

Wednesday, 5 October 2022



SOUTH EAST COAST AMBULANCE SERVICE NHS FT: PREPARATION FOR WINTER PRESSURES 2022/23

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 2022-23 pressures. In addition, this report provides oversight of Urgent Emergency Care (UEC) transformation initiatives, for 999 emergency services and ongoing improvement planning to address the recent 2022 Care Quality Commissioner inspection findings and feedback received through the NHS Staff Survey.

Introduction

1. The NHS frontline is always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather and flu. However, in recent years this pressure has been building not just in winter but throughout the year. Winter pressures and associated planning is therefore a key issue for acute, mental health, community, and ambulance services across the NHS
2. Winter planning is an annual process, during which all providers and Integrated Care Systems (ICS) are required to produce an assurance update for NHS England (NHSE) as part of the preparation for the winter pressures foreseen during the financial year.
3. 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 within its operational footprint.
4. Whilst the Trust delivers the NHS 111/IUC contract across Kent, Medway and Sussex, this service is provided by the Practice Plus Group (PPG) within the Surrey Heartlands ICS. Whilst there are similarities between the Trust's and PPG's service specifications for the NHS 111/IUC services, there are significant

differences in the contracted operating models. The Trust provision is centred around protecting emergency care 999 & acutes via enhanced clinical validation of these 111 triage dispositions, whereas PPG's service centres around a primary care model. It is, therefore, inappropriate to compare the winter planning process directly between these two providers.

5. The UEC winter planning process has changed considerably during the last two years, resulting from the COVID-19 pandemic response and the transformational activities that have been deferred to 2022/23.
6. In addition, the Ageing Well programme has provided focus for Primary Care Networks (groups of GP surgeries and multidisciplinary teams, supporting around 50,000 patients) to better support elderly and vulnerable patients in the community. Urgent Community Response (UCR) is a key programme deliverable from April 2022 and is available to support common presenting conditions within a 2-hour timeframe to prevent avoidable admission to an acute hospital. All providers are being funded to deliver a 2-hour response to at least 80% of all referrals by October 2022. The Trust is working closely with the Surrey Heartlands ICS workstream lead and all UCR providers to fully embed this pathway during Winter, supported by Winter funding initiatives in progress.
7. The most recent NHSE UEC Winter assurance request was launched on 12th August 2022, with a final return due by all ICS's late September and supplemented by monthly updates thereafter. The ambulance service relevant focus areas include: -
 - Increased resilience in NHS 111 and 999 services, through increasing the number of call handlers.
 - Targeting Category 2 response times and ambulance handover delays through increased utilisation of urgent community response services.
 - Reducing conveyances to A&E departments through improving the use of the NHS directory of services, and increasing the provision of same day emergency care, acute frailty services and virtual wards, presenting alternate pathways for all system users.
8. As a regional provider supporting four ICSs, each with locally determined population-specific priorities, it is key for the Trust to retain a core level of operational consistency regionwide which enables a responsive, effective and high-quality service for all patients. Local tactical planning also supports place-specific priorities where appropriate.
9. Additionally, the Trust is progressing with its improvement journey, building on the organisational priorities developed in earlier in the year, alongside the NHS

Staff Survey feedback and deliverables determined by the February 2022 CQC Well Led inspection.

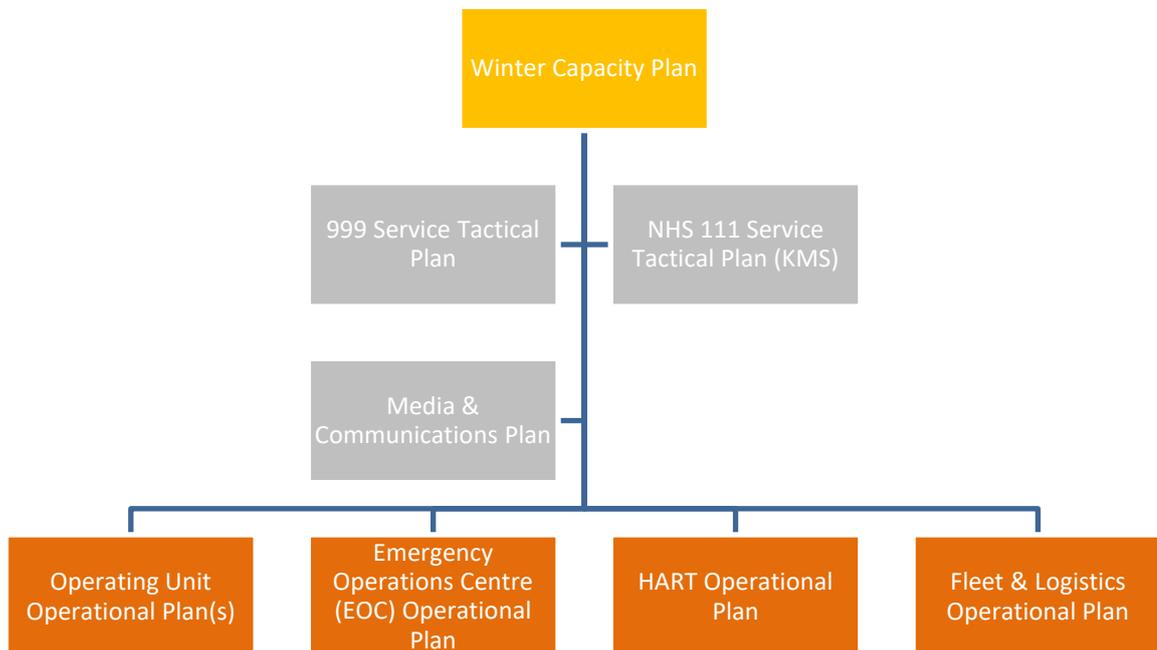
Winter Preparedness

Winter Planning 2022: Process and Timelines

- The Trust Winter planning process is in its final stages with the Executive Management Board and Trust Board signoff by end September. It will then be circulated to lead commissioners Surrey Heartlands ICB for review and feedback for any final amendments. There is also a Winter preparedness tabletop exercise scheduled for 1st October 2022. Please note that with a final committee report submission date set for the 21st September, the final Trust Winter plan will not be available for sharing in the public domain, however relevant detail will be shared ahead of the 5th October committee meeting where appropriate.

Key Focus Areas

- The format of the Winter plan for 2022 will be along similar lines to that of the Winter Plan 2021 (attached in **Annex A**) with the following component parts.



- As per Winter 2021, core focus areas will to be covered include:
 - Southeast region and local context
 - System surge and winter planning factors
 - Surge and demand forecasting and assumptions
 - Workforce and resourcing

- ICS escalation frameworks
 - Resource Escalatory Action Plan REAP and regional escalation processes
 - Incident response framework
 - High level actions
 - Assurance and monitoring
 - Local tactical plans for all 10 Operating Units, including prior year learning
13. The committee is asked to note that the NHSE guidance on planning assumptions for the demand potential, driven by the combination of COVID-19, influenza and norovirus, has recently been made available. The associated Trust activity forecasting was due for earlier executive management review and Trust Board, however with the recent death of Her Majesty the Queen and associated activities prioritised, this is now rescheduled to the end of September. The Trust will provide the finalised Winter Plan once full governance signoff is completed.
 14. Workforce remains challenging across the Trust in the post Covid pandemic period, with reduced take up of overtime shifts and availability of bank staff hours and private ambulance provider hours. The recruitment element of the workforce plan is mostly on trajectory, however with higher than forecast attrition rates, sustained high levels of sickness absence, COVID annual leave carry over and Key Skills training delivery, this all adds to workforce abstraction pressures. The Trust is planning additional frontline operational recruitment from Ireland in year to mitigate this risk. This is not an isolated issue when seen in the context of the increased levels of the Resource Escalation Action Plan (REAP) across all ambulance trusts over the summer period.
 15. Workforce information will be incorporated within the Trust's Integrated Quality Report, with links to relevant Trust risks where there is any special cause variation of a concerning nature. This report is currently being finalised for sharing with commissioners.
 16. With regards to escalatory processes, the Trust continues to apply its Surge Management Plan (SMP) and fluctuates dynamically by minute/hour across each 24hr period. This mechanism enables dynamic decision making to mitigate clinical risk, particularly when demand outstrips resources. It is reported as between level 1 (lowest) and 4 (highest). The REAP level sits alongside the SMP also at a similar level 1-4 and is reviewed weekly based on a number of factors including activity demand, operational resourcing, levels of abstractions, performance and other system factors including acute systems Operational Performance Escalation Levels status (OPEL).
 17. During Winter 2021/22, the Trust had been operating at the highest levels of escalation, as well as in a Business Continuity Incident (BCI) due to being unable

to achieve key response time performance indicators across both its 999 and NHS111 services. It was only in January 2022 that the Trust was able to reduce its Resource Escalatory Action Plan (REAP) from level 4 to level 3 and stand down the BCI after having operated at these levels for many months. There is no anticipated change of escalatory process internally, or with systems externally for Winter 2022/23

18. The Trust was not the only service to have faced these unprecedented challenges. All NHS ambulance services for periods, were operating at REAP level 4, which collectively had not been experienced by the ambulance sector before. Despite these challenges, the Trust has been able to achieve some good levels of performance in its 999 service when compared to national data.
19. System engagement follows a standard weekly pattern with an NHSE/I call on Friday morning, further conference calls with system partners on the Saturday & Sunday ROC (Regional Operations Centre) calls and escalation calls managed at acute trust or system level (where multiple trusts are under pressure).
20. In addition, every Wednesday morning there is a weekly touchpoint between SECamb and Commissioning leads. These meetings following a standard agenda, reviewing Trust performance and quality, local system issues and specific issues for attention.
21. Additionally, in preparation for Winter 2022/23 there is a special focus being placed on delivering the Trust's Improvement Journey key priorities (People & Culture, Quality, Leadership & Engagement and Responsive Care) with staff engagement and feedback being incorporated as part of the winter planning process.
22. The Trust works closely with its partners, including the Integrated Care Systems across our region, to ensure we provide 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 general public, via a number of means including:
 - Issuing media releases to traditional broadcast and print media
 - Social media across Twitter, Facebook and Instagram
 - Internal communications to staff
 - Engagement with MPs and system partners
 - Specific briefings, if needed, to key stakeholders
23. 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 111 or visiting NHS 111 Online for help and advice.

Planning and Performance

24. The Trust's financial plan for the year was developed in line with 999 call activity expectations and this follows an approved demand profile as shown:



25. 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 the performance across the winter months.
26. The committee is asked to note that, whilst there is no budget deficit to the 2022/23 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. The Trust continues to engage in dialogue with its commissioners to look at the resources available across the four Integrated Care Boards (ICB's) to mitigate this for the coming financial year.
27. Additionally, there has been a change in activity profile and acuity of calls being received with the percentage of the combined higher acuity C1 and C2 calls, growing from 55-60% of all ambulance responses to over 70% since October 2021, requiring increased resources to meet the targets. Throughout 2021 and continuing into 2022, the Trust has struggled to achieve its ARP targets. This is not isolated to the Trust, where the performance challenges of the past two years have been experienced by all ambulance services across England and the wider UK.
28. During 2022 the Trust's ARP performance has generally performed either in line or slightly better than the 'mean' results for ambulance services across England. **Annex C** illustrates the Trust's June, July and August ARP performance for all categories and the national position against national average. The comparable

performance is particularly notable across C2, where the Trust has averaged 2nd or 3rd as a direct comparison between the 11 English ambulance services for both the 'mean' and '90th percentile' performance. The Trust's position for C1 has also improved in recent months from 8th in January 2022 to 5th, 2nd and 5th respectively across June, July and August. C3 and C4 performance is more challenged and remains the focus of several development initiatives outlined later in the report.

29. Planned productivity improvements are monitored monthly through the Annual Planning Group and in addition to the workforce commentary already provided, the current July 2022 report shows that Hear and Treat continues to be above the planned assumptions, however the gap between job cycle time and the assumption has increased to almost 3 minutes due to handover delays and increased travel to scene times.
30. Hospital handover assumptions are aligned to achieving the 2022/23 NHSE planning guidance to:
 - eliminate handover delays over 60 minutes
 - ensure 95% of handover take place within 30 minutes
 - ensure 65% of handovers take place within 15 minutes
 - This assumption equates to a target handover of 18 minutes 45 seconds.
31. As shown in **Annex D** the ambulance handover performance across the four Surrey County hospitals is averaged at 23 minutes 8 seconds for the financial year and hours lost per handover has an increasing trend over the last twelve months whilst the number of transports per day has decreased.
32. The Trust has regular tactical and operational handover reviews with each acute trust to jointly identify and agree key areas for improvement. East Surrey Hospital remains the most challenged in this regard and we have renewed joint efforts to address this further ahead of Winter. The Trust also continues to work on additional UEC transformation initiatives to reduce ED conveyances further where risk appropriate.

CQC Inspection, Rating and Improvement Journey

33. The Trust is committed to making improvements following the publication of a recent CQC report and associated well led rating of inadequate.
34. The inspection, which took place in February 2022 looked at the Trust's management and leadership but also at the emergency operations centres (EOCs) and NHS 111 service.

35. The Trust was pleased that the excellent care provided by its staff was recognised in the report and that their kind, compassionate and supportive approach towards patients was noted, and was especially pleased to see the NHS 111 service retain its 'good' rating following a challenging two years which has placed significant strain on the service.
36. However, feedback received through the NHS Staff Survey and CQC findings highlighted a failure to demonstrate the thread of quality within the Trust, a disconnect amongst senior management and the wider organisation and a lack of understanding of the Trust's vision.
37. The Trust's Leadership Team has set out key priorities for the year including building a culture that fully reflects the Trust's values, supports its vision, ensures the satisfaction and wellbeing of its people and embeds quality improvement.
38. To address the concerns outlined by the CQC, the Trust has developed an Improvement Journey plan designed around its key priorities, staff engagement and feedback. The plan is formed from 4 key programmes People & Culture, Quality Improvement, Responsive Care and Sustainability and Partnerships, set out to deliver short-term targeted actions that will address the CQC warning notices, must-do, and should-do actions, as well as providing a vehicle for delivery of improvement beyond the initial period of recovery.
39. Additionally, the Trust has appointed a new Interim Chief Executive, Siobhan Melia, who took up her role on 12th July 2022, has a strong clinical background and is an experienced Chief Executive with good knowledge of the region and the Trust's partners.
40. The serious concerns surrounding culture and leadership highlighted by the CQC are being taken extremely seriously and the Trust has already begun the work to implement improvements at pace, including an important campaign – 'Until it Stops'. This key campaign has been launched to raise awareness of sexual harassment, increase support to make it easier to act quickly, safely and eliminate any such behaviours across the Trust. Key components include strengthening policy, recruiting Dignity at Work Advocates, sexual safety training for line managers and Dignity at Work Advocates and implementing an interactive bystander tool kit which provides all employees with the tools needed to challenge unacceptable behaviour.
41. The Trust is committed to working with colleagues across the organisation to implement changes and ensure the Trust is viewed as the employer, provider and partner of choice.

Other Urgent Emergency Care Transformation Initiatives

42. The Trust is progressing a number of UEC transformation initiatives in response to the NHSE 2022-23 priorities and operational planning guidance, which link in with the recent UEC Assurance framework launched August 2022 (see paragraph 6). Relevant documents are attached at **Annex B** for information.

Category 3 and Category 4 response

43. In order to reduce the number of inappropriate 999 incidents, the Trust is operating within the NHSE protocol to place all non-emergency C3 and C4 dispositions into the clinical queue for ambulance validation. This is incredibly effective with Kent and Medway and Sussex (KMS) 111 consistently validating more than 95% of calls (July 2022 96% – 7961 of 8023 calls), sent through as non-emergency ambulance dispositions in 111. This results in downgrading more than 60% (July 2022 66% - 5056 of 7691) of 999 dispositions to other appropriate urgent or primary care services. In doing so, this reduces the pressure on the 999 service and enables more resource for the C1 / C2 responses.
44. In addition, the Integrated Care Senior Leadership Team is responsible for both the NHS 111 service and the Trust's Emergency Operations Centres. This enables the Integrated Care (999 & 111) clinical team to flex clinician resource between the 999 and 111 services, where appropriate and share best practice.
45. With the implementation of the NHS Digital Pathways Clinical Consultation Support system (PaCCS), specialist paramedics in the Trust's emergency operations centres in Crawley and Ashford, alongside the ten Urgent Care Hubs hosted in local operating units trust wide, provide the ability to perform remote consultations in integrated urgent care settings. This increases the opportunity to clinically triage a risk assessed 999 incident direct to more appropriate pathway, without dispatching a physical ambulance resource, or speaking necessarily speaking with the provider.
46. The Trust is working to maximise the potential of PaCCS, to fully enable to all relevant alternate pathways such as Urgent Community Response (UCR), or Same Day Emergency Care (SDEC). These need to be correctly profiled through the Directory of Services (DoS) to allow a direct 999 referral, via the Interoperability Toolkit (ITK), which supports interoperability within local organisations and across local health and social care communities.
47. By working across all four ICSs to enable this functionality in full, in addition to prioritising clinician training and mentoring to increase the usage of PaCCS, this will increase the potential Hear and Treat (H&T) activity outcomes.

48. In parallel, the Trust's Urgent Care Hubs are, with rotas under review to provide 24/7 band 7 clinical support to ambulance crews on scene, to maximise the appropriate usage of the acute same day emergency care and community urgent care pathways for lower acuity incidents. These pathways are rapidly changing with new additions monthly, and effective profiling of pathways on the DoS is imperative to support operational crews locating the appropriate pathway depending on the patient's location.
49. The Trust is also undertaking a review to ensure the consistent profiling of these pathways on the NHS Digital platform *Service Finder*, for which SECamb has the highest uptake nationwide with over 2,000 users.
50. Additionally, there is ongoing investment in the clinical support structure through the establishment of the practice development leads (PDLs) to provide local clinical support, education, and interface to Trust clinicians. The PDL role also provides enhanced clinical capacity to work across ICSs to further develop effective UEC patient pathways across the acute and community footprint.
51. The Surrey Heartlands Urgent and Emergency Care Board now provides ICS oversight for the development of these non-ED pathways, with specific focus on the 2 hour Urgent Community Response (UCR), the acute Same Day Emergency Care (SDEC) and Virtual Ward (VW) pathways. Essential work is ongoing with system pathway leads to establish consistent access routes and acceptance criteria for these direct referral pathways for all ambulance crews. In doing so, this should reduce the pressure on ED conveyance activity and the impact of hospital handover delays on patients awaiting handover as well as those awaiting a response in the community.
52. It is also recognised that increased utilisation of the non-ED pathways, especially Urgent Community Response (UCR) services for C3 and C4 incidents should release 999 resources. This will in turn enable more resource to support higher acuity C1 and C2 calls, whilst reducing conveyances to A&E. The Trust is working with lead commissioners to secure winter funding monies to fully mobilise this pathway, particularly for the non-injury fallers that request a 999 response. This is further supported by the 999 UEC contract CQUIN (Commissioning for Quality and Innovation framework) to improve care for elderly fallers, which is further detailed at paragraph 57.
53. All these initiatives will combine over the coming winter to provide enhanced decision making for patients in crisis, ensuring that they receive the right care – be that at home with Urgent Community Response (UCR) services providing follow up assessment and triage into appropriate wraparound health and social care, or conveying to a non-ED SDEC to provide a non-bedded acute intervention from which, if appropriate, they can return home same day.

Acute Interface

54. The Trust was at the forefront of the roll-out of the initial NHSE national Think 111 First (T111) initiative and worked closely with commissioners to facilitate the deployment of the region's digital interoperability roadmap. The KMS 111 service is now consistently validating almost 50% (July 2022 5095 of which 3974 were stood down) of emergency department dispositions reached in 111 and this will continue to be an area of key focus to avoid unheralded demand in the region's acutes.
55. Hospital handover - The Trust is one of the highest performing ambulance trusts with regards to handover hours lost and whilst this still has considerable impact, the consistent usage of the delayed and immediate handover policies with acute partners has provided a lower risk environment during increased levels of surge, when category 1 and 2 calls are awaiting an emergency response.
56. Non-ED pathways and front door interface - the Trust is working to mobilise effective utilisation of non-ED pathways through work with partners to enable:
 - consistency of approach by ICS,
 - standardisation of acceptance and exclusion criteria, providing support to ICS and place-based forums,
 - effective DOS profiling and consistent pathway formats for ease of access by frontline operational staff,
 - interface with place-based front door admission avoidance teams to enable direct conveyance to the most appropriate receiving unit.

Improved Care for Elderly fallers

57. As part of the Commissioning for Quality and Innovation (CQUIN) framework, the Trust has completed 999-contract negotiations to agree a CQUIN for improved care for elderly fallers.
58. It is recognised that 999 calls received for lower acuity elderly (>65yrs) fallers, are experiencing greater delays in response which can result in interruptions to care and/or potential harm from long lies.
59. Across the Surrey footprint, there are two 999 frequent caller groups associated with elderly fallers, that we are looking to support through clinical education and a faster system response:-
 - careline providers - around 800 calls per month, 40% conveyed to ED

- all care homes – around 850 calls per month, 55% conveyed to ED.
60. This CQUIN contains a programme of activities to deliver improved care to this patient group over the coming financial year by:-
- Developing a better understanding of the elderly faller's data.
 - Working with local careline provider's and care homes to educate on the initial assessment and quicker response potential to prevent the associated deterioration with long lies and better support elderly fallers at first contact.
 - Raising the profile of the Urgent Community Response service and associated falls teams that should be available to support 8am-8pm daily ahead of calling 999 where risk appropriate.
 - Providing rollout of a more rapid response via a 999 community falls responder, where available and supported virtually with clinical oversight or a backup ambulance crew where required. Responses would be prioritised for residents in their own home rather than in a Care Home residence.
61. Additional winter resilience funding is also being made available to all ICSs to enhance the utilisation of the Urgent Community Response pathway. By combining the system resource and funding streams to provide a first contact falls responder service in Surrey Heartlands, in early trials this has been shown to significantly reduce 999 calls from pendant alarm providers and could equally be applied in care homes.
62. Currently, cross ICS discussions are being held to utilise these bid monies, to mobilise, where resource allows, during Winter 2022/23.

Mental Health Response – Ambulance Conveyance

63. During 2022, the *Improving the Ambulance Response to Mental Health: Long Term Plan Commissioning Guide* was released placing a focus on education and training, and the integration between mental health, NHS 111 and integrated urgent care (IUC) providers, ensuring ambulance services are considered an integral part of the planning and delivery of local urgent mental health care.
64. In line with this guidance, the Trust is focussing on:
- providing enhanced mental health training and education to Trust frontline clinicians
 - enhancing and building on the mental health practitioner provision within the emergency operations centres, to support patients in crisis, triaging to the most appropriate pathway

- working with commissioners to consider an appropriate enhanced ambulance response model of care.
65. The Trust is working in partnership with the Sussex Partnership Foundation Trust to develop a resource effective, patient focussed response, known as the Blue Light Triage (BLT) model. This is being piloted from June 2022 and the initial 3-month review is due during October and will be presented to the following regional Mental Health forum for consideration and expansion by ICS.
66. Initial patient and provider feedback is positive, with early indications showing that the majority of incidents can be resolved with telephone support and where there is a need to converge on scene. This is taking place within the 1-hour target from time of agreement to assessment outcome.
67. There is a regional mental health governance forum where the 3-month review can be presented and discussed for wider rollout by ICS, although timeframes will depend on the crisis response resource availability to support telephone triage and on scene response where necessary. This discussion is at early stage in Surrey Heartlands.

Conclusions:

68. SECAmb requests the Adults and Health Select Committee to note:
- The winter planning process, timelines and draft available at time of report, together with the UEC assurance focus areas outlined.
 - The updated performance and planning section with specific focus on the workforce challenges.
 - The recent CQC inspection report and the Trust's Improvement Journey outlined for update in November 2022.
 - The additional UEC transformation updates provided with key focus on Category 3 and Category 4 response, Acute non-ED pathways, and developing response models to empower improved service for elderly fallers and those suffering a mental health crisis.

Recommendations and Next Steps

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

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Sources/background papers

Annex A SECamb Winter Plan 2021 V1.0 Final

Please note this will be updated by the final 2022 version once internal governance completed and this is anticipated to be available to ahead of the 5 October 2022 committee meeting.



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Annex B NHSE documentation



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NHSE 2022-23 priorities and operational planning guidance



B1929_Next steps in
increasing capacity ar

NHSE UEC Assurance capacity and planning for Winter 2022



B1929_UEC
Assurance framework

NHSE UEC Assurance framework

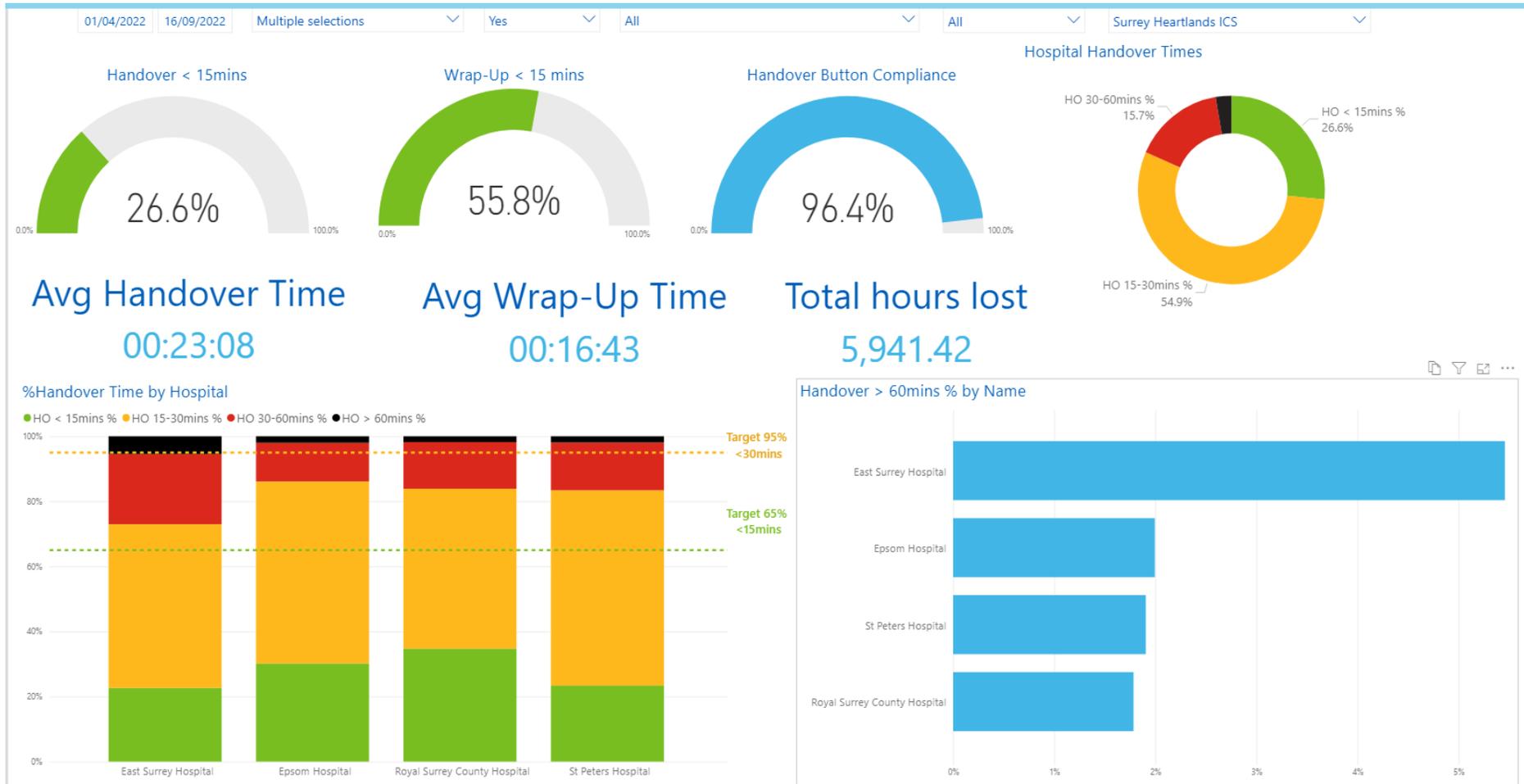
Annex C Ambulance Response Performance Metrics June - August 2022

Date		June			July			August		
Incident Response Level		England	<u>SECamb</u>	<u>SECamb National Position</u>	England	<u>SECamb</u>	<u>SECamb National Position</u>	England	<u>SECamb</u>	<u>SECamb National Position</u>
Category 1	Mean	00:09:06	00:09:04	5 th	00:09:35	00:09:34	2 nd	00:09:08	00:09:08	5 th
	90 th Centile	00:16:03	00:16:28	5 th	00:16:55	00:16:57	3 rd	00:16:20	00:16:28	5 th
Category 2	Mean	00:51:38	00:35:31	2 nd	00:59:07	00:42:19	2 nd	00:42:44	00:35:29	4 th
	90 th Centile	01:54:17	01:14:10	2 nd	02:11:47	01:29:08	3 rd	01:33:20	01:13:30	4 th
Category 3	Mean	02:53:54	02:46:35	5 th	03:17:06	03:36:26	7 th	02:16:23	02:44:11	9 th
	90 th Centile	07:21:14	06:33:14	5 th	08:21:47	08:48:23	6 th	05:41:13	06:49:13	9 th
Category 4	Mean	03:32:07	03:38:13	7 th	04:02:57	05:25:09	11 th	02:56:39	04:23:48	11 th
	90 th Centile	08:53:11	08:46:48	8 th	09:56:24	12:26:40	10 th	07:27:56	11:14:23	10 th

* NB - 11 Ambulance Trusts in total

Annex D Ambulance Handover Performance – Surrey Heartlands August 2021 – August 2022

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



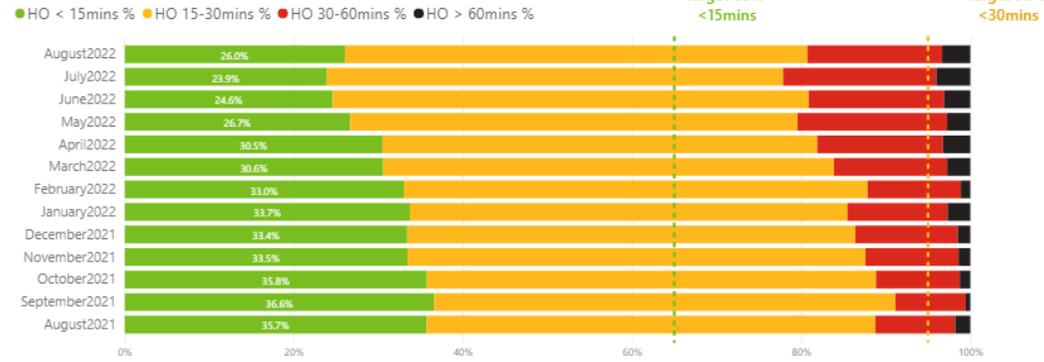
Hospital Handover Report



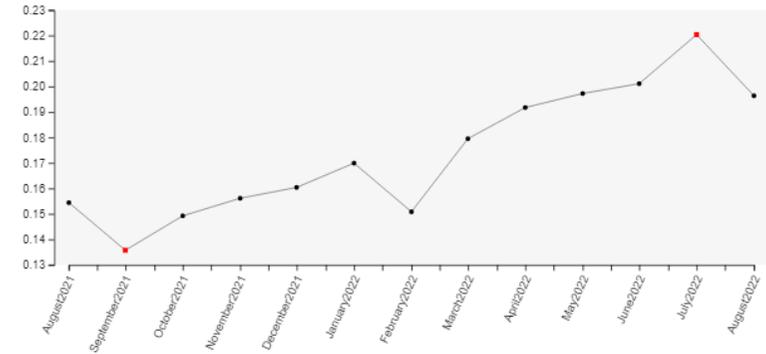
Hospital:

Main Hospitals:

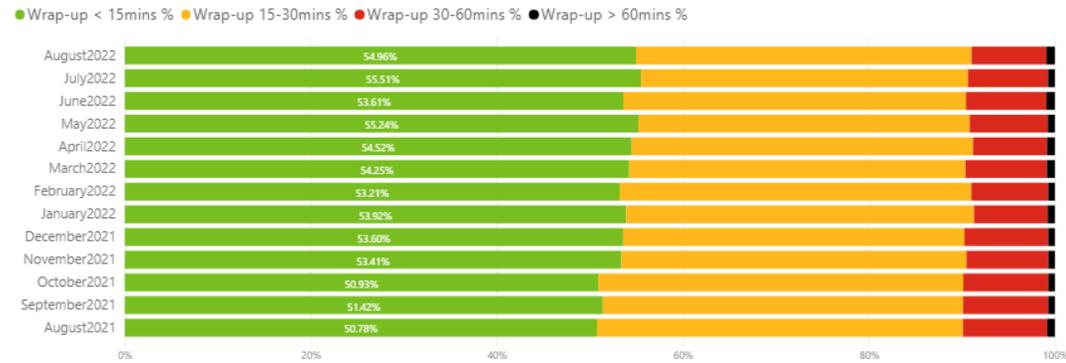
Recorded Handover Delay



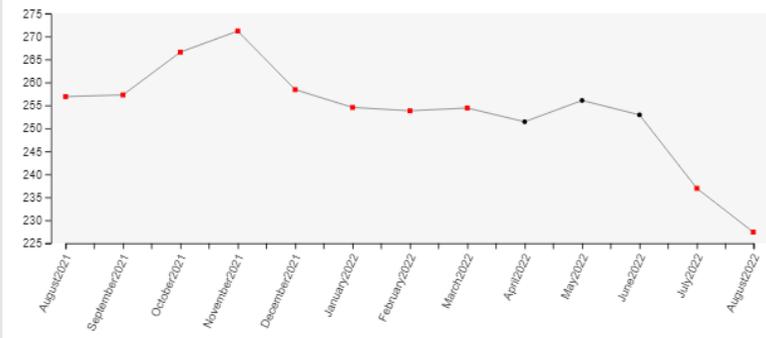
Hours Lost per Journey



Recorded Wrap Up Delay



Average No. of Transports per Day



Glossary of Terms

Surrey Adult & Health Select Committ

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