National Ambulance Handover Delays – FINAL (2)

Data period to end December 2022

Date of Report: January 25th, 2023

2. Summary and Contents

Overview: The volume of longer patient handovers delays reached unprecedented levels in December, with the 227k hours lost – double that of December 2021 and significantly greater than the previous high of 169k. Against this backdrop of increasing delays, we once again focus on two hospitals where the number of longer handovers are consistently lower than the national average, and highlight the interventions currently in place that help sustain this performance.

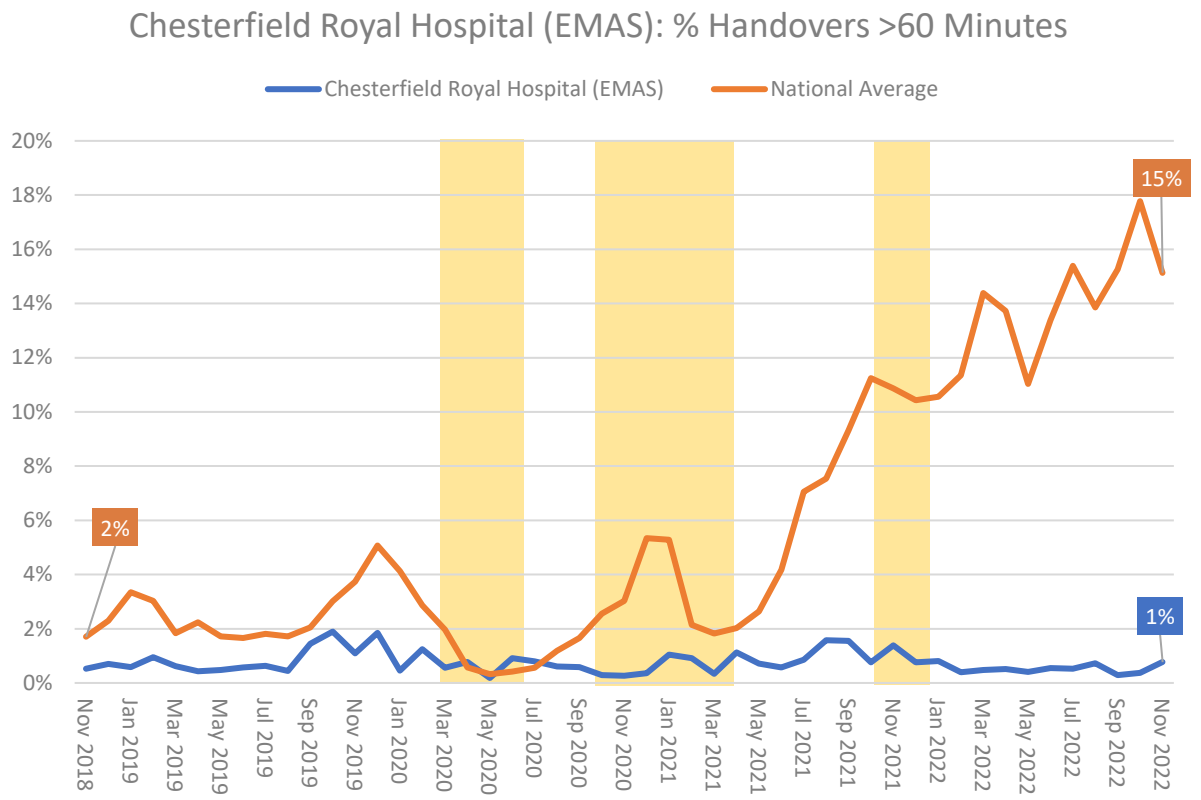
Source of all data is National Ambulance Information Group (NAIG), AQI and AACE.

Managing Hospital Handovers – Effective Interventions: Chesterfield Royal Hospital

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Nationally the proportion of handovers exceeding 60 minutes is more than ten-times that seen at the end of 2018. Having increased steeply since the start of 2021, these account for around 1 in 6 of all handovers at the end of 2022. Over this time, Chesterfield Royal Hospital's proportion of these longer handovers has not exceeded 3% of its total, averaging 1% over the last 6 months compared with a national average of 15%. The hospital has a number of measures in place which reduce pressure on its ED, increasing through-flow and keeping longer handover times to a minimum.

60-min handovers as percentage of all handovers



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

An overview of Chesterfield's current interventions

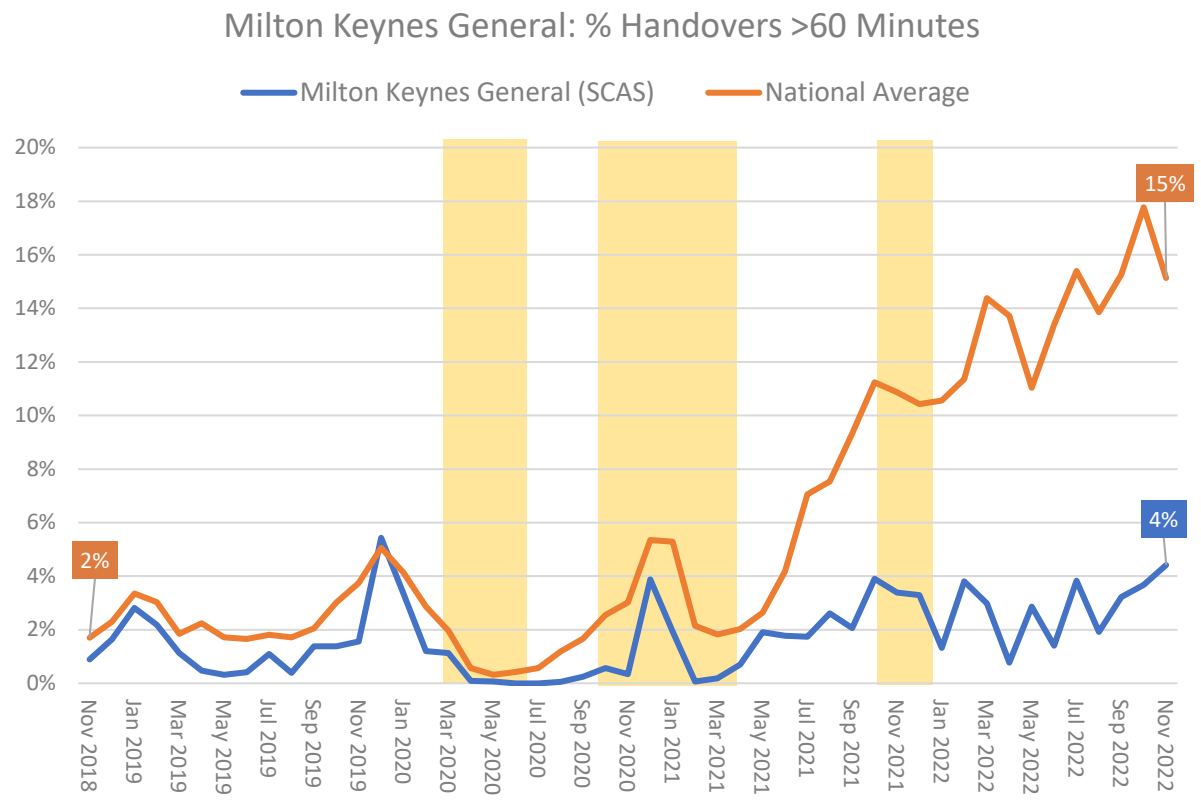
- **Integrated Care System (ICS).** The local ICS, of which the hospital is part, has a community strategy involving the education of Primary Care Networks and a Direct Clinical Care strategy for avoidable admissions. This has seen a reduction in avoidable conveyance.
- **Technology.** The hospital's Emergency Department (ED) has digital-tablets in place that new (walk-in) arrivals are encouraged to use. Mobile technology is therefore used to navigate patients to the right point of care, thus redirecting some away from the ED, freeing-up resource for ambulance arrivals.
- **Clinical Assessment.** There has been a strong investment in the community clinical assessment services to validate C3 and C4 calls. DHU (111 provider) and EMAS also run a programme called 'winter connect' which supports the reduction of conveyancing generally.
- **Leadership.** The hospital's leadership adopts the "Patient First" ideology and use patient stories with staff to influence cultural change with effect.
- **Specialties Support.** Specialties proactively link into the ED, and during challenging times will in-reach to ED to support them. They will proactively pull patients from the queue, again freeing up resource which helps the flow of ambulance handovers.
- **Urgent Treatment Centres**. Chesterfield are working in collaboration with DHU towards building a sustainable Urgent Treatment Centre (UTC), using audit to prove the principle. While Chesterfield is not finished in this process, the hospital's experience may be helpful in identifying the first steps of building a UTC service co-located with a private partner when there is no long-term contract in place.

For more information please contact: zoenotley@nhs.net

Managing Hospital Handovers – Effective Interventions: Milton Keynes General Hospital

Milton Keynes General Hospital's proportion of these handovers is currently under a third of the national figure. For the last 6 months it has averaged 3% against the national figure of 15%. Collaboration, providing patients with practical health-care information, sound and ongoing risk assessment and a new Emergency Care facility work together to help the hospital minimise handover delays.

60-min handovers as percentage of all handovers



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

An overview of Milton Keynes' current interventions

- **Home First Team.** This team is based in the hospital's Emergency Department (ED) alongside a roving frailty team, which operates across Urgent and Emergency Care pathways.
- **Patient Access to Information.** SCAS make excellent use of the MiDOS system (a directory of information that allows patients to search for a wide range of health, community and voluntary services). This helps keeps people at home rather than hospital, and frees up resource keeping patient flow moving.
- **Risk Assessment**. The hospital has developed a RAG rated Integrated Care System dashboard that evidences risk on the day and is used as a tool to balance risk. They've adapted some ward spaces well to make them safer.
- **Cross-site collaboration.** Regular site meetings, including a side range of staff, look at risk and challenge, working together to establish the path of least harm.
- **Hospital Ambulance Liaison Officer (HALO)**. Strong HALO in place who maintains the relationship between organisations. Excellent teacher of his own staff, bringing patient stories to the Trust to empower the release of ambulances back into the community.
- **Same Day Emergency Care (SDEC) Village.** The hospital has just built a large SDEC village. It has collated a wealth of information that can be used to help other Trusts understand the relevance of backing SDECs and creating super estates for the future.
- **Rapid Access Therapy Team (RATT).** A good RATT model in ED.

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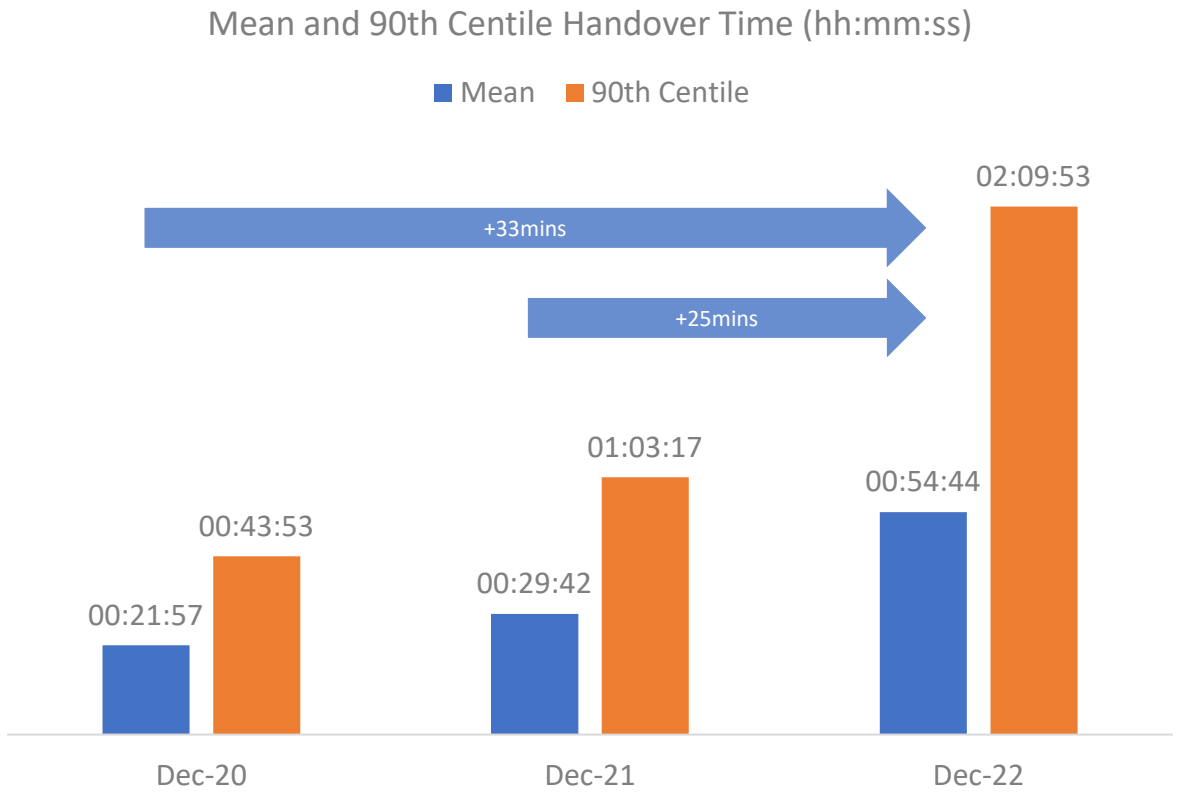
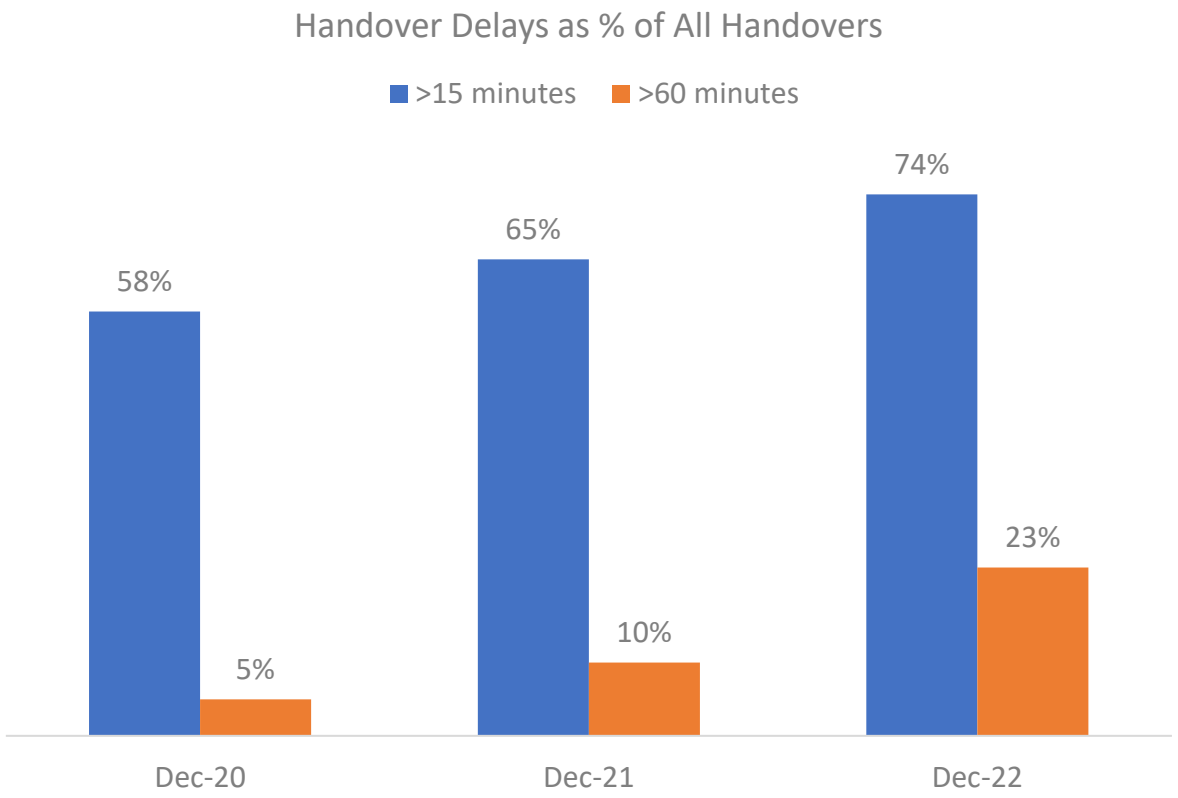
5. Average Handover Times and Delays as Proportion of All Handovers (source, NAIG)

The mean (average) handover time has nearly doubled over the past year, increasing from 29 minutes in December 2021 to 55 minutes in December 2022. Over the same time, the proportion of handovers exceeding 60 minutes has more than doubled – increasing from 10% to 23%.

1. Mean and 90th Centile Handover Times



2. Handover Delays as a Percentage of All Handovers

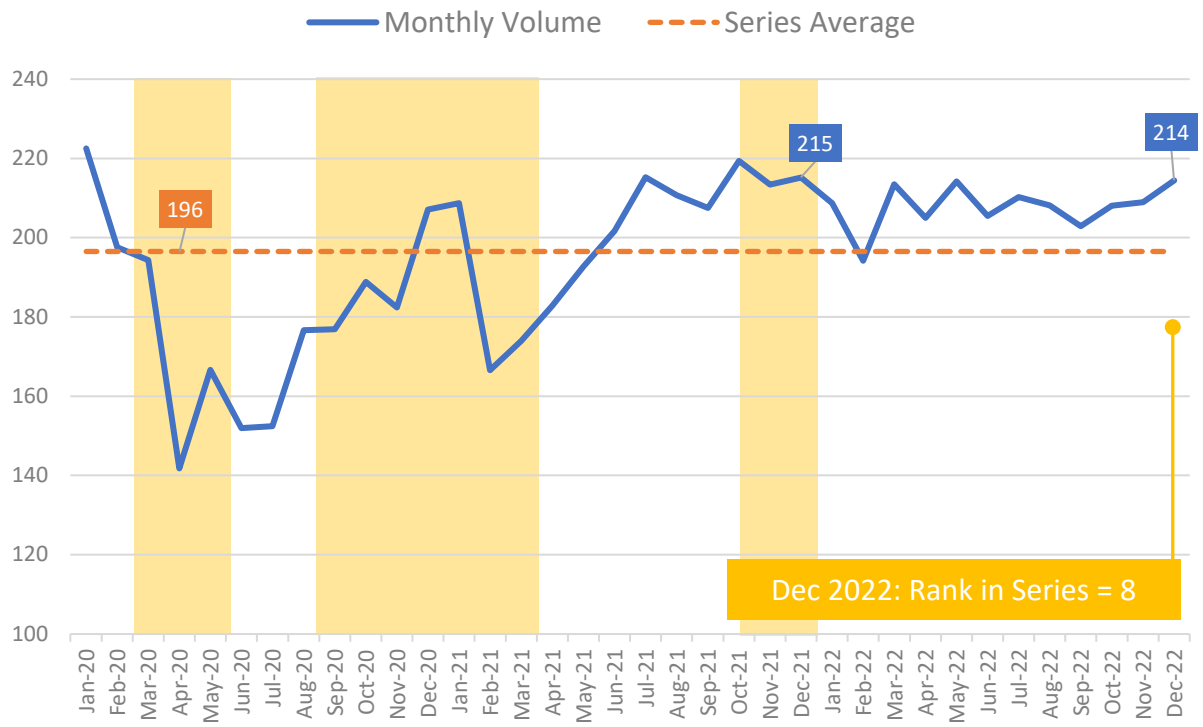


6. Patient Handover Delays over 15 Minutes (source, NAIG)

A month-on-month increase of 5k took the volume of all handovers exceeding 15 minutes to 214k in December – slightly lower than December 2021. This relatively flat trend belies a very steep increase in the hours lost to patient handovers delays. In December 2022, 227k hours were lost – more than twice the time recorded in December 2021, and a monthly increase of 86k. This is the highest to date by a significant margin.

1. Delays over 15 Minutes

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

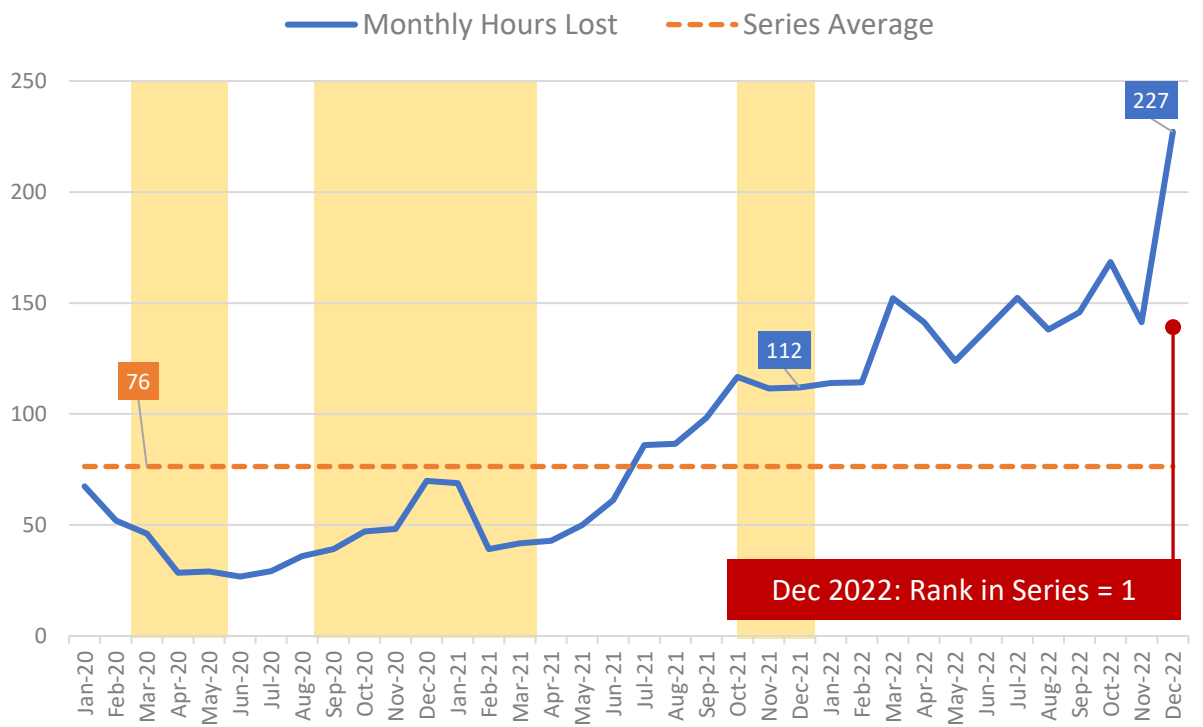


Yellow areas denote COVID waves in the UK: source ONS.

-2% (or -1k)
difference, Dec 2021 to Dec 2022

2. Hours lost for Handovers Over 15 Minutes

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

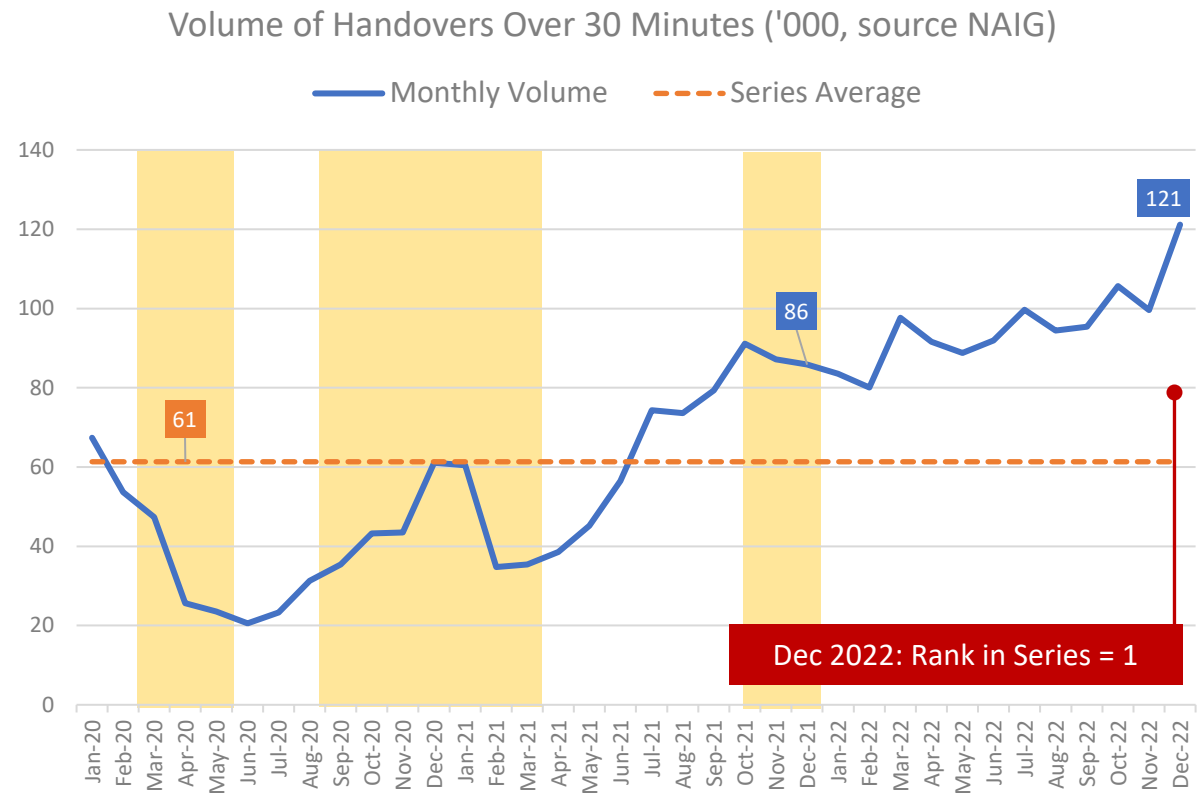


+27% (or +115k)
difference, Dec 2021 to Dec 2022

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

Volume of handovers exceeding 30 minutes reached a series high in December 2022, with 21k more than November and 35k more than December 2021. Compared with the same time last year the month's lost hours more than doubled, taking the total to 185k.

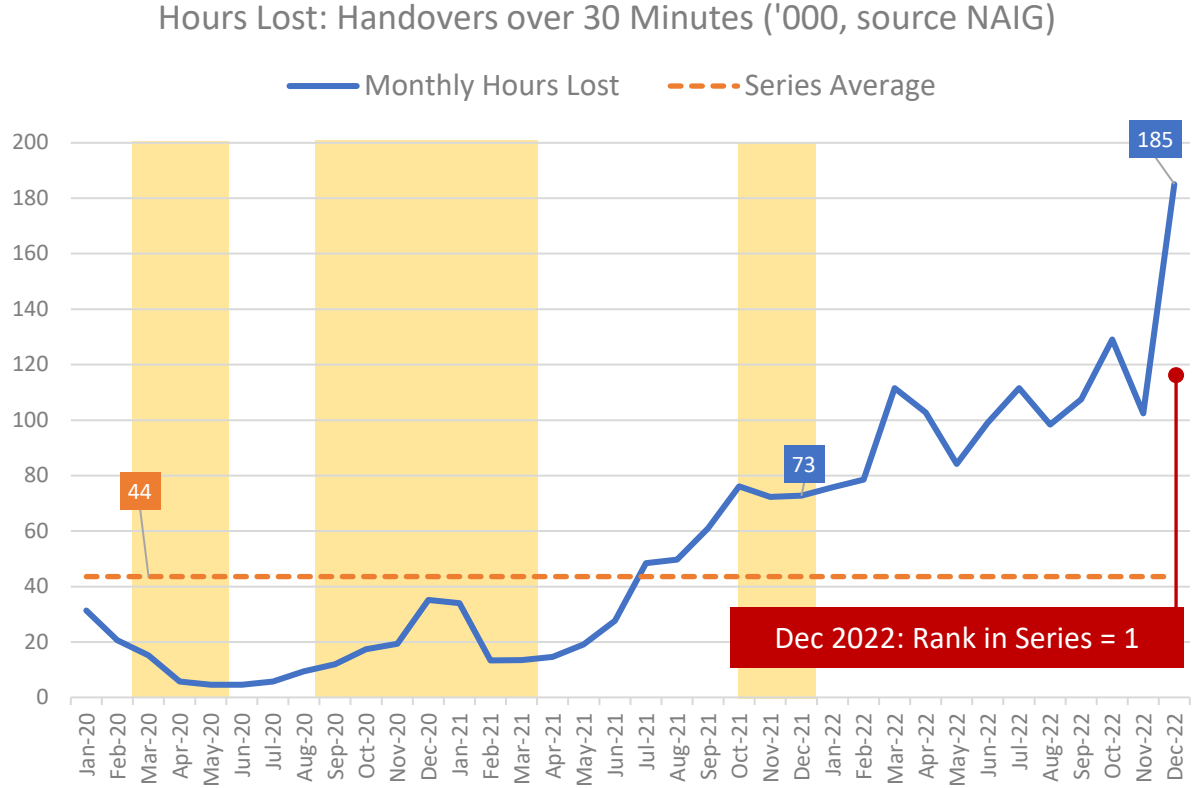
1. Delays over 30 Minutes



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

+14% (or +35k)
difference, Dec 2021 to Dec 2022

2. Hours lost for Handovers Over 30 Minutes

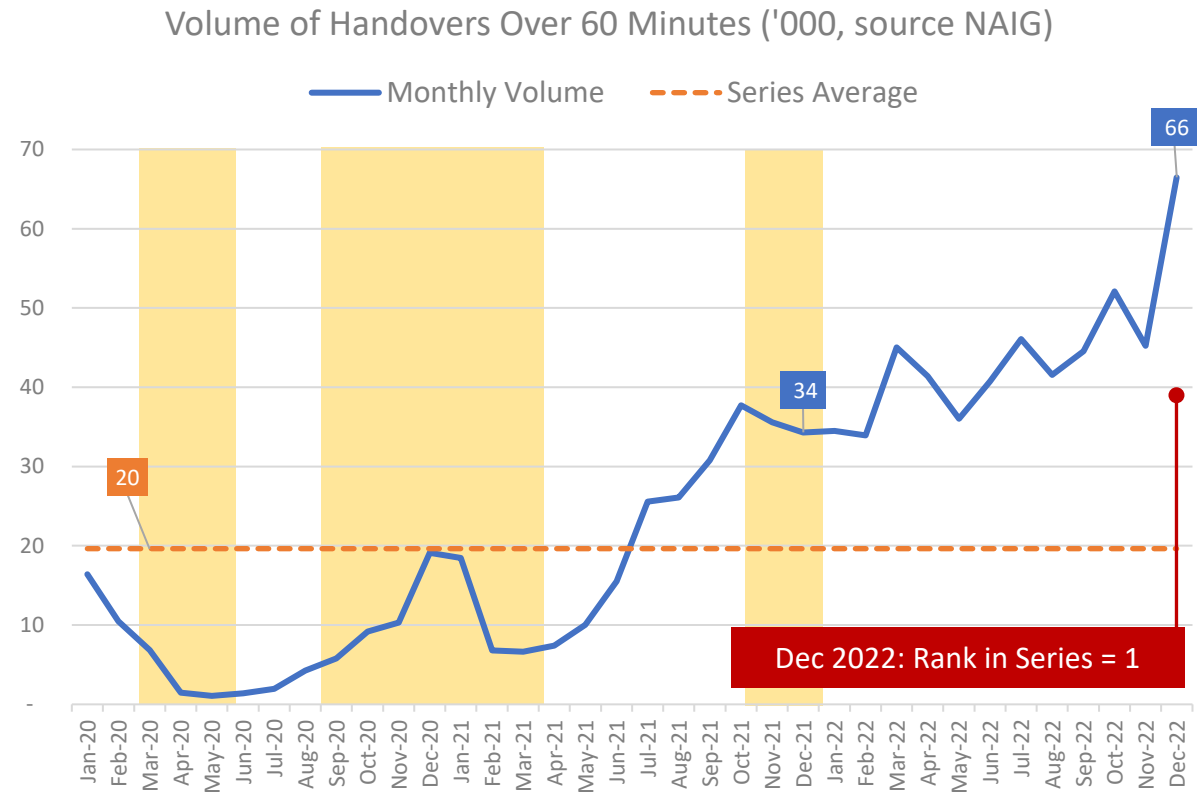


+42% (or +112k)
difference, Dec 2021 to Dec 2022

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

The volume of handovers exceeding 60 minutes has nearly doubled since December 2021. Time lost to these handovers has more than trebled over the same time, with 140k hours lost in the most recent month.

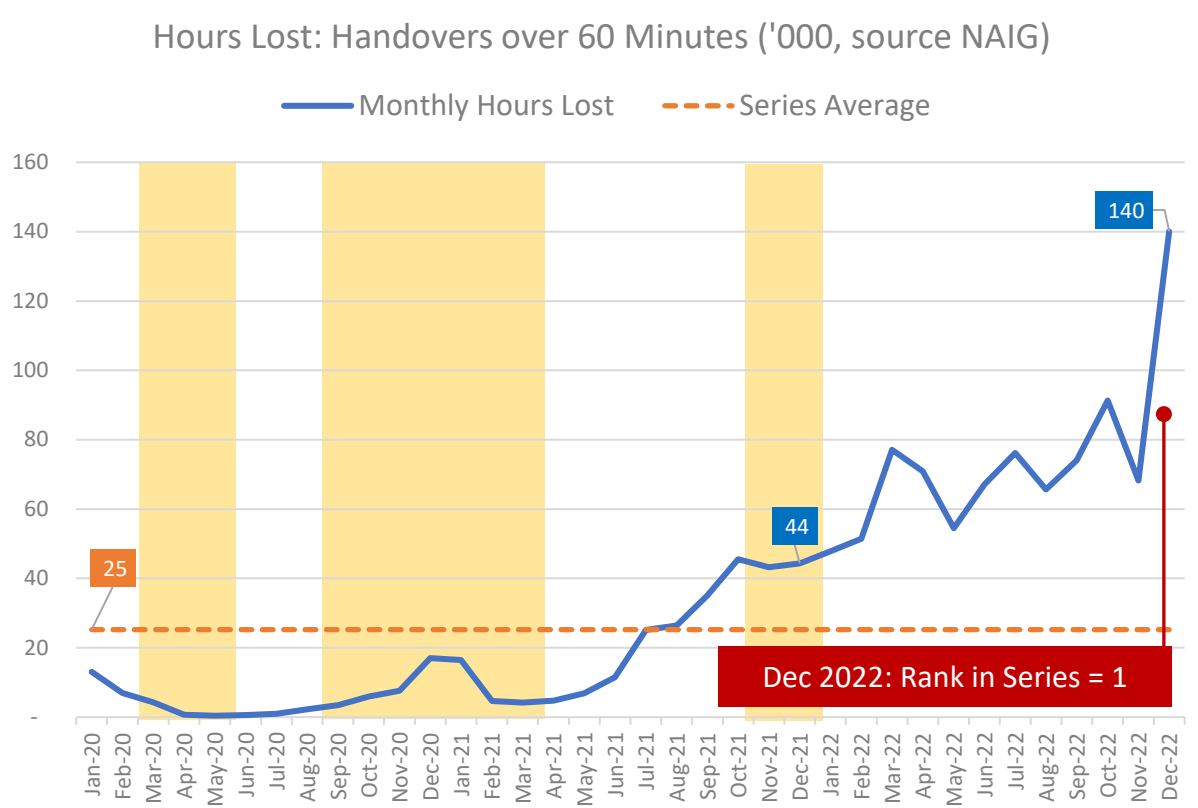
1. Delays over 60 Minutes



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

+27% (or +32k)
difference, Dec 2021 to Dec 2022

2. Hours lost for Handovers Over 60 Minutes

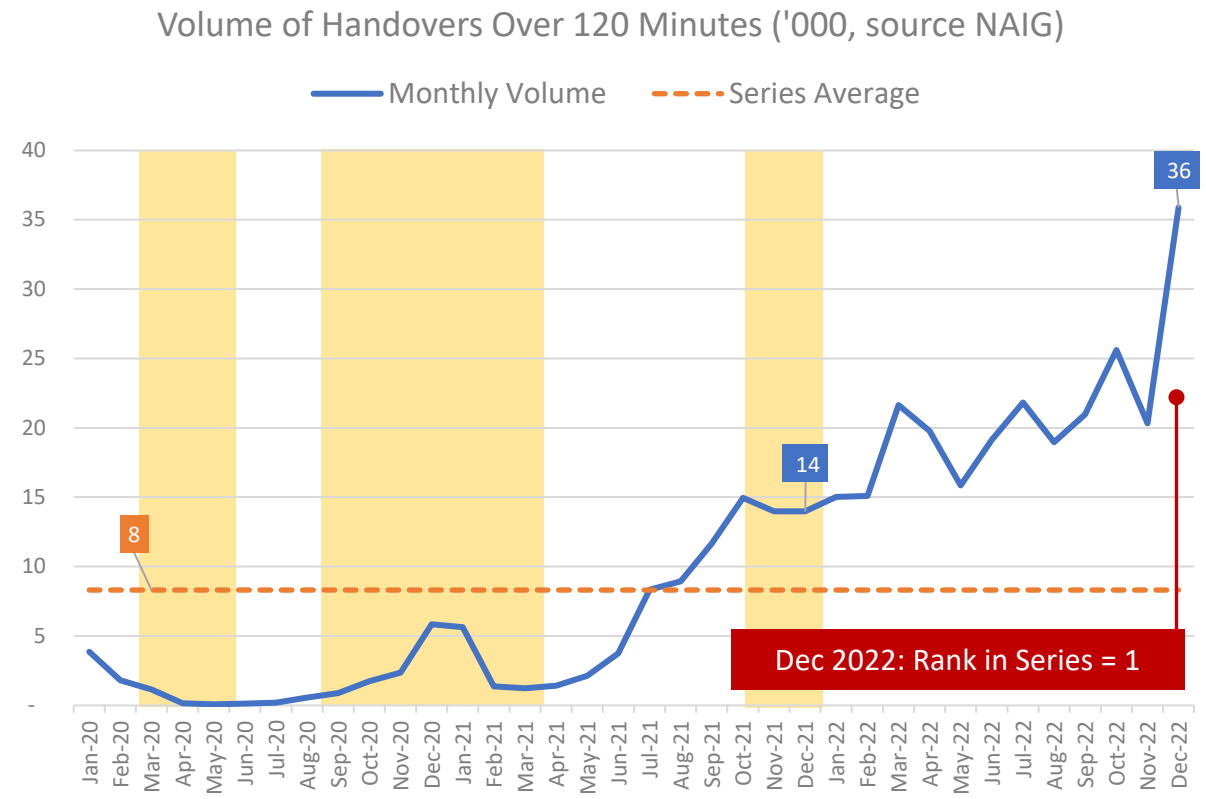


+58% (or +93k)
difference, Dec 2021 to Dec 2022

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

Delays exceeding 2 hours reflect the trends seen elsewhere in December 2022: the overall volume has doubled since December 2021 to 36k, while the hours lost has quadrupled to 87k.

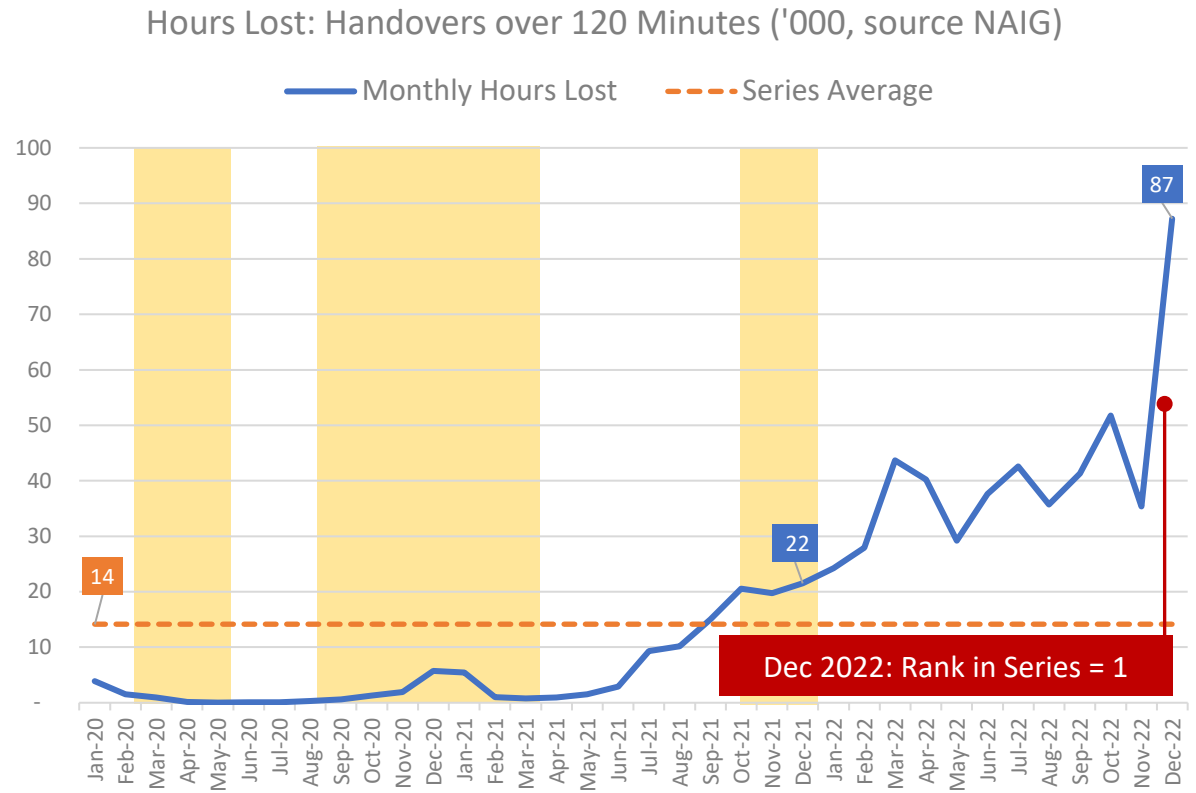
1. Delays over 120 Minutes



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

+45% (or +22k)
difference, Dec 2021 to Dec 2022

2. Hours lost for Handovers Over 120 Minutes

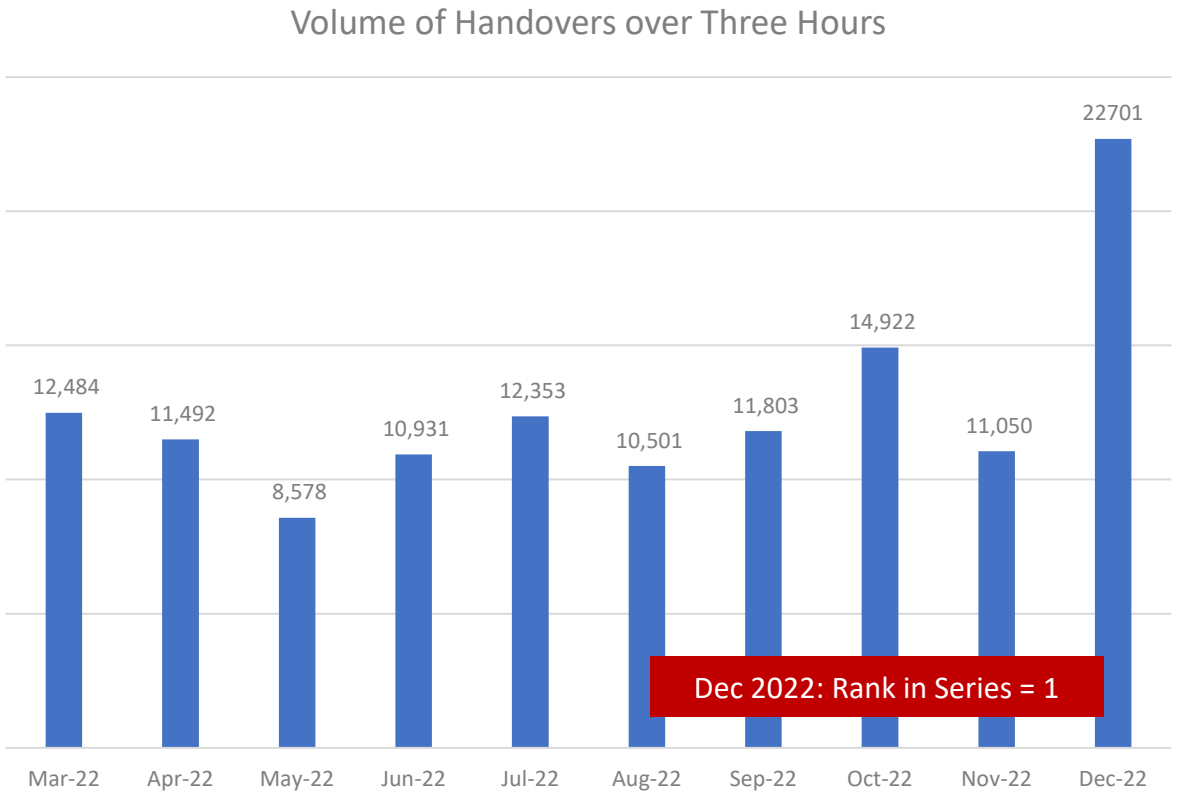


+79% (or +66k)
difference, Dec 2021 to Dec 2022

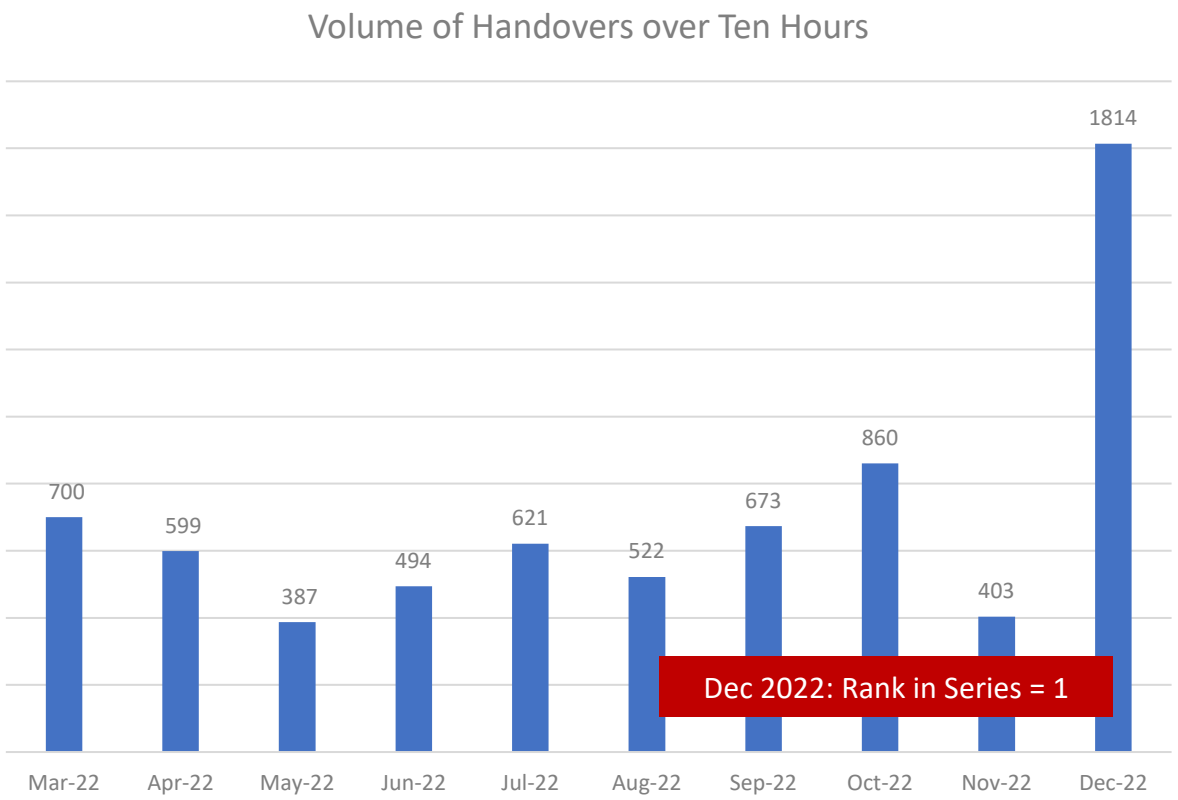
10. Patient Handovers Longer than Three Hours (source, NAIG)

The volume of handovers exceeding three hours doubled between November and December 2022 to reach 23k. Over the same time, the volume exceeding ten hours more than quadrupled, reaching nearly 2k – a series high by a significant margin.

1. Longer Handover Delays: All Over Three Hours



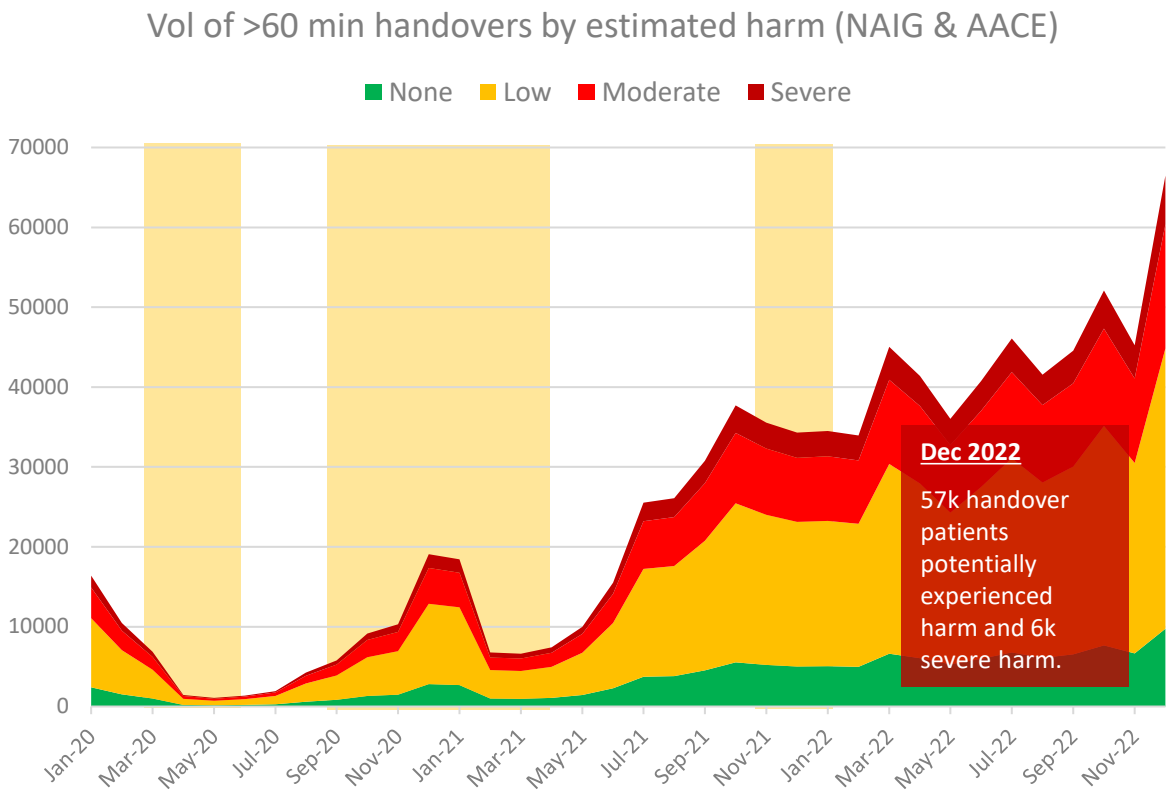
2. Longer Handover Delays: All Over Ten Hours



11. Impact on Patients and Crew (source, NAIG, AQI Data and AACE)

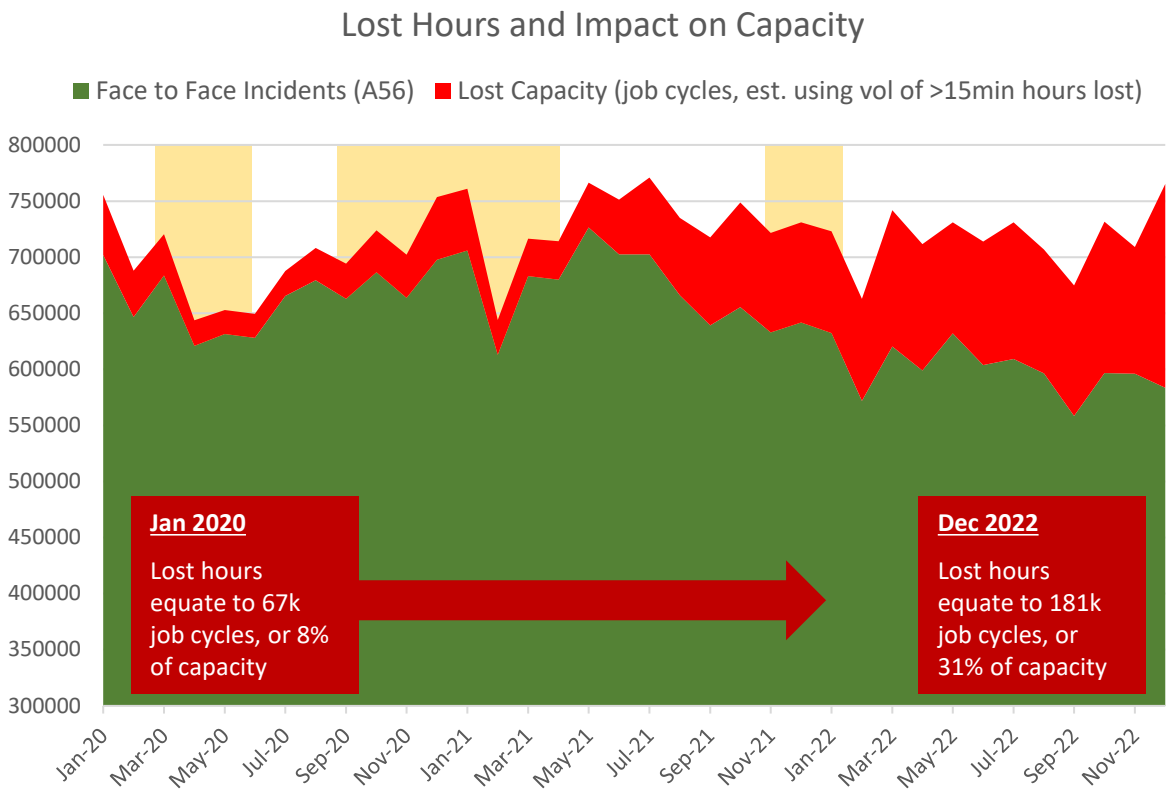
Around 57k patients experienced potential harm as a result of long handover delays in December 2022, with around 6k of these experiencing severe harm*. Looking at the total hours lost to handover delays in December, the sector lost the equivalent of 181k job cycles. Using Face-to-Face AQI data, this equates to 31% of potential ambulance capacity across the month –compared with 8% at the start of 2020.

1. Estimated number of patients experiencing potential harm



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

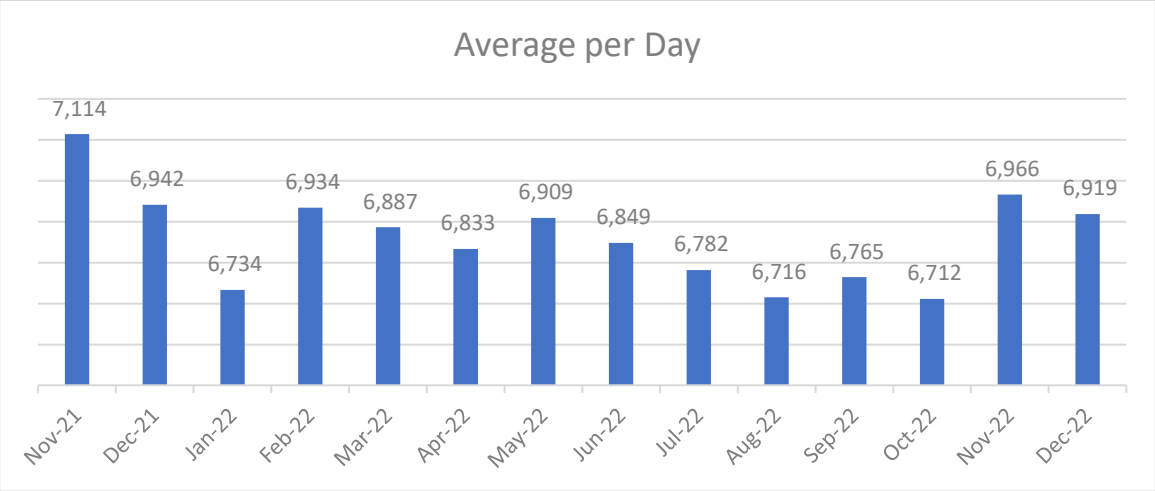
2. Estimated impact of lost hours on capacity

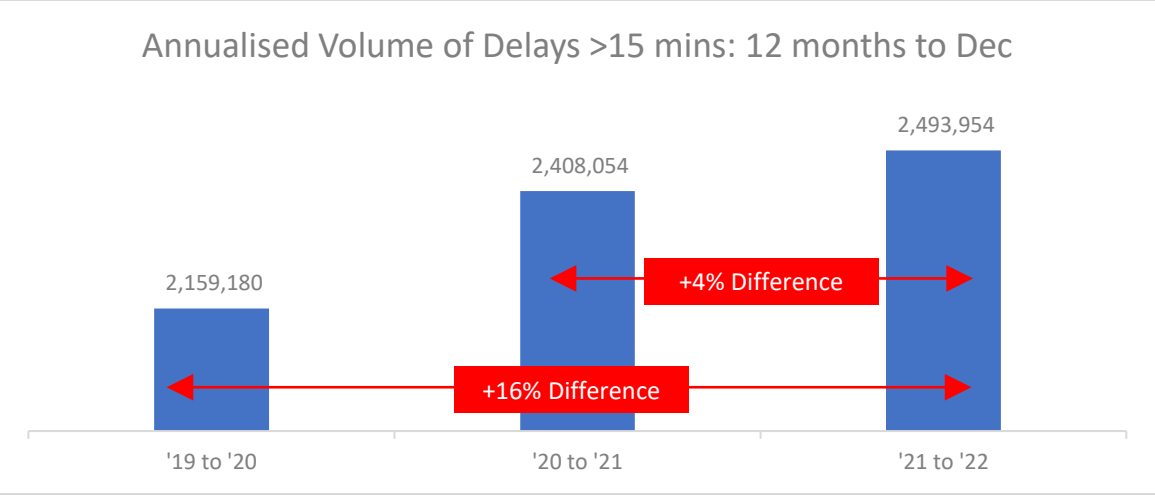


Yellow areas denote COVID waves in the UK: source ONS.

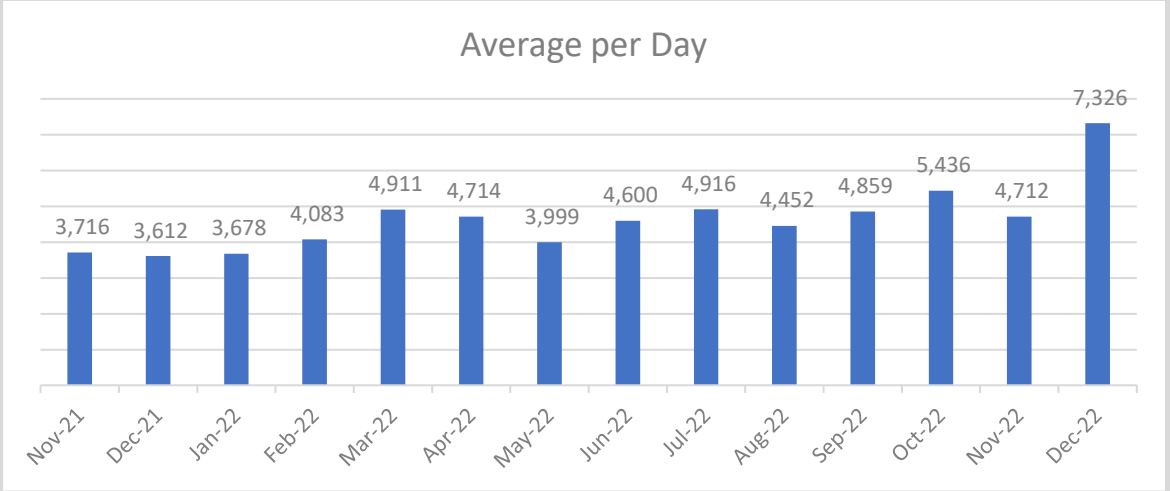
12. Appendix (i): Average Daily and Annualised Data for >15 minute delays (source, NAIG)

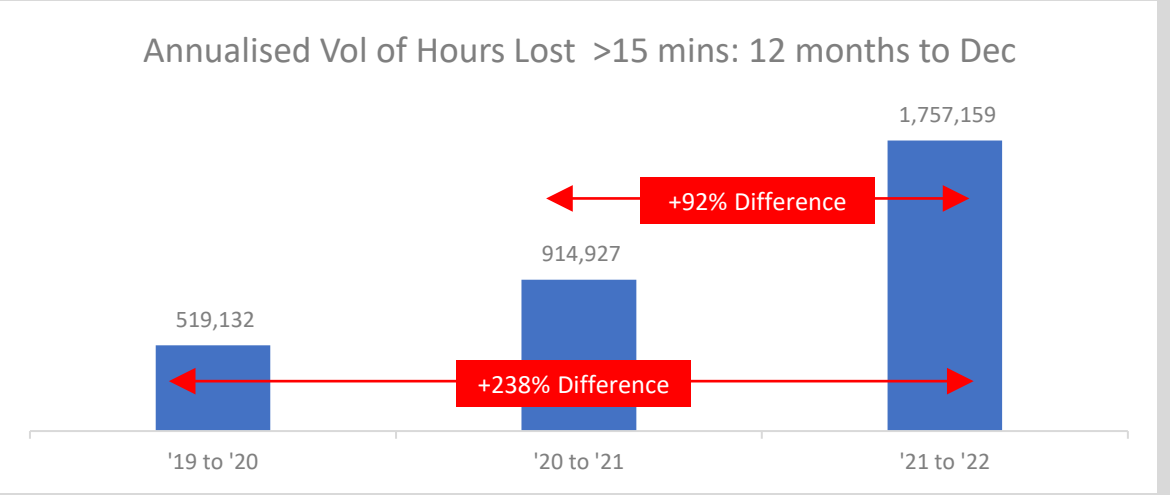
1. Volume of Handover Delays over 15 minutes





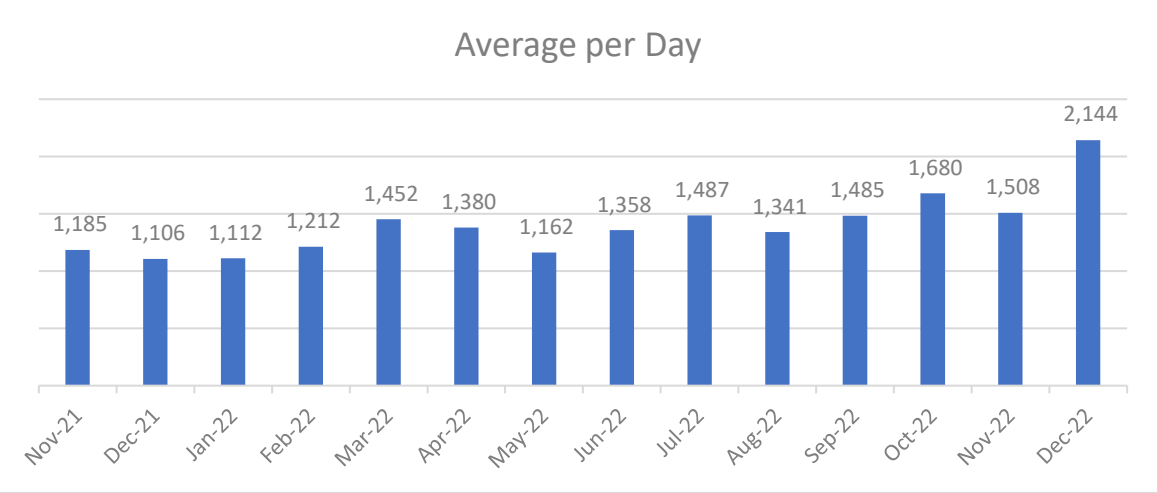
2. Hours Lost for Handover Delays over 15 minutes

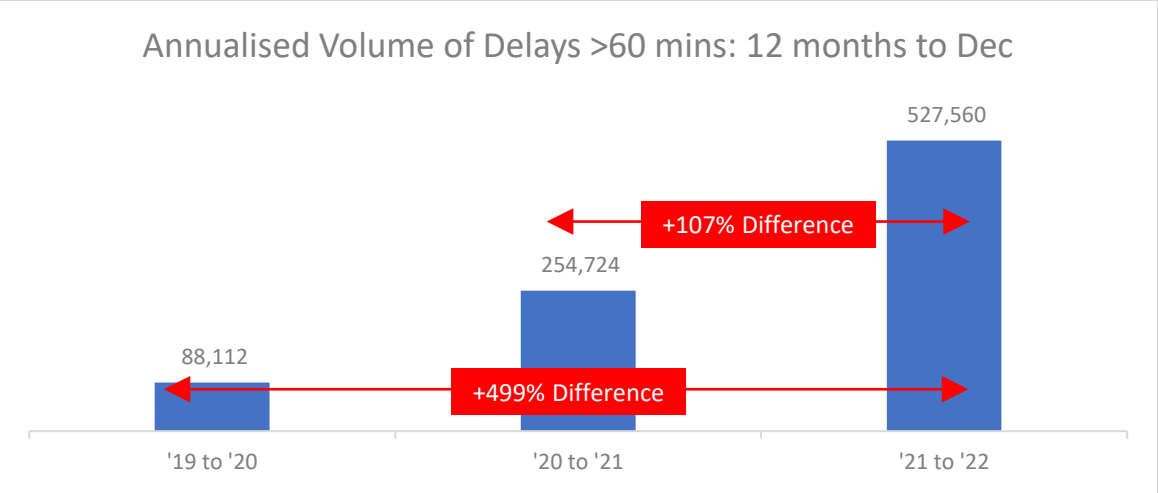




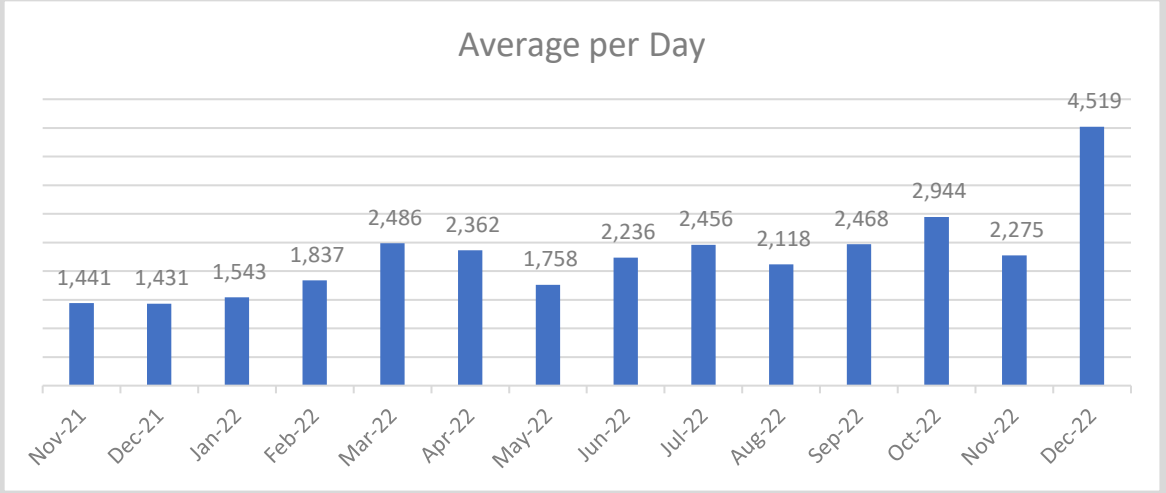
13. Appendix (ii): Average Daily and Annualised Data for >60 minute delays (source, NAIG)

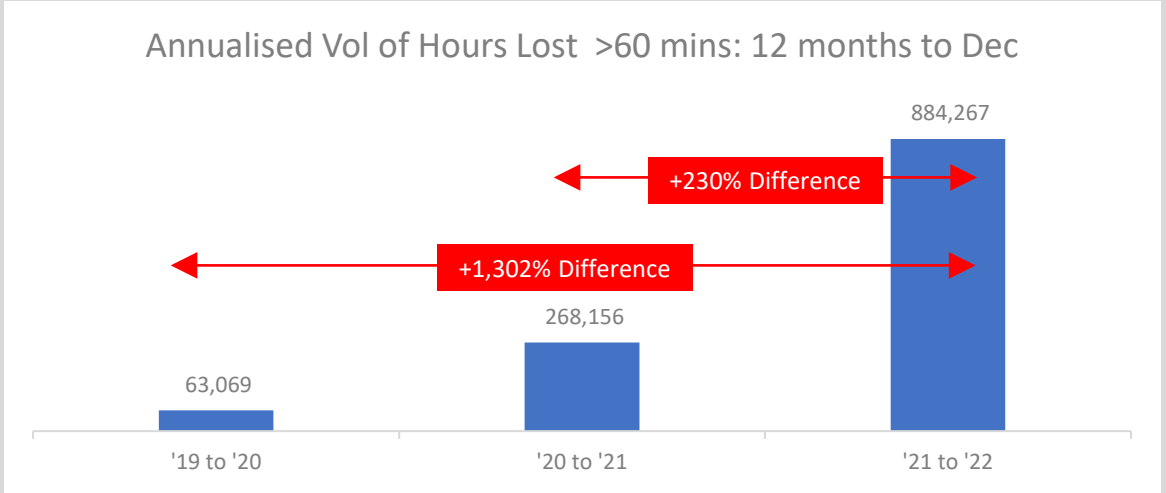
1. Volume of Handover Delays over 60 minutes





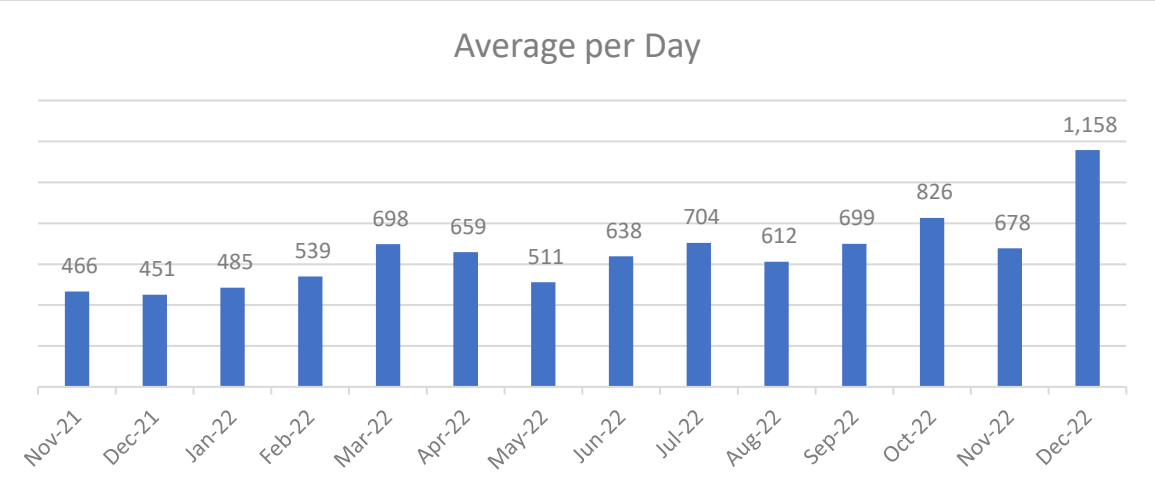
2. Hours Lost for Handover Delays over 60 minutes

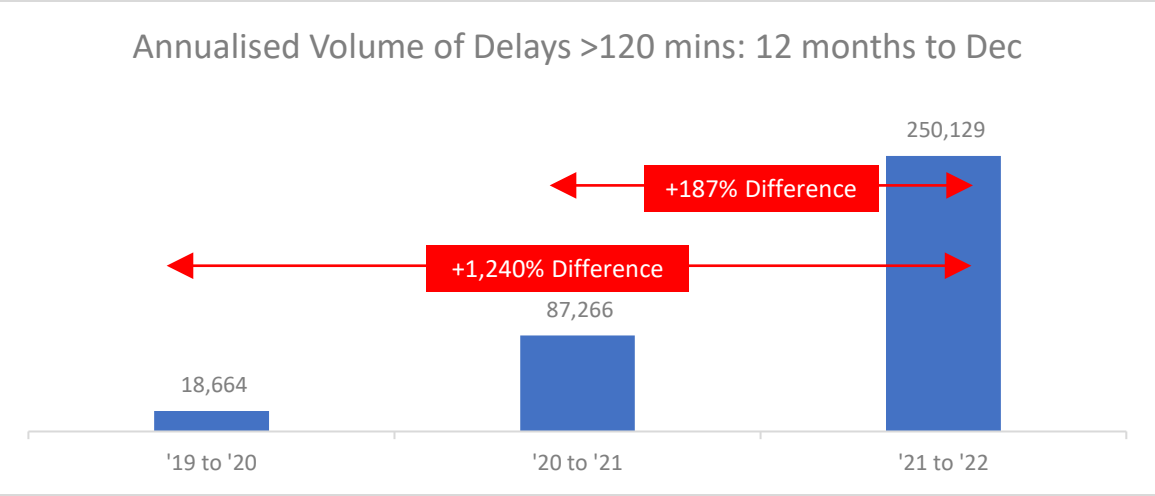




14. Appendix (iii): Average Daily and Annualised Data for >120 minute delays (source, NAIG)

1. Volume of Handover Delays over 120 minutes





2. Hours Lost for Handover Delays over 120 minutes