

## Health and Adult Social Care Select Committee

16 January 2019

### South East Coast Ambulance Service Update

Report from: Daren Mochrie, Chief Executive, SECAMB  
Steve Emerton, Director Strategy & Development

Author: Helen Wilshaw-Roberts, Strategy & Partnerships  
Manager, SECAMB

#### Summary

The Health and Adult Social Care Select Committee had requested an item from the South East Coast Ambulance Service (SECAMB), as part of its agreed work programme, to update the Committee on its recent Care Quality Commission (CQC) report; executive leadership development, including plans for the upcoming Chief Executive appointment; the impact of the introduction of the Ambulance Response Programme (ARP) and response times across the county in particular rural areas; the Demand and Capacity Review and resulting Strategic Transformation and Delivery Programme; alongside other strategic performance updates and local performance and development initiatives for West Sussex, to include an update on falls and falls response times if available.

#### Focus for scrutiny

The Committee is asked to consider the detail of the report and provide comment on progress made by the Trust in respect of its recent CQC inspection, in addition to other updates as outlined in the summary above. The Committee may also wish to consider whether there are any issues arising from the report which may require any further scrutiny.

## 2. Background

- 2.1 On 29 September 2017, the CQC published its findings following its inspection of the South East Coast Ambulance Service (SECAMB) which saw 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.
- 2.2 Following this rating, SECAMB implemented a delivery plan with a clear focus on the key areas for improvement as indicated by the CQC.

2.3 SECAMB has also continued to recruit to its Executive Team and Board

- Steve Emerton was appointed to the role of Executive Director of Strategy and Business Development on 2 January 2018.
- Ed Griffin was appointed to the role of Executive Director for HR on 7 March 2018.
- Bethan Haskins, has been appointed to the role of Executive Director of Nursing and Quality and started on the 1 April 2018.
- Dr Fionna Moore, has been appointed as the Trust's substantive Executive Medical Director, following an interim period of the past 14 months.
- Following the departure of the Trust's Chairperson, Richard Foster, David Astley was appointed in September 2018. The Trust also welcomed its new Non-Executive Director, Michael Whitehouse.

2.4 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 already underway, led by Chair David Astley. The first round of interviews is due to take place in January 2019.

### **3 CQC Update**

3.1 Following the CQC published report on 29 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 its formal recognition of the progress that the Trust was making, largely achieved through a comprehensive work programme overseen by the Trust's Programme Management Office (PMO).

3.2 The Trust was inspected by CQC in July and August 2018 and the subsequent report published on 8 November 2018 (**Appendix A** shows key excerpts). The Trust's rating moved from 'inadequate' to 'requires improvement'.

3.3 Whilst the Trust is rated as 'requires improvement', the CQC 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.

3.4 Some of the key areas of feedback are:

- 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
- 3.5 Following the publication of the report and its findings, the Trust will be working with its PMO on a delivery plan to continue the progress and improvements required. **Appendix A** shows the Must Do and Should Do areas required.

#### **4 SSG UK Specialist Ambulance Service CQC**

- 4.1 SSG UK Specialist Ambulance Service (South) was recently rated as 'Inadequate' and placed into 'special measures' following two unannounced inspections by the CQC in August and September 2018.
- 4.2 In West Sussex the proportion of total hours provided by Private Ambulance Providers (PAPs) is 4% and by SSG 1%, the remainder being provided by SECamb staff.
- 4.3 The Trust is working closely with SSG to review and include all recommendations in its SSG Governance and Assurance Improvement Plan. This is to be approved by the Executive Management Board, with updates to be provided and reviewed on a monthly basis.
- 4.4 SECamb will continue to provide SSG with senior management support for six months, to manage the review process and ensure that lessons are learnt and applied across all PAPs.

#### **5 Ambulance Response Programme**

- 5.1 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 1970s. There was a review and new standards introduced in March 2001 where there was a move away from the Rural/Urban ORCON standards and Cat A, B and C prioritisation was introduced at this time. This has since been superseded.

- 5.2 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 (ARP).
- 5.3 The 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.
- 5.4 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 **(Table 1)**.

## **6 Trust-wide Performance**

- 6.1 The variance in performance for SECamb across the three counties (Kent, Surrey, Sussex) is minimal, however the Trust recognises that achieving C1, C2, C3, and C4 performance measures continues to be challenging **(Table 2a)**
- 6.2 C1 performance achievement for ambulance services in England during November was 7 minutes and 11 seconds (mean). Five ambulance trusts services achieved the 7 minutes response time. SECamb was positioned 7<sup>th</sup> out of the 10 ambulance trusts.
- 6.3 C2 performance for England during November was 21 minutes 56 seconds (mean), with SECamb achieving 19 minutes 24 seconds. Only two ambulance trusts achieved the 18-minute performance target. SECamb was positioned 5<sup>th</sup> for the mean and 3<sup>rd</sup> for the 90<sup>th</sup> percentile target.
- 6.4 C3 & C4 performance (90th percentile) for SECamb has continued to perform below the national average. C3 performance nationally (England) was 2 hours 28 minutes, with SECamb achieving a C3 performance of 3 hours and 13 minutes. C4 performance nationally (England) was 3 hours 17 minutes, with SECamb achieving a C4 performance of 4 hours 12 minutes.
- 6.5 Since ARP implementation, SECamb has performed close to the national average for C1, better than average for C2. C3 and C4 responses remain challenging and the Demand and Capacity Review was set to review a potential gap in funding and the Trust's ability to deliver to ARP standards.
- 6.6 West Sussex performance is highlighted in section 9.

## **7 Demand and Capacity Review**

- 7.1 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 Improvement), Deloitte and ORH to undertake a review of existing and future operating models.

- 7.2 The approach from Deloitte and ORH was in the form of a 'Demand and Capacity' review to understand the relationship between resources, performances, and finances.
- 7.3 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.
- 7.4 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 category 3 & 4 calls. Non-Emergency Transport (NET) vehicles have been procured and are being rolled out across the Trust by March 2019.
- 7.5 The NET vehicles will support the Trust to improve its response to patients who are not in a serious or life-threatening condition. Primarily they will serve patients who have been assessed by a Health Care Practitioner, such as a Paramedic or GP and who require non-emergency urgent transport to a healthcare facility. However, all NET vehicles will be equipped with essential life-saving equipment and will be able to attend as a first response to life-threatening calls. The NETs will be crewed by Emergency Care Support Workers, Associate Ambulance Practitioners and Ambulance Technicians.
- 7.6 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 and clear care pathways to deliver continued benefit to patients and the system.
- 7.7 Work has already begun on the delivery of this model through the Strategic 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.

## **8 Fleet**

- 8.1 SECAMB has invested in a 101 new ambulances with a vehicle roll out programme during the next 12 months. July saw the first of 42 new ambulances, 'Mercedes Sprinters', being rolled out at a rate of 3 to 4 per week and will replace some of the Trust's older vehicles by October. The Trust is also in the process of trialling 16 new Fiat van conversion ambulances across the Trust.
- 8.2 In addition and to further support ARP, the Trust has invested in 30 second-hand Fiat ambulances, operating at 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 March 2019.

- 8.3 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.

## **9 West Sussex Performance**

- 9.1 The West Sussex area comprises of three clinical commissioning groups (CCGs), Coastal West Sussex, Horsham & Mid Sussex and Crawley. Table 2b illustrates the performance across those three CCG's.
- 9.2 Category 1 90<sup>th</sup> performance is within target in 2 of the 3 CCGs. Category 2 90<sup>th</sup> performance is within target across all 3 CCGs. Category 3 is missed in all CCGs and Category 4 90<sup>th</sup> target is hit by Crawley CCG only. In line with the Trust-wide performance this reflects a challenge with the capacity to achieve the ARP targets and this has been part of the Demand and Capacity Review and resulting STAD programme.
- 9.3 In West Sussex, there is a significant increase in staff and vehicles over the next 18 months with eight new NET vehicles estimated to be operational by March 19 across the four dispatch desk areas. 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 Category 3 & Category 4 incidents.

## **10 West Sussex Estate and Dispatch Model**

- 10.1 On the 29 November, the Secretary of State for Health, Matt Hancock, announced that SECamb will receive more than £12m of capital funding. The investment is to fund two new Make Ready Centres at Medway and Brighton, as well as estate changes at Worthing and follows Trust bids submitted earlier in the year. The business case for the Worthing development is scheduled for review at the Trust Board in January.
- 10.2 West Sussex is served by SECamb across four dispatch desk areas, Tangmere Worthing, Gatwick and Brighton. Each of these desks has a dispatcher within the Emergency Operations Centre in Crawley coordinating ambulance responses within the area and due to demand-based activity, ambulances will not always remain within their own dispatch desk area for the entire shift.
- 10.3 Shift start and finish locations are fixed and the locations of the vehicles during the shift will be dependent on the System Status Plan and incidents are assigned to the closest available and clinically appropriate resource as per the Targeted Dispatch model. Ambulances that are not

assigned to incidents, are sent to strategically chosen locations based on historical demand and highest probability of being closest to the next high acuity call.

- 10.4 This is called the System Status Plan (SSP), and the standby points on the SSP are a mixture of ambulance, fire and police stations, roadside locations, or other properties chosen by SECamb for their optimum location. The SSP has been used for over 10 years to manage ambulance responses.
- 10.5 This model has not changed as a result of the Make Ready Centre estate model and whilst some stations may have been closed, the geographic coverage of the standby points remain. The standby points are ranked in order of priority, which changes throughout the day depending on the next forecast high acuity 999 call.
- 10.6 The proximity of a vehicle to respond to an emergency incident is not only dependant on the ability to cover the SSP with ambulance hours but also the system activity at the time. The Trust has many variables that have influenced response times over the last three years, such as increased demand, reduced capacity and increased handover delays at hospitals.
- 10.7 There is a national protocol in place for both call answering and responding for border areas between ambulance trusts. Both SECamb and SCAS operate as party to that national agreement to support cross border responses.
- 10.8 Specific focus areas that will support improved response times, outlined further in this report, are the Demand and Capacity review (**section 7**), and the resulting Strategic Transformation and Delivery Programme with the new agreed rosters, uplift in staff and increase in vehicles across the Trust, and the continuing Handover Delay programme.

## **11 Falls Focus**

- 11.1 The Trust has recently completed an overview of falls statistics, actions and plans for minimising falls & optimising outcomes for the November '18 board. This included initial findings from an ongoing Falls Vehicle being piloted in Worthing, Adur and Arun districts in partnership with Sussex Community NHS Foundation Trust. This is a Single Response Vehicle crewed by a Paramedic and Occupational Therapist operating Monday to Friday 0800-1600. A comparison is underway of varying models of care across 4 pilot areas.
- 11.2 Key findings from the top 5 activity areas in the Trust for falls follows:-
  - Careline calls make up approximately 50% of the falls activity
  - The numbers of falls incidents has steadily declined over the past year
  - See & Convey is on average 30% of all falls incidents
  - Average time on scene to clear for all CCG areas is 01:10:15

11.3 Coastal West Sussex CCG is the area with the most Falls incident activity as measured from October '17 to September '18. The Falls Vehicle pilot, funded by the CCG, started 14 May 2018 for six months and is currently being evaluated and under governance review for service continuation.

11.4 Initial outcomes in the first five months were :-

- 150 patients treated
- Average response time is 46:32 minutes compared to 1:03:39 previously
- 75% of falls calls received during this pilot were attended by the falls vehicle
- The average time on scene 2:02:00, significantly higher than the current model of care, likely due to the additional treatment and prevention assessments made.

11.5 A Falls model of care is to be agreed for the Trust as a result of pilot evaluation.

## **12 Handover Delays**

12.1 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.

12.2 Some good progress has been made overall, and for the month of November 2018 the total ambulance hours lost >30 minute turnaround was 4,354 hours which is equivalent to 362, 12-hour ambulance shifts for the month, or 12 per day. This is a reduction when compared to the same period last year (5,248 hours) but remains of significant concern. Most hospital sites are losing fewer hours than in November last year but there are some significant outliers where hours lost are more compared to the same time last year.

12.3 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 admin, Fit2Sit, front door streaming and direct conveyance to non Emergency Department destinations.

12.4 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.

12.5 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.

12.6 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 received positively and have been a good way to share best practice across hospital sites.

### **13 Five-Year Strategy**

- 13.1 The Trust has developed a strategic plan for the five years, 2017-22, and is focussed on the delivery of four 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 Boards in the next few months.

### **14 Alliances**

- 14.1 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.
- 14.2 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.
- 14.3 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.
- 14.4 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.
- 14.5 This is very much the start of the process and further work will follow overcoming 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.

### **15 Winter Planning**

- 15.1 SECAmb has a proven methodology in its approach to winter preparedness. This is achieved with the use of historic data and current activity trends, combined with 'lessons learnt' from prior years.
- 15.2 An overarching Trust winter plan is developed, supported by a tactical plan, as well as local 'Operating Unit' (OU) plans. The local OU plans feed in to local system plans.

- 15.3 The SECamb 111 winter plan covers North and West Kent as well as Surrey and Sussex. The Winter Plan Structure Framework is shown in **Table 3**.
- 15.4 During winter (November 1 to March 31), the Senior Operations Leadership Team (SOLT) will constantly review the level of resource available against predicted demand enabling the Trust to predict, monitor and mitigate to maintain service delivery during surges in demand or reduced capacity.
- 15.5 In line with Trust policy, the level of annual leave is reduced to 50% of normal levels across the two-week Christmas/New Year period and as in previous years, enhanced rates or incentives are offered, as needed, to ensure that priority shifts are covered.

## **16 Finances**

- 16.1 At the year-end (2017/18), the Trust achieved its control total of £1.0m deficit, this includes the agreed Sustainability and Transformation Funding (STF) of £1.3m. In addition, the Trust achieved a further STF (incentive plus bonus) of £1.4m and a CQUIN<sup>1</sup> risk reserve of previously held by commissioners of £0.8m, resulting in a reported surplus of £1.3m.
- 16.2 The Trust also achieved Cost Improvements of £15.5m. This was greater than the target of £15.1m.
- 16.3 For 2018/19, the Cost Improvement Plan (CIP) target is £11.4m. As at October '18, £5.1m has been delivered to date, an increase of £0.1m against Plan. It is projected that the full year target will be met. 'CIPs' represent increased efficiency and are never a reduction of resources to provide front line services.

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<sup>1</sup> Commissioning for quality and innovation (CQUIN) The CQUIN payment framework was introduced in 2009 and makes some income conditional on demonstrating improvements in quality and innovation in specified areas of care.

**Daren Mochrie**  
Chief Executive Officer

**Steve Emerton**  
Executive Director, Strategy and  
Business Development

**Lead Officer Contact:**

Helen Wilshaw-Roberts, Strategy & Partnerships Manager, SECamb  
Email : helen.wilshaw@secamb.nhs.uk

**Appendices**

**APPENDIX A : CQC REPORT SUMMARY FINDINGS – 8 November 2018**

**APPENDIX B : ARP, Performance and Winter Planning**

Table 1 : **ARP Performance Categories**

Table 2a: **National ARP AQI's November 2018**

Table 2b: **SECamb Performance for November 2018 and Year To Date**

Table 3: **Winter Plan Structure Framework**

**Background Papers - None**

## APPENDICES







### APPENDIX A : 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.

## APPENDIX B : ARP, Performance and Winter Planning

**Table 1:**

### ARP Performance Categories

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
<b>Category 1 (Life-threatening event)</b>	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 (Emergency, potentially serious incident)</b>	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 (Urgent Problem)</b>	<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 (Less Urgent Problem)</b>	<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 AQI's November 2018**

C1		Mean
England		00:07:11
1	North East	00:06:13
2	London	00:06:16
3	West Midlands	00:06:53
4	South Central	00:06:56
5	South Western	00:06:58
6	Yorkshire	00:07:02
7	South East Coast	00:07:31
8	North West	00:07:42
9	East Midlands	00:07:52
10	East of England	00:08:11
11	Isle of Wight	00:11:23

C1		90th
England		00:12:32
1	London	00:10:30
2	North East	00:10:47
3	West Midlands	00:11:50
4	Yorkshire	00:12:13
5	South Western	00:12:44
6	South Central	00:12:49
7	North West	00:12:52
8	East Midlands	00:13:57
9	South East Coast	00:13:59
10	East of England	00:14:36
11	Isle of Wight	00:20:40

C2		Mean
England		00:21:56
1	West Midlands	00:12:46
2	South Central	00:16:56
3	London	00:18:46
4	Isle of Wight	00:19:07
5	South East Coast	00:19:24
6	Yorkshire	00:20:29
7	North West	00:23:16
8	North East	00:23:42
9	East of England	00:25:48
10	South Western	00:28:11
11	East Midlands	00:31:01

C2		90th
England		00:44:53
1	West Midlands	00:23:29
2	South Central	00:34:06
3	South East Coast	00:36:44
4	London	00:38:11
5	Isle of Wight	00:38:37
6	Yorkshire	00:42:36
7	North East	00:48:44
8	North West	00:49:50
9	East of England	00:52:20
10	South Western	00:59:15
11	East Midlands	01:04:42

C3		Mean
England		01:03:16
1	West Midlands	00:39:30
2	Yorkshire	00:48:58
3	South Central	00:51:45
4	London	00:52:31
5	Isle of Wight	01:01:03
6	North West	01:08:07
7	East Midlands	01:14:08
8	South Western	01:14:17
9	South East Coast	01:23:05
10	East of England	01:25:46
11	North East	01:26:38

C3		90th
England		02:28:30
1	West Midlands	01:27:56
2	Yorkshire	01:58:25
3	South Central	02:01:20
4	London	02:06:02
5	Isle of Wight	02:28:27
6	North West	02:42:57
7	South Western	02:51:58
8	East Midlands	02:55:19
9	South East Coast	03:13:49
10	North East	03:19:11
11	East of England	03:27:03

C4		Mean
England		01:25:38
1	West Midlands	00:57:51
2	East Midlands	01:04:04
3	Yorkshire	01:09:52
4	South Central	01:14:36
5	London	01:16:38
6	North East	01:24:03
7	North West	01:27:54
8	East of England	01:42:03
9	Isle of Wight	01:48:24
10	South East Coast	01:50:32
11	South Western	02:00:57

C4		90th
England		03:17:08
1	West Midlands	02:22:26
2	Yorkshire	02:43:41
3	East Midlands	02:45:58
4	South Central	02:50:28
5	London	02:52:13
6	North West	03:08:59
7	North East	03:37:55
8	Isle of Wight	04:05:39
9	East of England	04:11:47
10	South East Coast	04:12:29
11	South Western	04:17:40

**Table 2b:**

**SECamb Performance for November 2018**

Nov 18 @ 05/12/2018	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 Coastal West Sussex CCG	Sussex	00:08:00	00:14:37	00:16:54	00:31:40	02:33:39	03:34:14
NHS Crawley CCG	Sussex	00:05:34	00:09:10	00:16:21	00:33:29	02:50:08	01:59:23
NHS Horsham and Mid Sussex CCG	Sussex	00:08:33	00:15:39	00:21:09	00:38:01	02:36:32	04:30:20
Sussex & East Surrey STP**	SES STP	00:07:09	00:13:35	00:17:43	00:33:23	02:41:06	03:34:21
SECamb commissioned Totals	SECamb	00:07:30	00:13:58	00:19:24	00:36:51	03:13:09	04:09:35

**SECamb Performance for November and Year to Date**

Apr - Nov 2018 @ 05/12/18	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 Coastal West Sussex CCG	Sussex	00:07:37	00:14:22	00:17:27	00:33:13	02:45:51	03:58:31
NHS Crawley CCG	Sussex	00:05:59	00:10:09	00:16:23	00:34:30	02:44:07	03:57:00
NHS Horsham and Mid Sussex CCG	Sussex	00:08:50	00:16:26	00:21:07	00:38:20	03:00:35	04:46:45
Sussex & East Surrey STP**	SES STP	00:07:18	00:13:57	00:17:36	00:33:56	02:50:44	04:13:23
SECamb commissioned Totals	SECamb	00:07:39	00:14:12	00:18:22	00:34:54	03:05:15	04:24:05

**Table 3:**

**Winter Plan Structure Framework**

