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**South Central  
Ambulance Service**  
NHS Foundation Trust



# **West Berkshire Health Overview and Scrutiny Committee**

March 2026



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# Overall Demand Performance

## April 25 – 24<sup>th</sup> February 26

### West Berkshire

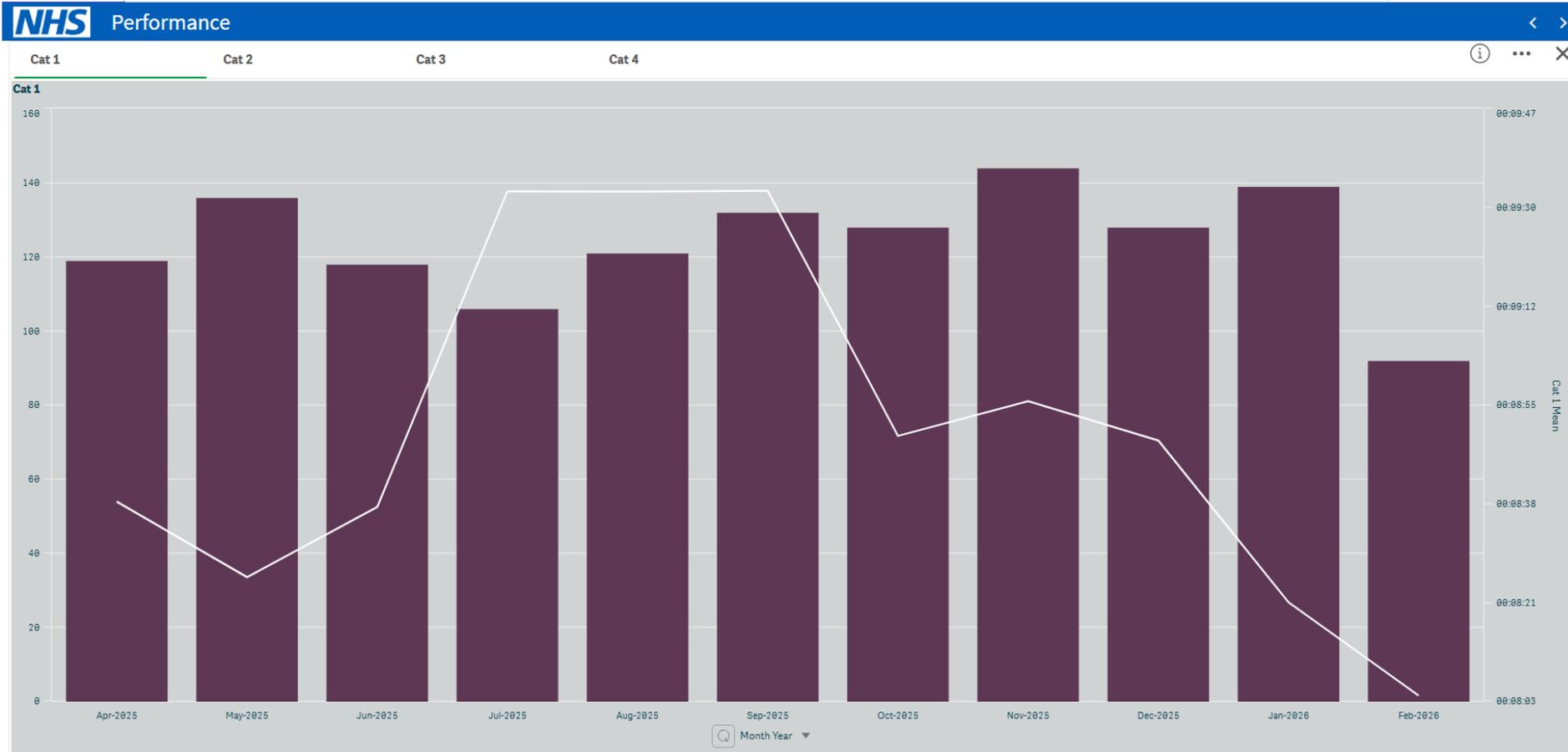
NHS Performance										
							Select an image to			
Cat 1 Mean <b>00:08:51</b>	Cat 2 90th cile. <b>01:00:26</b>	Cat 2 Acuity <b>51.2%</b>	National Demand <b>20,970</b>		Cat 2 Performance <b>00:31:32</b>		H&T % <b>17.2%</b>	S&T <b>32.1%</b>	ST&C <b>50.8%</b>	Handover Compliance % (...) <b>45.5%</b>
Cat 1 90th cile. <b>00:16:49</b>	Cat 3 90th cile. <b>06:05:48</b>	Cat 3 Acuity <b>19.0%</b>					H&T Demand <b>3,598</b>	ST On Scene Duration <b>01:07:58</b>	STC On Scene Duration <b>00:42:11</b>	Avg Handover Duration <b>00:21:31</b>



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# Category 1 Demand April 25 – 24<sup>th</sup> February 26 West Berkshire

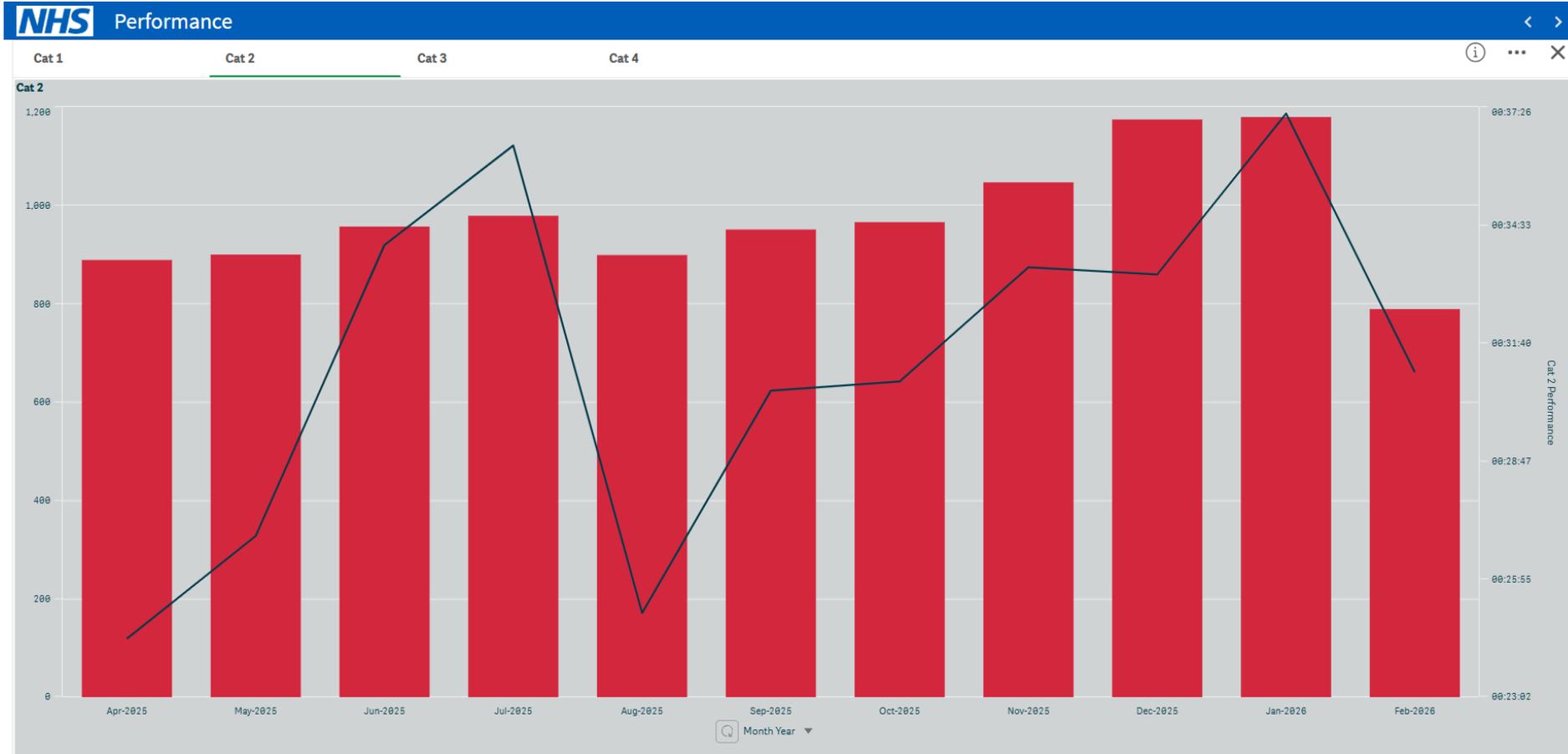




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# Category 2 Demand April 25 – January 26 West Berkshire





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# Business Continuity Incident

## 16<sup>th</sup> Jan-2<sup>nd</sup> Feb 2026

- Currently our Resource Escalation Action Plan (REAP) level was at 4 ; defined as *Significant Pressure* as we navigate the significant pressures on our service, which is recognised both locally and nationally as an issue.
- A business continuity incident (BCI) was declared on the 16th January 2026, when as a service we experienced a sustained level of disruption due to resource pressures and fleet availability issues.
- A BCI was initiated due to an increase in reports of patient harm and action needed to be taken to enable delivery of pre-defined levels of service.
- Availability of vehicles was a key issue in enabling us to meet demand



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# Business continuity incident continued

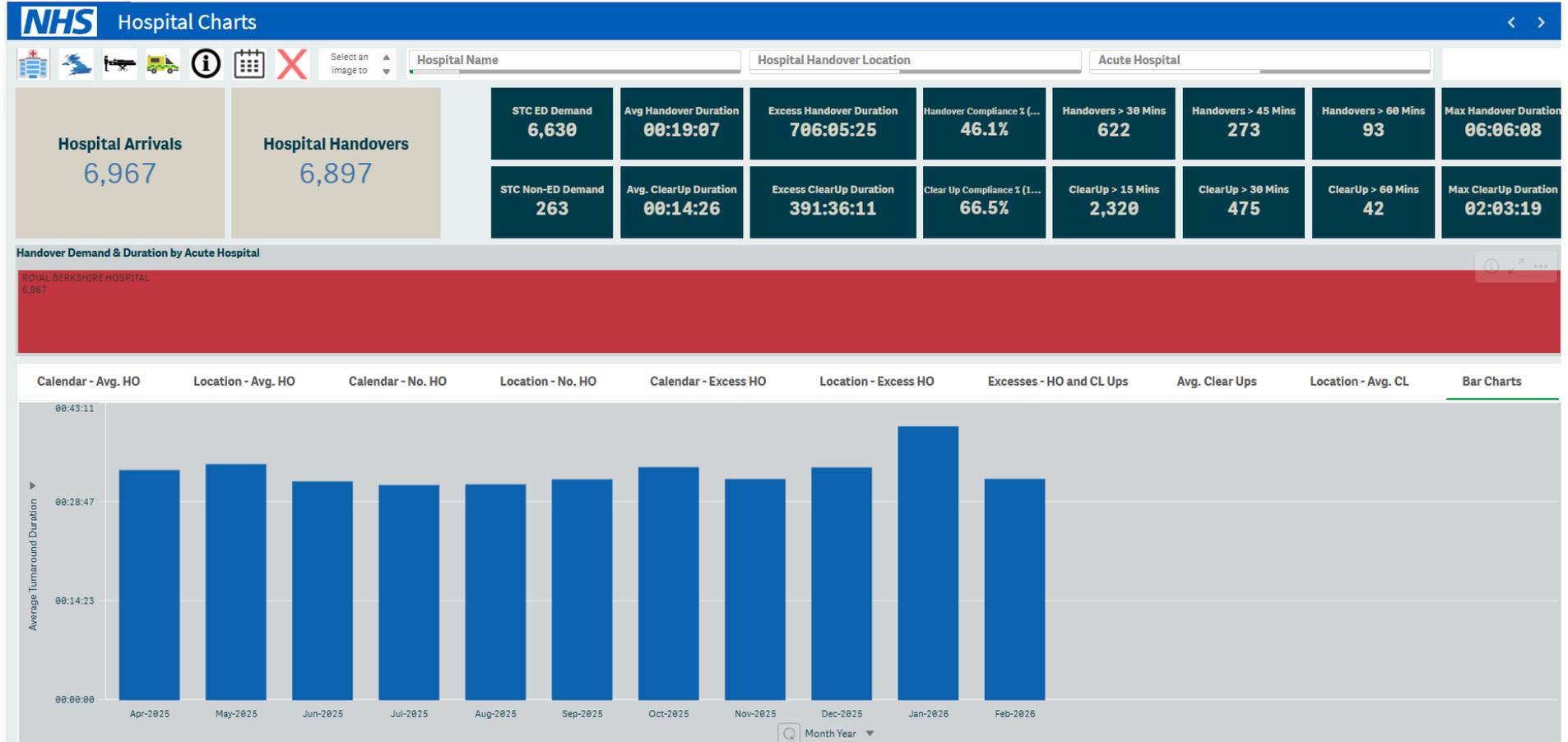
- With support from partners, we put into place a suite of measures to recover the Trust's sustained delivery of Cat 2 performance back in line with plan and reduce lost operational hours due to fleet availability.
- Incident Management Group including a command structure
- Battle rhythm of 2 x daily calls
- Outsourcing of vehicle maintenance to third parties.
- Mutual aid request for vehicle maintenance
- Mutual aid from SECamb for crewed vehicles
- Mutual aid un-crewed vehicles (RRVs) from SECamb



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# RBH Handover delays April 25 – 24<sup>th</sup> Feb 26

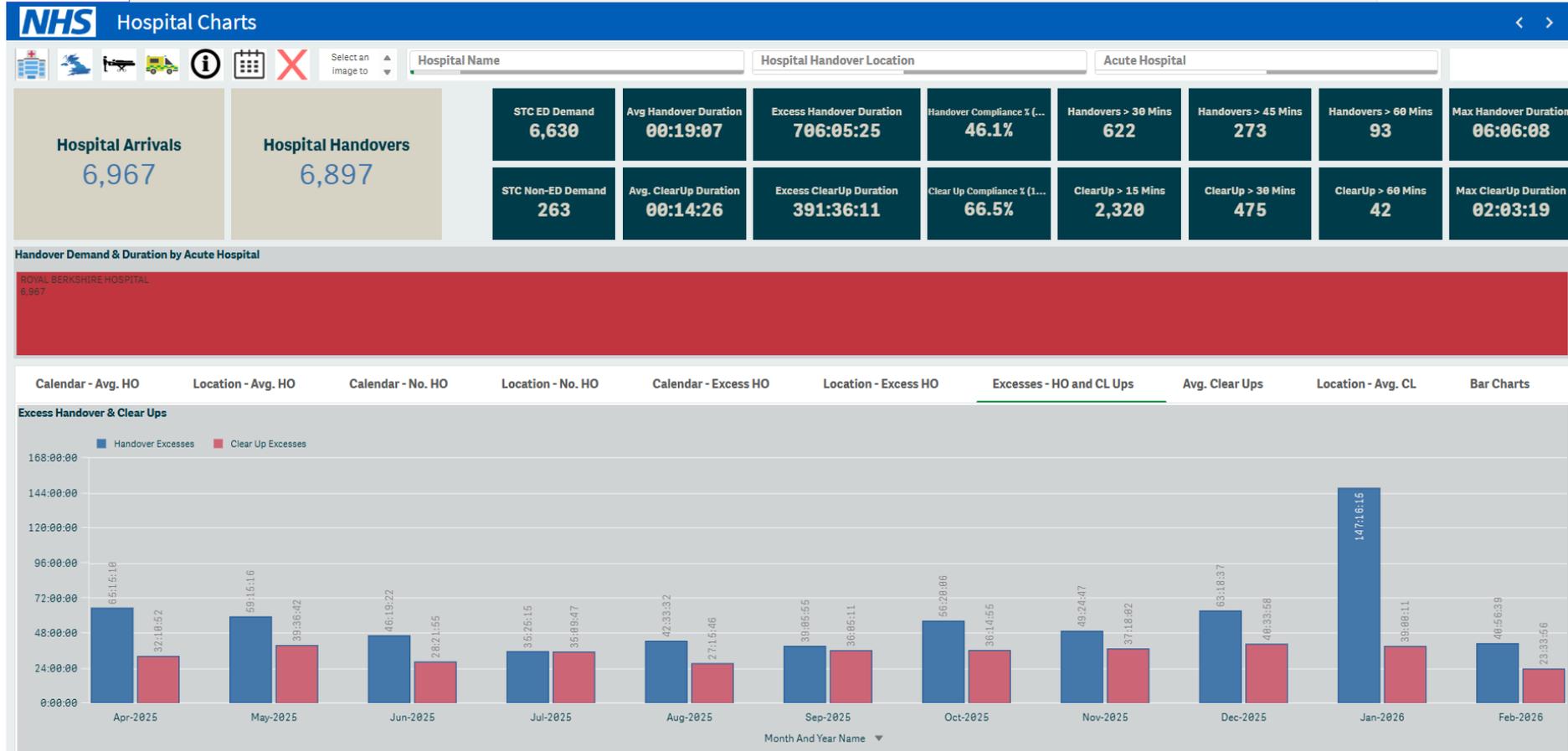




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# RBH Handover & Clear up delays April 25 – 24<sup>th</sup> Feb 26

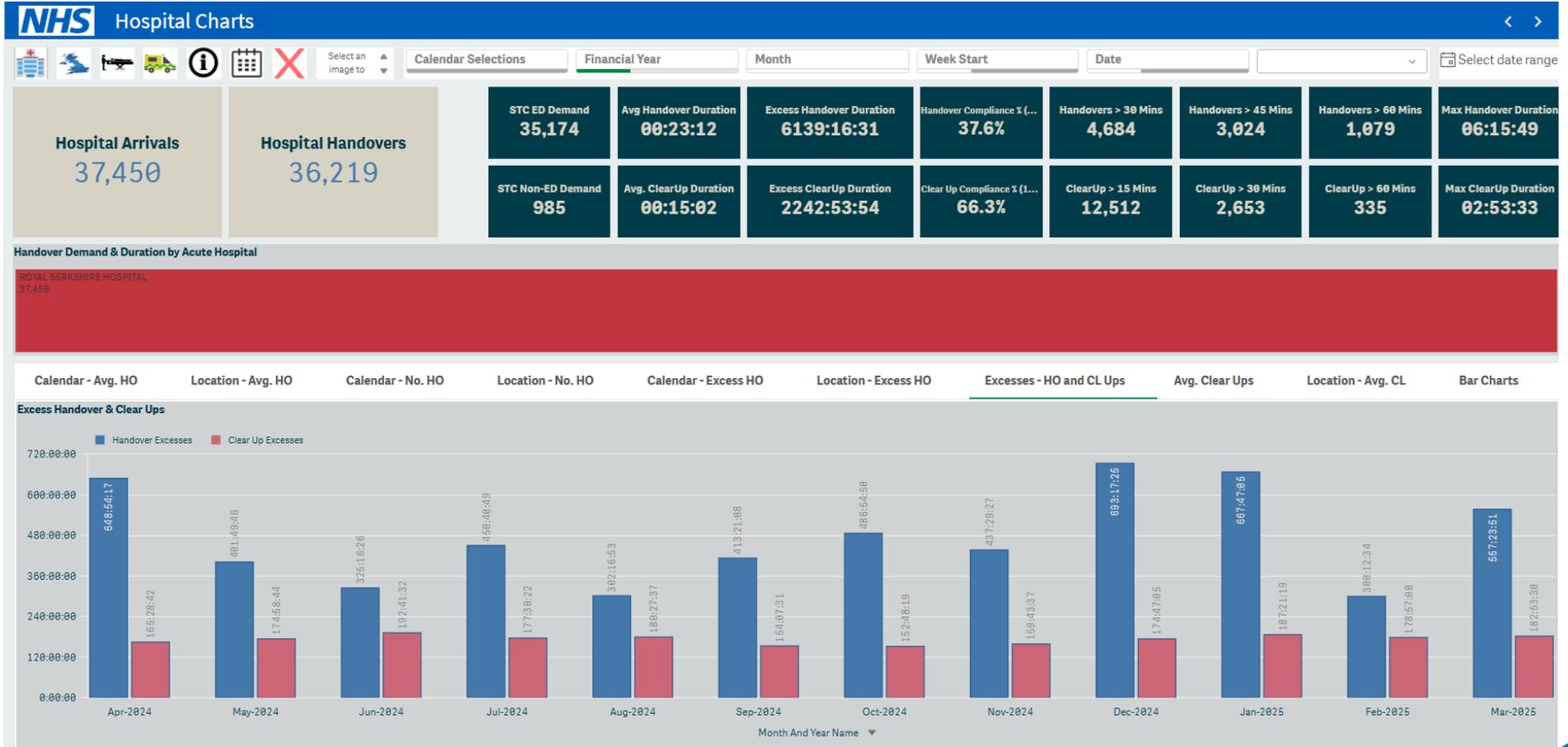




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# RBH Handover delays 24-25 full year comparison



## SCAS/SECamb Group Model

- SCAS/SECamb announced it would be moving towards a Group model in October 2025 following an extensive review of Ambulance and Urgent and Emergency Care across the South-East Region.
- This means we will:
  - Appoint a joint CEO and Chair to lead the Group
  - Establish joint governance to support the transition
  - Align services to a single regional lead commissioner, enabling us to reduce inequalities in service provision and improve performance across our geographies
  - Develop a unified clinical operating model, levelling out across both organisations
  - Create a divisional operating model that aligns to local authority and neighbourhood health boundaries, balancing local autonomy and integration with the benefits of a Group
  - Consolidate support and corporate services over time, improving sustainability and resilience, and releasing investment in our patient facing services.

# Group Model Timeline



## What are the benefits of a group model?



**For the patient:** Levelling-up care through standardised clinical pathways that reduce variation across the region including increasing alternatives to conveyance to Emergency Departments



**For staff:** addressing the moral injury that ambulance personnel feel when they are unable to deliver timely, effective care. Building greater local autonomy at sector level while also increasing career development opportunities for our staff



**For the system:** Better population health management using our combined data to improve pathways – analysis shows that there are upwards of £40m across the region in productivity savings that could be realised through better care navigation reducing pressure on Emergency Departments.



**For our organisations:** economies of scale that could help save corporate costs, increasing sustainability and improving resilience



**Risks:** However, we recognise that there are risks associated with the disruption that both organisations will experience through what is a significant change and are developing plans to mitigate those risks

## Next Steps

- Joint Chair & Chief Executive appointment process underway
- Agree of programme of work in this transition year, which will include:
  - Digital alignment, for example our Computer Aided Dispatch system and Electronic Patient Record
  - Operational alignment, implementing the same structures across the region
  - Developing a strategic estates plan
  - Explore opportunities for Corporate Services consolidation
  - Align approach to performance improvement and measurement of patient outcomes
  - Develop a single communications approach

# Care Quality Commission

- Exit from Recovery Support Programme
- Service Inspections – May 2025:
  - Emergency Operations Centre (rated good)
  - Emergency & Urgent Care (rated requires improvement)
- Well Led Inspection January 2026 – report is awaited
- All improvement activity aligned to Fit for the Future – single Improvement Plan
  - 5 strategic objectives
  - Programmes of improvement work
  - Board and committee oversight
- Review of progress and refresh for 2026/27 currently underway

# Any questions

