EAST SUSSEX COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
28TH MARCH 2019
SOUTH EAST COAST AMBULANCE SERVICE UPDATE

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This report updates the committee on the South East Coast Ambulance Service
CQC report, Executive leadership development, the Ambulance Response
Programme, the Demand and Capacity review and resulting Service Transformation
and Delivery Programme, alongside other strategic performance updates and local
performance for East Sussex.

1.   Background

1.1   SECAmb during the past two years has undergone a significant period of
        transformation following the initial CQC visit of 2016, resulting a in a number
        of key programmes of transformation and service delivery.

2.   CQC Update

2.1   Following the CQC published report on the 29th September 2017, the result
        of which saw the Trust rated as 'inadequate' and to continue in special
        measures, SECAmb has been on an improvement trajectory. Further
        unannounced visits from the CQC saw their formal recognition of the progress
        that the Trust was making, largely achieved through a comprehensive work
        programme overseen by the Trust's Programme Management Office (PMO).

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

2.3   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.

2.4   Some of the key areas of feedback are:

2.4.1   Staff cared for patients with compassion. All the staff inspectors spoke with were motivated to deliver the best care possible. Feedback from patients and those close to them was positive.

2.4.2   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.

2.4.3   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.

2.4.4   An external review also recognised the impressive turnaround in performance.

2.4.5   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.

2.4.6   A significant improvement in the process for investigating complaints and the quality of the Trust's response to complaints since the previous inspection

2.4.5   SECAmb continues to align practice between its 111 service and the 999 Emergency Operations Centre through learning from its good practice and combined management structure.

2.5   Following the publication of the report and its findings, the Trust has been working with its Project Management Office (PMO) on a delivery plan to continue the progress and improvements required (**Annex A** shows the Must Do and Should Do areas required).

3   NHS Staff Survey 2018

3.1   The results from last years (2018) NHS staff survey recently published, resulted in positive results for SECAmb compared to previous years surveys.

3.2   The results of individual questions, grouped into 10 key themes, represents the best ever scores for SECAmb since they were introduced in 2014, and when compared to last year's scores, shows significant improvements in every area where comparison is possible.

3.3   The Trust had a response rate with 53% of staff completing the survey compared to a sector average of 49%.

3.3   Areas of improvement included in the themes of safety culture, morale and quality of care. Compared to 2017, more staff look forward to going to work and staff are more enthusiastic about their jobs. The number of staff who

would recommend SECAmb as a place to work has risen nearly 20 per cent in a year. Please see **Annex C.**

4 Executive Board Recruitment

4.1 SECAmb has continued to recruit to Executive and Non-Executive team.

4.1.1 Steve Emerton appointed to the role of Executive Director of Strategy and Business Development on 2nd January 2018.

4.1.2 Ed Griffin appointed to the role of Executive Director for HR on 7th March 2018 has recently announced his resignation to take up a post at the Institute for Employment Studies heading up HR Consulting and Research. Recruitment for Ed's replacement has already begun.

4.1.3 Bethan Haskins, appointed to the role of Executive Director of Nursing and Quality and started on the 1 April 2018.

4.1.4 Dr Fionna Moore has been appointed as the Trusts Substantive Executive Medical Director, following an interim period of the past 14 months.

4.1.5 Following the departure of the Trusts Chairperson, Richard Foster, David Astley was appointed in September 2018.

4.1.6 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. Following the recent recruitment process, a successor has been appointed, but the Trust is unable to announce who will replace Daren at this moment in time as the process has not fully concluded.

4.1.7 The Trust has 9 Non-Executive Directors (including the Chair) who have a breadth and wealth of experience across different sectors as well as the NHS.

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 fully reviewed since the mid 1970's. There was however an earlier review with new standards introduced in March 2001 where a move away from the Rural/ Urban ORCON standards saw Cat A, B and C prioritisation introduced. The Ambulance Response Programme (ARP) has superseded this.

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 22nd 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. **Annex D**

6   **Demand and Capacity Review**

6.1   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.

6.2   The approach from Deloitte and ORH was in the form of a 'Demand and Capacity' review to understand the relationship between resources, performance, and finances.

6.3   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.

6.4   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 since been procured and are being rolled out across the Trust by March 2019.

6.5   The NET vehicles will support The Trust to improve response to patients who are not in a serious or life-threatening condition. Primarily they will serve patients who have been assessed by a Health Care Professional, 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.

6.6   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.

6.7 Work has already begun on the delivery of this model through the Service Transformation and Delivery (STAD) Programme implementation with staff recruitment and fleet procurement underway. A key part of the delivery is that Q1 2019/20 will see C1 performance achievement on a sustainable basis, and the introduction of the full model for all categories of performance, with sustainability fully achieved by Q4 2020/21.

6.8 The Emergency Operations Centres (EOC) will also see an increase in its staffing levels with an uplift from 308 full time equivalents (FTE) to 398 by Q4 2020-21. This uplift will ensure that call-answering times are at 95% of calls answered within 5 seconds.

6.9 An increase in the EOC's of Clinical supervisors will see an improvement of 'Hear and Treat' from the current 6% to 10% early 2019-20.

7 Fleet

7.1 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.

7.2 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.

7.3 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.

8 Handover Delays

8.1 SECAmb is leading on a system wide programme of work focusing on reducing ambulance hours lost at hospital sites due to handover delays and led by a Programme Director appointed by SECAmb who prior to this appointment worked for a community trust.

8.2 Some good progress has been made overall, and for the month of February 2019, the total ambulance hours lost (Amb Hrs Lost at Hosp >30 mins) was 5,335 which is equivalent to 444, 12-hour ambulance shifts for the month. This is a reduction when compared to the same period last year (5,704 hours) but remains of significant concern. Most hospital sites are losing fewer hours than in February last year, but there are some significant outliers where hours lost are greater when compared to the same time last year.

8.3 East Sussex Healthcare NHS Trust (ESHT) saw a slight increase of 1.5% for the month (599) when compared to 2018 (590). However, this is still a significant improvement when compared to 2016 (640) and 2017 (815) and reflects the 'joined up' working and determination of both SECAmb and ESHT's operational teams to reduce ambulance time lost at both the Eastbourne district General and Conquest Hospitals.

8.4 A key part of the work stream has been to develop together (SECAmb and 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-ED destinations.

8.5 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.

8.6 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.

8.7 Peer reviews looking at the handover process at individual sites have also taken place at some hospitals, where the Chief Operating Officer (COO) 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 ESHT COO has been a part of this programme. The peer reviews have been received positively and have been a good way to share best practice across hospital sites.

9 Estate

9.1 The Polegate and Hastings, and Brighton Operating Units primarily cover East Sussex with an overlap across the county's borders from the Paddock Wood (Kent) and Tangmere (West Sussex) Operating Units. Both Polegate and Hastings have established Make Ready Centres with Polegate being the more recent development. They are supported by a number of strategically placed 'Ambulance Response Posts', some of which have facilities for crews to use and are where ambulances are posted during a shift to give a wider spread of operational cover.

9.2 The recent announcement by the Secretary of State for Health & Social Care, Matt Hancock of a £5.52m grant for the new Make-Ready Centre at Falmer and development work has recently started on the site with completion anticipated in late 2019 and full occupation in early 2020.

9.3   The concept of the 'Make Ready Centre' is to ensure that ambulance crews, when arriving on shift have a vehicle ready for them that has been prepared by a specialist team who will clean, restock and refuel the vehicle to minimise the time the arriving crew have between 'booking on shift' and being available to respond to an incident.

10   Trust-wide Performance

10.1   The variance in performance for SECAmb across the three counties (Kent, Surrey and Sussex) is minimal, however, the Trust recognises that achieving C1, C2, C3 and C4 performance measures continues to be challenging. Further details are included in **Annex E**

10.2   C1 performance for ambulance services in England during January was 07:08 minutes (mean). Six ambulance trusts achieved performance within the 7-minute performance measure. SECAmb achieved 07:58 and was positioned 10th. The Demand and Capacity review and STAD programme (section 6) is addressing this performance concern through the increase in resource (workforce and fleet) and implementation of the 'Targeted Dispatch Model' with an increase in the number of Clinical staff (Health Care Professionals) based in the Emergency Operations Centre, providing support to the Emergency Medical Advisors and clinical triage.

10.3   C2 performance for ambulance services in England was 22:58 minutes during January. Two-ambulance services performance below the 18-minute performance measure with SECAmb achieving 20:59 and positioned 4th accordingly.

10.4   C3 and C4 performance (90th percentile) for SECAmb has seen the trust continue to perform below the national average (England) of 2:40 and 3:16 respectively. SECAmb achieved 3:55 hours for C3 and 4:22 hours for C4. January saw four trusts achieve the C3 2-hour measure and five achieve the C4 3-hour measure.

10.5   In all performance areas, SECAmb continues to review its delivery and is working with Commissioners to drive overall compliance with ARP standards across the Trust.

11   East Sussex Performance

11.1   East Sussex comprises three Clinical Commissioning Groups (CCG's):

- High Weald Lewes and Havens
- Eastbourne, Hailsham and Seaford
- Hastings and Rother.

11.2   The geography across the three CCG's is a combination of urban and rural areas. There are variances in how SECAmb is performing against each CCG area **(Annex F)** with Eastbourne, Hailsham & Seaford CCG's achieving both C1 and C2 performance 'year to date'. The Trust has not achieved these

categories across the remaining CCG's in East Sussex and C3 and C4 performance is being addressed through the targeted use of new additions to the workforce and fleet.

11.3 A complete review of the resources currently operating from both the Brighton and the Polegate and Hastings Operating Units has resulted in an increase in both front line staffing levels as well as an increase in fleet numbers. New rotas for operational staff will also be implemented during April 2019, to ensure that the profile of resource availability aligns with current demand/case mix and the achievement of ARP.

11.4 The result of this review will be an improvement in performance across East Sussex.

11.5 SECAmb's East Sussex clinical leads continue to work with system partners to improve and increase the number of alternative pathways available to ambulance crews to maintain and improve the current numbers of patients referred to local services and avoid conveyance to the acute hospitals.

11.6 Overall performance Trust-wide, reflects the challenges that SECAmb has with its current capacity (but within the context of an improving picture) to achieve ARP. The 'Demand and Capacity Review' focused on the resources that the Trust had in place to meet ARP. The review concluded that there were insufficient resources to achieve ARP therefore the Trust required significant investment to expand its resource base, staff and fleet (section 6).

11.7 The Service Transformation and Delivery programme (STAD) is the delivery vehicle for implementing the recommendations outlined in the 'Demand and Capacity Review' (section 6).

11.8 The Trust (and East Sussex CCG's) will benefit from this increase in resources as performance overall will improve in line with the trajectory outlined in the Demand and Capacity Review.

11.9 This approach aims to enable the right clinical response to be sent 'first time' and aligns to the 'Targeted Dispatch Model' of the Demand and Capacity Review (section 6).

12 Five-Year Strategy

12.1 The Trust has developed a strategic plan for the next 5 years and is focussed on the delivery of four strategic themes; Our People, Our Patients, Our Partners, and Our Enablers. **Annex G**. We are currently refreshing our strategy to take account of internal and external developments since publication in July 2017. This will be presented to our Trust Board jn May 2019.

13 Alliances

13.1 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.

13.2 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 work on improving resilience between the organisations for planned events and major incidents.

13.3 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.

13.4 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.

13.5 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

14 Winter Planning

14.1 In approach to winter preparedness SECAmb has a proven methodology through the use of historic data and current activity trends, combined with 'lessons learnt' from prior years.

14.2 An overarching Trust winter plan was developed, supported by a tactical plan, as well as local 'Operating Unit' (OU) plans. The local OU plans feed in to local system plans.

14.3 The SECAmb 111 winter plan covers North and West Kent as well as Surrey and Sussex (excluding East Kent). The Winter Plan Structure Framework in shown in **Table 4**.

14.4 The planning for the key weeks over Christmas and New Year were successful with sufficient resources planned to manage the expected increase in activity. Key shifts offered as 'incentivised' shifts resulting in full cover.

14.4.3 During this key period (Christmas and New Year), the Trust had in place its Strategic Hub operating 24/7 and covered by the Senior Management Team.

14.5 For the period November 1st to March 31st, 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.

14.6   In line with Trust policy, the level of annual leave was reduced to 50% of normal levels across the two-week Christmas/ New Year period and as in previous years.

15   Finances

15.1   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 risk reserve of previously held by commissioners of £0.8m, resulting in a reported surplus of £1.3m.

15.2   The Trust also achieved Cost Improvements of £15.5m. This was greater than the target of £15.1m.

15.3   For 2018/19, the Cost Improvement Plan (CIP) target is £11.4m. As at February 2019, £9.6m has been delivered to date, in line with 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.

15.4   The Trust also on target to deliver its control total for 2018/19 of £0.7m surplus, including Provider Sustainability Funding (PSF) of £2.7m.

ANNEXES

ANNEX A: CQC REPORT SUMMARY FINDINGS – 8th November 2018

Overall trust

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

- In both the emergency operations centre (EOC) and emergency and urgent care (EUC) we rated safe, effective, responsive and well-led as requires improvement and rated well-led in resilience as requires improvement.

- We rated safe, effective and responsive in the trust's resilience core service as good. We rated caring as good across all three core services.

- In rating the trust, we took into account the current ratings of the 111 service, which was not inspected this time.

- We rated well-led for the trust, overall, as requires improvement.

Ratings

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

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

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

Outstanding practice

Emergency Operations Centre

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

Emergency and Urgent Care

- The Crawley triage scheme, which had led to a reduction in conveyancing to hospital for people with mental health conditions from 53% to 11%.

- We found elements of outstanding medicine management, for example the way the trust handled Controlled Drugs (CD's). We found suitable audit and quality control processes to ensure the high standards achieved by the organisation were continuously monitored.

- The trust initiative to provide physical and mental health support for staff through the 'wellbeing hub' was widely commended by staff during the inspection.

- There was a multidisciplinary multiagency approach to training in the Kent area. This meant staff were training to deal with unexpected situations should they occur.

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

Areas for improvement

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

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

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

Action the trust SHOULD take to improve the emergency operations centre

- The trust **should ensure** they take action to continue to have effective systems and processes to assess the risk to patients and people using the services and they do all that is reasonably practicable to mitigate those risks, specifically in relation to the risk assessment of patients awaiting the dispatch of an ambulance.

- The trust **should ensure** they continue to monitor the effectiveness of the clinical safety navigator role to ensure continued oversight on the safety of patients waiting for an ambulance.

- The trust **should ensure** there are a sufficient number of clinicians in each EOC to meet the needs of the service.

Action the trust SHOULD take to improve emergency and urgent care

- The trust **should ensure** the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.

- The trust **should ensure** that maps in all vehicles are current, up to date and replaced regularly.

- The trust **should ensure** that all staff adhere to the trust policy on carrying personal equipment and the regular servicing of such equipment.

- The trust **should ensure** that pain assessments are carried out and recorded in line with best practice guidance.

- The trust **should ensure** response times for category three and four calls is improved.

- The trust **should consider** producing training data split by staff group and core service area for better oversight of training compliance.

Action the trust SHOULD take to improve Resilience

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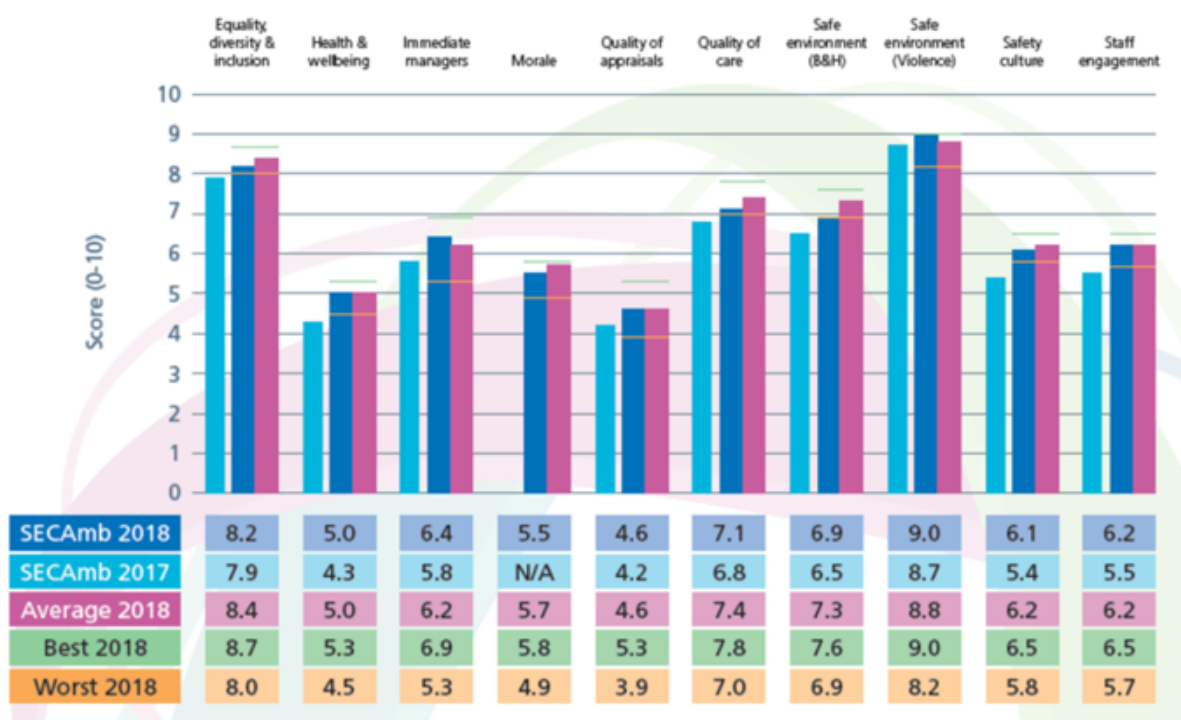
Annex B:

2016	2017	2018

Domain	2015/16
Safe	Inadequate
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Inadequate
Overall	Inadequate

Domain	2016/17
Safe	Inadequate
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Inadequate
Overall	Inadequate

Domain	2017/18
Safe	Requires Improvement
Effective	Requires Improvement
Caring	Good
Responsive	Requires Improvement
Well-led	Requires Improvement
Overall	Requires Improvement

Annex C:

Results of individual questions in the survey are grouped into 10 key theme areas

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment (B&H)	Safe environment (Violence)	Safety culture	Staff engagement
SECAmb 2018	8.2	5.0	6.4	5.5	4.6	7.1	6.9	9.0	6.1	6.2
SECAmb 2017	7.9	4.3	5.8	N/A	4.2	6.8	6.5	8.7	5.4	5.5
Average 2018	8.4	5.0	6.2	5.7	4.6	7.4	7.3	8.8	6.2	6.2
Best 2018	8.7	5.3	6.9	5.8	5.3	7.8	7.6	9.0	6.5	6.5
Worst 2018	8.0	4.5	5.3	4.9	3.9	7.0	6.9	8.2	5.8	5.7

Annex D:

ARP Performance Categories

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	Previous Red 1 calls and some Red 2s including • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems	7 Minute response (mean response time) 15 Minutes 9 out of 10 times (90th 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
Category 2 (Emergency, potentially serious incident)	Previous Red 2 calls and some previous G2s including • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis	18 minute response (mean response time) 40 minute response (90th centile)	(48%)	Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed)
Category 3 (Urgent Problem)	• Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain	Maximum of 120 minutes (120 minutes 90th centile response time)	(34%)	Response time measured with arrival of transporting vehicle
Category 4 (Less Urgent Problem)	• Diarrhoea • Vomiting • Non traumatic back pain	Maximum of 180 minutes (180 minutes 90th centile response time)	(10%)	May be managed through hear and treat Response time measured with arrival of transporting vehicle

Annex E: National ARP AQI's January 2019

C1	Mean		C1	90th		C2	Mean		C2	90th
England	**00:07:08**		**England**	**00:12:20**		**England**	**00:22:58**		**England**	**00:47:39**
1 North East	00:06:18	1 London	00:10:30	1 West Midlands	00:12:11	1 West Midlands	00:22:09
2 London	00:06:21	2 North East	00:10:54	2 South Central	00:16:27	2 South Central	00:32:37
3 South Western	00:06:44	3 West Midlands	00:11:34	3 Yorkshire	00:19:49	3 Isle of Wight	00:38:25
4 West Midlands	00:06:44	4 South Central	00:12:00	4 South East Coast	00:20:59	4 South East Coast	00:39:57
5 South Central	00:06:45	5 South Western	00:12:01	5 Isle of Wight	00:21:18	5 Yorkshire	00:41:16
6 Yorkshire	00:06:59	6 Yorkshire	00:12:08	6 London	00:21:34	6 London	00:46:07
7 East Midlands	00:07:40	7 North West	00:13:07	7 East of England	00:24:56	7 East of England	00:51:28
8 East of England	00:07:42	8 East Midlands	00:13:35	8 North West	00:26:24	8 North East	00:56:20
9 North West	00:07:52	9 East of England	00:13:54	9 North East	00:26:54	9 North West	00:57:00
10 South East Coast	00:07:58	10 South East Coast	00:14:15	10 South Western	00:29:20	10 South Western	01:01:45
11 Isle of Wight	00:10:13	11 Isle of Wight	00:19:58	11 East Midlands	00:30:52	11 East Midlands	01:05:48

C3	Mean		C3	90th		C4	Mean		C4	90th
England	**01:07:42**		**England**	**02:40:10**		**England**	**01:25:43**		**England**	**03:16:00**
1 West Midlands	00:35:17	1 West Midlands	01:19:50	1 West Midlands	00:51:40	1 West Midlands	02:05:52
2 Yorkshire	00:47:38	2 South Central	01:55:52	2 East Midlands	00:51:58	2 East Midlands	02:21:54
3 South Central	00:49:41	3 Yorkshire	01:58:10	3 Yorkshire	01:09:38	3 South Central	02:46:45
4 London	01:05:20	4 Isle of Wight	02:35:43	4 London	01:12:32	4 Yorkshire	02:47:48
5 Isle of Wight	01:06:56	5 London	02:41:49	5 South Central	01:15:20	5 London	02:51:28
6 East of England	01:17:11	6 South Western	02:58:23	6 East of England	01:16:59	6 East of England	03:14:45
7 North West	01:17:39	7 North West	03:04:07	7 North East	01:28:32	7 North West	03:39:26
8 South Western	01:18:18	8 East of England	03:07:26	8 North West	01:41:53	8 North East	03:45:38
9 East Midlands	01:26:58	9 East Midlands	03:29:58	9 South Western	01:43:54	9 South Western	03:52:21
10 North East	01:38:48	10 South East Coast	03:55:06	10 Isle of Wight	01:49:28	10 Isle of Wight	04:24:23
11 South East Coast	01:42:14	11 North East	04:02:36	11 South East Coast	02:08:41	11 South East Coast	04:27:24

Annex F: SECAmb Performance Year to Date

Apr 18 - Feb 19	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 Brighton & Hove CCG	00:05:06	00:08:59	00:13:31	00:26:30	02:42:48	04:09:28
NHS Eastbourne, Hailsham and Seaford CCG	00:06:48	00:12:11	00:17:25	00:34:12	03:09:07	04:06:34
NHS Hastings & Rother CCG	00:07:31	00:13:52	00:18:44	00:36:49	03:13:58	04:30:17
NHS High Weald Lewes Havens CCG	00:11:53	00:19:47	00:22:23	00:37:33	03:20:20	04:09:25
NHS Horsham and Mid Sussex CCG	00:08:51	00:16:11	00:22:10	00:40:25	03:12:57	04:42:13
Sussex & East Surrey STP**	00:07:16	00:13:49	00:18:04	00:34:48	02:58:38	04:11:19
SECAmb	00:07:43	00:14:13	00:19:16	00:36:47	03:22:46	04:30:15

Annex G:

Annex H:

Winter Plan Structure Framework