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7th August 2026
Internal Reference: 260636
Email:

Dear ,

Thank you for your request for information, which we received on **17/06/2026**.

You clarified your request on **07/07/2026** by stating the following:

- **Please can you include ‘bystander’ witnessed arrests, as we are focusing on AED usage.**
- **For the other questions I would like data for patients who are already in arrest before the arrival of the ambulance service.**

We have considered your request under the Freedom of Information Act 2000.
Please ensure you quote the Internal Reference number above in any future correspondence.

Please accept the Trust’s apologies for the delay and inconvenience you have experienced regarding your FOIA request.

Your Request and our Formal Response

I am writing to request information under the Freedom of Information Act 2000 relating to out-of-hospital cardiac arrests and traumatic injuries within Uckfield, East Sussex.

I would be grateful if the following information could be provided for the calendar years:



- 1 January 2023 to 31 December 2023
- 1 January 2024 to 31 December 2024
- 1 January 2025 to 31 December 2025

For each year, please provide the following information relating to out-of-hospital cardiac arrests occurring within Uckfield:

1. Total number of out-of-hospital cardiac arrests attended.

Year	Total
2023	36
2024	40
2025	38

This is all cardiac arrests, regardless of witnessed by status, as witnessed by data is not available for patients who did not receive a resuscitation attempt from SECamb.

Please be aware that data for the below cardiac arrest questions (excluding question 6) is only available for patients where a resuscitation attempt was made by SECamb.

2. Number of patients who achieved Return of Spontaneous Circulation (ROSC).

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Total
2023	Less than 5
2024	6
2025	7

This does not include patients who were successfully resuscitated before ambulance service arrival and who did not subsequently rearrest, as a resuscitation attempt was not made by SECamb for these patients.

3. Number of patients who survived to hospital admission.





The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Total
2023	Less than 5
2024	Less than 5
2025	6

Defined as pt in ROSC on arrival to hospital, or taken to hospital with CPR ongoing.

4. Number of patients who survived to 30-day discharge, or the equivalent survival outcome measure used by SECAMB.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Survival to 30 days post arrest
2023	Less than 5
2024	Less than 5
2025	Less than 5

National measure – defined as alive 30 days post arrest date, according to the NHS Spine, checked at at least 90 days post arrest.

5. Number of incidents where bystander CPR was performed prior to ambulance arrival.

Year	Total
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2023	7
2024	13
2025	15

Defined as CPR provided by anyone other than the ambulance service response, regardless of quality.

6. Number of incidents where no resuscitation attempt was undertaken and, where possible, the reason category (for example DNACPR, signs incompatible with life, expected death, etc.).

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Valid DNAR or ReSPECT form advising against resuscitation known to be in place	Pt beyond medical help on ambulance service arrival	Other reasons	Pt successfully resuscitated before ambulance service arrival and did not subsequently rearrest
2023	9	17	Less than 5	Less than 5
2024	7	14	Less than 5	0
2025	8	Less than 5	5	0

This is for all cardiac arrests, regardless of witnessed by status, as witnessed by data is not available for patients who did not receive a resuscitation attempt from SECAmb.

7. Number of incidents where a public access defibrillator (AED) was used prior to ambulance arrival.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.





Please refer to the table below:

Year	Total
2023	Less than 5
2024	Less than 5
2025	Less than 5

Defined as any defibrillator not provided by the ambulance service, applied to the pt and turned on.

8. Number of incidents where an AED was available but not used, if recorded.

This information is not held by the Trust.

9. Number of incidents where an AED was retrieved prior to ambulance arrival, if recorded.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Total
2023	Less than 5
2024	Less than 5
2025	5

Defined as any defibrillator not provided by the ambulance service.

10. Number of incidents where a Community First Responder (CFR) was present.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in





accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Total
2023	Less than 5
2024	5
2025	7

11. Average and median time from initial 999 call to arrival of the first ambulance resource.

Year	Mean	Median
2023	00:14:02	00:16:19
2024	00:12:12	00:13:33
2025	00:12:12	00:10:23

12. Average and median time from initial 999 call to delivery of first shock, where applicable.

Year	Mean	Median
2023	00:23:27	00:23:27
2024	00:13:57	00:09:42
2025	00:12:31	00:11:48

For patients presenting in a shockable initial rhythm only.

13. Number of adult patients and number of paediatric patients.

The Trust can confirm that it holds the number of adult patients but only the paediatric total has been included as including adult total would make data identifiable.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in





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Please refer to the table below:

Year	Paediatric Total
2023	0
2024	0
2025	Less than 5

14. Number of witnessed cardiac arrests and unwitnessed cardiac arrests.

The Trust can confirm that it holds the number of witness cardiac arrests but the unwitnessed total only included as including bystander witnessed total would make data identifiable.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Unwitnessed Total
2023	Less than 5
2024	Less than 5
2025	Less than 5

Bystander witnessed defined as an arrest seen or heard by anyone other than the ambulance service response.

15. Number of cardiac arrests occurring in:

- Public locations
- Private residences

The Trust can confirm that it holds the number of cardiac arrests occurring in private residences but only the public locations total has been included as including private total would make data person identifiable.





The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Public Locations Total
2023	Less than 5
2024	Less than 5
2025	Less than 5

Private location defined as individual residences and care / assisted living homes.

16. Number of patients presenting in a shockable rhythm versus a non-shockable rhythm.

The Trust can confirm that it holds the number of patients presenting with non-shockable rhythms but only the shockable rhythms total has been only included for 2023 and 2024 as including non-shockable total would make data identifiable.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Shockable Initial Rhythm Total
2023	Less than 5
2024	Less than 5

Year	Shockable Initial Rhythm Total	Non-shockable Initial Rhythm Total
2025	8	11





I would also be grateful for the following information relating to traumatic injuries occurring within Uckfield during the same period:

1. Total number of major trauma incidents attended.

Year	Total
2023	15
2024	26
2025	16

2. Number of incidents involving significant external haemorrhage.

This information is not held by the Trust.

3. Number of incidents involving catastrophic or life-threatening blood loss.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Total
2023	0
2024	Less than 5
2025	Less than 5

4. Number of penetrating trauma incidents, including but not limited to knife wounds, impalements and similar injuries.

This information is not held by the Trust.

5. Number of traumatic amputations (full or partial) attended.

The Trust can confirm that this information exists. However, where an output represents fewer than 5 individuals or incidents in the period requested, we have not provided exact figures. This practice is known as data blurring, which serves to





mitigate against the risk of possible re-identification of individual data subjects via data recombination (sometimes referred to as jigsawing). This risk is assessed in accordance with the Information Commissioner's Office (ICO) Anonymisation Code of Practice.

Please refer to the table below:

Year	Total
2023	0
2024	Less than 5
2025	0

6. Number of incidents where haemorrhage-control interventions were undertaken, including:

- Tourniquet application

No incidents recorded.

- Haemostatic dressing application

No incidents recorded.

- Wound packing
- Pressure dressing application
- Any other recorded bleed-control intervention

7. Number of incidents where a publicly accessible bleed-control kit may have been beneficial prior to ambulance arrival, if such information is recorded.
8. Any available information on incidents where earlier haemorrhage control by members of the public may have improved patient outcomes.

This information is not recorded by the Trust.

To assist with evidence-based placement of future public access AEDs and bleed-control kits, I would also be grateful if you could provide:

1. The areas, neighbourhoods, postcode sectors, wards or Lower Super Output Areas (LSOAs) within Uckfield that recorded the highest numbers of out-of-hospital cardiac arrests.
2. The areas, neighbourhoods, postcode sectors, wards or Lower Super Output Areas (LSOAs) within Uckfield that recorded the highest numbers of major trauma, significant haemorrhage or catastrophic bleeding incidents.





3. Any available hotspot analysis, mapping or geographic trend data relating to cardiac arrests, major trauma or severe haemorrhage incidents within Uckfield.
4. Any available information identifying gaps in current public access AED coverage within Uckfield.
5. Any available information regarding registered public access defibrillators known to SECAMB within the Uckfield area.
6. Any available recommendations, observations or data which may assist community organisations in identifying suitable locations for future AED and bleed-control kit deployment.

If exact location information cannot be disclosed due to confidentiality considerations, aggregated data by neighbourhood, ward, postcode sector or LSOA would be greatly appreciated.

Due to the low number of records for both cardiac and major trauma incidents in Uckfield, each postcode area only returns less than 5 records which is not significant enough to report a trend.

Next steps

Some information held by the Trust is routinely published on our [website](#) and may be of assistance.

If you are dissatisfied with the Trust's response to your request, you have the right to ask for an internal review.

Requests for an internal review should be submitted within **40 working days** of the date of this response and should be sent to:

Richard Banks, Head of Corporate Governance at FOI@secamb.nhs.uk

The internal review will be conducted by an individual who was not directly involved in handling your original request, ordinarily the Trust's Data Protection Officer. We aim to complete internal reviews within **20 working days** of receipt.

If you remain dissatisfied following the outcome of the internal review, you may complain to the Information Commissioner's Office (ICO). The ICO generally expects complaints to be raised promptly following the completion of an internal review.

The easiest way to raise a complaint is via the ICO's website:
www.ico.org.uk/foicomplaints

Alternatively, you may write to:
Information Commissioner's Office
Wycliffe House
Water Lane





Wilmslow
SK9 5AF

Yours sincerely,

Corporate Governance Team

South East Coast Ambulance Service NHS Foundation Trust



Saving Lives,
Serving Our Communities

Chair: Michael Whitehouse Interim CEO: Jen Allan