

West Sussex Health and Adult Social Care Scrutiny Committee

Wednesday 8th March 2023

South East Coast Ambulance : Update from 23rd November 2022

Report from: Emma Williams, Executive Director of Operations

David Ruiz-Celada, Executive Director of Planning and Business Development

Author: Helen Wilshaw, Strategic Partnerships Manager

Summary

This report updates the committee on the 3 areas requested at the 23rd November meeting as follows:

- (1) the Make Ready Centres strategy and rollout
- (2) the Improvement Journey progress following 2022 Care Quality Commissioner inspections
- (3) the Ambulance Response Performance and trends since last report

Strategic Estates Update and Make Ready Centres Rollout

1. The current Estates Strategy covers the period of 2019 – 2024 and the most recent progress update of 22 August 2022 provides details of the make ready centre rollouts. The following update is scheduled for quarter 4 2022/23.
2. The full update covers the following areas: -
 - The Facilities Management contract review
 - The Infrastructure Development Plan across Operations, Fleet, Logistics and Medicines departments
 - The team development to support the Infrastructure Development Plan
 - The NHS carbon footprint, net zero update
 - The Make Ready Centres update, as part of the Trust's estate's deliverables.
3. Some key highlights of Make Ready initiative are that:

- It enhances and improves the service it provides to the community.
 - It minimises the risk of cross-infection, frees up front-line staff – who traditionally cleaned and re-stocked ambulances – to spend more time treating patients, and keeps vehicles on the road for longer.
 - The initiative ensures that specially trained operatives regularly deep-clean, restock and check vehicles for mechanical faults.
 - Make Ready Centres are supported by a network of Ambulance Community Responses Posts (ACRPs) across the area with staff beginning and ending their shifts at the new centre.
 - During their shifts, staff will respond from the MRC and ACRPs which will provide facilities for staff. These are located based on patient demand.
 - Crews continue to respond from the same towns under the system but begin and end their shifts at staggered times with a vehicle that is fully prepared for them.
 - The system ensures crews have access to improved training facilities and opportunities and increased support from managers.
4. As part of the Estates Strategy, the following provides relevant extracts with regards to the Make Ready Centre (MRC) rollout and redevelopment programme.

The latest update to the Estates Strategy was developed in 2019-20. Since then, the pipeline has been progressed to successfully deliver circa £50m of major infrastructure projects as follows: -

Deliverables

- Brighton Make Ready – completed Jan 2021
- Banstead Make Ready – completed May 2022
- Medway Make Ready, incorporating new EOC and 111 call centres – implementation is in progress, and it's anticipated that staff will start moving into the new site during [Jun 2023](#).
- Worthing Make Ready - redevelopment completed Jun 2021
- Sheppey Make Ready - redevelopment completed Aug 2021

The update also indicated the priorities for future infrastructure investment to continue progress against our Make Ready programme. The following Operating Units were identified as the areas of focus for our future MRC investment:

Pipeline Projects

- Chertsey – requires a larger footprint for a MRC – significant remedial and remodelling work completed following site flooding
- Guildford – requires larger footprint for a MRC
- Dartford – leased unit has no capacity to expand
- Paddock Wood – leased unit requires a new MRC in a better location to support operational performance

Early feasibility studies have been completed to establish the possibility of redeveloping the existing sites, however both Chertsey and Guildford require larger footprints should we wish to build our standard MRC. Land purchases at Chertsey and Guildford have been investigated, the challenge being the lack of suitable and affordable sites in the right locations which has caused a delay in the business case phase.

Dartford is a leased industrial unit and would require an alternative site to be identified to establish a new MRC, particularly considering the likely significant increase in residential and industrial activity planned for the region. The existing unit has no capacity to expand so requires a new larger site to enable this.

Paddock Wood is also a leased industrial unit and the next break opportunity is 2026. The site is suitable but has two key restraints, firstly the location is not ideal to support operational performance for Maidstone and Tunbridge Wells. Secondly parking is very limited. The current site also hosts a range of non-operational and support services

Learning Points

To ensure our Make Ready programme remains fit for purpose and delivers the benefits identified in Business Cases it is vital we review the delivery model and standard design to take advantage of opportunities to improve. A key input will be the data available from our Performance Cell for demand modelling of patient care, operational responsiveness, and efficiency of support services.

1. Use of Performance Cell modelling data to ensure the optimum location for the MRC and supporting Ambulance Community Responses Posts (ACRP's) are efficient in supporting operation performance
2. Review of the Make Ready operating model, for example should fleet be integral or managed on its own hub and spoke model. What training facilities are necessary and how does this link with Clinical Education strategy.
3. What impact will the Green Plan have on the mechanical and electric design.
4. Production flow through the building of vehicles is this still the best model
5. Benefits realisation reporting needs to be more robust
6. Review of the procurement model for new MRCs for example Design & Build vs Traditional and the range and scope of external contractors. Plus the evaluation process for appointments and contract awards

The benefits realisation for Brighton MRC is being collated and outputs used to inform our future decision making.

We have taken early learning and identified opportunities to improve our delivery by better co-ordination of our service requirements to ensure we capture all our requirements and are able to consolidate investment and activity across all our support services. By taking feedback from our internal customers, we have been able to enhance our facilities management specification to provide a one-stop call process for operational staff and the need to provide 'on call' arrangement to cover business continuity issues. A full lesson learned methodology will be completed to help inform our decision making.

A key risk to delivery of the identified c £70m of Pipeline Projects in the short/mid-term over the next 1-5 years is 'affordability' and the potential impact and prioritisation against the other demands on our Capital Plan. This will require a new risk-based approach to our future estate infrastructure investment.

CQC Inspection, Rating, and Improvement Journey

4. Following the report provided in November 2022, the Trust has continued to address the findings highlighted in the August and October 2022 CQC reports and deliver outcomes from the Improvement Journey and its 4 pillars of focus (see below).
5. Work includes improving learning from incidents, as well as further recruitment and greater retention of staff. It also involves growing the Trust's voice within the wider NHS system to support improved patient pathways, reduce hospital handover delays and develop new partnerships.
6. Through the Recovery Support Programme, the Trust will receive intensive support from NHS England to help it improve and the Trust must set out clear actions and objectives on how it will bring its services up to the required standard.
7. Trust Board updates are provided by David Ruiz-Celada, Executive Director for Planning & Business Development and Matt Webb, Associate Director of Strategic Partnerships, most recently for the 2nd February 2023 Trust Board and the following relevant extracts (noting original report numbering retained for cross referencing purposes) are shared with the committee to provide an overview of recent progress: -

1. Background and portfolio aim and objectives

1.1. The Improvement Journey is the delivery framework across the organisation, developed in response to the Care Quality Commission (CQC) and NHS Staff Survey feedback in early 2022.

1.2. Each programme is led by an executive, with support from a second member of the Executive Management team. The oversight of the Improvement Journey portfolio sits with the Director of Planning and Business Development and Director of Quality and Nursing:

	Executive Lead	Secondary Lead	Workstream Aim
QUALITY IMPROVEMENT 	Director for Quality and Nursing	Medical Director	<i>We listen, we learn and improve</i>
PEOPLE & CULTURE 	Director of HR and OD	Director of Operations	<i>Everyone is listened to, respected, and well supported</i>
RESPONSIVE CARE 	Director of Operations	Director of Planning and Business Development	<i>Delivering modern healthcare for our patients</i>
SUSTAINABILITY & PARTNERSHIPS 	Director of Finance	Director of Planning and Business Development	<i>Developing partnerships to collectively design and develop innovative and sustainable models of care</i>

1.3. The objectives for each programme were initially defined by the immediate need to address Section 29A warning notices issued to the Trust by the CQC, and the associated “must-do” (MD) and “should-do” (SD) actions outlined within the inspection reports in June and October 2022 (Appendix 1).

1.4. In addition to this, on 14 June 2022, the Trust formally entered the national NHS England Recovery Support Programme (RSP), provided to all trusts and integrated care boards (ICBs) in segment 4 of the NHS Oversight Framework (2022). As a result of this, the Trust has been allocated an Improvement Director and is required to meet a set of “RSP Exit Criteria” (Appendix 2).

1.5. Lastly, the Board commissioned RSM UK (provider of audit, tax and consulting services) to conduct a review of the governance arrangements put in place by the Trust to assure 2022 progress against the Improvement Journey. As a result of this review, 11 “RSM considerations” were made (Appendix 3).

1.6. As our Trust-wide approach to continuous improvement is developed, any Trust improvement initiative, whether it be directly or indirectly impacting patients, will continue to be facilitated through this framework.

1.7. Whilst there has been every effort to involve staff at all levels in the development of the plans through the setting of the Trust priorities in June, this plan has been mainly driven by the executive and middle-to-senior

management due to the immediate nature of the requirements for improvement and the focus on Well-Led.

1.8. The Trust has now commenced the transitional period focused on implementing and developing a “Patient-to-Board” approach to continuous improvement, ensuring anybody across SECAMB can be a part of our Improvement Journey.

1.9. This continuous improvement approach based on empowering those closest to patients to drive improvements will be a key enabler for the Trust to deliver its long-term strategic goals on a sustainable basis.

2. Summary since the last report (Board Report – December 2022 (reporting on 22.01.23))

2.1. People & Culture

2.1.1. The Culture Working Group has been established by the Executive Management Board to oversee and provide assurance on the implementation of the NHS England Culture & Leadership Programme and associated workstreams covered by the umbrella programme.

2.1.2. The purpose of the Culture & Leadership Programme is to develop and implement strategies for collective leadership which result in a culture that delivers high quality, continuously improving, compassionate care, improving the health and wellbeing of staff and leading to better health outcomes for patients.

2.1.3. The working group is completing the scoping phase, determining project resources, funding, communications and associated plans. The Culture Working Group will next be moving into the discovery phase, diagnosing, identifying, and establishing existing organisational culture using six culture tools. These include patient experience assessments, leadership behaviour surveys, culture focus groups, Board interviews and leadership workforce analyses.

2.1.4. As a result of the external HR review, a Programme Director (Culture & Leadership) has been recruited to lead this programme, commencing on the 8th of March 2023, whilst a business case for additional support is pending approval (expected by the end of January 2023).

2.1.4.1. The Programme Director (Culture & Leadership) will also be supported by an external associate commissioned by the NHS England Transformation Team, who will assist with programme implementation and help the Board to define its vision.

2.1.4.2. The People & Culture programme temporary project lead post, introduced to ensure progress against warning notice four, was discontinued in December 2022.

2.1.5. Over 394 managers have now completed the Sexual Safety workshops and there have been 4 cohorts of 12-14 people each on the first-line managers' Fundamentals leadership development programme, a total of 59 managers have attended this programme.

2.1.6. In terms of key risks, the Trust continues to operate at a sustained level of high operational pressure leading to challenged recruitment with increased staff turnover and sickness, further impacted by ongoing industrial action. (Risk ID 348 – Culture & Leadership and Risk ID 14 – Operating Model).

2.2. Sustainability & Partnerships

2.2.1. Following the Executive Management Team facilitating workshops with the Board, Council of Governors and wider leadership team to develop the strategic priorities for the Planning team will be meeting with each executive director and their teams during the next 3 weeks to help define the objectives and key results for 2023/24 based on the strategic objectives set by the Board and Council of Governors in November and December of 2022.

2.2.2. These will form the bases of our interim delivery and improvement plan for the course of 2023/24 and the Board will sign them off as part of the Planning and Budgeting at the Board in April 2023.

2.2.3. A review of each executive director's portfolio and their respective accountability is ongoing, as part of our review against the RSP-L2 requirement "Clear lines of responsibility and accountability for individual executives", with any amendments to be agreed on by Tuesday 28th February. This aligns with the ongoing effectiveness and governance reviews of corporate functions which follow those undertaken across the Trust's clinical governance groups.

2.2.4. Reporting arrangements have been revised to ensure regular monthly finance Board reporting, including current financial position, mitigating actions and forecasts, together with regular reporting to the wider system via the Trust's lead commissioner and System Assurance Meeting (SAM).

2.2.5. Development of a new Sustainability & Partnerships section within the IQR is in progress and is due to be completed by 31st January 2023.

2.2.6. The Board conducted its first review of the internal Well-Led self-assessment led by the Improvement Director. Our position remains as "Requires Improvement", and the gaps identified will be used to shape the Board Development programme going forward.

2.3. Quality Improvement

2.3.1. The Quality Improvement Group (QIG) has not met since early December 2022, however, reconvened bi-weekly as of 24th January 2023. The delivery lead for this programme has changed to the recently appointed Head of Quality & CQC Compliance, with a handover having taken place from the prior delivery lead (Associate Director of Quality & Compliance – Medical).

2.3.1.1. The Quality Improvement programme temporary project lead post, introduced to ensure progress against warning notices two and three, was discontinued in December 2022.

2.3.2. As part of the transition of the Improvement Journey delivery into existing governance, day-to-day oversight of the majority of the QIG workstreams has now transferred to the Quality Governance Group (QGG). Strategic oversight of overall progress remains with the Improvement Journey Steering Group which meets weekly and is co-chaired by the Director of Quality and Nursing.

2.3.3. Delivery and workstream leads have identified key metrics aligned with the CQC must-do requirements. These are currently being added to the existing Quality Dashboard to support timely triangulation and escalation of issues.

2.3.4. Significant BI development is ongoing to develop robust patient-to-board quality, performance, and workforce integrated reporting, following the implementation of “Make Data Count”. All reporting is now being migrated to SPC charts, not only the Board’s Integrated Quality Report.

2.3.5. The Trust’s first Quality Improvement (QI) training session for Trust staff is scheduled for 25th January 2023, with the first QI project concerning keeping patients safe in the 999-stack having commenced with process flow mapping started on the 4th of January. Both activities are currently being led by the recently appointed Deputy Director of Quality Improvement and actively publicised through our communications channels to increase the visibility of the QI agenda.

2.3.6. The Learning from SI Forum has been established and is coordinating the identification and cascade of learning from incidents and SIs. This forum will inform the next Trust Quality Summit, which is scheduled for March 2023.

2.3.7. Formal planning for the introduction of the Patient Safety Incident Response Framework (PSIRF) is underway to ensure readiness for implementation in September 2023, with the PSIRF Implementation Lead position currently out to advert.

2.3.8. In terms of key risks, the programme has highlighted that the timely review of risks in accordance with Trust policy may become challenged once

the high-level director input stops post-CQC improvement. Additionally, concerns continue regarding the capacity within the End-of-Life Care (EOLC) team to effectively reduce the needs for unanticipated EOLC (Risk ID 282 – Risk review within policy arrangements and Risk ID 75 – End of Life Care).

2.4. Responsive Care

2.4.1. In light of current operational pressures, a prioritisation exercise has been undertaken by the Executive Lead and as a result, several changes have been made to the Response Care programme and have been subsequently approved by the Responsive Care Group (RCG) and the Improvement Journey Steering Group.

2.4.2. The following RCG workstreams are currently being prioritised: -

- Field Operations Rota Implementation
- Emergency Operations Centre Recruitment & Retention - particularly Emergency Medical Advisors (Call handlers)
- Hear & Treat Optimisation (with a focus on keeping patients safe during periods of high demand).
- Review of Dispatch Processes

2.4.3. The scope of the following workstreams has been revised to ensure prioritisation of the CQC must-do requirements:

- Operational Support - primary focus altered to asset tracking and equipment management (Must-Do 12 and Must-Do 13).
- Job Cycle Time - the innovation work with the Clinical Advisory Group to improve 'time on-scene' will be paused until 1 April 2023.
- Operational Workforce Delivery - this workstream will be de-scoped from the Responsive Care programme as it will now form part of the People & Culture programme and Annual Planning Group.

3. Progress against Warning Notices

3.1. The Section 29A warning notices issued to the Trust by the CQC expired on 18th November 2022. CQC colleagues will conduct a review of our progress on the 31st of January 2023 in the form of a management presentation.

3.2. Overall progress against meeting the WN target evidence achieved 100% by the end of December 2022, with all supporting evidence being quality assured.

3.3. Appendix 4 provides a summary of the actions taken together with the expected impact and links to relevant evidence. This will support a presentation by the Executive Management Team to the CQC at the end of January 2023.

	Sep-22	Oct-22	Nov-22	Dec-22
Overall Progress against WN	42%	60%	99%	100%

- Note that 100% completion relates to our target evidence as scoped and approved at Board in July 2022. There remain clear next steps across all warning notices to deliver the full scope of the improvements we require, and those are tracked through within the Must-Do, Should-Do and RSP exit criteria, as well as our Strategic Priorities for 2023/24.
- As of the 31st of January 2023, the Board had an engagement session with CQC where the progress to date was presented to CQC inspectors. The progress to date was noted and the Warning Notices expired as of the 18th of November.
- The Trust’s focus now shifts to deliver continued improvements in line with the Must-Do actions, with a specific focus on improving the Culture, and Quality and Performance Management Governance Frameworks.

4. Progress against Warning Notices and Must-Dos

4.2. As part of the transition to CQC must-do actions, the Improvement Journey delivery leads have been empowered to develop and determine metrics to support the monitoring of each programme’s respective actions, providing evidence that the assurance target fulfils the regulatory requirements.

4.3. Appendix 1 (full report) provides a summary of the 15 must-do requirements, together with the key CQC report findings, governance and assurance mechanisms, associated metrics and additional evidence requisites. This will form the basis of assurance for the Board on an ongoing basis.

5. Progress against RSP Exit criteria

5.1. The Improvement Journey Portfolio Team will be reviewing all outstanding RSP exit criteria during Q1 2023/24, determining how these will be progressed by the September 2023 deadline, with assurance continuing to be provided through the Improvement Journey Steering Group to the Trust Executive Management Team and Board.

5.2. Whilst the current Improvement Journey priority is the achievement of and demonstrating significant process against the CQC must-do requirements,

considerable progress has been noted in relation to the leadership and governance, and communications and engagement RSP Exit criteria.

5.3. Of the 19 RSP Exit criteria, eleven actions are on-track, seven are delayed with outstanding milestones considered achievable prior to the deadline, and one requirement is delayed with mitigations currently being determined by the responsible persons.

6. Progress against Internal Audit (RSM) considerations

6.1. Overall progress against achieving the RSM considerations is 85%, up from 82% as reported in December's Board report.

8. The subsequent update report is scheduled for the April 2023 Trust Board.

Performance

9. The committee has requested an update on patient wait and transfer times. This is illustrated via the Ambulance Response Performance metrics and Ambulance Quality Improvement metrics since last reporting November 2022.
10. As per last report, it is important 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 (ICBs) to mitigate this for the coming financial year 2023/24.
11. Additionally, there has been a change in activity profile and acuity of calls being received with the percentage of the combined higher acuity Category 1 and Category 2 calls, growing from 55-60% of all ambulance responses to over 70% since October 2021, requiring increased resources to meet the targets. 2022 has been as equally challenging as 2021 and as a result, the Trust's 999-service has struggled to achieve its Ambulance Quality Indicators (AQI), for both its Emergency Operations Centre (EOC) call answering and ambulance response times. This is not isolated to the Trust, where the performance challenges of the past two years have been experienced by all ambulance trusts across the UK.
12. 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 for the higher acuity activity Category 1 (C1) and Category 2 (C2), whereas the

lower acuity Category 3 (C3) and Category 4 (C4) response performance remains challenged and is a key focus of current UEC transformation initiatives aligned to the Responsive Care deliverables as outlined in the Improvement Journey update above.

13. **Annex A** illustrates the Trust's October 2022 to January 2023 ARP performance for all categories and position against the national average. Whilst these results are still below the required quality indicators, it is noted that performance is above the national average for C1 and C2 mean, particularly notable across C2, where the Trust has remained on average 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 January 2023, after a challenged December where reduced patient flow resulting from lack of care packages and community beds severely impacted system results. Also to note that there has been a change in pattern of demand and hence related performance since the commencement of Industrial Action in December which has seen a general reduction in activity in the period since then; however whilst this was a significant decrease initially, more recently the demand has returned to a level more consistent with that seen pre-industrial action.
14. C3 and C4 performance is more challenged at +14 mins and +18 mins respectively above the mean England position in January 2023, however, this is showing a significantly improved response time versus the preceding Summer 2022 and Winter 2022/23 months and improvement remains a key focus of UEC development initiatives for the Trust.
15. The West Sussex geography is served by 3 dispatch desks, Worthing, Tangmere and Gatwick. The combined ARP January 2023 performance versus the October 2022 performance is highlighted in **Annex B** and is also showing an improved position for all C1- C4 mean and 90th centile metrics versus the Trust region wide, including achieving C3 and C4 targets of 2 hours and 3 hours response respectively.
16. **Annex C 1)** Illustrates an increased handover time across Sussex, however **Annex C 2)** shows an improved January 2023 trend for West Sussex hospitals. ARP performance links closely with the handover performance at both Worthing District General Hospital and St. Richards Hospital have both improved in January, alongside reduced 999 acute conveyances.
17. There remains ongoing dialogue to provide a more effective front door process, alongside development work for a full and consistent Same Day Emergency Care pathway offer as a non-bedded alternate to the Emergency Department presentation which aims to better provide swift acute intervention whilst returning to community support where able for appropriate patients. This is

imperative to provide the most effective support for the falls and frailty cohort and is additionally supported by the Trusts CQUIN (Commissioning for Quality and Innovation framework) to improve care for elderly fallers. This includes introducing falls specific community first responders.

West Sussex Stroke Reconfiguration

18. The Trust has supported the West Sussex stroke reconfiguration programme since inception 2018 and fully support the preferred option presented for public consultation. We will also support the public consultation online and in person events as part of Trust system engagement.

<h3>Recommendations and Next Steps</h3>
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19. SECAmb requests the Health and Adult Social Care Scrutiny Committee to note the report update areas as requested from the November 2022 committee and the West Sussex stroke reconfiguration engagement.

Report contact

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Annex A

Ambulance Response Performance Metrics October 2022 – January 2023

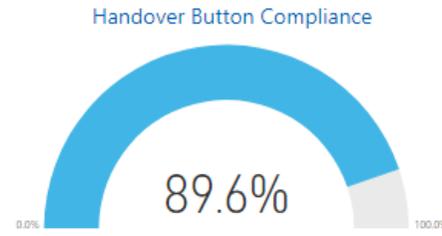
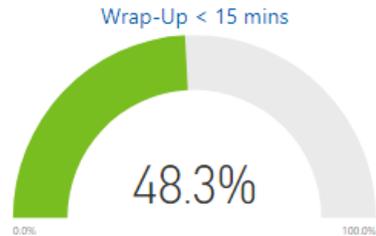
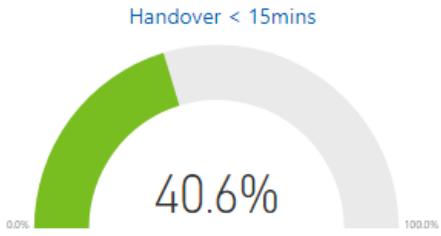
Date		October			November			December			January		
Incident Response Level		England	SECAMB	SECAMB National Position									
Category 1	Mean	00:09:56	00:09:42	6th	00:09:19	00:09:38	6th	00:10:57	00:11:02	8th	00:08:30	00:08:26	4th
	90 th Centile	00:17:42	00:17:40	6th	00:16:38	00:17:20	7th	00:19:25	00:19:28	6th	00:15:11	00:15:36	7th
Category 2	Mean	01:01:19	00:36:54	2nd	00:47:59	00:38:47	4th	01:32:54	00:46:14	2nd	00:32:06	00:23:53	2nd
	90 th Centile	02:16:11	01:15:33	2nd	01:45:45	01:19:08	3rd	03:41:48	01:36:50	2nd	01:08:01	01:48:05	2nd
Category 3	Mean	03:34:34	02:51:50	4th	02:42:28	03:01:00	8th	04:19:10	03:52:13	4th	01:26:09	01:39:58	7th
	90 th Centile	08:49:35	06:52:54	4th	06:51:31	07:17:45	8th	11:05:56	09:55:36	5th	03:17:28	03:39:20	7th
Category 4	Mean	04:01:52	04:01:22	7th	03:12:34	04:11:33	11th	04:35:09	05:05:14	7th	01:48:46	02:07:04	9th
	90 th Centile	09:54:11	09:22:58	7th	07:48:12	10:07:35	10th	11:39:08	12:38:11	7th	04:16:35	4:58:52	9th

Annex B West Sussex ARP Performance metrics – January 2023: Gatwick, Worthing, and Tangmere Dispatch Desks

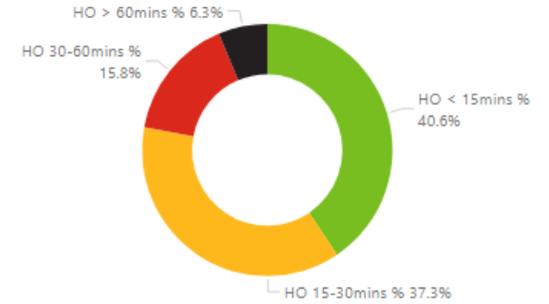
Category	Target		AQI								
	Mean	90th Centile	Incidents	Mean	90th Centile	95th Centile	99th Centile	Incidents %	H&T %	S&T %	S&C %
C1	00:07:00	00:15:00	673	00:08:02	00:15:33	00:18:21	00:23:56	7.75%		37.44%	62.56%
C1T	00:19:00	00:30:00	421	00:09:24	00:17:43	00:18:26	00:27:08			37.44%	62.56%
C2	00:18:00	00:40:00	5449	00:21:28	00:44:09	00:59:13	01:35:50	62.78%		31.33%	68.67%
C3		02:00:00	2477	01:30:46	03:19:15	04:32:15	07:29:03	28.54%	0.12%	49.36%	50.52%
C4		03:00:00	80	02:01:56	05:10:20	05:57:57	11:23:03	0.92%		40.00%	60.00%
HCP 3			148	01:14:34	03:03:44	04:03:40	05:15:19				
HCP 4			129	01:25:47	03:38:26	04:30:21	06:23:31				
IFT 3			76	01:03:00	02:18:48	03:05:05	04:48:13				
IFT 4			13	01:10:06	01:18:26	03:54:46	07:01:56				
HCP 60				0:0:0	0:0:0	0:0:0	0:0:0				
HCP 120				0:0:0	0:0:0	0:0:0	0:0:0				
HCP 240				0:0:0	0:0:0	0:0:0	0:0:0				
ST	All Incidents		3274	32.85%							
SC	All Incidents		5769	57.89%							
HT	All Incidents		923	9.26%							
Count of Incidents			9966								
Count of Incidents with a Response			9043								
999 Mean	Call Answer Target 00:05		61064	00:26							
999 90th	Call Answer Target 00:10			01:45							
Trust EOC 999 Abandoned Calls			1250	2.0%							
A0	EOC All Calls		11489								

Annex C 1) : Ambulance Handover Performance – Sussex Health & Care Partnership ICS October 2022 - January 2023

Date Range: 01/10/2022 - 31/01/2023
 Location: All
 Main Hospitals: All
 NHS Trust: Multiple selections
 ED/Non ED: Multiple selections
 ICS: Sussex Health and Care Partnership ICS



Hospital Handover Times

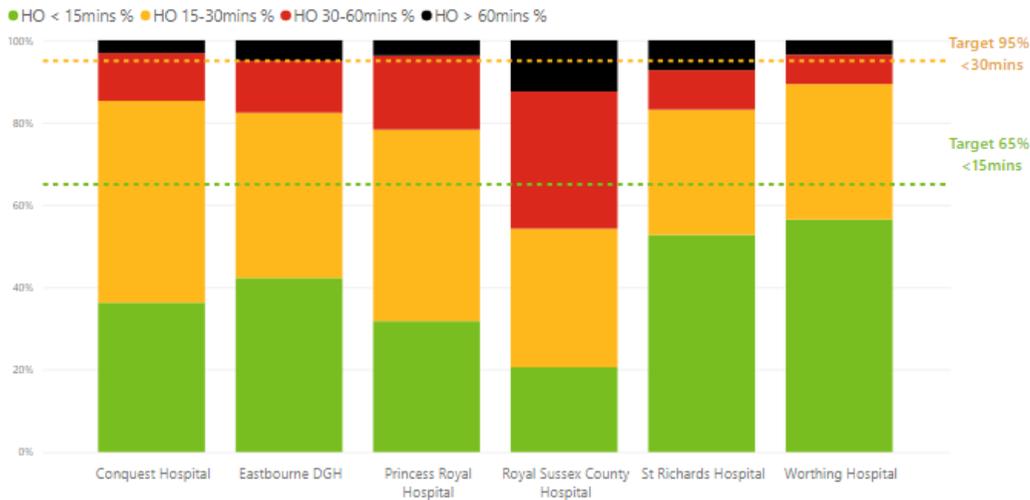


Avg Handover Time
00:24:16

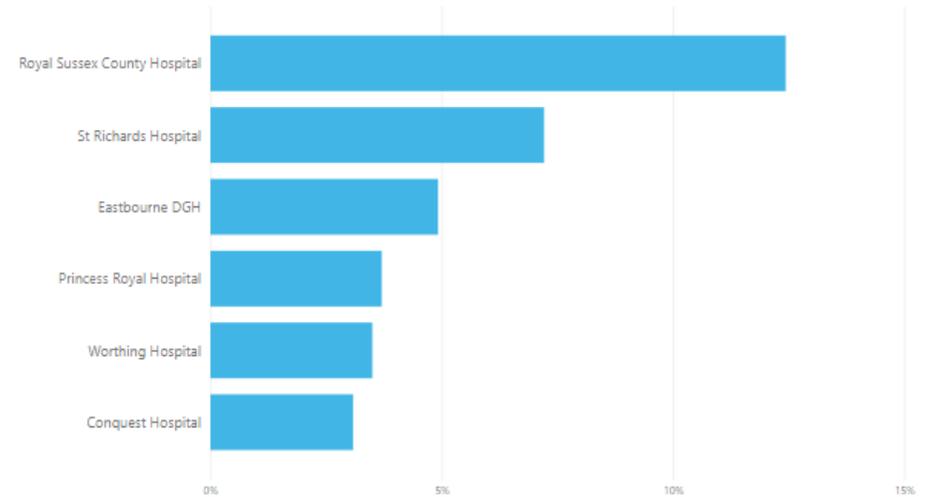
Avg Wrap-Up Time
00:17:42

Total hours lost
10,135.31

%Handover Time by Hospital

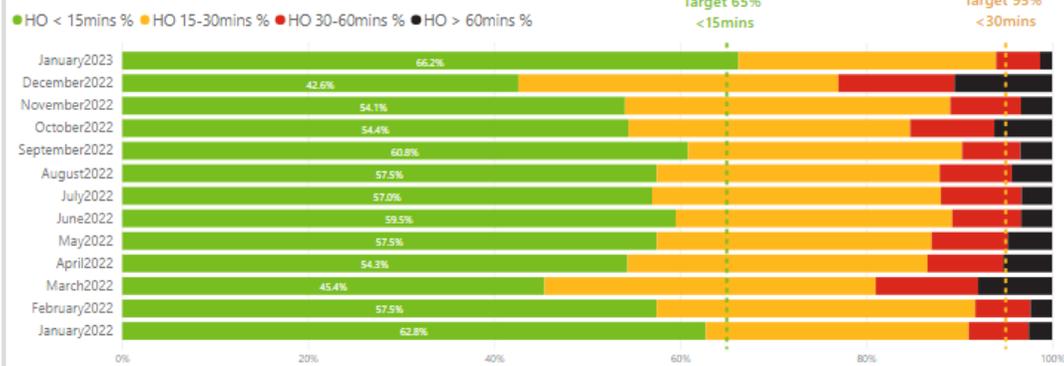


Handover > 60mins % by Name

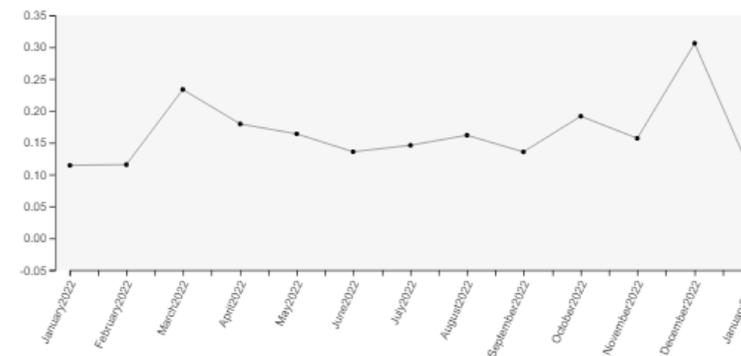


Annex C 2) Ambulance Handover Performance – West Sussex, University Hospitals Trust West January 22 – January 23

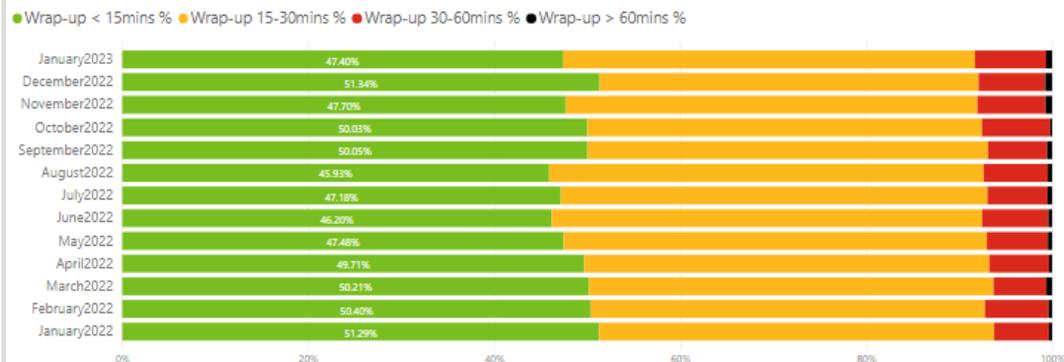
Recorded Handover Delay



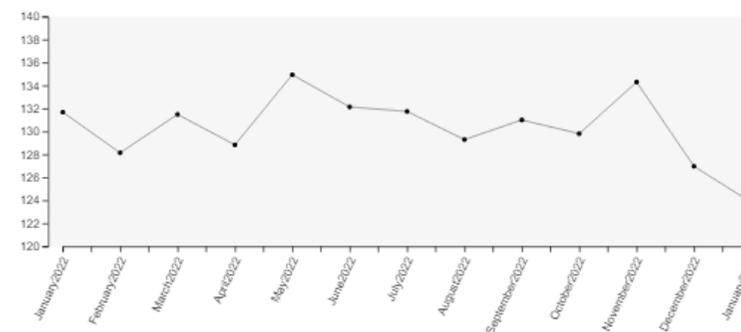
Hours Lost per Journey



Recorded Wrap Up Delay



Average No. of Transports per Day



Worthing – continues to provide the best handover performance in West Sussex. Urgent Treatment Centre 999 access is via a non-direct ED pathway; however this enables single queue visibility. Emergency Floor access review versus SDEC criteria ongoing.

St. Richards – handover process good but discharge flow has remained challenging. Escalation process includes boarding & peer review.