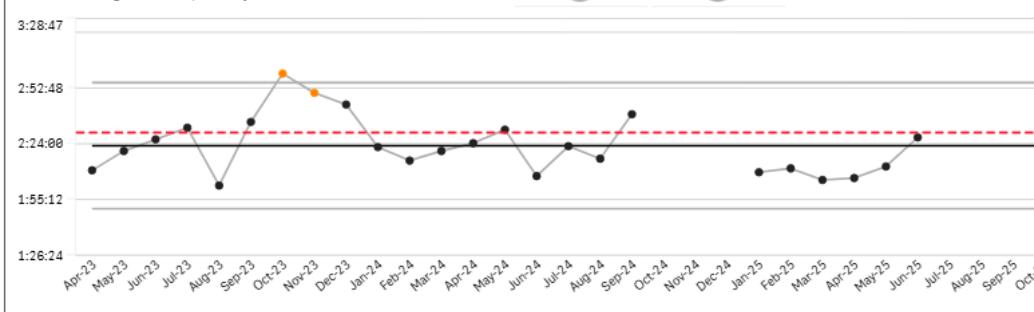
01:30

Latest

01:40:00

QS14 - Stroke Call to Hospital Arrival Time 90th Centile

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

02:30

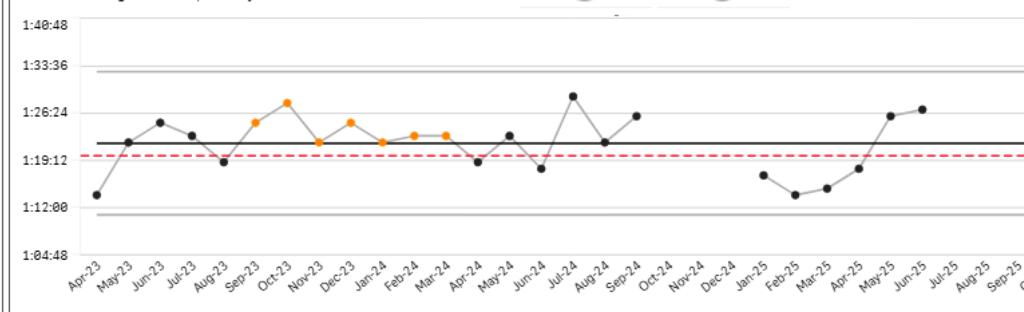
Latest

02:27:00

Understanding the Performance:

QS13 - Stroke Call to Hospital Arrival Time Median

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

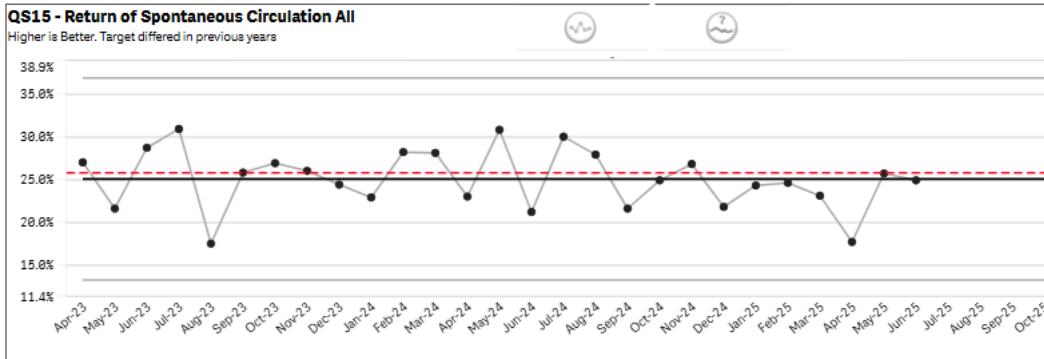
01:20

Latest

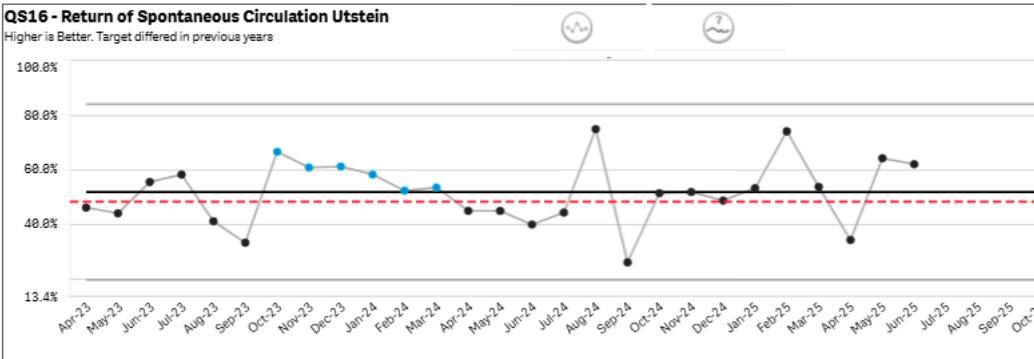
01:27:00

Actions (SMART):

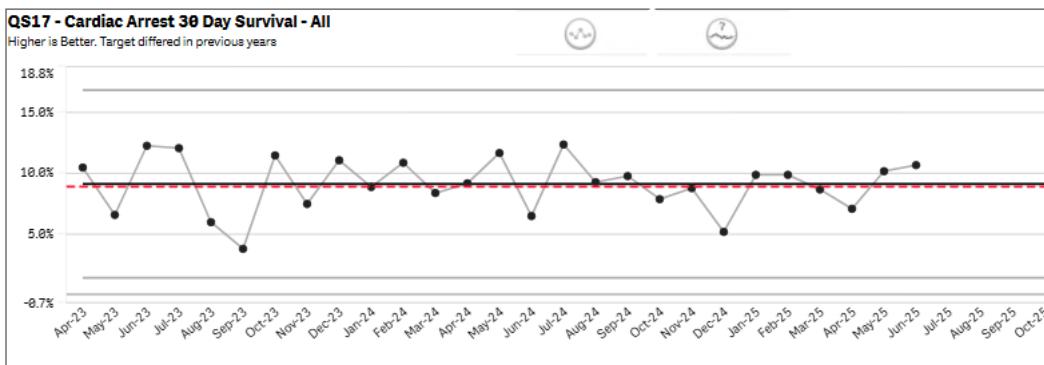
Quality & Safety – AQIs – Cardiac Arrest - Chief Paramedic Officer



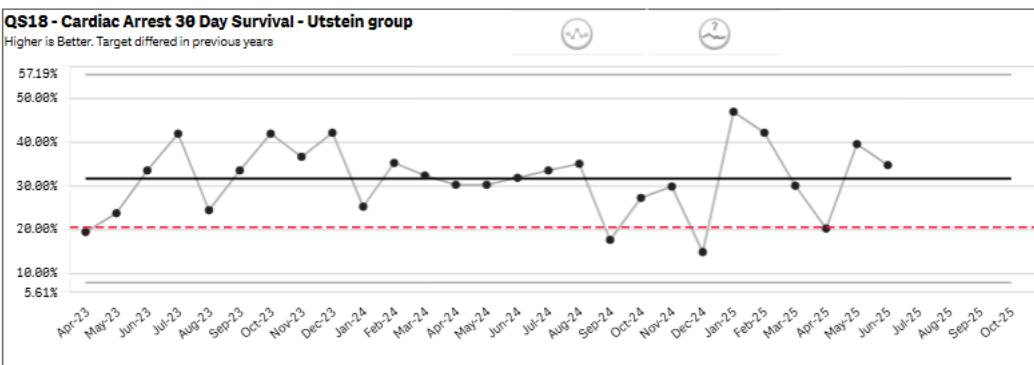
Variation
Expected
Assurance
Random
Target
25.8%
Latest
25.0%



Variation
Expected
Assurance
Random
Target
48.4%
Latest
62.1%



Variation
Expected
Assurance
Random
Target
8.9%
Latest
10.6%

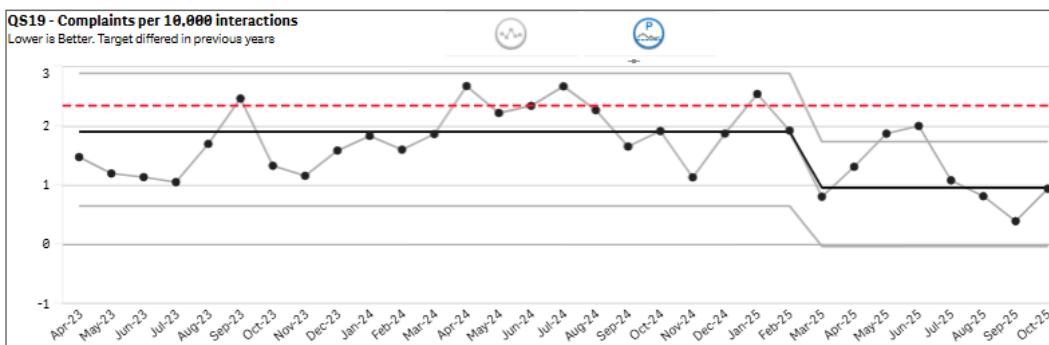


Variation
Expected
Assurance
Random
Target
20.6%
Latest
34.5%

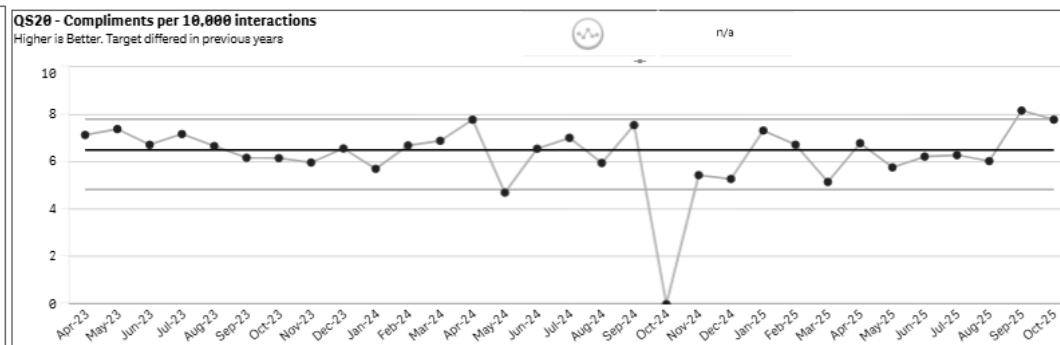
Understanding the Performance:

Actions (SMART):

Quality & Safety – Safeguarding and Patient Experience



Variation
Expected
Assurance
Pass
Target
2.34
Latest
0.95



Variation
Expected
Assurance
-
Target
-
Latest
7.79

Understanding the Performance:

QS20 – Concerns decreased from 83 to 81, 123 compliments were received for the same period. Themes are inappropriate care pathway in 111, lack of communication and delays in EUC and NEPTS attendance.

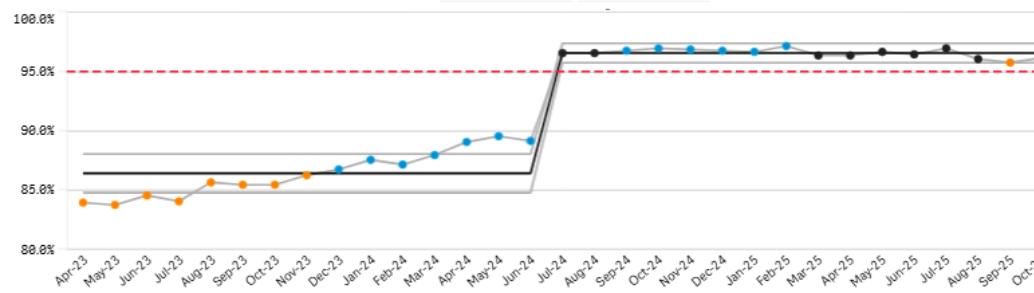
Actions (SMART):

QS20 – The patient safety team are undertaking targeted safety improvement work regarding delays in EUC. Please see QS3.

Quality & Safety – Safeguarding and Patient Experience

QS21 - Level 1 Safeguarding

Higher is Better. Target differed in previous years



Variation

Expected

Assurance

Pass

Target

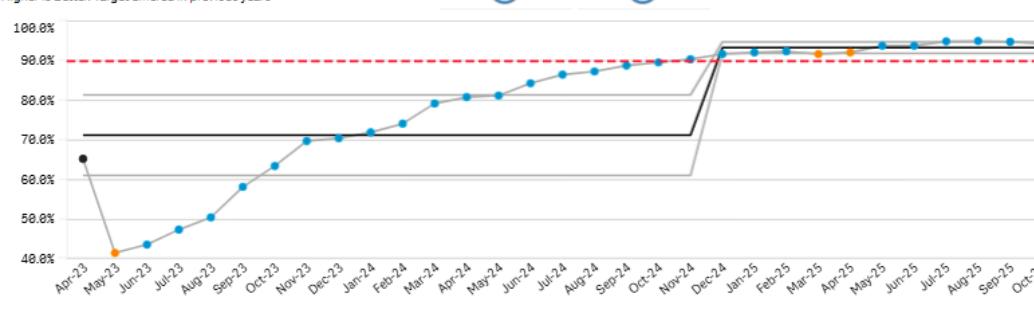
95%

Latest

96.2%

QS22 - Level 3 Safeguarding

Higher is Better. Target differed in previous years



Variation

Improving

Assurance

Pass

Target

90%

Latest

94.1%

Understanding the Performance:

QS21- QS22 Safeguarding Level 1 98% Safeguarding Level 3 94% (face to face element)

Actions (SMART):

Training Plan in place and to continue. Monitoring will be at service level and at the Safeguarding Committee . Deep dive into the data/ trajectory to be completed by the education team and a report to be presented at EMC in December 2026.

People

October-25 Summary

Metrics:



Assurance

Variance

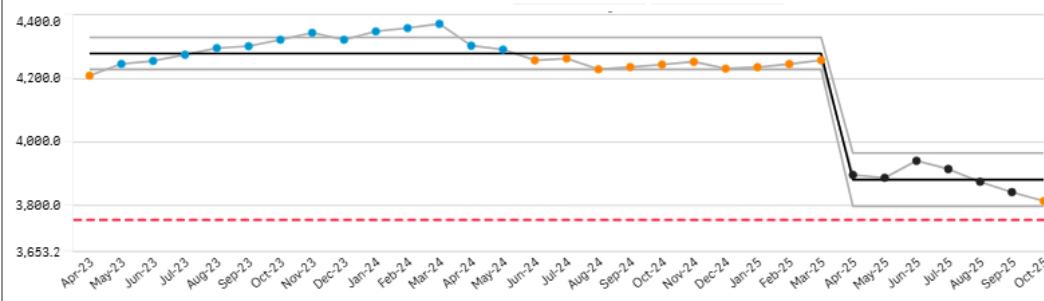
Q	Fail	Hit and Miss	Pass	No Target
			% Vacancy	
			Number of WTE	
	Appraisals - Trust Meal Break Compliance - SCAS	% Long term sickness % Sickness in month % Turnover Over-runs >30 mins - SCAS	% DBS Compliance	FTSU Cases Short term sickness
		Time to hire		
	% Trust staff who are BAME		% Trust staff who are declared disabled	
				
				

*Some of the YTD and 12 Months figures are based on aggregated data see data quality sheet for more information.									
KPI	Q	Latest Month	Measure	Target	Variation	Assurance	Mean	Lower Process Limit	Upper Process Limit
Number of WTE		Oct-25	3,815	3,753			3882.2	3798.2	3966.1
% Turnover		Oct-25	17.5%	17.70%			16.7%	15.4%	18.0%
% Vacancy		Oct-25	-1.6%	0.20%			-3.4%	-5.7%	-1.2%
Time to hire		Oct-25	91	84			110.4	31.1	189.8
% Trust staff who are BAME		Oct-25	8.6%	8.86%			8.4%	8.2%	8.6%
% Trust staff who are declared disabled		Oct-25	10.9%	9.54%			10.5%	10.1%	10.9%
% Sickness in month		Oct-25	6.7%	6.20%			6.8%	5.4%	8.3%
Short term sickness		Oct-25	2.7%			n/a	2.7%	1.9%	3.5%
% Long term sickness		Oct-25	4.0%	3.50%			4.0%	3.2%	4.7%
% DBS Compliance		Oct-25	98.6%	95.00%			97.4%	95.3%	99.6%
Appraisals - Trust		Oct-25	85.4%	95.00%			86.5%	82.3%	90.7%
Stat and Mand Compliance		Oct-25	96.6%		-	n/a	95.7%	92.3%	99.0%
FTSU Cases		Oct-25	27			n/a	16.0	0.9	31.0
Meal Break Compliance - SCAS		Oct-25	66.9%	85%			70.6%	60.9%	80.2%
Over-runs >30 mins - SCAS		Oct-25	16.6%	15%			14.8%	12.6%	17.0%

People - Workforce/WTE

P1 - Number of Whole Time Equivalents

Higher is Better. Target differed in previous years



Variation

Declined

Assurance

Pass

Target

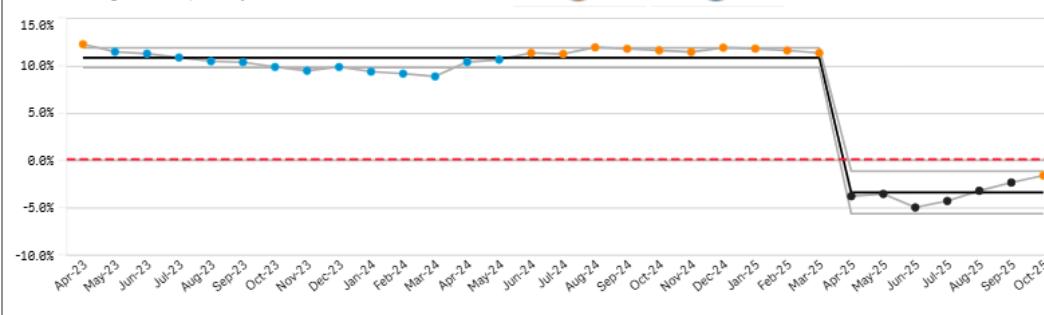
3,753.15

Latest

3814.6

P3 - Vacancy Rate

Lower is Better. Target differed in previous years



Variation

Declined

Assurance

Pass

Target

0.2%

Latest

-1.6%

Understanding the Performance:

P1 (WORKFORCE) - Overall WTE reduced by 28 in Sept (4th consecutive month). 999 reduced by 22, EOC reduced by 2, PTS reduced by 6, and Corporate reduced by 5. 111 was the only area that saw an increase, as we approach winter pressures.

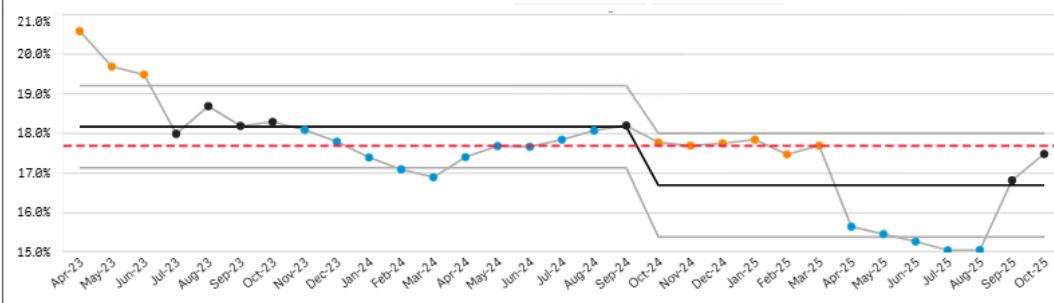
P2 (TURNOVER) - All areas above target. 999 = 9% / EOC = 26% / 111 = 29% / PTS = 19% / CORP = 14%. Attrition increasing in all areas with 999 having 3 consecutive months of higher leaver rates. 999 figures impacted by TUPE leavers, relocation and dismissals.

P3 (VACANCY) - EOC = 26 VAC (14 clinical), 111 = 61 VAC (53 non-clinical), but are using bank/overtime to cover vacancies. 999 is now at establishment. We continue a recruitment freeze in corporate and PTS.

P4 (TIME TO HIRE) - We are currently at 91 days against a target of 84.

P2 - Turnover Rate

Lower is Better. Target differed in previous years



Variation

Expected

Assurance

Random

Target

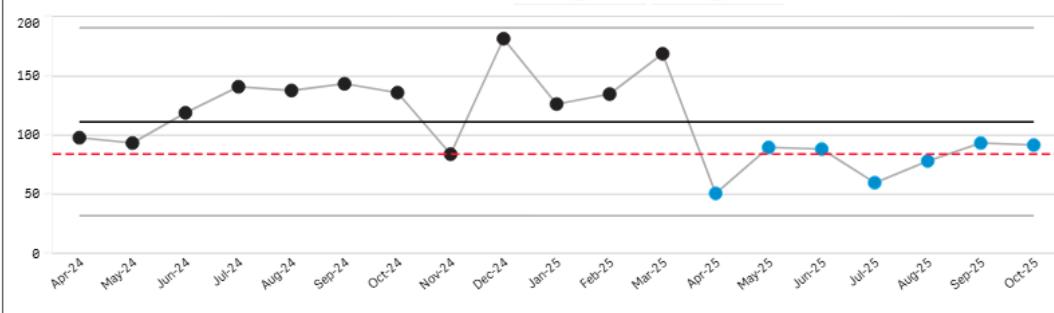
17.70%

Latest

17.5%

P4 - Time to Hire Employees

Lower is Better. Target differed in previous years



Variation

Improving

Assurance

Random

Target

84

Latest

90.8

Actions (SMART):

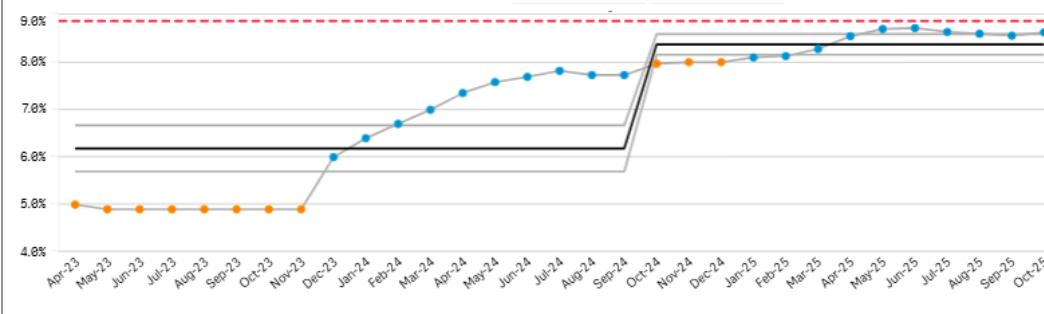
P1 - 999 at budget establishment with recovery plan in place. CCC has a small number of vacancies, with gap being met by Bank/Overtime. 999, PTS and Corporate remain on a recruitment freeze but is being closely monitored.

P2 - Workforce plans updated to reflect staff turnover. MARS scheme launched for all staff, targeted in line with service delivery and workforce requirements. Deep dive analysis is being submitted for review.

P3 - Monitoring of vacancy numbers continue in all IWPs, with particular focus on 999 & PTS to ensure recruitment/on-boarding can be completed promptly once workforce requirement for Q4 confirmed.

P4 - TTH impacted by on-boarding of internal Student Paramedics who have been on hold for over a year and one outlier in CCC requesting delayed start date.

People - Workforce/Availability

P5 - BAME Staff %
Higher is Better. Target differed in previous years

Variation

Improving

Assurance

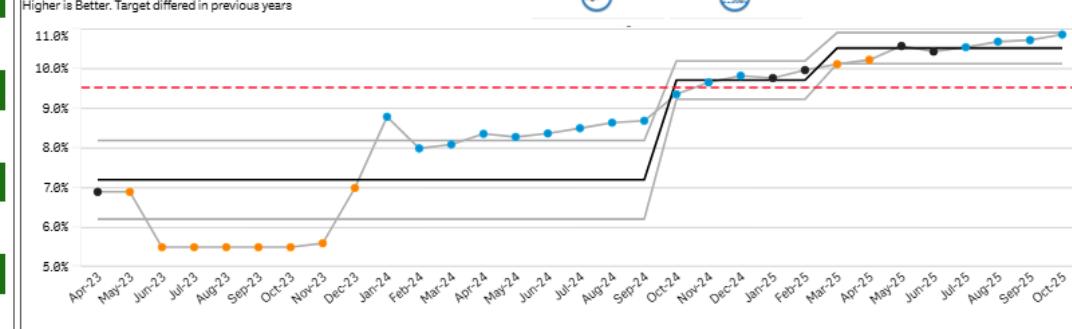
Fail

Target

8.9%

Latest

8.6%

P6 - Disabled Staff %
Higher is Better. Target differed in previous years

Variation

Improving

Assurance

Pass

Target

9.5%

Latest

10.9%

Understanding the Performance:

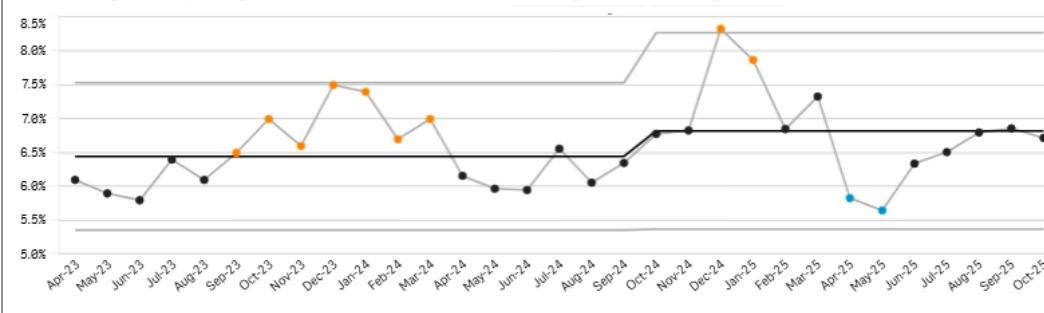
P5 - WRES % STAFF - No significant changes in 2025/26 in the % of BAME staff. The % staff of BAME staff is 0.6% higher than M7 2024/25

P6 - WDES % STAFF - Steady increase in staff declaring that they are disabled. At 10.88%, this is the highest number of disabled staff since SCAS was founded

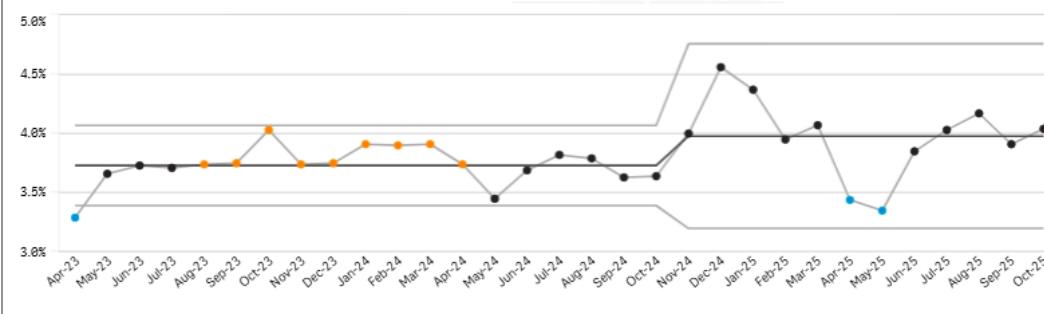
Actions (SMART):

P5 & P6 - This will be reported on a quarterly basis, where we produce deep dive analysis into the workforce EDI status, identifying trends, issues and risks.

People - Workforce/Sickness

P7 - Monthly Sickness
Lower is Better. Target differed in previous years

Variation
Expected
Assurance
Random
Target
6.2%
Latest
6.7%

P9 - Long Term Sickness
Lower is Better. Target differed in previous years

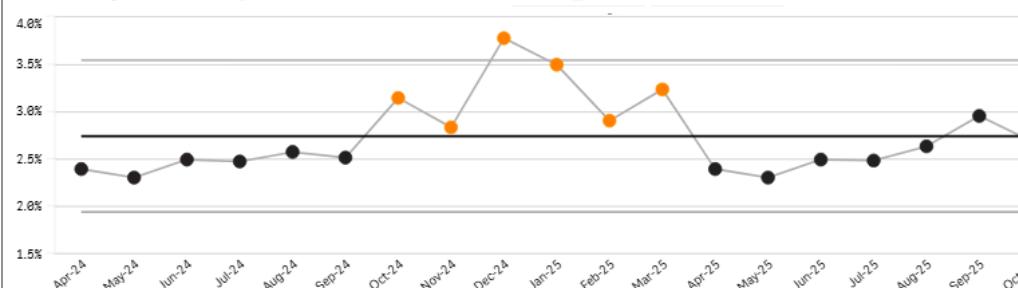
Variation
Expected
Assurance
Random
Target
3.5%
Latest
4.0%

Understanding the Performance:

P7 - Sickness above target in all areas 999 = 6.8% / EOC = 6.8% / 111 = 7.6% / PTS = 9.1% / CORP = 3.3%. Estimated cost of sickness has reached £7m for 25/26.

P8 - Long-Term Sickness is above target in PTS (6.4%), 111 (4.1%), 999 (3.9%), and EOC (3.8%). Corporate (2.1%) is the only area that are under target.

P9 - Short-Term Sickness is above target in 999 (2.9%), EOC (3.1%), and 111 (3.5%). PTS (2.7%) and Corporate (2.2%) are under target

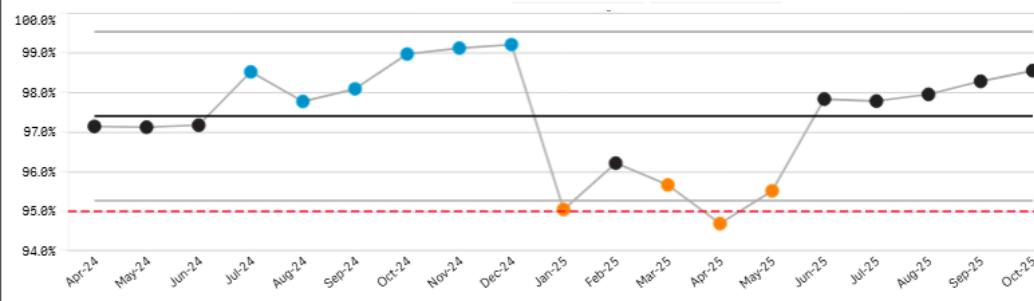
P8 - Short term sickness
Lower is Better. Target differed in previous years

Variation

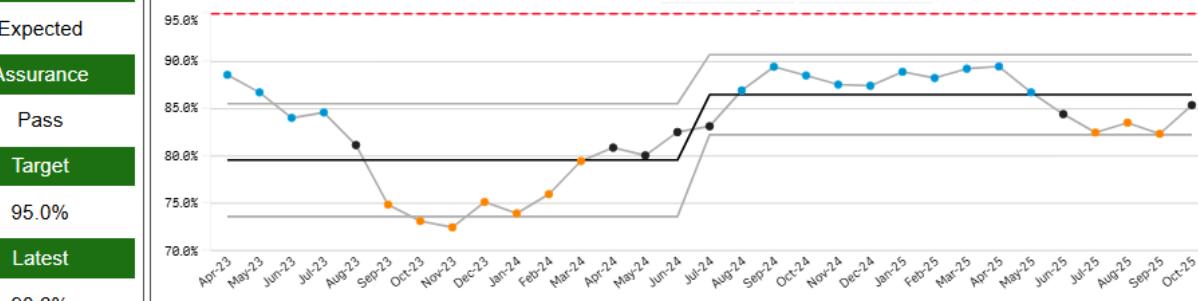
Actions (SMART):

P7-P9 - Weekly monitoring of all LTS is now taking place. We continue to monitor absence levels on a continuous basis. Proactively reported high sickness levels over 10% to all managers for them to address. Positive uptake of flu campaign. Funding has been gained for 'Back-Track' intervention, to improve sickness episodes relating to Musculoskeletal. Articles have been published on Hub / Staff Matters to promote better completion of GRS for reporting purposes. Winter wellness pack developed and to be published to all staff.

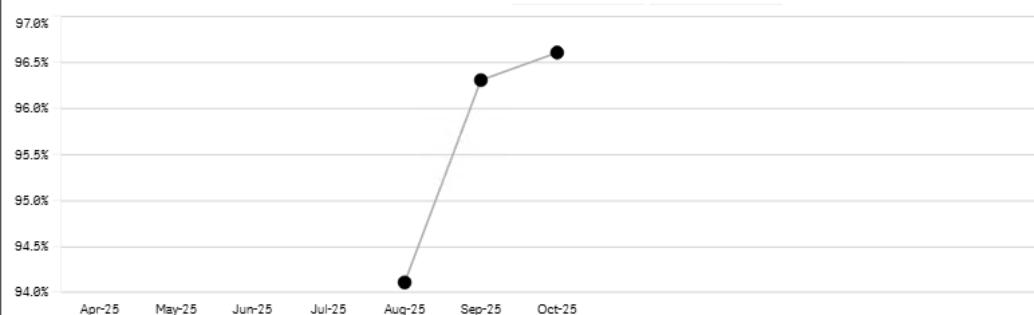
People – Workforce/Staff Compliance

P10 - DBS Compliance
Higher is Better. Target differed in previous years

Variation
Expected
Assurance
Pass
Target
95.0%
Latest
98.6%

P11 - Staff Appraisal Target
Higher is Better. Target differed in previous years**P11 - Staff Appraisal Target**
Higher is Better. Target differed in previous years

Variation
Expected
Assurance
Fail
Target
95.0%
Latest
85.4%

P12 - Stat and Man Training Compliance
Higher is Better. Target differed in previous years

Variation
Assurance
-
Target
-
Latest
96.6%

Understanding the Performance:

P10 – DBS - Continues to rise and remains above target. All areas compliant.

P11 – PDR - Trust improved in M7 (now at 85% against a 95% target). 999 (89%), EOC (81%), 111 (90%), and PTS (83%) all below target, Corporate has improved (71% to 78%), with People = 78%, Finance = 80%, Clinical = 87%, Digital = 73%, Governance = 67%. The Trust expects all areas to be compliant by 31st March

Actions (SMART):

P10 – DBS – Being closely managed. Some delays in DBS processing, which is increasing our time to hire performance. P11 – PDR - The PDR App now fully launched, and articles published with spotlight in November on The Hub; 80% of managers now signed up to the App. Improvements to the app include section to include departmental objectives Areas of low compliance continue to be actively targeted. Interim CPO to write to all Exec's and Senior Leaders within the organisation to remind them that all appraisals Trust wide should be completed asap. All areas are expected to meet the 95% target by the end of Q4

P12 - S&M - New inclusion criteria to ensure reporting is approved at EMC and implemented. Figure reported against Trust approved target (95% - all subjects except safeguarding L3 - 90%).



Trust Board of Directors Meeting in Public
 27 November 2025

Report title	Month 7 Financial Performance
Agenda item	10
Report executive owner	Stuart Rees, Chief Finance Officer
Report author	Mariam Ali, Assistant Director of finance
Governance Pathway: Previous consideration	Executive Management Committee (EMC) and Finance and Performance Committee
Governance Pathway: Next steps	n\ a

Executive Summary

Summary

Income & Expenditure

The reported Trust financial position in month and YTD is £210k deficit to plan due to the loss of H2 Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) deficit funding (£1.3m, £222k \ mth).

The YTD underlying position includes several risks, including:

- Over-establishment and frontline staffing cost pressures, under delivery YTD on the Cost Improvement Programs (CIPs) and the delayed return of Non-Emergency Patient Transport Services (NEPTS) vehicles.

These pressures were offset by rephased income agreed with the ICB, depreciation underspend and other favorable variances.

The YTD underlying position is currently £2.3m worse than plan before the income rephasing and non-recurrent benefits.

Capital

The Trust's YTD capital spend for Oct was £9.8m. The Trust underspent against its YTD capital budget by £8.2m, this is due to slippage in the sale and leaseback of Double Crewed Ambulances (DCA's) and Rapid Response Vehicles (RRV's).

Cash

The Trust's cash balance at the end of Oct stood at £28.8m. There was a net cash inflow in month 7 of £12.65m due mostly to slippage in vehicle capital projects, receipt of £5.5m of Public Dividend Capital (PDC) and the receipt of sale/leaseback income of £6.4m. This is £5.5m below the plan due mostly to the timing of DCA sale and leaseback receipts.

Key Performance Indicators

	Actual	Plan	Variance
Surplus / (Deficit) In-month (£'000)	-455	-245	-210
Pay Costs In-Month (£'000)	17,904	17,964	60
Agency Costs - in month (£'000)	144	51	-93
Capital Spend in-Month (£'000)	9,763	17,939	-8,176
Closing Cash Position (£m)	28.8	34.3	-5.5

Alignment with Strategic Objectives

With which strategic theme(s) does the subject matter align? (If more than one, please write manually)

Finance & Sustainability

Relevant Board Assurance Framework (BAF) Risk

To which BAF risk(s) is the subject matter relevant? (If more than one, please write manually)

SR5 - Increasing Cost to Deliver Services

Financial Validation	Capital and/or revenue implications? If so: Checked by the appropriate finance lead? (for all reports) Considered by Financial Recovery Group (for reports where the financial impact is not covered within existing budgets)
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Recommendation(s)

- What is the Committee/Board asked to do:
Receive a report/paper for noting

For Assurance	✓	For decision		For discussion		To note	✓

1. Background / Introduction

- This report is produced monthly to update the Committee on the latest financial position and any risks to the achievement of financial objectives.

Income and Expenditure (I&E)

In month 7, the Trust's I&E position is adverse to plan due to the removal of the Deficit Support Funding for October.

	Month 7			YTD - Month 7			FY 25/26
	Actual £'000s	Budget £'000s	Variance £'000s	Actual £'000s	Budget £'000s	Variance £'000s	Budget £'000s
Income from patient care activities	25,650	25,887	(237)	184,423	182,705	1,718	312,849
Other income	578	442	136	2,593	3,093	(500)	5,303
Deficit Support Funding	-	222	(222)	1,331	1,552	(221)	2,661
Pay							
Substantive	(17,704)	(17,569)	(135)	(123,142)	(121,862)	(1,280)	(209,336)
Bank	(200)	(395)	195	(2,431)	(2,765)	334	(4,736)
Agency	(144)	(51)	(93)	(1,111)	(441)	(670)	(696)
Non Pay	(18,048)	(18,015)	(33)	(126,684)	(125,068)	(1,616)	(214,768)
Depreciation	(7,040)	(6,904)	(136)	(51,228)	(50,191)	(1,037)	(83,492)
Financing Costs	(1,495)	(1,754)	259	(10,020)	(11,251)	1,231	(21,237)
Other - Gains \ Losses	(165)	(174)	9	(789)	(965)	176	(1,936)
Other - Tax	1	-	1	37	-	37	-
Surplus/(Deficit)	(519)	(303)	(216)	(337)	(175)	(161)	(708)
Adjustments	65	59	6	364	413	(49)	708
System Reported Surplus/(Deficit)	(454)	(244)	(210)	27	238	(210)	0
£m	M1	M2	M3	M4	M5	M6	M7
Plan	0.2	0.2	0.4	(0.0)	(0.1)	(0.2)	(0.2)
Actual	0.2	0.2	0.4	(0.0)	(0.1)	(0.2)	(0.5)
Variance to Plan	0.0	0.0	0.0	0.0	0.0	(0.2)	(0.2)
							YTD
							0.2
							0.0
							(0.2)

The H1 reported position included £1.9m income brought forward and a one-off technical benefit of £0.3m to deliver in line with plan. Income in H2 will be adjusted to unwind for this rephasing.

	Apr-25 £'000	May25 £'000	Jun-25 £'000	Jul-25 £'000	Aug-25 £'000	Sep-25 £'000	FY 25/26 £'000
Income Rephasing	375	500	543	152	344	-	1,914
Non Recurrent Adjustment	-	-	352	-	-	-	352
Other							
Income Rephased	375	500	895	152	344	-	2,266
Cumulative	375	875	1,770	1,922	2,266	2,266	

Trust Position

For SCAS, the table below details the financial position, by Division, as of Oct 2025 (Month 7)

		Month 7			Month 7 YTD		
		Actual £'m	Plan £'m	Variance £'m	Actual £'m	Plan £'m	Variance £'m
999	Income	20.4	20.7	(0.2)	146.8	145.2	1.6
	Expenditure	(16.5)	(16.2)	(0.3)	(116.4)	(113.2)	(3.2)
	Contribution	3.9	4.5	(0.6)	30.4	32.0	(1.5)
	%	19%	22%	21%	21%	22%	
	Income	3.8	3.8	(0.0)	26.4	26.4	(0.0)
	Expenditure	(3.0)	(3.3)	0.2	(22.0)	(22.0)	0.0
111	Contribution	0.7	0.5	0.2	4.4	4.4	0.0
	%	19%	14%	17%	17%	17%	
	Income	1.9	2.0	(0.1)	13.5	13.8	(0.3)
	Expenditure	(1.7)	(1.6)	(0.1)	(11.6)	(11.4)	(0.1)
	Contribution	0.2	0.3	(0.1)	2.0	2.4	(0.4)
	%	11%	18%	15%	15%	17%	
Operations Total Contribution		4.9	5.4	(0.5)	36.8	38.7	(1.9)
		19%	20%	20%	20%	21%	
Corporate		(5.4)	(5.7)	0.3	(37.2)	(38.9)	1.7
Surplus/(Deficit)		(0.5)	(0.3)	(0.2)	(0.3)	(0.2)	(0.2)
Reporting Adjustments		0.0	0.1	(0.0)	0.3	0.4	(0.1)
Adjusted Surplus/(Deficit)		(0.5)	(0.2)	(0.2)	0.0	0.2	(0.2)

Service-Specific Performance

The main points to note for Month 7 performance is:

999 Division

(£575k) deficit against budget in month.

Income (£234k) – reduction results from starting to unwind the rephasing of the block income in months 1-5.

The Expenditure variance of (£341k) deficit in the month for 999 relates to:

- **A&E Resource** (£395k) overspend on A&E Resource is now mainly due to the pay uplifts across the Non-Clinical Grades, and arrears which are a lot higher than originally planned. We are seeing a reduction on the over-establishment through attrition, at Oct-25 showing 7wte.
- **Frontline Non-Pay** is underspent £197k mainly due to vehicle leases budget for New Vehicles however delays in delivery.
- **Fleet** (£270k) deficit due to vehicle lease accruals
- **Emergency Operations Centre (EOC)** are £101k underspent. CCC Education/Audit and other EOC teams continue to hold vacancies and remain under-establishment, ECT had 13 WTE leavers in month.

111 Services

Vacancies are being held, and overtime has been reduced in line with CIP plans – this non recurrent benefit leaves us with a £217k surplus in month

Non-Emergency Patient Transport Services (NEPTS)

The NEPTS division reported a £139k deficit against budget.

Operational expenditure continues to be adversely impacted by delays in finalising the optimal fleet configuration and returning surplus vehicles. These delays have resulted in sustained costs that were expected to reduce in 2025/26, particularly in relation to repairs and maintenance. The

anticipated savings from operating a newer, leaner fleet have not materialised due to the extended retention of older vehicles, leading to unfunded maintenance and MOT expenses.

A number of vehicles have now been identified for return; however, associated costs will persist until the contractual notice periods have expired.

Additionally, the division is experiencing increased expenditure following the implementation of revised Integrated Care Partnership (ICP) guidance. This has introduced extended cleaning requirements and associated costs. Further financial pressure has arisen from unanticipated large-scale vehicle damage and legal advisory costs related to Private Provider (PP) contracts.

Corporate Divisions

£310k surplus against plan. Main variances are:

- Estates utilities, rents and rates £67k – this is a further CIP opportunity.
- People is also £174k underspent due to vacancies being held and CIP delivery
- Digital is £85k underspent due to EPR contract costing less than budgeted

Depreciation and financing costs

Expenditure below plan YTD due to the ongoing fleet timing of the capital program and the catch-up in the leasing of the DCA's and other vehicle cohorts.

Financial Risks & Planning

We continue to forecast a FY financial position in line with our breakeven plan. The current approach assumes that budget holders will manage spend within budgeted levels, deliver their full efficiency requirement with any shortfall throughout the 2025/26 mitigated through additional savings.

There are a few known risks in delivering the breakeven plan, these include the current underlying run rate (additional workforce costs and underperformance of CIP), MARS scheme and depreciation funding claw back.

The ICB has confirmed the Deficit Support Funding (DSF) has been lost for quarter 3, this will reduce our monthly block income by £222k \ mth, however, there is the possibility that this can be re-earnt in quarter 4, we have forecast the FY position on the basis of no overall loss of DSF.

The Trust is also monitoring emerging risks that may have future financial and compliance implications, these include potential exposure related to the Blue Light Car Tax Review and the historical Pay Progression issue, both of which date back to 2020. These potential risks are under review and will be assessed further as part of the Trust's ongoing financial risk management and assurance processes and the committee will be kept informed on developments.

Anticipated I&E risks will need to be mitigated by additional cost savings and potential non-recurrent technical adjustments, these will provide some mitigations against our current financial risks. These will be captured in future months as they become known and quantified.

The initial planning guidance is indicating draft financial and workforce submissions will be required in November and December, this is considerably earlier than recent years cycles. The month 6 financial performance will be our baseline position for the Trust's multi-year planning process (2026/27–2029/30), as outlined in the Planning Update and associated presentation.

Month 6 performance will also inform workforce and contracting assumptions that will support the development of the Trust's operational and strategic plans.

As we look to develop our 2026/27 plan and financial position the impact of the recurrent and non-recurrent risks and mitigations in this financial year will segue to understand our underlying position and where necessary will require addressing recurrently going forward and either limiting investment opportunities or increasing the efficiency requirement.

During 2025/26 we have seen the financial cost of the delays in returning NEPTS Fleet, these are non-recurrent (and have been mitigated in year with additional non-recurrent actions), whilst other risks are recurrent in nature (delays in the staff Pay Progression) and this will affect the underlying position going into 2026/27.

The delivery of the Financial Recovery Plan (FRP) and mitigation of current cost pressures are critical to achieving the Year 1 breakeven target and enabling a surplus position by Year 3. Furthermore, the Trust's financial performance directly influences its NHSE Provider Oversight Framework segment rating, which impacts access to capital flexibilities essential for estate and digital transformation.

Financial Recovery Plan (FRP)

The Trust's Financial Recovery Plan target was revised in July to £24.4m, this has increased from the planned £21.6m, due to current YTD underlying financial performance and additional cost pressures. The anticipated TUPE costs of c£0.5m and the balance of the remaining ICT cost pressures have now also been included increasing the 2025/26 savings challenge to just over £25m.

Together with the Transformation team further work was undertaken monthly since August with challenging divisions and departments on the status, current delivery and risks within existing efficiency programme using a RAG rating. The initial feedback was reviewed at executive level with targeted action plans being developed.

The process identified some risk in the existing schedules and hence the remaining gap required to fully deliver both the planned £21.6m savings and the further stretch targets.

Further details are contained within the separate Financial recovery paper.

Trust Pay Costs

Employee expenses	Month 7			YTD		
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Current Plan £'000	Variance £'000
Substantive	17,704	17,569	(135)	123,142	121,862	(1,280)
Bank	200	395	195	2,431	2,765	334
Agency	144	51	(93)	1,111	441	(670)
Total Pay costs	18,048	18,015	(33)	126,684	125,068	(1,616)

Pay Costs:

- Total pay expenditure for the month was £18.0m, against a planned figure of £18.0m. There was some over establishment within frontline Ops, but this has been offset by a reduction in bank staff.

Agency Spend:

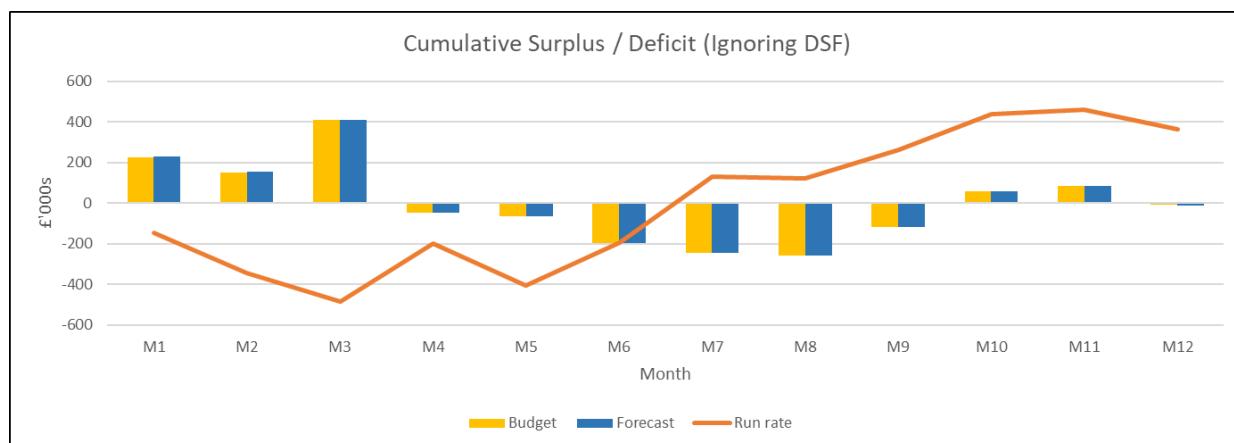
- Agency costs totalled £144k, exceeding the plan by (£93k).
- The spend above plan was driven by Fleet Mechanics in SCFS.

Run Rate

Actions and mitigations have and continue to be actively developed including the further efficiency target alongside potential further non recurrent benefits. It is anticipated these will fundamentally close the risks within the Trusts immediate control.

A paper has been taken to Executive Management Committee (EMC) that looked to address the over establishment issue in frontline operations with a recommended option that increased the year to date overspend from £0.4m to a full year overspend of £0.8m. This has been built into a detailed Trust wide forecast outturn which shows the Trust will make a circa £4m deficit if CIPs delivery and cost pressures are not covered by further savings.

To achieve a breakeven position for the year the Trust is required to find circa £24m of savings in line with the projection shared with the Extra Ordinary Finance and Performance Committee on 2nd July and deliver an improved H2 monthly financial position.



The ICB has confirmed the system will lose the Qtr 3 deficit support funding for 2025/26 and we have seen our income for October reduced by £222k, it is possible this can be regained in Qtr 4 with no overall impact to the financial position.

Capital

The Trust's capital spend by Oct was £9.8m. The Trust underspent against its capital budget by £8.2m, this was due to slippage in the sale/leaseback element of capital projects.

Capital underspend – Key Drivers

- The £8.2m capital underspend in Month 7 is mainly due to delays in the Fleet programme:
- 2023/24 DCA Cohort (72 Fiat units): Delivery phased April–October; 68 units received, 45 sold and leased back. Ongoing quality issues have delayed completion, creating an IFRS16 lease underspend of £4.5m and a £2.1m YTD variance. Remaining 23 units expected in December.
- 2024/25 DCA Cohort (72 Fiat units): Delivery from O&H Venari delayed; 31 units received. IFRS16 lease underspend of £4.9m offsets Capital Departmental Expenditure Limit (CDEL) spend of £8.2m.
- 2025/26 DCA Cohort (70 MAN units): Conversion and equipment costs now expected in 2026/27. Only 15 units anticipated before year-end; £1.2m spent against £7.2m budget.
- Rapid Response Vehicles (RRVs): 15 units sold and leased back in October; remaining conversions due by February 2026.

The HIOW ICB has agreed to fund SCAS an additional £0.5m CDEL for the purposes of fitting out and leasing the Aylesbury Vehicle Commissioning Unit (VCU). It is anticipated that this £0.5m will

be shown from month 9 onwards. The fit-out costs are forecast at £0.5m and the IFRS16 lease element c £1m.

IFRS16 CDEL is estimated to underspend by £0.5m, this is due to the delay in the 2025/26 MAN cohort where the coachbuilding and equipment costs have mostly slipped into 2026/27.

The sale of the Chalfont property has been delayed, there remains an issue regarding access to the site, discussions are on-going with Buckinghamshire CC who own the land that provides access to the Station.

The sale of the Amersham property is on-going, there is a potential buyer and could complete before 31st March 2026. Only one of the possible sales has been reflected in the forecast.

The property at Maids Moreton is also to be sold, however, it is not anticipated to be in 2025/26.

Capital Forecast

The Trust has been in discussions with the ICB for potential brokerage, this would be transacted by an increase to our CDEL allocation rather than via PDC and therefore not supported by any additional cash.

The capital forecast is reliant on third parties delivering to agreed schedules.

	£m	Year to Date			Forecast		
		Actual	Plan	Variance	Actual	Plan	Variance
Estates	Internal CDEL	1.3	0.6	0.7	1.4	1.4	0.0
	PDC	0.1	2.6	(2.5)	5.1	5.1	0.0
	IFRS16	0.0	0.0	0.0	0.0	0.0	0.0
	Total	1.4	3.2	(1.8)	6.5	6.5	0.0
Digital	Internal CDEL	0.2	0.4	(0.2)	1.0	1.0	0.0
	PDC	0.2	0.2	(0.0)	1.1	1.1	0.0
	Total	0.5	0.6	(0.2)	2.1	2.1	0.0
Fleet (23/24 DCA Cohort)	Internal CDEL	(3.4)	(5.9)	2.4	(5.9)	(5.9)	0.0
	IFRS16	5.0	9.5	(4.5)	9.5	9.5	0.0
	Total	1.5	3.6	(2.1)	3.6	3.6	0.0
Fleet (24/25 DCA Cohort)	Internal CDEL	4.8	(3.2)	8.0	(2.8)	(2.8)	0.0
	IFRS16	0.0	4.9	(4.9)	9.8	9.8	0.0
	Total	4.8	1.7	3.1	7.0	7.0	0.0
Fleet (25/26 DCA Cohort)	Internal CDEL	0.0	(5.3)	5.3	(10.5)	(10.5)	0.0
	PDC	1.2	7.6	(6.4)	8.4	8.4	0.0
	IFRS16	0.0	4.9	(4.9)	9.8	9.8	0.0
	Total	1.2	7.2	(6.0)	7.7	7.7	0.0
Fleet (Non-DCA)	Internal CDEL	(1.6)	(4.2)	2.6	(4.2)	(4.2)	0.0
	IFRS16	2.0	5.7	(3.7)	6.1	6.1	(0.0)
	Total	0.4	1.5	(1.1)	1.9	1.9	(0.0)
Internal CDEL Total		1.2	(17.5)	18.8	(20.9)	(20.9)	0.0
IFRS16 Total		7.0	25.0	(18.0)	35.2	35.2	0.0
PDC Total		1.6	10.5	(8.9)	14.6	14.6	0.0
Total		9.8	17.9	(8.2)	28.9	28.9	0.0

* PDC – Public Dividend Capital

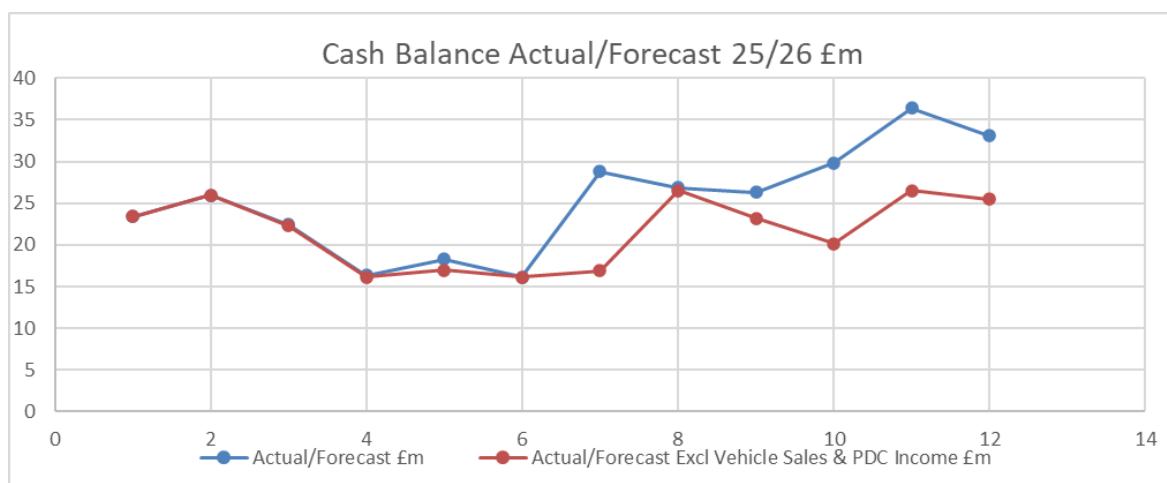
Cash

The Trust's cash balance at the end of Oct was £28.8m.

2025/26	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Income £m	30.3	29.6	25.2	29.6	29.8	28.2	41.8	27.9	30.9	37.2	37.0	34.6
Expenditure £m	(34.9)	(27.0)	(28.8)	(35.6)	(27.8)	(30.3)	(29.1)	(29.8)	(31.5)	(33.6)	(30.4)	(38.0)
Net Inflow/(Outflow) £m	(4.6)	2.6	(3.6)	(6.1)	2.0	(2.1)	12.7	(2.0)	(0.6)	3.6	6.6	(3.3)
Cash Balance £m	23.4	26.0	22.4	16.4	18.3	16.2	28.8	26.9	26.3	29.9	36.4	33.1
Cash Lowest Point	21.6	19.8	22.0	11.9	13.8	15.4	13.9					

The lowest point of cash in the month was £13.9m which is a decrease from last month of £1.5m. The increase in cash is mostly due to the receipt of PDC and vehicle sales proceeds.

There was a net cash inflow in month 7 of £12.65m due mostly to slippage in vehicle capital projects, receipt of £5.5m of PDC and the receipt of sale/leaseback income of £6.4m. This is £5.5m below the plan due mostly to the timing of DCA sale and leaseback receipts.



The 90-day debtor decreased to £0.163m in Oct (£0.312m in Sept). This represents 11.23% (16.2% in Sept) of the total debtor balance. The percentage debtors has decreased due to the overall debt balance reducing, debts overdue include; Eurobindo Emergency Medical Services £81k, FedBucks Ltd £29k, NHS Beds Luton and Milton Keynes ICB £27k, NHS Frimley £13k and University Hospital Southampton NHS FT £13k.

Our Better Payment Practice Code (BPPC) performance continues above the 95% target at month 7.

Month 7 - YTD BPPC				
-	Number	%age	Value	%age
NHS	458	97.6%	£4,333,137	99.9%
Non-NHS	14,037	95.5%	£112,505,909	98.7%
Total	14,495	95.6%	£116,839,046	98.7%

Target	95.0%	95.0%
Variance	0.6%	3.7%

2 Quality Impact

3 Financial Impact

As detailed above

4. Risk and compliance impact

Area of Risk

- The YTD position includes the H1 income rephasing of £1.9m. This is being unwound in the second half of the year and will also require a reduction in expenditure in future months to offset this rephasing.
- The CIP plan needs to deliver in full to achieve the planned break-even position.
- The capital plan has been reduced in line with available funding. The Trust will continue to pursue funding opportunities to meet capital requirements where available.
- The delay in delivery of new DCA vehicles will impact the replacement policy and result in higher maintenance costs.
- The inability to invest in a new fleet workshop and vehicle commissioning unit will lead to higher vehicle off road (VOR) impacting frontline performance and will also lead to higher maintenance costs.
- Workforce cost pressures: Pay and agency costs are significantly over budget
- System-level financial pressures: The system's capital plan exceeds allocation, and NHSE rules limit support unless within 5% of allocation.

5. Equality, diversity and inclusion impact

6. Next steps

To address the underlying financial position in month 7, the following actions need to be taken:

- Further push the workforce recovery plans submitted to the ICB on 27th August.
- Continue to review frontline establishment, identifying opportunities to delay, reduce or stop recruitment.
- Identify management strategies to control costs
- FRG and Financial Sustainability Development Group (FSDG) meetings continue with the challenge to the divisional recovery plans.
- EMC will be review the detailed action plan and specific steps for each area to address deficit or unmet CIPs

7. Recommendation(s)

The Board is asked to:

- The Committee is asked to note the Month 7 Financial performance and current risks to delivering the FY plan.

Trust Board of Directors Meeting in Public
27 November 2025

Title	SCAS Charity Annual Report and Accounts 2024-2025
Report Author	Vanessa Casey
Executive Owner	Stuart Rees
Agenda Item	11
Governance Pathway: Previous	Charitable Funds Committee – 2 nd October 2025
Governance Pathway Next Steps	Paper to be signed off and submitted to the Charity Commission by 31 January 2026

1. Purpose

The Charity's Report and Accounts for 2024-2025 have been submitted and agreed by the Independent Examiner. They have been reviewed by the Charitable Funds Committee and Audit Committee and are now tabled for final sign off by the board prior to submission to the Charity Commission.

The Independent Examination did not highlight any issues to be addressed.

2. Attachments

The annual report and accounts and the letter of representation are attached. On approval by the board, digital signatures and dates will be added before submission to the Charity Commission.

3. Recommendations

The Board is asked to review and approve the final report and accounts for submission to the Charity Commission.

For Assurance		For decision	<input checked="" type="checkbox"/>	For discussion		To note	
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South Central
Ambulance
Charity

2024 | 2025
ANNUAL
REPORT



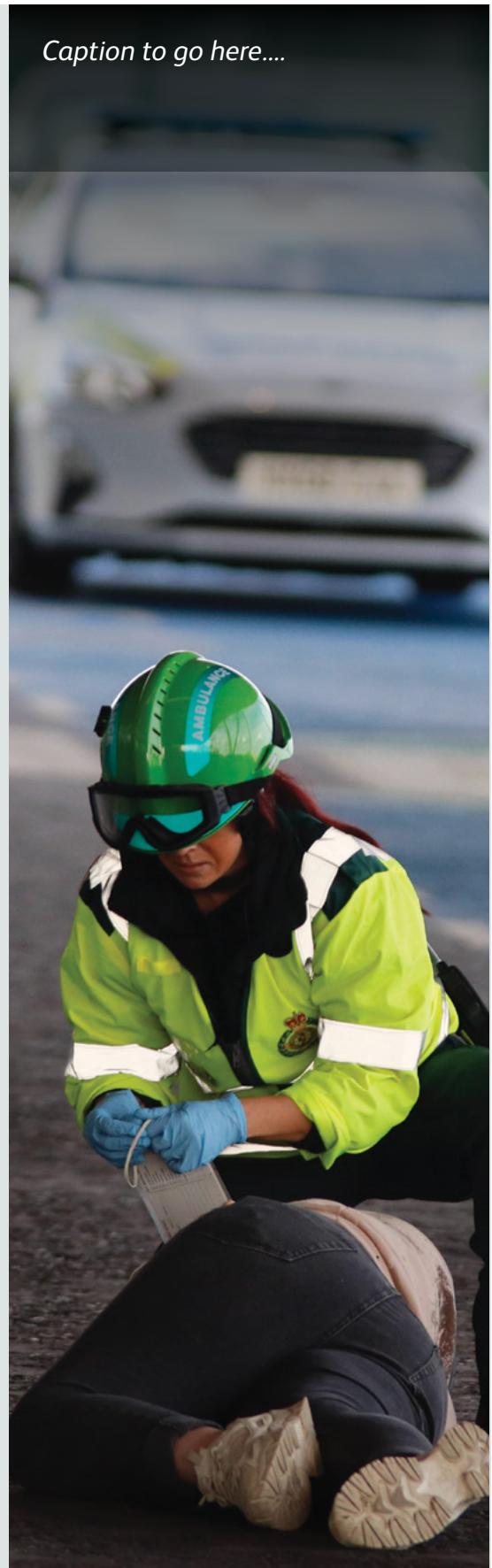
TANIA & RICHARD CHEALE P.17

CONTENTS

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SOUTH CENTRAL AMBULANCE CHARITY	PAGE 3
Objectives and activities	page 4
Fundraising standards information	page 6
Public Benefit	page 6
Structure, Governance & Management	page 7
ACHIEVEMENTS AND PERFORMANCE	PAGE 8
Our Volunteers	page 8
Conference and Awards	page 12
One Big Thank You	page 13
FINANCIAL REVIEW	PAGE 15
Income	page 15
CPR-A-Thon	Page 16
Community Fundraising	Page 18
How We Spent Our Funds	Page 21
Projects Supporting Staff	Page 22
Mental Health & Wellbeing	Page 23
Community First Responder & Co-Responder Programme	Page 23
Central Charity Costs	Page 24
Charity Reserves Policy	page 14
TRUSTEES RESPONSIBILITY STATEMENT	PAGE 26
INDEPENDENT EXAMINER'S REPORT	PAGE 27
FINANCES	PAGE 28
Notes to the Accounts	Page 31

Caption to go here....



SOUTH CENTRAL AMBULANCE CHARITY

ANNUAL REPORT 2024-2025

Introduction

This annual report has been prepared in accordance with the following directions:

Charity SORP (FRS 102); Charities Act 2011

Registered Address

The registered address of the Charity is Unit 7-8 Talisman Business Centre, Talisman Road, Bicester, Oxfordshire OX26 6HR.

South Central Ambulance Charity raises funds to support South Central Ambulance Service NHS Foundation Trust (SCAS). All the monies raised by our Charity are used to fund services, projects and equipment that is not supplied by Government NHS funding. Without the money we raise, people in our communities would have to wait longer for help which could affect their recovery. The Charity works across Hampshire, Berkshire, Buckinghamshire and Oxfordshire.

Trustee

The Trustee of the Charity is South Central Ambulance Service NHS Foundation Trust. The Directors of the Foundation Trust are also charged with the management of the Charity.

The Directors of the Charity were as follows:

Chairman and Non Executive Directors

Professor Sir Keith Willett CBE

Les Broude

Ian Green OBE

Michael McEnaney

Sumit Biswas (Until 30/06/2025)

Nigel Chapman (Until 28/02/2025)

Dr Dhammadika Perera (Until 31/03/2025)

Katie Kapernaros (Appointed 01/07/2024)

Harbhajan Singh Brar (Appointed 19/03/2025)

Executive Directors

David Eltringham

Stuart Rees (Appointed 01/11/2024)

Paul Kempster

Professor Helen Young

Mike Murphy (Until 30/09/2024)

Dr John Black

Melanie Saunders (Until 30/11/2024)

Natasha Dymond (01/12/2024 – 24/06/2025)

Daryl Lutchmaya (Until 30/9/2024)

Jamie O'Callaghan (03/07/2024 – 01/12/2024)

Rebecca Southall (Appointed 1/12/2024)

Mark Ainsworth (Appointed 01/04/2025)

Duncan Robertson (Appointed 23/07/2024)

Craig Ellis

Chief Executive SCAS FT

Chief Finance Officer

Chief Transformation Officer

Chief Nurse

Chief Strategy Officer

Chief Medical Officer

Chief People Officer

Interim Chief People Officer

Chief Governance Officer

Interim Chief Governance Officer

Chief Governance Officer

Executive Director of Operations

Chief Paramedic

Chief Digital Officer

Key Management Personnel

Vanessa Casey

Chief Executive

Bankers to the Charity

Lloyds Bank PLC High Street, Winchester, Hants

Independent Examiners

Wenn Townsend, 30 St Giles' Oxford OX1 3LE

Funds Held

These arise primarily as a result of donations from members of the public, from those who have used the ambulance service, companies and other organisations. The main purpose for the use of these donations is for any charitable purposes relating to the general or specific purposes of South Central Ambulance Service NHS Foundation Trust (including for the benefit of both patients and staff) or to purposes relating to the service. In administering the funds of the Charity, the Trustees aim to provide public benefit in buying essential equipment, supporting our Community First Responders and Co-Responders and improving staff facilities and welfare.

Statement of Financial Activities

During the year, income of £368k (2023-2024 £1,598k) was received and £674k (2023-2024 £847k) was expended. The balance carried forward for all funds totalled £850k (2023-2024 £1,156k).

SOUTH CENTRAL AMBULANCE CHARITY OBJECTIVES AND ACTIVITIES

4

OUR PURPOSE

TO SUPPORT THE WORK OF SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST (SCAS) AS IT DELIVERS EXCEPTIONAL CARE AND IMPROVES POSITIVE OUTCOMES FOR THE PEOPLE AND PATIENTS IN OUR LOCAL COMMUNITY.

OUR VISION

INSPIRING PEOPLE TO VOLUNTEER, DONATE OR FUNDRAISE FOR US TO ENSURE WE ARE ALWAYS HERE SERVING PATIENTS, THEIR FAMILIES AND OUR WIDER COMMUNITIES WHEN THEY NEED US.

OUR CORE VALUES

OUR VALUES ARE AT THE HEART OF EVERYTHING WE DO. THEY ARE WHAT DRIVE US AND WE WORK TIRELESSLY TO UPHOLD THEM IN ALL WE DO, EVERY DAY.

COMMUNITY – WORKING TOGETHER AS A DEDICATED COMMUNITY OF VOLUNTEERS, WE TAKE EXCEPTIONAL PRIDE IN THE WORK WE DO AND THE DIFFERENCE WE MAKE TO THE LIVES OF THOSE WE SERVE IN OUR COMMUNITIES.

CARE – VALUING EVERYONE WE WORK WITH AND SUPPORT, SHOWING THEM COMPASSION AND EMPATHY, AND TREATING THEM WITH THE DIGNITY, KINDNESS AND RESPECT THEY DESERVE.

TRANSFORMATION – UTILISING OUR PROFESSIONAL, FULLY TRAINED VOLUNTEERS TO HAVE GREATER PATIENT IMPACT AND ENHANCE LIVES.

INNOVATION – BEING AT THE FOREFRONT OF TRIALLING NEW INITIATIVES FOR OUR VOLUNTEERS TO SUPPORT THE DELIVERY OF BEST PRACTICE PATIENT CARE.

SOUTH CENTRAL AMBULANCE CHARITY OBJECTIVES AND ACTIVITIES

5

Our Charity supports our community of volunteers who make a meaningful difference to the health, wellbeing and safety of their neighbours – those who live and work in the local areas we serve. Thanks to generous donations from our supporters, we help SCAS go further by providing programmes, training and services to support the crucial work of South Central Ambulance Service.

This includes:

Providing equipment, uniform and training for our Volunteer Community Responders so they can deliver vital first-response care to the sick and injured.

Supporting the physical well-being and mental health of all our staff and volunteers.

Supporting our other cohorts of volunteers including Patient Transport Volunteers who convey patients to non-emergency medical appointments; Patient Safety Partners; Charity Volunteers and our Patient Panel Volunteers.

Delivering our volunteer strategy and creating new and fulfilling volunteer roles.



SOUTH CENTRAL AMBULANCE CHARITY OBJECTIVES AND ACTIVITIES

6



FUNDRAISING STANDARDS INFORMATION

The Charity utilises a range of fundraising activities working alongside our Trust staff and volunteer colleagues. During the year the Charity has continued to work with Remarkable Partnerships to develop wider engagement with corporate partners.

The Charity works very closely with our volunteer community supporting those who raise funds in aid of the Charity. The Charity is involved in regular meetings and offers fundraising advice, materials and support for all our volunteers. The Charity creates and provides marketing materials to engage and inform our local communities and these are available to our volunteer fundraisers.

South Central Ambulance Charity is a member of the Fundraising Regulator and NHS Charities Together. As such, it conforms to the code of conduct set out by these organisations. The Charity strives to ensure that all supporters and donors are treated fairly and with respect. Our supporters enable the Charity to make a

significant positive impact on patient care and aims to regularly update supporters on our work through our Charity website, www.scascharity.org.uk and our social media channels. We take care to thank all individuals and organisations for their support and to protect individuals' privacy. Full details can be found in our privacy policy. We are aware of our responsibility in protecting vulnerable people when fundraising and have a vulnerable person's policy in place. We have a clear complaints policy. The day-to-day management of the Charity is delegated to the Chief Executive Officer, Vanessa Casey. There were no complaints received relating to the Charity this year.

PUBLIC BENEFIT

The Board confirms that it has paid due regard to the Charity Commission's general guidance on public benefit. The Board ensures that all funds are used to best effect in the interest of the Trust's patients, staff and volunteers.

SOUTH CENTRAL AMBULANCE CHARITY OBJECTIVES AND ACTIVITIES

7

STRUCTURE, GOVERNANCE AND MANAGEMENT

The Trust Board delegates responsibility to the Charitable Funds Committee (CFC) who ensure there is appropriate governance over the activities of the Charity and the stewardship of the charity's assets. The Chief Finance Officer and the SCAS Charity CEO, supported by senior management, are responsible for developing the Charity strategy and recommending it to the Charitable Funds Committee. It is then recommended to the Board for approval and implementation.

South Central Ambulance Charity was first constituted in 1995 for charitable services supporting the National Health Service wholly or mainly for the Two Shires Ambulance Service. This was amended in 2016 when the Trust became South Central Ambulance Service NHS Foundation Trust.

The Charity has a single Corporate Trustee, the South Central Ambulance Service NHS Foundation Trust Board. The Trust Board, as Corporate Trustee, is ultimately accountable for charitable funds donated to the Charity. The Corporate Trustee and individual Trustees of SCAS are responsible for controlling the management and administration of the Charity and have a collective responsibility for the Charity. Trustees perform their duties considering statutory rules, Charity Commission guidance and the Charity Governance Code.

The Trustees have been appointed under section 11 of the NHS and Community Care Act 1990. The members of the NHS Trust Board who served during the financial year as Trustees and on the dates of the Financial Statements approval are listed in this annual report. The recruitment and induction of Non-Executive Directors to the Board is undertaken in accordance with the policies of South Central Ambulance Service, which is also responsible for remuneration.

The Charitable Funds Committee of the SCAS Board meet on a quarterly basis. The Committee is chaired by a Non-Executive Director who until February 2025 was Nigel Chapman. Following the end of Nigel's term of office, Professor Sir Keith Willett CBE took up the role as interim Chair until the appointment of Ruth Williams who will take up her role in May 2025. The CFC was attended by other Non-Executive and Executive Directors. The Charity CEO, Head of Community Engagement and Training, Chief Finance Officer, Charity Finance Manager and the CFR Governor also attend these meetings. SCAS Governors are invited to attend as observers.

The Charity's risk register is reviewed at each meeting and the reserves policy and terms of reference are reviewed each year. The Committee also review and agree spending priorities, income generation targets and applications for internal grants to be made by the Charity. There is a scheme of delegation in place.



Vanessa Casey
Chief Executive



Sir Keith Willett CBE
SCAS Chair & Interim Chair,
Charitable Funds Committee

ACHIEVEMENTS AND PERFORMANCE OUR VOLUNTEERS

COMMUNITY FIRST RESPONDERS AND CO-RESPONDERS

Our Community First Responders and Co-Responders are trained to respond to specific life-threatening emergencies where patients may be suffering from (for example) a cardiac arrest, chest pains, breathing difficulties or a stroke. The ability of our Responders to be at a patient's side to commence life-saving treatment, often within a few minutes and prior to our first ambulance response arriving, makes a positive contribution and impact on patient outcomes as well as the overall performance of the Trust. In the past twelve months key ambulance quality indicators, such as return of spontaneous circulation (ROSC) in cardiac arrests, stroke care and out of hospital cardiac arrest survival to discharge have all been positively impacted on by our volunteers.

SCAS continues to provide healthcare and allied health services to the communities it serves. The Trust is committed to investing in its local areas to help build a better, more resilient society. We achieve this by continuing to invest in our communities through recruiting, training and developing a diverse team of community-based volunteers who work side by side with our frontline staff to deliver care in medical emergencies.

During 2024-2025 SCAS had 790 active Community First Responders (CFRs) and Co-Responders utilising 460 primary medical response kits. This is a 10 %

increase on the previous year. We will usually deploy a volunteer responder within a three-mile radius of their location; however, we will also look to deploy volunteers proactively to cover an area within SCAS in a response vehicle depending on where our clinical coordination centres need them most. Throughout the year, our CFRs and Co-Responders from the military, police and fire and rescue services have attended 33,890 emergency 999 incidents which is over 3,000 more than the previous year.

Community First Responders (CFRs) play a vital role in delivering immediate care within their local areas, arriving first on scene at 70 % of Category 1 incidents to which they were deployed over the past year. Their rapid response ensures that a trained volunteer reaches life-threatening emergencies, on average, 30 seconds ahead of the frontline ambulance crew. This crucial time advantage allows CFRs to begin patient assessment and initiate support measures without delay.

For our most critically ill patients, these 30 seconds can significantly enhance their chances of survival.

COMMUNITY FIRST RESPONDERS	25,897
FIRE CO-RESPONDERS	2,941
MILITARY AND POLICE CO-RESPONDERS	5,052
TOTAL INCIDENTS	33,890*

* The total figures includes incidents where multiple responders were on scene to the same incident.



ACHIEVEMENTS AND PERFORMANCE OUR VOLUNTEERS



TRAINING

On joining the Trust our responders undertake a nationally recognised and accredited Level 3 Award in Ambulance First Responder on Scene.

This is a five-day course covering key modules to ensure they are both competent and confident in responding to patients. We continue to train our experienced responders to enable them to attend our non-injury falls and concern for welfare incidents. This group of responders are sent to calls which have been clinically assessed by paramedics, or nurses within our clinical coordination centres

and identified as patients who are non-injured and only have a requirement for moving and handling. They will also be deployed to silent alarm calls from care lines, where we need to respond but not necessarily with an emergency ambulance. More recently they have been deployed to other low acuity calls and have been successful in utilising the GoodSam on scene live link where the clinician within the control room can see the patient via a video link. They instruct the responder to take a full set of observations and are then able to determine whether ongoing care is required deploying the correct resource as needed.



LOW ACUITY CALLS

From 1 April 2024 to 31 March 2025 those trained, attended 4,585 low acuity calls.

This deployment model assists the Trust and our patients by only sending a frontline resource if necessary. Evidence and research show that elderly and frail patients who may have been at risk of having a long wait for an emergency ambulance response for a non-injury fall will, in some cases, be able to be seen more quickly by our volunteer responders and mobilised off the floor. This is particularly beneficial, not just because it ensures more clinically crewed ambulances and rapid response cars are available for patients suffering life-threatening emergencies, but also because it is proven that detriment to the patient increases every hour that a frail and/or elderly patient is left on the floor without medical intervention.

OTHER VOLUNTEER COHORTS

Patient Transport Volunteers

As we worked towards two of our PTS area contracts ending at the start of the next financial year recruitment slowed down while the team ensured all those leaving or moving into Hampshire or Milton Keynes, were well supported. Two of our Patient Transport Volunteers were shortlisted for a BBC Make A Difference Award which was a great achievement.

Charity & Lunchtime Volunteers

A flexible opportunity was launched during the year for people wanting to support us but only able to give a small amount of time rather than a regular commitment. We have begun to grow this team with volunteers sharing social media posts or collating lists of businesses who would be willing to host a Charity collection tin.

Patient Safety Partner Volunteers

Towards the end of the financial year, we introduced a new volunteer programme.

235,834 HOURS WERE GIVEN BY OUR VOLUNTEERS

6,162 HOURS OF CHARITY SUPPORT

187,345 HOURS SPENT RESPONDING TO PATIENTS

42,224 PATIENT TRANSPORT DRIVING HOURS

102 HOURS OF PATIENT PANEL VOLUNTEERING

We were pleased to work with the Patient Safety Team to recruit three patient safety partner volunteers. These volunteers have become an important part of the overall Patient Safety Team at SCAS.

Patient Panel Volunteers

This year the Patient Panel celebrated their one-year anniversary. The Patient Panel gives members of the public a voice and an opportunity to influence service developments and improvements. Initially focusing on two categories, mental health and learning disability, volunteers work in collaboration with SCAS Governors and the Charity. Patient Panel Volunteers have used at least one of our services and have lived experiences either themselves or via their relative or someone they care for. They have supported with feedback on the use of ambulance care and supported the development of several easy read documents. They have also created a communications booklet which is used by staff and volunteers alike. The Charity was pleased to fund the cost of printing the booklet.

The top five motivations for our volunteers are:

- To make a difference
- To give something back
- To support their local community
- To help others
- To gain experience

BASIC LIFE SAVING AWARENESS

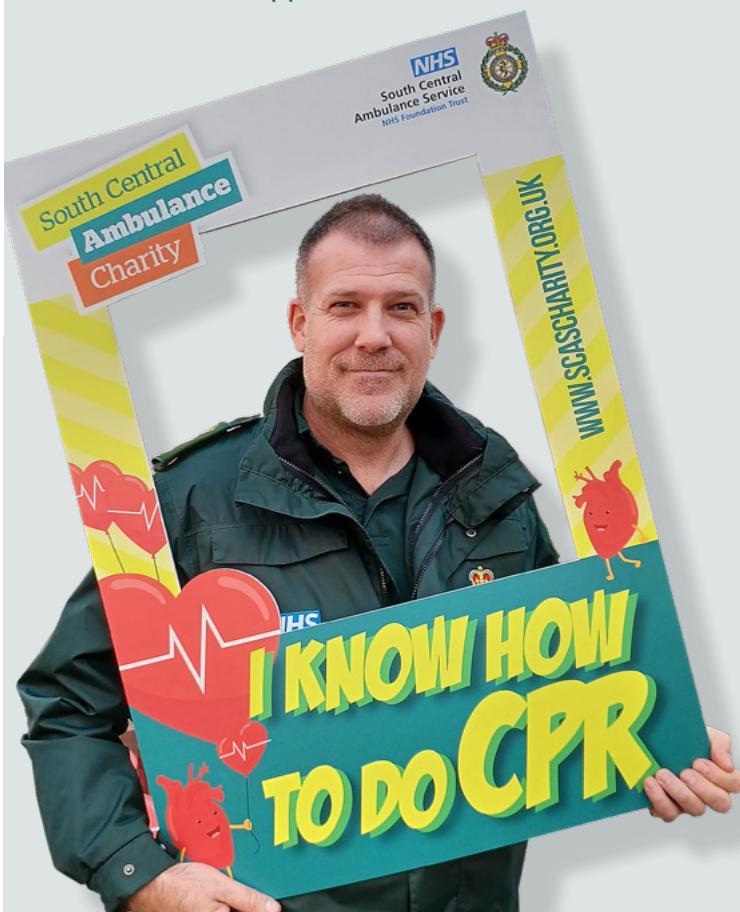
The Community Engagement and Training Team work closely with the Charity to support our volunteer responders to carry out basic life saving awareness sessions across our communities.

Last year our volunteers continued to offer sessions in their areas and **1227** people were trained in Cardiopulmonary Resuscitation (CPR) and defibrillator awareness.

The annual Restart A Heart Day in October saw **41** schools take part with **7919** students being trained to save a life.

VOLUNTEER RECRUITMENT & RETENTION

Volunteering across SCAS has continued to progress and grow with important support from the Charity both in terms of funding and recruitment support.



This year saw the launch of a new volunteering programme, Patient Safety Partners, alongside a more strategic approach to CFR recruitment ensuring we can both strengthen the support we provide in our local communities and continue to fund vital equipment needed to deliver those services.

Data is now submitted to NHS England quarterly to record the number of active and non-active volunteers; the total number of hours spent volunteering as well as demographic statistics reflecting our commitment to transparency and impact.

ASSEMBLE DATABASE

Our volunteer management system, Assemble, continues to grow and improve, with national developments underway, we look forward to further supporting our volunteers, achieving our aims and objectives and recording and reporting data around volunteering.

THIS YEAR WE RECRUITED 275 NEW VOLUNTEERS

219 COMMUNITY FIRST RESPONDERS & CO-RESPONDERS

16 PATIENT TRANSPORT VOLUNTEERS

27 PATIENT PANEL VOLUNTEERS

10 CHARITY VOLUNTEERS

3 PATIENT SAFETY PARTNER VOLUNTEERS

WE PUBLISHED 96 VOLUNTEER OPPORTUNITIES AND RECEIVED 391 APPLICATIONS.

ACHIEVEMENTS AND PERFORMANCE CONFERENCE AND AWARDS

12



VOLUNTEER CONFERENCE 2024

A highlight of our year is the annual volunteer conference, which was very well received. Opened by SCAS CEO David Eltringham, the day included an introduction to providing critical care in the community by our colleagues from Thames Valley Air Ambulance, an interactive, fun quiz around the Charity as well as a session from SCAS's Research team on current research projects. Breakout sessions included sessions around the role of the specialist paramedic; understanding the management of wounds in a pre-hospital setting as well as communicating with patients with learning disabilities and understanding how we can adapt patient care to meet those with learning disabilities and neurodiversity.

AWARDS

For the second year of our volunteer awards, celebrating outstanding achievements, the winners were announced at the volunteer conference. Inspiring citations were read out and the following volunteer achievements were celebrated:

Rising Star

Alex Harrison (Oxfordshire)

Responder of the Year

James Clarke (Oxfordshire)

Student of the Year

Jasmine Waran (West Hampshire)

Fundraiser of the Year

Carol Carter (East Hampshire)

Patient Transport Volunteer of the Year

Bob Edwards (Thames Valley)

Team of the Year

Oxfordshire Events CFRs

Outstanding Contribution

James MacKeddie (Buckinghamshire)

We are grateful to Room for Reward for donating overnight stays for all our winners. We continue to value, recognise and thank all of our volunteers and our High Five Awards enable us to celebrate individual contributions throughout the year with volunteers and staff able to nominate volunteers for a High Five.



ACHIEVEMENTS AND PERFORMANCE

ONE BIG THANK YOU FOR CFR JAMES MACKEDDIE

13

one
BIG
thank you

In November a group of staff and volunteers headed to BBC Cardiff to film a very special segment for BBC 1's One Show.

The One Big Thank You is the programme's series thanking individuals for the extraordinary things they do in their community. Now it was the turn to thank our very own CFR James MacKeddie.

James's fellow CFR Steve Hickman takes up the story...

"It is not every day you get a cryptic email from the CEO of the charity asking when it would be convenient to call. The call started with 'what I am going to tell you is confidential and only I and one other person know about this'. Now I am feeling the pressure!! For the next six months... lots of meetings and planning.

Keeping a secret for six months organising a BBC One Show Big Thank nearly finished me off as James and I message every day and do many

events and buddy shifts together, but it was all worth it to pull off an amazing surprise for my incredible friend and colleague, James.

Having to go and spend a day having a BBC film crew interviewing me about why James deserved a One Big Thank You was exciting and nerve racking having never been filmed before. The question of why James deserved the award was very easy to answer. James's dedication and the commitment he puts into being a Community First Responder is without question one of the best I have seen. He always puts himself forward to support events and the challenges he put himself through to raise money for the charity is outstanding. James is so very humble, and he needs a cheerleader which is a role as a friend and his coordinator I take on very happily.

James's story....

It's not every day you find yourself on the One Show. Less so when you think you are with the Casualty team to help develop a new Community First Responder character.



ACHIEVEMENTS AND PERFORMANCE

ONE BIG THANK YOU FOR

CFR JAMES MACKEDDIE



I've been a Community First Responder for three years and never anticipated the opportunities and experiences volunteering in the community would provide me within such a short period of time. I joined to be a contributing member in my local community, to learn and use life skills that are as valid in my own life and day job, as they are when on call for South Central Ambulance Service NHS Foundation Trust. In doing so, I'm much more aware of the culture and traditions of Newport Pagnell and Olney, the scheme I am a member of, and this broadened my knowledge of local areas and I now know if the worst happens wherever I am, I have first class training and experiences to fall back on.

Travelling to Cardiff I was under the impression I was to assist the Casualty TV show production team to develop a new CFR or Community First Responder character. I want everyone who watches programmes involving the Ambulance Service, whether fictional or non-fictional, to know about the volunteers that make up Community First Responders and how we assist in responding to



999 calls. So, after a brief tour, it was a real surprise to see my Community Engagement and Training Officer, the CEO of South Central Ambulance Charity who fund our training, equipment, uniform and more, along with fellow CFRs also present. I still didn't twig what was going on, I thought they were here to help! Never had I imagined a One Big Thank You was coming my way and as much as it's aimed at the individual, I see this for all Community First Responders who give up their free time to help strangers on the worst days of their lives.

FINANCIAL REVIEW

INCOME

15

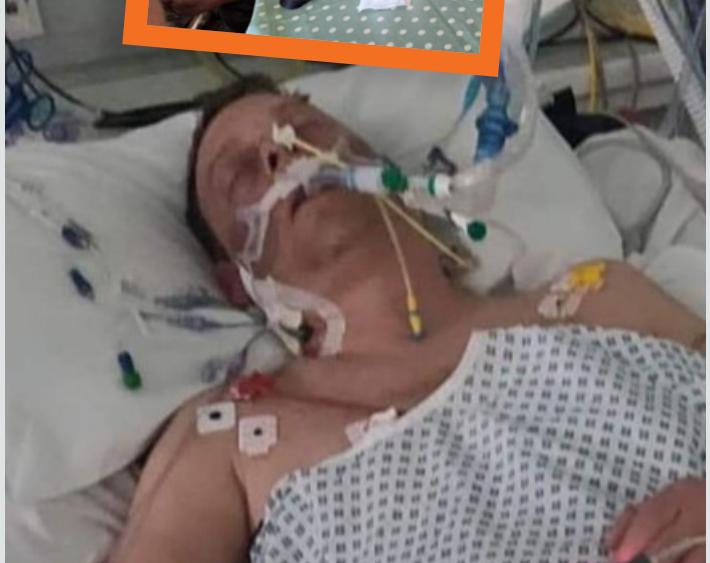
Staff and Volunteers across SCAS have continued to support the Charity in raising our profile and securing donations. Income has remained fairly static from last year.

The economic climate has impacted fundraising across the UK and like many other charities we have had to take some difficult steps to ensure we can get back on course. Fundraised income (excluding legacies) dropped by 7% on the previous year. We were fortunate to receive a significant legacy gift in 2023-2024 which enabled the Charity to build its reserves providing assurance for continued funding of essential projects to support SCAS staff and volunteers into the future.

Staff and volunteers across SCAS have continued to support the Charity in raising our profile and securing donations. We are incredibly grateful to our volunteers, supporters, community groups and organisations who have raised funds for us this year.

TANIA AND RICHARD CHEALE

October was a particularly busy month for us with Tania and Richard setting out on their ambitious fundraiser to support the Charity. It all began on 29 April 2024 when Richard woke with chest pains. Believing it was indigestion, he headed downstairs, only to collapse and suffer a sudden cardiac arrest. Richard's wife Tania immediately phoned 999 and started CPR which she continued for 12 minutes until the first responders arrived. Another 18 minutes of compressions and the use of a defibrillator and Richard's heart was restarted. A LUCAS device was then fitted to enable the crew to get Richard to hospital as



quickly as possible. Richard was in a coma and remained in hospital for two weeks.

Richard and Tania are incredibly grateful for the support they received from SCAS and Tania decided to embark on a personal challenge to walk the 96 mile length of the Kennet & Avon Canal. Completing the challenge in only 3.5 days. Richard, along with SCAS staff and volunteers, joined Tania along the route as well as attending the fun days organised at the Rose & Thistle pub either side of the walk. Tania and Richard aimed to raise enough to enable the Charity to purchase another LUCAS 3 device for the teams at SCAS. LUCAS devices are mechanical CPR machines which enable a patient to receive continual CPR for long periods of time, while in transit to hospital and until transferred to the care of the Emergency Department. Our Community First Responders also attended Davison House in Reading where both Tania and Richard worked to deliver CPR awareness sessions for employees.

Tania and Richard hit their goal raising over £10,000. Their fundraising challenge was also supported by the **Reading Professionals Foundation** who raised a further £5,000 for the Charity at their Christmas event in December.

FINANCIAL REVIEW

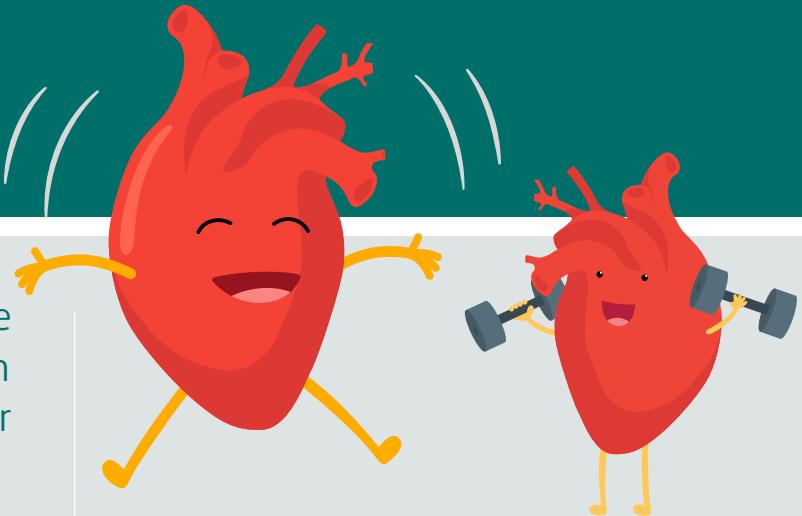
CPR-A-THON

16

CFR Tony Larks once again rose to the challenge, along with colleagues from Tanium, to organise a second 24-hour CPR-A-Thon.

After saying 'never again' following the inaugural marathon back in 2022, the team from Tanium decided it was time to test their resolve. With a renewed vigour the team set themselves a £12,000 target, determined to beat their previous achievement.

Thanks to the enthusiasm and commitment from everyone involved and the support from Tanium, the team raised an amazing £14,000! Young



Harry Harding, whose mum's colleagues took part in the challenge decided to do his bit by taking on his own challenge while the family were on holiday in Majorca. Harry swam a 200m open water swim, followed by a 1km run and raised £706. An incredible achievement by everyone who took part. Many thanks to the team from Tanium and all those who supported the event including Fidget & Bob who generously provided food for all those taking part.



FINANCIAL REVIEW

COMMUNITY FUNDRAISING

Community fundraising organised and supported by our volunteers remains an important source of income and awareness for the Charity. During the year volunteers organised a number of collections at Tesco stores across Hampshire and Oxfordshire and raised a total of **£10,072** thanks to the generosity of customers.

In August we were invited back to Ascot Racecourse to collect at the Dubai Duty Free Shergar Cup and concert with The Sugababes. Our Charity team and volunteers raised a fantastic **£2,241** and are most grateful to the continued opportunity provided by Ascot Racecourse.

Individual fundraisers rose to their own personal challenges during the year with CFR Nick Clarke raising **£1,724** from taking part in the 24-hour National Time Trial Championships, finishing 25th overall. An incredible achievement in its own right, but Nick carried out the challenge on a Brompton! Nick completed his task just nine months after he was hit by a car driver while riding his Brompton folding bike, leaving him scared to ride on open roads. Hit from behind in October, as he was turning into a layby, Nick broke his arm in five places, his leg, ribs and was unable to walk again until the following January. That Brompton was, of course, written off but Nick purchased a new 12 speed model with plans for the future only to find that every time he got back on his bike, he was terrified. Nick decided to ride his Brompton in the 24hr time trial to encourage him to get back on his bike and train. Nick rode 367 miles and not only raised an amazing amount of money but also regained his confidence.



FINANCIAL REVIEW

COMMUNITY FUNDRAISING



A group of staff from Basingstoke Ambulance Station took on the Basingstoke Half Marathon in October. The team were keen to take part in an event where they could come together and support each other with a different challenge outside of work. Seeing this as a team building exercise with a wide range of running experiences getting involved to raise money. Some of the more experienced runners in the group took on the extra challenge of running in uniform! The team raised **£2,495**. Staff in Basingstoke were on a roll this year with four of our Emergency Care Assistants (ECAs) walking 100 Km from London to Brighton. Jamie, David, Poppy and Simon completed the walk in 26 hours. A tough challenge but by supporting each other to keep going they were able to get over the line.

Drawing on the mindset of being a frontline worker and putting themselves through the emotional and physical discomfort to raise a fantastic **£1,592**.

Alton resident Ash Wilmott secured a place in the London Marathon in April and raised **£1,234**. We now look forward to 2026 when we have four members of our staff and volunteer team running in support of the Charity. The first of four years where we have guaranteed places in this prestigious event.

Brothers Harry & Josh Edwards raised over **£500** completing the Blenheim Palace Triathlon. CFR Josh decided to take on the challenge and when Harry heard about it he wanted to join!



FINANCIAL REVIEW

COMMUNITY FUNDRAISING

Caroline Bentley raised **£1,040** climbing Mount Kilimanjaro in memory of her late dad. SCAS's Patient Transport Service had taken her dad to and from dialysis appointments for many years and this was Caroline's way to say thank you.



A Group of staff from SCAS's Education Team, The Green Team, took on the national 3 Peaks Challenge in June. Their aim was to complete Ben Nevis (1345m); Scafell Pike (978m) and Snowdon (1085m) in under 24 hours. Climbing through rain, sleet & snow and navigating road closures and blocked roads they completed the challenge in 24 hours and 50 minutes. The team said this was the hardest single thing they have ever done but they gave it their all. We are incredibly grateful for their perseverance and for pushing themselves beyond their limits to support the challenge. The team raised an amazing **£1,395**.

Winslow Concert Band in Bucks hosted a series of concerts during the year playing in local supermarkets, joining staff and volunteers at the Milton Keynes Blue Light Hub Family Day in August and concerts in their local community raising a fantastic **£1,544**.

Other events included attending Hurst Show in Berkshire raising **£1,444**.



FINANCIAL REVIEW

COMMUNITY FUNDRAISING



The Community Engagement and Training Team have continued to support events by providing first aid cover and we are grateful to all our Community First Responders and Co-Responders for supporting these events. This is an additional way for us to support our local communities and the team provided cover at a number of events including Fairford Airshow; Bloxham Steam & Country Fair, military family days; carnivals, fetes and fairs. First aid cover at events generates income for the Charity as well as providing an important service for local event organisers.

Over the year these events generated **£28,000** for the Charity.

The James Cowper Kreston Foundation awarded a grant to enable us to purchase three new defibrillators in the Reading area. This has been the continuation of providing new defibrillators for our responders to replace older models. These new defibs are critically important for the treatment of patients and offer the best possible chance of survival. Technology in defibrillators has moved on significantly over the last ten years and these new units have a faster analysis to shock time so a shock can be delivered as quickly as possible, terminating the life-threatening arrhythmia. With almost 25% of our volunteers still using the older models this is an ongoing priority. 2025 will see us roll out a further 100 of these new defibs and continue to prioritise our funding to support the full roll out for all our CFRs. Helping Hands Charity Shop in Tadley also supported our defibrillator replacement programme

funding a new defib for our Tadley responders and NATS awarded us funding for a new defibrillator for our CFRs in Hampshire.

Other grants were received from The Wessex Lodge of Fidelity No 8681; Masonic Charitable Foundation and Parish Councils in Burghfield; Padworth; Kingston Bagpuize with Southmoor; Appleton with Eaton; Shellingford; Edlesborough and Rotherfield Greys. These local parish councils in our counties support the ongoing costs of providing Community First Responders in their locality. Many make annual donations which enable us to continue providing new equipment, recruit new responders and to ensure they have the training, uniform and support they need.

The SCAS BASICs team were delighted to be awarded a generous grant from Helipad Help which enabled the team to purchase a second response car to attend patients across Hampshire. This extra resource will allow the team to reach more people in critical need of pre-hospital enhanced care, further strengthening the service's ability to support patients in their time of greatest need. The car, which is specially equipped for pre-hospital emergency care, will be staffed on a voluntary basis by experienced clinicians trained in delivering enhanced care at the scene of serious incidents.

As always there are too many individuals, organisations and community groups to mention but we thank them all for their ongoing support, commitment to learning CPR and interest in our Charity.

FINANCIAL REVIEW

HOW WE SPENT OUR FUNDS



The Charity continues to fully fund our Community First Responder and Co-Responder programme covering all uniform, equipment and running costs for this vital service across our local communities.

**OUR TOTAL EXPENDITURE
THIS YEAR WAS
£669,000**

**OUR DIRECT COSTS WERE £417,000 (62%)
WHICH INCLUDED £225,000 FOR VEHICLES & EQUIPMENT FOR OUR
CFRS AND £167,000 ON GRANTS AND PROJECTS INCLUDING £50,000
OF INTERNAL GRANTS FOR STAFF PROJECTS ACROSS SCAS.**

£175,000 (26%)

**WAS SPENT ON SUPPORT COSTS
INCLUDED £153,000 OF MANAGEMENT
RECHARGE COSTS FROM SCAS.**

**THE CHARITY SPENT
£77,000
(12%)
ON GENERATING FUNDS.**

PROJECTS SUPPORTING STAFF

Legacy income enabled us to introduce an internal grants programme for our staff and we were delighted to award £50k of funding to support eighteen projects across SCAS.

Our internal grants supported our various staff networks including the Women's Network to provide banner dispensers and free sanitary products for staff across our various ambulance stations and call centres; funding of the Unity in Diversity: Empowering Every Voice event for staff as well as enabling the LGBT+ Network to purchase epaulettes for members, supporting the teams presence at Pride events and enabling some of the group to attend the National Ambulance LGBT+ Conference. Our Freedom to Speak Up Team (FTSU) were able to host a Championing Leaders event and our Communications team created a new leaflet to support members of the public who stop to help at a traumatic incident.

Staff in the Clinical Coordination Centre in Bicester set up a running club to get fit and to enjoy training together and taking part in running events. Our support enabled them to purchase running vests and reflective slap bands for all their runners. Later in the year the team signed up to run various distances at the Southampton Marathon to raise money for the Charity.

Simulation training equipment at High Wycombe and Adderbury



stations has enabled staff to create scenarios for training and development sessions as well as providing staff with a safe place to practise and hone their skills in a supportive environment. This has provided staff and volunteers with access to equipment to aid in their continued professional development to expand their knowledge base and confidence.

We continued to support staff with refreshments to support them during handover delays. At the end of the year, we were particularly pleased to provide refreshments for our staff working Christmas Day and New Year's Day.

Items of furniture, garden furniture and soft furnishings to improve some of our working environments across SCAS made up the remainder of grants.



MENTAL HEALTH AND WELLBEING

During the year we continued to fund the Health and Wellbeing Coordinator in Patient Transport Services (PTS) for the remaining six months of the twelve-month secondment. This post was funded last year by NHS Charities Together. During that time key data was unlocked to enable not only better reporting on staff sickness but also to ensure welfare calls are undertaken and staff are appropriately supported. Strategies for improved communications were put in place to ensure health and wellbeing information and support was more accessible. As a result of this the Health and Wellbeing Team is seeing an increased level of engagement from the PTS team.

The Charity supported SCAS with its aim of developing and embedding an organisational baby loss policy and framework to support bereaved parents. Funding a two-year project, working with Tommy's, the project will also train employees and support people who have suffered from baby loss. The toolkit was launched during the year and staff joined a webinar during SCAS's Wellbeing Week. Following on from this the Health and Wellbeing Team have hosted a

number of drop-in sessions to ask questions around any aspect of parenting at work. The baby loss policy is being written and will become available in the next financial year.

COMMUNITY FIRST RESPONDER AND CO-RESPONDER PROGRAMME

We continued this year to fund equipment, vehicles and uniforms for all our responders and supported the recruitment of new volunteers. Eight additional lifting cushions and two Raiser chairs were added to enable more volunteers to respond to low acuity calls safely lifting elderly and vulnerable people off the floor after a non-injury fall. We also continued to replace aging defibrillators with new Zoll models.

Deploying our CFRs to incidents is crucial and the provision of smartphones enables the National Mobilisation Application (NMA) to be used. While the hardware has previously been purchased the line rental of these devices is an ongoing expense for the Charity. Volunteer expenses for those using their own vehicles to respond as well as the maintenance of our vehicle fleet are also key areas of expenditure.

CENTRAL CHARITY COSTS

The Charity continues to carefully manage administration expenditure, but essential costs associated with fundraising and marketing as well as audit and legal fees are necessary to ensure the efficient running of the Charity.

Our staff salaries represented 32% of our overall expenditure.

The Charity has no directly employed staff, but six members of staff were employed by SCAS to work for the Charity during the year. Costs of five of these employees are recharged to the Charity. One member of staff is directly funded by the Trust. Staff are paid on the same terms and conditions as other NHS employees. Remuneration of these employees is reviewed annually and increased in line with nationally agreed increases in pay scales.

CHARITY RESERVES POLICY

Reserves are defined by the Charity Statement of Recommended Practice (SORP) as 'that part of a Charity's unrestricted fund that is freely available to be spent on any of the Charity's purposes'.

It is important to maintain a sufficient, but not excessive level of reserves to allow us to meet our running costs, including the volunteer responder programme, and ensure continuity in our level of support for frontline services to patients in the event of a significant downturn in income or change in our financial circumstances.

The Charity's reserves policy states that funds equivalent to six months running cost of the Charity should be maintained to ensure normal operating activities can continue. In addition, funding to cover twelve months cost of our volunteer responder programme should be retained to ensure patient care is not impacted in the event of a reduction in income.

The target range expected for the Charity is between £300,000-£500,000. The current free reserves position at the end of 2024-2025 year is £646,000.

RISK MANAGEMENT

The Trustees have reviewed the major risks to which the Charity is exposed and processes and systems have been established to mitigate those risks.

The Charity's risk register is reviewed quarterly at Charitable Funds Committee meetings. During the year, the Charity identified the following areas as those with the highest overall risk, after taking in to account the control measures and mitigation currently in place.

Fundraising Income

This year has been a particularly challenging one for fundraising and it is clear the Charity needs to constantly review and revise its income generation plans. This year we committed funding to bring on board an additional community fundraiser to work alongside our volunteer fundraisers; support fundraisers in the community and to proactively engage in fundraising initiatives across our communities. This post will come on board in March and its impact seen in the next financial year.

Corporate Fundraising

During the year we have invested in developing corporate fundraising and much of our overall income growth over the next couple of years will depend on this investment and our ability to secure corporate partnerships. We continue to develop and monitor our pipeline and initiate conversations with potential partners. We now need to develop the green shoots and to grow our pipeline of prospects to ensure maximum growth.

Financial Governance

The increased use of digital fundraising and the Charity's wish to further develop this area means we must ensure all our compliance and security risks are regularly reviewed and managed. The Charity is working with SCAS's Cyber Security team to ensure all digital platforms are appropriately managed.

PLANS FOR THE FUTURE

Our annual plan for next year is in line with the overall five-year strategy agreed for the Charity. The focus will be on key areas of income generation and also in managing expenditure and reducing the overall deficit annual budget the Charity agreed for this year. Next year our key focus areas will be: Individual Giving – as our database of supporters grows and we have greater visibility as a Charity we will seek to introduce an annual appeal that focuses specifically on raising funds for new defibrillators and lifting cushions for use by our Community First Responders. We will continue to review, revise and reimagine how we can better utilise our digital content and how we effectively engage with our stakeholders and build support into the future.

Community & Events Fundraising

Community fundraising has always been a strong area for the Charity and with greater visibility and a more proactive approach of the team we can continue to see this area grow. With the introduction of two key events during the year to engage different audiences such as corporate supporters, we are looking to grow our reach and create new opportunities. Community Fundraisers are now working in Thames Valley and Hampshire providing better support to those in the community looking to fundraise for us as well as having a more proactive approach to various fundraising

initiatives and interaction with local community groups and local corporates.

Growing our Volunteer Cohort

We will continue to support the recruitment to a variety of volunteer roles, this means not just our frontline Community First Responders and Co-Responders but working across SCAS to develop our Patient Safety and Patient Panel Volunteers and our non-emergency Patient Transport Volunteers. We will also be focusing on growing the number of dedicated fundraising volunteers to support community fundraising and seeking a social media volunteer to support this important area of work.

Corporate Fundraising

We will continue to invest in developing corporate partnerships to provide a new, sustainable income source for the Charity in the coming years.

Managing Our Expenditure

With the fundraising climate continuing to challenge our ability to grow our income we have had to make some difficult decisions around expenditure. Next year we will see our fleet of 48 dynamic response vehicles (DRVs) utilised by Community First Responders, reduced to 18. With the end of the 5-year lease of these vehicles and the increased costs to purchase or lease new or second-hand vehicles the decision has been taken to prioritise other important equipment for CFRs. We continually need to focus on managing our expenditure and ensuring we prioritise spend on items that most directly impact patient care. We will continue to work with the Community Engagement and Training Team who will be looking at a more strategic recruitment plan.

We continue to be grateful to all those who have supported us during the year. 2024-2025 has been a challenging year and we look forward to reinvigorating our fundraising in the coming year.

TRUSTEES' RESPONSIBILITIES STATEMENT

The Trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applies to charities in England & Wales requires the trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources of the Charity for that period.

In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP 2019 (FRS 102);
- Make judgements and estimates;
- State whether applicable accounting standards have been followed;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the trust deed. They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Declaration

I declare, in my capacity as a member of the South Central Ambulance Charity Corporate Trustee that the trustees have approved the report above and have authorised me to sign it on their behalf.

Professor Sir Keith Willett CBE

Chair, South Central Ambulance Service NHS Foundation Trust and
Interim Chair, Charitable Funds Committee

Date xx November 2025

INDEPENDENT EXAMINER'S REPORT

Independent Examiner's Report to the Trustees of South Central Ambulance Charity

I report to the charity trustees on my examination of the accounts of the charity for the year ended 31st March 2025 which are set out on pages 28 to 38.

Responsibilities and basis of report

As the charity's trustees you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the charity's accounts carried out under section 145 of the Act and in carrying out my examination I have followed all the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

Independent examiner's statement

Since the charity's gross income exceeded £250,000 your examiner must be a member of a body listed in section 145 of the Act. I confirm that I am qualified to undertake the examination because I am a member of the Institute of Chartered Accountants in England and Wales, which is one of the listed bodies.

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the charity as required by section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a 'true and fair view' which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Signed:

Benjamin Hayes BSc FCA
Wenn Townsend Chartered Accountants
30 St Giles', Oxford OX1 3LE

Date xx November 2025

STATEMENT OF FINANCIAL ACTIVITIES YEAR ENDING 31 MARCH 2025

	Note	Unrestricted Funds £000	Restricted Funds £000	2024-25 Total Funds £000	2023-24 Total Funds £000
Incoming resources					
Donations, Legacies and similar resources					
Donations	2	206	5	211	196
Legacies	2	11	0	11	1,183
Grants receivable	2	5	67	72	110
Total donations and legacies		222	72	294	1,489
Operating Activities					
Investment income		54	0	54	33
Other	2	19	1	20	76
Total operating activities		73	1	74	109
Total incoming resources		295	73	368	1,598
Resources expended					
Activities in furtherance of charity's objectives	3	(453)	(144)	(597)	(730)
Costs of generating funds	4	(75)	(2)	(77)	(117)
Total resources expended		(528)	(146)	(674)	(847)
Net incoming/(outgoing) resources before transfers		(233)	(73)	(306)	751
Re-classification of Restricted Funds		(6)	6	0	0
Net incoming/(outgoing) resources		(239)	(67)	(306)	751
Net movement in funds		(239)	(67)	(306)	751
Fund Balances brought forward at 1 April 2024		885	271	1,156	405
Fund Balances brought forward at 31 March 2025		646	204	850	1,156

The notes at pages 31 to 38 form part of these financial statements

BALANCE SHEET AS AT 31 MARCH 2025

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2025	Total at 31 March 2024
Current Assets					
Debtors	7	55	0	55	32
Investments and deposits	6	617	204	821	1,200
Cash at bank and in hand	6	54	0	54	123
Total Current Assets		726	204	930	1,355
Current Liabilities					
Creditors: Amounts falling due within one year	8	(80)	0	(80)	(199)
Net Current Assets		646	204	850	1,156
Total Assets		646	204	850	1,156
Total Net Assets		646	204	850	1,156
Funds of the Charity					
Income Funds:					
Restricted	9	0	204	204	271
Unrestricted		646	0	646	885
Total Funds		646	204	850	1,156

The notes at pages 31 to 38 form part of these financial statements

Signed:

Stuart Rees
Chief Finance Officer

Date:

STATEMENT OF CASH FLOWS AS AT 31 MARCH 2025

	Total at 31 March 2025 £000	Total at 31 March 2024 £000
Cash generated from operations		
Net Incoming (outgoing) resources	(306)	751
Interest from Investments	(54)	33
Increase (decrease) in creditors	(119)	23
(Increase) decrease in debtors	(23)	23
(Increase) decrease in stock	0	29
Total cash generated from operations	(502)	793
Cash flows from investing activities		
Interest income	54	33
Purchase of tangible assets	0	0
Cash provided by (used in) investing activities	54	33
Increase / (decrease) in cash and cash equivalents in the year	(448)	826
Total cash and cash equivalents at start of the year	1,323	497
Total cash and cash equivalents at the end of the year	875	1,323

South Central Ambulance Charity is a charity registered in England and Wales. The address of the registered office is given in the information on page 38 of these financial statements. The nature of the charity's operations and principal activities are detailed in the Trustees' Report.

NOTES TO THE ACCOUNTS

1 Accounting Policies

1.1 Accounting Convention

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

The financial statements have been prepared under the historic cost convention and in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102) (effective 1 January 2015), (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Country of incorporation (England & Wales).

The principal address of the Charity is Unit 3 Bridge House, Station Yard, Thame, OX9 3UH.

South Central Ambulance Charity raises funds to support South Central Ambulance Service NHS Foundation Trust (SCAS). All the monies raised by our Charity are used to fund services, projects and equipment that is not supplied by Government NHS funding. Without the money we raise people in our communities would have to wait longer for help which could affect their recovery. The Charity works across Hampshire, Berkshire, Buckinghamshire and Oxfordshire.

The charity constitutes a public benefit entity as defined by FRS 102. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019 (FRS102), the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, and UK Generally Accepted Accounting Practice

The financial statements have been prepared on a going concern basis under the historic cost convention. The financial statements are presented in pounds sterling, which is the functional currency of the charity, and rounded to the nearest thousand pounds sterling.

1.2 Incoming Resources

- a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:
 - i) entitlement – arises when a particular resource is receivable or the charity's right becomes legally enforceable;
 - ii) certainty – when there is reasonable certainty that the incoming resource will be received;
 - iii) measurement – when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, the amount of which can be reliably measured or estimated.

a) Cost of generating funds

The cost of generating funds are the costs associated with generating income for the funds held on trust.

b) Grants payable

Grants payable are payments, made to third parties (including NHS bodies) in the furtherance of the funds held on trust's charitable objectives.

c) Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

NOTES TO THE ACCOUNTS CONTINUED

1.4 Debtors and creditors

Receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the future receipts or payment discounted at a market rate of interest.

1.5 Going Concern

The financial statements have been prepared on a going concern basis as the trustees believe that no material uncertainties exist. The trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern.

1.6 Structure of funds

Restricted:

These are funds that have a legal restriction (subject to a Trust) and must be spent for a specific purpose-details shown at notes 9.1.

Unrestricted:

Unless there is clear evidence of a Trust being created at the point of receipt, then the Charity Commission takes the view that donations should be classified as "unrestricted".

In practice most donations received by the Charity are from donors expressing a desire, wish or recommendation that the Charity will use it in a certain way. Such donations are normally allocated to designated funds within the Charity's Accounts for that purpose, but if the purpose cannot be fulfilled the Trustee's can apply the donations for a further purpose in furtherance of the Charity's objects, after taking all factors into consideration.

1.7 Short Term Investments

During the year 2023/24 surplus funds identified and CFC invested funds £1.2m. Current asset investments are short-term highly liquid investments and are held at fair value. These include cash on deposit and cash equivalents with a maturity of less than one year.

For the year funds were drawn from the invested fund and at the end of financial year 2024/25 the investment funds were £821k.

1.8 IFRS Implications

With the introduction of IFRS in the NHS, these accounts will still continue to be submitted to the Charity Commission. However, under IFRS, as these charitable funds are under the control of the South Central Ambulance Service Foundation NHS Trust Board as Corporate Trustee, they may have to be consolidated within the Statutory reporting of the Trust subject to materiality considerations.

1.9 Key judgements and sources of estimation uncertainty

In the application of the charity's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

NOTES TO THE ACCOUNTS CONTINUED

2 Details of Material Incoming Resources

2.1 Incoming Resources

	Unrestricted Funds £000	Restricted Funds £000	Total 2024-25 Funds £000	Total 2023-24 Funds £000
Donations and Legacies				
Donations received	206	5	211	196
Legacies received	11	0	11	1,183
Grants received	2	5	72	110
Sub-total	222	72	294	1,489
Other				
Investment income	54	0	54	33
Gift Aid	10	0	10	2
One-off income	6	0	6	69
Merchandise sales	0	1	1	5
Other	3	0	3	0
Sub-total	73	1	74	109
Total incoming resources	295	73	368	1,598

2.2 Grants Received and Material Grants

	Unrestricted Funds £000	Restricted Funds £000	Total 2024-25 Funds £000	Total 2023-24 Funds £000
NHS Charities Together				
NHS Charities Together	0	0	0	50
Helipad Help	0	29	29	0
Other	5	38	43	60
Total grants received	5	67	72	110

NOTES TO THE ACCOUNTS CONTINUED

3 Details of Resources Expended – Activities in furtherance of charity's objectives

3.1 Direct Costs of Charitable Expenditure

		Unrestricted Funds £000	Restricted Funds £000	Total 2024-25 Funds £000	Total 2023-24 Funds £000
Direct Costs					
Equipment and vehicles		208	22	230	266
Grants and projects	3.2	50	116	166	223
Future Qual training		3	0	3	3
Volunteer conference		0	6	6	8
Database costs		12	0	12	11
Fundraising Platform Fees		5	0	5	2
Sub-total		278	144	422	513
Support Costs					
Management recharge costs		153	0	153	143
Independent examination fees / auditor's fees		4	0	4	9
Miscellaneous		18	0	18	65
Subtotal		175	0	175	217
Total Charitable Costs		453	144	597	730

Included within Equipment and vehicles are vehicle running costs, uniform costs, equipment purchases and telecommunications costs for the Community First Responders and Co-Responders.

3.2 Grants

£166k was spent on grants and projects. £50k of this was from unrestricted income for the internal grants the Charity made to projects within SCAS. This included training and simulation equipment for our frontline staff £25k. £16k for our Staff; £5k to the SCAS BASICS team to support their volunteer roles and the remaining £4k was given to improve staff working conditions within ambulance stations.

During the year £116k was spent from restricted grants received and includes £13k to develop the CAD to support the launch of GoodSam; £20k from the NHS Charities Together grant for the Mental Health and Wellbeing Co-ordinator based in Patient Transport Services for 12 months; £50k from Helpad Help and others to support SCAS BASICS including the purchase of a new response vehicle. £9k of grants and donations to support staff were used to support our frontline teams with refreshments; £12k from the NHS Charities Together Ambulance grant funded new defibrillators and lifting cushions for use by our CFRs and the NHS Charities Together Development Grant supported the Charity to develop corporate fundraising £12k.

NOTES TO THE ACCOUNTS CONTINUED

4 Costs of Generating Funds

	Unrestricted Funds £000	Restricted Funds £000	Total 2024-25 Funds £000	Total 2023-24 Funds £000
Promotional goods & event costs	7	2	9	16
Leaflets & promotion	2	0	2	2
Management recharge – fundraisers	64	0	64	96
Website	2	0	2	3
	75	2	77	117

5 Staff Costs

There are no staff costs as no staff (2023/24: nil) are employed directly by the Charity

Trustees remuneration/expenses

No remuneration or expenses were paid to any trustee in the current or preceding period

6 Analysis of Cash

6.1 Market value at 31 March

	Held in UK £000	Held outside UK £000	2024-25 Total £000	2023-24 Total £000
Cash at bank	54	0	54	123
Cash equivalents on deposit	821	0	821	1,200
	875	0	875	1,323

NOTES TO THE ACCOUNTS CONTINUED

7 Analysis of Receivables

7.1 Amounts falling due within one year:

	31 March 2025 £000	31 March 2024 £000
Prepayments	19	8
Accrued income	23	0
Other debtors	13	24
Total receivables	55	32

8 Analysis of Payables

8.1 Amounts falling due within one year:

	31 March 2025 £000	31 March 2024 £000
Amounts due to subsidiary and associated undertakings	34	187
Other payables	46	12
Total payables falling due within one year	80	199

The amount due to subsidiary and associated undertaking is owed to South Central Ambulance Trust (SCAS). The Trust re-charges staff time spent on Charity business. Purchases are paid through the SCAS procurement system and re-charged. The above amount represents the monies due to SCAS for M12 of 2024/25.

NOTES TO THE ACCOUNTS CONTINUED

9 Analysis of Funds

9.1 Restricted Funds

		Balance 31 March 2024 £000	Incoming Resources £000	Resources Expended £000	Transfers To Unrestricted Funds £000	Gains and Losses £000	Balance 31 March 2025 £000
Funds							
0017	Buckinghamshire CFR	1	0	0	(1)	0	0
0020	West Hampshire CFR	1	0	0	(1)	0	0
0023	LGBT	1	2	(2)	3	0	4
0032	General Restricted	28	12	(3)	0	0	37
0033	SSEN Grant	2	0	(2)	0	0	0
0034	High Wycombe Lions Donation	1	0	(1)	0	0	0
0036	Christopher Wren Lodge Donation	2	0	(2)	0	0	0
0037	NHSCT Ambulance Grant	50	0	(21)	0	0	29
0038	NHSCT Stage 2 Community Grants	58	0	(13)	0	0	45
0039	NHSE Winter Pressures Funding	15	0	0	0	0	15
0040	NHSE/I Volunteer Development	26	0	(15)	0	0	11
0041	NHSCT Stage 3 Mental Health Grant	45	0	(20)	0	0	25
0042	Volunteer to Career Grant	3	0	0	0	0	3
0043	SCAS BASICs	7	59	(51)	5	0	20
0044	Bannister Legacy	17	0	(4)	0	0	13
0045	NHSCT Development Grant	14	0	(12)	0	0	2
Total		271	73	(146)	6	0	204

General restricted	Small donations and grants given for specific pieces of equipment or geographical areas that are used to support those areas.
NHSCT Ambulance Grant	Grant awarded to support Community First Responders, Out of Hospital Cardiac Arrest support and the Residential Homes project.
NHSCT Stage 2 Community Grants	Grants awarded for Community First Responders, Out of Hospital Cardiac Arrest support, implementation of the GoodSam app and integration with the CAD and the Residential homes project.
NHSE Volunteer Development Grant	Grant awarded to support welfare volunteers and volunteer development.
NHSCT Mental Health Stage 3 Grant	Grant awarded to fund bereavement support for staff; Sustaining Resilience at work stress management programme and to fund a one year health and wellbeing coordinator for our patient transport services department.
NHSE Winter Pressures Fund	Supporting volunteering initiatives and costs that support patient care over the winter months when there is a high demand on the service.
SCAS BASICs Fund	Supports the SCAS BASICs volunteers to purchase equipment, vehicles and consumables.
Bannister Legacy Fund	Restricted legacy from the Estate of the Late John Basil Bannister who gifted a fund to support our volunteers in Chalgrove, Oxfordshire.

Traditionally the Charity received only a few restricted grants or donations so these were managed within a single central or regional restricted fund. During and after the pandemic a number of significant restricted grants and donations have been received. In order to accurately manage and report on these grants and donations we have set up a new more detailed fund structure for restricted income. Income from previous grants and donations have been transferred to these new funds as detailed above. The transfer between unrestricted funds and restricted funds was awarded via applications received for internal grants which were approved by the Charity's Fund Committee.

NOTES TO THE ACCOUNTS CONTINUED

10 Related Party Transactions

During the year none of the Trustees or members of key management or parties related to them have undertaken any transactions with the South Central Ambulance Charitable Trust. No expenses or remunerations have been paid to the Trustees.

The year 2023/24 intercompany year-end balance was £184k, as at this year end balance 2024/25 the intercompany balance was £34k.

The £34k related to transactions which occurred in March 2025 in SCAS which related to the Charity's purchases which consisted of the following expenditure:

- Restricted grant expenditure £10.5k
- Staff salaries £8.7k
- CFR uniform £7.9k
- Other CFR equipment £4.2k
- CFR smartphones £2.7k
- Travel £0.8k
- Future Qual training £0.3k
- Volunteer development (Restricted)

There was a difference of £266.84 between SCAS and SCAS Charity's intercompany accounts which relates to uniform order where the orders cost had not hit SCAS accounts in order to recharge the charity.

11 Ultimate Parent Undertaking

South Central Ambulance Charity registered charity No 1049778 is part of South Central Ambulance Service NHS Foundation Trust (SCAS) registered No: Z9522464.

South Central Ambulance Service NHS Foundation Trust, Unit 7 - 8 Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR is the NHS Ambulance Service for Hampshire, Berkshire, Buckinghamshire and Oxfordshire as well as providing Patient Transport Services additionally across Surrey and Sussex.

12 Operating Leases

Total future minimum lease payments under non-cancellable operating leases are as follows

	2024-25 £000	2023-24 £000
Not later than one year	38,992	94,731
Later than one and not later than five years	0	38,992
	38,992	133,723

Wenn Townsend
30 St Giles
Oxford OX1 3LE

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your independent examination of the charity's financial statements for the year ended 31st March 2025. These enquiries have included inspection of supporting documentation where appropriate and are sufficient to satisfy ourselves that we can make each of the following representations. All representations are made to the best of our knowledge and belief.

General

- 1 We acknowledge that the work performed by you is substantially less in scope than an audit performed in accordance with International Standards on Auditing (UK) and that you do not express an audit opinion.
- 2 We confirm that the charity was entitled to exemption under section 144 of the Charities Act 2011 from the requirement to have its financial statements for the financial year ended 31st March 2025 audited.
- 3 We have fulfilled our responsibilities as trustees, as set out in the terms of your engagement letter dated 4th June 2025 under the Charities Act 2011, for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (UK Generally Accepted Accounting Practice)], for being satisfied that they give a true and fair view and for making accurate representations to you.
- 4 All the transactions undertaken by the charity have been properly reflected and recorded in the accounting records.
- 5 All the accounting records have been made available to you for the purpose of your independent examination. We have provided you with unrestricted access to all appropriate persons within the charity, and with all other records and related information requested, including minutes of all management and trustee meetings and correspondence with The Charity Commission.
- 6 The financial statements are free of material misstatements, including omissions.
- 7 The effects of uncorrected misstatements are immaterial both individually and in total.

Assets and liabilities

- 8 The charity has satisfactory title to all assets and there are no liens or encumbrances on the charity's assets, except for those that are disclosed in the notes to the financial statements.
- 9 All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.
- 10 We have no plans or intentions that may materially alter the carrying value and where relevant the fair value measurements or classification of assets and liabilities reflected in the financial statements.

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Registered Address
South Central Ambulance Charity
7-8 Talisman Business Centre, Talisman Road
Bicester, Oxfordshire OX26 6HR.
Registered Charity No 1049778

Accounting estimates

11 The methods, data and significant assumptions used by us in making accounting estimates, and their related disclosures, are appropriate to achieve recognition, measurement and disclosure that is reasonable in the context of the applicable financial reporting framework.

12 The allocation of costs to restricted funds in the accounts is based on a review of appropriate allocation under each grant agreement or other relevant documentation, with any overheads apportioned in accordance with that permitted in each document. We are content that the position reported in the accounts is correct and justified, and thus that the closing balances on each fund are correctly stated.

Legal claims

13 We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for, and disclosed in, the financial statements.

Laws and regulations

14 We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

Related parties

15 Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with legislative and accounting standards requirements.

Subsequent events

16 All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

Going concern

17 We believe that the charity's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the charity's needs. We also confirm our plans for future action(s) required to enable the company to continue as a going concern are feasible. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the charity's ability to continue as a going concern need to be made in the financial statements.

Grants and donations

18 All grants, donations and other income, the receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms or conditions in the application of such income.

Yours faithfully

Signed on behalf of the board of trustees
27 November 2025

Why not follow us on
twitter @scacharity

Why not follow us on
facebook scacharityuk

Registered Address
South Central Ambulance Charity
7-8 Tallman Business Centre, Tallman Road
Bicester, Oxfordshire OX26 6HR.
Registered Charity No 1049778

Trust Board of Directors Meeting in Public
27 November 2025

Title	Board Assurance Framework – Enabling Services
Report Author	Steven Dando, Head of Risk Management
Executive Owner	Rebecca Southall, Chief Governance Officer
Agenda Item	12
Governance Pathway: Previous	Each committee has received their relevant Board Assurance Framework Risks in November.
Governance Pathway Next Steps	None

1. Purpose

This paper is designed to provide the Board with sight of the Trust Board Assurance Framework to enable review, discussion and approval.

2. Executive Summary

The Finance and Performance Committee has received the Enabling Services Board Assurance Framework risks for oversight and scrutiny, and it is presented to the Board for approval and for comments on the content.

3. Areas of Risk

If the Trust doesn't manage its strategic risks, then it may not be able to successfully deliver its strategic objectives, impacting patient care, staff wellbeing, causing financial loss and the negatively impacting the Trusts reputation.

4. Link to Strategic Theme

Enabling Services

5. Link to Board Assurance Framework Risk(s)

SR17 - Delivery of Fleet Improvement Plan
SR18 - Estates Funding

6. Quality/Equality Impact Assessment

Not applicable

7. Recommendations

The board are asked to approve the Board Assurance Framework.

For Assurance		For decision	X	For discussion		To note	
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BAF Risk 17 – Delivery of Fleet Improvement Plan

If we do not deliver against the trajectory to reduce our Vehicle Off Road rate, Then we will not have sufficient vehicles to meet demand, Resulting in the potential for avoidable harm or death.

Controls, Assurance and Gaps		Accountable Director	Chief Finance Officer
Controls: New workshop planned in Aylesbury, with project management and recruitment underway to accelerate delivery. Fleet replacement strategy in progress, including multiple vehicle builds (MAN Box DCA, Fiat O&H Van DCA, Toyota Corolla RRV, Ford EV DCA, etc.) to maintain a front-line fleet age profile under five years. Fleet directly involved in CAT 2 Improvement meetings looking at ways to improve CAT 2 performance. New projects in place to turn the daily VSR into a live document			
Gaps in controls: Delayed VCU project due to capital constraints, impacting fleet commissioning timelines, supply chain fragility (delays with convertors). Workshop capacity limitations continue to cause temporary dips in fleet availability. Charging infrastructure and behavioural issues affecting auxiliary charging and vehicle readiness. Estate infrastructure to charge vehicle at all sites. Uncertainty around change of licence and landlord concerns with Aylesbury is bringing uncertainty to the stability of the workshop project			
Positive sources of assurance: Fleet availability averaging 200 DCAs per day. Workforce plans are keeping up with the increased demand. Strong progress on the new workshop design with the project team. Wilker build almost completed			
Negative sources of assurance: Issues with supply chains starting to appear – This will need to be watched. Various delays to fleet build projects – Not expected to impact year end. Dependency on EV infrastructure readiness/funding.			
Gaps in assurance: No confirmed go-live date for Aylesbury workshop target Dec/Jan. Limited visibility and integration of fleet data systems, hindering dynamic allocation and performance monitoring.			
Risk Response	Target Risk Score	Impact X x Likelihood X = 4	Impact 4 x Likelihood 4 = 16
Risk Response	Target Date	31/03/2026	Finance & Performance

Mitigating Actions	Executive Lead	Due Date	Progress Notes
Working with WAS to support delivery of the EV DCA's	Stuart Rees, CFO	WC 10/1/25	Ongoing discussions to speed up delivery
Project team of SME managing the Aylesbury Projects	Stuart Rees, CFO	WC 10/1/25	Now in place
Escalating supply chain issues to NHSE – Working together to increase pressure for a solution with Fiat	Stuart Rees, CFO	WC 10/1/25	NHSE lead now speaking with Fiat, supported by SCAS

BAF Risk 18 – Estates Funding

If we do not develop and agree the strategic case for change in our estate, **Then** we will not be able to secure capital to deliver the hub model over time, **Resulting in** a disproportionate increase in backlog maintenance, statutory breaches, impeded operational delivery, detrimental patient care.

Controls, Assurance and Gaps

Controls:

- Base decisions on an accurate and comprehensive understanding of the built environment and current estate conditions.
- Secure agreement on the programme plan and associated benefits cases.
- Conduct rigorous root cause analysis of systemic issues.
- Develop and implement solutions that are aligned with both the overarching Clinical Strategy and the broader National Strategy. Explore and drive collaboration opportunities through the One Public Estate initiative.
- Identify and progressively pursue opportunities, mapping risks with mitigations and delivering to a realistic timeline.
- Ensure all activities remain sensitive to and realistic within existing funding constraints.

Gaps in controls: Inflationary increases, rent increases, land availability, National Infrastructure Projects, influence within local town planning. Modelling and testing, digitalising and building utilisation and performance modelling

Positive sources of assurance: Incremental investment and sustainment, data gathering, condition and functionality assessment, Collaboration and best practice knowledge sharing, standardisation of designs

Negative sources of assurance: Succession planning, resilience and attrition. National and local political agenda. Dependency on national capital.

Gaps in assurance: Capacity of estates team to deliver Estates Plan and capital programme.

Accountable Director	Chief Finance Officer
Committee	Finance & Performance
Inherent Risk Score	Impact 5 x Likelihood 4 = 20
Residual Risk Score	Impact 4 x Likelihood 3 = 12
Target Risk Score	Impact 3 x Likelihood 3 = 9
Risk Response	Treat
Target Date	31/03/2026

Mitigating Actions

Executive Lead

Due Date

Progress Notes

Develop and approve Estate Plan alignment with the Trust's Fit for the Future and Sustainability goals. To include develop phased funding strategy.

Stuart Rees, CFO

Dec 2025

Initial Stakeholder session taken place, further session planned and implementation of Estates Group.

Recruit Waste & Utilities Manager to oversee compliance and sustainability.

Stuart Rees, CFO

Nov 2025

Advert out.

Develop an Estates Group to oversee the delivery of the Estates Plan ensure alignment with the Trust's Fit for the Future and Sustainability goals and estates decisions support the Trust's clinical and digital strategies, Green Plan, and long-term infrastructure goals.

Stuart Rees, CFO

Sept 2025

Estate Group established. Current working of the estate plan and leases coming to end.

Trust Board of Directors Meeting in Public
27 November 2025

Title	Board Assurance Framework – Digital Transformation
Report Author	Steven Dando, Head of Risk Management
Executive Owner	Rebecca Southall, Chief Governance Officer
Agenda Item	13
Governance Pathway: Previous	Each committee has received their relevant Board Assurance Framework Risks in November.
Governance Pathway Next Steps	None

1. Purpose

This paper is designed to provide the Board with sight of the Trust Board Assurance Framework to enable review, discussion and approval.

2. Executive Summary

The Digital Transformation Board Assurance Framework risks are presented to the Board for approval and for comments on the content.

3. Areas of Risk

If the Trust doesn't manage its strategic risks, then it may not be able to successfully deliver its strategic objectives, impacting patient care, staff wellbeing, causing financial loss and the negatively impacting the Trusts reputation.

4. Link to Strategic Theme

Digital Transformation

5. Link to Board Assurance Framework Risk(s)

SR20 - Digitisation

SR21 - Safe and Secure Information Systems

6. Quality/Equality Impact Assessment

Not applicable

7. Recommendations

The board are asked to approve the Board Assurance Framework.

For Assurance		For decision	X	For discussion		To note	
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BAF Risk 20 – Digitisation

If we do not improve our digital capacity and capability, Then our ability to modernise workplace practices could be compromised, Resulting in failure to meet efficiency and operational targets and poor staff morale.

Controls, Assurance and Gaps		Accountable Director	Chief Digital Officer
Controls: Digital established as a core pillar in our Fit For The Future Strategy. Digital maturity assessed across several committees (Audit, F&P, Q&S). Digital Risk Management matured and regularly assessed with formal external assurance.		Committee	Finance & Performance
Gaps in controls: Digital investment to date prioritised as “back-office” whereas Digital is a key enabler of frontline services and business capability. Legacy systems and applications still in operations due to under-investment and short-term planning (1-years planning subject to change)		Inherent Risk Score	Impact 5 x Likelihood 4 = 20
Positive sources of assurance: Maturity in our formal assurance reports (DSPT/Azets). Limited major outages or business continuity activation. Strategic direction shaping within SCAS & SASC.		Residual Risk Score	Impact 4 x Likelihood 4 = 16
Negative sources of assurance: Inconsistency of investment and risk remediation. Assurance reports focused on “base-level” not proactive maturity to industry benchmarks.		Target Risk Score	Impact 3 x Likelihood 3 = 9
Gaps in assurance: Financial savings (CIP) hindering maturity and investment cuts impacting transformation. Lack of specialised knowledge and “spend to save/maturity”. Seen as cost-centre not a business enabler. Innovation uncontrolled in SCAS impacting Digital and Cyber Security maturity		Risk Response	Treat
		Target Date	2027

Mitigating Actions	Executive Lead	Due Date	Progress Notes
Development of a 3-year annual plan (Capital & Revenue) with board prioritisation as an enabler key	Craig Ellis	October 2025	3-year risk plan produced in 2024 will form the base of our 3-year annual plan and investment case.
CIO Engagement with SECAMB & SASC developing strategic collaboration benefits	Craig Ellis	September 2025 (Blueprint)	Initial opportunities and discussions ongoing in regard to opportunity and outline business case development
Digital Reporting & Committee Assurance	Craig Ellis	Ongoing	Digital is reporting and engaging with a range of board committees monthly to drive assurance and engagement

BAF Risk 21 – Safe and secure information systems

If we do not ensure our systems are safe and secure, **Then** we could be the victim of a cyber security breach, **Resulting in a loss of service, disruption and potential regulatory action.**

Controls, Assurance and Gaps		Accountable Director	Chief Digital Officer
Controls: Digital established as a core pillar in our Fit For The Future Strategy inc Cyber Security. Cyber Security maturity assessed yearly via DSPT and external audit reporting into the Audit committees. Cyber Security Risk Management maturing and further reviews to occur in coming 18-months	Committee	Finance & Performance	
Gaps in controls: Cyber Security Strategy & Programme Plan still in design due to resource, capability and investment. Currently in the lower-quartile (Ambulance) and significant maturity work required to reach required external levels. Limited investment and widening risk posture poses significant risk.	Inherent Risk Score	Impact 5 x Likelihood 4 = 20	
Positive sources of assurance: Positive maturity in our 25/26 DSPT assessment and external audit but no of risks held. Opportunity for engagement via SASC and Region including strategic direction.	Residual Risk Score	Impact 4 x Likelihood 4 = 16	
Negative sources of assurance: Inconsistency of investment and risk remediation. Assurance reports focused on “base-level” not proactive maturity to industry benchmarks. Competing financial priorities	Target Risk Score	Impact 4 x Likelihood 3 = 12	
Gaps in assurance: Financial savings (CIP) hindering maturity and investment cuts impacting transformation. Lack of specialised knowledge and “spend to save/maturity”. Seen as cost-centre not a business enabler. Innovation uncontrolled in SCAS impacting Digital and Cyber Security maturity	Risk Response	Treat	
	Target Date	Continuous Assessment	

Mitigating Actions	Executive Lead	Due Date	Progress Notes
Development of a 3-year annual plan (Capital & Revenue) with board prioritisation as an enabler key	Craig Ellis	October 2025	3-year risk plan produced in 2024 will form the base of our 3-year annual plan and investment case.
Ongoing DSPT assurance & external audit recommendations	Craig Ellis	Dec 2025	DSPT assessment completed (June 25) and maturity of areas now underway (limited investment & resource)
Development of Cyber Security Strategy & Programme Plan aligned to key risks identified	Craig Ellis	Dec 2025	Ongoing assessment of key risk and focal areas aligned to limited investment and revenue budgets

Trust Board of Directors Meeting in Public
27 November 2025

Title	Board Assurance Framework – Clinical Effectiveness
Report Author	Steven Dando, Head of Risk Management
Executive Owner	Rebecca Southall, Chief Governance Officer
Agenda Item	15
Governance Pathway: Previous	Each committee has received their relevant Board Assurance Framework Risks in November.
Governance Pathway Next Steps	None

1. Purpose

This paper is designed to provide the Board with sight of the Trust Board Assurance Framework to enable review, discussion and approval.

2. Executive Summary

The Quality & Safety Committee has received the Clinical Effectiveness Board Assurance Framework risks for oversight and scrutiny, and it is presented to the Board for approval and for comments on the content.

3. Areas of Risk

If the Trust doesn't manage its strategic risks, then it may not be able to successfully deliver its strategic objectives, impacting patient care, staff wellbeing, causing financial loss and the negatively impacting the Trusts reputation.

4. Link to Strategic Theme

Clinical Effectiveness

5. Link to Board Assurance Framework Risk(s)

SR14 - Quality Performance
SR15 - Medicines Optimisation
SR16 - Operating Model

6. Quality/Equality Impact Assessment

Not applicable

7. Recommendations

The board are asked to approve the Board Assurance Framework.

For Assurance		For decision	X	For discussion		To note	
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BAF Risk 14 – Quality Performance

If we do not achieve expected response times, **Then** our patients may not receive timely treatment, **Resulting in** the potential for avoidable harm or death.

Controls, Assurance and Gaps	Accountable Director	Executive Director of Operations
Controls:	Committee	Quality & Safety, Finance & Performance Committee
Gaps in controls:	Inherent Risk Score	Impact 5 x Likelihood 5 = 25
Positive sources of assurance:	Residual Risk Score	Impact 4 x Likelihood 3 = 12
Negative sources of assurance:	Target Risk Score	Impact 3 x Likelihood 2 = 6
Gaps in assurance:	Risk Response	Treat
	Target Date	Q4 2025/2026

Mitigating Actions	Executive Lead	Due Date	Progress Notes
Implement operational and CCC structures in the directorate	Executive Director of Operations	Q3 2025/2026	Consultation on new structures commenced on the 24/09/25. Closing date for consultation is 10th November and communication to staff on final structures aim
Alignment of SCAS strategy to ICB priorities in relation to SPOA & clinical Pathways	Executive Director of Operations	Q3 2025/2026	Work continues with HIOW on SPOA and we are also working with all ICBs on the new 111 IUC contract offer
CAD procurement and associated benefits	Executive Director of Operations	Q1 2026/2027	Programme continues to deliver on schedule
Cat 2 improvement programme	Executive Director of Operations	Q4 2025/2026	Programme in place and monitored through improvement meeting.

BAF Risk 15 – Medicines Optimisation

If we do not implement modern systems for the administration and tracking of drugs, **Then** we may not be able to meet statutory and regulatory requirements, **Resulting in regulatory** action being taken and potential clinical harm or poorer experience for patients.

Controls, Assurance and Gaps		Accountable Director	
Controls: Pharmacy fit for the future 5-year strategy has been developed which links to annual Medicine improvement plan and Pharmacy fit for the future 2-year program. Review of Pharmacy by peers conducted with output feeding into plans. Chief Pharmacist in place. Delivery of the Pharmacy and Medicines Optimisation Programme (including its eight projects) underway with programme board and oversight established.		Chief Paramedic	
Gaps in controls: Lack of fit for purpose medicine stock control system and medicines tracking. Limited budget for pharmacy operations and improvements. Lack of appropriately secure storage for medicines on stations. Full resourcing for the Personal Issue CD Project required, Medicines Distribution Project has not been initiated.		Committee	
Positive sources of assurance: Monitoring of operational process to highlight any issues and resolve before any impact is seen. Program developed and projects underway to address gaps in compliance including safe storage of medicines.		Inherent Risk Score	
Negative sources of assurance: Peer review of pharmacy highlighted significant gaps. Reliance of limited number of key individuals to deliver improvements. Insufficient financial resources to deliver comprehensive pharmacy reform.		Impact 4 x Likelihood 4 = 16	
Gaps in assurance: Monitoring of medicine stock quantity, location (modules on ambulances and stations) and temperature.		Residual Risk Score	
		Impact 4 x Likelihood 3 = 12	
		Target Risk Score	
		Impact 4 x Likelihood 1 = 4	
		Risk Response	
		Treat	
		Target Date	
		31/03/2027	

Mitigating Actions	Executive Lead	Due Date	Progress Notes
Track and Trace for medicines	Chief Paramedic	31/03/2027	Business case submitted to EMC in Feb 25, rewrite requested and now needs alignment with newly developed program
Secure storage upgrades	Chief Paramedic	31/03/2027	Business case submitted to July FAMSG. Overall cost of works in the region of £1.5million so work to be staggered across several years
CD personal issue	Chief Paramedic	31/03/2026	Project team partially in place (not all roles/resources). Site visits completed, foundational project documents and logs completed, program risks identified. Testing being implemented at station site. Business case required additional work and is progressing through governance route.

BAF Risk 16 – Operating Model

If we do not implement a new operating model, Then our ability to treat patients in the appropriate setting could be compromised, Resulting in poorer patient experience and unnecessary pressure on acute hospitals through unnecessary conveyances.

Controls, Assurance and Gaps	Accountable Director	Executive Director of Operations
Controls: Recruiting to required ECT and clinical staffing levels within CCC. Alignment of operational skill mix. Access to clinical pathways and clinical triage support.	Committee	Executive Management
Gaps in controls: Inconsistencies of clinical pathways across the geography. Enhanced skills for clinicians to support clinical decision making. Balance of financial and operational delivery misalign.	Inherent Risk Score	Impact 4 x Likelihood 5 = 20
Positive sources of assurance: Delivery of Operational plan incl. H&T, Call answer and cat 2. Improved patient experience. Reduced re-attendance. Average handover times reduce to below 15 minutes	Residual Risk Score	Impact 4 x Likelihood 3 = 12
Negative sources of assurance: Increase in recontact, Longer response times, increase in conveyance, increase in Patient Safety Incidents	Target Risk Score	Impact 3 x Likelihood 2 = 6
Gaps in assurance: Data on patient pathways and outcomes	Risk Response	Treat
	Target Date	Q2 2025/2026

Mitigating Actions	Executive Lead	Due Date	Progress Notes
Integrated work force plan	Executive Director of Operations	End Q1 2025/2026	We remain over establishment due to TUPE staff. Revised operating plan presented to EMC and due at FPC prior to going to HIOW ICB Continue to be over established with on going work to reduce headcount
Recruit to plan to avoid reliance on IRP	Executive Director of Operations	End Q1 2025/2026	External modelling of call taking requirement completed, funding not available to resource to that level. MOU in place with SECAMB for call taking support. Establishment versus budget monitored monthly via Integrated Workforce Meetings. Ongoing recruitment in line with plan.
Implementation of CCC and Ops structure to provide clinical leadership	Executive Director of Operations	End Q2 2025/2026	Consultation on new structures commences 24/09/25 with robust timeline for completion and implementation

Trust Board of Directors Meeting in Public
27 November 2025

Title	Quarter 2 Patient Safety Report
Report Author	Dawn Chase Patient Safety Specialist
Executive Owner	Helen Young Chief Nursing Officer
Agenda Item	16
Governance Pathway: Previous	Patient Safety and Experience Group Executive Management Committee Quality and Safety Committee
Governance Pathway Next Steps	Board

1. Purpose

This report provides a quarterly overview of patient safety activity aligned with the Patient Safety Incident Response Framework (PSIRF), highlighting key insights, staff involvement, and safety improvement work across Q2 2025–26. The report supports transparency, shared learning, and continuous improvement in safety culture. It is submitted to the Executive Management Committee for review and onward assurance to the Quality & Safety Committee.

2. Executive Summary

Key Messages

- 74 Patient Safety Incidents were reviewed at the Trust's Safety Review Panel, with 31 resulting in a learning response; 8 of these involved no harm but identified clear improvement opportunities.
- Delay-related incidents have declined year-on-year, but new contributing factors such as financial constraints and under-resourcing particularly in the North area of SCAS are emerging.
- Mental health response, neonatal transport, and medicines management were key areas of safety improvement this quarter.
- 9 safety actions remain overdue following learning responses and are now being tracked through service line governance meetings.
- The ageing Intergraph Computer Aided Dispatch (I/CAD) system continues to present operational risks, with delays linked to dispatch failures contributing to patient harm.
- Claims data triangulated with patient safety incident response framework (PSIRF) learning responses highlights recurring themes in delay-related harm, manual handling injuries, and mental health crisis response.

- Learning from Deaths (LfD) identified 6 Q2 cases with clear learning points, most of which relate to documentation concerns or positive clinical practice
- In Q2, SCAS undertook a series of targeted improvements in response to learning from Coroners' Prevention of Future Deaths (PFD) reports and associated claims. These actions reflect our commitment to proactive system change and national collaboration:
 - **Clinical Services Policy and Procedure (CSPP) 7 updated** to guide crews when access to a patient's property is restricted.
 - **New discharge category** added to National Mobilisation app (NMA) to flag refusal of conveyance/treatment on Computer aided dispatch (CAD).
 - **Clinical Memo 154** reissued with updated guidance for headache assessment and conveyance.
 - **CCC SOPs amended** to improve triage for patients who have fallen
 - **Careline SOP revised** to mandate use of remote communication systems when patients cannot answer phones.
 - **Training disseminated** to clinical and non-clinical staff on documentation and risks of immobility.
 - **National escalation:** SCAS shared learning with the AACE Clinical Coding Review Group, prompting national review of falls and slips by ambulance Medical Directors and NHS Pathways.

Escalation Points

- Risks requiring Executive and Q&S Committee attention include:
 - *Risk 439:* Lack of PHMDT integration into EPR, impacting maternity care decisions.
 - *Risk 395:* Delays in incident reviews affecting timely learning and response.
 - *Risk 336:* Workforce capacity constraints within the Patient Safety Team.
 - *Risk 438:* Absence of strategic midwifery leadership.
 - *Risk 393:* Limited PSIRF training across the Trust, placing pressure on the safety team.

Insight

PSIRF Learning Responses – Q2 2025–26

- In Q2 2025–26, the Safety Review Panel reviewed 74 Patient Safety Incidents (PSIs), with 31 resulting in a learning response under PSIRF—consistent with Q2 2024–25 (32 learning responses from 45 PSIs). The increase in total reviews reflects improved oversight and engagement. 15 of the Patient safety incidents reviewed were issues reported to the Trust as Patient experience reports (complaints and Health Carew Professional feedback)
- Of the 31 learning responses, **8 incidents involved no harm attributable to the Trust**, but still highlighted **clear opportunities for improvement**, reinforcing the value of proactive learning. This quarter also saw a shift in delay-related incidents, now driven by **financial constraints, staffing pressures**, (Operational hours have been reduced to stay within the annual financial limits and meet the Category 2 forecast, while remaining consistent with the operating plan submitted to NHSE). **policy-related break timings**, and **vehicle availability**, rather than previously identified causes.

- A year-on-year comparison below shows a reduction in delay-related incidents, largely due to the **Release to Respond** initiative launched in December 2024. However, recent delays are now linked to different factors, including:
 - **Financial constraints**
 - **End of Shift/Meal Break policy impacts**
 - **Under-resourcing** - (Operational hours have been reduced to stay within the annual financial limits and meet the Category 2 forecast, while remaining consistent with the operating plan submitted to NHSE).
 - **Service pressures and vehicle availability**

Meanwhile, **patient treatment and care**, especially **re-attendance issues**, has become the leading category requiring a learning response. A Thematic Analysis of Learning responses undertaken in relation to reattendances has been undertaken, the final report has been submitted to Ops Group for approval before it is submitted to Oversight & Review group for Executive approval in November. Conclusions from the Thematic Analysis of 23 patient safety incidents has highlighted critical areas for improvement in clinical decision-making, communication, documentation, and system-level processes. The recurrence of themes such as delayed recognition of deterioration and missed escalation opportunities underscores the need for targeted interventions and continuous learning.

fig1

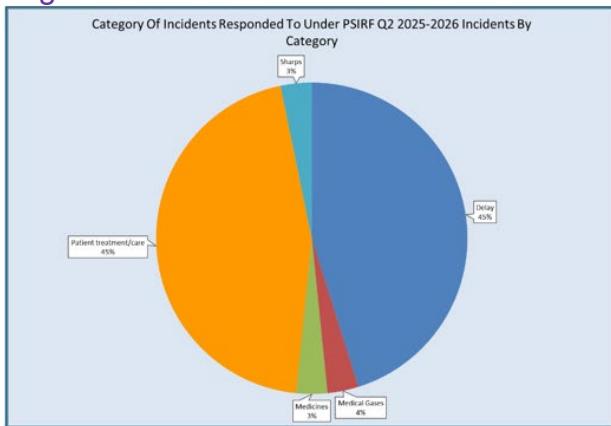
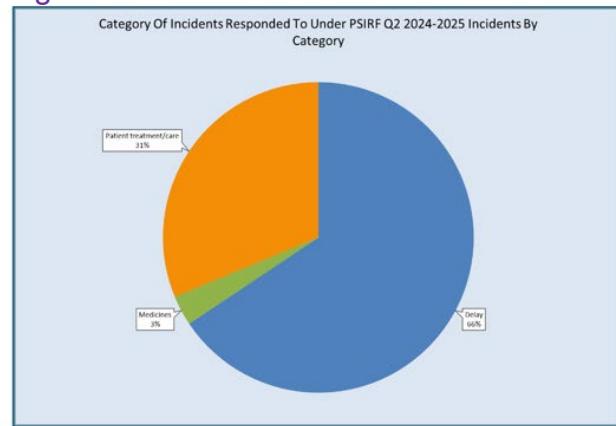


fig2



Triangulation of Insight and Risk

Recent incident reviews have highlighted operational and safety risks directly linked to the Trust's current challenges:

- **Delays and Harm:** 8 incidents have shown delays in dispatch due to the ageing I/CAD system, including jobs not appearing on the dispatch screen without manual refresh. A (1) recent incident involving delayed dispatch due to this technical issue contributed to patient harm; the patient sadly passed away a few days later. While the delay was not identified as a direct cause of death, it highlights the potential for serious consequences if the issue is not resolved.
- **Learning Responses:** Of the 31 PSIRF learning responses this quarter, 8 involved no harm attributable to the Trust but revealed clear opportunities for improvement—many related to system inefficiencies and operational pressures.
- **Operational Hours vs Performance:** The reduction in operational hours, while necessary for financial control, has led to increased delays and pressure on frontline staff. This is particularly concerning given the forecasted rise in Cat 2 demand and the uneven workforce distribution across regions.

These insights support the prioritisation of CAD replacement and careful management of operational hour reductions to mitigate patient safety risks and maintain performance standards.

Learning from Deaths – Q2 Insights

The Learning from Deaths (LfD) review process in Q2 highlighted six cases with actionable learning. These included examples of excellent clinical care and areas for improvement in documentation:

- Positive Practice: Crews demonstrated exemplary care in managing acute cardiac events (e.g. STEMI with VF arrest) and in applying patient-centred approaches aligned with GP care plans.
- Documentation Gaps: In four cases, incomplete or unclear documentation particularly around medication administration, airway management, and coordination with private providers — hindered retrospective review and risked continuity of care.

Feedback has been provided to crews involved, and themes have been escalated to inform future training and audit priorities.

Claims Insight – CNST (Clinical Negligence Scheme for Trusts)

Analysis of CNST claims data (01/04/2015 – 31/03/2025) highlights key themes that align with PSIRF learning responses and operational risks identified in Q2.

Top Causes by Value

Cause	No. of Claims	Total Value (£)
Fail / Delay Treatment	41	13,853,526
Fail / Delay Admitting to Hospital	16	1,834,128
Birth Defects	1	12,910,000

Top Injuries by Value

Injury	No. of Claims	Total Value (£)
Brain Damage	7	17,695,770
Fatality	39	6,184,787
Nerve Damage	3	949,824

Mapping to PSIRF Themes

- Delay-related harm: High-value claims linked to delayed stroke, cardiac, and mental health responses reinforce the urgency of CAD replacement and MH vehicle commissioning.
- Obstetric and neonatal safety: Birth-related claims highlight the importance of timely conveyance and escalation protocols.
- Mental health and safeguarding: Several claims involve inadequate triage or conveyance in MH crises, supporting current Q2 safety actions.

Involve&ment

- **Staff involvement:** During the first year of PSIRF implementation, staff engagement in the Safety Review Panel (SRP) and Emerging Incident Reports (EIRs) has been a key enabler of system-wide learning. Participation in reflective reviews and incident analysis has supported the development of a more transparent and responsive safety culture.
- Crews have contributed to the identification of learning themes through their involvement in complex incident reviews, including those where delays—particularly linked to the ageing I/CAD system—have resulted in patient harm. Notably, several incidents required manual refresh of dispatch screens to identify jobs, highlighting operational risks and reinforcing the need for system replacement.
- Of the 31 learning responses generated this quarter, 8 related to incidents where no harm was attributable to the Trust but still demonstrated clear opportunities for improvement. These findings reflect the value of staff involvement in surfacing risks and informing targeted safety actions.

Patient/family involvement:

Duty of Candour Compliance – Q2 2025–26

- A total of 39 incidents were identified as meeting the Duty of Candour threshold due to moderate, severe, or fatal harm. Compliance was strong across key requirements, with written notification and documented support completed in all applicable cases. However, delays in verbal notification were noted, primarily due to challenges in contacting next of kin.
- **Governance links:** There are ongoing delays in completing Emerging Incident Reviews (EIRs) and Swarm Huddles, particularly within the North East service line. These delays are impacting timely learning, Safety Review Panel assessments, and response times to patient experience complaints. To improve oversight, monthly tracking of EIR and Swarm completion will now be embedded into service line governance meetings, with upward reporting to EMC.

Improvement

Actions taken: Summary of Key Safety Improvement Work (Q2)

- **Mental Health Response:** Identified gaps in MH vehicle availability and crisis team coverage, particularly in northern areas. Targeted MH training for NQPs and improved access to SCAS Care Synopsis are being progressed.
- **Medicines Management:** A QI project was launched following a case of missing medication, supported by pharmacy walkarounds and a business case for barcode tracking.
- **Neonatal Transport:** Reinforced ambulance use for infants under 3 months following a critical incident; RAD tool pilot underway at North Harbour to support neonatal decision-making.

- **Clinical Decision-Making & Re-attendance:** Emphasis placed on senior HCP consultation and use of SCAS Connect following incidents involving capacity assessment and deterioration on re-attendance.
- **Claims Learning Integration:** Themes from CNST claims have been mapped to PSIRF learning responses. High-value CNST claims linked to delayed stroke and cardiac care have potential to aid informed escalation of CAD replacement and MH vehicle commissioning discussions.

Progress on previous actions: There are currently nine actions reported as overdue following the completion of learning responses. These will be monitored through monthly service line governance meetings, with progress and escalation reported upward to EMC.

Learning from Coroners' Reports and Claims

In Q2, SCAS undertook a series of targeted improvements in response to learning from Coroners' Prevention of Future Deaths (PFD) reports and associated claims. These actions reflect our commitment to proactive system change and national collaboration:

- **Clinical Services Policy and Procedure (CSPP) 7 updated** to guide crews when access to a patient's property is restricted.
- **New discharge category** added to NMA to flag refusal of conveyance/treatment on CAD.
- **Clinical Memo 154** reissued with updated guidance for headache assessment and conveyance.
- **CCC SOPs amended** to improve triage for patients who have fallen from furniture, including:
 - Mandated collection of fall time and patient position.
 - CRE flow developed to embed these questions into 999 CAD.
 - Adastral system updated to require this data in 111 calls.
- **Careline SOP revised** to mandate use of remote communication systems when patients cannot answer phones.
- **Training disseminated** to clinical and non-clinical staff on documentation and risks of immobility.
- **National escalation:** SCAS shared learning with the AACE Clinical Coding Review Group, prompting national review of falls and slips by ambulance Medical Directors and NHS Pathways.

Forward look: Planned safety initiatives for Q3

- **Neonatal Transport:** Reinforced ambulance use for infants under 3 months; refusals now documented and escalated to A&E and EOC.
- **Mental Health Response:** Expanded MH training, improved access to SCAS Care Synopsis, and escalated need for additional MH vehicles.

- **Capacity & Re-attendance:** Promoted SCAS Connect and senior HCP consultation; PRF audit initiated to assess quality.
- **Medicines Management:** Launched QI project on drug checks and supported barcode tracking business case.
- **Frequent Caller Coordination:** Enhanced use of special notes, escalated cases to Complex Care Team, and shared learning externally.
- **NQP Support:** Improved onboarding and MH training; learning shared via Patient Safety Hub and care plan access reinforced.
- **Claims-Driven Priorities:** CNST data on delayed conveyance will support escalation of MH vehicle commissioning in North SCAS.

National update

Never Events Framework Update

NHS England hosted a national webinar on 14 October to present consultation findings and outline the proposed direction for a revised Never Events Framework. The updated approach is expected to prioritise learning, align with PSIRF principles, and support a just culture. While the existing framework remains in place, providers must continue to report qualifying events via LFPSE. The outcome of the consultation is awaited, and further guidance will follow.

3. Areas of Risk

Risk Overview – Q2 2025–26

- **Clinical/Quality Risk**

Risk 439 – PHMDT Integration into EPR: Lack of integration of the Pre-Hospital Maternity Decision Tool into the Electronic Patient Record system risks delayed recognition of red flags and inconsistent clinical decision-making. Mitigation includes feasibility planning and clinical governance oversight.

Risk 395 – Delay in Incident Review: Delays in completing Emerging Incident Reports and Swarms risk missed learning and delayed safety improvements. Monthly tracking and escalation to EMC have been implemented.

- **Financial Risk**

Risk 336 – Workforce Capacity: Insufficient staffing within the Patient Safety Team risks non-compliance with PSIRF and delayed learning responses. Mitigation includes recruitment planning and prioritisation of alternative learning methods.

- **Business Risk**

Risk 438 – Strategic Midwifery Leadership: Absence of a Consultant Midwife role risks fragmented maternity service delivery and missed improvement opportunities. A business case for strategic midwifery leadership is in development.

- **Performance Risk**

Risk 393 – Capacity Constraints: Limited PSIRF training across the Trust places pressure on the Patient Safety Team and risks delays in learning response delivery. External training is scheduled to begin in December 2025 to build wider capability.

4. Link to Strategic Theme

Clinical Effectiveness

5. Link to Board Assurance Framework Risk(s)

SR14 - Quality Performance

6. Quality/Equality Impact Assessment

A Quality and Equality Impact Assessment has been considered in relation to the content and recommendations within this report. Based on the nature of the patient safety themes and actions outlined, a formal assessment is not required at this stage. However, any future changes to policy, service delivery, or staffing arising from this work will be subject to a full Quality and Equality Impact Assessment as appropriate.

7. Recommendations

The Board is asked to:

- Receive a report/paper and take assurance from it

For Assurance	X	For decision		For discussion		To note	
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Trust Board of Directors Meeting in Public
27 November 2025

Title	Chief Medical Officer's Board Report
Report Author	Dr. Helen Pocock, Head of Research Operations Dr John Black Chief medical Officer
Executive Owner	Dr. John Black, Chief Medical Officer
Agenda Item	17
Governance Pathway: Previous	Clinical Review Group
Governance Pathway Next Steps	Not Applicable

1. Purpose

The purpose of the paper is to update the Board on key clinical issues relating to:

- **SCAS Clinical Research Update**
- **JRCALC Clinical Practice Guideline Updates 3/25**

2. Executive Summary

Clinical Research Update – November 2025

2.1 Current research study recruitment (data cut 29 Oct 2025):

152 new patients have been enrolled in research studies since the last Board report.

Spinal Immobilisation Study (**SIS**): 32 patients.

- Early surveillance for type 1 diabetes in children (**ELSA**): 49 children
- Tranexamic acid for mild head injury in older adults (**CRASH-4**): 28 patients.
- Specialist pre-hospital redirection for ischaemic stroke thrombectomy (**SPEEDY**): 35 patients.
- Randomised trial of clinical and cost effectiveness of Administration of Prehospital fascia Iliaca compartment block for emergency hip fracture care Delivery (**RAPID-2**): 6 patients.
- Understanding prostate cancer stigma in black men (**Destigmatise**): 2 patients.

2.2 The National; Institutes for Health Research (NIHR), which is funded by DHSC, has announced a new national funding model from April 2026:

This funding model will be standardised around the country, will be more transparent, and collaboration will be incentivised. Two major care settings: 'Hospitals' and 'other-settings'. All NHS organisations will be funded from the Hospitals' budget.

Three funding components:

Historical allocation – accounts for 50% of allocation

Activity based – 30% (number of weighted recruits & number of studies)

Performance – 20% (delivery metrics such as set-up times)

Weightings:

A strategic budget is partially calculated using a weighted population, likely to account for the needs and demographics of different regions.

Study type weightings:

- Large scale observational = 1
- Large scale interventional = 29
- Observational = 86
- Interventional = 175

New caps & collars (currently 5% either way):

Purpose: to ensure research stability by preventing drastic fluctuations in the budget from one year to the next.

Collar – Maximum limit on how much funding can decrease in a given year - 7%

Cap – A maximum limit on how much the funding can increase in a given year - £150k

Ambulance trusts will be funded through the Hospitals model but will be able to apply for 'wider-settings' funding and conducting research activity in those areas.

2.3 New (external) studies opening:

- CLEAR (IRAS 359052) - This is an exploration of clinical advice delivery for UK ambulance service clinicians. It comprises a document review and survey.
- 999 RESPOND-2 (IRAS 347768) – An investigation of the role of livestream video in emergency medical services contact centres, particularly around **how it aids communication of risk/severity, helps with ambulance dispatch decisions, and impacts staff and callers.**

2.4 Internal project:

Dr. Helen Pocock has recently completed an **audit of out-of-hospital cardiac arrest in prisons.**

Key findings:

- Between 2021-2025 SCAS received calls to 25 cardiac arrests in prisons. Most calls were received between 06:00-12:59.

- Median time from call to arrival at prison was 11 min 03 s. Median time from call to patient's side was 19 min.
- Bystander CPR was provided by prison officers or prison healthcare in 91% of cases. It is not possible to tell from the ePR whether CPR was started immediately, but in 3 cases, CPR delay due to ligature removal was recorded.
- 52% of arrests were caused by hanging. This is much higher than in the general population.
- The initial cardiac rhythm was shockable in only 14% of cases. This figure is around 20% in the general population.
- Six patients were conveyed to hospital (3 with return of spontaneous circulation (ROSC), 3 with ongoing resuscitation); three patients survived at 30 days.

It is intended that this work will be published and will support development of grant application to further improve care to this important cohort of patients.

2.5 Studies closing:

- SPEEDY trial (Specialist pre-hospital redirection for ischaemic stroke thrombectomy). The recruitment target is due to be reached towards the end November 2025. Will close one month later.

2.6 Grant Artificial Intelligence applications outcomes:

- 111 AI triage project (Visibar & University of Oxford). Project to improve call cycle time and user experience. Co-applicants. SUCCESSFUL. Due to start 1st Mar 2026.
- SAMURAI-ECG (Oxford University Hospitals, in collaboration with Oxford University) Evaluation of how artificial intelligence (AI) can support and improve the interpretation of ECGs in clinical settings. Co-applicants. UNSUCCESSFUL. Team keen to amend according to feedback and re-submit.

2.7 Research capacity building activities

- Prof. Deakin delivered the second in the 'Ideas to Impact' webinar series, 'The Pathophysiology of CPR,' which was extremely well received. The recording and referenced articles have been uploaded to our SharePoint page.
- Three staff members attended the 999 EMS Research Forum national conference in Newcastle. Research posters were presented by Dr. Helen Pocock (Informing relatives of non-surviving patients of research inclusion) and Craig Jackson (CPR-induced consciousness).

2.8 Working with people and communities

We have joined 'Raising Voices in Research,' a regional research collaborative building community partnership, particularly with hard-to-reach communities. This will link well with CEDAR, our own project seeking to increase diversity and accessibility in research.

2.9 Research publications

- **Deakin CD:** Defibrillation energy levels in OHCA: Rethinking assumptions and exploring new insights. *Resuscitation.* 2025; 208: 110523 <https://www.10.1016/j.resuscitation.2025.110523>
An Editorial discussing an article comparing waveforms and energy dosing strategies for out-of-hospital defibrillation. The article does not identify an optimum waveform/strategy, and the need to follow proven strategies, such as correct defibrillation pad placement, rapid defibrillation, and high-quality CPR, are highlighted.
- Aljanoubi M, Brown TP, Booth S, **Deakin CD**, Fothergill R, Nolan JP, Soar J, Perkins GD, Couper K. The impact of the AIRWAYS-2 randomised controlled trial on clinical practice in out of-hospital cardiac arrest in England: a registry-based cohort study, *Resuscitation* (2025), doi: <https://doi.org/10.1016/j.resuscitation.2025.110820>
A registry-based study assessing the impact of the AIRWAYS-2 study on clinical practice in out-of-hospital cardiac arrest. In England, the proportion of patients receiving tracheal intubation decreased between 2014 and 2020. This decrease accelerated following August 2018, which may be partly attributable to the AIRWAYS-2 trial results.
- **Pocock H, Deakin CD, Lall R, Quinn T, Rees N, Rodriguez-Bachiller I, Smith D, Perkins GD.** Informing relatives of non-surviving patients about research participation following out-of-hospital cardiac arrest: a prospective cohort study. *Resuscitation Plus* 2025;26:101131. <https://doi.org/10.1016/j.resplu.2025.101131>
In the UK, it is uncommon to notify relatives of deceased patients about their participation in out-of-hospital cardiac arrest trials. This sub-study of the POSED trial explored sending condolence letters to relatives. We found that while identifying next of kin was resource-intensive and often unsuccessful, no complaints or concerns were raised by those who received the letters.
- Nichol G, Atkins DL, **Deakin CD**. et al. Scientific priorities related to the use of double sequential external defibrillation in patients with refractory cardiac arrest: report from a multistakeholder thinktank. *JAMA* 2025;14:e044130. <https://www.ahajournals.org/doi/10.1161/JAHA.125.044130>
Around 20% of patients with out-of-hospital cardiac arrest display ventricular fibrillation (VF) as the initial cardiac rhythm. Whilst it has a better prognosis than other rhythms, around 25% of patients remain in VF after three shocks. This paper reports a collaborative discussion amongst clinical academics, manufacturers, and regulators around the use of Double Sequential External Defibrillation (DSED). The evidence suggests there may be some patient benefit to this strategy although concerns remain around safety, effectiveness, and impact on resuscitation practices.

3. JRCALC Clinical Practice Guideline Updates

Ambulance Service Clinical Practice Guidelines are produced nationally by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) at the Direction of and are signed off by the National Ambulance Service Medical Directors groups on behalf of AACE. These are reviewed internally at CRG 3 of whom are also members of JRCALC.

The 3rd set of updates for 2025 are due to be published on the JRCALC App which all SCAS clinicians have a license to access either via the SCAS ePR tablet or their own

personal devices. SCAS clinical memos and updates are also now stored on the JRCALC as a separate directory as well as on the SCAS Hub (intranet).

These latest updates include a new chapter on end-of-life care for children and important updates on the management of acute coronary syndrome, safe-guarding in chin, abdominal pain and aortic syndromes, and medicines updates on ondansetron, metoclopramide, diazepam, ibuprofen and entonox – **see appendix 1** for a summary of the updates.

4. Link to Strategic Theme

Clinical Effectiveness

5. Link to Board Assurance Framework Risk(s)

SR14 - Quality Performance

7. Recommendations

The Trust Board is asked to **note** the contents of the Chief Medical Officer's report.

John JM Black
CMO
13.11.25

Appendix 1:

JRCALC Clinical Practice Guideline Updates 3/25.

For Assurance	For decision		For discussion		To note	X
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JRCALC Clinical Guideline Updates 3/2025

Summary of changes

Planned publication date: 10th December 2025

Updates, Corrections, and Additional Guidance to Existing JRCALC Guidelines:

Guideline/medicine	Update
NEW End of life care- paediatric	<p>NEW guidance. Emergency calls to attend to Children and Young People (CYP) with Palliative and End of Life Care (PEoLC) needs are not common. These are, however, clinically complex, and emotionally challenging situations and it is important to feel prepared to support children and their families when a crisis occurs or transport is required. The guidance details the most common types of life-limiting/life-threatening conditions in children. It includes guidance on communication and supporting families, recognising a life-limiting/threatening condition, symptom control, providing support when a child may be dying, advance and future care planning, shared decision making, conveyance decision making, spirituality, culture, religion, self-care, and support.</p> <p>A PODCAST is being developed by the End-of-Life lead group leads to support this update and will be made available on ParaPass.</p>
End of life care-adults	<p>Fully revised and updated.</p> <p>Includes new end of life care planning table detailing the differences between advance decision to refuse treatment (ADRT), lasting power of attorney (LPA) for health and welfare, treatment escalation plans, resuscitation decisions, and goals of care documents.</p> <p>Includes new supportive and palliative care indicators tool (SPICT) to help recognize patients in their last year of life.</p> <p>Palliative care emergencies now includes catastrophic terminal haemorrhage.</p> <p>A PODCAST is being developed by the End-of-Life lead group leads to support this update and will be made available on ParaPass.</p>
Acute Coronary Syndrome	Revised and updated following a survey initiated by the NHS England Cardiac Transformation Programme. The results were reviewed by the NHS England Heart Attack Expert Advisory Group. This guideline has been revised to include

	<p>standardised criteria for referral to PPCI centres. The new criteria are:</p> <p>Symptoms</p> <ul style="list-style-type: none"> • <i>Cardiac sounding chest pain (central tight, constricting discomfort which may radiate to jaw, neck or shoulder).</i> • <i>Also consider atypical presentations such as epigastric discomfort, nausea and vomiting, sweating, syncope or new onset breathlessness especially in women, older patients with cognitive impairment or diabetics.</i> <p>Time since onset</p> <p><i>Presentation within 12 hours of symptom onset unless there is ongoing or intermittent pain with acute ECG changes (see below) in which case consider PPCI up to 48 hours from onset.</i></p> <p>ECG criteria</p> <ul style="list-style-type: none"> • <i>ST elevation in leads V2 and V3 of greater than 1.5mm in women and 2mm in men or ST elevation of greater than 1mm in any other 2 contiguous leads.</i> • <i>ST depression in leads V1 to V3 with ST elevation of greater than 0.5mm in leads V7 to V9.</i> • <i>Left Bundle Branch with clear clinical features of acute myocardial infarction i.e. cardiac sounding chest pain and the patient looks unwell</i> • <i>If there are clear clinical features of acute myocardial infarction with RBBB and ST elevation discuss with PPCI centre.</i> • <i>Right Bundle Branch Block without ST elevation is unlikely to be a myocardial infarction.</i> <p><i>Patients with chest pain, widespread ECG changes, typically ST depression, that do not fit the above criteria and are unwell should still be discussed with a PPCI centre as immediate PPCI may be appropriate.</i></p>
Safeguarding Children	Fully revised and updated.
Abdominal Pain	<p>Two new bullet points added to the section: Transfer to Further Care</p> <ul style="list-style-type: none"> • <i>Caution should be used when considering discharge on scene in people aged 70 and over, as there is a higher frequency of serious pathology in this age group and some medicines e.g., steroids may mask presenting symptoms. For patients ≥ 70, for non-conveyance all clinicians must make a direct referral to another registered HCP as per local trust procedures.</i> • <i>Have a low threshold to transfer patients with aortic history as they are high risk.</i> <p>New information on endoleak has been added to history taking section:</p>

	<p><i>Ask if any previous aortic repair. An endoleak is the leaking of blood outside a stent graft and within an aneurysm sac and is a common complication of endovascular aneurysm repair.</i></p> <p>We have also included the aortic dissection detection risk score in the assessment and management section.</p>
Fentanyl-IN, IV/IO and oromucosal	New analgesia in JRCALC, however note this cannot be used by paramedics until a group authority licence has been issued, and your organisation has procured the specific medicines. There are three preparations-injection, nasal, oromucosal.
Intravenous fluid therapy in adults and children	These guidelines will be removed following several queries and feedback we have received about duplication. For fluid administration the relevant clinical guideline should be accessed along with the sodium chloride monograph.
Glyceryl Trinitrate	<p>Amendment to indications and cautions in line with revised ACS:</p> <p><i>GTN should be used cautiously in patients with ST-Elevation Myocardial Infarction (STEMI) and is not routinely recommended as first-line therapy, regardless of the location of the MI.</i></p> <p><i>The use of GTN in STEMI patients is primarily for symptom relief of chest pain and to reduce preload in patients with pulmonary oedema or hypertension, as stated in the 2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction.</i></p> <p>The rationale for this change is that STEMI patients have an occluded artery and therefore dilating the coronary artery with the aim to improve blood flow and reduce pain, will not occur. It may however make the patient feel more unwell by dropping the blood pressure, particularly if the patient has been sweating significantly with their MI.</p> <p>We are therefore advising GTN is not routinely recommended in patients with STEMI (unlike NSTEMI), however may be used cautiously if pulmonary oedema becomes a problem.</p>
Ondansetron	Amendment to indication in line with revised ACS: <i>All STEMI patients receiving opiates should also be given an anti-emetic.</i>
Metoclopramide	Amendment to indications in line with revised ACS: <i>All STEMI patients receiving opiates should also be given an anti-emetic.</i>
Diazepam rectal and intravenous	Updated to new medicines standardisation format.
Ibuprofen	Updated to new medicines standardisation format. The monograph also has an amendment to the contraindication for use in pregnancy, not to be administered to patients over 20 weeks pregnant.

Entonox	Updated to new medicines standardisation format.
Other clinical updates	<p>1) New wording around pregnancy has been added in medical emergencies in adults and children, trauma emergencies in adults and children and the maternity overview guidance. Included is some or all the following:</p> <p><i>Pregnancy or recent pregnancy should be considered whenever attending women of childbearing age. Outside of ages 10-55 a woman is unlikely to be pregnant. If pregnancy or recent pregnancy cannot be ruled out, it should be considered within clinical management. Clinical judgement should be used to decide if the patient is pregnant and therefore whether to use the NEWS score or the Prehospital Maternity Decision Tool.</i></p> <p><i>The following situations may make clinicians suspect pregnancy or recent pregnancy (this list is not exhaustive): a patient having unprotected sexual intercourse, a patient who has missed period(s), a patient with a palpable fundus. Respectful professional curiosity may be required as it may not be immediately obvious that someone is pregnant or recently pregnant and this information may not be disclosed immediately or in the presence of particular people.</i></p> <p>2) Vaginal Bleeding during Pregnancy up to 20 weeks Gestation</p> <p>JRCALC will continue to align with the Royal College of Obstetricians and Gynaecologists and the Miscarriage Association by clearly stating that,</p> <p>“A miscarriage can only be confirmed by ultrasound scan.”</p> <p>The miscarriage definition has now been expanded to ask the women certain questions to gain information on scans. This allows clinicians to interpret the woman’s history and, where appropriate, manage excessive bleeding as post-partum haemorrhage (PPH) using uterotronics and tranexamic acid (TXA).</p> <p>Includes the management of haemorrhage following termination of pregnancy, recognising that severe bleeding may occur up to six weeks after either a medical or surgical procedure.</p> <p>If a woman reports a termination within the past six weeks, she should be managed as a secondary post-partum haemorrhage.</p> <p>3) Limb trauma, crush syndrome and sodium chloride</p>

The Royal College of Surgeons of Edinburgh Faculty of Pre Hospital Care have published a consensus statement on the early management of crush injury.

The fluid dose for crush syndrome will be amended from 2 litres to 500ml. A repeat dose of 500ml is indicated every 30mins, if signs of deterioration. The maximum dose is 2 litres.

Trust Board Meeting of Directors in Public
27 November 2025

Title	Freedom to Speak Up Report - Quarters 1 and 2 2025/26
Report Author	Christine McParland: Freedom to Speak Up Guardian
Executive Owner	Kate Hall, Interim Deputy CEO
Agenda Item	19
Governance Pathway: Previous	Executive Management Committee (EMC) 28 th October 2025
Governance Pathway Next Steps	None

1. Purpose

1.1 This paper provides an update to the Board regarding Freedom to Speak Up, including concerns raised, emerging themes, improvement activities, and future developments.

2. Executive Summary

2.1 This Report provides an update to the Board on Freedom to Speak Up activity for Quarters 1 and 2 2025/26. It includes an overview of speaking-up activity across the trust, highlights key themes, and updates on actions taken to support a culture of openness and safety. Future reports will follow a quarterly rhythm
 Key factors are:

The number and nature of concerns raised via FTSU:

- 125 new FTSU concerns were raised in the first two quarters of 2025/26 compared to 87 in the same two quarters in 2024/25.
- An increase of 43%.

The most reported categories during the first two quarters were:

- Bullying & Harassment (including sexual safety).
- Worker Safety / wellbeing.
- Other inappropriate attitudes & behaviours.

Notable themes emerging from FTSU concerns during the first two quarters included:

- Leadership concerns.
- Sexual safety.
- Concerns regarding fair and consistent application of trust systems, processes, policies.
- There is a reported fear of speaking up relating to retaliation and detriment to career progression.

3. Areas of Risk

SR7 - Staff Feeling Unsafe, Undervalued and Unsupported. When colleagues experience feelings of being undervalued, unsafe or unsupported, significant risks arise both to patient care and organisational performance. These conditions create an environment where speaking up is discouraged and concerns may go unreported

- **Clinical/Quality** : Reduced willingness to speak up leads to unreported patient safety concerns and increased risk of avoidable harm; delayed escalation of clinical issues due to lack of psychological safety; deterioration in quality of care as concerns about unsafe practice, staffing or equipment may remain hidden; erosion of just and learning culture, and limiting organisational learning
- **Financial** : Increased sickness absence and burnout; Inefficiencies from unresolved operational or quality issues that could have been flagged earlier
- **Business** : Loss of trust in Leadership undermines organisation credibility and long-term strategic goals. Reputational damage if cultural concerns escalate externally. Poor organisational culture may impact delivery of transformation programmes and misalignment with national FTSU expectations and frameworks, may increase scrutiny from external bodies.
- **Performance** : decreased productivity linked to low morale, disengagement and staff feeling unsupported; Reduced reporting and learning; Communication breakdowns impact team

4. Link to Strategic Theme

People and Culture

5. Link to Board Assurance Framework Risk(s)

SR 22 – Staff Engagement

SR 23 – Leadership

SR 25 - Collaboration

6. Quality/Equality Impact Assessment

A structured Quality Improvement plan would identify cultural and safety risks and ensure measurable and sustainable improvement

7. Recommendations

The Board of Directors are asked:

7.1 To note this report for assurance. Particularly the themes and resulting actions.

To support targeted improvement around Speaking Up and related themes throughout the trust, including simplifying systems, improving communication and strengthening local management.

To champion the use of the staff survey data to strengthen local insight and drive improvement in speaking up culture at local levels.

7.2 EMC Recommendations

The EMC noted the FTSU update on 28th October 2025 and the following points were raised for further conversation

Improve alignment between FTSU intelligence and leadership, culture, and governance workstreams.

Increase transparency: publish anonymised outcomes of cases (e.g. number of disciplinary actions).

Enhance training for team leaders and managers, especially around sexual safety and respectful behaviours.

Revisit the original purpose of FTSU: ensure clarity that it is a route for raising concerns that impact patient safety and staff wellbeing.

For Assurance	x	For decision		For discussion	x	To note	x
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Freedom to Speak Up Report

April to September 2025

(Quarters 1 and 2)

1.0 BACKGROUND

1.1 The roles of FTSU Guardians and the National Guardians Office (NGO) were established in 2016 following events at Mid Staffordshire NHS Foundation Trust and the subsequent public inquiry and recommendations by Sir Robert Francis QC.

1.2 FTSU Guardians help protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement by ensuring that workers are supported in speaking up and that issues raised are used as opportunities for learning and improvement. The aim is to help ensure that barriers to Speaking, Listening and Following Up are understood, addressed and that a psychologically safe culture is fostered and developed.

1.3 The Trust has adopted the National FTSU Policy developed for NHS trusts by the National Guardian's Office, updated and republished in January 2025.

1.4 SCAS has 3.0 whole time equivalent (WTE) in the FTSU Guardian team, this is in line with national recommendations; the Guardians are supported by a network of 63 FTSU Champions embedded across various departments around the trust, from diverse backgrounds and including students and volunteers.

FTSU Champion spread:	
Vulnerable Groups	
• Student Paramedics	8
• CFR / Bank workers	2
HR & Education	5
Front Line Ops: CTEs / Team Leaders / Paramedics / AAPs ECAs / specialist paramedics	18
CCCs 1s & 9s call takers / TLs / Wellbeing officers / CSD	11
PTS – Planning and Ops	3
Education: Clinical & Nonclinical Educators / Auditors	14
Corporate including digital / governance	2

1.5 Our FTSU Guardians work impartially and independently and have been supported by our Chief Executive Officer, the Executive Lead for FTSU and our Interim Chief People Officer. Under the Corporate re-structure the FTSU team moved into the Deputy Chief Executive's portfolio.

1.6 A Non-Executive Director (NED) supports the program, having had a gap this is now in place from Quarter 3 onwards.

1.7 The FTSU team have built a strong network across the South-East Region, Integrated Care Boards and Systems, and the Association of Ambulance Chief Executives (AACE) National Ambulance Network.

1.8 The FTSU Guardians retain a degree of independence and impartiality from trust management arrangements however are active stakeholders and participants in relevant trust processes, policy developments, and groups, including:

- Sexual Safety Assurance Oversight Group.
- Diversity and Inclusion Steering Group.
- Culture & Leadership Steering Group.
- Staff Networks.
- Flexible Working group
- Workplace Adjustments Group.

Additionally, FTSU Guardian supports the National Ambulance Sexual Safety Community of Practice (NASSCoP).

2. CONCERNS RAISED THROUGH FTSU

2.1 Sixty new FTSU cases were recorded during Q1 2025/26 compared to 44 the previous year, a 38% increase. 65 new cases were recorded in Q2 2025/6, compared to 43 the previous year, a 49% increase.

Whilst this rise could be viewed positively, as an indicator of increased staff confidence in using the confidential FTSU route to raise concerns, it also highlights that colleagues do not necessarily feel safe raising concerns directly with their line managers. This is further reinforced through the increase in anonymised concerns. 12 anonymised concerns raised in Q1 & 2 of 2024/25; and 18 in 2025/26, an increase of 50%.

A table of themes and numbers is below:

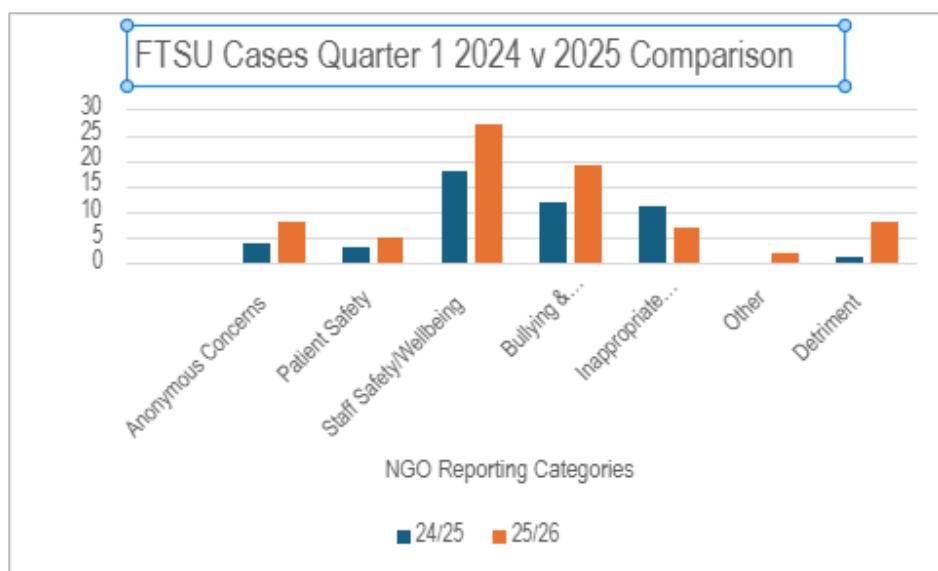
NGO Reporting Categories	24/25	25/26		24/25	25/26
	Q1	Q1		Q2	Q2
Anonymous Concerns	4	8		5	13
Patient Safety	3	5		3	3
Worker Safety/Wellbeing	18	27		13	21
Bullying & Harassment	12	19		12	19

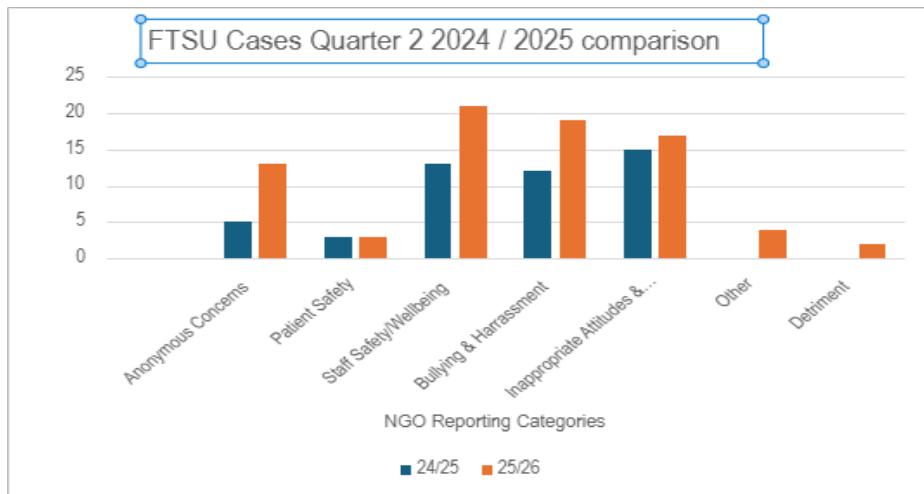
Inappropriate Attitudes & Behaviours	11	7		15	17
Other	0	2		0	4
Detriment	1	8		0	2

People reporting perceived detriment when coming to FTSU is an area we are monitoring closely – concerns being raised that by speaking up there might be risk to career progress development; they will be viewed negatively, or a perception of retaliation.

(The National Guardians Office guidance refers to detriment, disadvantageous or demeaning treatment by colleagues, line managers or leaders towards a worker because of the act of speaking up, rather than the specifics of the matter raised by speaking up. This can be a deliberate act or a failure to act or omission. Sometimes detriment can be subtle and not always easy to recognise. While these behaviours might not be intentional, the impact can still be significant if a person believes they are being treated poorly or differently. The link here provides a more detailed information).

[Detriment-guidance.pdf](#)





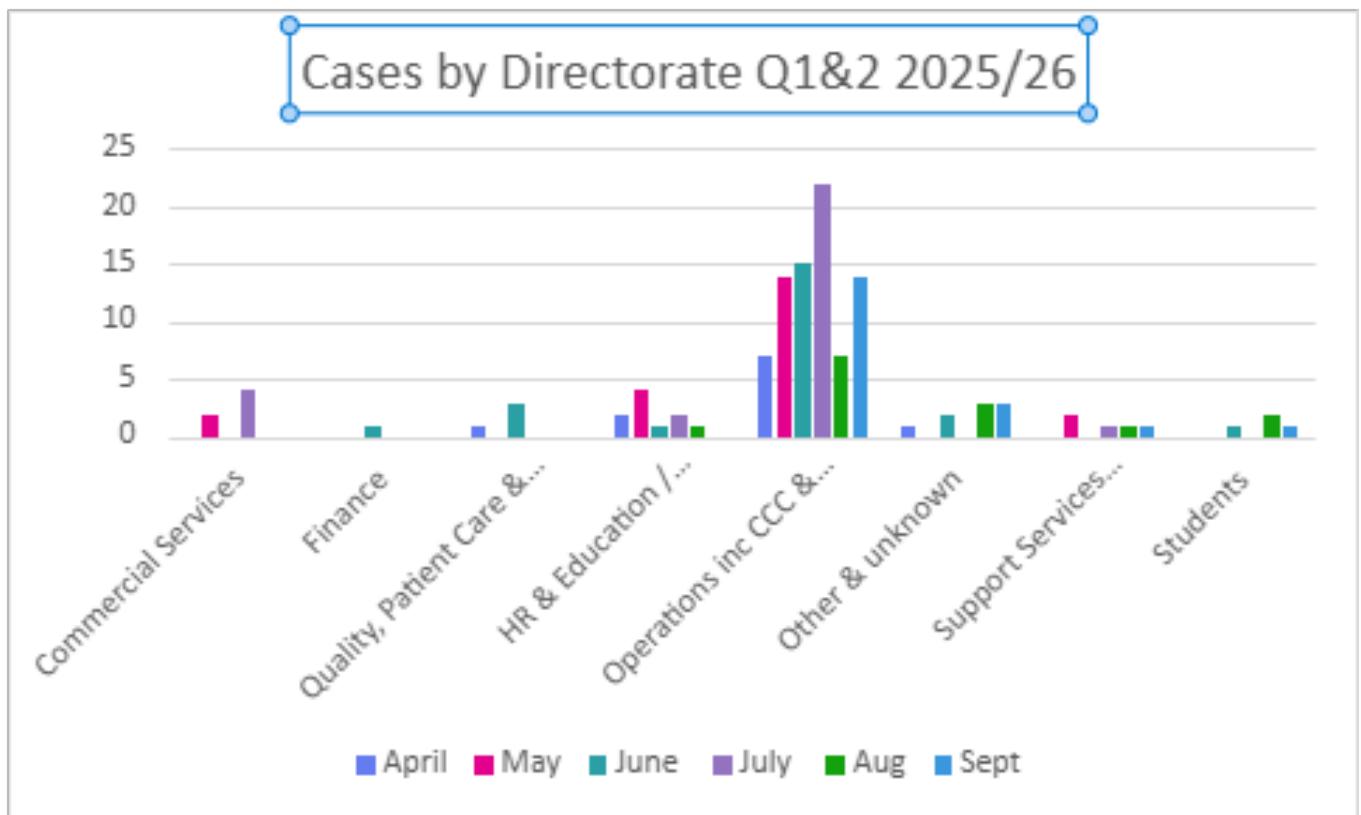
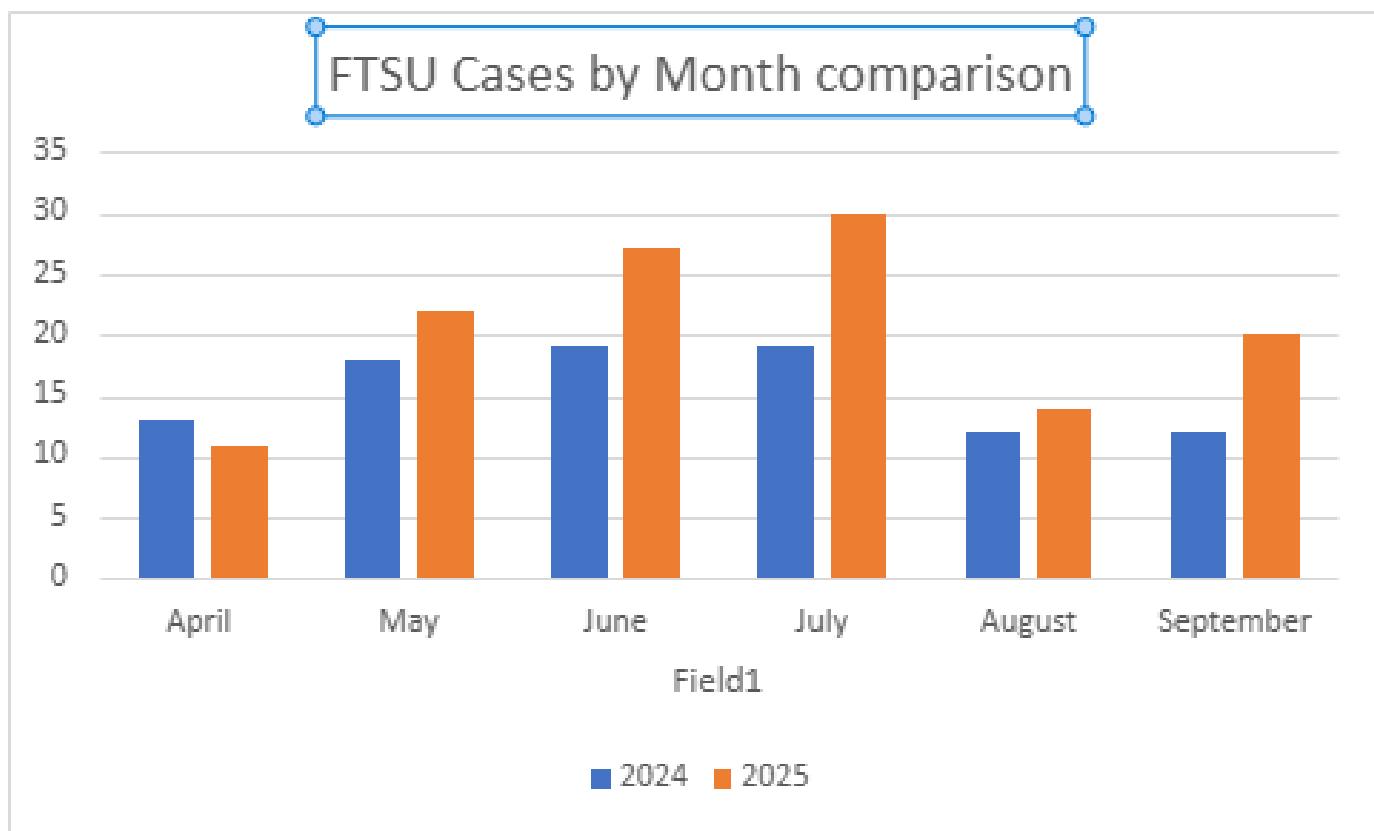
The increase in case activity also supports the Trust's commitment to transparency and continuous improvement. It provides valuable insight into cultural and operational themes, enabling more targeted interventions and learning.

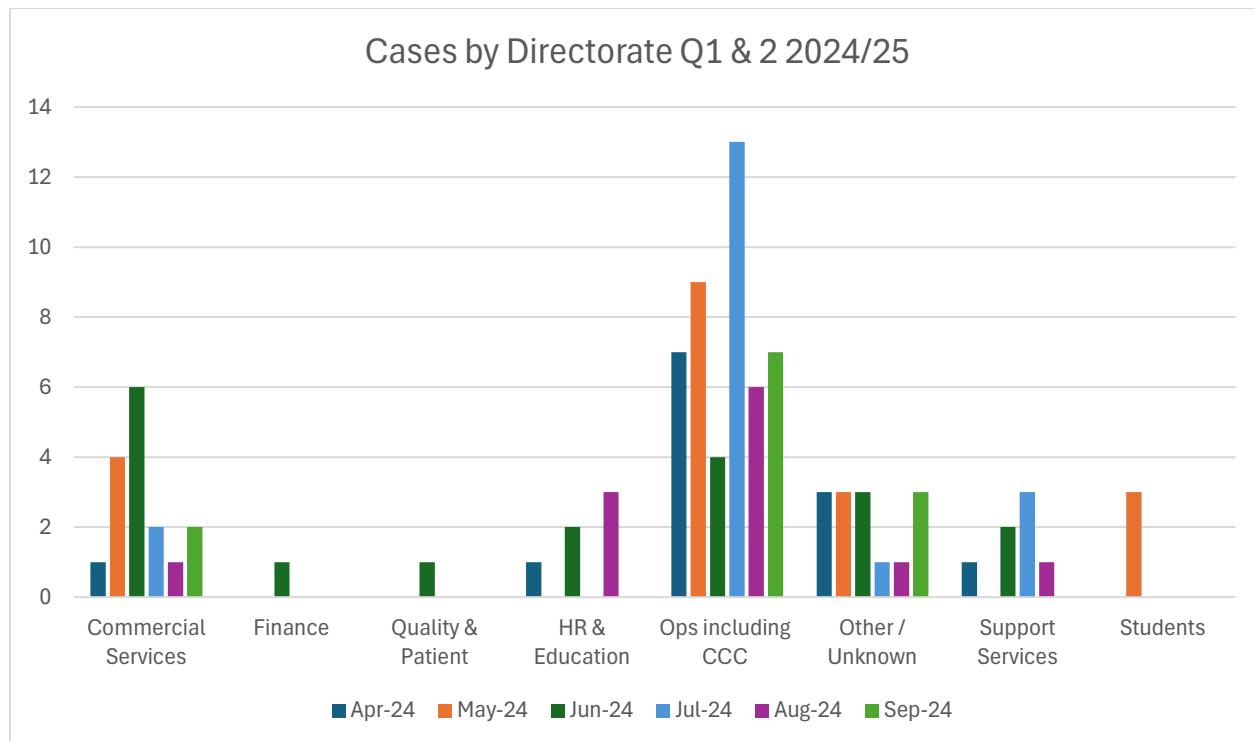
The themes outlined in the tables above reinforce the need for continued, organisation-wide focus on strengthening leadership capability and consistency in local responses to concerns. They also highlight the importance of building trust and understanding in the Freedom to Speak Up process.

This presents a valuable opportunity to further embed a culture of timely, transparent, and proportionate responses, ensuring that concerns are not only heard but acted upon in a way that reflects the principles of a Just and Learning Culture.

The team are working through all open cases (89 in 2024/25 and 94 in Q1 and Q2 2025/26) to ensure that they have been reviewed and that feedback and learning has been shared. The reduced number of Guardians has impacted on processing, following up and closing cases, alongside the substantial increase of cases received. The substantive Guardian Lead will be returning to post on 1st November, bringing the service back to 3 full-time Guardians which will help with more timely processing of cases.

2.2 The monthly case numbers and their spread are detailed below, the Operations Directorate has the highest numbers of concerns which is reflective of the context of the Directorate. This year there has been an increase in concerns recorded from Corporate and Support Service teams.



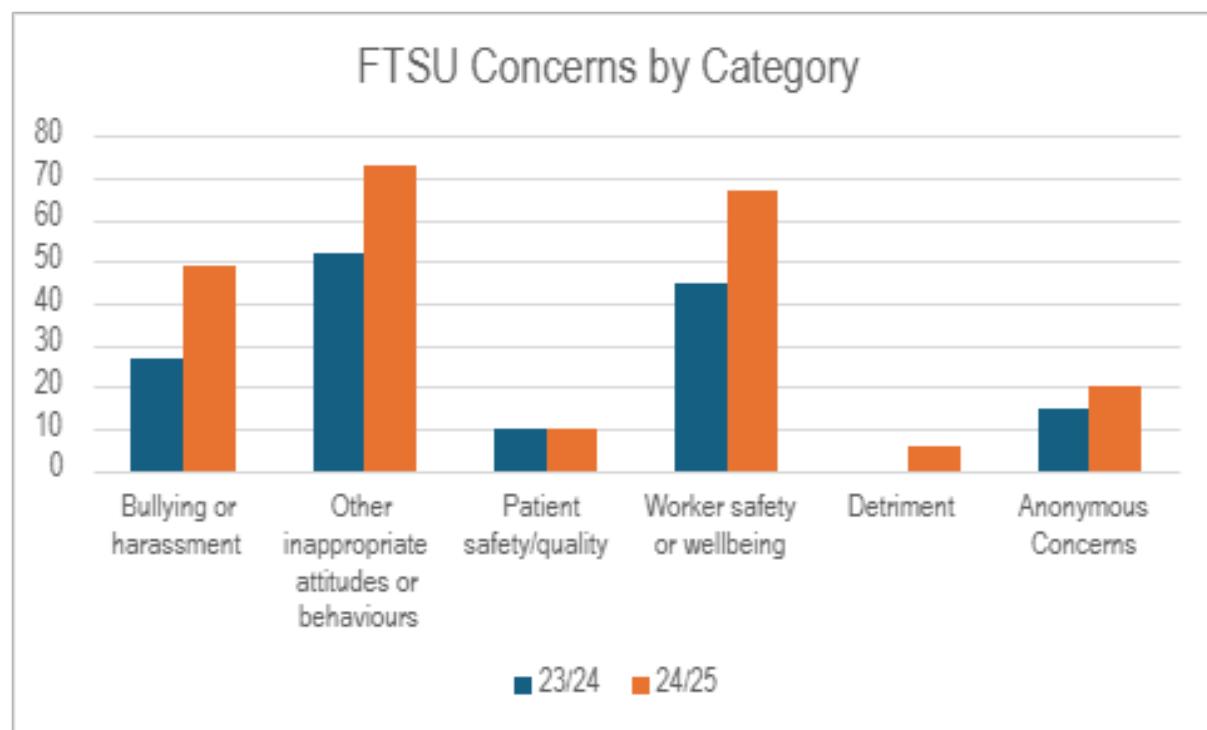


2.3 FTSU Concerns by category

The following table shows the most common categories raised via FTSU during Quarters 1 and 2. ‘Bullying & Harassment’ and ‘Worker Safety / wellbeing’ were consistently the most common categories of reported concerns.

Bullying & Harassment: Subcategories	
• Behavioural/Relationships	11
• Sexual Safety	22
• Bullying	5
• Cultural	1
Other Inappropriate Attitudes & Behaviour: Subcategories	
• Behavioural/Relationships	14
• Culture	2
• Middle Management	2
• Recruitment	1
• System/Process	4
• Patient Safety/Quality	1
• Sexual Safety	1
Worker Safety: subcategories	
• Behavioural/Relationships	9
• Cultural	6
• Detriment	1
• Enquiry / Advice	3
• Exec Team	1
• Infrastructure	1
• Recruitment	1
• Middle Management	2

• Patient Safety / Quality	1
• Staff Safety	5
• System / Process	15
• Other	2
Patient Safety: subcategories	
• Middle Management	1
• Patient Safety / Quality	2
• Staff Safety	1
• System / Process	3
Awaiting responses from those concerned	
	9



2.4 Leadership

Of the 125 cases raised over Q1 and Q2, 75 were recorded anonymously or in confidence, the breakdown by category is below.

There are ongoing concerns regarding the psychological safety of speaking up within the organisation. Feedback indicates that some staff perceive the Freedom to Speak Up process as unsafe.

Themes emerging from FTSU cases suggest that individuals fear detriment or retaliation after raising concerns. It has been reported that some managers actively identify and challenge those who speak up, which contributes to a culture of apprehension and mistrust.

Additionally, concerns raised through FTSU are frequently met with defensiveness or frustration, rather than with curiosity and a commitment to learning. This response

risks undermining the principles of a Just and Learning Culture, where concerns should be welcomed as opportunities for reflection and improvement.

There is a need to reinforce leadership behaviours that support psychological safety, ensure concerns are received constructively, and embed a culture where speaking up is seen as a valued and protected activity.

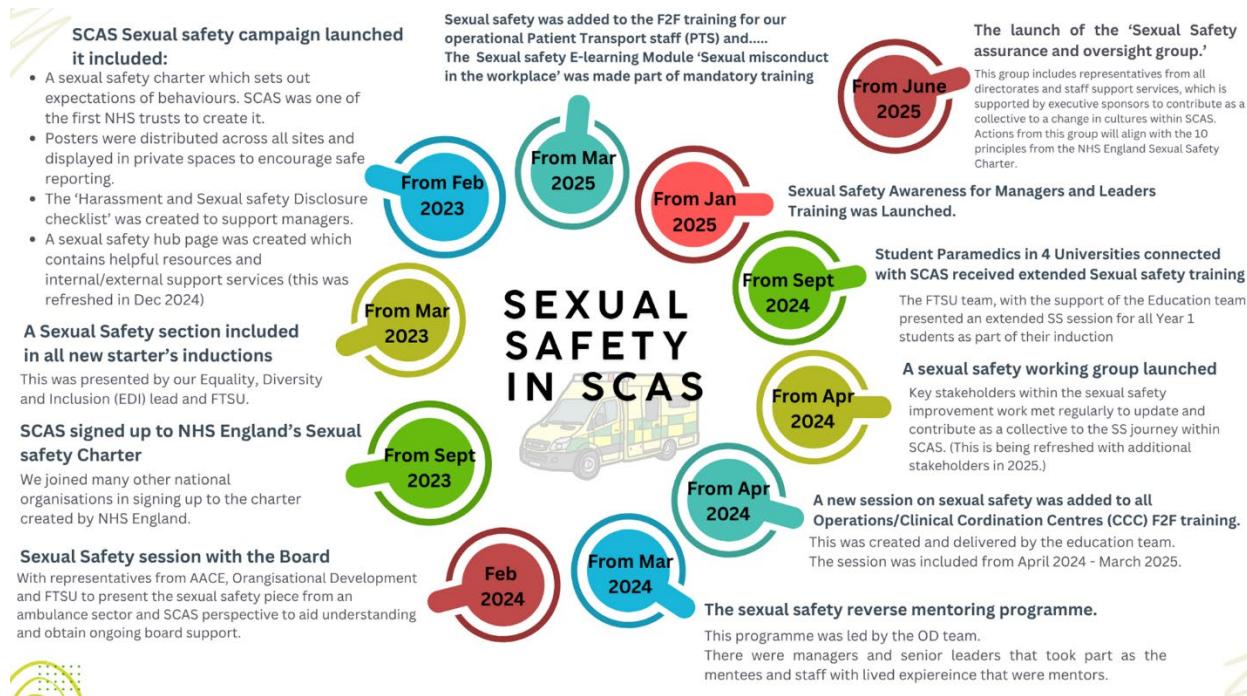
Category	No
Advice Only	13
Anonymous	21
Confidential	54
Open	26
Not yet categorised	9

2.5 Sexual Safety

Sexual safety concerns continued to be raised via FTSU alongside other reporting routes within the organisation. Sexual Safety is reported under the Bullying & Harassment category.

Trust processes such as Sexual Safety Manager's training (implemented in January 2025) and the Sexual Safety Assurance Oversight Group (started June 2025) are enabling greater consistency across the Trust in its approach to sexual safety awareness. Sexual safety concerns raised through FTSU are increasingly being triaged in partnership with HR, safeguarding, and ED&I Lead. This enables:

- Person centred, trauma informed approach for those involved, supporting colleagues effectively.
- Consistent application of policies.
- Timely and appropriate action.
- Recognise different forms of sexual misconduct.
- Maintain confidentiality and boundaries.
- Clear escalation pathways to senior leadership.
- Analysis of data, identifying trends and learning opportunities.



2.6 Trust Systems, Processes and Policies

FTSU Guardians have received several concerns, generally reported under the themes of Worker Safety and Wellbeing, highlighting issues with the effectiveness and consistent application of Trust systems, processes, and policies. The following key themes have emerged:

- **Lack of communication** throughout the concern-handling process, including insufficient updates and unclear outcomes.
- **Lack of trust** in the appropriateness or effectiveness of formal processes, particularly in sensitive cases.
- **Inconsistent application** of policies and procedures across departments and teams.
- **Limited provision of meaningful support**, with staff often signposted rather than receiving proactive, local welfare support.
- **Insufficient management understanding** of reasonable adjustments during both formal and informal processes, impacting staff wellbeing and fairness.
- **Perceived conflicts of interest** in the selection of managers responsible for fact-finding, especially in cases involving sexual safety concerns.

These issues suggest a need for greater alignment between policy intent and operational practice, and for reinforcing a culture of transparency, fairness, and psychological safety.

3.0 National Staff Survey (NSS) Results: We Each Have a Voice That Counts
 The current themes of FTSU cases reflect the results from the 2024 NSS, that staff at varying levels do not feel safe to speak up; or that their concerns will be addressed. The pertinent questions from the NSS are below:

PP3_2. Raising concerns		2021	2022	2023	2024
q20a	Would feel secure raising concerns about unsafe clinical practice	75%	66%	69%	67%
q20b	Would feel confident that organisation would address concerns about unsafe clinical practice	59%	49%	51%	48%
q25e	Feel safe to speak up about anything that concerns me in this organisation	62%	55%	58%	55%
q25f	Feel organisation would address any concerns I raised	46%	39%	44%	37%

This aligns with intelligence that colleagues are choosing to raise concerns directly with the FTSU Guardians via the confidential route.

Supporting local managers

The FTSU team have been working closely with line managers to strengthen trust and engagement within their teams, encouraging open discussion and the sharing of concerns. Despite this there has been a rise in anonymous and confidential concerns in Q1 and Q2 2025/26.

Colleagues can share feedback through several avenues, the NSS being one, and People Pulse, the Values and Behaviours engagement events which started in the summer 2025. Colleagues are keen to have more opportunity for local listening events.

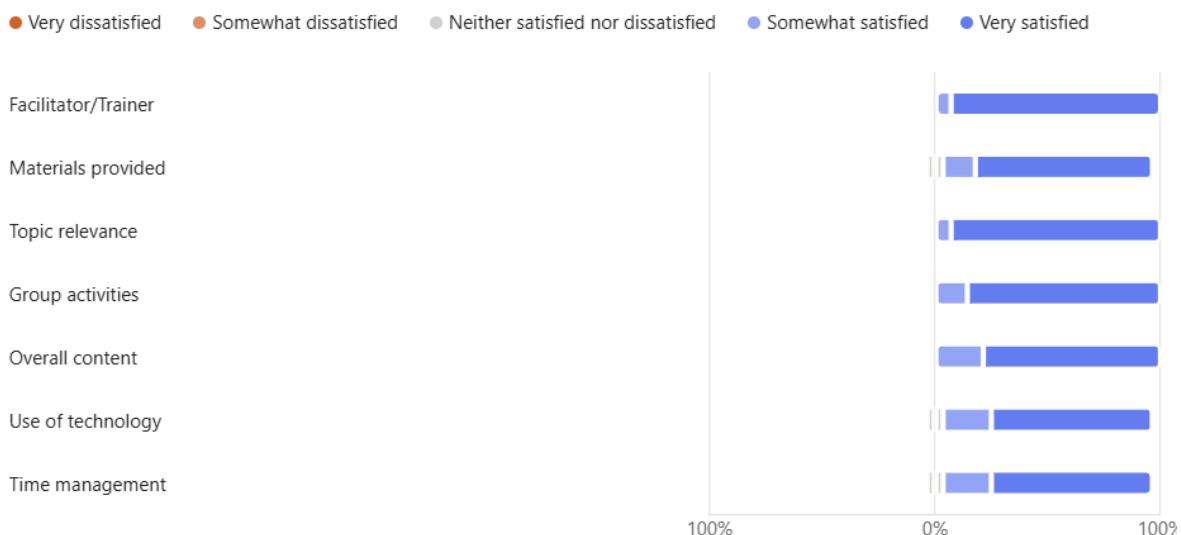
Colleagues also share feedback and speak up about issues and concern through surveys, Datix incident reporting, Patient Safety incidents, and the Executives when they are out visiting bases and offices across the Trust.

4.0 FTSU Seminar

The inaugural FTSU Seminar was held on 21st May 2025, funded by SCAS Charity grant system. 29 colleagues (a mix of Champions and Leaders) attended with the CEO opening the Seminar. The event included a 'Civility Saves Lives' workshop facilitated by the Civility Saves Lives volunteers.

Feedback from the event was very positive – a snapshot is below:

3. How satisfied are you with the following aspects of the event?



What did you like most about the event:

discussions and interactions
 Excellent facilitators
 lives
 ' approach
 Opportunity
 Fantastic day
 facilitators and content
 idea and information
 Group discussions
civility
 Time to reflect
 experiences
 colleagues who were all passionate
 safe
 content of the day
 engagement
 interaction
 Presenters were very knowledgeable
 Ikigai
 civility session

5.0 FTSU E-LEARNING MODULES

All three modules of the National eLearning ‘Speak Up’ Listen Up’ and ‘Follow Up’ became part of SCAS’s Mandatory training in the financial year 2023/2024. In 24/25 4551 colleagues completed the Speak Up Training. The year-to-date percentages are detailed below:

Subject	02/09/2025
Speaking Up - All Workers	97%
Speaking & Listening Up – Managers	98%
Speaking, Listening & Following Up - Senior Managers	97%

5.1.1 ‘Speak Up’ e-learning is recommended to be completed by all colleagues in the Trust. The module covers what speaking up is and why it matters. It will help you understand how you can speak up and what to expect.

5.1.2 ‘Listen Up’ eLearning is recommended to be completed by any person in a line management role. The purpose of this training is to focus on listening to concerns and understanding the barriers to speaking up.

5.1.3 ‘Follow Up’ is the final eLearning module and completes the full package of training developed by NHSE Workforce, Training and Education and the NGO. This

final module aims to promote consistent and effective Freedom to Speak Up culture across the system which enables workers to speak up and be confident they will be listened to and action taken.

5.1.4The National Guardian's Office expects that senior leaders (including executive and non-executive directors, lay members and governors) will complete all three modules 'Speak Up', 'Listen Up' and 'Follow Up'.

5.1.5This formal eLearning is also supported by our SCAS leaders, Just and learning culture, Essential Skills for People Managers (ESPM), Civility, and the Patient Safety Incident Response Framework (PSIRF) work streams.

6.0 LEARNING FROM CONCERNs RAISED VIA FTSU

6.1 The FTSU Guardians actively seek opportunities to apply learning from concerns raised and to embed improvements in the Trust. Examples include:

- Recruitment checks for ex- police officers joining the trust. In collaboration with the Recruitment Team, the mandatory declaration form has been changed to include a tick box for every new recruit to check "Have you ever served as an Officer or special constable in the police force?" If ticked then an additional step is added and the Barring list is checked / screen shot taken to prove the check has been completed, providing a safer environment for our patients and workers.
- A concern raised through FTSU highlighted challenges in the application of the flexible working policy, particularly around equity and person-centred decision-making. While the newly formed Flexible Working Group has supported a more consistent process, feedback indicated that the approach was not always responsive to individual circumstances. Working collaboratively with, the Flexible Working Group, Engagement Manager, and Scheduling Team barriers were explored and solutions identified which is enabling a review of the policy to ensure a person-centred equitable approach is consistently applied.

7.0 WHAT NEXT: FUTURE PLANS AND DEVELOPMENTS

7.1 FTSU Champions. The FTSU Guardians are supported by a network of FTSU Champions embedded across departments throughout the Trust. A focussed training programme has been implemented to support ongoing recruitment, offering both face-to-face and virtual training sessions.

We currently have 63 FTSU Champions, with a target to increase this to 75 by the end of the 2025/26 financial year. Champions are actively raising concerns and encouraging colleagues to speak with their line managers, helping to strengthen our speaking-up culture.

Feedback from FTSU Champions indicates that approximately 10% have encountered defensiveness from local teams when fulfilling their role. While this presents a potential barrier to open dialogue and direct communication with

management, it also highlights a valuable opportunity to strengthen the organisational culture.

Comments such as “*Why have they come to you?*” suggest a need to further embed a culture of curiosity, appreciation, and reflective practice. By encouraging leaders and teams to respond to concerns with openness and a learning mindset, the Trust can build greater psychological safety, normalise feedback, and promote more direct and constructive communication.

This insight supports ongoing efforts to develop a more inclusive and responsive speaking up culture across the organisation.

7.2 Power BI Dashboard.

We are currently exploring the option of adopting a Power BI dashboard to enhance the reporting and visibility of FTSU data. Our FTSU colleagues at SECAMb have successfully implemented this system, which enables the sharing of non-identifiable data with local teams to support proactive conversations and deeper understanding of concerns and themes.

The SECAMb Guardian Lead has shared the benefits of this approach, including improved responsiveness and reduced manual effort in data extraction. They have kindly offered to share their model with SCAS, presenting a valuable opportunity to strengthen our local engagement and support a more data-informed, learning culture. This initiative is being considered as part of our ongoing commitment to improving transparency, consistency, and impact in how FTSU insights are used across the Trust. *The Chief Digital Information Officer has confirmed we use the QLIK system and discussions are under way to review the dashboard request.

7.3 Leadership Awareness Sessions

FTSU Guardians continue to deliver tailored awareness sessions for leadership groups across the organisation. These sessions highlight the importance of speaking up, how colleagues can work collaboratively to create a culture in which all staff feel supported and safe to raise concerns, and how the Trust can learn effectively from the outcomes of concerns raised.

Trust Board of Directors Meeting in Public
27 November 2025

Title	Board Assurance Framework – Partnerships and Sustainability
Report Author	Steven Dando, Head of Risk Management
Executive Owner	Rebecca Southall, Chief Governance Officer
Agenda Item	20
Governance Pathway: Previous	Each committee has received their relevant Board Assurance Framework Risks in November.
Governance Pathway Next Steps	None

1. Purpose

This paper is designed to provide the Board with sight of the Trust Board Assurance Framework to enable review, discussion and approval.

2. Executive Summary

The Finance and Performance Committee has received the Partnership and Sustainability Board Assurance Framework risks for oversight and scrutiny, and it is presented to the Board for approval and for comments on the content.

3. Areas of Risk

If the Trust doesn't manage its strategic risks, then it may not be able to successfully deliver its strategic objectives, impacting patient care, staff wellbeing, causing financial loss and the negatively impacting the Trusts reputation.

4. Link to Strategic Theme

Partnerships and Sustainability

5. Link to Board Assurance Framework Risk(s)

SR19 - Efficiency and Productivity Plans
SR24 - Finance
SR25 - Collaboration

6. Quality/Equality Impact Assessment

Not applicable

7. Recommendations

The board are asked to approve the Board Assurance Framework.

For Assurance		For decision	X	For discussion		To note	
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BAF Risk 19 – Efficiency and Productivity Plans

If we do not deliver on our efficiency and productivity plans, Then we may be unable to break even, Resulting in our ability to deliver care to our patients.

Controls, Assurance and Gaps		Accountable Director	Chief Finance Officer
Controls: Operating Plan and annual budget. Budget setting process. Business case approval process. Management accounting and budgetary control. Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD). Performance Management and Accountability Framework. Financial Recovery Board. Group model and aligned ways of working.	Committee	Finance & Performance	
Gaps in controls: Strategic Trust wide transformational approach to longer-term efficiency plans; Imbalance between total operating cost and total operating income reliant on short-term actions and non-recurrent income ahead of sustainable financial improvement. Lack of grip. Poor control of pay and non-pay budgets. Lack of delivery of productivity goals. Delayed operational benefits through the group working with SECAMB.	Inherent Risk Score	Impact 5 x Likelihood 4 = 20	
Positive sources of assurance: Internal Audit, External Audit and Local Counter Fraud Service reporting to Audit Committee. Model Health System productivity benchmarking. New Group Board oversight.	Residual Risk Score	Impact 4 x Likelihood 3 = 12	
Negative sources of assurance: Not operating effectively and productivity will result in not be able to deliver performance standards sustainably, patient care will suffer, and Trust will face regulatory enforcement. Workforce resilience and productivity initiatives.	Target Risk Score	Impact 4 x Likelihood 2 = 8	
Gaps in assurance: There is a risk that we may not operate effectively, and may not be able to deliver sustainable performance Standard. Board-approved multi-year operating plan that includes cost improvement targets and productivity goals. Dedicated resource to deliver CiP, Efficiency and Productivity Plans. Delays to benefits from closer group working with SECAMB. Lack of benefits realisation built into transformation programme and Business Cases.	Risk Response	Treat	
Target Date	Q4 2025/26		
Mitigating Actions	Executive Lead	Due Date	Progress Notes
Develop a Strategic Transformation Programme: Establish a Trust-wide, multi-year transformation plan focused on sustainable efficiency improvements. Align this with the Fit for the Future programme, Group model opportunities and system-wide productivity initiatives. Embed benefits tracking and reporting.	Chief Finance Officer	Dec 2025	Financial Model Developed, also joint version with SecAmb. Timeline approved by EMC and F&PC.
Embed a Culture of Accountability and Performance: Introduce a Performance Management and Accountability Framework that links individual and team performance to financial and productivity outcomes. Provide training and support to managers on financial management and productivity improvement.	Chief Finance Officer	In progress	Initial PMAF meeting undertaken, refreshing the delivery. Developing a Performance Report to include – Segmentation, FFF Milestones, etc.
Collaborate Across Systems: Work with partners (e.g., SECAMB, SASC) to identify shared service opportunities and reduce duplication. Participate in joint planning and delivery of system-wide productivity initiatives.	Chief Finance Officer	18 th Dec 2025	Financial Model Developed, also joint version with SecAmb and work SASC and the opportunities being developed.

BAF Risk 24 - Finance

If there is insufficient funding to meet the growing demand for healthcare services, **Then** this can lead to financial instability and an inability to invest in modernised and sustainable infrastructure, **Resulting in** failure to deliver on long-term objectives such as achieving net zero targets.

Controls, Assurance and Gaps	Accountable Director	Chief Finance Officer
Controls: Annual and multi-year planning cycles in place and supported by the board. Board level Senior Responsible Officer (Chief Financial Officer). Financial Recovery Plan agreed at EMC and FPC with revised target of £24.4m, Capital brokerage discussion with NHSE and ICBs. Group Board oversight and agreement of business plan and financial budget.	Committee	Finance & Performance
Gaps in controls: CIP, operational and workforce plans are not currently multi-year hindering the development. ICBs have not yet agreed and communicated their multi-year plans. Group (SASC and SECAMB) collaboration have not yet developed their plans which will impact the Trusts financial plans. Trust Estates Plan. The Trust does not currently have a balanced understanding of risk across its entire infrastructure (including all key fleet, digital and estate), Lack of confirmed capital funding for priority fleet and estate investments (e.g. DCAs, VCU), emerging historical liabilities from 2020, limited flexibility in current capital allocation requiring inter-Trust CDEL transfers.	Inherent Risk Score	Impact 4 x Likelihood 4 = 16
Positive sources of assurance: Financial plans and actual spend are monitored through the Trusts governance routes. Trust's Green Plan. Green Plan: Annual Report content. National reporting through the annual Estates Return Information Collection (ERIC) return in relation to the Trust's carbon baseline and other related measures. Model Health System productivity benchmarking, Month 6 financial position reported on plan with strong BPPC compliance and cash management, active engagement with ICBs and NHSE on contract variation orders and capital funding options., financial performance is being used as the baseline for multi-year planning. New Group Board oversight.	Residual Risk Score	Impact 4 x Likelihood 3 = 12
Negative sources of assurance: Unidentified CIPs and a main contract is yet to be agreed. Green Plan: Reliance on a very small number of key individuals to deliver Trust commitments with regards to our environmental responsibilities. The Trust has insufficient Capital Resource to cover the minimum requirements, underlying YTD deficit of £2.3m before adjustments, CIP underperformance and over-establishment in frontline staffing remains unresolved, loss of system deficit support funding confirmed for Q3 and Q4, income rephasing and non-recurrent benefits to support in-year financial delivery. Delays to benefits from closer group working with SECAMB.	Target Risk Score	Impact 4 x Likelihood 2 = 8
Gaps in assurance: Contract not agreed with BOB, Frimley and BLMK ICBs. Multi-Year Financial Planning Cycles and a Integrated Business Planning with structured planning processes that align operational, workforce, and capital plans with financial forecasts and strategic goals, alignment of CIP, workforce, estates, and digital plans into a single integrated financial strategy, risk of capital over-commitment (min £2.5m) due to board approved fleet procurement, Estate acquisition opportunities may be missed without capital flexibility. Delays to benefits from closer group working with SECAMB.	Risk Response	Treat
	Target Date	Q4 2026/27

Mitigating Actions	Exec Lead	Due Date	Progress Notes
Strengthen Financial Controls and Oversight: Enhance budgetary control mechanisms and ensure strict adherence to Standing Financial Instructions (SFIs) and Scheme of Delegation (SoD). And Address Pay and Non-Pay Budget Control Conduct a deep-dive review into pay and non-pay expenditure to identify inefficiencies. Group model best practice opportunities.	Chief Finance Officer	29/08/2025	Paper taken and agreed to EMC, new processes being implemented.
Improve Cost Improvement Programme (CIP) Delivery: Ensure all CIP plans are identified and owned by directorates with clear accountability. Explore and develop benefits from closer group working with SECAMB.	Chief Finance Officer	22/08/2025	All Executives have agreed target at FRG and tiger team are meeting with Executive Directors and their team. All mitigation plans to achieve breakeven now in place.
Strengthen Assurance Mechanisms: Increase the scope and frequency of internal audits focused on productivity and efficiency. Regularly report progress to the Finance & Performance Committee and escalate risks early. Group Board oversight	Chief Finance Officer	On-going	Report designed and will be reported to F&PC Work built into Internal Audit Plan (Financial Sustainability work).
Mitigation plans developed for the Deficit Support Funding and emerging historical risks	Chief Finance Officer	November 2025	
Explore inter-Trust CDEL agreements to secure up to £2m in capital support, with repayment options.	Chief Finance Officer	November 2025	

BAF Risk 25 - Collaboration

If there is a failure to agree on a way forward with SECAmb, Then this will lead to financial and operational instability, and an inability to realise productivity and efficiency gains, Resulting in reputational damage with stakeholders and partners, and increased oversight and scrutiny of SCAS's operating and strategic approach.

Controls, Assurance and Gaps	Accountable Director	Chief Finance Officer
Controls: Working groups for UEC Operations, CCC and EPRR. Identified savings from each Trust SCAS and SECAmb have joint boards and executive meetings.	Committee	Finance & Performance
Gaps in controls: Lack of shared platforms across CCC and UEC operations. No formal joint risk register and escalation process.	Inherent Risk Score	Impact 4 x Likelihood 4 = 16
Positive sources of assurance: Savings identified and implemented, structures aligned where possible, consistent delivery model.	Residual Risk Score	Impact 4 x Likelihood 3 = 12
Negative sources of assurance: Inconsistency of service model and delivery across region. Not awarding 111 contracts. Misalignment of strategic priorities between Integrated Care Boards (ICBs). Anticipated savings from collaboration not realised or reinvested. Cultural misalignment and resistance to change.	Target Risk Score	Impact 2 x Likelihood 2 = 4
Gaps in assurance: Finance savings not released for reinvestment. Regional commissioning priorities. NEPTS provision across region is inconsistent. Lack of joint risk register and governance framework for collaboration. No benefits realisation framework for collaboration savings, efficiencies, productivity, etc.	Risk Response	Treat
	Target Date	Q4 2025/26

Mitigating Actions	Exec Lead	Due Date	Progress Notes
<p>Align Strategic and Operational Priorities: Conduct joint strategic planning workshops to ensure alignment of goals, timelines, and resource allocation. Develop a shared service model for 999s, 111, and urgent care that reflects regional needs and commissioning expectations. And Enabling services e.g. Fleet and Contracts e.g. Make Ready. Formalise joint governance and risk management arrangements. Joint strategic planning workshops with commissioners</p>	Chief Finance Officer/ Chief Governance Officer	Feb 2026	<p>Work underway with SECAmb and Commissioners. Joint Commissioning meetings in common agreed.</p> <p>111 & NEPTS Agreements: Nearing finalisation with commissioners; Reflect regional needs and commissioning expectations</p> <p>Shared Service Model (999, 111, Urgent Care): Draft model developed; Aligns operational delivery across services; Supports regional flexibility and integration</p> <p>Strategic Planning Workshops: Goals, timelines, and resources aligned; Joint governance framework established</p> <p>Operational Structure Consultation: Launching shortly; Staff and stakeholder engagement planned; Supports implementation of new service model</p> <p>Enabling Services (Fleet, Contracts, Make Ready): Fleet strategy under review; Contract models being assessed for efficiency; Exploring shared infrastructure opportunities</p>
<p>Monitor and Realise Benefits: Establish a joint benefits realisation framework to track efficiency and productivity gains. Report progress regularly to the Board and Finance & Performance Committee.</p>	Chief Finance Officer	31/10/2025	Opportunities with SecAmb currently being investigated. SASC currently work on savings and risk sharing agreement.
<p>Mitigate Cultural and Capability Barriers: Provide joint training and development engagement programmes for leadership and operational teams to foster a collaborative culture. Deploy facilitation support to manage change and resolve conflicts across organisations.</p>	Chief People Officer	Oct 2025	<p>Leadership & Development Mapped leadership offerings to NHS Competency Framework. Piloted senior and first-level leadership programmes. Launched Executive coaching and scoped Sub-Executive development. Created SCAS Leadership Directory and self-assessment tools.</p> <p>Culture & Engagement Established Values & Behaviours working group and launched Listening Spaces. Delivered first EDI conference and initiated “See Me First” campaign. Formed Sexual Safety Assurance Group and developed action plan.</p> <p>Accountability & Collaboration Rolled out Performance Management & Accountability Framework across key directorates. Initiated joint planning and governance with SECAmb; Discovery phase completed. Functional collaboration workstreams agreed and progressing.</p>

Trust Board of Directors Meeting in Public

27 November 2025

Title	Communications, Marketing and Engagement Update
Report Author	Gillian Hodgetts Director of Communications, Marketing and Engagement
Executive Owner	Gillian Hodgetts Director of Communications, Marketing and Engagement
Agenda Item	23
Governance Pathway: Previous	N/A
Governance Pathway: Next Steps	N/A

1. Purpose and summary

The purpose of this information paper is to update the Board on activities undertaken by the Communications, Marketing and Engagement team and where appropriate to highlight any challenges, special achievements or matters worthy of public interest.

This month's paper covers:

- Group model announcement
- Strategic themes and Fit for the future promotion
- Governor elections
- Remembrance Day activities
- Road safety campaign
- Restart a heart week publicity

The Board is asked to note the paper for information.

2. Link to Strategic Theme

The communications team continues to be actively involved in supporting programmes across all five of the strategic themes and in promoting wider recognition and understanding of the strategic themes themselves.

3. Link to Board Assurance Framework Risk(s)

This report does not link to specific BAF risks, though elements of the communications team's work highlighted are relevant to:

- SR22 – Staff Engagement
- SR25 – Collaboration

4. Quality/Equality Impact Assessment

This report is for information only so no Quality/Equality Impact Assessment is required.

5. Group model announcement

Working with the communications team at South East Coast Ambulance Service we co-ordinated a detailed communications and engagement plan to announce the next stage of the group model; with the confirmation of plans to appoint to single chair and chief executive roles across the two trusts.

Governors, senior leaders and union representatives were briefed ahead of the all staff announcement on 28 October, which were followed by media and stakeholder announcements on 29 October. A significant number of regional, local and trade media covered the story.

Over 700 staff across the two trusts joined an online meeting to update on the work and the recording has been made available to all staff on the trusts' intranets.

6. Strategic themes / Fit for the future promotion

Work continues to promote and share progress on the trust's five strategic themes. The Fit for the future section of the intranet has been updated to archive older projects and give each strategic theme a dedicated section. The tier 1 and 2 priorities are identified alongside the outcomes and links to related news stories on the Hub.

Chief Paramedic, Duncan Robertson, and Chief Digital and Information Officer, Craig Ellis, have filmed short videos of projects within the strategic themes they lead, and further videos are being planned to cover all five strategic themes.

Information about the group model on the intranet is linked from the Partnerships and Sustainability theme to emphasize the fact it is one of the tier 1 programmes within that theme.

Publicity of the strategic themes is currently focused internally but will also be used for media releases and social media when relevant projects hit key milestones.

7. Governor elections publicity

With governor elections opening for nominations in early December the team is working with the Governance team to prepare materials. We launched a promotional phase of activity at the start of November with public and staff messaging highlighting the role of governors and the process the elections will follow.

- Nominations will be open from 9 December to 8 January
- Voting will be open from 30 January to 24 February
- Results will be published on 25 February

Core information is now live on the Trust website at www.scas.nhs.uk/about-scas/council-of-governors/elections/ and the page will be updated as the elections progress through the three phases. There is also information about the staff governor vacancies on the intranet.

A detailed communications and engagement plan is in place to raise awareness of the elections using all the Trust's internal and external communications channels. The Trust Chair and Lead Governor are supporting the publicity work with videos and quotes for written publicity.

8. Remembrance Day activities

The team has supported preparations for the trust's Remembrance Day activities in a range of ways, including:

- Sourcing and distributing wreaths to staff attending events as formal SCAS representatives.
- Supporting the Military Champions' staff network and Fleet to add poppy graphics to 10 ambulances across the trust.
- Collating and posting photographs and news stories across internal and external channels.

9. Road safety campaign

Our next public campaign will run during national Road Safety Week 2025 (16-22 November). The national campaign this year is focused on safe vehicles as this will prevent crashes, protect people inside and outside the vehicle, detect unsafe driving behaviour, encourage drivers to check vehicles before every journey and maintain them to the highest standards.

In addition to supporting the national campaign, we will utilise the experience of our staff who have been in, and who respond to, road traffic collisions. A series of short films have been created covering motorcyclist safety, the emotional impact of responding to serious traffic collisions, the high level of training staff undertake to drive safely on emergency speeds and advice to the public on how they can improve their driving to reduce the volume of incidents that put them and our staff at risk when they are driving on blue lights.

A series of targeted press releases and digital media stories also appear throughout Road Safety Week.

The communications team are exceptionally grateful for the time the following staff have given to be involved with this year's road safety week campaign:

- Becky Hollands, PTS Despatcher
- Cat Weavill, Paramedic
- Heather Ford, Technician
- Marketa Ballan, Clinical Team Educator
- Matthew Stanley, Clinical Team Educator
- Lee Attwood, Paramedic
- Adrian Kaczmarczyk, Emergency Care Assistant
- Chris Hegarty, Lead Driving Education Manager
- Kate Wilson, Paramedic Team Leader

Aligned to the campaign we organized a public talk in partnership with Oxford University Hospitals covering how to stay safe on the roads, what to do when blue lights appear in your mirror, how emergency crews respond at the scene, and what happens next if a patient needs to be taken to Accident and Emergency (A&E).

The session ran on 17 November at the John Radcliffe Hospital, supported by Lead Governor Helen Ramsay. Education managers Stuart Webb and Paul Grant presented alongside consultant in emergency and pre-hospital medicine, Edward Norris-Cervetto.

Moving into winter, we will be combining messaging on road safety in cold and wet weather with our regular wider winter messaging about using appropriate services to help reduce pressure on 999 and Emergency Departments. As always winter communications will be co-ordinated with partners across the NHS through the integrated care system networks we are part of.

10. Restart a Heart week

As always it was a pleasure to promote the excellent work our community engagement and training team organise for Restart a Heart Week in October. This year the team visited numerous schools across the patch and training over 16,000 young people in basic life support and how to use an automated external defibrillator (AED), far exceeding their target of 10,000.

Patient reunite stories, featuring patients and family members meeting the crews who cared for them, continue to be popular with good engagement on social media. This October we published four reunite stories with three of those featuring cardiac arrest survivors linked to our Restart a Heart publicity.

11. Recommendations

The Board is asked to receive the paper for noting.

For Assurance		For decision		For discussion		To note	x
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Upward Report of the – Audit Committee

Date Meeting met **11/09/2025**
 Chair of Meeting **Mike McEnaney - NED**
 Reporting to **SCAS Board**

Items	Issue	Action Owner	Action
Points for escalation			
SECAmb collaboration – strategic risk	It was noted that the direction of the collaboration was already causing some confusion as to planning – wait for a joint plan or carry on planning for SCAS.	Mike McEnaney	Raise the matter for discussion at the Board and review the BAF.
Key issues and / or Business matters to raise			
Internal Audit report – Fleet Management	The audit covered both ambulance and PTS fleet resulting in a Moderate assessment for both Design and Effectiveness. It was recognised that fleet management is on an upward trajectory of improvement and the matters raised were all accepted and are in hand.	Stuart Rees	Take the report to EMC to address the safety issues raised.
SCFS – Annual Accounts 24/25 and Audit report	These were received and approved by the committee. The clean audit was noted.		

SCAS – Scheme of Delegation	A fully revised version of this document was presented, reviewed and approved. The new format, whilst not amending the specifics of delegated authority, offers a much improved and useful format.		
Areas of concern and / or Risks			
Items for information and / or awareness			
Internal Audit Programme	It was noted that the 2025/26 programme for audit completion is back-ended to the last 4 months and would have less risk and greater manageability if spaced more evenly through the year.	Mike McEnaney/ Stuart Rees	Improve for 2026/27
Internal Audit Benchmarking Report	This showed SCAS to be on a par with the comparator trusts with exception of being light in auditing Procurement and Fit and Proper Persons Test.	Stuart Rees	To be considered for 2025/26 or 2026/27
Counter Fraud – New Regulation	The Failure to Prevent Fraud offence was introduced 1 September 2025 and our Counter Fraud advisers informed the committee that we are well positioned to meet the new requirements.		
Best Practice and / or Excellence			
Internal Audit – Follow up actions	There were no overdue actions for the second consecutive meeting.		

Compliance with Terms of Reference			
Late papers	Two papers were received late	All	On time please.
Policies approved*			

***Note** - The Board Committee will provide an update to the Board about those Policies that it has ratified

Author: **Mike McEnaney**

Title: **Chair of Audit Committee**

Date: **21/11/2025**

Upward Report of the – Audit Committee

Date Meeting met 13/11/2025
 Chair of Meeting Mike McEnaney - NED
 Reporting to SCAS Board

Items	Issue	Action Owner	Action
Points for escalation			
Key issues and / or Business matters to raise			
Charity – Annual report and Accounts – 2024/25	Last year the Charity accounts received a full audit due to the size of income. For 2024/25, an independent examination was required as opposed to a full audit. These were reviewed and approved with a recommendation for the Corporate Trustee to approve.		
Board Assurance Framework	The BAF was reviewed and it was requested that some further review of the revised format and risks be carried out to improve the focus on the necessary mitigation actions.	Mike McEnaney/ Becky Southall	

Areas of concern and / or Risks			
Fraud Awareness training attendances	Attendances at sessions remain low and an alternative targeted approach to areas of higher opportunity/risk is being progressed.	Stuart Rees	
Items for information and / or awareness			
Best Practice and / or Excellence			
Internal Audit – Follow up actions	There were no overdue management actions for the third consecutive committee meeting.		
Counter Fraud – Single Tender Waiver benchmarking report	The report shows SCAS as having significantly fewer than average Single Tender Waivers in 24/25. The procurement team have done further work resulting in an improved position for 25/26.		
Compliance with Terms of Reference			
Quoracy	The meeting was not quorate with approvals having to be made via email after the meeting.		
Policies approved*			
Policy Management Policy	A revised and updated overarching policy was approved which should improve the focus and control of timely policy reviews and assess their effectiveness.		

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Author: **Mike McEnaney**

Title: **Chair of Audit Committee**

Date: **21/11/2025**

Upward Report of the Charitable Funds Committee

Date Meeting met 1 October 2025
Chair of Meeting Ruth Williams, NED
Reporting to SCAS Board

Items	Issue	Action Owner	Action
Points for escalation			
Volunteer eLearning	<p>We have been unable to progress the issues around non-CFR volunteers completing eLearning modules, despite various internal discussions.</p> <p>Our Patient Transport Volunteers, Patient Panel, Patient Safety and Charity volunteers have no access to eLearning and are therefore not completing modules including those that are statutory requirements.</p> <p>A further meeting was held with the Education Team on 20/10/2025 and we now have a solution to the issue and are working towards how we share and roll this out to all non-CFRs.</p> <p>This remains a risk to the Trust, for those volunteers who are in patient facing roles and other roles, as these volunteers are not</p>	Volunteer Manager	<p>A solution must be found to enable all volunteers to complete eLearning at the necessary level.</p> <p>To implement and embed eLearning for all cohorts going forward the Volunteer Manager will also need the support of those managers line managing volunteers to ensure these are monitored and maintained.</p> <p>The Volunteer Manager is now working with the Education team and PTS staff to begin implementing elearning for Volunteer Car Drivers. Other non-patient cohorts will then follow.</p>

	routinely completing eLearning modules that are required by SCAS for all staff and volunteers.		
Key issues and / or Business matters to raise			
Charity Strategy	<p>The Charity needs to create a new 5-year strategy and financial plan. To provide clear direction of travel for the Charity and how growth will be achieved. It will require the support of other departments to ensure the team are effectively able to implement methods for income generation. The financial plan will need support from the Deputy Chief Finance Officer to support the Charity Finance Manager.</p> <p>The strategy will need input from the Executive Director of Operations and/or the overall lead for the Community Engagement and Training (CET) team to create a strategic plan for our Community First Responders (CFRs), baseline calculations around optimum numbers of volunteers, funding priorities for responders for items such as Electronic Patient Records (EPR); replacement defibs; fleet and other areas. Without this plan the Charity will be unable to create its own budgets and plans to support the priorities of the team. Input from the Chief Digital Officer to support digital areas both in terms of volunteering and fundraising/charity initiatives.</p>	Charity CEO	<p>Initial Theory of Change to be created along with draft strategy to be tabled at the CFC in April 2026.</p> <p>Meetings to be arranged with leads from other areas to ensure department plans feed into the Charity strategy.</p>

	SCAS should also consider the direction of travel for other volunteer cohorts across the Trust and what support is needed from the Charity so it can be factored into the strategy. The Charity strategy will need to feed into the overall Trust strategy.		
Annual Report & Accounts 2024-2025	The CFC provisionally agreed the annual report and accounts subject to receiving the Independent Examiners report and the final design copy. This is an agenda item for the November board meeting for approval and sign off by the Board.	Charity CEO	Final designed copy to be submitted to November board for approval and sign off.
Staff Health & Wellbeing	The Charity was unsuccessful in securing a workforce wellbeing grant from NHS Charities Together. Key feedback was that there wasn't clear demonstration of how the project fitted into the overall Trust strategy or how the work would be sustainable after the period of the grant. A further opportunity to apply as part of stage 2 is now open with a closing date of 22 December.	Charity CEO / Health & Wellbeing Team	A meeting with the Health & Wellbeing Team (HWB), HWB staff champions and operational staff is planned has created a number of avenues for us to explore. These ideas will be shared and considered to ensure our project can best support current challenges for staff. The Chief People Officer is involved in discussions and will need to approve any plans before the application is worked up and is required as part of the application process, to be a co-signatory of the application with the Charity CEO.
Areas of concern and / or Risks			
Risk Register	The Charity risk register will be reviewed and moved to a new template with risks that impact SCAS directly filtering through to the Trust's risk register eg: eLearning for volunteers.	Charity CEO	Work with Steven Dando to create a new risk register template for the Charity and review and revise risks.

Items for information and / or awareness			
Maternity Leave cover	The CFC approved the request to recruit a 12 month maternity leave post for the Community Fundraiser in Hampshire.	Charity CEO	The advert is now live and will close on 1.12.25. The postholder will need prior charity/fundraising experience to be in a position to make an impact in a short time.
Best Practice and / or Excellence			
CFR & Co-Responder Impact	The CFC heard how CFR response times are critical to the service we provide to patients. In September 2025 CFRs contributed 36 seconds to the Cat 1 response time. CFRs are first on scene at around 70% of CAT1 calls and contribute to SCAS's overall performance times.	Operations Managers CET Team	
Funding for CFR and Co-Responders	<p>It would cost the Trust c£12m to replace the CFR programme if we did not have these volunteers supporting our frontline response.</p> <p>CFRs are fully funded by the Charity with only the cost of the management and training (Community Engagement and Training Team) funded by the Trust. This is unique to all ambulance trusts with the SCAS Charity the only ambulance charity in a position to provide this funding. This funding ensures equality in provision of equipment across the Trust ensuring that patients in all communities can be supported.</p>	Charity CEO	

Compliance with Terms of Reference			
Policies approved*			

***Note** - The Board Committee will provide an update to the Board about those Policies that it has ratified

Author: Vanessa Casey

Title: SCAS Charity CEO

Date: 15.10.2025

Upward Report of the – Audit Committee

Date Meeting met **22/09/2025**
 Chair of Meeting **Mike McEnaney - NED**
 Reporting to **SCAS Board**

Items	Issue	Action Owner	Action
Points for escalation			
Key issues and / or Business matters to raise			
Finance report	Performance is behind budget by £120k due to higher agency use of technicians and higher replacement part usage.		
Operational performance	Reporting on fleet operations is now very detailed and informative leading to focused actions to improve. A number of key areas for improvement require joint action of Fleet and Operations.		
Fleet replacement	Delivery of new vehicles has improved but remains behind plan. The quality of the fitout of received vehicles is a cause for concern and creates additional delays.		

Aylesbury Fleet Workshop – lease	This lease is for the new Fleet Ambulance Workshop in Buckinghamshire which will reduce Vehicle off Road, reduce maintenance costs and improve vehicle availability and efficiency. The lease was approved.		
Internal Audit – Fleet Management	The report covered both ambulance and PTS fleet. The assurance assessed was moderate with 5 recommendations for improvement, all of which were acknowledged and were being actioned.		
Areas of concern and / or Risks			
Items for information and / or awareness			
SCFS - Fleet Management Restructure	It was reported that this is now complete with 3 senior positions now recruited to permanently for the first time since 2023. It is expected that this will make a significant step towards strengthening leadership and oversight, as well as improvement planning.		
Annual business plan – 2025/26	This is reviewed each meeting and there are no major concerns to report other than the delays to fleet replacement.		
Risk Register	This was reviewed in line with the business plan		
Best Practice and / or Excellence			
Operational and performance reporting	Detailed and informative analytical reports that inform the actions necessary to improve.		
Absence levels	Absence continues to be low at 2.11%		

Compliance with Terms of Reference			
Policies approved*			

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Author: **Mike McEnaney**

Title: **Chair of Audit Committee**

Date: **21/11/2025**

Upward Report of the – Audit Committee

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 Chair of Meeting **Mike McEnaney - NED**
 Reporting to **SCAS Board**

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Compliance with Terms of Reference			
Policies approved*			

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Author: **Mike McEnaney**

Title: **Chair of Audit Committee**

Date: **21/11/2025**