

National Ambulance Data – Final

Data period to end May 2022

Date of Report: June 23, 2022

2. Summary and Contents

May's data show that pressure on the system remains steady. Despite sustained volume of the most serious incidents, there were improvements in call answering and response times – although the latter continue to exceed national standards by some margin. Patient handover delays remain very high, with many thousands of patients waiting three hours or more, increasing their risk of harm and resulting in a significant impact on resources.

The volume of 999 calls dropped for the second consecutive month, but remain well above the series average. 999 calls answered in the most recent 12 months exceeds the previous period by more than 2 million.

Call answer time decreased for the second month since March but remains more than twice that seen the same time last year. Call answer delays of 2 minutes or more spiked at the end of May.

Volume of Category 1 and 2 incidents remain significantly higher the same month last year. Annualised data show much higher volumes for the most recent 12 months, compared with the previous period. C1 continues to account for more than 10% of all incidents (compared with 7% in 2020). Meanwhile C4 incidents continue to shrink, accounting for 0.7% of incidents in May 2022 compared with 2.6% in May 2019.

Response times for all incidents continue to exceed national standards, but in every category the time taken to respond decreased in May 2022. Nonetheless, mean response times have now exceeded the national standard for over 12 months for C1 incidents, and nearly 2 years for C2 incidents.

Transport to Emergency Departments increased in May 2022. However, volume remained below the series average with the year-on-year trend showing a steady decrease. Conversely, Hear and Treat incidents continue to increase steadily.

Despite a second month of contraction, the number of longer patient handover delays remain some of the highest seen to date. The longest delay across the month was just under 24 hours, while 387 patient handovers took 10 hours or longer.

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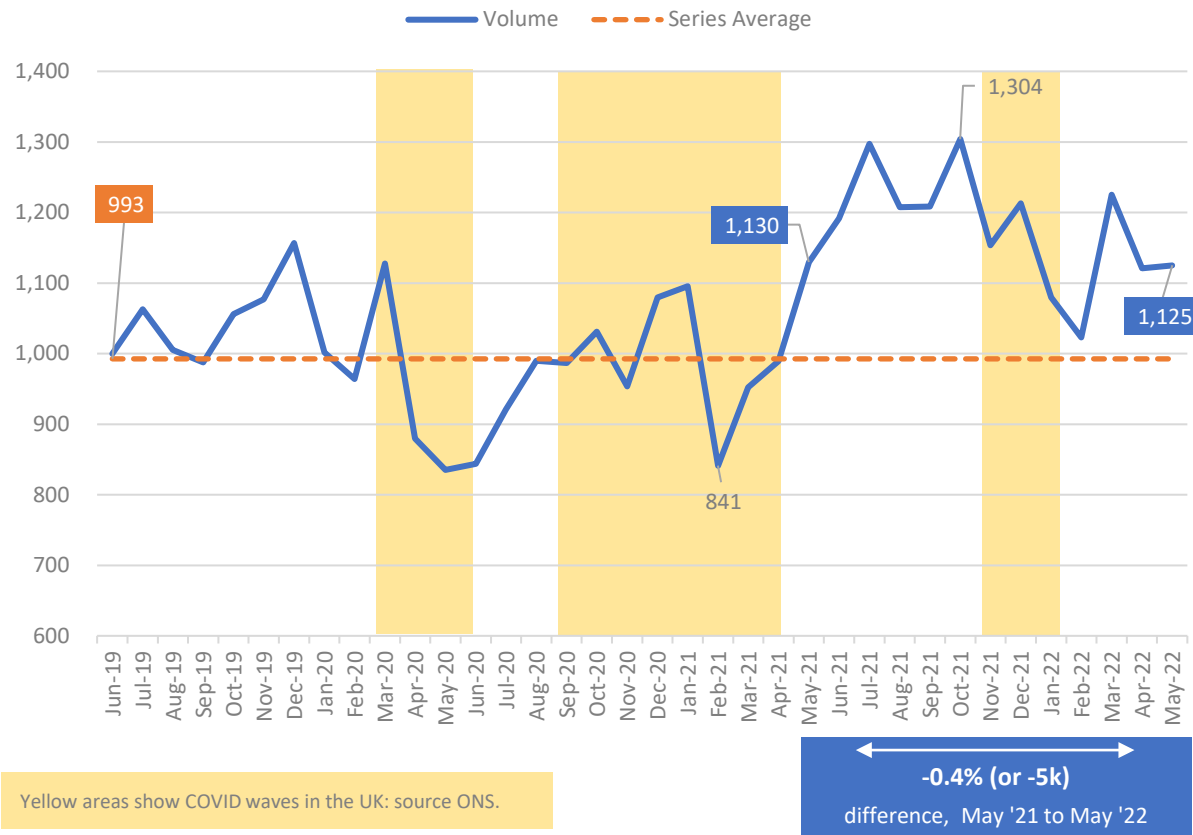
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3. Demand: Volume of Contacts (Measure A0)

While the daily average shows a slight decrease (a reflection of the longer month), volume of contacts increased by 4k in May 2022 taking the total to 1,125k. This is 5k less than the same time last year, but remains well above the series average (993k). Meanwhile, annualised data show that, in the 12 months to May 2022, there were more than 2 million additional contacts than in the previous period – a difference of +20%.

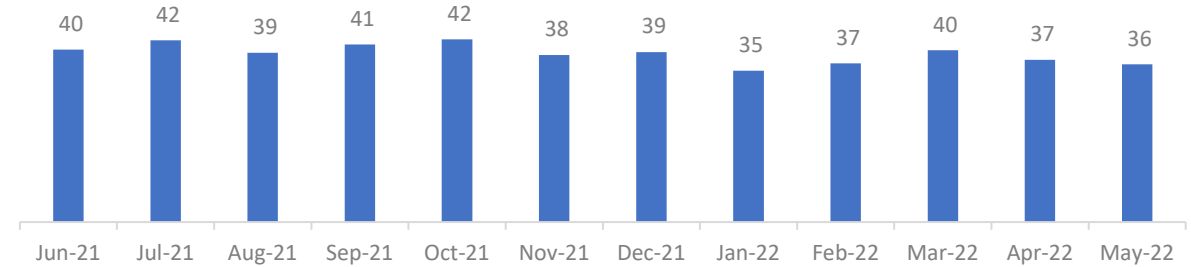
1. Monthly

Volume of contacts ('000, A0)



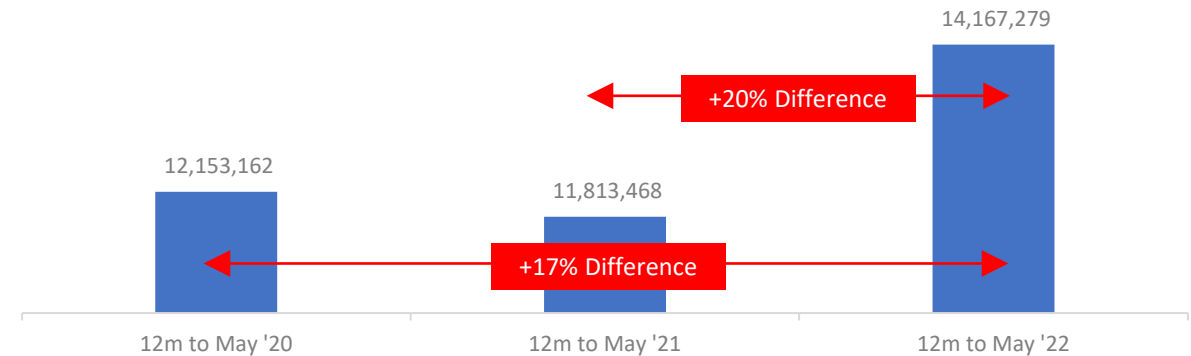
2. Daily Average

Contacts, Daily Average ('000)



3. Annualised Data

Volume of contacts in the 12 months to May (A0)

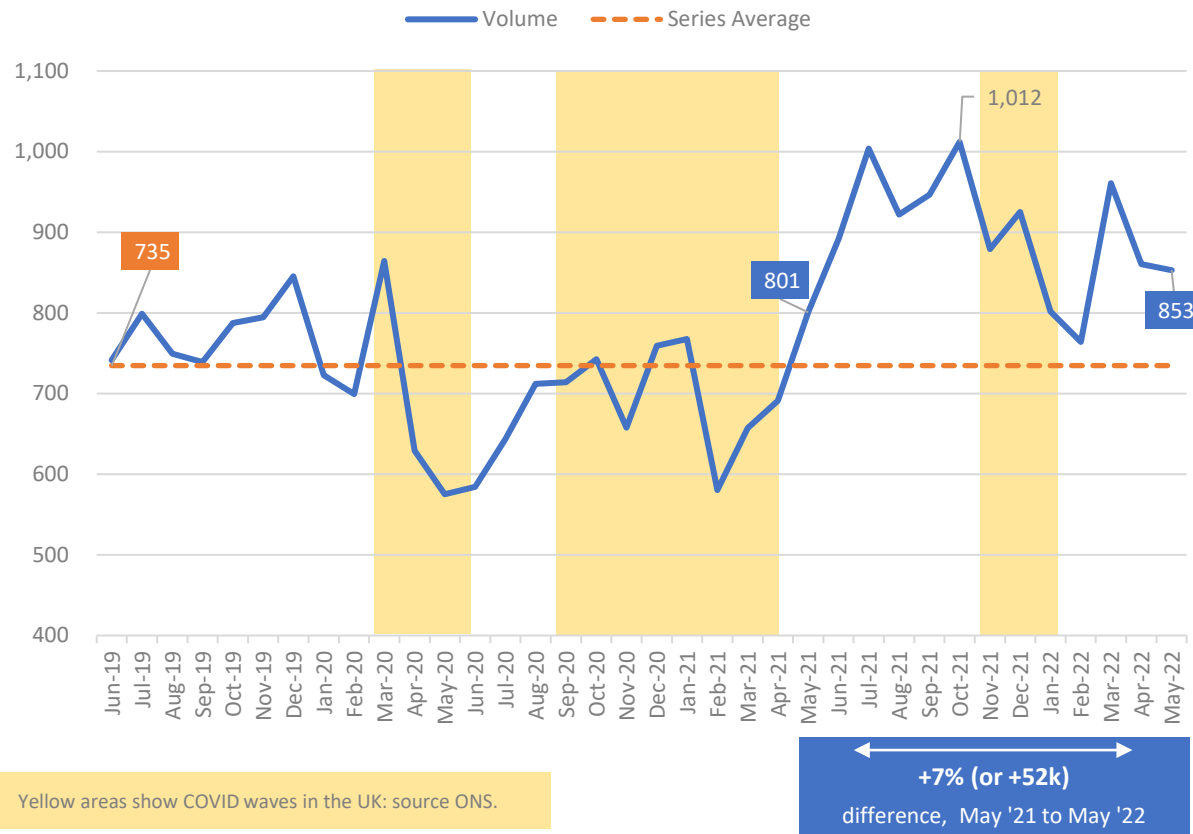


4. Demand: Volume of 999 Calls-Answered (Measure A1)

There were 7k fewer 999 calls answered in May 2022 compared with the previous month. This represents a second consecutive month of contraction, although demand remains high, and well above the series average. There were 52k more contacts in May 2022 compared with the same month last year, and the annualised data shows 2.5million more calls answered compared with the previous period.

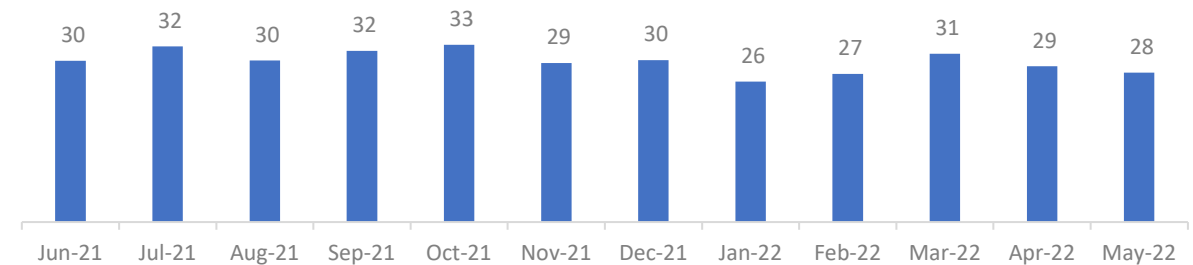
1. Monthly

Volume of calls answered ('000, A1)



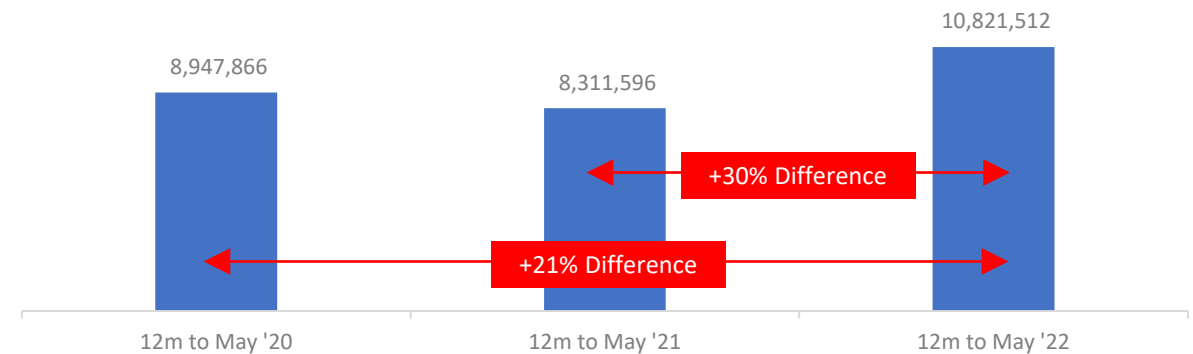
2. Daily Average

Calls Answered, Daily Average ('000)



3. Annualised Data

Volume of calls answered in the 12 months to May (A1)

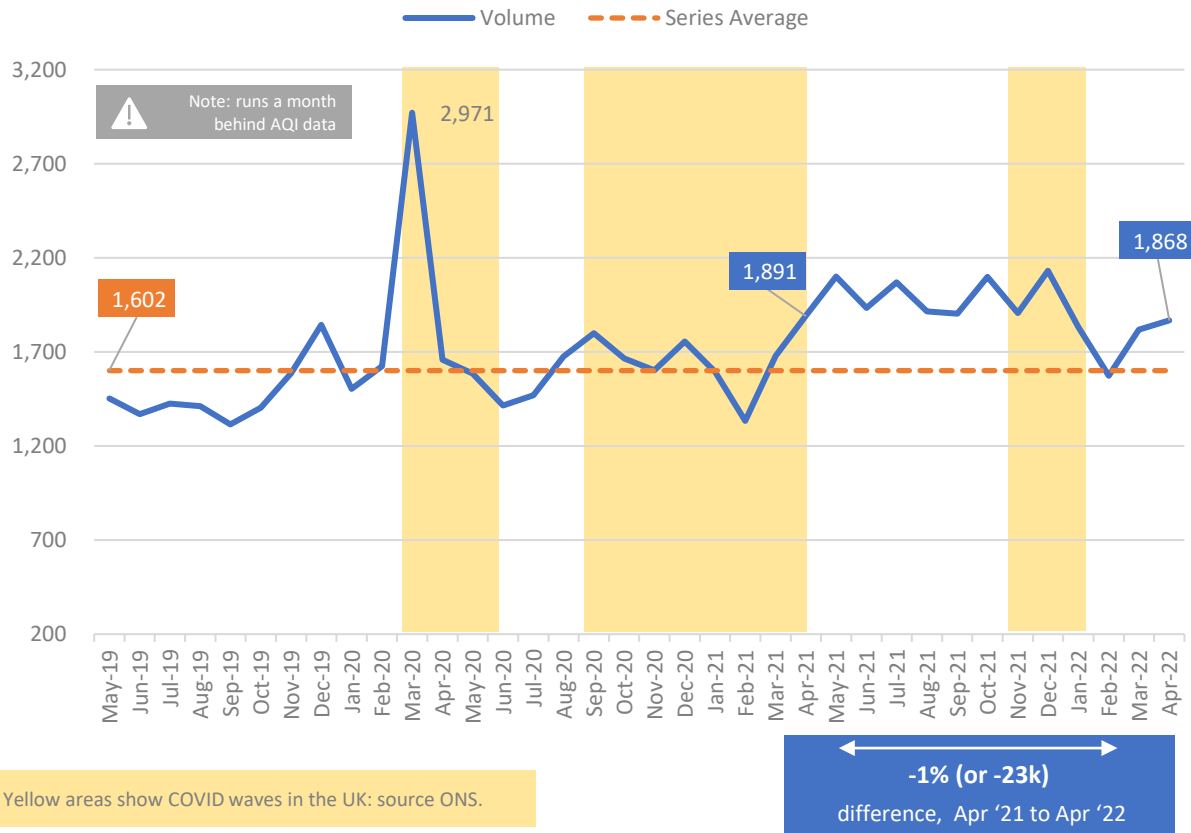


5. Demand: 111 Call Volumes (sources NHS 111 Min Data Set to March 2021 (5.3) then [IUCADC](#) (measure A0))

Running a month behind the AQI release, the latest 111 data show call volume increased in April: an additional 49k calls took the total to 1.9m. This is marginally lower than in May 2021. Nonetheless, demand remains steady and high: annualised data show 3.7m more calls in the most recent period compared with the previous, a difference of +19%.

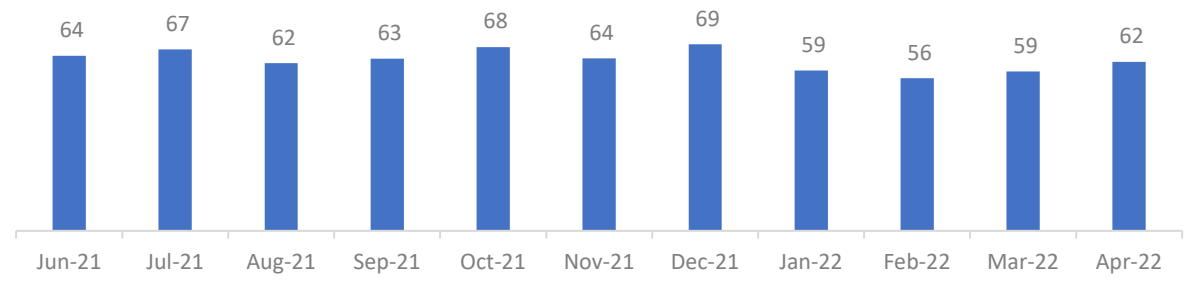
1. Monthly

Volume of 111 Calls ('000, measure 5.3 & A01)



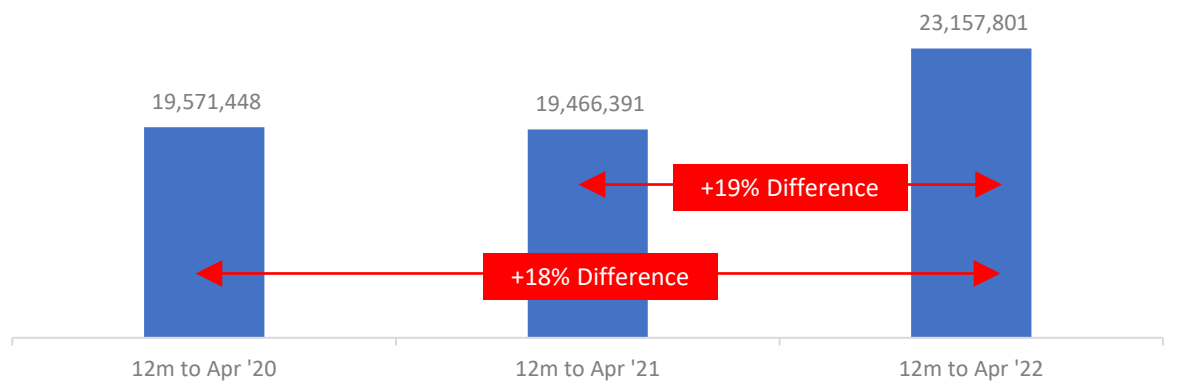
2. Daily Average

Volume of 111 Calls, Daily Average ('000)



3. Annualised Data

Total 111 Calls: 12 months to Apr (5.3, A01)

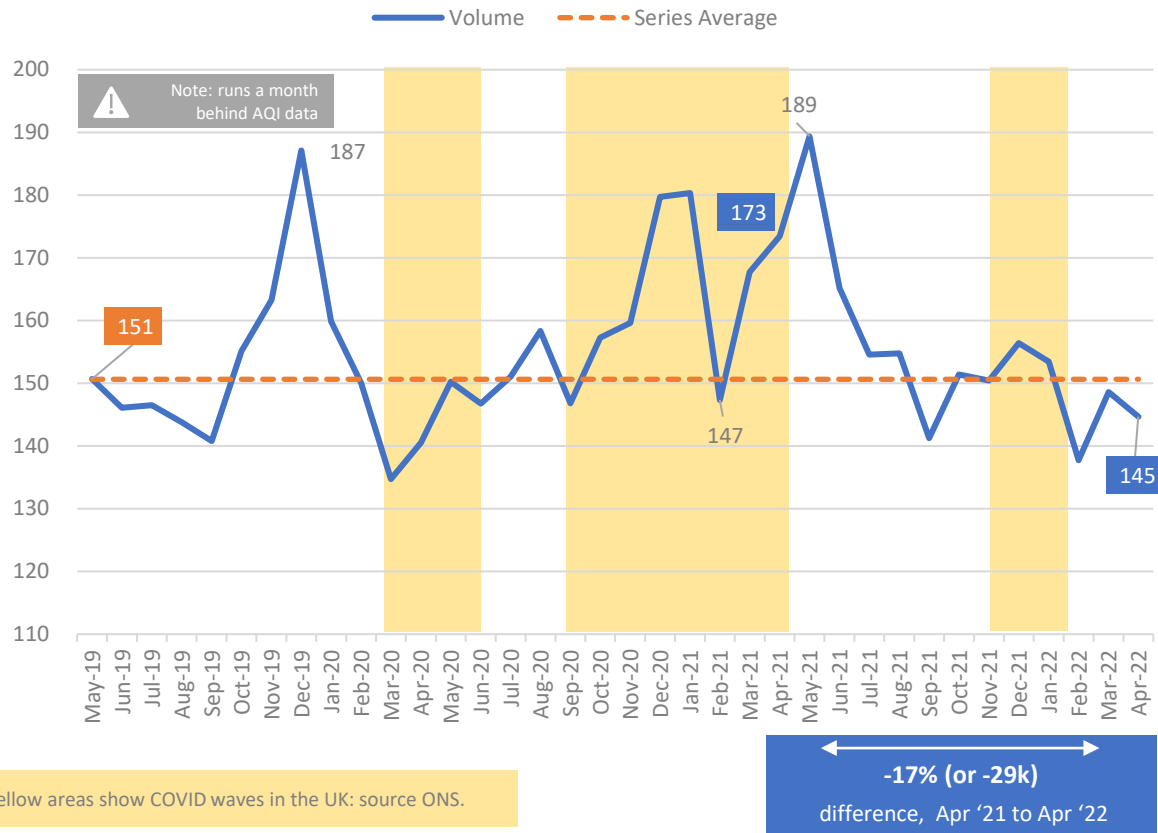


6. Ambulance Dispositions (sources NHS 111 Min Data Set to March 2021 (measure 5.23) then IUCADC (measure E02))

Ambulance dispositions resulting from 111 calls have decreased steadily from a series high of 189k in May 2021. The most recent month saw a decrease of around 4k (to 145k). This is 29k fewer dispositions than the same month last year. Annualised data show a difference of -4% (or 71k) dispositions between the last two periods. As a proportion of 111 calls, dispositions fell from 8.2% in March to 7.7% in April: this compares with 9.2% in April 2021.

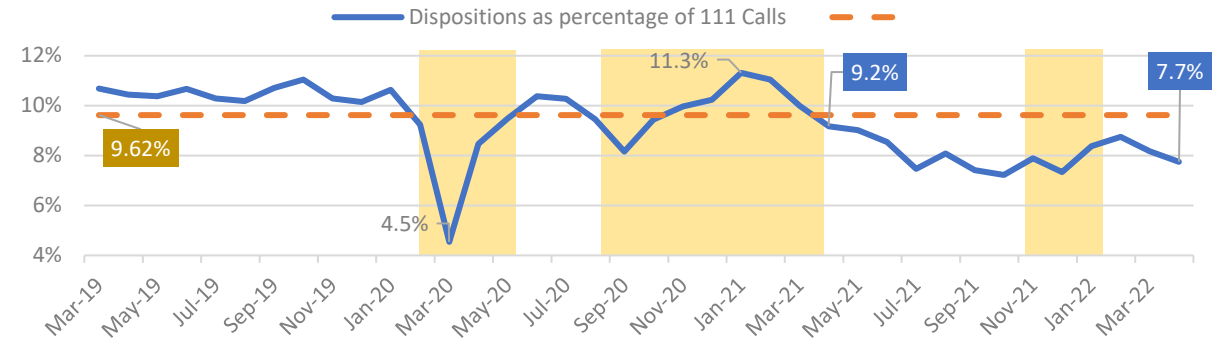
1. Monthly

Ambulance Dispositions ('000, measures 5.23 & E02)



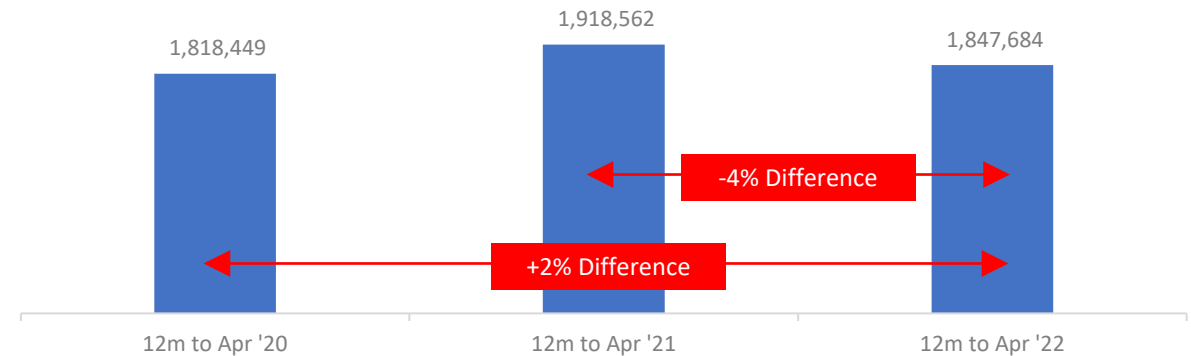
2. Daily Average

Dispositions as percentage of 111 Calls



3. Annualised Data

Total Dispositions Calls: 12 months to Apr (5.3, A01)

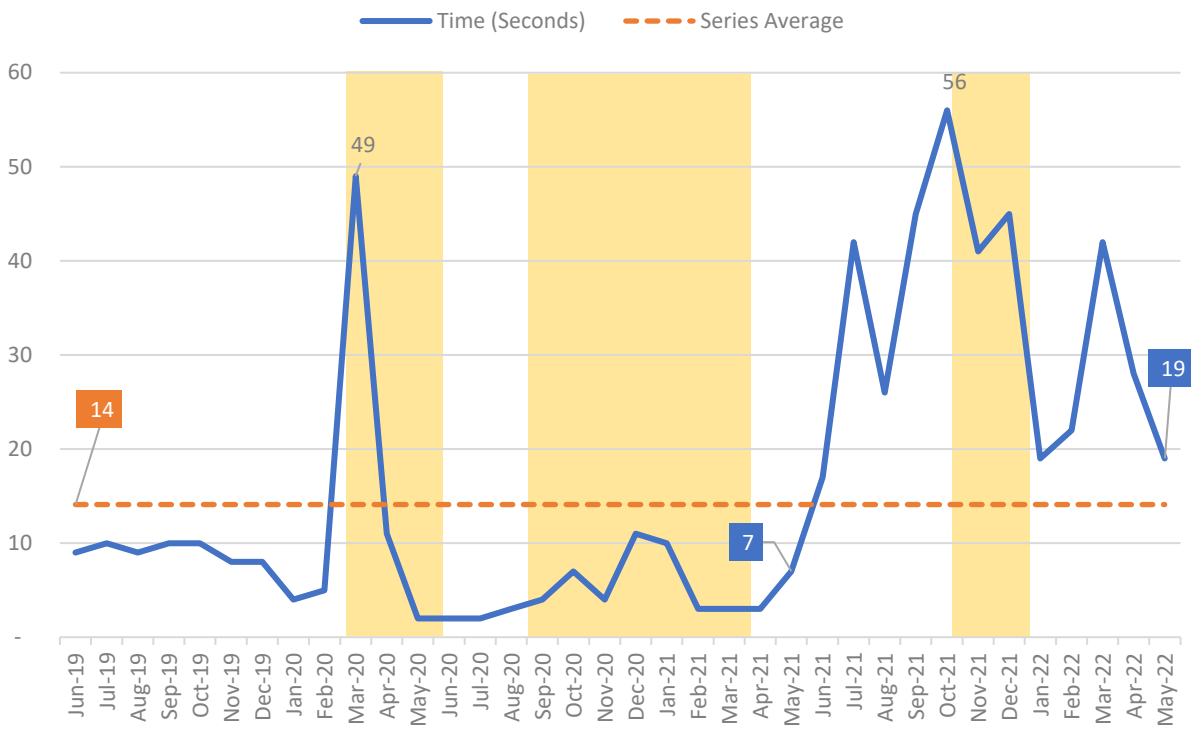


7. Demand: Call Answer Time (999, Measures A3 and A5)

Mean call answer time improved for the second consecutive month, decreasing from 28 seconds to 19 seconds (against a series average of 14 seconds). The 90th centile answer time dropped from 139 seconds in April to 109 seconds in May. Although a considerable improvement from the series-highs seen in October 2021, both measures are more than twice that seen the same time last year.

1. Mean

Mean Call Answer Time (A3)

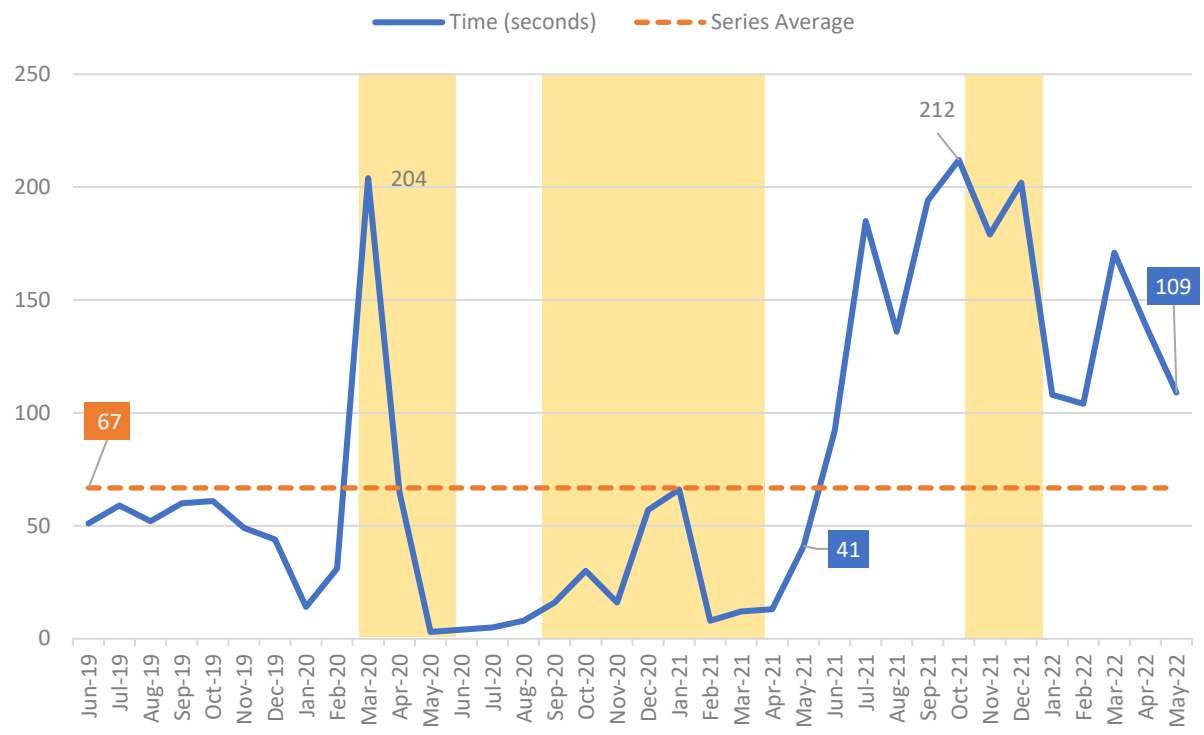


Yellow areas show COVID waves in the UK: source ONS.

+12 seconds
difference, Apr 2021 to Apr 2022

2. 95th Centile

95th Centile Call Answer Time (A5)



+68 seconds
difference, Apr 2021 to Apr 2022

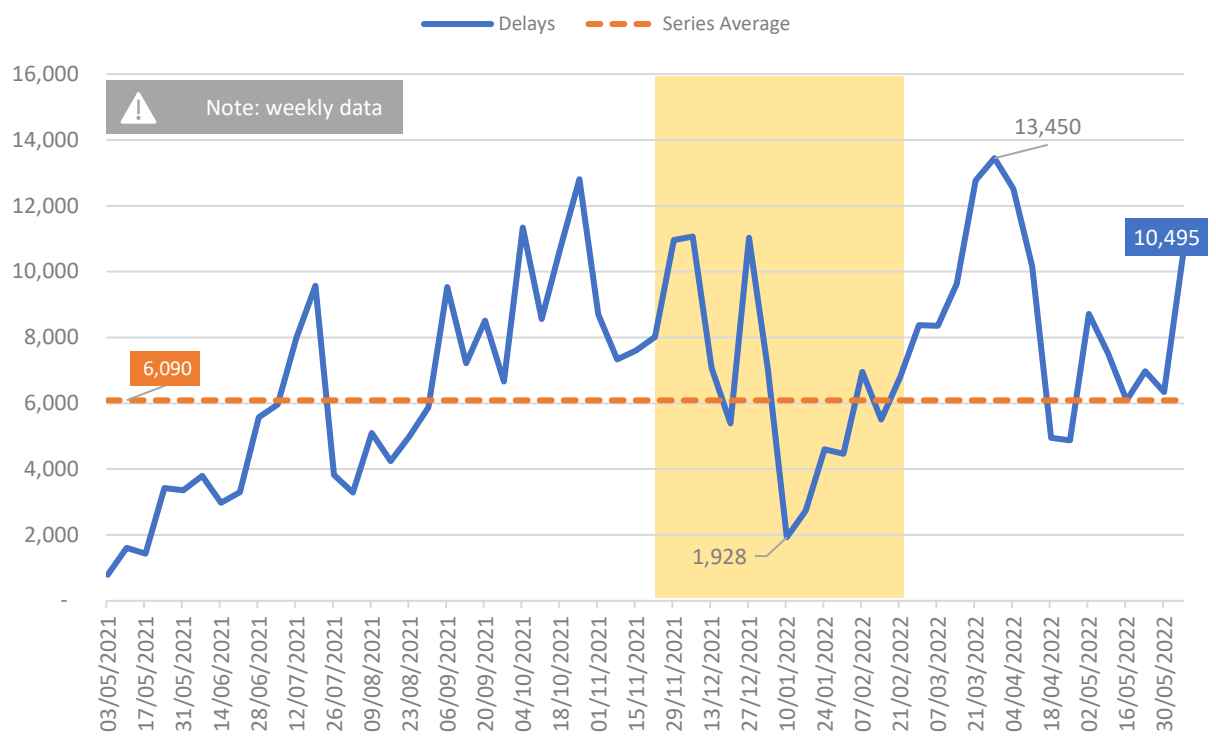


8. Call Delays over 2 minutes and Network Partner Connections (weekly data)

Having decreased from a series high in March, call delays increased again at the end of May, reaching 10k in the final week of the month (vs. a series average of just over 6k). Network Partner Connections followed a similar pattern, although the weekly increase to 1,013 at month-end was less pronounced and only slightly higher than the series average of 908.

1. Call Answer Delays (2 mins+)

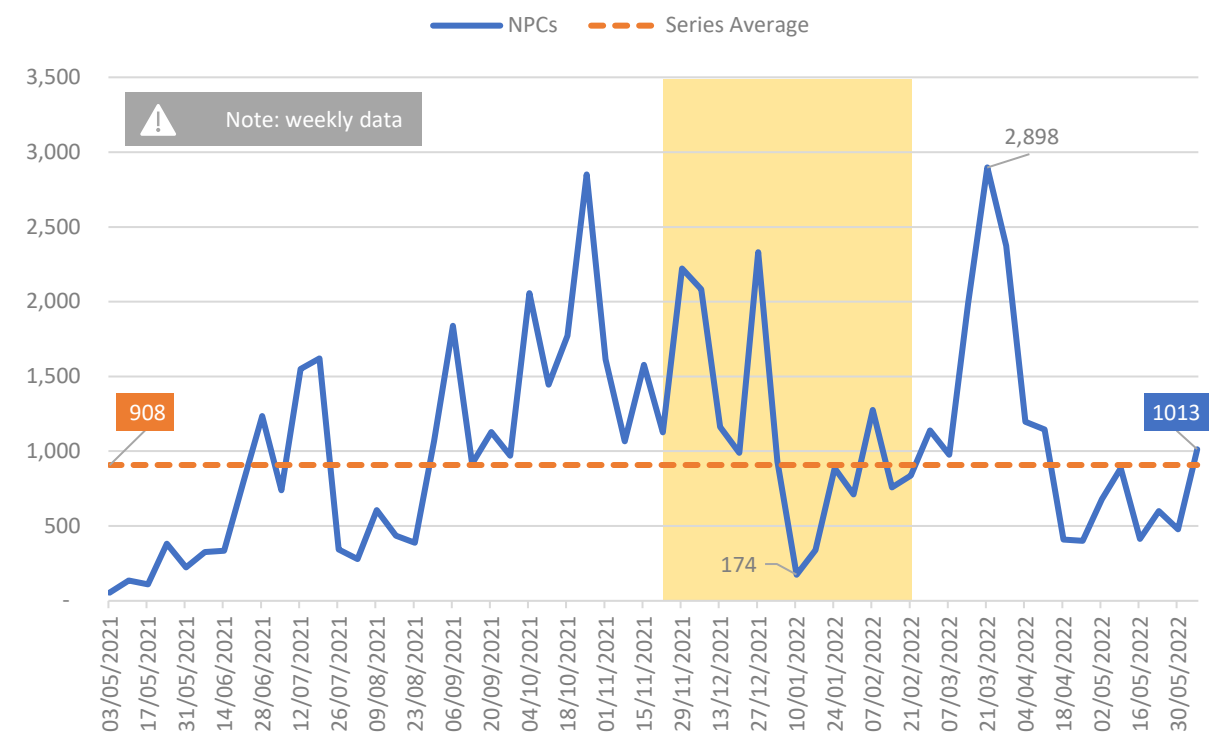
Volume of 2 min Call Delays from May 2021



Yellow areas show COVID waves in the UK: source ONS.

2. Network Partner Connections

Total Connections from May 2021

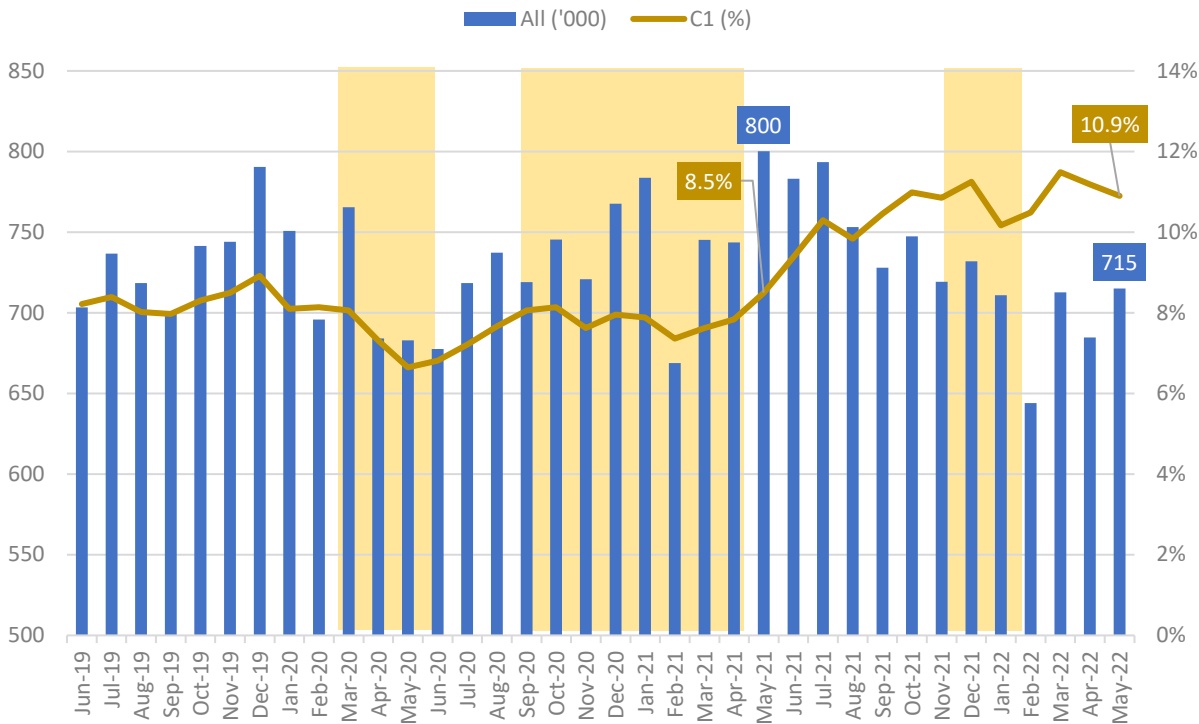


9. Demand: All Incidents (A7) and Proportion C1 (A8)

Total incidents increased by 30k in May to reach 715k. Category 1 incidents accounted for 10.9% of the total. This compares with 8.5% in May 2021. The annualised data show C1 incidents accounted for 11.8% over the last 12 months, compared with 7.0% two years ago.

1. Monthly volume of Incidents and Proportion that are C1

Volume of Incidents ('000, A7) and % C1 (A8)

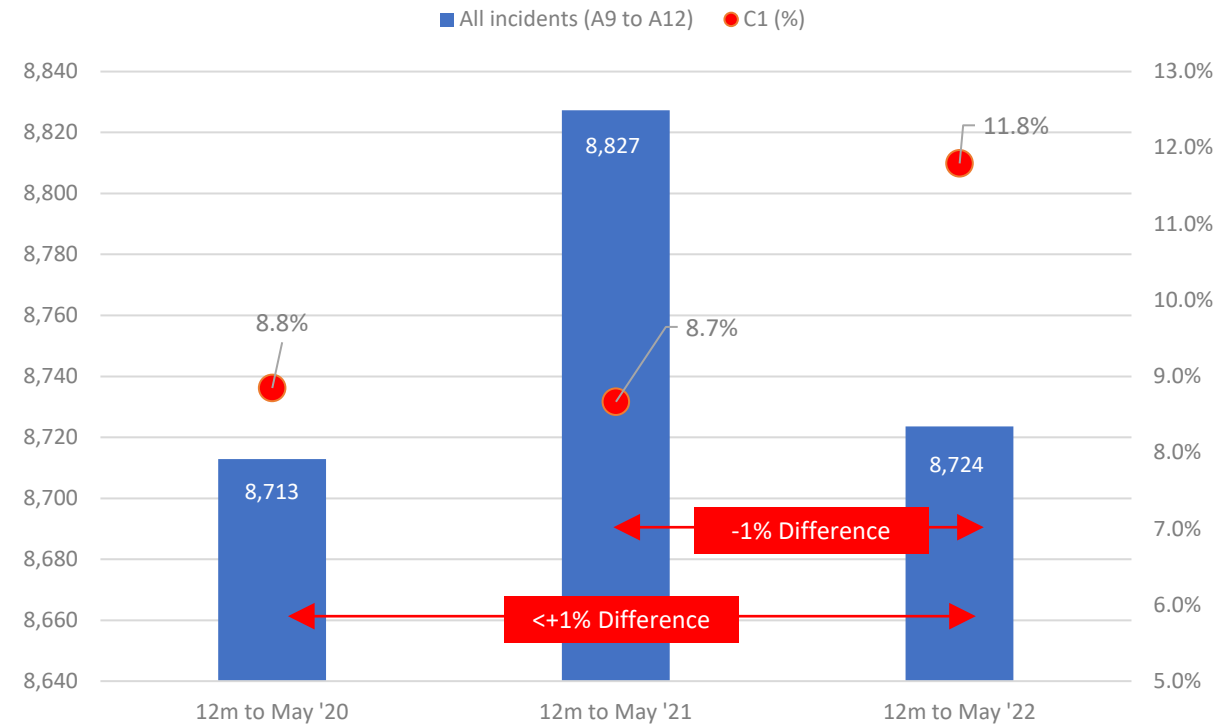


Yellow areas show COVID waves in the UK: source ONS.

-11% (or -85k, vol)
difference, May '21 to May '22

2. Annualised Data

Total Incidents and % C1: 12 months to May ('000, A7,A8)



-1% Difference

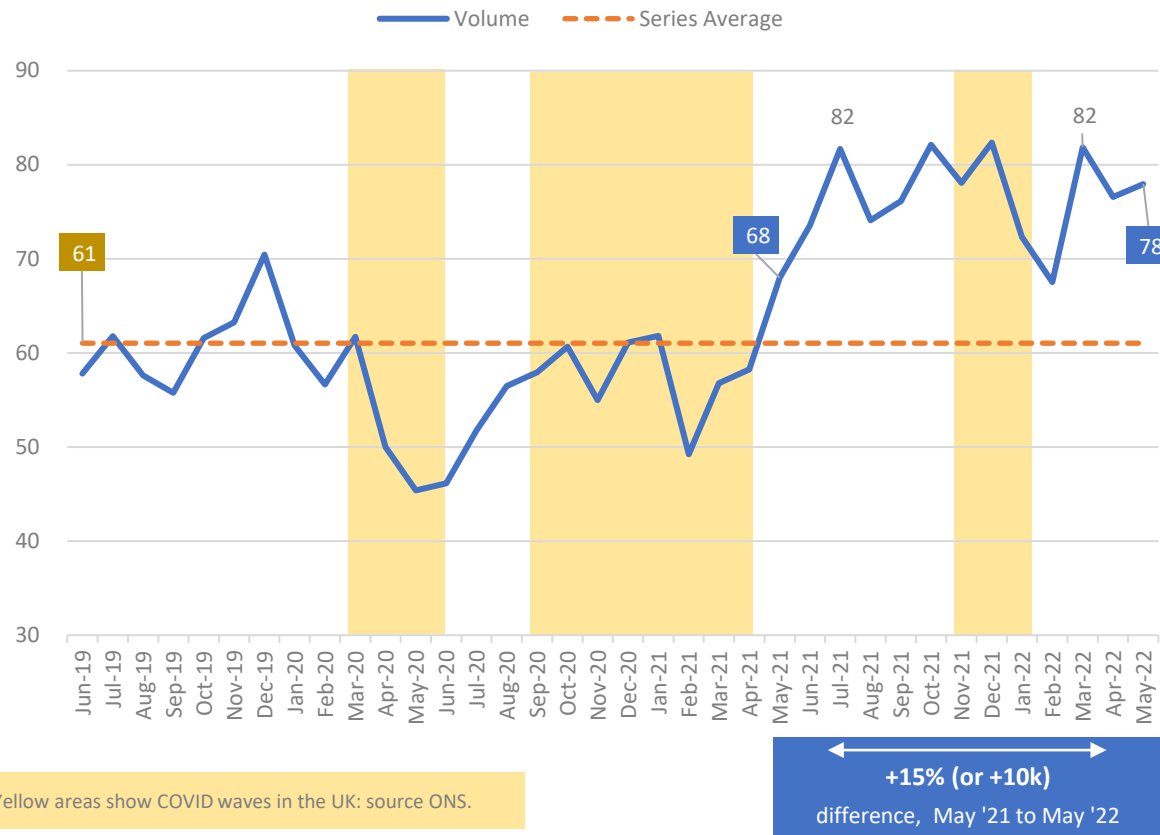
<+1% Difference

10. Demand: C1 Incidents (A8)

The monthly volume of C1 incidents increased slightly in May – although this is a reflection of the different number of days in the month: the daily average decreased slightly for second month running. The monthly total of 78k represents the sixth highest volume to-date, and is 10k greater than the same month last year. Annualised data show an increase of 241k incidents (or +35%) between the two most recent periods.

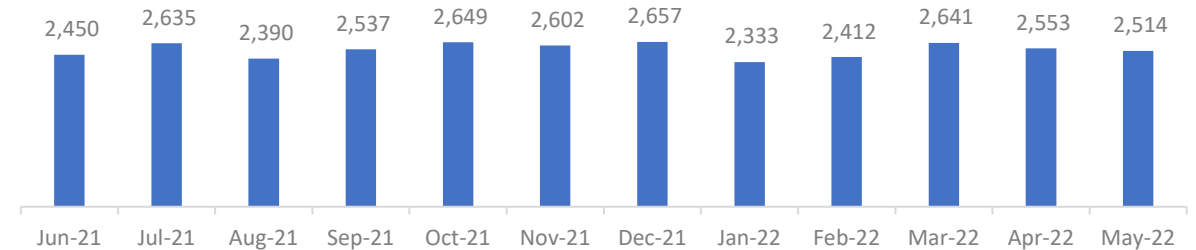
1. Monthly

Volume of C1 Incidents ('000, A8)



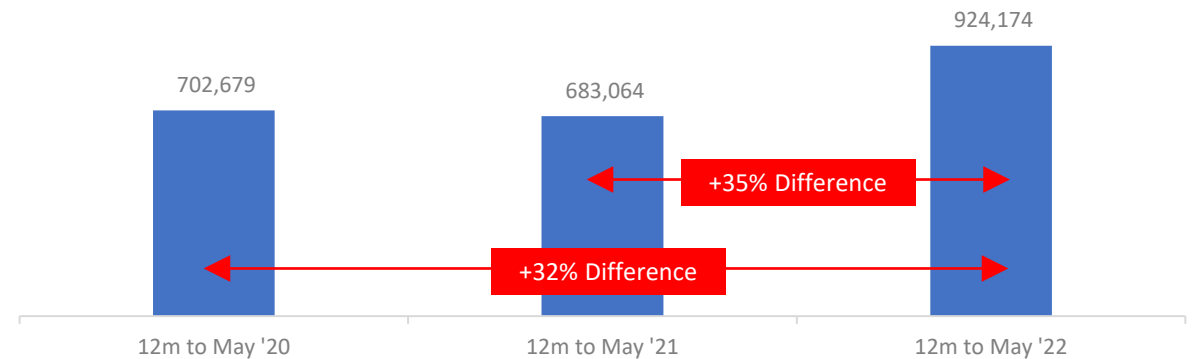
2. Daily Average

C1 Volume, Daily Average



3. Annualised Data

Volume of C1 Incidents in the 12 months to May (A8)

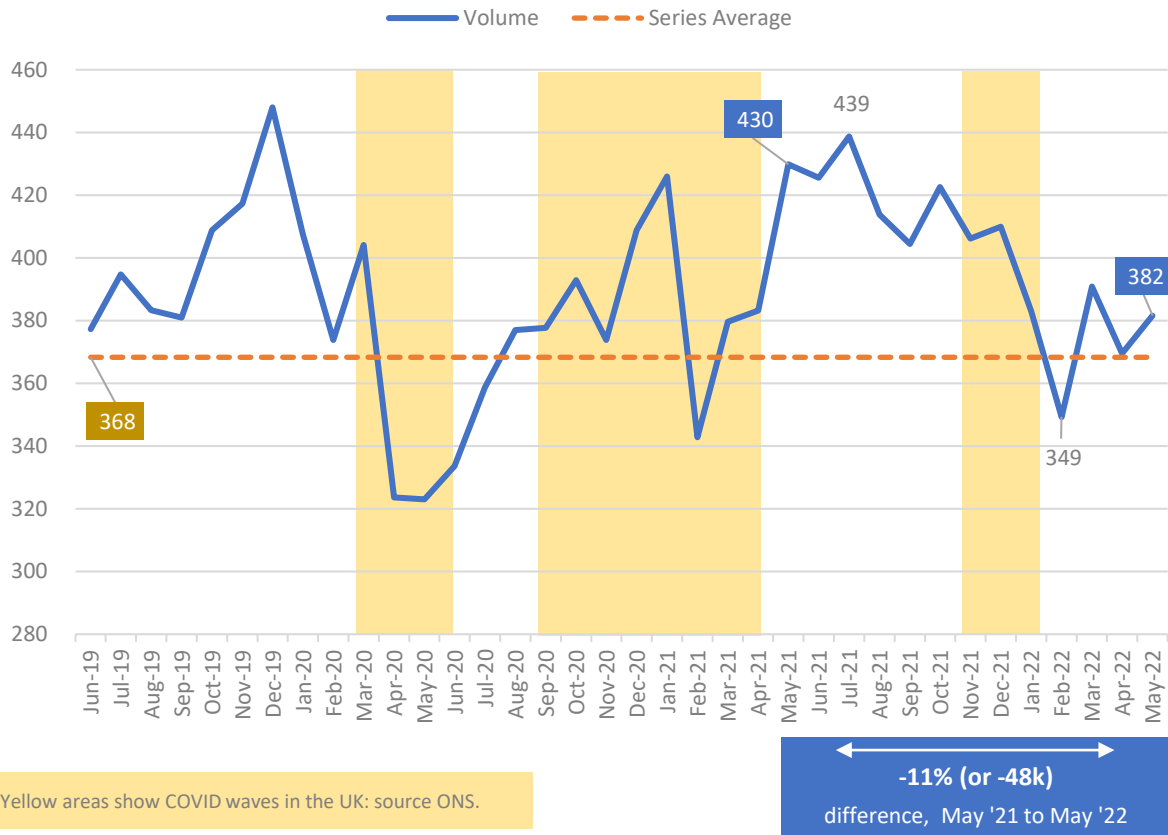


11. Demand: C2 Incidents (A10)

As with C1 incidents, the increase in C2 incidents across the month masks a very slight decrease in the daily average. The current monthly volume is 48k smaller than May 2021 (which, at the time, represented the second highest monthly volume to date). Annualised totals show a +5% difference (or 211k incidents) between the two most recent periods

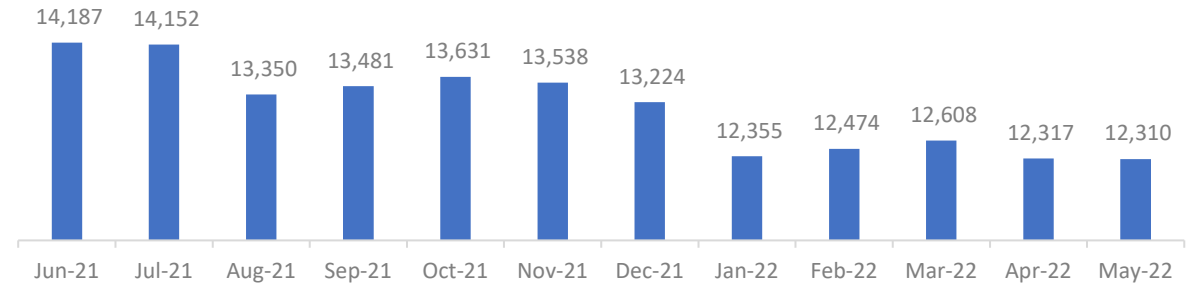
1. Monthly

Volume of C2 Incidents ('000, A10)



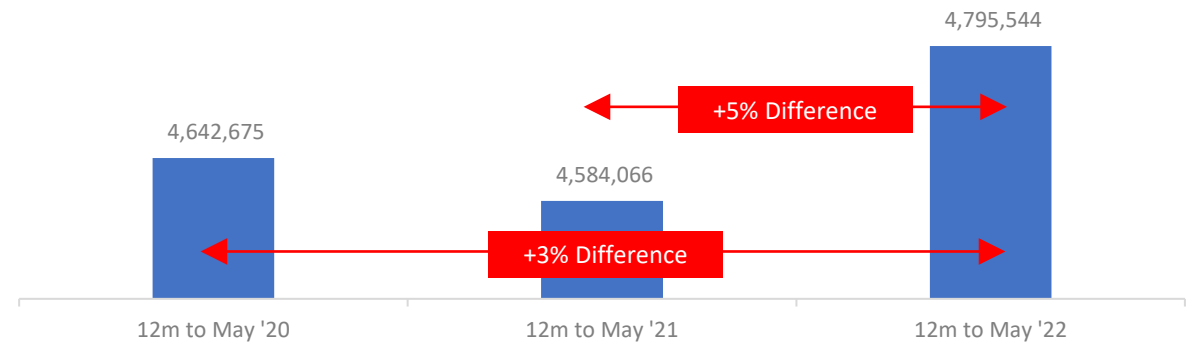
2. Daily Average

C2 Volume, Daily Average



3. Annualised Data

Volume of C2 Incidents in the 12 months to May (A10)

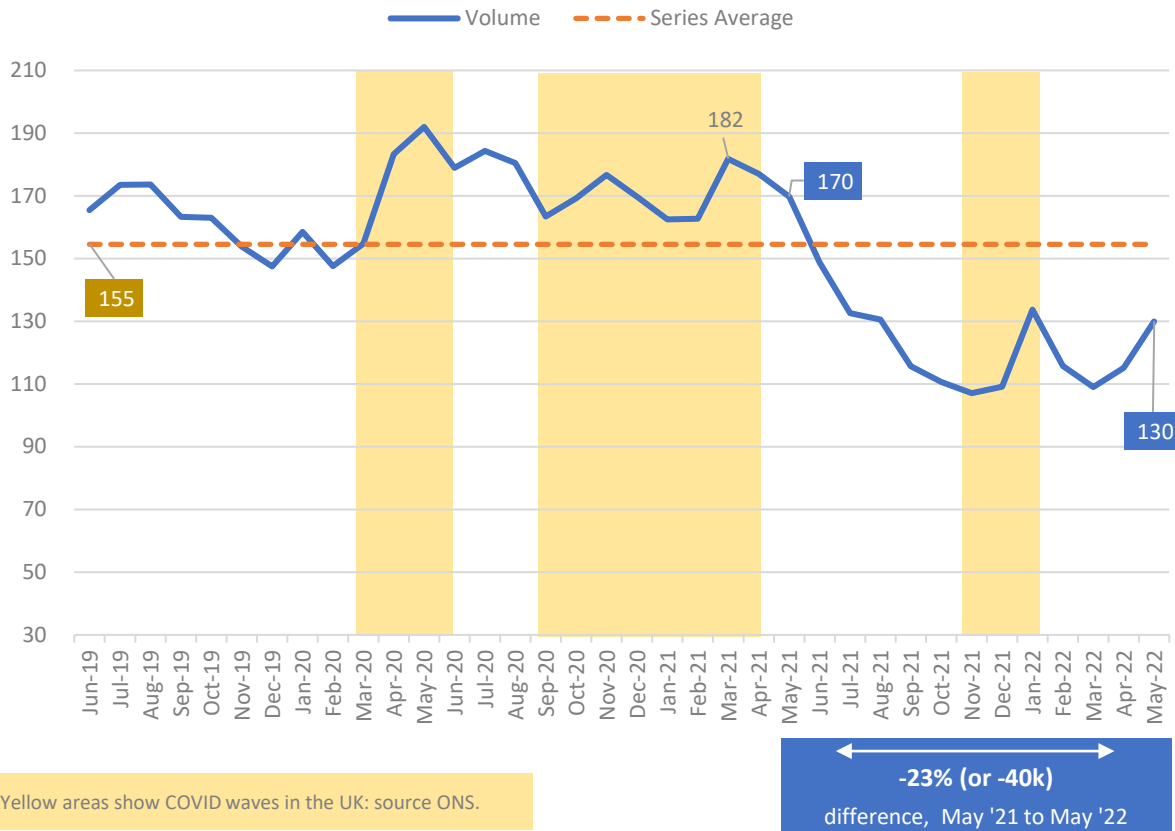


12. Demand: C3 Incidents (A11)

C3 incidents increased by 15k incidents in May to reach 130. This increase is also reflected in the daily average data. The most recent data is somewhat lower than the series average (of 155k), while annualised data show a difference of -30% (or -618k incidents) between the two most recent periods.

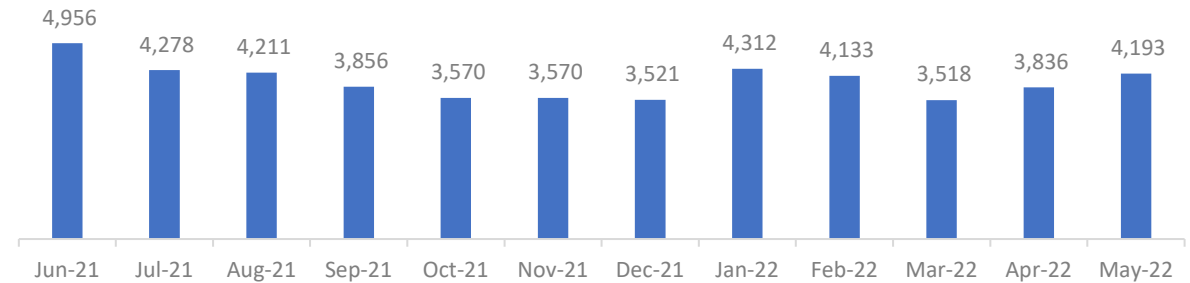
1. Monthly

Volume of C3 Incidents ('000, A11)



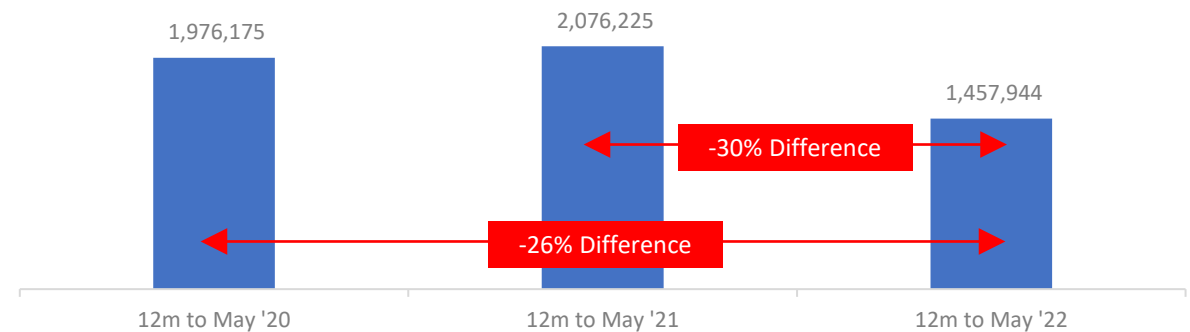
2. Daily Average

C3 Volume, Daily Average



3. Annualised Data

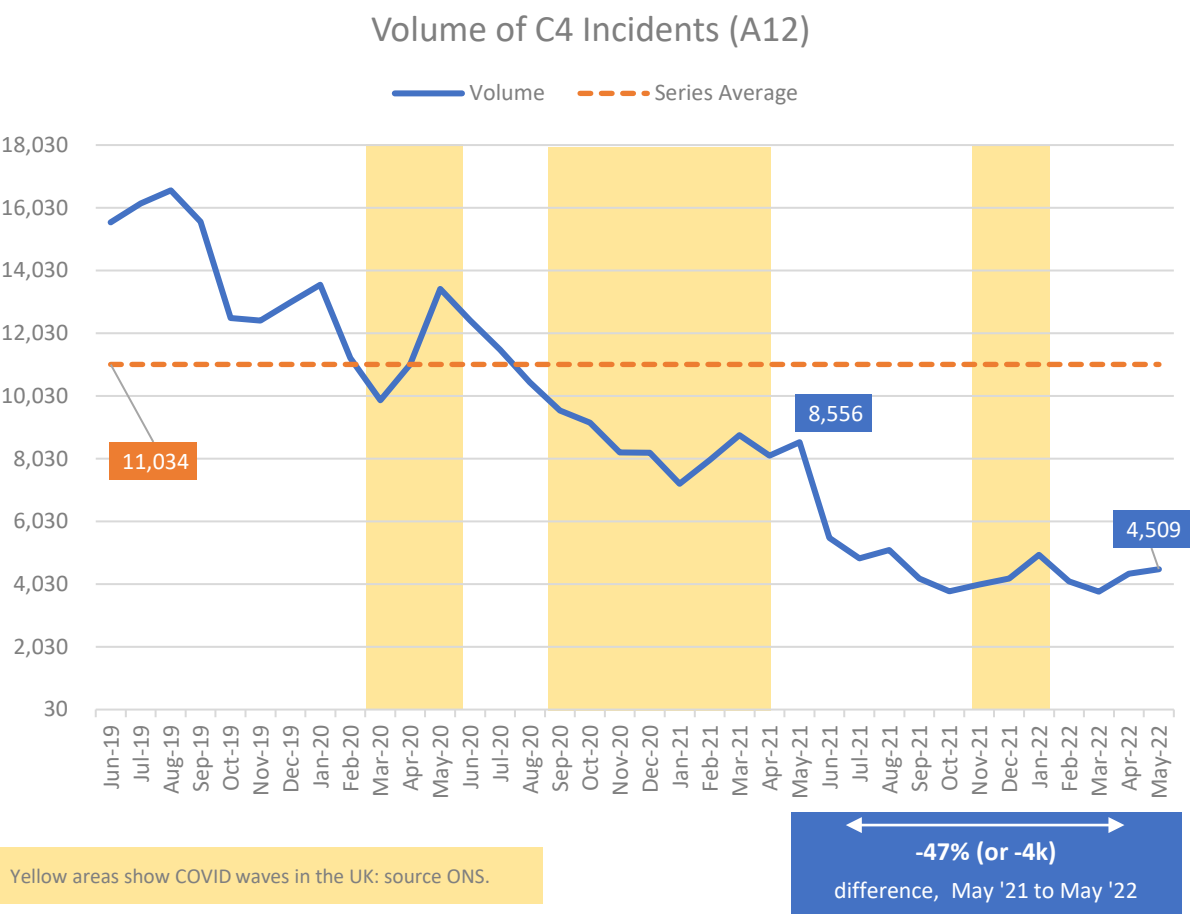
Volume of C3 Incidents in the 12 months to May (A11)



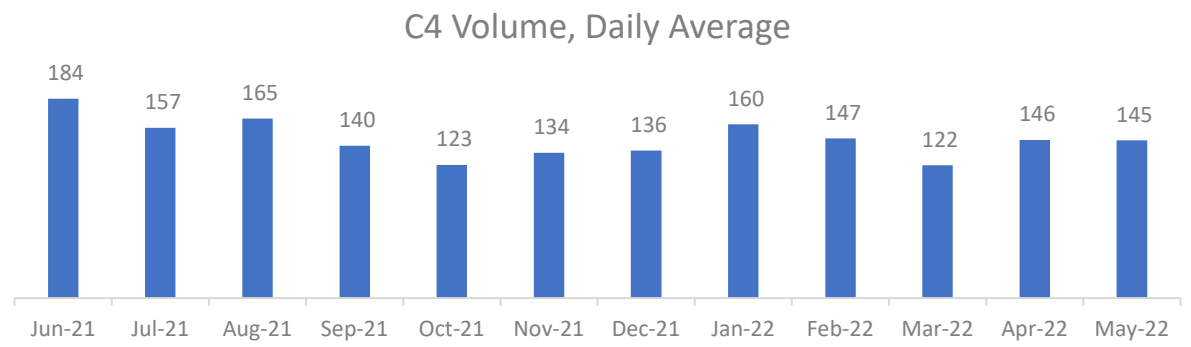
13. Demand: C4 Incidents (A12)

Volume of C4 incidents decreased by 142 in May 2022, reaching 4.5k. This is less than half the series average of 11k. As a proportion of total incidents C4 currently represents 0.7%, compared with 1.3% in May 2021 and 2.6% in 2019. This decrease is reflected in the annualised data which show there were less than half the volume of C4 incidents in the 12 months to May 2022 when compared with the previous period.

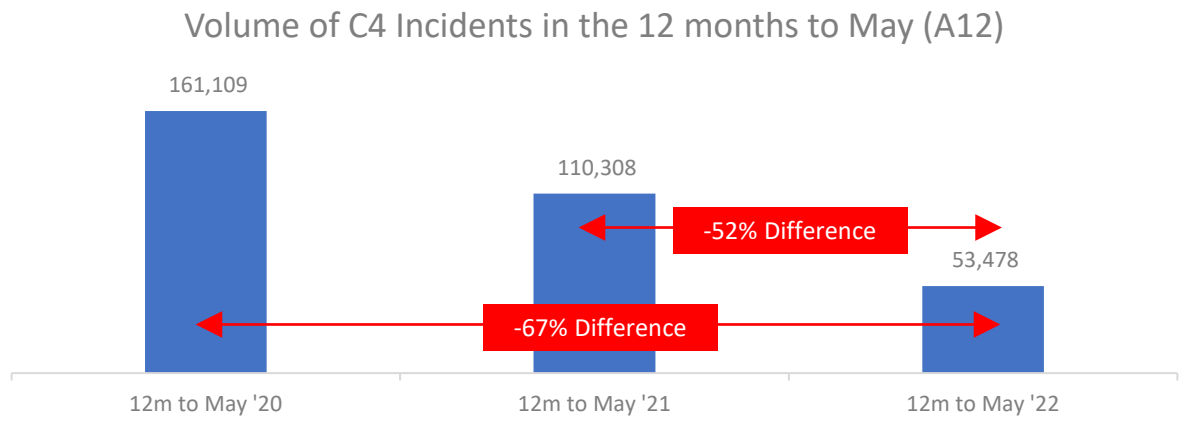
1. Monthly



2. Daily Average



3. Annualised Data

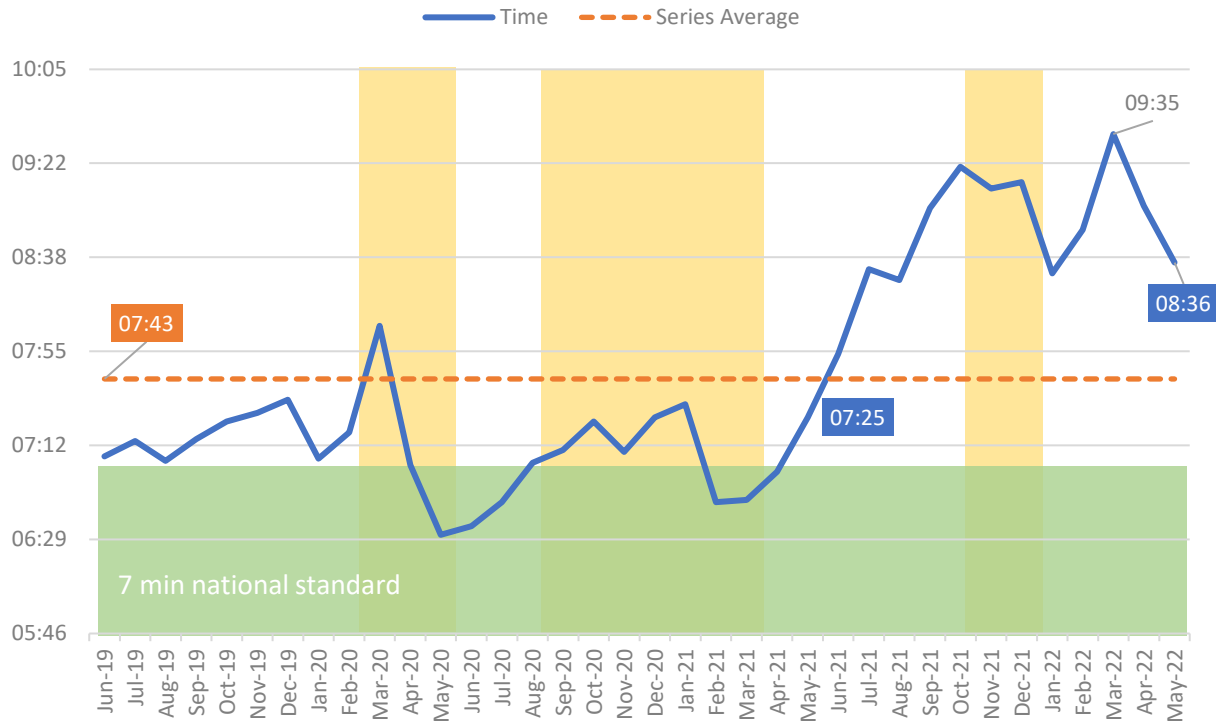


14. Demand: C1 Response Times (Measures A25 and A26)

May saw the second consecutive decrease in response times across all categories, following a series high in March. The C1 mean response time continues to trend above the 7 minute national standard (and has done since April 2021), while the 90th centile measure was just about the 15 minute national standard in May.

1. Mean

Mean C1 Response Time (mm:ss, A25)

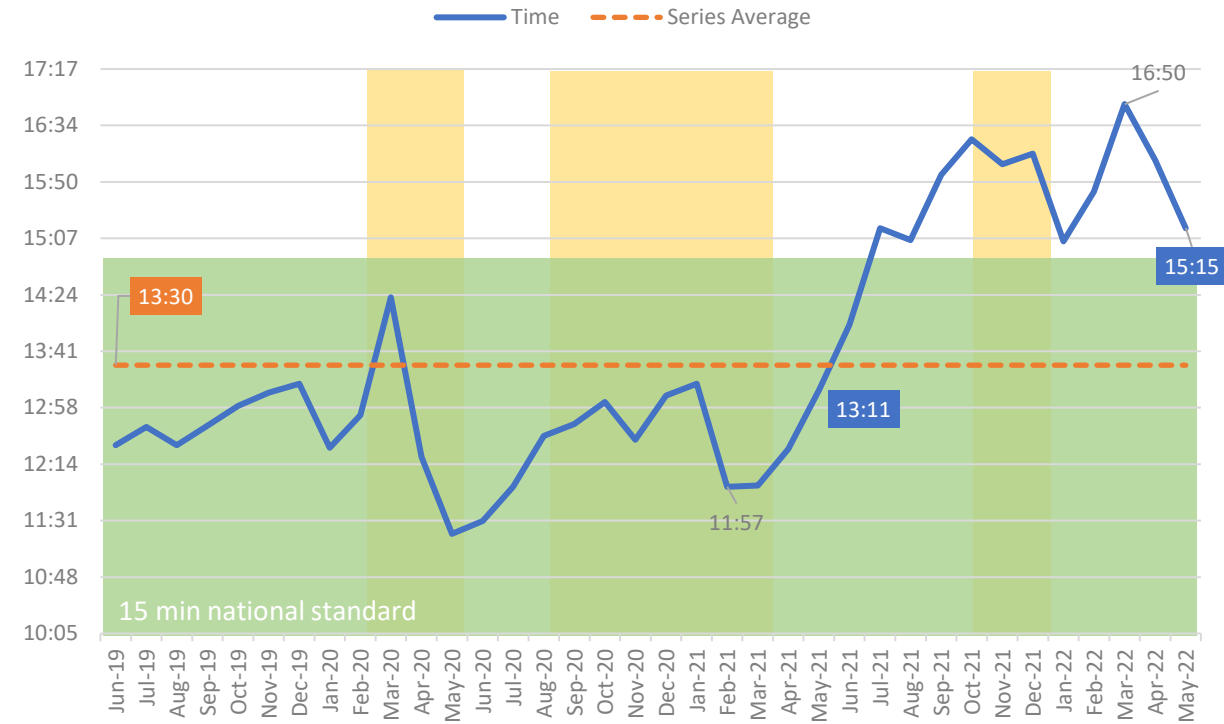


Yellow areas show COVID waves in the UK: source ONS.

+01:01
difference, May '21 to May '22

2. 90th Centile

90th Centile C1 Response Time (mm:ss, A26)



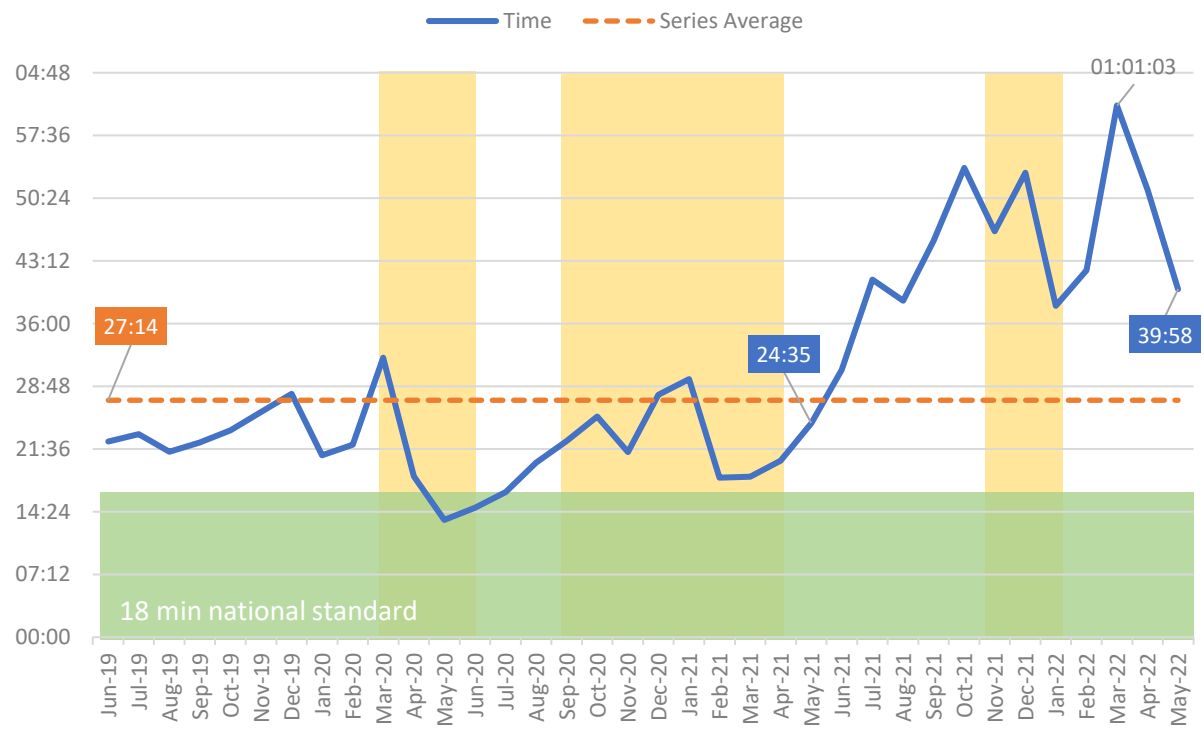
+02:04
difference, May '21 to May '22

15. Demand: C2 Response Times (Measures A31 and A32)

C2 mean response times have trended above the national standard since August 2020. From a mean time of 1 hour in March, May's data show the figure has reduced to around 40 minutes (more than double the national standard). Similarly, the 90th centile response time has decreased to just under 90 minutes, but again this is double the national standard.

1. Mean

Mean C2 Response Time (hh:mm:ss, A31)

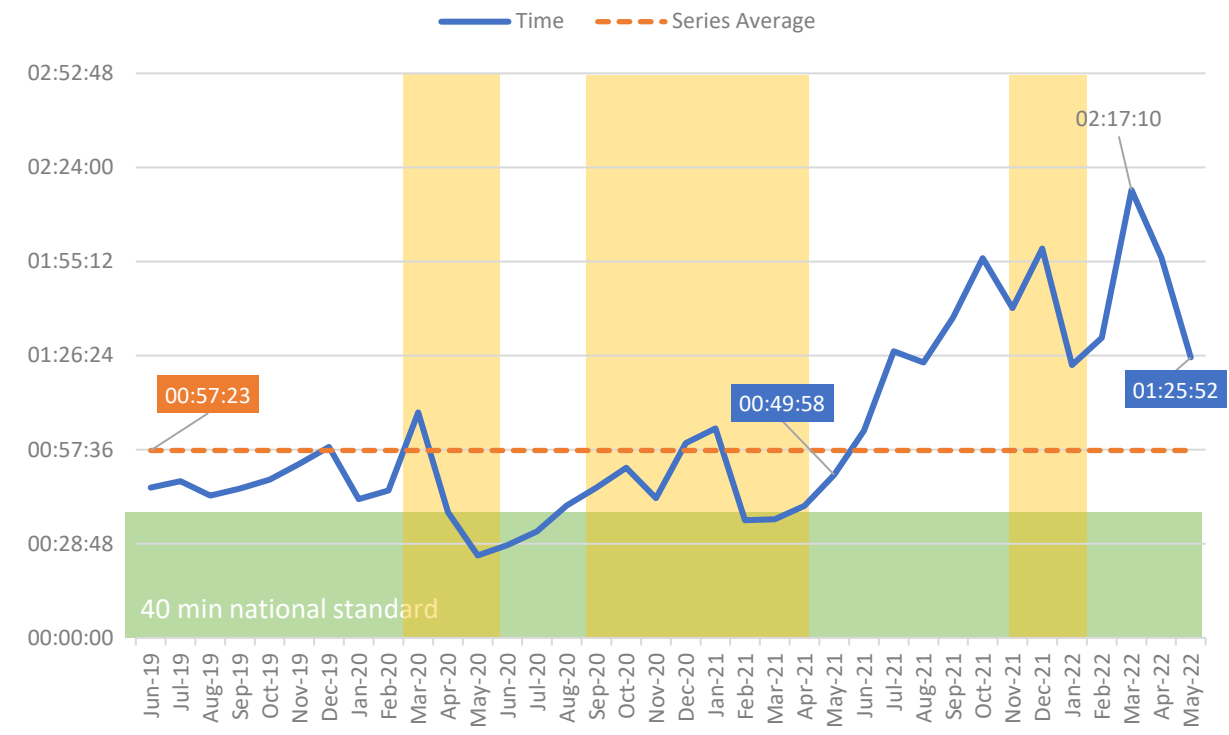


Yellow areas show COVID waves in the UK: source ONS.

+00:15:23
difference, May '21 to May '22

2. 90th Centile

90th Centile C2 Response Time (hh:mm:ss, A32)



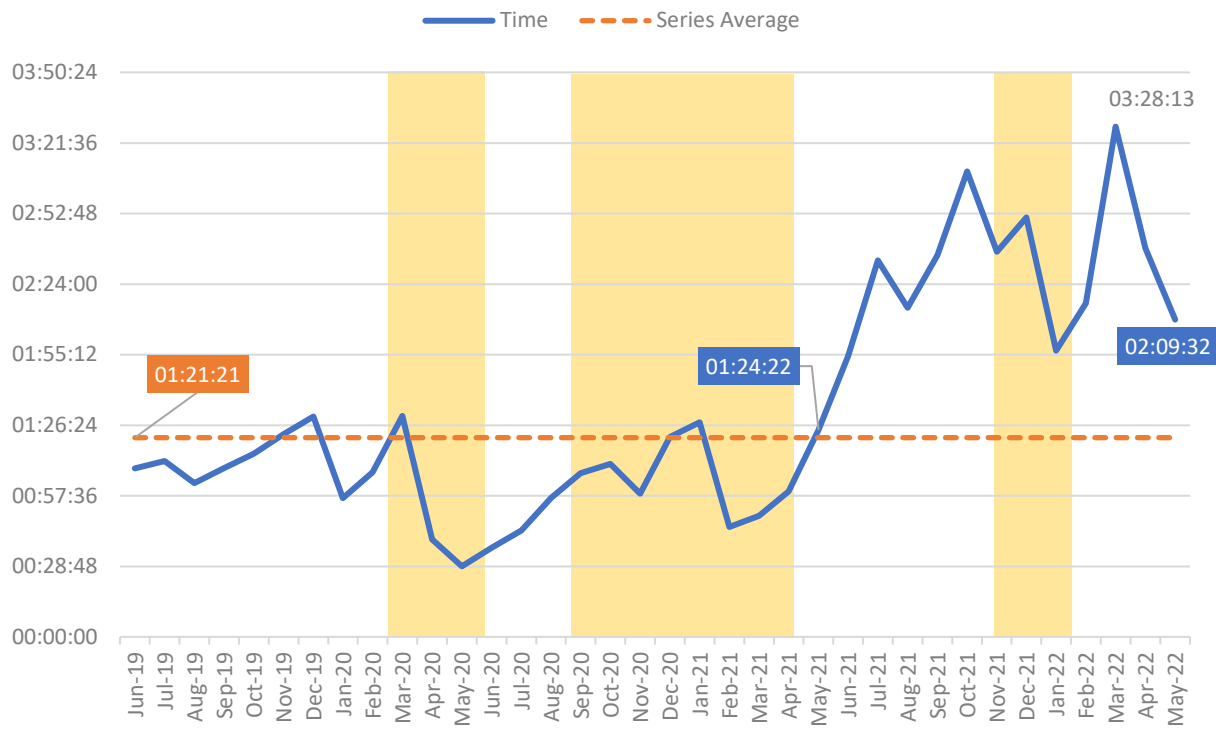
+00:35:54
difference, May '21 to May '22

16. Demand: C3 Response Times (Measures A34 and A35)

The mean time for C3 responses has dropped by nearly 90 minutes since March, and currently sits around 2 hours. The 90th centile measure decreased by a further two hours, taking it to 5 hours and 22 minutes (vs. a national standard of 2 hours). Both measures remains somewhat higher than the same month last year.

1. Mean

Mean C3 Response Time (hh:mm:ss, A34)

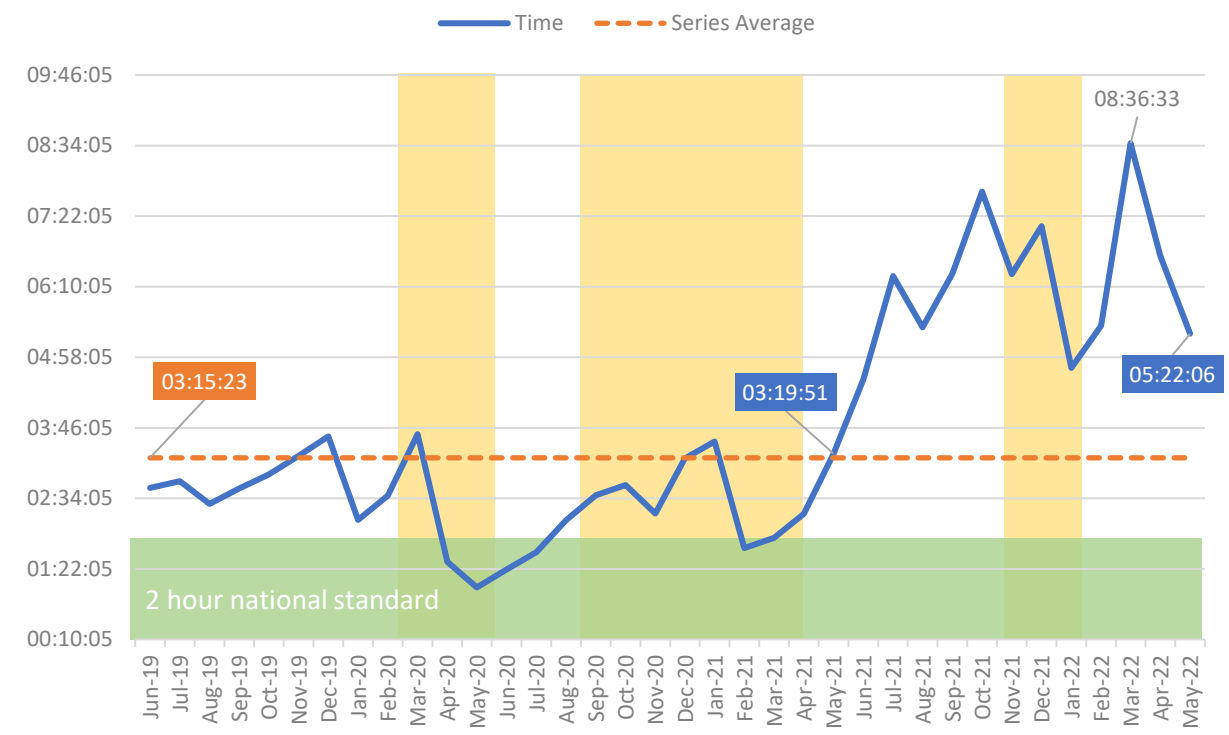


Yellow areas show COVID waves in the UK: source ONS.

+00:45:10
difference, May '21 to May '22

2. 90th Centile

90th Centile C3 Response Time (hh:mm:ss, A35)



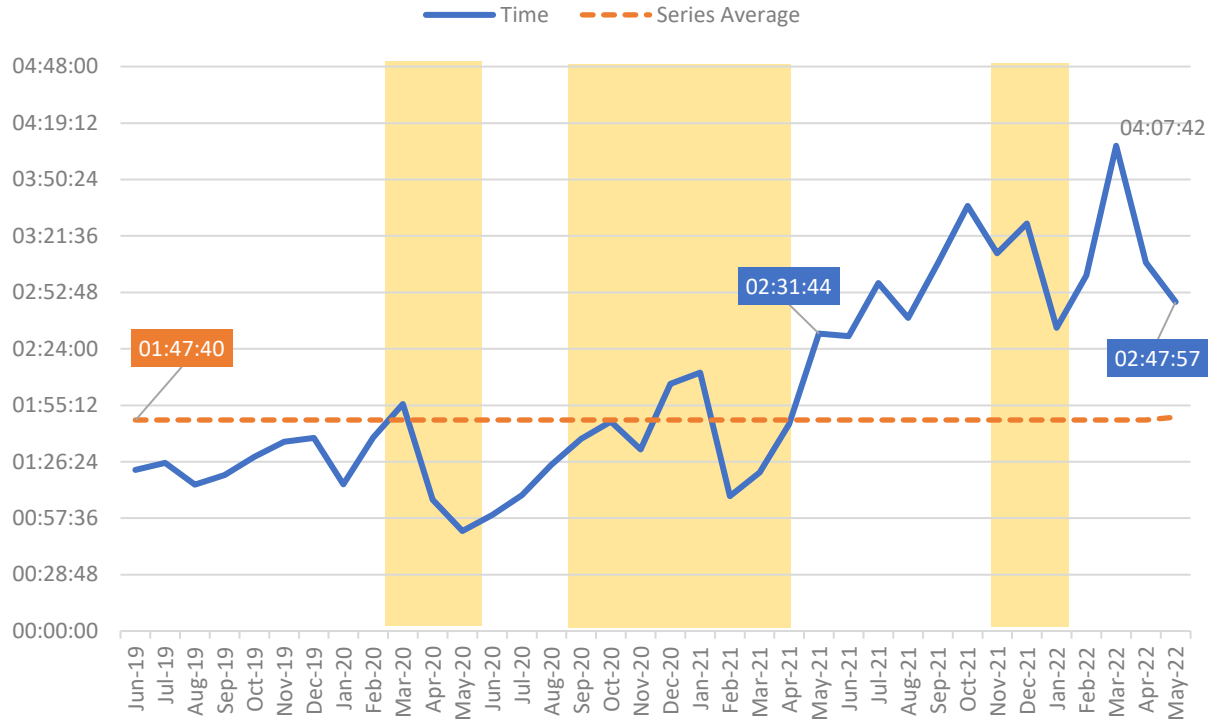
+02:02:21
difference, May '21 to May '22

17. Demand: C4 Response Times (Measures A37 and A38)

As with other response measures, both the mean and 90th centile response times for C4 incidents decreased in May, but both remain high. For example, the 90th centile measure has a 3 hour national standard: May's figure is more than double this, and around 90 minutes slower than the same time last year.

1. Mean

Mean C4 Response Time (hh:mm:ss, A37)

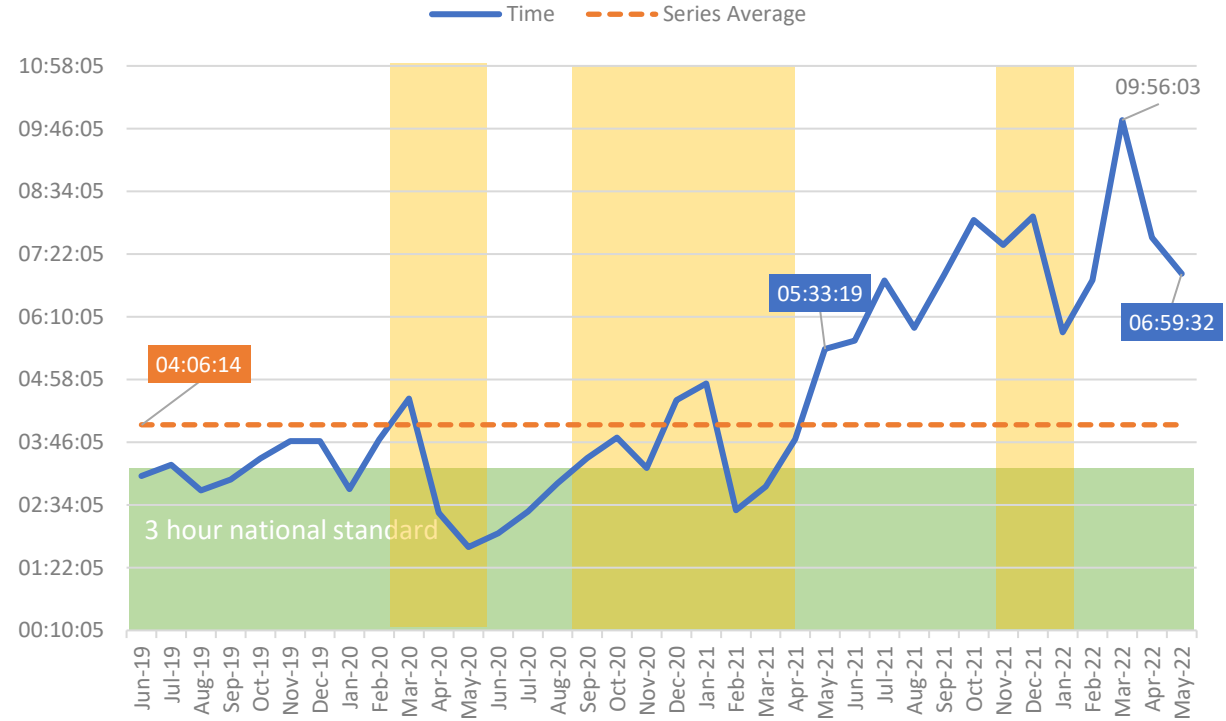


Yellow areas show COVID waves in the UK: source ONS.

+00:16:13
difference, May '21 to May '22

2. 90th Centile

90th Centile C4 Response Time (hh:mm:ss, A38)



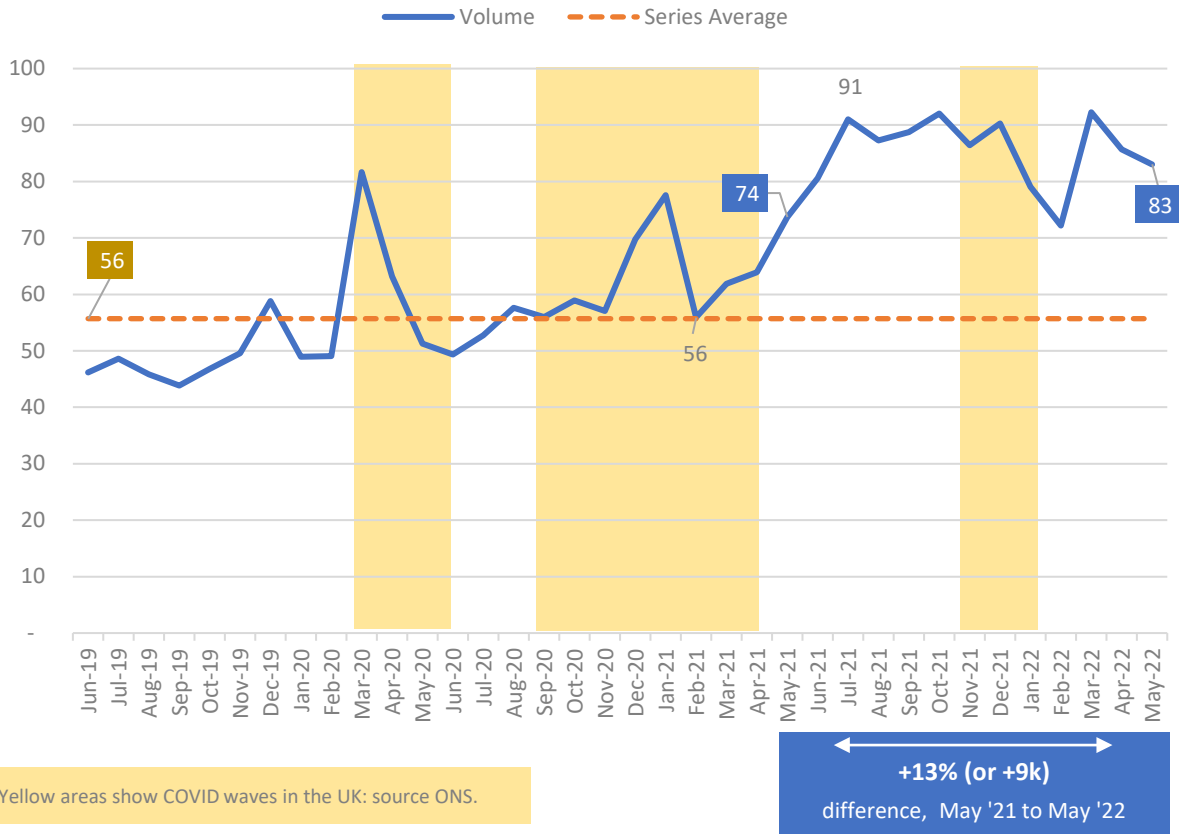
+01:26:13
difference, May '21 to May '22

18. Hear and Treat (measure A17)

Hear and Treat incidents dropped by 3k between April and May to reach 83k. This compares with the series average of 56k, and is +13% (or +9k) higher than May 2021. Year-on-year, Hear and Treat incidents continue to increase, with 634k in the 12 months to May 2020 increasing to 1,029k in the 12 months to May 2022.

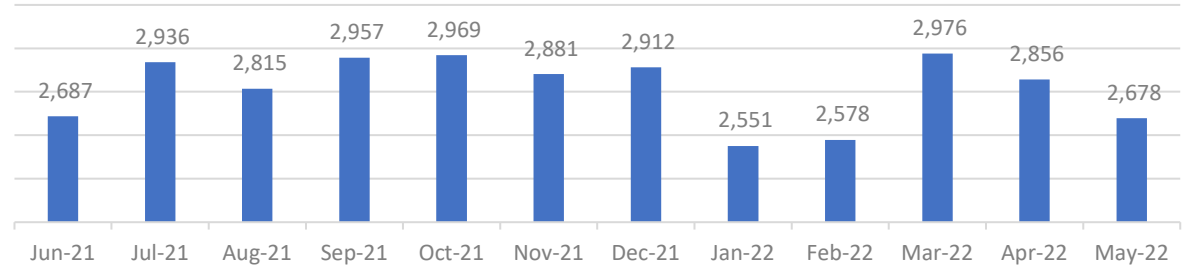
1. Monthly

Volume of Hear and Treat ('000, A17)



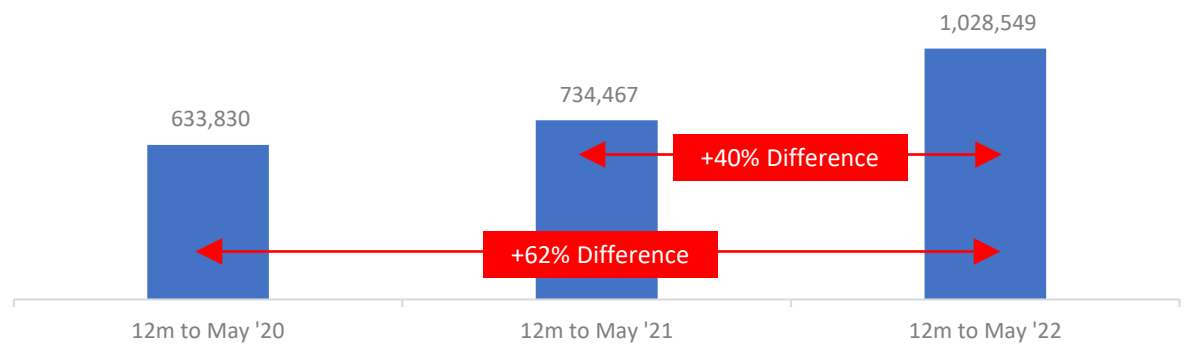
2. Daily Average

Hear and Treat, Daily Average



3. Annualised Data

Volume of H&T Incidents in the 12 months to May (A17)

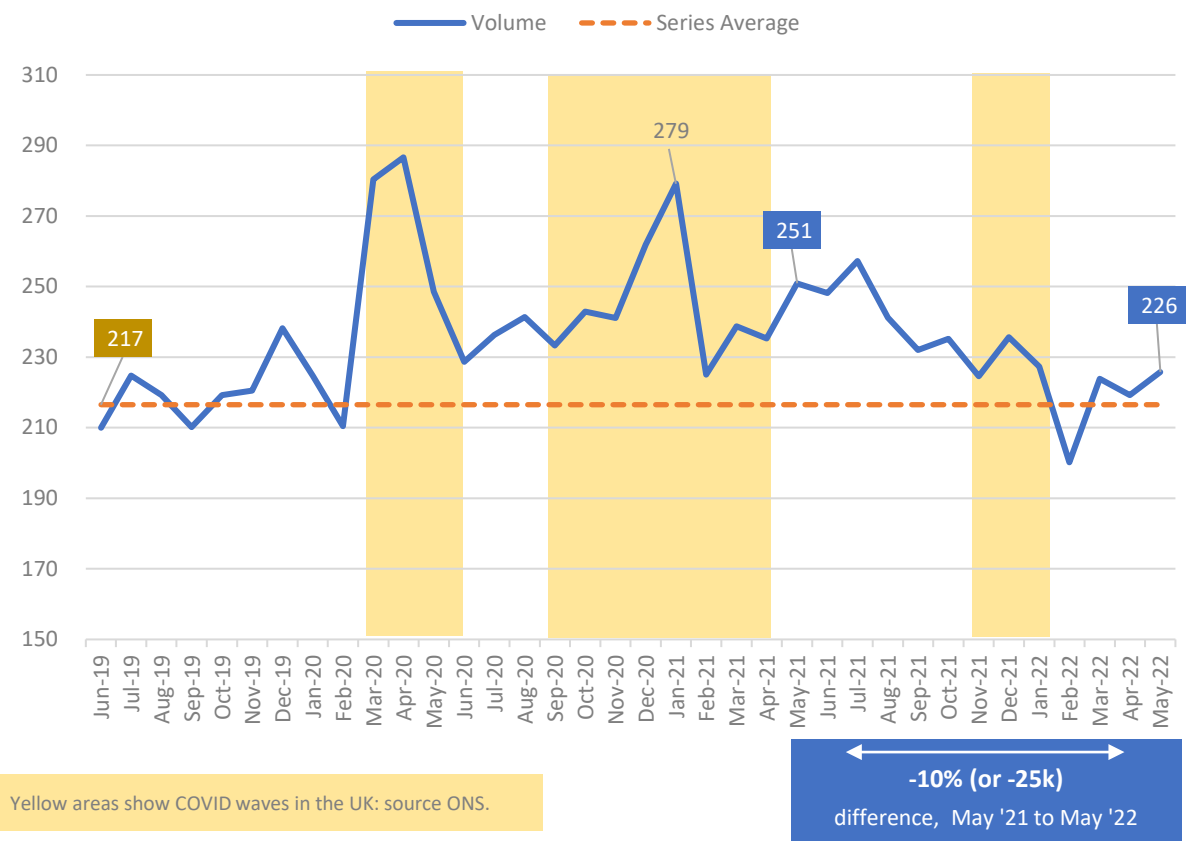


19. See and Treat (measure A55)

An increase in the volume of See and Treat incidents across the month contrasts with a decrease in the daily average for May. Over time, the volume is continuing to decrease: compared with May 2021 there were 25k fewer incidents, while the annualised data shows a drop in 5% (or 144k incidents) between the two most recent years.

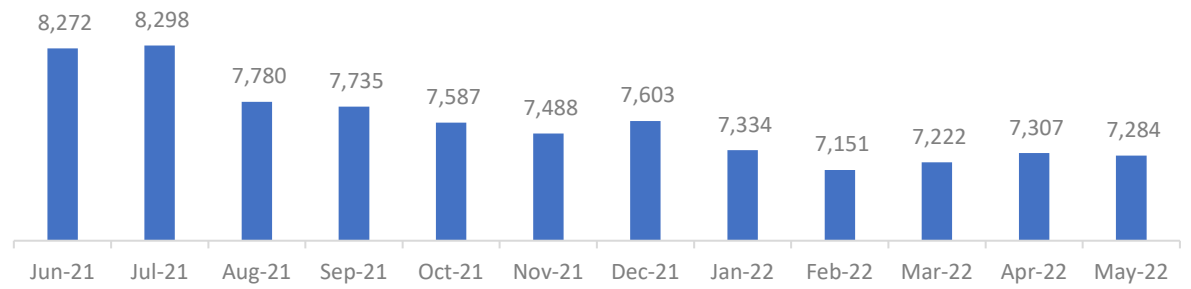
1. Monthly

Volume of See and Treat Responses ('000, A55)



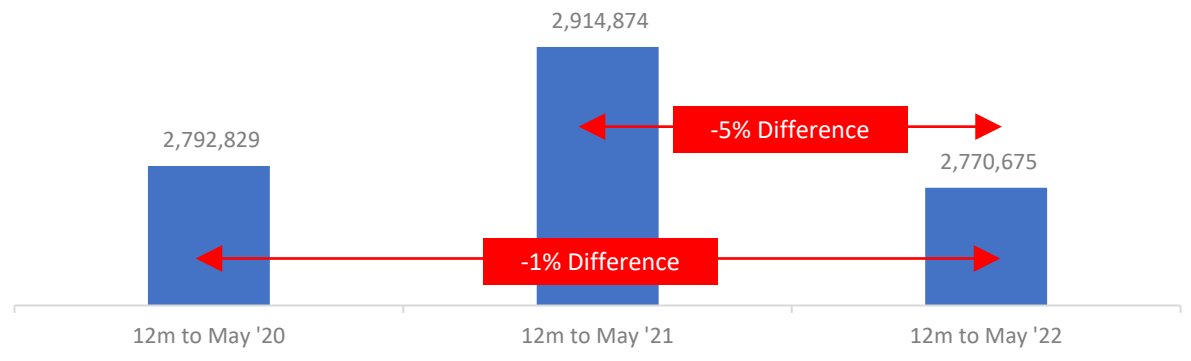
2. Daily Average

See and Treat, Daily Average



3. Annualised Data

Volume of S&T Incidents in the 12 months to May (A55)

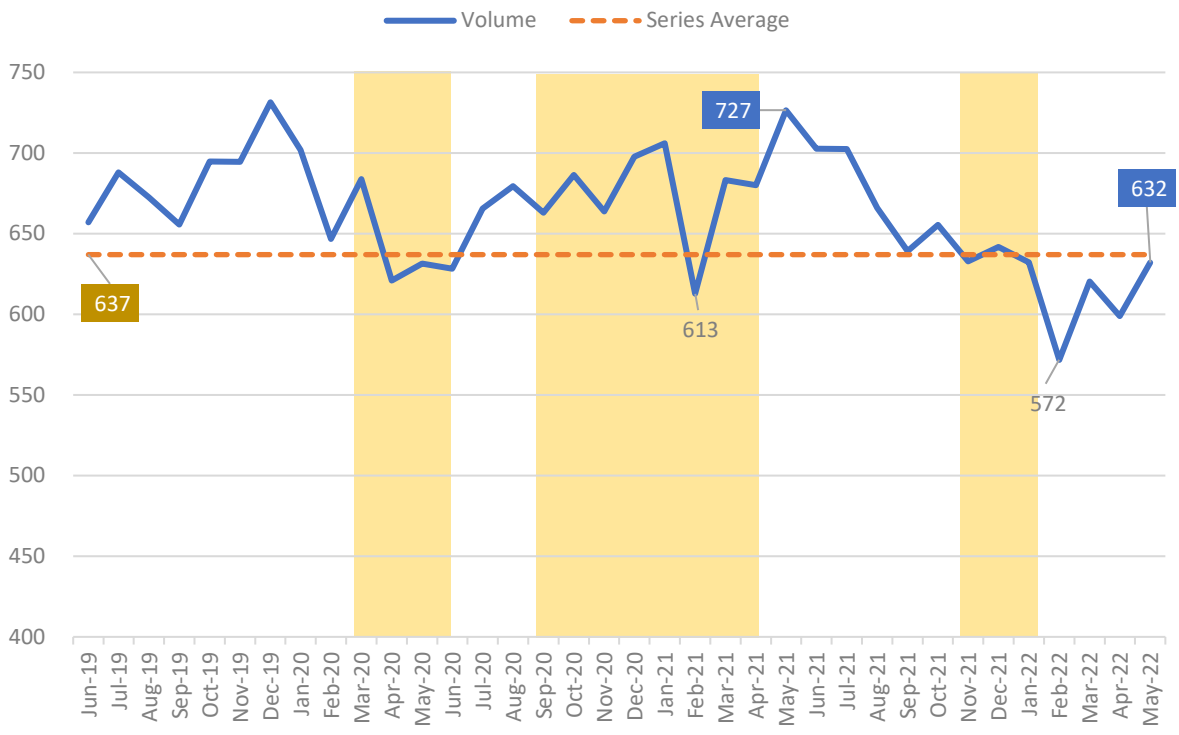


20. Face to Face (measure A56)

Face to face incidents increased in May with 33k more incidents in the month taking the total to 632k (with the daily average also increasing). Despite this increase, May's total remains below the series average, and is -94k fewer than May 2021. The annualised data also point to an ongoing decrease, with around 4k fewer incidents in the most recent year compared with the previous period.

1. Monthly

Volume of F2F Responses ('000, A56)

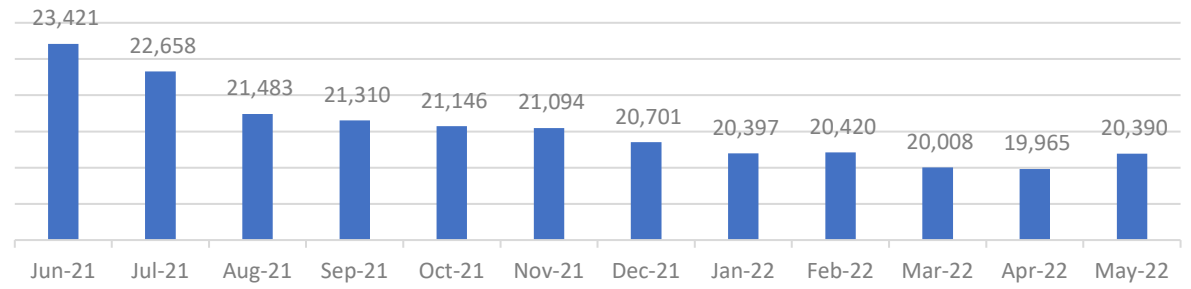


Yellow areas show COVID waves in the UK: source ONS.

-13% (or -94k)
difference, May '21 to May '22

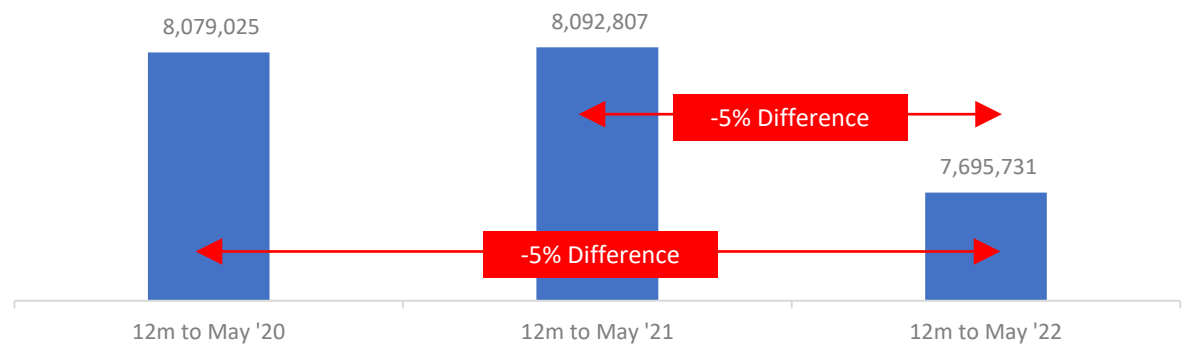
2. Daily Average

F2F, Daily Average



3. Annualised Data

Volume of F2F Incidents in the 12 months to May (A56)

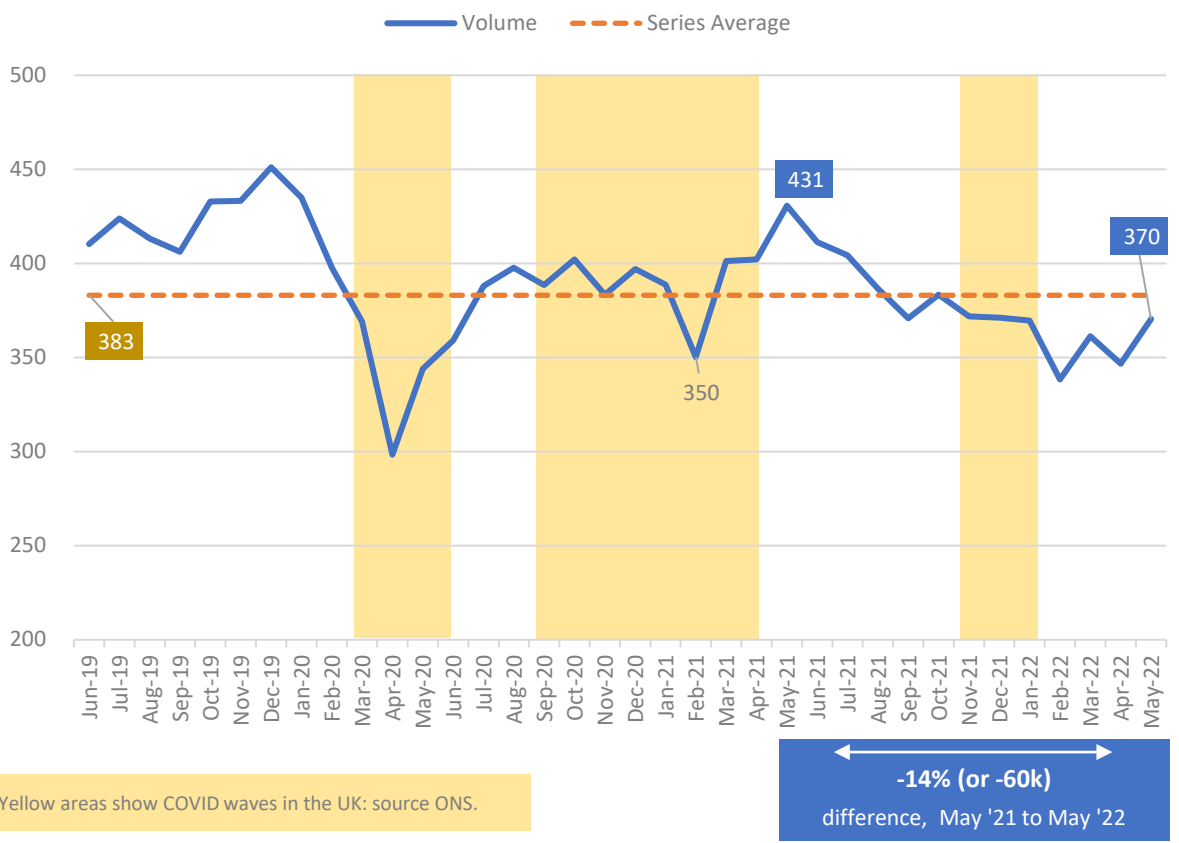


21. Transport to Emergency Departments (measure A53)

Volume of patients transported to ED increased by 24k in May to reach 370k, with the daily average also increasing to just under 12k. The monthly total remains below the series average, with fewer 60k fewer incidents than in May 2021, and a year-on-year decrease in the annualised total.

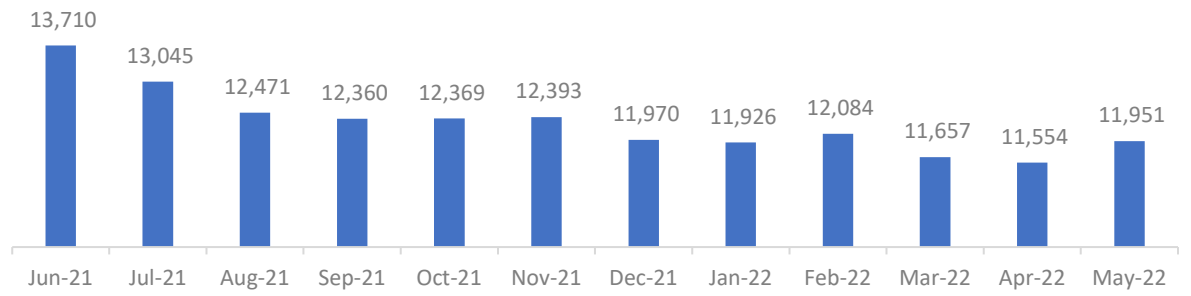
1. Monthly

Incidents with Transport to ED ('000, A53)



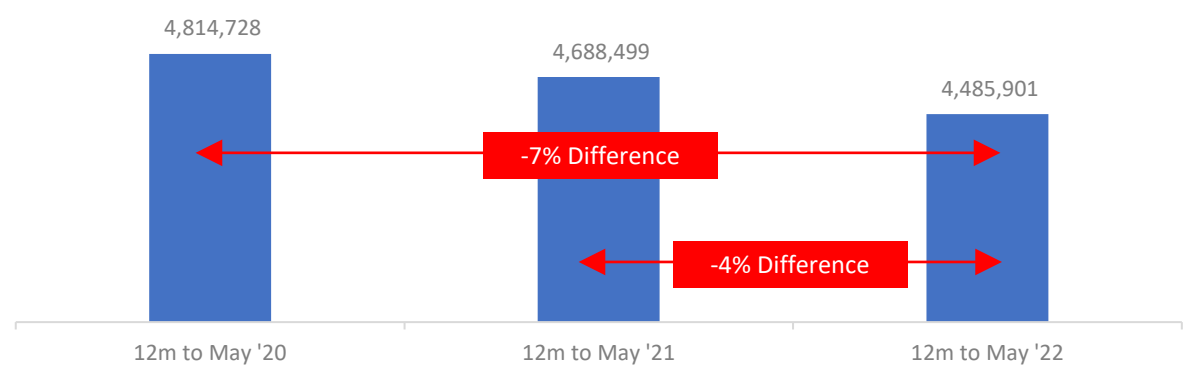
2. Daily Average

Transport to ED, Daily Average



3. Annualised Data

Vol of Transport to ED in the 12 months to (A53)

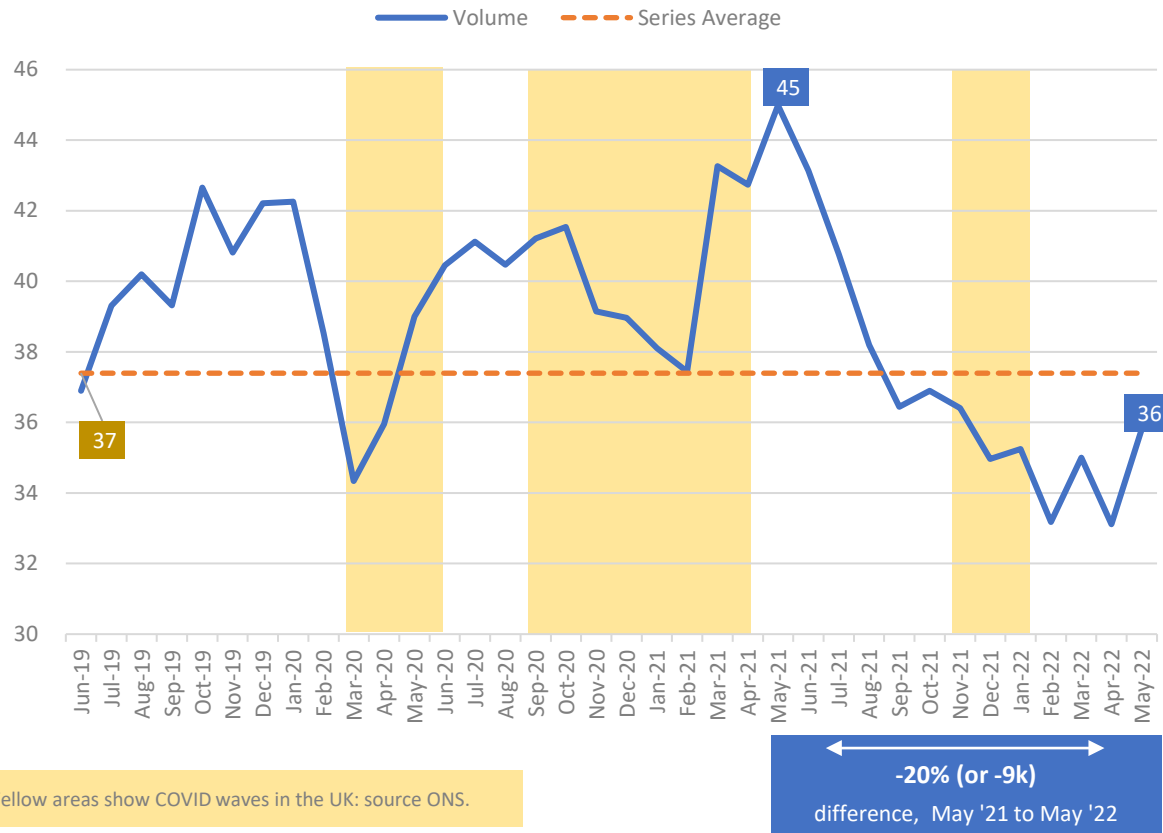


22. Transported to Destination other than ED (measure A54)

Patients transported to a destination other than ED increased by 3k in May, with the daily average also recording an increase. Over time, the number of incidents falling into this category is decreasing with 9k fewer than in May 2021 and 50k fewer when comparing year-on-year data.

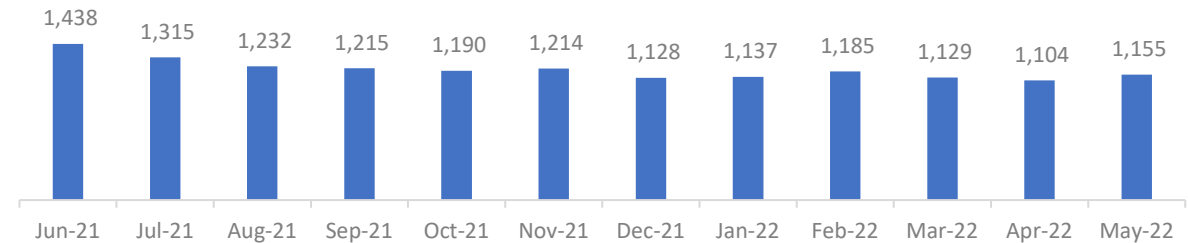
1. Monthly

Transport to Destination not ED ('000, A54)



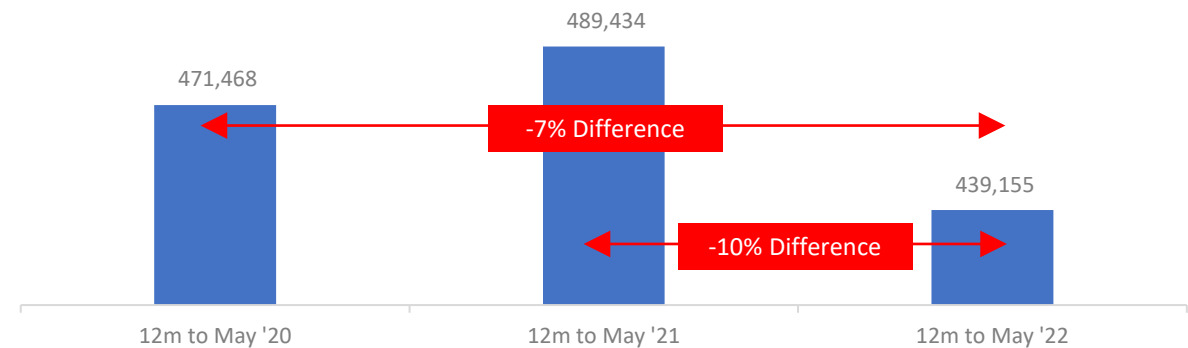
2. Daily Average

Transport Elsewhere, Daily Average



3. Annualised Data

Vol of Transport/ not ED in the 12 months to May (A54)

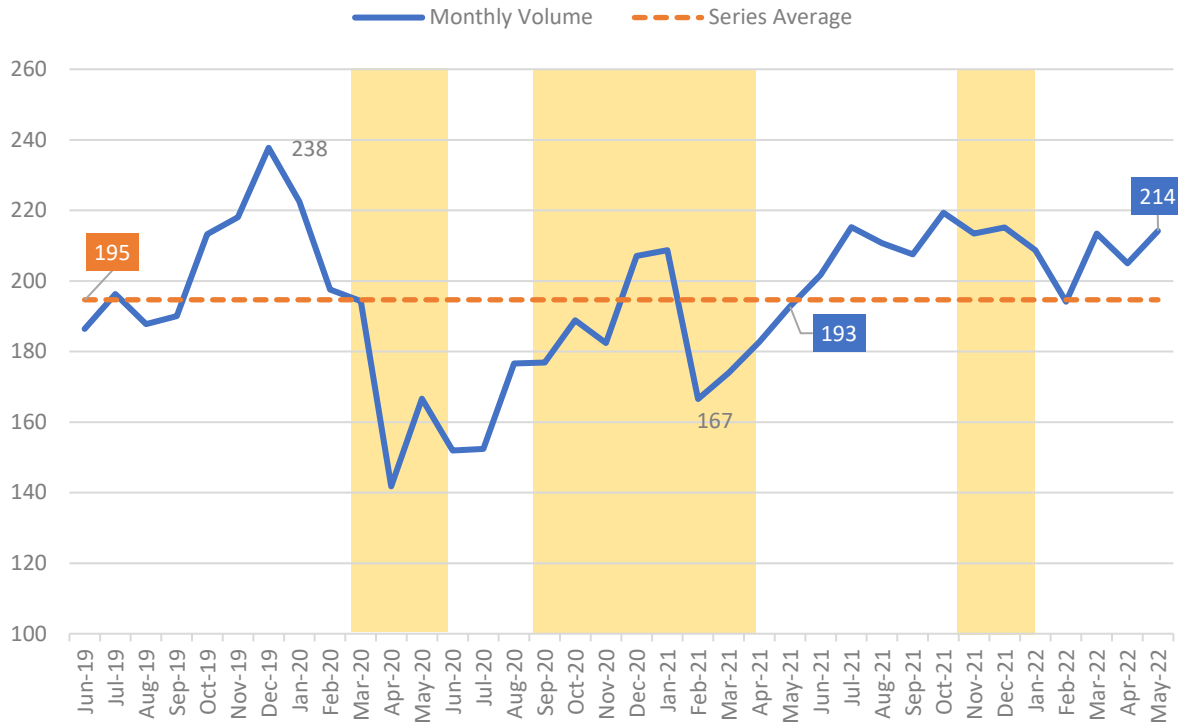


23. Handover Delays over 15 Minutes (source, NAIG)

Volume of patient handover delays exceeding 15 minutes increased by just under 10k between April and May. These handovers accounted for 60% of the total, compared with 46% in May 2021. The decrease in longer handover volumes (see following slides) means hours lost to handovers exceeding 15 minutes decreased to 124k. However this is 10k higher than Feb 2022 and 74k higher than May 2021.

1. Delays over 15 Minutes

Volume of Handovers Over 15 Minutes ('000, source NAIG)

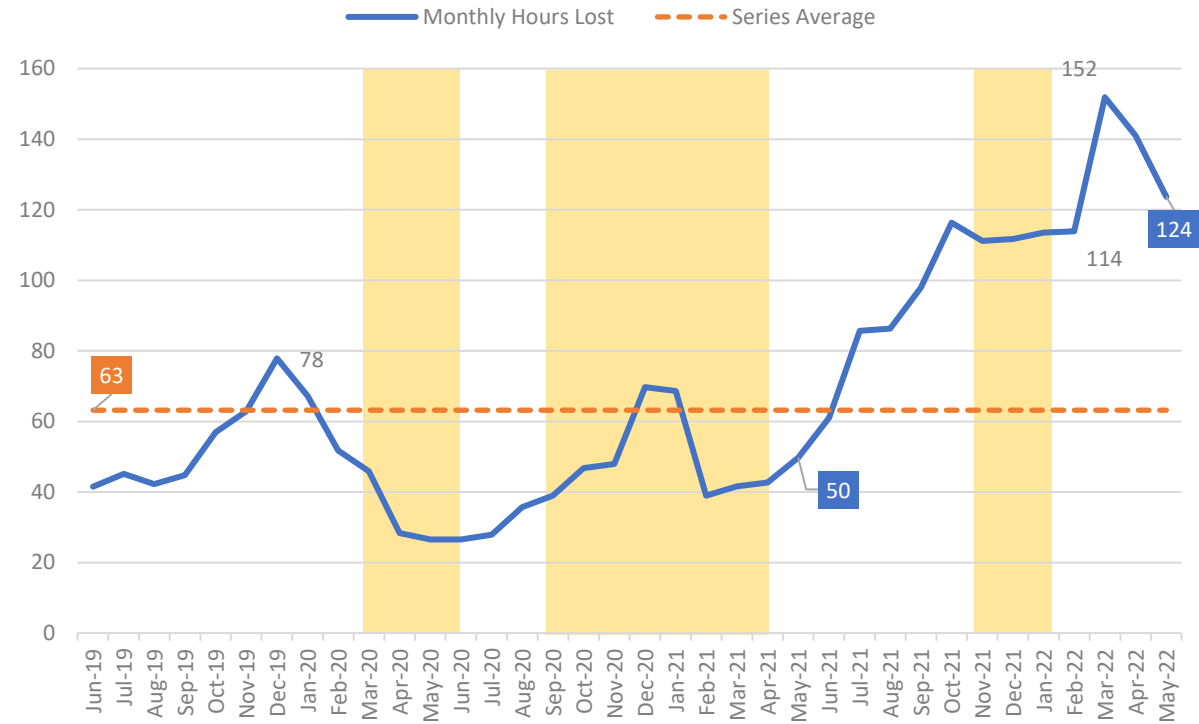


Yellow areas denote COVID waves in the UK: source ONS.

+11% (or +21k)
difference, May '21 to May '22

2. Hours lost for Handovers Over 15 Minutes

Hours Lost: Handovers over 15 Minutes ('000, source NAIG)



+126% (or +74k)
difference, May '21 to May '22

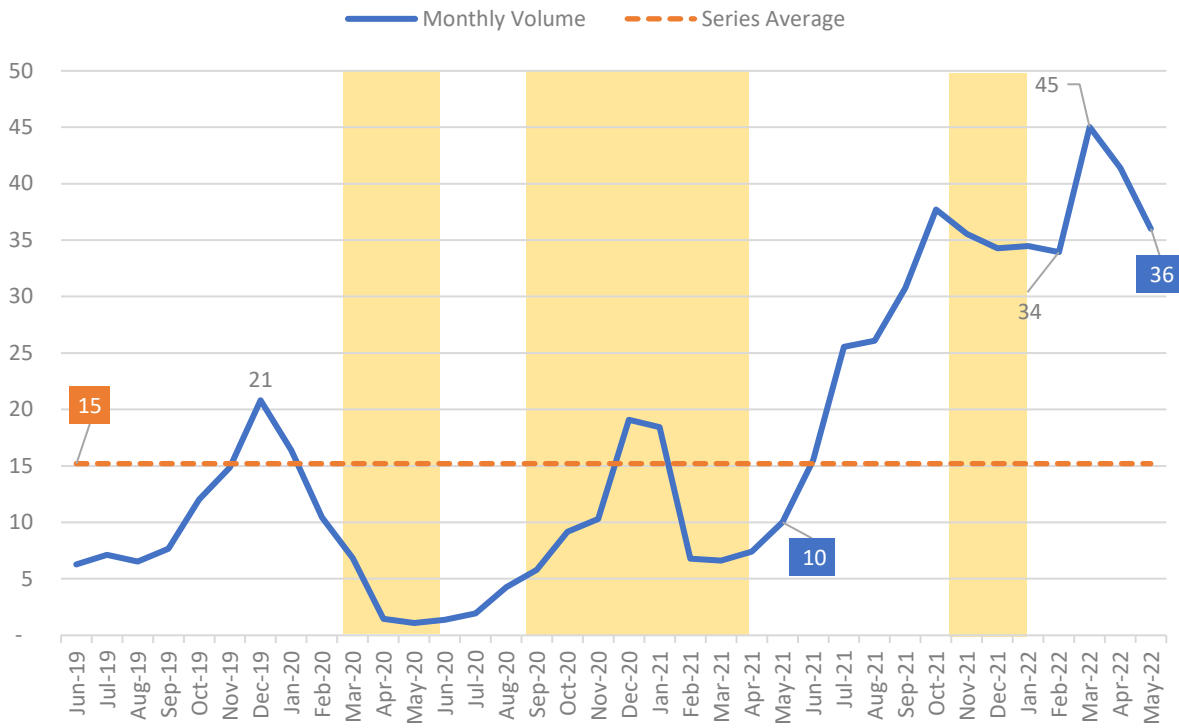


24. Handover Delays over 60 Minutes (source, NAIG)

With 5k fewer delays than April, patient handovers dropped for the second consecutive month to reach 36k in May 2022. However, this volume remains 26k higher than May 2021, and represents the 4th highest volume in this category to date. A similar pattern is seen in resource-time lost as a result of these handover delays: there were 54k hours lost in May 2022, 16k fewer than April but 48k more than in May 2021. Once again, this is the fourth highest to date.

1. Delays over 60 Minutes

Volume of Handovers Over 60 Minutes ('000, source NAIG)

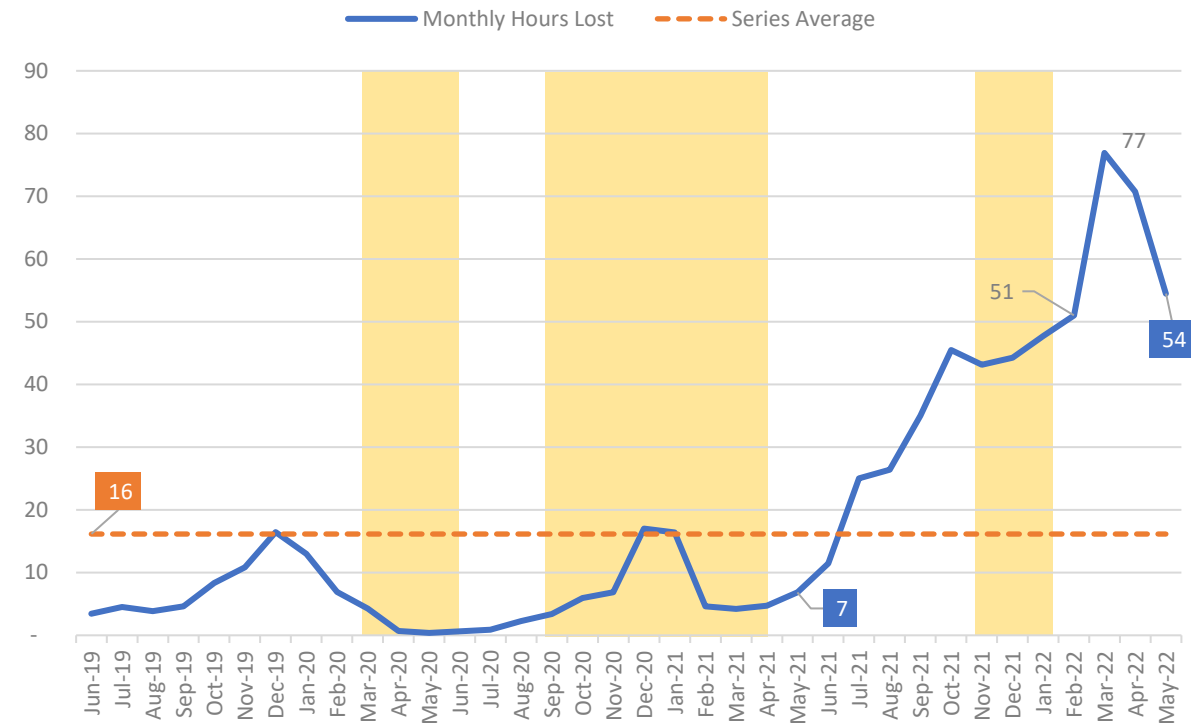


Yellow areas denote COVID waves in the UK: source ONS.

+260% (or +26k)
difference, May '21 to May '22

2. Hours lost for Handovers Over 60 Minutes

Hours Lost: Handovers over 60 Minutes ('000, source NAIG)



+697% (or +48k)
difference, May '21 to May '22

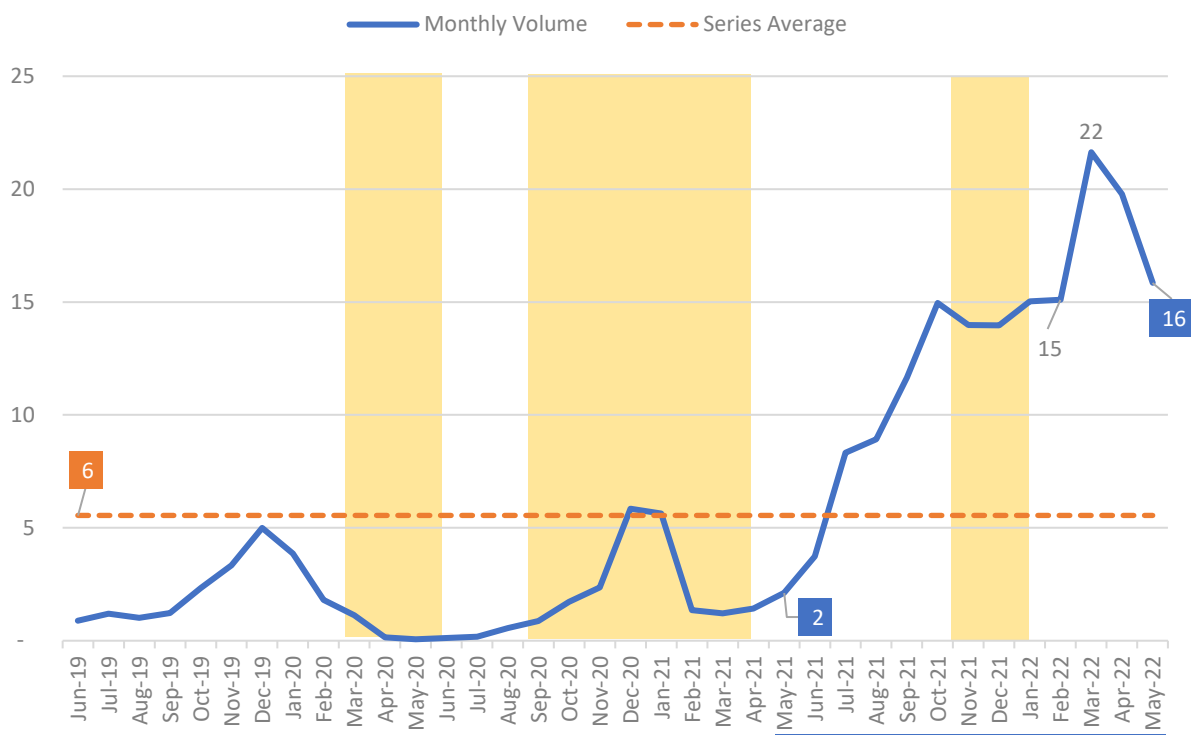


25. Handover Delays over 120 Minutes (source, NAIG)

Patient handovers exceeding 120 minutes also decreased in May with 4k fewer delays than April. As with the 60 minute category, however, the volume remains high at 16k – the 3rd highest volume to date, and 14k greater than in May 2021. Once again, time lost reflects this pattern with fewer hours lost than in April 2022, but 28k more than in May 2021 with the most recent month again representing the third highest to date.

1. Delays over 120 Minutes

Volume of Handovers Over 120 Minutes ('000, source NAIG)

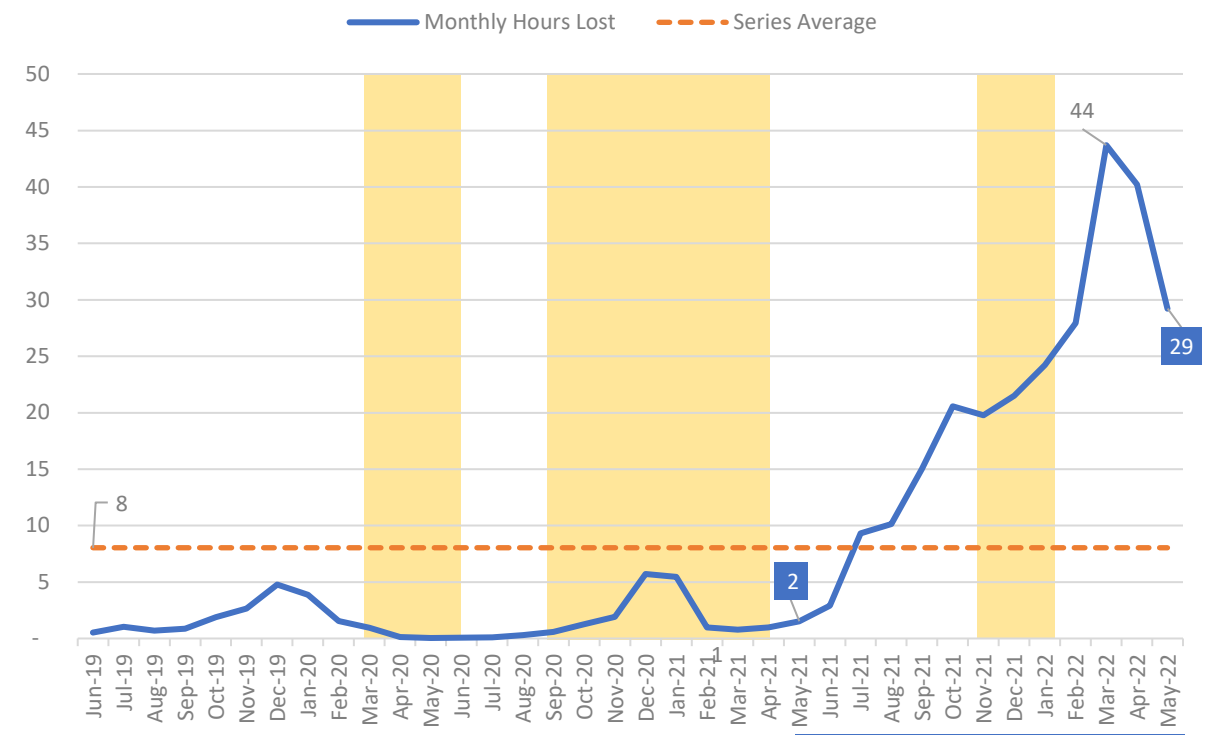


Yellow areas denote COVID waves in the UK: source ONS.

+650% (or +14k)
difference, May '21 to May '22

2. Hours lost for Handovers Over 120 Minutes

Hours Lost: Handovers over 120 Minutes ('000, source NAIG)



+1,810% (or +28k)
difference, May '21 to May '22



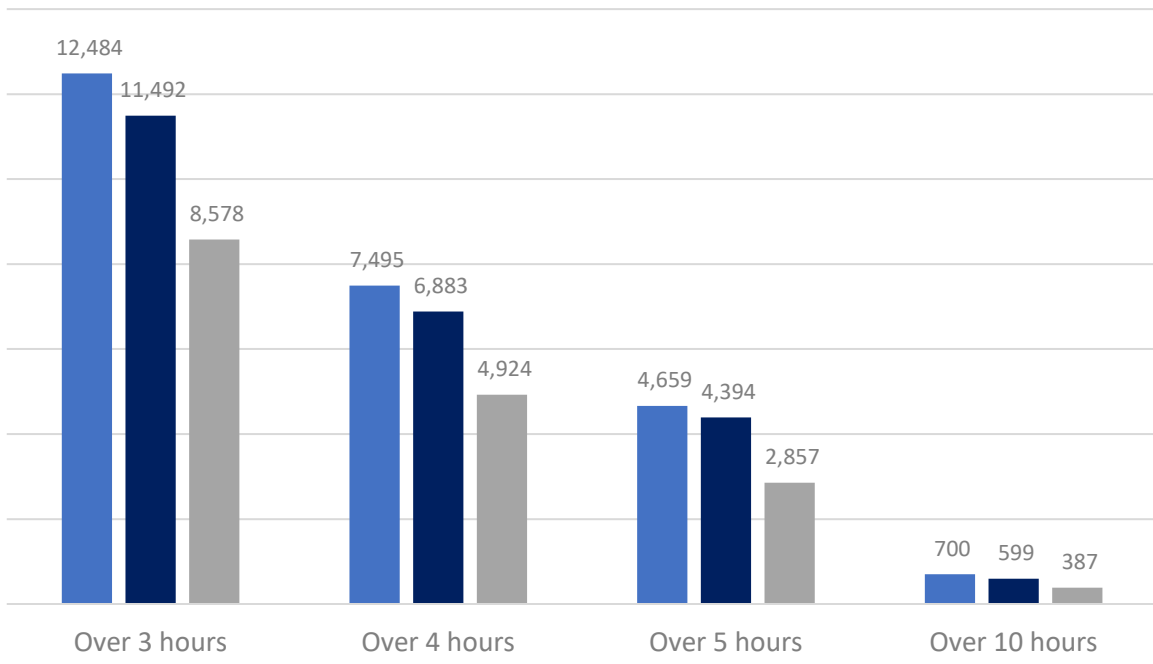
26. Handovers Longer than Three Hours (source, NAIG)

Patient handovers exceeding 3 hours accounted for just under 3% of all handovers in May. There were 8,578 handovers exceeding 3 hours in the month, 4,924 exceeding 4 hours and 2,857 exceeding 5 hours. In May 2022, 387 patients waited 10 or more hours in an ambulance awaiting handover. The longest individual patient handover in the month exceeded 23 hours – a marginal decrease from 24 hours in April 2022.

1. Breakdown of delays over three hours

Volume of Three Hour-Plus Handovers

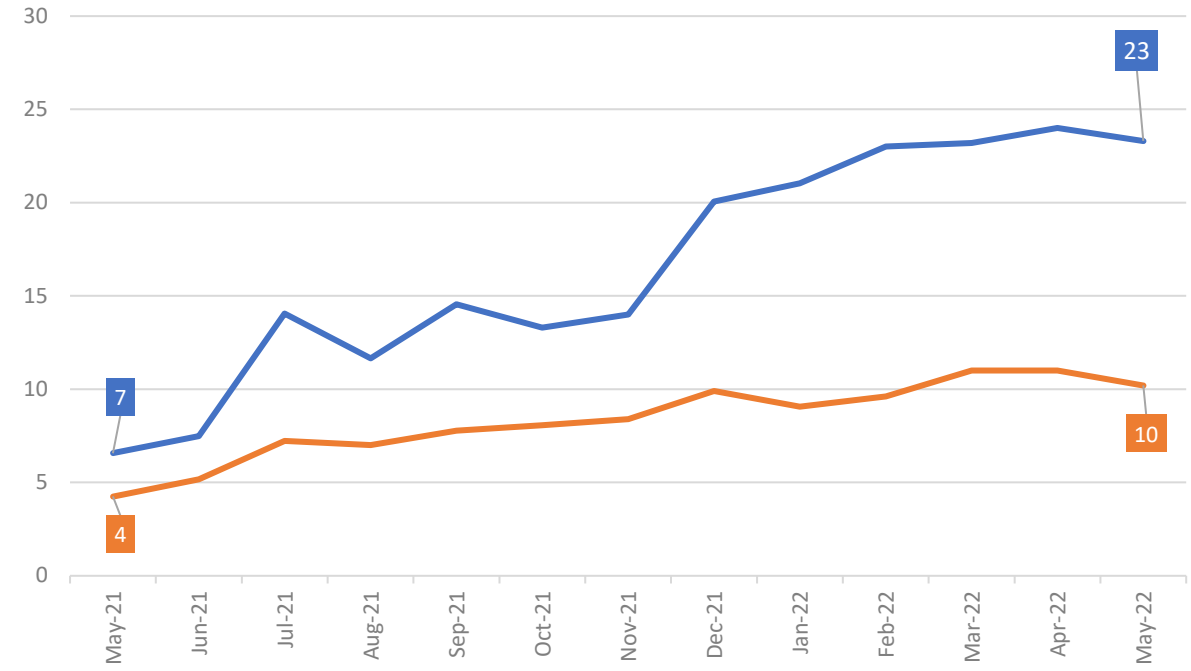
■ Mar-22 ■ Apr-22 ■ May-22



2. Longest individual handover delays

Longest Handovers (Hours)

— Actual Longest — Average Longest (all trusts)



27. Delays over 60 Minutes and estimated harm (source, NAIG and [AACE](#))

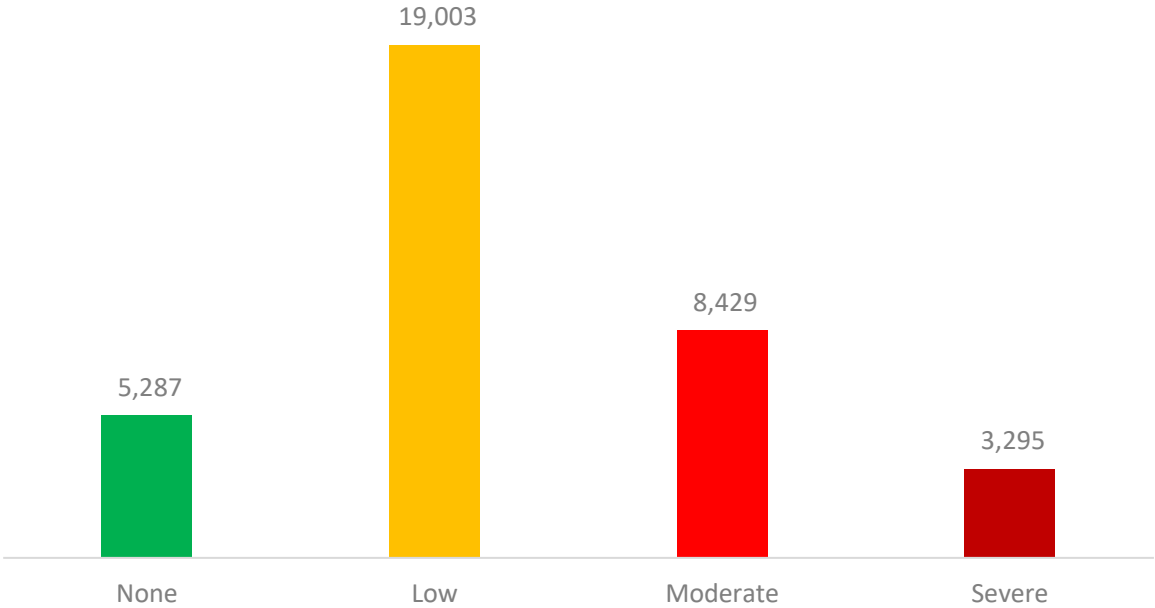


Using the results of AACE’s 2021 clinical review of potential harm arising during handover delays over 60 minutes, the latest national data suggests 31k patients could have experienced some harm in May 2022, with just over 3k of these experiencing severe harm.

1. Estimated number of patients experiencing potential harm: April 2022

Potential Harm Impact Assessment

Patients waiting more than 60 minutes for handover completion



Estimates based on clinical review of patients waiting >60 minutes in 2021

Yellow areas show COVID waves in the UK: source ONS.

2. Volume of patients by potential harm: time series

Vol of >60 min handovers by estimated harm (NAIG & AACE)

