



Group Model Update

Medway HASC - June 2026

South Central and South East Ambulance Group

Appendix 1



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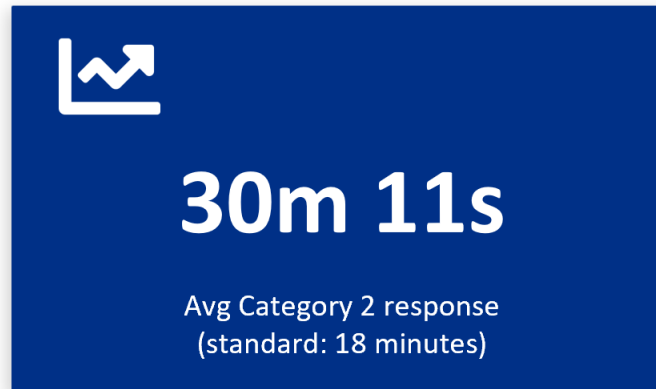
Building a Safer, Sustainable Ambulance Service.


We're creating a safer, more sustainable ambulance service for the South East- one that delivers better care for patients and better support for our people.

By working together as a group, aligned with a single regional strategic commissioner, SCAS and SECAMB can reduce variation, improve outcomes and support long-term sustainability of both organisations, all while investing more in frontline care.


Case for Change

South Central Ambulance Service NHS Foundation Trust (SCAS) and South East Coast Ambulance Service NHS Foundation Trust (SECAMB) operate within a challenging performance and financial environment that requires transformation to ensure a sustainable future for the provision of Ambulance Services across the South East of England.




 **Patient Need**

Demand for ambulance services could grow by over 20% in the next decade. Clinical outcomes currently vary across the region due to differing service models and historic fragmentation.

 **Financial Pressure**

Both Trusts face projected underlying deficits in 25/26. NHS plans require significant efficiency improvements — achieving surplus within three years.

 **Transformation Opportunity**

Joint planning could unlock efficiencies worth over £10m, with wider benefits of up to £80m through aligned commissioning, standardisation and better system integration.

Transform our Services

- ❑ By working together, SCAS and SECAMB can share resources, standardise clinical models, and improve patient care.
- ❑ We believe that joint planning could unlock significant efficiencies and wider system benefits that support long-term financial and operational sustainability – Achieved through aligned commissioning, standardisation of service provision and better integration with other health services.
- ❑ This means more patients can be treated in the right place, reducing unnecessary trips to emergency departments.
- ❑ Ultimately, this group is about creating a safe, effective and sustainable ambulance service for everyone in the South East, ensuring both organisations remain resilient and able to meet future demand - This collaboration is about improving response times, reducing variation in care and meeting the needs of a growing population.
- ❑ By moving forward together as an Ambulance Group, we expect to be able to move faster into realising our jointly held vision and strategies for the role we play in healthcare, providing life-saving emergency response to those who need us the most, and care navigation and an appropriate urgent response closer to home for those who don't need to attend an Emergency Department.

Better for our Patients

- ❖ **Consistent High-Quality Care:** Standardising clinical pathways across the South East will reduce variation in care and improve outcomes for patients.
- ❖ **Right Care, Right Place:** Enhanced care navigation will lead to fewer unnecessary trips to Emergency Departments, ensuring patients receive the most appropriate treatment quickly and safely.
- ❖ **Improved Experience:** Aligning operational models will make services more reliable and responsive, giving patients confidence in the care they receive.
- ❖ **More Investment in Care:** By reducing corporate and support costs, we can direct more resources to frontline services where they make the biggest difference, supporting a more sustainable model of care delivery.
- ❖ **Patient Voice at the Heart:** We will involve patients in shaping and tracking these benefits, ensuring their needs guide every decision.

- ❖ **Greater Job Satisfaction:** Standardised models and improved response times will help staff deliver timely, effective care – reducing the stress and moral injury of delays.
- ❖ **Empowered Teams:** A group structure will create and rely on strong local divisions with real autonomy and accountability, giving frontline teams more control on how local patient needs are met.
- ❖ **Clearer Career Paths:** Staff will have access to wider opportunities, easier movement across the region, and better progression routes.
- ❖ **Enhanced Support:** Consistent People and occupational health services will provide better, more consistent support for our people.
- ❖ **Flexibility and Mobility:** Removing retraining barriers will make it easier for colleagues to move between areas, improving work-life balance and opening up new roles and contributing to a more sustainable, flexible workforce across the region.

Progress in Developing our Group Model

We continue to make strong progress with a clear focus on collaboration and early delivery in priority areas.

We recognise that we are starting from different positions, we see this as a significant opportunity to learn from one another, share best practice and build a strong more aligned approach together.

Collaboration

The first joint senior leadership session in April was a key milestone, it supported –

- ❑ Building relationships and common understanding of our priorities
- ❑ Begin shaping how we will work together in practice
- ❑ Building momentum and commitment across both organisations

CAD ePCR Programme

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

- ❑ Making good progress toward a joint specification and system gap analysis
- ❑ Programme Board in place with joint executive leadership
- ❑ Procurement approach, scope and timetable agreed

Clinical Model Programme

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

- ❑ Defined scope and governance in place, with a phased approach
- ❑ Focus on strengthening patient-centred care and reducing variation across the region

Leadership, Continuity and Stability

Both organisations have transitional leadership in place. Our Boards, executive teams, and clinical leadership provide the continuity and direction needed to maintain service delivery and drive our plans forward, supported by a new Group Chair and Group Chief Executive appointments

- Acting Chief Executive: SEC Amb Jen Allan SCAS Stuart Rees
- Group Chair: Colin Dennis - in post from 5th June 2026
- Group CEO: Simon Ashston - expected to take up his role in Autumn 2026
- Both Boards remain fully constituted with independent statutory accountabilities
- Governors continue to exercise their important role in holding Non-Executive Directors to account

Continuity of operational delivery, patient safety, and financial recovery remain the foremost priorities for both organisations throughout the transition.