



## Health, Integration and Commissioning Select Committee

8 March 2019

### South East Coast Ambulance Service Update

#### Purpose of report:

This report updates the committee on the South East Coast Ambulance Service, with special focus on the recent CQC report, Executive leadership development, performance reporting and associated strategic operational updates, alongside other local performance and development initiatives for Surrey.

#### Introduction

#### Operational Overview of SECAmb

1. On 29 September 2017, the CQC published their findings following their inspection of the South East Coast Ambulance Service (SECAmb) which saw the Trust placed into special measures and an overall rating of 'inadequate' for the 999 service and an overall 'good' for the 111 service. The Trust was recognised as good for caring throughout.
2. Following this rating, SECAmb implemented a delivery plan with a clear focus on the key areas for improvement as indicated by the CQC. Since then SECAmb has been on an improvement trajectory, with the Trusts rating moving from 'inadequate' to 'requires improvement' in the subsequent report published 8<sup>th</sup> November 2018. A programme of continuous improvement is in place for the 1 Must Do item and the list of 10 items in the Should Do list of which 6 apply to Emergency and Urgent Care, 3 to the Emergency Operations Centre and 1 overall to the area of Resilience.
3. Following the NHS England commissioned review of urgent and emergency care in 2013 and the Sheffield University study into ambulance responses in 2015, the subsequent Ambulance Response Programme<sup>1</sup> (ARP), went live at SECAmb on 22<sup>nd</sup> November 2017.
4. Since ARP implementation, SECAmb has performed close to the national average for Category 1, better than average for Category 2 (although our improved management of patients that wait in lower categories has added to our overall response time recently). Category 3 and Category 4 responses remain challenging (**Annex 2 Table 2a**) and improvements are expected across the entire region in all categories based on the results of our jointly commissioned Demand and Capacity Review. This review set out the resource requirements, the cost of resource and hence income requirements for the Trust to deliver ARP standards.

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<sup>1</sup> <https://www.england.nhs.uk/urgent-emergency-care/arp/>

5. The conclusion of the Demand and Capacity Review was a commissioner agreed investment in the recommended 'Targeted Dispatch Model'. The cost of meeting ARP standards is estimated at between c. £203m to £208m for 2019-20 and c. £215m to £219m for 2020-21 (£40m investment per annum cf 2016/17). The delivery of this model is through the Service Transformation and Delivery (STAD) Programme of staff recruitment and fleet procurement to March 2021.

### **Executive Leadership Development**

6. SECAMB has continued to recruit to its Executive Team and Board with the following appointments:-
  - Steve Emerton: Executive Director of Strategy and Business Development on 2<sup>nd</sup> January 2018.
  - Ed Griffin: Executive Director for HR on 7<sup>th</sup> March 2018. Ed will be taking up a new role in the spring of 2019 and the process of recruitment has started to find his successor.
  - Bethan Haskins: Executive Director of Nursing and Quality on 1 April 2018.
  - Dr Fiona Moore: Executive Medical Director (substantive) following an interim period of the past 14 months.
  - David Astley: Chairperson during September 2018, following the departure of the Trusts Chairperson, Richard Foster. We also welcomed our new Non-Executive Director Michael Whitehouse.
7. In November 2018, the Trust announced that Chief Executive, Daren Mochrie, would be leaving SECAMB to take up a new role as Chief Executive of the North West Ambulance Service from 1 April 2019. The process to recruit Daren's successor is underway, led by the Chair David Astley. The first round of interviews have taken place in January 2019 and an offer has been made to the preferred candidate, who has accepted the role.

### **SECAMB commissioning arrangements**

8. These will be updated during the meeting by North West Surrey CCG, 999 lead commissioners for the counties Kent, Surrey and Sussex.

<b>Care Quality Commission Rating</b>
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9. Following the CQC published report on the 29<sup>th</sup> September 2017, the result of which saw the Trust placed into special measures, SECAMB has been on an improvement trajectory. Further unannounced visits from the CQC saw their formal recognition of the progress that the Trust was making, achieved through a comprehensive work programme overseen by the Trust's Programme Management Office (PMO).
10. The Trust was inspected by CQC in July and August 2018 and the subsequent report published on 8<sup>th</sup> November 2018. The Trust's rating moved from 'inadequate' to 'requires improvement'.

11. The CQC also acknowledged a number of areas where the Trust has made significant progress and again rated the care given by staff to patients as good, with several other areas recognised as outstanding.
12. Some of the key improvement areas highlighted were:
- Staff cared for patients with compassion. All staff inspectors spoke with were motivated to deliver the best care possible and feedback from patients and those close to them was positive
  - The Trust promoted a positive culture that supported and valued staff. Inspectors found an improved culture across the service since the last inspection. Most staff felt the culture had improved and felt able to raise concerns to their managers
  - Medicines management was robust and effective with a marked improvement since the previous inspection. Inspectors found elements of outstanding medicine management, for example, the way the Trust handled Controlled Drugs. An external review also recognised the impressive turnaround in performance
  - A new Well-Being Hub, which enables staff to access support in a variety of areas. The service was widely commended by staff during the inspection.
  - A significant improvement in the process for investigating complaints and the quality of the Trust's response to complaints since the previous inspection
13. Following the publication of the report and its findings, the Trust will be working to continue the progress and improvements required in the 1 Must Do and 10 Should Do areas (**Annex 1**) Some key action headlines are :-
- Within the Emergency Operations Centre (EOC), the Clinical Safety and Readiness plans will form one overarching EOC plan.
  - The EOC plan will include the 6 new Trust procedures identified to ensure effective systems and processes to support risk assessment activities.
  - As part of the EOC plan, the effectiveness of the Clinical Safety Navigator will be monitored through clinical queue management efficacy.
  - The Service Transformation and Delivery Programme has been setup to ensure that by April 2021, the best quality care and most effective response is provided for each patient first time, delivering improved response times for category 3 and category 4 calls.

<b>SECamb Performance</b>
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### **Ambulance Response Programme**

14. Following the NHS England commissioned review of urgent and emergency care in 2013, it was recognised that the ambulance service response standards (England) had not been reviewed since the mid 1970's. There was a review and new standards introduced in March 2001 where we moved away from the Rural/ Urban ORCON

standards and Cat A, B and C prioritisation was introduced at this time. This has since been superseded by ARP standards.

15. In 2015, NHS England commissioned Sheffield University to undertake a study into ambulance responses. The result of this study was the introduction of the Ambulance Response Programme.
16. The Ambulance Response Programme (ARP) is a change to the way in which ambulance services (in England) receive and respond to emergency calls. On 22 November 2017, ARP went live at SECamb.
17. A key element of ARP was the re categorisation of 999 call priorities, whilst maintaining a clear focus on the clinical needs of patients and ensuring that the right resource is dispatched (**Annex 2, Table 1**).

### Performance

18. The variance in performance for SECamb across the three counties (Kent, Surrey, Sussex) is minimal. Since ARP implementation, SECamb has performed close to the national average for Category 1 (C1), better than average for Category 2 (C2) (but noting the recent pressures of increased demand and the Trust proactively escalating callers in lower categories where required). Category 3 (C3) and Category 4 (C4) responses remain challenging (**Annex 2, Table 2a**).
19. Surrey County comprises of 6 clinical commissioning groups (CCGs) and 2 Integrated Care Systems, Surrey Heartlands and Frimley Health. **Table 2b** illustrates performance for December 2018 and Quarter 3 October-December 2018 across all 6 CCG's.
  - a. C1 90<sup>th</sup> percentile is within target in 5 of the 6 CCG's and C2 90<sup>th</sup> percentile performance is within target in 4 of the 6 CCGs in quarter 3 and just outside target for the Guildford Operating Unit which provides coverage for those CCG's.
  - b. C3 and C4 90<sup>th</sup> percentile targets were not achieved by all CCGs. Whilst this was expected for the entire Trust for Quarter 3 (based on the Demand and Capacity Review modelling), improvements are forecast and as set out in the report completed for the Demand and Capacity Review. Put simply, the Trust is meeting its obligation to deploy the required hours based on resource investment.

### Cardiac and Stroke Pathways and Performance

20. SECamb's Cardiac and Stroke Ambulance Quality Indicators (AQI's) for timeliness of response are shown in **Annex 2, Table 2c**.
  - a. The Trusts performance against the stroke diagnostic bundle, in particular, has been above the national average most months and we continue to build on our success in improving care for STEMI (Acute ST-Elevation Myocardial Infarction) patients to bring our performance above the national average.
  - b. Since April 2018, the Trust has also delivered sustained improvements in the proportion of patients who have a ROSC (Return of Spontaneous Circulation) when they arrive at hospital. The timeliness of care that is delivered to patients who are suffering stroke and STEMI is consistently quicker than the national average.

- c. The Trust has also been highest performing in the country for the sepsis and post-ROSC care bundles, and continues to perform well above the national average.
21. On the 9th January 2017, the Royal Surrey County Hospital ceased to provide a Hyper Acute Stroke Unit (HASU). The change coincided with a countywide consultation, which stated that Surrey needed to reduce its stroke units, in order to benefit from higher activity, associated investment and enhanced patient outcomes. The emergency change continued and commissioners modelled a 60/40 split of the activity to Frimley Park Hospital (FPH) and Ashford St Peter's Hospital (ASP) respectively.
  22. SECamb have been working with crews and partners to enable this significant change. Early learning to direct more patients to ASP was that it is critical to promote the benefits of the stroke reconfiguration, to tackle the misconception with regard to travel time and to encourage a move away from historic operational practices based around SECamb's Operating Unit (OU) boundaries. A communications programme was put into effect to relay these key messages.
  23. In April 2018, a review showed that SECamb's stroke response in the area of Guildford and Waverley is good, especially for an area with a large rural geography. The average response time for stroke patients in the Guildford and Waverley CCG was between 10 and 13 mins where SECamb are required to have a response of 18 minutes or less. This was also the case in the southern area of Guildford and Waverley, for example in Haslemere the average response time for stroke patients (of which there were 6) was 18 mins.
  24. The call to door<sup>2</sup> performance was shown to be slightly higher than the regional target, with an average performance for the area being between 1 hr and 1hr 10 mins. This was largely due to two factors; on scene times and longer travel times to HASU's and can be improved by a focus on reducing on scene times and faster door to treatment times at hospital. SECamb are working on specific on-scene time improvements with a local focus initiative ongoing. There have also been recent access improvements to the ASP HASU, which differs for a complicated or uncomplicated stroke patient. The December 18 operational instruction to reinforce this pathway change is shown in **Annex 2 Table 2c**.

### **Demand and Capacity Review**

25. The Demand and Capacity review was set to review resource requirements to deliver ARP standards. Once costed, this demonstrated the income / investment required for the Trust as between c. £203m to £208m for 2019-20 and c. £215m to £219m for 2020-21 (£40m investment per annum cf 2016/17).
26. During 2017- 2019, following the identification of a gap in funding, for SECamb to deliver its existing model and achieve all performance targets, Commissioners and SECamb jointly commissioned (with the support of NHS England and NHS

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<sup>2</sup> the total length of time from receiving a 999 call, dispatch of an ambulance, treatment on scene, transportation to HASU / ASU and ending in patient handover)

Improvement), Deloitte and ORH Ltd. <sup>3</sup> (ORH) to undertake a review of existing and future operating models.

27. The approach from Deloitte and ORH was in the form of a 'Demand and Capacity' review to understand the relationship between resources, performance, and finances. The focus of the review was on two operating models: 1) Paramedic Led Ambulance Model and 2) The Targeted Dispatch Model. Both identified a requirement to increase not only the number of front line staff, but also the fleet resource.
28. The conclusion of this review to recommend the 'Targeted Dispatch Model', which focused on getting clinically appropriate resources to patients by using specialist paramedics in cars, paramedics on ambulances and the introduction of a lower acuity mode of ambulance to specifically support those patients that fall into C3 & C4 calls. Non-Emergency Transport (NET) vehicles have since been procured and are being rolled out across the Trust by April 2019.
29. The NET vehicles will support the Trust to improve response to patients who are not in a serious or life-threatening condition. Primarily, they will serve patients assessed by a Health Care Professional, such as a Paramedic or GP and who require non-emergency urgent transport to a healthcare facility. Additionally, all NET vehicles will be equipped with essential life-saving equipment and able to attend as a first response to life-threatening calls. The NET's will be crewed by Emergency Care Support Workers, Associate Ambulance Practitioners and Ambulance Technicians.
30. Another key element of the 'Targeted Dispatch Model' is that it builds on our work with the wider system to enable and facilitate alternatives to conveyance to an Emergency Department. That is, increase 'hear and treat' and 'see and treat' or refer into jointly developed, clinically governed, community based care pathways.
31. Work has already begun on the delivery of this model through the Service Transformation and Delivery (STAD) Programme implementation with staff recruitment and fleet procurement underway. A key part of the delivery is that Q1 2019/20 will see C1 performance achievement on a sustainable basis, and the introduction of the full model for all categories of performance, with sustainability fully achieved by Q4 2020/21.
32. In Surrey, there is a significant increase in staff and vehicles over the next 18 months including 7 NET vehicles in place by April 19. This extra resource, alongside the protected targeted dispatch model and Paramedic Practitioners tasked to focus on admission avoidance initiatives, will support increasing our 'see and treat' and referrals into alternative care pathways and reduce the time to respond to lower acuity C3 & C4 incidents.

### **Local Operation Unit Highlights and Transformation Initiatives**

33. The Surrey County geography is covered by 3 separate Operating Units serving 6 CCG areas working within 5 Acute hospital systems. Each Acute system governs Urgent Emergency Care transformation through the local A&E Delivery Board or Integrated Care Systems (ICS) and sub groups, with which SECamb are fully engaged to drive local initiatives to deliver system wide benefits and improved patient care.
34. **Guildford Operating Unit** : Royal Surrey County & Frimley Park Hospital systems

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<sup>3</sup> <http://www.orhltd.com/about-us/>

- a) In the final stages of agreement for the new April '19 rotas. A local recruitment campaign is ongoing and assessor training in place to increase local resource. The Tongham estate works planned are to better utilise the current space available.
  - b) Working with the CCG and Frimley Integrated Care Teams to facilitate simplified access points to enhanced community pathways and improved patient care plans to support reduced Acute conveyances where appropriate.
  - c) Delivering a 6 month Joint Response Unit (JRU) pilot with Surrey Police, operating Thursday to Saturday evenings, to respond to the joint callouts (totalling 7500 per annum). In the first 2 months, 63% of these complex social cases are dealt with by JRU operatives on scene. Of the remaining 37% requiring conveyance, only 11% required high specification ambulance transportation, with the remaining appropriate for the NET vehicle transportation. Not only does this free up constrained emergency resource but reduces wait times for these incidents and so far has received 100 % positive public comment via police social media platforms.
35. **Chertsey Operating Unit** : Ashford St. Peters Hospital system
- a) Staff recruitment is ongoing with the initial training course of 18 set for April 2019. Extra vehicles are already available to meet demand, ahead of new staff availability, via fulfilling rosters on overtime. The estate review work is ongoing to accommodate the increased staffing.
  - b) The NET vehicles have been rolled out and require the wider system communications and comprehension in order to maximise vehicle usage, especially for other Health Care Practitioner admission.
  - c) Working closely with Community Services and Acute Trust partners to deliver an additional Falls Response Vehicle (6 month pilot) and enhanced Frailty pathways, to reduce repeat fallers and provide an expedited Frailty assessment where needed
36. **Gatwick and Redhill Operating Unit** : East Surrey, Epsom and St. Hellier Hospital systems
- a) A 'Perfect Week' exercise delivering enhanced system hours and clinical decision making support was trialled in Gatwick and Redhill operating unit. We are reviewing lessons learnt for wider application across Sussex and Surrey, in line with the new STAD resource application. This showed positive improved response times and reduced conveyances to East Surrey Hospital.
  - b) Working closely with Acute Trust partners and awaiting the formal opening of a new Rapid Assessment area at Epsom General to assist with Handover delays.
  - c) Working closely with Community Services to support the Epsom @ Home service for hospital avoidance.
37. **Surrey Nursing Homes focus** – working with the Surrey wide Care Home Collaborative to enable enhanced health in care homes principles and supporting the system in identification of frequent 999 call homes and outcomes.
38. **Surrey Mental Health pathways** – working closely with Surrey and Borders Partnership Foundation Trust to utilise the newly established Single Point of Access service into 24/7 enhanced crisis pathways. This is working alongside our newly appointed MH Nurses, working in our Emergency Operations Centre to better support our patients in acute mental health crisis.

## SECamb Strategic Initiatives

### Five-Year Strategy

39. The Trust has developed a strategic plan for the next 5 years, 2017-22, and is focussed on the delivery of 4 strategic themes; Our People, Our Patients, Our Partners, and Our Enablers. We are currently refreshing our strategy to take account of internal and external developments since publication in July 2017 and this will be presented to the Trust Board in the next few months.

### Alliances

40. On 22 November 2018, the Trust announced that it was working to form an alliance with West Midlands and South Western Ambulance Services that will see us working closely together to deliver efficiency savings to invest in front line services.
41. The alliance expects to deliver savings through initiatives such as the joint procurement of supplies, including equipment and fuel. In addition, we will work collaboratively to share best practice for the benefit of patients and staff and will also work on improving resilience between the organisations for planned events and major incidents.
42. The work will draw upon existing benchmarking and evidence from the National Audit Office investigation into ambulance services, and more recently, the report from Lord Carter into efficiency and productivity.
43. It is important to stress that there are no plans to merge services or re-structure existing operations, but the alliance will mean that the three Trusts can make every pound of taxpayers' money work as efficiently as possible.
44. This is very much the start of the process and further work will follow over the coming months through our Board and governance framework. However, by forming this partnership, we will be able to bring together the knowledge and experience of the three Trusts to explore ways to reduce variation and develop new joint initiatives.

### Fleet & Estates Strategy

45. SECamb has invested in a 101 new ambulances with a vehicle roll out programme during the next 12 months. July 2018 saw the first of 42 new ambulances, 'Mercedes Sprinters', being rolled out at a rate of 3 to 4 per week. The Trust is also in the process of trialling 16 new Fiat van conversion ambulances.
46. In addition and to further support ARP, the Trust has invested in 30 second-hand Fiat ambulances, operating as Non-Emergency Transport (NET) vehicles, which are converted to attend the lower acuity non-life threatening calls and will carry slightly different equipment. These vehicles are being introduced in a phased approach commencing mid December 2018: full operational roll out is expected to be complete by April 2019.
47. During 2019/20 further investment is planned in up to a further 50 ambulances as well as a replacement programme for the Trust's rapid response cars and 4x4 vehicles.



## Hospital Handover Delays

48. SECAMB is leading on a system wide programme of work focusing on reducing ambulance hours lost at hospital sites due to handover delays. The programme is led by a Programme Director.
49. Some good progress has been made overall, with January '19 showing a 15% decrease (1033) in hours lost >30 minute turnaround and this is equivalent to an average 185 ambulance hours (15 – 12hour shifts) lost per day in January 2019 compared to 228 ambulance hours (19 - 12hour shifts) in 2018. Whilst this is a reduction when compared to the same period last year, handover delays remain of significant concern. Most hospital sites are losing fewer hours than last year but there are some significant outliers. See **Annex 3** for a comparator tables by Surrey Hospital.
50. A key part of the work stream has been to develop, together with each acute hospital; a handover action plan to streamline the process of handover delays including best practice e.g. dedicated handover nurse and administration, Fit2Sit, front door streaming and direct conveyance to non-ED destinations.
51. A number of live conveyance reviews have also taken place where a representative from the ambulance service, hospital, primary care, community trust, and CCG have reviewed all decisions to convey to hospital with an aim to ensuring that all existing community pathways are maximised.
52. The reviews undertaken so far, have given a clear indication that community pathways are being maximised where they are in place. The results are being presented for further discussion with local system partners in order to explore new community pathways, where required.
53. Peer reviews looking at the handover process at individual sites have also taken place at some hospitals, where the Chief Operating Officer from another acute hospital, supported by a member of the Emergency Care Intensive Support Team (ECIST), visits another hospital and reviews the ambulance pathway through the department. The peer reviews have been positively received and have been a good way to share best practice across hospital sites.

### Conclusions:

54. SECAMB requests the Health Integration and Commissioning Select Committee to note the:
  - a. Recent CQC report and improved rating, alongside the ongoing areas of focus.
  - b. Trust's current Performance rating and continued improvement plans.
  - c. Demand and Capacity review recommendations and resulting Service Transformation and Delivery, and Emergency Operations Centre programmes.
  - d. Local operational updates and transformation initiatives supporting local health and social care systems improvement.
  - e. Ongoing strategic direction and proposed Alliances work.
  - f. Ongoing investment in key personnel and fleet resources.
  - g. Continued focus on working with our Acute Trusts partners to reduce handover delays, especially in times of escalation.

**Recommendations:**

For the Health, Integration and Commissioning Select Committee to:

- a. note the report and make recommendations.

**Next steps:**

To be identified as needed post presentation.

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## ANNEXES







### ANNEX 1: CQC REPORT SUMMARY FINDINGS – 8<sup>th</sup> November 2018

#### Overall trust

Our rating of the trust improved. We rated it as requires improvement because:

- In both the emergency operations centre (EOC) and emergency and urgent care (EUC) we rated safe, effective, responsive and well-led as requires improvement and rated well-led in resilience as requires improvement.
- We rated safe, effective and responsive in the trust's resilience core service as good. We rated caring as good across all three core services.
- In rating the trust, we took into account the current ratings of the 111 service, which was not inspected this time.
- We rated well-led for the trust, overall, as requires improvement.

#### Ratings

Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

1 South East Coast Ambulance Service NHS Foundation Trust Inspection report 08/11/2018

#### Outstanding practice

##### Emergency Operations Centre

- Support for maternity patients was excellent. A new pregnancy advice and triage line for pregnant women had been introduced within the Crawley EOC.

##### Emergency and Urgent Care

- The Crawley triage scheme, which had led to a reduction in conveyancing to hospital for people with mental health conditions from 53% to 11%.
- We found elements of outstanding medicine management, for example the way the trust handled Controlled Drugs (CD's). We found suitable audit and quality control processes to ensure the high standards achieved by the organisation were continuously monitored.
- The trust initiative to provide physical and mental health support for staff through the 'wellbeing hub' was widely commended by staff during the inspection.
- There was a multidisciplinary multiagency approach to training in the Kent area. This meant staff were training to deal with unexpected situations should they occur.

- Brighton station had a dedicated homeless lead who took responsibility for and oversight of this vulnerable group. This role included undertaking outreach work, as well as working with local services to meet the needs of these patients.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve services in both the emergency operations centre and in emergency and urgent care.**

- The trust **must ensure** that their processes to assess, monitor and improve the quality and safety of services and also to assess, monitor and improve the assessment of risk relating to the provision of the service are operating effectively.

### **Action the trust SHOULD take to improve the emergency operations centre**

- The trust **should ensure** they take action to continue to have effective systems and processes to assess the risk to patients and people using the services and they do all that is reasonably practicable to mitigate those risks, specifically in relation to the risk assessment of patients awaiting the dispatch of an ambulance.
- The trust **should ensure** they continue to monitor the effectiveness of the clinical safety navigator role to ensure continued oversight on the safety of patients waiting for an ambulance.
- The trust **should ensure** there are a sufficient number of clinicians in each EOC to meet the needs of the service.

### **Action the trust SHOULD take to improve emergency and urgent care**

- The trust **should ensure** the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.
- The trust **should ensure** that maps in all vehicles are current, up to date and replaced regularly.
- The trust **should ensure** that all staff adhere to the trust policy on carrying personal equipment and the regular servicing of such equipment.
- The trust **should ensure** that pain assessments are carried out and recorded in line with best practice guidance.
- The trust **should ensure** response times for category three and four calls is improved.
- The trust **should consider** producing training data split by staff group and core service area for better oversight of training compliance.

### **Action the trust SHOULD take to improve Resilience**

- The trust **should ensure** they collect, analyse, manage and use data on meeting response times for Hazardous Area Response Team (HART) incidents.

## ANNEX 2: Ambulance Response Programme and SECamb Performance

Table 1:

### ARP Performance Categories

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
<b>Category 1</b> (Life-threatening event)	Previous Red 1 calls and some Red 2s including <ul style="list-style-type: none"> <li>• Cardiac Arrests</li> <li>• Choking</li> <li>• Unconscious</li> <li>• Continuous Fitting</li> <li>• Not alert after a fall or trauma</li> <li>• Allergic Reaction with breathing problems</li> </ul>	<b>7 Minute response</b> (mean response time)  <b>15 Minutes 9 out of 10 times</b> (90 <sup>th</sup> Centile)	Approx. 100 Incidents a day (8%)	Response time measured with arrival of first emergency responder  Will be attended by single responder and ambulance crews
<b>Category 2</b> (Emergency, potentially serious incident)	Previous Red 2 calls and some previous G2s including <ul style="list-style-type: none"> <li>• Stroke Patients</li> <li>• Fainting, Not Alert</li> <li>• Chest Pains</li> <li>• RTCs</li> <li>• Major Burns</li> <li>• Sepsis</li> </ul>	<b>18 minute response</b> (mean response time)  <b>40 minute response</b> (90 <sup>th</sup> centile)	(48%)	Response time measured with arrival of transporting vehicle  (or first emergency responder if patient does not need to be conveyed)
<b>Category 3</b> (Urgent Problem)	<ul style="list-style-type: none"> <li>• Falls</li> <li>• Fainting Now Alert</li> <li>• Diabetic Problems</li> <li>• Isolated Limb Fractures</li> <li>• Abdominal Pain</li> </ul>	<b>Maximum of 120 minutes</b>  (120 minutes 90 <sup>th</sup> centile response time)	(34%)	Response time measured with arrival of transporting vehicle
<b>Category 4</b> (Less Urgent Problem)	<ul style="list-style-type: none"> <li>• Diarrhoea</li> <li>• Vomiting</li> <li>• Non traumatic back pain</li> </ul>	<b>Maximum of 180 minutes</b>  (180 minutes 90 <sup>th</sup> centile response time)	(10%)	May be managed through hear and treat  Response time measured with arrival of transporting vehicle

**Table 2a: National ARP Ambulance Quality Indicators (AQI's) December 2018**

C1		Mean	C1		90th	C2		Mean	C2		90th
England		<b>00:07:06</b>	England		<b>00:12:24</b>	England		<b>00:22:22</b>	England		<b>00:46:21</b>
1	London	00:06:17	1	London	00:10:29	1	West Midlands	00:12:29	1	West Midlands	00:22:57
2	North East	00:06:29	2	North East	00:11:17	2	South Central	00:17:13	2	South Central	00:34:54
3	West Midlands	00:06:48	3	West Midlands	00:11:49	3	Isle of Wight	00:18:22	3	Isle of Wight	00:36:37
4	South Western	00:06:49	4	Yorkshire	00:12:15	4	South East Coast	00:20:24	4	South East Coast	00:38:59
5	South Central	00:06:55	5	South Western	00:12:18	5	London	00:20:39	5	London	00:43:20
6	Yorkshire	00:07:03	6	South Central	00:12:26	6	Yorkshire	00:21:03	6	Yorkshire	00:44:17
7	East of England	00:07:31	7	North West	00:12:55	7	East of England	00:22:34	7	East of England	00:46:13
8	North West	00:07:41	8	East of England	00:13:42	8	North West	00:24:52	8	North West	00:53:44
9	South East Coast	00:07:44	9	East Midlands	00:13:50	9	North East	00:26:35	9	North East	00:54:50
10	East Midlands	00:07:45	10	South East Coast	00:14:13	10	South Western	00:27:24	10	South Western	00:58:08
11	Isle of Wight	00:09:40	11	Isle of Wight	00:18:34	11	East Midlands	00:31:20	11	East Midlands	01:06:31

C3		Mean	C3		90th	C4		Mean	C4		90th
England		<b>01:06:07</b>	England		<b>02:36:23</b>	England		<b>01:24:13</b>	England		<b>03:09:39</b>
1	West Midlands	00:36:15	1	West Midlands	01:23:00	1	West Midlands	00:51:41	1	West Midlands	02:01:16
2	South Central	00:54:22	2	South Central	02:10:56	2	East Midlands	01:06:19	2	Yorkshire	02:43:07
3	Yorkshire	00:54:59	3	Yorkshire	02:15:22	3	Yorkshire	01:08:40	3	East Midlands	02:50:27
4	London	01:00:25	4	Isle of Wight	02:22:50	4	East of England	01:15:38	4	London	02:52:36
5	Isle of Wight	01:02:05	5	London	02:27:51	5	London	01:15:44	5	South Central	02:56:59
6	East of England	01:06:25	6	East of England	02:38:35	6	South Central	01:15:47	6	East of England	03:06:17
7	South Western	01:10:06	7	South Western	02:43:07	7	North East	01:27:05	7	North West	03:24:46
8	North West	01:11:02	8	North West	02:50:33	8	North West	01:38:00	8	South Western	03:40:21
9	East Midlands	01:31:53	9	East Midlands	03:39:09	9	South Western	01:40:51	9	North East	03:44:09
10	North East	01:40:55	10	North East	03:53:19	10	Isle of Wight	01:45:39	10	Isle of Wight	04:04:33
11	South East Coast	01:42:37	11	South East Coast	03:57:30	11	South East Coast	02:08:29	11	South East Coast	04:40:58

Table 2b:

**SECamb Performance for December 2018**

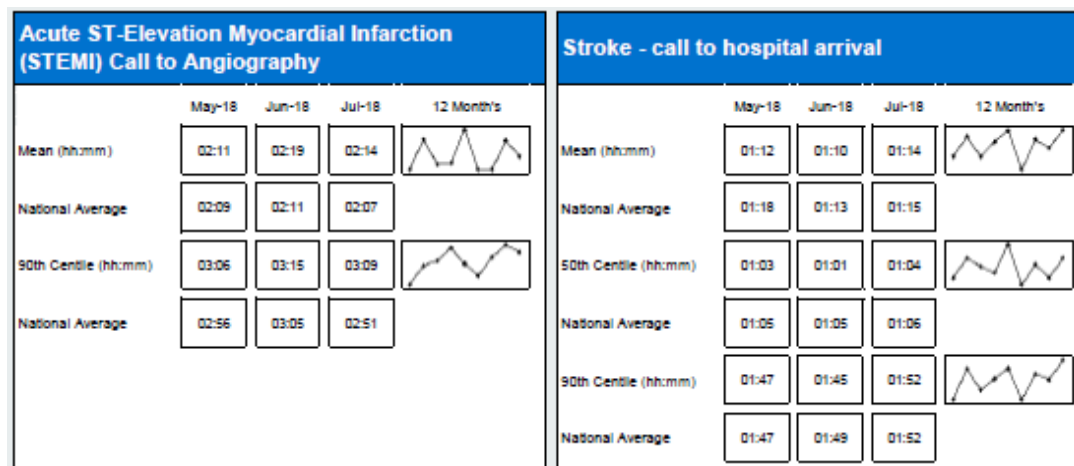
Dec 18 @ 08/01/2019	CCG	Cat 1 Mean Response Time (00:07:00)	Cat 1 90th Centile (00:15:00)	Cat 2 Mean Response Time (00:18:00)	Cat 2 90th Centile (00:40:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
NHS East Surrey CCG	Surrey	00:07:55	00:13:29	00:19:33	00:38:04	03:09:14	03:40:20
NHS Guildford and Waverley CCG	Surrey	00:08:49	00:15:02	00:21:39	00:41:05	03:55:16	03:37:47
NHS North East Hampshire and Farnham CCG	Surrey	00:06:46	00:10:46	00:21:02	00:38:40	04:05:28	05:11:25
NHS North West Surrey CCG	Surrey	00:08:40	00:13:20	00:18:38	00:33:36	04:11:13	04:46:53
NHS Surrey Downs CCG	Surrey	00:07:28	00:13:27	00:20:02	00:37:06	03:22:26	03:29:26
NHS Surrey Heath CCG	Surrey	00:07:06	00:11:30	00:19:16	00:38:24	04:13:23	05:02:12
Surrey Heartlands STP*	SH STP	00:08:19	00:14:01	00:19:47	00:36:58	03:50:08	04:40:18
SECamb commissioned Totals	SECamb	00:07:43	00:14:14	00:19:58	00:39:09	03:57:17	04:41:20

**SECamb Performance for Quarter 3: October to December 2018**

Oct-Dec 2018 @ 08/01/2019	CCG	Cat 1 Mean Response Time (00:07:00)	Cat 1 90th Centile (00:15:00)	Cat 2 Mean Response Time (00:18:00)	Cat 2 90th Centile (00:40:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
NHS East Surrey CCG	Surrey	00:07:39	00:14:00	00:18:54	00:36:35	02:39:35	03:39:23
NHS Guildford and Waverley CCG	Surrey	00:08:48	00:17:11	00:22:07	00:42:06	03:45:15	03:46:00
NHS North East Hampshire and Farnham CCG	Surrey	00:06:56	00:11:20	00:21:07	00:40:51	03:50:31	04:58:49
NHS North West Surrey CCG	Surrey	00:08:11	00:13:10	00:18:29	00:34:49	03:48:07	04:53:12
NHS Surrey Downs CCG	Surrey	00:07:38	00:13:59	00:18:56	00:34:27	02:53:17	03:16:59
NHS Surrey Heath CCG	Surrey	00:07:06	00:11:25	00:19:21	00:39:19	03:43:14	04:56:33
Surrey Heartlands STP*	SH STP	00:08:09	00:14:15	00:19:27	00:36:24	03:32:25	03:46:56
SECamb commissioned Totals	SECamb	00:07:35	00:14:03	00:19:36	00:37:45	03:27:04	04:30:16
STAD Q3 trajectories	SECamb	00:08:31	00:17:12	00:15:49	00:30:42	03:13:36	05:08:30
STAD Q4 trajectories	SECamb	00:07:35	00:15:18	00:14:53	00:29:54	00:58:42	01:42:18

Table 2c:

**SECamb Clinical Safety Indicators - Cardiac and Stroke Response Timeliness**



**SECamb Operational Bulletin: Fast+ Stroke patients to Ashford St. Peter's Hospital**



Op271%20V1%20-%  
20FAST+%20Stroke%

### ANNEX 3: Hospital Handover Delay Reporting

#### Individual monthly table – total hours lost >30 minute turnaround January 2019

Area	January 2016 (hh)	January 2017 (hh)	January 2018 (hh)	January, 2019 (hh)	Increase from January '2018 vs January '2019 (hh)	Increase from January '2017 vs January '2019 (hh)	Increase from January '2016 vs January '2019 (hh)
SECAMB (Amb Hours Lost at Hosp >30min)	4583	7950	7085	6052	-15%	-24%	32%
<b>Surrey Area</b>	<b>1449</b>	<b>1968</b>	<b>2113</b>	<b>1780</b>	<b>-16%</b>	<b>-10%</b>	<b>23%</b>
East Surrey	410	609	742	686	-8%	13%	67%
Epsom General Hospital	113	143	224	178	-20%	25%	58%
Frimley Park Hospital	299	435	380	244	-36%	-44%	-18%
Royal Surrey County Hospital	300	289	221	204	-7%	-29%	-32%
St Peters Hospital, Chertsey	328	493	547	468	-14%	-5%	43%

#### Cumulative monthly table hours lost >30 minute turnaround April 2018 – January 2019

Area	2014-15 (to specified month)	2015-16 (to specified month)	2016-17 (to specified month)	2017-18 (to specified month)	2018-19 (to specified month)	% Growth From 2017-18 to 18-19	% Growth From 2016-17 to 18-19	% Growth From 2015-16 to 18-19	% Growth From 2014-15 to 18-19
SECAMB (Hours Lost)	34221	36079	57588	56780	46635	-18%	-19%	29%	36%
<b>Surrey Area</b>	<b>10308</b>	<b>11772</b>	<b>16124</b>	<b>16706</b>	<b>12526</b>	<b>-25%</b>	<b>-22%</b>	<b>6%</b>	<b>22%</b>
East Surrey	2880	4143	4526	5588	3230	-42%	-29%	-22%	12%
Epsom General Hospital	766	687	1148	1538	1272	-17%	-11%	43%	69%
Frimley Park Hospital	1985	2279	3389	3241	2313	-29%	-32%	1%	17%
Royal Surrey County Hospital	1745	1851	3331	2198	1683	-23%	-49%	-9%	-4%
St Peters Hospital, Chertsey	2942	2612	3730	4142	4028	-3%	8%	54%	97%

#### January 2019 – Hospital: Patient Handover Activity and Total Hours Lost

