National Ambulance Data – FINAL

Data period to end March 2022

Date of Report: April 27, 2022

2. Summary and Contents

- **March saw some of the greatest levels of demand since the AQI time-series started.** The volume of 999 calls-answered was the third highest on record, with an average of 31k calls per day. Across the month, this equated to a difference of +46% (or 304k more calls) compared with March 2021.
- **Mean call-answer times increased by 20 seconds to 42 seconds**. Meanwhile, the 95th centile answer-time increased by a minute to reach just under 3 minutes.
- **C1 and C2 volumes both increased, and account for an increasing share of total incidents.** C1 accounted for 11.5% of incidents in March (from 8% last year), its highest proportion so far.
- **Meanwhile C3 and C4 incidents continue to decrease – both in volume and as a proportion of the total.** Combined, they accounted for 28% of incidents in March 2018 decreasing to 16% in March 2022.
- **Response times for all categories of incidents were the slowest on record in March 2022.** C1 mean response-times increased to around 10 minutes: for the first time C2 mean response-times exceeded one hour.
- **Patient hospital handover-delays continued to grow, with longer delays in particular increasing sharply**. The mean handover time was 38 minutes (vs. 15 minutes in March 2021). Volume of patient handovers taking over 60 minutes reached an unprecedented series-high: in March 2021 there were 7k handovers exceeding 60 minutes - in March 2022 there were over 45k patient handovers in this category.

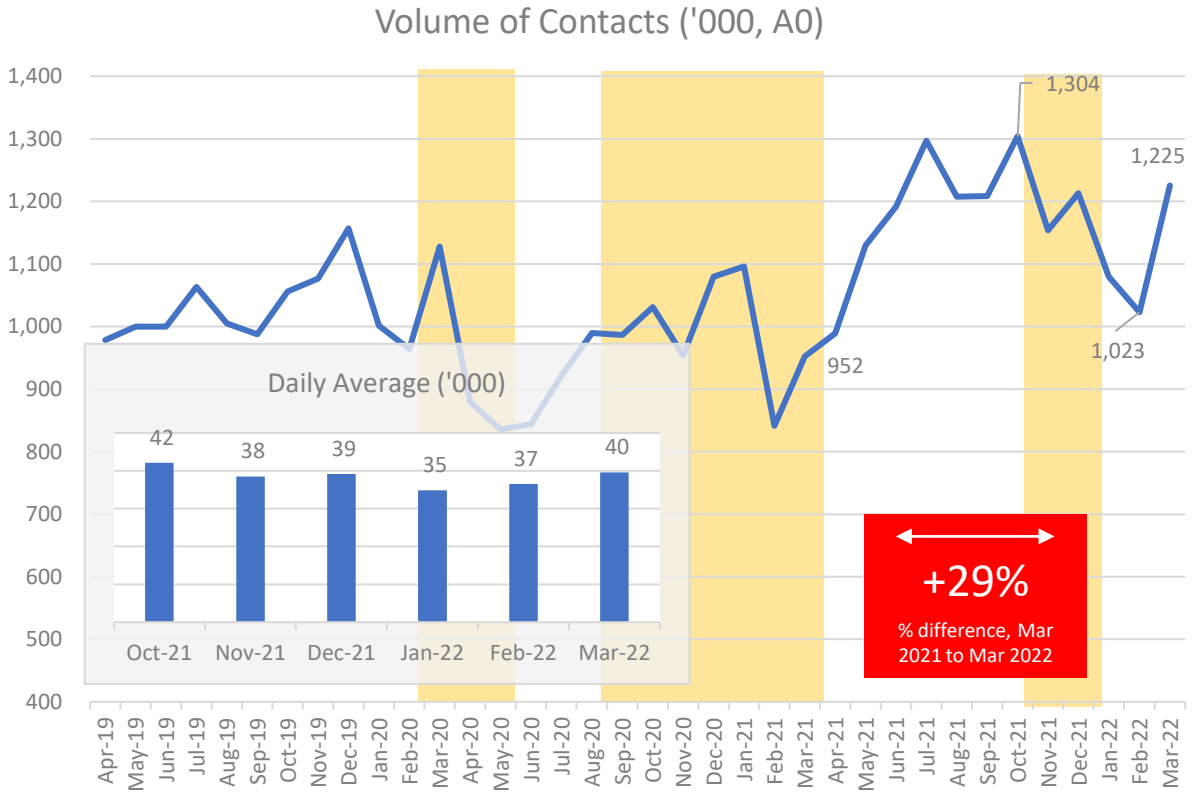
Contents (Ctrl+Click to go to slide and the symbol to return to summary).

Source of all data is AQI February 2022 unless otherwise stated. As well as the full data set, the linked page also includes a PDF of the data spec which includes a full description of each measure used.

3. Demand: Volume of Contacts (Measure A0)

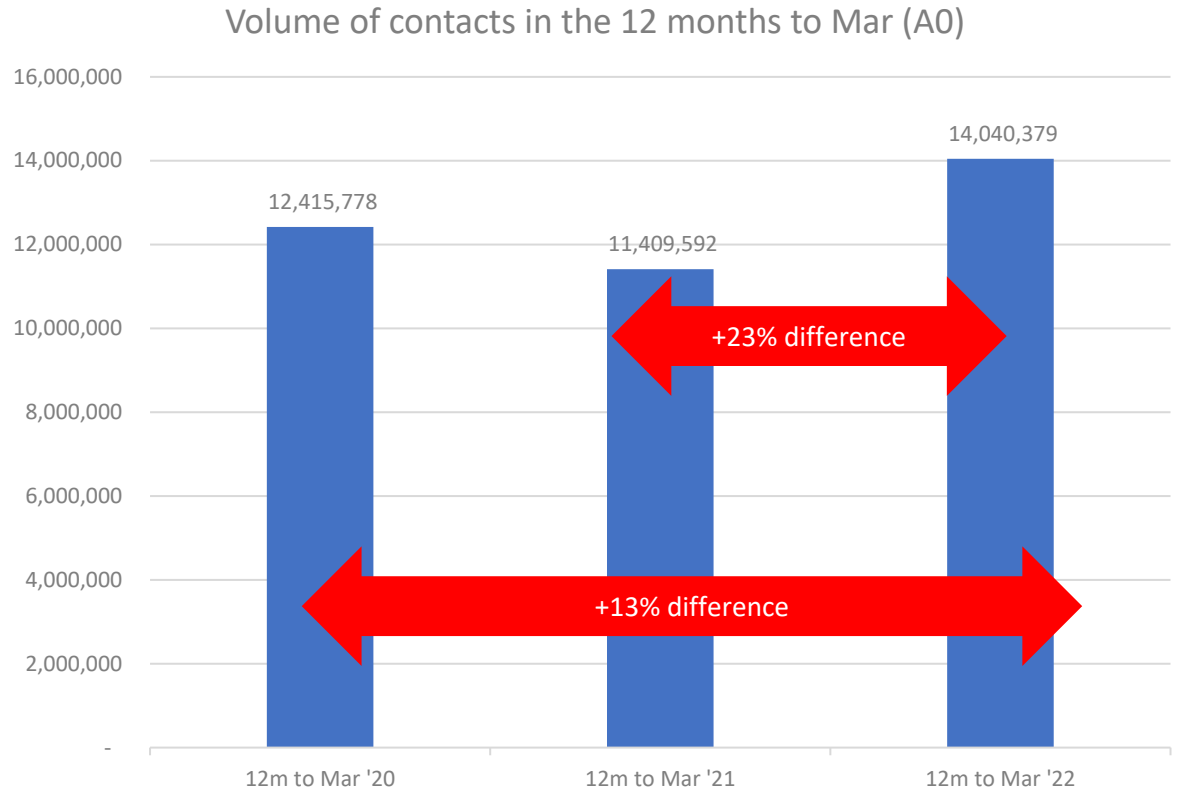
There were 203k more contacts in March 2022 than the previous month, taking the total to 1,225k (and the daily average to 40k). This monthly volume is the fourth highest in the time-series, with the series-high being 1,304 in October 2021. The monthly volume for March 2022 was 29% greater than in March 2021.

1. Monthly



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

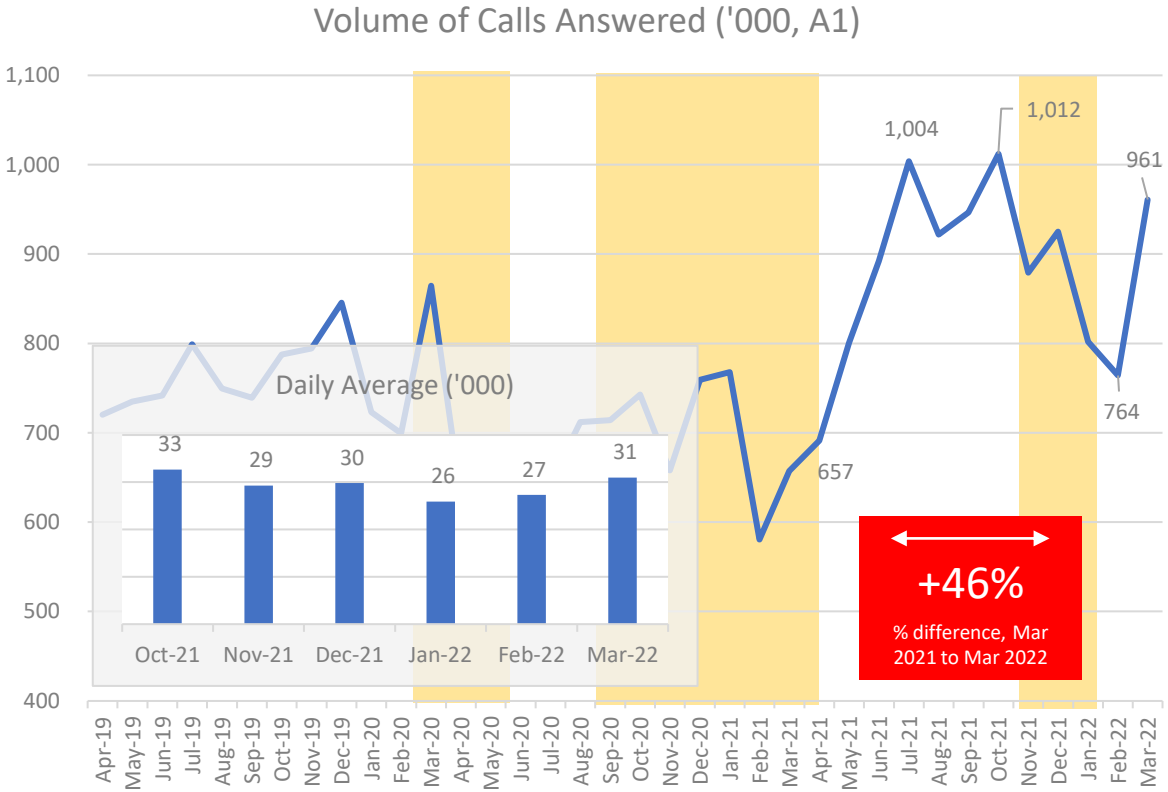
2. Summary: 12 months to March



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

Calls answered increased to 961k, with the daily average increasing to 31k. This is the third highest volume of calls answered seen in the time series, and represents a difference of +46% when compared with March 2021.

1. Monthly



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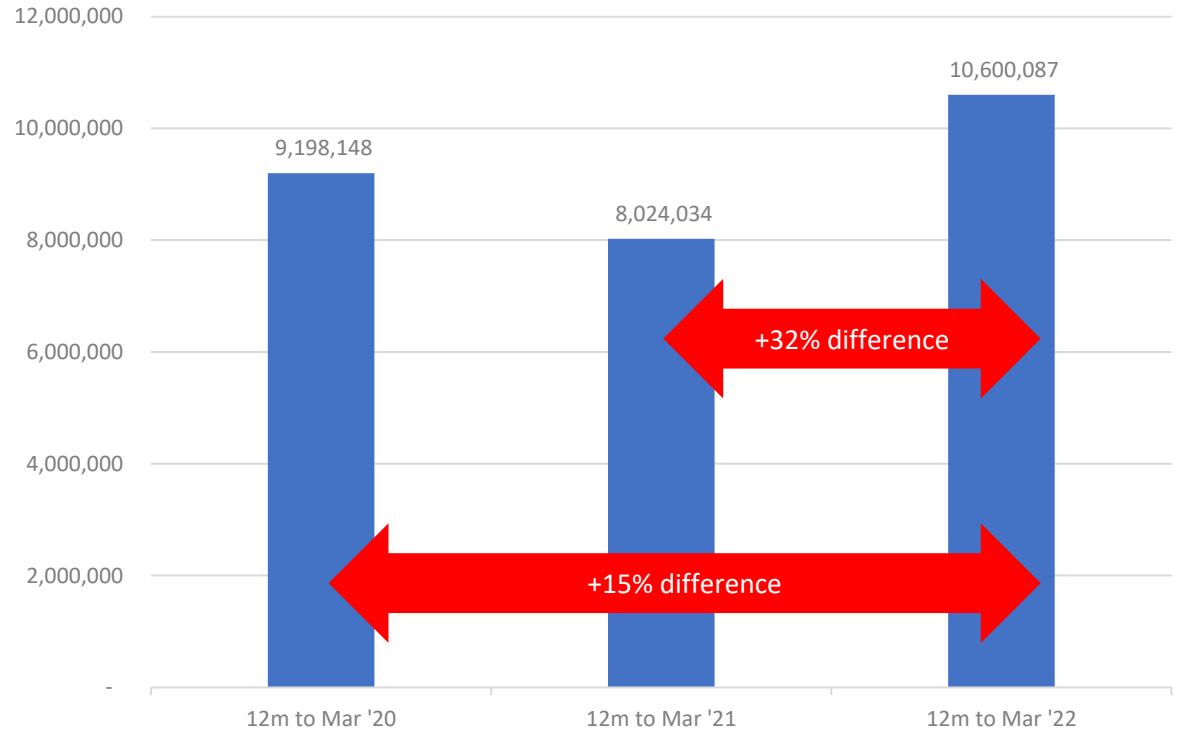
2. Summary: 12 months to March

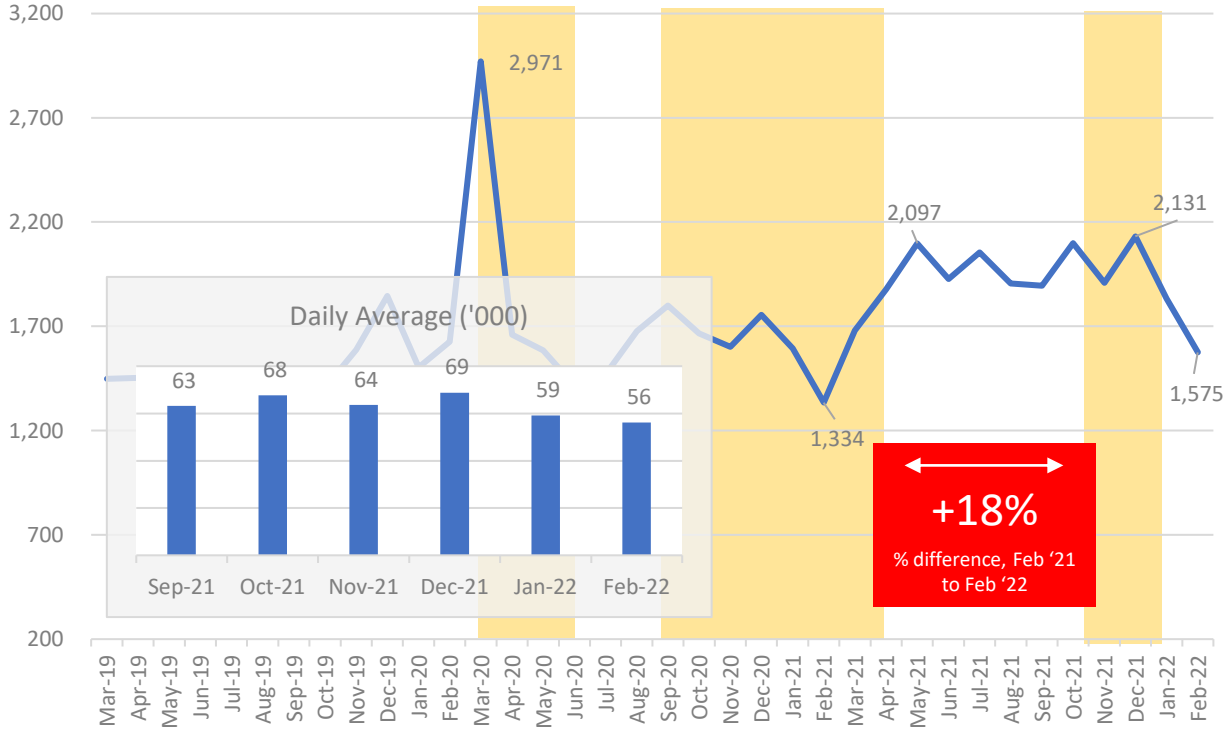


5. Demand: 111 Call Volumes (sources NHS 111 Min Data Set to March 2021 (5.3) then IUCADC (measure A0))

In February, monthly volume of 111 calls dropped by 104k to 1,575k while the daily average also dropped – albeit less steeply. Nonetheless, February 2022's monthly total remains 18% higher than the previous February.

1. Monthly

Total 111 Calls to Sept 2021 ('000, measure 5.3 & A01)

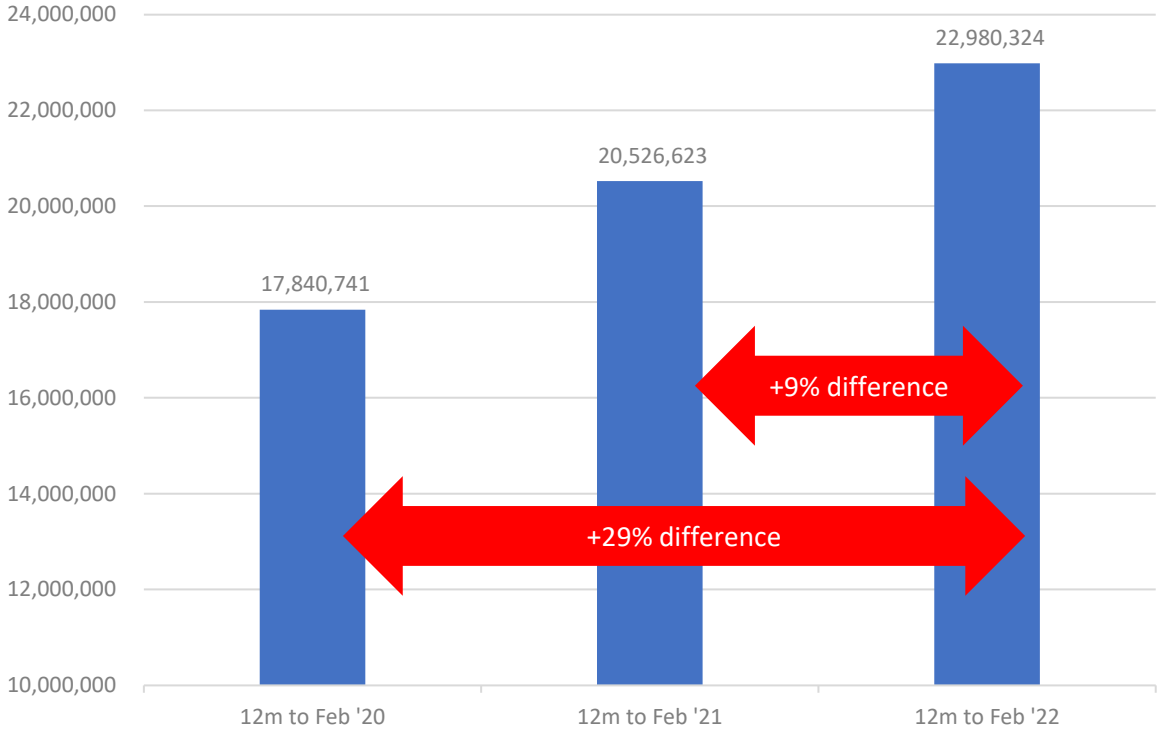


Yellow areas denote COVID waves in the UK: source ONS.

Note: IUCADC data runs a month behind AQI.

2. Summary: 12 months to February

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

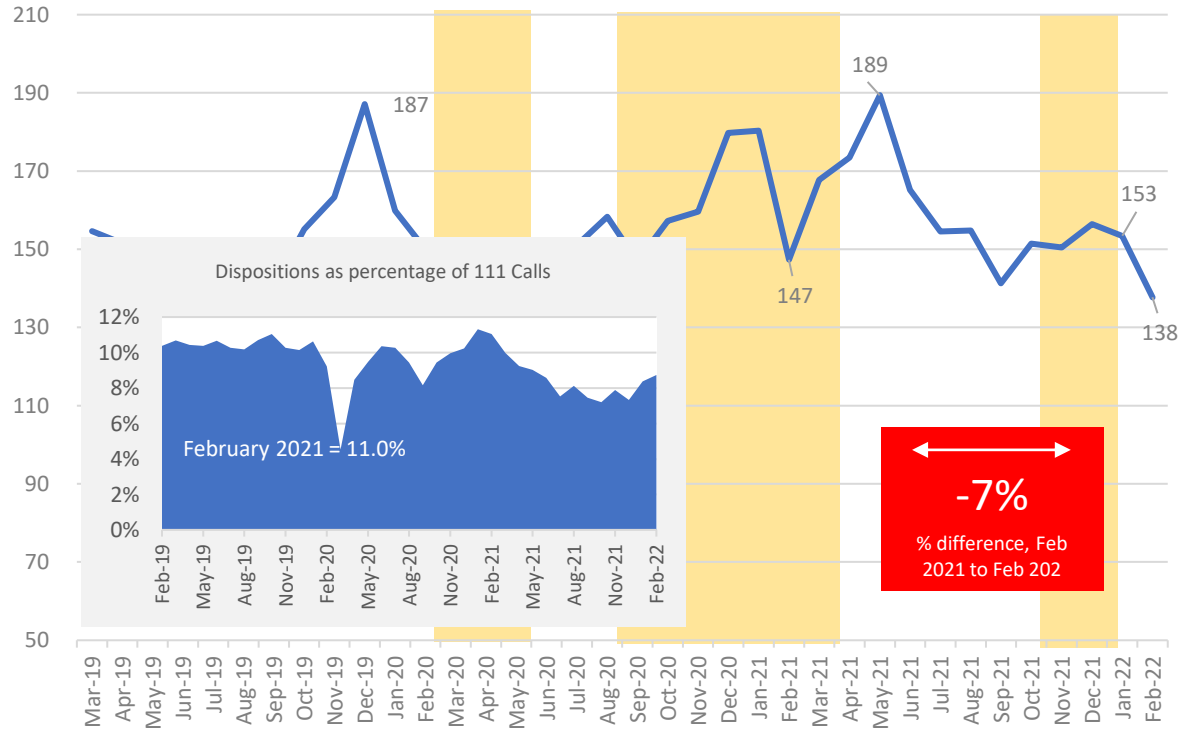


6. Ambulance Dispositions (sources NHS 111 Min Data Set to March 2021 (measure 5.23) then IUCADC (measure E02))

Ambulance dispositions decreased by 15k between January and February, and are currently at their lowest since March 2020. Dispositions accounted for 9% of 111 calls across the month, an increase from 8% in January, but lower than the 11% seen in February 2021.

1. Monthly

Ambulance Dispositions ('000, measures 5.23 & E02)

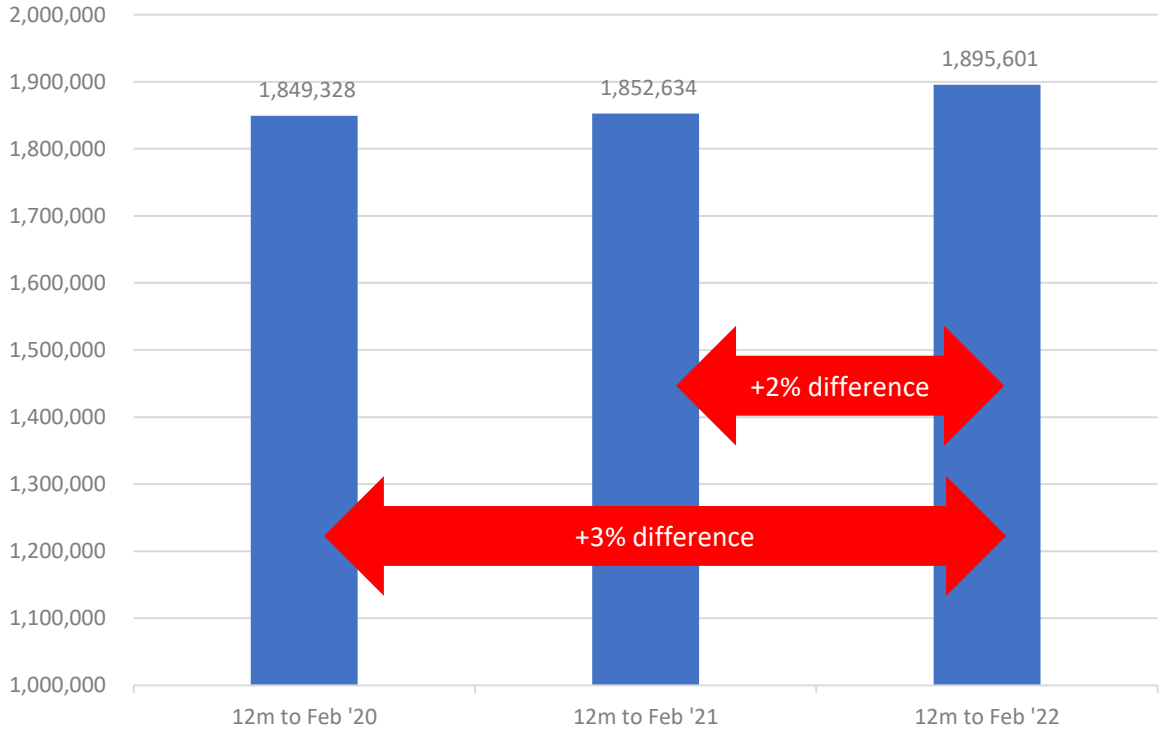


Yellow areas denote COVID waves in the UK: source ONS.

Note: IUCADC data runs a month behind AQI.

2. Summary: 12 months to February

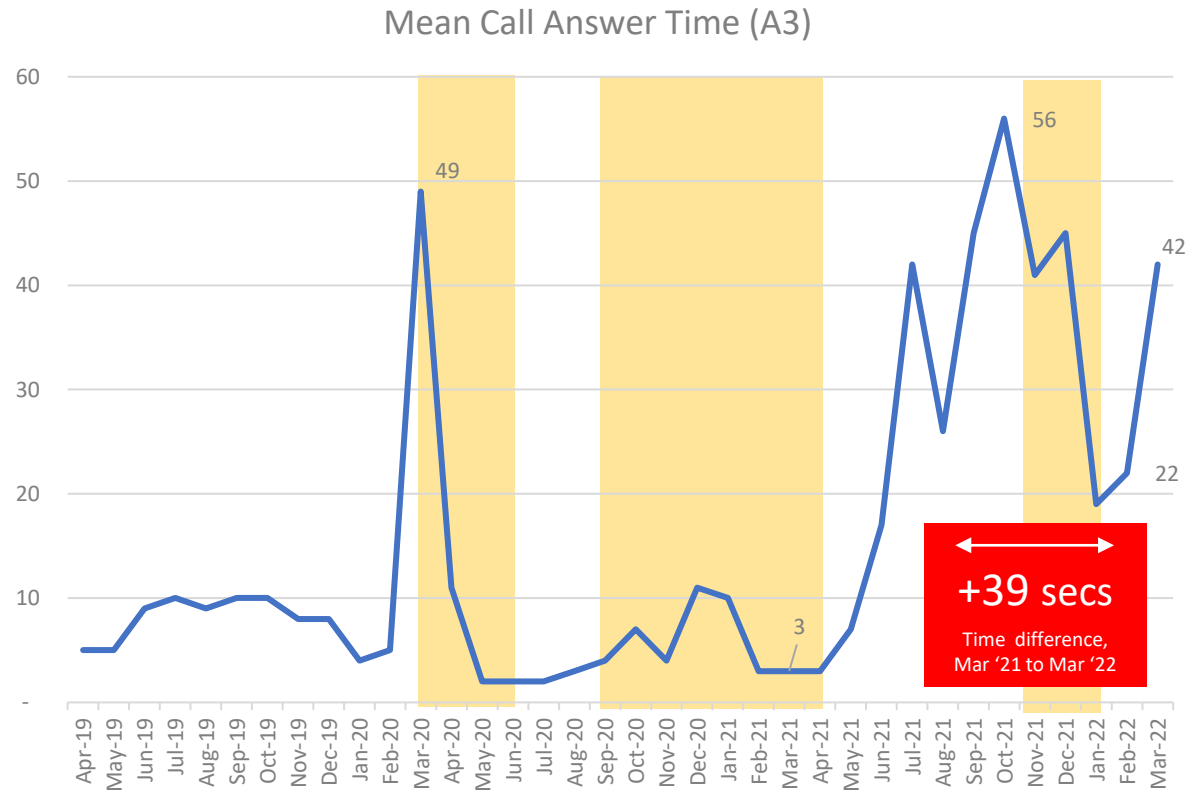
Total Dispositions: 12 months to Feb (5.3, A01)



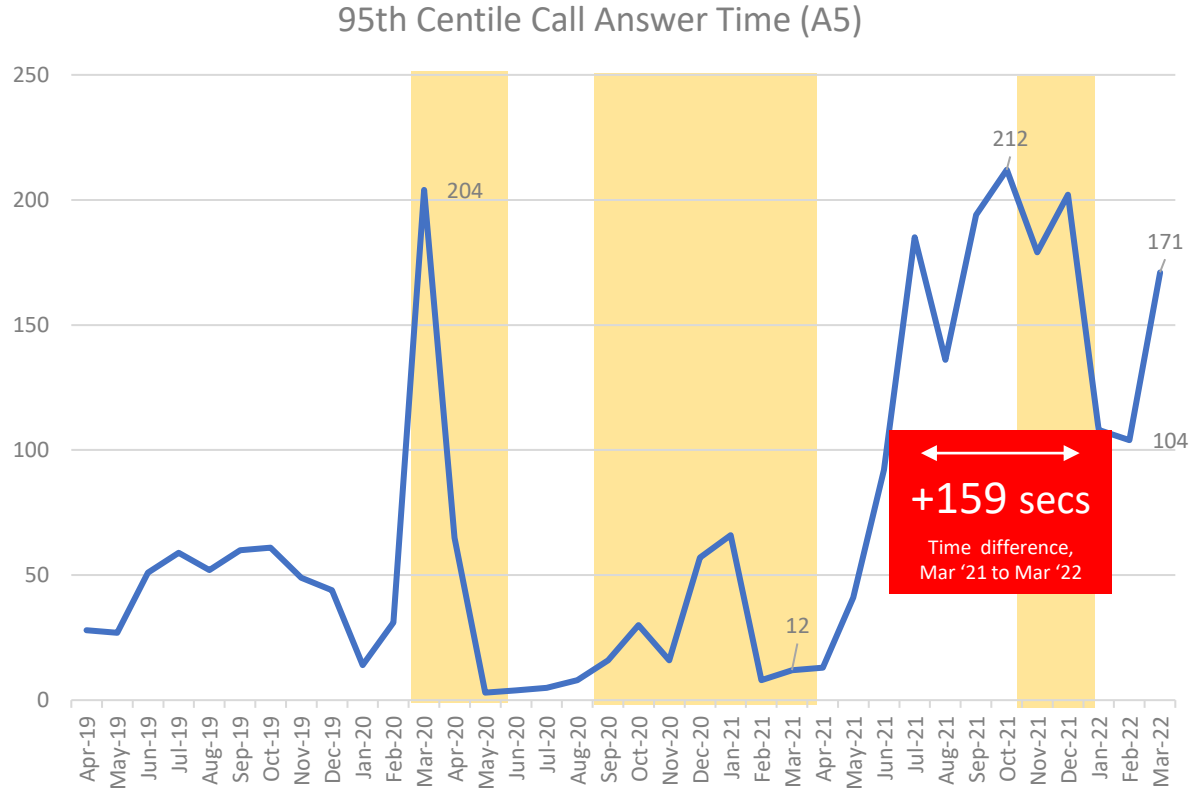
7. Demand: Call Answer Time (Measures A3 and A5)

Mean call answer-time increased by 20 seconds to reach 42 seconds in March: this is 39 seconds slower than March 2021. Similarly, the 95th Centile answer time increased sharply, adding over a minute to reach 171 seconds (just under 3 minutes). This was over 2 minutes slower than in March 2021.

1. Mean



2. 95th Centile

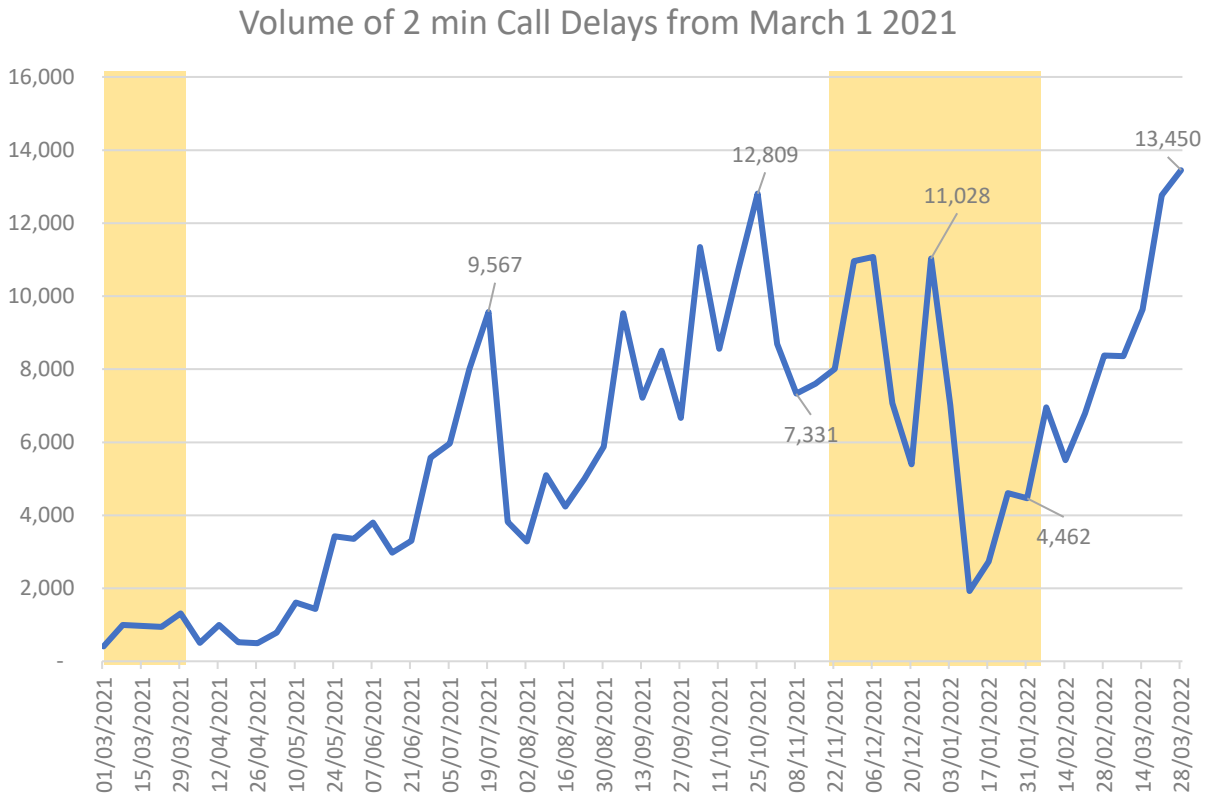


Yellow areas denote COVID waves in the UK: source ONS.

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

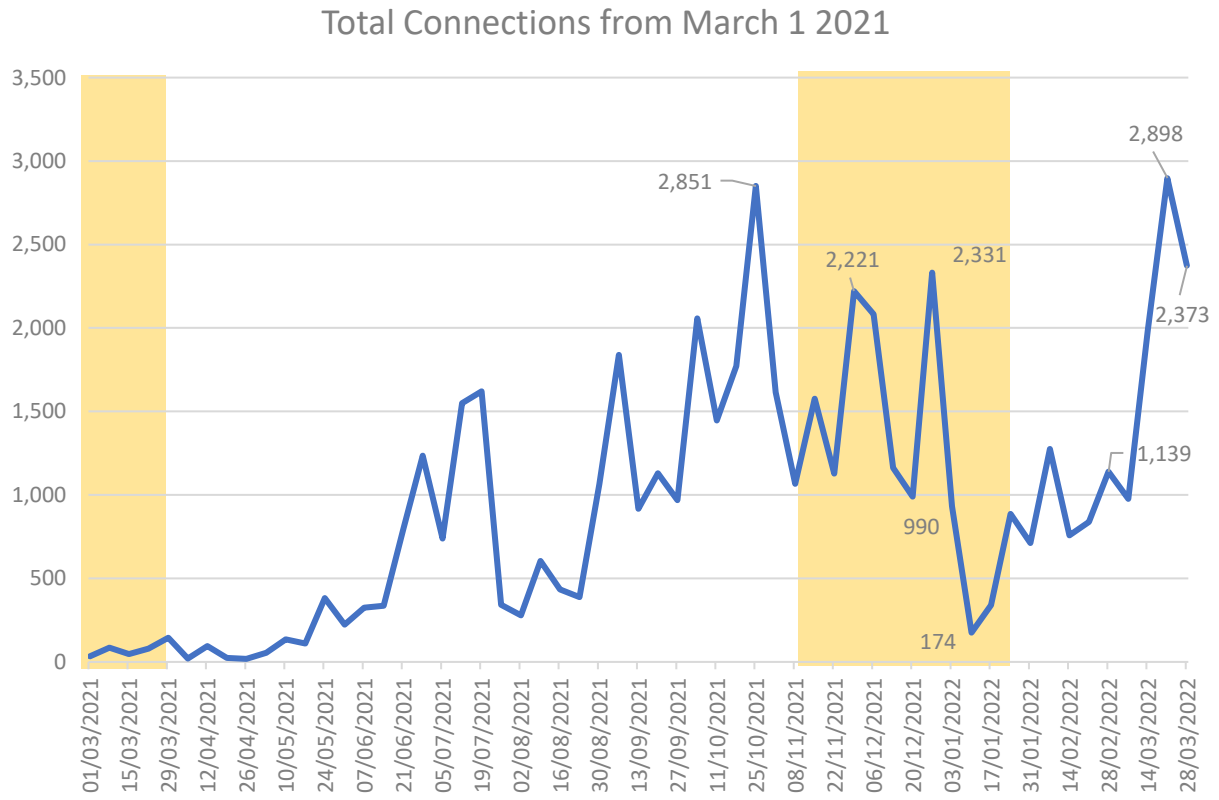
Call answer delays of 2 minutes or more increased to a series-high in March 2022, reaching 13,450 across all trusts. This was against a previous high of 12,809 in October 2021. The volume of network partner connections also reached a series-high towards the end of the month with 2,898 connections.

1. Call Answer Delays (2 mins+): Weekly Data



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

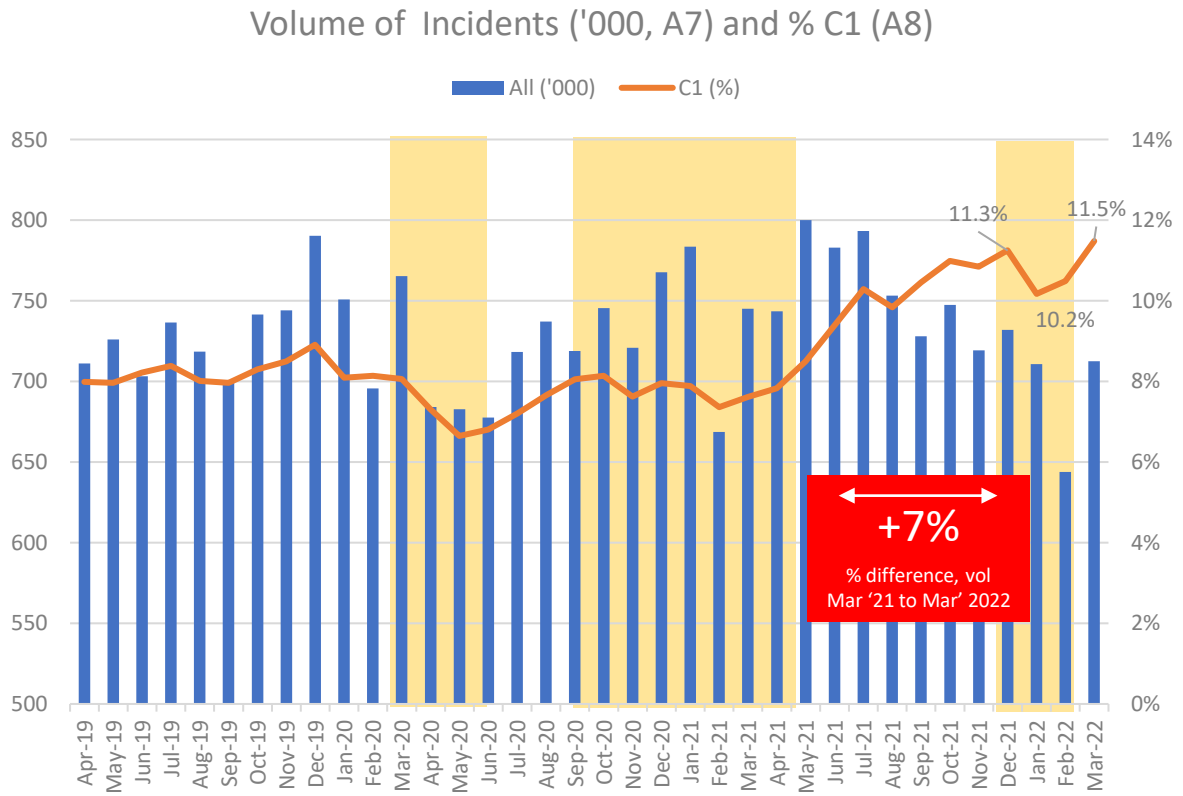
2. Network Partner Connections: Weekly Data



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

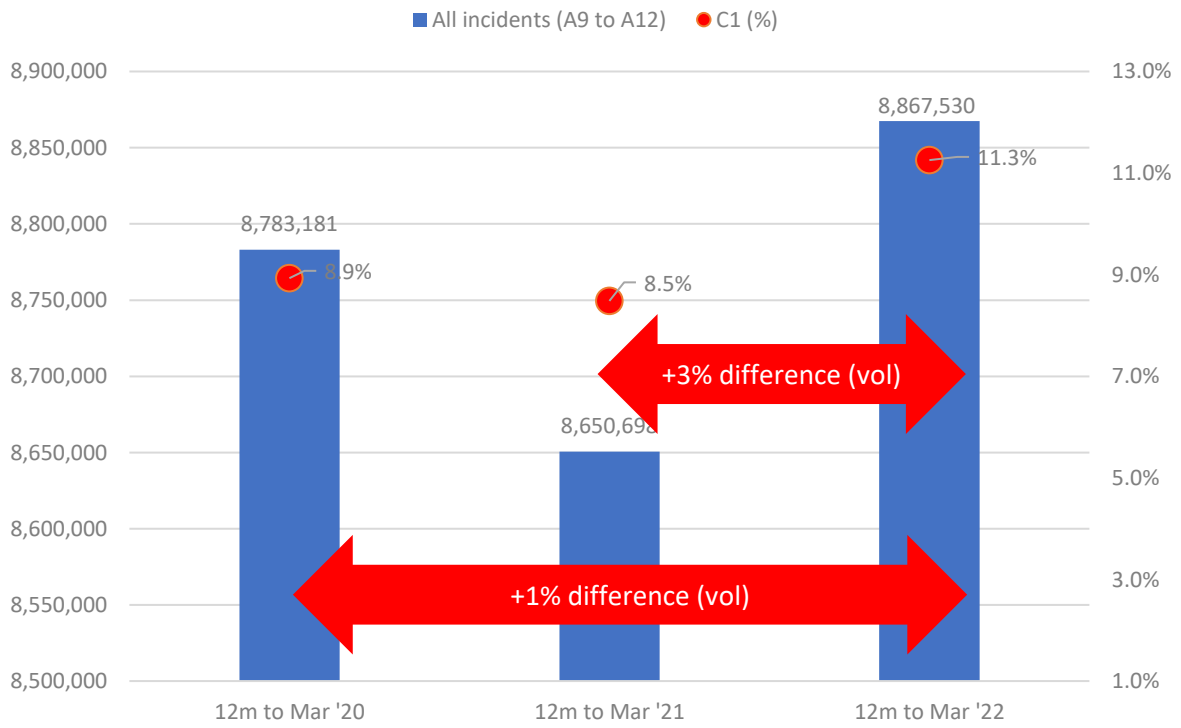
March recorded 69k more incidents than February, taking the overall volume to 713k. C1 incidents accounted for 11.5% of this total – the highest proportion to date. This is reflected in the annualised data which show C1 increasing from 8.5% in the 12 months to March ‘21 to 11.3% in the 12 months to March ‘22.

1. Monthly volume of Incidents and Proportion that are C1



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

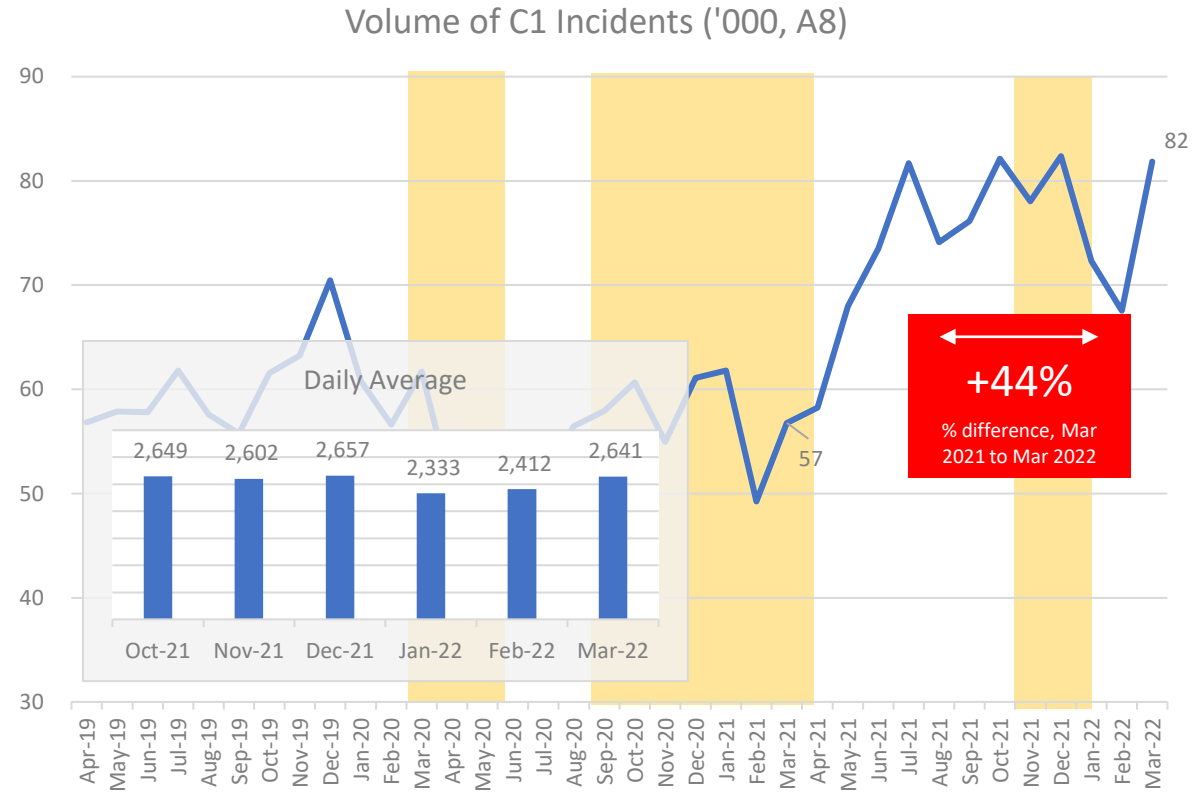
2. Summary: 12 months to March



10. Demand: C1 Incidents (A8)

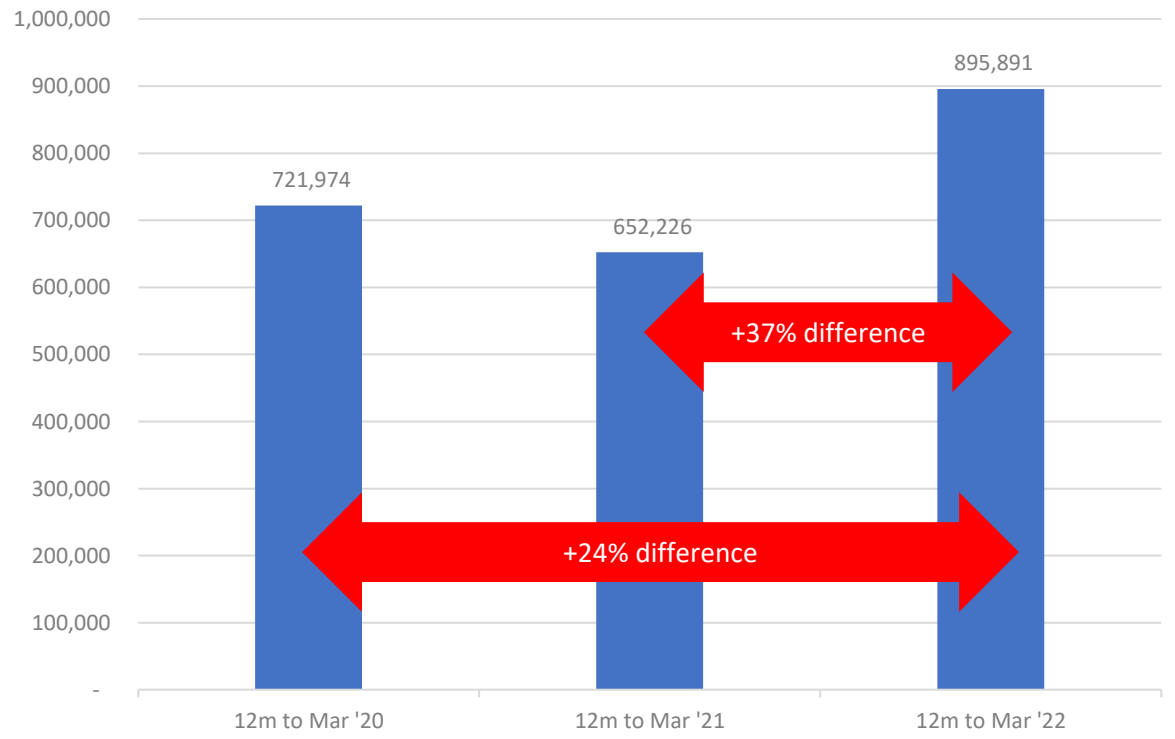
March 2022 saw the third highest volume of C1 incidents since the time-series began, increasing by 14k incidents month-on-month to reach 82k (an difference of +44% compared with March 2021). As a daily average, the volume increased by over 200 incidents to reach 2,641 per day.

1. Monthly



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

2. Summary: 12 months to March

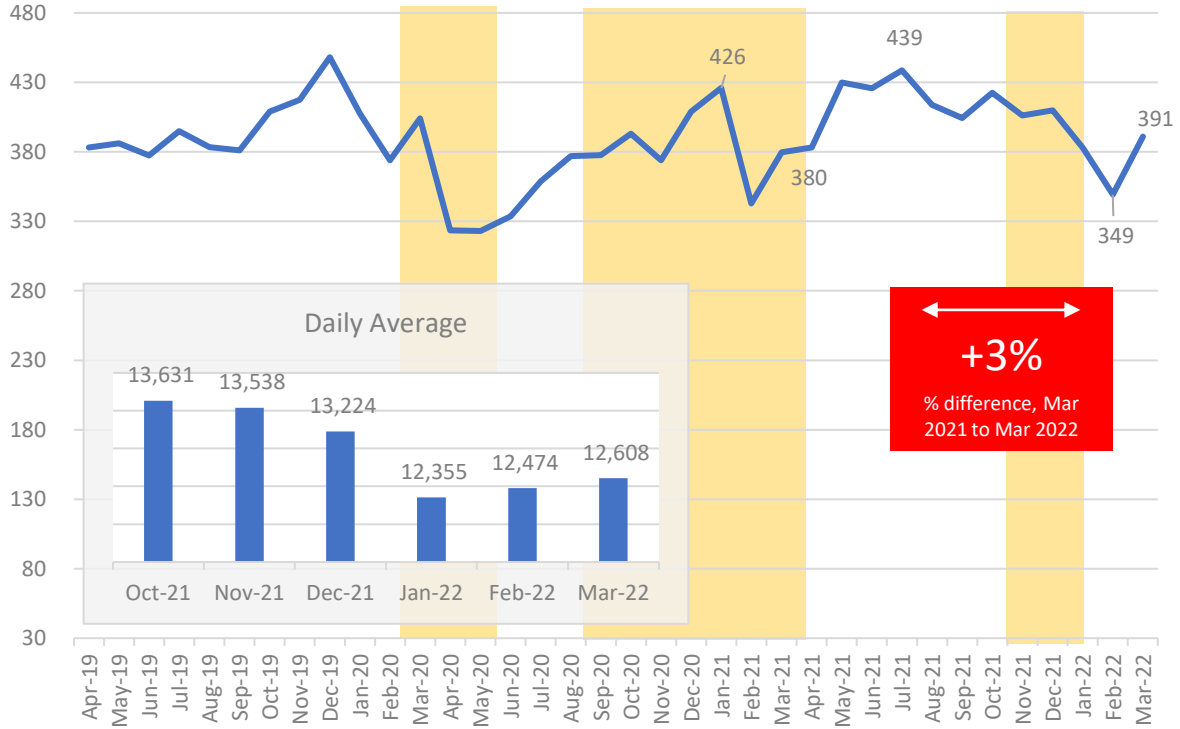


11. Demand: C2 Incidents (A10)

C2 incidents also increased in March 2022, with an additional 42k taking the total to 391k. This trend is characterised by sustained high volume, so the difference compared with March 2021 is less pronounced than C1 incidents (at +3%). However, C2 demand remains high: annualised incidents show an increase of 10%.

1. Monthly

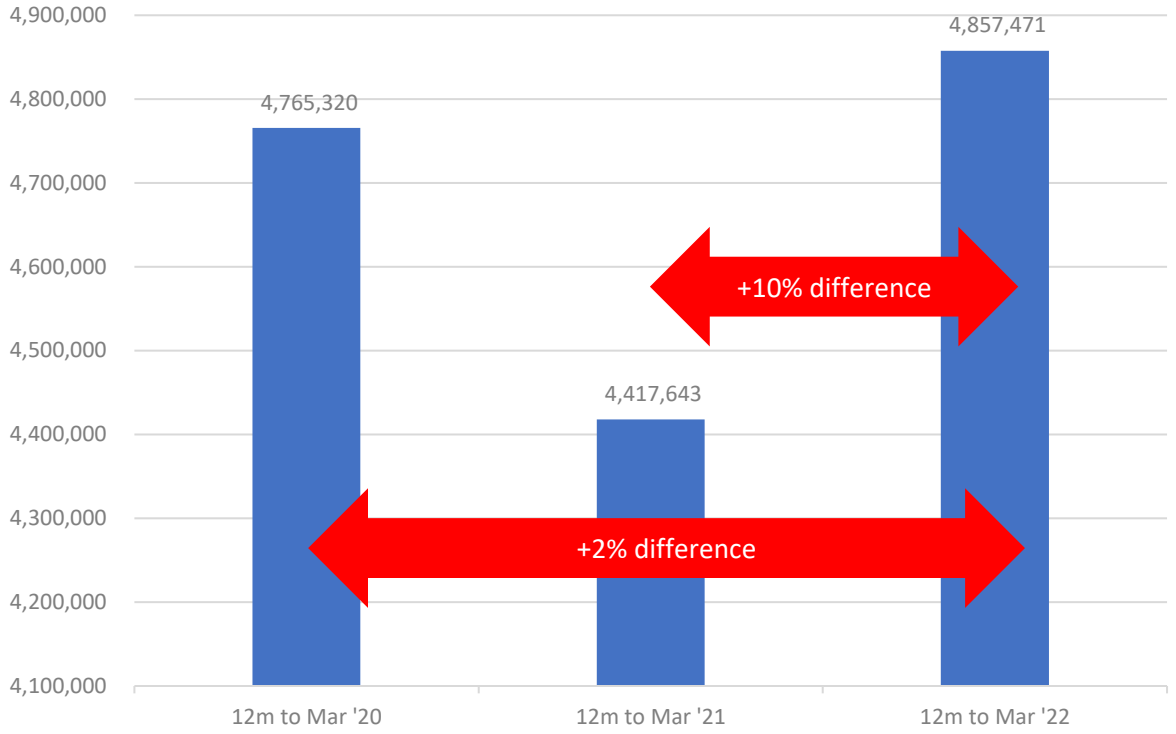
Volume of C2 Incidents ('000, A10)



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

2. Summary: 12 months to March

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

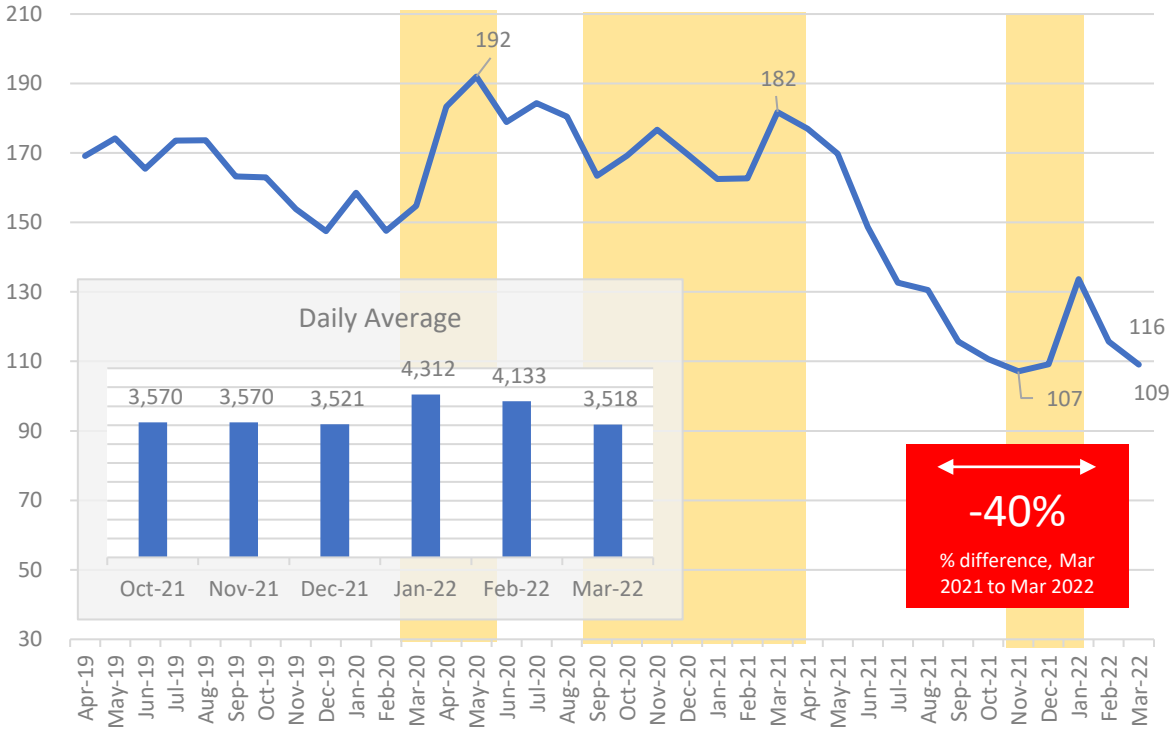


12. Demand: C3 Incidents (A11)

In March 2018, C3 incidents accounted for 25% of the total and have since steadily declined to reach 15% in March 2022 (not shown). Volume of incidents decreased by 7k in March to take the total to its second lowest volume in three years (the previous low being November 2011).

1. Monthly

Volume of C3 Incidents ('000, A11)



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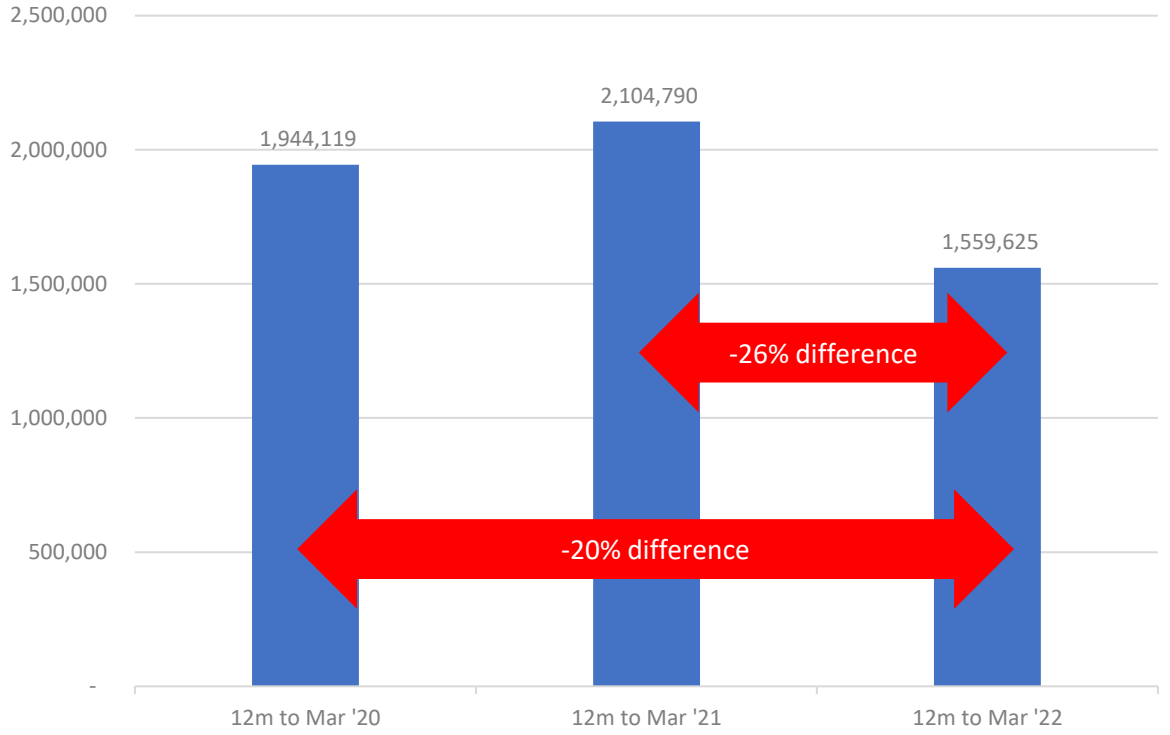
2. Summary: 12 months to March

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

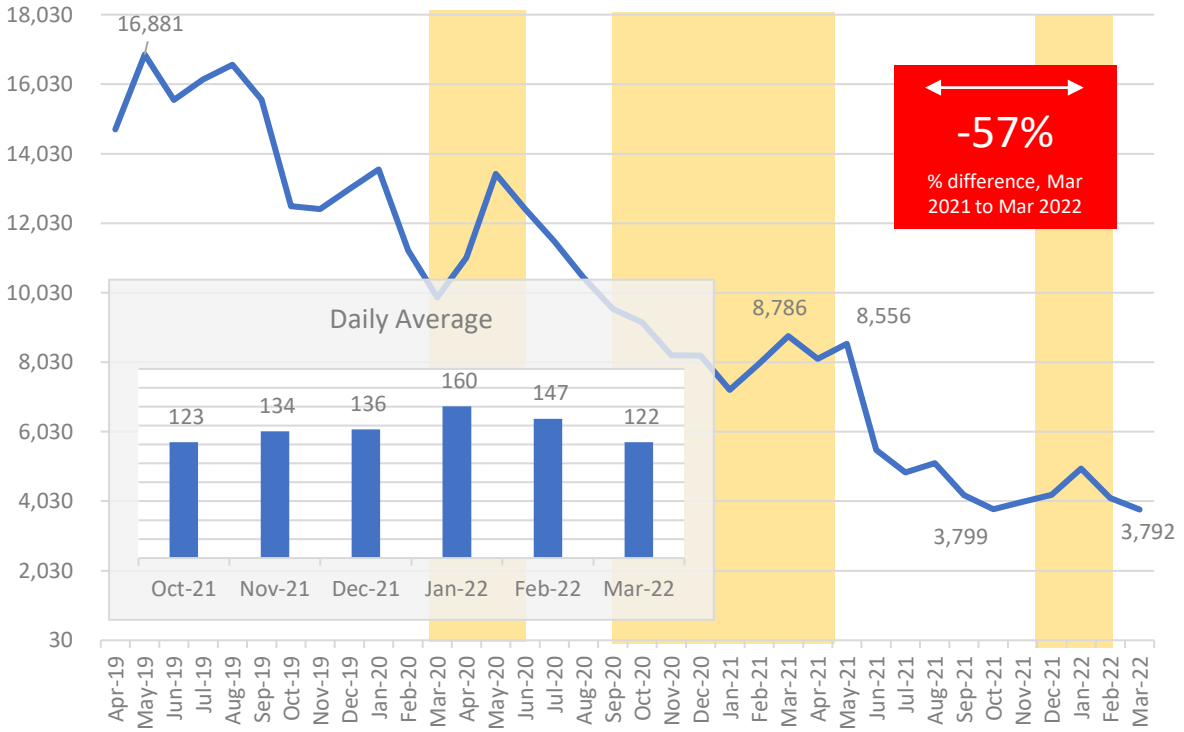


13. Demand: C4 Incidents (A12)

In March 2018, C4 incidents accounted for around 3% of total incidents, but like C3 incidents this proportion has declined steadily and in March 2022 accounted for just 0.5% (not shown). There were 3,792 C4 incidents across the month (or 122 incidents per day).

1. Monthly

Volume of C4 Incidents (A12)



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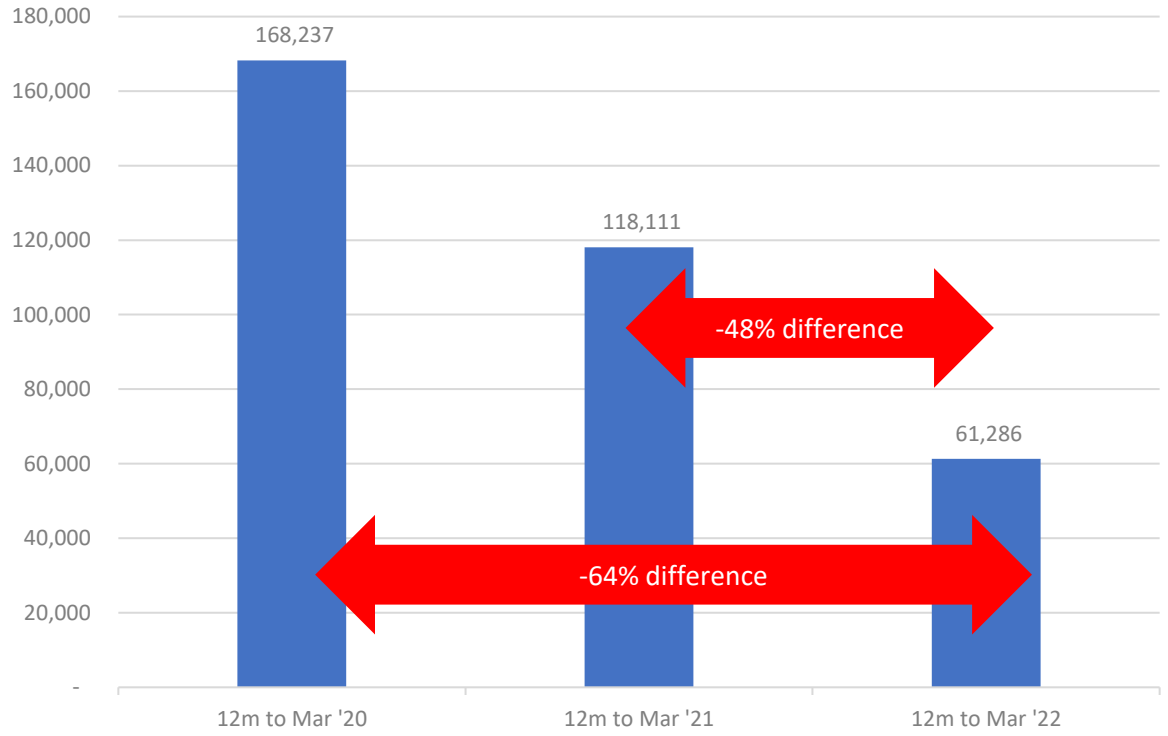
2. Summary: 12 months to March

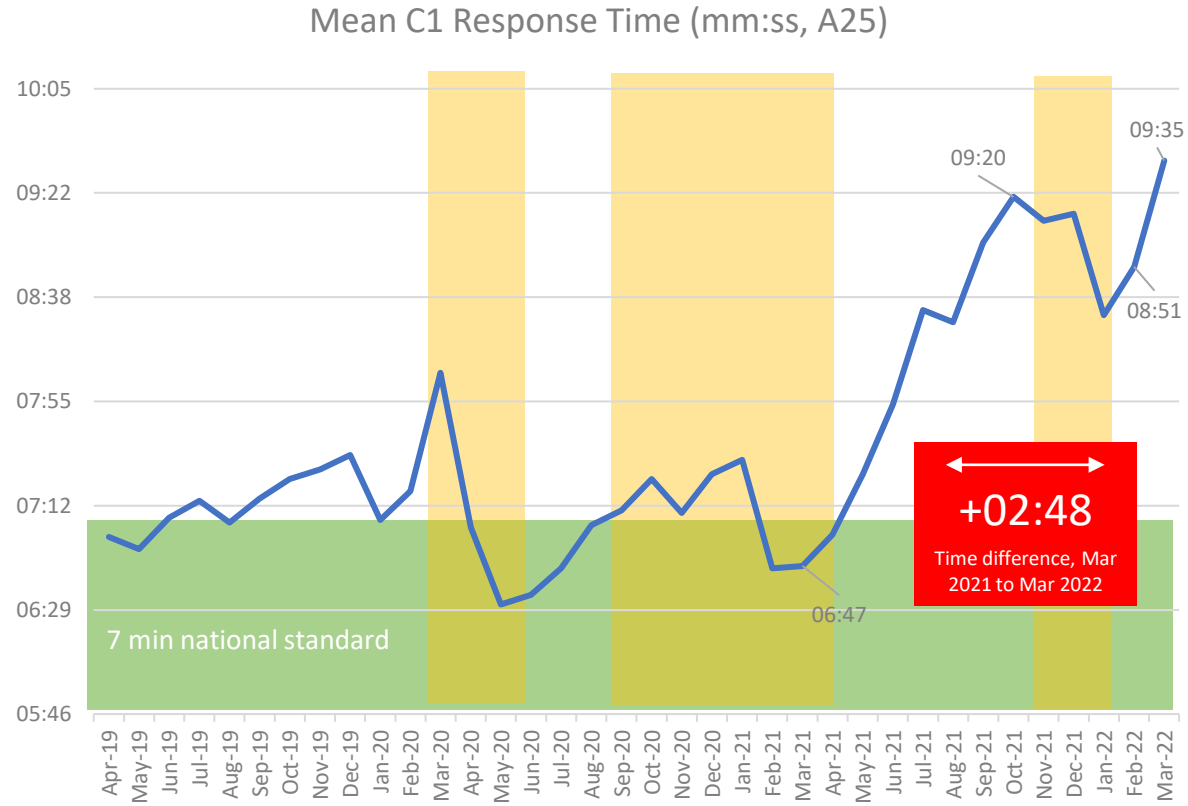
Volume of C4 Incidents in the 12 months to Mar (A12)



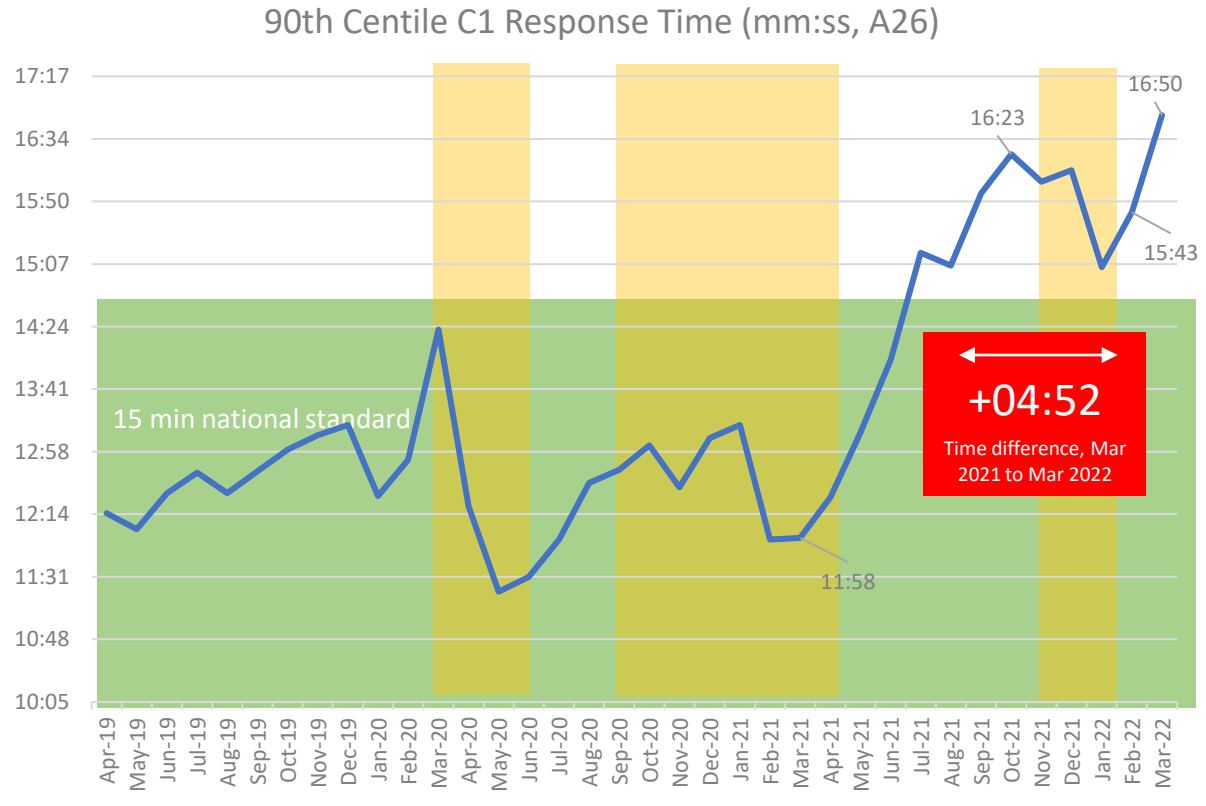
14. Demand: C1 Response Times (Measures A25 and A26)

Each of the eight response-time metrics reported in this document reached a series high in March 2022. C1 mean response-time increased by 44 seconds to reach 9 minutes and 35 seconds, nearly 3 minutes slower than in March 2021. 90th Centile response times increased to 16 minutes 50 seconds.

1. Mean



2. 90th Centile

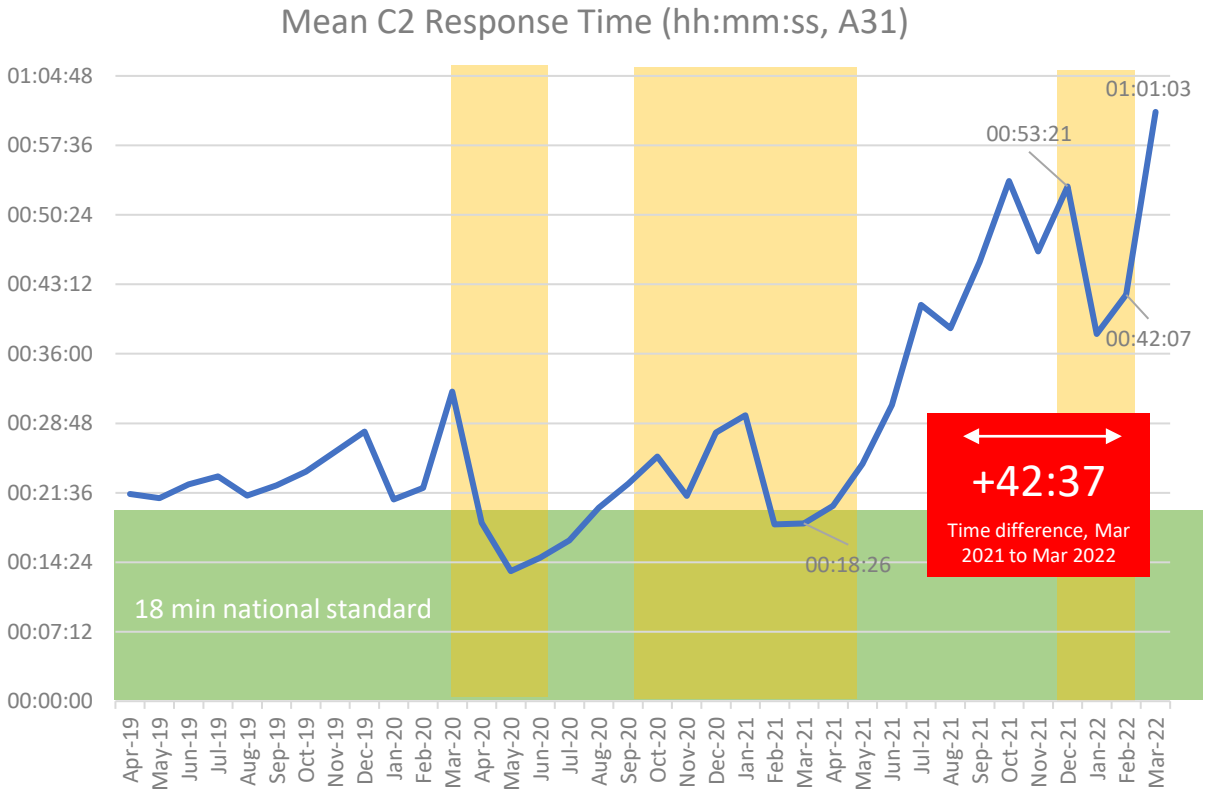


Yellow areas denote COVID waves in the UK: source ONS.

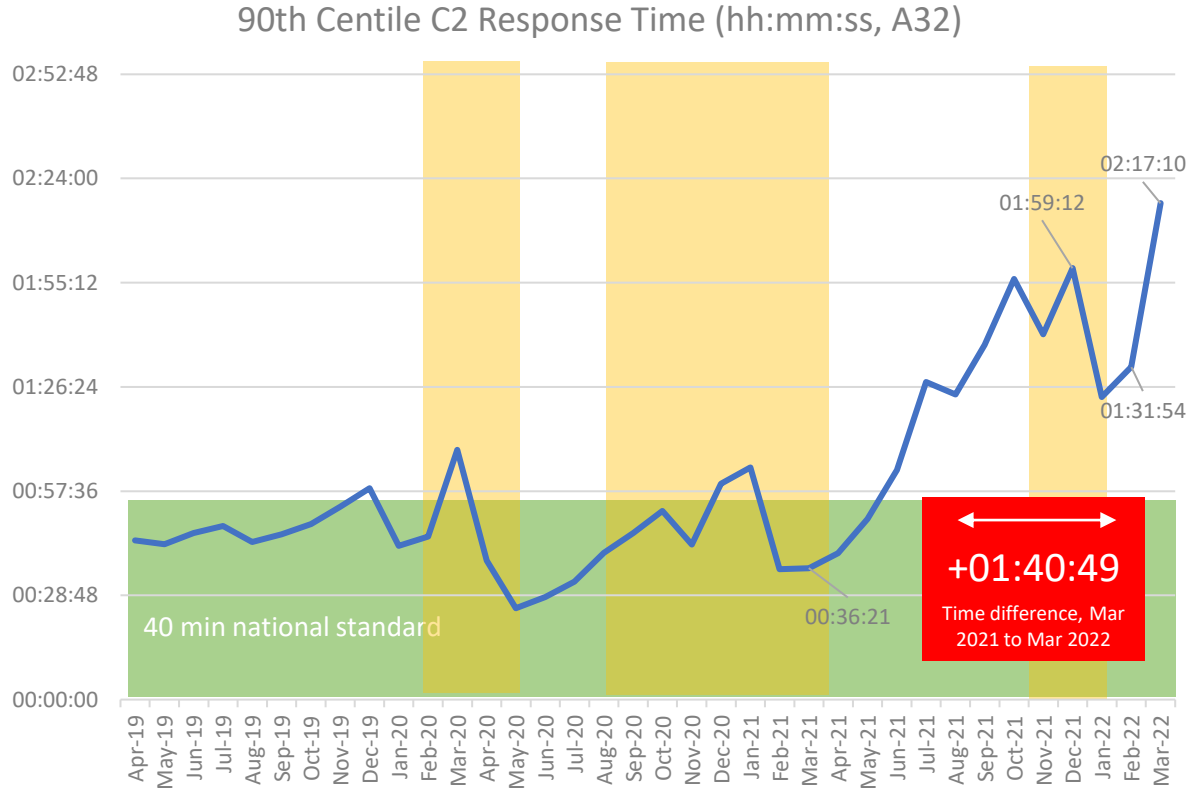
15. Demand: C2 Response Times (Measures A31 and A32)

C2 mean response-times exceeded one hour for the first time since the time-series began: this is 42 minutes slower than the same time last year. Similarly, the 90th centile measure exceeded 2 hours for the first time, 45 minutes slower than last month and 1 hour and 40 minutes slower than the same time last year.

1. Mean



2. 90th Centile

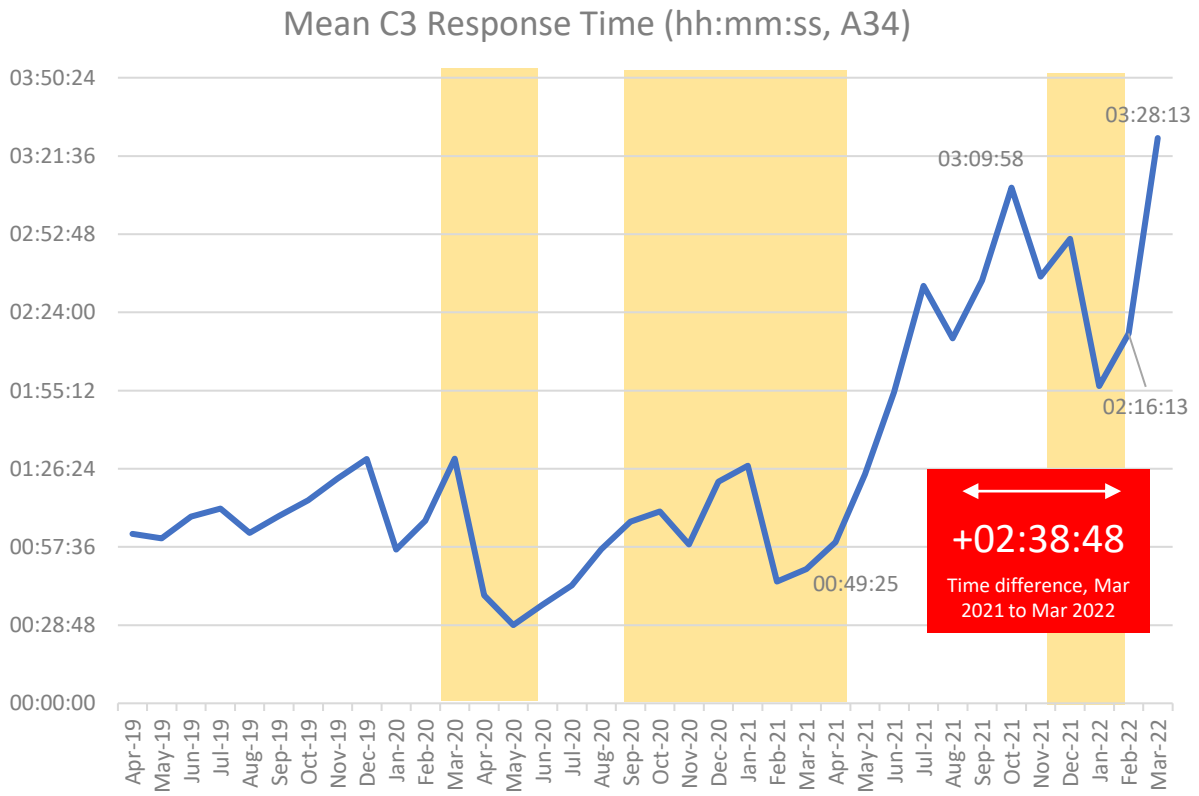


Yellow areas denote COVID waves in the UK: source ONS.

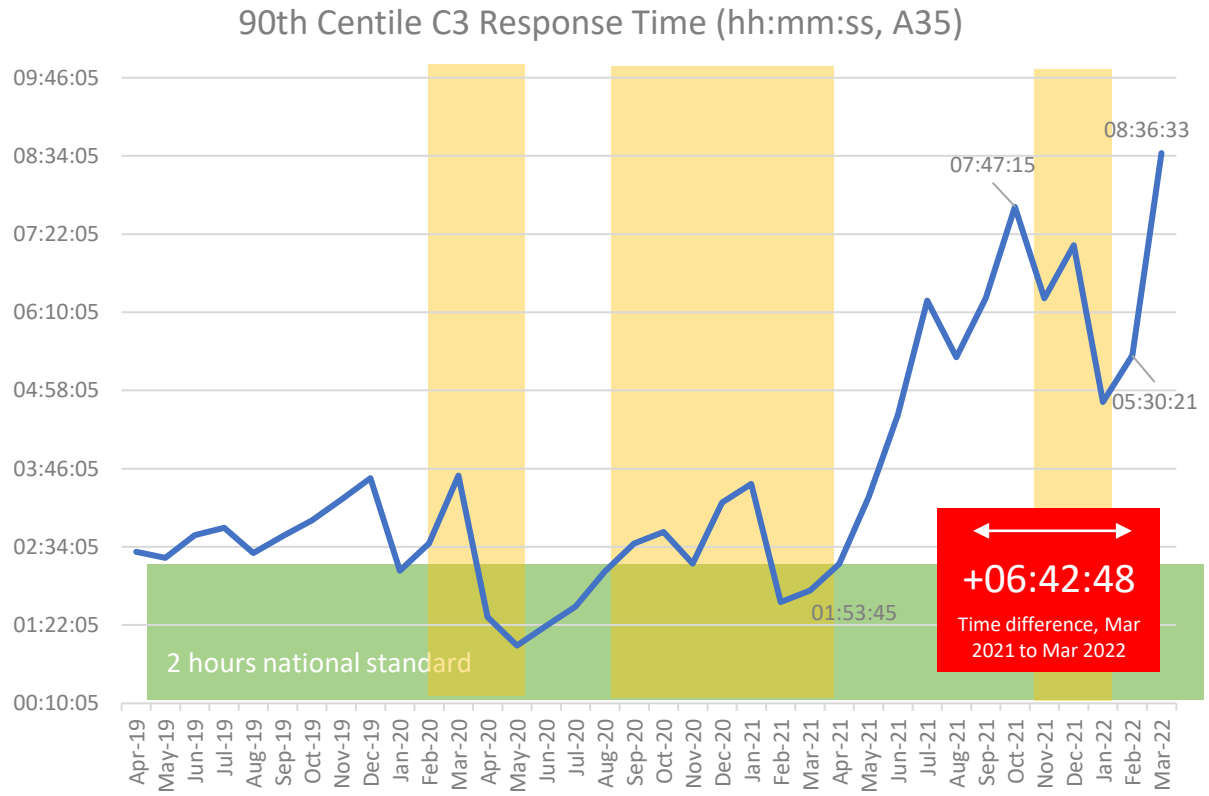
16. Demand: C3 Response Times (Measures A34 and A35)

C3 mean response-time increased by over an hour between February and March, while the 90th Centile response-time increased by over three hours. The latter response time reached 8 hours and 37 minutes in March 2022, over 6 hours slower than the same time last year.

1. Mean



2. 90th Centile

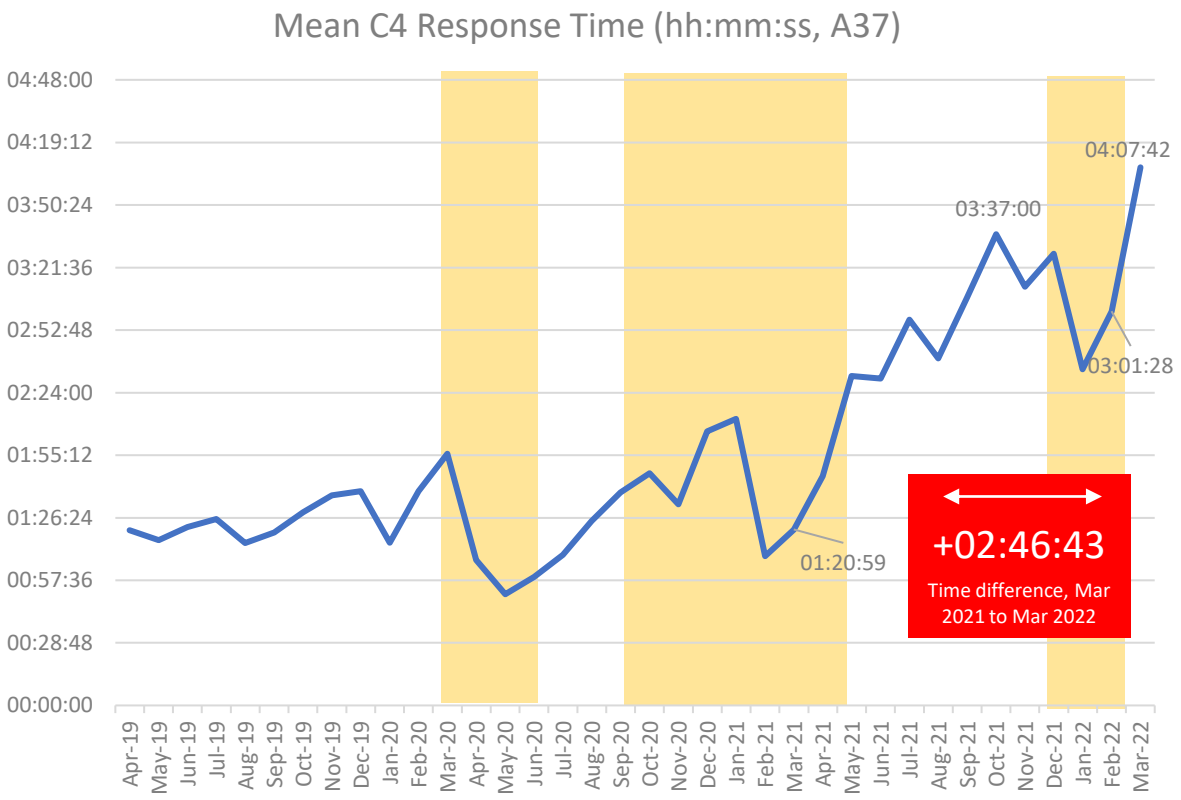


Yellow areas denote COVID waves in the UK: source ONS.

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

For C4 responses, the mean time increased by over an hour and the 90th centile time by three hours between February and March 2022 (to 4 and 10 hours respectively). There is now 7 hours difference in the most recent 90th centile response time compared with March 2021.

1. Mean



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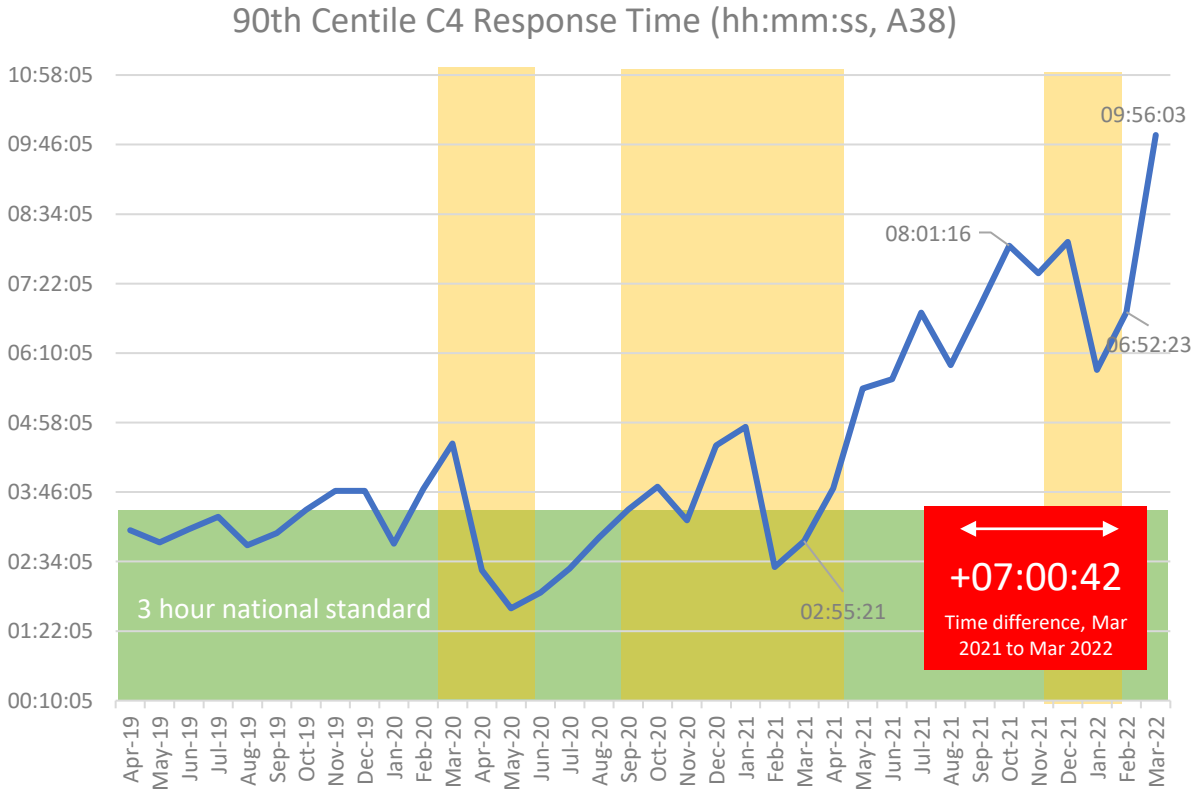
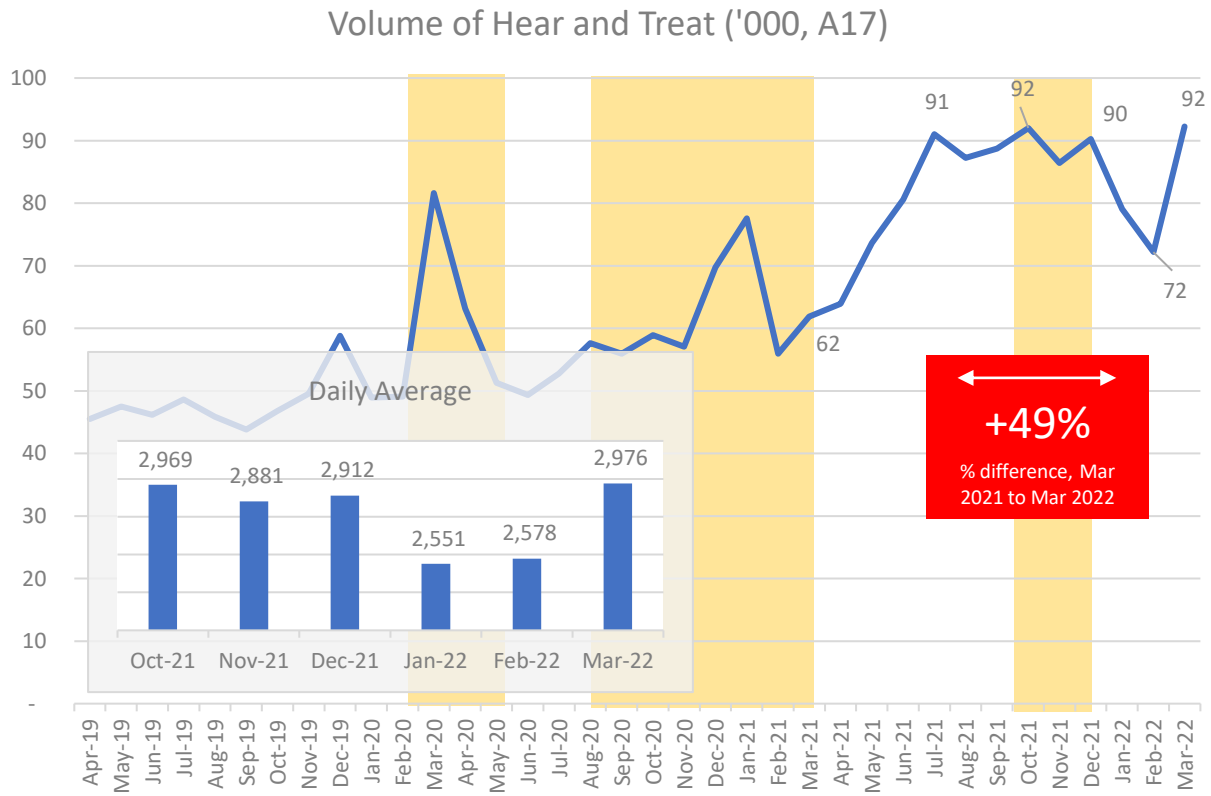
2. 90th Centile



18. Hear and Treat (measure A17)

Volume of Hear and Treat incidents reached its highest volume ever in March (92.2k vs. 92.0k in October 2021). There were 20k more incidents across the month, and an average of 397 more on a daily basis. Compared with March 2021, this represents a difference of +49%.

1. Monthly



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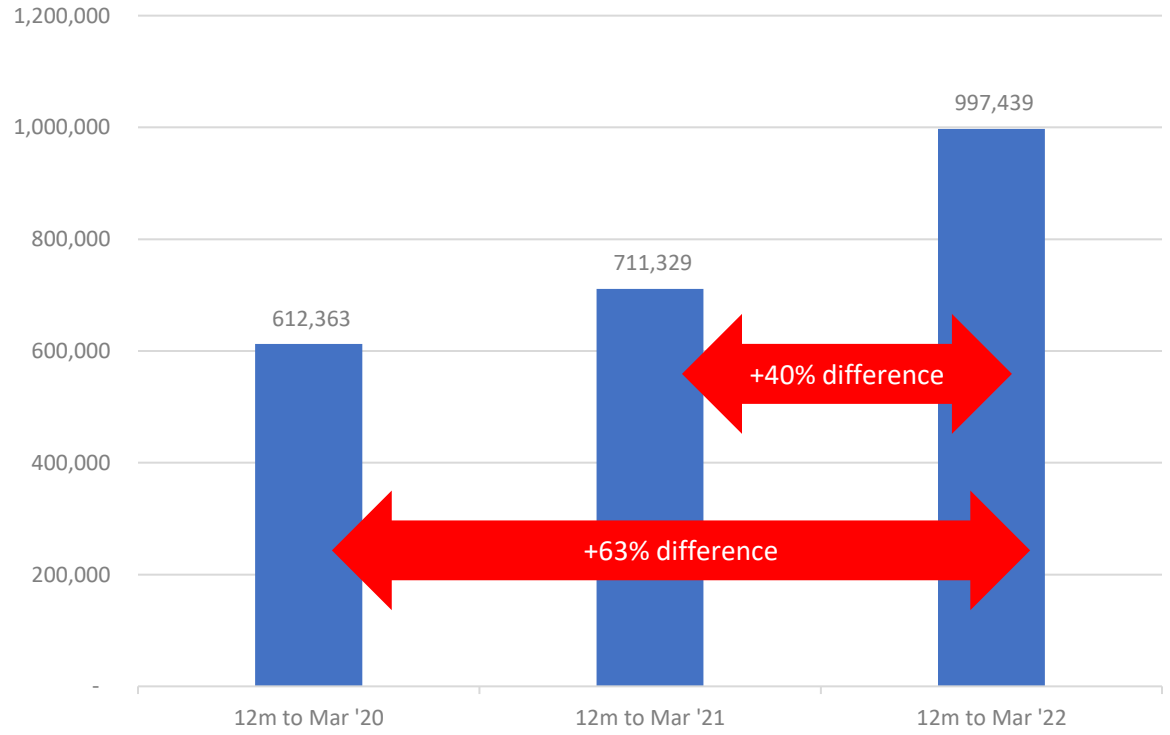
2. Summary: 12 months to March

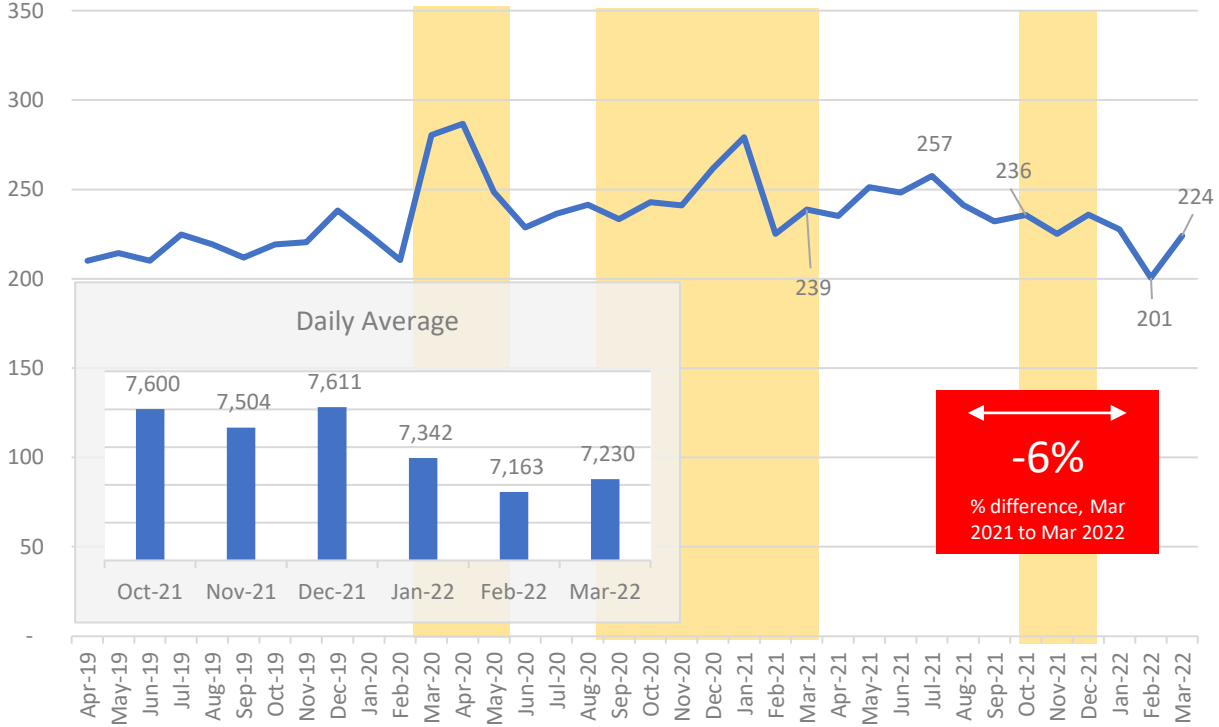


19. See and Treat (measure A55)

See and Treat incidents have decreased fairly steadily since mid-2021, but the measure increased by 23k in March to reach 224k. Compared with March 2021, this represents a difference of -6% (or 15k fewer incidents), while the annualised total shows a -5 difference year-on-year.

1. Monthly

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



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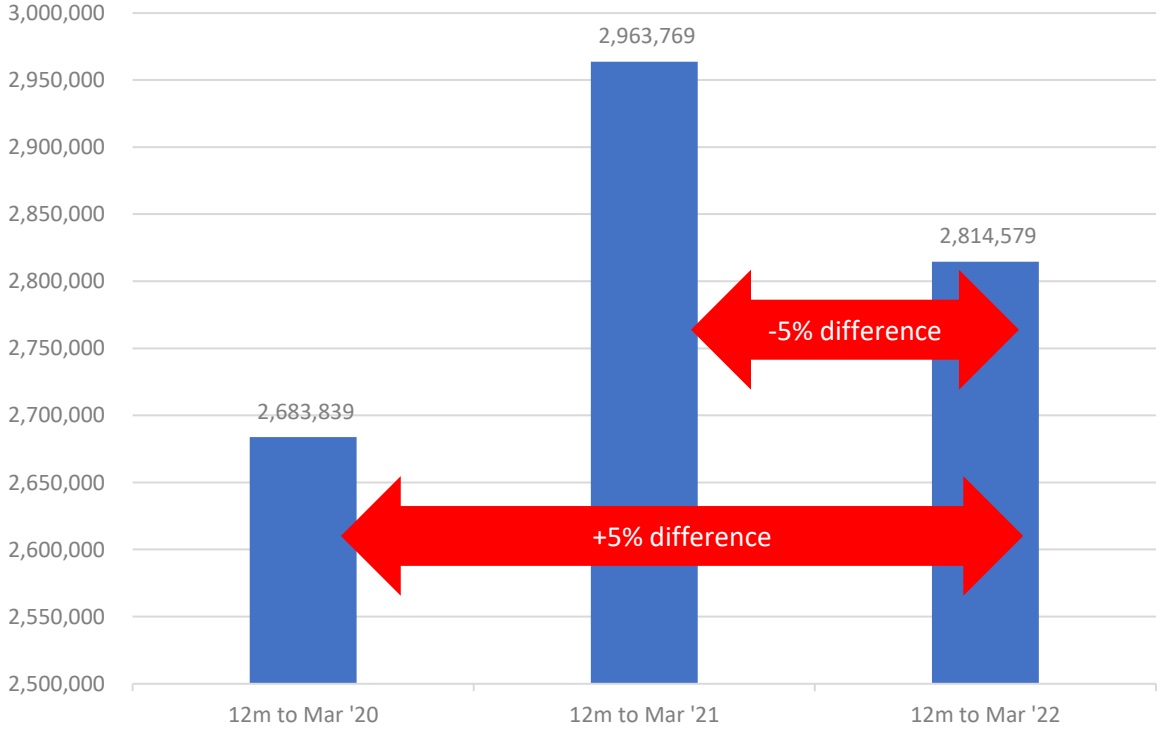
2. Summary: 12 months to March

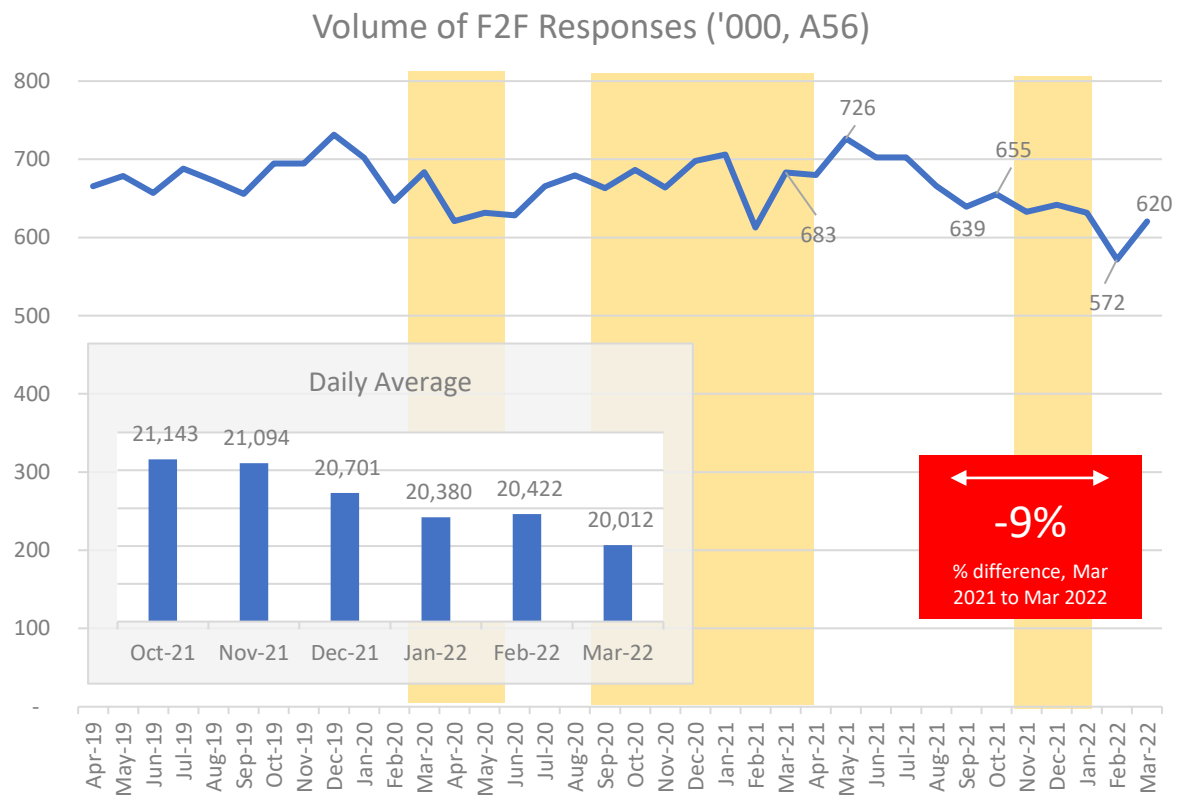
Volume of See/Treat Incidents in the 12 months to Mar (A55)



20. Face to Face (measure A56)

Like See and Treat, Face to Face measures have decreased steadily since mid-2021, but saw an uptick of 48k in March 2022 to reach 620k. Compared with March 2021, there was a difference of -9%, while the annualised volumes shows a decrease compared with 2021 and 2020.

1. Monthly



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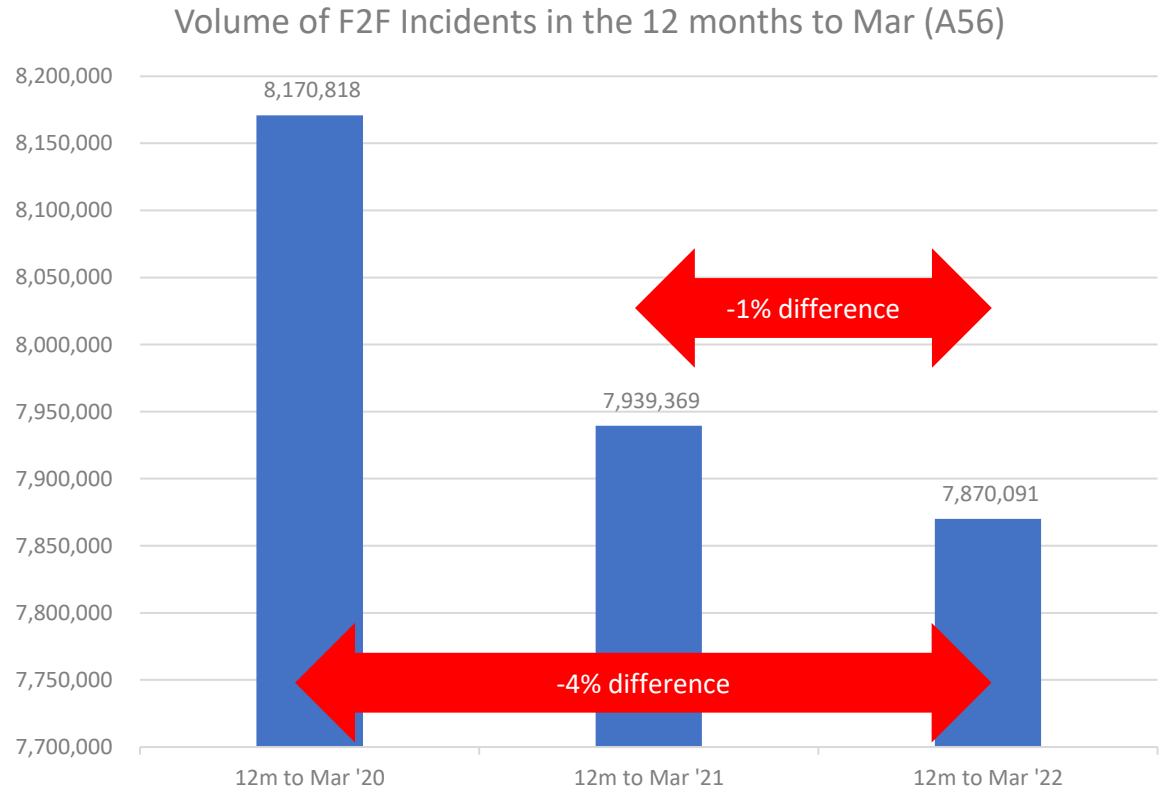
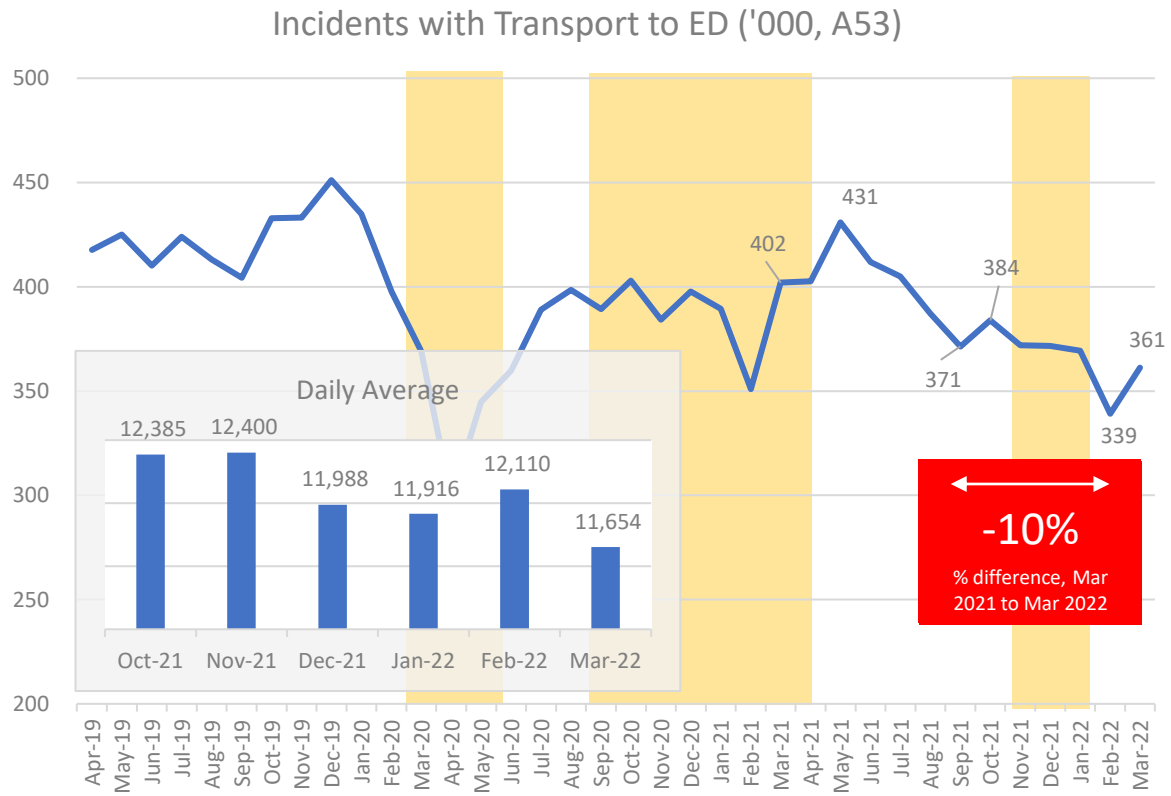
2. Summary: 12 months to March



21. Transport to Emergency Departments (measure A53)

Incidents with conveyance to Emergency Departments increased to 361k in March – but saw a decrease in the daily average (largely a reflection of the difference in month length). Compared with March 2021 there was a difference in -10% (or 41k fewer incidents).

1. Monthly



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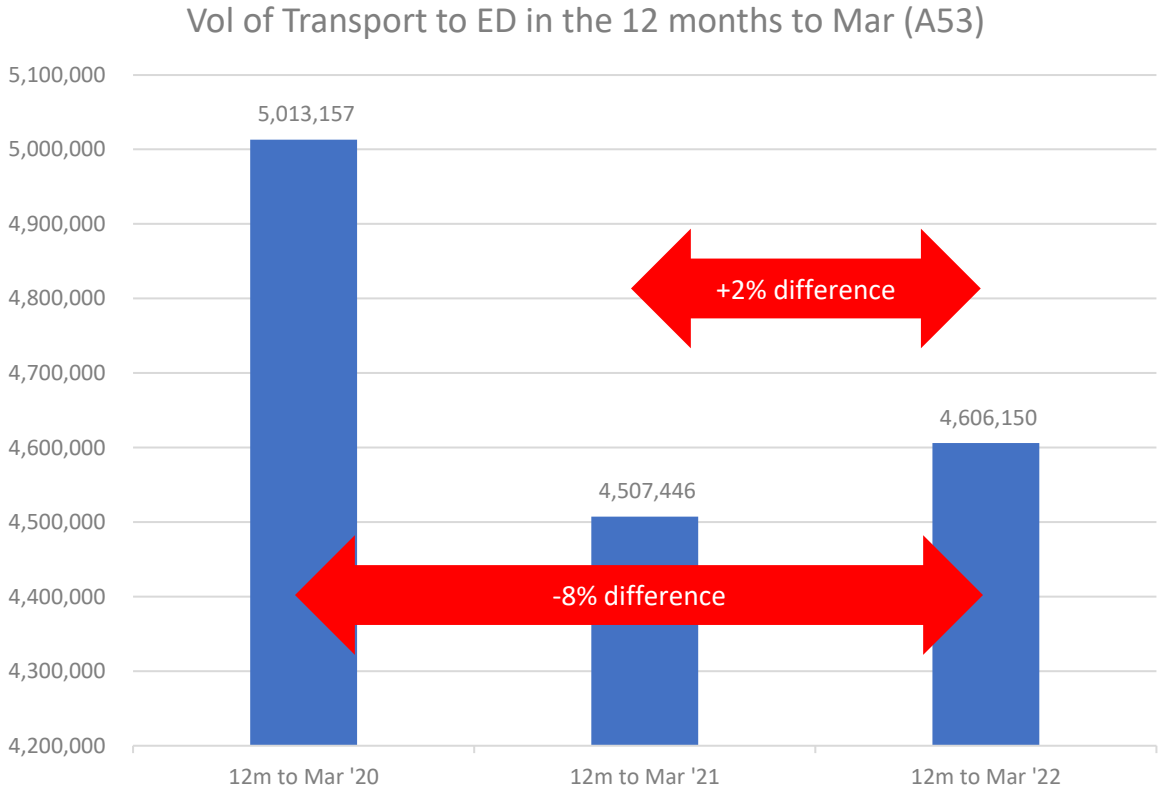
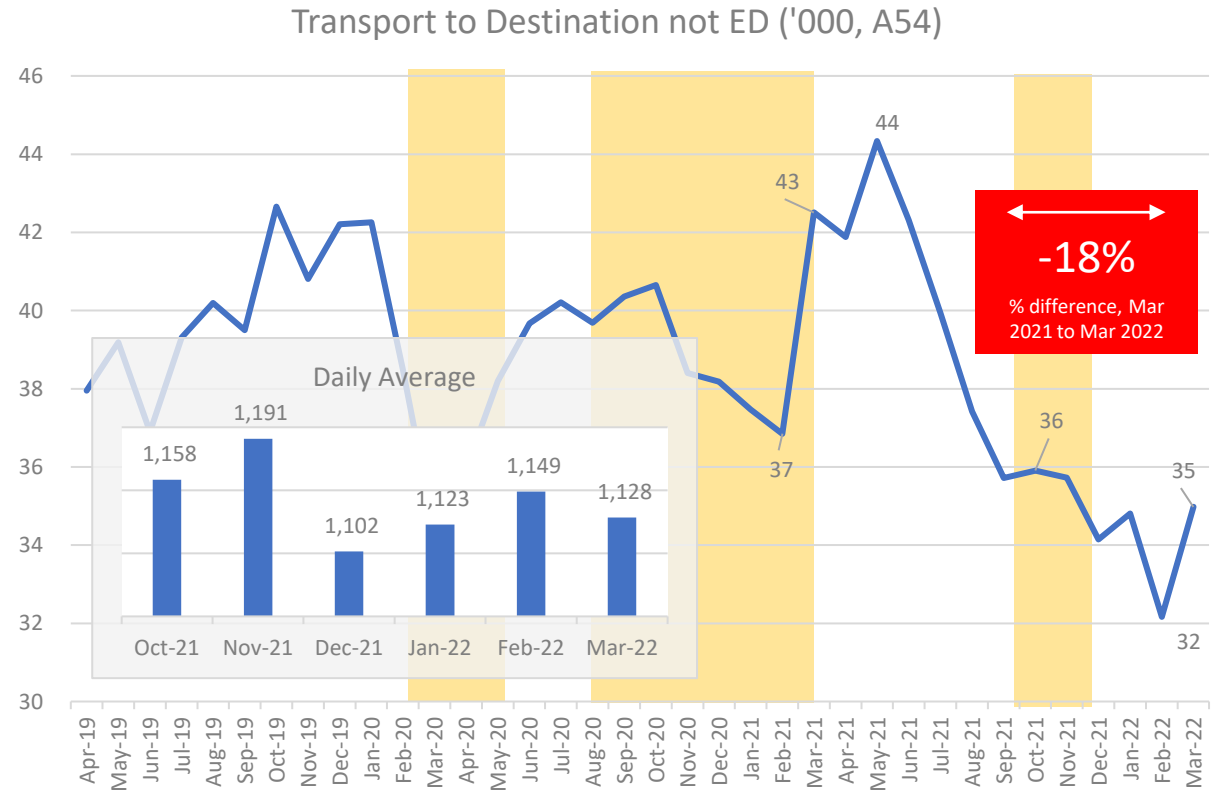
2. Summary: 12 months to March



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

Incidents where the patient was conveyed to a destination other than an Emergency Department followed a similar pattern to the A53 measure, increasing monthly volume but not the daily average.

1. Monthly



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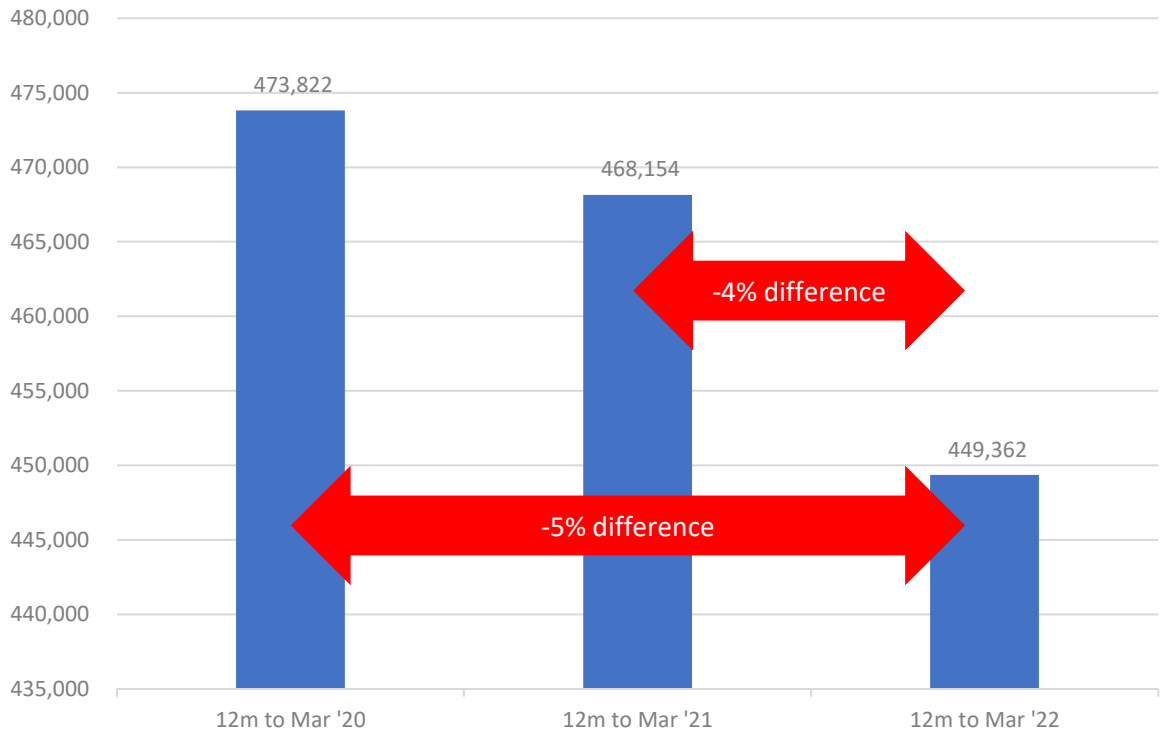
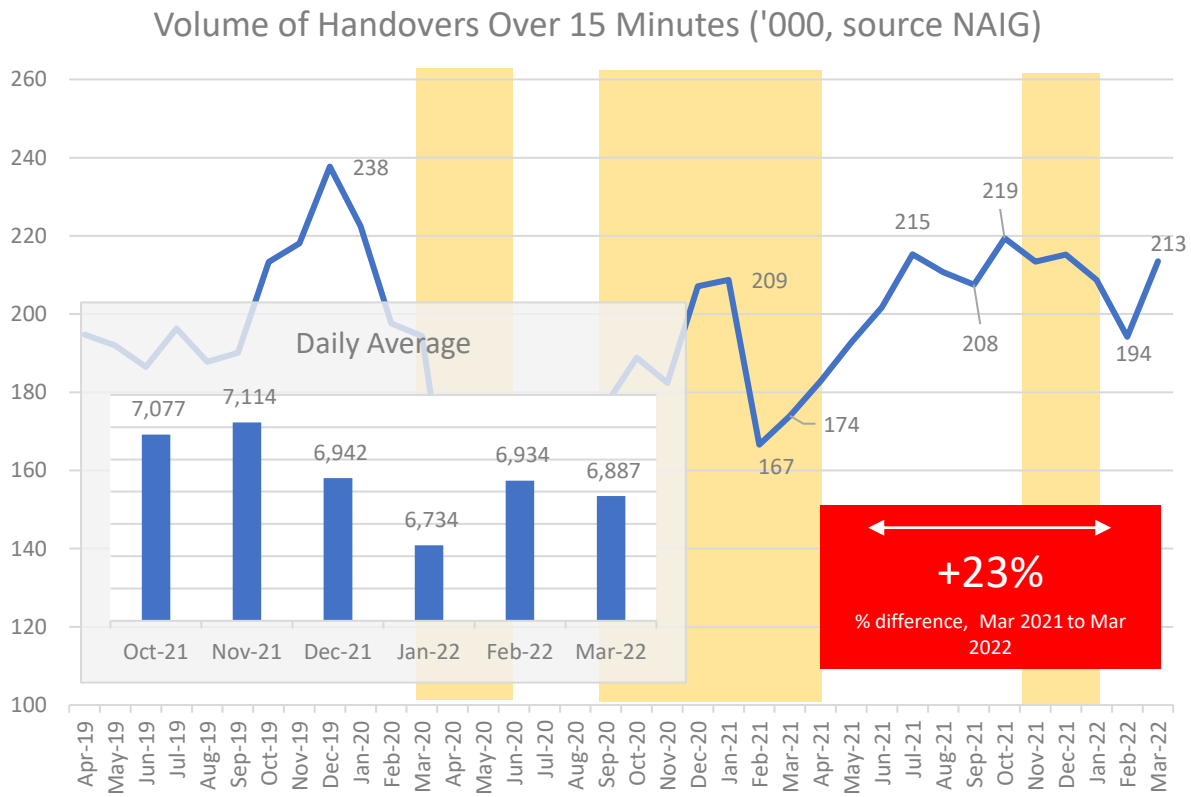
2. Summary: 12 months to March



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

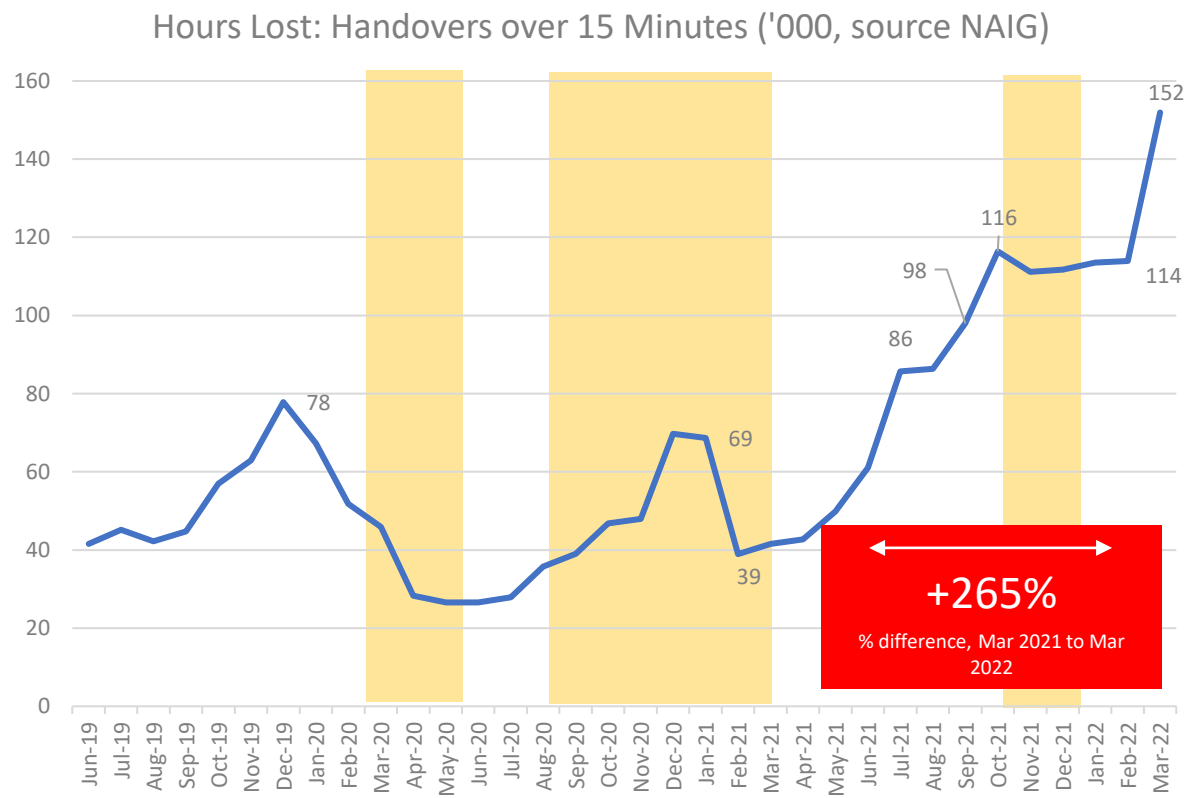
The volume of handover delays exceeding 15 minutes accounted for around 68% of handovers in March, with the monthly volume increasing to 213k (from 194k in February). At a daily level this represented a slight drop in volume, due to the greater number of days in the month. Nonetheless, hours lost due to these delays increased by 38k to reach 152k, a series-high which exceeds the previous series-high (116k in October) by some margin.

1. Delays over 15 Minutes



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

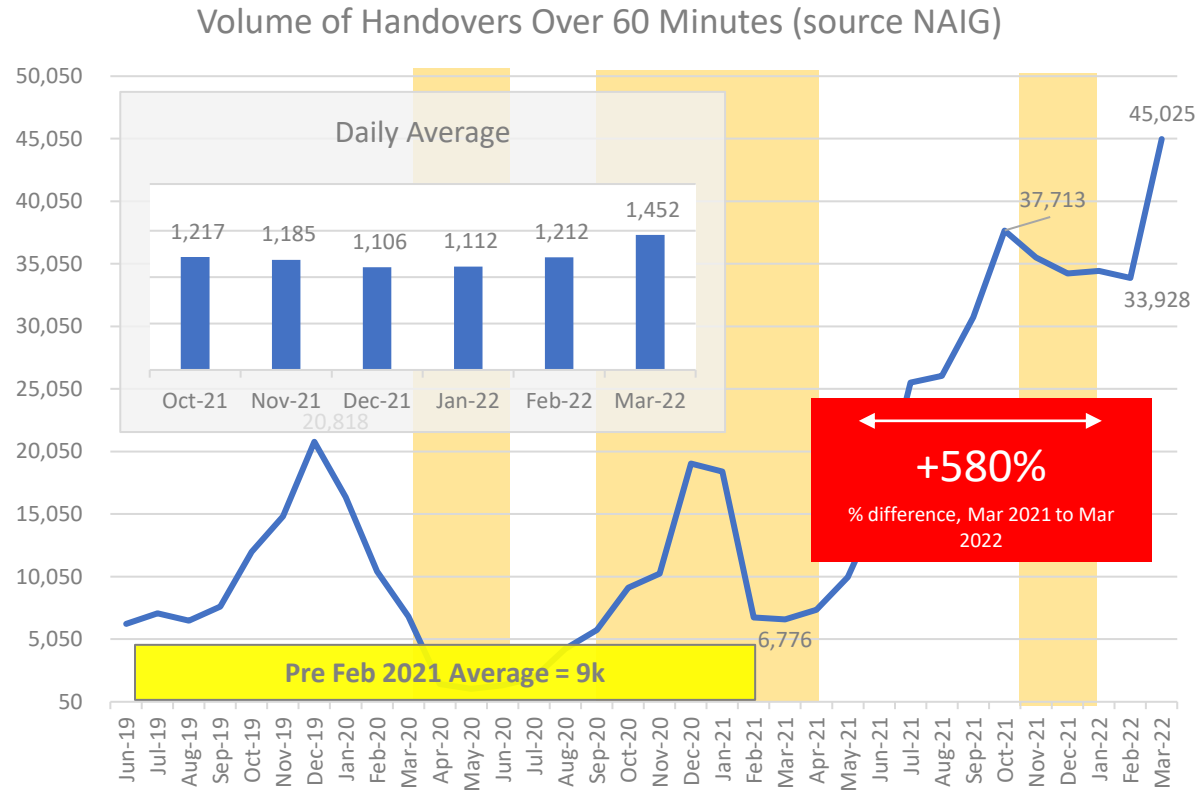
2. Hours lost for Handovers Over 15 Minutes



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

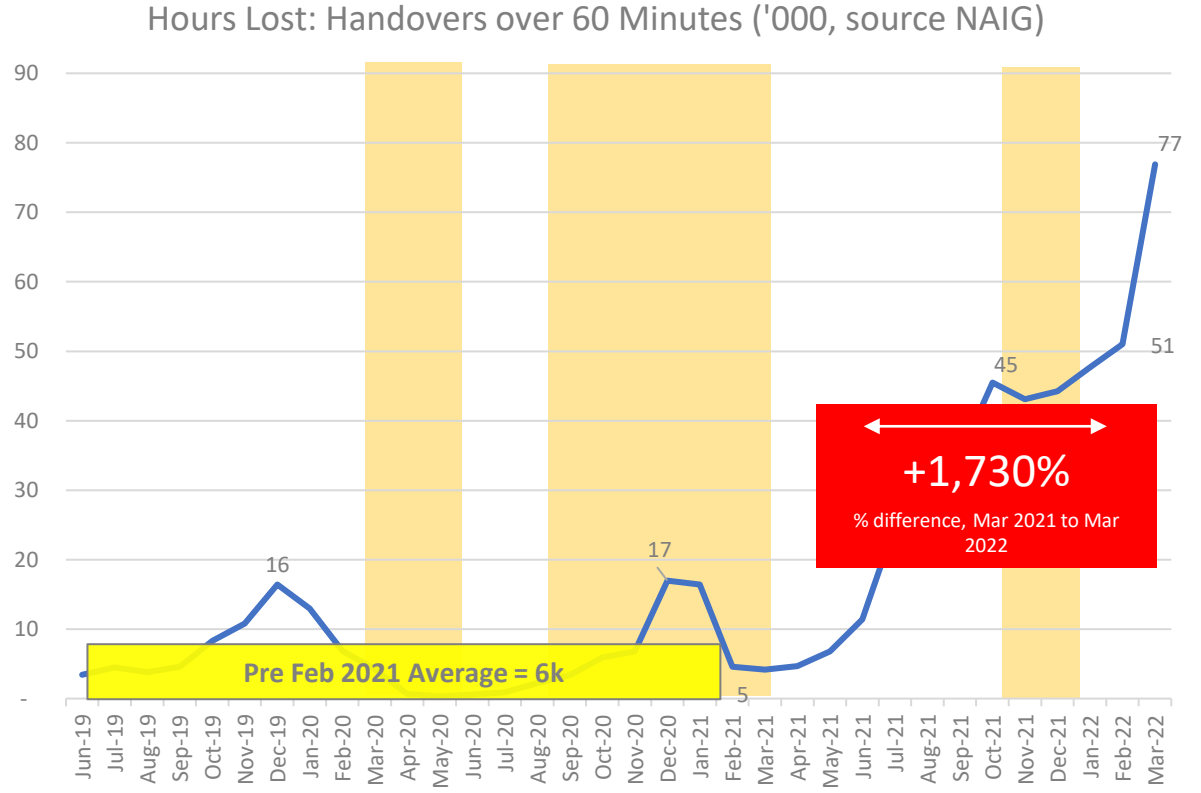
There was an increase of over 11k delays exceeding 60 minutes in March 2022, with the total increasing to 45k (considerably higher than the previous series high of 37k). The daily volume also increased by over 200 incidents per day. Hours lost increased to 77k – up 26k on the previous month, and a difference of +1,730% compared with March 2021.

1. Delays over 60 Minutes



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

2. Hours lost for Handovers Over 60 Minutes

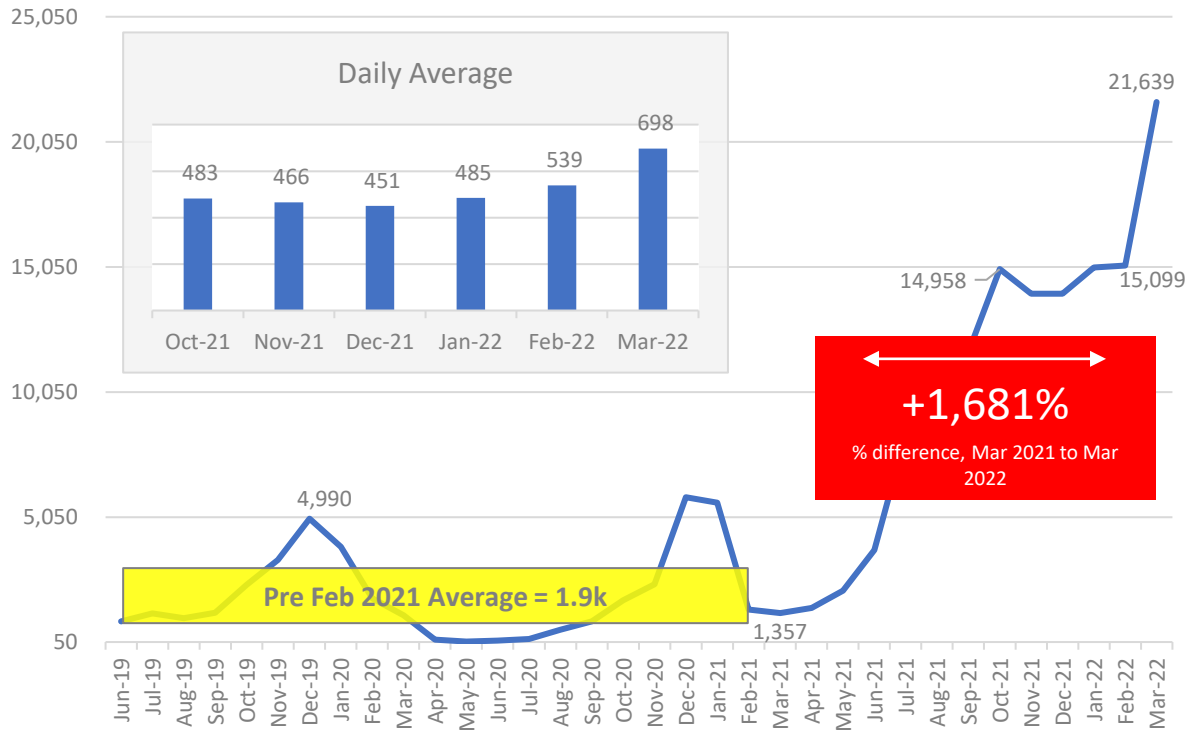


25. Handover Delays over 120 Minutes (source, NAIG)

Handovers exceeding 120 minutes increased by over 5k to reach 22k in March 2022, with the daily average increasing by 159 to reach 698. Hours lost due to these delays grew from 28k to 44k month-on-month: this number is now 5,468% greater than the same time last year. The longest delay recorded by any one trust in England was 23 hours in March, while the average-longest delay figure (across all trusts) increased to 11 hours.

1. Delays over 120 Minutes

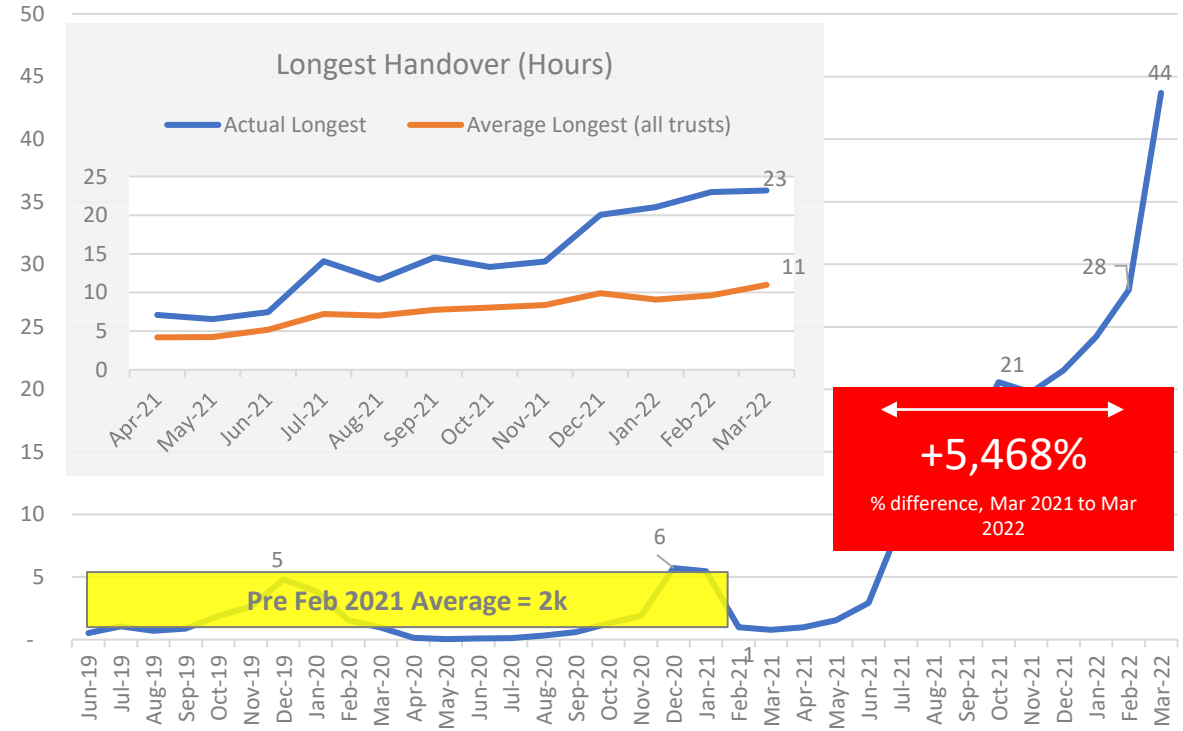
Volume of Handovers Over 120 Minutes (source NAIG)



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

2. Hours lost for Handovers Over 120 Minutes

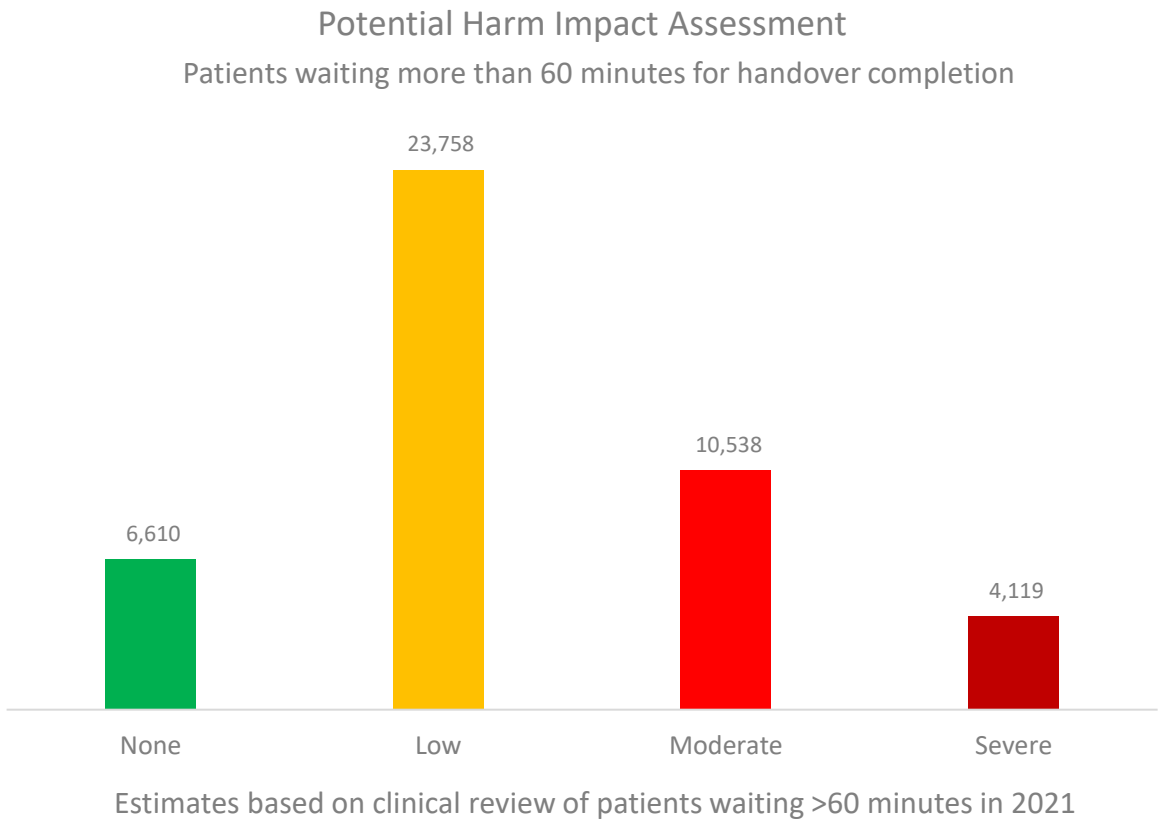
Hours Lost: Handovers over 120 Minutes ('000, source NAIG)



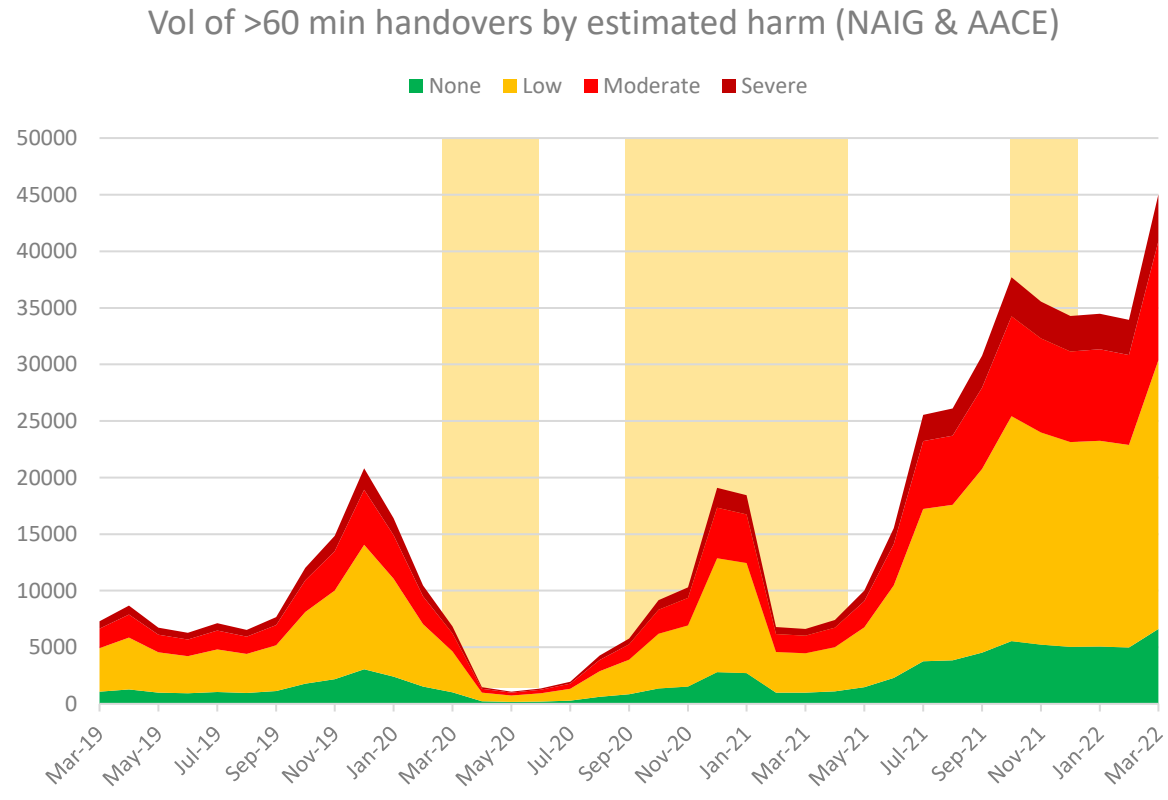
26. Delays over 60 Minutes and estimated harm (source, NAIG and AACE)

Using the results of AACE's 2021 clinical review of potential harm arising during handover delays over 60 minutes, the latest national data suggests 38k patients could have experienced some harm in March 2022, with over 4k of these experiencing severe harm.

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



2. Volume of patients by potential harm: time series



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