

DATE: Wednesday 4 October 2023



TITLE: South East Coast Ambulance Service NHS FT: Winter Preparedness 2023/24

Purpose of report:

This report updates the committee on South East Coast Ambulance Service NHS Foundation Trust's (the Trust's) planning, timelines and preparation for the anticipated Winter 2023-24 pressures. Additionally, relevant oversight of the Surrey Urgent Emergency Care (UEC) recovery plan and related Trust transformation initiatives are included, alongside an update on the Trusts Care Quality Commissioner Improvement Journey and proposed exit from the Recovery Support Programme.

Introduction and Overview

1. Since the last update in October 2022, the Trust has been operating under sustained pressure, particularly in the run-up to Christmas 2022. This pressure was not only applicable to the Trust but also to the wider NHS. Factors contributing to this pressure include demand on both the 999 and 111 services, delayed handover at hospitals, staff absenteeism, and industrial action. The media has regularly highlighted these pressures, including bed occupancy in hospitals, busy emergency departments, and difficulty in getting appointments in Primary Care.
2. **Winter Plan:** As a regional provider of urgent and emergency care (UEC) services covering the counties of Kent, Surrey, Sussex and part of Hampshire, covered by Frimley Health ICS, the Trust produces a winter plan, which combines updates on 999-provision (trust-wide) and NHS 111/Integrated Urgent Care (IUC) services provided across Kent, Medway and Sussex. The current winter plan is in discussion with the Integrated Care Boards during September 2023 and will be submitted to NHSE thereafter. The approved version will then be shared with commissioners, county scrutiny committees and other associated bodies. The Winter Plan 2022/23 is shared in **Annex A** for the interim period.
3. **NHS 111/Integrated Urgent Care (IUC):** Services for Surrey Heartlands ICS are provided by Practice Plus Group (PPG) and South Central Ambulance Service for Frimley ICS. Please see the relevant Surrey Heartlands ICS update for further details on the 111/IUC services preparedness for Winter.

4. **UEC Recovery Plan & Impact:** The NHSE delivery plan for recovering urgent and emergency care was published in January 2023 (**Annex B**) and set out a 2-year plan aiming to deliver a health system that delivers improvements for patients across the integrated Urgent and Emergency Care (iUEC). This is by providing improved availability of enhanced urgent care in people's homes, ensuring prompt ambulance responses for all callers while prioritising those in critical need of emergency intervention, streamlining access to acute services and supporting safe and appropriate discharge back into the community.
5. Within the plan, there are 2 key targets set as:-
 - 76% of patients to be admitted, transferred, or discharged within 4 hours from Emergency Departments (ED) by March 2024, with further improvement in 2024/25.
 - Ambulance response times for Category 2 (C2) incidents to achieve 30 minutes on average over 2023/24, with further improvement in 2024/25.
6. Trust focus areas to deliver this C2 30-minute target include growing Hear and Treat (H&T) to 14%, C2 incidents segmentation, C3 & C4 incident validation, optimisation of urgent and community pathways, improved resource allocation and maintenance of handover delays at 18 minutes.
7. **Performance:** Achievement against the standard Ambulance Response Programme (ARP) targets remains a challenge, however notable progress was reported across 2022/23 specifically with respect to C2 mean response performance improving to 28 minutes for the year to July 2023, compared to the previous year to July 2022 of 35 minutes, and remains one of the best performers at 1 min 45 seconds above the national mean. **Annex Ci** shows the July 2023 Ambulance Quality Indicators (AQI's) and **Annex Cii** the June 2022 – July 2023 Trust response performance charts.
8. **Ambulance Handover:** There are ongoing efforts to improve the patient handover processes and reduce ambulance handover delays. The number of hours lost to handover delays nationally and locally has significantly improved since the last update. **Annex Di, Dii, Diii** show the Trust and Surrey Heartlands handover performance graphs, with **Diii** illustrating the ambulance handover performance across the four Surrey ICS hospitals averaging 21 minutes 3 seconds for the year to July 2023. Hours lost per handover has shown a positive decline over the last year with the handover percentage within 15 mins increasing to 47% and those greater than 60 mins declining to 0.2% in July 2023. Acute trusts are incentivised to achieve 90% of handovers in 30 minutes during Q3 / Q4 this year.
9. **Collaborative Working:** *Going Further for Winter* was the key initiative driving collaborative working during Winter 2022/23 and there have been successful outcomes of joint work between the Trust, community providers and

commissioners. These include the introduction of community-based falls response teams, a single point of contact for Urgent Community Response, and daily communication between the Trust's Integrated Urgent Care team and community providers to support enhanced pathway referral. Results from the Mole Valley Wellbeing Responder service are shared, and a Surrey-wide rollout is under consideration to support non-injury fallers consistently across the county.

10. **Mental Health Emergency Response:** There have been significant shifts in thinking around Mental Health emergency response and its associated care model. This comes in light of the "Right Care, Right Person" police-promoted initiative, as well as the review and evaluation of the Sussex Blue Light Triage pathway. These changes also consider the appropriate direction for both Surrey and Frimley.
11. **Trust / ICS Governance and Reporting Structures:** Simon Weldon, Trust CEO, has recently completed his first 100 days in post by outlining his priority focus areas established through staff engagement forums and site visits. These include a more formalised ICS governance interface to enhance strategic partnership engagement, whilst not compromising capacity to continue focus on Trust improvement initiatives and strategic planning.
12. **Improvement Journey and Strategic Plan:** The Trust has put in place a comprehensive Improvement Plan following the most recent CQC inspections which placed the Trust into Tier 4 of the National Recovery Support Programme (RSP) Standard Oversight Framework (SOF). Working closely with system partners over the past year, the Trust has focused specifically on leadership and culture improvement. Progress improvements have been noted, and following recent meetings, the proposal to extend the RSP exit date to March 2024 was agreed to incorporate the development of the Trust's Strategy. This is now being taken through the formal governance route at NHS England.
13. Please note a glossary of terms is provided at Annex E.

Winter Preparedness

Winter Planning 2023: Process and Timelines

14. The Trust Winter planning process is in its initial stages, with a series of meetings and exercises scheduled to be undertaken with the Integrated Care Boards (ICBs) and other partners during September. Feedback from those initial meetings will then shape the structure of the plan, building on the lessons identified from the past few years. Once the initial draft is formulated, it will be signed off by the Executive Management Board and Trust Board. It will then be circulated to lead commissioners for review and feedback for any final amendments.

Key Focus Areas

15. The format of the Winter Plan for 2023 will follow once the initial meetings have taken place with the ICBs. This will take some direction from previous plans but will also follow planning guidance from NHSE.
16. The Winter Plan priorities will be formalised following meetings with the ICBs and partners in September. In 2022/23 the NHSE guidance on planning assumptions for the demand potential was driven by the combination of COVID-19, influenza and norovirus, and the associated Trust activity forecasting was reworked to incorporate this. A similar review process will be held for winter 2023/24.
17. Regarding escalatory processes, the Trust continues to apply its Surge Management Plan (SMP) and changes dynamically by minute/hour across each 24-hour period. This mechanism enables dynamic decision-making to mitigate clinical risk, particularly when demand outstrips resources. It is reported as between levels 1 (lowest) and 4 (highest). The Resource Escalation Action Plan (REAP) level sits alongside the SMP and is reviewed weekly based on several factors, including activity demand, operational resourcing, levels of abstractions, performance, and other system factors, considering each acute system's Operational Performance Escalation Level (OPEL) status.
18. System engagement follows a standard weekly pattern with an NHSE call on a Friday morning, and then Regional Calls as required.
19. The Trust works closely with its partners, including the four ICSs, to ensure it provides timely and useful information to the public ahead of and throughout the winter period, and to explain the challenges faced by the ambulance service. This involves communicating with stakeholders, including the public via traditional broadcast, print media and social media, internal staff communications, and external engagement with MPs, system partners and other key stakeholders.
20. These communications remind stakeholders of the need to dial 999 only in the event of an emergency and the importance of planning ahead as well as making use of alternative services to 999, including calling NHS 111.

Planning and Performance

21. The Trust's Financial Plan for the year was developed in line with 999 call activity expectations and to meet the NHS trajectory of improving Category 2 mean to 30 minutes for the financial year. The following graph illustrates the Trust's planned response activity to meet this requirement:



22. Through the annual planning process, workforce and financial forecasts are aligned to this profile using a combination of abstraction management and productivity improvement to maintain or improve performance across the winter months.
23. The committee is asked to note that, whilst there is no budget deficit to the 2023/24 plan submission, it does not provide the budgetary resources for the Trust to meet the Ambulance Response Programme (ARP) performance standards, against which all NHS ambulance services are benchmarked. NHS England's target for ambulance trusts is to meet a 30-minute C2 mean during 2023/24 and then return to pre-pandemic performance in 2024/25 (SECAmb achieved a 20-minute C2 mean for 2019/20). The Trust continues to engage in dialogue with its commissioners to look at the resources available across the four Integrated Care Boards (ICBs) to achieve this.
24. Since the update in October 2022, the Trust, along with NHS system partners, has faced sustained pressure due to consistently high activity levels. This pressure persisted even during the summer when the demand placed on the NHS did not decrease as expected. This pressure persisted throughout the winter months, accompanied by the usual seasonal ailments. There was an increase in levels of flu, a resurgence of COVID-19, and cases of Respiratory Syncytial Virus (RSV) among younger individuals.
25. The change in activity profile and acuity of calls being received, with the combined percentage of higher acuity C1 and C2 calls growing from 55-60% of all ambulance responses to over 70% since October 2021, requires increased resources to meet these targets. This picture is reflected nationally across all ambulance trusts.
26. The latest AACE National Ambulance data (June 2023) reports C1 and C2 incidents reaching their highest average daily number in 2023. Response times have increased for each category and remain slower than the respective national standards, with C1 mean response exceeding seven minutes since early 2021. Patient handover delays have decreased to some of the lowest levels seen in

well over a year, however, hours lost to longer delays remain ten times greater than recorded just two years previously.

27. The NHSE Ambulance Quality Indicators (July 2023), are summarised in **Annex Ci**. Trust ARP performance compares as follows in July 2023, versus the prior month:-
 - C1: Both the national and SECamb mean has improved by 20 seconds
 - C2: SECamb remains one of the best performers, at 5 seconds off the NHSE Recovery Plan target and 1 min 45 seconds above the national mean, continuing to prioritise these patients which represent 53% of demand.
 - C3 & C4: SECamb remains below average for other indicators but improving in-month.
28. Whilst Trust achievement against the standard ARP targets remains a challenge, notable progress has been made against the C2 mean during 2023/24, with C2 mean performance improving to 28 minutes for the year to July 2023, compared to the previous year to July 2022 of 35 minutes.
29. The C2 mean is also on target against the plan. This is due to 999 contacts (demand) being lower and within expected limits for this period. Improved handover delays and reduced job cycle times also provide positive C2 impact. The focus remains to maximise available hours and sustain efficiency improvements.
30. Additionally clinical validation of C3 and C4 calls continues with a focus on clinical staffing in EOC to maintain patient safety and support apposite ambulance dispatch, whilst increasing the Hear and Treat percentage and usage of appropriate UEC pathways, particularly Urgent Community Response. These measures will also serve to improve Trust response performance.
31. Trust handover delays have an impact on the availability of crews to reach patients in time; 6,916 hours less were lost in the year to July 2023 compared to last year, the equivalent to almost 7 extra ambulance shifts per day, helping to improve performance times.
32. As shown in **Annex Di – iii**, the ambulance handover performance across the four Surrey Heartlands ICS hospitals is averaged at 21 minutes 3 seconds. Hours lost per handover has shown positive decline over the last twelve months from 0.13 to 0.06 hours. The percentage of handovers within 15 minutes has increased from 24% to 47%, with handovers of >60 mins improving from 4% to 0.2%. This is due to improved local handover processes, partnership working and patient flow through the acute sites.

33. The workforce plan for core services is clearly understood by skill-mix and included in our plan for 2023/24. Field operations frontline staffing has increased by approximately 150 WTE staff versus the prior year, resulting from sustained recruitment efforts. This has led to a significant reduction in spending on overtime and private ambulance provider (PAP) provision while delivering an increase in overall operational hours for the first four months of this financial year.
34. The recent Trust-wide rota review was fully implemented during July 2023. All operational rotas have been reviewed and realigned to better match the current patient incident demand profile, which has evolved since the COVID-19 pandemic. This recent rota review included full engagement with frontline staff and unions over an extended period. Clear Trust parameters were provided, within which local specific rotas changes were agreed to balance against the local demand forecast profile. There now follows a period of 3-6 months consolidation before reviewing the impact of this review as part of a continuous improvement process.
35. Frontline abstraction has increased to incorporate the Trust's commitment to increased key skills training of 37.5 hours for operational staff, ensuring staff are supported to continue safe practice. Staff sickness is also showing a positive decreasing trend that has plateaued to around 7% of headcount, dropping from around 11% in July 2022 and a peak of 16% in December 2022. Whilst sickness is expected to increase during winter due to exposure to seasonal illnesses, this year-on-year profile is encouraging, however, the Trust remains cautious about COVID-19 and seasonal flu and will be promoting vaccination for both.
36. 999 call answering times remain a challenge, with July 2023 indicating an average call answering time of 20 seconds compared to a national mean of 10 seconds. Whilst the Trust is currently 10th nationally, this is a significant improvement from July 2022 with an average call answering time of 47 seconds.
37. Whilst average call answering times remain relatively high, this is expected given the significant numbers of new staff in the EOCs. The retention of experienced staff is also a key focus and factor in sustainably improving call answer performance. The Trust is currently in the process of moving to a new control centre in Gillingham, which is anticipated to support recruitment.

Trust / ICS Governance and Reporting Structures

38. The introduction of statutory Integrated Care Systems (ICSs) in 2022 replaced Clinical Commissioning Groups (CCGs) with 42 new bodies, altering the landscape of health and social care service planning. The current regional nature of operations poses challenges in coordinating care and decision-making across multiple ICS boundaries.

39. By aligning governance structures, the Trust can deliver consistent and high-quality Urgent & Emergency Care (UEC) services while addressing local variations and system needs. The proposed change involves a three-phased approach, including the implementation of a supra-ICS SECamb commissioning governance structure as shown in **Annex E**.
40. During Q2 (2023/24), the initial phase will comprise of the following meetings:-
- Chief Executives Meeting – holding ultimate accountability and decision making across the four systems
 - Strategic Commissioning Group – focusing on strategy, transformation, workforce, and finance.
 - ICS Collaborative for Clinical Quality – ensuring clinical quality assurance and patient safety.
 - 999 Contract Review Meeting – providing contract and performance management.
41. Moving into Phase 2 from Q3 (2023/24), there will be three internal system-focused clinical quality meetings aligned to each ICS.

CQC Inspection, Improvement Journey, and Trust Strategy

42. The Trust's Board Assurance Framework now includes a summary evaluation of progress against the National Recovery Support Programme (RSP) Standard Oversight Framework (SOF). This change reflects the Trust's transition from a regulatory to a strategic focus. The Trust's 2023/24 strategic themes, goals, and objectives aim to enhance patient care quality, workplace culture, sustainability, and overall performance, thus supporting the RSP requirements.
43. The July 2023 evaluation against the RSP exit criteria is provided, and it's now an agreed-upon position with the Trust's lead ICB and NHS South East Regional team. A target date for exiting the RSP is set to the 31st of March 2024 and is contingent on the development of a Trust-wide strategy which will create a clear vision and focus on achieving long-term sustainability. Following a review at the recent System Assurance Meeting, this led to a shared view that the Trust requires more time to embed the improvements before exiting the RSP, hence the exit date revision, which is subject to NHSE internal governance and approval.
44. The Trust Strategy Programme is in progress, with the procurement process ongoing. The Trust is expecting to award to a strategic partner by mid-September 2023. Key workstreams have been established with aligned workstream leads and programme support commencing to develop the associated delivery plans. The strategy delivery date is set by February 2024.

Urgent Emergency Care Recovery Planning and Transformation Initiatives

45. The Trust has progressed several UEC transformation initiatives in response to the NHSE 2022-23 priorities and Operational Planning Guidance. These link to the UEC Assurance Framework launched in August 2022 and the 2023 UEC Recovery Plan.

UEC Recovery Planning

46. The UEC Recovery targets required are:-
- Category 2 response to 30 minutes on average, over 2023/24.
 - 76% ED standard within 4 hours, by March 2024.
47. The Surrey Heartlands Urgent and Emergency Recovery Plan has been developed with the 'UEC Recovery Plan on a Page' and UECC workstreams aligned for delivery. This is supported by place-based delivery plans with oversight provided monthly by the Surrey Heartlands Urgent and Emergency Care Board.
48. The key UEC workstreams relevant to support ambulance performance and IUEC pathways are as follows:-
1. Increasing Urgent and Emergency Care capacity focussing on:-
 - Enhancing alternative services, including mental health/community care – specifically Urgent Community Response and Crisis Response.
 - Acute Same Day Emergency Care provision 7/7 with direct 111/999 referral or conveyance pathways.
 - Urgent treatment centres (or equivalent).
 - Improving ambulance handover delays.
 2. Increase workforce size and flexibility
£2.5m of additional funding has been received from NHS England to support 999 capacity and will be used to:
 - Increase 999 call handling capacity.
 - Increase clinical capacity in the EOCs to support an increase in H&T.
 - Increase field operations capacity.
 3. Expanding Care Outside Hospital
 - Standardisation and expansion of out-of-hospital services, including urgent community response and falls services.
 - Increasing virtual ward capacity for frailty and acute respiratory infection.
 - Enhancing 111/999 access through an enhanced single point of access.
49. The Trust is working with lead commissioner and UEC workstreams leads to enable these deliverables for winter.

50. During October 2022, NHSE introduced the Going Further for Winter (GFFW) programme. This required a collaborative working approach among ambulance services, community trust providers, and commissioners to enhance the opportunity to reduce avoidable ambulance conveyances to hospitals by appropriate usage of alternative pathways.
51. NHS Surrey Heartlands established an Admission Avoidance Single Point of Access (AASPA) line to facilitate improved 999 access to the 2-hour Urgent Community Response (UCR) service. Further enhancements to this AASPA line are planned for winter to provide one clinical decision-making contact point at place for all key alternative pathways.
52. The Trust's Integrated Care team (999/Emergency Operations Centre clinicians) has recently established daily touchpoint calls with Surrey UCR providers to enable joint clinical case review and triage of outstanding urgent C3 and C4 incidents awaiting an ambulance. This will build relationships and confidence to accept increased acuity of appropriate 999 referrals for community support.
53. Once embedded, the following phase is planned to enable direct access for the UCR clinicians to the 999 C3 and C4 clinical stack via a web portal, enabling providers to 'pull' across relevant 999 incidents during UCR hours of operation.
54. Additionally, the provision of Surrey funding to support a pathways familiarisation programme is ongoing, enabling frontline crews and key pathway providers to complete joint shadow shifts and attend place system pathway webinars. This has proven effective in the trial North West Surrey place, resulting in increased uptake in pathways usage. Weekly system feedback calls exist to provide continuous improvement and a similar approach is being explored Surrey-wide.
55. Another key initiative is the focus on two key 999 frequent caller groups associated with elderly fallers in Surrey:-
 1. Careline providers - 700 999 calls per month, 15% being non-injury falls.
 2. All care homes – 650 999 calls per month, 54% being conveyed to ED.
56. The proof-of-concept Mole Valley Wellbeing Responder Service has been evaluated from June 2022 to January 2023. This service provides the NHSE requested Falls Level 1 non-injurious pathway in East Surrey place, providing community well-being responders to careline calls, supporting residents with a wellbeing assessment, to mobilise and onward escalation if needed. The results are impressive across the 1st year of operation since March 2022:-
 - 893 Wellbeing Responder dispatches.
 - Average response in 24 mins and time on scene of 21 mins.
 - 81% resolved without further 999-escalation.
 - Patient impact – Swift and appropriate response, preventing *long lie* risk.

- 999 impact – In 8 months, 646 999 response hours were averted.
57. The opportunity exists to provide this service for all Careline and Care Home Level 1 non-injury falls across Surrey Heartlands, responding to around 200 non-injury falls per month. This would support reduced ED conveyances due to long lies and provide more appropriate timely system response which could free up to 240 ambulance response hours per month.
 58. Further rollout to Surrey Downs, Guildford and Waverley places is in progress with the Northwest Surrey position under consideration.
 59. The direct 999 referral pathway into this Wellbeing Responder service is being tested to further enhance H&T for all other Surrey non-injury calls presenting to 999. There is a risk, however, that this service will not be funded past March 2024.
 60. It is recognised that increased utilisation of the non-ED pathways, especially Urgent Community Response (UCR) services for C3 and C4 incidents, will release 999 resources, enabling greater capacity to support higher acuity C1 and C2 calls, whilst reducing conveyances to A&E.

Category 3 and Category 4 response

61. The Trust has initiated a programme of Category 3 and Category 4 incident validation. These incidents, classified as urgent but not life-threatening, have an ambulance response time indicator of 2 hours and 3 hours, respectively. This programme creates an opportunity for clinical validation, where a clinician reviews the incident and, where appropriate, contacts the patient to discuss their condition in more detail. As part of this approach, band 6 paramedics have received additional training to enable them to undertake patient callbacks.
62. The increased clinical review of these categories has started to yield improvements in H&T. As reported at the August 2023 Contract Review Meeting, H&T is showing ten weeks of sustained improvement and is now at the highest level seen since comparable records began (July 2017), sitting at 12%.
63. The Trust's urgent care hubs rota reviews are complete and able to provide 24/7 band 7 clinical support to ambulance crews on scene, maximising the appropriate usage of the acute SDEC and community urgent care pathways for lower acuity incidents.
64. The Trust is also undertaking a review guided by the NHS IUEC AtED tool to test the key admission avoidance pathways against standard cases whilst validating the correct and consistent profiling of the pathways on the NHS Digital platform *Service Finder*, for which SECamb has the highest uptake nationwide with over 2,000 users.

Category 2 Segmentation

65. C2 segmentation is a national ambulance service improvement requirement and is currently under development with key technical updates to support the Computer Aided Dispatch (CAD) function planned for August.
66. Implementation is expected to be supported with additional funding from NHSE from August to October 2023 and once implemented, it is expected that this will have a further positive impact on H&T.

Mental Health Response – Ambulance Conveyance

67. The Trust has been collaborating with the Sussex Partnership Foundation Trust (SPFT) to pilot the Blue Light Triage (BLT) crisis response pathway, which enables direct access for both police and ambulance staff to the mental health crisis team, who can provide clinical advice and support over the telephone to those attending the incident. Where appropriate, they can also attend the incident location to provide face-to-face intervention and support.
68. The evaluated pilot has evidenced enhanced results for patient support in crisis as well as effective use of joint ambulance, police, and mental health service resources. Key outcomes noted for this cohort of patients include:-
 - Increasing Ambulance See & Treat outcomes from 51% to 74%.
 - Reducing Ambulance See & Convey outcomes from 43% to 23%.
 - Resolving 66% of incidents with telephone advice, the remaining requiring a face-to-face patient assessment to agree on the most appropriate outcome.
 - Reducing the requirement for S136, and other higher acuity outcomes, resulting from earlier intervention and community crisis services.
69. A Surrey & Frimley system partnership group is established working across Surrey Police, SECAMB, Surrey and Borders Partnership and Surrey / Frimley ICS Mental Health commissioners to develop an enhanced clinical response model for patients in crisis and contacting emergency police and ambulance services for support.
70. This is in the early stages of development and aims to incorporate the Sussex Blue Light Triage pathway learning alongside incorporating the current Surrey crisis services provision. There is a jointly agreed ambition to pilot the pathway in the Guildford area this winter, ahead of any wider rollout.

Conclusions:

71. SECAMB requests the Adults and Health Select Committee to note:
 1. The winter planning process, timelines, and outline.
 2. The updated performance and planning section.
 3. The recent update on the CQC inspection, the associated Improvement Journey and the Recovery Support Programme exit extension to March 2024.

4. The UEC Recovery Plan development in Surrey and the associated transformation initiative updates with focus areas updated to deliver the Category 2 30 minutes mean target.

Recommendations and Next Steps

72. To note the report provided and seek clarity where required.

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Sources and Background papers

Annex A SECAMB Winter Plan

Separate document.

2022/23

Please note this will be updated by the final 2023 version once internal governance completed and be shared with the committee once available for external release.

Annex B NHSE documentation

30 January 2023 : UEC Recovery Plan

[NHSE Delivery plan for recovering urgent and emergency care services](#)

27 July 2023 : Winter Preparedness or UEC

[Delivering operational resilience across the NHS this winter](#)

Annex Ci National Ambulance Quality Indicators – July 2023

C1		Mean
England		00:08:21
1	North East	00:07:01
2	London	00:07:12
3	West Midlands	00:08:05
4	North West	00:08:12
5	Yorkshire	00:08:34
6	East Midlands	00:08:37
7	Isle of Wight	00:08:42
8	East of England	00:08:48
9	South East Coast	00:08:51
10	South Central	00:09:18
11	South Western	00:09:18

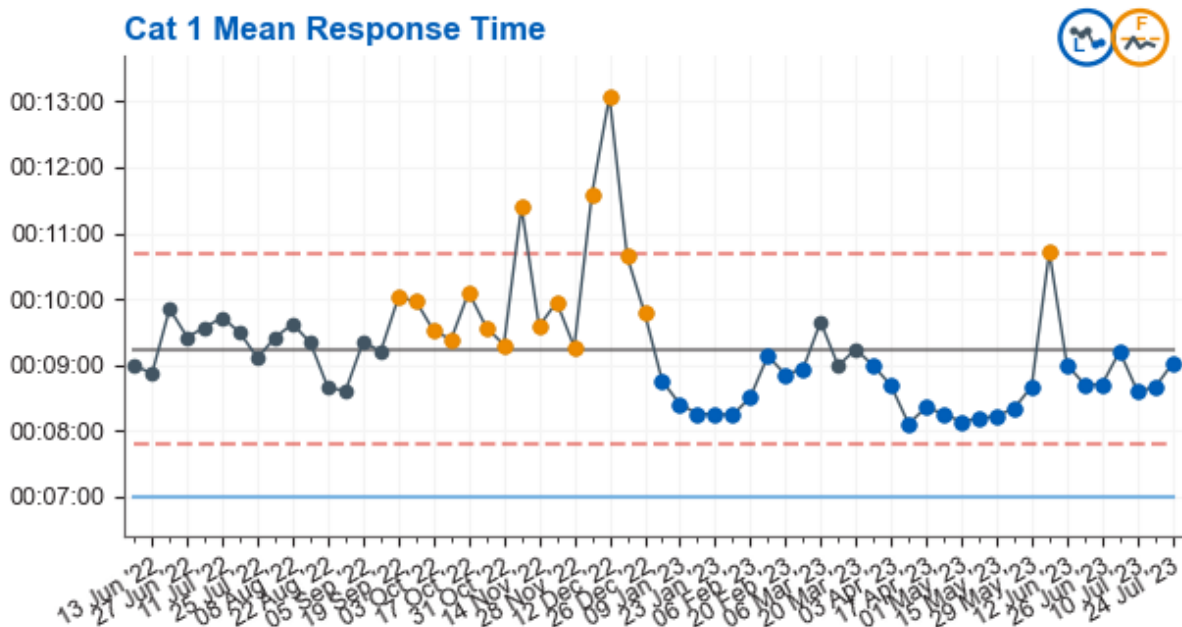
C2		Mean
England		00:31:50
1	Isle of Wight	00:21:32
2	North West	00:25:22
3	West Midlands	00:28:42
4	Yorkshire	00:29:15
5	South East Coast	00:30:05
6	London	00:32:13
7	South Central	00:33:10
8	North East	00:33:11
9	South Western	00:35:42
10	East Midlands	00:36:16
11	East of England	00:37:48

C3		90th
England		04:21:53
1	Isle of Wight	01:52:58
2	London	02:25:49
3	Yorkshire	03:19:18
4	North East	03:37:58
5	South Western	03:45:24
6	East of England	04:16:58
7	South Central	04:52:37
8	North West	05:06:48
9	East Midlands	05:19:14
10	South East Coast	05:21:48
11	West Midlands	05:39:15

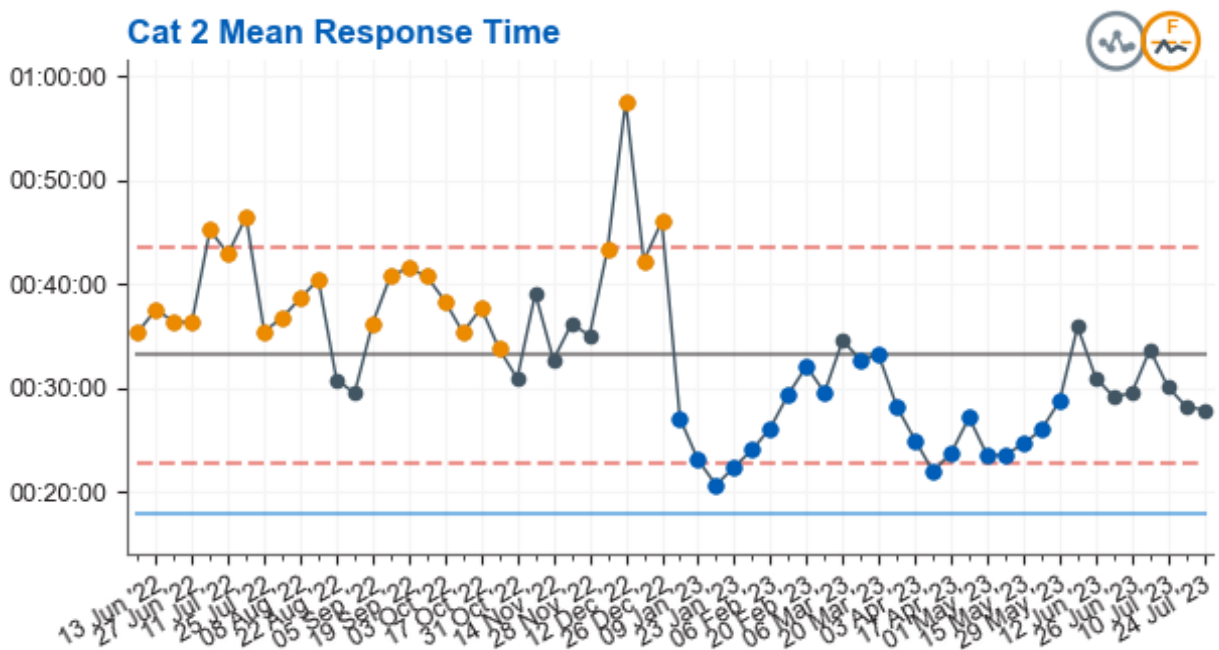
C4		90th
England		05:32:05
1	Isle of Wight	02:03:42
2	North East	03:29:44
3	London	03:44:05
4	South Western	03:45:30
5	East Midlands	04:17:18
6	Yorkshire	04:24:05
7	North West	06:01:37
8	South Central	06:53:29
9	West Midlands	07:01:08
10	South East Coast	07:33:09
11	East of England	08:20:44

Annex Cii Trust Response Times : June 2022 – July 2023

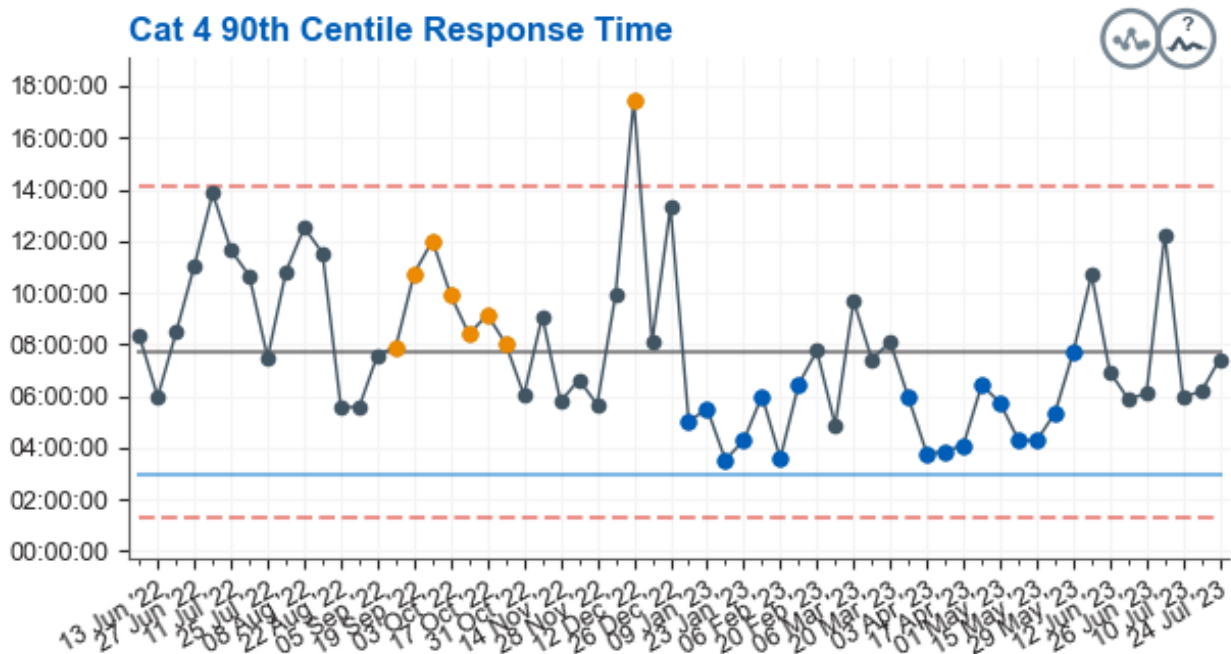
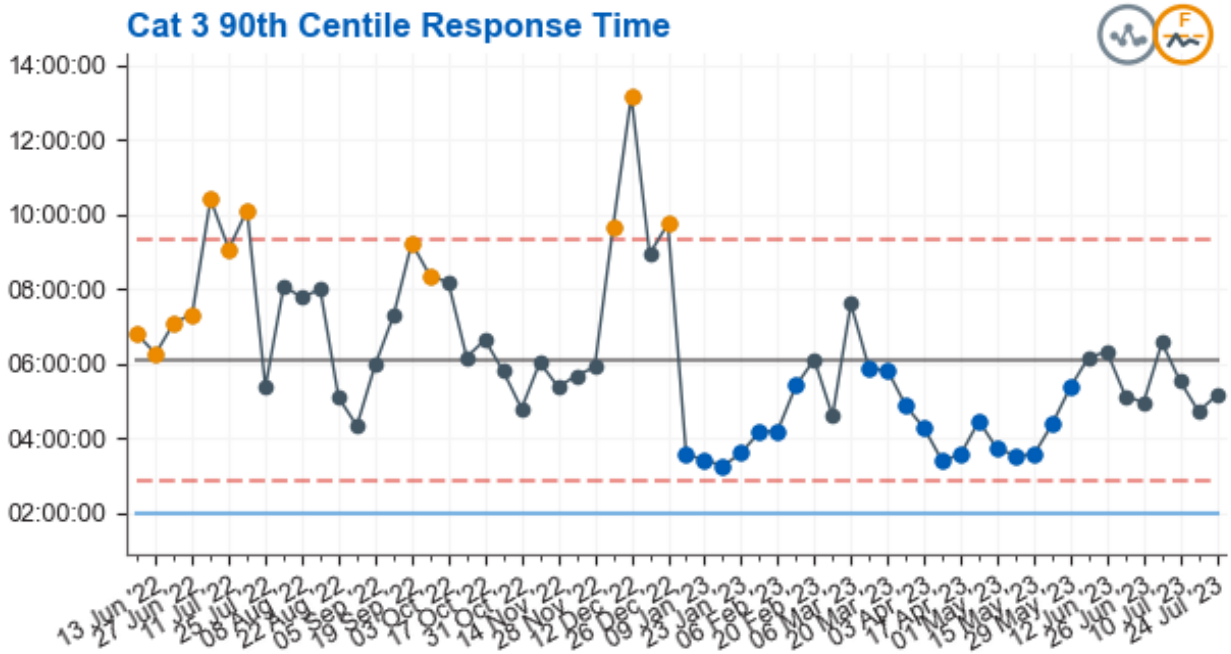
Cat 1 Mean Response Time



Cat 2 Mean Response Time

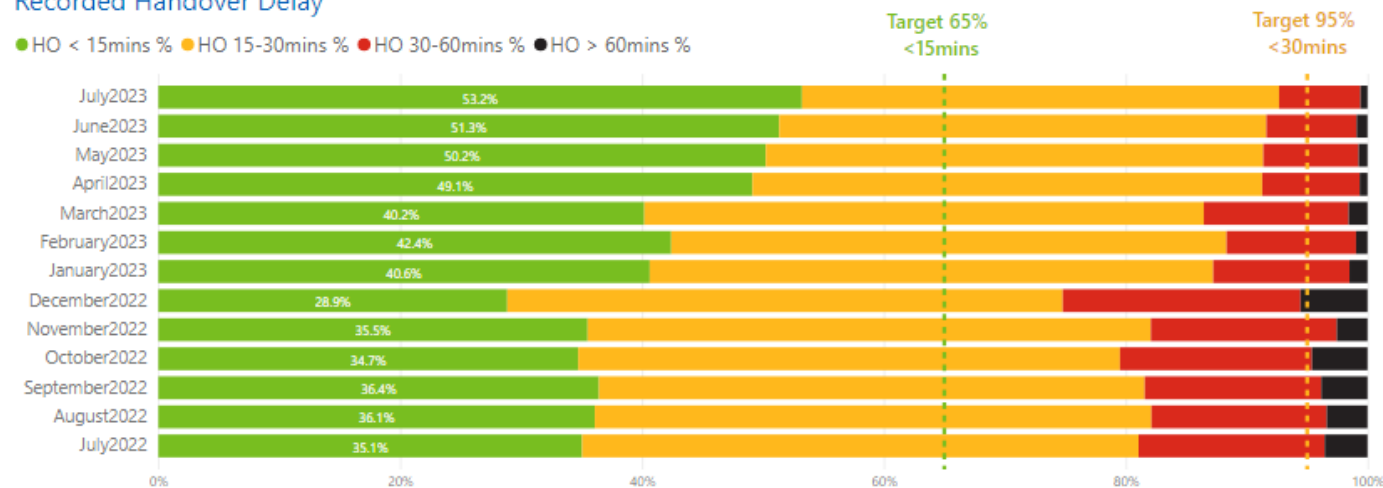


Annex Cii Trust Response Times : June 2022 – July 2023

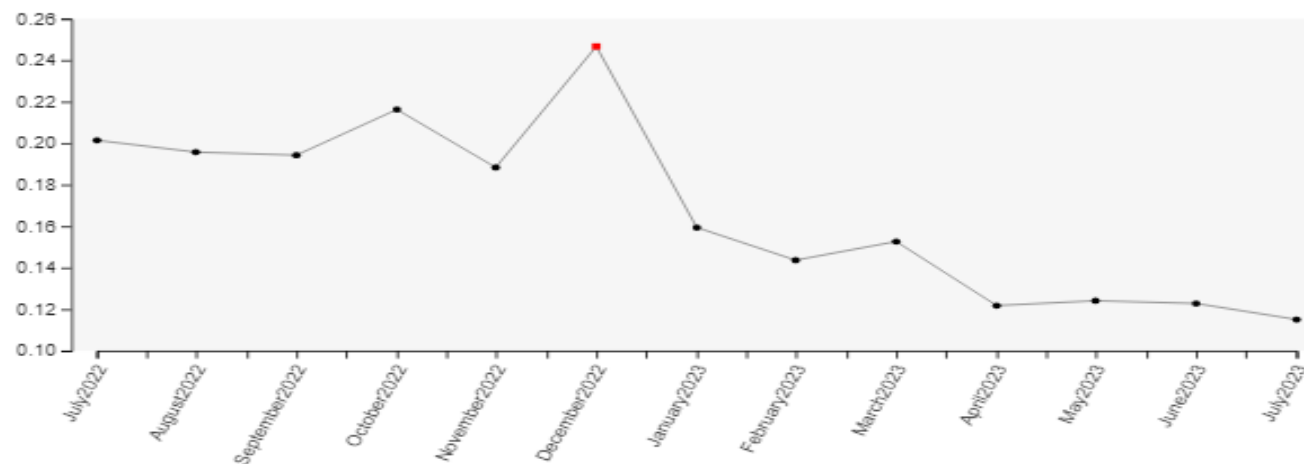


Annex Di Ambulance Handover Performance – Trust wide : July 2022 – July 2023

Recorded Handover Delay



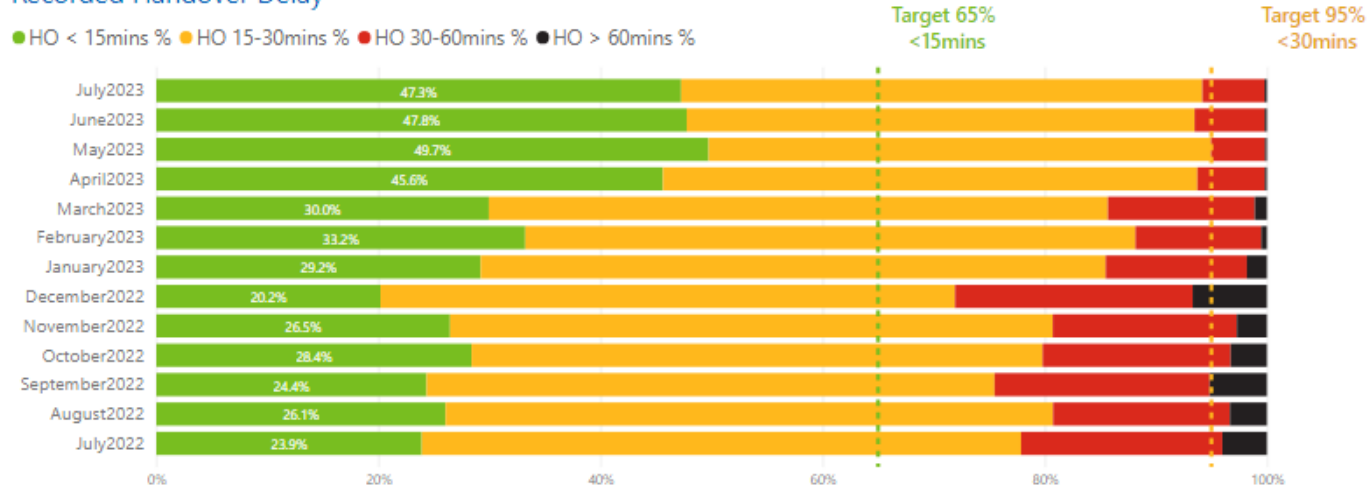
Hours Lost per Journey



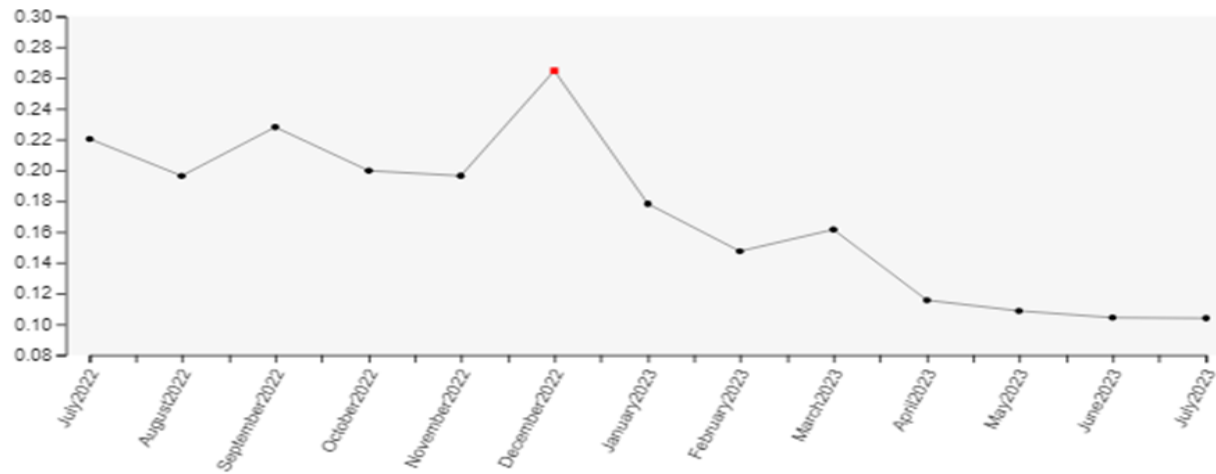
Annex Dii Ambulance Handover Performance – Surrey Heartlands : July 2022 – July 2023

Please note this includes the following hospitals: Royal Surrey, Ashford St. Peters, Epsom and East Surrey

Recorded Handover Delay



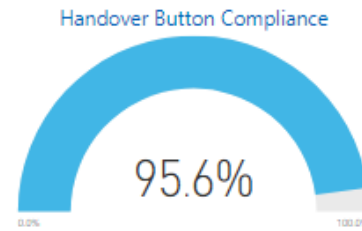
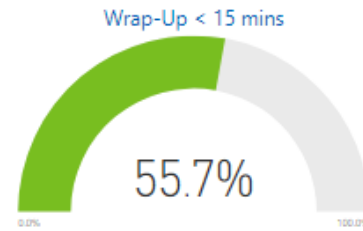
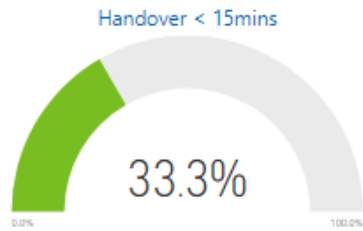
Hours Lost per Journey



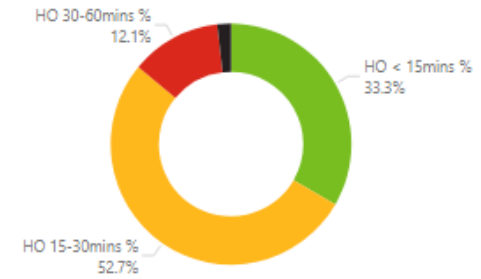
Annex Diii Ambulance Handover Performance – Surrey Heartlands wide : July 2022 – July 2023

Please note this includes the following hospitals: Royal Surrey, Ashford St. Peters, Epsom and East Surrey

Date Range: 01/07/2022 - 31/07/2023 |
 Location: All |
 Main Hospitals: Yes |
 NHS Trust: Multiple selections |
 ED/Non ED: All |
 ICS: Multiple selections



Hospital Handover Times



Avg Handover Time
00:21:03

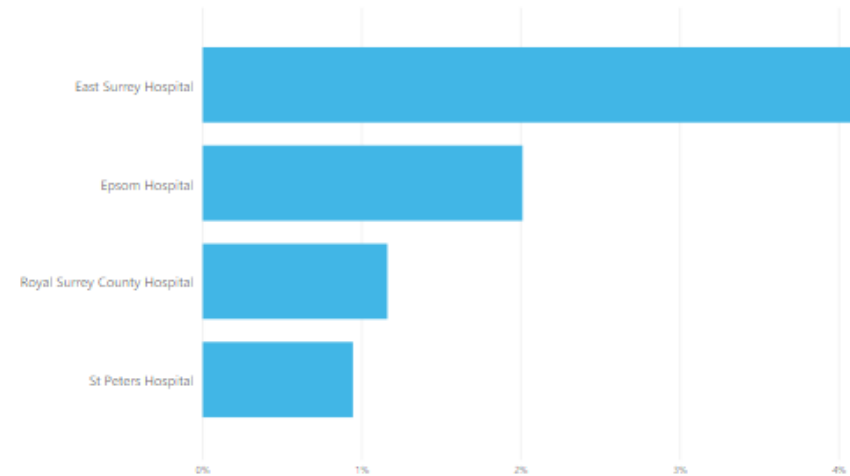
Avg Wrap-Up Time
00:16:50

Total hours lost
12,085.73

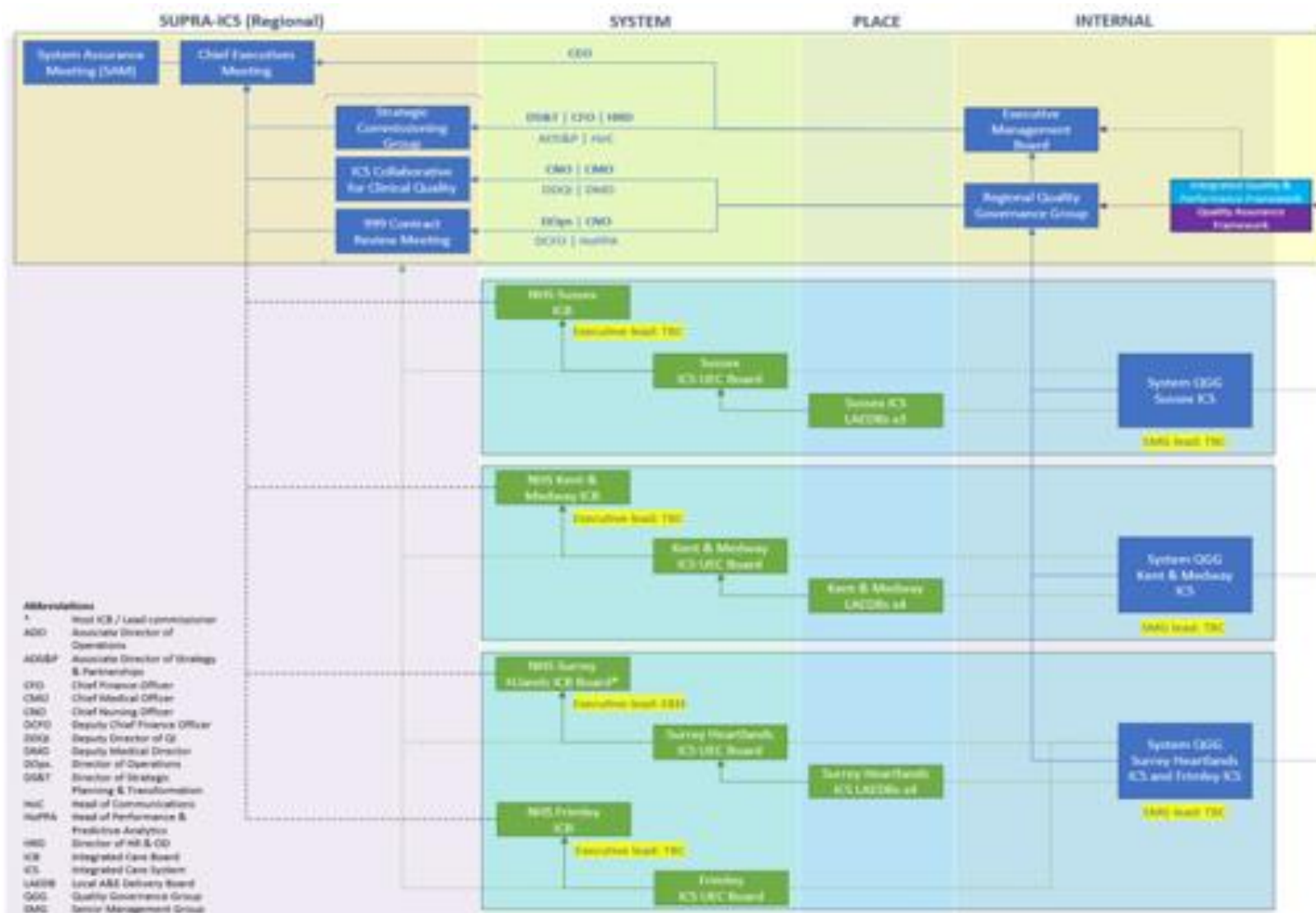
%Handover Time by Hospital



Handover > 60mins % by Name



Annex E Trust / ICS Governance Structure Visual



Glossary of Terms

Surrey Adult & Health Select Committee - Preparation for Winter Pressures 2023/2024
SECAMB Report

BLT	Blue Light Triage	ICS	Integrated Care Systems
	Sussex Partnership Foundation Trust/ SECAMB Mental Health crisis response model of care pilot	ICB	Integrated Care Boards
CQC	Care Quality Commission	IUC	Integrated Urgent Care
C1	Category 1 Level Response (Response Standard 7 mins)	KMS	Kent & Medway and Sussex
C2	Category 2 Level Response (Response Standard 18 mins)	NHSE	NHS England
C3	Category 3 Level Response (Response Standard 120 mins)	PPG	Practice Plus Group – Surrey 111/IUC providers
C4	Category 4 Level Response (Response Standard 180 mins)	REAP	Resource Escalation Action Plan
EOC	Emergency Operations Centre	SDEC	Same Day Emergency Care
H&T	Hear & Treat – may include onward pathway referral	UCR	Urgent Community Response
		UEC	Urgent Emergency Care

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