SECURECARE UK

SECURE PATIENT TRANSPORT SPECIALISTS

2024 Annual Quality Audit

Contents

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

About Secure Care UK

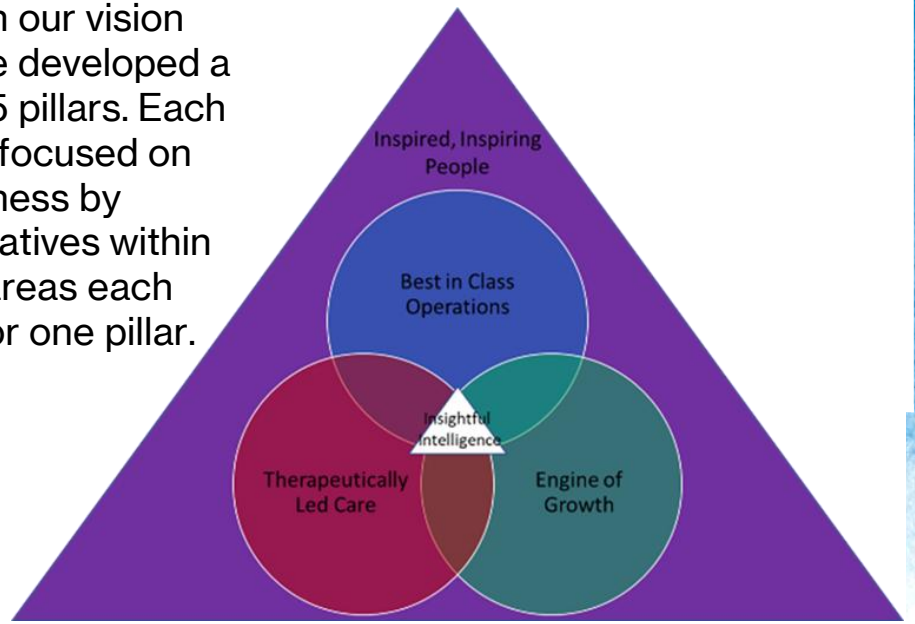
- 11 Bases
- 9 NHS Contracts
- 9588 patients cared for in 2024
- 31000 hours of care
- 201 Employees
- 24/7 Control Room
- BILD ACT Certified
- ISO 9001, 14001

About Secure Care UK

Our Vision is to: Improve the lives of vulnerable patients by providing safe and responsive nationwide mental health care.

Our Mission is to: Positively impact the lives of 50 patients per day by the end of 2026 providing patient-centred care to 90% of Great Britain within 2 hours, 24/7, 365 days a year.

In order to deliver on our vision and mission we have developed a strategy which has 5 pillars. Each Head of Function is focused on developing our business by driving strategic initiatives within each of these plan areas each with responsibility for one pillar.



Pillar	Key Focus of Pillar
Inspired, Inspiring People	To be a great place to work so that our people deliver great patient care and client service
Best in Class Operations	Continually improving logistics and ways of working to ensure value to our clients and profitability
Therapeutically Led Care	Patient care first, truly understanding mental healthcare and having the governance to ensure quality.
Engine of Growth	Having the right sequence of projects to ensure win more tenders and gain more clients
Insightful Intelligence	To develop our IT so that we make strong informed decisions to optimise all of the other pillars

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

Message from the Chairman

It gives me immense pleasure as Chairman of Secure Care to introduce our latest Secure Care Quality Report. This report not only highlights our quality achievements in 2024 but looks ahead to ensure our goals align with the evolving needs of the sector.

Our Quality goals are centred around Care and Safety, which are then reflected in the daily operational practices of our frontline colleagues. I have endless admiration for our teams who provide compassionate care in complex environments, often managing service users who can pose serious risks.

Given these challenges, it is crucial that the foundations of high-quality Secure provision are well established. These include:

Restraint training certified by BILD ACT (as required by the 2018 Act) and a CQC expectation since 2021.

Robust governance and incident reporting, covering both major and minor events.

Appropriate staffing levels. As it is not possible for 1 person to apply restraint, D+1 crewing encourages use of restraint or isolation, contrary to the 2018 Act.

A major focus in recent years has been capturing high-quality data – from booking and risk assessment to after-action review and feedback. This approach supports care quality while also guiding operational improvements. It also underscores the stark differences between NEPTS and Secure services. NEPTS deals with lower acuity transfers, requiring less incident reporting. In contrast, Secure services involve higher-risk patients, demanding stricter governance and reporting. For this reason, Secure must remain a separate procurement, recognising the cultural and operational distinctions from NEPTS.

In support of this, we've continued to invest in our bespoke patient care system, SCIPS, launched in 2021. In 2024 alone, SCIPS recorded 9,588 patient bookings and 31,000 hours of care, and recorded 98 uses of mechanical restraint. As required to be reported under the 2018 Act, we also reported avoiding restraint on 2576 occasions, and of the 3586 patients we received in a state of agitation or aggression we were able to return them to the NHS in a Calm state. This level of data collection is essential for monitoring and improving our services in partnership with the NHS.

Since its launch, SCIPS has captured insights from over 50,000 patient care episodes, giving us exciting benchmarking opportunities. For example, we can identify expected safeguarding episodes per 1,000 transfers and compare performance across providers. We are currently engaging with NHS England and the Department of Health to support the development of sector-wide reporting standards for all providers.

Looking forward, we are excited to launch SCIPS 2, which will deliver even more advanced data insights to our NHS partners. I am proud of the progress we've made in 2024 and excited about the continued improvements we aim to deliver in 2025.

Bob Taylor

	Lyndsay Bedford (RN) Head of Quality and Governance	Lyndsay is a Registered Nurse with a Master Degree in Health Management. Lyndsay heads up our Quality Team and is responsible for our ISO 9001 compliance. She is our Safeguarding Lead with a further 4 level 5 qualified safeguarding individuals in Secure Care. Lyndsay is responsible for leading our Therapeutically Led Care" strategy pillar with the vision of "Patient care first, truly understanding mental healthcare and having the governance to ensure quality." Her function's ISO 9001 Quality Objective is to "Maintain ISO 9001 Certification and our commitment to improvement"
	Jonathan Mills Head of Contracts and Business Development	Jon is a our main service Registered Manager with Level 5 Health and Social Care qualifications, he is also level 5 safeguarding qualified. Jon manages our Contracts and Business Development as well as leading on our Social Responsibility and Environment development. Jon heads up our ISO 14001 environmental focus. Jon is responsible for leading our "Engine of Growth" strategy pillar with the vision of "Having the right sequence of projects to ensure we win more tenders and gain more clients" His function's ISO 9001 Quality Objectives are to "Maintain and develop our ISO 14001 Certification and to deliver a structured and strategic approach to business development, ad-hoc and new business tenders "
	Tom Reilly Head of Operations	Tom is our Head of Operations with our Area Care Operations Managers and their teams reporting to Tom he is a very experienced operator with over 15 years of experience in Health and care related settings. Tom is responsible for leading our "Best in Class Operations" strategy pillar with the vision of "Continually improving logistics and ways of working to ensure value to our clients and profitability " His functions ISO 9001 Quality Objective is to "Measure operational effectiveness and drive improvement in logistics and care processes"
	Jo Ainsley CIPD Head of HR	Jo is a CIPD qualified lecturer and heads our HR team which includes a further 3 fully qualified CIPD team members and our fully BILD accredited training team. Jo is responsible for leading our "Inspired Inspiring People" strategy pillar with the vision of "To be a great place to work so that our people deliver great patient care and client service" Her function's ISO 9001 Quality Objectives are to "Reinforce our organisation wide quality culture and to Industry leading training and preceptorship package for new starters and internal promotions "
	Paul Denne (ACCA) Head of Finance & IT	Paul is a fully ACCA qualified accountant and leads our Finance Function and the development of our Information Strategy heading up our relationship with Orbital(our ISO27001 IT supplier. Paul heads up our Finance team and has developed our reporting capabilities in 2024 enormously with the implementation of a very effective Power BI dashboard tool. Paul is responsible for leading our "Insightful Intelligence" strategy pillar with the vision of "To develop our IT so that we make strong informed decisions to optimise all of the other pillars. His function's ISO 9001 quality is to "Improve Data Security and protection from cyber threats, phishing and scams"

About our Governance

The diagram below illustrates our Governance Cycle which is integrated with PSIRF and our ISO 9001 processes. Internal learning managed through audits, learning and improvement logs, team feedback and external regulatory change are assessed by our patient safety, and safeguarding panels along with our Governance Board. The Governance Board recommends service improvement to our main board which is assessed for policy and training changes before entering live service delivery monitored by our ASANA and Power BI Tools

Patient Safety and Safeguarding Panels

Monthly Governance Board Meeting (Report to Board)

ISO 9001

Doc 4 Quality Objectives

Regulatory Development

NICE

NHS

CareQuality Commission

HM Government

Bild Association of Certified Training

Restraint Reduction Network

UKAS 10766

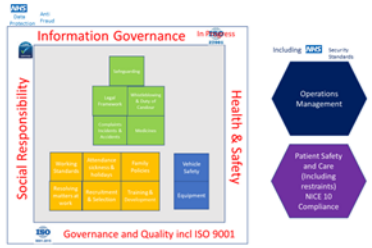
Power BI

Incident Reporting SCIPs & ASANA

asana

Leadership Team Incident Text Alerts

Policy Framework



Available to all on Comms Hub (Harri)

Policy Enhancement

Improvement Actions

Learning opportunities Corrective actions

Audits

ISO 9001

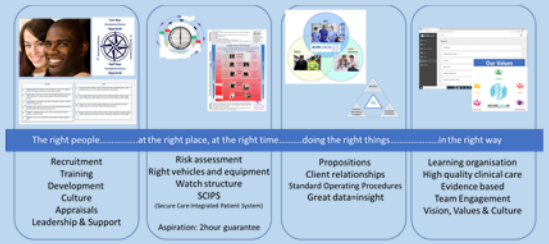
Doc 10 Audit Timetable

Board Managed Documents:

Risk Register

Business Continuity Plan

Live Service Delivery

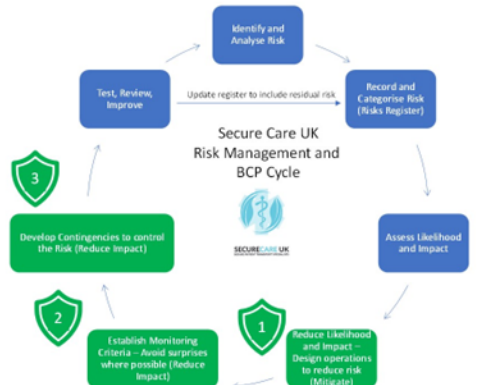


24/7 Control Room

(Re) Training Communication

redcrier TRAINING SOLUTIONS

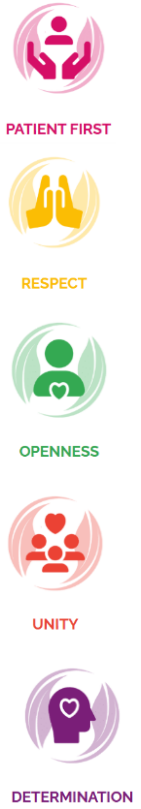
Training Matrix



Our Values and Competencies

Our culture is incredibly important. The old definition of “Culture is what happens when you are not in the room” is so true. In 2019 we worked with our teams to produce our PROUD Values – check out our website for a short video explaining them in detail. These values have been used to establish our SECURE (Management) and CARE (Everyone competencies). From this we have a full competency dictionary along with a career development plan and used our tools to support in our safer recruitment questions

S	afety focused	We do dangerous work, the H&S of our people has to be the first priority of our leaders and front of mind in their decision making
E	motionally intelligent	We provide care and lead sensitive people looking after people who really need support. Our leaders need to develop “soft skills” and be attuned to emotions
C	ommercial	We are here to make a profit , “No margin, no mission” decisions need to be thought through
U	nifying	A leader needs to listen to all views, influence and take people with them and then pull disparate views together to galvanise action
R	ational	In a regulated environment we need to be data driven and be able to evidence our decision making
E	ffective	From basic time management through project and change management skills.



Our Values	
P	Patient First: Make it happen, positively promote, professional, effective
R	Respectful: Diversity, build relationships, integrity, fairness & dignity
O	Openness: Positive communication, support, honest & willing
U	United: Team work, consistency, selfless, trust, credibility, collaboration
D	Determined: to develop self & others, continual improvement, adapting to change, availability

Considerate	Accountable	Reliable	Empathetic
About thinking of others particularly your colleagues About: Thinking “us” not “me”	Doing your bit to make things happen, finding solutions to problems, improving yourself About: Attitude	Doing what you say and following your training and reasonable instructions. About: Personal Discipline	Putting yourself in the shoes of others particularly our patients About: Patient First

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

As an organisation providing a service under an NHS standard contract, we are required to also have PSIRF fully embedded as a system for managing patient safety incidents. We already had some really good reporting processes. But these have been developed further in 2024 Part of this is looking at the previous two years data to identify what our biggest risks to patients are; from this, we then developed our Patient Safety Incident Response Plan shown in overview below

Key Theme	Key Risks from Activity
Use of non-standard restraint	Although there have not been any significant incidents involving the use of non-standard restraint, we acknowledge that this is a high-risk area for our patients. The use of non-standard restraint holds risk to the patient in that the methods used may result in serious injury or harm. Whilst we recognise that our staff have the right to protect their own life and limb, and that in the most extreme circumstances the use of a non-standard restraint may be the only available option, all uses of these restraints require a robust review in line with PSIRF.
Team Hurt	Team hurt, although not directly affecting patient safety holds vicarious impact on patient safety. Our staffing is provided to ensure the safe care of a patient and when a staff member is injured the affects the ability to intervene with risk behaviours.
The use of Positive Handling	The use of positive handling, and the use of mechanical can be necessary within the environment that our staff operate, and the use of restrictive intervention holds an inherit risk. The use of this intervention is predominantly to prevent risk behaviours (such as violence or self-harming behaviour) by the patient which could lead to a more substantial patient safety incident.
Self-Harm	Owing to the specialist service that SCUK provide, we encounter patients who exhibit self-harming behaviours on a regular basis. As in theme 4 staff are trained in the use of positive handling and are able to use this to attempt to prevent such behaviours. However, the nature of harm can mean that acts are performed before physical intervention can be taken, and in line with our requirements under the RRN the use of physical intervention must be 'last resort'. We record 2 incident types around this, 'self-harm' attempt' and 'self-harm actual'. When the patient has achieved harm, we must seek to understand the factors that led to this incident.
Absconding Patient	The patients we provide service to are predominantly detained for a legal perspective, as such they have restrictions as to where they may go. On the occasions where a patient manages to abscond from our team there is a risk to that person's safety and potential risk to others. SCUK staff as mentioned above are trained in the use of physical intervention to prevent the absconding and in the cases that this is not successful, we seek to understand why, the potential risk and the actual risk, to ensure appropriate learning.

In practical terms for our colleagues>>>>

1. We have implemented a new digital incident monitoring system and daily review process so all incidents, regardless of their source (SCIPS, IRC inbox, 1-1 conversation), will be recorded and managed in one location, meaning more accurate data and less duplication.
2. Our terminology will be more inclusive and have less punitive connotations 'Investigation' will become
3. 'Review of Care' and 'Fact finding' will become 'Review Meeting' and we will use a system-based approach to review the surrounding circumstances (more on this later).
4. We will have in place clear roles and responsibilities for processes, allowing easier two way communication.

PSIRF
PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK

- PSIRP fully in place

“The audit of Secure Care UK (SCUK) has been conducted across several key operational areas including governance, quality management, environmental compliance, recruitment, training, operations, and continuous improvement. The findings demonstrate a well-structured and compliant organisation, committed to maintaining the highest standards in patient care, operational efficiency, and sustainability in line with ISO 9001:2015 and ISO 14001:2015 standards” - Paul Apps ISO Auditor – Extract from 024 audit

Our report was very positive but we pressed hard for opportunities for improvement which will be a key focus in 2025

1. Governance & Quality Management SCUK has a robust governance framework, integrating ISO 9001 and ISO 14001 standards across its operations. Key policies and processes are clearly documented and regularly reviewed. The quality management system (QMS) is well-established, with a focus on continuous improvement, Opportunities for Improvement (OFIs): Streamlining email booking protocols across operational regions could enhance data consistency and crew safety.

2. Recruitment & Onboarding The recruitment process is structured, ensuring thorough vetting of candidates through multiple stages, including DBS checks, interviews, and risk assessments. The onboarding process is integrated into the Harri system, which allows for real-time tracking and management of candidate progress. OFIs: Automating parts of the DBS and reference tracking process to improve speed and reduce administrative delays. (To be actioned H1 2025)

3. Training and Awareness Training at SCUK is well-organised, covering essential areas such as health and safety, role-specific skills (BILD), and compliance with company policies. The Training Effectiveness Audit (July 2024) confirmed a strong focus on continuous training and development, with feedback systems in place to improve future sessions. OFIs: Increasing compliance in e-learning modules, among office staff, and improving ambulance training access (Actioned Nov 2024).

4. Operations & Control SCUK’s operational framework is well-structured, with the central command located in Hastings and a regional control room supporting the efficient coordination of patient care and transport services. The integration of operational software like SCIPS and the Virtual White Board ensures real-time data management and effective crew deployment.. OFIs: Further standardisation in risk assessment processes, particularly in differentiating 'low risk' and 'no risk' classifications for patients. Improved reporting of vehicle cleaning processes (Actioned on Power BI in Nov 2024)

5. Environmental Compliance SCUK has implemented a comprehensive environmental management system (EMS), which includes regular monitoring of environmental aspects such as vehicle emissions, energy consumption, and waste management. The Environmental Aspects and Impacts Register v2.2 highlights the organisation's proactive approach to sustainability. More stringent control over raw materials such as CFCs used in air conditioning units. Strengthening the organisation’s use of renewable energy sources following changes in supplier offering

ISO 9001

Key Facts

- Fully ISO 9001 certified
- Strong endorsement from our auditor
- Focus areas for 2025 highlighted

Restraint Reduction and Patient-Centred Care – 2024 Overview

In 2024, we continued to build on the most important aspect of the service we deliver to our patients: the culture, processes, and systems that embed restraint reduction at the core of everything we do.

Our organisational values begin with *Patient First*, and our management competencies are grounded in *Safety First*. The care we provide, and the commitment of our teams to operate using the least restrictive practices – always striving to avoid restraint – are central to our mission.

Throughout the year, we have further developed our reporting capabilities through the SCIPS system. We have also worked closely with all our client partners to co-design reporting frameworks that support their responsibilities under the *2018 Use of Force Act*. In parallel, we have been fully re-certified by BILD ACT to provide in-house training, based on training needs analyses generated from our own data systems.

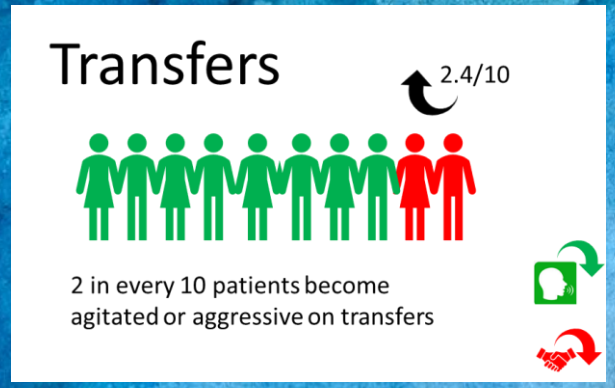
Across the 9,588 patient care episodes completed in 2024, our teams delivered over 31,000 hours of care. These figures were significantly influenced by high volumes of Section 136 support. During this time, we recorded 3,586 incidents involving patient agitation or aggression. Encouragingly, in more than two-thirds of these cases, our crews were able to avoid the use of restraint.

We have begun developing visual infographics to illustrate the impact of our work and to differentiate the various styles of care we deliver – for example, community assessments, Section 135/136 responses, or transfers. The pictures opposite are examples of these infographics as presented to our NHS Trust partners, helping to depict the nature and scope of our care provision.

Additionally, we include a chart on page 11 that demonstrates the extensive measures we take to uphold the *least restrictive practice* principles as outlined in NICE10 guidelines. Notably, our teams have recorded over 2,500 instances of successful de-escalation through calm, compassionate conversation, and nearly 3,000 occasions where light touch, guiding, prompting, or calming techniques were used effectively.

Continues.....

Bild Association of Certified Training
Restraint Reduction Network
UKAS PRODUCT CERTIFICATION
UKAS number: 10766



On average the two patients who become agitated or aggressive have 1.2 episodes of agitation or aggression per care episode. This means there are 2.4 episodes of agitation or aggression per 10 people. Broadly 1 out of 2 occurrences are returned to a calm state with conversation. Gentle "Guiding/prompting" is used alongside conversation in 1/6 occurrences. Restraint at or above Escort Hold is used in 50% of occasions

BILD ACT RRN

Restraint Reduction

Key Facts

- 3586 occasions of agitation or aggression
- 1040 Incidents of Restraint

.....

Unplanned uses of mechanical restraint remained below 100 incidents for the year, while unplanned use of our "safe area" vehicles was fewer than 50. These numbers reflect our continued commitment to restraint reduction.
Looking ahead, we remain focused on improving our reporting, monitoring, and culture. This includes ongoing use of our Patient Safety Panel mechanisms and continued engagement with our client partners to share learning and drive progress.
In our case study section, we highlight collaborative work with several NHS Trusts, including a detailed example from Somerset, where we've significantly enhanced reporting practices. We also showcase work undertaken with our Clinical Adviser, Dr Dickon Bevington, where one of his psychological models was translated into a practical, memorable message for our crews – now incorporated into our BILD ACT-compliant training programme.


Certificate of approval

This is to certify the following training services of:

Secure Care UK

2 Castlehurn Road, St Leonards-on-Sea, East Sussex, TN38 9NR

has been certified by Bild Association of Certified Training as complying with the Restraint Reduction Network Training Standards 2021

Bild Association of Certified Training

Restraint Reduction Network Approved

Appendix 24

Specific considerations and adaptions to the training standards for staff who transport mental health patients who also may have learning disabilities and autism

Type of service or setting

Mental health patients in NHS commissioned services are likely to be transported in vehicles for four main reasons:

- transporting people who have absconded
- escorted leave
- transfer between hospitals
- admission

If a person is under the care of an NHS commissioned service, where it can reasonably be foreseen that restrictive interventions may be required, any staff who provide direct support to the person during a journey are required to have training that is certified against these training standards. This training must include preventive training and de-escalation as described in the *Restraint Reduction Network Training Standards* (2.1-2.15)

Who does it apply to?

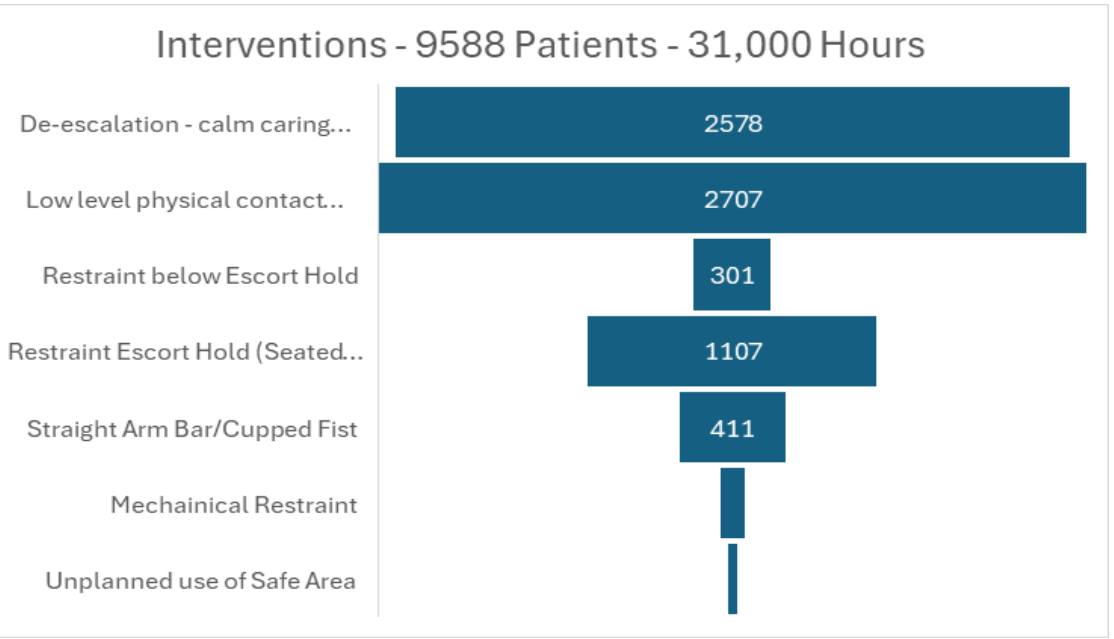


BILD ACT RRN

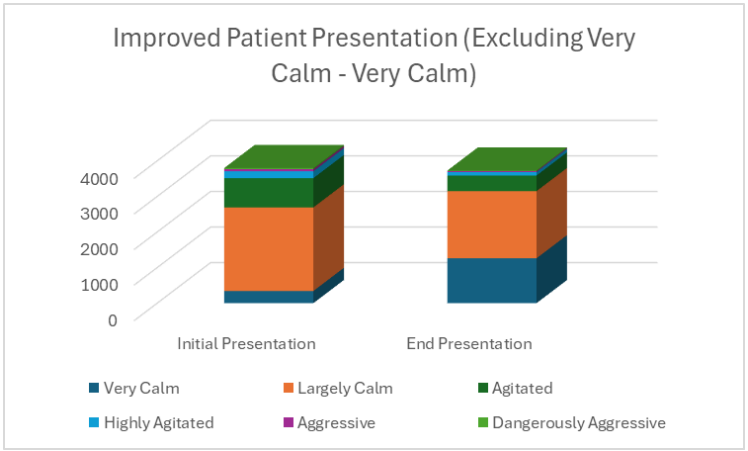
Restraint Reduction

Key Facts

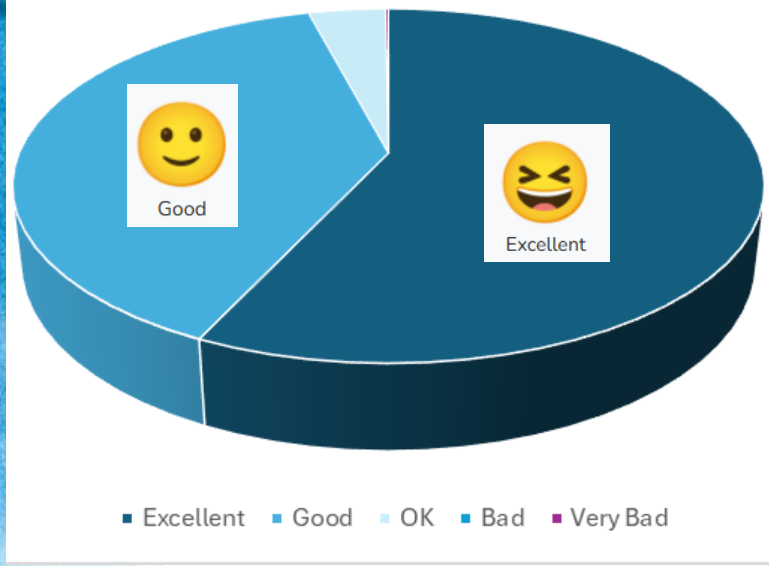
- 98 uses of mechanical restraint (Excluding Ministry of Justice Sections)
- Restraint avoided on 2576 occasions

Service Feedback
Throughout 2024, SCIPS feedback consistently praised our teams for their professionalism and patient care.
We are very proud of our teams who repeatedly demonstrated exceptional de-escalation skills. The quality of clinical handovers received particular praise. A Birmingham team in May was noted for being "very professional and delivered a detailed handover" (PCE-SC-127962), while another response highlighted how staff were "sympathetic to service users needs" during the handover process (PCE-SC-131822).

	Excellent	Good	OK	Bad	Very Bad	
Liverpool	53	13	1	0	0	67
Birmingham	292	90	31	0	0	413
Lincoln	121	15	1	0	1	138
Leeds	69	6	2	0	0	77
Havant	351	283	51	0	0	685
St Leonards	150	106	6	0	0	262
Maidstone	361	248	10	0	0	619
Hassocks	43	21	9	0	0	73
Taunton	39	112	38	0	0	189
Keynsham	699	592	13	0	5	1309
Marlborough	165	112	1	0	0	278
	2343	1598	163	0	6	**4110**



Images of customer feedback cards



In addition to feedback on SCIPs we ask clinicians to record the presentation of the patient at the commencement and end of their care the bar chart shows the results of a full year with half of agitated or aggressive patients rated “Calm” when they are handed over

Brilliant handover of details of young person, very helpful team

Nurse DW Cygnet Coventry 8th December

"It’s most appropriate for this scene. If you had smarter clothing on, it wouldn’t be comfortable. Likes the colour grey."
This is very human "The uniforms are fine. But Katie needs a bright pink uniform "

Patient AA May 2024

Service Feedback

Key Facts

- 96% of feedback received rated our service Excellent or Good.
- 50% of patients who started their time with us Agitated or Aggressive were Calm at handover

The Secure Care Safety has been developed using the NHS Patient Safety Strategy. Measuring, understanding and improving safety can be a difficult task, so the NHS England Safety Culture: learning from best practice, aims to identify what key features are present in Trusts that have been rated 'good' or 'outstanding' for safety in order to support organisations in achieving high standards of safety. The publication identifies six areas where factors contribute to a safety culture which we have used in 2024 to enhance our safety strategy

Leadership – Leaders communicate a clear vision underpinned by compassion, creativity and community. Leaders are safety focused. There are clear recruitment processes in place. Everyone is involved in patient safety and role-modelling is evidential. There are robust governance structures.

Continuous learning and improvement – Positive practice is celebrated. Improvements are considered as journeys. There is no blame culture.

Measurement and systems – Staff surveys are conducted to gather the voice of the staff. Data is used to reveal trends. Retention and feedback is measured. Well-designed patient safety information systems are used to capture data. There is a focus on work-as-done and observed rather than work as imagined.

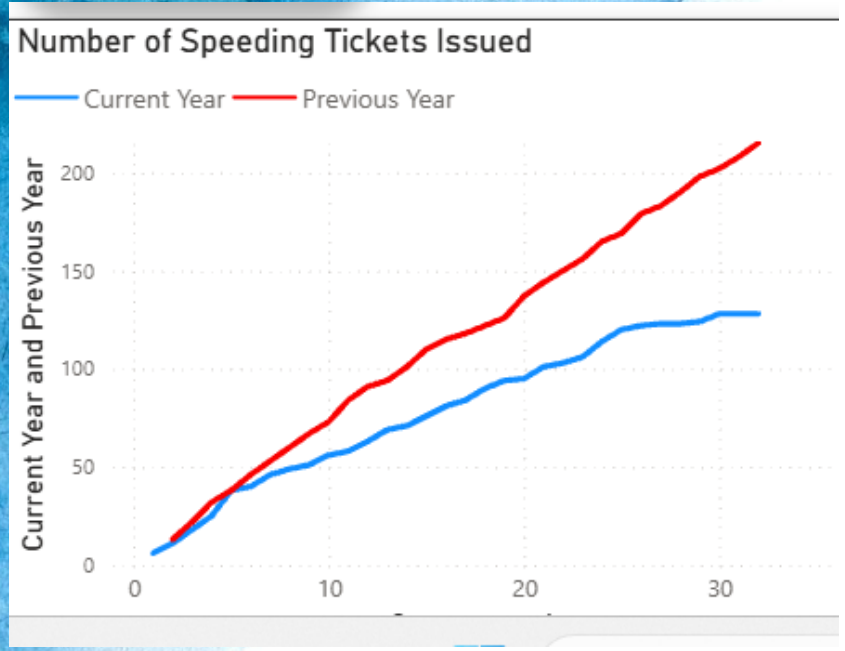
Teamwork and communication – Storytelling is used to increase impact. Staff are involved in safety conversations. There are clear links through teams. 'What matters to you?' philosophy – engaging with patients. Language is safety focused. 'Easy as 123 SEE- Safety Experience Effectiveness'

Psychological safety – Key cultural issues are talked about. Leadership promise and behaviour framework for staff to sign up to. Leaders at all levels build relationships. Constant honesty. Staff feel valued. Permission to innovate.

Inclusion, diversity and narrowing health inequalities – Co-production and empowerment. Patient populations needs. Work on what is strong, not what is wrong.

In a practical basis in 2024 we have focused on 2 of our top 3 risk areas with the embedding of our PSIRF Patient Safety and Safeguarding panels and a focus on driver safety.

Our Power BI tool has been used to improve monitoring of even minor speeding and braking/driving issues. We have implemented prizes for the best drivers and a driving license style system to manage poorer drives as shown in the graph Secure Care Speeding tickets have more than halved year on year!



Health and Safety

Key Facts

- 2 RIDDOR events
- 46 Team Hurt Incidents
- 2 Patient Hurt Incidents
- Colleague speed issues down from 2.2% to 1.3% of transfers

2024 has been a busy and productive year for our HR team. While our BILD ACT Restraint Reduction section highlights the significant contributions of our training team, our operational HR and recruitment colleagues have also been highly active.

In October, new legislation regarding sexual harassment in the workplace came into effect. We have taken this matter very seriously, developing the necessary policies and procedures, conducting risk assessments, and delivering a comprehensive communication and training programme to ensure awareness and compliance across the organisation.

As always, retention, recruitment, and culture remain key strategic priorities. This year, our leadership team undertook a detailed review of how we, as leaders, can better *live our values* and demonstrate our culture in everything we do.

In 2024, we also completed a communication review and have started work on enhancing internal communications through improved notice boards, digital screens, and the development of a staff communication app. A relaunch of Freedom to Speak Up was undertaken

While our recruitment activity has remained strong, retention continues to be a challenge. As our Chairman Bob noted, we made the very difficult decision in 2024 not to re-bid for the Hampshire Section 136 service. The nature of this care model proved particularly challenging and led to high levels of attrition, this was one of the factors in our decision. Although we have succeeded in reducing our annual staff turnover rate to below 50%, we acknowledge that this remains too high and must continue to be addressed as a top priority going into 2025.

A key development this year has been the successful rollout of Leadership Passports and professional development programmes for our Area Care Operations Managers and new Excellent Manager roles. These initiatives will be reviewed in early 2025, with consideration given to extending similar frameworks to other roles across the organisation.

HR & CULTURE

Key Facts

- Extensive activity to comply with the new sexual harassment legislation and key work on Freedom to Speak Up.
- Retention levels remain a key focus

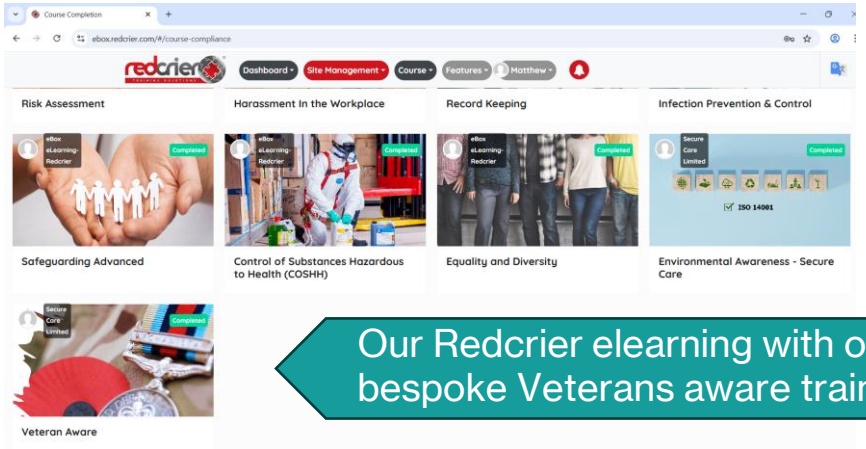
As an organisation, we are proud to be recognised as *Veteran Aware*. This accreditation has enhanced our understanding and strengthened our commitment to supporting individuals within the Armed Forces Community. Since receiving this recognition, we have made meaningful progress in embedding the principles of the Veteran Aware initiative across our operations.

To support workforce engagement and education, we developed and launched a dedicated information module on our E-Learning platform. This resource is designed to increase awareness, understanding, and sensitivity among staff regarding the unique needs and experiences of veterans and their families.

In our pursuit of continuous improvement, we conducted a thorough review of our internal processes and completed a comprehensive gap analysis to identify opportunities for enhanced service delivery to members of the Armed Forces Community. As a result, we have updated and redistributed key information materials across our operational bases and within patient transport vehicles, ensuring that relevant and accessible guidance is always available.

Furthermore, we have actively strengthened our external partnerships, including collaborating with a local Armed Forces charity to better align our support efforts. We have also initiated outreach efforts such as correspondence with field hospitals to explore additional ways to serve those currently deployed.

These actions reflect our continued dedication to creating a supportive, inclusive environment for veterans, service personnel, and their families, and we remain committed to building on this foundation as we work towards Silver Level accreditation.



Our Redcrier elearning with our bespoke Veterans aware training

VETERAN AWARE

Social Responsibility

Social Responsibility

Key Facts

- Bronze award
- Now working with Veterans Growth

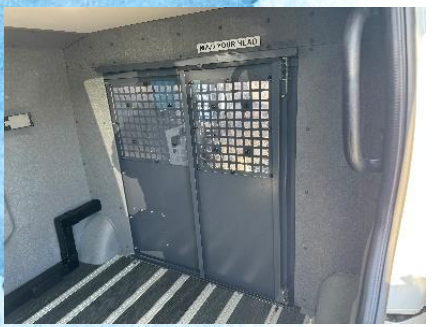
We are delighted to have continued our ISO14001 compliance. Year on year we have saved over 50 trees in terms of carbon reduction and reduced paper usage

Key points from our Audit were:

Raw Materials Consumption: The consumption of gloves, aprons, and other patient care consumables is identified as a low-impact activity. However, the use of CFCs in air conditioning units is flagged as a higher risk due to their significant contribution to global warming. The organization has been advised to implement stricter controls on the use of CFCs and to explore alternatives that have a lower environmental impact.

Energy Consumption: The consumption of electricity and gas is classified as having a high environmental impact, primarily due to CO2 emissions, COSHH and the depletion of natural resources. The Environmental Aspects Impacts Register notes that SCUK's electricity supplier informed them that their power is no longer 100% renewable, which necessitates the implementation of more effective control measures to reduce energy consumption and switch to more sustainable

At the end of 2024 we were delighted to announce the commencement of a trail of the UKs first ever fully electric Safe Area Vehicle at our Taunton (Somerset) base



ISO 14001
ENVINOMMENTAL MANAGEMENT

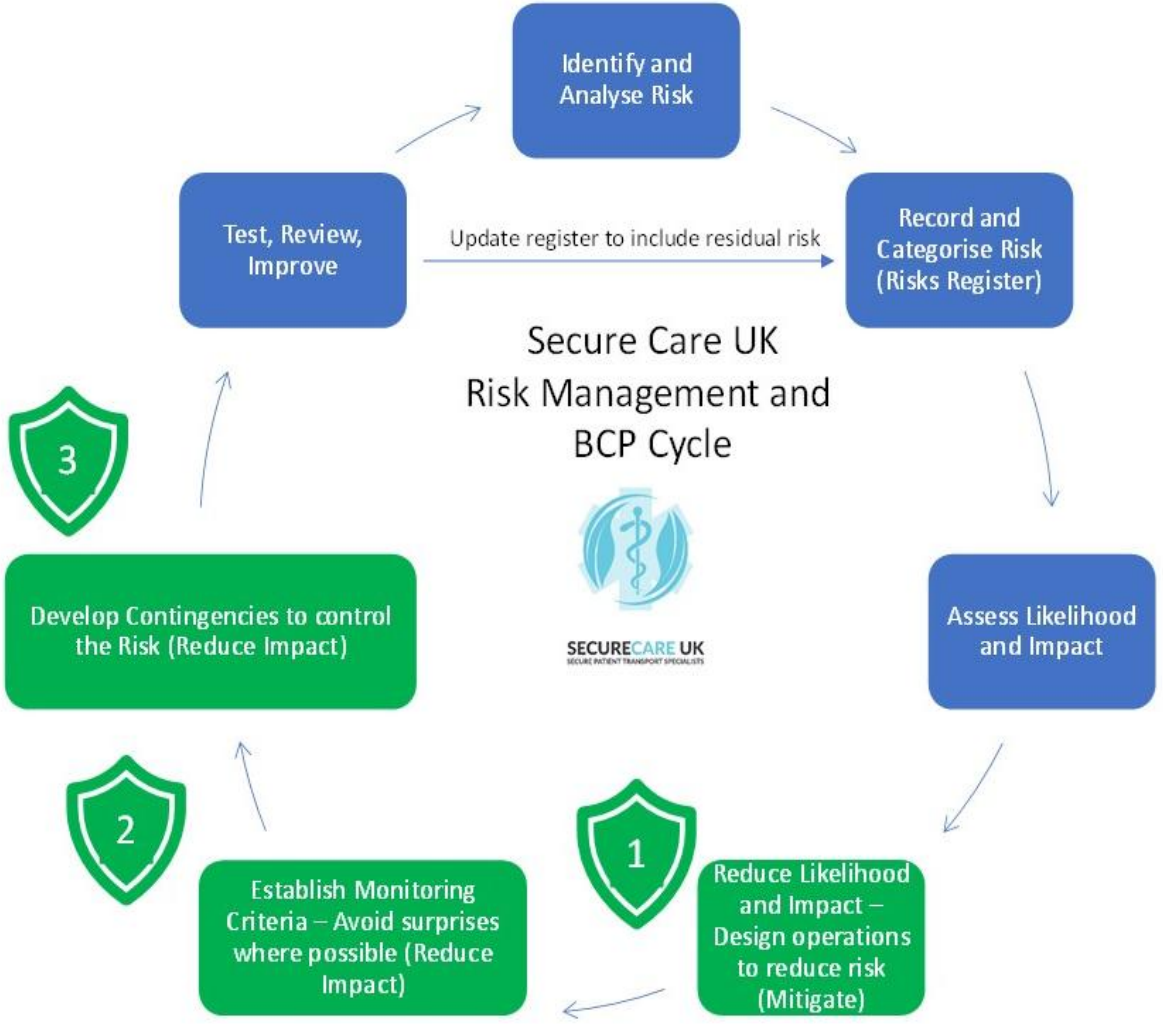
Key Facts

- 50 trees saved
- CO2 output reduced/mile
- UKs first ever all electric Safe Area Vehicle deployed

1. Device Security - All tablet devices are secured with unique personal login credentials and PIN codes that exceed the requirements outlined in the Cyber Essentials standard.
Tablets are configured with encryption enabled and require authentication for access.
In compliance with NHS Digital Mobile Device Security Guidance, remote monitoring and remote wipe capabilities are implemented to protect against data loss in case of theft or loss.
2. Endpoint and Patch Management - Whilst due to our size we are not required to be ISO 27001 accredited all computer devices within the organisation are centrally monitored and patch-managed using an enterprise solution to ensure timely updates and protection against known vulnerabilities, in accordance with NCSC Patch Management Guidance and ISO/IEC 27001:2013 controls for information security.
Regular security audits confirm compliance with organisational and statutory requirements.
3. Access Control - Access to systems and sensitive information is governed by strict Role-Based Access Control (RBAC) principles:
New users are provisioned only after HR DBS and security checks are completed.
Access rights are granted strictly on a least privilege basis in line with GDPR Article 32 requirements for access management.
Departing staff accounts are immediately revoked to eliminate unauthorised access risk, as recommended by NHS DSP Toolkit and NCSC Access Control Guidance.
All users are forced to use Multi Factor Authentication
4. Patient Data Security - Patient data is handled in compliance with the Data Protection Act 2018 and UK GDPR.
Remote access to patient data on Tablets is restricted and permitted only for the live operational job at hand, ensuring no unauthorised storage or transmission of patient information.
Data Access Requests are validated and approved only if the requesting NHS entity provides has appropriate clearance.
5. Data Residency - All organisational and patient data is stored exclusively in UK-based data centre's, ensuring compliance with UK data residency laws and ICO guidance.
6. Staff Training and Awareness - All staff complete mandatory training on data security and privacy awareness, including identifying phishing attempts, social engineering, and emerging cyber threats as recommended by NHS Digital Cyber Security Guidance and NCSC Cyber Awareness Campaigns.

Data Protection

Key Facts
- Fully Cyber Essentials compliant
- Fully NHS Data Protection Compliant
- Working towards ISO 27001



During the summer of 2024, we conducted a detailed review of our Business Continuity Plan, using best practice guidelines from ISO 22301 as the foundation. While we are not yet accredited to this standard, we are actively considering it as a next step in the development of our organisation.

Business Continuity Review – November 2024
In November, we carried out a scenario-based test involving eight members of our leadership team. This drill-style exercise was supervised by the Managing Director and included two scenarios: a pandemic of a different nature to COVID-19, and a severe weather event.
The exercise highlighted a few areas for improvement, particularly in communication flows, which have since been enhanced. We also identified a tendency among some team members to "revert to type" by assuming future pandemics would resemble COVID-19. As a result, our plan has been updated to reinforce the importance of assessing each situation on its own merits.
Our Business Continuity Plan now includes specific approaches to managing events such as severe weather, building loss, IT outages, and general civil disturbances. The Board was pleased to confirm the robustness of the plan and has agreed to review it again in 2025.

Business Continuity

- Business Continuity Plan developed in line with ISO 22301 (Not yet accredited)
- Tested in November 2024

Safeguarding Statistics:

As we look after some of the most vulnerable people in society it is no surprise that our crews receive a significant number of Safeguarding disclosures. We do not differentiate with our crew as we want to encourage the maximum reporting however many are disclosures rather than safeguardings. In total Safeguarding Incidents reported were: 115

We a re very proud of the fact that the culture and IT systems we have make reporting safeguarding concerns easy. All safeguarding reports trigger a text alert to our safeguarding leads.

Breakdown by Area:

Kent: 26 incidents (22.6%)
Hampshire: 25 incidents (21.7%)
Keynsham: 17 incidents (14.8%)
Lincoln: 16 incidents (13.9%)
Sussex: 14 incidents (12.2%)
Liverpool: 10 incidents (8.7%)
Birmingham: 2 incidents (1.7%)
Hassocks: 2 incidents (1.7%)
Taunton: 2 incidents (1.7%)
Missing data: 1 incident

Local Authority Referrals triaged:

Total incidents with LA referral data: 113
- Yes: 50 incidents (44.2%) (Referrals made)
- No: 63 incidents (55.8%)

CQC Notifications triaged:

Total incidents with CQC notification data: 109
- Yes: 53 incidents (48.6%) (Referrals made)
- No: 56 incidents (51.4%)

Key Points:

1. The majority of safeguarding incidents (51.3%) were current disclosures not involving SCUK.
2. A significant portion (37.4%) were reviewed and not deemed to be safeguarding concerns after assessment.
3. Geographic distribution shows Kent and Hampshire had the highest number of incidents, accounting for 44.3% of all incidents combined.
4. Nearly half (44.2%) of incidents resulted in Local Authority referrals.
5. Almost half (48.6%) of incidents resulted in CQC notifications.
6. Good compliance with reporting, with relatively few missing data points - which have been father tightened up as we've moved to using Asana for safeguardings and Incident management.

Safeguarding

- 115 concerns reported
- 50 Local Authority and 53 CQC referrals made in 2024

Case Studies

CASE STUDIES

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

Case Study – SC-130448

On 15 July 2024, Secure Care UK was requested by Hampshire AMHP to support a community assessment for a 15-year-old with very acute anxiety and depression who had remained isolated in his bedroom for six months. The case presented significant risks, including previous aggression towards family, extreme attachment to possessions, and unknown physical condition.

Planning involved close coordination between Control, Operations, and the Quality department. A Quality Manager attended on the day to provide oversight.

On arrival, the patient was found hidden under bedding on a raised cabin bed, with clutter in the room. The lead crew member spent considerable time offering reassurance and exploring ways to leave the room discreetly. When no progress was made, and the patient was found inside the duvet cover, ligature cutters were used (with AMHP and family agreement) to gain safe access.

The team proceeded slowly as required, maintaining patient dignity and safety, providing blankets in place of clothing, and pausing, de-escalating and reassuring whenever distress was evident. The process of moving the patient from bed to vehicle took over an hour, with continuous verbal reassurance.

The transport was incident-free, and the patient entered the receiving ward with minimal prompting.

This case demonstrates our PROUD values in action, with the team working at the patient's pace, prioritising dignity, safety, and compassion. AMHP feedback commended the crew for going "over and above" to achieve a safe, calm, compassionate outcome.

Case Study – SC-135589

Secure Care UK was approached by North Somerset Adult Social Care to support a Court of Protection application to transfer a patient with complex needs (Autism, OCD, Tourette's, under CTLD assessment) from a general hospital to a specialist facility. Although the patient wished to return home, clinical teams assessed they lacked capacity to make this decision.

SCUK representatives attended MDT meetings to advise on the safe transition. We influenced revisions to the initial application to ensure patient-centred care, avoiding rigid conditions that could unnecessarily trigger restraint, and emphasising dynamic, empathetic engagement. We also highlighted the need for personal preference details to support de-escalation.

The MDT identified that the patient responded positively to perceived authority figures and preferred London or Bristolian accents. We tailored our approach accordingly, including selecting specific staff members and adjusting appearance to meet these preferences.

To minimise the need for additional agencies, we provided our PMVA (BILD ACT) risk assessments and policies, confirming our ability to manage interventions safely and in line with best practice.

As a result of this preparation and personalised approach, the patient responded positively, walking calmly to the vehicle without incident.

The Social Worker praised the team's professionalism and innovative suggestions, recognising their key role in the smooth, successful transition.

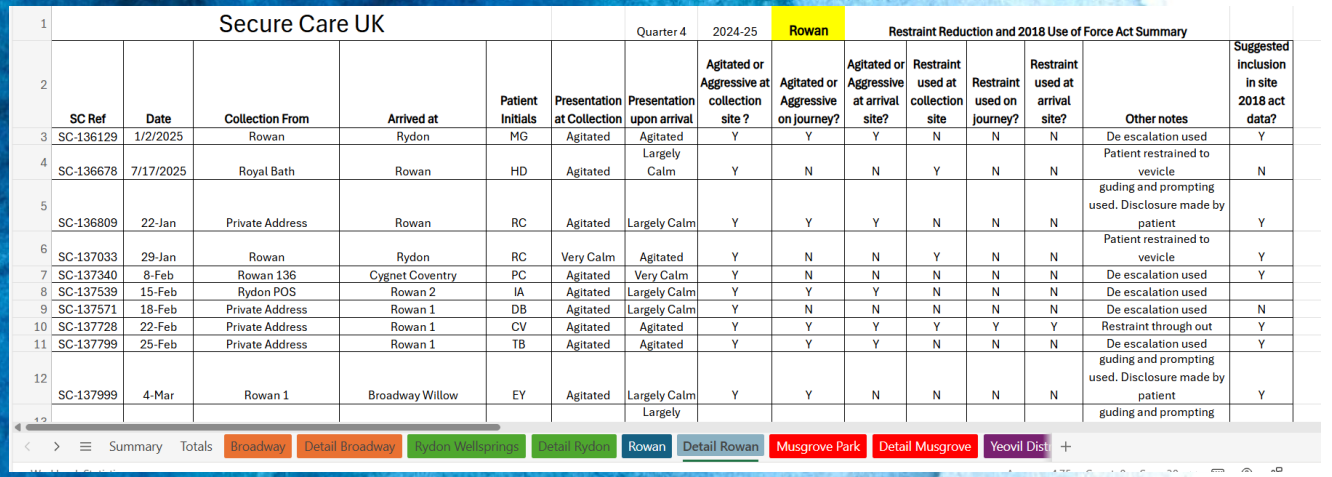
Case Studies

CASE STUDIES

Case Study 3

In 2024, following discussions at several of our quarterly client review meetings, requests were made for enhanced information relating to the 2018 Use of Force Act. This led us to work with a number of trusts – notably Somerset – to review the style and structure of our reporting.
I drafted a unit-specific report identifying all instances of agitation, aggression, restraint avoidance, and restraints undertaken, along with their key features. This report will be rolled out during 2025 to all clients, further enhancing reporting capabilities and ensuring that all trusts' obligations to report on restraints undertaken by agencies within their premises are fully supported by Secure Care UK.

Example reports are shown opposite



Secure Care UK — Quarter 4 — 2024-25 — Rowan — Restraint Reduction and 2018 Use of Force Act Summary

SC Ref	Date	Collection From	Arrived at	Patient Initials	Presentation at Collection	Presentation upon arrival	Agitated or Aggressive at collection site ?	Agitated or Aggressive on journey?	Agitated or Aggressive at arrival site?	Restraint used at collection site	Restraint used on journey?	Restraint used at arrival site?	Other notes	Suggested inclusion in site 2018 act data?
SC-136129	1/2/2025	Rowan	Rydon	MG	Agitated	Agitated	Y	Y	Y	N	N	N	De escalation used	Y
SC-136678	7/17/2025	Royal Bath	Rowan	HD	Agitated	Largely Calm	Y	N	N	Y	N	N	Patient restrained to vevicle	N
SC-136809	22-Jan	Private Address	Rowan	RC	Agitated	Largely Calm	Y	Y	Y	N	N	N	guding and prompting used. Disclosure made by patient	Y
SC-137033	29-Jan	Rowan	Rydon	RC	Very Calm	Agitated	Y	N	N	Y	N	N	Patient restrained to vevicle	Y
SC-137340	8-Feb	Rowan 136	Cygnet Coventry	PC	Agitated	Very Calm	Y	N	N	N	N	N	De escalation used	Y
SC-137539	15-Feb	Rydon POS	Rowan 2	IA	Agitated	Largely Calm	Y	Y	Y	N	N	N	De escalation used	
SC-137571	18-Feb	Private Address	Rowan 1	DB	Agitated	Largely Calm	Y	N	N	N	N	N	De escalation used	N
SC-137728	22-Feb	Private Address	Rowan 1	CV	Agitated	Agitated	Y	Y	Y	Y	Y	Y	Restraint through out	Y
SC-137799	25-Feb	Private Address	Rowan 1	TB	Agitated	Agitated	Y	Y	Y	N	N	N	De escalation used	Y
SC-137999	4-Mar	Rowan 1	Broadway Willow	EY	Agitated	Largely Calm	Y	Y	N	N	N	N	guding and prompting used. Disclosure made by patient	Y
						Largely							guding and prompting	

Summary | Totals | Broadway | Detail Broadway | Rydon Wellsprings | Detail Rydon | Rowan | Detail Rowan | Musgrove Park | Detail Musgrove | Yeovil Dist

	Collections	Arrivals	Total attendances - Patient Care Episodes (PCEs)	PCEs where patient became Agitated or Aggressive	Agitation or Aggression in the Unit. (Recommended inclusion in 2018 data)	Actual Restraint in Unit
Broadway Health Park	2	5	7	3	2	0
Rydon	9	23	32	12	6	1
Rowan	14	6	20	10	9	3
Musgrove	11	3	14	3	3	2
Yeovil District	7	0	7	2	2	0
Pryland	1	10	11	11	7	2
Holford	2	6	8	0	0	0

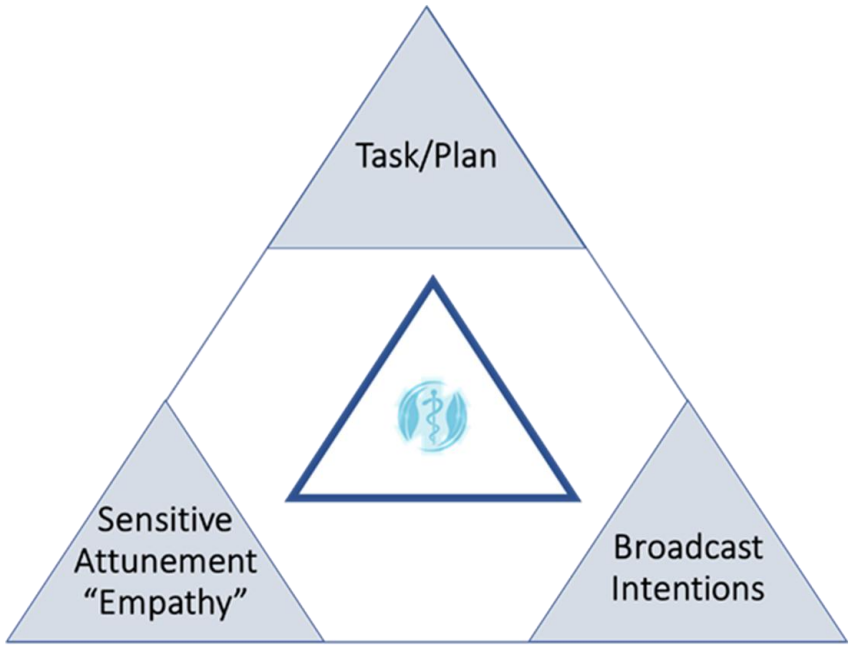
Case Studies

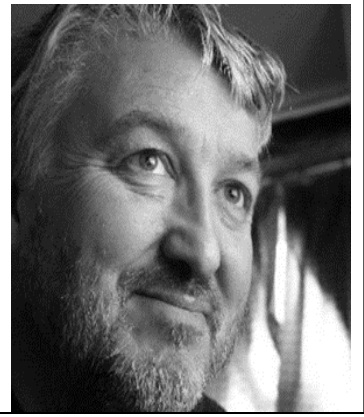
CASE STUDIES

Case Study 4 – "Place your bets!"

Our commitment to the Restraint Reduction Network, and our determination to minimise the use of restraint, have led to a number of positive discussions with our clinical adviser, Dr. Dickon Bevington, of the renowned Anna Freud Institute in London.
Together, we have developed a model of care provision focused on appropriate engagement when undertaking any task. Working with Dr. Bevington, we introduced this model to our teams through the concept **"Place Your BET"**:
B – Broadcast: Clearly communicate intentions so patients fully understand what is happening and why.
E – Empathy: Ensure we remain attuned to the patient and their needs, fostering trust and understanding.
T – Task: Maintain focus on the essential objective at hand.
Rapport-building is always a priority, but we also recognise that transitions and transfers are crucial for long-term recovery. While it is important to spend time engaging with a patient to avoid restraint, this must be balanced with ensuring critical tasks – such as attending essential appointments – are achieved. Failing to do so may, in some cases, outweigh the benefits of the least restrictive practice. Conversely, over-focusing on the task at the expense of empathy undermines restraint reduction efforts.
This model has now been fully integrated into our Build ACT system as a core communication methodology, and it is one we are proud to champion.

The "BET" Model.





Dr Dickon Bevington. MA MBBS MRCPsych PGCert FRSA

"In the mind of the patient, their care episode starts from the moment transport arrives, when they are first invited to place themselves in the care of others. If managed calmly, with trust in transition staff, a patient is often more open to subsequent care making it more likely that treatment will be accepted. This results in a more productive and shorter stay, with fewer risks to patients or staff – thus an economic and ethical argument for care and dignity"

We are delighted that Dickon is the Clinical Advisor to the Secure Care UK Board

SECURECARE UK
SECURE PATIENT TRANSPORT SPECIALISTS

A closing message from the Managing Director

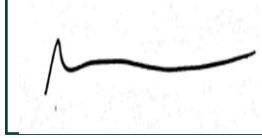
I am delighted with the progress we have made as an organisation during 2024, as we continue to focus on our strategy, guided by our heads of function, and the ongoing development of our governance framework. By embracing and integrating new technology – such as Asana and our Power BI tool – and by conducting detailed reviews of service improvement areas, including PSIRF, sexual harassment legislation, and Freedom to Speak Up, we have achieved dramatic improvements in service delivery.

Restraint reduction remains our number one priority. *Patient-first, safety-focused care* and *least restrictive practice* are not just buzzwords – they are our reason for being. I have been particularly encouraged by the positive feedback received during independent ISO audits, our BUILD reaccreditation process, and the progress we have made in developing enhanced restraint reporting to support our trusts. These improvements ensure strong compliance not only with the 2018 Use of Force Act, but also with the spirit in which it was created.

Our service quality monitoring shows that 50% of patients who begin their care in an agitated or aggressive state are calm by the time our team completes their intervention. On more than two-thirds of occasions, agitated or aggressive patients are returned to a calm state without the need for any restrictive practice. Mechanical restraint and safe-area use account for only a tiny proportion of cases, reflecting our commitment to the least restrictive approach. Overall care standards have been further strengthened by our enhanced focus on driving and maintaining high standards.

I am also proud of our ongoing commitment to the Veterans Aware programme, the launch of our new electric vehicle fleet, and our compliance with ISO 14001. All of these services are underpinned by robust data protection practices and a strong business continuity framework.

Looking ahead, we must continue to prioritise colleague retention, effective communication, and organisational development. However, 2024 has been a year of significant progress in our quality agenda, and I am proud to lead the team that has made these achievements possible.



Matt Jackson