

# National Ambulance Data – FINAL

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Data to the end of October 2022

**Date of Report: November 25<sup>th</sup>, 2022**

## 2. Summary and Contents

**Overview:** Demand increased in October, with high volumes of 999 calls and growth in overall incidents. Category 1 increased in volume and share, with the most serious category now representing 1 in every 8 face-to-face responses. Response times for all categories increased (even factoring in London’s reporting break – see relevant section) while longer patient handover delays reached previously unseen levels.

### Section 1. Contact Volume and Call Answer time



- Volume of 999 calls-answered reached 992k in October, its third highest level to-date (the highest was October 2021).
- Mean call-answer time reached 48 seconds, the fourth slowest time on record while the 95<sup>th</sup> centile answer-time reached 209 seconds – nearly three-and-a-half minutes, and the third slowest to date.

### Section 2. Incidents and Response Time, by Category



- There were 84k Cat 1 incidents in October, the second highest recorded. These accounted for 12.4% of all incidents, the greatest share to-date, and an increase from 8% in October 2019.
- All response times slowed. This is in-part due to London not including data this month: the region’s faster-than-average response times usually lower the national average. However, analysis of Cat 1 mean response suggest that even if London was included, it would have still been the slowest since recording began.

### Section 3. Incidents by Response Outcome



- Responses requiring transport to an emergency department increased for the first time since May 2022: however, the trend continues to show a decrease in the share of responses conveyance represents.
- “Hear-and-Treat” responses also increased. Annualised data shows the continued growth of this category, with over 300k more responses in the most recent period than the same time in 2020.

### Section 4. Patient Handover Delays



- The overall volume of patient handovers exceeding 15 minutes remains steady, but longer handovers – and the associated lost hours – increased again in October, reaching unprecedented levels.
- **Against this backdrop, however, many hospitals keep their proportion of delayed handovers to a fraction of the national average. In the first of a series of examples, this report looks at one such hospital, Walsall Healthcare NHS Trust, and the measures it has introduced to manage handovers and patient flow.**

# Section 1

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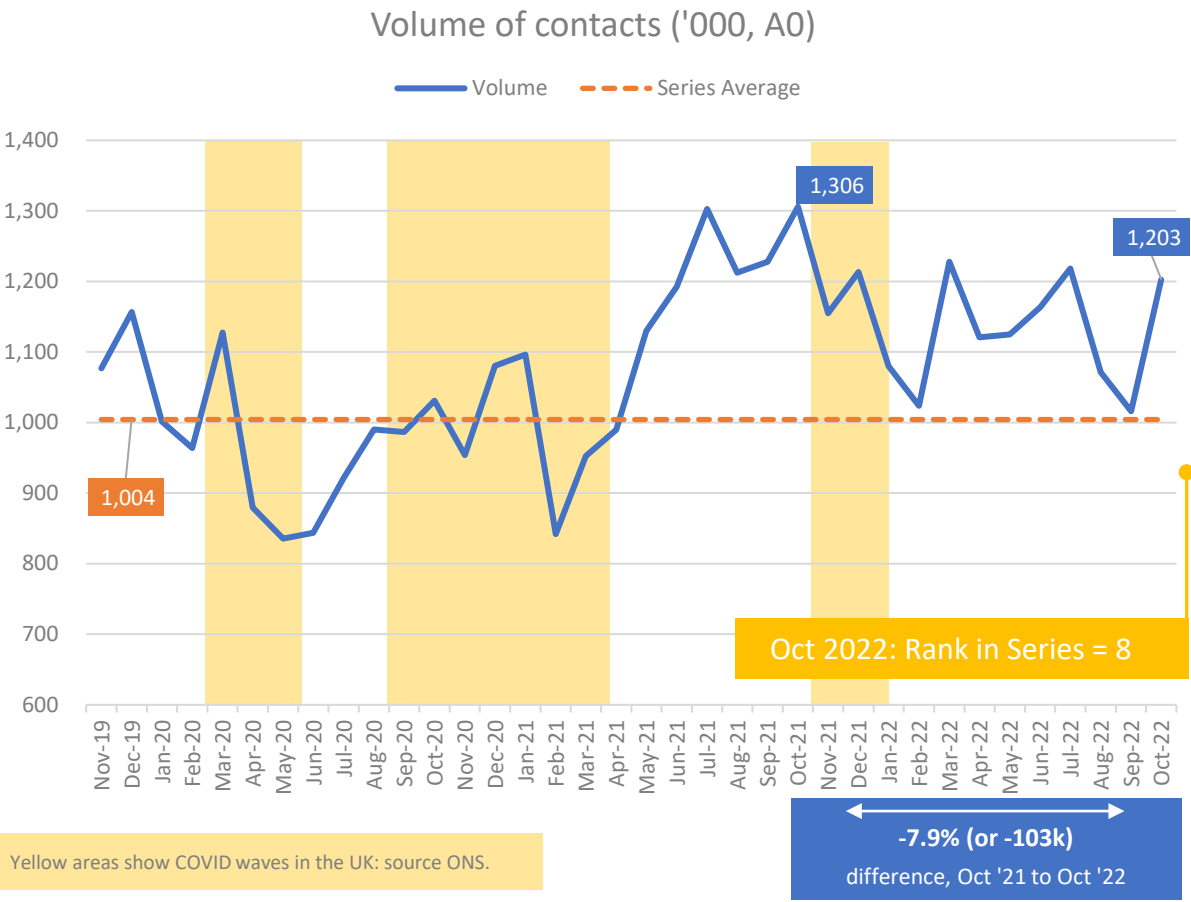
## Contact Volume and Call Answer time

- [Demand: Volume of Contacts](#)
- [Demand: Volume of 999 Calls Answered](#)
- [Demand: 111 Call Volumes](#)
- [Ambulance Dispositions \(111 to 999 calls\)](#)
- [Demand: Call Answering Time](#)

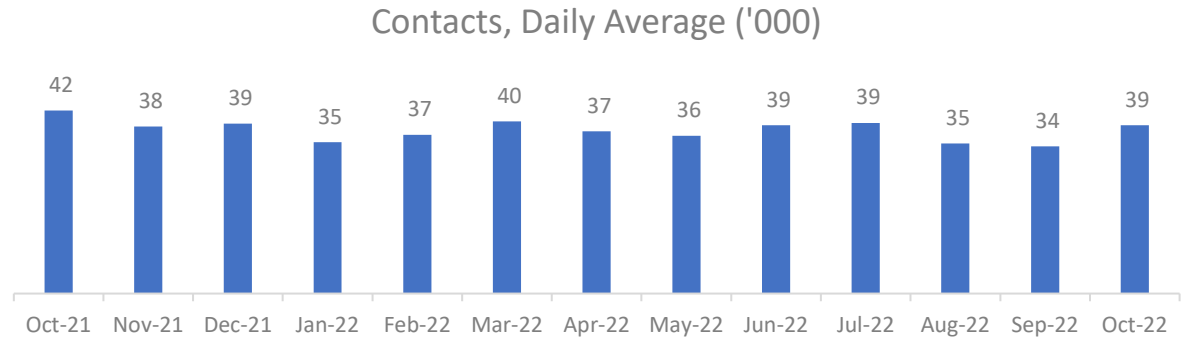
# 4. Demand: Volume of Contacts (Measure A0)

Volume of contacts to ambulance control rooms increased by 186k to exceed 1.2m in October, the third greatest monthly total in 2022, but 103k less than October 2021. While the longer month accounts from some of the additional volume, the daily average increased by 5k from September 2022, a strong indication of increased demand.

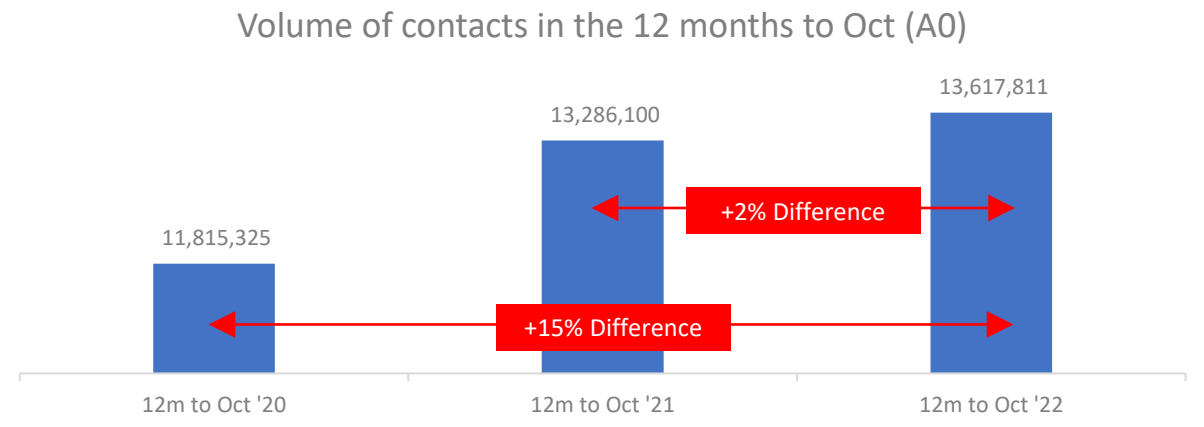
## 1. Monthly



## 2. Daily Average



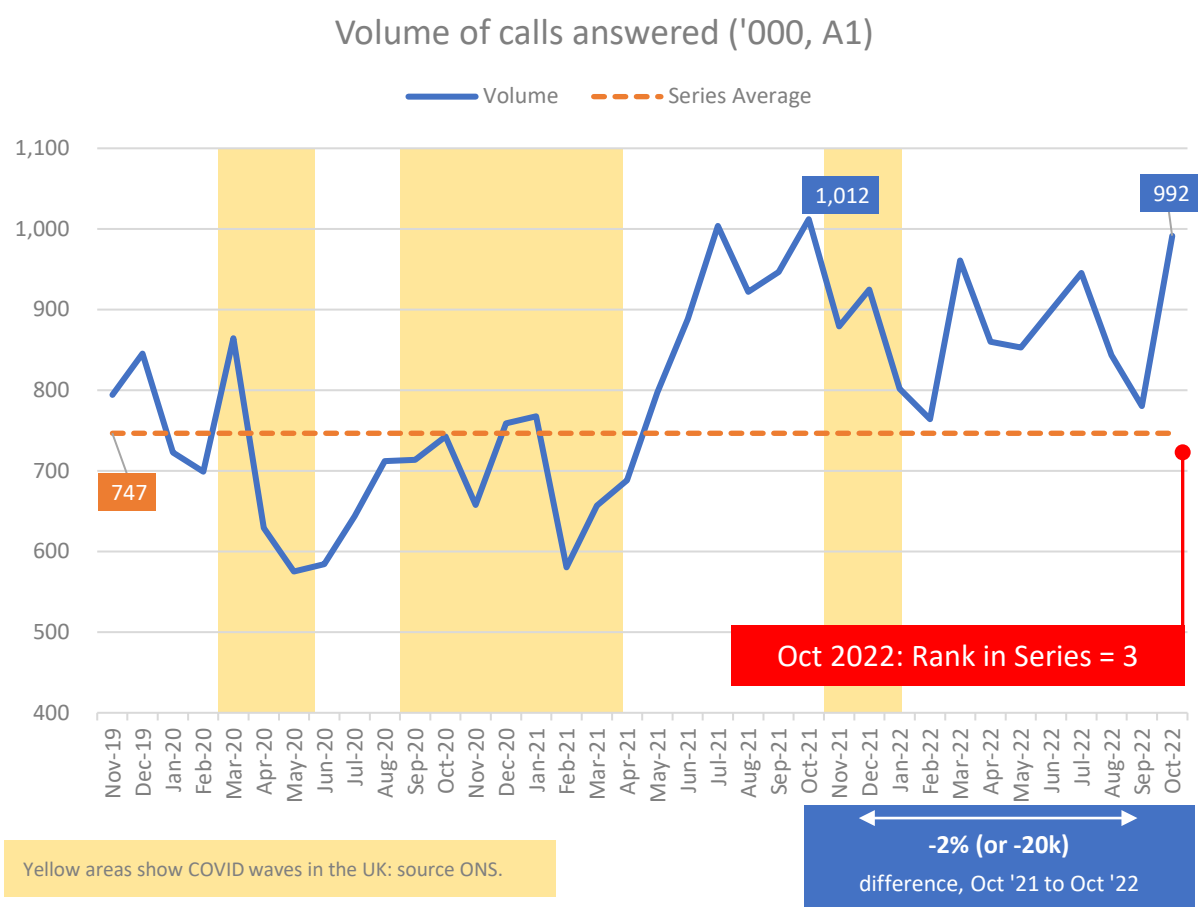
## 3. Annualised Data



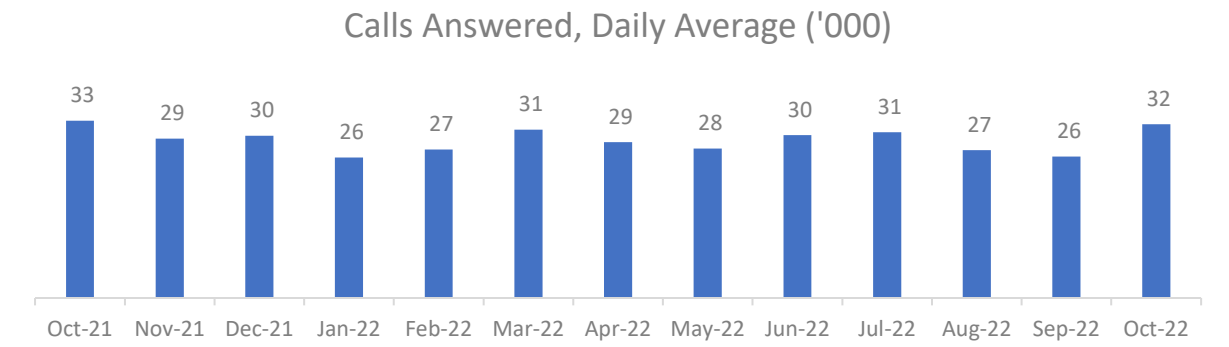
# 5. Demand: Volume of 999 Calls-Answered (Measure A1)

Volume of 999 calls-answered reached its third highest level to date (the highest was October 2021). Annualised volume of calls answered show 10.5m in the most recent twelve months, compared with 8.5m two years previously.

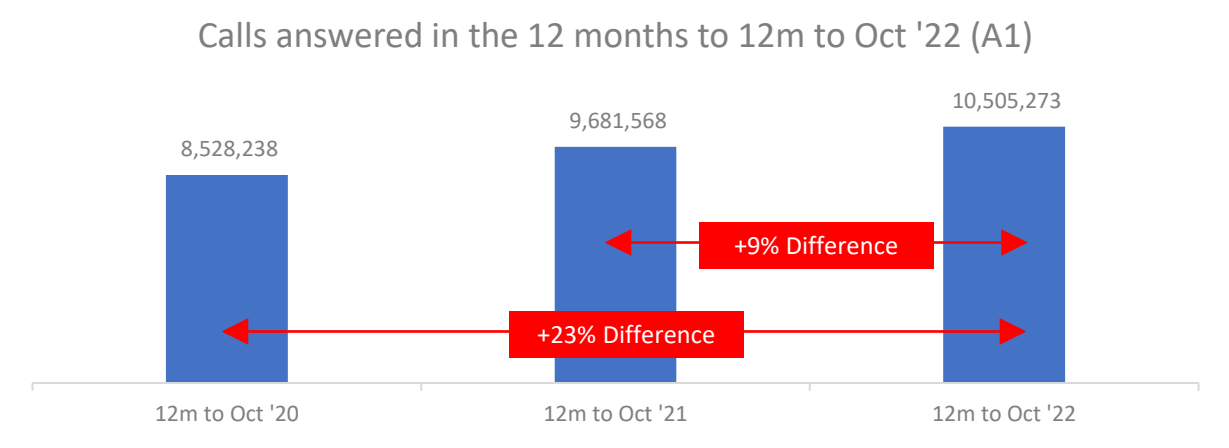
## 1. Monthly



## 2. Daily Average



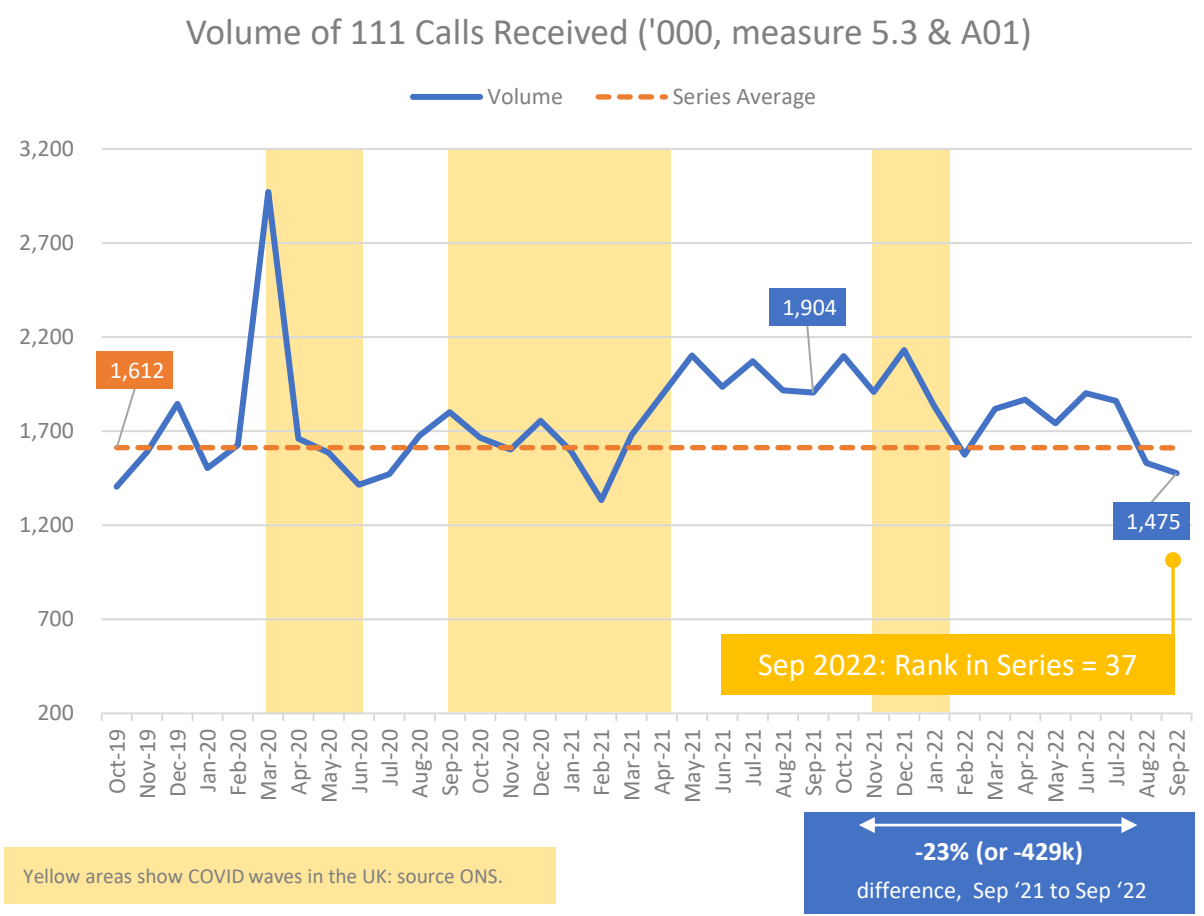
## 3. Annualised Data



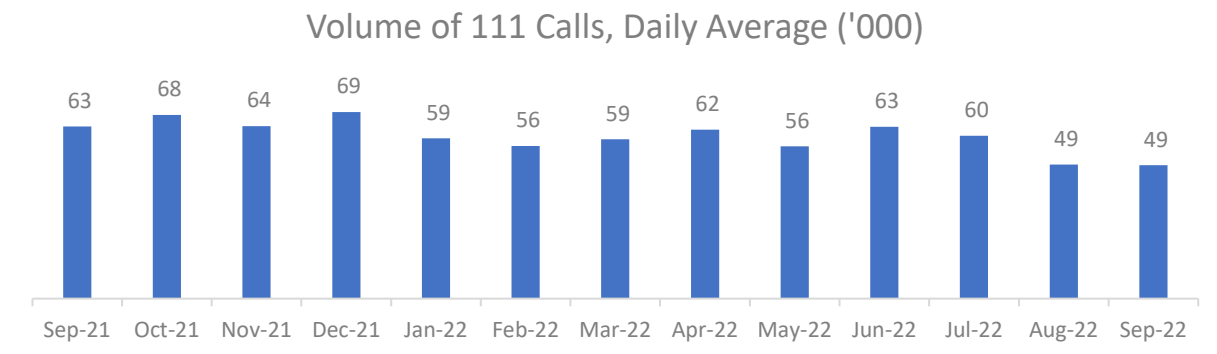
# 6. Demand: 111 Call Volumes (sources NHS 111 Min Data Set to March 2021 (5.3) then [IUCADC](#) (measure A0))

The cyber attack in August 2022 had a significant impact on recording accuracy, so caution should be applied when interpreting month-on-month change (source: IUCADC). September saw the volume of 111 calls decrease by 56k (to 1.5m), while annualised volume increased to 22m calls.

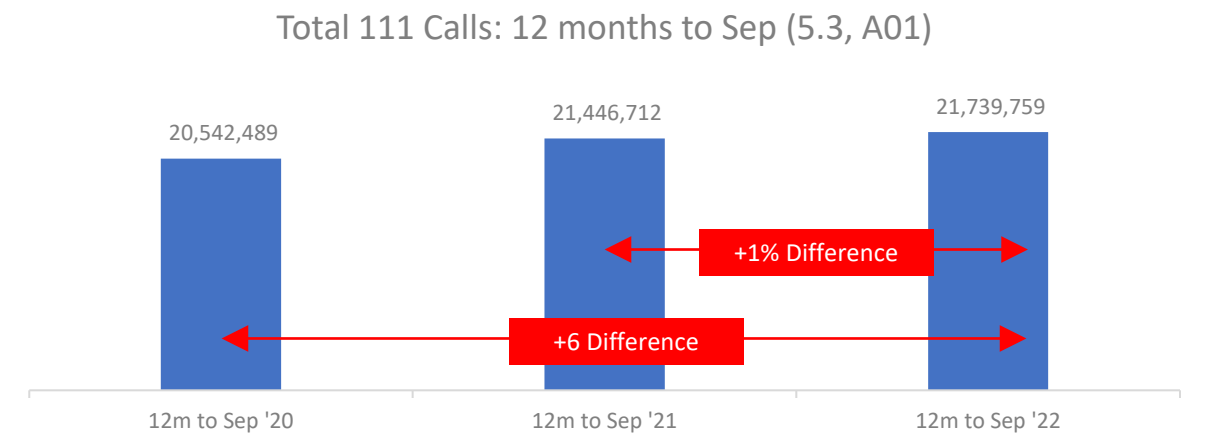
## 1. Monthly



## 2. Daily Average



## 3. Annualised Data

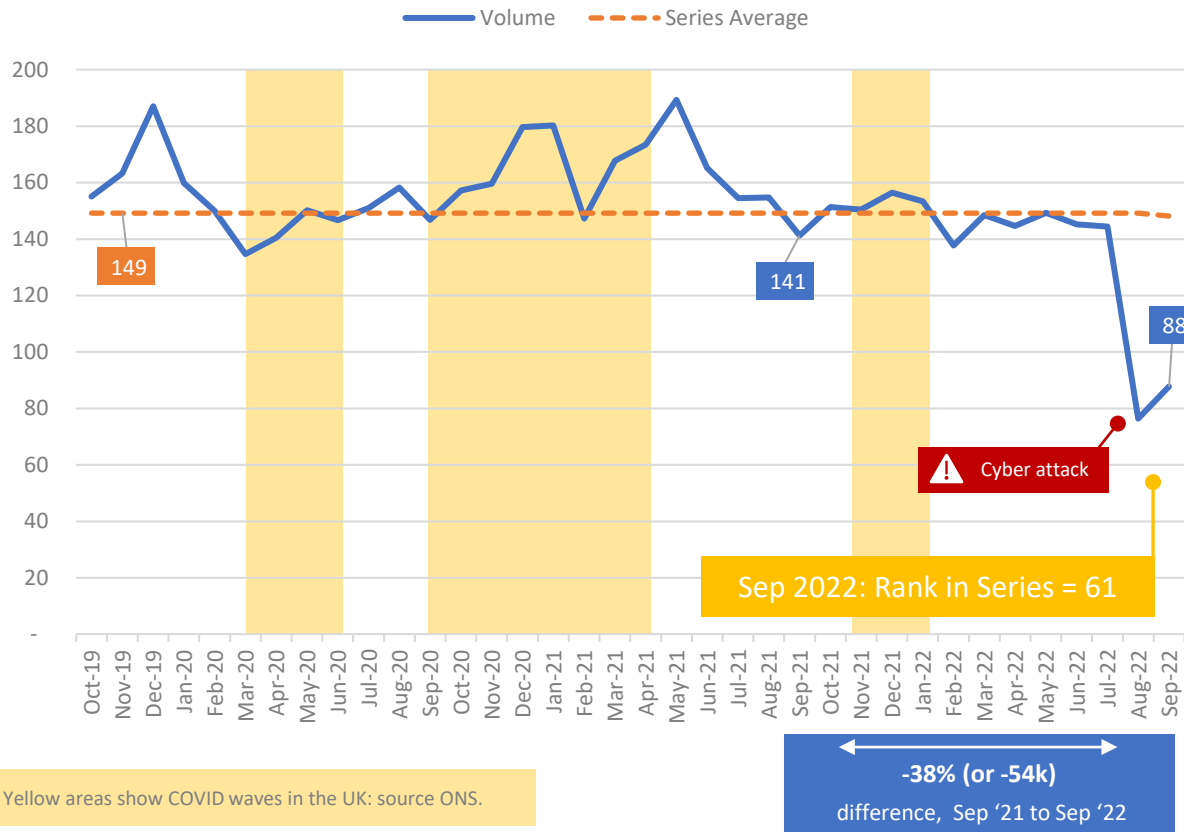


# 7. Ambulance Dispositions (sources NHS 111 Min Data Set to March 2021 (measure 5.23) then IUCADC (measure E02))

In September, 88k 111 calls were referred to the ambulance service. These accounted for 6.8% of 111 calls-answered. These data were particularly affected by August's cyber attack, and this should be factored in when interpreting trends.

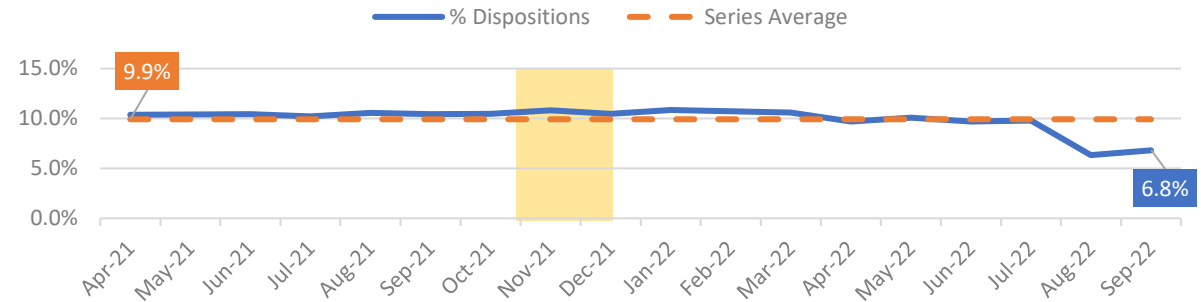
## 1. Monthly

Ambulance Dispositions ('000, measures 5.23 & E02)



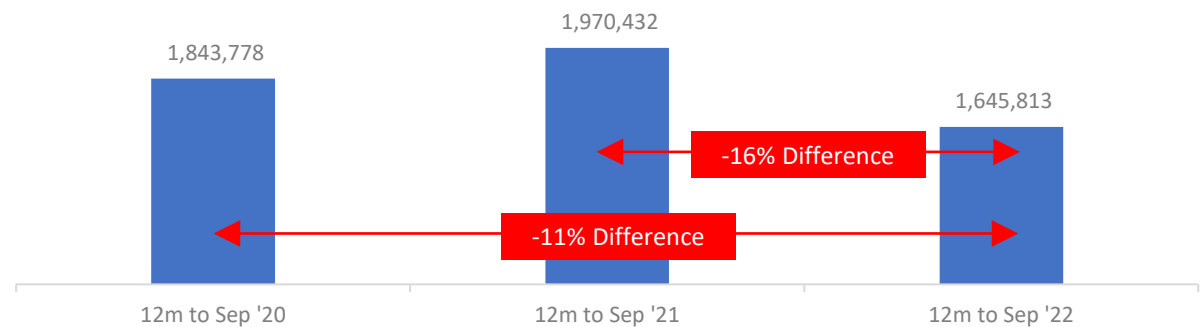
## 2. Dispositions as % of 111 Calls Answered (A03, from April 2021)

Dispositions as percentage of 111 Calls Answered



## 3. Annualised Data

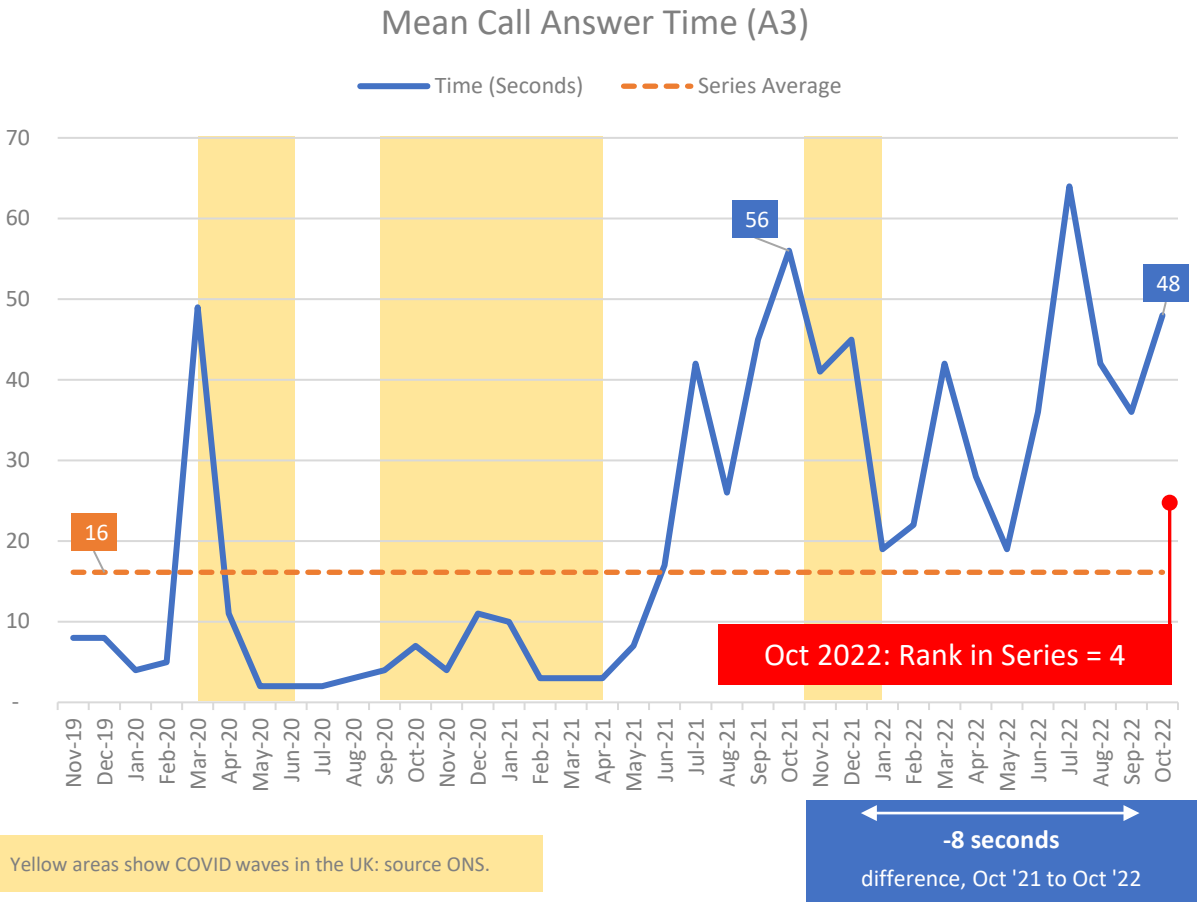
Total Dispositions: 12 months to Sep (5.3, A01)



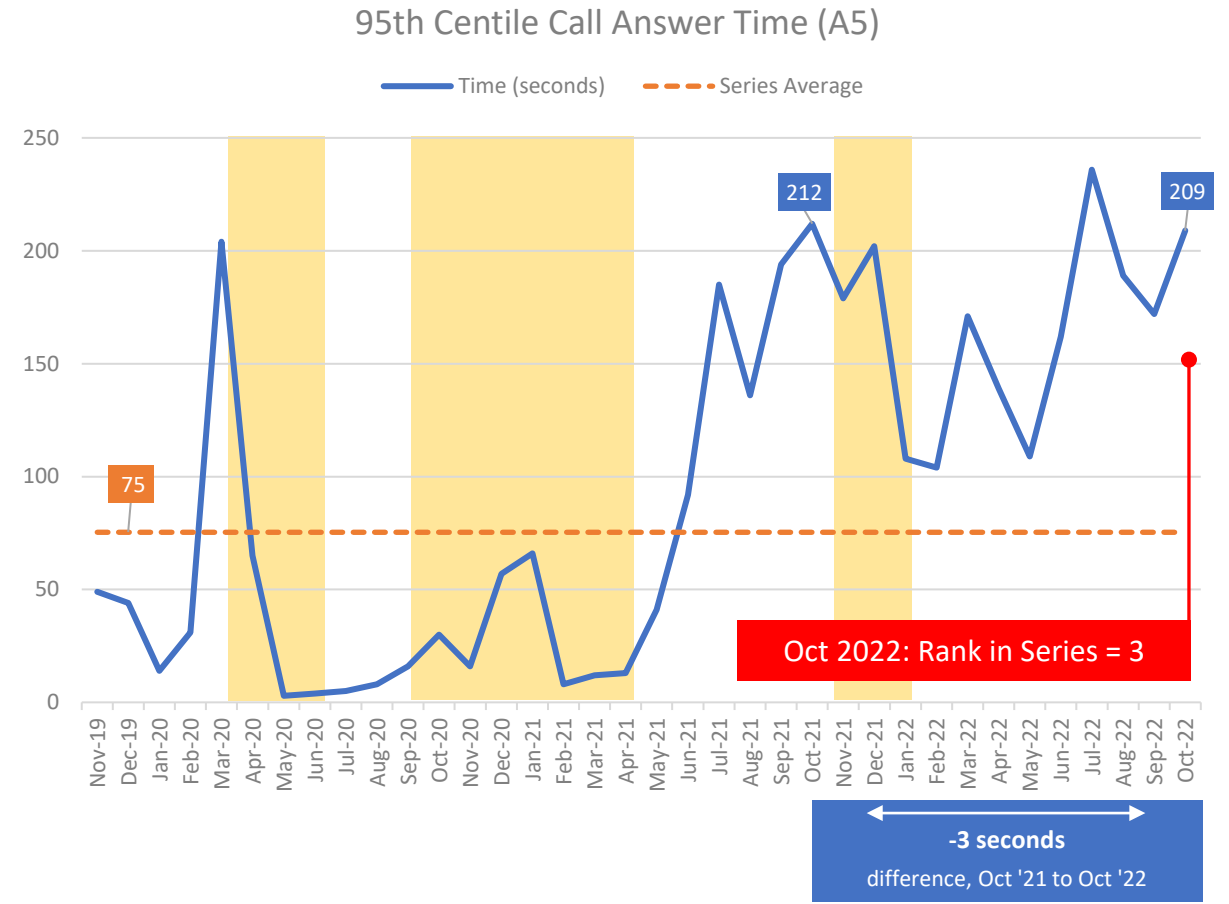
# 8. Demand: Call Answer Time (999, Measures A3 and A5)

Call answer-time increased in October. The mean reached 48 seconds, the fourth slowest time on record – the slowest being 64 seconds in July this year. The 95<sup>th</sup> centile answer-time reached 209 seconds – nearly three-and-a-half minutes, and the third slowest to date.

## 1. Mean



## 2. 95<sup>th</sup> Centile





## Section 2

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### Incidents and Response Time, by Category

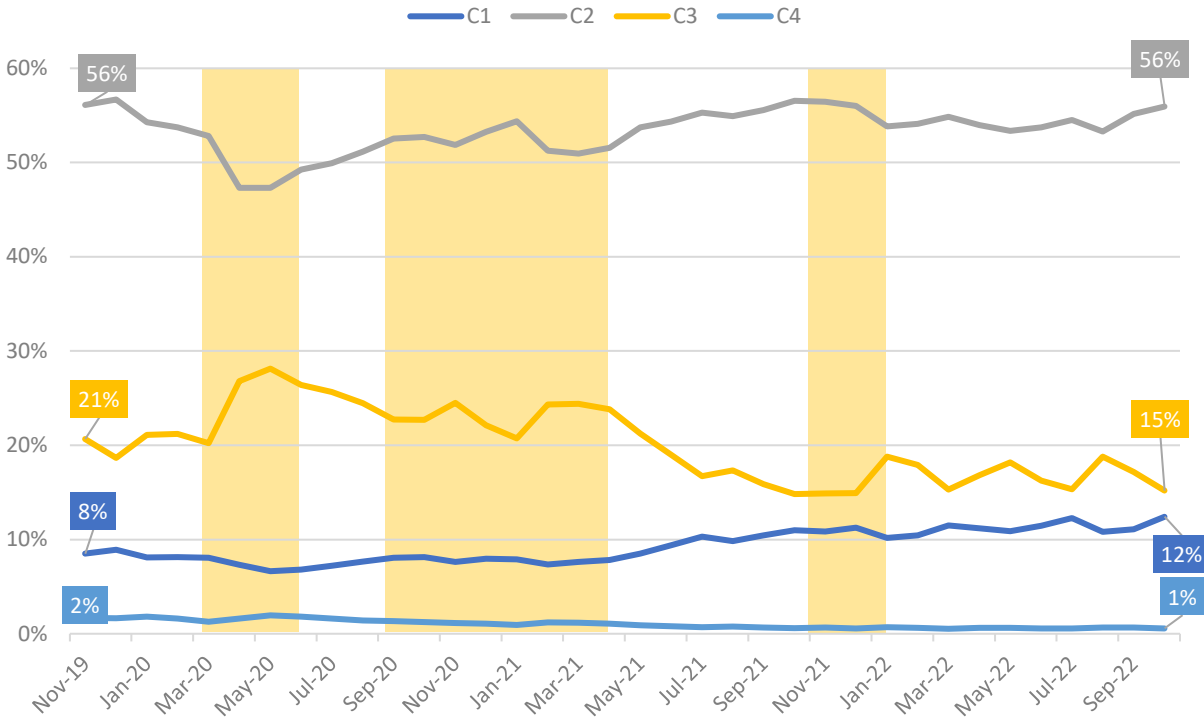
- [Share of Incidents by Category](#)
- [Demand: All Incidents](#)
- [Demand: C1 Incidents](#)
- [Demand: C2 Incidents](#)
- [Demand: C3 Incidents](#)
- [Demand: C4 Incidents](#)
- [Demand: C1 Response Times](#)
- [Demand: C2 Response Times](#)
- [Demand: C3 Response Times](#)
- [Demand: C4 Response Times](#)

# 10. Share of Incidents by Category

The most serious call-outs once again increased share of the total in October. Cat 1 accounted for 12.4% of all incidents, the greatest proportion to-date, and an increase from 8% in October 2019. Cat 2 has increased share for the past two months to account for 56% in October, the sixth highest to-date. Cat 3 and 4 continue to shrink, from a combined 26% in the 12 months to October 2019, to 18% in the most recent period.

## 1. Time Series (monthly, from Oct 2019)

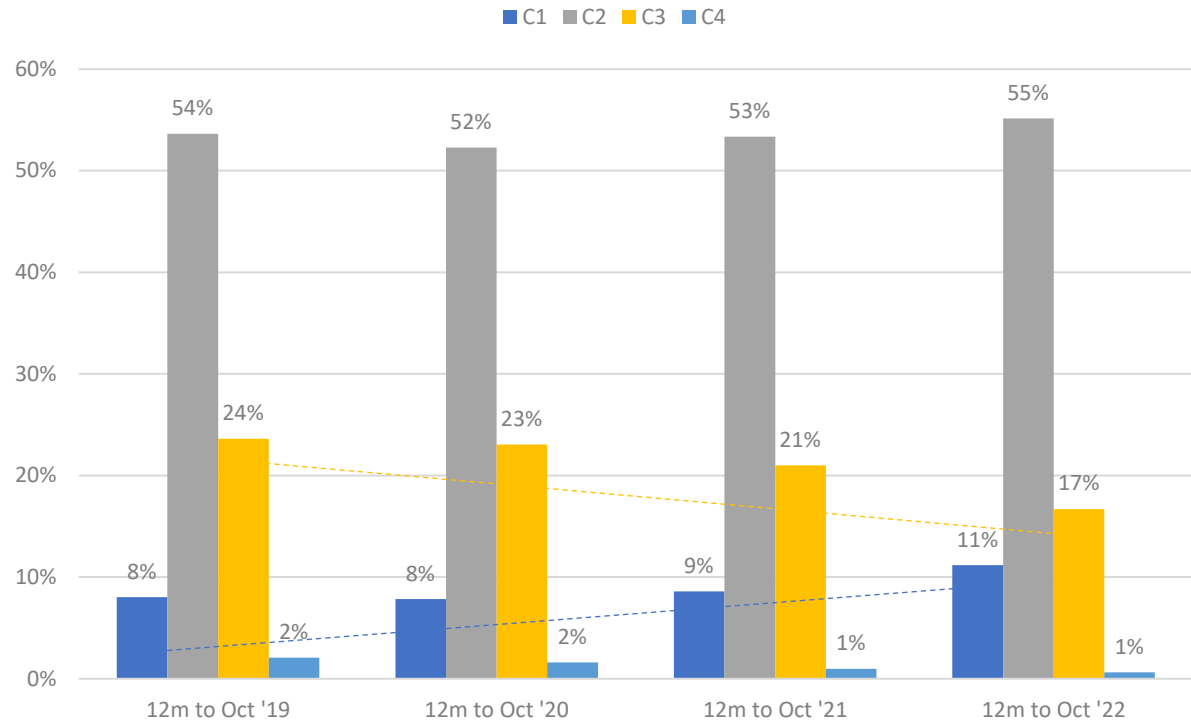
Share of Incidents by Category



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

## 2. Annualised Data

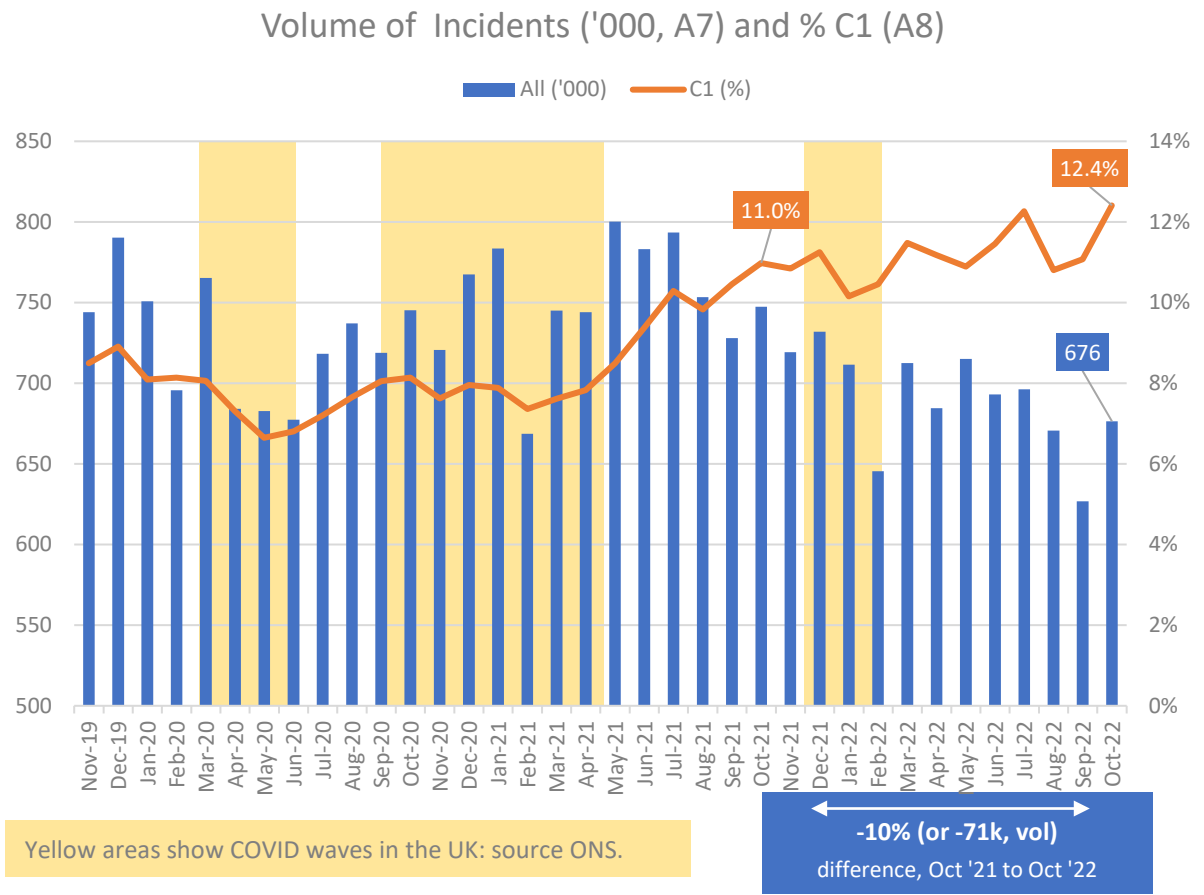
Share of Incidents by Category (12m to Oct)



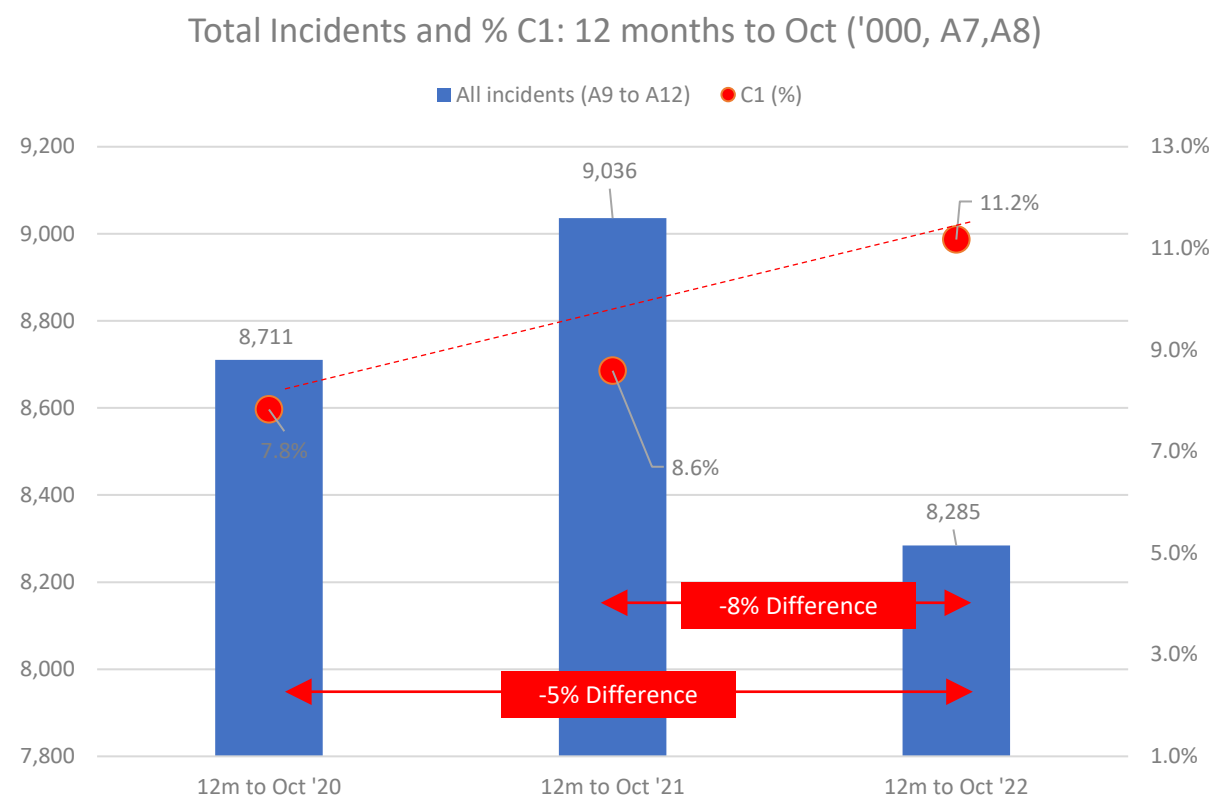
# 11. Demand: All Incidents (A7) and Proportion C1 (A8)

Monthly volume of incidents (which includes all “Hear and Treat” and “Face to Face” responses) increased by 50k in October 2022. This took the total to 676 incidents, and although this is somewhat lower than October 2021, as seen on the previous page the proportion of those incidents falling into the most serious categories are continuing to grow.

## 1. Monthly volume of Incidents and Proportion that are C1



## 2. Annualised Data

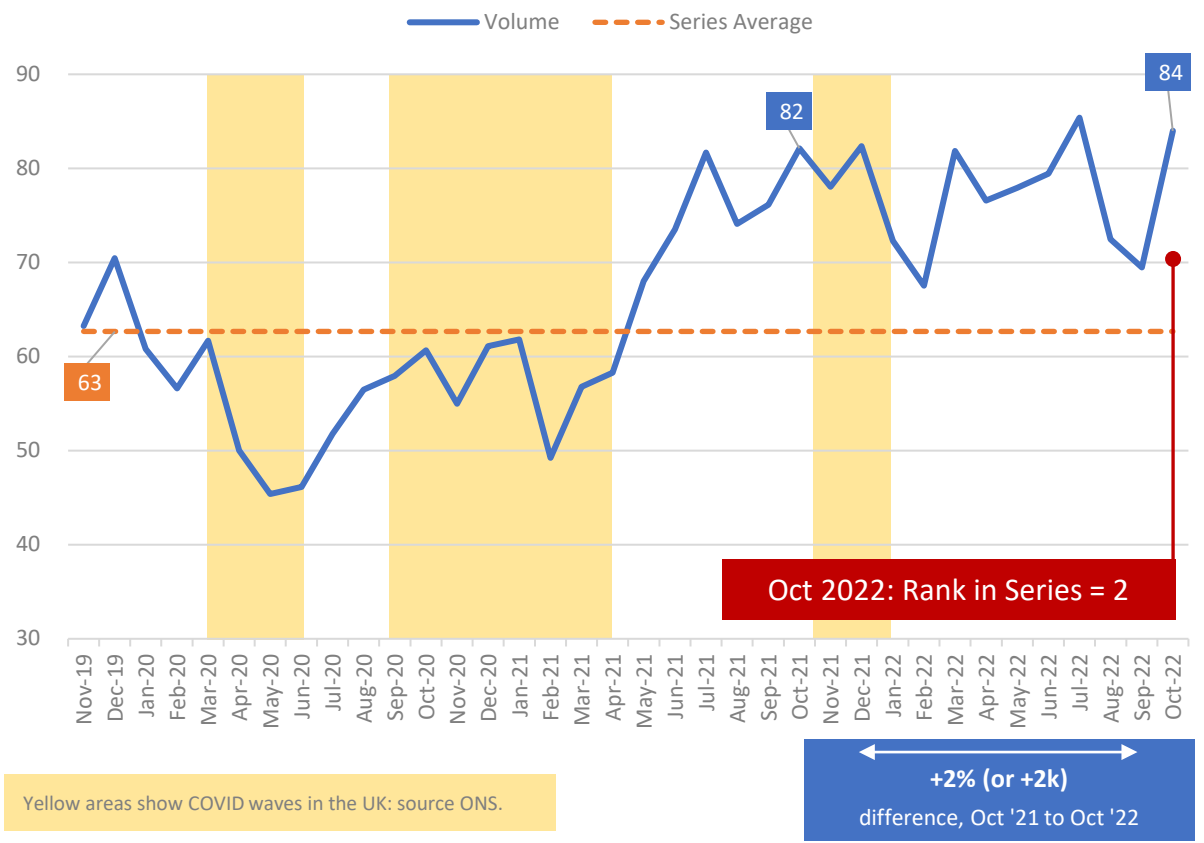


# 12. Demand: C1 Incidents (A8)

There were 84k Cat 1 incidents in October, the second highest volume since recording started at the end of 2017 – and only slightly below July’s record of 85k. Annualised volumes have grown steadily over the past few years, from 681k in 2020 to 927k today.

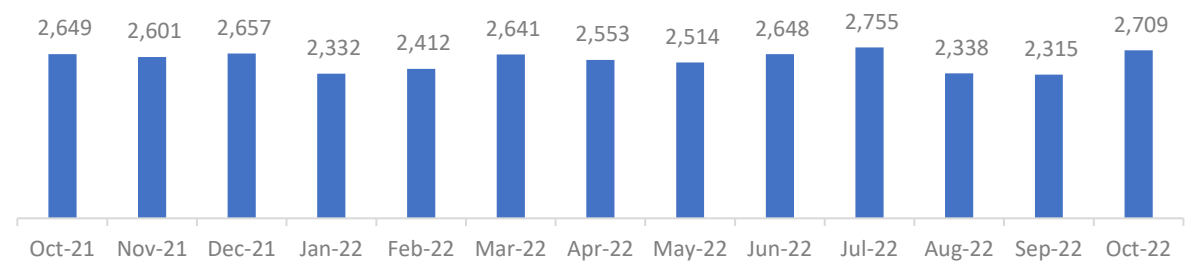
## 1. Monthly

Volume of C1 Incidents ('000, A8)



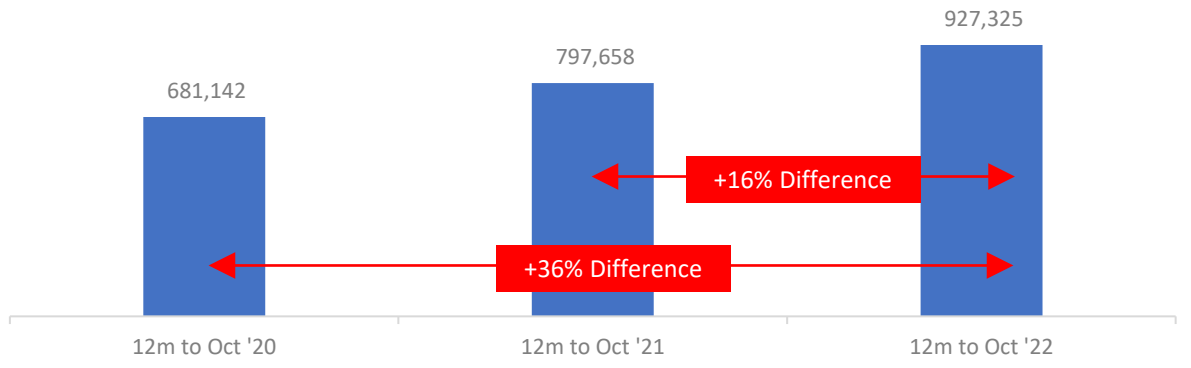
## 2. Daily Average

C1 Volume, Daily Average



## 3. Annualised Data

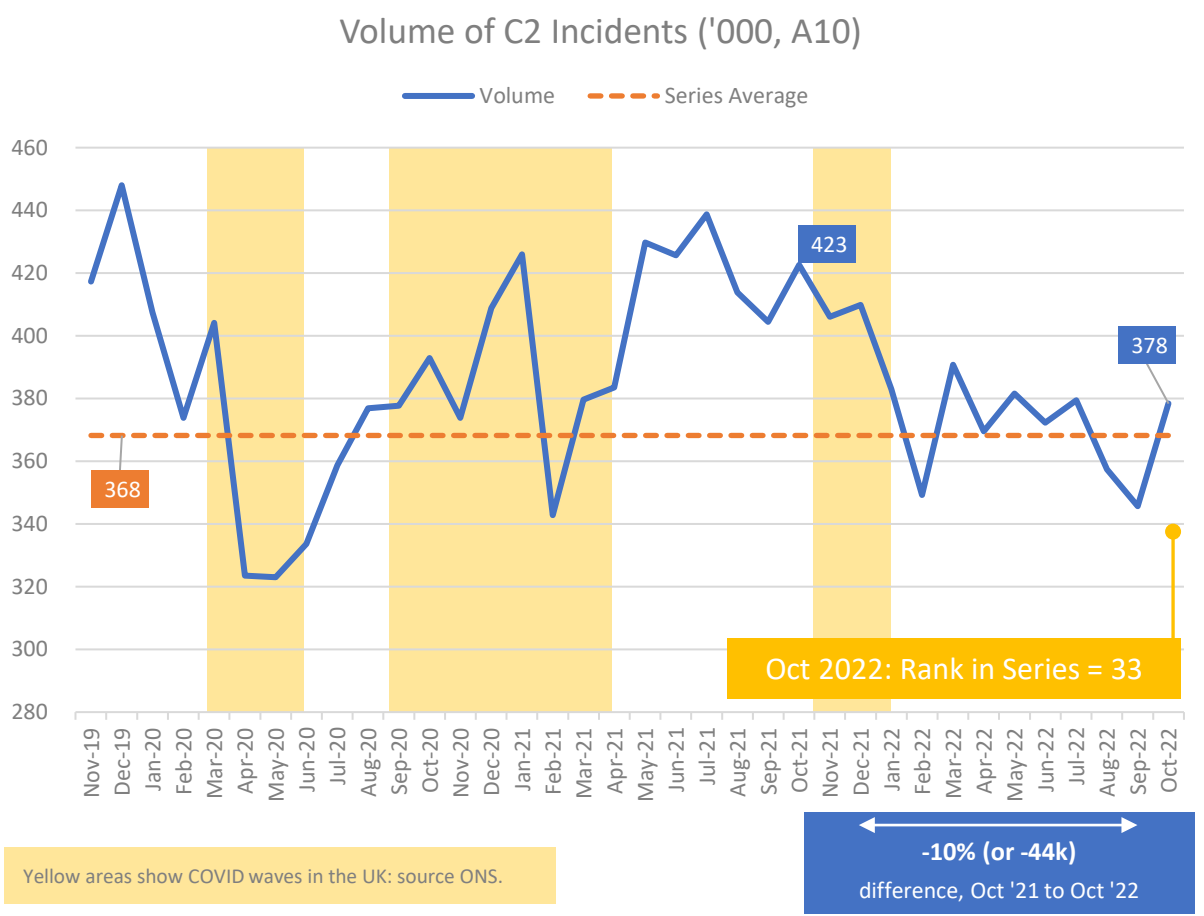
Volume of C1 Incidents in the 12 months to Oct (A8)



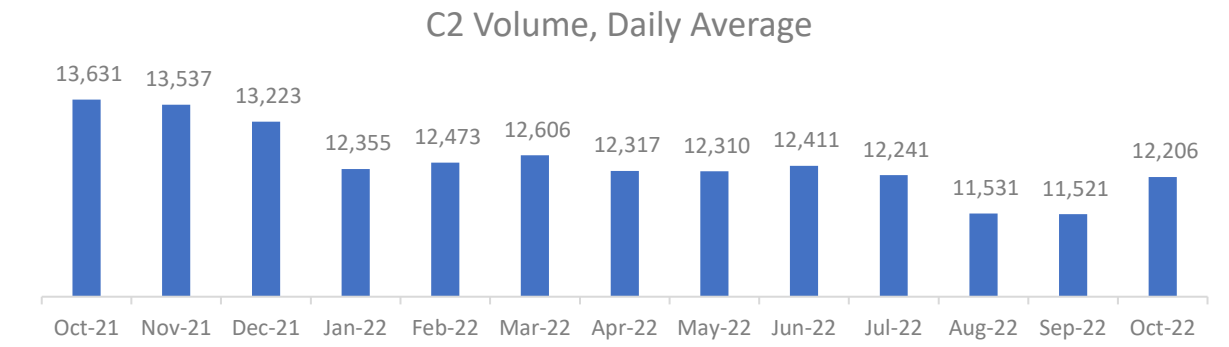
# 13. Demand: C2 Incidents (A10)

The increase in Cat 2 incidents between September and October was one of the steepest seen on record. There were 15k more incidents, taking the total to 378k. Although this is a long-way from the highest monthly volume of Cat 2 incidents, that change represented an increase in demand of 21% - only the second time this has happened since 2017 – the first being between February and March 2022.

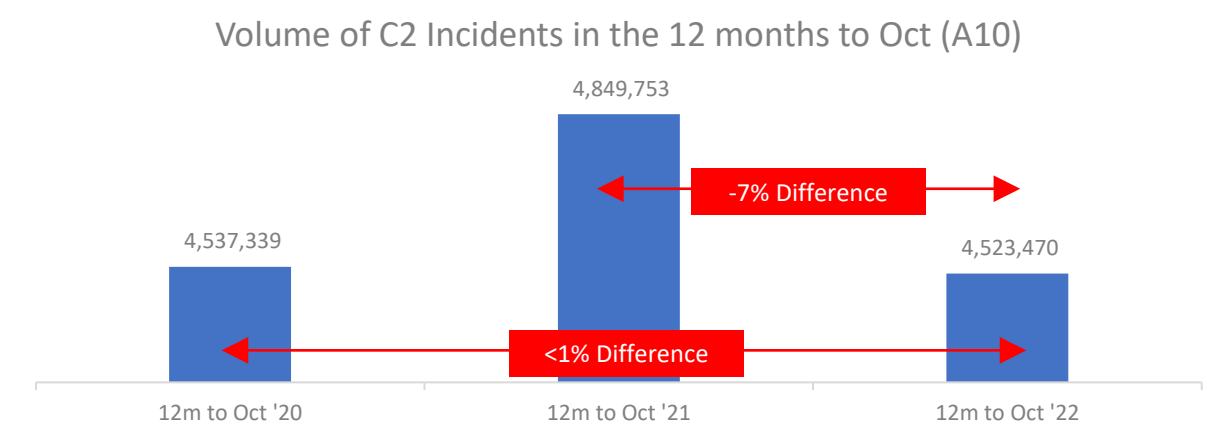
## 1. Monthly



## 2. Daily Average



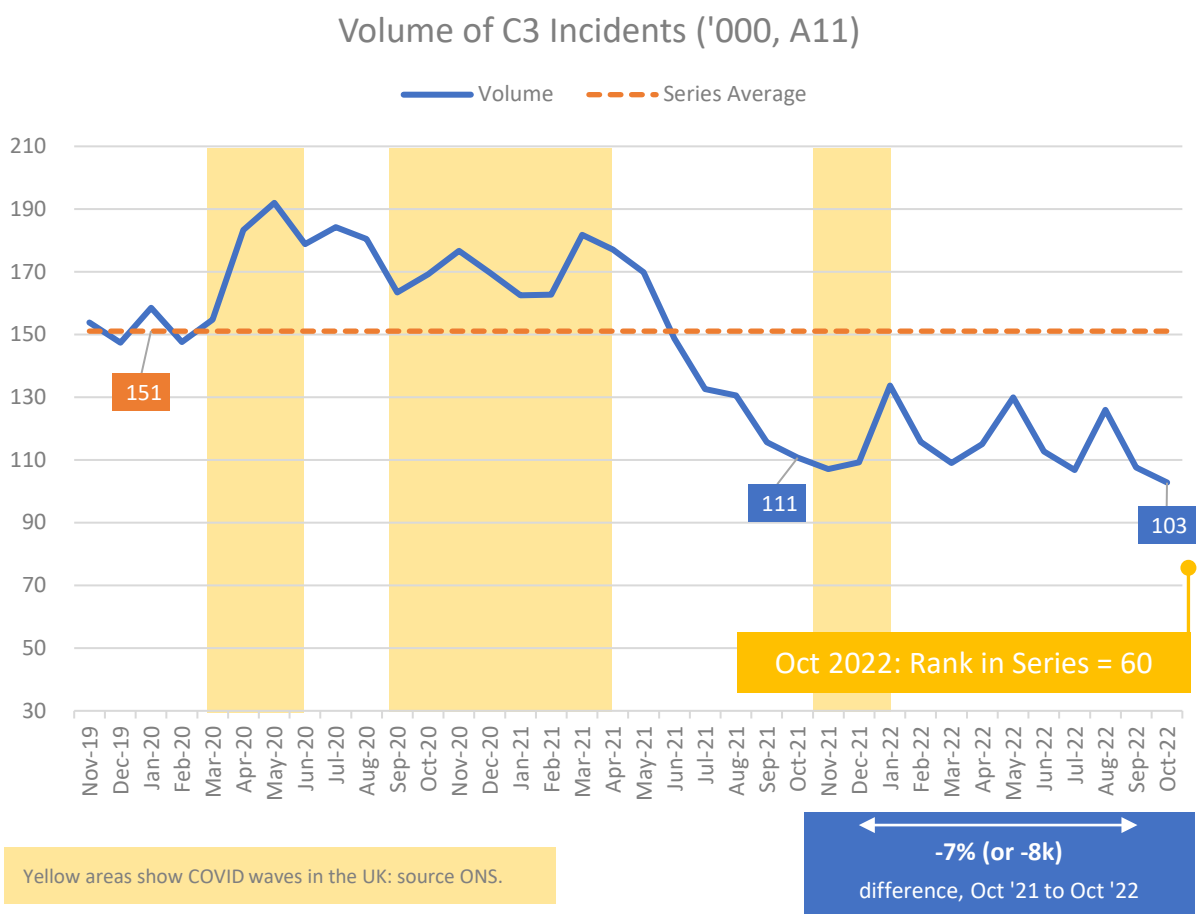
## 3. Annualised Data



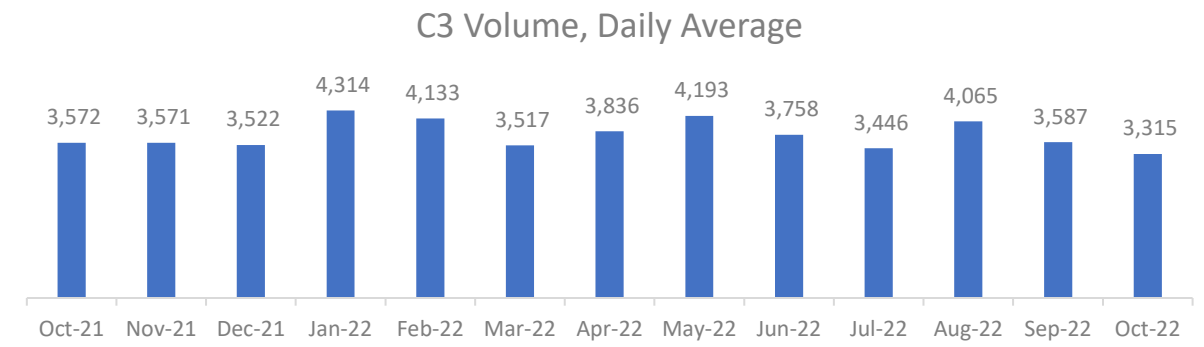
# 14. Demand: C3 Incidents (A11)

Volume of Cat 3 incidents reached their lowest to-date, with a decrease of 5k taking the total to 103k. Annually, there were around 650k fewer Cat 3 incidents in the 12 months to October 2022 compared with the same period in 2020.

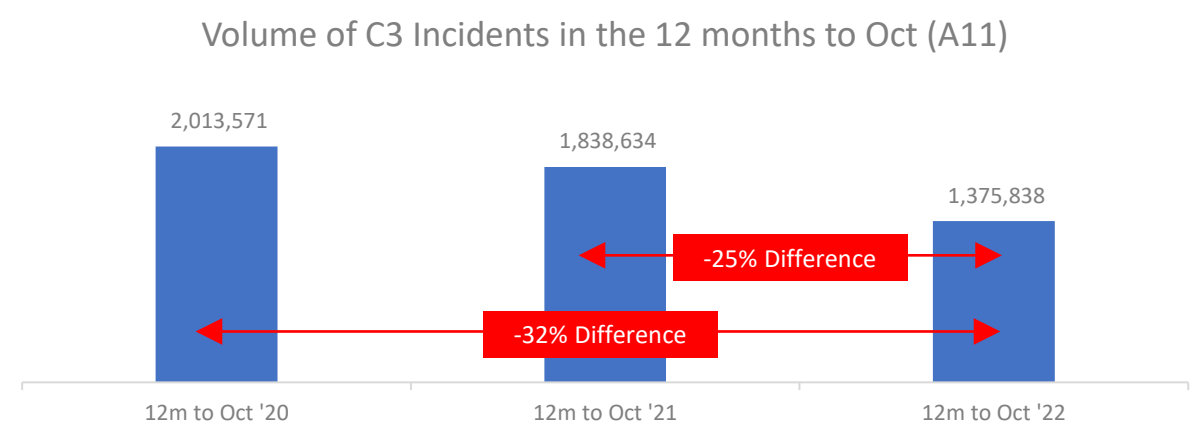
## 1. Monthly



## 2. Daily Average



## 3. Annualised Data

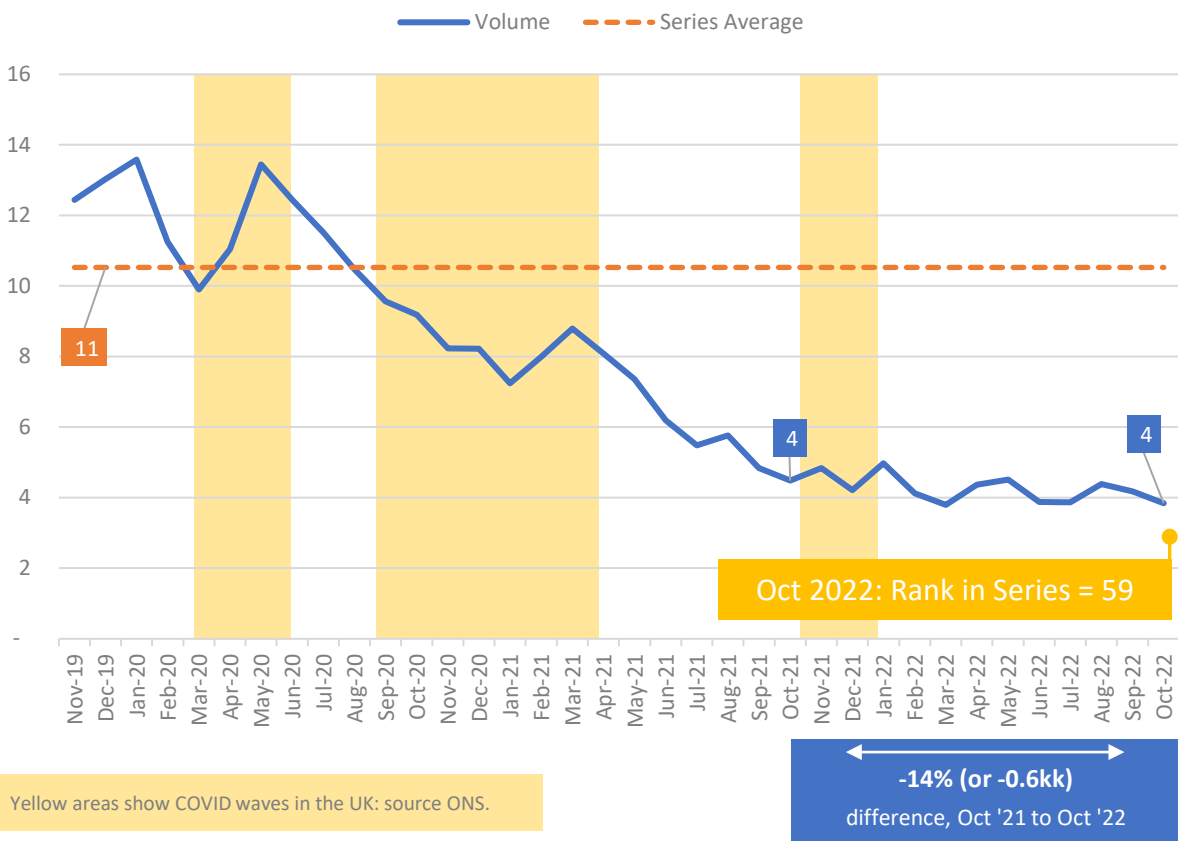


# 15. Demand: C4 Incidents (A12)

As with Cat 3 incidents, Cat 4 recorded one of the lowest monthly volumes today, averaging 125 incidents a day across the month. In the 12 months to October 2019 there were 178k Cat 4 incidents (not shown): the most recent 12 months have seen around a quarter of this volume.

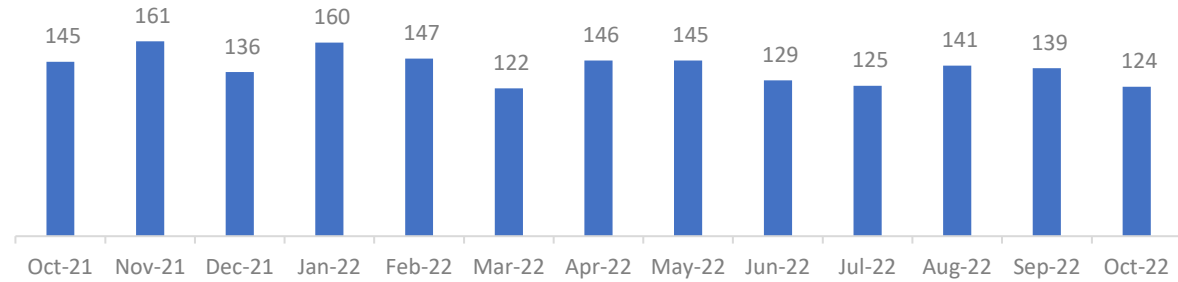
## 1. Monthly

Volume of C4 Incidents ('000, A12)



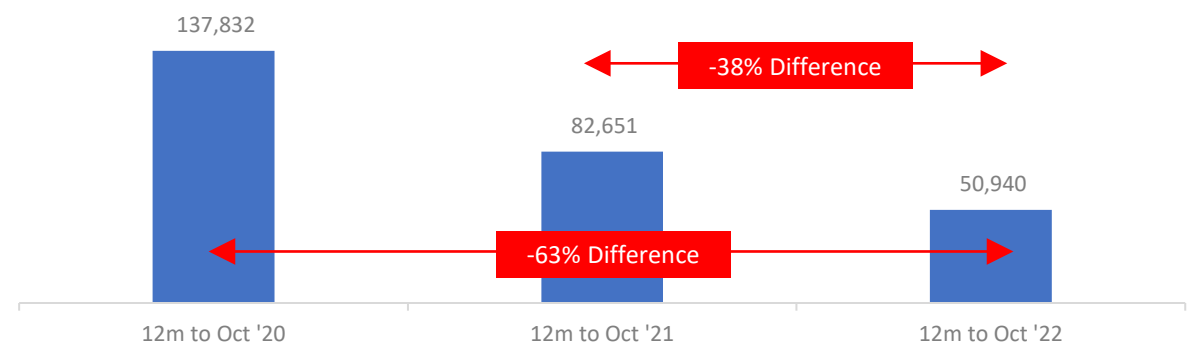
## 2. Daily Average

C4 Volume, Daily Average



## 3. Annualised Data

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

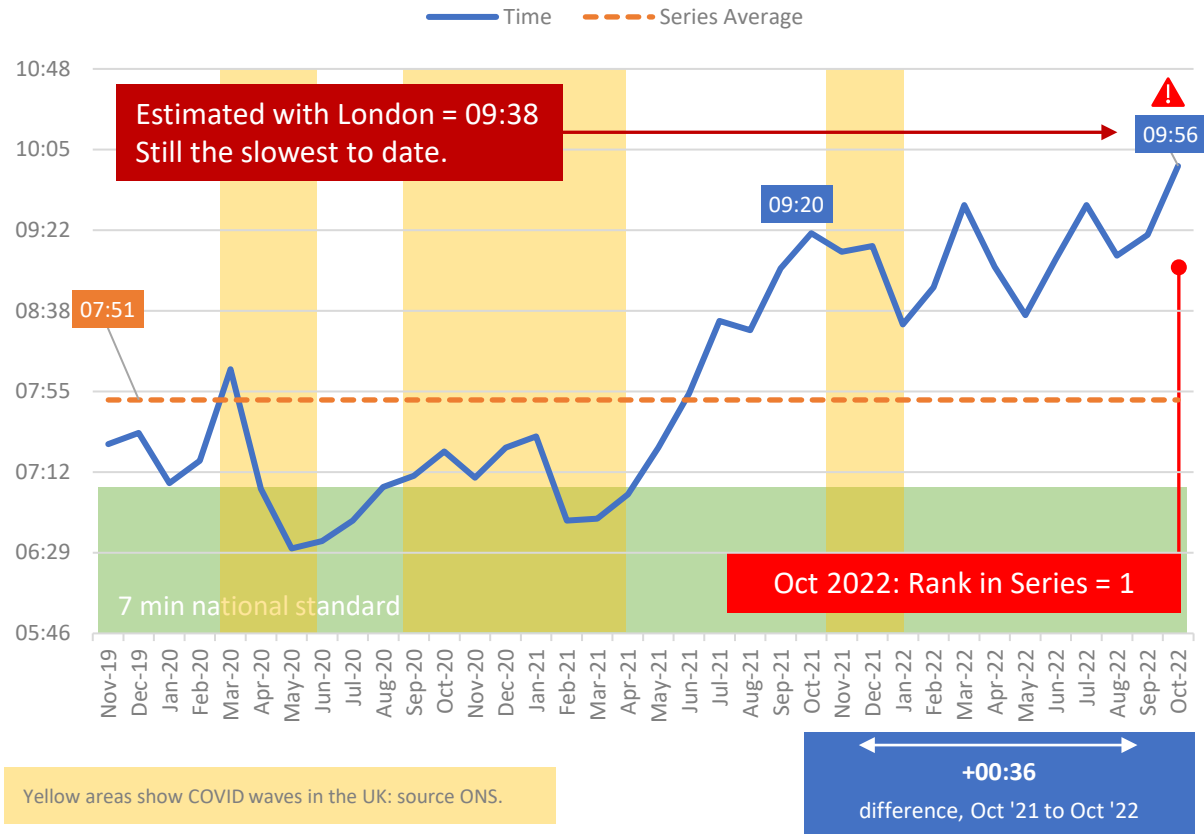


# 16. Demand: C1 Response Times (Measures A25 and A26)

Response-times for October do not include data for London, and should be treated with caution. London historically records faster responses, and so reduces the national average. Estimates suggest that, based on Cat 1 mean response times for the last 12 months, London reduces the national average by around 18 seconds. For October this would reduce the mean response to 09:38 – still the slowest to date (after 09:35 in March and July).

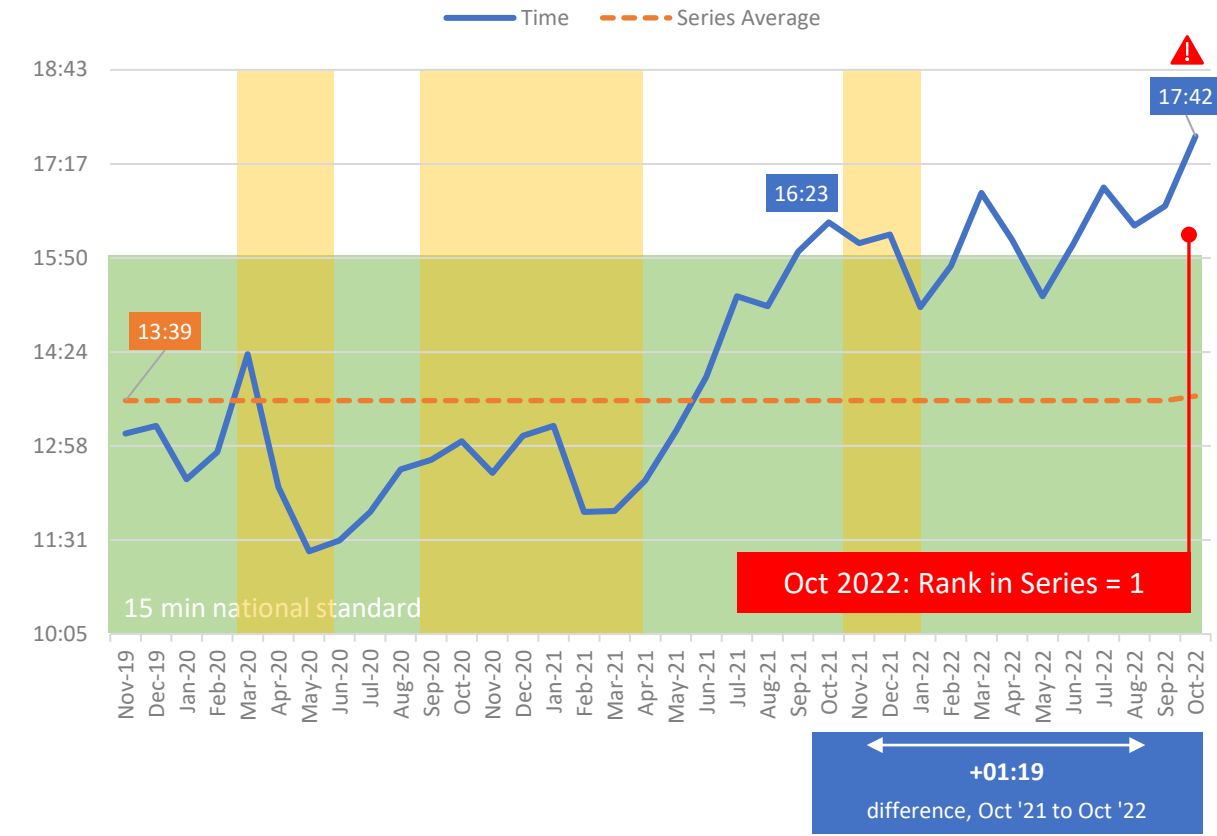
## 1. Mean – Example demonstrates impact of LAS on national data

Mean C1 Response Time (mm:ss, A25)



## 2. 90th Centile

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

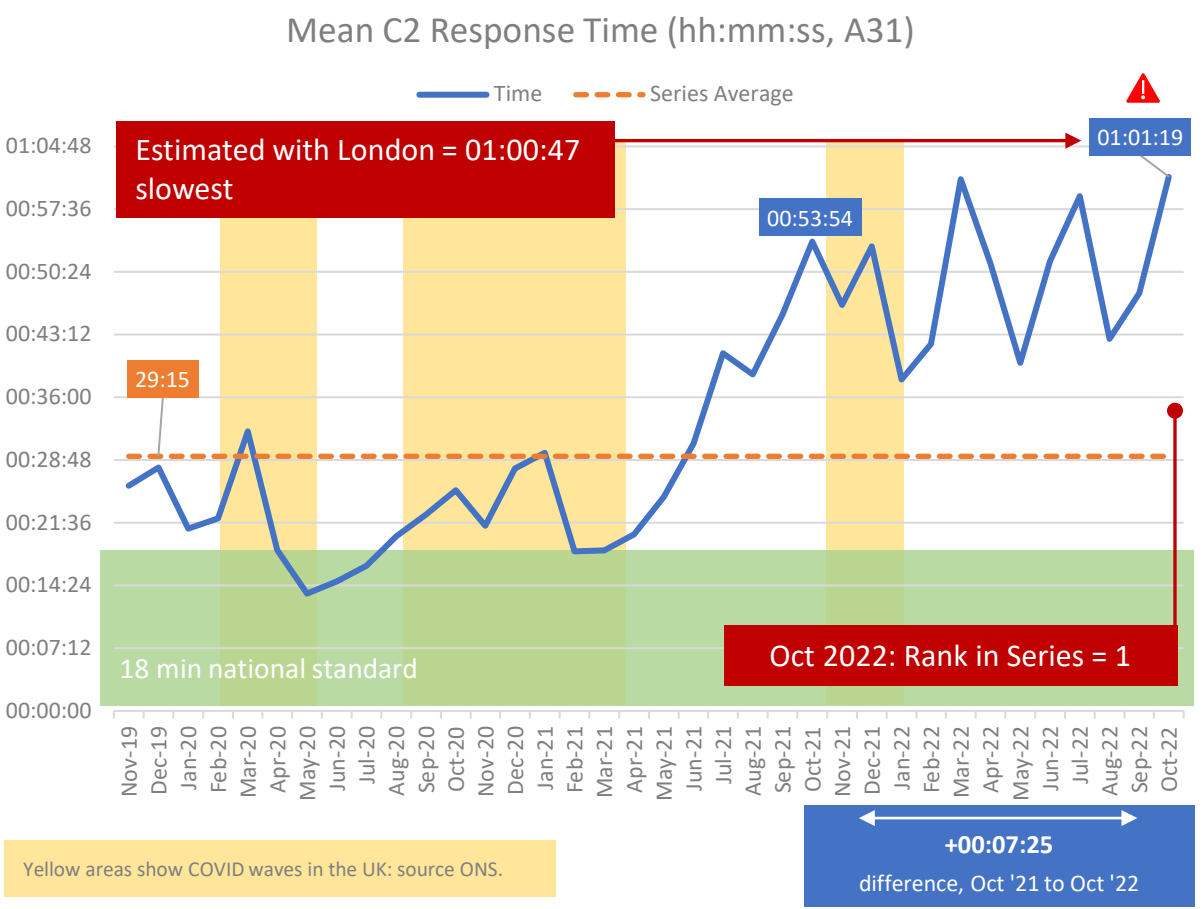




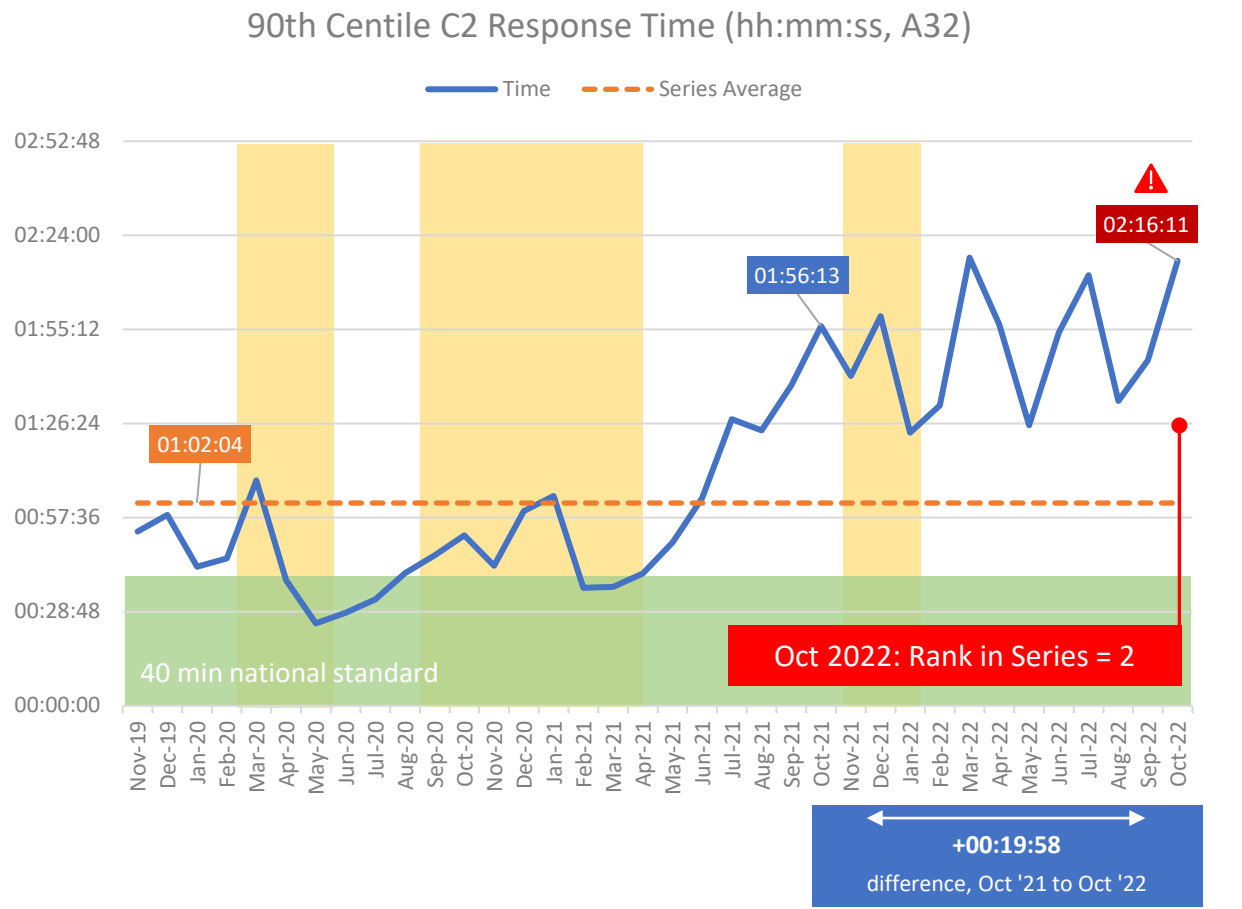
# 17. Demand: C2 Response Times (Measures A31 and A32)

All response-times for October do not include London, and as such should be treated with caution. As with the Cat 1 mean, London's response times reduce the national average. Estimates suggest that, based on Cat 2 mean response times for the last 12 months, London reduces the national average by around 32 seconds. For October this would reduce the mean to 01:00:47 – the second slowest to date (after 01:01:03 in March).

## 1. Mean – Example demonstrates impact of LAS on national data



## 2. 90<sup>th</sup> Centile

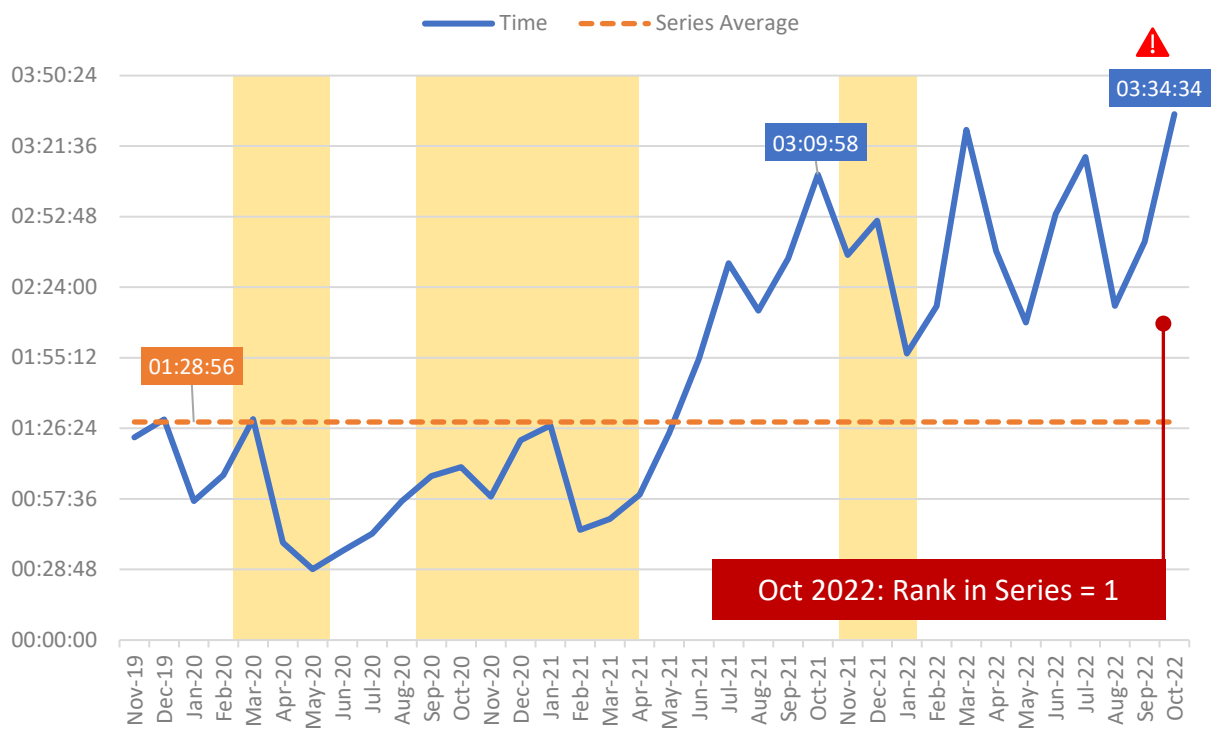


# 18. Demand: C3 Response Times (Measures A34 and A35)

All response-times for October do not include London, and as such should be treated with caution. London has historically recorded faster response times, and so brings down the national average.

## 1. Mean

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

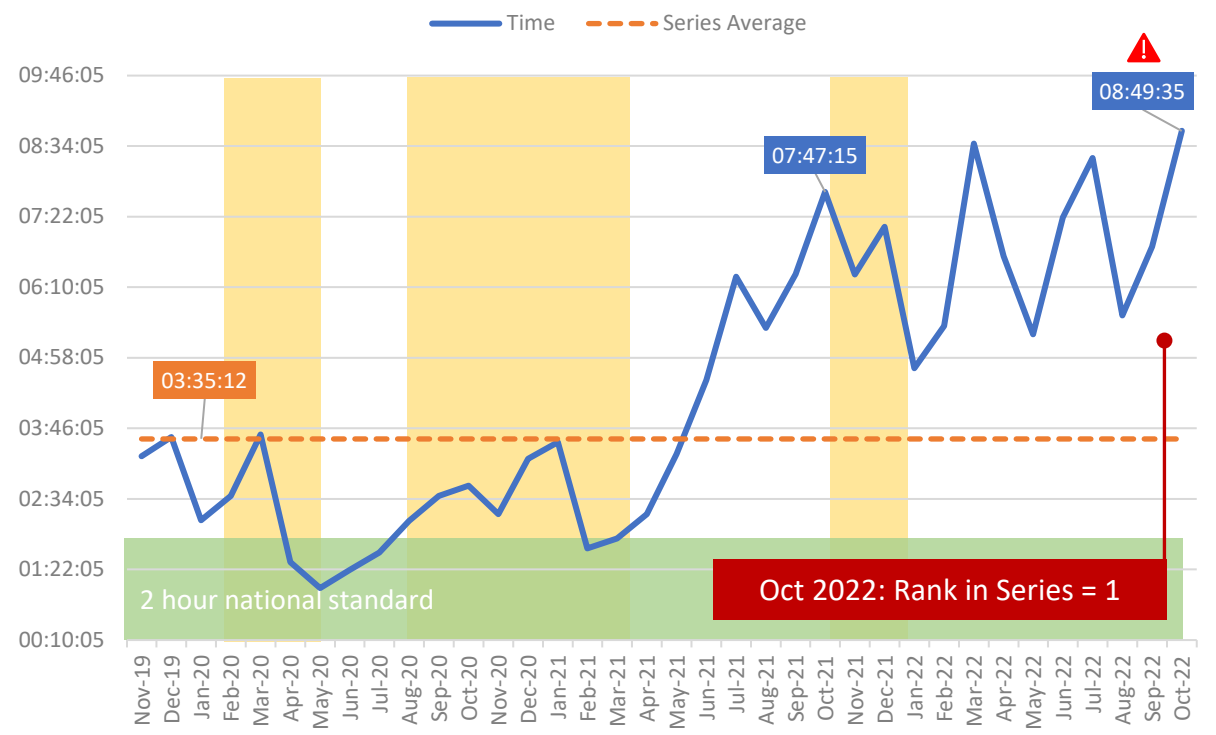


Yellow areas show COVID waves in the UK: source ONS.

+00:24:36  
difference, Oct '21 to Oct '22

## 2. 90th Centile

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



+01:02:20  
difference, Oct '21 to Oct '22

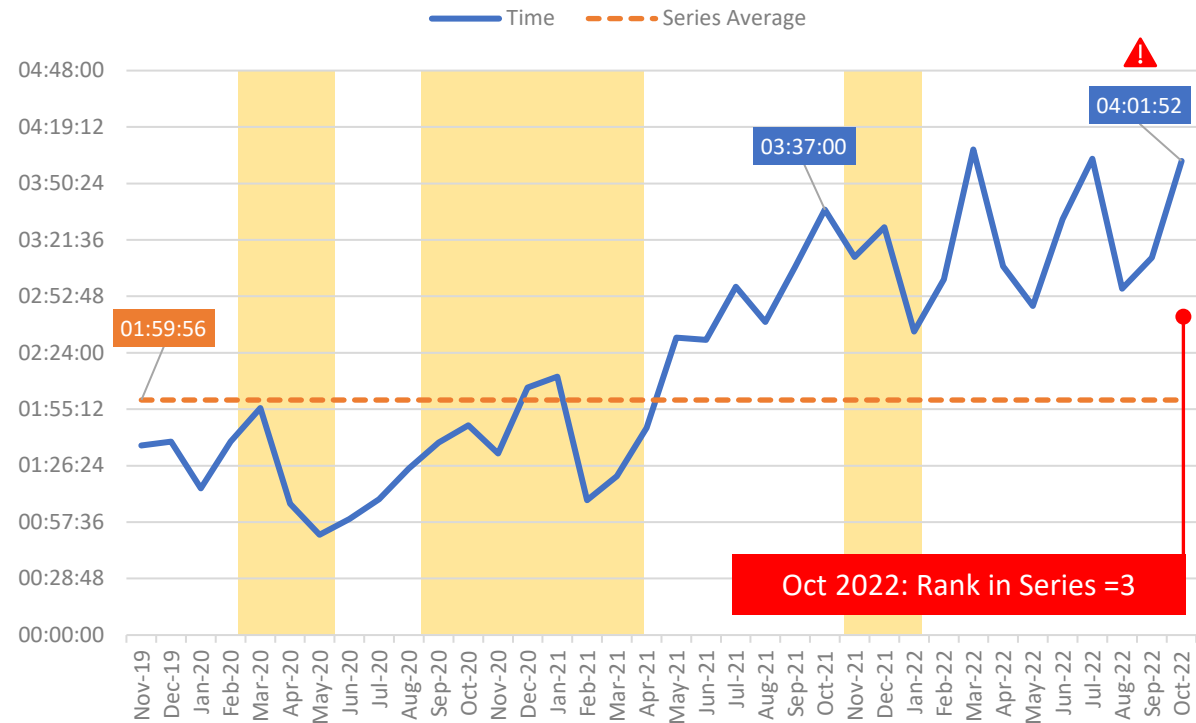


# 19. Demand: C4 Response Times (Measures A37 and A38)

All response-times for October do not include London, and as such should be treated with caution. London has historically recorded faster response times, and so brings down the national average.

## 1. Mean

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



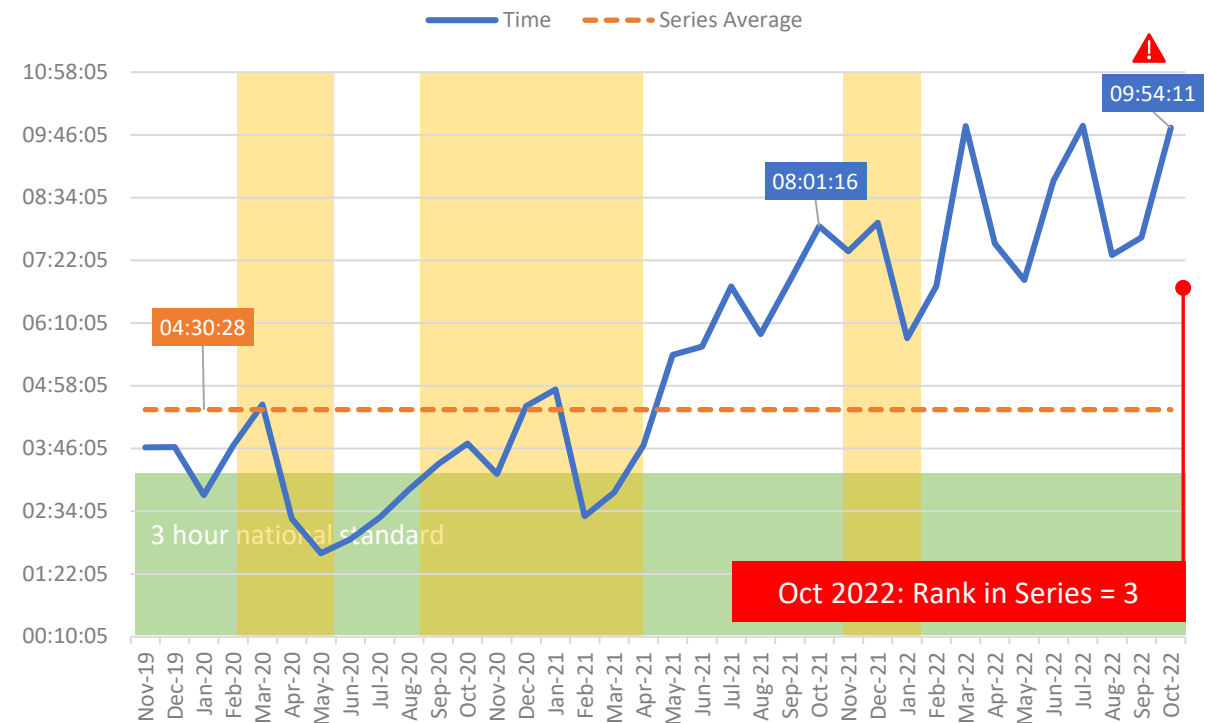
Yellow areas show COVID waves in the UK: source ONS.

+00:24:52

difference, Oct '21 to Oct '22

## 2. 90<sup>th</sup> Centile

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



+01:52:55

difference, Oct '21 to Oct '22



# Section 3

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## Incidents by Response Outcome

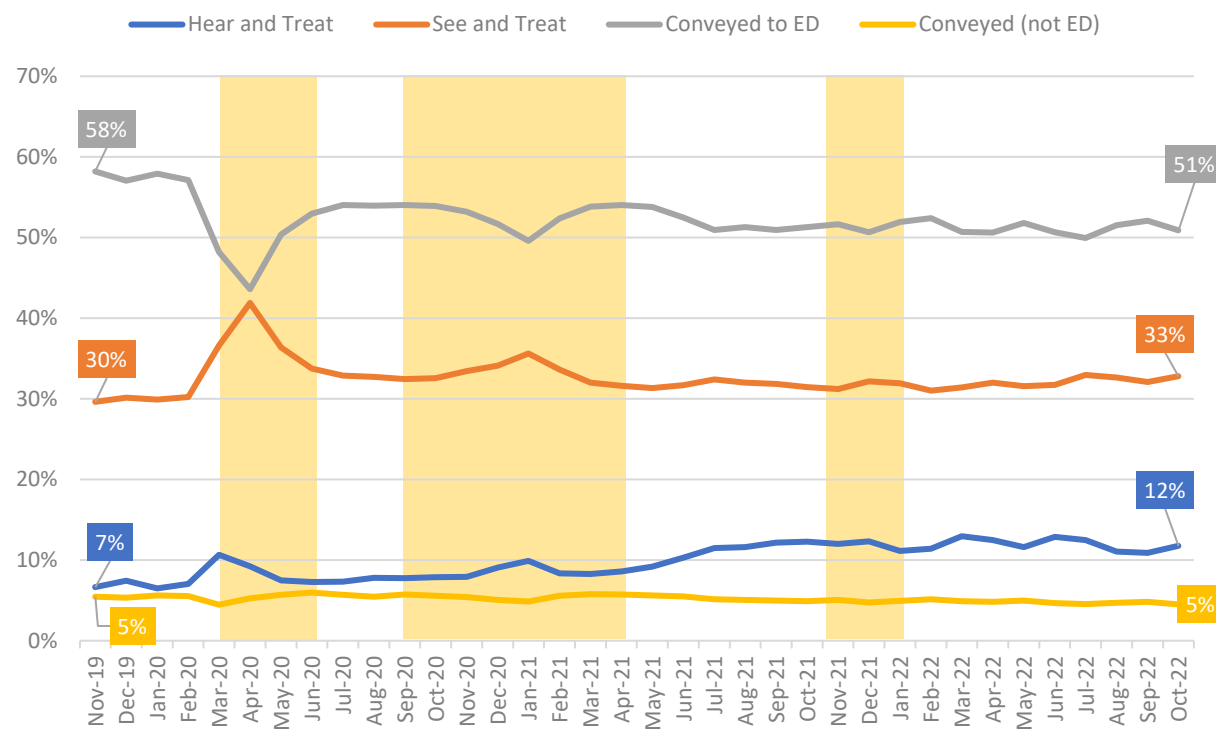
- [Share of Incidents by Response Outcome](#)
- [Hear and Treat](#)
- [Face to Face](#)
- [See and Treat](#)
- [Incidents with Transport to ED](#)
- [Incidents not with Transport to Destination other than ED](#)

# 21. Share of Incidents by Response Outcome

The proportion of “Hear-and-Treat” (and “See-and-Treat”) incidents increased slightly in October, while conveyance to ED decreased. This change is more notable in the annualised data, where “Hear-and-Treat” has doubled its share over the past few years.

## 1. Time Series (monthly, from Oct 2019)

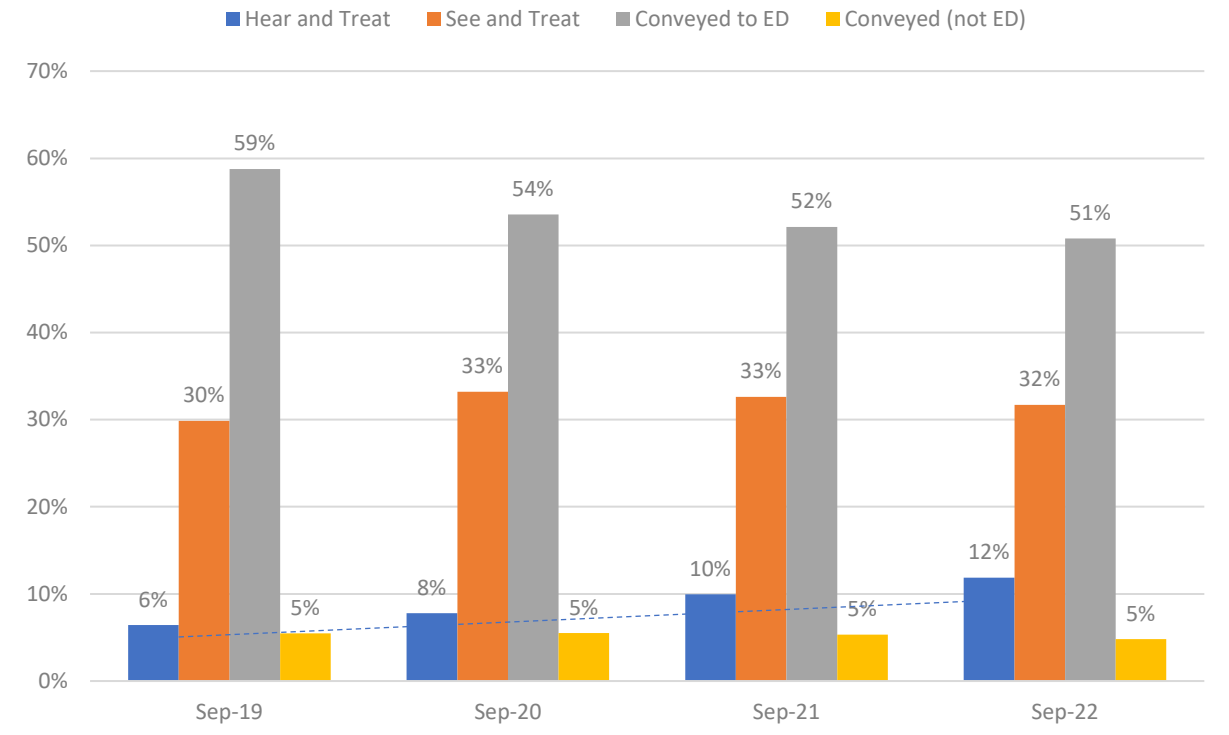
Incident Outcome (Share of all incidents)



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

## 2. Annualised Data

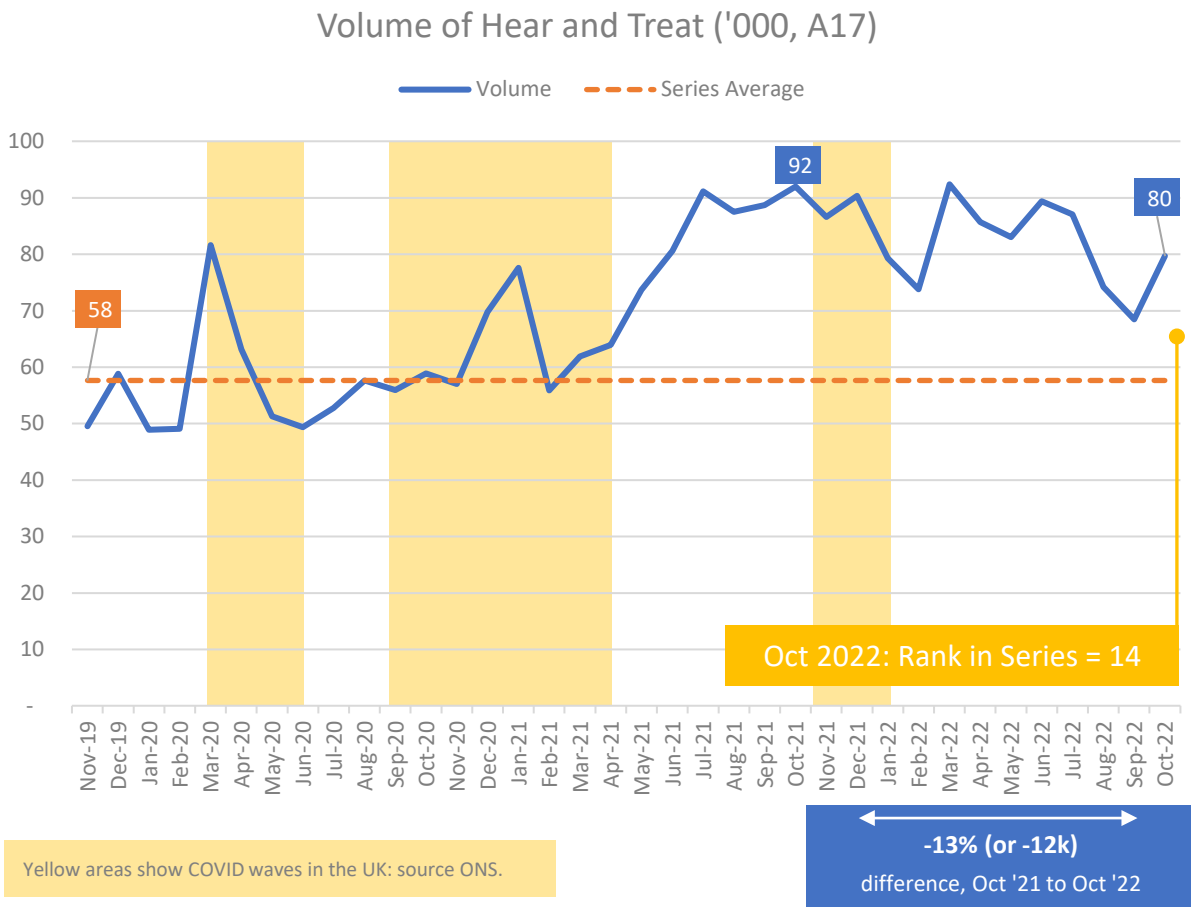
Share of all incidents (12m to Oct)



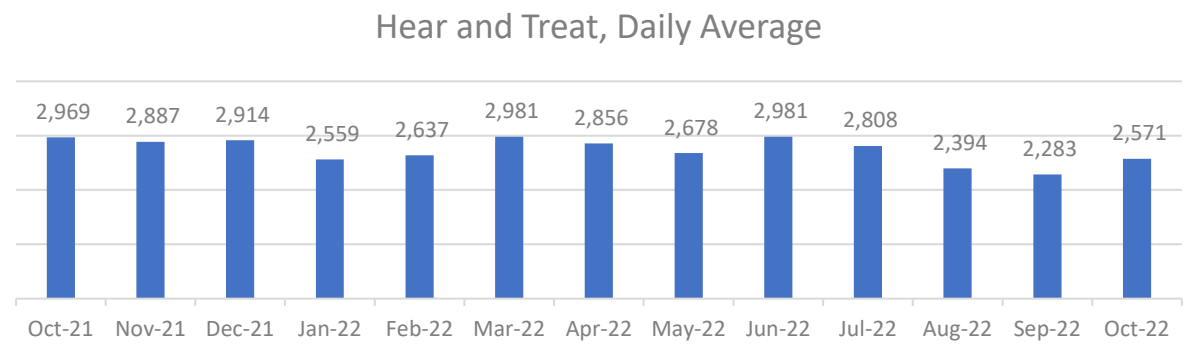
# 22. Hear and Treat (measure A17)

“Hear-and-Treat” responses increased to 80k in October 2022, 12k fewer than the same month last year. However, annualised data show the growth of this response category, with over 300k more in the most recent period than the same time in 2020.

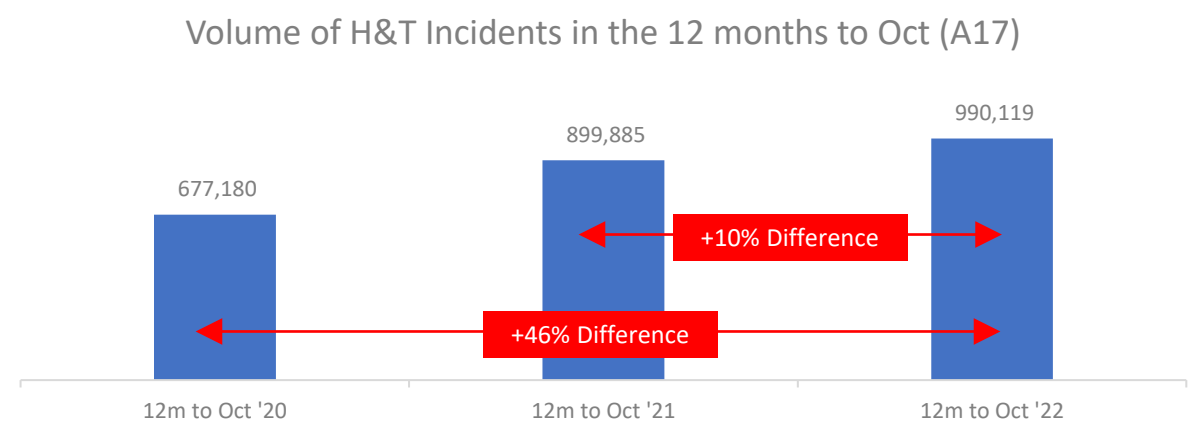
## 1. Monthly



## 2. Daily Average



## 3. Annualised Data

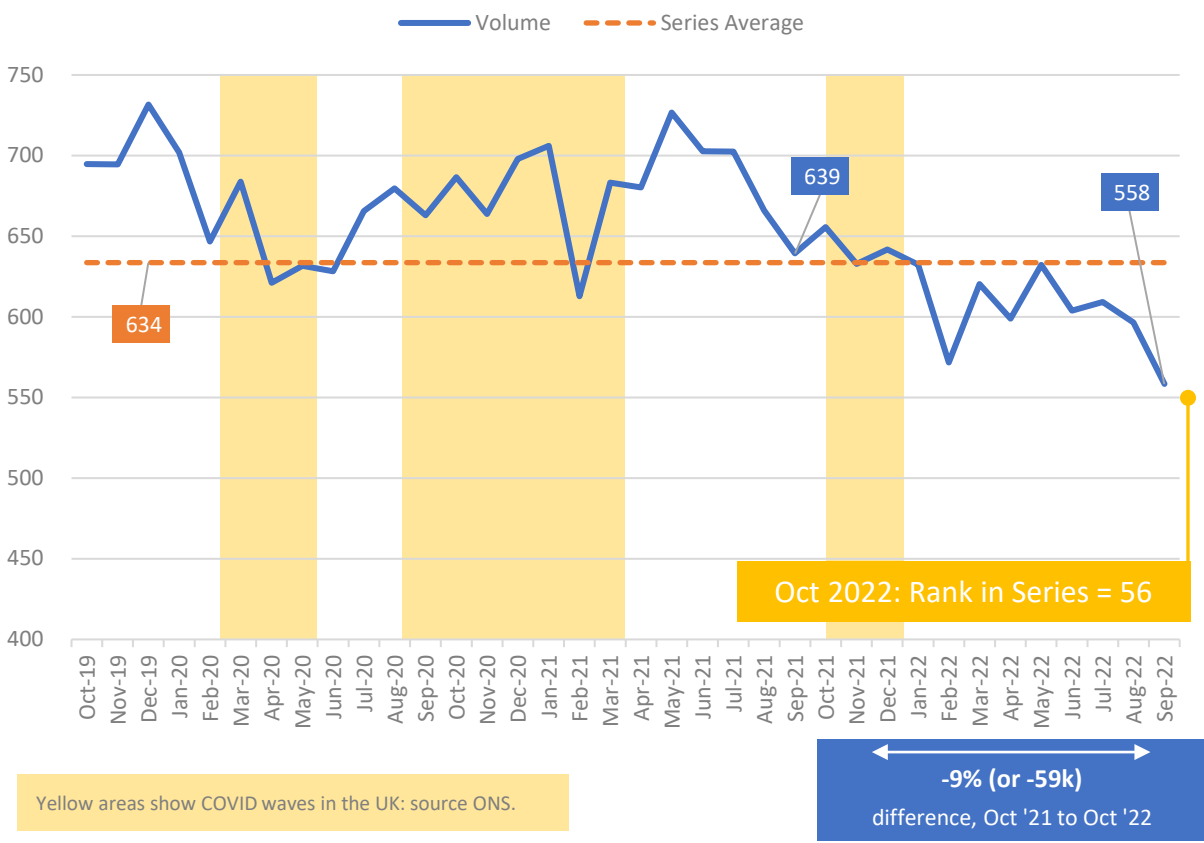


# 23. Face to Face (measure A56)

“Face-to-Face” responses are decreasing in volume – although still account for a clear majority of responses. There were 59k fewer “Face-to-Face” responses in October 2022 than the same month last year.

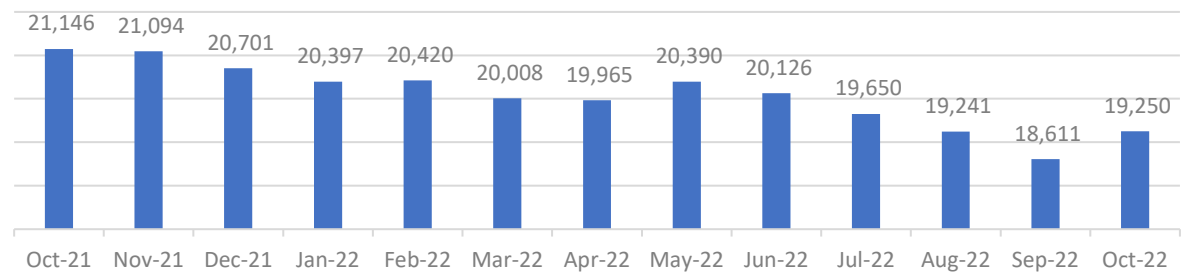
## 1. Monthly

Volume of F2F Responses ('000, A56)



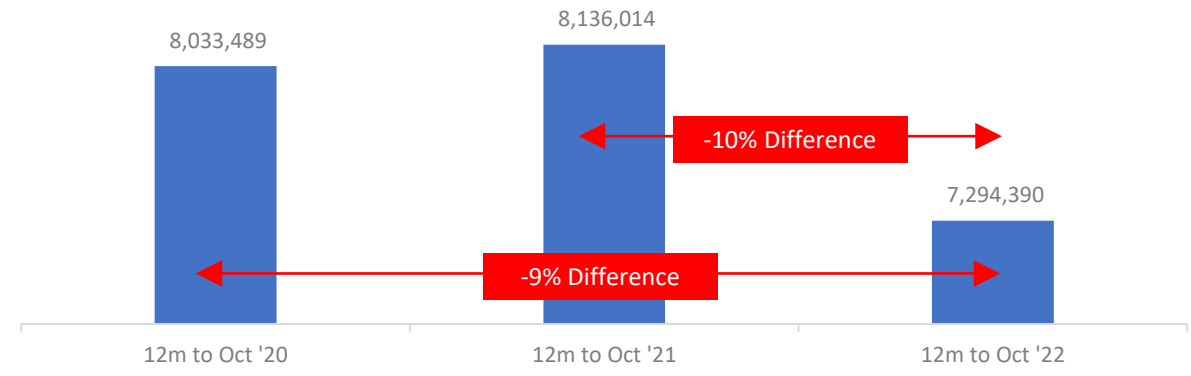
## 2. Daily Average

F2F, Daily Average



## 3. Annualised Data

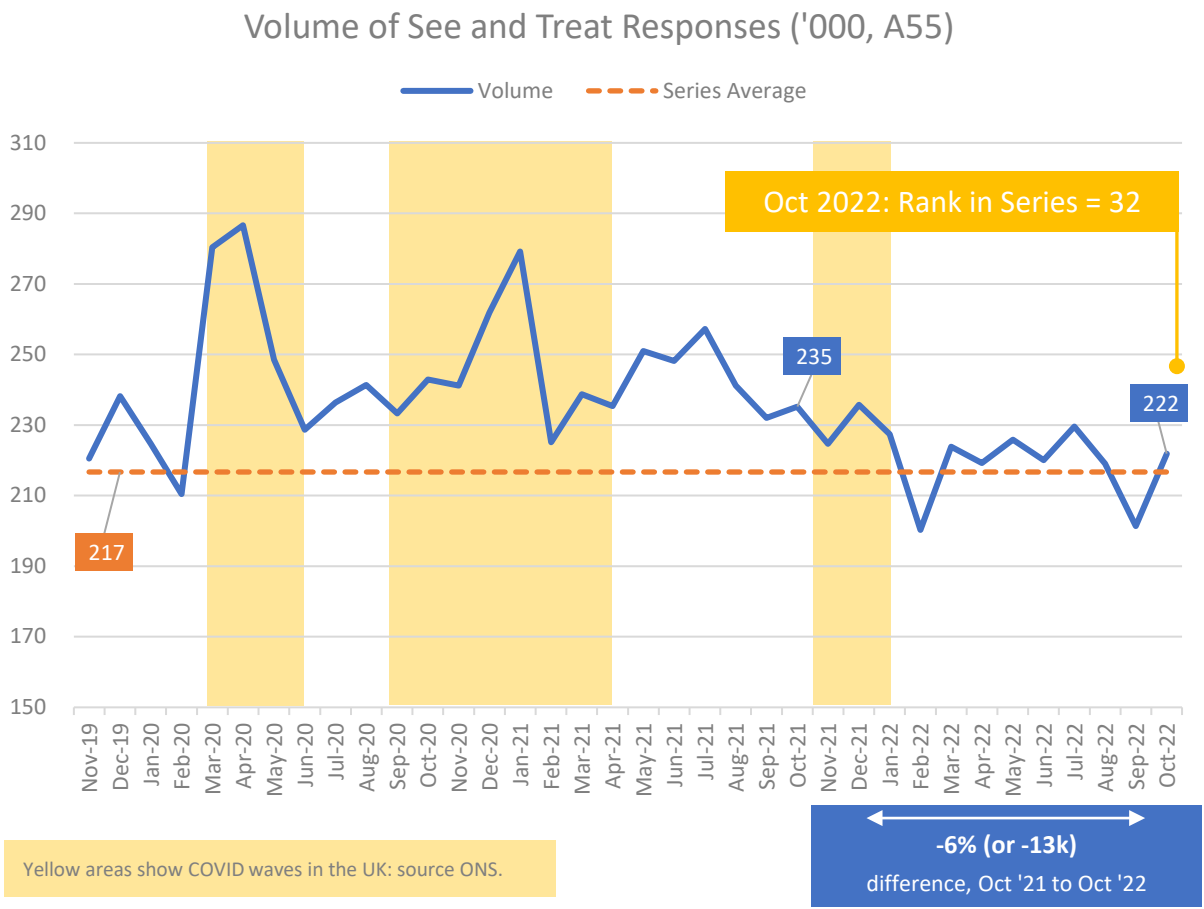
Volume of F2F Incidents in the 12 months to Oct (A56)



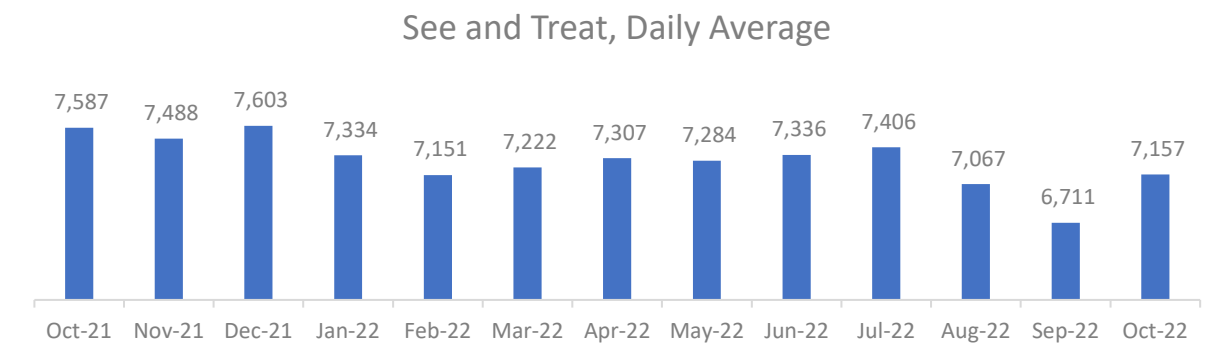
# 24. See and Treat (measure A55)

Although there were 13k fewer incidents than the same month last year, “See-and-Treat” responses increased in October 2022, with 21k more recorded than in September (and a notable boost to the daily average across the month).

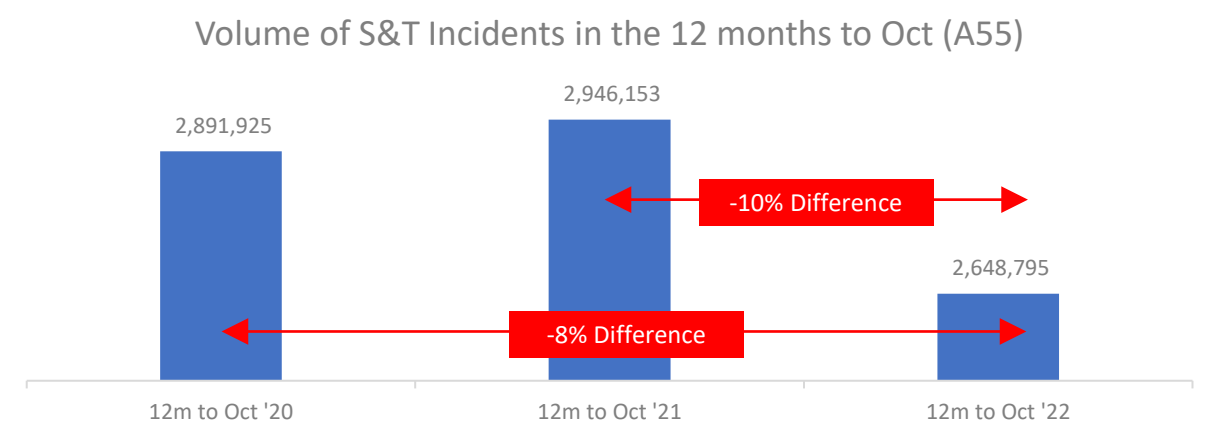
## 1. Monthly



## 2. Daily Average



## 3. Annualised Data

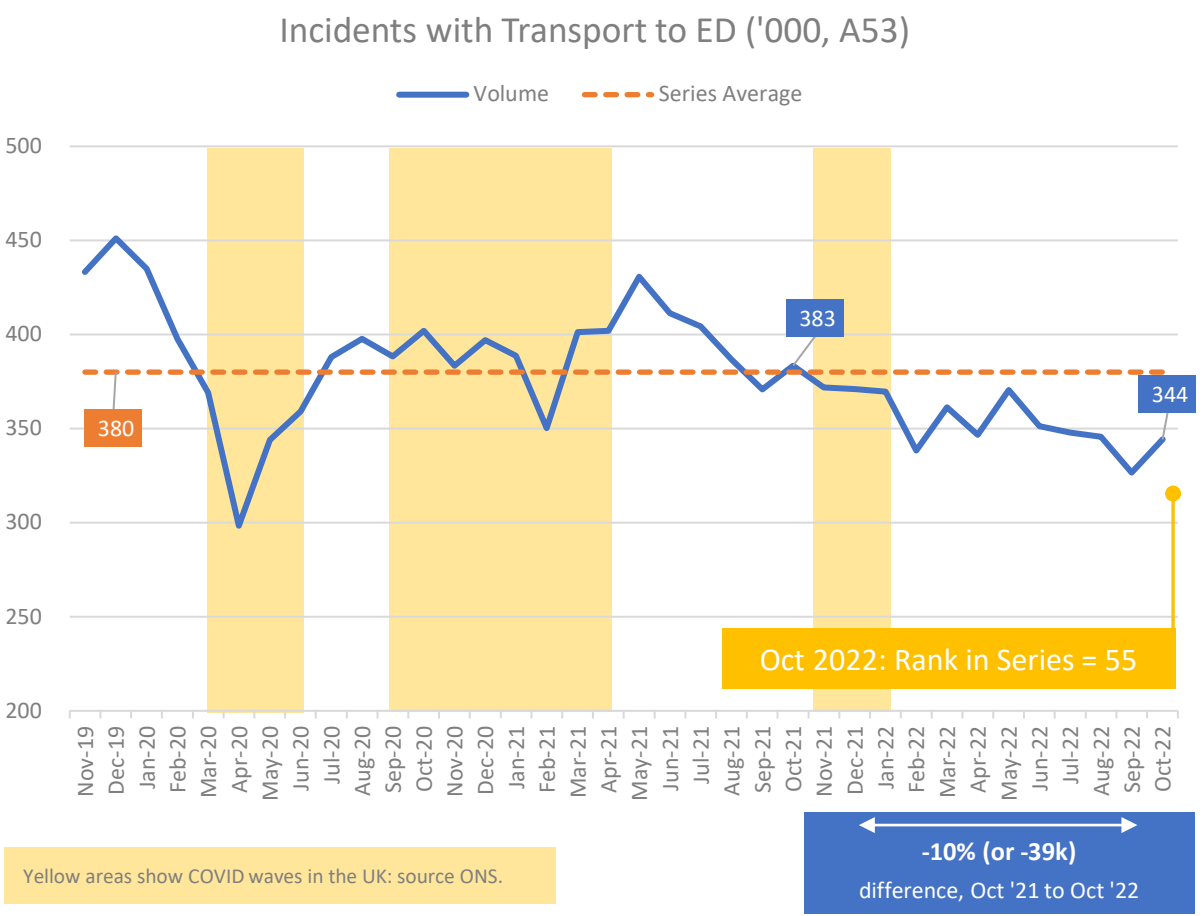




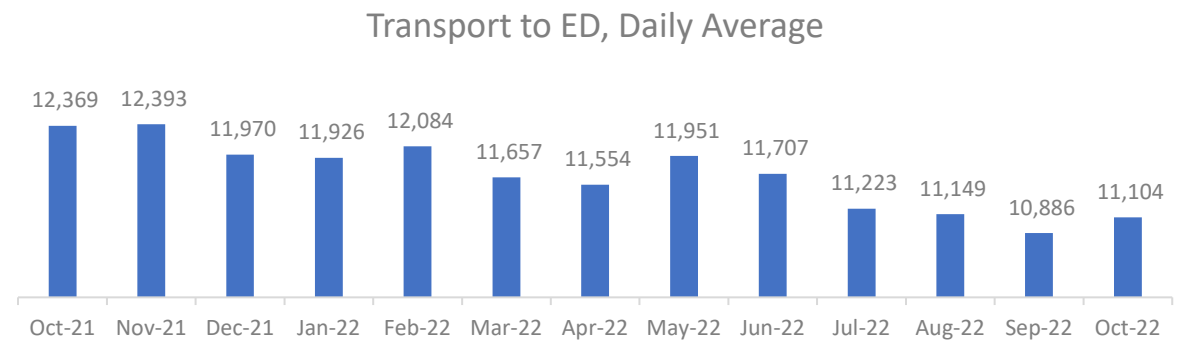
# 25. Transport to Emergency Departments (measure A53)

Transport to Emergency Departments increased for the first time since May 2022, with 344k incidents across the month. The long-term trend continues to show a decrease in the proportion of these responses (as seen on page 21).

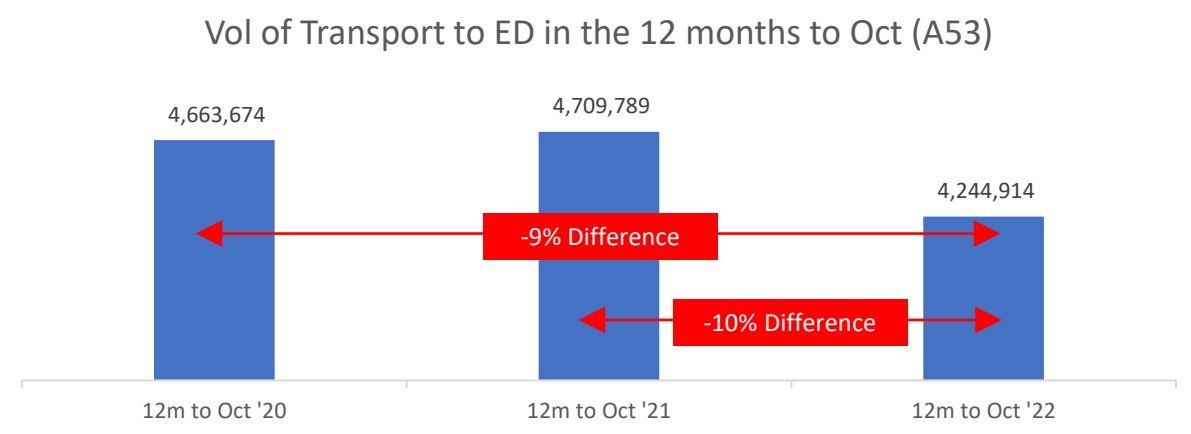
## 1. Monthly



## 2. Daily Average



## 3. Annualised Data

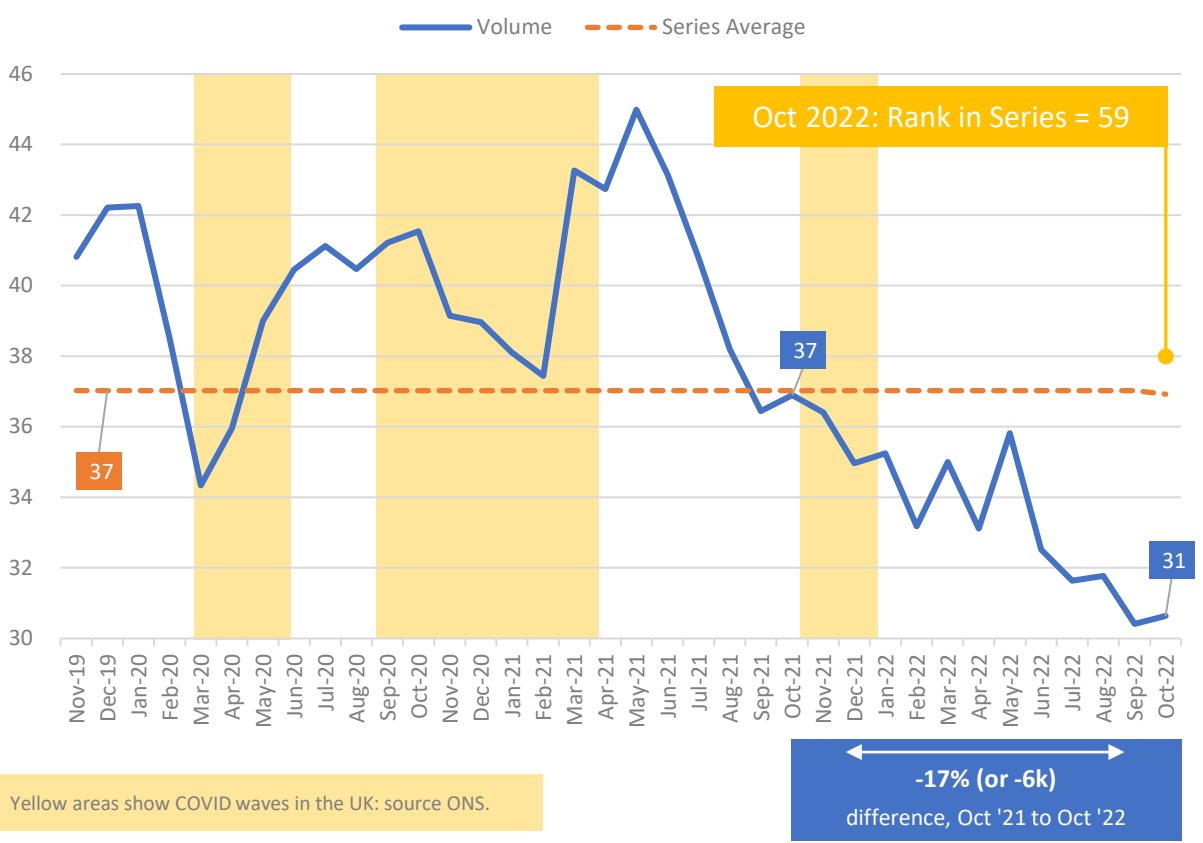


# 26. Transported to Destination other than ED (measure A54)

Volume of patients conveyed to destinations other than ED increased marginally in October 2022. However, the daily average decreased to 988 – the lowest volume to date.

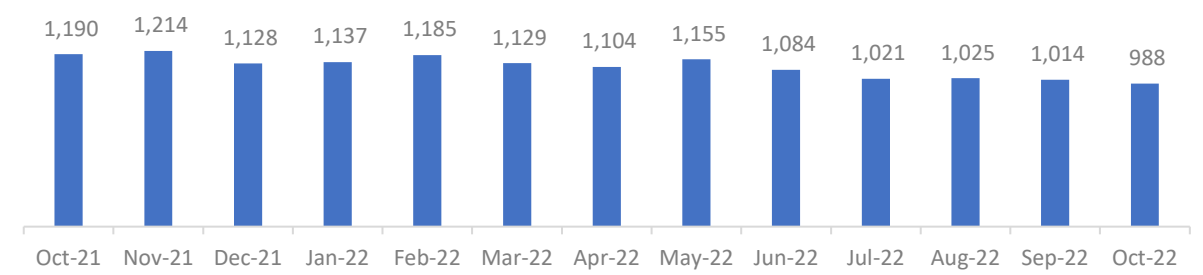
## 1. Monthly

Transport to Destination not ED ('000, A54)



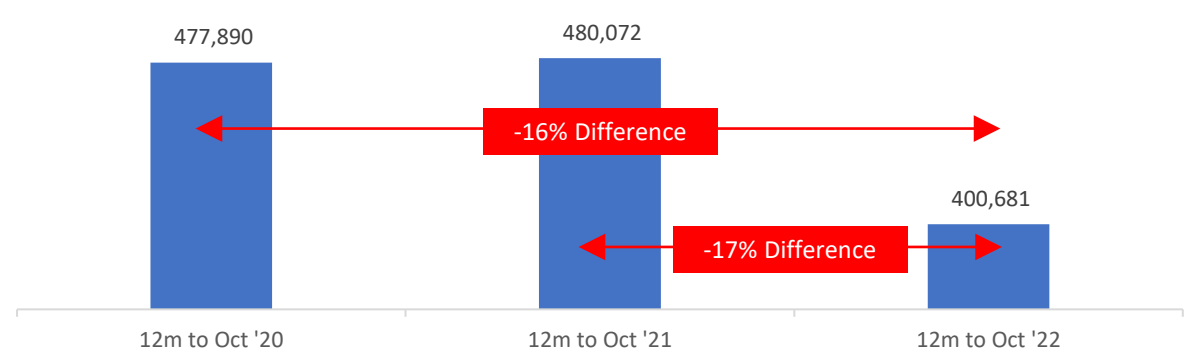
## 2. Daily Average

Vol of Transport/ Not ED, Daily Average



## 3. Annualised Data

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



# Section 4

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## Patient Handover Delays

- [Average Handover Times and Delays as Proportion of All Handovers](#)
- [Handover Delays Over 15 Minutes](#)
- [Handover Delays Over 60 Minutes](#)
- [Handover Delays Over 120 Minutes](#)
- [Handovers Longer Than Three Hours](#)
- [Impact on Patients and Crew](#)
- [Managing Hospital Handovers – Effective Interventions: Walsall Healthcare NHS Trust](#)
- [Supplementary Handover Data](#)

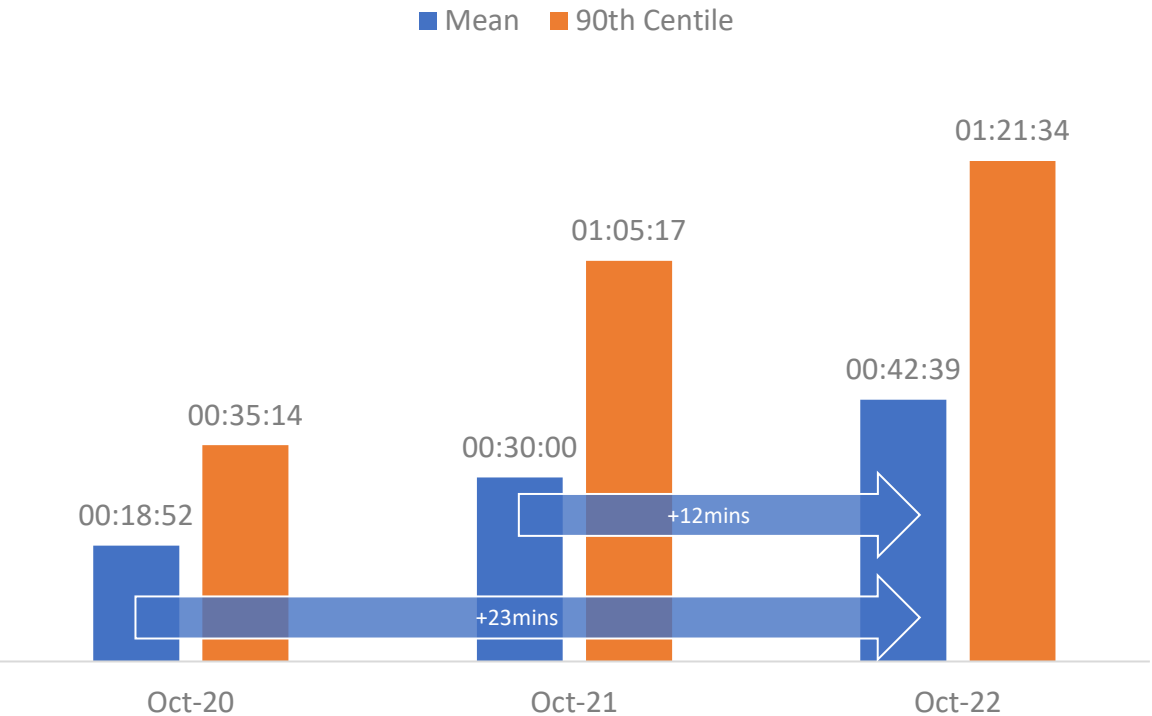
# 28. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)



The average (mean) handover time has doubled since October 2020 and currently stands at over 42 minutes: the 90<sup>th</sup> centile time has more than doubled over the same period (to 1 hour 21 minutes today). Half of handovers exceeded 15 minutes in October 2020, increasing to 71% today, while the proportion of handovers exceeding 60 minutes has increased six-fold over the same period.

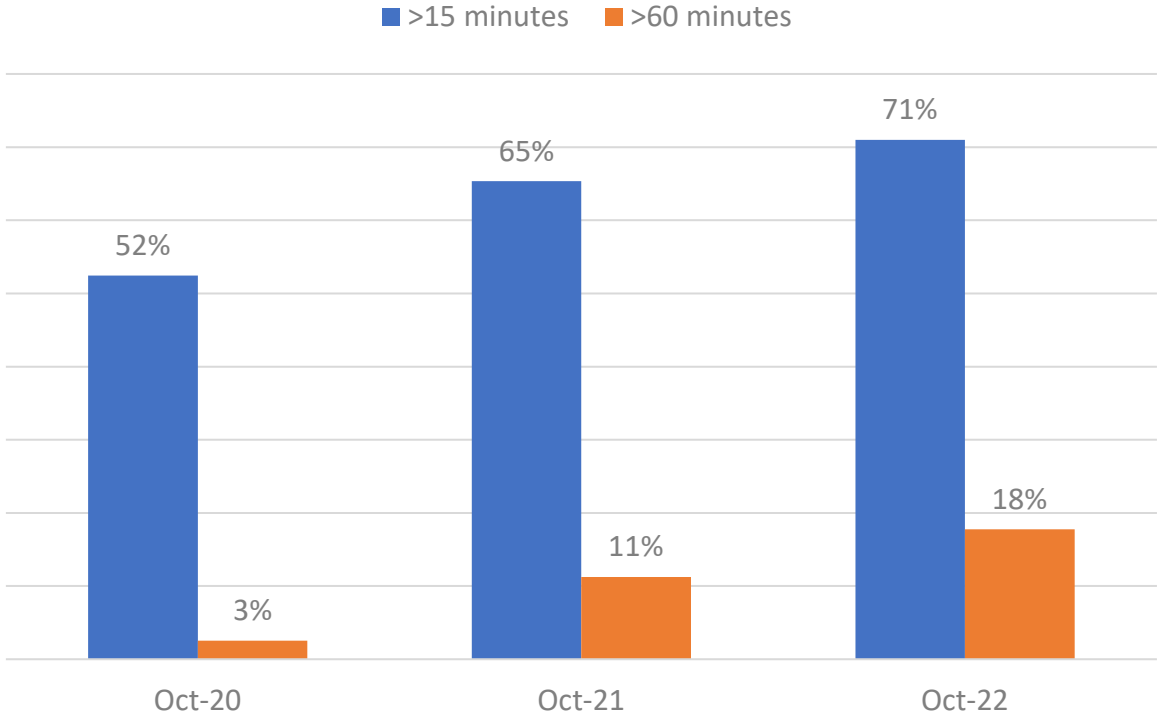
## 1. Mean and 90<sup>th</sup> Centile Handover Times

Mean and 90th Centile Handover Time (hh:mm:ss)



## 2. P

Handover Delays as % of All Handovers

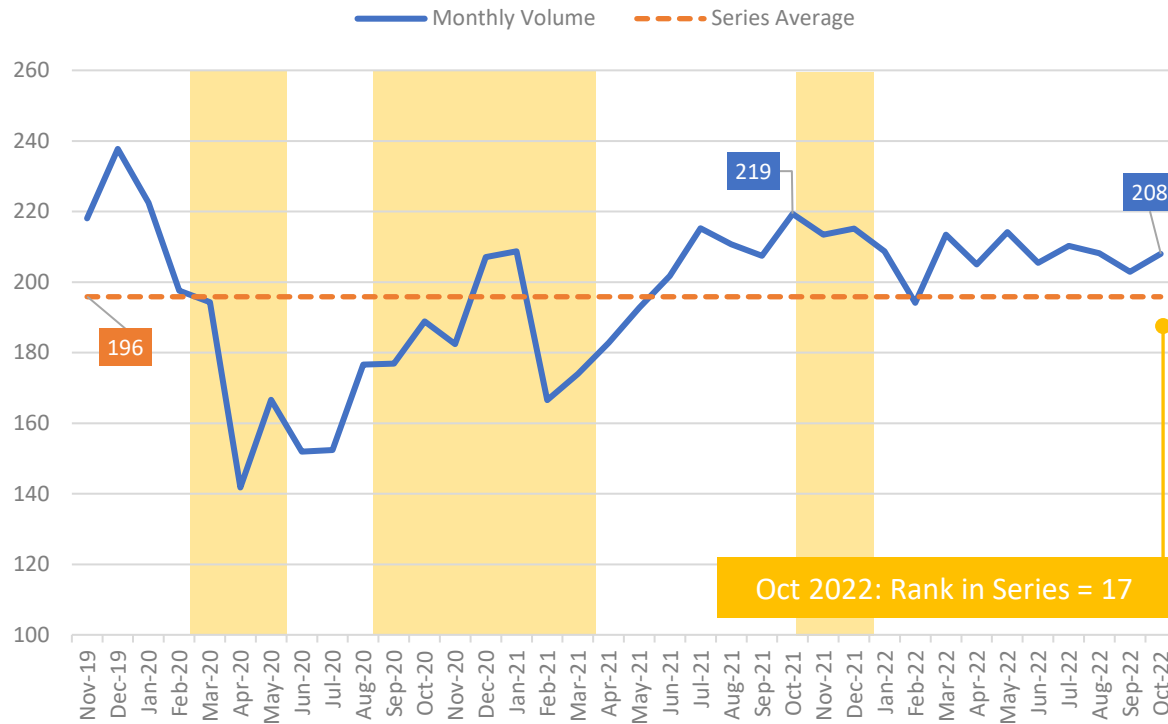


# 29. Patient Handover Delays over 15 Minutes (source, NAIG)

The overall volume of patient handover delays continue to remain relatively steady, trending just above the series average with an increase of 5k between September and October 2020. However, the hours lost to handover delays reached its highest level to date in October 2022 with 169k hours lost in total – an increase of 52k compared with October 2021, and exceeding the previous high of 152k hours by some margin.

## 1. Delays over 15 Minutes

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

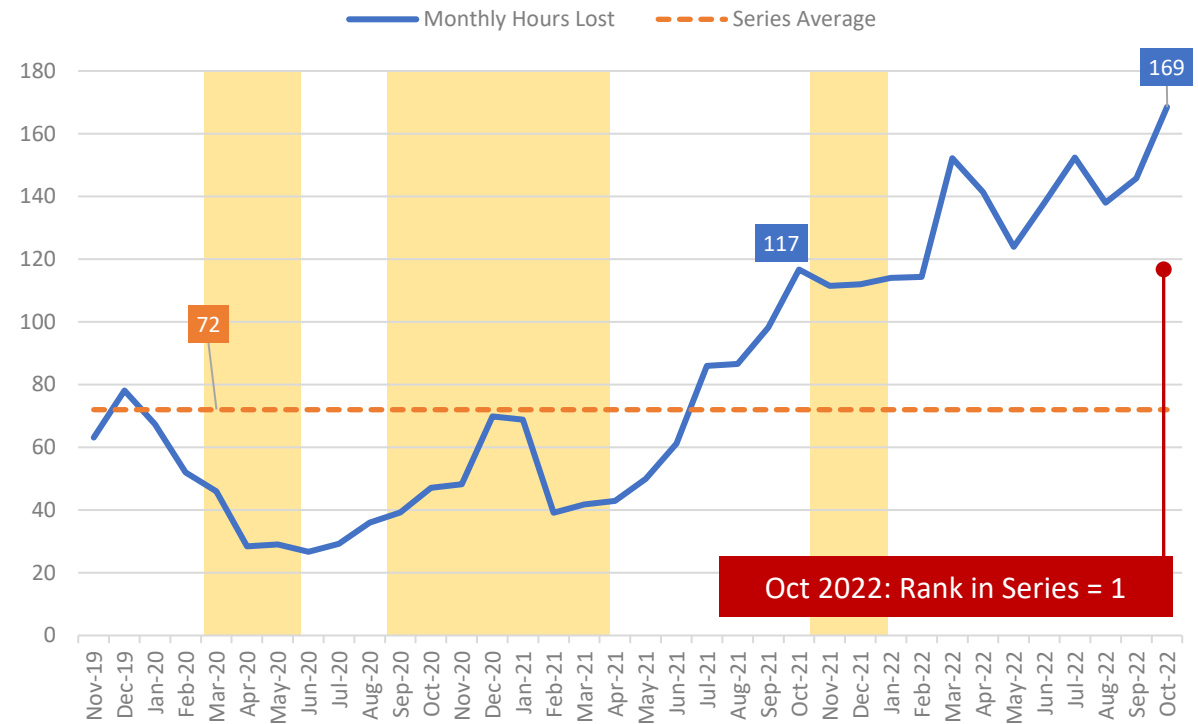


Yellow areas denote COVID waves in the UK: source ONS.

← -5% (or -11k) difference, Oct 2021 to Oct 2022 →

## 2. Hours lost for Handovers Over 15 Minutes

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



Oct 2022: Rank in Series = 1

← +44% (or +52k) difference, Oct 2021 to Oct 2022 →

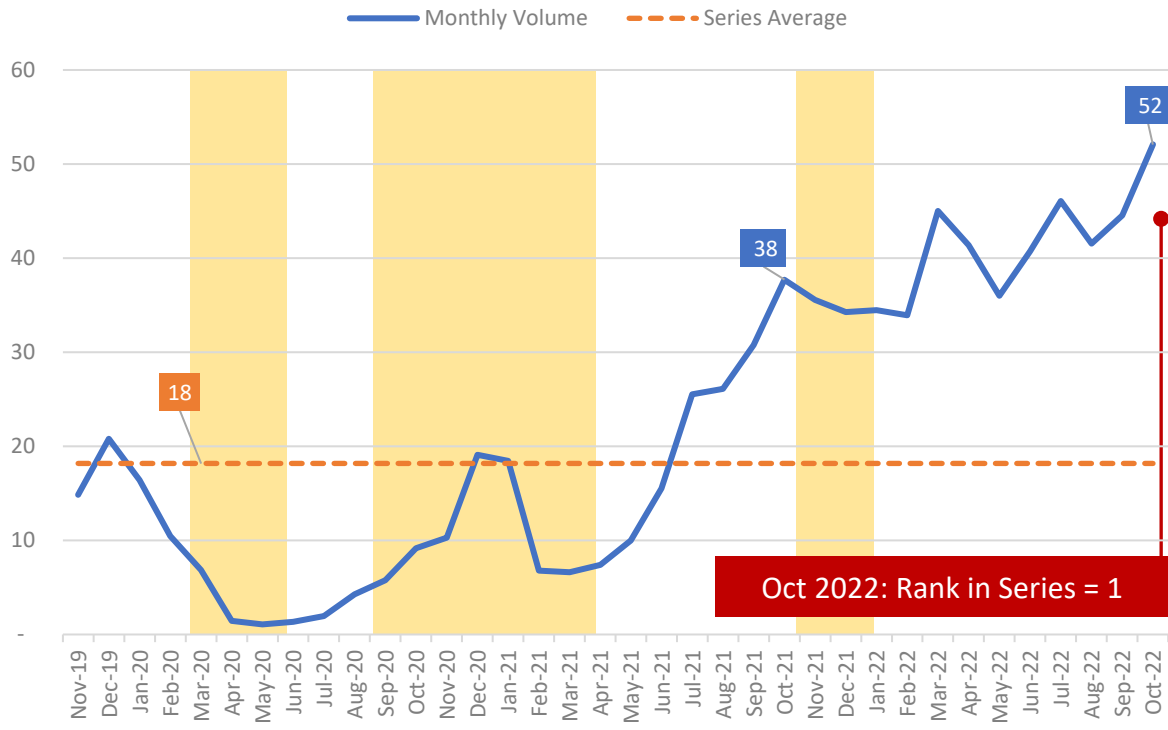


# 30. Patient Handover Delays over 60 Minutes (source, NAIG)

The volume of handovers exceeding 60 minutes increased by 7k in October to reach 52k, the highest number to date (vs. the previous peak of 46k). As seen on page 4, handovers exceeding 60 minutes now account for just under 1 in 5 of handovers (18% of the total). Hours lost to these handovers also grew to reach 91k – growth of 100% from 46k in October 2021, and a significant increase on the previous peak of 77k (in March 2022).

## 1. Delays over 60 Minutes

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

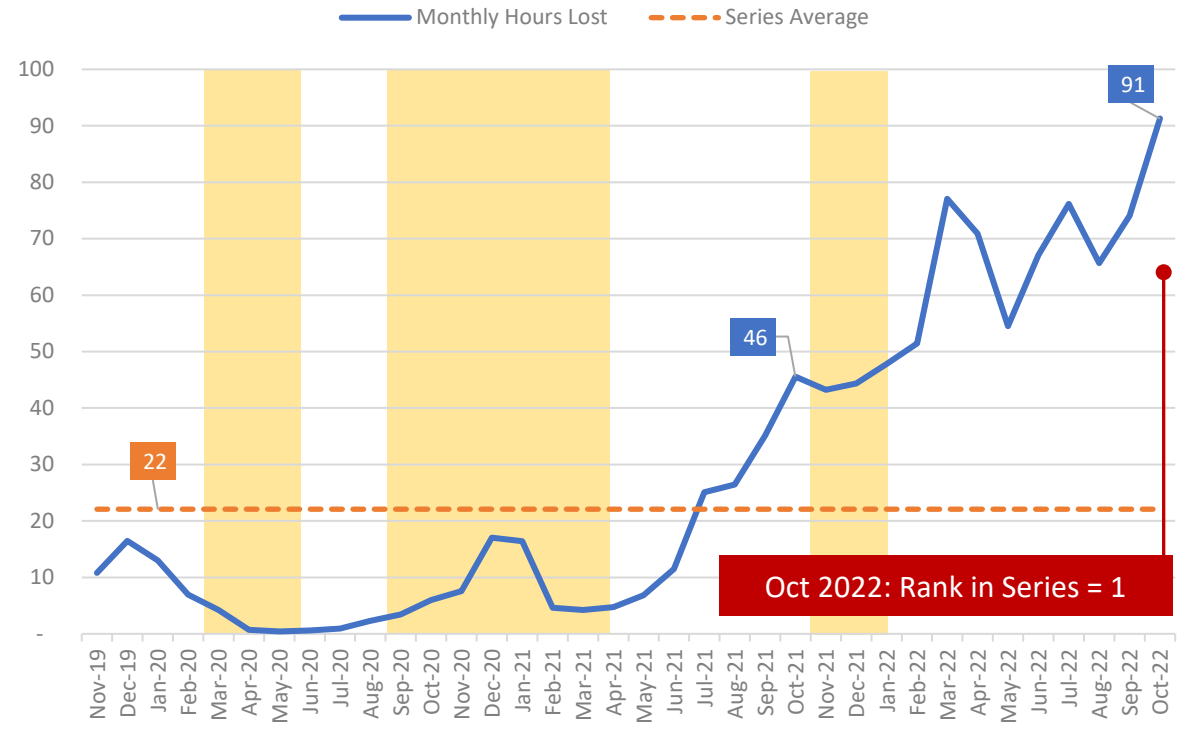


Yellow areas denote COVID waves in the UK: source ONS.

**+38% (or +14k)**  
difference, Oct 2021 to Oct 2022

## 2. Hours lost for Handovers Over 60 Minutes

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



**+100% (or +46k)**  
difference, Oct 2021 to Oct 2022

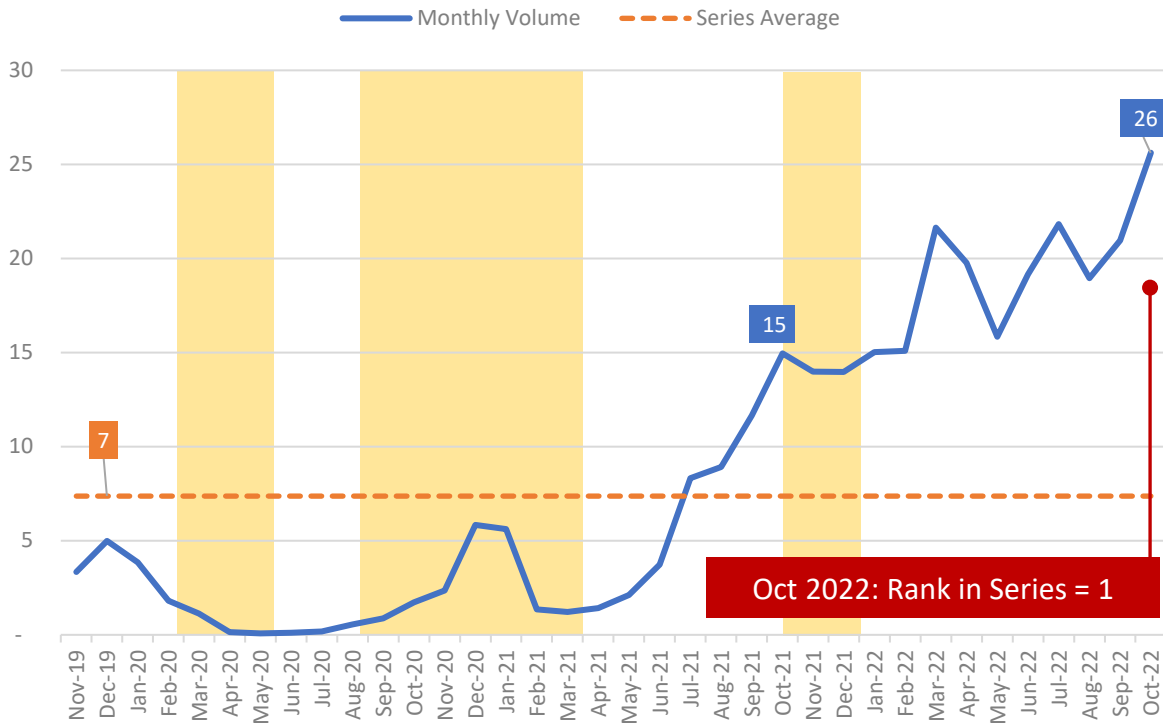


# 31. Patient Handover Delays over 120 Minutes (source, NAIG)

Volume and hours-lost to 2-hour delays also reached new series highs in October. Over 26k handovers fell into this category across the month (the previous peak was 22k in March 2022), while hours lost grew to 52k – more than double the hours lost last October.

## 1. Delays over 120 Minutes

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

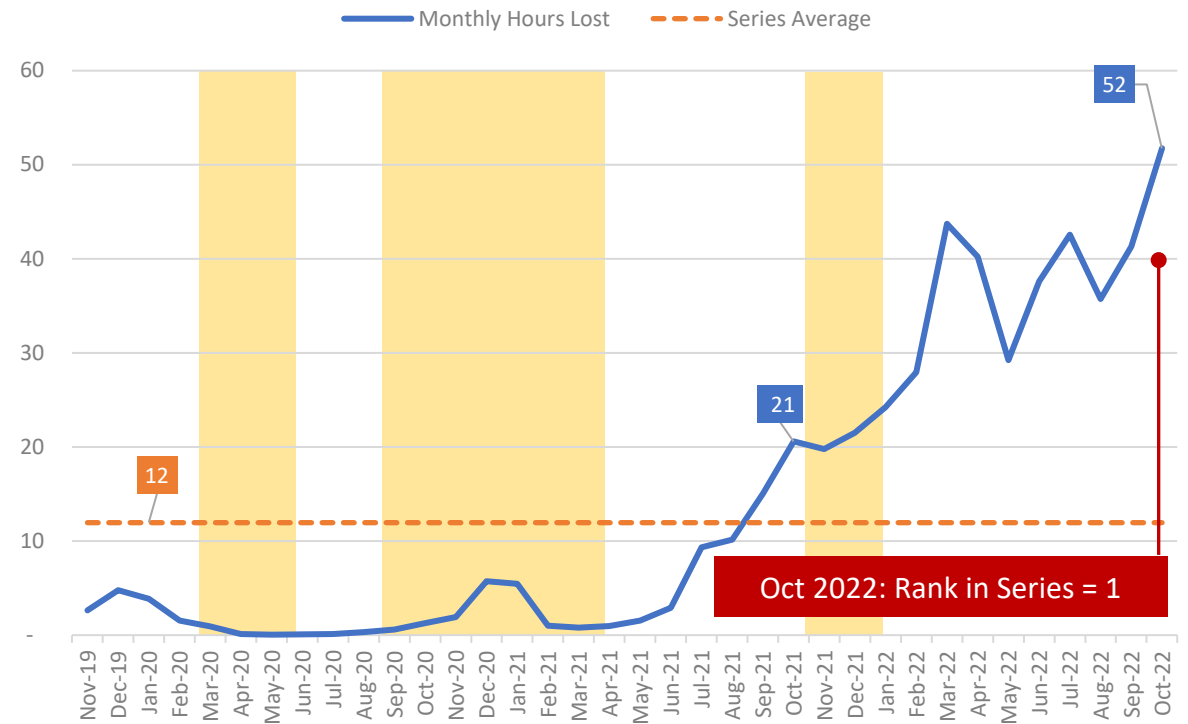


Yellow areas denote COVID waves in the UK: source ONS.

**+71% (or +11k)**  
difference, Oct 2021 to Oct 2022

## 2. Hours lost for Handovers Over 120 Minutes

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



**+151% (or +31k)**  
difference, Oct 2021 to Oct 2022



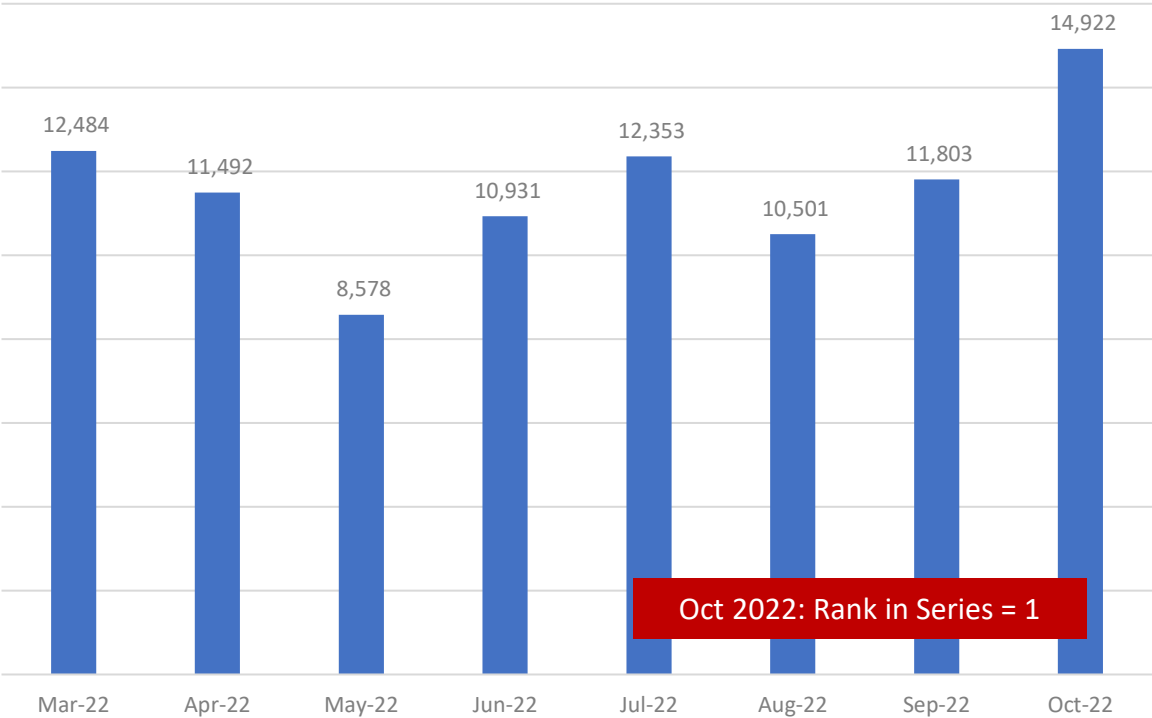
# 32. Patient Handovers Longer than Three Hours (source, NAIG)



Handovers exceeding three hours reached nearly 15k in October, a jump of just over 3k from September, growth of 26% and the highest number to date. Those exceeding 10 hours also grew to reach a series high of 860 - month-on-month growth of 28%.

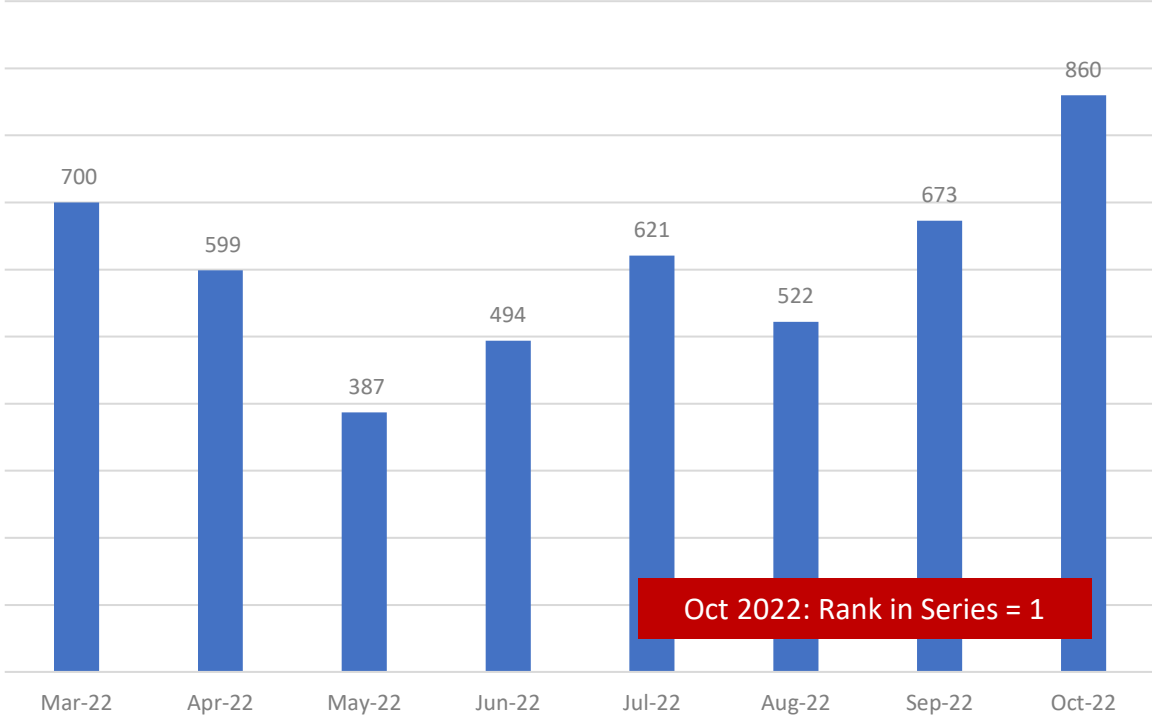
## 1. Breakdown of delays over three hours

Volume of Handovers over Three Hours



## 2. Longest individual handover delays

Volume of Handovers over Ten Hours





# 33. Impact on Patients and Crew (source, NAIG, [AQI Data](#) and [AACE](#))

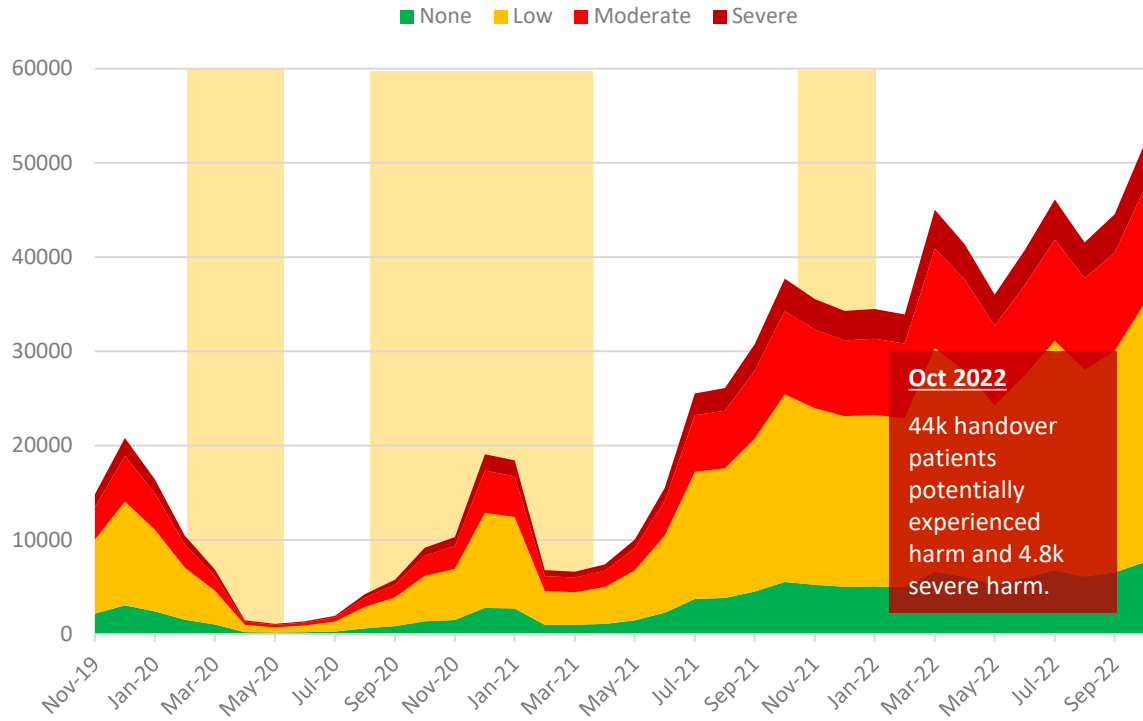


Around 44k patients experienced potential harm as a result of long handover delays in October 2022, with nearly 5k of these experiencing severe harm\*. Looking at the total hours lost to handover delays in October, the sector lost the equivalent of 135k job cycles. Using Face-to-Face AQI data, this equates to 23% of potential ambulance capacity across the month – compared with 7% in October 2019.

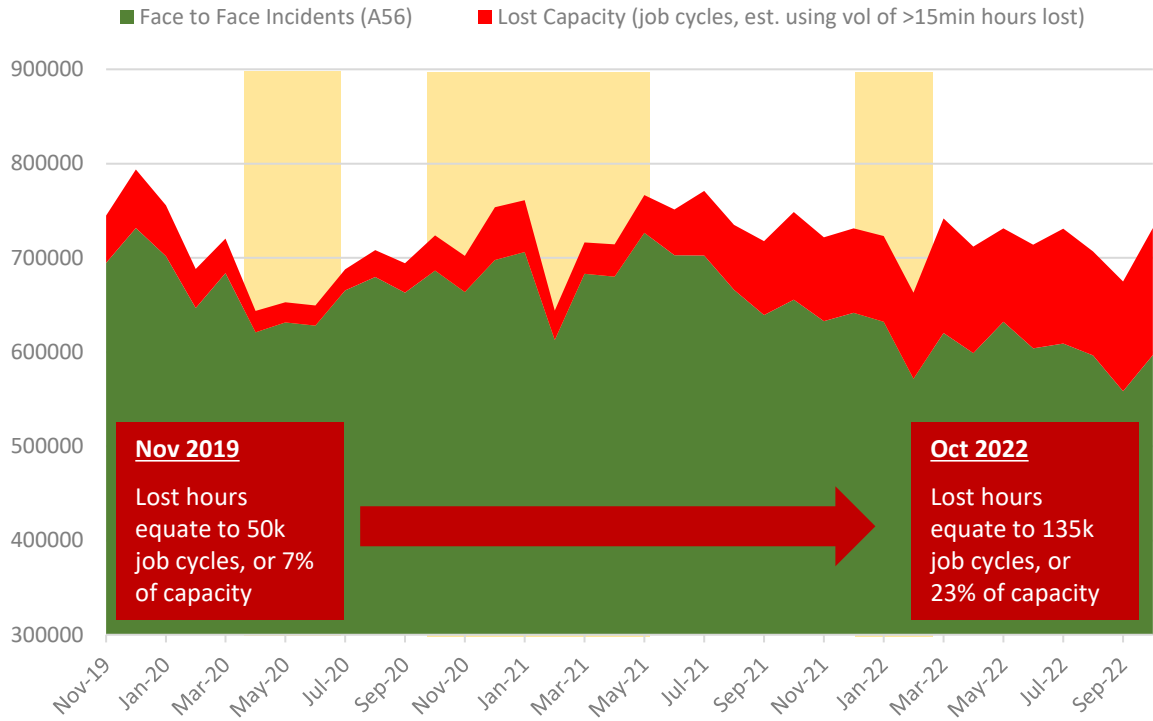
## 1. Estimated number of patients experiencing potential harm

## 2. Estimated impact of lost hours on capacity

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



Lost Hours and Impact on Capacity



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

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

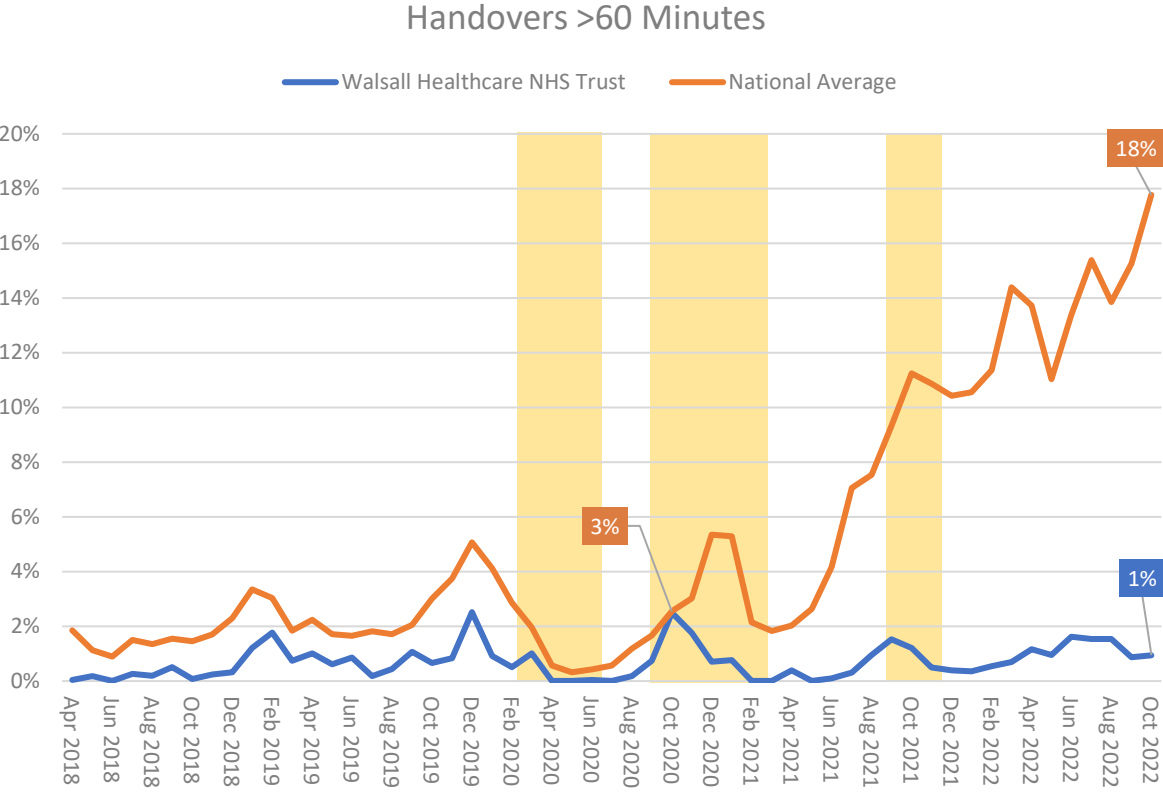


# 34. Managing Hospital Handovers – Effective Interventions: Walsall Healthcare NHS Trust



The volume of handover delays exceeding 60 minutes has seen significant growth over the past few years. Nationally, the proportion of 60 minute handovers has increased from 3% in October 2020 to 18% in October 2022 (as seen on the next page). By contrast, the proportion of 60 minute handovers at Walsall has rarely risen above 2%, and for the last 12 months has averaged 1% - compared with a national average of 13%. Furthermore, Walsall has delivered the highest proportion of ambulance handovers within 30 minutes in the West Midlands region for 20 out of the last 21 months.

## 1. 60-min handovers as percentage of all handovers (source: NAIG)



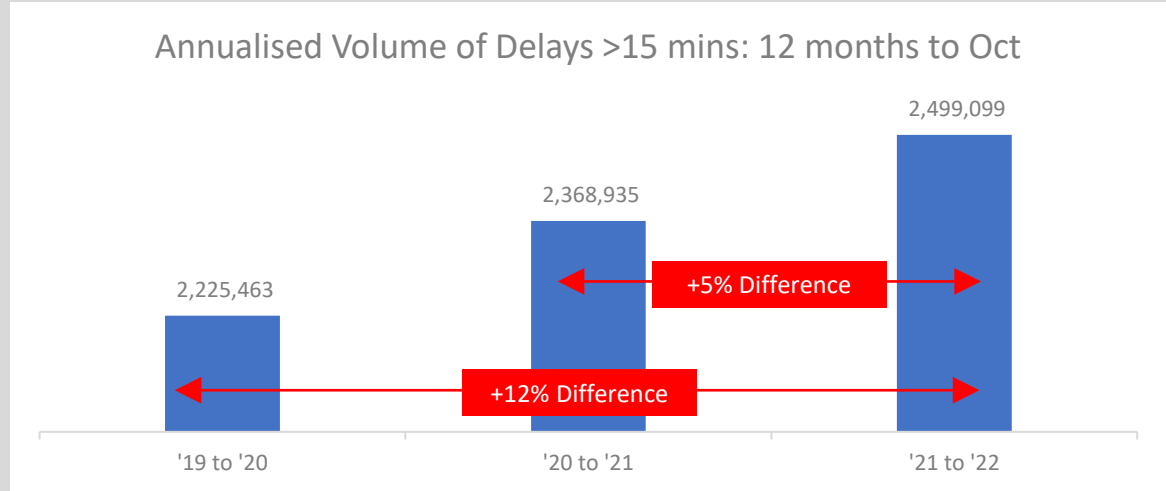
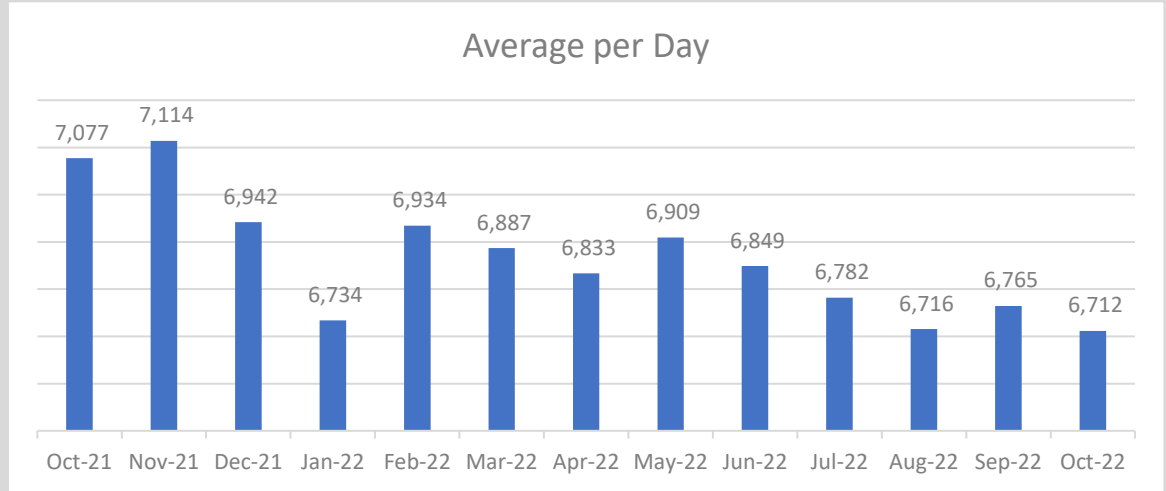
Yellow areas denote COVID waves in the UK: source ONS.

## 2. Walsall has implemented measures which enable timely handovers

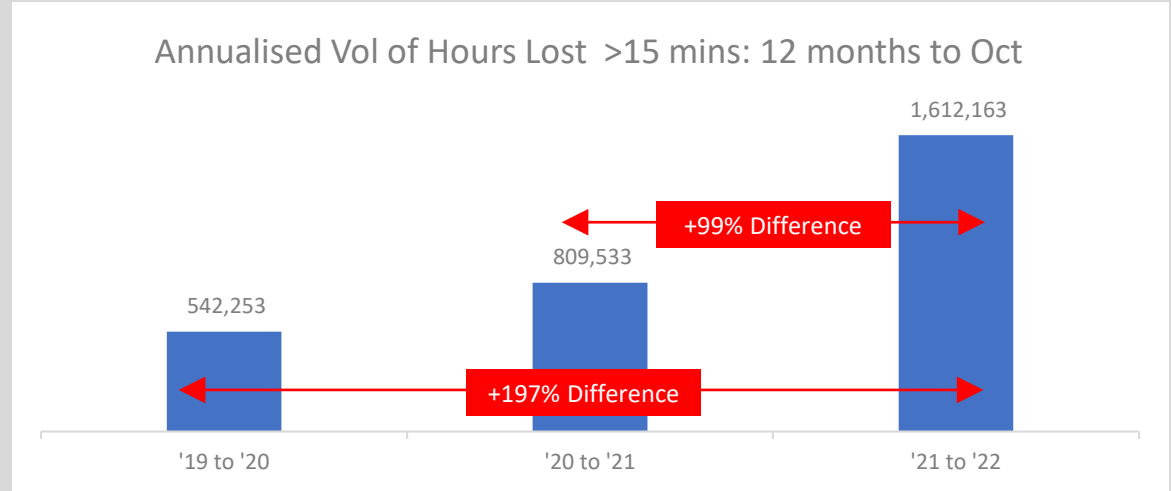
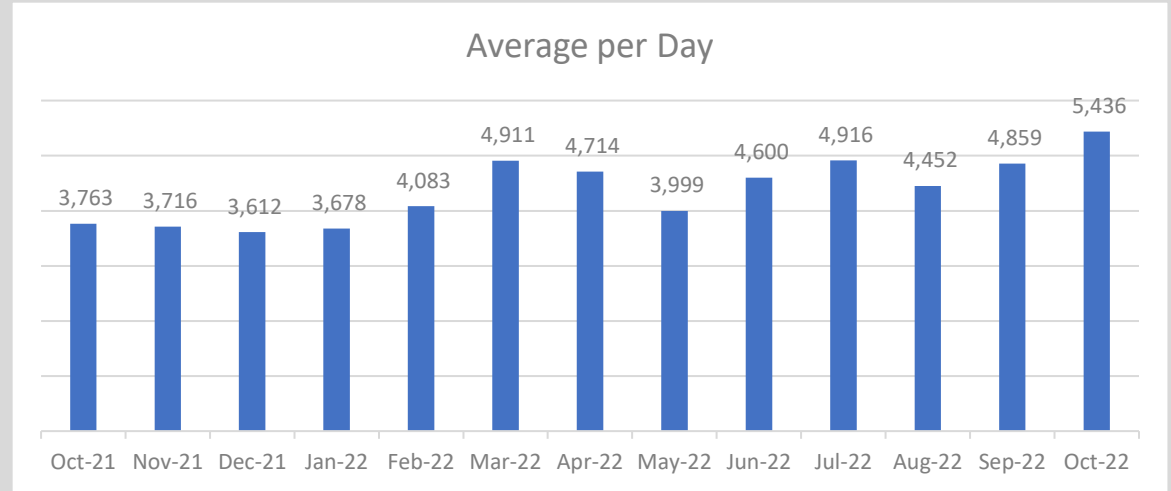
- **Culture & leadership:** the patient who has dialled 999 in our community and needs conveying to hospital is our patient. It is our responsibility to ensure they are promptly handed over by ambulance clinicians to the Emergency Department (ED)
- **Alternatives to ED:**
  - Strong community Care Navigation Centre & Rapid Response Team service
  - Direct conveyance to Same Day Emergency Care (SDEC) units - Ambulatory Emergency Care (AEC), Frail Elderly Service (FES), Gynae Assessment Unit (GAU) and Surgical Ambulatory Care Unit (SACU)
  - Integrated Front Door (Community-led, hospital-based service)
  - Co-located Urgent Treatment Centre
- **Rapid Assessment & Treatment (RAT) function** for ambulance arrivals in ED with Emergency Care Assessment Practitioner workforce (drawn from both Registered Nurse and Paramedic professions). Installation of additional ED cubicles (2020) to facilitate Infection Prevention & Control segregation.
- **Comparatively good patient flow out of ED:**
  - Multiple SDEC units: AEC, FES, GAU, PAU, SACU
  - Proactive pull of overnight inpatients from Acute Medical Unit by both AEC and FES
  - Highly functional discharge lounge (07:00-22:00)
  - Comparatively low Medically Stable For Discharge inpatients (Walsall Together impact)

# 35. Appendix (i): Average Daily and Annualised Data for >15 minute delays (source, NAIG)

## 1. Volume of Handover Delays over 15 minutes



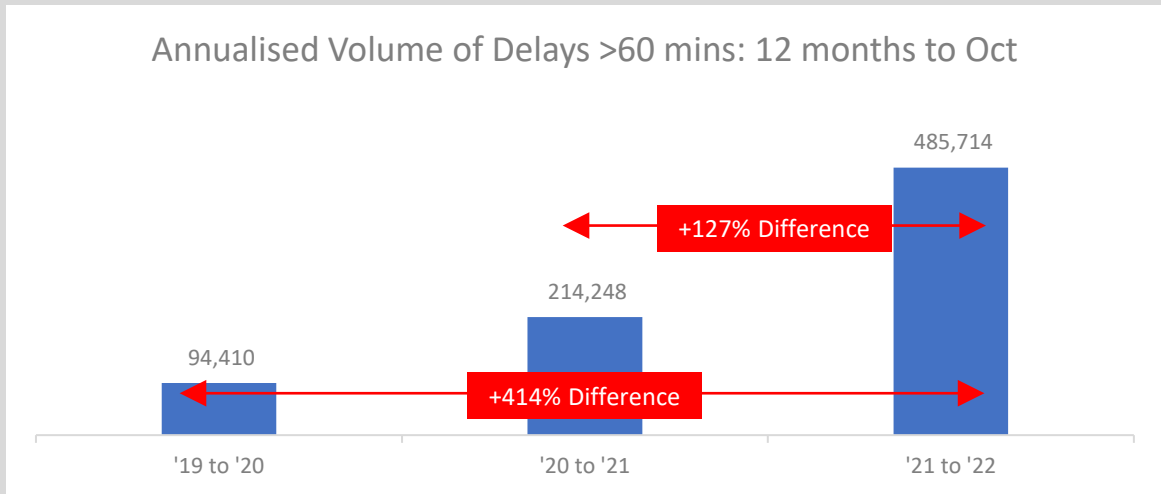
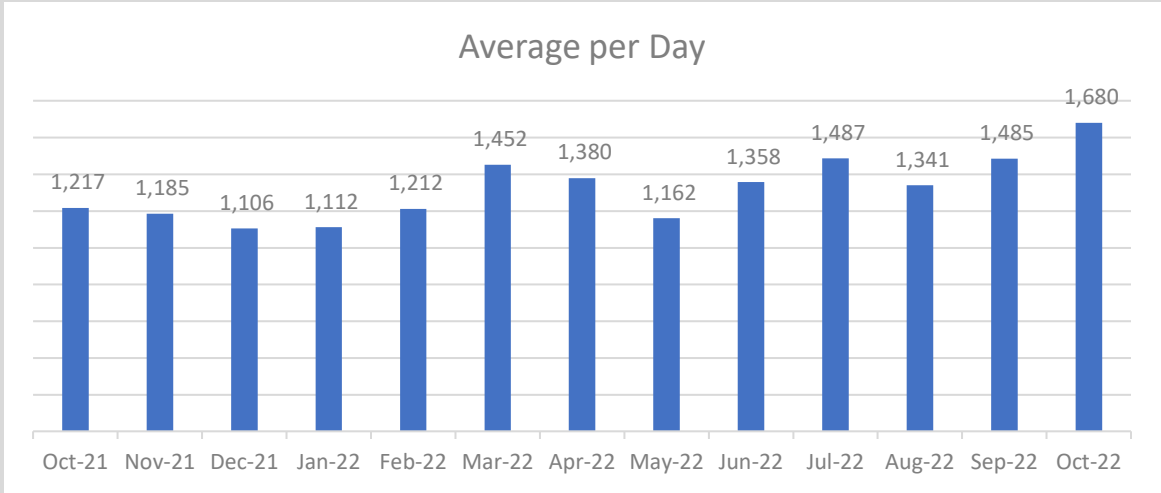
## 2. Hours Lost for Handover Delays over 15 minutes



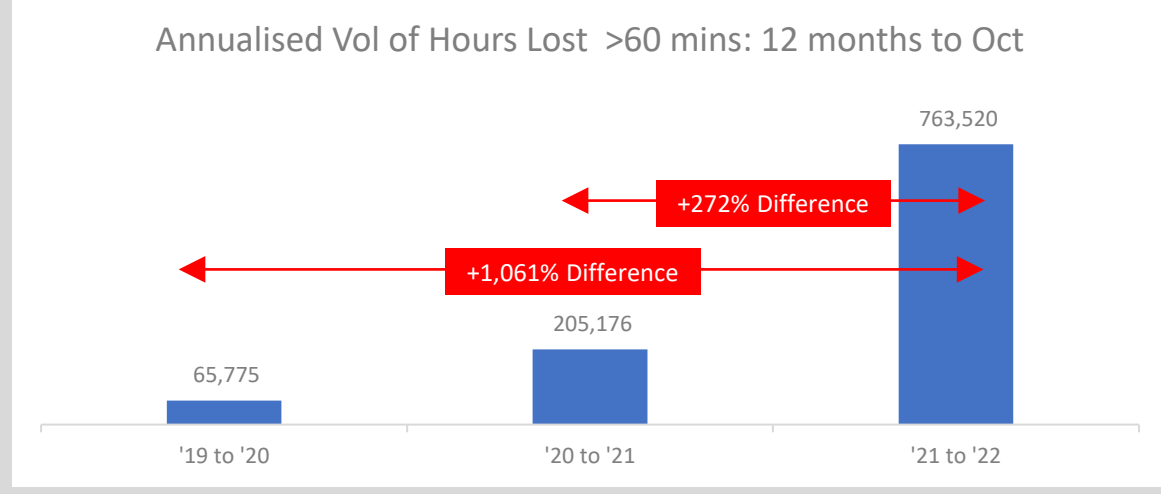
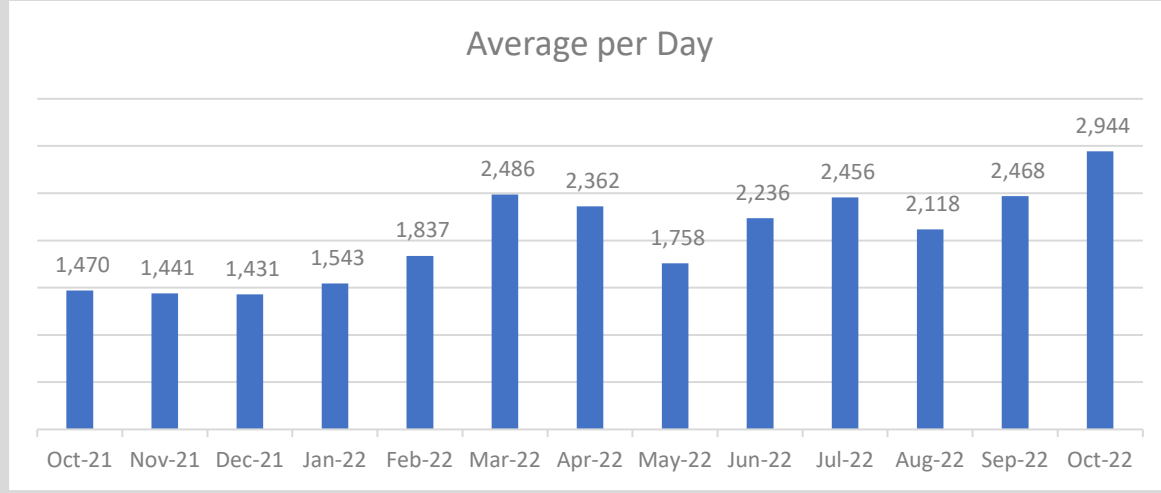
# 36. Appendix (ii): Average Daily and Annualised Data for >60 minute delays (source, NAIG)



## 1. Volume of Handover Delays over 60 minutes



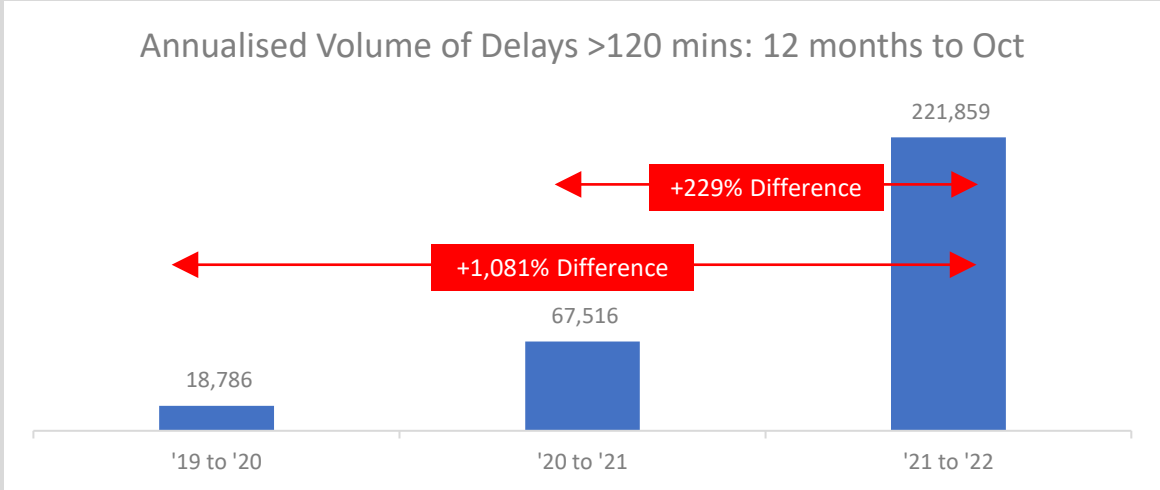
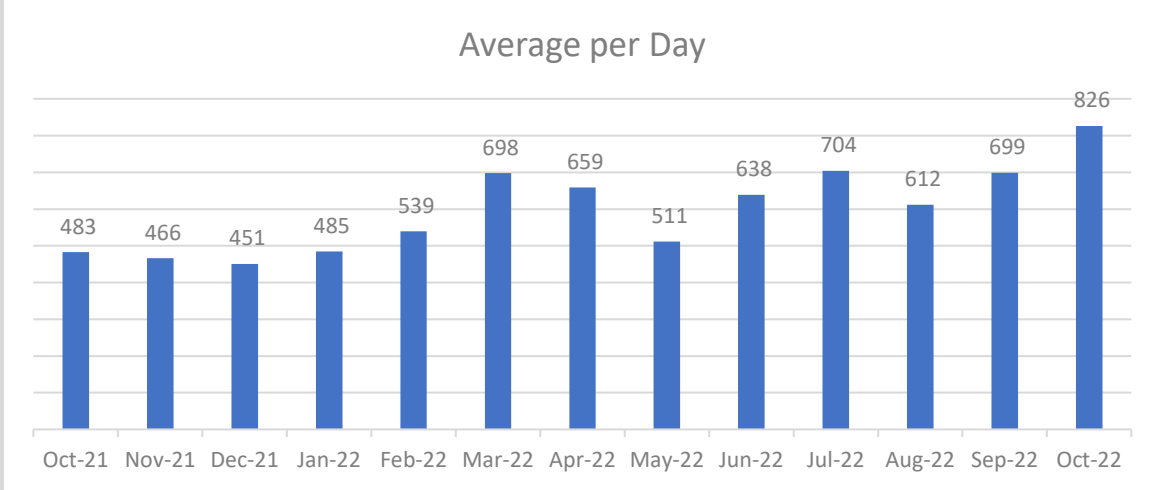
## 2. Hours Lost for Handover Delays over 60 minutes



# 37. Appendix (iii): Average Daily and Annualised Data for >120 minute delays (source, NAIG)



## 1. Volume of Handover Delays over 120 minutes



## 2. Hours Lost for Handover Delays over 120 minutes

